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Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs

Asia and the Pacific

Global SMART Programme

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**Patterns and Trends of Amphetamine-Type Stimulants
and Other Drugs: Asia and the Pacific
2010**

A Report from the Global SMART Programme

November 2010

United Nations Office on Drugs and Crime

Table of contents

Acknowledgements	i
The Global SMART Programme	ii
Abbreviations	iii
List of tables and figures	v
Notes to the reader	viii
Executive Summary	1
Background and Method	3
Regional Trends	5
East and Southeast Asia	7
Pacific Island States and Territories	27
South Asia	33
National Trends	41
Australia	43
Overview of the drug situation	43
Patterns and trends of drug use.....	43
Injecting drug use	44
Drug treatment.....	45
Drug-related arrests, seizures and prices.....	45
Sources of illicit drugs.....	48
Forensic data	49
Emerging trends and concerns.....	49
Brunei Darussalam	51
Overview of the drug situation	51
Patterns and trends of drug use.....	51
Injecting drug use	52
Drug treatment.....	52
Drug-related arrests, seizures and prices.....	52
Sources of illicit drugs.....	54
Forensic data	55
Emerging trends and concerns.....	55
Cambodia	57
Overview of the drug situation	57
Patterns and trends of drug use.....	57
Injecting drug use	58
Drug treatment.....	58
Drug-related arrests, seizures and prices.....	59
Sources of illicit drugs.....	61
Forensic data	61
Emerging trends and concerns.....	61
China	63
Overview of the drug situation	63
Patterns and trends of drug use.....	63
Injecting drug use	64
Drug treatment.....	64
Drug-related arrests, seizures and prices.....	64
Sources of illicit drugs.....	66
Forensic data	66
Hong Kong (Special Administrative Region of China)	67
Emerging trends and concerns.....	68

Indonesia	69
Overview of the drug situation	69
Patterns and trends of drug use.....	69
Injecting drug use	70
Drug treatment.....	70
Drug-related arrests, seizures and prices.....	71
Sources of illicit drugs.....	72
Forensic data	73
Emerging trends and concerns.....	73
Japan	75
Overview of the drug situation	75
Patterns and trends of drug use.....	75
Injecting drug use	76
Drug treatment.....	76
Drug-related arrests, seizures and prices.....	76
Sources of illicit drugs.....	78
Forensic data	79
Emerging trends and concerns.....	79
Lao PDR	81
Overview of the drug situation	81
Patterns and trends of drug use.....	81
Injecting drug use	82
Drug treatment.....	82
Drug-related arrests, seizures and prices.....	82
Sources of illicit drugs.....	83
Forensic data	84
Emerging trends and concerns.....	84
Malaysia	85
Overview of the drug situation	85
Patterns and trends of drug use.....	85
Injecting drug use	85
Drug treatment.....	86
Drug-related arrests, seizures and prices.....	86
Sources of illicit drugs.....	88
Forensic data	89
Emerging trends and concerns.....	89
Myanmar	91
Overview of the drug situation	91
Patterns and trends of drug use.....	91
Injecting drug use	92
Drug treatment.....	92
Drug-related arrests, seizures and prices.....	92
Sources of illicit drugs.....	96
Forensic data	98
Emerging trends and concerns.....	98
New Zealand	99
Overview of the drug situation	99
Patterns and trends of drug use	99
Injecting drug use	100
Drug treatment.....	101
Drug-related arrests, seizures and prices.....	101
Sources of illicit drugs.....	104

Forensic data	104
Emerging trends and concerns	104
Philippines	107
Overview of the drug situation	107
Patterns and trends of drug use	107
Injecting drug use	108
Drug treatment.....	108
Drug-related arrests, seizures and prices.....	109
Sources of illicit drugs.....	111
Forensic data	111
Emerging trends and concerns.....	111
Republic of Korea	113
Overview of the drug situation	113
Patterns and trends of drug use	113
Injecting drug use	113
Drug treatment.....	114
Drug-related arrests, seizures and prices.....	114
Sources of illicit drugs.....	115
Forensic data	116
Emerging trends and concerns.....	116
Singapore.....	117
Overview of the drug situation	117
Patterns and trends of drug use	117
Injecting drug use	118
Drug treatment.....	118
Drug-related arrests, seizures and prices.....	119
Sources of illicit drugs.....	122
Forensic data	122
Emerging trends and concerns.....	122
Thailand	123
Overview of the drug situation.....	123
Patterns and trends of drug use	123
Injecting drug use	124
Drug treatment.....	124
Drug-related arrests, seizures and prices.....	125
Sources of illicit drugs.....	129
Forensic data	130
Emerging trends and concerns.....	130
Viet Nam.....	131
Overview of the drug situation	131
Patterns and trends of drug use	131
Injecting drug use	132
Drug treatment.....	132
Drug-related arrests, seizures and prices.....	132
Sources of illicit drugs.....	133
Forensic data	134
Emerging trends and concerns.....	134
Annexes.....	135
Data annex	137
References.....	151

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The Global SMART Programme

UNODC launched the Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme in September 2008. The Programme seeks to enhance the capacity of Member States and authorities in priority regions, to generate, manage, analyse and report synthetic drug information, and to apply this scientific evidence-based knowledge to the design of policies and programmes. The Global SMART Programme is being implemented in a gradual phased manner, with East and Southeast Asia being the first focus region.

This annual report is the second regional situation assessment for East and Southeast Asia put forward under the Global SMART Programme. It forms one of the essential key steps, in providing consolidated up-to-date analysis, based on the information shared by the member countries. It is hoped that the information on drug trends presented in this report will make a practical contribution to addressing the significant threat posed by illicit ATS manufacture, trafficking and use in the East and Southeast Asia region, and place policy-makers in a better position to evaluate the drug situation and to make informed decisions on intervention and prevention strategies.

This report provides an overview of the ATS situation in the region. It outlines several key issues and emerging threats throughout the region and their implications for neighbouring regions. While the data presented points towards the increased efforts by the countries in the region to tackle the ATS problem, it also highlights the need for continued and joint efforts, both at the national as well as regional levels. It is hoped that this report and the forthcoming national and regional updates, will promote better understanding of the ATS problem and help in designing effective strategies to combat it.

Abbreviations

ACC	Australian Crime Commission
ACCORD	ASEAN and China Cooperative Operations in Response to Dangerous Drugs
ADK	National Anti-Drugs Agency (Malaysia)
ADLOMICO	Anti-Drug Liaison Officials' Meeting for International Cooperation
AFP	Australian Federal Police
AIC	Australian Institute of Criminology
AIDS	Acquired Immune-Deficiency Syndrome
AIHW	Australian Institute of Health and Welfare
ANCD	Australian National Council on Drugs
ANF	Anti-Narcotics Force (Pakistan)
APAIC	Asia Pacific Amphetamine Type Stimulants Information Centre
ARQ	Annual Reports Questionnaire
ASEAN	Association of Southeast Asian Nations
ATS	Amphetamine-type stimulants
BKN	Narcotics Control Bureau (Brunei Darussalam)
BNN	National Narcotics Board (Indonesia)
BMK	Benzyl methyl ketone (P-2-P)
BZP	Benzylpiperazine
CCDAC	Central Committee for Drug Abuse Control (Myanmar)
CCDUs	Compulsory Centres for Drug Users
CECVT	Centre for Education, Correction and Vocational Training
CEO	Chemical Examiner's Office (Myanmar)
CID	Criminal Investigation Division Directorate (Indonesia)
CNB	Central Narcotics Bureau (Singapore)
CNP	Cambodian National Police
DAINAP	Drug Abuse Information Network for Asia and the Pacific
DDB	Dangerous Drugs Board (Philippines)
DEA	Drug Enforcement Administration (USA)
DNC	Department of Narcotics Control (Bangladesh)
DRC	Drug Rehabilitation Center
DUMA	Drug Use Monitoring System (Australia)
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EDRS	Ecstasy and related Drugs Reporting System (Australia)
ESR	Institute of Environmental Science and Research (New Zealand)
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GMS	Greater Mekong Subregion (comprises Cambodia, Lao PDR, Myanmar, Thailand, Viet Nam as well as Yunnan and Guangxi provinces in China)
GTIS	Global Trade Information Services
ha	hectare(s)
HIV	Human Immunodeficiency Virus
HONLAP	Heads of National Drug Law Enforcement Agencies, Asia and the Pacific
HONLEA	Heads of National Drug Law Enforcement Agencies
IDMS	Illicit Drug Monitoring System (New Zealand)
IDRS	Illicit Drug Reporting System (Australia)
IDUs	Injecting drug users
IFS	Institute of Forensic Science (Viet Nam)
INCB	International Narcotics Control Board
INCSR	International Narcotics Control Strategy Report (United States)
INP	Indonesian National Police
Interpol/ICPO	International Criminal Police Organization
JCG	Japan Coast Guard
KFDA	Korean Food and Drug Administration
kg	kilogramme(s)
km	kilometre(s)
l	litre(s)
LCDC	Lao National Commission on Drug Control and Supervision
LSD	Lysergic acid diethylamide
MBDB	N-Methyl-1-(3,4-methylenedioxyphenyl)-2-butanamine
mCPP	m-chlorophenylpiperazine

MDA	3,4-Methylenedioxyamphetamine (tenamfetamine)
MDE/MDEA	3,4-Methylenedioxyethylamphetamine
MDMA	3,4-Methylenedioxymethamphetamine MSG Mono sodium glutamate
mg	milligramme(s)
ml	millilitre(s)
mt	metric ton(s)
NACD	National Authority for Combating Drugs (Cambodia)
NADA	National Anti-Drug Agency (Malaysia)
NCB	Narcotics Control Bureau (Brunei Darussalam)
NCHADS	National Center for HIV/AIDS, Dermatology and Sexually Transmitted Infections for Cambodia
NDARC	National Drug and Alcohol Research Centre (Australia)
NDDCB	National Dangerous Drugs Control Board (Sri Lanka)
NDIB	National Drug Intelligence Bureau (New Zealand)
NDSHS	National Drug Strategy Household Survey (Thailand)
NEP	Needle Exchange Programme
NGO	Non-governmental organization
NNB	National Narcotics Board Indonesia
NNCC	National Narcotics Control Commission (China)
NPA	National Police Agency (Japan)
OECD	Organization for Economic Cooperation and Development
ONCB	Office of the Narcotics Control Board (Thailand)
P-2-P	1-Phenyl-2-propanone (BMK)
PAG	Policy Advisory Group (New Zealand)
PCDC	Provincial Committee for Drug Control (Lao PDR)
PDARN	Pacific Drug and Alcohol Research Network
PDEA	Philippine Drug Enforcement Agency
PDR	Lao People's Democratic Republic
PIFS	Pacific Island Forum Secretariat
PMK	3,4-Methylenedioxyphenyl-2-propanone (3,4-MDP-2-P)
RCEAP	Regional Centre for East Asia and the Pacific (UNODC)
RMP	Royal Malaysian Police
ROK	Republic of Korea
ROSA	Regional Office for South Asia (UNODC)
SAR	Special Administrative Region
SMART	Synthetics Monitoring: Analyses, Reporting and Trends
SODC	Standing Office on Drugs and Crime (formerly Standing Office on Drugs Control) (Viet Nam)
SPO	Supreme Prosecutors' Office (Republic of Korea)
SRO	Safrole-rich oils
STI	Sexually transmitted infections
TFMPP	3-trifluoromethylphenyl-piperazine
UAE	United Arab Emirates
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
USD	United States dollar
YRBSS	Youth Risk Behaviour Surveillance System (United States)
2C-B	4-Bromo-2,5-dimethoxyphenethylamine (Nexus)
2C-T-2	4-Ethylthio-2,5-dimethoxyphenethylamine

List of Tables and Figures

Tables

- Table 1. Clandestine laboratories dismantled, 2005 – 2009
- Table 2. Methamphetamine-related arrests in East and Southeast Asia, 2004 – 2009
- Table 3. Methamphetamine pill seizures in East and Southeast Asia, 2004 – 2009
- Table 4. Crystalline methamphetamine seizures in East and Southeast Asia, 2004 – 2009
- Table 5. Ecstasy-related arrests in East and Southeast Asia, 2004 – 2009
- Table 6. 'Ecstasy' seizures in East and Southeast Asia, 2004 – 2009
- Table 7. Ketamine seizures in East and Southeast Asia, 2004 – 2009
- Table 8. Opiate-related arrests in East and Southeast Asia, 2004 – 2009
- Table 9. Heroin seizures in East and Southeast Asia, 2004 – 2009
- Table 10. Opium seizures in East and Southeast Asia, 2004 – 2009
- Table 11. Cannabis-related arrests in East and Southeast Asia, 2004 – 2009
- Table 12. Cannabis-related seizures in East and Southeast Asia, 2004 – 2009
- Table 13. Status of treaty adherence of selected Pacific Island States and Territories
- Table 14. Drug use concerns in selected Pacific Island States and Territories
- Table 15. Drugs reported seized in Bangladesh, 2006 – 2009
- Table 16. ATS seizures in India, 2004 – 2009
- Table 17. Drug seizures in Sri Lanka, 2004 – 2009
- Table 18. Rank of use of selected drugs in Australia, 1995 – 2007
- Table 19. Trend of use of selected drugs in Australia, 1995 – 2007
- Table 20. Number of drug treatment admissions in Australia by drug type, 2002 – 2003 to 2007 – 2008
- Table 21. Illicit drug-related arrests in Australia, 2004 – 2005 to 2008 – 2009
- Table 22. Illicit drug-related arrests in Australia, 2004 – 2005 to 2008 – 2009
- Table 23. Rank of use of selected drugs in Brunei Darussalam, 2003 – 2009
- Table 24. Trend in use of selected drugs in Brunei Darussalam, 2003 – 2009
- Table 25. Drug treatment admissions in Brunei Darussalam, 2009
- Table 26. Drug-related arrests in Brunei Darussalam by drug type, 2009
- Table 27. Seizures of selected drugs in Brunei Darussalam, 2006 – 2009
- Table 28. Retail prices of illicit drugs in Brunei Darussalam (USD), 2008 and 2009
- Table 29. Rank of use of selected drugs in Cambodia, 2003 – 2009
- Table 30. Trend in use of selected drugs in Cambodia, 2003 – 2009
- Table 31. Drug-related arrests in Cambodia, 2009
- Table 32. Drug-related arrests in Cambodia by drug type, 2004 – 2009
- Table 33. Seizures of selected drugs in Cambodia, 2005 – 2009
- Table 34. Retail prices of illicit drugs in Cambodia (USD), 2007 – 2008
- Table 35. Rank of use of selected drugs in China, 2004 – 2009
- Table 36. Trend in use of selected drugs in China, 2004 – 2009
- Table 37. Seizures of selected drugs in China, 2005 – 2009
- Table 38. Seizures of selected drugs in Hong Kong (SAR), 2005 – 2009
- Table 39. Rank of use of selected drugs in Indonesia, 2003 – 2009
- Table 40. Trend in use of selected drugs in Indonesia, 2003 – 2009
- Table 41. Drug treatment admissions in Indonesia by drug type and gender, 2009
- Table 42. Drug-related arrests in Indonesia by drug type and gender, 2009
- Table 43. Seizures of selected drugs in Indonesia, 2006 – 2009
- Table 44. Retail prices of illicit drugs in Indonesia (USD), 2008 and 2009
- Table 45. Rank of use of selected drugs in Japan, 2004 – 2009
- Table 46. Trend in use of selected drugs in Japan, 2004 – 2009
- Table 47. Drug-related arrests in Japan by drug type, 2005 – 2009
- Table 48. Seizures of selected drugs in Japan, 2005 – 2009
- Table 49. Wholesale and retail price range of drugs in Japan (in USD), 2007 and 2008
- Table 50. Rank and trend in use of selected drugs in Lao PDR, 2009
- Table 51. Rank of use of selected drugs in Lao PDR, 2004 – 2009
- Table 52. Number of patients at Somsanga Treatment and Rehabilitation Center, 2003 – 2009
- Table 53. Drug-related arrests in Lao PDR by drug type, 2009
- Table 54. Seizures of selected drugs in Lao PDR, 2005 – 2009
- Table 55. Rank and trend of use of selected drugs in Malaysia, 2009

- Table 56. Drug-related arrests in Malaysia by drug type, 2005 – 2009
- Table 57. Seizures of selected drugs in Malaysia, 2005 – 2009
- Table 58. Retail prices of selected drugs in Malaysia (USD), 2007 and 2009
- Table 59. Rank of use of selected drugs in Myanmar, 2004 – 2009
- Table 60. Trend in use of selected drugs in Myanmar, 2004 – 2009
- Table 61. Drug-related arrests in Myanmar*, 2005 – 2009
- Table 62. Illicit drug seizures in Myanmar, 2005 – 2009
- Table 63. Precursor chemical seizures in Myanmar, 2005 – 2009
- Table 64. Retail prices of illicit drugs in Myanmar (USD), 2009
- Table 65. Rank of use of selected drugs in New Zealand, 2003 – 2009
- Table 66. Trend of use of selected drugs in New Zealand, 2003 – 2009
- Table 67. Prevalence in use of selected drugs in New Zealand (16 – 64 years), 1998 – 2008
- Table 68. Drug treatment admissions in New Zealand, 2005 – 2009
- Table 69. Drug-related arrests in New Zealand, 2004 – 2009
- Table 70. Seizures of selected illicit drugs in New Zealand, 2005 – 2009
- Table 71. Border seizures of ephedrine and pseudoephedrine, 2005 – 2009
- Table 72. Median (mean) street retail drug prices (USD) in New Zealand, 2006 – 2009
- Table 73. Rank of use of selected drugs in the Philippines, 2005 – 2009
- Table 74. Drug treatment admissions in the Philippines by drug type and gender, 2009
- Table 75. Drug treatment admission in the Philippines by drug type, 2005 – 2009
- Table 76. Seizures of selected drugs in the Philippines, 2005 – 2009
- Table 77. Retail prices of selected drugs in the Philippines (USD), 2008 – 2010
- Table 78. Rank of crystalline methamphetamine and cannabis herb use in the Republic of Korea, 2005 – 2009
- Table 79. Trend in use of crystalline methamphetamine and cannabis herb in the Republic of Korea, 2005 – 2009
- Table 80. Drug-related arrests in the Republic of Korea, 2004 – 2009
- Table 81. Seizures of selected drugs in the Republic of Korea, 2005 – 2009
- Table 82. Average retail price of crystalline methamphetamine in the Republic of Korea (USD), 2006 – 2009
- Table 83. Rank and trend of drug use in Singapore, 2009
- Table 84. Rank and use of specific drugs in Singapore, 2004 – 2009
- Table 85. Trend in use of specific drugs in Singapore, 2004 – 2009
- Table 86. Drug treatment admissions in Singapore by drug type, 2009
- Table 87. Drug treatment admissions by drug type in Singapore, 2004 – 2009
- Table 88. Drug-related arrests in Singapore, 2004 – 2009*
- Table 89. Drug-related arrests in Singapore by drug type and gender, 2009
- Table 90. Seizures of selected drugs in Singapore, 2006 – 2009
- Table 91. Retail prices of selected drugs in Singapore (USD), 2008 and 2009
- Table 92. Rank in use of selected drugs in Thailand, 2003 – 2009
- Table 93. Trend in use of selected drugs in Thailand, 2003 – 2009
- Table 94. Drug treatment admissions in Thailand, 2009
- Table 95. Drug-related arrests in Thailand, 2004 – 2009
- Table 96. Seizures of selected drugs in Thailand, 2005 – 2009
- Table 97. Retail prices for drugs in Thailand (USD), 2006 – 2009
- Table 98. Rank of use of selected drugs in Viet Nam, 2003 – 2009
- Table 99. Trend in use of selected drugs in Viet Nam, 2003 – 2009
- Table 100. Seizures of selected drugs in Viet Nam, 2005 – 2009
- Table 101. Drug-related arrests in East and Southeast Asia, 2005 - 2009
- Table 102. Drug seizures in East and Southeast Asia, 2005 - 2009
- Table 103. Total annual treatment admissions in East and Southeast Asia, 2005 - 2009
- Table 104. Rank in use of selected drugs in East and Southeast Asia, 2005 - 2009
- Table 105. Reported drug trends in East and Southeast Asia, 2005 - 2009

Figures

- Figure 1. Data integrity process
- Figure 2. Crystalline methamphetamine use trend, 2009
- Figure 3. Methamphetamine pill use trend, 2009
- Figure 4. Methamphetamine-related arrests in East and Southeast Asia, 2004 – 2009
- Figure 5. Methamphetamine pill seizures in East and Southeast Asia, 2004 – 2009
- Figure 6. Crystalline methamphetamine seizures in East and Southeast Asia, 2004 – 2009

- Figure 7. Ecstasy use trend, 2009
- Figure 8. Ecstasy seizures in East and Southeast Asia, 2004 – 2009
- Figure 9. Ketamine use trend, 2009
- Figure 10. Ketamine seizures in East and Southeast Asia, 2004 – 2009
- Figure 11. Heroin use trend, 2009
- Figure 12. Opium use trend, 2009
- Figure 13. Cannabis use trend, 2009
- Figure 14. Lifetime prevalence of methamphetamine use among secondary school students, 2007
- Figure 15. Treatment demand at St. Giles Hospital, Fiji, 2005-2008
- Figure 16. Seizures of ATS precursors in India, 2004 – 2010
- Figure 17. Seizures of ketamine in India, 2005 – 2009
- Figure 18. Drug-related arrests in Australia by drug type, 2008 – 2009
- Figure 19. Seizures of drugs in Australia, by weight, 2008 – 2009
- Figure 20. Drug-related arrests in Brunei Darussalam, 2003 – 2009
- Figure 21. Drug-related arrests in Brunei Darussalam by drug type, 2009
- Figure 22. Drug-related arrests in Cambodia, 2004 – 2009
- Figure 23. ATS seizures in China, 2001 – 2009
- Figure 24. Drug-related arrests in Hong Kong, 2004 – 2009
- Figure 25. Crystalline methamphetamine and ecstasy manufacturing laboratory in north Jakarta
- Figure 26. Drug-related arrests in Japan by drug type, 2005 – 2009
- Figure 27. Methamphetamine pill manufacturing laboratory and liquid ephedrine seized in the Kokang region (Special Region 1) of Myanmar, August 2009
- Figure 28. Types of pseudoephedrine pills seized in Pa Thein Gyi Township, November 2009
- Figure 29. Precursor chemical trafficking routes
- Figure 30. Seizure of heroin, arms and ammunition at Tachilek, August 2009
- Figure 31. Methamphetamine trafficking routes in the Greater Mekong Sub-region
- Figure 32. Public hospital admissions for illicit drugs in New Zealand, 2004 – 2009
- Figure 33. Drug-related arrests in the Philippines, 2002 – 2009
- Figure 34. Primary ATS trafficking routes for the Philippines
- Figure 35. Number of drug users arrested in Singapore, 2004 – 2009
- Figure 36. Methamphetamine pill related arrests in Thailand, 2005 – 2009
- Figure 37. Methamphetamine pills seizures in Thailand, 2004 – 2009
- Figure 38. Crystalline methamphetamine seizures in Thailand, 2004 – 2009
- Figure 39. Ecstasy seizures in Thailand, 2004 – 2009
- Figure 40. Drug-related arrests in Viet Nam, 2001 – 2009

Notes to the reader

The following notes describe certain terms, references, and symbols used throughout this document.

ATS - Amphetamine-type stimulants (ATS) are a group of substances comprised of synthetic stimulants including amphetamine, methamphetamine, methcathinone, and ecstasy-group substances (e.g. MDMA and its analogues). In various sections of this report, amphetamine and methamphetamine are also referred to as amphetamines-group substances. In cases where countries report to UNODC without indicating the specific substance they are referring to, the term ATS is used.

'Ecstasy' - Is used in those cases where there is a likelihood of the tablets marketed as ecstasy, containing a variety of substances other than those usually associated with an ecstasy-group substance.

Some of the most popular street names for ATS

Crystalline methamphetamine: yaba or yama chakk (injectable) in Cambodia; bindu in China; shabu in Indonesia, Japan and the Philippines; anpon, philopoon (liquid) and speed in Japan; 'P' in New Zealand; bato, sha, and siopao in the Philippines; and ice in Australia, Cambodia, Japan, and Thailand.

Methamphetamine pills: yama in Cambodia, Lao PDR, and Myanmar; yaba in Cambodia, Lao PDR, and Thailand; bingdu pian in China; and gaung hlote say in Myanmar.

Ecstasy: thnam krovee kbai (shake-head drug) in Cambodia; yao tou ubin (head-shaking pill) in China; XTC in Indonesia; ya-E in Lao PDR and Thailand; X in Japan; gaung hlote say (headshaking pill) in Myanmar; XTC and love drug in the Philippines; ya-love or ya-ee in Thailand; and shaking pill in Viet Nam.

Data sources - The data contained in the national reports section of this publication were obtained primarily through DAINAP.

Drug use ranking and trends - The national trend tables of drugs used in the past year are based on informed decisions by government experts ranking the drugs of highest use prevalence or of greatest national concern, the perceived trend in use of those drugs, and the perceived street availability of those drugs during 2009 or the latest year available. While it should be noted that this information represents an expert opinion that may not necessarily be grounded in empirical research, certain trends are often known by experts in the field long before these facts are revealed by quantitative data or survey results. Trends and drug use rankings are independent, therefore, an upward trend in the use of a particular drug does not necessarily result in an upward change in rank and vice versa.

Symbols - In the tables throughout this report in which a 'rank' is given, the numeration begins with 1 (one) which denotes the most common drug, and the highest number in the series represents the least common. In addition, arrows indicate an increase or decrease in the trend of use or availability of a specified drug during the previous year - (↑) an increase, (↓) a decrease, and (↔) a stable trend. The symbol, '*' indicates that the information is not available, not known, or was not reported.

Country names and geographical terms - The term 'region' unless specified, generally refers to the geographical area that includes the countries and territories in East and Southeast Asia (Brunei Darussalam, Cambodia, China and Hong Kong (SAR), Indonesia, Japan, Lao PDR, Malaysia, Myanmar, the Philippines, Republic of Korea, Singapore, Thailand and Viet Nam). The Republic of Korea is denoted as Korea (ROK) as well as simply Korea. The Hong Kong Special Administrative Region of China is denoted as Hong Kong (SAR) or simply Hong Kong. Lao People's Democratic Republic is denoted as Lao PDR.

Drug use - As there is some scientific and legal ambiguity about the distinctions between drug 'use', 'misuse' and 'abuse', efforts have been made to refer to 'use' or 'consumption' throughout the document.

Trade names - The trade names under which licit drugs and medicines are sold in the market, and which are mentioned in the report, are not intended to be a pejorative connotation.

Executive Summary

The present report highlights the most current patterns and trends of amphetamine-type stimulants (ATS) and other drugs of use in East and Southeast Asia and provides overviews for the neighbouring regions of South Asia and the Pacific. It is the second report prepared under the Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme. The objective of the Global SMART Programme is to enhance the capacity of targeted Member States and relevant authorities to generate, manage, analyze, report and use synthetic drug information, in order to design effective, scientifically sound and evidence-based policies and programmes.

The findings of the report are based on primary information submitted by the drug control agencies and designated institutions in Brunei Darussalam, Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam, via the Drug Use Information Network for Asia and the Pacific (DAINAP). Information from DAINAP was supplemented with data from Government sources such as the UNODC Annual Reports Questionnaire, and through secondary research.

East and Southeast Asia, home to about a third of the global population, is one of the fastest growing regions in the world. Economic development in the region is leading to new infrastructure and trade initiatives. The accelerated movement of persons, trade and goods has given rise to many opportunities that traffickers can exploit to make their business prosper. One such issue and challenge facing the region is the threat posed by ATS and other synthetic drugs.

ATS drugs, particularly methamphetamine (in pill or crystalline form), are widely used in East and Southeast Asia. It is estimated that between 3.4 million and 20.7 million persons in the region have used amphetamines in the past year. In many countries in the region, ATS have become the primary drug threat, displacing traditionally used drugs such as heroin, opium or cannabis. All 15 countries detailed in this report have reported ATS use.

An increasing number of countries report the illicit manufacture of ATS. Unlike plant-based crops that are dependent on climate and geography and can be detected and measured using aerial or ground surveys, ATS manufacturing facilities can be established anywhere and are thus difficult to detect. Precursor chemicals that are needed for the illicit manufacture of ATS, are often easily accessible. ATS drugs can be manufactured in clandestine laboratories using easily obtainable ingredients and formulas.

In the East and Southeast Asia region, data indicates that more needs to be done in terms of consolidated responses from the security and health perspectives. Challenges remain in terms of disparate levels of analysis, data generation and sharing and forensic capacity. The health and security implications of illicit manufacture, trafficking and use of ATS are therefore serious challenges that deserve greater attention in East and Southeast Asia.

While data on the ATS markets in South Asia and Pacific Island States and Territories remains scarce and is often anecdotal in nature, reports indicate that ATS have become more widespread in the two regions. In South Asia, the large licit chemical and pharmaceutical industries make the region attractive to organized criminal groups seeking to manufacture and market ATS. Many Pacific Island States and Territories lack functional drug control structures to adequately monitor the drug situation. There are already indications of methamphetamine use in some Pacific Island States and Territories. In addition, as few countries in the Pacific have become party to the United Nations drug control Conventions, they lack formal drug surveillance systems for monitoring illicit drug use and emerging drug trends.

Based on data submitted for the year 2008 and 2009, the following observations are made in the report:

- ATS now rank in the top three drugs of use in all countries in East and Southeast Asia. Upward trends in the use of methamphetamine are reported from most countries in the region (Cambodia, China, Indonesia, Malaysia, Myanmar, Philippines, Republic of Korea, Singapore, Thailand and Viet Nam) whereas use has been reported as declining in Japan and the Philippines. An increasing number of countries report the use of ecstasy, with Brunei Darussalam, China and Viet Nam indicating increasing use.

- Despite the rising numbers of ATS users in several countries, few treatment facilities are available. Often, drug treatment services for users of ATS and other synthetic drugs are under-resourced and unable to keep pace with the increasing number of users of these drugs. Some countries in the region provide services to drug dependents through compulsory drug treatment centres and in several of these countries, the programmes are marked by high drug treatment relapse rates.
- The manufacture or attempted manufacture of ATS was reported in all but three countries in 2009. However, it is likely that the true extent of manufacture is underreported as the large number of seized ATS is inconsistent with the relatively low number of manufacturing facilities detected. This might be the case in Myanmar, where almost 24 million methamphetamine pills were seized in 2009 alone, yet only 39 manufacturing facilities, most of them small-scale, have been detected over the past decade. Other indications, such as the increase in diversions of chemicals and pharmaceutical preparations essential in the illicit manufacture of ATS, would support this.
- Increasing activity of transnational organized criminal groups from outside the region, notably the Islamic Republic of Iran and West Africa, highlights the widening international dimensions to the drug problem in East and Southeast Asia. Over the past years, nationals of the Islamic Republic of Iran have been arrested in several countries in the region, including Japan, Indonesia, Malaysia, the Philippines and Thailand, for attempting to smuggle methamphetamine in crystalline and liquid form. The trafficking of heroin and cocaine by West African groups has been reported by China, Indonesia, Lao PDR, Malaysia, the Philippines and Thailand.
- Forensic information suggests that drugs sold as 'ecstasy' often contain substances other than MDMA, such as ketamine or methamphetamine.
- Ketamine use and trafficking is a growing concern. In 2008, 86% of global ketamine seizures occurred in Southeast Asia. In 2009, 6.9 mt were seized in the region.
- Heroin seizures in the region increased by about 50% in 2009, with 7.8 mt seized. Most heroin seizures in 2009 were made in China (5.8 mt) and in Myanmar (1.1 mt).
- All countries reported cannabis use. An increasing trend in cannabis use was reported in some of the countries.
- Several countries list the use of inhalants and solvents as a significant problem, particularly among young drug users. This represents a particularly dangerous problem because of the legal status of and widespread availability of the substances and because of the devastating consequences of long-term use.
- Although progress has been made, lack of reporting of detailed and consolidated data remains a challenge in many countries in the region.

Background

Since the late 1990s, the use of amphetamine-type stimulants (ATS), such as methamphetamine and ecstasy, has been one of the most significant drug problems worldwide. The most recent global estimates of past year use of amphetamine-group substances exceeds that of heroin and cocaine users, combined, generating more than USD 63 billion annually in illicit revenue. Unlike cocaine and heroin, ATS can be manufactured anywhere, and since 1990 more than 65 countries worldwide have reported at least some ATS-related manufacture. Because of cheap and easy ways to manufacture the drugs, more countries are added to the list each year. ATS in East and Southeast Asia have become the leading drugs of use and concern, replacing heroin, cannabis and opium which until a decade ago were the drugs that dominated the regional illicit market.

The primary ATS of use in East and Southeast Asia are methamphetamine and ecstasy. Methamphetamine is a white, odourless, bitter-tasting crystalline powder that dissolves easily in water or alcohol. It is available as a powder or in crystalline form and may be presented as a pill or tablet. It can be ingested, smoked, snorted, sniffed and injected.

Ecstasy (MDMA) has the psychoactive action of both a stimulant and a hallucinogen and it is ingested almost exclusively in pill or tablet form. Use of ecstasy originated among teens and young adults at raves or night-long dance parties in Europe. However, use of the drug has expanded in recent years to include varied social settings and diverse demographic subgroups throughout the world. Manufacture of this drug has also spread, moving from more traditional locations in Western Europe closer to often young and lucrative consumer markets across the world.

Risk and protective factors for initial and progressive use of drugs are influenced by a wide range of social and behavioral factors. The use of certain ATS and other drugs has been sufficiently prevalent among middle and upper class youths and young adults in bars and discos, such that the phrase 'club drugs' became a term of reference. Research has documented that the groups at particularly high risk are marginalized youth, especially the homeless. In addition, workers in low-paying, labour-intensive jobs and those whose wages depend on working long hours have greater vulnerability to drug use, as do sex workers, including bar and karaoke workers and hostesses.

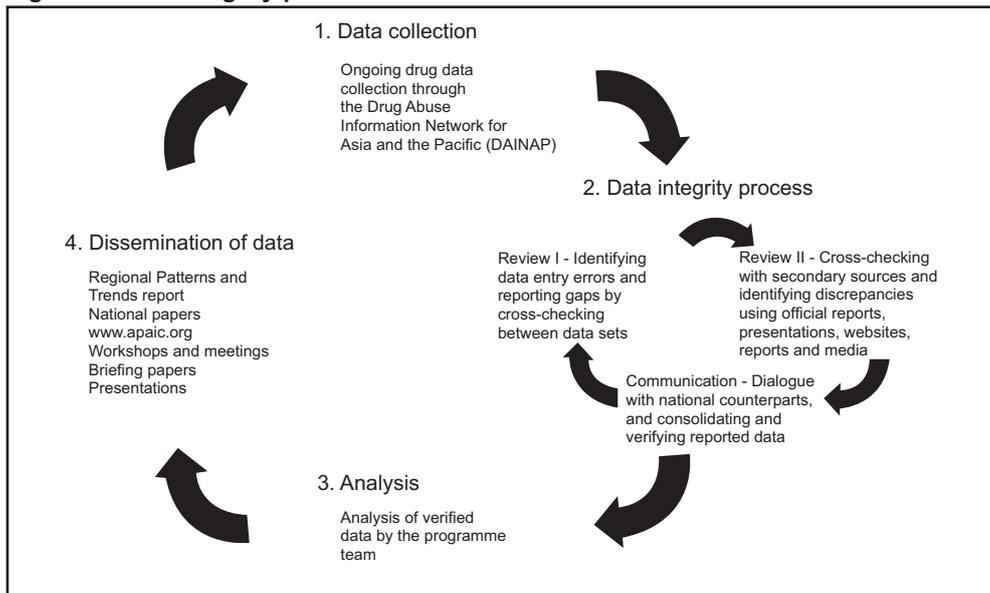
Method

The United Nations Office on Drugs and Crime established the Global SMART Programme in September 2008, to assist governments in the establishment or strengthening of drug monitoring systems. This kind of support involves knowledge transfer in understanding and implementation of information systems, and training in the collection, collation and communication of data on drug use patterns and trends. An end-point to the provision of individual country assistance in data development is the organization of the national information into a standardized reporting format for the region and the implementation of a regional drug use surveillance network among countries participating in the programme.

The Global SMART Programme builds on mechanisms and lessons learned from a previous project on Improving ATS Data and Information Systems, established in 2002 and implemented by the UNODC Regional Centre for East Asia and the Pacific. Through consensus among the participating Member States, a minimum data set - aligned with UNODC Annual Reports Questionnaire (ARQ) - was developed. Data collection focuses on national trends, treatment and health-related information, and law enforcement data and is uploaded by Member States into the Drug Abuse Information Network for Asia and the Pacific (DAINAP).

DAINAP is an online drug use information system which enhances both the timeliness and ease of data submission as well as improved efficiency and quality control of the information submitted. It has also provided a mechanism for communication among the national counterparts themselves. Key to the success of the SMART Programme is the effort that has gone into developing and implementing operational activities which ensure that the most accurate and up-to-date information is obtained from national data systems, while at the same time assisting in the further development of those systems. The flow chart shown in Figure 1 outlines the data quality and integrity controls that have been implemented to achieve that objective.

Figure 1. Data integrity process



The capabilities of countries in the region to collect, compile, and disseminate accurate and timely data on the current drug use situation vary greatly. Some countries have sophisticated and well-funded data systems, research infrastructures, and survey programmes, while data collection activities in others are relatively basic due to various reasons including a lack of resources. The Global SMART Programme provides valuable assistance to a number of countries in the region in efforts to improve their data collection capabilities. In addition to oversight of the regional surveillance, another aim of the Global SMART Programme is the development and maintenance of a comprehensive clearinghouse of ATS information. A complete description of the background, activities, and objectives, as well as other clearinghouse information, can be viewed on the Asia and Pacific Amphetamine-Type Stimulants Information Centre (APAIC) website at: www.apaic.org.

Regional Trends in Amphetamine-Type Stimulants and Other Drugs

- **East and Southeast Asia**
- **Pacific Island States and Territories**
- **South Asia**

Regional Trends: East and Southeast Asia¹

The World Drug Report 2010 estimates that globally, the number of people between 15 and 64 years old who consumed amphetamine-type stimulants (ATS) at least once in the preceding year was between 14 and 53 million for amphetamine-group substances — predominantly methamphetamine — while the number of ‘ecstasy’ users was between 10.5 and 25.8 million people. These figures exclude the growing number of ketamine users. Asia, in particular East and Southeast Asia, reflects the greatest number of past year ATS users of any region in the world, with methamphetamine accounting for most of this consumption.

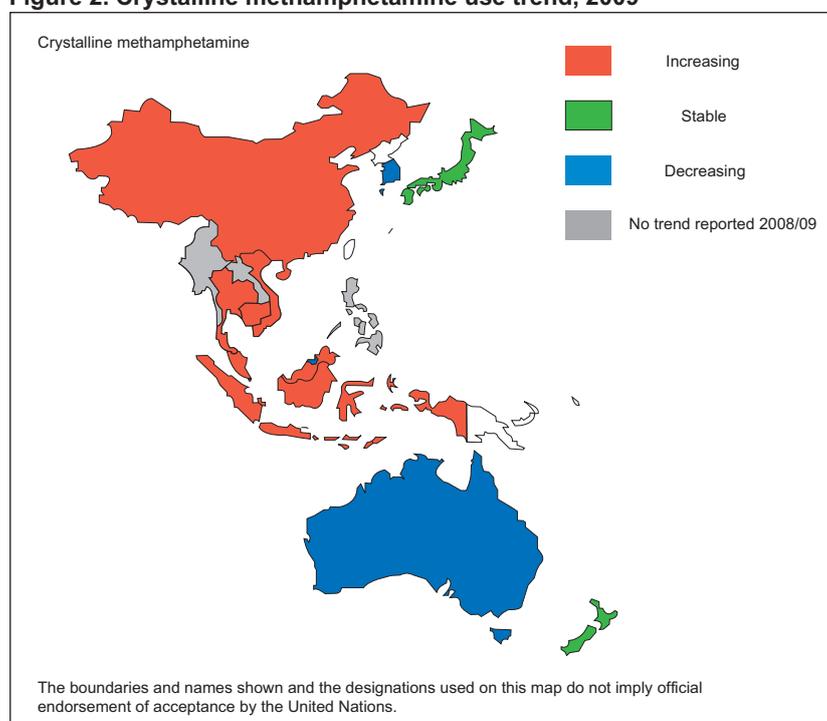
The first part of this chapter presents detailed data related to the use, manufacture, law enforcement and health dimensions of ATS and other primary drugs of use in the East and Southeast Asia region. The second part of the chapter highlights the key emerging trends and concerns.

Methamphetamine

Methamphetamine use – All countries in the region report the use of methamphetamine, with nine countries reporting it is the primary or secondary drug of concern depending on its form. Although six countries report the use of the drug in pill form, all but one country reported the use of high potency crystalline methamphetamine.² Increasing use of crystalline methamphetamine was reported by experts in Cambodia, China, Indonesia, Malaysia, Singapore, Thailand and Viet Nam. The crystalline form has rapidly become more prominent across the region expanding into countries which previously were not reporting its use, such as in Viet Nam.

The economically developed countries have reported stabilized or decreased use of crystalline methamphetamine. For example, in Australia, the use of methamphetamine in crystalline and powder form has shown a steady downward trend in recent years, and use in New Zealand has remained generally stable over the past three years. Even so, the use of the substance remains a primary or secondary concern, with several governments reporting some of the highest annual prevalence rates globally. Neither of these two countries reports concern over the use of methamphetamine in pill form.

Figure 2. Crystalline methamphetamine use trend, 2009



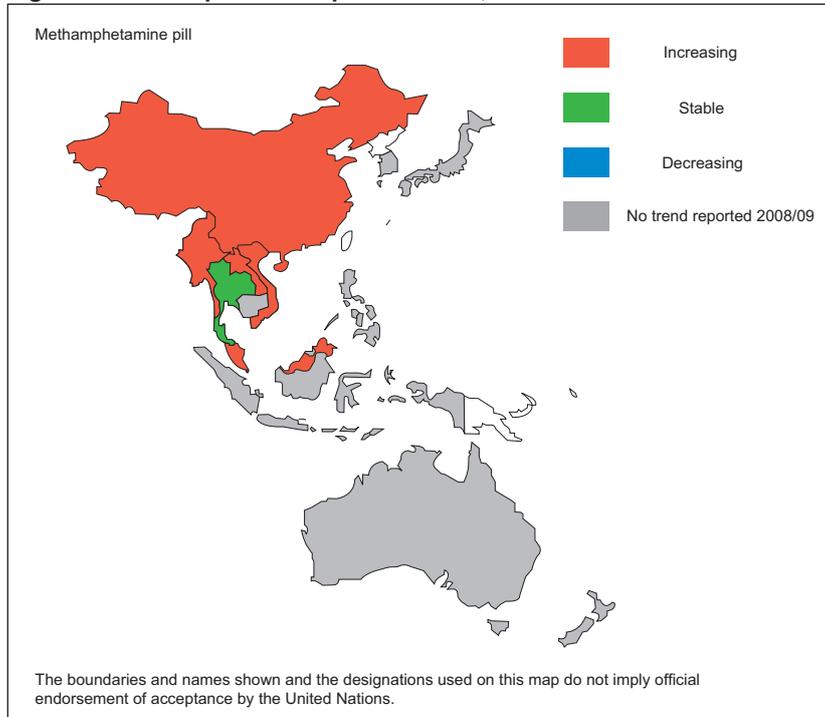
Source: DAINAP

¹ Although this chapter focuses in detail on the trends in the East and Southeast Asia region, a summary of trends in Australia and New Zealand is also included. Detailed information for all countries is available in the individual country chapters.

² Lao PDR did not report the use crystalline methamphetamine in 2009. The last reported seizure of the drug in the country was in 2005, when 4.8 kg were seized.

Methamphetamine in pill form is of most concern to the various developing countries throughout the region, fueled in large part by its comparatively low cost. It is the primary drug of use in Lao PDR and Thailand and secondary drug for Cambodia and China. Experts reported an increasing trend in methamphetamine pill use in China, Lao PDR, Malaysia, Myanmar and Viet Nam. Viet Nam has reported an increasing use trend for ATS pills every year since 2003. As has been the case with other countries experiencing rapidly emerging ATS markets, Viet Nam has had challenges distinguishing between the different, often confusing, types and forms of ATS.

Figure 3. Methamphetamine pill use trend, 2009



Source: DAINAP

Methamphetamine manufacture – A significant number of clandestine synthetic drug manufacturing laboratories have been dismantled in the region over the past several years. In previous years, clandestine synthetic drug manufacturing laboratories were primarily large industrial-scale operations. In recent years, however, several countries also reported seizures of a significant number of smaller laboratories, a trend that continued in 2009. In addition, the global trend of extracting ephedrine and pseudoephedrine from non-controlled pharmaceutical products in the manufacture of methamphetamine also occurs in East and Southeast Asia as well as in Australia and New Zealand.

Myanmar represents the primary source of the region's methamphetamine in pill form. Reported seizures of clandestine manufacturing laboratories in Myanmar in previous years have consisted of mainly tableting operations. However, this is inconsistent with the vast number of pills seized throughout the region. This points to significant, still undetected manufacturing in Myanmar. Extensive forensic profiling of methamphetamine seized in Thailand suggests that there are 12 likely large-scale methamphetamine manufacturing operations in the Golden Triangle region. While there have been no facilities seized for crystalline methamphetamine manufacture, authorities in both Myanmar and Thailand confirm that manufacture occurs in Myanmar and has been the source of most crystalline methamphetamine seized in the northern part of Thailand in the past few years.

China reported the seizure of 391 clandestine synthetic drug laboratories and storage facilities in 2009. Most of these were in Guangdong, Sichuan and Hubei provinces and primarily manufacturing crystalline methamphetamine and ketamine. In 2008, a total of 244 unspecified laboratories were dismantled in China during the entire year. ATS manufacture is becoming increasingly diversified in China with different stages of manufacturing being divided across provinces. Indonesia seized 37 clandestine synthetic drug manufacturing laboratories in 2009, the highest

figures reported to date. These include 25 large-scale laboratories and 12 small-scale laboratories.

In Malaysia, 11 clandestine ATS manufacturing laboratories were seized in 2009. Most of the laboratories were seized in Kuala Lumpur and in southern Malaysia. In 2008, 12 such clandestine ATS manufacturing laboratories were seized in the country. A large quantity of precursor chemicals used for the manufacture of ATS and heroin were also seized in Malaysia in 2009. The manufacture of crystalline methamphetamine continues in the Philippines, with nine manufacturing laboratories detected in 2009. During the past decade several clandestine manufacturing laboratories have been seized across the country each year. In the past few years, an increasing number of smaller laboratories have been detected, possibly in response to the sustained high price of methamphetamine.

Cambodia reported the seizure of five ATS-related laboratories and precursor chemical manufacturing sites. In addition, significant seizures of precursor chemicals including pseudoephedrine as well as ephedra grass and ephedra seeds, which are used for the manufacture of precursor chemicals, have been reported in Cambodia in recent years.

In Japan, the manufacture of ATS is extremely rare. In June 2010, however, police arrested two Iranian nationals on suspicion of manufacturing methamphetamine — the first such incident in the country since 1995.

Australia reported the dismantling of 316 clandestine ATS manufacturing laboratories in 2009. Most of the laboratories were identified as manufacturing methamphetamine and amphetamine. New Zealand reported that a total of 135 clandestine manufacturing laboratories were dismantled in 2009, primarily for methamphetamine. New Zealand also reported a large increase in the seizure of ATS precursor chemicals.

Table 1. Clandestine laboratories dismantled, 2005 – 2009

Country	Crystalline methamphetamine					Ecstasy (or undefined ATS)				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Australia	•	•	•	•	•	279	287	268	271	316
New Zealand	204	211	190	133	135	•	•	•	•	•
Brunei	•	•	•	•	•	•	•	•	•	•
Cambodia	1*	8**	2	•	5	•	•	•	•	•
China	37	53	75	•	•	•	•	•	244**	391
<i>Hong Kong (SAR)</i>	•	•	•	•	2	•	•	•	•	•
Indonesia	1	•	7	•	•	•	7	16	21	37
Japan	•	•	•	•	•	•	•	•	•	•
Lao PDR	•	•	•	•	•	•	•	•	•	•
Malaysia	•	1	•	•	•	•	•	9	12**	11
Myanmar	3	10*	5*	1*	•	•	•	•	•	3*
Philippines	7	4	9	10	9	•	•	•	•	•
Republic of Korea	•	•	•	•	•	•	•	2	•	•
Singapore	•	•	•	•	•	•	•	•	•	•
Thailand	•	•	•	•	•	•	•	•	•	•
Viet Nam	1*	•	•	•	•	•	•	•	•	•
Total	254	287	288	144	151	279	294	295	548	533

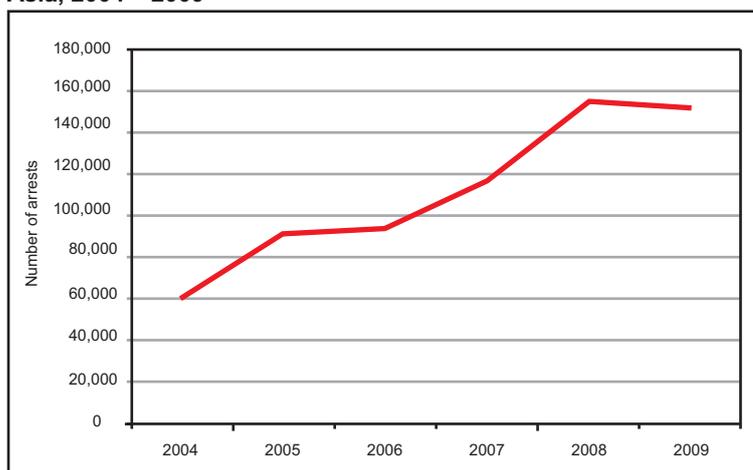
• = Not reported. *Tabletting operation. **Not specified by laboratory type; includes ketamine and non-synthetic drugs.

Source: DAINAP

Methamphetamine-related arrests – Methamphetamine-related arrests remained at some of the highest reported levels in East and Southeast Asia with more than 150,000 arrests reported in 2009, about the same as the figure for 2008. In Brunei Darussalam, Japan, Lao PDR and Thailand, methamphetamine accounted for roughly three-quarters or more of total arrests for drug law violations in 2009.

However, this figure excludes detailed information from many countries such as Cambodia, China, Philippines and Viet Nam, which do not provide disaggregated arrest data. The number of methamphetamine-related arrests in 2009 was nearly 30% higher than those in 2007 and almost three times higher than figures in 2004. The increase in absolute figures for the region has been driven primarily by the near three-fold increase of methamphetamine-related arrests in Thailand from 2004 to 2009, with the country accounting for more than 77% of the methamphetamine-related arrests in the region in 2009. However, other countries also reported double or even greater increases since 2004, including in Hong Kong (SAR), Indonesia, Lao PDR, and Singapore, with Japan as the only country reporting a decline.

Figure 4. Methamphetamine-related arrests in East and Southeast Asia, 2004 – 2009



Source: DAINAP

Table 2. Methamphetamine-related arrests in East and Southeast Asia, 2004 – 2009

Country	Number of methamphetamine arrests					
	2004	2005	2006	2007	2008	2009
Brunei Darussalam	250	359	407	174	500	411
Cambodia	478	718	561	246	371	•
China	•	•	•	•	•	•
<i>Hong Kong (SAR)</i>	390	564	509	747	874	788
Indonesia	3,065	9,004	8,589	11,731	8,683	10,183
Japan	12,397	13,346	11,606	12,009	11,025	11,688
Lao PDR	102	402	479	147	344	581
Malaysia	•	3,832	2,411	1,235	1,443	1,131
Myanmar	955	1,171	1,071	745	943	995
Philippines	•	•	•	•	•	•
Republic of Korea	5,313	5,354	6,006	8,521	7,457	7,965
Singapore	133	143	124	221	306	357
Thailand	39,001	56,520	61,816	80,723	120,776	115,923
Viet Nam	•	•	•	•	•	•
Total	62,084	91,413	93,579	116,499	152,722	150,022

• = Not reported

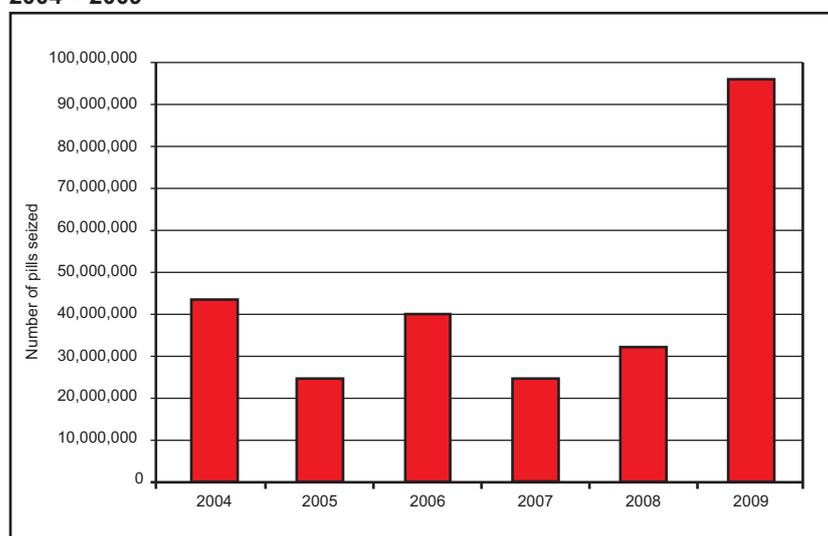
Source: DAINAP

Over the past decade, ATS-related arrests have more than doubled in Australia. In 2008 - 09, ATS-related arrests accounted for one-fifth of the total drug-related arrests, second only to cannabis. In 2008 - 09, the number of ATS-related arrests totaled 16,452, the highest on record. This is a 2.5% increase from the 16,047 ATS-related arrests recorded in 2007 - 08.

In New Zealand, a total of 2,436 persons were convicted on methamphetamine-related charges in 2009. This is a 16% increase from 2008 when 2,089 persons were convicted on methamphetamine-related charges.

Methamphetamine seizures – The number of methamphetamine pills seized increased exponentially in 2009. A total of more than 94 million pills were seized in the region in 2009 compared with about 32 million pills seized in 2008. The three-fold increase was driven by seizures in China (40.5 million pills), Myanmar (23.9 million pills) and Thailand (26.6 million pills), which accounted for 97% of all methamphetamine pill seizures in 2009. During the six-year period (2004 – 2009), Thailand accounted for 48% of the methamphetamine pill seizures among countries in the region that reported seizure data by drug type to the Drug Abuse Information Network for Asia and the Pacific (DAINAP). The 40.5 million pills seized in China in 2009 represent a five-fold increase from the previous year. In Myanmar, where most pills are manufactured, 23.9 million pills were seized in 2009 compared with 1.1 million pills in 2008. The number of methamphetamine pills seized in Lao PDR almost doubled, with more than 2.3 million pills seized in 2009 compared with more than 1.2 million pills seized in the previous year. Cambodia also reported an increase in methamphetamine pill seizures in 2009 with 137,000 pills seized. This represents a nearly 18% increase from the previous year. Seizures of methamphetamine pills in Malaysia decreased by nearly 62% in 2009.

Figure 5. Methamphetamine pill seizures in East and Southeast Asia, 2004 – 2009



Source: DAINAP

Table 3. Methamphetamine pill seizures in East and Southeast Asia, 2004 – 2009

Country	Number of methamphetamine pills seized					
	2004	2005	2006	2007	2008	2009
Brunei Darussalam	•	•	157	•	•	•
Cambodia	860,996	351,651	428,553	420,287	116,772	137,249
China	•	•	4,021,492	7,620,322	6,255,658	40,450,608
<i>Hong Kong (SAR)</i>	•	•	•	•	•	•
Indonesia	•	255,016	466,907	•	•	•
Japan	•	•	•	•	•	•
Lao PDR	1,950,046	4,656,309	1,755,989	1,272,815	1,227,205	2,335,330
Malaysia	92,549	•	•	121,629	281,343	107,952
Myanmar	8,379,310	3,651,505	19,065,674	1,666,141	1,102,199	23,899,156
Philippines	•	•	•	•	•	•
Republic of Korea	•	18	•	196	151	1
Singapore	3,480	•	22	498	1,135	1,237
Thailand	31,000,000	15,781,346	13,820,000	14,200,000	22,115,911	26,640,206

Table 3. Cont. Methamphetamine pill seizures in East and Southeast Asia, 2004 – 2009

Country	Number of methamphetamine pills seized					
	2004	2005	2006	2007	2008	2009
Viet Nam	39,467	230,417	62,870	29,679	850,000*	564,515**
Total	42,325,848	24,926,262	39,621,664	25,331,567	31,950,374	94,136,254

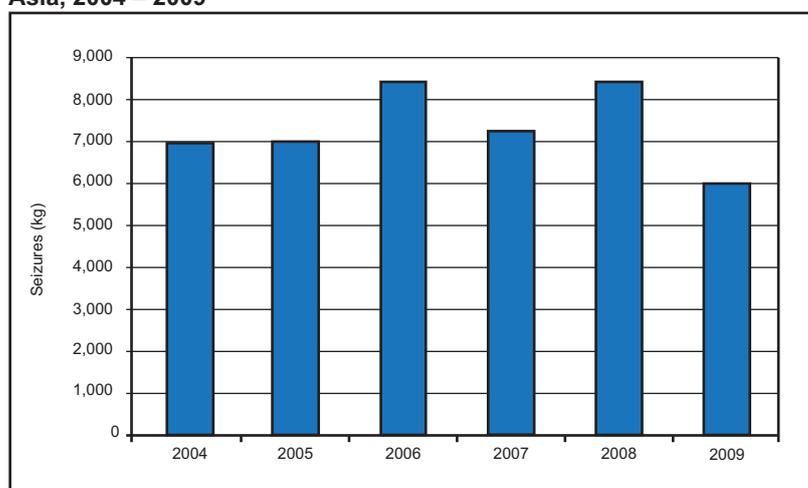
● = Not reported; * Reported as 60 kg plus 70,000 pills. ** Reported as 500,000 pills and 5.87 kg.

For comparison purposes a transformation ratio of 90 mg per pill was used for bulk pills/ powders.

Sources: DAINAP and multiple resources (see relevant country chapter for details)

Seizures of crystalline methamphetamine showed a decrease in 2009, reported at the lowest levels in the past six years. The 5.7 metric tons seized during the year represents a 32% decrease from the 8.3 metric tons seized in 2008. Over the past five years, the bulk of the crystalline methamphetamine seizures in the region were made in China. While crystalline methamphetamine seized in China in 2009 represents a more than 50% decrease over 2008, the figure represents 44% of the total reported seizures in the region during the year. From 2005 to 2008, seizures of crystalline methamphetamine in China have measured between 5.5 and 6 tons annually and have accounted for between 66% and 81% of all crystalline methamphetamine seizures in the region.

Unlike China, not all countries reported a decline in crystalline methamphetamine seized. Seizures in Malaysia increased 71% in 2009 to 1,160 kg compared with 679 kg in the previous year. The seizures in 2009 represent the largest amount seized during the reporting period. Myanmar also reported a substantial increase in crystalline methamphetamine seizures in 2009 with 124 kg seized compared with less than 15 kg seized in 2008. The 2009 seizures in Myanmar are the highest in the country since 2005. In Thailand, the 209 kg seized in 2009 is nearly four times higher than the amount seized in the previous year and the highest amount seized since 2005 when a record 317 kg was seized.

Figure 6. Crystalline methamphetamine seizures in East and Southeast Asia, 2004 – 2009

Source: DAINAP

Table 4. Crystalline methamphetamine seizures in East and Southeast Asia, 2004 – 2009

Country	Amount of crystalline methamphetamine seized (kg)					
	2004	2005	2006	2007	2008	2009
Brunei Darus-salam	0.5	0.7	0.4	0.3	0.4	0.3
Cambodia	●	2.0	16.2	6.8	1.9	4.6
China	2,746.0	5,500.0	5,946.0	5,863.0	5,523.0	2,518.0
Hong Kong (SAR)	15.7	228.1	6.7	40.8	45.8	43.7
Indonesia	28.4	367.6	1,241.2	492.9	709.9	237.8
Japan	411.3	123.0	144.0	359.0	399.0	356.3

Table 4. Cont. Crystalline methamphetamine seizures in East and Southeast Asia, 2004 – 2009

Country	Amount of crystalline methamphetamine seized (kg)					
	2004	2005	2006	2007	2008	2009
Lao PDR	•	4.8	•	•	•	•
Malaysia	63.0	39.2	145.2	69.2	679.0*	1,159.7
Myanmar	0.2	280.3	2.3	3.4	14.4	124.0
Philippines	3,676.8	104.1	766.0	368.9	853.5	980.8**
Republic of Korea	•	19.3	21.5	23.7	25.6	15.2
Singapore	0.1	0.1	0.5	1.5	1.8	3.7
Thailand	47.3	322.6	93.7	47.2	52.9	209.0
Viet Nam	•	•	•	0.7	•	3.9
Total	6,989.3	6,991.8	8,383.8	7,277.3	8,307.2	5,657.0

• = Not reported; * 679 litres liquid methamphetamine. 1 litre converted to 1 kg. In addition, 379 kg methamphetamine powder was seized. ** Reported as 149.3 kg of crystalline methamphetamine and 831.5 litres of liquid methamphetamine. 1 litre converted to 1 kg.

Sources: DAINAP and other government sources (see relevant country chapter for details)

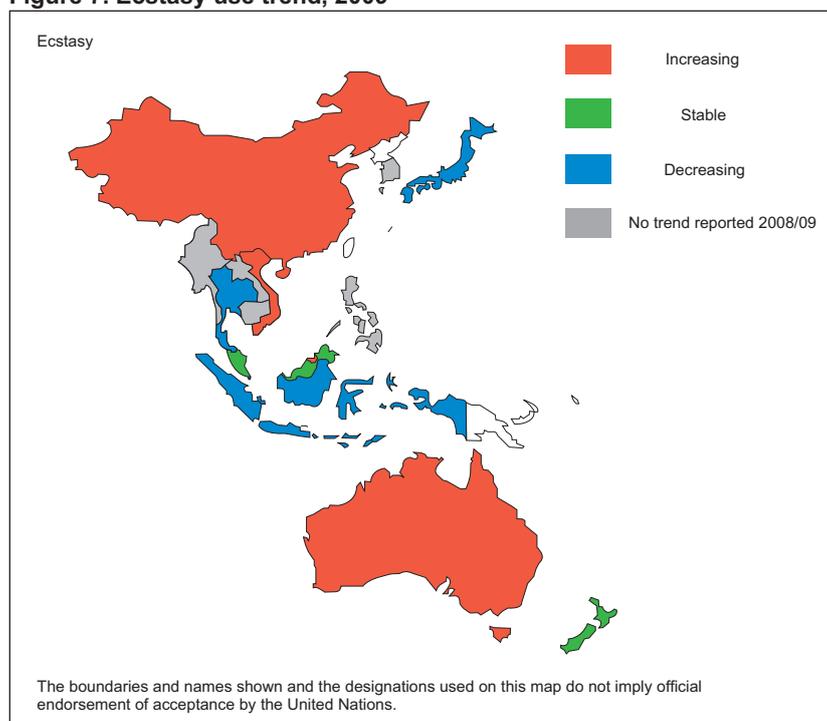
In Australia, in 2008 - 09, a total of 1,640 kg of amphetamine and methamphetamine were seized, representing a 19% decrease compared with the previous year.

In New Zealand, seizures of methamphetamine totaled 21.4 kg in 2009 compared with 22.1 kg in 2008.

Ecstasy

Ecstasy use – Ecstasy (MDMA) is not reported as the most common drug of use in any country in the region and pills sold as ‘ecstasy’ often contain other psychoactive substances. Ecstasy is the third most commonly used drug in many of the region’s countries including China, Indonesia, Japan and Viet Nam. China reported that ecstasy use has increased each year since 2004.

In Australia and New Zealand, ecstasy is the second most commonly used drug after cannabis.

Figure 7. Ecstasy use trend, 2009

Source: DAINAP

Ecstasy-related arrests – Just less than 2% of the ATS-related arrests in the region were related to ecstasy in 2009, totaling 2,654 arrests, compared with 3,333 arrests in the previous year. The majority of the arrests were made in Indonesia, which reported 1,919 arrests or nearly two-third of the regional arrests for 2009. Nearly all countries able to report ecstasy arrests showed a decline in figures for 2009 (Table 5). However, many countries in the region are unable to provide data that clearly distinguishes ecstasy from other types of ATS.

Table 5. Ecstasy-related arrests in East and Southeast Asia, 2004 – 2009

Country	Number of ecstasy-related arrests					
	2004	2005	2006	2007	2008	2009
Brunei Darussalam	0	0	2	0	3	10
Cambodia	0	1	0	1	7	•
China	•	•	•	•	•	•
<i>Hong Kong (SAR)</i>	468	284	283	224	315	157
Indonesia	1,454	•	•	2,274	1,984	1,919
Japan	450	403	370	296	281	107
Lao PDR	•	•	•	•	•	•
Malaysia	•	395	228	182	119	83
Myanmar	6	9	4	8	6	0
Philippines	•	•	•	•	•	•
Republic of Korea	•	•	•	•	•	•
Singapore	94	91	67	78	68	21
Thailand	749	646	459	410	550	357
Viet Nam	•	•	•	•	•	•
Total	3,221	1,829	1,413	3,473	3,333	2,654

• = Not reported

Source: DAINAP

Australia does not disaggregate arrest data for ATS. New Zealand also does not provide ecstasy-related arrest data.

Ecstasy seizures – Seizures of ecstasy pills have fluctuated in the region over the past six years. This is partly due to varying reporting standards over the years, including different classifications of seizures between ecstasy and methamphetamine, as well as improvements in disaggregating data between various synthetic drugs.

As suggested by forensic data reported to DAINAP, many of the seized drugs marketed on the street as ‘ecstasy’ in the region contain psychoactive substances other than simply MDMA³, such as ketamine and/or methamphetamine. Hence, caution should be used when assessing statistics related to ecstasy in countries which do not have ATS data and classification systems or the appropriate forensic and analytical facilities.

Seizures of ‘ecstasy’ pills declined by almost half in 2009, with 1.6 million pills seized during the year compared with 3 million pills seized in 2008. Significantly fewer pills were reported seized by Indonesia and Thailand. Pill seizures peaked at 5.7 million in 2007 but have since decreased more than 71%. China accounted for the largest numbers of seized pills which in 2009 amounted to two-thirds of ‘ecstasy’ pills seized region-wide.

Table 6. Ecstasy seizures in East and Southeast Asia, 2004 – 2009

Country	Number of ‘ecstasy’ pills seized					
	2004	2005	2006	2007	2008	2009
Brunei Darussalam	•	•	50	•	2	15
Cambodia	•	1,906	232	300	33	3,352
China	3,000,000	2,342,397	454,145	2,219,353	1,077,552	1,062,138

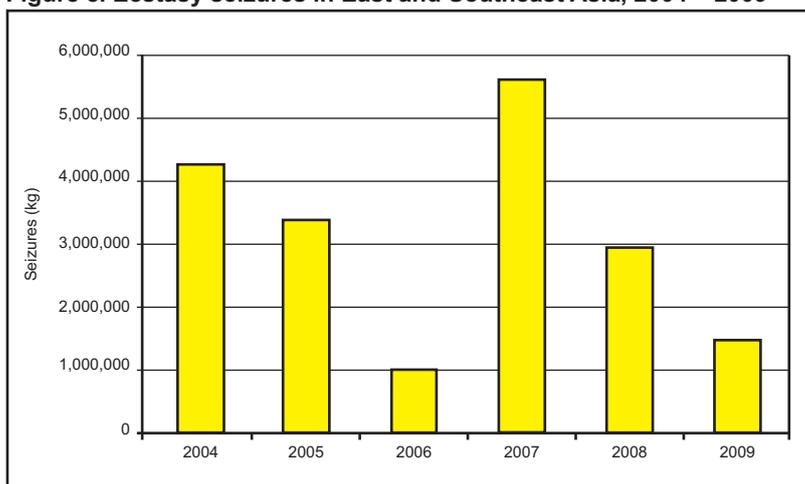
³ 3,4-methylenedioxymethamphetamine, or one of its related analogues.

Table 6. Cont. Ecstasy seizures in East and Southeast Asia, 2004 – 2009

Country	Number of 'ecstasy' pills seized					
	2004	2005	2006	2007	2008	2009
Hong Kong (SAR)	283,568	47,694	104,296	65,539	18,326	15,442
Indonesia	251,072	•	•	1,247,302	1,045,105	309,387
Japan	469,483	576,748	196,212	1,277,859	217,822	61,280
Lao PDR	•	•	•	•	•	•
Malaysia	146,744	434,233	227,932	709,888*	109,444**	75,515
Myanmar	5	5,807	54	2,690	108	5
Philippines	103	111	83	13	513	2,090
Republic of Korea	•	10,744	356	18,323	714	894
Singapore	1,235	610	4,236	7,034	7,415	8,985
Thailand	123,174	33,929	26,656	113,735	486,553	58,024
Viet Nam	•	•	•	•	19,000	•
Total	4,275,384	3,454,179	1,014,252	5,662,036	2,982,587	1,597,127

• = Not reported; * Reported as 167.55 kg plus 151,211 pills. ** Reported as 8.6 kg and 80,778 pills. For comparison purposes a transformation ratio of 300 mg per pill was used for bulk pills/ powder.

Sources: DAINAP and multiple resources (see relevant country chapter for details)

Figure 8. Ecstasy seizures in East and Southeast Asia, 2004 – 2009

Source: DAINAP

In 2008 - 09, the total weight and number of MDMA detections at the Australian border were the lowest in the past decade. The 55 MDMA detections in 2008 - 09 represent a decrease of over 50% from the 116 detections in 2007 - 08. The 13 kg detected at the border in 2008 - 09 represents a 94% decrease from the 213 kg detected in 2007 - 08. Detections of MDMA precursor chemicals also decreased from the previous year.

In 2009, a total of 15,063 pills sold as 'ecstasy' were seized in 153 separate cases by the New Zealand Police and Customs. The number of pills seized was 40% lower than the 25,806 pills seized in 2008.

Ketamine

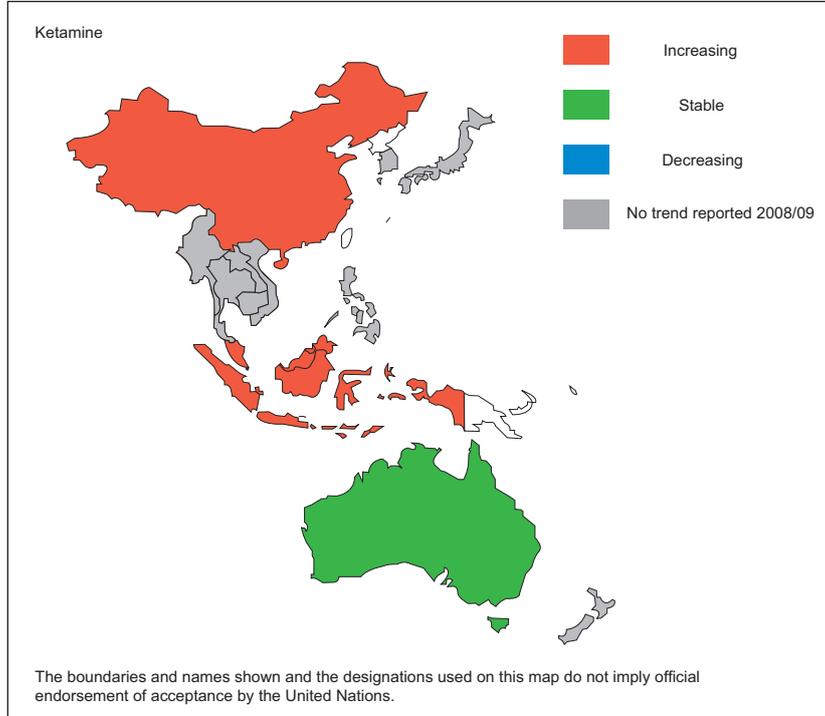
Ketamine use – In 2009, use of ketamine — a substance not under international controls — was reported in Australia, Brunei Darussalam, China, Hong Kong (SAR), Indonesia, Malaysia and Singapore. In Hong Kong (SAR) ketamine was reported as the main drug of use. Its use was reported to have increased in 2009 in Brunei Darussalam, China, Indonesia and Malaysia.

One reason for its growing popularity is that ketamine is cheaper than other drugs such as MDMA. Ketamine has licit use as a veterinary anaesthetic, which makes it widely available for diversion in many countries.

In Australia, ketamine ranked as the sixth leading drug of use from 2004 through 2007 and its use was reported as stable.

New Zealand did not report ketamine use.

Figure 9. Ketamine use trend, 2009

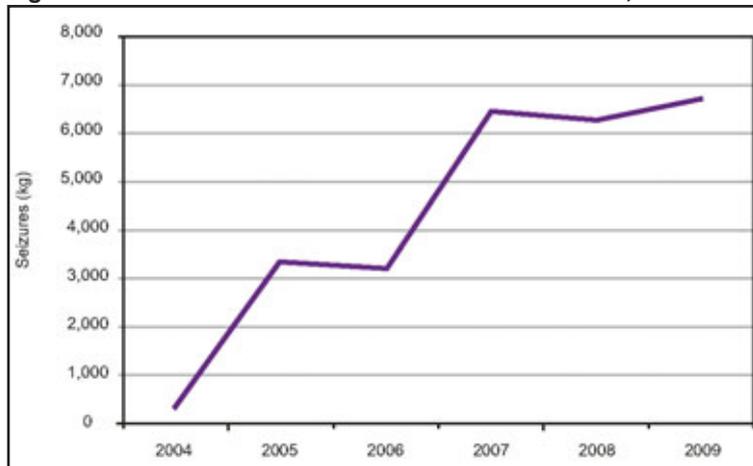


Source: DAINAP

Ketamine seizures – Ketamine seizures increased 9% in 2009 with 6.9 tons seized compared with 6.3 tons seized in 2008. However, the seizure figure is likely even higher as several countries report ketamine seizures in the categories of ‘other drugs’, ‘synthetic drugs’, or not at all since it is not required under the international drug control conventions. Thus, ketamine use, seizures and arrest data is likely underreported.

Almost 90% of the ketamine seized in the region was seized in China, which is also one of the major source countries for ketamine along with India. In Hong Kong (SAR), ketamine seizures increased 14% in 2009 compared with the previous year and showed a nearly five-fold increase from 2007. The seizure of 1,071 kg in Malaysia is almost double the amount of ketamine seized in the country in 2008. In 2008, 86% of global ketamine seizures were in Southeast Asia.

Figure 10. Ketamine seizures in East and Southeast Asia, 2004 – 2009



Source: DAINAP

Table 7. Ketamine seizures in East and Southeast Asia, 2004 – 2009

Country	Amount of ketamine seized (kg)					
	2004	2005	2006	2007	2008	2009
Brunei Darussalam	•	•	•	•	•	0.02
Cambodia	•	•	•	•	495 bottles*	1.1
China	•	2,630.0	1,788.5	6,101.7	5,271.1	5,303.0
<i>Hong Kong (SAR)</i>	46.4	296.1	1,006.0	96.4	434.9	495.5
Indonesia	•	•	•	•	19.8	•
Japan	•	•	•	•	•	•
Lao PDR	•	•	•	•	•	•
Malaysia	•	409.8	109.5	267.9	553.1	1,070.6
Myanmar	•	•	16.0	•	•	•
Philippines	•	7.8	98.0	•	10.2	0
Republic of Korea	•	•	•	•	•	•
Singapore	1.1	3.6	5.3	11.0	14.0	8.7
Thailand	164.0	42.2	22.7	28.1	18.1	18.9
Viet Nam	•	•	•	•	5.7	•
Total	211.5	3,389.5	3,045.9	6,505.1	6,326.9	6,897.8

• = Not reported; *Reported as small bottles, undefined weight.

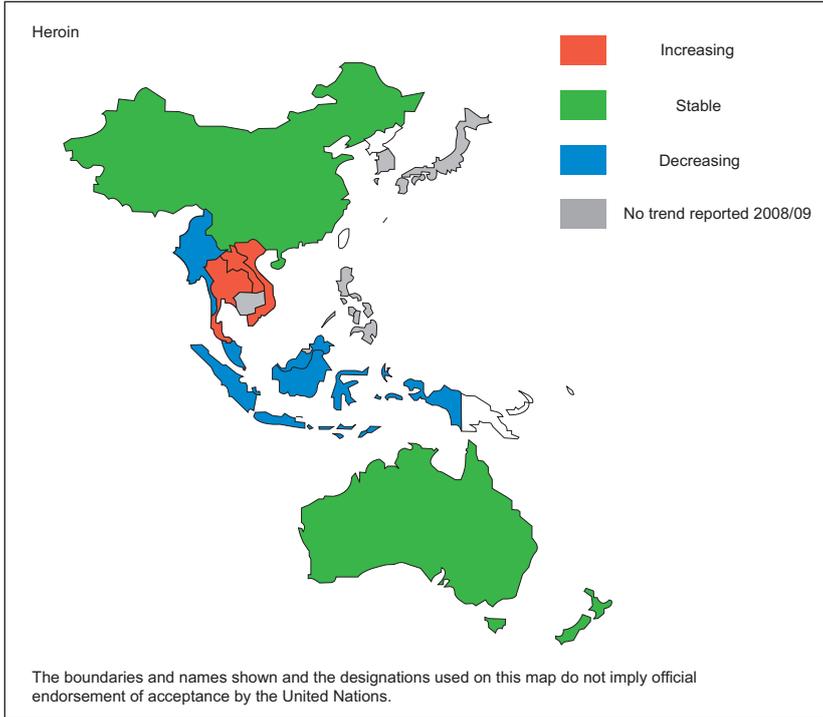
Source: DAINAP

Opiates

Although various ATS have become increasingly entrenched in many countries of the region, various opiates continue to be used at high rates. In 2009, heroin ranked as the primary drug of use in China, Malaysia, Myanmar, Singapore and Viet Nam. Most country experts reported stable or decreasing trends in heroin use, with the exception of Lao PDR, Singapore, Thailand and Viet Nam. Opium ranked as the second leading drug of use in Viet Nam and the third leading drug of use in Lao PDR. Opium use is also reported in China. Lao PDR is the only country that reported increased opium use in 2009. Opium poppy cultivation totaled just less than 34,000 hectares in 2009, 94% of which was cultivated in Myanmar. Cultivation of opium poppy in the region in 2009 increased 11% compared with the previous year. Lao PDR reported the cultivation of 1,900 hectares in 2009 compared with 1,600 hectares in the previous year, representing a 19% increase. Small amounts of opium poppy are also cultivated in the Republic of Korea and Thailand.

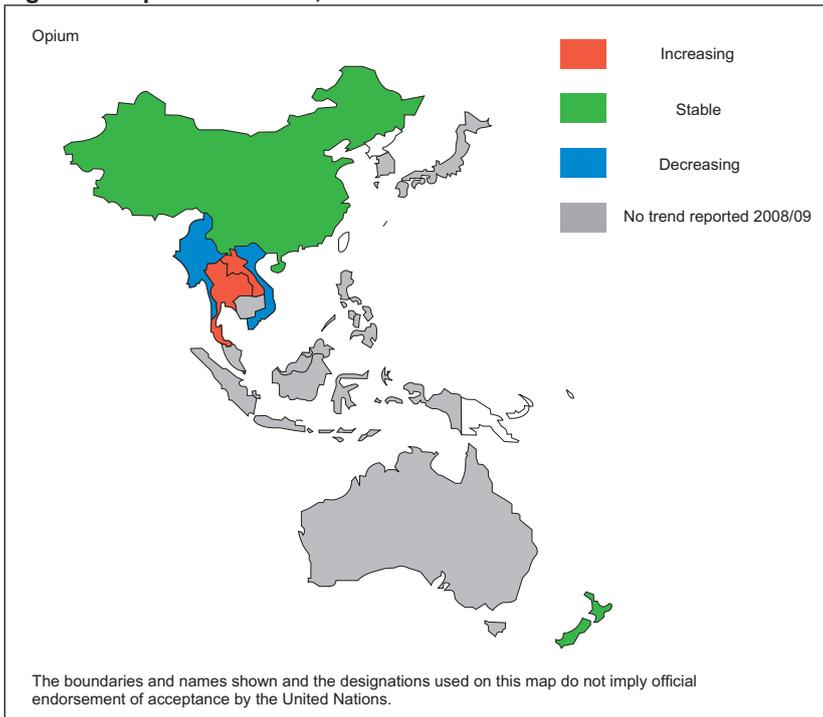
Afghan heroin started to be trafficked to Southeast Asia after 2002, to compensate for the decrease in opiate production in Myanmar. According to UNODC estimates, up to 30% of the heroin market in China in 2008 may have been supplied by Afghan heroin. In addition to China, there are indications that Afghan heroin is increasingly trafficked to other Southeast Asian countries as well.

Figure 11. Heroin use trend, 2009



Source: DAINAP

Figure 12. Opium use trend, 2009



Source: DAINAP

Overall opiate-related arrests in the region in 2009 declined by 7% compared with the previous year. Opiate-related arrests in Indonesia declined by about half in 2009. In Thailand, opiate-related arrests were down 15%. In Malaysia opiate-related arrests declined 2%. However, several countries reported increases in opiate-related arrests. In Myanmar, the number of heroin-related arrests increased only 5% in 2009; however, almost 56% of all drug-related arrests during the year were for opiates. The number of arrests related to all forms of opium (raw and prepared, low grade, brown opium and opium oil) increased by only 3%. In Singapore, arrests of heroin users accounted for 57% of all drug users arrested in 2009, with 1,080 users arrested compared with 885 persons in 2008. Japan reported a 60% increase in opiate-related arrests, although the figures remain at low levels. Lao PDR also has reported low levels of opiate-related arrests over the past six years. However, in 2009, opiate-related arrests more than doubled compared with the previous year.

Table 8. Opiate-related arrests in East and Southeast Asia, 2004 – 2009

Country	Number of opiate-related arrests*					
	2004	2005	2006	2007	2008	2009
Brunei Darussalam	0	0	1	0	0	1
Cambodia	6	24	28	8	6	•
China	•	•	•	•	•	•
<i>Hong Kong (SAR)</i>	2,438	2,020	1,713	1,601	1,378	1,145
Indonesia	1,927	3,121	2,610	3,561	1,813	925
Japan	•	33	49	54	27	43
Lao PDR	10	60	0	36	45	94
Malaysia	•	22,393	14,039	9,169	8,693	8,488
Myanmar	2,403	2,712	2,078	2,015	2,059	2,139
Philippines	•	•	•	•	•	•
Republic of Korea	1	1	1	•	•	18
Singapore	111	62	119	690	885	1,080
Thailand	1,771	1,176	1,195	1,278	1,479	1,255
Viet Nam	•	•	•	•	•	•
Total	8,667	31,602	21,833	18,412	16,385	15,188

• = Not reported; *also includes heroin, opium, morphine and other opiates.

Source: DAINAP

Heroin seizures in the region increased by half in 2009 with 7.8 metric tons seized compared with 5.2 metric tons in 2008. The majority of seizures in 2009 was made in China, with more than 5.8 metric tons seized during the year. Heroin seizures in China increased 27% in 2009 compared with the previous year. In Myanmar, heroin seizures totaled nearly 1.1 metric tons in 2009, representing the highest amount reported since 2003 and a more than ten-fold increase from the previous year. Heroin seizures increased more than four-fold in Cambodia compared with the previous year. In 2009, Lao PDR heroin seizures increased by 67% and in Viet Nam the seizures increased by 33%.

China and Myanmar accounted for the majority of seizures of opium in the region. Opium seizures in China totaled 1.3 metric tons and in Myanmar totaled nearly 0.7 metric tons during the year. Combined, the two countries accounted for 91.5% of the opium seizures in the region. China and Myanmar were the only two countries that reported seizures of heroin refining facilities in 2009.

In Australia, heroin use has remained stable in all reporting periods since 2001. Arrests related to heroin and other opiates in Australia increased by 18% in 2008 - 09 but the figures are among the lowest on record. The number of heroin and other opiate seizures accounted for just less than 3% of total illicit drugs seizures in 2008 - 2009. Overall, the 145.6 kg of heroin and other opiates seized in 2008 - 09 was more than double the 68.5 kg seized in the previous year, but it was still considerably lower than seizures earlier in the decade.

New Zealand reported that there were about 10,000 problematic users of heroin and other opi-

ates, and indicated a stable trend in 2009 for opiate use. In New Zealand, 53 gram of heroin was seized in 2009, compared with 42 grams in 2008. Meanwhile, drug-related arrests for opiates remained low, accounting for less than 1% of all drug-related arrests during the year.

Table 9. Heroin seizures in East and Southeast Asia, 2004 – 2009

Country	Amount of heroin seized (kg)					
	2004	2005	2006	2007	2008	2009
Brunei Darussalam	•	•	•	•	•	1.1
Cambodia	5.2	11.8	21.3	10.7	5.3	26.7
China	10,836.5	6,904.7	5,792.1	4,594.0	4,332.3	5,837.0
<i>Hong Kong (SAR)</i>	35.7	31.9	52.2	37.4	54.6	59.0
Indonesia	12.7	19.8	11.9	17.2	29.1	15.5
Japan	•	•	2.3	2.1	1	1.2
Lao PDR	48.6	40.4	9.2	23.8	17.5	29.2
Malaysia	221.0	252.3	155.7	243.3	297.1	283.4
Myanmar	973.5	811.7	192.4	68.4	88.2	1,076.1
Philippines	•	•	•	•	•	•
Republic of Korea	•	0.01	0.02	•	•	1.9
Singapore	•	3.3	6.1	17.2	44.5	9.1
Thailand	789.0	948.6	92.5	293.6	199.8	142.8
Viet Nam	239.4	287.7	276.6	160.2	156.2	213.0
Total	13,161.6	9,312.2	6,612.3	5,467.9	5,225.6	7,716.0

• = Not reported

Source: DAINAP

Table 10. Opium seizures in East and Southeast Asia, 2004 – 2009

Country	Amount of opium seized (kg)					
	2004	2005	2006	2007	2008	2009
Brunei Darussalam	•	•	•	•	•	•
Cambodia	2.8	2.1	1.8	•	•	•
China	890.4	2,309.3	1,691.0	1,184.6	1,375.0	1,303.0
<i>Hong Kong (SAR)</i>	•	•	•	•	182.7	•
Indonesia	•	•	•	•	•	•
Japan	•	1.0	•	•	6.6	3.2
Lao PDR	1.2	56.8	1.2	14.2	11.8	50.0
Malaysia	101.0	3.9	0.5	7.4	13.9	10.1
Myanmar	606.9	772.7	2,321.0	1,173.8	1,463.4	752.0
Philippines	9.0	•	•	2.5	•	•
Republic of Korea	•	0.01	0.1	0.1	0.2	0.2
Singapore	•	•	•	•	0.5	•
Thailand	1,595.0	102.6	767.5	139.7	111.3	102.3
Viet Nam	58.6	51.1	184.0	63.0	18.8	24.0
Total	3,264.9	3,299.5	4,967.1	2,585.3	3,184.2	2,244.9

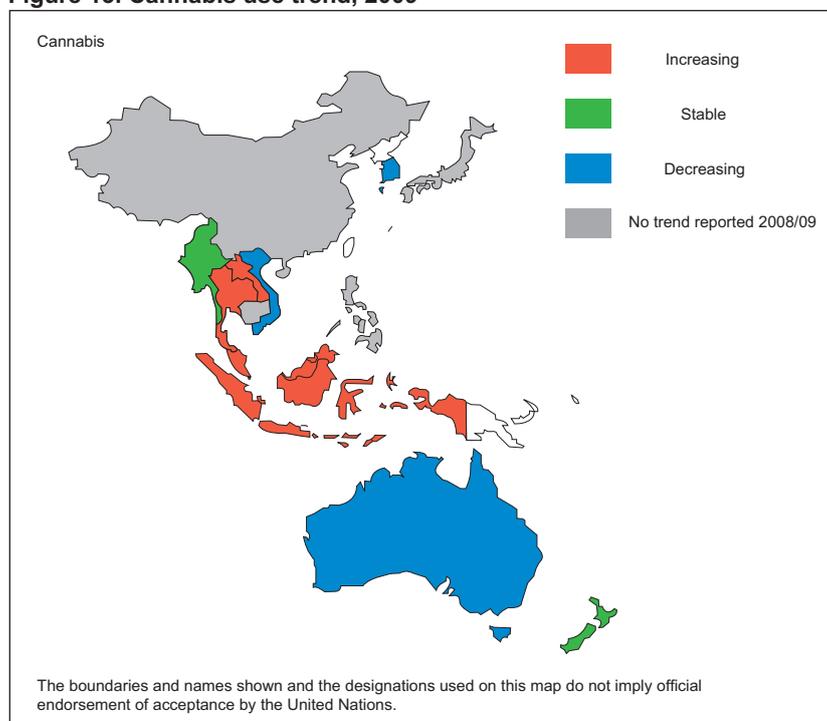
• = Not reported

Source: DAINAP

Cannabis

In 2009, an increasing trend in cannabis use was reported in Brunei Darussalam, Indonesia, Lao PDR, Malaysia, Singapore and Thailand. In comparison, most countries reported a declining or stable trend in cannabis use in 2008. Cannabis is reported as the primary drug of use in Indonesia and is also the second most commonly used drug in several countries in the region.

Figure 13. Cannabis use trend, 2009



Source: DAINAP

For countries reporting arrest data disaggregated by drug type, cannabis-related arrests increased 17% in the region in 2009. Indonesia and Thailand accounted for the majority of the region's cannabis arrests with about 12,000 each. In Indonesia, cannabis-related arrests accounted for almost 40% of all drug-related arrests in 2009. Malaysia reported a near tripling of cannabis-related arrests in 2009 and cannabis-related arrests accounted for one-third of all drug-related arrests in the country. In 2009, the Republic of Korea reported a 64% increase in cannabis-related arrests, the highest total in the past six years. In Myanmar, cannabis-related arrests in 2009 increased by nearly one-third (31%). Japan reported a 6% increase in cannabis-related arrests in 2009. Cannabis-related arrests in Lao PDR increased 54% and in Singapore increased 23%, although the arrest figures in both countries remain at low levels.

Table 11. Cannabis-related arrests in East and Southeast Asia, 2004 – 2009

Country	Number of arrests					
	2004	2005	2006	2007	2008	2009
Brunei Darussalam	12	23	31	27	28	5
Cambodia	0	25	8	8	6	•
China	•	•	•	•	•	•
Hong Kong (SAR)	811	639	719	541	544	•
Indonesia	3,282	7,818	12,865	18,142	11,581	12,001
Japan	2,312	1,941	2,288	2,271	2,758	2,920
Lao PDR	4	0	0	2	26	40
Malaysia	•	5,044	5,275	3,385	1,726	5,207
Myanmar	295	275	232	217	240	316

Table 11. Cannabis-related arrests in East and Southeast Asia, 2004 – 2009

Country	Number of arrests					
	2004	2005	2006	2007	2008	2009
Philippines	•	•	•	•	•	•
Republic of Korea	1231	1032	835	1,170	1,045	1,712
Singapore	117	102	122	102	62	76
Thailand	8,441	7,546	10,549	9,833	11,689	12,502
Viet Nam	•	•	•	•	•	•
Total	16,505	24,445	32,924	35,698	29,705	34,779

• = Not reported

Source: DAINAP

Cannabis seizures in the region decreased 23% due to declines reported primarily in Indonesia, Philippines and Viet Nam. In Indonesia, cannabis herb seizures decreased about 21% in 2009 to around 111 tons. The Philippines reported a decline of about half to 1.7 metric tons, while Viet Nam reported a decline from roughly 9 metric tons to just 78 kg reported in 2009.

In Australia, cannabis is the main drug of use. However, reported cannabis use is now at its lowest level since 1993. Cannabis-related arrests accounted for two-thirds of total illicit drug-related arrests in 2008 - 09. The 55,638 arrests involving cannabis in 2008 - 09 represents a 6% increase from the previous year. In 2008 - 09, 5,573 kg of cannabis was seized compared with 5,409.3 kg in 2007 - 08.

In New Zealand, cannabis remains the most commonly used drug. The annual prevalence of cannabis use in 2008 was 14.6% compared with 13.3% in 2006 and 20.4% in 2003. Cannabis-related arrests accounted for 80% of drug-related arrests in 2009. The cannabis seizures in the country totaled more than 840 kg in 2009 compared with 916 kg in 2008.

Table 12. Cannabis-related seizures in East and Southeast Asia, 2004 – 2009

Country	Amount of cannabis seized (herb and resin) (kg)					
	2004	2005	2006	2007	2008	2009
Brunei Darus-salam	0.2	•	2.3	0.1	0.6	1.5
Cambodia	•	103.0	•	10.0	5.0	3.8
China	1,697.0	941.0	•	•	•	•
<i>Hong Kong (SAR)</i>	417.0	152.5	467.3	257.4	261.0	107.0
Indonesia	8,494.1	22,835.0	11,723.0	35,464.7	140,650.0	110,764.0
Japan	970.1	873.6	322.5	457.9	408.2	212.3
Lao PDR	1,241.0	1.6	291.5	2,302.8	804.6	976.0
Malaysia	1,330.0	1,166.2	2,378.8	1,482.6	874.8	2,351.8
Myanmar	142.5	453.1	72.9	104.3	170.2	284.6
Philippines	836.4	4,433.8	11,150.5	11,150.5	3,725.0	1,660.0
Republic of Korea	•	18.4	20.9	22.2	92.7	123.0
Singapore	1.0	0.7	1.5	2.9	1.1	7.1
Thailand	9,907.0	13,343.8	11,875.0	15,384.6	18,891.6	17,558.8
Viet Nam	1,021.3	3,368.5	645.0	8,000.0	8,928.8	78.0
Total	26,057.6	47,691.2	38,951.2	74,640.0	174,813.6	134,127.9

• = Not reported

Source: DAINAP

Other substances

Apart from ATS, cannabis, heroin, opium and ketamine, several other illicit drugs are used in the region, although to a lesser extent. The most notable of these drugs is the benzodiazepine, nimetazepam. Use of nimetazepam, sometimes in combination with methamphetamine, is particularly prevalent in peninsular Southeast Asia. Use of nimetazepam or other benzodiazepines has been reported in Brunei Darussalam, Indonesia, Malaysia, Singapore, and to a lesser extent, in Thailand.

Another concern for some countries in the region is kratom (*mitragyna speciosa*), a substance derived from the leaves of the Rubiaceae (coffee) tree, which produces both stimulant and sedative effects. Kratom use is particularly prevalent in the southern part of Thailand. Kratom ranked as the sixth leading drug of use in Thailand in 2009, although it ranked second in 2008. It is often used in a drug cocktail containing a combination of licit substances such as cough syrup and soft drinks. Kratom is also used in Malaysia and in Myanmar.

In Malaysia, khat (*Catha edulis*, also spelled kat or qat), a flowering tropical plant native to East Africa and the Arabian Peninsula containing the stimulant cathinone, has been reported as a drug of concern.

Cocaine use has remained relatively low throughout the region. China, Hong Kong (SAR) and Philippines have each reported notable seizures in 2008 and 2009, some in the hundreds of kilogrammes. However, few arrests and treatment admissions have been reported.

Several countries rank inhalant and solvent use as a major issue of concern, particularly among young drug users.

Emerging trends and concerns

1. Large-scale spillover of methamphetamine from Myanmar to neighbouring countries in the Greater Mekong Sub-region (GMS). Myanmar remains the major manufacturer of methamphetamine pills in the region. As predicted in the 2009 report, the uncertain political situation in 2009 and 2010 has resulted in the increased trafficking of drugs, particularly methamphetamine, and may have also accelerated the relocation of clandestine laboratories for illicit manufacture of methamphetamine across the border into neighbouring countries. For example, Thailand has reported the seizure of tableting operations producing methamphetamine pills in the outskirts of Bangkok since the beginning of 2010. The 93.3 million pills seized in 2009 in Myanmar and in neighbouring China, Lao PDR and Thailand represent a three-fold increase in comparison with the 2008 figures. The domestic manufacture of methamphetamine pills takes place in China. However, the country also reported an increase in ATS trafficking from Myanmar in 2009. The 40.5 million methamphetamine pills seized in China in 2009 represent a more than six-fold increase in seizures compared with the previous year. The spillover from Myanmar has impacted countries such as the Lao PDR which are in close proximity to ATS manufacturing centres in Myanmar. There are indications of increased diversion of methamphetamine from Myanmar to Thailand through Lao PDR. This has been seen in increasing seizures including a shipment of about 21 million yaba tablets interdicted in February 2010 in Lao PDR, one of the largest seizures ever in the region.

2. The illicit manufacture of ATS continued at high levels in the region. The manufacture or attempted manufacture of ATS was reported in all but three of the countries reviewed in 2009. Although the total number of clandestine manufacturing laboratories seized decreased slightly in 2009 when measured against 2008, seizures of laboratories were still 81% higher than in 2007. China reported the seizure of 391 clandestine manufacturing laboratories, of which most had been manufacturing ATS and other synthetic drugs such as ketamine. This figure represents a 60% increase over the total number of clandestine manufacturing laboratories seized in 2008 in China. In Cambodia, significant seizures of clandestine manufacturing laboratories and ATS precursor chemicals, in addition to the increasing availability of high purity crystalline methamphetamine ('ice'), indicated that ATS manufacture is taking place in the country. The manufacture of MDMA, methamphetamine, and other synthetic drugs is a significant threat in Indonesia. The Philippines identified the manufacture of crystalline methamphetamine as the country's greatest drug threat. Nine manufacturing laboratories were seized in the country during the year. Malay-

sia reported 11 ATS manufacturing laboratories in 2009. In East and Southeast Asia, only Brunei Darussalam, Singapore and Viet Nam did not report the manufacture or attempted manufacture of ATS in 2009. Australia and New Zealand both reported an increase in the seizure of clandestine manufacturing laboratories. Australia reported a record number of such laboratories seized during the year, a number of which were manufacturing primarily amphetamine and methamphetamine. New Zealand also reported a slight increase in the number of laboratories seized in 2009 as well as a 31% increase in seizures of precursor chemicals.

3. Diversion of licit chemicals and pharmaceutical preparations for the manufacture of methamphetamine is increasing in the region. Due to strict controls on precursor chemicals used in the manufacture of methamphetamine, criminals are shifting to the use of non-controlled licit chemicals and pharmaceutical preparations. Traffickers are also seeking to obtain precursor chemicals in different physical form in order to avoid detection. Such chemicals and medicines are obtained by diversion from local pharmacies or through the import of large volumes of the substances. Increasing seizures of pharmaceutical drugs that contain ephedrine and pseudoephedrine have been reported in a number of countries in the region. In Myanmar, for example, in 2009, more than 9.4 million pills containing pseudoephedrine were seized. The pills were reported to have originated in China, India and Thailand. In addition, 240 litres of liquid ephedrine solution were seized in Myanmar in 2009. Australia reported the seizure of more than two metric tons of ephedrine and pseudoephedrine in 2008 - 09,⁴ nearly double the quantity seized in 2007 - 08. New Zealand reported the seizures of approximately 5.5 million pill equivalents of ephedrine and pseudoephedrine in 2008 - 09.

4. The methamphetamine and ecstasy markets have expanded considerably in East and Southeast Asia. The methamphetamine situation appears to have stabilized or in some cases improved in some of the region's more developed countries such as Australia, the Republic of Korea, Japan, and New Zealand. In other countries in the region, ATS have overtaken the use of plant-based drugs over the past few years and now rank in the top three drugs of use in all countries in the region. Methamphetamine in pill form ranks as the primary drug of use in Lao PDR and Thailand, while methamphetamine in crystalline form ranks as the primary drug of use in Brunei Darussalam, Cambodia, Japan, Republic of Korea and the Philippines. Methamphetamine in pill and crystalline form ranked as the second most commonly used drug type in China with ecstasy ranking third. In Indonesia, crystalline methamphetamine and ecstasy ranked as the second and third most commonly used drugs respectively, following cannabis. Crystalline methamphetamine ranked as the third most commonly used drug in Malaysia and Singapore. Ecstasy was the second ranked drug of use in Australia and New Zealand. Over the past few years, several growing markets have emerged in the region. For example, the market for methamphetamine in Viet Nam has grown as the country becomes an attractive target for traffickers due to its large, increasingly affluent and urban population. The use of crystalline methamphetamine, in particular, has increased among young people in major cities and seizures of methamphetamine pills have increased significantly over the past three years. Viet Nam also reports the existence of drug storage points along the northern border with Lao PDR. In Indonesia, crystalline methamphetamine use has increased each year since 2003 and the drug now ranks as the second most commonly used drug, after having ranked fifth in 2005. Over the past five years Indonesia, which has hitherto been primarily a transit country for methamphetamine, has become a manufacturing centre for crystalline methamphetamine. Malaysia is a key transit country for crystalline methamphetamine trafficking in the region and in recent years has seen seizures of several small and large-scale manufacturing laboratories, echoing the same pattern as some other countries.

5. The injecting use of methamphetamine is increasing in the region, thus heightening the risk of the transmission of blood-borne diseases, including HIV. Many countries in this region have concentrated HIV epidemics, and some of these are being driven largely by the unsafe injection of drugs. In Indonesia, more than 40% of injecting drug users (IDUs) are infected with HIV. Indonesia reported an increasing trend in injecting drug use in 2009 with most IDUs injecting heroin and crystalline methamphetamine. In Malaysia, injecting drug use is reported as the primary mode of HIV transmission in the country, accounting for an estimated 55% of all new HIV infections during 2009. Malaysia reported the injecting use of crystalline methamphetamine for the first time in 2009. In Thailand, injecting is the second most common mode of administration for crystalline methamphetamine and the third most common mode of administration for methamphetamine pills. HIV prevalence among IDUs in Thailand was approximately 50% in 2008 - 2009. In Australia, in a 2009 survey, of 881 IDUs, 48% reported that amphetamines (including methamphetamine) were the drug first injected, although opiates are the most frequently injected drugs. Methamphetamine is also the most commonly injected drug in New Zealand.

⁴ Data for Australia is based on the financial year from July of the prior year through June of the following year.

6. Increasing activity of transnational organized criminal groups from the Islamic Republic of Iran and West Africa. Transnational organized criminal groups have targeted several countries in the region. In 2009, 28 Iranians were arrested for attempting to smuggle methamphetamine in crystalline and liquid form into Indonesia. In Thailand, 11.8 kg of crystalline methamphetamine was seized from Iranian air passengers. In Japan, 85 Iranian nationals were arrested in methamphetamine-related cases. Malaysia reported increasing inflows of methamphetamine and other ATS into the country by Iranian drug trafficking organizations. In the Philippines, nine Iranian nationals were arrested for ATS compared with none in the previous year. West African groups are also reported to be operating in China, Indonesia, Lao PDR, Malaysia, the Philippines and Thailand. West African groups have hitherto trafficked primarily in cocaine and heroin and typically traffic the drugs via air passengers and foot traffic across borders. There are new indications, however, that they may be diversifying into the region's lucrative methamphetamine trade. Cambodia is becoming a key transit country for ATS and heroin and is vulnerable to international drug trafficking gangs. In Lao PDR also, emerging ATS problems are related to transnational syndicates playing an increasing role in the country. The organized criminal groups from the Islamic Republic of Iran and West Africa often recruit local couriers to smuggle drugs.

7. Drug treatment services for users of ATS and other synthetic drugs are under-resourced and unable to keep pace with the increasing number of ATS users. Although the number of ATS users is increasing in several countries in the region, there is a lack of ATS-specific treatment facilities. Most drug treatment services in the region are aimed at users of heroin, opium and cannabis. In Cambodia and Japan, 50% of all drug users in drug treatment received treatment for methamphetamine use. In the Philippines the figure rises to 59%. In Thailand, 82% of all drug users who received drug treatment in 2009 were treated for methamphetamine pill use. In Brunei Darussalam and Republic of Korea, the figures for persons receiving treatment in 2009 for crystalline methamphetamine go as high as 98%. Many countries in the region provide services to drug dependents through compulsory drug treatment centres. However, in several of these countries, the programmes are marked by high drug treatment relapse rates. Post-treatment relapse rates in Cambodia are nearly 100%. In Viet Nam, official post-treatment relapse rates range between 70% and 80% but might actually be as high as 95%.

8. Ketamine use and trafficking is a growing concern. In 2008, 86% of global ketamine seizures were in East and Southeast Asia. In 2009, 6.9 metric tons of ketamine was seized in the region. Almost 90% of this amount was seized in China, which, along with India, is one of the major source countries for ketamine in the region. However, ketamine seizure figures in East and Southeast Asia are almost certainly under-reported. Ketamine is a substance that is not under international control, although specific countries in the region have recently imposed restrictions on its availability. Use is reportedly increasing in several countries, and in Hong Kong (SAR) it was the main drug of use, with 2009 seizures reaching five-times their 2007 level. One reason for its growing popularity is that ketamine is cheaper than other drugs such as MDMA and its licit use makes it widely available for diversion for illicit purposes in many countries in the region.

9. Environmental damage from the harvesting and disposal of safrole-rich oils is increasingly problematic. Over the past few years, many countries such as Cambodia and Thailand have reported continuous seizures of safrole-rich oils (SRO), natural precursor chemicals used in the illicit manufacture of MDMA (ecstasy). Some of this is due to increased demand for SRO by drug traffickers. In 2009, more than 14 metric tons of SRO were seized in Cambodia, whereas 35 metric tons was seized in 2008. Large quantities of stumps and roots of often protected trees are required for the production of this oil which creates a worrying prospect of depletion of related species in the near future. Disposal of these chemicals also presents challenges for some countries.

10. The lack of reporting of ATS data remains a challenge. Many countries have not reported forensic data or price data, making market assessments difficult. The forensic capacity in the region as a whole remains weak which makes it difficult to accurately measure purity levels and trace the origins of drugs. In addition, the lack of representative prevalence estimates — for either the general population or school populations — for most countries remains a major challenge to adequately monitoring ATS trends in the region. The setting up and strengthening of systematic data collection mechanisms and specific health research and assessment studies is required to gain a better understanding of the situation on the ground. The lack of research and surveillance also causes concern that new patterns and trends in the use of ATS and other drugs

required to gain a better understanding of the situation on the ground. The lack of research and surveillance also causes concern that new patterns and trends in the use of ATS and other drugs may emerge and become entrenched before effective prevention and treatment resources can be mobilized.

Regional Trends: Pacific Island States and Territories

The Pacific Island region covers millions of square kilometres of ocean, strategically located between the continents of Asia to the west, Australia and New Zealand to the south, and the Americas to the East. The countries and territories in the region are a mixture of independent states, associated states, integral parts of non-Pacific Island countries, and dependent states. Australia and New Zealand are covered in separate chapters of this report.

There is a large variation in populations of Pacific Island States and Territories: Papua New Guinea is the largest with more than 6 million inhabitants, and Niue the smallest, with an estimated population of less than two thousand (UN Population Division, 2009). Due to a high degree of intra-regional migration, accurate population estimates cannot always be established. For the Cook Islands, for example, population estimates range from 12,000 to 20,000 (ANCD, 2010). Many of the countries and territories in the region are characterized by high rates of unemployment, rural-urban migration and very high youth populations (in many cases, over 50% are under 20 years of age) (ANCD 2010). UNODC estimates that 59% of the region's population is between 15 and 64 years old, the ages of common illicit drugs use (UNODC, 2009c).

Very few drug monitoring systems exist in the region and data vary widely in terms of availability, quantity and quality. Much of the data is collected as part of small-scale localized interventions and research activities and not widely disseminated, limiting comparability. Where large-scale surveys have been undertaken, they have often targeted specific populations, leaving large numbers of the population under-explored (ANCD, 2010). Achieving a scientific understanding of the situation with respect to illicit manufacture, trafficking and use of drugs therefore has remained an elusive goal so far.

The very low rate of adherence to the three United Nations Drug Control Conventions in the region, namely the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, is another obstacle towards gaining a comprehensive insight into the drug issue. Only three States in the Pacific, namely Fiji, Federated States of Micronesia and Tonga are parties to all the above three treaties, making the Pacific the region with the lowest rate of adherence to the treaties in the world. According to the International Narcotics Control Board (INCB), 10 of the 18 States (63%) that are not yet parties to all of these treaties are located in the Pacific (INCB, 2010). This has impacted not only on the availability of reliable data and drug monitoring systems but also on drug-related legislation which is often outdated and ill-equipped to manage emerging drug issues such as ATS.

Table 13. Status of treaty adherence of selected Pacific Island States and Territories

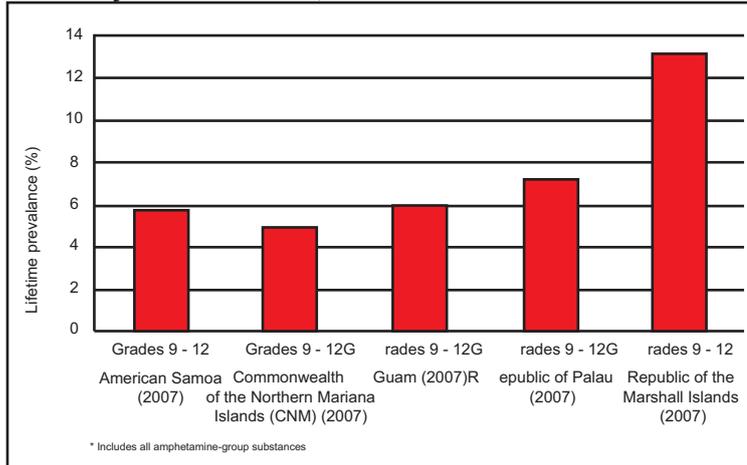
	1961	1971	1988
Cook Islands			x
Fiji	x	x	x
Marshall Islands	x	x	
Micronesia, Federated States of	x	x	x
Palau	x	x	
Papua New Guinea	x	x	
Samoa			x
Solomon Islands	x		
Tonga	x	x	x
Tuvalu*			
Vanuatu			x

*Tuvalu is not party to any of the international drug control treaties

Source: United Nations Treaty database, <http://treaties.un.org/>

Given these constraints, it is not surprising that evidence of the use of ATS has largely been anecdotal in nature. The only systematic and sustained effort to identify priority health-risk behaviours has been undertaken by those countries and territories which participate in the Youth Risk Behavior Surveillance System (YRBSS) based in the United States. Some of the results from that survey relating to the Pacific show fairly high lifetime prevalence rates of methamphetamine use. With respect to the Pacific, the rate is highest in the Marshall Islands (13.1%) and Palau (7.1%) and lowest in Guam (5.9%) and Commonwealth of the Northern Mariana Islands (4.9%). These rates are mostly higher than comparable rates for secondary school students in Australia (5.3%) or New Zealand (1.2%). High rates may, however, in part reflect confusion of the substance used, which is common for synthetic drugs, particularly among inexperienced users.

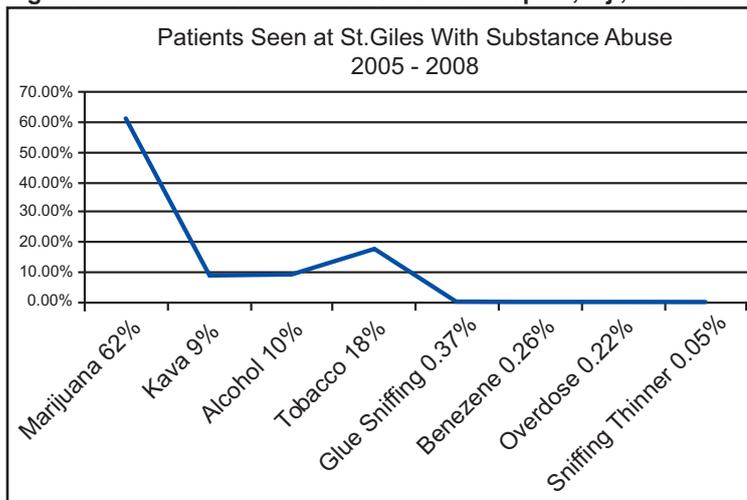
Figure 14. Lifetime prevalence of methamphetamine use among secondary school students, 2007



Source: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance - Selected Steps Communities, United States, 2007; Youth Risk Behavior Surveillance - Pacific Island United States Territories, 2007. Surveillance Summaries, November 21, 2008. MMWR 2008; 57 (No. SS-12).

The most frequently mentioned illicit drug of concern in Pacific Island countries and Territories is cannabis. Cannabis use is reported from almost all islands in the region and, as in other parts of the world, the substance is frequently locally grown. Some prevalence estimates among specific populations can be quite high. A study of cannabis use among Cook Islands Maori Islanders revealed that 24% of men and 19% of women had use cannabis in the past 12 months (ANCD, 2010).

Figure 15. Treatment demand at St. Giles Hospital, Fiji, 2005-2008



* Data reflect cumulative cases (2005 – 2008) reported from St. Giles Hospital psychiatric hospital. Source: Presentation by Fiji at the 5th meeting of Pacific Drug Use and Alcohol Research Network, July 2010, Port Vila, Vanuatu

On many islands, there is traditional use of kava, a psychoactive plant used for its sedative effects. Use of kava has been reported as a concern in many countries, including Fiji and Vanuatu. Alcohol and inhalants have also been reported as being of concern.

Table 14. Drug use concerns in selected Pacific Island States and Territories

Drug type	Cook Islands	Fiji	Marshall Islands	Micro-nesia, Federated States of	Niue	Palau
ATS (methamphetamine, ecstasy)	Some limited use reported	Use in urban settings (nightclubs) reported	Seizures and use of methamphetamine reported. Identified source countries include China, Philippines, United States (mainland and Hawaii)	Not reported	None identified	Methamphetamine use among youth. No data collection on adult substance use
Cannabis	Well reported among Cook Islands Maori residents (annual prevalence 21%)	Cultivation and use widely established	Reported seizures. 2.7% women used marijuana before pregnancy. Link to mental health problems	Reportedly on the rise	No reports of cannabis cultivation, anecdotal information on use	Common. Locally grown, and easily accessible
Cocaine	Not reported	Use in urban settings (nightclubs) reported	Seizures reported	Not reported	None identified	No data collection on adult substance use
Heroin	Some limited use reported	None reported	Limited	None identified	None identified	Reports of injecting drug use
Traditional psychoactive substances (kava, noni, yaquona, saku etc.)	Not significant	Widespread use. Kava trade significant source of income	Very limited use reported to occur	Reportedly on the rise	None identified	None identified
Other concerns	None identified	Widespread Inhalant use	None identified	Pohnpei Youth Survey (2007) reports injecting drug use: 11.2 % males, 6.1% females	None identified	None identified

Table 14. Cont. Drug use concerns in selected Pacific Island States and Territories

Drug type	Papua New Guinea	Samoa	Solomon Islands	Tonga	Tuvalu	Vanuatu
ATS (methamphetamine, ecstasy)	Seizures and use reported	Seizures and use reported	Use reported	Seizures reported	None identified	Seizures of amphetamines and ecstasy reported
Cannabis	Use said to very widespread but few systematic data collection efforts	Source of cannabis	Key drug of concern. High rates of use	Seizures and use reported	Occasional seizures and use reported	Cultivation and use, substance often sold in kava bars. Increased use among young people reported
Cocaine	None identified	Seizures and use reported	Use reported	Last seizure of cocaine (100 kg) reported in 2001	None identified.	Last seizure (120 kg) reported in 2004
Heroin	Transit country for trafficking	None identified but very limited use of opium	None identified	None identified	None identified	Last seizure (160 kg) reported in 2001
Traditional psychoactive substances (kava, noni, yaquona, saku etc.)	Use reported but concern low compared to other drugs	Use reported	None identified	Ceremonial use reported	Use reported among young people	Kava trade important source of income. Local use
Other concerns	Injecting drug use reported. Frequent arrests for drug possession	Limited injecting drug use. Frequent arrests for drug possession	None identified	None identified	None identified	None identified

Source: 5th meeting of Pacific Drug Use and Alcohol Research Network, July 2010, Port Vila, Vanuatu, Situational analysis of drug and alcohol issues and responses in the Pacific 2008-2009, ANCD, 2010

Reports of significant illicit drug manufacturing facilities in the Pacific region date back to 2004. In that year, the largest laboratory seizure was made in Fiji, where a large-scale illicit manufacturing plant for methamphetamine was discovered. The weekly manufacturing capacity of methamphetamine was estimated between 500 and 1,000 kg (Schloenhardt, 2007). The facility was managed by an Asian drug trafficking organization. Over the past years, several smaller-scale methamphetamine laboratories have been seized in Guam and in a crystallization operation in French Polynesia in 2009.

There are indications that precursor trafficking occurs with increasing frequency in the Pacific. As Australia and New Zealand have strengthened controls over precursor chemicals, these have become lucrative items that can be sold at high prices. Seizures of precursors, attempted diversions and thefts have been reported by authorities in Fiji, French Polynesia, Nauru, Papua New Guinea, Samoa and Tonga. In 2008, an attempt to divert significant amounts of pseudoephedrine bound for Nauru were halted (INCB, 2009). Tonga has reported significant theft of pharmaceutical products containing pseudoephedrine, including 178,000 pills of the substance that subsequently was trafficked to New Zealand (PDARN, 2008). Attempts have been made to traffic large amounts of ephedrine through Fiji disguised as allergy medication (ANCD, 2010). As a result, some States have introduced control measures over the substance. In Fiji, sales of over-the-counter preparations require registration and are subject to a purchase limit of one packet per person. In addition, an informal network of pharmacists identifies suspicious purchasing behav-

ious. Similar restrictions over such preparations exist in Samoa but it is unclear whether they are strictly enforced (ANCD, 2010).

The large number of commercial shipping routes in Oceania to Asia and North America offer ample possibilities for drug trafficking. In addition, most Pacific Islands States and Territories have porous maritime borders and long coastlines which represent almost insurmountable challenges to effective law enforcement. While amounts seized tend to be small (less than one kg), these low figures should not be taken to reflect the actual situation. Most States have limited knowledge in identifying synthetic drugs, specifically ATS, as well as their precursors.

Along with cannabis, methamphetamine is the most frequently intercepted drug in the region. Methamphetamine seizures were reported from Fiji, French Polynesia, Samoa and Tonga in 2009 and 2010. In French Polynesia, a methamphetamine trafficking network was detected in 2008 and 19 persons were sentenced for drug-related offences. The network was believed to have been operating in that territory for at least a few years before it was dismantled (INCB, 2010). More than 15,000 methamphetamine pills have reportedly been seized by Fiji authorities in 2009 and 2010 (Fiji Times, July 2010).

Cannabis is cultivated on many islands in the region, including Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu. Fiji has reported large seizures of cannabis plants, including 15,000 cannabis plants eradicated by the Fiji Police Force (INCB, 2010a). Some varieties of cannabis cultivated in the region are regarded as some of the most potent available worldwide. Eradication campaigns have been reported from Fiji and the Solomon Islands.

Several cases of cocaine and heroin have been reported from Fiji, French Polynesia, Papua New Guinea, Vanuatu. In some instances, the seizures were significant. In Fiji, 357 kg of heroin were seized in 2007, and more than 120 kg of cocaine and 160 kg of heroin were seized in Vanuatu in 2004 and 2001, respectively.

The geographical proximity to major markets for illicit drugs, particularly ATS, renders the region very vulnerable to drug transit trafficking. The risk of a spillover of illicitly manufactured or trafficked substances into the domestic market can be rapid and new forms of drug use can become a major public health concern. This concern is even more acute in light of the fact that only three Pacific Island States and Territories have ratified the three fundamental United Nations drug control Conventions.

Summary, emerging trends and concerns

- This region is surrounded by major markets for ATS and other drugs.
- The main illicit drug of concern is cannabis, which is widely cultivated throughout the region.
- High lifetime prevalence rates for methamphetamine among secondary students have been reported from Marshall Islands and Palau. ATS use also reported among students from Cook Islands, Fiji, Federated States of Micronesia, Papua New Guinea and Samoa.
- This region has the lowest rate of adherence to international drug control treaties in the world which increases its vulnerability to exploitation by drug trafficking organizations.
- Several major cases over the past five years indicate that illicit ATS manufacture, trafficking of ATS, drugs and precursors are real and current threats.
- Kava, a plant indigenous to the region with psychoactive effects is used in rituals and traditional ceremonies. Use of kava is a concern in some islands, including Fiji and Vanuatu.
- There are few formal drug surveillance systems, either nationally or regionally, in place for monitoring illicit drug use and trends.

Regional Trends: South Asia¹

The subregion of South Asia consists of Bangladesh, Bhutan, India, the Maldives, Nepal and Sri Lanka. In this chapter, the focus is on those countries where the risk of increasing use of amphetamine-type stimulants (ATS) is the greatest, namely Bangladesh, India, Nepal² and Sri Lanka. Although risk exists in the other countries, little information is available from Bhutan and the Maldives (INCSR, 2010).³

Unfortunately, dedicated data collection mechanisms on this important issue are still absent in most countries in the region and even where such mechanisms exist, they may not have the capacity to differentiate between various synthetic drugs. There is also a need to further improve forensic information which can provide important insights into the origin of synthetic drugs. Nevertheless, the rising number of discoveries of several clandestine methamphetamine-related laboratories in South Asia over the past two years shows that countries in the region are increasingly being used as locations of illicit ATS manufacture.

In recent years, the vulnerability of South Asia to ATS trafficking and manufacture has become evident. International drug trafficking organizations have sought to convert the subregion into a major base, given the wide availability of precursor chemicals required to manufacture illicit synthetic drugs throughout the subregion, coupled with good technical knowledge and infrastructure.

The subregion has witnessed all types of ATS manufacture, ranging from small-scale kitchen laboratories to large-scale manufacturing facilities. Illicit laboratories have also engaged in extracting precursors for ATS from pharmaceutical preparations containing ephedrine or pseudoephedrine. New techniques for the illicit chemical syntheses of ephedrine are being used to evade regulatory and law enforcement efforts. Bangladesh, India and Sri Lanka appear to be targeted by transnational organized criminal groups involved in such manufacturing activities.

South Asia is also a transit region for ATS trafficked from neighbouring Southeast Asia. The influx of methamphetamine pills from Myanmar into India and Bangladesh is on the rise. In addition, crystallized methamphetamine ('ice') manufactured in the region is also trafficked from South Asia to Southeast Asia and Oceania.

There are indications that diversion of consignments of ephedrine and pseudoephedrine originating from South Asia to destination countries occurs. In addition, pharmaceutical preparations containing ephedrine and pseudoephedrine are being seized throughout Central America, reportedly originating in India and Bangladesh. Trafficking of ATS precursors from China into Nepal has also been reported though their use in the illicit manufacture of ATS remains a matter of conjecture.

There has been a rise in the trafficking of ketamine from India to destinations in East and South-east Asia. Ketamine is used both in its powder and its liquid form or as an ingredient in pills sold as 'ecstasy'. Since the substance has not been reported as being abused in India, the Government of India has brought in controls only on the export of the substance. The rise in seizures reported after the exercising of export controls is a matter of concern for the Indian authorities.

Bangladesh

While no representative household surveys of drug use in Bangladesh have been undertaken, it is estimated that the most common ATS used in Bangladesh are methamphetamine pills, locally known as 'yaba'. Although it has been suggested that the methamphetamine pills are primarily smuggled into the country from neighbouring Myanmar, domestic manufacture cannot be ruled out.

¹ The data in this chapter was largely supplied by the UNODC Regional Office for South Asia (ROSA) and is based on information provided by Government authorities, United Nations entities and other international organizations such as Interpol and the World Customs Organization, as well as regional organizations.

² One seizure of methamphetamine was reported from Nepal in 2008.

³ Maldives reported one ketamine seizure made at Male International Airport in December 2009 (INCSR, 2010).

Table 15. Drugs reported seized in Bangladesh*, 2006 – 2009

Drug type	2006	2007	2008	2009
Methamphetamine pills (no. of pills)	•	8,184	5,763	4,051
Heroin (kg)	16	21	29	21
Poppy plant (plants)	•	60,038	•	145,021
Cannabis (kg)	1,344.9	1,768.2	2,301.8	2,101
Codeine (Phensedyl bottles)	46,995	28,241	53,239	58,875
Codeine (litres)	303	146	129	173.7
Pethidine/morphine (ampoule)	235	250	226	92
Buprenorphine (ampoule)	1,410	4,729	14,782	18,600
Unspecified pills (pills)	491	73,947	554	1,617

• = Not reported

*Totals reported may not include all drugs seized from other agencies such as the Rapid Action Battalion, the Bangladesh Rifles, and other agencies.

Source: DNC, 2010

Bangladesh has a fairly large and growing pharmaceutical industry. Over the past few years, the country has emerged as a source for precursors in the form of pharmaceutical preparations for destinations in Central America and the Caribbean. Several significant seizures of pseudo-ephedrine originating from Bangladesh have been reported from several destinations, including Dominican Republic (409,200 pills), Guatemala (700,000 pills) and Honduras (2,088,310 pills).⁴

The number of drug treatment admissions between 2000 and 2009 for seven major treatment centres in Bangladesh that participate in the Client Monitoring System has fallen steadily since 2001, when more than 24,000 patients were in treatment, to a mere 3,800 reported in 2009.⁵ According to admissions data from 2007, the most common drugs for which treatment was sought were heroin (67%) followed by cannabis (15%), buprenorphine and pethidine (5.6%), and codeine (4.3%).⁶ The existing client-based treatment monitoring system does not include the recording of ATS data. However, use of ATS has reportedly become widespread in the urban areas of Bangladesh, particularly in Dhaka where the drug is said to be widely available. The most common form of synthetic drug used is methamphetamine pill.

India

Illicit manufacture of ATS

Over the past few years, India has been targeted for illicit ATS manufacture. The first known clandestine methamphetamine laboratory was detected in May 2003 in Kolkata. Twenty-four kg of ephedrine were seized and nationals from China and Myanmar were arrested. Backtrack investigations led to a further seizure of 500 kg of ephedrine in June 2003 and arrest of more persons operating on the India – Myanmar border.

Since the 2003 incidents, several additional facilities or attempts to establish facilities for the illicit manufacture of ATS, predominantly methamphetamine, were uncovered by law enforcement agencies in India between 2004 and 2010.

In December 2009, 18 kg of methamphetamine were seized in Punjab, apparently destined for Canada. In that same month, a factory illicitly manufacturing ephedrine, the first of its kind in South Asia, was uncovered in the northwest of India.

Trafficking of ATS

Traditionally, ATS precursors have been smuggled from India to Myanmar for the purposes of illicit manufacture whereas the finished ATS product has been trafficked in the reverse direc-

⁴ Information received from the Drug Enforcement Administration (DEA), US Embassy, New Delhi.

⁵ Central Treatment Center, Tejgaon; Dhaka Treatment Center; Chittagong Treatment Center; Rajshahi Treatment Center, Khulna and Central Jail Treatment Center-Jessore, Rajshahi and Comilla.

⁶ DNC, 2010 and previous years.

tion. Seizures of methamphetamine and amphetamine pills in India are predominantly made in the northeast of the country, in the region bordering Myanmar which is also the source of these products. ATS seizures in India for the past few years are as shown in Table 16 below.⁷

Table 16. ATS seizures in India, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
Methamphetamine pills (no. of pills)	15,131	•	•	•	6,739	•
Methamphetamine powder (kg)	•	•	•	•	10.6	46.1
Ecstasy (units/ kg)	90.1	•	3,540 pills and 0.76 kg	•	0.02	0.02
Amphetamine tabs (units)	•	•	•	•	5,870	•
Amphetamine (kg)	•	8.4	•	4.6	67.9	2.4
No. of manufacture facilities seized	1	•	3	1	1	3*

• = Not reported. * includes a seized illegal ephedrine manufacture facility.

Source: Narcotics Control Bureau, India

Over the past years several seizures of amphetamine and methamphetamine (both in pill and powder form) have been made. Whereas amphetamine and methamphetamine pills are mostly trafficked into the country from abroad, the powdered form is primarily manufactured in India. Most ecstasy seizures are reported from Goa, a popular tourist destination located in southwest India. The last significant ecstasy seizure outside Goa was recorded in 2004.

The low level of ATS seizures does not necessarily reflect the true situation of ATS trafficking as the awareness of ATS remains low among law enforcement agencies.

Cambodia, Canada, Spain, Taiwan Province of China and United Kingdom have been cited as final destinations of ATS. The Philippines has also been noted as a final destination for seizures of methamphetamine made at international airports in India. Trafficking by courier and postal services has also been detected.

Nevertheless, even from the limited information, it is clear that India has become a trafficking route as drug traffickers continue to build networks to and from the region.

Trafficking of methamphetamine precursors – ephedrine and pseudoephedrine

Along with China and Germany, India is among the world's largest manufacturers of ephedrine and pseudoephedrine. India was a leading exporter of ephedrine and pseudoephedrine in 2008 according to Global Trade Information Services (GTIS), a leading supplier of international merchandise trade data.⁸

China and India are the two countries most often reported as sources of seized illicit shipments of ephedrine and pseudoephedrine (UNODC, 2008a). From India, consignments of these chemicals have been trafficked from/via various regions including the Balkans, the Islamic Republic of Iran, Pakistan, Philippines, Syrian Arab Republic, United Arab Emirates and Africa.⁹

India has been identified as a significant source for shipments of precursor chemicals to newly targeted countries in both Africa and Central America (INCSR, 2010). Several seizures made in 2008 and 2009 underscore the importance of India as a point of origin of ephedrine or pseudoephedrine. More than one metric ton (mt) of pseudoephedrine was seized in the United States in August 2008, shipped by a company in India and destined for Central America. It is believed that the final destination was Mexico (USDHS, 2008).

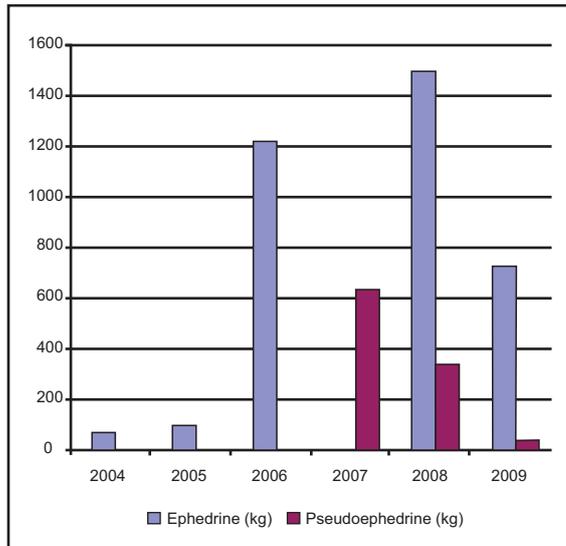
Law enforcement agencies in India have also made significant seizures of ephedrine and pseudoephedrine over the last few years which confirm that there is diversion of these substances from legitimate trade in spite of the strict controls imposed by the Government of India.

⁷ Monthly Drug Situation Reports of the Narcotics Control Bureau of India (NCB India).

⁸ India exported 188,967 kg of ephedrine and 462,761 kg of pseudoephedrine in 2008 (www.gtis.com).

⁹ Quarterly Report of Narcotics Bureau, Hong Kong Police for 4th quarter 2008.

Figure 16. Seizures of ATS precursors in India, 2004 – 2010



Source: Narcotics Control Bureau, India

No specific pattern emerges from the analysis of these seizures. The primary factor contributing to larger seizures in 2006 was the discovery of a clandestine methamphetamine manufacture facility, which resulted in the seizure of 550 kg of ephedrine. In 2008, the largest single seizure of ephedrine amounted to 872 kg whereas in 2009 the largest single seizure was 400 kg.

The increase in number and quantity of seizures in 2008 and 2009 over the previous years as well as the documented evidence suggests that ephedrine is increasingly available in India for the traffickers, despite the strict controls. The quantities seized may just be the tip of the iceberg when compared with the licit quantities produced in the country, estimated to be about 45,000 mt per year, the actual quantities diverted is likely to be much more, thus encouraging increased methamphetamine manufacture.

Seizures of pseudoephedrine in India were first recorded in 2007 when 290 kg were seized from a clandestine laboratory in western India and 337 kg of the substance originating in India were seized in Jakarta. A single seizure of 37 mt of *dl*-pseudoephedrine was made in 2008.

These seizures confirm the availability of both these precursors for illicit activity and at the same time have prevented the trafficking of these quantities which could have resulted in the illicit manufacture of several tons of methamphetamine.

Indo-Canadians have surfaced in the smuggling of precursors and illicit methamphetamine manufacture. Links with Mexican drug trafficking groups cannot be ruled out. Canadian police has also identified Indo-Canadian criminal groups as high-level transporters of synthetic drugs and precursor chemicals from Canada to the United States. ATS seizures made in the Punjab/Delhi regions in the northwest of India have also indicated the involvement of Indo-Canadians.

Trafficking of pharmaceutical preparations containing methamphetamine precursors

India has become a source for pharmaceutical preparations containing ephedrine and pseudoephedrine as traffickers attempt to circumvent the controls exercised by India on bulk substances. This has resulted in the extraction of ATS precursors from pharmaceutical preparations containing ephedrine and pseudoephedrine. Unlike the bulk substances, pharmaceutical products containing ephedrine and pseudoephedrine are not controlled by the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Major seizures of pseudoephedrine pills from India were made in various countries around the world. In April 2009, five million pseudoephedrine pills labeled as cold medication were seized

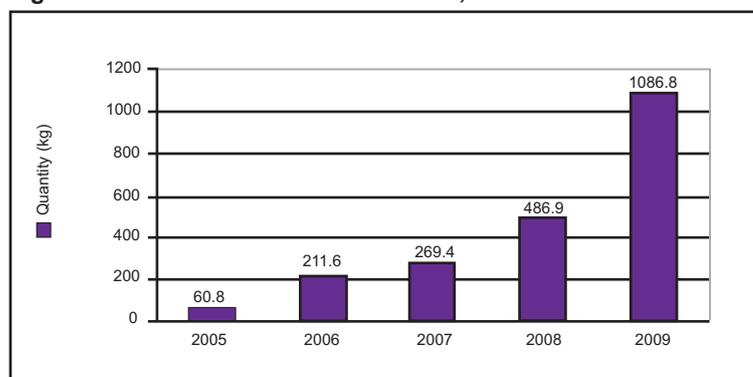
in the United States (INCB, 2009). In February 2009 and June 2009, 9.9 million and 17.5 million pseudoephedrine pills respectively were seized in Guatemala (AP, 2009). Both shipments are believed to have been ultimately destined for Mexico. Seizures of pseudoephedrine of Indian origin were also made, inter alia, in France, Republic of Korea and United Kingdom.

Trafficking of ketamine

India has become a source of ketamine, an anaesthetic often used for veterinary purposes. Ketamine is manufactured legally in India. While ketamine is not under international control, the Government of India introduced export controls on the substance in December 2007.

However, despite these control measures, ketamine continues to be trafficked from India to countries in East Asia where its abuse is reportedly widespread. Ketamine has also emerged as an adulterant in the manufacture of ecstasy in Southeast Asia and as an ingredient in 'ecstasy' pills on the East and Southeast Asian ATS market (UNODC, 2008a). The quantity of ketamine seized by Indian law enforcement agencies has continuously increased over the past five years, from a mere 60 kg in 2005 to more than 1 mt in 2009.

Figure 17. Seizures of ketamine in India, 2005 – 2009¹⁰



Source: Directorate of Revenue Intelligence and Narcotics Control Bureau, India

Ketamine seizures are made at airport interdictions, courier parcels, sea cargo and during domestic transportation. More than 90% of the seizures have been made in the south of India.

Ketamine has been popular with drug traffickers due to high profit margins. The absence of domestic controls allows free movement of the substance and makes it more easily available to traffickers. While forensic evidence on ATS has not shown that ketamine is being used in the manufacture of illicit ATS, this cannot be ruled out due to its easy availability.

The extent of abuse of ATS in India remains an unknown quantity. The last household survey on drug use was performed in 2000 – 2001 but questions specific to various types of ATS used were not included. The last assessment of India's treatment facilities was conducted in 2001. It found that 0.2% of treatment was for ATS (UNODC, 2009c). Anecdotal reports, however, suggest that ATS use for recreational purposes exists and is on the rise.

Nepal

Currently, no illicit manufacture or use of ATS has been reported from Nepal. To date, only one seizure of 800 grams of methamphetamine in 2008 at the Kathmandu international airport, involving an Iranian national, has been reported. The main drugs in the country are domestically cultivated cannabis, and opium which is trafficked through and to Nepal.

The pharmaceutical industry in Nepal is developing fast and the absence of legislative controls on precursor chemicals is likely to be exploited by traffickers. Legitimate imports of pseudoephedrine into Nepal have also increased significantly over the years, although specific data is not available. Pharmaceutical preparations commonly smuggled out of India into Nepal con-

¹⁰ Various seizure reports of the Directorate of Revenue Intelligence, Chennai and Drug Situation Reports of the Narcotics Control Bureau, India.

tain buprenorphine and nitrazepam. In 2007, about 11,500 vials containing buprenorphine and 92,500 vials containing various benzodiazepines were seized in Nepal (INCB, 2010b).

Unconfirmed reports from law enforcement officials also suggest that ATS precursors are trafficked through the land border from China into Nepal. This is a serious development that is largely going unnoticed as resources to address all aspects of drug use and trafficking in the country remain very limited. Treatment and rehabilitation services for drug users remain under-resourced in the country (INCB, 2010b).

Sri Lanka

Sri Lanka's recent history of drug use has consisted primarily of cannabis and opiates, with infrequent reports of the use of cocaine and ecstasy by a few non-nationals and affluent locals in the capital Colombo. However, recent events related to the manufacture and trafficking of methamphetamine suggest the possibility that ATS supply and demand could emerge in the country.

The National Dangerous Drugs Control Board (NDDCB) reports that both drug related arrests and treatment admissions — primarily for opiates and cannabis — are declining in numbers. In 2009, the total number of persons arrested for drug-related crimes were 18,743. This was about half of the figure reported just three years earlier. The majority of arrests were for those over 30 years (68%), of which 71% were for cannabis and 29% for heroin.

There has also been a decrease in the number of people admitted to drug treatment since 2005 (3,285) to 2,975 reported in 2009, as fewer treatment admissions were reported in prison facilities. Poly-drug use was common. Those in treatment in 2009 reported using opiates (50%), primarily heroin, with 23% reporting cannabis (herb and resin) and the remaining 27% having used various other types of drugs.

Table 17. Drug seizures in Sri Lanka, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
ATS (units)	0.004	2	0	0	8 pills	8 pills
Cannabis (kg)	36,845	29,490	18,219	37,309	55,695	84,605
Cannabis resin (kg)	4.95	0.01	0.2	0.02	0.05	3.02
Heroin (kg)	78.2	51.6	65	30.5	17	33.8
Opium (kg)	1.88	0	0	0.01	0.02	0.53
Cocaine (kg)	0.00	0	0	0	0.03	0.5

Source: NDDCB, 2009

Traffickers have been resorting to new locations for setting up clandestine laboratories for producing ATS in South Asia. The first reported laboratory seizure was made in May 2008 in Kosagama, 70 km from Colombo. The large sophisticated operation included professional equipment and significant quantities of chemicals suspected to be used in the illicit methamphetamine manufacture.

In August 2010, the first major haul of methamphetamine in the country was made. Sri Lankan customs officers seized 8 kg of methamphetamine from an Iranian national arriving from Qatar at the Colombo international airport. An additional 8 kg of methamphetamine was also seized in Colombo (ANN, 2010). These isolated instances of illicit methamphetamine manufacture and trafficking underscore the need for increasing the awareness of law enforcement agencies to this important issue.

The total number of drug-related arrests in Sri Lanka in 2009 was 18,743 (NDDCB, 2009). The majority of these were for cannabis. Sri Lanka is a transit point for drug trafficking and traffickers act as couriers of drugs from Pakistan and India to Europe and the West through Colombo and Male. A total of 14 Sri Lankan males were arrested for drug offences abroad in 2009. Most of them were arrested in the Republic of Korea, followed by India and United Arab Emirates.

Summary, emerging trends and concerns

- Countries in South Asia are vulnerable targets for illicit ATS manufacture due to several factors such as geographical proximity to East and Southeast Asian source countries of illicit methamphetamine, wide availability of precursor chemicals (particularly ephedrine and pseudoephedrine, often in the form of pharmaceutical preparations), and technical know-how available in the region.
- The main source of manufacture and trafficking of ATS in South Asia is India, which has been targeted by organized crime groups for several years. The first clandestine ATS manufacture operation was detected in 2003, and there have been regular seizures of ATS (particularly methamphetamine, amphetamine and ecstasy) since 2004. However, the comparatively low level of seizures is an indication of low awareness to the problem of ATS trafficking. Ephedrine and pseudoephedrine originating from India are also routinely seized in India as well as many countries around the world. Seizures of ketamine in India have increased from 60 mt in 2005 to more than one hundred mt in 2009.
- India is in a strategic position to influence developments in the subregion. India, which is a party to the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, has made many efforts to control the diversion of precursor chemicals. Further steps are needed, such as, controls over pharmaceutical and other preparations containing ephedrine and pseudoephedrine or domestic controls over ketamine, which is widely trafficked. Norephedrine, a substance listed in Table I of the 1988 Convention, should also become a nationally controlled substance.
- Seizures of methamphetamine in Bangladesh have increased significantly since 2008.
- In 2008, one seizure of 800 grams of methamphetamine was reported from Nepal.
- One seizure of ketamine was reported from Maldives in 2009.
- Official statistics represent only the tip of the iceberg as comprehensive assessments to determine the nature and extent of the ATS situation have not been made. There is no systematic profiling of seizures of ATS group drugs with respect to their constituents, markings, colour, manufacturing batch numbers and/or identifications and backtrack investigations to identify the origin of precursors and equipments. These are areas that deserve further action by the governments concerned, with possible support from the international community.

National Trends in Amphetamine-Type Stimulants and Other Drugs

- **Australia**
- **Brunei Darussalam**
- **Cambodia**
- **China**
- **Indonesia**
- **Japan**
- **Lao PDR**
- **Malaysia**
- **Myanmar**
- **New Zealand**
- **Philippines**
- **Republic of Korea**
- **Singapore**
- **Thailand**
- **Viet Nam**

AUSTRALIA



Overview of the drug situation

The illicit drug market in Australia¹ has changed over the past decade. Opiate use has declined in the country following the dramatic reduction of heroin availability in 2001. In the late 1990s the use of amphetamine-type stimulants (ATS) increased. However, this market has stabilized over the past few years.

The ATS market has historically been primarily supplied by diverted precursor chemicals for the domestic manufacture of methamphetamine and other ATS (AFP, 2010). The quantities of ATS (excluding 'ecstasy') seized increased by 58% in 2008 – 09. The number of clandestine laboratories for manufacturing methamphetamine also increased in 2008 – 09 compared with the previous year. There is also a market for high potency crystalline methamphetamine, which in 2008 – 09 was primarily trafficked into the country from China (including Hong Kong (SAR)), Canada and other countries in Southeast Asia. The tightening of domestic controls on precursors has forced criminal groups to increasingly attempt to obtain precursors from outside Australia, which is reflected in the increased seizures at the Australian border (AFP, 2010).

The most commonly used illicit drug in Australia is cannabis, with one-third of the population having reported using the drug at least once in their lifetime. However, household surveys show that cannabis use has been in decline since the late 1990s. The second most commonly reported illicit drug used in Australia is 'ecstasy', followed by methamphetamine (AIHW, 2008).

For 'ecstasy', the number and weight of border detections in 2008 – 09 were the lowest in the last decade. Most 'ecstasy' is supplied primarily through international importation. However, a notable number (19) of clandestine 'ecstasy' manufacturing laboratories were also seized in 2008 – 09 (ACC, 2010).

Although there is a much smaller market for heroin, the drug accounts for a significant number of problematic drug users in treatment. Despite a small increase in the number of arrests related to heroin and other opioids in 2008 – 09, figures are still historically low. Cocaine also holds a small portion of the illicit drug market in Australia, but household surveys indicate that cocaine use is now at its highest level since 1993. This increase is also confirmed by arrest and drug seizure data, which are both on the rise for cocaine (ACC, 2010).

Patterns and trends of drug use

Drug use – Australia now has one of the most comprehensive drug monitoring systems in the world. In 2007, 'ecstasy' was the second most commonly used illicit drug in Australia, surpassed only by cannabis (AIHW, 2008). According to the World Drug Report 2010, Australia has one of the highest annual prevalence rates of 'ecstasy' use in the world (UNODC 2010b).² Looking at other indicators, research on drug use among police detainees indicates a possible decrease in 'ecstasy' use.³ In 2008, 3% of the detainees tested positive for 'ecstasy' use, the first decrease since 2000. Twenty-one per cent of detainees tested positive for methamphetamine use in 2008, the lowest positive test rate for use of the drug since 1999 (ACC, 2010). Among regular 'ecstasy' users who are surveyed across Australia each year for the Ecstasy and related Drugs Reporting System (EDRS), the frequency of 'ecstasy' use is declining (Degenhardt et al, 2009; Sindich and Burns, 2010).

Methamphetamine use escalated dramatically in Australia in the late 1990s and early 2000s. However, the rate of use has shown a steady downward trend in recent years with past prevalence among the general population declining from 3.7% in 1998 to 2.3% in 2007. At the same time, there have been increases in other indicators, such as treatment admissions for amphetamine-related problems (Roxburgh and Burns, 2010). Use of methamphetamine within the general population continues to be dominated by the powder form of methamphetamine, known on the street as 'speed'.

¹ In Australia, the drug data reporting follows the fiscal calendar year from July through June.

² However, this may reflect the more comprehensive reporting in Australia in comparison to many other countries (UNODC, 2010b).

³ Gaffney et al., 'Drug use monitoring in Australia: 2008 annual report on drug use among police detainees', AIC Monitoring Reports 09, Australian Institute of Criminology, Canberra, 2010.

Prevalence of recent methamphetamine use among police detainees, in particular crystalline methamphetamine, declined during the period 2003 to 2009 (Sindicich and Burns, 2010). These decreases are also seen among regular injecting drug users (IDUs) surveyed for the Illicit Drug Reporting System (IDRS). Crystalline methamphetamine use decreased from 54% of the national sample in 2003 to 36% in 2009 (Sindicich and Burns, 2010).

Cannabis remains the most commonly used drug among the general population in Australia. However, reported cannabis use is now at its lowest level since 1993. According to the 2007 National Drug Strategy Household Survey (NDSHS), the proportion of the Australian population reporting recent cannabis use decreased from 11.3% in 2004 to 9.1% in 2007 (AIHW, 2008).

Conversely, reported cocaine use among the general population increased significantly between 2004 and 2007, and is currently at its highest level since 1993. When compared with the use of cannabis and 'ecstasy', however, cocaine use remains relatively low. Only 1% of police detainees tested positive for cocaine use in 2008, which was the same as the previous year (ACC, 2010).

Between 2004 and 2007, heroin use has remained stable with 0.2% of the population reporting having used the drug in the past year, according to the NDSHS survey in 2007 (AIHW, 2008). Research on police detainees also indicates the stabilisation of heroin use, with 11% of detainees testing positive in 2007 and 2008 (ACC, 2010).

Table 18. Rank of use of selected drugs in Australia, 1995 – 2007

Drug type	1995	1998	2001	2004	2007
Ecstasy (MDMA)	5	4	3	2	2
Methamphetamine	3	2	2	3	3
Ketamine	•	•	•	6	6

• = Not reported

Sources: NDARC, 2009 submission to UNODC for DAINAP. Data based on National Drug Strategy Household Survey; ACC, 2010

Table 19. Trend of use of selected drugs in Australia, 1995 – 2007

Drug type	1995	1998	2001	2004	2007
Ecstasy (MDMA)	↓	↑	↑	↑	↑
Methamphetamine	↔	↑	↓	↓	↓
Ketamine	•	•	•	↔	↔
Heroin	↑	↑	↔	↔	↔
Cannabis herb	↑	↑	↓	↓	↓

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

Sources: NDARC, 2009 submission to UNODC for DAINAP. Data based on National Drug Strategy Household Survey; ACC, 2010

Injecting drug use

The annual prevalence rate of injecting drug use in Australia remains low, at 0.5% in 2007, which is consistent with the trend of the past several survey years (0.6% in 2001 and 0.5% in 2004). Methamphetamine and amphetamine were reported as the drugs most commonly injected, followed by heroin. About 30% of injecting drug users (IDUs) injected drugs daily (AIHW, 2008).

The 2009 annual survey⁴ of drug users conducted by the National Drug and Alcohol Research Centre (NDARC) provides further and more recent insight into the behaviour of IDUs in Australia. Of the 881 IDUs surveyed in 2009, 48% reported that an amphetamine (including methamphetamine) was the first drug injected, followed by heroin. More than two-thirds of the sample reported using one or more forms of methamphetamine in the past six months. Larger proportions reported heroin as the drug most frequently injected (43%) and the drug last injected in the past month (40%) compared with methamphetamine (24% most often and 24% last injected). This indicates that IDUs in Australia are primarily opioid injectors. During the period 2003 to 2009, methamphetamine use among regular IDUs declined (Stafford and Burns, 2010).

⁴ The Illicit Drug Reporting System consists of three components: interviews with a sentinel group of regular injecting drug users conducted in the capital cities in Australia; interviews with key experts who have regular contact with illicit drug users; and analysis and examination of indicator data sources related to illicit drugs. In 2009, 881 IDUs participated in the survey. The mean age of the national sample was 37 years (range 18-63) and 64% were male.

Drug treatment

In 2007 – 08, there were 147,721 treatment admissions recorded for alcohol and other drug problems in publicly funded and non-government drug treatment facilities in Australia. About 11% of treatment admissions were for amphetamines. The greatest proportion of treatment admissions for amphetamines occurred among persons aged 20 – 29 years (44%), followed by persons aged 30 – 39 years (35%). Less than 1% of the treatment admissions were for 'ecstasy', while cannabis treatment admissions accounted for 21.6%. The median age for persons who entered drug treatment in 2007 – 08 was 36 years. More than two-thirds of these episodes were for men (AIHW, 2009).

It should be noted that although treatment admissions are higher for amphetamines than for heroin (Table 20), this data does not include opioid pharmacotherapy.⁵ When opioid pharmacotherapy figures are accounted for, numbers in treatment for heroin in Australia are greater than those in treatment for amphetamines.

Table 20. Number of drug treatment admissions in Australia by drug type, 2002 - 2003 to 2007 - 2008

Drug type	2002 - 03	2003 - 04	2004 - 05	2005 - 06	2006 - 07	2007 - 08
Methamphetamine and amphetamine	13,213	14,208	14,780	15,935	17,292	16,588
Ecstasy (MDMA)	416	508	580	897	1,010	1,321
Cannabis	27,106	28,427	31,044	35,636	31,980	31,864
Cocaine	323	272	400	434	448	457
Heroin	22,642	23,326	23,193	19,776	14,870	15,571

Note: Data based on financial year from July of the prior year through June of the following year.

Source: AIHW, 2009

Drug-related arrests, seizures and prices

Drug-related arrests – In 2008 – 09, ATS-related arrests accounted for one-fifth of the total illicit drug-related arrests, second only to cannabis. Over the past decade, ATS-related arrests have more than doubled. In 2008 – 09, the number of ATS-related arrests totaled 16,452, the highest on record. This is a 2.5% increase from the 16,047 ATS-related arrests recorded in 2007 – 08 (ACC, 2010).

Cannabis-related arrests accounted for two-thirds of total illicit drug-related arrests in 2008 – 09. The 55,638 arrests involving cannabis in 2008 – 09 represents a 6% increase from the previous year (ACC, 2010). The 848 cocaine-related arrests in 2008 – 09 is the highest total in the last decade. This is a 27% increase from the 669 cocaine-related arrests in 2007 – 08 and almost double the number of cocaine-related arrests in 1999 – 2000 (ACC, 2010). Arrests related to heroin and other opioids increased by 18% in 2008 – 09, but the figures are among the lowest on record (ACC, 2010).

Table 21. Illicit drug-related arrests in Australia, 2004 - 2005 to 2008 - 2009

Drug type	2004 - 05		2005 - 06		2006 - 07		2007 - 08		2008 - 09	
	No. of cases	%								
ATS	10,068	13.0	11,848	15.1	15,216	18.5	16,047	20.4	16,452	19.6
Cannabis	54,936	71.0	55,732	71.0	56,862	69.0	52,465	66.7	55,638	66.3
Heroin and other opioids	3,304	4.3	2,249	2.9	2,164	2.6	2,279	2.9	2,693	3.2
Cocaine	425	0.5	396	0.5	699	0.8	669	0.9	848	1.0
Steroids	124	0.2	67	0.1	142	0.2	163	0.2	214	0.3

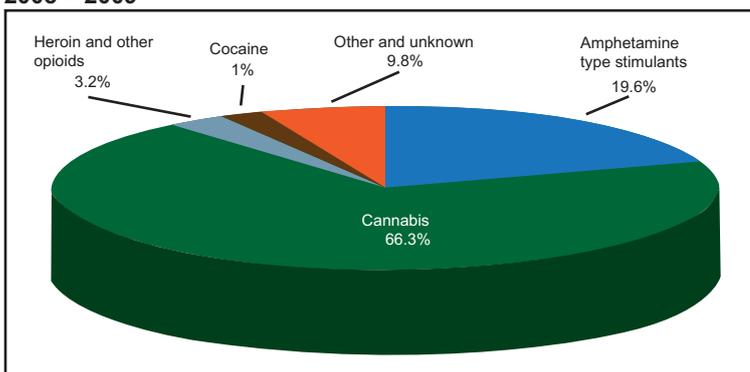
⁵ Pharmacotherapy refers to the treatment of disease through the administration of medicines.

Table 21. Cont. Illicit drug-related arrests in Australia, 2004 - 2005 to 2008 - 2009

Drug type	2004 - 05		2005 - 06		2006 - 07		2007 - 08		2008 - 09	
	No. of cases	%								
Hallucinogens	119	0.2	143	0.2	243	0.3	325	0.4	369	0.4
Other and unknown ⁶	8,357	10.8	8,098	10.3	7,063	8.6	6,727	8.6	7,659	9.1
Total	77,333	100	78,533	100	82,389	100	78,675	100	83,873	100

Note: Data based on financial year from July of the prior year through June of the following year.

Source: ACC, 2010

Figure 18. Drug-related arrests in Australia by drug type, 2008 – 2009

Source: ACC, 2010

Drug seizures – In 2008 – 09, a total of 1,640 kg of amphetamine and methamphetamine were seized in Australia, representing a decrease of 19% compared with the previous year.

The total weight of ATS (excluding 'ecstasy') detections at the Australian border increased by 58% from 263 kg in 2007 – 08 to 416 kg in 2008 – 09, while the number of detections decreased by 31% (ACC, 2010).

In 2008 – 09, the weight and number of 'ecstasy' detections at the Australian border were the lowest in the past decade. The 55 'ecstasy' detections in 2008 – 09 represent a decrease of over 50% from the 116 detections in 2007 – 08. The 13 kg detected at the border in 2008 – 09 represents a 94% decrease from the 213 kg detected in 2007 – 08. Detections of 'ecstasy' precursor chemicals also decreased from the previous year. This decrease appears to be related to broader changes in the regional 'ecstasy' market, such as the lower availability of 'ecstasy' precursors, resulting partly due to the seizure and destruction of large stockpiles in Southeast Asia (ACC, 2010).

Cannabis accounted for approximately two-thirds (66.3%) of the total illicit drugs seized in 2008 – 09.

Cocaine seizures have increased in recent years, indicating a potential expansion of the cocaine market in Australia. Although the weight and number of cocaine seizures decreased in 2008 – 09, they remain at high levels.

The number of heroin and other opioids seizures accounted for just less than 3% of the total illicit drugs seizures in 2008 – 09. Overall, the 145.6 kg of heroin and other opioid seizures in 2008 – 09 is more than double 68.5 kg seized in the previous year, but it is still considerably lower than seizures earlier in the decade.

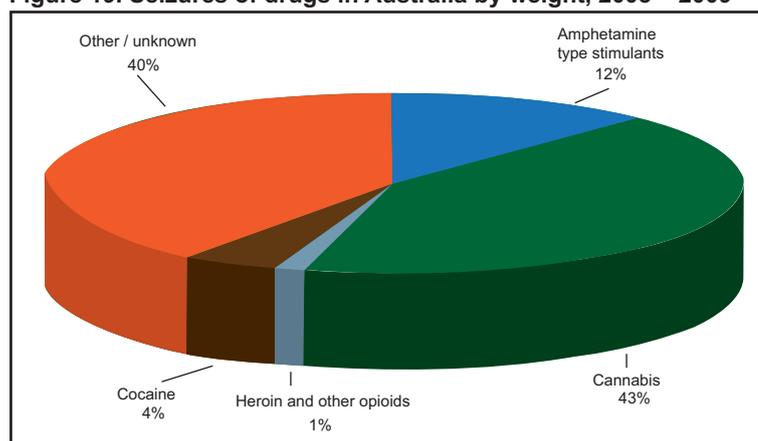
⁶ Drugs categorized as 'other and unknown' include anabolic agents and selected hormones, tryptamines, anaesthetics and various pharmaceuticals (ACC, 2010).

Table 22. Illicit drug-related seizures in Australia, 2002 / 2003 to 2008 / 2009

Drug type	Measurement	2002 - 03	2003 - 04	2004 - 05	2005 - 06	2006 - 07	2007 - 08	2008 - 09
ATS*	Number of cases	6,179	8,027	8,600	9,987	13,243	13,097	13,300
	Weight (kg)	2,023	1,371.9	2,276.1	1,296.6	5,443	2,035.8	1,640
Cannabis	Number of cases	37,138	40,122	41,086	40,679	43,844	41,660	46,875
	Weight (kg)	6,145.2	9,397	6,922	4,482.6	4,781.9	5,409.3	5,573
Heroin	Number of cases	1,542	1,677	1,554	1,298	1,476	1,411	1,691
	Weight (kg)	440.3	100.7	194.3	29.5	86.2	68.5	145.6
Cocaine	Number of cases	624	839	676	697	1,184	1,271	1,217
	Weight (kg)	179.5	119.7	191.8	46.1	646.6	664.7	592
Other opioids	Number of cases	106	92	92	114	148	178	277
	Weight (kg)	99	8.8	17	5.3	6.6	12.4	41.1
Hallucinogens	Number of cases	51	58	52	69	105	126	135
	Weight (kg)	3.5	7.2	12.7	2.9	2.7	6.9	1.5
Steroids	Number of cases	45	49	50	58	91	104	113
	Weight (kg)	6	5.7	3.8	5.9	9.6	6.6	3.8
Other/unknown	Number of cases	1,145	1,367	1,701	2,318	2,408	3,442	3,951
	Weight (kg)	122.9	185.1	4,044.8	622.4	826.3	270.9	5,306.5

Note: Data based on financial year (1 July to 30 June). Includes only those seizures for which a drug weight was recorded. Data reflects State and Territory police and Australian Federal Police (AFP) seizures. Seizures made during joint operations between the AFP and State and Territory police may be duplicated in these statistics. Weight given as rounded figures. *ATS include amphetamine, methamphetamine, and 'ecstasy'.

Source: ACC, 2010

Figure 19. Seizures of drugs in Australia by weight, 2008 – 2009

Source: ACC, 2010

In 2008 – 09, a record 449 clandestine laboratories were detected, the majority of which were ATS-related operations. At the time of reporting, 316 of the detected clandestine manufacturing laboratories were identified as manufacturing ATS — primarily amphetamine or methamphetamine. This represents a 17% increase from the 271 ATS manufacturing laboratories dismantled in 2007 – 08. There were an additional 123 'other and unknown' laboratories detected, the majority of which are also likely ATS-related.⁷ The majority of clandestine manufacturing laboratories

⁷ 'Other' laboratories typically include detection of chemicals and equipment while 'unknown' laboratories represent seized operations which have not been identified or are awaiting analysis.

continue to be detected in residential locations. Of the 316 laboratories, 19 were manufacturing 'ecstasy', an increase from the 11 'ecstasy' laboratories detected in the previous year (ACC, 2010).

More than 2 mt of ephedrine and pseudoephedrine were seized at the Australian border in 2008 – 09, nearly double the quantity seized in 2007 – 08. These chemicals are most frequently used in conjunction with hypophosphorous acid and iodine in the manufacturing of methamphetamine (61% of identifiable cases). However, in the past year there has been a fourfold increase in the phenyl-2-propopane (P2P) method of manufacture with 16 cases in 2008 – 09. 'Ecstasy' precursor detections at the Australian border were low in 2008 – 09. However, substantial quantities of 'ecstasy' precursors were seized domestically, predominantly in the form of sassafras oil and to a much lesser extent safrole and isosafrole (ACC, 2010). In January 2010, authorities in New South Wales uncovered the country's first ever clandestine laboratory for the domestic extraction and processing of safrole-rich oil for the manufacture of 'ecstasy' (UNODC 2010b).

Drug prices – Retail crystalline methamphetamine prices in Australia in 2008 – 09 have essentially remained stable, ranging from USD 226 – 542 per gram, compared with a range of USD 226 – 632 in 2007 – 08 (ACC, 2010).

Prices for non-crystalline methamphetamine in 2008 – 09 ranged from USD 90 – 452 per gram compared with a range of USD 81 – 542 in 2007 – 08. Prices varied widely across the country with the lowest price of USD 90 – 181 per gram reported in New South Wales and the highest price of USD 226 – 452 reported in Western Australia (ACC, 2010).

The street price of ecstasy (MDMA and analogues) ranged from USD 15 – 45 per pill. For wholesale purchases of 1,000 or more pills, the price ranged from USD 5.20 – 18 per pill, representing a decrease in both the lower and upper price limits compared with 2007 – 08 (ACC, 2010).

The street price data for ketamine is limited, however, in New South Wales one gram of ketamine costs between USD 45 – 72, and a 5 – 10 ml vial of liquid ketamine was between USD 90 – 181. Reports suggest that the price of ketamine has remained relatively stable (ACC, 2010).

Sources of illicit drugs

The ATS (excluding 'ecstasy') market in Australia is largely supplied by domestic illicit manufacture. However, much of the ATS (excluding 'ecstasy') detected in Australia is trafficked from overseas. During 2008 – 09, by weight, Hong Kong (SAR) was the most prominent point of embarkation, accounting for nearly half the total weight of ATS (excluding 'ecstasy') border detections. Other major embarkation countries for ATS (excluding 'ecstasy') include (in order of weight) China, Zambia, Canada, South Africa, Spain, Thailand, the United States and the United Kingdom. Spain and South Africa were the embarkation countries for more than 47% of all ATS pill (excluding 'ecstasy') seizures in Australia in 2008 – 09. For methamphetamine, China was the primary point of embarkation, followed by Canada, South Africa, Thailand, Spain, and Hong Kong (SAR). Embarkation points for amphetamine detections totaling over 500 grams (in order of weight) were Hong Kong (SAR), Zambia, China, Spain, the UK, and the US. The major embarkation points for crystalline methamphetamine were Canada, Myanmar, Lao PDR, Cambodia, Indonesia and China (ACC, 2010).

Embarkation points for heroin seized at the Australian border increased from 11 countries in 1999 – 2000 to 29 countries in 2008 – 09. The main embarkation points for heroin in 2008 – 09 were South Africa, Pakistan and several countries in Southeast Asia. This varies slightly from 2007 – 08 when source countries were predominantly located in Southwest Asia (ACC, 2010).

Embarkation points for cocaine seized at the Australian border increased from 22 countries in 1999 – 2000 to 46 countries in 2008 – 09. Cocaine profiling data indicates the continued prominence of Colombia as a source country for cocaine seized at the Australian border (ACC, 2010).

Trafficking of cannabis is relatively low since most cannabis used in Australia is domestically cultivated. Most cannabis seizures at the border involve cannabis seeds. The Netherlands and US were cited as the most significant sources of cannabis (ACC, 2010).

Drug trafficking – At the Australian border more than 90% of the number of amphetamines-group detections were in parcel post, while sea cargo accounted for two-thirds of the total weight of detections in 2008 – 09. These figures are largely consistent with the previous year. Notable amphetamines-group detections in 2008 – 09 include 200 kg of phentermine⁸ detected in sea cargo originating from Hong Kong (SAR); 80 kg of crystalline methamphetamine in sea cargo from China and 22 kg of crystalline methamphetamine in sea cargo from Canada; 68 kg of amphetamine in parcel post from Zambia; 17 kg of methamphetamine in air cargo from South Africa; and 5 kg of crystalline methamphetamine in an air passenger's luggage from Canada (ACC, 2010).

For 'ecstasy', in 2008 – 09, parcel post accounted for 78% of the number of 'ecstasy' detections at the Australian border. By weight, 54% of 'ecstasy' seizures were carried by air passengers or crew. The primary embarkation countries for 'ecstasy' detected at the border in 2008 – 09 were the Netherlands and Canada (ACC, 2010).

The number of ketamine border detections nearly doubled from 18 in 2007 – 08 to 33 in 2008 – 09. However, amounts detected remain comparatively low with 7.8 kg reported. The origin (by weight) of border detections was predominantly India, but also included China, Malaysia, and Pakistan among others (ACC, 2010). Ketamine use and trafficking have grown dramatically throughout neighbouring Southeast Asia (UNODC, 2010b)

In 2008 – 09, major detections of heroin were made in air cargo from South Africa (17.6 kg and 9.2 kg), Pakistan (11 kg) and Thailand (2.9 kg). However, parcel post continued to be the most commonly detected mode of importation, accounting for about 44% of heroin detections in 2008 – 09. In terms of weight, air cargo accounted for 46.5% of heroin detections (ACC, 2010).

In 2008 – 09, 80% of the total weight of cocaine detections at the border were made in five major seizures: 150 kg in sea cargo from Colombia, 144 kg in sea cargo from Mexico, 98 kg in sea cargo from Panama, 9.9 kg in air cargo from Canada, and 2 kg found by the crew of a ship en route from Singapore. Embarkation points for cocaine detected at the Australian border over one kg during 2008 – 09 include (in order of weight) Mexico, Colombia, Panama, Argentina, Canada, the United States, Brazil, United Arab Emirates, Singapore, South Africa, Bolivia, Kenya and the Netherlands (ACC, 2010).

Forensic data

Amphetamine purity has fluctuated during the past decade, with the median purity of analysed samples ranging between 0.1% and 45.2%. In 2008 – 09, the median purity of analysed amphetamine samples ranged from 0.2% - 32.4% depending on the state from which it was seized, with the highest median purity reported in the larger Australian Capital Territory market. However, the median purity of amphetamine decreased notably beginning in late 2008 and remained low through mid-2009 (ACC, 2010). For methamphetamine, the annual median purity over the past decade has remained relatively stable at approximately 14%. In 2008 – 09, the median purity level ranged from 5.8% - 31.5%. For pills sold as 'ecstasy', since 2006 – 07 there has been a continuing decline in the purity of analysed 'ecstasy' samples in Australia (ACC 2010), consistent with reports from Europe (UNODC, 2010b). Substances commonly detected in 'ecstasy' in Australia include caffeine, 'ecstasy' analogues (MDEA, MDA), methamphetamine, and various piperazines (BZP, TFMP) (ACC, 2010).

For heroin, the annual median purity over the past decade has been approximately 24% heroin. In 2008 – 09, the median purity ranged between 12.7% and 43.7% heroin, showing a slight decrease from the previous year. The median purity for cocaine over the past decade ranged between 3% and 68.8%. In 2008 – 09, the annual median purity for cocaine ranged between 18.7% and 77.2% cocaine, a slight increase from the previous year (ACC, 2010).

Emerging trends and concerns

- Several notable seizures of amphetamines-group substances originating from various countries in southern Africa point to the possibility of new sources and trafficking routes into the Australian market.

⁸ Phentermine, or phenyl tertiary butylamine, is a stimulant, listed as a Schedule IV drug of the 1971 Convention on Psychotropic Substances, and is often used for slimming purposes.

- The number of clandestine manufacturing laboratories is at an all-time high, predominantly for the manufacture of amphetamine and methamphetamine.
- The increased difficulty in obtaining domestic ephedrine and pseudoephedrine for the manufacture of methamphetamine has led to increased border seizures and the use of alternative manufacturing methods which do not rely upon these chemicals. This trend will likely continue.
- The number of ketamine border detections nearly doubled in 2008 – 09, while amounts detected remained comparatively low.
- Cocaine use is at its highest level on record and while problematic use appears limited, there are indications that the cocaine market in Australia could expand further as traffickers diversify.

BRUNEI DARUSSALAM



Overview of the drug situation

Drug use patterns in Brunei Darussalam have shifted over the past two decades. In the early 1990s cannabis and pharmaceutical drugs such as codeine and diazepam were the main drugs of use.

Although cannabis use remains widespread in the country, crystalline methamphetamine has emerged in this decade as a major drug of concern. Over the past seven years, crystalline methamphetamine has been consistently ranked as the leading drug of use. Also, during this period, almost 99% of all persons entering drug treatment facilities in the country were admitted for crystalline methamphetamine use. While drug seizures remain small, the majority of seizures as well as arrests have involved crystalline methamphetamine in recent years.

There is no known illicit drug manufacture in the country. The amount of amphetamine-type stimulants (ATS) seized each year amount to less than half a kilogramme, except for in 2005 when 0.72 kg was seized.

Patterns and trends of drug use

Drug use – From 2003 to 2009, crystalline methamphetamine ranked as the most commonly used drug in the country. Since 2003, crystalline methamphetamine use has declined each year, except in 2005 when it increased, and in 2008, when it remained stable.

Since 2004, cannabis has ranked as the most commonly used drug in Brunei Darussalam. Cannabis use was reported to have increased in 2009. Smoking was indicated as the primary mode of administration for cannabis and crystalline methamphetamine.

Brunei Darussalam has reported ecstasy use only in 2006 and more recently in 2009. Although ecstasy use increased compared with the previous year, ecstasy is not considered a major drug of concern and was ranked fifth in terms of usage in 2009. There is no reported use of methamphetamine pills in Brunei Darussalam.

Ketamine and nimetazepam¹ ranked as the third and fourth most commonly used drugs in 2009. While the use of ketamine increased, the use of nimetazepam decreased compared with the previous year.

Although heroin does not pose a significant threat, it emerged as a ranked drug of use in 2009 for the first time. In previous years, Brunei Darussalam was indicated to be primarily a transit country for heroin. In 2009, there was one recorded seizure of heroin of just over 1 kg.

Table 23. Rank of use of selected drugs in Brunei Darussalam, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	1	1	1	1	1	1	1
Ecstasy-type (MDMA)	•	•	•	3	•	•	5
Cannabis herb	•	2	2	2	2	2	2
Heroin	•	•	•	•	•	•	6
Ketamine	•	•	4	•	4	4	3
Nimetazepam	•	•	3	5	3	3	4

• = Not reported

Sources: DAINAP; NCB, 2010a

¹ Nimetazepam is a benzodiazepine derivative (controlled in Schedule IV of the 1971 Convention on Psychotropic Substances) often marketed under the brand name Erimin.

Table 24. Trend in use of selected drugs in Brunei Darussalam, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	↓	↓	↑	↓	↓	↔	↓
Ecstasy-type (MDMA)	•	•	•	↑	•	•	↑
Cannabis herb	•	↓	↓	↑	↓	↑	↑
Heroin	•	•	•	•	•	•	•
Ketamine	•	•	↑	•	↓	↑	↑
Nimetazepam	•	•	↑	↓	↑	↓	↓

↑ = Increase, ↓ = Decrease, ↔ = Stable, • = Not reported
Source: DAINAP

Injecting drug use

There are no known cases of injecting drug use in the country. Brunei Darussalam reported a total of 56 HIV cases from 1986 to 2009, with 11 new cases reported in 2009 (UNGASS, 2010).

Drug treatment

Treatment for drug dependency is available at general health clinics and hospitals while counseling is available at psychiatric facilities, religious centres and centres run by non-governmental organizations (NGOs). The only officially sanctioned drug treatment centre is the government-run Pusat Al-Islah. This centre, earlier managed by the Prisons Department under the Ministry of Home Affairs, was taken over by the Narcotics Control Bureau (NCB) in February 2008 (NCB, 2010b).

In 2009, a total of 103 persons received treatment for drug use at the government-run centre. Of these, all but one person was admitted for crystalline methamphetamine use, consistent with the previous year. The remaining one person was admitted for the use of inhalants. Of the 102 persons treated for crystalline methamphetamine use, 86% were male. The average age of the persons in treatment was 33 years. Of these 102 persons, 68% were newly admitted in 2009.

Table 25. Drug treatment admissions in Brunei Darussalam, 2009

Drug type	New admissions			All admissions		
	Male	Female	Total	Male	Female	Total
Crystalline methamphetamine	57	12	69	88	14	102
Inhalants	1	0	1	1	0	1
Total	58	12	70	89	14	103

Source: DAINAP

Drug-related arrests, seizures and prices

Drug-related arrests – Nearly three-quarters of the 556 drug-related arrests in 2009 involved crystalline methamphetamine. The number of total arrests showed a decline for the second consecutive year after three years of successive increases. Most of the persons arrested for drug-related offences were nationals of Brunei Darussalam (93% of the total). Males continued to dominate drug-related arrests, accounting for 85% of all persons arrested in 2009.

Cannabis accounted for just over 8% of all drug-related arrests and nimetazepam accounted for 4% of drug-related arrests in 2009. Ecstasy and ketamine each accounted for 2% of all drug-related arrests in 2009. Figure 21 shows the proportion of drug-related arrests by drug type in 2009.

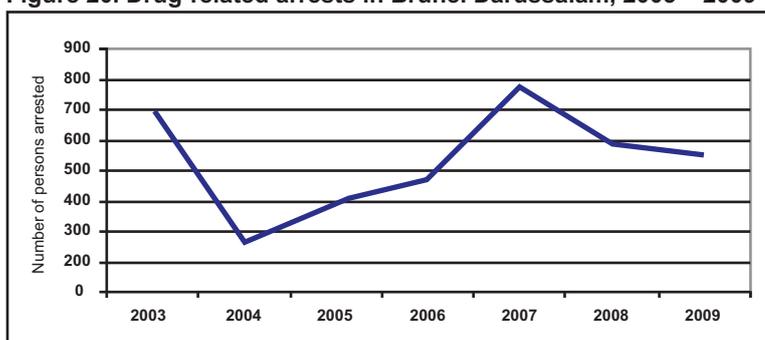
Table 26. Drug-related arrests in Brunei Darussalam by drug type, 2009

Drug type	Nationals			Non-nationals		
	Male	Female	Total	Male	Female	Total
Crystalline methamphetamine	336	43	379	22	10	32
Ecstasy-type (MDMA)	7	3	10	0	0	0
Cannabis herb	37	6	43	1	0	1
Cannabis plants	1	1	2	0	0	0
Ephedrine	1	0	1	0	0	0
Heroin	0	0	0	0	1	1
Inhalants	23	3	26	1	0	1
Ketamine	9	1	10	0	0	0
Nimetazepam	17	5	22	0	0	0
Drug not identified	18	6	24	2	2	4
Total	449	68	517	26	13	39

Source: DAINAP

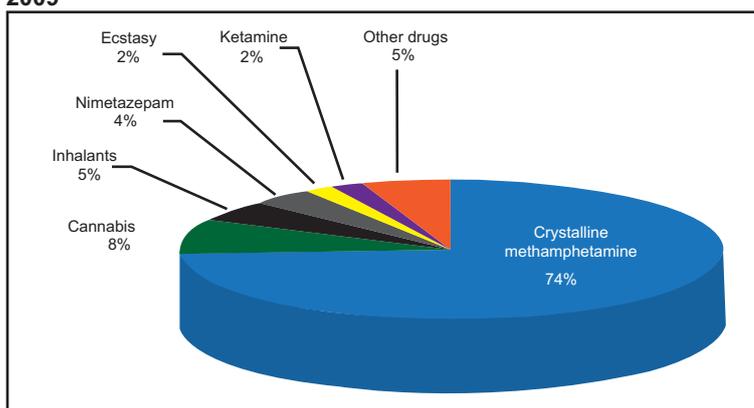
From 2003 to 2008, approximately 85% – 95% of drug-related arrests involved amphetamine-type stimulants. Total drug-related arrests in previous years were reported as 591 in 2008, 772 in 2007, 475 in 2006, 393 in 2005, 266 in 2004 and 701 in 2003.

Figure 20. Drug-related arrests in Brunei Darussalam, 2003 – 2009



Source: DAINAP

Figure 21. Drug-related arrests in Brunei Darussalam by drug type, 2009



Sources: DAINAP; NCB, 2010a

● = Not reported

Drug seizures – Over the past few years, crystalline methamphetamine seizures have dominated the overall drug seizures in the country. In 2009, crystalline methamphetamine accounted for about 88% of all drug seizure cases. However, seizures of crystalline methamphetamine have declined slightly from the previous year. Figures for crystalline methamphetamine seizures

in 2009 indicated 245 cases and a total of 0.32 kg seized compared with 287 cases and 0.38 kg seized in 2008. The number of crystalline methamphetamine seizures peaked in 2007 with 325 reported cases, although the quantity of seizures was small with a total of only 0.25 kg seized.

The number of cannabis herb seizures increased for the fourth consecutive year with 17 reported cases in 2009, or just 6% of all drug seizures. The amount of cannabis seized in 2009 totaled 1.5 kg. In 2008 there were 15 cases of cannabis seizures totaling 0.6 kg.

As mentioned earlier, there was only one heroin seizure in 2009 of just over a kilogramme. Reported seizures of other drugs remained small with eight nimetazepam seizures totaling 44 pills, six ketamine seizures totaling less than 0.02 kg and two ecstasy seizures totaling 15 pills.

Table 27. Seizures of selected drugs in Brunei Darussalam, 2006 – 2009

Drug type	Measurement	2006	2007	2008	2009
		Quantity	Quantity	Quantity	Quantity
Crystalline methamphetamine	kg	0.43	0.25	0.38	0.32
Methamphetamine pills	pills	157	•	•	•
Methamphetamine powder	kg	•	•	0.003	•
Ecstasy-type (MDMA)	pills	50	•	3.28 grams	15
Cannabis herb	kg	2.3	0.05	0.61	1.5
Ephedrine/triprolidine	kg	10	•	•	0.06
Heroin	kg	0.01	•	•	1.1
Ketamine	kg	•	9 pills and 0.005 kg	2 pills and 0.001 kg	0.02
Nimetazepam	pills	42	100	70	44

Sources: DAINAP; NCB, 2010a

• = Not reported

Drug prices – The average retail prices of illicit drugs remained stable in 2009 compared with the previous year.

Table 28. Retail prices of illicit drugs in Brunei Darussalam (USD), 2008 and 2009

Drug type	Measurement	2008	2009
Crystalline methamphetamine	Per gram	510 – 549	476 – 510
Ecstasy-type (MDMA)	Per pill	•	120 – 127
Cannabis herb	Per gram	71 – 77	71
Heroin	Per gram	•	1,470
Nimetazepam	Per pill	4	3 – 4

• = Not reported

Sources: DAINAP; ARQ, 2010

Sources of illicit drugs

There are no reports of illicit ATS manufacture in Brunei Darussalam and there is no legitimate domestic precursor production. The crystalline methamphetamine trafficked into Brunei Darussalam reportedly originates from the Philippines. The nimetazepam and ephedrine found in Brunei Darussalam originates from Malaysia (ARQ, 2010).

Most of the cannabis trafficked into Brunei Darussalam is cultivated in the Philippines and Thailand, although a few cases of small-scale domestic cannabis cultivation have been recorded. The main points of embarkation for heroin found in the country are reported to be Afghanistan and Thailand (ARQ, 2010).

Trafficking – Drug trafficking routes have not changed significantly in recent years. Most illicit drugs are trafficked from Malaysia, primarily by land through border entry points. However, most of the crystalline methamphetamine found in Brunei Darussalam originates from the Philippines and is shipped to Malaysia by sea before being trafficked into Brunei Darussalam (NCB, 2010a; ARQ, 2010).

Heroin is trafficked from the source countries to Malaysia and trafficked into the country by air passengers (NCB, 2010a; ARQ, 2010). Approximately 80% of the cannabis found in Brunei Darussalam is trafficked across land borders with Malaysia, with the remaining 20% trafficked by sea.

The ketamine found in Brunei Darussalam is manufactured in India and trafficked into the country across its land borders with Malaysia. Nimetazepam is trafficked into the country across its land borders and by air passengers (ARQ, 2010).

In 2009, four nationals of Brunei Darussalam were arrested in China and Australia for trafficking heroin. They were believed to have been used as couriers by international drug trafficking syndicates from West Africa (NCB, 2010a).

Forensic data

Brunei Darussalam reported some forensic data for 2009. Qualitative tests were done on three samples. The Department of Scientific Services was unable to provide purity or percentage levels for these drugs. No data was reported for methamphetamine.

In 2008, forensic analysis of 221 samples of crystalline methamphetamine showed purities ranging between 70% – 79% methamphetamine. Crystalline methamphetamine samples tested in Brunei Darussalam typically contain unspecified amounts of ethyl amphetamine. Although the numbers were low in 2007 and 2008, Brunei reported seizures of combinations of ATS not previously identified. These were all in pill form and included combinations, such as MDMA with phenethylamine, MDMA with ketamine, and methamphetamine with ketamine. Two cases involving a combination of codeine, ephedrine and promethazine in liquid form were also reported in 2007.

Only one heroin sample was analysed in 2009, and this had a purity of 25% heroin. Heroin samples generally contain unspecified amounts of caffeine.

Emerging trends and concerns

- Crystalline methamphetamine and cannabis remain the leading drugs of use.
- Although there are currently no indications, Brunei Darussalam may develop into a transit point for illicit drugs due to its location near countries where ATS problems exist.
- An increasing number of Brunei Darussalam nationals have been arrested abroad for attempting to traffic drugs.

CAMBODIA



Overview of the drug situation

Most survey data available for Cambodia suggest increasing levels of drug use in the country. Drug use appears to be driven primarily by the emergence of methamphetamine pills and high purity methamphetamine in crystalline form. This trend is reflected by the high number of drug-related arrests and drug seizures related to methamphetamine over the past ten years. An estimated 77% of drug users in the country are aged 25 and below, and increasing use of methamphetamine has been reported among young people (NACD, 2009c).

The clandestine manufacture of amphetamine-type stimulants (ATS), while virtually unheard of prior to 2006, is increasingly taking place. Some large and sophisticated operations have been uncovered in Cambodia. Additionally, significant amounts of safrole-rich oils are being illicitly harvested and sold, leading to the possibility of diversion into clandestine ecstasy manufacture. Large seizures of precursor chemicals used in the manufacture of ATS have also occurred in Cambodia in recent years.

There are indications that increasing numbers of local and international drug criminals are using the country as both a manufacturing base and a transit route for drugs which would make Cambodia a significant centre for international drug trafficking. Illicit drugs have historically been trafficked to Cambodia mainly through its border with Thailand. However, since 2003 drugs have been increasingly trafficked from Lao PDR, especially through the provinces in the north located near the Mekong River. Most of the ATS and heroin that enter the country along this route originate from Myanmar. From Cambodia, much of the ATS and heroin is reportedly trafficked by air from Phnom Penh International Airport.

Patterns and trends of drug use

Drug use – Government statistics show that the number of people reported as using drugs has increased more than ten-fold, from about 600 in 2000 to 6,800 in 2008 (NACD, 2010b). However, in the absence of a comprehensive national survey on drug use, it is likely that the number of drug users would be higher. Cambodia has not reported rank or trend of drug use information to DAINAP since 2007.

The National Authority for Combating Drugs (NACD) reported that users of methamphetamine (both in pill and crystalline form) accounted for about 70% of all illicit drug users in 2009. An estimated 15% were heroin users and the remaining 15% were reported as being users of other drugs (NACD, 2010a).

Additional information reported by the NACD shows that drug use is a phenomenon that largely affects young people. About 60% drug users were reportedly between 18 and 25 years of age, and about 17% users were between the ages of 10 and 17 (NACD, 2008). Small-scale surveys also point to the young age of drug users in the country. For example, a survey of 2,089 street children conducted in 2007 by a Cambodian non-governmental organization (NGO), Mith Samlanh, showed that almost half of the surveyed population, or 1,041 children, reported having used at least one illicit drug in their lifetime. A significant increase was also reported for methamphetamine. While, in 2000, 12.2% of surveyed street children reported use of methamphetamine, that figure had risen to 87.4% in 2007. Of the 1,041 street children and youth using illicit drugs in 2007 (some of whom used multiple drugs), the drugs of use were cited as methamphetamine pills (57.4%), crystalline methamphetamine (42.6%), inhalants (glue sniffing, 40.9%), heroin (13.4%) and ketamine (1.9%) (NACD, 2008).

Table 29. Rank of use of selected drugs in Cambodia, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Methamphetamine pills	1	1	1	1	•	•	2*
Crystalline methamphetamine	4	•	5	2	•	•	1*
Ecstasy-type (MDMA)	2	5	6	4	•	•	•
Cannabis herb	•	2	3	3	•	•	•
Heroin	•	3	2	2	•	•	•
Inhalants	•	6	8	5	•	•	•
Opium	•	2	4	4	•	•	•

• = Not reported

Sources: DAINAP; *NACD, 2010a

Table 30. Trend in use of selected drugs in Cambodia, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Methamphetamine pills	↑	↑	↑	↑	•	•	•
Crystalline methamphetamine	•	•	↑	↑	•	•	•
Ecstasy-type (MDMA)	↑	↑	↔	↑	•	•	•
Cannabis herb	↑	↔	↔	↓	•	•	•
Heroin	↑	↑	↑	↑	•	•	•
Inhalants	•	↔	↔	↓	•	•	•
Opium	•	↓	↓	↓	•	•	•

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

Source: DAINAP

Injecting drug use

There are no government estimates for the number of injecting drug users (IDUs) in Cambodia. The main source of information on this issue is available from NGOs in Phnom Penh which provide services to drug users such as referrals to government-sponsored counseling and testing services. In 2007, a total of 1,427 persons were referred by these NGOs to the government centres. Of the persons referred, 780 were IDUs, and just 77 of these were tested for HIV. Of the persons tested, 35% were positive for HIV, a significant increase from the 14% who tested positive in the previous year (NCHADS, 2008).

Figures from a survey conducted in 2007 of 528 total drug users in 11 drug rehabilitation centres show a slightly lower HIV prevalence among IDUs at 24.4%. About one-third of IDUs surveyed were reported to have shared needles/syringes during their latest injecting episode (NAA, 2010; NCAHDS, 2008).

Drug treatment

As of 2008, Cambodia had 14 Compulsory Centres for Drug Users (CCDUs), most of which are run by the military or civilian police. Some centres are run by the Ministry of Social Affairs or local municipalities. Methamphetamine pills and crystalline methamphetamine dominate as drugs of use among those admitted to the centres. In 2008, there were 2,382 people detained in the centres. Most of these were young males between the ages of 19 and 25 (NACD, 2009b).

Recent research of compulsory treatment centres in Cambodia by the World Health Organization found a post-treatment relapse rate of nearly 100%, citing problems such as treatment components which isolated clients, no provision of mental health therapy, lack of formal criteria to determine the length of treatment, and no provision of a community-based reintegration component (WHO, 2009).

Drug-related arrests, seizures and prices

Drug-related arrests – The total number of drug-related arrests in 2009 showed a 57% increase from the previous year. Drug-related arrests in 2009 totaled 615, including 504 Cambodian nationals (82%). In 2008, 392 persons were arrested for drugs. At 18%, the proportion of non-nationals arrested for drugs in Cambodia is high compared with neighbouring countries.

While 2009 data do not disaggregate arrests by drug type, in 2008, 94% of all drug-related arrests involved methamphetamine. Of those arrested for methamphetamine in 2008, 61% were arrested for methamphetamine pills, 37% for crystalline methamphetamine and 2% for ecstasy. Of the ATS-related arrests in 2007, 81% involved methamphetamine pills and only 17% involved crystalline methamphetamine. The remaining ATS-related arrests in 2007 involved methamphetamine powder and ecstasy.

Table 31. Drug-related arrests in Cambodia, 2009

	Nationals			Non-nationals		
	Male	Female	Total	Male	Female	Total
Total arrests – all drugs	408	96	504	85	26	111

Source: DAINAP

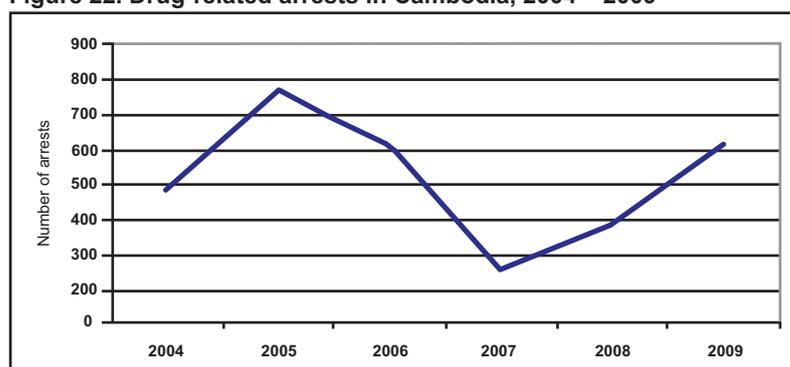
Table 32. Drug-related arrests in Cambodia by drug type, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	•	•	•	41	139	•
Methamphetamine pills	478	716	561	199	232	•
Ecstasy-type (MDMA)	•	1	•	1	7	•
Methamphetamine powder	•	2	•	6	•	•
Cannabis	•	25	8	8	6	•
Cocaine	•	1	11	•	1	•
Codeine	•	•	•	•	1	•
Heroin	2	20	28	8	6	•
Ketamine	5	•	•	•	•	•
Opium	4	4	•	•	•	•
Total	489	769	608	263	392	615

• = Not reported

Source: DAINAP

Figure 22. Drug-related arrests in Cambodia, 2004 – 2009



Source: DAINAP

Drug seizures – ATS seizures continue to account for most illicit drug seizures in Cambodia. In 2009, methamphetamine pill seizures increased almost 18% from the previous year and crystalline methamphetamine seizures more than doubled. Ecstasy seizures increased exponentially in 2009 with 3,352 pills seized compared with only 33 pills in 2008. The dramatic rise in ecstasy seizures likely reflects the trend of Cambodia being increasingly used as a transit country for drugs, both by air and land, for trafficking to other countries within and outside the region.

This trend is similarly reflected by the rise in heroin seizures in Cambodia, which increased more than 400% in 2009 compared with the previous year (26.7 kg seized in 2009 compared with only 5.3 kg seized in 2008). Heroin is reportedly repackaged for trafficking through Phnom Penh International Airport and through the land and sea borders in the western part of Cambodia (NACD, 2010b).

Table 33. Seizures of selected drugs in Cambodia, 2005 – 2009

Drug type	Measurement	2005	2006	2007	2008	2009
Methamphetamine pills	pills	351,651	428,553	420,287	116,772	137,249
Crystalline methamphetamine	kg	2.0	16.2	6.8	1.9*	4.6
Ecstasy-type (MDMA)	pills	•	•	300	33	3,352
Cannabis herb	kg	•	•	10.0	5.0	3.8
Cocaine	kg	1.0	5.1	•	0.2	1.0
Heroin	kg	11.8	21.3**	11.0	5.3	26.7
Ketamine	kg	•	•	•	495***	1.1

• = Not reported/unspecified amount. * Plus 15 'small packs' undefined weight. ** Plus 38 'small packs' undefined weight. ***Small bottles, undefined weight.

Source: DAINAP

Manufacture of ATS was first reported in Cambodia in April 2007. Cambodia has also reported that some of the methamphetamine trafficked into the country is re-tabletting in Cambodia and sold on the streets as low purity methamphetamine pills (NACD, 2010a). In 2009, Cambodia reported five seizures of laboratories and precursor manufacturing sites. In March 2009, tools, equipment and chemicals to manufacture unspecified precursors were seized in Phnom Penh. In June 2009, a clandestine laboratory was uncovered in Phnom Penh and was seized together with pharmaceutical pills containing pseudoephedrine. Also in June 2009, a small laboratory was uncovered in the port city of Sihanoukville. The seizure included 57 kg of acetone, 9 bottles of sulfuric acid, 24 bottles of hydrochloric acid, and 35 kg of sodium hydroxide (NACD, 2009a).

Significant seizures of precursor chemicals used for the manufacture of ATS have been reported in Cambodia in recent years. In 2009, Cambodia reported the seizure of 886 kg of pseudoephedrine preparation, 2,814 kg of ephedra grass and 13 kg of ephedra seeds as well as 1,373 kg of unknown liquids (NACD, 2010b).

In March 2009, an extraction site for ephedrine was found in Kampong Cham province. It was utilizing ephedra grass with plants suspected to have been trafficked from northern China. This is the first time that the alleged extraction of ephedrine from natural ephedra raw material has been reported. In the same month, an ephedra storage facility was seized in Phnom Penh (NACD, 2009a).

Cambodia also reported the seizure of 14.2 mt of safrole-rich oils¹ (SROs) in 2009 in four locations, down from a total of about 35 mt in 2008 (NACD, 2010b). While SROs are used to synthesize MDMA (ecstasy), there is no evidence to suggest that SROs produced in Cambodia have been used in the manufacture of ecstasy as SROs have various licit commercial uses in the perfume and pesticide industry. However, several illegal operations for the extraction of safrole have been uncovered and large volumes have been seized, including 570 litres in 2006 and 3,260 litres in 2007 (NACD, 2008). The most significant seizure was 50.4 mt of SROs believed to have originated from Cambodia seized in 24 containers at Laem Chabang port in Thailand in October 2007. Large amounts of SROs also are trafficked to neighbouring Viet Nam (INCB, 2008).

In addition to China and Viet Nam, Cambodia is one of the few countries in the region that have established specific regulations for the control of the production and trade of SROs. In fact, harvesting of trees (*Dysoxylum loureiri*) for SRO extraction has been illegal under the Cambodia Forest Law since 2005. Prohibition in Cambodia, however, is primarily driven to protect rare species of the trees from which the oil is extracted (UNODC, 2006).

Drug prices – Cambodia did not report drug price data to DAINAP in 2009. Retail prices for selected illicit drugs are listed in Table 34.

¹ 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' (INCB, 2009).

Table 34. Retail prices of illicit drugs in Cambodia (USD), 2007 – 2008

Drug type	Measurement	2007	2008
Crystalline methamphetamine	Per dose	1.5	3
Methamphetamine pills	Per pill	2	3
Ecstasy-type (MDMA)	Per pill	15	15
Heroin	Per dose	5	5
Ketamine	Per pill	15	15

Source: NACD, 2010a

Sources of illicit drugs

Prior to 2003, illicit drugs entered Cambodia mainly through its border with Thailand, but in subsequent years there have been increasing flows into the country from its border with Lao PDR, especially through the northern provinces along the Mekong River. Most ATS and heroin seized in Cambodia originate from Myanmar and are trafficked into the country along this route. A large portion of the ATS and heroin that is trafficked to Cambodia is destined for illicit drug markets in other countries (NACD, 2010b).

Trafficking – According to the Cambodia National Police, the major drug trafficking routes into the country are as follows: methamphetamine in pill and crystalline form are trafficked from Myanmar to Cambodia through the northeastern borders of the country by land and river routes; heroin is trafficked into Cambodia from Myanmar by land and river routes and then trafficked primarily to Thailand, Taiwan Province of China, China and Indonesia; cocaine is trafficked to Cambodia from Latin America and then trafficked primarily to Thailand and Taiwan Province of China; ecstasy is trafficked to Cambodia by air from the Netherlands (CNP, 2009).

Forensic data

Samples of seized methamphetamine trafficked into Cambodia from Myanmar showed high purities of between 75% – 83% methamphetamine. This methamphetamine was reported to be destined for third countries. Methamphetamine pills for the domestic market showed far lower purities of between 15% – 28% methamphetamine. Re-tabletting methamphetamine pills showed even lower purity, at 8% methamphetamine. The re-tabletting methamphetamine pills also contained unspecified quantities of paracetamol. Samples of crystalline methamphetamine analysed in 2009 showed purities of between 75% – 83% methamphetamine. The crystalline methamphetamine samples also included adulterants such as aluminum sulphate, sugar and other unspecified substances (NACD, 2010a).

Emerging trends and concerns

- Cambodia is becoming a key transit country for ATS and heroin and is vulnerable to international drug trafficking.
- Increasing seizures of clandestine manufacturing laboratories and precursor chemicals as well as the increasing availability of high purity crystalline methamphetamine are indications that ATS manufacture takes place in Cambodia.
- Number of drug users in the country are increasing, although the data varies widely from one source to the other. Youth are indicated to form the major segment of drug users.
- Crystalline methamphetamine also appears to be establishing a market in the country.

CHINA



Overview of the drug situation

The drug problem in China has long been dominated by opiate use, primarily opium and later heroin. However, by the end of the 1990s, amphetamine-type stimulants (ATS) became increasingly popular in the country, and by 2003, methamphetamine in pill and crystalline form overtook opium as the second most common drug of use. In 2004, ecstasy, which has become popular among young drug users, surpassed opium as a drug of use. The use of all ATS has increased in each of the past six years. Ketamine was reported as a drug of concern in 2004 and its reported use has increased every year since. However, heroin remains the primary drug of use in China.

The clandestine manufacture of ATS is a constant threat in China. The first clandestine laboratory was seized in the southeast of the country in 1997. Over the past four years, China has reported the dismantling of a significant number of clandestine ATS manufacturing laboratories. In addition to clandestine ATS manufacture, China has also reported a considerable number of ketamine manufacturing facilities.

Seizures of ATS increased dramatically in 2009. China reported the seizure of more than 40 million methamphetamine pills in 2009 compared with just over six million pills seized in 2008. The domestic manufacture of ATS and China's location next to Myanmar make China vulnerable to increasing ATS trafficking and use.

Patterns and trends of drug use

Drug use – According to government experts, the use of ATS has increased each year from 2003 to 2009. Methamphetamine in pill and crystalline form ranked as the second most commonly used drug in China in 2009. Ecstasy was the third ranking drug of use in 2009.

In 2009, China reported a total of more than 1.3 million registered drug users, of which 360,000 (27%) were registered ATS users. Of the number of ATS users, 97,000 were newly registered in 2009 and the majority of these were below the age of 25 (NNCC, 2010a).

Heroin remains the most commonly used drug in China, as it has been for the past several decades. Heroin and opium use has shown a stable trend over the past two years. The number of registered heroin users accounted for 73% (978,226 persons) of all registered drug users during 2009, of which 97,000 were newly registered heroin users (NNCC, 2010a). For comparison, 77.5% of all registered drug users in 2008 were heroin users (NNCC, 2009).

Table 35. Rank of use of selected drugs in China, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	4	4	2	•	2	2
Methamphetamine pills	3	3	3	•	2	2
Ecstasy-type (MDMA)	2	2	4	•	3	3
Cannabis	•	7	7	•	•	•
Heroin	1	1	1	•	1	1
Ketamine	6	6	5	•	5	5
Opium	5	5	6	•	4	4

• = Not reported
Source: DAINAP

Table 36. Trend in use of selected drugs in China, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	↑	↑	↑	•	↑	↑
Methamphetamine pills	↑	↑	↑	•	↑	↑
Ecstasy-type (MDMA)	↑	↑	↑	•	↑	↑
Cannabis	•	↔	↔	•	•	•
Heroin	↓	↑	↓	•	↔	↔
Ketamine	↑	•	↑	•	↑	↑
Opium	↓	•	↔	•	↔	↔

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

Source: DAINAP

Injecting drug use

In 2009, national HIV/AIDS sentinel surveillance results showed that an estimated 9.3% of all injecting drug users (IDUs) in China were infected with HIV. The survey was conducted by the Chinese Ministry of Health and the China Office of the Joint United Nations Programme on HIV/AIDS (UNAIDS) from November 2009 to February 2010. According to the survey, the percentage of IDUs covered by HIV prevention programmes increased from 24.8% in 2007 to 38.5% in 2009. The percentage of IDUs who had reported using sterile injection equipment the last time they injected drugs increased from 40.5% in 2007 to 71.5% in 2009 (MoPH, 2010).

The HIV epidemic in China began among heroin abusers in Yunnan Province in the late 1980s. By 2002, HIV had spread along drug trafficking routes to all 31 provinces in China. By 2007, infected drug users accounted for more than 38% of the estimated 700,000 persons infected with HIV (INCB, 2010b).

Injection is the second most common mode of administration for heroin (smoking is the first). Injecting use of heroin is reported to have decreased in 2009. China reported no cases of injecting use of methamphetamine in 2009.

Drug treatment

In 2009, 47,000 drug users were admitted to community-based treatment and 35,000 recovering drug users entered into community-based drug rehabilitation programmes after completing compulsory treatment. In 2009, 173,000 drug dependents were put into compulsory drug detoxification programmes (NNCC, 2010a). A recent assessment by the World Health Organization suggests post-treatment relapse rates for some compulsory treatment centres are as high as 60% – 95% (WHO, 2009).

The primary drugs of use for drug dependents that entered treatment in 2009 are, in ranking order, heroin, opium, methamphetamine, ecstasy (MDMA) and ketamine. The most common locations for treatment for ATS users are specialized drug treatment services, general hospitals and psychiatric facilities.

Drug-related arrests, seizures and prices

Drug-related arrests – China does not disaggregate arrest data by drug type in reports submitted to DAINAP. For 2009, a total of 91,859 drug-related arrests were reported. This represents a 20% increase from the number of drug-related arrests in 2008 (73,469), and a 10% increase from the 66,960 arrests in 2004.

In 2009, there were 1,559 non-nationals from 50 countries arrested in China for drug trafficking (NNCC, 2010a; ARQ, 2010).

Drug seizures – Seizures of methamphetamine pills in China increased significantly in 2009,

from 6.3 million pills in 2008 to over 40 million in 2009. The number of pills seized in China alone in 2009 represents about 40% of the total number of pills seized in the East and Southeast Asia region in 2009. The number of pills seized from Myanmar continues to increase (NNCC, 2010b).

In 2009, seizures of crystalline methamphetamine totaled 2,518 kg, which is less than half of the total seized in each of the previous four years. At the same time, the number of cases of crystalline methamphetamine seizures in 2009 increased by 30% compared with the previous year which might be an indication that a greater number of traffickers are trafficking smaller amounts of the drug.

At 5.3 mt, seizures of ketamine remain significant, largely unchanged over 2008.¹ China reports more tonnage seized than any other country in the world, and in 2008 accounted for nearly two-thirds of the 8.2 mt reported seized globally (UNODC, 2010b).

Heroin seizures increased more than 25% in 2009 compared with the previous year. The increase is due to the significant rise in the amount of heroin trafficked into China from West Asia during the year. In 2009, 1.5 mt of heroin from West Asia was seized in China, which is double the amount seized from the region in the previous four years combined and more than one-quarter of the total heroin seizures in China in 2009 (ARQ, 2010). Nearly half of the total heroin seizures in China in 2009 occurred in Yunnan province (NNCC, 2010a).

ATS manufacture in China is becoming increasingly diversified with the synthesis of precursors and the different stages of manufacturing being divided across provinces (NNCC, 2009). In 2009, a total of 391² clandestine laboratories were dismantled (NNCC, 2010c). In China, most of the clandestine manufacturing laboratories were seized in Guangdong, Sichuan and Hubei provinces and were manufacturing crystalline methamphetamine and ketamine (NNCC, 2010b). In 2008, a total of 244 unspecified laboratories were dismantled (UNODC, 2010b).

Significant seizures of precursor chemicals continued to be reported in China in 2009. During the year, 1,366 violations of precursor chemicals control were reported with 3,169 mt of precursor chemicals confiscated. Notable law enforcement initiatives in 2009 included a one called 'Operation 4-08', covering 21 provinces, which resulted in the seizure of eight ephedrine refinery facilities, 44 mt of ephedrine compound preparations, 415 kg of ephedrine and 955 grams of methamphetamine. The Operation also resulted in the interruption of five major drug manufacturing and trafficking syndicates. In May 2009, an operation for the trafficking of hydroxylamine hydrochloride, a precursor used in the manufacture of ketamine, was interrupted, with eight drug suspects arrested, two manufacture facilities dismantled, and 8.5 mt of hydroxylamine hydrochloride seized. In March 2009, drug police in Anhui province interrupted a manufacturing and trafficking operation of hydroxylamine hydrochloride with 9 drug suspects arrested, one manufacturing facility dismantled and 383 kg of hydroxylamine seized (NNCC, 2010a). In 2009, China announced tighter controls over the manufacture of hydroxylamine hydrochloride and other precursor chemicals (UNODC, 2010b).

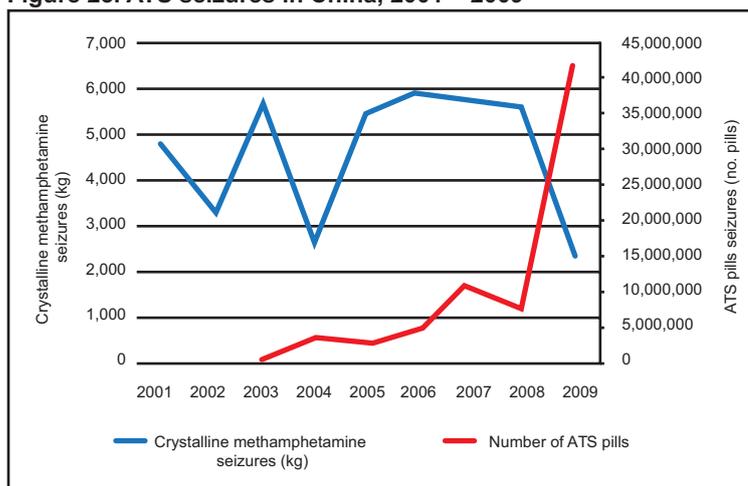
Table 37. Seizures of selected drugs in China, 2005 – 2009

Drug type	2005	2006	2007	2008	2009
	Quantity	Quantity	Quantity	Quantity	Quantity
Crystalline methamphetamine (kg)	5,500	5,946	5,863	5,523	2,518
Methamphetamine pills (no. of pills)	2,342,397	4,021,492	7,620,322	6,255,658	40,450,608
Ecstasy-type (no. of pills)	*	454,145	2,219,353	1,077,552	1,062,138
Ketamine (kg)	2,630	1,789	6,102	5,271	5,303
Heroin (kg)	6,905	5,792	4,594	4,332	5,837
Opium (kg)	2,310	1,691	1,185	1,375	1,303
Cocaine (kg)	247	359	162**	530**	41

*Prior to 2006, ecstasy was categorized by law enforcement officials as 'head shaking pills' which also included methamphetamine pills. **Information from unconfirmed reports, not formally reported by NNCC. Source: DAINAP

¹ Figures do not include additional significant seizures made within the Special Administrative Regions of Hong Kong or Macao and Taiwan Province of China.

² However, it is unclear whether all 391 illicit laboratories are related to ATS.

Figure 23. ATS seizures in China, 2001 – 2009

*ATS refer to ecstasy and methamphetamine pills.

Source: DAINAP

Drug prices – China did not report drug price data to DAINAP in 2009.

Sources of illicit drugs

Crystalline methamphetamine in China is primarily manufactured domestically. An increasing amount of methamphetamine pills are being trafficked from Myanmar (NNCC, 2010b).

Most of the heroin seized in China is sourced from Myanmar, although increasing amounts of heroin from Afghanistan are reportedly being trafficked into China (UNODC, 2010b).

Trafficking – Methamphetamine pills and heroin from Myanmar are trafficked into China primarily by land routes into Yunnan province (NNCC, 2010b). Crystalline methamphetamine trafficked into Hong Kong (SAR) is generally trafficked across the land border with mainland China by both foot passengers and in vehicles (HKNB, 2010).

Heroin from West Asia is trafficked into China via several routes. One route is by air into Guangzhou, with flights transiting in Malaysia, Philippines, Singapore and Viet Nam. The Office of China National Narcotics Control Commission (NNCC) identified three major sea routes for the trafficking of heroin from West Asia into China. Karachi, Pakistan was identified as the point of embarkation for all three routes with maritime vessels transiting in Singapore and Hong Kong (SAR) and Taiwan Province of China before arriving at mainland China (NNCC, 2010b).

Cocaine from South America is trafficked primarily to coastal cities in the southeast of China (NNCC, 2010b).

There has also been increased drug trafficking activity by transnational drug syndicates, including syndicates from West Africa. In 2009, increased amounts of heroin, cocaine and cannabis were trafficked into China by transnational drug syndicates. Guangdong has emerged as a major drug market and point of transit (NNCC, 2010b; ARQ, 2010).

Forensic data

China did not report forensic data to DAINAP in 2009.

Hong Kong (Special Administrative Region of China)

In the first nine months of 2009, there were 11,596 registered drug users in Hong Kong (SAR), compared with 14,175 drug users in all of 2008. In 2009, 24% of registered drug users were under the age of 21 (HKNB, 2010).

Use of methamphetamine, primarily in crystalline form, emerged in Hong Kong (SAR) in the early 1990s. In recent years, methamphetamine use has stabilized at approximately 8% – 9% of the drug user population and at approximately 10% – 15% of the reported drug users under the age of 21. In the first three months of 2009, there were 1,050 registered crystalline methamphetamine users in Hong Kong (SAR) (HKNB, 2010).

Ecstasy-type pills first emerged in Hong Kong (SAR) in the early 1990s but their use increased significantly in the early 2000s along with the growth of the entertainment and dance scene. The use of ecstasy has declined in recent years, possibly due to the increase in the use of significantly less expensive ketamine. Before 2000, ecstasy pills seized in Hong Kong (SAR) were found to contain MDMA. However, in the past few years, pills sold as 'ecstasy' have been found to contain other substances such as methamphetamine and ketamine. The ecstasy user population was estimated at 3.6% of the registered drug user population compared with its peak in 2005 of slightly more than 12%. Most of the pills sold as 'ecstasy' in Hong Kong (SAR) in recent years have originated from Asia (HKNB, 2010).

Heroin continues to be a major drug of use in Hong Kong (SAR) but its use has been steadily declining in recent years. In 2009, an estimated 51.7% of registered drug user population were heroin users. Most of the heroin used in Hong Kong (SAR) originates from Myanmar and is trafficked into Yunnan province of China and then transported overland to Guangdong province before entering Hong Kong (SAR).

An estimated 36% of all registered drug users in Hong Kong (SAR) are ketamine users. Ketamine has become the primary drug of use among younger drug users in Hong Kong (SAR). Most of the ketamine in Hong Kong (SAR) comes in powder form and the primary mode of administration is snorting. Since 2007, most of the ketamine trafficked into Hong Kong (SAR) has been trafficked across the land boundary with mainland China. Small quantities of ketamine were trafficked by larger number of traffickers in order to avoid detection by law enforcement authorities (HKNB, 2010). Nimetazepam use has also become widespread among users of ketamine.

Table 38 contains the amounts of illicit drugs seized annually between 2005 and 2009. Crystalline methamphetamine seizures have remained relatively stable over the past few years, while the amount of ecstasy-type pills seized has declined sharply since 2006. Ketamine seizures increased almost 14% in 2009 compared with the previous year, but were less than half of the peak amount seized in 2006. Heroin seizures in 2009 increased slightly compared with the previous year.

Table 38. Seizures of selected drugs in Hong Kong (SAR), 2005 – 2009

Drug type	Measurement	2005	2006	2007	2008	2009
Crystalline methamphetamine	kg	228.1	6.7	40.8	45.8	43.7
Ecstasy-type (MDMA)	pills	47,694	104,296	65,539	18,326	15,442
Cannabis herb	kg	404.8	149.6	435.5	244.5	107*
Cannabis resin	kg	12.2	2.9	31.8	12.9	●
Cocaine	kg	11.6	14.9	197.1	69.2	121
Heroin	kg	31.9	52.2	37.4	54.6	59
Ketamine	kg	296.1	1,006	96.4	434.9	495.5

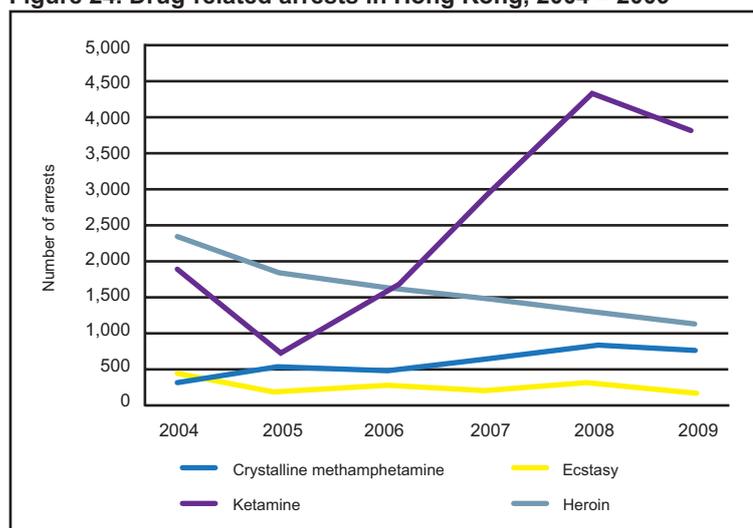
● = Not reported. * Indicates the seizures of 107 kg of cannabis herb and cannabis resin combined.

Source: Hong Kong Narcotics Board, 2010

Clandestine ATS manufacturing in Hong Kong (SAR) has been dominated by tableting and repackaging operations. In 2009, two small-scale manufacturing facilities of crystalline methamphetamine were reported in Hong Kong (SAR). There were also small quantities of crack cocaine manufacture and indoor cultivation of cannabis reported in 2009 (HKNB, 2010).

Trends in drug-related arrests in Hong Kong (SAR) suggest a change in the drug market over the 2004 to 2009 period, as shown in Figure 24. Arrests related to crystalline methamphetamine declined 10% in 2009 compared with the previous year but have increased approximately 40% since 2004. Ecstasy-related arrests in 2009 were at their lowest level since 2004. During the same period, arrests involving ketamine increased dramatically from 2005 to 2008 and then declined about 12% in 2009. Heroin arrests have declined steadily since 2004.

Figure 24. Drug-related arrests in Hong Kong, 2004 – 2009



● = Not reported

Source: DAINAP

Emerging trends and concerns

- Heroin remains the most commonly used drug in China, although its use is reportedly declining.
- The unavailability of nationally representative prevalence estimates for China remains a major challenge to adequately monitor ATS trends in the region.
- The number of registered ATS users continues to increase.
- More than 40 million methamphetamine pills were seized in China in 2009, up from 6.2 million pills in 2008. Increased trafficking of methamphetamine pills from Myanmar and significant domestic methamphetamine manufacture pose a serious threat.
- The 391 illicit drug manufacturing laboratories dismantled in 2009 represent a 60% increase compared with the total number dismantled in 2008.
- Drug treatment services for users of ATS and other synthetic drugs such as ketamine appear to be under-resourced and unable to keep pace with the increasing number of users of these drugs. Most treatment services are aimed at users of heroin and opium.
- Ketamine has become the primary drug of use among young drug users in Hong Kong (SAR).

INDONESIA



Overview of the drug situation

Problematic drug use has increased in Indonesia during the past decade. In recent years, the use of amphetamine-type stimulants (ATS) has risen significantly. Ecstasy and crystalline methamphetamine now rank in the top three drugs of use in Indonesia for the second consecutive year.

Most drug users in Indonesia have reported using multiple drugs. The number of heroin-related arrest cases has gradually declined since the beginning of the decade. However, injecting drug use, primarily of heroin and crystalline methamphetamine, poses a significant threat as more than 40% of all HIV/AIDS cases consist of injecting drug users (IDUs) (NAC, 2010). Cannabis remains the most commonly used drug and its cultivation occurs in Aceh province and other areas of northern Sumatra.

Indonesia was formerly a transit country for drugs. In the first half of this decade the re-tabletting of ecstasy from Europe was taking place in Indonesia, but during the past five years the country has become a major manufacturing centre for ATS. The domestic manufacture of ATS is increasing, as indicated by the rising number of seizures of sophisticated clandestine manufacturing laboratories for crystalline methamphetamine and ecstasy (MDMA). In the recent past most clandestine ATS manufacturing laboratories were large MDMA and methamphetamine producing facilities. However, ATS manufacturers now appear to favour smaller ATS manufacturing laboratories in private residences in order to avoid detection by drug law enforcement authorities and to limit losses.

Transnational organized criminal groups continue to target Indonesia as a destination for illicit drug trafficking and manufacture.

Patterns and trends of drug use

Drug use – Cannabis remains the most commonly used drug in Indonesia, followed by crystalline methamphetamine and ecstasy. In 2009, the use of cannabis and crystalline methamphetamine was reported to have increased from the previous year while the use of ecstasy declined.

Data from a national survey conducted in 2008 by the Indonesia National Narcotics Board (BNN) and the University of Indonesia shows that an estimated 2% of the population aged 10 to 59 years had used an illicit drug in the past year, representing between 3.3 and 3.6 million drug users. The survey also showed that most drug users use multiple drugs (BNN, 2009b). The majority of drug users in Indonesia are predominately young men, with an average age of 25 years. The number of young drugs users is reported to be rising.

The 2008 survey, which covered all provinces, showed that among students aged 11 to 19 years, 6.8% of the sample had reported the use of 'any drugs' in their lifetime and 4.4% had reported using 'any drug' in the past year. The most commonly used drugs among Indonesian students in the past year were cannabis (1%), ecstasy (0.3%), methamphetamine (0.2%) and opium (0.2%).

In 2009, there were 386 reported deaths caused by drug use, of which 384 (376 men and 8 women) were due to heroin use, and two persons died from the use of unidentified drugs.

Table 39. Rank of use of selected drugs in Indonesia, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	•	4	5	4	•	2	2
Ecstasy-type (MDMA)	•	3	4	3	•	2	3
Benzodiazepine	•	2	6	•	•	3	4
Cannabis herb	1	1	1	1	•	1	1
Heroin	•	7	6	2	•	4	5
Ketamine	•	•	•	•	•	7	6

• = Not reported

Source: DAINAP

Table 40. Trend in use of selected drugs in Indonesia, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	↑	↑	↑	●	●	↑	↑
Ecstasy-type (MDMA)	↑	↑	↑	●	●	↑	↓
Benzodiazepine	●	↑	↑	●	●	↑	↑
Cannabis herb	↑	↑	↑	●	●	↔	↑
Heroin	↑	↑	↑	●	●	↓	↓
Ketamine	●	●	●	●	●	↔	↑

↑ = Increasing, ↓ = Decreasing, ↔ = Stable, ● = Not reported

Source: DAINAP

Injecting drug use

There were an estimated 126,429 injecting drug users (IDUs) in Indonesia in 2009. Total cases of persons living with HIV/AIDS in 2009 were reported as 314,500 persons. Of these 314,500 persons living with HIV/AIDS, 40.2% were IDUs. In 2006, the Ministry of Health reported an estimated 219,000 IDUs, of which approximately 43% – 56% were infected with HIV. HIV prevalence among those who injected drugs for two years or less was substantially lower than among those who had injected drugs for more than two years (NAC, 2010).

Transmission of HIV through the sharing of contaminated needles persists as the primary mode of infection in Indonesia. The distribution of clean needles and syringes from a Needle Exchange Programme (NEP) has risen significantly in Indonesia since 2004. The cities that have achieved high coverage of IDUs through the NEP tend to have lower proportions of IDUs who report having shared a needle in the past week (NAC, 2010).

The most common mode of administration for heroin is injecting. Injecting is the second most common mode of administration for crystalline methamphetamine (smoking is the primary mode).

Drug treatment

ATS users accounted for just over 12% of all drug users who were admitted to drug treatment facilities in 2009. The most common locations for treatment for ATS users were specialised drug treatment facilities, psychiatric clinics, and general hospitals. These facilities offer detoxification, medical care and counseling. Just less than 73% of drug users who entered drug treatment facilities in Indonesia were admitted for heroin use. About 12% of drug users entered drug treatment for cannabis herb use.

Drug treatment in Indonesia is offered at 53 hospitals, 363 non-governmental organization centres and 23 prisons (BNN, 2010).

Table 41. Drug treatment admissions in Indonesia by drug type and gender, 2009

Drug type	Male	Female	Total
Methamphetamine	920	64	984
Amphetamine	326	6	332
Ecstasy-type (MDMA)	448	42	490
Benzodiazepine	316	4	320
Cannabis	1,770	4	1,774
Cocaine	74	10	84
Heroin	10,540	228	10,768
Inhalants	100	0	100
Total	14,494	358	14,852

Source: DAINAP

Drug-related arrests, seizures and prices

Drug-related arrests – Drug-related arrests increased 29% in 2009 compared with the previous year. In 2009, there were 38,173 total drug-related arrests compared with 29,519 in 2008 and 32,157 in 2007. Of the total drug-related arrests in 2009, nearly 27% were for crystalline methamphetamine and 31% were for cannabis herb. The vast majority of persons arrested for drugs in Indonesia are male Indonesian nationals.

Table 42. Drug-related arrests in Indonesia by drug type and gender, 2009

Drug type	Nationals			Non-nationals		
	Male	Female	Total	Male	Female	Total
Crystalline methamphetamine	9,225	896	10,121	50	12	62
Ecstasy-type (MDMA)	1,647	267	1,914	4	1	5
Alcohol	9,906	1,499	11,405	0	0	0
Benzodiazepines	376	19	395	0	0	0
Cannabis herb	11,748	218	11,966	22	3	25
Cannabis plants	7	0	7	0	0	0
Cannabis resin	1	0	1	2	0	2
Cocaine	1	1	2	0	0	0
G-List*	1,282	55	1,337	5	1	6
Heroin	836	82	918	7	0	7
Total	35,029	3,037	38,066	90	17	107

● = Not reported. *G-List refers to other unspecified psychotropic drugs.

Source: DAINAP

Drug seizures – Seizures of ATS dropped significantly in 2009. Crystalline methamphetamine seizures declined approximately 67% to 237.8 kg in 2009 compared with just less than 710 kg in 2008. Ecstasy (MDMA) seizures also declined sharply with 309,387 pills seized in 2009 compared with more than one million pills seized in the previous year. Most ecstasy is seized at nighttime entertainment spots. The sharp declines in ATS seizures may be attributed to the increased domestic manufacture of the drugs which have reduced the need for trafficking ATS from abroad.

In 2009, 37 clandestine ATS manufacturing laboratories were seized, including 25 large laboratories and 12 small laboratories. In 2009, several ATS manufacturing laboratories were seized in private residences, suggesting that some ATS manufacturers are reducing the size of their manufacturing facilities to avoid detection by the law enforcement authorities (BNN, 2010). In January 2009, an illicit crystalline methamphetamine and ecstasy manufacturing laboratory was seized at Gading Meditarania Apartment in north Jakarta (Figure 25).

Seizures of cannabis dropped more than 21% in 2009 to almost 111 mt, but it should be noted that the 140 mt of cannabis seized in 2008 was the highest amount on record. In 2009, Indonesian law enforcement authorities also eradicated a total of approximately 242 ha of cannabis, out of an estimated 800 total ha under cultivation across the country.

Figure 25. Crystalline methamphetamine and ecstasy manufacturing laboratory in north Jakarta, 2009



Source: BNN, 2010

Annual heroin seizures have fluctuated in Indonesia since 2000 but the overall trend is declining. In 2009, heroin seizures decreased by almost half compared with the previous year. Seizures of cocaine remain small with 0.5 kg or less seized in each of the past two years.

Table 43. Seizures of selected drugs in Indonesia, 2006 – 2009

Drug type (measurement)	2006	2007	2008	2009
	Quantity	Quantity	Quantity	Quantity
Crystalline methamphetamine (kg)	1,241	492.9	709.9	237.8
Ecstasy-type (MDMA) (pills)	466,908	1,247,302	1,045,105	309,387
Benzodiazepines (pills)	617,442	3,200,495	6,485,246	180,994
Cannabis herb (kg)	11,718	35,464	140,496	110,764
Cannabis plants (plants)	1,019,307	1,858,342	720,774	541,019
Cannabis resin (kg)	4.4	0.6	0.3	0.06
Cocaine (kg)	1.1	0.2	0.5	0.3
G-List* (pills)	•	•	•	3,260,000
Heroin (kg)	11.9	17.2	29.1	15.5
Ketamine (kg)	•	•	•	•

• = Not reported; *G-List refers to other unspecified psychotropic drugs.

Source: DAINAP

Drug prices – The retail prices of crystalline methamphetamine and amphetamine declined sharply in 2009 while prices for cannabis herb and cocaine increased. Table 44 shows the price ranges of selected illicit drugs in Indonesia in 2008 and 2009.

Table 44. Retail prices of illicit drugs in Indonesia (USD), 2008 and 2009

Drug type	Measurement	2008	2009
Crystalline methamphetamine	Per gram	87 – 130	50 – 70
Amphetamine	Per gram	17	2
Ecstasy-type (MDMA)	Per pill	7 – 9	8 – 10
Cannabis herb	Per kg	174 – 217	200 – 250
Cannabis resin	Per gram	6.5	6
Cocaine	Per gram	87	100
Heroin	Per gram	61 – 87	50 – 70

Source: DAINAP

Sources of illicit drugs

Much of the crystalline methamphetamine seized in Indonesia in 2009 was reported as being trafficked into the country from the Islamic Republic of Iran by Iranian couriers and from China. Ecstasy (MDMA) has historically been trafficked into Indonesia from the Netherlands and also from China. In recent years, however, the large-scale manufacture of MDMA and methamphetamine in Indonesia has partially eliminated the need for the trafficking of large quantities of ATS. ATS manufactured in Indonesia is also trafficked internationally. There is concern that Indonesia could replace Europe as the source of MDMA in the region.

Most of the cannabis used in Indonesia is grown domestically. Cannabis is cultivated in areas throughout Indonesia and is particularly widespread in Aceh Darussalam and other parts of northern Sumatra. Cannabis grown in Sumatra is trafficked to other areas of Indonesia by sea, primarily by Indonesian organized criminal groups (BNN, 2009b).

Drug Trafficking – Indonesia, a vast archipelago of more than 17,000 islands, of which about 6,000 are inhabited, has a total of almost 150 official entry points, including 22 international airports and more than 120 seaports (BNN, 2009b). Most of these entry points lack adequate security resources and are vulnerable to illicit drug trafficking and other crimes (CID, 2010).

A large portion of the drugs trafficked into Indonesia is controlled by international criminal groups who traffic drugs into the country along various air and sea routes employing a variety of methods (CID, 2010). Since the early 1990s West African criminal groups have been operating in Indonesia, especially in Jakarta and other big cities. West African criminal groups often use Phnom Penh in Cambodia as a centre for financial transactions and the distribution of crystalline methamphetamine, ecstasy (MDMA) and heroin to Indonesia. Most of the heroin trafficked by West African groups appears to come from Afghanistan. Most of the heroin is trafficked by land (BNN, 2009a).

Drugs trafficked to Indonesia are typically trafficked from Phnom Penh to Bangkok and then to Johor Baru, Malaysia, which has emerged as a key transit point for drug trafficking to neighbouring countries. It is reported that in Johor Baru, criminal groups often change couriers before the drugs are further trafficked to Kuching, Malaysia and Pontianak, Indonesia and then to Jakarta (BNN, 2009a).

As mentioned earlier, crystalline methamphetamine is manufactured in Indonesia. However, it is also trafficked into Indonesia by Iranian couriers by air, on flights that typically originate in Tehran. In 2009, Indonesia law enforcement authorities arrested more than 25 Iranian couriers at international airports in Jakarta, Surabaya and Bali. A significant quantity of crystalline methamphetamine, ecstasy and heroin has also been seized from flights that originate in New Delhi, India (BNN, 2009a).

Forensic data

Indonesia did not report forensic data to DAINAP.

Emerging trends and concerns

- The production of MDMA, methamphetamine and other synthetic drugs is a significant threat in Indonesia. The potential for domestic diversion of precursor chemicals used in the manufacture of ATS and the trend towards smaller ATS manufacturing facilities based in private residences pose a major challenge to law enforcement authorities.
- Indonesia is vulnerable to transnational criminal groups, particularly groups from China, the Islamic Republic of Iran and West Africa, which have targeted Indonesia as a centre for the production and distribution of illicit drugs.
- The lack of border and port security resources at Indonesia's almost 150 official entry points is cause for concern. Indonesia has approximately 6,000 inhabited islands and more than 50,000 km of coastline, which further hampers drug interdiction efforts.
- Increasing rates of drug use, especially injecting drug use, highlight the need for adequate treatment facilities as well as for improved rehabilitation and demand reduction programs.
- HIV infections caused by injecting drug use remain alarmingly high.

JAPAN



Overview of the drug situation

Methamphetamine has historically been the most commonly used illicit drug in Japan and first became a significant problem in Japan in the 1950s, after Japanese pharmaceutical companies and the military released surplus methamphetamine to market. The Stimulants Control Law, enacted in 1951, restricted the use of stimulants to medical treatment and scientific research only, limited the handling of stimulants to authorized people, and stipulated penal provisions for violations. Widespread use of methamphetamine emerged again in the 1970s due to the global economic recession and because of increased trafficking of methamphetamine into Japan. Today, the major source of methamphetamine is China but in recent years large amounts of methamphetamine from Canada, Mexico, South Africa and Turkey have been seized in Japan (NPA, 2009a; NPA, 2010b).

Since 2004, crystalline methamphetamine has been reported as the most commonly used drug in the country. During the past decade about 80% of all drug-related arrests in Japan have involved methamphetamine. Over the past five years more than half of the arrests related to methamphetamine have involved local 'Boryokudan' ('Yakuza') organized crime members.

Manufacture of amphetamine-type stimulants (ATS) in Japan is extremely rare; however, in June 2010 police arrested two Iranian nationals on suspicion of manufacturing methamphetamine — the first such incident since 1995.

Cannabis, the second most commonly used drug in Japan, appears to be a growing problem. In 2009, the number and ratio of drug-related arrests involving cannabis reached an all-time high.

Patterns and trends of drug use

Drug use – Crystalline methamphetamine has been reported as the most commonly used drug in Japan in each year since 2004. Injecting is the primary mode of administration for crystalline methamphetamine. Methamphetamine pill use is not reported in Japan. Cannabis is the second most commonly used drug. Use of ecstasy (MDMA) pills is also common although there are indications that ecstasy use may be declining (NPA, 2010b).

There is reportedly little demand in Japan for cocaine, heroin and opium (NPA, 2010b).

Table 45. Rank of use of selected drugs in Japan, 2004 – 2009

Drug type	2004	2005	2006	2007*	2008*	2009**
Crystalline methamphetamine	1	1	1	1	1	1
Ecstasy-type (MDMA)	4	4	4	4	4	3
Cannabis	3	3	3	3	2	2
Heroin	6	5	6	6	6	•

• = Not reported

Sources: UNODC, 2007; *UNODC, Annual Reports Questionnaires; **NPA, 2010b

Table 46. Trend in use of selected drugs in Japan, 2004 – 2009

Drug type	2004	2005	2006	2007*	2008*	2009*
Crystalline methamphetamine	↔	↔	↔	↔	↑	↔
Ecstasy-type (MDMA)	↑	↑	↑	↓	↔	↓
Cannabis	↑	↑	↑	↔	↓	•
Heroin	↓	↔	•	↔	↔	•

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

Sources: UNODC, 2007; *UNODC, Annual Reports Questionnaires

Injecting drug use

Injecting is the primary mode of administration for crystalline methamphetamine in Japan, although some users also smoke and swallow the drug (NPA, 2009a).

Injecting drug users and mother-to-child transmission combined account for less than 2% of all persons living with HIV and AIDS. In 2008, there were 10 newly reported cases of persons living with HIV and AIDS where the exposure route was injecting drug use, the same number as the previous peak in 2005 (UNGASS, 2010).

Drug treatment

Consolidated drug treatment data is not available. In Japan, the last reported (2005) proportion of drug abuse and dependence cases for ATS abuse was estimated at more than 50% of all drug-related treatment demand from clients in psychiatric treatment facilities (MoHLW, 2007).

Publicly available government statistics for drug-related consultations at clinics and mental health centres show that in 2008, 11,130 persons had received drug-related services. This was a 19% increase from the number of persons requiring drug consultations in 2007 and the largest number reported in the new millennium (MoHLW, 2009).

In Japan, counselors for drug addicts are part-time employees appointed by the governor of each prefecture. In 2007, there were a total of 129 counselors in 10 prefectures and metropolitan areas in Japan (MoHLW, 2008).

Drug-related arrests, seizures and prices

Drug-related arrests – In 2009, there were 14,985 total drug-related arrests most of which were recorded for methamphetamine-related offences. The number of persons arrested for methamphetamine-related offences totaled 11,688, accounting for 78% of all drug-related arrests. This is a 6% increase from 2008 when 11,025 persons were arrested for methamphetamine, which accounted for about 77% of all drug-related arrests. From 2005 to 2007 approximately 80% – 85% of all drug-related arrests involved methamphetamine (NPA, 2010b).

In 2009, 6,201 'Boryokudan' members and associates were arrested on methamphetamine-related charges, which accounted for 53% of all methamphetamine-related arrests. The proportion of methamphetamine-related arrests with ties to organized crime has steadily been increasing with 40% reported in 2002 (NPA, 2010a).

In 2009, Japanese police reported that 85 Iranian nationals were arrested in methamphetamine-related cases, the largest number among the 426 non-nationals arrested in 2009. In 2008, nationals of Iran, Brazil, and the Philippines accounted for almost 50% of the total number of non-nationals arrested in methamphetamine-related cases (NPA, 2010a).

Arrests involving ecstasy (MDMA) and other synthetic drugs have decreased for the past five years and recorded a sharp drop in 2009. In 2009, 107 arrests related to MDMA and other synthetic drugs were recorded compared with 281 arrests related to MDMA in 2008 (NPA, 2010a; NPA, 2010b).

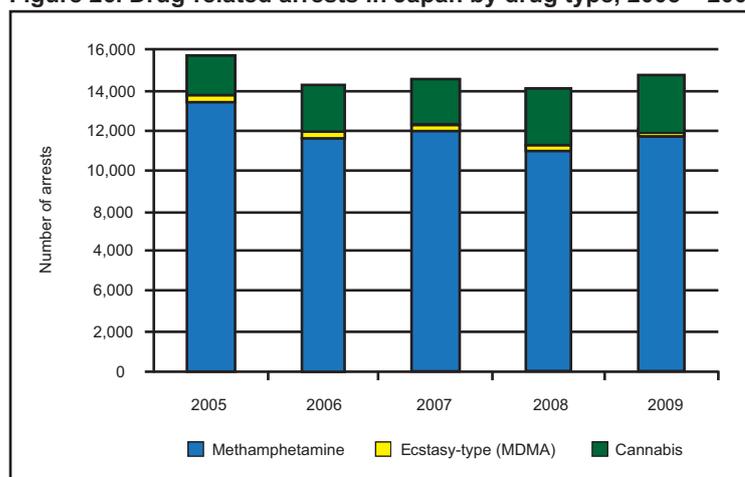
Arrests involving cannabis have increased significantly since 2005 and reached an all-time high in 2009 with 2,920 persons arrested, or 19.5% of all drug-related arrests. First-time offenders accounted for about 85% of the total cannabis-related arrests in 2009. In 2008 and 2007, cannabis accounted for 19.3% and 15.4% of all drug-related arrests respectively (NPA, 2010b).

Only a small fraction of all drug-related arrests in each of the past five years have involved cocaine, heroin and opium.

Table 47. Drug-related arrests in Japan by drug type, 2005 – 2009

Drug type	2005	2006	2007	2008	2009
Methamphetamine	13,346	11,606	12,009	11,025	11,688
Ecstasy-type (MDMA)	403	370	296	281	107
Cannabis	1,941	2,288	2,271	2,758	2,920
Cocaine	36	72	99	98	117
Heroin	21	22	13	13	15
Opium	12	27	41	14	28
Other narcotics and psychotropics	44	55	61	99	110
Total	15,803	14,440	14,790	14,288	14,985

Sources: NPA, 2010a; NPA, 2010b

Figure 26. Drug-related arrests in Japan by drug type, 2005 – 2009

Source: NPA, 2010b

Drug seizures – The two major drugs seized in Japan in 2009 were crystalline methamphetamine and cannabis. Seizures of both drugs decreased from the previous year. In 2009, 356.3 kg of crystalline methamphetamine were seized, a decrease of about 10% compared with 2008 (NPA, 2010b).

In 2009, 61,280 ecstasy-type pills were seized, representing a drop of almost 72% from 2008. Most of the pills, especially MDMA, were trafficked into Japan by air from countries in Europe (NPA, 2009a). The number of MDMA and other ATS pills seized in Japan has decreased each year since 2007.

In 2009, 195.1 kg of cannabis herb was seized, a decrease of nearly half from 2008. The amount of cannabis resin seized also declined by nearly half from 2008. Most cannabis is trafficked from overseas. However, arrests and seizures of cannabis related to domestic cultivation have been increasing in recent years, although there is no available data on domestic cannabis cultivation (NPA, 2010b).

Table 48. Seizures of selected drugs in Japan, 2005 – 2009

Drug type	Measurement	2005	2006	2007	2008	2009
Crystalline methamphetamine	kg	118.9	126.8	339.3	397.5	356.3**
Cannabis herb	kg	643.1	225.8	437.8	375.1	195.1
Cannabis resin	kg	230.5	96.7	20.1	33.1	17.2
Ecstasy-type (MDMA) and other synthetic drugs*	pills	571,522	186,226	1,233,883	217,172	61,280
Cocaine	kg	2.9	9.8	18.5	5.5	11.3
Heroin	kg	0.1	2.3	1.8	1.0	1.2
Opium	kg	1.0	17.2	19.4	6.6	3.2

● = Not reported. *Data does not disaggregate between MDMA and other synthetic drugs.

Sources: **NPA, 2010a; NPA, 2010b

Drug prices – The wholesale and retail prices of methamphetamine and other drugs depends greatly on the region of sale, the route of the trafficked drugs and the size of the purchase. Retail and wholesale prices for 2009 were not available, however market price ranges for 2007 and 2008 are reported below, showing an increase in the retail price of methamphetamine. Retail prices for cannabis herb are also comparatively high, due to the fact that most cannabis herb is imported (UNODC, 2010b; MoHLW, 2009 and previous years).

Table 49. Wholesale and retail price range of drugs in Japan (in USD), 2007 and 2008

Drug type	Retail (per gr) 2007		Wholesale (per kg) 2007		Retail (per gr) 2008		Wholesale (per kg) 2008	
	Min	Max	Min	Max	Min	Max	Min	Max
Crystalline methamphetamine	115	918	80,370	344,433	138	1,493	19,518	574,055
Ecstasy-type (MDMA)*	17	115	22,960		8	115	13,777	
Cannabis herb	34	126	28,700		17	230	11,480	28,703
Cannabis resin	57		•	•	115		•	•
Heroin	344	459	•		•	367	229,622	
Cocaine	172	287	103,330		80	459	68,887	
LSD (1 tab)	29	57	•	•	34	69	•	•
Ketamine (50 grams)	•	•	4,592		•	•	•	•

• = Not reported. *Per tablet sold as MDMA retail, calculated per 1,000 tablets wholesale (from reports of 100 tablets)

Source: MoHLW, 2009 (and previous years)

Sources of illicit drugs

Most of the methamphetamine seized in Japan is trafficked from overseas by Japanese and transnational drug trafficking organizations. These organizations primarily involve domestic 'Bo-yokudan' organized crime groups as well as Iranian drug trafficking groups. Mainland China has been the main source of methamphetamine in recent years. Much of the methamphetamine trafficked into Japan consists of small packages carried by couriers who enter the country by air and sea. However, the number of large seizures of methamphetamine recorded in Japan suggests that most of the methamphetamine is being trafficked into the country by sophisticated trafficking networks which are taking advantage of the large methamphetamine market in the country (NPA, 2010b).

Although methamphetamine is more typically manufactured close to where it is used, domestic manufacture has been extremely rare with the last laboratory dismantled in 1995, and previously in 1977. However, in June 2010, the Sagami-hara, Kanagawa Prefecture police arrested two Iranian nationals on suspicion of manufacturing methamphetamine in their home, seizing quantities of the drug, precursor chemicals and equipment. The government reports that the number of incidents involving the disappearance of pharmaceuticals containing precursor chemicals which could be used in the manufacture of methamphetamine has been increasing since 2003, with 66 such cases reported in 2008, carrying a risk that these could be used in illicit manufacture (MoHLW, 2009).

Trafficking – In 2009, the major origins of methamphetamine seized in Japan were China (149.6 kg), Hong Kong (SAR) (38.8 kg), Mexico (25.9 kg), Canada (12.7 kg), and the Russian Federation (10.7 kg). Smaller seizures of methamphetamine from several other countries or territories were also reported in 2009 (NPA, 2010a; NPA, 2010b).

In 2008, the primary origins of methamphetamine seized in Japan were China (330.8 kg), Hong Kong (SAR) (13.7 kg), Taiwan Province of China (3.5 kg), Republic of Korea (3.8 kg), Malaysia (12.3 kg), Canada (14.4 kg), Mexico (3.2 kg) and South Africa (2 kg). Canada as the origin of seized methamphetamine has decreased since its peak in 2007 when 178 kg was seized (NPA, 2009b; NPA, 2010a).

Ecstasy (MDMA) is primarily trafficked by air from several countries in Europe and Canada (NPA, 2010a). Data for 2009 does not specify the country of origin for MDMA seized in Japan. In 2008, the origins for most MDMA seized in Japan were the Netherlands (91,505 pills), Germany (20,606 pills), France (10,252 pills) and Belgium (10,068 pills) (NPA, 2009a).

In 2009, most of the cannabis herb that entered Japan came from the United States, France, and South Africa. Most cannabis resin was trafficked from India and Thailand (NPA, 2010b).

Trafficking by sea is becoming more sophisticated. Japanese law enforcement authorities say that only a few cases of maritime trafficking are detected each year. Bulk quantities of methamphetamine are often shipped into Japanese waters by foreign vessels and then transferred to smaller vessels such as Japanese fishing boats. Small quantities are also carried on the body or hand carried by a crew or passenger. Japan is not known as a transit country for illicit drugs en route to other countries (JCG, 2009).

Forensic data

No data is available.

Emerging trends and concerns

- Crystalline methamphetamine remains the most commonly used drug in Japan. For the past five years, crystalline methamphetamine has accounted for nearly 80% of all drug-related arrests and has accounted for a significant number of treatment related admissions and consultations.
- China is believed to be the main source for methamphetamine trafficked into Japan but other countries such as Canada, Mexico, South Africa and Turkey have emerged as key sources of the drug in recent years.
- While unlikely, the recent case of methamphetamine manufacture combined with the rising number of disappearances of pharmaceuticals containing precursor chemicals used in their manufacture, point to a possible risk of expanding domestic clandestine manufacture, especially as methamphetamine prices increase.
- Cannabis use remains a problem in Japan. In 2009, the number and ratio of persons arrested for cannabis-related offences reached an all-time high.

LAO PDR



Overview of the drug situation

Methamphetamine pills are the most commonly used drug in Lao PDR, followed by cannabis, opium and heroin. The estimated number of people dependent on amphetamine-type stimulants (ATS) in 2008 was 35,000 – 40,000, although no disaggregated data was given for the number of people addicted to methamphetamine pills (UNODC, 2008a).

The rapid spread of ATS and other synthetic drugs, especially among young drug users, has been identified as the primary drug problem in Lao PDR. The majority of drug-related arrests involve methamphetamine in pill form. Transnational organized crime groups are playing a greater role in the country. The close proximity of Lao PDR to ATS manufacturing centres in neighbouring countries and its location at the nexus of the Mekong region renders the country vulnerable to the spillover of drugs (LCDC, 2010a).

Opium poppy cultivation and opium production in Lao PDR have declined steeply since the beginning of the decade. However, since 2007, opium poppy cultivation has steadily increased, from 1,500 hectares in 2007 to 1,900 hectares in 2009. Potential opium production in 2009 was estimated at 11.4 mt, showing a 19% increase from 9.6 mt in 2008.

Commercial cannabis cultivation occurs mainly in the central provinces of Lao PDR, particularly in areas near the Mekong River, mainly for illicit export to neighbouring countries. No estimates are available on the extent of cultivation (LCDC, 2010b).

Patterns and trends of drug use

Drug use – The government experts ranking of use of selected drugs has remained stable over the past six years with methamphetamine pills reported as the leading drug of use. The primary mode of administration of methamphetamine pills is smoking. Worryingly, in 2008, Lao PDR also reported the injecting use of methamphetamine for the first time. Methamphetamine pill use stabilized in 2008 after showing five years of consecutive increase.

Lao PDR does not provide disaggregated data for the number of methamphetamine pill dependents. The estimated number of ATS dependents in 2008 was 35,000 – 40,000 (UNODC, 2008a). ATS use is highest in urban areas and it is increasing among youth in major cities. There is also increasing ATS use in some rural areas that formerly cultivated opium poppy (LCDC, 2010b).

Cannabis is the second most commonly used drug in the country. Cannabis overtook opium as the second leading drug of use in 2009.

The third and fourth most commonly used drugs are opium and heroin. Lao authorities estimate that there are 12,000 - 15,000 opium dependents, mostly in the northern provinces (UNODC, 2009a). Inhalants also remain a serious problem, particularly among young drug users (UNODC, 2009b). Cocaine also ranks among the drugs of concern, but its use is not widespread.

Table 50. Rank and trend in use of selected drugs in Lao PDR, 2009

Drug used in the past year	Rank	Trend
Methamphetamine pills	1	↑
Cannabis herb	2	↑
Opium	3	↑
Heroin	4	↑
Cocaine	5	↓

↑ = Increase, ↓ = Decrease, ↔ = Stable
Source: DAINAP

Table 51. Rank of use of selected drugs in Lao PDR, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
Methamphetamine pills	1	1	1	1	1	1
Cannabis herb	2	4	4	4	3	2
Opium	4	2	2	2	2	3
Heroin	3	3	3	3	4	4
Cocaine	•	•	•	•	5	5

• = Not reported

Source: DAINAP

Injecting drug use

Lao PDR is surrounded by countries where HIV/AIDS and injecting drug use are high, making the risk of a major HIV/AIDS epidemic acute. Injecting use of heroin is reportedly most prevalent in border areas and major cities (LCDC, 2010b).

Injecting use of methamphetamine and opium was first reported in 2008. No reliable estimates are available concerning the prevalence of injecting drug use or HIV among drug users. However, injecting drug use is reportedly especially prevalent among youth and men who have sex with men. A significant number of female sex workers and female migrants also report injecting drug use (UNODC, 2009b; NCCA, 2010).

A 2009 survey on migrant workers in Lao PDR found that 2% of Chinese migrants engaged in injecting drug use. A 2006 survey of Lao migrant workers in foreign countries showed that almost 4% of the women had used drugs and about half of them had injected drugs (NCCA, 2010).

Drug treatment

There are ATS treatment centres in seven provinces and municipalities in Lao PDR. Treatment centres are located in Champasak, Savannaket, Oudomsay, Sayaboury, Luang Prabang and Bokeo provinces and in Vientiane municipality (LCDC, 2010a). However, only the main ATS-based treatment centre, the Somsanga Treatment and Rehabilitation Center, in Vientiane, reported figures to DAINAP. Since 2004, about 95% of people admitted to Somsanga Treatment and Rehabilitation Center were reported to be methamphetamine users, with the remaining 5% admitted for alcohol, opium, inhalants and heroin use (UNODC, 2009b).

Table 52. Number of patients at Somsanga Treatment and Rehabilitation Center, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Total no. of patients	1,714	2,658	1,376	1,177	1,894	1,682	1,964
Females	0	0	25	28	137	105	118

Source: LCDC, 2010a

Drug-related arrests, seizures and prices

Drug-related arrests – Over the past few years a predominant number of drug-related arrests have been in connection with methamphetamine pills. In 2009, drug-related arrests totaled 718, of which 581, or nearly 81%, were for methamphetamine pills. The number of persons arrested for methamphetamine pills in 2009 increased 60% from the previous year, when 344 persons were arrested for methamphetamine pills out of 418 total drug-related arrests. This is a reflection of the greater number of methamphetamine pills seized in 2009. In 2006 and 2007, 94% of all drug-related arrests involved methamphetamine pills (UNODC, 2009b).

The number of arrests related to opiates more than doubled in 2009. The number of persons arrested for heroin in 2009 totaled 47 compared with 28 in 2008. The number of persons arrested for opium in 2009 totaled 47 compared with 17 in 2008. Nearly 80% of the persons arrested for drugs in 2009 were men.

Table 53. Drug-related arrests in Lao PDR by drug type, 2009

Drug type	Nationals		Non-nationals		Total
	Male	Female	Male	Female	
Methamphetamine pills	460	109	10	2	581
Heroin	33	10	3	1	47
Opium	32	14	0	1	47
Cannabis	31	6	1	2	40
Cocaine	0	0	1	2	3
Total	556	139	15	8	718

Source: DAINAP

Drug seizures – Methamphetamine pill seizures in 2009 totaled over 2.3 million (LCDC, 2010a) compared with 1.2 million in 2008 and 1.3 million in 2007 (UNODC, 2009b). The number of cases of methamphetamine pill seizures more than doubled from 84 cases in 2007 to 194 cases in 2008 to 357 cases in 2009. No crystalline methamphetamine seizures were reported in 2009. The only reported crystalline methamphetamine seizure was in 2005, of 4.8 kg (UNODC, 2009b). However, this does not indicate that crystalline methamphetamine is not available in Lao PDR.

In 2009, seizures of heroin increased 60% and seizures of opium increased nearly four times compared with the previous year. This trend, accompanied by the increase in arrests related to opiates and increased production of opium in recent years, suggests that heroin and opium are becoming more prevalent again after showing several years of decline.

In 2009, Lao PDR has reported the eradication of 651 hectares of opium poppy out of an estimated total cultivation of 1,900 hectares in the country's 10 northernmost provinces. The estimated potential yield is 6 kg of opium per hectare and a total potential production yield of 11,400 kg.

Table 54. Seizures of selected drugs in Lao PDR, 2005 – 2009

Drug type	Measurement	2005	2006	2007	2008	2009
Methamphetamine pills	pills	4,656,309	1,755,989	1,272,815	1,227,205	2,335,330
Crystalline methamphetamine	kg	4.8	0	0	0	0
Cannabis herb	kg	1.6	291.5	2302.8	804.6	976
Opium	kg	56.8	1.2	14.17	11.8	50
Heroin	kg	40.4	9.2	23.8	17.5	29.2
Cocaine	kg	•	•	•	1.99	0.1

• = Not reported

Source: DAINAP

Drug prices – Lao PDR has not reported drug prices to DAINAP.

Sources of illicit drugs

Methamphetamine pills in Lao PDR originate primarily from neighbouring Myanmar. Commercial cannabis cultivation occurs primarily in the lowlands in the central and southern provinces, in particular in areas near the Mekong River for illicit export to neighbouring countries (LCDC, 2010b). There are also reports of cannabis being grown in private residences.

Trafficking – Trafficking of methamphetamine from Myanmar to Thailand is increasingly being diverted through the country (UNODC, 2009b). In 2008, 157 seizures of methamphetamine were made en route from Lao PDR to Thailand (WCO, 2008). Methamphetamine is also trafficked through Lao PDR to Viet Nam (INCB, 2010b).

Since the late 1990s, when Lao PDR became a major transit country for ATS, trafficking of ATS,

ATS precursors, heroin and other illegal substances has increased. Transnational organized criminal groups play an increasing role in trafficking drugs through Lao PDR. The improving road network has helped to facilitate the movement of illicit goods into and through the country (LCDC, 2010b).

Most drugs trafficked into Lao PDR enter the country in the northern region and across the Mekong River, from Myanmar.

Heroin from Lao PDR is frequently trafficked to China.

Forensic data

Lao PDR has not reported forensic data to DAINAP.

Emerging trends and concerns

- The close proximity of Lao PDR to ATS manufacturing centres in neighbouring countries renders it vulnerable to the spillover of drugs.
- Trafficking of methamphetamine from Myanmar to Thailand is increasingly being diverted through the country as Thai law enforcement efforts have been bolstered along the northern Thai-Myanmar border. The politico-security uncertainties in Myanmar also make Lao PDR vulnerable to the relocation of methamphetamine manufacturing facilities from Myanmar to Lao PDR.
- Heroin and opium are making a comeback, as indicated by the increase in opium poppy cultivation and opium production, arrests related to the drugs, and seizures.
- Lao PDR lacks the technical and financial resources to effectively police its 4,800 km border with five countries.

MALAYSIA



Overview of the drug situation

Over the past decade, drug use in Malaysia has steadily increased. Although heroin and cannabis are the primary drugs of use in the country the use of amphetamine-type stimulants (ATS) and other synthetic drugs continues to rise. In 2009, crystalline methamphetamine and methamphetamine pills ranked as the third and fourth most commonly used drugs in Malaysia.

Malaysia was once a key transit country for crystalline methamphetamine trafficking. Law enforcement authorities have seized significant amounts of trafficked methamphetamine and ecstasy each year. Since 2006, three industrial scale manufacturing laboratories have been seized. The lower levels of domestic manufacture of methamphetamine may have contributed to the increasing inflows of ATS from other countries, such as methamphetamine from the Islamic Republic of Iran.

Patterns and trends of drug use

Drug use – Drug use continues to increase in Malaysia. ATS and synthetic drugs are becoming increasingly widespread. In 2009, crystalline methamphetamine and methamphetamine pills ranked as the third and fourth most commonly used drugs in Malaysia. The number of ATS users has increased from just over 8% in 2008 to 18% in 2009 (NADA, 2010a). However, traditional drugs such as heroin and cannabis remain the most commonly used drugs in the country.

The number of reported opiate users in Malaysia has declined in recent years. Compared with the 54% of all drug users dependent on opiates in 2009, that figure had declined to just below 48% in the first three months of 2010 (NADA, 2010a).

Drugs such as ecstasy, crystalline methamphetamine, cocaine, ketamine and nimetazepam are becoming increasingly affordable and increasingly widespread among young drug users in Malaysia (NCID, 2010).

Table 55. Rank and trend of use of selected drugs in Malaysia, 2009

Drug type	Rank	Trend
Heroin	1	↓
Cannabis herb	2	↑
Crystalline methamphetamine	3	↑
Methamphetamine pills	4	↑
Benzodiazepines	5	↑
Ketamine	6	↑
Ecstasy-type (MDMA)	7	↔
Inhalants	8	↑
Speciosa ¹	9	↑

↑ = Increase, ↓ = Decrease, ↔ = Stable

Source: DAINAP

Injecting drug use

Malaysia has an estimated 170,000 injecting drug users (IDUs). Of the 15,645 drug users who entered treatment in 2009, 4.3% were reported to be IDUs. In 2009, the injecting use of crystalline methamphetamine was reported for the first time. Heroin is primarily snorted but injection is also common, although injecting use of heroin was reported to have decreased in 2009.

¹ Speciosa refers to the *mitragyna speciosa* plant, commonly known locally as ketum or kratom.

The prevalence of IDUs among the population aged 15 – 64 reported to be living with HIV/AIDS is 10.3% (UNODC, 2010b). Injecting drug use is the primary mode of transmission of HIV in Malaysia. In 2009, it was estimated that 55% of all new HIV infections reported during the year were caused by injecting drug use with 1,699 new cases of HIV reported among IDUs during the year. For male IDUs the HIV prevalence is estimated at about 20%. Women comprise just 2% of IDUs in Malaysia (MoH Malaysia, 2010).

Drug treatment

If drug dependents do not seek treatment, they are frequently placed into mandatory treatment under the Drug Dependent Act (1983) either in a formal government-run drug treatment facility or in a community-based rehabilitation programme (MoH Malaysia, 2010; NADA, 2009).

Recent research of compulsory treatment centres in Malaysia published in 2009 by the World Health Organization into the effectiveness of compulsory treatment centres in Malaysia reported an official post-treatment relapse rate of between 70% and 90% (WHO, 2009).

A total of 15,645 persons underwent drug treatment in 2009 (15,458 men and 187 women), with an average age of 25 years. Of these, 7,123 persons were newly admitted to treatment in 2009. Disaggregated treatment figures by drug type are not available.

Most users of non-ATS drugs enter specialized drug treatment services, general health clinics and psychiatric facilities. However, Malaysia has no drug treatment facilities dedicated specifically to ATS users. Most ATS users who enter drug treatment enter community-based treatment. Community-based treatment is offered for users of methamphetamine, ecstasy and ketamine.

Drug-related arrests, seizures and prices

Drug-related arrests – In 2009 the total number of drug-related arrests increased 27% compared with 2008. ATS-related arrests declined in 2009. In 2009, ATS-related arrests accounted for 8% of all drug-related arrests in Malaysia compared with 14% in 2008. In 2009, methamphetamine-related arrests declined 22%, amphetamine-related arrests declined 63%, and ecstasy-related arrests declined 30% from 2008.

Arrests related to cannabis increased more than three-fold in 2009 compared with the previous year. Heroin-related arrests increased a slight 1.5% in 2009 from 2008. In addition, the number of arrests for unspecified drugs totaled 704 in 2009 compared with only one arrest in 2008.

In 2009, a total of 969 non-nationals were arrested for drugs in Malaysia compared with 939 non-nationals in 2008 (NADA, 2010b).

Table 56. Drug-related arrests in Malaysia by drug type, 2005 – 2009

Drug type	2005	2006	2007	2008	2009
Methamphetamine	3,832	2,411	1,235	1,443	1,131
Amphetamine	382	226	73	225	84
Ecstasy-type (MDMA)	395	228	182	119	83
Cannabis	5,044	5,275	3,385	1,726	5,207
Codeine	412	180	91	70	50
Heroin	13,914	7,963	4,752	4,974	5,047
Morphine	8,047	5,889	4,312	3,640	3,386
Opium	20	7	14	9	5
Psychotropic pills	752	621	442	145	39
Not specified	10	11	3	1	704
Total	32,808	22,811	14,489	12,352	15,736

● = Not reported

Source: DAINAP

Drug seizures – Crystalline methamphetamine seizures increased by 70% in 2009, with 1,160 kg seized during the year compared with 679 kg seized in 2008. The significant increase is due to one large seizure of 972 kg of crystalline methamphetamine in May 2009. Methamphetamine pill seizures dropped nearly 62% in 2009 compared with the previous year. Ecstasy (MDMA) seizures also declined by 7% in 2009.

Eleven clandestine ATS manufacturing laboratories were seized in 2009 (of which one was attempting to manufacture MDMA) compared with 12 such seizures in 2008. A large quantity of precursor chemicals used for the manufacture of ATS and heroin were also seized in 2009, including 80 kg of ephedrine, 80 kg of pseudoephedrine, 50 l of acetic anhydride and various other unidentified substances (NCID, 2010).

Since 2006, significant quantities of crystalline methamphetamine have reportedly been manufactured in Malaysia. In the past few years there have also been police reports of transnational criminal organizations, including ethnic Chinese drug trafficking groups, establishing ATS manufacturing laboratories in Malaysia (NCID, 2010).

Ketamine seizures increased by almost half in 2009, with 1,071 kg seized during the year. In addition, in December 2009, customs authorities in India seized a record 440 kg of ketamine en route to Malaysia (UNODC, 2010a). The increase in ketamine seizures in Malaysia can be attributed to its increasing use among urban nightclub goers, as well as the high profits earned by traffickers (NCID, 2010).

Seizures of benzodiazepines, mostly nimetazepam, almost doubled in 2009 compared with the previous year. This trend is congruent with the upward trend in crystalline methamphetamine seizures, as benzodiazepines are frequently used by methamphetamine users for their sedative effects.

In 2009, cocaine seizures increased more than two and a half times, largely due to the increased trafficking to Malaysia by West African criminal groups (NCID, 2010). Cannabis herb seizures also increased significantly in 2009, with 2,352 kg seized during the year compared with 875 kg in 2008. Heroin seizures declined by 5% in 2009.

Table 57. Seizures of selected drugs in Malaysia, 2005 – 2009

Drug type	Measurement	2005	2006	2007	2008	2009
Crystalline methamphetamine	kg	39.2	145.2	69.2	679**	1,160**
Methamphetamine pills	pills	0	0	121,629	281,343	107,952****
Amphetamine	kg	0	2	0	0	0
Ecstasy-type (MDMA)	pills	434,233*	227,932	709,888*	80,778*	75,515*
Nimetazepam ² (Erimin-5)	pills	507,203	49,952	172,965	1,502,233	2,909,587
Cannabis herb	kg	1,166.2	2,379	1,483	875	2,352*
Cocaine	kg	11	0	0	7.1	18.6****
Codeine	litres	0	10,802	9,630	0	13,131.7
Heroin	kg	252	156	243	297	283.4***
Ketamine	kg	410	110	268	553	1,071*
Opium (raw and prepared)	kg	3.9	0.5	7.4	14	10.1****
Psychotropics	pills	763,526	173,003	455,407	306,611	268,888*

● = Not reported. *Reported in combination of pills and kg; converted at 1 pill = 300 mg.

Seized as liquid methamphetamine, conversion rate at 1 litre = 1 kg. In addition, 356.9 kg of methamphetamine powder was seized in 2009. *Reported as heroin base, heroin no. 3 and heroin no. 4.

****NADA, 2010b

Sources: DAINAP; NADA, 2010b

² Nimetazepam, known on street as Erimin 5, is available in 5 mg pill form. It is legally available as pharmaceutical from Japan. However, counterfeit products are also available.

Drug prices – Retail prices of illicit drugs from 2007 and 2009 are shown in Table 58 below. The price of crystalline methamphetamine increased more than 80% in 2009 compared with 2007. The increase may be attributed to the lower availability of the drug due to greater interdiction efforts. Ketamine prices declined 66% in 2009 compared with 2007, which is likely due to greater availability.

Table 58. Retail prices of selected drugs in Malaysia (USD), 2007 and 2009

Drug type	Unit	2007	2009
Crystalline methamphetamine	Per kg	43,290	78,370
Methamphetamine pills	Per pill	6	•
Ecstasy-type (MDMA)	Per pill	14	16
Benzodiazepine (Erimin-5)	Per pill	6	6
Cannabis herb	Per kg	692	752
Cocaine	Per kg	57,680	62,696
Heroin (no.4)*	Per kg	49,350	•
Heroin (no. 3)**	Per kg	•	9,404
Ketamine	Per kg	10,101	3,448
Opium (prepared)	per kg	5,772	6,270

• = Not reported. **Heroin hydrochloride* - injectable form of heroin. **A less refined form of heroin suitable for smoking.

Sources: Drug prices for 2007 are from DAINAP. Drug prices for 2009 were reported by the National Anti-Drugs Agency of Malaysia (NADA, 2010a)

Sources of illicit drugs

Most of the heroin and methamphetamine pills in Malaysia originates from Myanmar. Some crystalline methamphetamine is trafficked into Malaysia from Myanmar and ecstasy (MDMA) is primarily trafficked from the Netherlands. In 2009, there were occasional attempts by Iranian and local Chinese drug trafficking organizations to send crystalline methamphetamine to neighbouring countries via air passengers. There have been frequent police reports of ethnic Chinese traffickers setting up ATS manufacturing laboratories in Malaysia (NCID, 2010).

Ketamine originates primarily from southern India, as indicated earlier.

Cannabis in Malaysia originates primarily from Lao PDR and Aceh Darussalam in Indonesia (NCID, 2010).

Trafficking – Malaysia previously was a key transit country for small amounts of crystalline methamphetamine, ecstasy and ketamine en route to consumers in Australia, China, Indonesia, Japan, Singapore and Thailand due to the high prices of these drugs in the aforementioned countries (NCID, 2010).

To feed the growing number of ATS manufacturing facilities in Malaysia, precursors chemicals used in the illicit manufacture of ATS are commonly trafficked into Malaysia from China and Taiwan Province of China and are disguised and declared as licit chemicals.

Malaysia had also been used as a transit country by West African criminal organizations based in Southeast Asia for trafficking cocaine from South American countries to Thailand, Indonesia and Australia. Most couriers arrested in Malaysia for cocaine trafficking were from Africa or South America (NCID, 2010).

A key trafficking route for cocaine couriers is for the couriers to fly from Kuala Lumpur to Madrid, Spain and then to South American countries including Argentina, Brazil, Peru and Venezuela, where the couriers are given cocaine to traffic to Europe and to Malaysia (NCID, 2010).

In 2009, 19 Malaysian women couriers were arrested in various countries overseas for trafficking in crystalline methamphetamine, ecstasy, cocaine and heroin. The women were reported to have

been recruited by drug trafficking groups from West Africa. Seven of the women were arrested in Australia; two each were arrested in Brazil, China, Italy and Venezuela; and one was arrested in Austria, Japan, India and the Netherlands (NCID, 2010).

Ketamine is trafficked into Malaysia from Chennai, India by air passengers and by sea routes by Indian nationals who either come to Malaysia to seek employment or as tourists. One of the key trafficking routes for ketamine out of Malaysia is from Kuala Lumpur to Hong Kong (SAR) and China. The heroin in Malaysia originates from Myanmar or Lao PDR or in West Asia and some is trafficked through Malaysia to Australia and China by drug trafficking organizations from West Africa (NCID, 2010).

Forensic data

Crystalline methamphetamine samples analysed in 2009 showed purities of 75% – 80% methamphetamine. The average weight of methamphetamine pill samples analysed in 2009 was 90 mg per pill. The samples showed a purity of 25% methamphetamine and an unspecified quantity of caffeine. For ecstasy, the average weight of pill samples was 360 mg per pill, with a purity level of 20% – 40% MDMA and an unspecified quantity of caffeine. Ketamine samples analysed in 2009 showed purities of 80% – 86% ketamine (NADA, 2010a).

Emerging trends and concerns

- Methamphetamine manufacturing in Malaysia continues, although at lower levels.
- There have been increasing inflows of methamphetamine and other ATS into Malaysia primarily by Iranian drug trafficking organizations.
- Crystalline methamphetamine seizures increased significantly, from 670 kg in 2008 to 1,160 kg in 2009.
- Although the number of ATS users is increasing, there are no specialised ATS treatment facilities in the country.
- In 2009, the injecting use of methamphetamine was reported for the first time.
- Injecting drug use is the primary mode of transmission of HIV, with an estimated 55% of all new HIV infections in 2009 caused by injecting drug use.

MYANMAR



Overview of the drug situation

Myanmar is a major manufacturer of methamphetamine pills, most of which are manufactured in the eastern part of the country in Shan State. While most of the pills continue to be trafficked to neighbouring countries, mostly Thailand and Lao PDR, domestic demand has been increasing over the past decade.

The total area under opium poppy cultivation in Myanmar was estimated at 31,700 hectares in 2009, an increase of 11% from the estimated 28,500 hectares under cultivation in 2008 (UNODC, 2009a). However, over the past ten years, opium production has decreased significantly, from an estimated 1,087 mt in 2000 to an estimated 330 mt in 2009. Less than 5% of the global opium supply is now produced in Myanmar (UNODC, 2010b).

While heroin and opium have declined in importance as drugs of use, the use of methamphetamine pills has increased, especially in border areas located close to major methamphetamine manufacturing centres. Nevertheless, most drug treatment facilities in Myanmar do not offer treatment for methamphetamine use.

Renewed hostilities between the government and armed ethnic groups under ceasefire agreements appear to have affected the situation of illicit drug manufacture and trafficking. Data from various sources indicates that trafficking of drugs in general and amphetamine-type stimulants (ATS) in particular has increased. Seizures of methamphetamine pills in 2009 totaled almost 24 million pills, compared to just over one million pills seized in each of the previous two years. A significant increase in the trafficking of precursor chemicals used to manufacture methamphetamine in 2009 also indicates increased levels of ATS manufacture.

Patterns and trends of drug use

Drug use – Over the past six years, methamphetamine pills have been the third most commonly used drug in Myanmar (UNODC, 2009b). Heroin and opium remain the main drugs of use in the country.

Table 59. Rank of use of selected drugs in Myanmar, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
Heroin	2	2	1	1	1	1
Opium	1	1	2	2	2	2
Methamphetamine pills	3	3	3	3	3	3
Cannabis	5	5	•	4	4	4

• = Not reported

Source: DAINAP

Table 60. Trend in use of selected drugs in Myanmar, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
Heroin	↓	↓	↓	↔	↓	↓
Opium	•	•	•	•	↓	↓
Methamphetamine pills	↑	↑	↑	↑	↑	↑
Cannabis	↔	↓	•	↔	↔	↔

↑ = Increasing, ↓ = Decreasing, ↔ = Stable, • = Not reported

Source: DAINAP

In 2009, methamphetamine pills were seized in 16 out of 17 administrative regions in Myanmar, highlighting their extensive use and nationwide availability. Methamphetamine pill use is most prevalent in the border areas adjacent to China, Lao PDR and Thailand. These border areas are located near methamphetamine manufacturing centres where the availability of the drug is

higher and the price is lower than in other parts of the country. In major cities such as Yangon and Mandalay methamphetamine pills are expensive and their use is mostly limited to wealthier drug users (UNODC, 2010a).

Smoking is the primary mode of administration of methamphetamine pills in the country. The pills are typically crushed and then vaporized in glass pipes or on aluminum foil heated by a flame underneath so that the user can inhale the resulting fumes. There is no reported use of crystalline methamphetamine in Myanmar.

Injecting drug use

The estimated number of injecting drug users (IDUs) in the country ranges from 60,000 to 90,000 (Lancet, 2008). Injecting use of methamphetamine has not been officially reported in Myanmar but it has been reported in neighbouring Lao PDR and Thailand as well as in Cambodia. This raises the possibility that injecting use of methamphetamine may exist in the border areas of Myanmar where methamphetamine availability is high. Injection is the primary mode of heroin administration.

The HIV prevalence among IDUs is estimated at 36% – 38%. Myanmar has an estimated 240,000 persons living with HIV, which is an HIV prevalence rate of 0.6% of the adult population (aged 15 – 49) in 2009 (NAP, 2010).

Drug treatment

Compulsory drug treatment is required for persons arrested for drug possession in Myanmar. The Ministry of Health operates 69 drug treatment centres throughout the country, but services offered at these centres are primarily for opiate users. ATS treatment is under-resourced in Myanmar. Since 2006, only 72 registered patients have been treated for methamphetamine use at government treatment centres.

In 2009, a total of 1,066 persons were admitted to drug treatment at the government centres. Of these, 23 (2%) were admitted for ATS use, 797 (75%) were admitted for heroin use, 227 (21%) were admitted for opium use, and the remaining 12 were admitted for cannabis use.

Most methamphetamine users receive treatment at psychiatric wards in general hospitals, private clinics, and 'drop-in' centres¹ run by the United Nations, NGOs and religious institutions. Official drug treatment figures do not incorporate data from these privately-run facilities (UNODC, 2010a).

Drug-related arrests, seizures and prices

Drug-related arrests – Of the 3,843 total drug-related arrests in 2009, 995 arrests involved methamphetamine pills. This is an increase of about 7% compared with 2008, when 933 persons were arrested for methamphetamine pills, and an increase of over 34% compared with 2007, when 740 persons were arrested. In 2009, of the 995 persons arrested for methamphetamine pills, 238 were women.

The number of persons arrested for other ATS is low, with a combined figure of fewer than ten persons arrested for crystalline methamphetamine and ecstasy in each of the past three years.

Opiates accounted for almost 56% of the total drug-related arrests in 2009. The number of heroin-related arrests increased only 5% in 2009. The number of arrests related to all forms of opium (raw and prepared, low grade, brown opium and opium oil), increased by only 3%. However, the 41 persons arrested for opium oil in 2009 indicates that injecting use of opium takes place in Myanmar. The proportion of persons arrested for ATS and opiates in 2009 is roughly the same as in 2008, when 26% of all drug-related arrests involved ATS and 56% involved opiates. In 2007, ATS accounted for almost 28% of all drug-related arrests (UNODC, 2009a).

¹ Drop-in centres are typically small, local facilities that offer visiting drug users information and counseling, referral to specialists for drug treatment and limited medical care.

In 2009, cannabis-related arrests increased 32% compared with the previous year. Arrests involving *speciosa* (*mitragyna speciosa*), a medicinal leaf with psychoactive properties, which is a banned substance in Myanmar, increased nearly three-fold in 2009. Most *speciosa* users live in the southern part of Myanmar.

Table 61. Drug-related arrests in Myanmar*, 2005 – 2009

Drug type	2005	2006	2007	2008	2009
Methamphetamine pills	1,155	1,053	740	933	995
Crystalline methamphetamine	10	6	•	9	6
Methamphetamine powder**	6	10	5	1	•
Ecstasy-type (MDMA)	9	4	8	6	•
Benzodiazepines	15	•	•	•	•
Cannabis herb	275	232	217	240	316
Cocaine	•	3	•	•	•
Codeine	•	•	•	•	2
Ephedrine	•	•	•	•	25
Heroin	1,893	1,542	1,084	1,040	1,091
Inhalants	17	•	•	•	•
Ketamine	•	6	•	•	3
Morphine	4	1	•	•	•
Opium (raw and prepared)	815	534	675	760	665
Opium (low grade)	•	•	252	250	325
Opium (brown opium / heroin No. 3)	•	•	4	9	17
Opium Oil	•	•	•	•	41
Speciosa	•	28	89	120	319
Unknown solids	•	•	•	•	36
Not identified/other drugs	167	446	•	•	2
Total	4,366	3,865	3,074	3,368	3,843

• = Not reported. *Precursors are categorized as drugs under the Myanmar Narcotics Control Law. **Methamphetamine powder is concentrated methamphetamine used in the manufacture of methamphetamine pills.

Source: DAINAP

Drug seizures – In 2009, Myanmar authorities seized 23.9 million methamphetamine pills and 124 kg of crystalline methamphetamine. There was also 339 kg of methamphetamine powder seized during the year, which is enough to produce 3.7 million pills.

The significant rise in seizures of methamphetamine pills in 2009, compared with only 1.1 million pills in 2008 and 1.7 million pills in 2007, is likely due to increased pressure on the ethnic ceasefire groups, many of which manufacture ATS, to come under government control. The first reported seizures of methamphetamine pills were made in 1996, coinciding with the decline of opium poppy cultivation in the country. Methamphetamine pill seizures mostly occur near the production centres. The majority of seizures have been made at Tachilek, a town in Shan State which is a major border crossing with Thailand (UNODC, 2010a).

Crystalline methamphetamine seizures in 2009 amounted to 124 kg compared with only 20 kg seized in total between 2006 and 2008. The substantial increase is due to a large seizure of 114 kg of crystalline methamphetamine in April 2009. Most of the seized crystalline methamphetamine has reportedly been intended for Thailand rather than for local use (UNODC, 2010a).

Ecstasy seizures in Myanmar remain small and mostly occur in large cities such as Yangon and Mandalay (UNODC, 2010a). In 2009 only 4.5 ecstasy pills were seized compared with 108 pills the previous year. Seizures were considerably higher in 2007 when 2,690 pills were seized compared with only 54 in 2006. The relatively high number of ecstasy pills seized in 2007 is likely due to inconsistencies in reporting at the local level. Most drug users in Myanmar are unable to

afford ecstasy due to its high retail price (USD 40 – 70). The majority of ecstasy pills seized in Myanmar are brought in by air from Malaysia and Thailand.

Heroin seizures in 2009 totaled 1,076 kg, the highest amount recorded since 2003, compared with only about 88 kg seized in 2008. The steep increase can be attributed to one major seizure of 762 kg of heroin in July 2009 (UNODC, 2010a) and does not necessarily reflect increased production during the year. Additionally, seizures of high grade opium declined by about half in 2009 with 752 kg seized compared with 1,463 kg in 2008. Seizures of low grade opium dropped more sharply, with 465 kg seized in 2009 compared with 2,453 kg in 2008.

Figure 27. Methamphetamine pill manufacturing laboratory and liquid ephedrine seized in the Kokang region (Special Region 1) of Myanmar, August 2009



Source: CCDAC, 2009

Reported seizures of clandestine manufacturing laboratories have consisted of mainly small-scale facilities, although the vast number of pills seized highlights continued large-scale manufacturing. Between 1998 and 2009, the government reported seizures of only 39 manufacturing facilities, of which the majority were so-called 'tableting operations' and only two facilities were reported to be large-scale operations. The three tablet-punching machines seized in 2009 were all found in the Special Region 1.² In 2009, no large-scale methamphetamine manufacture facilities were seized.

Extensive forensic profiling of methamphetamine in Thailand suggests that there are 12 likely methamphetamine manufacture sites in Myanmar.³ The appearance of different types of methamphetamine pills with different chemical compositions, prices, colors and logos, and the seizure of tableting machines in different parts of Shan State, suggest that methamphetamine production also involves several groups in various locations in Myanmar (UNODC, 2010a).

In August 2009, 122,400 bottles of liquid ephedrine nasal drops from China were seized in the Kokang region (Special Region 1). Each bottle contained 2 cc of liquid ephedrine. In September 2009, a methamphetamine pill manufacturing laboratory was seized in Kokang region.

Although there have been no facilities reported seized for crystalline methamphetamine, authorities in Myanmar and in Thailand confirm that manufacture occurs in the region formerly known as the Golden Triangle and that the majority of crystalline methamphetamine seized in the northern part of Thailand in the past few years originated from this area. Thai drug law enforcement authorities also confirm that the crystalline methamphetamine manufactured in the region formerly known as the Golden Triangle is of increasingly high purity.⁴

Myanmar also reported the seizure of three heroin refining laboratories in 2009.

² Special Region 1 is also known as the Kokang region. It is administered by the Myanmar National Democratic Alliance Army.

³ Thailand presentation made at the Global SMART Programme Workshop, Bangkok, July 2009.

⁴ Thailand presentation made at the Global SMART Programme Workshop, Bangkok, July 2009 and August 2010.

Table 62. Illicit drug seizures in Myanmar, 2005 – 2009

Drug type (measurement)	2005		2006		2007		2008		2009	
	Cases	Quantity								
Methamphetamine pills (million)	726	3.7	588	19	439	1.7	534	1.1	608	23.9
Crystalline methamphetamine (kg)	5	280.3	3	2.3	1	3.4	5	14.4	3	124
Methamphetamine powder (kg)	5	19.3	8	136.3	5	470.8	1	3.9	6	339
Ecstasy-type (MDMA) (pills)	6	5,807	2	54	1	2,690	2	108	1	4.5
Heroin (kg)	1,181	811.7	1,054	192.4	721	68.4	725	88.2	767	1,076
Opium, high grade (kg)	338*	773	670*	2,321	477*	1,174	510*	1,463	475	752
Opium, low grade (kg)	•	128	•	6,154	178	10,972	177	2,453	123	465
Opium oil (kg)	•	20.5	•	29	•	•	•	•	112	27.5
Cannabis (kg)	365	453.1***	161	72.9***	147	104.3	158	170.2	191	284.6
Speciosa (kg)	•	•	58	97	90	407	89	308.5	122	597.5***
Ketamine (kg)	•	•	•	•	•	•	•	•	2	1,500

• = Not reported. * High grade opium and opium oil. **Combined herb and resin. ***Plus two litres of liquid speciosa.

Source: DAINAP

Seizures of precursor chemicals increased in 2009. There also was a significant shift in the forms of precursors trafficked into the country. In 2009, greater law enforcement efforts resulted in ephedrine seizures of more than 1,600 kg, the highest total seized since 2003 (UNODC, 2010a; UNODC, 2008b). There remains the likelihood that increased interventions against raw and prepared ephedrine and pseudoephedrine in Myanmar may shift illicit manufacture to other formulas which rely on other forms of precursor chemicals as is the case in other countries combating the manufacture of methamphetamine. The shift to sourcing precursors from already-tabletted pharmaceutical preparations has occurred globally in response to increased controls and the scrutiny of ephedrine and pseudoephedrine in raw powder form. In 2009, more than 9.4 million pills containing pseudoephedrine were seized in Myanmar.⁵ In 2009, an additional 240 litres of ephedrine solution were seized. In one case in November 2009, Over 2.2 million pseudoephedrine pills from India were seized from a bus and two persons were arrested at Kyaut Chor checkpoint, Pa Thein Gyi Township, in Mandalay Division, November 2009.

Figure 28. Types of pseudoephedrine pills seized in Pa Thein Gyi Township, November 2009

Source: CCDAC, 2009

⁵ Data shared by the Chemical Examiner's Office (CEO) of Myanmar, which is responsible for forensic drug analysis. Labels suggest that the preparations were manufactured and illegally imported from Thailand, India and China. Myanmar and Thailand presentations, Global SMART Programme Regional Workshop, Bangkok, July 2009, and information from Central Committee for Drug Abuse Control, April 2010.

Table 63. Precursor chemical seizures in Myanmar, 2005 – 2009

Drug type (measurement)	2005		2006		2007		2008		2009	
	Cases	Quantity								
Acetic anhydride (l)	1	1,638	•	1,401	•	959	•	1,142	•	•
Acids (l)	6	13,577	•	3,377	•	•	•	•	•	•
Ephedrine (kg)	4	325	2	1,283	8	530	6	751	10	1,646
Pseudoephedrine (kg)	•	•	•	•	•	•	•	•	5	3,272

• = Not reported

Source: DAINAP

Drug prices – Street retail prices of methamphetamine vary considerably. Generally, prices in Shan State towns (e.g. Kyaingtong, Lashio, Taunggyi and Tachilek) are lower than prices in cities like Yangon and Mandalay which are located further away from methamphetamine manufacturing centres.

Table 64. Retail prices of illicit drugs in Myanmar (USD), 2009

Drug type	Measurement	Price range
Methamphetamine pills	Per pill	2 – 5
Crystalline methamphetamine	Per kg	8,500 – 9,000
Ecstasy	Per pill	40 – 70
Cannabis herb	Per kg	160 – 200
Heroin	Per kg	70,000 – 80,000
Opium	Per kg	1,600 – 2,000

Source: DAINAP

Sources of illicit drugs

Figure 29. Precursor chemical trafficking routes



Source: UNODC

Myanmar does not have a significant chemical industry and does not produce the precursor chemicals required for the illicit manufacture of methamphetamine. Chemicals such as ephedrine and pseudoephedrine are mainly trafficked to Myanmar from China, Thailand and India. Most ephedrine seized in Myanmar originates from India and is trafficked into the country through bordering Chin State (UNODC, 2010a; UNODC, 2008b). From Chin State, the precursor chemicals are trafficked to Mandalay and then to the manufacturing centres in Shan State. The trafficking routes for primary methamphetamine precursors from neighbouring countries to manufacturing centres in Myanmar are shown in Figure 29.

Drug trafficking – Drug trafficking has been influenced by the political situation in the country in 2009 as traffickers have moved drug caches from the government controlled areas along the Thai-Myanmar border to more secure areas and markets in Thailand. For example, in 2009 nearly 900 kg of heroin and more than eight million methamphetamine pills were seized in Tachilek, a town located on the Thai border. In one case in Tachilek, Shan State, in August 2009, 57 kg of heroin, over 2.9 million ATS pills, 10 kg of crystalline methamphetamine, arms and ammunition were seized and four suspects were arrested. There are also indications that groups involved in the drug trade have stepped-up their efforts to manufacture more drugs in order to secure arms (UNODC, 2010a).

Figure 30. Seizure of heroin, arms and ammunition at Tachilek, August 2009



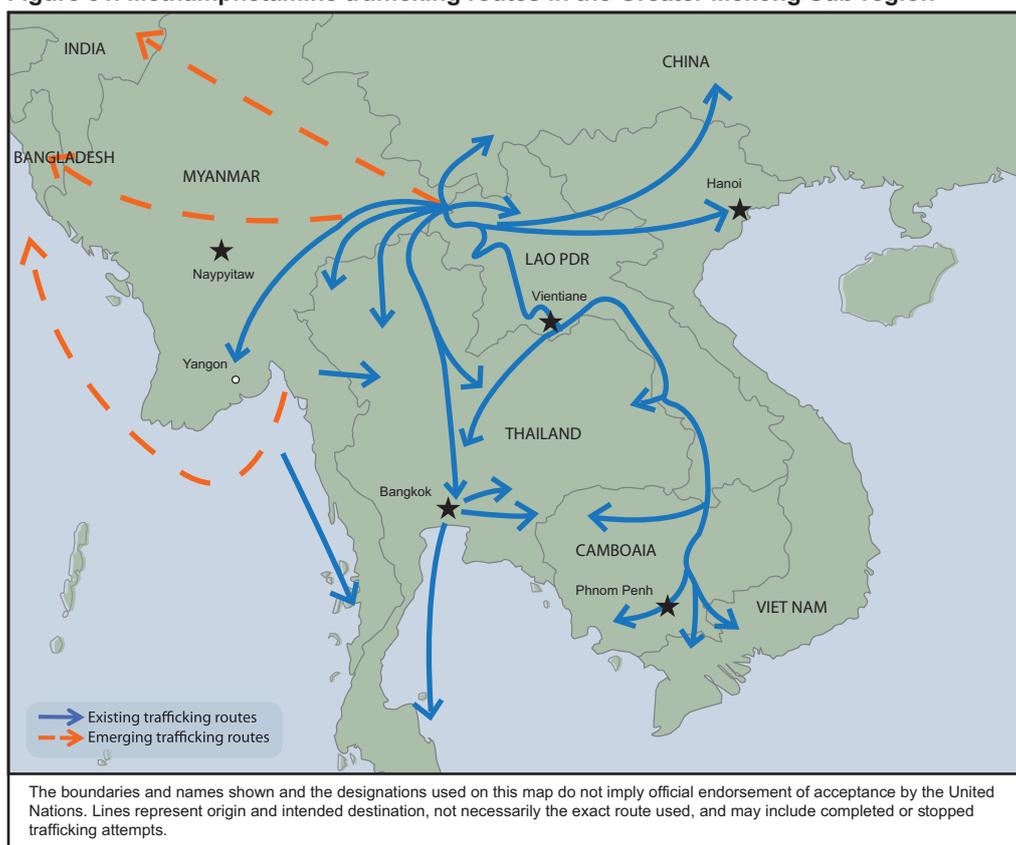
Source: CCDAC, 2009

The impact of this situation is also reflected in the increasing seizures of methamphetamine pills, heroin and opium in neighbouring countries, especially in the border regions of China and Thailand. In 2009, China reported seizures of 40.5 million methamphetamine pills and Thailand reported seizures of 26.6 million pills. These figures, together with the seizure of 23.9 million methamphetamine pills in Myanmar in 2009, totals 91 million methamphetamine pills, a figure which is nearly three times higher than the figure for 2008. However, as China also reports significant methamphetamine pill manufacture in the country, it is likely that at least many of the pills seized in China were manufactured domestically.

The Mekong River has been a major trafficking route to China, Lao PDR and Thailand. Seizures of methamphetamine pills from Myanmar in recent years also suggest new trafficking routes from the production centres to the western part of the country and to South Asia.⁶ In 2009 a new trafficking route emerged from production centres to Yangon and then to Rakhine State, which borders Bangladesh in the west. There have also been media reports that high-purity methamphetamine pills from Myanmar were seized in other countries, e.g. New Zealand.⁷

⁶ According to the Bangladesh Department of Narcotics Control, 8,184 methamphetamine pills were seized in 2007, 5,763 in 2008 and 4,051 in 2009. 'Statistics', Bangladesh Department of Narcotics Control website (Accessed at: www.dnc.gov.bd/statistics.html; date accessed: 25 March 2010).

⁷ The New Zealand press reported in January 2010 that methamphetamine pills from Myanmar were seized in New Zealand in late 2009. New Zealand police confirmed the reports but also added that there have been no further indications that methamphetamine pills from Myanmar are continuing to be trafficked into New Zealand ('Police busts push up price of P', New Zealand Herald, 1 September 2010).

Figure 31. Methamphetamine trafficking routes in the Greater Mekong Sub-region

Sources: UNODC, 2008b; CCDAC, 2009; Discussions at SMART Myanmar National Workshop, December 2009

Forensic data

The Chemical Examiner's Office in Myanmar reports that a total of 3,400,587 methamphetamine pills were analysed in 2009. The pills were typically 100 mg in weight and had a composition of 25% methamphetamine and 75% caffeine.

Emerging trends and concerns

- Myanmar remains a major manufacturer of methamphetamine pills.
- The political situation appears to have resulted in the relocation of clandestine laboratories for illicit manufacture of methamphetamine across the border to neighbouring countries. In addition, the trafficking of drugs, particularly of methamphetamine pills and heroin from Myanmar has increased.
- The Mekong River has become an established route for trafficking methamphetamine to Cambodia, China, Lao PDR and Thailand. In addition, methamphetamine is increasingly trafficked overland to the western part of Myanmar, destined for illicit markets in India and Bangladesh.
- The 23.9 million methamphetamine pills seized in 2009 is an exponential increase from the 1.1 million pills seized in 2008 and 1.7 million pills seized in 2007.
- While use of methamphetamine pills has been on the rise in Myanmar for several years, treatment services for methamphetamine users in the country remain minimal and are severely under-resourced.
- Crystalline methamphetamine use and manufacture has not been officially reported in Myanmar. However, the large seizures of crystalline methamphetamine in 2009 and its prevalence in neighbouring countries indicate that the drug could become an emerging problem.
- Despite recent increases of heroin and opium production, less than 5% of estimated global opium production takes place in Myanmar.

NEW ZEALAND



Overview of the drug situation

Since the late 1990s the market for amphetamine-type stimulants (ATS) in New Zealand expanded rapidly. This was fueled by the increase in domestic ATS manufacture, primarily of methamphetamine (known locally as 'P'). The number of clandestine ATS laboratory operations seized increased from less than 10 in 2000 to more than 200 laboratories in 2006. In 2009, the number of clandestine ATS laboratory operations dismantled was 135. The government has restricted and is now considering banning over-the-counter sales of pseudoephedrine, which could limit the amount of domestic manufacture of methamphetamine. However, it is also possible alternative methods to manufacture methamphetamine will be encountered.

While methamphetamine use has declined notably in New Zealand over the past few years, New Zealand has one of the highest ATS use prevalence rates in the world. However, there are some indicators that suggest methamphetamine use has declined during the past few years. Nevertheless, there are also indications that ATS use could increase again. Drugs sold as 'ecstasy' have increased during the past three years, possibly due to the convergence of MDMA with other chemical analogues. In addition, the market for a group of synthetic substances called 'piperazines',¹ which had emerged in New Zealand around 2000, is increasingly merging into the 'ecstasy' market, following the ban on piperazines in 2008.

Until the new millennium, New Zealand's drug markets were exclusively dominated by domestic cannabis cultivation and use and to a lesser degree 'homebake' heroin, a street substance derived from pharmaceutical opioids. Cannabis remains the most commonly used illicit drug in New Zealand. Extensive domestic cultivation of cannabis continues. The market for opiates and other opioids is small. However, recent shifts in patterns of misuse have been identified.² Medicines containing opiates are often diverted and then converted to 'homebake' heroin (NDIB, 2008). There are risks suggesting a market for imported heroin could re-emerge. New Zealand reports that there are about 10,000 problematic users of heroin and other opioids (ARQ, 2010). The prevalence and use of cocaine in New Zealand in recent decades has remained low. However, domestic and international trends continue to be monitored closely (NDIB, 2010a).

Patterns and trends of drug use

Drug use – According to the latest triennial drug use prevalence survey, published by the Ministry of Health in 2010, the percentage of the New Zealand population aged 16 – 64 years who used methamphetamine in 2008 is 2.1% (2.9% for men and 1.4% for women) (MoHNZ, 2010). This prevalence rate is one of the highest in the world, though there are some indicators suggesting a declining trend in recent years (UNODC, 2010b). The percentage of the New Zealand population aged 15 – 45 who used amphetamine or methamphetamine in the last year was about 3.1%.³ The percentage of the population who used crystalline methamphetamine was reported as 0.6%, down from 0.8% in 2006 and 0.9% in 2003 (MoHNZ, 2010).

The prevalence rate for past year ecstasy use in the general population aged 16 – 64 in 2008 was 2.6% (MoHNZ, 2010). However, the availability of MDMA appears to have declined in recent years. There have also been increasing amounts of adulterants and bulking agents, primarily in the form of piperazines that have been found in tablets sold as 'ecstasy'. Other substances identified in tablets include methamphetamine, ketamine, mephedrone and methylone.

Cannabis remains the most common drug of use in New Zealand. The annual prevalence of cannabis use in 2008 was 14.6% compared with 13.3% in 2006 and 20.4% in 2003. Cannabis use prevalence was highest for users (both men and women) between the ages of 18 to 24 (MoHNZ, 2010). However, there has been a decline in cannabis use among young people which may reflect a growing awareness of the health risks related to smoking and a preference for new stimulant drugs such as amphetamine and ecstasy (IDMS, 2009).

¹ This commonly included 1-benzylpiperazine (BZP), m-chlorophenylpiperazine (mCPP) and 3-trifluoromethylphenyl-piperazine (TFMPP), substances which are not internationally controlled but banned in New Zealand since 2008. Combinations of piperazines mimic the effects of stimulants, hallucinogens, and MDMA.

² Maxwell L. August 2010. Opiates and Other Opioids: An Emerging Issue. National Drug Intelligence Bureau, Wellington, New Zealand.

³ Prevalence rate is based on a UNODC estimate from data reported in the 2010 World Drug Report (UNODC, 2010b).

Table 65. Rank of use of selected drugs in New Zealand, 2003 – 2009

Drug type	2003	2004	2005	2006	2007*	2008*	2009**
Cannabis herb	1	1	1	1	1	1	1
Ecstasy-type (MDMA)	3	3	4	4	2	2	•
Methamphetamine	2	2	3	3	3	3	•
BZP (Benzylpiperazine)	•	•	•	2	4	5	•
Opioids (Heroin, morphine and opiates)	4	4	5	5	5	4	•

• = Not reported

Source: ARQ, 2010; MoH NZ, 2010

Table 66. Trend of use of selected drugs in New Zealand, 2003 – 2009

Drug type	2003	2004	2005	2006	2007*	2008*	2009**
Cannabis herb	↔	↔	↔	↔	↔	↔	↔
Ecstasy-type (MDMA)	↑	↑	↔	↔	↑	↑	↔
Methamphetamine	↑	↑	↑	↑	↔	↔	↔
BZP (Benzylpiperazine)	•	•	•	↑	↔	↓	•
Opioids (Heroin, morphine and opiates)	↔	↑	↑	↔	↔	↔	↔

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

Source: ARQ 2010

Table 67. Prevalence in use of selected drugs in New Zealand (15 – 45 years), 1998 – 2008*

Drug type	Measurement	1998	2001	2003	2006	2008*
Methamphetamine (amphetamine)	Lifetime	7.6	11.0	9.0	9.3	7.2
	Past year	2.9	5.0	4.0	3.4	2.1
Ecstasy	Lifetime	3.1	5.4	5.5	8.0	6.2
	Past year	1.5	3.4	2.9	3.9	2.6
Opioids (Heroin, morphine and opiates)	Lifetime	1.2	1.5	1.2	1.0	3.6
	Past year	0.6	0.6	0.3	0.2	1.1
Cannabis	Lifetime	50.4	52.1	53.8	44.1	46.4
	Past year	19.9	20.3	20.4	17.9	14.6
Cocaine	Lifetime	3.7	3.3	3.1	4.5	3.6
	Past year	0.8	0.7	0.5	1.1	0.6
LSD	Lifetime	8.9	9.7	8.1	8.5	7.3
	Past year	3.9	3.2	1.9	1.8	1.3
Party pills (BZP)	Lifetime	•	•	•	21.4	13.5
	Past year	•	•	•	16.1	5.6

• = Not reported. *Note: there was a difference in the survey methodology used in 2008, where prevalence includes those aged 16 - 64.

Source: Wilkins and Sweetsur, 2007; MoH NZ, 2010

Injecting drug use

New Zealand has a lifetime prevalence rate of injecting drug use estimated at 1.3% (of all drug users, entire population) (UNODC, 2010b). Methamphetamine is the main drug being injected. The most recent prevalence study among injecting drug users (IDUs) attending needle exchanges was undertaken in 2004 and involved nine sites. Just over 400 people provided finger-prick blood samples, of whom four (1%) were determined to be HIV positive (UNGASS, 2007).

Drug treatment

Hospital admissions for use of ATS increased in 2009. In 2009, 690 persons were admitted to public hospitals for use of ATS, with about 310 of those persons (45%) admitted for methamphetamine use. In 2008, 610 persons were admitted to publicly-funded hospitals for ATS use (PAG, 2010).

The majority of persons admitted to treatment in New Zealand are admitted primarily for cannabis use. Cannabis use accounts for 2,000 to 2,200 admissions each year between 2005 and 2009 and is closely followed by opiates, other opioids and other synthetic narcotics.

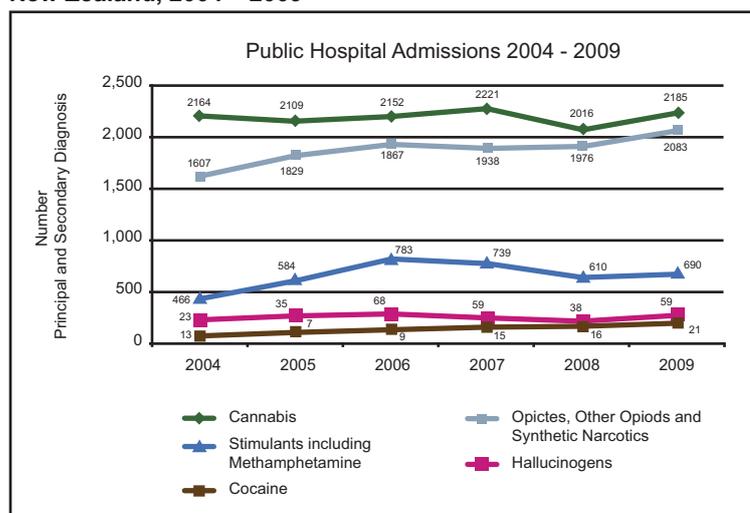
Table 68. Drug treatment admissions in New Zealand, 2005 – 2009

Drug type	2005	2006	2007	2008	2009*
ATS	564	783	739	610	690
Heroin, morphine and opiates	1,829	1,967	1,938	1,976	2,083
Cannabis	2,093	2,071	2,185	2,001	2185
Cocaine	7	9	15	16	21
Hallucinogens	35	68	59	38	59
Total	4,528	4,898	4,936	4,641	5,038

● = Not reported. *Data is provisional only and relates to admissions to publicly funded hospitals. Data does not include admissions to emergency departments for drug-related conditions, i.e. those who are not actually admitted to hospital. The data does not include admissions to private hospitals or individuals referred or directed to publicly or privately funded drug treatment programs.

Sources: PAG, 2010; NDIB, 2008

Figure 32. Public hospital admissions for illicit drugs in New Zealand, 2004 – 2009



Source: NDIB, 2010, Illicit Drug Assessment

Drug-related arrests, seizures and prices

Drug-related arrests – Provisional data from the Ministry of Justice for 2009 shows a total of 2,436 persons were convicted on methamphetamine-related charges during the year. This is a 16% increase from 2008 when 2,089 persons were convicted on methamphetamine-related charges. In 2009, convictions for possession or use of methamphetamine totaled 1,455 persons; convictions for supplying or dealing (including import and export) of methamphetamine totaled 463 persons; and convictions for manufacture of methamphetamine totaled 518 persons (PAG, 2010). The data also indicated increased criminality among problematic users (IDMS, 2009). More than 80% of those arrested for drug-related offences during the past five years were men.

The vast majority of drug-related arrests in New Zealand are related to cannabis, accounting for 77% of arrests in 2008 and 80% in 2009. This is followed by ATS with 15% and other drugs, including piperazines. Drug related arrests for opiates remain very low, accounting for less than 1%.

Table 69. Drug-related arrests in New Zealand, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
ATS*	1,403	1,182	1,240	926	1,814	4,855
Cannabis	11,534	10,741	8,557	8,021	8,336	7,763
Hallucinogen (includes LSD)	35	153	•	55	106	60
Opium/ Morphine/ Heroin	112	80	6	42	83	79
Sedatives/ Tranquilizers (includes GHB/GBL)	239	17	•	•	36	30
Cocaine	25	21	22	13	12	5
Others (includes chemical precursors and BZP)	431	394	•	515	282	248
Total	13,779	12,588	9,825	9,572	10,669	13,040

• = Not reported. *Includes amphetamine, methamphetamine and MDMA.

Source: NDIB, 2009a; ARQ, 2010

Drug seizures – Total seizures of methamphetamine amounted to 21.4 kg in 2009 compared with 22.1 kg in 2008. The largest amount of methamphetamine seized in one year was 122 kg in 2006. Organised crime continues to be heavily involved in the manufacture, supply and distribution of methamphetamine (NDIB, 2010b).

In 2009, a total of 15,063 pills sold as 'ecstasy' were seized in 153 separate cases by the New Zealand Police and Customs. The number of pills seized was 40% lower than the 25,806 pills seized in 2008. The seizures of ecstasy pills continue to be characterized by the convergence of the illicit MDMA market with an increasingly wider range of drug analogues (NDIB, 2010b).

In 2009, a total of 135 clandestine manufacturing laboratories were dismantled, largely unchanged from the 133 laboratories dismantled in 2008, but far lower than the number of laboratories seized in the years 2002 through 2007. It is possible further increases in the number of clandestine laboratories dismantled will be recorded in 2010 due to the government's increased efforts to tackle methamphetamine (NDIB, 2010b).

Methamphetamine manufacturing operations in New Zealand often rely upon precursor chemicals in the form of pharmaceuticals, either diverted domestically or imported illegally. A significant amount of the precursor chemical pseudoephedrine is believed to be imported through Asian crime syndicates for use in clandestine ATS manufacture within the country (NDIB, 2008). The quantity of precursor chemicals seized in 2009 increased almost 31% from the previous year. In 2009, a total of approximately 5.5 million pill equivalents of ephedrine and pseudoephedrine were seized in 961 incidents. This compares with almost 3.9 million pill equivalents in 939 incidents in 2008 and a range of between 1.5 million and 3 million pills seized annually between 2005 and 2007 (NDIB, 2010b). The increases in seizures of methamphetamine precursors at the border may indicate a gradual restructuring of the supply of precursors from intermittent diversion from local pharmacies to high volume importation of high potency precursors from overseas (IDMS, 2009).

Most cannabis in New Zealand is cultivated in the outdoor environment particularly within the northern police districts of the North Island (UNODC, 2010b). There has been an increase in policing resources directed at the eradication and seizure of cannabis (NDIB, 2010b). New Zealand Police reports indicate an ongoing trend of Vietnamese involvement in residential cannabis cultivating operations in New Zealand (NDIB, 2010a). Annual quantities of cannabis herb seizures remain high, accounting for between 522 kg and 916 kg from 2005 to 2008 and more than 840 kg in 2009.

In 2008, a significant increase in seizures of GHB/GBL⁴ occurred with 853 litres seized that year, four times higher than the previous record year (2006), due primarily to a single case of illicit importation of 800 litres of GBL (UNODC, 2009b).

⁴ GBL refers to Gamma-Butyrolactone. GHB refers to Gamma-Hydroxybutyrate. GHB is a clear odourless liquid or white powder usually made into tablets or capsules. GBL is also a liquid and is used as a precursor for the production of GHB. GHB is often used by bodybuilders as an alternative to anabolic steroids.

Table 70. Seizures of selected illicit drugs in New Zealand, 2005 – 2009

Drug type	Measurement	2005	2006	2007	2008	2009
Methamphetamine	kg	30.7	121.8	39.3	24.0	21.4
Ecstasy-type (MDMA)	pills	28,736	8,769	4,123	25,806	15,063
Cannabis plants**	plants	170,104	144,039	128,414	158,058	184,160
Cannabis herb*	kg	777	752	522	916	840
LSD	no. of doses	1,529	3,483	1,031	2,672	53,225***
GBL / GHB	litres	23	202	5	853	105.3
Heroin	grams	54	11.5	•	42	53
Cocaine	kg	14	33	0.03	0.8	3

• = Not reported. *Does not include cannabis oil, cannabis resin or cannabis seeds. **Includes cannabis plants eradicated during the National Cannabis and Crime Operation or seized. *** The spike in LSD seizures in 2009 is due to a large seizure in November 2009 of 2.5 kg of LSD powder (equivalent to approximately 50,000 doses of LSD). It is possibly the first occasion where a solid form of LSD has been found in New Zealand (NDIB, 2010b).

Sources: NDIB, 2009a; NDIB, 2009b; NDIB, 2010a

Table 71. Border seizures of ephedrine and pseudoephedrine, 2005 – 2009

	2005	2006	2007	2008	2009
Amount seized (pills) – converted to equivalent of 90 mg pills	1,664,228	2,667,068	1,766,200	3,919,557	5,586,330
Equivalent in kilos of precursors	371	594	393	733	1,245
Number of seizures	678	284	454	939	961
Potential methamphetamine yield (kg)	74 – 104	120 – 168	79 – 111	147 – 207	251 – 352

Source: NDIB (includes collated New Zealand Police and Customs Service Seizure data)

Drug prices – In 2009, prices for methamphetamine increased slightly from the previous year. The median street retail price for one gram of methamphetamine in 2009 was USD 517 compared with USD 489 in 2008 (PAG, 2010).

The street retail price of a pill of ecstasy in 2009 has remained stable in recent years, between USD 42 to USD 55, though trending toward the lower end of the range (NDIB, 2010a).

The illegal market price for 1,000 capsules of ContacNT^{®5} or its equivalent of pseudoephedrine in the illegal market is about USD 8,520 – USD 11,360 (PAG, 2010).

Table 72. Median (mean) street retail drug prices (USD) in New Zealand, 2006 – 2009

Drug type	Measurement	2006	2007	2008	2009
Methamphetamine powder	Per gram	420 (427)	420 (473)	700 (489)	700 (517)
Crystalline methamphetamine	Per gram	•	490	560	•
Ecstasy-type (MDMA)	Per pill	42	42	42	•
Cannabis herb	Per 1.5 grams	14	14	14	•
Heroin (homebake)	Per milliliter	0.70	0.70	0.70	•
Cocaine	Per gram	210	245	280	•

• = Not reported

Sources: IDMS, 2009; PAG, 2010

⁵ ContacNT is imported primarily from China and contains 90 mg of pseudoephedrine, whereas domestic products usually contain 30 – 60 mg of pseudoephedrine (PAG, 2010).

Sources of illicit drugs

Methamphetamine is both manufactured locally and imported. MDMA seizures indicate that supply is being met from an increasing number of countries and regions which have developed MDMA manufacturing capacity in recent years (NDIB, 2008; UNODC, 2009b).

Cannabis is primarily cultivated domestically in the outdoor environment. Hydroponics cultivation has become more prominent in recent years. There is no evidence of large-scale imports or exports of cannabis or any of its derivatives; although small shipments have been noted going to Pacific neighbors (NDIB, 2010a).

Drug trafficking – Methamphetamine is trafficked into the country by passengers and in cargo, fast freight and by mail, often by organised criminal groups. The product is then distributed to retail dealers for sale on the street (PAG, 2010).

ContactNT[®], a pharmaceutical preparation containing pseudoephedrine, is the product precursor encountered by Customs and is mainly sourced directly from China. The precursor is trafficked into New Zealand by passengers and in cargo, fast freight and by mail, often by organised criminal groups. However, some Chinese ContactNT[®] has also been seized from Western Europe (PAG, 2010). There have also been several seizures of ephedrine from Southeast Asia. This trend may be in response to increased interdictions of shipments from China. There also are signs of an increasing divergence of sources and trafficking routes for methamphetamine precursors. Another way to obtain pseudoephedrine in New Zealand is through gang-organised pill shoppers who purchase the drug in the form of cold and flu products from New Zealand pharmacies.

Forensic data

The Institute of Environmental Science and Research (ESR) reported that methamphetamine samples tested from 2006 to 2009 had a purity level of almost 69% methamphetamine (PAG, 2010). Other publicly available data shows that the results of purity tests conducted in May 2009 indicate a mean purity level of 64.2% methamphetamine, which is slightly higher than in previous years (NDIB, 2009a).⁶ According to the National Drug Intelligence Bureau, New Zealand continues to experience high levels of prevalence and use of higher purity methamphetamine, typically between 60% - 80% methamphetamine, for both imported and domestically manufactured methamphetamine (NDIB, 2010a).

The extent to which 'ecstasy' sold in New Zealand contains substances other than MDMA, such as benzylpiperazine (BZP), ketamine or other emerging synthetic drugs remains unclear. Surplus stocks of BZP pills may currently be being sold on the market as ecstasy (IDMS, 2009). More recently, forensic analysis of tablets has identified multiple substances including methamphetamine, ketamine, mephedrone and methylone.

The increase in price as reported by users, combined with a possible slight decrease in purity, is suggestive of a possible tightening of the methamphetamine market.

Emerging trends and concerns

- New Zealand will likely continue to experience the diversion of precursor chemicals, including the illegal importation of large amounts of primarily pseudoephedrine-based medicines.
- Organised criminal groups will continue to target New Zealand in order to export and distribute methamphetamine and pseudoephedrine-based medicines from East and Southeast Asia, particularly China.
- If ephedrine and/or pseudoephedrine medicines become more difficult to obtain it is likely New Zealand will witness alternate sources for precursors. This could include extraction of ephedrine/pseudoephedrine from ephedra plant material, importation/production of phenylacetylcarbinol (a precursor to pseudoephedrine) and possible increased manufacture of methamphetamine using P2P methods.
- Poly drug (used to manufacture multiple drugs) and drug blending clandestine laboratories are likely to increase.

⁶ It should be noted that these tests results tend to reflect larger seizure cases or tests done on special request and may not necessarily reflect the purity level of the retail market.

- There is an increased risk of the opiates market expanding in New Zealand given recent shifts in patterns of misuse, suggesting increased domestic diversion of opiate containing medicines (particularly oxycodone) and a possible increase in pharmacy robberies/burglaries and a market for imported heroin could re-emerge.
- Vietnamese criminal groups will likely play an increasing role in the indoor cultivation of cannabis, which will increase the supply and availability of higher potency cannabis in New Zealand.

PHILIPPINES



Overview of the drug situation

Crystalline methamphetamine has been the most commonly used drug in the Philippines for the past two decades. However, its use appears to have declined of late. ATS use emerged in the Philippines in the late 1980s and swiftly changed the drug use patterns in the country. There is no reported use of methamphetamine pills. However, ecstasy has been identified as a key emerging concern for drug law enforcement authorities. Ecstasy use is increasing among young nightclub goers in major cities. The use of N-Benzylpiperazine (BZP), or 'mimic ecstasy', has also been identified as an emerging threat in the Philippines (PDEA, 2010a).

Illicit manufacture of crystalline methamphetamine was first reported in 1996 and continues in the Philippines. During the past decade several clandestine manufacturing laboratories have been seized across the country each year. In the past few years, smaller laboratories have been detected. Philippine drug law enforcement authorities have identified the manufacture of methamphetamine by East Asian syndicates in the Philippines as the principal drug threat in the country.

Cannabis is reported as the second most commonly used drug in the Philippines. Cannabis cultivation is prevalent in some areas of the country, particularly in the mountainous regions of the north and south. A large portion of the cannabis seized in the Philippines is from the northern part of the country (PDEA, 2009).

The situation related to methamphetamine in the Philippines appears to have improved compared to just a few years ago. Large-scale manufacture appears to be in decline and fewer people report recent use, being arrested and entering treatment. Efforts of the Philippines Drug Enforcement Agency (PDEA) have contributed to these positive results.

Patterns and trends of drug use

Drug use – Crystalline methamphetamine is the most commonly used drug in the country. The use of the drug was first identified in the Philippines in 1985 (PDEA, 2010a). In 2009, crystalline methamphetamine users accounted for 62% of all drug users in the country (PDEA, 2010a). This is a 10% increase from 2008. Snorting was indicated to be the primary mode of administration for crystalline methamphetamine.

Ecstasy was first detected in the Philippines in 2000 and although it is increasing in popularity among young nightclub goers in the major cities, its use remains limited due to the high price and low availability. (PDEA, 2010a).

In 2009, the use of N-Benzylpiperazine (BZP), or 'mimic ecstasy', was identified as an emerging drug of concern in the Philippines. In the same year, the Philippines Dangerous Drugs Board (DDB) included BZP in the list of controlled substances (DDB, 2010).

Cannabis herb is the second most commonly used drug in the Philippines. In 2009, cannabis users accounted for 35% of all drug users in the country compared with 28% in the previous year (PDEA, 2010a). Before the emergence of ATS in the 1980s, cannabis was the most dominant drug of use. Ketamine is also reported as one of the drugs of use in the country (PDEA, 2009).

Estimates of the number of drug users in the Philippines have varied widely in recent years. In 2008, it was estimated that there were 1.7 million drug users in the country, or almost 2% of the total population,¹ according to national household surveys conducted by the DDB (DDB, 2010; PDEA, 2010c). However, in 2004, an earlier DDB survey indicated the number of drug users to be 6.7 million (PDEA, 2010c). Most drug users in the Philippines reportedly use multiple drugs (DDB, 2010).

¹ This percentage is based on a total population of 88.7 million in the Philippines in 2007, taken from the UNDP Human Development Report 2009.

Table 73. Rank of use of selected drugs in the Philippines, 2005 – 2009

Drug type	2005	2006	2007	2008	2009
Crystalline methamphetamine	1	•	•	1	1
Benzodiazepines	•	•	•	4	4
Cannabis	2	•	•	2	2
Inhalants	•	•	•	3	3
Nalbuphine hydrochloride ²	•	•	•	5	5

• = Not reported

Source: DAINAP

Injecting drug use

The number of injecting drug users (IDUs) in the Philippines is estimated to be between 7,000 and 14,500 persons. The estimated HIV prevalence rate among IDUs is between 0 – 7% (PNAC, 2008).

Drug treatment

In 2009, 59% of all persons who received drug treatment in the Philippines were treated for crystalline methamphetamine use. Less than 2% were treated for ecstasy use in 2009. Since 2004, almost 63% of all persons admitted to drug treatment were admitted for crystalline methamphetamine use and just over 1% were treated for ecstasy use.

Cannabis users accounted for 38% of all persons admitted to drug treatment in 2009 in the Philippines. Since 2004, cannabis users have accounted for between 26% - 38% of all persons admitted to drug treatment.

Data from residential and outpatient drug rehabilitation centres nationwide showed that most patients used multiple drugs. An estimated 57% of drug users in treatment programmes were single and 34% were unemployed. The average age of all drug users was 28 years. About 90% of the users were male (PDEA, 2010c).

Table 74. Drug treatment admissions in the Philippines by drug type and gender, 2009

Drug type	New admissions			All admissions		
	Male	Female	Total	Male	Female	Total
Crystalline methamphetamine	1,183	101	1,284	1,555	123	1,678
Ecstasy-type (MDMA)	27	9	36	35	10	45
Cannabis	814	61	875	1,016	70	1,086
Cocaine	22	7	29	35	8	43
Ketamine	7	2	9	9	2	11
Total	2,053	180	2,233	2,650	213	2,863

Source: DAINAP

² Nalbuphine hydrochloride is a synthetic opioid.

Table 75. Drug treatment admission in the Philippines by drug type, 2005 – 2009

Drug type	2005	2006	2007	2008	2009
Crystalline methamphetamine	4,778	3,256	2,562	2,014	1,678
Ecstasy-type (MDMA)	96	71	62	36	45
Cannabis	1,976	1,807	1,421	1,264	1,086
Cocaine	70	•	•	47	43
Cold preparations	149	•	•	•	•
Heroin	17	12	•	•	•
Inhalants (contact cement)	283	•	216	•	•
Ketamine	18	15	26	11	11
Nalbuphine hydrochloride	59	•	•	•	•
Opium	6	5	•	•	•
Total	7,452	5,166	4,287	3,372	2,863

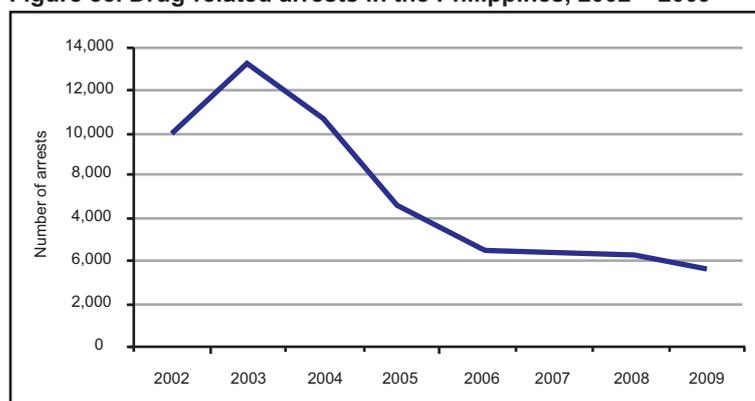
• = Not reported

Source: DAINAP

Drug-related arrests, seizures and prices

Drug-related arrests – There were a total of 9,052 drug-related arrests recorded in the Philippines in 2009. In 2009, 73% of the arrests were related to crystalline methamphetamine and 1% was related to ecstasy. The remaining 26% of arrests were related to cannabis. For comparison, in 2008, 64% of the arrests for drugs were related to crystalline methamphetamine and 25% were related to cannabis. The remaining 11% were related to other unspecified drugs (PDEA, 2010a). However, about 62% of arrested drug users in 2009 were reported to be regular users of crystalline methamphetamine (PDEA, 2010b).

In 2009, 37 non-nationals were arrested for ATS-related offences compared with 23 in the previous year. Nationals of China accounted for approximately half of the non-nationals arrested in both years (18 in 2009 and 12 in 2008). Nine nationals of Islamic Republic of Iran were arrested in 2009 for ATS-related offences compared with none in 2008 (PDEA, 2010a).

Figure 33. Drug-related arrests in the Philippines, 2002 – 2009

Source: DAINAP

Drug seizures – The total amount of crystalline methamphetamine seized in 2009 was 149.3 kg. An additional 831.5 kg of liquid methamphetamine was also seized during the year. In 2008, a total of 853.5 kg of crystalline methamphetamine was seized.

In 2009, the Philippines recorded seizures of ephedrine totaling 9.1 kg and seizures of pseudoephedrine totaling 241 litres. Nine crystalline methamphetamine manufacturing laboratories were reported seized during the year, compared with 10 in 2008. In addition, three warehouses used for storing ATS materials were seized in 2009 (PDEA, 2010a).

Drug law enforcement officials have identified the manufacture of methamphetamine by East Asian syndicates and their associates in the Philippines as the country's principal drug threat (PDEA, 2009). Clandestine methamphetamine manufacturing laboratories have been seized across the country in recent years and have been variedly located in rural and urban areas. The laboratories have also shifted from large and medium sized facilities in previous years to smaller facilities in 2009 (PDEA, 2010c).

The first reported seizure of a clandestine laboratory in the Philippines was in 1996. In 1997, the first industrial-scale clandestine manufacturing facility was reported, signaling that drug syndicates were shifting from trafficking ATS to manufacturing it in the country (PDEA, 2010c). By 2005, clandestine operations had moved into more urban areas, closer to consumers in and around Manila. However, successful law enforcement efforts in 2006 – 2007 shifted clandestine manufacturing to remote rural areas. The size, sophistication and concealment of clandestine operations throughout this period also improved. In 2009, most of the seized clandestine laboratories were again in urban areas (PDEA, 2010a).

In 2009, 187 cannabis cultivation sites were eradicated, compared with 94 in 2008 and 31 in 2007 (PDEA, 2009). Cannabis cultivation is prevalent in some areas of the country, particularly in the mountainous regions of the north and south and is grown primarily for the domestic market (PDEA, 2009).

Table 76. Seizures of selected drugs in the Philippines, 2005 – 2009

Drug type	Measurement	2005	2006	2007	2008	2009
Crystalline methamphetamine	kg	104.1	766.0	368.9	853.5	149.3*
Liquid methamphetamine	litres	•	•	•	•	831.5
Ecstasy-type (MDMA)	pills	111	83	13	513	2,090
Benzodiazepine	pills	34,998	99	1,376	3,926	1,060
Cannabis herb	kg	4,433	11,126	1,200	3,724	1,660
Cannabis resin	kg	0.8	24.5	7.7	•	•
Cannabis plants	plants	8,943,467	690,372	2,536,089	3,290,974	4,779,271
Cannabis seed	kg	264.4	104,935.0	4.6	14.1	31.8
Cannabis seedlings	seedlings	734,566	335,633	57,674	644,441	3,003,275
Cocaine	kg	0	0	0	0	259*
Ketamine	kg	7.8	98.0	•	10.2	0.002

• = Not reported

Sources: DAINAP; *PDEA, 2010b

Drug prices – Detailed information on drug prices is unavailable. However, Table 77 shows the retail street prices for crystalline methamphetamine and ecstasy from 2008 to the first half of 2010. Crystalline methamphetamine prices have declined slightly since 2008.

Table 77. Retail prices of selected drugs in the Philippines (USD), 2008 – 2010

Drug type	Measurement	2008	2009	Jan-June 2010
Crystalline methamphetamine	Per gram	262	254	246
Ecstasy-type (MDMA)	Per pill	26	26	32

Source: PDEA, 2010a

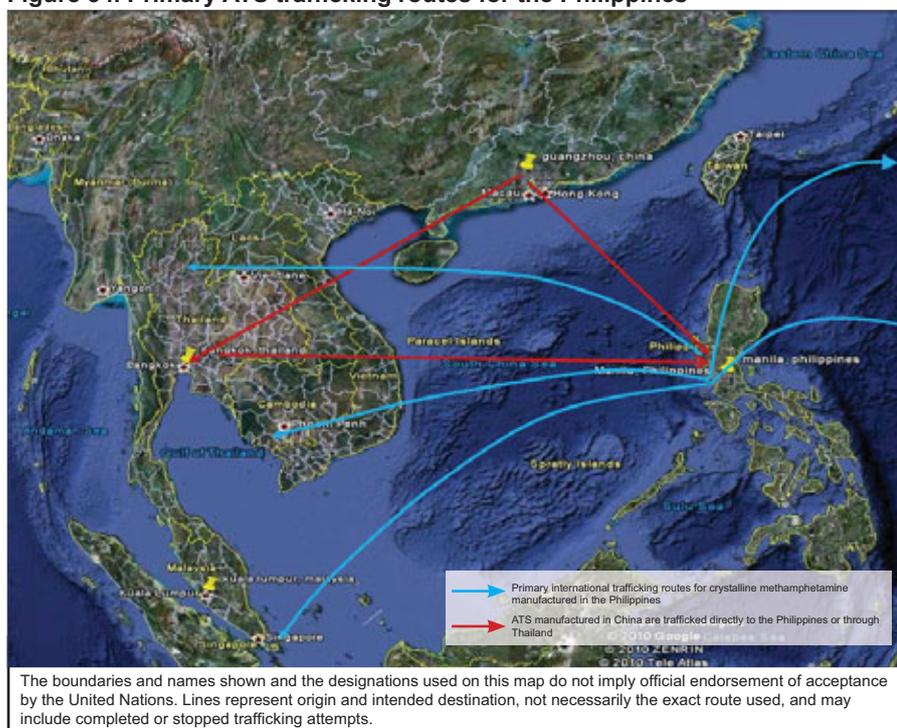
Sources of illicit drugs

Methamphetamine is manufactured domestically and is also trafficked into the country from China. Some of the ecstasy seized in the Philippines in 2008 reportedly originated from Thailand (INCB, 2010b).

Trafficking – Crystalline methamphetamine precursors such as ephedrine and pseudoephedrine are trafficked into the Philippines, primarily from China and India. The main entry points for trafficked drugs are international seaports, special economic zones, unpatrolled areas along its vast coastline, particularly in the central and southern parts of the country (PDEA, 2010a). The primary mode of large-scale trafficking of methamphetamine into the Philippines remains via maritime vessel (PDEA, 2009).

The Philippines Drug Enforcement Agency (PDEA) reports that nine transnational criminal groups and 85 local groups are involved in drug manufacturing and trafficking in the Philippines. In 2009, several members of Chinese drug trafficking syndicates were arrested for their involvement in the manufacture of crystalline methamphetamine (PDEA, 2010a).

Figure 34. Primary ATS trafficking routes for the Philippines



Source: PDEA, 2010a

Forensic data

Limited forensic data is available for the Philippines. Forensic analysis of crystalline methamphetamine seized in Luzon, the northernmost island group in the Philippines, shows increasing purity of methamphetamine from 2008 to 2010. Analysed crystalline methamphetamine samples showed a purity of 55% methamphetamine in 2008, compared with 67% methamphetamine in 2009 and 71% methamphetamine in the first half of 2010 (PDEA, 2010a).

Emerging trends and concerns

- Seizures of small as well as large-scale illicit methamphetamine manufacturing facilities continue.
- There has been continued involvement of East Asian drug trafficking syndicates in the manu-

facture of crystalline methamphetamine in the Philippines, revealing the international dimensions to the Philippines' methamphetamine problem.

- The cocaine market is expanding with the country being used as a cocaine transit point for Southeast Asia. In 2009, the Philippines reported a large seizure of cocaine, the first cocaine seizure reported in the country since 2004.
- There is concern that use of ecstasy (MDMA) is spreading.

REPUBLIC OF KOREA



Overview of the drug situation¹

Illicit manufacture and use of methamphetamine emerged as one of the most serious drug threats in the Republic of Korea in the 1980s. However, strict anti-drug laws and greater drug law enforcement in the early 1990s helped to stem the manufacture and use of methamphetamine over the following decade.

Crystalline methamphetamine, primarily manufactured outside the country, still remains a problem and has been the most commonly used drug in the Republic of Korea since 2005. In 2009, crystalline methamphetamine use was reported to have decreased and seizures of crystalline methamphetamine declined 41% from the previous year.

Most of the methamphetamine in Korea reportedly comes from China and, sporadically, from other countries such as South Africa and Taiwan Province of China (SPO, 2010a; SPO, 2010b). In 2009, the number of arrests related to methamphetamine increased 7% from the previous year.

Cannabis is the second most common drug of use in the Republic of Korea. Heroin and cocaine are not indicated to be commonly used in Korea.

Patterns and trends of drug use

Drug use – Crystalline methamphetamine, commonly known as ‘philopon’ or ‘hiroppon’ in the Republic of Korea, is the most commonly used drug in the country. Reported use of crystalline methamphetamine decreased in 2009 for the second consecutive year.

Cannabis is the second most common drug of use and the use of cannabis was reported to have increased strongly in 2009. The rank of use of these drugs of use in the Republic of Korea has remained unchanged since 2005.

The Republic of Korea also reported an increase in the use of heroin and opium in 2009 (ARQ, 2010).

Table 78. Rank of crystalline methamphetamine and cannabis herb use in the Republic of Korea, 2005 – 2009

Drug type	2005	2006	2007	2008	2009
Crystalline methamphetamine	1	1	1	1	1
Cannabis herb	2	2	2	2	2

Source: SPO, 2010b

Table 79. Trend in use of crystalline methamphetamine and cannabis herb in the Republic of Korea, 2005 – 2009

Drug type	2005	2006	2007	2008	2009
Crystalline methamphetamine	↓	↑	↑	↓	↓
Cannabis herb	↑	↑	↑	↓	↓

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

Source: SPO, 2010b

Injecting drug use

Injecting use of methamphetamine has been reported but no estimates are available of the number of injecting drug users (IDUs) in the Republic of Korea. Injecting drug use accounts for approximately 0.04% of the total reported HIV cases in the country (UNGASS, 2007).

¹ All data and information, unless otherwise specified, were submitted by the Narcotics Division of the Korean Supreme Prosecutors' Office to UNODC in July 2010. As the Republic of Korea does not routinely submit data through the Drug Use Information Network for Asia and the Pacific (DAINAP). Hence, terminology may deviate from other country chapters.

Drug treatment

In 2009, ATS users accounted for 98% of all persons admitted to drug treatment in the Republic of Korea. During the year, 317 persons were treated for ATS use and seven persons were treated for cannabis use.

In 2008, drug treatment and rehabilitation services were transferred from the Korea Food and Drug Administration to the Ministry for Health, Welfare and Family Affairs (INCB, 2010b). The Ministry operates 24 treatment and rehabilitation centres across the country. The number of persons admitted to drug treatment facilities has doubled since 2003, with most persons having entered treatment for use of methamphetamines, followed by cannabis and various other narcotics. There were 418 persons admitted to treatment in 2008, of which 95% entered for methamphetamine use.

Drug-related arrests, seizures and prices

Drug-related arrests – The number of arrests related to methamphetamine accounted for 67% of the total drug-related arrests in 2009. This was an increase of 7% from the previous year. The number of women arrested for ATS in 2009 totaled 1,339, an 84% increase from the 727 women arrested in 2008 and a 42% increase from the 943 women arrested in 2007. The number of non-nationals arrested for ATS totaled 547 in 2009, representing a 25% decrease compared with the 727 non-nationals arrested in 2008. However, the 2009 total was more than triple the number (165) of non-nationals arrested for ATS in 2007 (SMART data request form, 2010).

In 2009, 11,875 drug-related arrests were recorded. This was an increase of almost 20% from the previous year. Of the total, 51.4% (6,103 persons) were arrested for drug use, 36.1% (4,288 persons) were arrested for manufacturing, trafficking and street-level distribution, 3.3% (390 persons) were arrested for possession, and 9.2% (1,094 persons) were arrested on other drug-related charges. The number of arrests related to narcotics increased 61% in 2009 (SPO, 2010b).

In 2009, a total of 890 non-nationals were arrested for drugs in the Republic of Korea, representing a slight 4% decrease from the 928 non-nationals arrested in 2008 but an almost three-fold increase from the 298 non-nationals arrested in 2007. Nationals of China, Thailand and the United States accounted for more than 77% of the total number of non-nationals arrested for drugs in 2009. Nationals of the Philippines and Russia were also arrested in Korea in 2009 (SMART data request form, 2010).

The number of opium-related arrests increased more than 50%. The majority of persons arrested for opium were arrested for small-scale opium poppy cultivation.

Table 80. Drug-related arrests in the Republic of Korea, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
ATS*	5,313	5,354	6,006	8,521	7,457	7,965
Cannabis herb	1,231	1,032	835	1,170	1,045	1,712
Cocaine	6	5	7	4	7	9
Heroin	1	1	1	0	0	18
Opium (mainly cultivation)	1,196	762	860	954	1,389	2,171
Total	7,747	7,154	7,709	10,649	9,898	11,875

*Refers to crystalline methamphetamine, although the Republic of Korea did not report disaggregated data for ATS.

Sources: SPO, 2010b; SMART data request form, July 2010

Drug seizures – Seizures of crystalline methamphetamine decreased 41% in 2009 compared with the previous year. Of the 15.2 kg of crystalline methamphetamine seized in 2009, 10.2 kg was trafficked from overseas, mainly from China by air and sea (SPO, 2010b).

There were no reported seizures of clandestine manufacturing laboratories in the Republic of Korea in 2009. During the past decade, only two cases of clandestine manufacture of methamphetamine and GHB² have been reported, both in 2007. In 2008, Korea reported the seizure of

² GHB refers to Gamma-Hydroxybutyrate. GHB is a clear odourless liquid or white powder usually made into tablets or capsules.

almost 15 mt of acetic anhydride, which is used in the manufacture of heroin, as well as the seizure of 2.2 kg of pharmaceutical preparations containing ephedrine (INCB, 2010b). There were no reported seizures of precursor chemicals in the country in 2009.

Cannabis herb seizures have increased significantly during the past two years. In 2009, 122.5 kg of cannabis herb was seized. This represented a 32% increase from the previous year and a four-fold increase compared with 2007. The amount of cannabis seed seizures also increased significantly. These trends may be attributed to strengthened drug law enforcement efforts, particularly against indoor cannabis cultivation in private homes (SPO, 2010b; ARQ, 2010).

Table 81. Seizures of selected drugs in the Republic of Korea, 2005 – 2009

Drug type	Measurement	2005	2006	2007	2008	2009
Crystalline methamphetamine	kg	19.3	21.5	23.7	25.6	15.2
Methamphetamine pills	pills	18	0	196	151	1
Ecstasy -type (MDMA)	pills	10,744	356	18,323	714	894
Cannabis herb	kg	18.4	20.9	22.2	92.7	122.5
Cannabis resin	kg	1.5	0.2	0.8	2.0	0.5
Cannabis seed	kg	20.8	62.2	10.7	61.2	218
Cocaine	kg	0	4.8	0.08	8.9	0.3
Heroin	kg	0.01	0.02	0	0	1.9
Raw Opium	kg	0.01	0.1	0.14	0.2	0.2

● = Not reported

Sources: SPO, 2010b; SMART data request form, July 2010

Drug prices – The wholesale price for one gram of crystalline methamphetamine in 2009 ranged from USD 69 – 345. The retail price for one gram of crystalline methamphetamine ranged from USD 173 – 952. The reported average retail price for one gram of crystalline methamphetamine in 2009 was USD 684, a 28% increase from the previous year. One dosage (0.03 grams) of crystalline methamphetamine retailed for about USD 100. However, the wholesale and retail prices varied from province to province (SPO, 2010b).

Table 82. Average retail price of crystalline methamphetamine in the Republic of Korea (USD), 2006 – 2009

Drug type	Measurement	2006	2007	2008	2009
Crystalline methamphetamine	Per gram	860	770	536	684

Sources: SPO, 2010a; ARQ, 2010; SPO, 2009b

Prices for other drugs were estimated based on the location where seizures were made. The retail price for one ecstasy (MDMA) pill ranged between USD 26 – 86. The retail price for one gram of cannabis ranged between USD 2 – 10 (SPO, 2010b).

Sources of illicit drugs

China is the main source for methamphetamine in the Republic of Korea. In 2009, 57.6% of the methamphetamine seized in the country originated from China and 41% originated from South Africa (ARQ, 2010). Korea has reported that Malaysia and Taiwan Province of China are some sources of methamphetamine for the local market (SPO, 2010a; SPO, 2009a). There are also indications that Cambodia has become a source of methamphetamine found in the country (INCB, 2010b).

In 2009, the Republic of Korea reported that 74.9% of the cannabis herb seized in the country originated from South Africa and 19.6% originated from Nigeria. The remaining 5.5% originated from unspecified countries. However, indoor cultivation of cannabis in private residences also occurs in Korea, primarily for traditional medicine (SPO, 2010a). Libya (45.8%) and the Nether-

lands (23.8%) were identified as the main sources of cannabis resin seized in the Republic of Korea in 2009 (ARQ, 2010).

The Republic of Korea reported that 81.7% of the heroin seized in the country in 2009 originated from Cambodia. However, Cambodia has not officially reported any heroin manufacturing facilities and most of the heroin found in Cambodia originates from Myanmar (NACD, 2010b). India was reported as the second main source of heroin in the Republic of Korea, accounting for 17.5% (ARQ, 2010).

Small-scale opium poppy cultivation occurs in the Republic of Korea, primarily for traditional medicine (SPO, 2010b).

Trafficking – In 2009, 81.6% of the methamphetamine seized in the Republic of Korea was trafficked by air and 18.4% was trafficked by sea. Methamphetamine traffickers who board flights in key source countries China and South Africa were reported to have transited in Qatar, Japan and Singapore. The Republic of Korea reported a strong decrease in methamphetamine trafficking into the country in 2009 (ARQ, 2010). In recent years, several nationals of China and Thailand have been arrested in the Republic of Korea for trafficking methamphetamine (SPO, 2009b).

In 2008, law enforcement authorities in the Republic of Korea seized 2.8 mt of acetic anhydride at the port of Busan, on the southeastern coast of the Republic of Korea. The consignment was bound for Afghanistan via the Islamic Republic of Iran. The Republic of Korea has also been indicated as one of the source countries for ephedrine trafficked to Australia (INCB, 2010b).

In 2009, the Republic of Korea reported that all other drugs seized in the country were trafficked by air (ARQ, 2010).

Forensic data

Methamphetamine samples analysed in the Republic of Korea in 2009 had purities ranging from 36% - 98%. The average purity was 87.2% methamphetamine. Common impurities found in the samples analysed in 2009 included acetic acid, benzaldehyde, dimethylamphetamine and 1phenyl-2propanone (ARQ, 2010).

Emerging trends and concerns

- Crystalline methamphetamine remains the most commonly used drug.
- Source countries of crystalline methamphetamine for the Korean market are diversifying away from China to several other sources, including Cambodia, Malaysia, South Africa and Taiwan Province of China.
- Cannabis herb seizures have increased significantly during the past two years and there are indications that indoor cannabis cultivation in private residences is on the rise.

SINGAPORE



Overview of the drug situation

As a small island-state which has some of the world's most stringent drug laws, Singapore is not a producer of narcotics or precursor chemicals. Drug use patterns have fluctuated widely in Singapore over the past ten years. This is reflected in arrests, seizures and treatment data. Most illicit drugs are trafficked into Singapore from other countries in the region. Prior to 2004, heroin was the most commonly used drug, but in that year the use of ketamine, nimetazepam, inhalants, methamphetamine and cannabis surpassed heroin. Heroin is the most commonly used drug and its use has increased each year since 2006.

The use of inhalants remains high, particularly among young users. Use of crystalline methamphetamine has increased for three consecutive years, and drug treatment and arrest data indicate that use of amphetamine-type stimulants (ATS) was high compared with the other drugs.

Patterns and trends of drug use

Drug use – In 2009, use of methamphetamine increased for the third consecutive year, with smoking as the main mode of administration. Methamphetamine has replaced buprenorphine as the third most commonly used drug. Methamphetamine users¹ in 2009 accounted for 19% of all drug users arrested (CNB, 2010b). Ecstasy is not indicated to be a major problem in the country, and is ranked as the eighth most commonly used drug. The use of ecstasy showed a decline for the second consecutive year in 2009.

Heroin remains the most commonly used drug, with use increasing for the second consecutive year in 2009. In 2008, heroin emerged as the leading drug of use for the first time since 2003, with smoking as the main mode of administration. In 2009, 57% of all illicit drug users arrested were heroin users (CNB, 2010a).

Inhalants ranked as the second most commonly used drug in 2009, for the second consecutive year. Inhalant use remained stable in 2009 after declining from 2007 to 2008. The majority of inhalant users are under the age of 20 (CNB, 2010b).

Buprenorphine, a narcotic analgesic used in some countries to treat opiate dependence, is the fourth most commonly used drug. Buprenorphine was ranked as an illicit drug of use for the first time in 2006, the same year that it was classified as a Class A² (UNODC, 2009b) controlled drug. However, buprenorphine use has declined each year since 2007 (CNB, 2010c).

Ketamine was ranked as the number one drug of concern in 2004 but its use has gradually decreased, and it was ranked as the fifth most commonly used drug in 2009.

Use of nimetazepam, a benzodiazepine-related substance sold under the brand name Erimin, increased and was the sixth most commonly used drug in 2009. In 2005, nimetazepam ranked as the most commonly used illicit substance. Nimetazepam has been a controlled substance in Singapore since 1992 and there are reports of its availability on the streets in combination with methamphetamine (UNODC, 2007; UNODC, 2009b). Cannabis herb was the seventh ranked drug of concern and its use increased in 2009.

¹ For drug use statistics in Singapore the 'methamphetamine' category refers to both methamphetamine pill use and crystalline methamphetamine use. Methamphetamine pill use is not recorded as urine test results only indicate whether the individual tested positive for methamphetamine use.

² The Misuse of Drugs Act (MDA) classifies controlled substances into 'Class A', 'Class B' and 'Class C'. Examples of Class A substances include amphetamine, buprenorphine, cannabis, cocaine and methamphetamine (AGCMEQ, 2010).

Table 83. Rank and trend of drug use in Singapore, 2009

Drug used in the past year	Rank	Trend	Primary mode of administration
Heroin	1	↑	Smoked
Inhalants	2	↔	Snorted
Methamphetamine	3	↑	Smoked
Buprenorphine	4	↓	Injected
Ketamine	5	↓	Snorted
Nimetazepam	6	↑	Swallowed
Cannabis herb	7	↑	Smoked
Ecstasy	8	↓	Swallowed

↑ = Increase, ↓ = Decrease, ↔ = Stable
Source: DAINAP

Table 84. Rank and use of specific drugs in Singapore, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
Methamphetamine	4	3	5	4	4	3
Ecstasy (MDMA)	7	6	8	8	7	8
Buprenorphine	●	●	1	1	3	4
Cannabis herb	5	5	6	7	8	7
Heroin	6	7	7	2	1	1
Inhalants	3	4	2	3	2	2
Ketamine	1	2	3	5	5	5
Nimetazepam	2	1	4	6	6	6

● = Not reported
Source: DAINAP

Table 85. Trend in use of specific drugs in Singapore, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
Methamphetamine	↓	↑	↓	↑	↑	↑
Ecstasy (MDMA)	↓	↓	↓	↑	↓	↓
Cannabis herb	↓	↓	↑	↓	↓	↑
Heroin	↓	↓	↑	↓	↑	↑
Ketamine	↓	↓	↓	↑	↓	↓

↑ = Increasing, ↓ = Decreasing
Source: DAINAP

Injecting drug use

There are 330 self-declared injecting drug users in the country. Injection is the primary mode of administration for buprenorphine and the secondary mode of administration for heroin and crystalline methamphetamine (smoking is the primary mode for both drugs). At the end of June 2009 the number of Singapore nationals reported with HIV/AIDS was 4,159.³ Of these, 3,729 were male and 430 were female. Injecting drug use accounted for only about 2% of all HIV cases in the country (UNGASS, 2010).

Drug treatment

The Misuse of Drugs Act (MDA) of 1973 stipulates the compulsory committal of all arrested first and second time drug use offenders to a Drug Rehabilitation Centre (DRC) for treatment and rehabilitation.⁴ Treatment services in Singapore have been developed primarily in response to the problem with heroin. Treatment services for synthetic drug use were offered for the first time in 2005.

³ 'Country Progress Report: Singapore', UNGASS, March 2010.

⁴ Treatment is provided only to Singapore nationals and permanent residents.

In 2009, 535 arrested drug users underwent drug treatment, of which 435, or 81%, were male. The total number of persons treated for drug use in 2009 is up by 11% from 2008 when 481 persons received drug treatment. Of the 535 persons undergoing treatment in 2009, just over half were new admissions during the year. Methamphetamine users accounted for 27% of all patients admitted. For newly admitted patients in 2009, 36% (101 persons) entered treatment for methamphetamine use. Of all patients who received treatment in 2009, heroin users accounted for 45% (242 persons). Users of nimetazepam, ketamine, cannabis, buprenorphine, and ecstasy accounted for a combined total of 28% (150 persons).

Table 86. Drug treatment admissions in Singapore by drug type, 2009

Drug type	New admissions			All admissions		
	Male	Female	Total	Male	Female	Total
Methamphetamine	69	32	101	103	40	143
Ecstasy (MDMA)	4	3	7	4	3	7
Buprenorphine	3	2	5	22	4	26
Cannabis	18	1	19	25	2	27
Heroin	65	27	92	205	37	242
Ketamine	18	2	20	37	5	42
Nimetazepam	27	9	36	39	9	48
Total	204	76	280	435	100	535

● = Not reported. *Percentages are given as rounded figures

Source: DAINAP

In 2004, Singapore reported 43 admissions for drug treatment which were all for heroin use. In 2005, when treatment for synthetic drugs became available, 89% of all drug treatment patients were synthetic drug users and 11% were heroin users. In 2006, when buprenorphine was classified as a controlled substance, buprenorphine users accounted for 37% of total treatment admissions in that year. In recent years, the increase in heroin users has been mirrored by an increase in the proportion of treatment admissions for heroin use. Heroin users accounted for about 42% of total admissions in 2008, in comparison with 37% for synthetic drug use and about 16% for buprenorphine. As mentioned earlier, the persons undergoing treatment for heroin use was 45% for 2009 (DAINAP; CNB, 2010a).

Table 87. Drug treatment admissions by drug type in Singapore, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
Methamphetamine	0	25	39	66	87	143
Ecstasy (MDMA)	0	34	36	35	23	7
Buprenorphine*	0	0	163	131	75	26
Cannabis herb	0	0	0	10	27	27
Heroin	43	20	39	159	201	242
Ketamine	0	46	77	48	31	42
Nimetazepam	0	51	82	61	37	48
Total	43	176	436	510	481	535

● = Not reported. *Buprenorphine was classified as a controlled drug in August 2006.

Source: DAINAP

Drug-related arrests, seizures and prices

Drug-related arrests – In 2009, 357 methamphetamine users (including both crystalline methamphetamine and methamphetamine pill users) were arrested, accounting for 19% of the total drug users arrested during the year and a 17% increase from the previous year. Between 2004 and 2009, the arrests of methamphetamine users more than doubled, from 133 users in 2004 to 257 users in 2009. Arrests of ecstasy users dropped for the second consecutive year with a total of 21 arrests in 2009.

Overall the number of drug-related arrests approximately doubled from 2004 to 2009, from 956 arrests in 2004 to 1,883 arrests in 2009. The increase can be attributed to buprenorphine being available legally as a prescription drug for the treatment of opiate dependency from 2002 to 2006. This group of users did not account for a significant portion of drug users who were using buprenorphine. When the Central Narcotics Bureau (CNB) launched intensive enforcement action to take buprenorphine out of circulation after it was made a controlled drug many buprenorphine users who were formerly heroin users returned to using heroin.

From 2008 through 2009, however, the number of drug users arrested declined 2%, with a total of 1,883 persons arrested in 2009 compared with 1,925 persons arrested in 2008.

The arrests of heroin users accounted for 57% of all drug users arrested in 2009, with 1,080 users arrested, compared with 885 persons in 2008, 690 in 2007 and only 116 persons in 2006.

Arrests of buprenorphine users declined in 2009 for the second consecutive year, from 841 users in 2007, when buprenorphine accounted for 38% of all drug users arrested, to 372 users in 2008, or 19% of all drug-related arrests, and 133 users in 2009, or just 7% of all drug-related arrests.

Arrests of ketamine users declined slightly in 2009 with 112 users arrested compared with 135 users in 2008.

In 2009, about 87% of drug users arrested were male. This was roughly the same number as in preceding years. The drug arrest statistics by gender however show a greater percentage of females being arrested for methamphetamine use (20%), compared with females being arrested for the use of other drugs (10% - 15%) (UNDOC, 2009b).

Table 88. Drug-related arrests in Singapore, 2004 – 2009*

Drug type	2004	2005	2006	2007	2008	2009
Methamphetamine	133	143	124	221	306	357
Ecstasy	94	91	67	78	68	21
Buprenorphine	0	0	419	841	372	133
Cannabis herb	117	102	122	102	62	76
Cocaine	4	0	0	0	0	0
Heroin	111	62	116	690	885	1,080
Ketamine	306	192	186	151	135	112
Methadone	1	0	0	0	0	0
Nimetazepam	190	203	181	128	97	104
Opium (raw and prepared)	0	0	3	0	0	0
Total	956	793	1,225	2,211	1,925	1,883

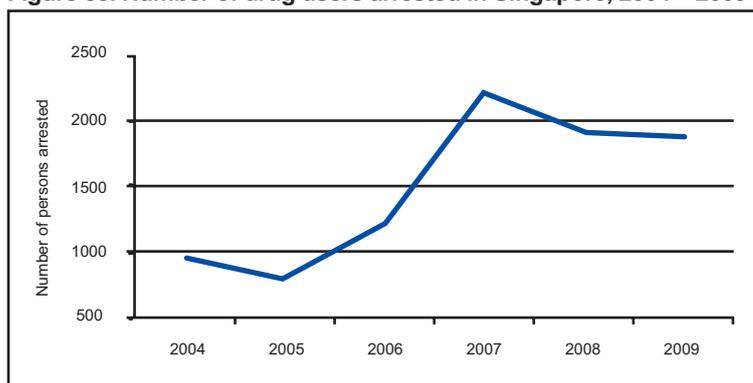
*Drug-related arrest data for Singapore refers to the number of drug users arrested. When reporting drug-related arrest data to DAINAP, Singapore reports the total number of drug users, traffickers and manufacturers; hence, the figures in Table 6 may not match the data reported to DAINAP.

Sources: DAINAP; CNB, 2010a

Table 89. Drug-related arrests in Singapore by drug type and gender, 2009

Drug type	Male	Female	Total
Methamphetamine	287	70	357
Ecstasy	17	4	21
Buprenorphine	120	13	133
Cannabis herb	71	5	76
Heroin	962	118	1,080
Ketamine	101	11	112
Nimetazepam	89	15	104
Total for all drugs	1,647	236	1,883

Source: DAINAP

Figure 35. Number of drug users arrested in Singapore, 2004 – 2009

Source: DAINAP

Drug seizures – Although the total number of seizures and the amounts seized by Singapore law enforcement officials are small in comparison with neighbouring countries, the number of crystalline methamphetamine seizures has increased since 2004 when 96 cases were recorded. In 2008 that figure reached 196 and jumped to 268 in 2009, with a total of 3.72 kg seized.

The doubling in cannabis seizures in 2009 compared with the previous year is mostly due to greater law enforcement efforts and is mainly due to four large seizures of between 0.5 kg and 1.0 kg.

The general increase in drug seizure data from 2006 to 2009 can be attributed to the enhanced border security measures and improved detection of contraband items including drugs at national borders.

Table 90. Seizures of selected drugs in Singapore, 2006 – 2009

Drug type	Measurement	2006		2007		2008		2009	
		Cases	Quantity	Cases	Quantity	Cases	Quantity	Cases	Quantity
Methamphetamine pills	pills	3	22	6	498	6	1,135	10	1,237
Crystalline methamphetamine	kg	96	0.54	196	1.52	230	1.83	268	3.72
Ecstasy (MDMA)	pills	136	4,236	125	7,034	140	7,415	136	8,985
Bufotenine	gm	8	15.5	3	3.0	5	5.28	37	43
Buprenorphine	pills	446	6,432	265	3,359	166	2,037	78	1,094
Cannabis herb	kg	99	14.94	69	30.8	58	3.31	88	7.06
Heroin	kg	52	6.13	293	17.2	395	44.5	393	29.14
Ketamine	kg	178	5.26	146	11	189	14.04	181	8.65
Nimetazepam	pills	191	38,230	181	24,926	155	38,362	217	42,236

Source: DAINAP

Drug prices – Street prices for crystalline methamphetamine edged upward from about USD 138 – 266 per gram in 2008 to USD 143 – 274 in 2009. Prices were lowest in the fourth quarter. Retail methamphetamine pill prices dropped by almost half, from a range of USD 12 – 22 in 2008 to USD 7 – 11 in 2009. Methamphetamine pills are reported to be mainly brought into the country by foreign workers. As such, the lowering of prices of methamphetamine pills in 2009 may be a strategy to stimulate local demand rather than an indication of greater availability of the drug.

The street price for heroin ranged from about USD 21 – 24 per 0.2 grams (one 'straw') in 2009 compared with USD 20 – 36 in 2008. Cannabis herb prices increased in 2009, ranging from USD 29 – 46 per 1.5 grams compared with USD 33 – 37 in the previous year.

Table 91. Retail prices of selected drugs in Singapore (USD), 2008 and 2009

Drug type	Measurement	2008	2009
Methamphetamine pills	Per pill	12 – 22	7 – 11
Crystalline methamphetamine	Per gram	138 – 266	143 – 274
Ecstasy (MDMA)	Per pill	17 – 25	17 – 24
Buprenorphine	Per pill	55 – 83	55 – 86
Cannabis herb	Per 1.5 grams	33 – 37	29 – 46
Heroin	Per 1 'straw' of 0.2 grams	20 – 36	21 – 24
Ketamine	Per gram	27 – 36	21 – 34
Nimetazepam	Per pill	5 – 6	5 – 6

Source: DAINAP

Sources of illicit drugs

Most illicit drugs trafficked into Singapore are trafficked from Malaysia. Malaysia is a key source for cannabis herb, heroin, methamphetamine, ecstasy, ketamine, nimetazepam and buprenorphine. Methamphetamine and ecstasy are also trafficked into Singapore from Thailand. Heroin and buprenorphine are also trafficked into Singapore from Indonesia (ARQ, 2010).

Trafficking – Illicit drug manufacture has not been reported from Singapore. Drugs are primarily trafficked into Singapore from neighboring countries either by sea, road or air.

Forensic data

Crystalline methamphetamine samples analysed in 2009 showed an average purity of 76% methamphetamine. This is slightly lower than the purity of 78% methamphetamine reported in 2008. Methamphetamine pill composition was typically less than 6% (for small street seizures of less than 25 gm) methamphetamine, roughly the same as in 2008. Ecstasy-type pills had a composition of approximately 25% (for small street seizures of less than 10 gm) MDMA, down from 36% MDMA in 2008.

Singapore also reported a low purity of 3.8% for heroin No. 3 (for samples of less than 15 gm) compared with 4.4% in 2008. Ketamine has remained largely unchanged at high purity at about 83%.

Emerging trends and concerns

- Heroin has recently reemerged as the most commonly used drug and its use has increased for four consecutive years, as reflected in the increasing proportion of heroin users entering drug treatment and the increase in the number of heroin users arrested for four consecutive years.
- The number of people arrested for drug use has doubled in the past six years.
- ATS use in the country is increasing. In 2009, use of methamphetamine increased for the third consecutive year.
- Use of inhalants has stabilized but remains relatively high, particularly among young drug users under the age of 20.
- Due to Singapore being a major regional financial and transportation centre, drug syndicates continue attempts to supply drugs to the country.

THAILAND



Overview of the drug situation

Since the mid-1990s, methamphetamine has been the most significant illicit drug of concern in Thailand. Thailand has one of the largest markets of methamphetamine users in the region. In 2009, methamphetamine in pill form ranked as the most commonly used drug in the country. However, recent increases in the use of high purity crystalline methamphetamine, cannabis, and kratom¹ are also serious problems.

Crystalline methamphetamine use is increasing in Thailand and there are indications that transnational drug trafficking networks are targeting Thailand both as a destination and transit country for the drug.

There has also been an increase in the use of ecstasy, cocaine and ketamine, although users of these drugs tend to be wealthy and concentrated in major cities. There has been an increasing trend in the number of drug-related arrests and the estimated number of drug users. This trend continued in 2009.

Cannabis cultivation has declined significantly in Thailand over the past two decades. However, cannabis continues to be widely used and Thailand is also a transit country for cannabis trafficked to third countries, particularly Malaysia. Opium poppy cultivation and use also continue, particularly in the northern part of the country although at far lower levels than two decades ago. Heroin use has steadily decreased since 2003, but Thailand remains a transit country for heroin trafficking from the Golden Triangle to the global market.

Patterns and trends of drug use

Drug use – According to government expert perception, methamphetamine in pill form ranked as the most commonly used drug in Thailand in 2009, and has been ranked as the most commonly used drug each year since 2004, except in 2008, when methamphetamine pills ranked third, behind cannabis and kratom¹. From 2003 to 2006, use of methamphetamine pills decreased for four consecutive years, at the time when a concerted drug law enforcement campaign known as the ‘war on drugs’ was initiated. Methamphetamine pill use increased again in 2007 and 2008 and remained stable in 2009. In terms of route of administration, the primary mode of administration of methamphetamine in pill form is smoking. However, oral ingestion and injecting use have also been reported.

Crystalline methamphetamine ranked as the seventh most commonly used drug in 2009, from being ranked as the third most commonly used drug from 2004 to 2007 to being the eighth ranked drug in 2008. However, Thailand has reported the increasing use of crystalline methamphetamine every year except for in 2007 when use reportedly decreased.

Ecstasy (MDMA) use, like the use of other so-called ‘club drugs’ such as ketamine, is most prevalent in entertainment venues in Bangkok and in popular tourist areas in the country. Due to the high price ecstasy use is limited to wealthy young drug users (ONCB, 2009).

Cannabis has consistently ranked as one of the three most commonly used drugs in Thailand. In 2009, cannabis was ranked as the second most commonly used drug, after ranking first during the previous year.

Table 92. Rank in use of selected drugs in Thailand, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	•	3	3	3	3	8	7
Methamphetamine pills	2	1	1	1	1	3	1
Ecstasy-type (MDMA)	6	6	6	6	6	7	9
Cannabis herb	3	2	2	2	2	1	2

¹ Kratom is a substance derived from *mitragyna speciosa* and produces both stimulant and sedative effects. Kratom is used primarily in the southern part of Thailand.

Table 92. Cont. Rank in use of selected drugs in Thailand, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Heroin	9	8	8	8	5	6	5
Inhalants	4	4	4	4	3	4	3
Ketamine	●	3	3	3	6	9	●
Kratom	1	●	10	10	4	2	6
Opium	11	9	9	9	9	5	4

● = Not reported

Source: DAINAP

Table 93. Trend in use of selected drugs in Thailand, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	●	↓	↑	↑	↓	↑	↑
Methamphetamine pills	↓	↓	↓	↓	↑	↑	↔
Ecstasy-type (MDMA)	↓	↔	↓	↓	↑	↓	↓
Ketamine	●	↑	↑	↑	↓	↑	●
Heroin	↓	↓	↓	↓	↑	↓	↑
Cannabis herb	↓	↓	↑	↑	↑	↑	↑

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

Source: DAINAP

Injecting drug use

Injection is the second most common mode of administration for crystalline methamphetamine and third most common mode of administration for methamphetamine pills (smoking and oral ingestion are the most common modes). Injection is the primary mode of administration for heroin and the second most common mode of administration for opium (smoking is the primary mode).

Thailand has approximately 30,000 injecting drug users (IDUs), according to the Bureau of Epidemiology in Thailand. The HIV prevalence among IDUs in Thailand increased from a range of 26% – 33% in 2006 – 2007 to a range of 48% – 52% during 2008–2009. The prevalence of HIV among IDUs attending government-run rehabilitation clinics throughout Thailand is within a range of 30% – 40%. Data from a survey of injecting drug users (IDUs) in Thailand's two major cities, Bangkok and Chiang Mai, conducted by the Bureau of Epidemiology in 2009 showed that the HIV prevalence among IDUs was 23.3% in Chiang Mai and 10.8% in Bangkok. The projected number of new HIV infections caused by injecting drug use in 2010 is approximately 950 persons. The percentage of IDUs reporting use of sterile injecting equipment the last time they injected is 62% (NAPAC, 2010).

The Bureau of Epidemiology survey showed a geographical variation of injection practices. The primary drugs that IDUs in Bangkok injected were methamphetamine (63%), midazolam² (42%), heroin (34%) and methadone (13%). In the northern city of Chiang Mai, the primary drugs injected by IDUs were heroin (34%), methamphetamine (32%), opium (14%), methadone (6%) and midazolam (4%) (NAPAC, 2010).

Drug treatment

The most common drug of use by drug users who entered drug treatment in 2009 is methamphetamine pills. Methamphetamine in pill form was the primary drug of use for 82% of the drug users who received treatment in specialized treatment facilities and correctional institutions during the year. The other drugs of use by drug users who received treatment in 2009, in ranking order, are cannabis, inhalants, opium, heroin, kratom, and crystalline methamphetamine.

Most ATS users who enter drug treatment are treated at general hospitals, followed by general health clinics, specialized drug treatment services and with general practitioners. ATS treatment services are also offered at psychiatric facilities, religious institutions, and non-governmental or-

² Midazolam (often sold under the brand name Dormicum) is a drug in the benzodiazepine class which is often used as a sedative. Midazolam is a controlled substance under Schedule IV of the 1971 Convention on Psychotropic Substances.

ganization centres. There is also an extensive drug dependency treatment programme available through the correctional system in Thailand.

Thailand has a number of facilities providing drug treatment with general and specialized treatment facilities. Thailand also has approximately 1,050 treatment facilities that provide voluntary treatment, about 85 facilities for compulsory treatment and 170 facilities for treatment of convicted criminals. There are also more than 300 Buddhist temples that are jointly accredited by the Department of Medical Services, the Department of Religious Affairs, and the Office of the Narcotics Control Board (ONCB) to provide rehabilitation to drug users (ONCB, 2010c).

The Thanyarak Institute, operated by the Department of Medical Services of the Ministry of Public Health, is the first and largest drug treatment facility in Thailand. In 2009, a total of 7,127 drug users received treatment at Thanyarak Institute in Bangkok and its six satellite regional facilities. Of those 7,127 drug users, 3,853 received in-patient treatment. Almost 63% (2,410) of the in-patient drug users were treated for ATS use in 2009 (Thanyarak Institute, 2010).

Table 94. Drug treatment admissions in Thailand, 2009

Drug type	New admissions			All admissions		
	Male	Female	Total	Male	Female	Total
Methamphetamine pills	64,690	6,945	71,635	78,620	8,196	86,816
Crystalline methamphetamine	350	351	701	435	408	843
Ecstasy-type (MDMA)	155	96	251	181	103	284
Cannabis	6,610	89	6,699	7,794	104	7,898
Cocaine	10	2	12	15	4	19
Heroin	513	25	538	1,232	62	1,294
Inhalants	4,466	160	4,626	5,517	197	5,714
Ketamine	10	1	11	11	1	12
Kratom	1,385	35	1,420	1,527	34	1,561
Opium	795	261	1,056	1,482	485	1,967
Total	78,984	7,965	86,949	96,814	9,594	106,408

Source: DAINAP

Drug-related arrests, seizures and prices

Drug-related arrests – In 2009, the number of arrests for methamphetamine pills remained largely stable after showing a more than three-fold increase between 2004 and 2008. Arrests related to crystalline methamphetamine, however, increased more than 37% in 2009 and have increased more than ten-fold since 2004. Arrests related to ecstasy dropped 35% in 2009.

ATS-related arrests accounted for almost 86% of all drug-related arrests in 2009. Nearly all were related to methamphetamine pills. Between 2004 and 2008, ATS-related arrests accounted for 63% – 83% of all drug-related arrests, of which nearly all were related to methamphetamine pills.³

From 2006 onwards, traffickers began to change their modus operandi for trafficking drugs into Thailand by using a larger number of couriers carrying smaller amounts of methamphetamine (typically less than 200 grams) across the border from neighbouring countries, primarily Myanmar. However, in 2009, large methamphetamine pill seizures began to take place again.

For non-ATS related arrests, there was a notable rise in arrests related to heroin, which increased by 40% in 2009, and arrests related to cannabis herb, which increased by 7%.

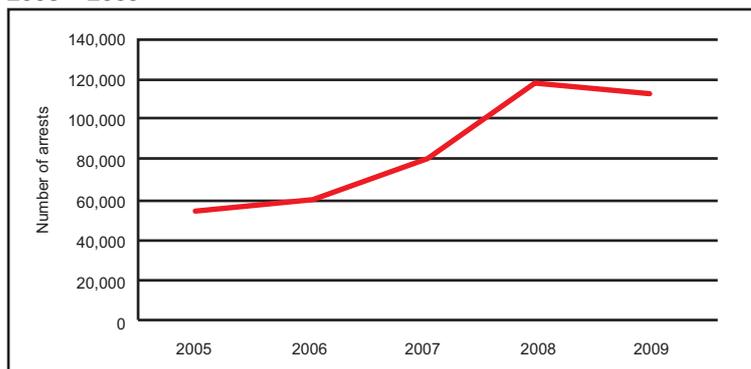
³ However, Thai counter narcotics officials note that several cases involve smaller amounts of crystalline methamphetamine seized together with methamphetamine pills or other drugs. As is often the case, to avoid duplication of data, only the main drug is recorded in the arrest statistics, possibly underplaying the role of crystalline methamphetamine (UNODC, 2009b).

Table 95. Drug-related arrests in Thailand, 2004 – 2009

Drug type	2004	2005	2006	2007	2008	2009
Methamphetamine pills	38,736	55,789	60,680	79,149	118,613	112,956
Crystalline methamphetamine	265	731	1,136	1,574	2,163	2,967
Ecstasy-type (MDMA)	749	646	459	410	550	357
Benzodiazepines	•	84	1,300	•	•	1,177
Cannabis herb	8,441	7,537	10,544	9,821	11,677	12,485
Cannabis resin	•	9	5	12	12	17
Cocaine	151	140	192	132	105	86
Codeine	•	24	79	350	•	8
Heroin	819	576	459	443	461	647
Inhalants	9,127	6,689	7,429	6,015	5,908	3,427
Ketamine	287	172	164	85	194	173
Kratom	1,272	1,089	2,895	4,683	4,940	•
Opium	952	600	736	835	1,018	608
Psychotropics	•	30	119	726	595	•
Others	209	4	•	112	3,679	1,068
Total	61,008	74,120	86,197	104,347	149,915	135,976

• = Not reported

Source: DAINAP

Figure 36. Methamphetamine pill related arrests in Thailand, 2005 – 2009

Source: DAINAP

Drug seizures – Seizures of methamphetamine pills in 2009 totaled 26.6 million, representing an increase of 20% from 2008 and nearly double the number of pills seized in 2007. The significant jump in seizures is primarily due to the increase in methamphetamine pill trafficking from neighbouring Myanmar over the past two years, due in part to political uncertainties.

Seizures of crystalline methamphetamine increased nearly four-fold in 2009. The 209 kg seized in 2009 is the highest amount since 2005, when a record 317.2 kg was seized. The increase in 2009 may be due to international drug trafficking networks targeting Thailand both as a destination and as a regional hub for the trafficking of crystalline methamphetamine to third countries in the region. In 2009, 11.8 kg of high purity crystalline methamphetamine was seized from Iranian air passengers. Thailand's first seizure of crystalline methamphetamine was recorded in 2002.

Ecstasy seizures dropped considerably in 2009. From 2006 to 2008, the number of ecstasy pills seized increased almost 18-fold. These large seizures in 2007 and 2008 may have resulted in the increased street price reported in 2008 and 2009. In addition, a drop in the amount of ecstasy (MDMA) from large manufacturing regions, such as Europe, may also in part be responsible for the declining seizures (UNODC 2010b). Compared to methamphetamine, however, ecstasy seizures remain relatively low, both in terms of number of seizures and quantity seized.

Heroin seizures declined 29% in 2009. Opium seizures declined slightly in 2009 and Thailand reported eradication of 201 hectares of opium poppy in 2009 (UNODC, 2010b).

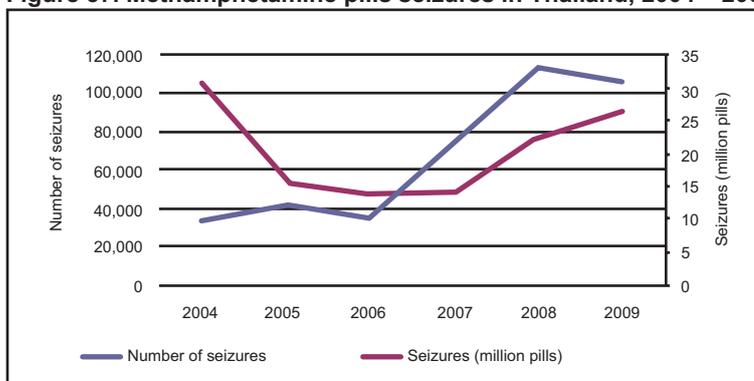
Table 96. Seizures of selected drugs in Thailand, 2005 – 2009

Drug type (measurement)	2005		2006		2007		2008		2009	
	No. of cases	Quantity								
Methamphetamine pills (pills)	43,043	15,781,346	36,252	13,820,000	73,014	14,340,000	113,877	22,115,911	105,916	26,640,206
Crystalline methamphetamine (kg)	323	317.2	734	92.2	1,258	47.4	1,960	52.9	2,507	209
Ecstasy-type (MDMA) (pills)	224	33,929	300	26,656	295	315,444	460	486,533*	296	58,024
Cannabis herb (kg)	6,680	13,289	9,430	11,865	•	15,384	10,776	18,862	11,175	17,548
Cannabis resin (kg)	12	54.8	2	10.3	12	0.6	10	29.9	14	10.8
Cocaine (kg)	52	6.2	103	36.8	114	18	90	11.5	70	9.2
Codeine (kg)	22	383	85	13.5	188	861	•	•	5	4.7
Heroin (kg)	313	948.6	346	92.5	345	293.4	391	199.8	535	142.8
Inhalants (kg)	3,563	85.9	6,330	294	5,909	129.3	6,212	165.3	4,545	116.5
Ketamine (kg)	72	42.2	95	22.7	63	2.8	140	18.1	130	18.9
Kratom (kg)	498	728	584	3,942	3,160	36,367	3,664	12,156***	•	•
Opium (kg)	884	1,595	188	102.6	767.5	139.7	863	111.3	573	102.3

• = Not reported. *2008 pill seizures converted into kg equivalents at 1 pill = 300 mg. ***'Other' category in 2009 refers to cannabis plant seizures.

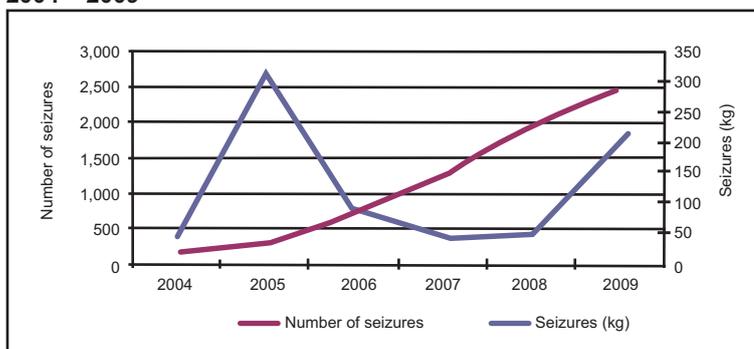
Sources: DAINAP; ***ONCB website

Figure 37. Methamphetamine pills seizures in Thailand, 2004 – 2009

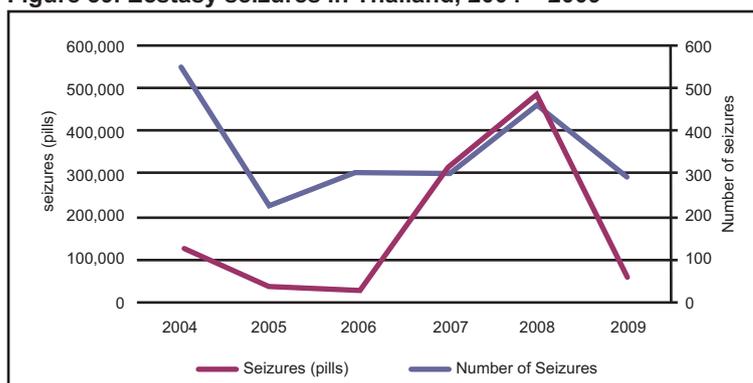


Source: DAINAP

Figure 38. Crystalline methamphetamine seizures in Thailand, 2004 – 2009



Source: DAINAP

Figure 39. Ecstasy seizures in Thailand, 2004 – 2009

Source: DAINAP

There are indications that small-scale methamphetamine manufacturing continues to occur in Thailand. In 2009, three small manufacturing laboratories were seized. In Chiang Rai province, police seized a methamphetamine pill tableting machine and other manufacturing equipment in January but did not report the arrest of any suspects. In March, police in Chiang Rai seized a methamphetamine pill tableting machine and an electric motor from an automobile and arrested one suspect. In June, police arrested a Singaporean in Bangkok with 12.3 grams of crystalline methamphetamine as well as chemicals and equipment used for the manufacture of methamphetamine. The Office of the Narcotics Control Board (ONCB) also reported the seizure of a small crystalline methamphetamine manufacturing laboratory in September but did not report the location of seizure.

Drug prices – In general, drug prices remained relatively stable in 2009 compared with the previous year. Table 97 shows the retail prices for illicit drugs in Thailand from 2006 to 2009.

The price of methamphetamine pills increased significantly following the 2003 law enforcement campaign and has since stabilized. Ecstasy prices showed a sharp increase from late 2007 to 2009, from a range of USD 9 – 25 to USD 23 – 35.

Cannabis herb prices remained stable in 2009 but increased significantly in 2008, more than doubling compared with the average price in the previous year. This increase was likely due to large seizures of more than 18 mt of dried cannabis herb in 2008. With successful opium poppy eradication, the farm gate price for opium increased 17% between 2007 and 2008 and remained stable in 2009.

Table 97. Retail prices for drugs in Thailand (USD), 2006 – 2009

Drug type	Measurement*	2006	2007	2008	2009
Methamphetamine pills	Per pill	6 – 9	3 – 14	6 – 10	7 – 8.5
Crystalline methamphetamine	Per gram	72 – 86	43 – 86	71 – 86	71 – 86
Ecstasy-type (MDMA)	Per pill	14.5 – 19.5	9 – 25	23 – 29	23 – 35
Cannabis	Per gram and per kg	0.2 – 0.5 per gram	100 – 129 per kg	229 – 343 per kg	285 per kg
Cocaine	Per gram	46 – 61	87	86	86
Heroin	Per gram	97 – 122	57 – 86 per 1.4 gram	•	57 – 86
Ketamine	Per bottle or per pack	30 – 37 per 10 cc bottle	10 per pack	•	23 – 34
Opium	Per gram and per kg (farm gate)	0.8 – 0.9 per gram	1,071 per kg (farm gate)	1,250 per kg (farm gate)	1,250 per kg (farm gate)
Psychotropics	•	119	726	595	•

• = Not reported. Calculated based on the exchange rate of 1 US\$ = 35 Baht. * Assumes price at retail purities, not per pure gram.

Source: DAINAP

Sources of illicit drugs

The overwhelming majority of methamphetamine pills in Thailand are manufactured in Myanmar while smaller quantities are reported to originate in Lao PDR (INCB, 2010b).⁴

Thailand has no known manufacture of crystalline methamphetamine. Most of the crystalline methamphetamine in Thailand originates from Myanmar and Cambodia. Over the past months, there has been an increase in reports of crystalline methamphetamine from the Islamic Republic of Iran being increasingly trafficked into Thailand by air passengers (ONCB, 2010d).

Ecstasy is trafficked into Thailand primarily from the Netherlands (ONCB, 2010c). Ketamine is trafficked into Thailand primarily across its eastern border with Cambodia.

Domestic cultivation of cannabis has declined sharply over the past 20 years. Most cannabis in Thailand is trafficked from neighbouring countries, Lao PDR in particular, for domestic and international markets (ONCB, 2009).

Trafficking – About 80% of the available methamphetamine pills on the illicit market in Thailand comes from a neighbouring country (ONCB, 2010a); the remaining 10% are said to originate from Lao PDR and trafficked across Thailand's northern border (INCB, 2010b). Some methamphetamine is transshipped to Europe and North America (INCB, 2010b) but most methamphetamine entering the country is for domestic use (ONCB, 2010c). Increased interdiction efforts in the northern regions of Thailand have forced traffickers to traffic drugs into the country from its borders on the west and northeast, though at far lower levels (ONCB, 2010c). The Mekong River has become an increasingly popular route for trafficking drugs to the north and northeastern parts of Thailand and to traffic precursor chemicals to neighbouring countries (ONCB, 2010c).

Crystalline methamphetamine is trafficked across Thailand's borders with Myanmar and Cambodia both for domestic use and further trafficking to Hong Kong (SAR), Japan, Malaysia, the Philippines, Republic of Korea, United States and, to a lesser degree, Europe (ONCB, 2009; ONCB, 2010c).

Most ecstasy in Thailand is reportedly trafficked by air from the Netherlands (ONCB, 2010c). Some of the ecstasy is trafficked to third countries. Thailand has no known manufacture of ecstasy but manufacture occurs in Southeast Asia. Major criminal syndicates based in Hong Kong (SAR), Malaysia, Singapore, and Taiwan Province of China are reported to traffic ecstasy into Thailand by land and air. The typical trafficking routes are via Suvarnabhumi International Airport in Bangkok and through the Malaysian border and via parcel post (ONCB, 2010c).

Heroin is trafficked into Thailand primarily from the Golden Triangle, although most of the heroin trafficked into Thailand is primarily for transit to countries within and outside the region (ONCB, 2009). Heroin trafficking through Thailand has declined in recent years as the routes from Myanmar to China and India have become increasingly popular (ONCB, 2010c). Much of the heroin trafficked through Thailand is transshipped to countries in East Asia, Europe and Oceania. Heroin consignments are trafficked out from Thailand mainly along air routes (INCB, 2010b).

Since 1999, ketamine in liquid form is trafficked to Thailand from Cambodia and Malaysia. The availability of powdered ketamine on the local drug market has increased recently. The substance is trafficked into Thailand by drug trafficking organizations from Malaysia, Singapore and Thailand (ONCB, 2010c).

The Office of the Narcotics Control Board of Thailand estimates that 50 major drug trafficking groups operate in Thailand. Thailand's southern border with Malaysia also sees drugs trafficked into and out of the country by land and by sea. The Andaman sea route is often used for trafficking large shipments of heroin and methamphetamine from Myanmar downward to the south of Thailand or Malaysia (ONCB, 2010b; ONCB, 2010c).

⁴ However, in the absence of forensic profiles of laboratories seized in Lao PDR, it is difficult to determine exactly whether tablets entering Thailand from Lao PDR simply represent changes in trafficking routes from Myanmar into Lao PDR, and subsequently on to the Thai market or whether they indeed were manufactured in Lao PDR.

Forensic data

Most methamphetamine pills used in Thailand are small (approximately 90 mg) pills with a round shape and WY logo, containing 10% – 25% methamphetamine and 60% – 70% caffeine in each pill (ONCB, 2010c). Since 2008, the purities of methamphetamine pills dropped to about 15% – 20% compared with about 20% – 30% in previous years. In 2009, methamphetamine pill samples analyzed in Thailand showed purities of 10% – 28% methamphetamine.

Crystalline methamphetamine seized in Thailand typically has a very high purity (above 80%). In 2009, crystalline methamphetamine samples tested showed purities of 85% – 95% methamphetamine.

Drugs sold as 'ecstasy' showed purities of 35% – 50% MDMA. Most drugs sold as 'ecstasy' in Thailand contain some MDE or MDMA in addition to smaller amounts of methamphetamine.

Heroin samples were reported to show purities of 60% – 80% heroin.

Emerging trends and concerns

- Methamphetamine pills remain the primary drug of use in Thailand and the country remains one of the largest markets for methamphetamine pills in the region.
- Nearly 82% of the drug users in treatment entered treatment for methamphetamine pill use.
- Seizures of methamphetamine pills increased 20% in 2009. More than 80% of all drug-related arrests in 2009 were related to methamphetamine pills.
- Crystalline methamphetamine use is on the rise. Arrests related to crystalline methamphetamine have increased more than ten-fold since 2004. There are indications that international organized drug trafficking groups, including from the Islamic Republic of Iran, target Thailand for crystalline methamphetamine trafficking.
- Methamphetamine, midazolam, heroin and methadone are the primary drugs that intravenous drug users inject in Bangkok.
- A new recent trend has been of high purity methamphetamine pills being re-tabletting in the outskirts of Bangkok and sold on the streets as lower purity methamphetamine pills.

VIET NAM



Overview of the drug situation

In the mid-1990s, drug use patterns in Viet Nam began to shift from relatively low levels of cannabis and opium use to high levels of heroin use and the increasing use of amphetamine-type stimulants (ATS). In 2009, Viet Nam ranked ATS as the third most commonly used drug type. Heroin was the most commonly used drug followed by opium.

Viet Nam is an emerging market for methamphetamine. As methamphetamine manufacturers seek to diversify away from their reliance on the Thai market, Viet Nam, with its large, increasingly affluent and urban population, has become an attractive market for traffickers. Crystalline methamphetamine use, in particular, has increased among young people in major metropolitan areas and seizures of the drug have increased significantly over the past few years.

Small-scale cultivation of opium poppy continues. Small amounts of cannabis cultivation occur in the northern and southern regions. Most drugs in Viet Nam are trafficked into the country across its long and porous border with Lao PDR. Vietnamese drug control officials report increasing collaboration between local and foreign drug traffickers.

Patterns and trends of drug use

Drug use – Use of ATS is increasing in Viet Nam. ATS ranked as the third most common drug of use in 2009, behind heroin and opium. ATS users accounted for about 4% of all drug users in 2009 (SODC, 2010a). The use of methamphetamine pills and ecstasy has increased every year since 2003. A local market has emerged for crystalline methamphetamine, which was reported as a drug of use for the first time in 2008. Most crystalline methamphetamine users are youth living in major metropolitan areas such as Hanoi and Ho Chi Minh City.

Heroin users account for about 83% of all drug users in Viet Nam and its use was reported to have increased in 2009. More than half of the heroin users are between the ages of 30 to 45 years. Opium accounts for about 10% of all drug users in the country (SODC, 2010a; SODC, 2010b).

In 2009, Viet Nam reported a total of 146,731 registered drug users, representing a 15% decrease from the previous year (SODC, 2010b). Illicit drug use is particularly prominent among workers in the construction, mining and transport sectors. Following increased police suppression and monitoring of entertainment venues, ATS use, primarily by young persons living in large urban areas, is reported to have moved increasingly into private residences and remote settings in recent years (SODC, 2010a).

Table 98. Rank of use of selected drugs in Viet Nam, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	•	•	•	•	•	4	3
Methamphetamine pills	•	5	2	2	4	4	3
Ecstasy-type (MDMA)	•	4	3	3	•	4	3
Cannabis	•	3	•	•	3	3	4
Heroin	•	1	1	1	1	1	1
Ketamine	•	•	•	•	•	4	•
Opium	•	•	•	•	•	2	2

• = Not reported

Source: DAINAP

Table 99. Trend in use of selected drugs in Viet Nam, 2003 – 2009

Drug type	2003	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	•	•	•	•	•	↑	↑
Methamphetamine pills	↑	↑	↑	↑	•	↑	↑
Ecstasy-type (MDMA)	↑	↑	↑	↑	•	↑	↑
Cannabis	•	↔	•	•	•	↓	↓
Heroin	↑	↑	↑	↑	•	↑	↑
Ketamine	•	•	•	•	•	↑	•

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

Source: DAINAP

Injecting drug use

The Ministry of Labour, Invalids and Social Affairs estimates that in 2009 there were about 125,000 injecting drug users (IDUs) in Viet Nam (UNAIDS, 2010). According to some estimates, sharing of drug injecting equipment was responsible for a large percentage of HIV infections in Viet Nam, with some estimates being as high as between 55% – 70% (INCB, 2010b; SODC, 2010b). However, UNAIDS estimated that in 2007 the HIV prevalence rate among IDUs in the country was approximately 29% (UNAIDS, 2008).

Injection is the primary mode of administration for heroin and the secondary mode of administration for opium (smoking is the primary mode) in Viet Nam. Injecting use of heroin is reported to have increased in 2009, while injecting use of opium is reported to have decreased. Viet Nam has also reported the injecting use of cocaine.

Drug treatment

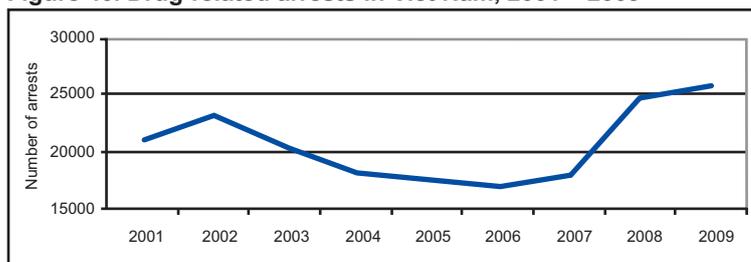
A total of 64,809 persons were reported to have received drug treatment in 2009 in Viet Nam. However, disaggregated data by drug type is not available. The most commonly used drugs among persons admitted to treatment in 2009 were, in ranking order, heroin, opium, cannabis and cocaine. Treatment services dedicated to ATS use are not available. Some ATS users receive general drug treatment services at general hospitals and psychiatric facilities. In 2008, 45,261 persons were admitted for drug treatment and rehabilitation. Less than 1% of the persons who entered treatment in 2008 were admitted for ATS use and 98% were admitted for opiate use (heroin 88% and opium 10%) (SODC, 2009b).

There are more than 70 drug treatment centres at the provincial level with the capacity to treat between 100 to 1,000 persons at each facility. At the district and commune level there are more than 700 drug treatment units (SODC, 2010b).

Research published in 2009 by the World Health Organization into the effectiveness of compulsory treatment centres in Viet Nam reported an official post-treatment relapse rate of between 70% and 80%, but noted that it might actually be as high as 95% (WHO, 2009). In 2008, the government reportedly began to improve and expand drug treatment capacity.

Drug-related arrests, seizures and prices

Drug-related arrests – In 2009, a total of 25,956 persons were arrested for drug offences. This is a 5% increase from the previous year. The trend in total drug-related arrests showed a steady decline from 2002 through 2007 and a sharp increase in 2008. Unfortunately, reported arrest data is not disaggregated by drug type, gender or nationality.

Figure 40. Drug-related arrests in Viet Nam, 2001 – 2009

Sources: DAINAP; SODC, 2007

Drug seizures – Methamphetamine seizures increased almost ten-fold in 2009 (SODC, 2010b). Crystalline methamphetamine seizures were also reported to have increased, and 3.9 kg were seized in 2009. According to Viet Nam drug control officials, ATS are being trafficked in larger quantities, resulting in larger seizures than in previous years (SODC, 2010a).

A reported 31 ha of opium poppy cultivation were eradicated in 2009, down from almost 100 hectares eradicated in 2008. Poppy cultivation occurs primarily in areas near the northern and western border with Lao PDR.

The amount of heroin seized in 2009 totaled 213 kg, representing a 36% increase from the previous year (SODC, 2010b).

Table 100. Seizures of selected drugs in Viet Nam, 2005 – 2009

Drug type	Measurement	2005	2006	2007	2008	2009
Crystalline methamphetamine	kg	•	•	0.67	•	3.9
Methamphetamine pills	pills	230,417	62,870	29,679	70,000 pills and 60 kg	500,000 pills and 5.87 kg
Methamphetamine powder	kg	0.7	0	•	•	•
Ecstasy-type (MDMA)	pills	•	•	•	19,000 and 7.6 kg	•
Cannabis herb	kg	0.7	0	•	128.8	78
Cannabis resin	kg	3,368	645	8,000	8,800	•
Heroin	kg	287.7	276.6	160.2	156.2	213
Ketamine	kg	•	•	•	5.71	•
Opium	kg	51.1	184.0	63.4	18.8	69.8

Sources: DAINAP; SODC 2010b

Drug prices – Viet Nam did not report drug price data to DAINAP.

Sources of illicit drugs

A large unspecified amount of the methamphetamine found in Viet Nam is manufactured in Myanmar. Some crystalline methamphetamine is trafficked from Cambodia. A large unspecified amount of the heroin and opium trafficked into Viet Nam is manufactured in Myanmar and Lao PDR. However, a small amount of opium is produced in Viet Nam (SODC, 2009b; SODC, 2010a; SODC, 2010b). Cannabis cultivation occurs in provinces in the north and south of the country (SODC, 2009b).

Trafficking – Large quantities of ATS, including crystalline methamphetamine, and smaller amounts of heroin are trafficked into Viet Nam by land from Cambodia (SODC, 2009b; SODC, 2010a).

Heroin and opium are frequently trafficked from Viet Nam to China by land. Also, sea ports in the central part of the country and international airports in Ho Chi Minh City and Hanoi are frequently used to traffic drugs to third countries, including China and Australia (SODC, 2009b).

Vietnamese drug control officials report several drug storage points along the northern and western border with Lao PDR and increased collaboration between local and foreign drug traffickers in neighbouring countries. Viet Nam has also reported an increase in criminal activities of transnational drug trafficking groups, especially ones originating from Africa (SODC, 2010b).

Forensic data

Viet Nam did not report forensic data in 2009.

Emerging trends and concerns

- Viet Nam appears to be the next big market in the region for methamphetamine. The use and seizures of methamphetamine pills have increased significantly over the past three years.
- Treatment services for ATS users are inadequate as most treatment services are dedicated to the use of heroin and opium.
- The prevalence rate of injecting drug users reported to be living with HIV/AIDS is an alarming 55% – 70%.
- Given the emerging threat posed by increased methamphetamine use and trafficking, the reporting of data should be improved.

Annexes

- **Data Annex**
- **References**

Data annex (East and Southeast Asia) and guide to interpretation of drug control data

Arrest data

In most countries drug-related offences recorded by law enforcement agencies typically reflect drug-related possession/use and drug trafficking (sale), and to a much lesser degree illicit drug manufacture offences. Similar to drug seizure statistics, the number of drug offences recorded is related to both illicit drug activity in a particular country and drug enforcement activity. Additionally, reported drug offences vary dramatically between countries because of vast differences in national definitions of crimes involving drugs. For example, national definitions of illicit drugs for personal use commonly vary based on threshold amounts of drugs involved, i.e. greater amounts may reflect drug trafficking versus personal use, the type of drug and nature of the drug, whether governments utilize administrative drug offences which may or may not be recorded and reported together with criminal offences, varying levels of law enforcement resources and priorities related to drug offences, and, how a country records and manages its administrative drug data - all of which vary from country to country. These issues and others make it possible for countries with relatively minor drug problems to have drug offence rates higher compared to those countries with severe drug problems, making comparison between countries difficult, if not inadvisable.

This problem can be mitigated by focusing the analysis on multi-year trends within countries and with the utilization of additional data sources, such as drug seizures or representative surveys of illicit drug use. For example, if there is an increasing trend in reported personal use offences together with a decreasing trend in self-reported illicit drug use, as reflected in representative national surveys, an increase in enforcement activity is likely. However, if an increase in reported personal use offences occurs with an increase in self-reported drug use levels, increases in actual drug activity is likely. Drug-related arrests for countries in East and Southeast Asia reported for the years 2005 – 2009 are shown in Table 101. Annual comparisons cannot be made in this table or in subsequent tables in this section because of the different years in which countries began reporting (UNODC, 2009c).

Table 101. Drug-related arrests in East and Southeast Asia, 2005 - 2009

Country	Methamphetamine					Ecstasy					Opiates				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Brunei	359	407	174	500	411	-	2	-	3	10	-	1	-	-	1
Cambodia	718	561	246	371	•	1	-	1	7	•	24	28	8	6	•
China	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hong Kong (SAR)	564	509	747	874	788	284	283	224	315	157	2,020	1,713	1,601	1,378	1,145
Indonesia	9,004	8,589	11,731	8,683	10,183	-	-	2,274	1,984	1,919	3,121	2,610	3,561	1,813	925
Japan	13,346	11,606	12,009	11,025	11,688	403	370	296	281	107	33	49	54	27	43
Leo PDR	402	479	147	344	581	•	•	•	•	•	60	-	36	45	94
Malaysia	3,832	2,411	1,235	1,443	1,131	395	228	182	119	83	22,393	14,039	9,169	8,693	8,488
Myanmar	1,171	1,071	745	943	995	9	4	8	6	-	2,712	2,078	2,015	2,059	2,139
Philippines	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Korea (ROK)	5,354	6,006	8,521	7,457	7,965	•	•	•	•	•	1	1	•	•	18
Singapore	143	124	221	306	357	91	67	78	68	21	62	119	690	885	1,080
Thailand	56,520	61,816	80,723	120,776	115,923	646	459	410	550	357	1,176	1,195	1,278	1,479	1,255
Viet Nam	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Total	91,413	93,579	116,499	152,722	150,022	1,829	1,413	3,473	3,333	2,654	31,602	21,833	18,412	16,385	15,188

Source: DAINAP and multiple resources; see relevant country chapters for details

* Includes drug related arrests for all illicit drug types in the country. Duplication of total arrest data may occur in individual cases.

Table 101. Cont. Drug-related arrests in East and Southeast Asia, 2005 - 2009

Country	Cannabis					Total*				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Brunei	23	31	27	28	5	393	475	772	591	556
Cambodia	25	8	8	6	•	769	608	263	394	615
China	•	•	•	•	•	58,517	56,217	68,109	73,360	91,859
Hong Kong (SAR)	639	719	541	544		4,411	5,132	6,791	8,089	5,943
Indonesia	7,818	12,865	18,142	11,581	12,001	21,333	25,012	38,235	40,569	38,173
Japan	1,941	2,288	2,271	2,758	2,920	16,431	14,734	15,105	14,288	14,985
Lao PDR	-	-	2	26	40	462	479	182	418	718
Malaysia	5,044	5,275	3,385	1,726	5,207	32,808	22,811	14,489	12,352	15,736
Myanmar	275	232	217	240	316	4,379	3,867	3,074	3,356	3,843
Philippines	•	•	•	•	•	16,168	11,535	10,710	10,530	9,052
Korea (ROK)	1,032	835	1,170	1,045	1,712	7,154	7,709	10,649	9,898	11,875
Singapore	102	122	102	62	76	793	1,225	2,211	1,925	1,883
Thailand	7,546	10,549	9,833	11,689	12,502	74,392	86,333	104,347	149,915	135,976
Viet Nam	•	•	•	•	•	17,714	16,686	14,800	24,739	21,086
Total	24,445	32,924	35,698	29,705	34,779	255,724	252,823	289,737	350,424	352,300

Source: DAINAP and multiple resources; see relevant country chapters for details

* Includes drug related arrests for all illicit drug types in the country. Duplication of total arrest data may occur in individual cases.

Seizure data

Drug seizure data represent the most commonly reported data available for most countries and, in some cases, are the only data available to assess illicit drug supply and to infer patterns and trends in use. The quantity of illicit drugs seized annually, both in total weight and number of cases, is influenced by many factors, but is largely a result of the amount of drugs available in the market and the effectiveness of interdiction efforts. There is often considerable annual variability in both of these key factors and, thus, considerable volatility in the amounts of illicit drugs reported seized annually. For example, drug traffickers often adopt new trafficking routes and concealment techniques to avoid detection without any real change in the amount of drugs available on the market. In addition, the results of a government's interdiction efforts vary dramatically based on number of factors, such as the availability of properly trained and equipped personnel; a government's stability and its control over its territories and borders; a country's physical location and geography; and, how a country records, manages, analyzes and reports its administrative data.

An assessment of drug supply of a single drug based on seizure data from a single year, from just one country, without regard to the form or composition of a drug – e.g. methamphetamine pills versus methamphetamine in powder or crystalline forms – can be misleading. To understand drug supply, it is useful to have indicators other than simply seizures, such as drug prices and purity. Trends in a drug's price per pure gram are a sign of real changes in their market supply. For example, if there is an increasing trend of seizures together with a decreasing trend in price per pure gram, a real increase in supply is likely. However, if an increase in seizures occurs along with an increase in price per pure gram, increased effectiveness of interdiction efforts is more likely. The ability to assess drug purity accurately depends on the capacity of a country's forensic laboratories. Unfortunately, very few countries in the region have the resources and capacity to regularly and properly collect price and purity data, making this level of assessment challenging (UNODC, 2009c; UNODC, 2008a). Seizures data for the years 2005 – 2009 for countries in East and Southeast Asia are shown in Table 102.

Table 102. Drug seizures in East and Southeast Asia, 2005 - 2009

Country	Methamphetamine pills					Crystalline methamphetamine (kg)					Ecstasy pills					Ketamine (kg)					
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009	
Brunei	•	157	•	•	•	0.70	0.43	0.25	0.38	0.32	•	50	•	2	15	•	•	•	•	•	0.02
Cambodia	351,651	428,553	420,287	116,772	137,249	2.00	16.20	6.75	1.90	4.60	1,906	232	300	33	3,352	•	•	•	495****	•	1.14
China	•	4,021,492	7,620,322	6,255,688	40,450,608	5,600.00	5,946.00	5,863.00	5,523.00	2,518.00	2,342,397	454,145	2,219,353	1,077,552	1,062,138	2,630.00	1,768.50	6,101.70	5,271.10	•	5,303.00
Hong Kong (SAR)	•	•	•	•	•	228.10	6.70	40.80	45.80	43.71	47,894	104,296	66,539	18,326	15,442	298.10	1,006.00	96.40	434.90	•	495.51
Indonesia	255,016	466,907	•	•	•	367.60	1,241.20	492.87	709.90	237.80	•	•	1,247,302	1,045,105	309,387	•	•	•	•	•	•
Japan	•	•	•	•	•	123.00	144.00	359.00	399.00	356.30	576,748	196,212	1,277,859	217,822	61,280	•	•	•	•	•	19.80
Laos PDR	4,566,309	1,755,989	1,272,815	1,227,205	2,335,330	4.80	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Malaysia	•	•	121,629	281,343	107,952	39.20	145.20	69.20	679.00**	1,159.66	434,233	227,932	709,889**	109,444****	75,515	409.80	109.50	267.90	553.10	•	1,070.59
Myanmar	3,651,505	19,065,674	1,666,141	1,102,199	23,899,156	280.30	2.30	3.40	14.40	124.00	5,807	54	2,690	108	5	•	16.00	•	•	•	•
Philippines	•	•	•	•	•	104.10	766.00	368.90	853.50	980.80****	111	83	13	513	2,090	7.80	98.00	•	10.20	•	0.00
Korea (ROK)	18	•	196	151	1	19.30	21.50	23.70	25.60	15.20	10,744	356	18,323	714	894	•	•	•	•	•	•
Singapore	•	22	498	1,135	1,237	0.10	0.54	1.52	1.83	3.72	610	4,236	7,034	7,415	8,985	3.60	5.26	11.00	14.04	•	8.65
Thailand	15,781,346	13,820,000	14,200,000	22,115,911	26,640,206	322.60	93.74	47.24	52.90	209.00	33,929	26,656	113,735	486,553	58,024	42.20	22.70	28.10	18.10	•	18.90
Viet Nam	230,417	62,870	29,679	850,000*	564,515*****	•	•	0.70	•	3.90	•	•	•	19,000	•	•	•	•	•	•	•
Total	24,926,262	39,621,664	25,331,567	31,950,374	94,136,254	6,991.80	8,383.81	7,277.33	8,307.21	5,657.01	3,454,179	1,014,252	5,662,036	2,982,587	1,597,127	3,389.50	3,045.96	6,505.10	6,326.95	•	6,897.81

Source: DAINAP and multiple resources; see relevant country chapters for details

* Reported as 60kg plus 70,000 pills. ** 679 litres liquid methamphetamine. 1 litre converted to 1 kg. In addition 379 kg methamphetamine powder was seized. *** Reported as 167.55 kg plus 151,211 pills. **** Reported as 8.6 kg and 80,778 pills ***** reported as small bottles, undefined weight ***** Reported as 500,000 pills and 5.87 kg. and 831.5 litre of liquid methamphetamine. 1 litre converted to 1 kg. ***** Reported as 500,000 pills and 5.87 kg.

Table 102. Cont. Drug seizures in East and Southeast Asia, 2005 - 2009

Country	Heroin					Opium					Cannabis				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Brunei	•	•	•	•	1.10	•	•	•	•	•	•	2.30	0.10	0.60	1.50
Cambodia	11.80	21.30	10.70	5.30	26.70	1.80	•	•	•	•	103.00	•	10.00	5.00	3.80
China	6,904.70	5,792.10	4,594.00	4,332.30	5,837.00	1,691.00	1,184.60	1,375.00	1,303.00	1,303.00	941.00	•	•	•	•
Hong Kong (SAR)	31.90	52.20	37.40	54.60	59.03	•	•	•	•	•	417.00	152.50	467.30	257.40	107.00
Indonesia	19.80	11.90	17.20	29.10	15.50	•	•	•	•	•	22,835.00	35,464.70	140,650.00	110,764.06	•
Japan	•	2.30	2.10	1.00	1.20	1.00	•	6.60	3.20	3.20	873.60	322.50	457.90	408.20	212.30
Lao PDR	40.40	9.20	23.80	17.50	29.20	56.80	1.20	14.20	11.80	50.00	1.60	291.50	2,302.80	804.60	976.00
Malaysia	252.30	155.70	243.30	297.10	283.35	3.90	0.50	7.40	13.90	10.14	1,166.20	2,378.80	1,482.60	874.80	2,351.79
Myanmar	811.70	192.40	68.40	88.20	1,076.13	772.70	2,321.00	1,173.80	1,463.40	752.04	453.10	72.90	104.30	170.20	284.60
Philippines	•	•	•	•	•	•	•	2.50	•	•	4,433.80	11,150.50	11,150.50	3,725.00	1,660.00
Korea (ROK)	0.01	0.02	•	•	1.90	0.01	0.10	0.14	0.20	0.20	18.40	20.90	22.20	92.70	123.00
Singapore	3.30	6.13	17.20	44.50	29.14	•	•	•	0.50	•	0.70	1.50	2.90	1.10	7.06
Thailand	948.60	92.50	293.60	198.80	142.80	102.60	767.50	139.70	111.30	102.30	13,343.80	11,875.00	15,384.60	18,891.60	17,558.80
Viet Nam	287.70	276.60	160.20	156.20	213.00	51.10	184.00	63.00	18.80	24.00	3,368.50	645.00	8,000.00	8,928.80	78.00
Total	9,312.21	6,612.35	5,467.90	5,225.60	7,716.05	3,299.51	4,967.10	2,585.34	3,184.20	2,244.88	47,691.20	38,951.20	74,640.00	174,813.60	134,127.91

Source: DAINAP and multiple resources; see relevant country chapters for details

* Reported as 60kg plus 70,000 pills. ** 679 litres liquid methamphetamine. 1 litre converted to 1 kg. In addition 379 kg methamphetamine powder was seized. *** Reported as 167.55 kg plus 151,211 pills. **** Reported as 8.6 kg and 80,778 pills ***** Reported as small bottles, undefined weight
 ***** Reported as 149.3 kg

Treatment data

Drug treatment data often represent the only source of data available to assess illicit drug demand in a country. Systematically collected, drug treatment trend data are useful in understanding both emerging and existing drug problems, their extent and patterns of use. However, accurately interpreting treatment data are difficult because the definition of drug 'treatment' varies between countries and the treatment services provided are often under-reported or incomplete.

Countries provide various types of drug 'treatment' which are defined differently based on a variety of social, cultural, political and medical contexts. Treatment focused on addressing the medical aspects of addiction may reflect a different population of drug users than services focused on the social or public health of a community. Therefore, treatment-based statistics could be misleading. For example, if services are primarily designed for the needs of opiate users, an increase in problematic methamphetamine use may not necessarily reflect increased demands for methamphetamine treatment. Additionally, the lag between onset of use and first treatment demand may take some time to occur in a population, particularly for emerging drugs and for drugs that do not cause acute reactions. This appears to be the case in some countries in East and Southeast Asia.

Countries typically have a combination of treatment programmes that are provided or sponsored by government agencies, non-government organizations and private providers, which can result in administrative data that are often incomplete, under-reported or simply not collected. For example, the administrative costs associated with collecting treatment data often result in providers avoiding the activity altogether. In addition, treatment providers may be unwilling to disclose the collected data due to concerns about the privacy and confidentiality of drug treatment patients. When reported, treatment data are often limited to geographic areas, such as a particular province or metropolitan area, or to specific treatment modalities, such as in-patient treatment hospitals or government-run treatment programmes, or only reflect treatment figures for a specific substance, such as opiate-based detoxification or maintenance programs.

Even when defined and consistently reported, interpretation based on treatment services poses additional challenges. For example, while an increase in persons seeking treatment may indicate an increase in drug demand, it may also indicate an increase in treatment capacity or reflect a successful initiative to intervene earlier in the progression of a drug user's dependence. Therefore, interpretation of treatment demand data is best done in the context of additional indicators of drug use and the policy responses for a given country.

Table 103 shows annual drug treatment admissions in East and Southeast Asia for the years 2005 – 2009.

Table 103. Total annual treatment admissions in East and Southeast Asia, 2005 - 2009

Country	Methamphetamine					Ecstasy					Heroin and opium				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Brunei	74	56	59	50	102	•	•	•	•	•	1	•	•	•	•
Cambodia	•	•	•	•	1,175	•	•	•	•	4	•	•	•	•	56
China	•	•	•	•	•	•	•	•	•	•	349,000	•	•	•	•
Indonesia	146	580	•	•	984	328	•	•	•	490	3,165	2,151	•	•	10,768
Japan	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Lao PDR	1,077	•	•	1,150	•	•	•	•	•	•	•	•	•	7	•
Malaysia	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Myanmar	254	33	23	21	23	•	•	•	•	•	1,762	1,281	879	949	1,024
Philippines	4,778	3,256	2,562	2,014	1,678	96	71	62	36	45	11	•	•	•	•
Korea (ROK)	359	420	461	397	317	•	•	•	•	•	4	3	4	•	•
Singapore	25	39	66	87	143	34	36	35	23	7	20	39	159	201	142
Thailand	30,403	29,235	45,847	70,005	86,816	190	105	589	214	284	2,958	2,427	2,705	3,071	3,261
Viet Nam	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Total	37,116	33,619	49,018	73,724	91,238	648	212	686	273	830	356,921	5,901	3,747	4,228	15,251

Source: DAINAP and multiple resources; see relevant country chapters for details

*Includes drug-related treatment admissions for all illicit drug types in the country. Duplication of total treatment data may occur in individual cases.

Table 103. Total annual treatment admissions in East and Southeast Asia, 2005 - 2009

Country	Cannabis					Total*				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Brunei	•	1	•	•	•	75	57	59	50	103
Cambodia	•	•	•	•	4	•	1,090	1,719	2,382	1,305
China	•	•	•	•	•	368,000	340,003	•	11,267	173,000
Indonesia	424	900	•	•	1,774	5,140	6,313	•	•	14,852
Japan	•	•	•	•	•	•	8,942	9,386	•	11,130
Leo PDR	•	•	•	2	•	1,376	1,177	1,894	1,682	1,964
Malaysia	•	•	•	•	•	32,808	22,748	14,489	•	15,645
Myanmar	19	•	57	2	•	2,035	1,314	959	974	•
Philippines	1,976	1,807	1,421	1,264	1,086	7,446	5,161	4,287	3,372	2,863
Korea (ROK)	24	19	12	•	7	387	442	477	418	325
Singapore	•	•	10	27	27	176	436	510	481	535
Thailand	3,543	4,043	5,765	5,765	7,898	39,872	38,676	58,812	84,575	106,408
Viet Nam	•	•	•	•	•	69,610	80,368	•	45,261	64,809
Total	5,986	6,770	7,265	7,060	10,796	526,925	506,727	92,592	150,462	392,939

Source: DAINAP and multiple resources; see relevant country chapters for details

*Includes drug-related treatment admissions for all illicit drug types in the country. Duplication of total treatment data may occur in individual cases.

Drug use data

Accurately measuring how many persons engage in an illicit behavior, such as drug use, is a challenging endeavor. Two broad approaches often used are direct survey and indirect estimation, each with benefits and limitations. The direct method for estimating drug use prevalence utilizes population surveys, either for general or specialized groups, such as students. Drug use surveys usually ask a sample of participants if drugs were used at least once in the past month, at least once in the past year, or in their lifetime, in order to estimate total drug use in the general or specialized population. The approach generates accurate estimates if and when a representative population sample of drug users is obtained equitably from around the country (i.e. metropolitan drug use levels are typically higher than rural drug use levels) and interviewees honestly and accurately disclose their drug use. However, this approach leads to underestimates of the actual levels of drug use because it typically excludes marginalized groups, such as severe or problematic drug users who are unable to take part in either a household or a school-based survey, and because persons may feel uncomfortable disclosing their illicit drug use.

The indirect method of estimating drug use prevalence uses multiple data sources to estimate the population of drug users. The multiplier method is a common approach which uses two independent pieces of data: one data source, for example, the number of persons receiving treatment in a year, is multiplied with another, for example, the proportion of a sample of drug users who received treatment, to estimate the drug-using population. While this approach is both less expensive and technically challenging than general population surveys and does not require persons to admit to drug use, it does require multiple sources of data to perform multiple estimates, which many countries do not collect.

Because of the limitations noted above and others, estimates of illicit drug use sometimes have a wide range. Ranges of estimated drug use reflect the likely levels of use and the amount of uncertainty related to estimates of use. For example, amphetamine and methamphetamine past year drug use as reported in 2009 for adults aged 15-64 was between 14 and 53 million people globally (UNODC, 2010a). The wide range in this estimate is partly due to countries in Asia, notably China and India, that contain a significant proportion of the world's population, but where nationally representative population surveys of illicit drug use may not be conducted regularly. In contrast, the smaller ranges in the estimated number of users in regions such as North America and Europe reflect the longstanding and relatively well funded research programmes in some of the countries in those regions.

For several countries in East and Southeast Asia, there are few or no prevalence estimates on either direct or indirect measurements. In the event that no survey data is available, qualitative judgments of prevalence and changes in patterns and trends often can be made by drug experts and key informants who are familiar with available data sources, although limited, and country-specific nuances of change in population size and behaviour. In this regard, UNODC requests all national counterpart agencies to make a qualitative assessment of the extent of use by providing a hierarchical ranking of drugs from the most commonly used to the least commonly used as well as a report on the trend in use of each drug, based on available law enforcement agency statistics, treatment and public health office reports, social service agency information and other sources of drug use indicator data (UNODC, 2008a).

Rank and trend data for East and Southeast Asian countries for the years 2005 through 2009 are shown in Tables 104 and 105.

Table 104. Rank in use of selected drugs in East and Southeast Asia, 2005 - 2009

Country	Methamphetamine pills					Crystalline methamphetamine					Ecstasy				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Brunei	•	•	•	•	•	1	1	1	1	1	•	3	•	•	5
Cambodia	1	1	•	•	2	•	5	•	•	1	5	6	•	•	•
China	3	3	•	2	2	4	2	•	2	2	2	4	•	3	3
Indonesia	•	•	•	•	•	5	4	•	2	2	4	3	•	2	3
Japan	•	•	•	•	•	1	1	1	1	1	4	4	4	4	3
Lao PDR	1	1	1	1	1	•	•	•	•	•	•	•	•	•	•
Malaysia	•	•	•	•	4	4	4	4	4	3	8	6	6	6	7
Myanmar	3	3	3	3	3	•	•	•	•	•	•	•	•	•	•
Philippines	•	•	•	•	•	1	•	•	1	1	•	•	•	•	•
Korea (ROK)	•	•	•	•	•	1	1	1	1	1	•	•	•	•	•
Singapore	•	•	•	•	•	3	4	4	4	3	6	7	8	7	8
Thailand	1	1	1	3	1	3	3	3	8	7	6	6	6	7	9
Viet Nam	2	2	4	4	3	•	•	•	4	3	3	3	•	4	3

Source: DAINAP and multiple resources; see relevant country chapters for details

Table 104. Cont. Rank in use of selected drugs in East and Southeast Asia, 2005 - 2009

Country	Heroin					Cannabis				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Brunei	•	•	•	•	6	2	2	2	2	2
Cambodia	3	2	•	•	3	2	3	•	•	•
China	1	1	•	1	1	7	7	•	•	•
Indonesia	6	2	•	4	5	1	1	•	1	1
Japan	5	6	6	6	•	3	3	3	2	2
Lao PDR	3	3	3	4	4	2	4	4	3	2
Malaysia	1	1	1	1	1	3	3	3	3	2
Myanmar	2	1	1	1	1	5	•	4	4	4
Philippines	•	•	•	•	•	2	•	•	2	2
Korea (ROK)	•	•	•	•	•	2	2	2	2	2
Singapore	7	6	2	1	1	5	5	7	8	7
Thailand	8	8	5	6	5	2	2	2	1	2
Viet Nam	1	1	1	1	1	•	•	3	3	4

Source: DAINAP and multiple resources; see relevant country chapters for details

Table 105. Reported drug trends in East and Southeast Asia, 2005 - 2009

Country	Methamphetamine pills					Crystalline methamphetamine					Ecstasy				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Brunei	•	•	•	•	•	↑	↓	↓	↔	↓	•	↑	•	•	↑
Cambodia	↑	↑	•	•	↑	•	•	•	•	↑	↔	↔	•	•	•
China	↑	↑	•	↑	↑	↑	•	•	↑	↑	↑	↑	•	↑	↑
Indonesia	•	•	•	•	•	•	•	•	↑	↑	↑	•	•	↑	↓
Lao PDR	•	•	•	•	•	↔	↔	↔	↑	↔	↑	↑	↓	↔	↓
Japan	•	•	•	•	•	↓	↑	↑	↓	↓	•	•	•	•	•
Malaysia	•	•	•	•	↑	↓	↓	↓	•	↑	↓	↓	•	•	↔
Myanmar	↑	↑	↑	↑	↑	•	•	•	•	•	•	•	•	•	•
Philippines	•	•	•	•	•	↔	•	•	↓	↓	•	•	•	•	•
Korea (ROK)	↑	↑	↑	↔	↑	•	•	•	•	•	•	•	•	•	•
Singapore	•	•	•	•	•	↑	↑	↑	↑	↑	↓	↓	↑	↓	↓
Thailand	↓	↓	↑	↑	↑	↑	↓	↓	↑	↑	↓	↑	↓	↓	↓
Viet Nam	↑	↑	•	↑	↑	•	•	•	↑	↑	↑	•	↑	↑	↑

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

Source: DAINAP

Table 105. Cont. Reported drug trends in East and Southeast Asia, 2005 - 2009

Country	Heroin					Cannabis				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Brunei	●	●	●	●	●	↓	↑	↓	↑	↑
Cambodia	↑	↑	●	●	●	↔	↔	●	●	●
China	↑	↓	●	↔	↔	↔	↔	●	●	●
Indonesia	↑	●	●	↓	↓	↑	●	●	↔	↑
Lao PDR	↔	●	↔	↔	●	↑	↑	↔	↓	●
Japan	●	●	●	●	●	↑	↑	↑	↓	↓
Malaysia	↑	↓	↓	●	↓	↓	↓	↓	●	↑
Myanmar	↓	↓	↔	↓	↓	↓	●	↔	↔	↔
Philippines	●	●	●	●	●	↑	●	●	↓	↓
Korea (ROK)	↑	↑	↑	↓	↑	↔	↔	↑	↓	↑
Singapore	↓	↑	↑	↑	↑	↑	↑	↓	↓	↑
Thailand	↓	↓	↑	↓	↑	↑	↑	↑	↑	↑
Viet Nam	↑	↑	●	↑	↑	●	●	●	↓	↓

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

Source: DAINAP

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