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Office on Drugs and Crime
Regional Centre for East Asia and the Pacific

UNODC Regional Centre for East Asia and the Pacific

Demand Reduction Strategy 2006-2010

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UNODC Regional Centre for East Asia and the Pacific Demand Reduction Strategy 2006-2010

Thailand, May 2007

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The United Nations Office on Drugs and Crime (formerly the Office for Drug Control and Crime Prevention) was set up in 1997, combining the United Nations Centre for International Crime Prevention and the United Nations International Drug Control Programme. It was established by the Secretary-General of the United Nations to enable the Organization to focus and enhance its capacity to address the interrelated issues of drug control, crime prevention and international terrorism in all its forms.

The mandate of the Office derives from several international drug and crime instruments and resolutions of the General Assembly, Economic and Social Council, Commission on Narcotic Drugs, and Commission on Crime Prevention and Criminal Justice. The Office's technical cooperation programme aims to help improve the capacity of Governments to execute those international commitments. The Office is headed by an Executive Director, appointed by the Secretary-General, and is co-located with the United Nations Office at Vienna, of which the Executive Director also serves as the Director-General.

The UNODC Regional Centre for East Asia and the Pacific is located in Bangkok, Thailand, and within its mandate works with over 30 countries and non-metropolitan territories. The Regional Centre carries out regional and national projects, and provides advisory services to complement national responses throughout the East Asia and Pacific region. In the Lao People's Democratic Republic, Myanmar and Viet Nam, UNODC Country Offices are responsible for UNODC programmes and operations in the respective countries.

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Drafters:

Drafted by UNODC Regional Centre for East Asia and the Pacific with substantive inputs from the UNODC headquarters in Vienna, Austria, and in consultation with the Country Offices in Lao PDR, Myanmar and Viet Nam.

FOREWORD

Patterns of illicit drug production, manufacture, trafficking and abuse in East Asia and the Pacific are changing. While abuse of opiates, such as heroin, continues to be of serious concern, abuse of Amphetamine-Type Stimulants (ATS), particularly methamphetamine, is increasing, as clandestine ATS manufacture is spreading in East Asia and the Pacific. At the same time, injecting drug use remains the leading cause of HIV transmission in many countries. The region is affected by serious consequences of drug abuse and illicit trafficking: an upsurge in crime, violence and corruption; adverse effects on health; the draining of human, natural and financial resources that might otherwise be used for social and economic development; the destruction of individuals, families and communities; and the undermining of political, cultural, social and economic structures.

UNODC is working with countries in the region to address the above threats to human security and support development within the region. Building on past successes in responding to illicit drug production, trafficking and abuse in the region, the Regional Centre for East Asia and the Pacific provides Governments with information on the nature, patterns and trends in drug abuse. Moreover, UNODC assists Governments to identify effective methodologies and programmes for demand reduction in different socio-economic and cultural contexts. In all activities, UNODC searches to increase the effectiveness of measures undertaken at the national level to prevent and reduce drug abuse.

The most effective approach towards the drug problem consists of a comprehensive, balanced and coordinated approach, encompassing supply control and demand reduction reinforcing each other, based on the principle of shared responsibility. Programmes should be integrated to promote cooperation between all concerned, include a wide variety of appropriate interventions aimed to promote health and social well-being among individuals, families and communities and reduce the adverse consequences of drug abuse for the individual and for society as a whole. The Regional Centre hopes to provide the common thread that ties these programmes together.

This Demand Reduction Strategy, developed as a working tool, will enable the Regional Centre to identify priority issues within the UNODC mandate in demand reduction areas and outline the overall response to these in the coming years. This in turn will ensure the UNODC Regional Centre to effectively work with countries to make a difference in the region.

Akira Fujino
Representative
UNODC Regional Centre
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CONTENTS

LIST OF ABBREVIATIONS

ACCORD	ASEAN and China Cooperative Operations in Response to Dangerous Drugs
AIDS	Acquired Immune-Deficiency Syndrome
ASEAN	Association of South-East Asian Nations
ATS	Amphetamine-Type Stimulants
CBO	Community Based Organization
CND	Commission on Narcotic Drugs
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Use
IEC	Information Education and Communication
Lao PDR	Lao People's Democratic Republic
NGO	Non Governmental Organization
PLWA	People Living With AIDS
STD	Sexually Transmitted Disease
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

EXECUTIVE SUMMARY

Overview of the Current drug abuse Situation

Over the past several years the scope and nature of drug abuse in East Asia and the Pacific has seen a number of dynamic shifts. Two of the most critical changes to affect the region have been the emergence of "Amphetamine-Type Stimulants" (ATS) as the primary drug of abuse in many of the region's countries and the drastic increase in the rates of HIV/AIDS among drug abusers (especially injecting drug users of heroin).

Given the scope and nature of drug abuse within this region, a successful response must be based on a multi-disciplinary, comprehensive model that combines a number of key strategies across a full continuum of interventions. This continuum begins with appropriate drug control policies at the national and regional that provide primary prevention aimed at discouraging abuse. It also includes targeted prevention programmes for young people and others determined to be at high-risk for drug abuse. Systems for early intervention, assessment, and referral need to be developed to help identify and provide timely services for those individuals who show signs of developing drug-related problems. Treatment and rehabilitation programmes must be available which offer a range of modalities and approaches so that appropriate services can be matched to the needs of drug abusers at a variety of stages of drug dependency.

Further, appropriate ancillary health and social services need to be developed and linked to these treatment programmes. Finally, community-based systems for ongoing aftercare and social reintegration need to be instituted to ensure sustained drug-free status once individuals complete formal treatment programmes.

Role of UNODC

UNODC has identified three main objectives of the UNODC demand reduction strategy:

- To provide Governments with information on the nature, patterns and trends in drug abuse for use in formulating drug control policy.
- To identify effective methodologies and programmes for demand reduction in different socio-economic and cultural contexts, and to make them known to member States, international organizations, and experts. To this end, UNODC develops methods and tools for the identification and dissemination of effective policies, techniques, programme modalities and resource materials on the prevention of drug abuse, and for the treatment, rehabilitation, and social reintegration of former drug abusers.
- To increase the effectiveness of measures undertaken at the national level to prevent and reduce drug abuse. Support is given to member States by such means as the provision of technical and legal advice, expert meetings and technical cooperation projects addressing, sub-regional, and regional concerns.

Taking into account the regional situation and needs, the demand reduction strategy of the UNODC Regional Centre for South-East Asia and the Pacific focuses on the following five key areas:

- The first key area is with regards to the collection and management of data on prevalence, emerging trends and programme effectiveness.
- A second key area is to serve as a regional forum for information exchange. This information includes data on emerging regional trends; sharing and dissemination of good practices; research on effective practices; updates on efforts underway at the country and regional levels; opportunities for professional development; and the dissemination of new publications and other resources to support national and local initiatives.
- A third area pertains to the ability to craft, articulate and advocate for the adoption of a comprehensive approach to addressing drug issues in East Asia and the Pacific.
- The fourth is the development of broad-based partnerships for demand reduction and drug control. In fact, this is an area that UNODC is uniquely qualified to address. Unlike most organizations, UNODC has the advantage of having established relationships with the educational, health and criminal justice systems through the region. While a broad range of partners is desirable in addressing many issues, the ability to work across these three systems is critical in addressing issues of substance abuse. By playing a leadership role in the formulation of multi-sectoral working groups at the country and regional levels, UNODC can use its comparative advantage in this area to greatly increase collaboration across key systems, and in turn dramatically increase the likelihood that effective demand reduction practices will be implemented throughout the region.
- A fifth and final area is programme development. To this end, UNODC is committed to working in selective settings to develop demonstration projects which support the adaptation to local needs of exemplary approaches. In doing so, UNODC can support early adaptors in introducing new practices to the region, gaining insights into the process of adaptation, and establishing chains of influence that lead to the broader application of effective practices throughout the region.

Additionally, UNAIDS Technical Support Division of Labour[1] has assigned UNODC to be the Lead Organization in the prevention of transmission of HIV among injecting drug users and in prisons. UNODC is also a Main Partner in the monitoring and evaluation of the HIV/AIDS situation associated with drug abuse.

Specific Priority Problem Areas

Of the various drug related issues facing this region, two are of particular concern. The first is the abuse of Amphetamine-Type Stimulants (ATS). The second is the relationship between injecting drug use (heroin and other drugs) and the transmission of drug related HIV/AIDS. Consequently, both have been designated as specific priority problem areas by UNODC and many national governments throughout the region.

[1] UNAIDS (2005). "UNAIDS Technical Support Division of Labour: Summary and Rationale". Joint United Nations Programme on HIV/AIDS 2005. p. 5.

To the end of addressing these two issues, UNODC and a number of national drug control boards have worked together to establish the following four objectives to guide policy and programme development as a comprehensive package:

- **Objective One:** Strengthen national drug demand reduction policies including ATS to effectively reduce demand
- **Objective Two:** Increase quality and coverage of treatment and rehabilitation for recovering addicts with attention given to the special considerations regarding the treatment of ATS abuse
- **Objective Three:** Increase primary prevention activities for ATS and other drug abuse (including injecting drug use) in the general society, schools, community and workplace
- **Objective Four:** Reduce injecting drug use (IDU) and HIV vulnerability from drug abuse and IDU by improving opiate treatment service delivery, promoting voluntary counselling and HIV testing; HIV/AIDS treatment, care and support; condom distribution; drug substitution treatment; needle and syringe programmes; Information Education and Communication (IEC) and outreach

A. DRUG ABUSE SITUATION IN THE REGION

1. Drug abuse patterns and trends[2]

ATS and opiates dominated drug abuse in the region in 2005, cited by most countries as being either the most prevalent drugs of abuse and/or the most serious drugs of concern. Of the thirteen countries participating in UNODC Regional Centre web-based Drug Abuse Information Network for Asia and the Pacific, six countries (Brunei, Cambodia, Japan, Lao PDR, the Philippines and Thailand) ranked methamphetamine abuse as number one, while three (China, Malaysia and Viet Nam) ranked heroin abuse number one and Myanmar ranked opium abuse number one. Among the remaining countries, Australia and Indonesia ranked cannabis as the most abused drug with ecstasy ranked second in Australia, and Singapore ranked nimetazepam number one with methamphetamine ranked third.

Among the ATS drugs, abuse of methamphetamine shows an increasing trend in a majority (8 of 13) of the countries participating in the information network. After a major law enforcement campaign, focused particularly on methamphetamine, Thailand reported a downturn in the abuse trend in 2005. Malaysia was the only other country to report a downturn, while Australia, Japan, and the Philippines reported a stable trend. The trend in ecstasy was reported on the increase in seven of the nine countries that ranked it as a problematic drug of abuse. Abuse of ecstasy was reported to be on the decline in Singapore and unchanged in Thailand.

Heroin is the leading drug problem in China, Malaysia and Viet Nam where the trend in abuse increased during the past year. Three additional countries, Cambodia, Indonesia, and Lao PDR also reported an increasing trend.

Another major drug of abuse, and the one of highest abuse prevalence in many countries of the world – cannabis – was ranked at the top by Australia and Indonesia and ranked second by five other countries. Of the twelve countries that provided a ranking for cannabis, only Indonesia, Japan, and the Philippines reported an increasing trend in abuse during 2005.

The leading drug of abuse reported by each country, the most recent trend in abuse, and the primary route of administration of the drug is shown in Table 3. Of the 13 countries reporting, the primary drug of abuse in twelve involves ATS (six countries), opiates (four countries) or cannabis (two countries). The remaining country, Singapore, cited the benzodiazepine, nimetazepam, as the primary drug of abuse in 2005.

[2] The following sections on drug abuse and treatment in the region are excerpts from the publication **Patterns and Trends of Amphetamine-Type Stimulants (ATS) and Other Drugs of Abuse in East Asia and the Pacific 2005**, released in August 2006 by UNODC Regional Centre project *Improving ATS Data and Information Systems* (AD/RAS/01/F97). The publication also includes country-by-country analyses of drug situations in 13 countries in the East Asia and Pacific Region. To view the entire document, visit the project website Asia & Pacific ATS Information Centre (www.apaic.org). The national data analyzed in the publication was collected through the Drug Abuse Information Network for Asia and the Pacific (DAINAP), a web-based data collection system developed and managed collaboratively by two UNODC Regional Centre projects: *Improving ATS Data and Information Systems* and the *Regional Cooperative Mechanism to Monitor and Execute the ACCORD Plan of Action* (AD/RAS/01/F73).

Trends in abuse of selected drugs, 2005

Country	*Methamphetamine*		*Ecstasy*		*Heroin*		*Cannabis*	
	Trend	*Ranking*	*Trend*	*Ranking*	*Trend*	*Ranking*	*Trend*	Ranking
Australia[a]	⇔	3	⇧	2	⇔	8	⇩	1
Brunei	⇧	1	*	*	*	*	⇩	2
Cambodia	⇧	1	⇧	5	⇧	3	⇔	2
China	⇧	3	⇧	2	⇧	1	⇔	7
Indonesia	⇧	5	⇧	4	⇧	6	⇧	1
Japan	⇔	1	⇧	4	⇔	5	⇧	3
Lao PDR	⇧	1	*	*	⇧	3	⇔	2
Malaysia	⇩	4	⇧	8	⇧	1	⇩	3
Myanmar	⇧	3	*	*	⇩	2	⇔	5
Philippines	⇔	1	*	*	*	*	⇧	2
Singapore	⇧	3	⇩	6	⇩	7	⇩	5
Thailand	⇩	1	⇔	6	⇩	8	⇩	2
Viet Nam	⇧	2	⇧	3	⇧	1	*	*

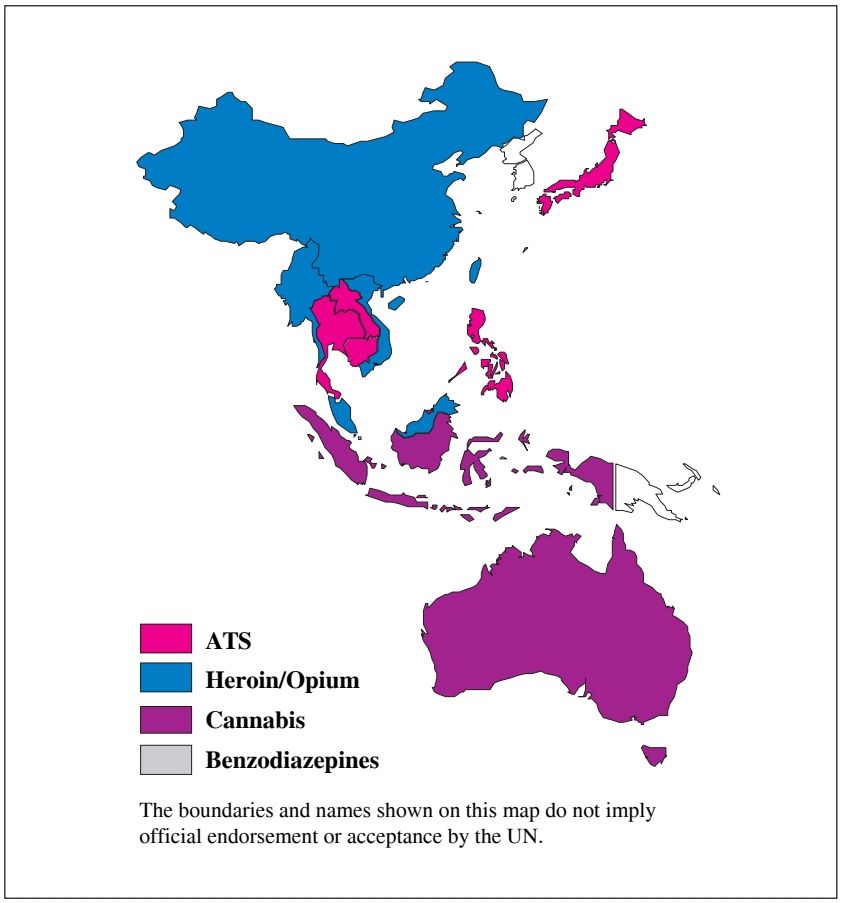
* Not ranked as a drug of abuse in 2005; [a] Refers to 2004 trend.

Primary drug of abuse by country, 2005

Country	*Drug*	*Abuse trend*	*Route of administration*
Australia[a]	Cannabis	Decrease	Smoke
Brunei	Methamphetamine crystal	Increase	Smoke/inject
Cambodia	Methamphetamine pills	Increase	Smoke/swallow/inject
China	Heroin	Increase	Smoke/inject
Indonesia	Cannabis herb	Increase	Smoke
Japan	Methamphetamine crystal	No change	Inject/smoke
Lao PDR	Methamphetamine pills	Increase	Swallow/snort
Malaysia	Heroin	Increase	Inject, snort
Myanmar	Opium	Decrease	Smoke/swallow
Philippines	Methamphetamine crystal	No change	Inhale
Singapore	Nimetazepam	Increase	Swallow
Thailand	Methamphetamine pills	Decrease	Smoke
Viet Nam	Heroin	Increase	Inject/smoke

* Based on 2004 household survey data.

Primary drug of abuse in the region, 2005



The trend in ATS abuse, both methamphetamine and ecstasy, is increasing in a majority of countries in the region. In terms of opiates, the trend in heroin abuse is reported to be on the increase in six countries, while opium abuse is generally declining in the region. Cannabis is either level or shows a declining trend in most countries. Several countries reported a growing concern about abuse of benzodiazepines and inhalants.

According to the Pacific Island Forum Secretariat, which represents the Heads of Governments in the Pacific sub-region, the main drug of abuse in the Pacific Island countries is locally produced cannabis. Inhalants (particularly petrol) are also abused on the Pacific Islands.

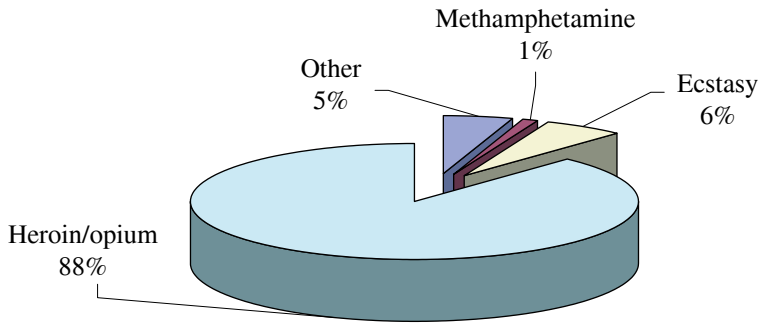
2. Treatment of drug abuse

The table below provides information on the number of admissions for drug abuse treatment reported by countries in the region for the year 2004. Clearly, the absolute number of admissions represents the size and resources of the country as much as it does the scope of the problem. And although the reporting systems in some countries are not presently capable of disaggregating data by individual drugs, those that do show, not surprisingly, that the specific drugs of abuse for which clients seek treatment are those for which the priority rankings were the highest. On the average, almost 95 percent of treatment admissions in the countries that specified individual drugs of abuse involved ATS, opiates, or cannabis.

Drug treatment admissions, 2004

Country	*Meth-amphetamine*	*Ecstasy*	*Heroin/ opium*	*Cannabis*	*Other*	*Total*	*Remarks*
Australia	14,200	508	23,310	28,408	12,355	78,781	Data based on financial year 2003/4
Brunei	38	0	0	1	0	39	
Cambodia	485	?	?	?	?	?	No substantive data and records available. Approximately 500 drug users are in treatment, 97% are ATS users
China	4,683	47,444	678,861	0	40,591	771,579	
Indonesia	259	0	5,033	692	1,176	7,160	Methamphetamine includes amphetamines
Japan	?	?	?	?	?	?	
Lao PDR	1,047	0	Approx 3,000	1	50	1,153	Methamphetamine data based on data from one treatment programme
Malaysia	2,083	388	12,637	6,867	535	25,510	2003 data
Myanmar	171	0	1,246	27	0	1,444	Includes admissions from government detention centres only
Philippines	4,887	83	36	1,836	120	6,962	
Singapore	0	0	43	0	0	43	
Thailand	19,489	0	4,937	3,209	4,728	32,363	
Viet Nam	?	?	?	?	?	61,775	Drug type not specified

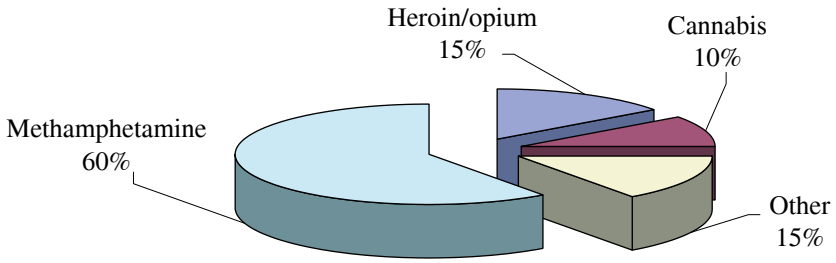
China Drug Treatment Admissions, 2004



Type of drugs injected, 2004

Country	*Drug type*
Australia	Heroin
	Methamphetamine crystal and powder
	Cocaine
Brunei	Methamphetamine crystal
Cambodia	Heroin
	Opium
	Methamphetamine pills
China	Heroin
	Methamphetamine crystal
Indonesia	Heroin
	Methamphetamine crystal
Japan	Methamphetamine crystal
	Methamphetamine powder
	Heroin
Malaysia	Heroin
	Morphine
Myanmar	Heroin
Philippines	Heroin
	Nalbuphine Hydrochloride
Thailand	Heroin
	Amphetamine
Viet Nam	Heroin

Thailand Drug Treatment Admissions, 2004



While ingestion of all illicit substances in any form have associated risks, intravenous injection poses a heightened reason for concern because it introduces a mechanism for drug delivery that causes rapid onset of action and makes direct contact with blood. The injection of illicit drugs is a primary cause of many infectious diseases, most notably hepatitis B and C and the human immunodeficiency virus (HIV). According to the table below, the drugs that were reported to be injected in the countries participating in the information network were, almost exclusively opiates (predominantly heroin) and ATS (predominantly crystalline methamphetamine).

3. Illicit drugs and HIV/AIDS[3]

In 2005, some 8.3 million people were living with HIV in Asia, including 1.1 million people who became newly infected in the past year. AIDS claimed some 520,000 lives in 2005. More than one million new infections – accounting for 24 percent of new infections worldwide – are contracted in Asia each year, and the rate is likely to increase.

Injecting drug use plays a critical role in determining the unfolding of HIV/AIDS in various regions, particularly in Asia. There is evidence from different countries and regions that HIV infection connected to injecting drug use can be prevented, slowed, stopped and even reversed. Despite this knowledge and experience, new and explosive epidemics among drug users are still witnessed. UNAIDS estimates that in 2005, some 8.3 million people were living with HIV in Asia, including 1.1 million people who became newly infected in the past year. More than one million new infections – accounting for 24 percent of new infections worldwide – are contracted in Asia each year.[4] The total number of injecting drug users in the region is estimated at 5.3 million, and the average estimate of the total number of HIV infected injecting drug users in Asia is about 3.2 million with about 2/3 of the regional total in China.

IDUs are perceived to be the predominant vulnerable group for initiating a dramatic increase of HIV at multiple levels of society, in most cases through accelerating sex work, epidemics which could have otherwise remained low. In South-East Asian countries, only about 1 percent of IDUs have any access to HIV prevention services. IDUs are subject to double the social stigma for both HIV and drug addiction, and are generally excluded from mainstream society. Heavy crackdowns on drug abuse by law enforcement agencies further heightened their marginalization and HIV risks through fear of arrest.

Number of adults with HIV/AIDS and HIV prevalence (%)

Country	*Adults age 15-49 with HIV/AIDS, 2003*	*Adult HIV prevalence (%), 2005*
Australia	16,000	0.1
Brunei	<100	<0.1
Cambodia	130,000	1.6
China	65,000	0.1
Fiji	<1,000	0.1
Hong Kong	2,600	0.1
Indonesia	170,000	0.1
Lao PDR	3,600	0.1
Japan	17,000	<0.1
Malaysia	67,000	0.5
Mongolia	<500	<0.1
Myanmar	350,000	1.3
New Zealand	1,400	0.1
Papua New Guinea	57,000	1.8
Philippines	12,000	<0.1
Republic of Korea	13,000	<0.1
Singapore	5,500	0.3
Thailand	560,000	1.4
Viet Nam	250,000	0.5

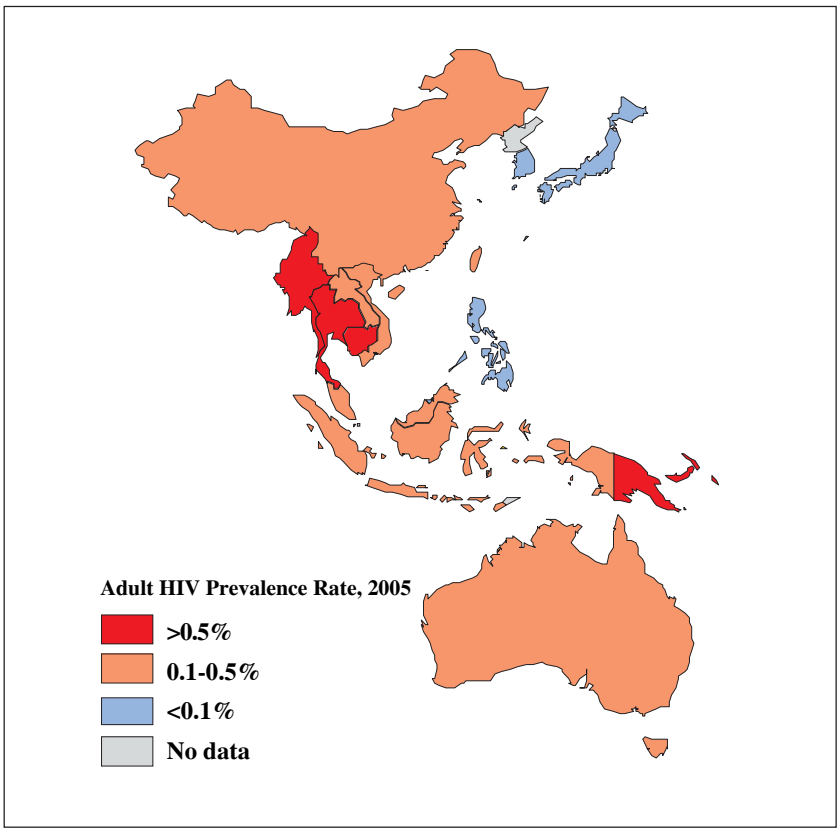
No data for Democratic People's Republic of Korea, Federated States of Micronesia, Kiribati, Marshall Islands, Nauru, Palau, Samoa, Solomon Islands, Tonga, Timor-Leste, Tuvalu, Vanuatu
http://hivinsite.ucsf.edu/global?page=cr08-bx-00#S1X

[3] The following section on illicit drugs and HIV/AIDS is excerpted from the UNODC Regional Centre report, "Regional Profile for East Asia and the Pacific, 2006".

[4] 2006 UNAIDS Report on the Global AIDS Epidemic.

A large number of IDUs can be found in confined settings in South-East Asia, including juvenile, adult prisons and compulsory drug treatment centres. High risk behaviour in such settings is fairly documented and a source of concern; rape, violence, injecting drug use, tattooing, men that have sex with men in an unprotected manner are widely known to occur. In addition, throughout Asia IDUs report more sexual activity than any other population group much of which includes commercial sex work.[5] In a 2000 behavioural survey in the northern port city of Haiphong, Viet Nam, 40 percent of sex workers injected illicit drugs. Also in China, 20 percent of street sex workers in the Sichuan province reported drug injection. The 2005 Report produced by the Monitoring the AIDS Pandemic[6] further illustrates, that Asian drug injectors buy and sell sex mostly unprotected – except in Thailand where condom use is more widespread. In particular, while Thailand and Cambodia slowed the epidemic in the 1990s due to successful "100 percent Condom" campaigns, they face a threat of a resurgence of HIV cases due to complacency with regard to prevention and underlying disregard of targeting specific populations such as injecting and other drug users.

Adult HIV Prevalence Rates in the Region, 2005 (%)



In South-East Asia, the nature of the HIV epidemic remains concentrated amongst the most vulnerable groups of society, particularly IDUs, men that have sex with men, sex workers and their clients, as well as mobile populations. According to UNAIDS, amongst the 28 countries in Asia and the Pacific, three currently have an HIV prevalence greater than 1 percent among the adult population, these are Cambodia, Myanmar and Thailand.[7]

[5] Monitoring the AIDS Pandemic (MAP), 2005. *Drug Injection and HIV/AIDS in Asia*. London. Page 8.
[6] Ibid. Page 8.
[7] UNAIDS, 2005. *A scaled-up response to AIDS in Asia and the Pacific*. Bangkok.

Cambodia currently has the highest HIV prevalence among adults with sentinel surveillance indicating that 1.9 percent of the adult population was living with HIV in 2003. At the same time, the country is also experiencing a steep increase in drug abuse, particularly Amphetamine-Type Stimulants (ATS). A June 2005 Rapid Assessment[8], indicated that injecting drug use is rising and sharing of needles and syringes is a common practice amongst IDUs. High HIV risk was also associated with heightened sexual drive caused by ATS use. 40 percent of illicit drug users reported an irregular use of condoms or none at all when engaging in sex under the influence of drugs. They also reported that they were selling blood for money to buy drugs. HIV prevalence rates amongst male sex workers was found to be above 15 percent in the capital when last measured in 2000 and prevalence rates in female sex workers in the capital was found to be 18.5 percent among direct sex workers and 13.8 percent among indirect sex workers in 2002. In the past three years, Cambodia has demonstrated that consistent political commitment at all levels can bring the epidemic under control, however a Mith Samlanh/ Friends NGOs report shows that HIV among drug users in Cambodia is rising.

Regional Analysis of HIV and IDUs (2004)[9]

Country	*Prevalence of HIV/IDU (highest rates reported)*	*Drugs that are injected*	*Estimated number of IDUs*
Brunei	No reported IDU-related HIV	Crystalline methamphetamine	3,500
Cambodia	37% (amongst IDU street-based youth in Phnom Penh)	ATS	600
China	85%	Heroin, morphine, Methamphetamine, diazepam, pethidine	3-3.5 million
Indonesia	As of 2003, 80% of new HIV infections were linked to IDU	Heroin, methamphetamine, cocaine	580,000
Lao PDR	NA	ATS	8,000
Malaysia	75% of all HIV/AIDS notifications found among IDUs	Heroin, morphine, and possibly methamphetamine	195,000
Myanmar	25.0-79.5%	Heroin	195,000
Philippines	No reported IDU-related HIV	Heroin, Nalbuphine Hydrochloride	17,000
Singapore	<10%	Heroin, morphine	15,000
Thailand	54%	Heroin and ATS	100,000-250,000
Viet Nam	64%	Heroin	128,000

Thailand has been widely hailed as one of the success stories in the response to AIDS. By 2003, estimated national adult HIV prevalence had dropped to its lowest level ever, approximately 1.5 percent. However, a study in four cities (including Bangkok and Chiang Mai) found that sex workers reported using condoms only 51 percent of the time, and mostly

[8] UNODC, UNAIDS, WHO, 2005. International Rapid Assessment Response and Evaluation (I-RARE) on *Drug use and sexual HIV risk patterns among non-injecting and injecting drug users in Phnom Penh and Poipet, Cambodia.*

[9] UNAIDS Reference Group on HIV/AIDS Prevention and Care among Injecting Drug Users, 2004, and UNODC Regional Centre Publication (2005) *Towards a Drug Free ASEAN and China 2015: Assessing ACCORD Progress 2000-2005*, p. 24.

with foreigners – a large difference compared to the remarkable 6 percent rate reported in a 2000 study in Bangkok. Only about one in four Thai clients was likely to use a condom. There are an estimated 288,672 HIV positive cases in Thailand by December 2005 (Directorate of Corrections). Thailand still reports a HIV prevalence rate of 54 percent amongst its IDU population in 2005, which is a situation that has remained stable over the last 16 years from when the epidemic first spread in this country.

In Myanmar limited prevention efforts caused HIV to spread freely – at first within the most at-risk groups and later beyond them. Consequently, Myanmar has one of the most serious AIDS epidemics in the region, with HIV prevalence among pregnant women estimated at 1.8 percent in 2004. The HIV sentinel surveillance rate was 34.2 percent as per the National AIDS Programme Data. The epidemic in Myanmar has shifted from being concentrated amongst high risk groups such as IDUs and sex workers to being generalized. IDU is estimated to cause 30 percent of new HIV cases in the country while specific geographical pockets may show 50-90 percent HIV prevalence amongst IDUs. The government has committed to providing a response to the epidemic through the Joint Programme "Fight AIDS in Myanmar", a United Nations collaborative initiative, which provides a framework for cooperative planning, resource mobilization and advancing the 'Three Ones' principles.

According to UNAIDS[10], the concentrated epidemic amongst IDUs in Indonesia, Viet Nam and China has "kick started" the epidemic amongst sex workers and their clients, and national infection rates have rapidly increased. In Jakarta, current HIV prevalence amongst IDUs is 48 percent.[11]

If no action is taken, it is estimated that more than 100,000 new infections could occur by 2010 due to high risk behaviour associated with unprotected sex among IDUs, sex workers and their clients, and sharing of contaminated equipment. The potential for rapid growth of HIV infection, even in areas of extremely low HIV prevalence, is apparent from the experience of Indonesia. As recently as 1998, surveys indicated that HIV prevalence was under 0.1 percent, including among female sex workers. Beginning in 1999, however, surveys began to detect a sharp increase in infection – as high as 6 percent in some sentinel sites for sex workers. It is clear that sex workers and injecting drug users can provide HIV with a "bridge" to other populations via their sexual partners, and as a consequence, Indonesia now confronts the real risk of a major expansion of the epidemic.

The first HIV infection in Lao PDR was identified in 1990 in a returning female suspected of being a sex worker. From 1990 to December 2003, a total of about 98,016 individuals were screened/tested for HIV infection, of which 1,212 were found to be positive. The majority of individuals found to be HIV positive were suffering from a clinical illness and it was suspected the infection was acquired outside of the country through unprotected sex. IDU is believed to be very low or non-existent; however no studies have been conducted to confirm this impression. In the first complete HIV sentinel surveillance conducted it Lao PDR, less than 1 percent of indirect sex workers tested were found to be positive. Lao PDR has adopted a multi-sectoral approach in its response to HIV/AIDS. The National Committee for the Control of AIDS consists of 14 members from 12 ministries and mass organizations. The National Action Plan on HIV/AIDS/STD (2002-2005) has a strong focus on prevention and advocacy.

[10] UNAIDS, 2005. *A scaled-up response to AIDS in Asia and the Pacific*. Bangkok.
[11] Asia Fact Sheet 21/11/05 UNAIDS Epidemic Update 2005 p. 2

In the Peoples Republic of China, HIV cases have been detected in all 31 provinces. The most serious HIV epidemics in China to date have been clustered among specific population groups (injecting drug users, sex workers, former plasma donors, and their partners) and in certain geographical areas, especially in the south and west of the country. In 2002, HIV was found amongst drug users in all 31 provinces; and in 2001 70 percent of HIV infections were observed amongst IDUs. UNAIDS data show that unsafe injecting is a common practice among IDUs who also have multiple partners, as is limited condom use by sex workers. Compared to other countries in the region, the government has reacted relatively urgently through a high level national multi-sectoral task force comprised of various ministries at the decision-making levels, formalized under the Prime Minister. As a consequence, 34 methadone maintenance clinics and 50 needle and syringe programmes were set up nationwide following preliminary pilot programmes. The government intends to scale up these programmes over the next three years to 1,500 methadone maintenance clinics and 1,400 needle syringe programmes nationwide. The "Four Frees and One Care" policy has also been extended, providing various forms of care and support to PLWA, including care and economic assistance provided to the households of PLWA.

In Viet Nam, where HIV already has spread to all 64 provinces and all cities, the number of people living with HIV has doubled since 2000 reaching an estimated 263,000 in 2005. The overlap between IDU and sex work increased HIV infection rates to above 80 percent amongst IDUs in 2003/04, and 50 percent amongst sex workers especially as recorded in the Northern part of the country. The government responded to the problem, and AIDS spending is being increased from a US$ 7 to 8 million in 2003 to a projected US$ 50 million in 2006. As the 2005 UNAIDS Asia Pacific report notes, one development has been the gradual replacement of the highly stigmatising "social evil" approach to substance abuse and sex work in favour of prevention efforts based on sound and effective public health practices.

Lao PDR, Timor Leste, Japan, and the Philippines still have the opportunity to prevent serious outbreaks and to avert the consequences of the epidemics by adopting a concerted and clear political commitment and adequate implementation of evidence-based health models for vulnerable populations including IDUs.

In Malaysia, approximately 52,000 people were living with HIV in 2004, the vast majority of them young men (aged 20-29 years), and three-quarters of them injecting drug users. The government, under pressure from Non Governmental Organizations adopted a health approach and gradually introduced the comprehensive package to HIV prevention from drug abuse. In 2003, after pilot methadone and buprenorphine programmes showed good results, the government provided support of US$ 10.3 million to scale up interventions. An additional US$ 1.5 million was allocated to NGOs in 2005 to continue such activities.

In the Philippines, national adult HIV prevalence has stayed low, even among at risk populations. However, there are warning signs that this might change. Condom use during paid sex is infrequent, prevalence of sexually transmitted infections has been rising, and a high rate of needle-sharing among drug injectors has been found in some parts. According to a major 2003 survey, more than 90 percent of respondents still believed that HIV could be transmitted by sharing a meal with an HIV-positive person.

In Papua New Guinea, a severe epidemic has been unfolding, with the adult prevalence rate reported at 1.7 percent in 2004. While virtually all national epidemics in Asia and the Pacific are concentrated in discrete high-risk populations, Papua New Guinea is an exception. There,

the situation exhibits characteristics of a generalized epidemic with reports indicating more than 50 percent of adult men have multiple sex partners and the virus is spreading most rapidly in rural areas. The challenges of mounting an effective response to AIDS in Papua New Guinea are daunting – the country has a large number of ethnic groups, multiple languages, and a poorly developed communications infrastructure.

The social and economic costs of the HIV epidemic translates to many obstacles for the state which includes the loss of human life, the break-up of families, millions of children without guardians, and the financial burden on the health system to accommodate the needs of all. Other costs involve national security concerns that may range from excessive "youth bulge" and its consequences, to resentment and violence.

Economically, the Asia Development Bank estimates that in 2001 alone, Asia lost US$ 7.3 billion in productivity as a result of the epidemic. If Asia simultaneously brings HIV treatment and prevention to scale at the soonest possible time, the region could save annual AIDS-related costs by US$ 4 billion by 2010 and over US$ 10 billion by 2015. Notwithstanding AIDS donors' increased pledges from US$ 300 million in 1996 to US$ 6.1 billion in 2004[12], the Continent still plagued by underdevelopment, is required to demonstrate willingness to impact on the epidemic to attract the required confidence from private and public investors that is needed in all sectors. The experience from other regions, namely Africa, shows that the HIV epidemic creates a negative impact not only on ongoing business but also on local and international private investors who shy away from placing funds in countries with generalized HIV epidemics, thus further jeopardizing social and economic development opportunities.

Intensifying HIV prevention and access to treatment to curb the effects of the disease remains a priority, however significant action is still required to fully implement commitments made by governments, including activities that involve and encompass civil societies and particularly the affected populations. Projects and programmes are still at pilot levels and an enabling environment is still generally lacking. For these reasons, HIV programmes for IDU's continue to have an insignificant impact on the course of the concentrated epidemics in South-East Asia.

4. Conclusion

There are a number of underlying causes for drug abuse that must also be taken into consideration. These causes range from psychological factors – such as the abuse of drugs for self-medication (due to mental illness) and thrill seeking – to sociological factors including peer influences and the need to identify with sub-cultural groups. In many instances there are economic factors such as poverty and the desire to increase income. Such economic factors can influence individuals to both abuse and traffic drugs as some will consider using drugs such as ATS to increase their ability to work while others will seek to generate income directly from drug distribution. The point to be taken is that drug abuse is complex and driven by a number of factors that are present in individuals, social groups and entire societies; national efforts designed to address this issue must therefore take into consideration how we can successfully address a wide range of contributing factors.

[12] High-level Meeting of the General Assembly on HIV/AIDS. Fifty-ninth session. Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS. 20 June 2005.

B. UNODC MANDATE AND FIVE KEY AREAS OF FOCUS

The core function of UNODC in demand reduction is to develop strategies and to identify the means by which the illicit demand for drugs can be reduced. That function is performed in the context of the overall leadership role of UNODC in the United Nations system on issues of drug abuse, and relies on a close and collaborative relationship with other relevant agencies. UNODC has functions that are cross-sectoral and interdisciplinary, combining normative and operational dimensions, and plays a pivotal role in the articulation of policy in relation to the concept and practice of demand reduction.

As reported to the Commission on Narcotics Drugs[13], the Executive Director of UNODC identified three main objectives of the UNODC demand reduction strategy:[14]

- To provide Governments with information on the nature, patterns and trends in drug abuse for use in formulating drug control policy.
- To identify effective methodologies and programmes for demand reduction in different socio-economic and cultural contexts, and to make them known to member States, international organizations and experts. To this end, UNODC develops methods and tools for the identification and dissemination of effective policies, techniques, programme modalities and resource materials on the prevention of drug abuse, and for the treatment, rehabilitation, and social reintegration of former drug abusers.
- To increase the effectiveness of measures undertaken at the national level to prevent and reduce drug abuse. Support is given to member States by the provision of technical and legal advice, expert meetings and technical cooperation projects addressing, sub-regional, and regional concerns.

Based on the UNODC mandate on demand reduction, five key areas of focus have been formulated by the UNODC Regional Centre for East Asia and the Pacific for implementation in the region:

Focus One: Collect & analyze data on prevalence, emerging trends and programme effectiveness. Efforts are already underway to strengthen data collection and management and presently a number of countries across the region are participating in data collection activities at the national and regional levels. UNODC is committed to expanding these efforts and

[13] The Commission on Narcotic Drugs (CND) was established by the Economic and Social Council in its resolution 9(I) of 16 February 1946 as the central policy making body within the United Nations system dealing with drug-related matters. The Commission analyzes the world drug situation and develops proposals to strengthen the international drug control system to combat the world drug problem. The General Assembly, in its resolution 46/185 of 20 December 1991, established the Fund of the United Nations International Drug Control Programme (UNDCP) and expanded the mandate of the Commission to enable it to function as the governing body of the Programme. The General Assembly, at its twentieth special session held in 1998, devoted to countering the world drug problem, conferred additional mandates to the Commission on Narcotic Drugs. UNDCP is administered as part of the United Nations Office on Drugs and Crime (UNODC). UNODC provides, through the Commissions Secretariat, substantive services to the Commission.
Source: http://www.unodc.org/unodc/en/cnd_mandate.html)

[14] United Nations Economic and Social Council (1996). "Principles and Practice of Primary and Secondary Prevention in Demand Reduction Programmes: Strategy for Demand Reduction of the United Nations International Drug Control Programme." Submitted to the Commission of Narcotic Drugs, Thirty-ninth session, Vienna, 16-25 April 1996, Item 4 of the provisional agenda (E/CN.7/1996/1).

promoting the use of these data, not only to measure programme impact and outputs, but to also guide the development of innovative and effective new programmes throughout the region.

Focus Two: Serve as a regional forum for information exchange. This information includes data on emerging regional trends; research on effective practices; updates on efforts underway at the country and regional levels; opportunities for professional development; and new publications and other resources to support national and local initiatives. Most importantly, by serving as a neutral convener, UNODC brings together a broad range of constituents from across a diverse range of systems, thus increasing the likelihood of cooperation and collaboration at the local, national and regional levels.

Focus Three: Advocate for the adoption of a comprehensive approach to addressing drug issues. UNODC is playing a leadership role in promoting effective comprehensive practices and continues to identify and promote a set of key strategies and practices to guide efforts at both the regional and country levels. In providing technical support to ongoing mechanisms like the ACCORD Plan of Action, Memorandums of Understanding, and country level multi-sectoral working groups, UNODC takes every opportunity to stress the importance of this approach and in doing so has increased the region's understanding of the importance of developing a comprehensive response.

Focus Four: Promote broad-based partnerships for demand reduction and drug control. Developing broad-based partnerships for demand reduction is an area that UNODC is uniquely qualified to address. Unlike most organizations, UNODC has the advantage of having established relationships with educational, health and criminal justice systems throughout the region. While a broad range of partners is desirable in addressing many issues, the ability to work across these three systems is critical in addressing issues of substance abuse. Often times, it is the lack of collaboration between the criminal justice system and other key sectors that significantly compromises demand reduction efforts. By contrast, when criminal justice systems support demand reduction activities, a context for effective programme implementation is forged. By playing a leadership role in the formulation of multi-sectoral working groups at the country and regional levels, UNODC uses its comparative advantage in this area to greatly increase collaboration across key systems and in turn dramatically increase the likelihood that effective demand reduction practices will be implemented throughout the region. This is in fact an area where UNODC has worked successfully in the past and as a result there are now multi-sectoral groups coordinating demand reduction activities in Cambodia, China, Lao PDR and Thailand. The development of these groups is significant, since each features a broad range of partners which in turn contributes to the sustainability of new projects. In addition, such involvement also increases the likelihood that each partner will refine and adjust programme practices as a result of ongoing exposure to new approaches and varied perspectives, further contributing to the sustainability of effective programming.

Focus Five: Develop demonstration projects that support the adaptation of exemplary approaches. While it would not be possible for UNODC to serve as a partner in the design and implementation of every programme component in each country throughout the region, UNODC is committed to working in selective settings to develop demonstration projects which support the adaptation to local needs of exemplary programme approaches. In doing so, UNODC works with early adaptors to help introduce new practices, gain insights into the process of adaptation, and establish chains of influence that can lead to broader application of effective practices through the scaling up of demonstration programmes throughout the region.

Five Key Areas of Activity for UNODC
■ Collect and analyze data on prevalence, emerging trends and programme effectiveness ■ Serve as a regional forum for information exchange ■ Advocate for the adoption of a comprehensive approach to addressing drug issues ■ Promote broad-based partnerships for demand reduction and drug control ■ Develop demonstration projects that support the adaptation of exemplary approaches

C. SPECIFIC PROJECTS FOR DEVELOPMENT

Based on the UNODC mandate and regional demand reduction strategy described above, UNODC Regional Centre has identified some activities that may be developed into specific projects:

- Expand existing data collection and analysis systems throughout the region so that the region can deepen its understanding of regional issues as well as provide national and local programmes with the information each needs to develop effective responses to drug abuse in their respective settings. Some countries have made great strides in this area, but many have not developed any type of systematic data collection systems. As a result, the quality of regional data is compromised and programme effectiveness is lessened at all levels. By ensuring that each country in the region develop effective data collection and management systems, not only will programme effectiveness be increased, but the opportunity to secure funding will increase in that donors will be able to assess the degree to which their resources have had impact as well as draw insights into what additional steps may be necessary to future addressing drug abuse issues.
- Develop and disseminate a set of recommended programme components that can be used to guide the development of regional, national and local responses to drug abuse throughout East Asia and the Pacific. This framework is informed by both local data as well as the international research base on effective practice. The framework is promoted via all means available including regional meetings and workshops, publications, websites (including online courses) and systems of ongoing technical assistance at both the regional and national levels.
- Ensure collaboration at the regional level among the government organizations, NGOs/CBOs, United Nations agencies, donors and other key groups that are currently addressing drug abuse issues in this region. Collaboration includes convening a regional meeting of all key organizations that are currently addressing drug abuse and drug-related issues to present a comprehensive framework to guide unified activities throughout the region, inventory current efforts, identify opportunities for improving impact through coordination, identify gaps in services and develop plans to secure those resources necessary to move forward the development of a comprehensive and coordinated approach. In addition, a mapping exercise needs to be conducted in the region to determine the extent to which United Nations agencies and other key stakeholders are addressing drug issues in the region. The purpose of this exercise is to identify both asset and gaps to the end of better utilizing existing resources as well as developing the means of acquiring additional resources as needed.
- Establish a print and electronic regional clearinghouse for the collection and dissemination of information on effective practice in the area of demand reduction. This clearinghouse provides information in both hard and electronic copy. Hard copy materials are housed in national libraries that promote easy access to information. Electronic information are maintained on a demand reduction website where individuals can download publications and other relevant content information; view frequently asked questions; access regional data; search specialized data bases on drug information; work with online tools for assessment, planning and evaluation;

submit queries to experts on a variety of topics; link to other sites dedicated to addressing drugs and related issues; and communicate with other policy makers and practitioners in the field.

- Establish a senior staff position to coordinate all demand reduction activities. The demand reduction coordinator would be responsible at the regional level to secure donor support – as well as work collaboratively with other key regional and country level staff – to move forward the implementation of the recommendations listed above. The demand reduction coordinator would also serve as a technical resource to the regional centre programme staff as well as national level policy and programme developers.

- ***Creating National Training and Resource Centres of Excellence in the region on different facets of drug demand reduction and HIV risks***

The project would look to strengthening existing National Training Institutes in the MOU countries which would act as an information, advocacy, training and resource facilitation base for reducing drug demand and HIV vulnerability in the Region. The Centres would:

- create a data bank of consultants and resource persons of different genre, pertinent to drug abuse and its risks.
- train service providers/law enforcement/stakeholders to provide care and support to infected drug users in ambulatory and inpatient settings
- establish computerized linkages of the National Training and Resource Centres within the region and with the UNODC Regional Centre.

Appropriate training materials in local languages, using culture sensitive examples will be produced as part of the project. Key service providers are identified and are trained (in formal and informal settings) and have knowledge and skills to understand and address the needs of vulnerable populations and begin to use those skills.

Reducing destigmatization and discrimination against women drug users

There is a sizeable women drug user population in the region. This population is likely to increase if not checked, given all the factors such as rapid urbanisation, proximity to the border and availability of easy money (from sex work). Most drug abuse/HIV related interventions that are in place so far concentrate on male drug users. There is an urgent need to bring women users into treatment. There is also a need to help and support the affected women partners of male drug users, their children and specially those who have been infected with HIV through their injecting drug partners. Women drug users and partners of male drug users are stigmatized and discriminated by society, because of their drug using behaviour of their partners.

The project will be designed to empower the stakeholders and women networks, to address education and information to assist women drug users and female partners of male drug users to rebuild and recover their lives. Women, who typically feature significantly less than men in terms of prevalence for all substance abuse, are now recognized to suffer substantially in terms of shouldering the burden of physical and psychological abuse by close male relatives. This aspect of the burden of drug use on women and related HIV vulnerabilities has, to date, received scant attention.

The project will strengthen the technical capacities of women's groups and agencies working on drug demand reduction to reduce HIV-related vulnerabilities among women partners of male drug users by providing an enabling environment for female drug users, partners and widows of drug users, as well as HIV positive women, which would empower them to make informed choices and have access to available services for health, prevention of HIV and legal aid and reduce stigma and discrimination against female drug users and partners and widows of male drug users.

Project Ideas under Consideration and Development:

Project One: Develop expanded systems for data collection and analysis systems throughout the region so that the region can deepen its understanding of regional issues as well as provide national and local programmes with the information each needs to develop effective responses to drug abuse in their respective settings.

Project Two: Develop, disseminate and support with regional and country level trainings a set of recommended programme components to guide the development of national and local responses to drug abuse throughout the region.

Project Three: Enhance UNODC's leadership role in ensuring collaboration at the regional level among the government organizations, Non Governmental Organizations, Community Based Organizations, United Nations agencies, donors and other key groups that are currently addressing drug abuse issues in this region by developing stronger mechanisms for supporting country level coordination as well as ongoing collaboration among the countries within the region.

Project Four: Conduct a regional mapping exercise that determines the extent to which United Nations agencies and other key stakeholders are addressing drug issues in the region to the end of better utilizing existing resources as well as developing the means of acquiring additional resources as needed.

Project Five: Establish a print and electronic regional clearinghouse for the collection and dissemination of information on effective practice in the area of demand reduction.

Project Six: Establish a senior demand reduction staff position to develop plans of action and secure funding for these recommended projects, identify additional project ideas and coordinate all relevant regional activities.

Project seven: Establish National Training and Research Institutes by strengthening existing Training Institutes on drug dependence treatment, training and rehabilitation. These institutes would train and provide a data base of resource persons and training curriculum to be used within the region.

Project Eight: Mainstream gender and women specific issues into drug demand concerns and strengthen the capacities of government, women organizations to address the vulnerability of women drug users and female partners of male drug users, so that they can make informed choices and have access to treatment and support.

Project Nine: Strengthen the capacity of government and civil society organizations to prevent ATS drug abuse and scale-up interventions, which reduce the harmful consequences of ATS use, especially HIV.

D. UNODC REGIONAL CENTRE DEMAND REDUCTION STRATEGY

Of the various drug related issues facing this region, two are of particular concern. The first is the abuse of Amphetamine-Type Stimulants (ATS). The second is the relationship between injecting and oral drug abuse and the transmission of drug related HIV/AIDS. Consequently both have been designated as specific priority problem areas by UNODC and many national governments throughout the region.

The following sections detail key objectives for each priority problem area, as well as UNODC programme actions and targets at the regional and national levels.

1. Strategic objectives

Strategic Objective One: Strengthen national drug demand policies to effectively reduce demand of drugs.

Strategic Objective Two: Increase quality and coverage of treatment and rehabilitation for recovering addicts with attention given to the special consideration regarding the treatment of ATS abuse.

Strategic Objective Three: Increase primary prevention activities for ATS and other drug abuse in the general society, schools, community and workplace.

Strategic Objective Four: Reduce injecting drug use (IDU) and HIV vulnerability from drug abuse and IDU.

The overall strategy for each of the first three strategic objectives for addressing drug abuse involves a range of comprehensive responses taken together with the active participation of multiple sectors at both national and regional levels. The fourth objective focuses on drug abuse and associated HIV, particularly through injecting drug use. The following section presents specific actions in support of each objective.

2. Actions

Strategic Objective One: Strengthen national drug policies to effectively reduce demand

(1) Incorporate drug demand reduction policies and programmes into national drug control policies

Throughout the region, national drug boards and other key government organizations have worked to varying degrees to develop drug demand reduction policies. In some cases, policies have been developed, in others the process is just beginning. In all cases there presently exists the need to engage in a series of activities designed to assess the efficacy of existing policies, inform their revision (when necessary) and lead to the developing of new and effective policies and programmes based on a clear understanding of the literature of effective practice. To this end, government organizations with support from UNODC and other relevant agencies are encouraged to:

- Conduct a review of effective drug control policy and programmes that have been developed both within the region and globally
- Create a set of guiding policies and practices which specifically address ATS prevention and treatment
- Promote the acceptance and application of ATS policies and procedures at the national and local levels

(2) Review the degree to which ATS continues to be addressed as a national priority at annual drug control forums of UNODC and its national counterparts

Once appropriate policies are developed throughout the region, it becomes necessary for national governments, in collaboration with UNODC, to engage in a process of on-going review and refinement at both the national and regional levels. To accomplish this goal, it is necessary for government organizations and their national partners to:

- Create country-specific benchmarks that can be used to measure the degree to which ATS is a priority issue both with regards to policy develop and programme implementation
- Conduct periodic assessments of progress made with regards to ATS policy development
- Determine the extent to which external assistance may be required to support policy development and implementation
- Review the status of ATS policy development and related activities at the Meeting of Senior Official for the Memorandum of Understanding on Drug Control with technical assistance from UNODC

Strategic Objective Two: Increase quality and coverage of treatment and rehabilitation for recovering addicts with attention given to the special consideration regarding the treatment of ATS abuse

(1) Develop systems for early identification, assessment and referral

A key component providing quality treatment is a system for early identification, assessment and referral. This system utilizes a series of approaches and work in a variety of venues such as school/workplace/health centre screening, drug courts and peer outreach. Further, these systems not only assess the need for services but also collect information necessary to determine the specific nature of each individual user's level of addiction so that he or she can be matched to appropriate treatment services accordingly.

In order to develop such systems within our region, UNODC will support countries to:

- Create a set of standardized instruments and practices for conducting screening and assessment in a variety of settings
- Establish protocols for referral for those individuals in need of treatment services
- Develop linkages between schools, workplace, heath providers and courts so that referrals can occur effectively
- Train key staff in appropriate settings in the skills of identification, assessment and referral

(2) Establish a comprehensive treatment service delivery system

In addition to developing systems for early identification and screening, UNODC is providing assistance at both the national and regional level to develop treatment service delivery programmes that provides a variety of age-appropriate modality options ranging from short-term counselling to in-patient rehabilitation. Key activities include:

- Review of existing – and collecting new – data to determine the scope and nature of the current drug situation
- Review of the literature on best practice in drug treatment to determine what specific treatment modalities and approaches would work best given the current situation
- Support for the development of a range of treatment options including short-term counselling, group counselling, day programmes, in-patient treatment and aftercare/ support

(3) Develop systems for community-based aftercare

In order to provide individuals and families with the on-going support necessary to maintain recovery over an extended period of time, UNODC provides assistance to National Governments to augment health care systems for community-based aftercare. These programmes draw on the support of existing community organizations and include the development of new services where indicated. In addition, aftercare programmes feature strong family involvement both to the end of supporting individuals who have completed treatment and to support the entire family (especially children) in dealing with whatever issues they may also be experiencing in relationship to drug abuse within their family.

In order to develop an effective aftercare system National Governments, in close collaboration with UNODC, would:

- Identify existing programmes at the community level that currently provide health and social support services
- Support these existing programmes in the adaptation and development of services that specifically target the needs of drug abusers and their families
- Develop new programmes that are designed to support the reintegration of drug abusers into their communities by providing psychosocial support and (where necessary) employment training
- Facilitate the establishment of self-help support groups in which former drug abusers support each other in group settings

(4) Develop treatment programmes in prisons and other settings for incarceration

Given the degree to which many of the prison populations within this region have seen a dramatic increase in the percentage of drug-involved inmates, it is essential that programmes for drug treatment services be offered in incarcerated settings. In addition, programmes that presently serve as settings for compulsory treatment are reviewing, in cooperation with UNODC, the manner in which services are delivered to assess the degree to which programme practices reflect the research literature on effective practice and to make necessary adjustments

where indicated. To the end of extending treatment services into such settings, UNODC is assisting national governments to:

- Review existing programmes both regionally and internationally that are currently effectively providing services in incarcerated settings
- Determine the extent to which existing services can be used to provide drug treatment for individuals in incarcerated settings
- Adapt those programmes that were identified by adjusting practice, providing supplemental funding and staff development training
- Create new programmes by either working with existing Non Governmental Organizations, Community Based Organizations or by directing Governmental Organizations (such as government hospitals) to develop programmes specifically designed to provide services in incarcerated settings

(5) Establish comprehensive systems to provide related health and social services

In addition to providing drug treatment services to individual users, UNODC recognises that case that related services are needed. These services would include health, social rehabilitation and employment training and placement. To develop such a system of ancillary support UNODC is working to create partnerships among relevant Government and Non Governmental Organizations, so that existing services can be inventoried and linked to treatment services. In order to establish such linkages UNODC will assist National Governments to:

- Conduct a capacity assessment of Governmental Organizations, Non Governmental Organizations, and Community Based Organizations that has responsibility and/or the opportunity for contributing to providing drug treatment and related services
- Engage each organization directly to develop a clear understanding of the role of each and to discuss methods for improved collaboration and coordination
- Establish memorandum of understandings and other mechanisms to formalize coordinated systems for service delivery
- Augment existing resources (as necessary) to facilitate expansion and coordination of services

(6) Offer professional development opportunities

In addition to strengthening systems for service delivery, UNODC will collaborate with National Governments to improve the capacity of those individuals who work in drug treatment and related programmes. Given the rapidly shifting patterns of abuse in this region (and the growing prevalence of drug abuse in many countries), Governments are working with UNODC to prepare significant numbers of addiction specialists to provide the level of services needed throughout the region into the foreseeable future. To that end, UNODC will provide technical assistance to:

- Conduct a needs assessment to determine appropriate topics and skills to address with professional development opportunities
- Design and implement a professional development programme that addresses a number of key issues related to the provision of effective drug treatment

- Identify appropriate organizations and individuals to develop and provide professional development trainings

(7) Develop effective management information systems

In order to track individual clients, assess programme efficacy and measure overall effectiveness, UNODC supports the development of information systems at the programme and national levels. These information systems would be developed to collect data for intake; track treatment; record data at discharge; and document follow-up. By doing so each individual's progress can be monitored, programme effectiveness can be measured, and lessons learnt can be used to refine and improve programme operation. Developing an effective information system involves the following key steps:

- Review of existing systems to determine the adequacy of current management information systems
- Create a set of standardized instruments for intake, tracking, discharge and follow-up
- Develop processes and capacity for data collection and analysis at the programme and national levels
- Develop procedures for client/patient confidentiality

Strategic Objective Three: Increase primary prevention activities for ATS and other drug abuse in the general society, schools, community and workplace

(1) Promote a set of guiding principles for effective prevention programmes

The first step in developing effective primary prevention programmes for demand reduction is to establish a set of guiding principles based on the research of effective practice. These principles would reflect local values, be culturally appropriate and should seek to blend scientific findings and local wisdom. Once established, government organizations, United Nations agencies, donors and others would work together to promote the adoption of these principles by raising awareness regarding best practice; providing professional development; conducting demonstration projects which utilize effective approaches; and developing terms of reference for programme support that require the application of effective programme strategies and approaches. UNODC is working with key partners in the region to:

- Conduct a review of the existing literature on effective practice for prevention and developing a set of common principles to guide programme develop at the national and local levels
- Develop materials that summarize the guiding principles as well as provide additional information to support the effective implementation of each
- Require all programmes to comply with the application of these principles and encourage such application by creating terms of programme funding (where applicable) that require adherence to the principles of effective practice

(2) Promote the need for programmes to develop effective strategic implementation plans

In addition to attaining a strong understanding of effective prevention practice, Governments are collaborating with UNODC to develop strategic implementation plans that state clear

outputs, a set of activities which support these outputs and methods to measure programme effectiveness. Research on effective programmes shows that those programmes that are successful utilize appropriate planning methods which include the key elements listed above. By contrast, programmes that fail typically do so as a result of either a lack of understanding of effective practice, or an inability to develop logical and effective plans for implementation. To the end of supporting the development of strategic implementation plans UNODC supports National Governments to:

- Develop guidelines for the programme level that encourage the use of strategic planning methods involving each of the key elements listed above
- Provide professional development in the area of strategic planning and programme evaluation
- Require programmes to develop annual work plans that feature clearly stated outputs; logical activities which reflect evidence-based practice and approaches; and indicators that can serve as measures of success

(3) Conduct communications campaigns to discourage abuse and increase support for prevention

In an effort to create a set of societal norms that discourage the abuse of drugs, UNODC facilitates communications campaigns that utilize proven strategies such as social marketing. These campaigns target key groups of individuals to promote specific behaviours such as encouraging parents to talk with their children about the dangers of drugs or shifting the attitudes of local community members about the need for providing compassionate treatment alternatives for drug-involved individuals. The major steps in developing such campaigns include the following:

- Identify specific target audiences and design campaign messages that are specifically tailored to each
- Determine which are the appropriate media channels to effectively reach each target audience
- Engage key intermediaries and spokespersons to support campaign messages
- Augment campaign messages with community-based components that reinforce each campaign's message and provide services to support individuals

(4) Develop comprehensive school and community-based prevention programmes

Two key settings for addressing primary prevention are in schools and in the community. To this end, UNODC supports the development of comprehensive school and community-based prevention programmes that feature life-skills curriculum; promote educators, community-based service providers, youth and parent involvement; offer alternative activities; and create a school and community climate that is supportive of healthy and appropriate behaviours. The development of such programmes includes the following activities:

- Review existing curricula to determine the extent to which life skills education is currently offered in schools and out-of-school settings
- Undertake (if necessary) the revision or creation of a life skills education curriculum beginning at the primary school level and continuing throughout the completion of the secondary education process

- Promote student involvement by the creation of peer education and other student-led initiatives
- Develop opportunities for increased parent involvement both through existing parent/teacher associations as well as by offering special information and skills building workshops for parents
- Work with community leaders, school administrators, teachers and service providers to create a school and community environment that provide young people with protection and support with regards to avoiding the dangers associated with the abuse of drugs
- Create a range of community-based alternative activities (including religious, sports, arts, cultural, skills development and employment support) that provide opportunities for young people at high-risk for drug abuse to engage in constructive activities

(5) Establish workplace prevention programmes

In addition to developing school and community-based prevention programmes, it is also important to design primary prevention programmes for the workplace. UNODC provides Governments with technical assistance in a number of key areas to provide information to employees; conduct skills training for supervisors; and offer support for all workers. In addition, special programmes would also be designed for supporting working parents and their families with the goal of protecting children against the dangers of drugs. The key activities to advance the development of workplace prevention programmes include the following:

- Develop a workplace drug prevention kit that can be used by local businesses to promote drug-free workplaces as well as provide information to employees about the dangers of drug abuse
- Institute support programmes for parents in the workplace that improve their ability to talk with their children about the dangers of drug abuse and to recognize the early warning signs of drug abuse
- Establish employee assistance programmes for early identification, assessment, referral and follow-up for employees who are involved with drug abuse

Strategic Objective Four: Reduce Injecting Drug Use (IDU) and HIV vulnerability among drug abusers and IDUs

(1) Continue to support efforts to develop and implement treatment for heroin abuse

Heroin continues to be the primary drug of injection among the countries with high HIV prevalence rates in the region (with the exception of Papua New Guinea). Furthermore, in most countries in the region there is high treatment demand for heroin abuse relative to the prevalence rates. Effective control of the spread of HIV therefore includes efforts to develop and implement effective treatment strategies in countries, particularly in South-East Asia, with high demand for treatment of heroin abuse. UNODC supports Government efforts in the region to:

- Identify cost-effective methods to treat heroin drug abuse in the context of South-East Asia

- Identify and share best practices in heroin treatment
- Increase coverage of services by scaling up existing services where possible and creating new services when necessary
- Promote preventative efforts through educational programmes targeting high-risk groups

(2) Promote an accurate understanding of the relationship between drug abuse and HIV/AIDS

The first step in addressing this important relationship is to ensure that both the general population (especially young people) and drug abusers are made aware of the specific methods for protection from infection related to all means of transmission including drug injection. UNODC emphasizes the regional need to consider other ways in which the abuse of all drugs can contribute to HIV transmission as a result of reduced inhibition, careless behaviour and engaging in rough sex (as well as other practices) that increase the risk of HIV transmission. Information would be provided in a number of community and school settings including treatment programmes, health service programmes, communication campaigns and as part of primary prevention life skills education programmes in both schools and community settings. Specific key activities identified by UNODC include:

- Develop communications campaigns for the general population which present a clear understanding of the relationship between drug abuse and HIV/AIDS
- Provide training to health professionals, treatment specialists and other related service providers on the relationship between drug abuse and HIV/AIDS
- Provide educational materials to raise awareness regarding the relationship between drug abuse and HIV transmission to individuals who seek treatment for drug abuse and/or HIV/AIDS
- Conduct outreach (including peer-to-peer) to those drug abusers who are not accessing services from existing systems (such as treatment and other health service centres)
- Increase coverage of services by scaling up existing services where possible and creating new services when necessary

(3) Ensure that both drug prevention and HIV/AIDS education programmes address the relationship between drug abuse and HIV

As mentioned earlier, one important activity for addressing the relationship between drug abuse and HIV is to include these as part of school and community-based life skills programmes. There are a number of countries that have developed a range of prevention programmes for HIV/AIDS but have not yet addressed the issue of drug prevention with the same level of programme development. UNODC is assisting countries to enhance existing HIV/AIDS education programmes to address the specific issues related to drug abuse and HIV transmission. Likewise, as new drug prevention education programmes are developed, UNODC supports Governmental efforts to develop materials that provide information regarding the nature of this relationship, as well as the many ways in which drug users can protect themselves from infection as it directly relates to the abuse of drugs. Therefore, to ensure that this issue is properly addressed, UNODC encourages Governments to consider ways in which to:

- Review existing curriculum for drug and HIV/AIDS prevention to determine the degree to which each addresses the relationship between drug abuse and HIV/AIDS
- Develop (as necessary) new lesson plans to be inserted into existing curricula to address this topic
- Establish methods for reaching individuals in out-of-school settings
- Provide professional development training on this topic to those individuals who will be presenting this information

(4) Reduce the stigma and discrimination associated with the abuse of drugs and HIV/AIDS

In order to adequately address the issue of drug-related HIV transmission, UNODC encourages the involvement of key government policy makers as well as the community. At present, this is not the case in many countries within this region. While there are a number of non governmental organizations that advocate on behalf of the issue, there are but a few governments that have begun to develop significant programmes in this area. A major contributing factor to this lack of action is the stigma and discrimination associated with the abuse of drugs and HIV. In order to create an environment that is supportive of the implementation of effective programme practices, UNODC is playing a critical role to encourage countries to:

- Develop communication campaigns and other forms of public education to promote a more accurate understanding of the conditions contributing to drug abuse and HIV/AIDS
- Create opportunities for affected individuals to share their experiences in an effort to engender compassion and understanding
- Introducing lessons on the impact of stigma and discrimination into existing prevention curricula
- Provide professional development training to individuals who interact with drug abusers in service settings such as treatment programmes, health care and related settings, as well as within the criminal justice systems

(5) Review and adjust existing laws, policies and practices which inhibit programmes from providing – and individuals from accessing – services

In addition to issues of stigma and discrimination, there are a number of existing laws that can also inhibit access to support services. For example, in some countries in the region, possession of a condom by an individual could be used as evidence that they are in fact engaged in commercial sex work. In other instances the possession of a syringe could constitute a crime. In order to create an environment conducive to protective behaviours, UNODC encourages Governments to:

- Analyze existing laws to determine the degree to which existing mandates may inhibit the accessing of treatment and related services by drug abusers
- Amend those laws and policies that serve as barriers to self-identification and self-referral
- Work with law enforcement and the criminal justice system to develop memorandum of understandings that permit individuals to enter treatment voluntarily

(6) Review and adopt a comprehensive approach comprising of appropriate strategies designed to contain the spread of HIV due to drug abuse

It is important to provide drug abusers with the support and services they need to protect themselves, their families and society in general. Left unsupported this high-risk group will not only cause pain and suffering for themselves, but will play a significant role in spreading the virus to the general population. In fact, in a number of countries throughout the region, models designed to predict the spread of HIV/AIDS during the upcoming decade suggest that drug abusers will be the predominant group that will account for HIV increasing dramatically throughout all societal groups. In order to both protect individual abusers and the society in general, UNODC is supporting Government efforts to:

- Review the regional and international experience on those strategies proven effective in reducing HIV transmission related to drug abuse
- Adjust relevant laws and procedures (as necessary) that would serve to inhibit the application of interventions deemed desirable for addressing this issue
- Identify key partner organizations at the national and local levels that can serve as implementing agencies of those interventions chosen
- Develop systems to monitor and assess the effectiveness of these strategies so as to increase programme efficiency as well as justify the viability of this approach

(7) Develop protocols and procedures for outreach

One of the major challenges in providing services and support for drug abusers at high-risk for HIV infection is the fact that many of these individuals do not avail themselves of health and social services for fear of incarceration and due to the stigma and discrimination associated with these issues. As a result, UNODC advocates the development of protocols for effective outreach at the national level. Sample outreach protocols for this target audience have been developed by WHO and UNAIDS; UNODC seeks to support national governments in the adaptation of these recommended procedures. While outreach services can be conducted by existing programmes that offer health and social services; UNODC advocates the employment of additional methods of outreach, including peer-to-peer models and other similar approaches designed to provide access for hard to reach clients. UNODC encourages Government efforts to develop protocols and procedures, such as:

- Determine those settings where outreach activities are most likely to be successful
- Develop materials and protocols for conducting peer-to-peer outreach
- Identify key partner organizations at the national and local levels that can serve as implementing agencies for conducting outreach activities
- Create linkages for support services for those individuals who require treatment and/or related health and social services

(8) Give special consideration to how drug abuse-related HIV/AIDS programmes can be integrated into prisons and other settings for incarceration

As is the case with treatment services, UNODC is playing a key role to support Governments in the region to address the issue of drug-related HIV/AIDS in prisons, compulsory treatment centres and other closed settings, especially given the documented rates of HIV among injecting

drug abusers as well as among incarcerated individuals. Further, as more drug-dependent individuals are apprehended and sentenced to serve time in prison settings; circumstances are created in which possible HIV transmissions will continue to increase within this very high-risk population. UNODC has a dual role to play in addressing issues related to HIV in such settings. As an organization charged with responsibility for addressing issues related to drugs, UNODC promotes effective policy and practice for reducing drug-related HIV transmission. In addition, given its responsibility in the area of dealing with the broader issue of health and safety in custodial settings, UNODC has a role to play in addressing all aspects of HIV/AIDS in prisons and other incarcerated settings. In order to provide a range of comprehensive prevention services, testing, counselling, care and support, UNODC is collaborating with national Governments to:

- Assess the extent to which programmes exist which are designed to address drug abuse-related HIV/AIDS transmission
- Adapt and/or develop educational materials that can be used to support programmes aimed at reducing drug-related HIV transmission in incarcerated settings
- Develop services in prison settings to reduce needle sharing which in turn contributes to HIV transmission
- Develop systems to monitor and assess the effectiveness of these strategies so as to increase programme efficiency as well as justify the viability of this approach

3. Targets

For each of the four key strategic objectives described above, UNODC has established a set of key targets. The following section lists each target as well as UNODC's recommended date by which national Governments would attain the key target.

Strategic Objective One: Strengthen national drug control policies to effectively reduce demand

- Incorporate ATS demand reduction policies and programmes into national drug control policies by **2007**
- Monitor the degree to which opiates and ATS continues to be addressed as a national priority at annual drug control forums of UNODC and its national counterparts – **Ongoing**

Strategic Objective Two: Increase quality and coverage of treatment and rehabilitation for recovering addicts with attention given to the special considerations regarding the treatment of ATS abuse

- Develop systems for early identification (including peer outreach, school/workplace/ health centre screening and drug courts), assessment and referral that determine each individual user's level of addiction and matches appropriate treatment services accordingly by **2008**
- Establish a comprehensive treatment service delivery system that provides a variety of age-appropriate modality options ranging from short-term counselling to in-patient rehabilitation by **2010**

- Develop systems for community-based aftercare which feature strong family involvement by **2010**
- Give special consideration to how treatment programmes can be integrated into prison settings, compulsory treatment centres and juvenile detention centres by **2010**
- Create linkages with relevant government and non governmental organizations to establish comprehensive systems to provide related support in the areas of health, social rehabilitation and employment training and placement by **2008**
- Offer professional development opportunities for those individuals who work in drug treatment and related service delivery programmes **– Ongoing**
- Develop management information systems (MIS) for intake, tracking treatment, discharge and follow-up so that each individual's progress can be monitored; programme effectiveness can be measured; and lessons learnt can be used to refine and improve programme operation by **2009**

Strategic Objective Three: Increase primary prevention activities for ATS and other drug abuse in the general society, schools, community and workplace

- Promote a set of guiding principles for effective prevention programmes so that existing and new initiatives are based on an accurate understanding of the literature on effective practice by **2007**
- Promote the need for programmes to develop strategic plans that state clear outputs; a set of activities which support these outputs; and methods to measure effectiveness by **2007**
- Design and conduct communications campaigns (which utilize social marketing and other proven strategies) to create a set of societal norms that discourage the abuse of drugs and are supportive of drug prevention and treatment efforts by **2007**
- Develop comprehensive school and community-based prevention programmes that feature life-skills curriculum; promote educators, community-based service providers, youth and parent involvement; offer alternative activities; and create a school and community climate that is supportive of healthy and appropriate behaviours by **2008**
- Establish workplace prevention programmes that provide information to employees; skills training to supervisors; and support for workers including support for working parents and their families with regards to protecting children against the dangers of drugs by **2008**

Strategic Objective Four: Reduce injecting drug use (IDU) and HIV vulnerability from drug abuse and IDU

- Support national efforts to develop and implement effective treatment for heroin abuse **– Ongoing**
- Promote an accurate understanding of the relationship between drug abuse and HIV/AIDS as well as specific methods for protection from infection among both the general population (especially young people) and drug abusers using a variety of school and community settings by **2007**

- Ensure that drug prevention and HIV/AIDS education programmes address the relationship between drug abuse (including injecting drug use) and the transmission of HIV by **2007**
- Reduce the stigma and discrimination associated with the abuse of drugs and HIV/AIDS with the aim of increasing public support for services by **2010**
- Review and adjust existing laws, policies and practices which inhibit programmes from providing – and individuals from accessing – services for treatment by **2008**
- Review and adopt a comprehensive approach comprising of appropriate strategies designed to contain the spread of HIV due to drug abuse by **2008**
- Develop protocols and procedures for identification and outreach (including peer-to-peer) to provide appropriate interventions for reducing HIV/AIDS among drug abusers by **2008**
- Give special consideration to how drug abuse-related HIV/AIDS programmes can be integrated into prisons and other settings such as compulsory treatment centres and juvenile detention programmes by **2008**

E. ON-GOING AND PIPELINE DEMAND REDUCTION PROJECTS

- UNODC Regional Centre is currently implementing ten demand reduction projects, with one additional project in the pipeline.

On-going projects

- Improving ATS Data and Information Systems AD/RAS/F97

  Primary objective: To establish an infrastructure for better understanding patterns of ATS in the region, and for exchanging data pertinent to ATS abuse prevention and control.

- Support for Memorandum of Understanding Partnership in East Asia AD/RAS/03/H15

  Primary objective: The Project is intended to provide technical assistance for the MOU consultative process, the successful implementation of the Sub-Regional Action Plan and the development of new drug control initiatives supplementary to that Action Plan.

- Regional Co-operative Mechanism to Monitor and Execute the ACCORD Plan of Action AD/RAS/OO/F73

  Primary objective: To establish and maintain a flexible and suitable coordination mechanism to facilitate the execution of the ACCORD Plan of Action among participating countries and partners; to monitor progress; and to exchange information and in-depth analysis on drug control trends in the region. The project covers eleven countries in the region (ASEAN + China): Brunei Darussalam, Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam.

- Primary Prevention of ATS Abuse among Youth in Thailand and the Philippines AD/RAS/01/G07

  Primary objective: National drug control agencies and their associated government, private and community agencies in the Philippines and Thailand will have improved capacities to deliver primary prevention initiatives that are relevant to youth.

- Promotion of Public Awareness of the Dangers of Drugs in East Asia AD/RAS/03/G69

  Primary objective: To improve and expand civic advocacy, awareness building and networking for the prevention of drug abuse in the region.

- Strengthening Comprehensive HIV/AIDS Prevention and Care Among Drug Users and in Prison Settings AD/RAS/I09

  Primary objective: Government agencies responsible for public security, compulsory drug abuse treatment and rehabilitation centres, and correctional services will have improved capacities to reduce HIV vulnerability from harmful drug use.

- Project for the reduction of HIV vulnerability from drug abuse (AD/RAS/02/G22)

Primary Objective: To strengthen government and non government responses in South-East Asia to the drug abuse related transmission of HIV/AIDS. This project has been completed in December 2006.

- Project for "Improving access for young people with ATS Abuse to effective treatment" (AD/RAS/06/I13)

  Comprehensive good practice treatment accessible and provided to young people with illicit ATS abuse and related problems.

- Project for "Development of Community-Based Drug Abuse Counselling, Treatment and Rehabilitation Services in Cambodia" (AD/CMB/04/H83)

  To increase the capacity of Cambodian health care professionals, both at the governmental and non governmental level, to respond to the needs of people using illicit drugs, through development of coordinated, community-based drug abuse counselling, treatment and rehabilitation care programmes.

- Project for: Institutional reform and capacity building for drug control and reintegrated drug abuse prevention in Cambodia CMB/J11

  Primary objective: To continue to build upon the achievements of previous UNODC projects to strengthen the national drug control agency in Cambodia and continue activities geared towards full implementation of the National Drug Control Plan.

  (The project is expected to start in by the first quarter of 2007)

Project Ideas under Consideration and Development:

Project One: Develop expanded systems for data collection and analysis systems throughout the region so that the region can deepen its understanding of regional issues as well as provide national and local programmes with the information each needs to develop effective responses to drug abuse in their respective settings

Project Two: Develop, disseminate and support with regional and country level trainings a set of recommended programme components to guide the development of national and local responses to drug abuse throughout the region

Project Three: Enhance UNODC's leadership role in ensuring collaboration at the regional level among the government organizations, Non Governmental Organizations, Community Based Organizations, United Nations agencies, donors and other key groups that are currently addressing drug abuse issues in this region by developing stronger mechanisms for supporting country level coordination as well as ongoing collaboration among the countries within the region

Project Four: Conduct a regional mapping exercise that determines the extent to which United Nations agencies and other key stakeholders are addressing drug issues in the region to the end of better utilizing existing resources as well as developing the means of acquiring additional resources as needed

Project Five: Establish a print and electronic regional clearinghouse for the collection and dissemination of information on effective practice in the area of demand reduction

Project Six: Establish a senior demand reduction staff position to develop plans of action and secure funding for these recommended projects, identify additional project ideas and coordinate all relevant regional activities

Project seven: Establish National Training and Research Institutes by strengthening existing Training Institutes on drug dependence treatment, training and rehabilitation. These institutes would train and provide a data base of resource persons and training curriculum to be used within the region.

Project Eight: Mainstream gender and women specific issues into drug demand concerns and strengthen the capacities of government, women organizations to address the vulnerability of women drug users and female partners of male drug users, so that they can make informed choices and have access to treatment and support.

Project Nine: Strengthen the capacity of government and civil society organizations to prevent ATS drug abuse and scale up interventions, which reduce the harmful consequences of ATS use, especially HIV