



COLOMBO PLAN

# DRUG ADVISORY PROGRAMME

*Pioneering Demand & Supply Reduction Since 1973*



# OVERVIEW OF DRUG SITUATION IN ASIA: EMERGING CONCERNS

- Methamphetamine is the main drug of concern in treatment in Asia. Since the latter part of the 2000s, there has been a strong shift in the drug market in East and South-East Asia, from opiates to methamphetamine;
- 13 countries in the region reported methamphetamine as their primary drug of concern in 2018 or the latest year available;
- Annual prevalence of methamphetamine use ranges between 0.5 and 1.1 per cent, which is rather high compared with the global average;

# OVERVIEW OF DRUG SITUATION IN ASIA: EMERGING CONCERNS

- South-East Asia emerges as the world's fastest-growing methamphetamine market;
- Quantities of methamphetamine seized in East and South-East Asia rose more than eightfold between 2007 and 2017 to 82 tons – 45 per cent of global seizures;
- In 2017, seizures of methamphetamine tablets in the region amounted to nearly 450 million tablets, a 40% increase compared to the preceding year;
- Preliminary data for 2018 indicate a further steep increase of seizure to roughly 116 tons;

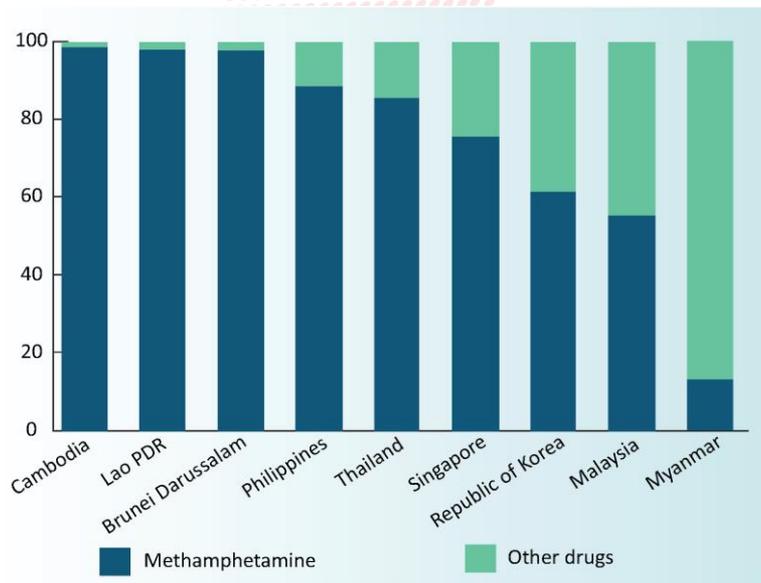
# OVERVIEW OF DRUG SITUATION IN ASIA: EMERGING CONCERNS

- Increased quantities of methamphetamine seizures and decreases in retail prices of the drug in East and South-East Asia suggest that the supply of the drug has expanded;
- Viet Nam authorities have reported a price of US \$ 8,000 for 1 kg of crystalline methamphetamine perceived to have originated from the Golden Triangle in 2017, down from the US \$ 13,500 reported in 2016;
- Transnational organized crime (TOC) groups operating in the region have been increasingly involved in the manufacture and trafficking of methamphetamine and other drugs in the Golden Triangle in recent years;

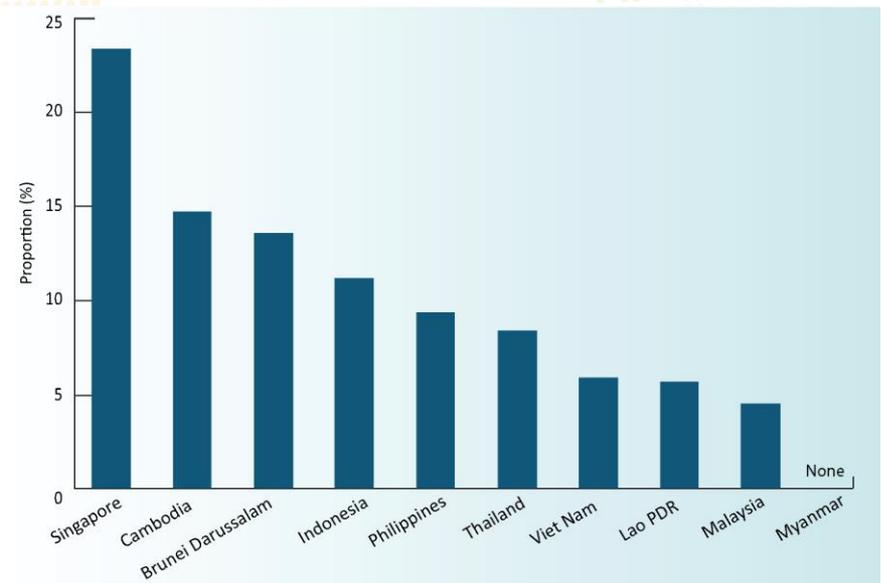
# OVERVIEW OF DRUG SITUATION IN ASIA: EMERGING CONCERNS

- Methamphetamine related treatment admissions account for a large majority of all drug related treatment admissions in the region;
- This included countries such as Myanmar, who traditionally have a larger proportion of other drug related admissions, other than methamphetamine.
- The proportion of women and girls entering treatment is quite low in many countries in the region;

**Figure 1: Proportion of metamphetamine related treatment admissions among all treatment admissions, 2017**



**Figure 2: Proportion of females among persons admitted to treatment centers for metamphetamine in selected countries in East and Sout-East Asia, 2017**



# OVERVIEW OF DRUG SITUATION IN ASIA: EMERGING CONCERNS

- Substantial quantities of precursor chemicals for methamphetamine have been continuously diverted and trafficked within the region;
- Forensic data, albeit limited, from countries in the region indicate that ephedrine and pseudoephedrine remain the major precursor chemicals used in the manufacture of methamphetamine in the region;

# OVERVIEW OF DRUG SITUATION IN ASIA: EMERGING CONCERNS

- A large majority of methamphetamine samples analysed in China in recent years appear to have been manufactured with ephedrine and pseudoephedrine. One of the 38 methamphetamine samples analysed in Indonesia in 2018 was a racemic mixture of methamphetamine.



# BRUNEIDARUSSALAM

## Drug demand indicators

Table 1. Trend in use of selected drugs in Brunei Darussalam, 2013-2018\*

Drug type	2013	2014	2015	2016	2017	2018
Crystalline methamphetamine	↑	↓	↔	↓	↑	↑
“Ecstasy”	↓	↑	↑	↓	↑	●
Cannabis herb	↑	↑	↔	↑	↓	↓
Inhalants	↓	↑	↓	↓	●	↔
Ketamine	↑	↑	↑	↑	↑	↓
Nimetazepam	↓	●	↔	↑	↔	↓

Note: \* Based on expert perception provided by the Narcotics Control Bureau (NCB), Brunei Darussalam.

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



# CAMBODIA

## Drug demand indicators

Table 1. Trend in use of selected drugs in Cambodia, 2013-2017\*

Drug type	2013	2014	2015	2016	2017
Methamphetamine tablets	↑	↑	↑	↑	↓
Crystalline methamphetamine	↑	↑	↑	↓	↑
Ecstasy	●	●	↓	↑	↓
Cannabis herb	●	●	↑	↓	↓
Heroin	●	●	↑	↑	↓

Note: \*Based on expert perception provided by NACD, Cambodia

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

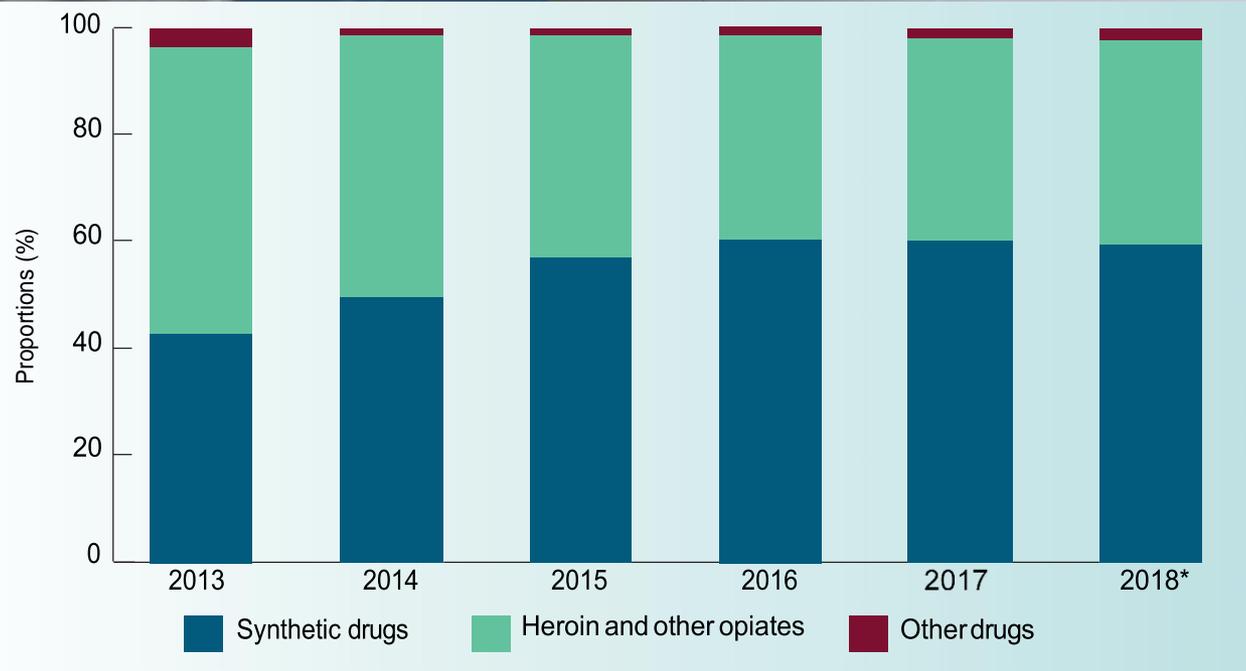
Source(s): Drug Abuse Information Network for Asia and the Pacific (DAINAP).



# CHINA

## Drug demand indicators

Figure 1. Proportion of registered drug users by type of drug used in China, 2013-2018\*



Note: \* Data cover the first half of the year.

Source(s): NNCC, "Latest situation of synthetic drugs in China", presented at the Global SMART Programme Regional Workshop, Chiang Rai, Thailand, August 2018 and previous country reports presented at past workshops.



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# INDONESIA

## Drug demand indicators

Table 1. Trends in use of selected drugs in Indonesia, 2013-2017

Drug type	2013	2014	2015	2016	2017
Crystalline methamphetamine	↔	↔	↔	↔	↔
“Ecstasy”	↑	↓	↑	↔	↑
Barbiturates	↑	↔	↑	↑	↑
Benzodiazepines	↑	↔	↑	↔	↔
Cannabis herb	↔	↔	↔	↔	↔
Cannabis resin	●	↑	↑	↑	●
Cocaine	●	↑	●	↑	↔
Heroin	↓	↔	↔	↓	↑
Ketamine	●	↑	↔	●	●

Note: \* Based on expert perception provided by the National Narcotics Board (BNN), Indonesia.

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

Source(s): Drug Abuse Information



# JAPAN

## Drug demand indicators

Table 1. Trends in use of selected drugs in Japan, 2007-2017

Drug type	2007	2009	2011	2013	2015	2017
Crystalline methamphetamine	↑	↓	↑	↑	↔	↔
“Ecstasy”	●	↔	↓	↑	↓	↑
Cannabis	↓	↑	↓	↓	↓	↑
NPS	●	●	●	●	↓	↓

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



# LAO PDR

## Drug demand indicators

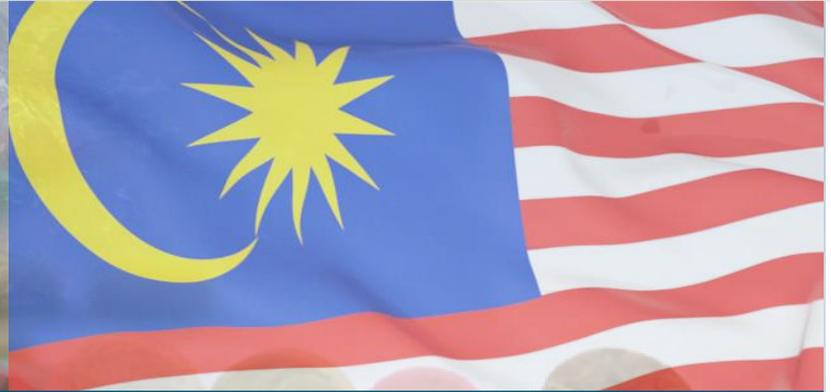
Table 1. Trend in use of selected drugs in Lao PDR, 2013-2018\*

Drug used in the past year	2013	2014	2015	2016	2017	2018
Methamphetamine tablets	↑	↓	↑	↓	↑	↓
Crystalline methamphetamine	↔	↓	↑	↑	↓	↑
Cannabis herb	↑	↓	↑	↓	↑	↓
Opium	↑	↓	↑	↑	↑	↓
Heroin	↑	↓	↓	↑	↓	↑

Note: \* Based on expert perception provided by Lao National Commission for Drugs Control and Supervision (LCDC).

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

Source(s): Drug Abuse Information Network for Asia and the Pacific (DAINAP)



# MALAYSIA

MALAYSIA

## Drug demand indicators

Table 1. Trends in use of selected drugs in Malaysia, 2013-2018\*

Drug type	2013	2014	2015	2016	2017	2018
Crystalline methamphetamine	↔	↑	↑	↑	↑	↑
Methamphetamine pills	↓	↑	↓	↑	↑	↑
“Ecstasy”	↔	↓	↑	↓	↑	↑
Amphetamine	↑	↑	↑	↑	↓	↑
Benzodiazepines	●	↓	↓	↑	↑	↑
Cannabis herb	↔	↑	↓	↓	↓	↑
Heroin	↔	↓	↑	↑	↓	↓
Ketamine	↔	↓	↓	↓	↓	↓
Kratom	↔	●	●	↑	↓	↑

Note: \* Based on expert perception provided by the National Anti-Drug Agency (NADA), Malaysia.

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

Source(s): Drug Abuse Information Network for Asia and the Pacific (DAINAP); UNODC Annual Report Questionnaire (ARQ) 2017 and previous years for Malaysia; Official communication with NADA, February 2019.



## Drug demand indicators

Table 1. Trend in use of selected drugs in Myanmar, 2013-2018

Drug type	2013	2014	2015	2016	2017	2018
Heroin	↓	↑	↔	↔	↑	↑
Opium	↓	↔	↔	↔	↔	↔
Methamphetamine tablets	↑	↑	↑	↑	↑	↑
Crystalline methamphetamine	●	●	↑	↑	●	↑
Cannabis	↓	↓	↑	●	↑	↔

Note: \* Based on expert perception provided by CCDAC, Myanmar.

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

Source(s): DAINAP; UNODC Annual Report Questionnaires (ARQ) Myanmar for 2017 and previous years; Official communication with CCDAC February 2019.



## Drug demand indicators

Table 1. Trends in use of selected drugs in the Philippines, 2013-2017

Drug type	2013	2014	2015	2016	2017
Crystalline methamphetamine	↑	↑	↑	↑	↓
Benzodiazepine	↓	↑	↓	↑	↓
Cannabis herb	↓	↑	↓	↑	↓
Inhalants	↓	↓	↓	↓	↓

Note: \* Based on expert perception provided by the Dangerous Drugs Board (DDB).

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

Source(s): Drug Abuse Information Network for Asia and the Pacific (DAINAP); UNODC Annual Report Questionnaire (ARQ) 2017 and previous for the Philippines; Official communication with the Dangerous Drugs Board (DDB), October 2018.



## Philippine Data in Numbers

- 4.8 million Filipinos aged 10-69 are lifetime users
- 1.8 million are current users
- People Who Inject Drugs (PWID) Operations Research data shows 48% of PWID tested positive for HIV and 85% are positive for Hepatitis C.

Source: Nationwide Survey on the Nature and Extent of Drug Abuse in the Philippines (2015)



## Philippine Data in Numbers

- Male to Female drug user ratio is 7:1.
- Ratio of Male to Female in treatment is 14:1.
- The number of crimes against persons and properties have gone up from 129,161 in 2012 to 492,772 in 2014 and these are normally associated with drug use.<sup>2</sup>

Source: Nationwide Survey on the Nature and Extent of Drug Abuse in the Philippines (2015)



# SINGAPORE

## Drug demand indicators

Table 1. Trends in use of specific drugs in Singapore, 2013-2017\*

Drug type	2013	2014	2015	2016	2017
Methamphetamine	↑	↑	↑	↑	↑
“Ecstasy”	↑	↓	↓	↑	↑
Cannabis herb	↑	↑	↑	↑	↓



# THAILAND

## Drug demand indicators

Table 1. Trends in use of selected drugs in Thailand, 2013-2017\*

Drug type	2013	2014	2015	2016	2017
Crystalline methamphetamine	↓	↓	↑	↑	↑
Methamphetamine pills	↑	↓	↓	↓	↔
“Ecstasy”	↓	↔	↑	●	↑
Ketamine	↑	●	●	●	↑
Cannabis herb	↓	↓	↑	↓	↑
Heroin	↔	↑	↑	↑	↑
Kratom <sup>a</sup>	●	↑	↑	↑	↑

Note: \* Based on expert perception; ↑ = Increasing, ↓ = Decreasing, ↔ = Stable, ● = Not reported; <sup>a</sup> Refers to its liquid form.

Source(s): DAINAP.



## Drug demand indicators

Table 1. Trends in use of selected drugs in Viet Nam, 2013-2017\*

Drug type	2013	2014	2015	2016	2017
Crystalline methamphetamine	↑	↑	↑	●	↑
Methamphetamine tablets	↑	↑	↑	●	↑
“Ecstasy”	●	↔	●	●	↑
Cannabis herb	↑	↔	↑	●	↔
Heroin	↓	↑	↑	●	↑
Opium	↑	↑	●	●	↑

Note: \*Based on expert perception provided by SODC. ↑ = Increase, ↓ = Decrease, ↔ = Stable, ● = Not reported

Source(s): Drug Abuse Information Network for Asia and the Pacific (DAINAP).

# REFLECTIONS OF THE IMPACT OF UTC TRAININGS

“Since the UTC trainings have been introduced to the Philippines, it served as an opportunity for people working in the field to learn practices according to universal and international treatment standards.

The UTC trainings for Filipinos are accessible and readily available through the education providers. The participants who come out of training are usually inspired and sparked with interest to further pursue the addiction treatment field. At Seagulls Flight Foundation, Inc., particularly, the UTC trainings have been the basis of their treatment innovations and integration of evidence-based practices to the existing practices that work for their population. The organization utilizes the UTC to train its employees and at the same time implement its teaching through the services offered. In the organization, the people that have been trained are able to echo to communities, other practitioners and even colleagues.” – **Therese Castillo, Counsellor, Seagulls Flight Foundation, Inc., Philippines**

# REFLECTIONS OF THE IMPACT OF UTC TRAININGS

“ UTC trainings make us recognize the importance of specific addiction treatment training and professionalizing staff who are working in the field. Some of participants integrated knowledge they have learned from UTC trainings in their real life practices. These include concepts of evidence-based practice, continuum of care, co-occurring disorders and person-centered planning. Some of participants who work in academic field have integrated some modules from UTC trainings in their teachings including concepts of brain addiction and ethics for addiction professionals. Our challenges are community participation as part of continuum of care and integrating concepts of recovery coach which is not recognized as profession in Thailand.” – **Danai Indrakamhaeng, Psychiatrist, Psychiatry Rajavej Chiang Mai Hospital**

# REFLECTIONS OF THE IMPACT OF UTC TRAININGS

“Each UTC training course provided inputs that helped me:

- improve the treatment programme at the centre I worked then;
- enhance the quality of service delivery to clients; and
- improve the content and process of training and supervision.

As a Global Master Trainer, I have seen how the UTC training provided meaningful inputs to professionals all over the world. The content and process have been repeatedly appreciated. The exercises built into the Basic UTC courses have helped participants review their own treatment approaches and motivated them to make a difference. The discussion on stigma, need for providing range of services along the continuum of care especially brief intervention, emphasis on documentation and ethics have always been appreciated.” –

**Thirumagal V., Ph. D, India**