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(Pusat Penyelidikan Dadah dan Ubat-Ubatan)
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MALAYSIA



I INTERNATIONAL
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S SERIES

13

**REPORT OF THE ASIAN
MULTICITY EPIDEMIOLOGY
WORKGROUP 1998**

United Nations International Drug
Control Programme
REGIONAL CENTRE, BANGKOK



**REPORT OF THE ASIAN MULTICITY EPIDEMIOLOGY
WORKGROUP 1998**

Editors:

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A'EDAH ABU BAKAR

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~~The city drug abuse indicator trends reports contained in this document are substantially~~
the same as originally submitted by the authors. However, reports have been edited to enhance the presentation. The National Center for Drug Research (NCDR), USM acknowledges the contributions made by the members of the Asian Multi-City Epidemiology Work Group (AMCEWG) who have invested their own time and resources in preparing the reports presented at the meetings.

CENTER FOR DRUG RESEARCH
UNIVERSITI SAINS MALAYSIA
MINDEN, PULAU PINANG
MALAYSIA

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INTRODUCTION

The Asian Multi-City Epidemiology Study Program has entered its sixth year in 1998. The Asian Epidemiology Work Group (AEWG), now consisting of 23 cities has been established. A city based surveillance system has been developed in twelve cities. These cities are Bangkok, Thailand; Kuala Lumpur, Malaysia; Manila, Philippines; Hanoi, Vietnam; Yangon, Myanmar; Vientiane, Laos; Phnom Penh, Cambodia; Taipei, Taiwan; Colombo, Sri Lanka; Dhaka, Bangladesh; Islamabad, Pakistan; and Madras, India.

Two meetings were held in 1998. The first group meeting was held in Penang, Malaysia from 4 – 7 May 1998, while the second was also held in Penang from 9 - 12 November, 1998.

During the meetings, participants reported on the problem of drug abuse in their cities/countries. The drug abuse indicator instrument for standardized reporting developed earlier was reviewed and modified.

Concepts on ethnography and its application in drug-related studies were reviewed. Small group discussions were held during the meetings to identify a common research topic where the application of qualitative techniques for data collection can be carried out on a small scale by each participant. Participants had worked on these common areas decided by the group and the findings of these small studies were presented in the follow-up meeting within the year. Generally participants have found these small investigations very useful and the meetings provide a venue for further discussion and sharing of findings and first hand experiences in utilizing qualitative research methods. Interesting reports of these small studies have been produced by individual participants. The programme has also published a collection of the findings of these small investigations.

This programme has been carried out by the Center for Drug Research, Universiti Sains Malaysia in conjunction with the Division of Epidemiology and Prevention Research, National Institute on Drug Abuse, National Institute of Health, USA. The programme has received financial support from the Government of Malaysia, the Regional Centre for East Asia and the Pacific, United Nations International Drug Control Programme (UNDCP) Bangkok. Technical support was provided by the Center for Drug Research, Universiti Sains Malaysia.

PART 1- Section One

EAST ASIAN COUNTRY REPORTS
(January 1997 - March 1998)

DRUGS SITUATION IN BANGKOK

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INTRODUCTION

Bangkok, the capital of Thailand with more than 6 million people, is faced with many problems including narcotics. It is believed that 23 in 1000 people are suffering from drugs problem. Heroin and marijuana remain the main drugs of abuse, while the prevalence of abuse of ecstasy, cocaine and ketamine has been on the rise since 1997.

2. DATA SOURCES

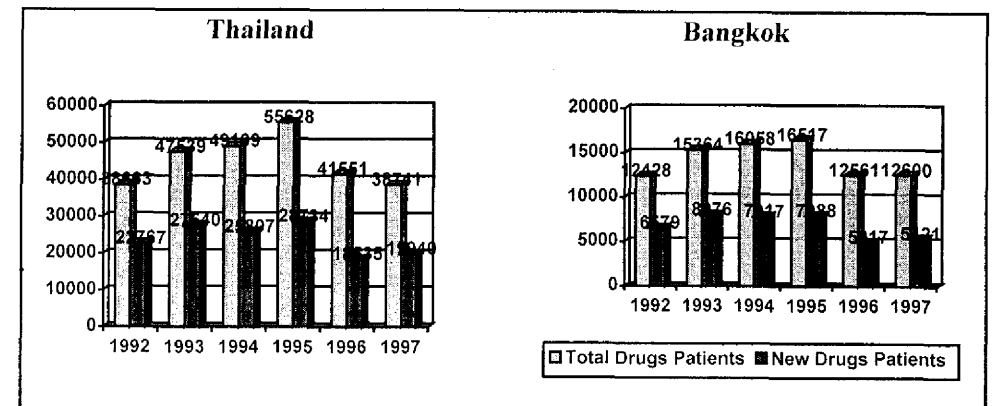
This report presents statistics on drug cases and treatment for the year 1992 to 1997. It includes the Public Health Ministry's data on AIDS situation for the year 1997.

3. DRUG ABUSE TRENDS IN BANGKOK

3.1 Treatment Admissions

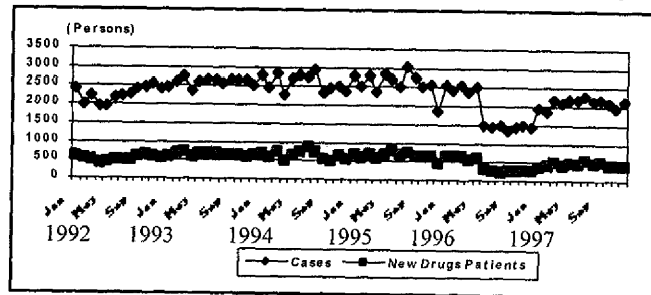
The situation of treatment admissions throughout the country and in Bangkok is quite similar. The number of drug addicts that sought treatment has continuously decreased since 1992. In 1997, the rate of new admissions among the drug addicts remained at 40% (Chart 1).

Chart 1: Number of Drugs Patients, 1992-1997



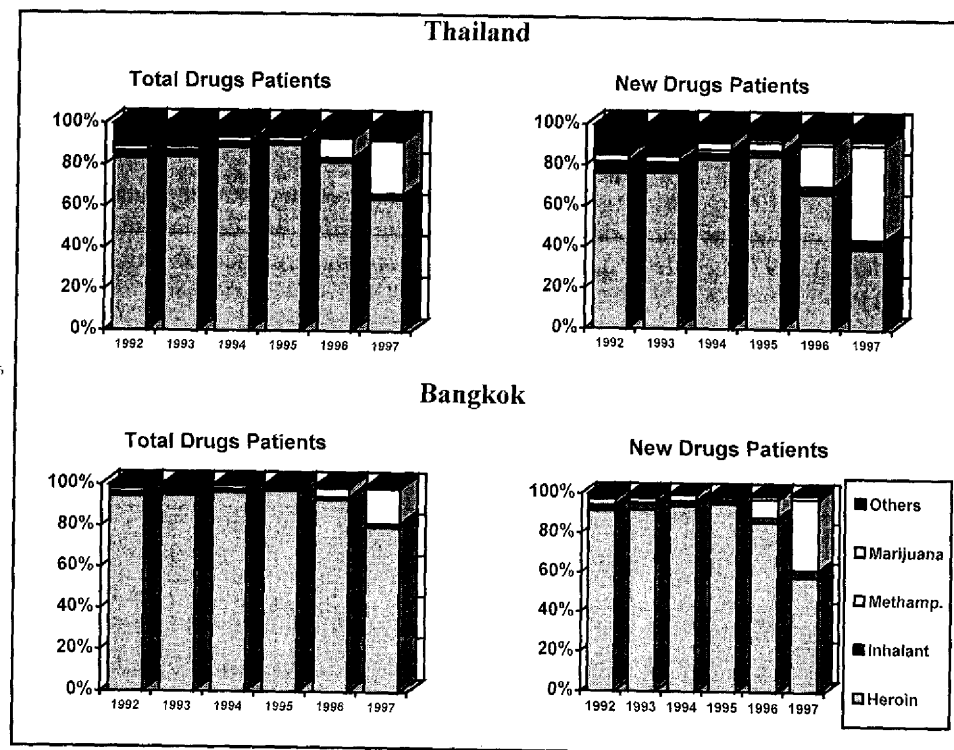
Over the last five years, the total number of drug patients in Bangkok was high, with decreased in admissions in 1996 and gradual increased in 1997. However, the number of admissions of new addicts remained at 500 addicts per month (Chart 2).

Chart 2: Number of Drugs Patients Residing in Bangkok



When classified by types of drug, heroin addicts in Bangkok and throughout the country remained the major group that sought treatment. This pattern was declining from 1995 onwards, and was replaced by methamphetamine addicts in 1997, when new amphetamine addicts admitted for treatment increased by 40% (Chart 3).

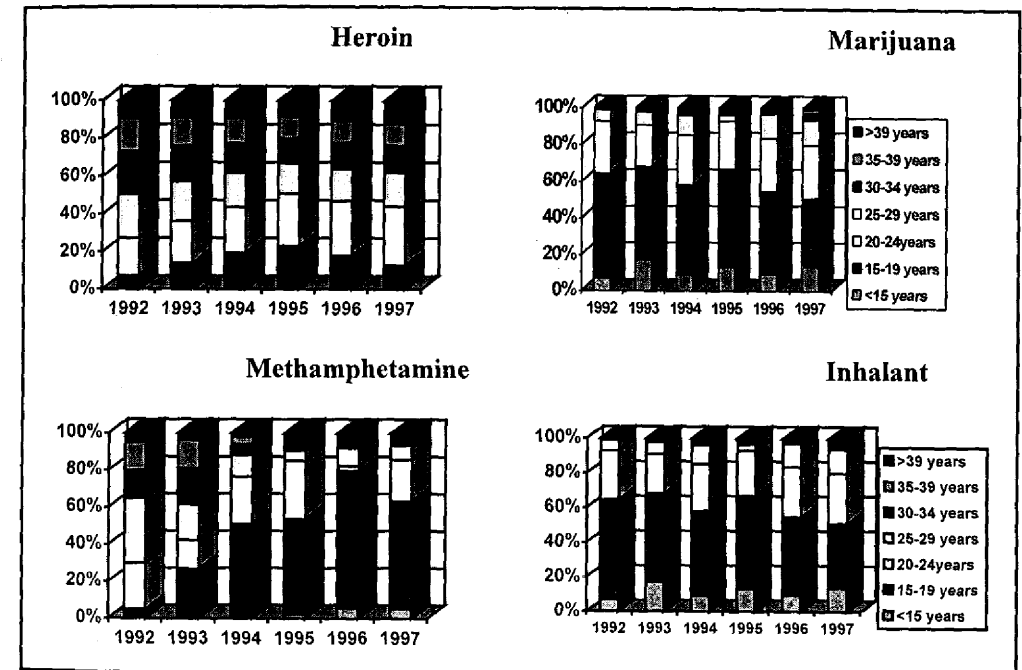
Chart 3: Proportion of Drugs Patients Classified by Types of Drug, 1992-1997



3.2 Age and Occupation of Patients

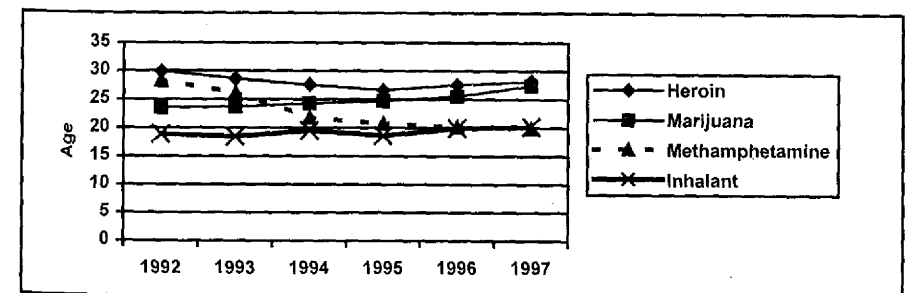
Heroin and marijuana addicts are older than methamphetamine and inhalant addicts. Sixty to seventy per cent of the heroin and marijuana addicts were under 29 years old, with the majority between the age of 20 and 24. About 80% of methamphetamine and inhalants addicts were under 24 years old, with the majority between the age of 15 and 19 (Chart 4).

Chart 4: Age of Addicts Residing in Bangkok, 1992-1997



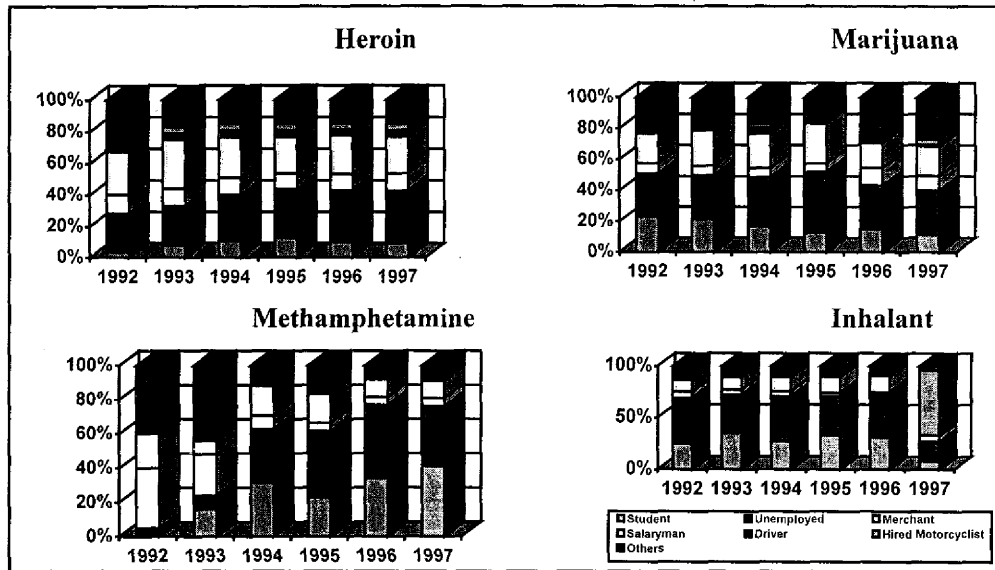
In comparison with the previous year's data, the average age of marijuana addicts increased to 27 years, while that of inhalant addicts increased to 20 years. However, the average age of methamphetamine addicts had decreased to 20 years. The average age of heroin addicts was 28 years old (Chart 5).

Chart 5: Average Age of Patients Classified by Type of Drugs, 1992-1997



When classified by occupations, generally the unemployed make up the biggest group in all types of drug addiction. The proportions of students taking methamphetamine and inhalants are increasing each year. Workers and merchants prefer heroin and marijuana over any other types of drug (Chart 6).

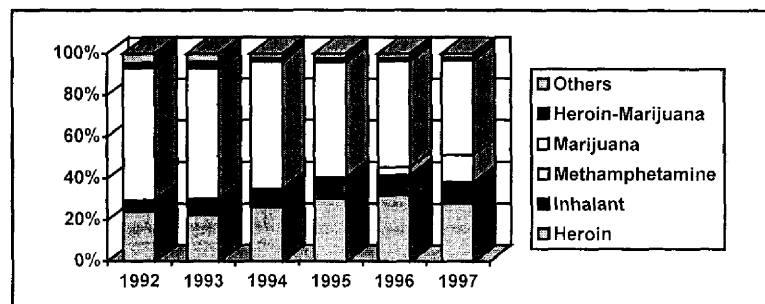
Chart 6: Occupation of Addicts Residing in Bangkok, 1992-1997



3.3 Type of Drug of First Used and Route of Administration

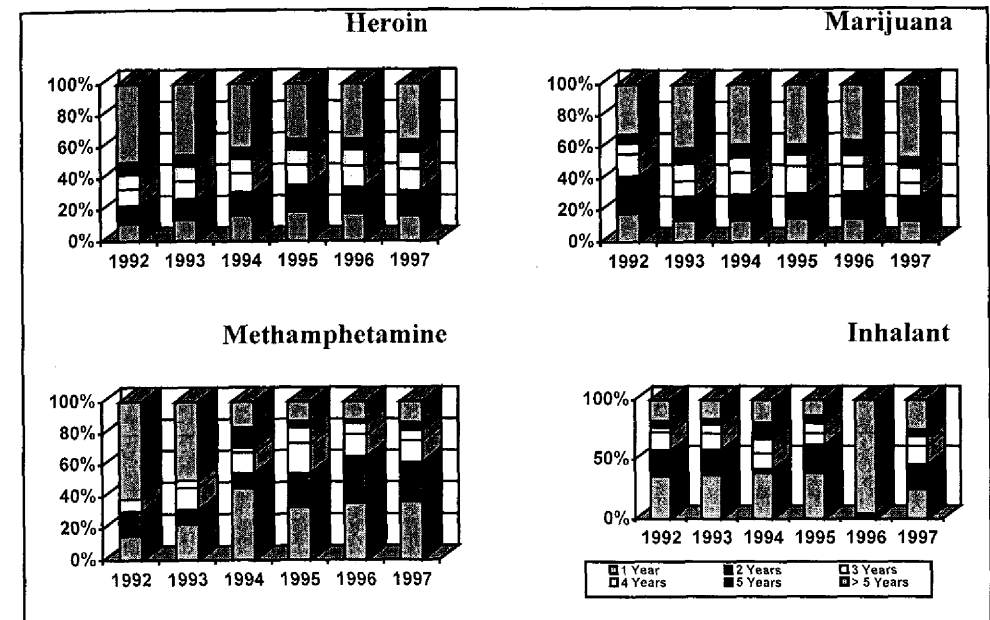
Over the past five years, marijuana has always been the favourite first drug of abuse among the addicts. Currently, it has been observed that this trend has been in the decline, while the proportions of addicts that use heroin and inhalants as first drug of abuse remain the same. The use of methamphetamine as first drug of abuse has increased tremendously especially in 1997 (Chart 7).

Chart 7: Type of Drug of First Used Among Addicts Residing in Bangkok, 1992-1997



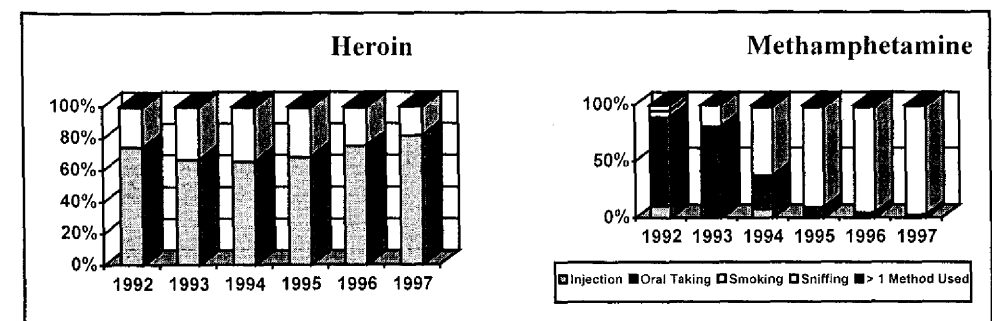
The high number of admissions of heroin and methamphetamine addicts that used the drugs for more than five years reported over the past five years started to decline in 1997. On the other hand, the admissions of marijuana and inhalants addicts over the same period had increased. The proportions of methamphetamine and inhalants addicts who were on the drugs for 1 - 2 years were higher than the previous year (Chart 8).

Chart 8: Duration of Intake of Drug First Used Among Addicts Residing in Bangkok, 1992 -1997



When classified by route of administration, the proportions of intravenous drug users among heroin addicts had increased to about 80% from the previous year. The proportions of methamphetamine addicts who smoke the drug had increased to almost 100% from the previous year (Chart 9).

Chart 9: Route of Drug Administration Among Addicts Residing in Bangkok, 1992-1997

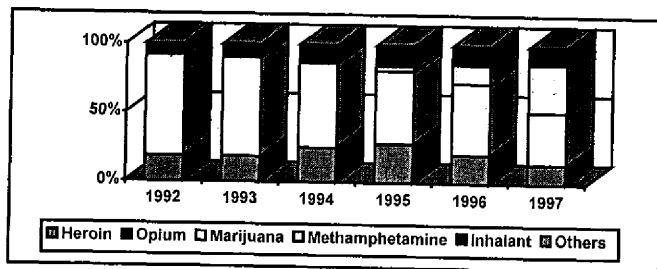


4. LAW ENFORCEMENT DATA

4.1 Drug-related Offences

The proportions of drug-related offences gradually increased over the past five years, with the highest number of cases reported in 1995. However, in 1996 the number of drug-related cases started to decline sharply with the lowest number reported in 1997. When classified by types of drug, heroin and marijuana-related offences showed a downward trend while methamphetamine-related offences showed an upward trend (Chart 10).

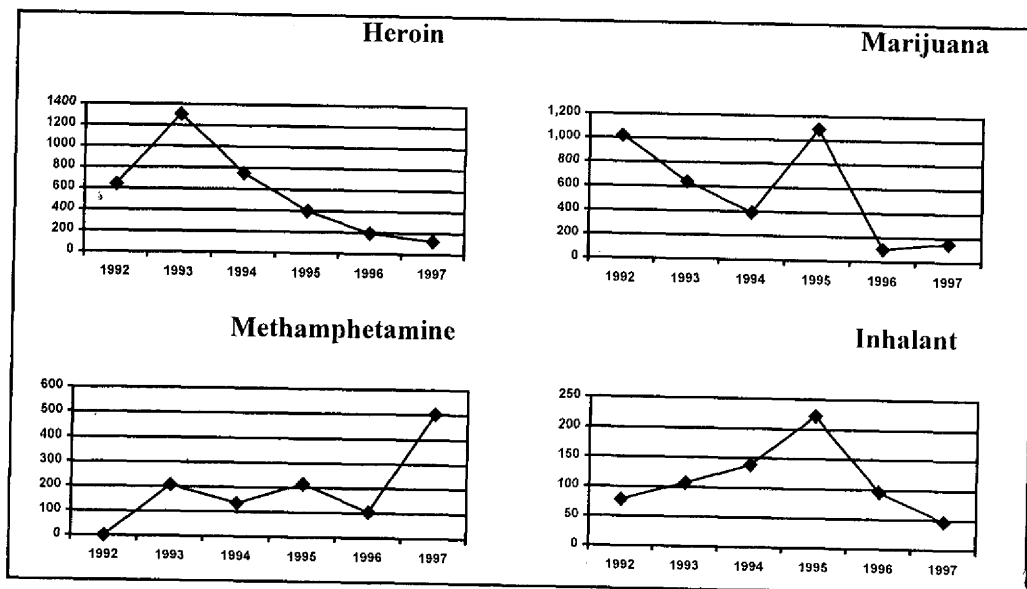
Chart 10: Drugs Related Cases in Bangkok, 1992-1997



4.2 Seizures

Methamphetamine is the most seized drug, with 502.17 kilograms seized in 1997 -- an increased of almost 500% from 1996. The seizures of heroin and inhalants decreased to 63% and 48%, respectively (Chart 11).

Chart 11: Proportion of Drugs Seized in Bangkok, 1992-1997

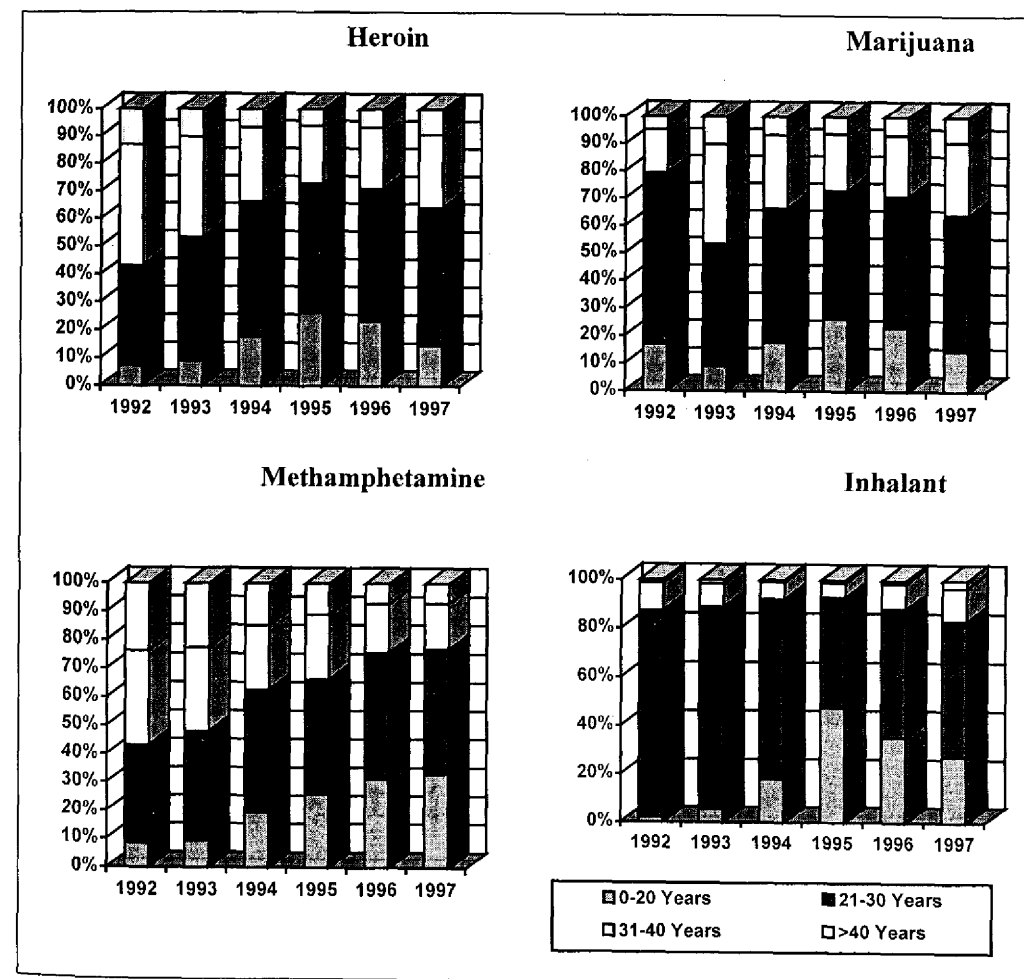


In comparison with the 1996 data, ecstasy-related cases increased in 1997, with 20 cases involving 57 offenders and 53,194 tablets seized. Sixty-seven per cent (59) of the offenders are Thai, while 10.3% (9) are Singaporean.

4.3 Age of Offenders

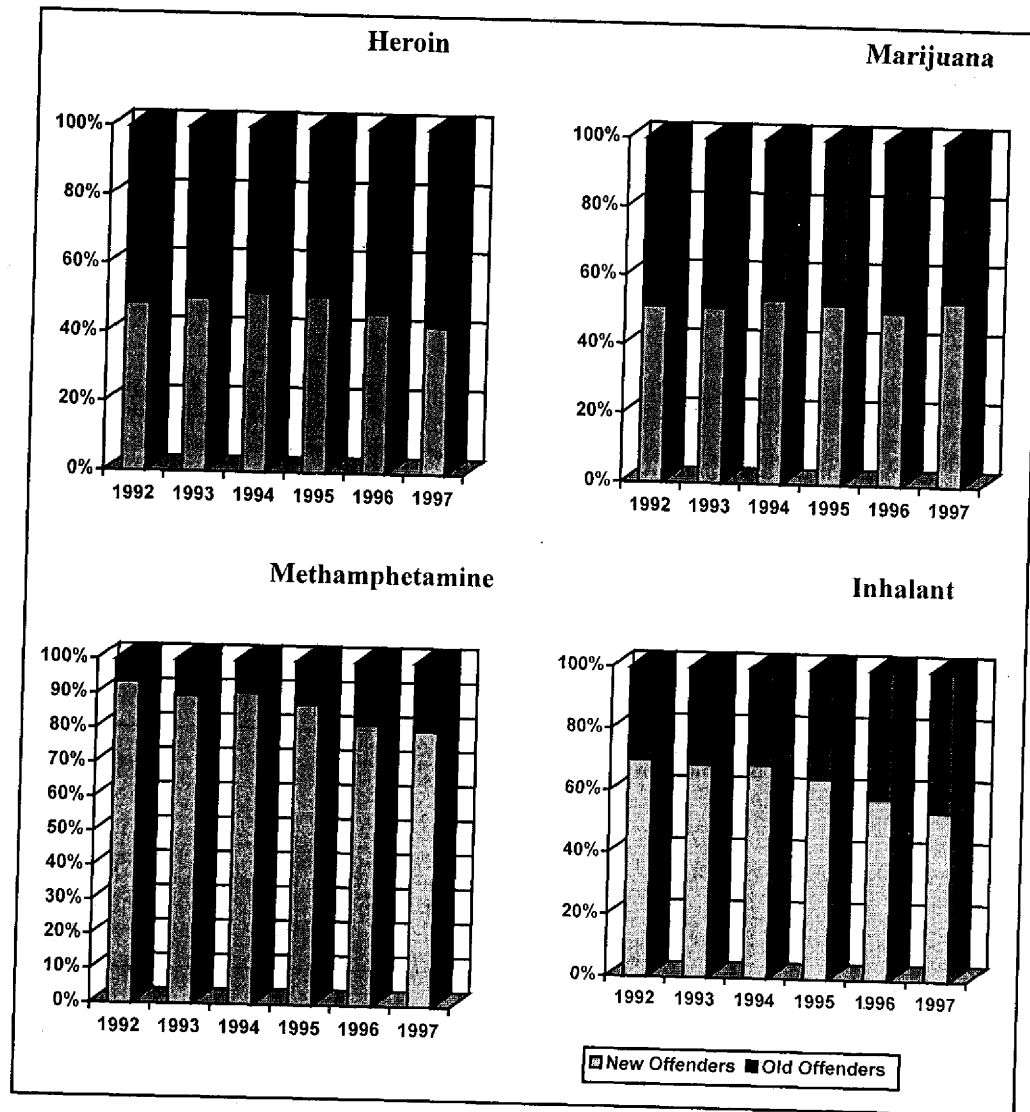
Generally, the majority of addicts that committed drug-related offences are under 30 years old. When classified by types of drug, offenders between the age of 21 and 30 are the major groups that committed offences related to inhalants, marijuana and heroin. On the other hand, the majority of methamphetamine-related offenders are under 20 years old. The proportions of offenders above 31 years old that committed all types of drug-related offences tend to decrease (Chart 12).

Chart 12: Age of Drug Offenders in Bangkok, 1992-1997



The proportions of new methamphetamine offenders remained the same at 80% of the total offenders. The numbers of new heroin and inhalants offenders had slightly decreased, while that of marijuana showed a slight increase (Chart 13).

Chart 13: Comparative Proportion on the Arrests Between New Thai Offenders and Total Thai Offenders in Bangkok, 1992-1997



5. AIDS SITUATION IN BANGKOK

Over the past thirteen years, 800,000 HIV cases were reported throughout the country, with about 120,000 cases or 15% in Bangkok (Chart 14). Risky sexual behaviour is the main factor of AIDS epidemic in this country, and its proportion tends to increase, while the other factor especially that of drugs is declining at 1.40% in 1997 (Chart 15).

Chart 14: Number of AIDS Patients and Symptomatic HIV Patients in Bangkok and Thailand 1984 – December 31, 1997

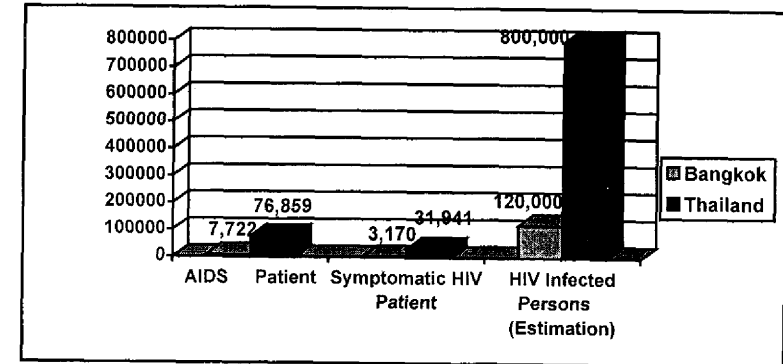
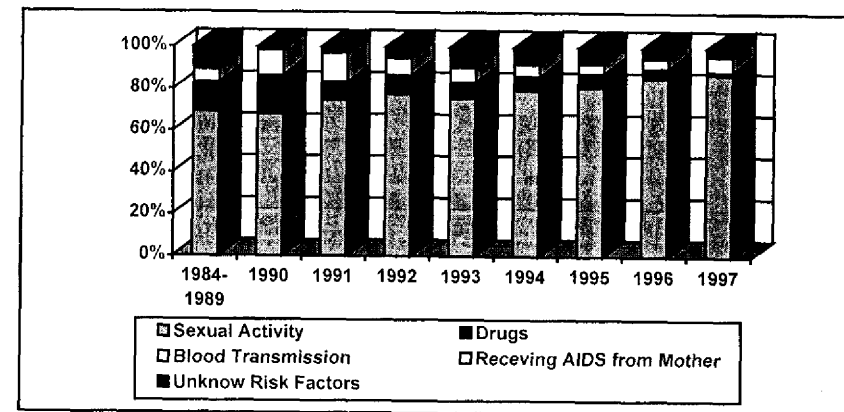


Chart 15: Proportion of AIDS Patients in Bangkok Classified by Risk Factors and First Year of Sickness



DRUG ABUSE SITUATION IN HANOI

*Tran Van Xuyen-
Department for Social Evils Prevention
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Hanoi, Vietnam*

INTRODUCTION

According to the 1996 census, Hanoi has about 2,526,000 million people with 50.2% male and 49.8% female. The age distribution in Hanoi is estimated as 29.60% below 15 years old, 9.60% between the age of 15 and 19, 25.0% between the age of 20 and 34, and 35.0% above 35 years old. Kinh is the dominant ethnic group in the population and 1% of the population is made up of other ethnic groups. The annual per capita income is USD650 (Table 1).

Table 1: General Population of Hanoi

Indicators		Number	%
Total population		2 526 600	
Sex:	Male	1 258 247	49.80
	Female	1 268 353	50.20
Age:	Under 15 years	750 400	29.60
	15 -- 19 years	250 127	9.60
	20 -- 34 years	631 650	25.00
	> 35 years	891 890	35.00
Ethnic Group: Kinh		2 501 334	99.00
	Others	25 226	1.00
Education:	zero	227 394	9.00
	1 -- 6 years	985 347	39.00
	7 -- 12 years	1 061 172	42.00
	> 13 years	222 340	8.80
	not stated	30 319	1.20
Annual per capita income:		USD650	

2. DATA SOURCES AND TIME PERIOD

Currently, there are 11 drug treatment facilities in the city; 2 specialised drug treatment centre, and 9 facilities at the primary health care centres.

This report presents data collected from the 2 specialised drug treatment centres and 5 primary health care centres for the period September 1997 -- March 1998.

3. TREATMENT INDICATORS

The total number of treatment admissions at the 7 treatment facilities for the period September 1997 -- March 1998 is 3812. Most of the admissions (76%) were reported at the primary health care centres. Forty-eight per cent of the total admissions were institutional admissions while the other 52% were non-institutional admissions (Table 2). New admissions accounted for 11.6% of the total admissions, while readmissions made up 88.4% of the total admissions.

Table 2: Treatment Admissions (September 1997 - March 1998)

Treatment Facilities	Type of Admission				Total
	Institutional Admission		Non-Institutional Admission		
	New Admission	Re-admission	New Admission	Re-admission	
Specialised Treatment Centres	84	521	43	265	913 (24.0%)
Primary Health Care Centres	168	1039	146	1546	2899 (76.0%)
TOTAL	1812 (47.5%)		2000 (52.5%)		3812

3.1 Patients' Socio-Demographic Characteristics

Some of the socio-demographic characteristics of patients differ from the previous reporting period. Most of the patients are male, with only 2% are female addicts.

A majority of the treatment admissions were between the age of 18 and above 30. Eighty-four per cent of the patients had between 6 to 12 years of education (Table 3).

The percentage of sales and clerical workers among treatment admissions had increased from 5.1% in 1996 to 9% in the current reporting period. Cultivators accounted for 26.6% of treatment admissions -- almost 3 fold increased from the previous reporting period. A mere 4% had small businesses compared to 14% in 1996. Students involvement in substance abuse activities was minimal, a reduction of 8 fold from the previous reporting period. The unemployed that accounted for a majority of treatment admissions in 1996 had reduced to 20.4% in the current reporting period (Table 3).

Table 3: Socio-Demographic Characteristics of Patients

Characteristics	Sept. 1997 - March 1998 (N=3812)	January - June 1996 (N=1951)
Sex:		
Male	98.1%	98.7%
Female	1.9%	1.3%
Age:		
Under 15 years	2.1%	2.3%
18 -- 30 years	48.2%	48.1%
> 30 years	49.7%	49.6%
Occupation:		
Professionals	1.2%	0
Administrators	0.9%	0.7%
Sales & Clerical workers	9.0%	5.1%
Cultivators	26.6%	9.4%
Small Business	4.0%	13.5%
Students	1.4%	12.3%
Unemployed	20.4%	59.0%
Others	36.5%	-
Education:		
Zero	0.2%	5.8%
< 6 years	9.9%	39.0%
6 -- 12 years	84.0%	52.3%
> 12 years	5.9%	2.8%

3.2 Trends of Drug Abuse

Forty-six per cent of the total admissions had indicated use of opiates and other types of drug as primary drugs of abuse. This percentage was very much higher than the percentage (10%) reported in the previous reporting period (Table 4).

Heroin remained the main drug of abuse with a majority of the 46% used it as their primary drug of abuse. The next primary drug of abuse was opium (44.3%), followed by morphine (3%) (Table 4).

Routes of drug administration differ than that reported in the previous reporting period. Among the 3812 patients, smoking was the preferred route of administration -- 46% of the total admissions compared to only 3.4% reported in 1996. The proportion of treatment admissions who inhaled drugs had decreased from 62% in 1996 to 34% in the current reporting period. Similarly, intravenous drug use among the patients had decreased to 10.8% from 34% in 1996. Black market and street sales were the main drug sources in Hanoi (Table 4).

Table 4: Trends of Drug Abuse

Indicators	Sept. 1997 - March 1998	January - June 1996
Primary Drug of Abuse:	N = 1753 (46%)	N = 194 (10%)
Opium	44.3%	44.8%
Morphine	3.0%	3.1%
Heroin	50.9%	50.5%
Other	1.8%	1.5%
Route of Administration:	N = 3812	N = 1951
Inhalation	33.9%	61.9%
Injection	10.8%	33.9%
Oral	0.2%	0.3%
Smoking	46.3%	3.4%
Other	8.8%	0.5%
Drug Sources:	N = 3812	N = 1951
Street Sale	43.3%	0
Black Market	55.5%	32%
Other	1.0%	68%

4. LAW ENFORCEMENT DATA

A total of 1004 arrests were made in the current reporting period. The percentages of arrests for use/consumption and trafficking differ from those reported in 1996. Arrests for use/consumption had decreased from 89% in 1996 to 81% in the current reporting period.

However, arrests for trafficking had increased to 18% from the previous 11% (Table 5). Opium was the most drug seized followed by heroin and morphine (Table 6).

5. HIV AND AIDS

The number of HIV/AIDS cases had increased from 21 cases in the previous reporting period to 81 cases in the period September 1997 -- March 1998. Out of the 81 cases, 68% were drug-related HIV/AIDS.

Table 5: Drug-Related Arrests

Type of Arrests	Sept. 1997 - March 1998	January - June 1996
	(N = 1004)	(N = 561)
Arrests for use / consumption	81.2%	88.9%
Arrests for trafficking	18.8%	11.1%

Table 6: Drug Seizures

Type of Drug	Sept. 1997 - March 1998		January - June 1996	
	No. of Seizures	Quantity (kg)	No. of Seizures	Quantity (kg)
Opium	103	841	-	27
Heroin	17	3.76	-	9.8
Morphine	8	1.56	-	1.1
Other	-	-	-	-

PATTERNS AND TRENDS OF DRUG ABUSE IN KUALA LUMPUR

Rosli Mohd. Ali and Ismail Haji Ahmad
National Narcotics Agency
Ministry of Home Affairs
Malaysia

INTRODUCTION

In 1997, the extent of the drug problem had not improved from previous years. The number of drug addicts and offenders continued to rise as well as drug seizures. In Kuala Lumpur, a mixed situation has emerged in that while the number of drug addicts had decreased tremendously, arrests and seizures of drugs had significantly increased. The establishment of the National Narcotics Agency in the Ministry of Home Affairs as the lead agency, and Narcotics Department in the Malaysian Police are instrumental for the success in combating the drug problem in Kuala Lumpur.

2. AREA DESCRIPTION

Malaysia consists of fourteen states with an estimated land area of 329,757 square kilometres. The main ethnic groups, Malay, Chinese and Indian, make up the major portion of the population of 18, 180,853 (from the 1991 population census).

The capital city of Kuala Lumpur has an area of 243 square kilometres with an estimated population of 1,257,662 (in 1991) or approximately 6.9% of the total population of Malaysia. In 1991, the age group distribution was 416,038 persons (33.1 %) in the 0-14 year age bracket, 800,552 persons (63.6 %) in the 15 - 64 year age bracket and 41,072 female in the population in 1991. The main ethnic groups are Chinese (47.5%), Malay (39.1%) and Indian (11.8%).

3. SOURCES OF DATA

The National Drug Information (NADI) System maintains by the National Narcotics Agency, Ministry of Home Affairs provides data for this report. The system collates all data submitted by the State National Narcotics Agency, anti-drug and health care agencies throughout the country. These include hospitals, police department and prisons.

This report consists of two sections:

Section I: A comparison of annual data on addiction, drug seizures and arrests for 1992, 1993, 1994, 1995, 1996 and 1997.

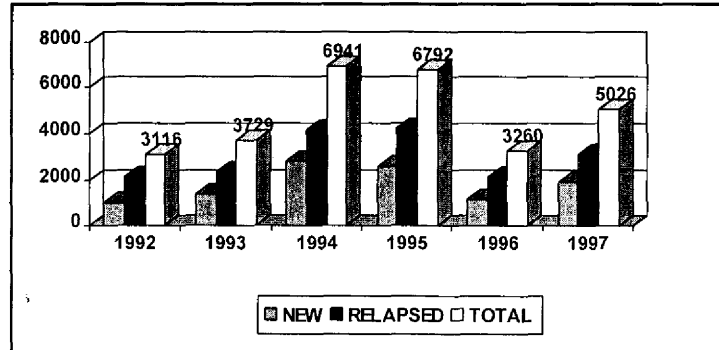
Section II: An update on the drug abuse situation in Kuala Lumpur between July and December 1997. (Report for January to June has been submitted).

SECTION I

4. NUMBER OF ADDICTS IDENTIFIED 1992 - 1997

The proportions of new to repeat cases remained the same from 1992 to 1997, -- about thirty to forty per cent new cases and sixty to seventy per cent repeat cases (Figure 1). Out of the total number identified in 1997, 37.6% were new cases and 62.4% were repeat cases. (Since 1992, the proportions of repeat cases have decreased). More new cases were detected since 1992, however it decreased in 1996 but increased again in 1997. The total number of addicts detected, were higher in 1994 followed by 1995 and 1997. Being the capital city, all the implementing agencies made efforts to clean Kuala Lumpur through enforcement and prevention. An increased number of new and relapse cases showed that government's drug-related programmes are effective in fighting drug problem. As in the past, most of the cases detected in Kuala Lumpur are male.

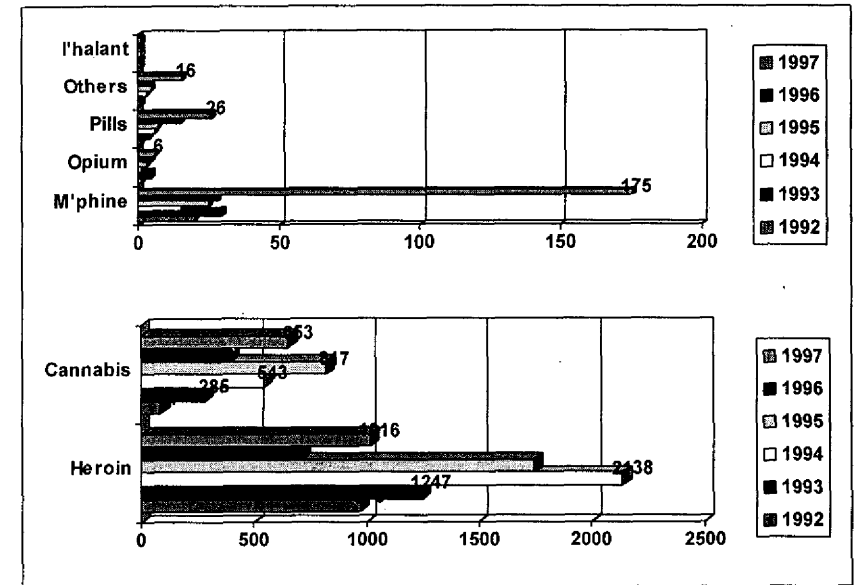
Figure 1: Type of Cases Detected 1992 - 1997



4.1 Types of Drug Used 1992 - 1997

Since 1992, the main types of drug used by new users are heroin and cannabis. However, the number of psychotropic pills users is increasing -- one user in 1992 and 26 users in 1997 (Figure 2).

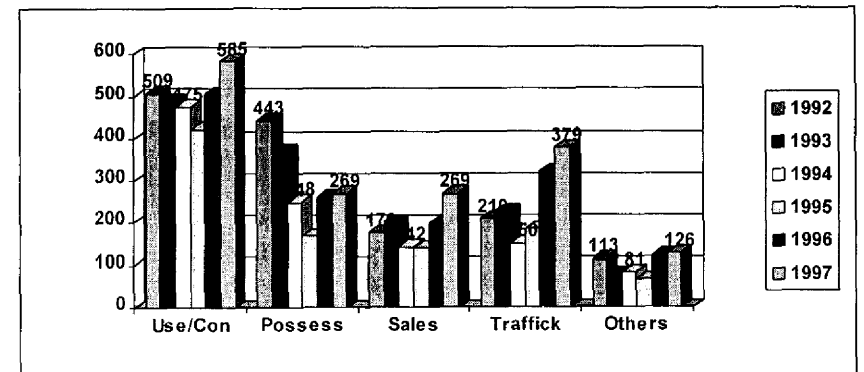
Figure 2: Types of Drug Abused 1992 - 1997



4.2 Arrests of Drug Offender 1992 - 1997

The total number of persons arrested in 1997 was slightly higher than the previous year. Approximately, 379 traffickers were arrested in 1997 and this was the highest recorded number since 1992. It was also reported that 269 drug offenders were arrested in 1997 for sales of drugs and if convicted they could be sent to life imprisonment. The statistics showed that more people were involved in drug without fearing the punishment. There was a parallel increase in number of people arrested and the higher seizures of drugs. More drugs were seized in 1997 than before.

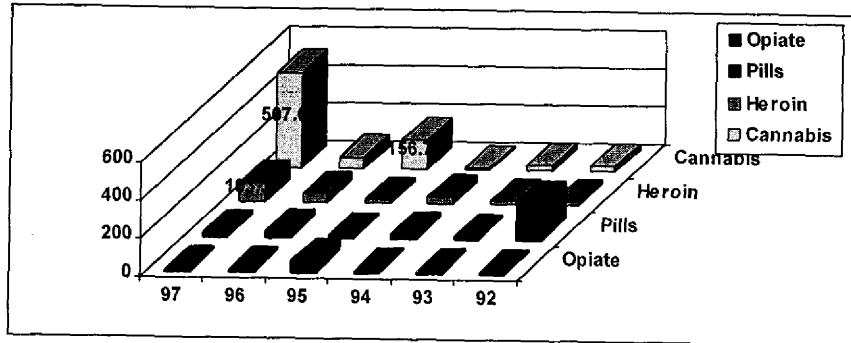
Figure 3: Drug-Related Offences, 1992 - 1997



4.3 Drug Seizures in Kuala Lumpur 1992 - 1997

Cannabis seizures peaked in 1997 when 507.68 kilograms were seized. About 103.37 kilograms of heroin were seized in 1997, which were the highest seizures since 1992. Ecstasy pills were seized for the first time in 1996 (235 pills) and recorded higher in 1997 (621 pills). Only 29 grams of opium were seized in Kuala Lumpur in 1997. It was also reported that cannabis and heroin seized in Kuala Lumpur was the highest since 1992.

Figure 4: Drug Seizures in Kuala Lumpur 1992 - 1997

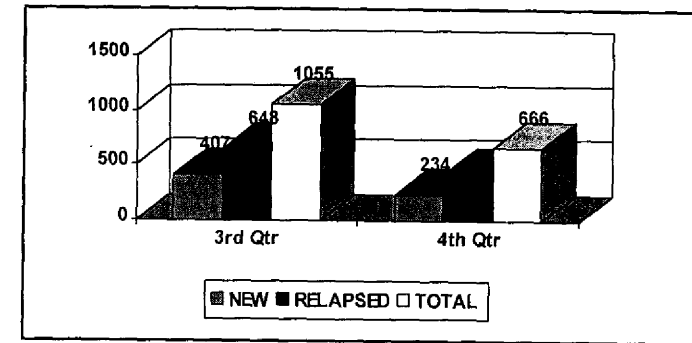


SECTION II

5. NUMBER OF ADDICTS IDENTIFIED JULY - DECEMBER 1997

There was a slight difference in the number of cases detected for the two periods of July to September 1997 and October to December 1997 (Figure 5). The total number of cases decreased by about 36.9% in the period October - December 1997. The number of new cases detected decreased by 42.5% and relapse cases by 33.2% in the period October - December 1997 as compared to July to September period. This could possibly due to frequent and effective operations by police as they did in 1995 and 1996 as part of cleaning the city of the drug scourge. As in the past, most of the cases detected in Kuala Lumpur are male.

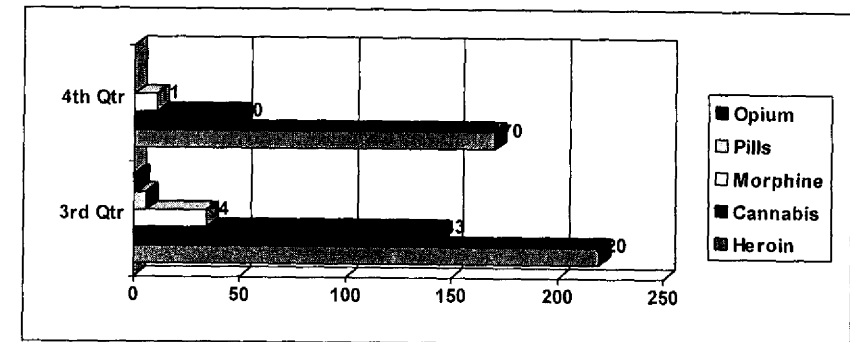
Figure 5: Types of Cases Detected - December 1997



5.1 Types of Drug Used

The number of heroin users in July - September 1997 is lower than that reported in October - December 1997 (Figure 6). The same is true for cannabis users. A small proportion (8.3%) of new morphine cases was detected between July and September 1997 and this figure decreased to 4.7% in October - December 1997. Psychotropic users recorded 1.47% in the third quarter of 1997, however none of the addicts detected in October - December 1997 used pills.

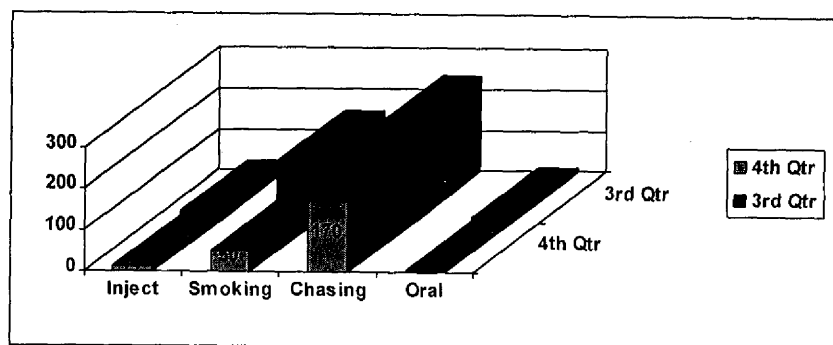
Figure 6: Types of Drug Abused July-December 1997



5.2 Route of Administration

The main routes of administration were smoking (cannabis) and 'chasing the dragon' (heroin) (Figure 7). The same trend was observed in the first half of 1997 and the second half of 1996. About 5.4% of the addicts injected drugs in July - September compared to 4.7% in October - December 1997. Twenty-two per cent of the addicts took drugs orally in July - September as against 1.3% in the October - December period.

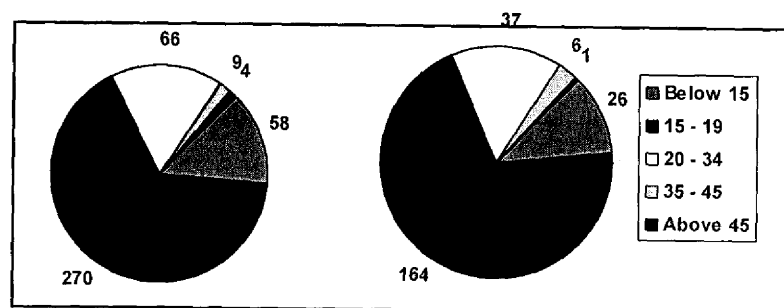
Figure 7: Route of Administration Among New Addicts, July -- December 1997



5.3 Age when Detected

As shown in **Figure 8**, most of the new cases detected were aged between 20 and 34 years old (66.3% in the 3rd. quarter against 70.1% in 4th. quarter). The second largest age group detected was the 35 to 45 years (average of 16% in July - December 1997). The third largest age group detected was between 15 to 19 years (14.2% in the 3rd. quarter as compared to 11.1% in the 4th. quarter). The upward trend of this group has been recorded since 1994.

Figure 8: Age Profile of New Addicts Detected July-December 1997

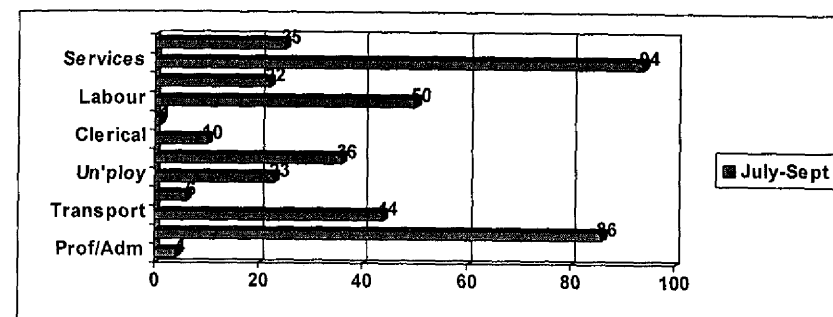


5.4 Occupation

Sales workers and workers in the service industry formed a majority of the cases detected (**Figure 9**). Workers in the service industry recorded higher (23.1%) in July - September period while sales worker lead in October - December period (25.6%). Only six students (1.4%) were detected in July - September against two students in October - December period. However, between October and December 1997, 19 of them were unemployed, one from entertainment sector and 5 from the professional and administrative group. Most of the drug addicts were employed (94.6% in the 3rd. quarter against 91.9% in the 4th. quarter). The proportion of addicts across various work categories in July - September were as follows: labourers (12.2%), construction (8.4%) and technical

(6.4%). In October - December a majority of the addicts were sales workers (25.6%), services (21.8%) and labourers (7.3%).

Figure 9: Profile of New Cases July -- December 1997



5.5 Ethnic Groups

Sixty-four per cent of the addicts detected in July - September are Malay, followed by Chinese (19.2%) and Indian (15.5%). For the period October - December, 72.6% of the addicts are Malay, 15% Indian and 11.3% Chinese.

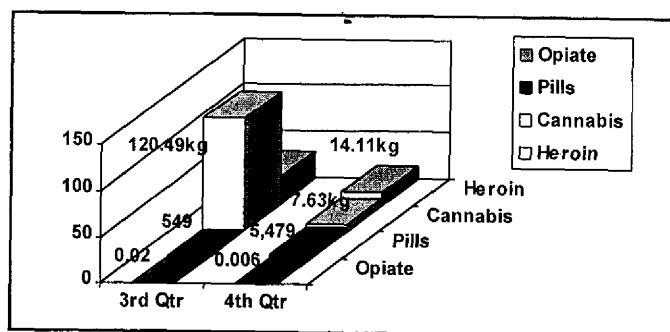
5.6 Level of Education

A majority of the drug users are educated. In the third quarter, 306 addicts had between 7 to 12 years of education, compared to only 186 addicts in the fourth quarter. It was also noted that only 2.5% of the addicts in the third quarter are uneducated against 4.3% in the fourth quarter. Nineteen per cent of the addicts in the third quarter had between 1 to 6 years of education compared to 14.5% in the fourth quarter. Thirteen addicts in the third quarter had more than 13 years of education against 4 addicts in the fourth quarter.

5.7 Drug Seizures in Kuala Lumpur, July-December 1997

Cannabis seizures peaked in 1997 but recorded lower in the fourth quarter (7.03 kilogram) compared to 120.49 kilogram in the third quarter. A significant amount of 29.14 kilogram of heroin was seized in July - September against 14.11 kilogram seized in October - December 1997. The amount (5,479 pills) of psychotropic pills seized in October - December was higher than that seized in the previous reporting period. Fifty-six ecstasy pills were seized in October - December while 112 were seized in July - September 1997. Only 26 grams of opium were seized in Kuala Lumpur in July - December. It was also reported that the amount of cannabis and heroin seized in Kuala Lumpur during the current reporting period was the highest since 1992.

Figure 10: Drug Seizures in Kuala Lumpur July-December 1997



PATTERNS AND TRENDS OF DRUG ABUSE IN THE PHILIPPINES

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INTRODUCTION

1.1 Area Description

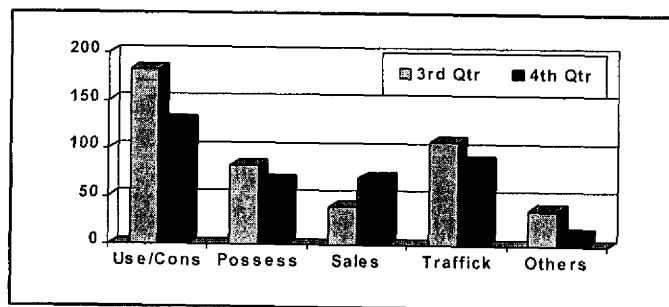
The Philippines, is a republic in the western Pacific Ocean, made up of the Philippine Islands parts of the Malay Archipelago. It is situated about 1210 km (about 750 mi.) east of the coast of Vietnam, and separated from Taiwan on the north by the Bashi Channel. The south of the Republic is the Philippines Sea, while the Celebes Sea and the South China Sea surround the east and west of the Republic, respectively. The country comprises about 7100 islands, of which about 460 with estimated total land area of more than 2.6 square kilometres (more than 1 square mile). Eleven islands have land area of more than 2,590 square kilometres (more than 1,000 square miles) each, and contain the bulk of the population. These islands are Luzon, Mindanao, Samar, Negros, Palawan, Panay, Mindoro, Leyte, Cebu, Bohol and Masbate. The total land area of the Philippines is about 300,000 square kilometres (about 115,830 square miles). Manila is the capital of and the largest city in the Philippines.

Manila is the main seaport of the Philippines. The city is located on central Luzon Island, on the Eastern Shore of Manila Bay, at the mouth of the Pasig River, just west of Quezon City. It is the commercial, administrative, and cultural center of the Philippines. The Manila metropolitan area, or Metro Manila, officially called the National Capital Region, comprises an area of 636 square kilometres (246 square miles) and include Manila proper, Quezon City, Pasay, Caloocan, Makati, Pasig, Mandaluyong, Muntinlupa and the municipalities of Las Pinas, Malabon, Marikina, Navotas, Paranaque, Pateros, San Juan, Taguig and Valenzuela.

5.8 Arrests of Drug Offenders, July-December 1997

The total number of people arrested in July - September was higher than in October-December 1997. More were arrested for use and consumption offences in both periods. There was a parallel increase in number of people arrested and higher seizures of drugs. About 108 traffickers arrested in the third quarter against 87 in the fourth quarter. There were 39 persons arrested for sales in the third quarter compared to 70 in the fourth quarter.

Figure 11: Drug-Related Offences, July-December 1997



6. CONCLUSION

The number of drug addicts detected had increased rapidly from 3,260 in 1996 to 5,026 in 1997. A parallel increased was also noted in the arrest of drug offenders from 1,486 in 1996 to 1,628 in 1997. The number of traffickers arrested peaked in 1997, while heroin and cannabis seizures recorded higher since 1992. The continuing flow of illegal drugs into Malaysia indicates that drugs are still in demand, being used by Malaysians of all walks of life, and are still destroying the life and future of unprecedented numbers of teenagers and young adults including young professionals.

1.2 Drug Situation

Like other developed and developing countries worldwide, the Philippines is facing the formidable problem of illicit drug trafficking and abuse. The problem strikes at almost all social strata, contributing to the weakened moral fibres of the Philippine's society. In combating this problem, the Philippine's Government continues to pursue a time-tested strategy, that is, maintaining a well-balanced and vigorous programme of action against the problem of drug trafficking and abuse.

The illegal trafficking of drugs into, through, and out of the Philippines continues. The modes of concealment and transportation of illicit drugs have improved considerably making discovery and detection by law enforcers impossible at times. The illegal syndicates now in operation, are well financed and tightly knit criminal groups whose organizations are run with sophistication and skill like corporate businesses whose objective is profit-generation.

Despite intensive participatory efforts from all sectors of the Philippine society, the battle against drugs and related crimes and violence is far from over. Thus, Regional and International coordination and cooperation among Nations plagued by this problem should be maintained and further strengthened.

The Republic Act (RA) 6425, otherwise known as the Dangerous Drugs Act 1972 is a legislation made to address the drug problem in the Philippine. The government has utilised its numerous agencies to enforce laws and policies with the Dangerous Drugs Board at its helm.

2. DATA SOURCES AND TIME PERIOD

The treatment data presented are based on the reports of 24 residential treatment and rehabilitation centres, and 6 out-patient treatment centres.

This report presents the data obtained for the period January - December 1997.

3. DRUG ABUSE TRENDS

A total of 5,195 admissions were reported. Out of these, 90.41% were residential confinees, while 9.59% were out-patient centers' clients. Readmitted cases accounted for 642, (6.64%) of the total admissions. The difference in number of clients of both treatment and rehabilitation centers for 1997 was notably higher than the difference recorded from 1993-1996.

The trends of both new and relapsed cases were the same. The total number of new cases showed a decreasing slope of 4.01% from 1993-1994, while drastic increased was significantly noted from 1994-1996. Likewise, readmitted cases indicated a decreased of 8.27% from 1993-1994 and large increased from 1994-1996. A very small percentage increment was noted in 1997 for both new and relapsed cases with 1.72% and 6.64%, respectively.

3.1 Age, Sex and Marital Status

The proportion of male clients to their female counterparts was 10:1. The mean age was 26 years old (Table 1). Majorities of the clients were between the age of 15-29 years, a

trend that has remained over the years. However, female confinees composed of those between the age of 19 and below, indicating their vulnerability at this age. On the other hand, 50.20% of the male patients belong to the 20-34 years age group.

Single confinees comprised the majority of the distribution with 58.47%, while 30.24% are married individuals (Table 1).

3.2 Education, Occupation, Area of Residence

The educational attainment of the clients showed significant difference between those with limited education and those with higher level of education (Table 1).

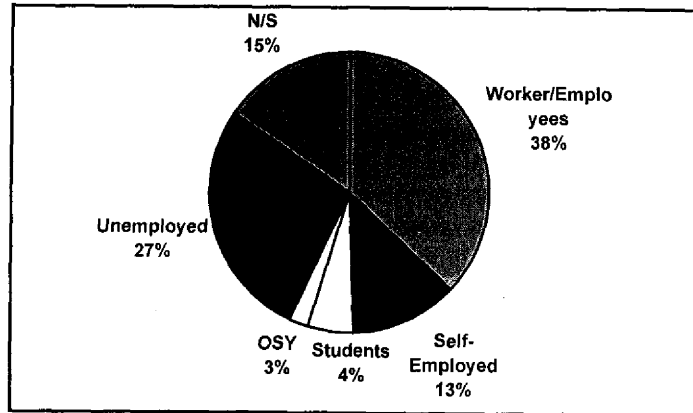
The average income is P5,456.00, a little over than the poverty line, which shows that drug abuse clients are more able to spend for their choice of drugs (Table 1).

Table 1: Profile of Drug Abusers - 1997

AGE	Mean age of 26 years old
SEX	10 male : 1 female
MARITAL STATUS	Single 58.98% Married 30.68% Cohabitee 5.94%
FAMILY SIZE	Three (3) to four (4) siblings in a family
OCCUPATION	Workers/Employees 30.33% Unemployed 27.28% Self-employed 12.59% Students 4.50%
EDUCATIONAL ATTAINMENT	High School Level 30.33% High School Graduate 20.82% College Level 26.31% College Graduate 8.06%
ECONOMIC STATUS	Average Family Income P5,456.56
PLACE OF RESIDENCE	Urban
DURATION OF DRUG TAKING	More than two (2) years
I.Q	Average
NATURE OF DRUG TAKING	Polydrug use
DRUGS OF ABUSE	Shabu Marijuana Cough syrup combined with alcohol

A large proportion of the centers' population that represents the drug addicts population were workers/employees, unemployed, self-employed and students. The numbers of drug addicts who were workers/employees are increasing, while that of unemployed and students are decreasing (Figure 1).

Figure 1: Number of Newly Reported Cases According to Occupational Status 1997



* Workers/ Employees comprised the largest proportion in the distribution

With regard to the areas of residence of the clients, 63.45% are from the National Capital Region (NCR), 18.73% from Region IV, 4.94% from Region VII, 4.26% from Region III and 2.61% from Region IX.

3.3 Drug of Abuse

With regard to their drug abuse experiences, 67.0% of the confinees pointed to peer pressure as the major factor of influence.

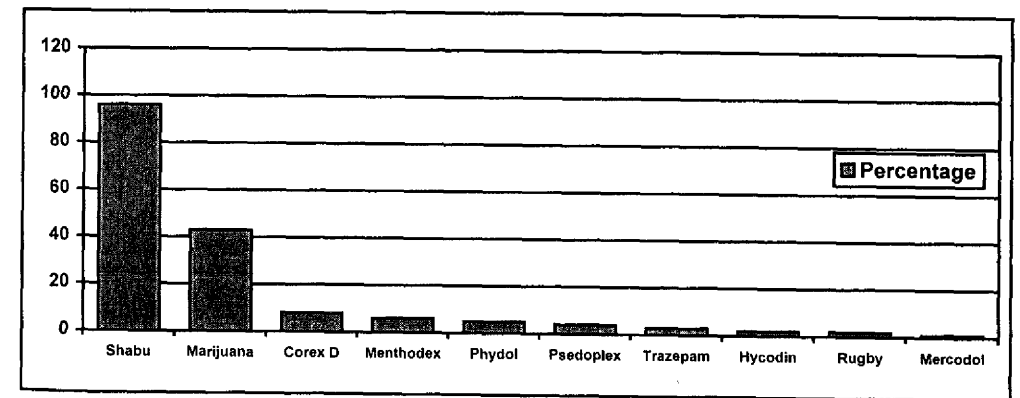
The onset of drug taking among the clients showed inverse relation between male and female with regard to drug abuse. While men generally started taking drugs early, women started at a later age.

Shabu, a methamphetamine hydrochloride, popularly known as "the poor man's cocaine", topped the list of most abused drugs. It marked a 49% significant difference over marijuana. The six (6) other leading drugs of abuse are cough/cold preparations (Table 2 and Figure 2).

Table 2: Ten Most Commonly Abused Substances Among Treatment and Rehabilitation Clients (January – December 1997)

Drugs Used/Abused	Frequency	Percentage
1. Shabu (Stimulant)	4214	92.55
2. Marijuana (Cannabis)	2054	45.111
3. Corex D (Cough/Cold Preparation)	245	5.38
4. Menthodex (Cough/Cold Preparation)	206	4.52
5. Phydol (Cough/Cold Preparation)	182	4.00
6. Pseudoflex (Cough/Cold Preparation)	177	3.89
7. Trazepam (Benzodiazepine)	123	2.70
8. Hycodin (Cough/Cold Preparation)	77	1.69
9. Rugby (Inhalant)	76	1.67
10. Mercodol (Cough/Cold Preparation)	69	1.52

Figure 2: Ten Most Abused Drugs in 1997



* Out of the ten (10) most abused drugs, Shabu was number one (1) followed by marijuana, six (6) were cough/cold preparations

4. LAW ENFORCEMENT DATA

The data in review were gathered from different law enforcement agencies working closely with the Dangerous Drugs Board in the implementation of the RA 6425.

4.1 Cannabis Production, Cultivation and Trafficking

The Philippines has become one of the major producers of high-grade cannabis. Unknown groups mostly undertake foreign trafficking of cannabis and cannabis products, and their bases of operation are still undetermined.

Cannabis remains the major illicit drug in the Philippines due to its availability and affordability. In the international trafficking of marijuana and marijuana products, Northern Luzon remains the source area of the drug illegally exported to Japan, Hong Kong and the USA.

During the period under review, a total of 2.72 million (2,722,037) cannabis plants and 3.63 million (3,629,025) seedlings were eradicated, while 446,251 grams (446.251 K) of leaves and 49,036 grams (49.036 K) of seeds were burned. In addition, 1,144 marijuana cigarettes were seized.

From January to December 1997, a total of one thousand eight hundred forty-eight (1,848) raids were conducted while three thousand seventy-seven (3,077) persons were arrested (Table 3).

Table 3: Summary of Cannabis Seizures, Number of Raids Conducted and Persons Arrested (January – December 1997)

Cannabis Type	Quantity Seized	Number of Raids	Number Arrested
1. Plants (no.)	2,722,037	24	15
2. Seedlings (no.)	3,629,025	4	3
3. Leaves (gm.)	446,251	224	345
4. Cigarettes (no.)	1,144	52	76
5. Hashish, resin (gm.)	283	6	11
6. Seeds (gm.)	49,036	1	1

4.2 Methamphetamine Hydrochloride (HCl)

In 1997, the total supply of methamphetamine in the country came from illegal importation, smuggling, utilizing the various airports and seaports that practically dot the coastline of the country. Source countries of methamphetamine HCl in the Philippines are Taiwan, Hong Kong, and the Peoples' Republic of China. Criminal syndicates that control the international methamphetamine trafficking may be both foreign and domestic-based. Generally, ethnic Chinese controls the illegal importation and the international

traffic of methamphetamine both to and from the Philippines. Sino-Filipino groups control the domestic trafficking of shabu in the country.

Filipino-Chinese drug syndicates from Taiwan, Hong Kong and the Peoples' Republic of China illegally import methamphetamine HCl (shabu). Recent seizures revealed that Filipinos residing in the Pacific States/Islands and the USA are also transshipping shabu.

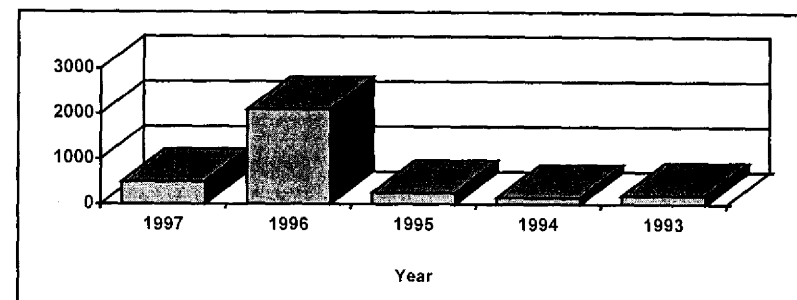
Shabu is the number one drug of choice in terms of quantity seized in the illicit market, number of seizure made and the number of persons arrested. However, marijuana is still the most available and affordable drug of abuse in the country. Opiate abuse, if in existence, is insignificant.

Table 4: Comparative Statistics on Seizures of Methamphetamine HCL (Shabu) in kilograms (1993-1997)

Year	Quantity Seized	Percentage (+/-)	Number of Arrests/Seizures	Number Arrested
1997	638.85 K 2.4 Liters	-61.62	1,526 1	2,594 1
1996	1,664.73	+622.44	1,108	1,691
1995	230.43	+101.11	1,219	2,005
1994	114.58	-28.82	1,243	2,077
1993	160.98	+24.35	2,137	2,774

The total seizures of shabu for the year under review was six hundred thirty-eight thousand eight hundred fifty-four grams (638.854 kg) in powder form and 2.4 liters in liquid form. There were 1,527 raids conducted, out of which 2,595 persons were arrested (Table 4 & Figure 3). A significant supply of methamphetamine in the Philippines comes from illegal importation.

Figure 3: Comparative Statistics on Seizures of Shabu 1993 - 1997



In comparison with data reported in 1995 to 1996, a significant percentage increment on its seizures was recorded at 101.11% and 622.44%, respectively. Seizures in 1994 however, indicated a decrease of at least 28.82% (Table 4). Street price of pure, unadulterated shabu is P2,500.00/gram (approx. US\$64.60), while its adulterated form is priced at P1,500.00/gram (approx. US\$38.76). Adulterants commonly used are talc, lactose and alum.

4.3 Regulation Exempted Preparations

Out of the two (2) raids conducted by Customs, a total of 93 valium tabs (DU) were confiscated from five (5) apprehended persons (Table 5).

4.4 Heroin

Heroin trafficking syndicates that operate in the Philippines are all foreign-based with foreign nationals as couriers. A significant seizure of 3,014.31 grams (3.014K) was made in 1997 with three (3) raids conducted and six (6) persons arrested (Table 3).

4.5 Cocaine

The re-emergence of cocaine in the Philippine's illicit drug market, in extraordinarily large quantities is another new concern to the entire drug law enforcement force. While it could be true that the drug only transported within the country, the origin of this particular variety is undetermined. Although the destination points were alleged to be the USA and Europe. This consensus, however, is a paradox. Cocaine is source in abundance from Latin American countries, notably Colombia and Peru. It is also a fact that shipments of cocaine arrive easily in the various seaports in the USA, especially in the Southern states. The drug traffickers seem to have taken the most circuitous route to reach their destination, for no plausible reason, except to divert the attention of the authorities in the destination countries by using non-suspect countries, such as the Philippines, as the alleged points of origin of the drug.

During the period under review, a total of 1,000 grams (1kg) of cocaine was seized with one (1) raid and four (4) persons arrested (Table 5).

4.6 Volatile Substances

With regard to volatile substances, specifically "Rugby" (glue), 133 bottles were reportedly seized; four (4) incidents of raids and sixteen (16) persons were arrested (Table 5).

Table 5: Drug Seizures According to Drugs/Drug Type, Quantity Seized, Number of Raids Conducted and Number of Persons Arrested (January - December 1997)

Drug Type	Quantity Seized	Number of Raids Conducted	Number Arrested
Dangerous Drugs:			
a. Prohibited Drugs:			
Heroin (gm.)	3,014.31	3	6
Cocaine (gm.)	1,000	1	4
b. Cannabis:			
Plants (no.)	2,722,037	24	15
Seedlings (no.)	3,629,025	4	3
Leaves (gm.)	446,251	224	345
Cigarettes (no)	1,144	52	76
Hashish, resin (gm)	283	6	11
Seeds (gm)	49,036	1	1
c. Regulated Drugs:			
Methamphetamine HCl Powder (Shabu) (gm.)	638,854	1,526	2,594
Liquid (liters)	2.4	1	1
d. Exempt Regulated Drugs:			
Valium tabs. (DU)	93	2	5
Others: Cough Syrup (ml.)	610,560		
2. Non-Dangerous Drugs:			
Volatile Substances:			
"Rugby" (Glue), btls.	133	4	16

Total Number of Raids Conducted ... 1,848

Total Number of Persons Arrested ... 3,077

5. CONCLUSION

The Philippine Government, through the Dangerous Drugs Board, formulated its drug abuse control programmes based on the Global Program of Action as adopted by the United Nations General Assembly in 1990. Since that time, the government has continuously proposed and implemented programmes relevant to this Program of Action within the context of the prevailing laws of the country.

In the endeavor to attain the goals and objectives of the Global Program of Action, relevant drug abuse control activities are being consistently developed, improved and eventually implemented by the Board.

Furthermore, harsher action against the problem have been adapted and implemented. Maximum coordination of efforts from both the government and non-government sectors are assiduously maintained resulting in a more cohesive approach to effectively fight the drug problem.

There is sustained implementation of the national drug control strategy in Drug Supply Reduction; Drug Demand Reduction; and Regional/International Cooperation. The effectiveness of this strategy has remained unchallenged through the years not only in the Philippines but in other countries as well.

A drug-free society is never impossible. Thus, the Filipino nation firmly believes that the solution to address the drug problem demands is to sustain cooperative action among States/Governments, therefore, each must maintain vigilance and make a sincere contribution to the joint efforts in the fight against drug abuse.

CURRENT DRUG ABUSE SITUATION IN TAIWAN, REPUBLIC OF CHINA

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ABSTRACT

Drug abuse has become an important social and medical issue in Taiwan since 1990. As of February 1998, methamphetamine and heroin remained the two predominant illicit drugs of abuse and accounted for 87.0% and 23.2% of the total illicit abuse cases, respectively. Flunitrazepam, which is now a legal medicine, has been abused recently and ranked the third among the drugs use by addicts admitted for treatment. The sniffing of glue, a substance abused in the 1960's, recurred as the fourth drug of abuse among addicts reported for treatment. While the link between IDUs and AIDS is still weak (2.9%), the high proportion of drug administration through injection (38.8%) among addicts reported for treatment, has made it a priority in AIDS prevention. A joint project of naltrexone treatment program, conducted by the Department of Health and the Ministry of Justice, is being carried out for heroin addicts and the preliminary results are reported.

1. AREA DESCRIPTION

Located in the West Pacific, Taiwan is separated from the mainland China by the Taiwan Strait. Taiwan consists of the Taiwan Island proper and some 85 islets, with a total land area of 36,000 square kilometres (14,000 square miles). Although Taiwan is relatively small, it is densely populated with 21,525,433 people (census at the end of 1996). Such a high population density (595 people per square kilometer of land area or 2446 people per square kilometer of arable land) has made life on this tiny island very crowded and competitive. Nevertheless, the economy of Taiwan has been rapidly developed in the past two decades and the quality of life has also been substantially improved. The per capita national income in 1996 was NT\$ 321,174 (US\$ 11,696). This was a ten-fold increase over the US\$ 1,041 in 1976.

2. DATA SOURCES AND TIME PERIODS

Data for this report were obtained from the following sources:

- The Ministry of Justice, Investigation Bureau; Ministry of Interior, National Police Administration; Ministry of Defense, Headquarters of Military Police; Department of Health, National Laboratories of Foods and Drugs; and all local Health Departments provided data on arrests, seizures and laboratory testing for urine samples collected from drug abusers for court referrals from January 1997 through February 1998.

- Data on drug treatment admissions from January 1997 to February 1998, of 42 out of the 129 government-designated medical settings that are equipped with psychiatry therapy and drug treatment capacities, were obtained from the Department of Health, National Institute of Preventive Medicine, Field Epidemiology Training Program.
- Data on AIDS, HIV infection and routes of drug administration from December 1984 to March 20, 1998 were obtained from the Department of Health, Bureau for Prevention of Communicable Diseases.

3. DRUG ABUSE TRENDS

Since 1990, methamphetamine and heroin have been the major drugs of abuse. It has been estimated that the population of illicit drug abusers may be over two hundred thousand persons, or about 1% of the total population in Taiwan. The current drug abuse situation is described as follows:

3.1 Methamphetamine

Based on the results of urine tests for court referrals, performed by all Local Health Departments, National Police Administration, and the Investigation Bureau of the Ministry of Justice, an average of 5000 abusers were indicted each month over the past several years. Among these indicted abusers, 3/4 of them consumed methamphetamine. Methamphetamine was present in 87.0% of addicts' urine samples from 1997 to February 1998 (Exhibit 1). During this period, a total of 2156.8 kilograms of methamphetamine were seized (Exhibit 2).

Exhibit 1: Results of Laboratory Testing on Urine Collected from Drug Offenders in Taiwan From 1997 to February 1998

Positive Cases					
Year	Month	Methamphetamine	Morphine *	Methamphetamine & Morphine*	Total
1997	1 - 3	15697	3256	1381	17333
	4 - 6	13118	3080	1149	14772
	7 - 9	12142	3139	1155	13632
	10 - 12	8023	3282	1073	10006
	Total	48980	12757	4758	55743
	%	97.9	22.9	8.5	100
1998	1 - 2	5822	1869	770	7282
Total		54802	14626	5528	63025
	%	87.0	23.2	8.8	100

- Heroin is manifested as its major metabolite, morphine, in the urine.

Exhibit 2: Seizures of Drugs in Taiwan from 1997 to February 1998

Year	Month	Amounts of Seizure (gm)							Total	1998 1 - 2	Total	187,670.5
		1997			1998							
		1 - 3	4 - 6	7 - 9	10 - 12	Total	1 - 2	Total				
Heroin	23,641.6	16,333.6	71,172.0	44,478.9	155,626.1	32,044.4	187,670.5					
Methamphetamine	354,455.0	660,618.2	362,588.7	532,588.4	1,910,250.3	246,559.8	2,156,810.1					
Marijuana	857.4	131.2	759.4	1,105.8	2,853.9	107.6	2,961.5					
Poppy	3420.0	4.0	0	0	3,424.0	0	3,424.0					
Cocaine	0	0.2	0	0	0.2	0	0.2					
Morphine	1.6	3.0	2.4	0.4	7.4	0.1	7.5					

Source: Ministry of Justice, Investigation Bureau, Ministry of Interior, National Police Administration; Ministry of Defense, Headquarters of Military Police; Department of Health, National Laboratories of Foods and Drugs; and All Local Health Departments

Exhibit 3: Drug Mentions Among Treatment Admission from 42 Sampled Hospitals January 1997 - February 1998

Year	Months	1997							1998			Grand Total	%
		1 - 3	4 - 6	7 - 9	10 - 12	Total	%	1 - 2	Total				
Heroin	159	236	283	201	879	39.79	131	1010	39.62				
Methamphetamine	166	208	220	159	753	34.09	97	850	33.35				
Depressants	63	75	64	102	304	13.76	77	381	14.95				
Glue & Organic Solvent	31	36	41	37	145	6.56	22	167	6.55				
Other Opiates	9	11	11	11	42	1.90	8	50	1.96				
Others	7	4	66	9	86	3.89	5	91	3.57				

Although methamphetamine was the prime drug of abuse, it was not the most frequently mentioned drug among addicts admitted for treatment (**Exhibit 3**). Heroin, which constitutes 39.62% of the addicts admitted for treatment, takes the lead instead. The main reason could be due to heroin's severe physical dependence/withdrawal, which drives the addicts to seek treatments.

3.2 Heroin

Heroin is currently the second predominant drug of abuse. Approximately, 1000 heroin abusers, or 1/4 of the total positive cases or urine tests for illicit drug-consuming suspects, were indicted each month during the past several years, and heroin was present in 23.2% of those cases from 1997 to February 1998 (**Exhibit 1**). Throughout this period, a total amount of 187.7 kilograms heroin were seized (**Exhibit 2**). Although heroin abuse is still alarming, its situation seems to level off during the past three years.

3.3 Other Opiates

Sporadic cases of morphine and opium seizure have been reported, although they only constitute 1.96% of the treatment admission (**Exhibit 3**).

3.4 Flunitrazepam and Other Depressants

Abuse of depressants is a relatively new issue. Secobarbital, amobarbital and methaqualone were among the depressants misused in the early 1980's. In September 1995, the first abuse case of flunitrazepam (nicknamed as FM2) was reported in Tao-Yuan County, located in the northern part of Taiwan. Subsequent FM2 abuse cases have been observed nationwide since then. Among the addicts admitted for treatment, 14.95% used depressants and most of them used FM2. Hence, depressants rank the third most drugs being abused (**Exhibit 3**).

3.5 Inhalants

The major inhalant abuse is glue sniffing. The abuse of glue, which contains toluene as the solvent, was an epidemic in the 1950's. The Government had mandated the manufacturers of glue to add mustard oil in the glue preparations to prevent glue from being abused. However, glue sniffing has recurred in the past two years. Glue is now the fourth substance of abuse and consists of 6.55% of the total treatment admissions (**Exhibit 3**).

3.6 Other

The amount of marijuana and cocaine seized are very small compared to that of methamphetamine or heroin (**Exhibit 2**). Although marijuana and cocaine are widely abused in the western societies, they are not currently a serious problem in Taiwan.

4. NALTREXONE PROJECT

In 1996 the Department of Health and the Ministry of Justice launched a joint project of naltrexone maintenance treatment programme for heroin addicts. The two medical institutions involved in this 2-year project, had released their first-year reports in mid-November 1997.

The study of Taipei City Psychiatry Center, designed to follow-up participants for 6 months with supportive psychotherapy, was performed on a double blind and placebo controlled basis to evaluate the effectiveness of naltrexone. The preliminary results shown that, of the 24 patients enrolled, 12 patients dropped out before 12 weeks, and only 4 patients completed the whole 6-month study period. Because of the double blind basis and high dropout rate, the effectiveness of naltrexone in the first-year study could not be confirmed.

The other study of Kai-Suan Psychiatric Hospital was designed to divide 120 heroin addicted parolees into three groups: (a) naltrexone treatment alone; (b) naltrexone treatment in combination with supportive psychotherapy; and (c) control. The treatment results, emotional and behavioral changes, and involvement in psychosocial programmes were evaluated after a 6-month follow-up. The preliminary results indicated a statistical difference between group (a) and (b) on the effectiveness of naltrexone treatment for prevention of relapse. Participants in group (b) showed higher ratio of involvement in psychosocial programmes and stronger willingness to help other drug addicts. Most participants (62.9%) in group (a) and (b) thought naltrexone treatment did work. Because these are just preliminary results, a final conclusion cannot be drawn until the whole project is accomplished.

5. ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS (IDUs)

Of the 1599 acquired immunodeficiency syndrome (AIDS) and 553 human immunodeficiency virus (HIV) positive cases cumulatively reported in Taiwan from December 1984 to March 20, 1998, 46 (2.9%) and 17 cases (3.1%) were classified as IDUs, respectively (**Exhibit 4**). Data on the routes of drug administration, as shown in **Exhibit 5**, indicate the potential of HIV infection through needle sharing. To avoid the spread of HIV, the Department of Health has decided not to control syringes and needles, which are now freely available in pharmacies.

Exhibit 4: Cumulative Cases of AIDS and HIV by Exposure Category in Taiwan from 1997 to February 1998

Exposure	AIDS		HIV Infection Symptomatic	
	Total	(%)	Total	(%)
Heterosexual	576	(36.0)	238	(43.0)
Male Homosexual	360	(22.5)	111	(20.1)
Male Bisexual	276	(17.3)	130	(23.5)
Hemophiliac	53	(3.3)	17	(3.1)
Injecting Drug User (IDU)	46	(2.9)	17	(3.1)
Blood Transfusion	5	(0.3)	1	(0.2)
Unknown Risk Factors	283	(17.7)	39	(7.0)
Total	1599	(100)	553	(100)

Source: Department of Health

Exhibit 5: Route of Administration Among Treatment Admissions in Sampled Hospital, by Percentage, July 1996 - February 1998 Taiwan

Route of Administration	Percentage
Total	100%
Oral	17.0
Smoking	12.9
Snorting	26.5
Injecting	38.8
Sniffing	4.4
Others	0.4

Source: Department of Health

DRUG ABUSE SITUATION IN VIENTIANE MUNICIPALITY

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Lao People Democratic Republic*

AREA DESCRIPTION

Lao People Democratic Republic (PDR) consists of 17 provinces and 1 special region, 133 districts, and 11,795 villages with estimated land area of 236,800 square kilometres. The 1995 census estimated a population of 4.605 millions. The main ethnic groups, are Laoloum (Lowland Lao), Laosoung (Highland Lao) and Laoteung (Upland Lao).

The capital city, Vientiane has an area of 3,920 square kilometres with estimated population of 531,800 (1995 census) or approximately 11.5% of the total population of Lao PDR. In 1995, the age group distribution was 197,605 persons (37.15%) in 0-14 year age bracket, 298,157 persons (56.06%) in the 15-60 year age bracket and 36,038 persons (6.77%) in 61 and over year age bracket.

2. SOURCES OF DATA

Data collection is centralised at the Lao National Commission for Drug Control (LCDC) and Supervision, which is a task force, composed of representatives from various ministries and institutions. This organisation has very limited operational resources -- to carry out data collection and analysis it has to deal with the National Statistics Center, Hygiene and Epidemiology Institute, health care agencies, Narcotic Control Unit Ministry of Interior. Besides this some line ministries carried out their own sampling survey related to glue sniffing, cannabis consumption, for demand reduction purposes. These data are collected, analyzed and filed at LCDC

3. CURRENT DRUG ABUSE SITUATION IN VIENTIANE MUNICIPALITY

3.1 Number of Addicts Identified

According to a study of drug use in June and July 1996 in 4 metropolitan districts of Vientiane Municipality, the major drugs of abuse among young people (age under 20) are glue sniffing and alcohol. It was estimated that there were approximately 1,100 glue sniffers and many were school drop-outs, 13 opium addicts, almost all are elderly and 27 cannabis smokers. A majority of the addicts were unskilled and unemployed and came from poor families. One heroin user was reported and other drug use was unknown

(Table 1).

Table 1: Number of Drug Addicts in Vientiane Classified by Type of Drugs (1996)

Type of Drug	Total
Opium	13
Cannabis	27
Volatile Substances	1100

3.2 Drug Seizures and Drug-Related Arrests

According to the Narcotic Control Unit's data, several types of drug such as, amphetamine, amphetamine powder, opium, heroin and morphine were seized throughout the country in 1996. The amount of heroin seized increased from 16.32 kilograms in 1996 to 72.30 kilograms in 1997. Similarly, the amount of dry cannabis and amphetamine pills had increased significantly in 1997. On the contrary, the amount of opium seized had declined to 203 kilograms from 221 kilograms in 1996 (Table 2).

Table 2: Amount of Drug Seized throughout the Country

Type of Drug	1996	1997	Oct. - Dec. 1997	Jan. - Mar. 1996
Morphine	8 kg			NA
Heroin	16.35 kg	72.30 kg	72.3 kg	
Opium	221.80 kg	203.10 kg	200.1 kg	
Dry cannabis	3,120.30 kg	7,041.90 kg	7,026 kg	
Cannabis plant	152,451.70 kg			
Amphetamine	22,036.00 Pills	858,483.00 Pills	774,714 Pills	
Amphetamine powder	7.5 kg			
Processor	14,242.00 kg			
Powder chemical	341.00 kg			

In Vientiane, dry cannabis was the most drug seized (7026 kilograms) during the reporting period October - December 1997, followed by opium (200 kilograms) and

heroin (72 kilograms). A significant 774 000 amphetamine pills were also seized (Table 3). The number of drug-related arrests had increased from 163 arrests in 1996 to 264 arrests in 1997.

Table 3: Amount of Drug Seized in Vientiane

Type of Drug	October - December 1997	January - March 1998
Morphine		NA
Heroin	72.3 kg	
Opium	200.1 kg	
Dry cannabis	7,026 kg	
Cannabis plant		
Amphetamine	774,714 Pills	

4. ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AND HIV

According to the report of the National Institute of Hygiene and Epidemiology (NIHE) and National Committee for AIDS Control, the situation of AIDS and the number of AIDS patients and symptomatic HIV infected patients from October to December 1997 (Table 4) are as follows:

- There is 1 case of symptomatic HIV infected patient, and still alive
- There are 6 full-blown AIDS patients, all are still alive.

The total number of HIV/AIDS cases in 1997 is 46 -- 9 patients are HIV positive and 31 full-blown AIDS patients.

According to the risk factors causing people to get AIDS or become symptomatic HIV infected patients, sexual activity is the most important factor, there are no drug-related HIV positive and AIDS cases.

Table 4: Number of Full Blown AIDS and HIV Positive in Vientiane Municipality

Survey Area	AIDS Patients			HIV Patients		
	Total	Dying	Living	Total	Dying	Living
Vientiane 1995	4	4	0	31	0	31
Vientiane Municipality April - June 1996	3	0	3	8	0	8
Vientiane Municipality January - September 1997	25	8	17	8	0	8
Vientiane Municipality October - December 1997	6	0	6	1	0	1
Total	38	12	26	38	0	48

YANGON CITY PROFILE ON DRUG ABUSE AND ADDICTS

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ABSTRACT

Ninety-six per cent of the addicts admitted for treatment in the period January - March 1998 are male. Many of them are from the prime productive age group of 20 to 35 years. Single persons are more prone to addiction. It is remarkable that many of them are unemployed and yet they have money to purchase the substance. Since the majority of the addicts are in the prime productive age groups the years of schooling will be relatively high. Crowding index is the salient determinant in addiction. The more crowded the family, the young adults are more prone to addiction. Primary drug of abuse is heroin because it is more effective, handy, economical and worst of all it is easily transported from one place to another. Injection being the trend in route of administration is the reason of higher number of HIV positive among the IVDUs. Drug traffickers and pushers are well aware of the efficiency of the surveillance squads. They frequently change the location of drugs' dumping sites (usually other than Yangon city) to avoid detection. The government being sensitive to anti-narcotic campaign, ensure that all drugs seized are destroyed. The National Policy substitutes poppy plantation with cash crops' plantation, and at the same time new roads and bridges are constructed, followed by promotion of health and education standards. High rates of HIV infection among CSWs and STDs indicate the need to launch a preventive programme.

INTRODUCTION

Culturally, Myanmar, the Theravadam Buddhist country has been urging its followers throughout the country to stay away from using toxicants since its inception 2000 years ago. The plantation of poppy was introduced a century ago during colonialism to curb political unrest among the locals and to be submissive to its administration. After independence in 1948, substance abuse grew from abuse of opium to heroin throughout the country, hence the Government of Myanmar had to promulgate the Narcotic and Dangerous Drug Law in 1974, and formed an effective committee called the Central Committee for Drug Abuse Control (CCDAC), chaired by the Minister of the Ministry of Home Affairs.

1.1 Area Description

The country is located in South East Asia. It is divided into 7 states and 7 divisions and inhabited by 46.4 million people (based on 1973 census). The total land area of the country is 678, 932 square kilometres. Economically, the country practices Open Market

Economy and became an Asean Member State very recently. The recent economic indicators are GDP (Kyats in millions) 57825, GDP growth rate 6.0% and Per Capita GDP is Ks 1341.

Yangon city, the capital of Myanmar is situated in the southern most part of the country. Its total land area is 3927 square miles and divided into four administrative areas known as Eastern, Western, Northern and Southern Districts. It has 47 townships with a total population of 4.7 million. There are approximately 47% male and 53% female in the population.

Since the introduction of the Open Market Economy, the capital is prospered with luxurious international hotels, foreign companies and banks. The Government runs schools, vocational institutes, colleges and universities.

2. DATA SOURCES AND TIME PERIOD

There are six major Drug Treatment Centres (DTC) and 22 subsidiary DTCs throughout the country, with a total of 425 beds to facilitate the control of demand reduction. Among the six DTCs, Yangon Drug Dependency Treatment Research Unit (YDDTRU) is a hospital based centre with detoxification and medical rehabilitation services.

This report is prepared by the YDDTRU and presents data on epidemiological studies covering patterns and drug abuse problems in Yangon city for the period January - March 1998.

3. TREATMENT DATA

3.1 Treatment Admissions

For the period January - March 1998, a total of 148 drug addicts were admitted to the Yangon Drug Treatment Centre for treatment. Out of this, 59.5% were newly admissions and 40.5% were readmissions (Table 1).

When compared with the data from 1995 onwards (Table 1), no salient differences were observed in the total number of admissions. This could be due to the fact that drug addiction is a chronic relapsing illness, where it swirls in a vicious cycle, which could not reveal the progress of clinical detoxification.

Table 1: Quarterly Figures of New and Readmitted Patients in Yangon Drug Treatment Centre from 1995 - March 1998

Month (Quarterly)	1995			1996			1997			1998		
	NA	RA	Total	NA	RA	Total	NA	RA	Total	NA	RA	Total
Jan -- Mar	66	86	152	59	61	120	65	67	132	88	60	148
Apr -- June	83	125	208	58	88	146	71	77	148			
July -- Sept	81	78	159	68	72	140	71	60	131			
Oct -- Dec	87	80	167	62	73	135	60	73	133			
Total	317	369	686	247	294	541	267	277	544	88	60	148
Grand Total		686			541			544				

NA - Newly Admitted; RA - Readmitted; Source - DDTRU

YDDTRU has made tremendous efforts in helping the addicts to abstain drugs, however the centre alone could not prevail in controlling the illness. A coordinated and co-operated effort has to be invested by peers, community, authority, non-government organisations and religious personnel to combat this illness.

3.2 Pattern of Drug Abuse

There are primarily many types of drug abuse among the addicts. They are generally classified into four; heroin, opium, marijuana, and others. Within the defined period of study (January -- March 1998), heroin was the most used drug among the addicts (96.6%). The reasons in the use of heroin by many addicts are: readily available because it is easily hideable; it is more euphoric; and easily commutable and economical (Table 2).

Table 2: Primary Drug of Abuse

Drug	No.	Percent
Heroin	143	96.6
Opium	5	3.7
Marijuana	-	-
Others	-	-

Source - DDTRU

Among the heroin addicts, 86% took the drug through injection, while the other 10% smoked it. All of the opium addicts took the drug orally (Table 3).

Table 3: Route of Drug Administration

Drug	Injection		Smoking		Oral	
	No.	%	No.	%	No.	%
Heroin	127	85.8	16	10.8	-	-
Opium	-	-	-	-	5	3.3
Marijuana	-	-	-	-	-	-
Others	-	-	-	-	-	-

Source - DDTRU

3.3 Socio-Demographic Characteristics of Patients

Ninety-six per cent of the addicts admitted for treatment are male. It clearly demonstrates that most of the users are male. Ninety per cent of the addicts were in the age group of between 20 and 34 years, the prime productive age group (Table 4).

With regard to marital status, 69% of the addicts are single and 29% are married. While, 39% were unemployed and 32% were employed. In terms of education, 70.9% of the addicts had 7 to 12 years of education, (equivalent to 10th standard) (Table 4).

It was observed that youths in the age group of 20 to 35 years, with 7 to 12 years of schooling were more vulnerable to addiction. Sixty-four per cent of the addicts were from the family size of 6 to 10. It clearly illustrates that the more crowded the family, the more vulnerable the young ones to addiction (Table 4).

Table 4: Socio-Demographic Characteristic of Drug Addicts in Yangon City (January - March 1998)

Characteristic	No.	Percentage
<u>Sex</u>		
Male	143	96.62
Female	5	3.38
<u>Age</u>		
Under 15 years	Nil	-
15 -- 19 years	4	2.70
20 -- 34 years	134	90.54
35 -- 44 years	9	6.08
45 years and above	1	0.68
<u>Marital status</u>		
Single	103	69.60
Separate	2	1.35
Married	43	29.05
<u>Occupation</u>		
Employed	48	32.43
Unemployed	59	39.86
Students	1	0.67
<u>Education</u>		
Zero	Nil	0.0
1 -- 6	10	6.75
7 -- 12	105	70.95
13 +	33	22.30
<u>No. of people in household</u>		
2 - 5	35	23.64
6 - 10	94	63.51
11 +	19	12.83

Source - DDTRU

4. LAW ENFORCEMENT DATA

For drug-related offences, arrests were made according to **Chapter VIII, section 15** of the **Offences and Penalties Act**, which states that a drug user who fails to register at the place prescribed by the Ministry of Health or at a medical centre recognised by the government for this purpose or who fails to abide by the directions issued by the Ministry of Health for medical treatment shall be punished with imprisonment for a term which may extend from a minimum of 3 years to a maximum of 5 years.

The law encompasses illicit users, pushers, and traffickers. The relevant definition of users is those who are caught while using the substance. A pusher may be the owner of the substance at the judicially defined premises either on his body or at an hideable place. A person who is not the owner of the above premise but possesses the substance at the time of arrest at that premise should also be treated as pusher. A trafficker is a person who himself willingly takes part in conveying the substance or forced by a certain person to convey it.

4.1 Drug-Related Offences

From October 1997 to March 1998, the police made a total of 2402 arrests related to drug offences. Out of the 2402 arrestees, 17% are female and 83% male. The offences committed by the male arrestees were using, pushing, and trafficking of drugs, while the female arrestees committed the same crimes as their male counterparts except using (Table 5).

Table 5: Drug-related Offenders Arrested by Police (October 1997 - March 1998)

Quarter	Male	%	%	Female	Total
4 th Quarter, 1997					
October	339	83	17	71	410
November	364	83	17	73	437
December	302	81	19	70	372
1 st Quarter, 1998					
January	302	82	18	65	367
February	285	84	16	54	339
March	409	86	14	68	477
	2001	83	17	401	2402

Source - CCDAC

4.2 Number of Admissions Against Number of Offenders

There is no significant difference between the number of admitted and readmitted addicts in the first quarter of 1998 and the last quarter of 1997. The same is also true among offenders (Table 6). The ratio of offenders to patients is 3 : 1 in both quarters.

Table 6: Comparison of Patients Admitted to Yangon Drug Treatment Centre and Drug Offenders Arrested (October - December 1997 & January - March 1998)

Type	1997 last quarter		1998 first quarter	
	No.	%	%	No.
New Patients	60	-	-	88
Readmitted Patients	73	-	-	60
Total	133	26	30	148
Arrested Offenders	373	74	70	340

Source - CCDAC

4.3 Drug Seizures

In both quarters, the amount of heroin seized was less than that of marijuana, whereas in seizures of the whole country, the amount of heroin seized was much higher than that of marijuana (Table 7 & 8). The reason for less amount of heroin seized in Yangon city is that, the police surveillance squads are highly trained in tracing the traffickers, so that the drug lords do not dare to dump drugs in Yangon city.

Table 7: List of Narcotic Seized by Police in Yangon Division October 1997 to March 1998

	Oct.	Total	Jan	Feb.	Mar	Total
Opium	-	-	-	-	-	-
Heroin	0.0974 kg	0.1914 kg	0.0711 kg	0.3599 kg	0.0469 kg	2.8592 kg
Marijuana	0.3772 kg	1.546 kg	1.0546 kg	2.9978 kg	1.3567 kg	0.181 kg
Opium Oil	0.0886 kg	0.016kg	0.0001 kg	0.1047 kg	0.712 kg	0.03 kg
Inferior Opium			0.0007 kg	0.0007 kg	0.0264 kg	0.0008 kg
Phensedyl					174.75 litre	
Cough syrup					5.48 litre	1.44 litre
						6.92 litre

Source - CCDAC

Table 9: Drug Seized in Myanmar

Types of Drug	1997 (Jan - Dec.)	1998 (Jan - Mar)
Opium	7883.97 kg	1682.56 kg
Heroin	1401.08 kg	138.21 kg
Morphine	45.73 kg	78.77 kg
Marijuana	288.03 kg	83.22 kg
Phensedyl	896.14 kg	628.15 kg
Acetic Anhydride	2449.00 kg	89.00 kg
Precursor Chemicals	17231.37 gal	483.00 gal
Cough Syrup with Codeine	96.49 litres	nil
Stimulants	5028600 tab	269908 tab

Source - CCDAC

4.3.1 Destruction of Narcotic Drugs

Table 10: Narcotic Drugs Destroyed in February 1998

Types of drug	Amount destroyed
Opium	4587.292 kgs
Heroin	898.43 kgs
Morphine	93.953 kgs
Opium oil	8.642 kgs
Opium liquid	11.304 kgs
Inferior opium	20.95 kgs
Marijuana	138.877 kgs
Phensedyl	1499.975 litres
Stimulant	2842783 tablets
Cough syrup (containing opium)	88.190 gallons
Cough pastille (Containing opium)	4845 pastilles
Methaqualone tablets	750 tablets
Morphine injection	180 ampoules

Source - CCDAC

Destruction of narcotic drugs has not been done at regular basis. The destruction of drugs that were seized by Myanmar Police Force, Army, Customs Department and other agencies was conducted in February 1998. The 13 types of drug listed in **Table 10** were destroyed in the presence of the Ambassadors, Foreign Agencies, journalists and many invited guests. During legal proceedings, the seized drugs were placed in the custody of the Criminal Investigation Department. At a certain period after the trial they were burnt to ashes. The quantities destroyed are shown in **Table 10**.

5. HIV/AIDS SITUATION

Blood samples of intravenous drug users (IVDUs) were collected by YDDTRU and sent to the AIDS Preventive and Control Project, Department of Health. The proportions of HIV positive cases among the patients have not suggest either an increasing or decreasing trend in drug-related HIV/AIDS cases. This means that HIV positive rates among patients are inconsistent but it could not be expected to have a high positive rate among the population.

Table 11: Comparison of Average Biannual HIV Positive Cases Among IVDUs

Year	No. of cases examined	No. of positive	Average Biannual HIV (+)ve %
1992	186	123	66.1
1993	222	156	70.3
1994	200	115	57.5
1995	200	103	51.5
1996	200	118	59.0
1997	200	131	65.6

Source: AIDS Preventive and Control Project, Department of Health

5.1 HIV Among High Risk Groups

In March 1997, 54.1% of tested IVDUs are HIV positive. Being one of the high risk groups, it is expected the numbers of HIV positive among the IVDUs are higher than the others. Among the commercial sex workers (CSW), 25% are HIV positive, while the rates of HIV positive among male and female with sexual transmitted disease (STD) are 8.9% and 8.2%, respectively (**Table 12**).

Table 12: AIDS Rate by Types of Cases - 1997 March Quarter

Type of cases	Cases	No. Positive	Percent
IVDUs	431	233	54.1
CSW	200	50	25.0
Male STD	1780	160	8.9
Female STD	613	50	8.2

Source: AIDS Preventive and Control Project, Department of Health

PART 1 - Section Two
SOUTH ASIAN COUNTRY REPORTS
(January 1997 - March 1998)

PATTERNS AND TRENDS OF DRUG ABUSE IN SRI LANKA

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ABSTRACT

Until 1980s opiate abuse and similar drug abuse were not considered as problems in Sri Lanka with only some older males continuing the traditional opium use. The use of ganja (cannabis) had limited clientele and was confined mainly to the working class of those engaged in hard labour. With the arrival of heroin in early 1980s the country began to face a serious opiate problem. The National Dangerous Drugs Control Board with the United Nations' assistance, established a non-compulsory event reporting system (DAMS) in the early 1990s. It is the 'official' source of epidemiological information on drug abuse in the country. The drug abuse pattern in 1997 seemed to be similar to the pattern observed in recent years. Drugs of abuse did not shift significantly and inhalation remained the primary route of drug administration. There was no increase in psychotropic substances abuse and no new substances were introduced in significant amounts to the drug using sub-culture. Pharmaceutical preparations containing narcotic drugs were not easily available and illegal drugs' manufacturers were not reported. The number of drug dependents who sought help had increased. Well-being of treated drug dependents had improved. The number of new recruits to drug abuse appears to be declining compared to previous years. Public awareness and participation of various sectors of the society in drug abuse prevention are good.

1. AREA DESCRIPTION

Sri Lanka is a relatively small (62,337 square kilometres) tropical island close to the southern end of India. The central hill country rises a little south of the centre of the island and surrounded by low-lying coastal plain. Sri Lanka had been ruled over a period of almost 24 centuries by a continuous monarchical chain, and the capital city had been moved from place to place within the island. Foreign domination began in Sri Lanka in 1505 with the advent of the Portuguese who ruled certain parts of the country until 1657, when the Dutch took over. The period of domination of the Dutch was 137 years, then they yielded to the British, who ruled the entire country for 150 years. In 1948, Sri Lanka got her independence.

The mid-year population estimate for 1996 was 18.2 million, with a marginal male preponderance. The population is multi-ethnic and multi-religious. Most of the people (78%) live in rural areas. The Sri Lankan family is traditional of the extended type. Urbanisation, population pressure, life style trends, employment of women, rising cost of

living, and difficulties in housing are some of the contributing factors to the rapid shift towards nuclear type.

Traditionally an agricultural country, Sri Lanka has recently begun to expand into other areas of production and export. Tourism is another economic area into which the country is moving rapidly. Recent years have seen many people seeking long term low-income employment abroad. Due to this reason, many families have temporarily become single parent units. The health status of the country is better than that of other countries in the southern hemisphere. Education is provided free and schooling is compulsory in Sri Lanka. The country's literacy rate was estimated at 91% for male and 83% for female.

2. DATA SOURCES

The main source of data presented in this paper is the Drug Abuse Monitoring System (DAMS), which is the official source of epidemiological information of drug abuse in Sri Lanka. The DAMS is an event reporting system. Even though it is not compulsory to report treatment events, Police Narcotics Bureau, all local police stations, and main treatment centres (GOs/NGOs) in the country send their information to the system, in specific forms, on a monthly basis. Other sources of information include Department of Prisons, Outreach Staffs of the NDDCB stationed in several of the major cities, National Narcotics Laboratory of the NDDCB, key informants and newspaper reports.

3. ALCOHOL AND TOBACCO

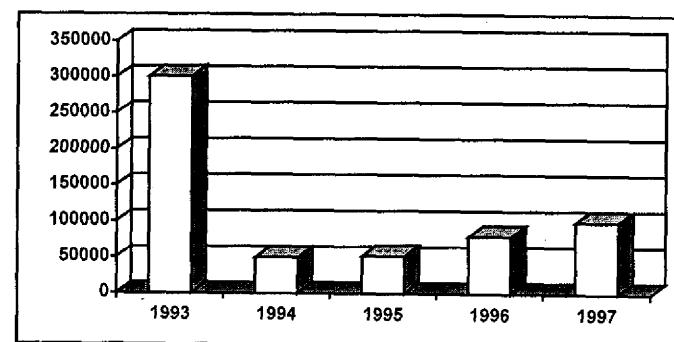
This paper deals principally with illicit drug use in Sri Lanka. However, it should be noted that alcohol and tobacco use, although legal, constitute Sri Lanka's widest drug problem. In 1997, the Government appointed a presidential committee to develop a policy and a national plan on alcohol, tobacco and illicit drugs use. Alcohol and tobacco consumptions have been identified as the main contributing factors to poverty and other health and social problems. According to surveys, the poorest segments of the society spend at least a third of the families' income on tobacco and alcohol. In addition, about 40% of suicides are related to alcohol and other drugs use.

Alcohol consumption in Sri Lanka seems to be increasing in both absolute and per capita terms. Arrack is the most commonly consumed legally produced alcoholic beverage in Sri Lanka. Kasippu, an illicit spirit made from molasses, is the cheapest and widely available form of alcohol. According to estimates, illicit products account for about one third of the total amount of alcoholic beverages in the market. Current research indicates that economic cost of alcohol consumption in Sri Lanka exceeds the revenue generated by the industry.

4. CANNABIS (GANJA)

Cannabis is readily available throughout the country and is reportedly the most trafficked and abused substance in Sri Lanka. In 1997, law enforcement agencies seized 113,238.733 kilograms of cannabis and were the highest amount recorded (**Exhibit 1**). Like the previous year, illegal cultivation of cannabis in the southeastern and the eastern regions of the country continued to rise. Cannabis is cultivated for both domestic market and illicit export.

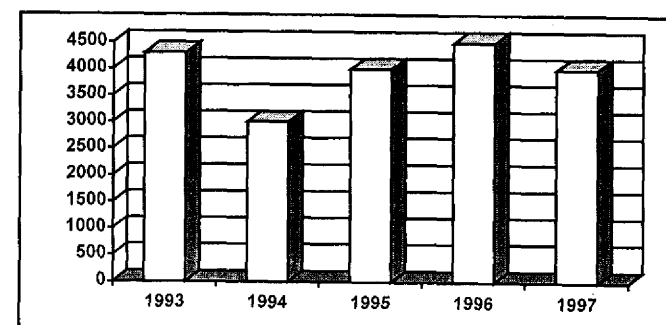
Exhibit 1: Quantity of Cannabis Seized from 1993 - 1997



Source: Drug Abuse Monitoring System (DAMS)

Locally produced cannabis is trafficked from outstations into Colombo. Cannabis is transported along with vegetables and other consumer goods from the jungles to villages, then to towns and via provincial capitals to Colombo. Cannabis is inexpensive, compared to heroin or opium. Its average value is Rs. 1,365.00 (approximately US\$ 21) a kilogram at the street level. Most of the cannabis offenders are male above 24 years of age (**Exhibit 2**).

Exhibit 2: Number of Persons Arrested for Cannabis-related Offences from 1993 - 1997

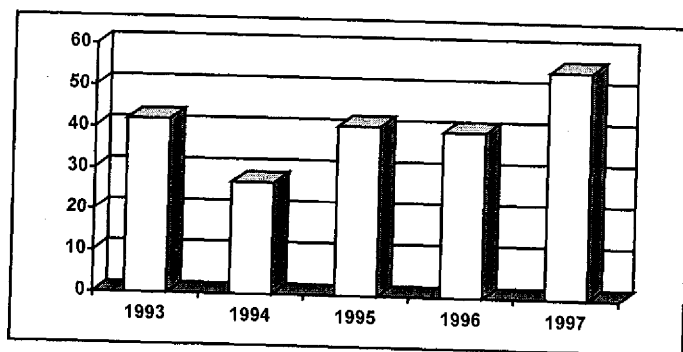


Source: Drug Abuse Monitoring System (DAMS)

5. HEROIN

“Brown Sugar” (number 3 heroin) is available in most parts of the island as in the previous year. In 1997, the quantity of heroin seized by the drug law enforcement agencies was 55.015 kilograms (**Exhibit 3**). The bulk of it came from Pakistan (42%) and India (30%) by sea and lesser quantities by air. There have been no sophisticated concealment methods noticed during the current reporting period. The average purity of heroin at street level is about 35% di-acetyl morphine. The average street price of a packet that contains about 10-15 milligrams of no. 3 heroin ranges between Rs. 1,100 to Rs. 1,200 per gram (approximately US\$ 18-19).

Exhibit 3: Quantity of Heroin Seized from 1993-1997



Source: Drug Abuse Monitoring System (DAMS)

5.1 Method of Heroin Administration

Inhaling of heroin vapour or “chasing the dragon” (locally known as “Chinese Method”) is the much preferred method of use as in previous year. Injecting is not popular among addicts in Sri Lanka.

5.2 Heroin Use in Colombo

Colombo City and its suburbs reported the highest number of heroin users. Many heroin users from Colombo come from “gardens” (shanty/slum areas) and densely populated lanes generally considered as “poor” by the mainstream society. However, many of the users earned between Rs. 200-400 a day. Many work in the informal sector of the city’s work force and the employment were generally seasonal. The profile of the heroin users in Colombo more or less fit their counterparts in other towns.

5.3 Treatment

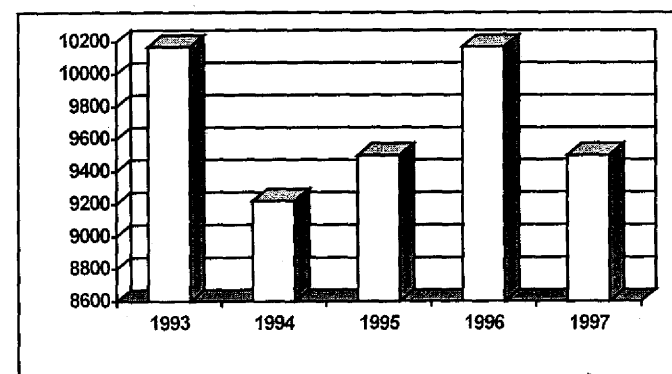
Heroin dependents in the country sought a variety of treatments. These treatments range from popular inpatient detoxification and rehabilitation at NDDCB treatment centres, out patient treatment from allopathic medical practitioners, homeopathic treatment, ayurvedic treatment, self-medication with drugs obtained from pharmacies and other outlets, seeking spiritual help from deities, religion based treatment, making vows at various places of worship, and changing their places of residence. Some heroin dependents sought treatment at psychiatric wards without identifying themselves as heroin users. It was reported that several heroin users had attempted suicide. The number of heroin dependents that sought treatment for the year 1993 to 1997 is illustrated in **Exhibit 5**.

5.4 Profile of Heroin Users

Sixty-eight per cent of the reported treatment seekers are from Colombo district. The largest number (72%) of heroin dependents were between the age of 20-34 years. They are all male except one. According to ethnic groups distribution, 84% are Sinhalese, 7.4% Moors, and 5% Tamils. Among the treatment seekers, 74% are Buddhist, 13% Christians, 11% Muslims and 3% Hindus. Fifty-four per cent of them are married.

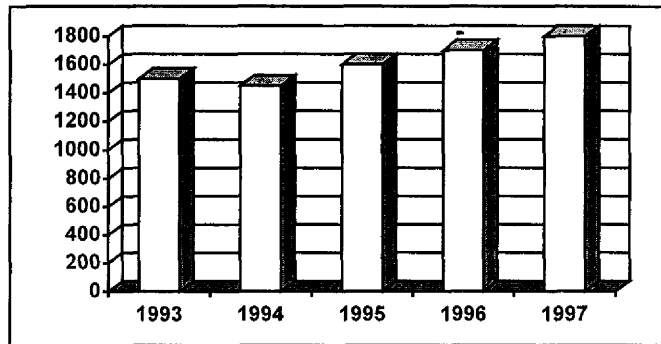
Twenty-seven per cent of the addicts had completed General Certificate of Education (Ordinary Level). A majority of them (54%) had between 5 to 10 years of education. The average age of first use of heroin is 20 years while the lowest reported age is 11 years. The popular method of drug administration is “chasing the dragon”.

Exhibit 4: Number of Persons Arrested for Heroin-related Offences from 1993 - 1997



Source: Drug Abuse Monitoring System (DAMS)

Exhibit 5: Heroin Dependents' Treatment Admissions from 1993-1997

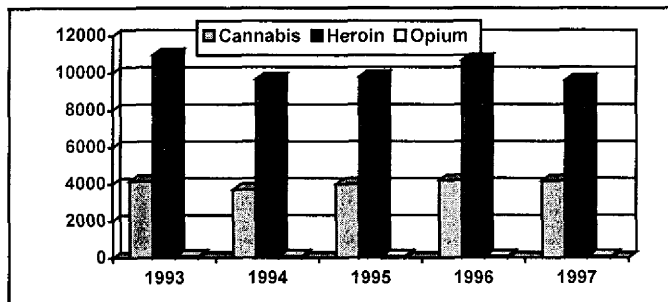


Source: Drug Abuse Monitoring System (DAMS)

6. OPIUM

Opium abuse has taken a downward trend with the dawn of the 1980s. However, opium continues to be available and abused in Sri Lanka over a long period of time. The abuser obtains his requirement from the stocks of opium that are imported for medicinal purpose, or from the stocks that are illegally brought into the country. The street level price of opium is around Rs.250.00 (approximately US\$ 6) per kilogram in 1997.

Exhibit 6: Number of Persons Arrested for Drug-related Offences from 1993-1997



Source: Drug Abuse Monitoring System (DAMS)

7. PSYCHOTROPIC SUBSTANCES

Flunitrazepam, Mandrax, Diazepam, Codeine, Methadone, Amphetamine, Valium, and Rohypnol are the widely abused psychotropic substances during the year. According to reports, some pharmacies in Colombo and outstations sold most of these substances over the counter to drug dependents charging high prices. There were occasions reported that

some tablets were given free with heroin to enhance the effect of heroin. Furthermore, unofficial reports confirmed the occasional use of Ecstasy by a certain group of youth as in the previous year. However, in 1997 there was no detection of any psychotropic substances.

8. COCAINE

There have been no arrests or official reports on cocaine related incidences. However, intelligence reports confirmed limited availability and use of cocaine by some foreigners and locals of affluent class in Colombo. The local price of cocaine is not known. The drug is not available in the open drug market.

DRUG ABUSE MONITORING SYSTEM IN RAWALPINDI/ISLAMABAD

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ABSTRACT

The drug abuse monitoring system for Rawalpindi/Islamabad was initiated in March 1995 on an experimental basis and has been operational since then. This report covers the six months period from October 1997 - March 1998, and looks at the drug abuse trends and other indicators for this period. A total of 252 drug addicts were admitted for treatment in the current reporting period. Ninety-nine per cent of the drug addicts used heroin as primary drug of abuse with 84% smoking or chasing the dragon while 15% sniffing. Seventy-three per cent were polydrug users as well as using multiple routes of drug administration. All the clients are male, 52% were between the age of 20 - 34 years. Fifty-six per cent are married while 42% single or never married. Sixty-eight per cent were living with families. While 30% of the drug addicts are illiterate, 42% had 1 - 6 years, and 20% had 7 - 12 years of education. Forty per cent of the clients were unemployed. Significant employment categories include drivers/transport workers 22%, self-employed 14% and sales and clerical workers 12%. The law enforcement agencies arrested 590 people on drug-related offences. With a total of 536 seizures the local law enforcing agencies confiscated 92 kilogram of opium, 6.6 kilogram of heroin, 171 kilogram of cannabis, and 12,288 bottles of alcohol during the six months.

1. RAWALPINDI/ISLAMABAD

Rawalpindi and Islamabad referred to as twin cities are situated in the Northeast of the country. Rawalpindi is an old city, which emerged from a village founded in around the 14th century, while Islamabad was founded in 1965 when it was decided to move the capital from Karachi in the south.

The total population of Rawalpindi and Islamabad according to the 1981 census was 1,159,916, with 628,565 males and 531,351 females. A majority of the populations living in Rawalpindi are Punjabi Muslims, while very few people in Islamabad can say that they belong to this area. Most of the people residing in Islamabad are civil servants belonging to different parts of the country. Being the capital there is also a sizable number of foreign diplomats and representatives of international donor agencies in Islamabad.

The major occupation groups in Rawalpindi are production and related workers, transport workers and labourers. Other occupations in which people are engaged are government service, business, agriculture, and overseas employment. A large number of people from

the area also serve in the military. The literacy rate of the cities according to the 1981 census was 58.8%, while the male literacy rate was 68.8% as compared to 31.2% female.

Administratively, Rawalpindi is under the jurisdiction of the Punjab province, while Islamabad and some areas around it are termed as the Federal Territory. Generally, better medical, educational facilities and other amenities are available to the population in Rawalpindi and Islamabad, than the other parts of the country.

Rawalpindi and its adjoining areas also serve as transit points for drugs originating from the Northwest Frontier Province to other parts of the country or abroad. An interesting feature of the area is that cannabis grows wildly in the area. Cannabis plants can be seen even around houses and pathways in the twin cities.

2. DATA SOURCE

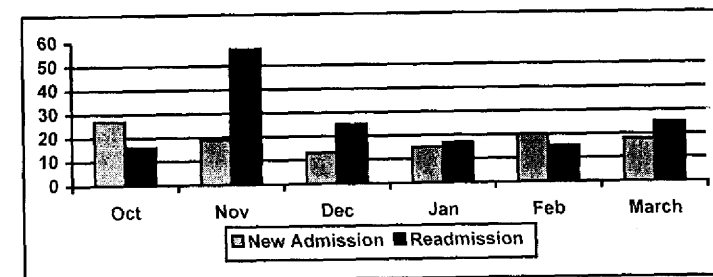
Currently, there are 12 drug treatment facilities operational in Rawalpindi/Islamabad. One is run by the Government Hospital, three by self-help groups, and eight treatment centers are run by NGOs or commercial groups. The treatment programme ran by the Central Prison was terminated in November 1996.

Treatment data for the period October 1997 to March 1998 were collected on a monthly basis by 3 specialised drug treatment centres. The law enforcement data were provided by the Police and Excise Departments through the District Narcotics Control Committee, which is headed by the Deputy Commissioner of Rawalpindi.

3. DRUG ABUSE TRENDS

During the reporting period, 252 clients came for treatment at the 3 participating centres. November recorded the maximum number of admissions, while admissions in the remaining months had not varied much. All the admissions were institutional admissions, with a majority (61%) being readmissions and 39% as new admissions. **Exhibit 1** shows the breakdown of admissions by months.

Exhibit 1: Drug Treatment Admissions



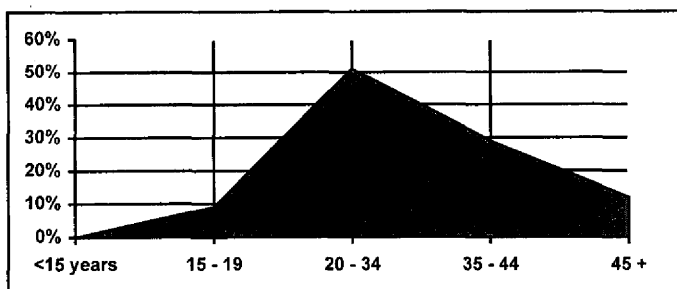
3.1 Primary and Secondary Drugs of Abuse

Heroin was the main drug for which all the clients except two sought treatments. Out of the two non-heroin clients, one was using tranquilizer and the other alcohol. Seventy-three per cent of the addicts were polydrug users with 60% used cannabis. Other drugs of abuse among these clients were opium 20%, alcohol 14% and tranquilizers 6%.

3.2 Sex and Age of Clients

All of the 252 clients reported in the period are male. Large majorities (52%) of the clients were between 20 - 34 years old, while 29% were between 35 and 44 years of age. Eleven per cent of the clients were over 45 and 8% were between 15 - 19 years (Exhibit 2).

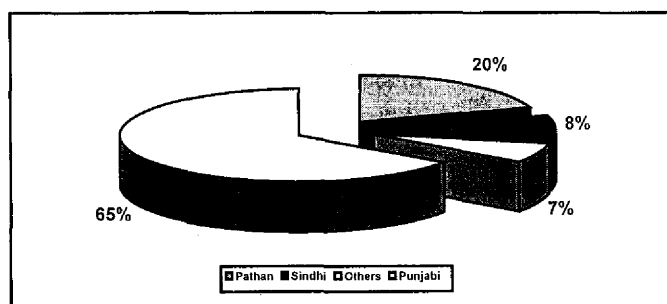
Exhibit 2: Age Distribution



3.3 Ethnicity and Religion

Among the clients reported for treatment 65% are Punjabis, 20% are Pathans, 8% Sinhis and around 7% are foreigners and refugees (Afghans, Iranians and Sri Lankans). With regard to religion, 81% of the clients are Muslims, while 19% are Christians (Exhibit 3).

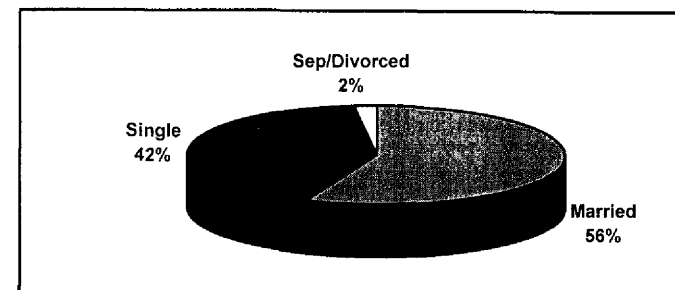
Exhibit 3: Ethnicity of Clients



3.4 Marital Status

Fifty-six per cent of the clients are married, 42% are single/never married, while 2% are separated or divorced (Exhibit 4).

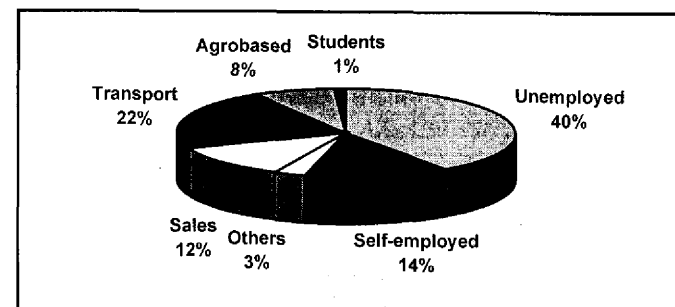
Exhibit 4: Marital Status of Clients



3.5 Occupational Status

A significant 40% of the clients are currently unemployed but had been employed at one stage or another. Among the employed, 22% were drivers or transport workers, 14% were self employed, 12% were sales or clerical workers, and 8% were agrobased workers (Exhibit 5).

Exhibit 5: Occupational Categories



3.6 Route of Administration

Eighty-four per cent of the clients smoked or chased the dragon. Fifteen per cent sniffed or snorted the drugs, while 1% took drugs orally. Seventy-three per cent of the polydrug users used multiple routes of administration including injection.

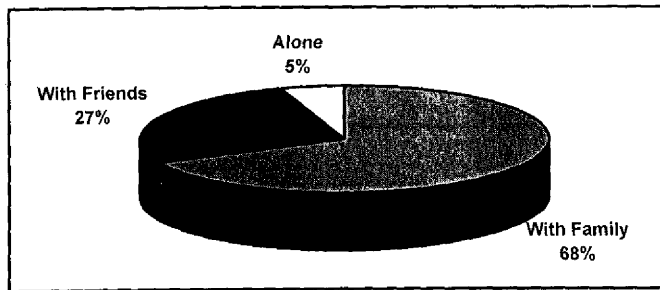
3.7 Drug Sources

Ninety per cent of the drug addicts obtained their drugs from street sources, while the remaining 10% obtained them from dens.

3.8 Living Arrangements

Sixty-eight per cent of the clients were living with families or relatives, while 27% were living with friends or colleagues and 5% were living alone (Exhibit 6).

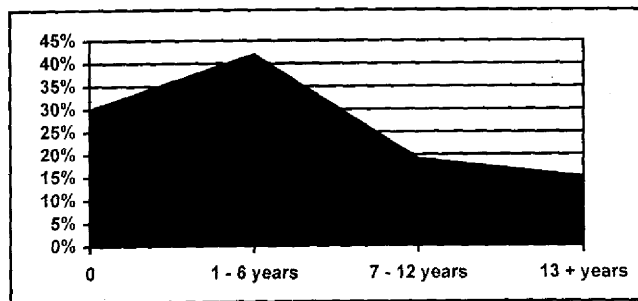
Exhibit 6: Living Arrangements



3.9 Education

Thirty per cent of the drug addicts are illiterate. Forty-two per cent had one to six years of education and 20% had between seven to twelve years of education. Eight per cent had thirteen or more years of education (Exhibit 7).

Exhibit 7: Educational Achievements

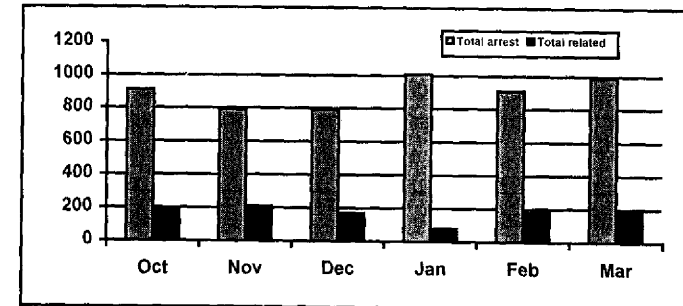


4. LAW ENFORCEMENT INDICATORS

For the current reporting period 4,696 arrests were made for criminal offences. Out of these, 590 (13%) arrests were for drug-related charges. While the total number of arrests

for these six months remained almost the same as of the previous six months, arrests for drug-related charges had increased. Most of the drug-related arrests were made in November while 60% of the drug-related arrests were made in the first 3 months of the reporting period (Exhibit 8).

Exhibit 8: Total and Drug Related Arrests



During the current reporting period, 536 seizures of different drugs were made. The highest number of seizures and quantity of drug seized were that of cannabis -- 191 and 171.76 kilogram respectively. Other significant seizures were of 12,288 bottles of alcohol through 80 seizures. 96.268 kilogram of opium were seized through 6 seizures, while 6.868 kilogram of heroin were seized through 259 seizures, averaging to about 25grams of heroin per seizure (Exhibit 10).

Exhibit 10: Seizures and Quantities of Drug Seized

Drugs	Snr.	Quantity (kg./liters)						
		Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Total
Opium	06	0.35	0	0.05	0.008	85.8	10.06	92.26
Heroin	259	0.48	0.42	1.47	0.176	0.53	3.6	6.666
Cannabis	191	53.16	2.45	1.97	40.77	4.97	68.43	171.76
Alcohol	80	4530	223	111	56	65	7303	12288

During the same period a total of 180 traffic accidents were reported. However, it was not ascertained if any of these accidents were due to drug intake.

5. HEALTH INDICATORS

There is no system of reporting or collecting data of psychological, or emergency room cases in hospitals. There have been no drug related psychological cases, emergency room cases or drug-related deaths reported in this period. As reported previously, the treatment

centers are reporting pulmonary tuberculosis and other respiratory tract infections among clients coming for treatment.

5.1 HIV/AIDS

The total number of HIV/AIDS cases for the city have not been collected during this period. Also, the treatment centers do not have the facilities for HIV screening of their clients. However, one treatment center has reported a case of HIV positive client. Some of the drug treatment centers are now looking into the possibilities of having their clients, especially those who have been injecting drugs, screened for HIV/AIDS.

6. OPERATIONAL ISSUES

The drug abuse monitoring system in Rawalpindi/Islamabad has now been operational for over 3 years. All the treatment centres contributing data in the system are participating through voluntary interests. Similarly, the Police and Excise Departments through the District Narcotics Control Committee have been very helpful in providing the law enforcement data for the system. Overall, the parties who are participating in the data monitoring system perceive it to be quite useful and informative.

DRUG ABUSE IN MADRAS CITY, INDIA

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MADRAS OR CHENNAI

The universe considered for this study is Madras (Chennai), a cosmopolitan City. It is the capital of the Tamil-speaking region (Tamil Nadu) of India and is situated on the North East of Tamil Nadu on the coast of Bay of Bengal. It stretches nearly 25.6 kilometres along the Bay coast and runs in a semi-circular fashion and covering 172 square kilometres. The estimated total population is four million.

2. DATA SOURCE

The current paper presents the data obtained from the major treatment centres that provide inpatient treatment at Madras. The three major treatment centres are

- Institute of Mental Health, a Government sponsored Deaddiction Centre that provides in-patient services. The treatment programme includes detoxification, psycho-educational approaches, individual and group therapy, family and marital therapy, deterrent drug treatment and relapse prevention programme.
- TTK Hospital, a major Non-Governmental Treatment Facility that provides detoxification, psycho-educational programmes, family therapy, deterrent drug treatment and relapse prevention therapy.
- SAHAI Research and Rehabilitation Centre, a premier centre that offers comprehensive treatment services to drug and alcohol dependents.

The reporting period is from January to June 1997.

3. TREATMENT DATA

3.1 Drug Abusers in Treatment

For the period January to June 1997, 703 addicts were admitted for treatment of alcohol/drug dependence at the Institute of Mental Health (IMH), Madras. Of these, 180 addicts (21.4%) had significant diagnosable psychiatric morbidity (**Table 1**).

Table 1: Number of Admissions, January to June 1997

January - June 1997	
Total number of addicts admitted (IMH)	703
With psychiatric morbidity	180 (25.6%)

3.2 Primary Drug of Abuse

Alcohol continued to be the primary drug abused among addicts admitted to the three facilities in Madras. Heroin ranked the second primary drug, while cannabis and buprenorphine were placed third and fourth respectively (Table 2).

Table 2: Primary Drug of Abuse

Primary Drug (All Treatment Centres N=1736)	N (January - June 1997)	%
Alcohol	1038	76.5
Heroin	166	12.2
Cannabis	80	5.9
Buprenorphine	72	5.3
Others	1	0.1

3.3 Polydrug Users

A total of 348 addicts in the three treatment centres were polydrug users (20%). Cannabis, nitrazepam and alcohol were the common secondary drugs employed (Table 3).

Table 3: Rank Order Frequency of Secondary Drug of Abuse

Secondary Drug (N = 338)	N (January - June 1997)	%
Cannabis	213	78
Nitrazepam	135	49.4
Alcohol	139	50.9
Buprenorphine	104	38.1
Chlorpheneramine		
Maleate (Avil.) Inj.	76	27.8
Diazepam (Inj.)	62	22.7
Pain Killers	55	20.1
Heroin	15	5.5

3.4 Socio-Demographic Characteristics

3.4.1 Gender

The number of women addicts in treatment at the Institute of Mental Health continued to be low and 22 women sought treatment in the period January - June 1997 (3.1%).

3.4.2 Age

A majority of the alcohol users were in the age range of 31-50 and majorities of other than alcohol users were in the age range of 18-30 years. About two-thirds of all drug/alcohol users in treatment were below the age of 40 years (Table 4).

Table 4: Age Distribution of Alcohol/Drug Users

Age Range	N (January - June 1997)	%
<15	0	0
15-19	68	5
20-34	479	35.3
35-60	792	58.4
>60	18	1.3

(All treatment centres; N=1736)

3.4.3 Religion

Sixty-two per cent of the admitted addicts are Hindus, while 29.8% are Christians. Muslims addicts comprised of 7.4% of the total admitted addicts (Table 5).

Table 5: Religion

Religion	N (January - June 97)	%
Hindus	838	61.8
Christians	405	29.8
Muslims	101	7.4
Others	13	1

3.4.4 Education

Sixty-one per cent of the addicts had attained 6 to 12 years of education, 29.4% had primary school education, while 5.8% of them are illiterate (Table 6).

Table 6: Education

Educational Level	N	%
(January – June 1997)		
Illiterate (0 years)	79	5.8
Primary School (<6 years)	399	29.4
Secondary School (6-12 years)	830	61.2
Collegiate Edu. (>12 years)	49	3.6

3.4.5 Occupational Status

A majority of the drug/alcohol users in treatment were employed and only 7.2% of them were unemployed (Table 7).

Table 7: Occupational Status

Occupational	N	%
(January - June 1997)		
Professional	32	2.4
Administrative	16	1.2
Sales & Clerical	219	16.1
Transport Related	308	22.7
Agro Based	62	4.6
Self Employed	270	19.9
Students	16	1.2
Unemployed	98	7.2
Others*	336	28

* "Others" primarily includes fishermen and casual labourers.

3.4.6 Marital Status and Living Arrangements

Sixty-one per cent of the addicts are married and 59% stayed with parents and/or spouses (Table 8 & 9).

Table 8: Marital Status

Marital Status	N	%
(Jan. 97-Jun. 97)		
Married	825	60.8
Unmarried	532	39.2

Table 9: Living Arrangements

Living Arrangements	N	%
(January – June 1997)		
With parents/spouse	798	58.8
With close relatives	267	19.7
Alone	113	8.3
With Friends	47	3.5
Hostels/Hotels	27	2
No Accommodation	105	7.7

3.5 Route of Administration

Primary routes of administration among other than primary alcohol users include injecting, smoking and chasing. Fifty-nine per cent of the reported addicts were intravenous drug users, while 25% were smokers (Table 10).

Table 10: Primary Route of Administration Among Other Than Primary Alcohol Users

Route of Administration	N (January – June 1997)	%
Injecting	188	58.9
Smoking	80	25.1
Chasing	12	3.8
Combination*	39	12.2

* State more than one route as their primary routes of administration.

4. HIV AND AIDS

HIV antibody testing is being done for all the consenting injecting drug users with pre and post-test counseling. In the period January - June 1997 HIV sero-positivity among injecting drug users was estimated at 21%.

PART 1 – Section Three
REGIONAL REPORTS
(January – December 1997)

A COMPARISON OF DRUG ABUSE PATTERNS OF SELECTED EAST ASIAN AND SOUTH ASIAN CITIES

Center for Drug Research
Universiti Sains Malaysia

ABSTRACT

Drug treatment and law enforcement data were collected using a standardised instrument in five East Asian and four South Asian cities. Treatment data from the cities indicate significant variations in patterns of illicit drug use. Heroin admissions were predominant in most of the East Asian cities (Bangkok and Kuala Lumpur) and South Asian cities (Colombo, Islamabad and Dhaka). In Hanoi, both heroin and opium were the major drugs of abuse. However, there has been an increasing shift from opium smoking to heroin injecting in Hanoi. Polydrug abuse of amphetamines, alcohol, cannabis and cough syrups was widespread in Manila. In Vientiane, alcohol abuse ranked number one followed by a significant abuse of solvents/inhalants. Methamphetamine abuse has emerged in recent years in the East Asian region and is on the increase. Alcohol consumption was high in Madras. The abuse of codeine based cough syrups and pethedine have taken on substantial proportions in Dhaka. Increase in the abuse of other opioids such as buprenorphine has also been observed in several South Asian cities. Heroin injecting was common in Bangkok and Hanoi. In Kuala Lumpur smoking or 'chasing the dragon' was the main route of drug administration. In Vientiane, the oral mode of drug administration was predominant while inhalation was on the rise. In most of the South Asian cities, smoking was the primary mode of heroin use. Heroin injecting was more widespread in Madras. In Colombo, other/multiple mode of drug administration was highest. There were variations in the socio-demographic characteristics of treatment admissions between the cities from the two sub regions. The number and rate of drug-related arrests varied between the cities. Significant differences in drug seizures were also observed between the cities.

1. INTRODUCTION

Asia confronts a serious problem of drug abuse and illicit production and trafficking of narcotic drugs and psychotropic substances. In recent years there are notable changes in the drug abuse trends in the region. Opium smoking is diminishing in the east and south east region, but unfortunately it is being replaced by heroin injecting. A similar trend is observed in South Asia. In countries such as Bangladesh, India and Nepal, opium has been substituted with heroin, and more recently, also to buprenorphine, and the route of administration is shifting from inhalation

(smoking) to injection. Systematic assessment and monitoring of the extent and nature of the problem at the national and regional level are important for its effective control.

The Asian Multicity Epidemiology Programme on Drug Abuse was initiated in 1993, to respond to regional and policy needs pertaining to drug abuse. A major aim of the programme is to develop and utilise common drug abuse indicators in selected cities to assess and compare the patterns and trends of the problem within the national, cultural and socio-political context. A city based surveillance network of twelve cities (seven East Asian and five South Asian) has been established. In addition to providing information for the implementation of effective national treatment and prevention intervention services, the network also serves as an early warning system of emerging problems which have implications for the control of drug abuse in the region. The Center for Drug Research, Universiti Sains Malaysia, coordinates the Programme and also compiles and analyses the data biannually.

This paper presents a comparison of the drug abuse profile of five East Asian and four South Asian cities, based on information obtained in the latest reporting period, i.e., January to December 1997, for most of the reporting cities. The East Asian cities are Bangkok, Thailand; Kuala Lumpur, Malaysia; Manila, Philippines; Hanoi, Vietnam and Vientiane, Laos. The cities from South Asia include Colombo, Sri Lanka; Dhaka, Bangladesh; Islamabad, Pakistan; and Madras, India.

2. METHOD

A standard instrument containing a range of drug indicators which has previously been shown to reflect trends in prevalence and pattern of drug abuse as well as associated problems, is used by individual cities to gather data on a quarterly basis. The two primary sources of data include those from drug treatment facilities and those from law enforcement agencies. Information from treatment admissions include total number of treatment admissions, patient socio-demographic characteristics, primary drug of abuse and use patterns. Data from the criminal justice system include total and type of drug-related arrests, number and type of drug seizures. Available information on drug-related health and social indicators is also reported.

3. DATA SOURCES

There are variations in data sources between these cities. Kuala Lumpur reported aggregated data on all drug dependents contacted for the first time by government agencies (i.e., police, prison, treatment centers, etc.). Information on drug treatment indicators of the other cities was obtained from either specialised drug treatment facilities, primary health facilities or from both of these types of services. However, the total number of reporting facilities varied between the cities. Data on law enforcement indicators from each city were collected from the police and prisons.

Comparability of the nature of drug abuse between the cities was limited due to variation in sources of information and the types of cases from which data on treatment indicators were collected (i.e., new or first admissions, or total, which included both new and readmissions). Nonetheless, the use of a standard data collection instrument had facilitated the collection of data of selected core indicators. In spite of these differences some common features, as well as city variations could be inferred from the available information.

The paper is divided into two parts. The first presents a cross-city comparison of the drug abuse situation of the East Asian cities and the second, provides a description of the drug abuse patterns of the South Asian cities.

4. CROSS-CITY COMPARISON OF EAST ASIAN CITIES

4.1 Demographic Characteristics of Cities

Among the five East Asian cities, Bangkok has the largest population size of about six million people (**Exhibit 1**). Hanoi has about 2.5 million people, whilst both Manila and Kuala Lumpur have a population of less than two million. Vientiane has slightly over half a million people. The ratio of male and female is similar within each city. Kuala Lumpur, Manila and Vientiane have a comparatively younger population. All the cities have a larger proportion of people who are unmarried. A comparison to the levels of education of the city population showed Kuala Lumpur, Hanoi and Vientiane as having a higher percentage of its population with seven to twelve years of education.

4.2 Drug Treatment Data

4.2.1 Total Number of Treatment Admissions

Many variables affect treatment admission numbers, including programme emphasis and capacity. This is reflected in the substantial variation in total number of treatment admissions between the cities. Bangkok reported the largest total of 28,261 treatment admissions in 1997. Of this total, 35.5% were new and the rest were readmissions. Hanoi recorded a total of 4,271 admissions for the period January 1997 - April 1998. Manila and Vientiane had significantly smaller number of treatment admissions (500 and 53 respectively).

Kuala Lumpur detected a total of 1,034 new drug dependents in 1997. This figure was obtained from arrests data compiled by law enforcement agencies. In Manila, 500 new cases were detected for the reporting period.

A comparison of available information on total number of treatment admissions in the last five years for three cities, Bangkok, Manila and Kuala Lumpur, showed some

fluctuations in total admissions over the five years. Bangkok recorded a peak of 25,551 cases in 1994 which substantially declined in the subsequent years, to peak again in 1997 (28,261). Kuala Lumpur also reported a higher number of cases detected in 1994 and 1995 compared to the other years. In Manila, almost similar numbers were admitted for treatment each year. In Hanoi, a three fold increase in treatment admissions was recorded in 1996 compared to the previous year. Ninety per cent of these were readmitted cases. This increase was a result of increase in treatment facilities and not that of level of use.

4.2.2 Pattern of Illicit Drug Use

Heroin was the primary drug of abuse among most of the drug dependents who were admitted for treatment in Bangkok (76%), Kuala Lumpur (57%) and Hanoi (51%) (**Exhibit 2**). Significant variations in mode of heroin administration were observed between the cities. Smoking or 'chasing the dragon' was the most common route among patients in Kuala Lumpur (93%), with a lesser extent in Bangkok (34%) and Hanoi (45%). Heroin injection was the main feature in Bangkok (62%). Sizable (12%) injecting practices was reported in Hanoi. In Kuala Lumpur, injecting drug use was minimal (5%). Drug use through inhalation is popular in Hanoi, with 34% of drug dependents reporting such a mode of use, and in Vientiane this mode of use accounted for 23%.

Opium admissions (44%) were highest in Hanoi compared to the other cities where its use was almost absent. A major shift from opium to heroin use has been reported in Hanoi in 1997. This was probably associated with the increasing availability of heroin in the city and the increase preference for heroin among the users. Opium use in Hanoi was mainly through injection. However, in the recent year, inhalation was the favoured practice compared to smoking and injecting because of the ease of use and the perception that "only inhaling is noble".

Reports on morphine abuse were mainly from Kuala Lumpur (9%). Hanoi reported a small (3%) amount of morphine abuse.

The abuse of cannabis among treatment admissions has been reported in most cities. However, it was more widespread in Kuala Lumpur (32%) and Manila (45%). Cannabis abuse was also observed in Bangkok (1%). Cannabis was reported to be primarily used as a 'gateway' drug in cities such Bangkok and Kuala Lumpur.

Unlike the other cities, polydrug use of non-opiate drugs was the common feature in Manila (97%). Methamphetamine or 'shabu' was the most common drug of abuse accounting for 79% of total treatment admissions. This drug was usually inhaled through the mouth. The use of alcohol (44%) and cough syrups (29%) such as codeine, and pethedine, were common. Benzodiazepines and analgesics were also abused but to a much lesser extent. Other drugs such as heroin, LSD, ecstasy and other hallucinogens are generally not available and abuses of such drugs are limited to the affluent.

Solvent abuse among treatment admissions was minimal in all the cities except in Vientiane (23%).

The abuse of cocaine in Bangkok was minimal and confined to youths and those in association with the entertainment and club scenes.

Information on drug abuse in Vientiane is limited. The major drugs of abuse reported were glue sniffing and alcohol. There was some incidence of opium and cannabis smoking. In Hanoi, the only drugs of abuse reported were opiate-types.

Heroin admissions maintained its dominance in most cities over the last five years while in Manila, cannabis was the major drug abused over the last five years. Injecting heroin remains the most reported primary route of administration among heroin treatment admissions in Bangkok, whilst smoking or 'chasing the dragon' is still the most preferred route in Kuala Lumpur. In Hanoi, heroin users are reportedly shifting to inhalation use.

Although heroin still ranks as the number one drug in most cities, there are emerging patterns of use in Bangkok, Manila and Hanoi that are worth noting. For example in Bangkok, the use of methamphetamines and inhalants was reported to have increased rapidly over the last year. This was associated with the sharp decline in heroin availability in 1996, resulting in heroin price increase, and its quality and purity to decrease. This resulted in changes in heroin addict behaviour such as switching to other drugs and the mixing of drugs. There was also an emerging abuse of tranquilisers such as diazepam, sedatives, nitrazepam, and codeine in Bangkok.

In Hanoi, a shift from opium to heroin smoking (inhalation) and injecting has been reported in the last year. This was likely to be associated with the increasing availability of heroin and the change in preference among drug addicts. There was a significant drop in reports on methamphetamine abuse in Manila in the last year. This could be correlated with the increase in law enforcement activities which could have deterred its use. Kuala Lumpur reported a rise in use of designer drugs like 'ecstasy' among young adults in discos.

4.2.3 Characteristics of Treatment Admissions

Males dominated the treatment data in each city (**Exhibit 3**). This is suggestive of the severity of the drug abuse problem among the male population in all the cities. Manila and Vientiane reported the highest percentages of woman addicts (12% and 19% respectively). In all the other cities the percentage of women admissions was very low. However, it must be noted that the extent of the problem among females may not be reflected here because the existing treatment facilities in most of the cities are mainly for male drug dependents.

Other demographic data such as age, employment status, level of education and marital status, showed variations between the cities. Although most of the treatment admissions from each city were between the ages of twenty and thirty four, there was however, substantial variations in percentage of adolescent admissions. For example, Vientiane reported the highest proportion of adolescent admissions (34%). In Kuala Lumpur, teenagers accounted for 16% of total admissions. Hanoi on the other hand, reported the highest percentage of treatment admissions who were over 30 years of age (49%). A worrying trend in Manila was the steady rise in admissions for the below 15 years age group (4.5%). Overall, the age distribution of the drug abusers contacted within each city differed from that of the general population of the city. Comparing the age categories, it was evident that the reported age-specific incidence rates of drug abuse cases were significantly higher among those between twenty and thirty four years of age when compared to the other age categories.

The distribution of employment status differed significantly between the five cities. Kuala Lumpur, Manila and Hanoi have the largest percentage of admissions who were employed (93%, 79% and 78% respectively) prior to entry into treatment. All the cities except Kuala Lumpur reported a significant percentage of unemployed (between 15 to 28%). Students accounted for a small percentage of treatment admissions in all cities with the exception of Vientiane. Available information on the types of occupation among those employed showed variations between the cities. For example, most of the employed treatment admissions in each city were sales and clerical workers or were self-employed. A small but important group was the drivers or transport workers. For example, in Kuala Lumpur, sales and clerical workers, labourers and workers in the service industry accounted for the majority of cases. Manila and Vientiane (around 15% each) reported a larger proportion of those who were involved in the construction and commercial sector as well as those who were self-employed. Cultivators made up a significant quarter of the addicts in Hanoi. All the cities except Vientiane recorded a significantly large proportion in the 'others' category which included a variety of occupations.

Information on years of educational attainment revealed that a majority of drug abusers who were admitted into drug treatment in most of the cities had between six and twelve years of education. Bangkok and Manila have a larger proportion (64% and 55%, respectively) of those who had less than six years of education. Manila has the highest percentage (13%) of total admissions who had more than twelve years of education. A majority of the drug abusers from each city were unmarried.

Data that were available for the last five years indicated no significant changes in the age of treatment admissions in the cities of Bangkok, Kuala Lumpur and Manila. The 20 to 34 age group remained the dominant group of treatment admissions in all three cities. However, there were some evidences of an increasing percentage of adolescents (age 15 to 19 years) in the cities over the last five years, more notably in Manila and Bangkok.

The differences in the background characteristics of drug abusers who were admitted for treatment are an indication of the types of drug abusers that were contacted by treatment facilities or other governmental agencies in each city. They may or may not represent the general drug abuser population within each city.

4.3 Law Enforcement Data

4.3.1 Drug-Related Offences

Law enforcement indicators such as the number of drug seizures and arrests often reflect policy rather than level of abuse. The total number and rate per 100,000 of persons arrested for drug-related offences varied substantially between the cities. These differences may be a reflection of the extent of police activity or law enforcement in each city. The wider policy and legal aspects associated with drug abuse may also be influencing factors.

Bangkok has the highest number (18,884) and rate (321.02 per 100,000 population) of arrestees when compared to the other cities (**Exhibit 4**). Kuala Lumpur reported the next highest rate (142.17 per 100,000 population) followed by Hanoi (109.59 per 100,000 population). Manila and Vientiane reported lower figures, i.e., 90.71 and 49.64 respectively.

The types of offences also differed substantially between the cities. The rate per 100,000 population of arrests for consumption is the most predominant form of offence in the cities of Bangkok (140.18) and Kuala Lumpur (51.09). Arrest for possession is again highest in Bangkok (143.99). Kuala Lumpur had reported a sizable rate of 33.10, 23.49 and 23.49 for trafficking, possession and sale of drugs respectively. In Manila the rate of arrests for possession was significant (41.64). Arrests for sales were the only form of drug-related offence in Vientiane with a rate of 49.64 per 100,000 population.

4.3.2 Drug Seizures

The types and quantity of drugs that were seized varied between the cities (**Exhibit 4**). A wider range of drugs was seized in Bangkok between January and December 1997. Of the total drug seizures in Bangkok, 57.02% were amphetamines, 13.38% heroin, 13.22% psychotropic substances and 12.06% cannabis. In Kuala Lumpur, of the total opiates and cannabis seizures, 83.08% were cannabis and 16.92% were heroin. A sizable seizure of 7,106 psychotropic pills was recorded. Eighty-five per cent (85%) of the reported seizures in Manila were cannabis and 15% amphetamines. In Hanoi, 99% of drug seizures were opiates, of this only 1.16% were heroin and 0.17% morphine. Vientiane had reported 96% cannabis and the rest were opiates while a significant amount of 858,483 methamphetamine pills were seized during the reporting period.

The drug epidemic in Bangkok resulted in an increase in the number of arrests for drug offences relating to production, dealing and consumption. Seizures of the major types of drugs such as methamphetamines, inhalants, heroin and cannabis continue to rise. Hanoi has also reported the increasing seriousness of illicit narcotic drug trafficking in the city.

4.4 Health and Social Indicators

Information on these indicators was incomplete in most of the cities. Drug-related HIV cases were reported by Bangkok, Manila and Hanoi. In Bangkok, a total of 3,170 HIV cases and 1,722 AIDS cases were detected over the period September 1984 to December 1997. About 12% of these HIV/AIDS cases were drug-related. In this city, narcotic related HIV infections were a second major cause of the rising AIDS epidemic. By April 1998, Hanoi recorded a total of 196 HIV/AIDS cases, out of which 66 were drug injectors. Manila had reported 5 HIV/AIDS cases and 23 drug-related psychological cases for the year 1997. During the reporting period, Vientiane recorded 46 HIV positive cases, 8 AIDS cases and 6 emergency room cases; drug-related cases were not available.

5. CROSS-CITY COMPARISON OF SOUTH ASIAN CITIES

5.1 Demographic Characteristics of Cities

Population sizes differ between the four cities (**Exhibit 5**). Dhaka has the largest population size of 6.6 million followed by Madras (3.8 million). The cities of Colombo and Islamabad have smaller populations (1.7 and 1.2 million, respectively). The male - female ratio is almost similar in all cities with slightly larger proportion of males. Comparison of age groups of city populations was limited by variation in the categories that were used by the cities. Comparable data from Dhaka and Islamabad showed that both cities have a similar age distribution. Both cities have a quarter of the population in the above 35 years age group and a larger proportion of people in the under 15 years age group.

A larger percentage of the population in Dhaka (55%) and Colombo (60%) are single compared to Islamabad (29%). In Islamabad, a larger proportion of the population are married. Where level of education is concerned, Dhaka and Islamabad reported a larger percentage of the population who had no formal education (43% and 41%, respectively) compared to Colombo (18.0%). Overall, available data for the cities indicated that more than half the city populations had some formal education.

5.2 Drug Treatment Data

5.2.1 Total Number of Treatment Admissions

All the cities reported data from only specialized drug treatment facilities. Each of the cities - Colombo, Dhaka and Madras reported a total of about two thousand treatment admissions in 1997 (**Exhibit 6**). Madras had an additional quarter of reporting (aggregated data), i.e., January - March 1998. Colombo and Madras did not distinguish between new and readmissions. In Dhaka, 84% of total admissions were new admissions. In Islamabad, more than half of total admissions (61%) were re-admissions.

5.2.2 Pattern of Illicit Drug Use

Heroin admissions predominate in the cities of Colombo and Islamabad, accounting for 92.9% and 87.0% of total treatment admissions, respectively (**Exhibit 6**). This drug was also primarily used by more than half (64.9%) of the total number of admissions in Dhaka. In Madras, only a small proportion (11.1%) of the drug dependents who were admitted for treatment were mainly heroin users.

Opium and morphine abuse were reported by a small percentage of total admissions in Colombo, Dhaka and Islamabad.

The abuse of other types of opiates such as pethidine and codeine (26.8%) were widespread among treatment admissions in Dhaka.

Cannabis admissions accounted for a small percentage of total admissions in all cities (2% - 5%). Alcohol consumption was high in Madras (77.6% of total admissions).

The abuse of buprenorphine, a potent synthetic opioid manufactured in India, among the youths is an emerging problem in three of the four cities. Madras reported a small percentage (3.7%) of buprenorphine abuse among those who were admitted for treatment. The abuse of buprenorphine was also reported in the cities of Dhaka and Islamabad, though none of those admitted for drug treatment in 1997, mentioned its use.

Polydrug use was a common feature among drug dependents who were admitted for treatment in Islamabad with 79.1% reporting such a behaviour. A sizable percentage (16.7%) of treatment admissions in Madras also reported use of multiple drugs. Most heroin abusers in Islamabad used other drugs such as tranquilizers, cannabis, opium and buprenorphine as secondary drugs.

Trend data for the last six years showed that heroin remained as the dominant drug of abuse in Colombo, Dhaka and Islamabad. Cannabis abuse rarely exceeded 6% of treatment admissions. In Madras however, alcohol persisted as the most frequently abused drug for the past two years. Newer substances such as buprenorphine have

emerged recently in most of the cities. For example in Madras, the rise in level of use of this drug among heroin addicts was attributed to the easy availability and low cost of the drug and the scarcity of heroin. Substituting one drug for another because of the reduction in availability of a drug is a common behaviour among most heroin users. Dependence on psychotropic substances is of recent origin in Colombo and appears to be on the increase. These substances were usually used as adjunctive drugs with heroin.

The route of drug administration varied among the cities. Smoking or 'chasing the dragon' was the most popular mode in Islamabad (70.0%), Dhaka (65.0%), Madras (39.6%) and only 19% in Colombo. Most heroin and buprenorphine users in Madras were injecting users (53.0%). Injecting drug use was reported to have increased in Dhaka (11.0%) and Islamabad (7.0%) in 1997. Taking drugs orally is also evident among the addicts in Dhaka (16.0%) and Islamabad (10.0%).

Available information showed that street sales was the primary source of drugs in Dhaka (100%) and Islamabad (81%).

5.2.3 Characteristics of Treatment Admissions

Males accounted for almost all admissions in each city. Only Madras reported a 3.5% of female admissions (**Exhibit 7**). Drug abusers in the 20 to 34 age group accounted for the largest category (between 58% and 80%) of treatment admissions in Colombo, Dhaka and Islamabad. The second largest age category of drug abusers was 35 years and above in these cities. In Madras, more than one third (38.0%) of abusers were in the 20 to 34 years age group, while more than half (56%) were over 34 years old.

The distribution of treatment admissions by marital status was similar in all cities, with the exception of Colombo, where more were unmarried (57.7%). Both Islamabad and Dhaka had about 2% of treatment admissions who were separated or divorced

The unemployed featured quite prominently in the occupational status in Dhaka (34.4%) and Islamabad (33.8%). In Colombo, a large proportion (44%) of total admissions were under the 'others' category, who were mostly labourers. The self-employed/small business made up a sizable proportion (14% - 32%) of total admissions in all the cities. Drivers accounted for a significant proportion (between 7 and 20%) of total admissions. Treatment admissions who were sales and clerical workers were of sizable proportions in Madras (18%), Dhaka (15%) and Islamabad (10%). Students accounted for a significant percentage (8.6%) of total admissions in Dhaka.

The percentage distribution of treatment admissions by level of educational attainment differed between the cities. Those who did not receive any formal education accounted for a large percentage of total admissions in the cities of Dhaka (21%) and Islamabad (24%). Colombo (83%) and Madras (64%) had the largest proportion of treatment admissions who had between six and twelve years of education. A fairly significant

proportion of total admissions who had more than 12 years of education were reported in Dhaka (11%) and Islamabad (7%).

Data on ethnicity of admissions were available for Colombo and Islamabad. In Colombo, consistent with the ethnic distribution of the city population, the Sinhalese formed the largest group of treatment admissions (84%). In Islamabad, the Punjabis (78%) accounted for the largest category of admissions. In Madras, data on religion, shown that the majority (61%) were Hindus, followed by Christians (29%).

5.3 Law Enforcement Data

5.3.1 Drug-Related Offences

The rate of drug-related arrests per 100,000 population was highest for Colombo 179.14% (3,044 cases) followed by Islamabad 130.01% (1,508 cases) and Dhaka 57.61% (3,789 cases) (**Exhibit 8**). The differences may be a reflection of the variation in policy and extent of police activity in each city.

Information on types of arrests available for Colombo and Islamabad indicated significant variations between these two cities. Rate of arrests for drug consumption accounted for the largest proportion (139.53%) of total population in Colombo, whilst in Islamabad only 21.47 per 100,000 population were arrests for drug consumption. A sizable rate of arrestees in both cities, committed offences of selling drugs. Islamabad and Colombo reported a substantial 40.95% and 36.1% rate for drug sales. In Islamabad other drug-related offences accounted for 35.26 per 100,000 population. Data on type of drug-related arrests was not available for Dhaka during the reporting period.

5.3.2 Drug Seizures

Available information from Dhaka and Islamabad showed that cannabis seizures was the most common (Dhaka - 99.85% and Islamabad - 96.83% of total seizures). Opium seizures was highest in Islamabad (2.36%) (**Exhibit 8**). A small number of heroin seizures was reported by Islamabad (0.81%) and Dhaka (0.13%). Seizures of other opiates such as codeine and pethidine were reported by Dhaka (15,645.3 litres and 5,428 ampoules, respectively). Alcohol seizures were high in Dhaka (79,111 litres) and Islamabad (11,776 bottles). A substantial amount of buprenorphine was seized in Dhaka (10,037 ampoules) in 1997. During the reporting period, data on drug-related arrests and drug seizures were not available for Madras.

Exhibit 1
A COMPARISON OF SELECTED CITY DEMOGRAPHIC INDICATORS

INDICATORS	BANGKOK	KUALA LUMPUR	MANILA	HANOI	VIENTIANE
	1990 5,882,411 %	1991 1,145,075 %	1995 1,654,761 %	1996 2,526,600 %	1995 531,800
Total Population of City/ Metropolitan					
Gender					
Male	48.1	51.0	49.9	49.8	50.4
Female	51.9	49.0	50.1	50.2	49.6
Age					
<15	21.5	36.8	31.3	29.6	37.2
15 - 19	11.3	13.2	11.3	9.6	11.7
20 - 34	36.2	37.5	31.5	25.0	26.3
>34	31.0	12.5	25.9	35.0	24.8
Household Size					
1	7.9	8.7	NA	NA	NA
6 - 12	68.0	61.4			
7 - 12	22.2	28.0			
11+	1.8	1.9			
No. of Years of Education					
0	6.7	24.7	NA	9.0	24.1
1 - 6	46.2	34.2		39.0	28.7
7 - 12	29.4	37.5		42.0	34.0
>12	17.6	3.6		8.8	13.6
Not stated				1.2	
Marital Status					
Single	45.8	50.6	46.6	NC	59.3
Separated	2.6	0.8	0.6		1.7
Married	47.4	44.8	48.7		35.2
Widowed	3.9	3.8	3.8		2.4
Others	0.3	0	0.3		1.4

Exhibit 2
TYPES OF DRUGS ABUSED, ROUTE OF DRUG ADMINISTRATION AND DRUG SOURCES BY CITY

CHARACTERISTICS	BANGKOK	KUALA LUMPUR	MANILA	HANOI	VIENTIANE
	Jan-Dec 1997 N = 28,261 (Total) %	Jan-Dec 1997 N = 1,034 (New) %	Jan-Dec 1997 N = 500 (New) % *	Jan 1997 - Apr 1998 N = 4,271 (Total) %	Jan-Dec 1997 N = 53 (Total) %
Primary Drug of Abuse					
Opiate-type			0		
Opium	4.60	0.39		44.24	3.23
Morphine	0.01	9.24		2.84	0
Heroin	76.39	56.93		51.26	3.23
Other Opiates	0	0		1.66	0
Cannabis-type	1.12	31.96	45.40		0
Cocaine-type	0.01	0	0		0
Amphetamines	15.36	0	79.00		6.45
Minor Tranquilizers	0	0	0		22.58
Solvents	2.14	0	2.40		64.52
Alcohol	0	0	44.20		0
Cough Syrups	0	0	28.80		0
Psychotropic Subs./Others	0.38	1.47	19.60		0
Poly Drug Users	8.16	0	96.60	0	NA
Route of Administration					
Inhalation	0.19	0		34.39	22.95
Injection	61.69	5.23		11.91	3.28
Oral	1.80	1.94		0.23	72.13
Smoking/Chasing	33.60	92.83		44.90	1.64
Sniffing	2.08	0		0	0
Others	0.64	0		8.58	0
Drug Sources					
Street Sales	NA	NA	72 - 81%	43.45	62.96
Legal Prescription			2 - 6%	0	
Diversion of Prescription			3 - 12%	0	37.04
Others (Black Market)			7 - 9%	56.55	

NA - Not Available
* Manila reported multiple drug use

Exhibit 3
DEMOGRAPHIC CHARACTERISTICS OF DRUG ABUSERS BY CITY

CHARACTERISTICS	BANGKOK	KUALA LUMPUR	MANILA	HANOI	VIENTIANE
	Jan-Dec 1997 N = 28,261 (Total) %	Jan-Dec 1997 N = 1,034 (New) %	Jan-Dec 1997 N = 500 (New) %	Jan 97 - Apr 98 N = 4,271 (Total) %	Jan-Dec 1997 N = 53 (Total) %
Patient Gender					
Male	97.50	98.55	88.15	98.11	80.95
Female	2.50	1.45	11.85	1.89	19.05
Patient Age					
<15	0.62	0.87	4.54	2.06 (<18)	2.27
15 - 19	15.10	15.81	16.20	48.78 (18 - 30)	34.09
20 - 34	59.53	66.73	65.87	49.16 (>30)	40.91
>34	24.75	16.59	13.39		22.73
Patient Occupation					
Professionals	0	0	6.77	1.09	0
Administrators	1.76	1.76	0	0.89	0
Sales & Clerical	12.72	22.60	1.61	8.51	42.86
Drivers	5.21	11.94	2.26	0	7.14
Cultivators	9.51	1.86	0	25.12	7.14
Unemployed	27.93	5.48	22.58	20.12	21.43
Self Employed	2.41	0	15.81	3.76	14.29
Students	11.10	1.08	9.35	1.36	0
Other	29.35	55.28	41.61	39.13	7.14
No. of Years of Education					
0	4.51	2.91	0	0.23	4.55
<6	63.95	17.64	55.27	9.73	22.73
6 - 12	19.89	77.62	26.88	82.68	72.73
>12	11.65	1.84	12.69	7.36	0
Not stated	-		5.16	-	-
Patient Marital Status		NA		NC	
Single	61.40		56.37		89.47
Separated	3.97		4.54		0
Married	31.14		29.81		10.53
Widowed	3.49		0.22		0
Other	0		9.07		0

NA - Not Available
NC - Not Collected

Exhibit 4
LAW ENFORCEMENT INDICATORS BY CITY
(Rate per 100,000 Population)

INDICATORS	BANGKOK	KUALA LUMPUR	MANILA	HANOI	VIENTIANE
	Jan-Dec 1997	Jan-Dec 1997	Jan-Dec 1997	Jan 1997 - Apr 1998	Jan-Dec 1997
No. of Persons Arrested for Drug-Related Offences	18,884	1,628	1,501	2,769	264
Rate Per 100,000 Population	321.02	142.17	90.71	109.59	49.64
Arrests for Use/Consumption	140.18	51.09	16.01	89.01	NA
Arrests for Possession	143.99	23.49	41.64	0	NA
Arrests for Sales	36.02	23.49	13.17	0	49.64
Arrests for Trafficking	0.53	33.10	13.84	20.58	NA
Arrests for Conspiracy	0	0	6.04	0	NA
Other Drug-Related Offences	0.31	11.0	0	0	NA
Drug Seizures (kg)	965.601	611.059	361.977	941.12	7317.30
	Total Seizures (kg)	Opiates & Cannabis (kg)	Cannabis & Amphe. (kg)	Opiates (kg)	Opiates & Cannabis (kg)
	%	%	%	%	%
Opiate-type			0	98.67	
Opium	0.23	-			2.78
Heroin	13.38	16.92		1.16	0.99
Morphine	0			0.17	
Cannabis-type	12.06	83.08	84.79		96.24
Cocaine-type	0		-		NA
Amphetamines	57.02		15.21		858483 (pills)
Solvents/Inhalants	4.10		580 (bottles)		NA
Other Drugs (Psychotropic Subs.)	13.22	7106 (pills)	7 (pcs)		NA

NA - Not Available

Exhibit 5
GENERAL POPULATION DEMOGRAPHIC INDICATORS

INDICATORS	COLOMBO	DHAKA	ISLAMABAD	MADRAS
	1981	1995	1981	1991
Total Population of City/ Metropolitan	1,699,241 %	6,577,308 %	1,159,916 %	3,841,396 %
Gender				
Male	52.6	55.9	54.0	51.7
Female	47.4	44.1	46.0	48.3
Age				NA
<15	35.9 (<18)	46.4	40.6	
15 - 19	64.1 (>18)	17.2 (15 - 24)	10.4	
20 - 34		13.2 (25 - 34)	23.3	
>34		23.2	25.7	
Ethnicity		NA		NA
	77.6 (Sinhala) 11.2 (Tamil) 8.3 (Moor) 0.3 (Malay)		70.0 (Punjabi) 30.0 (Others)	
No. of Years of Education				NA
0	18.0 (0)	43.2	41.2 (0)	
1 - 6	14.6 (1 - 5)	24.9 (1 - 5)	15.8 (1 - 5)	
7 - 12	63.8 (6-12)	27.6 (6 - 12)	26.0 (6 - 10)	
>12	3.6 (13+)	4.3 (13+)	17.0 (11+)	
Not stated				
Marital Status				NA
Single	59.5	55.4	29.4	
Separated	0.3	0.5	5.6	
Married	37.0	39.8	65.0	
Widowed	3.2	4.3		
Others				

Exhibit 6
TYPES OF DRUGS ABUSED AND ROUTE OF ADMINISTRATION BY CITY

CHARACTERISTIC	COLOMBO	DHAKA	ISLAMABAD	MADRAS
	Jan-Dec 1997	Jan-Dec 1997	Jan-Dec 1997	Jan 97 - Mar 98
	N = 1476 %	N = 1955 %	N = 503 %	N = 1757 %
Primary Drug of Abuse				
<i>Opiate-type</i>				
Opium	0.14	0.06	2.81	0
Morphine	-	0.06	2.40	0
Heroin	92.85	64.92	86.97	11.09
Other Opiates	-	26.76	3.81	0
Cannabis-type	3.61	5.40	2.40	7.6
Amphetamines	-	-	-	0
Sedatives	-	-	0.60	0
Minor Tranquilizers	-	1.82	0.20	0
Solvents/Inhalants	-	-	-	0
Alcohol	-	0.99	0.8	77.56
Buprenorphine	-	-	-	3.65
Psychotropic Subs./Others	3.40	-	-	0.1
Poly Drug Users	0	7.11	79.13	16.68
Route of Administration				
Inhalation	0	0	0	0
Injection	0.54	11.15	6.81	53.03
Oral	0.88	16.37	9.92	0
Smoking/Chasing	18.90	65.32	70.32	39.63
Sniffing/Snorting	0.75	0	13.04	0
Other	78.93	7.16	0	7.35
Drug Sources	NA			NA
Street Sales		100.00	81.39	
Over the Counter		-	2.18	
Legal Prescription		-	0.00	
Diversion of Prescription		-	2.57	
Others (Black Market)		-	12.87	

Exhibit 7
DEMOGRAPHIC CHARACTERISTICS OF DRUG ABUSERS BY CITY

CHARACTERISTICS	COLOMBO	DHAKA	ISLAMABAD	MADRAS
	Jan-Dec 1997 N = 1476 %	Jan-Dec 1997 N = 1955 %	Jan-Dec 1997 N = 503 %	Jan 97 - Mar 98 N = 1757 %
Patient Gender				
Male	99.73	99.95	100	96.53
Female	0.27	0.05	0	3.47
Patient Age				
<15	0	0	0.6	0
15 - 19	3.04	4.09	7.26	5.85
20 - 34	76.36	79.59	57.86	38.05
>34	20.59	16.32	34.27	56.09
Patient Occupation				
Professionals	0.49	0.20	2.08	2.04
Administrators	0.16	0	0.42	1.10
Sales & Clerical	1.88	14.58	10.21	17.85
Drivers	9.49	7.42	18.96	19.69
Cultivators	0.25	0.46	13.13	5.17
Unemployed	21.28	34.37	33.75	7.76
Self Employed	22.42	31.66	14.38	22.34
Students	0.08	8.64	1.25	1.33
Others	43.94	2.66	5.83	22.73
No. of Years of Education				
0	2.62	21.28	24.25	4.69
<6	8.97	18.87	43.94	28.23
6 - 12	82.97	48.80	25.25	63.76
>12	5.45	11.05	6.56	3.33
Not stated				
Patient Marital Status				
Single	57.71	46.14	44.53	41.40
Separated	0.78	1.94	1.99	0
Married	41.44	51.82	52.49	58.60
Widowed	0.07	0.10	0.99	0
Other	-	-	-	0
Patient Ethnicity		NA		
	84.33 (Sinhala) 4.50 (Tamil) 7.36 (Moor) 1.77 (Malay) 2.04 (Burgher)		78.24 (Punjabi) 12.96 (Pathan) 5.32 (Sindi) 3.47 (Others)	
Patient Religion		NA		
Hindu	2.51		-	60.65
Muslim	9.34		85.34	8.66
Christian	13.74		14.66	28.74
Buddhist	74.42		-	0
Others	-		-	1.94

NA - Not Available

Exhibit 8
LAW ENFORCEMENT INDICATORS BY CITY
(Rate per 100,000 Population)

INDICATORS	COLOMBO	DHAKA	ISLAMABAD	MADRAS
	Jan-Dec 1997	Jan-Dec 1997	Jan-Dec 1997	Jan-Mar 98
Number of Arrests	3,044	3,789	1,508	NA
Rate per 100,000 Population	179.14	57.61	130.01	
Arrests for Use/Consumption	139.53	*	21.47	NA
Arrests for Possession	0		0	NA
Arrests for Sales	36.19		40.95	NA
Arrests for Trafficking	3.41		32.0	NA
Arrests for Conspiracy	0		0	NA
Other Drug-Related Offences	0		35.26	NA
Drug Seizures (kg)	NA			NA
	%	Opiates & Cannabis %	Opiates & Cannabis %	%
Opiate-type				
Opium		0.02	2.36	
Heroin		0.13	0.81	
Cannabis		99.85	96.83	
Codeine (litres)		15,645.3		
Pethedine (ampoules)		5,428		
Alcohol		79,111 (litres)	11,776 (bottles)	
Phensedyl (litres)				
Buprenorphine (ampoules)		10,037		

NA - Not Available

* - Dhaka showed the total of all offences

PART 2 - Section One

EAST ASIAN COUNTRY REPORTS
(January - June 1998)

DRUG ABUSE SITUATION IN BANGKOK

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INTRODUCTION

Abuse of methamphetamines in Bangkok is showing an upward trend since 1997. Club drugs use, such as cocaine, ecstasy and ketamine are spreading significantly among well-educated youths. The problems of heroin, marijuana, opium and inhalants seem to level off over the first six months of 1998.

2. DATA SOURCES AND TIME PERIOD

- Statistics on narcotics cases 1992 - January - October, 1998.
- Statistics on drug treatment 1992 - January - May, 1998.
- Statistics on AIDS cases 1997 - 1998; from the Ministry of Public Health.
- Information data from key informants.

3. TRENDS OF DRUG ABUSE IN BANGKOK

3.1 Treatment Admissions

Across the country, the number of new drug addicts seeking treatment is smaller than that reported in 1997 (**Chart 1**). In comparison with previous year, the percentage of new addicts admitted for treatment in Bangkok decreased by about 17% (**Chart 1**).

When classified by types of drug, the proportion of heroin addicts among treatment admissions declined to almost 20%. This is also true in the case of new admissions, where the proportion of new heroin addicts was reduced to almost 50% from the previous year. On the other hand, the number of new methamphetamine addicts increased significantly (**Chart 2**). The same trend was also observed among treatment admissions in Bangkok (**Chart 2**).

3.2 Addicts' Socio-Demographic Characteristics

The average age of heroin addicts is 28 years old, while the average age of methamphetamine and inhalant addicts is 20 years old. A majority of opium addicts is in their forties while the average age of marijuana addicts is 27 years old. The average age

of drug addicts continues to decline, especially that of methamphetamine addicts. For example, 60% of the total methamphetamine addicts are between the age of 15 and 19 years old. This reflects the continuous increase of drug abuse among younger youths (Chart 3).

Twenty-five per cent of the heroin addicts were unemployed, while the other 20% worked as daily workers before treatment. Both students and unemployed make up the majority of methamphetamine addicts (Chart 4).

3.3 Drugs of First Use and Route of Administration

The use of heroin as first drug of abuse among the addicts seems to continuously decline from 70% in 1992 to 45% in 1997. On the contrary, methamphetamine use has increased from 40% in 1997 to 55% in 1998 (Chart 5).

Intravenous use of heroin remains the preferred route of administration among addicts. Seventy per cent of the addicts injected heroin. On the other hand, the increased proportion of addicts smoking methamphetamine from 5% in 1992 to 95% in 1997, indicates that the route of methamphetamine administration has shifted from ingesting to smoking (Chart 6). This shift seems to be the important factor that brought the addicts to early treatment.

4. LAW ENFORCEMENT DATA

The prevalence of drug-related cases in Bangkok has declined slightly since 1995. The period January to October 1998, recorded a decline of about 38% from the previous year's reported drug-related cases (Chart 7). The same trend has been observed throughout the country (Chart 8).

Comparatively, the percentage of methamphetamine cases has been increasing continuously for many years. In 1998, methamphetamine cases increased to about 10% from that reported in 1997 (Chart 9). However, the total amount of methamphetamine seized decreased to about 40% from the previous year (Chart 10). This may be a reflection of an increase in the arrests of middlemen and street level dealers, not that of methamphetamine kingpins. Eighty per cent of the drug dealers are under 30 years old, while almost 50% are below 20 years old.

For the first 6 months of 1998, 23 ecstasy cases with 89 offenders were reported. 3,497 ecstasy tablets were seized which were only 6.6% of the total seized in the previous year (Chart 11). Most of the offenders are Thai (Chart 11) and they were charged of the offence of consumption.

The price of ecstasy tablet has slightly decreased from 1,000-1,200 baht per tablet to 600-800 baht per tablet. The type of ecstasy varies with many logos that include bird, superman, windmill, butterfly, and mushroom.

Heroin-related cases declined to about 5% from the previous year, while the total amount of heroin seized remained the same. Most heroin offenders are above 30 years old (Chart 12).

Marijuana-related cases declined to about 10% from the previous year, while the total amount of marijuana seized decreased to almost 67% from last year. Fifty per cent of marijuana offenders are between the age of 21 and 30 years. Offenders below the age of twenty and above thirty made up 20% of the total marijuana offenders (Chart 12).

Inhalants-related cases made up 10% of the total drug-related cases in 1998. The total amount of inhalants seized decreased to 63% from the previous year.

5. AIDS SITUATION IN BANGKOK

9,515 AIDS cases were reported in Bangkok since 1984. This figure represents 10% of the total number of AIDS cases in the country. The current reporting period (first six months of 1998) observed a decline of 21% of AIDS cases since 1996. The number of HIV cases in Bangkok was estimated at 14% (120,000 persons) of the total HIV cases in the country (Chart 13).

The majority of AIDS patients were between the age of 30 and 34 years. The percentage of female AIDS patients increased from 19.4% in 1997 to 33.5% in the first 6 months of 1998.

Sexual behaviour is the main factor of HIV infection although its proportion tends to decrease. The second factor is drugs use, which appears to increase continuously (Chart 14).

Chart 1: Number of Drug Addicts in Treatment (1992-1998)

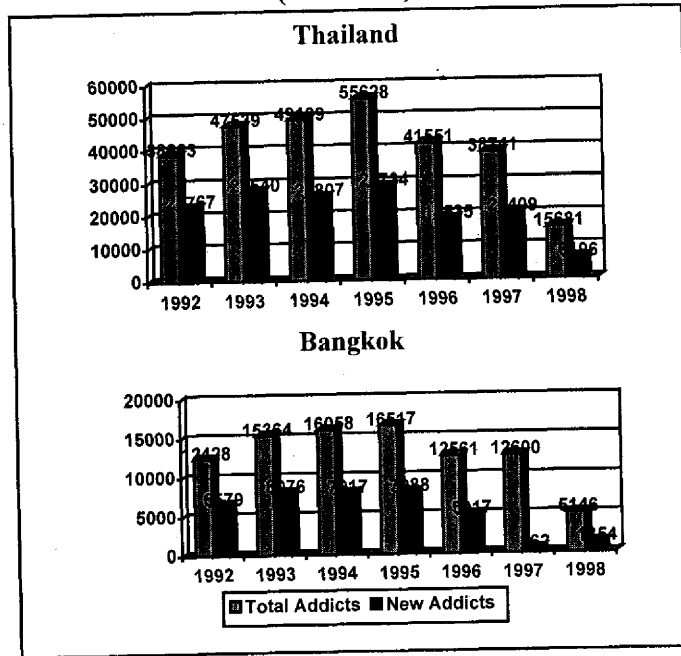


Chart 3: Average Age of Drug Addicts Living in Bangkok 1992 - May 1998

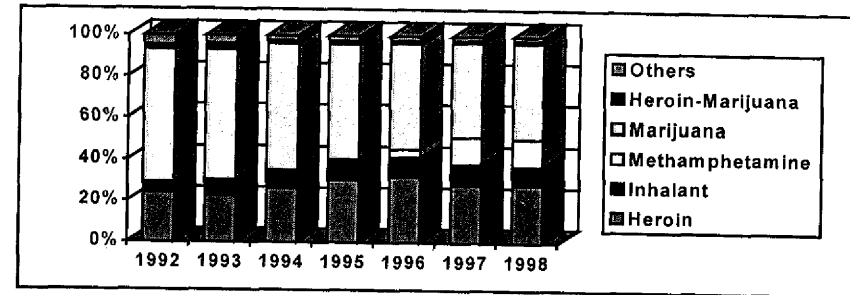


Chart 4: Addicts' Occupation in Bangkok, 1992 - May 1998

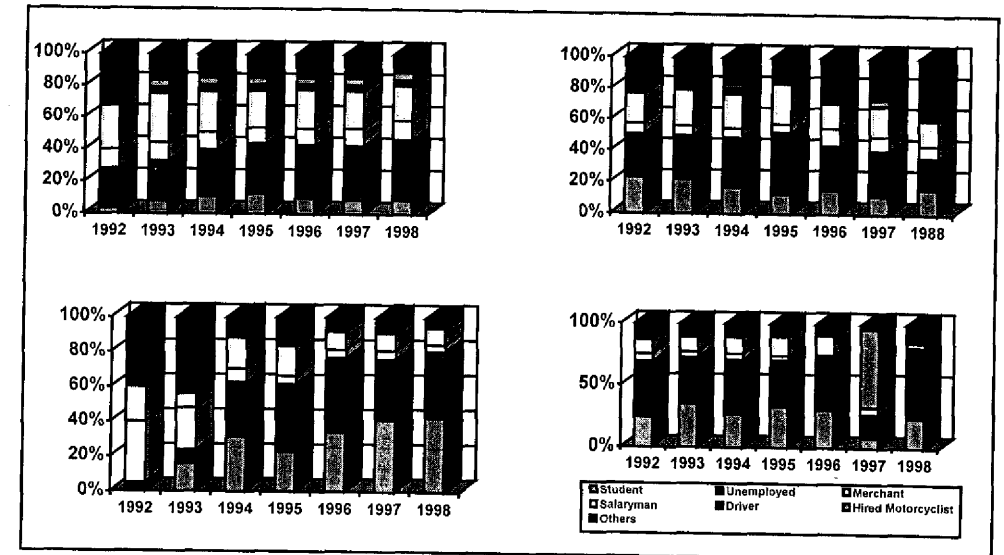


Chart 2: Treatment Admissions Classified by Type of Drug 1992 - May 1998

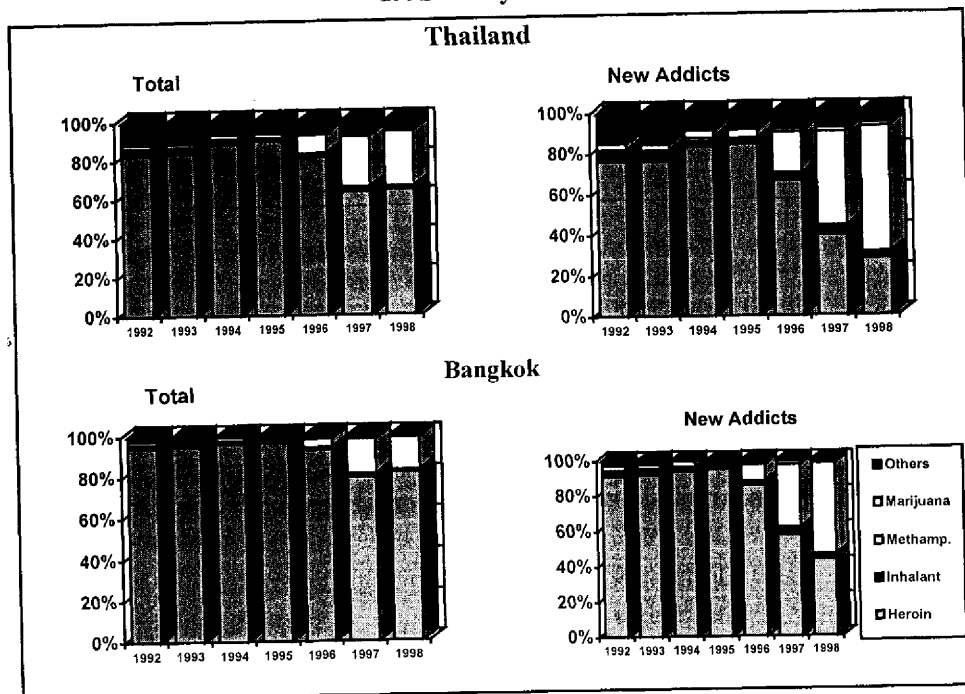


Chart 5: Type of Drug at First Use, Bangkok, 1992 - May 1998

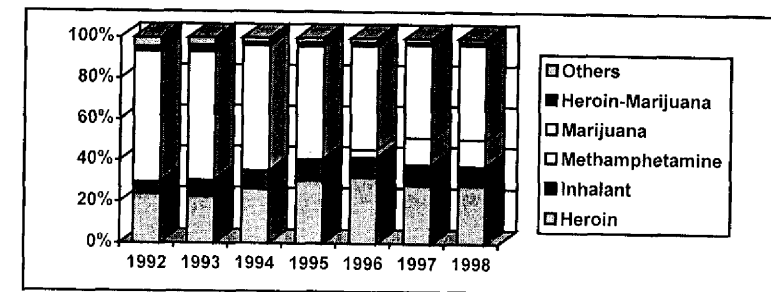


Chart 6: Route of Heroin and Methamphetamine Administration in Bangkok, 1992 – May 1998

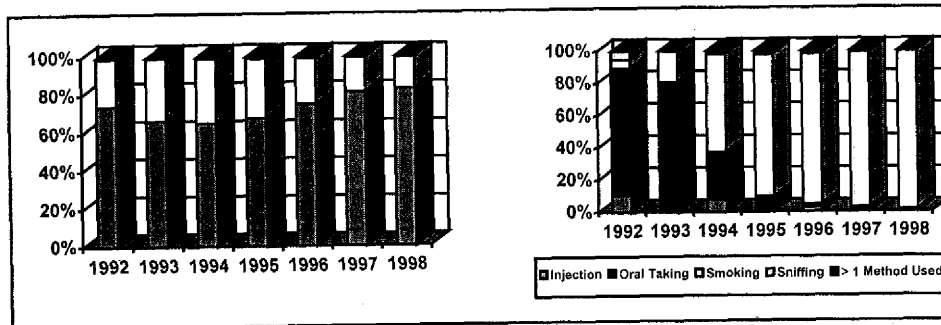


Chart 7: Drug-Related Cases in Bangkok, 1993 – October 1998

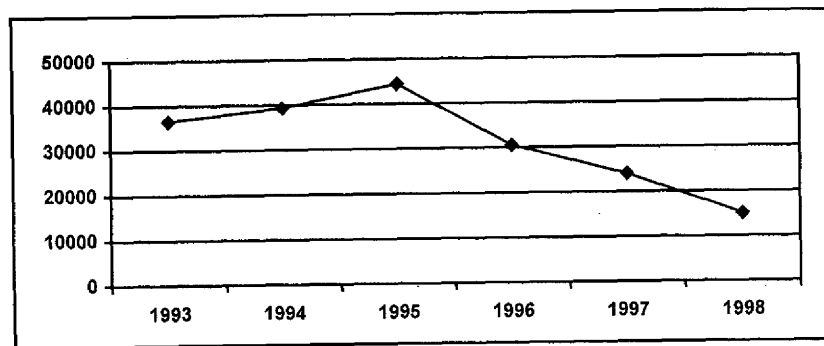


Chart 8: Drug-Related Cases in Thailand, 1993 – October 1998

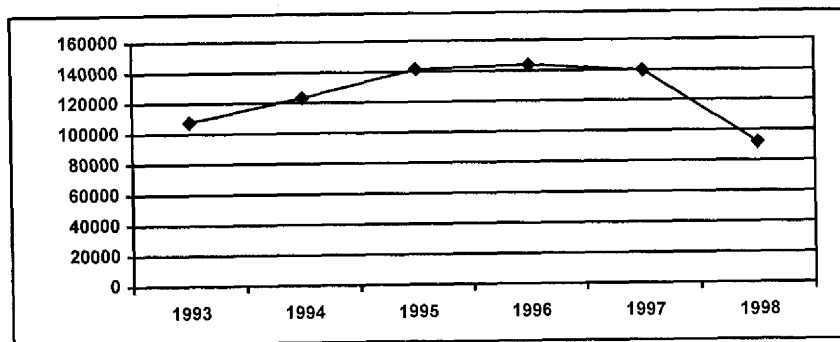


Chart 9: Drug-Related Cases Classified by Type of Drug in Bangkok, 1993 – October 1998

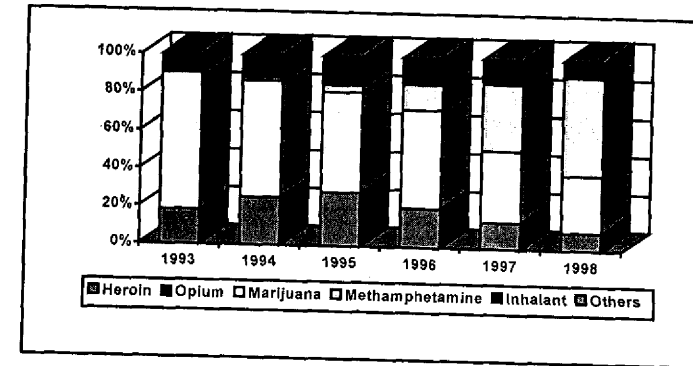


Chart 10: Drug Seizures in Bangkok Classified by Type of Drug 1993 – October 1998

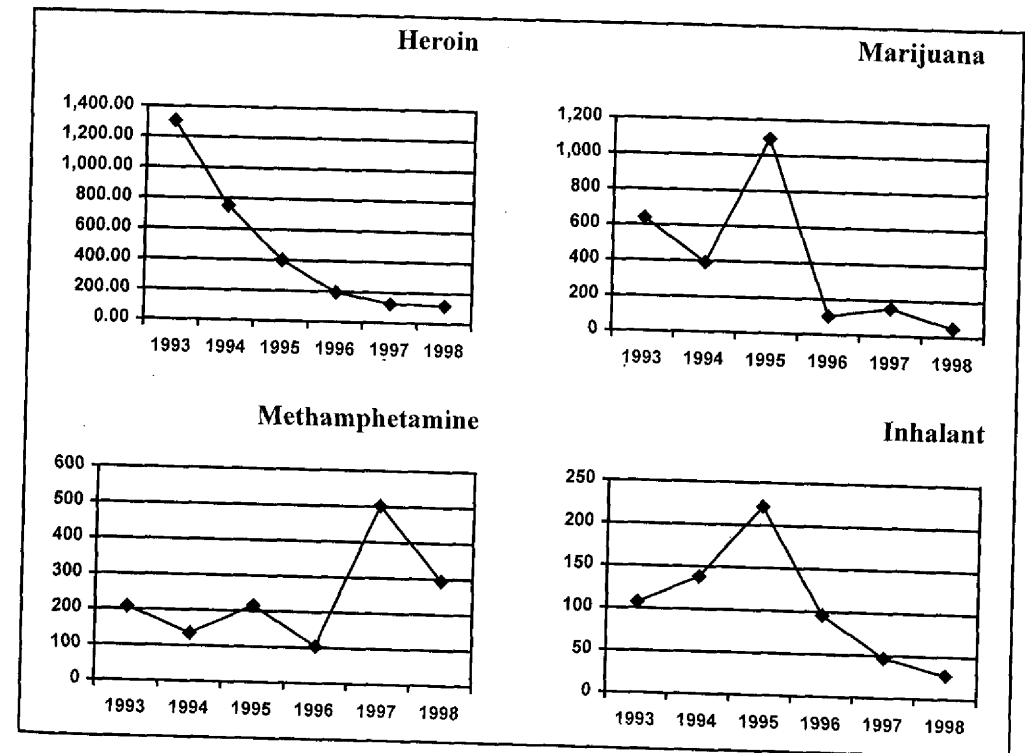


Chart 11: Ecstasy Seizures in Bangkok

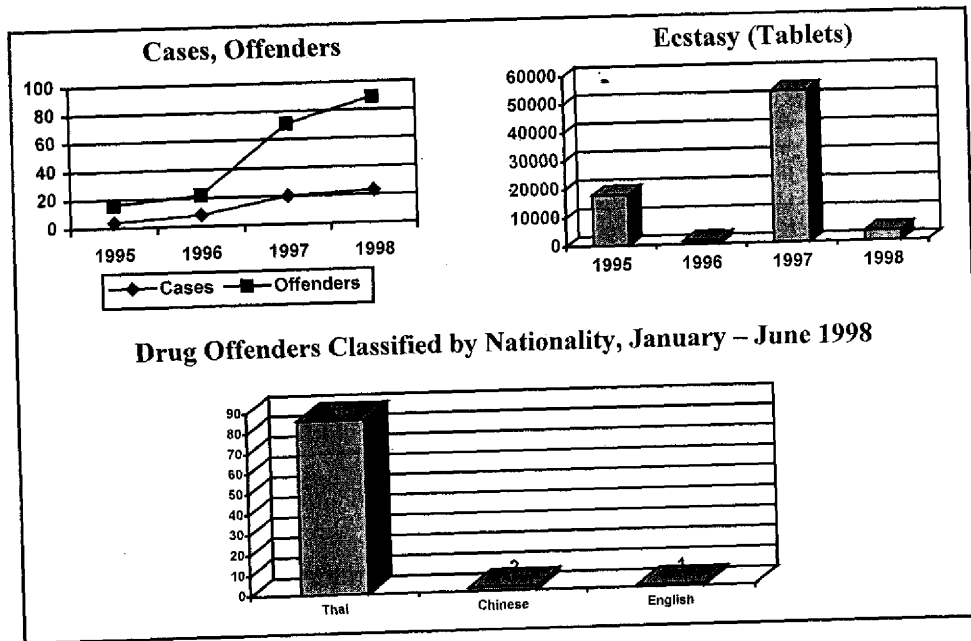


Chart 12: Age of Drug Offenders in Bangkok, 1993 - 1998

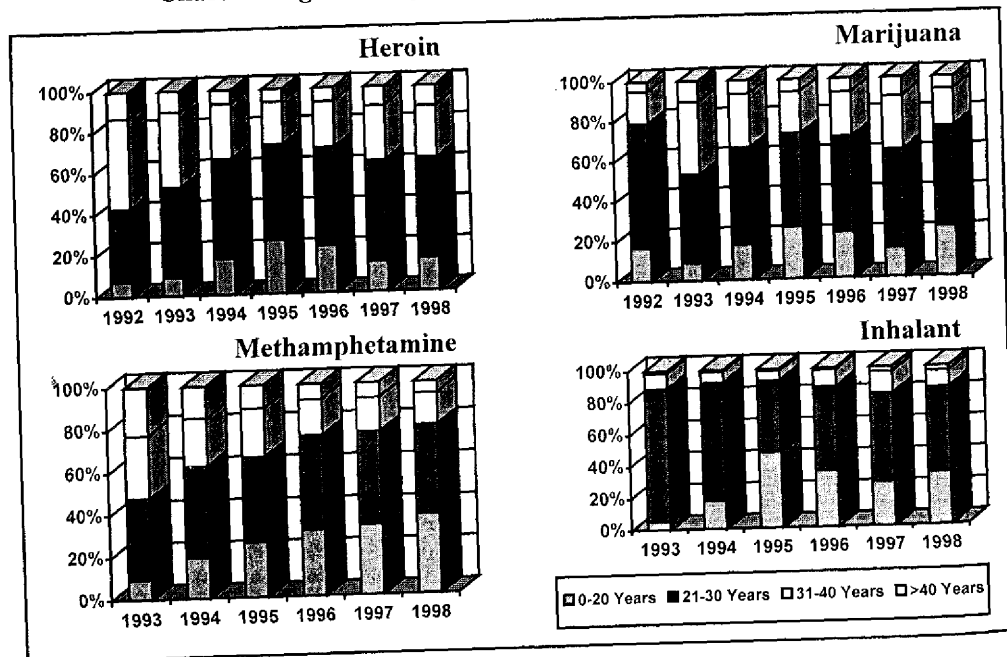


Chart 13: HIV/AIDS Situation in Bangkok, 1984 - August 1998

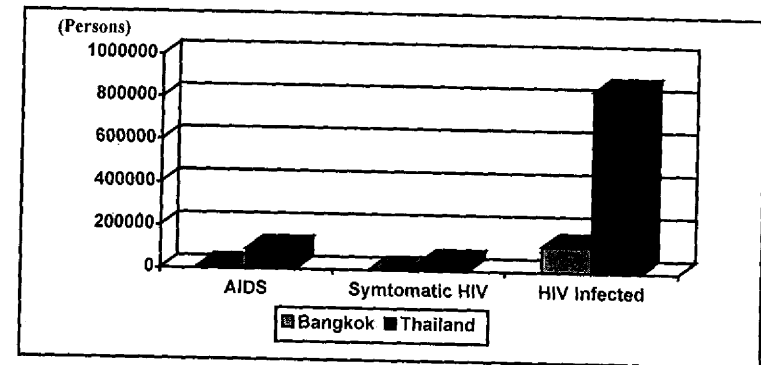
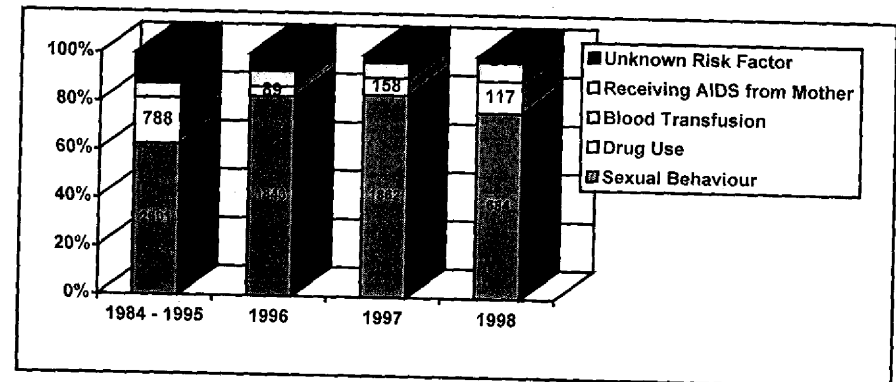


Chart 14: Proportion of AIDS Patients in Bangkok Classified by Risk Factors and First Year of Sickness, September 1984 - August 1998



EPIDEMIOLOGICAL SITUATION OF DRUG ABUSE IN CHINA

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INTRODUCTION

Historically, China suffered from the scourge of opium for almost 200 years. The cultivation of poppies, manufacturing, trafficking and trading of opiates had been strictly forbidden since the launching of drug prohibition campaign, by the Government of People's Republic of China in 1950. Similarly, drug offenders had been seriously penalized and addicts had been sent to special treatment units for detoxification and rehabilitation. During the anti-drug campaign, 369705 people who involved in growing opium, transporting or trafficking in illegal drugs were arrested, and 51627 (14%) of them were punished according to law. Twenty million opium addicts were successfully detoxified from their addictions to lead useful lives again. Through these effective steps, drug problem in the country was virtually wiped out by 1952. For the next 30 years, the world at large acknowledged China as a drug-free country. However, with the global epidemic of drug abuse, China witnessed re-emergence of drugs problem in late 1980.

International drug traffickers started stretching their tentacles into China in the 1980s. Taking advantage of China's reform and opening to the outside world, they found all sorts of ways to bring drugs into China from the "Golden Triangle" and the "Golden Crescent", and planned to cultivate new drug consumption markets in China. Throughout the 1980s, the majority of drug smuggling cases involved opium, with heroin accounting for a very small percentage. Drug smuggling and illegal consumption were limited to few border areas of south-west and north-west of China.

2. DRUG ABUSE TRENDS

2.1 Treatment Admissions

According to the national-scale surveys of drug abuse, the problem is significant in more than 1900 counties and cities in the country (2/3 of the country). The numbers of registered drug addicts increase each year. A seven fold increase from 70,000 in 1990 to 540,000 in 1997 of registered drug addicts was reported (Table 1).

In order to reduce the prevalence rate of drug dependent cases, comprehensive treatment

and rehabilitation programmes have been carried out in China. Treatment combines detoxification, psychological counseling and physical training. It aims to place the addicts back to their own communities. Those who relapse after detoxification will be sent to special labour camps for 1-3 years according to law, where they will continue to receive treatment. There are 690 drug dependent treatment and rehabilitation centres with a total of 77000 beds.

Table 1: Registered Drug Addicts (1990 - 1997)

Year	Number of Drug Addicts	*Prevalence of Drug Abuse (1/1000)
1990	70 000	0.058
1991	148 000	0.123
1992	250 000	0.208
1993	-	-
1994	380 000	0.317
1995	520 000	0.433
1996	-	-
1997	540 000	0.450

* Denominator data are based on the 1990 Population Census

2.2 Profile of Drug Addicts

Unlike drug abusers in the late 1980's, 83.6% of the new drug users are young people, between the age of 17 and 35. Most of them were unemployed, or self-employed with low educational level. A majority of the addicts were involved in criminal activities in order to support their habit of drug use. For example, statistics show that about 80% of drug addicts were either thieves or underground prostitutes.

2.3 Types of Drug Abused

Currently, heroin is the main drug of abuse in China. However, multiple drug use is increasing among heroin addicts in recent years. Our survey showed that, 65.8% of heroin addicts are polydrug users. These addicts often use heroin in combination with sedatives/hypnotics such as triazolam; or narcotics such as morphine, pethidine, dihydroetorphine; or non-controlled analgesics such as APC, tramadol.

Presently, tramadol is one of main misuse drugs among heroin addicts. Tramadol, a central acting analgesic, was originally marketed in Germany in the late 1970. Previous preclinical and clinical data indicated that drug dependence potential of tramadol is low. Tramadol was initially marketed in China in the early 1990 as a non-controlled analgesic. In recent years, with the advent of drug abuse, non-medical purpose misuse of tramadol has been increasing among heroin addicts. Easy availability to purchase tramadol is the reason for heroin addicts to substitute tramadol for heroin.

The reasons behind the change in trend of drug use, among the Chinese opiate addicts are complex and multifactorial. Firstly, opiate addicts use other drugs for "detoxification" from heroin dependence; or to substitute heroin; or to ameliorate opiate withdrawal symptoms. Secondly, they believe multiple drug use relieves "protracted abstinence" such as anxiety, insomnia and pain after acute opiate withdrawal. Finally, some opiate addicts seek psychological effects (euphoria) from misused drugs, produced by interaction or synergism of polydrug abuse.

According to the National Narcotics Control Committee's report, more foreign drugs, including amphetamine type stimulants (ATS) are smuggled into China through various channels. China is faced with the threat of ATS abuse. For instance, after the appearance of MDMA, the drug was found in 17 provinces last year. However, there are few epidemiological data on ATS use or its pattern of abuse.

Urine screen tests among high risk groups were conducted in several areas of Wuhan, Xian, Beijing, Henan and Haerbin, as part of drug abuse surveillance programme. Urine samples were screened for self-administered drugs by High Performance Liquid Chromatography (HPLC) method. Results of the tests are shown in **Table 2**.

3. LAW ENFORCEMENT DATA

Since the advent of 1990, drug-related crimes have been rampant in China. Drug-related offences such as fraud and robbery in epidemic areas have increased each year (**Table 3**). Similarly, drug seizures are also escalating. For example, according to the law enforcement agency's report, China had seized a total 14477kg opium, 26948kg heroin, 10313kg marijuana, 4612kg methamphetamine and 20,000 "head-shaking pill" (MDMA) over the period of seven years (**Table 4**).

Table 2: Results of Urine Screening of 127 Drug Addicts in Five Areas (March 1998 - June 1998)*

Self-Administered Drugs	Xian City (N=51) Case (5)	Henan Province (N=30) Case (%)	Haerbin City (N=30) Case (%)	Beijing (N=30) Case (%)	Wuhan City (N=4) Case (%)	Total Case (%)
OPIATE						
Morphine	34 (66.7)	30 (100.0)	1 (8.3)	30 (100.0)	2 (50.0)	97 (76.4)
Codeine	5 (9.8)	27 (90.0)	0	26 (86.7)	0	58 (45.7)
Mono Acetylmorphine	2 (3.9)	22(73.3)	0	21 (70.0)	0	34 (26.8)
Pethidine	0	1 (3.3)	5 (41.7)	0	0	6 (4.7)
Methadone	0	2 (6.7)	0	1 (3.3)	0	3 (2.4)
NON-NARCOTICS						
ANALGESIC						
Tramadol	7 (13.7)	0	0	2 (6.7)	1 (25.0)	10 (7.9)
PSYCHOMOTOR						
STIMULANTS						
Methamphetamine	0	0	0	0	1 (25.0)	1 (0.8)
Ephedrine	1 (2.0)	0	0	0	0	1 (0.8)
Ritalin	0	0	0	1 (3.3)	2 (50.0)	3 (2.4)
Caffeine	0	4 (13.3)	0	0	0	4 (3.1)
MISCELLANEOUS						
Clozapine	1 (2.0)	1 (3.3)	1 (8.3)	3 (10.0)	0	6 (4.7)
Doxepin	0	0	0	1 (3.3)	0	1 (0.8)
Benzhydramine (diphenhydramine)	2 (3.9)	2 (6.7)	0	0	0	4 (3.1)
Propoxyphene				1 (3.3)		1 (0.8)
Lidocaine				1 (3.3)		1 (0.8)

* Screening Method by REMEDI-HS, produced by BIO-RAD Co.

Table 3: Drug-Related Cases and Offenders (1991 - 1997)

Year	Drug-Related Cases	Drug-Related Offenders
1991	8395	18,479
1992	14,701	28,292
1993	26,191	40,834
1994	38,033	50,964
1995	56,924	73,734
1996	88,579	112,641
1997	180,125	176,216

Table 4: Amount of Drugs Seized (1991 - 1997)

Year	Opium (kg)	Heroin (kg)	Marijuana (kg)	Methamphetamine (kg)	MDMA (kg)
1991	1980	1919	328	308	
1992	2680	4489	901	655	
1993	3354	4459	-	246	
1994	1738	3881	1534	460	
1995	1100	2376	266	-	
1996	1745	4347	4876	1599	
1997	1880	4477	2408	1334	20,000
Total	14,477	26,948	10,313	4612	

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DRUG ABUSE SITUATION IN HANOI

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INTRODUCTION

According to the 1996 census, Hanoi has about 2,526,000 million people with 50.2% male and 49.8% female. The age distribution in Hanoi is estimated as 29.60% below 15 years old, 9.60% between the age of 15 and 19, 25.0% between the age of 20 and 34, and 35.0% above 35 years old. Kinh is the dominant ethnic group in the population and 1% of the population is made up of other ethnic groups. The annual per capita income is USD650 (Table1).

Table 1: General Population of Hanoi

Indicators		Number	%
Total Population		2 526 600	
Sex:	Male	1 258 247	49.80
	Female	1 268 353	50.20
Age:	Under 15 years	750 400	29.60
	15 - 19 years	250 127	9.60
	20 - 34 years	631 650	25.00
	35 years	891 890	35.00
Ethnic Group:	Kinh	2 501 334	99.00
	Others	25 226	1.00
Education:	Zero	227 394	9.00
	1 - 6 years	985 347	39.00
	7 - 12 years	1 061 172	42.00
	> 13 years	222 340	8.80
	Not stated	30 319	1.20
Annual per capita income:		USD650	

2. DATA SOURCES AND TIME PERIOD

At present, there are 11 drug treatment facilities in the city, with 2 specialised drug treatment centres, and the other 9 facilities are at the primary health care centres.

This report presents data collected from the 2 specialised drug treatment centres and 5 treatment facilities at the primary health care centres, for the period April - June 1998.

3. TREATMENT INDICATORS

The total number of treatment admissions of the 7 treatment facilities over the period April -- June 1998 is 674. Most of the admissions (89%) were reported at the primary health care centres. Forty-seven per cent of the total admissions were institutional admissions while the other 52.7% were non-institutional admissions (Table 2). New admissions accounted for 11.42% of the total admissions, while readmissions made up 88.58% of the total admissions.

**Table 2: Treatment Admissions
(April - June 1998)**

Treatment Facilities	Type of Admission				Total
	Institutional Admission		Non-Institutional Admission		
	New Admission	Re-admission	New Admission	Re-admission	
Specialised Treatment Centres	11	61	0	0	72 (10.68%)
Primary Health Care Centres	34	213	32	323	602 (89.3%)
TOTAL	319 (47.3%)		355 (52.7%)		674

3.1 Patients' Socio-Demographic Characteristics

Socio-demographic characteristics of patients remain the same from the previous reporting period. Most of the patients are male, only 2% of the total admissions are female addicts.

A majority of the treatment admissions are between the age of 18 and above 30 years. Sixty-five per cent of the patients had between 6 to 12 years of education (Table 3).

The percentage of sales and clerical workers among treatment admissions had increased from 9% in the previous reporting period to 13% in the current reporting period. Students involvement in substance abuse activities was minimal. A two fold decrease was noted in the percentage of the unemployed among the patients (Table 3).

Table 3: Socio-Demographic Characteristics of Patients

Characteristics	April - June 1998 (N=674)	Sept. 1997 - March 1998 (N=3812)
Sex:		
Male	97.8%	98.1%
Female	2.2%	1.9%
Age:		
Under 15 years	2.2%	2.1%
18 -- 30 years	47.9%	48.2%
> 30 years	49.9%	49.7%
Occupation:		
Professionals	0.9%	1.2%
Administrators	1.6%	0.9%
Sales & Clerical workers	13.8%	9.0%
Cultivators	27.6%	26.6%
Small Business	4.5%	4.0%
Students	3.1%	1.4%
Unemployed	10.4%	20.4%
Others	38.1%	36.5%
Education:		
zero	0.6%	0.2%
< 6 years	27.6%	9.9%
6 -- 12 years	65.3%	84.0%
> 12 years	6.5%	5.9%

3.2 Trends of Drug Abuse

Eleven per cent of the total admissions had indicated use of opiates and other types of drug as primary drug of abuse. This percentage was very much lower than the percentage reported in the previous reporting period (Table 4).

Table 4: Trends of Drug Abuse

Indicators	April - June 1998	September 1997 - March 1998
Primary Drug of Abuse:	N = 77 (11.4%)	N = 1753 (46%)
Opium	26%	44.3%
Morphine	3.9%	3.0%
Heroin	58.4%	50.9%
Other	11.7%	1.8%
Route of Administration:	N = 674	N = 3812
Inhalation	61.1%	33.9%
Injection	10.7%	10.8%
Oral	0.2%	0.2%
Smoking	21.2%	46.3%
Other	6.8%	8.8%
Drug Sources:	N = 674	N = 3812
Street Sale	41.4%	43.3%
Black Market	57.3%	55.5%
Legal Prescription	-	-
Other	1.3%	1.0%

A majority of the 11% use heroin as their primary drug of abuse. The next primary drug of abuse is opium (26%), followed by other drug types (11.7%), and morphine (4%) (Table 4).

Among the 674 patients, 61% take drugs through inhalation compared to only 34% in the previous reporting period. The percentage of patients smoking drugs decreased from 46% in the previous reporting period to 21% in the current reporting period. The proportion of intravenous drug users among the patients remained the same (10%). Black market and street sales are the main drug sources in Hanoi (Table 4).

4. LAW ENFORCEMENT DATA

A total of 532 arrests were made over the current reporting period. The percentages of arrests for use/consumption and trafficking remained the same as reported in the previous reporting period (Table 5). Opium is the most drug seized followed by heroin and morphine (Table 6).

Table 5: Drug-Related Arrests

Type of Arrests	April - June 1998 (N = 532)	Sept. 1997 - March 1998 (N = 1004)
Arrests for use / consumption	81.2%	81.2%
Arrests for trafficking	18.8%	18.8%

Table 6: Drug Seizures

Type of Drug	April - June 1998		Sept. 1997 - March 1998	
	No. of Seizures	Quantity (kg)	No. of Seizures	Quantity (kg)
Opium	39	240	103	841
Heroin	15	8.28	17	3.76
Morphine	2	0.42	8	1.56
Other	-	-	-	-

5. HIV AND AIDS

The number of HIV/AIDS cases increased from 81 cases in the previous reporting period to 103 cases over the period April - June 1998. Out of the 103 cases, 69% are drug-related HIV/AIDS.

PATTERNS AND TRENDS OF DRUG ABUSE IN KUALA LUMPUR

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INTRODUCTION

Drug problem¹ in Malaysia is closely linked to the early economic development of this country. In the early 19th century, the drug problem involved a majority of the migrants work in tin mines and rubber estates. The pattern of drug use changed towards the end of 1960s when youth of all races increasingly formed most of the drug users. A majority of them used heroin and morphine. In the first half of 1998, the extent of drug problem had not improved compared to previous years. The number of drug addicts and offenders continued to rise. A parallel increase of drug seizures was also noted. In Kuala Lumpur, a mixed situation emerged. As compared to the first half of 1997 the number of drug addicts detected are stable and there was a significant number of arrests and seizures of drugs.

2. AREA DESCRIPTION

Malaysia consists of fourteen states with an estimated land area of 329,757 square kilometres. The main ethnic groups, Malay, Chinese and Indian, make up the major portion of the population of 18,180,853 (from the 1991 population census).

The capital city of Kuala Lumpur has an area of 243 square kilometres with an estimated population of 1,257,662 (in 1991) or approximately 6.9% of the country's total population. The age group distributions are as follows: 36.8% below 15 years, 13.2% in the 15-19 years age bracket, 37.5% in the 20-34 years age bracket and 12.5% above 34 years old. There are 106 male for every 100 female in the population. The main ethnic groups are Chinese (47.5%), Malay (39.1%) and Indian (11.8%).

3. SOURCES OF DATA

The National Drug Information (NADI) System maintains by the National Narcotics Agency, Ministry of Home Affairs provides data for this report. The system collates all data submitted by the state National Narcotics Agency, anti drug and health care agencies throughout the country. These include hospitals, police department and prisons.

¹ The drug problem encompasses both demands (i.e. addiction) and supply (i.e. sales and trafficking) for drugs.

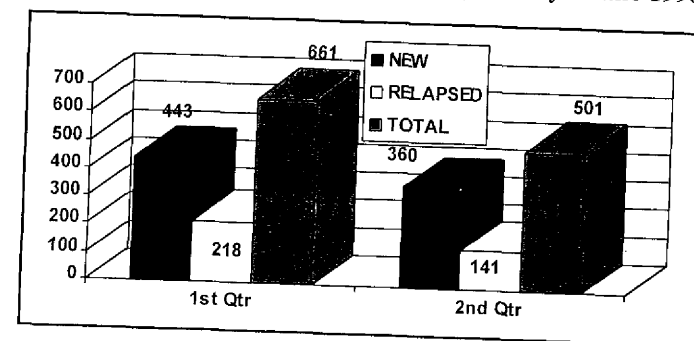
This report consists of two sections:

- Section I: Drug abuse situation in Kuala Lumpur between January and June 1998.
- Section II: Treatment of drug abusers in Kuala Lumpur between January to June 1998.

4. SECTION I : DRUG ABUSE SITUATION IN KUALA LUMPUR (JANUARY-JUNE 1998)

There was a slight difference in the number of cases detected for the two periods of January to March 1998 and April to June 1998 (Figure 1). The total number of cases decreased by about 24.2% over the period April - June. The number of new cases detected decreased by 18.7% and relapse cases by 35.3% in April to June 1998 period as compared to January to March period. This could possibly due to technical problems faced by the National Drug Information System. In 1997, NADI received new software and set a new computer system throughout the country. Among the problem faced by the system are conversions from the old software to new software, staffing and networking.

Figure 1: Types of Cases Detected (January - June 1998)



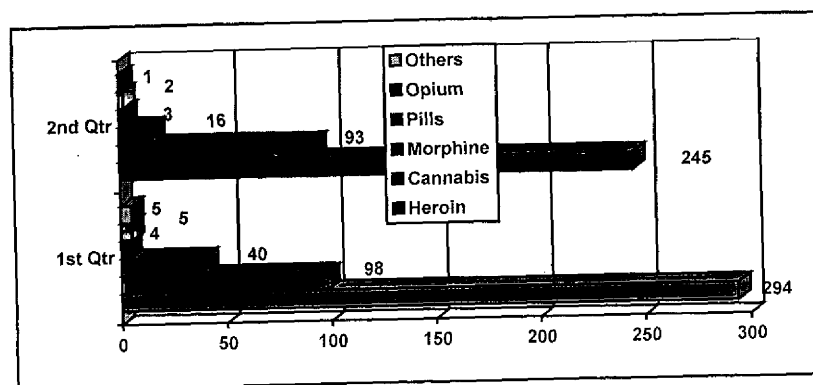
4.1 Number of Addicts Identified

The total number of cases decreased by about 24.2% over the second quarter (April -- June 1998). However, the proportions of new and relapse cases remain the same in the first (January -- March 1998) and second quarter of the year. For the first time since 1988, numbers of new cases were higher than relapse cases. This is attributed to various detection and prevention activities that were carried out during the first half of this year. Apart from this, detection of new addicts to be sent to treatment centres has priority over detection of hard-core addicts. The other possible reason is the frequent and effective police operations to clean the city of the drug scourge before the Commonwealth games. As in the past, most of the cases detected in Kuala Lumpur are male.

4.2 Types of Drug Used

The numbers of morphine users are higher in the first quarter than the second quarter (Figure 2). In contrast, numbers of heroin, cannabis, opium, psychotropic pills and other opiate users, such as cough syrup, showed parallel trends between the two quarters. The proportion of new cases using psychotropic pills although small, decreased from 0.9% in the first quarter to 0.8% in the second quarter. Cannabis and heroin remain the popular drug of abused although the numbers of addicts taking them are decreasing. Heroin recorded higher (68.1%) in the second quarter as compared to 65.9% in the first quarter. Cannabis recorded 25.8% against 22% in the first quarter. Opium users recorded a 1.1% in the first quarter against 0.6% in the second quarter of 1998.

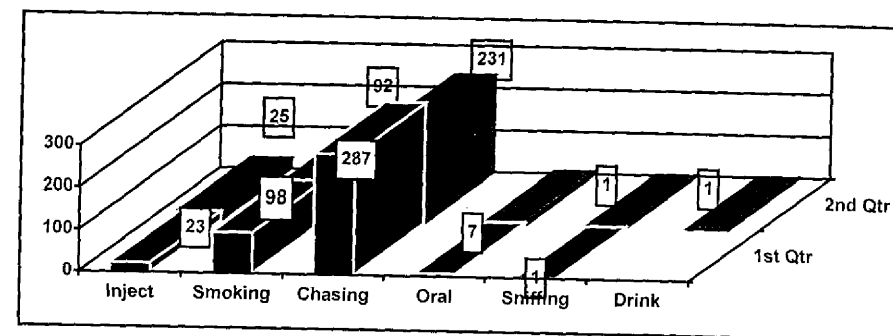
Figure 2: Types of Drug Abused (January - June 1998)



4.3 Route of Administration

The main routes of administration are smoking (cannabis) and 'chasing the dragon' (heroin) (Figure 3). Chasing recorded higher in the first quarter (69%) than the second quarter (64.9%). Statistics showed that 25.8% of addicts smoked drugs in the second quarter against 23.6% in the first quarter. A very small percentage (average of 0.2%) of new cases detected over the period of January -- June 1998 said they sniff drugs. Intravenous drug use increased from 5.5% in the first quarter to 7% in the second quarter. About 1.7% of addicts take drugs orally in both reporting periods.

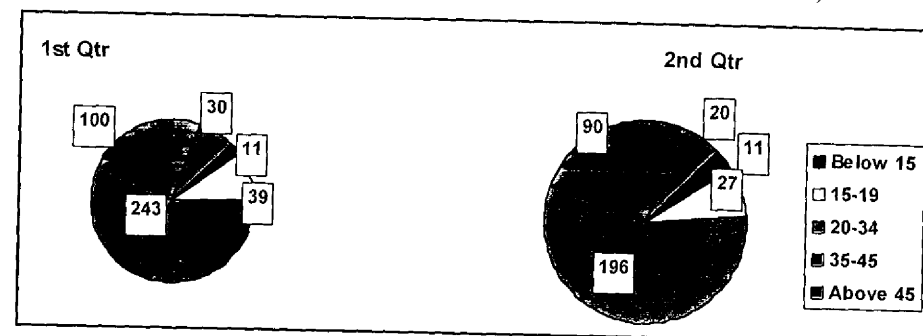
Figure 3: Route of Drug Administration of New Addicts (January - June 1998)



4.4 Age When Detected

As shown in Figure 4, most of the new addicts are between the age of 20 and 34 years (average of 57% across the two reporting periods). The second largest age group detected was the 35 to 45 years (26.2% in April -- June against 23.6% in January -- March). The proportion of addicts between the age of 15 and 19 years decreased from 9.2% in the first quarter to 7.8% in the second quarter. Similarly, the proportion of addicts in the age bracket of above 45 years is higher in the first quarter (7.15%) than in the second quarter (5.8%). About 2.6% recorded in the first quarter are under 15 years old against 3.2% in the second quarter.

Figure 4: Age Profile of New Addicts (January - June 1998)



4.5 Occupation

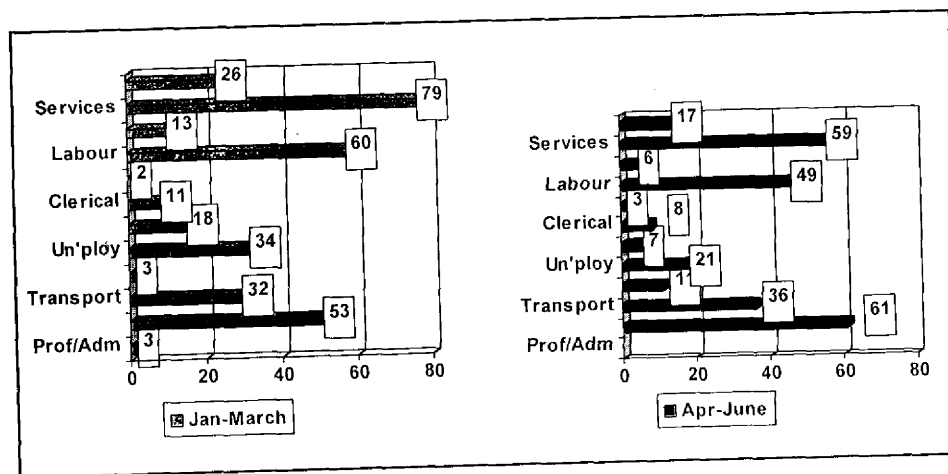
As reported, sales workers, labourers and workers in the service industry formed the majority of cases detected (Figure 5). However, in the second quarter of 1998, none of the detected cases are students or from the professional and administrative groups. Due to the economic uncertainty a significant number of unemployed addicts were detected in both

reporting periods. The proportions of addicts across various work categories are tabulated in **Table 1**.

Table 1: Addicts' Occupation

Occupation	First Quarter (%)	Second Quarter (%)
Labourers	18	18.3
Sales workers	15.92	22.8
Service Industry	23.7	22.0
Transport workers	9.6	13.4
Technical workers	7.8	6.3
Construction workers	5.4	2.6
Clerical workers	3.3	3.0
Production workers	3.9	2.2
Entertainment workers	0.6	1.1
Agricultural based workers	0.9	0.4

Figure 5: Occupational Profile of New Cases (January - June 1998)



4.6 Ethnic Groups

The ethnic group Malay comprises of 70.6% of addicts detected in the second quarter (63.9% in the first quarter), followed by Indians (18.3% in the first quarter) and Chinese at (17.2% in the first quarter) 14.4% each. A small number of addicts detected among other ethnic groups.

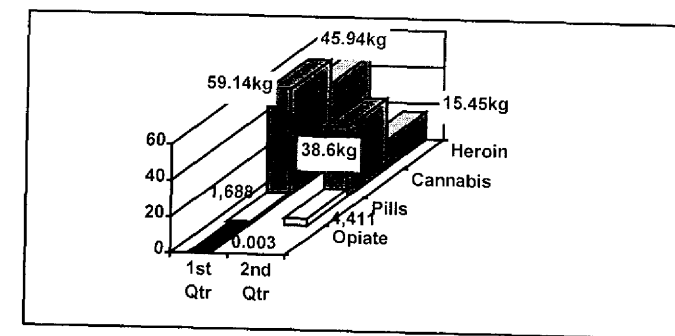
4.7 Level of Education

In the second quarter 77% of addicts had between 7 and 12 years of education compared to 74.5% in the first quarter. It was also noted that only 2.5% of addicts detected in the first quarter are uneducated against 2.2% in the second quarter. About 20% of them detected in the first quarter had 1 to 6 years of education compared to 20.5% in the second quarter. Only 1 addict had more than 13 years of education in the second quarter against 13 addicts in the first quarter.

4.8 Drug Seizures in Kuala Lumpur

Heroin and cannabis are the main drug seized in Kuala Lumpur. More drug seizures made in the first quarter than the second quarter (**Figure 6**). In the second quarter, 205 ecstasy pills were seized against none in the previous quarter. For the first time shabu were seized in the second quarter. The amount of cannabis seized in the first quarter is higher (59.14 kilograms) than the amount seized in the next quarter (38.6 kilograms). Heroin reported a sizeable amount seized in the first quarter (45.94 kilograms) against 15.45 kilograms in the second quarter. Seizures of psychotropic pills were higher in the second quarter. There were 1,688 pills seized in the first quarter while 4,411 pills were seized in the second quarter that includes ecstasy. Only 3 grams of opium seized in Kuala Lumpur in the first quarter.

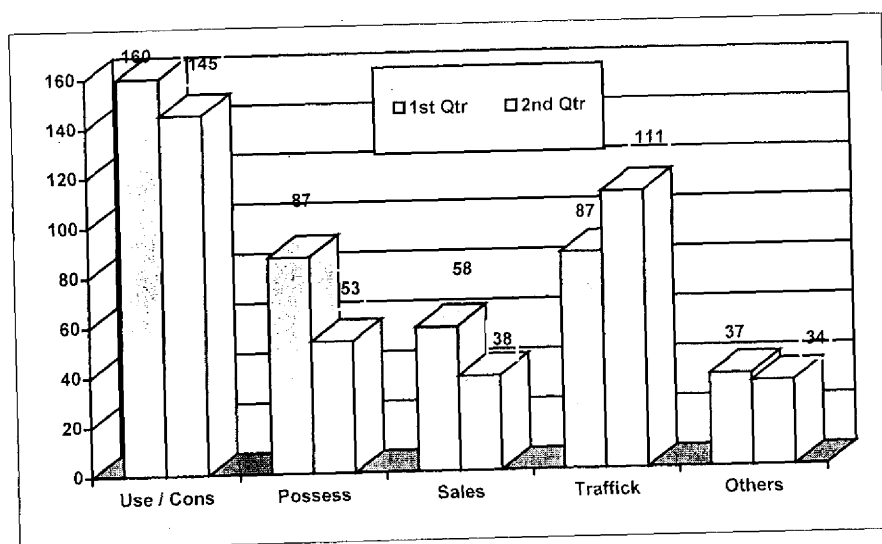
Figure 6: Drug Seizures in Kuala Lumpur (January - June 1998)



4.9 Arrests of Drug Offenders

The numbers of drug-related arrests in the first quarter are higher than in the second quarter of 1998 (Figure 7). More were arrested for use and consumption offences during the first quarter of 1998 compared to the subsequent quarter due to extensive raids by the narcotics department. About 111 traffickers were arrested in the second quarter compared to 87 in the first quarter. They were arrested under the notorious section 39B Dangerous Drug Act, and if convicted can be sentenced to death. In the first quarter, 37 people were arrested under the Dangerous Drug Act (special preventive measures) 1985. They were believed to be the mastermind and leader of a group, which involved in trafficking. In the second quarter 34 people were detained under the same Act.

Figure 7: Arrests of Drug Offenders (January - June 1998)



5. SECTION II: Treatment of Drug Abusers in Kuala Lumpur

In Malaysia, if an individual was reported to be a drug addict, the court would issue a rehabilitation order for the individual to undergo treatment in one of the government treatment centres. Currently there are twenty-eight treatment centres (also known as pusat serenti -- one stop centre) which can accommodate 500 inmates per centre. Kuala Lumpur has one treatment centre and not all addicts detected in Kuala Lumpur will be placed in this centre. It is the court's discretion to send an addict to any one of the treatment centres. Presently, there are two treatment centres for female (one for teenagers) and one centre for male under 19 years old. All data reported here are from the Sungai Besi treatment centre, Kuala Lumpur. Most of the cases are reported voluntarily.

5.1 Drug Treatment Indicators

About 25 addicts received treatment in the first quarter against 26 addicts in the second quarter. As reported earlier, the numbers of relapse cases are very small. Only 5 relapse cases went for second treatment in the first quarter compared to 2 addicts in the second quarter (Table 1).

Table 1: Types of Cases Detected (January - June 1998)

	1 st Quarter		2 nd Quarter	
	Number	%	Number	%
New	20	80.0	24	92.3
Repeat	5	20.0	2	7.7
Total	25	100.0	26	100.0

5.2 Types of Drug Used

A majority of the drug addicts in treatment are heroin users, 86.7% in the second quarter compared to 76.7% in the first quarter (Table 2). The proportions of cannabis and opium users among the addicts remain the same in both quarters (3.3%). About 5 polydrug users were detected in the first quarter, while 2 were detected in the second quarter. It was reported in the second quarter that, heroin addicts were also using cannabis, opium and psychotropic pills.

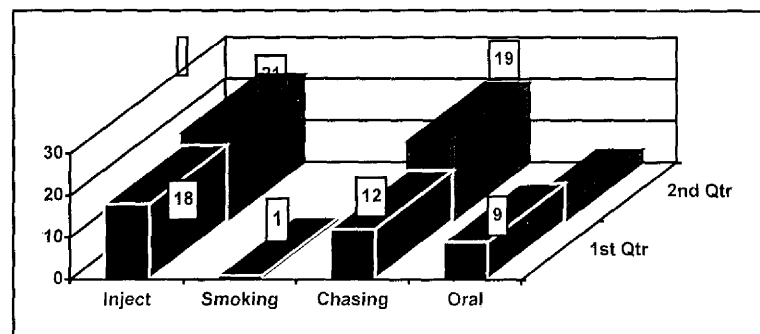
Table 2: Types of Drug Abuse (January - June 1998)

	1 st Quarter		2 nd Quarter	
	Number	%	Number	%
Opium	1	3.3	1	3.3
Heroin	23	76.7	26	86.7
Cannabis	1	3.3	1	3.3
Ploydrug	5	16.7	2	7.7

5.3 Route of Administration

The main routes of drug administration among the addicts in treatment are injection and 'chasing the dragon' (Figure 8). The proportion of intravenous drug users among the treatment admissions in the second quarter is higher (48.8%) than those in the first quarter (45.0%). Statistics showed that 44.2% of the treatment admissions chased drugs in the second quarter against 30.0% in the first quarter. A very small percentage (2.52%) of inmates detected in the first quarter said they smoked drugs. More addicts take drugs orally in the first quarter (22.5%) compared to those detected in the second quarter (7%).

Figure 8: Route of Drug Administration (January - June 1998)



5.4 Age When Detected

As shown in Table 3, most of the inmates in treatment are between the age of 20 and 34 years (average of 68% across the two periods). The second largest age group detected is the 35 to 45 years (23.1% in the second quarter against 28.0% in the first quarter). The proportions of inmates over the age of 45 years increased to 7.7% in the second quarter from 4.0% in the first quarter. Those below 19 years old were not reported because they were sent to a special treatment centre for teenagers outside Kuala Lumpur.

Table 3: Age Profile (January - June 1998)

AGE	1 st Quarter		2 nd Quarter	
	Number	%	Number	%
20-34	17	68.0	18	69.2
35-45	7	28.0	6	23.1
45 +	1	4.0	2	7.7
Total	25	100.0	26	100.0

5.5 Occupation

Self-employed formed the majority of cases detected (Table 4). However, in both periods, none of inmates are sales, technical and services workers, students or from the professional and administrative groups. Due to the economic turmoil, a significant number of unemployed addicts were detected in both periods. Agrobased workers were detected only in the first quarter, while entertainment, labourers, and production workers were detected only in the second quarters.

Table 4: Occupational Profile of New Cases in Treatment (January - June 1998)

OCCUPATIONAL	1 st Quarter		2 nd Quarter	
	Number	%	Number	%
Professionals	4	16.0	1	3.8
Transport	2	8.0	2	7.7
Agro Based	1	4.0	0	0
Unemployed	5	20.0	7	26.9
Entertainment	0	0	1	3.8
Labourers	0	0	2	7.7
Production	0	0	2	7.7
Self Employed	13	52.0	11	42.3
Total	25	100.0	26	100.0

5.6 Ethnic Groups

The ethnic Malay accounts for 80.8% of inmates detected in the second quarter (68.0% in the first quarter), followed by Indians (11.5%) and Chinese (7.7%). Chinese accounted for 28% of the inmates the first quarter, while Indians made up 4% of them.

5.7 Level of Education

In the second quarter, 96.2% of the addicts had between 7 and 12 years of education compared to 76% in the first quarter. It was also noted that, only 4% of the addicts in the first quarter are uneducated against none in the second quarter. About 12% of the addicts in the first quarter had between 1 and 6 years of education compared to 3.8% in the second

quarter. Only 2 addicts had more than 13 years of education in the second quarter against none in the first quarter.

5.8 Source of Supply

The main source of drug supply for about 80.8% of the addicts in the first quarter is street sale and 56% in the second quarter get their supplies through friends. Street sale recorded 44% in the second quarter and 19.2% of the addicts get their supplies through friends in the first quarter. Over the counter and prescription were not reported in both periods.

5.9 Living Arrangements

In the first quarter, 88.5% of the drug addicts live with their families compared to 52% in the second quarter. The second quarter also reported living arrangements with friends and other people. Both groups recorded 20%. About 11.5% of the drug addicts live alone in the first quarter and 8% in the second quarter.

5.10 Marital Status

Singles account for a majority (76%) of the addicts in treatment for the first quarter, while married inmates are the majority (53.8%) in the second quarter. It is recorded that 46.2% of the addicts in the second quarter are unmarried and 16% of them in the second quarter are married, while 8% of addicts in the first quarter are separated or divorced.

5.11 Health Indicators

There is no system of reporting or collecting data of psychological cases. However, the number of drug-related psychological cases as reported by treatment centres are 2 cases in the first quarter and 1 case in the second quarter.

It was also reported that one case of Hepatitis B and one case of Hepatitis C were recorded in the first quarter.

5.12 HIV / AIDS

According to the Institute of Medical Research, 3 cases of HIV positive were detected in the first quarter and one HIV positive death reported. Only 1 case detected in the second quarter.

6. CONCLUSION

Since 1983, the number of drug-related arrests such as addicts, pushers and traffickers have been stable without any significant changes. The lowest detection on relapse cases is attributed to change in policy and detection of new addicts to be sent to treatment centres has been given priority over detection of hard-core addicts. The availability of drugs and hard-core addicts are the main problems faced by the implementing agencies. Other than Hepatitis and HIV/AIDS, the availability of shabu and ecstasy are new issues. As drug problem has been the main problem faced by Malaysian at large, the responsibility to implement programmes and activities cannot be wholly entrusted to any single agency or organisation. A wide range of agencies and organisations need to work together. Ecstasy and shabu are new problems in Kuala Lumpur. It can be concluded that Government of Malaysia has gained little success in controlling the drug problem. The high prevalence of drug addicts, seizures of drugs and numbers of arrests in Kuala Lumpur suggests that the drug problem in this city is more serious than any other states in Malaysia.

PATTERNS AND TRENDS OF DRUG ABUSE IN TAIWAN, R.O.C.

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ABSTRACT

As of September 1998, methamphetamine and heroin remained the two predominant illicit drugs of abuse and account for 86.9% and 26.2% of the total illicit abuse cases, respectively. The abuse of flunitrazepam, which is a legal medicine, has been on the rise and ranks the third in the drug mentions of treatment admissions. The sniffing of glue, a substance abused in the 1960's, has recurred as the fourth drug mentions in the treatment admissions. The association between IDUs and AIDS is relatively weak (2.6%), but the high proportion of drug administration through injection (40.0%) among the treatment admissions, has made it a priority in AIDS prevention. A joint project of naltrexone treatment programme, conducted by the Department of Health and the Ministry of Justice, is being carried out for heroin addicts and the second-year reports will be released in December 1998.

INTRODUCTION

Located in the West Pacific, Taiwan is separated from the mainland China by the Taiwan Strait. Taiwan is made up of Taiwan Island and some 85 islets, with a total land area of 36,000 square kilometers (14,000 square miles). Although Taiwan is relatively small, it is densely populated with 21,525,433 persons (census at the end of 1996). Such a high population density (595 persons per square kilometer of land area or 2446 persons per square kilometer of arable land) has made life on this tiny island very crowded and competitive. Nevertheless, the economy of Taiwan has been rapidly developed in the past two decades and the quality of life has also been substantially improved. The per capita national income in 1996 was NT\$ 321,174 (US\$ 11,696). This was a ten-fold increased over the US\$ 1,041 of 19776.

2. DATA SOURCES AND TIME PERIOD

Data for this report were drawn from various sources.

Data on arrests, seizures and laboratory reports for court referrals on urine samples of drug abusers for January 1997 to September 1998 were obtained from the Investigation Bureau, Ministry of Justice; National Police Administration, Ministry of Interior; Headquarters of Military Police, Ministry of Defense; National Laboratories of Foods and Drugs, Department of Health; and all local Health Departments.

Drug treatment admissions for January 1997 - September 1998 of 42 sampled hospitals and clinics with psychiatry therapy and drug treatment capacities; and data on routes of drug administration for July 1997 - September 1998 were obtained from the Epidemiology Training Programme, National Institute of Preventive Medicine, Department of Health

Data on AIDS and HIV infections for December 1984 - September 1998 was obtained from the Bureau for Prevention of Communicable Diseases, Department of Health.

3. DRUG ABUSE TRENDS

Since 1990 methamphetamine and heroin have been the major drugs of abuse. The recent drug abuse situation is described as follows:

3.1 Methamphetamine

An average of 5000 abusers are indicted each month during the past several years, according to the results of urine tests for court referrals, performed by all local health departments, National Police Administration, and the Investigation Bureau of the Ministry of Justice. Methamphetamine represents 86.9% of the total positive cases of urine testing from January to September 1998 (**Exhibit 1**). Methamphetamine remained the main drug seized, although the quantity seized has been decreasing (**Exhibit 2**). This demonstrates the efforts executed by the judicial systems on the supply side.

Although methamphetamine is still the prime drug of abuse, it is not the most frequently mentioned drug among treatment admissions (**Exhibit 3**). Heroin, which constitutes 39.87% of the treatment admissions, takes the lead instead. The main reason could be due to heroin's severe physical dependence/withdrawal, which drives the addicts to seek treatments.

3.2 Heroin

Heroin is currently the second predominant drug of abuse. Over the period January - September 1998, heroin was detected in 26.2% of the indicted abusers (**Exhibit 1**). The amount of seized heroin reported in the same reporting period was 114.7 kg (**Exhibit 2**).

Although heroin abuse is still alarming, the situation seemed to level off during the past three years.

Exhibit 1: Results of Laboratory Testing on Urine Samples of Drug Offenders in Taiwan (1997 - September 1998)

Positive Cases					
Year	Months	Methamphetamine	Morphine *	Methamphetamine & Morphine *	Total
1997	1-3	15697	3256	1381	17333
	4-6	13118	3080	1149	14772
	7-9	12142	3139	1155	13632
	10-12	8023	3282	1073	10006
	Total	48980	12757	4758	55743
	%	87.9	22.9	8.5	100
1998	1-3	8642	2853	1182	10397
	4-6	11786	3673	1455	13438
	7-9	11563	3118	1593	12988
	Total	31991	9644	4230	36823
	%	86.9	26.2	11.5	100
Jan.-Sep. 98		31991	9644	4230	36823
Jan.-Sep. 97		40957	9475	3685	45737
(%) %		(78.1)	(101.8)	(114.8)	(80.5)
Trend		↓	↔	↑	↓

* Heroin is manifested as its major metabolite, morphine, in the urine.

Exhibit 2: Drugs' Seizures in Taiwan (1997 - September 1998)

Amounts of Seizure (gm)							
Year	Months	Heroin	Methamphetamine	Marijuana	Opium	Cocaine	Morphine
1997	1-3	23,641.6	354,455.0	857.4	0	0	1.6
	4-6	16,333.6	660,618.2	131.2	4.0	0.2	3.0
	7-9	71,172.0	362,588.7	759.4	0	0	2.4
	10-12	44,478.9	532,588.4	1,105.8	0	0	0.4
	Total	155,626.1	1,910,250.3	2,853.9	4.0	0.2	7.4
1998	1-3	38,020.9	479,801.7	111.8	0	0	0.1
	4-6	47,768.6	11,709.4	224.0	9.1	0	3.0
	7-9	28,913.6	124,201.0	5,735.1	3,062.3	0	1.3
	Total	114,703.1	615,712.1	6,070.9	3,071.4	0	4.4
	Jan.-Sep. 98	114,703.1	615,712.1	6,070.9	3,071.4	0	4.4
Jan.-Sep. 97	111,147.2	1,377,661.9	1,748.1	4.0	0.2	7.0	
(%)	(103.2)	(44.7)	(347.3)	(767.9)	(?)	(62.9)	
Trend		↔	↓	↑↑	↑↑↑	↔	↓

Source: Ministry of Justice, Investigation Bureau; Ministry of Interior, National Police Administration; Ministry of Defense, Headquarters of Military Police; Department of Health, National Laboratories of Foods and Drugs; and all local Health Departments.

Exhibit 3: Drug Abused Among Treatment Admissions in 42 Sampled Hospitals (January 1997 - September 1998)

Year	Months	Heroin	Methamphetamine	Depressants	Glue & Organic solvent	Codeine containing Cough medicine	Others
1997	1-3	159	166	63	31	9	7
	4-6	236	208	75	36	11	4
	7-9	283	220	64	41	11	66
	10-12	201	159	102	37	11	9
	Total	879	753	304	145	42	86
1998	1-3	205	145	110	33	11	10
	4-6	256	186	114	28	6	8
	7-9	243	259	62	44	5	36
	Total	704	590	286	105	22	54
	Jan.-Sep. 98	704	590	286	105	22	54
Jan.-Sep. 97	678	594	202	108	31	77	
(%)	(103.8)	(99.3)	(141.6)	(97.2)	(71.0)	(70.1)	
Trend	↔	↔	↑	↔	↓	↓	

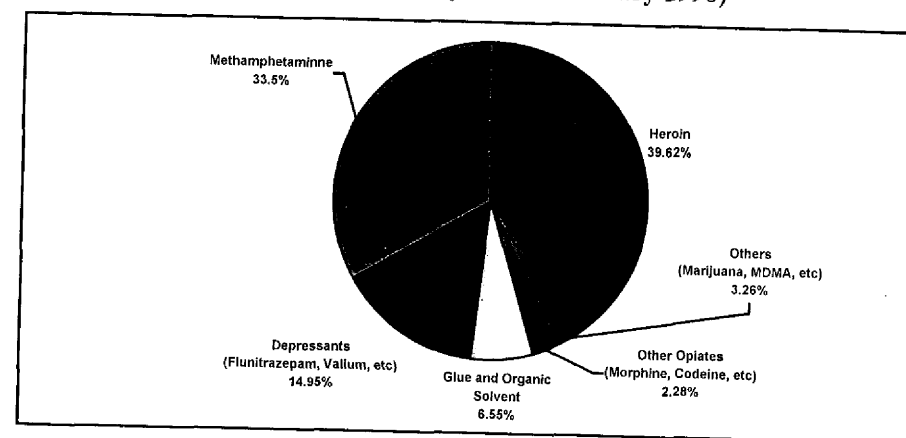
3.3 Other Opiates

Sporadic cases of morphine and opium seizure were reported, although they only constitute 1.61 % of the treatment admissions (**Exhibit 4**).

3.4 Flunitrazepam and Other Depressants

Depressants abuse is a relatively new issue. In September 1995, the first abuse case of flunitrazepam (nicknamed FM2) was reported in Tao-Yuan County, located in the northern part of Taiwan. Subsequent FM2 abuse cases have been observed nationwide since then. Abuse of depressants, mostly FM2, comprised of 14.86 % of the total treatment admissions and ranks the third main drug of abuse among them (**Exhibit 4**).

Exhibit 4: Drug Abused Among Treatment Admissions in 42 Sampled Hospitals, Taiwan (January 1997 - February 1998)



3.5 Inhalants

The major inhalant abuse is glue sniffing. The abuse of glue, which contains toluene as the solvent, was an epidemic in the 1950's. The Government has made it mandatory for glue manufacturers, to add mustard oil in glue preparations to prevent them from being abused. However, glue sniffing recurred in the past two years. Glue is now the fourth substance of abuse and accounts for 6.30 % of the total treatment admissions (**Exhibit 4**).

3.6 Others

The seizures of marijuana and cocaine were very small, if compared with that of methamphetamine or heroin (**Exhibit 2**). Since marijuana is widely abused and easily grown in the southeastern Asia, and many labours have been introduced to Taiwan from this area in recent years, the prevention of marijuana abuse is now undertaken by the government. In addition, sporadic cases of MDMA abuse in pubs have been reported.

4. NALTREXONE PROJECT

The Department of Health and the Ministry of Justice conducted a joint project of naltrexone maintenance treatment programme for heroin addicts in 1996. The two medical institutions involved in this 2-year project released their first-year reports in mid-November 1997. The study at Taipei City Psychiatry Center, designed to follow up participants for 6 months with supportive psychotherapy, was performed on a double blind and placebo controlled basis, to evaluate the effectiveness of naltrexone. The preliminary results have shown that: of the 24 patients enrolled, 12 patients dropped out before 12 weeks, and only 4 patients completed the whole 6-month study period. Because of the double blind basis and high dropout rate, the effectiveness of naltrexone in the

first-year study could not be confirmed. The other study at Kai-Suan Psychiatric Hospital was designed to divide 120 heroin addicted parolees into three groups: (a) naltrexone treatment alone (b) naltrexone treatment in combination with supportive psychotherapy, and (c) control. The treatment results, including emotional and behavioural changes, and involvement in psychosocial programmes were evaluated after a 6-month follow-up. The preliminary results indicated no statistical difference between group (a) and (b) on the effectiveness of naltrexone treatment for prevention of relapse. Participants in group (b) showed a higher ratio of involvement in psychosocial programmes and stronger willingness to help other drug addicts. Most participants (62.9%) in group (a) and (b) thought naltrexone treatment did work. A final report will be released in December 1998.

5. ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS (IDUs)

Cumulative data on acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) over the period December 1984 -- September 1998, reported a total of 1832 AIDS and 648 HIV positive cases. Forty-seven (2.6%) of the reported AIDS cases and 17 (2.6%) of the HIV positive cases were classified as IDUs (**Exhibit 5**). Although the link between IDUs and AIDS/HIV is relatively weak, the data on the routes of drug administration, as shown in **Exhibit 6**, indicate the potential of HIV infections through needle sharing. To avoid the spread of HIV, the Department of Health decided not to control syringes and needles, which are now freely available in any pharmacy.

Exhibit 5: Cumulative Cases of HIV Infection in Taiwan, Categorised by Exposure (1997 - September 1998)

Exposure	* HIV Infection		AIDS	
	Total	(%)	Total	(%)
Heterosexual	640	(34.9)	283	(43.7)
Male homosexual	410	(22.4)	129	(19.9)
Male bisexual	301	(16.4)	145	(22.4)
Hemophiliac	53	(2.9)	18	(2.8)
Injecting drug user (IDU)	47	(2.6)	17	(2.6)
Blood transfusion	9	(0.5)	3	(0.5)
Vertical Transmission	1	(0.1)	0	(0.0)
Unknown Risk Factors	371	(20.2)	53	(0.0)
Total	1,832	(100.0)	648	(100.0)

* AIDS cases included.

Exhibit 6: Route of Drug Administration Among Treatment Admissions in Sampled Hospitals, Taiwan (July 1997 - June 1998)

Route of Administration	Percentage
Total	100 %
Oral	17.7
Smoking	11.1
Snorting	4.9
Injecting	40.0
Sniffing	24.5
Others	1.8

Source: Department of Health

Note: The Editors wished to apologise the omission of Exhibits in the International Monograph Series 11, that contain data on drug abuse problem in Taiwan for the year 1996. The relevant Exhibits are presented in Appendix 1 of the International Monograph Series 13.

DRUG ABUSE SITUATION IN VIENTIANE MUNICIPALITY

*Narcotic and Poison Division
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Lao People Democratic Republic*

INTRODUCTION

Lao People Democratic Republic (PDR) is a land-locked country, with an estimated land area of 236,800 square kilometers. It consists of 17 provinces and 1 special region, 133 districts, and 11,795 villages. The 1995 census, estimated a population of 4.605 millions. The main ethnic groups include, Laoloum (Lowland Lao), Laosoung (Highland Lao) and Laoteung (Upland Lao). The capital city of Vientiane has an area of 3,920 square kilometers with estimated population of 531,800 (1995 census) or approximately 11.5% of the country's total population. In 1995, the age group distributions were 197,605 people (37.15%) in 0-14 years age bracket, 298,157 people (56.06%) in the 15-60 years age bracket and 36,038 people (6.77%) in 61 and above age bracket.

2. SOURCES OF DATA

Data collection is centralised at the Lao National Commission for Drug Control and Supervision (LNCDC) which is a task force composed of representatives of various ministries and institutions. This organisation has very limited operational resources -- to carry out data collection analysis it has to deal with the National Statistics Center; Hygiene and Epidemiology Institute; health care agencies; and Narcotic Control Unit, Ministry of Interior. Besides this, some ministries carry out their own sampling survey related to glue sniffing and cannabis consumption demand reduction purposes. These data are collected, analysed and filed at the LNCDC.

3. TREATMENT INDICATORS

3.1 Treatment Admissions

A total of 11 new institutional admissions was reported in the first six months of 1998. Out of this total, 27.3% were in-patients while the other 72.7% were out-patients (Table 1).

Table 1: Treatment Admissions, January - June 1998

	New Admission		Readmission	
	N	%	N	%
Institutional Admission				
In-Patient	3	27.3	0	0
Out-Patient	8	72.7	0	0
Total	11	100	0	0
Non-Institutional Admission	0	0	0	0

3.2 Patients' Socio-Demographic Characteristics

Table 2: Patients' Socio-Demographic Characteristics

Socio-Demographic Characteristic		N	%
Sex	Male	11	100
	Female	0	
Age	Under 15 years	0	0
	15 - 19 years	7	63.6
	20 - 34 years	4	36.4
	35 - 44 years	0	0
	45 and above	0	0
Ethnicity	Lowland Lao	11	100
	Upland Lao	0	0
	Highland Lao	0	0
Religion	Buddhism	11	100
	Catholic	0	0
	Pec	0	0
Marital Status	Single	10	90.9
	Divorced	0	0
	Married	1	9.1
	Widowed	0	0
Occupation	Administrators	0	0
	Workers	1	9.1
	Sales	2	18.1
	Students	6	54.5
	Unemployed	2	18.1
Living Arrangement	Family	11	100
Education	Zero	0	0
	1 - 6 years	0	0
	7 - 12 years	2	18.1
	13 years and above	9	81.8

All of the patients are male Buddhist, living with families, with a majority in their teens and 36% between the age of 20 and 34 years old. They are all unmarried except one who is married. Slightly more than half of the patients are students, while 27% are employed. A majority of the patients had 13 or more years of education (Table 2).

3.3 Drug Abuse Trends

A majority of the patients misused amphetamines, while the others frequently abused alcohol and solvents/inhalants. Sixty-three per cent of the patients smoke their drugs, the others either inhaled or took them orally. All the addicts obtained their supply of drugs from the street (Table 3).

Table 3: Drug Abuse Trends Among Patients

Drug Abuse Trends	N	%
Primary Drug of Abuse		
Amphetamines	6	54.5
Solvents/Inhalants	2	18.2
Alcohol	3	27.3
Route of Administration		
Inhalant	1	9.1
Injection	0	0
Oral	3	27.3
Smoking	7	63.6
Other	0	0
Drug Sources		
Street Sale	11	100
Over the Counter	0	0
Prescription	0	0
Diversion of Prescription Drugs	0	0

4. LAW ENFORCEMENT INDICATORS

4.1 Drug Seizures

According to the Narcotic Control Unit, the amount of cannabis seized has decreased

tremendously over the years. For example, in 1995 a total of 4732kg of cannabis was seized compared to 435kg over the period of April -- June 1996, and a mere 16kg in the first nine months of 1997. The opposite is true for amphetamines, where previously seizures of amphetamine tablets were never reported, about 84,000 amphetamine pills were seized over the first nine months of 1997 (Table 4).

Table 4: Amount of Drugs Seized

Type of Drug	1995 (kg)	Apr. - June 1996 (kg)	Jan. - Sept. 1997 (kg)	Apr. - June 1998 (kg)
Morphine	0	8		
Heroin	49.65	40.8		2
Opium	695.05	0	3	
Cannabis	4,732.08	435	15.9	
Amphetamine			83,769 pills	

4.2 Drug-Related Arrests

Arrests for trafficking and possession of drugs that were rampant in 1996 were not reported in 1997. Over the period of July - September 1997, a total of 24 arrests for sales of drugs were made. Nine of such arrests were also made over the period of April -- June 1998 (Table 5).

Table 5: Drug-Related Arrests in Vientiane

Type of Arrest	Number of arrests		
	April - June 1996	July - September 1997	April - June 1998
Use/consumption	0	0	0
Possession	11	0	0
Sales	0	24	9
Trafficking	6	0	0
Conspiracy	0	0	0
Others	0	0	0
Total	17	24	9

5. AIDS AND HIV

According to the report of the National Institute of Hygiene and Epidemiology (NIHE) and National Committee for AIDS Control, the situation of AIDS and the number of AIDS patients and symptomatic HIV infected patients over the period of April -- June 1998 (Table 6) are as follows:

- There are 13 cases of symptomatic HIV infected patients, and all are still alive
- There are 6 full blown AIDS patients, with one death

According to the risk factors causing people to get AIDS or become the symptomatic HIV infected patients, sexual activity is the most important factor, there are no drug-related HIV positive and AIDS cases.

Table 6: Number of Full Blown AIDS and HIV positive cases

Survey Area	AIDS Patients			HIV Patients		
	Total	Dying	Living	Total	Dying	Living
Vientiane 1995	4	4	0	31	0	31
Vientiane Mun. Apr. - June 1996	3	0	3	8	0	8
Vientiane Mun. Apr. - Sept. 1997	25	8	17	8	0	8
Vientiane Mun. Apr. - June 1998	6	1	5	13	0	13
Total	38	13	25	60	0	60

DRUG ABUSE IN SRI LANKA

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National Dangerous Drugs Control Board
Colombo, Sri Lanka

INTRODUCTION

Sri Lanka is comparatively a small (62,337 sq.km.) tropical island close to the southern end of India. The mid-year population estimate for 1998 was 18.2 million. The population is multi-ethnic and multi-religious. Most of the people (78%) live in rural areas. The Sri Lankan family is traditionally of the extended type. However, urbanisation, population pressure, lifestyle trends, employment of women, rising cost of living, and difficulties in housing have been contributing to rapid shift towards the nuclear type.

Traditionally an agricultural country, Sri Lanka has recently begun to expand into other areas of production and export. Recent years have seen many people seeking long term employment abroad. Health services and education are provided free for everybody. The country has a literacy rate of 91% for male and 83% for female.

2. DATA SOURCES

Data gathered by the Drug Abuse Monitoring System (DAMS), the epidemiological database of the National Dangerous Drugs Control Board, were used to assess the current drug abuse patterns and trends in the country. Sources to the DAMS include treatment facilities, Department of Police, Police Narcotics Bureau, Department of Excise, Sri Lanka Customs, Department of Prisons, surveys, and National Narcotics Laboratory. These quantitative data were enhanced with qualitative information obtained from outreach reports, staffs' observations, follow-up records, interviews with drug dependents, media reports and key informants. Although we are suffering from insufficient coverage of the problem, in terms of various aspects of it, every effort was taken to present a balanced report from available information.

3. DRUG OF ABUSE

3.1 Alcohol

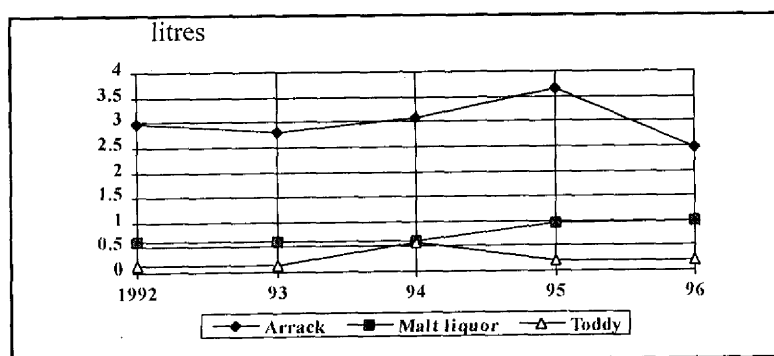
Alcoholic beverages are produced in the country both legally and illegally. Consumption of alcoholic beverages is a widely spread habit in the country for decades. Alcohol

consumption has been identified as a main contributing factor to poverty and other health and social problems. According to surveys, the poorest segments of the society spend at least a third of the family income on tobacco and alcohol. About 40% of suicides are alcohol and other drug related. In general, alcohol consumption in Sri Lanka seems to be increasing in both absolute and per capita terms.

Arrack is the most commonly consumed legally produced alcoholic beverage in Sri Lanka. In 1996, the per capita consumption of arrack was 2.5 litres. This figure is 1.2 litres below the previous years' consumption level. However, malt liquor consumption has increased by 0.28 litres.

Kasippu, which is an illicit spirit made from molasses, is the cheapest and most widely available form of alcohol. The average price of a litre of Kasippu currently is Rs. 50.00 (little less than 1 US\$). This alcoholic beverage comes in cellophane bags of several sizes and in bottles. According to estimates, illicit products account for about one third of the total amount of alcoholic beverages available in the market.

Figure 1: Liquor Consumption Per Capita 1992 - 1996



Source database: Drug Abuse Monitoring System (DAMS)

PART 2 - Section Two
SOUTH ASIAN COUNTRY REPORTS
 (January - September 1998)

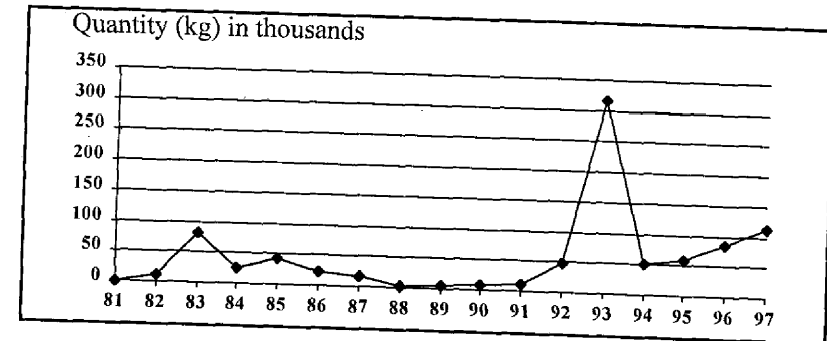
3.2 Cannabis

Cannabis is readily available throughout the country and is reportedly the most trafficked and abused illegal substance in Sri Lanka. In 1997, law enforcement agencies seized 113,238.733 kg. of cannabis and is the second highest weight recorded after 1981 (Figure 2).

Cultivation of cannabis, which is illegal, continued as in previous years in the south east and the eastern regions of the country. Cannabis is cultivated for domestic market as well as for illicit export. According to reports, the cannabis plantations are mostly confined to an average of ¼ acre plots in the jungles and vegetable cultivators also grow the plant as 'side crop'. The local businessmen in their respective areas mostly control cannabis

cultivators.

Figure 2: Quantity of Cannabis Seized from 1982 - 1997

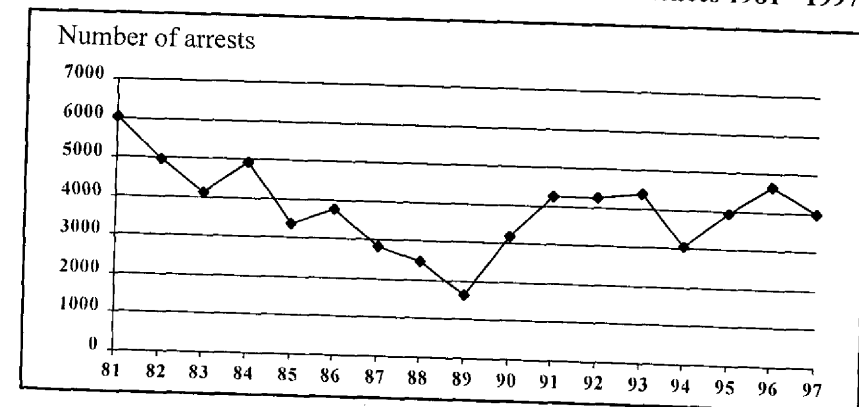


Source database: Drug Abuse Monitoring System (DAMS)

Locally produced cannabis is trafficked into Colombo from outstations. From the jungles it is first brought to villages, then to towns and via provincial capitals to Colombo, mostly along with vegetables and other consumer goods. Cannabis is inexpensive, compared to heroin or opium. Its average price is Rs. 1365.00 a kilogram and at the street it is about Rs. 2.50 a gram. Most of the cannabis offenders are male, above 24 years of age.

The incidents of cannabis seizures and cannabis-related arrests continue to rise since 1989. The number of persons arrested for cannabis-related offences between 1989 and 1977 increased nearly one and a half folds (Figure 3). The quantity of cannabis seized during the same period increased two folds. Generally, cannabis is perceived as a 'soft drug' and not as 'dangerous' as heroin.

Figure 3: Persons Arrested for Cannabis-Related Offences 1981 - 1997



Source database: Drug Abuse Monitoring System (DAMS)

3.3 Cocaine

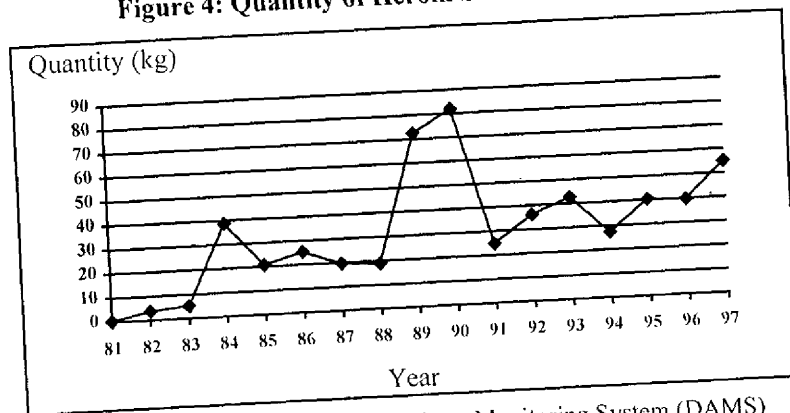
There were no arrests or official reports on cocaine related incidences. However, unofficial reports confirmed limited availability and use of cocaine by few foreigners and some locals of affluent class in Colombo. The local price of cocaine is not known. The drug is not available in the open drug market.

3.4 Heroin

The main type of heroin available in the country is 'brown sugar' or No.3. Occasionally black (black tar), and ash colour heroin are available in some places. Continued wide availability of heroin has been reported from nearly all parts of the country. In 1996, the Drug Abuse Monitoring System launched a study to monitor the price and purity of heroin, using street level samples from Colombo and several other cities, on a monthly basis. A street sample (a packet) of heroin contains about 30mg (range 5mg - 75mg) of diluted heroin. The current average di-acetyl morphine content or the purity of heroin in the country is 44%. The purity tests done on heroin detected at entry points showed an average of 55 - 60% di-acetyl morphine content. Accordingly, about 11-16% of 'cutting agents' are added after the drug is smuggled into the country.

According to a prevalence study¹ conducted recently, the lowest estimated number of heroin users in the country is 22,500. On assumption, a heroin user consumes three packets of heroin containing 30mg of heroin a day, the estimated heroin user population in the country needs around 2 kg of heroin a day, 60 kg a month, and 720 kg a year to support their heroin use. To make available this quantity of heroin on the streets the drug dealers need to smuggle about 605-640 kg of heroin a year.

Figure 4: Quantity of Heroin Seized 1981 - 1997



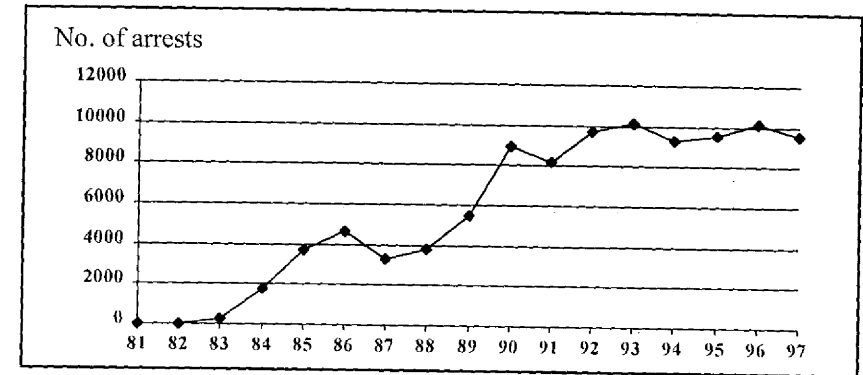
Source database: Drug Abuse Monitoring System (DAMS)

¹ Dr. Harsha Athurupane, Estimates and Forecasts of the Prevalence of Drug Use in Sri Lanka, 1998

The total quantity of heroin seized by drug law enforcement agencies in the country was 52kg, in 1997, and it was around 40 kg, in the years before (Figure 4). Seizures by law enforcement agencies amount to 6-8% of the total annual availability of the drug.

There has been no sustained increase or decrease in the street level prices of heroin for the last five years. Currently, the average retail price of heroin is Rs. 1 million per one kilogram. According to available reports, street level prices of heroin fluctuate from time to time and place to place. During the first half of 1998, some reports indicated heroin scarcity in some areas in Colombo. This phenomenon could be restricted to those localities.

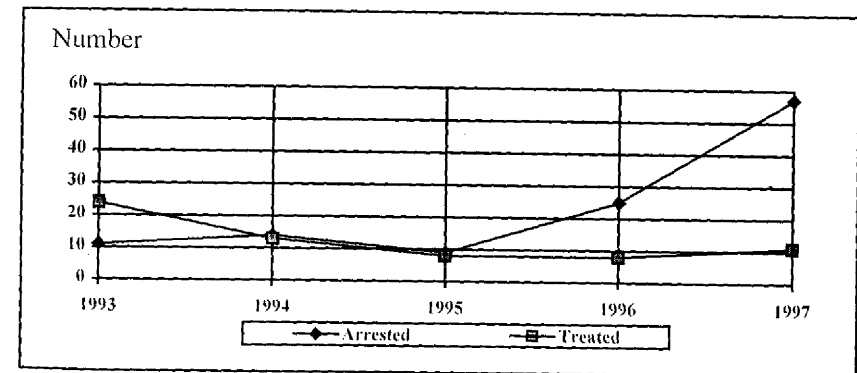
Figure 5: Persons Arrested for Heroin-Related Offences 1981 - 1997



Source database: Drug Abuse Monitoring System (DAMS)

Inhaling of heroin vapour or "chasing the dragon" (locally known as 'Chinese method') is the preferred method of heroin administration as in previous years. A slight increase in injecting drug users was observed (Figure 6) and no HIV/AIDS cases were reported among drug users

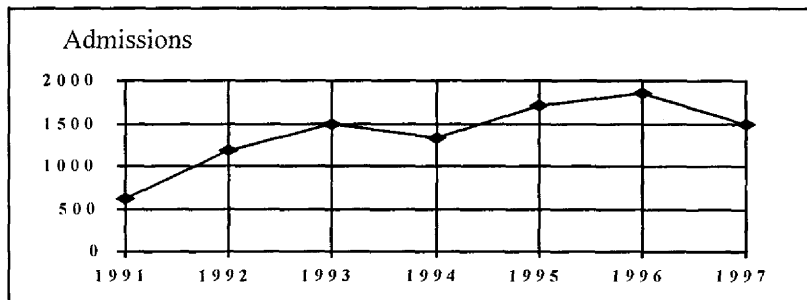
Figure 6: Injecting Drug Users Reported by Police and Treatment Facilities



Source database: Drug Abuse Monitoring System (DAMS)

Heroin dependents in the country sought variety of treatments. Types of treatment range from popular inpatient detoxification and rehabilitation at NDDCB treatment centres; outpatient treatment from allopathic medical practitioners; homeopathic treatment; Ayurvedic treatment; self-medication with drugs obtained from pharmacies and other outlets; spiritual help from deities; religion based treatment; making vows at various places of worship; and changing place of residence. It was reported that several heroin users had attempted to commit suicide.

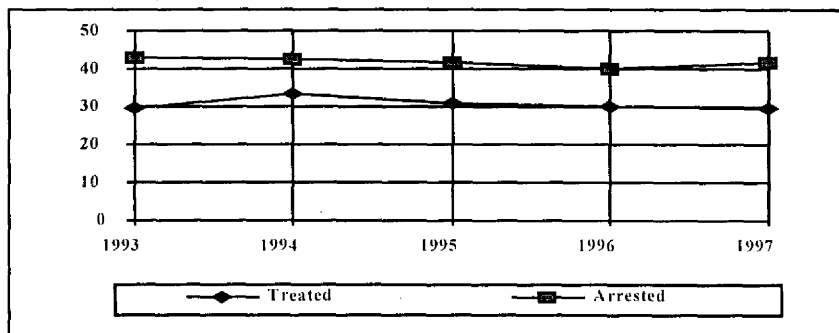
Figure 7: Reported Treatment Admissions of Heroin Dependents 1991 - 1997



Source database: Drug Abuse Monitoring System (DAMS)

The average age of first use of heroin is 22 years and it ranges between 18 - 27 years. The average age of treatment admissions is 31.6 years which ranges between 29 to 31 years. The average time duration between the initiation of heroin use and the treatment is 6.5 years which ranges between 3 to 10 years (Figure 8).

Figure 8: Average Age of Persons Treated and Arrested for Heroin



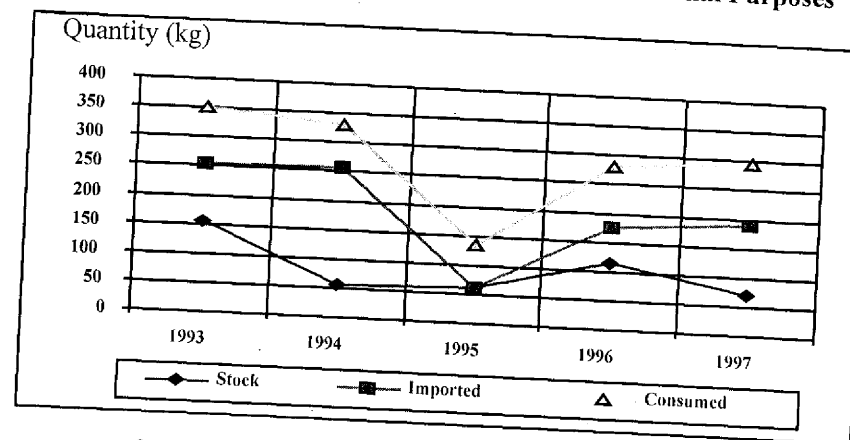
Source database: Drug Abuse Monitoring System (DAMS)

3.4 Opium

Opium abuse has taken a downward trend with the dawn of the 1980s. However, opium continues to be available and abused in Sri Lanka for a long period of time. The abuser

obtains his requirement from the stocks of opium which are imported from India for medicinal purposes (Figure 9), or from the stocks that are illicitly brought into the country. The street level price of opium was around Rs. 250.00 (approximately US \$ 6) per kilogram in 1997.

Figure 9: Annual Consumption of Opium for Medicinal Purposes



Source database: Drug Abuse Monitoring System (DAMS)

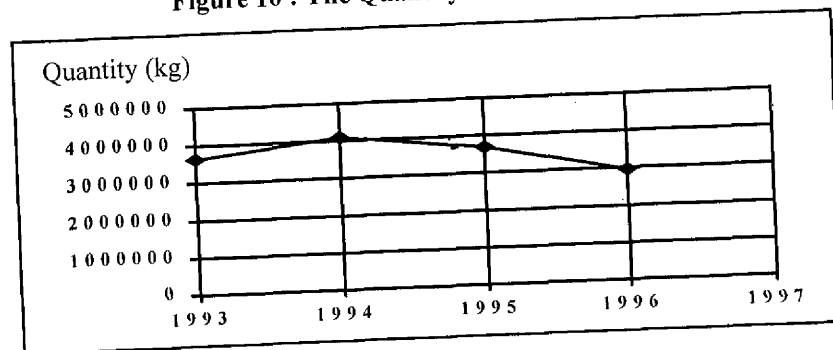
3.5 Psychotropic Substances

Although the numbers are insignificant Flunitrazepam, Mandrax, Diazepam, Codeine, Methadone, Barbitone, Valium, and Rohypnol abuse has been reported during the year. According to reports some pharmacies in Colombo and outstations sold most of those substances over the counter for drug dependents, charging fairly high prices. Further, unofficial reports confirmed the occasional use of Ecstasy by a certain class of youth as in the previous year. However, in 1997 there have been no detection of any psychotropic substances.

3.6 Tobacco

Tobacco use is a widely spread practice in the country. Traditionally it is chewed with betel leaves and areca-nuts. Cigarettes and tobacco business is a monopoly in Sri Lanka. Foreign brands of cigarettes and other tobacco productions are also available in the market (Figure 10).

Figure 10 : The Quantity of Tobacco Issued²



Source database: Drug Abuse Monitoring System (DAMS)

The price of cigarettes ranges from Rs. 3.50 to 5.00 a cigarette. Two new brands of cigarettes that are less expensive (Rs. 2.00 and Rs. 2.50) were introduced to the market (selected areas) in early 1998. Other varieties of local tobacco productions are *Beedi* and *black cigars*. Lower income groups normally use these varieties. There is a downward trend in quantity of tobacco issued to the producers.

PATTERN AND TRENDS OF DRUG ABUSE IN DHAKA, BANGLADESH

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Government of the Peoples Republic of Bangladesh

ABSTRACT

Reviewing the drug abuse pattern and trends in the Central Treatment Center of Dhaka, Bangladesh, for the period April to September 1998, it was observed that heroine remained the main drug of abuse, while cannabis was used widely as the secondary drug of abuse. Smoking and chasing still remained the most preferred routes of administration. Drugs were mainly obtained from street sale. The most vulnerable age group was between 20 and 34 years. No significant changes in marital status of the drug abusers. Most of the drug abusers are male and a majority of them had about 7-12 years of schooling.

INTRODUCTION

The precise extent and nature of the problems connected with drug use in Bangladesh are yet to be determined, what is known is largely impressionistic, anecdotal or from hospital reports. However, it is quite evident that the drug abuse in Bangladesh has of late increased to an extent. Health related ill effects brought about by drug abuse to the individual are enormous. This is mainly because of the already existing negative factors, such as crowded dwelling, high population density, low level of sanitation and hygiene, which compound the health effects of drug abuse. HIV infection is an alarming threat certainly for the future and even at present especially amongst the drug abusers.

The bearing of drug abuse on violence, accidents and injuries, absenteeism, lowered human efficiency and work output has imposed unbearable burden to the economy of the country.

It is however, a great relief to recognise that to fight this situation various steps are being taken by the Government, Non-Government Organisations and International Agencies to cause reduction in the production, trafficking, advertising, selling, consumption and abuse, and raising awareness amongst the people.

² Data for 1997 is not available.

2. AREA DESCRIPTION

Bangladesh is situated in the North-Eastern part of South Asia and is surrounded on three sides by India with a long coastal line in the southern side. Dhaka is the capital of the country with an estimated area of 116 square miles. The population is estimated at 6.54 million with 3% below the age of 15, while 30% within the age of 15 to 30 years. Nearly half of the households have 6-9 members in the family.

Bangladesh, for its strategic position between some opium producing countries, such as the "Golden Triangle" countries of Myanmar, Thailand and Laos and the "Golden Crescent" countries of Pakistan, Afghanistan and Iran, has long been the trafficking zone to transport illicit drug to Europe and America, through its sea route. In the process, Bangladesh has now turned into an area with serious drug abuse problem.

3. DATA SOURCE AND TIME PERIOD

The source of data for this report is the Central Drug Addiction Treatment Center in Dhaka. This center is a 40 bedded male detoxification center, runs by the Government under the Narcotic Control Board, Ministry of Home Affairs.

New patients on their first visits to the hospital are registered and relevant information that include drug abuse history, health, and family is noted in a structured questionnaire. The information is gathered both from the drug abuser and the accompanying guardian. Data related to arrests and seizures are collected from the Narcotic Control Board. This report presents data collected for the period April -- September 1998.

4. TREATMENT INDICATORS

The total number of patients registered with the Centre over the six months is 1060. New patients account for 80.75% (856 patients) of the total admissions with 376 patients in the In-patient Department and 480 in the Out-patient Department. Readmission cases made up 19.25% (204 patients) of the total admissions, with 100 and 104 in the In-patient and Out-patient Departments, respectively (Table 1).

Table 1: Treatment Admissions (April - September 1998)

	New Admission	Readmission	Total
Inpatient	376	100	476
Out patient	480	104	584
Total	856	204	1060

4.1 Drug Abuse Trend

4.1.1 Type of Drug Abused

Heroin remains the most drug abused in Bangladesh. Sixty-seven per cent of the patients used heroin as their primary drug of abuse (Table 2).

The abuse of codeine in the form of cough syrup (Phensedyl) is gradually increasing. Its abuse was seen in 133 patient (12.54%) -- the second most abused drug. About 8.86% of the patients were using buprenorphine injection as primary drug of abuse (Table 2).

Nine (0.85%) patients were taking pethedine injection as the primary addictive drug. Among these 9 patients, 5 are either medical doctors or medical students. Only one patient was found to use morphine as the primary addictive drug.

Four per cent of the patients used cannabis as primary drug of abuse, while 68.35% used it as secondary drug of abuse (Table 2). This indicates that cannabis is used along with the primary drug of abuse or is used as a substitute for the primary drug whenever it is not available.

Minor tranquilisers were abused by 0.94 % as primary drug, while 10.9% used them as secondary drug (Table 2).

Table 2: Primary and Secondary Drug of Abuse

Type of Drug	Primary Drug			Secondary Drug		
	N	%	Previous Reporting Period (%)	N	%	Previous Reporting Period (%)
Heroin	710	66.98	64	-	-	-
Codeine	133	12.54	12.09	-	-	-
Buprenorphine	94	8.86	9.34	-	-	-
Pethedine	9	0.85	1.07	-	-	-
Cannabis	47	4.43	7.30	486	68.35	46.35
Sedatives	10	0.94	0.71	78	10.97	10.05
Alcohol	5	0.47	0.71	28	3.94	1.57
Polydrug	50	4.71	4.67	119	16.73	9.94

4.1.2 Route of Drug Administration

The most preferred route of administration is smoking or chasing (70%). Most of the heroin users either smoked or chased the drug. Intravenous drug use among the addicts is also increasing (Table 3).

4.1.3 Drug Sources

Most drug abusers obtained their drugs, such as heroine, codeine, ganja, and buprenorphine from street sale. However, pethedine, tranquilisers and sedatives are easily obtained from the pharmacies without prescription, sometimes at much higher price (Table 4).

Table 3: Route of Drug Administration

Route	N	%	Previous Reporting Period (%)
Parenteral	104	9.57	12.69
Oral	181	16.65	12.57
Smoking/Chasing	761	70	68.86
Other (multiple)	41	3.77	5.86

Table 4: Drug Sources

Sources	N	%	Previous Reporting Period (%)
Street Sale	1060	100	100
Legal Prescription	00	00	00
Diversion of Prescription Drugs	00	00	00

4.2 Patients' Socio-Demographic Characteristics

All the patients reported during the six months period are male. It must be stressed here that the data is collected from a center exclusively for male patients. However, few female patients do attend the out-patient department at times. Report from other source indicates that many female addicts seek treatment at private detoxification centers and it has been noted that the number of female addicts is increasing.

Most of the drug abusers in the sample population are in the age group of 20-34 years (79.81%). About 15% of the patients are between the age of 35 and 44 years (Table 5).

Table 5: Socio-Demographic Characteristics of Patients

Characteristics	N	%	Previous Reporting Period (%)
Sex:			
Male	1060	100	100
Female	0	0	0
Age:			
Under 15 years	0	0	0.11
15 -- 19 years	56	5.28	3.59
20 -- 34 years	846	79.81	78.56
35 -- 44 years	158	14.91	14.97
> 45 years	0	0	2.75
Marital Status:			
Unmarried/Single	482	45.47	46.47
Divorced/Separated	39	3.67	2.28
Married	539	50.85	50.77
Widower	0	0	0
Occupation:			
Professional	9	0.84	0
Sales & Clerical Workers	134	12.64	13.53
Driver/Transport Workers	97	9.15	8.14
Agrobased Workers	5	0.47	0.60
Self-employed	289	27.26	32.10
Unemployed	367	34.62	36.41
Students	84	7.92	7.78
Other (Labour)	75	7.08	1.44
Education:			
Zero	244	23.00	21.32
1 - 6 years	217	20.47	20.60
7 - 12 years	477	45.00	49.10
> 13 years	122	11.50	8.98
Living Arrangements:			
Alone	14	1.32	0.84
Living with family	1046	98.67	99.16

The proportions of married and unmarried patients in the sample population remained similar over the years. It is reported that 45.47 % of the treatment admissions are not married while, 50.85% are married (Table 5).

The unemployed made up 34.62% of the total patients, while 27.26% were self-employed, and students accounted for 7.92% of the treatment admissions. It is important to note that, among the unemployed, many had lost their job or were dropped out of school after being into addiction (Table 5).

Forty-five per cent of the drug abusers had at least 7 to 12 years of education. Illiterate patients made up quite a significant proportion of the sample population (23%) (Table 5).

5. LAW ENFORCEMENT INDICATORS

A total of 1821 arrests for drug-related offences were made in the current reporting period. Seizures of opiates, cannabis and alcohol were also made during this period. Among the opiates that were seized include codeine (2292 litre), pethedine (175 ampoules) and buprenorphine (702 ampoules). A total of 6990 litre of alcohol and 976 kg of cannabis were also seized.

Table 6: Drug-Related Arrests and Drug Seizures (April - September 1998)

1. Number of Persons arrested for Drug related 1821 offences		
2. Number and Quantity of Drug Seized by Drug Type :-		
Drug	Type	Quantity (Kg/of Pills/Vol)
Opiates :	Opium	0
	Heroin	0.65 kg.
	Codeine	2292 litre
	Inj. Pethedine	175 ampoules
	Inj. Buprenorphine	705 ampoules
Cannabis		976.563 kg.
Alcohol		6990.96 litre.

6. HEALTH INDICATORS & TRAFFIC ACCIDENT

Thirty-four (3.21%) patients in treatment have some forms of psychological problem, while 58 of them (5.47) were detected HbS Ag + (Table 7). A total of 216 drug-related accidents were reported in the current reporting period (Table 8).

Table 7: Health Indicators

	N	%	Previous Reporting Period (%)
HIV Positive Cases	00	00	00
Psychological Cases	34	3.21	7.43
HbS Ag +	58	5.47	4.56

Table 8: Drug-Related Traffic Accidents

Under the Influence of	N	%	Previous Reporting Period (%)
Alcohol	00	00	00
Narcotic	216	20.37	30.90
Psychotropic substance	00	00	00

DRUG ABUSE MONITORING SYSTEM IN RAWALPINDI / ISLAMABAD

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ABSTRACT

The drug abuse monitoring system for Rawalpindi/Islamabad was initiated in March 1995 on an experimental basis and has been operational since then. This report looks at the drug abuse trends and other indicators for the six months from April -- September 1998. Five hundred sixty three drug addicts were admitted for treatment in the current reporting period. Ninety-one per cent of the drug addicts were using heroin as their primary drug of abuse with 72% smoking or chasing the dragon, 12% were sniffing and 6.4% injecting drugs. Seventy-nine per cent of the addicts were polydrug users as well as practising multiple routes of drug administration. Except for 7 reported clients, all the 556 clients are male. Forty-four per cent were between the age of 20 - 34 years. Fifty-one per cent are married while 38% are single or never married. Sixty-six per cent were living with their families. While 15.6% of the drug addicts were illiterate, 47% had 1 - 6 years, and 29% 7 - 12 years of education. Twenty-six per cent of the clients were unemployed. Significant employment categories included drivers/transport workers 24%, self-employed 13% and sales and clerical workers 14%. The law enforcement agencies arrested 518 people on drug related offences. Most of the arrests (30%) were for public drinking of alcohol. With a total of 495 seizures the local law enforcing agencies confiscated 1035kg of opium, 8kg of heroin, 117.97kg of cannabis, and 1,828 bottles of alcohol during this period.

1. RAWALPINDI / ISLAMABAD

Rawalpindi and Islamabad referred to as the twin cities are situated in the Northeast of the country. Rawalpindi is an old city which emerged from a village founded in around the 14th century, while Islamabad was founded in 1965 when it was decided to move the capital from Karachi in the south.

The total population of Rawalpindi and Islamabad according to the 1981 census was 1,159,916, with 628,565 male and 531,351 female, while the provisional results of the 1998 census estimated Rawalpindi's population at 1.4 million, with 747,923 male and 658,291 female. The population of Islamabad was placed at 524,500, with 287,131 male and 237,369 female. A majority of the population living in Rawalpindi are Punjabi Muslims, while very few people in Islamabad can say that they belong to this area. Most of the people residing in Islamabad are civil servants belonging to different parts of the country. Being the capital, there is also a sizable number of foreign diplomats and representatives of international donor agencies in Islamabad.

The major occupation groups in Rawalpindi are production and related workers, transport workers and labourers. Other occupations in which people are engaged are government service, business, agriculture, and overseas employment. A large number of people from the area also serve in the military. The literacy rate of the cities, according to 1981 census was 58.8%, while the male literacy rate was 68.8% as compared to 31.2% female.

Administratively, Rawalpindi is within the jurisdiction of the Punjab province, while Islamabad and some areas around it are termed as the Federal Territory. Generally better medical, educational facilities and other amenities are available to the population in Rawalpindi and Islamabad than the other parts of the country.

Rawalpindi and its adjoining areas also serve as transit points for drugs originating from the North West Frontier Province to other parts of the country or abroad. An interesting feature of the area is that cannabis grows wildly in the area. Cannabis plants can be seen even around houses and pathways in the twin cities.

2. DATA SOURCE AND TIME PERIOD

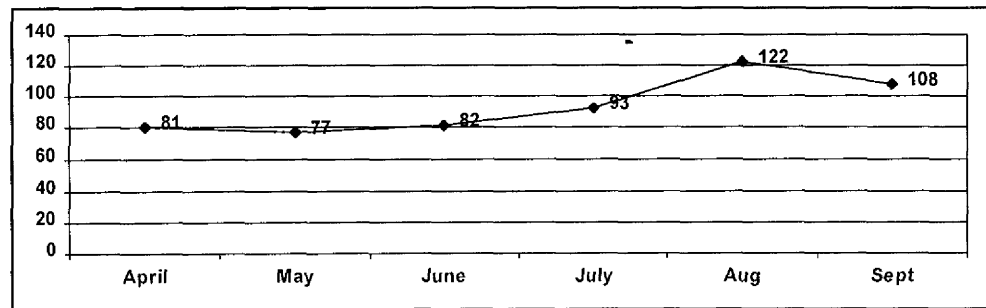
Currently, there are 12 drug treatment facilities operational in Rawalpindi/Islamabad. One programme is run by the Government Hospital, three by self-help groups and eight treatment centers are run by NGOs or commercial interests. Treatment programme in the Central Prison was terminated in November 1996.

Treatment data for the period April -- September 1998 were collected on a monthly basis from 3 specialised drug treatment centers. The law enforcement data were provided by the Police and Excise Departments through the District Narcotics Control Committee, headed by the Deputy Commissioner of Rawalpindi.

3. DRUG ABUSE TRENDS

During the reporting period, 563 drug dependents came for treatment at the reporting treatment facilities. More than half (57%) of these admissions were in the later quarter of the reporting period. These numbers corresponded with the 53% arrests on drug-related charges made in the same (later) quarter. The highest number of admissions was recorded in August where 122 addicts came for treatment (**Exhibit 1**).

Exhibit 1: Numbers of Treatment Admissions



N = 563

All the reported admissions were institutional – 55.4% were readmissions while 44.6% were new admissions for that particular reporting center. The drug abuse trends reported here have primarily been taken from admissions in the drug treatment centers.

3.1 Primary and Secondary Drugs of Abuse

Heroin was the main drug of abuse among the treatment admissions -- 91.47% of the patients abused heroin. Of the other drugs 4.62% were using opium, buprenorphine 2.5%, and 1.4% were using morphine as their primary drug of abuse (Exhibit 2).

Among the patients, 79% were polydrug users with 45% of the 536 patients were using cannabis, and 24.8% used tranquilisers as secondary drug of abuse (Exhibit 2).

Exhibit 2: Primary and Secondary Drug of Abuse

Type of Drug	Primary Drug of Abuse (%) (N = 563)	Secondary Drug of Abuse (%) (N = 563)
Heroin	91.47	-
Opium	4.62	10.82
Buprenorphine	2.5	-
Morphine	1.43	-
Cannabis	-	45.7
Tranquilisers	-	24.8
Alcohol	-	18.6

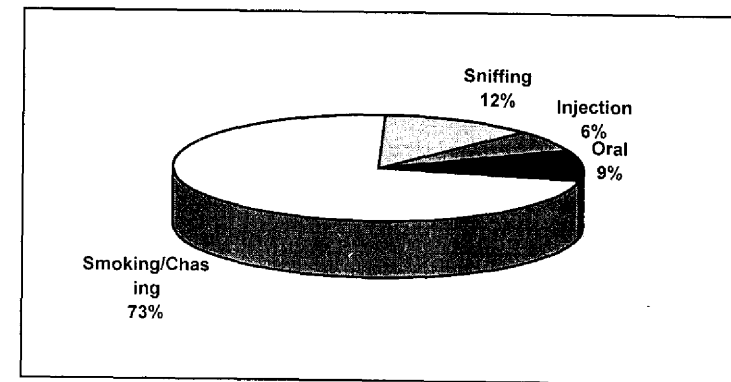
Information from the streets indicated wide use of glue sniffing among street kids (hawkers, car cleaners, etc.) in Rawalpindi. The prevalence of alcohol and cannabis abuse

among male in the age bracket of 20 – 34 years was higher than that reported through the treatment facilities. This is also indicated by the number of seizures of these substances in the city. Similarly, cough syrups and tranquilisers use were also rampant in the city both as recreational and medicinal uses.

3.2 Route of Drug Administration

Smoking or chasing the dragon was the preferred route of administration of heroin and cannabis among 72.6% of the patients. Sniffing or snorting of heroin was practiced by 12% of the patients, while the other 9% took opium and tranquilisers orally. Parenteral use of buprenorphine, morphine and heroin was minimal among the patients (6.4%). The polydrug users (73%) administered drugs through multiple routes including injection (Exhibit 3).

Exhibit 3: Route of Drug Administration



N = 563

3.3 Drug Sources

A majority of the drug addicts (87%) obtained their drugs from the streets, while 9% obtained from dwellings that they nicknamed as the den. Other sources of drug listed by the patients were over the counter 3.4% - this is indicative of the availability and access of psychotropic substances through the chemist shops (Exhibit 4).

Exhibit 4: Drug Sources

Drug Sources	% (N = 563)
Street sale	87.5
Dens	9.4
Over-the-Counter	3.37

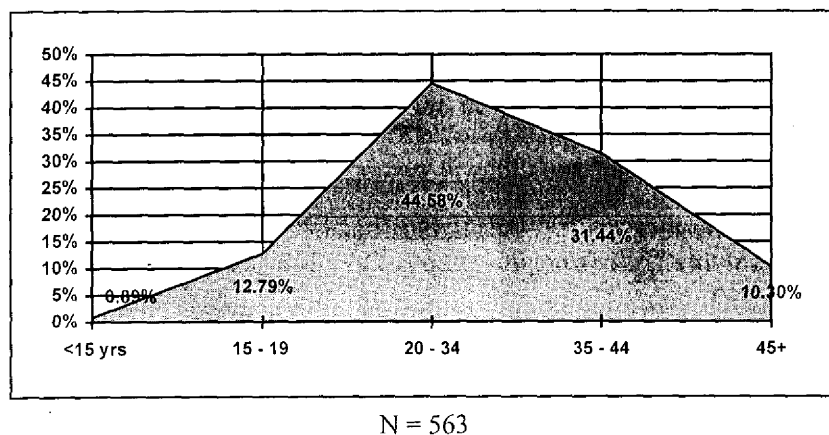
4. SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF PATIENTS

4.1 Sex and Age of Patients

Out of the 563 patients admitted during the current reporting period, 556 (98.7%) are male and 7 female. Although the number of female patients is small, it is indicative of women dependent on drugs like heroin.

About 44.5% of the patients were between the age of 20 and 34 years -- almost 12% less than the previous year's figure. Those in the age bracket of 35 – 44 years accounted for 31.4% of treatment admissions and 12.8% were between the age of 20 and 34 years. Forty-one per cent of the patients were over 35 years old (**Exhibit 5**). The fact that readmissions made up more than half of the total treatment admissions is indicative of chronic drug addicts going through the cycle of treatment : using drugs - treatment - using drugs.

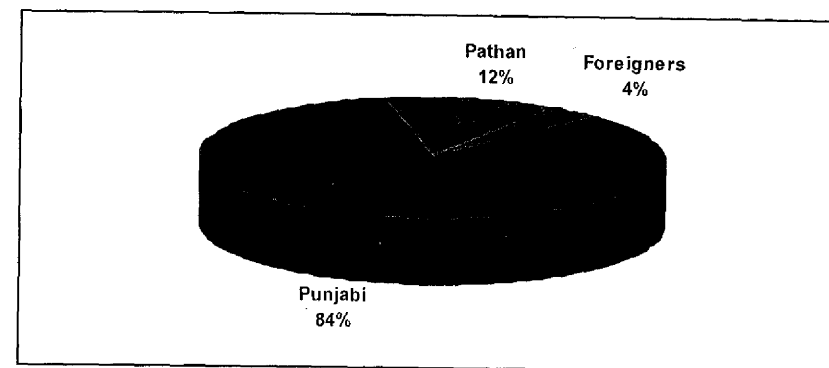
Exhibit 5: Age Distribution of Patients



4.2 Patients' Ethnicity and Religion

Among the 563 patients reported, 84% are Punjabi and 12% are Pathans (**Exhibit 6**). Three per cent of these patients are foreigners mainly Afghan, Iranian and Sri Lankan refugees. With regard to religion, 90.2% of the reported patients are Muslims, while 9.8% are Christians.

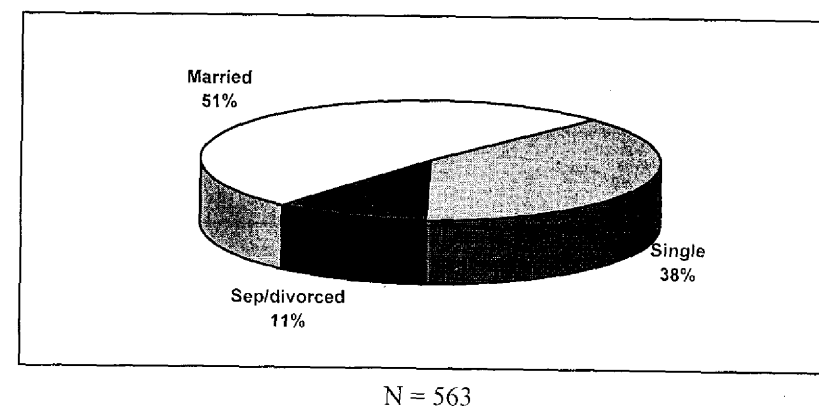
Exhibit 6: Ethnic Group



4.3 Marital Status

Most (51.5%) of the patients are married, 37.8% are single (never married), and 10% are separated and/or divorced. The percentage of separated and/or divorced patients is higher than the previous year's 2% (**Exhibit 7**).

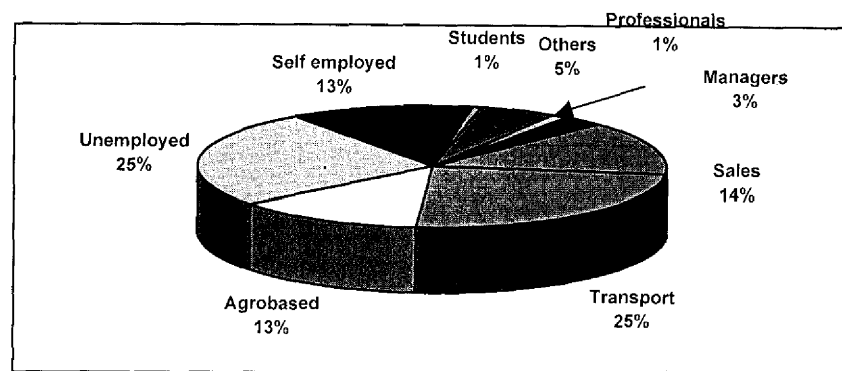
Exhibit 7: Patients' Marital Status



4.4 Occupational Status

A significant 26% of the patients are unemployed. However, it should be noted that they are currently unemployed but had been employed at one stage or another before treatment. Among the reported patients, 24.5% were drivers or transport workers, 14% were sales or clerical workers, 13% agrobased workers and 12.8% were self-employed (**Exhibit 8**).

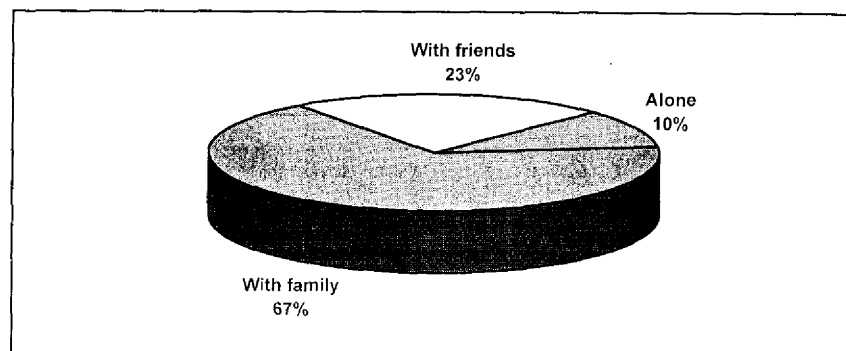
Exhibit 8: Occupational Categories



4.5 Living Arrangements

A majority of the patients (66.6%) were living with their families. This suggests the existence of supportive family structure. However, a two fold increase in the percentage of patients living alone was reported -- 10.48% in the current reporting period against 5% in the previous six months period. Also, 23% of the patients were living with friends and colleagues (**Exhibit 9**).

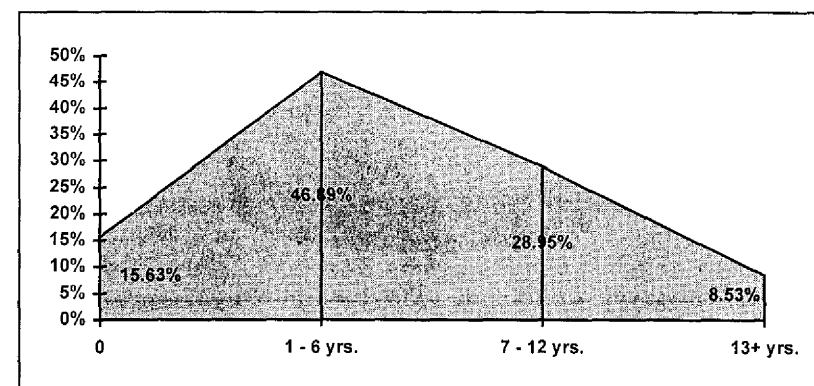
Exhibit 9: Living Arrangements



4.6 Years of Education

The level of education of patients in the current reporting period is similar to that reported in the previous six months. Most of the patients (47%) had 1 - 6 years of education, 29% with 7 - 12 years of education and 15.6% are illiterate (**Exhibit 10**).

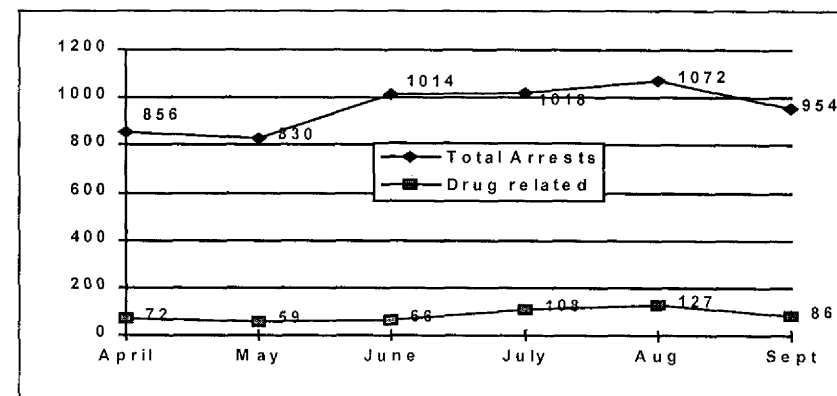
Exhibit 10: Educational Achievements



5. LAW ENFORCEMENT INDICATORS

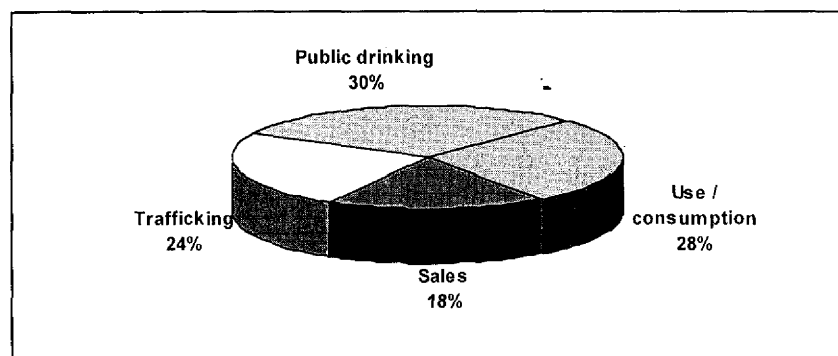
The law enforcement agencies arrested a total of 5,744 persons for various criminal offences in the current reporting period. Out of this total, 9% (518) were arrested for drug-related crimes. More than half (53%) of the drug-related arrests were made in the later quarter of the reporting period, e.g., July – September (**Exhibit 11**).

Exhibit 11: Total Arrests and Drug-Related Arrests



A large percentage (30%) of the 518 arrests for drug-related offences, are arrests for public drinking of alcohol. Arrests for use or consumption of drugs account for 28% of the drug-related offences, while 24% and 18% are arrests for trafficking and sale of drugs, respectively (**Exhibit 12**).

Exhibit 12: Drug-Related Arrests



The largest quantity of drug seized by the local police and excise and taxation personnel in 1997, was opium where 1035.6kg were seized through 4 seizures. The amount of cannabis seized through 163 seizures was 117.98kg, while 8.01kg of heroin was seized through 249 seizures. Seventy-nine seizures of liquor were made where 1,828 bottles of liquor were seized (Exhibit 13).

Exhibit 13: Drug Seizures and Quantity of Drug Seized

Drugs Month	Opium		Heroin		Cannabis		Alcohol	
	Szr	Qty (kg)	Szr	Qty (kg)	Szr	Qty (kg)	Szr	Qty (btl)
April	0	0	34	2.355	25	103.2	12	229
May	2	1035	34	2.583	14	3.912	9	31
June	0	0	32	0.749	25	2.223	9	189
July	0	0	45	0.438	40	5.718	21	1037
August	0	0	62	1.34	45	1.667	20	330
September	2	0.615	42	0.551	14	1.26	8	12
Total	4	1035.62	249	8.016	163	117.98	79	1828

6. HEALTH INDICATORS

There is no system of reporting or collecting data of psychological, or emergency room cases in hospitals. Also, no drug-related psychological cases, emergency room cases or drug-related deaths have been reported during this period. As in the previous reports the treatment centers are reporting pulmonary tuberculosis and other respiratory tract infections among increasing number of patients coming in for treatment.

6.1 HIV/AIDS

Data on HIV/AIDS cases for the city was collected for the current reporting period. Also, the treatment centers do not have the facilities for HIV screening of their clients. Some of the drug treatment centers are now looking into the possibilities of having their clients, especially those who have been injecting drugs screened for HIV/AIDS. Three cases were found to be positive with HBC virus in one center.

7. OPERATIONAL ISSUES

As reported earlier, the drug abuse monitoring system in Rawalpindi/Islamabad has now been operational for over 3 years. The monitoring system has no official recognition and is being run on the voluntary interest of the participating centers and one member of the District Narcotics Control Committee. Similarly, the Police and Excise Departments through the District Narcotics Control Committee have continued to be very helpful in providing the law enforcement data for the system.

Nevertheless, all those who regularly receive the periodic reports appreciate its usefulness in terms of monitoring the trends at the city level. One example of its recognition is reference to the city's data in the "World Drug Report" compiled and published by the United Nations International Drug Control Programme in 1997.

DRUG ABUSE IN MADRAS CITY, INDIA

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MADRAS OR CHENNAI

The universe considered for this study is Madras (Chennai), a cosmopolitan city. It is the capital of the Tamil-speaking region (Tamil Nadu) of India and is situated on the NorthEast of Tamil Nadu on the coast of Bay of Bengal. It stretches nearly 25.6 kilometres along the Bay coast and runs in a semi-circular fashion covering 172 square kilometres. The estimated total population is four million.

2. DATA SOURCES AND TIME PERIOD

The current paper presents data obtained from major treatment centres offering inpatient treatment in Madras. The three major treatment centres are:

Institute of Mental Health, a Government sponsored Deaddiction Centre, that provides inpatient services. The treatment programme consists of detoxification, psycho-educational approaches, individual and group therapy, family and marital therapy, deterrent drug treatment and relapse prevention programme.

TTK Hospital, a major Non-Governmental Treatment Facility that provides detoxification, psycho-educational programmes, family therapy, deterrent drug treatment and relapse prevention therapy.

SAHAI Research and Rehabilitation Centre, a premier centre that offers comprehensive treatment services to drug and alcohol dependents.

This report presents data collected from January to December 1997.

3. TREATMENT INDICATORS

3.1 Drug Abusers in Treatment

For the period January to December 1997, a total of 2572 persons were admitted at the three treatment centres in Madras. Out of the 2572 admissions, 1488 were admitted for treatment of alcohol/drug dependence at the Institute of Mental Health. Of these, 302 persons (20.3%) have significant diagnosable psychiatric morbidity (Table 1). A

significant number of these patients had comorbid psychiatric disorder. The common psychiatric disorders include Major Depression and Anti-Social Personality Disorder.

Table 1: Number of Admissions and Psychiatric Morbidity

	July - December 1997	January - June 1997	Total
Total number admitted (IMH)	785	703	1488
With psychiatric morbidity	122 (15.5%)	180 (25.6%)	302 (20.3%)

3.2 Primary Drug of Abuse

Alcohol continued to be the primary drug abused among addicts admitted to the three facilities in Madras. Heroin ranked second, while cannabis and buprenorphine were placed third and fourth respectively (Table 2).

Table 2: Primary Drug of Abuse

Primary Drug (All Treatment Centres; N= 2572)	N		%	
	July - Dec. 1997	Jan. - June 1997		
Alcohol	947	1038	77.9	76.5
Heroin	121	166	9.9	12.2
Cannabis	94	80	7.7	5.9
Buprenorphine	53	72	4.4	5.3
Others	0	1	0	0.1

3.3 Polydrug Users

A total of 513 persons in the three treatment centres were polydrug users (19.9%). Cannabis, nitrazepam and alcohol were the common secondary drugs employed. Most of the opiates' addicts were polydrug users. Intravenous use of benzodiazepines and antihistamines among opiates' addicts were increasing (Table 3). Cocktail of drugs like Calmpose (diazepam), Avil and Tidigesic (buprenorphine), popularly referred to as "CAT" and combinations of Phenargan (promethazine), Avil and Tidigesic, popularly referred to as "PAT" were prevalent among opiate users. They also used pain killers, primarily dextropropoxyphene and sedatives like nitrazepam.

Table 3: Rank Order Frequency of Secondary Drug of Abuse

Secondary Drug (All treatment centres; N=513)	N % July - Dec. 1997		N % Jan. - June 1997	
	Cannabis	182	75.8	213
Nitrazepam	132	55	135	49.4
Alcohol	116	48.3	139	50.9
Buprenorphine	96	40	104	38.1
Chlorpheniramine maleate (Avil) Inj.	84	35	76	27.8
Diazepam (Inj)	77	32.1	62	22.7
Pain Killers	57	23.8	55	20.1
Heroin	12	5	15	5.5

3.4 Socio-Demographic Characteristics

3.4.1 Gender

The number of women addicts in treatment at the Institute of Mental Health continues to be low and 26 women sought treatment during the period July to December 1997 (3.7%) (Table 4).

Table 4: Gender of Drug Addicts

	No. of Women Admitted	%
January - June 1997	22	3.1
July - December 1997	26	3.3

The other two treatment facilities admitted only three women addicts as they serve primarily male drug/alcohol users.

3.4.2 Age

Significant proportions of the alcohol users were in the age range of 31-50 and the majority of other than alcohol users were in the age range of 18-30 years. About two-thirds of all the drug/alcohol users in treatment were below the age of 40 years (Table 5).

Table 5: Age Distribution of Alcohol/Drug Users

Age Range (All treatment centres; N=2572)	N % July - Dec. 1997		N % Jan. - June 1997	
	<15	0	0	0
15 - 19	97	8	68	5
20 - 34	486	40	479	35.3
35 - 60	583	48	792	58.4
>60	49	4	18	1.3

3.4.3 Religion

It is significant to observe that Muslims are disproportionately less among the treatment seeking alcohol/drug addicts, compared to the demographic profile in the general population of Madras. Christians are proportionately more among the treatment seekers compared to the general population (Table 6).

Table 6: Religion of Treatment Seekers

Religion (All treatment centres; N=2572)	N % July - Dec. 1997		N % Jan. - June 1997	
	Hindus	692	57	838
Christians	376	30.9	405	29.8
Muslims	94	7.7	101	7.4
Others	53	4.3	13	1

3.4.4 Education

About two thirds of the alcohol/drug abusers in treatment had attained secondary education and the number of illiterates are low (Table 7).

Table 7: Education

Educational Level (All treatment centres; N=2572)	N		%	
	July - Dec. 1997	Jan. - June 1997	July - Dec. 1997	Jan. - June 1997
Illiterate (0 year)	37	79	3	5.8
Primary School (<6 years)	328	399	27	29.4
Secondary School (6 - 12 years)	810	830	66.7	61.2
Collegiate Education (> 12 years)	40	49	3.3	3.6

3.4.5 Occupational Status

Majority of the drug/alcohol users in treatment were employed and only a small proportion of them were unemployed. The common occupations are self employed, sales & clerical and transport (Table 8).

Table 8: Occupational Status

Occupation (All treatment centres; N=2572)	N		%	
	July - Dec. 1997	Jan. - June 1997	July - Dec. 1997	Jan. - June 1997
Professional	24	32	2	2.4
Administrative	12	16	1	1.2
Sales & Clerical	233	219	19.2	16.1
Transport related	208	308	17.1	22.7
Agro based	62	62	5.1	4.6
Self-employed	320	270	26.3	19.9
Students	15	16	1.2	1.2
Unemployed	97	98	8	7.2
Others*	244	336	20.1	28

* primarily includes fishermen and casual labourers

3.4.6 Marital Status

Given the fact that most of the patients were above the age of 20, it is not surprising to find that significant proportions are married (Table 9).

Table 9: Marital Status

Marital Status (All Treatment Centres; N= 2572)	N		%	
	July - Dec. 1997	Jan. - June 1997	July - Dec. 1997	Jan. - June 1997
Married	715	825	58.8	60.8
Unmarried	748	532	41.2	39.2

3.4.7 Living Arrangements

About three fourths of alcohol/drug abusers lived with parents or spouses or close relatives, signifying adequate social support (Table 10).

Table 10: Living Arrangements of Drug Abusers

Living Arrangements (All treatment centres; N=2572)	N		%	
	July - Dec. 1997	Jan. - June 1997	July - Dec. 1997	Jan. - June 1997
With parents/spouse	690	798	56.8	58.8
With close relatives	203	267	16.7	19.7
Alone	80	113	6.6	8.3
With friends	62	47	5.1	3.5
Hostels/Hotels	15	27	1.2	2.0
No accommodation	165	105	13.6	7.7

3.5 Route of Administration

Injecting is an important route of administration and most opiate users injected opiates and other drugs. The injectable drugs include heroin, buprenorphine (tidigesic), diazepam, chlorpheniramine maleate (avil), pentazocine (fortwin), and promethazine (phenargan) (Table 11).

Table 11: Primary Route of Administration Among Other Than Primary Alcohol Users

Route of Administration (N=587)	N		%	
	July - Dec. 1997	Jan. - June 1997		
Injecting	140	188	52.2	58.9
Smoking	101	80	37.7	25.1
Chasing	24	12	9.0	3.8
Combination*	3	39	1.1	12.2

* State more than one route as their primary routes of administration

3.6 HIV and AIDS

HIV antibody testing is being done for all the consenting injecting drug users with pre and post-test counseling. During the period January to June 1997, the proportion of HIV sero-positivity among injecting drug users was estimated at 21% and for the second half of the year it was estimated to be 19% (Table 12). Community based HIV intervention programmes have been initiated and implemented by SAHAI Trust, a premier agency that helps drug abusers.

Table 12: HIV and AIDS

HIV antibody testing	July - December 1997	January - June 1997
HIV sero-prevalence	19%	21%

4. LAW ENFORCEMENT INDICATORS

The cumulative drug-related offence cases for the year 1997 were 2301 cases, and 2422 arrests were made. Most cases and arrests were cannabis-related. Heroin-related arrests were the next prevalent cases. Sizable quantities of ganja (cannabis) and heroin were in 1997.

Table 13: Drug Law Enforcement Indicators, 1997 – Narcotics Control Bureau, Chennai

Drug	No. of Cases	Quantity (kg)	No. of Arrests
Tamil Nadu	141	23.566	144
Heroin	10	492 vials, 20 Inj.	14
Buprenorphine	1	1050	2
Hashish	2244	4703.324	2257
Ganja - dry	-	99175.00	-
Ganja - wet	1	19 vials	1
Tidigesic	1	15,000	1
Poppy Caps	1	20 vials, 20 caps,	2
Other Psy. Subs		830 tabs.	
Mandrax	1	2000	1

Total Cases: 2301

Total Arrests: 2422

PART 2 - Section Three

**REGIONAL REPORTS
(January - June 1998)**

A COMPARISON OF DRUG ABUSE PATTERNS OF SELECTED EAST ASIAN AND SOUTH ASIAN CITIES

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ABSTRACT

Drug treatment and law enforcement data were collected using a standardised instrument in six East Asian and four South Asian cities. Treatment data from the cities indicate significant variations in patterns of illicit drug use. Heroin admissions were predominant in most of the East Asian cities (Yangon, Bangkok and Kuala Lumpur) and South Asian cities (Islamabad, Colombo and Dhaka). In Hanoi, both heroin and opium were the major drugs of abuse. However, there has been an increasing shift from opium to heroin abuse in Hanoi. Polydrug abuse of amphetamines, alcohol, cannabis and cough syrups were widespread in Manila. In Vientiane, solvents were the only drugs of abuse among the reported drug dependents. It was reported in 1997, that methamphetamine abuse has emerged in recent years in the East Asian region and is on the increase. Amphetamines are the major drugs of abuse in Manila during the current reporting period and its abuse is increasing in Bangkok. Parenteral drug use is common in Bangkok and Yangon. In Kuala Lumpur smoking or 'chasing the dragon' is the main route of drug administration. In 1997, oral intake was reported to be the predominant mode of drug administration in Vientiane. However, in the current reporting period, drug dependents in Vientiane prefer inhalation to oral mode of drug administration. This trend is also observed in Hanoi. In most of the South Asian cities, smoking is the primary mode of drug use. In Colombo, other/multiple mode of drug administration is highest. There are variations in the socio-demographic characteristics of treatment admissions between the cities from the two sub-regions. The number and rate of drug-related arrests varied between the cities. Significant differences in drug seizures are also observed between the cities.

1. INTRODUCTION

Asia confronts a serious problem of drug abuse and illicit production and trafficking of narcotic drugs and psychotropic substances. In recent years there are notable changes in the drug abuse trends in the region. Opium smoking is diminishing in the East and SouthEast region, but unfortunately it is being replaced by heroin injecting. A similar trend is observed in South Asia. In countries such as Bangladesh, India and Nepal, opium has been substituted with heroin, and more recently, also to buprenorphine, and the route of administration is shifting from inhalation

(smoking) to injection. Systematic assessment and monitoring of the extent and nature of the problem at the national and regional level are important for its effective control.

The Asian Multicity Epidemiology Programme on drug abuse was initiated in 1993, to respond to regional and policy needs pertaining to drug abuse. The major aim of the programme is to develop and utilise common drug abuse indicators in selected cities to assess and compare the patterns and trends of the problem within the national cultural and socio-political context. A city based surveillance network of twelve cities (seven East Asian and five South Asian) has been established. In addition to providing information for the implementation of effective national treatment and prevention intervention services, the network also serves as an early warning system of emerging problems which have implications for the control of drug abuse in the region. The Center for Drug Research, Universiti Sains Malaysia, coordinates the Programme and also compiles and analyses the data biannually.

The paper is divided into two parts. The first presents a cross-city comparison of the drug abuse situation of the East Asian cities and the second, provides a description of the drug abuse patterns of the South Asian cities.

2. METHOD

A standard instrument containing a range of drug indicators which has previously been shown to reflect trends in prevalence and pattern of drug abuse as well as associated problems, is used by individual cities to gather data on a quarterly basis. The two primary sources of data include those from drug treatment facilities and those from law enforcement agencies. Informations from treatment admissions include total number of treatment admissions, patients' socio-demographic characteristics, primary drug of abuse and use patterns. Data from the criminal justice system include total and type of drug-related arrests, number and type of drug seizures. Available information on drug-related health and social indicators is also reported.

3. DATA SOURCES AND TIME PERIODS

There are variations in data sources between these cities. Kuala Lumpur reported aggregated data on all drug dependents contacted for the first time by government agencies (i.e., police, prison, treatment centers, etc.). Informations on drug treatment indicators of the other cities were obtained from either specialized drug treatment facilities, primary health facilities or from both services. However, the total number of reporting facilities varied between the cities. Data on law enforcement indicators from each city were collected from the police and prisons.

Comparability of the nature of drug abuse between the cities is limited due to variation in sources of information and the type of cases from which data on treatment indicators are

collected (i.e., new or first admissions, or total, which included both new and readmissions). Nonetheless, the use of a standard data collection instrument facilitates the collection of data of selected core indicators. Despite the differences, some common features, as well as city variations could be inferred from the available information.

This paper presents a comparison of the drug abuse profile of six East Asian and four South Asian cities, based on information obtained in the latest reporting period, i.e., January 1998 to June 1998, for most of the reporting cities. The East Asian cities are Bangkok, Thailand; Hanoi, Vietnam; Kuala Lumpur, Malaysia; Manila, Philippines; Vientiane, Laos; and Yangon, Myanmar. The cities from South Asia include Colombo, Sri Lanka; Dhaka, Bangladesh; Islamabad, Pakistan; and Madras, India.

4. CROSS-CITY COMPARISON OF EAST ASIAN CITIES

4.1 Demographic Characteristics of Cities

Among the six East Asian cities, Bangkok has the largest population size of about six million people (**Exhibit 1**). Hanoi and Yangon have about 2.5 million people, whilst the population of both Manila and Kuala Lumpur is less than two million. Vientiane has slightly over half a million people. The ratio of male and female is similar within each city. Kuala Lumpur, Manila, Yangon and Vientiane have a comparatively younger population. All the cities have a larger proportion of people who are unmarried. A comparison to the levels of education of the city population showed Kuala Lumpur, Hanoi and Vientiane have a higher percentage of its population with seven to twelve years of education.

4.2 Drug Treatment Data

4.2.1 Total Number of Treatment Admissions

Many variables affect treatment admission numbers. These variables include programme emphasis and capacity. This is reflected in the substantial variation in total number of treatment admissions between the cities.

For the period January - June 1998, Kuala Lumpur reported a total of 1162 treatment admissions with 69% new drug dependents, and Manila admitted a total of 513 drug dependents with 89% new cases.

For the reporting period January - March 1998, Bangkok reported a total of 4582 admissions with 26% new cases, while Yangon reported a total of 148 admissions with 59.5% new admissions, and Vientiane reported only 3 new cases. The total treatment admissions for Hanoi in April - June 1998 are 674 with 11% new drug dependents.

Although the current reporting period for Bangkok is shorter than the other cities (3 months), it reported the highest number of treatment admissions. However, the proportion of new cases in Bangkok (26%) is lower than that reported in Manila (89%) and Kuala Lumpur (69%). The higher proportion of new cases in Manila and Kuala Lumpur may be attributed to several factors such as increase in level of drug use among the population, increase in treatment facilities, and increase in or stringent enforcement of drug legislation.

4.2.2 *Pattern of Illicit Drug Use*

Opiate type drugs remained the main drugs of abuse among addicts in the cities except in Manila. Heroin was the primary drug of abuse among most of the drug dependents admitted for treatment in Yangon (96%), Bangkok (83%), Kuala Lumpur (67%), and Hanoi (58%) (**Exhibit 2**).

Admission of opium dependents was significant in Hanoi (26%) compared with other cities where its use was almost absent. However, the number of opium users among the drug dependents in Hanoi in April -- June 1998, was lower than that reported (44%) previously (January -- April 1998).

A major shift from opium to heroin use has been reported in Hanoi in 1997. This trend was also observed in the current reporting period (58% of drug dependents use heroin) and in Yangon where 88% of treatment admissions use heroin. This is probably associated with the increasing availability of heroin in the city and the increase preference of heroin among the users.

Morphine was not popular among the drug dependents in most of the reporting cities except in Kuala Lumpur (7%) and Hanoi (4%).

The abuse of cannabis among treatment admissions was non-existence in most cities, except in Manila (43%) and Kuala Lumpur (7%). Cannabis has been reported to be primarily used as a 'gateway' drug in cities such Bangkok and Kuala Lumpur.

Unlike the other cities, polydrug use of non-opiate drugs is a common feature in Manila (83%). Methamphetamine or 'shabu' is the most common drug of abuse. The proportion (83%) of drug dependents that use methamphetamine in the current reporting period is higher than the proportion (79%) reported in 1997. The use of alcohol (29%) and cough syrups (18%) such as codeine and pethedine are common. Benzodiazepines and analgesics are also abused but to a much lesser extent. In Bangkok, 15% of the treatment admissions used methamphetamine.

Solvents abuse among treatment admissions is absent in all the cities except in Vientiane (100%) and Manila (0.4%).

The mode of administration varied substantially among the cities where heroin is the primary drug of abuse. Smoking or 'chasing the dragon' is the most common route of heroin administration among patients in Kuala Lumpur (92%), with a lesser extent in Bangkok (30%), Hanoi (21%) and Yangon (10.8%). Injecting heroin predominates among addicts in Yangon (85.8%) and Bangkok (68%). Sizable (10%) parenteral drug use was reported in Hanoi. In Kuala Lumpur, injecting drug use is relatively minimal (6%). Drug use through inhalation is popular in Hanoi (61%) and Vientiane (60%). Forty per cent of the drug dependents in Vientiane take drugs orally (**Exhibit 2**).

Black market is the primary source of drugs in Hanoi (58%) while street sale is the main source of drugs in Vientiane (100%). Data on sources of drugs are not available for other cities (**Exhibit 2**).

4.2.3 *Characteristics of Treatment Admissions*

Male dominates the treatment data in each city (**Exhibit 3**). This suggests the severity of drug abuse problem among the male population in all the cities. Manila reported the highest proportion of female addicts (22%). Three per cent of addicts in treatment are female in Yangon, while Bangkok, Hanoi and Kuala Lumpur reported less than 3% of female addicts admissions. However, it must be noted that the extent of the problem among females may not be reflected here because the existing treatment facilities in most of the cities are mainly for male drug dependents.

Other demographic data such as age, employment status, level of education and marital status, showed variations between the cities. Although most of the treatment admissions from each city were between the ages of twenty and thirty-four, there were however, substantial variations in percentage of adolescent admissions. For example, Vientiane reported the highest proportion of adolescent (age 15 to 19 years) admissions (100%) followed by Hanoi (48%). Kuala Lumpur on the other hand, reported the highest percentage of treatment admissions that were over 34 years of age (31%). Most of addicts (90.5%) in Yangon were between 20 - 34 years old. A worrying trend in Manila is the rise in admissions for the below 15 years age group (4.5%). Overall, the age distribution of the drug abusers contacted within each city differed from that of the general population of the city. Comparing the age categories, evidently the reported age-specific incidence rates of drug abuse cases are significantly higher among those between twenty and thirty-four years of age when compared to the other age categories (**Exhibit 3**).

Data from previous year indicated that there were no significant changes in the age of treatment admissions in Bangkok, Kuala Lumpur and Manila. The 20 to 34 age group remained the dominant group of treatment admissions in all three cities. However, the proportion of adolescent admissions (24%) in Manila is higher than that reported in 1997 (16%).

The distribution of employment status differed significantly between the six cities. Kuala Lumpur and Hanoi have the largest percentage of admissions who were employed (91%, and 87% respectively) prior to entry into treatment. All the cities, except Kuala Lumpur reported a significant percentage of unemployed (between 10 to 40%) among the drug dependents. A worrying trend of increasing admission of students has been observed in several cities. For example, Bangkok and Manila reported a significant percentage of student admissions between 14 and 26% (**Exhibit 3**). Data on employment of treatment admissions for Vientiane and Yangon are not available.

Available information on the types of occupation among those employed showed variations between the cities. For example, most of the employed treatment admissions in each city were sales and clerical workers or self-employed. A small but important group was the drivers or transport workers. For example, in Kuala Lumpur, sales and clerical workers, drivers or transport workers accounted for the majority of cases. In Manila, a significant 17% of the drug dependents were professionals, whilst cultivators made up a significant quarter (27%) of the addicts in Hanoi (**Exhibit 3**).

Information on years of educational attainment revealed that a majority of drug abusers who were admitted for drug treatment in most of the cities had between six and twelve years of education. The proportion of addicts with less than six years of education in Bangkok, Manila, Hanoi and Kuala Lumpur are between 20 and 35%. Yangon has the highest percentage (22%) of total admissions that had more than twelve years of education. Most of the drug abusers from each city are unmarried.

The differences in the background characteristics of drug abusers who were admitted for treatment is an indication of the types of drug abusers that were contacted by treatment facilities or other governmental agencies in each city. They may or may not represent the general drug abuser population within each city.

4.3 Law Enforcement Data

4.3.1 Drug-Related Offences

Law enforcement indicators such as the number of drug seizures and arrests often reflect policy rather than level of abuse. The total number and rate of drug-related arrests varied substantially between the cities. These differences reflect the extent of police activities or law enforcement in each city. Wider policies and legal aspects associated with drug abuse may also be contributing factors to the variance.

For the period January - March 1998, Bangkok reported a total of 10,295 drug-related arrests with more than half (53.2%) accounted for offence of possession. A sizable 36.5% of the total arrests are that of consumption of drugs, while arrests for sale of drugs made up 10% of the total arrest. Arrests for possession predominated in Manila (88% of the total 1070 arrests). Offence of sale of drugs made up 10% of the total arrests, while the

rates of arrests for consumption and trafficking of drugs were less than 1%. A total of 810 arrests were made in Kuala Lumpur, with 37% arrests for consumption of drugs, 24% for trafficking of drugs, 17% for possession and 12% for sales of drugs. In Hanoi arrests were made for the offences of consumption (81%) and trafficking (18%) only (**Exhibit 4**).

From the current data it can be inferred that the offence of trafficking predominated in Kuala Lumpur, less in Hanoi and negligible in Manila and Bangkok. While the offence of consumption was negligible in Manila, it accounted for 81% of the total arrests in Hanoi. The offence of possession was not detected in Hanoi but accounted for more than half of the total arrests in both Manila and Bangkok.

4.3.2 Drug Seizures

The types and quantity of drugs that were seized varied between the cities (**Exhibit 4**). Wider ranges of drugs were seized in Bangkok. A total of 16.3kg of drugs that were seized include the opiates, cannabis, solvents/inhalants, and amphetamines. Eighty-five per cent (85%) of the total drug seized was that of amphetamines. In Kuala Lumpur, of the total opiates and cannabis seizures, 39% are heroin and 61% are cannabis. A sizable seizure of 6,304 psychotropic pills has been reported. Fifty-eight per cent (58%) of the reported seizures in Manila are that of amphetamines and 42% are cannabis. A total of 640 bottles of solvents/inhalants were seized too. In Hanoi, 97% of the drug seized are opiates; of this only 3% are heroin and 0.17% morphine.

In 1997, 15% of the total drug seizures in Manila and 57% in Bangkok were that of amphetamines. These figures are much less than the reported current data.

4.3.3 Health and Social Indicators

Information on these indicators is incomplete for all the cities except Bangkok and Manila. No cases of drug-related HIV/AIDS have been reported for the current reporting period in Bangkok. However, Manila reported a total of 13 drug-related HIV cases, 3 AIDS cases, and 129 drug-related psychological cases in the period January - June 1998.

5. CROSS-CITY COMPARISON OF SOUTH ASIAN CITIES

5.1 Demographic Characteristics of Cities

Population sizes differ between the four cities (**Exhibit 5**). Dhaka has the largest population size of 6.6 million followed by Madras (3.8 million). The cities of Colombo and Islamabad have smaller populations (1.7 and 1.2 million, respectively). The male-female ratio is almost similar in all cities with slightly larger proportion of males. Comparison of age groups of city populations is limited by variation in the categories that

are used by the cities. Comparable data from Dhaka and Islamabad showed that both cities have a similar age distribution. Both cities have a quarter of the population in the above 35 years age group and a larger proportion of people in the under 15. years age group.

A larger percentage of the population in Dhaka (55%) and Colombo (60%) are single compared to Islamabad (29%). In Islamabad, larger proportions of the population are married. Where level of education is concerned, Dhaka and Islamabad reported a larger percentage of the population who had no formal education (43% and 41%, respectively) compared to Colombo (18.0%). Overall, available data for the cities indicated that more than half the respective city's population had some formal education.

5.2 Drug Treatment Data

5.2.1 Total Number of Treatment Admissions

All the cities reported data from only specialized drug treatment facilities. For the reporting period January - June 1998, Dhaka reported a total of 948 treatment admissions with 77% new drug dependents. Islamabad admitted a total of 345 drug dependents with 46% new cases, while Colombo reported a total of 577 treatment admissions. For January 1997 to March 1998, Madras reported a total of 1757 treatment admissions.

5.2.2 Pattern of Illicit Drug Use

Heroin admissions predominated in the cities of Colombo and Islamabad, accounted for 90% and 93% of the total treatment admissions, respectively (**Exhibit 6**). This drug was also primarily used by more than half (70%) of the total number of admissions in Dhaka. Only a small proportion (11%) of drug dependents in Madras use heroin.

Opium and morphine abuses were reported by a small percentage of total admissions in Colombo, Dhaka and Islamabad.

The abuse of other types of opiates such as pethedine and codeine (22%) was widespread among treatment admissions in Dhaka.

Cannabis admissions accounted for a small percentage of total admissions in Colombo and Dhaka (0.4 and 6% respectively) and non-existence in Islamabad. Alcohol consumption was high in Madras (77% of total admissions).

Polydrug use was common among drug dependents admitted for treatment in Islamabad, with 76% reporting such behaviour. A sizable percentage (16.7%) of treatment admissions in Madras also reported use of multiple drugs.

The route of drug administration varied among the cities. Smoking or 'chasing the dragon' was the most popular mode in Islamabad (71%), Dhaka (69%), Madras (39%) and only 16.5% in Colombo. The practice of injecting drugs was popular in Madras (53%), while small percentage of drug dependents in Dhaka (12%) and Islamabad (6%) preferred this mode of drug administration. Colombo has not detected parenteral drug use among addicts. Taking drugs orally was also evident among the addicts in Dhaka (14%) and Islamabad (10.0%). Available information showed that street sales was the primary source of drugs in Dhaka (100%) and Islamabad (86%) (**Exhibit 6**).

5.2.3 Characteristics of Treatment Admissions

Male accounted for almost all admissions in each city (**Exhibit 7**). Madras reported 3.5% of female admissions in the period January 1997 - March 1998. Drug abusers in the 20 to 34 age group accounted for the largest category (between 45% and 80%) of treatment admissions in Colombo, Dhaka and Islamabad. The second largest age category of drug abusers was the 35 years and above in these cities. In Madras, more than one third (38.0%) of abusers were in the 20 to 34 years age group, while more than half (56%) were over 34 years old.

The distribution of treatment admissions by marital status is similar in all cities, except for Colombo, where more are unmarried (55%).

The employed featured quite prominently in the occupational status in Colombo (85%), Islamabad (72%) and Dhaka (57%). Students accounted for a significant percentage (8%) of total admissions in Dhaka.

Available information on the types of occupation among those employed showed variations between the cities. The self-employed/small business made up a sizable proportion (12% - 30%) of total admissions in all the cities. Drivers accounted for a significant proportion (between 8 and 22%) of total admissions in each city. Treatment admissions who were sales and clerical workers accounted for a sizable proportion in Madras (18%), Islamabad (14%), and Dhaka (13%). In Colombo, a large proportion (58%) of total admissions was under the 'others' category, who were mostly labourers.

The percentage distribution of treatment admissions by level of educational attainment differed between the cities. Those who did not receive any formal education accounted for a large percentage of total admissions in the cities of Dhaka (23%) and Islamabad (22%). Colombo (83%) and Madras (64%) had the largest proportion of treatment admissions who had between six and twelve years of education. A fairly significant proportion of total admissions who had more than 12 years of education are reported in Dhaka (11%) and Islamabad (9%).

Data on ethnicity of admissions are available for Colombo and Islamabad. In Colombo, consistent with the ethnic distribution of the city population, the Sinhalese formed the

largest group of treatment admissions (85%). In Islamabad, the Punjabis (75%) accounted for the largest category of admissions. In Madras, data on religion, showed that the majority (61%) are Hindus, followed by Christians (29%).

5.3 Law Enforcement Data

5.3.1 Drug-Related Offences

The total number of drug-related arrests was highest in Colombo (1,754 cases) followed by Dhaka (872 cases) and Islamabad (433 cases) (Exhibit 8). The differences may reflect the variation in policies and extent of police activities in each city.

Information on types of arrest available for these cities indicate that the offence of consumption predominated in Dhaka (100% of total arrests), Colombo (82%), and Islamabad (34.9%). The offence of trafficking was only detected in Islamabad (22%) and Colombo (1.3%). The arrests for sales constitute 19% and 16% of the total arrests in Islamabad and Colombo, respectively.

5.3.2 Drug Seizures

Available information from Dhaka and Islamabad showed that cannabis seizures were the most common in Dhaka (98%), while opium accounted for 12% of the total seizures in Islamabad (Exhibit 8). Seizures of other opiates such as codeine and pethedine were reported by Dhaka (382 litres and 21,447 ampoules, respectively). Alcohol seizures were high in Dhaka (6048 litres). A substantial amount of buprenorphine was seized in Dhaka (1,434 ampoules) in 1997.

Exhibit 1
A COMPARISON OF SELECTED CITY DEMOGRAPHIC INDICATORS

INDICATORS	BANGKOK		KUALA LUMPUR		MANILA		HANOI		VIENTIANE		YANGON	
	1990	%	1991	%	1995	%	1997	%	1995	%	1994	%
Total Population of City/ Metropolitan	5,882,411		1,145,075		1,654,761		2,551,260		531,800		2,513,023	
Gender												
Male	48.1		51.0		49.9		49.8		50.4		50.2	
Female	51.9		49.0		50.1		50.2		49.6		49.8	
Age												
<15	21.5		36.8		31.3		29.6		37.2		33.6	
15 - 19	11.3		13.2		11.3		9.6		11.7		12.2	
20 - 34	36.2		37.5		31.5		25.0		26.3		26.9	
>34	31.0		12.5		25.9		35.0		24.8		27.5	
Household Size												
1	7.9		8.7		NA		NA		NA		NA	
6 - 12	68.0		61.4									
7 - 12	22.2		28.0									
11+	1.8		1.9									
No. of Years of Education												
0	6.7		24.7		NA							
1 - 6	46.2		34.2						24.1		19.2	
7 - 12	29.4		37.5						28.7		34.7	
>12	17.6		3.6						34.0		40.4	
Not stated									13.6		5.6	
Marital Status												
Single	45.8		50.6		46.6		NC		59.3		46.8	
Separated	2.6		0.8		0.6				1.7		1.6	
Married	47.4		44.8		48.7				35.2		45.6	
Widowed	3.9		3.8		3.8				2.4		5.1	
Others	0.3		0		0.3				1.4		0.9	

Exhibit 2
TYPES OF DRUGS ABUSED ROUTE OF DRUG ADMINISTRATION AND DRUG SOURCES BY CITY

CHARACTERISTICS	BANGKOK	KUALA LUMPUR	MANILA	HANOI	VIENTIANE	YANGON
	Jan-Mar 1998	Jan-June 1998	Jan-June 1998	Apr-June 1998	Jan-Mar 1998	Jan-June 1998
Number of Addicts	4,582 (Total)	803 (New)	458 (New)	674 (Total)	3 (New)	32 (New)
Primary Drug of Abuse			1.09			
Opiate-type				25.97	0	12.50
<i>Opium</i>	0.15	0.87		3.90	0	0
<i>Morphine</i>	0	6.95		58.44	0	87.5
<i>Heroin</i>	82.70	66.87		11.69	0	0
<i>Other Opiates</i>	0	0			0	0
Cannabis-type	0	23.70	43.23		0	0
Cocaine-type	0	0	0		0	0
Amphetamines	15.39	0	83.62		0	0
Minor Tranquilizers	0	0	0		0	0
Solvents	0	0	0.44		100.00	0
Alcohol	0	0	28.82		0	0
Cough Syrups	0	0	18.12		0	0
Psychotropic Subs./Others	1.75	1.61	8.52		0	0
Poly Drug Users	7.62	0	82.97	0	NA	NA
Route of Administration			NA			
<i>Inhalation</i>	1.14	0		61.13	60.00	0.00
<i>Injection</i>	68.44	6.22		10.68	0	62.50
<i>Oral</i>	0.52	1.68		0.15	40.00	12.50
<i>Smoking/Chasing</i>	29.90	91.71		21.22	0	25.00
<i>Sniffing</i>	0	0.26		0	0	0
<i>Others</i>	0	0.13		6.82	0	0
Drug Sources	NA	NA				NA
<i>Street Sales</i>			72 - 81%	41.39%	100.00%	
<i>Legal Prescription</i>			2 - 6%	0	0	
<i>Diversion of Prescription</i>			3 - 12%	0	0	
<i>Others (Black Market)</i>			7 - 9%	58.61%	0	

NA - Not Available
* - Multiple Reporting

Exhibit 3
DEMOGRAPHIC CHARACTERISTICS OF DRUG ABUSERS BY CITY

CHARACTERISTICS	BANGKOK	KUALA LUMPUR	MANILA	HANOI	VIENTIANE	YANGON
	Jan-Mar 1998	Jan-June 1998	Jan-June 1998	Apr-June 1998	Jan-Mar 1998	Jan-June 1998
	4,582 (Total)	803 (New)	458 (New)	674 (Total)	3 (New)	32 (New)
	%	%	%	%	%	%
Patient Gender						
<i>Male</i>	97.62	98.38	78.01	97.77	100.00	100.00
<i>Female</i>	2.38	1.62	21.99	2.23	0	0
Patient Age						
<15	0.77	2.87	4.56	2.23 (<18)	0	0
15 - 19	15.16	8.60	24.07	47.92 (18 - 30)	100.00	12.00
20 - 34	60.52	57.24	60.17	49.85 (>30)	0	68.75
>34	23.56	31.29	11.20		0	18.75
Patient Occupation					NA	NA
<i>Professionals</i>	0	0.50	17.63	0.89		
<i>Administrators</i>	5.55		0	1.63		
<i>Sales & Clerical</i>	0.07	22.09	0	13.80		
<i>Drivers</i>	7.18	11.30	2.28	0		
<i>Cultivators</i>	0.29	0.66	0	27.60		
<i>Unemployed</i>	36.27	9.14	30.02	10.39		
<i>Self Employed</i>	12.60	0	7.05	4.45		
<i>Students</i>	14.53	0	25.93	3.12		
<i>Other</i>	23.52	56.31	13.07	38.13		
No. of Years of Education					NA	
0	0.57	2.40	8.09	0.59		0
<6	30.77	20.23	35.06	27.6		9.38
6 - 12	63.80	75.60	50.62	65.28		21.88
>12	4.86	1.77	6.22	6.53		68.75
<i>Not stated</i>	-			-		
Patient Marital Status		NA		NC		
<i>Single</i>	64.60		55.81		100.00	56.25
<i>Separated</i>	5.98		1.66		0	3.13
<i>Married</i>	24.86		40.25		0	40.63
<i>Widowed</i>	3.51		0		0	0
<i>Other</i>	1.05		2.28		0	0

NA - Not Available
NC - Not Collected

Exhibit 4
LAW ENFORCEMENT INDICATORS BY CITY
(Rate per 100,000 Population)

INDICATORS	BANGKOK		KUALA LUMPUR		MANILA		HANOI	
	Jan-Mar 1998	Jan-June 1998	Jan-June 1998	Jan-June 1998	Jan-June 1998	Jan-June 1998	Apr - June 1998	Apr - June 1998
No. of Persons Arrested for Drug-Related Offences	10,295	810	1,070	532	20,85	16,93	0	0
Rate Per 100,000 Population	175.00	70.73	64.66	20.85	16.93	0	0	0
Arrests for Use/Consumption	63.95	26.63	0.6	16.93	0	0	0	0
Arrests for Possession	93.05	12.22	56.74	0	0	0	0	0
Arrests for Sales	17.9	8.38	6.76	8.91	0	0	0	0
Arrests for Trafficking	0	17.29	0.54	0	0	0	0	0
Arrests for Conspiracy	0	0	0	0	0	0	0	0
Other Drug-Related Offences	0.10	6.2	0	0	0	0	0	0
Drug Seizures (kg)	16,334	159,163	0.615361	248.7	0.615361	248.7	0.615361	248.7
Opiate-type	Total Seizures (kg)	Opiates & Cannabis (kg)	Cannabis & Amphe. (kg)	Opiates (kg)	Cannabis & Amphe. (kg)	Opiates (kg)	Opiates (kg)	Opiates (kg)
Opium	%	%	%	%	%	%	%	%
Heroin	2.75	38.57	41.54	96.5	0	3.33	96.5	3.33
Morphine	1.59	61.41	58.46	0.17	0	0.17	0.17	0.17
Cannabis-type	0	6304 (pills)	640 (bottles)					
Cocaine-type	3.84							
Cocaine-type	0							
Amphetamines	85.42							
Solvents/Inhalants	5.72							
Other Drugs (Psychotropic Subs.)	0.67							

NA - Not Available

Exhibit 5
GENERAL POPULATION DEMOGRAPHIC INDICATORS

INDICATORS	COLOMBO	DHAKA	ISLAMABAD	MADRAS
	1981	1995	1981	1991
Total Population of City/Metropolitan	1,699,241	6,577,308	1,159,916	3,841,396
	%	%	%	%
Gender				
Male	52.6	55.9	54.0	51.7
Female	47.4	44.1	46.0	48.3
Age				
<15	35.9 (<18)	46.4	40.6	NA
15 - 19	64.1 (>18)	17.2 (15 - 24)	10.4	
20 - 34		13.2 (25 - 34)	23.3	
>34		23.2	25.7	
Ethnicity		NA		NA
	77.6 (Sinhala)		70.0 (Punjabi)	
	11.2 (Tamil)		30.0 (Others)	
	8.3 (Moor)			
	0.3 (Malay)			
No. of Years of Education				NA
0	18.0 (0)	43.2	41.2 (0)	
1 - 6	14.6 (1 - 5)	24.9 (1 - 5)	15.8 (1 - 5)	
7 - 12	63.8 (6-12)	27.6 (6 - 12)	26.0 (6 - 10)	
>12	3.6 (13+)	4.3 (13+)	17.0 (11+)	
Not stated				
Marital Status				NA
Single	59.5	55.4	29.4	
Separated	0.3	0.5	5.6	
Married	37.0	39.8	65.0	
Widowed	3.2	4.3		
Others				

Exhibit 6
 TYPES OF DRUGS ABUSED AND ROUTE OF ADMINISTRATION BY CITY
 (Rate per 100,000 Population)

CHARACTERISTIC	COLOMBO	DHAKA	ISLAMABAD	MADRAS
	Jan-June 1998	Jan-June 1998	Jan-June 1998	Jan 97 - Mar 98
Number of Addicts	577	948	345	1757
Primary Drug of Abuse				
Opiate-type				
Opium	0.17	0	2.61	0
Morphine	0	0.11	1.74	0
Heroin	90.47	70.00	93.04	8.93
Other Opiates	-	22.28	-	0
Cannabis-type	0.35	6.21	-	6.12
Amphetamines	-	-	-	-
Sedatives	-	-	-	-
Minor Tranquilizers	-	1.82	-	-
Solvents/Inhalants	-	-	-	-
Alcohol	-	0.99	-	62.45
Buprenorphine	-	-	-	2.94
Psychotropic Subs./Others	9.01	-	-	0.08
Poly Drug Users	0	4.85	75.94	13.43
Route of Administration				
Inhalation	0	0	0	0
Injection	0	11.59	6.09	9.58
Oral	0.87	14.67	10.43	0
Smoking/Chasing	16.49	68.92	71.30	7.16
Sniffing/Snorting	1.22	0	12.17	0
Other	81.42	4.82	0	1.33
Drug Sources	NA			NA
	%	%	%	%
Street Sales		100.00	86.67	
Over the Counter		-	2.32	
Legal Prescription		-	0	
Diversion of Prescription		-	0	
Others (Black Market)		-	11.01	

Exhibit 7
 DEMOGRAPHIC CHARACTERISTICS OF DRUG ABUSERS BY CITY

CHARACTERISTICS	COLOMBO	DHAKA	ISLAMABAD	MADRAS
	Jan-June 1998	Jan-June 1998	Jan-June 1998	Jan 97 - Mar 98
Patient Gender	577	948	345	1757
Male	99.65	100.00	99.13	96.53
Female	0.35	0	0.87	3.47
Patient Age				
<15	0	0.11	0.87	0
15 - 19	3.66	4.32	15.07	5.85
20 - 34	76.74	79.54	45.80	38.05
>34	19.60	16.03	38.26	56.09
Patient Occupation				
Professionals	0	0.32	1.45	2.04
Administrators	0	0	3.19	1.10
Sales & Clerical	3.38	13.08	13.91	17.85
Drivers	11.39	8.23	22.61	19.69
Cultivators	0.18	0.95	13.04	5.17
Unemployed	14.77	35.34	26.67	7.76
Self Employed	12.28	29.11	12.46	22.34
Students	0	7.91	1.16	1.33
Others	58.01	5.06	5.51	22.73
No. of Years of Education				
0	1.58	23.10	22.32	4.69
<6	8.41	20.68	43.77	28.23
6 - 12	82.66	45.25	24.64	63.76
>12	7.36	10.97	9.28	3.33
Not stated				
Patient Marital Status				
Single	55.15	44.83	37.10	41.40
Separated	0.87	3.69	7.54	0
Married	43.98	51.27	55.36	58.60
Widowed	0	0.21	0	0
Other	0	0	0	0
Patient Ethnicity		NA		
	84.75 (Sinhala)		75.65 (Punjabi)	
	4.85 (Tamil)		15.07 (Pathan)	
	8.67 (Moor)		3.19 (Sindi)	
	1.21 (Malay)		6.09 (Others)	
	0.52 (Burgher)			
Patient Religion		NA		
Hindu	2.77		-	60.65
Muslim	10.4		83.48	8.66
Christian	14.21		16.52	28.74
Buddhist	72.62		-	0
Others	-		-	1.94

NA - Not Available

Exhibit 8
LAW ENFORCEMENT INDICATORS BY CITY
(Rate per 100,000 Population)

INDICATORS	COLOMBO	DHAKA	ISLAMABAD	MADRAS
	Jan-June 1998	Jan-June 1998	Jan-June 1998	Jan 97-Mar 98
Number of Arrests	1,754	872	433	NA
Rate per 100,000 Population	103.22	13.25	37.33	
Arrests for Use/Consumption	85.09	*	13.01	NA
Arrests for Possession	0		0	NA
Arrests for Sales	16.83		7.06	NA
Arrests for Trafficking	1.29		8.1	NA
Arrests for Conspiracy	0		0	NA
Other Drug-Related Offences	0		9.13	NA
Drug Seizures (kg)	NA			NA
	%	Opiates & Cannabis %	Opiates & Cannabis %	%
Opiate-type		0.88		
<i>Opium</i>		0	12.24	
<i>Heroin</i>		0.95	0.11	
Cannabis		98.17	2.42	
<i>Codeine (litres)</i>		382.63		
<i>Pethedine (ampoules)</i>		21,447		
Alcohol		6048.1 (litres)	85.23	
<i>Phensedyl (litres)</i>				
<i>Buprenorphine (ampoules)</i>		1,434		

NA - Not Available

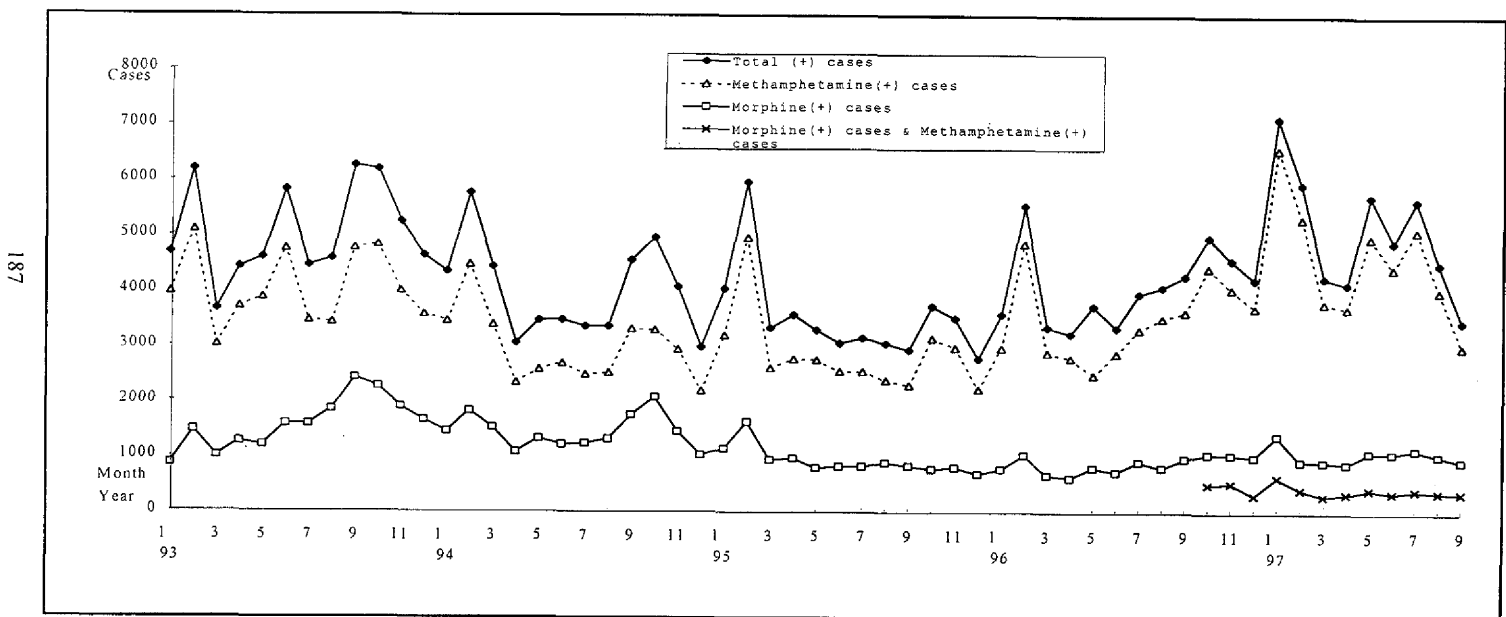
* - Dhaka showed the total of all offences

PART 3

APPENDIX

APPENDIX 1

Exhibit 1: Results of Laboratory Testing on Urines Collected from Drug Offenders in Taiwan



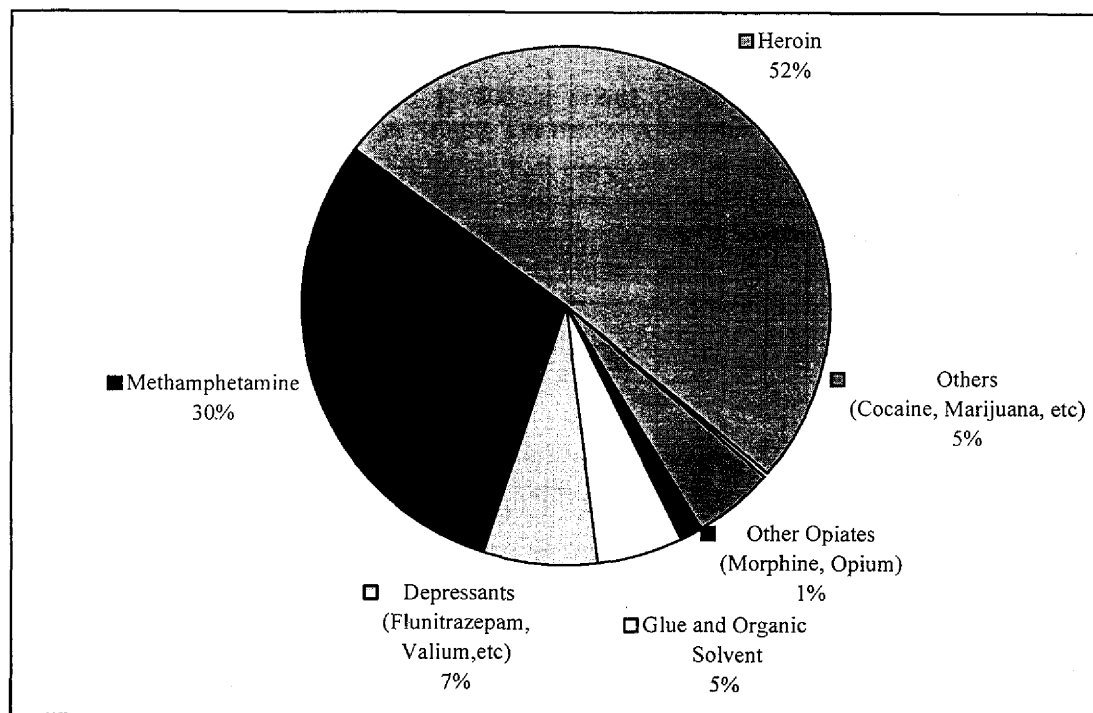
Source: Ministry of Justice, Investigation Bureau; Ministry of Interior, National Police Administration; Ministry of Defense, Headquarters of Military Police; Department of Health, National Laboratories of Foods and Drugs; and All Local Health Departments.

**Exhibit 2: Seizures of Drugs in Taiwan
(1992 – 1996)**

Type of Drug	Amount of Seizure (gm)				
	1992	1993	1994	1995	1996
Heroin	399,648.8	1,096,535.3	667,224.6	203,511.5	136,942.1
Methamphetamine	2,381,616.5	1,791,539.4	2,569,112.8	1,368,864.4	1,621,386.4
Marijuana	4,530.7	37,215.1	2,145.2	2,179.2	4,653.4
Poppy	5,200.0	2,678.0	5.2	5,200.0	5,135.0
Cocaine	1,540.0	22.8	1000.0	0.1	0.1
Morphine	39,417.9	160.1	4.3	48.6	40.0

Source: Ministry of Justice, Investigation Bureau; Ministry of Interior, National Police Administration; Ministry of Defense, Headquarters of Military Police; Department of Health, National Laboratories of Foods and Drugs; and all local health Departments.

**Exhibit 3: Drug Mentions Among Treatment Admissions from 42 Sampled Hospitals,
(January 1995 – February 1997, Taiwan)**



Source : Department of Health

Exhibit 4: Cumulative Cases of AIDS and HIV by Exposure Category , Taiwan

Exposure	AIDS						HIV Infection Symptomatic					
	Male	(%)	Female	(%)	Total	(%)	Male	(%)	Female	(%)	Total	(%)
Heterosexual	437	(34.3)	91	(87.5)	528	(38.3)	199	(42.5)	22	(88.0)	221	(44.8)
Male homosexual	292	(22.9)	0		292	(21.2)	90	(19.2)	0		90	(18.3)
Male bisexual	244	(19.1)	0		244	(17.7)	114	(24.4)	0		114	(23.1)
Hemophiliac	53	(4.2)	0		53	(3.8)	17	(3.7)	0		17	(3.4)
Injecting drug user (IDU)	46	(3.6)	4	(3.8)	50	(3.6)	18	(3.8)	1	(4.0)	19	(3.9)
Blood transfusion	5	(0.4)	0		5	(0.4)	1	(0.2)	0		1	(0.2)
Unknown Risk Factors	198	(15.5)	9	(8.7)	207	(15.0)	29	(6.2)	2	(8.0)	31	(6.3)
Total	1275	(92.5)	104	(7.5)	1379	(100)	468	(94.9)	25	(5.1)	493	(100)

Source: Department of Health

Exhibit 5: Route of Drug Administration Among Treatment Admission in Sampled Hospital, by Percentage (January 1995 - February 1997, Taiwan)

Route of Administration	Percentage
Total	100 %
Oral	11.0
Smoking	21.9
Snorting	19.0
Injecting	44.8
Sniffing	3.3

Source: Department of Health

PART 4

**DRUG ABUSE INDICATOR REPORTING INSTRUMENT
PUBLICATIONS OF THE CENTER FOR DRUG RESEARCH**

THE ASIAN MULTICITY EPIDEMIOLOGY STUDY

Questionnaire

City / Metropolitan Name : _____
Period of Reporting : _____
Compiled by : _____
Name of Agency : _____

Please return the completed questionnaire to :

The Director
Center for Drug Research
Universiti Sains Malaysia
11800 Penang, Malaysia

Tel. No. : 604-6577888
Telefax : 604-6577957
Telex : MA-40254
Cable : UNISAINS

ASIAN MULTI-CITY EPIDEMIOLOGY STUDY

A. GENERAL POPULATION DEMOGRAPHIC INDICATORS*

* (data from most recent Census. State year _____)
 (To be completed once / year)

1. Total population of City / Metropolitan _____

	N	%
2. Sex: Male	_____	_____
Female	_____	_____
3. Age** Under 15 years old	_____	_____
15 - 19 years	_____	_____
20 - 34 years	_____	_____
35 - 44 years	_____	_____
45 + years	_____	_____

(** or specify other similar age brackets)

4. Ethnic Groups (specific for major groups)

Ethnic "A"	_____	_____	_____
Ethnic "B"	_____	_____	_____
Ethnic "C"	_____	_____	_____
Other (specify: _____)	_____	_____	_____

5. Religion Groups (specific for major groups)

Religion "A"	_____	_____	_____
Religion "B"	_____	_____	_____
Religion "C"	_____	_____	_____
Other (specify: _____)	_____	_____	_____

	N	%
6. Marital Status		
Single, never married	_____	_____
Separated / divorced	_____	_____
Married	_____	_____
Widowed	_____	_____
Other	_____	_____

7. Occupational Categories [List according to Census]

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Number of Years of Education

Zero	_____	_____
1 - 6	_____	_____
7 - 12	_____	_____
13 +	_____	_____

9. Annual Per Capita Income (local currency) (please define it as in the Census Report) _____

10. Other Comments: _____

B. DRUG TREATMENT INDICATORS

		TYPE OF TREATMENT FACILITY			
		Prison	Specialised Drug Treatment	Primary / General Health Care	Other
1a.	Total Number of Available Treatment Facilities in the City	_____	_____	_____	_____
1b.	Total Number of Treatment Facilities from which Information is Collected	_____	_____	_____	_____
2.	Total Number in Drug Treatment Facilities in the City	_____	_____	_____	_____
3a.i	Number of Institutional Admissions (in-patient)				
	- New admissions	_____	_____	_____	_____
	- Readmissions	_____	_____	_____	_____
	- Total Admissions	_____	_____	_____	_____
ii	Number of Non-Institutional Admissions (out-patient)				
	- New admissions	_____	_____	_____	_____
	- Readmissions	_____	_____	_____	_____
	- Total Admissions	_____	_____	_____	_____
3b.	Number of Patients by <u>Primary</u> Drug of Abuse				
	Opium type				
	Opium	_____	_____	_____	_____
	Morphine	_____	_____	_____	_____
	Heroin	_____	_____	_____	_____

B. DRUG TREATMENT INDICATORS

		TYPE OF TREATMENT FACILITY			
		Prison	Specialised Drug Treatment	Primary / General Health Care	Other
	Codeine	_____	_____	_____	_____
	Pethedine	_____	_____	_____	_____
	Pentazocine	_____	_____	_____	_____
	Buprenorphine	_____	_____	_____	_____
	Others (specify)	_____	_____	_____	_____
	Cannabis type	_____	_____	_____	_____
	Cocaine type	_____	_____	_____	_____
	Hallucinogens (e.g. LSD)	_____	_____	_____	_____
	Amphetamine	_____	_____	_____	_____
	Sedative hypnotics (e.g. barbiturates, methaqualone, etc.)	_____	_____	_____	_____
	Tranquilisers (e.g. benzodiazepines, etc.)	_____	_____	_____	_____
	Solvent / Inhalant	_____	_____	_____	_____
	Alcohol	_____	_____	_____	_____
	Other (specify)	_____	_____	_____	_____
3b.i	Number of Poly-drug users	_____	_____	_____	_____
3b.ii	Number of patients by <u>secondary</u> drug of abuse (specify type:)				
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
3c.	Sex of Patients				
	Number of Males	_____	_____	_____	_____
	Number of Females	_____	_____	_____	_____

B. DRUG TREATMENT INDICATORS

	TYPE OF TREATMENT FACILITY			
	Prison	Specialised Drug Treatment	Primary / General Health Care	Other
3d. Patient Age				
Under 15 years	_____	_____	_____	_____
15 - 19 years	_____	_____	_____	_____
20 - 34 years	_____	_____	_____	_____
35 - 44 years	_____	_____	_____	_____
45+ years	_____	_____	_____	_____
3e. Patient Ethnicity (specify)				
Nationals	_____	_____	_____	_____
a _____	_____	_____	_____	_____
b _____	_____	_____	_____	_____
c _____	_____	_____	_____	_____
d _____	_____	_____	_____	_____
3f. Patient Religion (specify)				
a _____	_____	_____	_____	_____
b _____	_____	_____	_____	_____
c _____	_____	_____	_____	_____
d _____	_____	_____	_____	_____
3g. Patient Marital Status				
Single, never married	_____	_____	_____	_____
Separated / divorced	_____	_____	_____	_____
Married	_____	_____	_____	_____
Widowed	_____	_____	_____	_____
Other	_____	_____	_____	_____

B. DRUG TREATMENT INDICATORS

	TYPE OF TREATMENT FACILITY			
	Prison	Specialised Drug Treatment	Primary / General Health Care	Other
3h. Patient Occupation				
Professionals	_____	_____	_____	_____
Managers / Administrators	_____	_____	_____	_____
Sales workers	_____	_____	_____	_____
Clerical workers	_____	_____	_____	_____
Drivers / Transport workers	_____	_____	_____	_____
Agrobased workers	_____	_____	_____	_____
Unemployed	_____	_____	_____	_____
Self-employed	_____	_____	_____	_____
Student	_____	_____	_____	_____
Others (specify)	_____	_____	_____	_____
3i.1 Route of Admin./Use				
Inhalation (gases, volatile substances)	_____	_____	_____	_____
Injection	_____	_____	_____	_____
Oral (through the mouth)	_____	_____	_____	_____
Smoking	_____	_____	_____	_____
Smoking / chasing	_____	_____	_____	_____
Sniffing / snorting (nasal)	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____
3i.2 Number of patients using multiple routes	_____	_____	_____	_____
3j. Drug Sources				
Street sale	_____	_____	_____	_____
Over-the-counter	_____	_____	_____	_____
Prescription	_____	_____	_____	_____
Diversion of prescription drugs	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____

B. DRUG TREATMENT INDICATORS

	TYPE OF TREATMENT FACILITY			
	Prison	Specialised Drug Treatment	Primary / General Health Care	Other
3k. Living Arrangements				
Alone	_____	_____	_____	_____
Living with family / other relative	_____	_____	_____	_____
Living with friends / colleagues	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____
3l. Number of years of Education				
Zero	_____	_____	_____	_____
1 - 6 years	_____	_____	_____	_____
7 - 12 years	_____	_____	_____	_____
>12 years	_____	_____	_____	_____
4. Other Comments / Observations:	_____			

C. LAW ENFORCEMENT INDICATORS

1. Total Number of Persons Arrested for Criminal Offences	_____
2. Number of Persons Arrested for Drug-Related Offences	
a. Arrests for use / consumption	_____
b. Arrests for possession	_____
c. Arrests for sales	_____
d. Arrests for trafficking	_____
e. Arrests for conspiracy	_____
f. Other drug-related offences (Please specify: _____)	_____

3. Number and Quantity of Drug Seized by Drug type

	No. of seizures	Quantity (kg/# of pills / vol.)
Opiate type		
Opium	_____	_____
Morphine	_____	_____
Heroin	_____	_____
Codeine	_____	_____
Pethedine	_____	_____
Pentazocine	_____	_____
Buprenorphine	_____	_____
Cannabis type	_____	_____
Cocaine type	_____	_____
Hallucinogens (e.g. LSD)	_____	_____
Amphetamines	_____	_____
Sedative / hypnotics (e.g. barbiturates, methaqualone, etc.)	_____	_____
Tranquilisers (e.g. benzodiazepines, etc.)	_____	_____
Solvents / Inhalants	_____	_____
Alcohol	_____	_____
Other (Specify)	_____	_____

4. Drug Production Crimes

	a	b	c	d	e
Amount of drug seized in a manufacturing facility (kg / # pills / volume)	_____	_____	_____	_____	_____
Number of labs. destroyed	_____	_____	_____	_____	_____
Amount Destroyed (kg / # / vol. acreage)	_____	_____	_____	_____	_____
Arrest for cultivation (person)	_____	_____	_____	_____	_____
Arrest for manufacture (person)	_____	_____	_____	_____	_____

Note:

- a - Opium
- b - Heroin
- c - Marijuana
- d - Amphetamines
- e - Other drug, (specify as many as applicable) _____

5. Traffic Accidents			
		<u>N</u>	<u>Source(s) of Information</u>
a. Total Number of Traffic Accidents	_____		
b. Number of Crashes Caused by Drivers under the Influence of:			
Alcohol	_____		
Narcotic drugs	_____		
Psychotropic substances	_____		

6. Other Comments: _____

D. HEALTH INDICATORS

		<u>N</u>	<u>Source(s) of Information</u>
1a. Number of HIV - Positive cases AIDS cases	_____		
1b. Number of Drug-Related HIV-Positive Cases AIDS Cases	_____		
2a. Number of Psychological Cases	_____		
2b. Number of Drug-Associated Psychological Cases	_____		
3a. Number of Emergency Room Cases	_____		
3b. Number of Drug-Related Emergency Room Cases	_____		
4a. Number of Deaths	_____		
4b. Number of Drug-Related Deaths	_____		

5. Other Health Indicators (specify)	_____	<u>N</u>	<u>Source(s) of Information</u>
6. Other Comments:	_____		

E. SOCIAL INDICATORS E.G. DATA FROM FAMILY, WORKPLACE, SCHOOL, ETC.
 (Attach as Annex, data from qualitative research studies / exploratory studies or surveys)

F. OTHER COMMENTS: (e.g., description of changing conditions or shifting patterns, e.g., population shifts, economic/environmental conditions that are likely to have an impact on drug abuse trends.)

NOTE: FILL OUT ANNEX

ASIAN MULTI-CITY EPIDEMIOLOGY STUDY

INSTRUCTIONS FOR COMPLETING THE REPORTING FORMS

GENERAL

1. City/Metropolitan Name:- Each reporting City is identified by this item. If data available to you covers a larger area than the city limits then, please report data for the metropolitan area. Specify whether report is on city or metropolitan area.
2. Period of Reporting. This refers to the period when information is collected.
3. Where no information is available, use **NA**, if not applicable use **NP**, if not known use **DK** (don't know).
4. Where information is available but not accessible or not collected use **NC**
5. When reporting numbers, do not use (-) for missing data. If missing indicate **NA** and if no cases are reported, use **0** (zero).
6. Please ensure all items in the reporting forms are completed to the best of your ability. Where gaps occur please send other sources of information which may include a small area survey or survey among students, etc.
7. Please provide all sources of information.

REPORT FORM INDICATORS

<u>Item</u>	<u>Explanation</u>
A. GENERAL POPULATION DEMOGRAPHICS	All the data referred to under this section (A1-A10) is <u>City/Metropolitan data</u> and <u>not national</u> data and needs to be provided only once a year. Bear in mind this is a city epidemiology study and all the relevant demographic variables reported should be for the city. This data should be available from the <u>census</u> , and where information is outdated, please provide latest estimates if available. Please give the numbers and percentage for all items.

1.	Total Population of City/Metropolitan	This refers to the <u>residential</u> population population. Please give latest year of census or estimate.
2.	Sex	Please indicate as required.
3.	Age	Please use categories provided as far as possible. If it is not similar to your city's census, please specify age brackets according to your census data.
4.	Ethnic Groups	This refers to race and not <u>religion</u> . Nationals are citizens of the country and should be specified according to the major ethnic groups/races.
5.	Religion Groups	Please indicate as required.
6.	Marital Status	Provide data according to given categories.
7.	Occupational Categories	List categories as used in your census.
8.	Number of Years of Education	Please indicate accordingly
9.	Annual Per Capita Income	Please provide per capita Income data. If this is not available please provide alternately household income or personal income figures and this has to be clearly stated.
10.	Other Comments / Problems	Please specify source of and give details of problems encountered in data collection. If you need to provide clarification on any of the items in this section, please indicate.

B.	DRUG TREATMENT INDICATORS	Should try to include all forms of drug treatment facilities; private or government. <u>Specialised drug treatment</u> centres are facilities solely for drug treatment. <u>Primary health/General health care</u> refers to medical facilities which provide some treatment for drug related cases.
1a.	Total Number of available facilities in the city	Please indicate according, to prison, specialised drug treatment primary / general health care, or other.
1b.	Total number of treatment facilities from which information is collected.	Specify as in 1a above
2.	Total Number in treatment	Please indicate total number of clients treated in treatment facilities, etc. over the whole period reporting.
3a(i).	Number of Institutional Admissions(in-patient)	This is the total for the whole period. If possible, indicate if they are new or readmissions. New admissions are persons admitted for the <u>first time</u> to that facility and not to other (not ever).
3a(ii).	Number of Non-Institutional Admissions (out-patients)	This is the total for the whole reporting period. If possible, indicate if they are new or readmissions. New admissions are persons admitted for the <u>first time</u> to that facility.
3b.	Number of Patients by Primary Drug of Abuse	To indicate only <u>primary</u> drug of abuse. If patients are poly-users indicate under 3b(i).
3b(i).	Poly-drug users	Indicate number of patients who used more than one drug during the 30 days prior to admission.
3b(ii).	Number of patients by secondary drug of abuse	This is an optional item. If information is available indicate types of <u>secondary</u> drugs that are abused by patients.

ALL INFORMATION FOR ITEMS 3c TO 3k TO BE COLLECTED FOR ALL ADMISSIONS (NEW AND OLD)

3c.	Sex of Patients	Please indicate as required.
3d.	Patient Age	Please use categories provided.
3e.	Patient Ethnicity	This refers to race and not <u>religion</u> . There are 2 groups under ethnicity. Nationals are citizens of the country and foreigners are non-citizens residing in the country. For nationals specify according to major ethnic group/races.
3f.	Patient Religion	Please indicate as required.
3g.	Patient Marital Status	Please indicate according to categories provided
3h.	Patient Occupation	Please indicate according to categories provided. Sales refers to in-house and field work, nature of job involves convincing power. Clerical are office jobs. Agrobased workers refers to people involved in either cultivation / farming or fishing. The unemployed includes student dropouts. Self-employed refers to those who run their own business. Students category refers to active students only and does not include student dropouts. 'Others' category includes housewives and other category of workers not specified above. Seasonal workers consistently doing the same job should be classed in the specific categories, while those doing odd jobs should be classed in the "others" category.
3i.	Route of Administration	Please indicate according to categories provided.
	Inhalation	Refers to inhalation of gases / volatile substance, e.g. glue.

	Injection	Refers to all types of injections, i.e., i.v., intramuscular, under the skin, etc.	3.	Number and Quantity of Drug Seized by Drug Type	Please provide data according to drug type and indicate the measure for quantity, i.e. kg or number (#) or litres. For 'other drug', please specify each type in columns provided.
	Oral	Refers to chewing or swallowing.			
	Smoking	Refers to the consumption of drugs, e.g., heroin, methamphetamines, in a combination form, e.g., tobacco and cannabis, etc.	4.	Drug Production Crimes	
	Smoking/Chasing	Refers to 'chasing the dragon' and includes chasing of drugs like heroin or methamphetamine (shabu), etc., as a single drug.	a.	Amount of Drug Seized in a Manufacturing Facility	Please provide data according to drug type and indicate the measure for quantity, i.e. kg. or number (#) or litres.
	Sniffing/Snorting	Sniffing refers to nasal route of drug use. Snorting is mainly used for cocaine or methamphetamines.	b.	Number of Labs. Destroyed	Please indicate the number of labs. destroyed for the reporting period.
3j.	Drug sources	Please specify <u>primary source</u> of drugs for patients.	c.	Amount Destroyed	Please state the amount destroyed and indicate the measure per quantity.
3k.	Living arrangement	Refers to whom patient is living with at time of treatment admission. For the homeless, specify on "others" category.	d.	Arrest for Cultivation	Please state the number of persons arrested for cultivation for the reporting period.
3l.	Number of years of education	Please indicate accordingly.	e.	Arrest for Manufacture	Please state the number of persons arrested for manufacture for the reporting period.
C.	LAW ENFORCEMENT INDICATORS	This set of indicators refer to drug-related police activities and other information on sales, production and trafficking of drugs.	5.	Traffic Accidents	
1.	Total no. of persons arrested for criminal offences	Please provide information if available. Data can be reported for the reporting period. If this is not available, total cumulative figure for the year could be reported.	a.	Total no. of traffic accidents	If available, please provide data on total number of traffic accidents.
2.	Number of Drug-Related arrests	Please provide information according to types of arrests.	b.	No. of crashes caused by drivers	Please provide data for the number of accidents caused by drivers under the influence of drugs according to the categories provided.
			D.	HEALTH INDICATORS	If information on these items is not systematically collected, please report on any information available and source of information.
			1a.	Number of HIV Positive/AIDS cases	Number of cases who have been found to be HIV - positive or having AIDS.

1b.	Drug-Related HIV-Positive / AIDS cases	Number of drug-related cases who have have cases been found to be HIV-Positive or having AIDS.
2a.	Number of Psychological Cases	This refers to total psychological cases / mental disorders.
2b.	Drug Associated Psychological Cases	Drug associated mental disorders such as drug psychoses, depressions, etc. (Please exclude drug withdrawal or intoxication cases).
3.	Drug-Related Emergency Room Cases	Cases related to drug over-dose and as well as other drug related medical complications.
4.	Number of Drug-Related Deaths	Deaths related to the above.
5.	Other Health Indicators	If information on other indicators is available (e.g. hepatitis, TB.) please indicate here.
E.	SOCIAL INDICATORS	These are optional items. If information from family, workplace, schools, etc. is available please indicate.
F.	OTHER COMMENTS	Please provide any other comments concerning data collection data sources and data items.

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