

**CENTRE FOR
DRUG
RESEARCH**

5

**INTERNATIONAL
MONOGRAPH
SERIES**



PROCEEDINGS

***ASIAN MULTICITY
EPIDEMIOLOGY
WORK GROUP***

1-4 SEPTEMBER 1992

**Pusat Penyelidikan Dadah dan Ubat-Ubatan
(Centre for Drug Research)
W.H.O. Research and Training Centre
Universiti Sains Malaysia
11800 USM Penang
MALAYSIA**

PROCEEDINGS

ASIAN MULTICITY EPIDEMIOLOGY WORK GROUP

1 - 4 SEPTEMBER 1992

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

This workshop is organised by the Drug Advisory Program (Colombo Plan), the National Institute on Drug Abuse (US) and the National Centre for Drug Research (USM).

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We also thank the national participants and their governments for making time and effort to participate in this project and thereby contributing to the success of the workshop and the epidemiology study in Asia.

Last but not least, a special thank you to the staff of the Centre for their tireless efforts to make this workshop a success.

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BACKGROUND

The escalation of the problems associated with substance abuse in the late 70's and 80's has led countries to search for solutions and tools to assist in controlling the situation. The political will to address this question was manifested in the convening of the United Nations International Conference on Drug Abuse and Illicit Trafficking (ICDAIT) in 1987.

One of the targets identified at this conference was the assessment of substance abuse. This reflected the appreciation of the global community on the value of valid, reliable and usable information.

Several international and governmental organisations have for decades made attempts to assemble data on substance abuse. Reviewing the results of a significant proportion, information (results) generated have not been valid nor reliable and at times even misleading due to inconsistent data collection. This had led on certain instances, for important decisions on drug abuse control to be made on inaccurate information. Secondly, due to administrative procedures of data clearance, information far too often is available too late to be of use in the decision-making process.

Another problem confronting several nations, particularly those in the third world category is the lack of financial and manpower resources to carry out large scale national surveys. This has led people to look at assessing the substance abuse problem by measuring changes of selected drug abuse indicators. Malaysia is one of the countries that supported this approach.

Several countries in the Asian region expressed strong interest in implementing a drug abuse assessment program based on indicator study. Appreciating the difficulties in implementing nation-wide efforts, the Drug Advisory Program (DAP) of the Colombo Plan contracted the National Centre for Drug Research, Universiti Sains Malaysia to develop a project entitled "The Asian Multicity Study on Drug Abuse". The Bureau on International Narcotic Matters (INM) of the United States of America funded this project.

Conceptually the Asian Multicity Study is based on the Community Epidemiology Working Group (CEWG) project implemented in the United States by NIDA. A major aim of the Asian Multicity Study is to use agreed upon drug abuse indicators in selected cities, to assess and compare the changing pattern of the extent and nature of the problem within the context of cultural and socio-political framework, thus facilitating better interpretation and understanding of the results.

A training workshop was structured and held in Bangkok, Thailand from 28 May - 1 June 1990 to initiate the project. The trainers were from the National Institute on Drug Abuse (NIDA), USA and National Centre for Drug Research (NCDR), Universiti Sains Malaysia.

The objective of the workshop was to develop a reporting instrument for drug abuse indicators which would lead to possible evolution of a regional drug abuse surveillance system based on city reporting of drug abuse indicators. The indicators considered were: treatment admissions, emergency room admissions, coroners' reports, arrest reports, etc.

During the first phase, key individuals from the selected cities were brought together to develop a "core instrument" along which the participants from the individual cities will gather indicator data on a monthly basis. The instrument in its construct contained a range of indicators which has previously been shown to reflect trends in prevalence and pattern of drug abuse as well as associated problems.

Among the main understandings reached during the Bangkok meeting were:

- (i) Participants would send these instruments on a monthly basis to the Centre for Drug Research, Universiti Sains Malaysia (as co-ordinating Centre) with copies to the DAP.
- (ii) The Centre for Drug Research will analyse these monthly returns and prepare a report for consideration of the group at the next meeting.
- (iii) That in 1991 CPB/DAP organise a meeting in Penang, for the participating epidemiologists to review progress and problems in collecting and reporting indicators: provide further epidemiology training and to revise the instrument if deemed necessary based on the experience.

In the pilot (first) phase five participating cities provided information using the agreed upon instruments. These cities were based in Bangladesh, Malaysia, Philippines and Sri Lanka. Pakistan and Nepal who were among the original participants were unable to provide information mainly due to administrative constraints.

The Multicity project was reviewed in late 1991 at an investigators meeting, and the key issues and findings from that meeting were reported in an earlier report.

This report presents the Proceedings of the third meeting held on 1st to 4th September 1992 at U.S.M., Penang. Participating countries were Bangladesh, Indonesia, Korea, Malaysia, Myanmar, Nepal, Philippines, Sri Lanka, Thailand and India. India is a new participating country with its 3 reporting cities: Delhi, Madras and Varanasi. The reporting instrument was reviewed again at this meeting. Attempts were also made to compare the cities with more complete data. The first part of this Proceedings presents the reports from the various participating countries and the second part presents the reports from the consultants.

NATURE AND EXTENT OF DRUG ABUSE
IN DHAKA CITY
(BANGLADESH)

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Eight hundred and forty eight patients collected over a period of 14 months (from June 1991 - July 1992) were included for the present study. Out of them 605 (71.34%) patients were found to abuse opiates mainly in the form of heroin. Majority of the patients had undergone detoxification in specialised treatment centre. Young males constituted the major portion of the drug dependent population. Cannabis, sedatives and alcohol are also abused but their prevalence are significantly lower. Smoking is the most preferred route of administration in the case of heroin and cannabis. Sedatives are easily available in the form of tablets. Alcohol is available in the form of crude country liquor and also in the form of sophisticated wines.

In the present study we did not find any patient who is dependent on cocaine. In our country 9 persons were found to be HIV positive. But relationship between HIV positivity, injecting drug users and homosexual group was not carried out. Most of the drug dependent patients attended the treatment centres with their guardians. Those who reported by themselves did not show satisfactory levels of motivation.

INTRODUCTION

1. City Description

Dhaka the capital of Bangladesh is situated on the bank of River Buriganga. The city of Dhaka encompasses an area of 116 sq. miles. The population of Dhaka city is estimated over 3.5 millions in 1990. The people of this city practise a variety of religions like Islam, Hinduism, Christianity, Buddhism, though Islam is the religion of the majority. Of the metropolitan area residents, 93.5% are Muslims; 5.8% are Hindus, 0.5% are Christians, 0.1% are Buddhists and other consists of 0.1%.

There is no major market of narcotic drugs in Bangladesh. It is mainly used as a transit and as a result it becomes a consuming country as well.

2. Data Sources

Eight hundred and forty eight patients were collected over a period of 14 months (June 1991 - July 1992). Data from the following sources were included for the present study.

- (a) Specialised treatment centres for drug abuse: Data of drug dependent patients from various treatment centres were collected from the Central Drug Addiction Cure Hospital and psychiatric units of other medical college hospitals in Dhaka.
- (b) Out-patient department, casualty and emergency service: Data from the out-patient departments of various medical college hospitals of Dhaka city were also collected. Patients who were admitted in casualty unit of Dhaka Medical College Hospital and patients admitted through the emergency services were also taken into the account.
- (c) Prison statistics: A survey of drug dependent patients in prison was also carried out.

DRUG ABUSE TRENDS

1. Cocaine

We did not find any patient who is dependent on cocaine but it may be mentioned that at the end of the year 1991, a squad of the Department of Narcotics Control recovered five hundred grams of better quality Cocaine from a hotel in Dhaka city.

2. Heroin

Heroin abuse was first detected in 1984. Initially the abuse was confined to Dhaka City only. Gradually it started infiltrating other urban, semi-urban and rural areas. By the later half of the eighties the problem became more intensified.

It is apparent from the present study that heroin is the most widely abused drug in the city. pethedine another form of opiate is abused as well. But it is worth mentioning that after 1984, abuse of heroin is gradually increasing and expanding throughout the country. Very recently it has been noted that the abuse of codeine phosphate in the form of cough syrup (trade name phensedyl) is rapidly increasing. Data from the study reveal that most of the addicts prefer smoking as the route of administration among heroin abusers, male dominates the picture. Maximum of them belonged to the age group of 20 - 34 years. Three hundred and thirty-nine patients had education from 6 to 12 years (39.9%). A good number of patients (311) were illiterate (36 - 50%).

Heroin in the form of brown sugar is widely available at the street level. Regarding the purity of heroin it was found out that all heroin seized in Bangladesh were of inferior quality.

3. Cannabis

Though heroin is the most widely abused drug in this metropolitan city, cannabis is often considered as the "gateway" drug, that is, it is the one which often leads to other drug abuse. Previously cultivation of cannabis plants were legal but it was banned under the Narcotics Control Act, 1990. Cannabis is very often available at the street level. Cigarette smoking is the most preferred route of administration for cannabis abusers. Cannabis is relatively cheaper than heroin. The number of reported cases of cannabis abuse is strikingly lesser than that of heroin abuse and is only 5% in the present study.

4. Alcohol

Reported cases of alcohol dependence in this survey is only 3.89%. Alcohol is used mainly in two forms: locally made country liquor and sophisticated preparation of wine.

Majority of the patients who abuse locally made country wine are illiterates having low socio-economic background. Their home-made alcohol is crude and relatively cheaper. Most of the people who consume sophisticated wine belong to the upper and upper-middle class family and they seldom visit city hospital out-patient department.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
AMONG INJECTING DRUGS USERS (IDUs)

Injectable form of heroin is not available in our country. So heroin abusers are not at risk of developing AIDS. Moreover, demonstration of serum, antibodies to the Human Immunodeficiency Virus (HIV) is quite expensive in our country. About 183,000 people were screened and 9 of them were found to be HIV positive. But the relationship between HIV positivity, injecting drug abusers and homosexual group was not carried out. Samples were taken from the Drug Addiction Cure Hospital over a period of 4 - 5 months in 1990 - 1991. But all were found negative for HIV.

Table I

Distribution of patients according to the various forms of treatment centres

Total No. of Patients - 848

Treatment Centre	Number of patients	Percentage %
Prison	368	43.40
Specialised treatment Centre	458	54.01
Other/OPD	22	2.59
Total	848	100.00

Table II

Distribution of patients according to their age range

Age range in years	Number of Patients	Percentage %
Under 15	21	2.47
15 - 19 years	128	15.19
20 - 34 years	605	71.34
35 and above	94	11.00
Total	848	100.00

Table III

Distribution of patients according to their sex

Sex	Number of Patients	Percentage %
Male	847	99.88
Female	1	0.12
Total	848	100.00

Table IV

Distribution of patients according to their marital status

Marital Status	Number of Patients	Percentage %
Unmarried	418	49.30
Married	421	49.65
Separated/Divorced	07	0.82
Widowed	02	0.23
Others	00	00
Total	848	100.00

Table V

Distribution of patients according to their educational background

Education Background	Number of Patients	Percentage %
Illiterate	311	36.50
Up to 6 years of education	151	17.76
6 to 12 years	339	39.97
Above 12 years	49	6.77
Total	848	100.00

Table VI

Distribution of patients according to various form of drug abuse

Type of drugs	Number of Patients	Percentage %
Opiate Type/Heroin	605	71.34
Cannabis	43	5.00
Pethedine/Codeine	73	8.60
Hallucinogens	01	0.12
Alcohol	33	3.89
Minor Tranquilizer	13	1.53
Polydrug	78	9.29
Others	02	0.23
Total	848	100.00

Table VII

Distribution of patients according to the route of administration of abused drug

Route of Administration	Number of Patients	Percentage %
Oral	184	21.70
Smoking	643	70.83
Injection	21	2.47
Total	848	100.00

Table VIII

Distribution of patients according to the drug sources

Drugs Sources	Number of Patients	Percentage %
Street sale	648	76.42
Legal prescription	00	00
Diversion of prescribed drugs	164	19.34
Other	36	4.24
Total	848	100.00

DISCUSSION

Eight hundred and forty eight patients collected over a period of 14 months (from June 1991 to July 1992) were included for the present study.

A semi-structured questionnaire was designed to interview the drug dependent patients. Help was taken from Colombo Plan Multicity Epidemiology Study questionnaire in order to prepare the present one.

The major sources of the patients are the specialised drug treatment centres in the city of which, one is financed by the Government and is absolutely concerned with the management of drug dependent patients. Psychiatric units of different medical college hospitals were also considered as the specialised treatment centre for detoxification.

Prison statistics is considered as another major source of data in the study; 43.40% of the patients are from the prison. In the last study, it was only 8.41%. Last year, because of political unrest and serious agitation among the prisoners, data could not be obtained properly. The study reveals that the prevalence of drug abuse is more common among the younger age group. The most common age range is 20 to 34 years.

Regarding marital status 49.65% are married, 49.30% are unmarried, 0.82% separated and 0.23% are widowed. This high marital rate may be due to the fact that people in low socio-background practise early marriage.

Motivation of the patients even in the self-referral group, does not seem to be satisfactory. A large number of them reported themselves because they could not get daily supply of drugs either due to lack of money or due to shortage of supply. Undoubtedly this lack of motivation plays a major role in relapse.

It is evident from the present study that 71.34% of the addicts are abusing opiates and mostly in the form of heroin smoking. The next popular drugs are pethedine/codeine (8.60%) and cannabis (5%). Other drugs like sedatives and alcohol are abused but these are significantly lower than that of opiates abuse.

Cocaine dependence is not yet detected but it may be mentioned that at the end of last year, the Department of Narcotics Control recovered five hundred grams of better quality cocaine from a hotel in Dhaka city.

Acquired Immunodeficiency Syndrome (AIDS) among the drug addicts has not yet been detected. Injectable form of heroin is not available in our country, so heroin abusers are not at risk of developing AIDS.

In conclusion it may be said that in spite of some limitations in the present study, findings however provide an indication of the possible area for further intensive research in this field. Close co-operation from the specialists of other fields, law enforcing and funding agencies is essential and is cordially invited.

PATTERNS AND TRENDS OF DRUG ABUSE IN JAKARTA
(INDONESIA)

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ABSTRACT

Benzodiazepines, cannabis and alcohol are three major substances abuse in Jakarta Metropolitan, accounting for the majority of treatment admissions in two Drug Treatment Centers and a Private Mental Health Clinic. Opiate abuse especially pethedine, is still increasing and most of them are relatively abused by adults. Rates of abuse among women were small. The Police Department report stated that virtually there were no activities in opiate and cocaine. According to the Government report and Private Drug Rehabilitation Centers, there was increasing numbers of alcohol and opiate abusers during August 1991 - July 1992. Small number of drug-related HIV positive cases and AIDS cases were also reported.

INTRODUCTION

1. City Description

Jakarta is located in Java island. By world standards Jakarta is a young city. From the latest Census 1990, total population of Jakarta is 7,108,359. Jakarta is second by population growth rate among cities in Indonesia, i.e. 3.32 during 1985-1990 but it is supposed to decrease to 3.05 during 1990-1995. Its rapid growth makes Jakarta the fastest growing city in Indonesia. The rapid changes of the city is due to urbanization and migration resulting in specific social cultural environment to Jakarta. There is no new evidence data yet describing the total population of Jakarta but State Registration mid-fiscal year 1991 stated that the population of Jakarta is 7,164,507.

Table 1 represents total population by gender followed by age on Table 2.

Jakarta consists of 5 regions: Central, South, West, East and North Jakarta and most of the people are Muslim (84%). In Indonesia, people do not define themselves by certain ethnic group of origin although ethnic is assumed to play a role in cultural development. Some data describe the number of New Immigrant to Jakarta by place of origin and by citizenship to give features about the diversity of population in Jakarta (Table 3 and Table 4).

Most of the people are employees (65.39%) and self-employed (25.72%). Few people are employers and family workers. The main industry and types of occupation are agriculture, industry, construction, finance and real estate. Public service is the most popular industry which is occupied by most people, i.e. 53.82% (Table 5). Among the types of occupation are professionals, managers, administration staff and sales workers. Service workers with the Public Service involve a big number of people (64.09%). The average number of people in the household is 4.72 and more than 19% have completed Secondary School Education. Income per capita as stated in the Census is described in Table 6.

Some factors which contributed to possibilities why people become abusers are population density, high number of unemployment, school drop-outs, etc. Other than encouragement of the family to seek treatment, there should also be a reliable reference system as a guide handling the abuse victims.

2. Data Sources and Time Periods

Data for this report were drawn from the following sources.

1. Emergency Unit Cipto Mangunkusumo General Hospital (EU-CMGH). The Cipto Mangunkusumo as the top referral hospital, is the largest hospital in Jakarta run by Government.
2. Drug Abuse Treatment Centers and Hospital.
 - (a) Drug Dependence Hospital - this is a hospital supervise by Department of Health, located in South Jakarta. It is the only Government Hospital facilitated specially for drug abuse and drug-related problems in Indonesia.

- (b) Juvenile Delinquency and Drug Abuse Treatment and Rehabilitation Center (Rumwatik Pamardi Siwi Polda Metro Jaya) Jakarta Metropolitan Police.
- (c) Dharmawangsa Sanatorium, a private Mental Health Clinic, located in South Jakarta.

3. Traffic accidents data derived from Jakarta Metropolitan Police Traffic Directorate.
4. Law Enforcement data: data on arrests, seizures reported by Sub-Directorate of Narcotic Investigation Police H.Q. Indonesian National Police.

Time period: August 1991 to July 1992.

DRUG ABUSE TRENDS

1. Benzodiazepine Substances

Benzodiazepines still remain the drug of concern in Jakarta as well as statewide. Benzodiazepines accounted for at least 64% of drug abusers found from all EU in the hospitals reported.

Data obtained from the Drug Dependence Hospital showed that 53.4% patients are admitted following benzodiazepines use for the last semester of 1991 and decreased to 48.3% in the early semester of 1992. A similar number was also reported from the Treatment and Rehabilitation Centre, Jakarta Metropolitan Police. It is also the main drug seized in 1991 to 1st semester of 1992.

2. Cannabis

Cannabis, known as ganja, is produced in Indonesia. Police department had seized 94,747.2 g ganja leaves, 200,213 ganja seeds throughout 1990 and it was assumed to be increasing in the 1st Semester of 1992.

Cannabis abuse constitute less than 23% of admissions in Jakarta (data obtained from the Drug Dependence Hospital) and 12% of admission to the Police Treatment and Rehabilitation Centre. No cases were reported from EU Cipto Mangunkusumo Hospital.

3. Alcohol, Alcohol-in-combination with other drugs'

Cases are still increasing.. No valid data was found yet.

4. Opiates and Cocaine

Opiates and cocaine are not popular in Indonesia.

COMMENTS

Data described above will help to identify trends of Drug Abuse in Indonesia. It can be better obtained by cooperation of inter-institutions involved. Lack of interest and motivation and support to this area could be due to small number of victims compare to those more important issues such as poverty, infectious disease etc. Improvement in data collection can be overcome by motivating and giving support to people working in this field.

Table 1

Total Population By Gender

Area	Male		Female		Total	
	No.	%	No.	%	No.	%
South	919,605	13.0	854,080	12.0	1,773,685	25.0
East	925,061	13.0	808,040	11.4	1,733,101	24.4
Central	582,462	8.2	566,207	8.0	1,148,669	16.2
West	701,087	9.9	676,564	9.5	1,377,651	19.4
North	555,652	7.8	519,601	7.3	1,075,253	15.1
Total	3,683,857	51.9	3,424,492	42.8	7,108,359	100.0

Jakarta, State Census 1990.

Table 2

Total Population by Age Group

Area	< 15	16 - 19	20 - 34	35+	Total
	No. (1)	No. (2)	No. (3)	No. (4)	No. (5)
South	620,674	182,347	457,238	513,426	1,773,685
East	650,665	168,097	454,310	460,029	1,733,101
Central	389,124	168,097	300,078	280,883	1,148,669
West	504,692	140,677	334,484	397,798	1,377,651
North	363,613	104,716	284,084	222,849	1,075,253
Total	2,528,768 35.6%	711,421 10.0%	1,830,194 25.7%	2,037,976 28.7%	7,108,359 100%

Source: Jakarta, State Census 1990.

Table 3

New Immigrant to Jakarta by Place of Origin

Place of Origin	South Jakarta	East Jakarta	Central Jakarta	West Jakarta	North Jakarta	Total
	(1)	(2)	(3)	(4)	(5)	(6)
Aceh	159	131	150	108	205	753
North Sumatera	905	941	632	113	2,849	5,440
West Sumatera	895	749	632	113	281	2,629
South Sumatera	784	764	858	83	1,441	3,930
Jambi	84	118	107	204	169	682
Riau	209	296	118	270	951	1,844
Lampung	530	517	278	237	295	1,857
Bengkulu	55	80	144	750	87	1,096
West Java	12,033	11,203	4,149	315	5,323	33,023
Central Java	11,906	9,902	2,739	121	3,354	28,022
East Java	3,616	2,758	1,031	954	1,403	3,150
West Kalimantan	174	271	465	837	1,403	3,150
Central Kalimantan	43	11	25	80	336	495
South Kalimantan	128	79	43	36	36	322
East Kalimantan	212	142	50	51	63	518
North Sulawesi	117	115	66	104	60	462
Central Sulawesi	63	48	20	53	39	223
South East Sulawesi	2	32	8	7	65	114
South Sulawesi	274	328	142	75	275	1,094

Cont. Table 3

Place of Origin	South Jakarta	East Jakarta	Central Jakarta	West Jakarta	North Jakarta	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)
N.T.B.	160	86	33	51	63	114
N.T.T.	92	85	25	46	73	321
Bali	189	201	49	37	52	528
Maluku	72	69	22	34	38	235
Irian Jaya	126	89	50	36	44	345
East Timor	11	5	1	5	13	35
Abroad	180	42	19	18	18	277
Total	33,019	29,062	11,588	4,945	18,825	97,439

Source: Jakarta in Statistic 1990.

Table 4

Number of Population by Citizenship

Area	Indonesian Citizens			Foreign Citizens		
	Male	Female	Total	Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)
South Jakarta	918,490	853,234	1,771,724	1,115	846	1,961
East Jakarta	924,168	807,168	1,731,336	893	872	1,765
Central Jakarta	576,117	560,341	1,136,458	6,345	5,866	12,211
West Jakarta	688,170	664,870	1,353,040	12,917	11,694	24,611
North Jakarta	552,677	516,808	1,069,485	2,975	2,793	5,768
Total	3,659,622	3,402,421	7,062,043	24,245	22,071	46,316

Source: Jakarta in Statistic 1990.

**Table 5 : Percentage of population
by Employment Status**

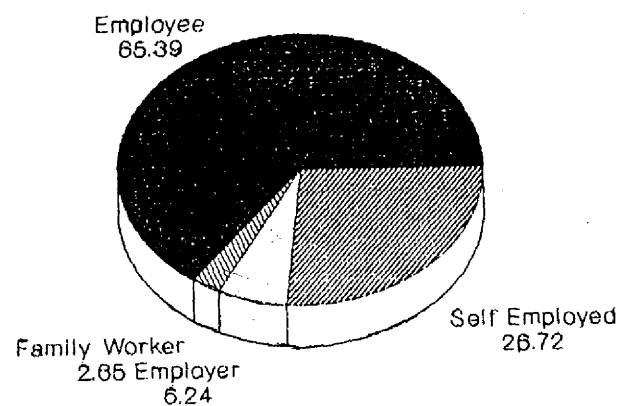


Table 6

**Labourers'/Employers' Income Per Month
by Sex**

Income per month	Male	Female
< 50,000	908,639	1,448,121
50,000 - 74,999	1,135,396	479,234
75,000 - 99,999	1,303,894	399,529
100,000 - 149,999	1,406,119	393,433
150,000 - 199,999	955,916	194,673
200,000 - 249,999	425,000	77,353
250,000 - 299,999	242,302	43,252
300,000 +	400,720	56,705
Not stated	-	396
Total	6,832,214	3,092,696

Data in Local Currency
Source: Jakarta, State Census 1990.

Table 7

Law Enforcement Indicators
Jakarta, 1991

Number of Drug-Related Arrests	1st Semester		2nd Semester	
	No.	%	No.	%
(a) Arrest for use/ consumption	35	45.88	46	54.12
(b) Arrest for possession	29	53.71	25	42.49
(c) Arrest for sales	28	50.91	27	49.09
(d) Arrest for trafficking	21	60.00	14	40.00
(e) Arrest for conspiracy	4	30.77	9	69.23
(f) Other drug- related offences	-	-	-	-

Source: Jakarta Metropolitan Police Department, 1991.

Table 8

Law Enforcement Indicators
Traffic Accident during 1991

Number of accidents cause by driver under influence	1st Semester		2nd Semester		Total
	No.	%	No.	%	
Alcohol	78	52.34	71	47.66	100.00
Narcotic drugs	32	47.54	29	52.46	100.00
Other psychotropic substances	16	72.72	6	27.28	100.00

Source: Jakarta Metropolitan Police Department, 1991.

Table 9

Health Indicators

	1st Semester		2nd Semester		Total
	No.	%	No.	%	
No. of Drug-related HIV positive/AIDS cases	3	33.33	6	66.66	100.00
No. of Drug-related psychological cases	NA	NA	NA	NA	NA
No. of Drug-related EU cases	59	57.28	44	42.71	100.00
No. of Drug-related deaths	9	25.00	3	25.00	100.00

Source: Cipto Mangunkusumo General Hospital, Jakarta, 1991.

Table 10

Drug Treatment Indicators
Number of Cases reported during 1991
from 3 types of facilities

	Type of Treatment Facility					
	Drug Dependence Hospital		Pamardi* Siwi		DMHC**	
	I	II	I	II	I	II
1. Total Number in Drug Treatment	70	80	15	19	25	18
- Number of people on waiting lists	-	-	-	-	-	-
2a. Number of Admissions						
- New of Admissions	470	233	12	19	37	36
- Readmissions	220	305	19	19	21	24
Total Admissions	627	538	31	38	58	59

Annexes:

- Drug Dependence Hospital is a hospital run by Department of Health facilitated for Drug Abuse cases.
 - * Pamardi Siwi is a Juvenile Delinquency and Drug Abuse Treatment Rehabilitation Center run By Jakarta Metropolitan Police Department.
 - ** DMHC (Dharmawangsa Mental Health Clinic) is a private Mental Health Clinic in Jakarta.
- I. Represent data from the 1st Semester of the report, i.e. July 1991 - December 1991.
- II. Represent data from the 2nd Semester of the report, i.e. January 1992 - June 1992.

Drug Treatment Indicators
(Continued)

	Type of Treatment Facility					
	Drug Dependence Hospital		Pamardi* Siwi		DMHC**	
	I	II	I	II	I	II
2b. Number of Patients by Primary Drug of Abuse						
Opiate						
Opium	-	-	-	-	-	-
Morphine	-	-	-	-	-	-
Heroin	-	-	-	-	-	-
Others (e.g. codeine, pentazocine, pethedine)	11	14	-	-	9	5
Cannabis, type	158	189	2	2	-	1
Cocaine type	1	1	-	-	-	1
Hallucinogens	-	-	-	-	-	-
Amphetamine	-	-	-	-	-	-
Sedative type	390	256	28	35	24	35
Minor tranquilizer	-	-	-	-	-	-
Solvents/Inhalants	-	-	-	-	-	-
Alcohol	136	106	1	1	19	21
Others (specify)	-	-	-	-	-	-
2b. 1. Polydrug users	-	-	-	-	-	-
2c. Tobacco-daily users	539	521	30	31	57	58

Drug Treatment Indicators
(Continued)

	Type of Treatment Facility					
	Drug Dependence Hospital		Pamardi* Siwi		DMHC**	
	I	II	I	II	I	II
2d. Sex of Patients						
Number of Males	595	520	31	37	88	58
Number of Females	32	18	1	1	0	0
2e. Patients Age						
Under 15	65	26	1	-	-	-
15 - 19 years	413	402	29	38	28	46
20 - 34 years	138	115	-	-	29	12
35 + years	19	21	-	-	-	2
2f. Patients Ethnicity (specify)						
2g. Patients Marital Status						
Single	589	491	31	38	50	52
Separate/Divorced	3	8	0	0	4	3
Married	34	39	0	0	0	0
Widowed	-	-	-	-	-	-
Other	-	-	-	-	-	-
2h. Patients Occupations						
Professionals	-	-	-	-	-	-
Administrators	-	-	-	-	-	-
Sales & Clerical	-	-	-	-	-	-
Workers	2	-	-	-	-	-
Drivers/Transport Workers	-	-	-	-	-	-
Cultivators	-	-	-	-	-	-
Unemployed	222	247	6	9	18	20
Small business	-	-	-	-	3	-
Students	331	256	22	29	33	20
Others (specify)	-	32	-	-	-	-

Drug Treatment Indicators
(Continued)

	Type of Treatment Facility					
	Drug Dependence Hospital		Pamardi* Siwi		DMHC**	
	I	II	I	II	I	II
2i. Route of Administrations						
Inhalation (gases, volatile substances)	-	1	-	-	-	-
Injection	12	15	-	-	9	-
Oral	541	453	30	27	46	43
Smoking	585	425	1	-	-	-
Sniffing/snorting (nasal)	1	2	-	-	-	-
Other (specify)	-	-	-	-	-	-
2j. Drug Sources						
Street sale	569	498	28	34	46	36
Legal prescription	1	-	-	-	-	-
Diversion of prescription drugs	30	23	1	1	2	7
Others (specify)	27	17	2	3	9	16
2k. Average Patient Monthly Income						
2l. Number of People in Patient's household						
Alone	-	1	-	-	-	-
2 - 5	531	368	11	12	43	25
6 - 10	87	221	17	26	14	32
11 +	5	31	2	-	1	10
2m. Number of Years of Education						
Less than 6 years	46	75	3	8	3	5
6 - 12 years	533	411	28	30	47	53
More than 12 years	42	51	-	-	11	10

Exhibit I

Characteristics of Treatment Admissions
Demographic Data 1991 - 1992

Category	DDH (1,165)		RPS (69)		DMHC (117)	
	No.	%	No.	%	No.	%
	<u>GENDER</u>					
Male	1,115		68		116	
Female	50		1		1	
<u>MARITAL STATUS</u>						
Never married	1,080		69		103	
Married	73		0		8	
Separated/divorced	12		0		6	
<u>OCCUPATION</u>						
Unemployed	469		15		37	
Students	630		54		71	
Others	66		3		9	
<u>AGE</u>						
< 15 years	91		1		0	
15 - 19 years	789		68		75	
20 - 34 years	253		0		41	
35 + years	32		0		1	

DDH Drug Dependence Hospital
RPS Rumwatik Pamardi Siwi Police Jakarta Metropolitan
DMHC Dharmawangsa Mental Health Clinic

Exhibit 2

Characteristics of Treatment Admissions
Drug Use Patterns 1991 - 1992

Category	DDH N: 1,165	RPS N: 69	DMHC N: 117
PATIENTS BY PRIMARY DRUG OF ABUSE			
Opiate type	26	0	15
Cocaine type	3	0	0
Cannabis	347	4	1
Sedative type	646	63	61
Alcohol	242	2	40
Traditional herb (jamu)	3	0	0
TOBACCO-DAILY USERS	1,021	62	116
ROUTE OF USE			
Inhalation	1	0	0
Injection	27	0	15
Oral	994	68	100
Smoking	1,006	1	0
Sniffing	2	0	0
DRUG SOURCES			
Street sale	1,067	62	82
Diversion of R/drugs	53	2	9
Other (gift)	44	5	25

DDH Drug Dependence Hospital
RPS Rumwatic Pamardi Siwi Jakarta Metropolitan Police
DMHC Dharmawangsa Mental Health Clinic

REPUBLIC OF KOREA COUNTRY REPORT

Lee, Dong-Hee
Narcotic Control Division

INTRODUCTION1. General Description

Area and Land

Korea is a peninsula thrusting from the north-east section of the Asian Continent in a Southernly direction for about 1,000 km. The shortest distance between Korea and Japan is 206 km, and it is about 190 km to the Shantung peninsula in China to the west. The area of the peninsula is 271,487 sq. km. At present, the land is divided into two parts- the Republic of Korea and Communist North Korea. The administrative area of the Republic of Korea is 99,107 sq. km. or about 45 percent of the peninsula.

2. Population and Language

The population of the Republic of Korea in 1990 was about 43,500,000 (See Table 1). The rate of population growth has been declining in recent years from 2.9 percent in 1961 to 1.53 percent in 1985, due to a successful family planning program, increased urbanization, a higher standard of living and trend towards later marriages. Nearly 20 percent of the population lives in the capital, which is the center of government, industry, education and culture.

3. Drug Control

Summary

The pattern of drug abuse varied according to the changes of the social environment in the Republic of Korea. Narcotics like opium and heroin were the most popular drugs in the beginning of 1960s, cannabis in the 1970s, and methamphetamine, so called philopone, arose a serious social problem from the later 1970s to the later 1980s. Sniffers of

volatiles such as adhesives, organic solvents and gases, and abusers of general drugs which are not under the control of drug regulations have frequently been found since 1990. To cope with the situation, the Korean Government enacted the Narcotics Act on 23rd April 1957, the Cannabis Control Act on 7th April 1976 and the Psychotropic Substances Control Act on 28th December 1979. The purpose of such regulation was to set up a unified control system, in the Ministry of Health and Social Affairs, of the dangerous substances from being abused and thus, to reinforce the capability of drug law enforcement activities. The major policies to combat drug abuse are as follows:

- (a) First of all, policy for demand reduction has been accomplished through the proper treatment and rehabilitation programs. Twenty-two national or private mental hospitals are designated as the treatment and rehabilitation centres by the Ministry of Health and Social Affairs which is responsible for the payment of the cost and for supply of equipments. The Special Expertise Treatment and Rehabilitation Centre, with 200 sickbeds planned to be opened in 1993, is under construction. With a view to protect the human rights, the Ministry of Health and Social Affairs proclaimed the Presidential Decree on Protection for Drug Addicts in Treatment and Rehabilitation. Under the provisions of the Decree, the Judgement Committee on Protection for Drug Addicts in Treatment was established to leave out the infringement of human rights of the drug addicts during the process in medical facilities. The Committee, consisting of psychiatrists, lawyers and public officials, examines the drug in-patients to guarantee and furthermore improve the human rights of drug addicts. On the other hand, the Ministry of Health and Social Affairs has, to the best of its capability, been carrying out following preventive programs towards the reduction of the demand.

- . Wide-open showing of propaganda films and video tapes at the cinema theatres and through the television networks to enlighten the people's conception against drug abuse by illustrating victims of the evil effects of drug abuse.
- . Production and distribution of anti-drug posters, slogans, leaflets, booklets and slides.
- . Education for students by counsellors and school inspectors who are directly trained by the government.

- (b) Secondly, field inspections on licensed narcotics and psychotropic pharmaceutical manufacturers and distributors has been put into operation every year to guide them in effective management methods checking the diversion of narcotics and psychotropic substances from licit to illicit traffic.
- (c) Lastly, since international drug criminals has been expanding international illegal traffic networks, the Ministry of Health and Social Affairs well recognize the importance of cooperation and coordination at the national, regional and international levels in fighting against the illegal international drug traffic rings. To this end, the Ministry of Health and Social Affairs has exchanged drug-related information with other countries and participated in international conferences and seminars on drug abuse control aiming at promotion of its international contribution.

Table I

Population

Year	Total	Male	Female
1975	31,679	17,766	17,515
1980	37,107	19,236	18,888
1985	40,120	20,576	20,230
1990	43,500	21,833	21,667

Unit: 1,000 persons

Source: National Statistical Office

Table II

Number of Offenders of Major Drugs

(Person)

Year	'85	'86	'87	'88	'89	'90	'91	'92 (July)
Drugs	1,190 (100%)	1,620 (137)	2,016 (169)	3,939 (331)	3,876 (326)	4,222 (355)	3,133 (263)	1,115 (94)
Narcotics	361 (100%)	375 (104)	239 (64)	268 (74)	857 (237)	1,215 (337)	838 (232)	355 (98)
Marijuana	328 (100%)	392 (120)	318 (97)	351 (107)	1,025 (313)	1,450 (442)	1,138 (346)	330 (101)
Psychotropic substances	501 (100%)	862 (172)	1,459 (291)	3,320 (663)	1,994 (398)	1,557 (311)	1,157 (231)	430 (86)

Table III (a)

Number of Addicts Hospitalized in Treatment Centres

Year	Total	Narcotics	(Person)		
			Psychotropic Substances	Methamphetamine	Marijuana
1992 (July)	31	1	-	30	-
1991	81	1	-	80	-
1990	178	-	1	176	1
1989	335	3	-	331	1
1988	527	1	32	492	2
1987	87	1	-	85	1

Table III (b)

Age Group

Year	Total	Limit 19 years	20 - 29 years	30 - 39 years	40 - 49 years	50 - 59 years	60 or over
1987	87	-	31	42	10	3	1
1988	527	28	226	213	51	9	-
1989	335	9	121	152	35	17	1
1990	178	5	68	72	22	11	-
1991	81	1	26	30	20	3	1

Table IV

Classification of Offence

Drugs	Year	Offence						Total		
		Illicit manufacture	Smuggling	Illicit sale	Illicit cultivation	Abuse	Possession		Cooperation	Others
Narcotics	90	5	16	23	1,012	58	38	6	57	1,215
	91	1	38	33	636	10	48	2	70	838
Marijuana	90		47		400	735	249	3	16	1,450
	91		26		97	723	251	2	39	1,138
Psychotropic Substances	90	23	11	234		1,158	94	3	34	1,557
	91	10	16	297		602	46	13	173	1,157

40

41

Table V

Narcotics, Psychotropic Substance, Marijuana, Seizures in 1991

	Type of drug	Unit	Quantity
Narcotics	Raw opium	g	6,046
	Cocaine	"	140
	Heroin	"	3,190
	Poppy	plant	15,394
Marijuana	Hemp	plant , g	6369 plant, 49, 140 g
	Hempseed	g	53,456
Psychotropic Substances	Methamphetamine	g, litre	4,450 g, 7 litres
	Ephedrine Hcl	g	235,602
	LSD	quantity of one time	420

Table VI

Classification of The Offenders
(Occupation)

Occupation	(Person)						
	Year Total	1986	1987	1988	1989	1990	1991
Unemployed	659	894	1,889	1,318	1,300	989	
Worker in entertainment	135	196	553	403	326	224	
Farmer	238	138	185	524	943	407	
Industry worker	45	43	111	106	98	86	
Fisherman	4	7	7	11	10	15	
Salesman	130	155	236	315	277	261	
Worker in performance	37	29	39	65	59	43	
Housewife	8	7	6	24	23	15	
Student	2	6	44	96	67	55	
Simple Labor	43	21	83	148	163	117	
Worker in Company	31	42	70	87	108	92	
Driver	37	49	93	118	121	95	
Medical Service	61	75	45	163	172	270	
Seaman	16	25	37	18	16	8	
Others	183	329	541	480	539	456	

Table VII

Motivating Factors of Offenders

Motivating Factors	Type of Drugs	Narcotics	Psychotropic Substances	Marijuana	Total
	Total	100	100	100	100
Temptation		0.4	5.0	7.2	4.4
Fortuity		22.5	8.5	6.7	13.0
Oppression		-	-	0.1	0.1
Addict		0.8	7.1	10.5	6.3
Curiosity		19.5	70.0	25.7	40.3
Profit-making money		15.6	6.8	26.5	15.9
Medical Care		23.3	1.5	9.4	10.6
Others		14.9	1.1	13.9	9.4

Unit: %

* 1st, June 1990 - 31 December 1991

DRUG ABUSE TREND1. Cocaine

Due to climate and soil conditions, the cultivation of the coca bush in the Republic of Korea is not favorable, therefore the problems regarding cultivation of coca bush is negligible. However, for a short period in the 1960's, small quantities of illicit cocaine were smuggled into our country from outside regions. Cocaine addicts were unknown in the Republic of Korea until 1987. We have found just one case of cocaine abuser in 1990.

Table VIII
Cocaine Seizures

Quantity	Year	'85	'86	'87	'88	'89	'90	'91
g		-	-	-	10	-	1,126	140

2. Heroin

There were numerous heroin addicts until the middle of the 1960's. Heroin was smuggled from South-East Regions through international airlines, postal services and ocean-going vessels. However, many smuggling routes have been blocked by strengthened law enforcement. It is considered as new trends that the international criminal organizations for the illicit trafficking of heroin make use of our country as a transit state for the heroin smuggling.

There is no known heroin addict in the Republic of Korea and heroin addiction does not cause a problem in the Korean society.

Table IX
Heroin Seizures

Quantity	Year	'87	'88	'89	'90	'91
Kg		37	-	-	-	3.19

3. Opium

Before 1945, opium poppy was cultivated under the government license as a monopoly good. Opium addicts had increased constantly by the unchecked outflow of stocks.

In 1957 cultivation was prohibited by the newly enacted Narcotic Control Law. Furthermore, in 1961, the Ministry of Health and Social Affairs designated the narcotic problem as one of the five social evils and intensified its surveillance against narcotic offences. As a result, the cases of opium addicts has decreased significantly.

At present, illegal growing of poppies are limited to secluded places in the mountainsides which are far from hospitals. Growers use opium as a first aid medicine and poppy straw for veterinary purpose. Currently there is no major opium-related problem in the Republic of Korea with regard to smuggling, clandestine manufacturing and addiction, except illicit cultivation. The illicit cultivations of opium poppies might be eradicated with the continuous campaigns, active surveillance, and providing health facilities in the area.

Table X
Raw Seizures

Quantity	Year	'85	'86	'87	'88	'89	'90	'91
g		-	9,721	4,184	0.5	97.96	9,910	6,046

4. Cannabis

Cannabis cultivation has a long history in the country for raw material of textile. However, the amount of cultivated cannabis is decreasing due to the sanction on it. At present, those who live in the countryside legally cultivate hemp under the permission and strict control from the prefecture. Smoking of marijuana in the Republic of Korea has increased since 1965 but was mostly limited to foreign visitors and military personnels. In 1976, marijuana smokers reached its peak level, therefore, to separate from the Habit-Forming Drugs Control Law, the Cannabis Control Law was newly enacted to control hemp systematically and to permit the legal cultivation of hemp under close supervision. In the view of present circumstances, the abuser of marijuana will decrease. Marijuana is illegally grown at secluded places in the mountainsides. After harvesting, the dry leaves are destroyed. The main abusers of marijuana are foreigners, hostesses, musicians, and college students. In order to prevent the trafficking of marijuana, all superintendents watch and remove the wild growing cannabis. It is a difficult task to remove all the wild growing cannabis from the high mountain because 70 percent of the land in the Republic of Korea is mountain.

5. Methamphetamine

Methamphetamine, an unknown substance in the Republic of Korea, began to be illegally manufactured with the techniques introduced in the late 1960's from other countries.

In the beginning, clandestine manufactures concentrated on smuggling out their products because the Republic of Korea had no abuser.

As the control became strict, the smugglers tried to permeate into streetgirls, gamblers and rich old aged people. Since ephedrine-HCl, a raw material of methamphetamine is not produced in the Republic of Korea it must be supplied through smuggling. Ephedrine-HCl which is imported from foreign countries for medical use is under strict control of the Ministry of Health and Social Affairs.

To eradicate the problem of methamphetamine, it is very important to uncover the clandestine manufacturer as well as to cease the smuggling of raw material.

In addition to their ordinary task, all the investigation agencies concentrate their efforts on the control of smuggling of ephedrine. Methamphetamine was usually manufactured in rural or suburb areas in the past. Recently manufacturers are found using mobile facilities which are equipped with manufacturing instruments.

Table XI
Methamphetamine Seizures

Year	'89	'90	'91
Quantity			
kg	132	32	4

Table XII
Retail Price of Methamphetamine

Unit	Year City	Oct. 88	Oct. 89	Jan. 90	Apr. 90	Dec. 90	Dec. 91
g	Seoul	\$63	\$126	\$190	\$630	\$860 - \$890	\$900 - \$1,300
	Pusan	\$126	\$252	\$380	\$890 - \$1,300	\$890 - \$1,300	\$900 - \$1,300

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Since the first identification of HIV seropositive in December 1985, 206 persons have been infected with HIV by the end of July 1992.

Recently we witnessed that epidemiologic pattern of HIV transmission in Korea is in transition from imported case to homosexual case among domestic people.

The MOHSA is implementing education programs for prostitutes, seafarers and international travellers and providing education materials especially for homosexuals and youth. Specific counselling services with voluntary HIV testing for homosexuals are provided.

HIV screening for blood has been made mandatory for every blood unit since July 1987 and now efforts are given to strengthen the quality control of laboratory works.

Based on the commitment that co-operation of the HIV seropositives themselves is indispensable to successful control of AIDS transmission, the government is making every effort to abolish discrimination and stigmatization against the infected persons. Case management is focusing on counselling and education, health monitoring, financial support and treatment. The government is seeking effectiveness of overall AIDS programs.

Table XIII

The Number of HIV Seropositive Persons

								(person)
Year	85	86	87	88	90	91	92	Total
Person Infected	1	4	9	24	37	42	37	206

31 July 1992 present

* Male 182, Female 24

Table XIV

Classification of HIV Serospositive Persons (Age, Sex)

(person)

Age	Total	Male	Female
-	206	182	24
Less than 10	3	3	-
11 - 20	8	8	-
21 - 30	94	82	12
31 - 40	68	58	10
41 - 50	26	24	2
51 - 60	5	5	-
61 and above	2	2	-

Table XV

Classification Factor of Infected Persons

(persons)

Total	Sexual Contact			Blood Contact		Plasma preparation
	Outside of Country	Inside of Country		Transfusion	Plasma preparation	
	With Foreigner	With Foreigner	With Domestic	Outside of Country	Inside of Country	
206	97	15	77	6	6	6

Among HIV serospositive person, 27 were homosexual.

DRUG ABUSE TRENDS IN KUALA LUMPUR
(MALAYSIA)

Tuan Hj. Ismail Hj. Ahmad
Anti-Narcotics Task Force Malaysia

INTRODUCTION

1. Area Description

Malaysia which is situated south of Thailand has an estimated land area of 329,757 square kilometers. Malaysia consists of 14 states with a population of 17 million where the main ethnic groups are Malays, Chinese and Indians.

The capital city of Kuala Lumpur, the hub of government administration, has an area of 243 sq. km. and an estimated population of 1,200,000 or about 7% of the total population. The population density of Kuala Lumpur is 4652 per sq. km. with an annual growth rate of 2.4%.

In view of its central location, with excellent infrastructure and communication systems, it is especially vulnerable as a transit point for drug trafficking. In the process of transportation into and out of the city, a certain proportion of the drugs have found their way into the community creating and meeting local demand for drugs.

Drug abuse is not a new phenomenon in Malaysia. This habit, in particular opium smoking, and the use of cannabis could be traced back as early as the 19th century with the advent of immigrant workers from China and India. It was the Chinese who introduced the habit of opium smoking into this country. Due to its lucrativeness the opium trade became an issue between rival Chinese secret societies which wanted to control the opium market. This state of affairs in the then Malaya, necessitated the then British Government's intervention to control and reduce the sale of opium. The Colonial Government had not imposed any sanction earlier against such activities because they provided a sizeable source of revenue in the then Straits Settlements.

2. Data Sources

The sources of data for this report are derived from the National Drug Information System (NADI), Anti-Narcotics Task Force, Prime Minister's Department, Malaysia. The system collates all data submitted by anti-drug and health-care agencies throughout the country. These comprise of Hospital, Anti-Narcotic Branch Police Department, Prisons, Treatment and Rehabilitation Centre and others.

DRUG ABUSE TRENDS

1. Number of addicts identified: 1988 - 1992 (May) Graph 1.

As shown in Graph 1, the number of addicts in Kuala Lumpur decreased from 2,234 in 1988 to 1,317 in 1989, 975 in 1990 to 883 in 1991. From January - May 1992 136 addicts were identified for the first time compared to 281 addicts for the same period in 1991.

2. Breakdown by Drug Use: January - May 1992 Graph 2.

Heroin is the most widely used drug in Kuala Lumpur accounting for 79.5% in 1991 and 87.5% for the first five months of 1992.

Cannabis is the second widely used drug comprising 18.6% in 1991 followed by morphine 1.5%. However in 1992 cannabis usage is at 11% followed by opium 1.4%.

3. Breakdown by Age Group: 1991 and 1992 (January - May) Graph 3.

The highest number of addicts identified is in the age group of between 20 - 29 years representing 59.2% in 1991 compared to 62.6% from January - May in 1992. The next highest group is in the age bracket of between 30 - 39 years comprising of 26.7% in 1991 and 27.4% in 1992. This is followed by those in the age group of 10 - 19 years reflecting 9.1% in 1991 and 5.4% in 1992. In 1991, 4.5% of addicts are in the age of 40 - 49 years and 4.6% in 1992. Of the addicts identified in 1991, 0.5% are over 50 years of age.

4. Seizure of Drug

There was a significant increase in the seizure of psychotropic substances in 1992 (January - May) amounting 11,554 pills compared to 29,802 pills for the whole 1991. It is believed that these psychotropic substances were diverted into the illegal market which served as a temporary substitute for heroin to alleviate the discomfort of withdrawal. In 1991, 1.4kg of prepared opium was seized compared to 0.13kg in 1992 (January - May). Also, 77.07 kg of heroin was seized in 1991 as compared with 12.38kg in 1992. In 1992, 32.88kg of cannabis was seized as compared to 53.896kg for the whole of 1991.

5. Arrest of Drug Offenders

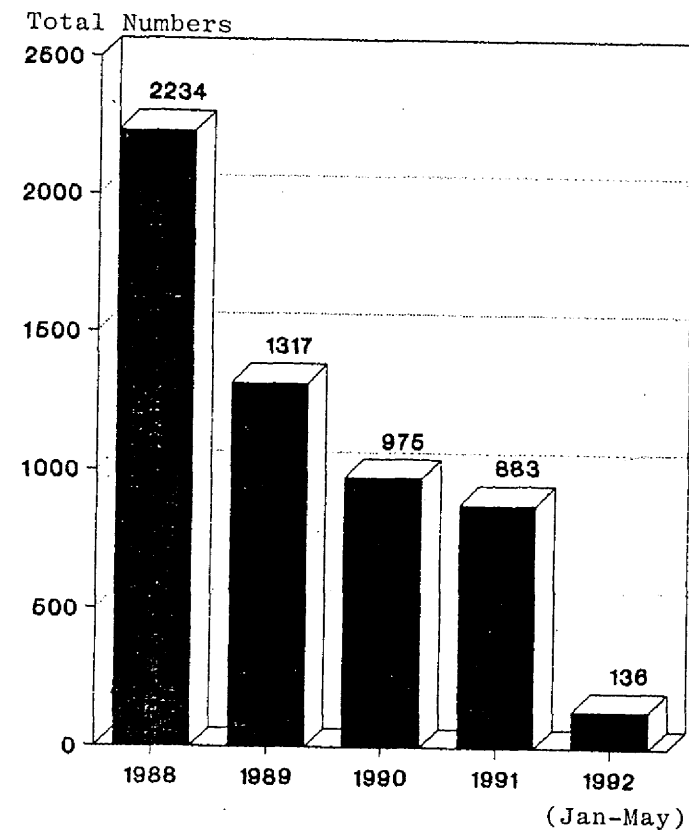
The number of drug offenders arrested for illicit drug activities in Kuala Lumpur in 1991 and 1992 are as follows:

	<u>1991</u>	<u>Jan-May</u> <u>1992</u>
(a) Section 39B (Traffickers- possession of 15 grams and more of heroin/morphine)	262	53
(b) Section 39A (Pushers- possession of less than 15 grams of heroin/morphine)	423	221
(c) Other section (including self-administering of illicit drugs)	794	229

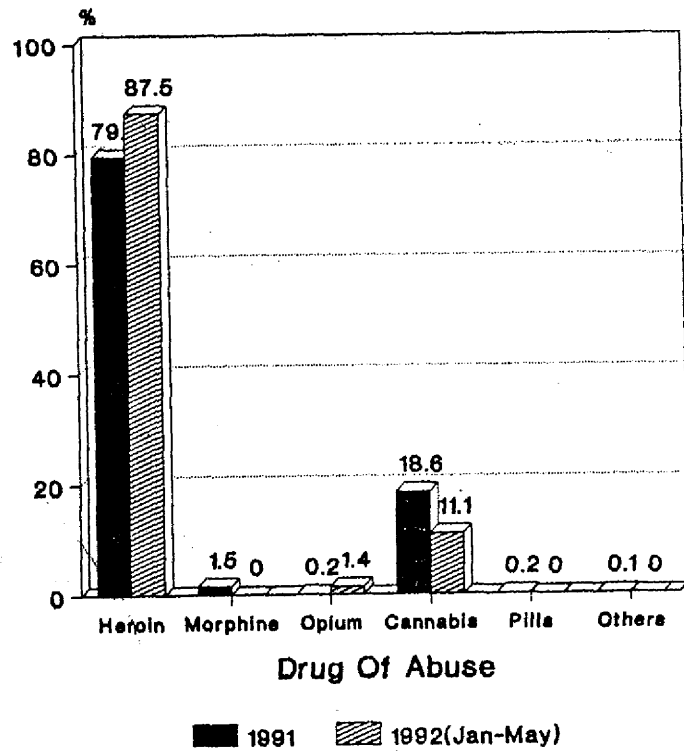
PROBLEMS IN DATA COLLECTION

- (a) Constraints of agencies at ground level to submit the computer forms/regularly and on specified time because of departmental priorities.
- (b) Getting continued co-operation and support from agencies due to frequent transfers of staff handling these data collection creating discontinuity and other related problems.
- (c) Incomplete details submitted accounting for loss of valuable information.

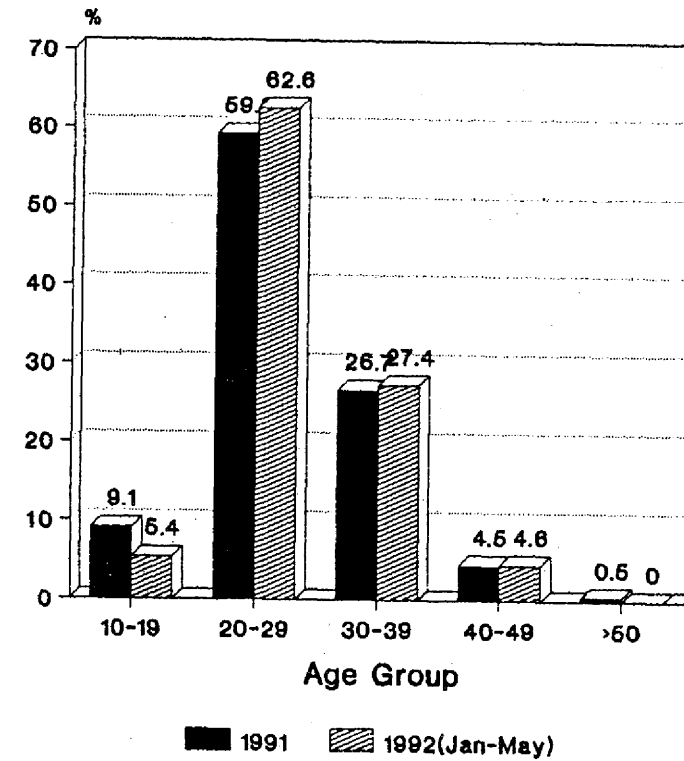
**Graph 1 : Newly Identified Addicts
In Kuala Lumpur, 1988-1992 (Jan - May)**



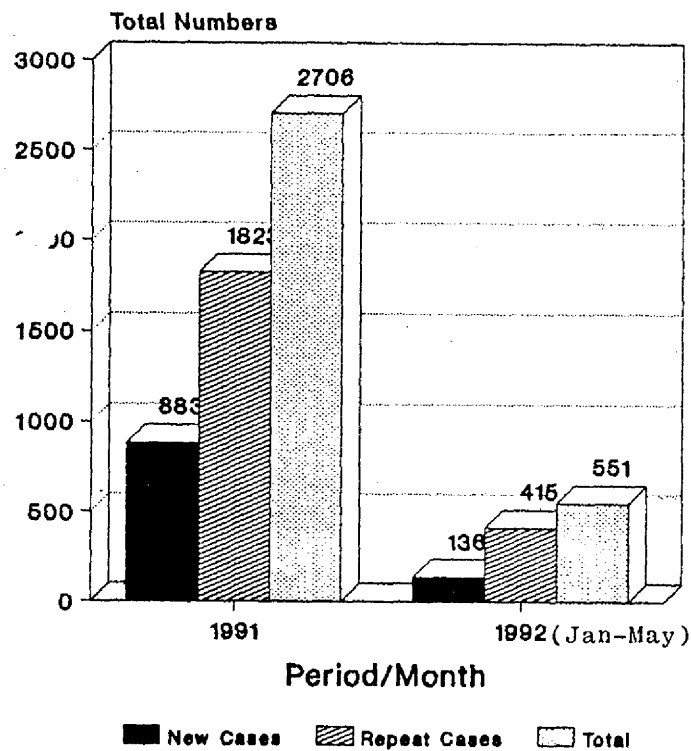
**Graph 2 : Newly Identified Addicts
Type Of Drug Use In Kuala Lumpur**



**Graph 3 : Newly Identified Addicts
Age Group In Kuala Lumpur**



**Graph 4 : Extent Of Drug Use
In Kuala Lumpur**



**UNION OF MYANMAR COUNTRY REPORT ON OVERVIEW
OF DRUG EPIDEMIOLOGY**

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INTRODUCTION

1. Area Description

Union of Myanmar lies between latitude 10 and 28 N. and longitude 92 and 101 E. in the South East Asia region. It occupies an area of 676,577 square kilometers. It is divided into seven states and seven divisions and composed of 318 townships. Population of Myanmar is about 40 million and out of this 75% are rural population and 25% are urban. Literacy rate is about 80-85%. Buddhism is the predominant religion and there are 135 ethnic groups in the whole country. The official and primary language is Myanmar.

2. Background of Drug Abuse Problem

There is no evidence to indicate exactly where and when opium was first grown in Myanmar. The earliest history recorded the sale of opium to the people in Bago by an Italian trader who visited Myanmar in 1581. In the early part of 16th century, the Dutch East Indian Company made a profitable business of selling opium to Myanmar, Malacca, and Thailand. There is also records made by Christian missionaries in 1837, that the poppy growing in Hukaung and Mogaung areas were widespread and from those areas it was spread to the northern and eastern parts of Myanmar.

The Myanmar kings discouraged and prohibited the use of opium in the country. But, the prohibition was not very effective and after the British occupation, the sale of opium was allowed in Myanmar under licenses.

After the country gained independence, the Myanmar Government introduced many reforms to raise the living standard but was unable to control the cultivation, production, sale and use of opium by population in the hilly and frontier areas. The Opium Enquiry Commission was formed in 1964 and the sale of opium in Myanmar was prohibited in October 1965.

Up to the end of 1970, there were no serious drug problems except opium addicts among rural areas, especially in the hilly and frontier regions. In the early 1970s, there were reports that former opium addicts aged between 30 and 50 were using brown powder by inhalation or by smoking instead of opium which was heroin No. 3. This was the earliest report of introduction of heroin into Myanmar. Within a few years, the heroin abuse problem became an epidemic and spread to youths of urban areas.

3. Legislative Measures

On 20 February 1974, the Myanmar government adopted the 1974 Narcotic and Dangerous Drug Law to control effectively the demand and supply of narcotic drugs. The law comprises of 13 sections and bans cultivation, transportation, possession, trafficking, and sale of narcotic drugs. The Law contains significant facts that the drug addicts must register themselves and those who fail to do so are liable to punishment. There are still loop holes in the law. The Government again amended the law in 1988 which includes serious penalties for traffickers (Table 1). According to the 1974 Law, all drug dependents must submit themselves for registration, treatment and rehabilitation without fail at treatment centers or nearby township hospitals. At present there are six major treatment centres. All the treatment centres are manned by trained medical officers.

4. Administration Policy

The Ministry of Home and Religious Affairs formed the Central Committee for Drug Abuse Control (CCDAC) with the approval of the Council of Ministers in 1975. The Central Committee is chaired by the Minister for Home and Religious Affairs.

The CCDAC is composed of representatives from the ministries of Home and Religious Affairs, Defence, Agriculture, Industries, Education, Social Welfare, Information and Public Relations, Health, and Animal Husbandry and Fisheries.

Under the Central Committee for Drug Abuse Control, nine implementing sectors and committees are also formed to carry out effectively the objectives in supply reduction and demand reduction as follows:

ORGANIZATION OF CCDAC THE CENTRAL COMMITTEE FOR DRUG ABUSE CONTROL

Supply Reduction

- Law Enforcement Supervision Committee
- Law Enforcement Sector
- Crop Substitution Sector
- Livestock Breeding Sector

Demand Reduction

- Medical Treatment Sector
- Rehabilitation Sector
- Education Sector
- Information Sector

- Opium Purchase Committee
- State/Division Committee
- Township Zone/Township Committee

5. Medical Treatment (Health Sector)

Drug addiction is considered both a medical and a behavioural problem, and as such medical, social and legislative measures are taken in dealing with drug addicts for their complete recovery. The Government has provided compulsory treatment and rehabilitation for drug addicts.

The principle responsibilities of the health sector are:

- (i) Detection, detoxification and treatment of medical complications.
- (ii) Provision of follow-up counselling and guidance.
- (iii) Provision of training programs for medical and paramedical personnel in the management of drug users.
- (iv) Submission of statistical reports.
- (v) Planning and implementation of research projects.

Table 1

Penalties for offending against the Narcotic and Dangerous Drug Law 1974 on the following action

Action Drugs	Import (Section 8)	Export (Section 8)	Manufacture (Section 5)	Sale (Section 10)	Possession (Section 6)	Possession for the purpose of sale Section 6 A(b)	Failure to register for medical treatment (Section 14D)
Heroin Opium Codein Morphine Pethedine	10 to unlimi- ted years imprisonment and a fine of K. Fifty Thousand or death	Same punishment	10 to unlimi- ted years imprisonment and a fine of K. Fifty Thousand or death	10 years to unlimited years impri- sonment and a fine of K. Fifty Thousand -in addition fine which may extend to K. all proper- ties involved shall be confiscated	5 to 10 unli- mited years imprisonment or with both such punish- ment and a fine of K. Fifty Thousand -in addition Ten Thousand- ties involved in addition all properties involved shall be confiscated	10 to unlimited years imprison- ment and a fine of K. Fifty Thousand or death	3 to 5 years imprisonment
Marijuana	Same	Same	Same	Same	Same	Same	Same

CURRENT DRUG ABUSE SITUATION

There are two different entities of addicts: traditional opium addicts and heroin or multi or polydrug users. Generally, the traditional opium users are elderly and residing in rural areas. The other group of addicts consists of youths and city dwellers. Over the last decade, heroin, opium and codeine (as an ingredient in pharmaceutical product such as phensedyl, commethazine etc.) became the most frequently used drugs among the youths.

1. Compulsory Treatment And Rehabilitation Program

In August 1982, a comprehensive care program was established by the Central Committee for Drug Abuse Control at Thayet/Wethtikan and Kathe-kwin, in consultation with the Ministry of Health, Ministry of Social Welfare, the people's Police Force and the Prisons Department. The main objective of this program is to provide a long term social rehabilitation program with an aim to reshape and remold the attitude and character of young drug dependents to become productive and responsible citizens. In the earlier part of 1988, the centre at Thayet was moved to Pyay. The Ministry of Health provided 30 treatment centres with 525 beds for detoxification, treatment of medical complications and rehabilitation.

The other activities of the treatment centres are:

- (i) Medico-legal assessment
- (ii) Departmental referral assessment
- (iii) Follow-up and out-patient treatment

2. Statistics Of Drug Abuse (Information System)

The Health Information Service (HIS) of the Ministry of health is provided with data from the program and it takes care of generating statistical reports for the country as a whole. The total number of registered addicts in Myanmar as of 31 July 1991 is 51,540 (heroin 12,446, opium 33,871, marijuana 379), tranquilizer 200, and others 4,625) as shown in Table 2.

It can be seen from Table 2 that two thirds of the drug addicts are traditional opium users. Heroin addicts comprise less than a quarter of the total.

Geographically, Shan State which lies in the eastern part of the country, registered the highest number of drug addicts, followed by Kachin State in the North and Sagaing Division at the central part of the country whereas the Yangon Division is fourth in the case load with 7,241 registered addicts (Table 2)

Table 2

Total Registered Cases of Drug Addiction
(as of 31 July, 1991) by State and Division

SN	State/Division	Opium	Heroin	Mari- juana	Tranq. quilizer	Other Drug	Total
01	Yangon Division	1693	4226	314	180	828	7241
02	Sagaing Division	7653	594	2	-	1066	9255
03	Mandalay Div.	740	1164	3	1	534	2442
04	Magway Division	196	4	-	-	-	200
05	Bago Division	109	22	4	21	38	194
06	Tanintharyi Div.	16	14	1	-	5	36
07	Ayeyarwady Div.	82	9	9	3	20	123
08	Mon State	58	66	2	-	1	127
09	Rakhine State	58	-	-	-	1	59
10	Chin State	400	-	-	-	1	401
11	Kachin State	8253	3792	25	13	1759	13842
12	Shan State	14379	2515	17	2	432	17345
13	Kayah State	233	40	2	-	-	275
14	Kayin State	-	-	-	-	-	-
Total		33870	12446	379	220	4625	51540

Most of the drug addicts are among the youths of productive age groups i.e., 20 to 39 years (Tables 5 to 9). It is saddening to see in 1990 that 30% of new cases were in the age group of 20 to 24 year followed closely by 25 to 29 year age group (27%) and 30 to 39 year age group (25%). The majority of the drug addicts (99%) are males.

3. Training And Educational Programs

(i) Training of

- (a) Medical officers
- (b) Post-graduate medical students
- (c) Under-graduate medical students
- (d) Department training courses for People's Police Force, Social Welfare Department and Education Department.

(ii) Educational Program

- (a) Educational talks, plays, TV and radio spots.
- (b) Exhibitions and shows.
- (c) Health literature distribution, such as stickers, pamphlets and booklets.

4. National Seminar

Two national seminars on prevention and management of drug dependence were held in September 1987 and June 1988 respectively.

5. Exhibition On Drug Abuse Control Work

An exhibition on drug abuse control activities was held in Yangon from the 27 November to 3 December 1989. The health sector also took part in exhibitions held in states/divisions and township levels.

6. Workshop On Prevention And Management Of Drug Dependence

Workshop on Prevention and Management of Drug Dependence for Medical Officers was held at Drug Dependency Treatment and Research Unit, in Yangon from 3 to 5 December, 1990 and in Mandalay from 21 to 24 April 1991 and at Taunggyi from 18 to 20 February 1991.

7. Deregistration

For the purpose of deregistration, a certain number of addicts are regularly called to the Yangon Drug Dependency Treatment and Research Unit whereby assessment on the state of drug addiction is done. Those found to be well are recommended for deregistration which is undertaken by the Yangon Division Drug Abuse Control Committee.

8. Research

Several operational research activities were carried out and an epidemiological survey is planned to be implemented soon.

SITUATION OF HIV INFECTION AMONG IVDU IN MYANMAR

Serological tests for HIV infection have been carried out since 1985. Test for HIV infection was done on intravenous drug users as part of the serological survey for HIV infection. Routine test for HIV infection was also done in major treatment centres for addicts.

Drug Dependency Treatment and Research Unit of Yangon Psychiatric Hospital performed a serological survey for HIV infection among the drug addicts during the period of May 1989 to June 1991.

The findings of the study are tabulated below.

Table 3

HIV infection among injecting drug users

Year	Month	HIV tested	Positive	% Positive
1989	May	59	43	72.8
1990	May-Dec	393	330	83.9
1991	Jan-Jun	236	175	72.1
Total		688	548	79.6

Between July 1990 and June 1991, 74 oral drug users were examined for HIV antibodies, of which 10 were tested positive, giving an infection rate of 13.5%. The serological study carried out so far has tested 103,051 persons all over the country from 1985 to 31 June 1991. That survey proved a total of 2,743 persons as sero-positive individuals. Among them 1,267 persons were intravenous users (46%).

LINKAGE BETWEEN HEALTH SECTOR AND REHABILITATION SECTOR

Drug addicts who have undergone treatment upon discharge from Yangon and Mandalay Drug Dependency Treatment and Research Units may attend a six-month training course which is part of the rehabilitation program such as offset printing, photography, tailoring and automobile servicing. Their progress is constantly followed by respective Drug Dependency Treatment and Research Unit.

INTERNATIONAL COOPERATION

While Myanmar was carrying out drug abuse control program on her self-help basis, the United Nation Fund for Drug Abuse Control (UNFDAC) offered to join hands with Myanmar which was gladly accepted. Agreement between Myanmar and UNFDAC was signed in three phases, covering five years for each phase.

Phase I covered from 1976 to 1981. According to the agreement, UNFDAC provided US\$5,670,000 and the Myanmar government contributed Ks. 4,358,650.

Phase II covered from 1981 to 1986. In this phase, UNFDAC funded US\$ 5,397,000 and Myanmar government contributed Ks. 62,680,000.

Phase III covered from 1986 to 1991. In this phase, UNFDAC funded US\$ 10.5 million and Myanmar government contributed Ks. 95.620 million.

UNFDAC provisions were utilized in procurement of supplies and equipment, fellowship, training, workshops etc. The Myanmar Government contributions were used in wages, transportation, building, etc.

CONCLUSION

The drug problem deserves the priority being accorded by the Government. The problem justifies also for the reason that IVDUs are the most important source of HIV infection at the present moment.

Table 4

Total Registered Cases of Drug Addiction on 31st May, 1992
By State and Division

Sr. No	State & Division	Opium	Heroin	Marijuana	Tranquilizer	Other Drugs	Total
01	Yangon Division	1728	4501	332	180	831	7572
02	Sagaing Division	7656	609	2		1006	9273
03	Mandalay Division	740	1164	3	1	534	2442
04	Magway Division	196	4				200
05	Bago Division	109	22	4	21	38	194
06	Tanintharyi Division	16	14	1		5	36
07	Ayeyarwady Division	82	9	9	3	20	123
08	Mon State	58	75	2		1	136
09	Rakhine State	58				1	59
10	Chin State	400				1	401
11	Kachin State	8270	4000	25	13	1759	14067
12	Shan State	14545	2660	17	2	433	17657
13	Kayah State	233	40	2			275
14	Kayin State						
Total		34091	13098	397	220	4629	52435

Table 5

New Cases of Drug Addiction As On 31st January 1992
By Age Group

Age Group	Opium			Heroin			Marijuana			Tranquilizer			Other Drugs			Total	% Out of Total	
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T			
< 15																		
15 - 19				2	1	3									2	1	3	3.80 %
20 - 24				18		18									18		18	22.78 %
25 - 29	3		3	28		28									31		31	39.24 %
30 - 39	3		3	14		14	1		1						18		18	22.78 %
40 - 49	6		6	3		3									9		9	11.39 %
50 - 59																		
60 +																		
Total	12	12	65	1	66	1	1	1	1	1	1	1	1	1	78	1	79	100.00 %

Table 6

New Cases of Drug Addiction As On 29th February 1992
By Age Group

Age Group	Opium			Heroin			Marijuana			Tranquilizer			Other Drugs			Total			% Out of Total
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
< 15																			
15 - 19				4		4										4		4	5.88 %
20 - 24	3		3	17		17	1		1							21		21	30.88 %
25 - 29	7		7	12		12										19		19	27.94 %
30 - 39	9		9	9		9										18		18	26.47 %
40 - 49	3		3													3		3	4.41 %
50 - 59	3		3													3		3	4.41 %
60 +																			
Total	25		25	42		42	1		1							68		68	100.00 %

Table 7

New Cases of Drug Addiction As On 31st March 1992
By Age Group

Age Group	Opium			Heroin			Marijuana			Tranquilizer			Other Drugs			Total			% Out of Total
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
< 15																			
15 - 19	1		1	4		4										5		5	5.95 %
20 - 24				17		17	3		3							20		20	23.81 %
25 - 29	3		3	26	1	27										29	1	30	35.71 %
30 - 39	5		5	20		20										25		25	29.76 %
40 - 49	1	1	2	1		1										2	1	3	3.57 %
50 - 59	1		1													1		1	1.19 %
60 +																			
Total	11	1	12	68	1	69	3		3							82	2	84	100.00 %

Table 8

New Cases of Drug Addiction As On 30th April 1992
By Age Group

Age Group	Opium			Heroin			Marijuana			Tranquilizer			Other Drugs			Total			% Out of Total
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
< 15																			
15 - 19				7		7										7		7	9.46 %
20 - 24				26	1	27	3		3							29	1	30	40.54 %
25 - 29	1		1	16		16	1		1							18		18	24.32 %
30 - 39	4		4	12		12										16		16	21.62 %
40 - 49	3		3													3		3	4.05 %
50 - 59																			
60 +																			
Total	8		8	61	1	62	4		4							73	1	74	100.00 %

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Table 9

New Cases of Drug Addiction As On 31st May 1992
By Age Group

Age Group	Opium			Heroin			Marijuana			Tranquilizer			Other Drugs			Total			% Out of Total
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
< 15																			
15 - 19				5		5										5		5	4.85 %
20 - 24	4			24		24										28		28	27.18 %
25 - 29	9		9	25	1	26										34	1	35	33.98 %
30 - 39	6		6	18		18										24		24	23.30 %
40 - 49	2		2	5		5										7		7	6.80 %
50 - 59	3		3	1		1										4		4	3.88 %
60 +																			
Total	24		24	78	1	79										102	1	103	100.00 %

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Table 10

Total Registered Cases of Drug Addiction As On 31st December 1991 By States and Divisions

Sr. No	State and Division	Opium		Heroin		Marijuana		Tranquilizer		Other Drugs		Total	
		No	%	No	%	No	%	No	%	No	%	No	%
1.	Yangon Division	1712	23.20%	4332	58.72%	323	4.38%	180	2.44%	831	11.26%	7378	14.18%
2.	Sagaing Division	7654	82.59%	606	6.54%	2	0.02%			1006	10.85%	9268	17.81%
3.	Mandalay Division	740	30.30%	1164	47.67%	3	0.12%	1	0.04%	534	21.87%	2442	4.69%
4.	Magway Division	196	98.00%	4	2.00%							200	0.38%
5.	Bago Division	109	56.19%	22	11.34%	4	2.06%	21	10.82%	38	19.59%	194	0.37%
6.	Tanintharyi Division	16	44.44%	14	38.89%	1	2.78%			5	13.89%	36	0.07%
7.	Ayeyarwady Division	82	66.67%	9	7.32%	9	7.32%	3	2.44%	20	16.26%	123	0.24%

Cont. Table 10

Sr. No	State and Division	Opium		Heroin		Marijuana		Tranquilizer		Other Drugs		Total	
		No	%	No	%	No	%	No	%	No	%	No	%
8.	Hon State	58	46.77%	70	53.44%	2	1.53%			1	0.76%	131	0.25%
9.	Rakhine State	58	98.31%							1	1.69%	59	0.11%
10.	Chin State	400	99.75%							1	0.25%	401	0.77%
11.	Kachin State	8264	59.13%	3916	28.02%	25	0.18%	13	0.09%	1759	12.58%	13977	26.86%
12.	Shan State	14488	82.59%	2603	14.84%	17	0.10%	2	0.01%	433	2.47%	17543	33.72%
13.	Kayah State	233	84.73%	40	14.55%	2	0.73%					275	0.53%
14.	Kayin State												nil report
Total		34010	65.37%	12780	24.56%	388	0.75%	220	0.42%	4629	8.90%	52027	100.00%

The maximum number of registered cases is reported from Shan State (33.72%) and Kachin State (26.86%). The maximum number reported (.07%) is from Tanintharyi Division.

The most commonly consumed drug is Opium (65.37%) whereas Tranquilizer exists as the least commonly consumed at (0.42%).

Fig.1 Registered Cases of Drug Dependence as of 31 July 1991

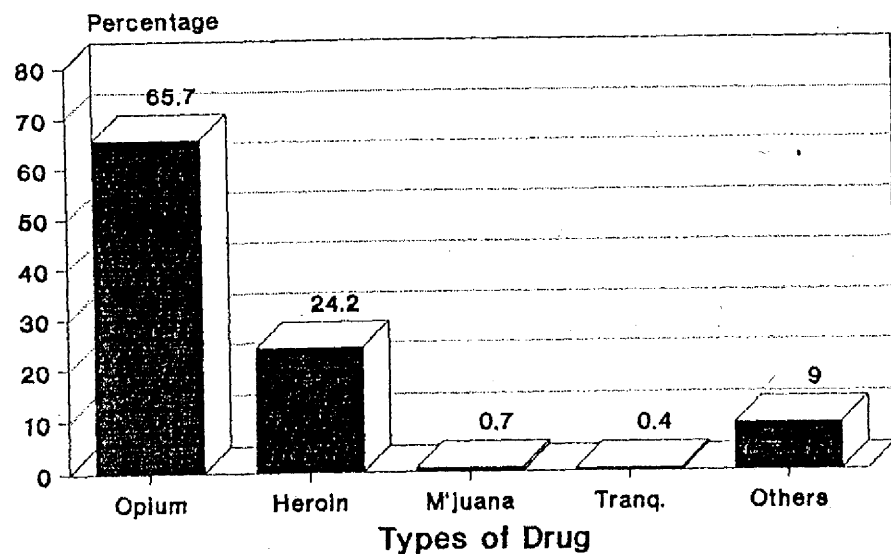
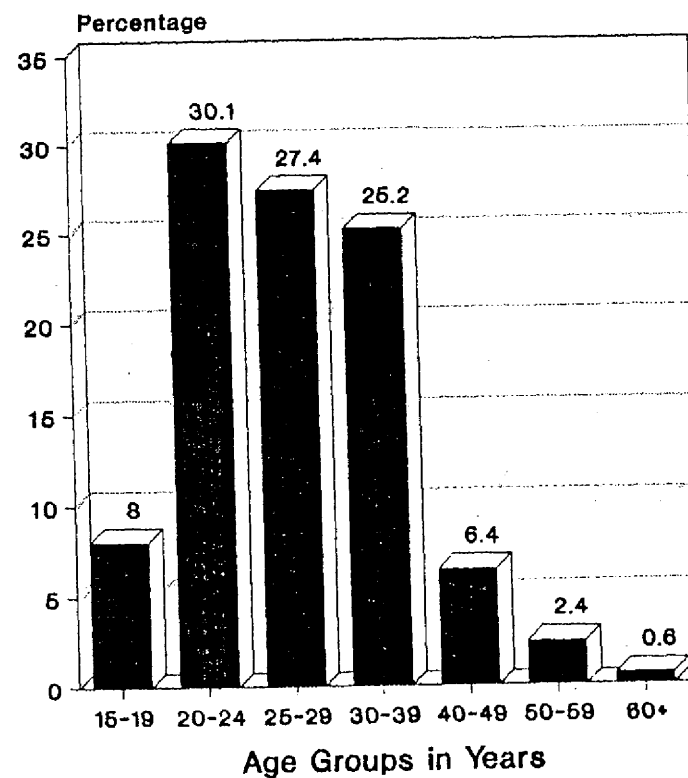
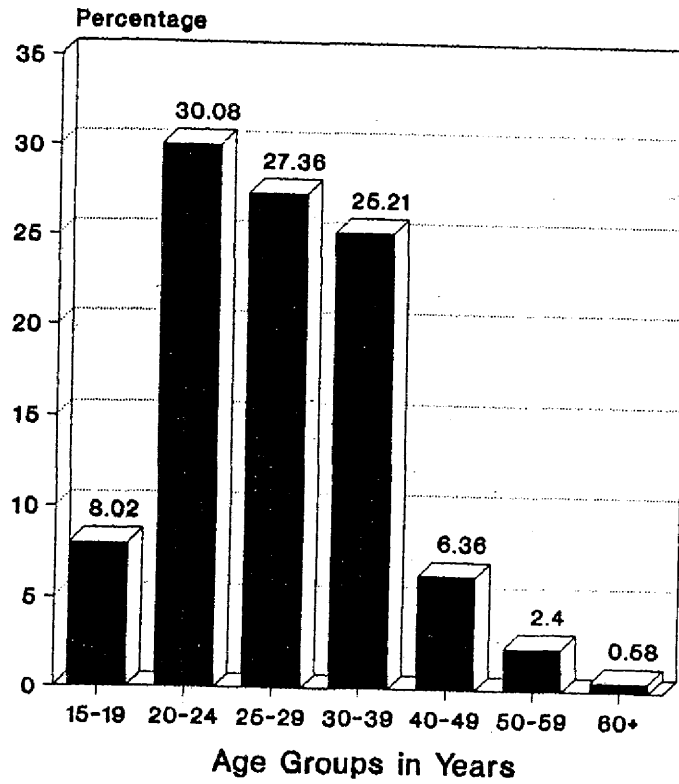


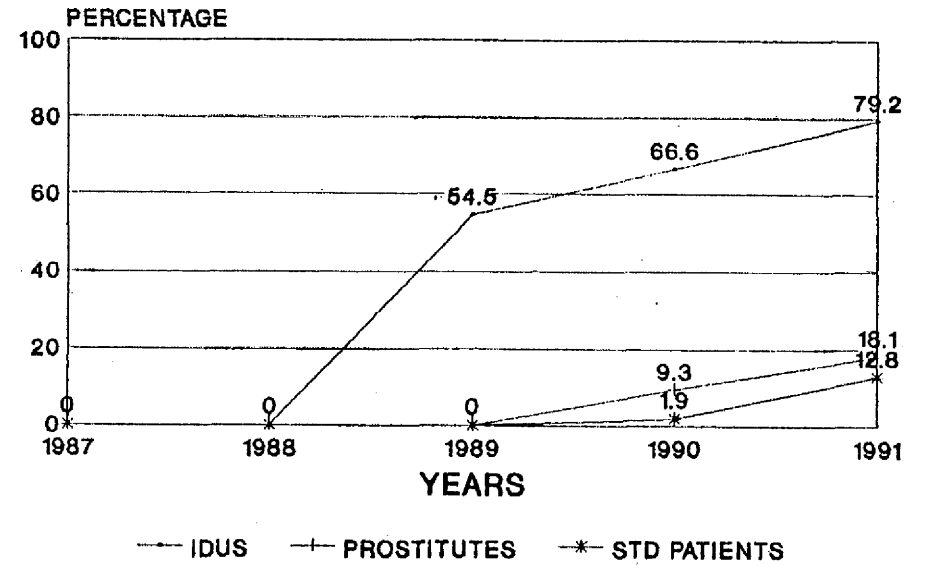
Fig. 2 New Cases of Drug Addiction by Age Group 1990



New Cases of Drug Addiction by Age Group 1991



TIME TRENDS OF HIV INFECTION 87-91 AMONG 3 HIGH RISK BEHAVIOUR GROUPS



DRUG ABUSE DATA/INFORMATION SCENARIO IN THE VALLEY OF
KATHMANDU
(NEPAL)

Dr. D.R.B. Kunwar
Director of Community Recovery Centre

INTRODUCTION

1. General Overview

Nepal - the paradise creation of nature - is a small landlocked country, between two giant nations - China on the North and India on the South with an open border. According to the national census of 1991, Nepal's total population is 18,500,000.

Drug addiction these days is considered to be one of the serious social problems faced by our community in Nepal. It has affected almost all kind of people, especially youth, irrespective of their caste, sex, socio-economic status etc. In other words it has affected a wide cross-section of Nepalese population.

The exact percentage of people affected by drug addiction is not yet known, nor are there any reliable data based on the extent of illicit drug abuse and the size of population abusing drug. According to rough estimates, there are approximately 30,000 hard drug abusers in the valley, which reflect the gravity of drug abuse menace.

Thus the problems of drug abuse has taken a serious dimension which, if not tackle properly in time, will take the seize of an epidemic. Some of the major cases leading to drug abuse are peers pressure, unemployment and socio-cultural breakdown.

Current treatment facilities are only limited to medical detoxification & crisis intervention provided by some NGOs and private institutions. Prior to 1991, there were virtually no centres for detoxification or reintegration, run by HMG of Nepal. Current programs are mainly focused on raising mass drug awareness through drug education. In the absence of any organized facilities for proper follow-up, rehabilitations and after-care services, the high relapse rate is inevitable. On account of their high vulnerability and consequent serious socio-economic damage to the community, teenagers and young adults falling in the age group of 15 - 30 years require priority considerations.

Keeping all these hard facts in mind, participants from Nepal had put forward the proposed National Demonstration Program for Kathmandu Valley, while in the Asian Subregional Training Program on Community Drug Rehabilitation, held in Rawal Pindi, Pakistan, from 6 - 21 October, 1990. The program was to be run in the name of Community Recovery Centre (CRC). The Centre was designated for total rehabilitation, i.e. it encompasses psycho-social, vocational and spiritual aspects for 'whole person recovery'. The underlying objective was to re-integrate the recovered drug addict in the society as drug free and crime free with gainful employment. CRC has now been operating as an out-patient program in Kathmandu Valley, providing rehabilitation and after-care services to detoxified male addicts above fifteen years old.

2. Nepal: Demographic Profile

1.	Total Population	18,500,000
2.	Population Composition, Sex-Wise	
	Male	9,220,914
	Female	9,241,167
3.	Age Group Composition	
	Under 15 years	42.3 %
	15 - 59 years	51.8 %
	60 + above	5.8 %
4.	Population by Religion	
	Hindu	86.2 %
	Buddhist	7.8 %
	Muslim	3.8 %
	Others	2.2 %

5.	Population by Language	
	Nepali	53.2 %
	Terai (Maithili, Bhojpuri, Tharu)	19.2 %
	Newari and Others	27.6 %
6.	Marital Status	Not defined
7.	Population by Occupation	
	A. Agriculture	80.3 %
	B. Services	4.7 %
	C. Industries	4.4 %
	D. Business	3.0 %
	E. Technical	1.8 %
	F. Civil Service	1.1 %
	G. Administration	6.3 %
	H. Others (unspecified)	4.3 %
8.	Average Annual Personal Income (Per Capita Income)	Rs. 8,100.00
9.	Household Composition	Not Specified
10.	Literate Percentage	
	National Literacy Rate	40 %
	Male	55 %
	Female	25 %
	Literacy (Urban Areas)	67 %
	Male	78 %
	Female	55 %

AVAILABLE EPIDEMIOLOGICAL DATA

NEADAP (Nepal Association For Drug Abuse Prevention) - the collaborating agency of CRC (Community Recovery Centre) has carried out an in-depth study on the profile of male drug addicts - those who were enrolled in CRC's Structured Rehabilitation Program to make them drug free, crime free and productive citizen of the community. The study covers the period from October 1991 to July 1992.

Types of Cases

A. Psycho-Social and Demographic Profile of 100 Clients

1. Types of Cases

1.	New cases	20 %
2.	Old cases	80 %

2. Age-Wise Distribution

	Below 15 years old	Nil
	15 - 19 years	20 %
	20 - 24 years	30 %
	25 - 29 years	30 %
	35 + years	20 %

3. Marital Status

(i)	Unmarried	65 %
(ii)	Married	35 %
(iii)	Divorced	Nil

4. Social Class

(i)	Upper class	5 %
(ii)	Middle class	55 %
(iii)	Lower class	40 %

5. Education Status

(i)	Primary, up to 5 years	5 %
(ii)	Secondary (S.L.C.) up to 10 years	55 %
(iii)	Beyond S.L.C.	48 %

6. Family Support

(i)	Good Family Support	68 %
(ii)	Poor Family Support	32 %

7. Employment/Other Status

(a)	Unemployed	40 %
(b)	Employed	60 %
	(i) Small enterprises	15 %
	(ii) Small retailer	15 %
	(iii) Gone back to study	10 %

(iv) Curio-sailor/guides	10 %
(v) Govt/Corporation Services	4 %
(vi) Jobs taken abroad	6 %

B. Client's Previous Background: Profile

1. Drug Abuse Background

(i) Brown Sugar (Smack)	60 %
(ii) Phensedyl/Pentazocine	20 %
(iii) Hashish and Alcohol	20 %

2. Daily Consumption

(i) 1/4 - 1/2 gram	20 %
(ii) 1/2 - 3/4 gram	35 %
(iii) 3/4 gram or More	45 %

3. Route of Administration

(i) Oral	50 %
(ii) I/V Fix	50 %

4. Duration of Use

(i) 1 - 5 years	47 %
(ii) 6 - 9 years	40 %
(iii) 10 years and Onward	13 %

5. Arrest and Accident

(i) No Trouble with Law	75 %
(ii) Trouble with Law	25 %

6. Complications

(i) Arrest and Accident	25 %
(ii) Psycho-social and Medical	25 %
(iii) No Complication	50 %

7. Outcome Profile of Clients

(i) Improved	50 %
(ii) Drop-outs	25 %
(iii) Under Rehabilitation/CRC	25 %

It is evident from the above study that in the process of treatment to be followed by structured community based rehabilitation program. Majority of the clients are of chronic nature and 50 percent of the clients are above the age of 25. Moreover, 65 percent of the clients are unmarried. Most of the clients are not from upper class most probably because parents and guardians belonging to this class are either reserved holding unto false social prestige or that they may have sent their sons and daughters abroad for treatment and rehabilitation.

This study also revealed that nearly 5 percent of clients have passed S.L.C. and 65 percent of the addicts under CRC's rehabilitation program are having fairly good family support. This is an important prerequisite for successful outcome towards the attainment of 'whole person recovery' and within a period of ten months, 60 percent of clients were successful in being gainfully employed.

The number one problematic drug is still brown sugar but at the same time there has been a growing abuse of psychotropic substances like phensedyl cough syrup and other related substances and alcohol in general.

The personal history of the clients recorded at the time of enrolment to CRC's rehabilitation program indicates other interesting facts. Nearly 45 percent of the clients were using 1 gram or more of brown sugar daily. The route of administration was orally, 50 percent and I/V fix, 50 percent. Twenty five percent of the clients had either accident or trouble with law. Another 25 percent were affected by a state of the mental confusion, paranoid psychosis or depression while some had medical complications such as toxic hepatitis, jaundice, pneumonia, neurites and anaemia.

BRIEF SURVEY OF OTHER IMPORTANT DATA/INFORMATION

1. DAPAN Activities

The Drug Abuse Prevention Association of Nepal (DAPAN) through its treatment centre - Nava Jeevan Ashram in Patan - has provided detoxification medical treatment over a period of 12 months during 1991 - 1992. Out of the 136 clients treated, 124 were detoxified within a two-week period. Seven female clients were referred elsewhere for detoxification treatment.

The drug addict patients are required to bear 50 percent of the total costs for treatment, i.e. Rs. 150.00 - for the initial treatment and crisis intervention. Unfortunately, DAPAN has recently announced the closure of the Ashram citing fund constraint as the major reason for this decision.

2. St. Xavier's - "Freedom Centre"

A review of the Freedom Centre's major activity in the last twelve months reveals a decline in the Centre's total case load, particularly in the enrollment of fresh cases for treatment and rehabilitation in a treatment centre setting wherein the clients are treated for a period of three or more months. Similar experiences are shared by NEADAP and DAPAN regarding new clients intake.

3. AIDS Cases in Kathmandu Valley - Data Profile

(a)	Total Number of AIDS Cases	=	70 (HIV Positive)
	Fully blown AIDS Cases	=	10
(b)	Foreigners Affected,	=	10
	(i) Drug Addicts Affected	(5)	
	(ii) Sexually Transmitted	(5)	
	(iii) No. Fix Recorded		
(c)	Nepali Citizen AID Cases	=	60
	(i) Male Cases	(30)	
	(ii) Female Cases	(30)	
(d)	Drug-Related Clients	=	8
(e)	-H/O I/V Fix		
	Male	=	1
	Female	=	1
(f)	Accidental Blood Transfusion	=	1

(a) Till 1991, AIDS cases were common among female prostitutes but since the beginning of 1992, the epidemic pattern has been recorded among males checked in the Sexually Transmitted Diseases Clinic of the Kathmandu Valley.

DATA ON LAW ENFORCEMENT 1991

a.	Total Drug Cases	=	520
b.	Total Nepalese Cases	=	473
	Cannabis and Ganja	=	193
	Male	=	181
	Female	=	12
	Heroin and Opium	=	278
	Male	=	272
	Female	=	8

Other data on drug offences in Nepal are provided in Annex I and II.

RECENT TRENDS: SOME OBSERVATIONS

- * HMG of Nepal has fortified its political commitment for prevention of drug abuse by initiating the Five Years Drug Abuse Master Plan to tackle and eradicate the drug menace from the country.
- * Enforcement activities have been reactivated recently as compared to the laxity in such operations in the previous years. They are expected to be accelerated even more with the full implementation of the Master Plan.
- * A decline has been observed in the load of fresh cases both in the treatment and rehabilitation centres as well as in Out-Patient Department and a privately run chamber.
- * More and more heroin addicts are found to be switching over to intravenous method (or fix) of drug use.
- * Use of psychotropic substances like phensedyl and other cough mixtures is growing to take the shape of an epidemic. Even students of lower secondary schools are reported to have been using phensedyl cough syrup in many cities of the developing countries.

- * The problem of alcoholism also seems to have been escalating all over the country.
- * More and more fresh cases of Aids have been identified.
- * There has been a mushrooming of newer NGO activities in the field of drug education and community awareness program in the new democratic set-up.
- * Community and people as a whole have come to visualise and experience that detoxification alone plays small role in the overall management of drug addicts until and unless it is not strongly supported by structured community based rehabilitation programs.

It is only through the active participation of the family and community in such programs, we can gradually curb the problem of drug menace plaquing our society.

SUGGESTED FUTURE COURSE OF ACTIONS

As it has been pointed out in the past and in the beginning of this presentation, lack of a centrally registered data bank system, and funding problem as yet, Nepal has lagged behind in the collection of essential epidemiological information and thus not been able to provide relevant data/information feedback regularly to concerned institutions.

At present, the drug abuse related and epidemiological data/information are collected in rather unorganized way by NEADAP and CRC, Drug Control Office of HMG Ministry of Home, DAPAN, Freedom Teaching Hospital, Mental Hospital, Bir Hospital, Hospitals in Patan and Bhaktapur, Birendra Army Hospital and Police Hospital. Moreover, there is even the problem in collection of these data/information and their timely processing and despatching to related institution. Obviously, achievement of this goal requires more effective mobilization of time, finance and other essential resources.

Mr. Hema Weera Singhe, the then Colombo Plan Drug Advisor had promised in 1990 and 1991 meetings to provide some seed money to overcome this problem and to facilitate effective collection of epidemiological data/information in Nepal. Unfortunately, there has been no positive outcome in this direction. I am optimistic that Ms. Chung Tsu Tuan will be kind enough to give this problem a due consideration.

Secondly, there is enough ground for optimism that the due implementation of the Master Plan in near future would be greatly instrumental in solving the problem of data collection system in Nepal.

Thirdly, an official visit of Colombo Plan Drug Advisor to Kathmandu in the near future might be helpful to facilitate the timely processing of drug abuse and epidemiological data/information both at the GOs and NGOs levels.

Last but not the least, let us all hope both the demand reduction as well as supply reduction measures will be balanced tactfully at all national, regional and international levels to minimize or possibly eradicate the social evil like drug abuse and addiction, to save future generation.

Annex 1
Drug Offences in Nepal
1991
(January - December)

Drugs	No of Cases	Number of Arrested Persons				Total	Seized Quantities of Amount in K.G.	Destroyed or use in K.G.	Remarks	
		Nepalese		Foreigners						Nationality
		M	F	M	F					
1. Cannabis Sativa (Ganga)	106	106	5	30	3	Indian M = 30 F = 3	144	545 K.G. 4940 M. 742 M.G.		
2. Cannabis Resin (Hashish)	93	75	7	10	1	German (M)= 3 (F)= 1 Indian M = 7	93	708 K.G. 767 G.M. 417 M.G.		
3. Heroin	244	264	8	5	-	Afghan = 1 Indian = 4	-	8 K.G. 424 G.M. 937 M.G.		
4. Opium	3	3	-	-	-	-	3	171 G.M.		
5. Phensedyl	2	2	-	-	-	-	2	9525 M.L.		
6. Bhang	1	1	-	-	-	-	1	103 G.M.		

Annex II
Drug Offence in Nepal
(January - July 1992)

Month	No. of Persons Arrested	Nepalese			Foreigner		Case No.	Cannabis			Hashish			Case No.			Heroine		
		M	F	Nationality	M	F		KG	GM	MG	KG	MG	MG	KG	MG	MG			
		January	100	84	6	Indian		28	2	17	341	794	50	13	22	752	500	28	-
February	58	47	1	Indian	10	-	15	252	350	-	6	46	615	-	15	-	107	92.5	
March	38	33	1	Indian	4	-	18	220	430	-	7	387	770	83	8	-	48	180	
April	26	18	1	Indian German Nigerian	5 1 1	-	13	92	100	-	5	-	891	-	4	5	18	-	
May	28	21	1	Indian	5	1	4	53	800	-	4	89	36	-	7	2	195	-	
Jun	14	6	-	Indian	8	-	4	221	-	-	-	-	-	-	7	-	636	420	
Upto 20 July	14	10	3	Thai	-	1	7	-	-	-	4	236	138	-	3	5	711	-	
Total	278	199	13		62	4	78	118	475	50	39	783	202	583	70	13	859	194	

PATTERNS AND TRENDS OF DRUG ABUSE IN MANILA
(PHILIPPINES)

Diony V. Varela
Dangerous Drugs Board

INTRODUCTION

1. Area Description

Manila is the capital of the Philippines. It measures about nineteen square kilometers (19 sq. km.) with a population of around two million people and a population density of 61,756 per square kilometer. Almost thirty-six percent (36%) of its residents are urban people.

It is the center for non-primary production, providing almost one-third (1/3) of the total national output in manufacturing, commerce and services. The area serves as the distribution center for exports and capital goods. It also serves as the educational center of the country having the most number of schools.

In addition, about seventy percent (70%) of the internal revenue collections for the entire country are taken from the area and almost eighty percent (80%) of national imports enter through its ports.

2. Data Sources and Time Periods

2.1 Law Enforcement Agencies

Control and Intelligence Division (CRTD, DDB), Narcotics Command (NARCOM), Manila Police, National Bureau of Investigation (NBI).

Data acquired from these agencies are the following: drug-related arrests, number and quantity of drug seized and drug-related vehicular accidents.

Drug-related arrests constitute those arrested for use/possession, sales, trafficking, conspiracy and other drug-related offences.

Number and quantity of seized drugs are seizures by type of drugs such as opiates, cannabis, cocaine, etc.

Drug-related accidents are accidents caused by drivers under the influence of drugs, alcohol and other psychotropic substances.

2.2 Health Agencies

Data obtained from these agencies are drug-related ailments such as HIV Positive, AIDS, psychological, emergency as well as drug-related death cases.

2.3 Treatment Institution

Narcotics Command-Treatment and Rehabilitation Center (NARCOM-TRC), Drug Abuse Research Foundation (DARE), Anti-Narcotics Research and Reformation Network (ANRREN), WELCOME STATION, National Bureau of Investigation-Treatment and Rehabilitation Center (NBT-TRC).

Data received from these institutions are the following:

- (a) No. of Admission - those clients admitted in center (newly and re-admitted cases).
- (b) No. of Patients by Primary Drug of Abuse - patients' type of drugs abused e.g. opiate type - opium, cannabis, morphine, etc.
- (c) Age of Patients - Patient, sex, status, occupation, route of administration, drugs sources, monthly income and education.

DRUG ABUSE TRENDS

The problem of drug abuse and illicit trafficking remains to be a serious cause of concern in the Philippines. Everyone, from the upper echelons of government down to the ordinary citizen, recognizes the constant threat posed by drug abuse and the insidious social and financial consequences brought about by the menace.

Drug law enforcement agencies have been confronting the foreign-funded and tightly-knit drug syndicates which are using Manila as a source area and vital transshipment point of illicit drugs destined for Japan, Taiwan, USA and other Asian and European countries.

There is a continued polydrug intake among the country's drug abuse population, especially those in the urban areas. Marijuana remains as the most commonly abused drug. Marijuana is usually taken in combination with cough syrup preparations, tranquilizers/anxiolytics belonging to the benzodiazepine group, and/or other pharmaceuticals which act as substitute drugs. There was no reported case of opiate abuse.

Cough syrup preparations containing ephedrine/pseudoephedrine hydrochloride or dextromethorphan, tranquilizer of the benzodiazepine group and volatile solvents continue to be abused, due to their easy availability. However, the imposition of relentless campaign to prevent the diversion of regulated drugs into the illicit market has put the abuse of these drugs under control.

1. Heroin

Hard drugs such as heroin, LSD and other hallucinogens are generally not available and the abuse of such drugs are limited to the affluent.

2. Cocaine

Cocaine was reported to be abused by twenty one (21) patients from various treatment and rehabilitation centres.

3. Marijuana

Marijuana remains to be the number one drug of abuse due to its easy availability. It is being cultivated abundantly in the country despite sustained law enforcement campaigns.

The problem of the continuous proliferation of marijuana cultivation, may be due to the rising activities of well-organized drug syndicates and the compatibility of the plants to the climate and geographical conditions in the Philippines.

In Manila, a total of one kilogram (1.29 kg.) of marijuana was seized by law enforcement agencies, while eighty two (82) of the Manila-based treatment center clients have reported marijuana as their drug of abuse.

4. Shabu

For the past year, the abuse of methamphetamine hydrochloride locally know as "shabu" has been steadily rising. "Shabu" seized in Manila amounted to thirty-seven kilograms (37.28 kgs.), while there were forty seven (47) patients who have admitted abusing it.

The abuse and trafficking of methamphetamine hydrochloride or "shabu" continues to escalate in very alarming proportion, principally due to its availability and affinity of the country's drug abusers to the drug due to its novelty. At the rate "shabu" abuse is increasing, it may be realistic to forecast that it may supplant marijuana as the number one drug of abuse in the city in the next few months.

5. Sedative

The abuse and diversion of pharmaceutical preparations such as cough syrups, minor tranquilizers and other pharmaceutical tablets/capsules continue as reported by the centers. There was a total of four (4) abuse incidences of this drug reported.

However, no seizure was conducted involving these drugs.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Among Injecting Drug Users (IDUs). The number of AIDS cases reported to the Board totalled to eighteen (18) cases. There was no report however, of cases that were both Injecting Drug Users (IDU) and heterosexual, and IDU and homosexual/bisexual.

OPERATIONAL ISSUES

The collection of pertinent data from concerned agencies in our country was made possible by the institutionalization of the regional surveillance system in the Work and Financial Plan of the Dangerous Drugs Board.

In my official report to the Board on my participation in the First Asian Multicity Drug Epidemiology Training Seminar held in Bangkok, I had recommended the inclusion of this undertaking in the regular projects of the Board and that a modest sum be allocated for it.

I did not encounter any major problem in having it approved by our Board and by October 1991 we started collecting data from concerned agencies on a regular monthly basis.

In each agency, we have one or two contact persons who are preparing the report. We give each a monthly honorarium of THREE HUNDRED PESOS (P300.00) or approximately TWELVE US DOLLARS (\$12.00). Five of our staff are assigned in this data collection effort. The assignment is in addition to their regular duties and functions.

Hopefully, starting this September, with the financial assistance of the European Economic Community, this undertaking will be part of a nationwide data assessment and monitoring system. This is a three-year project which will expand the gathering of data to other regions and cities of our country.

SRI LANKA COUNTRY AND CITY REPORT
DRUG ABUSE SITUATION

Colin Athuraliya
Research Division
National Dangerous Drugs Control Board

INTRODUCTION1. Background Information

Sri Lanka which has an area of 65,610 square kilometers is an island off the south east tip of India. A popular tourist destination it is blessed with a tropical climate and a rich and ancient cultural heritage. The central part of the country rises to an elevation of some 2000 metres and some of the finest tea plantations in the world, a commodity which accounts for a major portion of the country's foreign exchange earnings, are located in this region. The estimated population at present is about 18 million, 70% of which is under 35 years of age.

The country is a socialist democracy which ensures free health care through a wide network of government hospitals and clinics. In addition, free education from primary to university level is provided. It includes free school books up to 'A' level and a midday meal, concessionary fees and travel to school.

These and other benefits have resulted in an enviable infant mortality rate for a third world country (20 per 1,000 live births). In addition the country has a death rate of only 5.6 per 1,000 and an annual population growth rate of 1.5%. The life expectancy at birth for males is 68 years and for females 72 years. The population also has a high literacy rate (87%).

Prior to 1985 tourism was an important contributor to the economy and has continued to be a good source of employment for Sri Lankans. The employment market however does not provide sufficient opportunities for the large numbers leaving school.

Growth of universities has been slow, entrance to them remains highly competitive. These factors have given rise to large numbers of frustrated and disillusioned youths who are part of a growing social problem.

2. Colombo Metropolitan Region/Area

The city of Colombo was the former capital of Sri Lanka and is still its main economic, administrative and cultural centre. As such it exerts a considerable influence on the development of the whole country. The economic activities and specific functions spread out a great deal beyond its administrative boundaries. Very strong economic, demographic and social links bind Colombo to surrounding areas and are evident within the range of 30 - 50 km of Colombo. These considerably affect the settlement network, demographic characteristics, composition of employment and other relevant features. Development of Colombo and its suburbs is usually carried out within this broader territorial framework.

3. Definition Of The Colombo Metropolitan Region

The Colombo Metropolitan Region comprises an area of 2,905 sq. km. with total population of 1.6 million residents of whom 77.6% are Sinhalese, 11.2% Tamil (both Sri Lankan and Indian) the rest (11.2%) include Moors, Burghers etc. Of the inhabitants 82.2% are found in the Colombo district, 16.3% in the Kalutara district and the rest in the Gampaha district. The majority of the multi-ethnic and multi-religion population is Sinhalese and Buddhist.

DRUG ABUSE TRENDS

Colombo Metropolitan Area

The drugs currently being abused to any extent in the Colombo Metropolitan Area are mainly narcotics and some psychotropics which include opium, heroin and cannabis. The main indigenous drug of abuse is cannabis. It is used by a limited number of persons mainly confined to the working class, especially those engaged in hard physical labour.

In recent years an alarming rise in drug abuse among the population in the Colombo Metropolitan Area has become increasingly evident - specifically heroin abuse. Drug-related arrest figures for the Colombo Metropolitan Area are shown below for the period September 1991 to July 1992.

<u>Reasons for Arrest</u>	<u>No. of Persons</u>	<u>%</u>
Arrests for use/consumption	4040	47.7
Arrests for possession	4428	52.2
Arrests for trafficking	01	0.1
	-----	-----
Total	8469	100.0
	=====	=====

The most abused drugs (excluding alcohol and nicotine) in the Colombo Metropolitan Area along with the numbers of convictions and quantities seized for the 2 year period (1990 and 1991) are as follows:

1. Cannabis

The cannabis plant (Cannabis sativa) is illegally grown in the eastern and southern regions of Sri Lanka, and is marketed by peddlers in small packets weighing approximately 2 grams each and priced at roughly US\$ 0.10 - 0.15. Production is far in excess of domestic consumer demands. Consequently, cannabis is illicitly exported to Europe and Australia usually concealed in containerized cargo with traditional exports such as tea, desiccated coconut and coconut oil. However, preparations containing cannabis in small proportions have traditionally been used for small therapeutic purposes by indigenous (Ayurvedic) physicians.

<u>Years</u>	<u>No. of Persons</u>	<u>Quantity Seized</u>
1990	3209	5959 kg
1991	4215	9998 kg

2. Opium

Traditionally, India and Pakistan have been the source of opium and this is brought across the Palk Straits which separate India and Sri Lanka, usually smuggled in by boat or airplane. There was once a system of registering opium users in Sri Lanka which now no longer exists. Since the upsurge of heroin use in the country there seems to be a decrease in the availability and use of opium for although there was a sudden increase of illicit opium availability in 1986 no corresponding rise in the number of opium users (dependents) were noted.

<u>Years</u>	<u>No. of Persons</u>	<u>Quantity Seized</u>
1990	65	5.023 kg
1991	39	108.767 kg

3. Heroin

Heroin is presently THE problem drug of abuse causing social, economic and health problems. In Sri Lanka South West Asian Heroin (Heroin no. 3 or "brown sugar") smuggled in from India and Pakistan and mostly originating from the Golden Crescent region is abused. The smuggling is by air and by sea through ports of entry and along the coast line. The drug is most popular among young male dependents in urban areas. It is also the main drug of addiction in the Western Province.

<u>Years</u>	<u>No. of Persons</u>	<u>Quantity Seized</u>
1990	8988	81.936 kg
1991	8148	24.767 kg

4. Hashish

Hashish is mainly imported from the Indian sub-continent by foreign traffickers, usually in transit to final destinations in the west. Due to the availability of local cannabis, apart from occasional transactions, hashish does not appear to have a great appeal to the local consumers.

<u>Years</u>	<u>No. of Persons</u>	<u>Quantity Seized</u>
1990	01	52.999 g
1991	04	913 g

5. Other Drugs Of Abuse

Other drugs of abuse which have been reported in Sri Lanka include:

5.1 Cocaine

Cocaine abuse appears to be mainly confined to tourists who bring it in for personal consumption. At present its high cost keeps it out of range of the average Sri Lankan although there are some reports of its use.

5.2 Other Stimulants

There have been sporadic reports of substances such as amphetamines being abused by Sri Lankans but at the moment it appears not to be of any major consequence.

5.3 Depressants

There also have been reports of increased use of barbiturates and tranquilizers in Sri Lanka mainly among heroin dependents.

5.4 Miscellaneous

Widespread among rural populations is the habit of betel chewing together with tobacco and arecanut. Very occasional reports of solvent sniffing have been reported.

Data Sources And Time Period

Information on drug abuse in the Colombo Metropolitan Area was obtained between September 1991 and July 1992, mainly from the Police (Police Narcotic Bureau), Prisons, Excise and Customs Departments. Treatment data was obtained mainly from the NDDCB/UNFDAC project treatment and rehabilitation centres and also government and private hospitals and private practitioners.

Demographic and social economic data for the Colombo Metropolitan Area was obtained from the Census and Statistics Department and Central Bank Statistics.

Regional level enforcement data on drug abuse was obtained mainly through enforcement agencies. The regional level treatment and rehabilitation data obtained comes from the institutions and private persons and drug abuse monitoring system (DAMS) of the NDDCB/UNFDAC Project.

The main limitation in ascertaining the actual position with regard to drugs of abuse is the absence of a correct and verifiable system of maintaining statistical records on drug abusers. For example, population data for the Colombo Metropolitan Area is available but it is not possible to extract the statistics with regard to education for the Colombo Metropolitan Area.

Another reason for the poor response is the lack of sufficient trained personnel at these institutions who could extract and supply the information required to the relevant officers.

SPECIAL STUDIES

A study was carried out by the NDDCB/ Research Division utilizing a random sample of 17 IV users within the Colombo City limits. All injectors claimed to have injected heroin at least once during their careers. All users engaged in homosexual or bisexual activities with both locals and tourists. According to the study, 10 never married and 7 were married.

DRUG ABUSE IN SRI LANKA

Drug abuse, specifically heroin abuse, became recognised as of serious social problem in the 1980's in Sri Lanka. Aware of the growing problem the Government enacted legislation making drug abuse an offence punishable with death or life imprisonment under the amended Poisons, Opium and Dangerous Drugs Act in 1984. The National Dangerous Drugs Control Board established in 1984 was the principal national institution charged with the formulation and review of a national policy relating to the prevention and control of drug abuse and the treatment and rehabilitation of drug abusers.

Just how serious is the problem in Sri Lanka? In 1981, only 8 persons were charged for heroin-related offences. By 1991, the figure had risen to 8,217 (see Figure 1).

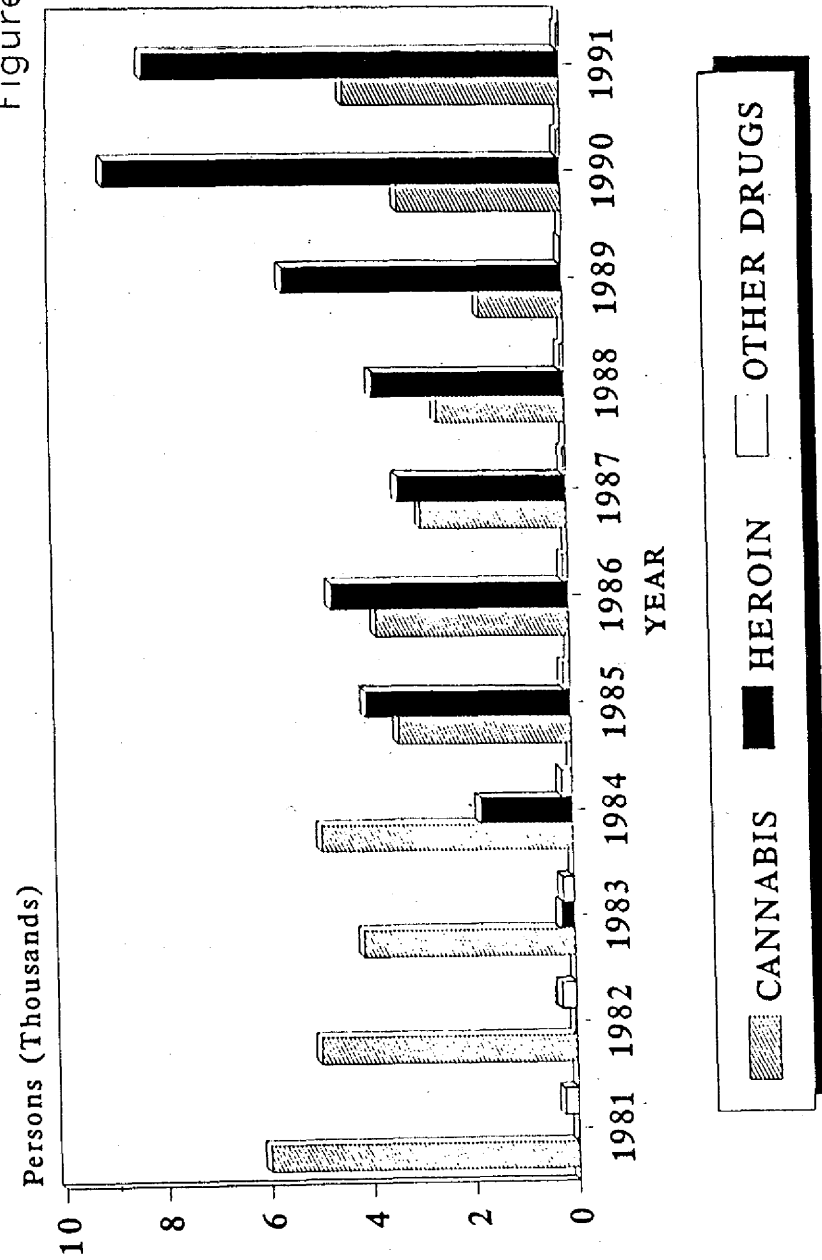
Today the number of drug-related convictions far exceed all other categories of convictions. Prison statistics show that persons convicted for narcotic offences now comprise the largest single category of inmates. They accounted for 25.5% of the total number in 1986 and 40.21% in 1991. (See Figure II).

The highest incidence of drug-related offences are mainly confined to 3 geographical areas in the island; Colombo in the Western Province, Galle in the Southern Province and Kandy in the Central Province (See Figure III). These three urban areas are also popular tourists resorts, and there is evidence that illegal drugs find a receptive and economically attractive market there.

Based on available arrest figures on an island-wide basis (See Figure III) there is a definite regional variation in the types of drugs abused. In most provinces the highest proportion of arrests involve cannabis. In the Central and North Western Provinces which include densely populated urban centers, the proportion of arrests involving heroin rises sharply. In the Western Province, which includes the Colombo Metropolitan Area and its densely populated suburbs, heroin is the major cause of drug-related arrests.

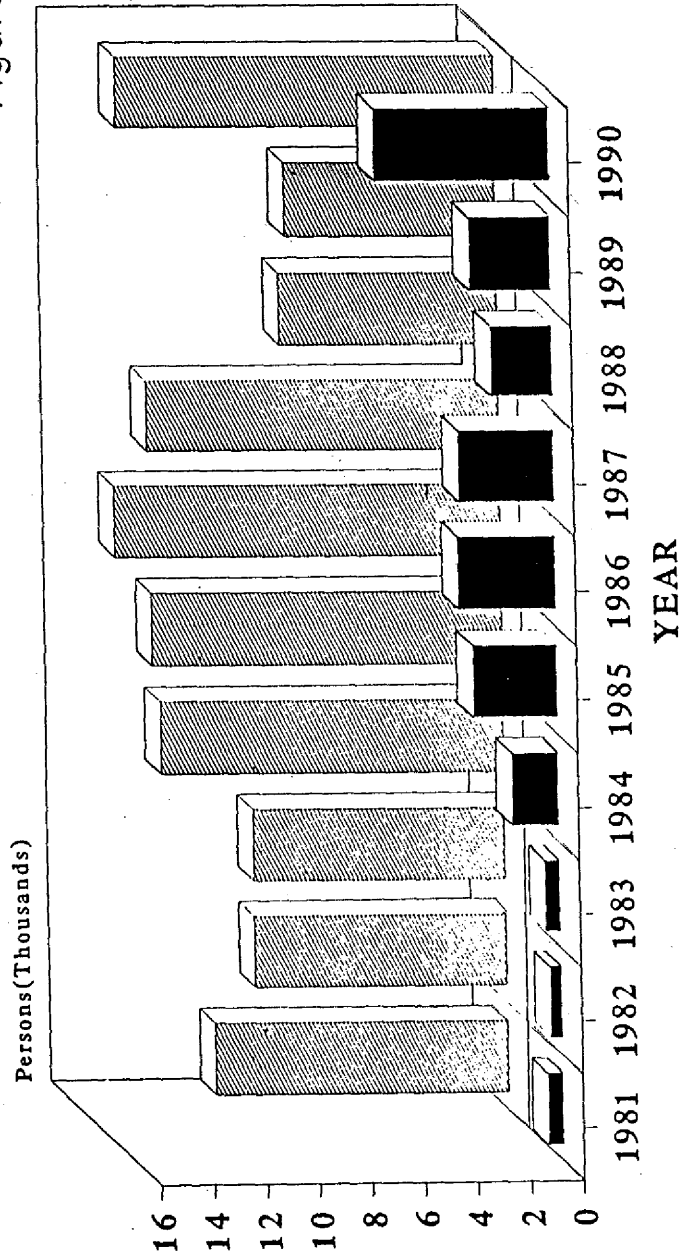
**DRUG ARRESTS IN SRI LANKA 1981 - 1991
CANNABIS, HEROIN & OTHER DRUGS**

Figure 1

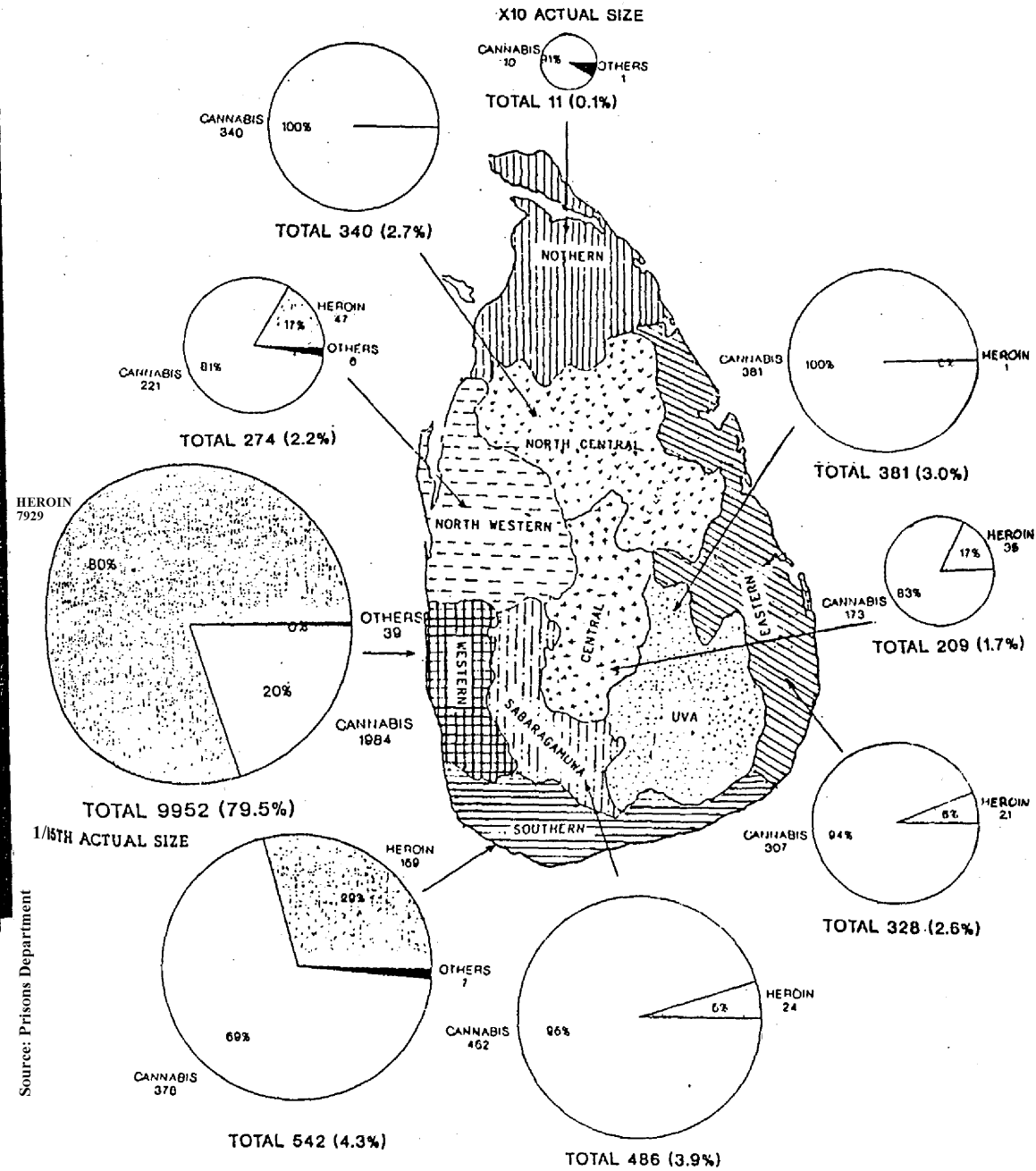


PRISON ADMISSIONS (1981-1990) (TOTAL vs. DRUG OFFENDERS)

Figure 2

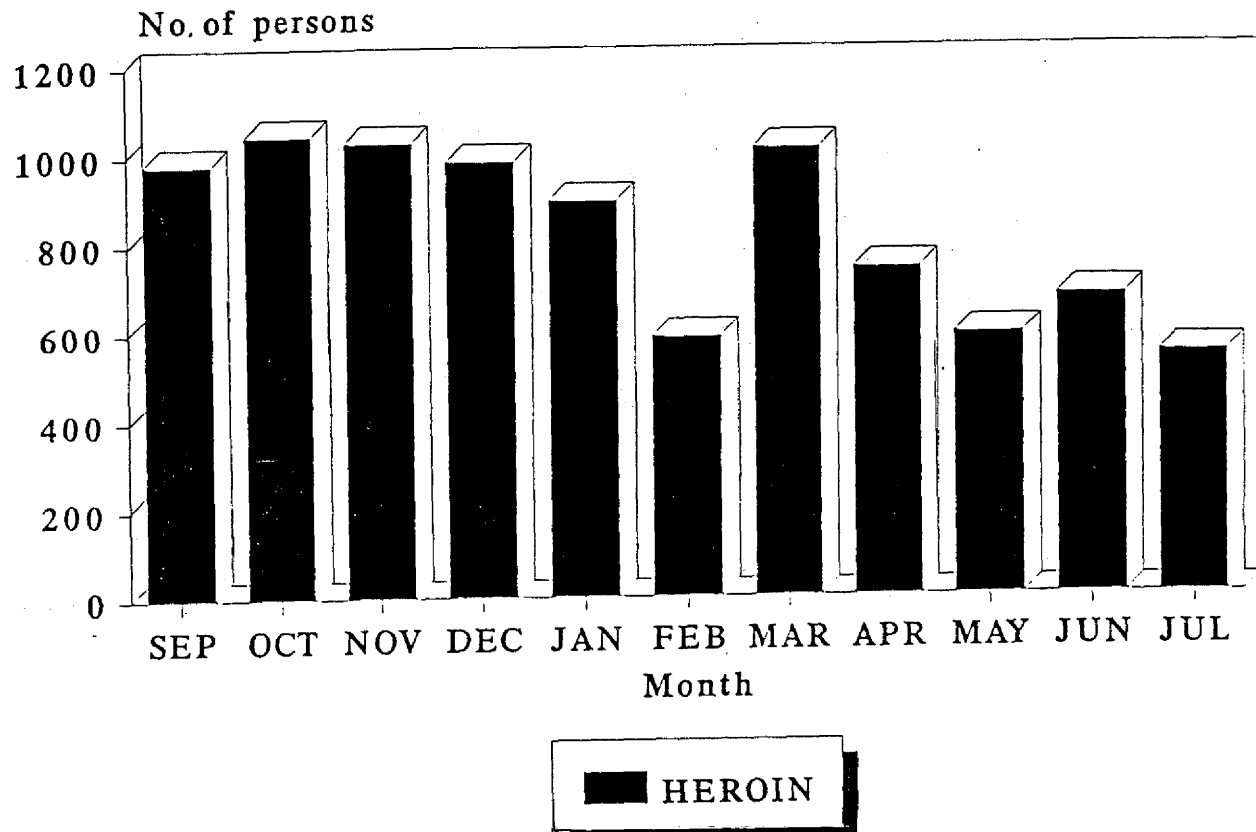


DRUG ARRESTS BY PROVINCE - 1991



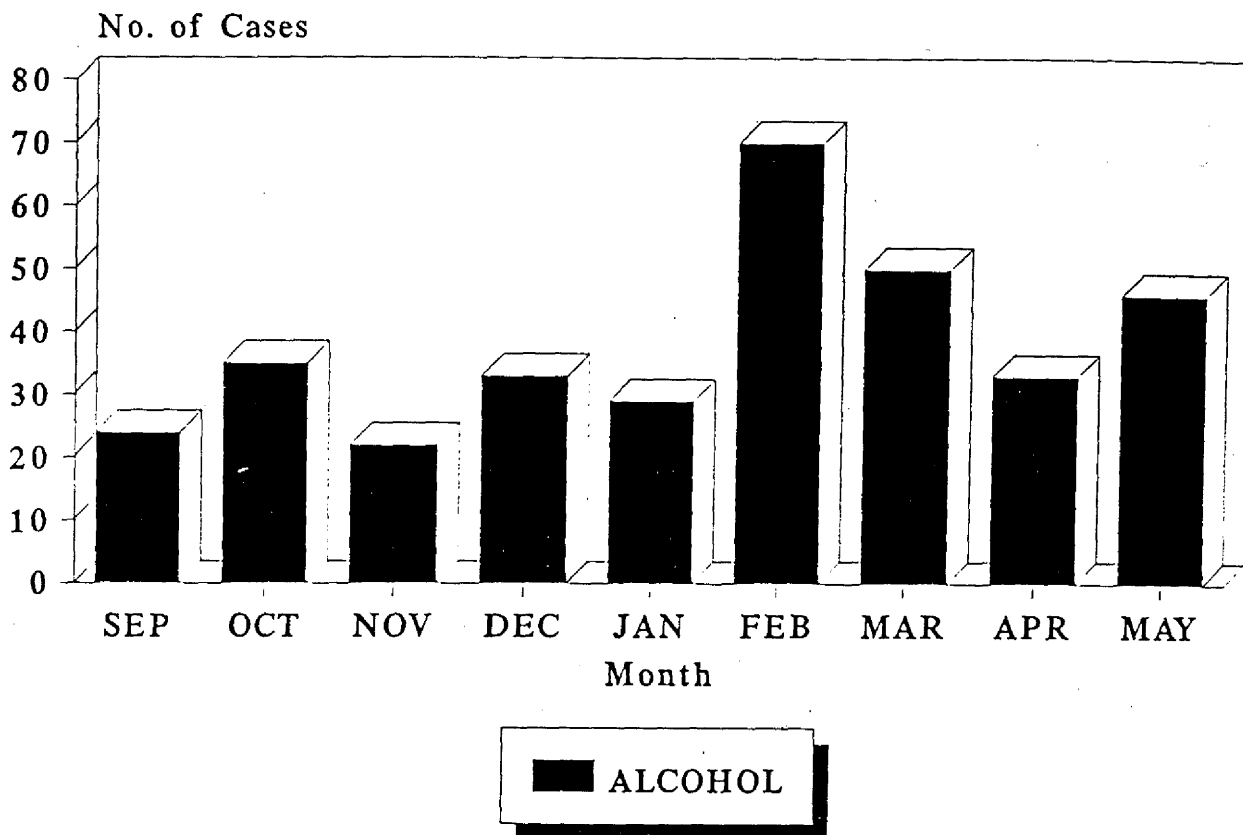
Source: Prisons Department

DRUG ARREST (METROPOLITAN AREA - HEROIN)
 SEPTEMBER 1991 - JULY 1992



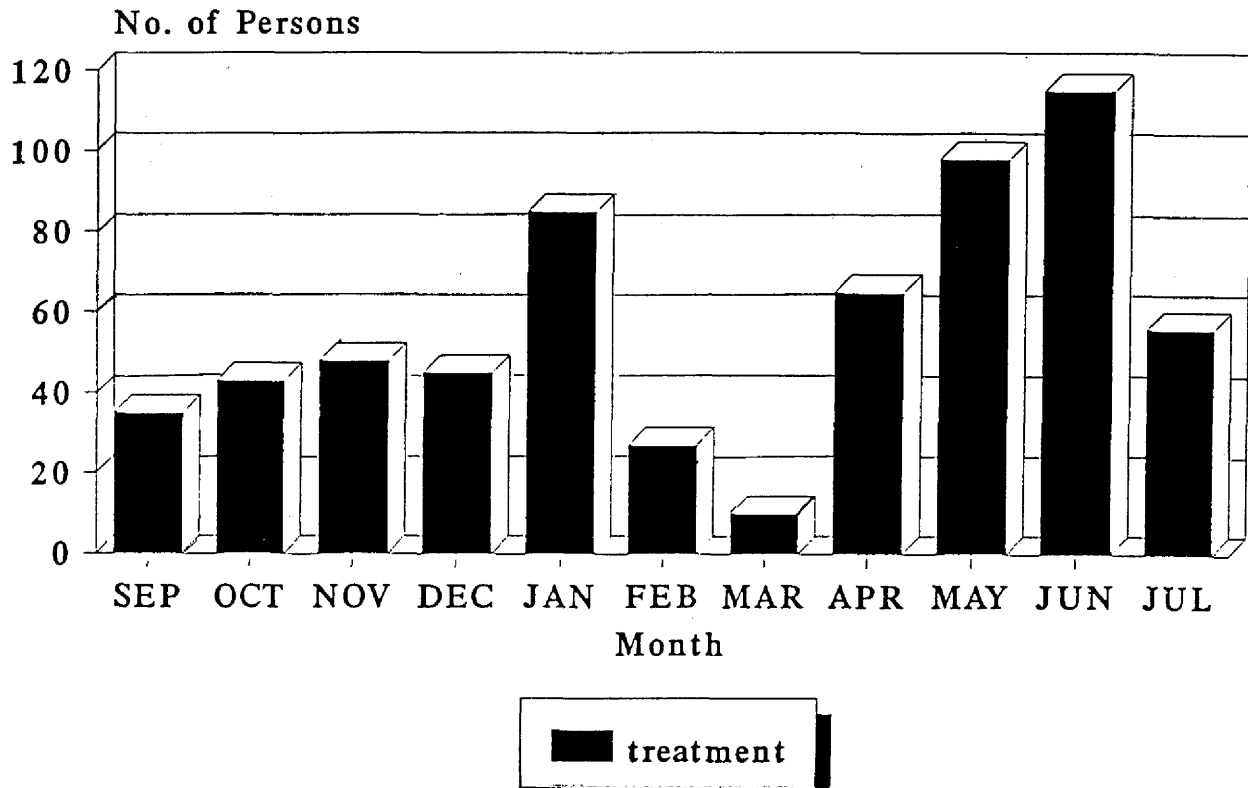
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TRAFFIC ACCIDENT METROPOLITAN AREA
 SEPTEMBER 1991 - MAY 1992



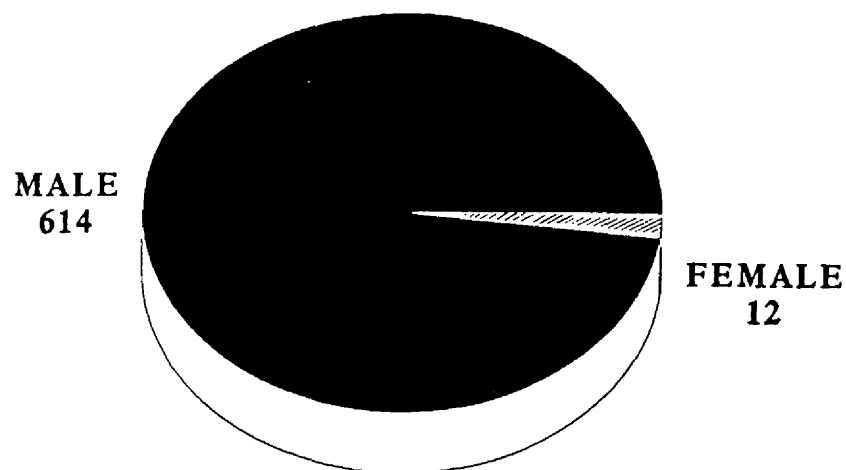
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TREATMENT ADMISSION SEPTEMBER 1991 - JULY 1992



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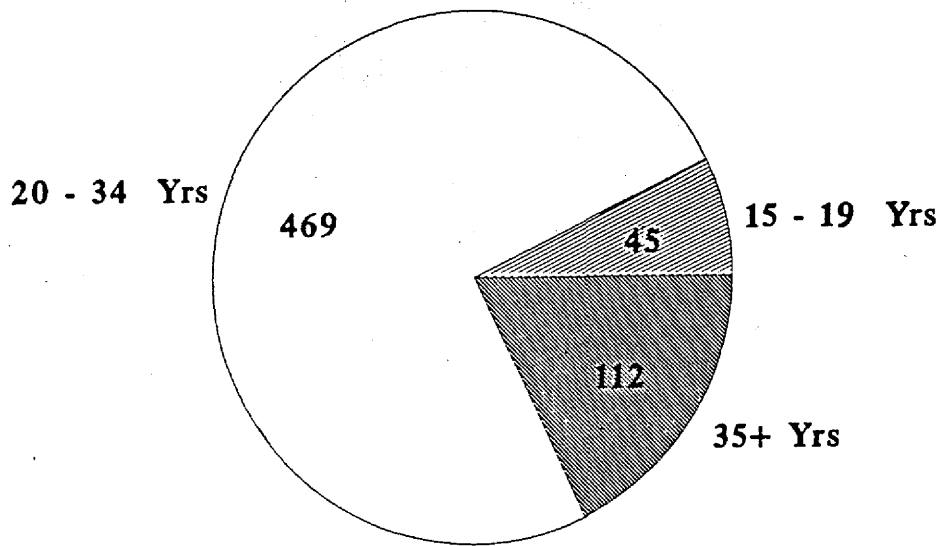
SEX OF PATIENTS SEPTEMBER 1991- JULY 1992



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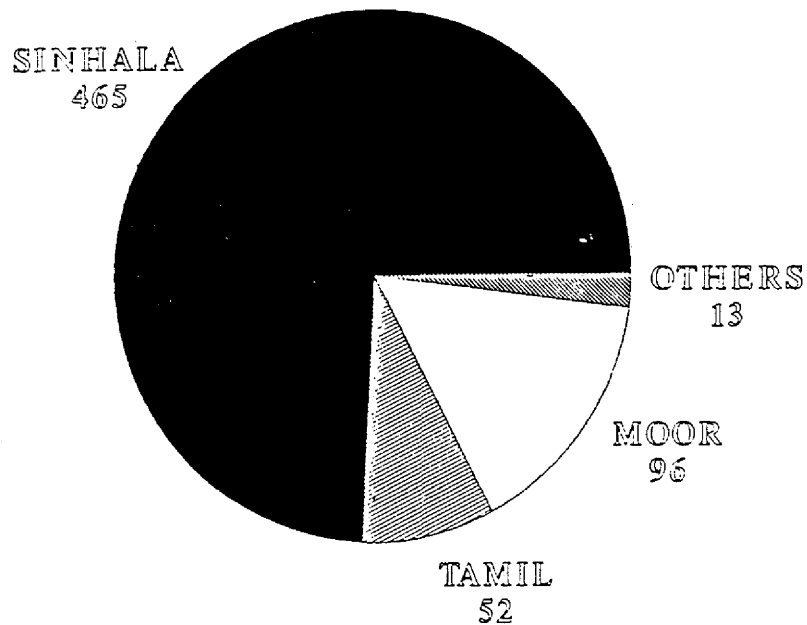
AGE GROUP (PATIENTS)

SEPTEMBER 1991 - JULY 1992



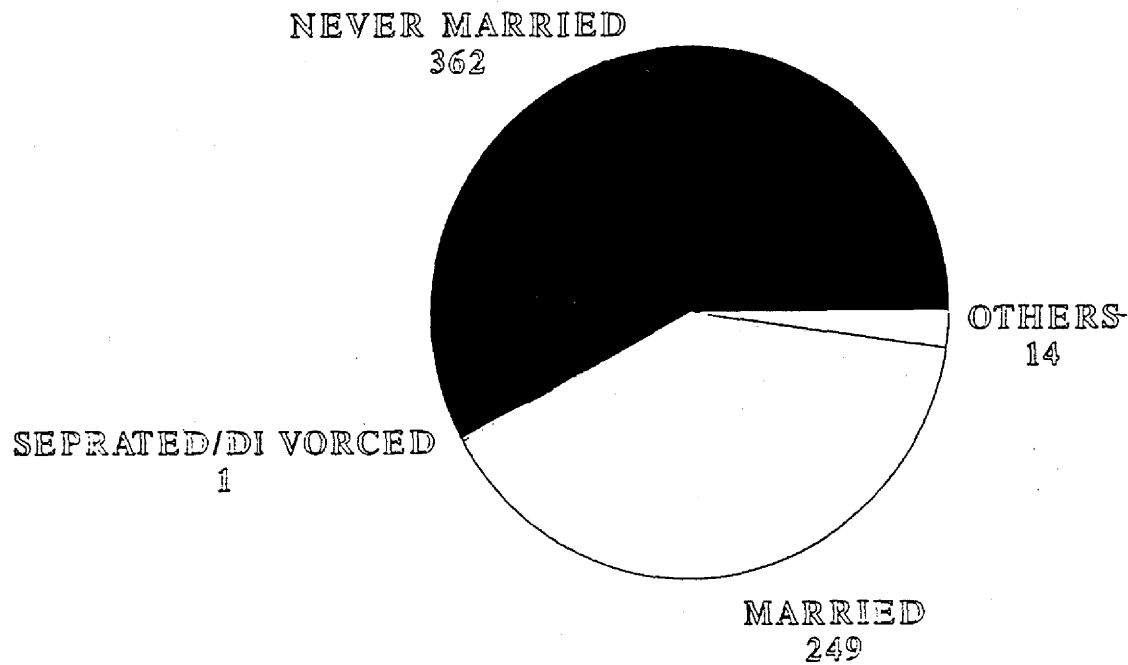
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ETHNICITY (PATIENTS)



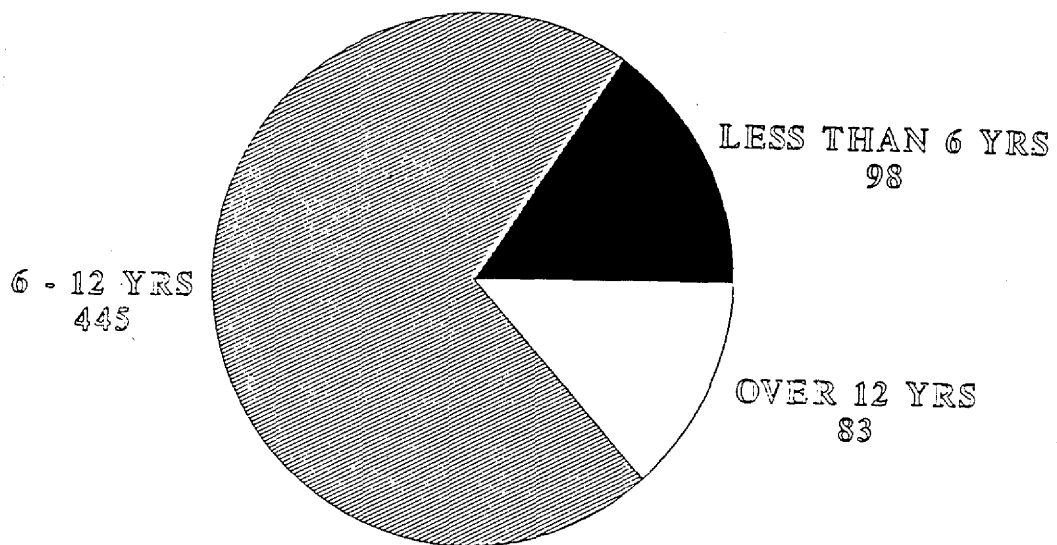
111

MARITAL STATUS (PATIENTS)



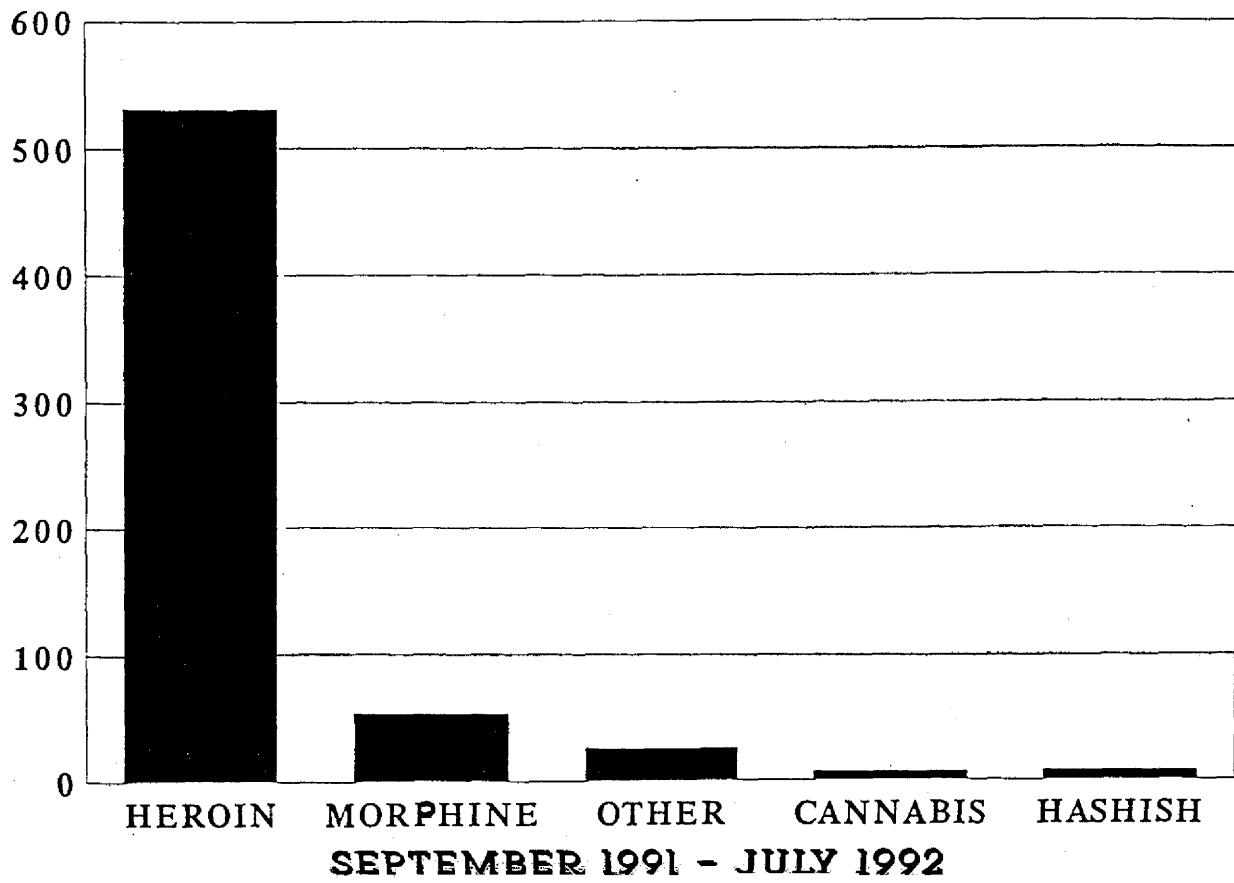
112

YEARS OF EDUCATION (PATIENTS)



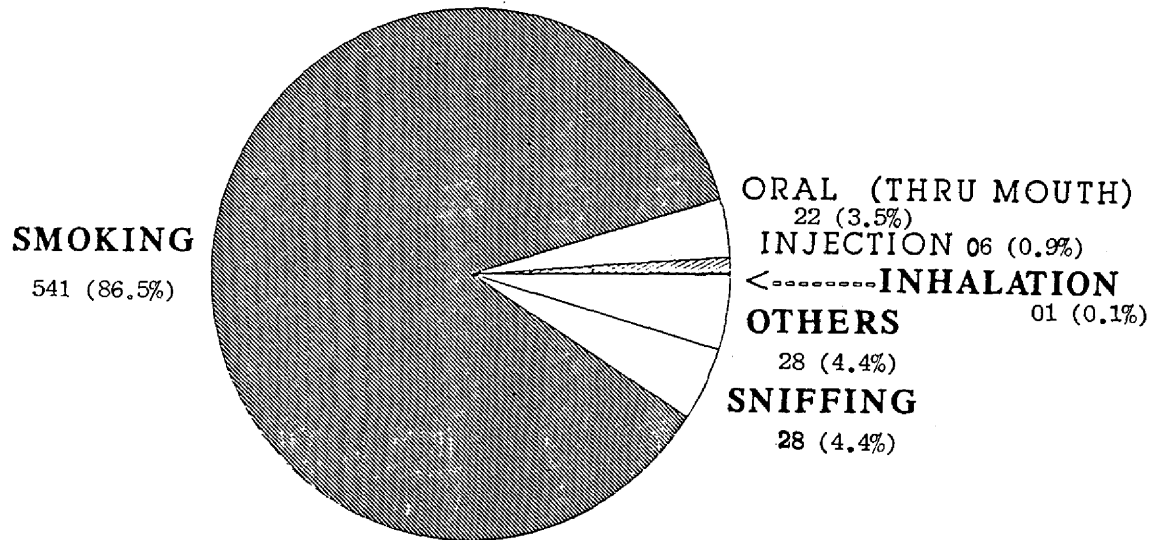
113

NUMBER OF PATIENTS BY PRIMARY DRUG OF ABUSE



114

ROUTE OF ADMINISTRATION/USE



115

BANGKOK CITY REPORT
(THAILAND)

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ABSTRACT

Bangkok metropolitan is quite a large area of ten thousand sq. km. with the population of more than 6 million. The city is crowded with many slum areas. These areas have become the place of black market where buying and selling of all kinds of narcotics take place.

From September 1991, all drug treatment data is on the decline, both new admission and also readmission caused the total admission to decline till June 1992.

Heroin and cannabis are still the common and popular drugs among drug abusers. There are more males than female addicts. Most of the drug addicts are Buddhists.

Most of the drug offenders are arrested for use/consumption, very few are charged with attempt to export. The Thai heroin has up to 80 - 90% purity.

All the trends are on the decline since Sept. 1991 to June 1992.

INTRODUCTION

The capital City of Bangkok is in the middle of Thailand. It has an area of 1,568,733 sq. km with a population of 6,266,900 people. The City of Bangkok is expanding quite fast to support people who migrate from suburb and urban areas. Many condominiums, apartments, office business and department stores have grown up like the other big cities in North America or Europe. Private and government housing projects have become popular to serve people of

different economies and standards. The luxury and expensive housings and tall buildings are expanding parallel with small houses for the poor. Furthermore, since tall and luxury buildings are expanding in the middle of the cities, it is replacing many old slum areas. Slum and congested areas are forced to move to the outskirts of Bangkok. Ten years ago, there were only 239 slum areas in Bangkok but now it has increased to 1,501. Many congested areas have no facilities for standard of living such as water and electric supply, no sewage system, and poor footpath.

Aside from the above, it is estimated that about one million people live in congested areas or poor housing areas. Research has found Bangkok slum areas to be highly dense with population, prostitutes, crimes and narcotics, especially heroin and marijuana selling. In 1990, 29,744 persons were arrested for drug charge in Bangkok. Most are poor and aged between 14-60 years old with low education of 4-7 years in school. These separate them from addicts who go to the hospital (25,639 cases) all year round.

Data Sources and Time Periods

Data on death, ER mentions and drug-related psychological problems never existed and have never been collected in Bangkok. Most of the patients die because of other diseases and accidents, for instance heart failure and accidents cause by amphetamine which will never be recorded. HIV Positive, ARC, and AIDS case are not reported because it is too many and each one may occur many years before they come for a check up and found to be HIV positive.

DRUG TREATMENT INDICATORS

New Admission

In June 1992, the number of new admission for all drug types have declined compared with September 1991 (Exhibit I).

Readmission

In September 1991 there were 1767 readmissions and it declined to 442 in June 1992. Therefore, the total admission also declined from 2679 to 529 (Exhibit I).

Specialised Drug Treatment and Primary/General Health Care

Most of the patients go for general health care. For example, in Sept. 1991 only 459 drug addicts went for specialised drug treatment while 2,200 patients went for primary health care. In the low season of June 1992 only 14 patients went for specialised drug treatment and 515 patients took methadone maintenance in public hospital. Most addicts are poor and hence only those who earn salary and have support from relatives will go to the specialised clinic.

Opium

Many Thais still smoke opium. In September 1991, 320 addicts came to the public treatment centre. This figure declined to only 2 in June 1992 (Exhibit II).

Heroin

Heroin is still the most popular drug in Thailand though not easily available can be found in the blackmarket in the slum areas, especially in the Klong-Teury slum near the pier. In September 1991, 2,113 heroin addicts went to private and public hospital but these figures declined in May 1992 to 1,485 cases (Exhibit II).

Polydrug Users

Polydrug users have become more popular because of the low standard of living in Thailand. If heroin addicts have no money, they try to substitute by other drugs and becomes polydrug user. In September 1991, 489 polydrug addicts were treated and only 201 in April 1992.

Males VS Female

There are more male addicts than female addicts in Thailand. We found only 114 female addicts in September 1991 but 2,565 male addicts in April 1992.

Ages

Starting from September 1991 - June 1992, the age range among adult addicts have not much difference. Mostly are 20-34 years old.

Religions

About 99% of the Thais are Buddhists. Therefore most of addicts are Buddhists.

Marital Status and Occupation

Most of the patients are single and are employed with permanent jobs but low salaries. Most of them are workers, live in congested areas and are tense.

Route of Administration/Use

From September 1991 - June 1992, injecting was the popular route of administration among Thai addicts.

LAW ENFORCEMENT INDICATORSNumber of Drug-Related Arrests and Quantity of Drug Seized

Most drug offenders were arrested for use/consumption. The statistics on drug offences reveal that the numbers of drug offences during January - June 1991 were on the increase. Most of the offences were marijuana offences. The number of seizures were 906 suspects in the beginning of the year and increased to 1,185 persons in June 1992.

In January, there were 11 drug offenders who had attempted to export.

Purity

With heroin refineries, the purity of heroin in Thailand is as high as 80 - 90% purity.

DRUG ABUSE TRENDNew Admission VS Readmission Trend of Drug Dependent in Bangkok

Due to the fact that opium poppy can be grown in the Northern part of Thailand and refined into heroin package, therefore most of the drug dependents who were admitted for treatment were heroin addicts. Since 1991 new admission and readmission trends are declining rapidly. There were 912 new admissions in September 1991 and it declined to 87 in June 1992.

The number of relapse cases decreased from 1,767 in September 1991 to 442 readmissions in June 1992, which also made the total number of admissions declined from 2,679 to 529 as shown in exhibit I.

Drug Treatment Indicators

The trend of the number of users for opium and heroin from September 1991 to June 1992 is rapidly declining but the number of marijuana users is slightly increasing. However, many marijuana addicts do not go for treatment because they believe that marijuana is not a hard drug.

Trend of Number of Drug-Related Arrests

About 50% of drug offences during 1987-1991 occurred in Bangkok Metropolitan area. In addition, the trend and comparison of statistics monthly from September 1991 to June 1992 revealed that there was a decrease in the number of drug offenders for use/consumption, possession, sales/trafficking, and attempt to export.

Actually, the months of February to May is the end of the opium season in the golden triangle and the beginning of heroin supply to the market.

Trend of the Number and Quantity of Drug Seized by Drug Type

In May 1992, we found one cocaine user which showed that cocaine has started knocking on our doors. Trend of the opiate type has declined from 417 number of offenders in September 1991 to 144 in June 1992. The quantity of drug seized were especially opiate type. In June 1992, 4711 pills of amphetamine were seized and is expected to decrease.

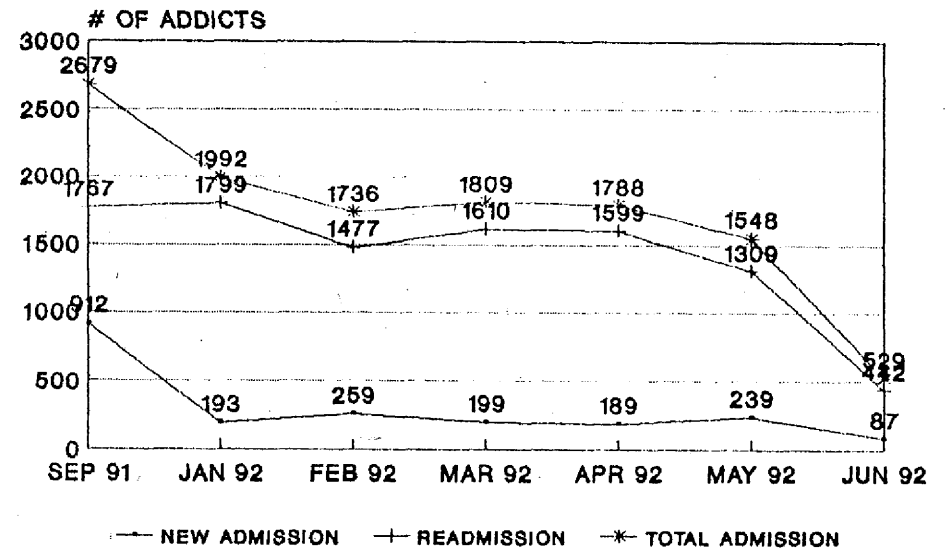
Trend of the Heroin Purity

The trend of the heroin purity is stable within the standard of 80-90% purity. The opium cultivation stock is still large enough to produce heroin, and Thai addict customers concentrate more on purity rather than price.

Operational Issues

1. Most of the administrators and technical staff do not understand the importance of monthly data collection. Many see this as additional work load and tend to criticize, and not cooperate.
2. Half of the public and private hospitals including specialise clinics and police stations are not ready to send in their report by the end of each month. There are 72 Bangkok Metropolitan police stations and 40 treatment centers. Therefore, not all the data are collected each month.

EXHIBIT I : NUMBER OF DRUG DEPENDENTS ADMITTED FOR TREATMENT IN BANGKOK



TOTAL # OF R CENTRES IN COUNTRY 983

EXHIBIT II : NUMBER OF DRUG DEPENDENTS ADMITTED FOR TREATMENT BY DRUG TYPE

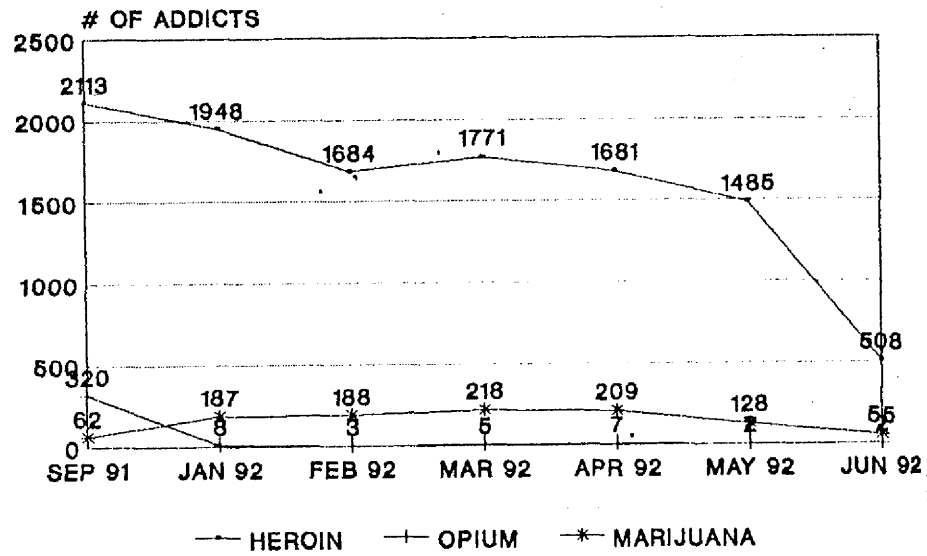


EXHIBIT III : TREND OF # OF DRUG-RELATED ARRESTS

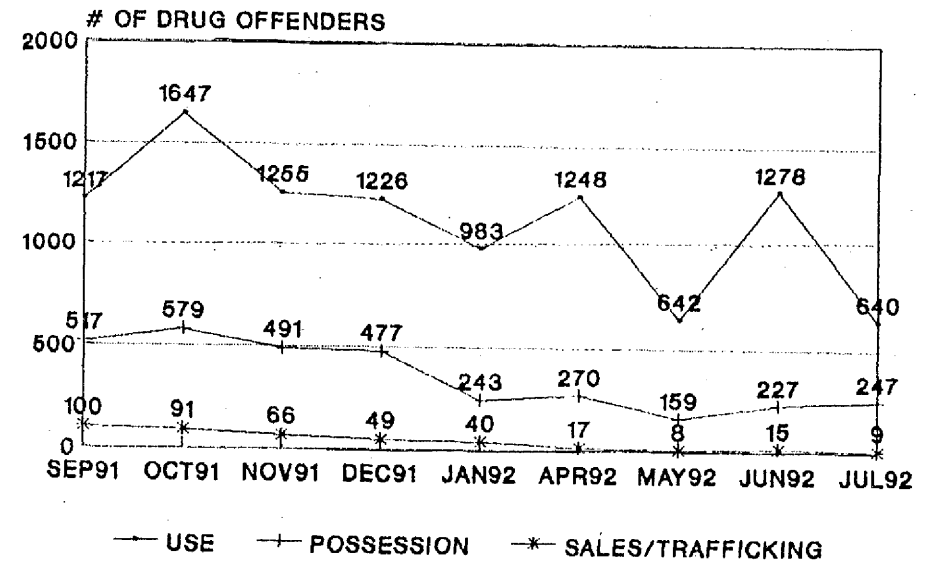


EXHIBIT IVNumber and Quantity of Drug Seized by Drug Type

1991/92 Month	No. of Seizures				Quantity (Kg/#of pills/Vol.)			
	Opiate	Cannabis	Amphe- tamine	Others	Opiate	Cannabis	Amphe- tamine	Other drugs
Sept.	417	1,192	4	178	68.79	17.60	-	7.17 litres
Oct.	404	1,699	7	154	23.48	7.61	26	5.73 litres
Nov.	367	1,222	5	169	42.41	6.78	35	5.46 litres
Dec.	338	1,233	4	142	362.85	40.76	188	5.27 litres
Jan.	192	806	3	161	64	70	128	
April	175	1,185	1	216	0.2	0.789	21	200 cans
May	106	567	2	112+1			10	102 cans
June	194	1,116	1	192			4,711	
July	144	698	2	112	0.152	0.29	112	11 litres

Special StudiesStudy on the Correlation Between Drug Addiction and CrimesObjectives

1. To find correlation between drug addiction and crimes.
2. To find the ratio between general crime offenders and drug offenders.

Research Operation

1. Collecting data from general crime offenders in 72 police stations.
2. Urine testing of 567 suspect by EMIT (Euzyne Multiply Immunoassay Technique).

Research Findings

1. Of the total of 567 offenders, 357 are drug offenders.

Sex	drug offenders		non-drug offenders		Total
	#	%	#	%	#
Male	334	93.82	178	84.83	513
Female	22	6.18	32	15.17	54
Total	356	100.00	211	100.00	567

2. Most of the criminals were between the age of 16 - 40 years old with a median of about 26 - 30 years old.
3. Both drug offenders and non-drug offenders had 4 - 7 years of education in school.

4. Mostly are temporary employed with an allowance of 200 - 300 Malaysian dollars.
5. Drug offenders spent mostly on drug. While non-drug offenders spent on family and travelling.
6. Most of them lived in congested area.
7. First drug use mostly are cannabis.
8. First drug trial mostly by himself - want to try.
9. First drug use mostly at the age of 16 - 20 years old.
10. Heroin and cannabis are most popular.
11. Number of crimes committed among drug offenders and non drug offenders.

Drug Use	Drug Offenders		Non-Drug Offender		Total
	#	%	#	%	
1	90	25.28	167	79.15	257
2	90	26.96	33	15.61	129
3	43	12.08	5	2.38	48
4	32	8.99	1	0.47	33
10	54	15.17	2	0.95	56
Total	356	100.00	211	100.00	567
Aver. # of crime	2.42		1.13		1.7

12. Percentage of offenders classify according to addiction and non-addiction.

Drug Addiction	drug offenders		non-drug offenders		Total
	#	%	#	%	
Before committed the crime	301	87.76	17	8.06	318
After committed the crime	42	12.24	1	0.47	43
Stop drug use	0	0.0	193	91.47	193
Total	343	100.06	211	100.00	554

Abstract

The objectives of the study are:

1. To find out the correlation between drug addiction and crimes.
2. To estimate the ratio of drug addicted offenders to non-drug addicted offenders.
3. To find out the ratio of drug addicted offenders to non-drug addicted offenders classified by types of offences.
4. To find out the percentages of drug addicted offenders involved in criminal offences.
5. To find out the social and economic conditions of drug addicted offenders and non-drug addicted offenders.

The data for the study was gathered by having interviews with the offenders in custody of selected Bangkok Metropolitan police stations throughout the country. If the offender was suspected to be drug addict but he denied it or the offender was suspected to have made false confession concerning the type of drug he was addicted to, urine test using Enzyme Multiply Immunoassay Technique (EMIT) would be conducted. The number of offenders selected for this study was 1,113.

According to the study on all criminal offences including drug-related offence, it was found that the ratio of drug addicted criminals and non-drug addicted criminals to the total number of criminal offenders were 0.503 and 0.497 respectively. With regard to the correlation between drug addiction and crimes, drug addiction was found related to crimes as Cramer's V showed the figure of 0.68. This indicated that criminal problem would become more serious if the number of drug addicts increased. But the ratio figure would be 0.193 and 0.807 if drug-related offences were not included. It was further found that there was some correlation between drug addiction and crimes as the figure of Cramer's V turned out to be 0.16 which means that the increase in the number of drug addicts had a very limited impact on the increase of other criminal offences. Only those who were addicts would commit drug-related offences. As for the study in Bangkok Metropolitan area, the number of offenders who were drug addicts was higher as evident from the ratio of drug addicted criminals to the total number of all criminal offences which was 0.628 but the ratio turned out to be 0.241 when drug-related offences were not included.

The majority of offenders were male in the age group of 21 - 30 years, single and finished primary school. Considering the employment status, most of them had temporary job. The average income of drug addicted offenders was 2,001 - 3,000 baht, per month, most of which were spent on drugs. As for the offenders who were not drug addicts, their average income was 1,001 - 2,000 baht per month and most of the income was used for household expenses. Most of the offenders' residences had compound. It was further found that more drug addicted offenders lived in the congested areas than those who were not addicted to drugs.

Regarding the age of first drug use, the offenders started using drugs at the age of 16 - 20 years with cannabis as the first drug of abuse. Curiosity was the main reason for the first time use of drugs. Heroin addicts constituted 56 percents of drug addicted offenders. Besides, most of the offenders had never received any form of drug dependence treatment.

Regarding criminality, the majority of drug addicted offenders had used drug before committing their first offence. The offences committed were mostly related to drug. On the average, the offenders had committed offences 2 times. Regarding the offences committed by non-drug addicted offenders, most were larceny. The average number of committing offence was 1. The intention to get money was cited as the reason for committing crime.

Recommendation

The findings from the study clearly indicated that drug was a main cause of crime. The effective solution to the problem depends on those measures such as law enforcement action against drug producers, drug traffickers and drug addicts, narcotic crop eradication, encouraging drug addicts to receive treatment, dissemination of knowledge on the danger of drugs to the youths. In addition, effective scientific detection should be carried out in order to identify drug abuse of inmates. Drug offenders should be treated properly. If these measures are effectively implemented, drug abuse related problems will decrease and finally go away.

CITY PAPER - DELHI
(INDIA)

M.C. Mehanathan
Narcotics Control Bureau
India

In view of the difficulty in getting competent and willing personnel who could make themselves available for the present study, none from India could participate in the earlier meetings. The study has since been initiated in three cities in India from July, 1992. The cities are Delhi, Madras and Varanasi.

Delhi, the capital of India is the third largest metropolitan city in India. The total population of the city as per the census of the year 1991 is 8,375,188. The total number of males is 4,574,263 and that of female is 3,790,925. The sex ratio is that of 831 females to a total of 1000 males. The occupational categories are as follows:

Workers	2,941,260
Cultivators	37,569
Agricultural Labourers	25,526
Household Industries	124,977
Other Workers	2,753,188

The present study is not the first of such studies conducted in this metropolis. Few such studies were organised earlier also. One of such studies which was organised by the Government of India covered a period of three years from 1986 to 1988. The information gathered from various sources like enforcement agencies, voluntary organisations, hospitals, addicts and the public revealed different patterns of abuse in different areas. Most of the addicts were between 15 to 30 years. Most of the addicts were taking smack - a less pure form of heroin.

As informed earlier, the present study was initiated only two months back and we got the data for one month only.

During the month, 50 addicts were treated in de-addiction centres. The detailed information was available in respect of 40 addicts as 10 addicts were re-admitted cases. According to age-wise break-up, the largest portion belonged to the age-group of 20 - 34 years. Thirty one (31) addicts belonged to that group. Of them 25 were married and 15 were unmarried. Street sale was the main source of availability of drugs. Thirty-five of them got their supply from street sales, 2 from diversion of prescription. Average monthly income of the addicts was Rs. 1491.

Heroin is the major drug of abuse. About 23 persons used heroin, 4 persons took opium, 16 persons were polydrug users and 26 addicts used tobacco daily.

No HIV positive among drug addicts was reported. Eighteen cases were reported as drug-related psychological cases.

Family disruption due to drug use was reported as 31 cases and 19 persons' jobs were affected by drug use.

DRUG ABUSE TRENDS IN MADRAS CITY
(INDIA)

P.V.K. Reddy, I.P.S.
Deputy Director
Narcotics Control Bureau

The drug problem has acquired a multi-dimensional character in India and has been spreading at a fast rate because of the increased availability of drugs of abuse, expansions of communication, involvement of organised criminal gangs in its trafficking due to staggering profits involved, socio-economic factors, rapid industrialisation/urbanisation etc. The high increase in demands for illicit drugs in western markets had resulted in increased production of illicit opium in area commonly known as "Golden Crescent" and "Golden Triangle". India being geographically sandwiched between the above area resulted in heightened transit trafficking and resultant spill over consumption in India metropolitan cities and other urban conglomerates. Herbal cannabis smuggled from Nepal is mainly consumed within India while hashish coming from Nepal is transitted to western destinations.

The International Narcotics Control Board for 1991 on India says that previously large quantities of heroin transitting India from across Pakistan border bound for Europe and North America appeared to have declined, continuing the trend observed in 1990. This is also confirmed in the statistical presentation at 17th European meeting of the I.C.P.O. (INTERPOL) held in Lyon (France) during March, 1991.

To fight the drug trafficking and drug abuse, India had enacted N.D.P.S. Act 1985 and amended in 1988, Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1988 (PITNDPS Act) with stringent legal provisions. Narcotics Control Bureau was set up as an apex agency to co-ordinate at national and international level in all drug matters. Ministry of Health and Social Welfare, government of India with their counter parts in 25 states and 7 Union Territories carry out counselling, addiction, rehabilitation and social re-integration programs to minimise the problem of drug abuse.

Madras City

Madras is the capital of the State of Tamil Nadu. It is located on the East coast of India with one of the biggest sea-ports and international airports. This provides an easy opportunity to drug traffickers to smuggle out of Madras either by ship or by plane to Colombo or via to western capitals. The trafficking in drugs over a period of time had resulted in increased addiction in city population. The spill over of Golden Crescent heroin coming to Bombay finds its way into and out of Madras. The illicit cultivation of cannabis in certain areas of Tamil Nadu, Andhra Pradesh and Kerala are main sources of ganja in Madras city. The state of Tamil Nadu being famous over rich heritage in culture, temples, and family ties with a flair for conventional values act as deterrent for city population to fall an easy prey for drug addiction.

Demographic Indicators

The total population of Madras city is 5,361,468 as per 1991 census. Since the detailed indicators for 1991 have not been brought out yet, 1981 census figures have been indicated in proforma. The male-female ratio is 1000:927. The percentage of population with 7-12 years of education is 27.43% whereas above 13 years of education is 5.07%. The latest annual per capita income was not available. Number of people in the household, i.e. 2-5 constitutes highest 9.63% followed by 6-> being 6.45%. Single/never married leads in marital status being 45.35% while the separated/divorced category remains at 0.18%.

Law Enforcement Indicators

The figures for the month of June are complete from the various enforcement agencies. Narcotics Intelligence Bureau under Tamil Nadu Police effected 67 arrests for possession while Narcotics Control Bureau of Government of India arrested for criminal conspiracy and remaining drug enforcement agencies had nil reports. N.I.B. seized 81 grams of opiate and 154.985 grams of cannabis.

Social And Drug Treatment Indicators

The figures have been collected from T.T.K. Hospital, Madras, a voluntary body, Government Institute of Mental Health Madras, The Indian Women's Council for Social Welfare, Madras.

The figures of June indicate cannabis was used by 25.15% while opiates were used by 17.55%. Route of administration of abused drug is oral (77.09%). This is due to inclusion of alcohol as drug. (See Tables 1 and 2).

Constraints In Data Collection

- (a) Lack of appreciation by the various agencies and their own departmental priorities.
- (b) Furnishing of incomplete and incoherent data.
- (c) Lack of motivation on the part of their staff since it involves extra work for the concerned agencies.

The epidemiological studies to be carried out on long term sustained basis will definitely go a long way in providing the valuable inputs for policy makers to combat the menace of drug abuse.

For the benefit of the audience here I may highlight the result of studies carried out by Prof. K.N. George, Honorary Director, The Madras School of Social Work, Madras regarding drug abuse problem in the city. Methodology used was to interview (1) 200 addicts/ex-addicts (2) 140 informed persons drawn from policemen, lawyers, psychiatrists, psychologists, journalists, teachers, hostel wardens.

The highlights are:

- (1) Both Government and non-government agencies are approached by drug addicts.
- (2) Addicts are scattered all over city with higher incidence at K.K. Nagar (South Madras) and Annanagar (North Madras).
- (3) Drug addiction is more prevalent in the age group of 21-30 years.
- (4) Cannabis (ganja) and heroin (brown sugar) are the most abused.
- (5) Neighbourhood, peer pressure and in some instances foreign nationals play a major role in influencing youth to take to drug addiction.
- (6) Curiosity, thrill and adventure influence the youth for using drugs.

- (7) Addicts are of the view that public awareness, public involvement and professional methods should be used in tackling drug problem.
- (8) Students and unemployed are the main drug abusers.
- (9) Drug addicts having started early carry on to their later years.

Table 1

Distribution of Patients according to various forms of drug abuse for the month of June 1992

Type of Drug	No. of Patients	%
Opiate	23	17.55
Cannabis	34	25.95
Sedative	1	0.76
Alcohol	58	44.27
Others	16	12.21

Table 2

Distribution of Patients according to the route of administration of abused drug for the month of June 1992

Route of Administration	No. of Patients	%
Oral	101	77.09
Smoking	9	6.87
Injection	7	5.34
Others	14	10.68

DRUG ABUSE TRENDS IN VARANASI
(INDIA)

K.K. Jha
Deputy Director
Narcotics Control Bureau
Ministry Of Finance
Government Of India
Varanasi

Introduction

Varanasi which comes under the State of Uttar Pradesh in India, is considered to be one of the most ancient cities of the world. It is also one of the seven sacred cities of Hindu religion. It is here that Lord Buddha gave his first discourse after attaining enlightenment. For most of the Indians a visit to Kashi (old name of Varanasi) is a must in his lifetime.

Varanasi city has given great poets and thinkers to the Indian society. It has been a centre of learning since ancient times. Even in modern times, this city provides a wide choice of studies in various disciplines. The place is well connected to all major ports and cities of India by Road/Rail and Air. Its proximity to opium growing districts of Uttar Pradesh and Indo-Nepal Boarder makes it vulnerable to drug transitting and drug abuse. Several drug cases effected by drug enforcement agencies would have passed through Varanasi had they not been seized. The problem of drug addiction is also rather acute in Varanasi as compared to other districts of Uttar Pradesh.

General Population Demographic Indicators

The total population of Varanasi City as per 1991 census has been 1,018,370. Out of which males constitute 547,814 and females number 470,556 which gives the ratio of 1000:859. Excluding the age group of 0-6 years - which is considered to be illiterate, the total number of literate citizens is 439,594 out of which 335,130 males and 204,464 females are stated to be literate as per 1991 Provisional Census report.

Since the full text of 1991 census has not been made available, the population in various age groups, ethnic groups, marital status, occupational categories, number of people in the household, number of years of education, annual per capital income could not be obtained. It is expected that in a few months time I will be able to produce these information to the extent available and supply it to Colombo Plan Bureau.

Law Enforcement Indicators

The information about break-up of drug-related arrests such as arrests for sales, arrests for trafficking etc. were not readily available. However, during the period January 1992 to June 1992 altogether 355 cases were detected and 357 persons were arrested under the provisions of Narcotic Drugs and Psychotropic Substances Act, 1985. The quantities of various narcotic drugs seized are:

Opium	55 grams
Heroin	3.600 kgs.
Ganja	15.450 kgs
Hashish	155 grams

There has not been any detection of crime relating to cultivation, manufacture or number of labs destroyed in the Urban Area of Varanasi during the aforementioned period.

In so far as traffic accidents are concerned, the matter is dealt by the State Police and they do not maintain separate statistics of number of accidents under influence of drug/liquor as this would lead offender getting away with lighter or no punishment.

Social Indicators

The statistics of persons fired or discharged due to drug abuse or family disruptions due to drug abuse or disruption of studies are not reported to any agency. To this extent - our knowledge about dimension of this problem is quite limited.

We are able to get these details only after an addict comes for treatment in a drug deaddiction centre. It is seen that from a sample of 100 persons who came for treatment at two de-addiction cum counselling centres in this city:-

The number of persons removed or discharged from job due to drug abuse were: 5

The number of persons whose family got disrupted due to drug abuse were: 23

The number of persons whose studies got disrupted were: 8

Health Indicators

So far as health indicators are concerned, no case of drug-related HIV positive or AIDS has been reported. No case of drug-related death was reported. Out of 100 addicts, whose histories were studied, only 9 were drug-related psychological cases.

Drug Treatment Indicators

In the city of Varanasi, there are two specialised drug treatment centres. Of course at other hospitals also this treatment is possible but people do not go to these places as it is impossible to isolate the patients from other people and the chance of complete stoppage of drug supply during treatment period is considerably minimized.

These two de-addiction centres are able to treat about 400 to 500 patients in a year. About 15% of the cases are that of re-admissions. At a particular time 70 - 80 persons are always in the waiting list. In so far as prisons are concerned, many of the persons arrested under the NDPS Act are also addicts. They are treated for de-addiction by the jail doctor. The sheer non-availability of drugs in the prison also treats the addicts who had not become hard core drug addict. It has been noticed that in many cases these addicts gain good health in prison. The reversion to drug abuse after coming out of jail is quite frequent.

The age group of 20 - 34 years has been the most vulnerable section with about 78% of addicts belonging to this group. Fortunately, the age group of 15 - 19 years has a low percentage of 4% and the rest 18% belongs to age group above 35 years.

It has also been noticed that nearly 85% of drug addicts have been daily tobacco users. Only a small percentage of 3% claim to be polydrug users. Most of the addicts (over 90%) who came for treatment were using brown sugar. Fortunately, the smack available on street is badly 'cut' and the purity rarely exceeds 10%. All the persons who came forward for treatment were 'male' but abuse among university girls for these drugs have also been reported - exact figure of female addicts is not available.

The majority of drug users are Hindus though the majority of drug peddlers and traffickers are Muslims. Drug abuse is mainly an upper caste (44.7%) phenomenon followed by backward caste (40.7%). The scheduled caste drug users were 9.3% and men belonging to non-Hindu communities constitute 5.3%.

The upper caste group has 34% of high-dose takers may be because of sound economic level. 30% of backward caste drug users too were high-dose takers.

Education level is not necessarily related with drug abuse. One is tempted to say that the higher the education level, more the chances of being drug addict. The educated persons know the hazards of drug abuse even then they fail to refrain from drug abuse. An altered style of life may be a better strategy of rehabilitation.

Drug abuse has gone into normal channels of occupational life. Amongst the drug users, the service category constitutes 18%. The majority 59% came from petty business and shop keeping. The rest 33% were unemployed persons without regular income. Most probably these unemployed persons diverted the family income to finance their habit or they got associated with the drug racket or to any other way of getting money.

The majority of drug users belonged to income group of Rs. 2000/- and below. There were only 5% in the high income group. This confirms that lower and middle income groups are more vulnerable. The unemployed among families of upper middle income group are also suspects.

No co-relation could be established between drug abuse and marital status. Though divorcees and widowed form a small group, the addicts were using drug prior to their marriage and were still continuing with drug abuse.

Inhalation (over 90%) was found to be most popular route of administration. Only 4% took the drug by injection but these were not heroin but substances like fortwin, pentazocin, lactate and bupremorphine.

Street sale was the most common drug source accounting for over 95% of availability.

Counter Measures

Both Government and Non-Government Organisations have taken up the cause of reducing both demand and supply. The official media, newspapers, students, teacher, retired persons are organising workshops, poster exhibition etc. Besides, Police and other enforcement agencies are coming with a heavy hand against traffickers. While sympathetic view is taken in respect of addicts, detrimental punishment (including death sentence) has been prescribed against traffickers.

The present day level of about 1% addicts in the local population appears to be manageable figure but we are keeping our fingers crossed and trying to bring down the number of about 10,000 addicts to substantially low level.

May the Almighty help all of us in our endeavour.

OVERALL ANALYSIS OF DATA REPORTED TO COLOMBO
PLAN BUREAU/DRUG ADVISORY PROGRAM

National Drug Research Centre
Universiti Sains Malaysia

Data reported to CPB/DAP was based on an instrument devised at the first meeting in Bangkok, May 1990 and revised at the second meeting in Penang, September 1991. All the items suggested form the basis of a pilot study to evaluate feasibility of reporting on a monthly basis and to focus and refine the instrument.

The instrument consists of five sections:

- i. General population demographic indicators
- ii. Law enforcement indicators
- iii. Social indicators
- iv. Health indicators and
- v. Drug treatment indicators

Limitations in Comparing City Data

The number of questionnaires received from participating cities were variable and completeness of data was lacking. Missing data or data not collected was very common and this forms a major constraint in interpreting results and in attempts to do an inter-city comparison.

Overall, it was a good effort on the part of most countries in their attempt to collect such invaluable information from various agencies and groups.

HIGHLIGHTS

The following highlights are from the 3rd Asian Multicity Epidemiology Workshop held in September 1992 in Penang, Malaysia. Cities which reported (monthly reporting forms were submitted) for the period of September 1991 to July 1992 are Bangkok, Colombo, Dhaka, Jakarta and Manila.

DEMOGRAPHIC CHARACTERISTICS

Exhibit 1 shows a comparison of selected city demographic characteristics by cities. Jakarta city/metropolitan has the highest population followed by Bangkok, Dhaka, Manila and lastly Colombo. Generally, half the population are males and half are females in all the five cities but if we look at the percentages in detail, there are slightly more males in Dhaka, Colombo and Jakarta while there are slightly more females in Bangkok and Manila (See Figure 1). A big proportion (38 - 58%) of the population is below 20 years of age, with Manila showing the highest percentage followed by Dhaka, Jakarta, Colombo and Bangkok (See Figure 2). A big proportion of the population is married. However, in Colombo a bigger proportion is single. The number of people in the household varies among the cities where data is available. In Bangkok, majority have 3 - 6 people in the household while in Jakarta, majority have 2 - 5 people. In Manila, majority have 6 - 10 people in the household. Majority of the population (for cities where data is available) had less than 6 years of education.

TREATMENT

a. Patients' Socio-Demographic Characteristics

Exhibit 2 shows a comparison of patients' socio-demographic characteristics from specialised drug treatment facility from the period of September 1991 to July 1992 by cities. Patients from the cities were predominantly (73 - 100%) males. However, there were slightly more female patients in Manila compared to the other cities. Most of the patients were between 20 - 34 years of age except Jakarta where majority of the patients were younger (less than 20 years old). Most of the patients were single except Dhaka where about half of them were married. In Dhaka and Manila, a big proportion of the patients were unemployed. However, in Jakarta, a big proportion were students. This explains why majority of the patients were from the younger age group. Most of them from the 5 cities had 6 to 12 years of education.

b. Patterns of Drug Use

Exhibit 3 shows a comparison of the patterns of drug use of patients from specialised drug treatment facility over the same period of reporting.

Primary Drug of Abuse

Heroin appeared to be the main drug of abuse in Bangkok, Colombo and Dhaka (more than 75% of patients admitted for specialised drug treatment were abusing heroin). In Jakarta however, data shows that sedative type of drug (benzodiazepines) was the main drug of abuse (about half of the patients) followed by cannabis (27%). In Manila, alcohol appeared to be the main drug of abuse (36% of the patients) followed by cannabis (26%). There were more polydrug users in Manila (more than 50%) compared to the other cities (See Figure 3).

Route of Administration

Smoking appeared to be the predominant route of administration among the total number of patients admitted for treatment (about 80%) in Colombo and Dhaka. In Bangkok however, although a substantially large proportion (35%) of the patients were smoking, a bigger proportion (38%) were injecting. In Jakarta, those who took sedatives (benzodiazepines) took it orally and those who abused cannabis smoked (See Figure 4).

Drug Sources

Drugs were mainly obtained from street sales and only a small percentage were diversion of prescriptions.

LAW ENFORCEMENT INDICATORS

Exhibit 4 shows a comparison of law enforcement indicators from the 5 cities.

Drug-related offences

Bangkok has the highest total of people who were arrested for drug-related offences over the whole period but Colombo showed the highest rate of arrest per 100,000 population and Bangkok came second followed by Dhaka, Manila and lastly Jakarta. Most of them were arrested for use/consumption of drugs. We do not know the reasons for these high and low rates among the cities as we do not have the information to explain this but they may reflect the extent of police activity/law enforcement in each city.

Seizures

Bangkok has the highest total quantity (588 kg) of opiate being seized over the whole period followed by Colombo at 117 kg. In Dhaka, only 9 kg of opiate were seized. (In these 3 cities, heroin is the main drug of abuse). The total quantity of cannabis seized within that period is the highest for Dhaka (727 kg) followed by Colombo at 663 kg and Bangkok 217 kg. As only 1 - 6% of the patients in these 3 cities were abusing cannabis, the big amount of seizures may be those seized while in transit.

Traffic Accidents

The total number of accidents caused by drivers under the influence of alcohol over the whole reporting period were 342 accidents in Colombo, 134 accidents in Jakarta, 13 in Dhaka and 5 in Manila. In Dhaka, 72 traffic accidents were caused by drivers under the influence of narcotic drugs, Jakarta 46 and Manila 3.

HEALTH INDICATORS

Exhibit 5 shows a comparison of health indicators over the same period by cities. Out of the total of 5 cities only three had reported some information on the selected health indicators. In Manila, a total of 36 drug-related HIV positive cases and 18 AIDs cases were reported. In Jakarta, there were 8 AIDs cases. There were 26 drug-related psychological cases reported in Dhaka and 14 cases in Manila. In Dhaka 248 drug-related emergency room cases were reported while there were 87 cases in Jakarta and 45 cases in Manila. Eleven drug-related deaths were reported in Jakarta.

SOCIAL INDICATORS

Social indicators are shown in exhibit 6 and were available from Dhaka only. A total of 45 people over the whole reporting period were fired or discharged due to drug use in Dhaka. There were 18 family disruptions (spouse separation) due to drug use. A total of 60 students dropped out of school due to drug use.

EXHIBIT 1

A Comparison of *Selected City Demographic Indicators/Characteristics

Indicators	1990	1981	1991	1990	1991
	Bangkok	Colombo	Dhaka	Jakarta	Manila
Total population of City/Metropolitan	6,266,900	894,509	3,440,147	8,222,515	1,876,195
<u>Sex</u> (See Figure 1)	%	%	%	%	%
Male	48.73	52.60	58.00	51.00	47.83
Female	51.27	47.40	42.00	49.00	52.17
<u>Age</u> (See Figure 2)					
< 15 years old	29.12	29.70	39.30	35.00	43.39
15 - 19 years	8.88	10.80	10.40	10.00	10.13
20 - 34 years	32.50	29.50	29.10	25.00	22.94
35 + years	29.50	30.00	21.20	30.00	23.54
<u>Marital Status</u>					
Single, never married	28.12	59.00	41.00	NA	44.79
Separated/divorced	1.92	0.30	0.30	NA	0.54
Married	37.39	36.00	54.80	NA	50.63
Widowed	3.44	2.70	3.90	NA	3.96
Others	29.13	1.90	-	NA	0.8
<u>No. of People in household</u>					
1 (alone)	3.60	NA	NA	0.40(1)	3.04(1)
2	9.40	NA	NA	76.00(2-5)	41.70(2-5)
3 - 6	61.10	NA	NA	23.00(6-10)	48.21(6-10)
7 - 9	21.40	NA	NA	0.60(11+)	7.05(11+)
10 +	4.50	NA	NA		
<u>No. of year of education</u>					
0 - 6	54.22	NA	NA	54.00	65.85
7 - 12	30.90	NA	NA	41.00	21.90
13 +	14.84	NA	NA	5.00	11.91

* Comparable categories only.

Figure 1 : A Comparison of City Demographic Characteristic by Sex

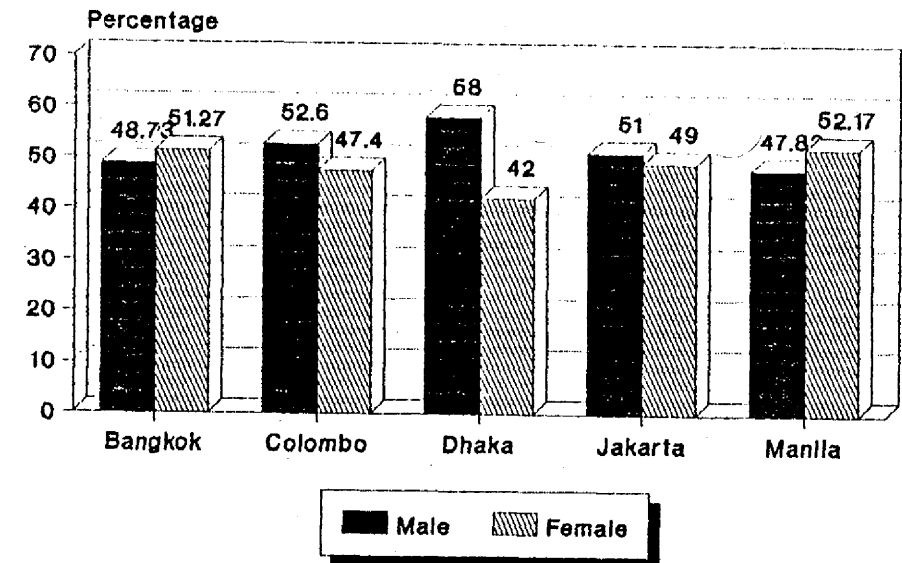


Figure 2 : A Comparison of City Demographic Characteristic by Age

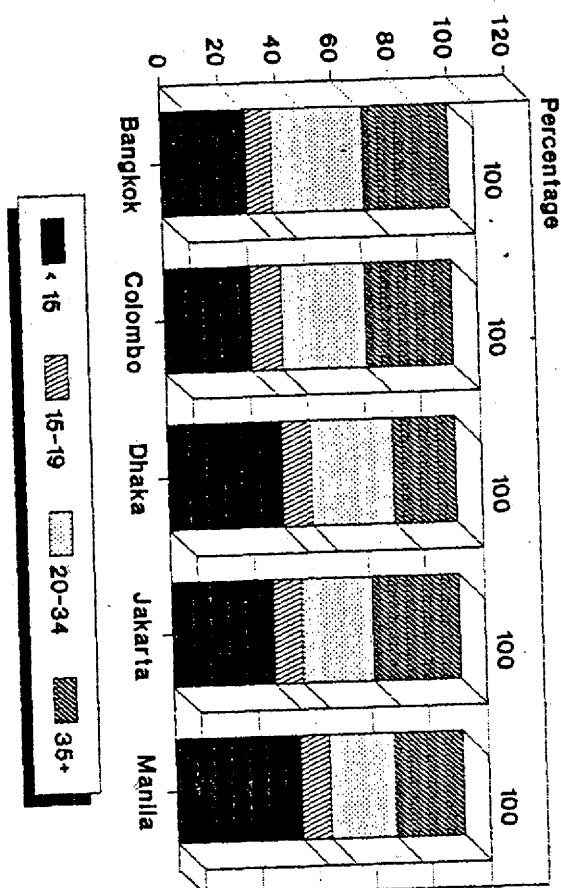


EXHIBIT 2

A Comparison of Patients' Socio-Demographic Characteristics (from Specialised Drug Treatment Facility) by Cities over the period of September 1991 to July 1992.

Indicators	Bangkok	Colombo	Dhaka	Jakarta	Manila
Total number of admissions over the whole period (Sept. '91 - July '92)	1,004	626	378	1,056	268
No. of new admissions over the whole period	430	NA	314	562	213
Proportion of re-admission	574 (57.2%)	NA	64 (16.9%)	494 (46.8%)	55 (20.5%)
Sex of patients	Predominantly males (> 91%). No change in pattern over the months.	Predominantly males (> 94%). No change in pattern over the months.	All males (100%). No change in pattern over the months.	Predominantly males (>91%). No change in pattern over the months.	Predominantly males (>73%). No change in pattern over the months.

Cont.

Indicators	Bangkok	Colombo	Dhaka	Jakarta	Manila
Age of patients	Predominantly (40-74%) were from 20-34 years age group	Predominantly (> 70%) were from 20-34 years age group	Predominantly (67-94%) were from 20-34 years age group	Predominantly (69-95%) were less than 20 years old except for the last reporting month (46%)	Predominantly (50-80%) were from 20-34 years age group except for Jan (40%) & May (0%)
Marital Status	More than half (\bar{x} =59%) of the total patients over the whole period were single. More than one third (\bar{x} =37%) were married	More than half (\bar{x} =58%) of the total of patients over the whole period were single. Less than half (40%) were married	Slightly more than half (\bar{x} =52%) of the total patients over the whole period were married and slightly less than half (\bar{x} =47%) were single	Majority (\bar{x} =92%) from a total of 1056 patients over the whole period were single. Only a small proportion (\bar{x} =64%) were married	Majority (\bar{x} =69.0%) of the total patients over the whole period were single. Only a small proportion (\bar{x} =21.5%) were married
Occupation groups (Broad classifications)	62.8% had permanent jobs; 27.0% were unemployed; 8.8% had temporary jobs; 1.4% were students	NA	36.5% were unemployed; 26.2% were doing small business; 12.4% were transport workers; 8.7% were students; 8.7% were professionals	53.8% were students; 41.2% were unemployed	38.1% were unemployed; 21.3% were students; 18.7% were labourers; 8.4% were in small business

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Cont.

Indicators	Bangkok	Colombo	Dhaka	Jakarta	Manila
No. of people in household	NA	NA	Majority (63.2%) had 6-10 people in the household; 5.8% had more than 10 people in the household	Majority (68.8%) had 2-5 people in the household; 27.5% had 6-10 people in the household; 3.4% had more than 10 people in the household	NA
No. of years of education	Majority (69.8%) had 6-12 years of education; 23.5% had < 6 years of education; 6.6% had > 12 years of education	Majority (71.1%) had 6-12 years of education; 15.7% had < 6 years of education; 12.1% had > 12 years of education	Majority (48.9%) had 6-12 years of education; 21.2% had < 6 years of education; 20.4% had > 12 years of education	Majority (81.7%) had 6-12 years of education; 11.4% had < 6 years of education; 6.9% had > 12 years of education	Majority (65.8%) had 6-12 years of education; 17.1% had < 6 years of education; 15.8% had > 12 years of education

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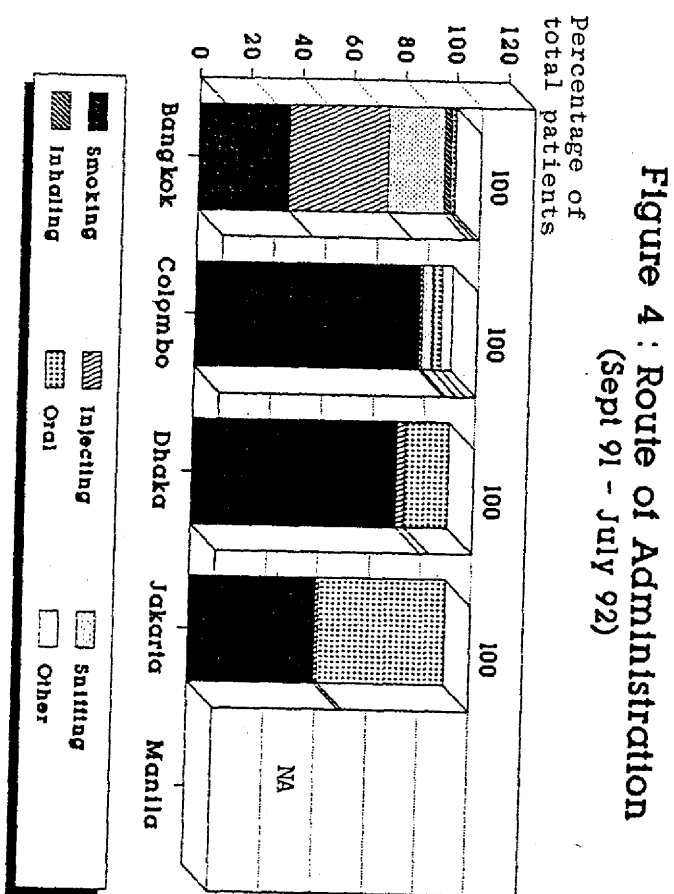
Note: Refer to Annexes 1 to 7 for details of monthly data.

EXHIBIT 3

A Comparison of Patterns of Drug Use (from Specialised Drug Treatment Facility) by Cities over the Period of September 1991 to July 1992

Indicators	Bangkok	Colombo	Dhaka	Jakarta	Manila
Primary drug of abuse (See Figure 3)	Main drug of abuse: heroin	Main drug of abuse: heroin	Main drug of abuse: heroin	Main drug of abuse: sedative	Main drug of abuse: alcohol
	% of total patients* = 82.9%	% of total patients* = 93.4%	% of total patients* = 84.9%	% of total patients* = 50.8%	% of total patients* = 36.2%
	Trend remained stable except the last 2 months where there is a slight increase of patients using cannabis	Trend remained stable over the whole period. Also reported: Alcohol (2.9%) Cannabis (0.8%)	Trend remained stable over the whole period. Also reported: Codeine & pethedine(10.0%) Alcohol (2.0%) Cannabis (1.7%)	Trend remained stable except for April & June where there were more patients abusing cannabis compared to sedatives. Also reported: Cannabis (27.6%) Alcohol (19.2%) Opiate (2.2%)	Trend remained stable over the whole period. Also reported: Cannabis (26.6%) Cocaine type (9.1%) Amphetamine (8.6%) Methamphetamine (5.6%)
	Also reported: Opium (7.4%) Cannabis(5.7%) Solvent/inhalants (2.4%) Amphetamine(0.9%)				

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EXHIBIT 4

A Comparison of Law Enforcement Indicators by Cities over the period of September 1991 to July 1992

Indicators	Bangkok	Colombo	Dhaka	Jakarta	Manila
No. of persons arrested for drug related offences	Total for period = 14,886	Total for period = 9,078	Total for period = 1,571	Total for period = 219	Total for period = 425
	Rate/100,000 = 237.53	Rate/100,000 = 1014.86	Rate/100,000 = 45.67	Rate/100,000 = 2.66	Rate/100,000 = 22.65
	\bar{x} rate/100,000/month = 21.59	\bar{x} rate/100,000/month = 92.26	\bar{x} rate/100,000/month = 4.15	\bar{x} rate/100,000/month = 0.24	\bar{x} rate/100,000/month = 2.06
	Mainly were arrests for use/consumption	Slightly more than half were arrests for possession and slightly less than half were arrests for use/consumption		Mainly were arrests for use/consumption followed by arrests for possession	Mainly were arrests for possession

Cont.

Indicators	Bangkok	Colombo	Dhaka	Jakarta	Manila
<u>Quantity of seizure</u>					
(1) Opiate type	Total for period = 588.88 kg	Total for period = 117.25 kg	Total for period = 9.44 kg	NA	NA
	\bar{x} /month = 53.53kg	\bar{x} /month = 10.66kg	\bar{x} /month = 0.86 kg		
	Min=0.15kg(July) Max=362.85kg (Dec.)	Min=0.09kg Max=69.29kg	Min=0.01kg Max=3.5kg		
	Quantity seized fluctuates over the months. Most were seized during the first 6 months of reporting period.	Quantity seized fluctuates over the months. More were seized in October and December.	Quantity seized fluctuates over the months. More were seized during the first 3 months of reporting period.		

cont.

Indicators	Bangkok	Colombo	Dhaka	Jakarta	Manila
(2) Cannabis type	Total for period = 217.82kg $\bar{x}/\text{mth} = 19.80\text{kg}$ Min = 0.29kg Max = 74.0kg Quantity seized fluctuates over the months. More were seized in Dec., Jan. & Feb.	Total for period=663.2kg $\bar{x}/\text{mth} = 60.30\text{kg}$ Min = 1.85kg Max = 298.5 kg Quantity seized fluctuates over the months. Quantity seized were the biggest in March & April	Total for period=727.5 kg. $\bar{x}/\text{mth} = 66.14\text{kg}$ Min = 26.0kg Max = 159.0kg Quantity seized fluctuates over the months. More were seized in Oct., Nov., & March	NA	NA

Number of Traffic Accidents

1) Alcohol	NA	Total for period = 342 $\bar{x}/\text{month}=31$	Total for period = 13 $\bar{x}/\text{month}=1.18$	Total for period = 134 $\bar{x}/\text{month}=12.18$	Total for period = 5 $\bar{x}/\text{month}=0.45$
2) Narcotic	NA	NA	Total for period = 72 $\bar{x}/\text{month}=6.54$	Total for period =46 $\bar{x}/\text{month} =4.18$	Total for period = 3 $\bar{x}/\text{month} = 0.27$

Note: See Annexes 12 to 14 for details of monthly data

EXHIBIT 5

A Comparison of Health Indicators by Cities
(September 1991 to July 1992)

Health Indicators	Bangkok	Colombo	Dhaka	Jakarta	Manila
No. of drug-related HIV Positive Cases	NA	NA	NA	NA	Total for period = 36
AIDS Cases	NA	NA	NA	Total for period = 8	Total for period = 18
No. of drug-related psychological cases	NA	NA	Total for period = 26	NA	Total for period = 14
No. of drug-related emergency room cases	NA	NA	Total for period = 248	Total for period = 87	Total for period = 45
No. of drug-related deaths	NA	NA	NA	Total for period = 11	NA

Note: See Annex 15 for details of monthly data.

EXHIBIT 6

A Comparison of Social Indicators by Cities
(September 1991 to July 1992)

Social Indicators	Bangkok	Colombo	Dhaka	Jakarta	Manila
No. of persons fired or discharged due to drug use	NA	NA	Total for period=45	NA	NA
Family disruption due to drug use - no. of spouse separation	NA	NA	Total for period=18	NA	NA
Upper secondary/high school disruption due to drugs - no. of student dropouts	NA	NA	Total for period=60	NA	NA

Note: See Annex 16 for details of monthly data.

REVIEW OF DATA REPORTING INSTRUMENT

The data reporting instrument was reviewed as some data was missing and some was not collected. The problems encountered were also discussed.

It was decided that drug treatment indicators should come before law enforcement indicators and social indicators should come last. As a result, a revised questionnaire was formatted (Annex 17). The participants agreed on a quarterly reporting as some of them had difficulty in sending monthly reports.

AMCEWG: A CONSENSUS STATEMENT

The goal of AMCEWG is to generate data and to share data quarterly in a way that allows the most effective contribution of results to broad information-developing and policy-making process in the Region.

As AMCEWG members, we are frustrated in our ability to achieve this goal by:

- (1) variable problems in the collection uniformity, validity, and constancy of data, which contribute to
- (2) lack of standard methods for interpreting and synthesizing data, or lack of interpretation and synthesis altogether, which in turn contribute to
- (3) uncertainty as to the best formats to present data that will permit useful comparison across sites while respecting local limitations and needs.

All these activities must take place in local political and institutional environments that vary in the capacity to deliver desired data. Any efforts for any kind of trans-site standardization must take this into account, thus enabling trans-site reports to be generated.

While there are legitimate differences about the degree and content of standardized reporting, we agree that meaningful trans-site data comparison is a critical tool if AMCEWG is to reach its goal.

ANNEX 1

DRUG TREATMENT INDICATORS COLLECTED FROM SPECIALISED DRUG TREATMENT FACILITY
NUMBER OF ADMISSIONS (SEPT 1991 - JULY 1992)

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
<u>Bangkok</u>												
New admissions	255 (55.5)	1 (50.0)	0	0	33 (30.8)	54 (36.7)	29 (20.6)	6 (28.6)	46 (40.7)	6 (42.9)	NA	430 (42.8)
Readmissions	204 (44.4)	1 (50.0)	0	0	74 (69.2)	93 (63.3)	112 (79.4)	15 (71.4)	67 (59.3)	8 (57.1)	NA	574 (57.2)
Total admissions	459 (100.0)	2 (100.0)	0	0	107 (100.0)	147 (100.0)	141 (100.0)	21 (100.0)	113 (100.0)	14 (100.0)	NA	1004 (100.0)
<u>Colombo</u>												
New admissions	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Readmissions	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total admissions	35	43	47	45	85	27	10	65	98	115	56	626
<u>Dhaka</u>												
New admissions	29 (82.9)	32 (91.4)	29 (93.5)	39 (84.8)	31 (77.5)	35 (97.2)	17 (70.8)	23 (71.9)	34 (85.0)	20 (69.0)	25 (83.3)	314 (83.1)
Readmissions	6 (17.1)	3 (8.6)	2 (6.5)	7 (15.2)	9 (22.5)	1 (2.8)	7 (29.2)	9 (28.1)	6 (15.0)	9 (31.0)	5 (16.7)	64 (16.9)
Total admissions	35 (100.0)	35 (100.0)	31 (100.0)	46 (100.0)	40 (100.0)	36 (100.0)	24 (100.0)	32 (100.0)	40 (100.0)	29 (100.0)	30 (100.0)	378 (100.0)

CONT. ANNEX 1

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
<u>Jakarta</u>												
New admissions	37 (34.6)	84 (64.1)	62 (68.9)	62 (75.6)	26 (29.5)	12 (14.6)	38 (54.3)	43 (53.8)	60 (57.7)	54 (47.4)	84 (77.8)	562 (53.2)
Readmissions	70 (65.4)	47 (35.9)	28 (31.1)	20 (24.4)	62 (70.5)	70 (85.4)	32 (45.7)	37 (46.2)	44 (42.3)	60 (52.6)	24 (22.2)	494 (46.8)
Total admissions	107 (100.0)	131 (100.0)	90 (100.0)	82 (100.0)	88 (100.0)	82 (100.0)	70 (100.0)	80 (100.0)	104 (100.0)	114 (100.0)	108 (100.0)	1056* (100.0)
<u>Manila</u>												
New admissions	16 (69.6)	16 (100.0)	5 (55.6)	11 (73.3)	64 (82.1)	33 (94.3)	15 (78.9)	17 (89.5)	3 (42.9)	12 (85.7)	21 (63.6)	213 (79.5)
Readmissions	7 (30.4)	0	4 (44.4)	4 (26.7)	14 (17.9)	2 (5.7)	4 (21.1)	2 (10.5)	4 (57.1)	2 (14.3)	12 (36.4)	55 (20.5)
Total admissions	23 (100.0)	16 (100.0)	9 (100.0)	15 (100.0)	78 (100.0)	35 (100.0)	19 (100.0)	19 (100.0)	7 (100.0)	14 (100.0)	33 (100.0)	268 (100.0)

Note: The figures in brackets refer to percentages.

ANNEX 2

DRUG TREATMENT INDICATORS COLLECTED FROM SPECIALISED DRUG TREATMENT FACILITY BY CITY
SEX OF PATIENTS (SEPT. 1991 - JULY 1992)

Sex of patients	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
<u>Bangkok</u>											
No. of males	419 (91.2)	2 (100.0)	0	0	105 (98.1)	147 (100.0)	139 (98.6)	20 (95.1)	110 (97.3)	14 (100.0)	NA
No. of females	40 (8.8)	0	0	0	2 (1.9)	0	2 (1.4)	1 (4.9)	3 (2.7)	0	NA
<u>Colombo</u>											
No. of males	33 (94.3)	43 (100.0)	46 (97.9)	45 (100.0)	82 (96.5)	27 (100.0)	10 (100.0)	64 (98.5)	98 (100.0)	111 (98.2)	55 (98.2)
No. of females	0	0	0	0	1 (1.2)	0	0	1 (1.5)	0	2 (1.8)	0
Other	2 (5.7)	0	1 (2.1)	0	2 (2.3)	0	0	0	0	0	1 (1.8)
<u>Dhaka</u>											
No. of males	35 (100.0)	35 (100.0)	31 (100.0)	46 (100.0)	40 (100.0)	36 (100.0)	24 (100.0)	32 (100.0)	40 (100.0)	29 (100.0)	10 (100.0)

CONT. ANNEX 2

Sex of patients	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
<u>Jakarta</u>											
No. of males	101 (94.4)	120 (91.6)	85 (94.4)	79 (96.3)	81 (92.0)	81 (98.8)	69 (98.6)	80 (100.0)	101 (97.1)	100 (94.3)	104 (96.3)
No. of females	6 (5.6)	11 (8.4)	5 (5.6)	3 (3.7)	7 (8.0)	1 (1.2)	1 (1.4)	0	3 (2.9)	6 (5.7)	4 (3.7)
<u>Manila</u>											
No. of males	15 (100.0)	14 (87.5)	5 (100.0)	11 (100.0)	9 (90.0)	24 (73.7)	15 (100.0)	13 (76.6)	3 (100.0)	12 (100.0)	18 (100.0)
No. of females	1 (6.2)	2 (12.5)	0	0	1 (10.0)	9 (27.3)	0	4 (23.5)	0	0	0

Note: The figures in brackets refer to percentages.

ANNEX 3

DRUG TREATMENT INDICATORS COLLECTED FROM SPECIALISED DRUG TREATMENT FACILITY
 PATIENTS' AGE (SEPT. 1991 - JULY 1993)
 (a)
 BANGKOK

Patient Age	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
< 20	91 (19.8)	0	0	0	9 (8.4)	14 (9.5)	3 (2.1)	0	8 (7.0)	0	NA	
20 - 34 years	298 (64.9)	2 (100.0)	0	0	72 (67.3)	83 (56.5)	84 (59.6)	10 (40.0)	85 (73.9)	10 (41.7)	NA	
35 + years	70 (15.3)	0	0	0	26 (24.3)	50 (34.0)	54 (38.3)	15 (60.0)	22 (19.1)	14 (58.3)	NA	
Total	N (%)	459 (100.0)	2 (100.0)	0	0	107 (100.0)	147 (100.0)	141 (100.0)	25 (100.0)	115 (100.0)	24 (100.0)	NA

CONT. ANNEX 3
(b)
COLOMBO

Patient Age	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
< 20	0	3 (7.3)	0	0	2 (2.4)	0	0	1 (1.5)	3 (3.0)	3 (2.6)	0	
20 - 34 years	22 (88.0)	30 (73.2)	33 (70.2)	34 (75.6)	72 (84.7)	25 (92.6)	10 (100.0)	50 (76.9)	81 (82.7)	88 (76.5)	44 (78.6)	
35 + years	0	8 (19.5)	14 (29.8)	9 (20.0)	11 (12.9)	1 (3.7)	0	14 (21.5)	14 (14.3)	8 (7.0)	5 (8.9)	
(Not mentioned)	3 (12.0)	0	0	2 (4.4)	0	1 (3.7)	0	0	0	16 (13.9)	7 (12.5)	
Total	N (%)	25 (100.0)	41 (100.0)	47 (100.0)	45 (100.0)	85 (100.0)	27 (100.0)	10 (100.0)	65 (100.0)	98 (100.0)	115 (100.0)	56 (100.0)

CONT. ANNEX 3
(c)
DHAKA

Patient Age	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
< 20	0	1 (2.9)	0	8 (17.0)	5 (12.5)	2 (5.6)	1 (4.2)	2 (6.2)	2 (5.0)	3 (10.3)	4 (13.3)	
20 - 34 years	33 (94.3)	30 (85.7)	26 (83.9)	34 (72.3)	33 (82.5)	32 (88.9)	18 (75.0)	22 (68.8)	35 (87.5)	24 (82.8)	20 (66.7)	
35 + years	2 (5.7)	4 (11.4)	5 (16.1)	5 (10.6)	2 (5.0)	2 (5.6)	5 (20.8)	8 (25.0)	3 (7.5)	2 (6.9)	6 (20.0)	
Total	N (%)	35 (100.0)	35 (100.0)	31 (100.0)	47 (100.0)	40 (100.0)	36 (100.0)	24 (100.0)	32 (100.0)	40 (100.0)	29 (100.0)	30 (100.0)

CONT. ANNEX 3
(d)
JAKARTA

Patient Age	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
< 20	102 (95.3)	104 (79.4)	72 (80.0)	68 (82.9)	61 (69.3)	61 (74.4)	52 (74.3)	57 (71.2)	81 (77.9)	90 (78.9)	50 (44.2)	
20 - 34 years	5 (4.7)	27 (20.6)	13 (14.4)	13 (15.9)	24 (27.3)	18 (22.0)	15 (21.4)	19 (23.8)	18 (17.3)	21 (18.4)	55 (48.7)	
35 + years	0	0	5 (5.5)	1 (1.2)	3 (3.4)	3 (3.6)	3 (4.3)	4 (5.0)	5 (4.8)	3 (2.6)	8 (7.1)	
Total	N (%)	107 (100.0)	131 (100.0)	90 (100.0)	82 (100.0)	88 (100.0)	82 (100.0)	70 (100.0)	80 (100.0)	104 (100.0)	114 (100.0)	113 (100.0)

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CONT. ANNEX 3
(e)
MANILA

Patient Age	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
< 20	4 (25.0)	5 (31.2)	1 (20.0)	3 (27.3)	6 (60.0)	11 (33.3)	3 (20.0)	4 (25.0)	3 (100.0)	4 (33.3)	7 (33.3)	
20 - 34 years	11 (68.8)	9 (56.3)	4 (80.0)	8 (72.7)	4 (40.0)	21 (63.6)	10 (66.7)	9 (56.2)	0	6 (50.0)	10 (47.6)	
35 + years	1 (6.2)	2 (12.5)	0	0	0	1 (3.0)	2 (13.3)	3 (18.8)	0	2 (16.7)	4 (19.1)	
Total	N (%)	16 (100.0)	16 (100.0)	5 (100.0)	11 (100.0)	10 (100.0)	33 (100.0)	15 (100.0)	16 (100.0)	3 (100.0)	12 (100.0)	21 (100.0)

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Note: The figures in brackets refer to percentages.

ANNEX 4

DISTRIBUTION OF PATIENTS BY MARITAL STATUS (SEPT. 1991 - JULY 1992)

(a)

BANGKOK

Marital Status	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
Single, never married	269 (59.0)	*2 (100.0)	0	0	68 (63.6)	77 (53.1)	74 (52.5)	15 (60.0)	76 (66.0)	7 (100.0)	NA	588 (58.8)	
Separated	7 (1.5)	0	0	0	1 (0.9)	4 (2.8)	3 (2.1)	0	2 (1.7)	0	NA	17 (1.7)	
Married	169 (37.0)	0	0	0	37 (34.6)	59 (39.3)	62 (44.0)	10 (40.0)	33 (28.7)	0	NA	370 (37.0)	
Widowed/ divorced	11 (2.4)	0	0	0	1 (0.9)	7 (4.8)	2 (1.4)	0	4 (3.5)	0	NA	25 (2.5)	
Total	N (%)	456 (100.0)	2 (100.0)	0	0	107 (100.0)	147 (100.0)	141 (100.0)	25 (100.0)	115 (100.0)	7 (100.0)	NA	1000 (100.0)

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CONT. ANNEX 4

(b)

COLOMBO

Marital Status	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
Single, never married	17 (48.6)	28 (65.1)	27 (57.4)	21 (46.7)	53 (62.4)	16 (59.3)	3 (33.3)	35 (53.8)	64 (65.3)	64 (55.7)	34 (60.7)	362 (57.9)	
Separated/ divorced	0	0	0	0	1 (1.2)	0	0	0	0	0	0	1 (0.2)	
Married	18 (51.4)	14 (32.6)	20 (42.6)	23 (51.1)	28 (32.9)	11 (40.7)	4 (44.4)	26 (40.0)	32 (32.7)	51 (44.3)	22 (39.3)	249 (39.8)	
Other	0	1 (2.3)	0	1 (2.2)	3 (3.5)	0	2 (22.2)	4 (6.2)	2 (2.0)	0	0	13 (2.1)	
Total	N (%)	35 (100.0)	43 (100.0)	47 (100.0)	45 (100.0)	85 (100.0)	27 (100.0)	9 (100.0)	65 (100.0)	98 (100.0)	115 (100.0)	56 (100.0)	625 (100.0)

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CONT. ANNEX 4
(c)
DHAKA

Marital Status	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Single, never married	14 (40.0)	15 (42.9)	14 (45.2)	22 (47.8)	18 (45.0)	14 (38.9)	10 (41.7)	20 (62.5)	20 (50.0)	14 (48.3)	16 (53.3)	177 (46.8)
Separated/divorced	0	0	0	0	0	0	0	1 (3.1)	0	1 (3.4)	1 (3.3)	3 (0.8)
Married	20 (57.1)	20 (57.1)	16 (51.6)	24 (52.2)	22 (55.0)	22 (61.1)	14 (58.3)	11 (34.4)	20 (50.0)	14 (48.3)	13 (43.3)	196 (51.9)
Widowed	1 (2.9)	0	1 (3.2)	0	0	0	0	0	0	0	0	2 (0.5)
Total	N 35 (%) (100.0)	35 (100.0)	31 (100.0)	46 (100.0)	40 (100.0)	36 (100.0)	24 (100.0)	32 (100.0)	40 (100.0)	29 (100.0)	30 (100.0)	378 (100.0)

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CONT. ANNEX 4
(d)
JAKARTA

Marital Status	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Single, never married	96 (89.7)	123 (93.9)	86 (95.6)	77 (93.9)	81 (92.0)	74 (90.2)	62 (88.6)	73 (91.2)	97 (93.3)	104 (91.2)	103 (95.4)	976 (92.4)
Separated/divorced	1 (0.9)	1 (0.8)	0	1 (1.2)	3 (3.4)	1 (1.2)	1 (1.4)	1 (1.2)	1 (1.0)	1 (0.9)	1 (0.9)	12 (1.1)
Married	10 (9.3)	7 (5.3)	4 (4.4)	4 (4.9)	4 (4.5)	7 (8.5)	7 (10.0)	6 (7.5)	6 (5.7)	9 (7.9)	4 (3.7)	68 (6.4)
Total	N 107 (%) (100.0)	131 (100.0)	90 (100.0)	82 (100.0)	88 (100.0)	82 (100.0)	70 (100.0)	80 (100.0)	104 (100.0)	114 (100.0)	108 (100.0)	1056 (100.0)

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CONT. ANNEX 4
(e)
MANILA

Marital Status	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
Single, never married	10 (62.5)	8 (50.0)	5 (100.0)	8 (72.7)	8 (80.0)	20 (60.6)	9 (64.3)	12 (70.6)	3 (100.0)	10 (83.3)	16 (76.2)	109 (69.0)	
Separated/divorced	0	0	0	0	0	3 (9.1)	1 (7.1)	5 (29.4)	0	0	0	9 (5.7)	
Married	6 (37.5)	8 (50.0)	0	3 (27.3)	1 (10.0)	5 (15.2)	4 (28.6)	0	0	2 (16.7)	5 (23.8)	34 (21.5)	
Widowed	0	0	0	0	0	0	0	0	0	0	0	0	
Other (N/S)	0	0	0	0	1 (10.0)	1 (3.0)	0	0	0	0	0	2 (1.3)	
Other (Live-in)	0	0	0	0	0	4 (12.1)	0	0	0	0	0	4 (2.5)	
Total	N (%)	16 (100.0)	16 (100.0)	5 (100.0)	11 (100.0)	10 (100.0)	33 (100.0)	14 (100.0)	17 (100.0)	3 (100.0)	12 (100.0)	21 (100.0)	158 (100.0)

Note: The figures in brackets refer to percentages.

ANNEX 5

DISTRIBUTION OF PATIENTS BY OCCUPATION (SEPT. 1991 - JULY 1992)
(a)
BANGKOK

Patient Occupation	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
Student	0	0	0	0	7 (6.5)	4 (2.7)	2 (1.4)	0	1 (0.9)	0	NA	14 (1.4)	
Unemployed	206 (45.9)	1 (100.0)	0	0	27 (25.2)	12 (8.2)	4 (2.8)	0	18 (15.7)	1 (7.1)	NA	2699 (27.0)	
Permanent Job	184 (41.0)	0	0	0	69 (64.5)	126 (85.7)	134 (95.0)	22 (91.7)	79 (68.7)	13 (92.9)	NA	627 (62.8)	
Temporary Job	59 (13.1)	0	0	0	4 (3.7)	5 (3.4)	1 (0.7)	2 (8.3)	17 (14.8)	0	NA	88 (8.8)	
Total	N (%)	449 (100.0)	1 (100.0)	0	0	107 (100.0)	147 (100.0)	141 (100.0)	24 (100.0)	115 (100.0)	14 (100.0)	NA	998 (100.0)

CONT. ANNEX 5
(b)
DHAKA

Patient Occupation	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
Professionals	5 (14.3)	2 (5.7)	6 (19.4)	2 (4.3)	3 (7.5)	2 (5.6)	0	3 (9.4)	3 (7.5)	2 (6.9)	5 (16.7)	33 (8.7)	
Sales and clerical workers	0	0	0	0	0	0	1 (4.2)	0	0	0	0	1 (0.3)	
Drivers/Transport workers	4 (11.4)	10 (28.6)	3 (9.7)	7 (15.2)	7 (17.5)	4 (11.1)	3 (12.5)	3 (9.4)	3 (7.5)	3 (10.3)	0	47 (12.4)	
Cultivators	0	1 (2.9)	0	1 (2.2)	1 (2.5)	1 (2.8)	0	0	0	0	0	4 (1.1)	
Unemployed	11 (31.4)	13 (37.1)	0	16 (34.8)	18 (45.0)	12 (33.3)	13 (54.1)	11 (34.3)	15 (37.5)	12 (41.4)	17 (56.6)	138 (36.5)	
Small business	10 (28.6)	8 (22.8)	13 (41.9)	9 (19.6)	10 (25.0)	10 (27.8)	3 (12.5)	8 (25.0)	13 (32.5)	10 (34.5)	5 (16.7)	99 (26.2)	
Students	3 (8.6)	0	5 (16.1)	6 (13.0)	1 (2.5)	4 (11.1)	1 (4.2)	4 (12.5)	4 (10.0)	2 (6.9)	3 (10.0)	33 (8.7)	
Others (technical)	2 (5.7)	1 (2.9)	4 (12.9)	5 (10.9)	0	3 (8.3)	3 (12.5)	3 (9.4)	2 (5.0)	0	0	23 (6.1)	
Total	N (%)	35 (100.0)	35 (100.0)	31 (100.0)	46 (100.0)	40 (100.0)	36 (100.0)	24 (100.0)	32 (100.0)	40 (100.0)	29 (100.0)	30 (100.0)	378 (100.0)

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CONT. ANNEX 5
(c)
JAKARTA

Patient Occupation	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
Unemployed	23 (21.5)	45 (34.4)	44 (48.9)	30 (36.6)	53 (62.4)	32 (39.0)	29 (41.4)	40 (50.0)	48 (46.2)	45 (39.5)	44 (41.5)	433 (41.2)	
Students	75 (70.1)	82 (62.6)	44 (48.9)	48 (58.6)	32 (37.6)	44 (53.7)	33 (47.1)	35 (43.8)	55 (52.9)	57 (50.0)	60 (56.6)	565 (53.8)	
Others	9 (8.4)	4 (3.0)	2 (2.2)	4 (4.9)	0	6 (7.3)	8 (11.4)	5 (6.2)	1 (0.9)	12 (10.5)	2 (1.9)	53 (5.0)	
Total	N (%)	107 (100.0)	131 (100.0)	90 (100.0)	82 (100.0)	85 (100.0)	82 (100.0)	70 (100.0)	80 (100.0)	104 (100.0)	114 (100.0)	106 (100.0)	1051 (100.0)

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CONT. ANNEX 5
(d)
MANILA

Patient Occupation	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
Professionals	0	0	0	0	0	0	0	1 (7.1)	0	0	0	1 (0.6)	
Sales & clerical	0	2 (12.5)	0	0	0	0	0	0	0	0	0	2 (1.3)	
Unemployed	6 (37.5)	8 (50.0)	3 (50.0)	4 (40.0)	6 (60.0)	10 (30.3)	6 (40.0)	4 (28.6)	0	2 (16.7)	10 (50.0)	59 (38.1)	
Small business	4 (25.0)	2 (12.5)	0	0	0	3 (9.1)	0	1 (7.1)	0	1 (8.3)	2 (10.0)	13 (8.4)	
Students	2 (12.5)	3 (18.8)	1 (16.7)	1 (10.0)	1 (10.0)	9 (27.3)	3 (20.0)	3 (21.4)	3 (100.0)	4 (33.3)	3 (15.0)	33 (21.3)	
Self-employed	1 (6.2)	0	0	1 (10.0)	0	2 (6.1)	1 (6.7)	0	0	1 (8.3)	1 (5.0)	7 (4.5)	
Labourers	3 (18.8)	0	2 (33.3)	4 (40.0)	2 (20.0)	7 (21.2)	4 (26.7)	3 (21.4)	0	2 (16.7)	2 (10.0)	29 (18.7)	
Others	0	1 (6.2)	0	0	1 (10.0)	2 (6.1)	1 (6.7)	2 (14.3)	0	2 (16.7)	2 (10.0)	11 (7.1)	
Total	N (%)	16 (100.0)	16 (100.0)	6 (100.0)	10 (100.0)	10 (100.0)	33 (100.0)	15 (100.0)	14 (100.0)	34 (100.0)	12 (100.0)	20 (100.0)	155 (100.0)

Note: The figures in brackets refer to percentages.

ANNEX 6
DISTRIBUTION OF PATIENTS BY NUMBER OF PEOPLE IN PATIENT'S HOUSEHOLD (SEPT. 1991 - JULY 1992)
(a)
DHAKA

No. of people in patient household	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
	N	N	N	N	N	N	N	N	N	N	N	N
Alone	0	0	1 (3.2)	0	0	0	0	0	0	0	0	1 (0.3)
2 - 5	18 (51.4)	5 (14.3)	5 (16.1)	9 (19.6)	7 (17.5)	2 (5.6)	12 (50.0)	12 (37.5)	17 (42.5)	15 (51.7)	14 (46.7)	116 (30.7)
6 - 10	15 (42.9)	28 (80.0)	23 (74.2)	35 (76.1)	28 (70.0)	26 (72.2)	11 (45.8)	20 (62.5)	23 (57.5)	14 (48.3)	16 (53.3)	239 (63.2)
11 +	2 (5.7)	2 (5.7)	2 (6.5)	2 (4.3)	5 (12.5)	8 (22.2)	1 (4.2)	0	0	0	0	22 (5.8)
Total	35 (100.0)	35 (100.0)	31 (100.0)	46 (100.0)	40 (100.0)	36 (100.0)	24 (100.0)	32 (100.0)	40 (100.0)	29 (100.0)	30 (100.0)	378 (100.0)

CONT. ANNEX 6

(b)

JAKARTA

No. of people in patient household	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
	N	N	N	N	N	N	N	N	N	N	N	N	
Alone	1 (0.9)	0	0	0	0	0	1 (1.4)	0	0	0	1 (0.9)	3 (0.3)	
2 - 5	97 (90.7)	127 (97.0)	88 (97.8)	70 (85.4)	62 (70.4)	8 (9.8)	42 (60.0)	39 (48.8)	80 (76.9)	64 (56.1)	50 (46.3)	727 (68.8)	
6 - 10	9 (8.4)	4 (3.0)	2 (2.2)	11 (13.4)	24 (27.3)	71 (86.6)	27 (38.6)	39 (48.8)	10 (9.6)	40 (35.1)	53 (49.1)	290 (27.5)	
11 +	0	0	0	1 (1.2)	2 (2.3)	3 (3.6)	0	2 (2.5)	14 (13.5)	10 (8.8)	4 (3.7)	36 (3.4)	
Total	N (%)	107 (100.0)	131 (100.0)	90 (100.0)	82 (100.0)	88 (100.0)	82 (100.0)	70 (100.0)	80 (100.0)	104 (100.0)	114 (100.0)	108 (100.0)	1056 (100.0)

Note: The figures in brackets refer to percentages.

ANNEX 7

DISTRIBUTION OF PATIENTS BY NUMBER OF YEARS OF EDUCATION (SEPT. 1991 - JULY 1992)

(a)

BANGKOK

No. of years of education	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
	N	N	N	N	N	N	N	N	N	N	N	N	
< 6 years	135 (31.3)	0	0	0	17 (15.9)	32 (22.1)	24 (17.4)	5 (20.0)	14 (12.2)	2 (14.3)	NA	229 (23.5)	
6 - 12 years	260 (60.3)	1 (100.0)	0	0	88 (82.2)	109 (75.2)	103 (74.6)	13 (52.0)	96 (83.5)	11 (78.6)	NA	681 (69.8)	
> 12 years	34 (7.9)	0	0	0	2 (1.9)	4 (2.7)	11 (8.0)	7 (28.0)	5 (4.3)	1 (7.1)	NA	64 (6.6)	
Other	2 (0.5)	0	0	0	0	0	0	0	0	0	NA	2 (0.2)	
Total	N (%)	431 (100.0)	1 (100.0)	0	0	107 (100.0)	145 (100.0)	138 (100.0)	25 (100.0)	115 (100.0)	14 (100.0)	NA	976 (100.0)

CONT. ANNEX 7
(b)
COLOMBO

No. of years of education	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
	N	N	N	N	N	N	N	N	N	N	N	N	
< 6 years	12 (34.3)	5 (11.6)	4 (8.5)	5 (11.1)	18 (21.2)	7 (25.9)	1 (10.0)	9 (13.8)	15 (15.3)	13 (11.3)	9 (16.1)	98 (15.7)	
6 - 12 years	18 (51.4)	27 (62.8)	36 (76.6)	28 (62.2)	43 (50.6)	14 (51.9)	8 (80.0)	52 (80.0)	79 (80.6)	94 (81.7)	46 (82.1)	445 (71.1)	
> 12 years	5 (14.3)	11 (25.6)	7 (14.9)	11 (24.4)	21 (24.7)	6 (22.2)	1 (10.0)	4 (6.2)	4 (4.1)	5 (4.3)	1 (1.8)	76 (12.1)	
Other	0	0	0	1 (2.5)	2 (2.4)	0	0	0	0	3 (2.6)	0	6 (1.0)	
University/ Tech.	0	0	0	0	1 (1.1)	0	0	0	0	0	0	1 (0.1)	
Total	N (%)	35 (100.0)	43 (100.0)	47 (100.0)	45 (100.0)	85 (100.0)	27 (100.0)	10 (100.0)	65 (100.0)	98 (100.0)	115 (100.0)	56 (100.0)	626 (100.0)

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CONT. ANNEX 7
(c)
DHAKA

No. of years of education	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
	N	N	N	N	N	N	N	N	N	N	N	N	
< 6 years	10 (28.6)	5 (14.3)	8 (25.8)	10 (21.7)	11 (27.5)	12 (33.3)	5 (20.8)	5 (15.6)	9 (22.5)	2 (6.9)	3 (10.0)	80 (21.2)	
6 - 12 years	17 (48.6)	19 (54.3)	14 (45.2)	24 (52.2)	16 (40.0)	12 (33.3)	9 (37.5)	16 (50.0)	23 (57.5)	17 (58.6)	18 (60.0)	185 (48.9)	
> 12 years	1 (2.8)	0	0	4 (8.7)	5 (12.5)	5 (13.9)	1 (4.2)	5 (15.6)	4 (10.0)	3 (10.3)	8 (26.7)	36 (9.5)	
Illiterate	7 (20.0)	11 (31.4)	9 (29.0)	8 (17.4)	8 (20.0)	7 (19.4)	9 (37.5)	6 (18.8)	4 (10.0)	7 (24.1)	1 (3.3)	77 (20.4)	
Total	N (%)	35 (100.0)	35 (100.0)	31 (100.0)	46 (100.0)	40 (100.0)	36 (100.0)	24 (100.0)	32 (100.0)	40 (100.0)	29 (100.0)	30 (100.0)	378 (100.0)

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CONT. ANNEX 7
(d)
JAKARTA

No. of years of education	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
	N	N	N	N	N	N	N	N	N	N	N	N
< 6 years	0	30 (22.9)	2 (2.2)	12 (14.6)	17 (19.3)	18 (22.0)	8 (11.4)	12 (15.0)	8 (7.7)	12 (10.5)	1 (0.9)	120 (11.4)
6 - 12 years	99 (92.5)	100 (76.3)	85 (94.4)	69 (84.1)	69 (78.4)	55 (67.1)	55 (78.6)	60 (75.0)	90 (86.5)	82 (71.9)	99 (91.7)	863 (81.7)
> 12 years	8 (7.5)	1 (0.8)	3 (3.3)	1 (1.2)	2 (2.3)	9 (10.9)	7 (10.0)	8 (10.0)	6 (5.8)	20 (17.5)	8 (7.4)	73 (6.3)
Total	N (%)	107 (100.0)	131 (100.0)	90 (100.0)	82 (100.0)	88 (100.0)	82 (100.0)	70 (100.0)	80 (100.0)	104 (100.0)	114 (100.0)	1056 (100.0)

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CONT. ANNEX 7
(e)
MANILA

No. of years of education	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
	N	N	N	N	N	N	N	N	N	N	N	N
< 6 years	6 (37.5)	2 (15.4)	1 (20.0)	1 (14.3)	1 (10.0)	9 (27.3)	0	2 (11.8)	1 (33.3)	0	3 (14.3)	26 (17.1)
6 - 12 years	5 (31.2)	8 (61.5)	3 (60.0)	5 (71.4)	8 (80.0)	17 (51.5)	12 (80.0)	15 (88.2)	2 (66.7)	9 (75.0)	16 (76.2)	100 (65.8)
> 12 years	5 (31.2)	3 (23.1)	1 (20.0)	1 (14.3)	1 (10.0)	5 (15.2)	3 (20.0)	0	0	3 (25.0)	2 (9.5)	24 (15.8)
No schooling	0	0	0	0	0	1 (3.0)	0	0	0	0	0	1 (0.7)
N/S	0	0	0	0	0	1 (3.0)	0	0	0	0	0	1 (0.7)
Total	N (%)	16 (100.0)	13 (100.0)	5 (100.0)	7 (100.0)	10 (100.0)	33 (100.0)	15 (100.0)	17 (100.0)	3 (100.0)	12 (100.0)	152 (100.0)

Note: The figures in brackets refer to percentages.

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ANNEX 8

DISTRIBUTION OF PATIENTS BY PRIMARY DRUG OF ABUSE (SEPT. 1991 - JULY 1992)

(a)

BANGKOK

Primary drug of abuse	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Opium	70 (15.4)	0	0	0	5 (4.3)	2 (1.3)	1 (0.7)	0	0	0	NA	78 (7.4)
Heroin	327 (71.9)	2 (100.0)	0	0	104 (88.9)	145 (96.0)	138 (91.4)	25 (96.2)	114 (87.7)	14 (87.5)	NA	869 (82.9)
Methadone	3 (0.6)	0	0	0	0	0	0	0	0	0	NA	3 (0.3)
Cannabis type	18 (4.0)	0	0	0	8 (6.8)	4 (2.6)	12 (7.9)	1 (3.8)	15 (11.5)	2 (12.5)	NA	60 (5.7)
Amphetamine	8 (1.7)	0	0	0	0	0	0	0	1 (0.8)	0	NA	9 (0.9)
Solvent/inhalant	25 (5.5)	0	0	0	0	0	0	0	0	0	NA	25 (2.4)
Other drugs	4 (0.9)	0	0	0	0	0	0	0	0	0	NA	4 (0.4)
Total N (%)	455 (100.0)	2 (100.0)	0	0	117 (100.0)	151 (100.0)	151 (100.0)	26 (100.0)	130 (100.0)	16 (100.0)	NA	1048 (100.0)

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CONT. ANNEX 8

(b)

COLOMBO

Primary drug of abuse	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Heroin	35 (100.0)	41 (95.3)	45 (95.7)	37 (82.2)	72 (84.7)	23 (85.2)	8 (80.0)	63 (96.9)	98 (100.0)	107 (94.7)	54 (96.4)	583 (93.4)
Other opiate	0	2 (4.7)	0	0	0	0	0	2 (3.1)	0	0	0	4 (0.6)
Cannabis type	0	0	2 (4.3)	2 (4.4)	0	0	1 (10.0)	0	0	0	0	5 (0.8)
Alcohol	0	0	0	0	13 (15.3)	4 (14.8)	1 (10.0)	0	0	0	0	18 (2.9)
Other drugs	0	0	0	6 (13.3)	0	0	0	0	0	6 (5.3)	3 (3.6)	14 (2.2)
Total N (%)	35 (100.0)	43 (100.0)	47 (100.0)	45 (100.0)	85 (100.0)	27 (100.0)	10 (100.0)	65 (100.0)	98 (100.0)	113 (100.0)	56 (100.0)	624 (100.0)

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CONT. ANNEX 8

(c)

DHAKA

Primary drug of abuse	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Heroin	34 (97.1)	35 (100.0)	30 (100.0)	36 (81.8)	35 (92.1)	23 (76.7)	21 (91.3)	21 (72.4)	27 (75.0)	20 (83.3)	15 (57.7)	297 (84.9)
Codeine & Pethedine	1 (2.9)	0	0	8 (18.2)	0	5 (16.7)	1 (4.3)	5 (17.2)	6 (16.7)	2 (8.3)	7 (26.9)	35 (10.0)
Cannabis type	0	0	0	0	1 (2.6)	0	0	1 (3.4)	2 (5.6)	0	2 (7.7)	6 (1.7)
Minor tranquillisers	0	0	0	0	1 (2.6)	1 (3.3)	0	1 (3.4)	0	1 (4.2)	0	4 (1.1)
Alcohol	0	0	0	0	1 (2.6)	0	1 (4.3)	1 (3.4)	1 (2.8)	1 (4.2)	2 (7.7)	7 (2.0)
Other	0	0	0	0	0	1 (3.3)	0	0	0	0	0	1 (0.3)
Total N (%)	35 (100.0)	35 (100.0)	30 (100.0)	44 (100.0)	38 (100.0)	30 (100.0)	23 (100.0)	29 (100.0)	36 (100.0)	24 (100.0)	26 (100.0)	350 (100.0)

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CONT. ANNEX 8

(d)

JAKARTA

Primary drug of abuse	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Opiate type	4 (3.2)	3 (2.2)	1 (1.0)	1 (1.1)	3 (3.4)	4 (3.9)	3 (3.9)	3 (3.8)	1 (0.9)	0	2 (1.9)	25 (2.2)
Cannabis type	21 (16.9)	37 (26.8)	21 (20.2)	24 (27.0)	17 (19.5)	32 (31.1)	23 (30.3)	27 (33.8)	38 (35.8)	52 (45.6)	20 (18.5)	312 (27.6)
Sedative type	72 (58.1)	69 (50.0)	63 (60.6)	48 (53.9)	46 (52.9)	47 (45.6)	36 (47.4)	23 (28.7)	63 (59.4)	41 (36.0)	65 (60.2)	573 (50.8)
Alcohol	27 (21.8)	29 (21.0)	19 (18.2)	15 (16.9)	21 (24.1)	20 (19.4)	14 (18.4)	26 (32.5)	4 (3.8)	21 (18.4)	21 (19.4)	217 (19.2)
Cocaine type	0	0	0	1 (1.1)	0	0	0	1 (1.2)	0	0	0	2 (0.2)
Total N (%)	124 (100.0)	138 (100.0)	104 (100.0)	89 (100.0)	87 (100.0)	103 (100.0)	76 (100.0)	80 (100.0)	106 (100.0)	114 (100.0)	108 (100.0)	1129 (100.0)

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CONT. ANNEX 8

(e)

MANILA

Primary drug of abuse	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Cannabis type	17 (30.4)	11 (33.3)	3 (75.0)	6 (100.0)	11 (36.7)	16 (26.2)	12 (29.3)	11 (27.2)	2 (28.6)	4 (8.3)	12 (17.4)	105 (26.6)
Cocaine type	0	0	0	0	0	12 (19.7)	0	0	0	9 (18.8)	15 (21.7)	36 (9.1)
Amphetamine type	0	0	0	0	5 (16.7)	5 (8.2)	8 (19.5)	15 (37.5)	1 (14.3)	0	0	34 (8.6)
Sedative type	0	0	0	0	0	0	1 (2.4)	0	0	0	0	1 (0.2)
Minor tranquilizers	0	0	0	0	0	0	3 (7.3)	0	0	0	2 (2.9)	5 (1.3)
Solvent/inhalant	0	0	0	0	1 (3.3)	3 (4.9)	1 (2.4)	0	0	3 (6.3)	2 (2.9)	10 (2.5)
Alcohol	27 (48.2)	13 (39.4)	0	0	13 (43.3)	25 (41.0)	16 (39.0)	14 (35.0)	0	16 (33.3)	19 (27.5)	143 (36.2)
Methamphetamine	12 (21.4)	9 (27.3)	1 (25.0)	0	0	0	0	0	0	0	0	22 (5.6)
Others (Analgesic, Akineton, cough syrup)	0	0	0	0	0	0	0	0	4 (57.1)	16 (33.3)	19 (27.5)	39 (9.9)
Total N (%)	56 (100.0)	33 (100.0)	4 (100.0)	6 (100.0)	30 (100.0)	61 (100.0)	41 (100.0)	40 (100.0)	7 (100.0)	48 (100.0)	69 (100.0)	395 (100.0)

Note: The figures in brackets refer to percentages.

ANNEX 9
DISTRIBUTION OF PATIENTS: POLYDRUG USERS (SEPT. 1991 - JULY 1992)

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
<u>Bangkok</u>												
Polydrug users	187	2	0	0	4	6	11	1	16	2	NA	229 (22.8%)
Total Admissions	459	2	0	0	107	147	141	21	113	14	NA	1004
<u>Colombo</u>												
Polydrug users	----->											
Total Admissions	35	43	47	45	85	27	10	65	98	115	56	626
<u>Dhaka</u>												
Polydrug users	0	0	1	2	2	6	1	3	4	5	4	28 (7.4%)
Total Admissions	35	35	31	46	40	36	24	32	40	29	30	378
<u>Jakarta</u>												
Polydrug users	----->											
Total Admissions	107	131	90	82	88	82	70	80	104	114	108	1056
<u>Manila</u>												
Polydrug users	16	14	5	11	10	33	15	17	3	12	21	157 (58.6%)
Total Admissions	23	16	9	15	78	35	19	19	7	14	33	268

ANNEX 10

DISTRIBUTION OF PATIENTS BY ROUTE OF ADMINISTRATION (SEPT. 1991 - JULY 1992)

(a)
BANGKOK

Route of Administration	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
Inhalation	25 (6.7)	0	0	0	0	0	0	0	0	0	NA	25 (2.6)	
Injection	132 (3.5)	0	0	0	52 (46.0)	56 (36.8)	49 (32.2)	3 (11.5)	65 (55.6)	10 (100.0)	NA	367 (38.8)	
Oral (through the mouth)	13 (6.7)	0	0	0	0	0	1 (0.7)	0	1 (0.9)	0	NA	15 (1.6)	
Sniffing/ snorting (nasal)	204 (54.5)	1 (100.0)	0	0	0	0	0	0	0	0	NA	205 (21.7)	
Smoking	0	0	0	0	61 (54.0)	96 (63.2)	102 (67.1)	23 (88.5)	51 (43.6)	0	NA	333 (35.2)	
Total	N (%)	374 (100.0)	1 (100.0)	0	0	113 (100.0)	152 (100.0)	152 (100.0)	26 (100.0)	117 (100.0)	10 (100.0)	NA	945 (100.0)

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CONT. ANNEX 10

(b)
COLOMBO

Route of Administration	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
Inhalation	0	0	0	1 (2.2)	0	0	0	0	0	0	0	1 (0.2)	
Injection	1 (2.9)	0	0	0	0	0	0	0	3 (3.1)	2 (1.7)	0	6 (1.0)	
Oral (through the mouth)	1 (2.9)	1 (2.3)	2 (4.3)	7 (15.6)	5 (6.3)	2 (7.4)	2 (20.0)	2 (3.1)	0	0	0	22 (3.5)	
Smoking	31 (88.5)	38 (88.4)	40 (85.1)	31 (68.9)	63 (79.1)	13 (48.1)	5 (50.0)	63 (96.9)	92 (93.9)	111 (96.5)	54 (96.4)	541 (87.3)	
Sniffing/ snorting (nasal)	2 (5.7)	4 (9.3)	5 (10.6)	5 (11.1)	5 (6.3)	0	0	0	1 (1.0)	2 (1.7)	1 (1.8)	25 (4.0)	
Other	0	0	0	1 (2.2)	6 (7.6)	12 (44.4)	3 (30.0)	0	2 (2.0)	0	1 (1.8)	25 (4.0)	
Total	N (%)	35 (100.0)	43 (100.0)	47 (100.0)	45 (100.0)	79 (100.0)	27 (100.0)	10 (100.0)	65 (100.0)	98 (100.0)	115 (100.0)	56 (100.0)	620 (100.0)

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CONT. ANNEX 10
(c)
DHAKA

Route of Administration	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
Injection	1 (2.9)	0	0	3 (6.5)	0	1 (2.8)	1 (4.2)	2 (6.2)	1 (2.5)	2 (6.9)	2 (6.7)	13 (3.4)	
Oral (through the mouth)	0	0	1 (3.2)	7 (15.2)	4 (10.0)	12 (33.3)	2 (8.3)	8 (25.0)	12 (30.0)	7 (24.1)	11 (36.7)	64 (16.9)	
Smoking	34 (97.1)	35 (100.0)	30 (96.8)	36 (78.3)	36 (90.0)	23 (63.9)	21 (87.5)	22 (68.8)	27 (67.5)	20 (69.0)	17 (56.6)	301 (79.6)	
Total	N (%)	35 (100.0)	35 (100.0)	31 (100.0)	46 (100.0)	40 (100.0)	36 (100.0)	24 (100.0)	32 (100.0)	40 (100.0)	29 (100.0)	30 (100.0)	378 (100.0)

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CONT. ANNEX 10
(d)
JAKARTA

Route of Administration	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	
Inhalation	0	0	0	0	0	0	0	1 (1.2)	0	0	0	1 (0.1)	
Injection	4 (1.9)	3 (1.3)	1 (0.5)	1 (0.6)	3 (1.6)	4 (2.2)	3 (2.1)	4 (5.0)	1 (0.5)	0	2 (1.9)	26 (1.4)	
Oral	99 (46.5)	98 (41.4)	82 (44.8)	63 (36.8)	67 (36.4)	67 (36.6)	50 (35.0)	74 (92.5)	85 (44.5)	110 (96.5)	96 (88.9)	891 (49.3)	
Smoking	110 (51.6)	136 (57.4)	100 (54.6)	106 (62.0)	114 (62.0)	112 (61.2)	90 (62.9)	0	105 (55.0)	4 (3.5)	10 (9.2)	887 (49.1)	
Sniffing/ snorting	0	0	0	1 (0.6)	0	0	0	1 (1.2)	0	0	0	2 (0.1)	
Total	N (%)	213 (100.0)	237 (100.0)	183 (100.0)	171 (100.0)	184 (100.0)	183 (100.0)	143 (100.0)	80 (100.0)	191 (100.0)	114 (100.0)	108 (100.0)	1807 (100.0)

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Note: The figures in brackets refer to percentages.

ANNEX 11

DISTRIBUTION OF PATIENTS BY DRUG SOURCES (SEPT. 1991 - JULY 1992)

(a)

DHAKA

Drug Sources	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
	N	N	N	N	N	N	N	N	N	N	N	N
Street sale	34 (97.1)	35 (100.0)	30 (96.4)	36 (78.3)	36 (90.0)	23 (63.9)	21 (87.5)	23 (71.9)	30 (75.0)	21 (72.4)	19 (63.3)	308 (81.5)
Legal prescription	0	0	0	0	0	0	0	0	0	0	0	0
Diversion of prescription drugs	1 (2.9)	0	1 (3.2)	10 (21.7)	4 (10.0)	12 (33.3)	3 (12.5)	9 (28.1)	10 (25.0)	8 (27.6)	11 (36.7)	69 (18.2)
Other	0	0	0	0	0	1 (2.8)	0	0	0	0	0	1 (0.3)
Total	35	35	31	46	40	36	24	32	40	29	30	378

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CONT. ANNEX 11

(b)

JAKARTA

Drug Sources	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
	N	N	N	N	N	N	N	N	N	N	N	N
Street sale	105 (98.1)	130 (99.2)	90 (100.0)	80 (97.6)	85 (96.6)	81 (98.8)	70 (100.0)	76 (95.0)	994 (90.4)	92 (80.7)	60 (55.6)	963 (91.2)
Legal prescription	0	0	0	0	0	0	0	0	0	0	1 (0.9)	1 (0.1)
Diversion of prescription	1 (0.9)	0	0	0	1 (1.1)	0	0	2 (2.5)	10 (9.6)	10 (8.8)	27 (25.0)	51 (4.8)
Other	1 (0.9)	1 (0.8)	0	2 (2.4)	2 (2.3)	1 (1.2)	0	2 (2.5)	0	12 (10.5)	20 (18.5)	41 (3.9)
Total	107	131	90	82	88	82	70	80	104	114	108	1056

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Note: The figures in brackets refer to percentages

CONT. ANNEX 11
(c)
MANILA

Drug Sources	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	%	%	%	%	%	%	%	%	%	%
Street sale	78-80	72-80	75-82	72-81	72-81	72-81	72-81	72-81	72-81	72-81
Legal prescription	3-7	5-8	1-5	2-6	2-6	2-6	2-6	2-6	2-6	2-6
Diversion of prescription	5-15	8-19	5-10	3-12	3-12	3-12	3-12	3-12	3-12	3-12
Other: Gift	5-10	4-11	7-9	7-9	7-9	7-9	7-9	7-9	7-9	7-9

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ANNEX 12
NUMBER AND RATE OF DRUG-RELATED ARRESTS PER 100,000 POPULATION
(a)
BANGKOK

Indicators	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	Population
Arrests for use/ consumption	1217	1646	1255	1226	983	828	-	1248	642	1278	640	10963	6,266,900
Arrests for possession	517	579	491	477	243	211	-	270	159	227	247	3421	(54.59)
Arrests for sales	52	36	22	14	40	24	-	17	1	7	9	222	(3.54)
Arrests for trafficking	48	55	44	35	0	0	-	0	7	8	0	197	(3.14)
Other drug- related offences (attempt to export)	18	12	18	15	11	9	-	0	0	0	0	83	(1.32)
Total	N 1852 R (29.55)	2328 (37.14)	1830 (29.20)	1767 (28.19)	1277 (20.37)	1072 (17.10)	-	1535 (24.49)	809 (12.91)	1520 (24.25)	896 (14.30)	14886 (237.53)	\bar{x} / month (21.59)

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CONT. ANNEX 12
(b)
COLOMBO

Indicators	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	Population
Arrests for use/ consumption	396	569	423	359	534	218	808	246	280	295	198	4326 (483.62)	894,509
Arrests for possession	582	473	602	624	360	370	200	490	308	381	346	4736 (529.45)	
Arrests for trafficking	2	1	2	1	1	0	3	4	2	0	0	16 (1.79)	
Total	N 980	1043	1027	984	895	588	1011	740	590	676	544	9078	\bar{x} / month
	R (109.56)	(116.60)	(114.81)	(110.00)	(100.05)	(65.73)	(113.02)	(82.73)	(65.96)	(75.57)	(60.82)	(1014.86)	(92.26)

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CONT. ANNEX 12
(c)
DHAKA

Indicators	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	Population
Arrests for use/ consumption													3,440,147
Arrests for possession	172 (4.99)	197 (5.72)	214 (6.22)	99 (2.87)	100 (2.90)	97 (2.81)	90 (2.61)	144 (4.18)	139 (4.04)	90 (2.61)	229 (6.65)	1571 (45.67)	\bar{x} / month (4.15)
Arrests for sales													
Arrests for trafficking													

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CONT. ANNEX 12
(d)
JAKARTA

Indicators	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	Population	
Arrests for use/ consumption	7	4	5	6	2	9	15	7	2	11	5	736 (0.89)	8,222,515	
Arrests for possession	3	2	7	8	6	2	4	2	8	3	7	52 (0.63)		
Arrests for sales	5	3	2	2	1	2	3	8	5	8	8	47 (0.57)		
Arrests for trafficking	0	0	6	5	3	0	0	3	4	4	9	34 (0.41)		
Arrests for conspiracy	0	1	0	0	2	2	2	1	0	2	3	13 (0.16)		
Total	N R	15 (0.18)	10 (0.12)	20 (0.24)	21 (0.26)	14 (0.17)	15 (0.18)	24 (0.29)	21 (0.26)	19 (0.23)	28 (0.34)	32 (0.39)	219 (2.66)	\bar{x} / month (0.24)

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CONT. ANNEX 12
(e)
MANILA

Indicators	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	Population	
Arrests for use/ possession	59	21	50	61	36	24	12	7	12	20	32	334 (17.80)	1,876,195	
Arrests for sales/trafficking	6	5	5	8	2	2	2	1	2	15	21	69 (3.68)		
Other drug- related offences	0	15	0	0	0	0	0	1	0	0	6	22 (1.17)		
Total	N R	65 (3.46)	41 (2.18)	55 (2.93)	69 (3.67)	38 (2.03)	26 (1.38)	14 (0.74)	9 (0.47)	14 (0.74)	35 (1.86)	59 (3.14)	425 (22.65)	\bar{x} / month (2.06)

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Note: The figures in brackets refer to rates per 100,000 population.

ANNEX 13

QUANTITY (KG) OF DRUG SEIZED BY CITY (SEPT. 1991 - JULY 1992)

City	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total	\bar{x} /month
<u>Opiate-Type</u>													
Bangkok	68.79	23.48	42.41	362.85	64.00	27.00	0.00	0.20	0.00	0.00	0.15	588.88	53.53
Colombo	1.16	69.29	0.35	39.38	1.94	0.24	1.77	1.44	1.48	0.09	0.11	117.25	10.66
Dhaka	3.50	2.50	1.20	0.15	0.11	0.01	0.36	0.67	0.75	0.19	0.00	9.44	0.86
<u>Cannabis-Type</u>													
Bangkok	17.60	7.61	6.78	40.76	70.00	74.00	0.00	0.79	0.00	0.00	0.29	217.82	19.80
Colombo	20.10	21.00	2.51	3.70	1.95	85.00	298.50	204.00	2.28	22.89	1.85	663.28	60.30
Dhaka	27.50	159.00	103.00	26.00	85.00	38.00	109.00	71.00	71.50	38.00	0.00	727.50	66.14
Manila	0.003	0.045	0.024	0.034	0.025	0.013	0.001	0.012	0.081	0.092	0.034	0.364	0.03
<u>Amphetamine-Type</u>													
Bangkok	0.001	0.26	0.35	1.88	128.00	503.00	0.00	21.00	10 pills	4711 pills	112 pills		
Manila	33.05	0.996	0.515	1.30	0.296	0.265	0.002	0.004	0.407	1.448	0.02	38.30	3.48
<u>Cocaine-Type</u>													
Dhaka	0	0	0.5	1	0	0	1.5	0	0	3.0	0.27		

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ANNEX 14

NUMBER OF TRAFFIC ACCIDENTS CAUSED BY DRIVERS UNDER THE INFLUENCE OF DRUGS (SEPT 1991 - JULY 1992)

Months	Colombo		Dhaka		Jakarta			Manila	
	Alcohol	Narcotic	Alcohol	Narcotic	Alcohol	Narcotic	Opium	Alcohol	Narcotic
Sept	24	-	2	5	18	6	4	NC	NC
Oct	35	-	0	10	14	5	2	NC	NC
Nov	22	-	0	14	6	8	3	2	1
Dec	33	-	1	3	20	3	2	3	2
Jan	29	-	1	7	11	4	1	0	0
Feb	70	-	1	6	19	6	2	0	0
Mar	50	-	1	5	5	2	0	0	0
Apr	33	-	2	3	16	8	2	0	0
May	46	-	3	9	8	1	0	0	0
Jun	0	-	1	4	12	3	1	0	0
Jul	0	-	1	6	5	0	2	0	0
Total	342		13	72	134	46	19	5	3
\bar{x} /month	31		1.18	7.54	1.22	4.18	1.73	0.45	0.27
Source	Police Department		Central Treatment Centre		Police Department			Traffic Police Department	

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ANNEX 15

HEALTH INDICATORS

Health Indicator	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total	Source
<u>Dhaka</u>													
Drug-Related Psychological cases	2	4	2	1	1	2	3	2	4	2	3	26	Central Treatment Centre
Drug-Related Emergency Room cases	NC	NC	NC	NC	NC	NC	30	83	62	45	28	248	Government Medical College Hospitals
<u>Jakarta</u>													
AIDS Cases	0	1	0	1	2	0	1	0	2	1	0	8	
Emergency Room Cases	5	12	3	14	11	7	5	8	9	4	9	87	EUCMH
Drug-Related Death	1	3	1	1	0	0	1	1	0	1	2	11	EUCMH
<u>Manila</u>													
HIV Positive Cases	2	10	9	7	8	0	0	0	0	0	0	36	Department of Health
AIDS Cases	6	0	4	8	0	0	0	0	0	0	0	18	Department of Health
Drug-Related Psychological cases	4	NC	NA	NA	NA	NA	NA	NA	NA	NA	10	14	Phil. General Hospital
Drug-Related Emergency Room cases	NC	NC	15	12	18	0	0	0	0	0	0	45	Phil. General Hospital

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ANNEX 16

SOCIAL INDICATOR FOR DHAKA (SEPT. 1991 - JULY 1991)

Social Indicators	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total
No. of persons fired or discharged due to drug use	5	5	4	4	2	2	4	6	6	4	3	45
Family disruption due to drug use - no. of spouse separation	2	3	3	1	1	1	1	1	2	1	2	18
Upper Secondary/ High School disruption due to drugs - no. of student dropouts	9	7	5	4	3	5	4	6	6	7	4	60

Source of information: Central Treatment Centre, Dhaka.

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ASIAN COUNTRIES
MULTICITY EPIDEMIOLOGY STUDY

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

Please return completed questionnaire to:

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

Tel. No: 604-877888
 Telefax: 604-877957
 Telex : MA-40254
 Cable : UNISAINS

ASIAN MULTICITY 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+ years	_____	_____

(** or specify other similar age brackets)

4. Ethnic Groups
 (specify for major groups)

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

5. Marital Status

Single, never married	_____	_____
Separated/divorced	_____	_____
Married	_____	_____
Widowed	_____	_____
Other	_____	_____

6. Occupational Categories [List according to Census]

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

	N	%
7. Number of People in Household		
1 (alone)	_____	_____
2 - 5	_____	_____
6 - 10	_____	_____
11 +	_____	_____

8. Number of Years of Education		
Zero	_____	_____
1 - 6	_____	_____
7 - 12	_____	_____
13 +	_____	_____

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

10. Other Comments: _____

B. DRUG TREATMENT INDICATORS

	TYPE OF TREATMENT FACILITY			
	Prison	Specialised Drug Treatment	Primary/Gen. Health Care	Other
1. Total Number in Drug Treatment	_____	_____	_____	_____
2a. Number of Admissions				
- New admissions	_____	_____	_____	_____
- Readmissions	_____	_____	_____	_____
Total Admissions	_____	_____	_____	_____

B. DRUG TREATMENT INDICATORS

	TYPE OF TREATMENT FACILITY			
	Prison	Specialised Drug Treatment	Primary/Gen. Health Care	Other
2b. Number of Patients by Primary Drug of Abuse				
Opiate type				
Opium	_____	_____	_____	_____
Morphine	_____	_____	_____	_____
Heroin	_____	_____	_____	_____
Others (e.g. codeine, pentazocine, pethedine)	_____	_____	_____	_____
Cannabis type	_____	_____	_____	_____
Cocaine type	_____	_____	_____	_____
Hallucinogens (e.g. LSD)	_____	_____	_____	_____
Amphetamines	_____	_____	_____	_____
Sedative type	_____	_____	_____	_____
Minor tranquillisers	_____	_____	_____	_____
Solvents/Inhalants	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____
2bi Polydrug users	_____	_____	_____	_____
2c. Sex of Patients				
Number of Males	_____	_____	_____	_____
Number of Females	_____	_____	_____	_____
2d. Patient Age				
Under 15 years	_____	_____	_____	_____
15 - 19 years	_____	_____	_____	_____
20 - 34 years	_____	_____	_____	_____
35+ years	_____	_____	_____	_____

B. DRUG TREATMENT INDICATORS

	TYPE OF TREATMENT FACILITY			
	Prison	Specialised Drug Treatment	Primary/Gen. Health Care	Other
2e. Patient Ethnicity(specify)				
a _____	_____	_____	_____	_____
b _____	_____	_____	_____	_____
c _____	_____	_____	_____	_____
2f. Patient Marital Status				
Single, never married _____	_____	_____	_____	_____
Separated/divorced _____	_____	_____	_____	_____
Married _____	_____	_____	_____	_____
Widowed _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
2g. Patient Occupation				
Professionals _____	_____	_____	_____	_____
Administrators _____	_____	_____	_____	_____
Sales & clerical workers _____	_____	_____	_____	_____
Drivers/Transport workers _____	_____	_____	_____	_____
Cultivators _____	_____	_____	_____	_____
Unemployed _____	_____	_____	_____	_____
Small business _____	_____	_____	_____	_____
Students _____	_____	_____	_____	_____
Others(specify) _____	_____	_____	_____	_____
2h. Route of Administration/Use				
Inhalation (gases, volatile substances) _____	_____	_____	_____	_____
Injection _____	_____	_____	_____	_____
Oral (through the mouth) _____	_____	_____	_____	_____
Smoking _____	_____	_____	_____	_____
Sniffing/snorting (nasal) _____	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____

B. DRUG TREATMENT INDICATORS

	TYPE OF TREATMENT FACILITY			
	Prison	Specialised Drug Treatment	Primary/Gen. Health Care	Other
2i. Drug Sources				
Street sale _____	_____	_____	_____	_____
Legal prescription _____	_____	_____	_____	_____
Diversion of prescription drugs. _____	_____	_____	_____	_____
Other(specify) _____	_____	_____	_____	_____
2j. Number of People in Patient Household				
Alone _____	_____	_____	_____	_____
2 - 5 _____	_____	_____	_____	_____
6 -10 _____	_____	_____	_____	_____
11+ _____	_____	_____	_____	_____
2k. Number of Years of Education				
Zero _____	_____	_____	_____	_____
1 - 6 years _____	_____	_____	_____	_____
7 - 12 years _____	_____	_____	_____	_____
13. + years _____	_____	_____	_____	_____
3. Please kindly list the number and type of treatment facilities available in the city and the sources from which information on treatment indicators have been collected this month.				

4. Other Comments/Observations: _____				

ANNEX 18

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Research Report No. 18.

19. The Survey on the Health Knowledge and the Attitude towards drug use of the Secondary School Children. (In Bahasa Malaysia).
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