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INTERNATIONAL MONOGRAPH SERIES 15

REPORT OF THE ASIAN MULTICITY EPIDEMIOLOGY WORKGROUP 1999

United Nations International Drug
Control Programme
REGIONAL CENTRE, BANGKOK

REPORT OF THE ASIAN MULTICITY EPIDEMIOLOGY WORKGROUP 1999

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This programme is supported primarily through grants from the Government of Malaysia and the Regional Centre for East Asia and the Pacific, United Nations International Drug Control Programme (UNDCP) Bangkok.

INTERNATIONAL MONOGRAPH SERIES NO.15

The city drug abuse indicator trends 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 Center for Drug Research (NCDR), USM acknowledges the contributions made by the members of the Asian Multi-City Epidemiology Work Group (AMCEWG) who have invested their own time and resources in preparing the reports presented at the meetings.

CENTER FOR DRUG RESEARCH
UNIVERSITI SAINS MALAYSIA
MINDEN, PENANG
MALAYSIA

ISBN NO: 967-9979-53-9

ACKNOWLEDGMENT

The Asian Multi-City Epidemiology Program is organised and implemented by the National Center for Drug Research (NCDR), Universiti Sains Malaysia in conjunction with the National Institute on Drug Abuse (NIDA), USA.

The Program Management Team is particularly indebted to Y.A.B. Dato' Seri (Dr.) Mahathir Mohamad, Prime Minister and Chairman, National Council Against Drug Abuse for his interest and support for this programme.

The Program Management Team expresses its sincere appreciation to Y. Bhg. Dato' Professor Ishak Tambi Kechik, Vice Chancellor, and Y. Bhg. Dato' Professor Jamjan Rajikan, Deputy Vice Chancellor R&D, Universiti Sains Malaysia (USM), Penang, Malaysia for his continuous support and interest in this programme.

We thank the participants from the various countries as well as their Governments for their support and participation of this programme. Their contribution has made this programme in Asia a success. We also extend special thanks to Mr. Nicholas Kozel, Associate Director, Division of Epidemiology and Prevention Research, NIDA.

Last but not least, we express our sincere appreciation to the support staff at the Center for Drug Research, USM for their tireless efforts to make this program a success.

CONTENTS

INTRODUCTION

The Asian Multi-City Epidemiology Study Program has entered its seventh year in 1999. The Asian Multicity Epidemiology Work Group (AMCEWG), now consisting of 23 cities has been established. A city based surveillance system has been developed in twelve cities. These cities are Bangkok, Thailand; Kuala Lumpur, Malaysia; Manila, Philippines; Hanoi, Vietnam; Yangon, Myanmar; Vientiane, Laos; Phnom Penh, Cambodia; Taipei, Taiwan; Colombo, Sri Lanka; Dhaka, Bangladesh; Islamabad, Pakistan; and Madras, India.

Two meetings were held in 1999. The first group meeting was held in Penang, Malaysia from 10 – 13 May 1999, and the second was also held in Penang from 1 – 4 November, 1999. For the first time, participants from Japan and Papua New Guinea shared their experiences on drug abuse situation of respective country during the May meeting. Traditionally, during the meetings, participants reported on the problem of drug abuse in their cities/countries. The drug abuse indicator instrument for standardized reporting developed earlier was also reviewed and modified.

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

This program has been carried out by the Asian Multicity Epidemiology Program, Universiti Sains Malaysia in conjunction with the Division of Epidemiology and Prevention Research, National Institute on Drug Abuse, National Institute of Health, USA. Participants received support for their activities from their individual agencies for which we express our gratitude. Technical support was provided by the Center for Drug Research, Universiti Sains Malaysia.

PART 1 – Section One

EAST ASIAN COUNTRY REPORTS
(April 1998 – April 1999)

DRUG ABUSE SITUATION IN BANGKOK

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INTRODUCTION

Thailand has faced drugs problem for many years. For the first six months of 1998, methamphetamine seems to be the major drug abused in Bangkok as well as throughout the country, while heroin abused is stable and [illegible] slightly decline. Youths involvement in drug abuse is increasing especially that of methamphetamine. Most of them abused and developed to be methamphetamine dealer for their friends.

The situation on other drugs such as marijuana, inhalant, ecstasy and cocaine has not changed from last year. The use of new drugs such as ecstasy and cocaine are confined to limited groups in Bangkok.

2. DATA SOURCES

- Statistical data on drug cases during 1992 – 1998
- Statistical data on drug treatment during 1992 – June 1998
- Information from key informants

3. TRENDS OF DRUG ABUSE IN BANGKOK

Thirty-three per cent of the total drug addicts in the country sought treatment in Bangkok, out of this proportion 22% were new cases.

Fourteen per cent of the total treatment admissions in Bangkok abused heroin while 81% used methamphetamine. The scenario is the same as of last year.

The most vulnerable age group to heroin and marijuana abused is between 24 and 28 years, while most methamphetamine addicts are in their 20's. The age of inhalant addicts has slightly decreased from 20 to 19 years old.

Most of the heroin, marijuana and inhalant addicts were unemployed but a majority of methamphetamine addicts are student.

In the past, marijuana was the preferred drug at first use but for the current reporting period methamphetamine seems to be the first drug of use.

Injection has been the main route of heroin administration for many years but for the current reporting period, smoking tends to increase and becomes the most famous route of methamphetamine administration.

3. LAW ENFORCEMENT DATA

The total drug cases in Bangkok has declined to almost 20% from the previous year, while drug cases throughout the country has slightly increased to almost 8%. The main drug cases are that of methamphetamine, marijuana, inhalant and heroin.

The total methamphetamine cases have slightly increased to 15% and the amount of methamphetamine seized has increased to more than 35% from last year. Selling comprises the most methamphetamine-related cases in Bangkok (28%).

Most of the offenders of all drug-related cases aged between 21 –and 30 years old.

Most methamphetamine offenders were between 21 and 30 years old with about 54% were under 20 years old.

The proportion of heroin offenders has decreased to more than 50% while the amount of heroin seized has increased to more than 45% from last year. Fifty per cent of heroin offenders were between 21 and 30 years old. Both heroin and methamphetamine were smuggled in from the northern part of Thailand.

The proportion of marijuana offenders has decreased to about 42% while the amount of marijuana seized has decreased to almost 68%. The average age of marijuana offenders remains stable at between 21 and 30 years old.

There were 24 ecstasy-related cases, with 28 offenders and 4642 tablets seized. This figure suggests a decrease of more than 90% form the previous reporting period. There were 25 Thai offenders, 2 Singaporean and 1 English. Ecstasy abuse is prominent in Bangkok among the more affluent youths.

SITUATION AND CHARACTERISTICS OF DRUG ABUSE IN BEIJING

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GENERAL DESCRIPTION

Beijing, which was called Peking, is the capital of the People's Republic of China. It is the political and cultural center of the country and located in the northern part of China. The city covers an area of 16,800 square kilometers with an approximate population of 11 million. Being the cultural center of the country, Beijing has more than 100 institutions of higher learning, science academics. The general population demographic indicators of Beijing are summarized in **Table 1.**

2. DRUG ABUSE SITUATION

The Drug Abuse Surveillance Station and the Office of Narcotic Committee Control (ONCC) of Beijing are the two main sources that provide information on drug abuse. Drug abuse appeared in the early 1990s. Initially, the drug problem was confined to migrant population. Following a large migratory movement of poorly educated, young people from the rural regions into Beijing, the number of local drug abusers started to increase each year since the mid-1990s. According to the statistics of ONCC, Beijing had 31 registered drug addicts in 1990, and among them, there was only 1 local people. However, by the end of 1998, the number of drug abusers had increased to 4027**(Figure 1)**, most of them (84.7%) were local people **(Table 2)**.

3. CHARACTERISTICS OF DRUG ABUSERS

Most of the drug abusers are male (84.3%), 26 to 35 years old (58.2%), and unemployed (70.4%) **(Table 3)**. However, statistics have shown that drug abuse problem is increasing among women, teenagers and other social strata.

The main drug abused among the addicts is heroin (98%). About 60% of the drug abusers use drug intravenously, and 40% smoked ("chasing the dragon") them. Data from Public Security in Beijing showed that 55% of drug abusers were involved in drug-related or criminal activities.

Various measures have been strictly adopted by the local authority in order to effectively control drug abuse problem. Firstly, a professional anti-drug team was organised and

since then (1992), the authority has smashed 1114 drug-related cases and seized 84.73 kg heroin, 17.63 kg opium, 27.77 kg methamphetamine and 66.05 kg cannabis. Secondly, a drug prevention educational programme for young people was launched. The programme included the introduction of drug education in textbooks for elementary, middle and high schools and other activities, in particular the exhibition on "Yes to Life, No to Drugs", held in Beijing in June 1998. The exhibition was a success in the prevention of drug abuse. Thirdly, it is mandatory for all drug addicts to undergo detoxification. Those who relapse will be sentenced to re-education through 2 to 3 years labour. Finally, since 1992, drug surveillance station for drug abuse have been set up, NIDD is in charge of them. There are 3 compulsory detoxification centers led by Public Security and 9 voluntary detoxification centers in Beijing.

Table 1: General Population Demographic Indicators - Beijing (Based on the 1990 population census)

Characteristics	N (%)
Total population	**10,819,414**
Gender	
Male	5,593,461 (51.7%)
Female	5,225,953 (48.3%)
Age	
14 years old	2,181,046
15-19 years old	799,123
20-34 years old	3,485,920
35 years old	4,353,325
Ethnicity	
Hans	10,405,351
Huis	207,050
Mongolians	16,833
Manchus	165,043
Others	25,137
Marital status	
Single	1,911,375 (22.1%)
Separated/Divorced	62,739 (0.7%)
Married	6,236,528 (72.2%)
Widowed	427,726 (5.0%)
Years of Education	
Zero year	1,059,660 (10.7%)
1-6 years	2,442,928 (24.8%)
7-12 years	5,358,831 (54.3%)
13 years	1,006,353 (10.2%)
Occupation	
Professionals	1,043,278 (16.8%)
Administrators	797,224 (12.8%)
Business people	388,023 (6.2%)
Service personnel	535,065 (8.6%)
Farmer	1,119,198 (18.0%)
Worker / Laborers	2,340,111 (37.6%)
Others	2,758 (0.04%)

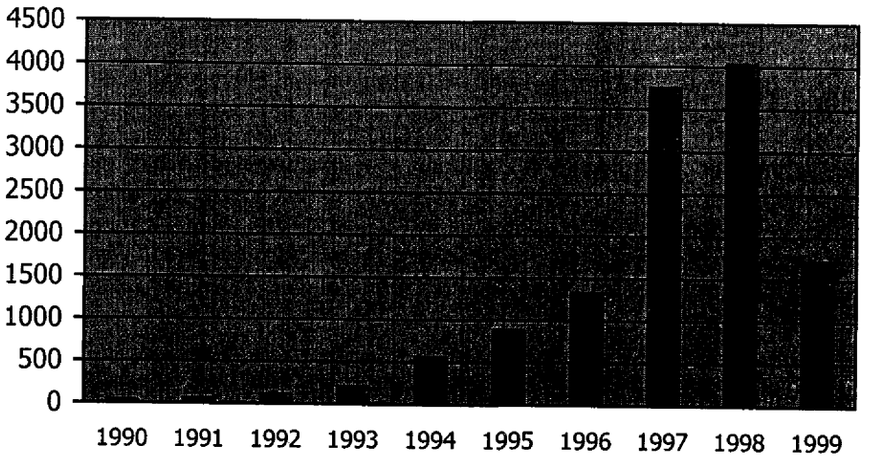
Table 2: Comparison Between Registered Migrant and Local Drug Abusers

Year	Registered Drug Abusers	Number (%)	
		Migrant	Local
1990	31	30 (96.8)	1 (3.2)
1991	61	54 (88.5)	7 (11.5)
1992	112	76 (67.9)	36 (32.1)
1993	203	119 (58.6)	84 (41.4)
1994	560	323 (57.7)	237 (42.3)
1995	892	415 (46.5)	477 (53.5)
1996	1326	422 (31.8)	904 (68.2)
1997	3754	574 (15.3)	3180 (84.7)
1998	4027		
1999	1716		

Table 3: Demographic Characteristics of Drug Abusers

Characteristics	Percentage
Gender	
Male	84.3%
Female	15.7
Age	
17 years	1.2
18 –25 years	21.8
26 – 35 years	58.2
>36 years	18.7
Years of Education	
Zero	105
< 6 years	901
6 –12 years	87.3
12 years	2.1
Occupation	
Unemployment	70.4
Self-employed	11.5
Worker / Laborers	10.1
Farmer	3.3
Administrator	0.7
Student	0.2
Others	3.8

Figure 1: General Situation of Drug Abuse (1990 to March 1999)



DRUG SITUATION IN CAMBODIA

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INTRODUCTION

The rising trade in illicit drugs, in Cambodia can be attributed to two major events in Cambodia's recent history. Firstly, the presence of the United National Transitional Authority in Cambodia (UNTAC). Secondly, following the 1993 elections, The Royal Government of Cambodia made it a priority to open its borders. With the view of revitalising its failing economy, all sectors were included especially investment, trade, and tourism.

This however, also meant that illegal crossings were possible with subsequent trafficking of illicit substances into Cambodia and through Cambodia to third countries and beyond. The Cambodian Government was aware of this potential problem and organised a department within the Ministry of Interior to combat the use and the trafficking of illicit drugs.

In 1995, the system of combating drugs was reviewed and re-organised resulting in the creation of the National Authority for Combating Drugs (NACD). The structure of which involves ten ministries in the NACD who report to the Prime Minister through the Minister of Justice.

The concern expressed by the Cambodian Government in 1993 was sadly realised during the years 1994 –1998, when a rise in the drug trade through Cambodia and by drug users within its borders was detected. Breaches have occurred at border points in Koh Kong to the south-west, Banteay Meanhcay, Preah Vihear and Stung Treng to the north and Svay Reing to the south-east. The main regions penetrated are those along the Thai and Laotian borders. Although Cambodia's international airport has not been immune to the trafficking of drugs.

The illicit drugs trafficked through Cambodia are; opium, opium alkaloids, heroin, hashish oil, ecstasy, amphetamines and cocaine.

2. MARIJUANA

2.1 Production

Marijuana is the only drug illicitly cultivated within Cambodia's borders. The main geographical areas of production are provinces of Kandal, central Cambodia; Kompong

Cham, north of Phnom Penh; and Koh Kong south-west of Phnom Penh. All reports suggest that the production of cannabis is for export.

There is no evidence to suggest that cannabis is being used extensively for recreation purposes by Cambodian youth. Cannabis is sold openly in markets of Phnom Penh and other cities, the belief is that many of the users are foreign tourists.

It is believed that foreign aid provides financial support to their Cambodian partners in the production of cannabis. The financial support enabled Cambodian farmers to grow marijuana for export to Europe and America.

2.1 Routes of Export

The international syndicates and their Cambodian partners usually export cannabis through one of two routes:

- Sea route of Koh Kong - marijuana arrives at Koh Kong where it is separated and sealed into separate small vacuum packs, taken on small fishing vessels to larger ships waiting out at sea;

- Land route via Poi Pet - marijuana is separated and vacuum packed similar to the operations in Koh Kong. Then hidden between other goods in transport wagons that leave Cambodia in convoy.

3. AMPHETAMINE

Currently, amphetamine use constitutes the most serious drug problem in Cambodia. The users are reported to be foreign tourists and wealthy young Cambodians in nightclubs. The high cost of the drug - $20 - $30 per capsule - essentially limits the expansion of its use into the wider general population who could not afford to pay such prices.

In the province of Koh Kong an illegal laboratory, backed by Thais, began producing amphetamines. The location of this laboratory remains unknown to the authorities and has escaped raids by its apparent mobility.

4. HEROIN

Cambodia does not cultivate opium poppy, and is to a larger extent the victim of its neighbouring countries who house the notorious "golden triangle." This in addition to Cambodia's permeable borders; a weak legal framework; lack of experience and means within its police force; existence of anarchic groups of gun men; and a fragile political stability contributes to the acknowledged problem of drugs being transited through Cambodia to the world beyond.

There are reports that suggest a small quantity of opium and its derivatives spill out into Cambodian society. The numbers of users are small and predominately exist in Phnom Penh and Sihanoukville.

5. PSYCHOTROPIC SUBSTANCES

The regulation of psychotropic substances is under the jurisdiction of the Anti Drugs Department, International Narcotic Control Board (INCB), Ministry of Health and UNCDP.

6. PRECURSOR CHEMICALS

The sale and use of chemicals such as sulphuric acid, hydrochloric acid, acetic anhydride, ether, pyridine etc. are prohibited by law. However, the international syndicates requested that these chemicals are made available for industrial purposes. It is essential however, that great care is given to identify precursor drugs required in the illicit manufacture of heroin and amphetamines.

7. OTHER SUBSTANCE ABUSED

Alcohol is perhaps the most serious non-illicit drug problem in Cambodia. The past decade has already witnessed an increased in the consumption of alcohol, with several deaths attributed to this drug each year.

Tobacco whilst having little affect on personality, is undeniably a killer. The consumption of this drug has also increased in the last 10 years. Advertising and promotion gimmicks for alcohol and tobacco, which have been deemed illegal in the developed world, are actively adopted and used in Cambodia.

Glue sniffing arrived in the northern town of Poipet from Thailand about 2 years ago. It later spread to Cambodian street children of Sisophon, Battambang, and finally Phnom Penh. The type of glue used is reported to be a kind of rubber cement, which is used for bicycle repairs.

The glue is placed into a plastic bag and inhaled, causing damage to the lungs, and possible death by asphyxiation. The benefits as seen by street children are that glue sniffing can fight off hunger pains and help relieve them from the grim reality of their daily lives.

The use of the drug influences the user to be more assertive and aggressive. NGO's working with street children reported that "gangs" of youth give street children the glue to sniff so that they feel courageous. Then the gangs make the street children commit

crimes. According to a survey by an NGO, out of several hundred street children 25% have used glue sniffing one time or more.

8. SEIZURES AND OPERATION

In 1998 the Anti-drug department investigated 64 cases, which resulted in the arrest of 132 suspects. The nationality of the suspects is tabulated in **Table 1**.

Table 1: Suspects' Nationality

Nationality	Number
Cambodian	92 men, 26 women
American	2 men
Chinese	2 men
Nigerian	1 man
French	1 man
British	1 man
Thais	4 men
Vietnamese	3 men

The year 1995 - when the system of combating drug problem was reviewed and reorganised – recorded highest amount of heroin, opium and amphetamine seized for the last 5 years. The highest amount (53751kg) of marijuana seized was reported in 1997 **(Table 2)**.

Table 2: Amount of Drug Seized 1994 - 1998.

Type of Drug	Year					Total
	1994	1995	1996	1997	1998	
Marijuana	1034.0kg	-	13647.0kg	53751.0kg	12150.0kg	80582.0kg
Heroin	1.00kg	77.30kg	12.25kg	16.07kg	5.42kg	112.04kg
Opium	0.6kg	21.6kg	1.1kg	15.65kg	4.48kg	43.43kg
Amphetamine	-	2.00kg	-	0.14kg	0.30kg	2.44kg

9. AGENCIES FOR COMBATING DRUGS

9.1 National Authority for Combating Drugs in Cambodia (NACD)

The NACD's main mandate is the control of narcotic drugs. This entails arrest, seizure and prosecution of all narcotic drug-related cases, in addition to reviewing reporting

procedures and carrying out research. The NACD adopts a multi-sectoral approach to its work by including members from ten ministries: Ministry of Interior, Ministry of Defence, Ministry of Finance, Ministry of Justice, Ministry of Health, Ministry of Education Youth & Sports, Ministry of Social Affairs, Labour, Vocational & Youth Rehabilitation, Council of Ministers, Ministry of Foreign Affairs & International co-operation and National Bank.

The Secretariat of the NACD in collaboration with the Ministry of Health will examine, review and design reporting procedures for people identified as misusing drugs or those addicted. As well as identifying places for rehabilitation and psychological support for those wishing to stop using and misusing drugs.

In October 1998, the Prevention Department of the NACD collected information on drug abuse in high schools of Phnom Penh and its suburbs. The findings showed that there were suspicions of drug abuse in 6 out of 12 schools. The number of cases was small in comparison to the total number of students - about 20 suspected cases out of 43,362 pupils. Further investigations are required to identify the reasons for, and the type drug used. The results of the investigations will enable NACD to design an appropriate intervention package.

9.2 Non-Governmental Agencies

The Kingdom of Cambodia has several agencies as well as international organisations to assist in the enforcement of drug laws.

9.3 International co-operation

Drug issues remain a major problem to countries around the world. And there is a need for co-operation amongst the countries if there is to be any significant success against the international drug traffickers.

The Kingdom of Cambodia firmly stresses the policy of co-operation with foreign countries and International Organisations in the joint operation of combating and controlling the trafficking of drugs such as: Drug Enforcement Administration (DEA); National Police Agency (NPA); United Nations International Drug Control Programme (UNIDCP); International Narcotic Control Board (INCB); Office of the Narcotic Control Board (ONCB); Japan International Co-operation Agency (JICA); French Government; and Vietnamese Government, to establish a comprehensive legal framework for improved co-operation in a drug control programme.

10. CONCLUSION

The potential for drug misuse in Cambodia is undeniable. Factors such as its geographical location to major opium growers; permeable borders, weakened legal infrastructure; under-funded police force; armed gangs, and the existence of a sub-group of young

wealthy Cambodians provide all the ingredients necessary for escalation of the illicit drug trade in and through Cambodia.

Whilst Cambodia continually expresses its commitment to combating illicit drug trafficking, it is a problem for the international community and one which requires co-operation and close working relationships.

The main constraints for Cambodia, are insufficient financial funds, lack of resources and inexperienced staff. Cambodia requires further national and international research to understand the full extent of drug misuse and the networks already established for trafficking opium, heroin, cocaine and other drugs. Additional training and education is necessary for all law enforcement officers and the general population, if a major drug problem is to be avoided and an appropriate intervention plan is to be realised.

DRUG ABUSE SITUATION IN HANOI

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INTRODUCTION

According to the 1997 census, Hanoi has about 2.6 million people with 50.2% female and 49.8% male. The age distribution in Hanoi is estimated as 29.60% below 15 years old, 9.90% between the age of 15 and 19, 25.0% between the age of 20 and 34, and 35.50% above 35 years old. Kinh is the dominant ethnic group in the population and 1% of the population is made up of other ethnic groups. The annual per capita income is USD650 **(Table1)**.

Table 1: General Population of Hanoi

Indicators		
Total population		2 600 000
Sex:	Male	49.80%
	Female	50.20%
Age:	Under 15 years	29.60%
	15 - 19 years	9.90%
	20 - 34 years	25.00%
	35 + years	35.50%
Ethnic Group:	Kinh	99.00%
	Others	1.00%
Education:	zero	9.00%
	1 - 6 years	39.00%
	7 - 12 years	2.00%
	> 13 years	8.80%
	not stated	1.20%
Annual per capita income:		USD 650

2. DATA SOURCES AND TIME PERIOD

The total number of available treatment facilities in the city is 51. Out of these 51 facilities 2 are Specialised Drug Treatment, 5 Primary Health Care Centre managed by 5 districts in the city and 44 private and community clinics.

Most addicts arrested for consumption will be sent to the Specialised Drug Treatment Centre for mandatory treatment. Willing addicts seek treatment from the other treatment facilities.

This report presents data from the available treatment facilities in the city for the period July – December 1998.

3. TREATMENT INDICATORS

The total number of treatment admissions of the 51 treatment facilities for the period July – December 1998 is 3108. Most of the admissions (75%) were reported at other treatment facilities while 14% were reported at the Specialised Drug Treatment Centre. Twelve per cent of the total admissions were that of Primary Health Care Centres. Forty-six per cent of the total admissions were institutional admissions while the other 54% were non-institutional admissions. Out of the 1434 institutional admissions, 14.3% were new cases while 85.7% were readmissions **(Table 2)**.

Table 2: Treatment Admissions
(July - December 1998)

Treatment Facilities	Type of Admission				Total
	Institutional Admission		Non-Institutional Admission		
	New Admission	Re-admission	New Admission	Re-admission	
Specialised Treatment Centres	65	362	0	0	427 (13.7%)
Primary Health Care Centres	50	313	0	0	363 (11.7%)
Other treatment facilities	90	554	1674		2318 (74.6%)
TOTAL	**1434 (46.1%)**		**1674 (53.9%)**		**3108**

3.1 Patients' Socio-Demographic Characteristics

Among the 1434 institutional patients, 97% are male and 3% are female. A majority of the patients are between the age of 18 – 35 years (78%), while 16% are above 36 years old. Most patients had 7 – 12 years of education (79%) and 5% had more than 12 years of education. Among the 790 institutional patients at the Specialised Treatment Centres and Public Health Centres, 90% are unemployed and 8% are students **(Table 3)**.

Table 3: Socio-Demographic Characteristics of Patients

Characteristics	July – December 1998 (N=1434)
Gender:	
Male	96.9%
Female	3.1%
Age:	
Under 18 years	6.13%
18 -- 35 years	78.03%
> 36 years	15.83%
Occupation **(N=790)**:	
Administrators	2.02%
Unemployed	90.00%
Students	7.97%
Education:	
zero	1.10%
1 - 6 years	14.50%
7 - 12 years	79.10%
> 12 years	5.30%

3.2 Trends of Drug Abuse

Fifteen per cent of the institutional admissions were polydrug users. Out of the 1434 patients, 21% abused heroin, 15% used opium while 62% abused other types of drug. The

main route of drug administration among the patients was inhalation (70%), followed by injection (20%) and smoking/chasing (10%) **(Table 4)**.

Fifty-five per cent of the patients obtained their drugs from the black market, while 44% form street market.

Table 4: Trends of Drug Abuse

Indicators	July – December 1998 (N=1434)
Primary Drug of Abuse:	
Opium	14.85%
Morphine	1.46%
Heroin	21.20%
Other	62.48%
Route of Administration:	
Inhalation	70.00%
Injection	19.94%
Smoking/Chasing	10.04%
Drug Sources:	
Street Sale	44.00%
Black Market	54.67%
Other	1.32%

4. LAW ENFORCEMENT DATA

A total of 4970 arrests were made during the current reporting period. Arrests for use/consumption was the main arrests made (80%) followed by arrests for trafficking (20%) **(Table 5)**. Opium is the most drug seized followed by codeine and heroin **(Table 6)**.

Table 5: Drug-Related Arrests

Type of Arrests	July - December 1998 (N = 4970)
Arrests for use / consumption	80%
Arrests for trafficking	20%

Table 6: Drug Seizures

Type of Drug	July – December 1998	
	No. of Seizures	Quantity (kg)
Opium	NC	171.17
Heroin	NC	14.6
Codeine	NC	156.8

THE SHORT HISTORY AND CURRENT SITUATION ON DRUG ABUSE IN JAPAN

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INTRODUCTION

Data obtained from the following four resources can be used to understand the general picture of drug abuse in Japan:

- Number of arrests in drug-related crimes (White Paper on Narcotics);
- Nationwide survey in mental hospital on drug-related mental disorders (NIMH);
- Nationwide survey on drug use and abuse among general population (NIMH);
- Nationwide survey on drug abuse among junior high school students (NIMH);

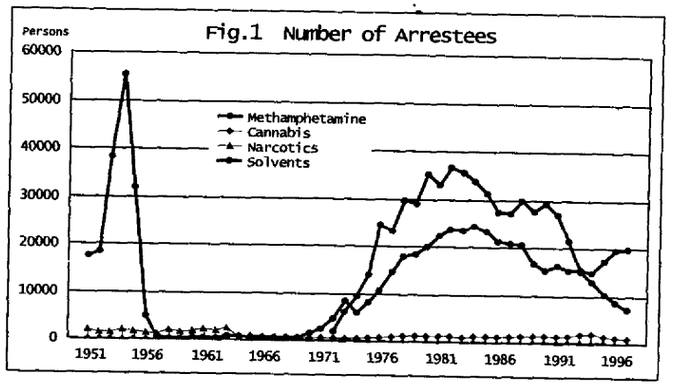
This paper presents the history and present situation of drug abuse in Japan

2. SHORT HISTORY

It was after the end of World War II that drug abuse became a social problem. **Figure 1** shows the number of arrests for drug-related offences made in 1951 to 1996. The figure shows that abuse-related problems centered on methamphetamine and organic solvents. The sharp peak between 1951 and 1957 depicts the period of "the first epidemic of methamphetamine". Those days, dependency and psychotoxicity of methamphetamine were not known. As was the case in some other countries, they were mainly used in the military. When the war ended, the stocks of methamphetamine held by pharmaceutical companies and the military were released to the market. In the pessimistic and pleasure-seeking atmosphere of the times, methamphetamine use developed into a social problem. This resulted in the enactment of Stimulants Control Law in 1951. Since then, the use, manufacture, sale, purchase and possession of methamphetamine have been strictly controlled. Those days since supply sources of methamphetamine were confined within the country, the enforcement of the law was so effective that in 1957 methamphetamine abuse was put to an end.

Thereafter, Japan entered a period of rapid economic growth, however around 1970 the country's economic growth suddenly fell. This prompted organized gangs to begin selling methamphetamine, which touched off "the second epidemic of methamphetamine." Since 1984, the annual total of drug-related arrests began to decrease. This decrease was caused by a murder committed by a methamphetamine

psychotic patient. This incident planted fear of the drug among general population and the drug users themselves stopped using it.



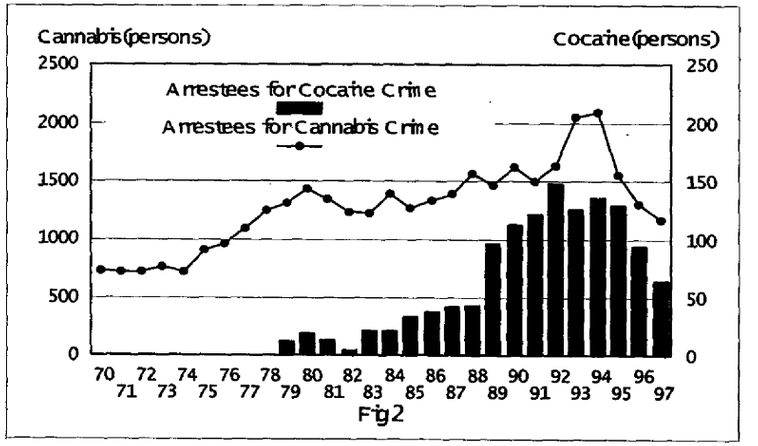
Nonetheless, the number stabilized around 1990 and began to increase again in 1995. Unlike the "first epidemic of methamphetamine", all available methamphetamines during the era of "the second epidemic of methamphetamine", were imported from several Asian countries. The reasons for the increase in number of amphetamine-related arrests after 1995, will be discussed at the end of this paper.

Solvent abuse, on the other hand, is said to have originated from the Japanese hippie community in 1967. Although the hippie culture was characterized by its subculture including use of hallucinogens such as LSD and cannabis, these drugs were not readily available in Japan. Instead, solvents such as thinners and toluene were used as substitutes for hallucinogens.

To deal with this situation, the government partly revised the Poisonous and Deleterious Substances Law in 1972 in which the government has begun to control the sale and abuse of solvents. However, since solvents were necessary commodities for industries and were readily available, solvent abuse among young people did not seem to be decreasing at all. But, the number of arrestees decreased after that and fell drastically after 1992. One factor dampens our optimism. This decrease seems to have a close relationship with the increase of availability of other drugs, especially methamphetamine.

According to **Figure 1**, very few people were arrested for cannabis or narcotics-related crimes in Japan. When viewed using another scale of measurement, however, the situation looks quite different **(Figure 2)**. The number of arrests for cannabis-related crimes has been steadily increasing since 1963. Although this figure dropped dramatically in 1995, the reduction is thought to have resulted from the police's preoccupation with "the ARM Shinrikyo cult" whereby many policemen were required to investigate related cases, including the infamous sarin nerve gas attacks. However, I believe that, so do many Japanese, cannabis use is actually increasing.

Figure 2 shows the number of cocaine-related arrests. The number has increased in the 1980s. The number of arrestees in 1989 was only 96. However, it was no less than 100 per cent increase over the previous year, and was a critical event for Japan. **Figures 1** and **2** suggest two points. Firstly, methamphetamine and organic solvents are the main drugs of abuse among drug abusers. While methamphetamine is abused by mainly adults, solvents are abused by mainly teenagers. Solvent abuse is considered as gateway to methamphetamine abuse in Japan. Secondly, since 1990 there has been a greater variety of drugs available in Japan. Around 1990, Japan began to face with "diversification of abuse-prone drugs as internationalization of its society progressed".



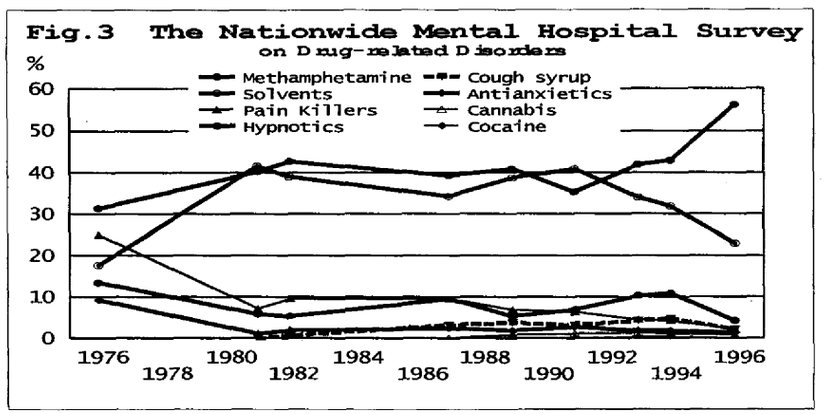
The data presented above are based on Resource (1) the number of arrestees in drug-related crimes. However, the number of persons arrested is just the tip of the iceberg of those who abuse or are dependent on drugs. The sudden drop of cannabis-related arrests in 1995 reveals the limit of this kind of data.

Except for opiates, the habitual use of most addictive drugs tends to cause mental disorders. For this reason, the data obtained from (2) Nationwide Mental Hospital Survey on Drug-related Mental Disorders is useful. This survey is conducted for two months every two years at all mental hospitals in Japan. The subjects are inpatients or outpatients who are dependent on drugs or suffering from mental disorders due to drug use.

Figure 3 shows the changes in percentages of drugs that caused mental disorders. It is evident that from 1981 to the present, methamphetamine and solvents have accounted for about 80 per cent of all drugs used. To be exact, methamphetamine and solvents accounted for about 82 per cent of all drugs used in 1981, but accounted for a decreasing share in 1991. In 1994, they accounted for only 74 per cent as a new phenomenon began to be

recognized. The first cannabis-related mental disorder cases appeared in 1987, while cocaine-related mental disorder cases appeared in 1989. The actual total for both were very small. This phenomenon coincided with the change occurred from around 1990 which was reported in the White Paper on Narcotics. Furthermore, the upward trend of methamphetamine-related patients and the downward trend of solvent-related patients starting around 1993 became more remarkable in 1996. This coincides with the gap between the numbers of arrestees on charges of methamphetamine-related crimes and solvent-related crimes as mentioned above.

As for solvent inhalation, the situation has never become worse. However, we cannot overlook a new phenomenon that emerged among teenagers in these several years. It is methamphetamine abuse.



3. CURRENT STATUS OF DRUG ABUSE

Figure 4 shows the number of student arrested for methamphetamine-related crimes for the past several years. Until 1994, the number of high school student arrested was about 40 per year. Then the number increased to 92 in 1995, and to 214 in 1996, respectively doubling the number of the previous year. Although this number may seem negligible from the worldwide viewpoint, for Japan, this figure implies a threatening rise. The reason for this new phenomenon should be explained.

In fact, the main cause for the sharp increase of methamphetamine-related arrests after 1995 among high school students is closely associated with the cause for the increase of cannabis-related arrests in 1993. It has something to do with the advent of sales of forged telephone cards on the street by foreigners, mainly Iranians. It was in 1993 that their sales of forged telephone cards surfaced as a social problem, just after the collapse of Japanese economy. The sale's channels of forged telephone cards were used to sell cannabis.

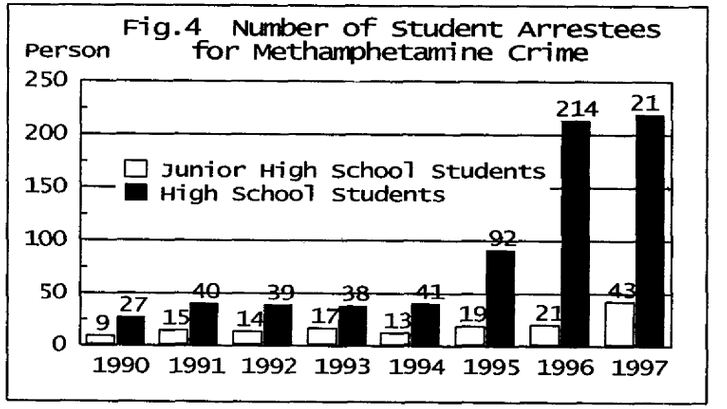
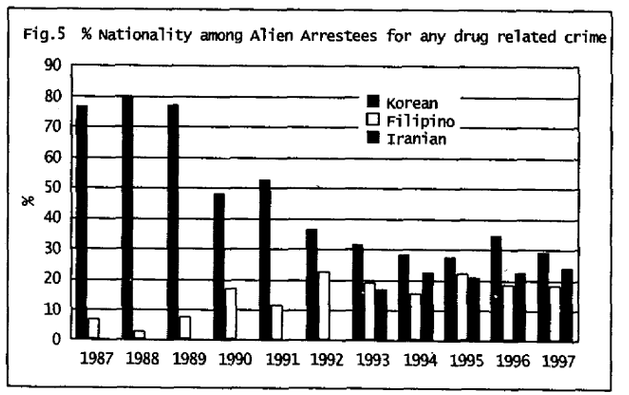


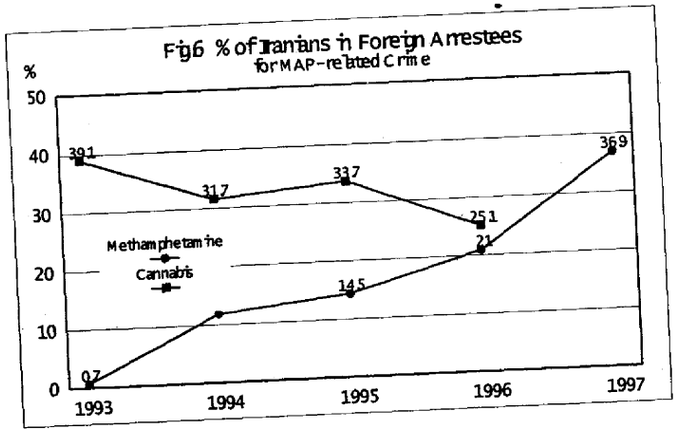
Figure 5 shows the top three nationalities of foreigners arrested for illicit drug-related crimes. From 1987 to 1992, Americans and North Koreans ranked third. But in 1993, Iranians jumped to third from 11th position in the previous years.



The year 1993 was also the year when pagers became explosively fashionable among high school students. For them, forged telephone cards appeared at an opportune moment. The largest consumers for Iranians' forged telephone cards were reported to be young people under the age of 20 including high school students. In short, these young people who bought telephone cards were able to buy cannabis by the same route.

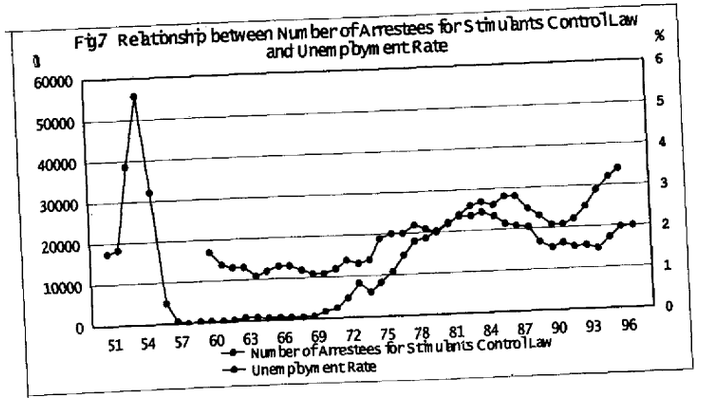
Furthermore, around 1994, methamphetamine began to be illicitly sold through the same channel. The percentage of Iranians in total foreign arrestees for methamphetamine-related crime was only 0.7 per cent in 1993 **(Figure 6)**. It shot up to 12.0 per cent in 1994, and further to 21 per cent in 1996. We should never forget that Japanese organized gangsters are using Iranians as sellers. This style of illicit sales of drugs by foreigners on the street

has not been seen in Japan previously. We consider that the year 1995 can be marked as the onset of "the third epidemic of methamphetamine" in Japan.



Recently, the sales of forged telephone cards by Iranians are not so apparent as before. The prevalence of electronic communication tools such as pagers and mobile telephones has made it easier for illicit sellers to go underground while keeping them an easy access to drugs as it has been. That's how the sharp increase in methamphetamine abuse occurred.

Figure 7 shows the relationship between the number of arrests for methamphetamine-related crimes and unemployment rate. You can see how closely related these two lines are. It seems obvious that methamphetamine abuse in Japan may have a close relationship with economic situation in Japan. Unfortunately, Iranians were highlighted in this paper. However, I think, the original purpose of Iranians coming to Japan was not to sell illicit drugs. I think that some of them unfortunately selected it to survive after the collapse of Japanese bubble economy.



4. CONCLUSION

To recap, in this paper, I have introduced current situation of drug abuse in Japan. The extent of drug abuse in Japan does not appear to be so serious in comparison with that of some other countries. However, as mentioned earlier, since about 1990 when "diversification of abuse-prone drugs has occurred due to a part of internationalization of its society" and economic state has deteriorated, Japan has faced unprecedented drug abuse crises.

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PATTERNS AND TRENDS OF DRUG ABUSE IN KUALA LUMPUR

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ABSTRACT

National Drug Information System (NADI) is the primary information centre responsible for storing all the information concerning drugs and drug-related activities. It is the only official source of epidemiological information on drug abuse in Malaysia. The patterns and trends of drug abuse in 1998 are very similar with the patterns observed in the past decade. The seizures of shabu and detection of new cases higher than relapsed cases were the most significant features in 1998. Heroine remained the popular drug and addicts in the age group of 20 to 34 years dominated the situation more than a decade.

INTRODUCTION

Drug problem[1] in Malaysia is closely linked to the early economic development of the country. In the early 19th century, the drug problem involved a majority of the migrants from China and South India who came to Malaya to work in tin mines and rubber estates. The pattern of drug use changed towards the end of 1960s when youth of all races increasingly formed most of the drug users. Majority used heroin and morphine. Marijuana was also popular and easily available on the street.

In 1998, the extent of the drug problem had not improved compared to previous years. The number of drug addicts and offenders continued to rise. A parallel increase of drug seizures was also noted. In Kuala Lumpur, a mixed situation emerged. While the number of drug addicts decreased tremendously, the number of arrests and drugs seizures increased significantly. The establishment of the National Narcotics Agency in the Ministry of Home Affairs as the lead agency, and Narcotics Department in the Malaysian Police are instrumental for the success in combating the drug problem in Kuala Lumpur.

2. AREA DESCRIPTION

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

The capital city of Kuala Lumpur has an area of 243 square kilometres with an estimated population of 1,257,662 (in 1991) or approximately 6.9 per cent of the total population of

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

Malaysia. In 1991, the age group distribution was 416,038 persons (33.1 per cent) in the 0-14 years age bracket, 800,552 persons (63.6 per cent) in the 15-64 years age bracket and 41,072 persons (3.3 per cent) in the 65 years and above age brackets. There were 106 males for every 100 females in the population in 1991. The main ethnic groups are Chinese (47.5%), Malay (39.1%) and Indian (11.8%).

3. SOURCES OF DATA

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

This report consists of two sections:

Section I: A comparison of annual data on addiction, drug seizures and arrests for Kuala Lumpur and Malaysia in 1997 and 1998 .

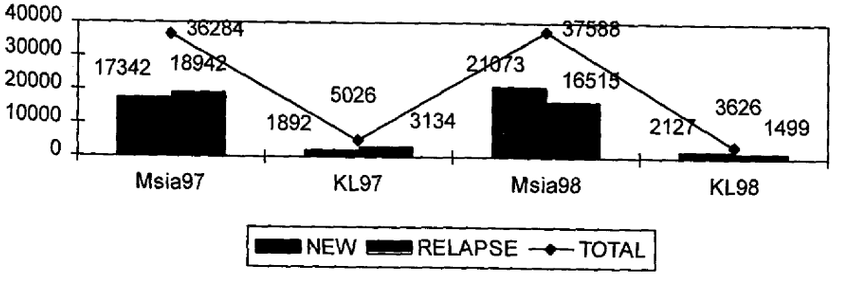
Section II: An update on the drug abuse situation in Kuala Lumpur between July and December 1998. (Report for January to June has been submitted).

SECTION I

4. NUMBER OF ADDICTS IDENTIFIED 1997 - 1998

As expected, drug problem in Malaysia remained critical at about 3,132 addicts per month - having increased by 3.6 per cent to 37,588 addicts in 1998 as compared to 36,284 in 1997 (3,023 per month). Meanwhile, of the total number identified in 1998, 56.1 per cent were new cases and 43.9 per cent are repeat cases **(Figure 1).** This is the first time, since 1988 the number of new cases exceeded the number of relapse cases. Relapse cases fell by 8.3 per cent to 16,515 addicts from 18,942 addicts in 1997. New cases rose by 8.3 per cent to 21,073 addicts from 17,342 addicts in 1997.

Figure 1: Type of Cases Detected 1997-1998



The parallel trend appeared in Kuala Lumpur where new cases surpass the relapse cases by 17.2 per cent. In 1997, Kuala Lumpur contributed 13.85 per cent of the total number identified by 5,026 addicts. However, it declined by 9.6 per cent to 3,626 addicts in 1998. New addicts rose to 2,217 in 1998 against 1,892 addicts in 1997. Although the numbers of addicts detected in 1998 were lower than that detected in 1997, the numbers of new cases were higher in 1998. As in the past, most of the cases detected in Kuala Lumpur or Malaysia were male.

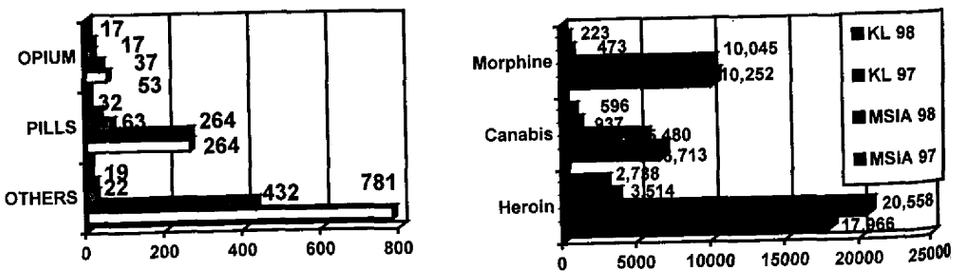
Kuala Lumpur shows a small number of addicts detected as compared to 1997 but the national data increased tremendously and it was the highest recorded number since 1970. Equal trend reflected in numbers of new cases and relapse cases between Kuala Lumpur and national data. Its an alarming trend to all department involve in drug. A concerted efforts need to be revised and modified to overcome this problem. NADI purchased a new computer system in 1997 but it was not the main factor. It also means a better detection programme and successful intervention programme.

4.1. Types of Drug Used 1997 - 1998

The main types of drug used in Malaysia were heroin and cannabis. Kuala Lumpur followed the same trend and reflected to all kind of drugs. In 1998, A significant number shabu users were detected in Sabah (772 persons) and 61 of them were detected in Kuala Lumpur. Heroin is the main drug of abuse with 20,558 addicts (17,966 in 1997) and 2,738 heroin addicts were detected in Kuala Lumpur (3,514 in 1997). Morphine is the next most popular drug abused with 10,045 addicts (10,252 in 1997) and cannabis follows at 5480 addicts (6,713 addicts in 1997).

The number of psychotropic pill users were reported to stable with 130 addicts in both years. In Kuala Lumpur 223 addicts detected with morphine (473 in 1997), 596 taking ganja (937 in 1997), 32 psychotropic pills abusers (63 in 1997) and 17 opium addicts (same figure in 1997). Cough syrup and codeine were consumed by 432 addicts (781 in 1997). Kuala Lumpur managed to gather 19 addicts (22 in 1997) **(Figure 2)**.

Figure 2: Types of Drug Abused 1997 - 1998



4.2 Arrests of Drug Offenders 1997 - 1998

The total number of persons arrested in 1998 was slightly higher than the previous year **(Figure 3)**. In Malaysia, approximately 1,802 traffickers were arrested in 1998 and this was the highest recorded number since 1983. It was also reported that in 1998, 2,840 drug offenders were arrested for sale of drugs and if convicted they could be sent to life imprisonment. In 1997, the Enforcement Agency arrested 1,765 traffickers and 2,689 drug offenders involved in sales. In 1998, 334 traffickers were arrested as compared to 379 in 1997. The numbers of persons arrested for others sections in the Drug Act increased to 1,738 in 1998 from 1,456 in 1997. The escalation of drug offenders is very alarming and has been on an upward trend over the last few years. The statistics showed that more people were involved in drug trafficking without fearing the punishment.

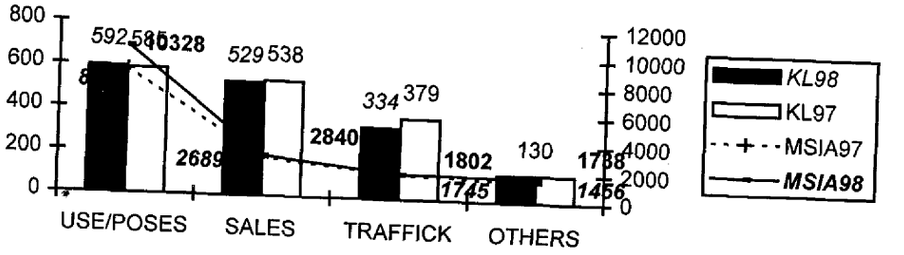


Figure 3: Arrest of Drug Offenders 1997-1998

In Kuala Lumpur the numbers of drug offenders arrested remained stable for the two years. Statistics showed that those who were arrested for use, consumption and possession levelled between 585 in 1997 to 592 in 1998. Drug offender arrested for sales equable at 538 in 1997 as compared to 529 in 1998. The number of offenders charged under other sections of the Drug Act remained at 130 in both years. Traffickers arrested decline in 1998 with 334 persons against 379 persons in 1997. Although Kuala Lumpur showed a downward trend, the national figure reflected a significant numbers and has been on an upward trend.

4.3 Drug Seizures in Malaysia and Kuala Lumpur 1997-1998

Heroin drug seizures increased in 1998 when 289.660 kilograms were seized against 276.154 kilograms in 1997. In Malaysia, about 1,781.010 kilograms of cannabis were seized in 1998 which were lower than that seized in 1997 (3,889.132 kilograms). The seizures of ecstasy pills appeared for the first time in 1992 showed a significance seizures in 1997 with 40.990 pills but down in 1998 with 9,231 pills. Psychotropic pills seizures peaked at 1,724,104 pills in 1998 as compared to 1,356,989 in 1997. Raw opium seizures recorded at 148.724 kilograms in 1997 followed by prepared opium at 1.587 kilograms in the same year. Its decline in 1998 with 32.540 for raw opium and 210 grams for prepared opium only. Shabu seizures recorded at 2.086 kilograms in 1997 increased to 6.440 kilograms in 1998.

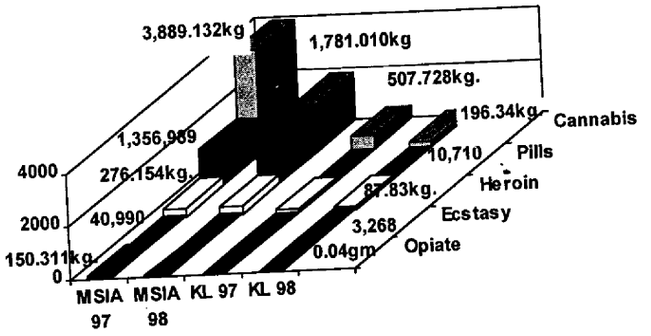


Figure 4: Drug Seizures in Kuala Lumpur 1992-1998

In Kuala Lumpur drug seizure pattern showed a decline in 1998 except for shabu and psychotropic pills. About 40 grams of shabu were seized in 1998 against 1 gram in 1997. Seizures of psychotropic pills rose by 10,710 pills in 1998 from 7,162 pills in 1997. The amount of ecstasy seized increased form 625 pills in 1997 to 3,268 pills in 1998. The amount of cannabis seized dropped from 501.728 kilograms in 1997 to 196.340 kilograms in 1998. Heroin seizures fell to 87.830 kilograms in 1998 from 104.142 kilograms in 1997. The amount of prepared opium declined to 6 grams in 1998 from 57 grams in 1997.

SECTION II

5. NUMBER OF ADDICTS IDENTIFIED JULY - DECEMBER 1998

The total number of cases from October to December 1998 was lower than that recorded in July - September period. It decreased by about 22.04% **(Figure 5)**. The number of new cases detected decreased by 15.1% and relapse cases by 30.4% in October to December 1998 period. The same trend has been observed since 1996 and this could possibly be due to frequent and effective operations, heavy work load in the end of current year due to the preparation of the coming year and records were not received on time (some of the offices in remote areas need extra time to key in all the reports). As in the past, most of the cases detected in Kuala Lumpur are male.

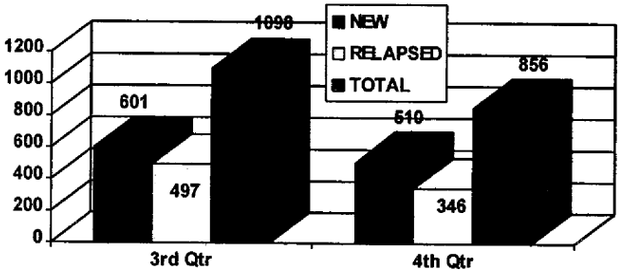


Figure 5: Types of Cases Detected July - December 1998

Since 1997 more new cases than relapse cases have been detected. Prior to 1997, 40% of the total admissions comprised of new cases and 60% were that of relapse cases. For the period July to September 54.7% new cases were detected as against 59.6% in October to December period. The percentage of relapse cases was lower in October to December period (40.4%) than in July to September period (45.3%). The change in trend may be attributed to the fact that the Narcotics Agency enhanced enforcement to detect new cases as part of the primary prevention programme and efforts to cure them better than hard core addicts.

5.1. Types of Drug Used

It has been recorded that the numbers of heroin users decreased from 418 addicts in July and September 1998 to 390 in October and December 1998 **(Figure 6)**. A similar trend in the number of cannabis users was also noted for both periods. There were 6 psychotropic users (1%) recorded in the third quarter against 7 psychotropic users in the fourth quarter (1.4%). A small proportion (7.1 %) of new cases using morphine was detected between July and September 1998. This figure increased to 18.7% in October to December 1998. Opium addicts were detected only in the third quarter (3 addicts).

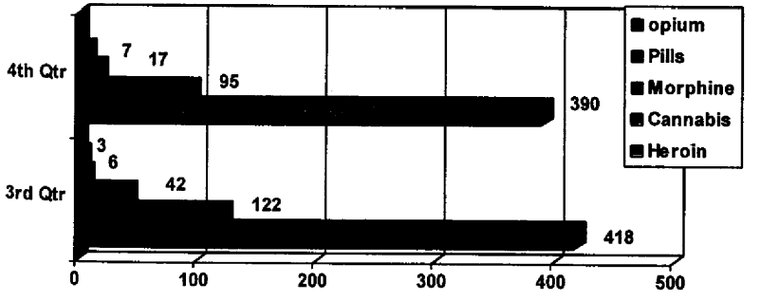


Figure 6: Types of drug Abused July - December 1998

5.2. Route of Administration

The main route of heroin administration was 'chasing the dragon' **(Figure 7)**. More than 70% of the addicts administered drugs through this route in the third and fourth quarter. Smoking was the next preferred route of administration -- 21.2% in the third quarter against 18.6% in the fourth quarter. Unlike the first half of 1998, various routes of administration were recorded in the second half of 1998. About 5.5% of the addicts injected drugs in July-September as compared to 7.1% in October-December 1998. Oral route of administration increased from 1% in July-September to 7.1% in October- December period. A very small percentage (1.2%) of new cases detected between July and September 1998 said they drink drugs (codeine), in comparison to 0.2% in October to December period.

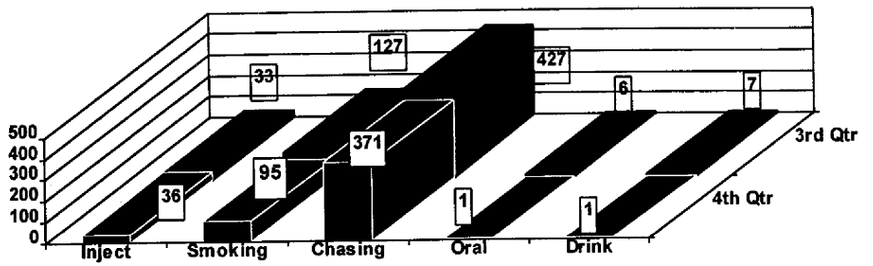


Figure 7: Route of Administration of New Addicts Detected July-December 1998

5.3. Age When Detected

As shown in **Figure 8**, most of the new cases detected were aged between 20 and 34 years old (average of 61% across the two periods). The second largest age group detected was the 35 to 45 year olds where 21.9% were recorded in the third quarter and 28.1% in the fourth quarter. It was noted that 5.6% appeared in third quarter as compared to 5.2% in the final quarter. The age group 15 to 19 decreased from 9.9% in the third quarter to 6.2% in the fourth quarter. A good sign was reflected in the second half of 1998 where addicts below 15 years old were not detected.

5.4. Occupation

Workers in the service industry formed the majority of cases detected in July to September 1998 with 116 or 28% **(Figure 9)**. Labourer follows closely with 26.1% and sale workers recorded 18.8%. The proportions of addicts across various work categories are transport workers (5.3%), technical (4.1%), production (3.6%), clerical (1.4%), agricultural (0.5%), professional and administration (0.5%), construction (0.2%) and entertainment (0.2%). For the period October - December 1998, labourer comprised of 26.6% of the addicts, followed by sale workers at 23.9%. Workers in the service industry recorded at 19%. The proportions of addicts across various work categories are as follows: technical (7.9%), transport (5.1%), production (2.7%), clerical (1.5%), agricultural (0.3%), construction

(1.8%). However, none of them were involved in the entertainment sector or from the professional and administrative group. Due to the recession, 9.7 % of addicts detected in July to September were unemployed. This figure increased to 10.9% in October to December. Six students were detected for the period July to September and only one addict student recorded in October to December.

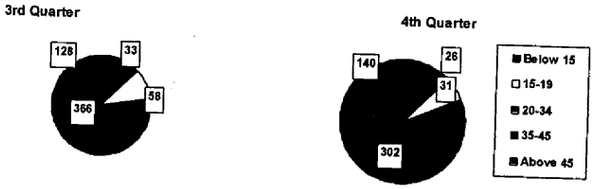


Figure 8: Age Profile of New Addicts Detected July-December 1998

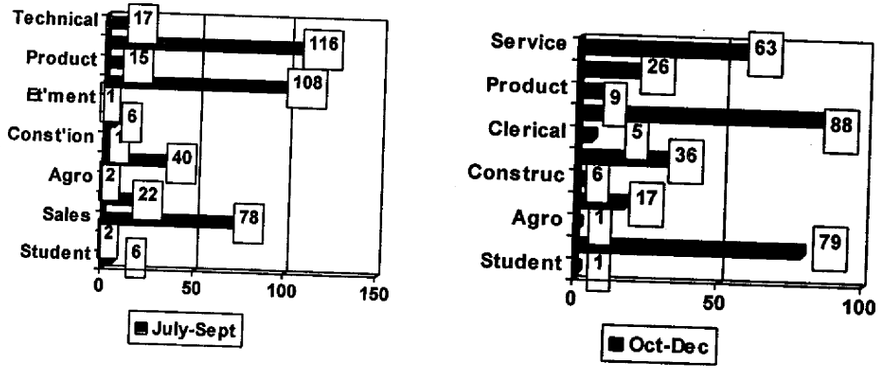


Figure 9: Occupational Profile of New Cases July-December 1998

5.5 Ethnic Groups

Most of the addicts detected were Malays, 66.2% of those detected in July-September followed by Chinese (15.8%) and Indians (14.8%). In October - December period 61.8% of the addicts were Malays as compared to 18.8% Indians and 18.6% Chinese. Only 3.2% involved other group of people in July-September period and down to 0.8% in October to December period.

5.6 Level of Education

Most of the drug users are educated. In the third quarter, 438 addicts or 74.5% had between 7 to 12 years of education as compared to 367 addicts in the fourth quarter (73.3%). About 22.3% of addicts in the third quarter had between 1 to 6 years of education compared to 22.2% in the fourth quarter. Only 3 addicts had more than 13 years of education in the third

quarter against 5 addicts in the fourth quarter. It was also noted that only 2.7% of addicts in the third quarter were uneducated as compared to 3.6% in the fourth quarter.

5.7 Addicts in Treatment Centre

Sungai Besi Treatment Centre is the only treatment centre in Kuala Lumpur. Addicts detected in Kuala Lumpur were sent to another centre as this centre was designed to treat addicts on a voluntary basis for the whole country. In 1998, the modality of this centre was change to therapeutic community programme which is totally different than the other 27 treatment centres. For the period July to September, 27 addicts (mostly male) were admitted to this centre for the first time. About 24 addicts reported between October to December where 95.8% were new cases. Almost all of them involved in heroine. A majority of the inmates are between 20 to 34 years old (60.9% in the third quarter and 63% in the fourth quarter). Most of them were employed but 39.1% were unemployed in the third quarter against 14.8% in the fourth quarter. In the third quarter professional (1), agricultural based (1), self employed (3), service (3) and 4 transport workers were admitted to the centre. In the fourth quarter four professionals, 8 self employed, 5 agricultural based and 5 sale workers voluntarily entered the centre.

Being the capital city, most of the addicts in Kuala Lumpur obtained drugs from the street and this was reported in both quarters. It was reported that 78.3% of inmates in the third quarters were single and 26.1% were married. In the fourth quarter 51.9% were married and 48.1% were single. For the period July to September, most of the addicts stayed with their families while 73.9% of them had the same living arrangement for the period October to December. Only 25.9% stayed with friends in the third quarter against 26.1% in the fourth quarter. There were no AIDS, Hepatitis and HIV related cases reported in both quarters.

5.8 Drug Seizures in Kuala Lumpur July - December 1998

Cannabis seizures peaked in the fourth quarter (97.32 kg.) while large heroine seizures showed a significant amount seized at 22.88 kilograms in the third quarter of 1998 **(Figure 10).** The amount of cannabis seized was lower in the third quarter (3.34 kilograms) and heroine recorded at 8.63 kilograms in the fourth quarter. Heroine and cannabis remained the top drug seized since 1992. Seizures of psychotropic pills were higher in the fourth quarter with 3,182 pills seized. Out of this figure, 3,062 pills were ecstasy. However, only one ecstasy pill was seized in the third quarter apart from 496 pills seized in that period. For the first time 3 grams of shabu were seized in Kuala Lumpur but no opium were seized in both periods.

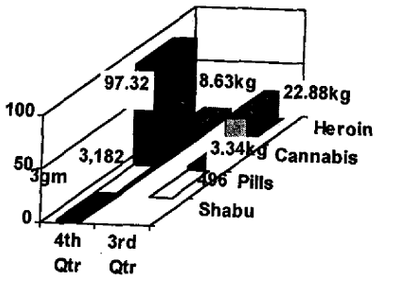


Figure 10: Drug Seizures in Kuala Lumpur July- December 1998

5.9 Arrests of Drug Offender July-December 1998

The total number of people arrested in October-December (353 offenders) was higher than in July-September 1998 (281 offenders). More were arrested for trafficking during October-December 1998 as compared to the subsequent quarter due to extensive police raids. There was a parallel increase in number of people arrested for sale, use and consumption offences in both periods. About 59 persons were arrested for possession of drugs for the period of October -December as against 44 in July – September period. The enforcement agencies arrested 57 persons in the second half of 1998 for other offences such as mastermind the transportation or smuggling of drugs into Malaysia. These offenders were arrested under the Dangerous Drugs (Special Preventive Measures) Act 1985 which was designed to enhance enforcement measures through the detention of persons involved in trafficking of dangerous drugs.

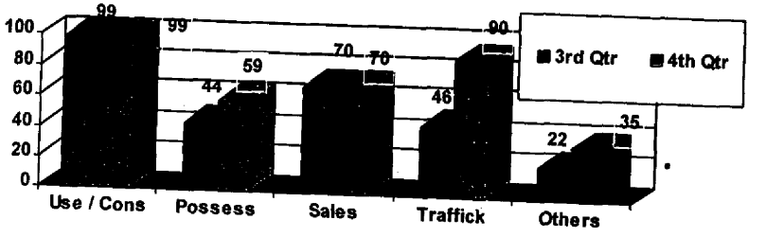


Figure 11: Arrests of Drug Offenders July-December 1998

6. CONCLUSION

Drug problem in Malaysia remained serious and badly hit in 1998. Although Kuala Lumpur showed a declining trends, the overall situation in the country increased tremendously. A lot more new cases were detected and for the first time the number of new cases exceeded that of relapse cases. This means that primary prevention as a long term strategy to insulate the society from the drug menace faced a tougher job. The escalation of detection of new cases

reflects the effectiveness of primary prevention programme. The amount of drug seized in Kuala Lumpur has decreased but the national figure has increased. The overall picture shows that Malaysia continues to fight and eradicate drug problem.

THE CURRENT DRUG ABUSE SITUATION IN THE PHILIPPINES

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INTRODUCTION

The Philippines consists of a group of islands on the western rim of the Pacific and stretches more than a thousand kilometers north to south between Taiwan and Borneo. The country strategically lies within the arc of nations that sweeps southeastward from mainland Asia to Australia. North of the country are the Republic of Taiwan and the People's Republic of China; to the northeast is Japan and to the south and southeast are the other Southeast Asian nations of Burma, Thailand, Kampuchea, south Vietnam, Laos, Malaysia, Singapore and Indonesia. In its extreme southeast are Papua New Guinea, Australia and New Zealand.

Like other countries worldwide, the Philippines is confronted with a formidable problem of illicit drug trafficking and abuse. Its strategic geographical location and proximity to almost all its neighboring Southeast Asian countries and the Far East Region makes the country vulnerable to various transhipment and illegal activities in the region, particularly as an entry and exit points for drug smuggling as well as an alternate route of international drug syndicates.

Drug abuse is a non-readily identifiable problem, abusers do not come out or stand up to be identified. Hence, the difficulty in acquiring and setting baseline data on the overall picture of the magnitude of the drug abuse problem in the country. The Dangerous Drugs Board, being the highest policy-making and coordinating body on all matters pertaining to drug abuse relies on data reported by various cooperating agencies working on drug abuse prevention and control and epidemiological studies conducted to gauge the extent of the problem.

2. DATA SOURCES AND TIME PERIOD

For 1998, 4,983 cases were recorded from thirty-six (36) residential and eight (8) outpatient treatment and rehabilitation centers duly licensed by the Dangerous Drugs Board. Of these centers, 14 were in the National Capital Region or Metropolitan Manila.

3. TREATMENT INDICATORS

Out of the total admissions, 89.18% (4,444) were residential confinees while 539 or 10.82% were out-patient centers' referrals. Of this number, 15.17 % (756 cases) came from Metro Manila.

Among the center confinees reported, 4,267 were newly admitted and 716 or 16.11% were re-admitted clients. A significant 11.53% increased was recorded among relapse cases in the year under review.

3.1 Drug Abuse Trend

Mono-drug use has replaced the prevailing multiple intake practice of drug dependents confined in the various rehabilitation and out-patient centers nationwide. Methamphetamine HCl (Shabu) maintains its popularity as the number one drug of abuse with a very significant 56.9% margin away from Marijuana. **Table 1** presents the most commonly abused drugs in the country for 1998.

Table 1: Most Commonly Abused Drugs - 1998

Drugs Used/Abused	Number	Percent
Shabu	3990	93.51
Marijuana	1562	36.61
Corex-D	158	3.70
Robitussin-Ac	35	0.82

Still the number one source of drugs according to centers' confinees are friends/peer with 69.18% as admitted by more than 69 % centers' confinees.

Age of initial drug use for both male and female was recorded to be highest among the 15-19 years of age. The next vulnerable age groups are the 10-14 and 20-24 years old.

3.2 Demographic Characteristics of Confinees

3.2.1 Age, Gender and Marital Status

The ratio of male to female confinees is.12:1.

The mean age is 26 years old. More than 55 % of the total number of confinees were single.

3.2.2 Educational Attainment and Occupation

Ninety-eight per cent of the confinees were reported to be educated. Out of this proportion, eighty-seven (87%) have at least reached high school level.

As to occupation, employed individuals comprised more than half of the distribution with 55.09% reported to be employed prior to their confinement. Significantly, however, 21.75% comprised the unemployed strata. On the other hand, 12.16% of the centers' confinees were reported to be students.

Table 2: General Profile of Drug Abuser

Mean age	: 26 years
Gender ratio	: 12 male : 1 female
Marital Status	: 55.78% single
Family Size	: 3 – 4 siblings in a family
Occupation	: Workers/employees 42.51%
	Unemployed 21.75%
	Self-employed 12.58%
Educational Attainment	: High school 27.77%
Economic Status	: Average monthly family income – P590
Place of Residence	: Urban
I.Q	: Average
Nature of Drug-Taking	: Monodrug Use
Drug of Abuse	: Shabu, Marijuana

4. LAW ENFORCEMENT DATA

The data presented here are based on the reports of various law enforcement agencies working in consonance with the Dangerous Drugs Board in the implementation and enforcement of Republic Act 6425, particularly illicit trafficking of prohibited and regulated drugs for the period January to December 1998.

4.1 Illicit Drug Cultivation, Production and Trafficking

4.1.1 Marijuana

Marijuana, though not so popular than a few years back is still one of the most abused drugs in the country due to its availability and price affordability in the market. Its cultivation remains unabated despite intensive eradication operations launched by drug law enforcement.

Cannabis production in the Philippines is for both domestic consumption/distribution and illegal export to Australia, Japan, Asian countries, USA and its territories, and European countries. Illegal exports of cannabis are effected from both major and minor air and seaports in the country.

For 1998, a total of 815,619 plants/seedlings and 175 kilograms of seeds were seized in cultivation sites while the amount of seized cannabis dried leaves totaled to 2,058.97 kilograms.

Although there are no documented reports on the presence of clandestine hashish laboratory, the persistent presence of the drug in the illicit drug market is a very strong indication of the existence of such laboratory - evident with the seizure of 506.21 grams in 1998.

4.1.2 Methamphetamine HCl (Shabu)

Trafficking of Shabu is still controlled/operated by both foreign and domestic based syndicates in tie-up operation with foreign trafficking organizations. These foreign syndicates are based in Hong Kong, Taiwan and mainland China and had been identified as the source countries for illegally imported Methamphetamine HCl in the Philippines, while Sino-Filipino groups control the domestic trafficking.

In 1998, a total of 398.66 kilograms of methamphetamine HCl (Shabu) were seized in 1,295 raids, resulting in the arrest of 2,358 persons. **Table 3** presents the above-mentioned statistical data for the year under review.

Table 3: Amount of Drug Seized, Raids Conducted, Persons Arrested

Drug	Amount Drug Seized	Raids Conducted	Persons Arrested
Heroin	1,945.80g	4	4
Cocaine	2,080.00	2	4
Marijuana plants	601, 819	10	5
Marijuana seedlings	213, 800	1	0
Marijuana leaves	2,057.974g	157	305
Marijuana cigarettes	157 sticks	5	12
Marijuana Hashish	506.21g	3	5
Marijuana treated cake	4 pcs.	0	0
Marijuana seeds	175,007g	1	0
Meth Hcl/Shabu	312,929g 85,730g (liquid)	1,294 1	2,357 1
Eph. Hcl	**70/3*	4	20
Mogadon	10 tablets	1	10
TOTAL		**1,483**	**2,722**

4.1.3 Heroin

The Philippines serves as a transit point for heroin that comes from Thailand destined for countries in Europe, the Caribbean, Southeast Asia, Africa and North America. For the year under review, aggressive trafficking activities by Nigerian nationals resurfaced and the use of express mail services was exploited in response to successful law enforcement pressure against courier activity. Four (4) significant heroin smuggling incidents were encountered resulting in the seizure of 2.95 kilograms of heroin and the arrest of two (2) Nigerian nationals.

4.1.4 Cocaine

Cocaine is prominently transported by shipside smuggling. The drug usually comes from South American countries namely, Bolivia, Colombia and Peru destined for the U.S.A. and other undetermined destination in European countries. The seizure of 2.08 kilograms of cocaine in October 1998 became a new concern for the drug enforcement community. The source is unknown.

4.1.5 Precursors and Essential Chemicals (PECS)

The year in review registered a seizure of 70 grams and three (3) sacks of ephedrine hydrochloride - it is surmised that there is a movement of the chemical for illicit use. Although the amount of substances diverted represents only a small portion of the total chemical used for legitimate purposes, the amount remains significant for the illicit drug industry. With the discovery of Shabu laboratories in the last three 3 years, it is

presumed that the availability of PECS in the illicit market is not only due to diversion, but also because of the illicit trafficking or smuggling of the chemicals.

5. HEALTH INDICATORS

In 1998, the HIV/Registry of the Department of Health has recorded a total of 190 HIV Ab Seropositives. Also, in the year under review, no HIV drug-related case was reported while 25 drug-related emergency cases were recorded by the Philippine General Hospital in Manila.

6. SURVEY CONDUCTED

Another source of data for the current drug situation in the Philippines is the survey commissioned by the National Youth Commission to the Social Weather Station in November 1997 among youth belonging to the 15-30 years of age. Results of the survey showed that 1.7 million of the youth population in the Philippines have tried drugs once in their lifetime. To date, no other studies/survey has been conducted to refute or support the findings of the said survey.

CONCLUSION

Despite the continued rise of drug abuse problem in the Philippines, the Dangerous Drugs Board, sustained its efforts by addressing the problem with reinforced vigor through a well-balanced campaign on drug supply reduction, drug demand and international cooperation. These efforts were achieved through linkages with law enforcement agencies, the private sectors and international bodies.

The following are some of the measures undertaken by the Philippine Government in its efforts to combat the drug menace:

- Continued dangerous drugs plant eradication and Shabu -Interdiction/suppression programs;
- Innovative school and community-based drug prevention and education programs;
- Intensified tri-media information campaign;
- Conduct of research studies responsive to the ever-changing patterns of drug use;
- More training programs for drug abuse prevention and control;
- Strengthen the already established local anti-drug abuse councils to fight the drug problem in each city/municipality;

- Continued bilateral, regional and international cooperation to maintain close ties and liaison with narcotics enforcement agencies and other GOs/NGOS directly or indirectly involved in drug abuse prevention and control.

New developments to address the problem include:

- On 15 January 199, President Joseph Estrada, through Executive Order No. 61, has created a new and expanded anti-narcotics body named, National Drug Law Enforcement and Prevention Coordinating Center (NDLEPCC). This body is tasked to orchestrate and consolidate the drug law enforcement and prevention efforts of national government from the national to the barangay levels.

- Issuance of Memorandum Circular No. 98-227 in December 1998, by the Department of Interior and Local Government, for the creation of provincial, city, municipal and barangay anti-drug abuse councils nationwide.
- As to the legislative effort, some bills creating a single authority that will be responsible for the efficiency and effectiveness of all matters pertaining to drug abuse prevention and control and another which is design to penalize racketeers are now pending in Congress.

DRUG ABUSE IN PAPUA NEW GUINEA

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Papua New Guinea is privileged to present some of its experiences that it encountered in the past 10 years.

In the area of Epidemiological Studies, Papua New Guinea is in the learning stage. There are many indicators that show the reality of drug abuse problem in the country.

The numbers of studies conducted and publication in international medical literatures on drug abuse in Papua New Guinea are small. In recent years, there were three surveys conducted. One was conducted by the National Research Institute and the other two were carried by the National Narcotics Bureau. The main purpose of these studies are to measure the degree of drug abuse problem.

A mini cross-sectional study of attitudes and problems related to alcohol and drug abuse in the National Capital District of Papua New Guinea has been carried out by medical doctors. These studies strongly suggest that the problem is increasing.

There is no doubt that drug abuse problem is escalating at an alarming rate. In recent years we have noted a rise in the number of persons being referred to mental health clinics for drugs induced psychosis.

The main drug of concern is still cannabis. There is a small growing trade in cocaine entering the country, and heroin is only found sporadically. Ecstasy is also a growing concern.

Despite seizures of drugs and arrests of traffickers, the country remains a primary source of cannabis and a major consumer of opiates and perhaps its by-products. The country has also become a significant and growing market for psychotropic substances.

The abuse of inhalants such as glue and paint thinners, is spreading particularly among the youth. School children are at very high risk in the abuse of alcohol and cannabis or tobacco.

Fortunately, the abuse of hard drugs is not yet a major problem in Papua New Guinea, despite the proximity of the country to Australia, and about six hours flying time from South-East Asia. Perhaps, the most widely consumed drugs in Papua New Guinea are tobacco and betel-nut and also alcohol and cannabis.

The complex and often confusing drug scene requires systematic discussion. For example in terms of the triad, "substance to individual to society". Obviously there is,

in any drug abuse situation, an interaction between an abused substance, the user and society (an environment) in which abuse occurs.

Drug-related HIV/AIDS is another problem the country is faced with. There have been an increase in these cases and many of these patients are either dying or are under observation by health authorities.

Lastly, there are two problems I wish to bring to your special attention in respect to drug trafficking in Papua New Guinea:

i. There is a vigorous exchange of drugs for guns, and this is particularly noted between Papua New Guinea and Australia. Guns are increasingly being used in tribal warfare as well as by criminal elements in the country;

ii. Papua New Guinea has adopted a "Look North" policy. This is fine for economics, but there are problems. Downstream processing in industries are being encouraged to come in, and many of these involve the use of precursor chemicals.

We have neither the expertise nor the infrastructure to handle the use of precursors - that these are not diverted elsewhere to produce illicit drugs.

Papua New Guinea wishes to develop more liaison with our immediate neighbours. This refers in particular, the region of the South Pacific Islands Nations. The United Nations Commission on Narcotic Drugs sent a fact finding mission to the region in December, 1992 and thereby established the increase in inter-relations in the region.

We wish to have firmer links with the Australian Authorities in cooperation and information sharing. As well we need stronger links with our Asian neighbours - the Philippines, Japan, Singapore, Malaysia and Thailand.

Papua New Guinea learns a lot from such meetings as this one, as well as other regional and international conferences. Our plan is that we will be included in this sharing of international cooperation for in no other way is our country and the region going to be equipped to tackle the serious problem we now have in hand.

CURRENT DRUG ABUSE SITUATION IN TAIWAN, R.O.C.

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ABSTRACT

As of March 1999, methamphetamine and heroin are still the two predominant illicit drugs of abuse and account for 75.2% and 13.7% of the total illicit abuse cases, respectively. The amounts of methamphetamine and heroin seized are 903.8kg and 134.0kg in 1998, respectively. Flunitrazepam, a legal medicine, has been abused recently and still ranks the third most abused drug among treatment admissions in 1998. The sniffing of glue, a substance abused in the 1960's, has recurred as the fourth most abused drug among treatment admissions. While the link between IDUs and AIDS is still weak (2.3%), the high proportion of drug administration through injection (30.8%), among treatment admissions, has made it a priority in AIDS prevention.

INTRODUCTION

Located in the West Pacific, Taiwan is separated from the mainland China by the Taiwan Strait. Taiwan is made up of the Taiwan Island proper and some 85 islets, with a total land area of 36,000 square kilometers (14,000 square miles). Although Taiwan is relatively small, it is densely populated with 21,742,815 persons (census at the end of 1997). Such a high population density (601 persons per square kilometer of land area or 2,494 persons per square kilometer of arable land) has made life on this tiny island very crowded and competitive. Nevertheless, the economy of Taiwan has been rapidly developed in the past two decades and the quality of life has also been substantially improved. The per capita national income in 1997 was NT$ 344,462 (US$ 12,074). This was a 11.6 fold increased over the US$ 1,041 of 1976.

2. DATA SOURCES AND TIME PERIOD

Data for this report were drawn from various sources:

Data on arrests, seizures and laboratory reports for court referrals on urine samples of drug abusers for January 1998 to March 1999 were obtained from the Investigation Bureau, Ministry of Justice; National Police Administration, Ministry of Interior; Headquarters of Military Police, Ministry of Defense; National Laboratories of Foods and Drugs, Department of Health; and all local Health Departments.

Drug treatment admissions for January 1998 to March 1999 of 42 sampled hospitals and clinics with psychiatry therapy and drug treatment capacities; and data on routes of drug administration for July 1998 to December 1998 were obtained from the Field Epidemiology Training Programme, National Institute of Preventive Medicine,

Department of Health

Data on AIDS and HIV infections for December 1984 to March 1999 were obtained from the Bureau for Prevention of Communicable Diseases, Department of Health.

3. DRUG ABUSE TRENDS

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

3.1 Methamphetamine

According to the local health departments, National Police Administration, and the Investigation Bureau of the Ministry of Justice, the results of urine tests for court referrals led to an average of 5000 abusers indicted each month during the past several years. Among these indicted abusers, around 3/4 of them consumed methamphetamine. Methamphetamine was present in 75.2% of the total positive cases of urine testing in 1998 and 82.3% from January to March 1999 **(Exhibit 1)**. The amounts of methamphetamine seized were 1106.3 kg from 1998 to March 1999 **(Exhibit 2)**. The methamphetamine seizure demonstrates the efforts executed by the judicial systems on the supply side. On the other hand, it may also imply the severity of the methamphetamine abuse problem.

Although methamphetamine is the prime drug of abuse, it is not the most frequently mentioned drug among treatment admissions **(Exhibit 3)**. Heroin, which constitutes 38.9% of the treatment admissions in 1998, takes the lead instead. The main reason could be due to heroin's severe physical dependence/withdrawal, which drives the addicts to seek treatments.

3.2 Heroin

Heroin is currently the second predominant abused drug. In 1998, heroin was present in 13.7% of the indicted addicts **(Exhibit 1)**. The amounts of heroin seized in 1998 to March 1999 were 151.5 kg **(Exhibit 2)**. Although heroin abuse is still alarming, the situation seems to level off for the past three years.

3.3 Other Opiates

Sporadic cases of morphine and opium seizure have been reported, although they only constitute 1.3 % of the treatment admissions **(Exhibit 3)**.

3.4 Flunitrazepam and Other Depressants

Depressants abused is a relatively new issue. Secobarbital, amobarbital and methaqualone were among the first three of depressants to be misused in the early 1980's. Flunitrazepam (nicknamed as FM2) abused cases have been observed nationwide since the first case was reported in September 1995. Fifteen per cent of the total drug admissions abused flunitrazepam, especially FM2 (Exhibit 3). Flunitrazepam ranks the third main abused drug among treatment admissions.

3.5 Inhalants

The major inhalant abuse is glue sniffing. The abuse of glue, which contains toluene as the solvent, was an epidemic in the 1950's. The Government, in its effort to prevent glue sniffing, has made it mandatory for glue manufacturers to add mustard oil in glue preparations. However, glue sniffing has recurred recently. Glue is now the fourth substance of abuse and accounts for 6.0 % of the total treatment admissions in 1998 **(Exhibit 3)**.

3.6 Others

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

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

Cumulative data on AIDS and HIV positive cases from December 1984 to March 1999 reported a total of 723 AIDS cases and 2,022 HIV positive cases. Seventeen of the total 723 AIDS patients (2.4%) and 47 of the total HIV positive cases (2.3%) were classified as IDUS **(Exhibit 4)**. The data on the routes of drug administration, as shown in **Exhibit 5**, indicate the potential of HIV infections through needle sharing. To avoid the spread of HIV, the Department of Health has decided not to control syringes and needles, which are now freely available in any pharmacy.

Exhibit 1: Laboratory Test Results of Drug Offenders' Urine Samples (1998 - March1999)

Year	Months	Positive Cases			
		Methamphetamine	Morphine *	Methamphetamine & Morphine *	Total
1998	1-3	7,460	1,671	1,182	10,313
	4-6	10,331	2,218	1,455	14,004
	7-9	9,970	1,525	1,593	13,088
	10-12	9,935	1,432	1,324	12,691
	Total	37,696	6,846	5,554	50,096
	%	75.2	13.7	11.1	100
1999	1-3	13,217	1,286	1,558	16,061
	Total	13,217	1,286	1,558	16,061
	%	82.3	9.7	8.0	100
Grand Total		50,913	8,132	7,112	66,157
%		76.9	12.3	10.8	100

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

Exhibit 2: Drug Seizures (1998 to March 1999)

Amounts of Seizure (gm)							
Year	**Months**	**Heroin**	**Methamphetamine**	**Marijuana**	**Opium**	**Cocaine**	**Morphine**
1998	1-3	38,020.9	479,801.7	111.8	0	0	0.1
	4-6	47,768.6	117,093.7	224.0	9.1	0	3.0
	7-9	28,913.6	124,201.0	5,735.1	3,062.3	0	1.3
	10-12	19,270.8	182,750.2	5,245.6	12	145.0	34.6
	Total	133,973.9	903,846.6	11,316.5	3,083.4	145.0	39.0
1999	1-3	17,494.3	202,497.0	4,611.4	0	0	0
	Total	17,494.3	202,497.0	4,611.4	0	0	0
Grand Total		151,468.2	1,106,343.6	15,927.9	3,083.4	145.0	39.0

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

Exhibit 3: Type of Abused Drug Among Treatment Admissions in 42 Sampled Hospitals (January 1998 to March 1999)

Year/Months / Drug	1998						1999	Grand	
	1-3	4-6	7-9	10-12	Total	%	1-3	Total	%
Heroin	205	256	243	237	941	38.9	253	1,194	38.0
Methamphetamine	145	186	259	290	880	36.3	304	1,184	37.7
Depressants	110	114	62	67	353	14.6	65	418	13.3
Glue & Organic Solvent	33	28	44	40	145	6.0	73	218	6.9
Other Opiates	11	6	5	9	31	1.3	12	43	1.4
Others	10	8	36	18	72	2.9	13	85	2.7

Exhibit 4: Cumulative Cases of HIV Infection and AIDS (1984 to March 1999)

Exposure	* HIV Infection		AIDS	
	Total	(%)	Total	(%)
Heterosexual	699	(34.6)	318	(43.9)
Male homosexual	443	(21.9)	140	(19.3)
Male bisexual	319	(15.7)	154	(21.3)
Hemophiliac	53	(2.6)	18	(2.5)
Injecting drug user (IDU)	47	(2.3)	17	(2.4)
Blood transfusion	9	(0.5)	3	(0.4)
Vertical transmission	3	(0.1)	0	(0.0)
Unknown risk factors	449	(22.3)	73	(10.2)
Total	2,022	(100.0)	723	(100.0)

* AIDS cases included.

Exhibit 5: Route of Drug Administration Among Treatmen Admissions (July - December 1998)

Route of Administration	Percentage
Oral	15.8
Smoking	18.0
Snorting	6.5
Injecting	30.8
Sniffing	28.2
Others	0.7
Total	100 %

Source: Department of Health

DRUG ABUSE SITUATION IN VIENTIANE MUNICIPALITY

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Food and Drug Department, Ministry of Health
Lao People Democratic Republic

INTRODUCTION

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

2. SOURCES OF DATA

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

3. TREATMENT INDICATORS

3.1 Treatment Admissions

A total of 59 new institutional admissions was reported in January – April 1999. All of the institutional admissions were in-patients.

3.2 Patients' Socio-Demographic Characteristics

Unlike the previous year, 10% of the patients are female and the majority (90%) are male. All of the patients are Buddhist, living with families, with a majority in their teens (72%) and 18% between the age of 20 and 34 years old. Eighty-eight per cent of the patients are students. A majority of the patients had 7 – 12 years of education **(Table 2)**.

Table 2: Patients' Socio-Demographic Characteristics (January – April 1999)

Socio-Demographic Characteristic		N	%
Sex	Male	53	89.8
	Female	6	10.2
Age	Under 15 years	5	8.5
	15 - 19 years	43	72.9
	20 - 34 years	11	18.6
	35 - 44 years	0	0
	45 and above	0	0
Ethnicity	Lowland Lao	59	100
	Upland Lao	0	0
	Highland Lao	0	0
Religion	Buddhism	59	100
	Catholic	0	0
	Pee	0	0
Marital Status	Single	59	100
	Divorced	0	0
	Married	0	0
	Widowed	0	0
Occupation	Administrators	0	0
	Workers	7	11.9
	Sales	0	0
	Students	52	88.1
	Unemployed	0	0
Living Arrangement			
	Family	59	100
Education	Zero	0	0
	1 - 6 years	0	0
	7 - 12 years	56	94.9
	13 years and above	3	5.1

3.3 Drug Abuse Trends

Previously, amphetamines, solvent/inhalants and alcohol were reported as the main abused substances among patients. However, in the current reporting period, all 59 patients smoked amphetamines, and street sale remained the main drug source **(Table 3)**.

Table 3: Drug Abuse Trends Among Patients

Drug Abuse Trends	N	%
Primary Drug of Abuse		
Amphetamines	59	100
Solvent/inhalant	0	0
Alcohol	0	0
Route of Administration		
Inhalant	0	0
Injection	0	0
Oral	0	0
Smoking	59	100
Other	0	0
Drug Source		
Street sale	59	100
Over the counter	0	0
Prescription	0	0
Diversion of prescription	0	0

4. LAW ENFORCEMENT INDICATORS

4.1 Drug Seizures

According to the Narcotic Control Unit, the amount of cannabis seized has decreased tremendously over the years. For example, in 1995 a total of 4732kg of cannabis was seized compared to 435kg in 1996, and a mere 16kg in the first nine months of 1997. No cannabis was seized in the year 1998. The opposite is true for amphetamines, where previously seizures of amphetamine tablets were never reported, about 84,000 amphetamine pills were seized over the first nine months of 1997. However, this figure has reduced to 30,000 pills in 1998 **(Table 4)**.

4.2 Drug-Related Arrests

Arrests for trafficking and possession of drugs that were rampant in 1996 were not reported in 1998. All the arrests made in 1998 were that of sales of drug – a total of 25 arrests **(Table 5)**.

Table 4: Amount of Drugs Seized

Type of Drug •	1995 (kg)	Apr. – June 1996 (kg)	Jan. - Sept. 1997 (kg)	Apr. - Dec 1998 (kg)
Morphine	0	8		
Heroin	49.65	40.8		4.1
Opium	695.05	0	3	68
Cannabis	4,732.08	435	15.9	
Amphetamine			83,769 pills	30,000 pills

Table 5: Drug-Related Arrests in Vientiane

Type of Arrest	Number of arrests		
	April - June 1996	July - September 1997	April – Dec. 1998
Use/consumption	0	0	0
Possession	11	0	0
Sales	0	24	25
Trafficking	6	0	0
Conspiracy	0	0	0
Others	0	0	0
Total	17	24	25

5. AIDS AND HIV

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

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

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

related HIV positive and AIDS cases.

Table 6: Number of Full Blown AIDS and HIV Positive Cases

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

PART 1 – Section Two

SOUTH ASIAN COUNTRY REPORTS
(October 1998 – April 1999)

DRUG ABUSE IN SRI LANKA

Y.Ratnayake
National Dangerous Drugs Control Board
Colombo, Sri Lanka

INTRODUCTION

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

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

2. DATA SOURCES

The Drug Abuse Monitoring System (DAMS) of the National Dangerous Drug Control Board is the main data source for this report. Sources to the DAMS include treatment facilities, Department of Police, Police Narcotics Bureau, Department of Excise, Sri Lanka Customs, Department of Prisons, surveys, and National Narcotics Laboratory. These quantitative data were enhanced with qualitative information obtained from outreach reports, staffs' observations, follow-up records, interviews with drug dependants, media reports and key informants. Although we are suffering from insufficient coverage of the problem in terms of various aspects of it, every effort was taken to present a balanced report from available information.

3. DRUG OF ABUSE

3.1 Alcohol

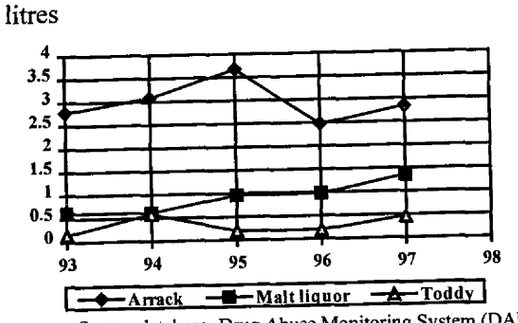
Alcoholic beverages are produced in the country both legally and illegally. Consumption of alcoholic beverages is a widely spread habit in the country for decades. Alcohol consumption has been identified as a main contributing factor for poverty and other health and social problems. According to surveys, the poorest segments of the society spend at least a third of the family income on tobacco and alcohol. About 40% of suicides are alcohol and other drug related. In general, alcohol consumption in Sri Lanka seems to be increasing in both absolute and per capita terms.

Arrack is the most commonly consumed legally produced alcoholic beverage in Sri Lanka. In 1997, the per capita consumption of arrack was 2.83 litres. This figure is 0.33

litres above the previous year's consumption level. Malt liquor consumption also has increased by 0.79 litres.

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

Figure 1: Liquor Consumption Per Capita 1993-98



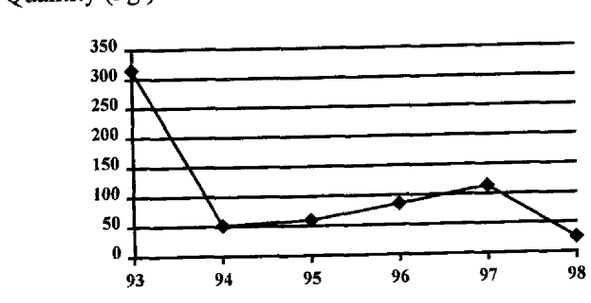
Source database: Drug Abuse Monitoring System (DAMS)

For the first time in Sri Lanka a home distillery of Kassippu powered by electricity and fixed to ceiling of a house was found in April 1999.

3.2 Cannabis

Cannabis is readily available throughout the country and is reportedly the most trafficked and abused illegal substance in Sri Lanka. In 1998, law enforcement agencies seized 24,825.686 kilograms of cannabis.

Figure 3: Quantity of Cannabis Seized from 1993-98

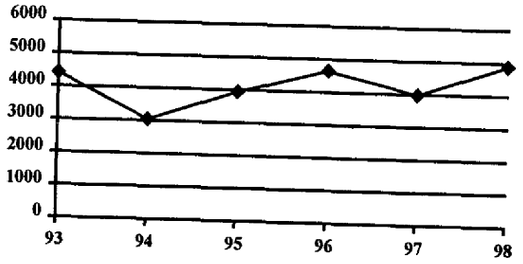


Source database: Drug Abuse Monitoring System (DAMS)

Cultivation of cannabis, which is illegal, continued as in previous years in the south east and the eastern regions of the country. Cannabis is cultivated for domestic market as well as for illicit export. According to reports, cannabis plantations are mostly confined to an

average of ¼ acre plots in the jungles and also grown as 'side crop' by vegetables' cultivators. Cannabis cultivators are mostly controlled by the local businessmen in their respective areas.

Figure 4: Persons Arrested for Cannabis-related Offences 1993-1998



Source database: Drug Abuse Monitoring System (DAMS)

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

3.3 Hashish (Cannabis Resin)

The use of hashish is not prevalent among the locals. However, police inquiries revealed that a well-established drug ring consisting of Sri Lankans and foreign nationals have been in Sri Lanka, using the Island as a transit point. In 1998, Sri Lanka Police Narcotics Bureau and Royal Canadian Mounted Police detected 1,118 of hashish from a vessel berthed in the post of Galle, Southern Sri Lanka.

3.4 Cocaine

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

3.5 Heroin

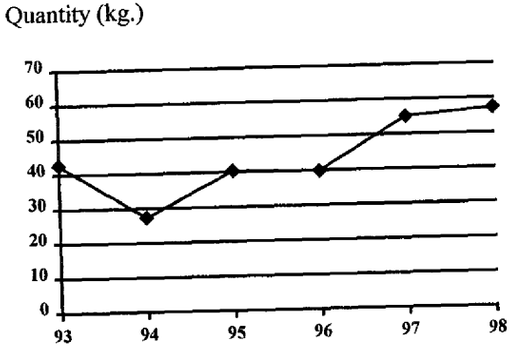
The main type of heroin available in the country is 'brown sugar' or No. 3 type heroin. Occasionally, black (black tar), and ash colour heroin are available in some places. Continued wide availability of heroin has been reported from nearly all parts of the country.

In 1996, the Drug Abuse Monitoring System launched a study to monitor the price and purity of heroin using street level samples from Colombo and several other cities, on a

monthly basis. A street sample (a packet) of heroin contains about 30mg (range 5mg-75mg) of diluted heroin. The current average di-acetyl morphine content or the purity of heroin in the country is 50%. The purity tests done on heroin detected at entry points shows an average of 60% di- acetyl morphine content. Accordingly, about 10% of 'cutting agents' are added after the drug was smuggled into the country.

According to a prevalence study[1] conducted recently, the lowest estimated number of heroin users in the country is 22,500. On assumption, a heroin user consumes three packets of heroin containing 30mg of heroin a day, the estimated heroin user population in the country needs around 2 kg of heroin a day, 60 kg a month, and 720 kg a year to support their heroin use. To make available this quantity of heroin on the streets, drug dealers need to smuggle about 648 kg of heroin a year.

Figure 5: Quantity of Heroin Seized 1993-98



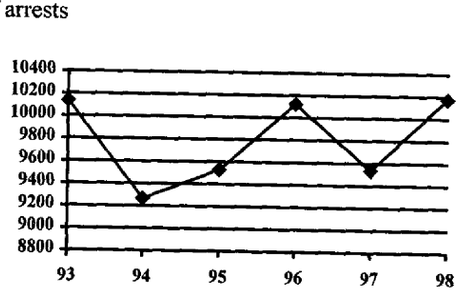
Source database: Drug Abuse Monitoring System (DAMS)

The total quantity of heroin seized by drug law enforcement agencies in the country was 57.194kg in 1998 and it was around 40 kg in the previous year. Thus, seizures by law enforcement agencies amount to 8% of the total annual availability of the drug.

There has been no sustained increase or decrease in the street level prices of heroin for the last five years. During the period, the average retail price of heroin was Rs. 1 million per one kilogram.

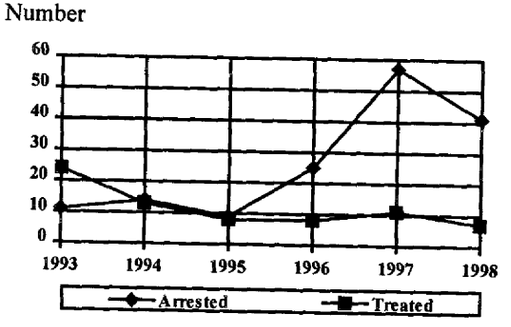
[1] Dr. Harsha Athurupane, Estimates and forecasts of the prevalence of drug use in Sri Lanka, 1998

Figure 6: Persons Arrested for Heroin-related Offences 1993-98



Source database: Drug Abuse Monitoring System (DAMS)

Figure 7: Injecting Drug Users Reported by Police and Treatment Facilities

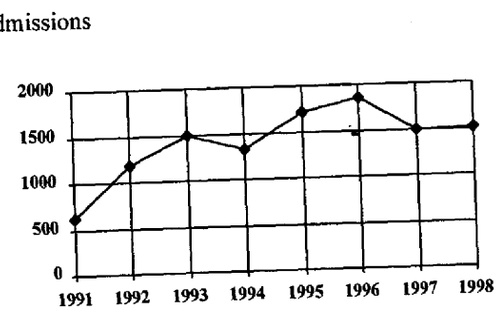


Source database: Drug Abuse Monitoring System (DAMS)

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

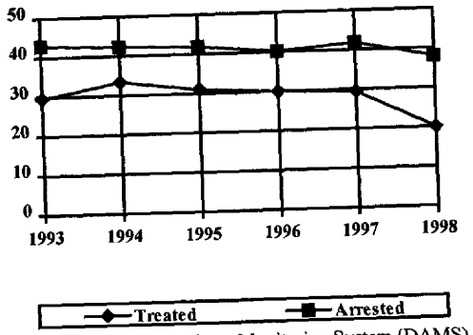
Heroin dependants in the country sought variety of treatments. The types of treatment range from popular inpatient detoxification and rehabilitation at NDDCB treatment centres; outpatient treatment from allopathic medical practitioners; homeopathic treatment; Ayurvedic treatment; self-medication with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

Figure 8: Reported Treatment Admissions for Heroin Dependency 1991- 1998



Source database: Drug Abuse Monitoring System (DAMS)

Figure 9 : Average Age of Persons Treated and Arrested for Heroin



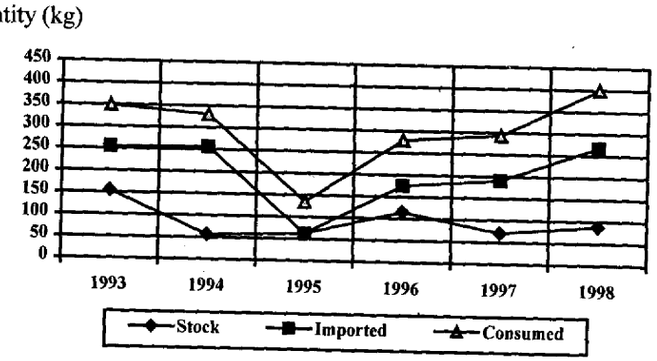
Source database: Drug Abuse Monitoring System (DAMS)

The average age of heroin use initiation is 20 years. The majority of treatment seekers are in the age bracket of 25-29 years of age. The average time duration between the initiation of heroin use and the treatment is 6.5 years which ranges between 3 to 10 years.

3.6 Opium

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

Figure 10: Annual Consumption of Opium for Medicinal Purposes



Source database: Drug Abuse Monitoring System (DAMS)

3.7 Psychotropic Substances

Although the numbers are insignificant flunitrazepam, mandrax, diazepam, codeine, methadone, barbitone, valium, and rohypnol abuses were reported during the year. According to reports, some pharmacies in Colombo and outstations sold most of those substances over-the-counter for drug dependants, charging fairly high prices. Further, unofficial reports confirmed the occasional use of ecstasy by a certain class of youth as in the previous year. However, in 1998 there has been no detection of any psychotropic substances.

3.8 Tobacco

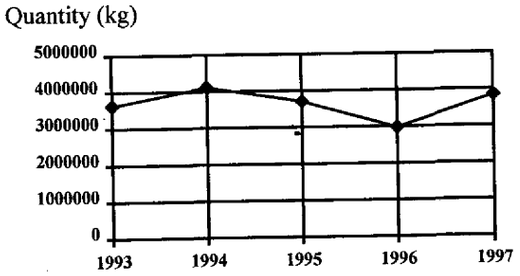
Tobacco use is a widely spread practice in the country. Traditionally it is chewed with betel leaves and areacanuts. Cigarettes and tobacco business is a monopoly in Sri Lanka. Foreign brands of cigarettes and other tobacco productions are also available in the market.

The price of local cigarettes ranges from Rs. 2.00 to 5.50 a cigarette. Other varieties of local tobacco productions are *Beedi* and *Black Cigars*. These varieties are normally used by lower income groups. There is a downward trend in quantity of tobacco issued to the producers.

4. HIV / AIDS

There were no drug related HIV/AIDS cases reported during the year. The total number of Sri Lankans who were HIV positive was 262 (166 males and 96 females) as at 31 December 1998. The number diagnosed with AIDS was 79 males and 23 females. The cumulative number of deaths was 69 by March 1999.

Figure 11 : The Quantity of Tobacco Issued[2]



Source database: Drug Abuse Monitoring System (DAMS)

[2] Data is not yet available for the year 1998.

PATTERN AND TRENDS OF DRUG ABUSE IN DHAKA, BANGLADESH

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ABSTRACT

Reviewing the drug abuse pattern and trends during these last few years it is observed that opiate still remains the main drug of abuse. Most drug abusers try various drugs at various times, and then finally sticks to any one primary drug. Others choose poly- drug as there primary drug of abuse. Alcohol abuse still remains quite low. One of the alarming trend is the abuse of injectable drug which has increased from 6% in 1993 to 10% in 1999. With regard to the profile of drug dependents, it is seen that the most vulnerable age group is 28 – 34 years. A majority of the patients are urban based. This could be due to the fact that data is obtained from the treatment centre located in the capital city. Status did not have any significance. Among the drug addicts coming for treatment, the most vulnerable group identified are unemployed, self-employed, sales and clerical worker. Most of the addicts were smokers and that a large number of addicts suffer from various biological and psychological disorders.

INTRODUCTION

Bangladesh has a total area of 55,598 square miles or 143,999 square kilometers. It is deltaic plain, criss-crossed by mighty rivers like Padma, Meghna, Jamuns and their numerous tributaries and distributors. Bangladesh is fenced by the bay of Bengal in the south and by India on the north, east and west. There is a small strip of frontier with Myanmar on the south-eastern edge. Dhaka is the capital of Bangladesh. The city of Dhaka encompasses an area of 116 square miles. The population of Dhaka city is estimated at 6.54 million. People of many religions such as Muslims Hindu, Christians, Buddist etc. reside in this city - Muslims being the majority 93.5%.

2. DATA SOURCE AND TIME PERIOD

Data for the 6 month period (October 1998 to March 1999) were obtained from the Central Treatment Center of Drug Addicts in Tejgaon, Dhaka.

Six hundred ninety four patients were registered for treatment at the Centre's out-patient department **(Table 1)**. A semi-structured interview schedule is than administered to all patients. The schedule contains demography and other drug-related informations. Information regarding seizures and arrests were obtained from the Department of Narcotics Control.

Table 1: Treatment Admissions October 1998 to March 1999

	New Admission	Readmission	Total
In Patient	294	94	388
Out Patient	251	55	306
Total	545	149	694

3. TREATMENT INIDCATORS

3.1 Drug Abuse Trend

3.1.1 Heroine

Heroin remains the most widely abused drug amongst the treatment seekers (69.9%). Most of the drug addicts abuse heroin by chasing. No case of injectable heroin abuser was detected during this period **(Table 2)**.

3.1.2 Codeine phosphate

Codeine is taken orally in the form of cough syrup (phensedyl). Eleven per cent of the drug abusers used codeine as their primary drug of choice. It must be noted that phensedyl (cough syrup) is no more manufactured in the country. However, large amounts of phensedyl are smuggled into the country from the bordering areas **(Table 2)**.

3.1.3 Cannabis

Although the sale of cannabis has been prohibited since 1989, it is still widely abused. Many started addiction with cannabis and then switched on the other drugs like heroin or phensedyl. A large number of addicts used cannabis as secondary drug **(Table 2)**.

3.1.4 Buprenorphine

The abuse of buprenorphine in the form of injection is on the rise -- 8.86% from previous years to 10.08% during the current period. Buprenorphine like heroine and codeine is abused mainly as primary drug **(Table 2)**.

3.1.5 Poly-Drugs

Many drug abusers shift to abusing poly-drug when they failed to get the same kick out of abusing any one drug with the wrong conception that combination of drugs will have better effect. Most of them were taking both heroine and phensedyl or heroine and ganja or ganja and sedative, or ganja and phensedyl. Ganja (cannabis) was the commonest drug to be used in combination with other drug **(Table 2)**.

3.1.6 Sedative Hypnotics

Benzodiazipine abused was seen amongst younger group. Most of them started abusing it for insomnia in the process of trying to give up addiction and became addicted to it in

the process. Benzodiazipine are available easily from pharmacy over the counter. Poly-drug abusers often innovate combination drug with benzodiazipine codeine and cannabis **(Table 2)**.

3.1.7 Alcohol

The percentage of addicts in the treatment centre who abused alcohol is less then 1%. This percentage remained steady for quite sometimes. The low percentage of alcohol abuser seeking treatment may be because Bangladesh is primarily a Muslim country. Home-brewed alcohol as well as imported alcoholic beverages are available to certain group on a license basis. Low socio-economic classes are known to consume local alcoholic beverages called "cholai" Tari and "Banglamod" **(Table 2)**.

Table 2: Primary Drug of Abuse

Type of Drug	Number	%	Previous %
Heroin	458	69.9	66.98
Codeine	75	10.8	12.54
Buprenorphine	70	10.08	8.86
Pethedine	Nil	0	.85
Cannabis	38	5.47	4.43
Sedative	9	1.29	0.94
Alcohol	3	0.43	0.47
Poly-drug	40	5.76	4.71

Table 3: Age of Treatment Seekers

Age in year	Number	%	Previous %
Under 15	-	-	0.0
15 – 19	28	4.03	5.28
20 – 34	557	78.82	79.81
35 – 44	100	14.40	14.91
45+	9	1.29	0
Total	694		

Table 4: Marital Status

Status	Number	%	Previous %
Unmarried/Single	318	45.82	46.47
Divorce/Separated	21	3.02	2.28
Married	351	50.57	50.77
Widow	4	0.57	0

Table 5: Patients' Occupations

Occupation	Number	%	Previous %
Professional	10	1.44	0.84
Sales and Clerical worker	109	15.70	12.64
Driver/Transport worker	62	8.93	9.15
Agro based	2	0.28	0.45
Self employed	176	25.36	27.36
Unemployed	256	36.88	34.52
Student	44	6.34	7.92
Other (Laborer)	35	5.04	7.08
Total	**694**	**99.97**	**99.96**

Table 6: Route of Drug Administration

Route	Number	%	Previous %
Parental	71	10.2	9.57
Oral	90	12.96	16.65
Smoking/Chasing	500	72.04	70.00
Other (Multiple)	33	4.75	3.77

Table 7: Number of Years of Education

Years	Number	%	Previous %
Zero	144	20.74	23.00
1 - 6	158	22.76	20.47
7 - 12	328	47.26	45.00
13+	64	9.22	11.50
Total	**694**	**99.98**	**99.97**

4. LAW ENFORCEMENT INDICATORS

Number of persons arrested for drug-related offences = 206

Table 8: Number of Quantity of Drug Seized

Drug	Number	Quantity
Heroin	17	0.088 kg
Codeine	31	758.05 litre
Inj. Pethedine	-	-
Inj. Buprenorphine	-	-
Cannabis	54	22.003 kg
Alcohol	90	2762.5 litre

DRUG ABUSE MONITORING SYSTEM RAWALPINDI/ISLAMABAD

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Rawalpindi, Pakistan

ABSTRACT

The drug abuse monitoring system for Rawalpindi/Islamabad initiated in March 1995 has been operational since then. This report looks at the drug abuse trends and other indicators for the six months from October '98 - March '99. During the reporting period there have been a total of 177 drug addicts admitted for treatment. Ninety-eight per cent of the drug addicts were using heroin as their primary drug of abuse with 69 per cent smoking or chasing the dragon, 25 per cent were sniffing and 8 per cent were injecting drugs. Seventy-three per cent of the addicts were poly-drug users as well as using multiple routes of drug administration. All the clients reported were male. More than half of the clients were in the age range of 35 years and above. Fifty-one per cent were single or never married, while 47 per cent were married. Eighty-four per cent were living with their families. While 20 per cent of the drug addicts were illiterate, 29 per cent had 1 - 6 years, 26 per cent 7 - 12 and 24 per cent had more than 12 years of education. Thirty-seven per cent of the clients were unemployed. Significant employment categories included self-employed 17 per cent, agrobased 16 per cent and drivers and/or transport workers 12 per cent. The law enforcement agencies arrested 608 people on drug-related offences. Most of these arrests (29 per cent) were for use and/or consumption of drugs, while other drug- related offences include trafficking 25 per cent, and sale of drugs 23 per cent. With a total of 612 seizures the local law enforcing agencies confiscated 9.5 kg., of opium, 50.4 kg., of heroin, 81.38 kg., of cannabis, and 2,212 of alcohol during this period.

1. RAWALPINDI/ISLAMABAD

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

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

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

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

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

2. DATA SOURCE

According to a study on availability of drug treatment centers in the country in 1994 there are 12 drug treatment facilities operational in Rawalpindi/Islamabad. One in the Government Hospital, three self help groups and eight treatment centers are run by NGOs or commercial interest groups. The treatment program being run earlier in the Central Prison was terminated in November 1996 - therefore an important data source has been missed now. Whereas, according to one study on "Assessment of Drug Treatment Service in the country" conducted by UNDCP, drug addicts constitute almost 22% of the jail population in Rawalpindi jail.

During the current six months, treatment data has been collected on a monthly basis from 3 specialized drug treatment centres. The law enforcement data was provided by the Police and Excise Departments through the District Narcotics Control Committee, which is headed by the Deputy Commissioner of Rawalpindi.

3. DRUG ABUSE TRENDS

During the reporting period, 177 male drug dependents came for treatment at the reporting treatment facilities. Indicating seasonal variations, more than half (60%) of these admissions were in the first quarter of the reporting period. These numbers correspond with the 57% arrests on drug-related charges made in the same (first) quarter. The highest number of admissions for any month were in October when 41 clients came for treatment. All the reported admissions were institutional – 59% were readmissions while 41% were new admissions for that particular reporting center. The drug abuse

trends reported here have primarily been taken from the drug treatment centers' admissions.

3.1 Primary and Secondary Drug of Abuse

Heroin was the main drug abused for which almost all - 173 (98%) clients sought treatment. Apart from this, two clients had sought treatment for morphine, and one for opium and alcohol each.

Of the 177 clients two thirds (130) were poly-drug users. Cannabis was the substance used by the majority (45%) of the users as a secondary drug of abuse. Opium was the second substance used by 25%, while 16% used tranquilizers and 11% used alcohol as their secondary drugs of abuse.

The use of cannabis (smoking), tranquilizers and alcohol is quite widespread as otherwise perceived or reported from the treatment data. One indicator of their demand and use is the amount of seizures made of alcohol and cannabis in the city.

3.2 Route of Administration

The route of administration of majority (68.8%) of clients using heroin was smoking - chasing the dragon, sniffing/snorting for 23.7% and injection for 7.5%. The use of injection for heroin is a trend that is emerging and needs to be looked at carefully lest it catches up with the majority of heroin users. The method of use for morphine as reported was injection. For opium and alcohol the oral route has been reported for their use. With 73% of the clients reported as poly-drug users these also use multiple routes for drug administration. Cannabis is being smoked, tranquilizers are primarily used orally while some may inject them. The use of opium, alcohol, sedatives, and codeine has been reported as oral.

3.3 Drug Sources

Street sales has been the source of drugs for 98.8% of the clients. Only two clients listed their source of drug as over the counter sale.

4. SOCIAL AND DEMOGRPAHIC CHARACTERISTIC OF CLIENTS

4.1 Sex and Age of Clients

All the 177 clients who came for treatment were male. Overall, 53% of the clients who sought treatment were 35 years old and above, whereas some 40% of the clients were between 24 - 34 years of age. The 53% 35 + age group and the fact that more than half of the clients are readmissions is indicative of chronic drug addicts going through the cycle of treatment - using drugs - treatment and using drugs. While the same age group holds true for the heroin addicts, of the two clients reported for morphine use, one was between

15 - 19 years and the other 20 - 34 years of age. Both the clients for opium and alcohol treatment were over 35 years of age.

4.2 Patients' Ethnicity and Religion

Of the 177 clients reported, 77% were Punjabi and 15% were Pathans. Some 6% of these clients were foreigners - Afghan, Iranian and Sri Lankan refugees and those with origins in Africa. With regard to religion, 90.4% of the reported clients were Muslims while 9.6% were Christians.

4.3 Marital Status

The majority (51%) of clients who came for treatment during the reporting period were single - never married. Similarly 47% of the clients were married and approximately 2% of the clients were either separated or divorced.

4.4 Occupational Status

A significant 37% of the clients who came for treatment during these six months were unemployed. However, it should be noted that most of these clients were currently unemployed but had been employed at one stage or another. Of the other significant occupational categories stated by the clients 17% were self-employed, 16% were agrobased workers and 12% were drivers and/or transport workers. The clients stating their occupation as agrobased are those who come from the rural areas for treatment in the city. The drug wise distribution of occupational categories more or less remain the same for heroin users, but in the case of one opium addict reported he was self- employed while those reported for alcohol and morphine use were agrobased workers.

4.5 Living Arrangements

Eighty-four per cent of the clients were reportedly living with their families which is indicative of the family system still being there and supportive of the larger number of drug users. However, there is an increasing percentage (13.5%) of clients who are living alone – this was approximately 10% in the previous six months. Some 1.8% of the clients were reported to be living with their friends and colleagues.

4.6 Years of Education

Of the 177 clients reported, 19.8% were illiterate, 29% had 1 – 6 years and 26% had 7 – 12 years of education, and 24% had 12 or more than 12 years of education - this percentage has gone considerably higher than previous six months. Again the percentages of educational achievement of heroin addicts are similar to those of the total. The two morphine addicts are illiterate, whereas the one opium addict had 1 - 6 years and the alcohol dependent had more than twelve years of schooling.

5. LAW ENFORCEMENT INDICATORS

During the reporting period, the law enforcement agencies arrested 5,138 persons for various criminal offences. Of these, 11.8% were arrests for drug-related crimes. More than half of the drug-related arrests (57%) were made in the earlier quarter i.e., between October and November.

Of the 608 arrests for drug-related charges, 29% of the clients were arrested for use and/or consumption of drugs (other than alcohol), 25% arrests were for trafficking of drugs, while 23% were for the sale of drugs. Alcohol being illegal, some 22% arrests were made for public drinking of alcohol.

Of the total seizures and the quantities of drug seized by the local police and excise and taxation personnel, the largest amount of seizures were of heroin with 50.399 kg., seized through 304 seizures, 81.3785 kg., of cannabis (primarily dried resin) were seized through 211 seizures, and 9.465 kg., of opium seized with 10 seizures. For alcohol 2,212 bottles of alcohol were seized through 87 seizures in the six months reporting period.

6. HEALTH INDICATORS

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

6.1 HIV/AIDS

The total number of HIV/AIDS cases for the city have not been collected during this period. Also, the treatment centres do not have the facilities for HIV screening of their clients. Some of the drug treatment centres are now looking into the possibilities of having their clients, especially those who have been injecting drugs screened for HIV/AIDS. According to one unpublished study conducted jointly by UNAIDS and UNDCP on injection drug users more than 90% of the sample have been found to be positive with Hepatitis 'C' Virus.

7. OPERATIONAL ISSUES

As reported earlier, the drug abuse monitoring system in Rawalpindi/Islamabad has been operational since 1995. However, at this stage the monitoring system has no official recognition and is being run on voluntary interest of the participating centres and one member of the District Narcotics Control Committee. Similarly, the Police and Excise Departments through the District Narcotics Control Committee have continued to be very helpful in providing the law enforcement data for the system. Nevertheless, those who regularly receive the periodic reports appreciate its usefulness in terms of monitoring the trends at the city level.

PART 1 – Section Three

REGIONAL REPORT
(January 1998 – December 1998)

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

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ABSTRACT

Drug treatment and law enforcement data were collected using a standardized instrument in four East and South Asian cities. Treatment data from the cities indicated significant variations in patterns of illicit drug use. Heroin admissions were predominant in most of the East Asian cities (Bangkok, Hanoi, and Kuala Lumpur) and South Asian cities (Colombo, Islamabad and Dhaka). In Manila, amphetamines remained the predominant drug of abuse and polydrug abuse of amphetamines, alcohol, cannabis and cough syrups was widespread. Alcohol consumption was high in Madras. Buprenorphine abuse that was observed previously in several South Asian cities was not seen in Colombo, Dhaka and Islamabad. Heroin injecting was common in Bangkok and Hanoi. In Kuala Lumpur smoking or 'chasing the dragon' was the main route of drug administration. In most of the South Asian cities, smoking/chasing was the primary mode of heroin use. Heroin injecting was more widespread in Madras and Islamabad, while other/multiple mode of drug administration was prevalence in Colombo. There were variations in the socio-demographic characteristics of treatment admissions between the cities in the two sub regions. The number and rate of drug-related arrests varied between the cities. Significant differences in drug seizures were also observed between the cities.

INTRODUCTION

Asia confronts a serious problem of drug abuse and illicit production and trafficking of narcotic drugs and psychotropic substances. In recent years there are notable changes in the drug abuse trends in the region. Opium smoking is diminishing in the east and south east region, but unfortunately it is being replaced by heroin injecting. A similar trend is observed in South Asia. In countries such as Bangladesh, India and Pakistan, opium has been substituted with heroin, and more recently, also to buprenorphine, and the route of administration is shifting from inhalation (smoking) to injection and 'chasing the dragon'. Systematic assessment and monitoring of the extent and nature of the problem at the national and regional level are important for its effective control.

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

have implications for the control of drug abuse in the region. The Center for Drug Research, Universiti Sains Malaysia, coordinates the Program and compiles and analyses the data biannually.

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

2. METHOD

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

3. DATA SOURCES

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

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

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

4. CROSS-CITY COMPARISON OF EAST ASIAN CITIES

4.1 Demographic Characteristics of Cities

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

4.2 Drug Treatment Data

4.2.1 Total Number of Treatment Admissions

Many variables affect treatment admission numbers, including program emphasis and capacity. This is reflected in the substantial variation in total number of treatment admissions between the cities.

Although the reporting period for Bangkok is shorter (January – June 1998) than the other 3 cities it reported the largest total of 5,730 treatment admissions for the year. Of this total, 75% were readmissions and the rest were new cases. Kuala Lumpur recorded a total of 3116 admissions from January - December 1998, with 61.4% new cases and 38.6% old cases. For the duration of 9 months (April – Dec 1998), Hanoi reported a significant larger total admissions comparatively – 2108 cases, with 86% readmissions. While Manila has the least total admissions for the year (756 cases), with 89% new admissions.

A comparison of available information for previous year shows that the total number of new admissions in Kuala Lumpur increased quite significantly from 1034 cases in 1997 to 3116 cases in 1998. Manila too shows a fluctuation from 500 cases in 1997 to 756 cases in 1998.

4.2.2 Pattern of Illicit Drug Use

Heroin was the primary drug of abuse among most of the drug dependents who were admitted for treatment in Bangkok (83.19%), Kuala Lumpur (70.67%) and Hanoi (56.75%) **(Exhibit 2)**. Significant variations in mode of heroin administration was observed between the cities. Smoking or 'chasing the dragon' was the most common route among patients in Kuala Lumpur (67%), with a lesser extent in Bangkok (27%) and Hanoi (13%). Heroin injection was the main feature in Bangkok (69%). Sizable (17%)

injecting practices were reported in Hanoi. In Kuala Lumpur, injecting drug use was minimal (6%). Drug use through inhalation was popular in Hanoi, with 67% of drug dependents reporting such a mode of use.

The percentages of addicts taking heroin in Bangkok and Kuala Lumpur increased quite significantly from that reported in 1997 – from 57% in 1997 to 70% in 1998 in Kuala Lumpur. The increased is more evident in Bangkok where for the duration of 6 months (Jan – June) in 1998, 83% of the treatment admissions were reported to be heroin addicts as oppose to only 76% reported for the year 1997. The proportions of treated addicts in Hanoi that abuse heroin do not fluctuate much from the previous reporting period – from 51% in January 1997 – April 1998 to 57% in April – December 1998.

Opium admissions remained the highest in Hanoi (38%) although the use is decreasing from the previous reporting period (44% in January 1997 – April 1998. A major shift from opium to heroin use has been reported in Hanoi since 1997. This is probably associated with the increasing availability of heroin in the city and the increase preference for heroin among the users. Opium use in Hanoi was mainly through injection. However, in recent years, inhalation has been the favourable practice to smoking and injecting because of the ease of use and the perception that "only inhaling is noble".

Reports on morphine abuse was mainly from Kuala Lumpur (6%), lower than reported in 1997 (9%). Hanoi reported a small (4%) percentage of morphine abuse, a slight increased from previously reported (2.8%).

The abuse of cannabis among treatment admissions has been reported in most cities. However, it was more widespread in Manila (38%) and Kuala Lumpur (21%). A less significant percentage of cannabis abuse was observed in Bangkok (0.12%). Cannabis was reported to be primarily used as a 'gateway' drug in cities such Bangkok and Kuala Lumpur.

In all 3 cities, cannabis use among treatment admissions has decreased quite significantly – Kuala Lumpur from 39% in 1997 to 21% in 1998; Manila from 45% in 1997 to 38% in 1998; and Bangkok from 1% in 1997 to 0.1% in the first 2 quarters of 1998.

Unlike the other cities, polydrug use of non-opiate drugs was common in Manila (97%). Methamphetamine or 'shabu' remained the most common drug of abuse accounting for 92% of the total treatment admissions - a tremendous increased from previous year (79%). This drug was usually inhaled through the mouth. The use of alcohol (44%) and cough syrups (29%) such as codeine, pethedine, etc. were also common. Benzodiazepines and analgesics were also abused but to a much lesser extent. Other drugs such as heroin, LSD, ecstasy and other hallucinogens are generally not available and abuse of such drugs are limited to the affluent. The abuse of cocaine has not been reported except in Manila (0.15%).

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

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

In Hanoi, a shift from opium to heroin smoking (inhalation) and injecting has been reported in the last year. This was likely to be associated with the increasing availability of heroin and the change in preference among drug addicts.

4.2.3 Characteristics of Treatment Admissions

Males dominated the treatment data in each city **(Exhibit 3)**. This is suggestive of the severity of the drug abuse problem among the male population in all the cities. The percentages of women admissions were low except in Manila (17.24%). This figure is significantly higher than reported in 1997 (12%). However, it must be noted that the extent of the problem among females may not be reflected here because the existing treatment facilities in most of the cities are mainly for male drug dependents.

Other demographic data such as age, employment status, level of education and marital status, showed variations between the cities. Although most of the treatment admissions from each city were between the ages of twenty and thirty four, there was however, substantial variations in percentage of adolescent (15 – 19 years old) admissions. For example, Manila reported the highest proportion of adolescent admissions (21%), while both Hanoi and Bangkok reported 20% and 14%, respectively. In Kuala Lumpur teenagers accounted for 8.37% of total admissions.

Comparatively, the percentages of adolescent admissions in Manila increased significantly from 16.20% in 1997 to 21% in 1998, while in Kuala Lumpur the figure decreased two fold from 16% in 1997 to 8% in 1998. Overall, the age distribution of the drug abusers contacted within each city differed from that of the general population of the city. Comparing the age categories, it was evident that the reported age-specific incidence rates of drug abuse cases was significantly higher among those between twenty and thirty four years of age when compared to the other age categories.

The distribution of employment status differed significantly between the four cities. All the cities except Kuala Lumpur reported a significant percentage of unemployed. A

significant increased in the percentage of unemployed was observed in Hanoi and Bangkok – from 20% in 1997 to 53% in 1998, and from 28% in 1997 to 37% in 1998, respectively. An alarming increased in percentage of student admissions was observed in Manila – from 9% in1997 to 23% in 1998. Among the cities, Manila, Bangkok and Hanoi reported significant percentages of student admissions **(Exhibit 3)**.

Available information on the types of occupation among those employed showed variations between the cities. For example, most of the employed treatment admissions in each city were sales and clerical workers or were self-employed. A small but important group were the drivers or transport workers. For example, in Kuala Lumpur, sales and clerical workers, laborers and workers in the service industry accounted for the majority of cases. Cultivators made up a significant quarter of the addicts in Hanoi. All the cities recorded a significantly large proportion in the 'other' category which included a variety of occupations.

Information on years of educational attainment revealed that a majority of drug abusers who were admitted into drug treatment in most of the cities had between six and twelve years of education. There is no significant difference in proportions of addicts with less than six years of education in all 4 cities (between 18% - 29%) . Manila has the highest percentage (15%) of total admissions who had more than twelve years of education. A majority of the drug abusers from each city were unmarried.

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

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

4.3 Law Enforcement Data

4.3.1 Drug-Related Offences

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

Among the 4 cities, Bangkok has the highest number (10,295) of arrestees while Hanoi reported the highest rate (215.66 per 100,000 population) of arrestees. **(Exhibit 4)**.

Bangkok reported the next highest rate (175.01 per 100,000 population) followed by Kuala Lumpur (126.11 per 100,000 population) and Manila (103.28 per 100,000 population)

The types of offences also differed substantially between the cities. The rate per 100,000 population of arrests for consumption is predominant in Hanoi (172.78), while arrest for possession is predominant in Bangkok (93.05). Kuala Lumpur had reported a sizable rate of 29.17, 21.22 and 20.61 for trafficking, possession and sale of drugs respectively. In Manila the rate of arrests for possession was significant (89.38). Arrests for conspiracy that was not reported in the previous year was observed in Manila (6.04).

4.3.2 Drug Seizures

The types and quantity of drugs that were seized varied between the cities **(Exhibit 4)**. A wider range of drugs were seized in Bangkok between January and December 1998. Of the total drug seizures in Bangkok, 85% were amphetamines (a significant increased from previous year's 57%), 6% solvents/inhalants, 3% cannabis (a dramatic decreased form previous year's 12%). In Kuala Lumpur, of the total opiates and cannabis seizures, 68% were cannabis (a decreased from 83% reported in 1997) and 32% were heroin (an increased from 17% reported in 1997). Cannabis seizures in Manila reported a significant decreased from 85% in 1997 to 40% in 1998, while amphetamines seizures increased from 15% in 1997 to 59% in 1998. Manila also reported 885 bottles of seized solvent/inhalants. In Hanoi, opiates were the main drug seized, of this only 70% were opium and 4% heroin (an increased from previous year's 1%).

4.4 Health And Social Indicators

Information on these indicators was incomplete for most cities. Drug-related HIV cases were reported by Bangkok and Manila. Unlike previous year, Bangkok reported zero cases of HIV and AIDS in the first 2 quarters of 1998. Manila reported 175 HIV cases, 49 AIDS cases, and 340 drug-related psychological cases for the year 1998.

5. CROSS-CITY COMPARISON OF SOUTH ASIAN CITIES

5.1 Demographic Characteristics of Cities

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

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

5.2 Drug Treatment Data

5.2.1 Total Number of Treatment Admissions.

Data of all the cities were obtained form specialized drug treatment facilities. Each of the cities - Colombo, Dhaka and Madras reported a total of about two thousand treatment admissions in 1998 **(Exhibit 6)**, while Islamabad reported a total of 775 treatment admissions. Colombo and Madras did not distinguish between new and readmissions. In Dhaka, 80% of total admissions were new admissions. In Islamabad, 55% were re-admissions.

5.2.2 Pattern of Illicit Drug Use

Heroin admissions predominate in the cities of Islamabad and Colombo, accounting for 93% and 90% of the total treatment admissions, respectively **(Exhibit 6)**. This drug was also primarily used by more than half (70%) of the total number of admissions in Dhaka. In Madras, only a small proportion (14%) of the drug dependents were heroin users.

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

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

Cannabis admissions accounted for a small percentage of total admissions in all cities 1% - 6%). Alcohol consumption was high in Madras (74% of total admissions).

The abuse of buprenorphine, a potent synthetic opioid manufactured in India, which was reported as emerging problem among the youths in 1997 was not reported in 1998 except in Madras – 5.28% of total admissions, an increased from previous year's 3.7%.

Polydrug use was a common feature among drug dependents admitted to treatment in Islamabad with 77% reporting such behaviour. A sizable percentage (41%) of treatment admissions in Madras also reported use of multiple drugs. Most heroin abusers in Islamabad used other drugs such as tranquilizers, cannabis, opium and buprenorphine as secondary drugs.

Trend data for the last six years showed that heroin remained as the dominant drug of abuse in Colombo, Dhaka and Islamabad. Cannabis abuse rarely exceeded 6% of treatment admissions, except in 1998 where Madras reported 6.45% of total admissions abused cannabis. Also, in this city alcohol persisted as the most frequently abused drug for the past three years. Newer substances such as buprenorphine have emerged recently in most of the cities. For example in Madras, the rise in level of use of this drug among heroin addicts was attributed to the easy availability and low cost of the drug and the scarcity of heroin. Substituting one drug for another because of the reduction in availability of a drug is a common behavior among most heroin users. Dependence on psychotropic substances is of recent origin in Colombo and appears to be on the increase. These substances were usually used as adjunctive drugs with heroin.

The route of drug administration varied among the cities. Smoking or 'chasing the dragon' was the most popular mode in Islamabad (74%), Dhaka (71%), Madras (33%) and only 15% in Colombo. Most heroin and buprenophine users in Madras were injecting users (57%). Injecting drug use was reported to have increased significantly in Islamabad – from 7.0% in 1997 to 56% in 1998 in 1997. While in Dhaka the practice was slightly decreased from 11.0% in 1997 to 10% in 1998. Oral drug intake was also evident among the addicts in Dhaka (15%) and Islamabad (7%).

Available information showed that street sales was the primary source of drugs in Dhaka (100%) and Islamabad (89%).

5.2.3 Characteristics of Treatment Admissions

Male accounted for almost all admissions in each city. Madras reported the highest female admissions (2.08%) among the cities **(Exhibit 7)**. Drug abusers in the 20 to 34 age group accounted for the largest category (between 47% and 80%) of treatment admissions in Colombo, Dhaka and Islamabad. The second largest age category of drug abusers was 35 years and above in these cities. In Madras, more than one third (38.0%) of abusers were in the 20 to 34 years age group, while more than half (53%) were over 34 years old.

The distribution of treatment admissions by marital status was similar in all cities, with the exception of Colombo, where more were unmarried (52%).

The unemployed featured quite prominently in the occupational status in Dhaka (36%) and Islamabad (30%). In Colombo, a large proportion (50%) of total admissions were under the 'other' category, who were mostly laborers. The self-employed/small business made up a sizable proportion (14% - 27%) of total admissions in all the cities. Drivers accounted for a significant proportion (between 8 and 23%) of total admissions. Treatment admissions who were sales and clerical workers were of sizeable proportions in Madras (23%), Dhaka (13%) and Islamabad (12%). Students accounted for a significant percentage (7%) of total admissions in Dhaka.

The percentage distribution of treatment admissions by level of educational attainment differed between the cities. Those who did not receive any formal education accounted for a large percentage of total admissions in the cities of Dhaka (22%) and Islamabad (19%). Colombo (82%) and Madras (68%) had the largest proportion of treatment admissions who had between six and twelve years of education. A fairly significant proportion of total admissions who had more than 12 years of education were reported in Dhaka (10%) and Islamabad (11%).

Data on ethnicity of admissions were available for Colombo and Islamabad. In Colombo, consistent with the ethnic distribution of the city population, the Sinhalese formed the largest group of treatment admissions (86%). In Islamabad, the Punjabis (80%) accounted for the largest category of admissions. In Madras, data on religion, showed that the majority (54%) were Hindus, followed by Christians (35%).

5.3 Law Enforcement Data

5.3.1 Drug-Related Offences

The rate of drug-related arrests per 100,000 population was highest for Colombo 214.80 (3,650 cases) followed by Islamabad 94.75 (1,099 cases) and Dhaka 28.40 (1,868 cases) **(Exhibit 8)**. The differences may be a reflection of the variation in policy and extent of police activity in each city.

Information on types of arrests available for Colombo and Islamabad indicated significant variations between these two cities. Rate of arrests for drug consumption accounted for the largest proportion (173.37) of total population in Colombo, whilst in Islamabad only 28.11 per 100,000 population were arrests for drug consumption. A sizable rate of arrestees in both cities, committed offences of selling drugs - Colombo (39.02) and Islamabad (18.79). In Islamabad other drug-related offences accounted for 24.92 per 100,000 population. Data on type of drug-related arrests was not available for Dhaka during the reporting period.

5.3.2 Drug Seizures

Available information from Dhaka and Islamabad showed that cannabis seizures was the most common in Dhaka, 99% of the total opiates and cannabis seized. Opium seizures was highest in Islamabad (27%) **(Exhibit 8)**. Small amounts of heroin seizures were reported by Islamabad (1.23%). Seizures of other opiates such as codeine and pethedine were reported by Dhaka (2,432.83 litres and 21,452 ampoules, respectively). Both Dhaka (14,303 litres) and Islamabad (67% of total drug seized) reported seizures of alcohol. A substantial amount of buprenorphine was seized in Dhaka (1447 ampoules) in 1998, a reduction from 10,037 ampoules reported in 1997. During the reporting period, data on drug-related arrests and drug seizures were not available for Madras.

Exhibit 1: General Population Demographic Indicators

INDICATORS	*BANGKOK*	*KUALA LUMPUR*	*MANILA*	*HANOI*
	1990	**1991**	**1995**	**1997**
Total Population of City/ Metropolitan	5,882,411	1,145,075	1,654,761	2,551,260
	%	%	%	%
Gender				
Male	48.1	51.0	49.9	49.8
Female	51.9	49.0	50.1	50.2
Age				
<15	21.5	36.8	31.3	29.6
15 - 19	11.3	13.2	11.3	9.6
20 - 34	36.2	37.5	31.5	25.0
>34	31.0	12.5	25.9	35.0
Household Size			NA	NA
1	7.9	8.7		
6 - 12	68.0	61.4		
7 - 12	22.2	28.0		
11+	1.8	1.9		
No. of Years of Education			NA	
0	6.7	24.7		9.0
1 - 6	46.2	34.2		39.0
7 - 12	29.4	37.5		42.0
>12	17.6	3.6		8.8
Not stated				1.2
Marital Status				NC
Single	45.8	50.6	46.6	
Separated	2.6	0.8	0.6	
Married	47.4	44.8	48.7	
Widowed	3.9	3.8	3.8	
Others	0.3	0	0.3	

Exhibit 2: Demographic Characteristics of Drug Abusers by City

CHARACTERISTICS	BANGKOK	KUALA LUMPUR	MANILA	HANOI
	Jan-June 1998	Jan-Dec 1998	Jan-Dec 1998	Apr-Dec 1998
Number of Addicts	5,730 (Total)	1,914 (New)	671 (New)	2,108 (Total)
	%	%	%	%
Primary Drug of Abuse			*	
Opiate-type			1.04	
Opium	0.16	0.52		37.89
Morphine	0	6.03		3.90
Heroin	83.19	70.67		56.75
Other Opiates	0	0		1.46
Cannabis-type	0.12	21.41	38.60	0
Cocaine-type	0	0	0.15	0
Amphetamines	14.85	0	92.40	0
Minor Tranquilizers	0	0	0	0
Solvents	0.23	0	0.60	0
Alcohol	0	0	40.83	0
Cough Syrups	0	0	15.80	0
Psychotropic Subs./Others	1.45	1.36	6.26	0
Poly Drug Users	7.98	0	89.12	10.25
Route of Administration			NA	
Inhalation	1.14	0		67.17
Injection	69.23	6.22		16.98
Oral	0.54	1.38		0.05
Smoking	0	21.89		0
Smoking/Chasing	28.95	69.93		13.61
Sniffing	0	0.11		0
Others	0.14	0.48		2.18
Drug Sources	NA	NA		
Street Sales			72 - 81%	43.17%
Legal Prescription			2 - 6%	0
Diversion of Prescription			3 - 12%	0
Others (Black Market)			7 - 9%	56.83%

NA - Not Available
* - Multiple Reporting

Exhibit 3: Types of Drug Abused and Route of Administration by City

CHARACTERISTICS	BANGKOK	KUALA LUMPUR	MANILA	HANOI
	Jan-June 1998	Jan-Dec 1998	Jan-Dec 1998	Apr-Dec 1998
	5,730 (Total)	1,914 (New)	671 (New)	2,108 (Total)
	%	%	%	%
Patient Gender				
Male	97.63	98.80	82.76	97.20
Female	2.37	1.20	17.24	2.80
Patient Age				
<15	0.66	1.19	3.31	0.71
15 - 19	14.49	8.37	20.97	19.55 (<18)
20 - 34	60.96	59.81	61.52	68.89 (18 - 30)
35 - 44	19.28	24.74	14.21 (>34)	10.86 (>30)
>45	4.60	5.89		
Patient Occupation				
Professionals	0	0.37	11.84	0.41
Administrators	5.73		0	1.84
Sales & Clerical	0.05	22.35	0	6.35
Drivers	6.97	7.94	1.53	0
Cultivators	0.28	0.52	0	12.70
Unemployed	37.2	9.73	26.6	53.35
Self Employed	12.10	0	6.69	2.05
Students	13.37	0.52	23.68	5.74
Other	24.29	58.57	29.67	17.55
No. of Years of Education				
0	0.88	2.82	5.39	0.95
<6	29.35	21.38	26.42	18.69
6 - 12	60.17	74.63	52.46	74.67
>12	9.59	1.17	15.63	5.69
Patient Marital Status		NA		NC
Single	64.79		55.25	
Separated	5.67		2.90	
Married	24.95		38.81	
Widowed	3.66		0	
Other	0.92		3.04	

Exhibit 4: Law Enforcement Indicators by City

INDICATORS	BANGKOK	KUALA LUMPUR	MANILA	HANOI
	Jan-Mar 1998	Jan-Dec 1998	Jan-Dec 1998	Apr-Dec1999
No. of Persons Arrested for Drug-Related Offences	10,295	1,444	1,709	5,502
Rate Per 100,000 Population	175.01	126.11	103.28	215.66
Arrests for Use/Consumption	63.95	43.93	2.05	172.78
Arrests for Possession	93.05	21.22	89.38	0
Arrests for Sales	17.9	20.61	10.70	0
Arrests for Trafficking	0	29.17	1.15	42.88
Arrests for Conspiracy	0	0	0	0
Other Drug-Related Offences	0.10	11.18	0	0
Drug Seizures (kg)	16.334 Total Seizures (kg)	291.336 Opiates & Cannabis (kg)	0.9863095 Cannabis & Amphe. (kg)	591.27 Opiates (kg)
	%	%	%	%
Opiate-type		0	0	26.52
Opium	2.75	-		69.54
Heroin	1.59	31.89		3.86
Morphine	0			0.07
Cannabis-type	3.84	68.10	40.85	
Cocaine-type	0		-	
Amphetamines	85.42		59.15	
Solvents/Inhalants	5.72		885 (bottles)	
Other Drugs	0.67	0.01	13 (pcs)	

NA - Not Available

Exhibit 5: General Population Demographic Indicators

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

Exhibit 6: Demographic Characteristics of Drug Abusers by City

CHARACTERISTIC	COLOMBO	DHAKA	ISLAMABAD	MADRAS
	Jan-Dec 1998	Jan-Dec 1998	Jan-Dec 1998	Jan-Dec 1998
Number of Addicts	1,250	1,862	775	1,516
	%	%	%	%
Primary Drug of Abuse				
Opiate-type				
Opium	0.16	0	3.48	0
Morphine	0	0.06	1.03	0
Heroin	90.40	70.04	93.42	13.77
Other Opiates	-	22.84	1.81	0
Cannabis-type	0.24	5.60	-	6.45
Amphetamines	-	-	-	-
Sedatives	-	-	-	-
Minor Tranquilizers	-	0.85	-	-
Solvents/Inhalants	-	-	-	-
Alcohol	-	0.57	0.26	74.18
Buprenorphine	-	-	-	5.28
Psychotropic Subs./Others	9.20	0.06	-	0.32
Poly Drug Users	0	4.94	77.68	40.50
Route of Administration				
Inhalation	0	0	0	0
Injection	0.32	10.72	55.55	57.21
Oral	0.48	15.05	7.10	0
Smoking/Chasing	15.06	71.68	74.06	33.49
Sniffing/Snorting	1.04	0	13.29	0
Other	83.09	2.54	0	9.30
Drug Sources	NA			NA
	%	%	%	%
Street Sales		100.00	89.29	
Over the Counter		-	2.71	
Legal Prescription		-	0	
Diversion of Prescription		-	0	
Others (Black Market)		-	8.00	

Exhibit 3: Types of Drug Abused and Route of Administration by City

CHARACTERISTICS	COLOMBO	DHAKA	ISLAMABAD	MADRAS
	Jan-Dec 1998	Jan-Dec 1998	Jan-Dec 1998	Jan-Dec 1998
	1,250	1,862	775	1,516
	%	%	%	%
Patient Gender				
Male	99.84	100.00	99.10	97.92
Female	0.16	0	0.90	2.08
Patient Age				
<15	0.08	0.05	0.65	0
15 - 19	3.27	4.56	11.23	7.05
20 - 34	75.13	79.65	46.97	39.71
35 - 44 / >34	20.02	15.74	41.16	53.24
>44	1.51			
Patient Occupation				
Professionals	0.16	0.81	1.16	2.28
Administrators	0	0	2.06	0.60
Sales & Clerical	2.03	13.10	12.65	22.94
Drivers	12.80	8.81	22.19	23.14
Cultivators	0.16	0.54	12.77	3.52
Unemployed	18.80	35.93	29.16	6.73
Self Employed	15.64	27.87	14.45	27.38
Students	0	7.68	0.52	0.84
Others	50.41	5.26	5.03	12.57
No. of Years of Education				
0	1.45	21.75	18.97	2.84
<6	7.98	21.32	42.19	24.94
6 - 12	81.95	46.29	27.48	67.97
>12	8.62	10.63	11.35	4.24
Patient Marital Status				
Single	52.62	45.27	39.17	47.08
Separated	1.05	3.17	8.04	0
Married	46.25	51.29	52.79	52.92
Widowed	0.08	0.27	0	0
Other	0	0	0	0
Patient Ethnicity	86.00 (Sinhala) 5.28 (Tamil) 6.24 (Moor) 1.52 (Malay) 0.96 (Burgher)	399 (Mixed)	80.13 (Punjabi) 13.81 (Pathan) 1.81 (Sindi) 4.26 (Others)	NA
Patient Religion				
Hindu	2.25	6.77	-	54.04
Muslim	9.23	92.73	88.65	9.85
Christian	13.88	0.50	11.35	34.75
Buddhist	74.64	-	-	-
Others	-	-	-	1.36

Exhibit 8: Law Enforcement Indicators by City

INDICATORS	COLOMBO	DHAKA	ISLAMABAD	MADRAS
	Jan-Dec 1998	Jan-Dec 1998	Jan-Dec 1998	Jan-Dec 1998
Number of Arrests	3,650	1,868	1,099	NA
Rate per 100,000 Population	214.80	28.40	94.75	
Arrests for Use/Consumption	173.37	*	28.11	NA
Arrests for Possession	0		0	NA
Arrests for Sales	39.02		18.79	NA
Arrests for Trafficking	2.41		22.93	NA
Arrests for Conspiracy	0		0	NA
Other Drug-Related Offences	0		24.92	NA
Drug Seizures (kg)	NA	Opiates & Cannabis	Opiates & Cannabis	NA
	%	%	%	%
Opiate-type		0.89		
Opium		0	27.10	
Heroin		0	1.23	
Cannabis		99.11	4.03	
Codeine (litres)		2,432.83		
Pethedine (ampoules)		21,452		
Alcohol		14,303.86 (litres)	67.65	
Phensedyl (litres)				
Buprenorphine (ampoules)		1,447		

NA - Not Available
* - Dhaka showed the total of all offences

PART 2 – Section One

EAST ASIAN COUNTRY REPORTS
(June 1998 – June 1999)

DRUG ABUSE SITUATION IN BANGKOK

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INTRODUCTION

Bangkok continues to face with drug problem such as the abuse of heroin marijuana, cocaine, ecstasy and methamphetamine. Heroin remians the primary drug of abuse among addicts in Bangkok although the abuse of methampehtamine is increasing over the years. Other drug-related activities such as manufacturing, tableting and selling have also been reported to have increased in recent years. The government have launched many projects and campaigns to support and encourage concerned agencies in fighting against drugs problem.

2. DATA SORUCES AND TIME PERIOD

Narcotics case register -- from 1994 to September 1999
Voluntary treatment register -- from 1994 to 1998
AIDS data from Ministry of Public Health -- from 1984 to 1998

3. TRENDS OF DRUG EPIDEMIC IN BANGKOK

In 1998, the total number of drug addicts in treatment slightly declined at 8% while the number of new addicts declined at 15%. The proportion of new addicts (40% of the total drug addicts in Bangkok) remained stable since 1996.

Heroin and methamphetamine addicts dominated the total and new addicts. In 1998, new heroin and methamphetamine addicts are 43% and 53% respectively. However when compared to 1997, new heroin addicts slightly decreased around 33% while new methamphetamine addicts increased at 26%.

Most of heroin addicts were unemployed (38%), followed by daily workers at 22%. Forty-three per cent of the methamphetamine addicts are students, while 38% are unemployed.

In 1998, the average age of addicts remained the same as the previous years. The average age of heroin addicts increased from 28 years to 29, while the average age of marijuana addicts slightly decreased from 27 years to 26. The average age of both methamphetamine and inhalant addicts remained around 20 years old.

Among the new drug addicts, marijuana is the first drugs of use for many years until 1998. In 1997, marijuana dominated (32%) followed by methamphetamine at 29% and heroin at 24%. In 1998, methamphetamine is the first drug of use (45%) followed by marijuana at 25% and heroin at 18%.

In 1998, injecting remained the main route of heroin administration (80%) followed by smoking (19%). Smoking is the preferred mode of administration among methamphetamine addicts (98%) .

4. TRENDS OF DRUG OFFENCES IN BANGKOK

The number of drug cases throughout the country increased from 122,128 in 1994 to 184,904 in 1998. In 1998, generally the number of drug-related cases for all types of drug are declinig except methamphetamine-related cases that has been escalating since 1995.

Drug-related cases in Bangkok constantly declined in numbers from 45,900 cases in 1995 to 24,058 cases in 1998. The same situation is observed in drug cases classified by types of drug. Methamphetamine-related cases continuously increased from 1,675 cases in 1996 to 8355 cases in 1998.

In general, marijuana-related cases are the main drug offence in Bangkok(38%), followed by methamphetamine-related cases (35%). Heroin and inhalant cases comprised of 14% and 12% of the total drug-related offences, respectively.

Throughout Thailand seizures of heroin, marijuana and showed a declining pattern since 1995. However, methamphetamine seizures have increased tremendously since 1995 to 1998.

In Bangkok, seizures of heroin, marijuana and inhalant have been decreasing since 1995. Heroin seizure is slightly increased in 1998. Methamphetamine seizures have been escalating since 1996.

The average age of drug offenders is between 21-30 years. Youth offenders (21 years old) related to marijuana, inhalant and methamphetamine are increasing in numbers in 1998.

Ecstasy cases and offenders were highest in 1997 with 100 cases, 92 offenders, and 76,154 tablets seized. In 1998, the number of ecstasy-related cases, offenders and amount of ecstasy seized have decreased to 8%, 18% and 95% respectively. For the first 9 months of 1999, ecstasy cases and offenders continue to decline at 54% and 73% respectively. However, the number of seized ecstasy increased to more than 30%.

5. AIDS

It is etimated that 950,000 people in Thailand are HIV positive. Out of this 135,000 (14%) are residing in Bangkok.

The primary risk factor of HIV infection is sexual behaviour (84%) in 1997 and 77% in 1998, followed by drug abuse at 7% in 1997 and 13% in 1998.

RECENT SITUATION OF DRUG ABUSE IN CHINA

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INTRODUCTION

According to the National Narcotic Control Committee's recent statistics, the spread of drug abuse in China has made drug problem a more serious threat to the country. The numbers of registered drug addicts had increased to 596,000 by the end of 1998, a rise of 6.04% over 1997. Drug addicts have been detected in 2033 counties, accounting for 71% of the total number of counties and cities in the country. The annual consumption of abused drugs is now valued at 100 billion RMB Yuan (US$12.05 billion). China has become both a transit-conduit for international drug trafficking and a consumer of drugs. The country faces greater challenges than ever in combating drug-related crimes.

2. TRENDS OF DRUG ABUSE

Opiates (heroin, opium and other narcotics) remain the main abused drugs among treated addicts in detoxification centers. However, new drugs especially ATS, have been appearing in recent years. China is currently faced with the threat of heroin as well as amphetamine-type stimulants. For instance, methamphetamine seizures have been continuously increasing for the past years. A total of 7567 kilograms of methamphetamine was seized from 1991 to 1998 **(Figure 1).** Currently, there is no significant data to support ATS epidemic use in China.

Figure 1: Amount of Methamphetamine Seized, 1991 to 1998

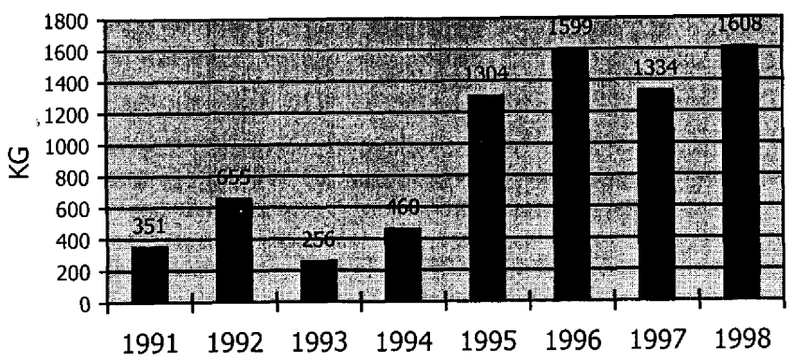

Table 1 shows the results of an epidemiological study on polydrug use among 657 drug addicts in 5 areas of China. The survey suggests that heroin and other opiates are the primary drugs of abused. The secondary drug of abused among the addicts is sedative/hypnotics, and methamphetamine ranked sixteenth (2.%) among 18 kinds of drug abused.

Table 1. Spectrum of Abused Drugs Among 657 Drug Addicts

Drug	Respondents (n)	Never Used		Ever Used	
		n	%	n	%
Heroin	598	38	6.4	560	93.6
Triazolam	599	174	29.0	425	71.0
Diazepam	603	202	33.5	401	66.5
Tramadol	608	281	46.2	327	53.8
DHE	573	320	55.8	253	44.2
Pethidine	595	352	59.2	243	40.8
Opium	576	391	67.9	185	32.1
NSAIDs	581	438	75.4	143	24.6
Methadone	583	460	78.9	123	21.1
Buprenorphine	589	479	81.3	110	18.7
Phenyramidol	585	479	81.9	106	18.1
Morphine	589	547	92.9	42	7.1
Fentanyl	585	565	96.6	20	3.4
Cannabis	458	443	96.7	15	3.3
Coffeinismnatrio benzoicum	587	569	96.9	18	3.1
Methamphetamine	586	569	97.1	17	2.9
MDMA	586	571	97.4	15	2.6
Ephedrine	587	575	98.0	12	2.0

2. DRUG LAW ENFORCEMENT

China has intensified the efforts to fight against drugs in recent years. However, the seriousness of the problem is more apparent today than ever before. During 1998, the law enforcement agency had cracked down more than 180,000 drug-related cases, arrested more than 230,000 drug criminal suspects, and seized a total of 7358 kg heroin, 1215 kg opium, 1608 kg methamphetamine, 5079 kg cannabis and 344,500 kg raw chemicals which were diverted to illegal channel intended to be processed into drug. The rate of drug-related criminal suspects is about 18.4 per 100,000 in 1998.

During the first half of 1999, more than 110,000 drug-related cases involving 140,000

criminal suspects were cracked down in all country. More than 3000 drug-related cases and 4000 illegal and criminal suspects were cracked down during this period in Beijing.

The biggest methamphetamines manufacture case was detected in July. A total 1584 kg high purity methamphetamine was seized in Guangdong province.

DRUG ABUSE SITUATION IN HANOI

Department for Social Evils Prevention
Ministry of Labour, Invalids & Social Affairs
Hanoi, Vietnam

INTRODUCTION

According to the 1997 census, Hanoi has about 2.6 million people with 50.2% female and 49.8% male. The age distribution in Hanoi is estimated as 29.60% below 15 years old, 9.90% between the age of 15 and 19, 25.0% between the age of 20 and 34, and 35.50% above 35 years old. Kinh is the dominant ethnic group in the population and 1% of the population is made up of other ethnic groups. The annual per capita income is USD650 **(Table 1)**.

Table 1: General Population of Hanoi

Indicators		
Total population		2 600 000
Sex:	Male	49.80%
	Female	50.20%
Age:	Under 15 years	29.60%
	15 - 19 years	9.90%
	20 - 34 years	25.00%
	35 + years	35.50%
Ethnic Group:	Kinh	99.00%
	Others	1.00%
Education:	zero	9.00%
	1 - 6 years	39.00%
	7 - 12 years	2.00%
	> 13 years	8.80%
	not stated	1.20%
Annual per capita income:		USD 650

2. DATA SOURCES AND TIME PERIOD

The Department of Labour, Invalids and Social Affairs (DOLISA) in cooperation with the Department for Social Evils/Prevention (DSEP)/Ministry of Labour, Invalids and Social Affairs (MOLISA) conducted a survey on patterns of drug abuse in 13 districts around Hanoi from December 1997 to December 1998. The 13 districts are Quan Ba, Tay Ho Dinh, Hoan Kiem, Hai Ba Trung, Dong Da, Thanh Xuan, Cau Giay, Huyen Soc Son, Dong Anh, Gia Lam, Tu Liem, Thanh Tri, and HS, SV cac truong b/cao. The survey showed that the situation of drug abuse in Hanoi remains a problem.

The number of addicts reported increased by 127.6%, from 3426 in 1996 to 7,800 in 1997. The total number of drug addicts in 1998 rose up to 10,001(28.21% increase against 1997).

3. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ADDICTS

Almost all the identified addicts are male. More than half of the total number of addicts are between the age of 18 and 35 years. Unemployed comprised a significant proportion of the addicts population. More than 50% of the total addicts had attained 7 – 12 years of education **(Table 2)**.

4. TRENDS OF DRUG ABUSE

The main drug of abused among the addicts is heroin (75.54%). Out of the 10,001 addicts 22.74% abused opium and its residues, 0.61% abused morphine, while a small percentage (0.02%) abused amphetamine. The main route of drug administration among the addicts is inhalation (56.48%), followed by smoking (22.46%) and injection (15.53%). A small percentage of addicts (5.12%) take drugs through multiple route **(Table 3)**.

Fifty per cent of the addicts have been using drugs for 1 to 3 years, 23% less than a year while another 23% have been using drugs for more than 3 years **(Table 4)**.

Most of the drug addicts (78.56%) used drugs at unknown places, a significant proportion (17.51%) used them at home while a small 3% used them at drug dens **(Table 5)**.

Table 2: Socio-Demographic Characteristics of Addicts

Characteristics	December 1998 (N=10,001)
Gender:	
Male	97.12%
Female	2.88%
Age:	
Under 18 years	1.20%
18 -- 35 years	63.70%
30 -- 40 years	23.00%
Above 40	7.10%
Employment Status:	
Unemployed	1.50%
Temporary employment	14.60%
Stable employment	56.70%
Education:	
Zero	1.5%
1 – 6 years	14.6%
7 – 12 years	23.5%
13 years	2.88%
Marital Status:	
Married	32.32%
Single	58.31%
Divorced	5.28%
Separated	1.96%
Alone	0.92%
Parents are divorced	1.20%

Table 3: Trends of Drug Abuse

Indicators	December 1998 (N=10,001)
Primary Drug of Abuse:	
Opium	16.97%
Residue of Opium	5.77%
Morphine	0.61%
Heroin	75.54%
Dolargan	0.11%
Cannabis	0.08%
Amphetamine	0.02%
Others	0.89%
Route of Drug Administration:	56.48%
Inhalation	15.53%
Injection	22.46%
Smoking/Chasing	0.41%
Chewing	5.12%
Mixed	

Table 4: Level of Drug Use

Level of Drug Use	% (N=10,001)
< 1 year	23.39
1 – 3 years	52.93
> 3 years	23.68

Table 5: Place of Drug Use

Place of Drug Use	% (N=10,001)
At home	17.51
Drug dens	3.92
Unknown place	78.56

PATTERNS AND TRENDS OF DRUG ABUSE IN KUALA LUMPUR

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INTRODUCTION

In 1998, the Malaysian drug situation remained serious. The number of addicts detected has continued to increase. Am increase in drug seizures has also been noted. However, the total number of addicts in Kuala Lumpur has declined to 3,626 which is 9.6% of the National total in 1998.

2. AREA DESCRIPTION

Malaysia has an estimated land area of 329,757 square kilometres. It is a federation of 14 states. The main ethnic groups are the Malays, Chinese and Indians.

The capital city of Kuala Lumpur has an area of 243 square kilometres with an estimated population of 1,391,100 or 6.3 per cent of the total Malaysian population projected for 1998 by the Statistics Department.. In 1998, the age group distribution is 391,100 (28.1%) in the 0-14 years age bracket, 651,00 (46.8%) in the 15-39 years age bracket and 349,000 (25.1%) in the above 40 age brackets.

3. SOURCES OF DATA

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

This report consists of two sections:

Section I: A comparison of annual data on addiction, drug seizures and arrests for Kuala Lumpur and Malaysia in 1997 and 1998 .

Section II: An update on the drug abuse situation in Kuala Lumpur between January and June 1999.

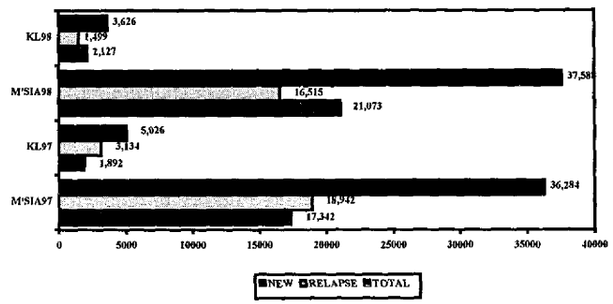
SECTION I

4. NUMBER OF ADDICTS IDENTIFIED 1997 - 1998

As expected, drug problem in Malaysia remained critical at about 3,132 addicts per month - having increased by 3.6 per cent to 37,588 addicts in 1998 as compared to 36,284 in 1997 (

3,023 per month). Meanwhile, of the total number identified in 1998, 56.1 per cent were new cases and 43.9 per cent are repeat cases **(Figure 1).** This is the first time new cases exceeded the number of relapse cases. Relapse cases fell by 8.3 per cent to 16,515 addicts from 18,942 addicts in 1997. New cases rose by 8.3 per cent to 21,073 addicts from 17,342 addicts in 1997.

Figure 1: Type of Cases Detected 1997-1998



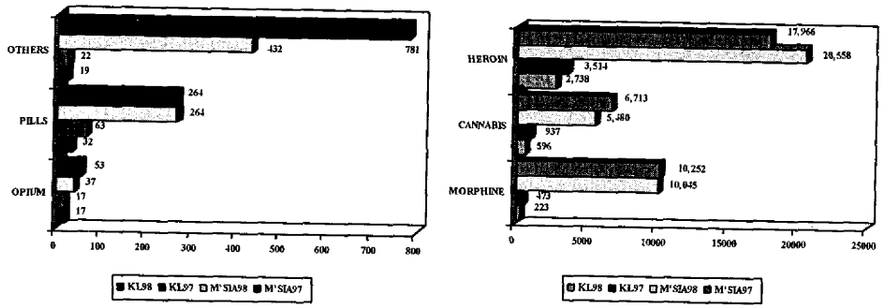
The parallel trend appeared in Kuala Lumpur where new cases surpass the relapse cases by 17 per cent. In 1997, Kuala Lumpur contributed 13.85 per cent of the total number identified by 5,026 addicts. However, it declined by 9.6 per cent to 3,626 addicts in 1998. New addicts rose to 2,217 in 1998 against 1,892 addicts in 1997. Although the number of addicts detected in 1998 is lower than that detected in 1997, the number of new cases is higher in 1998. As in the past, most of the cases detected in Kuala Lumpur or Malaysia are male.

4.1. Types of Drug Used 1997 - 1998

The main types of drug used in Malaysia are heroin and cannabis. Kuala Lumpur followed the same trend reflected in the use of drugs. Shabu which appeared in Sabah made a significant statistic with 772 persons detected in 1998, 61 of them were detected in Kuala Lumpur. Heroin is the main drug of abuse with 20,558 addicts (17,966 in 1997) and 2,738 heroin addicts were detected in Kuala Lumpur (3,514 in 1997). Morphine is the next most popular drug abused with 10,045 addicts (10,252 in 1997) and cannabis follows at 5480 addicts (6,713 addicts in 1997).

However, it has been reproted that the number of psychotropic pill users is stable with 130 addicts in both years. In Kuala Lumpur 223 addicts were detected with morphine (473 in 1997), 596 taking ganja (937 in 1997), 32 psychotropic pills abusers (63 in 1997) and 17 opium addicts (same figure in 1997). Cough syrup and codeine were consumed by 432 addicts (781 in 1997). Kuala Lumpur managed to gather 19 addicts (22 in 1997) **(Figure 2).**

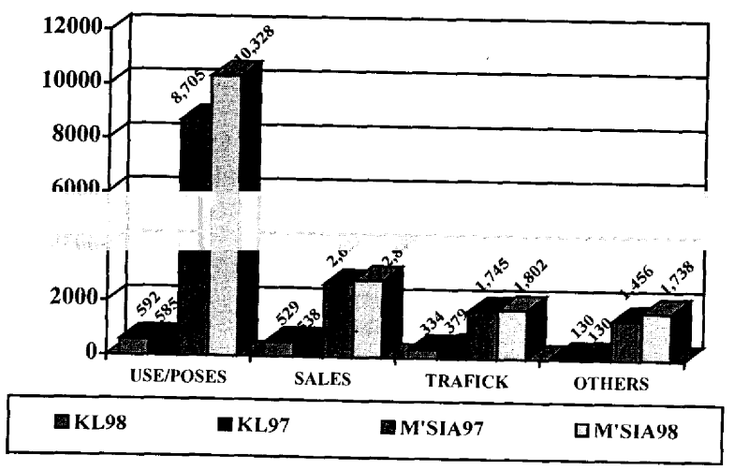
Figure 2: Types of Drug Abused 1997 - 1998



4.2 Arrests of Drug Offenders 1997 - 1998

The total number of persons arrested in 1998 is slightly higher than the previous year **(Figure 3)**. In Malaysia, approximately 1,802 traffickers were arrested in 1998 and this was the highest recorded number since 1983. It was also reported that in 1998, 2,840 drug offenders were arrested for sale of drugs and if convicted they could be sent to life imprisonment. In 1997, the Enforcement Agency arrested 1,765 traffickers and 2,689 drug offenders involved in sales. In 1998, 334 traffickers were arrested as compared to 379 in 1997. The numbers of persons arrested for others sections in the Drug Act increased to 1,738 in 1998 from 1,456 in 1997. The escalation of drug offenders is very alarming and has been on an upward trend over the last few years. The statistics showed that more people were involved in drug trafficking without fearing the punishment.

Figure 3: Arrest of Drug Offenders 1997-1998

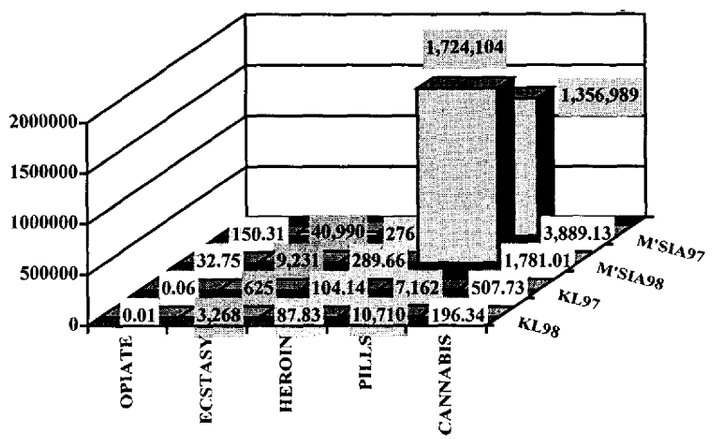


In Kuala Lumpur the number of drug offenders arrested remained stable for the two years. Statistics showed that those who were arrested for use, consumption and possession levelled between 585 in 1997 to 592 in 1998. Drug offender arrested for sales equable at 538 in 1997 as compared to 529 in 1998. The number of offenders charged under other sections of the Drug Act remained at 130 in both years. Traffickers arrested decline in 1998 with 334 persons against 379 persons in 1997. Although Kuala Lumpur showed a downward trend, the national figure reflected a significant numbers and has been on an upward trend.

4.3 Drug Seizures in Malaysia and Kuala Lumpur 1997-1998

Heroin drug seizures increased in 1998 when 289.660 kilograms were seized against 276.154 kilograms in 1997. In Malaysia, about 1,781.010 kilograms of cannabis were seized in 1998 which were lower than that seized in 1997 (3,889.132 kilograms). The seizures of ecstasy pills appeared for the first time in 1992 showed a significance seizures in 1997 with 40.990 pills but down in 1998 with 9,231 pills. Psychotropic pills seizures peaked at 1,724,104 pills in 1998 as compared to 1,356,989 in 1997. Raw opium seizures recorded at 148.724 kilograms in 1997 followed by prepared opium at 1.587 kilograms in the same year. Its decline in 1998 with 32.540 for raw opium and 210 grams for prepared opium only. Shabu seizures recorded at 2.086 kilograms in 1997 increased to 6.440 kilograms in 1998.

Figure 4: Drug Seizures in Kuala Lumpur 1997-1998



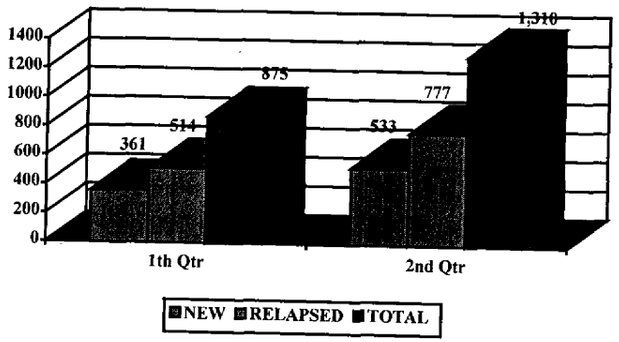
In Kuala Lumpur drug seizure pattern showed a decline in 1998 except for shabu and psychotropic pills. About 40 grams of shabu were seized in 1998 against 1 gram in 1997. Seizures of psychotropic pills rose by 10,710 pills in 1998 from 7,162 pills in 1997. The amount of ecstasy seized increased form 625 pills in 1997 to 3,268 pills in 1998. The amount of cannabis seized dropped from 501.728 kilograms in 1997 to 196.340 kilograms in 1998. Heroin seizures fell to 87.830 kilograms in 1998 from 104.142 kilograms in 1997. The amount of prepared opium declined to 6 grams in 1998 from 57 grams in 1997.

SECTION II

5. NUMBER OF ADDICTS IDENTIFIED JANUARY - JUNE 1999

There is a marked increase in the number of cases detected in the second quarter period of April to June 1999. The total increase is 49.7%. The number of new cases increased by 47.6% in the second quarter, while repeat cases increased by 51.2%. Unlike 1998, the number of repeat cases
formed a higher proportion than new cases in the total number of cases detected over both quarters.

Figure 5: Types of Cases Detected January - June 1999



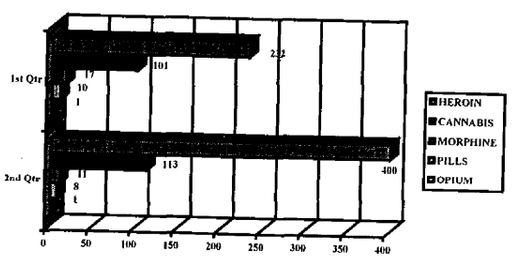
5.1. Types of Drug Used

Heroin appears to be the preferred drug abused. It was used by 64.3% of the addicts in the first quarter and by 75% in the second quarter. There is a 72.4% increase of addicts on heroin in the second quarter as compared with the first quarter.

The second drug of choice is cannabis, accounting for 25% of users in the first quarter but decreasing to 21.2% in the second quarter.

Morphine was used by 4.7% of addicts in the first quarters but decreased to 2.1% in the second quarter.

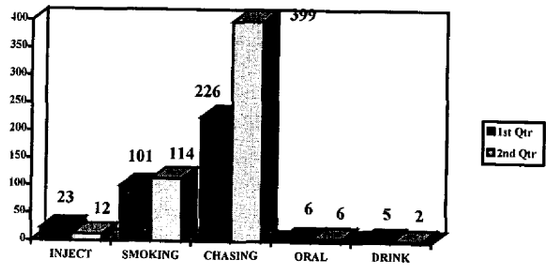
Figure 6: Types of Drug Abused January - June 1999



5.2. Route of Administration

The main route of administration is 'chasing the dragon' (heroin) used by 62.6% of addicts in the first quarter and by 74.8% of addicts in the second quarter. There is a decline in the use of injection which accounted for 6.4% in the first quarter compared to 2.3% in the second quarter. The use of oral drugs was at 1.6% in the first quarter and remains at 1.1% in the second quarter.

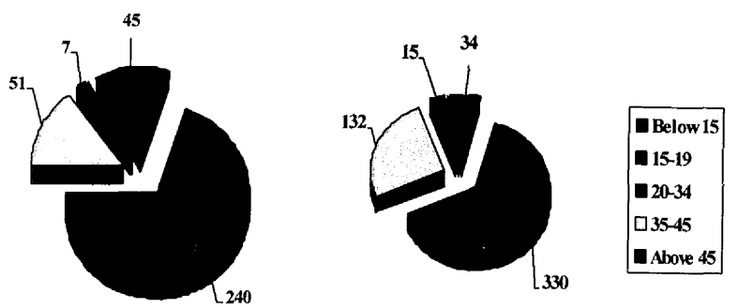
Figure 7: Route of Administration of New Addicts Detected January - June 1999



5.3. Age When Detected

In both quarters, most of the cases detected are in the 20 - 34 years old group, which made up 69.4% in the first quarter and 64.5% in the second quarter. The second major group is in the 35 -35 years old group which made up 14.7% in the first quarter and 25.8% in the second quarter.

Figure 8: Age Profile of New Addicts Detected January - June 1999



1st Quater

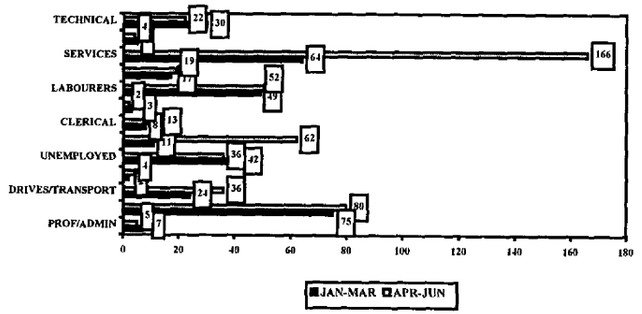
2nd Quater

5.4. Occupation

In the first quarter, among the addicts with identifiable occupations, the majority were sales workers (22.3%) followed by those in the services sector (19%). The labourer category comprised of 14%. The unemployed made up 12.5% of the addicts, while technical group represented 8.9%.

In the second quarter, services sector dominated with 33.1%. Sales workers fell on second place (15.9%), followed by construction workers (12.4%) and labourers (10.4%). The unemployed recorded a lower 7.2% in the second quarter. Only 4 students (0.8%) were detected in the second quarter.

Figure 9: Occupational Profile of New Cases January - June 1999



5.5 Ethnic Groups

The majority of drug abusers in both periods are Malays. They constituted 70% of new users in the first quarter but declined to 63.4% in the second quarter. Thirteen per cent are Chinese in the first quarter but this proportion increased to 18.4% in the second quarter. The Indians accounted for 12.8% in the first quarter but increased to 15.9% in the second quarter. Involvement of other ethnic groups declined from 4.2% to 2.3%.

5.6 Level of Education

In the first quarter 288 (79.8%) addicts have had education between 7 - 12 years. In the second quarter 409 (76.7%) addicts have had the same length of education.

In the first quarter 52 (14.4%) addicts have had education at least for 1 - 6 years, whereas 98 (18.4%) addicts have had that level of education in the second quarter.

In the first quarter none of the addicts have had more than 12 years of education as against 1 addict in the second quarter.

5.7 Addicts in Treatment Centre

The Sungai Besi Treatment Centre in Kuala Lumpur treats addicts on a volunteer basis under the Therapeutic Community Programme.

In the first quarter it had admitted 13 cases and 25 admissions have been reported in the second quarter. Almost all (97%) were involved in heroin.

The majority of the addicts (53.8%) is in the 20 -34 years age group in the first quarter and 60% in the second quarter.
In the first quarter, the majority (38%) were unemployed with transport workers, clerical and self-employed made up 15% (respectively) of the total addicts. In the second quarter, agro workers made up 56% of the admissions followed by unemployed (28%).
Seventy-seven per cent of the addicts in the first quarter have had 7 - 12 years of education, while in the second quarter 80% of them have had the same level of education.

The majority of the inmates in both quarters are single (78.9%) with 69.2% stayed with families in the first quarter, and 84% stayed with friends in the second quarter.

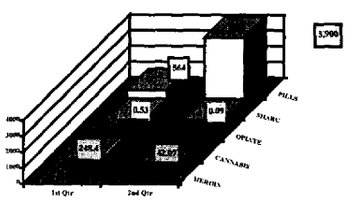
The preferred mode of drug administration among addicts in the first quarter is chasing (69.2%) followed by injection (30.7%) but the second quarter reported the opposite - injection is preferred (68%) over chasing (28%). The source of drugs in both quarters is street sales.

5.8 Drug Seizures in Kuala Lumpur (January - June 1999)

The amount of cannabis (248.40kg), heroin (37kg), and opiates (1.320kg) seized are higher in the first quarter but dropped sharply in the second quarter to cannabis at 42.97kg, heroin at 9.04kg, and zero for opiates.

In the second quarter, the amount of pills seized is higher than the first quarter form 588 to 1,778 amphetamine pills, and 6 to 2,122 ecstasy pills.

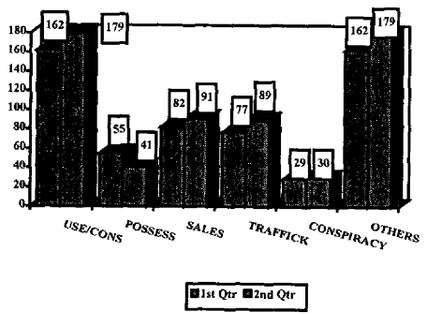
Figure 10: Drug Seizures in Kuala Lumpur January - June 1999



5.9 Arrests of Drug Offender January - June 1999

The total number of people arrested in the second quarter is slightly higher than in the first quarter (609 cases). More cases of use and consumption have been reported. There is a marginal increase in the number of persons arrested for sales (14.9%) and trafficking (14.6%) in the second quarter.

Figure 11: Arrests of Drug Offenders January - June 1999



6. CONCLUSION

The total number of new addicts in Kuala Lumpur increased from 1,892 in 1997 to 2,127 in 1998. An analysis of the trend between January - June 1999 indicates that the problem will continue to remain serious. Thus, the multipronged strategy of prevention, rehabilitation, and active enforcement has to be continuously and vigorously implemented in the fight against dadah.

CURRENT DRUG ABUSE SITUATION IN THE PHILIPPINES

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Dangerous Drugs Board

INTRODUCTION

The Philippines are the northernmost island group of the Malay Archipelago, extending about 1850 kilometres (1150 miles) almost due north and south Borneo and Taiwan. Situated about 1210 kilometres (750 miles) east of the coast of Vietnam, the Philippines is separated from Taiwan on the north by the Bashi Channel. The republic is bounded on the east by the Philippines Sea, on the south by the Celebes Sea, and on the west by the South China Sea. The country comprises about 1700 islands, of which only 460 are more than 2.6 square kilometres (more than 1 square mile) in area.

Manila is the capital of the Philippines and the country's chief port and the main commercial center. According to the 1990 census, Manila proper has a population of 1,601,234, while the Metropolitan area has 7,948,398 people.

Like any other countries worldwide, the Philippines is faced with the problem of illicit drug trafficking and abuse. Its strategic geographical location and proximity to almost all its neighboring Southeast Asian countries and the Far East Region makes the country vulnerable to various transhipment and illegal activities in the region, particularly as an entry and exit points for drug smuggling and an alternate route of international drug syndicates, as well.

2. TIME PERIOD AND SOURCES OF DATA

The drug treatment data are provided by the 29 treatment and rehabilitation centres duly licensed by the Dangerous Drugs Board.

The law enforcement data are based on the reports of various enforcement agencies working in consonance with the Dangerous Drugs Board in the implementation and enforcement of Republic Act 6425.

The health data indicators are provided by the Dangerous Drugs Board Referral Unit and the Philippine General Hospital (Psychiatric Unit).

The reporting period is from January to June, 1999

3. DRUG TREATMENT DATA

For the period covering January to June 1999, twenty-nine treatment and rehabilitation centers duly licensed by the Dangerous Drugs Board has reported a total of 2,412 cases. Three hundred eighteen (13.2%) of this total were reported by the outpatient centers. Of this number, 57.3% came from the National Capital Region or the Metropolitan Manila.

Out of the 2,412 cases admitted in various centers for treatment and rehabilitation, 240 or 12.8% were relapse cases. A significant 41% decrease rate (as compared to January to June 1998 data) was recorded during this period. On the other hand, more than one half of the newly admitted clients were confined in the Centers on voluntary submission with court order (54.2%).

With regards to gender, 2,223 or 92.16% of the newly admitted clients at the Centers are male **(Table 1)**. The ratio of male to female clients is 8.1. As to marital status, less than sixty per cent (57.59%) are single, more than thirty per cent (32.50%) are married. Of those who are married, 3.44% are separated. Likewise, more than forty per cent (44.6%) are middle siblings and are living with parents (63.9%).

Table 1: The Profile of the Center-Based Clients
January – June 1999

Profile	
Mean Age	26 years old
Gender	Mostly males - 92.16%
Civil Status	Single - 57.5%
Family Size	3-4 siblings
Occupation	Workers/employees
Education	Mostly Educated -- High school
	College level
	College graduate
Place of Residence	Urban
Duration of Drug Taking	2 years
I.Q	Average
Nature of Drug Taking	Mono-drug Use
Drug of Abuse	Shabu, Marijuana

Majority (87.7%) of the newly admitted clients during the period under review are educated. Forty per cent have been to college or have college education.

With regards to occupation, 57.6% belonged to the working group. These include self-employed (14.3%), workers/employees (38.1%) and small-scale businessmen (5.22%).

Still the number 1 source of drugs among these clients is the peer group (63%), followed by pusher (29.6%).

Reports also showed that the clients most vulnerable to drug abuse belonged to the 20-29 years age bracket. The mean age is 26.

Methamphetamine hydrochloride or Shabu as it is popularly known in the Philippines is still the number one drug of abuse among the clients **(Table 2)**.

Table 2: Most Commonly Abused Drugs (Center-Based)
January-June 1999

Drug Used/Abused	Frequency (N=2412)	%
Shabu (Stimulant)	2,215	91.83
Corex	178	7.37
Marijuana (Cannabis)	907	37.60
Nubain (Narcotics/Analgesics)	43	1.78
Trazepam	50	2.07

4. LAW ENFORCEMENT DATA

The law enforcement data are based on the reports of various enforcement agencies working in consonance with the Dangerous Drugs Board in the implementation and enforcement of Republic Act 6425; particularly illicit trafficking of prohibited and regulated drugs for the period January to June 1999.

4.1 Methamphetamine Hydrochloride (Shabu)

Methamphetamine hydrochloride or shabu remains the number one drug of abuse based on the number of related raids and number of persons arrested. For the period under review, a total of 317.78 kilograms of powdered shabu were seized in 7,861 raids conducted which resulted in the arrests of 12,231 persons. Bulk of the shabu were seized in buy bust operations and other incidents encountered all over the country, whether at port of entry and final destinations and even in the waters or in the coastal areas throughout the Archipelago.

With the concerted efforts of the government and all law enforcement agencies, three (3) clandestine manufacturing laboratories of shabu has been discovered.

Methamphetamine or shabu trafficking continues to increase. Domestic large-scale production/processing continues as well as export to other countries. Shabu business is still being controlled/operated by both foreign-based and domestic-based syndicates. The foreign groups are mostly composed of the Hong Kong based 14K gang and Taiwan-based Bamboo gang.

4.2 Marijuana

Marijuana, due to its availability and affordability in the illicit market is still one of the most abused drug in the country. Cannabis cultivation continued to proliferate nationwide despite intensive cannabis eradication operations launched by drug law enforcement. The areas considered as prime producers of cannabis in the country are still Northern Luzon (comprising Regions 1, 2 and CAR), Central Visayas (Region 7) and Central, Southern and Western Mindanao. For the period January-August 1999, a total of 1,897,734 marijuana plants/seedlings were seized at cultivation sites in 40 marijuana eradication operations, which resulted in the arrests if 11 persons. Seizure of marijuana dried leaves and marijuana sticks totaled to 3756.85 kilograms and 1,089 sticks, respectively, effected in 790 seizure incidents, resulting in the arrests of 1,044 persons.

4.3 Heroin and Cocaine

For other prohibited drugs such as heroin and cocaine, the Philippines is still being made as a major transit point for international drug trafficking activities by foreign nationals. The use of express mail has been exploited in response to successful law enforcement pressure against courier activity.

4.4 Assessment

For 1999, on the supply reduction drive, there was a marked improvement in the accomplishments of the different law enforcement units in its campaign against dangerous drugs. During the 1st quarter of 1999, a total of 49 syndicates were neutralized and 5,077 drug cases were filed in courts. For the period under review, 8,732 operations were conducted by different law enforcement agencies, which resulted in the arrest of 13,348 persons.

5. HEALTH DATA INDICATORS

For the period January to June 1999, the Dangerous Drugs Board Referral Unit has recorded a total of 441 psychological cases while the Philippine General Hospital (Psychiatric unit) has admitted 10 drug-induced cases. However, with regards to HIV drug-related cases, no reported case has been recorded to date.

Table 3: Amount of Drugs Seized, Number of Raids Conducted and Number of Persons Arrested, January to June 1999

Drug	Amount Seized	No. of Raids Conducted	Persons Arrested
Heroin	21.8	1	6
Cocaine	227g	1	2
Marijuana plants	1,420,595	39	10
Marijuana seedlings	477,138	0	0
Marijuana leaves	369,791	597	742
Marijuana seeds	3,000g	0	0
Marijuana cigarettes	1,051	101	130
Meth. Hcl. Shabu	247.843g	6,022	8,882
Nubain	4,000 amp	1	1
Cough syrup	2,400 btls	3	3
Rugby	19g	33	45
TOTAL		**6,800**	**9,826**

6. SURVEYS

Another source of data to present the magnitude of the drug abuse problem in the Philippines is a survey among youth belonging to the 15-30 years of age, commissioned by the National Youth Commission to the social Weather Station, a prestigious private research agency in Manila. The survey was conducted in November, 1997. Findings of the survey estimated that 1.7 million of the youth population in the Philippines has tried drugs once in their lifetime.

7. CONCLUSION

Despite the continued rise of the drug abuse problem in the Philippines, the Dangerous Drugs Board, sustained its efforts by addressing the problem with reinforced vigor through a well-balanced campaign on drug supply and drug demand reductions and international bodies.

7.1 New Developments to Address the Problem

On 15 January 1999, President Joseph Estrada, through Executive order No. 61, has created a new and expanded anti-narcotics body named National Drug Law Enforcement and prevention Coordinating Center (NDLEPCC). The body was given a task to consolidate drug law enforcement and prevention efforts of the government from the national level down to the barangay level.

Issuance of memorandum Circular No. 98-227 in December 1998, by the Department of Interior and Local government for the creation of provincial, city, municipal and barangay anti-drug abuse councils nationwide.

As to the legislative effort, some bills creating a single authority that will be responsible for the efficiency and effectiveness of all matters pertaining to drug abuse prevention and control and another which is design to penalize racketeers, are now pending in Congress.

THE CURRENT DRUG ABUSE SITUATION IN PAPUA NEW GUINEA

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INTRODUCTION

Papua New Guinea (PNG) is the biggest island nation in the South Pacific, with a land area of 462,243 square kilometres and a sea area of 3.1 million square kilometres. It occupies the eastern half of the island of New Guinea, lying to the east of the Indonesian Province of Irian Jaya and to the north of Australia. The main land area comprises about 85% of the total land area, the balance comes from some 600 islands, including the large islands of Bougainville, New Britain, New Ireland and Manus. The mainland includes the highlands, the coastal areas and the river basins.

The 1995 population of PNG was estimated at 4,226,522 with 42% under 15 years old and 2% aged 65 years and above. The life expectancy at birth is 56 years, with female having a life expectancy at birth (58 years) two years greater than that of male (56 years). The birth rate is high (34 per 1,000 population) as in the fertility rate (4.7 per woman aged 15 – 49 years, the death rate is 10.6 per 1, 000. The infant mortality rate of 82 per 1,000 live births is high as is the maternal mortality ratio of 930 rural areas is 2,000).

The leading causes of hospital admissions in 1994 were obstetric problems, pneumonia, malaria and accidents as well as violence. Pneumonia was the leading cause of most deaths, like perinatal conditions, malaria, meningitis and tuberculosis. HIV/AIDS is said to have become the leading cause of death at the Port Moresby General Hospital. According to the 1998 Human Resource Development Index, PNG ranks 129th among the 174 nations listed (UNDCP 1998).

People had settled in the highlands some 30,000 years ago, intensive food gardening was undertaken there about 9,000 years ago, suggests that PNG highlanders were among the first farmers in the world. Some 800 distinct languages are spoken in PNG, an indication of the huge cultural diversity of the nations, diversity that creates special challenges and opportunities for social, economic, cultural and political development.

Like other countries worldwide, PNG is confronted with a formidable problem of illicit drug trafficking and abuse. Because of its location between the South East Asian countries to the North, Australia and New Zealand to the South, and the South West Pacific Island countries make it very vulnerable to various shipments and illegal activities in the region, particularly as a transit point for drugs and arms smuggling.

2. DATA SOURCES AND TIME PERIOD

Most of the data presented here are the results of a study conducted in five (5) provinces in the country. The time period of the study is between May and August, 1998. The study was undertaken to find out the types of drugs or substances that are available in the country and their users. Some of the secondary data were obtained from various related agencies.

3. TRENDS OF DRUG ABUSE

Just like other countries of the world, PNG has a long history of the use of substances that change the feelings and thinking of people. As far as we know today, these were used within cultural contexts, that means that the used is broadly unproblematic. For example, kava is used in some coastal areas for ceremonial purposes and to make people feel strong enough to engage in heavy work. Although the people are aware of the narcotic properties of kava, they do not use it for recreation.

Papua New Guineans were allowed by the colonialists to drink alcohol only during the World War Two. This was the time when some of them were taught how to brew alcohol from vegetables and fruits.

Expatriates used cannabis in PNG for many years, and by about mid-1980's, cannabis was starting to be used fairly widely by Papua New Guineans. By the1990s it was grown in most parts of the nation and its use had become common place.

Similarly, home brewed alcohol is made and consumed in most regions/provinces of the nation, and increasingly both cannabis and alcohol (both commercial and home brew) have come to be seen as major causes of social and health problems throughout the nation.

At the present time, cannabis is available everywhere and anyone who wants it can easily obtain it. Although prevalence is probably higher among younger people than older, and among males rather than females. While much of the drug is grown and sold as a small-holder cash crop, organized crime is also involved in both the domestic and international market.

3.1 Traditional Psychoactive Substances

As in most societies of the world, the use of substances that change the way people think or feel (psychoactive substances, generally referred to as drugs) is an integral part of life. A wide range of traditional psychoactive substances have been used and are still used in PNG. These include tobacco, kava, alcohol, cannabis and betelnut.

3.1.1 Tobacco

Tobacco is a more recent stimulant introduced into to society, but was used prior to the colonial period in many parts of PNG. It is believed to be introduced from Indonesia in the 17th century. Home grown tobacco is known in Melanesian Pidgin as ***brus***.

The study showed that almost half (49%) of the respondents smoke tobacco occasionally. The proportion of male regular smokers (51%) is markedly higher than female regular smokers (36%) among the respondents **(Table 1)**.

Table 1: Tobacco Smoking by Gender

Frequency of Smoking	Male		Female		Total	
	N	%	N	%	N	%
Never	41	12	21	29	63	15
Once or twice only	48	14	14	19	62	15
Occasionally but not regularly	53	15	6	8	59	14
Regularly in the past, not now	26	8	5	7	31	7
Regularly now	175	51	26	36	203	49
TOTAL	**343**	**100**	**72**	**100**	**418**	**100**

The age at which respondents first smoked tobacco ranged from 5 to 32 years, with a mean of 15 years old among males, and 16 years among females.

3.1.2 Betelnut

Betelnut is widely used in PNG. It is a mild stimulant which is chewed in combination with the leaf or fruit of a pepper plant and lime powder. The betel nut itself is known as ***buai*** in Melanesian Pidgin; the pepper plant is ***daka*** and the lime ***kambang***.

The study suggests that 36% of the respondents are current "regular" betelnut chewers and a further 25% chew occasionally. The proportion of female regular chewers (43%) is higher than male (34%) regular chewers **(Table 2)**.

Table 2: Betelnut Chewing by Gender

Frequency of Chewing	Male		Female		Total	
	N	%	N	%	N	%
Never	41	12	8	11	49	12
Once or twice only	66	19	13	18	79	19
Occasionally but not regularly	92	27	14	19	106	25
Regularly in the past, not now	27	8	6	8	33	8
Regularly now	118	34	31	43	152	36
TOTAL	**344**	**100**	**72**	**100**	**419**	**100**

The age at which respondents first chewed betel nut ranged from 2 to 36 years, with a mean age of 13 years in both genders.

3.1.3 Alcohol

The substance referred to here is the factory made alcohol (legally fermented for commercial purposes). Out of the 416 respondents, 341 (82%) indicated that they have taken alcohol at some stage of their lives. This included 86% male and 35% female.

The age at which respondents first took alcohol ranged from 2 to 35 years with a mean age of 16 years among males and 18 years among females.

Table 3: Frequency of Consuming Four or More Drinks in the Last Four Weeks

Frequency	Male		Female		Total	
	N	%	N	%	N	%
None	79	27	13	30	92	27
Once	74	26	14	32	89	26
Twice	56	19	9	20	65	19
3 – 5 Times	40	14	5	11	46	14
6 – 9 Times	12	4	0	0	12	4
10 or more times	29	10	3	7	32	10
TOTAL	**290**	**100**	**44**	**100**	**336**	**100**

The frequency of heavy drinking is a little higher among males than females. A proportion of 27% stated that they have not taken alcohol in the four weeks prior to being interviewed.

Almost three-quarter of the respondents indicated that they consumed four or more drinks at a time at least once over the previous month, and are therefore drinking at a harmful or hazardous level. The high level of drinking as indicated was intentionally done to get drunk or intoxicated. This is of course a matter of concern from the health and well-being point of view of the drinkers and of the people with whom they inter-relate.

3.1.4 Cannabis (Marijuana)

This drug had never been used by the indigenous people before European colonization. No evidence exists for this either and neither oral traditional nor written sources mentioned cannabis nor its use in PNG before the modern era. It is most likely that marijuana was introduced to PNG by the Australians during the colonial period following the World War Two, but it only reached the upper Simbu Province in the mid – to – late 1970's. Today it is the most popular illegal and widely abused drug in the country.

The use of cannabis was probed in greater detail than other drugs, as it is the drug which is most prominent in the study, and is a drug which has been little studied in PNG. Overall, 360 (86%) of the 421 respondents stated that they had been offered, or had the opportunity to use cannabis at some time. Of them, 351 (98%) had used it.

In the Eastern Highlands, East Sepik, Simbu and West New Britain Provinces over 90% of the respondents stated that they had used cannabis. The proportion is lower in Madang (77%), reflecting the higher proportion of females interviewed compared with other provinces.

Some 239 interviewees (56% of the total, 61% of the males and 32% of the females) stated that they had used cannabis in the 12 months prior to being interviewed.

Users of cannabis were questioned on the frequency of use over the month immediately before being interviewed. Only 32 respondents (13%) who had ever used cannabis, had not used the drug over the month.

This means that cannabis using population interviewed are predominantly current (rather than former) users. A little over half of the users (58%) reported consuming the drug on one to nine days in the month, 8% did so on 10 to19 days, 20% did so on 20 or more days. The females used it far less frequently than the males, with 73% of the females either not using, or using only once or twice in the month, compared with 37% of the males having this low frequency of use **(Table 4)**.

Table 4: Frequency of Consumption of Cannabis in the Last Four Weeks

Frequency	Male		Female		Total	
	N	%	N	%	N	%
None	28	13	4	15	32	13
1 – 2 Days	51	24	15	58	67	28
3 – 5 Days	40	19	4	15	44	18
6 – 9 Days	27	13	2	8	29	12
10 – 19 Days	20	9	0		20	8
20 + days	48	22	1	2	49	20
TOTAL	**214**	**100**	**26**	**100**	**241**	**100**

4. HOME BREWED ALCOHOL

Alcohol, a mood-altering substance is widely used in contemporary time, was made and consumed in earlier days. People in certain areas of the coastal region had their own alcohol brews. For instance a certain ethnic groups in the Gazelle Peninsula of East New Britain Province called their brew ***"tava"*** or ***"yawa"***. And another group, which comes from the Western Province in the Fly River area, calls it "tubas". These traditional drinks

were brewed from young coconut sap (**tubas**) and other vegetable matter (**tava** or **yawa** bananas)

This psychoactive substance is at present an emerging problem in some coastal provinces in the country. A separate preliminary study was attempted in those provinces.

The problem is extending from the urban areas and creeping into the rural communities. Both the general youth population as well as school children are at risk. Some of the key findings are present in a separate paper introduced at the meeting.

5. OTHER DRUGS

Besides psychoactive substances, respondents were also asked about medicinal drugs that they have come across.

Obviously most mentioned were pharmaceutical products, available from medical facilities and retail pharmacies without prescriptions. Listed in **Table 5** are some of the substances that were encountered.

Table 5: Other Drugs

PHARCEUTICAL DRUGS	PLANT MATERIAL	ILLEGAL DRUGS
Ariflavine	Angel trumpet (datura meta)	Cocaine
Amoxicillin	Grass (for diarrhoe)	Coffee (cocaine)
Asprin	Ginger	
Choloroquine	"natural leaves"	
Codeine	Pawpaw leaves (for malaria)	
Doxycycline	Tree (leaves)	
Morphine		
Panadol		
Penicillin		
Quinine		
Valium		

The only illegal drug mentioned was cocaine, five respondents stated that they had used this drug at some time over the previous twelve months. In three other cases, however, cocaine was specifically mentioned; two from Simbu province and one from the East Sepik province.

The plant materials mentioned include both those used for medical purpose, for example pawpaw leaves for treating malaria, and for their psychotropic (mood altering) effects, for example, datura and ginger.

6. POLYDRUG USE

Many respondents have used a number of different drugs. **Table 6** includes data on the lifetime use of tobacco, alcohol, betelnut, homebrew alcohol and cannabis. Of these respondents (who make up 98% of all those surveyed) 87% reported lifetime use of tobacco, 82% of alcohol, 91% of betelnut, 42% of homebrew and 84% of cannabis. Some 158 respondents (38%) reported having used both cannabis and homebrew, the two illegal drugs which are of great concern to the authorities. Three-quarters of the cannabis users also reported having used tobacco, alcohol and/or betelnut.

Current polydrug use was assessed and 62 respondents (15%) reported that they had used both cannabis and homebrew in the four weeks prior to being interviewed. Two respondents had used both drugs on 20 or more days over the month. Some 46% (194 respondents) had both asked cannabis in the month prior to interview and had consumed four or more alcoholic drinks at one time.

From this data it may be concluded that while most people had tried all five drugs studied, and that current use of cannabis is common in this group. On the other hand, current cannabis use and current heavy alcohol drinking is found in approximately half of the respondents.

7. HEALTH INDICATORS

Psychiatric Nursing report, Madan - During the period 1994 to 30th June 1997, two of the 46 admissions were 18 year old males with cannabis related mental health problems.

Psychiatric Nursing report, Popondetta - During the period 1989 to 1995, 253 cases received treatment. This included one person labeled as "drug addict" (suicidal) and three labeled "marijuana" (public nuisance).

The national morbidity and mortality data for 1992 showed a total of 102 cases of people diagnosed as experiencing morbidity (illness from poisoning by drugs, medicaments and biological substances). During this period, two cases were diagnosed as morbidity due to drug dependence.

Admissions to the psychiatric ward, Port Moresby General Hospital, with a history of cannabis use. From 1990 to 1997 a total of 208 admissions were recorded. The figures as indicated had steadily increased.

Table 6: National Secondary Data (Summary Table)

INSTITUTIONS	NUMBER OF CASES	PERIOD
Port Moresby General Hospital Ward 6 (Psychiatric Ward)	36 28	1997 January 1998 - October, 1999
Correctional Services	No data available on time	
Magisterial Services	443	January 1998 - September 1999
Laloki Psychiatric Ward	64	January 1997 – October, 1999
National Police Drug Squad	49 Cultivation 575 Possessions Uprooted 4,000 cannabis plants in Tapini area of Central Province A white powder found in NCD. Test show that it is amphetamine.	Periods not specified in the report

Table 7: Number of cases in Port Moresby General Hospital

Year	Number of cases
1990	5
1991	18
1992	20
1993	32
1994	35
1995	30
1996	32
1997	36

8. LAW ENFORCEMENT DATA

The data on drug related arrests are available only for the year 1993. A total of 218 arrests were recorded. Half of the cases were aged below 18 years, the youngest was 14 years and the oldest 32 years.

The National Police data on drug seizures for 1993 reported 19 cannabis-related cases. These came from Eastern Highlands (12 seizures), Central Province (11 cases), Simbu Province (3), East Sepik (1), and Madang (1). They varied between small amounts such as 20 grams to commercial quantities such as seizure of 500 kgs and 29 plants sized in Simbu Province.

9. SUMMARY AND CONCLUSION

It can be summarized that there are five different psychoactive substances currently being used in PNG. As already highlighted at the beginning, these include, tobacco, alcohol (it can either by homebrew or factory made), bettlenut, kava (koniak) and cannabis.

Another important issue is the emergence of foreign harder drugs like cocaine, amphetamines, ice, heroine and the likes.

In conclusion, like in other developing countries PNG has come through different stages in the psychoactive or mind and thinking altering substances world. Initially, with traditional herbs and plants, to introduced substances like cannabis and alcohol (both factory made and home-brewed), and currently a much more harder and more expensive drugs. This will definitely pose a big threat to the country now and in the future.

DRUG ABUSE SITUATION IN TAIWAN REPUBLIC OF CHINA

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ABSTRACT

As of August 1999, methamphetamine and heroin are still the two predominant illicit drugs of abuse and account for 80.0% and 9.1% of the total illicit abuse cases, respectively. The amounts of methamphetamine and heroin seized are 1386.5 kilograms and 71.7 kilograms from January through August in 1999, respectively. The sniffing of glue, a substance abused in the 1960's, has recurred as the third main drug of abuse among treatment admissions. Flunitrazepam, a legal medicine, has been abused recently and ranks the among treatment admissions from January through August in 1999. While the link between IDUs and AIDS is still weak (2.3%), the high proportion of drug administration through injection (29.0%), among treatment admissions, has made it a priority in AIDS prevention.

INTRODUCTION

Located in the West Pacific, Taiwan is separated form the mainland China by the Taiwan Strait. The Taiwan area consists of the Taiwan Island proper and some 85 islets, with a total land area of 36,000 square kilometers (14,000 square miles). Although Taiwan is relatively small, it is densely populated with 21,928,591 persons (census at the end of 1998). Such a high population density (609 persons per square kilometer of land area or 2,515 persons per square kilometer of arable land) has made life on this tiny island very crowded and competitive. Nevertheless, the economy of Taiwan has been rapidly developed in the past two decades and the quality of life has also been substantially improved. The per capita national income in 1998 was NT$ 363,222 (US$ 10,855).

2. DATA SORUCES AND TIME PERIOD

Data shown in this report were drawn from the following sources:

- Ministry of Justice, Investigation Bureau; Ministry of Interior, National Police Administration; Ministry of Defense, Headquarters of Military Police; Department of Health, National Laboratories of Foods and Drugs; and all local Health Departments provide data on arrests, seizures and laboratory testings for urine samples collected from drug abusers for court referrals from January 1998 through August 1999.

- Data from the drug treatment admissions of 42 sampled hospitals and clinics out of 147 government-designated medical settings with psychiatry therapy and drug treatment capacities, from January 1998 through August 1999, and data on routes of drug administration collected from July 1998 through June 1999 are provided by the Department of Health, National Bureau of Controlled Drugs, and National Institute of Preventive Medicine, Field Epidemiology Training Program.

- Department of Health, Bureau for Prevention of Communicable Diseases provides data on AIDS, HIV infection, from December 1984 through June 1999.

3. DRUG ABUSE TRENDS

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

3.1 Methamphetamine

According to the results of urine tests for court referrals, performed by all local health departments, National Police Administration, and the Investigation Bureau of the Ministry of Justice, an average of 5000 abusers are indicted each month during the past several years. Among these indicted abusers, around 4/5 of them consumed methamphetamine. Methamphetamine was present in 80.0% of the total positive cases of urine testing from January through August in 1999 **(Exhibit 1a and 1b)**. Meanwhile, the amounts of seized methamphetamine are 1386.5 kilograms **(Exhibit 2)**. The methamphetamine seizure demonstrates the efforts executed by the judicial systems on the supply side. On the other hand, it may also imply the severity of the methamphetamine abuse problem. Methamphetamine is the most frequently mentioned drug among treatment admissions and constitutes 45.3% of the treatment admissions from January through August in 1999 **(Exhibit3).**

3.2 Heroin

Heroin is currently the second predominant drug of abuse. Among the indicted, heroin was present in 9.1% of those cases **(Exhibit 1a)** and the amounts of seized heroin are 71.7 kilograms, from January through August in 1999 **(Exhibit 2).** Heroin is the second mentioned drug among treatment admissions and constitutes 33.1% of the treatment admissions in the meantime **(Exhibit 3).** Although heroin abuse is still alarming, the trend of heroin abuse seems to have slightly decreased during the past three years.

3.3 Other Opiates

Sporadic cases of morphine and opium seizure have been reported, although they only constitute 0.7 % of the treatment admissions **(Exhibit 3).**

3.4 Flunitrazepam and Other Depressants

Abuse of depressants is a relatively new issue. Secobarbital, amobarbital and methaqualone were among the first three of those depressants to be misused in the early 1980's. Flunitrazepam (nicknamed as FM2) abuse cases have been observed nationwide since the first abuse case was reported in September 1995. From January through August, 1999, 7.3 % of the total treatment admissions mentioned FM2 as the most abused depressants. FM2 ranks fourth among most abused drugs **(Exhibit 3).**

3.5 Inhalants

The major inhalant abuse is glue sniffing. The abuse of glue, which contains toluene as the solvent, was an epidemic in the 1950's. Manufacturers of glue have been mandated by the government to add mustard oil in the glue preparations to prevent them from being abused. However, glue sniffing has recurred recently. Glue is now the third substance of abuse and consists of 8.6 % of the total treatment admissions from January through August in 1999 **(Exhibit 3).**

3.6 Others

The seizure of cocaine is very small, if compared with that of methamphetamine or heroin **(Exhibit 2).** However, the amounts of seized marijuana are quite significant (42.1 kilograms) from January through August in 1999 and rank in the third place **(Exhibit 2).** Since marijuana is widely abused and easily grown in the southeastern Asia, and many labors are introduced to Taiwan from this area in recent years, the prevention of marijuana abuse is a critical issue and is now undertaken by the government.

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

Of the 767 acquired immunodeficiency syndrome (AIDS) and 2,139 human immunodeficiency virus (HIV) positive cases cumulatively reported in Taiwan from December 1984 through June 1999, 18 (2.3%) and 51 cases (2.4%) were classified as IDUs, respectively **(Exhibit 4).** The data on the routes of drug administration, as shown in **Exhibit 5**, indicate the potential of HIV infection through needle sharing. To avoid the spread of HIV, the Department of Health has decided not to control syringes and needles, which are now freely available in any pharmacy.

Exhibit 1b: Results of Laboratory Testing on Drug Offenders' Urine in Taiwan

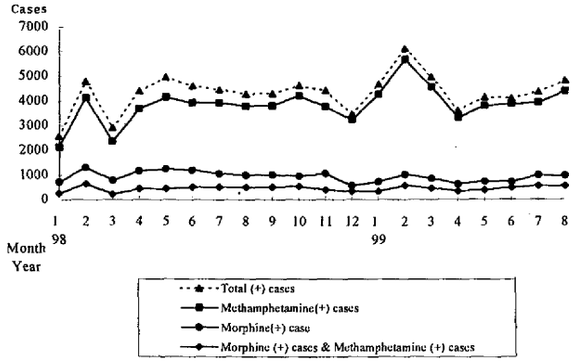

Exhibit 1a: Results of Laboratory Testing on Drug Offenders' Urine from 1998 through August, 1999.

Months		Positive Cases			
		Methamphetamine	Morphine *	Methamphetamine & Morphine *	Total
1998	1-3	7,460	1,671	1,182	10,313
	4-6	10,331	2,218	1,455	14,004
	7-8	6,685	1,028	1,062	8,775
	9-12	13,220	1,929	1,855	17,004
	Total	**37,696**	**6,846**	**5,554**	**50,096**
	%	**75.2**	**13.7**	**11.1**	**100**
1999	1-3	13,217	1,286	1,614	16,117
	4-6	10,211	1,331	1,377	12,919
	7-8	7,403	878	1,201	9,482
	Total	**30,831**	**3,495**	**4,192**	**38,518**
	%	**80.0**	**9.1**	**11.9**	**100**
Jan.-Aug. 99 / Jan.-Aug. 98		30831/24476 =1.3	3495/491 7 =0.7	4192/3699 =1.1	38518/33092 =1.2
Trend		↑	↓	↑	↑

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

Exhibit 2: Seizures of Drugs in Taiwan from January 1998 through August 1999

Year	Months	Amounts of Seizure (gm)					
		Heroin	Methamphetamine	Marijuana	Opium	Cocaine	Morphine
1998	1-3	38,020.9	479,801.7	111.8	0	0	0.1
	4-6	47,768.6	117,093.7	224.0	9.1	0	3.0
	7-8	22,504.6	94,197.1	5,714.1	22.3	0	0.7
	9-12	25,679.8	212,754.1	5,266.6	3,052	145.0	35.1
	Total	**133,973.9**	**903,846.6**	**11,316.5**	**3,083.4**	**145.0**	**38.9**
1999	1-3	35,992.1	281,998.5	6088.5	9.6	0	92.8
	4-6	31,614.2	783,732.5	174.4	0	0	16.4
	7-8	4,067.8	320,770.8	35,798.6	0	0	0
	Total	**71,674.1**	**1,386,501.8**	**42,061.5**	**9.6**	**0**	**109.2**
Jan.-Sep.99/Jan. -Sep.98		71674.1/ 108294.1=0.66	1386501.8/ 691092.5=2.01	42061.5/6049.9 =6.95	9.6/31.4= 0.31	-	109.2/3.8= 28.74
Trend		↓↓	↑↑	↑↑↑	↓↓↓	↔	↑↑↑↑

Exhibit 3: Drug Mentioned Among Treatment Admissions from 42 Sampled Hospitals January 1998 – August 1999

Year	Months	Methamphetamine	Heroin	Depressants (flunitrazepam ,valium,etc)	Glue & Organic solvent	Other Opiates (morphine, codein, etc)	Others (Marijuana, MDMA, etc)
1998	1-3	145	181	110	33	35	10
	4-6	186	232	114	28	30	8
	7-8	139	161	32	27	26	4
	9-12	410	295	97	71	36	50
	Total	**880**	**845**	**353**	**159**	**127**	**72**
	%	**36.1**	**34.7**	**14.5**	**6.5**	**5.2**	**3.0**
1999	1-3	304	229	65	73	36	13
	4-6	264	197	29	50	24	12
	7-8	186	125	28	20	4	7
	Total	**754**	**551**	**122**	**143**	**64**	**32**
	%	**45.3**	**33.1**	**7.3**	**8.6**	**3.8**	**1.9**
Jan.-Aug. 99/ Jan.-Aug. 98		754/470=1.60	551/574 =0.96	122/256=0.48	143/88=1.6 3	64/91=0.70	32/22=1.45
Trend		↑	↔	↓	↑	↓	↑

Exhibit 4: Cumulative Cases of HIV Infection by Exposure Category in Taiwan from 1984 through June1999

Exposure	* HIV Infection		AIDS	
	Total	(%)	Total	(%)
Heterosexual	868	(40.6)	365	(47.6)
Male homosexual	592	(27.7)	165	(21.5)
Male bisexual	365	(17.1)	173	(22.6)
Hemophiliac	53	(2.5)	18	(2.3)
Injecting drug user (IDU)	51	(2.4)	18	(2.3)
Blood transfusion	9	(0.4)	3	(0.4)
Vertical transmission	3	(0.1)	0	(0.0)
Unknown Risk Factors	198	(9.3)	25	(3.3)
Total	**2,139**	**(100.0)**	**767**	**(100.0)**

* AIDS cases included.

Exhibit 5: Route of Drug Administration Among Treatment Admissions in Sampled Hospitals, July 1998 - June 1999

Route of Administration	Percentage
Injecting	29.0
Sniffing	27.3
Oral	20.9
Smoking	15.7
Snorting	5.6
Others	1.5
Total	100 %

Source: Department of Health

PART 2 – Section Two

SOUTH ASIAN COUNTRY REPORTS
(January 1999 – June 1999)

DRUG ABUSE IN SRI LANKA

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INTRODUCTION

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

Traditionally an agricultural country, Sri Lanka has recently begun to expand into other areas of production and export. Recent years have seen many people seeking long term employment abroad. Health services and education is provided free to everybody. The country has a literacy rate of 91.8%.

2. DATA SOURCES

The Drug Abuse Monitoring System (DAMS) of the National Dangerous Drug Control Board is the main data source of this report. Sources to the DAMS include treatment facilities, Department of Police, Police Narcotics Bureau, Department of Excise, Sri Lanka Customs, Department of Prisons, and National Narcotics Laboratory. These quantitative data were enhanced with qualitative information obtained from outreach reports, observations of staff, follow-up records, interviews with drug dependants, media reports and from key informants. Although we are suffering from insufficient coverage of the problem in terms of various aspects of it, every effort has been taken to present a balanced report from available information.

3. DRUG OF ABUSE

3.1 Alcohol

Alcoholic beverages are produced in the country legally as well as illegally and consumption of alcohol is a widely spread habit in the country. Consumption of alcohol has been identified as a main contributing factor for poverty and other health and social problems. According to surveys the poorest segments of the society spend at least a third of the family income on tobacco and alcohol. In general, alcohol consumption in Sri Lanka seems to be increasing in both absolute and per capita terms.

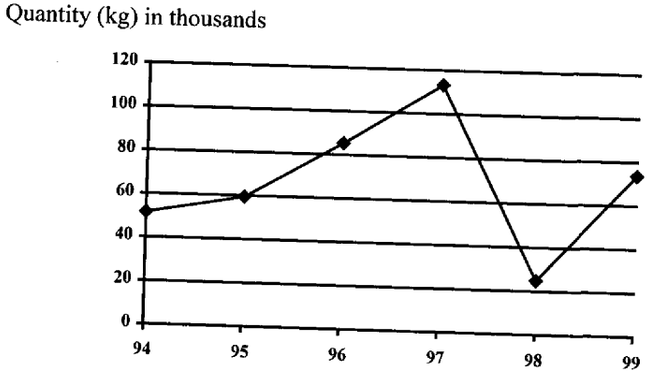
Arrack is the most commonly consumed legally produced alcoholic beverage in Sri Lanka 1999.

Kasippu, which is an illicit spirit made from molasses, is the cheapest and most widely available form of alcohol. The average price of a litre of Kasippu which comes in cellophane bags of several sizes and in bottles is Rs. 50.00 (0.71 US$) during the year. According to estimates, illicit products account for abõut one third of the total amount of alcoholic beverages available in the market.

3.2 Cannabis

Cannabis is readily available throughout the country and is reportedly the most trafficked and abused illegal substance in Sri Lanka. During the first six months of the year enforcement agencies seized 73,662.584 kilograms of cannabis **(Figure 1)**.

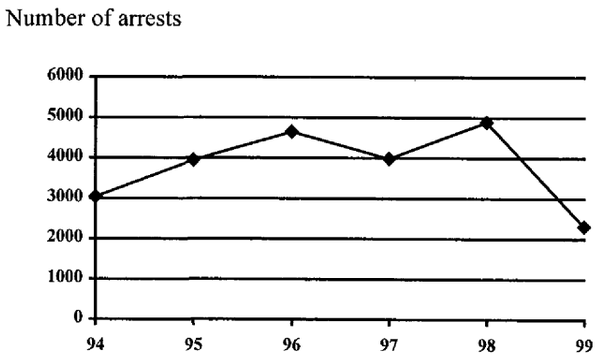
Figure 1: Quantity of Cannabis Seized from 1994- June 1999



Source database: Drug Abuse Monitoring System (DAMS)

Cultivation of cannabis, which is illegal, continues from the previous years in the southeastern and the eastern regions of the country. Cannabis is cultivated for domestic market as well as for illicit export. Cannabis cultivators are mostly controlled by the local businessmen in their respective areas. The trafficking of locally produced cannabis is from outstations to Colombo. From the jungles it is first brought to villages, then to towns and via provincial capitals to Colombo, mostly along with vegetables and other consumer goods. Cannabis is inexpensive, compared to heroin or opium. Its average retail price is Rs. 1500.00 (21.5 US $) a kilogram. Most of the cannabis offenders (99 %) are males.

Figure 2: Persons Arrested for Cannabis Related Offences 1994- June 1999



Source database: Drug Abuse Monitoring System (DAMS)

3.3 Hashish (Cannabis Resin)

The use of hashish is not much prevalent among the locals. However, police inquiries revealed that a well established drug ring consisting of Sri Lankans and foreign nationals have been in Sri Lanka using the Island as a transit point. During period under review retail price of hashish is RS. 12,000.00 (171.5 US$) a kilogram.

3.4 Cocaine

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

3.5 Heroin

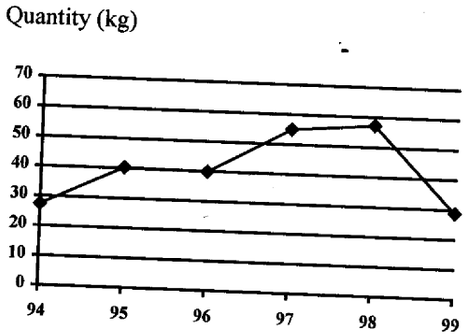
Availability of 'Brown sugar' or No. 3 type heroin has been reported from nearly all parts of the Island. A street sample (a packet) of heroin contains about 30mg (range 5-75mg) of diluted heroin. The average di-acetyl morphine content or the purity of heroin in the country from January to June is 40.5%. The purity tests done on heroin detected at entry points shows an average of 60% di- acetyl morphine content. Accordingly, about 19.5% of 'cutting agents' are added after smuggling the drug into the country. The cutting agents found in the samples are caffeine, diazepam, paracetamol and glucose.

On assumption, a heroin user consumes three packets of heroin containing 30mg of heroin a day, the estimated heroin user population (22,500)[2] in the country needs around 2 kg of heroin a day, 60 kg a month, and 720 kg a year to support their heroin use. To make available this quantity of heroin on the streets, drug dealers need to smuggle about 48.3 kg of heroin a month.

[2] Dr. Harsha Athurupane, Estimates and forecasts for the prevalence of drug use in Sri Lanka, 1998.

Based on available information it is projected that about 58 kilograms of heroin will be seized by the end of the year. Thus seizures by law enforcement agencies will be around 8% of the total smuggling **(Figure 3)**.

Figure 3: Quantity of Heroin Seized 1994-June 1999

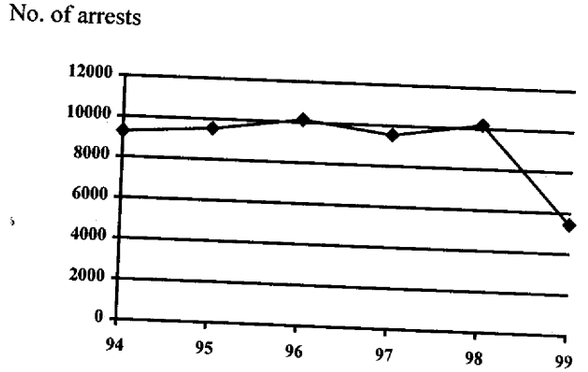


Source database: Drug Abuse Monitoring System (DAMS)

There has been no sustained increase or decrease in availability or in the retail price of heroin. During the period the average retail price of heroin is Rs. 1033333.00 (14,762 US $) per one kilogram.

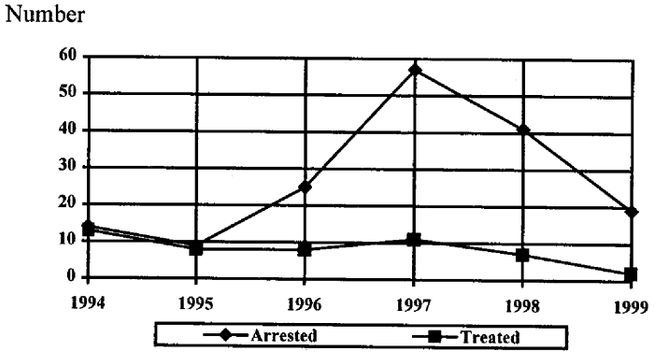
Inhaling of heroin vapour or "chasing the dragon" (locally known as 'Chinese method') is the much preferred method of heroin administration as in previous years. A decrease in injecting drug users was observed and no HIV/AIDS cases were reported among drug users.

Figure 4: Persons Arrested for Heroin Related Offences 1994 – June 1999



Source database: Drug Abuse Monitoring System (DAMS)

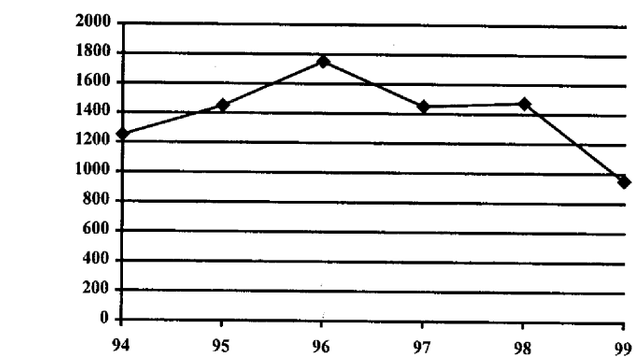
Figure 5: Injecting Drug Users Reported by Police and Treatment Facilities 1994 – June 1999



Source database: Drug Abuse Monitoring System (DAMS)

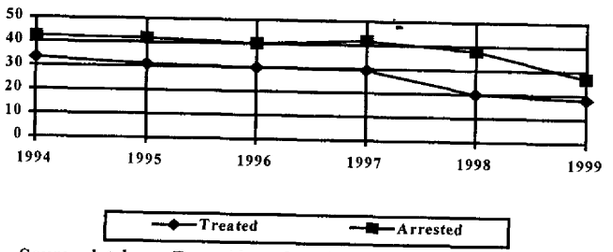
Heroin dependants in the country sought variety of treatment. Those types ranged from popular inpatient detoxification and rehabilitation at NDDCB treatment centres, treatment camps, out patient treatment from allopathic medical practitioners, homeopathic treatment, Ayurvedic treatment, self medication by drugs obtained from pharmacies and other outlets, seeking spiritual help from deities, religion based treatment, and making vows at various places of worship. It was reported that several heroin users had attempted suicide.

Figure 6: Reported Treatment Admissions for Heroin Dependency 1994- June 1999



Source database: Drug Abuse Monitoring System (DAMS)

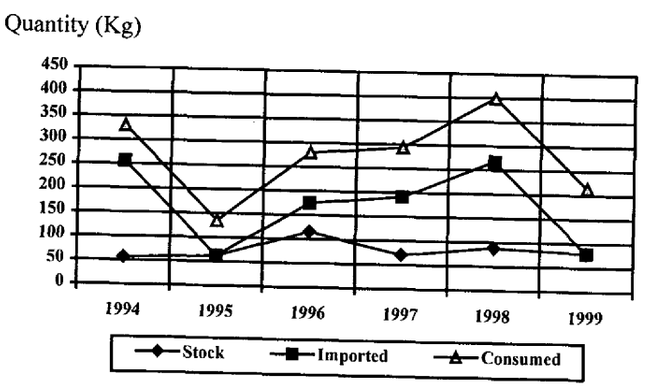
Figure 7 : Average Age of Persons Treated and Arrested for Heroin 1994 - June 1999



Source database: Drug Abuse Monitoring System (DAMS)

The average age of heroin use initiation is 18 years. The majority of treatment seekers is in the age bracket of 25-29 years. The average time duration between the initiation of heroin use and the treatment is 6.5 years which ranged between 3 to 10 years.

Figure 8: Annual Consumption of Opium for Medicinal Purposes 1994 - June 1999



Source database: Drug Abuse Monitoring System (DAMS)

3.6 Opium

Opium continues to be available and abused in Sri Lanka for a long period of time. The abuser obtains his requirement from the stocks of opium, which are imported from India for medicinal purposes, or from the stocks which are illicitly brought into the country. The street level price of opium is around Rs. 300.00 (approximately US $ 4) per gram.

3.7 Psychotropic Substances

Flunitrazapam, Mandrax, Diazepam, Codeine, Methadone, Barbitone, Valium, and Rohypnol abuse has been reported during the year. According to reports, some pharmacies in Colombo and outside Colombo sold most of the substances over the counter to drug dependants, charging fairly high prices. Further, unofficial reports confirmed the occasional use of ecstasy by a certain class of youth as in the previous year. However, in the first half of 1999 there was no detection of any psychotropic substance.

3.8 Tobacco

Tobacco use is a widely spread practice in the country. Traditionally, it is chewed with betel leaves and areacanuts. Cigarettes and tobacco business is a monopoly in Sri Lanka. Foreign brands of cigarettes and other tobacco productions are also available in the market.

4. HIV / AIDS

There were no drug related HIV/AIDS cases reported during the year. The total number of Sri Lankans who are HIV Positive is 280 (178 males and 102 females) as at 31 July1999. The numbers diagnosed with AIDS are 72 male and 26 female. The cumulative number of deaths is 72 by July 1999. HIV seropositivity rate for 1st and 2nd quarters of 1999 was 1.37 per 10,000.

PATTERN AND TRENDS OF DRUG ABUSE IN DHAKA, BANGLADESH

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ABSTRACT

Heroin and codeine are the two major substances abused in Bangladesh accounting for the majority of treatment admission in the central treatment center in the capital. The abuse of injectable buprenorphine is on the rise. The age of drug abusers is between 22 and 33 years old. However, there is increase in the number of drug abusers in the age group of 15 to 19 years - from 4% to 11% within this few months. Cannabis is widely abused by almost all drug abusers a secondary drug and also a starting drug.

CITY DESCRIPTION

Dhaka is the capital of Bangladesh. The total area of this city is around 116 square miles. The population of the city is 6.54 million. The people are followers of variety of religion like Islam, Hinduism, Christianity and Buddhism. Islam is the religion of the majority. Forty-six per cent the population is below the age of 15 years and more than 30% between 15 and 30 years of age. There are around 6-9 members in nearly half of the households.

2. DATA SOURCES AND TIME PERIOD

Data was collected from the central Drug Addiction Treatment Centre in Tejgaon, Dhaka - a government detoxification center . The data reported here is for the period of April to June 1999.

3. TREATMENT INDICATORS

The total number of patients registered during the three months is 479. Out of this total 123 (15%) are re-admission cases **(Table 1)**.

Table 1: Treatment Admissions October 1998 to March 1999

Type of Registration	New admission	Readmission	Total
In patient	167	65	232
Out patient	189	58	247
Total	356	123	479

3.1 Drug Abuse Trend

3.1.1 Type of drug Abused

Heroin remains the drug of concern in the whole country. It accounts for 61.5% of the cases during the current reporting period. Twenty-four per cent of the population used cannabis as the secondary drug of abuse while 0.8% abused it as the primary drug.

The abuse of injectable buprenorphine is on the rise (11.8%). Codeine in the form of cough syrup is also widely abused (13.5%) **(Table 3).**

Sedatives and tranquillizer are frequently being abused as a secondary drug (8.14%) **(Table 4).**

Table 3: Primary Drug of Abuse

Type of drug	Number	%	Previous %
Heroine	295	61.5	69.9
Codeine	65	13.5	10.8
Buprenorpheine	57	11.8	10.08
Pethedine	04	Nil	Nil
Cannabis	38	0.8	4.43
Sedatives	-	-	-
Alcohol	6	1. 2	0.43
Polydrugs	14	3	5.76

Table 4: Secondary Drug of Abuse

Type of Drug	Number	%
Cannabis	113	23.59
Sedative and Tranquiller	39	8.14
Alcohol	24	5.0
Multiple	12	2.5

3.1.2 *Route of Drug Administration*

Chasing the dragon is the main route of heroine administration among the addicts (68%). Cannabis is usually smoked in cigarettes. Thirteen per cent of the addicts abuse buprenophine and/or pethedine parenterally. About 2.08% of the addicts used various route of drug administration such as chasing, smoking, injection and oral**(Table 5).**

Table 5: Route of Drug Administration

Route	Number	%	Previous %
Parental	63	13.15	10.2
Oral	79	16.49	12.96
Chasing	327	68	72.04
Other (multiple)	10	2.08	4.75

3.1.3 *Source of Drug.*

All of the patients obtained heroine, phensedyl, cannabis, buprenorphine from the street, while pethedine was obtained from medicine stores without prescription.

3.2 Patients Socio-Demographic Characteristics

All the patients reporting during this period are male. About 79% of the patients are between 20 and 34 years old. About 11% are in the age group of 15 to 19 years **(Table 6).**

Table 6: Patients' Age

Age in year	Number	%	Previous %
Under 15	0	0	0
15 to 19	53	11.06	4.03
20 to 34	382	79.74	79.82
35 to 44	44	9.18	14.40
45 +	0	0	0
Total	479	99.98	98.25

Among the 497 patients, 49% are married while 48% are unmarried. Two per cent of the addicts are either divorced or separated **(Table 7).**

Table 7: Marital Status

Status	Number	%	Previous %
Unmarried	237	49.47	45.82
Divorce / separated	10	2.0	3.02
Married	232	48.43	50.57
Widow	----	----	----

A significant 33% of the patients are unemployed. Twenty-four per cent of the patients were self-employed while 14% were sales and clerical workers. Agrobased workers made up only 1.2% the treatment admissions **(Table 8).** Most of the patients 98% were living either with family or relatives.

Table 8: Patients' Occupation

Occupation	Number	%	Previous %
Professional	-----	----	1.44
Sales & Clerical worker	65	13.56	15.70
Driver / Transport worker	42	8.76	8.93
Agrobased	6	1.(2)	0.28
Self-employed	119	24	25.36
Unemployed	158	33	36.88
Student	42	8.76	6.34
Others / labourer	45	9.39	5.04

Forty-four per cent of the patients had at least 7 to 12 years of education. A sizable 24.21% had 1 to 4 years of education. Twenty per cent of them are illiterate **(Table 9).**

Table 9: Educational Attainment

Years	Number	%	Previous %
Zero	98	20.45	20.74
1 to 6	116	24.21	22.76
7 to 12	213	44.46	47.26
13 +	52	10.85	9.22

4. LAW ENFORCEMENT INDICATORS

A total of 125 seizures were conducted during the reporting period. Out of this 24 were that of codeine and 16 heroin. A total of 457 litre of codeine and 2148 litre of alcohol were seized during this period **(Table 10)**.

Table 10: Number of Quantity of Drug Seized

Drug	Number of Seizure	Quantity Seized	Previous Quantity Seized
Heroine	16	0.403 Kg.	0.088 Kg.
Codeine	24	457 Litre.	758.05 Litre
Inj. Pethedine	1	91 Amp.	-----
Inj. Buprenorpheine	12	270 Amp.	-----
Cannabis	37	26.061 Kg.	22.003 Kg.
ALcohol	35	2148.5 Litre.	2762.5 Litre.

DRUG ABUSE IN MADRAS CITY, INDIA

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MADRAS OR CHENNAI

The universe considered for this study is Madras (Chennai), a cosmopolitan City. It is the capital of the Tamil speaking region (Tamil Nadu) of India and is situated on the north east end of Tamil Nadu on the coast of Bay of Bengal. It stretches nearly 25.6 kilometres along the Bay coast and runs a semi-circular fashion and covers 172 square kilometres. The total population is about 6.5 millions.

2. DATA SOURCE

The current paper focuses on the data obtained from the major treatment centres offering inpatient treatment at Madras. The three centres are:

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

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

- SAHAI Research and Rehabilitation Centre, a premier centre offering comprehensive treatment services to the drug and alcohol dependents.

This report presents data collected from January 1999 to June 1999.

3. TREATMENT INDICATORS

3.1 Drug Abusers in Treatment

During the period between January 1999 to June 1999, a total of 1212 persons were admitted at the three treatment centres in Madras.

During the period between January 1999 to June 1999, 704 persons were admitted for

treatment of alcohol/drug dependence at the Institute of Mental Health, Madras (IMH). Of these, 122 persons (17.3%) had significant diagnosable psychiatric morbidity **(Table 1)**.

Table 1: Number of Admissions and Psychiatric Morbidity (IMH; N= 704)

	January - March 1999 (N=328)	April – June 1999 (N=376)
Total number of persons admitted with psychiatric morbidity	58 (17.7%)	64 (17%)

3.2 Primary drug of abuse

Alcohol continues to be the primary drug abused among persons seeking admission at the three facilities in Madras. Heroin ranks the second primary drug and buprenorphine and cannabis are placed third and fourth respectively **(Table 2)**.

Table 2: Primary Drug of Abuse (All treatment Centres; N= 1212)

Primary Drug	January – Mar 1999 (N)	%	April – June 1999 (N)	%
Alcohol	411	70.4	435	69.3
Heroin	65	11.1	77	12.3
Cannabis	40	6.8	44	7
Buprenorphine	59	10.1	64	10.2
Others	9	1.5	8	1.3

3.3 Polydrug Users

A total of 331 persons in the three treatment centres were polydrug users (27.3%). Cannabis, nitrazepam and alcohol are the common secondary drugs employed. Most opiate users are polydrug users. Combinations and cocktails of drug use is common **(Table 3)**.

Table 3: Rank Order Frequency of Secondary Drug of Abuse (All treatment centres; N=331)

Secondary Drug	January – Mar 1999 (N =158)	%	April – June 1999 (N=173)	%
Cannabis	89	56.3	94	54.3
Nitrazepam	61	38.7	86	49.7
Alcohol	71	44.9	83	48
Buprenorphine	48	30.3	43	24.9
Chlorpheneramine maleate (Avil) Inj.	58	36.7	62	35.8
Diazepam (Inj.)	56	35.4	60	34.7
Pain Killers	33	20.9	45	26
Heroin	9	5.7	11	6.4

3.4 Socio-Demographic Characteristics

3.4.1 Gender

The number of women abusers in treatment at the Institute of Mental Health, Madras continue to be low and 31 women entered treatment during the period January 1999 to June 1999 (4.4 %) **(Table 4)**. The total number of women in treatment in the other two treatment facilities is nil as they serve primarily male drug/alcohol users.

Table 4: Gender of Alcohol/Drug Abusers (IMH; N = 704)

Period	No. of Women Admitted	%
January 1999- March 1999	14	4.3
April 1999- June 1999	17	4.5

3.4.2 Age

Most of the alcohol users are in the age range of 31-50 years and a large proportions of other than alcohol users are in the age range of 18-30 years. About two-thirds of all drug/alcohol users in treatment are below the age of 40 years.

Table 5: Age Distribution of Alcohol/Drug Users
(All treatment centres; N=1212)

Age range	January -March 1999 (N)	%	April – June 1999 (N)	%
<15	0	0	0	0
15-19	51	8.7	61	9.7
20-34	240	41.1	274	43.6
35-60	279	47.8	291	46.3
>60	14	2.4	2	0.3

3.4.3 Religion

As observed in the previous year, the proportion of Muslims in treatment seeking population is low and Christians high, compared to the general population demographics **(Table 6)**.

Table 6: Religion of Treatment Seekers
(All treatment centres; N=1212)

Religion	January -March 1999 (N)	%	April – June 1999 (N)	%
Hindus	265	45.4	302	48.1
Christians	261	44.7	267	42.5
Muslims	47	8	58	9.2
Others	11	1.9	1	0.2

3.4.4 Education

More than three-fourths of alcohol/drug users in treatment have secondary school level education **(Table 7)**.

3.4.5 Occupational Status

Most of the drug/alcohol users in treatment were employed gainfully in some jobs. The treatment seekers were mostly from transport workers, salesmen and self employed **(Table 8)**.

Table 7 : Education Level of Treatment Seekers
(All treatment centres; N=1212)

Educational Level	January -March 1999 (N)	%	April – June 1999 (N)	%
Illiterate (0 years)	6	1	3	0.4
Primary School (<6 years)	125	21.4	124	19.7
Secondary School (6-12 years)	441	75.5	476	75.8
Collegiate Education (>12 years)	12	2.1	25	4

Table 8: Occupational Status of Alcohol/Drug Abusers
(All treatment centres; N =1212)

Occupation	January -March 1999 (N)	%	April – June 1999 (N)	%
Professional	4	0.7	5	0.8
Administrative	0	0	0	0
Sales & Clerical	142	24.3	142	22.6
Transport related	157	26.9	177	28.2
Agrobased	9	1.5	13	2
Self employed	142	24.3	136	21.7
Students	2	0.3	3	0.5
Unemployed	55	9.4	88	14
Others*	73	12.5	64	10.2

* "Others" primarily includes fishermen and casual labourers

3.4.6 Marital Status

About a half of the alcohol/drug users in treatment are married. Most of the alcohol abusers are married **(Table 9)**.

Table 9: Marital Status of Treatment Seekers
(All Treatment Centres; N= 1212)

Marital Status	January -March 1999 (N)	%	April – June 1999 (N)	%
Married	291	49.8	306	48.7
Unmarried	293	50.2	322	51.3

3.4.7 Living Arrangements

More than three fourths of the alcohol/drug abusers in treatment live with parents, spouse or close relatives signifying adequate social support **(Table 10)**.

Table 10: Living Arrangements of Alcohol/Drug Abusers (All treatment centres N= 1212)

Living Arrangements	January -March 1999 (N)	%	April – June 1999 (N)	%
With parents/spouse	352	60.3	348	55.4
With close relatives	154	26.4	219	34.9
Alone	26	4.5	20	3.2
With friends	32	5.5	38	6.1
Hostels/Hotels	15	2.6	0	0
No accommodation	5	0.9	3	0.5

3.5 Route of Administration

Most of the opiate users inject drugs and the injectable preparations used include heroin, buprenorphine, diazepam, chlorpheneramine maleate (avil), promethazine (phenargan) and pentazocine (fortwin). Use of cocktails is very common and common cocktail is referred to as "CAT" that contains Calmpose (Diazepam), Avil and Tidigesic (Buprenorphine) **(Table 11)**.

Table 11: Primary Routes of Administration among Other than Primary Alcohol Users (N=366)

Route of administration	January -March 1999 (N=173)	%	April – June 1999 (N=193)	%
Injecting	112	64.7	130	67.4
Smoking	40	23.1	44	22.8
Chasing	13	7.5	9	4.7
Combination*	8	4.6	10	5.2

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

4 HIV AND AIDS

HIV antibody testing is being done for all the consenting injecting drug users with pre and post-test counseling. During the period January 1999 to June 1999 the HIV sero-positivity among injecting drug users was estimated at 22%.

Table 12: Drug Law Enforcement Indicators - Police, Chennai (Unitl 21 October, 1999)

Drug	Cases	Quantity	No. of Arrest
Buprenorphine	2	45 vials	4
Diazepam	3	47, 700 kg	3
Dormin (Nitrazepam)	1	10 capsules	1
Ganja - dry	674	1215.777 kg	658
Ganja - wet		49135 kg	
Heroin	12	413150 kg	12
Opium	3	4120 kg	3
Tidigesic	2	90 vials	2

Total cases: 697
Total arrests: 683

PART 2 – Section Three

REGIONAL REPORT
(January 1999 – June 1999)

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

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Universiti Sains Malaysia

ABSTRACT

Drug treatment and law enforcement data were collected using a standardized instrument in three East and South Asian cities. Treatment data from the cities indicated significant variations in patterns of illicit drug use. Heroin admissions were predominant in most of the East Asian cities (Bangkok and Kuala Lumpur) and South Asian cities (Colombo, Dhaka and Madras). In Manila, amphetamines remained the predominant drug of abuse and polydrug abuse of amphetamines, alcohol, cannabis and cough syrups was widespread. Alcohol consumption was high in Madras. Heroin injecting was common in Bangkok and minimal in Kuala Lumpur and Manila. In Kuala Lumpur smoking or 'chasing the dragon' was the main route of drug administration. In most of the South Asian cities, smoking/chasing was the primary mode of heroin use. Heroin injecting was more widespread in Madras, while other/multiple mode of drug administration was prevalent in Colombo. There were variations in the socio-demographic characteristics of treatment admissions between the cities in the two sub regions. The number and rate of drug-related arrests varied between the cities. Significant differences in drug seizures were also observed between the cities.

INTRODUCTION

Asia confronts a serious problem of drug abuse and illicit production and trafficking of narcotic drugs and psychotropic substances. In recent years there are notable changes in the drug abuse trends in the region. Opium smoking is diminishing in the east and south east region, but unfortunately it is being replaced by heroin injecting. A similar trend is observed in South Asia. In countries such as Bangladesh, India and Pakistan, opium has been substituted with heroin, and more recently, also to buprenorphine, and the route of administration is shifting from inhalation (smoking) to injection and 'chasing the dragon'. Systematic assessment and monitoring of the extent and nature of the problem at the national and regional level are important for its effective control.

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

Research, Universiti Sains Malaysia, coordinates the Program and compiles and analyses the data biannually.

This paper presents a comparison of the drug abuse profile of three East and South Asian cities, based on information obtained in the latest reporting period, i.e., January to June 1999, for most of the reporting cities. The East Asian cities are Bangkok, Thailand; Kuala Lumpur, Malaysia; and Manila, Philippines. The cities from South Asia include Colombo, Sri Lanka; Dhaka, Bangladesh; and Chennai (Madras), India.

2. METHOD

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

3. DATA SOURCES

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

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

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

4. CROSS-CITY COMPARISON OF EAST ASIAN CITIES

4.1 Demographic Characteristics of Cities

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

4.2 Drug Treatment Data

4.2.1 Total Number of Treatment Admissions

Many variables affect treatment admission numbers, including program emphasis and capacity. This is reflected in the substantial variation in total number of treatment admissions between the cities.

Among the three cities, Kuala Lumpur reported the highest number of total admissions for the 6 months period (2185 admissions), Bangkok falls on second place (865 admissions) and Manila reported a total of 418 admissions. Eighty-four per cent of the total admissions in Manila are new cases, 41% in Kuala Lumpur and 40% in Bangkok.

4.2.2 Pattern of Illicit Drug Use

Heroin was the primary drug of abuse among most of the drug dependents who were admitted for treatment in Bangkok (83.90%) and Kuala Lumpur (70.69%) **(Exhibit 2)**. Significant variations in mode of heroin administration was observed between the cities. Smoking or 'chasing the dragon' was the most common route among patients in Kuala Lumpur (93.96%), with a lesser extent in Bangkok (28.54%) and Manila (21.71%). Heroin injection was the main feature in Bangkok (70%). In both Kuala Lumpur and Manila, injecting drug use was minimal – 3.91% and 1.01% respectively.

The percentages of addicts taking heroin in Bangkok and Kuala Lumpur remain stable from the previous reporting period.

Reports on morphine abuse was mainly from Kuala Lumpur (3.13%), lower than reported in 1998 (6%). Manila reported a negligible (0.14%) percentage of morphine abuse and none was reported in Bangkok.

The abuse of cannabis among treatment admissions has been reported in all three cities. However, it was more widespread in Kuala Lumpur (24%) and Manila (21%). A less

significant percentage of cannabis abuse was observed in Bangkok (0.17%). Cannabis was reported to be primarily used as a 'gateway' drug in cities such Bangkok and Kuala Lumpur.

Unlike Kuala Lumpur, polydrug use was common in Manila and Bangkok (79.65%). In Manila methamphetamine or 'shabu' remained the most common drug of abuse accounting for 57% of the total treatment admissions. The use of alcohol (7.73%) and cough syrups (6%) such as codeine, pethedine, etc. were also common. Benzodiazepines and analgesics were also abused but to a much lesser extent.

Heroin admissions maintained its dominance in most cities over the last five years while in Manila, methamphetamines use especially shabu is prevalent in recent years. Injecting heroin remains the most reported primary route of administration among heroin treatment admissions in Bangkok, whilst smoking or 'chasing the dragon' is still the most preferred route in Kuala Lumpur.

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

4.2.3 Characteristics of Treatment Admissions

Males dominated the treatment data in each city **(Exhibit 3)**. This is suggestive of the severity of the drug abuse problem among the male population in all the cities. The percentages of women admissions were low except in Manila (11%). However, it must be noted that the extent of the problem among females may not be reflected here because the existing treatment facilities in most of the cities are mainly for male drug dependents.

Other demographic data such as age, employment status, level of education and marital status, showed variations between the cities. Although most of the treatment admissions from each city were between the ages of twenty and thirty four, there was however, substantial variations in percentage of adolescent (15 – 19 years old) admissions. For example, Manila reported the highest proportion of adolescent admissions (17%), while both Bangkok and Kuala Lumpur reported 8%.

Comparing the age categories, it was evident that the reported age-specific incidence rates of drug abuse cases was significantly higher among those between twenty and thirty four years of age when compared to the other age categories.

The distribution of employment status differed significantly between the four cities. All

the cities except Kuala Lumpur reported a significant percentage of unemployed. Bangkok and Manila reported significant percentages of student admissions **(Exhibit 3)**.

Information on years of educational attainment revealed that a majority of drug abusers who were admitted into drug-treatment in most of the cities had between six and twelve years of education. The proportions of addicts with less than six years of education in all 3 cities range from 6% to 23 %. Manila has the highest percentage (39%) of total admissions who had more than twelve years of education.

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

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

4.3 Law Enforcement Data

4.3.1 Drug-Related Offences

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

Among the 3 cities, Bangkok has the highest number (13,293), followed by Manila (1916) and Kuala Lumpur (1176) **(Exhibit 4)**.

The types of offences also differed substantially between the cities. Arrest for consumption is predominant in Kuala Lumpur, (29% of the total arrests) while in Bangkok the predominant arrest is that of possession (50%). Ninety-three per cent of the total arrests in Manila are that of sales **(Exhibit 4)**.

4.3.2 Drug Seizures

The types and quantity of drugs that were seized varied between the cities **(Exhibit 4)**. A wider range of drugs were seized in Bangkok between July and December 1998. Of the total drug seizures in Bangkok, 64% were, 3% solvents/inhalants, 2% cannabis (a dramatic decreased form previous year's 12%). In Kuala Lumpur, of the total opiates and cannabis seizures, 85% were cannabis (an increased from 68% reported in 1998) and 14% were heroin (a decreased from 32% reported in 1998). A total of 4464 pills of

amphetamine were seized during the first six months of 1999. Cannabis seizures in Manila reported a significant increased from 4o% in 1998 to 99% in the first six month of 1999, while amphetamines seizures decreased from 59% in 1998 to 1.8% in the current reporting period.

4.4 Health And Social Indicators

Information on these indicators was incomplete for most cities. As many as 421 psychology cases have been reported among the admissions in Manila.

5. CROSS-CITY COMPARISON OF SOUTH ASIAN CITIES

5.1 Demographic Characteristics of Cities

Population sizes differ between the three cities. Dhaka has the largest population size of 6.6 million followed by Madras (3.8 million). Colombo has the smallest population of 1.7 million. The male -female ratio is almost similar in all cities with slightly larger proportion of males. Comparison of age groups of city populations was limited by variation in the categories that were used by the cities **(Exhibit 1).**

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

5.2 Drug Treatment Data

5.2.1 Total Number of Treatment Admissions.

Data of all the cities were obtained form specialized drug treatment facilities. Colombo and Dhaka reported a total of 706 (all new cases) and 774 (74% new cases) admissions respectively for the period January - June 1999 **(Exhibit 2).** Among the 3 cities Madras reported the highest total admissions of 1212 (all new cases).

5.2.2 Pattern of Illicit Drug Use

Heroin admissions predominate in the cities of Colombo and Dhaka, accounting for 94% and 63% of the total treatment admissions, respectively **(Exhibit 2).** In Madras, only a small proportion (12%) of the drug dependents were heroin users.

Opium and morphine abuse that were reported in the previous year have not been observed in all 3 cities during the current reporting period.

Cannabis admissions accounted for a small percentage of total admissions in Dhaka and Madras (about 6%). Alcohol consumption was high in Madras (70% of total admissions).

The abuse of buprenorphine, a potent synthetic opioid manufactured in India, which was reported as emerging problem among the youths in 1997 showed an increase trend in Madras – 10% of total admissions, an increased from previous year's 5%. While its used in Dhaka was not reported in 1998, the current reporting period witnessed a significant proportion (11.5%) of treated addicts abuse the substance.

Polydrug use was a common feature among drug dependents admitted for treatment in Madras (27%) and Dhaka (4%).

Trend data for the last six years showed that heroin remained as the dominant drug of abuse in Colombo and Dhaka. Cannabis abuse rarely exceeded 6% of treatment admissions, except in 1998 where Madras reported 6.45% of total admissions abused cannabis. This trend remains the same in the current reporting period. Also, in this city alcohol persisted as the most frequently abused drug for the past three years. Newer substances such as buprenorphine have emerged recently in most of the cities. For example in Madras, the rise in level of use of this drug among heroin addicts was attributed to the easy availability and low cost of the drug and the scarcity of heroin. Substituting one drug for another because of the reduction in availability of a drug is a common behavior among most heroin users. Dependence on psychotropic substances is of recent origin in Colombo and appears to be on the increase. These substances were usually used as adjunctive drugs with heroin.

The route of drug administration varied among the cities. Smoking or 'chasing the dragon' was the most popular mode in Dhaka (69%) and Colombo (51%) and a sizable proportion among addicts in Madras (29%). Most heroin and buprenophine users in Madras were injecting users (66%).

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

5.2.3 Characteristics of Treatment Admissions

Male accounted for almost all admissions in each city. Madras reported the highest female admissions (4%) among the cities **(Exhibit 3).** Drug abusers in the 20 to 34 age group accounted for the largest category (between 40% and 80%) of treatment admissions in Colombo, Dhaka and Madras. The second largest age category of drug abusers was 35 years and above in these cities.

The employed featured quite prominently in the occupational status in all 3 cities (57% to 87%). Students accounted for a significant percentage (7%) of total admissions in Dhaka.

The percentage distribution of treatment admissions by level of educational attainment differed between the cities. Those who received 7-12 years of education form a larger percentage of total admissions in all 3 cities (44% -86%).

5.3 Law Enforcement Data

5.3.1 Drug-Related Offences

Colombo reported the highest number of arrests for drug-related offences (2377 arrests) in comparison with Dhaka (265 arrests) **(Exhibit 4)**. The differences may be a reflection of the variation in policy and extent of police activity in each city.

All the arrests made in Dhaka are that of conspiracy while arrests of consumption are the main offence in Colombo **(Exhibit 4).**

5.3.2 Drug Seizures

Available information from Colombo and Dhaka showed that cannabis seizures was the most common in both cities (above 90%) of the total opiates and cannabis seized **(Exhibit 4)**. Small amounts of heroin seizures were reported in Dhaka (1.08%). During the reporting period, data on drug-related arrests and drug seizures were not available for Madras.

Exhibit 1: A Comparison of Selected City Demographic Indicator

INDICATORS	BANGKOK	KUALA LUMPUR	MANILA	COLOMBO	DHAKA	MADRAS
Total Population of City/ Metropolitan	1990 5,882,411	1991 1,145,075	1995 1,654,761	1981 1,699,241	1995 6,577,308	1991 3,841,396
	%	%	%	%	%	%
Gender						
Male	48.1	51.0	49.9	52.6	55.9	51.7
Female	51.9	49.0	50.1	47.4	44.1	48.3
Age						
<15	21.5	36.8	31.3		46.4	N/A
15-19	11.3	13.2	11.3	35.92(<18)	17.2(15-24)	
20-34	36.2	37.5	31.5	64.1(>18)	13.2(25-34)	
>34	31.0	12.5	25.9		23.2	
Household Size						
1	7.9	8.7	N/A	N/A	N/A	N/A
6-12	68.0	61.4				
7-12	22.2	28.0				
11+	1.8	1.9				
No. of Years of Education						
0	6.7	24.7	N/A	18(0)	43.2	N/A
1-6	46.2	34.2		14.6(1-5)	24.9(1-5)	
7-12	29.4	37.5		63.8(6-12)	27.6(6-12)	
>12	17.6	3.6		3.6(13+)	4.3(13+)	
Marital Status						
Single	45.8	50.6	46.6	59.5	55.4	N/A
Separated	2.6	0.8	0.6	0.3	0.5	
Married	47.4	44.8	48.7	37.0	39.8	
Widowed	3.9	3.8	3.8	3.2	4.3	
Others	0.3	0.0	0.3	0.0	0.0	

Exhibit 2: Types of Drug Abused, Route of Administration and Drug Sources by City

CHARACTERISTICS	BANGKOK	KUALA LUMPUR	MANILA	COLOMBO	DHAKA	MADRAS
	Jul-Dec 1998	Jan-Jun 1999	Jan-Jun 1999	Jan-Jun 1999	Jan-Jun 1999	Jan-Jun 1999
Number of Addicts	865 (Total)	894(New)	418 (Total)	706(Total)	774(Total)	1212(Total)
Primary Drug of Abuse	%	%	%	%	%	%
Opiate-type						
Opium	0.21	0.22	0.43	0	0	0
Morphine	0	3.13	0.14	0	0	0
Heroin	83.90	70.69	0.86	94.19	63.05	11.72
Other Opiates	0	0	0.43 (codeine)	0	24.55	10.15
Cannabis-type	0.17	23.94	21.46	0	6.72	6.93
Cocaine-type	0	0	1.57	0	0	0
Amphetamines	0	2.01	56.51	0	0	0
Sedative/hypnotics	14.81	0	0	0	0	0
Solvents/Inhalants	0.58	0	0.43	0	0	0
Alcohol	0	0	7.73	0	0.78	69.80
Cough Syrups	0	0	5.58	0	0	0
Psychotropic Subs/Others	0	0		5.81	0	1.4
Poly Drug Users	79.65	0	N/A	0	4.13	27.31
Route of Administration						
Inhalant	0.64	0	0.43	0	0	0
Injection	69.98	3.91	1.01	0.28	12.40	66.12(per366)
Oral	0.58	1.34	18.09	0.28	15.12	0
Smoking/Chasing	28.54	93.96	21.71	51.13	69.25	28.96(per366)
Sniffing	0	0	58.76	0.42	1.29	0
Others/Multiple	0.24	0.78	0	47.59	1.94	4.92(per366)
N/S		0	0	0.28	0	0
Drug Sources						
Street Sales	N/A	N/A	N/A	N/A	100.00	N/A
Legal Prescription					0	
Diversion of Prescript					0	
Others(Black Market)					0	

Exhibit 3: Demographic Characteristics of Drug Abusers by City

CHARACTERISTICS	BANGKOK	KUALA LUMPUR	MANILA	COLOMBO	DHAKA	MADRAS
	Jul-Dec 1998	Jan-Jun 1999	Jan-Jun 1999	Jan-Jun 1999	Jan-Jun 1999	Jan-Jun 1999
	865 (Total)	894(New)	418(New)	706(Total)	774(Total)	1212(Total)
	%	%	%	%	%	%
Gender						
Male	96.42	97.99	88.76	99.72	99.87	95.60(per704)
Female	3.58	2.01	11.24	0.28	0.13	4.40(per704)
Age						
<15	0.82	0.45	0.48	0	0	0
15 - 19	7.76	8.84	16.99	2.83	8.27	9.24
20 - 34	29.44	63.76	61.72	74.50	80.36	42.41
>34	11.96	22.93	20.57	20.82	11.37	48.35
N/S		4.03	0.24	1.84	0	0
Occupation						
Employed	45.49	84.01	56.22	75.78	57.88	87.79
Unemployed	34.81	8.72	17.46	23.94	34.24	11.80
Students	17.14	1.01	12.92	0	7.62	0.41
N/S		6.26	13.40	0.28	0.26	0
No. of Years of Education						
0	0.79	5.15	0	1.84	20.80	0.74
<1 - 6	22.74	16.78	6.46	6.66	23.39	20.54
7 - 12	47.49	77.96	53.59	85.55	44.83	75.66(6-12)
>13	28.97	0.11	38.99	4.82	10.98	3.05(12+)
N/S	0	0	0.96	1.13	0	0
Marital Status						
Single	62.97	N/A	N/A	53.26	48.84	50.74
Separated	6.62			0.71	2.71	0
Married	26.01			44.76	48.32	49.26
Widowed	4.39			0.14	0.13	0
Others	0			1.13	0	0

Exhibit 4: Law Enforcement Indicators by City

INDICATORS	BANGKOK	KUALA LUMPUR	MANILA	COLOMBO	AKA	MADRAS
	Jul-Dec 1998	Jan-Jun 1999	Jan-Jun 1999	Jan-Jun 1999	un 1999	Jan-June 1999
No. of Persons Arrested for Drug-Related Offences	13293	1176	1916	2377	265	N/A
Consumption	23.13	29.00	0.37	83.89		N/A
Possession	49.98	8.16	6.68			
Sales	17.78	14.71	92.95	13.97		
Trafficking	0.20	14.12		2.14	00.00	
Conspiracy	0	5.02				
Others	8.90	29.00				
Drug Seizures (kg)	708.136 (kg) %	339.350 (kg) %	61.144 (kg) %	73691.408 (kg) %	2.198 (kg) %	N/A (kg) %
Opiate-type		0.39(opiate-type)		0.04(opiate-type)	amps+ bttls+457L	N/A
Opium						
Heroin	25.46(opiate-type)	13.57			1.08	
Morphine						
Cannabis-type	2.49	85.86	24.35	99.96	8.92	
Cocaine-type						
Minor Tranquilizers	0.04					
Amphetamines	64.32	4464 pills	1.81			
Solvents/Inhalants	2.99					
Other Drugs	4.70	0.18	73.84		(Alcohol)	

PUBLICATIONS OF THE CENTER FOR DRUG RESEARCH

DRUG ABUSE INDICATOR REPORTING INSTRUMENT

PART 3

THE ASIAN MULTICITY EPIDEMIOLOGY STUDY

Questionnaire

City / Metropolitan Name : _____

Period of Reporting : _____

Compiled by : _____

Name of Agency : _____

Please return the completed questionnaire to :

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

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

ASIAN MULTI-CITY EPIDEMIOLOGY STUDY

A. GENERAL POPULATION DEMOGRAPHIC INDICATORS*

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

1. Total population of City / Metropolitan _____

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

(** or specify other similar age brackets)

4. Ethnic Groups
(specific for major groups)

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

5. Religion Groups
(specific for major groups)

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

		N	%
6.	Marital Status		
	Single, never married		
	Separated / divorced		
	Married		
	Widowed		
	Other		
7.	Occupational Categories [List according to Census]		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
8.	Number of Years of Education		
	Zero		
	1 - 6		
	7 - 12		
	13 +		

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

10. Other Comments: _____

_____

_____

B. DRUG TREATMENT INDICATORS

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

B. DRUG TREATMENT INDICATORS

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

B. DRUG TREATMENT INDICATORS

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

B. DRUG TREATMENT INDICATORS

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

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

4. Other Comments / Observations: _____

C. LAW ENFORCEMENT INDICATORS

1. Total Number of Persons Arrested for Criminal Offences _____

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

3. Number and Quantity of Drug Seized by Drug type

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

4. Drug Production Crimes

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

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

5. Traffic Accidents

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

6. Other Comments: _____

D. HEALTH INDICATORS

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

	N	Source(s) of Information
5. Other Health Indicators (specify)	_____	_____

6. Other Comments: _____

E. SOCIAL INDICATORS E.G. DATA FROM FAMILY, WORKPLACE, SCHOOL, ETC.

(Attach as Annex, data from qualitative research studies / exploratory studies or surveys)

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

_____

_____

_____

_____

NOTE: PLEASE FILL OUT ANNEX

Annex 1

Profile of Addicts by Primary Drug of Abuse (Age and Route)
(Male Addicts)

Primary Drug	Age (years)					Route of Administration/Use						
	<15	15-19	20 - 34	35 -44	>45	Inh	Inj	Oral	Smk	Smk/Chase	Snif/Snort	Other/
1												
2												
3												
Emerging deug if any 1_____												

Profile of Addicts by Primary Drug of Abuse (Age and Route)
(Female Addicts)

Primary Drug	Age (years)					Route of Administration/Use						
	<15	15-19	20 - 34	35 -44	>45	Inh	Inj	Oral	Smk	Smk/Chase	Snif/Snort	Other/M
1												
2												
3												
Emerging deug if any 1_____												

Annex 2

Profile of Addicts by Primary Drug of Abuse (Education and Occupation)
(Male Addicts)

Primary Drug of Abuse	Education				Occupation									
	Zero	1-6 yrs.	7-12 yrs.	>12 yrs.	Prof	Mgrs/Adm	Sales	Clerical	Drivers	Agro	Unemp	Self Emp	Student	Other/Spec
1														
2														
3														
Emerging drug if any 1_____														

Profile of Addicts by Primary Drug of Abuse (Education and Occupation)
(Female Addicts)

Primary Drug of Abuse	Education				Occupation									
	Zero	1-6 yrs.	7-12 yrs.	>12 yrs.	Prof	Mgrs/Adm	Sales	Clerical	Drivers	Agro	Unemp	Self Emp	Student	Other/Spec
1														
2														
3														
Emerging drug if any 1_____														

ASIAN MULTI-CITY EPIDEMIOLOGY STUDY

INSTRUCTIONS FOR COMPLETING THE REPORTING FORMS

GENERAL

1. City/Metropolitan Name:- Each reporting City is identified by this item. If data available to you covers a larger area than the city limits then, please report data for the metropolitan area. Specify whether report is on city or metropolitan area.

2. Period of Reporting. This refers to the period when information is collected.

3. Where no information is available, use **NA**, if not applicable use **NP**, if not known use **DK** (don't know).

4. Where information is available but not accessible or not collected use **NC**

5. When reporting numbers, do not use (-) for missing data. If missing indicate **NA** and if no cases are reported, use **0** (zero).

6. Please ensure all items in the reporting forms are completed to the best of your ability. Where gaps occur please send other sources of information which may include a small area survey or survey among students, etc.

7. Please provide all sources of information.

REPORT FORM INDICATORS

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

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

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

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

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

	Injection	Refers to all types of injections, i.e., i.v., intramuscular, under the skin, etc.
	Oral	Refers to chewing or swallowing.
	Smoking	Refers to the consumption of drugs, e.g., heroin, methamphetamines, and cannabis in a combination form, e.g., with tobacco.
	Smoking/Chasing	Refers to 'chasing the dragon' including a vaporised form of a drug that includes methamphetamine.
	Sniffing/Snorting	Sniffing refers to nasal route of drug use. Snorting is mainly used for cocaine or methamphetamines.
3j.	Drug sources	Please specify primary source of drugs for patients.
3k.	Living arrangement	Refers to whom patient is living with at time of treatment admission. For the homeless, specify on ''others' category.
3l.	Number of years of education	Please indicate accordingly.
C.	LAW ENFORCEMENT INDICATORS	This set of indicators refer to drug-related police activities and other information on sales, production and trafficking of drugs.
1.	Total no. of persons arrested for criminal offences	Please provide information if available. Data can be reported for the reporting period. If this is not available, total cumulative figure for the year could be reported.
2.	Number of Drug-Related arrests	Please provide information according to types of arrests.

3.	Number and Quantity of Drug Seized by Drug Type	Please provide data according to drug type and indicate the measure for quantity, i.e. kg or number (#) or litres. For 'other drug', please specify each type in columns provided.
4.	Drug Production Crimes	
a.	Amount of Drug Seized in a Manufacturing Facility	Please provide data according to drug type and indicate the measure for quantity, i.e. kg. or number (#) or litres.
b.	Number of Labs. Destroyed	Please indicate the number of labs. destroyed for the reporting period.
c.	Amount Destroyed	Please state the amount destroyed and indicate the measure per quantity.
d.	Arrest for Cultivation	Please state the number of persons arrested for cultivation for the reporting period.
e.	Arrest for Manufacture	Please state the number of persons arrested for manufacture for the reporting period.
5.	Traffic Accidents	
a.	Total no. of traffic accidents	If available, please provide data on total number of traffic accidents.
b.	No. of crashes caused by drivers	Please provide data for the number of accidents caused by drivers under the influence of drugs according to the categories provided.
D.	HEALTH INDICATORS	If information on these items is not systematically collected, please report on any information available and source of information.
1a.	Number of HIV Positive/AIDS cases	Number of new cases who have been found to be HIV - positive or having AIDS during

		the reporting period.
1b.	Drug-Related HIV-Positive /	Number of new drug-related cases who have been found to be HIV-Positive or having AIDS during the reporting period.
2a.	Number of Psychological Cases	This refers to total psychological cases / mental disorders.
2b.	Drug Associated Psychological Cases	Drug associated mental disorders such as drug psychoses, depressions, etc. (Please exclude drug withdrawal or intoxication cases).
3a.	Total Number of Emergency Room Cases	Total number of emergency cases reported at a facility.
3b.	Drug-Related Emergency Room Cases	Cases related to drug overdose and as well as other drug related medical complications.
4.	Number of Drug-Related Deaths	Deaths related to the above.
5.	Other Health Indicators	If information on other indicators is available (e.g. hepatitis, TB.) please indicate here.
E.	SOCIAL INDICATORS	These are optional items. If information from family, workplace, schools, etc. is available please indicate.
F.	OTHER COMMENTS	Please provide any other comments concerning data collection data sources and data items.

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