

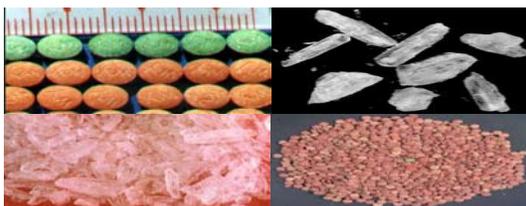

UNITED NATIONS
Office on Drugs and Crime
 Regional Centre for East Asia and the Pacific

The problems of ATS abuse in Asia:
Let us put the people at the centre
Of the drug control policies

Keynote address
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 Regional Centre for East Asia and the Pacific

At the 13th IFNGO ASEAN NGOs Workshop on
 Prevention of Drugs & Substance Abuse
 2-4 December 2003
 Langkawi Island, Malaysia

It is indeed a great pleasure for me to address you today at the 13th IFNGO ASEAN NGOs Workshop on Prevention of Drugs & Substance Abuse on the topic of “Problems of Amphetamine-type stimulants (ATS) Abuse in ASEAN Countries”. On behalf of the United Nations on Drugs and Crime (UNODC), I would like to express my gratitude for the invitation to share with you relevant information and my thoughts to deal with the alarming epidemic of ATS in this region. I am confident that with your collective wisdom and active participation, the workshop will successfully achieve its objectives in combating drug abuse and formulating sustainability of drug prevention.

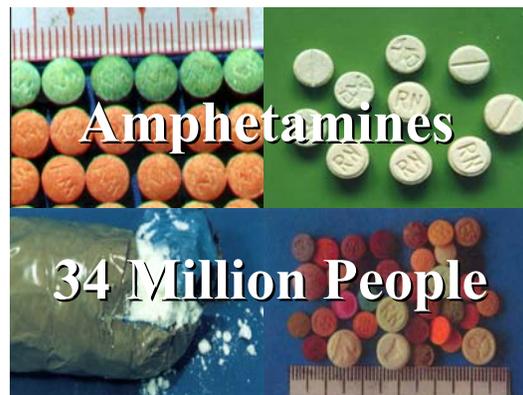


Global Drug Consumption:

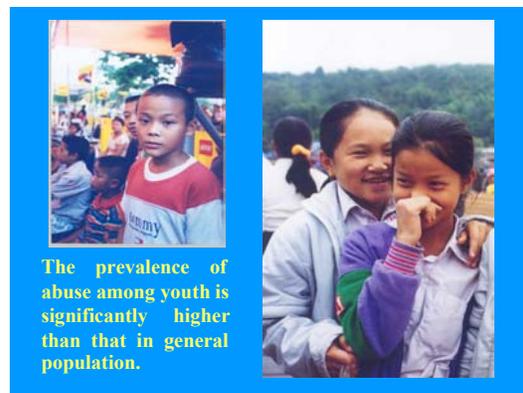
ATS 42 million people
 0.7% of global population
 1.0% of population aged 15 and above

The publications of UNODC “Global Illicit Drug Trends 2003” and “Ecstasy and Amphetamine Global

Survey 2003” launched recently indicate that ATS abuse continues to spread worldwide. Over the 2000 -2001 period, ATS abuse is estimated to affect 42 million people or 0.7% of global population and 1.0% of population aged 15 and above.



There has been a sharp global increase of amphetamine abuse and today 34 million people or 0.8% of the global population aged 15 and above. South-East Asia has contributed largely to the global increase in recent years. In addition, some 8 million people are estimated to take ecstasy.



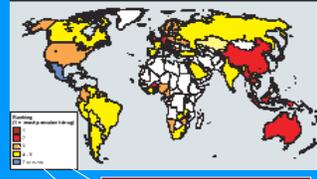
The abuse is spreading regardless of age, gender, nationality or income. However, the prevalence of abuse among young people is significantly higher than that in general population.



Amphetamines have become the main problem drugs in East and South-East Asia

Importance of ATS abuse compared to other drugs

Ranking of ATS in order of prevalence in 2001



1: Most prevalent
Thailand
Philippines
Japan

2nd prevalent
China
Indonesia
Australia
Some Europe

Most prevalent drug is ATS

2nd prevalent drug is ATS

Source: Global Illicit Drug Trends 2003 (UNODC)

Two thirds of the world amphetamine users are found in Asia



Annual Prevalence of Amphetamines

Country/Region	Year	Prevalence (%)
Thailand	2001	5.6 %
Philippines	2000	2.8 %
Japan	2000	1.7 %
Macau SAR, China	2001	1.6 %
Taiwan province, China	2000	1.2 %
Korea Rep.		0.5 %
Indonesia		0.1 %
Brunei Darussalam	2000	0.06 %
Hong Kong SAR, China	2001	0.05 %
Singapore	1998	0.04 %
India	2001	0.02 %
Malaysia	1998	0.01 %

7.8% Household Survey 2001 in Thailand

4.5% Household Survey 2001 Philippines

In Asia, ATS production, seizures and abuse have increased significantly. About two thirds of the users of amphetamines are found in Asia, mostly in the countries of East and South-East Asia. In a number of countries in this region particularly Thailand, the Philippines, Japan, the Republic of Korea and to a lesser extent in Taiwan Province of China, amphetamines, notably methamphetamine, are the main problem drugs. Moreover, the highest proportion of treatment demand for ATS abuse is found in Asia. Rapid increases in methamphetamine abuse are also reported from Singapore and Vietnam.

In 2001, Thailand, the Philippines and Japan are countries where most prevalent drug is ATS. Thailand is the country reporting the highest abuse level for methamphetamine worldwide (5.6%).

ATS Abuse Trends in East Asia

Regional ATS Demand Reduction Project

Improving ATS Data and Information Systems (AD/RAS/01/F97)

UNODC Regional Center for East Asia and the Pacific is executing a regional project for improving ATS data and information system of which Cambodia, China, Indonesia, Lao PDR, Myanmar, the Philippines, Thailand and Vietman are project participants. A project report in August 2003 states that ATS abuse among most of the participating countries is increasing. People have a tendency to switch from other kinds of drugs to ATS. Indonesia and the Philippines reports that abusers of ATS include youth, out-of-school and unemployed youth, street children, as well as university students. In Cambodia, children as young as 9 years old have been found consuming ATS.



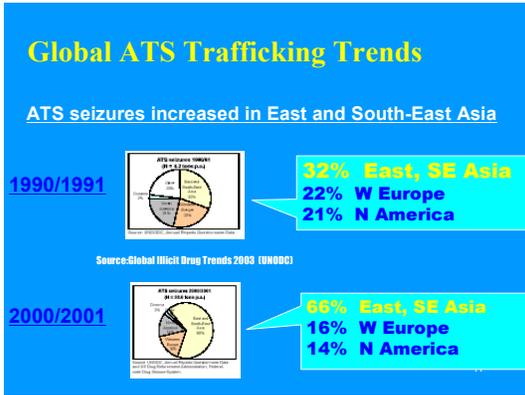
There are several reasons for the growing popularity of amphetamine type stimulants. Notwithstanding the enormous dangers of such ‘new’ drugs, there is a public perception that they are neither addictive nor dangerous. They are perceived as widely consumed entertainment tools. This assumption is also common in the middle class who also believe they are in a better position to control their usage as they are well-educated and know more about the drug. From the users standpoint, the main advantage of ATS is that there are no immediate side-effects, or very limited and occasional ones, and it provides a feeling of happiness and confidence, but

also gives them a source of energy, for dancing or for academic excellence. Amphetamine type stimulants are, furthermore, associated with a fashionable and trendy lifestyle. They are frequently used at the dance music scene associated with fun, fashion, Western lifestyle and celebrities, not with the negative identity and stigma of heroin abuse. Similarly to Thailand, some users underline the need of the extra source of energy that such substances provide in order to accomplish their every-day work.

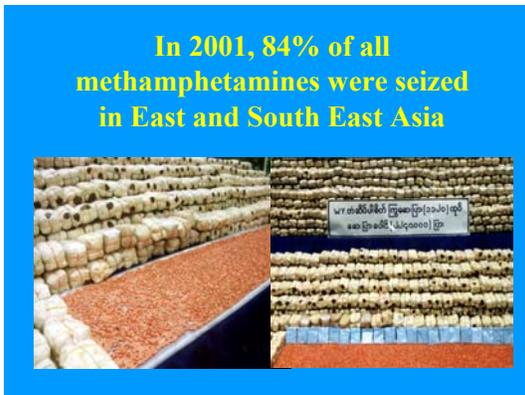
The new upsurge of recreational drugs, such as ATS, has had a fundamental role in the recently identified shifts in paradigms within drug control policies. Meanwhile the number of heroin users has remained relatively stable, the number of amphetamine users has been rising drastically. Synthetic drugs differ compared to traditional drugs, such as heroin, in that they do not only affect 1 or 2 % of a country’s population. These new drugs are taken mainly by the youth, such is for example the case in Hong Kong, but also by large parts of the adult population in other countries, such as Thailand. The abuse of synthetic stimulants is a response to peer pressure to be fashionable, westernised and fun, or to increased pressure of worker’s performance due to the aggressive globalised business market and economic recession.

Feelings of not being performant enough or of not being sufficiently popular and accepted are common in all classes of society. Even within the higher classes of society parents are having to confront their own children’s drug addiction. Drug addicts are suddenly not only the underprivileged, poor and marginalized members of

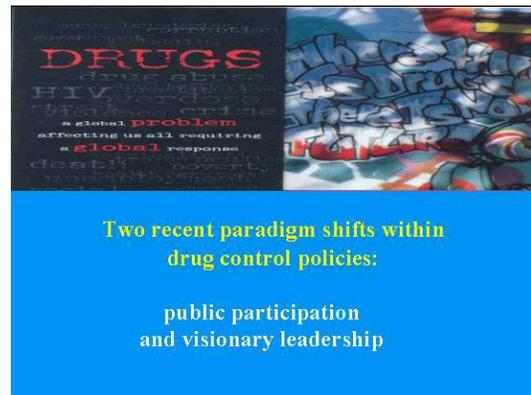
society who have fundamental personal and social problems. The users of these new synthetic drugs do not have that druggie appearance, they look like you or me.



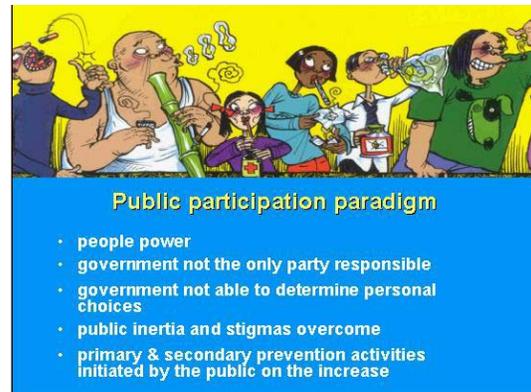
The awareness, both by the general public and by the policy-makers, that the drug problem in the region now has attained a threshold of desperate concern, has triggered two major paradigm shifts.



Despite the fact that supply side strategies have been fairly effective in recent years, where 66% of the global ATS seizures were reported in East and South-East Asia in 2001, synthetic stimulants are easily available everywhere, not only in the region's major cities. In 2001, 84% of all methamphetamine were seized in East and South-East Asia. The seizures in China and Thailand have already accounted together for 70%.



The first shift has come about through people empowerment.



People have understood that the government cannot remain the only party responsible for drug control. After all, drug use often stems from some kind of social malaise and this in turn stems from other people's behaviour. Governments are incapable to control all cultural and economic causes to drug abuse. How can the government stop someone's personal wish to perform better or to be viewed as fashionable? The scale of drug use and the fear it causes has made the public overcome their inertia. People have found courage to overcome stigmas and to speak out. Primary prevention activities have sprung up throughout the region, in particular in countries where drug abuse is significant and where the government has been unwilling to remain the only responsible for the response, such as Thailand, the Philippines and Indonesia.



Primary prevention activities:

- Public Education
- Neighborhood Improvements
- Public Service Announcements
- Parenting Skill Training
- Peer Counseling

Typical primary prevention activities are public education, neighbour improvements, public service announcements, parenting skill training and peer counselling.



Secondary Prevention Activities:

- Hotline Volunteering
- Counseling Volunteering

Also, secondary prevention has gained more public involvement and support. People increasingly sign up as volunteers for hotlines and counselling services for experimental drug users. The appearance of such initiatives encourages policymakers and officials to invite all layers of society to join the efforts of drug control. This new paradigm, with its focus on public understanding and participation, has proven very important within the field of alternative development as well.



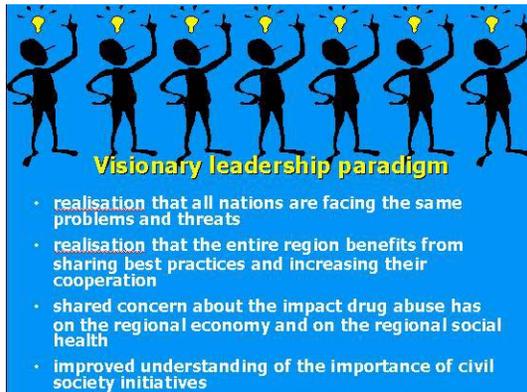
... The empowerment of people including



women and children...

The empowerment of people, including women and children, is now also the most important determinant of success in our region's remote opium producing areas. Apart from their proven efficiency, primary prevention measures are generally more socially accepted and more cost effective.

The second shift has come about through visionary leadership.



Drug control polices have, unfortunately, a past of being fragmented and badly organised, resulting in costly duplications of efforts. The importance of cross-border co-operation and proper co-ordination between the specialised drug control fields, such as law enforcement, alternative development and demand reduction, was not recognised. Moreover, regional cooperation was tough, due to feelings of distrust stemming from the history of the region. In light of the region's recent ATS epidemic, the previous habit of finger pointing has been replaced by the realisation that all countries are facing the same situation and similar threats and, therefore, have an analogous need to share best practices and increase cooperation. There is also widespread concern about the economic impact that drug abuse has on the region's economy as a whole and the social effect the distress related to drug abuse might have upon the region's social health.

It is indeed such developments that create new opportunities for non-governmental initiatives instigated by the civil society. By early 2000, all the countries in South-East Asia, as well as

in China, recognised that they have a common interest in a drug-free society. Subsequently, a conference was held in that same year in Bangkok where delegates discussed the situation and the design of a new paradigm for cooperation.



The result of was a plan called ACCORD - *ASEAN and China Co-operative Operations in Response to Dangerous Drugs*. ACCORD establishes a dynamic Plan of Action, which rests on four pillars:

- proactively advocating civic awareness on dangers of drugs and social response
- building consensus and sharing best practices on demand reduction
- strengthening the rule of law by an enhanced network of control measures and improved law enforcement co-operation and legislative review
- eliminating the supply of illicit drugs by boosting alternative development programmes and community participation in the eradication of illicit crops

This plan of action is groundbreaking as it is, at present, the only integrated regional drug control plan that includes components such as clear objectives, measurable targets, established timelines, a transparent monitoring mechanism, as well as a strategy for funding.



ACCORD is groundbreaking

- Clear Objectives
- Measurable Targets
- Established Timelines
- Strategy for Funding

Success / Failure will be transparent and measurable

The pioneering part of the ACCORD is that targets and timelines have been set. As a consequence, success and failure will not only be more transparent, but also measurable. Failed targets can thereby be identified and revised. Such improvements are of fundamental importance for this new paradigm we are witnessing.

This is a critical time for accepting and implementing these new paradigms that focus on primary prevention of drug abuse and that enabled communities to become protagonists of their own liberation from drug abuse.



UNODC is committed to facilitate this process of change

UNODC is committed to facilitate this process of change by continuing to provide a forum for policy consultations open to the civil society and the private sector. Through reports such as the Global Studies in Illicit Drug Markets, we hope to improve our services to analyse the trends of drug production, trafficking and abuse as well as the impact of drug control actions. In doing so we shall offer a neutral and excellent information base that policy-makers can utilise in order to decide appropriate strategies. Such studies will make drug control policy more transparent and credible to all parties, and will encourage more vital parts of the institutions and society to join the effort. These two paradigm shifts are creating a new drug control framework. This framework is gaining ground but it has yet to be consistently recognised and implemented throughout the whole region.



We must not forget that traditional drug control policies have been unsuccessful in providing a long lasting solution to the drug problem

Policy revision is needed not policy abandon!

We must not forget that the traditional drug control strategies have been unsuccessful in providing a long lasting solution to the region's drug problem. Drugs are still easily available on the market. Drug shortages have occurred very rarely in our region's cities. However, we should concentrate on the revision of traditional drug control policies rather than on the abandonment of them. If we want to

remain effective in controlling drugs we need to revise such traditional drug control policies that often utilise rather harsh tools such as punishment and instead consider softer drug control tools such as people empowerment and advocacy. If such a revision is done within the ACCORD framework, the transparency originating from set targets and timelines will tell us what, in fact, works when it comes to drug control. The achievements or failures will be evidence based rather than law-based or ideology-based. More resources should be put into public participation against the ills of drug consumption.



There is hope that people power may undermine the entire drug culture in ten to fifteen years time. Such public participation could be an important tool in attaining the goal of the ACCORD Plan of Action – a drug-free ASEAN by

2015. An Asian coalition with qualitative leadership, increased public participation and drug policy transparency is a prerequisite. Without such a coalition millions of lives may be affected by drug abuse and Asia's youth will increasingly waste their opportunity to do something better with their lives. Furthermore, the region's sustainable economic growth may be seriously endangered.

