



UNODC

United Nations Office on Drugs and Crime



Sub-Regional Action Plan on Drug Control

2011-2013



Sub-Regional Action Plan On Drug Control

The Governments of

THE KINGDOM OF CAMBODIA

THE PEOPLE'S REPUBLIC OF CHINA

THE LAO PEOPLE'S DEMOCRATIC REPUBLIC

THE REPUBLIC OF THE UNION OF MYANMAR

THE KINGDOM OF THAILAND

THE SOCIALIST REPUBLIC OF VIET NAM

And

THE UNITED NATIONS OFFICE ON DRUGS AND CRIME

2011-2013

Revision VIII

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1 Introduction

The Sub-Regional Action Plan (SAP) on Drug Control provides a strategic outline for the collaborative efforts of the six MOU member countries and UNODC in addressing the problems of illicit drug production, trafficking and abuse.¹

The first SAP was endorsed in 1995. Since then the SAP has been reviewed and revised biennially and subsequently endorsed at each biennial Ministerial Meeting. The most recent SAP (Revision VII) was endorsed in July 2009, and covered 5 main thematic areas:

1. Demand Reduction
2. Drugs and HIV/AIDS
3. Sustainable Alternative Development
4. Law Enforcement
5. International Cooperation on Judicial Matters

There are various ways in which SAP priorities are being pursued by member countries and UNODC. For example, some initiatives are supported through the UNODC-managed H15 project (Support for MOU Partnership in East Asia), which includes financial contributions from member countries. Other initiatives are supported through other ongoing UNODC-managed projects in the sub-region, being implemented within the framework of UNODC's broader Regional Programme for East Asia and the Pacific. Many other initiatives are being supported directly by national governments through their own budgets, without any direct involvement of either UNODC or donor agencies.

For each of the 5 thematic areas noted above, this SAP document (Revision VIII) provides: (i) a situation update on issues and challenges; and (ii) proposed priorities for collaborative action over the next two years.

In adopting this Sub-Regional Action Plan, the MOU Members:

- Re-affirm their commitment to fully implementing the 1961, 1971 and 1988 drug control Conventions and to support activities aiming at the improvement of national drug control legislation in line with international conventions.
- Agree that development of national strategies on drug control is essential for the establishment of effective sub-regional drug control objectives and priorities.
- Re-affirm their support for a comprehensive, balanced and integrated approach to drug control problems designed to meet the various manifestations of the problem in the sub-region with due respect to national and local differences.
- Recognise the need to include public health at the centre of drug control policy making and implementation.

¹ The six country members of the MOU on Drug Control are the Kingdom of Cambodia, the People's Republic of China, the Lao People's Democratic Republic, The Republic of the Union of Myanmar, the Kingdom of Thailand, and the Socialist Republic of Viet Nam, together with UNODC.

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- Welcome the opportunity to expand the Border Liaison Office (BLO) concept to cover other areas of transnational organized crime, such as in relation to human trafficking, smuggling of migrants and the smuggling of illegal timber and wildlife; and
- Re-affirm their commitment to mobilize funds to support implementation of SAP priorities.

2 Strategic issues and challenges

The following narrative provides an update on issues of strategic concern with respect to drug control in the sub-region. These issues need to be taken into account with respect to planning future collaborative actions.

2.1 Drug Demand Reduction

- **Knowledge for action:** There is limited research on policies for drug prevention, treatment and care in EAP, and better knowledge is needed to best invest limited resources in the region. While developing regionally-grown evidence as a better basis for action, implementation needs to proceed based on the best knowledge available.
- **Need to build multi-pronged responses to drug use and dependence, including those based on public health principles.** Drug dependence is a chronic, relapsing health disorder and should be dealt with as such, based on scientific evidence and on each individual's needs. This is a part of every individual's right to health. In addition, drug treatment responses should be tailored to the severity of addiction, for example not every user needs treatment, and for most people who need treatment, community-based approaches have demonstrated positive cost-benefits in a range of studies. Residential treatment is best suited for a minority of people with severe drug dependence, particularly poor social support, and/or co-morbidities. Cost-effective treatment systems combining community-based treatment services need to be developed and progressively scaled-up.
- **Regionally relevant models for ATS prevention, treatment and care.** While there are internationally tested drug prevention approaches and psychosocial interventions for ATS use and dependence, these have not yet been fully validated in Southeast Asia, where ATS use is on an upward trend and represents a majority of treatment demand in several countries in the region. Prevention, treatment and care intervention models that take into account the risk and protective factors in the region; the different needs of ATS occasional, regular and dependent users; as well as the resources and circumstances in the region need to be developed and evaluated.
- **Regionally relevant community-based intervention models.** The plans for implementation of community-based interventions in some countries in the region, supported by high level Government authorities, present unique opportunities to develop and demonstrate new approaches to ATS use and dependence not only for the respective countries, but for the region as a whole.

2.2 Drugs and HIV/AIDS

- **HIV prevalence remains high among people who inject drugs.** Prevalence of HIV among people who use drugs remains high in several countries in the region. The Reference Group to the UN on HIV and Injecting Drug Use estimates that there are 3.9 million (range: 3.0 – 4.9 million) people who inject drugs living in East and South East Asia². One-third to one-half of cumulative reported HIV cases have been traced back to injecting drug use, including 70.6% in Malaysia³ and 32.2% in China⁴. High HIV prevalence in this population has been reported in Myanmar (36%)⁵, Viet Nam (18%)⁶, Thailand (39%)⁷, and China (9%)⁸. In a survey in Cambodia⁹, 24% of people who inject drugs were found to be HIV infected. The continued spread of HIV hampers the achievement of the UN Millennium Development Goals and its impact on productivity; morbidity and mortality make it the most significant threat associated with illicit drug use.
- **The need of the hour is to scale up coverage of the comprehensive package of HIV prevention and treatment services.** The World Health Organization (WHO), UNODC and UNAIDS recommend that governments make available and scale up a comprehensive package of HIV prevention, treatment and care interventions for people who inject drugs. The package contains 9 interventions. There is extensive scientific evidence supporting the efficacy of these interventions in preventing the spread of HIV.¹⁰ Despite the high burden of HIV among people who inject drugs, coverage of these prevention, treatment and care services for this key affected population is inadequate in the region. Based on the WHO/UNODC/UNAIDS recommended levels of coverage, at least 60% of people who inject drugs should be covered by a needle and syringe programme (NSP). Yet, only 5%, or approximately 105,000 people who inject drugs in 9 priority countries in East Asia were reached with NSPs in 2010.¹¹ Based on the recommended levels of coverage, at least 40% of opioid dependent people should be reached with opioid substitution programmes (OST). In contrast, only 5% or

² Mathers B, Degenhardt L, Phillips B, Wiessing L, Hickman M, Strathdee S, et al. Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *The Lancet* 2008; 372:1733–1745.

³ MOH Malaysia. UNGASS country progress report: Malaysia. Kuala Lumpur: AIDS/STD Section of the Disease Control Division, Ministry of Health, Malaysia; 2010.

⁴ Zunyou Wu. National Center for AIDS/STD Control and Prevention Chinese Center for Disease Control and Prevention. Drug Situation in China: Challenges and Responses. Presentation at Workshop on Practical Approaches to the Effective Treatment of Drug Addiction in Asia. Shanghai, China. 18-20 October 2010.

⁵ National AIDS Programme. UNGASS country progress report: Myanmar. Naypyidaw: Ministry of Health, the Government of the Republic of the Union of Myanmar; 2010.

⁶ Ministry of Health. UNGASS country progress report: Viet Nam. Hanoi: Ministry of Health, Socialist Republic of Viet Nam; 2010.

⁷ NAPAC. UNGASS country progress report: Thailand. Bangkok: National AIDS Prevention and Alleviation Committee; 2010.

⁸ Ministry of Health of the People's Republic of China. China 2010 UNGASS Country Progress Report. Beijing: Ministry of Health; 2010.

⁹ National Centre for HIV/AIDS, Dermatology and STD for Cambodia. November 2008.

¹⁰ Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. WHO, UNODC, UNAIDS, 2009?

¹¹ Data based on analysis by the HIV team in UNODC RC EAP and as included in the Annual Project Progress Report 2010.

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approximately 136,000 people who inject opiates in 9 priority countries in East Asia were reached with OST in 2010.¹²

- **There is a priority to address HIV spread in closed settings.** Information about HIV risk and vulnerability and access to prevention, treatment and care services in closed settings (e.g. prisons and compulsory centres for drug users) is limited. Prevalence of Hepatitis C tends to be much higher among people in closed settings than in the community¹³ in some countries. In Southeast Asia, where HIV epidemics are concentrated among most at risk populations, the principle that access to HIV prevention, treatment and care services within closed settings should be equivalent to that available in the community is all the more important. It is also important that staff are adequately trained and supported to both protect themselves and be able to provide access to HIV prevention, treatment and care services for the inmates, as part of their contribution to the national HIV prevention efforts.
- **Alternatives to Compulsory Centres for Drug Users (CCDUs) need to be developed.** Compulsory centres for drug users (CCDUs) in Southeast Asia are common. Several MOU countries have such centres. Administered through either criminal or administrative law, CCDUs in East and Southeast Asia are operated by a variety of institutions depending upon country, including law enforcement authorities, the judiciary, local/municipal authorities, the Ministry of Health and the Ministry of Social Affairs. There are at least 350,000 people who use drugs located in approximately 1,000 CCDUs across countries in East and Southeast Asia.¹⁴
- **There is a need to better align national drug laws with the evidence based for effective public health strategies related to drug control and HIV.** There is still a certain disconnect between national drug laws and policies and HIV strategies and policies. The implementation of some specific drug control policies sometimes run counter to evidence-based harm reduction objectives and efforts by the health sector to scale up HIV prevention, treatment and care interventions.

2.3 Sustainable alternative development

- **Opium poppy control successes of the past two decades are being reversed with the rise in recent years of production in Myanmar and Lao PDR.** The opium problem has been largely contained in the past two decades, with the support of continued efforts made by the international community including China and Thailand to promote alternative development programmes in Myanmar and Lao PDR. Nonetheless, there are worrying signs that the situation (primarily in Myanmar) is reversing and becoming worse from a drug control point of view.

¹² Data based on analysis by the HIV team in UNODC RC EAP. EAP and as included in the Annual Project Progress Report 2010.

¹³ IHRA, 2008 op cit.

¹⁴ WHO, UNAIDS, UNODC, GFATM and ANPUD. A strategy to halt and reverse the HIV epidemic among people who inject drugs in Asia and the Pacific 2010-2015. World Health Organization 2010.

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During the years 2009 and 2010 there was a 22% increase in poppy cultivation in South-East Asia, from 33,811 ha to 41,389 ha. This marked the fourth consecutive annual cultivation increase.¹⁵ Myanmar continues to be the main poppy cultivator and opium producer in the region. Most of the increase took place in North Shan and South Shan. In Lao PDR, the area under opium cultivation is reported to have increased 58% in 2009-210, which is attributed largely to: (i) internal demand for opiates from around 12,000 addicts, the high price of heroin on the international market; and (iii) inadequate investment in alternative development projects, including product and packaging improvement, and market access for alternative products.

- **Alternative Development programmes need to be strengthened and expanded in tandem with eradication efforts.** Food insecurity, poverty and (in Myanmar) conflict are the main factors driving increased opium production. There is clear evidence that Alternative Development programmes can successfully reduce illicit crop cultivation and opium production, and improve people's lives. Political support and adequate security are nevertheless pre-requisites for successful implementation.

2.4 Law enforcement

- **Increased manufacture and consumption of ATS in the region.** Emerging trends of concern include evidence of increasing manufacture and consumption of ATS in the region. Over the past two years, Cambodia, Indonesia, Malaysia, Myanmar and Philippines have reported dismantling of several clandestine laboratories manufacturing ATS.
- **Myanmar continues to serve as one of the sources of much of the ATS being trafficked in the region.** There is large-scale spillover from methamphetamine pill production in Myanmar to neighbouring countries in the Greater Mekong Sub-region (GMS). The number of seizures of ATS, including methamphetamine tablets and crystalline methamphetamine, has been increasing in the region. China reported large seizures and Lao PDR reported increased seizures containing ATS.
- **ATS produced in Myanmar is deriving its source precursors originally from India and China.** The diversion of licit chemicals and pharmaceutical preparations for the manufacture of methamphetamine is increasing in the region. Despite efforts made by China in precursor control, a number of countries reported seizures of precursors originating in China intended for illicit manufacture of methamphetamine. Lao PDR is increasingly being used as a transit area for shipments of methamphetamine originating in Myanmar and destined for consuming countries in the region and beyond.

¹⁵ Most of the increase was in Shan State of Myanmar where 92% of the poppy is grown. Total estimated opium poppy cultivation in Myanmar was 31,700 ha in 2009 and 38,100 ha in 2010. Source: South-East Asia Opium survey 2010: Lao PDR and Myanmar, UNODC, December 2010, p.50.

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- **The nexus of drug trafficking with other forms of criminal activity is a threat to rule of law in the region.** Insurgency and insecurity are closely linked to illicit drug manufacture and trafficking in a number of countries across the region, seriously challenging the ability of law enforcement agencies. Transnational organized criminal groups and terrorist activities are financed directly or indirectly by the profits from drug trafficking. The networks formed by trafficking groups need to be countered by a network of cooperation among law enforcement authorities.
- **UNODC surveys in three countries of the GMS reveal that drug trafficking remains the main cross-border security concern in the region.** Based on a recent UNODC survey (of some 240 officers involved in border security issues from Cambodia, Thailand and Viet Nam), the widespread perception among these officers is that drug trafficking is still the major issue. The increasing involvement of Iranian and West African nationals and organized criminal organizations in drug trafficking was also reported.
- **Seizures of opiates are still significant.** Seizures of opium continued to be reported. China reported seizures of 5.3 tons of heroin and 1 ton of opium totalling in 2010. There are also an increased number of seizures of opiates (mainly heroin). China, Malaysia, Thailand and Viet Nam accounted for the majority of the heroin seizures in East and South-East Asia.
- **The process of globalization – through economic liberalization, reduced travel restrictions, more rapid and convenient transportation along the Mekong River and highways R3A and R3B¹⁶, and fewer border controls – offers new opportunities for transnational organized criminal networks. This calls for greater cross-border cooperation.** Changing world trade patterns, increasing freight volumes and the growing sophistication of transnational criminal groups calls for a collective agency response to border control. Close operation ties through the exchange of information and sharing of intelligence on the identification and movement of known couriers, the undertaking of combined and joint operations, investigations and joint training exercises are critical.
- **This also calls for greater intelligence gathering, analysis and exchange capacity.** There is a need to enhance capacity in gathering, analyzing and exchanging drug law enforcement information and intelligence, particularly for operational (real-time) decision making.
- **There is a greater need to promote e-learning among drug law enforcement agencies.** There is a need to enhance the existing level of knowledge, ability and expertise available to Governments in the area of drug control and transnational criminal activities through e-learning.

¹⁶ As revealed through joint surveys on the R3A by MOU Member Countries (China, Lao PDR, Thailand) in March 2011.

2.5 International cooperation on judicial matters

- **There is a need to ensure complete ratification of relevant drug control – and other related – conventions.** National legal frameworks in some countries remain in only partial compliance with the provisions of the crime and terrorism conventions which the respective countries of the region have already ratified.
- **Judicial gap should be bridged to better respond to drug-related transnational organized crime.** This specialised technical capacity and inter-disciplinary coordination is increasingly crucial for tackling transnational criminal organizations, including those involved in illicit drug production and trafficking.

2.6 SAP implementation and financing

Attracting additional donor financing for specific SAP project proposals has proven difficult over the past few years. As a result, implementation of SAP priorities has been pursued primarily through the MOU governments' own actions/budget resources, as well as through other projects being implemented under UNODC's broader Regional Programme Framework (RPF) for East Asia and the Pacific.

Renewed efforts therefore need to be made to mobilize additional donor funding support for key SAP initiatives.

At the same time, it is expected that individual MOU members will increase their own financial contributions to support implementation of identified priority initiatives, and that other initiatives financed by UNODC will continue to be implemented.

UNODC's primary role is to support MOU member states, resources permitting by:

- Generating strategic information on regional and international trends and good practices.
- Providing policy advice regarding implementation of the relevant international conventions, standards and norms.
- Providing technical advice, guidelines and tools.
- Promoting regional cooperation on drug control countermeasures.
- Advocating for international support (both financial and technical) to the region's existing and planned drug control efforts.
- Providing secretariat service for member countries.

3 Objectives and priorities for sub-regional cooperation

Based on identified strategic issues/concerns profiled in section 2, this section outlines the revised objectives and proposed priorities for sub-regional action over the next two years.

Most of the objectives and proposed priorities/outputs are similar to those profiled in the SAP VII. Nevertheless, some refinements have been made, in particular to try and give some greater clarity and focus to the priority outputs.

A number of proposed projects, for which some donor financing support would be required, are profiled at *Annex 1*. On endorsement of these project concepts, and where donor interest is determined, further project design work will be undertaken by the MOU countries with UNODC technical support. An indicative financial framework is provided at *Annex 2*.

3.1 Drug demand reduction

The main objective of this sub-programme is to develop sub-regional and in-country institutional capacities to:

Halt and revert the upward trend of drug use and related burden to public health and to the social welfare of citizens and communities

To help achieve this objective, the MOU members agree that support for the outputs described below should be accorded priority.

Output 1 – Knowledge for action. Data and information are made available for planning, monitoring and measurement of progress of prevention, harm reduction, treatment and care interventions (in particular for ATS), through increased sharing of research results across the region, as well as an increased number of new studies.

Output 2 - Public-health oriented policies. MOU members scale up public-health oriented policies and programmes for prevention, harm reduction, treatment and care

Output 3 – Sound structures for implementation. MOU members have in effect sound structures for implementation of prevention, harm reduction, treatment and care interventions, as follows:

- a. Mechanisms for national multi-sectoral cooperation and consultation (health, social welfare, justice, law enforcement, education), including affected groups and NGOs

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- b. Community-based continuum of care (prevention, early intervention, treatment and care programme) linked to/integrated in the health care system
- c. Mechanisms for information and good practice exchange among member countries, NGOs, and communities through regional cooperation
- d. **Output 4 - Competence and capacity.** Staff from relevant organizations, including law enforcement, education and justice, receive training/capacity building and are empowered to deliver and support evidence-based interventions through:
 - a. Drug-related training linked into health and social welfare education, as well as into training for law enforcement, justice, education, and community organizations
 - b. Continuing education

3.2 Drugs and HIV/AIDS

The main objective of this sub-programme is to develop sub-regional and in-country institutional capacities to:

Provide universal access to HIV prevention, treatment and care interventions (as recommended by WHO/UNODC/UNAIDS) among people who inject drugs, including in prisons and other closed settings.¹⁷

To help achieve this objective, the MOU members agree that support for the outputs described below should be accorded priority.

Output 1 - National legislation / policy related to drug control and HIV are harmonised to enable scaling up of HIV prevention, treatment and care interventions to take place with a vision of zero new HIV infections among people who use drugs by 2015.

Output 2 - National strategies, scale-up and resource mobilisation plans related to drug-use/IDU populations developed and operational.

Output 3 - Enhanced capacity of the justice sector and law enforcement to support the implementation of all, or part, of the comprehensive package of

¹⁷ . Comprehensive package for the prevention, treatment and care of HIV among IDUs includes the following **nine interventions**: 1. Needle and syringe programmes (NSPs); 2. Opioid substitution therapy (OST) and other drug dependence treatment; 3. HIV testing and counselling (T&C); 4. Antiretroviral therapy (ART); 5. Prevention and treatment of sexually transmitted infections (STIs); 6. Condom programmes for IDUs and their sexual partners; 7. Targeted information, education and communication (IEC) for IDUs and their sexual partners; 8. Vaccination, diagnosis and treatment of viral hepatitis; 9. Prevention, diagnosis and treatment of tuberculosis (TB). Source: WHO, UNODC, UNAIDS (2009) *Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*

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services in closed settings and in the community (e.g. through training of law enforcement officials at all levels, high level advocacy, etc).

Output 4 - Affected communities and service providers have the opportunity to contribute to national and regional responses.

Output 5 - Regional coordination and collaboration mechanisms enhanced.

3.3 Sustainable alternative development

The main objective of this sub-programme is to develop sub-regional and in-country institutional capacities (particularly in Myanmar and Laos) to:

Reduce illicit opium production and provide alternative livelihood opportunities for current / former opium producing communities

To help achieve this objective, the MOU members agree that support for the outputs described below should be accorded priority.

Output 1 – Advocacy, programme development and resource mobilisation efforts sustained, including mobilisation of support from international donors and civil society groups.

Output 2 – Alternative development programmes integrated into national drug control plans and policies, including effective eradication and law enforcement measures.

Output 3 – Alternative development programmes implemented and communication and coordination between member countries enhanced to support designated alternative development enterprises including opening markets for alternative development products.¹⁸

Output 4 – Annual opium crop monitoring and assessments conducted, verified and reported.

¹⁸ **International Conference on Alternative Development:** It is noted that Thailand will organize an international workshop on alternative development during November 2011 in Thailand in collaboration with Peru and UNODC. The purpose of the workshop will be to share information and best practices, and to increase efforts in promoting this sustainable alternative development.

3.4 Law enforcement cooperation

The main objective of this sub-programme is to develop sub-regional and in-country institutional capacities to:

Reduce illicit trafficking in narcotic drugs and psychotropic substances (as well as precursor chemicals) in, to and from the sub-region.

To help achieve this objective, the MOU members agree that support for the outputs described below should be accorded priority.

Output 1 - BLOs established and sustained, joint cross-border operations undertaken and standard operating procedures established.

Output 2 – Real time information on drug production and trafficking shared and used by stakeholders for intelligence-led responses, and intelligence networks established.

Output 3 - Informed and capable frontline law enforcement officers through CBT intelligence training.

Output 4 - Interception capacity enhanced through law enforcement training among member countries, equipment delivery and other methods as necessary. This will have specific reference along the main drug trafficking routes including highways R3A, R3B and Mekong River.

Output 5 - Chemical industry associations adopt code of conduct on precursor diversion.

Output 6 - Drug identification and profiling capacities enhanced.

3.5 International cooperation on judicial matters

The main objective of this sub-programme is to develop sub-regional and in-country institutional capacities to:

Reduce the incidence of drug-related transnational organized crime through judicial cooperation among MOU Members

To help achieve this objective, the MOU members agree that support for the outputs described below should be accorded priority.

Output 1 - Capacity of judges, prosecutors, and law enforcement officials is improved to correctly apply national drug control legislation during investigations and prosecutions and to execute requests for international legal assistance in drug-related cases.

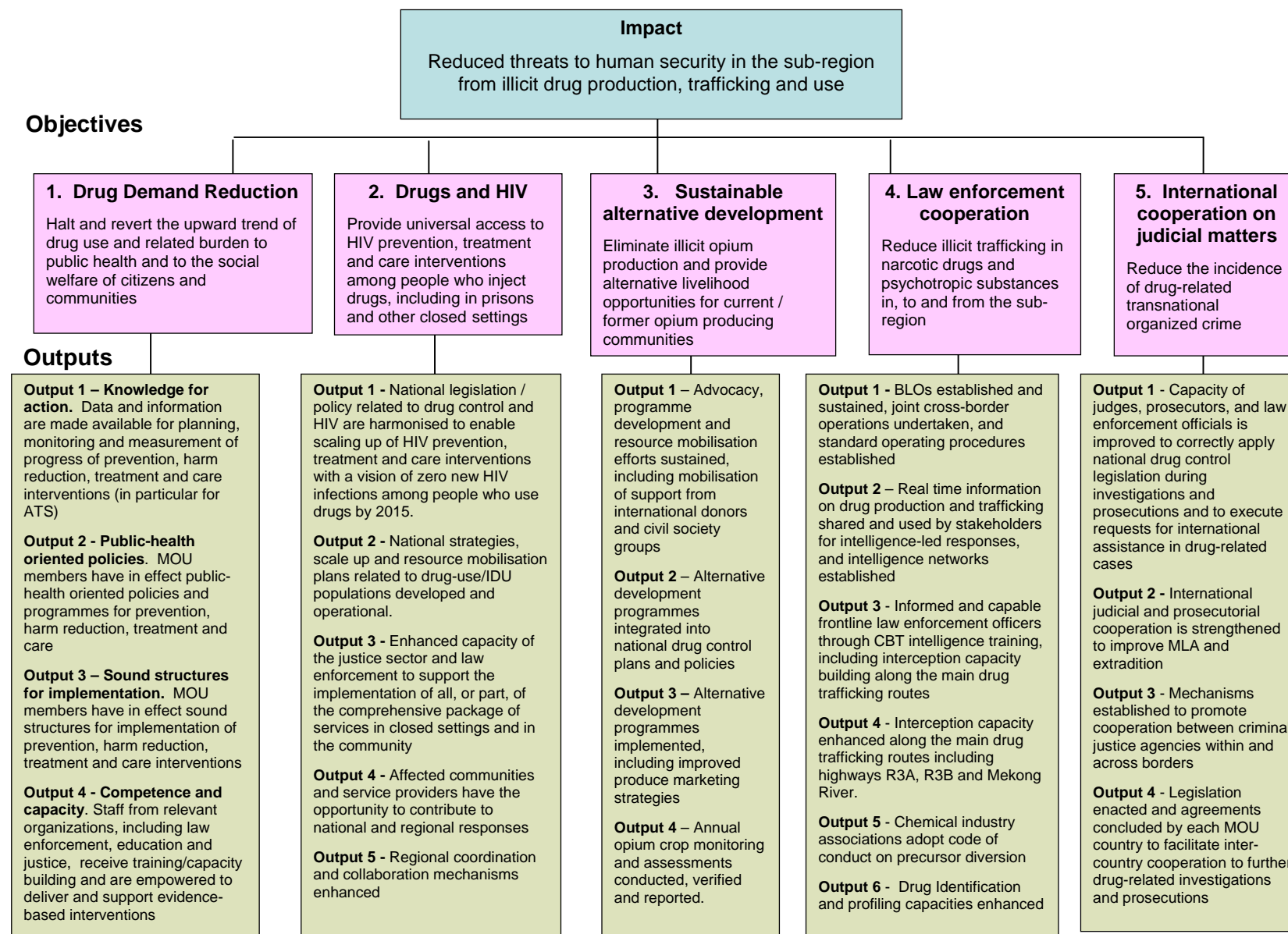
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Output 2 - International judicial and prosecutorial cooperation is strengthened to improve MLA and extradition

Output 3 - Mechanisms established to promote cooperation between criminal justice agencies within and across borders.

Output 4 - Legislation enacted and agreements concluded by each MOU country to facilitate inter-country cooperation to further drug-related investigations and prosecutions.

A summary of these objectives and priority outputs is shown below in diagrammatic form.



3.6 Oversight and coordination

Oversight and coordination arrangements for the SAP will remain the same.

The Focal Points (FP) Meeting will be held once a year. The participants should ideally be one senior official with a certain level of decision making authority and one working level official who would be familiar with the MOU process and the project “Support to the MOU Partnership in East Asia”. The Terms of Reference is attached as *Annex 3*.

A Senior Officials Committee (SOC) consisting of senior officials from the MOU Signatory countries and UNODC is responsible for the overall implementation and development of the Sub-regional Action Plan and its various components and for overall monitoring and review of Action Plan achievements. The SOC will meet at least once a year in order to:

1. to ensure that the various programmes are in line with the MOU agreement and the Governments' strategies/priorities;
2. review the programmes' objectives, financial status and achievements;
3. to give UNODC and the MOU Governments guidance on policy issues, and
4. report and make recommendations to the Ministerial Meetings of the MOU signatory countries on matters related to the MOU agreement and Action Plan policy.

The Terms of Reference is attached as *Annex 4*.

The Ministerial Meeting will be held biennially, preceded by SOC meetings. High-level Bilateral/Trilateral Meetings on Drug Control will be held as necessary in connection with the SOC and Ministerial Meetings.

These Meetings shall be hosted by the Governments on a rotational basis. UNODC will act as a Secretariat of the Meetings.

3.7 Subregional Action Plan support

The project ‘Support for MOU Partnership in East Asia’ (H15) is the critical project for supporting the MOU consultative process, as well as the revision of the SAP and its implementation. Its duration currently extends to 2013 with the current budget of **US\$867,411**.

The project plays a key role in enhancing subregional cooperation on drug control matters by supporting the preparation of the SAP by the MOU countries and UNODC. It also provides a platform for MOU signatories to discuss issues faced in the region relating to illicit drugs and determine in concert the strategic responses and activities to be implemented to address these issues.

A variety of small-scale need-based operational initiatives in support of the overall SAP are also implemented under this project. In addition, as necessary, medium to long term

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project proposals with duration of three to five years are also prepared for inclusion within the framework of the SAP for external donor financing. For this, the project supports and facilitates the preparation of the project proposals and documents. Further, the project provides opportunities for High-Level Partner Consultations with external donors for advocacy and resource mobilization for subregional drug control initiatives.

The project is mainly funded by the MOU signatories themselves in the spirit of the Amendment to Addendum on Partnership, and the implementation of activities and utilization of the funds are determined unanimously at the annual Focal Points and Senior Officials Committee Meetings. The UNODC Programme Management Officer manages and oversees the project and provides reports on the delivery of outputs, constraints faced, expenditures and financial status during the Focal Point and the SOC meeting. In addition, substantive conference and secretariat services are provided to MOU- related meetings, hosted rotationally by the MOU Governments.

UNODC and MOU Governments will continue to raise awareness about the MOU/SAP at seminars, conferences, meetings and etc. MOU signatories plan to hold specific donor conferences/meetings, organize field visits, study visits to successful sites, such as BLO, CBT, DDR. Linkages with other UNODC global projects, as well as national projects, will be pursued.

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3.8 Financing

The successful implementation of SAP priorities requires that:

- i. MOU Governments mobilise their own resources to support output delivery, through their own national budgets
- ii. MOU Governments, jointly with UNODC, seek opportunities to mobilize additional donor funds to implement projects/activities under the SAP.
- iii. All the MOU signatory Governments commit themselves to provide at a minimum, the following amounts annually to those projects in which they participate;
 - Cambodia and Lao PDR US\$ 3,000 each
 - Myanmar and Viet Nam US\$ 5,000 each
 - China and Thailand US\$10,000 each
- iv. UNODC should also mobilize funds to share the contribution and to ensure that the required budget is available for the successful completion of the projects.

The fact that some countries have significantly exceeded these amounts is gratefully acknowledged.

In case extraordinary reasons prevail, a Government may, with the agreement of the other signatories, provide financial contribution in local currency or additional in-kind contributions to cover part of the US dollar obligation.

An indicative financial framework of the Subregional Action Plan is provided at *Annex 2*.

3.9 Appraisal and approval of ‘new’ projects

In cases when new projects are developed to support delivery of SAP outputs, there is a need to streamline the project approval process in order to mobilize funding as soon as possible.

UNODC has already taken steps in this direction and speeded up its in-house approval process. The MOU governments are urged to review their own approval processes, so that projects which fall within the framework of the Action Plan (and have thus already been endorsed by Senior Officials’ or Ministerial Meetings), can be approved and implemented in a timely manner..

3.10 Monitoring and evaluation

Each MOU partner will report on progress made in supporting output delivery on an annual basis, through the Focal Points at the annual SOC meeting.

Reviews of the entire Sub-regional Action Plan, or parts thereof, involving all parties concerned are normally undertaken bi-ennially or can also be initiated as required by the SOC, the UNODC or related donors. SOC may set up a working group to consider the draft revision of the SAP prepared by UNODC.

The UNODC Regional Centre, Bangkok, shall engage a team of specialists to undertake, in consultation and cooperation with the Governments, an in-depth evaluation of the activities performed under the Action Plan as deemed necessary. The timing of any such evaluation is to be confirmed by the SOC.

ANNEX 1 – Project proposals

Project #1

Project Title	Prevention of drug use and its consequences among young people and high risk groups in MOU countries
SAP output reference	Outputs 1.1, 1.3 and 1.4
Duration	3 years
Estimated Starting Date	January 2012
Location	6 MOU countries: Cambodia, China, Laos, Myanmar, Thailand, Vietnam
Initial estimated budget	US\$ 800,000

Brief Description
This project will adapt, implement and evaluate evidence-based prevention interventions for young people (school-based and family skills training) and groups at high risk (vulnerable youth, as well as occupational groups such as transport, fishing and entertainment industry), in accordance to the needs in each country. It will also strengthen mechanisms to facilitate mutual support and exchange of experiences.

Proposed project objectives

Project Outcome: Evidence-based school, family skills training and high risk group programmes adapted, implemented and evaluated in target countries.

Output 1:

Relevant evidence-based school, family skills training and high risk group programmes have been selected, translated and culturally adapted (including training materials and monitoring and evaluation instruments).

Indicative activities:

1. Conduct consultations with relevant Government Agencies and national institutions with experience on prevention activities to plan the national/local implementation
2. Conduct a situation and needs assessment in each country/implementation site.
3. On the basis of the needs assessment, select the most appropriate evidence-based programme(s) to be implemented.
4. Contract the developer of the selected programme to provide technical support to the adaptation and implementation process.

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5. Contract a translator to translate the programme materials including the training materials and monitoring and evaluation instruments.
6. Contract a local research institute to participate in the evaluation and cultural adaptation of programme materials including training materials and monitoring and evaluation instruments.
7. Contract an international research institute to conduct the evaluation.
8. Form a cultural adaptation team consisting of the local implementing institution, the translator, local research institute, the international research institute, the programme developer, the local government counterparts as appropriate, and UNODC.
9. Translate and culturally adapt the programme materials including training materials and monitoring and evaluation instruments (translator in collaboration with the cultural adaptation team).

Output 2:

Translated and culturally adapted evidence-based family skills training programmes implemented in the project sites.

Indicative activities:

1. Select project sites in each participating country in consultation with relevant Government Agencies and national institutions.
2. Organize training workshops to train the staff and the supervisors of the local implementing agency(ies) to implement the culturally adapted and translated version of the selected evidence-based programmes.
3. Identify schools/families/vulnerable youth/workplaces to participate in the interventions and act as control groups.
4. Measure the baseline.
5. Implement the culturally adapted and translated programmes with a strong monitoring component.
6. Conduct the post-implementation assessment.

Output 3: The implementation of the culturally adapted and translated family skills training programmes has been evaluated and results, best practices and lessons learned have been shared and disseminated among the MOU countries and to other partners.

Indicative activities:

1. Design the research methodology to carry out an evaluation of scientific standards.
2. Collect and collate monitoring, baseline assessment, post-implementation assessment data, as well as other relevant information.
3. Analyse the data collected and collated and prepare an implementation and evaluation report.
4. Organise a technical support and exchange network and facilitate communication.
5. Organise a conference at the end for the project to exchange of experiences and lessons learnt.
6. Disseminate results through various means, e.g. email listserv, website, participation in conferences.

Project #2

Project Title	Support to the Development of Evidence and Community-based Drug Use and Dependence Treatment and Care Systems
SAP output reference	Outputs 1.1, 1.2, 1.3 and 1.4
Duration	4 years (in two phases of two years)
Estimated Starting Date	January 2012
Location	6 MOU countries
Initial estimated budget	US\$ 3,000,000 - This amount represents the overall project budget, which will be broken down into self-contained modules allowing for flexible funding

Brief Description
<p>The objective of this project is to pave the way for the implementation in MOU countries of responses to drug use and dependence that are effective, based on international evidence and guidance, and are responsive to the needs and characteristics of participating countries.</p> <p>To this effect, the project will work with a variety of partners in order to: make available data on effectiveness and cost-effectiveness of different interventions, as well as specific needs in each country; facilitate a policy dialog at national and regional level; demonstrate country-specific and evidence-based models; facilitate technical assistance and capacity building; and promote exchange of experiences and lessons learned.</p>

Proposed project objectives

Project Outcome: participating countries have a clear, feasible and country-relevant model and road map for the implementation of an evidence and community-based system for drug use and dependence treatment and care which provides a recovery-oriented continuum of care

Output 1:

Data and information for planning, monitoring and measurement of progress through project –supported interventions is available; initial priorities have been set, and detailed plans developed, lessons learned are documented and disseminated, and opportunities for the development of a research agenda in the region are explored

Indicative activities:

1. Conduct a rapid situation assessment based on existing documents and initial consultation with stakeholders

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2. Prepare a report with results of the assessment and share with stakeholders for priority setting with different government counterparts
3. Develop initial priorities for the project in coordination with government coordinating bodies and different stakeholders
4. Develop and implement a monitoring, evaluation and data collection plan
5. Support the development of research priorities and agenda, as required
6. Organise a conference at the end for the project for exchange of experiences and lessons learnt
7. Disseminate results through various means, e.g. email listserv, website, participation in conferences

Output 2:

National drug use and dependence treatment and care policies, including legislation are analysed for potential opportunities and challenges for the implementation of community-based interventions

Indicative activities:

7. Review national legislation and policies for dealing with drug use and dependence and identify potential challenges and opportunities for the implementation of evidence and community-based systems
8. Assist in the development and implementation of an advocacy strategy at national, provincial and local level aimed at dissemination the understanding of drug dependence as a health disorder
9. Support the organization of national round tables to discuss treatment strategies, policies and plans
10. Propose potential amendments to existing legislation and policies if needed for enabling evidence-based approaches

Output 3: Staff from health and social welfare sectors, but also law enforcement, education and justice, receive training/capacity building and are empowered to deliver and support evidence-based interventions

Indicative activities:

1. Conduct a training needs assessment
2. Adapt and translate relevant training materials for use in project countries
3. Train service providers (doctors, nurses, social workers and project staff like volunteers or former drug users) in providing integrated drug dependence treatment and care at the community-level (low-threshold outreach and outpatient services)
4. Train law enforcement and justice officials for the implementation of the agreed national model

Output 4: MOU countries have in effect national coordination mechanisms and sound structures for implementation of evidence-based drug use and dependence treatment and care in at least two sites in each country

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Indicative activities:

1. Form a national co-ordinating body consisting of relevant government bodies, UNODC, WHO and other UN agencies, as relevant
2. Develop and adopt a model of care relevant for each country, as well as standards and protocols for service delivery
3. Support the establishment of drug treatment and care delivery networks in two sites in each country, integrated into the public health and social welfare systems
4. Involve municipalities and community organizations in activities aimed at promoting social reintegration
5. Develop a technical support and exchange network including capacity building partnerships (mentoring/twinning/clinical supervision,) study visits and peer review mechanisms
6. Develop a directory of expertise (knowledge database) within the national/regional networks and make it available to stakeholders and external partners, for reference

Project structure

The project is structured in relatively independent modules, allowing for flexibility in funding and implementation. The modules closely correspond to the project outputs. While the modules support each other, it is also possible to implement them separately, as well as to expand certain modules above the indicative funding reflected in this proposal.

For example, modules relating to situation and legislation/policy assessment could be implemented independently, although their full meaning would be achieved as preparation for the module on service delivery. In a similar way, the regional mentoring module could be implemented in absentia of the service delivery module in order to support country-level implementation, should the latter be supported through national resources or direct funding to the individual country programme. Conversely, the module supporting country programme implementation could be expanded for individual countries, should additional funding become available for some of the countries.

Furthermore, in order to maximise funding flexibility and facilitate adaptation to lessons learned, the project is structured in two phases of two years each. During the first phase, emphasis will be placed on capacity building and setting of structures, while initiating service delivery. The second phase will be devoted to service delivery. During both phases there will be an important technical support and mentoring component.

The table below summarises the required funding modules for the different modules in each of the two phases.

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OUTPUT	MODULE	ACTIVITY	BUDGET PHASE I (YEARS 1&2)	BUDGET PHASE II (YEARS 3&4)	TOTAL BUDGET
REGIONAL PROGRAMME					
1	1	Situation assessment	100,000		100,000
2	2	Legislation and policy asseessment	100,000		100,000
3	3	Technical assistance & Mentoring	600,000	600,000	1,200,000
COUNTRY PROGRAMMES					
3	4	Training	400,000		400,000
4	5	CBTx Demonstration	600,000	600,000	1,200,000
TOTAL BUDGET			1,800,000	1,200,000	3,000,000

Project #3

Project Title	Training of law enforcement officials on drugs, HIV and harm reduction in MOU countries
SAP output	2.3
Duration	2 years
Estimated Starting Date	January 2012
Location	Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam
Initial estimated Budget	US \$ 150,000

Brief Description
<p>This Project will strengthen the understanding and capacity of senior, mid level and street level law enforcement officials on drugs, HIV and effective approaches to addressing harm related to drug use and dependence. Law enforcement officials frequently are the “first point of contact” for men and women who use drugs. Yet, law enforcement officials frequently lack understanding of the current situation of harms related to drug use and dependence as well as knowledge and skills for effective approaches to addressing these harms. Also, members of the affected community of men and women who use drugs continue to report incidents of inappropriate treatment by law enforcement officials resulting in low uptake of HIV prevention, treatment and care services available in the community.</p> <p>At the same time, there is increasing evidence and experience about effective interventions and the positive role of law enforcement in supporting harm reduction approaches in the community as well as an increase in the number of requests from drug control agencies in the East and South East Asia region for support of sensitization and training of law enforcement officials on these effective approaches. This Project aims to address the request for such trainings by the drug law enforcement sector.</p>

Proposed project objectives

Project outcome: Training curriculum/manual on drugs, HIV and harm reduction adapted, piloted, implemented and evaluated in target MoU countries.

Output 1. Commitment and support at central level for the law enforcement training initiative

Indicative activities

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1. Organization of a high level sensitisation / advocacy workshop for the Chief of Police and senior most law enforcement officials
2. Orientation and training of heads of police training academies

Output 2

Training manual and related materials translated, piloted and adapted

Indicative activities

1. Translation, piloting and adaptation of the training manual and related materials
2. Training of master trainers on use of the curriculum / training manual
3. Implementation of training programme in the target provinces and / or incorporated into the national police training academy

Output 3

Training programme implemented, evaluated, best practices and lessons learned shared and disseminated, including results presented in annual MoU meetings

Indicative activities

1. Evaluation of the implementation of the training programme evaluated and results, best practices and lessons learned shared and disseminated among the MOU countries and to other partners
2. Presentation of progress of implementation in annual MoU meetings

Project #4

Project Title	Regional Sustainable Alternative Development collaboration and coordination programme
SAP output	3.1, 3.2
Duration	2012-2015
Estimated Starting Date	2012
Location	Regional in SE Asia – focusing in Myanmar, Lao PDR, Thailand, Viet Nam and China
Initial estimated Budget	\$850,000

Background:

While significant reductions in opium poppy cultivation has been achieved in both Myanmar and the Lao PDR from 2000-2006, from 2009 to 2010 there has been a worrying 58% increase in opium poppy cultivation in the Lao PDR from 1900 ha to 3000 ha and a 20% increase in Myanmar from 31,700 ha to 38,100ha. At the same time we see significant increases in production and abuse of ATS. These increases warrant special attention and expansion of specific measures including collaborative efforts related to sustainable alternative development programme to ensure this trend does not continue.

Main reasons for increases in illicit opium poppy cultivation include:

- Continued opium consumption
- Extreme poverty and food insecurity
- Lack of access to cultivating land
- Lack of alternative cash income
- Lack of access to credit and markets
- Lack of sufficient development assistance
- Rising opium prices
- Political and ethnic conflicts
- Contract farming by transnational criminals
- Lack of law enforcement measures

Objectives:

The elimination of illicit opium production and consumption continues to be reduced and recidivism prevented.

Priorities:

The MOU members agree on the following sub regional cooperation priorities:

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1. The need to continue to maintain within the MOU mechanism a Sub-regional platform/forum to collect relevant data, exchange information and best practices, coordinate collaboration, mobilize resources and support to sustainable alternative development efforts.
2. The need to support advocacy, communications, programme development and resource mobilization efforts.

Main outputs:

1. Cross exchange meetings on Sustainable Alternative Development Programme (SADP) conducted amongst MOU member countries to exchange information, best practices, coordinate collaboration and mobilize support
2. Advocacy and resource mobilization meetings on SADP amongst ASEAN plus 6 and other donor partners conducted
3. An increase in South-South collaboration within the region supported such as but not limited to the Royal Project/Doi Tung Interventions in Laos and Myanmar.
4. Advocacy and communication efforts for SADP including relevant studies supported.
5. National SADP Programmes/project development and resource mobilization mechanisms supported
6. A holistic sustainable alternative development strategy addressing not only opium but also other drug related threats developed for the GMS region.

Envisaged timeframe is three years from 2012-2015

Estimated cost – US\$ 850,000

Project #5

Project Title	National Programme for Illicit Crop Monitoring in Myanmar and Lao PDR
SAP output	3.4
Duration	2012-2015
Estimated Starting Date	Continuing
Location	Myanmar and Lao PDR
Initial estimated Budget	\$1,100,000

UNODC has been carrying out annual surveys for illicit opium in both Myanmar and the Lao PDR since 1998.

Objective:

Annual illicit cropping trends in each concerned country annually monitored, verified and reported contributing to policy development and effective targeting of assistance programmes.

Outputs:

1. The findings from illicit crop monitoring contribute to policy development as well as more effective targeting of sustainable alternative development programmes.
2. Illicit crop monitoring socio-economic impact studies contribute to identifying benchmark indicators as well as to measure the success and impact of sustainable alternative development programmes on vulnerable communities and help to identify changes that may be needed
3. Internationally accepted illicit crop monitoring and assessment methodologies and mechanisms institutionalized in concerned countries
4. National capacities on crop monitoring and assessment created and enhanced
5. Annual crop monitoring and assessments conducted, verified and reported
6. Regional cooperation, harmonisation and cross-references of different partner crop monitoring efforts.

Estimated cost for three years from 2012-2015

Myanmar – US\$750,000 and in the Lao PDR – US\$350,000

Total: US\$ 1,100,000

Project #6

Project Title	Interception Capacity Building along the Main Drug Trafficking Routes in the Subregion
SAP output	4.1, 4.2, 4.3, 4.4
Duration	4 years
Estimated Starting Date	January 2012
Location	Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam
Initial estimated budget	US\$1,100,000

Brief Description
<p>This Project will enhance effective cross-border cooperation in the fight against reduction in illicit trafficking on narcotic drugs and psychotropic substances in, to and from the sub-region through the promotion of integrated modern control techniques.</p> <p>Significantly it provides follow-on to the successfully implemented Regional Project – ‘Consolidation of the Border Liaison Office Mechanism in East Asia (RAS/I61).</p>

Proposed project objectives

Project outcome: Reduce illicit trafficking in narcotic drugs and psychotropic substances in, to and from the sub-region

Output 1. Specialised training and other management support effectively delivered to existing BLOs that are identified as requiring additional support.

Indicative activities:

1. Conduct two training sessions on advanced investigation, information/intelligence gathering and analysis techniques
2. Conduct training on communication techniques and case scenarios reports
3. Conduct advanced law enforcement training
4. Provide, repair and/or update communication equipments and new CBT training programmes

Output 2. Sustainability mechanism for BLOs developed, endorsed and implemented by competent national authorities

Indicative activities:

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1. Field visits to promote cooperation and discussion on how to improve and to sustain BLO mechanism
2. Create BLO monitoring tools and system by a) organize a workshop to produce a monitoring tool and monitoring system b) regularize BLO visits and monitoring system by Senior Management Officer
3. Identify and create SOPs for BLO mechanism
4. Workshop for consultation on process required in order to ensure sustainability of BLO mechanism
5. Workshop for BLO long-term action plan and budgeting

Output 3. New BLOs established in identified 'hotspots' as required by MOU countries

Indicative activities:

1. Identify/confirm 'hot-pots' in coordination with stakeholders
2. Conduct initial needs analysis
3. Provide office equipment and furniture and administrative training for the new BLOs
4. Procure equipment and install CBT programmes
5. Provide basic concept on BLO mechanism, cooperation techniques and other law enforcement technical training to new front line law enforcement BLO staff
6. Provide technical training on equipment operation to concerned BLO staff

Output 4. Joint river patrols on the Mekong conducted

i. Phase 1 (Creation of system: upgrade, recruiting, training and module development):

- Upgrade existing BLO office on Mekong River (Thailand, Lao PDR, Myanmar and China i.e. from Chieng Khong/HuiXay BLOs up to Jinghong BLO in China)
- Strengthen CBT including updating CBT intelligence training modules at these BLOs
- Conduct intelligence technique trainings through computer-based trainings; also conduct specialized face-to-face training with consultants.
- Networking and information sharing between borders. Hold workshops (face-to-face trainings) 4 times every 3 months within the first year. (The first 2 workshops will consider the setting up of the entire infrastructure; other contents and objectives will be identified. Workshops will be organized in each country)
- Conduct information sharing training.
- Develop reporting and monitoring system.
- Conduct mini-evaluation every 3 months (monitoring and reporting).

ii. Phase 2 (Patrolling and joint-investigation):

- Procure boats. Price and maintenance must be considered. Types and amount of boats will be decided after consultation with partners based on their expertise.
- Establish effective intelligence sharing system for each patrol to report back to the border liaison officer for data input and reporting to the supervisor. As a result,

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the supervisor identifies what needs to be investigated and creates an investigation team.

- Conduct joint investigation. 1-3 cases should be completed within 12 months.

Project #7

Project Title	Precursors – Strengthening investigative, intelligence and industry based responses to the trafficking of illicit drugs and precursor chemicals (XAP/K19)
SAP output reference	4.5 and 4.3
Duration	4 years
Estimated Starting Date	January 2012
Location	MOU countries (Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam) with additionally Indonesia, Malaysia and the Philippines
Initial Estimated Budget	US\$2,830,000 USD

Brief Description
<p>This project builds on the experience and achievements of previous UNODC interventions in the area of illicit drug manufacture and precursor chemicals and seeks to strengthen responses in the three key area areas of investigation, intelligence and industry support. It will seek to establish teams of clandestine laboratory investigators trained within a dedicated regional training facility itself equipped with a mock-lab and associated equipment giving the officers practical training in a realistic environment. As well as training in the safe handling and disposal of chemicals, it will include specialist training in backtracking operations and controlled delivery. Looking to take an intelligence-led approach, the project will establish and strengthen systems to maximise the use of both operational and strategic intelligence. This will include supporting the work of the Asian Forensic Sciences Network and creating linkages to the Forensic Alert System and UNODC Global SMART Programme. Recognising the important role that chemical companies and industry associations can play in countering the diversion of precursor chemicals onto the illicit market the project will seek to develop ‘guiding principles’ promoting voluntary cooperation with law enforcement and regulatory authorities. Supporting this element, a series of national-level campaigns will be launched to engage the chemical industry under the banner of ‘ADAPT’ (Action against Diversion Attempts and Precursor Trafficking).</p>

Proposed project objectives

Strengthening investigative, intelligence and industry based responses to the trafficking of ATS and precursor chemicals

Project Outcome 1: Specialized techniques and skills used by law enforcement, forensic and other personnel in the investigation of illicit laboratories and trafficking in precursors and equipment.

- Output 1.1: A regional training facility for illicit laboratory investigations with a mock laboratory established and national illicit laboratory investigation teams trained and set up in each country.
- Output 1.2: Investigators equipped with specialist investigative techniques including backtracking investigations and controlled delivery, and time bound cross border operations conducted.
- Output 1.3: Training materials on safe handling and disposal of chemicals developed for illicit laboratory investigators and frontline law enforcement personnel operating in the field, and training provided.

Project Outcome 2: Information on illicit drugs and their precursors used by stakeholders for evidence based responses.

- Output 2.1: Enhanced collection, analysis and dissemination of information on drugs, precursors and illicit laboratories seizures
- Output 2.2: Enhanced intelligence gathering capacity and understanding of the teamwork between forensic and police personnel in illicit laboratory investigations

OUTCOME 3: Chemical companies and industry associations pro-actively working in partnership with authorities in preventing diversion of precursors at the source level

- Output 3.1: Project ADAPT¹⁹ launched in the participating countries
- Output 3.2: Joint chemical industry-authorities operation launched on detecting suspicious orders of precursors.

¹⁹ Project ADAPT (the acronym for Action against Diversion Attempts and Precursor Trafficking) was mooted at the Regional Meeting on Engaging the Chemical Industry, March 2008, Kuala Lumpur, organized by UNODC Regional Project XAP I63. It is aimed at mobilizing members of the chemical industry to voluntarily implement precautionary measures to prevent diversion of precursors, in cooperation with the authorities.

Project #8

Project Title	Enhancement of Judicial Sector and Law Enforcement Capacity for Subregional Cooperation
SAP output reference	5.1 and 5.2
Duration	4 years
Estimated Starting Date	January 2012
Location	MOU countries
Initial estimated budget	US\$ 900,000

Brief Description
<p>Effective sub-regional cooperation requires a thorough knowledge of the legal basis, relevant practices, available international legal tools, as well as a capacity to use complex mechanisms such as intelligence sharing, mutual legal assistance and extradition. Whereas UNODC addresses these issues through a number of ongoing projects the area of building up regional framework for better cooperation in criminal matters requires further assistance.</p> <p>The project will lay the legal basis for strengthened cooperation in the region in addressing this challenge and support the development of mechanisms to facilitate regional cooperation including extradition and asset tracing and forfeiture in drug-related investigations, prosecutions and trials. To this end, the project will also enhance the capacity of judges, prosecutors and law enforcement officials for better cooperation in investigation, prosecution and trials of suspected criminal offenders.</p>

Proposed project objectives

Project Outcome: Reduce the incidence of drug-related transnational organized crime in MOU countries through enhanced regional cooperation in criminal matters

Output 1. Supporting legislative and regulatory frameworks, as well as bilateral and regional cooperation agreements are in place for better cooperation on criminal matters

Indicative activities:

1. Assessment of legislation, identifying gaps in criminal procedures, recommendations for revision
2. Assistance in development of bilateral/regional agreements on criminal matters

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Output 2. Capacity of judges, prosecutors, and law enforcement officials for better cooperation in investigation, prosecution and trials of suspected criminal offenders is improved.

Indicative activities:

1. Identify recognized training institutions in each country.
2. Conduct a baseline study and needs assessment for each country.
3. Develop curricula and training programmes on relevant legislation on mutual legal assistance, extradition, asset tracing and forfeiture.
4. Carry out sub-regional training programmes including for training through mentor programmes, to train national trainers (Train the Trainers).
5. Organize national training programmes on national legislation mutual legal assistance, extradition, financial asset tracing and forfeiture.
6. Distribute resource materials and computers to justice sector personnel, law enforcement officials, and training centres.

Output 3. Regional judicial and prosecutorial cooperation is strengthened to improve MLA, extradition and asset tracing and forfeiture.

Indicative activities:

1. Develop and implement a collaborative action plan to increase communication and MLA among MOU countries.
2. Adjust UNODC guidelines and checklists on MLA developed by the Legal Advisory Section in Vienna to fit the situation in this region.
3. Provide sub-regional training to key personnel involved in MLA on use of guidelines, checklists and forms.
4. Promote sharing of good practices for MLA through international fora, study visits and utilization of modern technologies, including websites.
5. Improve operational communication and information sharing through modern technologies to expedite efficient MLA requests.
6. Organize annual meetings of national MLA focal point persons.

Annex 2 – Indicative financial framework of the Subregional Action Plan

Indicative financial framework	
Project Title	Budget
#1. Prevention of drug use and its consequences among young people and high risk groups in MOU countries	800,000
#2. Support to the Development of Evidence and Community-based Drug Use and Dependence Treatment and Care Systems	3,000,000
#3. Training of law enforcement officials on drugs, HIV and harm reduction in MOU countries	150,000
#4. Regional Sustainable Alternative Development collaboration and coordination programme	850,000
#5. National Programme for Illicit Crop Monitoring in Myanmar and Lao PDR	1,100,000
#6. Interception Capacity Building along the Main Drug Trafficking Routes in the Subregion	1,100,000
#7. Precursors – Strengthening investigative, intelligence and industry based responses to the trafficking of illicit drugs and precursor chemicals (XAP/K19)	2,830,000
#8. Enhancement of Judicial Sector and Law Enforcement Capacity for Subregional Cooperation	900,000
Total	10,730,000

Annex 3 - Mandate of the Focal Points (Revised-2007)

1. Explore and develop initiatives in support of sustainability of the SAP
2. Prepare the agenda and the programme of the MOU SOC and Ministerial Meetings
3. Propose the provision of technical, financial and/or in-kind contributions to the new initiatives
4. Conduct annual focal points meeting by the MOU host country
5. Propose new proposals to be included in the SAP
6. Propose recommendations for the revision of SAP and the Addendum on Partnership to the MOU SOC Meeting
7. Consider and monitor the use of Project Funds of the project “ Support for MOU Partnership in East Asia”
8. Formulate and monitor the workplan of the project “Support for MOU Partnership in East Asia”
9. Report the outcome of the focal points meeting to MOU SOC meeting for further consideration and approval by the MOU host country

Annex 4 – TOR for Senior Officials Committee

1. Under the supervision by the Ministerial Meeting of the 1993 Memorandum of understanding on Drug Control, the Senior Officials Committee (SOC) will be responsible for ascertaining that policies and activities undertaken are in line with the MOU agreement and the respective Governments' strategies and policies. The Senior Officials Committee will also be responsible for the design, implementation and coordination of joint efforts of the MOU countries in the field of drug control and specifically to oversee the overall implementation and further development of the Sub-regional Action Plan.
2. The Senior Officials Committee will report to and prepare recommendations for the Ministerial Meetings and take action for implementation of decisions made by the Ministerial Meetings.
3. The Committee, jointly with UNODC will provide policy guidance and operational instructions for implementation of the Sub-regional Programme and the Sub-regional Action Plan.
4. The Committee will every twelve months review the objectives, achievements and financial status of the Programme and the Action Plan based on the progress report prepared by UNODC.
5. The Senior Officials Committee will be composed of the following members:
 - a senior official from each of the MOU signatory countries:
 - a senior representative of UNODC.
6. The members should be at the level of Director-General or otherwise as found appropriate by each Government. UNODC shall be represented by the Representative of the Regional Centre, Bangkok.
7. Each Government and UNODC will also appoint an Alternate Member of the Committee.
8. The Committee will meet at least once a year. The meetings of the Senior Officials Committee should be scheduled to precede MOU Ministerial Meetings. The meetings will be hosted by one of the Governments on a rotational basis.
9. The Committee can establish subcommittees for specific issues if so required.