

**The 8th Meeting
of
The AIPA Fact Finding Committee to Combat the Drug Menace
(AIFOCOM-8)
25th -29th May 2011, Phnom Penh, Cambodia**

COUNTRY REPORT OF CAMBODIA

I. INTRODUCTION

The emerging trend of drugs in the world has developed rapidly. Countries within the regions of Southeast Asia are greatly suffering from this issue. The production, the trafficking, the distribution and the consumption of these drugs have shed negative effects on the population of those concerned countries.

In Cambodia, since the 90s, criminal and illegal activities relating to these drugs which come into her territory through cross-borders have been increasingly rising. Cambodia has therefore suffered from drug trafficking, distribution and utilization. She has even become recently exposed to drug syndicates who use Cambodia as a drug production site of ATS.

II. DRUG S ITUATION IN CAMBODIA

a. Drug trafficking

In general, drugs are brought into Cambodia from the golden triangle areas. Before 2003, drugs were brought into Cambodia through various provinces along the border areas in the northwest. The most frequent drugs found in Cambodia are heroin, methamphetamine tablets, ice form and ecstasy.

Since 2007, another emerging trend of drugs such as cocaine has been brought from the central of America regions into Cambodia by West Africans and Taiwanese. This group of criminals has actively trafficked drugs to Cambodia in order to send them into the international markets by means of high payments and other lucrative means. They use several methods such as persuading women to act as their liaison agents. They exploit those women by luring them as their wives or lovers. They also use pregnant women to be drug carriers. Those liaison agents will smuggle the drugs through various means such as carrying into the body and concealment in clothes, different modes of transportation, or by post office through which the illegal substances will be delivered to targeted destinations. Cambodia is also facing very recently a new trend of trafficking of medical substances which contain pseudoephedrine from South Korea.

b. Drug plantation and production

- *Drug plantation and safrole rich oils refining*

In the 90s, the drug middlemen in the region have swindled people by giving high compensation as the incentives, by giving seeds for marijuana plantation and to purchase the crops at higher prices compared to other legal crops. In 2000, Cambodian government led by

Samdech Akka Moha Sena Padei Decho HUN SEN, Prime Minister of Cambodia, had destroyed marijuana plantation in the South-west and East of the country. Cambodia was then discharged from the International black list as a marijuana plantation country for exportation.

However, Cambodia has been facing a new trend of the illegal refining of the safrole rich oils plants. The reproduction of the quality of the ATS, the repackage of many kinds of drugs such as cocaine and heroin for exportation to the international market destinations and the extraction of pseudo-ephedrine from medicine for common cold into the ATS at clandestine laboratories in the 3rd countries. Furthermore, drug syndicates have attempted to use Cambodia as ATS clandestine laboratories. Specifically, from 2007 until 2010, we found some methamphetamine tablets clandestine laboratories and other pseudo-ephedrine extraction from dry ephedra plants. Cambodia seized approximately 60 tons of the safrole rich oils plants and 19 million tablets of medicines for common cold which contain the medical precursors called pseudo-ephedrine.

c. Drug abuse

Drug abuse is the main concern in Cambodia. Although the number of the drug abusers has so far not increased, but the drug consumption remains a dangerous trend. Specially, the injecting drug users by sharing needles. The latter can be the causes of the HIV contamination and the unsafe sex people, drug victims, are under the drug influence. The illegal drugs most used in Cambodia are: methamphetamine tablets and those in crystal form, methamphetamine ice, ecstasy, and heroin. Noticeably, temporary data have illustrated that the number of drug abusers were approximately from 5,000 to 6,000 in Cambodia, in percentage:

- under 9 years old is 0.16% ;
- from 10-17 years old is 6.11% ;
- from 18-25 is 60.35% ;
- from 26-45 is 30.97% ;
- and 46 years old up is 2.39% .

In order to get the correct data collection, Cambodia has closely cooperated with the international drug control panel. Most recent found data show that the numbers of the drug abusers are increased as compared to the previous ones.

III. LEGAL FRAMEWORK

The Parliament of the Kingdom of Cambodia has adopted national laws and approved several conventions as follows:

1. Law on the Management of Medicines (09 May 1996);
2. Law on the Control of Drugs (09 Dec 1996);
3. Law on ratification to allow the Kingdom of Cambodia to be the member of the Single Convention on Narcotic Drugs, 1961 (25 Feb 2005);
4. Law on ratification to allow the Kingdom of Cambodia to be the member of United Nations Convention on Psychotropic Substances, 1971 (25 Feb 2005);
5. Law on ratification to allow the Kingdom of Cambodia to be the member of the United Nations Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances, 1988 (25 Feb 2005);
6. Law on the amendment of the law on the Control of Drugs (17 Mar 2005);
7. Law on ratification to allow the Kingdom of Cambodia to be the member of the Protocol 1972 which has amended the Single Convention on Narcotic Drugs, 1961 (05 Sep 2007);
8. Law on the amendment of the law on the Management of Medicines (08 Nov 2007).

Meanwhile, the National Assembly of the Kingdom of Cambodia has encouraged her Government to prepare the new draft law on control of drugs based on the Conventions of 1961, 1971, 1988, and the protocol of 1972 and also on the International Human Right Treaties and to study the laws on control of drug of the regional countries in consistent with the current social situation and the evolving drug crime in Cambodia.

IV. GOVERNMENT RESPONSE

The Royal Government of Cambodia (RGC) as well as the National Authority for Combating Drugs (NACD) has an unwavering commitment to implement the national plan on drug control. This is a multi-sectoral mechanism which has its comprehensive strategy parallel with other countries in the sub-region, region and other parts of the world:

a. Demand reduction

This strategy is considered as the priority. It has used social labor and cooperates with other national and international organizations, relevant non-governmental organizations, in order to implement the said strategy by means of:

- Conducting education through mass media
- Education via community outreach activities via schooling, via focal point and group of people who are easily transmitted
- Focus group training
- mainstreaming in education curriculum
- Educating and disseminating during National ceremonies and International celebrations.

Moreover, we Cambodians have organized poems contests, sport programs and the educational messages on drugs printed on the label of many merchandise products. Cambodia has deployed her all out efforts on this work. But she still lacks of modern means to conduct a scientific survey in order to know how effective those activities are.

b. Supply reduction

During last year, 2010, Cambodia has stopped 350 cases of the act of transgression, arrested 684 offenders, confiscated a total of 82,746 methamphetamine tablets, approximately 9,924g of methamphetamine ice, 1,056 ecstasy, 2,356g of heroin, approximately 920g of cocaine, over 1,242g of narcotic plants and 6,846kg of safrole rich oils plants.

c. Strengthening the capacity building of the law enforcement officers

In order to enhance the effectiveness of the drug abuse prevention, the NACD with the support from the international partners has conducted training programs to build the capacity of the law enforcement officers such as: policemen, military personnel working along the borders, navy, army, gendarmerie, custom officers, cam-control officers, border relation officers on drug inspection laws and regulations of the Cambodian court and investigation skills such as: methods of monitoring on the delivery of drugs, methods of persuading individual victim to be an illegal drug dealer, methods of checking chemical substances, methods of drug scrutiny via computer based and methods of drug analysis via purification.

d. Harm reduction

Cambodia does not have a National Treatment Center for recovered drug victims as yet. But she does have ten (10) temporary centers in the provinces to educate and prevent drug abusers. These temporary centers are health centers and provincial hospitals. Their staff and medical officials are trained by the Ministry of Health to be able in using different techniques for primary treatments of drug victims. Additionally, Vietnam has also provided training to

Cambodian medical doctors on methods of treatment by using a medicine called Bong Sen (Lotus flower).

Through the support from many important international organizations such as: UNODC, UNICEF, WHO, FHI, AusAid, KHANA, the NACD has implemented projects on community based treatments for drug addicts in Cambodia. At the same time, we are promoting the construction of a National Rehabilitation Center for the drug addicts in the Southwest provinces of Cambodia. Cambodia has also sent technical officers to neighboring countries to exchange experience on dealing with the prominently drugs related issues. Regarding to the harm reduction, the NACD has authorized many NGOs to implement the needle programs. It has participated, too, with national and international organizations to establish the 3rd National Strategic Plan to obtain more progress and to set up a Multi-sectoral Strategy in order to effectively respond to the drug abuse and HIV infection.

e. International cooperation

Cambodia became a member of the Single Convention on Narcotic Drugs in 1961, Convention on Psychotropic Substances in 1971, Convention on Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances in 1988 and the Protocol in 1972 amended the Single Convention on Narcotic Drugs in 1961.

To participate in drug control mechanisms in the sub-region, region and the world, Cambodia has signed Memorandum of Understanding on the Control of Drugs Cooperation with Thailand, Lao PDR, Vietnam, China, South Korea, Japan, Russia and UNODC.

Cambodia becomes a member of the Signatory Country of the Memorandum of Understanding in 1993 on the Control of Drugs Cooperation and a member of ASEAN plus China collaboration mechanism for NO Drug by 2015 (ACCORD Plan).

V. THE MAIN OBJECTIVES FOR DRUG CONTROL IN 2011

Pursuant to the Second Stage of the Rectangular Strategy Plan of the Royal Government of Cambodia, the Fourth legislature of the National Assembly, especially the important recommendations and order from Samdech Akka Moha Sena Padei Techo Hun Sen, Prime Minister of the Royal Government of Cambodia and the 5 years mandate of the National Plan on Drug Control, the following actions are carried out in 2011:

1. Upholding the public awareness on drug danger, especially targeting those highest risk and vulnerable groups;
2. Promoting quality of the law enforcement in order to destroy transnational organized crime of drug exploitation perpetrators in cooperation with neighboring countries to eradicate new tactics of the drug perpetrators;
3. Taking necessary legal measures to fight against production, cultivation, extraction, exploitation, distribution and stock;
4. Strengthening the capacity, awareness, will, professional and efficient responsibility of the law enforcement institutions in eliminating the negative attitudes of officers;
5. Studying the Declaring War win principle against drug offenses to limit the prior goal in operating around the 350 to 400 communes in 2011, especially cities, districts along the borders;
6. Pushing for building model schools, community among the cities, districts, communes and model villages along the borders in order to prepare documents for disseminating, extending good points to reform objectives towards integration of challenging geography and reaching the achievement of the whole eradication;

7. Arranging for the establishment of National Drug Treatment and Rehabilitation Centers to implement and ensure the function for treatment, rehabilitation and integration of the citizens who are recovered from drug abuses into family and community to have health care, welfare, security and social norms;
8. Strengthening cooperation with civil society, developing partners and charity people to mobilize and use resources and other assistance effectively towards strengthening the provisional centers for education, treatment and rehabilitation to resolve issues related to drug addicts;
9. Pushing the basic good arrangements of the provisional centers for education, treatment and medical support for the existing current state centers;
10. Strengthening the cooperation between NACD and National Authority for Combating AIDS and the international counterparts to resolve drug issues and HIV/AIDS;
11. Strengthening national, sub national, all relevant national authorities to extend the possibility to effectively implement the national strategy.
12. Setting up the strategy of encouragement to give rewards to the successful institutions and individuals that fight against drugs.
13. Setting up more committees to ensure the implementation of the 5 years National Plan on Drug Control and building the 2011-2015 plan with joint consultation from all partners;
14. Cooperating with the Ministry of Justice and relevant ministries to prepare a new draft law on control of drugs.