



UNODC and World Bank: minor success in Afghanistan

Efforts to combat opium production in Afghanistan have been marred by corruption and have failed to prevent the consolidation of the drugs trade in the hands of fewer powerful players with strong political connections, says report released by the United Nations Office on Drugs and Crime (UNODC) and the World Bank.

According to the report, entitled *Afghani-*

terdiction efforts especially need to target high-level profiteers whose wealth magnifies their potential for corrupting the state.

The report says there are no easy answers and short-term strategies can do more harm than good.

Furthermore, the hawala (informal financial transfer) system, which serves as a vehicle for drug money laundering as well as

ECAD 14-th Mayors`Conference

Istanbul, Turkey

First Announcement!

FIGHTING DRUGS – FROM DIFFERENT ANGLES

10-11 May, 2007

More information is available on our website: www.ecad.net



stan's Drug Industry: Structure, Functioning, Dynamics, and Implications for Counter-Narcotics Policy, efforts to combat opium have achieved only limited success and have lacked sustainability.

Strong enforcement efforts against farmers are often ineffective in remote areas with limited resources, assets, and markets.

The report says that, far from leading to sustained declines in total national cultivation, success in reducing cultivation in one province often leads to increases elsewhere, or cultivation in the province itself rebounds in the following year (as occurred in Helmand province after 2003).

"History teaches us that it will take a generation to render Afghanistan opium-free," said Antonio Maria Costa, Executive Director of UNODC. "...I therefore propose that development support to farmers, the arrest of corrupt officials and eradication measures be concentrated in half a dozen provinces with low cultivation in 2006 so as to free them from the scourge of opium..."

The report argues that there is a strong case for focusing initially on interdiction efforts against drug traffickers and their sponsors (the biggest threat to state-building) as well as opium-refining facilities, while alternative livelihoods are progressively developed. In-

much more benign purposes such as transferring money to poor Afghans from relatives abroad, poses particular challenges, the report says. Imposing anti-money laundering provisions too quickly risks discouraging the Afghan people from using the formal financial sector.

"Development aid organizations need to be more diligent in their use of the hawala system to prevent their funds from becoming intermingled with illicit transfers," said Doris Buddenberg, UNODC Country Representative for Afghanistan and co-editor of the report. "Evidence suggests that banks in industrialized countries as well as in the region play an important role in transferring money used to purchase illicit drugs." Finally, the report argues that phasing out drug production will take decades rather than months or years, and that there is a need for an equally smart and effective strategy to curtail demand for opiates in the consuming countries. Most of all, the Afghan Government, with international support, needs to combat the high-level drug trafficking network and its protectors.

You can find the whole report as pdf-document at www.unodc.org/pdf/Afgh_drugindustry_Nov05.pdf

SAMHSA: immediate drug abuse treatment lengthens relapse period

More than one-quarter of patients receiving publicly funded substance abuse detoxification will have a second detoxification readmission within a year. But if patients receive substance abuse treatment on two or more days within 30 days of discharge from a detoxification admission, time to subsequent relapse and readmission lengthens by 40 percent according to findings revealed in a study sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and published in the September 2006 issue of the *Journal of Substance Abuse Treatment*.

About 25 percent of all admissions to substance abuse specialty facilities are for detoxification (about 440,000 admissions).

Continued on page 3



ECAD`s newsletter wishes its readers Merry Christmas and a healthy and happy New Year!

ECAD conference in Estonia:

"Drugs and their victims. How do we avoid a growing number of addicts?" -



Conference participants at the Mayor's office

number victims of drug addiction – these were the items on the conference agenda in Kohtla-Järve, to be discussed by specialists from Russia, Latvia, Estonia and Sweden.

The Mayor of Kohtla-Järve, Eugene Solovyov described how the work with heavy drug addicts takes the double amount of the municipal resources compared to prevention and treatment facilities for risk groups and active drug abusers. That is why it pays off to invest resources in preventive work with risk groups. That is also why Kohtla-Järve built a low-threshold centre for drug addicts, easily accessible for everyone and with no queue system.

This centre is the first of its kind in Estonia. During its 1,5 years of existence, its medical staff has attended to more than 2500 drug addicts, never turning down anyone who is in need of help.

Estonia has a national programme for tackling drug addiction. However, the society should put a great deal more effort into implementing the programme.

Chairman of the municipal council in Kohtla-Järve, Valery Korb, pointed out that Estonia was not prepared for the wave of drugs that poured into the country. However, Estonians are working hard to improve the present situation, and the conference proved that municipal authorities have put the issue high on their list of priorities.

Among the conference participants were Peters Laasins from Estonian Social Ministry, Estonian chief police inspector Rista Kasemaae, Concordia University professor William Barns and ECAD director Tomas Hallberg.

Various reports on injection rooms and methadone programmes which have been tested in Estonia for some time caused lively debates. The general view on the programs among the participants of this conference was mostly critical. Some of them claimed in fact, that methadone treatment is more likely to facilitate drug abuse than to cure it.

*By Andrejs Vilks,
ECAD, Riga*

- was the theme of an international conference held in Kohtla-Järve, Estonia at the end of November 2006. The conference was supported by ECAD.

The conference dealt with the victims of drug abuse and the concept of co-dependence.

Addiction tendencies and the impact of the spread of drugs on the society are often analysed at various conferences and scientific seminars, while the actual victims of drug abuse are rarely focused on.

How many are they, how much damage do they cause, and how can we limit the

The Good Dutch news

Rotterdam, November 24, 2006

Dutch Ministry of Defence wants to submit all soldiers to an obligatory though unexpected urine test. In accordance with the Dutch law this would require an amendment in the present legislation. At the moment the test may only be performed when there is a suspicion of drug abuse. This test is the first in series of enforcing strict maintenance of intern rules and is allotted to a workshop under the leadership of General Rob Bertholee and his view of norms and values in the army.

According to the Ministry of Defence, the military themselves have asked for the urine tests at private meetings. It is customary for many to consider alcohol abuse the worst culprit.

Military trade union will not discuss this plan. According to them, urine-testing is only possible when there are three strong reasons for suspicion. Dutch Ministry of Defence dismissed nine soldiers on account of drug abuse. Four more were suspended and will be probably dismissed as well.

The Ministry of Defence executes now a zero-tolerant policy with regard to possessing or abusing drugs. The soldiers are the members of an elite force of shock troops – a Para brigade attacking with planes and helicopters. The executor of the zero-tolerance policy is four stars Commander in Chief, General Dick Berlijn.

At the end of November the inhabitants of several districts of Rotterdam city – "the old West" and "the cool South" received a letter from Rotterdam Mayor. In this letter the mayor drew their attention to the dangers of drug cultivation, to which the city surroundings got exposed.

Rotterdam city has taken up a plan to tackle the illegal cultivation of drugs harshly. Therefore the Mayor appeals to the public to cooperate in order to track down the illegal nurseries of weed, that can be done simply by calling a special line anonymously.

According to some rough estimates, the city has around 2 000 cannabis nurseries only in the city of Rotterdam. It is an obvious danger for people who live in the same area.

Cultivators' experiments with electric wires, overloading the heat system by using special plant growing lamps can easily start a fire. Illegal use of electricity causes high expenses for those who pay the bills. There is also possible danger of water leakages or even floods in the neighbouring flats. All this leads to the conclusion in the letter of the Mayor that cannabis nurseries add profoundly to criminal activities in the city.

Mayor's letter contained even a description of how to determine whether you have an illegal weed nursery beside your house or apartment:

- Bad smell
- Noisy, turbulent devices (illegal laboratory)
- Increased temperature in the walls
- Moist window-panes
- Excessive ventilation
- Power failure
- Artificial light (a glow of electric bulbs).



Source: Algemeen, De Telegraaf

Italy: desperate about liberalising drug legislation

Hardly any day goes by in Italy without a row caused by the Prodi-led executive with its two-pronged legislative initiatives, from the one hand to unravel what was accomplished by the previous government and from the other hand to enact new pieces of legislation. As to latter, the Italian government is increasingly irking even the Catholic Church with its intention to press the legalisation of gay unions and euthanasia, to say the least, in early 2007.

As a more recent example of the former, Minister of Health *Livia Turco* (self-styled catholic communist) and his Communist Refoundation's colleague responsible for Welfare, *Paolo Ferrero*, are busy seeking to dismantle the previous government's (all too mildly) restrictive legislation on drug addiction, which at least in principle did not make any distinction between hard and soft drugs.

Following the announcement that the amount of marijuana a person can carry with-

Ferrero to replace its predecessor, (whose markedly prohibitionist approach was probably anathema to the new government majority), was also a former Red Brigades terrorist, *Susanna Ronconi*.

Needless to say, her appointment unleashed a turmoil similar to *Sergio D'Elia's*, another former red terrorist who was elected Secretary of the Lower House following the April 2006 general election.

Let alone the case of another terrorism convict, *Roberto Del Bello*, arrested in 1981 for his involvement in the abduction and subsequent barbarous murder of a manager of chemical giant Montedison, who is personal assistant to Communist Refoundation's deputy Minister of Interior *Francesco Bonato*.

Ferrero, *Turco* and their government conferees deny their intention is to favour any liberalisation drive. They are simply determined to press decriminalisation of consumption, for drug trafficking to be combated more effectively. If really so, these traffickers should be panicking to be pushed out of business, but the opposite is actually happening.

At the announcement that the amount for legal personal consumption would be doubled, in Turin pushers and dealers unashamedly rejoiced for the measure parading on its streets.

To have an idea as to how deteriorated the situation is in certain areas in Italy security-wise: Turin is probably the only place in the world where months ago these pushers clashed with police amid public protests against the death of one of their members, who drowned in the local river during a hot pursuit by the police. These news were fea-

tured in a newly-established anti-drug website, www.Osservatoriodroga.it, bent on



spreading the most politically incorrect news on the drug war which the liberal and secularist media would prefer to ignore.

The Executive Director of the United Nations Office on Drugs and Crime, *Antonio Maria Costa*, said in late November, 2006, that Europe's cities face the risk of a significant increase in the number of deaths from heroin overdoses because of the record opium crop in Afghanistan this year. And Turin is certainly among those European cities.

Regrettably, Costa's alarm is not being heeded by the Italian authorities. In a letter to 63 mayors of European cities, he repeated the warning that a sharp rise in the supply of heroin tended in the past to lead to an increase in the purity of the end product rather than lower street prices.

At a meeting with Tomas Hallberg, Director of European Cities Against Drugs (ECAD), the UNODC chief discussed efforts by cities and municipalities to combat drug abuse more effectively.

By Alberto Carosa, Italy, Rome

★ COVERAGE from ROME

out being arrested for dealing would be raised, on 13 November 2006 Minister *Turco* resorted to a technicality in order to circumvent Parliament and ensuing debate: she said she had issued a decree with the help of the Justice Ministry increasing the amount of marijuana that is legal for personal use from 500 milligrams to 1 gram in terms of pure, active ingredient. The new quantity is the equivalent of 30-40 doses.

Turco stressed that drug users caught with up to a gram of marijuana could still face a fine but would not be arrested or sent to jail as potential dealers.

On December 6th, 2006, the media reported that among the 70 members of the new drug addiction committee established by Minister

SAMHSA: immediate drug abuse treatment lengthens relapse period

From page 1

Detoxification is designed to help clients stop the use of alcohol or other drugs relatively quickly, while minimizing withdrawal symptoms. However, detoxification in itself does not constitute treatment for substance use disorders. Comprehensive treatment entails rehabilitation and recovery services.

The study also showed that only about one-fourth of patients are engaged in substance abuse treatment within a month fol-

lowing discharge from detoxification.

Further, the study emphasizes that *engaging patients in treatment immediately following detoxification is a critical step in preventing relapse and cycling in and out of detoxification.*

This study used a unique database to track patients who received detoxification or other substance abuse services in Medicaid- or public agency-funded facilities in three states. The database was developed by re-

searchers from Thomson Medstat under the direction of SAMHSA.

The SAMHSA-funded study was conducted under the SAMHSA Spending Estimates Project and was written by Dr. Tami L. Mark of Thomson Medstat, Rita Vandivort of SAMHSA, and Leslie Montejano of Thomson Medstat.

The complete article can be accessed at: <http://www.journals.elsevierhealth.com/periodicals/sat>.

England: hardened addicts given free heroin in secret NHS trial

Drug addicts are being given injections of heroin on the NHS under a government-backed plan to deter them from committing robbery and theft to fund their habit. The aim is to cut drug-related crime and supporters say it is cost-effective.

Up to 150 addicts at three treatment centres in England will take part in the trial, which until now has been kept secret. The centres will report the results to ministers, police and doctors.

The addicts have been chosen because they have very serious addiction problems. They receive the drug daily under the supervision of nurses and doctors. The use of heroin by doctors is not illegal but they require licences from the Home Office.

Two clinics are already operating. One is at the *Maudsley Hospital*, South London, and a second is in Darlington, Co Durham. A third is expected to open later in a trial that will run for several years. Heroin has not been routinely prescribed for addicts since the 1960s, when the "British system" was abandoned. Doctors were allowed to issue prescriptions to addicts but the practice was abandoned after a series of scandals in which half a dozen London doctors were overprescribing.

At present addicts are usually prescribed a synthetic substitute called methadone, which addicts often say is not strong enough or lacks the "rush" of heroin. Prescriptions are sold on the illicit market and addicts revert to heroin.

Last month a report by Neil McKeganey, head of drug misuse at Glasgow University, showed that fewer than 4 per cent of heroin addicts managed to beat their habit with methadone.

Details of the new trial were revealed at the end of November as one of the country's top police drug-crime experts called for the prescription of heroin to be more widely available for addicts.

Howard Roberts, the deputy chief constable of Nottinghamshire and deputy head of the Association of Chief Police Officers drug group, told a national police conference: *"We take offenders out of crime and treat their addiction in a closely monitored treatment programme. Of course, getting people off drugs altogether must be the objective but I do believe we have been left with the consequences of relatively uncontained addiction for too long."*

Mr Roberts, who is a police representative on the Government's Advisory Council on the Misuse of Drugs, said he was not suggesting the legalisation of heroin but a way of ending a crime wave that ranges from burglary to murder.

He said that up to 60 per cent of crime in the UK could be drug-fuelled. He acknowledged that treating addicts with heroin could cost £12,000, compared with £3,000 using methadone, but said that the sum was outweighed by the cost of crime committed to fund drug use.

Mr Roberts, who has the backing of other senior officers, said that the benefits of using heroin were supported by research including studies on heroin prescription in the Netherlands and Switzerland. The research found that there were significant reductions in illicit drug use among those receiving the treatment, and both the Swiss and Dutch reported a drop in crime committed by the addicts. In Switzerland most of the patients had no criminal convictions while in treatment. Martin Barnes, the chief executive of Drugscope, supported Mr Roberts, and said that prescribing heroin could be the best route for some drug users to escape their addiction. "There are positive net gains not just to the individual drug user but within the community generally," he said.

Action on Addiction, a research charity, is helping to oversee the pilot scheme. *Nicky Metrebian*, a researcher for the charity who has examined the Swiss and Dutch schemes, said: *"There is evidence to suggest that there is a potential role for the medicalised prescribing of injectable opiates in supervised injecting clinics as a last resort for hard-to-treat heroin addicts."*

Action on Addiction's scientific study will test whether this treatment is effective in reducing illicit heroin use, improving health and reducing criminal activity among a particular group of hard-to-treat heroin users."

The price of addiction

23-35- tonnes of heroin smuggled into Britain each year

300,000 heroin addicts

£15,000 a year needed to fund an addiction

45,000 The cost of the crimes committed each year by a heroin addict

432 The number of crimes committed a year on average by each addict.

By Stewart Tandler, crime correspondent

Source: ACPO, Howard Roberts and EU,

Times Online



ECAD COMMENTS:

Addiction treatment programmes of this kind aim at outpatients' survival and most often enable them to live as normal life as possible, to take care of themselves, their home, studies or work.

However, all that is hardly possible for those who sit behind the bars.

It is obvious so far, that correctional treatment centres do not consider themselves capable of such a care as to make the addicts hold on to life without giving them narcotic substances. - The practice that was widespread during the period of II World War, when doctors performed similar medical experiments on people who were kept in captivity. Have we already forgotten the inhumane lessons of those times?



ECAD is Europe's leading organisation promoting a drug free Europe and representing millions of European citizens. Drug dealing and drug abuse cause enormous problems in Europe. Nations and their citizens are affected by the consequences of drug abuse. ECAD member cities work to develop initiatives and efforts against drug abuse supporting the United Nations Conventions which oppose legalisation and promote policies to eradicate drug abuse worldwide. Has your city joined ECAD?

European Cities Against Drugs

ECAD, Stadshuset

105 35 Stockholm, Sweden

Tel. +46-8-5082 93 62 Fax +46-8-5082 94 66

e-mail: ecad@ecad.net www.ecad.net

ECAD Regional office in Russia www.ecad.ru

zazulin@ecad.ru Phone +7-812-328 96 65

ECAD Regional office in Latvia

andrejs.vilks@rcc.lv

phone: +371- 6510591