



Programme of Assistance for the Prevention of Drug Abuse and Drug Trafficking in the Southern Caucasus (SCAD Programme).

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DRUGS SITUATION IN SOUTHERN CAUCASUS

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ANNUAL REPORT

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FOREWORD

Since 2001 with EU financial support UNDP implements Regional, Southern Caucasus Anti Drug Programme (SCAD) that focuses on reinforcing operational cooperation among control bodies at national and regional levels; setting up reliable and comparable data for all aspects of drugs; reducing illicit drugs and precursors trafficking and combating growing drug abuse.

The analysis conducted in three countries shows that unfortunately number of drug users and drug addicts is being increased in Southern Caucasus. The problem of drug addiction and drug trafficking acquire increasing importance for socio-economic and political stability of the Southern Caucasus. Despite the efforts of the Governments of Armenia, Azerbaijan and Georgia, there is a growing volume of drugs passing through the region towards Europe.

This publication is a first attempt for producing regional report on Drug Situation in Southern Caucasus. The introduction of effective and internationally used methods for collecting and analyzing drug related information as well as further enhancement of regional cooperation and coordination is of crucial importance.

Given report is one of the successful examples of useful activities carried out by Southern Caucasus Anti Drug Program, it represents another effort aimed at solution of drug problem in Southern Caucasus.



Lance Clark

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BRIEF INFORMATION ON THE SOUTHERN CAUCASUS COUNTRIES

REPUBLIC OF ARMENIA

Republic of Armenia is located in the southwestern Asia, east to Turkey. Territory of the Republic of Armenia is 29.74 thousand square kilometers. The country borders Georgia on the north (164 km), Azerbaijan on the east (566 km), Iran on the south (35 km), Azerbaijan-Naxichevan exclave on southwest (221 km), Turkey on the west (268 km). Capital is Yerevan, major cities are Gyumri, Vanadzor. Official language is armenian. Religion: Christian, Armenian Apostolic Church. General population of the country is 3.212.227 (2004 data), unemployment rate is 9.4%. Ethnic breakdown: armenians - 96%, minorities: russians, yezidis, kurds, assyrians, ukrainians and others.

The System of Government: The Republic of Armenia is a sovereign, democratic, social, rule of law state. The state power is administered pursuant to the Constitution and the laws based on the principle of separation of the legislative, executive and judicial branches. The Constitution was adopted on July 5, 1995, through a popular referendum. (The Constitution of the Republic of Armenia). The Republic of Armenia has a presidential system of government. In accordance with the Constitution, the President ensures compliance with the Constitution, the normal operation of the legislative, the executive and the judiciary, and serves as the guarantor of sovereignty, territorial integrity and security of the Republic. The President is elected by the citizens of the Republic of Armenia for a five-year term. The Executive Power in the Republic of Armenia belongs to the Government of the Republic. The Government is composed of the Prime Minister and the Ministers. The President of the Republic appoints and removes the Prime Minister of the Republic. The President also appoints and removes all members of the Government nominated by the Prime Minister. Legislative Power in the Republic of Armenia belongs to the National Assembly. The National Assembly is a 131-seat body, of which 56 are elected from single-mandate districts and 75 by party list. Last parliamentary elections were held in May 2003. In the Republic of Armenia, justice is carried out by Courts in accordance with the Constitution and the Law. In the Republic of Armenia, the courts of general competence are: courts of the first instance, review courts and the Court of Appeals. There are also economic, military and other courts provided by the Law. The President of the Republic serves as a guarantor of independence of judicial bodies. He is the Head of the Council of Justice.

Administrative Division: Eleven marzes (provinces) - including the capital city of Yerevan that has a status

REPUBLIC OF AZERBAIJAN

Territory of the Azerbaijan Republic is 86.6 thousand square kilometers. The Azerbaijan Republic is the largest state in the Caucasus and is situated on the South-Eastern Slopes at the edge of the Caspian Sea. It borders the Russian Federation (Republic of Dagestan) and Georgia in the North, Armenia and Turkey in the West, and Iran in the South. Its eastern borders fall upon the Caspian Sea. The main part of the border line goes upon the natural borders (rivers and watershed ridges). The capital of the Azerbaijan – Baku is situated on the Absheron Peninsula. Territory of the city is 2130 sq. km. Density of population – 859 people per 1sq. km. According to latest information there are approximately 2.500 mln. inhabitants in Baku. Part of these inhabitants is refugees and displaced persons.

Basic religion in the country is Islam (94%). There are also other denominations in Azerbaijan available: Christianity, Judaizm etc.

The System of Government: State authority in the Azerbaijan Republic is organized upon the basis of the principle of delegation of Power:

- Legislative power (the Milli Majlis National Assembly of the Republic consists of 125 deputies);
- Executive power - the President of the Republic elected by ballot every 5 year.
- Judicial power (Courts of the Republic).

The Cabinet of Ministers of the Azerbaijan Republic is the superior body of executive authority of the President of the Azerbaijan Republic. The Cabinet of Ministers is subordinate to the President and is accountable to him. The Prime-Minister is appointed by the President of the Azerbaijan Republic in consent with the National Assembly. There is Executive Body in every region of Azerbaijan, which is also submitted to the President. There is multi-party system in Azerbaijan, every of which can be presented in the Milli Majlis (Parliament).

GEORGIA

Georgia is located in Southern Caucasus, covering 69.700 square kilometres, lying on the southern foothills of the Caucasus mountain range, and on the south-eastern shores of the Black Sea. It is bordered by Russia to the north (723 km), Turkey to the south-west (252 km), Armenia to the south (164 km), and Azerbaijan to the south-east (322 km). Country consists of 9 regions, 9 cities and one autonomous republic. The capital of Georgia is Tbilisi, with the population of close to 1.2 million people. In a result of ethnic political conflicts of early nineties, two regions - Abkhazia and South Ossetia - are de facto cut from the rest of the country.

Georgia is a multinational state: approximately 69 percent of Georgia's 4 677 401 people (2005) are ethnic Georgians, with Armenian, Azeri, Russian, Osetian, Abkhaz and other populations also present. Georgian Orthodox is a principle religion in the country - 65%; other religions also present at the following extend: Muslim - 11%, Russian Orthodox - 10%, Armenian Apostolic - 8%, etc. Official language in the country is Georgian (71%); the other languages are also in use at the following extend: Russian (9%), Armenian (7%), Azeri (6%), others (7%). Abkhaz is the official language in Abkhazia.

The System of Government: Georgia is a democratic republic. The Chief of the State is the President. The President is elected by popular vote to serve five-year term. The current President of the country was elected in January, 2004. The legislative power is represented by the unicameral Parliament of Georgia, represented by 235 members, elected by popular vote for four-year term. Last elections held in March 2004. Executive brunch of the power is represented by Prime-Minister and Cabinet of Ministers. Judicial branch is represented by Supreme Court and other general courts of Georgia.

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INTRODUCTION

It is already the second year that within the framework of the projects on the establishment of national drug information systems (UNDP supported Southern Caucasus Anti drug Programme, SCAD) national annual reports on drug situation have been published in the three Southern Caucasian states.

This publication is the first attempt to describe drug situation in our common house - the Southern Caucasus region, based on individual national reports. A comprehensive description and analysis of drug situation in the region will help us to understand an overall picture, common problems, look for their joint solutions, and determine a single regional strategy to fight illegal drug circulation in the Southern Caucasus.

Since the given report is the first attempt to describe drug situation in the region, it is far from being perfect. It is the first step made in the direction of the above mentioned goal. The present report has a significant diagnostic value. It is important in terms of planning further strategy for the improvement and harmonization of drug information systems in our countries.

Although it is already the fourth year that the work on the harmonization of national drug information systems and introduction of the European standards (in particular, the standards developed by the European Monitoring Center for Drugs and Drug Abuse, EMCDDA) has been carried out within the Southern Caucasus Anti drug Programme, the named standards have not been achieved, yet. There is a number of institutional, methodological, economic and geopolitical problems common to our countries, that need to be solved to elaborate and further develop effective national drug monitoring systems.

The group of authors of the present report - SCAD Drug Information System Project managers in Armenia, Azerbaijan, and Georgia - have to admit that the given regional report was not easy to write. The main reason is that along with the above mentioned institutional, methodological and other problems common to our states, there are specific problems in each of the three countries related to information collection, recording, registration, analysis and circulation. Due to this, drug information systems in our countries are not equally well developed. It was especially difficult to carry out comparative analysis in the chapters where the quantity and quality of information on this or that indicator largely differs.

When drafting this report we followed the guiding principles developed by the EMCDDA. Due to the fact, that the information was of a limited character and largely differed at the national levels, a decision was made to cover, at this stage, the following issues: (1) legal aspects and the existing state strategies; (2) prevention; (3) problem drug use; (4) treatment demand; (5) drug use related health correlates, with the emphasis on infectious diseases – AIDS, in particular; (6) drug use related offence and (7) drug market.

A decision has been made not to use at this stage the epidemiological indicator for prevalence of drug use among the country's population, as there is no information available on the given indicator in any of the region's countries. However, this indicator was studied indirectly in each of the states. For example, since 2000, biannual survey has been conducted in Georgia among school children within the drug prevention state program. The survey uses a questionnaire developed by the Pompidou group (ESPAD). In Azerbaijan, a survey has been conducted with the population in the Baku and Lengoran regions with the financial and methodological support of the SCAD, but no survey has been conducted with school children or the youth. Through the financial support of the SCAD, in September - October 2005, a survey was conducted in Armenia on the prevalence of drug use in the Republic. Survey results are being processed at present and the final report will be delivered in December 2005.

Neither was it easy to describe the indicators included in the present report due to information deficit and unequal conditions. It was especially difficult, for example, to describe the indicator for problem drug use, because of the methodological and organizational deficiency observed in all the countries in relation to the development of the given indicator. In the three countries, information on drug users is entered into the databases using two sources of information: records on individuals detained by the police due to drug intoxication, as confirmed by medical examination, and the individuals undergoing treatment in the

relevant treatment institutions. It is obvious, that this kind of recording does not correspond to the guiding principles of the EMCDDA or the existing state of affairs. Despite this, we decided to refer to this epidemiological indicator due to its importance.

It was also difficult to describe the situation with infectious diseases related to drug use: whereas the relationship between HIV/AIDS and problem drug use had been more or less investigated in the three countries, the amount of information on the relationship between B and C hepatitis, on the one hand, and injecting drug use, on the other, largely differs in the three countries and does not allow to draw parallels or conduct a comprehensive comparative analysis.

In spite of the described above problems, which had its negative impact on the quality of the given report, we still consider the report, as the first attempt, to be a success. It will serve as a starting point for future strategic actions, aimed at the improvement of drug information systems in each of our countries, as well as at the harmonization of these systems with each other and with the corresponding European and international structures.

EXECUTIVE SYMMARY

1. NATIONAL STRATEGIES - BASIC TRENDS

After declaring independence in 1993, the Southern Caucasus countries encountered a number of difficulties characteristic of the transition period – protracted social, economic and political crisis, conflicts, uncontrolled state borders and territories, unemployment, high level of crime, corruption, crisis of values followed by social pessimism, etc. All these factors destroyed the existing repressive system aimed against drugs and facilitated the increase of drug addiction and illegal drug circulation.

In response to this, the governments of the three countries took measures to solve the problem. In 1993, all the three republics, joined all the UN conventions on drug circulation control, psychotropic substances and precursors. To fulfill international obligations stipulated in these conventions, republics undertook a number of initiatives for the creation of the relevant bodies (committees/commissions/boards) and institutes to implement anti drug policies and activities.

A special law on drugs, regulating relations connected with the licit circulation of drugs and psychotropic substances, basic measures for fighting drug addiction, determining the legal basis of the state policy on the prevention of illegal circulation of drugs, etc., was developed and adopted in each of the Southern Caucasian states more or less recently (Azerbaijan adopted the Law on Exercising Control over Illegal Circulation of Drugs, Psychotropic Substances and Precursors in June, 1999; Armenia adopted the law on Narcotic Drugs and Psychotropic Substances in December 2002; Georgia adopted the Law on Drugs, Psychotropic Substances and Narcological Aid in December 2002).

Regulation and norms concerning drugs illicit circulation are defined by the criminal code in each republic. Here should be mentioned that in all the three countries drug use is criminalized (see tables of criminal code in the given report).

Presently, the governments of the three states are facing the same problem - development of a multidisciplinary, modern approach to the drug addiction problem and illegal drug circulation, based on newly elaborated humane legislation and considering the fundamental human rights and the previous experience. It is important to develop a national strategic plan within the framework of the named approach. Such a plan should be based on the assessment of needs and analysis of stakeholders. It has to be feasible and should allow monitoring, assessment and impact evaluation on the entire territory of the region.

2. PREVENTION

Prevention in Southern Caucasian countries started to form in the 90s of the 20th century. It encounters a number of obstacles related to financing, human resources and bureaucracy.

The analysis of the prevention measures held in all the Southern Caucasian countries revealed the following positive trends:

- New methods are introduced
- NGOs are actively involved in prevention, and sometimes play a major role
- School programs (though, not to a needed extent) are represented

Along with the above listed, the following problems are still observed:

- Lack of programs aimed at the community level
- A very small number of programs aimed at risk groups
- Absence of strategic plans for the organization of preventive activities at the national level
- Lack of monitoring of the effectiveness of preventive activities
- Direct dependence of the programs on external funding

3. PROBLEM DRUG USE

Information on drug users (including problem drug users) in the three Southern Caucasus countries is entered into the database collected from two sources: records on individuals detained by the police for being in the state of drug intoxication (confirmed by medical examination), and individuals receiving treatment in the corresponding treatment institutions or being under dispensary observation. Like recording does not clearly correspond to the guidelines of the European Center for Monitoring Drugs and Drug Abuse or to the existing state of affairs. There is an urgent need for creating necessary conditions for research in this area in all the three countries.

In 2004, the databases of the republics included the following incidence related information:

- 2016 new drug users were registered in Georgia. Out of them 283 individuals were identified as drug dependent; 59% of newly registered individuals were problem users.
- 1275 new cases were registered in Azerbaijan, out of them 866 were diagnosed as drug addicts.
- 538 new cases were registered in Armenia; out of them 121 individuals used opiates.

As about prevalence, the picture is as follows:

- By end December 2004, the database of the Azeri Narcological Service included information on 16 912 drug users, out of which 70.3% (11 895 individuals) was identified as drug dependent.
- By the end of 2004, in the national database of the Georgian Research Institute on Addiction were registered 24 000 individuals. Out of them, 14 400 were injecting users of opioids, i.e. problem drug users. However, expert estimations say that the actual number of drug users and drug addicts in the country is much higher. It is estimated as ranging from 15 to 20%, with the multiplying indexes from 8 to 10 applied. Accordingly, the number of drug users in the country is likely to range from 200 000 to 240 000. Out of them, about 80 000 are problem drug users.

Traditionally, the most frequently used injecting drugs in the three countries are those belonging to the opioid group. The use of cocaine or amphetamine is not actually observed (in Armenia, for example), or the number of cases is very small due to the fact that these drugs are not available on the black market (ephedron and pervitin usually used for the preparation of medicine against respiratory diseases and available in pharmacy shops without prescription, are not much used). In 2004 illegal import of subutex from Europe into Georgia, and, consequently, its use, dramatically increased in the country. This product, usually used orally during substitution therapy, is basically used in the form of injections. This tendency might influence drugs scene in the region.

4. TREATMENT DEMAND

The systems of treatment institutions in all of the three countries are very poorly developed and need different kind of assistance (equipment, methodological, institutional and financial). All the systems require modernization and have to be reformed. They also need to be provided with material, technical and human resources.

The following problems, related to the satisfaction of demand for treatment, are characteristic of all the Southern Caucasian countries:

- Lack of modern treatment institutions for dependent individuals; limited capacities of existing treatment institutions.
- Lack of diversity of treatment methods: the basic treatment procedure used in “narcological” institutions is de-toxication, followed by short ambulatory rehabilitation. However, the quality of the latter service is far from desirable. Due to the limited number of rehabilitation institutions, drug addicts often prefer to receive treatment in private doctors’ living apartments, often not corresponding to professional standards. Like facts are not reflected by official statistics.

EXECUTIVE SYMMARY

- Non-existence of therapeutic treatment centers or any other specific rehabilitation institutions, which could be approached by patients after de-toxication
- Non-existence of social rehabilitation programs for drug addicts. Although, in all the three countries, the Global Fund started to finance the projects on methadone substitution therapy. In Georgia and Armenia these projects are at the stage of organizational development, whereas Azerbaijan (Baku) has already started the practical implementation of the methadone program, which covered 25 clients in 2004.
- Imbalance between the accessibility of central and regional services. For example, in 2004, 92% drug addicts received treatment in Tbilisi and 8% in the regions (Telavi, Batumi) of Georgia. The situation is similar in Azerbaijan and Armenia. The existing statistics says that it is necessary to provide services to dependent individuals not only in the capital, but also in regions.
- Lack of state funding available for drug dependence treatment. In Georgia, the State is not presently allocating resources for this purpose. In Armenia and Azerbaijan, treatment is only partially covered by the State; money allocated from the budget cannot cover treatment related expenses.

5. HEALTH CORRELATES AND CONSEQUENCES

Drug related death and mortality

The information related to this indicator is rather inadequate in the countries. In Azerbaijan, death cases related to drug use are more or less recorded, but in Georgia and Armenia mortality or death cases related to drug use are not recorded at all. Such a state of affairs could be explained by the difficulties of the transition period (collapse of the system existing in the Soviet space and delays with the creation of a new system) on the one hand, and social (stigma) and legal (criminalization of drug use) factors, on the other hand.

The results of the retrospective cohort study held in Georgia in 2004 by GRIA, with methodological and financial support of SCAD, revealed that mortality rate among the drug users of reproductive age is higher than that of the reproductive age for male country population by at least 1.66. However, professional and life experience clearly show that the actual figure significantly exceeds the one recorded by the study.

To obtain information on death cases and mortality related to drug use, simultaneous coordinated activity has to be carried out by the three countries in the two following directions: one direction involves the establishment of institutional mechanisms and the other one – continuation of research in the given area.

Infectious diseases related to drug use HIV/AIDS

Registration of HIV/AIDS cases started in the three Southern Caucasian states almost simultaneously – at the end of the 80s. Head institutions responsible for fighting the disease were set up in each of the countries. With the Georgian Ministry of health was set up an Infectious Pathology, AIDS and Clinical Immunology Research Center (AIDS Center), in Armenia – the National Center for AIDS Prevention and in Azerbaijan – National Center for AIDS Control. Since then, the countries have started to monitor incidence and prevalence of HIV/AIDS, and, consequently, focused on treatment and prevention.

Prevalence of HIV infection is currently low in all the three countries (0.12% of Georgian population, 0.02% of Armenian population, quite similar picture for Azerbaijan), even though the incidence rate is steadily going up.

The main mode of infection transmission for all the populations in the three countries is injection drug use: in Azerbaijan - 57%, in Armenia - 53.2% - in Georgia - 66.5%.

According to the different studies held in Georgia In 2000 -2001 and 2002 by the AIDS Center, in cooperation with the other relevant institutions, we can conclude that sero-prevalence among IDUs in the country in the corresponding period was between 2.6% and 1.1%. By similar type of investigation held in Armenia in 2002, sero-prevalence among problem drug users in Armenia was much higher - 15%.

In Azerbaijan antiretroviral treatment is approved by the government, in Armenia it is on a stage of planning. In Georgia, in 2004, 85 patients received antiretroviral treatment, provided by the AIDS Center with the financial support of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. The need for antiretroviral treatment is assessed according to the recommendations of International AIDS Society.

Since 1998, the AIDS Center in Georgia has been carrying out voluntary testing and consulting in the penitentiary institutions of the country. As a result, from 1998 to 2004, 41 HIV-positive prisoners were identified (40 men and 1 female). In 2004 Georgian Research Institute on Addiction, with the financial support of SCAD, in the two penitentiary institutions conducted a special survey, which revealed the following frequency of drug use among voluntarily interviewed 250 individuals: 28% - once a month, 11% - once a week, 11% - 2-3 times a week, 14% - on a daily basis. At the same time, 87% of the respondents reported repeatedly used personal syringes, 42% - use of "common" syringes, 52% - use of syringes used by them later by others. It is necessary to conduct like research in the two other Southern Caucasian countries. All the three require urgent development of a strategy and tactics for timely intervention to cope with the impending HIV epidemic in the region.

HIV/AIDS prevention measures in all the three countries are based on the relevant law and carried out both by national and non-governmental institutions. Existing services imply testing, consulting, harm reduction programs (funded mainly by Open Society institutions). Methadon maintenance program by the financial support of Global Fund is in a process of organization in Armenia and Georgia, and is already implemented in Azerbaijan (in 2004 were engaged 25 clients).

HCV and HBV

For today, in Armenia and Azerbaijan no reliable data are available on the relationship between injection drug use and hepatitis C and B, which does not allow to carry out comparative analysis of the three countries in question. For this reason, we will briefly refer to the situation in Georgia. The prevalence rate of C hepatitis in Georgian population is 6.7%. According to the AIDS Center, every second problem drug user is infected with the hepatitis C virus. The prevalence of chronic hepatitis B among problem drug users is 10 times as little as that of chronic hepatitis C.

6. SOCIAL CORRELATES AND CONSEQUENCES

Drug related crimes

Official statistics of the cases solved and registered in all the three countries basically concerns illegal storage, purchase, transportation and sale of drugs, followed by the offences related to illegal cultivation (growing), production, storage, and sale of drugs. Only 1% of court cases is related to illicit circulation and international transit of drugs. The listed drug related crimes are usually committed by unemployed (90%) men (90%), of 30 to 50 age group.

The number of foreign citizens, against whom criminal proceedings have been instituted due to drug related offence committed on the territory of the Southern Caucasian countries, varies. In Armenia and Azerbaijan the citizens of the Islamic Republic of Iran constitute the majority of foreign citizens against whom criminal proceedings were instituted due to drug related crime.

7. DRUG MARKET

As a result of the disappearance of the Balkan Routes after the regional conflicts in a number of countries of the former Yougoslavia, the Southern Caucasian countries could become the transition points for international drug traffickers. The only means of transport, used for drug transportation in this region, is land transport.

The Southern Caucasian countries are not drug producing countries, but with different levels of domestic drug consumption in each of them. According to the official statistics of the Republic of Armenia, the level of illegal drug use is the lowest among the Southern Caucasus countries. The most widely spread drug in the region is marijuana, since the climatic conditions are favorable for growing the plants containing narcotics. As for strong drugs, they are basically imported from neighboring countries.

Drugs, available on the region's black market are basically marijuana, heroin and opium. Subutex supply sharply increased during the last year. This drug is imported from Europe rather than through the traditional Asian route. Unfortunately, none of the governments of the three countries possesses reliable statistical data on the amount of drugs transported on route through the Caucasian countries.

Street drug sale (i.e. drugs are available in the street) is not typical of the Southern Caucasus countries. Drugs are sold only through "drugdealers network" that is operational in this or that region of the country. In most cases, drugs are purchased from "regular" dealers, friends or acquaintances. However, in Georgia such a situation might change in relation to the development of the discotheque subculture, where the distribution of exstasy is part of "discotheque life". Some signs of this trend are already observed. Drug prices on the "black market" are very different in the three countries.

Tupe of drug	Price for 1gr in USD		
	Armenia	Azerbaijan	Georgia
Opium	35	2-5	20-25
Heroin	120-150	30-100	300-400
Marijuana	1.5-2	4-10	7-9
Hashish	5	5-6	9-11

1. NATIONAL STRATEGIES - BASIC TRENDS

1.1 Approaching the problem in the Soviet period

Formation of the USSR by the Treaty of the Union as of December 30, 1922 and the adoption of the Soviet Constitution on January 31, 1924, placed the subjects of the Union in the common legal space and determined the adoption of a number of laws to unify criminal law policy. Drug related legislation provided for the following:

- Manufacturing and storage of cocaine, opium, morphine, ether, and other narcotic substances for the purpose of their sale or the sale of other narcotic substances without proper authorization is punishable by deprivation of freedom or correctional labor for a term of up to one year with or without the confiscation of property.
- The same actions committed in the form of business/trade, as well as the maintenance of dens in which the sale or consumption of the substances indicated in the present article take place is punishable by deprivation of freedom for a term of up to three years with the confiscation of property.

State control over drugs was intensified on the basis of the Decree of 23 May 1928. This decree prohibited a free circulation of cocaine, salts thereof, hashish, opium, morphine, heroin, dionyn and salts thereof, and pantopon, the quantities of which, needed for medical purposes, were agreed by the union of the republics' public health commissariats. Imports and exports were regulated by the USSR People's Commissariat for Foreign and Internal Trade according to the agreement with public health agencies. Throughout the 1930s, the USSR used the League of Nations and other international forums to demonstrate its ideological opposition to the capitalist countries. Nevertheless, the USSR cooperated with the international community to fight illegal drug circulation even in the period of strong ideological hostility. For example, on 29 January 1936, the USSR joined the Convention of 1925, which allowed the transfer, import, sale and use of drugs in the amounts required for research and medical purposes. The 1925 Convention did not entail any changes to the Soviet legislation in relation to drugs, as existing rules were deemed to be sufficient to fulfill obligations stipulated in the Convention.

In 1958, the Fundamental Principles of Criminal Legislation of the USSR and the Union of Republics were enacted. They contained several articles devoted to drug related offence; in particular, manufacturing, sale, storage or purchase of narcotic substances for the purpose of their sale without a special authorization was considered a criminal offence punishable by the deprivation of freedom for a term of one to ten years with or without the confiscation of property and with obligatory confiscation of narcotic substances.

In these early post-Stalin years a great emphasis was placed on the rehabilitation of offenders through special treatment and/or labor activities. Communism was declared to be attainable in the Soviet Union by 1980, and, indeed, was included as a program in Communist Party documents. Shaping "the Soviet Man" was part of this exercise, involving those whose deviant behavior fell within the scope of the criminal law.

Although it is fashionable nowadays to emphasize the "monolithic" features of the former Soviet Union, the situation was not the same with its different subjects. Alongside with the elements of uniformity introduced into the criminal law by the 1958 Fundamental Principles, some divergences could be still felt among the criminal codes of the Union's republics as regards the domain of drug regulation.

One of the antidotes to the emergent divergences was the Edict of the Presidium of the Supreme Soviet Court as of 25 April 1974 "On Intensifying the Struggle Against Drug Addiction". On the basis of this Edict, administrative responsibility was introduced for the consumption of drugs without the doctor's prescription. Distinctions were drawn between "large-scale" and "especially large-scale" amounts of drug substances. The circumstances under which punishments could be aggravated were also defined (repeated commitment of offence; offence committed by an organized group, by prior arrangement, or by an especially dangerous recidivist). Criminal responsibility was introduced for the stealing of drugs, their consumption, arrangement or/and maintenance of dens for drug consumption, as well as illegal

1. NATIONAL STRATEGIES - BASIC TRENDS

production, purchase, storage, transfer or sale of poisonous substances.

The Union republics introduced analogous edicts and amended their criminal and administrative legislation, accordingly. The development of legislation was also strongly motivated by the fact that the USSR ratified the Single Convention on Narcotic Drugs in 1961 and the Convention on Psychotropic Substances in 1971. However, the measures introduced in 1974, despite their comprehensiveness and severity, did not classify the consumption of narcotic substances as criminal behavior. Moreover, the consumption of narcotic substances was made subject to administrative responsibility (in practice, however, repeated or subsequent commitment of the administrative offence engaged criminal responsibility). Actual prevalence of drug addiction in the former Soviet Union has never been thoroughly studied.

The number of individuals officially registered as drug addicts as well as their actual number throughout the USSR, nearly doubled between 1984-1990, from 35,254 to 67,622. Whether these figures reflect an actual increase or more rigorous registration procedures by the USSR Ministry of Public Health, is difficult to determine; nor does this statistics disclose whether those individuals were merely "recreational consumers" or "experimenters", or actual drug addicts.

While the soviet authorities declared drug addiction and drug dependence to be typical of the capitalist world, drug epidemic started in the USSR in the 1960s. Since the soviet authorities neglected the problem, they did not react timely to illegal drug circulation and the increased drug use through the development of integrated programs. Only in the 1980s, when it was no longer possible to neglect the problem, the authorities paid attention to it, which resulted in programmatic decrees and the relevant legislation.

On 19 October 1982, the Central Committee issued a Decree "On Serious Shortcomings in Organizing the Struggle Against Drug Addiction". On 21 April 1987, was adopted a decree on antidrug propaganda.. With perestroika, Party decrees was issued on 12 June 1987. Only the last Party decree was published in the press; all the others were distributed exclusively through Party channels.

The admission of the existence of drug problem by the senior Party leadership was a sort of shock for Soviet citizens, who had been taught that drugs were basically a problem of the "bourgeois" societies. It should be noted that various types of specialized treatment/correction labor colonies for drug addicted people functioned in the former Soviet Union from 1968.

During the Soviet era, the use of drugs by minors attracted the attention of institutions outside the law enforcement systems. Under the Statute on Social Educators of Minors, the consumption of drugs by minors could entail the appointment of a social educator.

Under the Statute on Therapeutic-Nurturing Dispensary for Drug Addicted Individuals, children up to sixteen could be referred to such dispensaries by court decision, if they avoided obligatory treatment in public health institutions or continued to use drugs after such treatment.

Under the Statute on Commissions for Minors, the Commissions were given the right to both refer minors to the dispensaries for treatment and petition the court for the release of minors before the expiration of their referral period. There is no statistics available as to the extent to which minors were referred for treatment; however, some sources indicate that the dispensaries were mostly unused.

To conclude, during the Soviet period, in the Southern Caucasus, as well as in the other republics of the former Soviet Union, drug addiction was classified as a crime, and was controlled through legal measures, rather than treatment. Preventive measures took the form of drug prohibition, only, as well as the encouragement of moral dispositions. The situation started to change in the 60s. Ideological changes and the liberalization of law enforcing structures made the state measures, aimed at controlling drug supply, somewhat milder, which stimulated the spread of drug addiction throughout the Soviet space. Nihilistic attitude of the youth towards the existing ideology facilitated wide spread of drugs. Despite the acute character of the problem, it was forbidden to openly discuss it at the public level. This considerably limited the opportunity to carry out activities in the sphere of the prevention of drug addiction.

1.2. Transition period

After declaring independence in 1993, the Southern Caucasus countries encountered a number of difficulties characteristic of the transition period – uncontrolled state borders and territories, civil wars, high level of crime, corruption, crisis of values followed by social pessimism, protracted social, economic and political crisis, unemployment, etc.

All the named factors destroyed the existing repressive system aimed against drugs and facilitated the increase of drug addiction and illegal drug circulation. In response to this, the governments of the three countries took measures to solve the problem. In 1993, all the three republics, joined all the UN conventions on drug circulation control, psychotropic substances and precursors (Single Convention on Narcotic Drugs, 1961; Convention on Psychotropic Substances, 1971 and Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988). To fulfill international obligations stipulated in these conventions, republics undertook a number of initiatives for the creation of the relevant bodies (committees/commissions/boards) and institutes to implement anti drug policy and activity.

Thus, the President of the Republic of Armenia issued decree on December 21, 1993 “On Strengthening Measures Against Drug Addiction and Illegal Drug Circulation.” Based on the given decree, an intergovernmental committee on fighting drug addiction and illegal drug use was set up. The members of the committee are representatives of all the interested bodies and ministries of the Republic. Later, after the adoption of the law on narcotic drugs and psychotropic substances, (according to article 8 of the named law), on November 27, 2003, the Government of the Republic of Armenia issued a new decree on the establishment of an intergovernmental committee on the control over the circulation of drugs and psychotropic substances and prevention of their illegal circulation.

On August 26, 1996, in the Azerbaijan Republic, the Anti Drug State Committee was established under the presidential decree. A working group was formed with the Committee, responsible for the development and implementation of the national program on exercising control over the circulation of drugs and psychotropic substances, drug addiction and the coordination of actions in fight against drugs.

In Georgia, at the beginning of 1993, the Georgian Research Institute on Addiction was set up to introduce the corresponding scientific and epidemiological research for the purpose of the establishment of a scientific database on drug situation in the country. An in-patient unit was set up with the institute to ensure the treatment of the mounting number of drug dependent individuals. Following the establishment of the Institute, in 1994, the State Committee on fighting drug addiction and illegal drug circulation was set up. The committee was responsible for the adoption and implementation of drug related strategy. In the period of its existence (until 2000), the State committee developed two national programs on fighting illegal drug circulation and drug addiction, but none of the programs was implemented due to the economic and social-political crisis.

As the Soviet system denied the existence of drug addiction, as a social problem, there was no corresponding law to regulate it. A special law on drugs, regulating relations connected with the circulation of drugs and psychotropic substances, basic measures for fighting drug addiction, determining the legal basis of the state policy on the prevention of illegal circulation of drugs, etc., was developed and adopted in each of the Southern Caucasian states more or less recently, after the countries gained independence.

In Armenia, the law On Narcotic Drugs and Psychotropic Substances was adopted in December 2002. It became one of the major legislative documents, on the basis of which other legal initiatives are developed. The named law was ratified by the President of Armenia on February 10, 2003. In 2003, the Government of the Republic of Armenia approved a list of narcotic substances, psychotropic substances and their precursors, subject to control on the territory of Armenia. In August 2003, under the decree of the Health Minister of the Republic of Armenia, a list of drugs and psychotropic substances with large and especially large quantities was approved. The same year, a new criminal code of the Republic of Armenia was adopted. The intergovernmental committee of the Republic of Armenia developed the annual national program fighting illegal drug circulation, which is presently being reviewed by the Government of the Republic to be later adopted by the National Assembly.

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The Republic of Azerbaijan adopted the law on exercising control over illegal circulation of drugs, psychotropic substances and their precursors already on June 8, 1999. On February 20, 2001, the Azeri government approved a list of narcotic substances, psychotropic substances and their precursors, the circulation of which is prohibited, limited or subjected to control on the territory of the Azerbaijan Republic. The adoption of the Criminal Code on December 30, 1999, was an important step in the sphere of legislation in terms of exercising control over illegal circulation of drugs and psychotropic substances and their legal aspects. The Azeri government adopted the National Antidrug Program for the years 2000-2006. The program is a basic document defining national policy in relation to combating drug addiction. The State Commission on Drug Related Issues is responsible for the implementation of the 2000-2006 program. The commission is chaired by the Vice Prime Minister of Azerbaijan.

On December 5, 2002, the Parliament of Georgia adopted the "Law on Drugs, Psychotropic Substances and Narcological Aid". Adoption of the mentioned law made it necessary to formulate and introduce the corresponding amendments into the administrative and criminal codes of the Republic. The work group, formed for this purpose, is presently developing a package of amendments and addenda to the given law. While bearing in mind the lessons learnt from the negative experience of the State Commission's activity in the 90s, a special council was set up in 2004 with the Georgian Ministry of Health. The Council is presently developing a national anti drug strategy. This strategy will provide a basis for a National Action Plan aimed at fighting drug addiction in the country.

Presently, the governments of the three states are facing the same problem - development of a multidisciplinary, modern approach to the drug addiction problem and illegal drug circulation, based on humane legislation and considering the fundamental human rights and the experience of the previous national programs. It is important to develop a national strategic plan within the framework of the named approach. Such a plan should be based on the assessment of needs and analysis of interested parties. It has to be feasible and should allow monitoring, assessment and impact evaluation on the entire territory of the region.

1.3. Existing legal norms and regulations

Armenia	Article from the Criminal Code	Contents	Penalty sanctions
	Article 266. <i>Illegal circulation of narcotic substances or psychotropic substances for the purpose of their sale</i>	<p>1. Illegal preparation, processing, purchase, storage, transportation and transfer for the purpose of sale or illegal sale of narcotics or psychotropic substances.</p> <p>2. The same actions committed 1) by a group of individuals; 2) when involving large quantities; 3) at the places of serving one's sentence in the form of deprivation of freedom or arrest, either at the places of custody; 4) in educational/corrective institutions.</p> <p>3. Actions provided for by parts 1 and 2 of the given article and committed: 1) by an organized group; 2) at especially large scale</p>	<p>Punishable by deprivation of freedom from three to seven years.</p> <p>Punishable by deprivation of freedom from five to ten years with the confiscation of property or without confiscation.</p> <p>Punishable by deprivation of freedom from seven to fifteen years with or without the confiscation of property.</p>
	Article 267. <i>Violation of the rules of production, purchasing, storage, registration, shipment or transfer of narcotic or psychotropic substances</i>	<p>1. Violation of the rules of production, purchasing, storage, registration, shipment or transfer of narcotic or psychotropic substances by the person responsible for the compliance with these rules, where this results in the stealage or illegal circulation of the substances in question,</p> <p>2. Actions, provided for by part 1 of the present article, committed at a large scale</p> <p>3. Actions, provided for by part 1 of the present article, committed at an especially large scale</p>	<p>Punishable by the payment of fine equal to the minimum salary multiplied by 200 – 500, or deprivation of freedom for the term not exceeding 3 years with the deprivation of right to hold certain positions or conduct certain activities for the term not exceeding three years.</p> <p>Punishable by the payment of fine equal to the minimum salary multiplied by 500 – 800, or deprivation of freedom from two to four years with the deprivation of right to hold certain positions or conduct certain activities for the term not exceeding three years.</p> <p>Punishable by deprivation of freedom from three to five years with the deprivation of right to hold certain positions or conduct certain activities for the term not exceeding three years.</p>
	Article 268. <i>Illegal circulation of narcotic substances or psychotropic substances without the purpose of their sale</i>	<p>1. Illegal preparation, processing, purchase, storage, shipment or transfer of narcotic substances or psychotropic substances without the purpose of their sale.</p> <p>2. The same actions committed at a large scale.</p> <p>3. The same actions committed at an especially large scale.</p>	<p>Punishable by detention for the term not exceeding two months or deprivation of freedom for the term not exceeding one year.</p> <p>Punishable by deprivation of freedom for the term not exceeding three years.</p> <p>Punishable by deprivation of freedom from two to six years.</p> <p>Punishable by deprivation of freedom from three to seven years.</p>
	Article 269. <i>Steal or extortion of narcotic or psychotropic substances</i>	<p>1. Steal or extortion of narcotic or psychotropic substances</p> <p>2. The same action committed : 1) by a group of individuals by a prior agreement; 2) by abuse of an official power; 3) by violence, not dangerous for life or health, or the threat to use violence; 4) at a large scale.</p> <p>3. Actions provided for by parts one and two of the present article, and committed: 1) by an organized group; 2) at an especially large scale; 3) by violence, not dangerous for life or health, or the threat to use violence.</p>	<p>Punishable by deprivation of freedom from six to ten years, with or without the confiscation of property.</p> <p>Punishable by deprivation of freedom from eight to fifteen years, with or without the confiscation of property.</p>
	Article 270. <i>Illegal provision of narcotic or psychotropic substances or the forgery of prescriptions or other documents, authorizing the receipt of the named substances</i>	<p>Illegal provision of narcotic or psychotropic substances or the forgery of prescriptions or other documents, authorizing the receipt of the named substances.</p>	<p>Punishable by deprivation of freedom for the term not exceeding two years, with the deprivation of right to hold certain positions or conduct certain activities for the term not exceeding three years or otherwise.</p>
	Article 271. <i>Use of narcotic substances</i>	<p>1. Use of narcotic substances without the doctor's permission.</p> <p>2. The person is released from criminal liability if he/she submits narcotics out of his own will.</p>	<p>Punishable by paying a fine not exceeding the amount of minimum salary multiplied by two hundred or by taking into custody for the term not exceeding two months.</p>

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<p><i>Article 272. Persuading or involving to use narcotic drugs or psychotropic substances</i></p>	<p>1. Persuading or involving to use narcotic drugs or psychotropic substances</p> <p>2. Persuasion or involvement to use narcotic drugs or psychotropic substances: 1) in case of minors; 2) in case of two or more people; 3) through deception; 4) by violence or the threat of its use.</p> <p>3. The same actions entailing, due to carelessness, the death of the victim or causing harm to his health.</p>	<p>Punishable by corrective labor for the term not exceeding two years, or keeping in custody for the term not exceeding three months, or the deprivation of freedom for the term not exceeding three years.</p> <p>Punishable by deprivation of freedom from three to eight years.</p> <p>Punishable by deprivation of freedom from six to twelve years.</p>
<p><i>Article 273. Illegal sowing or growing of plants prohibited for cultivation, containing narcotic, psychotropic, strong and poisonous substances</i></p>	<p>1. Illegal sowing or growing of plants prohibited for cultivation, containing narcotic, psychotropic, strong and poisonous substances, committed at a large scale.</p> <p>2. The same actions committed: 1) by a group of individuals by a prior agreement; 2) by an organized group; 3) at an exceptionally large scale.</p>	<p>Punishable by payment of fine equaling to the amount of minimum salary multiplied by 300 – 500, or keeping in custody from one to three months, or deprivation of freedom for the term not exceeding two years.</p> <p>Punishable by deprivation of freedom from three to eight years.</p>
<p><i>Article 274. Arrangement and maintenance of dens for the consumption of narcotic and psychotropic substances</i></p>	<p>1. Arrangement and maintenance of dens for the consumption of narcotic and psychotropic substances.</p> <p>2. The same actions committed: 1) by an organized group; 2) by the abuse of an official position, 3) educational/corrective institutions.</p>	<p>Punishable by deprivation of freedom for the term not exceeding four years.</p> <p>Punishable by deprivation of freedom from three to seven years.</p>
<p><i>Article 275. Illegal circulation of strong or poisonous substances for the purpose of their sale</i></p>	<p>1. Illegal preparation, processing, purchase, storage, shipment, and transfer for the purpose of sale or illegal sale of strong and poisonous substances not considered narcotic or psychotropic substances.</p> <p>2. The same actions committed: 1) by a group of individuals by a prior agreement; 2) at a large scale.</p> <p>3. Actions, provided for parts 1 and 2 of the present article, committed: 1) by an organized group; 2) at especially large scale.</p> <p>4. The person, submitting strong and poisonous substances out of his will, will be released from criminal liability related to illegal preparation, processing, purchase, storage, shipment, transfer or illegal sale of strong or poisonous substances.</p>	<p>Punishable by deprivation of freedom for the term not exceeding three years.</p> <p>Punishable by deprivation of freedom from two to five years.</p> <p>Punishable by deprivation of freedom from four to eight years.</p>
<p><i>Article 276. Violation of the rules for production, purchase, storage, recording, shipment and transfer of strong or poisonous substances.</i></p>	<p>Violation of the rules for production, purchase, storage, recording, shipment and transfer of strong or poisonous substances where it entails stealage or causes other substantial damage.</p>	<p>Punishable by payment of fine equaling, at most, the amount of minimum salary multiplied by 300, or correction labor for the term not exceeding two years, or deprivation of freedom for the term not exceeding two years, with the deprivation of right to hold certain positions or conduct certain activities for the term not exceeding three years.</p>
<p><i>Article 277. Violation of sanitary / antiepidemic rules</i></p>	<p>1. Violation of sanitary/ antiepidemic rules entailing, due to carelessness, mass diseases or poisoning of people.</p> <p>2. The same actions, causing, due to carelessness, a severe damage to human health or entailing death of a person.</p>	<p>Punishable by payment of fine equaling, at most, the amount of minimum salary multiplied by 200, or the deprivation of right to hold certain positions or conduct certain activities for the term not exceeding three years, or corrective labor for the term not exceeding two years, or deprivation of freedom for the term not exceeding two years.</p> <p>Punishable by deprivation of freedom for the term not exceeding five years.</p>

<p><i>Article 278. Concealment of information on the circumstances dangerous for human life and health</i></p>	<p>1. Concealment or distortion of information on the facts, circumstances and events containing some threat for human health or life, committed by the person responsible for the provision of population with such information.</p> <p>2. The same actions: 1) committed by abuse of an official position; 2) causing, due to carelessness, harm to human health or entailing human death or other grave consequences.</p>	<p>Punishable by payment of fine equaling the amount of minimum salary multiplied by 200-400, or deprivation of freedom for the term not exceeding two years with the deprivation of right to hold certain positions or conduct certain activities for the term not exceeding three years or without it.</p> <p>Punishable by payment of fine equaling the amount of minimum salary multiplied by 300-500, or deprivation of freedom from two to six years, with the deprivation of right to hold certain positions or conduct certain activities for the term not exceeding three years or without it.</p>
<p><i>Article 279. Producing or selling goods, executing works or rendering services not meeting the safety criteria.</i></p>	<p>1. Producing or selling goods, executing works or rendering services not meeting the safety criteria in terms life and health of the customers, or inappropriate issuance or use of official documents, certifying the correspondence of the named goods, works and services with the safety criteria, where these actions, due to carelessness, cause harm to human health .</p> <p>2. The same actions : 1) committed in relation to goods, works or services intended for young children ; 2) causing, due to carelessness, harm to the health of two or more persons; 3) entailing, due to carelessness, human death.</p> <p>3. The actions provided for by parts one and two of the present article, entailing, due to carelessness, the death of two or more persons.</p>	<p>Punishable by payment of fine equaling the amount of minimum salary multiplied by 200-400, or correction works for the term not exceeding one year, or deprivation of freedom for the term not exceeding two years, with the deprivation of right to hold certain positions or conduct certain activities for the term not exceeding three years or without it.</p> <p>Punishable by payment of fine equaling the amount of minimum salary multiplied by 300-500, or correction works for the term not exceeding two years, or deprivation of freedom for the term not exceeding five years , with the deprivation of right to hold certain positions or conduct certain activities for the term not exceeding three years or without it.</p>
<p><i>Article 280. Illegal private medical practice or pharmaceutical practice, preparation and sale of forged medicine.</i></p>	<p>1. Illegal private medical practice or pharmaceutical practice, without registration or a special permission (license), where it causes, due to carelessness, harm to human health.</p> <p>2. Preparation and sale of forged.</p> <p>3. The same actions causing, due to carelessness, human death.</p>	<p>Punishable by payment of fine equaling, at most, the amount of minimum salary multiplied by 300, or correction works for the term not exceeding two years, or deprivation of freedom for the term not exceeding three years.</p> <p>Punishable by deprivation of freedom for the term not exceeding three years.</p>
<p>Article from the Criminal Code <i>Article 234. Illegal production, preparation, purchase, storage sale, shipment and transfer of narcotic drugs, psychotropic substances or their precursors.</i></p>	<p>Contents Illegal production, preparation, purchase, storage sale, shipment and transfer of narcotic drugs, psychotropic substances or their precursors.</p>	<p>Penalty sanctions Part 1: punishable by deprivation of freedom for the term not exceeding three years. Part 2: punishable by deprivation of freedom from three to seven years. Part 3: punishable by deprivation of freedom for three years with or without the confiscation of property. Part 4: punishable by deprivation of freedom from five to twelve years, with the confiscation of property. Part 5: punishable by deprivation of freedom from three to five years.</p>
<p><i>Article 235. Steal or extortion of narcotic drugs or psychotropic substances.</i></p>	<p>Steal or extortion of narcotic drugs or psychotropic substances.</p>	<p>Part 1: punishable by deprivation of freedom from three to seven years. Part 2: punishable by deprivation of freedom from two to five years with or without the confiscation of property. Part 3: punishable by deprivation of freedom from six to ten years with or without the confiscation of property. Part 4: punishable by deprivation of freedom from eight to fifteen years, with the confiscation of property.</p>
<p><i>Article 236. Persuading or involving to use narcotic drugs or psychotropic substances.</i></p>	<p>Persuading or involving to use narcotic drugs or psychotropic substances.</p>	<p>Part 1: punishable by deprivation of freedom for three years or from two to five years. Part 2: punishable by deprivation of freedom from five to ten years. Part 3: punishable by deprivation of freedom from seven to twelve years.</p>

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	<p>Article 237. <i>Illegal sowing or growing of plant, containing narcotic, psychotropic substances.</i></p> <p>Article 238. <i>Arrangement or maintenance of dens for the consumption of narcotic and psychotropic substances.</i></p> <p>Article 239. <i>Illegal provision of narcotic or psychotropic substances or the forgery of prescriptions or other documents, authorizing the receipt of the named substances.</i></p>	<p>Part 1: punishable by deprivation of freedom for three years Part 2: punishable by deprivation of freedom from three to eight years.</p> <p>Part 1: punishable by deprivation of freedom for four years Part 2: punishable by deprivation of freedom from three to eight years.</p> <p>Punishable by deprivation of freedom for the term not exceeding two years, with the deprivation of right to hold certain positions or conduct certain activities for the term not exceeding three years or otherwise.</p>
<p>Georgia</p>	<p>Article from the Criminal Code</p> <p>Article 260. <i>Illegal preparatio, production, purchase, possession, transfer, shipment or sale of narcotics, analogues or precursors</i></p>	<p>Penalty sanctions</p> <p>Punishable by deprivation of freedom from six to twelve years.</p> <p>Punishable by deprivation of freedom from eight to twenty years or indefinite period.</p>
	<p>Contents</p> <p>1. Illegal preparatio, production, purchase, possession, transfer, shipment or sale of narcotics, analogues or precursors.</p> <p>2. The same action committed: 1) if involved a great amount of narcotics, analogous substances or precursors; 2) by a prior agreement by a group of individuals; 3) by abuse of an official power; 4) repeatedly; 5) by a person who previously has committed any of the crimes stipulated by this Chapter of the Code.</p> <p>3. The action stipulated by paragraphs first and second of this article committed: 1) if it involved an especially large amount of narcotics, analogous substances or precursors; 2) or committed by an organized group. Person is released from criminal liability for the crime stipulated in this article if he/she willingly submits narcotics, analogous substances, psychotropic substances, psychotropic analogs, precursors or strong substances and if there are not any other features of crime.</p>	
	<p>Article 261. <i>Illegal preparatio, production, purchase, possession, transfer, sending or sale of psychotropic substances, psychotropic analogues or strong substances</i></p>	<p>Punishable by a penalty or correctional labor for a period of one year</p> <p>Punishable by a penalty or correctional labor for a period of two years or three years' imprisonment.</p> <p>Punishable by deprivation of freedom for five years.</p> <p>Punishable by deprivation of freedom from three to eight years.</p>

<p><i>Article 262. Illegal import, export or international transfer by transit of narcotics, analogs substances or precursors in Georgia</i></p>	<p>1. Illegal import, export or international transfer by transit of narcotics, analogous substances or precursors in Georgia.</p> <p>2. The crime stipulated by paragraph one of this article committed: 1) if involved a great amount of narcotics, analogs substances or precursors; 2) by a prior agreement by a group of individuals; 3) by abuse of an official power; 4) repeatedly; 5) by a person who previously has committed any of the crimes stipulated in this chapter of the Code.</p> <p>3. The crime stipulated by paragraphs first and second of this article:</p> <p>1) if involved an especially great amount of narcotics, analogs substances or precursors; 2) or committed by an organized group.</p>	<p>Punishable by deprivation of freedom from five to ten years.</p> <p>Punishable by deprivation of freedom from eight to fifteen years.</p> <p>Punishable by deprivation of freedom from ten to twenty years or for an indefinite period.</p>
<p><i>Article 263. Illegal import, export or international transfer by transit of psychotropic substances, psychotropic analogs or strong substances in Georgia</i></p>	<p>Illegal import, export or international transfer by transit of psychotropic substances, psychotropic analogs or strong substances in Georgia.</p> <p>1. Illegal import, export or international transfer by transit if it involved great amount of psychotropic substances, psychotropic analogs or strong substances .</p> <p>2. Crime stipulated by paragraphs first and second of this article committed: 1) if it involved a great amount of psychotropic substances or psychotropic analogs; 2) by a group of people; 3) by abuse of an official power; 4) repeatedly; 5) by a person who previously has committed any of the crimes stipulated in this</p>	<p>Punishable by deprivation of freedom from two to five years.</p> <p>Punishable by deprivation of freedom from four to twelve years.</p>
<p><i>Article 264. Misappropriation or unlawful extortion of narcotics, analogous substances, precursors, psychotropic substances, psychotropic analogs, or strong substances</i></p>	<p>1. Misappropriation or unlawful extortion of narcotics, analogous substances, precursors, psychotropic substances, psychotropic analogs, or strong substances.</p> <p>2. The same action committed: 1) if involved a great amount of narcotics, narcotics analogs, precursors, psychotropic substance, psychotropic analogs or strong substances; 2) by a prior agreement by a group of individuals; 3) by abuse of an official power; 4) repeatedly; 5) by a person who previously has committed any of the crimes stipulated by this chapter of the Code; 6) by violence, which is not dangerous for life and health of people or the threat of such violence.</p> <p>3. The action stipulated by paragraphs first and second of this article committed:</p> <p>1) if it involved an especially great amount of narcotics, analogs substances, precursors, psychotropic substances, psychotropic analogs or strong substances; 2) by an organized group ; 3) by violence which is dangerous for life and health of people or the threat of such violence.</p>	<p>Punishable a penalty or correctional labor for a period of two years or by four years imprisonment.</p> <p>Punishable by deprivation of freedom from two to eight years.</p> <p>Punishable by deprivation of freedom from five to fifteen years.</p>
<p><i>Article 265. Illegal sowing, breeding and cultivating the plants containing narcotics</i></p>	<p>1. Illegal sowing, breeding and cultivating the plants containing narcotics.</p> <p>2. The same action committed: 1) if it involved a great amount; 2) by a prior agreement by a group of individuals; 3) by abuse of an official position; 4) repeatedly; 5) by a person who previously has committed any of the crimes stipulated by this chapter of the Code.</p> <p>3. The action stipulated by paragraphs first and second of this article : 1) if involved an especially great amount; 2) or was committed by an organized group</p>	<p>Punishable by deprivation of freedom from is punished by penalty or five years imprisonment.</p> <p>Punishable by deprivation of freedom from two to seven years.</p> <p>Punishable by deprivation of freedom from five to ten years.</p>

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<p><i>Article 266. Arrangement or maintenance of secret laboratory for illegal production of narcotics, analogous substances, precursors, psychotropic substances, psychotropic analogs</i></p>	<p>1. Arrangement or maintenance of secret laboratory for illegal production of narcotics, analogous substances, precursors, psychotropic substances, psychotropic analogs. 2. Same action committed: 1) by a group; 2) by abuse of an official power; 3) by a person who previously has committed any of the crimes stipulated by this chapter of the Code.</p>	<p>Punishable by deprivation of freedom for three years. Punishable by deprivation of freedom for five years.</p>
<p><i>Article 267. Preparation with the aim to sale or the sale of false prescription or other documents for obtaining narcotics</i></p>	<p>1. Preparation with the aim to sale or the sale of false prescription or other documents for obtaining narcotics. 2. Same action committed: 1) repeatedly or for the purpose of rendering a service to someone; 2) by abuse of an official power; 3. The action stipulated by paragraphs first and second of this article, committed: 1) by a prior agreement by a group of individuals; 2) if involved a great amount of narcotics.</p>	<p>Punishable by a penalty or correctional labor for a period of two years or three years imprisonment. Punishable by a penalty or five years of imprisonment, the deprivation of the right to hold any position or conduct any activity for a period of three years, or without this. Punishable by deprivation of freedom for eight years and the deprivation of the right to hold any position or conduct any activity for a period of three years.</p>
<p><i>Article 268. Preparation with the aim to sale or the sale of false prescription or other documents for obtaining psychotropic or strong substances</i></p>	<p>1. Preparation with the aim to sale or sale of false prescription or other documents for obtaining psychotropic or strong substances 2. Same action committed: 1) repeatedly or for the purpose of rendering a service to someone; 2) by abuse of an official power. 3. The action stipulated by paragraphs first and second of this Article, committed: 1) by a prior agreement by a group of individuals; 2) if involved great amount of psychotropic or strong substances;</p>	<p>Punishable by a penalty or by correctional labor for a period of one year. Punishable by deprivation of freedom for two years. The deprivation of the right to hold any position or conduct any activity for a period of one year, or without this. Punishable by deprivation of freedom for five years, the deprivation of the right to hold any position or conduct any activity for a period of three years.</p>
<p><i>Article 269. Infringement of the rules for preparing, producing, obtaining, registering, delivery, possessing, transporting, transferring and importing of narcotics or precursors</i></p>	<p>1. Infringement of the rules for preparing, producing, obtaining, registering, delivery, possessing, transporting, transferring and importing of narcotics or precursors if this caused their illegal distribution. 2. The same action, if it caused illegal distribution of a great amount of narcotics or precursors or other grave results.</p>	<p>Punishable by a penalty, or three years imprisonment, the deprivation of the right to hold any position or conduct any activity for a period of three years, or without this. Punishable by deprivation of freedom for five years, the deprivation of the right to hold any position or conduct any activity for a period of three years.</p>
<p><i>Article 270. Infringement of the rules for preparing, producing, obtaining, registering, delivery, possessing, transporting, transferring and importing of psychotropic or strong substances</i></p>	<p>1. Infringement of the rules for preparing, producing, registering, obtaining, delivery, possessing, transporting, transferring and importing of psychotropic or strong substances if this caused their illegal distribution. 2. The same action, if it caused illegal distribution of a great amount of psychotropic substances or other grave results</p>	<p>Punishable by deprivation of freedom for five years, the deprivation of the right to hold any position or conduct any activity for a period of three years. Punishable by a penalty, or a correctional labor for a period of one year. Punishable by a penalty, or by correctional labor for a period of two years, or two years' imprisonment, the deprivation of the right to hold any position or conduct any activity for a period of three years.</p>
<p><i>Article 271. Providing with an apartment or other place or arrangement of special warehouse for illegal consumption of narcotics, analogous substances, psychotropic substances, psychotropic analogs</i></p>	<p>1. Providing with an apartment or other place for illegal consumption of narcotics, analogous substances, psychotropic substances, and psychotropic analogs. 2. The same action, committed: 1) repeatedly; 2) for gaining some profit; 3) with respect to minors or those, who are taking the course of disintoxication therapy. 3. Arrangement of special warehouse for illegal consumption of narcotics, analogous substances, psychotropic substances, psychotropic analogs or organizing illegal consumption of narcotics, analogous substances, psychotropic substances, psychotropic analogs in such special warehouse 4. The action stipulated by paragraph three of this article, committed repeatedly, or by an organized group.</p>	<p>Punishable by a penalty, or by deprivation of freedom for three years. Punishable by deprivation of freedom for five years. Punishable by deprivation of freedom from three to six years. Punishable by deprivation of freedom from five to ten years.</p>

	<p><i>Article 272. Persuading the consumption of narcotics, or analogous substances, psychotropic substances, psychotropic analogs</i></p> <p><i>Article 273. Illegal preparation, purchase, possession, or doctor's consumption without the doctor's permission of narcotics, analogous substances, precursors in small amount for personal use.</i></p> <p><i>Article 274. Evasion of coercive treatment</i></p>	<p>1. Persuading the consumption of narcotics or analogous substance.</p> <p>2. The same action, committed repeatedly, or with respect to two or more than two people or minors</p> <p>Illegal preparation, purchase, possession, or consumption without the doctor's permission of narcotics, analogous substances, precursors in small amount for personal use committed during the year after the imposition of administrative punishment for the same action</p> <p>Stubborn evasion of coercive treatment in special medical-prophylactic facility by drug addict</p>	<p>Punishable by a penalty or by deprivation of freedom for three years.</p> <p>Punishable by deprivation of freedom for ten years.</p> <p>Punishable by a penalty, or by work beneficial to society for a period of from 120 to 180 hours, or deprivation of liberty for three months or one year imprisonment.</p> <p>Punishable by deprivation of freedom for one year.</p>
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2. PREVENTION

2.1. General prevention

Preventive systems in the Southern Caucasian countries started to form in the 90s of the 20th century. Transition to new methodological approaches in the field of prevention is a very slow process, encountering a number of obstacles related to financing, human resources and bureaucracy.

From the beginning of the 90s, both government and non-government organizations in the Southern Caucasus, started to work on primary drug prevention in the region through the implementation of different projects and programs organizationally, methodologically and financially supported by international institutions¹. There are many common statements based on which prevention strategies are to be developed in the countries, but along with them, in each of the countries many specific measures are undertaken. One of the common points is that the prevention system is being developed, institutionally established, and reformed. Its methodology is being revised. Stemming from this, the problems related to the development and arrangement of preventive measures at the level of family, school and community, are similar in the Southern Caucasian countries.

The civic sector of the Southern Caucasus countries plays an important role in primary prevention. The problems characterizing its activities are as follows:

a. Civic sector carries out small scale activities due to a small number of NGOs specialized in the given area. For example, only 7 NGOs deal with the drug dependency problem in Georgia. In Azerbaijan and Armenia the number of NGOs dealing with drug dependence at the professional level does not exceed 5.

b. Programs are not implemented on a regular basis because of their dependence on financing. From 1996 to 2004, the private sector of Georgia implemented 15 small scale projects on primary prevention at the levels of school, family and general public.² No analogous data for 10 years are available in Azerbaijan or Armenia. Data are available on 2004, provided below in the present report.

Presently, the prevention system in Georgia involves prevention activities in schools and at the level of public, but these activities are not implemented on a regular basis. At this stage, the institutional mechanisms for regular, planned, and coordinated works are not sufficiently developed. Since 1997, a state program on drug prevention has been run in the country. The program is managed by the Public Health Department of the Ministry of Labor, Health Care and Social Security. The implementing organization is the Georgian Research Institute on Addiction. 10 regional narcological centers and 21 offices are involved in program implementation. The basic priority up to 2005 had been the examination of drug intoxication³. The next priority for the program since the beginning of its implementation is epidemiological study, creating a substantial basis for planning a prevention strategy in the country. Nevertheless, due to the lack of funding, prevention activities within the state program were implemented at a small scale. Despite this, since 1997 up to now, in Tbilisi and in the country's regions, preventive activities have been carried out in the following directions: 1. Awareness raising among local governance, the Mass Media, different groups of professionals (e.g. teachers) and the general public; 2. Identifying high risk groups among children and adolescents and carrying out consequent preventive measures.

In Azerbaijan, the state prevention strategy is determined by the national program "On fighting illegal circulation of narcotic substances, psychotropic substances, precursors, and the spread of drug

¹ The share of financial support provided by international organizations to prevention projects is the largest in the region; over 90 % of resources allocated to Southern Caucasian NGOs for prevention projects represent grants received from international sources.

² By small scale projects we mean following: duration not exceeding 2 years, maximum number of individuals in target group - 350 people, maximum funding - 65000 USD per year.

³ Since 2005, the services of narcological and psychiatric examination along with the forensic service have been transferred to the country's Ministry of Justice, due to which, narcological examination has been automatically excluded from the Drug Prevention State Program.

addiction”, covering the period from 2000 to 2006. The program includes a number of points related to prevention measures. These points have to be met by the State Commission on fighting illegal circulation of narcotic substances, psychotropic substances, precursors, and the spread of drug addiction. Commission members are ministries, state departments and NGOs.

In 2004, according to the approved annual plan for the activities to be implemented in schools, outside schools and at the public level, a number of organizations were involved in the prevention exercise (State Commission on fighting illegal circulation of narcotic substances, psychotropic substances, precursors, and the spread of drug addiction and its working group, Ministry of Education, Ministry of Youth, Sport and Tourism, Ministry of Health, National Olympic Committee, the relevant structures from the Interior Ministry, SCAD Program, Azerbaijan’s Artists’ Union, local administrative bodies, UNICEF office, International Scientific-Analytic Center “Antinarkotizm” and other NGOs).

Differently from Azerbaijan, Armenia and Georgia have not adopted a state program on drug addiction and illegal drug circulation. As for Armenia, the national program has been developed by the inter-governmental committee. The program has been submitted to the government for reviewing and adoption. However, it has to be mentioned that according to the annual working plan of the police and the Ministry of Education and Culture of the Republic of Armenia, prevention work in schools and higher educational institutions is carried out on a regular basis by the police and the representatives of educational institutions (lectures, interviews, visual material, etc.). Small scale prevention projects are implemented by several NGOs, who aim to mobilize and develop inner resources in different communities to help them prevent the use of drugs in the country. An important role is played by the SCAD program in terms of the methodological support, provided to the prevention programs in the country.

In the prevention of drug addiction, a weak point in all the Southern Caucasus countries is the implementation of projects aimed at parents and family. The number of like projects is either exceptionally small or they are actually nonexistent.

2.2. School programs

Differently from Azerbaijan, in Armenia and Georgia basic preventive activities are conducted by NGOs. One of the SCAD projects is worth mentioning in the given context. Within the framework of this project, in each of the three countries, representatives of the Ministry of Education and Science and the Ministry of Internal Affairs signed, in 2002, the Memorandum of Understanding on the prevention of drug addiction among children, adolescents and the youth.⁴ The project also prepared methodological material for teachers on the organization of prevention activities in schools through cooperation between schools, police, medical institutions and NGOs⁵.

Prevention work in schools, conducted by NGOs, is carried out in all the three countries. The activity in schools is aimed at education (training, conversations, seminars, etc.) and different anti drug actions, involving school children and teachers.

In Armenia, since May 2004, NGO “APEC “ has been implementing a program on drug use prevention (primary prevention) in Kapan, Goris, Sisian, Kajaran, and Megri cities of the Syunik region. The program is funded by the Swedish International Development Agency/ SIDA. This activity is implemented by NGO “APEC” together with the Ministry of Education and Science, UNDP office and the Swedish NGO “RNS”. The objective of the program is to reduce drug use among the youth and establish a cooperation mechanism between the school, police and public representatives. Within the framework of the program, research was conducted on tobacco, alcohol and drug abuse among the youth in the above mentioned

⁴ Unfortunately, the document signed in Georgia is no longer effective due to political changes in the country.

⁵ Georgia, following the preparation of the methodological manual, conducted training on its use. Training was delivered to 27 teachers from different schools for general education in Tbilisi.

2. PREVENTION

towns. The research is based on the “ESPAD” methodology, currently used in 30 countries. Within the framework of the program, training was conducted from December 2004 for 740 students in 100 educational institutions (90-schools for general education, 10 colleges and institutions for higher education). It is planned to deliver training to another 1400 students in 2005 (100 educational institutions will be included in the program).

The project on life skills will be implemented in cooperation with the UNICEF for 1-7 grade school children. It deals with the issues like tobacco, alcohol, drug abuse and HIV/AIDS. Today the project covers more than 360 schools. Over 600 teachers have been already trained.

In Azerbaijan, as well as in the other Southern Caucasian countries, there is no single program on preventive activities. Every year, the Ministry of Education of the Republic, develops an internal prevention plan to fulfill its responsibilities entrusted by the National Program. The activities provided for by the plan are split into two categories: activities to be conducted in the institutions for secondary education and the institutions for high and higher education.

In contrast to Georgia and Armenia, basic prevention work in Azerbaijan is carried out in schools by the Ministry of Education and within the framework of the educational-pedagogical program. NGOs have an auxiliary function and operate within the framework of local small-scale programs. School prevention programs on drug addiction and healthy life skills are compulsory for teachers' staff. Contents of the programs cover the following aspects:

- Medical/biological aspects of drug use
- Ethical aspects of drug use
- Social and economic aspects of drug use
- Legal aspects of drug use

Activities are implemented in the following directions:

- Planned and extra-class lessons in secondary schools.

For this purpose the Ministry approves special topics for conversation. The topics are intended for 1-4, 5-6, 7-8 and 9-11 grade students.

- Different conferences, meetings and public discussions.

In 2004, the Ministry of Education, in close cooperation with the other relevant structures, NGOs and higher educational institutions, held a number of conferences, seminars and round table meetings.

- Various actions, contests and competitions

In 2004, various contests and competitions were held among adolescents under the mottos "Drug addiction and healthy life style", "Together living generations", "The world through children's eyes", "ÕÕI century without drugs", "XXI century without alcohol", " XXI century without nicotine". Some were related to AIDS.

- Preparation of educational and methodological materials.

In 2004, the Ministry of Education, in close cooperation with the international scientific-analytic center "Antinarkotizm", developed methodological materials, some of which have been already edited and published.

- Training, seminars and conferences for teachers, educational specialists and school psychologists.

The Ministry of Health, supported by UNICEF, UNDP, WHO and NGOs, conducted for its staff a number of seminars and training courses. These activities basically covered teachers in regional schools.

In Georgia, 2004, NGO "Bemoni" supported by "Mercy Corps International", completed the project on general educational initiative against drug addiction and AIDS. The project was launched in 2003 with the objective to encourage healthy life style among the youth in town Sagarejo (East Georgia) and reduce risk factors related to the spread of drug addiction and AIDS. The project covered four secondary schools in Sagarejo. Under the project, special training, workshops, and antidrug actions were held for 9th and 10th grade students (18 students in total), their teachers and the local self-governance.

The youth movement against drugs “Our aim is drug free Georgia” was initiated under the methodological guidance and financial support of the SCAD program and within the framework of the youth project implemented by NGO “Humani”. The project was launched in spring 2004, and started with the so-called “anti drug training”. It was developed and implemented for 28 students in two schools of Tbilisi. In fall 2004, the project expanded and covered 100 students from 10 secondary schools in Tbilisi. Presently, under the guidance of the NGO “Humani”, young volunteers of the movement regularly release an anti drug newspaper, educational leaflets and organize anti drug campaigns.

2.3. Community Prevention

The following is characteristic of all the programs implemented in Southern Caucasus aimed at the public level:

- Different movements, competitions and activities
- Seminars and training for the youth and the specialists working with the youth
- Cooperation between different institutions
- Moderate publicity and attraction of NGOs
- Financial and methodological support of projects by international organizations, with minimal or no state funding (funding from the state budget)
- Difficult access to specific target groups (parents, adolescents’ and youth clubs, local subcultures).

A specific point for Georgia is that on the initiative of the key government and non-government organizations, coordinated within the framework of the project on the establishment of the drug information system in the country, was formed the Anti drug Coalition of Georgia. This exercise was facilitated by the SCAD program. The Coalition unites almost all the organizations working on the reduction of drug demand and supply in the country. It is a union, based on goodwill. At this stage of its development, it perceives its own mission as the mobilization of professional and public resources of the country to fully operate the prevention mechanism at the level of public. From the very start of its formation, the Coalition drafted a project on anti drug information campaign/anti drug movement, and started to look for financial resources for its implementation. Fundraising turned out to be successful and the Embassy of the Federal Republic of Germany to Georgia allocated 8200 USD for project implementation. This makes us think that already at the early stage of its existence, the Anti drug Coalition demonstrated its sustainability.

At the end of 2004, “World Vision International” started to implement the project “We learn to live”, aimed at the development, growth and adjustment of socially vulnerable adolescents and youth from 14 to 20. For the named purpose, youth centers were set up in Batumi, Kutaisi and Telavi. One of the main functions of these centers is to support healthy development of adolescents and prevent alcoholism and drug addiction. The project aims to cover 900 adolescents during 3 years.

Differently from Georgia, there is an institutional structure in Azerbaijan, called the Ministry of Youth, Sport and Tourism, which is responsible for the implementation of the provisions of the National Program on prevention work in and outside schools. The Ministry has its branch units in every administrative district of the country. It annually approves the working plan and programs. Annual programs are implemented and monitored by a special intra-ministerial unit – “Military, patriotic and ethical sector”. The programs are implemented in close cooperation with the Working Group of the State Commission, Ministry of Education, and the other relevant agencies, administrative structures and NGOs. Activities undertaken could be broken down into 4 categories:

1. Seminars, conferences, regional meetings involving the youth. These are aimed at education and awareness raising regarding the harmful effect of drugs. In 2004 like activities were implemented in the Shamakhin, Gegchay, Kobustan, Aksuy, Akdash, Ujar, Zardab, Kurdamir, Ismail, Shekin, Oguz, Gakhs, Kabal, Balak, and Gusar regions, as well as in the country’s capital – Baku. The activities involved 1300 adolescents and young people from 14 to 35.
2. Training for regional employees of the Ministry. The objective is to raise their awareness and develop their skills to carry out preventive measures among adolescents and the youth, including risk groups.

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3. Current activities, competition in sports and other activities, aimed at the propaganda of healthy life style and leisure time.
4. Competitions of art works, posters; exhibitions aimed at the involvement of the youth into the preventive activity and educational activities in this area. In 2004, the Ministry initiated and held a contest on the republican level. It also held a number of contests at the regional level. According to preliminary assessment, the contests involved from 2000 to 3000 adolescents.

The analysis of the prevention measures held in all the Southern Caucasian countries revealed the following positive trends:

- New methods are introduced in preventive activities
- NGOs are actively involved in prevention, and sometimes play a major part in this area
- School programs (though, not to a needed extent) are represented in the field of prevention.

Along with the above said, the following problems are still observed :

- Programs aimed at the public are not fully functional
- There is a very small number of programs aimed at risk groups, and, consequently, at prevention.
- Absence of strategic plans for the organization of preventive activities at the national level
- Unsatisfactory statistical recording and monitoring of the results of preventive activities
- Direct dependence of the programs on non-government donor organizations and funds.

The above leads to the following conclusion: Today, in each of the South Caucasian countries, it is necessary to continue work in the following directions:

- Development of national and local action plans and cooperation between the relevant agencies to carry out prevention measures
- Reforming prevention systems
- Encouraging close cooperation between state and non-government institutions
- Increasing financial and technical resources required for the scope of activities meeting the real needs of corresponding target groups
- Training of human resources, involved in prevention programs
- Providing methodological support

3. PROBLEM DRUG USE

3.1. Some of the definitions

We open the present chapter with the explanation of certain definitions, common to our three South Caucasian countries, but not included in the internationally acknowledged terminology of the European Center for Drug and Drug Addiction Monitoring or the American National Institute of Drug Addiction. In particular, we find it necessary to explain the below stated terms frequently used in our reports:

- * **Drug user:** a person using this or that drug without the doctor's prescription
- * **Registered user:** a person registered by a medical (so called "narcological") institution and the police for being in the state of drug intoxication (which has to be confirmed by the relevant examination) or a person, registered by a treatment institution after undergoing treatment
- * **An individual under preventive observation:** a registered user, not having a dependence syndrome. In Azerbaijan, for instance, such an individual is registered for the period of 5 years, and if during that period he/she does not use drugs, after the expiration of the 5 years is taken off the registration document.
- * **Drug dependent individual/diseased individual:** a person with the dependence syndrome according to ICD-10 (International Classification of Mental Disorders – 10th revision).
- * **Problem drug user:** corresponds to the EMCDDA definition (<http://www.emcdda.eu.int>); i.e. "An injection drug user or the user of opiates, cocaine and/or amphetamine for a long period/on a regular basis".
- * **Marihuana user:** a person using marihuana.

At the beginning of the given chapter, we would like note that the drugs most frequently used in the Southern Caucasus countries are marihuana/cannabis group products. The harmful effect of these drugs is obvious (psychosis caused by hashish, role of marihuana use in the turning towards injection opiates use, etc.). However, according to the current definition given by EMCDDA, marihuana is not included into the problem use category, due to which we are not describing this drug in the given text.

3.2. Incidence and prevalence

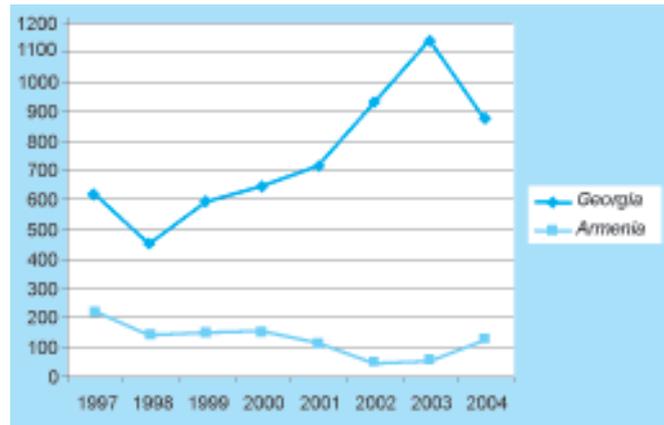
Information on drug users (including problem drug users) in the three Southern Caucasus countries is entered into the database. Information for the database is collected from two sources: records on individuals detained by the police for being in the state of drug intoxication (confirmed by medical examination), and individuals receiving treatment in the corresponding treatment institutions or being under dispensary observation. Like recording does not clearly correspond to the guidelines of the European Center for Drug and Drug Addiction Monitoring or to the existing state of affairs. There is an urgent need for creating favorable conditions for research in this area in all the three countries. Therefore, we could assume that the Southern Caucasus Anti drug program will include the named aspect at the next stage of program development.

In 2004, the databases of the republics included the following morbidity related information:

- 2016 new drug users were registered in Georgia. Out of them 283 individuals were identified as drug dependent; 59% of newly registered individuals were problem users.
- 1275 new cases were registered in Azerbaijan, out of them 866 were diagnosed as drug addicts.
- 538 new cases were registered in Armenia; out of them 121 individuals used opiates.

3. PROBLEM DRUG USE

Diagram 1: Dynamics of newly registered opioid users by years



As for the prevalence of problem drug use, it has to be emphasized that in none of the Southern Caucasian states data on drug users are adequate. We have to work hard on their improvement, which is likely to be considered by the SCAD at the next stage of its development. Presently, the situation could be described as follows:

- By end December 2004, the database of the Azeri Narcological Service included information on 16 912 drug users, out of which 70.3% (11 895 individuals) was identified as drug dependent.
- By the end of 2004, in the national database of the Georgian Research Institute on Addiction were registered 24 000 individuals. Out of them, 14 400 were injecting users of opioids, i.e. problem drug users. However, expert estimations say that the actual number of drug users and drug addicts in the country is much higher. It is estimated as ranging from 15 to 20%, with the multiplying indexes from 8 to 10 applied. Accordingly, the number of drug users in the country is likely to range from 200 000 to 240 000. Out of them, about 80 000 are problem drug users. It has to be mentioned that in the US State Department' report on Georgia, the prevalence of drug use was assessed at 275 000. It was also noted that during 2004 the number of drug users in the country increased by 150 000 individuals, at the expense of subutex users. Local experts cannot reject or confirm these data due to the absence of a reliable database.

As we see, official statistics is not high in any of the countries (with the number of the countries' population taken into consideration). However, in Georgia the incidence and prevalence figures are higher than in the other two states. It could be explained by the fact that the databases are nor equally well developed in the named states, and also by difference in geopolitical, psychosocial and cultural factors.

3.3. Some social and demographic characteristics of problem drug users

In case of statistical information on Azerbaijan, we based ourselves on the results of the special survey conducted in 2003 with injecting drug users by the research and analytic center "Antinarcotizm" and the Mental Health Association of Azerbaijan ("Rapid assessment and reaction"). The survey was methodologically and financially supported by the SCAD. The survey was conducted in Baku and the three border regions of the country. The techniques used were interview and focus groups. Participants were recruited using the snow ball method. The total number of interviewed problem drug users was 400. The survey was conducted to get information on social and demographic characteristics of problem drug users, ways and modes of drug use, involvement of risk behavior in terms of AIDS transmission and determining the level of awareness of this kind of risk. As for Armenia and Georgia, we based ourselves on the data of Narcological Treatment Center and Georgian Research Institute on Addiction correspondingly. We realize that due to difference in the sources of information the data are not homogenous enough for comparative analysis. However, some common trends could be still identified.

- Data comparison shows that in all the countries, the majority of IDUs are
- men (92% in Azerbaijan, 99% in Georgia and 95% in Armenia);
 - unemployed (77% in Azerbaijan, 88% in Georgia and 90% in Armenia);
 - individuals from 30 to 50.

Certain difference is observed in terms of education. In Azerbaijan, for example, 46.3% of interviewed problem drug users are the people with high education and 3.3% with higher complete education, whereas in Georgia, most problem drug users under observation are individuals with higher education (65%). In Armenia, problem drug users with higher education also constitute a high percentage.

3.4. Drugs used and the corresponding dynamics

Traditionally, the most frequently used injecting drugs in the three Southern Caucasus countries are those belonging to the opioid group. The use of cocaine or amphetamine is not actually observed (in Armenia, for example), or the number of cases is very small due to the fact that these drugs are not available on the black market (ephedron and pervitin usually used for the preparation of medicine against respiratory diseases and available in pharmacy shops without prescription, are not much used). For the purpose of illustration we present the results of the above mentioned survey conducted in Azerbaijan. According to survey results, 41% of interviewed IDUs used opiates, 56.8% - heroin and 2.2% - ephedron.

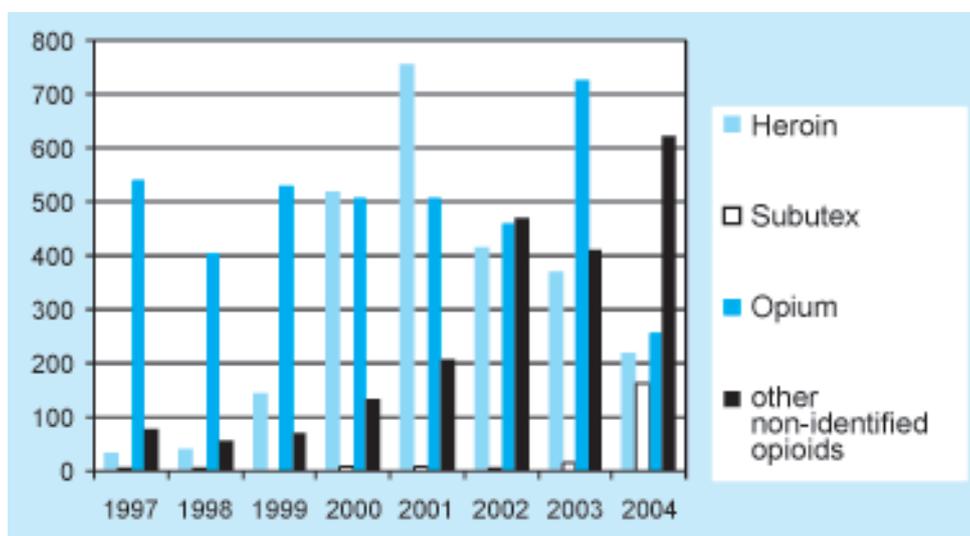
The dynamics of the use of different kinds of drugs can be illustrated given the example of Georgia:

Before 2000, out of the opioid group, the so - called “black opium” prevailed on the black market, and, consequently, was the most frequently used drug. From 2000, the amount of heroin brought into the country sharply increased, and so did its use by drug dependent individuals. From 2003, poppy seeds, transformed through complex chemical processing into injection liquid, were widely used. Special legal and law enforcement measures introduced against such exercise decreased the amount of poppy seeds used in the country.

In 2004, mode of drug use (as well as the related illegal drug circulation in the country) sharply changed. According to the Georgian Interior Ministry, illegal import of subutex from Europe into Georgia, and, consequently, its use, dramatically increased in the country. This product, usually used orally during substitution therapy, is basically used in the form of injections.

The diagram below shows increase in subutex use. In the diagram, subutex constitutes a large share of the so-called non-identified opioids. It is very difficult to conduct its chemical or toxicological analysis, especially after some time elapses after its use.

Diagram II: Breakdown of annually registered opioid users and opioid addicts by the type of opioid used



4. TREATMENT DEMAND

4.1. The treatment system

The systems of treatment institutions in all of the three countries of the Southern Caucasus are very poorly developed and need different kind of assistance (equipment, methodological, institutional and financial). All the systems require modernization and have to be reformed. They also need to be provided with material and human resources.

In Armenia and Azerbaijan, the system of drug dependence treatment is under state control and is implemented in “narcological” and psychiatric dispensaries and hospitals. In Georgia operate private hospitals, treating drug addicted individuals.

Find below the description of treatment systems and typical problems for each of the Caucasian countries.

Armenia

In Armenia, drug related state policy is implemented in accordance with the special annual state program on fighting diseases of especial social importance. The aim of the state program is to ensure the prevention of diseases having social importance, their early identification, organizing medical assistance to patients and their permanent control, raising awareness on healthy life style.

According to the state decree of 2001, in 2004 a conception was submitted on the optimization of the health care system. Under the state decree as of 2003, all the mental health hospitals were administratively replaced with the institution, named “The Medical Center of Psychiatry” (MCP). The founder of the MCP is the Armenian Ministry of Health. The previous drug addiction treatment centers that later became part of MCP, did not lose the buildings they had been based in. Moreover, they increased the number of their personnel and created new units in the structure. Today, the treatment center has its management unit, two units for drug addiction treatment, first aid unit, examination unit for drug addicts, one laboratory and personnel of 115 people.

Azerbaijan

In Azerbaijan, state policy in the field of treatment is regulated by the law *On Narcological Service*. In Azerbaijan, drug addiction and chronic alcoholism are only treated in specialized state institutions. These are narcological dispensaries, and mental health hospitals. Although the legislation provides for drug addiction treatment in private clinics with the consent of the Ministry of Health, such private clinics are nonexistent. The Ministry does not issue licenses to private clinics for some bureaucratic reasons.

The system of narcological service is composed of the following institutions:

- Republican Narcological Dispensary
- Narcological Dispensary in Baku
- regional dispensaries (7)

In the regions, where there are no dispensaries, with central district hospitals operate units for narcological consultation. The number of such units is 70. In seven districts also operate anonymous treatment units.

Georgia

In Georgia, treatment of drug dependence is regulated by the law *On Drugs, Psychotropic Substances and Narcological Assistance*. The law was passed by the Parliament in 2002. It has to be mentioned that the implementation of the given law is limited by the availability of financial and institutional resources in the country. In Georgia presently function four in-patient hospitals, specialized in the treatment of drug dependence. None of the hospitals is state owned and is not funded by the State due to the long lasting economic crisis in the country. Stemming from this, treatment of drug addicted individuals is charged in the country, and the compulsory treatment introduced by the new legislation is not implemented. Treatment of drug dependence is much less available in the regions, than in the center.

Three in-patient hospitals out of the four mentioned above, are located in Tbilisi. These are the clinic of the Institute of Narcology, which provides service in average to 300 patients per year, private clinic "Bemoni" (30 patients per year) and clinic "Uranti", set up in 2004 (20 patients per year). The fourth clinic – the so-called "Narcological Clinic LTD" is based in Batumi and provide service in average to 20 patients per year.

The following problems, related to the satisfaction of demand for treatment, are characteristic of all the Southern Caucasian countries:

- Lack of modern treatment institutions for dependent individuals; limited capacities of existing treatment institutions.
- Lack of diversity of treatment methods: the basic treatment procedure used in "narcological" institutions is de-toxication, followed by short ambulatory rehabilitation. However, the quality of the latter service is far from desirable. Due to the limited number of rehabilitation institutions, drug addicts often prefer to receive treatment in private doctors' living apartments, often not corresponding to professional standards. Like facts are not reflected by official statistics.
- Non-existence of therapeutic treatment centers or any other specific rehabilitation institutions, which could be approached by patients after de-toxication
- Non-existence of social rehabilitation programs for drug addicted individuals. At the same time, in all the three countries, the Global Fund started to finance the projects on methadone substitution therapy. In Georgia and Armenia these projects are at the stage of organizational development, whereas Azerbaijan (Baku) has already started the practical implementation of the methadone program, which covered 25 users in 2004.
- Imbalance between the accessibility of central and regional services. For example, in 2004, 92% drug addicts received treatment in Tbilisi and 8% in regions (Telavi, Batumi) of Georgia. The situation is similar in Azerbaijan and Armenia. The existing statistics says that it is necessary to provide services to dependent individuals not only in the capital, but also in regions.
- Lack of state funding available for drug dependence treatment. In Georgia, the State is not presently allocating resources for this purpose. In Armenia and Azerbaijan, treatment is only partially covered by the State; moneys allocated from the budget cannot cover treatment related expenses.

On the whole, the treatment system of addiction in the Southern Caucasian countries is one of the areas, which urgently needs methodological and material support, support with human resources and appropriate development.

The treatment systems in Armenia and Azerbaijan need wide-scale public initiatives, aimed at the improvement of the image of state treatment institutions¹, dealing with treatment and rehabilitation, since patients have a negative image of such institutions and have no trust in them. Consequently, they are not motivated to receive treatment in state owned institutions.

¹ Currently, there is no state owned treatment institutions for drug dependent individuals in Georgia.

5. HEALTH CORRELATES AND CONSEQUENCES

5. 1. Drug use related death and mortality

When studying the given indicator, we found out that the information related to the named indicator was rather inadequate. In Azerbaijan, death cases related to drug use are more or less recorded, but in Georgia and Armenia mortality or death cases related to drug use are not recorded at all. Such a state of affairs could be explained by the difficulties of the transition period (collapse of the drug users deaths and mortality recording system existing in the Soviet space and delays with the creation of a new system) on the one hand, and social (stigma) and legal (criminalization of drug use) factors, on the other hand.

In 2004, in Azerbaijan, the republican service of medical and morbid anatomic examination stated 47 death cases as a result of poisoning with different drugs, psychotropic substances or their derivatives; in particular, opiates (19 cases, out of which 1 case is heroin), products of the benzodiazepine group (4 cases), barbiturate derivatives (4 cases), derivatives of pyrazolone (3 cases) and phenothiazine (4 cases) and other medicines (13 cases). It has to be mentioned that the above data do not allow to differentiate overdosing from other death causes, like suicide, for example.

In the Armenian national report as of 2004, an attempt was made to determine indirectly the lower mortality limit among drug users, namely through the number of HIV infected injecting drug users (IDUs) that died from AIDS in 2004. The total number of like registered cases is 39, which provides the minimum mortality rate among problem drug users.

In Georgia, representatives of the Georgian Research Institute on Addiction together with the demographic unit of the State Statistical Department conducted the first small- scale cohort study in 2004. The study, supported by the SCADD (the DAMOS project provided methodological assistance and needed resources) had to identify death cases related to drug use. Namely, comparison was made between the data of the above two institutions. The results revealed the lower mortality limit related to drug use. The mortality rate among the drug users of reproductive age is higher than that of the reproductive age for male country population by at least 1.66. However, professional and life experience clearly show that the actual figure significantly exceeds the one recorded by the study.

To obtain information on death cases and mortality related to drug use, simultaneous coordinated activity has to be carried out by the three countries in the following two directions: one direction involves the establishment of institutional mechanisms and the other one – continuation of research in the given area.

5.2. Infectious diseases related to drug use

5.2.1. HIV/AIDS

5.2.1.1. Incidence, prevalence and the modes of transmission

Registration of HIV/AIDS cases started in the three Southern Caucasian states almost simultaneously – at the end of the 80s. Head institutions responsible for fighting the mentioned disease were set up in each of the countries. With the Georgian Ministry of health was set up an Infectious Pathology, AIDS and Clinical Immunology Research Center, in Armenia – the National Center for AIDS Prevention and in Azerbaijan – National Center for AIDS Control. Since then, the countries have started to record morbidity cases, and, consequently, focused on treatment and prevention.

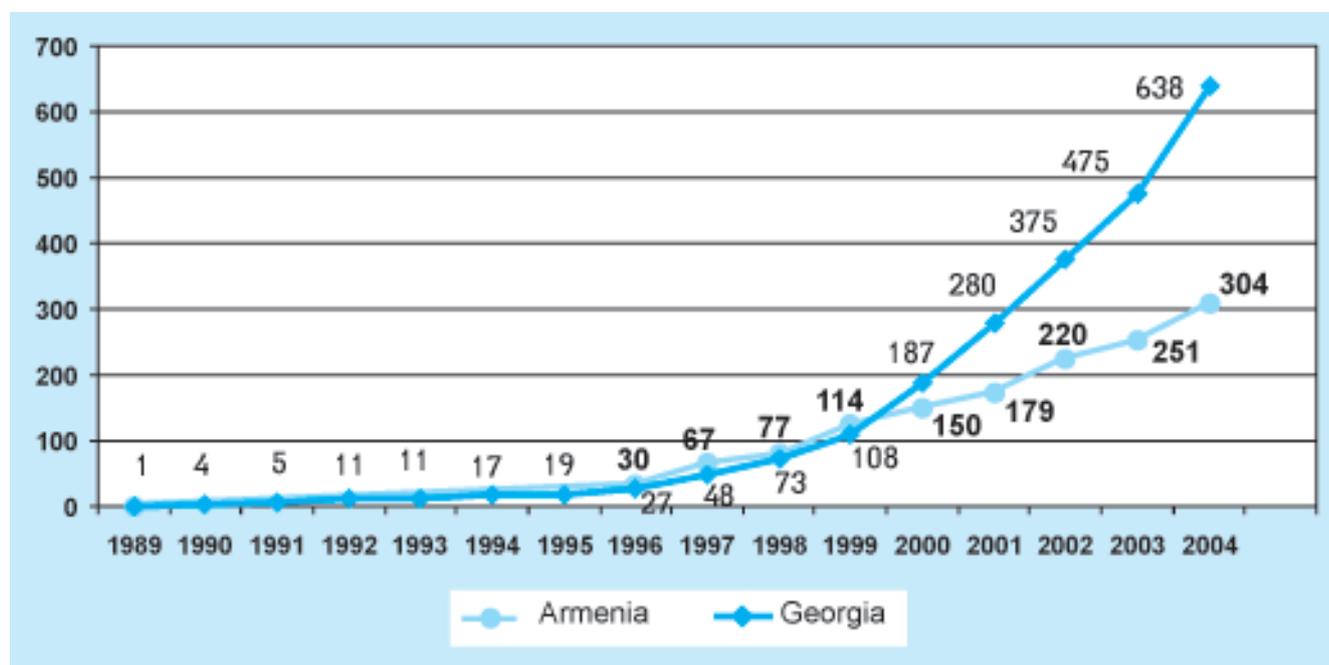
Currently, the absolute number of HIV positive individuals is not very different in the three South Caucasian countries (with the difference in the number of total population taken into consideration). Find below the official statistical data for the end of 2004:

- From 1987 to December 2004, 718 cases of HIV/AIDS were registered in Azerbaijan (with 8 202 500 population).
- From 1988 to December 2004 in Armenia were registered 304 HIV-positive individuals (with 3 212 227 population), out of which 60 developed AIDS and 54 - died.
- From 1889 to December 2004, 638 cases were registered in Georgia (with population totaling 4 677 401), out of which 202 developed AIDS and 118 died.

It has to be noted that the official statistical data does not reflect the actual number of cases. I.e., according to experts' estimation, the actual number of HIV - positive individuals is 2500 in Georgia, from 2500 to 3000 in Armenia.

Prevalence of HIV infection is currently low in all the three countries (0.12% of Georgian population, 0.02% of Armenian population, quite similar picture for Azerbaijan), even though the incidence rate is steadily going up:

Diagram 1: Dynamics of newly identified HIV cases by years

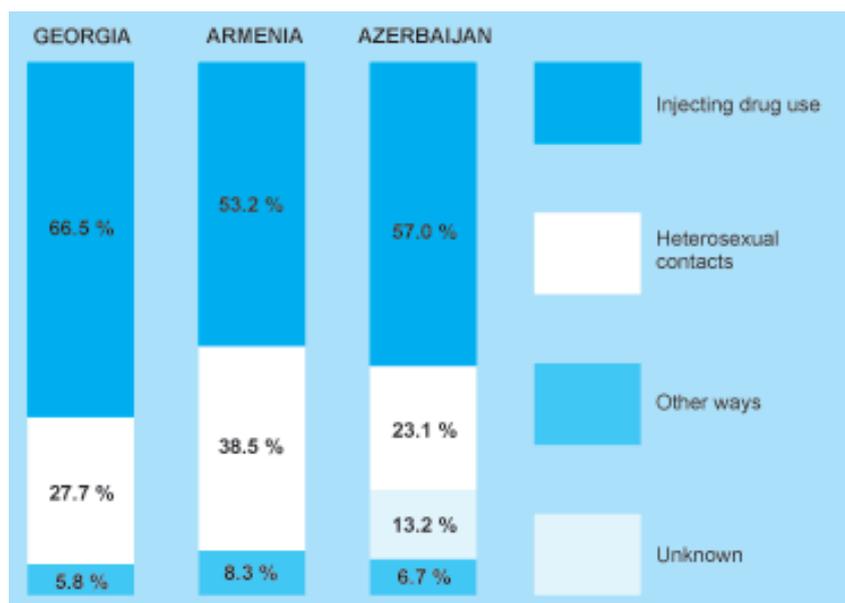


As for the characteristics of those who are infected, there are similarities in all the three countries:

- Infected individuals are mostly men - 73.1% in Azerbaijan, 77.8% in Armenia and 81.9% in Georgia.
- Majority of infected individuals is between 21 and 40.
- In all the countries, there is a certain percentage of foreign citizens among HIV-positive individuals: 35 (4.87%) in Azerbaijan, 20 (6.58%) in Armenia and 24 (3.8%) in Georgia.
- Majority of infected individuals resides in the capital of the republics - i.e. 274 (42.9%) in Georgia, 143 (49.7%) in Armenia.
- Most of the infected men have been infected abroad. According to the Institute of Infectious Diseases, AIDS and Clinical Immunology of the Ministry of Health of Georgia, 76% of infected men were infected in Russia and Ukraine. This conclusion is based on the relevant anamnestic data. The same trend has been observed by the Armenian colleagues. Their data say that the majority of infected individuals resided, for a certain period, in the named countries.
- In all the three countries, the main mode of infection transmission is injection drug use for men and heterosexual contact for women (Statistical data from Armenia clearly demonstrate this. By the end of 2004, 68.3% of infected men was composed of injecting drug users and 93.7% of women had been infected through heterosexual contact).
- The main mode of infection transmission for all the populations in the three countries is injection drug use. Find below the percentage for different transmission modes broken down by countries:

5. HEALTH CORRELATES AND CONSEQUENCES

Diagram II: HIV infection transmission modes



5.2.1.2. Prevalence of HIV infection among injecting drug users

In Georgia 2000 -2001, the Research Center for Infectious Diseases, AIDS and Clinical Immunology conducted a cohort study of problem drug users in cooperation with Johns Hopkins University. The data showed that the sero-prevalence among the examined individuals equaled 2.6%. The results of a similar study conducted in 2002 within the framework of the “Save the Children” project on the prevention of HIV/AIDS sexually transmittable diseases (Dershem L., Todadze Kh., at all, 2002), showed that the sero-prevalence showing among problem drug users totaled 1.1%.

A second generation survey was conducted in Armenia with injecting drug users in 2002. According to survey results, seroprevalence among problem drug users was 15% - a showing significantly exceeding the corresponding showing for problem drug users in Georgia.

5.2.1.3. Antiretroviral treatment

Systems for antiretroviral treatment are just being set up in the Southern Caucasian states. In Azerbaijan, on September 22, 2002, the Cabinet of Ministers adopted a National Strategic Plan for HIV/AIDS, in the framework of which patients with AIDS will receive antiretroviral treatment, but like treatment has not been introduced, yet.

In 2004, Armenia prepared a ground for antiretroviral treatment. In particular, corresponding treatment protocols were developed for the treatment of AIDS based on WHO recommendations. These were used to examine 74 HIV-positive individuals for the purpose of their inclusion in the antiretroviral treatment program starting from 2005.

In Georgia, the patients in need of antiretroviral treatment are served by the Infectious Pathology, AIDS and Clinical Immunology Research Center (AIDS Center). The Center started to provide the antiretroviral treatment in 2004 with the support of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. The need for antiretroviral treatment is assessed according to the recommendations of International AIDS Society. The needed laboratory testing is provided free within the framework of the State AIDS program supported by the United State Social Security Fund of Georgia. In 2004, 85 patients received antiretroviral treatment. It has been planned to increase by the end of 2005 the number of patients, undergoing antiretroviral treatment, to 140.

5.2.1.4. HIV/AIDS in penitentiary institutions

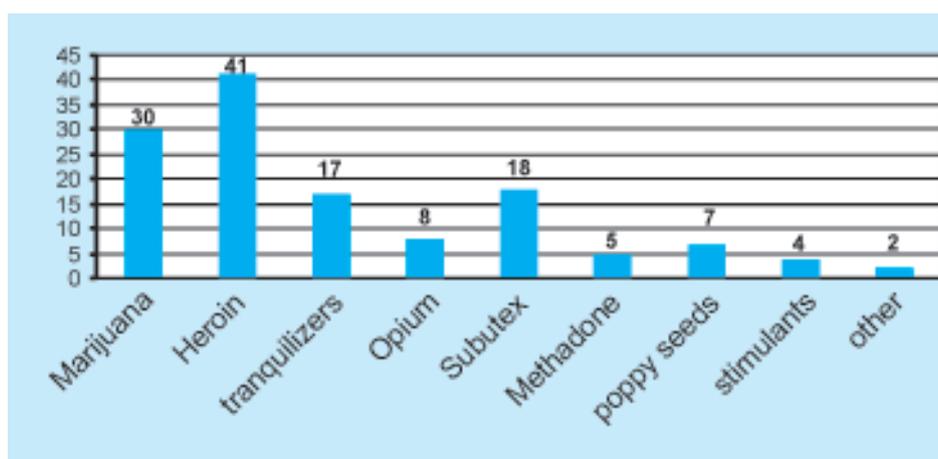
Prisons are a special risk zone for HIV spread in all the three countries. When stating this we base ourselves on the following arguments: due to a long lasting economic crisis in the post-soviet space, there are no adequate means to treat drug addiction in and outside prisons. Due to corruption, characteristic of all the post-soviet space, it is obvious that injection drugs are still penetrating the institutions of the penitentiary system. Also, it is easy to get a new, clean injection instrument outside prison, whereas the same is very difficult to do in detention places. Despite the fact that it is easy to get injection instruments outside prison, and high awareness of risks involved, we all know (which is confirmed by research (Dershem L., Todadze Kh., 2002)) that the percentage of risk behavior is still very high among injecting drug users. It should be much higher in penitentiary institutions, where clean injection instruments are hardly available.

Unfortunately, it is not possible to study HIV/AIDS prevalence and drug use prevalence in the penitentiary institutions of all the three Southern Caucasian countries, due to which we cannot carry out comparative analysis. However, we will try to briefly describe the relevant situation in Georgia.

Since 1998, the AIDS Center has been carrying out voluntary testing and consulting in the penitentiary institutions of the country. From 1998 to 2004, 41 HIV-positive individuals were identified in the penitentiary (40 men and 1 female). Out of them, 8 developed AIDS, 27 (90%) are injecting drug users, who also have hepatitis B and C; 5 of the 41 individuals died, 14 - have been set free and 22 HIV-positive individuals are still in detention and are monitored by the Center. If we generalize these data, HIV prevalence in the Georgian penitentiary will equal 1.3%, whereas it constitutes 0.12% of the country's population and 1.1% of the country's injecting drug users (Dershem L, Todadze Kh., 2002).

We can get a better understanding of these statistical data when they are viewed from the perspective of the survey on drug use in penitentiary institutions, conducted by the Georgian Research Institute on Addiction in 2004, and supported by the SCAD 250 men from 28 to 60 were interviewed in two colonies of the country. The interview was of an anonymous and voluntary character. The interviewees were selected on a random basis. 41% of them admitted that they used drugs in penitentiary institutions. The frequency of drug use turned out to be as follows: 28% - once a month, 11% - once a week, 11% - 2-3 times a week, 14% - on a daily basis. In the last month respondents used the following drugs:

Diagram III: Drugs used during the last month by prisoners



The importance of the problem could be demonstrated by the following data:

- * 87% respondents repeatedly used personal syringes
- * 42% used "common" syringes
- * 52% said that the syringes used by them were later used by others.

It is necessary to conduct like research in the two other Southern Caucasian countries. All the three require urgent development of a strategy and tactics for timely intervention to cope with the impending

5. HEALTH CORRELATES AND CONSEQUENCES

HIV epidemic in the region. In this respect the work carried out in Armenia within the framework of the National Program for AIDS Prevention is very important, indeed. Under the program, 13 voluntary consulting centers were opened in the country's penitentiary institutions. During 2004 was implemented a harm reduction project. In Georgia, consulting, testing and harm reduction measures are also conducted in some penitentiary institutions by several NGOs and the AIDS Center.

The above described intervention tactics are certainly very important, but the increasing significance of the problem requires a strategic systematic approach and solutions.

5.2.1.5. HIV/AIDS Prevention

In Azerbaijan, HIV/AIDS prevention is regulated by a special law on *AIDS Prevention* signed by the Azeri President in 1996. In 1997, the Cabinet of Ministers made a decision on AIDS prevention. However, the government does not allocate enough resources for the implementation of preventive measures. Both HIV/AIDS treatment and prevention are carried out by the National Center for AIDS Control, founded in 1990. Since then, the center has been the head institution of the Ministry of Health of the Republic, responsible for the prevention of the spread of the above diseases in the country. The Center comprises 8 divisions and 12 regional laboratories. Since 1997 has been functioning a 24 hour service, providing anonymous consulting, testing and helpline.

In Armenia, HIV/AIDS prevention activities are carried out both on the state (National Center for AIDS prevention) and public levels. The law on the Prevention of Diseases Caused by the Human Immunodeficiency Virus was adopted in 1997. The State National Program on HIV/AIDS Prevention was adopted by the Republic of Armenia in 2002. It has been implemented since the same year. Under the program, among other activities, testing and consulting are carried out throughout the Republic. In 2004, with the support of the Global Fund and under the National program on HIV/AIDS Prevention, on the territory of Armenia a Capacity Building Center, was set up. The center has trained trainers working with the youth, military, etc. Training has also been delivered to staff in the laboratories, responsible for testing HIV-positive patients, provision of services to them, implementation of the outreach program on the consultancy and testing for the youth, general public and vulnerable groups. As a result, 950 specialists have been trained to deliver different quality services (providing consultancy before and after HIV testing of problem drug users).

The basic principles for HIV/AIDS prevention in Georgia are stipulated in the law on the Prevention of HIV Infection/AIDS passed by the parliament in 1995, revised in 2000 and repeatedly enacted since 2001. The National AIDS Prevention Program has been implemented since 1994. The Public Health Department of the Georgian Ministry of Health manages the program and the AIDS Center implements the program at the national level through its 70 laboratories based in the country's different towns and regions. The Center implements the following activities: epidemiological surveys, testing and consultancy on HIV virus as well as on B and C hepatitis viruses, provision of helpline, free testing of the representatives of risk groups, preparation and dissemination of the relevant information material, preventive activities targeting the youth, training of peer educators, etc. Also, in Georgia, the Save the Children Federation has been implementing a large scale project since 2002, aimed at the prevention of HIV/AIDS and sexually transmittable diseases. The project is implemented through cooperation of 7 stakeholders, representing both government and non-government organizations. The project is being implemented in the capital and two other main cities of the country with high HIV prevalence. The project involves qualitative and quantitative research, voluntary consulting and testing of risk groups, (commercial sex workers, prisoners, etc), capacity building for the relevant specialists/organizations, work with the country's decision and policy makers.

All the three countries have started the implementation of harm reduction programs. These programs are basically financed by international donors (like the Open Society institutions), rather than the governments. In Georgia, the harm reduction program has been implemented by the Open Society-Georgia since 1999. It involves 4 main local partners, is run in the capital and another big city of the

country, and is aimed at needle exchange, consultancy, preparation and dissemination of information materials, improvement of the relevant legislation.

In Armenia, harm reduction programs have been run since 2003, starting with the first successful project implemented by the AIDS Prevention National Center and aimed at needle exchange, distribution of condoms, disinfecting products and information materials. Since then, within the framework of the National Program on HIV/AIDS Prevention, harm reduction activities have been started in the capital and two other big towns. In addition, 13 voluntary consulting centers were established and harm reduction projects simultaneously started in 3 penitentiary institutions of the country.

In Azerbaijan, the harm reduction program, supported by the Soros Foundation and implemented by two local organizations in Baku and its suburbs, has been implemented for more than three years. The program involves distribution/exchange of needles and contraceptives (in two towns, where special exchange centers have been set up for this purpose). Another activity is forming treatment motivation among clients.

Methadone substitution therapy is also at the initial stage of development in the three countries. In 2003, Azerbaijan paved the way for the introduction of methadone substitution therapy (preparation of legislation and organizational/methodological arrangements), and with the support of the Global Fund has started the implementation of substitution therapy since 2004. The program is implemented by the State Narcological Dispensary and involves 25 stakeholders. In Armenia 2004, within the framework of the project of the Open Society Institute, NGO "Anti Drug Civic Union" started a preparatory work for the implementation of methadone substitution therapy from 2005. In Georgia, the project on methadone substitution therapy is implemented by the Georgian Research Institute on Addiction in cooperation with the Open Society Foundation – Georgia. The project is financially supported by the Global Fund. The preparatory stage is already over and it has been planned to include into the program 40 problem users starting from end 2005.

5.2.2. Hepatitis C and B

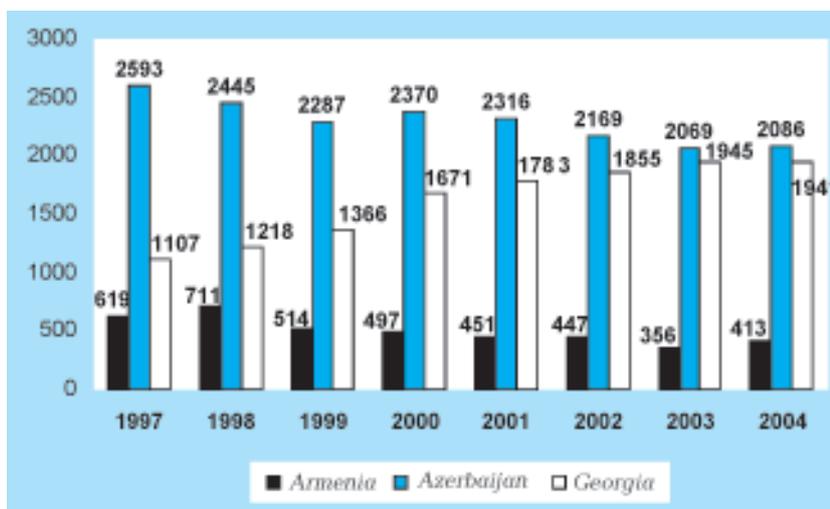
For today, in Armenia and Azerbaijan no reliable data are available on the relationship between injection drug use and hepatitis C and B, which does not allow to carry out comparative analysis of the three countries in question. For this reason, we will briefly refer to the situation in Georgia. The prevalence rate of C hepatitis in Georgian population is 6.7%. According to the AIDS Center, every second problem drug user is infected with the hepatitis C virus. The prevalence of chronic hepatitis B among problem drug users is 10 times as little as that of chronic hepatitis C.

6. SOCIAL CORRELATES AND CONSEQUENCES

6.1. Drug related crime

Official statistics of the cases solved and registered in all the three countries basically concerns illegal storage, purchase, transportation and sale of drugs, followed by the offences related to illegal cultivation (growing), production, storage, and sale of drugs. Only 1% of court cases is related to illegal circulation and international transit of drugs.

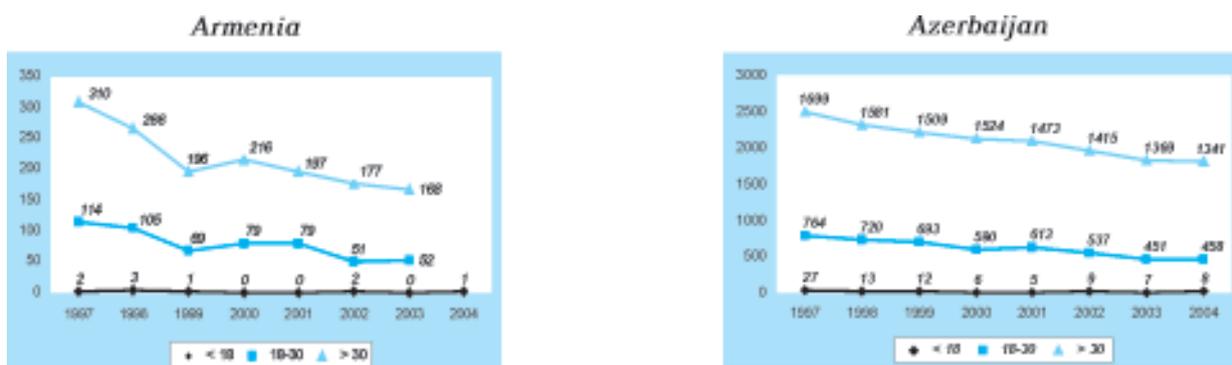
Diagram I: Drug related crime



Offenders' profile

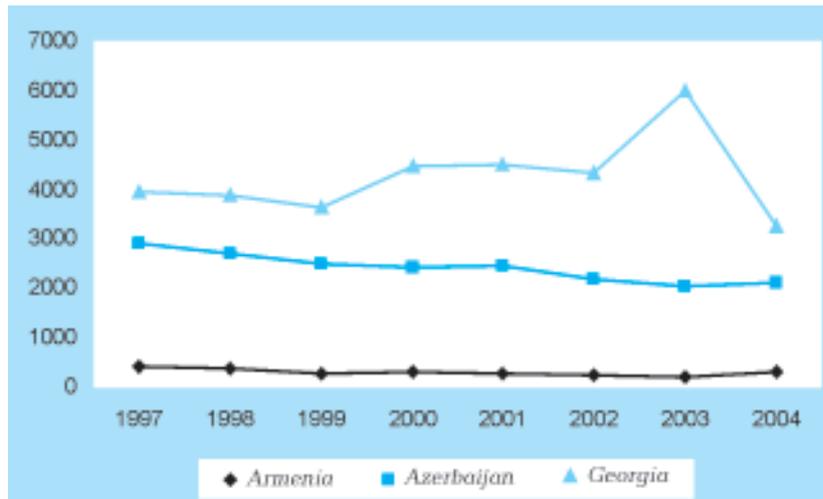
As shown by data analysis, the above listed drug related crimes are usually committed by individuals without permanent employment. About 90% of them is registered in all the three countries' databases, as being unemployed. Their majority (90% <) is composed of men from 30 to 50 age group. The level of involvement of women and minors in the illegal circulation of drugs has been very low for many years.

Diagram II and III: Age group of offenders



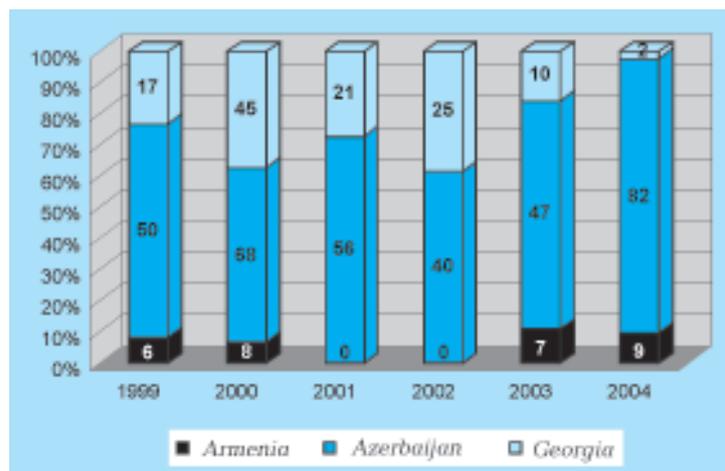
The number of individuals that have committed drug related crimes, is basically stable. A sharp decrease of drug offenders in Georgia 2004 is exceptional in this respect. This could be explained by reorganizations in law enforcement bodies in 2004 on the one hand; on the other hand this statistics could reflect priorities of the country's law enforcement, which have shifted focus to drug dealers since 2004 (in the previous years, the emphasis was made on the identification of drug users). As already mentioned, according to the legislation of the three countries, the use of drugs without the doctor's prescription is considered an offence and is punishable by the law.

Diagram IV: Number of individuals charged for drug related crime



The number of foreign citizens, against whom criminal proceedings have been instituted due to drug related offence committed on the territory of the Southern Caucasian countries, is not stable. In Armenia and Azerbaijan the citizens of the Islamic Republic of Iran constitute the majority of foreign citizens against whom criminal proceedings were instituted due to drug related crime.

Diagram V: Number of foreigners charged for drug related crime



7. DRUG MARKET

As a result of the disappearance of the Balkan Routes after the regional conflicts in a number of countries of the former Yugoslavia, the Southern Caucasian countries could become the transition points for international drug traffickers. The only means of transport, used for drug transportation in this region, is land transport.

The Silk Road and the so-called Caucasian Rout run through the territories of Armenia, Azerbaijan and Georgia. In case of their full functioning, it will be possible to illegally transport drugs from Asia to Europe. The crucial point in this respect is the geographical location of the Southern Caucasus, which could bridge Europe and Asia, has an access to the sea, with Silk Road running through it, etc.

The Southern Caucasian countries are not leading drug producing countries, but with different levels of domestic drug consumption in each of them. For example, according to the official statistics of the Republic of Armenia, the level of illegal drug use is the lowest among the Southern Caucasus countries. The most widely spread drug in the region is marijuana, since the climatic conditions are favorable for growing the plants containing narcotics. As for strong drugs, they are basically imported from neighboring countries.

Drugs, available on the region's black market are basically marijuana, heroin and opium. Subutex supply sharply increased during the last year. This drug is imported from Europe rather than through the traditional Asian route. Unfortunately, none of the governments of the three countries possesses reliable statistical data on the amount of drugs transported on route through the Caucasian countries.

Street drug sale (i.e. drugs are available in the street) is not typical of the Southern Caucasus countries. Drugs are sold only through "drugdealers network" that is operational in this or that region of the country. In most cases, drugs are purchased from "regular" dealers, friends or acquaintances. However, in Georgia such a situation might change in relation to the development of the discotheque subculture, where the distribution of exstasy is part of "discotheque life". Some signs of this trend are already observed.

Drug prices on the "black market" are very different in the three countries.

Type of drug	Price for 1gr in USD		
	Armenia	Azerbaijan	Georgia
Opium	35	2-5	20-25
Heroin	120-150	30-100	300-400
Marijuana	1.5-2	4-10	7-9
Hashish	5	5-6	9-11

It is difficult to point to the main types of drugs seized from illegal circulation in the region, since differences are observed among the countries. However, it could be clearly stated that marijuana is the most widespread drug, basically grown and consumed by local populations.

Diagram I: Drugs seized in Armania (gr)

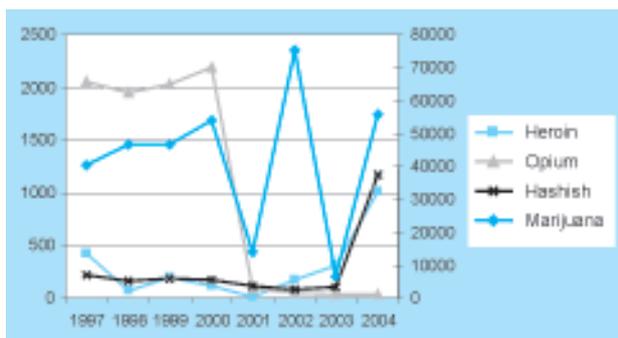


Diagram II: Drugs seized in Azerbaijan (kg)

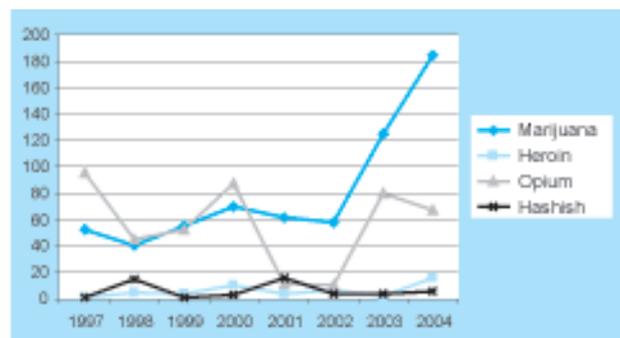
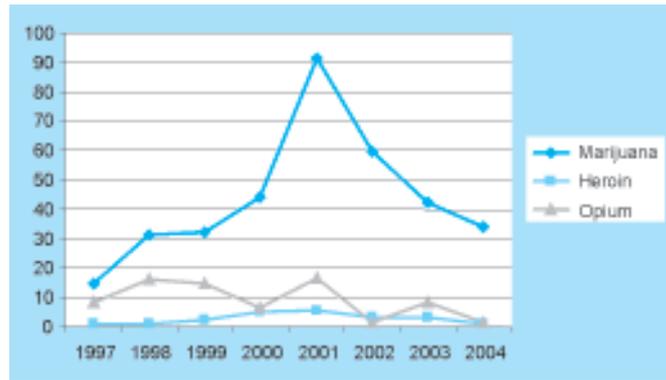


Diagram III: Drugs seized in Georgia (kg)



As mentioned, the climatic conditions in the region are favorable for the cultivation of plants containing narcotics. To prevent illegal growing of like plants, as well as the identification of wild hemp and poppy, law enforcers carry out preventive measures aimed at the identification and destruction (through burning) of illegally cultivated/wild growing hemp and poppy.

Diagram IV: Amount of destroyed plants in Armenia /in kg/

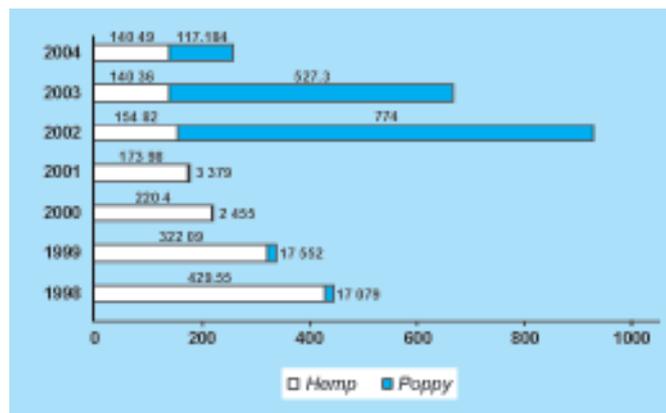
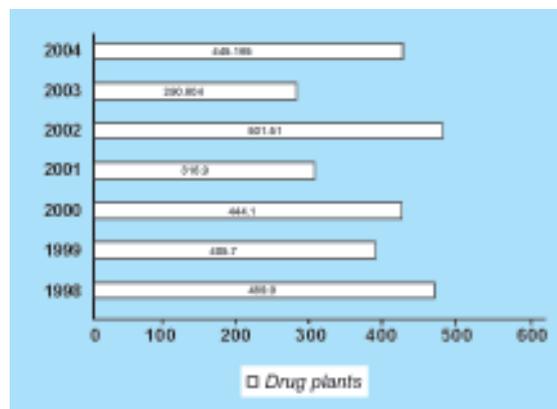
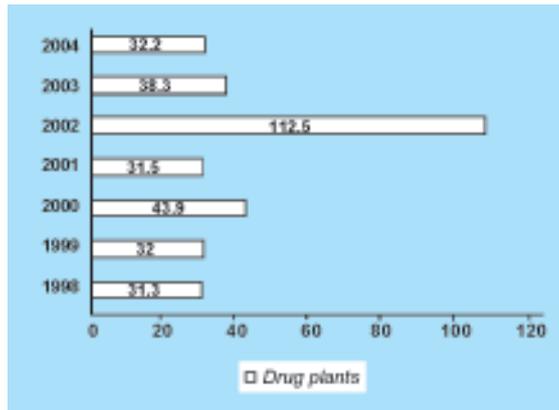


Diagram V: Amount of destroyed plants in Azerbaijan (in tons)



7. DRUG MARKET

Diagram V: Amount of destroyed plants in Georgia (in tons)



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LIST OF ABBREVIATIONS

ARV	Antiretroviral Therapy
DRD	Drug Related Death and Mortality
EMCDDA	European Monitoring Center for Drugs and drug Abuse
ESPAD	School Survey Project on Alcohol and other Drugs
EU	European Union
GFATM	Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
GRIA	Georgian Research Institute on Addiction
HCV	Hepatitis C virus
HBV	Hepatitis B virus
HIVAIDS	Human Immunodeficiency Virus\Acquired Immune Deficiency Syndrome
IAS	International AIDS Society
ICD - 10	International Classification of Diseases no.10
IDU	Injecting Drug User
INCB	International Narcotic Control Board
NIDA	National Institute on Drug Abuse (USA)
SCAD	Southern Caucasus Anti Drug Programme
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Organization on Drug and Crime
WHO	World Health Organization

