

## **ILLICIT DRUGS SITUATION IN THE REGIONS NEIGHBOURING AFGHANISTAN AND THE RESPONSE OF ODCCP**



**OCTOBER 2002**

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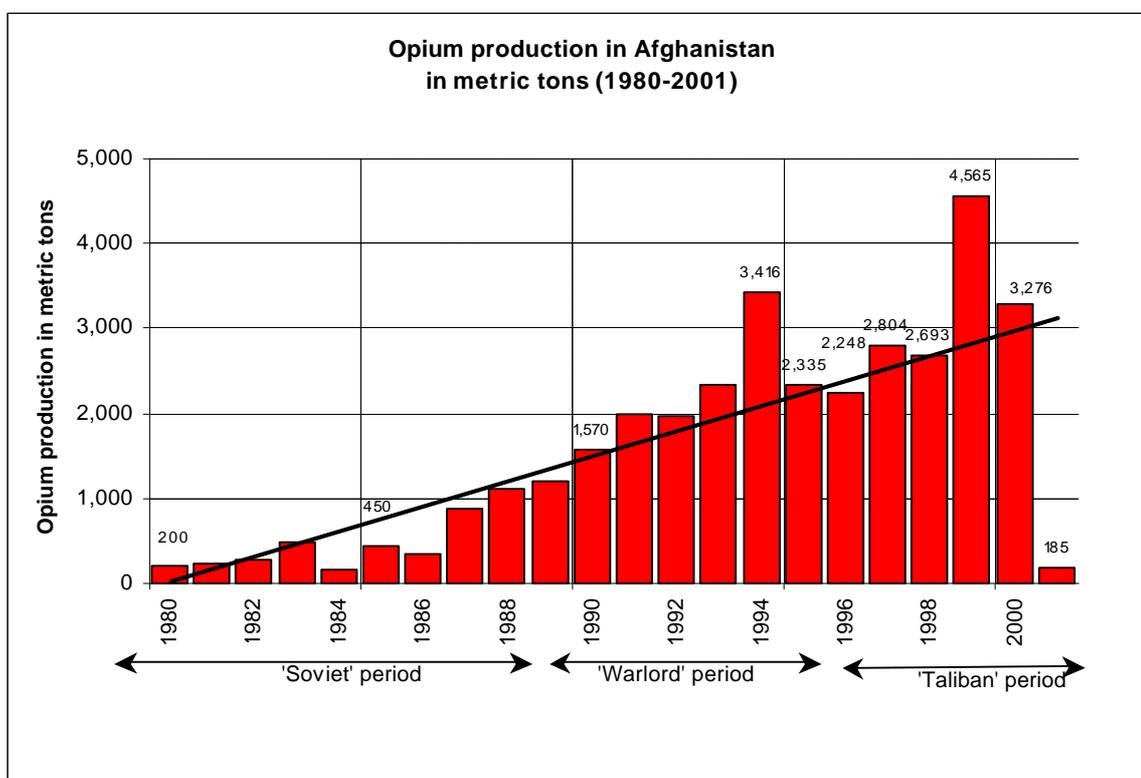
# ILLICIT DRUGS SITUATION IN THE REGIONS NEIGHBOURING AFGHANISTAN AND THE RESPONSE OF ODCCP

## A. Illicit drugs situation and trends observed

### 1. Cultivation

#### Central Asia

Most of the opiates in Central Asia are of Afghan origin. Massive illicit opium production in Afghanistan in 1999 and 2000 and a network of drug repositories along the Afghan borders with Central Asia, combined with an enlarged number of Afghan clandestine laboratories, have ensured an increasing flow of drugs into Central Asia during the last ten years. This flow has steadily increased even throughout 2001, the year which followed Afghanistan's opium poppy ban when the area under opium poppy cultivation decreased in Afghanistan in 2001 to 7,606 ha from 90,583 ha in 1999 and 82,171 ha in 2000. ODCCP's current surveys indicate that the area under opium poppy cultivation has again drastically increased in Afghanistan in 2002.



Source: UNDCP, *Global Illicit Drug Trends 2002*.

Climatic conditions in all five Central Asian countries are, in principle, favourable for the growth of opium poppy and cannabis which are illicitly cultivated on small individual plots in villages, or in remote mountainous regions. According to the ODCCP survey carried out in 1998 and 1999 in selected parts of Central Asia, the total harvested opium poppy area was 3.6 hectares in 1999 (86% in Tajikistan) and 10.0 hectares in 1998 (93% in Tajikistan). These are small plots compared to areas under opium poppy cultivation in Afghanistan.

Nonetheless, there is concern that a future drastic decrease in opium poppy cultivation in Afghanistan - as officially announced by the new Afghan administration - could trigger a significant increase in opium poppy cultivation in Central Asia ('balloon effect'). A number of factors - beyond climatic conditions - make Central Asia vulnerable in this regard:

- Knowledge of opium poppy cultivation skills is available, or could be easily made available. Kyrgyzstan, for instance, was prior to 1974 one of the world's largest suppliers of licit opium, where the know-how for opium production could still be found.
- There are close ethnic links between some of the opium poppy producing regions in Afghanistan and the neighbouring countries. These links have been used extensively for trafficking purposes, and could equally be used for the exchange of cultivation skills.
- Governments in the region are stable at the moment and have control over the country. However, central government control in the region cannot always be taken for granted.

Indeed, cultivation, and particularly, wild growth of narcotic crops is not an uncommon phenomenon in Central Asia. Surveys conducted in 1998 and 1999 in Central Asia found extensive wild growth of cannabis. 98% of cannabis was located in Kazakhstan and the rest in Kyrgyzstan. The area of wild growth of cannabis in Kazakhstan covered more than 400,000 ha (329,628 ha found in 1998 plus 72,049 ha identified in 1999 in districts not covered by the 1998 survey). An estimated total amount of 3,900 metric tons of marijuana was harvested in the surveyed areas during 1998-1999, and the potential is still much larger.

The 1998 survey also found extensive growth of ephedra, which can be used to produce ephedrine (used in the form of ephedrone in the region), the main precursor for the manufacture of methamphetamine or methcathinone. Some 88,200 ha of ephedra were identified in Kazakhstan, 46,400 ha - in Kyrgyzstan, and 3,500 ha - in Tajikistan.

### **I.R. of Iran**

Prior to the Islamic Revolution in 1979, Iran had up to 33,000 hectares under opium poppy cultivation. Following swift action by the law enforcement bodies, opium poppy cultivation was totally eradicated by the end of 1980. This, however, did not solve the drug problems of the newly established government. The increased opium production in Afghanistan and, until the late 1990s, in Pakistan, resulted in the transformation of Iran into a major transit corridor for opium to the illicit heroin refineries located on the Balkan route. The severe policy adopted by the government toward drug consumption only wiped out the old opium

consumption traditions. Today, Iran is confronted with an alarming drug abuse problem that directly affects nearly 2% of its population. Despite the world leading position of the Iranian law enforcement agencies for seizures of opium, morphine and heroin, and the dramatic changes that occurred in Afghanistan in 2001, drug traffickers have not released their pressure on the country's eastern borders, where, since 1979, over 3,100 law enforcement officers have lost their lives in armed confrontations with the heavily armed trafficking bands.

According to an estimate by the Bureau for Social Studies in Tehran, and as indicated in the chapter on the city of Tehran in the ODCCP Study on Illicit Markets, direct costs of the government agencies in dealing with the internal drug problem topped 1,136,428 million rials in 1998 (US\$ 142 million at the current exchange rate of US\$ 1 to rials 8,000).

In 2002, the budget allocated to the Iranian Drug Control Headquarters totals some US\$ 80 million. This budget includes running costs incurred by law enforcement agencies, prisons, the secretariat of the Drug Control Headquarters, and other agencies. According to the proposed Five Year National Drug Control Plan, about 50% of this budget will be allocated to drug demand reduction activities, indicating a new trend in priorities set by the Iranian government in its drug control policy.

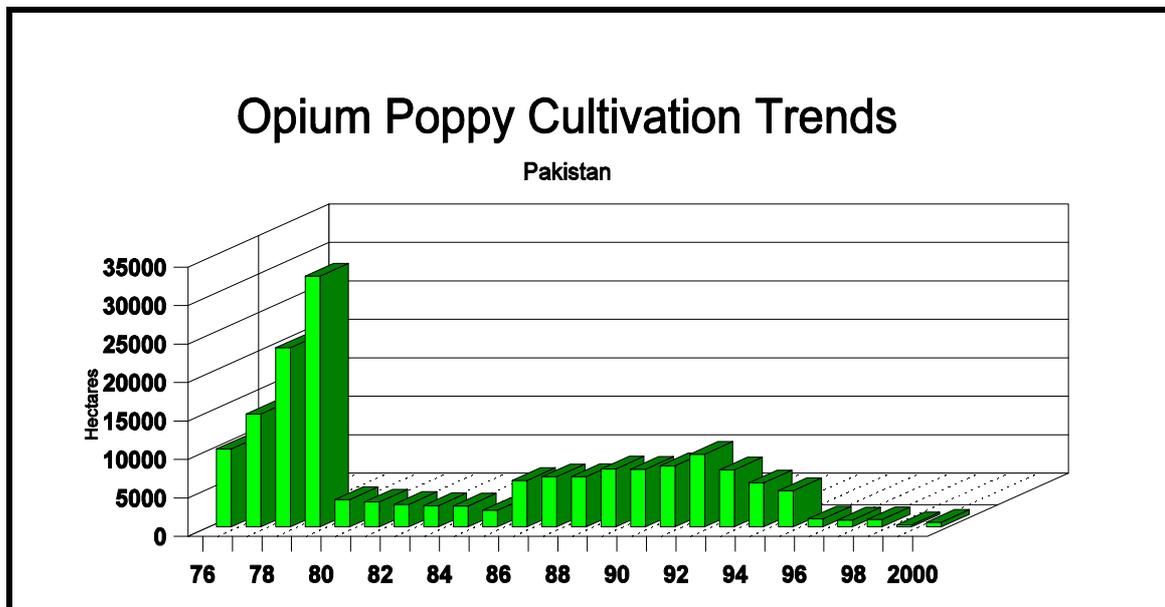
No licit or illicit cultivation of narcotic plants is reported to take place in the I.R. of Iran. In January 2002, however, the national news agency IRNA reported the eradication of some 2 hectares of opium poppy by the police forces in Sistan/Baluchestan Province.

No reports seem to indicate to illicit drugs manufacture in the I.R. of Iran. Nevertheless, the possibility of the existence of small heroin processing laboratories on the main trafficking routes from Afghanistan-Pakistan toward the western borders of Iran can not be ruled out entirely.

A large part of the opium seized by the law enforcement authorities is used by the national pharmaceutical industry for the manufacture of licit drugs, mainly codeine. The possibility of leakages from licit into illicit markets also exists.

## **Pakistan**

Opium poppy cultivation decreased in Pakistan from approx. 9,400 hectares in 1992 to some 243 hectares in the 2000 - 2001 season. This was the result of the government's determination to eliminate opium poppy and to launch sizable alternative development projects largely funded by the international community. The bulk of cultivated area in 2001 was in the Khyber Agency which has, over the past three seasons, threatened to jeopardize Pakistan's poppy free status. In the 2001-2002 season, ODCCP alerted the government to a possible resurgence of opium poppy in Dir in September 2001. Dir had been poppy free as of 1999 with the complete enforcement of the ban on poppy cultivation - the drug control objective of the US\$ 38 million Dir District Development Project, implemented in two phases over a 16 year period beginning in 1985. Repeated ODCCP advocacy and follow-up, strengthened the government's resolve to eradicate about 162 hectares of opium poppy primarily cultivated in the Nehag valley (Dir District). The cultivation was mainly politically motivated and directly promoted by all political parties, including the ruling Jamaat-e-Islami at the district level. The cultivation was sporadic and in full view from access roads to bargain for additional development assistance. In early April 2002, the government deployed about 100 troops to



Source: UNDCP, Field Office Pakistan

physically eradicate the crops. 85 to 90% of the crop was eradicated. This has been confirmed by surface and aerial monitoring.

## 2. Drug trafficking

### Via Central Asia

Due to the limited border controls between all CIS states, the Central Asian countries have emerged as an important route for trafficking drugs from Afghanistan to the Russian Federation, Ukraine, Belarus, the Baltic states, or the Caucasus countries, and the subsequent trafficking of these drugs to Western Europe through Eastern Europe, or via Turkey.

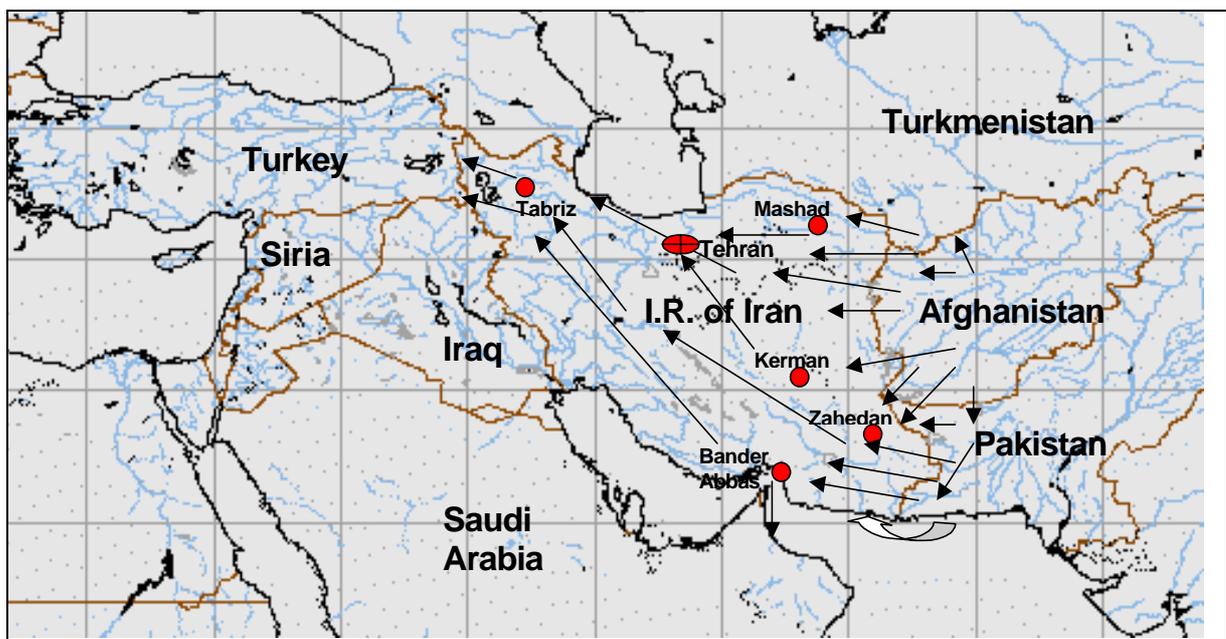
Traffickers have now the capacity to convert opium into heroin within Afghanistan. This enabled them to smuggle less voluminous heroin than the bulky opium which, in addition, has a distinct smell and can thus be detected easily. While Afghanistan has been a major opium producing country for the last two decades, Afghan heroin manufacture is a rather new phenomenon. Parallel to increasing levels of Afghan heroin manufacture, the importance of Central Asia as a trafficking corridor for heroin also increased, which is reflected in seizure statistics. While in 1995 heroin seizures accounted for just 3% of all Central Asian opiates seizures (expressed in heroin equivalents), this share increased to 74% in 2000 and, based on preliminary data, exceeded 90% in 2001. Central Asian heroin seizures tripled, from less than 1 metric ton in 1998 to 3 metric tons, and the upward trend also continued in 2001. Preliminary figures for Central Asia, as a whole, show that heroin seizures amounted to more than 5 metric tons in 2001. Tajikistan alone accounted for more than 80% of these seizures.

In 2000, the Tajik Drug Control Agency (DCA) and the Russian Federal Border Service troops deployed along the Tajik border with Afghanistan seized 3.8 tons of various narcotics. The overall quantity of heroin seized in Tajikistan in 2000 by all law enforcement agencies was 1.9 tons against about 700 kg in 1999, placing Tajikistan in the top seven countries in the world with the highest heroin seizures. In 2001, heroin seizures in Tajikistan doubled to 4.2

tons, which, according to preliminary data, is likely to place Tajikistan among the top three countries (after Iran and Pakistan) with the highest heroin seizures worldwide and exceeding all heroin seizures in Central Asia in 2000.

### Via the I.R. of Iran

Iran is still one of the main conduits for illegal drugs, namely opium, hashish, heroin and morphine base, which originate in Afghanistan and Pakistan, and destined for markets in Europe and in the Gulf region.



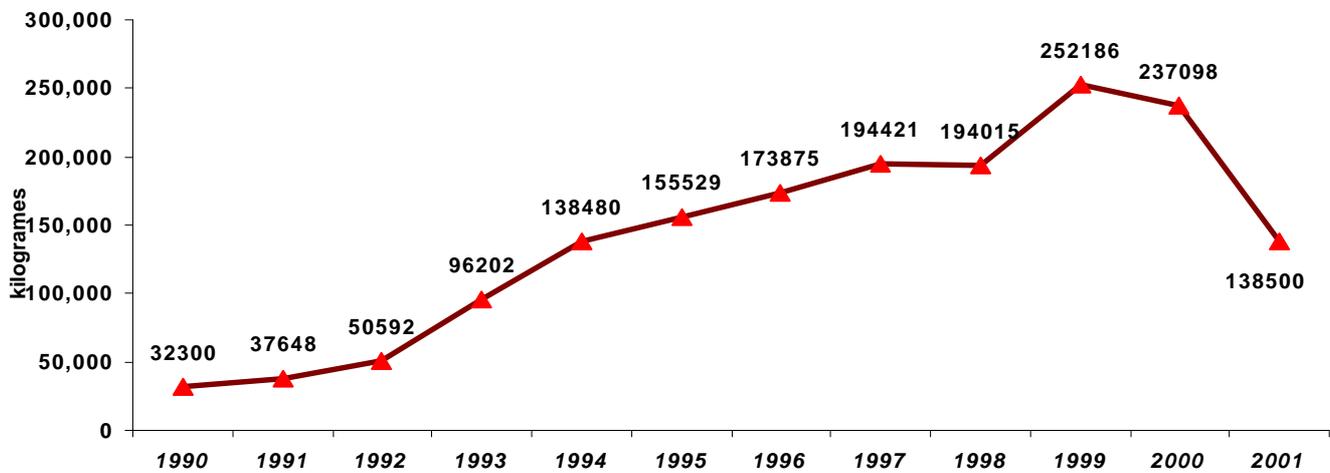
According to rough estimates by the Iranian drug control authorities, some 50% of the total opiate production of Afghanistan transits the Iranian territory. A portion of it (700 to 800 tons<sup>1</sup>) is supposedly absorbed by the Iranian internal market. The majority of the opiates are smuggled out of the country for further processing and forwarding to Europe and the Middle East.

### **Seizures of illicit narcotics by I.R. of Iran – 1996-2001 (kilograms)**

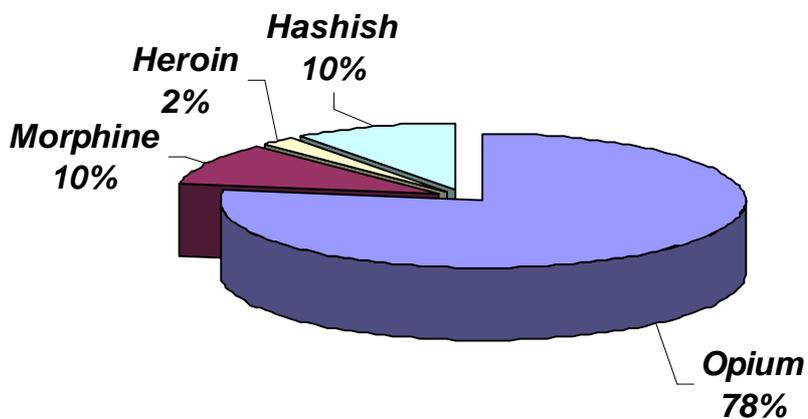
	1996	1997	1998	1999	2000	2001	Var.% 2001/2000
Heroin	805	1986	2894	6030	6189	4001	- 34.7%
Morphine	10430	18925	22291	22764	20275	8668	-57%
Opium	149577	162414	154454	204485	179053	79747	-55%
Hashish	13063	11096	14376	18907	31581	46084	+46%
Other*	471	255	248	1088	1495	1314	- 12%

<sup>1</sup> The quoted figure has been suggested by the Research Department of the Drug Control Headquarters. Independent sources, however, put the internal Iranian demand at much higher levels.

### Total Seizures in Iran in 1990-2001



### Share of Various Narcotics in Total 1990-2001 Seizures (kg)



Seizures 1990–2001 (kg): Opium = 1,319,857; Morphine = 174,324; Heroin = 34,492; Hashish = 172,173

### Entry Trafficking Routes

There are three main trafficking routes through the I.R. of Iran: Northern, Southern, and Hormuzgan.



#### Northern Route: Khorasan Province

With an area of over 315,000 km<sup>2</sup>, Khorasan Province borders Turkmenistan to the north and northeast, Afghanistan to the east, the provinces of Mazandaran, Semnan, Esfahan, and Yazd to the west, and the provinces of Kerman and Sistan/Baluchestan to the south.

Due to its proximity to Afghanistan, Khorasan Province hosts a large number of Afghan refugees and is one of the major transit points for illegal Afghan migrants. The mountainous and desert nature of the area, coupled with the low density of population, make its control difficult, if not impossible, for law enforcement. The authorities have identified some 90 illicit entry points along the border with Afghanistan.

Identified trafficking routes originating from Khorasan:

1. Afghanistan-Khorasan-Semnan-Tehran.
2. Afghanistan-Khorasan-Turkmenistan-Golestan/Mazandaran Province-Tehran.

Trafficking in Khorasan is mostly carried out by the Afghans. Crossing the border mainly by foot, they operate both in large and small armed groups. Larger groups often resort to kidnapping and murdering of civilians in order to ensure the logistic support of locals. Smaller groups (2 to 4 individuals) usually carry up to 10 kg of heroin/opium per person; larger groups carry several hundred kilo shipments using donkeys and camels.

In 2001, according to preliminary analysis by the Iranian Anti Narcotic Police based on seizures, trafficking along the Northern route decreased. Mashhad, and the Mashhad-Tehran road, however, continue to be the preferred trans-shipment points for illicit drugs entering Iran from both Afghanistan and Pakistan.

#### Southern Route: Sistan/Baluchestan and Kerman Provinces

With a land surface of 178,431 km<sup>2</sup> and a population of 1.7 million, the Province of Sistan/Baluchestan borders the Sea of Oman to the south, Pakistan and Afghanistan to the east, Provinces Kerman and Hormuzgan to the west and the Province of Khorasan to the north. The Province is divided into 7 main districts (with 7 main towns). Zahedan district, where the provincial capital Zahedan is located, has a population of 420,000. There are 6,500 villages in the Province.

According to the 1999 Human Development Report, Sistan/Baluchestan is Iran's poorest province, with the lowest Human Development Index (HDI), Gender Development Index (GDI) and poverty index in the country. Out of a total population of 1.7 million, 300,000-350,000 are refugees/immigrants (Afghans) and 20,000 people are the local nomads. Sistan/Baluchestan's inhabitants live in a sparse area lacking water and good land, and where concentrated populations are very distant from one another (average distance is 65 km)<sup>2</sup>. The landscape is mostly a sandy desert with bare hills and little vegetation. 20% of the population live below the extreme poverty line. Nearly 810,000 people are considered literate (or 48%), of which 58% are men and 42% women. The long border with Pakistan (976 kilometers) and the very history of the territory and of the ethnic group inhabitants have characterized the overall development of Sistan/Baluchestan. Its ethnic roots can be traced to the nomadic tribes generally identified as Baluchis and Sistanis that were and are still distributed between the Iranian, Pakistani, and Afghan territories. Fierce and rebellious to any kind of foreign domination, they have managed to preserve their cultural and economic independence throughout the histories of Iran and Pakistan.

According to the Iranian law enforcement authorities, 50 smuggling routes are currently in use in Sistan/Baluchestan. Key locations are Mirjaveh, Zahedan, and Iranshahr.

Identified trafficking routes originating from Sistan/Baluchestan:

1. Sistan/Baluchestan-Kerman-Yazd-Tehran.
2. Sistan/Baluchestan-Khorasan.
3. Sistan/Baluchestan-BandarAbbas and/or Hormuzgan (Gulf area)-Fars-Khozestan.

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<sup>2</sup> There are 4,909 kms of roads, of which only 1,544 kms are asphalted.

Trafficking in Sistan/Baluchestan is carried out by large well-armed motorized convoys. Different local groups (tribes) may join the traffickers against the law enforcement units operating in the area. Contrary to Khorasan, the tribal links do ensure the overall support for the traffickers by local communities. More recently, the improved law enforcement coordination on both sides of the Iran-Pakistan border, and the apparent shortage of opium and opium derivatives on the Afghan and Pakistani markets, are forcing the trafficking groups to engage in the less lucrative smuggling of hashish. In 2001, the southern route accounted for the largest volume of seizures by the Iranian Anti Narcotic Police (63% of opium, 57% of morphine, 68% of heroin, 85% of hashish).

### Hormuzgan Route

The Hormuzgan Province is situated at the Gulf shores in the vicinity of the Sea of Oman. The provincial capital, Bandar Abbas, is the most important Iranian international port. Ferries link Bandar Abbas to Dubai. TIR trucks and lorries enter the port for loading and unloading commercial goods and cargos. Good roads link Bandar Abbas to the central part of Iran and a railway directly links Bandar Abbas to the Tehran-Istanbul and Tehran-Damascus railways. Because of its role of a commercial port, Bandar Abbas is an easy trans-shipment point for both outgoing deliveries of illicit drugs to destinations in Europe and in the Gulf region, and for incoming chemical precursors destined for illicit refineries in Afghanistan.

Identified trafficking routes originating from Hormuzgan:

1. Gawater port (Pakistan)-Sistan/Baluchestan-Chabahar port.
2. Gawater port (Pakistan)-Bandar Abbas port-Khozestan.

Smuggling through the Hormuzgan route takes place either by speed boats and small vessels or by the use of the land vehicles through Sistan/Baluchestan. Recent reports from the Anti Narcotic Forces of Pakistan confirm concerns by Iranian law enforcement of the increased use of this route for illicit shipments to the coasts of both Iran and Oman.

### Exit routes

The traditional exit points at the border with Turkey have been complemented with a number of new routes. The routes can be identified as follows:

#### Western route

The oldest and most common trafficking route: Tehran/Central Iran-West Azerbaijan Province of Iran-Urumiyeh border post-Turkey.

In recent years the following new routes have complemented the usual and direct route through Urumiyeh:

1. Tehran/Central Iran-East Azerbaijan Province of Iran-Republic of Azerbaijan-Turkey.
2. Khorasan/Mazandaran-Gilan/Ardebil-Republic of Azerbaijan-Turkey.

### Northern route

This new trafficking route is used both for circumventing the Iranian law enforcement checkpoints and for shipping illicit drugs directly to the CIS countries, particularly to the Russian Federation:

Khorasan Province-Turkmenistan.

### Southern route

Illicit drug consignments, mainly hashish, flow through this route towards the Gulf region, the European and North American markets, as final destinations of small consignments. The routes include:

1. Bandar Abbas-United Arab Emirates.
2. Iranian sea coast-Kuwait.
3. Iranian sea coast-Iraq.

### Eastern route

The Eastern route is mainly directed to the Middle East markets:

Khozestan and Kermanshah provinces-Iraq.

### New trafficking methods

1. Swallowing is becoming a common method of smuggling illicit drugs into Iran. In 2000, the Iranian law enforcement authorities seized 1,089 kg of illicit drugs (opium - 849 kg; heroin - 233 kg; hashish - 3 kg) on 4,460 human carriers. Of the arrested, 87% were males, 13% females. 7% of all arrested traffickers were foreign nationals (mostly Afghans).
2. Seizures of opium and heroin by the Iranian Customs in outgoing mail parcels continued in 2001 totalling 42.5 kg in 82 cases.
3. National and international Iranian airports are more and more used by traffickers for both domestic and international drug traffic.

### **Via Pakistan**

Pakistan continues to be one of the major transit countries for illicit drugs originating from Afghanistan. In 2001, some 8,755 kg of heroin were seized by Pakistan's law enforcement agencies despite massively increased control along the Afghan border and a sharp reduction in the production of illicit opium in Afghanistan. Linkages between drug trafficking, organized crime and terrorism have become more prominent in recent years with terrorists increasingly looking to other sources of funding - such as narcotics production and trafficking. This development has created new challenges for Pakistan's judiciary and law enforcement agencies who are in need of support to strengthen their efforts to tackle terrorism, drug trafficking and organized crime.

Year	Heroin (kg)	Opium (kg)	Hashish (kg)
1998	3363	5022	65909
1999	4974	16319	81458
2000	9496	8927	129833
2001	8755	5140	75161

(Drug seizures by Pakistan Law Enforcement Agencies, Source: Government of Pakistan)

The main methods/routes of drug trafficking are as follows:

In terms of the volume of drugs seized/trafficked, the primary transit route is from the Afghanistan/Pakistan border into the Pakistan's Province of Baluchistan before crossing the Iran/Pakistan border into the Iranian Province of Sistan/Baluchestan for onward movement to Europe.

The sea coast area of Pakistan, including the main ports of Karachi, Port Qasim, the smaller fishing ports and open areas of the Makran coast, are vulnerable to drug traffic to the Gulf States and beyond. Consignments of hashish are loaded into containers in secret storage areas or in the various dry places throughout the country before being carried to Karachi or to the container depot at the nearby Port Qasim, the only two international container ports in the country. The drugs are often concealed in a legitimate export consignment.

Another area of concern is the trafficking from Afghanistan into the North-West Frontier Province. The drugs from this route, predominantly heroin, are smuggled in much smaller quantities but then dispatched throughout the country, much of it destined for foreign markets. Drugs are also being regularly seized from passengers at the various international airports in the country to be smuggled abroad, to a myriad of destinations, and smaller quantities, particularly of the opiates, being found in the international mail system.

Both Pakistan and Iran have experienced a decrease in the seizures of opium and a relative increase in heroin and morphine seizures. Although the borders of both Iran and Pakistan have seen substantial troop deployment following the terrorist attacks on the US, this does not seem to have deterred the drug traffickers.

### **3. Precursors**

#### **Central Asia**

The control of precursors and chemicals used in the illicit manufacture of drugs is a rapidly increasing problem. Several issues have forced the development of new smuggling routes for precursor chemicals through the Central Asian countries. These include the following: ODCCP's efforts to assist in the strengthening of the control of precursors in South-West Asia, the conclusion in April 1994 of a Memorandum of Understanding between Iran and Pakistan, as well as improved controls on acetic anhydride enacted by the Indian authorities together with the progress made by the Pakistan authorities in dismantling domestic heroin laboratories, increase in illicit manufacture of heroin in Afghanistan in the late 1990s. For instance, the customs service of Uzbekistan has detected large shipments of chemicals used in the illicit manufacture of drugs, which were destined for Afghanistan. During 1995-1998, 77.6 tons of precursor chemicals were seized in Uzbekistan, mostly of acetic anhydride, used

in the manufacture of heroin. The case of Turkmenistan is similar: more than 198 tons of acetic anhydride were seized between 1995 and 2000. For comparison, the authorities in Turkey, which for years has been clearly the most significant location for the manufacture of heroin, reported the seizures of some 178,000 litres of acetic anhydride over the 1995 to 2000 period. It should be noted that Central Asia itself also has a large chemical industry which makes it possible to divert all the chemicals required for the illicit manufacture of heroin. Mechanisms must be strengthened to monitor domestic manufacture and distribution of precursors as well as to prevent diversions from international trade and to intercept smuggled consignments.

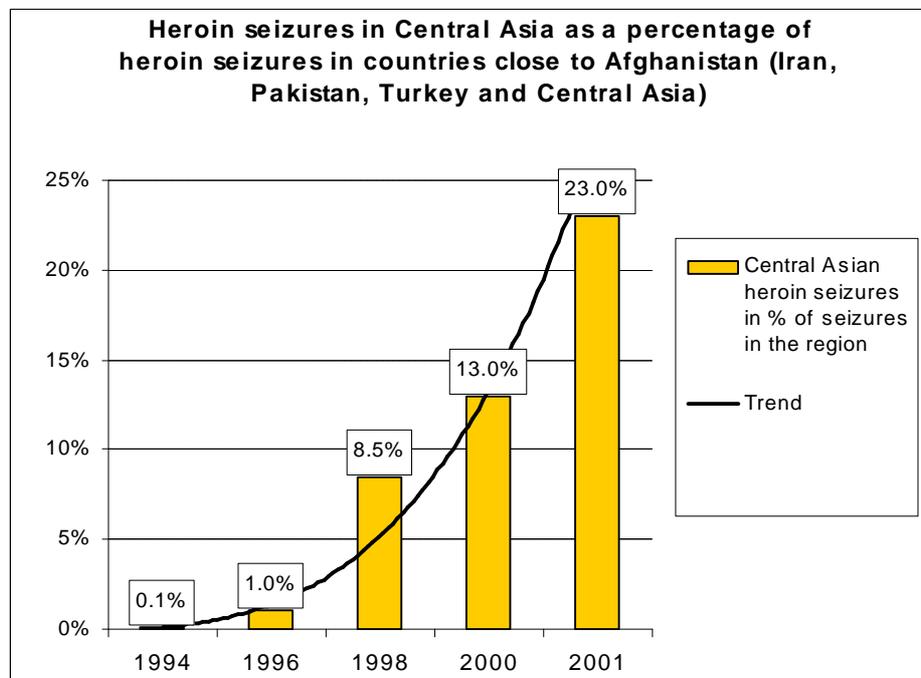
### **I.R. of Iran**

In 2001, Iranian Customs seized 20,440 litres of acetic anhydride. All seizures took place at the Iranian ports in the Gulf from cargos bound for Afghanistan.

## **4. Growth in trafficking of opiates**

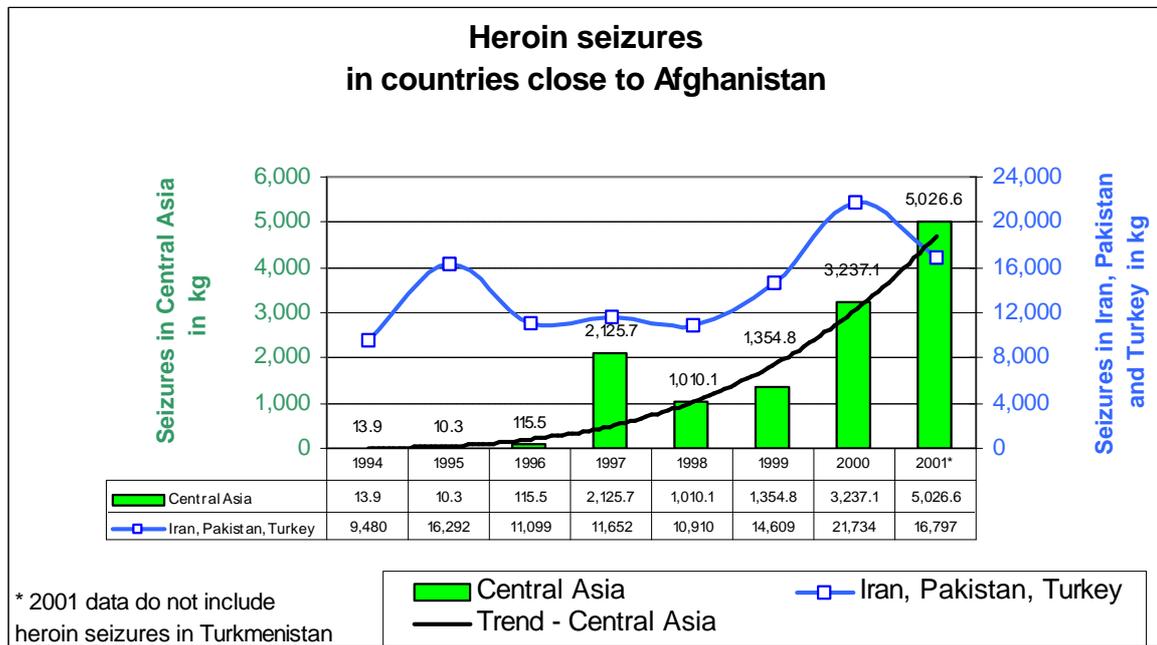
### **Central Asia**

There has been a clear increase of drug seizures in the countries of Central Asia over the last few years. Increases of heroin seizures in the countries of Central Asia have been sharper than those reported for Pakistan, Iran, and Turkey, i.e. the traditional routes for opiates to Western Europe. Taking the latter three countries and the five Central Asian countries together, the share of Central Asia rose from 0.1% of the heroin seizures in the region in 1994/95 to 13% in 2000 and to 23% in 2001.



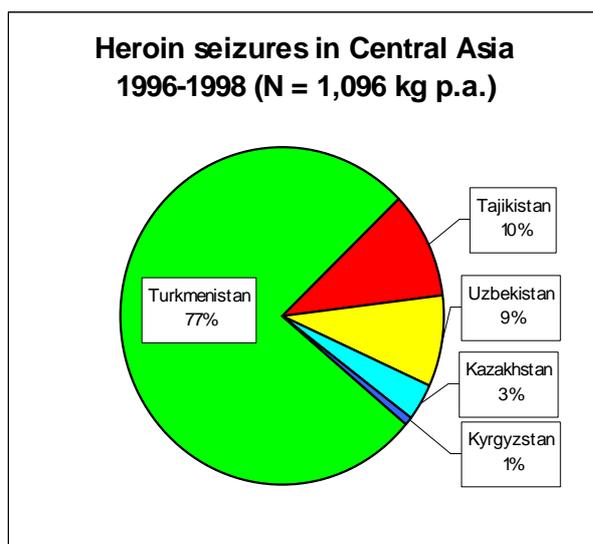
Sources: UNDCP, DELTA, UNDCP Field Offices

The seizures of 3.2 tons of heroin reported by the countries of Central Asia for 2000 were already equivalent to about half the amount of all heroin seizures made in the countries of Western Europe (7.8 tons in 2000, excluding Turkey) and more than 5.2 tons of seizures made in 2001 are equivalent to about two thirds of all West European heroin seizures.

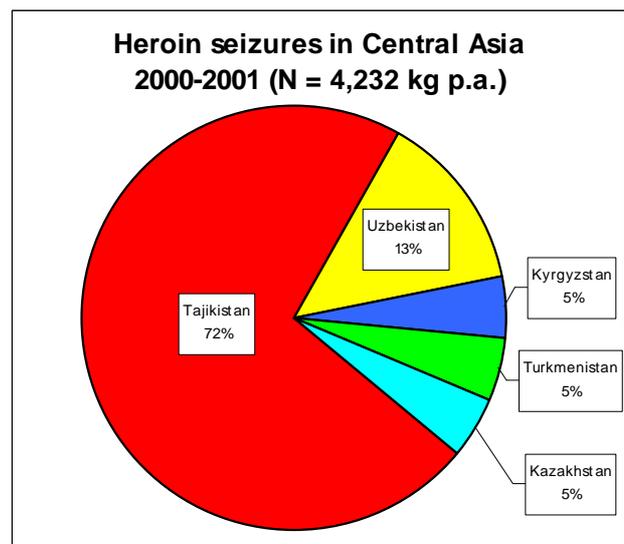


Source: UNDCP, DELTA, UNDCP Field Office.

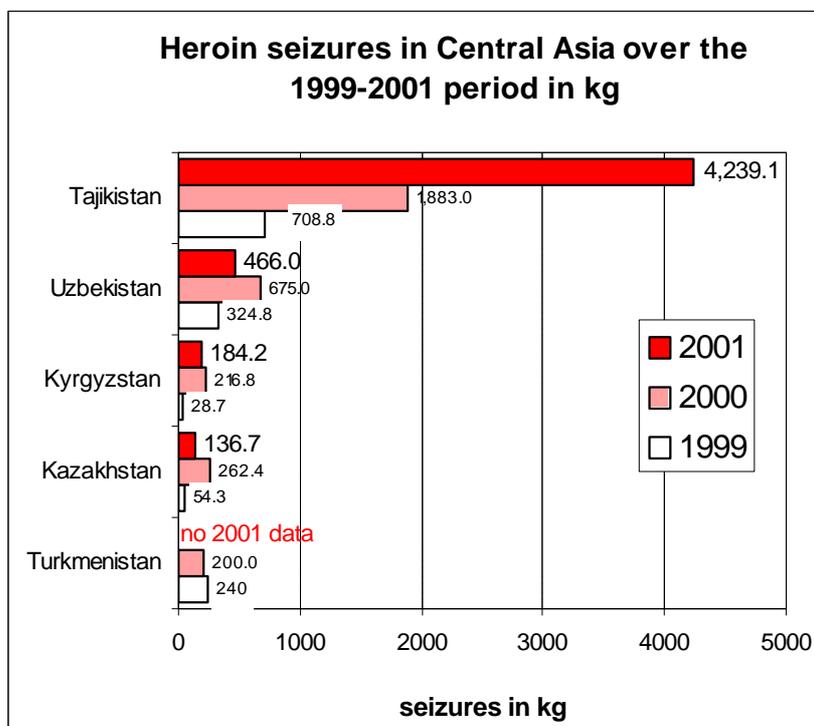
The increase in heroin seizures in recent years, including 1999, 2000 and 2001, was particularly marked for Tajikistan. However, if one compares the 1996-1998 period and the 2000-2001 periods, relatively strong increases can also be seen in Uzbekistan, Kyrgyzstan and Kazakhstan (i.e. countries affected by drug smuggling activities towards the north, via Afghanistan's border with Tajikistan). By contrast, over the 1996-1998 period, most seizures were made in Turkmenistan, which borders Afghanistan and Iran.



Source: UNDCP, DELTA, UNDCP, Field Office.



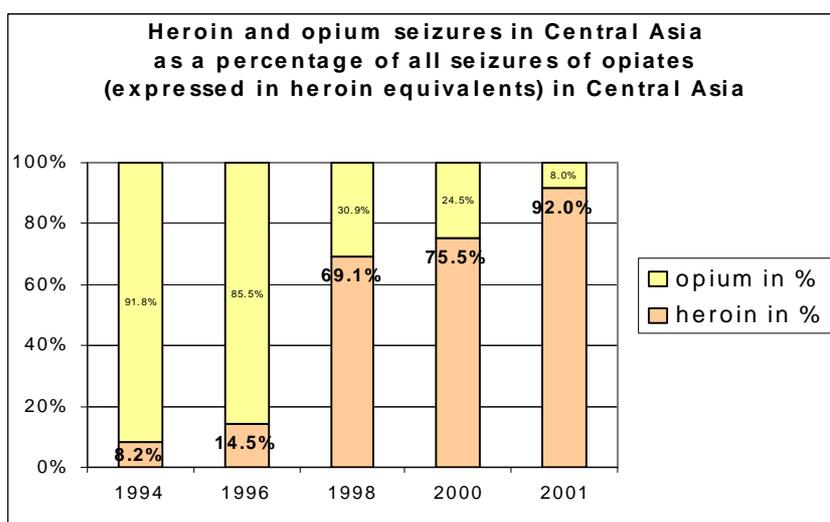
Source: UNDCP, DELTA, UNDCP Field Office.



Sources: UNDCP, DELTA, UNDCP Field Office.

It may also be noted that heroin seizures in Central Asia rose far more significantly than seizures of opium, suggesting that heroin manufacture in the region, notably in Afghanistan, gained strongly in importance in recent years. While in 1994, heroin seizures accounted for about 8% of all opiates seizures (expressed in heroin equivalents), this proportion increased to 75% in the year 2000 and to 92% in 2001. Even in absolute amounts, more heroin (5.2 tons) than opium (4.4 tons) was seized in Central Asia in 2001 (excluding the data from Turkmenistan). The opposite is still true for Iran. Heroin seizures in Iran amounted to 4 tons, morphine seizures to 8.7 tons and opium seizures to 79.7 tons (or 8 tons in heroin equivalents) in 2001. Heroin seizures thus accounted for 19% and opium seizures (expressed in heroin equivalents) for 39% of opiates seized in Iran. The rest (42%) is accounted for by seizures of morphine base, which is a pre-final product for the manufacture of heroin.

Despite falling as a proportion of all opiates seizures, seizures of opium in Central Asia grew

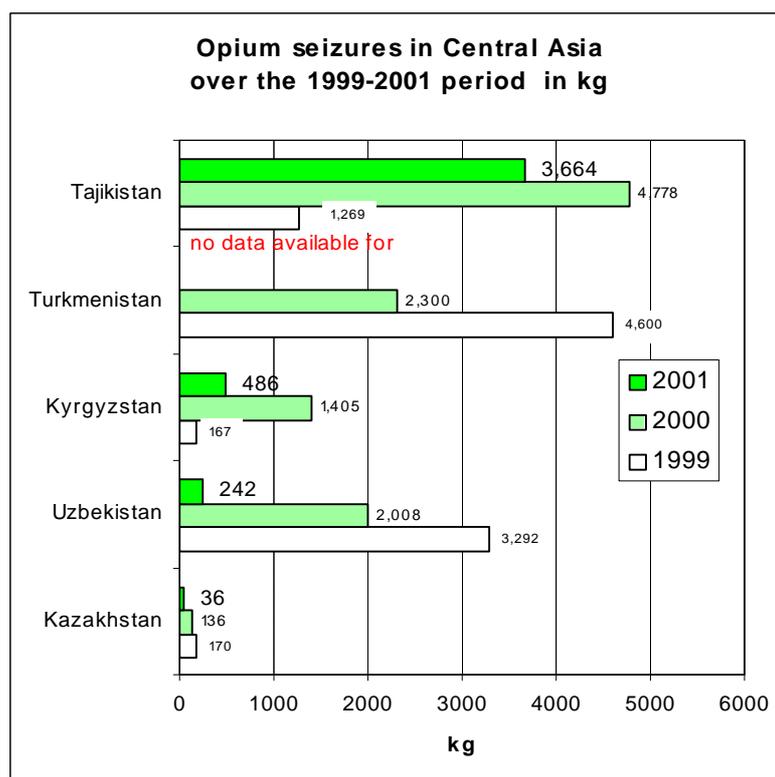


Sources: UNDCP, DELTA, UNDCP Field Office.

rather strongly in the 1990s up until the year 2000. The share of Central Asia in opium seizures in the region (Central Asia, Pakistan, Iran, Turkey) rose from 1.2% in 1994 to 5.3% in 2000. Growth in opium trafficking was, however, less than the growth in heroin trafficking. The average annual growth of opium seizures was 38%, while growth in heroin seizures was 148% p.a. in Central Asia over the 1994-2000 period.

In 2001, however, as a consequence of the Afghan opium ban, seizures of opium declined significantly. Opium seizures fell in 2001 by two thirds, or more, in Uzbekistan, Kazakhstan and Kyrgyzstan, and by more than 20% in Tajikistan. Up until September 2001, opium seizures in Tajikistan still exceeded those made a year earlier over the same period (January-September). The overall decline of opium seizures in Central Asia may have been close to 50%. (These are still tentative results as no data for Turkmenistan are available for the year 2001). In both 2000 and 2001, the largest opium seizures among the Central Asian countries took place in Tajikistan. The next largest seizures (based on data for 2000) took place in Turkmenistan. Back in 1994, Turkmenistan had still the highest opium seizures among all Central Asian countries.

Both heroin and opium seizure data thus indicate a shift of Afghan opiates trafficking towards Central Asia and, within the Central Asian region, a shift in trafficking from borders with Turkmenistan, located to the north-west of Afghanistan, to borders with Tajikistan, located north-east of Afghanistan.



Source: UNDCP, DELTA, UNDCP Field Office

## **I.R. of Iran**

In the last months of 2002, seizures of narcotic drugs in Iran seem to indicate a resurgence of trafficking from Afghanistan. The trend is particularly strong for morphine as shown by the seizure of some 500 kg in less than 10 days in August.

The overall trends of seizures for the current year suggest the following:

- trafficking of opium, morphine, and heroin through Iran is progressively returning to the same levels recorded in 1999 and 2000;
- the increased availability of opiates in Afghanistan has not had any impact on the considerable growth of hashish trafficking recorded in 2001 and previously ascribed to the reduced availability of opium and opium derivatives.

Table for comparative drug seizures in Iran for the same periods of January-May 2000, 2001 and 2002 (kilograms)

	2000	2001	2002
Opium	68960	29030	31527
Morphine	8196	2388	3783
Heroin	1815	1716	1845
Hashish	10320	15348	23398
Others	435	479	323
TOTAL	89726	48961	60877

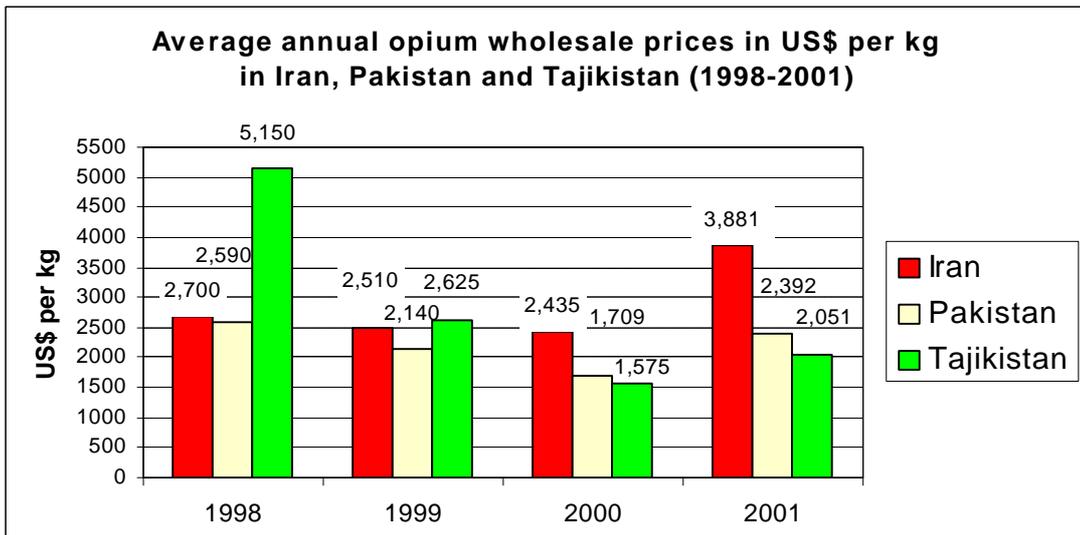
## **5. Changes in drug prices**

### **Central Asia**

Developments in opium and heroin prices are in line with the conclusion that trafficking of opiates out of Afghanistan shifted further towards Central Asia in 2001.

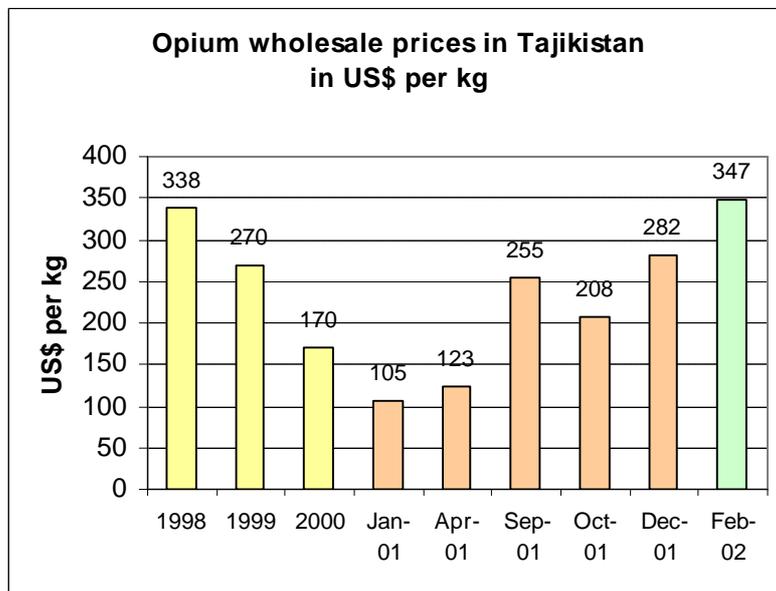
Opium prices increased in 2001 within Afghanistan as well as in all neighbouring countries. However, the increases differed, and price levels varied markedly between countries as well as within the countries.

There were very strong increases of opium prices in Iran and Pakistan and more moderate increases in Tajikistan. If seizures in Tajikistan increased strongly without massive price increases while drug prices increased strongly in Pakistan and Iran without increases in seizures, economic theory predicts that there must have been an underlying shift in supply: more drugs are being smuggled out of Afghanistan via Central Asia and less drugs being shipped out of Afghanistan via the traditional routes, i.e. via Pakistan and Iran. Annual wholesale opium prices for 2001 (average of available monthly prices), compared to 2000, showed a quadrupling of opium wholesale prices in Iran and Pakistan and an increase by only some 15% in Tajikistan.



Source: UNDCP, *Global Illicit Drug Trends 2002*, UNDCP Field Office.

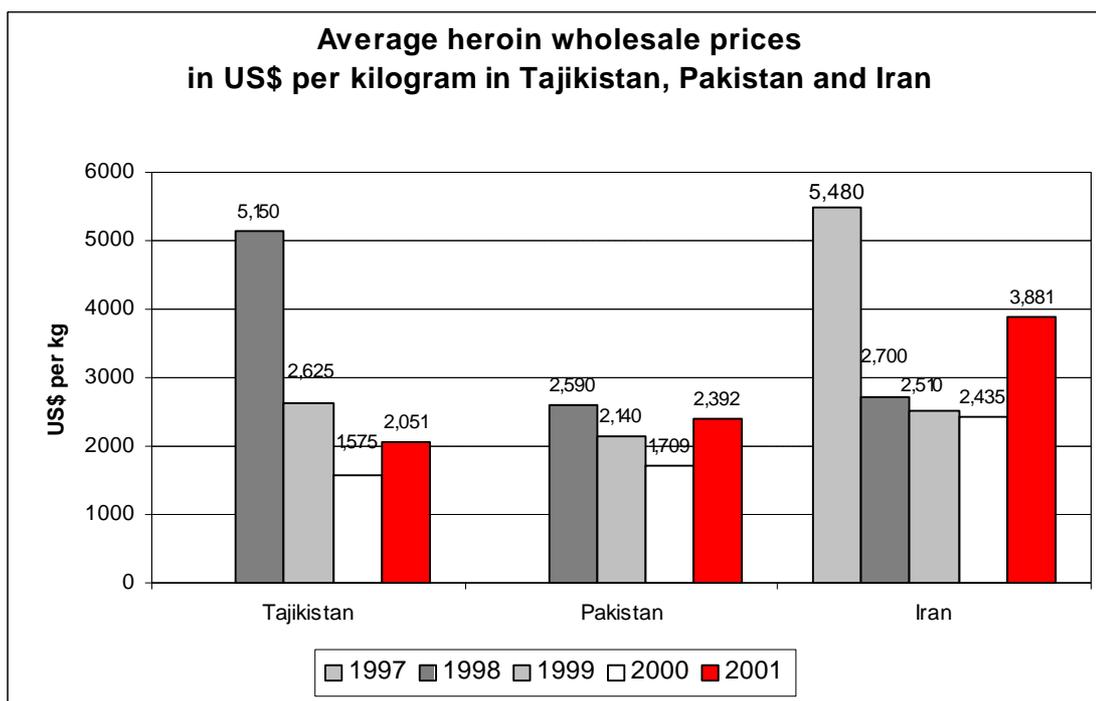
The moderate price increase in Tajikistan was, however, the result of two opposing trends: a fall in opium prices throughout 2000 - following Afghanistan's 1999 bumper harvest and the good harvest of 2000 - and thus a very low price level at the beginning of 2001, followed by moderate price increases in subsequent months and significant price increases after the events of September 11. (In the other two countries, price increases were already reported far earlier in 2001.) It should be noted that the range of prices across the country is very broad. In February 2002, opium prices in Tajikistan ranged from \$80 in some areas close to the Afghan border to \$600 close to Tajikistan's borders with other neighbours.



Source: UNDCP, *Global Illicit Drug Trends 2002*, UNDCP Field Office.

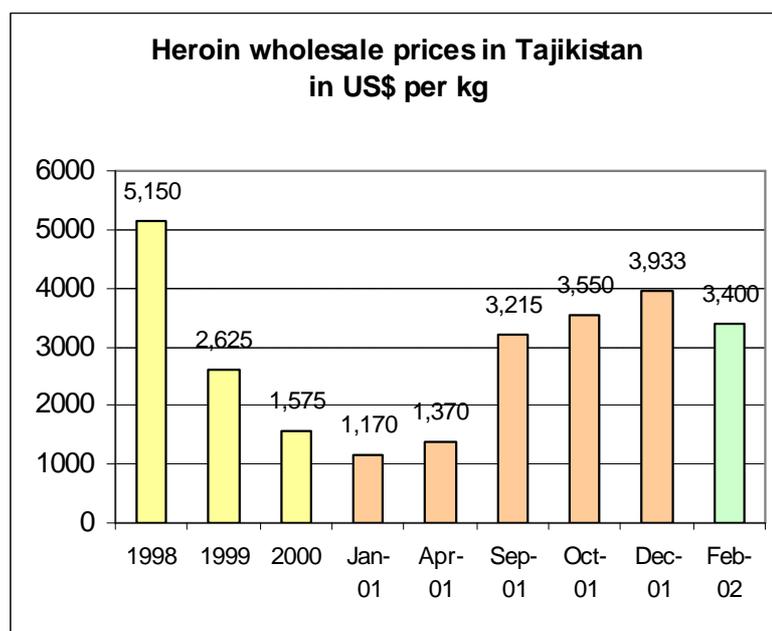
Increases in heroin prices in 2001 were, in general, less pronounced than increases in opium prices: some 60% in Iran, 40% in Pakistan and 30% in Tajikistan. Despite a strong increase in opium prices in 2001, heroin prices in Iran were still 30% less than in 1997 and in

Tajikistan some 60% less than in 1998, indirectly reflecting the larger heroin manufacturing capacity in the region as well as the existence of important stocks.



Source: UNDCP, Global Illicit Drug Trends 2002; UNDCP Field Office.

Price changes during the year 2001 were more significant than price changes between 2000 and 2001. Heroin prices in Tajikistan more than tripled between January and December 2001. Data for February 2002, however, fail to show a further rise and are still about a third lower than in 1998, prior to Afghanistan's bumper harvest of 1999.

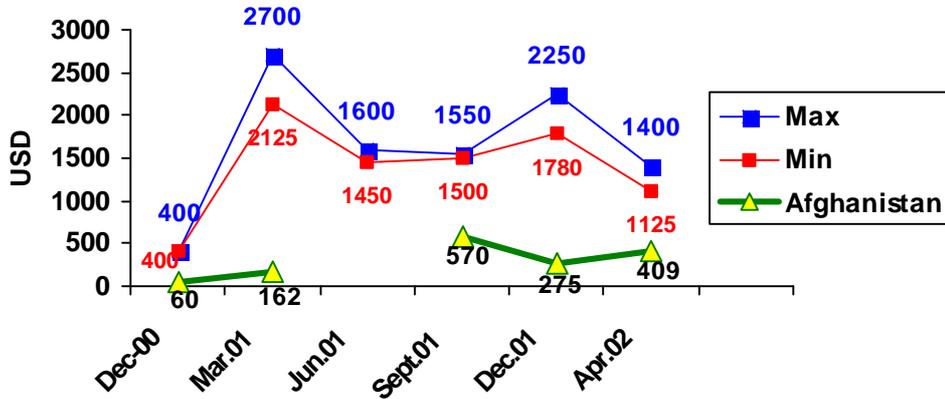


Source: UNDCP, Global Illicit Drug Trends 2002; UNDCP Field Office.

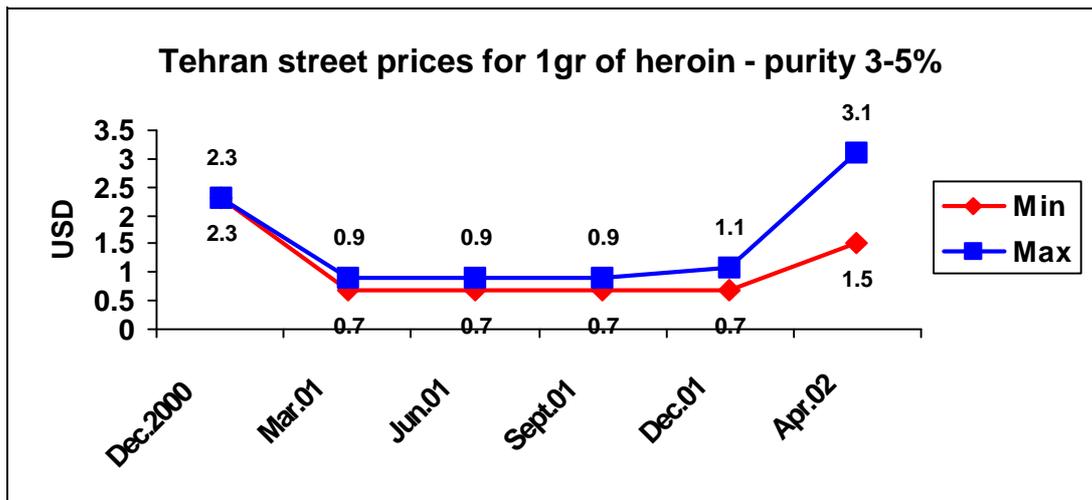
## I.R. of Iran

After strong price increases from December 2000 to April 2001, and a relative stabilization throughout the remaining months of 2001, opium prices have shown a downward trend in 2002. The new trend is likely to be caused by the news of resumption of poppy cultivation in Afghanistan, following the collapse of the Taliban.

### Tehran retailer prices for 1kg of opium



### Tehran street prices for 1gr of heroin - purity 3-5%



## **6. Recent trafficking trends**

### **Central Asia**

The ongoing anti-terrorism campaign coupled with a resumption of opium poppy cultivation in Afghanistan also resulted in some changes/modifications of drug trafficking trends. The military operations in the South and East of Afghanistan prompted drug traffickers to increase their activities in the North of the country.

While in 2000, still more opium (4.8 tons) than heroin (1.9 tons) was seized in Tajikistan in absolute amounts, the pattern was reversed in 2001 (3.7 tons of opium versus 4.2 tons of heroin) and this trend became even more pronounced in 2002. In the first quarter of 2002, the authorities seized in Tajikistan 750 kg of heroin and just 20 kg of opium. This pattern can also be found in other Central Asian countries. In Uzbekistan, 242 kg of opium versus 467 kg of heroin were seized in 2001. Similarly, authorities in Kazakhstan seized 36 kg of opium versus 137 kg of heroin. These seizure patterns are also in line with the reports indicating that many Afghan heroin processing laboratories have been moved to the northern borders with countries of Central Asia, most notably the border with Tajikistan. There are apparently numerous laboratories of different sizes in the area extending from Faizabad to Konduz (northern Afghanistan). The small laboratories are often family-run and produce a maximum of 5-10 kg of heroin per day. The establishment of small laboratories is generally seen as a strategy to minimize the risk of detection by the local law enforcement authorities and the coalition forces.

There are indications that stockpiles of opium and heroin in northern Afghanistan diminished in size but increased in number. At the same time, available information does not indicate that the locations of the stockpiles changed much compared to two years ago. They seem to still be located in more or less the same places as assessed by ODCCP in March 2000. The increased number of stockpiles aims at minimizing potential losses in case of detection by the police or military forces. Information on more, but smaller, stockpiles is also in line with the reports received from the Russian Federal Border Service troops deployed along the Tajik border with Afghanistan. They reported seizures of smaller consignments of heroin in 2001 than in previous years. Purity of heroin appears to have again increased. The seizures of high purity heroin ('999 quality') at the Tajik border with Afghanistan indicate that the traffickers are increasingly shipping their stockpiles of pure heroin produced last year. The high yields anticipated for this year's opium poppy harvest in Afghanistan may have prompted the traffickers to sell their stocks now, in order to have sufficient space for the new stocks of opium and heroin.

Two types of heroin are usually being seized in Central Asia: high quality heroin for export and low quality heroin for local consumption. Some of the price increases reported from Central Asia have gone hand in hand with the improved levels of purity of 'export heroin'; its quality has improved considerably over the last few quarters - and so has the price. The cost of 1 kg of heroin in Dushanbe, Tajikistan, rose from US\$ 2,500 in 2001 to US\$ 6,000 in the first half of 2002. At the same time, there is low purity level heroin available on the markets at a price of about US\$ 2,000 in Dushanbe, i.e. one third of the price of high quality heroin. The cost of 1 kg of pure heroin at the Tajik border with Afghanistan was around US\$ 2,000 in the first two quarters of 2002 against an average US\$ 1,000 last year. It is assumed that the high purity heroin may not be only for export to the Russian Federation but also for export to Western markets (West European and, to some extent, the North American markets).

## **I.R. of Iran**

With regard to both seizures and prices, the following trends could be identified:

- Despite the resumption of opium poppy cultivation in Afghanistan, illicit suppliers are not confident about the volume of the expected harvest and the consequent volume of supplies to the markets;
- The recent seizures of large consignments of morphine in Pakistan, Iran, and Turkey may indicate a shortage of raw materials (mainly, morphine base) at refining sites in Turkey and elsewhere along the Balkan route. The increase in heroin smuggling through Central Asia, and reports on the shortage of heroin on the Western markets seem also to indicate the shrinking of the previously held stocks;
- The shortage of opium and good quality opium derivatives, caused by the 2001 drop in opium poppy harvest in Afghanistan, created a small niche for synthetic opiates on the Iranian domestic markets.

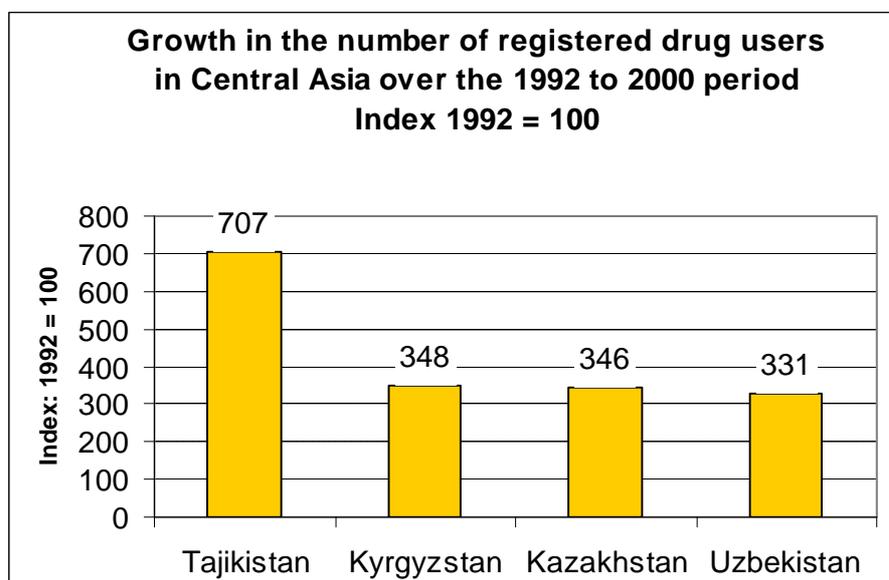
## **7. Drug abuse trends and drug abuse situation**

### **Central Asia**

ODCCP is also concerned with the rapid spread of drug abuse, a consequence of increased trafficking in drugs across the whole Central Asian region. The availability of cheap drugs in Central Asia, caused by increasing trafficking activities, has left a trail of drug abuse behind. Petty couriers are often paid in-kind with low quality drugs, which they need to transform into cash by finding new clients. In parallel, as a consequence of the break-up of the Soviet Union, and the break-up of a once integrated economic area, the Central Asian states lost, *inter alia*, their subsidies from Moscow and had to fight with the transition related problems, including budgetary deficits, high inflation, negative industrial growth, and rising unemployment. Moreover, the nation-building process has drained resources, leaving little room for social intervention.

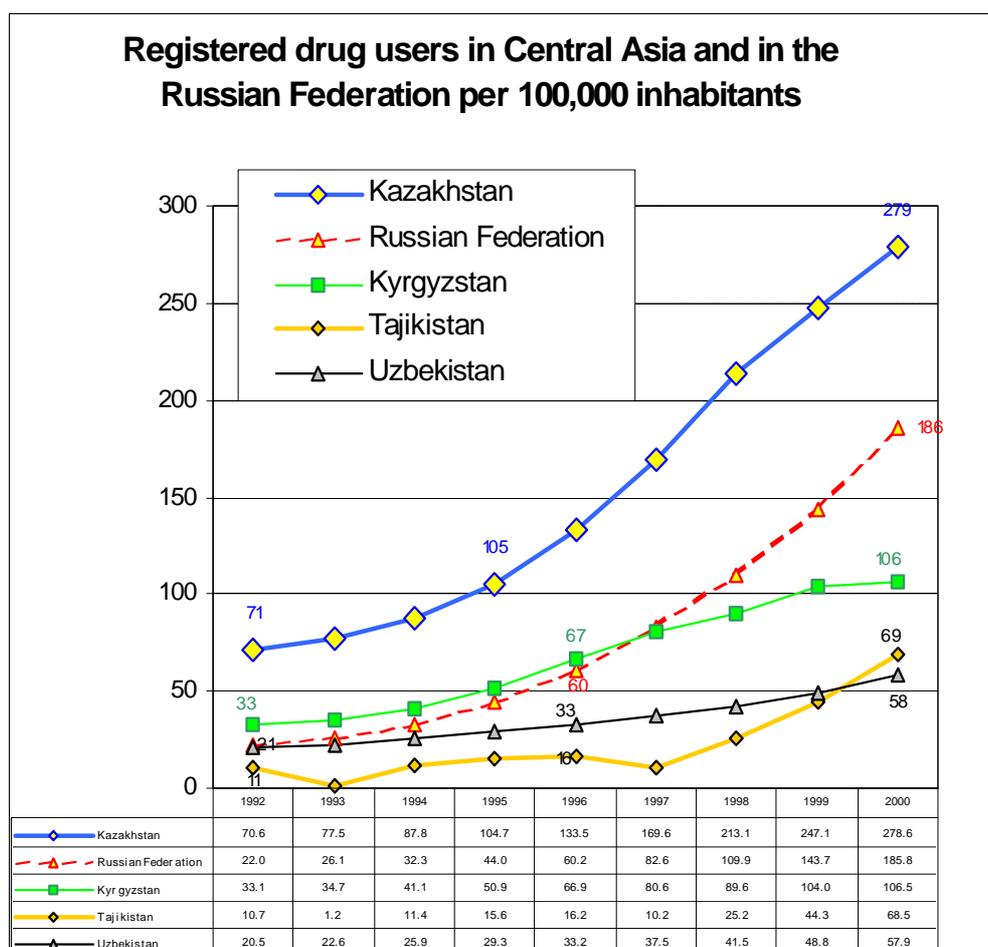
Until the mid-1990s, the drug issue was perceived by the Central Asian states as a problem affecting the foreign countries only. The local authorities relied on international assistance for addressing the drug traffic problem with the help of law enforcement. After 1995, when large-scale heroin processing started in Afghanistan and heroin began to be massively shipped across Central Asia, it also entered the local consumer markets. This prompted a change in the perception of the problem and forced the local authorities to address the demand side as well.

While data on the extent of drug abuse in Central Asia is still limited, government statistics on the registered drug users along with the results of a number of rapid assessments and surveys, provide clear indications of a strong increase in the number of drug abusers combined with a shift from cannabis to opium and heroin as the preferred drugs of abuse. On top of this, there was a rapid increase of drug abuse through injections with an alarming implications for the spread of HIV/AIDS in Central Asia.



Source: UNDCP, Global Illicit Drug Trends 2002.

The strongest increase in drug abuse in Central Asia appears to have taken place in recent years in Tajikistan, i.e. in the country most affected by increasing trafficking activities. The number of registered drug users rose sevenfold in Tajikistan during the period 1992 to 2000. In the other Central Asian countries, the number of registered drug users tripled over the same period.



Source: UNDCP, Global Illicit Drug Trends 2002.

If the rate of registered drug users per 100,000 inhabitants is calculated, the highest rate in Central Asia is found in Kazakhstan (279 per 100,000 inhabitants in 2000), followed by Kyrgyzstan (106), Tajikistan (69) and Uzbekistan (58). (No comparable data for Turkmenistan have been reported to ODCCP). It may also be interesting to note that the rates for Kazakhstan exceed by some 50% the very high rates reported for the Russian Federation (186 registered drug users per 100,000 inhabitants), which is also in line with observations made in the Russian Federation that the highest drug abuse rates are found in towns close to the Russian border with Kazakhstan.

The results of the research conducted by ODCCP clearly indicate that in the last few years the drug abuse problem in Central Asia has acquired serious dimensions, particularly as far as the intravenous use of heroin is concerned, with the resulting risk of the spread of HIV/AIDS. Preliminary findings on the extent of the drug problem show the following picture:

<b>Estimated <u>actual</u> number of drug addicts in Central Asia</b>			
	Estimated number	Population	Rate per 100,000 inhabitants
Kazakhstan	165,000-186,000	14860021	1,110-1,251
Kyrgyzstan	80,000-100,000	4867481	1,644-2,054
Tajikistan	55000	6131000	897
Uzbekistan	65,000-91,000	24813109	262-367
<b>Total</b>	<b>365,000-432,000</b>	<b>50,671,611</b>	<b>720 - 853</b>
Source: ODCCP, Field Office.			

One should not over-interpret the differences among the Central Asian countries, as they may be partially due to different registration rules, thus leading to a bias in the estimation procedures for individual countries. It may well be that prevalence estimates for Kazakhstan and Kyrgyzstan are overestimates and those for Uzbekistan are underestimates. Nonetheless, compared with other countries, the prevalence rate of drug abuse in the Central Asian states seems to be already very high. For Central Asia as a whole (data except Turkmenistan), the upper limit would be 853 persons per 100,000 inhabitants. This compares with an upper limit of such estimates for the UK of 580 and for Italy of 569 problem drug users per 100,000 inhabitants, and suggests that the problem drug use in Central Asia, on a per capita basis, could be some 50% higher than in the two largest heroin markets in Western Europe. In Pakistan, the upper limit of the rate of heroin users and other drug injectors is estimated at around 360, suggesting that the problem drug use in Central Asia may be more than twice as high as in Pakistan.

## **I.R. of Iran**

The government's most recent estimates on drug consumption in Iran, based on case enumeration using secondary data, indicate that about 1.2 million people (in a population of 62 million) are regular drug users or are dependent on drugs, mostly opiates. The same official sources estimate the overall number of domestic drug users at some 2 million.

A further source of information emanates from the data related to drug screening before marriage and applications for government posts (mandatory under Iranian law): the results show that 1.5% of those screened proved positive for opiate abuse<sup>3</sup>.

In 1998-1999, ODCCP carried out a drug abuse Rapid Situation Assessment (RSA) study in Iran to better understand the nature and extent of the problem. The results of RSA, undertaken in ten major urban sites of the country, indicate that the prevalence figures for severe forms of drug abuse, particularly that of opiates, vary between 1-2% in the general population. The research concentrated solely on the problem of drug abuse, without even trying to estimate the extent of recreational/occasional use of drugs among the Iranian population. The sample population used included abusers in treatment and rehabilitation centres (32%), prisons (35%), and on the streets (33%).

The common drugs of abuse are opium, opium residue and cannabis. Opium was traditionally smoked in old Persia and is still in demand by abusers. Opium is also consumed orally, often dissolved in tea. A small proportion of users injects opium by dissolving it (or its residue) in water (blackwater opium). Cause for alarm has been the recent emergence of an increase in heroin consumption, where users sniff, smoke and inject it. There are however significant regional differences, as far as the spread of heroin abuse is concerned: for instance, in Kermanshah, heroin abuse reported in the 1999 RSA stands at 66.7%, in Tehran at 57.3%, and in Semnan at 3.3%, only. The same applies to IDU, which was reported to be particularly high in Mazandaran Province (30.8% ) and Tehran (26.7%) as compared to Semnan (3.3%). Due to the cultural traditions, the use of opium is considered less serious than the use of heroin by both the Iranian law and the general public. The common reasons cited for switching from opium to heroin, and from smoking to injecting, are: a) opium not giving enough "high"; b) opium becoming costly and unavailable; and c) availability and affordability of heroin. A small proportion of the population was reported to have used pharmaceutical substances (codeine). Country-wide RSA findings suggest that 21.9%<sup>4</sup> of the total number of drug abusers had never injected (heroin or opium residue).

As the profile of the ordinary Iranian drug abuser is concerned, the following data have been collected through the RSA:

- Age of abusers: 68.1% aged between 20 and 40 years;
- Principal age of drug abusers: 33.6 (+/-10.5) for males and 37.7 for females (the youngest drug abuser reported in the study was 12 years old);
- Gender: 93.4% males-6.6% females;
- Marital status: 56.7% married-34.6% single (the remaining 8.7% are below marital age);

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<sup>3</sup> It is worth mentioning that in this latest case, persons screened knew the implications of the test results. Therefore, the likelihood of under-detection in using this source of data is high.

<sup>4</sup> viz. 262,800 individuals.

- Literacy rate: 12.4% illiterate, 33.8% middle school education;
- Occupation<sup>5</sup>: 24.4% labourers; 20.5% unemployed;
- Source of income for drugs: a major proportion of the interviewed reported illegal means of income, as well as being supported by their families.

The rising trend of IDU is a matter of serious concern among the Iranian health authorities. Recent data representing recorded cases of HIV/AIDS and the ways of transmission up to March 2001, indicate that in 67% cases HIV/AIDS transmission was caused by the drug injection. This phenomenon is of particular concern in the penitentiary system where needle sharing seems to be practiced more often.

Data on drug related deaths by the Statistics and Computer Department of the Drug Control Headquarters show an upward trend in the latest years with 2,106 cases recorded in 2001 against only 632 in 2000. The steady increase in drug related deaths could be attributed to the effects of the Afghan opium poppy ban. Indeed, the first effect of the shortage of supply and the consequent increase of prices for opium has been the shifting to heroin by opium abusers; secondly, the very shortage of opium and the increased demand for heroin have progressively resulted in the deterioration of the quality of heroin sold on the street which, according to unofficial sources, has a purity of 2 to 7%; third, the lower purity of the heroin available pushed abusers to changing their consumption patterns from smoking to injecting, with the consequent increase in drug related deaths.

With regard to drug abuse, 88 out-patient treatment centres are now operational with 350 specialist staff<sup>6</sup>. Over 100,000 drug abusers have received care at these centres during the past three years. In 2000, work was initiated for the setting up of 9 residential therapeutic communities modelled according to the Synanon treatment and rehabilitation methodology.

In 2002, the National Drug Abuse Research and Training Institute was officially inaugurated. The Institute is expected to function as the main monitoring and specialized expertise centre for all drug demand reduction programs in Iran.

There are many private treatment clinics, the competency of which raises concerns. Advertised in many daily newspapers, some of these clinics promise immediate freedom from drug dependency.

As NGOs are concerned, Narcotic Anonymous is very active in I.R. of Iran with about 3,000 members throughout the country. Other NGOs, such as AFTAB Community and Drug Control Community, have recently initiated counselling and rehabilitation programmes.

## **Pakistan**

Drug abuse, in particularly, of heroin, hashish and opium is widespread in Pakistan. A drug abuse Rapid Assessment Study undertaken by ODCCP in cooperation with the government of Pakistan in 2000, estimates the number of chronic heroin abusers at 500,000. The overall prevalence expressed in terms of the whole population of Pakistan is around one third of one percent which means that the country has one of the highest rates of heroin abuse.

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<sup>5</sup> Unemployment status of the drug abusers varied significantly between different provinces, e.g. in Semnan it was 6.5% and in Tehran 32%.

<sup>6</sup> 35 more, compared to 1999.

Recent trends suggest a shift from the traditional inhaling and smoking of heroin to injection. Over the past eight years, the proportion of injecting heroin abusers increased significantly from approximately 1.85% in 1993 to over 15% in 2000. Results from an ODCCP/UNAIDS study in 1999 revealed that needle sharing and the multiple use of injection needles is common practice in the so called “shooting galleries” that emerged in Lahore and in Karachi. Over half of the injecting drug users who participated in the study reported that they would use a syringe after others have already used it. No cases of HIV/AIDS have been detected in that study, but the high prevalence of Hepatitis-C (180 out of 200 cases) indicate the high potential of an HIV/AIDS epidemic and other transmittable diseases among the intravenous drug users.

Drug addicts have little access to effective treatment. With a few exceptions, the services provided by government-run drug treatment facilities are limited to the management of acute withdrawal symptoms of 7-10 days duration. NGOs are differing in levels of development and capacity in terms of providing drug abuse treatment. Some NGOs and private institutions offer to their clients a wider range of treatment concepts and a range of services beyond medical interventions.

It is estimated that approximately 20 % of Pakistan’s prison population has been incarcerated because of drug abuse, possession of drugs and other drug-related offences. Many young drug addicts find themselves in prison because their family members were unable to cope with their addiction and arranged for their imprisonment. Treatment services in prisons, if available, are limited to medical intervention to bring relief from acute withdrawal symptoms.

## **B. Drug Control Cooperation**

### **8. Regional cooperation**

#### **Central Asia**

The governments of the Central Asian states are increasingly concerned with the devastating economic and social consequences, as well as the security implications, of illicit drug traffic and therefore joined a number of regional initiatives. In 1992, all of the Central Asian countries joined the Economic Cooperation Organization (ECO), which in recent years developed a strong focus on strengthening drug control in the region. ECO includes the five Central Asian countries, as well as Afghanistan, Pakistan, Iran, Turkey, and Azerbaijan. In addition, the five Central Asian states signed on 4 May 1996 a Memorandum of Understanding on sub-regional drug control cooperation which was also joined by Russia and the Aga Khan Foundation in January 1998, and by Azerbaijan in September 2001. In 1996, the law enforcement agencies of Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan signed an agreement on cooperation in combating the illicit traffic in drugs. There are also several other coordinating bodies of the CIS countries to facilitate joint operations against organized criminal activities. Another development in cooperative efforts is the Shanghai Cooperation Organization (former “Shanghai Five”), which includes China, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, and Uzbekistan. The group, set up in 1996, covers several issues related to regional security, including drug trafficking. On 21 April 2000, Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan signed a Treaty on Concerted Action in Combating Terrorism, Political and Religious Extremism, Transnational Organized Crime and Other Threats to the Stability and Security of the Signatory Parties which addresses also drug trafficking.

In 2000, the "Six Plus Two" group (Tajikistan, Uzbekistan, Turkmenistan, Pakistan, Iran, China, as well as the Russian Federation and the USA) with the support of ODCCP established a Working group to strengthen drug control cooperation among the countries bordering on Afghanistan, e.g. to enhance their interdiction capacities ("Security belt"). In September 2000, the "Six Plus Two" group, with ODCCP's assistance, elaborated and approved a Regional Action Plan for countering the Afghan drug threat.

However, despite strong political commitment to address the problem of illicit drugs, all five Central Asian countries lack basic resources to institute effective drug control mechanisms, whereas such structures are urgently needed. These needs were reflected in the Regional Action Plan, as well as in the Declaration and in the Priorities for Cooperation to Counter Drugs, Organized Crime and Terrorism, adopted by the Central Asian countries at the International Conference on Enhancing Security and Stability in Central Asia: an Integrated Approach to Counter Drugs, Organized Crime and Terrorism, jointly organized by ODCCP and OSCE in Tashkent on 19-20 October 2000. In line with the priorities of the Central Asian states, ODCCP designed a Regional Programme comprising a strategic framework and the ongoing and pipeline projects. The Regional Programme was officially presented at the "Bishkek International Conference on Enhancing Security and Stability in Central Asia: Strengthening Comprehensive Efforts to Counter Terrorism" held in Kyrgyzstan on 13 – 14 December 2001 and jointly organized by ODCCP and OSCE. The participants of the Conference endorsed the Declaration and Programme of Action to counter terrorism, which emphasized additional needs of the Central Asian states in technical and financial assistance. The Regional Programme provides a framework for the follow-up to the Tashkent and Bishkek conferences.

### **I.R. of Iran**

Iran is a party to two Southern Caucasus quadripartite MOUs on cooperation in drug control and activities against money laundering, facilitated by ODCCP and signed, respectively, by Armenia, Georgia, Iran and ODCCP, and by Azerbaijan, Georgia, Iran and ODCCP.

Since 2000, Iran hosts annual Conferences of Drug Liaison Officers posted in Pakistan and Turkey, as part of the activities to promote regional cooperation in drug control. In 2001, at a meeting in Kish Island, the delegates from both regional and western law enforcement agencies overviewed the situation with illicit drug trafficking in the region and discussed practical ways for setting up and improving exchange of information and intelligence.

Iran is an active member of the "Six Plus Two" group and regularly attends its meetings.

Iran is one of the co-founders of the Economic Co-operation Organization (ECO)<sup>7</sup>, the headquarters of which is located in Tehran. In this context, it participated actively in the process leading to the approval of the ECO Plan of Action on Drug Control (11 May 1996), which provides a comprehensive and multi-disciplinary framework for drug control measures at national and regional levels, as well as in the setting up by ODCCP of the Drug Control Coordination Unit (DCCU) at the Secretariat of ECO.

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<sup>7</sup> The Economic Co-operation Organization (ECO) was renamed as such in 1985. Its origin goes back to 1964, when Turkey, Iran and Pakistan established the Regional Cooperation for Development. Currently, ECO membership includes Afghanistan, Azerbaijan, I.R. of Iran, Kazakhstan, Kyrgyz Republic, Pakistan, Tajikistan, Turkey, Turkmenistan, and Uzbekistan.

## 9. Response of ODCCP

### Central Asia

ODCCP's Regional Office covering all five Central Asian countries was opened in Tashkent in August 1993. Since 1994, ODCCP provided assistance to the Central Asian states for a total value of **US\$ 35.1 million**.

**Ongoing programme: US\$ 30.2 million**

**Operational and project budgets for 2002: US\$ 4 million**

### **ODCCP Strategic Programme Framework for Central Asia , 2002 - 2005**

**(Ongoing and future activities)**

The **immediate objective** of the Programme for Central Asia is to further strengthen the capacities in the region to more effectively address the drugs and organized crime problems at national and regional levels. The **long-term objective** is to reduce drug trafficking, drug abuse and organized crime in Central Asia. The Programme is intended to benefit the general security situation and to contribute to a sound and healthy development of the region. It is, inter alia, expected to contribute to containing and reducing the spread of HIV/AIDS.

Thematic area	Investment since 1994 to date	Budget ongoing programme	2002 budget allocated	2003 budget allocated
Elimination of illicit crops	1.3	0.5	0.1	0.08
Prevention and reduction of drug abuse	1.3	1	0.4	0.03
Suppression of illicit trafficking	31.9	28.2	3.4	4.6
Policy support	0.6	0.5	0.1	0.1
<b>Total</b>	<b>35.1</b>	<b>30.2</b>	<b>4</b>	<b>4.81</b>

### **Activities at national level**

**In Kazakhstan**, the project on institution building and improvement of drug control measures for a total amount of US\$ 873,900 was completed this year. In response to the request of the Kazakh government, the ODCCP is also developing a project to strengthen control on the Russian-Kazakhstan border (budget: \$4,494,000). It is expected that the project document will be finalized in 2003. Future ODCCP activities in Kazakhstan will focus on the strengthening of operational and interdiction capacities of selected drug control bodies, in the framework of the country's drug control master plan, and the improvement of institutional training capacities.

A project on capacity building and strengthening of drug control measures for a total amount of US\$ 800,000 has been designed for **Kyrgyzstan**. At the Bishkek Conference it was announced that ODCCP will support the initiative of Kyrgyzstan to establish the Drug Control Agency. At the recent donors meeting, ODCCP suggested that a joint ODCCP-donors mission

be sent to Kyrgyzstan to assess the feasibility of the establishment of DCA in this country. The setting up of a data and information gathering system, the strengthening of border control in drug trafficking "bottlenecks", and the upgrading of forensic laboratories and training capacities in Kyrgyzstan will be in the focus of future ODCCP's projects.

**In Tajikistan**, a border control project was launched in November 1999 to strengthen the capacity of border forces and law enforcement authorities in interdicting drug traffic on the Tajik-Afghan border. Furthermore, a project to create a national Drug Control Agency (DCA) is assisting the government in fighting the drug traffic. To ensure sustainability of the DCA, the "Exit Strategy" was elaborated and shared with donors. The strategy envisages provision of further assistance to the DCA up to 2006 with gradual withdrawal from the payment of the DCA's staff salaries. Future activities will assist the government in strengthening specialized law enforcement bodies and the forensic laboratory capacities.

**In Turkmenistan and Uzbekistan**, the first institution-building projects have been completed. As a follow-up, border control projects have been prepared for launching this year in both countries (budgets for the Turkmen - Afghan border project: US\$ 800,000; and for the Uzbek - Afghan border project: US\$ 1,400,000).

In **Turkmenistan**, the ODCCP's assistance will be aimed at the strengthening of border control and drug interdiction capacities through the provision of specialized equipment, communication facilities and up-to-date training. Special attention will be given to the enhancement of capacities to develop and implement drug abuse prevention and treatment policies. The major initiative for **Uzbekistan** entails improving information sharing and exchange between national drug law enforcement bodies, strengthening law enforcement capacities in dealing with drug trafficking cases and reinforcing interdictions in the most sensitive areas of the country, especially along the borders with Afghanistan and Tajikistan.

The Regional Programme also envisages priority areas for assistance **at a regional level**. In particular, provision of following assistance to the countries of the region is foreseen:

- to strengthen data and information sharing capacities of law enforcement agencies at a national and, later, regional level;
- to improve professional expertise of law enforcement personnel through the provision of specialized training programmes;
- to carry out controlled deliveries in order to increase the capacity of law enforcement agencies to dismantle drug trafficking organizations;
- to strengthen precursor control capacities in the whole region through reviewing domestic legislation, strengthening institutional capacities and providing training and specialized equipment;
- to strengthen the criminal justice systems in Central Asia, e.g. review national legislation against organized crime, etc.

The Regional Programme's portfolio has also a set of sub-regional projects aimed at:

- Upgrading law enforcement expertise in drug control in Central Asia and the Russian Federation through the use of a computer-based training programme;

- strengthening interdiction capacities of border forces and law enforcement agencies along the Russian/Kazakh border.

## **I.R. of Iran**

Since 1999, the ODCCP's strategy for Iran encompassed two complementary components. First, at the political level, it is support to the Iranian drug control policy and initiatives inside the country, in the region and internationally. Second, it is the strengthening of the ODCCP's operational role in the country and in the region through the implementation of the NOROUZ programme launched in June 1999, developing a new project to strengthen controls on the Iran-Afghan border, and further assistance to drug control functions of the Economic Cooperation Organization.

**Ongoing programme: US\$ 13,53 million**

**Operational and project budgets for 2002: US\$ 2.5 million**

### **ODCCP Strategic Programme Framework for the Islamic Republic of Iran**

**2002 - 2005**

The ODCCP's NOROUZ Programme (Narcotics ReductiOn UnitiZed Programme) aims at support to the Iranian drug control effort and participation in it of the international community. It operates through five projects, namely CIRUS – Combined InteRdiction Unified Strategy for Iran (drug supply reduction); DARIUS – Drug Abuse Research and Intervention Unified Strategy for Iran (drug demand reduction); LAS legal assistance to Iran; PERSEPOLIS – Participatory ExpeRienceS EmPOwering Local InitiativeS in Iran and Action for Generating Awareness on the Narcotic Issue among Afghans in Iran (AFGANIAI) (both intersectoral).

#### **DRUG CONTROL OBJECTIVE**

The Programme intends to:

- Enhance the national capacity in reducing illicit trafficking of narcotic drugs;
- Reduce the impact of the national drug abuse and consumption problem;
- Organize and improve its judicial responses to illicit drug trafficking and international organized crime;
- Mobilize the civic society against the illicit drug culture and forge new strategic alliances with national and international partners in the fight against drugs.

**NOROUZ total budget: US\$ 12,701,200**

#### **Suppression of illicit trafficking CIRUS – Combined InteRdiction Unified Strategy for Iran**

Total budget: US\$ 7,887,400

**OBJECTIVE:** By the end of the project, the Iranian law enforcement in charge of anti-drug trafficking operations will have increased their capability of intercepting and seizing illicit consignments of narcotic drugs transiting the country from Afghanistan and Pakistan, as well as leaving the country through the mail system, international airports and seaports.

#### **Prevention and reduction of drug abuse: DARIUS – Drug Abuse Research and Intervention Unified Strategy for Iran**

Total budget: US\$ 3,220,500

OBJECTIVE: By the end of the project, a network of drug demand reduction institutions and Non-governmental Organizations will cooperate in addressing the drug abuse problem at national and local levels.

**Legal Assistance for IRAN – LAS**

Total budget: US\$ 813,600

OBJECTIVE: By the end of the project, the Iranian judges and magistrates will have the needed legislative and investigative tools at their disposal for responding to the challenges posed by drug trafficking and international organized crime.

**Intersectoral - Local Empowerment: PERSEPOLIS – Participatory ExperienceS for Empowering Local InitiativeS in Iran**

Total budget: US\$ 779,700

OBJECTIVE: By the end of the project, opinion leaders, intellectuals, mass media and the general public will actively participate in the anti-drug effort launched by the government of Iran. The mentioned objective will be achieved by mobilizing the national decision makers, opinion leaders and the general public to play an active role in the fight against drugs and criminality. The objective will also be achieved by empowering the community with the required instruments for designing and implementing the local drug control action plans.

**Action for Generating Awareness on the Narcotic Issue among Afghans in Iran (AFGANIAI)**

Total Budget: US\$ 48,600

OBJECTIVE: This project has been designed to increase the awareness of the Afghans enrolled into the UNHCR–Government of Iran voluntary repatriation programme, and generally that of the Afghan communities in the I.R. of Iran, on the negative consequences of cultivating opium poppy, trafficking and consuming opiates.

**Regional level**

**Strengthening the Drug Control Coordination Unit (DCCU) at the Secretariat of the Economic Cooperation Organization (ECO) – Phases 1 & 2**

Total budget: US\$ 780,600

OBJECTIVE: The objective of the project is to provide the ECO Secretariat with a mechanism for coordination of drug control activities in all ECO Member States. ECO will thus obtain a managerial tool to monitor the drug situation in the region and to maintain a continuous dialogue with its Member States on the implementation of the ECO Plan of Action on Drug Control.

**Strengthening Afghanistan – Iran Drug Control Border Cooperation (SAID)**

*(under formulation)*

Total budget: US\$ 3,066,100

OBJECTIVE: The objective of the project is to increase the capacity of forces along the border to interdict the trafficking of narcotics. This will be carried out by an initial needs assessment and followed by the provision of equipment to establish border check posts. The border forces will receive training in interdiction and intelligence techniques and will be assisted with better mobility, communications and equipment. Following the assessment, land border crossing points will be similarly assisted to reduce the flow of drugs out of Afghanistan, as well as the flow of precursor chemicals into the country, which is carried out by utilizing legitimate commercial trade.

## **Pakistan**

Throughout the 1980s and 1990s, ODCCP's activities in Pakistan were dominated by supply reduction projects. Between 1976 and 2000, more than US\$ 35 million was spent on alternative development projects while over the same period comparatively little funds were allocated to drug law enforcement and demand reduction. With the achievement of the opium poppy elimination target in Dir District, North-West Frontier Province, ODCCP's strategy for Pakistan has shifted over the recent years from supply reduction toward law enforcement and drug demand reduction, including the prevention of HIV/AIDS among injecting drug users.

**a) Drug Law Enforcement Programme July 1999 - June 2003 (Budget US\$ 5.2 million):** aimed at: a) improving the interdiction capabilities of drug law enforcement agencies through the provision of equipment, training and organizational advice; b) promoting sub-regional cooperation on drug control; and c) upgrading drug-testing laboratories in five key locations.

**b) Drug Demand Reduction Programme (Budget US\$ 1 million):** This programme consists of three projects aimed at drug abuse prevention (2002-2004), strengthening of treatment and rehabilitation centers (2001- 2003), and HIV/AIDS prevention among injecting drug users (2001 - 2003).

**c) Alternative Development (US\$ 14.5 million):** Following several extensions of the successful Dir District Development project which led to the complete elimination of opium poppy cultivation in Dir in 1999, ODCCP's alternative development assistance to the government of Pakistan is now scheduled to cease at the end of 2002. Taking into account the recommendations of the terminal evaluation of the project, the Country Office proposed to the government of Pakistan to implement a consolidation phase in order to protect the very real gains of the project in terms of development and poppy crop elimination.

On the basis of assessments and analysis undertaken in 2001/2002, the ODCCP plans to expand its support to Pakistan's law enforcement. New projects that are being designed in this regard envisage a more integrated and enhanced approach to law enforcement so as to ensure that drug trafficking and organized crime are tackled in a more coordinated and effective way. New technical cooperation projects may involve: a) assistance to the establishment of criminal intelligence units in key areas of the main law enforcement agencies; b) strengthening of national and regional cooperation between law enforcement agencies; c) assistance to address the problems of money laundering related to drugs, crime and terrorism; and d) strengthening drug interdiction capacities on Pakistan's border with Afghanistan.