

Guidelines for Action

Illicit Drugs and Swedish International Development Cooperation

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SWEDISH INTERNATIONAL DEVELOPMENT
COOPERATION AGENCY

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Preface

Sweden has traditionally been an active supporter of international illicit drug control cooperation, primarily through multilateral agencies such as the United Nations Drug Control Programme (UNDCP) and WHO's Substance Abuse Programme (SAB). Sweden has been the third main contributor to the UNDCP since 1970.

In 1997, Sida was strengthened financially and administratively by a Government Decision (UD96/1234/GC) for extra support to initiatives dealing with international illicit drug control. During an introductory period, Sida identified areas of comparative advantage as well as of strategic interest.

Sida's work in 1998 was characterised by high levels of implementation and an increased involvement in international illicit drug control programmes. A series of projects were set into motion, involving Swedish NGO's, the UNDCP and to some extent Swedish Embassies in Africa.

Sida's activities during 1999 have been concentrated on the follow-up and evaluation of these projects while developing a consistent Swedish position on important profile questions. Attempts have been made to increase the proportion of bilateral illicit drug control projects and to consolidate the administrative and financial sustainability of drug control issues within the Swedish development co-operation programme.

This document should be seen as a strategic framework summarising the Swedish achievements, priorities and policies in order to provide guidelines for our future support. The purpose of the document is to:

- provide a short background to the global illicit drug situation and its implications,
- analyse Sida's experiences to date as well as relevant areas of Swedish co-operation and actors involved;
- outline future priorities.

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1. The illicit drug problem

1.1 Background

The discussion regarding the international illicit drug problematic and its control¹ have revolved around two separate but connected issues, i.e. the supply of and demand for illicit drugs. The supply side is a complex structure that ranges from illicit cultivation to processing, trafficking and distribution of drugs. The demand is equally complex, primarily associated with illicit abuse, defined by the end users of the product.

Traditionally, there was a view that most of the production and supply of plant based narcotic drugs originated in the so-called developing countries, while abuse and demand were primarily in Europe and North America. This simple distinction was the guiding principle for most international illicit drug control efforts to date.

The continuous globalisation has, however, changed this ambiguous concept of North-South divisions. The differentiation between traditional supply and demand regions has become blurred, as trafficking routes spread across the globe and new markets appear. The drug problem is but one of the many burdens affecting countries today. In the pursuit of sustainable development, eliminating the illicit drug problem is one of the components within a broader strategy for reaching common development goals.

1.2 Poverty and Sustainable Development

The illicit drug problem is intimately related to problems of poverty, inequality, exploitation, corruption, weak governance and violations of human rights. Cultivation and production of illicit drugs contribute to environmental degradation. Illicit drug trade increase criminality and related corruption, threatens democracies as well as distorts economies. Whilst the increased illicit abuse exacerbates public health spending and social costs, as well as increasing violence.²

Illicit drug production, trafficking and abuse are thereby serious obstacles to sustainable human development. Therefore, the drug problem and its related ills are problematic not only in themselves, but also tend to complicate international aid efforts in several fields of social and economic development.

¹ Through out this document the word “International illicit drug control”, will be used in its wider concept, in line with the UN Drug Control Conventions, i.e. referring to a balanced integrated approach of drug control, including preventive actions, as well as alternative development and law enforcement initiative.

² The abuse of illicit drugs are closely linked to the abuse of alcohol, tobacco, volatile solvents and pharmaceuticals. We have limited this report to the discussion on illicit drugs, although we are aware that all type of drug abuse is interlinked and that the social costs of alcohol and tobacco related problems are extremely high throughout the world. Sida supports a broad range of preventive, alcohol, tobacco and narcotics programmes and activities.

In many countries, illicit drug production and abuse are both causes and effects of poverty. The illicit drug sector provides alternatives for economic and social survival and is often more prevalent in weak states with insufficient national control mechanisms. In areas with a limited state presence, drug production and trafficking thrive together with other illegal activities, although today we see an increasing production of synthetic drugs in countries with well-developed and strong states.

Illicit drugs are often only one component in a portfolio of organised crime consisting of illegal arms trade, prostitution, trafficking of humans, illegal logging and gambling. As many western countries implement more rigorous control mechanisms, organised crime and drug production/trafficking become increasing burdens for states with weak institutions.

As the perspective of the illicit drug problem is changing, there is an emerging consensus that sustainable success of drug control programmes requires efforts that reach beyond illegal cultivation, production and abuse. These efforts must address the underlying social and economic conditions that lead to serious problems caused by the production and the abuse of illicit drugs. The set-up often includes poverty, inadequate state structures and the lack of social and economic opportunities, which in turn leads to production and abuse of illicit drugs as well as other illegal activities. It is necessary to concentrate on the primary causes and conditions within which illicit drugs thrive, rather than merely trying to reduce its more apparent manifestations.

The drug phenomenon does not only give birth to poverty and marginalisation and vice versa. It also threatens sustainable human development at large. Consequently, bilateral and multilateral development organisations must fully comprehend the vicious cycle of poverty-drugs-underdevelopment. When relevant, illicit drug control components have to be included in the overall strategies for development assistance programmes. Illicit drug control is increasingly seen as part of a broader set of welfare issues that challenge sustainable social and economic development in all countries.

As poverty and isolation are among the main causes of illicit drug production and abuse, development co-operation efforts aimed at alleviating poverty will also have effects on the cultivation, production and abuse of illicit drugs. Accordingly, development co-operation initiatives may have a direct positive effect on the drug control situation. For instance, a feeder road construction project near an opium growing area in Laos may be a major contributor to the reduction of opium cultivation and consumption. Schools and educational opportunities, as well as sport and cultural activities, is drug abuse preventive although that is not their primary objective. Vice versa, drug control activities can contribute to general development goals. Efforts to control illicit cultivation and production may reduce shifting cultivation practices and environmental degradation. The improvement of health services in rural areas will contribute to better health but may also contribute to a reduction of the abuse of opium as an analgesic.

1.3 Illicit Drug Control a Human Right

Illicit Drugs and other development issues also coincide in several other areas, as for example the right to live in a drug free environment which is article 33 in the United Nations Convention on the Rights of the Child³. In areas with inadequate housing and income, lack of employment alternatives and health care, the younger generation in particular live with a sense of hopelessness regarding their future. The violations of their basic human rights often result in a widespread ignorance with regard to health and sanitation. Under these conditions, increasing illicit drug abuse, sexual exploitation, violence and other ills occur, often affecting urban children and youth directly and indirectly.

Illicit drug control initiatives must increasingly be addressed in combination with other activities that deal with the problems and realities affecting young people in developing countries. Such related issues may include tobacco and alcohol consumption, adolescent and reproductive health, HIV and AIDS problems, as well as child abuse. It is therefore in the interest of a cost effective, integrated and sustainable development co-operation to address these problems simultaneously, in order to secure basic human rights.

1.4 From production to consumption

Although the quality and degree of coverage of data regarding illicit cultivation, production, trafficking and abuse are unreliable and tend to vary greatly, certain general trends can be observed. It seems that the cultivation and production of plant based illicit drugs has been somewhat stabilised during the last two years. Nevertheless, the production and trafficking of synthetic drugs such as amphetamines, ecstasy and others has increased dramatically. There is recent evidence that, to a certain extent, newly emerging synthetic substances are replacing the traditional abuse of drugs.

The last decade have witnessed a substantial rise in global drug abuse, especially in developing countries. The globalisation trend is evident from the increased prevalence of cocaine in Europe, heroin in the United States and both drug types in other regions including Africa and Eastern Europe. The following is a brief description of illicit drug cultivation, production, trafficking and abuse, the main drugs and the principal affected regions.

1.4.1. Cultivation

The two most important drug plants are the coca bush and the opium poppy. Most cultivation occurs in remote areas with poor social and physical infrastructure. Access to health and educational services are often minimal and limited transportation opportunities prevent the successful production, transportation and marketing of legal agricultural products.

³ Art. 33 "States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties and to prevent the use of children in the illicit production and trafficking of such substances."

The interaction between these remote areas and the political, economic and decision-making centres of the countries concerned is deficient. The state institutions are often weak or non-existing. Most areas of cultivation are characterised by development indicators such as low per capita income, high mortality, high illiteracy, often combined with a lack of state control, as well as by armed conflicts. Most of the cultivation is subsistence oriented and undertaken by small farmers and/or ethnic minorities in isolated regions.

The degree of environmental damage that the cultivation of illicit drugs causes worldwide is hard to estimate. There is little doubt, however, that monocultivation, with a high level use of pesticides and other chemicals used in the processing, are causing great environmental damages.

1.4.2 Production and Trafficking

Although it is extremely difficult to assess the global annual turnover of the illicit drugs trade, UNDCP's World Drug Report 1998 estimates it to be approximately US\$ 400 billion, which is equivalent to about eight percent of the total international trade. In the case of the plant based drugs most of the production process takes place in the immediate growing area subsequent to the harvesting of the crop.

Illicit drug production and trafficking have developed into one of the most dynamic and important economic sectors in the world. The sector is characterised by relatively low profit margins at producer level and extremely high margins at processing, transportation and distribution levels. Weak legal and law enforcement institutions, inadequate drug control legislation and corruption, all contribute in undermining the ability of developing countries to tackle production and trafficking. Globalisation in conjunction with the complexity of national and international trafficking routes has made drug smuggling very difficult to detect and control. Production and trafficking involves a series of suppliers, producers, middlemen, financiers, wholesale- and small-scale distributors that may work independently of one another.

1.4.3 Illicit Drug Abuse

According to unofficial UNDCP estimates the annual global prevalence rate of illicit drug users is appreciated to be in the range of 200–250 million people in the world. The rapid urbanisation and increasing availability of illicit drugs has led to an increased incidence and prevalence of drug abuse. Drug abuse is prevalent both amongst socially well integrated sectors of society, as well as in the more vulnerable and poor sectors. The major part of the drug abuse occurs in the most deprived areas of the large cities and in areas close to cultivation/production and trafficking routes. The increased abuse is mainly associated with poverty such as unemployment and lack of education opportunities, as well as the long wars or armed conflict in conjunction with easy and cheap access to illicit drugs, also increase the prevalence of drug abuse.

The consumption of illicit drugs are more common among men, often resulting in increased aggression, risk taking and violence (often defined as a masculine behaviour). Women and children are to a great extent victims of this

violence. Drug abuse can often cause worse problems for females. Women and girls are often initiated into drug abuse by male partners and may be dependent upon the male for continues supplies. The lives of women abusers tend to become more absorbed and conditioned by the habit and increasingly isolated from society, especially if women trade sex in order to pay for the drugs. Thus women are likely to be more stigmatised than their male counterparts by society at large. Unfortunately, there are also less rehabilitation programmes for girls and women, and less research made into the problematic of female drug abuse.

Young people, both girls and boys, may be easily influenced and are therefore more prone to be drawn into drug abuse. A superficial urban youth culture, with increased use of drugs, violence and sex, is spreading with the globalisation through films and music. Traditional cultural values are being replaced as moral and ethical rules change. A problem in many countries is the sheer number of youth (over 50 per cent of some nations populations are under the age of 25). The number of vulnerable youth such as street children and young prostitutes are also augmenting drastically. The high level of drug abuse among child soldiers and ex-combats is another area of major concern. Not to mention problems faced with the spread of HIV and AIDS in conjunction with drug abuse.

As an example of the blurred lines between the misconception that rich abuse drugs while poor produce one can look at statistics where Pakistan and Iran report respectively 4 million and 1.5 million opium/heroin addicts, compared to approximately 1 million heroin addicts in all of Western Europe. According to the latest Opium Poppy Survey in Laos prevalence rates of opium abuse range between 1.6–2.0% of the population 15 years old and above in comparison to 0.2–0.3% for most European countries. Cannabis, volatile substances and synthetic drugs are relatively cheap and easily available through out the world. Cocaine and its deviations such as cocaine paste and crack is also being increasingly used through out Latin America. Drug abuse has, unfortunately, become a global problem.

2. The main illicit drugs – an overview

The main illicit drugs can be divided into three categories. First, those illicit drugs that are either produced or processed from natural plants, such as opium poppy that produce opium, morphine and heroin or coca leaf that produce cocaine. Secondly, synthetically produced illicit drugs, such as amphetamine. Thirdly, there are the psychoactive pharmaceutical drugs that become illicit as a result of being diverted from licit uses or purposes.

2.1 Opiates

Opium is primarily grown in Southeast and Southwest Asia in the so-called Golden Triangle and Crescent. Afghanistan and Myanmar together provide more than 90 percent of the illicit opium produced worldwide. The total production of the other Asian producer countries, including Laos, Thailand, Vietnam and Pakistan, amounts to approximately 5 percent of the total global estimate. Another 2 percent of the opium production originates in Latin America, primarily Mexico and Colombia.

The Islamic Republic of Iran is the major transit point for opium and morphine originating from Afghanistan. The drugs are often trafficked to Turkey and into Western Europe via the Balkan route. However, the flow of opiates through Asian states to Turkey or directly from Asia to Eastern European countries, is increasing significantly. Opium originating in Southeast Asia is mostly trafficked through China, Thailand and Vietnam. A major trend in Southeast Asia is the increasing connection between amphetamine and heroin for production and trafficking.

Recent estimates indicate that approximately 50 percent of the opium produced in Afghanistan is consumed within the Southwest Asian region, mainly in the form of opium but increasingly as heroin. Similarly, a large portion of the opium produced in Southeast Asia is consumed in the countries of origin and their neighbours.

2.2 Cocaine

Almost 98 percent of the world's coca is grown in the Andean countries of Peru, Colombia and Bolivia. During the last year there has been a tremendous increase of areas under coca cultivation in Colombia with a corresponding decrease in Peru and Bolivia. This is due to increased and more effective concentration on alternative development and eradication in Peru and Bolivia. The production and processing of coca leaves into cocaine hydrochloride occurs in all three countries but is clearly most predominant in Colombia. Colombia still also controls much of the trafficking and distribution to North America and Europe, although new routes via Brazil, Argentina and Chile have been established.

Most of the cocaine produced in Latin America is destined for North America, although the Western and Eastern European markets are growing rapidly. Since most of the cocaine is destined for export, much of the cocaine abuse in the region occurs in the producer and transit countries where it is readily available and relatively cheap. The abuse of coca derivatives such as coca paste has also increased.

Due to the persistent development of the cocaine trade in the Americas over the last twenty years, almost every country in the hemisphere has experienced the impact of increased cocaine trafficking and consumption. The Caribbean and Mexico remain major transit areas for cocaine, primarily to North America. In recent years, Brazil, Venezuela and Argentina have grown in strategic importance for the trafficking to Europe.

2.3 Cannabis

Estimates of the areas under cannabis cultivation are unreliable and less available than estimates for opium and coca. Due to the more dispersed nature of cannabis cultivation, there are significant amounts of wild growth and an increasing amount is cultivated indoors. Apart from reports on substantial areas of cultivation in Morocco, Mexico, Colombia and Jamaica, the extent of cultivation in most of Asia and the major part of Africa is unknown. Cannabis type drugs such as marijuana and hashish are the most frequently reported drugs consumed today with conservative estimates of approximately 140 million people.

2.4 Synthetic drugs

In recent years synthetic drugs account for the most dramatic increase in drug consumption. According to UNDCP's World Drug Report, some 30 million people use synthetic drugs worldwide. This is probably more than the total amount of world heroin and cocaine users. 1995 marked the rise and spread of synthetic drugs, especially metha-amphetamine and MDMA "ecstasy", on the illicit drug markets. Most of the synthetic drugs are still manufactured in Western Europe and North America.

However, the number of laboratories detected and the amount of drugs being seized in Southeast Asia has increased dramatically in the last years. The demand for these drugs has not only been rising markedly in the industrialised nations but also in many countries of the developing world. Reports from Thailand and other Asian countries indicate that synthetic drugs are the most abused drugs after cannabis. The new synthetic drugs are available, cheap and simple to manufacture from easily obtainable chemicals.

3. International illicit drug control

- A balanced approach
- the strategic choice

Given the international dimension of the drug problem and the common threat it poses to development, illicit drug control requires intensive co-operation at global, regional and national level. The 1998 United Nations General Assembly Special Session on Drugs (UNGASS98) underlined the importance of recognising international drug control as part of the overall efforts for social and economic development.

The implementation of international drug control activities is twofold: both the supply of and the demand for illicit drugs have to be considered. Strategies addressing demand and supply problems must be integrated and complementary in order to achieve the maximum overall impact.

3.1 Supply Reduction

Most strategies for supply reduction focus on the connection between supplier and consumer as well as between criminal and illicit profits. The strategies often include eradication and alternative development. In addition, prevention of drug manufacturing, diversion of illicit drugs and disruption of criminal organisations or operations are usually dealt with through law enforcement.

3.1.1 Alternative development

The most widely accepted and implemented strategy for reducing illicit cultivation is alternative development. The UNDCP defines alternative development as a process to reduce, eliminate or prevent the production of illicit crops through specifically designed rural development programmes. The programmes are focused on poverty alleviation and a general improvement of living conditions. However, in order to divert the farmer from illicit cultivation, the emphasis must be placed on legal production and income generating alternatives.

Alternative development strategies can, depending on local conditions and gender, include the following concepts of importance:

- The need to produce and market *agricultural products* is fundamental in most rural societies. Agricultural extension services providing technical assistance and training to farmers are therefore necessary, as well as access to credits enabling farmers to invest while shifting from illicit to licit agricultural production. Improved storage, purchasing and marketing facilities for the products also have to prevail.
- In order to complement traditional agricultural production it is necessary to identify and implement *non-agricultural income generating alternatives* such as the processing of agricultural products and raw materials. Equally impor-

tant is to look into possibilities for small businesses, cottage industries and for crafts and trades.

- Since most areas of cultivation often lack basic *physical and social infrastructure* it is necessary to invest in health care, education, water and energy supply as well as in transportation and communication networks.
- The administrative, operative and planning capacity of regional and local institutions involved in illicit cultivation has to be enhanced. The target groups must gain access to technical, financial and legal mechanisms that will enable them to shift from an illicit to a licit existence. Functioning institutions are a prerequisite for sustainable alternative development.

3.1.2 Law enforcement

Law enforcement should be a tool for strengthening the ability to implement international and national legislation through police action. Furthermore, activities should aim to strengthen national capacity at governmental level. Equally important, are legal and institutional measures in order to quell illicit drug production and trafficking.

Law enforcement activities often concentrate on *disrupting the main organisers of national and international trafficking*. Efforts are aimed at disrupting contacts between suppliers and consumers at the retail and/or street level and on sabotaging the manufacture and processing of illicit drugs.

The activities are varied and can range from the destruction of processing laboratories to the planting of informers into drug cartels and the interdiction of drug consignments as they are being smuggled within countries and across borders. Unfortunately, many affected developing countries lack the national and regional logistics as well as the legislative and institutional capacity that is required to be successful. It is also important to make sure that more women are involved in this primarily male dominant area. Especially since children and women are often lured in to the trafficking of illicit drugs.

The main law enforcement areas within international co-operation primarily aim at *building logistic, legal and institutional capacity in developing countries*. Supported activities can be:

- assisting with the elaboration of appropriate legislation and developing effective border controls;
- the provision of equipment and training of police officers, legislators, and prosecutors etc.;
- support of information gathering/sharing initiatives;
- capacity building to deal with the control of precursor chemicals, money and asset laundering and the widespread phenomenon of drug related corruption.

There has been an increased focus on controlling precursor chemicals, which are used to refine and manufacture amphetamine type drugs, cocaine and heroin. They are considered as a weak link in the otherwise solid chain of cultivation, manufacturing and distribution. Recent efforts have been success-

ful in reducing supply of internationally controlled precursor chemicals but this has led to an increase in smuggling and recycling of certain chemicals and to the use of less efficient but more available substitutes.

There are certain aspects of more repressive law enforcement activities that may conflict with the respect for human rights. It can be difficult to differentiate between counter narcotic and counter insurgency measures since many of the regions of cultivation and processing sometimes coincide with areas of influence of other armed forces including guerrilla and ethnic groups. In any case, the small farmer/cultivator and their families are the most affected by armed conflict and counter narcotic activities.

3.2 Demand Reduction

The principles of demand reduction are *prevention, treatment and rehabilitation*. The basis for preventive work is targeted studies on the causes and size of abuse and addiction. Treatment and rehabilitation are destined for abusers and addicts that require special attention for overcoming a drug habit. Demand reduction activities are aimed at:

- preventing people from using illicit drugs;
- helping drug addicts to discontinue further abuse;
- providing advice and treatment to dependent drug users.

When defining an approach to prevention, it is necessary to go beyond the symptoms of drug abuse and identify the underlying factors. Hence, the investigation of causes and magnitude of drug abuse is fundamental. In addition, it is important to make adequate gender analysis, as girls and women often have a distinct problem relation to drug abuse and addiction.

Furthermore, poverty and lack of social and economic alternatives are often directly associated with drug abuse and minor trafficking. Drug prevention must therefore be tackled from an integrated gender based perspective. This may include enhancing educational and health service, providing income and employment generating activities, information campaigns and cultural activities.

Generally speaking the individual causes of drug abuse and addiction do not differ much between developing and industrialised countries. However, the economic and social situation in developing countries is usually much more complicated. Drug abuse and addiction is in itself a symptom of broader socio-economic and political inequalities. Drug abuse is associated with a series of other problems such as intra-family violence, failure in school and at work, illiteracy, malnutrition, unwanted pregnancies and social rejection.

Drug abuse prevention efforts may be undertaken in close co-operation with public institutions, the *civil society and community organisations*. The target groups for prevention activities are primarily those at risk of addiction such as young people, as well as drug users that are dependent and that require treatment and rehabilitation.

Given that *education and information* is one of the cornerstones of all preventive activities, it is important to understand that preventive action can be implemented on a large scale, involving the media, education and health programmes. However, the purpose is not only to create an awareness of drug abuse in a community but also to stimulate a sense of ownership and participation that gives a community the possibility to prevent and counteract drug abuse.

Operating with a decentralised and participatory approach is more efficient for reducing social risks leading to drug abuse and other problems. Preventive action should not only deal with drug addiction in isolation but also consider the relationship with other problems such as violence, unemployment, unwanted pregnancy, failure in school and work etc. Enabling a community to be pro-active in its own development and enhancing the ability to find solutions to problems increases the possibilities for succeeding in the long run.

Thus, much preventive work occurs at the local level, mobilising youth and women groups. Increased involvement within the community is generated and developing community based local prevention initiatives are identified, elaborated and implemented by community organisations, NGO's and government organisations. Initiatives can range from setting up local media alternatives to more didactic and playful activities such as festivals, theatre and dance for initiating income and generating employment activities and training courses for teachers.

4. The framework for international co-operation

4.1 The normative framework

The international drug control system is based on national control, co-operation between states as well as with the UN in compliance with the three legally binding international conventions. The conventions provide the normative framework within which all drug control should operate.

The major UN conventions are:

- The Single Convention on Narcotic Drugs, 1961;
- The Convention on Psychotropic Substances, 1971;
- The Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances, 1988.

The conventions form part of a process where the international community attempts to respond to the globalisation and increased complexity of drug problems.

The Commission on Narcotic Drugs (CND) was established in 1946 by the UN Economic and Social Council. The Commission is the central policy-making body within the United Nations system for dealing with all illicit drug-related matters; a body which analyses the world drug abuse situation and develops proposals to strengthen international drug control. Membership in the CND grew from 15 States in 1946 to 53 in 1991. The CND analyses the world drug abuse situation and develops proposals to strengthen international drug control. The Commission's mandate was enlarged in 1991 to include approval of the budget of the programme of the Fund of UNDCP and the administrative and programme support cost budget of the Fund.

The International Narcotics Control Board (INCB) is the independent and quasi-judicial control organ for the implementation of the United Nations drug conventions, established in 1968 by the Single Convention on Narcotic Drugs of 1961. The Board is independent of Governments as well as of the United Nations; it consists of 13 members who serve in their personal capacity and expertise within drug control. They are elected by the United Nations Economic and Social Council (ECOSOC). Three members are elected from a list of candidates nominated by WHO and 10 from a list nominated by Governments. It is the Board's responsibility to promote government compliance with the provisions of the drug control treaties and to assist them in this effort. The Board published a yearly report⁴.

4.2 The operational framework

*The United Nations Drug Control Programme (UNDCP)*⁵ with regulatory and operative technical assistance functions was created in 1991 through the integration of three separate UN agencies: the Division of Narcotic Drugs (DND), the United Nations Fund for Drug Abuse Control (UNFDAC) and the International Narcotic Control Board (INCB). UNDCP is responsible for the co-ordination of national efforts to control the production, sale and abuse of drugs. The responsibilities of the agency are based on the UN conventions, which form the legal basis for its existence. Sweden was actively involved in the creation of UNDCP and is one of its largest contributors with approximately 25 million US\$ between 1994 and 1998⁶.

The WHO is involved in the combat against drugs through *the Substance Abuse Programme (SAB, formerly PSA)*, which also targets alcohol abuse⁷. Since the creation of SAB in 1990, Sweden has been one of the main supporters of the programme. SAB has gradually implemented a comprehensive approach to the drug problem that covers all psychoactive substances. The concept is to include all addictive substances including illicit drugs, alcohol, tobacco, medical drugs and solvents in order to minimise the effects of their abuse. SAB

⁴ For more information on INCB see <http://www.incb.org>

⁵ Since 1997, UNDCP is part of the United Nations Office for Drug Control and Crime Prevention (ODCCP), which joins UNDCP and the United Nations Centre for International Crime Prevention, in order to focus and enhance the UN capacity to address the interrelated issues of drug control, crime prevention and international terrorism.

⁶ For more information on UNDCP see <http://www.undcp.org>

⁷ For more information on SAB see http://www.who.int/substance_abuse/

seeks to promote the concept of Health for All though its strategy of reducing the incidence and prevalence of psychoactive substance abuse. The achievement of this goal is designed to lead to reductions in the demand for psychoactive substances and to reduce the health and social problems associated with such use.

Furthermore, there are many additional UN entities that are actively involved in illicit drug control activities, such as the International Labour Office (ILO) which mainly deals with drug abuse prevention in the work-place, as well as vocational rehabilitation and social reintegration programmes. The UN Food and Agricultural Organisation (FAO) assist in alternative development projects. The UN Educational, Scientific and Cultural Organisation (UNESCO), the Children's Fund (UNICEF) and the Joint Programme on AIDS (UNAIDS) all address the problems of illicit drugs and integrate drug abuse prevention in their work.

Since the mid-1980's, the *European Union* member states have adopted common measures for combating drug abuse, trafficking and for promoting international co-operation. These measures have been developed under a series of European Plans and action programmes for combating drugs, approved by successive European Councils⁸. The current *EU Action Plan to Combat Drugs (2000–2004)* advocates a global, multidisciplinary and integrated response proposes to reducing demand and supply. The new priorities include measures against cannabis and synthetic drugs. Europe is now the world's largest producer of amphetamines and ecstasy. At the international level, the Action Plan advocates a balanced and integrated approach based on:

- shared responsibility;
- integration of drug control into mainstream development;
- respect for human rights;
- support for multilateral approaches.

Much emphasis is placed on using the EU instruments for international development co-operation in the fight against drugs as well as integrating drug control into the broader objectives of EU external relations. The *European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)* was set up to provide the European Union and its Member States with 'objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences'. The statistical, documentary and technical information processed or produced by the Centre helps provide its audience with an overall picture of the drug phenomenon in Europe. The Centre works exclusively in the field of information.⁹

During the mid-eighties, the EU and a group of bilateral donor countries formed the "*Dublin Group*", an informal consultative forum for co-ordinating and discussing production, trade and abuse of illicit drugs. The group is or-

⁸ For more information on the EU see http://europa.eu.int/comm/justice_home/unit/unit4_en.htm

⁹ For more on EMCDDA please information see <http://www.emcdda.org>

ganised within the EU and consists of a Central Group as well as of a network of smaller Dublin Groups organised on a regional basis. Sweden has chaired the Dublin Group for Africa between 1998–2000, where bilateral efforts are co-ordinated.

Other *bilateral donors* with specific drug policies are the following:

- France has implemented measures to combat the import of drugs through a tougher approach to drug trafficking and better co-ordination of government policies.
- Germany, one of the leading donors, has through GTZ launched an action programme on drug control. The intention of the German Government is to focus its development co-operation strategy primarily on the economic and social factors underlying local drug production in developing countries. The emphasis is on alternative development and assistance.
- Italy is the largest contributor to the UNDCP and has also supported various drug control projects in Latin America.
- Japan has been active in the fight against drugs in Asia since the end of the eighties. A reduction of the production of drugs has been a key priority.
- The Netherlands has a policy strongly focussed on development objectives. They express a clear preference for multilateral action and advocate for supply reduction through integrated rural development, however without the precondition that projects must lead to the cessation of drug production.
- The United Kingdom is pursuing an active anti-drugs policy for developing countries stated in a White Paper of May 1995. The targeted regions are Asia and Southern Africa, former colonies in particular. The UK has also emphasised institutional strengthening through the training of police and customs officials from developing countries.
- The United States has traditionally focussed on supply reduction activities. Nevertheless, demand reduction initiatives are gaining in importance. The US is mainly active in bilateral programmes in Latin America and in a number of Asian countries.

5. The Swedish policy and institutional framework

5.1 The Swedish policy and its basic principles

Since the 1970's Sweden has been involved in the international activities on illicit drug control. Sweden is in favour of a literal interpretation of the UN conventions and rejects all proposals for non-medical use of illicit drugs and psychotropic substances.

The Swedish policy vis-à-vis the UNDCP is that the organisation should be a “Centre of Excellency” and should play a catalytic role. Sweden believes that the normative role of the UN in terms of drug control functions relatively well and should be maintained. However, the UNDCP is a small organisation with limited resources and their operational activities should focus on small-scale innovative projects. Therefore, operations that have a catalytic impact on national, bilateral and multilateral actors should be pursued in order to inspire and lead the integration of drug control aspects into development programmes in general.

There are three general principles in the area of international drug control that coincides with the Swedish viewpoints. These are:

- *a shared responsibility*, implying that the international drug problem is the common responsibility of all countries alike;
- *a balanced approach*, given that the international drug situation is a multifaceted problem, a balanced approach between demand and supply reduction is required;
- *mainstreaming drug control* components into development projects.

In addition, the Swedish position is that the operative co-operation with developing countries should be based on the normative work performed by the UN, particularly the three conventions.

The Swedish policy for international drug control gives priority to certain issues as well as to specific geographic regions. Funds to the UNDCP are channelled via the Swedish Foreign Ministry and via Sida. The allocation of funds to the UNDCP is viewed as the most effective method to address these priority issues.

The Swedish Ministry of Foreign Affairs has decided that, the Swedish Foreign Ministry's contribution to UNDCP shall be allocated according to the following principles:

- 40% to programmes/projects in sub-Saharan Africa,
- 35% to programmes/projects in Asia and Latin America
- 25% to advocacy (global) programmes/projects

This distribution is still valid. In addition, Sida should be consulted for advice regarding the Swedish Policy before any allocations to specific projects are made.

5.2 Swedish actors in the area of international drug control

There are several Swedish stakeholders that in one way or another are involved in issues related to international drug control. These include the police, the Ministry of Justice, the Ministry of Finance, the Ministry for Social Affairs, the Foreign Ministry and Sida. Many stakeholders work with specific issues related to their field of expertise.

The *Ministry for Social Affairs* is the focal point for nearly all drug related matters in Sweden and plays a fundamental role in co-ordinating drug control issues with all other Ministries and national Authorities. An important national authority is the *Institute for Public Health (Folkhälsoinstitutet)* who are the Focal Point for Sweden's work with the EU/EMCDDA¹⁰. The institute also plays an vital role in promoting and collecting, research, statistic and promoting preventive activities. The Ministry for Social Affairs is responsible for convening and organising various preparatory and information meetings related to drugs and drug control¹¹. These include:

- the preparation for the UN's Commission of Narcotic Drugs meeting held in March each year in Vienna;
- chairing SAMNARK, which is a forum for sharing information on drug issues between all the Ministries,
- Convene regular preparatory meetings for the Horizontal Narcotics Group, which is an EU co-ordinating body on drugs traversing all three pillars.
- Member of the Management Board of EMCDDA.

The Ministry for Foreign Affairs and Sida, are important actors when defining policy and priorities for international illicit drug control co-operation within the UN system and EU. *The Ministry for Foreign Affairs* is responsible together with the Ministry for Social Affairs for much of the normative aspects of UN drug control activities and the following up on the three UN Conventions. Further, the Foreign Ministry is very active in terms of issues relating to structure and reform within the UN such as governance, ownership and funding. *Sida* is responsible for outlining guidelines and defining priorities and contributes with specific knowledge and advice to this at the project, programme and policy level. This division of labour has resulted in a coherent and consistent Swedish position/profile in international drug control co-operation issues.

The UNDCP's Major Donor meetings is held twice a year in October and March in Vienna and where Sida provides input and advice on UNDCP's operational activities, budget and outlines important future priorities for Swe-

¹⁰ For more information on the Institute for Public Health see <http://www.fhinst.se/internat/intereng.htm>

¹¹ The Ministry for Social Affairs have a homepage on illicit drugs for youth called DrugSmart, see <http://www.drugsmart.com/>

den. Additionally, Sida and the Foreign Ministry are responsible for the follow up and reporting to the Dublin Group, who meets twice annually in Brussels. Sida might also, when required participate in the Horizontal Narcotics Group.

6. Sida's future support: priorities and strategies

Sida's policy regarding international drug control naturally lies within the overall Swedish development policy. Sida's role in international drug control co-operation is linked to how the illicit drug trade threatens democracy, the environment, as well as social and economic development. Like corruption, poor health or illiteracy, the drug problem adds to the list of obstacles to sustainable economic and human development. Thus an important policy question for Sida is how to integrate the drug control perspective into development co-operation discussions and programming.

6.1 Priorities

Considering the dramatic increase in illicit drug abuse in developing countries, the emphasis of Sida's international drug control co-operation lies on demand reduction. Furthermore, many Swedish organisations are highly competent and experienced in issues related to demand reduction, thus favouring institutional collaboration. Demand reduction programmes also fall naturally within the Swedish bilateral priorities related to health and public health co-operation. Especially on drug abuse preventive education, information and social-mobilisation

One of the most important aspect of Sida's drug control co-operation will be to support initiatives aimed at *developing competence and strengthening institutions* working with drug control. In many developing countries these structures are very weak, and lack the technical and financial resources to co-ordinate and implement drug control activities. The support to drug control institutions is an important step towards establishing a comprehensive and sustainable drug control framework.

Furthermore, it is important to ensure that institutions pursue a *balanced approach* by confronting all aspects of the drug problem including cultivation, production, trafficking and abuse when relevant and necessary. Therefore when adequate alternative development programmes can also be seen as crucial, especially if they include drug abuse preventive components as well.

6.2 Geographical focus

It is clear that, in terms of area and volume, the main problems of most illicit drug cultivation is limited to a few countries in Asia and Latin America. The

production of synthetic drugs is however, spreading into many countries, as is the problem of illicit trafficking and abuse. When looking into priority regions, one has to take into account Sida specific mandate to work in the poorest regions and most deprived areas of the world. Therefore Sida's illicit drug control efforts should focus on mainstreaming into areas and countries where Sida is already working. Primarily in order to mainstream our drug control components into already on going activities. Hence, an important function of Sida's work is to identify and support drug control activities in countries and *regions that have an expressed drug control problem and that are important recipients of Swedish development co-operation*. This includes countries in both Latin America and Asia, but also as we point out below Africa and Eastern Europe.

6.2.1 Africa

During the 1990's it has become clear that a number of African countries have become transit point for international illicit drug trafficking. The main drugs are cocaine from Latin America and heroin from Southeast Asia destined for Europe and North America. There is also evidence of a substantial increase in the abuse of cocaine, crack and heroin in Southern and Western Africa. This is principally an urban phenomenon occurring in large cities in South Africa, Ghana, and Nigeria. Street prices for these drugs seem to have fallen in South Africa and Nigeria during the last few years due to increased competition amongst suppliers and more efficient distribution networks. Without a doubt, cannabis is the most widely produced illicit drug in Africa and also the most frequently abused.

The African nations are extremely vulnerable to illicit drug trafficking, abuse and production. Poverty and socio-economic marginalisation as well as political instability in Africa are and will continue to be a contributing factor to increased drug abuse, production and trafficking. It is therefore imperative to immediately prevent such a development on a large scale before the problem escalates.

On a regional basis, it is important to continue identifying, supporting and promoting increased drug control initiatives in *sub-Saharan Africa*. This is not only an important region for Swedish development co-operation, it is also a region where Sweden has a strong presence and long experience. The acute problems relating to poverty, transition and political instability make many countries and regions very vulnerable to illicit drug production, trafficking and abuse.

6.2.2 Eastern Europe

Since the break-up of the USSR and the opening of its borders, the movement of a variety of goods within and throughout the region has expanded, offering new opportunities for criminal activities. More effective control mechanisms in Iran and Turkey have led to increased illicit trafficking through Central and Eastern Europe. Furthermore, illicit drugs from Latin America have found their way to Eastern and Central Europe on their way to Western Europe.

The economic and social situation in many of the countries of the region has led to a rapid increase in production, trafficking and abuse of illicit drugs. The existing structures do not allow for a systematic and accurate monitoring of the drug problem. Nevertheless, it is obvious that both trafficking and abuse of illicit drugs such as heroin, cocaine, cannabis and more recently amphetamine and ecstasy have markedly expanded during the last years. Prices for most drugs are relatively low compared to Western Europe and drugs are easily available. The increased abuse of heroin through intravenous injections is particularly dramatic as there is the risk of spreading HIV and AIDS in these regions. Sida will continue to focus on drug control cooperation to this region of the world, especially incorporated into our over all cooperation.

6.3 Target groups

The main target groups for demand reduction activities should in consequence be the high-risk groups. The high-risk groups include future and present drug users in deprived urban areas and in areas close to production and trafficking in developing countries. Sida's drug prevention initiatives can also be aimed at the general public, but more importantly should focus on specific sectors of the population, especially young people, children and ethnic minorities.

Young people and children are the most vulnerable target groups, especially in urban areas, since they may be easily influenced and are therefore more prone to be drawn into drug abuse. Furthermore, prevention campaigns aimed at young people can be combined with health promotion campaigns, which deal with additional problems affecting the urban youth in developing countries today. In the future, Sida will emphasise the work with young people from an integrated gender based perspective.

Most of the cultivation of plant-based drugs is subsistence oriented and undertaken by small farmers and/or ethnic minorities in isolated regions. These are the prime target groups for most of the alternative development and rural development activities. It is also important to also understand the role of the female farmer, which often greatly differ from the men, and make development programmes adequate for both sexes. Additionally, in many parts of Asia drug abuse is very high among ethnic minorities and/or farmers in areas of opium cultivation. Therefore, alternative development must be accompanied by community based drug demand reduction and where *drug abusers in cultivating areas*, should be an important target group for Sida.

6.4 Strategies

Having defined Swedish priorities within illicit drug control co-operation, it is fundamental to follow the international developments as well as to promote these priorities nationally and internationally. Hence, Sweden must be present and play a pro-active and advisory role within the context of the EC and the UN. This will ensure that the priority issues are consistent and that they are brought up on the international agenda.

It is equally important that international illicit drug control is perceived as a crucial component complementary to other efforts for sustainable economic and social development. Hence, an important strategy is to continue introducing the drug problem into Sida's bilateral development co-operation. Although a certain awareness regarding the relationship between drugs and development exist amongst Sida staff, it is important to point out and make different entities within Sida realise the possibilities to directly and indirectly contribute to international drug control.

Efforts must be made to ensure a greater operational co-ordination between drug control and development co-operation within Sida. Relevant drug issues must be accounted for in specific country- and regional analysis and strategies and incorporated into the larger and more complex rural and urban development initiatives and country programmes. In this context work must focus on:

- clarifying the relationship between drugs and development problems;
- identifying methods and practices for incorporating the drug issues;
- distinguishing and supporting key players within Sida.

Sida will identify ways to work with illicit drug issues within programmes related to the prevention of alcohol and tobacco prevention, as well as adolescent and reproductive health programmes in order to optimise resources and highlight linkages. The multifaceted nature of the drug problem, just like HIV and AIDS, requires an integrated and holistic development strategy.

While introducing drug control issues into development programmes, it is necessary to rely on multi-disciplinary teamwork. Consultations should begin at the planning stage in order to include the specific drug control components into the general development assistance package. Furthermore, Sida must maintain constant and close relations and contact with all partners including NGO's and Government Ministries in order to keep abreast of current activities and strengthen its role.

In line with the overall policy of mainstreaming drugs into development co-operation, it is very important to allocate an increased portion of Sida's drug control funds via a multitude of channels. Especially, in order to better establish the relationship between poverty, drugs and development and how to approach this with in Swedish international development co-operation.

By the year 2002 the goal is that there is a more or less equal distribution of Sida's drug control initiatives via Swedish NGO's, bilateral and multilateral co-operation, while activities via international NGO's should also be encouraged. Obviously there is room for developing contacts with other partners such as local NGO's and National Authorities as long as the cooperation is consistent and relevant to Swedish development cooperation and drug control priorities.

Annex A

Achievements of Sida's International Drug Control Support (1997–99)

In 1996, the Swedish Government decided to allocate funds to Sida for international drug control projects. The main objectives were:

1. to develop a Swedish resource base for international drug control by identifying and supporting appropriate institutions and NGOs;
2. to support multilateral key projects, to follow the international operations within the area of drug control and to be actively involved therein;
3. to incorporate drug components in already existing bilateral programme and to develop the competence in this area within Sida.

Sida has allocated 16 million SEK to fifteen projects between January 1997 and June 1999. Nine of the projects are ongoing, one is to be initiated and five have been implemented. Six projects were channelled through the UNDCP and one project through the WHO/SAB. Three of the projects have been implemented by Swedish Non Governmental Organisations. The other projects include creation of two documentary films, two seminars and one review to identify and describe the Swedish resource base in the area of international drug control. Sida has evidently chosen to support a variety of projects instead of concentrating on specific areas or regions.

When developing a drug control programme, Sida has taken into account the following:

- the Swedish bilateral development co-operation priorities including policies and geographic regions;
- the available Swedish expertise;
- the unfamiliarity of working with the issue at Sida, especially at the project level.

Furthermore, it was considered important to identify sectors and geographic regions somewhat overlooked by other international actors.

Sida's present international drug control profile can generally be characterised as oriented towards developmental aspects and demand reduction. Sida is less prone to support supply reduction and in particular the suppression of illicit trafficking. Most initiatives supported by Sida have focused on prevention of drug abuse and developing the awareness and capacity to address the drug problem from a balanced perspective in developing countries. These initiatives have been implemented by the UNDCP as well as by a series of Swedish NGO's. Furthermore, most activities have focused on countries and regions of priority for the Swedish development co-operation, such as Laos, Vietnam and Eastern Europe.

As the 1997 UNDCP allocation for sub-Saharan Africa was very low, Sida decided to allocate a larger share of Swedish drug control resources to sub-Saharan Africa and specifically to demand reduction activities.

The reason were:

- the growing problem of drug trafficking and abuse in the region;
- the necessity to intervene in the region at a relatively early stage;
- the focus on sub-Saharan Africa of the Swedish development co-operation.

Consistently, Sweden obtained the chair for the regional Dublin Group for Africa, allowing further insight into the problem and ability to advocate the need to increase international drug control activities in the region. The chairmanship also increased the Swedish awareness of and involvement in drug control issues in the region.

A. The development of a Swedish resource base: the support of NGOs and institutions

In 1998, Sida commissioned a review to identify and describe the Swedish resource base involved in drug control activities. A total of 27 organisations were identified, within the following main categories:

- Popular national movements;
- Church organisations;
- Non-profit organisations;
- Client/Patient organisations;
- Solidarity organisations;
- Adult education organisations.

Since 1998, Sida has been co-operating with the following organisations:

- IOGT-NTO (the International Organisation of Good-Templars) has worked with the drugs problematic for over 100 years and has sister organisations in 14 countries. IOGT-NTO works for instance with alternative development assistance to eliminate drug crops and with the development of small-sized organisations and activities.
- Diakonia is an international development organisation that is both an umbrella organisation for six independent Swedish churches as well as an independent organisation. The activities are financed through membership contributions, general public contributions and Sida grants. The overall work of Diakonia is aimed towards development work and disaster prevention.
- NBV, the Temperance Movement's Educational Association, is based upon 17 member organisations with 200 000 members in Sweden. Each year, 700 000 people participate in study circles and cultural events. The activities are financed through membership fees, public funds and various project contributions. The organisation implements drug-related projects that teaches people about the traditions and methods of Swedish popular adult education.

Sida's work to identify and support Swedish actors in illicit drug control has been quite successful. The first project was a commissioned review of the totality of the Swedish resource base. Thereafter, Sida has co-operated with the three Swedish NGO's described above. The supported projects were the following:

- “*Drugs Around the World*”, *IOGT-NTO Vietnam*. The project objective was to disseminate knowledge and awareness of the drug problems in Vietnam, in particular through the television series “Drugs Around the World”. The project has been implemented during a period where these issues were given much attention in Vietnam. It could therefore be argued that the specific impact of the project is difficult to establish. Nevertheless, the project has given birth to a number of local initiatives such as an anti-drug campaign led by women and youth groups.
- “*Drugs Around the World*”, *NBV, Bosnia*. The project objective is also to disseminate knowledge and awareness of the drug problems in Bosnia through the same television series. The project seems so far to have had major effects in the region. A vast network of stakeholders has been established and a similar project will be implemented in the Republic of Serbia.
- “*Combating drugs in the northern parts of Thailand and Burma*”, *Diakonia*. The project objective is to minimise the damaging effects of the illicit drug production and abuse in the area. The target groups are the ethnic minorities of this area. This project has been integrated into an already existing programme. It therefore seems that the impact of the project may become more substantial than if this project would have been implemented in isolation.

These projects are in line with the Sida objective to develop the Swedish competence in the area of drug control. All of these organisations report directly to Sida, although with a varied frequency and quality. However, these projects are generally viewed as successful and seem to have an impact, in particular in the long run. The IOGT-NTO project in Vietnam has been subject to an evaluation that is predominantly positive. The Diakonia project in Thailand and Burma seems to have a major impact since the project was integrated into an existing structure. The NBV project in Bosnia has reached a substantial number of actors connected to the area of drug control and may also have spin off effects in the region.

B. Support to multilateral key projects

As previously stated, seven of the projects have been implemented by multilateral agencies. These projects account for the largest part of the Sida allocation. In short, the projects are:

- “*Establishing a Global Network of Youth Programmes for Drug Abuse Prevention*”(UNDCP). The project objectives were to establish a network of youth programmes concerned with international drug control, to assemble them in a youth conference and to produce a document stating a common vision of how to tackle the drug problems of young people. The main objectives of the project were reached as the conference took place and the common statement was published.

- “*The Rindzele Treatment and Rehabilitation Centre*” (UNDCP). The project objective is to diminish the number of drug addicts in Lithuania by strengthening the capacity of a treatment centre for drug addicts. The centre was established during the first project phase. The project is directly implemented by RFHL, a Swedish NGO that works with the rehabilitation of medicine abusers. The project has been a success in the sense that the centre has introduced income-generating activities that could guarantee its financial independence in the long run. Several studies on drug addiction in Lithuania have been performed and a network comprised of health and social workers is being established.
- “*Economic, Social and Political Analysis of Illicit Drug Trends in Africa*” (UNDCP). The project objective was to increase the knowledge of the drug problematic in Africa through a study to be performed by the UNDCP. The study has been produced and widely distributed.
- “*Strengthening Selected Demand Reduction Programmes in Sri Lanka*” (UNDCP). The project objective is to institutionally strengthen the national drug control programme, partly through the improvement of monitoring systems. The project has however not yet been initiated.
- “*Institutional Strengthening of Contradrogas in Peru*” (UNDCP). The project objective is to strengthen and to develop the competence of the organisation Contradrogas. Contradrogas is responsible for drug control initiatives as well as for establishing drug regulations. The project has not yet achieved any tangible results.
- *Support to the Laotian national organisation for drug control* (UNDCP). The project objective is to diminish production, trafficking and abuse of drugs in Laos through the institutional strengthening of this organisation. The project has been a success in the sense that information the addict situation in the country has been collected. The realisation of the magnitude of the problem has lead to the adherence to a policy to eradicate all opium production within a period of six years.
- *Support to WHO/SAB, the Programme on Substance Abuse*. During the period 1997–99, support in the form of a general support to the whole programme was provided by Sida to SAB.

The funding of these projects has enabled Sida to express its priorities with regard to drug control issues, such as the focus on Africa’s drug problematic, institutional strengthening and capacity building as well as drug prevention.

C. The incorporation of drug components in bilateral programme and competence development within Sida

An important objective for Sida is integrate drug control issues into bilateral programmes and as well as to increase the competence and awareness of drug issues within the organisation. The obvious link between drugs, poverty and development was the main reason for strengthening Sida’s role.

Few of the supported projects have directly contributed to the fulfilment of the Sida objective to incorporate drug components in already existing bilateral

programmes. The Lithuanian drug prevention project is, however, connected with the activities of Sida's section for Eastern Europe. The UNDCP projects in Laos and Sri Lanka may come to influence the bilateral programmes of these countries.

The task of incorporating drug control components and initiatives into bilateral development co-operation programmes has been difficult. It also takes time to familiarise the organisation and to develop an understanding of the relationship between poverty, drugs and underdevelopment. This relationship is neither obvious nor always perceived relevant. The international drug problem is of a complex, multifaceted nature where the direct links to development activities are present but must be further elaborated and defined. Evidently, more work must focus on integrating drug issues into the existing bilateral co-operation mechanisms and strategies. A number of country analyses and strategies has been assessed from a drug control perspective.

Certain progress has been made in Africa, primarily due to the Swedish chairmanship of the regional Dublin Group as well as the relatively important and large Swedish presence in the region. Via the Swedish Embassies Sida has supported smaller initiatives, such as a seminar on drug control that took place in Lusaka in December 1998, aimed at increasing the competence of the Swedish Embassies in Africa in this area.

The support to documentary films as well as to subject seminars for Sida staff contributes to awareness creation in Sweden as well as within Sida. This may in turn create an opinion for dealing with these issues, which could indirectly affect the implementation of Swedish bilateral programmes. There has also been continuous collaboration with Sida's press secretaries and contacts with the media in general.

D. Main conclusions

The projects supported have been implemented within the scope of Sida's objectives for the support of international drug control activities. The involvement of the Swedish resource base is progressing well, although no long-term effects can be established at this early stage. Additionally, the support to multi-lateral organisations has generally been successful and ensures that Swedish policies and priorities are consistent and continuously promoted internationally.

Some of the main conclusions, stemming from Sida's involvement in drug control issues are that:

- it is important that Sweden continues to work with international drug control co-operation, since many of our partner countries are facing increasing problems due to drug trafficking, production and abuse.
- Sida has now acquired relevant and related expertise, especially to further incorporate drug control components and initiatives into bilateral development co-operation programmes,
- by advocating and promoting certain key issues in international drug control co-operation, Sweden has developed an international profile that Sida should continue to promote and enhance,

- support via the multinational organisations should be focused on specific and catalytic issues related to Swedish priorities,
- the share of support via Swedish NGO's and international NGO's should be increased,
- demand reduction activities must be addressed in combination with other issues affecting young people today including, tobacco, alcohol, adolescent and reproductive health, HIV/AIDS, child abuse and violence against women.

Annex B

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