

# 24-hour meeting against drugs in Stockholm



Organisers of the meeting, photo Maria Söderberg

Cowardice, political blunder and a lack of engagement hinder any solution of the trafficking in drugs on Sergels Torg. This is the opinion of a number of Swedish public organisations that initiated around-the-clock meeting against drugs on Sergels Torg, in the centre of Stockholm, on August 23-24, 2004.

The idea behind this initiative is to show that there is an immense knowledge and experience about the drug problem in Sweden since more than 40 years back. But useful knowledge is not fully utilised. Politicians and authorities conceal themselves behind rhetoric such as "the issue is under investigation", "a research needs to be done" or "we must take a look at this". There is nothing wrong with research or investigations apart from that in practice this rhetoric becomes a tool for passivity. Meanwhile the drug abusers increase in number and more of them die prematurely.

This meeting shows that everything has already been prepared to start working if one really wanted to make a difference. There is knowledge, legislation, engagement, ideas and experience of what has proved to work. Yet the responsible politicians and the

authorities do not seize on this store of knowledge but instead point at each other and excuse themselves. Today's situation on Sergels Torg is a sad example of this failure.

More than 50 speakers came and talked during the meeting. Among them were politicians, teachers, parents, doctors, artists, writers, experts, researches, police. There were about 40-50 listeners for each program point during day-time, not to mention all passers-by who stopped by the tent for a few minutes. About 5-10 people were present during each of the presentations in the middle of the night.

Among the organisers were Parents Against Drugs (FMN), the temperance movement IOGT-NTO Stockholm, Criminals' Return Into Society (KRIS), Association for a Drug-Free Society (RNS), European Cities Against Drugs (ECAD) and others.

The meeting is to be continued. Ministers for Health and Justice have promised to come and to discuss the drug problem on Sergels Torg with the public on September 23, 2004. "Ministers Against Drugs" - it is not such a bad idea!

We shall and will meet again on Sergels Torg!

## Back to Afghanistan

*Is opium bleeding Afghanistan of its chances of democracy?*

Afghanistan is the leading world producer of opium, replacing the 'Golden Triangle' of Laos, Myanmar and Thailand, which led global production in the 1960s and 1970s. As eradication efforts in the 'Triangle' improved, opium production increased significantly in the 'Golden Crescent', comprised of Afghanistan, Iran and Pakistan in the 1980s.

Subsequent, strictly implemented, eradication campaigns in Iran and Pakistan have left Afghanistan today as the main producer, supplying over 75 percent of opiates globally. In 2004, the estimated quantity of opium produced within Afghanistan is expected to be at least 4,000 mt, representing a rising trend, which, according to statistics, looks to outstrip any reduction achieved through eradication efforts.

According to UNODC statistics, an estimated 1.7 million people are directly involved in opium production, as widespread and family-based poppy cultivation proliferates in 28 of the 34 provinces of Afghanistan.

According to a recent UNODC survey, among farmers who did not grow poppy, 24 percent cited religious reasons as the primary motivating factor against its cultivation. At government level, President Karzai is aware that he needs to achieve results in reducing the opium supply. At the Berlin donors' conference in April 2004, the US closely linked its aid package of \$2.3 billion to the Afghan government's implementation of its opium reduction strategy.

The temptation for government officers, law enforcement officials and local authorities to become involved in the multi-million dollar trade has proved too much for many and an entrenched culture of corruption prevails.

*See Page 4*

# Drug situation in Belarus

By request from ECAD, the Ministry of Health of Belarus prepared an informative report on the drug situation in Belarus. This was done within the framework of the continued project co-operation between ECAD, the Belarusian non-governmental organisation (NGO) "Republic Without Drugs" and the Ministry of Health. The report touches on such subjects as the scale of the drug problem in Belarus, drugs and crime, HIV, treatment and rehabilitation of drug abusers, co-operation with NGOs, measures for the prevention of drug abuse and the Belarusian legislation in regard to this issue.

The report provides a picture of the drug problem in this centrally located European country along with the measures taken by the government to tackle this problem.

According to the official number, there were between 6,000 and 7,500 registered drug abusers in Belarus in 2003. Experts' estimates vary between numbers of 40,000 and 70,000 drug abusers. (The population is about 10 million.) The main drugs of abuse are cannabis and opium. Estimates made by international organisations, as UNODC, show that the scale of the drug problem in Belarus is not as large as in its neighbouring countries.

This can be partly explained by, as it is stated in the report, that "there has always been a severe control over drug trafficking in the country. In this regard, Belarus is ahead of the international community". Some drug smuggling does occur through the open boundaries with Russia and Ukraine but with severe controls inside the country these open borders do not seem to be a larger problem in and of themselves.

According to local surveys, life-time prevalence of drug use among school youths in late 1990s was 16% (one pupil in six); about 4.2 % of school youth have tried drugs more than once.

**Table 1**

Annual prevalence of abuse as percentage of the population aged 15 and above

Country	Cannabis	Amphetamines	Ecstasy	Cocaine	Opiates
Belarus	0.1%	0.01%	0.001%	-	0.08%
Sweden	1.0	0.1	0.2	0.05	0.08
Ukraine	3.6	0.2	0.1	0.02	0.9
Russia	3.9	0.1	0.1	0.09	2.0
Netherlands	5.6	0.7	1.2	1.2	0.3
UK	10.6	1.6	1.6	1.6	0.6

Source Global Illicit Drug Trends 2003; The data is based on surveys conducted 1998-2001; The Belarusian data is tentative estimates for the late 1990s

## HIV and drugs

According to the report, the prevalence of injection as a percentage of opiates abuse in Minsk is 91.2 %. An alarming factor is that syringes and other equipment are reused regardless of risks by drug abusers. The report stated that narcotic substances that come into the

country might be infected. (This is considered to be a course of an epidemic spreading of HIV in the city of Svetlogorsk, Gomel region, back in 1996.)

Law enforcement lacks procedures for bringing drug abusers into treatment, including involuntary treatment. Self-motivation for testing and treatment is low, which partly depends on unwillingness of drug abusers to get registered. In practice, information and warnings about high-risk behaviour are used in order to prevent the spread of HIV.

Such disputable measures as needle exchange programs and methadone treatment are being conducted in several cities as pilot programs, by and large financed by foreign organisations and institutions. There is no expressed opinion of the Belarusian authorities in regard to this issue.

**Table 2**

HIV among drug users, cases

Regions	Registered HIV 1987-2000	Registered HIV 2003
Minsk city	367	87
Minsk region	87	41
Brest	157	30
Vitebsk	72	18
Gomel	2353	245
Grodno	115	85
Mogilev	128	21
Total	3279	527

There are some cities that have experienced a rapid increase of HIV cases (Gomel region). These cities have detailed statistics but there is no reliable data available covering the entire country.



Minsk,  
Main Post  
Office

## Drugs and crime

Within the Criminal Investigation and Illicit Drug Trafficking department, which is part of the Ministry of Internal Affairs, 121,000 offences connected to drugs were registered (80% of the total number of offences) in 2003.

Among them 6,100 crimes directly connected to drug trafficking.

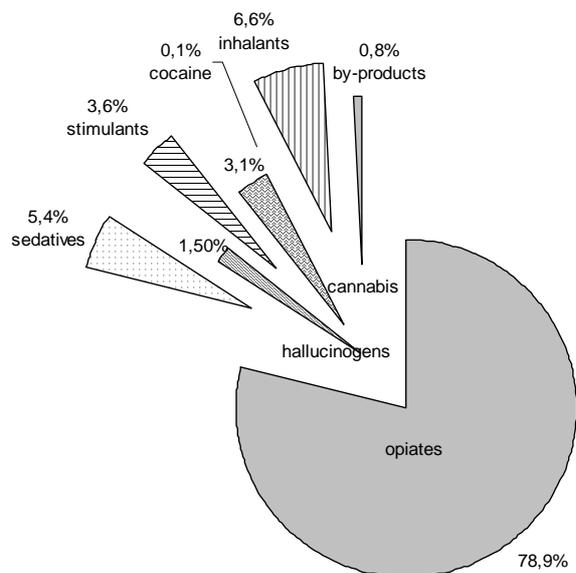
261,8 kg narcotic substances & 1,407 kg raw narcotic materials seized.

## Drug situation in Belarus

From page 2

**Table 3**

Drugs of abuse



### Treatment and rehabilitation

Treatment and rehabilitation are underdeveloped in Belarus. The few drug abuse treatment opportunities are provided mostly by state-financed mental hospitals and consist of detoxification, with a duration from 3 to 5 days. A patient has right to reject further treatment. Social services run a number of out-patient programs. Narcotics anonymous and other forms of self-help groups are still at their infancy. Apart from the hospital's beds, there are a few rehabilitation centres, which either are privately run and relatively expensive or belong to public organisations (including Christian missions). The non-governmental services receive no financial support from the state.

*Regarding legislation*, the report emphasises the restrictive spirit of the existing laws and criticises a lack of mechanisms for any satisfactory implementation of the laws.

*Regarding preventive measures* to fight abuse of drugs, the report provides an overview of theoretical approaches to the issue. This shows that the concept of prevention is still under development. However, there are a large number of individual contributions such as local initiatives conducted by NGOs and schools.

### Plans for future co-operation

The main task of the ECAD work in Belarus is to facilitate co-operation between the NGOs and the responsible authorities in the anti-drug work. In this regard, ECAD and partners plan a conference in Minsk in 2005 on the drug situation in the country and measures to prevent the abuse of illicit drugs. A wide spectrum of actors will be invited to take part in the discussions, from governmental bodies to public organisations, schools and the media.

## A try at fixing something that is not broken

Or Needle exchange programs in Sweden

Swedish cities Malmö and Lund have had a needle exchange as a pilot project for about 18 years. Last year, a question about the status of this project has been raised anew.

Needle exchange programs' *to be or not to be* has really shown what the expression "an endless discussion" is about. Swedish politicians on both national and local levels have by now discussed this issue for more than 18 years. One of the latest events is that the minister for health Mr Morgan Johansson declared, while attending the exhibition "Sweden Against Drugs" in November 2003, that the time has come to make a decision. Shortly thereafter a proposal has been referred to the Parliament for consideration. This proposal opened a possibility for those Swedish counties, which would find it appropriate, to start a needle exchange program. Time goes by and there is still no decision to be seen in the nearest future.

This issue is delicate since it splits political parties and organisations into two camps. It splits even our organisation between those who see needle exchange as something positive and those who are critical.

My question to those who strongly promotes needle exchange in Sweden is why exactly now? Why should we give away needles to drug abusers for free? Is it expensive or difficult to get a needle/syringe? A cost for a needle is about 3% of that paid for a heroin dose and can be bought where one buys the drug.

Is there an HIV-epidemic going on among the drug abusers in Sweden that needs to be fought at all costs? The answer is that only 17 new HIV-positive cases among IDUs (injecting drug users) who got infected in Sweden were registered last year. Have those 17 IDUs caught infection through sharing needles? The answer is that no one knows. They could have just as well got infection from their sexual partner or through sharing injecting equipment other than their own clean needle.

## ★ ECAD DISCUSSION

Last year, the University of Miami published a research on HIV among smoking heroin users. They have compared three groups with 300 heroin users in each. The first group included those who only smoked heroin, the second those who injected heroin for less than 4 years and the third those who injected heroin for more than 4 years. Among heroin users from the first two groups there was the same number of HIV-positive ones, about 13%. The prevalence in the third group was twice as many.

Researchers have even investigated sexual behaviour of the participants. They came to a conclusion that sexual behaviour stands for nearly all cases of HIV in the first two groups and for a half of the cases in the third group.

If we compare the numbers from the USA to the Swedish group, members of which have an average age of 40 and likely have a long history of injecting abuse, then about a half of them would have got infected through their sexual partners. If this is the case, then - theoretically - about 8 people could have been saved with free needles.

See Page 4

## Is opium bleeding Afghanistan of its chances of democracy?

From page 1

Helaluddin Helal, the deputy Minister of the Interior, and Mirwais Yasini, head of the Counter-Narcotics Directorate, both told IRIN that the corrupting influence of the opium economy was all-pervasive, severely threatening the rule of law.

Such corruption comes precisely at a time when Karzai's new government needs to rebuild authority and trust and show his people the benefits of reconstruction and national unity.

The opium business provides a lucrative and virtually risk-free resource base for warlords and provincial commanders who want to resist central control and continue to see Afghanistan under the rule of the gun instead of the rule of law. This danger is perhaps the greatest threat to Afghanistan, for it undermines all the processes currently guiding the country towards democracy and the development of civil society.

A vivid example of what may occur elsewhere is the attempt made to reject government control in the province of Ghor in June, when a warlord enriched by opium overran the capital town, Chaghcharan, and declared independence.

President Karzai believes opium represents the greatest security threat to Afghanistan and is urgently seeking international support to fight those, both organised (warlords) and farmers, who perpetuate and expand this illicit crop. His stated fear, and that of many in the international community, is that Afghanistan could be derailed by opium before the institutions that could establish the rule of law can be put in place.

But while presidential elections planned for October 2004, and parliamentary elections set for April 2005 offer Afghanistan a chance to move towards national unity within a democratic process, rising insecurity throughout the country threatens to derail this unprecedented Afghan experiment in democracy.

*"It's not an illicit crop but rather a blessing which saves the lives of my children, grandchildren and two widowed daughters," one female opium farmer in Kandahar told IRIN openly.*

In neighbouring Iran and Pakistan, poppy cultivation was largely stamped out during the 1980s and 1990s using strict methods of law enforcement. Both countries have existing state institutions and functioning police, and national armies able to enforce counter-narcotic laws. Conditions in Afghanistan, however, are not comparable and for some experts Afghanistan has effectively already become a narco-state: a state where regional strongmen hold more power than central government.

If they are correct, the struggle to disengage powerful interests from opium production - with so few viable or lucrative alternatives for those involved - will be long and hard.

*By the UN Office for the  
Co-ordination of Humanitarian Affairs*

## A try at fixing something that is not broken...

From page 3

Let's go further. A Norwegian research, conducted among the participants in the needle exchange program in Oslo, showed that only 25% of them have entirely stopped to share needles with the others. If we will transfer this data to our case, we will have only 2 persons left in our group. It seems like there is just a little finger left to hang on to. Or is it that a needle exchange program would have been introduced even if we on the whole would not have any HIV-cases among our drug users?

If now it is so that even drug abusers get infected firstly through sexual contacts, then it is clearly counter effective to use a needle exchange program as a method. It swings a rather big group into a false security.

Maybe it is time to rethink and suspend the ongoing needle exchange program in the Swedish cities of Malmö and Lund for a couple of years...as a pilot project. If for nothing else, then to show to the world what is truly of help in the fight against HIV.

*Tomas Hallberg  
ECAD Director*

### ★ MUSIC IN THE FOREST

*He said – Are they listening?  
She said – Are we?*

### ★ NO DOUBT

*He said – Do you have all the answers?  
She said – Let me think!*

*Our European societies have experimented and evaluated both tolerance and intolerance to illicit drug use and drug abuse. It is our reflection upon this which guides us towards non-use. This in regard to our **neighbourhoods'** well being.*