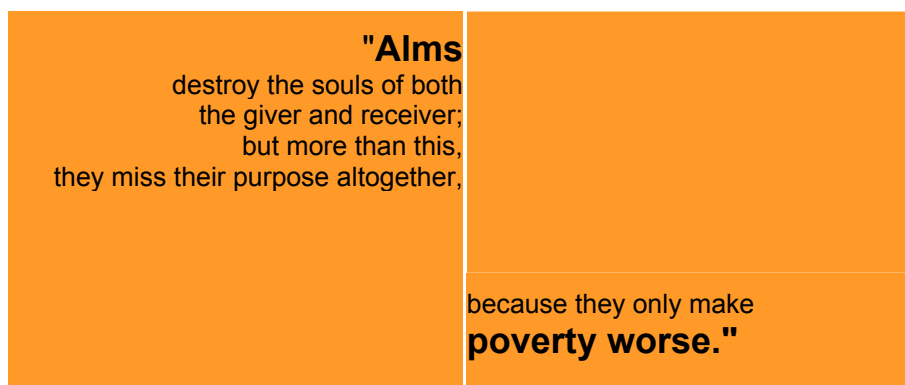




Drugs and Poverty

The Contribution of Development-oriented Drug Control to Poverty Reduction

A Cooperative Study of the "Drugs and Development Programme" (ADE) and the "Poverty Reduction Project" of the Deutsche Gesellschaft für Technische Zusammenarbeit (German Agency for Technical Cooperation) (GTZ)



Eschborn, Germany, June 2003

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Introduction: Role and purpose of the study

Did you know, that

- ❖ ...in Iran and Laos there are more people addicted to opiates than in the USA and Europe?
- ❖ ... in a major production area in Pakistan indicators of malnutrition, infant mortality and illiteracy have proved to be consistently and substantially higher than national averages
- ❖ ... experience has shown that we can expect a substantial contribution from a development oriented drug control to the goal of poverty reduction?

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What is a common characteristic of poverty reduction and development-oriented drug control in developing countries? Cynical people might answer that both are unfeasible. Are they right?

This study tries to give a realistic answer to part of the question: Is development-oriented drug control a suitable instrument to make progress in poverty reduction? And if yes, how does such a drug control policy look like? Which consequences do emerge from this for the practical work in development cooperation, which aspects have to be considered?

To answer these questions the study defines and analyses poverty, drug problems and the characteristics of people confronted with drug problems. This is the basis to deduct possible links of poverty with drug problems. The second part presents the tools for realising the contributions of drug control to poverty reduction and the experiences made so far. The third part draws the conclusion and presents recommendations.

The study aims at making people curious on the topic.

It addresses first people who are responsible for the formulation of poverty reduction strategies on a global, national and local level. It wants to convince them with the presentation of facts, experiences and examples that they should consider the issue of drugs and poverty in their analytical work. It should also enable them to make a first estimate in how far and in which way the integration of a drug dimension would be useful for their work. At this point further contacts are proposed.

The second target group are people responsible for the formulation of drug control strategies. The study wants to convince them that it is worth to increase the poverty-orientation in their work and wants to offer information on how to do it.

The third target group is the research community which should discover the fascinating nature of the issue and the huge research need, especially for enlarging the empirical data base on the micro- as well as on the macro-level. New research findings will help to adjust both, poverty reduction and drug control strategies.

With these elaboration the study enters an (almost) new area. There is a tendency that poverty reduction / developmental agencies and drug control agencies avoid each other by ignoring common interest. Indeed, common interests are not visible at a first glance. But it is worth to look deeper, in fact, it is indispensable as it is proven by the main results of the study:

The integration of a development-oriented drug control policy in national policy increases the chances to reduce poverty on a sustainable basis. and

The consideration of poverty reduction goals in drug control can increase it's effectiveness.

Part 1: Links between Poverty and Drugs – The Potential

Major Findings of this chapter:

1. There is a need for enlarging the understanding of poverty beyond the notion of insufficient income. Poverty is multidimensional.
2. Most of the drug crop producers are poor, some are the poorest of the poor. That's why they cultivate coca or opium poppy. Based on the enlarged understanding of poverty, drug production further increases poverty in many ways even if the impact on the household income is unclear.
3. Most of the drug addicts are poor if they enter in an addiction career. Their addiction leads to further and often extreme pauperisation in all dimensions.
4. Drug crop production, consumption and trafficking create a macro-environment unsuitable for poverty reduction.

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Imagine a street child in Brazil sniffing glue, imagine a twenty year old men in Lahore (Pakistan) lying on the street with a needle in his arm taking heroin. No one would deny that these people are poor and that their poverty have contributed to their drug addiction. And every one knows that this drug addiction will increase their poverty problem, and cause several other problems closely related such as health problems, HIV/AIDS, loss of dignity, etc.

There are other links between poverty and drug problems which are not that obvious and further ones which are not that clear. The following chapter tries to analyse systematically these links in a conceptual framework which combines different dimensions and symptoms of poverty, key causes of poverty and suitable policies for poverty reduction with drug problems and drug policies.

The first step is the presentation of a wide concept of poverty with the different dimensions of poverty on the one hand and the presentation of the different dimensions of drug problems on the other hand. The second step is to look deeper in how far drug problems interfere with poverty problems.

1.1 What is poverty

“Poverty is lack of freedom, enslaved by crushing daily burden, by depression and fear of what the future will bring” (Georgia 1997, cited from voices of the poor)

It is today widely accepted that poverty is a complex, multidimensional phenomenon. This multidimensionality is reflected in the 1995 World Summit for Social Development and in the Millennium Development Goals. It is also the starting point of the Action Programme 2015 of the German Government “Poverty Reduction – a Global Challenge”.

What are the relevant dimensions? No one knows it better than the poor themselves. The World Bank Research “Voices of the Poor” therefore asked poor people in 47 countries what poverty means to them. The answers are complex and underline the multidimensionality: First, poor people routinely define poverty as the lack of what is necessary for material well-being, esp. food, but also housing, land and other assets. Second, their definitions reveal important psychological aspects of poverty. Poor people are acutely aware of their lack of voice, power, and independence, which subject them to exploitation. Their poverty also

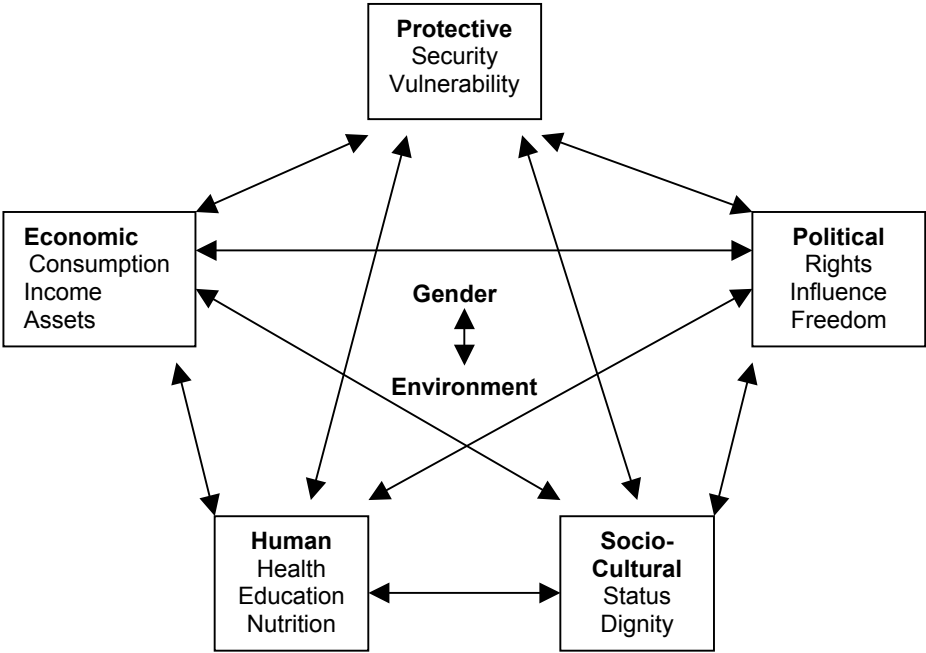
leaves them vulnerable to rudeness, humiliation, and inhumane treatment by both private and public agents from whom they seek help. Poor people also speak about the pain brought about by their unavoidable violation of social norms and their inability to maintain cultural identity through participating in traditions, festivals, and rituals. Their inability to fully participate in community life leads to a breakdown of social relations. Third, the absence of basic infrastructure — particularly roads, transport, water, and health facilities — emerged as critical.

The OECD/DAC guidelines on poverty reduction are reflecting these voices in a broad conceptual framework for poverty and poverty reduction. It encompasses the causal links between the core dimensions of poverty and the central importance of gender and environmentally sustainable development. This concept is a good basis for an enlargement with and specification towards drug problems.

The guidelines define five areas as core dimensions of poverty:

1. The *economic dimension* describes the ability to earn income, to consume and to have assets which are all key to food security, material well-being and social status. This goes together with secure access to productive financial and physical resources.
2. The *human dimension* encompass health, education, nutrition and shelter. These aspects interfere with all other dimensions.
3. The *political dimension* include human rights, a voice and some influence over public policies and political priorities. It also includes arbitrary, unjust and even violent action by the police or other public authorities that is a serious concern of poor people.
4. The *socio-cultural dimension* describes the ability to participate as a valued member of a community. It refers to social status and dignity. The poor in local societies often describe geographic and social isolation as the main meaning of poverty, other dimension are seen as contributing factors.
5. The *protective dimension* describes the ability to withstand economic and external shocks. Poor people indicate that illness, crime, war and destitution are core concerns.

Figure 1: Interactive dimensions of poverty and well-being



Source: OECD/DAC (2001), The DAC Guidelines Poverty Reduction

Each box represents an important dimension of poverty, which affects and is affected by all others. Poverty, gender and environment are mutually reinforcing and should therefore be considered as cross-cutting issues.

Who is poor?

This broad definition of poverty makes it difficult to measure who is poor. Indicators such as per-capita income are good for general poverty comparisons but are insufficient to give a realistic picture of the poverty situation in all its dimensions. Multidimensional profiles with quantitative data and qualitative information and participatory poverty assessments are more suitable but often not available.

This lack of data limits the possibilities for quantitative assessments of the links between poverty and drug problems. On the other hand, qualitative analysis are possible and show interesting results as mentioned in the following chapter.

1.2 Drug Crop Production¹:

Before entering in the analysis, in how far the a.m. poverty dimensions are valid for drug producers it seems necessary to describe briefly the phenomenon of drug production.

1.2.1 What it is and where it can be found²

Opium and poppy represent efficient cash crops well suited to the harsh conditions of source areas. Opium poppy can grow with little difficulty in conditions unsuitable for most other crops but it can also be found on fertile land. Production areas are Afghanistan (Helmand, Nangarhar, Badakhshan, Uruzgan, Kandahar) and Myanmar (Wa- and Kokang Area), followed by Laos (all provinces of northern Laos, extremely fragmented), Thailand (northern areas close to the Myanmar border), Vietnam (areas close to the Lao border) and since the nineties increasingly Colombia and Mexico.

Coca also shows resilience in a marginal environment. It is able to grow in a variety of altitudinal, climatic and soil conditions. The main production areas are the Andean countries Columbia, Peru and Bolivia.

Evidence suggests that coca leaf and opium production are a function of marginal socio-economic and ecological conditions. Two studies from the Wye College (POTULSKI 1991, 1992) found that source areas in South and south-east Asia and Latin America typically suffer from a lack of arable land, reliable water supply and food, making them some of the most agriculturally underdeveloped areas of the world.

Typically, over 90 per cent of households in source areas have been found to be entirely dependent on agriculture for their livelihood; off-farm income opportunities are very limited. The farming sector itself has proved structurally weak, however, with poor marketing, small landholdings, an absence of credit facilities and a lack of irrigation. Environmental degradation, low-quality inputs and poor agronomic practices have led to extremely low yields, resulting in food deficits of between two and seven months. For many households in source areas, drug crops generate the greatest proportion of household annual income, a significant proportion of which is used to purchase food for consumption. Despite the rhetoric, there is little evidence that the so-called lucrative trade in drug crops has led to economic and social development in source areas. However, even within one region the

¹ The term drug production in this study is just referring to the cultivation of coca and opium poppy. The cultivation of cannabis and the production of synthetic drugs are neglected because they are hardly any studies available on these topics. Further on, neither cannabis production nor synthetic drug production have been so far an issue for development cooperation.

² The whole chapter is based on and cited from the detailed and comprehensive article of D. MANSFIELD (1999) in the Bulletin on Narcotics. This article is warmly suggested for further reading.

picture of a potential target group is mixed and it seems useful to look deeper in the situation of a drug crop producing household.

Drug crop producing households

The most important thing to know is that drug crop producers are not a homogenous group. Their situation, their economic and social status and their decision making process vary enormously. It is widely accepted to distinguish between so-called small-scale producers who are a potential target group for development cooperation and “commercial or criminal producers” who are excluded from any developmental aid and who are subject to law enforcement and forced eradication.

But also within the target group of small-scale producers there are huge differences which are not well known and documented. Their economic situation vary enormously. Some have a sufficient standard of living, others are extremely poor, many are poor. Further on, there has been hardly any in-depth study of the conditions and priorities that individual farmers take into account when making decisions about their involvement in the cultivation of drug crops.

It is therefore necessary to look deeper at the diversity of factors that influence household decisions and to analyse the individual situation. Unfortunately there are just few data available. Further studies are needed. MANSFIELD (1999) gathered some important criteria which are helpful for the purpose of this study and which are presented in the following.

What are relevant criteria for distinguishing within the group of small-scale producers?

1. *The size of land holdings and increasing population density:* Experience from Pakistan (Swabi), Afghanistan (Achin), Bolivia (Chapare) and Peru (Upper Huallaga valley) indicate that opium and poppy are extensively grown where land is limited. Although almost every household grow a minimum amount the smallest farmers dedicate the largest proportion of their land to drug crop cultivation. It seems as if farmers are not longing for maximising their profit but to obtain a sufficient standard of living (enough food, education, access to health services) and that they cultivate as much drugs as necessary to fill the gap that they cannot fill with legal production.
2. *The availability of labour:* Experience has shown that opium and coca are rarely monocropped despite their suitability to the local environment. In the Chapare very few households were found to grow in excess of 1.5 ha of coca despite considerable variations in land holdings. This tends to counter the belief that drug crops are grown purely for their high returns to land. In relation to other crops the labour requirements for both coca bush and opium poppy cultivation are considerable. Some commentators have suggested that without the extensive use of unremunerated family labour, neither opium poppy nor coca bush would be profitable crops. Others have found that after deductions for hired labour returns are not necessarily as remunerative as other crops
3. *The role of credit, debt and village traders:* The cultivation of opium poppy seems to be intrinsically linked with informal rural credit in source areas, where opium poppy cultivators gain preferential if not sole access to informal credit arrangements. The prevalence of household food deficits and the illicit nature of the opium trade, however, expose the most vulnerable to exploitation from village traders. The growing dependence on opium poppy as the sole source of cash income has meant that households have become particularly vulnerable to its fluctuating price. The occurrence of dramatic falls in price has prompted many households to increase their level of borrowing in order to meet their household expenditures. Within this context, households may be willing to adopt alternative crops even if they do not offer returns that are as remunerative as opium poppy and coca bush.
4. *Eradication and Law Enforcement:* The role of law enforcement in prompting changes in household agricultural practice is contentious. Some commentators have indicated that eradication is a prerequisite to creating the necessary conditions for successful alternative development. Others have suggested that there are inherent contradictions

between development and interdiction at both the policy and the operational levels and that the effects of this include impeded progress and increased vulnerability of the poorest. A close look to the specific role of drug crop cultivation for the economic, social and cultural situation of the drug crop producing households is necessary to determine the right balance and timing of eradication and alternative development. The German experience with alternative development programmes has shown that every eradication measure is counterproductive not only for the success of the specific project but also for a sustainable drug crop production unless viable and secure alternative sources of income exist which can replace the multifunctional role of opium or coca in the respective economies.

1.2.2 How it Interferes with Poverty

“Without doubt, there is coca planted in this area but people are suffering from hunger. There is guerrilla because there is no government. The FARC is executive and legislative power and judicature at the same time. The drug commerce is there because of the absence of the central government and the absence of an economic policy. The farmers are innocent. If the government just uses repressive measures they close the door for more than 20.000 people who are not even living like human beings.” [Quote from a Colombian priest of the lower Caguan]

This quote as well as the a.m. characteristics of drug producing areas and drug producers underline that poverty and drug production are closely interlinked. Poverty can be both, cause and effect of drug production. The aim of this chapter is to look systematically at the links of drug production with all the five dimension (and two cross-cutting issues) of poverty as they are mentioned in chapter 1.1.

1. *Economic*: It is a myth that farmers generally earn more money with opium or poppy than with legal products. A study in Asia found that there is no evidence that farmers are earning more than basic subsistence incomes even with their returns from growing opium poppy. As a result, households are trapped permanently in debt. The price ratio illegal / legal products varies enormously. Both prices are highly fluctuating. The on-farm price for opium or poppy is at a much lower level than the off-farm price. Buyers can often dictate their prices due to a quasi monopolistic position. The extent in how far farmers make money with opium or poppy depends on the amount cultivated (dependant on access to land, inputs, labour), their market position in relation to the buyer(s), the remoteness of the region. The picture here is extremely mixed. In order to realise the pro-poor potential of AD programmes, a careful selection of the target group is therefore necessary (see 2.1).
2. *Human*: There is no clear evidence on the impact of drug crop production on the *nutritional and healthy* status of drug producing households. The production of opium or poppy might help to fill a gap in food security but often it is even not sufficient for that. There are people still suffering from hunger even if they do produce drug crops. The food crop production can be constrained by the high rural labour costs arising from the seasonal demands of both coca leaf and opium.

According to the *educational* status an emphasis on family labour in drug production has resulted in particularly low levels of literacy among the Hmong of the Lao People's Democratic Republic and the opium poppy growers of Dir, in Pakistan.

The general human situation aggravates immediately if drug producers become drug consumers as it has happened in many of the mountainous regions in Asia. These phenomenon is described in detail in chapter 1.3.

3. *Political*: The political situation of drug producers is very bad. As they are involved in illegal activities nearly every national government is fighting against them instead of listening to their problems. Human rights violation (from statal and parastatal authorities)

do occur constantly. Arbitrary, unjust and even violent action by the police or other public authorities do happen.

4. *Socio-cultural*: This dimension seems to be not affected. The concentration of opium poppy and coca bush cultivation in specific areas supposes that there is a cultural and economic consensus among local inhabitants with regard to the legitimacy of drug crop production. However, as the poor in local societies often describe geographic and social isolation as the main meaning of poverty³, drug producing areas have to be considered as poor because they are by nature very remote.
5. *Protective*: This is probably the most negative affected dimension. Drug production is confronted with several risks. First, there is always the risk of eradication by law enforcement agencies. Second, there are natural risks⁴. Third, crime and conflict do occur permanently where drug crops are produced. This is true esp. for Latin America where many drug producing areas are fully in the hand of the guerilla. These effects have negative impacts on other dimensions as well, esp. economic, human and political.

Another violation of the protective dimension refers to the psychological factors of poverty as mentioned in the World Bank Voices of the Poor: Because of their (geographical and political) isolation and the illicit nature of the market drug producers are extremely dependant from local traders and local shopkeepers. Despite their dissatisfaction with local prices, many opium poppy cultivators will deal with village traders rather than risk arrest in the lowlands. Producers find their bargaining position severely weakened, in particular in the most inaccessible areas where the lowest prices are paid. Consequently, the relationship between creditor (buyer) and debtor (producer) is potentially exploitative.

- a. *Gender*: The existing literature is contradicting in relation to the involvement of women in drug crop cultivation. Some report that they play an important role in the extensive sowing, weeding and hoeing in opium cultivation, some report about their involvement in harvesting activities. It is unclear what impact an increase in legal agricultural production of the area would have on women's working hours and status. If the household income would lower, women and children's working hours could increase, in particular within poorer households.
- b. *Environment*: There are studies for Peru which prove a severe loss of forest cover in the Peruvian amazon. The permanent shift of drug crop cultivation both in human and geographical terms (within one country but also across borders) has led to the concomitant loss in biodiversity in Bolivia, Peru, Colombia, the Lao People's Democratic Republic, Myanmar, and the northern highlands of Thailand. Slash and burn is also common in source areas. Studies from Africa revealed that the illicit cultivation of cannabis resulted in deforestation, soil degradation and water pollution.

There are further negative impact on the environment:

- Violent eradication efforts through fumigation (spraying of pesticides from helicopters) destroy not only the intended drug crop but also nearly all other plants in the surrounding. They can also damage the health of the population in the target area.
- The extensive use of chemicals in coca processing contaminates rivers near by.

³ See OECD/DAC (2001) Guidelines on Poverty Reduction

⁴ Opium poppy is vulnerable to natural threats during the first two months of growth. During the harvest, rain and high winds will reduce yields. The harvesting of the opium poppy requires skill and experience: a significant proportion of the potential yield may be lost as a result of untimely, or improper, lancing. The outbreak of *fusarium oxysporum* in the Upper Huallaga Valley in Peru illustrates the risk to coca leaf production from natural agents. The timing of the harvest is critical if the leaves are not to blacken and be wasted (by rainfall).

1.2.3 The Risk of Ignoring the Drug Production Dimension and its Links to Poverty

Beside the direct impact of drug crop production on poverty there is a huge risk involved if “drug control people” ignore the poverty situation in source areas and if “poverty reduction people” ignore the need for sustainable development in drug crop cultivation areas. The result in both cases is that the developmental needs of drug crop producing households are not met.

Where complete eradication has been enforced without the prior provision of alternative sources of income, it has had dramatic consequences for rural populations. In the Tekshan Valley, in Afghanistan, the loss of income incurred by households that complied with an opium poppy ban introduced by their local commander, combined with limited access to irrigated land and the failure of substitute crops, led to a shortfall in food supply and the migration of 1,500 families. A similar phenomenon occurred in the Upper Huallaga Valley, in Peru, where both interdiction and eradication were ineffectual in altering the underlying economic advantage of cultivating coca bush over that of licit crops. The uncoordinated approach of law enforcement and development efforts left households unable to meet their basic needs once eradication had occurred. Consequently, small farmers whose coca bush was eradicated migrated outside the project area and began cultivating coca bush in frontier zones as a means of safeguarding their livelihoods. Such a policy did not only increase poverty it also failed in achieving a sustainable reduction in drug crop cultivation.

1.3 Drug addiction and misuse

In analogy to chapter 1.2 this chapter starts by describing the phenomenon of drug consumption as a basis for deducing the links of drug consumption with poverty.

1.3.1 What it is

It is long ago that developing countries were classified only as suppliers who produced the drugs that were consumed in the industrial societies of the West. The developing countries themselves are today confronted with severe problems of drug addiction and misuse. In Pakistan and Iran they are more people addicted to drugs than in Europe and the USA. It is not longer the traditional consumption like the opium use in South East Asia, the chewing of Khat in Yemen or of coca leaves in the Andean countries. People misuse heroin, crack, cocaine, synthetic drugs as well as legal substances like alcohol (illegal in some countries) and nicotine and often it is a very risky consume of all these substances.

The misuse of opium and heroin is concentrated in Asia where 2/3 of the world wide opium consumers are living, esp. in Pakistan, Iran, Thailand and Laos. Cocaine dominates in the USA but since 1999 the number of cocaine users in South America increased drastically, esp. in Argentina, Chile and Brasil, particularly among young people. The most dynamic group of drugs are the synthetic drugs where production and consumption increased most in the 90ies, esp. in East and Southeast-Asia (Thailand, Cambodia, Indonesia, Myanmar). Cannabis is consumed worldwide.

Drug problems are not restricted to illegal substances. The World Health Organisation (WHO) notes in it's “Global Status Report on Alcohol” from June 2001 that the alcohol-caused damages to world's health are as high as the damages of unprotected sexual intercourse, measles and malaria. Tobacco and alcohol consumption account for nearly five millions deaths annually worldwide. Other legal substances like solvent, glue and gasoline are popular intoxicant among street children throughout developing countries because they are very cheap, diminish pain, reduce fear and suppress hunger. This is particular happening in Latin America and Africa, but also growing in Central and East Europe.

There is an alarming tendency that the riskier modes of drug taking are increasing in particular among young people. This includes among other an increase in the intra-vein use

of heroin (esp. in Africa) and a growing mixed use of different substances. The age of first consumers is constantly decreasing and more and more juveniles and women are affected.

Drug Consumers⁵

People who abuse drugs come from all walks of life, although statistics show that some are more likely to take drugs than others. Men are more likely to abuse drugs than women but women and girls become more and more affected and sometimes they are even younger than male addicts. Most of the addicts are young (between 12 and 25 years). Singles are more likely to abuse drugs than married people, city-dwellers more than rural residents. However, in drug producing areas rural habitants are increasingly at risk. The insecurity and violence of the illegal activities and the loss of traditional values and structures together with poverty and marginalisation promote drug abuse. In many rural areas of Asia, esp. in the mountainous areas which are home to many minorities, drug production cannot be separated anymore from drug addiction. It has become a severe problem.

Prisoners and street children also show a high incidence of drug abuse. A report on health problems and substance use in Honduras notes that more than half of the street children sniff glue, four in ten drink alcohol at least occasionally, six in ten smoke cigarettes and two in ten smoke marijuana.

The prevalence and patterns of abuse of different drugs vary considerably by region and country. However, generally it can be said that in developing countries poor people and extremely poor people are the vast majority among the drug addicts and they tend to be reduced to misery much quicker than richer people. Many studies prove that poverty, violence, the loss of traditional values and social structures, the political, economic and social marginalisation (which are all dimensions of poverty) have to be considered as major contributing factors for drug addiction.

A joint paper from ECA/UNDP on Poverty and Drugs in Africa⁶ hints to the alarming fact that both army and rebel soldiers are initiated to the use of drugs, and maintained in that state in order to have strength to engage in combat. This is even more so concerning child-soldiers.

Drug addiction on the other hand reinforces the problems which have been originally the cause. It is a vicious circle of poverty and drug problems which aggravates both esp. in developing countries where health and education systems generally are weak.

1.3.2 How it Interferes with Poverty

In analogy to the chapter on drug production this chapter looks systematically at the links of drug consumption with all the five dimension (and two cross-cutting issues) of poverty.

1. *Economic:*

If people enter in an “addiction career” generally they are already poor and cannot afford drugs. But as the profit margin of dealing with drugs is very large, drug dealers can afford to give drugs for free in the beginning as long as people become addicted and are willing to pay nearly every price to satisfy their desire for drugs. In developing countries people involved in drug production or trafficking are often paid with drugs which further increases the dependence. By nature of addiction, addicts give everything what they have or what they can get (legally or illegally) for drugs and pauperisation is the unavoidable consequence under the dominant circumstances of poverty in developing countries. It is not only the addict who is affected by increased poverty but also people living together with him or her. The household income is used to a large extent for buying drugs. Subsequently food security, shelter, education and all other aspects of material well-being are diminished for the whole family.

⁵ It is important to acknowledge that the target group of drug prevention is much broader than the actual drug consumers. The target group is described in chapter 2.2..

⁶ OAU(2002): Poverty and Drugs in Africa, Cote d'Ivoire.

Further on, an ILO study revealed that many work place problems are related to drugs and alcohol: It found out that substance abusers have 2-4 time more accidents at work than other employees, and are absent 2-3 times more often. The productivity of time spent at work is further diminished due to personal inefficiency, loss of concentration and inability to work at a certain pace. These effects might finally lead to dismissal and work place problems then further aggravate an already tense economic situation.

In relation to work place problems in developing countries there are other reports revealing the alarming tendency of ATS use (amphetamine-type stimulants = synthetic drugs) to increase the work performance or to be able to stand the work conditions. Such misuse is reported among prostitutes, truck drivers and fishermen and, even more disturbing, among workers in textile factories, who are consuming unknowingly ATS (which is given to them in the drinking water).

2. *Human:*

The *health situation* of addicts is miserable. Every aspect of health like physical and psychological well-being, absence from illnesses etc. is negatively affected. There are several problems which can be directly related to drug abuse such as hepatitis, tuberculosis, cardiovascular diseases, cirrhosis, neuropsychiatric disorders, sexually transmitted diseases, unwanted pregnancy and complications in pregnancy including foetal distress. Foetus of drug addicted mothers show after birth depressed behaviour and poor responses to stimuli.

An alarming relation exists between drug abuse and HIV/AIDS in two ways. (1) The intra-vein use of heroin and the shared use of common needles carries the risk to spread the HIV-virus. 114 countries have reported to the WHO about the relation of the intra-vein use of heroin and the spreading of the virus. HIV is exploding among drug users. The experts on the XIII. AIDS Conference in Durban are warning for a second HIV/AIDS epidemic in relation to the increased intra-vein drug use. (2) Drugs can further increase the spreading of HIV/AIDS because it is suspected that the risk of engaging in unsafe sexual practice increases and the ability to negotiate for safe ones decreases, when a person is under the influence of drugs.

Education: Drugs can also decrease cognitive operations. Beside the negative impact on intelligence and education reduced cognitive abilities make it difficult for the youth to develop a functional set of values and ideals. Reduced cognitive efficiency also leads to a decrease in self-esteem, contributing to instability of the individuals sense of identity. Frequent users of cannabis for example show an impairment of short-term memory and other mental functions, impaired tracking ability in sensory and perceptual functions and impaired class performance. The sniffing of glue, solvent and gasoline can already after a short time destroy irreversibly parts of the brain functions. The possibilities for rehabilitation are limited.

3. *Political:*

Nations vary enormously with respect to their degree of stigmatising persons with drug problems. Generally it can be said that their political voice is weak respectively non-existent. It might happen that they are subject to arbitrary, unjust and violent action by the police or other public authorities and that their human rights are violated.

4. *Socio-cultural:*

Cultures also vary enormously with respect to their way how to deal with drug addicts. But generally the addicts are living on the edge of the society. They are excluded from many social activities and their inability to fully participate in community life leads to a breakdown of social relations.

Within the group of young people sometimes the peers with whom the growing youth associates influence him or her to adopt drugs as a part of their social behaviour. However, the effects of drugs may not be to enhance social relationships and self-identity. Rather the drugs may cause the growing girl or boy to become apathetic and emotionally detached and, consequently, to face problems of establishing social bonds with the result that the youth becomes increasingly isolated emotionally and socially.

5. *Protective:*

Drug abuse increases violence on an individual as well as on a societal level. Heroin addicts are usually deeply involved in crime, daily opiate use increases criminality several fold. Esp. young people increase their violent and risky behaviour in relation with drug consumption. In particular street children are often involved in drug trafficking which expose them directly to criminality, drug consumption and violence. The setting where drug addicts live is generally insecure and violent. Because of the illegal nature there is no protection from any authority.

Another negative influence comes from the a.m. use of drugs from soldiers. The use of drugs increase the cruelty of conflicts and wars, child soldiers are provided with drugs "in order to follow orders and not to think, to malm and kill indiscriminately."⁷ Without drug use at least the extent of cruelty could probably be limited.

a. *Gender:*

Even if women are still the minority among drug users they are severely affected as so-called co-dependants. In Pakistan for example it is estimated that each family father addicted to heroin burdens another ten persons from his family with his consumption. Difficulties in interpersonal relationship, instability, violence, child abuse, economic insecurity, deprivation of schooling, and risk of sexually transmitted diseases, including HIV are possible effects. Some women and girls may trade sex to support their partner's drug habit which further increase their risk of infection with HIV. Data collected from women in Sao Paulo, Brazil, whose sexual partners used injections drugs, showed an increase in HIV prevalence from 33 per cent to 82.4 per cent between 1984 - 89. A World Health Organisation (WHO) provisional report, published in 1993, points out that 97 per cent of domestic violence cases reported in Central America were started by a male aggressor under the influence of alcohol.⁸

Females abusing drugs are likely to be more stigmatized than their male counterparts because their activities are regarded by society as "double deviance": abusing drugs is violating social codes of behaviour and diverting from the traditional expectations of the female as wife, mother and family nurturer. Female drug abuse may cause more disruption to family life because legal and social consequences tend to be more severe. Many countries do not have drug treatment facilities for pregnant or HIV positive women. Women may not seek treatment for fear of hostility from medical authorities, and because they may have their children taken away.

1.4 Drug Problems and Their Links to Poverty on a Macro-Level

The use of and trafficking in narcotic drugs is a social scourge quietly creeping into many African countries. A scourge that is murderous to the human spirit and society; it impacts development, destabilises nations and creates strain on social and health system. [OAU Ministerial Conference on Drug Control in Africa, March 2002]

This quote from the OAU Conference shows that beside the a.m. impacts on the individual poverty situation, drug production, drug consumption and drug trafficking have an enormous impact on the framework conditions for poverty alleviation and on the aggregate poverty situation in a country. The countries concerned are all over the world; in Africa and Central Asia are typical transit countries and they are therefor confronted esp. with the problems in relation to trafficking.

⁷ cited from ECA/UNDP (2002)

⁸ cited in Gran Angular (1998)

1. *Economic:*

In source countries drug production and trafficking are one of the most important economic sectors if not the most important economic sector. There are, for example, estimates for Bolivia which consider the annual value of coca production at 500 Mio US\$ to one billion US\$. Even if such numbers have to be considered with care it is undoubted that the Andean economies would crash if coca production would be abandoned from one day to the other. However, it has to be taken into account that the drug money is not dedicated to the sustainable development of the country. On the contrary, it has profoundly negative effects on the poor, partly because it has eroded governance, and partly because it distorts investment and diverts public spending away from developmental programs

Tighter border control to control drug trafficking can have a negative impact on trade and therefor weaken already fragile economies.

On the other hand, the cost of drug abuse can be enormous in some countries. There are no quantitative studies for developing countries, but in the United States where this issue has been examined in 1985, drug abuse was found to impose a US\$ 44.1 billion dollar burden on the economy with a sharp increase in the next years. Calculation were based on the human capital approach which is based on the value of productivity in terms of market earnings and imputed value for housekeeping services.⁹ Such numbers also have to be considered with care. However, given the fact that in countries like Pakistan there are more addicts than in the USA and recognising that nearly every addict there is a men in his productive age the costs of drug abuse in such countries are enormous even if the loss in terms of market earnings might be less.

2. *Human:*

There are no nation-wide data for the aggregate health costs of drug addiction available. However, it seems evident that the burden on the health system is increasing with every addict and that it is far beyond the possibilities of developing countries to offer an adequate treatment for everyone. The discussion around the costs for an HIV treatment in developing countries show that there is still a long way to go. Prevention is by far the more cost-effective way.

3. *Political:*

The illegal drug production and trafficking goes by nature along with an increase and strengthening of illegal activities and organisations. Because of the high benefit margins all drug activities promote corruption. This phenomenon is well known from all over the world and Latin America is a sad example. Corruption also increases in Central Asia where political and legal institutions are weakened. This is an additional obstacle to vital economic and political reforms – a precondition for poverty reduction. The negative impact on the human rights situation has already been highlighted in the previous chapters.

4. *Protective:*

The increase in violence due to drug production, consumption and trafficking cause enormous social and economic costs on an individual but also on a national level. Estimates from World Bank and Interamerican Development Bank (IDB) consider the direct costs of violence (drug related and non drug related) at 10% to 20% of the GDP. Indirect costs occur because of a worsening in the investment climate, reduced consumption and losses in productivity. There is further evidence that drug money is often used to finance terrorist activities. In Afghanistan there are direct links between the drug business, arm purchases for the country's civil war and the activities of the terrorists. The impact on poverty is well-known to everyone.

⁹ D.P. Rice et al. (1985): The Economic Costs of Alcohol and Drug Abuse and Mental Illness, cited in UNDCP (1995): The Social Impact of Drug Abuse, p. 17

1.5 Summary

The following table summarises the links between poverty and drug problems by describing in which way the different poverty dimensions are affected by drug problems.

Table 1: Links between poverty dimensions and drug problems

Poverty dimensions	Impact on Individual Poverty		Impact on Macro-level
	Drug Production	Drug Consumption	Production, Consumption, Trafficking
Economic	?? income ⊕ eradication without AD ⊕ volatility	⊕ pauperisation ⊕ food security ⊕ income ⊕ work place problems	⊕ Increase in GSP, but: ⊕ Not used for poverty reduction ⊕ Trade ⊕ Human costs of drug abuse
Human	?? Nutrition ?? Health ⊕ Education	⊕ Health !!! ⊕ HIV/AIDS ⊕ Hepatitis, tuberculosis etc ⊕ Unwanted pregnancy / complications ⊕ Education suffers ⊕ Cognitive abilities	⊕ burdens the health system
Political	⊕ no voice ⊕ human rights ⊕ arbitrary and violent action	⊕ no voice ⊕ no attention ⊕ / ⊖ stigmatisation ⊕ sometimes human rights violation	⊕ Corruption ⊕ Organised crime ⊕ Illegal activities ⊕ Investments ⊕ Human rights
Socio-cultural	⊖ cultural identity ⊕ remoteness	⊕ / ⊖ integration in society ⊕ social relations and self-identity ⊕ isolation	
Protective	⊕ Eradication risk ⊕ Natural risks ⊕ Crime and Conflict ⊕ Violence ⊕ Dependence, Exploitation	⊕ Domestic violence ⊕ Crime ⊕ risky behaviour ⊕ insecurity	⊕ huge costs of violence, direct and indirect ⊕ civil war and terrorist activities
Gender	???	⊕ effected strongly in all dimensions (health, economic ...) as co-dependants ⊕ addiction	
Environment	⊕ loss of biodiversity ⊕ fumigation ⊕ Slash and burn ⊕ water contamination	⊖ no effects	⊕ Environmental costs

Part 2: Consequences for Poverty Reduction and Drug Control: Introduction to Concepts and Approaches

Major Findings of this chapter:

1. Within the group of drug crop producers there are households which have to be considered as extremely poor. It is possible and necessary to identify them. Alternative development can help to reduce their poverty, if implemented in a pro-poor manner.
2. The target group for preventive measures generally is poor. Certain risk groups for drug addiction as part of the target group are even extreme poor. The integration of drug abuse control components in or an increased networking with other development

activities esp. in the field of health and education offers great chances for more successful poverty reduction in all its dimension.

Read more !!

There is a lot of rhetoric between the links of drug problems and poverty and there are very few people who would doubt the a.m. relations. It is quite easy to convince people that drug production, consumption and trafficking have negative impacts on the poverty situation. But it is quite hard to convince them to get engaged in the field of drug control and poverty alleviation.

There are very few nations in developing countries who are responding to drug problems with developmental measures and there are very few donors who are spending money on this issue. If you read country strategy papers from national governments or from the donor community of countries like Bolivia, Peru, Afghanistan which have a severe production problem or of countries like Pakistan and Iran with a huge consumption problem it happens that you find no single word on the drug issue. If you ask bi- or multilateral donors from the development community to spend money on drug problems they are reluctant.

Why it is like that? Actually we hardly find any lasting answer to it. Often there are discussions about the mandate of the different institutions: Drug control agencies do not feel responsible for poverty problems, development agencies do not want to take responsibility for drug control with the consequence that the needs of the poor people in source areas or of (potential) drug addicts are ignored. Further on, there are a lot of myths which impede an involvement in this field. The following chapter wants to demystify them and show that possibilities for poverty-oriented drug-control are as existent as the links between poverty and drugs.

The experiences of the German development cooperation have shown that we can expect a substantial contribution from development-oriented drug control to poverty reduction goals.

This chapter introduces the concepts, the experiences and the lessons learned of the two major areas of development oriented drug control, namely alternative development and prevention of drug abuse. It starts by describing briefly the term and the general concept, then presents targets and target groups and next describes principles, possible activities and important aspects for realising the pro-poor potential. It is evident that this paper cannot enter in the details of implementing drug control strategies. But it can give an overview on possible tools and suggest some further reading which will be done at the end of each part.

2.1 Alternative Development and Poverty Reduction

Alternative Development was defined by the international community at the United Nations General Assembly's Twentieth Special Session UNGASS on the world drug problem in 1998 „as a process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and psychotropic substances through specifically designed rural development measures in the context of sustained national economic growth and sustainable development efforts in countries taking action against drugs, recognising the particular socio-cultural characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs.“ This definition shows that alternative development, as it is understood by the international community, is not per se poverty-oriented. But it has the potential to reduce poverty if the target communities and groups belong to the poor part of the society and if the targets are formulate accordingly.

The German Development Cooperation has fine-tuned the international concept towards the goal of poverty reduction to justify the engagement in drug control measures and to give an answer to the unanswered links of drugs and poverty. The German concept is based on the links of drugs and development problems and on the assumption that a sustainable solution for drug cultivation can only be reached through developmental measures. It is therefor a

strong counterbalance against the repressive measures which are considered as ineffective. The fine-tuned concept is presented in the following.

2.1.1 Targets and Target Group

The German development cooperation defines as the aim of alternative development programmes

“to create an economic and social environment in which households can reach an acceptable standard of living without being dependant from drug crop cultivation.”

This target definition implies that the standard of living has to be unacceptable at the beginning of the project or programme, otherwise no project would be justified. As discussed in the previous chapter this is often the case: Drug crop producers nearly always suffer from the remoteness of their area, they are confronted with criminality, violence and several risks, and they can barely participate in the political decision making as long as they continue to grow drugs. Several dimensions of poverty are severely – and undoubtedly - affected. However, many doubt that drug crop producing households are poor, according to their economic situation. This is one of the myth which deserve a closer look (see box).

Demystifying the economic situation of drug crop cultivators

Myth No. 1: Drug producing areas are generally better of than other regions in poor countries.

Untrue: Project baseline studies indicate that source areas are characteristically poor. In both Buner and the eastern Dir Valley, in Pakistan, for example, the average per capita income was half the national average prior to project implementation. Infrastructure, access to safe drinking water and the provision of government health and social services are often limited or non-existent. Indicators of malnutrition, infant mortality and illiteracy have proved to be consistently and substantially higher than national averages.

Myth No. 2: Drug crop producing households are – economically - not poor.

The discussion of characteristics of drug crop producing households in chapter 1.2 has revealed that there are indicators of extreme poverty in drug crop producing household. Beside their feeling of remoteness and beside the threat of violence, exploitation and risks they suffer some months from food insecurity which is typical for households which are poor and extremely dependant from agriculture. They have often limited land, limited access to credit and are frequently indebted. Workers which are migrated from other poor areas have nothing more than what they earn, and their wage is often under a subsistence level.

Myth No. 3: There is no crop which can substitute the high income of coca or opium poppy.

Untrue: There is a lot of literature on the fact that Alternative Development through the introduction of substitute crops and diversified cropping patterns can offer higher returns to small farmers than coca bush and opium poppy crops. In the Chapare, earnings from rubber have been found to reach four times the value of coca bush per hectare. In Buner, in Pakistan, household incomes were more than doubled through development efforts between 1976 and 1991. Evidence from the Thai-German Highland Development Programme shows that several crops (red cabbage, tomatoes, potatoes) reach 1.8 to 4.0 times the gross income of opium /ha.

What does this demystification tells us about the selection of the target group?

1. The possibility that drug crop producing households or workers in drug crop producing areas are poor is high.
2. The answer to the question whether they are extremely poor or “just poor” varies from region to region. A valid answer can just be found through participatory poverty assessments. However, the experience of German Development Cooperation indicates that it is worth looking. Many regions and people are extremely poor and they are in desperate need of support.
3. A participatory poverty assessment in source areas should look at different criteria such as the size of land holding, the market position of the farmer, their access to non-drug

related credit and markets, the availability of labour (gender specific), the remoteness etc..

4. Such an assessment should also try to identify the conditions and priorities that individual farmers take into account when making decisions about their involvement in the cultivation of drug crops. The simple model of human behaviour, emphasising economic rationality over that of other motivations, is both inadequate and inappropriate given the variety of circumstances and opportunities facing drug crop producers. It is more probable that farmers are seeking to minimise risk not to maximise profit.
5. The assessment of the poverty situation also needs to take into account the political and legal framework conditions, esp. the role of law enforcement. On the one hand, the risk of law enforcement strengthens the need for AD, on the other hand a simultaneous implementation of law enforcement would severely endanger the project success (see also chapter 3, recommendation no. 10)

2.1.2 Principles, Activities and Important Aspects

In order to be able to realise the pro-poor potential of alternative development programmes some aspects should be considered:¹⁰

- Recognising the multifunctional role of opium poppy or coca

Attempting to replace the income received from opium poppy and coca bush with substitute crops is a necessary but insufficient condition for reducing levels of cultivation. Such a strategy will satisfy only wealthier households that produce illicit crops for extra income. Alternative development programmes need to recognise the high level of socio-economic differentiation that exists in source areas and target their initiatives accordingly. To achieve this, greater attention needs to be given to the resource constraints, aspirations and motivations of the household and the wider community. For those most dependent on drug crops, interventions need to give precedence to securing livelihoods. In such a strategy the following elements are important:

- The establishment of a rural credit system in source areas can help to decrease the dependence of small scale producers from local buyers and can help to increase legal production and food security. It can be developed in such a way that it is esp. targeting the poorest.
 - Creating market access for legal products is another important issue. The integration of food crops in the production system is also a way to improve the livelihoods of the poorest.
 - Access to land is the third pillar in a pro-poor strategy of alternative development. Possibilities for redistributing land should be taken into consideration. A reform of the land market has an enormous pro-poor potential.
- Creating off-farm income opportunities

Activities aimed at increasing agricultural productivity tend to favour the richer ones because they are by their nature directly linked to the size of landholdings. It is therefore important to encourage off-farm income opportunities such as supporting value-added activities and the provision of vocational training to improve employment prospects elsewhere. These activities can also target the workers in drug crop cultivation who often belong to the poorest.

- Enlarging the understanding of alternative development programmes

The adjacent areas of drug crop cultivation areas are often very poor (e.g. the Altiplano in Bolivia). People without any perspective migrate to areas where drug crops are grown to earn at least some money. There, they feel often lost in the foreign environment. Their poverty is aggravated even if they might earn more money than in their homes. Further on,

¹⁰ see Mansfield, David (1999)

they might contribute to an increase in drug crop cultivation with all the a.m. negative impacts if the availability of labour is the limiting factor in drug crop cultivation. The German development cooperation thus enlarged the understanding of alternative development programmes in such a way that they consider the development of migratory areas as indirect alternative development projects.

- **Conditionality**

According to the German concept of alternative development programmes it is neither justified nor effective to making assistance dependent on conditions and clauses that cannot easily be enforced when drug crop cultivation is a livelihood strategy. Emphasis should be given to a more subtle approach, based on substituting the safety net that drug crop cultivation has given resource-poor households.

- **Timing and Sequencing of Law Enforcement**

Alternative development initiatives need to generate secure alternative income sources before coca or opium poppy cultivation will be eliminated by poorer households. Until such alternatives exist households will just replace their drugs crops in other areas as they are part of their livelihood strategy. It is essential that alternative development programmes are given the chance to create such viable alternatives before law enforcement measures are implemented, otherwise the project success is endangered: AD is build on confidence and persuasion to develop a common and legal strategy. A simultaneous implementation of law enforcement would (irreversibly) destroy the confidence of the target population. Even if it takes time, experience has shown that AD without law enforcement is the only manner to achieve a sustainable reduction in drug crop cultivation.

- **Implementing alternative development in a systemic manner (combining measures at micro-, institutional and macro-level)**

Alternative development projects and programmes are not restricted to activities on the micro-level. The strengthening or the creation of institutions at a local and regional¹¹ level are important issues. The political, administrative and fiscal decentralisation has an enormous positive influence on the situation in source areas.

It can also be an important issue of alternative development programmes to initiate and support the dialogue of drug crop cultivators with the local and national government to develop a common strategy based on consensus rather than on military measures.

Influencing framework conditions on the macro-level is another possible activity. The support of good governance, the fight against corruption and the strengthening of the judicial system are some examples. The support for a pro-poor and development-oriented national drug control strategy is of special significance.

Further reading

If you are now curious if alternative development is something that could support your work and your goals of poverty reduction we suggest to look in

- Documentation of the International Conference on Alternative Development, Feldafing 2002, found at: <http://www.alternative-development.net>.
- GTZ (2001): Drugs and Development in Latin America, Eschborn
- Entwicklung und Ländlicher Raum, 03/2002: Several articles on AD, some in English, some in German language.

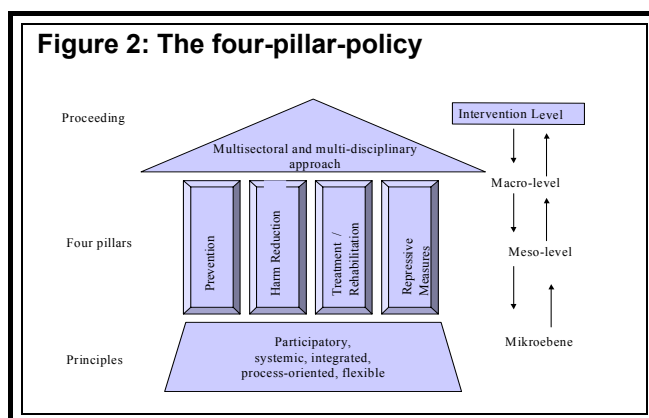
... or to contact the Drugs and Development Programme in GTZ: They are at your disposal for conducting the necessary studies in your regions (for contact see end of the document).

¹¹ regional in this context means subnational

2.2 Prevention of Drug Addiction and Misuse and Poverty Reduction

The general drug policy in many countries (and Germany as well) is today based on the so-called “four-pillar-policy”, which includes the following:

1. *Drug prevention* aims not only at preventing the misuse of illegal substances like heroine and cocaine, but also of legal substances like alcohol and nicotine. Drug prevention wants to strengthen children and young people, their self-esteem and their life skills. Deterrent measures on the other hand have proven to be ineffective. They can arouse curiosity, damage the credibility of prevention measures and lead to the marginalising of drug users.
2. *Treatment and consultation* aims at securing the survival of endangered or addicted people and at motivating them for a therapeutic treatment.
3. *Harm reduction* aims at reducing the mortality of addicts. Well-known and important example is the provision of sterile needles to heroine users to avoid the spreading of HIV/AIDS and hepatitis.
4. *Repressive Measures* are targeting more the phenomenon of organised crime and drug trafficking than the addicts themselves.



2.1.2 Targets and Target Group

The German development cooperation defines as the aim of the Prevention of drug addiction and misuse

“to promote drug rejection attitudes and behaviour through the strengthening of protective factors, through the development of potentials and through the promotion of life skills¹² of children and young people.”

This target definition reveals that the actual focus of German development cooperation is on the first pillar, namely the prevention of addiction and substance abuse which is pursued in a systemically oriented regional manner. At the appropriate interfaces and on a limited scale, it also support treatment, rehabilitation and harm reduction in the context of drug and alcohol consumption.

¹² Life skills are those capabilities which enable an individual to master his or her day-to-day life on a future-oriented and conflict-free basis. They nurture adaptability and a positive attitude to life. Life skills include: self-confidence, empathy, communicative ability, interpersonal skills, decision-making ability, problem-solving skills, creative thinking, and an ability to manage affective states and stress. Experiences from various projects demonstrate that life skills training for children and youth correlates very positively with substance abuse reduction.

The main target group are (a) young people between 12 and 25 years in lower income groups, and (b) special risk groups. Projects may also target younger children (kindergarten-, infant-school-, primary school age) to strengthen their self-esteem and will-power or target parents who play an important role in either preventing or supporting drug abuse.

Experiences have shown that children and youth are not a homogeneous group, but are comprised of a large number of sub-groups which may be highly heterogeneous. Age, gender, cultural preferences, social and religious affiliation, risk behaviour etc. are important distinguishing criteria. Preventive approaches should target specific sub-groups which already possess potentials for generating multiplier effects.

(a) The target group of young people does not necessarily hold the poorest of the poor. But generally they are all poor and even if they do not belong to a certain risk group they are all in danger to become addicts. Drug preventive measures for them can be understood as poverty preventive measures at the same time. Preventing addiction is equivalent with preventing pauperisation, violence, HIV-infection etc. as pointed out in chapter 1.3.

(b) The special risk groups include many different people from varying life situations who are especially susceptible to drugs. All of the risks groups have to be considered as extremely poor, if not for economic reasons (which is anyway more than often the case) than for other of the a.m. poverty dimensions. Their dignity was destroyed, their security is endangered or non-existent, their belonging to a socio-cultural group is rare if any. They are children and young people who live or work on the street, who were displaced from their home region, who are in conflict with the legal system, who are willing to use violence or who are organised in youth gangs. Further on, they are children and young people who were misused, who are HIV-infected, orphans, children and adolescent soldiers and not least drug consumers and addicts themselves.

2.2.1 Principles, Activities and Important Aspects

Since addiction and substance abuse are – as already discussed in chapter 1.3. - closely linked to violence, sexual risk behaviour and a high risk of HIV/AIDS infection an integrated approach has proved appropriate. Prevention measures start to be seen as a cross-cutting task and are integrated into existing development projects.

The strategy of integrated prevention, involving intersectoral cooperation, has become more important than the earlier approach of information and education on drug-related issues and rehabilitation measures for addicts. (for an example see box).

Project Example: Intersectoral Control of Drug Abuse and AIDS

Since October 2000, the AIDS and Drug Consumption Control project has been under implementation on the islands of the English-speaking Caribbean, within the scope of systemic health promotion. Its target groups are youth representatives, health personnel, youth workers, teachers, reference persons in the family and the community, NGOs and governmental decision-makers. The project aims to reduce the spread of HIV infections and other sexually transmitted diseases in the CAREC member states, by reducing the risk behaviour of young people in the context of drug consumption. The project executing agency is the Caribbean Epidemiology Centre (CAREC), in cooperation with national institutions and the German project for AIDS control. The regional project attaches top priority to primary and specific prevention. It includes: promotion of responsible sexual behaviour amongst young people, with a special focus on the link with addiction and drug abuse, training of partner institutions in methods of addiction and AIDS prevention, support for harmonisation of national and regional youth health promotion with HIV/AIDS control, and the prevention of drug and alcohol abuse.

Source: GTZ (2001), Drugs and Development in Latin America, p. 54

The range of measures include leisure and sports promotion, work with parents and teachers, vocational training and employment promotion, and neighbourhood improvement. Information on the consequences of drug abuse is usually an additional element. The levels of intervention include the networking of activities at the urban district level, the support of community work, and the promotion of intersectoral cooperation at the national to regional level. All measures help professionalise the participating organisations, and thus promote

capacity building. Complex phenomena such as youth risk behaviour or a willingness to take risks for kicks, are best tackled in clearly-defined settings such as neighbourhoods or city districts, together with the appropriate social groups.

In its measures, the German development cooperation attaches high priority to participatory integrating methods such as (a) peer-to-peer work and (b) community based approaches.

- a. *Peer to peer approaches* are based on the assumption that children and youth are more likely to accept preventive messages when they themselves or their peers have been involved in formulating them. Young people do not want to be taught a lesson, but they do want to be accepted by their own peers. Prevention strategies do therefore take seriously the lifestyles, attitudes, value systems and perspectives of children and young people, as well as their anxieties and fears for the future. This can more easily be guaranteed when children and young people are involved in project planning and implementation on a continuous basis. At the same time, youngsters are also the best promoters when it comes to transferring preventive, health-promoting or life-affirming messages to their peers.
- b. *Community-based drug abuse control (CB-DAC)* is the term for an approach that strengthens self-help capacities within communities or social groups to cope more effectively with drug problems on their own. Drug problems in this context can include prevention of drug abuse, treatment and rehabilitation for addicts and also measures to reduce the supply and trafficking through developmental measures. The experiences with CB-DAC in rural areas esp. in Asia were positive so that this approach is now also adopted to urban areas. The communities are assisted in the initiation of a democratic and participatory process to develop an integrated communal drug policy and to increase the networking of all institutions involved in drug prevention.

Project Example: Integrated Community Development and Health Promotion Approaches

The Programme for Institutional and Social Support of Youth (PAISAJOVEN) in Medellín, Colombia has been under implementation since 1995. Its target group comprises adolescents and young adults from the poorer, peri-urban zones of Medellín, especially drug consumers, drug offenders and young people willing to use violence. The project seeks to improve their conditions and opportunities for development. To this end, public institutions, NGOs and the private sector have formed a network whose exchange of experience, conceptual work and professional capacities are supported by the project. The implementing institution is the municipal administration of Medellín, together with the newly-formed, not-for-profit association PAISAJOVEN. The project incorporates the following elements: life skills training, a strengthening of protective factors, conflict management, peer group promotion, promotion of leisure and sports, strengthening of youth organisations, and employment promotion.

Source: GTZ (2001), *Drugs and Development in Latin America*, p. 54

Experiences gained in prevention projects are relatively new, and in many cases have yet to be evaluated with regard to their long-term impacts. However, first results tend to suggest that preventive projects are successful if and when they are non-specific, target-group-oriented, and address the drug abuse problem on an integrated basis. The following elements should be borne in mind in project implementation.¹³

- *Develop existing potentials:* Substance abuse prevention projects always address existing problems such as drug consumption, violence, increased HIV/AIDS risk etc.. They are more successful when they build on and promote existing potentials, e.g. active youth and grass-roots initiatives, committed health personnel, concerned parents, existing NGO networks. Children and adolescents are not only a problem group, but are also at the same time the key resource in prevention.

¹³ selected and cited from GTZ (2001): *Drugs and Development in Latin America*, Eschborn

- *Community and neighbourhood work:* Drug abuse prevention measures should be linked to the worlds in which children and youth live. Girls and boys who grow up in situations of poverty often cannot identify with their neighbourhood, and have accepted social marginalisation as their lot. Recreational and sports promotion activities enhance the status of a neighbourhood, and help raise the self-esteem of its inhabitants. Involving neighbourhoods and local grass-roots or health initiatives also supports preventive work.
- *Train social workers:* In most developing countries there is a major shortage of qualified experts in youth and community work. Often there are no training courses available, and the social sector is covered by psychologists, sociologists, teachers or the medical profession. Consequently there is a large demand for training in preventive social work in general, and in social work for substance abuse prevention in particular.
- *Multisectoral approach and policy promotion:* Substance abuse prevention affects various sectors, especially health, education, youth and community work, employment promotion, as well as the work of the police and security forces. Only through a coordinated approach can the integrity of prevention activities be maintained and contrary actions by the public sectors be avoided. It is also important that political institutions and powerful decision-makers understand the social and economic necessity of prevention, and make available correspondingly larger appropriations for prevention and health-promotion measures.
- *Integrating harm reduction:* Remembering the strong link of drug abuse with HIV/AIDS, hepatitis and other sexual transmitted diseases which has esp. in developing countries alarming and increasing negative impacts on the overall health situation, harm reduction measures should be considered as a possible component in health projects.

Further reading

If you are now curious if the prevention of drug misuse is something that could support your work and your goals of poverty reduction we suggest to look in

- SPELLEKEN, ANNEGRET; SCHARDT, SUSANNE (2002): Prävention von Sucht und Drogenmissbrauch (Draft), Eschborn
- GTZ (2001): Drugs and Development in Latin America, Eschborn

or to contact the Drugs and Development Programme in GTZ: They are at your disposal for conducting the necessary studies in your regions (for contact see cover page).

Part 3: Realising the potential: Recommendations for those responsible for the formulation of poverty reduction strategies

Major Findings of this chapter:

It is worth analysing the drugs and poverty situation on a global, national and local level. To react correspondingly will contribute significantly to the reduction of poverty. Pro-poor drug control is feasible.

Read how to do it!!

This chapter aims at drawing the conclusions from the first two chapters and analyse the consequences for the work of those responsible for poverty reduction. The recommendations are clustered according to the different actors on the different levels of intervention: (1) On a general level it is directed primarily to bi- and multilateral donors who are responsible for priority setting and programme planning but also to regional organisation among DC. (2) The chapter on national level addresses foremost national governments in DC with drug problems, first, to take charge of the problem and, second, to do it in a pro-poor manner. Donors are addressed to support the national strategies, to sensitise for the importance of the topic and to strengthen the pro-poor orientation. (3) The last chapter addresses people who are working in the context of poverty reduction on a local level. Most of them are donors but it could (and should) as well encompass the countries institutions who are implementing a national pro-poor drug control policy. Some overlaps between the chapters were unavoidable.

The paper does not distinguish between the different actors at each level because it is our conviction that all actors involved (DC, donors, governmental and non-governmental organisation and the whole civil society) should work co-operatively towards the common goal of poverty reduction and drug control. It is evident that in reality disagreements and disputes are unavoidable for such a sensitive topic. But we think that they should be resolved before the beginning of an initiative and that a consensus about targets and activities reached among all stake holders should be reached. This requires a lot of patience and the ability for compromise from all. An ongoing discourse about targets and ways is necessary.

The ownership always have to be with the country, the region or the local community concerned. But donors do have the right (and the obligation) to strive for political, economic, social and ecological soundness as well as for observance of human rights and gender equity.

In cases where a consensus is not reachable the possibilities for an effective and pro-poor drug control strategy are limited. However, it should not be abandoned. Limited activities in a clearly defined setting, often in collaboration with non-governmental organisations, can help to soothe the problems of the poor people on the one hand and keep the door open for further discussion. Experience has shown that drug control can be an entry-point for the discussion of other politically sensitive issues as well.

The sub-chapters talk about

- The ways for assessing the drugs and poverty situation
- The possibilities to answer correspondingly to drug problems in general and to the cultivation and addiction problem
- The need to strengthen dialogue, participation and cooperation.

Please note that the GTZ Drugs and Development Programme can offer support for most of the tasks mentioned below, contact www.gtz.de/drogen and Christoph.berg@gtz.de).

3.1 ... on a general level

Recommendation No. 1 Assess the general drugs and poverty situation

This study, which can be considered as a compilation of the results of many of the existing literature on this topic, can only be the first step. Further studies are needed esp. to enlarge the empirical basis which is barely existent. The lack of empirical data about the drugs and poverty situation in the DC limited the possibilities for more specified and targeted conclusion. The presumed link between poverty and drugs should motivate countries to engage in the compilation of data, statistics and anecdotal evidence that may be of value in shaping strategies and guiding preventive action. They call for the undertaking of research activities to examine the strength and consistency of the relationships and the persistence of the connections between drug use and poverty.

For the particular context of this study it would be desirable if country specific studies would be initiated in order to give a concrete example in how far and in which manner the drug dimension could be integrated in an overall national strategy on poverty reduction.

Recommendation No. 2 Acknowledge the general need and react correspondingly through an increase in the support for a pro-poor drug control policy

Donors should acknowledge that there are close links between poverty and drugs in both directions and answer to this by supporting a pro-poor drug control strategy. Development institutions are often reluctant to do this, indicating that they lack the necessary comparative advantage or indeed the mandate to help address the problem. Valid concerns are expressed about the need for selectivity and for staff security.

This paper does not suggest to turn the situation up-side-down. But donors should respond openly to requests from national governments or non-governmental organisations if they ask for support in dealing with poverty in the context of drug production or consumption. They should also be open to launch national or local studies about the drugs and poverty situation if the links are evident.

Recommendation No. 3 Increase the development focus in drug control

On the other hand drug control agencies should acknowledge that in many cases poverty is the root cause of drug production and consumption. Under such circumstances, repressive measures are both, ineffective and inappropriate. The ECA/UNDCP paper for the OAU conference on drug control in Africa goes so far to call for addressing the socio-economic causes of the problem by providing economic and social development as the main strategy for addressing drug use and its related problems. They quote the delegates of Saint Lucia at the UN Special Session on Drugs in 1998 who called for adequate attention in the fight against drug to be on poverty alleviation, human development, education and health. Indeed, a stronger development focus in drug control is indispensable not only for human reason but also for a more effective and sustainable solution to the drug problem.

Recommendation No. 4 Strengthen the dialogue between drug control agencies and developmental agencies (governmental as well as non-governmental)

Unfortunately until now, collaboration between developmental agencies and drug control agencies are weak. These institutions should establish stronger links for their mutual benefit and for the benefit of the overarching goal of poverty reduction.

The collaboration should be as concrete as possible. The formulation of national strategies for either drug control or poverty reduction offers a good opportunity for that. People responsible for such strategies should invite representatives from the "other side" to participate in the process.

It might be useful if United Nations International Drug Control Programme (UNDCP) develops a tool-kit for developmental agencies how they could integrate a drug-dimension in

their work. Simultaneously they should increase the poverty-orientation of their work to underline the common interest. It might be helpful to undertake a cross cutting evaluation of their project activities in order to see in how far they contributed to the goal of poverty reduction. The results of such an evaluation should then be a basis for adjusting the programme design accordingly. This would be the only way to attract more development money also for the goal of drug control.

3.2 ... on a national level

Recommendation No. 5 Assess the needs for a pro-poor drug control policy (PPDCP)

Yearly statistics on the grade to which countries are confronted with drug problems can be found under www.unodc.org, e.g. http://www.unodc.org/pdf/report_2002-06-26_1/report_2002-06-26_1.pdf. They give first hints where it is worth to look deeper. But even in countries where the aggregate numbers of drug production and consumption are not that high it might be worth looking deeper because the concentration among the poor or in a certain region might be high and the trend increasing.

An assessment on drugs and poverty would need to (a) assess the poverty situation in all its a.m. dimension as desegregated as possible, and (b) the existence of drug crop cultivation, drug misuse and the risks of a increase in both phenomena as well as the underlying causes.

It is evident that it is not possible to conduct such studies with a complete national geographical coverage. The first step should therefore be to roughly identify areas of risk for both, drug problems and poverty. Even if the phenomena of drug abuse and poverty are found all over a country generally it is possible to identify areas where the prevalence is higher than the national average. The study should start with the poorest areas among the areas where drug problems are known.

The poverty assessment should collect quantitative / non-contextual and qualitative / contextual data. The multidimensionality of poverty should be reflected. The instrument of Participatory Poverty Assessment (PPA) can add interesting aspects.¹⁴ Such an assessment would also give a good basis for analysing the needs (and limits) for preventive measures: Most of the risk factors to become an addict are reflected in the multidimensional understanding of poverty. The special risk groups (described in chapter 2.2.1) deserve extra attention. The assessment of drug crop cultivation should reflect the different livelihood strategies of drug crop producing households and the multifunctional role of drug crops within the decision making process of one household. Possible ways and criteria are described in recommendation No. 9. Special attention in all assessments should be given to the links between poverty and drug problems. The Drugs and Development Programme is currently developing a new tool for this task, the "Drug Profile Analysis", which will be available at the end of 2003.

It is important that the assessment activities are conducted in a participatory way on all levels.

- Within government (among line ministries, parliament and sub-national governments)
- With other stakeholders (civil society groups, women's groups, ethnic minorities, policy research institutes, private sector, representative from the regions concerned)
- With bilateral and multilateral donors

Mechanism to consult the poor and their representatives have to be developed and used.

Such a complex assessment is definitely a huge challenge. Countries and donor organisation should therefore exchange experience with the goal to develop a feasible instrument for this task.

¹⁴ Further information on possible instruments are e.g. available under <http://www.worldbank.org/poverty>.

Recommendation No. 6 Formulate a national pro-poor drug control policy (PPDCP)

The drugs and poverty assessment will give valuable information (a) on priority areas and (b) on priority activities. It is impossible within the scope of this paper to give an example how such a strategy could look like esp. because it lacks access to such assessments. It can, however, describe some elements and some important aspects according to the experience of German development cooperation. Developmental agencies should be aware of the fact that they risk an increase in poverty in all its dimension if they leave the formulation of a drug-control strategy to drug-control agencies. They should seek ways to co-operate.

- A pro-poor drug control policy should make it clear from the very beginning that it is based on the assumption that most of the time drug crop cultivation and drug abuse are poverty problems and that drug problems can contribute to further aggravate poverty. Build on that it is evident that the answer to the problem is found in eliminating the causes of the problem, which is reducing poverty. Repressive measures against consumers and producers reduce neither the consumption nor the cultivation of drug crops in the long term. Yet their impacts do propel further the spiral of violence, poverty and migration, and raise prices on the illegal market, which in turn makes cultivation and trafficking attractive once again.
- The development-oriented supply and demand reduction measures should be accompanied by measures of interdiction against trafficking, organised crime and money laundering as well as by measures to strengthen good governance, the rule of law and legal stability, and measures to reduce economic and social corruption within societies. Such measures are contributing to a conducive environment for legal lifestyles and thus have a positive influence on the development-oriented measures.
- Wherever conflict and civil-war is dominant the drug control strategy should be embedded in a national strategy for peace. On the other hand, a national peace strategy has to acknowledge drug problems if existent because otherwise it cannot obtain its goal. Drug cultivation, trafficking and money laundering are an impediment to peace and reconstruction¹⁵.
- A PPDCP should have a constant monitoring and evaluation component which can influence the ongoing strategy and lead to a readjustment. The impact on human rights, on women, on poor and the risks for minorities need to be observed.
- A PPDCP should work with suitable indicators. They do not seek to solve the global drug problem. As they consider drug problems as developmental problems of particular target groups (the poor), the criterion of success is first of all how they contribute to a diminishing of the problem on this level.
- Drug crop production is neither a local nor a national problem. Most of them are of regional (supra-national) nature. Responses therefore need to be elaborated within the scope of regional strategies, which at the same time incorporate economic and political framework agreements (access to markets, customs tariff preferences, trade agreements etc.).

Recommendation No. 7 Integrate an AD component in the policy for rural areas

A national policy conducive for the development of the rural regions has an enormous positive impact on AD as well. Many of the activities are similar. A process of political, institutional and fiscal decentralisation enables the regions to become the owners of the development process; a market and price policy directed to small holders can increase food

¹⁵ In short, another study will be published on Drugs and Conflict by the German Drugs and Development Programme. If you are interested in this topic, contact the ADE (see end of the study).

security, an improved access to local, national and international markets, to services, credit and to land can increase productivity and reduce risks; ...¹⁶

All of these activities are in favour of AD as well. However, if drug crops are grown, other aspects have to be observed at the same time. Above all, the governmental policy should seek to pacify conflicts and violence in the region. This can only be done if all conflict parties are involved in defining a peaceful future for their region. Governments should initiate such dialogues and take the concerns of the rural population serious. They should start by giving a good example to end violence through abandoning forced eradication.

Recommendation No. 8 Integrate a demand reduction component as a cross-cutting issue in the relevant sectoral policies (policy for rural areas, education, health, youth)

According to the multidimensionality of the problem many sectoral policies are affected. Experience has shown that it is useful to establish a demand reduction unit outside the sectoral ministries which consults the relevant sectoral ministries on how to integrate drug prevention in their work. Another task of such a unit is the co-ordination of different sectoral activities and the strengthening of multi-agency cooperation.

Examples are the support for strengthening life-skills in youth policy, the collaboration with the health sector in HIV/AIDS prevention and treatment, the integration of drug abuse prevention in national curricula and the training of teachers, etc.

National demand reduction policies should include harm reduction measures such as needle exchange and methadone treatment to reduce the threat of HIV. They should cease treating drug users and HIV-infected individuals as criminals, pass anti-discrimination laws and carry out programmes to change attitudes.

3.3. ... on a local level

Recommendation No. 9 Assess the drugs and poverty situation in a given project region

To assess the drugs and poverty situation at this level is probably the most important assessment and gladly the most feasible and realistic one. The focus on a special region makes it possible to look in more detail into the extent and at the factors that influence poverty and drug problems. Possibilities for assessing the problems of poverty and drug abuse were already discussed in the previous chapter (recommendation No. 5).

Referring to AD, until today there are merely any detailed analysis at the household level exploring the multifunctional role that drug crops play in the livelihood of the household and the diversity among drug crop producers. The specific socio-economic, cultural and environmental circumstances that influence household production are consequently overlooked in project design. Moreover, discussions regarding the economic profitability of drug crops fail to account for the process of graduation that many households in source areas have undertaken as they move from drug crop cultivation to licit economic activities without the provision of technical support from external agents. Documenting such a process, to include the reasons why a significant proportion of households continue not to grow drug crops in areas where they are cultivated intensively by the majority of farmers, could provide the framework in which to further our understanding of the role of social costs and economic profitability in household decision-making in source areas.¹⁷

¹⁶ A comprehensive description on regional rural development is found in: Rauch, Bartels, Engel (2001), Regional Rural Development, Wiesbaden.

¹⁷ See Mansfield (1999)

Possible *criteria* to explore before the launching of an AD project are the degree of (geographical) marginalisation; the state of infrastructure (roads, communication, water, electricity); access to land, credit, markets; the nutritional, healthy and educational status (gender-specific); the occurrence of conflict, violence and organised crime; the existence of organisations and their (political) power; the environmental framework (incl. biodiversity), the role of women, the existence of drug abuse and its impact (gender-specific); etc.

Recommendation No. 10 Taking framework conditions into account

Basically the chances for the success of pro-poor drug control programmes depend on the political, economic and social frameworks of the partner countries, including the partner's political will in regard to drug control and human rights observation, an acceptable level of security in the project region (which is critical esp. for the implementation AD projects) and the existence of executing organisations on site, that are capable of implementing the measures needed. Further on, legislation must make cooperation with target groups possible.

Unfortunately, drug problems do crop up esp. in particular difficult regions where these framework conditions are not given. Therefore the approach is to start to work first towards an improvement of the framework which includes the support in the formulation of a pro-poor drug policy and capacity building measures (see also previous chapter).

For AD projects special attention has to be given to the legal framework and the role of law enforcement. If governments direct forced eradication against small-scale producers even if no valid alternatives exist, no AD project should be implemented. It is a *conditio sine qua non* that there is a governmental guarantee that the project area is kept free from forced eradication as long as the project is ongoing, because AD projects are based on persuasion and they need confidence, two aspects threatened by forced eradication.

Even if governments generally direct forced eradication it is possible that they give such a guarantee for a limited project area. However, the overall environment for success of AD suffers when there is forced eradication. People responsible for project implementation should therefore (a) request such a guarantee and (b) continuously try to persuade governments through their own project experience that a sustainable solution to drug crop cultivation is only possible through developmental measures.

Recommendation No. 11 Implement AD projects in poor source areas and do it in a pro-poor manner (see also 2.1)

As described in chapter 2.1 AD projects should enable people to improve licit livelihood strategies which should reduce risks associated with such strategies through supporting a strategy of diversification of on-farm activities and enabling access to off-farm opportunities. They should build on existing livelihood strategies and knowledge by using process-oriented and fully participatory approaches. In those cases where addiction is prevalent prevention, detoxication and rehabilitation should be included. AD strategies should not only be integrated into but also aim to influence national sector policies and national development and drug control plans. They should involve government, civil society and donors.

It should be recognised that there is no quick-fix solution. AD calls for long term obligations of not less than 8-10 years. Exerting pressure on alternative development projects to deliver immediate, tangible results is socially and economically counter-productive. Further on, criteria for the success of anti-drug policies should be based more on qualitative parameters than on the nominal reduction of coca which alone does not mean any real reduction of the cultivation problem. Further – and more detailed - guiding principles which reflect the experience of German development cooperation in this field are found in the GTZ-brochure “Drugs and Development in Latin America”, Eschborn 2001 (www.gtz.de/drogen) Other aspects are found in chapter 2.1.

Recommendation No. 12 Integrate a prevention component into ongoing projects (see also 2.2)

As described in chapter 2.2. drug prevention aims to promote drug rejection attitudes and behaviour through the strengthening of protective factors, through the development of potentials and through the promotion of life skills of children and young people. Since addiction and substance abuse are closely linked to violence, sexual risk behaviour and a high risk of HIV/AIDS infection an integrated approach has proved appropriate. Prevention measures should be seen as a cross-cutting task and should be integrated into existing development projects. Intersectoral cooperation is indispensable. Possible measures and lessons learned from the German cooperation are described in chapter 2.2.

Recommendation No. 13 Further develop and promote community based drug abuse control

Community-based drug abuse control (CB-DAC) is the term for an approach that strengthens self-help capacities within communities or social groups to cope more effectively with drug problems (supply and demand) on their own (see 2.2). Possibilities for implementing such programmes should be explored in poor rural areas as well as for poor clearly defined urban areas. Capacities of government and non-government institutions at a national, regional and local level to initiate and support a process of CB-DAC should be strengthened.

Recommendation No. 14 Strengthen good governance

AD and demand reduction projects can make a contribution to good governance in a broader sense, e.g. through fortifying participation, through promoting the dialogue between the government and ethnic minorities and through increasing the development orientation of governmental policies. It is also possible to implement direct measures in the frame of drug control geared at the strengthening of good governance, e.g. through nurturing transparency and accountability of police and security forces and positive measures to promote human rights and the seizure of assets gained from drug trafficking. Tackling all aspects of drug problems will increase the chances for success of every single pillar.

If you are now curious if the a.m. is valid for your work as well, the study has achieved its aim. Satisfy your curiosity and contact the Drugs and Development Programme of GTZ. We are at your disposal to discuss if and how a pro-poor drug control could enrich your work.

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