



Development-oriented Drug Control

Policy, Strategy, Experience,
Intersectoral Solutions



Bundesministerium für
wirtschaftliche Zusammenarbeit
und Entwicklung



Deutsche Gesellschaft für
Technische Zusammenarbeit (GTZ) GmbH

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Taking action together – for the future's sake

People in nearly every part of the world use drugs – at great risk to their health. The steep rise in drug use in developing and transition countries is cause for particular concern. More people abuse opium and heroin in Pakistan and Iran today than in Europe and North America put together!

Thus, developing countries are now not only the main centres for the cultivation of illegal drug plants such as coca and poppy: they are also burdened with all of the negative phenomena that go along with drug consumption, such as organized crime and crimes committed specifically for acquiring drugs.

This wide-ranging drug problem has a profound bearing on the social, political and economic development of these countries. Drug problems and development problems are inextricably bound up with one another. Drug production and drug use are both the effects and the causes of poverty and social tension, including the use of force: it is not criminal ingenuity that induces farmers to cultivate drug crops but plain poverty and the will to survive. Drug consumption drives people deeper into poverty and spawns health problems, acting as a major factor in the spread of HIV/AIDS. Ultimately, it is the drug trade that often underwrites armed conflict.

Those who suffer are overwhelmingly the world's poorest. Consequently, to reduce the drug problem sustainably is to make a key contribution to poverty reduction and world peace. Reducing the drug problem contributes directly to the realization of the goals of the United Nations Millennium Declaration.

This is why we support programmes and measures that contribute to our partner countries' efforts to eradicate drug use and the cultivation of illegal drug plants. As part of this support, we have developed, planned and carried out with the active participation of the people affected, methods and concepts over the course of two decades – to foster sustainable human development.

The core of the development cooperation approach to help drug users is treatment and counselling, while in schools and villages, the focus is on

prevention. At the same time, on the supply side, through rural development and the creation of legal sources of income (alternative development) we strive to eradicate permanently the cultivation of drug plants such as poppy and coca and to improve people's living conditions. We also support partner countries' efforts to establish national drug control programmes by offering consulting services to ministries and other relevant agencies and entities within the government and civil society.

A joint international effort is needed for successful drug control. In this area, the German government not only subscribes to a comprehensive bilateral programme but is also strongly engaged multilaterally as one of the main contributors within the United Nations Office on Drugs and Crime (UNODC). Germany has actively shaped the policy orientation of the UNODC at the annual meetings of the UN Commission on Narcotic Drugs (CND) in Vienna and is recognized throughout the world as a key player of development-oriented drug control policy.

This publication summarizes the experience and knowledge gathered through German development cooperation about Development-oriented Drug Control (DDC). It also sheds light on the new challenges international drug control must confront. It explains the multisectoral approach that is part and parcel of German efforts, highlighting the interfaces between the drug problem and activities such as crisis prevention and conflict management, poverty reduction, youth promotion, and HIV/AIDS prevention. Reports on projects illustrate how these efforts are carried out in practice.

This report is intended not only to present to the reader the area of activity of Development-oriented Drug Control, but to serve as a guideline for people in politics, science and academia, and those working in the field. We would like particularly to underline the contribution that Development-oriented Drug Control makes to reducing poverty and securing peace.



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German Federal Minister for
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The drug issue: the global dimensions

A few years ago, the drug use phenomenon was still thought to be confined to the rich industrial countries. But the use of illegal drugs is now established as a global problem that is gaining ground in the developing countries as well. Actually, developing and transition countries have to struggle today with drug problems on a much greater scale than those of the wealthy industrialized countries. Drug use everywhere has assumed truly horrific dimensions. There are more heroin and opium addicts today in Pakistan and Iran alone than in all of Europe and the USA put together.

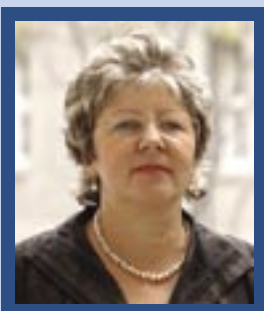
The use of illicit drugs has increased generally over the past few years, as revealed in "Global Illicit Drug Trends 2003", the world drug report issued by the United Nations Office on Drugs and Crime (UNODC). According to this report, 200 million people worldwide used drugs in the year 2000 – an eight percent increase over the 185 million people who used drugs in 1998. In the process, the percentage of the world population over 15 years of age who used drugs rose from 4.3 to 4.7 percent.

Taking the world as a whole, the largest group were the 163 million cannabis users. Around 42 million people used amphetamines and ecstasy, 14 million cocaine, and 15 million opiates, including heroin.

The general public has long since ceased to see drug abuse as exclusively a problem of addiction to illegal drugs. The most widely used drug worldwide, alcohol, is in fact legal in most countries. True, there is less alcohol consumption per capita in most developing countries than in European countries, but the use of alcohol in developing countries has steadily increased over the past few years, with grave consequences for the health and economic circumstances of the consumers of alcohol and their families. Alcohol abuse also results in social costs to these countries with which they can scarcely manage to cope.

Another legal addictive substance that is immensely widespread is nicotine. There are about 1.1 billion smokers throughout the world. Some 300 million of them live in the Western world and 800 million in develo-

"One of the greatest global challenges of our time"



Marion Caspers-Merk,
Parliamentary State Secretary
German Ministry for Health
and Social Security
Federal Commissioner on
Drugs Policy

"The issue of drugs is one of the greatest global challenges of our time. Industrialized and developing countries are affected in equal measure by drug trafficking and abuse. We have therefore joined together to confront this challenge on the international level: In 1998, the special session of the UN General Assembly (UNGASS) announced the goal of ridding the world of illegal drugs by 2008. Realistically speaking, we must admit today that this goal is unattainable.

However, we do believe that the approach pursued by the UNGASS – an integrated and carefully balanced drug control focusing on both the supply and the demand side – is fundamentally the right one. That this goal has not yet been achieved, is not due to the basic approach provided in the

resolutions but rather dependent on other political and social developments that have intensified the drug problem. It is also due to a failure to implement the UNGASS resolutions with sufficient insistence on follow-up.

Alternative development renders an important contribution to reducing the cultivation of illegal drugs in developing countries without employing forced destruction of stocks at the expense of small-scale farmers. The concept of Development-oriented Drug Control (DDC) also focuses increasingly on the interconnection between drug cultivation and drug consumption in developing countries and consequently offers measures to prevent drug use and treat drug dependency."

ping countries. The use of tobacco is on the rise in most developing countries, and death rates related to smoking are consequently on the rise as well. Today, about half of the four million smoking-related deaths worldwide are recorded in developing countries.

Also on the rise is the number of women and girls who use drugs, even though their proportion among drug users overall remains relatively low: 10 percent of drug users in some of the traditional Asian societies and 20 to 30 percent in Latin America. As a comparison, in 2000, 37 percent of drug users in Germany were women and 44 percent in the USA. It is to be noted, however, that women use predominantly (legal) psychotropic drugs, so that they compose a relatively small segment of the population with a drug problem related to the use of opium, heroin or cocaine.

Developing countries hit double

Drug abuse does not only injure the health of individual users and lower the quality of their lives. The ills that go with it – especially illegal drug trafficking, organized crime, corruption, violence, crime to support the addiction, and prostitution – probe deep into the fabric of society and unravel political and economic processes.

Developing countries bear the double burden of drug consumption and drug cultivation. Drug problems are development problems: it is not criminal ingenuity that leads small-scale farmers, predominantly in Latin America and Asia, to plant drug crops, but poverty and the need to support their families.

Drugs and development problems are linked to one another in a number of ways. They form a vicious circle: development problems foster drug cultivation and consumption; drug use then leads to greater poverty and growing health and development problems.

Taking the world as a whole, three plant varieties are processed into drugs on a large scale. Opium poppy – from which opium is



In many mountain villages in Laos, opium poppy cultivation has led to drug abuse and permanently weakened social structures.

extracted and heroin is manufactured – have traditionally been cultivated mostly in Asia. Today, however, opium poppies are also raised in Colombia and Mexico. In the Andean countries Colombia, Peru and Bolivia, farmers grow the coca plant, which is first made into coca paste and then processed further into cocaine and crack.

Cannabis is a species of the hemp plant, which is cultivated throughout the world. Commercial cultivation is practiced in Morocco, Nigeria and Cambodia, and also in some industrialized countries, such as the USA and the Netherlands. The drug takes the form of hashish (cannabis resin) or marijuana (cannabis leaves). Another narcotic plant of exclusively regional significance is khat: it is the custom in the Middle East and parts of Africa for especially men to chew khat.



Opium poppy is grown mostly in Southeast Asia, especially by ethnic minorities, for whom the cultivation of illegal drug crops is often the only source of possible income.

Opium and heroin

Considerable amounts of opium poppy used to be grown in the “Golden Triangle“ between Myanmar (Burma), Laos and Thailand as well as in Afghanistan and Pakistan, the countries of the “Golden Crescent“. But now cultivation is concentrated almost exclusively in Afghanistan and Myanmar.

To a far lesser extent (in relation to overall production), poppy is also cultivated in Laos, Colombia and Mexico. The amount of the overall production of opium has remained high and almost unchanged since the beginning of the 1990s at 4,100 to 5,800 tons per year. Only in 2001, when the Afghan Taliban imposed a ban on the cultivation of opium poppy, did production decline temporarily to 1,600 tons worldwide.

In 2003, Afghanistan and Myanmar together produced 94 percent of the opiates consumed worldwide. Afghanistan was again the leader with some 3,600 tons of opium. The war-ravaged country thus became once more the main source of heroin in Europe, supplying about 90 percent of the Eu-

ropean market. The most important transport routes to the Old World lead through Iran, Turkey (the “Balkan route“) and increasingly through the Central Asian Republics (the “silk route“).

However, most opium and heroin stays in the area where it was grown, to be consumed there and in neighbouring countries. About half of the world’s 15 million opium and heroin users live in Asia. The most common and problematical use takes place in Iran, Kyrgyzstan and Laos. In these countries, according to the 2003 UN drug report, between 2 and 3 percent of the population over the age of 15 used opiates at least once during the course of a year. In Pakistan and Myanmar, consumption by the same age group was at just under 1 percent.

In comparison: In Germany, during the same period of time, 0.3 percent of 15-to-64-year-olds used opiates at least once during the year. Overall in the European Union, it was 0.7 percent, and in North America 0.5 percent. Significant new regions for consumption of opiates are Russia and Eastern Europe.

Coca and cocaine

Cocaine production, too, usually lies in the hands of a few countries: Bolivia, Colombia and Peru. A concentration of coca cultivation in a single country, Colombia, has also become detectable in recent years. In 1995, this Andean country was producing only 10 percent of the world's coca paste, most of which used to come from Bolivia and Peru. But Colombian traffickers managed to organize distribution in the USA and Europe to the virtual elimination of all competition.

Today Colombia not only has a larger area under coca cultivation than any other country but also produces the most cocaine.

According to the UNODC report on drugs, in 2002 Colombian farmers planted coca on around 102,000 hectares – an area about the size of the German city-states of Hamburg and Bremen together – from which 580 tons of cocaine were processed. This means that 72 percent of the cocaine distributed worldwide came from Colombia, 20 percent came from Peru and 8 percent from Bolivia. The traffic in cocaine, however, has shifted in recent years into Mexican hands. Today an estimated 80 percent of cocaine for the North American market is distributed via Mexico.

A large portion of the cocaine produced in Latin America is destined for export. Whereas in South America at the start of



Freshly harvested raw opium. Most of the drugs produced in Asia remain there. Asian countries have, themselves, become major markets for illegal drugs.

Drugs: a key economic factor

According to the information service "Population & Development" (published by the United Nations Association of Germany - DGVN), the worldwide figure for turnover in the illegal drug business in 2001 was around US\$ 500 billion, more than the 2002 gross domestic products of Sweden and Denmark combined.

If the drug business were organized as a single multinational, it would be viewed as a top global player, with estimated annual revenues greater than those of the two top-selling legal global companies put together. The retail giant Wal-Mart and the oil multinational Exxon Mobil had turnovers of "only" US\$ 247 and US\$ 205 billion respectively.

Just like the legal private economic sector, the global drug business operates on the basis of supply and demand. This is illustrated by the example of Colombia, where cannabis and coca used to be the predominant drug crops.

In the early 1990s, however, the country switched to opium and has now become the fourth largest opium producer in the world.

With 50 tons of raw opium annually, Colombia is today the most important source of heroin consumed on the US market.

The international drug mafia not only takes in immense revenues through the traffic in illegal drugs but also enjoys a profit margin that is well above that of the average business. The difference is paid by the consumer, who finances the risks of the illegal business: the costs of harvest failures due to crop eradication, of gaps in production, of the losses of goods that are seized, or of legal proceedings against drug dealers.

In some developing countries, the drug-related shadow economy – with its strong concentrations of power and capital – is increasingly threatening national security. Some of the reasons for this are the phenomena that arise along with the drug business, such as mafia infiltration of politics and the private sector, the weakening of government authority through money laundering and corruption, and the use of drug money to finance the activities of criminal organizations, terrorist groups and guerrilla bands.



Street children in Latin America are at particularly high risk when it comes to drugs. They often take to sniffing glue and similar substances on their own and are frequently exploited by criminal gangs as couriers and small-scale dealers.

the new millennium 2.7 million persons or 0.9 percent of people over the age of 15 used cocaine at least once during the year, in North America it was 6.4 million or 2 percent. In Europe, 0.6 percent of people over 15 years of age used cocaine.

Although cocaine is not as widely used in coca-cultivating areas as opiates are in Asia, consumption has increased in most Latin American countries over the past few years. For example, in 1999, 3.6 percent of all 10- to 24-year-old Colombians used cocaine; in 2001 it were as many as 4.5 percent.

Cannabis

The most widespread among the illegal narcotics are hashish and marijuana, both products of the cannabis plant. Unlike

What do we mean by “drugs“?

The World Health Organization (WHO) defines drugs as substances that alter one or more bodily functions. In ordinary language, however, drugs are considered to be substances with psychoactive impacts, in other words, that affect the central nervous system in such a way as to alter mood, the senses, the emotions, thought, or one's perception of reality.

Hundreds of substances are subject to international control by the International Narcotics Control Board (INCB). Most are narcotics and psychoactive substances, but included as well are a number of chemicals that are needed for the manufacture of illegal drugs. Most substances are permitted for medical or scientific purposes. But for a number of drugs a general ban applies, and their cultivation, manufacture, trade, and consumption are all illegal.

Generally, a distinction is made between plant-based and synthetic drugs. Among

the plant-based drugs are, for example, heroin, opium, cocaine, crack, hashish and marijuana.

Opium is derived from the opium poppy and can be processed into heroin. Cocaine and crack are manufactured by processing the leaves of the coca plant. Hashish and marijuana come direct from the cannabis plant. Among the synthetic drugs are LSD and amphetamines and the amphetamine derivative ecstasy.

One of the greatest problems arising from drug use is that a large number of these substances can bring about profound psychological and physical dependence. In addition, drug dependence weakens the constitution and can cause severe damage to health. In the past few years, people have come to realize that even legal substances such as alcohol and nicotine may lead to the same sort of dependency problems as the use of illegal drugs.

poppy and coca, however, cannabis cultivation is not confined to any specific area but is grown in almost a hundred countries, mostly for local and regional markets.

The most important source of the hashish consumed in Europe is Morocco. A turnover of around € 2 billion makes this North African country the world's largest exporter of hashish. Marijuana for the European market comes mainly from Afghanistan, Pakistan and Lebanon, and in recent years also from Albania and the Netherlands.

Around a third of the world's 163 million cannabis users live in Asia. The size of the population on the Asian continent means, however, that the proportion of people involved is relatively low: according to the UN's "Global Illicit Drug Trends 2003", in Asia 2.2 percent of people over 15 years of age used cannabis products during the course of a year. Comparable figures for Europe and North and South America were 5.2 percent and 6.1 percent respectively.

Synthetic drugs

The global traffic in drugs does not just flow in one direction. Today, drug production is no longer based exclusively on plant materials, and exports no longer consist solely of such raw materials being brought to the industrialized countries for drug processing and manufacture. Conversely, know-how for the production of synthetic drugs is exported from industrialized countries to developing and transition countries.

In Southeast Asia, for example, amphetamines and similar substances are produced for both regional and international markets. Conservative estimates place the consumption of ecstasy and amphetamine pills by the Thai population at around 300 million per year. In Thailand they are called yaba – which means "crazy medicine". Around 1.8 million people in Thailand are thought to be addicted already. Methamphetamines are also exported to Europe under the name of "Thai pill". ■

If children are not to grow up as tomorrow's drug producers, they need to have better prospects, more information and more education.



A vicious circle with its own momentum



Remote mountain regions are fertile ground for drug crops. There is little infrastructure for the marketing of legal products, and government authorities are far away.



An opium farmer in Laos. The cultivation of illegal drugs does not foster sustainable development in remote areas: it adds to their problems.

It is no accident that opiates are most widely distributed in Europe and Asia, while cocaine is used mostly on the American continent. Opium and coca consumption, respectively, have long histories in both of these parts of the world and are deeply rooted in their cultures. However, cultivation as practiced in the past and traditional, culturally legitimized use of plant-based drugs are not to be compared with today's commercial cultivation of drug crops on a grand scale or with the abuse that leads to addiction.

Drugs as part of the culture

People who use drugs are usually looking for at least a brief escape from their daily lives. The desire to achieve an elevated state of mind is also common within the spiritual realms of both ancient and modern societies. Such states of mind can be achieved with the aid of certain techniques and rituals, such as dance, music, meditation, asceticism or solitude – and by the consumption of psychoactive drugs. In shamanistic systems of belief, it is not uncommon for such substances to be regarded as gods in themselves.

Coca has been part of the Andean cultural heritage for thousands of years. In the Inca kingdom it was considered a holy leaf, whose consumption was reserved for the ruling priestly caste. Even today, cultural and social life in a number of Latin American societies would be unimaginable without the chewing of coca leaves. Rituals and religious activities

continue to be the main motive for this kind of use. But people who must work hard in the thin air at high altitudes in the mountains also chew coca for strength. Highland farmers and miners have long used coca to prolong their endurance. The cultivation and use of coca in this traditional form are legal in both Bolivia and Peru.

In Asia, poppy cultivation, the medicinal use of opium and its enjoyment as an intoxicant have a long history. The Sumerians were the first to name this the “plant of joys”. In Europe, opium has been one of the most important medicines since ancient times, used mostly for the relief of intense pain.

From the 18th to the 20th centuries, the commercial production and export of opium was legal in some Asian countries. After losing the Opium Wars (1840-42 and 1856-60), China was forced to open its markets to opium from India. As a result, the consumption of opiates was greater in China in the 19th and early 20th centuries than it is in the entire world today.

Drug problems and development problems are closely intertwined

Today, drug problems and development problems interact to form a vicious circle that generates its own momentum. It is precisely in the developing countries that people's desolate lives and poor prospects give them reason to resort to producing, trafficking in and using illegal drugs.

Cultivating illegal drug crops to escape poverty

Poverty and a lack of legitimate alternatives for earning a living are what lead farmers to plant drug crops. Many people, especially in Latin America, leave for remote areas to grow coca because the number of jobs in traditional sectors like mining has declined, and unemployment is high in the cities.

Isolation and exclusion leave no alternatives

Many of the areas in which illicit drugs are cultivated are very remote. Farming and

marketing legal products there is not a particularly attractive alternative, since the steadily declining prices for traditional, legal products such as coffee or cotton no longer allow for sufficient income. In addition, the lack of transport infrastructure complicates the shipping of goods that spoil easily, such as vegetables.

In Southeast Asia, it is social exclusion that leads especially ethnic minorities to turn to planting opium. These groups are barred access to other income possibilities and markets, to health-care and educational facilities, and to participation in political decision-making processes.

The political situation fosters the cultivation of illegal drug plants and drug trafficking

Difficult political framework conditions in developing countries – such as the collapse of government structures, the absence of a rule of law, a lack of political will, and corruption – smooth the way for drug production and trafficking. Armed conflict in developing and transition countries often also results in drug crop farming. Indeed, this kind of conflict is frequently financed by drug trafficking.

Social problems lead to drug use

Poverty and the negative impacts of galloping economic and social change foster not only the cultivation and trafficking but also the use of illegal drugs in developing and transition countries. The study “Community Drug Profile #5, An Assessment of Problem Drug Use in Kabul City“, published by the UNODC office in Afghanistan in 2003, shows that unemployment is a major reason for why people turn to drugs. Related to this is the fact that the majority of addicts in the Afghan capital are former refugees who first came into contact with heroin in Iran or Pakistan.

A contributing factor for drug use is the comparatively low price. In Afghanistan, a day’s supply of opium or heroin costs only a fraction of what a bottle of alcohol would cost. The cultivation and use of illegal drugs

attract people as an escape from a hopeless situation, but in fact they only make matters worse.

The cultivation of illegal drug plants leads to economic dependency

The cultivation of plants for the production of illegal drugs leads to economic dependency and an orientation of economic structures on an illegal market. Local social and political structures often adapt to the drug culture and trade. This reorientation strengthens the isolation of the regions engaged in production. Drug production hinders long-term sustainable social and economic development.

Drug production can lead to drug consumption

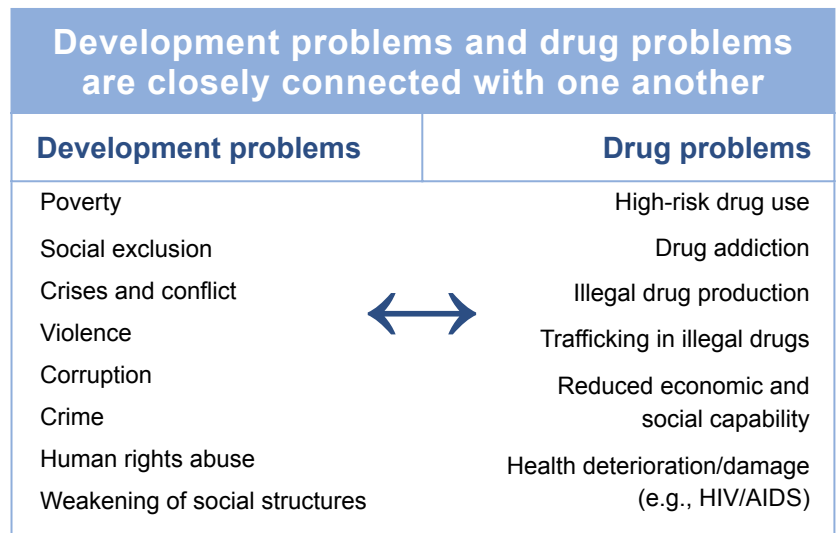
In Asia, the greater part of the illegal drugs produced are consumed either right in the producing country or in neighbouring countries. Experience in northern Thailand and Laos has shown that previously intact mountain villages are now threatened with social and economic collapse: over the years, drug use has followed upon the heels of cultivation of illegal drug plants.

Drug abuse leads to poverty and social stigmatization

The social consequences and economic costs of drug abuse, and the loss of employment because of addiction, lead to the



Intravenous drug use is one of the main reasons for the spread of HIV/AIDS in developing and transition countries.





Development-oriented Drug Control promotes equal access of women and girls to education.

impoverishment of drug users and their families both in the big cities and in the remote areas of the countryside.

Drug use erodes human health

The increasing abuse of drugs in developing countries is intensifying the health problems of people there. In many develo-

ping and transition countries, growing intravenous drug use is closely connected with the spread of HIV and AIDS, as drug users often share a single hypodermic needle.

Drug addiction weakens social structures and puts women at a disadvantage

Although it is mainly men who use drugs in developing countries, women are as strongly affected by the indirect impacts of drug addiction: poverty, violence and the break-up of the family. A culture of drug trafficking, crime, violence and prostitution generally effect a deterioration of the social situation of women and families.

Drug trafficking fosters crime and violence

The illegal drug business nurtures corruption, weakens government authority, and in the end often undermines a state's rule of law. The drug trade promotes violence and conflict and is commonly linked to organized crime, the trade in illegal weapons, trafficking in human beings and, not least, to terrorism.

Afghanistan: a case study

Although drug control programmes have reduced the cultivation of opium poppy in some Asian countries, such as Thailand, Laos and Pakistan, global production has failed to decline nonetheless, since Myanmar (Burma) and Afghanistan have made up the difference. The example of Afghanistan – scarred by decades of war – illustrates clearly how a politically, economically and socially difficult situation can favour the cultivation of illegal drug plants.



The establishment of a functional economic infrastructure is a prerequisite for reducing opium production in Afghanistan.

The rise during the Soviet era

The rise of Afghanistan to its position as the world's largest opium producer began during the Soviet occupation (1979-1989). Income from poppy cultivation constituted an important source of funds for the Islamic resistance. It was tolerated by the USA, because for one thing drug money financed resistance against the Soviet Union, and for another the heroin that was produced was destined for the European, not the American market. Opium production rose from

200 tons at the time the Soviet army invaded to 1,570 tons in 1990, a year after the Russian troops withdrew.

When the Taliban seized power, poppy cultivation remained an important source of income for Afghanistan's farmers. According to the 2003 UNODC study "The Opium Economy in Afghanistan: An International Problem", an Afghan farmer could arrive at a gross annual income of around US\$ 750 by growing opium poppy – more than twice the income of a non-skilled labourer. "Contributions" from the production and transport of heroin under the rule of the Taliban also ensured many "drug lords" a good income. As a result, opium production continued to increase until in 1999 it reached its peak of 4,565 tons.

Half-hearted efforts

United Nations' appeals to the Taliban to take action against poppy cultivation fell on deaf ears for a number of years. Yet since

in the long run the regime could not survive without recognition by the international community, it finally responded to the UN demands in July 2001 – but only in part: it banned the cultivation of opium poppy, but not the trafficking in opium.

While as a result of the scarcity drug traffickers could empty their warehouses – at that time full to the brim – at a high rate of profit, the farmers lost the foundation for their survival. This was one reason for the shift in popular feeling against the Taliban.

As early as 2002, a year after the Taliban were driven out by US military intervention, the opium harvest was with 3,422 tons nearly at its former record high. According to the UNODC's "Afghanistan Opium Survey 2003", 264,000 Afghan families lived from poppy cultivation. Assuming an average family to have 6 to 7 members, this would be around 1.7 million people or 7 percent of the population dependent for a living on poppy growing.

Attempts to use compensatory payments to keep farmers from cultivating illegal drug plants have had little success so far, due to the country's general desolation and the political impotence of the Kabul regime. In addition, this method is much debated because, paradoxically, it also creates an incentive for production.

After two decades of war, any economic infrastructure has virtually evaporated in Afghanistan. A functional banking sector is in the process of being established. But right now the only possibility for farmers to get a loan for seed is still to borrow the money from opium traffickers.

Drug use is also on the rise

Little is known about the extent of drug use in Afghanistan, as no national surveys have yet been conducted. According to a UN study of the opium sector in Afghanistan, in 2000 in five districts of Kabul some 9 percent of adults used hashish and 1.8 percent used other psychoactive substances. According to the UN figures, opium is used by 0.5

percent and heroin by 0.1 percent of the population. Actual consumption might well be considerably higher according to estimates by other donor organizations.

According to the UN study, the use of drugs has markedly increased over the past few years. The reasons named are the increasing poverty and abject state of the population, the collapse of traditional structures and social cohesion, and the ready availability of the drugs.

War-related causes are added to these: many Afghans were introduced to illegal drugs in Pakistani refugee camps, and the sick and wounded were often given opium as a pain-killer for lack of any other medication. The latter also applies in the case of women, who under the Taliban regime generally had no access to health care at all. ■



Children – as here in Kandahar, Afghanistan – suffer the most from the long-term consequences of violent conflict. Illegal drug production is often bound up with civil war and guerrilla movements, not to mention terrorism.

The worldwide figures on drug abuse

After cannabis, the world's unchallenged "Illegal Drug No. 1", cocaine is the second most common illegal drug consumed in South America. In Asia, by contrast, drug users more commonly consume opiates.

Of the total population, the percentage of persons over 15 years of age who use drugs at least once a year (in %)			
	Cannabis	Cocaine	Opiates
Africa	8.60	0.20	0.20
America	6.10	1.50	0.30
North America	7.53	2.03	0.40
South America	4.56	0.94	0.12
Asia	2.17	0.01	0.29
Europe	5.20	0.57	0.70
Western Europe	7.16	1.06	0.42
Eastern Europe	3.29	0.09	1.08
Oceania	16.89	1.03	0.63

Source: UNODC, Annual Reports Questionnaire data, various government reports, reports by regional bodies, UNODC estimates. From: Global Illicit Drug Trends 2003, published by the United Nations Office for Drug Control and Crime Prevention (UNODCCP)

Drug policy initiatives in development cooperation

The Federal Republic of Germany has been engaged in combating the problems arising from the worldwide cultivation of drug plants, drug manufacture and drug trafficking for more than 20 years. During that time, German development cooperation has accumulated comprehensive experience from its numerous projects in partner countries.

This knowledge flows into the approach used by GTZ's Development-oriented Drug Control Programme (DDC), which covers "alternative development" measures – alternatives, that is, to the illegal cultivation of drug crops – as well as prevention of addiction and treatment for addicts in developing countries.

The main impetus for worldwide drug policy has for years come from the United States. Over the past decade, the USA has launched an aggressive "war on drugs". The US approach is mainly geared to stopping the cultivation of illegal drug plants; the most

important measure is total eradication of harvests. The USA uses this form of drug control particularly in the coca-cultivating countries of Latin America – with sometimes disastrous results: the strongly repressive and militarily oriented drug policy has only served to exacerbate existing conflicts and crises there.

The "Plan Colombia" and his impacts

For example, the "Plan Colombia" was drafted for Colombia, in 2000. This programme was largely financed by the US government, to the tune of US\$ 7 billion overall. Plan Colombia was based on spraying the coca fields with herbicides – with all of the negative impacts this had on human beings and the natural environment – and on the consistent prosecution of all drug producers.

Part of Plan Colombia is the massive supply of armaments for the military to combat the drug-financed guerrillas, but the Plan for

"As many allies as possible – and all pulling together"



Dr. H.-Jochen de Haas, Head of Division, Rural Development; Global Food Security, German Federal Ministry for Economic Cooperation and Development (BMZ)

"It is very important to us that our partner countries are so enthusiastic about cooperating with us. Our efforts used to focus pretty much on just reducing drug supply, but now we want to concentrate more on demand – that is, on preventing drug abuse.

We have never presumed that with our modest resources we would be able to tackle the global drug problem. The German contribution so far has consisted of using alternative development to reduce the drug problem: that is, to support people who want to get out of drug cultivation with a rural development strategy specifically adapted to their circumstances. This must be accompanied by national measures to combat and control drugs. There is a strict line to be drawn here between threats

of repressive measures and creating confidence and trust through offers of support. One example of success through this approach is our clear progress in the opium-planting regions of northern Thailand.

We have the impression that our partners welcome our kind of approach. People like to work with us – and we're proud of this. The most recent instance is the positive reaction to our work in Peru, where the (US) Americans are engaged in alternative development, too – along with us Germans. For future development-oriented drug control measures, I would like to see more networking in the fields of public health, peaceful development and poverty reduction. I'd also like to see us win over as many allies as possible, so that we're all pulling together."

the most part overlooks organized drug trafficking and its financial structures. 10 to 15 percent of the Plan's funding goes to socio-economic projects, a fraction in comparison to the primarily military and repressive measures which Plan Colombia supports.

The Colombian experience shows that military/repressive procedures alone are far from optimal for fighting drugs: they exacerbate social, political and ecological conflicts and drive the population yet further into poverty.

In view of these consequences, awareness has grown in international circles that especially the coca farmers must be offered realistic economic alternatives to growing drug crops: this is the "alternative development" approach. This approach found particular support within German development cooperation: the German view is that development cooperation measures and strategies hold greater promise for long-term, sustainable solutions to the drug problem.

The "balanced approach" focusing on prevention

In the 1998 UN Declaration, the member states, too, called for a more balanced approach to fighting drugs. The "balanced approach" places great value on focusing on prevention and treatment to reduce demand, alongside legislative and law enforcement measures to reduce the supply.

The strategy employed by the Development-oriented Drug Control Programme, which also uses a balanced, multisectoral approach, builds on socially tolerable measures, such as alternative development, prevention and therapy, to reduce both supply and demand. Law enforcement measures are to be coordinated with development measures and to complement them; or they may also be seen as a necessary prerequisite.

German development policy is based on the assumption that the problems caused by illegal drugs in developing and transition countries can be markedly reduced by promoting development processes. The United

"We require long-term support"

In 2000, Laos was the third-largest producer of opium worldwide. In recognition of the seriousness of the problem, the Lao government had already developed a new strategy to fight drugs, the "Balanced Approach to Opium Elimination in the Lao PDR" as early as 1999. This "balanced approach" combines alternative development for the cultivation regions with programmes to lower the demand for opium and more effective use of legal instruments. We received widespread support from international donors for our fight against drugs: from Germany, too.



H. E. Mr. Soubanh Sritthirath,
Minister to the President's
Office, Chairman of the Lao
National Commission for Drug
Control and Supervision

Consistent political adherence to our goal of eliminating both the cultivation and the use of drugs led, in concert with alternative development measures, to significant declines in both opium production and the number of Lao opium users.

As a least developed country, however, we will be needing long-term support if we are to solve our drug problem. We are hoping, therefore, for further aid and international cooperation for the crucial task of ridding Laos of drug cultivation and drug abuse and for reducing poverty among the population.

Nations, represented by its drug control programme UNODC, pursues the far-reaching political goal of eliminating the drug problem entirely all over the world.

The UN therefore wishes to reduce drug cultivation by directly replacing drug plants with legal alternatives while at the same time building up infrastructure. The UN position also condones the use of repressive means and the destruction of drug crops.

German development policy relies more on promoting good governance and strengthening the organizations that carry out existing legislation. At the same time, measures to reduce demand are implemented to stem drug abuse.



Work with children and youth in Pakistan: drug prevention is steadily gaining in significance.

German development cooperation with partner countries

The Federal Republic of Germany has been cooperating with Thailand in the area of drug control since 1981, and since 1990 with numerous other developing countries as well. As part of bilateral development cooperation, Germany has supported alternative development projects in Bolivia, Peru and Colombia, and in Thailand and Laos.

It has promoted measures to prevent drug abuse or to strengthen drug-control institutions in, among others, Peru, Bolivia, El Salvador and Colombia, and also in Thailand, India, Afghanistan, Vietnam, Cambodia, Pakistan and Bangladesh.

Cooperation has not been solely confined to governments. Cooperation with non-governmental organizations (NGOs) and community and self-help groups is on the rise, also for alternative development programmes and even more for measures to prevent drug abuse in developing countries.

In the German view, work can only promise success if undertaken under good framework conditions, including firm political will for drug control on the part of the partner governments as expressed, for example, in a clear and transparent national drug policy.

In addition, partner governments must supply their own funding for drug control, establish the necessary institutions, and equip them with an appropriate mandate and the resources they need. If these prerequisites have not yet been fulfilled, German deve-

The United Nations Drug Control Programme

The United Nations has established several institutions to confront the world drug problem. The UN umbrella organization is the Office on Drugs and Crime (UNODC), which evolved from the UN Office for Drug Control and Crime Prevention (UNODCCP) in 2002.

UNODC is the central organization for the fight against illegal drugs and international crime, with 350 employees worldwide. More than 90 percent of UNODC financing comes from voluntary contributions by donor countries.

UNODC offers both a Drug Control Programme and a Crime Prevention Programme. The Drug Control Programme is there to inform the global public of the dangers of drug abuse. It also provides a single address for international activities against drug production, trafficking and crime, as well as for the implementation of alternative development projects,

the monitoring of cultivation areas, and programmes to prevent money laundering. The Crime Prevention Programme is responsible for preventing and fighting crime and for legislative reform.

The UNODC mandate is defined by the UN international drug control conventions: the Single Convention on Narcotic Drugs of 1954 plus its 1972 protocol, the Convention on Psychotropic Substances (1971), and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).

Additional international drug control organizations are:

- the International Narcotics Control Board (INCB), which supervises the implementation of UN drug conventions
- the UN Commission on Narcotic Drugs (CND), the core normative organ of international drug policy.

development cooperation can help prepare the ground by supporting measures to improve framework conditions.

Experience also shows that drug problems, like the frameworks in which they arise, vary widely from one country to another. At the beginning of any cooperative arrangement, therefore, a detailed problem analysis is conducted as a foundation for further planning and for implementing, together with the partner organization, goals, programmes and strategies based on the conditions, needs and capacities of each specific country. Between 1990 and 2003, some €140 million was invested in drug control measures as part of the German bilateral development cooperation.

Germany's role in international drug policy

The German government contributes significantly to the shaping of effective and coherent international drug policy. The German Federal Ministry for Economic Cooperation and Development (BMZ) cooperates constantly with international organizations on efforts that make good sense in terms of both drug policy and development policy.

In January 2002, the Drugs and Development Programme held an international conference on alternative development in Feldafing, Germany, together with the BMZ, the UN Drug Control Programme (UN-

DCP) and the German Foundation for International Development (DSE). Eighty experts, many of whom came from the major coca- and poppy-growing areas of Asia and Latin America, reached the conclusion that governments of the producing countries should make alternative development a key element in drug control policy and should handle it as a cross-sectoral task in national development planning.

The resulting "Feldafing Declaration" became the basis for Resolution 45/14 on Alternative Development, which Germany proposed at the 45th meeting of the UN Commission on Narcotic Drugs in 2002, and which was passed by the member states. Twenty-five countries, including Bolivia, Ecuador, Colombia, Morocco, Pakistan, Peru, Sweden, Spain, Thailand and Vietnam, supported the resolution.

On the European and international levels, Germany cooperates with numerous institutions in the field of drug control, among them various committees and working groups within the European Union, the United Nations and the Dublin Group, which includes the G-8 countries.

For over ten years, Germany has been one of the major donors in the drug control programme of the United Nations Office on Drugs and Crime – UNODC (until 2003, the United Nations Drug Control Programme – UNDCP). Its contributions since 1971 – both non-tagged and tied to specific projects – amount to about US\$ 78.5 million thus far. In 2002 and 2003, German support went to project-related cooperation with the UNODC in Vietnam, Myanmar and Afghanistan (priority area "alternative development") and to Thailand, the Philippines and Central Asia (priority area "prevention").

The BMZ also promotes the "thematic evaluation of alternative development", and the German Federal Foreign Office supports an alternative development measure in Afghanistan. The German Federal Ministry of Health and Social Security provides around € 500,000 annually in contributions to specific projects. ■



Easy to use and very popular: a UN testing kit to identify various drugs.



A workshop in Thailand: International cooperation supplements national efforts.

Development-oriented Drug Control



Many international organizations – including the GTZ – are active in project work to control drugs in developing and transition countries.

Germany's drafting of the National Drug Control Plan in 1990 gave the use of development measures for drug control a higher political priority in German development policy and German policy generally. In order to do justice to the new position of drug control within development cooperation, the German Federal Ministry for Economic Cooperation and Development (BMZ) and the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH came up in 1990 with the supraregional drug control project Aktionsprogramm Rauschgiftbekämpfung, known since 1997 as the Drugs and Development Programme.

From “Drugs and Development” to “Development-oriented Drug Control”: Continuity in Change

The Drugs and Development Programme made an important contribution to the implementation of the international drug policy that is supported by the Federal Republic of Germany. Within the framework of this programme, alternative development concepts were devised and selected projects

supported, usually in response to requests by governmental or non-governmental partner organizations in developing and transition countries.

Ever since the UN special session on drug control in June 1998, and especially following the events of September 11, 2001, donor countries have been called upon to become actively engaged in international drug control. At the same time, the international community is bringing considerable political pressure to bear upon producer countries to take effective measures to fight drugs.

In addition to project work, the Drugs and Development Programme arranged a series of international conferences and conventions and produced numerous publications. The BMZ and GTZ have won wide international recognition over the past six years for their work in the field of drugs and development. The knowledge and experience amassed during development cooperation in the field of drug control are what moved the BMZ to reconstitute this project.

In the autumn of 2003, the Drugs and Development Programme was replaced by the supraregional Development-oriented Drug Control Programme (DDC). In addition to alternative development measures, DDC prioritizes addiction prevention and treatment for drug users in developing and transition countries.

Working at the thematic interfaces

Building on the experience of the Drugs and Development Programme, the work of Development-oriented Drug Control focuses more intensively on the thematic interfaces it shares with other development-oriented approaches. This makes sense, because the various problem complexes often overlap, so that solutions can be most effectively worked out through a joint approach.

When the drug problem is more actively taken into consideration, the potential for sustainable development is markedly enhanced. This can be achieved through alternative de-



Alternative development is an effective method of drug control because it provides alternative ways for people to make a living.



Development-oriented Drug Control includes the integration of the drug issue into other programmes such as poverty reduction and youth promotion.

velopment projects and reduction of drug abuse, of course, but it can also be brought about through integration of the drug issue into other projects in fields such as HIV/AIDS prevention, youth promotion, urban development, poverty reduction, crisis prevention and securing peace. When drug considerations are included, these projects are often more successful in achieving their own goals.

One particularly significant interface is that with health promotion and HIV prevention, since in many developing and transition countries the intravenous consumption of heroin is closely related to the spread of HIV/AIDS. In Russia, for example, around 90 percent of HIV-positive persons became infected through the use of shared hypodermic syringes or through prostitution of addicts to support their addiction. But a lot of other diseases are also related to the consumption of illegal drugs; and to make matters worse, drug users are often denied access to public health care because of their addiction.

Joint approaches are also appropriate for crisis prevention and peacekeeping. Thus drug production and trafficking in countries such as Afghanistan or Colombia play a decisive role in the financing of struggles for political power, armed conflicts, and terrorist activities. At the same time, unresolved and traumatic war experiences can lead to drug abuse both among the civil population and (child) soldiers.

Other interfaces are the fields of rural development, urban development, poverty reduction and youth promotion. Both rural and urban poverty, a lack of future prospects, and the disintegration of social networks in the cities can all be reasons for people in developing and transition countries to turn to drugs. Prevention work with young people takes on special meaning here, because the drug-using population is becoming younger all the time, and children and youth are particularly receptive to trying out anything new.

In addition, the concept of development-oriented drug control makes a contribution to a spirit of partnership with ethnic and social minorities, who are often important players in drug production regions and are particularly hard hit by drug abuse.



Development-oriented Drug Control: interfaces

The most important interfaces for the work of the Development-oriented Drug Control Programme are those between drugs and:

- poverty reduction
- good governance
- peacekeeping and crisis prevention
- education
- youth promotion
- health, family planning and HIV/AIDS prevention
- food security and agriculture
- economic reform and private sector development
- urban development
- environmental policy
- protection and sustainable development of natural resources

Areas of Development-oriented Drug Control services

- planning and implementation of pilot and small-scale projects for strategically important issues and regions
- planning, advisory services and evaluation of development cooperation projects in the field of development-oriented drug control, or of components of such projects, or of related projects
- advisory services to partner country governments
- capacity-building, for instance in the areas rural/alternative development and health:
 - training and programmes of further education
 - advisory services and promotion of organizational development of institutions and organizations
 - horizontal and vertical networking and promotion of cooperation among all players (those affected, institutions, organizations, the authorities, etc.)
 - knowledge management/transfer
- target group-oriented information and awareness-raising
- harm reduction as part of support to addicts, especially at the interface to HIV/AIDS prevention
- rehabilitation and reintegration measures

Gender issues also play an important role, since women are prominent in the development of sustainable livelihood and economic alternatives to illegal drug cultivation. Increasingly, however, women are also affected by drug abuse, becoming drug users themselves or sharing the fates of addicted family members. During the drafting of concepts, therefore, analyses are conducted on a gender-specific basis wherever possible, so

that in the planning of pilot projects gender issues can also be taken into account.

A further aspect of the drug problem that development-oriented drug control is to take more strongly into account is environmental damage or destruction. The planting of coca in the Andes countries means the destruction of rain forests, soil erosion and desertification. The heavy use of chemicals to process coca into cocaine and opium into heroin also causes major environmental damage.

Cooperation with other GTZ-supported projects results in comprehensive and consistent development-, drug- and general policy: these are more effective in advancing efforts relating to the drug issue applied in combination rather than separately. Developments in the global drug situation, crises and conflicts in countries with major drug problems, and development policy and changing political priorities could well assign a more significant role in politics and development cooperation to development-oriented drug control in future years.

The number of projects of this kind would then increase accordingly, with an increased need for expert professional advisory services.

Development-oriented Drug Control products

In 2003, the Drugs and Development Programme assigned its essential services as part of the Development-oriented Drug Control product group. By “product“, we

Opium is harvested by hand.
The poppy capsules are scored with a knife, and the thick, white gum oozes out.
This is then dried into a heavy red-brown substance.



mean a repeatable service package that may be ordered from GTZ by either internal or external clients.

In addition to the GTZ's internal regional divisions, GTZ country offices, projects and programmes and GTZ International Services, these service packages and products are also appropriate for national development cooperation organizations (e.g. the German Development Service [DED], German Agro Action [DWHH], church-related and other executing organizations) and international organizations such as UNODC, WHO, UNAIDS, ILO, FAO, the EU Commission, USAID, Department for International Development (DFID) and international non-governmental organizations such as Transnational Institute or DrugScope.

The aim is to make daily work easier both at home and abroad and to improve GTZ performance for both clients and partners. The products are intended to increase the efficiency of services offered and facilitate business acquisition in both the non-profit-making sector and GTZ International Services.

In addition, the availability of standardized products that draw on the know-how and experience gathered over a period of years or decades and which demonstrate market potential facilitates the smooth processing of commissions through tried and tested instruments and methods.

So far, Development-oriented Drug Control provides advisory services in the form of



five “products“ that are specifically directed to particular regions and target groups. Local, regional and international experts provide these five products:

- alternative development
- drug-profile analysis
- integrated local drug policies
- harm reduction
- peer-to-peer approach in drug abuse prevention

The development orientation of Development-oriented Drug Control contributes to poverty reduction and sustainability. It promotes the integration of social fringe groups, better education, and the best interests of young people. It helps to reduce conflict potential and to establish the foundations for good governance. ■

Women are increasingly hard hit by drug abuse, either as users themselves or because they must share the fates of addicted family members. A social worker from the NGO “Nejat”, supported by the German Federal Foreign Office and the GTZ, talks with a young woman in Kabul who is addicted to drugs.

The main tasks of the Development-oriented Drug Control Programme

- establishment of an information and contact centre (a clearing point) for conceptual and methodological contributions to development-oriented drug control
- development of methods and concepts to prevent and reduce production, trafficking and consumption of illegal drugs, as well as demand-driven implementation at thematic interfaces
- support to the BMZ and other German development cooperation players and to the international cooperation related to development-oriented drug control

Development-oriented Drug Control: Instruments

The aim of the BMZ/GTZ concept in development-oriented drug control is to limit as far as possible the damage inflicted upon individuals and society through drug production, trafficking and abuse. People and institutions in partner countries are to receive support for their efforts to get their drug problems under control.

One measure is to create economic and social alternatives to the cultivation of illegal drug plants. Another is to improve public health and social conditions, thus opening a path to development that is otherwise blocked by drug use.

Alternative development measures are of great significance in drug-producing countries. These measures are similar in many respects to those of other rural development projects, but they are designed particularly for regions in which illegal drug crops are being or might be cultivated.

Repressive measures are not among the methods employed in development cooperation and development-oriented drug control; nevertheless, such measures, sensibly and carefully coordinated, might under cer-

tain circumstances supplement and support development cooperation. But repressive measures may be carried out neither as part of development cooperation nor as a condition for ensuing development measures.

The GTZ service package portfolio for partner countries includes the following areas: alternative development, peer-to-peer work and harm reduction in preventing and treating addiction, integrated local drug policies and drug-profile analysis. GTZ has developed special advisory services and instruments for analysis for each of these areas, so that recommendations can be made on a sound basis.

Further products are being developed and tested for optimal adaptation of the portfolio to various target groups.

Since a global approach is indispensable for effective drug control, development-oriented drug control proceeds on a number of levels: local, regional, national and international.



In Afghanistan, too, access to markets is a key aspect of alternative development.

Better prospects for the future

Many countries struggling with the problems posed by drug plant cultivation rely mainly on repressive measures to put an end to it – mostly through the eradication of drug crops.

Alternative Development, however, attempts to get at the root of the problem. It pursues two goals: improvement of the living conditions of the people affected by drug and development problems and reduction of the cultivation of drug plants, especially opium poppy and coca plants.

In order to do this, various drug control measures are linked to one another and integrated into the overall development of a given region – always with special consideration of the particular cultivation area and with an eye to the society and culture of the people living there. The GTZ offers its partner countries support with planning, implementation and quality control of projects and programmes, carefully involving the civil population and regional decision-makers in the effort.

Experience in Asia and Latin America shows that Alternative Development can reduce drug production sustainably. Though certain small-scale farmers can increase their incomes in the short term by planting illegal drug crops, the majority of producers cannot. Alternative Development contributes to improving living conditions in the cultivation region as a whole, to reducing violence, and to integrating areas that have been excluded from the life of the rest of the country.

Farmers clearly stand to gain from giving up the cultivation of illegal drug crops. When they plant legal crops, they no longer risk having their harvests destroyed. If more favourable framework conditions can offer them economic alternatives, the chances for sustainable development are that much the



greater. For these reasons, in many areas, people are more than happy to switch to legal produce.

Alternative Development also contributes to stabilizing the ecological balance of a given region, to the social integration of stakeholders, to good governance, and to raising the level of education and general health of the population. The close cooperation between the government, the private sector and the civil society promotes mutual confidence and trust and plays a role in preventing crises and conflicts. Finally, successful development cooperation exerts a positive influence on political framework conditions, particularly regarding sensitive issues such as human rights abuses or corruption.

GTZ offers its partners the following services:

- Individually tailored advisory services for drug control and development institutions – especially rural development authorities and agencies – at all levels of intervention, from local self-help groups to municipalities to national institutions
- Joint development of alternative sources of income and establishment and expansion of purchasing/procurement and marketing/sales/distribution facilities, consulting on credit and loan services and on the sustainable use of resources
- Capacity-building, promotion of communication, cooperation and coordination between governmental and non-governmental institutions and promotion of the exchange of experience

Coca farmers are often prepared to earn less if they can lead better, safer lives.

DDC Product: Alternative Development

Taking the initiative to shape one's own life



Preventing addiction begins at home: a street scene in Delhi, India.

DDC Product: Peer-to-Peer Approach in Drug Abuse Prevention:

Development-oriented drug control places a high priority on preventing drug abuse. Particularly children and young people are more and more often falling victim to drug abuse, so it is more important than ever to act quickly for better prevention. The Peer-to-Peer approach is based on awareness that the problems of young people can best be solved when they or their peers are actively involved. Young people must learn to take the initiative themselves in shaping the world they live in.

In the Peer-to-Peer approach, young people leave prevention programmes trained to act as multipliers among people their own age. They show other youth how to estimate the risks of drug use, to make decisions with their health in mind – also with regard to the HIV/AIDS danger – and above all to take responsibility for themselves and other people.

Children and young people are easiest to reach in their own social environment – that is, in their schools or neighbourhoods. They do not want to be lectured at but to be accepted as they are within their own culture. Prevention efforts promise the best results, therefore, when they take children's ways of life, attitudes, value systems and points of view seriously, while at the same time addressing their anxieties about the future. It is also important not to view youth

as a homogenous group but rather to distinguish among individual sub-groups according to gender or age, for instance, or by cultural, social or religious affiliation. It has proved advantageous to include families in the programmes: often enough it is trouble at home that leads children to drugs in the first place. Even kindergarten children should be taught to look after their health, and this kind of instruction should continue until they reach young adulthood.

GTZ services include: the development of peer-to-peer concepts geared to specific target groups as part of preventing drug abuse; the establishment of interdisciplinary support systems for effective peer-to-peer work through capacity-building for teachers, social workers and the young people themselves; the development of constructive co-operative relationships and networks; demand-driven project advisory and support services; and the production of a manual on peer-to-peer work for project managers. The peer-to-peer approach can also be used with other groups, such as women, who have so far proved difficult to reach through conventional prevention and treatment efforts. The new project will be developing this product further during the course of its application.



The chance to spend one's leisure time positively and to have good prospects for a job and a future: these are important factors in keeping young people off drugs – here in Cambodia and everywhere else.



Drug profile analysis helps ensure the success of development-oriented drug control projects. Years of GTZ experience went into the development of this instrument.

Making sure of success in advance

Development projects in developing and transition countries are more likely to be successful when the prevailing drug-related conditions are analyzed in advance and taken into account during the phase of project planning. Drug Profile Analysis is an effective instrument to this end.

One of the main focuses of Drug Profile Analysis is to examine the relevance of drug problems to the long-term success of the programme. It also gears strategy, programmes and projects accordingly, and recommends appropriate action. GTZ developed this instrument on the basis of many years of experience in development-oriented drug control in order to optimize the impact of its own or others' projects.

In a context of interdependent drug and development problems, Drug Profile Analysis examines the drug economy's value-added chain within the respective region or as it relates to a given target group. Production, consumption and trafficking are all researched, as is the economic dependence of the population and the impact of this de-

pendence on their circumstances. Two issues are key here:

- How is the drug problem affecting the implementation and sustainability of development measures?
- What positive or negative impacts can a project expect to have on the drug problem?

Drug Profile Analysis contributes to a better assessment of a project's potential opportunities and risks, with corresponding conclusions to be drawn regarding project design. The analysis takes place in a series of predetermined steps.

The research phase calls for intensive concentration on the current situation by project participants and stakeholders alike, thus fostering joint planning.

The visualization of each individual step of project work provides a focus for discussion, facilitates presentation of results, and encourages a pragmatic mode of procedure.

DDC Product: Drug Profile Analysis

Harm reduction as the top priority



Drug users are often excluded from health systems in developing and transition countries on the basis of their addiction.

DDC Product: Harm Reduction

The number of HIV/AIDS infections that can be traced to the reuse and sharing of unsanitary hypodermic needles has increased rapidly in recent years. One promising approach to putting an end to this development is Harm Reduction as part of addiction services. With this approach, addicts are not required to be “clean“ before they get help. The harm reduction method is to lead drug users step by step to further assistance through measures that are non-judgmental and advocate safer use. The priority here is to prevent disastrous consequences to health, such as HIV/AIDS infection, and drug-related deaths.

The target group of these measures are marginalized and high-risk drug users who are essentially beyond the reach of conventional addiction services. The aim is to stabilize both the addicts' health and their social circumstances. Complete renunciation of drugs is neither a condition for nor an immediate goal of the Harm Reduction approach. The aim is to integrate those affected step by step into drug-assistance programmes which then advance them toward an independent and self-sufficient way of life.

Among Harm Reduction measures are, for example, needle-exchange programmes to

prevent HIV/AIDS, substitution programmes (the provision of drug substitutes such as methadone) and the creation of low-risk consumption conditions (guidance toward less risky patterns of drug use, safe consumption locations, and medical care).

In the long term, Harm Reduction programmes can prevent overdoses, serious health damage and a downward slide of addicts into poverty, crime and social marginalization.

GTZ services include the development of a participatory and target-group-oriented Harm Reduction concept, the integration of Harm Reduction measures into existing addiction services, demand-driven project advisory services and support, and also drug-related health education and capacity-building.



Medical treatment for drug addicts is important to prevent serious damage to their health and their increasing destitution.



Prevention of drug abuse starts early: education and leisure time opportunities equip people to look after themselves and give them better prospects for the future.

Integrated Local Drug Policies bring everyone affected by drug problems together at one table. In this way, the various parties talk to one another and are confronted with each other's views. Drug users, drug helping services, the health system, the police, judges and other community representatives work together with GTZ experts to come up with goals and strategies to improve the situation where they live. The advantage of this process is that it strengthens the ability of communities to manage their own affairs on a sustainable basis. The stakeholders organize themselves on their own and are then in a position to overcome their problems themselves. Decisions are made on a consensus basis, so that everyone is motivated to implement the measures decided.

Stronger local institutions can control drug problems in their community more effectively and efficiently than outsiders can. In addition, a community-based drug policy creates an atmosphere in which other conflicts can also be approached constructively.

The upshot is that drug consumption and trafficking and the criminal activity bound up with them are reduced, social fringe groups become better integrated, and community decision-making is transparent.

Finally, policy that is based on consensus at the community level has a positive impact on national policy as well.

The GTZ advisory service package includes organizing and interlinking self-help groups, training in the field of prevention and harm reduction, promotion of cooperation, organizational networking (among NGOs, municipal administrations, school authorities, educational institutions, etc.), improving the interaction between drug control institutions and development institutions, and also the establishment of networks for drug helping services within and among various communities. ■



DDC Product: Integrated Local Drug Policies

An important aspect of Development-oriented Drug Control is to strengthen communities in their ability to manage their own affairs.

Getting a grip: drug problems under control

Promotion of drug control in Laos within a rural development framework

Target group:

Employees of drug control authorities and committees on the national level and in the provinces of Luan Namtha, Xieng Khouang and Bokeo

Aims:

To enable farmers and village communities to reduce their economic dependence on opium

To reduce the rate of drug addiction

To plan and implement drug control measures

Duration:

1999 to 2003. As of 2004, integrated into the Rural Development in Mountain Regions of Northern Laos as the Lao-German Drug Control Programme. Projected to run until 2012.

Laos holds third place in worldwide opium production, after Afghanistan and Myanmar. Growing opium poppy is usually the only way the mountain peoples in the north of the country can make a living. In Laos, opium is traditionally used by older people. But young people, too, are turning to drugs – mainly opium – and, in the past few years, more commonly to methamphetamines as well.

For some years, the Lao government has been making an effort to get the country's drug problem under control. The Lao-German Drug Control Programme (LG-PDC) has been working since 1999 on alternative development, drug prevention and rehabilitation and institution-building.

The project is helping village communities in the three provinces of northern Laos to reduce their economic dependence on opium and also to lower the rate of drug addiction there. The capacity of the on-site organizations responsible is being built up, so that they can plan and implement effective drug control measures.

In order to achieve this, drug control authorities on the national, provincial and district levels are receiving support for measures that serve the goals set by the Lao government for reducing both the availability of opium and the demand for it. Drug authority staff are being trained to plan and carry out drug control measures. An important aspect of this is that the authorities, particularly on the provincial and district levels, closely coordinate their projects for reducing addiction with the local population.

Important experience has been gained in the Thai-German Highland Development Programme (TG-HDP). The concept for this programme was based to a great extent upon the participation of target groups. This approach has proved successful: the living conditions of the population have improved considerably. Most of the villages now have agricultural extension

services, schools and health stations. Modern agricultural methods and a broader range of plants under cultivation have helped reduce opium poppy cultivation. In the project areas, opium production has declined from as much as nine tons in 1981, before the measures began, to less than 200 kilos in 1996. There are more opportunities for making a living than there used to be, and the turnover potential for agricultural products has increased. The number of permanent settlements has also increased. Overall, land is being used more prudently, and land use is being planned with greater foresight. One of the important lessons learned was that this success could only have been achieved under the favourable political and economic framework conditions prevalent in Thailand.



Often, drug careers begin during childhood, as in the case of this Lao youngster.

Getting involved in planning drug crop alternatives

The Upper Huallaga valley, some 700 km north of the Peruvian capital Lima, was for a long time the largest intact coca cultivation area in the world. Some 190,000 people live in this highland region, many of whom came to the “Alta Selva” in the 1940s and 1950s in connection with colonization projects.

Government structures remained underdeveloped. There were neither schools nor teachers, the health system was in as poor repair as the streets, and there was no supply of drinking water or electricity. Political neglect, poverty and a lack of hope for the future blocked the region’s economic and social development – fertile ground for the guerrillas of the Sendero Luminoso.

Coca cultivation offered the Shining Path activists an important source of financing. During the long years of violent conflict between the guerrillas and the military, the population assumed an extremely passive posture socio-culturally: no one was willing to accept political responsibility, and people preferred to leave local government in the hands of outsiders.

The concept of the GTZ project is to initiate and assist self-supporting and organizationally, institutionally and economically viable development processes in Alto Huallaga. All available local channels of communication, especially the local radio, are systematically exploited to inform people of the advantages of a legal economy and to make them aware of the pitfalls of the drug business. Thanks to a curriculum reform, children and young people today are taught about alternative development topics. Those working for municipal administration and grass-roots organizations are schooled to represent the interests of the population better and to include farming families in political decision-making.

“Development councils”, made up of representatives of all stakeholder groups, were formed to work out, together with the exist-



Coca is often cultivated in Peru in remote areas devoid of functional transport infrastructure and other state institutions.

ing institutions, plans for the development of selected project zones.

A baseline study was undertaken to determine which services were lacking, in order to provide the foundations for setting up enterprises. DEVIDA (formerly CONTRADROGAS), the Peruvian National Commission For Development And A Life Without Drugs, received support and advisory services so that it could cope on its own with the numerous small-scale and self-help projects that had been started.

The project – part of the Rural Development Programme in Peru – cooperates closely with a second DEVIDA-coordinated, German-supported measure in the region: the Integrated Plan for Alternative Development in Tocache-Uchiza. The plan is financed largely from the debt relief granted to Peru in favour of specific development projects.

The two projects mutually supplement and strengthen one another.

Project: **Strengthening of communities and organizations in Alto Huallaga, Peru**

Target group:

The rural population and their organizations and communities

Goals:

Improvement of the management capabilities of communities, coordinating committees and grass-roots organizations

Active participation of these groups in alternative development measures in the project region

Counterpart:

DEVIDA

Duration:

2001 to 2005. As of 2003, a part of the Rural Development Programme in Peru

Coming up with better options



The plight of refugees, the collapse of traditional structures and the social framework, and the omnipresence of drugs have combined to increase drug abuse in Afghanistan significantly in the past few years.

Project: **Integrated Local Drug Prevention and Treatment in Kabul, Afghanistan**

Target group:

Social and economic fringe groups in Kabul, particularly women and returning refugees.

Aims:

Expansion of prevention and treatment services for drug addicts

Establishment of a specialized office for prevention and treatment of addiction and rehabilitation of addicts

Implementing organizations:

GTZ, NGOs

Duration:

2003 to 2004
(extension foreseen)

Since the Taliban rule ended in 2002, Afghanistan has reassumed its position as the world's largest producer of opium poppy and exporter of opium and heroin. Although the new government in Kabul has issued a ban on the cultivation of opium poppy, enforcement in the provinces is difficult.

Thus drugs are readily available in Afghanistan, and in large quantities. The unlimited use of opium as a pain-killer and the

psychological traumas of war also foster drug abuse, as do a general lack of hope for the future and widespread social disintegration. The result is that the number of drug addicts is on the rise.

The project Integrated Local Drug Prevention and Treatment in Kabul, financed by the German Federal Foreign Office, is helping to expand services in the field of drug prevention and treatment in Afghanistan. It also promotes networking and cooperation among NGOs and government offices, so that high-risk groups and addicts have easier access to information and treatment.

For the purposes of this project, an office was set up in Kabul to provide training to NGO workers and government agencies in addiction prevention, treatment and rehabilitation. The office promotes and supports measures carried out by local NGOs in this field.

Prevention and therapy particularly address social and economic fringe groups in Kabul, especially refugees who have returned home. In view of the increasing numbers of women and girls who use drugs, gender-specific aspects play an important role in this project.



More than 20 years of practically uninterrupted civil war have left Afghanistan economically, socially and politically devastated: fertile ground for the cultivation of drug crops.

In word and deed: help for those who seek it

The use of cannabis and opium goes back a long way in India. Until the mid-1980s, registered purchasers could buy these drugs in government-licensed shops. But at the start of the 1990s, drug use increased rapidly, and India turned into a transit centre for the international traffic in heroin. The substances were aggressively marketed and soon became the drugs of choice in Indian cities.

The large majority of consumers were from socially and economically disadvantaged population groups. Another factor was that in the 1990s heroin came increasingly to be injected instead of smoked, and this practice led to a dramatic rise in the spread of HIV/AIDS.

A variety of treatment methods were tested: electroshock therapy, going “cold turkey“ in hospitals or prisons, and substitute drug therapy. Experience has shown, however, that using one method alone does not result in success. Only multidisciplinary approaches, the exchange of information on all levels, and the inclusion of all stakeholders can improve the situation sustainably.

The GTZ-financed project Multi-Agency Cooperation to Enhance Services to Drug Users in Delhi is run on site by the three NGOs Navjyoti, Sahara and Sharan. It offers drug users in the Indian capital a broad range of support measures. The partner organizations assist addicts with vocational advice; for example, they maintain a job database for former drug users. They also offer courses in homeopathic medicine and yoga, and sensitivity training for the police. These activities are carried out by former drug addicts, who are there in word and deed for those who seek help.

At the same time, the oral substitute drug buprenorphine, a powerful opiate, is on offer to be administered as a sublingual tablet.



Prospects for employment are particularly important to former drug users.

Since this drug only binds with one opiate receptor, it is less likely to result in addiction than morphine. In France, too, buprenorphine is the substitute drug of choice. (In Germany, it is almost exclusively methadone.)

A special target group for this project are extremely marginalized drug users: the eunuchs and transsexual hijras who make up the “third sex“ as they are known in southern Asia. These are mostly persons with a male body and a female psyche, who live as women: they constitute a sharply discriminated subculture within the society.

Project measures:

- Establishment of a round table to enhance cooperation among participating governmental and non-governmental organizations
- Support for treatment and training in the field of prevention and harm reduction
- Support for public relations and information work and documentation in order to win greater understanding and acceptance among the general population. ■

Project: Multi-Agency Cooperation to Enhance Services to Drug Users in Delhi, India

Target group:

Drug users and high-risk groups in New Delhi

Aims:

To expand and improve the accessibility of services for drug users in New Delhi

To develop integrated and community-development-oriented methods of reducing and preventing drug use

Counterpart/NGOs:

Navjyoti, Sahara, Sharan

Duration:

2003 to 2005

Progress so far and future prospects



GTZ employees with their partners from Afghanistan, India, Iran and Pakistan at a network meeting in April 2003 in Chiang Mai, Thailand.

The Drugs and Development Programme, which terminated in September 2003, was an important steering instrument for the German Federal Ministry for Economic Cooperation and Development (BMZ) in development cooperation for drug control. The aim up to that point had been to increase the capacity of partner countries to implement their own measures for development-oriented drug control. This was achieved to the extent that today most partner-country organizations show improved ability to carry out such measures.

At least the first signs of success – in terms of a measurable reduction in drug supply and demand – are discernable in such countries as Thailand, Laos and Peru, but success remains limited due to the extremely difficult political and economic framework conditions of the global illegal drug economy. Nevertheless, in view of the proven ineffectuality of repressive measures – one example is the failure of the American “war on drugs” – there is no real alternative to the development-oriented drug control strategy.

Recognition and success

Over the past six years, the BMZ and GTZ have made a name for themselves internationally in the field of drugs and

development. One source of their good reputation was the German stance at the UN General Assembly Special Session (UNGASS) on drug problems in 1998. Another was the holding of international conferences and workshops – for example, on alternative development in Feldafing, Germany, in January 2002: as a result of these convocations, the German approach became more widely known and accepted.

Finally, since 1997-98, within the project context a number of publications have been released on drugs and development. These led to various studies and discussion papers, most of them in English and Spanish as well as German, that were very well received internationally. The content of the new concept and the extension of work to the fields of addiction prevention and drug treatment have underscored the German competence in this field.

During the planning and implementation of GTZ projects in the fields of alternative development and drug abuse prevention, the Drugs and Development Programme either assumed responsibility for overall coordination of expertise in the field or was a definitive player. In the process, the principles behind drugs and development policy and the experience of German development cooperation came particularly to the fore.

These have today become firm components within the positions of most partner organizations. Examples of the positive reaction to German support and its impacts are to be seen in Peru, Bolivia, Colombia, El Salvador, Paraguay, Argentina, Thailand and Laos and also, very recently, at least the beginnings in Afghanistan, Iran and India.

Long-term strategies

With the UN Millennium Declaration of 2000, the member states resolved to redouble efforts to overcome the worldwide drug problem. The German government has accepted this Declaration as the framework for its own development policy, and Germany uses development-oriented drug control measures to help fulfil its

obligation. Drug control in the framework of German development cooperation imposes the double stricture of reducing drug problems and promoting development processes at the same time.

Experience with development cooperation in Asia and Latin America show that this is in any case the approach that is most successful. It must be kept in mind, however, that the development-oriented drug control process requires time. The best progress has been made when consistent strategies were pursued over longer periods of time.

One example of a long-term project that has enjoyed great success through German participation is the Thai-German Highland Development Programme. During the 17 years of this project for rural regional development and alternative development in the “Golden Triangle“ of northern Thailand, opium poppy cultivation has decreased by more than 80 percent in the project region itself and by more than 70 percent in Thailand generally.

At the same time, the population’s economic and social circumstances have markedly improved. The project is very well documented and has produced a whole series of innovative concepts and “best practices“.

Limiting factors

Despite effective concepts, strategies and instruments, development-oriented drug control must confine itself to realistic goals: German development cooperation never pretends to be in a position to solve drug problems globally: there are too many counterproductive factors to be confronted.

- As long as people continue using cocaine and heroin, it will pay to plant coca and opium poppy, and it will pay very well to traffic in drugs.
- Drug trafficking easily puts down roots wherever corruption and a contempt for the law and human rights play a normal part in a society’s daily life and institutions.

- Drug trafficking constitutes an uncontrolled source of financing for illegal activities such as the weapons trade, the financing of war and conflict, the support of illegal groups, and money laundering.
- Repressive measures against drug users and producers lower neither consumption nor the cultivation of drug crops in the long term. But they do feed the downward spiral of violence, poverty and migration and increase prices on the black market, which then make cultivation and trafficking more attractive – even to the point of glutting the market.
- In the face of such complex problems, success is not to be achieved rapidly. Pressure on development-oriented drug control projects to come up with immediate and quantifiable results are counterproductive both socially and economically.

Development-oriented drug control views drug problems as the development problems of particular target groups and approaches them accordingly. The main criterion of success is whether or not the completed project has helped reduce the problem for specific target groups. ■

Cocoa, not coca: An important aspect of development-oriented drug control is the creation of alternative sources of income.



Important publications for understanding development-oriented drug control

United Nations General Assembly (UNGASS), 2000

Resolution 55/2: United Nations Millennium Declaration

Marion Caspers- Merk / Erich Stather, 2002

Die Drogenpolitik der deutschen Bundesregierung – nationale Herausforderung und internationale Zusammenarbeit (from *Entwicklung und ländlicher Raum*, 03/2002)

H.-Jochen de Haas, BMZ, 2002

Drogen und Terrorismus: globale Herausforderungen mit zusätzlichem Gewicht (from *Entwicklung und ländlicher Raum* 03/2002)

Christoph Berg, 2002

Alternative Development in Drug Control. The ‚alternative development‘ concept in German development cooperation – potential, successes, limits (from *Entwicklung und ländlicher Raum* 03/2002)

Hagen Dirksen, 2002

The Thai-German Highland Development Programme - A Success Story? (from *Entwicklung und ländlicher Raum* 03/2002)

Christina Hoyos, 2002

Verlagerung des illegalen Drogenanbaus in der Anden Region (from *Entwicklung und ländlicher Raum* 03/2002)

BMZ / GTZ 1998

Drugs and Development – policies, strategies and experience in drug control within the framework of development cooperation

GTZ / Drugs and Development Programme 1998

Drugs and Development in Asia – A background and discussion paper

GTZ / Drugs and Development Programme 1999

Drogenprävention und -rehabilitation – Entwicklung und Zusammenarbeit, Dokumentation zum internationalen Workshop. Berlin, 16-21 March 1998

GTZ / Drugs and Development Programme 2000

Gender and Alternative Development – Experiences gained with participatory project work in the coca-cultivating areas of Peru

GTZ / Drugs and Development Programme 2001

Drugs and Development in Latin America – strategies, experience and projects from the work of GTZ

German Foundation for International Development (DSE), Fachzentrum für Ernährung, Ländliche Entwicklung und Umwelt / GTZ 2002

The Role of Alternative Development in Drug Control and Development Cooperation – International Conference 07-12 January 2002 Feldafing

GTZ / Drugs and Development Programme / CEDRO 2003

Jugendförderung und Prävention von Drogenmissbrauch – Beispiel aus einem Drogenpräventions- und Kommunalentwicklungsprojekt der technischen Zusammenarbeit in Lima / Peru

GTZ / Drugs and Development Programme / Poverty Reduction Project 2003

Drugs and Poverty – The Contribution of Development-oriented Drug Control to Poverty Reduction, Discussion Paper

GTZ / Drugs and Development Programme 2003

Drugs and Conflict – Discussion Paper by the GTZ Drugs and Development Programme

GTZ / Development-oriented Drug Control Programme 2003

By the Way ... where is my Target group? The Art of Trouble Shooting in Peer-to-peer Drug Abuse Prevention

Abbreviations

BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (German Federal Ministry for Economic Cooperation and Development)
CND	UN Commission on Narcotic Drugs
CEDRO	Centro de Información y Educación para la Prevención del Abuso de Drogas (Information and education centre for the prevention of drug use)
DEVIDA	Comisión Nacional para el Desarrollo y Vida sin Drogas (Peruvian National Commission For Development And A Life Without Drugs), evolved from CONTRADROGAS
DFID	Department for International Development (UK development ministry)
DGVN	United Nations Association of Germany
DSE	German Foundation for International Development. (Merged with Carl Duisberg Society to form InWEnt [Internationale Weiterbildung und Entwicklung gGmbH], Capacity Building International, Germany)
DWHH	German Agro Action (Deutsche Welthungerhilfe)
EOD / DDC	Entwicklungsorientierte Drogenkontrolle / Development-oriented Drug Control
FAO	UN Food and Agriculture Organization
GDS	German Development Service (Deutsche Entwicklungsdienst - DED)
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit GmbH (German technical cooperation)
IICA	Inter-American Institute for Cooperation on Agriculture
ILO	International Labour Organization
INCB	International Narcotics Control Board
KfW	Kreditanstalt für Wiederaufbau, KfW banking group
LG-PDC	Lao-German Programme for the Promotion of Drug Control
NGO	Non-Governmental Organization
TG-HDP	Thai-German Highland Development Programme
UN	United Nations
UNAIDS	UN Programme on HIV / AIDS
UNODC	UN Office for Drugs and Crime, which evolved from the UNODCCP in 2002 (UN Office for Drug Control and Crime Prevention), and includes also UNDCP (UN International Drug Control Programme)
UNGASS	UN General Assembly Special Session, 20th session on world drug problems, June 1998
USAID	United States Agency for International Development
WHO	World Health Organization

Selected Drugs and Development Projects



Supraregional

Title: Drugs and Development Programme
(until 1997 the Aktionsprogramm Rauschgiftbekämpfung)
Duration: 1990-2003
Implementation: GTZ

Title: Advisory Services for Alternative Development
(Asia and Latin America)
Duration: 1995-1998
Implementation: UNDCP

Title: International Workshop on Drug Prevention and Rehabilitation
Duration: 1998
Implementation: GTZ/Drugs and Development Programme

Title: International Conference on Alternative Development, Feldafing, Germany
Duration: 2002
Implementation: BMZ/GTZ/UNODC/DSE

Regional: Asia

Title: Development of Strategies on Drugs and Development in Asia
Duration: 1996-1998
Implementation: GTZ/Drugs and Development Programme

Regional: Latin America

Title: Organic Coffee Project (Bolivia, Colombia, Peru)
Duration: 1993-2001
Implementation: GTZ

Title: Research on Alternative Development in Drug Crop Cultivation in Bolivia, Colombia, Peru
Duration: 1996-2001
Implementation: GTZ/IICA

Title: Pilot Project to Develop Procedures for Alternative Development in Security Sensitive Regions (AIDIA)
Duration: 1996-1999
Implementation: GTZ/CONTRADROGAS

Country projects

Afghanistan

Poppy Crop Reduction – Alternative Development

Duration: 1998-2001 – Implementation: UNDCP

Integrated Local Drug Prevention and Treatment in Kabul

Duration: 2003-2004 – Implementation: GTZ, German Federal Foreign Office

Development of Alternative Livelihoods in Badakhshan

Duration: 2003-2004 – Implementation: UNODC

Bolivia

Development Plan for the Tropical Region of Cochabamba

Duration: 1993-2001 – Implementation: GTZ

India

Multi-Agency Cooperation to Enhance Services to Drug Users in Delhi, India

Duration: 2003-2005 – Implementation: GTZ selffinanced

Iran

Measures to Reduce the Demand for Illegal Drugs in Iran

Duration: 2003-2004 – Implementation: GTZ, NGOs; financed by the German Federal Foreign Office

Laos

Lao-German Drug Control Programme (LG-PDC)

Duration: 1999-2003; integrated in 2004 into the programme

Rural Development in the Mountainous Region of Northern Laos – Implementation: GTZ

Peru

Promotion of Youth and Prevention of Drug Abuse in Lima

Duration: 1998-2002 – Implementation: GTZ, CEDRO

Integrated Plan for Alternative Development in Tocache-Uchiza

Duration: started 2002 – Implementation: GTZ, DEVIDA

Municipal Development and Alternative Development Project

Alto Huallaga in the Framework of Debt Relief

Duration: started 2002 – Implementation: GTZ, DEVIDA; financed by KfW

Thailand

Regional Information and Action Networking on

Community Based Drug Abuse Control (RIAN)

Duration: 1999-2002 – Implementation: GTZ / Drugs and Development Programme

Vietnam

Training Workshops on Preventing Addiction at Universities

Duration: 2000 – Implementation: GTZ / Drugs and Development Programme



Note:

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Always up to date: www.gtz.de/drogen

Extensive information on the subject of drugs and development is available on the Development-oriented Drug Control homepage on the Internet. At www.gtz.de/drogen you will find an introduction to the intricate interconnections between drug problems and development problems and a full presentation of the Development-oriented Drug Control Programme, which evolved from the Drugs and Development Programme in the autumn of 2003.

Examples of various projects offer you an insight into the global activities of the GTZ. On an interactive world map, you can click your way to individual countries, where you will find up-to-date data and descriptions of the measures GTZ promotes.

Data on the projects listed are constantly updated, so that you may follow the development of measures as they are implemented. Further projects will be added as they are introduced. You also have access at this

website to a large archive on measures carried out under the Drugs and Development Programme.

At the menu "further information", you can subscribe to the EOD Information Service with current news about drugs in developing countries. You also have the opportunity to direct archive-related inquiries on specific subjects to the DDC team. Furthermore, you will find an extensive list of publications with their printed versions and numerous GTZ presentations in PDF format for you to download. ■





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