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1. SAUDI ARABIA

1.1 General

Saudi Arabian society is facing a serious threat which pertains to drug use and trafficking. The problem affects mostly the younger generation and relates partly to social issues such as the high rate of unemployment.

The competent Saudi authorities have recently acknowledged the severity of the problem while demonstrating determination to take serious action for remedying it.

In this respect, they have developed a three-pronged strategy which revolves around launching awareness campaigns (prevention), enhancing international cooperation and border controls (suppression) and treating drug addicts (rehabilitation).

1.2 Drugs production, demand and seizures

While the Kingdom of Saudi Arabia is not a significant transit country for drugs, nor there seems to be notable drug production in the country, it has become an important market for illicit drugs, especially amphetamines.

According to data released by the General Directorate for Narcotic Control, in the last three years 181 million Captagon tablets, 222 kilos of heroin, 61 tons of hashish and 2.206 tons of qat have been seized. The total value of the drugs seized exceeded SR 18 billions.

The above quantities represent, according to estimates, around 10% of the total amount of drugs smuggled into the country.

In addition, during the same period, 119.000 people of different nationalities have been arrested for drug offences. In this context, it is estimated that around 60% of the crimes in Saudi Arabia were drug-related.

In the last few months (mid August 2012-mid March 2013), the security authorities arrested 1468 suspected drug smugglers and traffickers, 535 of whom are Saudis, and seized 12.8 kilograms of heroin, 30.94 tons of hashish, 6.89 million pills of amphetamine, worth SR 2.186 billions. In addition, police has seized cash worth SR 48 millions. Two officers died and forty were injured in clashes with drug dealers.

The most common drugs in Saudi Arabia are amphetamines (in the form of captagon tablets), qat, heroin and hash.

Saudi Arabia is the main country of destination for captagon tablets and is accounted for approximately 30% of all global amphetamine seizures and for 80% of the total weight seized in the region. Captagon is the brand name of fenethylamine, a synthetic stimulant used as a milder alternative to amphetamines before being banned in 1986. Counterfeit versions of the drug actually contain mostly other amphetamine derivatives that are easier to produce. Captagon is very common among students, especially before exams, because it is considered to enhance performance. For the same reason it is used by people employed in strenuous jobs, such as drivers, workers etc.

These amphetamines are mostly produced in Turkey and being smuggled into Saudi Arabia through Syria and Jordan. Captagon tablets are mostly detected in vehicles or in freight consignments.

The first clandestine laboratory for illicit manufacture of Captagon tablets in Saudi Arabia was dismantled in June 2010. Tableting machines, punches, chemicals and Captagon tablets were seized during the operation.

Qat is a green leafy shrub that acts as a mild stimulant when chewed. The qat tree grows abundantly in Yemen, where qat is legal. It is commonly consumed by Yemeni expatriates in Saudi Arabia, being smuggled from Yemen. Many Saudis also visit Yemen with the purpose of consuming qat. Yet, qat is cultivated as well in the Saudi Arabian part of the Yemeni border (Jizan), where locals consider it part of their daily lives and culture. Hence, the authorities have been implementing a different approach for controlling the use of qat, based more on persuasion and information campaigns rather than prosecution.

Most of the heroin seizures involve persons travelling from Pakistan to Saudi Arabia. Heroin comes also from Afghanistan, via Iran and Iraq.

Hash comes from Afghanistan, Pakistan, UAE and mostly Yemen.

Lately there has been a hike in the use of solvents (glue, gasoline) among school students. They inhale vapour or aerosol propellant gases using plastic bags or breathe from solvent-soaked rags. Many of them turn eventually to harder drugs. Around 30% of the patients in rehabilitation centres are treated for solvent abuse.

1.3 Drug trafficking routes

In general, most drug smuggling operations take place through the land borders. Saudi Arabia has an immense borderline which presents challenges from a drug trafficking fighting perspective. Drugs are being smuggled from the borders with Jordan, Yemen, Iraq, UAE, and Oman. In particular, 90% of narcotic pills come from the northern borders while hashish and heroin are smuggled through southern and eastern borders.

The borderline with Yemen extends to over 1.500km of mountainous terrain and is used for all kinds of smuggling and illegal immigration, exacerbated by the volatile situation on the ground on the Yemeni side.

Hard to monitor are also the borders with Iraq, where the unstable political situation is encouraging smuggling and infiltrations. From the Iraqi border usually smaller quantities of drugs are smuggled, that are harder to detect. It remains to be seen whether recent developments in bilateral relations, such as the appointment of a non-resident Saudi ambassador to Iraq will translate into an improvement of security ties between Saudi Arabia and Iraq.

In this respect, it should also be noted that Saudi Arabia has signed a deal with the European aerospace and defence contractors EADS to build a high-tech security fence on the country's northern border. The so-called MIKSA project was first envisaged in the 1990s in the wake of the first Gulf War to secure Saudi Arabia's border with Iraq with physical fencing and high-tech monitoring. The new security system will include radars, thermal cameras, security walls as well as electronic systems with a view to preventing criminal activities and infiltration of drug smugglers and Al-Qaeda militants into Saudi territory. Preparations are currently in the final stage and the 890 km-long northern borders security project is about to be launched. It is considered the first phase of strategic schemes the Ministry of Interior will implement along the Kingdom's borders to curb illegal infiltrations and smuggling. Centers for rapid deployment will also be established as part of the project to protect the northern borders.

The Jordanian border is used mainly for the trafficking of captagon pills. Last, it seems that the drugs exported from the Kingdom are directed mainly to Bahrain and UAE.

In contrast, there are fewer cases of smuggling through Saudi Arabia's marine borders, which originate usually from Iran.

1.4 Agencies for combating drug trafficking

The principal Saudi authorities dealing with the issue are the General Directorate for Narcotic Control in the Ministry of Interior, the Customs as well as the National Committee for Combating Drugs.

The General Directorate for Narcotic Control has 105 branches in all the 13 provinces of the country. It also has an international network of liaison officers abroad, including in Pakistan, Turkey (both in Ankara and Istanbul), UAE, Jordan, Syria, Egypt, Lebanon, Oman, Yemen, Kuwait, Bahrein, Qatar, Romania, Iran, Indonesia and Sudan.

In April 2009, the Cabinet decided to create a National Committee for Combating Drugs, as a new body to coordinate the actions all related agencies. Its competences include raising awareness of the drug – related perils and supporting the rehabilitation of addicts. The Committee is headed by the Crown Prince Naif bin Abdul Aziz, Minister of Interior and Deputy Prime Minister and its Secretary-General is Fayez bin Abdullah Al Shahri, who was also a candidate for the International Narcotic Control Board.

The Consultative Shoura Council (Majlis Ash Shoura) has also dealt with the problem, discussing on a national strategy to combat drugs and narcotics. The strategy is comprised of six objectives, including identifying the types of drugs used and developing precautionary measures, treatment and rehabilitation programs.

1.5 International cooperation

Saudi Arabia has acceded to the main UN Anti-drugs Conventions of 1961, 1971 (as amended by the 1972 Protocol) and 1988, as well as to the Convention Against International Organized Crime. The Saudi Government has signed bilateral agreements on drugs with Yemen, Pakistan, Libya, Turkey, the Czech Republic, Iran, and more recently Malta. Cooperation on fighting drug trafficking is also included in security agreements as those signed with Germany, France, Italy, Poland, while negotiations with other countries are still ongoing. Saudi Arabia also participates in international conferences and seminars aimed at tackling the problem of drug use and trafficking.

The General Directorate of Narcotics Control, in partnership with the United Nations and Naif Arab University, organised the second regional seminar for combating drugs, and exchange of information, in Riyadh, from 30.04 to 02.05.2013. Experts and specialists from 26 countries and 5 international organizations participated in the event whose aim was to mobilize international efforts in the field of fight against drug trafficking.

1.6 Awareness campaigns

The General Directorate for Narcotic Control has launched awareness campaigns, in cooperation with other Ministries like the Ministry of Education, focusing on young people.

Saudi Arabia recently launched an anti-drug awareness campaign targeting especially 5 million school and university students. This national strategic plan will be carried out in cooperation with 25 government and private agencies and includes the launching of a website as well as a special television program, the organization of 13 exhibitions in different regions of the country, the production of video programs with the participation of leading football stars and the distribution of 2 million copies of a booklet on the harmful effects of using amphetamine narcotic tablets, heroin and hashish.

On a parallel track, the women's department at the General Presidency for Combating Narcotics has launched a campaign focused on building awareness of the problem and providing education about resources and drug addiction treatment to women who are living with an active addiction. The presidency approved a plan for the awareness programs by providing social service specialists, school advisers and teachers with vital information on the impact of narcotics on the social, health and economic sides of life. In cooperation with the Ministry of Education, the organization has presented workshops and lectures based upon numerous studies conducted about the issue of women and drug addiction in the Kingdom.

In the same vein, Prince Mohamad bin Fahd bin Abdulaziz Program for Societal Prevention in the Eastern Province aims at the spreading of moral values against narcotics and gives emphasis to cultural and sports activities. On March 2012, Prince Mohamad bin Fahd signed on behalf of the "Princess Al-Anoud bint Abdul Aziz Al-Jalawi Charity Organization" a cooperation agreement with the General Directorate for Narcotic Control with a view to organizing drug awareness lectures, training courses and workshops.

Lastly, Jeddah Governor Prince Mishaal bin Majed launched on February 2012, a yearlong anti-drug awareness program consisting of seminars, exhibitions at schools and other activities aimed at educating the younger generation about the evils of drug abuse.

1.7 Legal framework

Narcotics Control law differentiates between narcotics smugglers, dealers and user. For the first time offender, punishment is imprisonment, lashing or financial fine or all. For the repeat offenders, punishment is increased and the involved person may be sentenced to death. Narcotics user is jailed for two years and punished according to the judge's decision. If the offender is a foreigner, he is deported from the Kingdom. A narcotics user who enrolls in a treatment Program is not questioned, but admitted into a specialised hospital.

Drug trafficking is illegal and is punishable by death. In this respect, it should be noted that the recent increase in death executions, was attributed by the Saudi Authorities to cases related to drug trafficking.

The Saudi Arabian Government has also endorsed anti money-laundering regulations, which stipulate stiff penalties against offenders. Saudi leadership has repeatedly highlighted linkages between drug trafficking and terrorism financing. However, these links have not been brought into surface thus far.

1.8 Rehabilitation

There are three specialized hospitals (in Riyadh, Jeddah and Dammam) and a special centre for drug users in Qassim.

The rehabilitation process does not include substitutes, as methadone. Drug addicts are treated in hospitals and when they pass the first phase, they are provided with psychological treatment. In the past there were cases of drug dealers infiltrating the hospitals, so there are efforts to isolate the patients from their reach.

Rehabilitation is exclusively reserved for Saudi nationals, while expatriate substance abusers are usually jailed and summarily deported.

According to a survey at Al-Amal psychiatric complex (where approximately 72.000 drug addicts have received treatment), about 70% of the persons that have actually recovered, relapse into drug addiction. The high percentage is attributed primarily to unemployment and the negative influence of other addicts. According to a statement by Ali Abdullah Al-Jurais, Chairman of the National Association for Drug Prevention, a “Halfway House” will be established to house drug addicts after their treatment at Al- Amal hospitals. The apparent objective will be to prevent an eventual relapse into drug use and to foster the full recovery of drug addicts.

Over 65% of the drug addicts who receive detoxification treatment at Al-Amal Hospitals are Captagon addicts, while another 20% are hashish addicts.

1.9 Conclusions

The initiatives taken recently by the Saudi Government demonstrate a new determination to deal with the problem openly. However, the judicial system remains outdated while the rehabilitation system appears not to be very effective as well. The immunization of the country’s vast borders from drug smugglers remains a great challenge. In this respect, the eventual completion of the security belt in the northern border is expected to enhance the effectiveness of border controls. Awareness campaigns are deemed to be crucial as far as prevention is concerned. To address the problem properly however, there is a need to put into perspective drug addiction’s underlying social causes such as the high rate of unemployment, particularly among young people, and youth’s disenchantment in general.

2. YEMEN

2.1 General

In Yemen, Qat, which is a green leafy shrub that acts as a mild stimulant when chewed, is by far the drug mostly cultivated. The cultivation and consumption of Qat is legal (even though there is a ban on Qat chewing in government offices that has still to be enforced).

Yemen is part of the drugs route from Iran/Afghanistan/Pakistan to Western Europe or other countries of the region. The country’s large open coasts are difficult to control.

Drug trafficking is facilitated by the fact that the government does not exert effective control over the largest part of the country. The prolonged political instability and the deteriorating security situation in the country are deemed to have resulted in the worsening of the situation due to less vigilance and awareness of illegal activities.

Yemen has become also an important source of cannabis resin, as the seizures made in some countries, particularly in Saudi Arabia, indicate.

2.2 Drug Consumption

According to World Bank's reports, 72% of all males and 35% of all females in Yemen habitually chew Qat, while children are being introduced to the habit in the age of 6 or 7.

Qat accounts for 10% of GDP and provides employment to 14% of the working population, while 33% of the agricultural labour force is involved in Qat production.

The widespread use of Qat is associated with serious social, economic, environmental and health problems.

In one of the poorest countries in the world, this habit consumes 25% to 30% of household income and reduces dramatically the productive work time. In addition, Qat production increases by 10% annually, replacing food and exportable crops, while its cultivation results in groundwater depletion, consuming 30% of the nation's groundwater extraction and causing soil degradation.

The high use of pesticides on the crop contaminates drinking water and constitutes a primary cause of the spread of cancer in the country. In this respect, WHO has reported that 20.000 individuals per year have been affected by cancer including dangerous diseases such as kidney failure and cirrhosis of the liver and are suspected to have come from the increased use of insecticides on qat crops with a view to enhancing yield.

On January 12th 2012, a group of activists in Yemen launched through social media a campaign against the use of Qat, in a bid to highlight the danger of the plant and its negative effects on its consumers.

2.3 Legal framework and mechanisms for combating drug trafficking

Yemen has signed the main UN Anti-Drugs Conventions of 1961, 1971 (as amended by the 1972 Protocol) and 1988, and the authorities are fully cooperative on counter-terrorism and money laundering requests. Yemen has increased international cooperation notably with the countries of the horn of Africa, the United States, France, UK, Italy, Saudi Arabia and the UN. In May 2007 United Nations Office on Drugs and Crime (UNODC) organized together with the World Bank and the International Monetary Fund, a workshop in Yemen, on drafting legislation. Taking into account workshop analysis and feedback, Yemeni government submitted to the Parliament for discussion and adoption a finalized draft law addressing the financing of terrorism (November 2007). The United Nations awarded Yemen with the Organizations' 2008 shield in appreciation of its role in combating drug trafficking.

The Ministries of Interior and Public Health are responsible for enforcement. The Anti-Narcotics General Directorate (ANGD) was formed in 2002. The Anti-Narcotics General Directorate possess limited capacities and there is a need for more human and financial resources. It has been admitted that drug smuggling is on the rise partly because there are very few patrols along the border and some locals show willingness to help the traffickers.

Anti-Money Laundering (AML) legislation (law 35) dates back to 2003 and pertains to a wide range of crimes, including narcotic offences. Under a 1993 Yemeni law, punishment for trafficking or selling drugs ranges from long-term imprisonment to death.

2.4 Recommendations

Given the security situation of the country in general, it is not easy to articulate recommendations for the drug problem, which obviously is not given a high priority by the government.

There is an urgent need to address the Qat consumption problem, due to its negative effects on productivity, the environment, health of individuals and the society in general. However, the fact that this habit is by now deeply embedded in society as well as the important economic interests that various groups (farmers, traders etc), maintain in this respect, will further complicate any efforts to reduce consumption and should be taken into account when formulating relevant policies. Drug trafficking can be dealt with effectively only in the eventuality of an improvement in the security situation in the country, which for the time being remains elusive.

It is also recommended that the Yemeni authorities establish a rehabilitation centre, and increase public awareness on the dangers of psychotropic medicine, through public campaigns as well as amend the law on drugs so as to differentiate between different types of narcotics.

3. OMAN

3.1 General

No significant illicit drug production has been reported in Oman. Drugs are imported into the country illegally by sea, mainly from Iran and Pakistan. Local drug consumption is relatively low, according to the authorities, and illegally imported drugs are mostly transshipped and smuggled from Oman into other countries. Strict laws, including the death penalty, exist for drug trafficking.

3.2 Consumption

In February 2008 Omani authorities announced that drugs smuggling into Oman was 90% less than in the year 2000. However, according to independent sources, there has not been an effective halt to the importation of drugs into Oman. Prices of heroin and hash are very low and stable, attesting to a high demand. Morphine is becoming increasingly popular because it's purer and carries less of a stigma.

In 2010, Oman authorities, admitted that drug addiction has become a serious problem in the country. Official statistics indicate that 19 people, Omanis as well as expatriates, died due to abuse of drugs and psychotropic substances in 2009.

Effective control of drug trafficking is hampered by Oman's huge coastline and proximity to Pakistan and Afghanistan, combined with the historical and ongoing smuggling trade across the straight of Hormuz between Oman and Iran.

3.3 Legal context and mechanisms for combating drug trafficking

The Sultanate of Oman has acceded to all three main UN Anti-Drugs Conventions of 1961, 1971 and 1988. The current legislation on drugs is very strict and complies with the commitments undertaken by Oman during the 1998 UNGASS. A law introducing the death penalty for persons found guilty of drug trafficking was enacted in 1999 and another against money laundering in March 2002.

The sultanate's law does not punish abusers who voluntarily turned in for treatment and rehabilitation. The law also allows the close relatives of an addict such as the spouse or next of kin, to voluntarily seek assistance for treatment and rehabilitation.

There is an Inter-Ministerial Committee to oversee drug framework matters in the country.

The Royal Oman Police (ROP) launched in January 2013 the General Administration for Combating Narcotic Drugs and Psychotropic Substances. The General Administration is authorised to deal with the implementation of ROP tasks and relevant international conventions and take legal action in drug and psychotropic substances offences, in cooperation with the competent authorities.

Oman is an active participant in the regional and sub-regional co-operation meetings led by the Council of Arab Interior Ministers and the Arab Office for Narcotic Affairs, as well as the GCC. There is close coordination between the Omani police with their UAE counterparts which has been successful in a number of occasions in breaking up international drug rings.

3.4 Seizures and anti-drug campaign

Omani police has recently intensified efforts to stem the narcotics problem. The number of reported cases during the year was 1,048, compared to 929 in 2008, an increase of 119. The count of drugs-related crimes rose by 78 to 688, with the Muscat governorate accounting for 445 and the Batinah region 87.

The National Committee on Narcotic Drugs and Psychotropic Substances implements awareness campaigns aiming for three groups of people: non-users, influential people, like teachers, media, athletes and family, and users encouraged to rehabilitation.

According to Dr Ahmad Bin Mohammad Al Saeedi, Minister of Health, who addressed Majlis Ashura in January 2013, Oman has decided to set up drug rehabilitation centres in in every one of the country's 11 governorates due to the increasing numbers of addicts. The Minister said that by the end of 2011, 3,651 drug addicts had been treated at Ibn Sina Hospital, currently the only hospital in the country which has a rehabilitation centre for drug addicts, while admitting that the success rate for treating drug addicts was only 20 per cent.

The rising drug menace has been reported to also spread communicable diseases like hepatitis B and C as well as HIV in the country. However, health authorities are reluctant to dispense syringes recommended in the WHO treatment guidelines for fear of encouraging addicts.

Oman's new Al Masarra Psychiatric Hospital in the Amerat district is expected to be opened sometime this year. The 245-bed hospital which cost 44.55 million riyals (Dh425 million) will replace the Ibn Sina Hospital, which has 50 beds for drug addicts.

3.5 Conclusions

It's encouraging that the country has adopted a more dynamic approach to the problem recently, acknowledging the gravity of it. Yet, the increased numbers of users and drug-related crimes demonstrate that there is a need for further intensification of efforts, regarding the effectiveness of the controls, the awareness campaigns among the youth and the establishment of more rehabilitation centres.

4. PALESTINE NATIONAL AUTHORITY (PNA)¹

The occupied Palestinian Territories (hereinafter oPT) consist of the West Bank (5.970 sq km) located west of the Jordan River and the Gaza Strip 365 sq km on the Mediterranean coast. The overall population of the oPT is 4.048 million according to the latest surveys of the Palestinian Central Bureau of Statistics, with the Gaza Strip being one of the most densely populated areas worldwide (1.53 million). The real growth has been 2.9% at the oPT (West Bank 2.7% and Gaza 3.3%).

¹ The situation with regard to drug abuse is difficult to assess due to the lack of reliable data and statistics. Since the competent Palestinian Authorities (Ministry of Internal Affairs, Palestinian Statistics Bureau, and Anti-Narcotics General Administration) were not able to provide any written data, all the statistics presented in this report rely on their oral contributions.

4.1 General drug situation

While examining the drug situation in the oPT, we should take into consideration that no Palestinian State has been established yet and that the **PNA is vested with restricted competences** in accordance with the Oslo Accords (September 13th, 1993). Subsequently, it should be reminded that the PNA officially exercises: I) civilian and security control over the A Areas (mostly urban centers), ii) only civilian control over B Areas where Israel exercises security control (rural regions), iii) no control in C Areas. Area C composes the largest portion of the West Bank (62%).

4.1.1 Production

According to Palestinian officials, the oPT constitute **mainly a consumer/user and not a producer area**. The amount of drug-production remains relatively low and is covered almost exclusively by marijuana/hashish cultivation. Palestinian authorities assert that most of the drugs abused and trafficked within the oPT are produced either in Israel or in **Areas C**, especially in regions adjacent to settlements. However, it is concerning that there is an increase in drug cultivation in the valley west of Jordan River (mostly in greenhouses), while in other areas, such as in Nablus, a certain level of “know-how” in drug production has been attained.

4.1.2 Trafficking

Police officials claim that **95% of drugs trafficked in the oPT are being smuggled through the Israeli borders**, while drug-smuggling through the Jordanian borderline seems nearly impossible given the strict security measures and the effective Israeli-Jordanian coordination.

The main smuggling route starts from Beersheba in Israel, passes through the Israeli border and heads to **Hebron** where there **is the major trafficking network**. Given the city’s division into two sectors (H1 and H2, with the latter being under Israeli security control), Hebron constitutes a place where drug-trafficking is easier than usual. The Palestinian police need special authorization in order to operate even in the H1 sector and the coordination with the Israeli Authorities often proves to be at least time-consuming. As a result, quite a few drug dealers profit from the city’s particularity.

Cities in central West Bank (for instance Ramallah and Jericho) as well as the northern districts face the trafficking problem to a lesser extent.

Allegedly, the **most serious trafficking problem exists in C Areas** and mainly all along the Green Line. Areas C, not being among Israeli security priorities and left completely out of Palestinian policing and control, tend to constitute an ideal place for drug trafficking. This is the main reason why all along the Green Line and especially eastern of the Israeli Barrier a great amount of trafficking is being committed.

4.1.3 Demand/consumption

The narcotic substances abused in the oPT are in terms of quantity the following: 1) hashish, 2) marijuana seeds, 3) cocaine, 4) variety of drug pills (including ecstasy). Also, for the first time, Palestinian officials have data for the **misuse of the medicine Adunal (methadone)**.

East Jerusalem faces the gravest problem as far as drugs trafficking and addicts are concerned. According to Palestinian official sources, the lack of PNA's civilian and security controls and the fact that East Jerusalem is not a priority for the Israeli police, pave the way for trafficking. It is estimated that there are 15-20.000 users in oPT including Jerusalem and about 4-5.000 addicts among them only in Jerusalem.

In East Jerusalem, drug abuse is also detected **in touristic spots**, such as in Old City's public parks. In addition, according to unofficial reports, even spots located near police stations or military checkpoints (such as in Shu'fat camp) face serious drug problems.

4.2 Anti-drug strategy

4.2.1 Legal framework

The relevant laws applicable in the oPT are the 1960 Jordanian Penal Code and the Israeli Defense Forces Military Order No. 588 of 1975 concerning illegal drugs. It is obviously an **obsolete legal framework** which lacks flexibility and seems insufficient to face the challenges of today's anti-drug fight.

Among the deficits of the present legal framework, the following could be regarded as the major ones:

- i) the extreme facility by which dealers are able to avoid imprisonment by paying a warranty,
- ii) the lack of special provision for punishing recidivists, iii) the treating of the addict as a criminal and not as a patient.

Only recently, there has been an initiative to modernize the Palestinian legal framework through a new drugs law. Nonetheless, the 2003 Draft Law on Drugs and Psychotropic Substances has not been passed through the Palestinian Legislative Council yet. Moreover, since Hamas took over Gaza in June 2007, the Palestinian Legislative Council has not the adequate quorum in order to convene rendering the procedure a lot more complicated. The new law is said to be drafted in accordance with Jordanian and Egyptian modern legal framework and the relevant UN Conventions.

Though officials have expressed their optimism about the **new Palestinian Drugs Law**, no progress has been recorded since 2008 mostly due to bureaucratic obstacles. In February 2009, the Draft Law on Drugs and Psychotropic Substances was approved by the Palestinian cabinet and was forwarded to the President's Office in order to be issued the soonest possible as a Presidential Decree. Regrettably no Presidential Decree **has been issued by May 2013**.

4.2.2 Law enforcement/Police action

The Palestinian Police in the West Bank is administratively divided into eleven districts, where a total of approximately 210 men (officers, non-commissioned officers and individuals) deal with the anti-drug struggle. Those drug units are headed by the Anti-Narcotics General Administration (ANGA) in Ramallah.

The above described force is not only **insufficient in number**, since it represents only the 1,5% of the overall, but also **lacks in specialization and focus**. The Palestinian anti-drug force has neither the possibility to undergo a special training nor the necessary equipment. More specifically, there is **no specialised laboratory** for analyzing seized substances; instead police has to send the seized quantities to a University Laboratory (mainly to Al Najah University in Nablus), which cause significant delays in delivering justice.

In December 2011, The Palestinian National Authority and UNODC have launched a project to help improve the application of scientific methods and techniques to the investigation of crime in the oPT. As part of a two-phase Project that is funded by CIDA, a temporary forensic science laboratory training facility will be set up. The implementation of phase I is still ongoing. Moreover, there are serious deficiencies in police dogs and modern drug-detecting devices. According to Police Media Office for the year of 2012, one police dog was used in drugs detection. Furthermore, there is a serious **shortage of financial capabilities**, while the **lack of necessary equipment for drugs detection is due to the fact that the Israeli authorities prohibit the entry of this equipment for security reasons**.

According to data given by the Ministry of Interior, **452 drug cases** have been transferred to the judiciary for the year of 2012. There are still no data for the year 2013.

According to figures announced by the Police Media Office for 2012, **567 persons were detained for drug offences**.

There have **not been any reported cases of death** from overdose for the same period, while in 2010 there were 3 deaths.

Most of the seizures have been conducted in East Jerusalem, indicating thus the seriousness of the problem there. It is also in **East Jerusalem that most of the cases of drug-related crimes** have been recorded. It is a fact though that there are not any official data/ surveys on Jerusalem.

It should also be noted that **Palestinian Police is largely ineffective in Areas B** where coordination with the Israelis is required. Apart from crucial time lost through the coordination process (sometimes a written authorization is needed), Palestinian policemen need a special authorization in order to bear guns or wear uniforms outside the police stations. It goes without saying that these bureaucratic implications constitute major hindrances in the fight against drugs.

Furthermore, the quality of **coordination with Israeli Authorities** remains **unsatisfactory** as a result of growing mutual distrust. Restricted movement between districts and between Areas A and B remains a major obstacle to smooth operations. Complaints were also raised by Palestinian officials about the IDF (Israeli Defense Forces) continuing to undermine the operations of the Palestinian Civil Police even in Areas A. All the above have negative impact in the anti-drug struggle, since dealers use the restricted areas as safe havens.

4.2.3 Actions against drugs/ rehabilitation

To date there are **no public institutions for treatment and rehabilitation** of drug addicts in the oPT. The only treatment available is offered from private initiatives organized by NGO's, the most important of which are the medical centers in Nabi Musa (near Jericho) and in El Lazaria (next to El Ram).

The Drugs Control Units Administration has implemented several activities in several districts including Hebron, Bethlehem, Jerusalem, Ramallah, Salfeet, Qalkilia, Tulkarem, Nablus, Jenin, Tubas and Jericho. These activities included lectures, interviews and meetings with the press, films screening, articles and researches, distributing brochures to public and workshops. In 2011 they distributed **15,680 brochures and informative posters** to the public.

In 2010, a **Jerusalem Committee** was formed, headed by the Governorate of Jerusalem, with the objective to follow up drug situation in the city. More specifically, its task was to unite efforts for combating and preventing drugs, in order to cover the gap in security control over Jerusalem. In 2010 this Committee had remarkable activity in combating drugs, but this year on the International Day Against Drugs (26/6/11), its **role was marginal due to lack of funding**. In 2012, the Jerusalem Committee is engaged in a project with Save the Children which aims at raising the youth awareness on dangers of drugs.

In general, it should be taken into account that, since the **Palestinian society** is relatively **conservative**, any talk about drugs is usually avoided as a taboo issue. This conservative attitude strikes mostly the female drug users, who conceal their problem from fear of social reactions related to the concept of family honor.

In order to draw a comprehensive picture of the drug situation in Palestine, we should make a distinct mention to the Gaza Strip, where the PNA has no control since the Hamas takeover in June 2007.

Subsequently, there is **no official data available for Gaza since June 2007**. In 2006, 854 drug cases have been registered for Gaza and the West Bank, but recent estimates underscore that Gaza faces a much bigger problem than the West Bank, due to the dire living conditions. In November 23rd 2008 there were unofficial reports about “significant” quantity of drugs seized in northern Gaza. It was the first and only time such reports have been released since the Hamas assumed control.

PNA officials’ predictions that the **reconciliation between Fatah and Hamas** would have a positive impact on the combat against drugs were proven wrong. Until November 2011 there is **no information** on the drug situation in Gaza.

The Israeli operation “Cast Lead” unleashed in December 27th, 2008 has much deteriorated the living conditions, resulting in a critical raise in depression rates among the Gaza residents. It is estimated that Gaza population is now **more inclined to resort to drug abuse**, especially when a big percentage of the injured were children or adolescents.

Hamas security officials and human rights groups say **drug smuggling through tunnels in Rafah**, which bring goods from Egypt to get around the Israeli blockade, has increased alarmingly over the first months of 2010. It is said that a third of 300 prisoners in Gaza’s city main jail are doing time for drug offences.

4.3 Conclusion/recommendations

No major progress has been made in 2012 in cracking down drug trafficking within the oPT mainly **due to technical deficiencies, bureaucratic implications and political hindrances**.

However, there is a praiseworthy growing tendency in the field of raising awareness against drugs among Palestinian youth.

Since 2009, when the awareness activities of the Palestinian Drugs Control Unit had almost been doubled, these efforts were further consolidated in 2011. In general, the Drugs Control Units Administration has **expanded its awareness activities in 2012**.

Though certain “know-how” in drug production has been attained, the oPT could not be regarded as a producer region, since **the drugs smuggled there are abused within the area without further trafficking to other countries**. Therefore, the main problem is the growing numbers of drug users. The data available remain unhelpful, because no official statistics have been registered yet. The **absence of a comprehensive picture** concerning drug issues significantly hinders the anti-drug struggle, since no trustworthy assessment of the situation can be made. Hence, the PNA should be encouraged to proceed into a comprehensive national study in this regard.

Even without official data, it is widely accepted that the oPT face **deterioration** as far as drug issues are concerned. The problem is more serious in **East Jerusalem, Hebron and Ramallah**. Given the low living standards and the growing rates of poverty and unemployment, the situation is likely to get worse, especially in Gaza, where no official information is available for the time being. Unofficial reports of deterioration in drug-related figures in Gaza are of particular concern.

Palestinian police departments continue to claim that the **lack of coordination with the Israeli authorities** prevents them from acting in time to deal with drug cases. It is true that the improvement of cooperation with Israeli authorities constitute a crucial precondition for achieving any significant progress, especially in Areas B and C. Unfortunately, after the 2000 Intifada, the quality of cooperation has been constantly deteriorating and mutual mistrust has been undermining every coordinated effort to tackle the issue ever since.

Moreover, Palestinian officials continue to deplore their lack of means and to focus on the following needs that should be urgently met so that the Palestinian Police could be effective in the anti-drug combat:

- 1) **necessity of a new legal framework,**
- 2) **technical and financial assistance** (in terms of modern drug-detecting equipment),
- 3) **public laboratory** to analyze seized substances,
- 4) **special training** focused on drug issues,
- 5) **rehabilitation centers.**

It is indeed considerably unhelpful that the new draft law on drugs and psychotropic substances has not been passed as a presidential decree yet. **Without a modern legal framework** neither police action on cracking down drug cases nor rehabilitation of drug users can be successfully put into practice. The PNA should make every effort in order to overcome the remaining bureaucratic obstacles that hindering the issue of the relevant presidential decree.

Finally, the **lack of adequate funding** for public projects on effective awareness campaigns and on establishing rehabilitation centers should be addressed. It is also most regrettable that **no public laboratory** on detecting seized substances has been established yet. Since the swift delivery of justice largely depends on laboratory analyses, the absence of a forensic laboratory inevitably weakens the deterrent effect of the Palestinian judiciary.

5. IRAQ

5.1 General Drugs Situation

5.1.1 Production / Demand

Information available to authorities does not indicate existence of large drug production or consumption problem in Iraq relative to similarly situated nations. Agricultural conditions are not conducive for illicit crop growth.

Deteriorating social conditions, despite an improvement in security, especially for youth, through lack of perspective for their lives, unemployment, particularly in the South, denial of access to western countries or countries with a more promising future lead to increased demand/consumption of drugs.

The amount of cannabis cultivated in Iraq is limited and believed to be locally consumed. Opiates, cannabis, cocaine, and synthetic drugs including pharmaceutical drugs are reportedly readily available in Iraq. The synthetic drugs comprise hallucination pills Keptagon, Amphetamine, Baltan, Brakizone. The import of synthetic drugs is operated by mixing them with packages of normal pharmaceutical products.

5.1.2 Trafficking

There are increasing reports of drugs transit through Iraq. However, as hashish and opium production (Afghanistan, Pakistan) and transit countries (Iran) are located to the east, and drug consumer markets are in place to the west and north, Iraq is geographically suited to serve as a transit corridor.

Currently available information shows that the outer regions of Iraq are a transit space for drugs, due to their central location near drug producing areas and drug consuming areas.

Smuggling of drugs into Iraq for domestic consumption is to a certain extent made difficult by high levels of security along transportation routes into Iraq's population centers.

Most drugs are reportedly smuggled to and through Iraq from Iran. Reports about the narcotics transit from Iran show that concerning Iraq two routes are followed: One along the southern shores that is the Basra region to Kuwait and another through Kermanshah at Kurdistan region of both Iran and Iraq, which are both used for smuggling drugs and firearms.

From Iraq, opiates are smuggled to Turkey (route to Syria has to a large extent diminished due to the situation in this country nevertheless there are no detailed reports as to if it has stopped given the fact that smuggling routes especially for guns are still operational). Drugs are also reportedly smuggled to Kuwait from Iraq especially via the southern border. The vast majority of hard drugs comes in through trucks at the crossing points. This is not surprising as the two border checkpoints between Kuwait and Iraq are heavily used, making through checks on every single vehicle very difficult. It is likely that contraband is also smuggled to and through Kuwait to Saudi Arabia, Bahrain, Qatar, and the UAE.

5.2 Actions against Drugs/ Anti-Drug Strategy

5.2.1 Participation in International Instruments / International Cooperation

Iraq is party to the 1988 UN Drug Convention and the 1972 UN Convention on Psychotropic Substances. In March 2008, Iraq ratified the UN Convention against Corruption.

Iraq is a member of the Middle East and North Africa Financial Action Task Force (MENAFATF) from September 2005.

5.2.2 National Strategy

The deterioration following the Coalition Forces intervention in 2003 lead to a kind of security slip and to a loss of control of international borders between Iraq and the neighbouring countries, the phenomenon of smuggling narcotics and mental affecting materials spread widely.

a) The Ministry of Interior took the initiative to proceed with a number of procedures in order to fight this phenomenon:

The establishment of a Narcotics Central Bureau at the Ministry of Interior on the 15th April 2004 entitles with:

1. Establishment of anti-narcotics offices in police directorates of all provinces.
2. Forming in November 2004 of the National Committee for Anti-Narcotics and Mentally Affecting Material as an implementation of the Arab strategy of anti-narcotics issued by the Council of Arab Ministries of Interior. The National Committee comprises the following Ministries: Interior, Health, Labor and Social Affairs, Justice, Education, Human Rights, The Baghdad Municipality, the Sunni and the Shiva Endowments, Departments are also members.
3. Opening new channels for continuity and cooperation concerning anti-narcotics means with the Arab countries through the Arab Bureau for Narcotics and the Regional Bureau for North Africa and Near East in order to participate in relevant conferences and workshops. Cooperation also exists with the UNODC office in Cairo.
4. Participation in preparing a code draft on narcotics and mental affecting material with other offices and departments, paving the way for the legislation.
5. Following-up the work of narcotic offices like seizing operations, inquiries and investigation with the convicts and the process of destroying the narcotics.
6. Formation of central commission for destroying the narcotics.
7. Participation of 25 officers in a seminar dealing with narcotics held in Amman by Arab Health Organization.
8. Participation of 25 officers in a seminar in the United Arab Emirates on international narcotic affairs.

9. Participation with the Ministry of Health in preparing for the celebration of the World Day of anti-narcotics.
10. Sharing workshops with the Ministry of Health concerning field studies for the narcotics phenomenon and other mental affecting material in order to proceed with building a data base on fighting narcotics in Iraq.

b) The Ministry of Foreign Affairs:

In cooperation with the Ministry of Health, it communicates about the needs and requirements of Iraq, with the United Nations Office on Drugs, Crime and Legal Affairs in Vienna, the UNODC Office in Cairo and with other competent international bodies.

The MFA follows the situation of Iraqi convicts of antinarcotics offences abroad and provides to the MOI and MOH with valuable information which stems from the prosecution of the convicts, especially on trafficking.

5.2.3 Repressive measures-Arrests

No recent reports available.

5.2.4 Money laundering

The Anti-Money laundering (AML) Act of 2004 continues in force. The AML Act governs financial institutions and criminalizes money laundering, financing crime, and structuring transactions to avoid legal requirements. The AML Act calls for the establishment of the Money Laundering Reporting Office.

5.2.5 Assessment of the Government's Political Will to Conduct Comprehensive and Resolute Anti-Drug Policy

Due to the fluid political situation in Iraq and to the governmental priorities to promote political stability and security, it seems that drug trafficking due to the gravity of other problems, is not a top priority of the governmental security forces. Nevertheless as time gives the possibility to the Government to better organize its services, their coordination at a national and governorate level and with the cooperation of the International Community, a better long-term prospect may arise.

No detailed reports available for amelioration on governmental coordination exist.

Already CN Legislation is being reviewed at the Parliament. This legislation if approved will also allow for more flexible rules regarding HIV treatment modalities. Proposals are made to use some parts of the old law No. 86/1965, in order to ensure severe punishment against traffickers. Also there is a policy of displaying on TV and radio offenders of CN laws, in order to give lessons to would be users on the bad consequences of drug addiction.

5.3 Enumeration of major bilateral and multilateral CN programs

- Programs aiming at better control at the borders, with the cooperation of IOM.

a) Capacity Building Integrated Border Management.

The CBIBM Program officially took off from April 2007, project implementation started in July 2007. The Program ended in March 2009. Stakeholders involve ministries with roles and responsibilities in border control in the GoI. CBIBM was funded by the Government of Japan and supported by the United Nations Country Team (UNCT) Iraq. In January 20th 2009, the Immigration Training Extension Centre (ITEC) was opened in Basrah which was designed to allow residential courses for 60 students at a time. It has fully equipped document examination, computer and language labs, lecture halls as well as lodging facilities and administrative offices.

b) Integrated Border Management Project.

This project will pilot the implementation of an Integrated Border Management (IBM) in Iraq by promoting active intra-service and inter-agency cooperation amongst Iraqi state agencies and ministries involved in border management, at both the national level and the Border Crossing Points in the Basrah region as well as by enhancing common surveillance capabilities for the flow of legal persons and goods through targeted infrastructure upgrade and improved border management training. This will be complemented by institutionalizing cooperative data collection, sharing and analysis for the risk management, as well as enabling the rational appropriation of new IBM concepts by the Government of Iraq (GOI) in support of their subsequent replication nationally.

The project aims to establish an Integrated Border Management Model at the Borders in Basrah region (Southern Iraq) which then can be replicated at national level. There are seven international border crossing points in Basrah:

- Basra Airport
- Shalamja land BCP (at border with Iran)
- Safwan land BCP (at border with Kuwait)
- Um Qassr seaport
- Abu Flus seaport
- Khour Zubair seaport
- Al Maaqel seaport

c) HIV/AIDS Project in Iraq and Inclusions of UNODC elements on IDUs

Injecting Drugs Users (IDUs) are perceived to be one the most at risk populations in Iraq (though we still lack enough evidence to support this). Injecting drugs use is key determinant of HIV transmission in the neighboring Iran and this may affect Iraq due to the huge population mobility across the borders. This study would help better understanding of the magnitude of drugs use and its association with HIV/AIDS.

- Ministry of Health is in process of developed one million dollars HIV/AIDS project for the ITF.
- Interventions among IDUs are one of the priorities of the ITF (IRAQ TRUST FUND) and UNODC has proposed the development of partnership with the Ministry of Interior for better institutionalization of IDUs HIV prevention programs.
- An improved UNCT response to HIV/AIDS is anticipated following the formulation of the joint UN Team on AIDS and the new HIV/AIDS project. Joint UN Team on AIDS is planning to facilitate new policies development, strategic planning, and capacity building and information generation efforts. These would help enhanced national response to HIV/AIDS among vulnerable population including IDUs.
- The Current IMC/UNDODC/UNAIDS drug abuse and response assessment seeks to collect primary and secondary data, quantitative on current drug abuse incidence and prevalence along with other pertinent information. In addition, cognizant of the importance of assessing HIV-related risks and vulnerabilities among drug users, the study includes analysis of HIV central lab records to determine correlation between drug use and HIV.

Targeted Governorates for the intervention are: Baghdad, Karbala, Najaf, Babil, Diwaniya, Thi-qar, Basra and the three Kurdistan Governorates.

Observations / Challenges / Recommendations.

Official nationwide data from MoH Biostatistics labs, Forensic Institutes, Central public labs (HIV/AIDS) have been retrieved. Data collected can be considered official, but it is difficult to ascertain whether data is accurate to reliable.

Official letters have been requested and retrieved from Ministry of Health Baghdad and Kurdistan, stating that no data is available on target indicators for the assessment.

Because collection of data through the official channels was not effective, IMC intends to focus heavily on Focus Groups of Discussions (FGDs), Key Informants (KIs) with Juvenile Court judges and data collected from private psychiatric clinics to inform the assessment report.

Recommendations on follow up programming will revolve around strengthening monitoring system at Central Governorate levels to ensure proper data collection and dissemination modalities.

Generally, a positive point to signal is that current and newly proposed drug legislation is being reviewed. Newly proposed drug legislation is pending approval by Parliament.

- The U.S. government provided narcotics test kits to Iraqi police, and U.S. government-funded advisors provided training in use of these kits.
- The U.S. government is funding UN efforts to aid in the implementation of the UNCAC

5.4 Prioritized identification of needs for external assistance:

According to the assessment of the MOI officials the Ministry greatly needs:

- a. Training of officers (narcotics specialists)
- b. Equipment: Instruments for detecting narcotics and the necessary logistics support.
- c. Support of the Office of Narcotics affiliated to Interpol in order to show how to deal with data, information categorizing the narcotics and provide analyses in order to dispatch them to the relevant departments of MOI and of the Governorates
- d. Courses or seminars on narcotics and participation to international exhibitions dealing with narcotics.

- e. Invitations to Iraqis to participate to International Conferences focused on expertise and specialization of CN.
- f. Shortening of the delay of visa issuance for the Schengen and other western countries.
- g. Providing publications, books, statistics and posters (preferably in English) for awareness-raising purposes.

5.5 Conclusions:

Given the particular circumstances under which both the foreign Missions (security concerns) and the Iraqi administration operate in Baghdad, combined with the General context of realities in the country until now do not allow a full swing operation of the mini Dublin Group.

The establishment of UNODC Office in Baghdad would, in our opinion, facilitate cooperation with Iraqi Authorities and better coordination among the Missions of the Mini Dublin Group.

6. UNITED ARAB EMIRATES

6.1 General Situation

By virtue of its position as a cultural and geographical gateway between the East and West, the UAE is not excluded from the extensive drugs black market. Although the United Arab Emirates is not a narcotics producing country, it constitutes a transit point for drugs arriving mainly from South eastern and Central Asia, with Europe and North America as main destinations. There are several factors that render the UAE a transit point, including its proximity to major drug cultivation regions in Afghanistan and a long (700 kilometers) coastline. High volumes of shipping render UAE ports vulnerable to exploitation by narcotics traffickers and furthermore a number of ports of the UAE have free trade zones where transshipped cargo is not usually subject to the same inspection as goods that enter the country.

It should also be mentioned that Dubai is used as a hub for meetings and consultations by international drug dealers and it is also increasingly used for the laundering of drug related money. The actual market for hard and soft drugs in the UAE is very low by international standards. The drug consignments which reach the UAE are invariably part of re-export operation coordinated by middle men willing to risk severe penalties under UAE Federal Law.

There is no data available as to the percentage of drugs intended for local use, however, as already pointed out, it would seem that most of the quantities entering the country are being re-exported westwards.

Kinds of drugs consumed in the U.A.E. are mainly cannabis herb and resin, heroin, opium, cocaine, amphetamine type stimulants and methamphetamine (ecstasy). While hash and captagon are still common drugs, what is starting to spread is addiction to sedative pills, such as valium and xanax, which have become very popular among women. Drug abusers are mostly between 20 and 35 years old, but according to the General Director of the National Rehabilitation Center, the age at which people start consuming drugs has decreased from 17 or 19 to 12 or 13. Most of the drug addicts are either unemployed, uneducated or with social problems. Opium seems to be mainly consumed by expatriates (mostly Iranians), whereas heroin and hashish seem to be the choice of U.A.E. nationals (mainly male population, as women make very limited use of drugs). Effective from June 1st 2012, synthetic cannabis (also known as “space”, “spice” or “K2”) became illegal and is included on the UAE’s primary list of banned narcotic drugs and psychotropic substances. Within the first 8 months of 2012, Dubai Customs filed 126 attempts to smuggle synthetic cannabis and seized 23.5 kg of this narcotic.

The Government of the U.A.E. as well as the Rulers of each Emirate are aware of the phenomenon’s seriousness and demonstrate a sincere will to fight it, both by adopting restrictive measures and by seeking international co-operation and expertise. The lead agency in the U.A.E. for anti-drug trafficking is the Ministry of Interior’s Drug Enforcement Administration (DEA), which is tasked with coordinating drug enforcement efforts at a federal level. Also worth mentioning is the existence of a public prosecutor (niyaba) system, which operates under the control of the Ministry of Justice.

It should be noted that the area of the country mostly affected is that of Dubai, as its strategic location among countries that manufacture these drugs and countries that host them, leads to smugglers and traffickers taking advantage of the Emirate to smuggle or deal drugs and this is due, of course, to the latter’s fast development during the previous years.

6.2 Production/Demand/ Trafficking

As already mentioned, the UAE is not a drugs production country. The demand is mostly focused on drugs such as cannabis, opioids, cocaine and amphetamine type stimulants. Poly-drug abuse and drug abuse in prisons are also reported. In 2011, drug-related cases saw an increase of 17 per cent over 2010, although the amount of seized drugs dropped by 77 per cent.. Within the first 11 months of 2012, the Dubai Police seized more than 800 kg of narcotics and arrested 1.222 people involved in drug-related crime, an increase of 9% compared with 2011. Among the 830 kg of drugs seized, 284 kg was hashish, 201 kg was cocaine and 101 was heroin. The newly banned synthetic drug “spice” made up 7 kg of the total amount of drugs seized in 2012.

Police Officials believe that drug smugglers purposely come to the country to create big drugs markets in the UAE and to increase the number of drugs addicts especially among youngsters.

In any case, Authorities consider that their strict policy has been a very constructive one as the efficient cooperation between the competent authorities of the country has resulted in many arrests and confiscation of drugs substances, but mainly has created a feeling of fear between the potential smugglers. It should also be credited that many public awareness campaigns have been launched by governmental and non-governmental organizations.

Significant seizures at various entry points (mainly Dubai, but also Abu Dhabi, Fujairah and other Emirates) by Customs and Police Authorities provide evidence of drug trafficking flows via the U.A.E. Countries of provenance are mainly but not exclusively Afghanistan, Pakistan, Nepal, Iran, Thailand and India.

Traffickers use numerous techniques to conceal the drugs storing them in shipments of fruit, felt-tip pens, airconditioner compressors, laptops and inside cars. But the most popular method of smuggling remains inside the human body and Customs officials nickname these smugglers “containers”. In all cases of drugs smuggling cases involving more than one person, there are a dealer, a smuggler, the recipient, someone to store the drugs and someone to oversee importing them. New technology and extensive training of customs inspection officials have led to a significant increase in the detection rate of smuggled heroin in the last years. Those who at one time would have smuggled heroin are turning to alternative means that can be more profitable and carry less of a punishment if caught.

According to the UN Office on Drugs and Crime's (UNODC) World Drug Report 2012, which was released on the occasion of International Day against Drug Abuse and Illicit Trafficking (26.06.2012), the United Arab Emirates ranks as the sixth most frequently mentioned country of destination for consignments seized while being trafficked internationally by air. It should also be noticed that according to previous World Drug Reports, the U.A.E. is an established transit route for Asian heroin.

Money laundering linked to drug trafficking constitutes a problem that the government strives to resolve mainly by tightening controls. Most money laundering activities are believed to involve the proceeds of foreign criminal organizations, based outside the U.A.E., with the latter serving primarily as a conduit to international financial markets. The U.A.E. finalized and subsequently enacted its anti-money laundering legislation in 2002 (Federal Law no 4, regarding Criminalization of Money Laundering). In this framework, a financial intelligence unit has been established (Anti-Money Laundering and Suspicious Cases Unit – AMLSCU), which operates as an independent body under the authority of the Governor of the Central Bank.

6.3 Anti-drugs strategy

6.3.1 International Institutional framework

The U.A.E. is a party to the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, to the UN Convention on Psychotropic Substances of 1971 and to the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Furthermore, in 2007 the UAE was re-elected as the Asian regional representative to the Commission on Narcotic Drugs (CND).

6.3.2 National Legal Framework and Anti-drugs Policy

On national level, the basic law dates from 1988 but it has been amended by the Federal Law no 14 of 1995 on the Fight against Drugs and Psychotropic Substances. The said Law provides that prison sentences can be applied to anyone whose urine sample tests are positive to drugs use and not only to the persons arrested in possession of drugs. It provides mandatory death penalty for convicted drug traffickers but the capital penalty has not been applied in recent years.

Given the fact that, under law, any death sentence must be presented in four different courts and to 19 judges before it can be passed to the President or Ruler of the Emirate for approval, it is considered that there are strong chances for such decisions to be overturned.

- In January 2011 the Abu Dhabi Appeal Court sentenced an Afghan drug dealer to death after he was convicted of smuggling nearly 8 kg of heroin into the Emirate. The Court supported an earlier death sentence against the dealer, who sold 4 kg of heroin to a disguised detective.
- On 10 March 2012, the Public Prosecutor said that two men (one 26 y.o. Emirati and one 20 y.o. Yemeni) accused of smuggling of narcotics and firing at police officers while resisting arrest, could face the death penalty in case they are convicted.
- On 24 June 2012 one Briton, 21 y.o. and one Syrian, 19 y.o. were sentenced to death by Abu Dhabi Criminal Court for selling Dh1,500 (approx. 300 euro) worth of marijuana to an undercover policeman. This decision was commuted to 4 years imprisonment by the Appeals Court on 13 March 2013
- On 20 November 2012, three Asian drug smugglers who stored 53 kg of hashish in an apartment in Dubai have been sentenced to death by the Criminal Court.
- On 24 December 2012, three men from an African country were sentenced to death in Ajman for dealing opium.

It should be mentioned that law enforcement on drug use is not always as strict when U.A.E. nationals are involved, as it is when it comes to expatriates/foreigners. Recent examples show that foreigners arrested for trafficking drugs (mainly opium and marijuana) have been sentenced to life imprisonment, while penalties for possessing drugs usually vary from three to four years. Less heavy penalties are likely to be imposed on users who are in possession of small quantities of – “light” - drugs. It is worth mentioning that no relevant data is available for UAE nationals.

Concerning the persons who are arrested in possession of small quantities of drugs substances at the airport of Dubai, as from November of 2008 a Public Prosecutor’s Office has been established at the Airport to handle smuggling, illegal immigration and drug cases and new procedures allowing to deport travelers caught with small quantities of drugs, instead of prosecuting them in Courts, have been put into force. In August 2008, Dubai Customs equipped its agents with a mobile laboratory to help them detect drugs, explosives and radioactive material. This laboratory can identify a sample of suspect material by matching it to a database of more than 60.000 substances in a matter of seconds.

Concerning the procedure followed by the Police in case of drug offenders, judicial officials and an academic study (January 2011) say that mandatory testing of drug offenders is not authorized by law and it should be legally regulated to prevent improper convictions. An Emirati legal Consultant wrote in a study that the Ministry of Interior's internal regulations governing the drug tests are a gross violation of the Constitution and the Law.

In 2010, the Chief of the Dubai Police Force Lt General Tamim pointed out that an anti-drug tsar heading a federal agency is needed for Police to succeed in taking on "the big shots", as at present, efforts to combat drugs are being hampered by poor coordination between departments. He added that the efforts which each department individually is doing are enormous but the results are not on the same level because of the individual planning and execution and therefore there is need for unified work.

In January 2011 the Minister of Interior and Deputy Prime Minister Sheikh Saif Bin Zayed Al Nahyan has ordered all concerned authorities to evaluate current anti-drug laws and suggest reforms and new methods to punish or treat convicts, especially repeat offenders, such as social and community services. According to the Head of the Abu Dhabi Capital Police, the law should not consider a drug offender a criminal as it currently does. Another major reform would be the creation of a data tracking system that would link clinics across the federation to avoid prescription "shopping".

It should also be mentioned that in 2010, Dubai Police signed with the Red Crescent Authority an agreement on a drugs awareness program, according to which volunteers have been trained to carry out the awareness program which targeted more than 640.000 pupils in 1.200 public schools.

Concerning the awareness programs, the Criminal Investigation Department at Abu Dhabi Police has launched, since 2010, a students' awareness campaign themed : "the drugs are harmful" to educate them about the types of drugs and risks they pose for the individual, his family and the community in general.

6.4 Drugs for medical purpose

Certain products used for medical purposes/treatment in other parts of the world (i.e. Europe, America, Oceania) are considered in the U.A.E. as narcotic substances, a fact which could eventually result in the arrest of the user as soon as the latter enters the country. The Ministry of Health on its web site informs that “narcotic items...can be brought into the country in exceptional cases and only upon prior permission from the director of medicine and pharmacy control who will assess the individual case”. The said guideline applies to medicines brought into the country by foreign visitors, while conditions for the administration of narcotic medication to patients residing in the U.A.E. are set by the Administrative Decree # 68 of 1995.

International drug smugglers are increasingly importing other illegal products such as counterfeit prescription medicines through Dubai. Over the last few years there has been a sharp increase in people smuggling in counterfeit goods, prohibited items such as black market medicine. For this reason, the Ministry of Health met in August 2011 with representatives from Customs Authorities, namely the Dubai Customs Authority and the Marine Ports and Customs Department in Sharjah, to discuss ways of better coordinating their action towards controlling counterfeited drugs and preventing the entrance of violating pharmaceutical items.

6.5 Rehabilitation of drugs addicts

Federal law no 14/1995 provides also for the establishment of specialized units for the treatment of drug addicts. The said units should be supervised by a committee, comprising representatives from relevant government departments. The law stipulates that abusers who present themselves voluntarily to the police or a rehabilitation center are exempt from the punishment usually imposed in drug offences. An immunity system from prosecution is extended to any drug user willing to turn himself in to police and seek rehabilitation. There are several clinics throughout the country where the addicts can be offered the latest in medical treatment as they strive towards recovery but only two rehabilitation centers. A new drug rehabilitation centre is actually planned for Dubai with the belief that it will provide much needed services for a significant number of addicts. As announced by Dubai Police in November 2012, this Center would be able to treat 272 addicts and is due to open in 2 years. Dubai Police is currently monitoring 197 people who have been convicted of drug abuse.

It should also be noted that Dubai Police is operating a follow up program by staying in touch with former drug addicts who have served jail terms to ensure that they do not return to the habit. They also provide former addicts with psychological support as well as aid to reintegrate in society, with a particular focus on securing employment for formed addicts. The program also includes random tests on the former addicts to make sure they remain drug-free.

In January 2011, the Director General of the National Rehabilitation Center announced that the UAE Authorities are studying a project to set up drug rehabilitation centers inside jails to combat drug use among prisoners. These Centers will be the first of their kind in the Gulf region.

6.6 Needs for external assistance

Recognized regionally as the leading combatant of organized crime, the UAE works closely with the United Nations, Interpol and other federal agencies to thwart the international drug traffickers as well as individual smugglers. As a matter of fact, United Nations Office on Drug and Crime (UNODC) has been offering technical assistance to Dubai Police in the field of drug control and drug law enforcement as well as training of Dubai Police officers in advanced drug law enforcement, surveillance and intelligence-led policing since 2001.

In 2007 Dubai Police and UNODC signed a 1.2 million project, fully funded by the Dubai Police, to combat drug abuse and drug trafficking in the UAE.

The government's sincere will to conduct a comprehensive and effective anti-drugs policy has also been confirmed by the latter's request for the opening of a United Nations Office for Drugs and Crime in Abu Dhabi.

In October 2008, the Minister of Interiors, Lt. General Sheikh Saif Bin Zayed Al Nahyan and Mr. Antonio Maria Costa, the Executive Director of the UNODC signed a cooperation agreement for the establishment of a Subregional UNODC Office for the Gulf Cooperation Countries in Abu Dhabi in the first quarter of 2011. The agreement also envisages greater technological cooperation to prevent and control crimes.

The functioning of such an agency in Abu Dhabi is expected to contribute to the effort of combating drug trafficking and to the launching of major public awareness campaigns.

In November 2010, in the framework of an enhanced cooperation which aims at strengthening the UAE's responses to the interconnected threats of drugs, crime and terrorism in the region, the Executive Director of the UNODC Mr. Yuri Fedotov visited Abu Dhabi and held meeting with Emirati Senior Officials. He stated that the UAE is positioned both geographically and economically to make a tangible difference in fighting crimes such as in the trafficking of drugs and humans.

As result of international cooperation, within which Dubai police played a key role, the Ficino network for drug-trafficking and money-laundering was dismantled on February 2012.

In recent years several critical initiatives have been developed between UNODC, the UAE and its neighbors in the Gulf. These include:

- The signing of an agreement in 2010 between the UAE's National Rehabilitation Council and UNODC on drug demand reduction and treatment based on a human rights based approach. The formation of this Council has been a critical move given the UAE's position as a drug trans-shipment country from Afghanistan.
- The partnership agreement with the Institute of Naturalisation and Ports which aims to build capacity amongst competent authorities dealing with trafficking in all its forms and to become the region's center of excellence and computer-based training to tackle these crimes.

The lack of data collection and research studies that focus on the region represent a challenge to both treatment and prevention, since what is applicable to countries in the West, where most of the studies on addiction are conducted, often do not apply to the culturally different countries of the Middle East. To address this, the UAE have signed in 2011 a five years agreement with the UNODC to conduct a comprehensive analysis of drug addiction and treatment shortages in the country. Moreover, the UAE plans to create a national database on drug addicts which is expected to help evaluate addiction cases. In this endeavor, the National Rehabilitation Centre (NRC) has teamed up with the UN Office on Drugs and Crime (UNODC).

It should also be mentioned that all the GCC countries elaborate common strategies to fight the drugs plea and they hold annual meetings at directors' level in order to coordinate their efforts. In May 2011, the UAE Minister of Interior and his Bahraini counterpart signed an agreement for the enhancement of security cooperation between the two countries in a series of sectors, including that of drugs.

According to Emirati officials, the UAE is committed to serving as a model of change in the region and an active member of the international community, reaffirming its strong belief that success in the global fight against trafficking in drugs and humans as well as the associated problems of transnational organized crime and money laundering requires interlocking national, regional and international strategies rooted in global cooperation and therefore it continues to welcome direct discussion and collaboration with other Governments and International Organizations.

6.7 Recommendations/conclusions

A survey dated in November 2010 has found rising concern in the UAE about drug abuse among children leading to calls for the Government to do more to identify and solve the problem. Most of the UAE residents surveyed believe that drug use is on the rise and they blame for that the effects of foreign media such as movies, TV series and music as well as the growing trend of private parties and clubs where drugs are commonly consumed. People also believe that neglect and problems at home as well as poor family relationship played a role as they consider that the main reason that young people started taking drugs was to get the attention of neglectful parents. When asked what the Government should do, 40% suggested better education for young people, from the age of kindergarten, and fewer than one in 10 supported helping addicts reintegrate into society. 17% called for the temptation to be removed altogether by tightening borders and customs control, while 15% wanted harshest punishments. Experts analyzing the survey stated that drug use is definitely increasing because of the attitude of the population and most of the Muslim countries, many do not seek help due to society's negative views of them. They added that people needed to start treating the problem as a medical issue.

The U.A.E. government is aware of the existing problem and demonstrates a sincere will to fight it by acting on every front of its four-pillar strategy: legislation, enforcement, victim support as well as bilateral agreements and international cooperation. According to high officials statements, the UAE is diligent in its drive to put a complete end to all manifestations of drugs addiction as this menace poses multi-faceted threats to society, economy and security and leads to a series of crimes like robbery, assault, exploitation, road accidents, unemployment and family disintegration.

In this framework, it welcomes co-operation with and assistance by third countries and international organizations, an approach which should be further encouraged by enhancing the existing co-operation on the matter, both on bilateral and on multilateral level. Concerning the drug money laundering investigations, there is still space for further improvement of the cooperation between the UAE and the international community.

Concrete action could focus, at a first stage, on encouraging U.A.E. Authorities to provide interested parties with all data at their disposal and to go public with drug related matters. To do so, comprehensive statistics on drug use should be elaborated given that without them the problem is hard to tackle. According to the above said survey, respondents blamed the Government for the lack of data citing its reluctance to engage with negative issues and information. A more open approach would benefit not only the third parties willing to offer assistance but also the state mechanism and the society of the U.A.E. itself. Furthermore, organizing workshops, media campaigns and seminars on the subject would help increase public awareness while strengthened contacts between participating foreign experts and U.A.E. security and health Authorities could improve the latter's capacity in dealing with drug related matters of their competence.

7. LEBANON

The meeting of the Mini Dublin Group in Beirut

The present text updates the October 2012 report and covers the period from October 2012 till beginning of April 2013. It is based on information made available by the Lebanese authorities, and on the minutes of the Mini Dublin Group meeting convened by the Embassy of Greece at the E.U. Delegation in Beirut on 24 April 2013.

The following countries participated at the meeting: Austria, Denmark, France, Japan, Greece (Chairmanship), Netherlands, Spain as well as a representative of the EU Delegation.

The Mini Dublin meeting started with a presentation by an Officer of the Drug Enforcement Central Bureau of Lebanon's Internal Security Forces (ISF), Captain Abed Zbib, followed by a session of Questions & Answers. The Dublin Group Member States then proceeded with a discussion and exchange of views, upon which the recommendations and conclusions presented in this report were drafted.

7.1 General political and security situation

On 22 March Lebanese Prime Minister MIKATI announced his resignation, which was accepted by President SLEIMAN. After the resignation of the March 8 Government which was formed in June 2011, Tammam SALAM, affiliated to the March 14 coalition, having secured the tacit approval of the March 8 coalition, received the mandate to form a new Government heading the country to the next elections. The date of the national parliamentary elections, which according to the constitution should be held in June, constitutes another challenging matter, as the dispute between the two coalitions regarding the electoral law seems to render their timely conduct unlikely, thus prolonging the internal political instability.

The crisis in Syria which is constantly deteriorating along with its implications for the region, remains the main security threat for Lebanon. The widely reported involvement of Shia and Sunni Lebanese extremists in support of either side in the Syrian conflict, the weapons smuggling to Syria through Lebanon, the incursion of the Syrian Army into Lebanese border regions -where pro F.S.A. fighters are hiding, according to their opponents- are the main aspects causing an increase in sectarian tensions and in a fear of crisis spillover in Lebanon.

The officially registered Syrian refugees have reached 450.000, but the actual figure of Syrian population in Lebanon is estimated, according to the security authorities, around 1.000.000 persons, a fact that apart from the financial and the humanitarian impact, also affects the internal security but also raises significant concerns for the delicate Lebanese socio-demographic balances.

The termination of General Rifi's eight year office as Director General of I.S.F and the lack of a permanent leadership in the main police authority of Lebanon constitutes another worrying development in the security domain.

7.2 General Drugs Situation

7.2.1 Production / Demand

Lebanon is not a major illicit drug producing country. Traditionally, regions of planting activity exist in the Bekaa valley in eastern Lebanon and in the northern part of the country.

The cultivation mainly of hashish and in smaller areas of opium in the abovementioned region, which largely expanded during the civil war, has become not only an ongoing phenomenon, but also a means of livelihoods and profitability for many inhabitants of the region.

It should be noted that those who benefit from the drugs production are mainly notorious drug families, counting some thousands members who act in a dynamic and concrete, though illegal way. Furthermore, by maintaining links with powerful economical and political actors, it is not likely that this vicious circle will end soon.

Lebanon is not traditionally considered to be a country of industrial production and manufacturing of drugs, with the exception of processing hashish and heroin in rather primitive ways. Nonetheless, the production of captagon pills has seen a sharp increase. During March 2013, the detection of a captagon producing laboratory in Baalbeck by the I.S.F and Army Forces -in addition to the labs and machines which were found last year- and especially of a huge quantity of captagon pills (1 million) brings to the fore a problematic situation that seems to be establishing in the country.

The demand for drugs and increase in persons involved in drug related activities, show a slight but steady increase, concerning all the main kinds of drugs (hashish, cocaine, heroine in order of demand) following however the global trends.

7.2.2 Eradication activities

During summer 2012 the Lebanese Internal Security Forces (ISF) conducted the yearly operations for the eradication of hashish fields in the region of Bekaa. The massive reactions of the local society, combined with the inefficient support of the overstretched Lebanese army (its forces are mainly engaged in guarding the Lebanese-Syrian borders), the inadequate political back up and the lack of necessary equipment (tractors) led to the postponement of the operations for one and a half month and limited the extent of the eradicated areas to 8.000 dunums.

The I.S.F. planning for this year sets the eradication operations in high priority and the Lebanese authorities hope that the expected difficulties will be overcome, but a lot will depend on the overall context and security situation. In general terms, more difficulties can be expected for eradication campaigns in 2013, as more arms are available in the country and illegal clans are stronger, and so the armed resistance faced by the ISF could be even fiercer.

7.2.3 Trafficking

Due to its location, Lebanon has in recent years become a transit country for drug trafficking both within the Middle East, i.e the Arab Gulf countries - especially Saudi Arabia, Qatar, UAE and Kuwait – Iraq and Jordan (narcotic pills, cocaine and heroin), the Occupied Palestinian territories (heroin), European countries and Australia (cocaine, heroin and ephedrine, in small quantities). As far as the drug import is concerned, cocaine is imported mostly from Latin America (Venezuela, Colombia, Peru, Bolivia and mainly Brazil) by air directly or via Jordan, Syria and Gulf countries (Qatar, Oman) or via African countries, then Europe before arriving in Lebanon and be sold locally or transited to the Gulf Countries. Imports from Latin America are easier and more frequent due to the presence of many Lebanese expats in these countries.

Heroin is imported from Afghanistan through Iran, Turkey and Syria, subsequently.

Stimulant drug substances, pills, their precursors and manufacturing machines are imported from China.

Tramadol pills are imported from Egypt (where they are widespread) in small quantities by air. In the field of exportation, **hashish** produced in Lebanon in 2012 seems to have been mostly sold on the local market or exported to Turkey, Syria, Jordan and some Gulf countries overland, to Egypt by sea, while the exportation by air to Egypt and Cyprus takes place in relatively small quantities. Cases of exchange between hashish from Lebanon and heroine from Turkey and the Netherlands have also been reported by the I.S.F.

Captagon pills trafficking has to be highlighted, as it constitutes the most commonly illegal -drug related- activity addressed by the Authorities. Lebanon is used as a transit country for pills coming from Syria, which are transported by air to Gulf countries and also as a starting point for pills produced in Lebanon that are trafficked by air or overland through Syria to Gulf countries and Turkey.

The Syrian crisis has caused a deterioration in the Lebanese security situation. Syrians residing in Lebanon are frequently involved in these illegal activities, a fact that proves the reorganisation of criminal activities between Syria and Lebanon because of the crisis and the strengthening of the criminal links between the two countries.

The traffickers use a variety of practices in order to conceal the illegal drug substances. In the specific cases of air transportation, revealed by the security authorities, the drugs were hidden in bags, suitcases and boxes as well as inside food (i.e bread pieces, sweets) and even inside a wooden chair.

7.3 Anti-Drug Strategy / Actions against Drugs

The main repressive action of the security forces remains the eradication of illicit cultivations in Bekaa in order to limit the production and the trafficking of hashish, but as it was proven by the latest operations, these tactics are not always effective, given the special and sometimes extreme conditions in the Bekaa valley.

From October 2012 until April 2013, the most important seizures of drug substances (captagon and cocaine) by security authorities, during border controls, took place at the Rafik Hariri Airport, most likely due to the best equipment deployed there. Nonetheless, this might not reflect the real situation in terms of drug-trafficking and more effort should be made in order to enhance more systematically the controls at sea and land borders, through which larger quantities are usually transferred.

As mentioned, the most significant success of the security authorities during the said period within the Lebanese territory was the aforementioned discovery of a captagon manufacturing laboratory in Baalbeck and seizure of 1 million captagon pills. Moreover the arrest in Lebanon of four Lebanese citizens (among others) who were involved in the trafficking of 1.6 tons of cocaine from Venezuela to Europe through Africa was another success of the Lebanese authorities in cooperation with Foreign Services.

It has to be pointed-out, however, that preventive measures should become the priority of all the competent authorities. Awareness campaigns for the society and especially for the young people is relevant part of the planning but these actions need to be enhanced.

Relevant data are illustrated in the tables below, distributed by ISF to the participants at the meeting of 24 April 2013:

Statistics 2012

1st: Kinds and quantity of drugs

Kinds of drugs seized	Quantity	
	kg	gr
Hashish	240	371
Heroin	20	291
Cocaine	27	866
Marijuana	5	50
Chemical substance used in captagon	4895	
Hasish seeds	551	721
Hashish Plants	770	2
Cigarettes with hasish	68 cigarettes	
Ephedrine powder	6 kg	
Sweets mixed with Ephedrine	20 kg	

Other kinds	Quantity
	(piles)
captagon	463977 p
xct	3040 p
Different kind of pills	10817 p
acetone	13 L
Marijuana plants	194 plants
Amphetamine BMK	13 L
Ether	4715 bottles
simo	610 bottles
Heroin liquid	1 ml
Caffeine	4.366 T

2nd: Number of cases seized and criminal classification - places of seizure:

Classifications								
TOTAL	Farmer s	Producer s	Brokers	Carrier s	Dealers	Smugglers	Addicts	Others
1940	6	6	369	7	334	33	1162	23

Places of seizure					
Total	Unknown	ON LEBANESE TERRITORY	AIRPORTS	Via sea	VIA LAND
1476	-	1913	24	2	1

3rd: Number of persons arrested and their nationalities - criminal classifications:

Arrested Persons' nationality			
Total	Citizens	Arabs	Others
2865	2398	445	22

Criminal classification								
TOTAL	Farmers	Addicts	Brokers	Carriers	Dealers	SMUGGLERS	Producers	Others
2865	3	2249	399	9	117	49	8	31

4th : Numbers of addicts via kind of drugs :

marijuana		Cocaine		Heroin		Opium		Hashish	
female	male	female	male	female	male	female	male	female	male
1	5	25	454	12	351	-	-	35	997

Total		CAPTAGON		Other (simo)		Pills		Other	
Female	Male	Female	Male	Female	Male	FEMALE	Male	Female	Male
77	2172	-	3	1	13	2	178	1	171

5th: Destroyed areas with planted drugs during 2012:

Area destroyed	Kind of plants
-	Opium
8000.000 m2	Hashish

Major Drug Seizing (From October 2012 till beginning of April 2013)

Date Seized	drug type	Weight	source	destination	Seized at	Concealed / Hidden	N . of arrested people and nationality
18/10/2012	Cocaine	12.932 kg	Brazil	Lebanon	Rafik Hariri Airport	Inside packages of coffee powder	2-Turkish
17/11/2012	Tramadol	220 p	Egypt	Lebanon	Rafik Hariri Airport	Inside Cartoon box	4-Lebanese 1-Egyptian
11/11/2012	Captagon	59650 p	Lebanon	Sudan	Rafik Hariri Airport	Inside 2 bags	1-Syrian
16/01/2013	Captagon	29.000 p	Lebanon	K.S.A.	Rafik Hariri Airport	Inside bags	1-Syrian
28/01/2013	Tramadol	5825 g	Egypt	Lebanon	Rafik Hariri Airport	Inside wooden columns Packed inside bags	3-Egyptians
18/02/2013	Captagon	20448 pills	Lebanon	KSA	Rafik Hariri Airport	Inside a double bottom bag	1-Jordanian
07/03/2013	Captagon	39000 pills	Syria	Qatar	Lebanon	Inside coffee bags	1-Syrian
19/03/2013	Machine used to produce captagon	1 machine	Lebanon		Baalbek	Inside a home	3-Lebanese
11/03/2013	Captagon	1074000pills	Lebanon		Baalbek	Inside nylon bags	2-Lebanese
27/03/2013	Cocaine	8 kg	Brazil	Lebanon	Rafik Hariri Airport	Inside skillets	2-Lebanese
03/4/2013	Captagon	61000 pills	Syria	K.S.A.	Rafik Hariri Airport	Inside bread pieces	1-Syrian
08/4/2013	Captagon	31450 pills	Syria	K.S.A.	Rafik Hariri Airport	Inside coffee bags	1-Syrian
08/4/2013	Captagon	31450 pills	Syria	K.S.A.	Rafik Hariri Airport	Inside sweet box	1 K.S.A-1 Syrian

List of addicted persons in Lebanon from year 2008 – 2012

YEAR	2008	100%	2009	100%	2010	100%	2011	100%	2012	100%
number of arrested drug addict persons every year	1628		2228		2532		1762		2249	
Dead persons of drugs	5	0,31	2	0,09	4	0,16	8	0,45	6	0,27
1 - Age										
A- Less than 18 year	30	1,84	79	3,55	74	2,92	33	1,87	39	1,73
B- From 18 – 25 year	298	18,30	1002	44,97	1189	46,96	796	45,18	847	37,66
C- From 26 – 35 year	1032	63,39	761	34,16	884	34,91	585	33,20	928	41,26
D- From 36 and above	268	16,46	356	15,98	385	15,21	348	19,75	435	19,34
2- Sex										
A- Male	1561	95,88	2122	95,24	2394	94,55	1700	96,48	2172	96,58
B- Female	67	4,12	106	4,76	138	5,45	62	3,52	77	3,42
3- Profession										
A- unemployed	64	3,93	84	3,77	103	4,07	60	3,41	92	4,09
B- employed	22	1,35	24	1,08	24	0,95	14	0,79	19	0,84
C- hair dresser	57	3,50	77	3,46	25	0,99	76	4,31	73	3,25
D- artist	15	0,92	43	1,93	28	1,11	11	0,62	18	0,80
E- student	116	7,13	167	7,50	178	7,03	95	5,39	142	6,31
F- skilled workers	8	0,49	12	0,54	16	0,63	5	0,28	7	0,31
G- driver	84	5,16	163	7,32	168	6,64	14	0,79	162	7,20
H- other profession	1262	77,52	1658	74,42	1914	75,59	1487	84,39	1736	77,19
4- Kinds of drugs										
A-hashish	738	45,33	1172	52,60	1335	52,73	750	42,57	1032	45,89
B-opium	0	0,00	0	0,00	0	0,00	0	0,00	6	0,27
C-heroin	334	20,52	411	18,45	430	16,98	332	18,84	363	16,14
D- cocaine	338	20,76	421	18,90	480	18,96	418	23,72	479	21,30
E- tinner material	7	0,43	0	0,00	10	0,39	0	0,00	0	0,00
F-piles	120	7,37	143	6,42	156	6,16	119	6,75	183	8,14
G- cimo medicine	9	0,55	14	0,63	14	0,55	5	0,28	14	0,62
H-more than one substance	82	5,04	67	3,01	107	4,23	138	7,83	172	7,65
5- nationality and obtaining all drug crimes										
A- citizen	1926	89,62	2437	84,59	2771	82,86	1990	86,18	2398	83,70
B- Arabian	202	9,40	397	13,78	511	15,28	300	12,99	445	15,53

7.3.1 Participation in International Instruments / International Cooperation

Lebanon is a party to the 1961 UN Single Convention on Narcotic Drugs, the 1971 UN Convention on Psychotropic Substances, the 1972 Protocol amending the single Convention, and the 1988 UN Drug Convention. Lebanon is also a party to the UN Convention against Transnational Organised Crime and its protocols against migrant smuggling and trafficking in persons.

The government projects its determination to combat drugs within international agreements and conventions, by specific references to the Drug Repression International Organisation and the Arab Interior Ministers Council within the framework of the Arab League.

The ISF cooperates internationally through liaison officers, who provide information about smuggling activities to Lebanon. The ISF is planning on engaging with members of the sizeable Lebanese communities in South America and Africa, to facilitate the flow of relevant information.

7.3.2 Rehabilitation

There are rehabilitation programs running at several NGO's and special wings for rehabilitation have been created at the Rafik Hariri Hospital and Daher Elbashek Hospital, however not enough for the existing needs.

The Lebanese legislation, being adapted to the international standards, addresses the addict drug users as patients and not as criminals. Thus, arrested addicts are offered by law the possibility of avoiding statutory sentences, being referred to rehabilitation centres instead.

Until now there are significant dysfunctions concerning the referral procedures of the addicts to rehabilitation programs and the hospitalization capacity in treatment centres. As a result the law is not fully applied and most of the arrested addicts end up in jail. The activation of the Drug Addiction interministerial Committee under the Ministry of Justice (which is responsible for the referral of the arrested addicts to rehab) and the expansion of the Daher Elbashek Hospital capacity, indicate that the competent Authorities are willing to tackle the existing problems.

It has to be underlined that a very acute problem exists in Lebanon's overpopulated prisons as well. Currently an NGO provides services to the numerous drug addicts at Roumieh central prison, but the lack of the necessary capacity and infrastructure does not allow decent detention conditions.

The program of Opioid Substitution Treatment by the Ministry of Health, which was inaugurated at the beginning of 2012 is still carried on and 700 patients have joined this treatment program so far.

7.3.3 External assistance to Lebanon by DG Members regarding law and order and in CN strategy.

- The French representative informed the Group about the assistance provided by the French Authorities. In the field of prevention, France is cooperating with the Lebanese Police, running awareness programs for the children in Lebanese schools about the dangers of addictions and also is providing training to the personnel of the two aforementioned official rehabilitation centres. In the law enforcement field, French Police provided during the said period a two week tactical training to Lebanese I.S.F Drug Enforcement Bureau officers and is planning to provide one more training course on drug laboratory and precursors in the near future.

- Under its on-going assistance to the ISF, the E.U. is providing some training on basic intervention techniques to the investigative units of the Judicial Police in charge of drug-related crimes among others. This training will be followed by the purchase of the essential protection equipment for such units.

Under its Integrated Border Management project implemented by ICMPD (International Centre for Migration Policy Development), the E.U. will also strengthen the capacity of General Security and Customs at the land crossing points, which should also increase their capability to detect drugs at the land borders.

7.3.4 Corruption

During the said period two cases of corruption occurred in I.S.F and General Directorate of the Customs indicating the problems of the Lebanese society and in particular the public sector in this regard. However, these are not the only cases of infringement of the law by State security personnel. Cases of ill-treatment and torture of vulnerable groups (including drug-addicts) by I.S.F personnel, particularly in the course of interrogations conducted by the Drug Enforcement Bureau but also by other security agencies, are increasingly being reported by human rights organisations and are an issue that requires the utmost attention by the Lebanese authorities.

7.4 Conclusions/ Recommendations:

- The main goal for the Lebanese Government remains the eradication of the illegally cultivated drug plants in large areas of the Bekaa region. For a successful outcome, a concrete and determined stance from the political powers and the competent authorities is required. On practical level, the Security Forces need logistic support and equipment. Nonetheless, a more viable and comprehensive response is needed. In a long term approach, to deal with the supply side, the development of a national strategy aiming at addressing the problem in a holistic manner, requires profound reforms that will eventually change an established situation that dates since the era of civil war. The sustained funding, external assistance, the acquisition of technological and laboratory equipment, the reinforcement of the Drug Repression Bureau, the improvement of the working conditions are also necessary to combat the drug criminality.
- The cooperation between the Lebanese Police Authorities and their counterparts abroad should be further enhanced. Moreover, in the domestic arena, the cooperation between competent authorities should be also improved, especially regarding the drug and money laundering activities that are usually connected and more and more frequently see the involvement of Lebanese citizens.
- Arguably the border controls at the Rafik Hariri Airport seem to be effective. Nonetheless, these controls have to be further enhanced at the land and the sea borders as well which currently present the biggest weaknesses. A comprehensive strategy should also deal with the demand side. This is urgently needed because of the rapid increase in drug-addiction, especially among the younger generations (youth and minors).

- The provision for special wings in prisons for the treatment of the convicted addicts should be a priority and a blueprint for the prisons' reform.
- The treatment and rehabilitation of the drug addicts (offenders or not) into the society, remains an important challenge and the competent Authorities have to keep on the relevant effort that seems to be continuously intensified.
- Particular efforts need to be devoted by the authorities in stopping the reportedly widespread misconduct of some security personnel during interrogations, which is the cause of ill-treatment and infringement of human rights particularly vis-à-vis vulnerable groups such as drug addicts.

8. OMAN

8.1 General

No significant illicit drug production has been reported in Oman. Drugs are imported into the country illegally by sea, mainly from Iran and Pakistan. Local drug consumption is relatively low, according to the authorities, and illegally imported drugs are mostly transshipped and smuggled from Oman into other countries. Strict laws, including the death penalty, exist for drug trafficking.

8.2 Consumption

In February 2008 Omani authorities announced that drugs smuggling into Oman was 90% less than in the year 2000. However, according to independent sources, there has not been an effective halt to the importation of drugs into Oman. Prices of heroin and hash are very low and stable, attesting to a high demand. Morphine is becoming increasingly popular because it's purer and carries less of a stigma.

In 2010, Oman authorities, admitted that drug addiction has become a serious problem in the country. Official statistics indicate that 19 people, Omanis as well as expatriates, died due to abuse of drugs and psychotropic substances in 2009.

Effective control of drug trafficking is hampered by Oman's huge coastline and proximity to Pakistan and Afghanistan, combined with the historical and ongoing smuggling trade across the straight of Hormuz between Oman and Iran.

8.3 Legal context and mechanisms for combating drug trafficking

The Sultanate of Oman has acceded to all three main UN Anti-Drugs Conventions of 1961, 1971 and 1988. The current legislation on drugs is very strict and complies with the commitments undertaken by Oman during the 1998 UNGASS. A law introducing the death penalty for persons found guilty of drug trafficking was enacted in 1999 and another against money laundering in March 2002. The sultanate's law does not punish abusers who voluntarily turned in for treatment and rehabilitation. The law also allows the close relatives of an addict such as the spouse or next of kin, to voluntarily seek assistance for treatment and rehabilitation.

There is an Inter-Ministerial Committee to oversee drug framework matters in the country.

The Royal Oman Police (ROP) launched in January 2013 the General Administration for Combating Narcotic Drugs and Psychotropic Substances. The General Administration is authorised to deal with the implementation of ROP tasks and relevant international conventions and take legal action in drug and psychotropic substances offences, in cooperation with the competent authorities.

Oman is an active participant in the regional and sub-regional co-operation meetings led by the Council of Arab Interior Ministers and the Arab Office for Narcotic Affairs, as well as the GCC. There is close coordination between the Omani police with their UAE counterparts which has been successful in a number of occasions in breaking up international drug rings.

8.4 Seizures and anti-drug campaign

Omani police has recently intensified efforts to stem the narcotics problem. The number of reported cases during the year was 1,048, compared to 929 in 2008, an increase of 119. The count of drugs-related crimes rose by 78 to 688, with the Muscat governorate accounting for 445 and the Batinah region 87.

The National Committee on Narcotic Drugs and Psychotropic Substances implements awareness campaigns aiming for three groups of people: non-users, influential people, like teachers, media, athletes and family, and users encouraged to rehabilitation.

According to Dr Ahmad Bin Mohammad Al Saeedi, Minister of Health, who addressed Majlis Ashura in January 2013, Oman has decided to set up drug rehabilitation centres in in every one of the country's 11 governorates due to the increasing numbers of addicts. The Minister said that by the end of 2011, 3,651 drug addicts had been treated at Ibn Sina Hospital, currently the only hospital in the country which has a rehabilitation centre for drug addicts, while admitting that the success rate for treating drug addicts was only 20 per cent.

The rising drug menace has been reported to also spread communicable diseases like hepatitis B and C as well as HIV in the country. However, health authorities are reluctant to dispense syringes recommended in the WHO treatment guidelines for fear of encouraging addicts.

Oman's new Al Masarra Psychiatric Hospital in the Amerat district is expected to be opened sometime this year. The 245-bed hospital which cost 44.55 million riyals (Dh425 million) will replace the Ibn Sina Hospital, which has 50 beds for drug addicts.

8.5 Conclusions

It's encouraging that the country has adopted a more dynamic approach to the problem recently, acknowledging the gravity of it. Yet, the increased numbers of users and drug-related crimes demonstrate that there is a need for further intensification of efforts, regarding the effectiveness of the controls, the awareness campaigns among the youth and the establishment of more rehabilitation centres.

9. ISRAEL

9.1 General evaluation for the period November 2012-April 2013

No major changes in the overall drug situation have been noted within the aforementioned period. The legal and institutional framework provides a solid basis on which the national counter-narcotics strategy and programs can operate effectively, though Israel remains vulnerable to drug smuggling along its border.

9.1.1 Production / Demand

Although Israel is not a narcotics producing country, it constitutes a transit point for large proportions of drugs reaching Israeli territory via neighboring countries. Still less than 10% of drugs seized in Israel are produced inside the country. Israeli authorities are convinced that drug trafficking is overlapping with other criminal activities (e.g. arms trafficking).

During the last years the use of “hydro” method of home-growing marijuana has been widely established.

Although there are no major changes in the demand for the well known substances, Israeli authorities observe that the use of “grass” and ecstasy among the young population, as well as the demand for cocaine, in general, has been growing.

9.1.2 Trafficking

Given that Israel is not a producing and manufacturing country, most efforts have been targeted to counter illicit drug trafficking and supply.

Trafficking occurs mainly through land and sea borders. Over the last years, Jordan has been established as a transit country. The “Shalom” border with Jordan, from the south part of the Dead Sea to Eilat, is main gateway for heroin, cocaine and amphetamine. Heroin and hashish are smuggled from Lebanon, while hashish and marijuana are being smuggled through the border with Egypt.

Also, Thailand is a major source for methamphetamine “YABA”, while South America is the main source for cocaine, by carriers and luggage.

Since 2005, Israel has become a “transit” country for heroin and cocaine smuggling, transferred from Lebanon and Jordan to Egypt, in exchange for hashish which is supplied to the local Israeli market.

The Israeli authorities consider that there are “good relations” between traffickers from the north and the south of Israel. Drug trafficking is flourishing as significant traffickers from neighboring countries have local connections in Israel, despite the strong security measures along the latter’s borders.

Israeli nationals have become quite prominent internationally in trafficking networks, especially for cocaine and ecstasy. Domestic organized crime is involved in the distribution of drugs and more recently in a gang war.

9.1.3 Drug Consumption Patterns

According to the Drug Unit of the Israeli National Police:

- Cocaine is an established drug in the Israeli market with a relatively high supply from the “source” countries in South America.
- Heroin reaches Israel from “source” countries in Asia.
- Cannabis remains the most popular drug, mainly in the forms of hashish and marijuana. During 2009, there was a significant increase in the number of “hydro” marijuana labs seized by the Police. Consumers in Israel show a preference for Moroccan and Indian hashish.
- The MDMA amphetamines (ecstasy) are the most popular by-product in Israel, most of which is smuggled from “source” countries in Europe. For the first time in 2009, “YABA” spread in the Israeli market, destined for the use of Thai workers.

More detailed data can be found at the 2009 national epidemiological survey (the latest version of a survey carried out every four years), whose findings were included in the report of June 2010.

9.2 Israel’s Anti-Narcotic Strategy

9.2.1 Participation in International Instruments / International Cooperation

Israel has ratified all three UN Conventions on Narcotic Drugs and Psychotropic Substances and was reelected as a member of the Commission on Narcotic Drugs (CND-ECOSOC) for a third consecutive term.

In 2010, Israel hosted the annual Permanent Forum on International Pharmaceutical Crime Conference (PFIPC).

During summer 2012, Israel Anti-Drug Authority (IADA) and MASHAV (Israel's Agency for International Development Cooperation of the Ministry of Foreign Affairs) held -for the second time (first was in 2009)- the international course "Enhancing Cooperation as Part of an effective Demand Reduction Strategy-based on IADA's Model", with 29 participants from 18 countries, including the Chief of Drug Prevention and Health Branch of the UN Office on Drugs and Crime (UNODC), Dr. Gilberto Gerra.

In addition, Israel has submitted a letter expressing its intent to accede the Pompidou Group. While this has not been possible yet, Israel actively participates in a wide range of the Group's activities. In November 2012, the Head of Law Enforcement and Legislation Division participated in the Pompidou Group's meeting on "New threats and challenges in the field of precursor diversion", in Strasbourg.

Furthermore, Israel continues its efforts to establish a national monitoring system, in accordance with the European standards. To this end, Israel has pursued enhanced activities and cooperation with the European Monitoring Center for Drugs and Drug Addiction (EMCDDA).

Other international activities:

- January 2013 – Visit of a delegation of the French Monitoring Center on Drugs and Alcohol to Israel (IADA) Monitoring Center.
- February 2013 –Study visit by Palestinian Authority delegation to IADA on Opioid Substitution Treatment.
- March 2013 - Participation of an Israeli Delegation at the 56th Commission on Narcotic Drugs in Vienna, Austria. Among other things, the Committee adopted a resolution, co-sponsored by the EU, on how to reduce HIV transmission among people who inject drugs by 50% by 2015.
- March 2013 – IADA's Director-General and the Chief Scientist met with Director of the U.S. National Institute on Drug Abuse (NIDA), Dr. Nora Wolf, in Israel.

9.2.2 National Policy

Israel took a significant step twenty years ago, by establishing the Israel Anti-Drug Authority (IADA), the central coordinative body in the country. As of 2012, IADA's mandate was extended by law to include the struggle against alcohol abuse.

As part of its efforts to establish a comprehensive national alcohol policy, IADA conducted thorough research on the alcohol policy and regulation around the world.

According to surveys, there is a decrease in alcohol consumption among the youth. Following this encouraging result, the Government extended the national alcohol program for a period of two more years.

Prominent on the national agenda is the use of cannabis for medical purposes. In order to deal with this issue and in the legal framework provided by the relevant international conventions, the Government recently granted the Ministry of Health the authority to regulate all aspects related to the licensing for import, cultivation and distribution of cannabis for medical purposes. An inter-ministerial sub-committee will be monitoring this process.

It should be noted that youth who are exempt from the army and choose to volunteer for the national civil service can do their service in the field of alcohol and drug prevention, working with high-risk youngsters. Volunteers undergo training and receive ongoing guidance during their work.

In addition, a national multi-disciplinary committee was established to review prevention interventions implemented in the country and to determine national standards for all prevention interventions.

Finally, as part of activities to enhance parental involvement, there are 100 parent patrols around the country trained by IADA.

9.2.3 Internal Legal Framework

The Israeli Law imposes restrictions on alcohol advertisement and requires warning labels to be placed on alcoholic beverages.

Efforts are being made to update the Dangerous Drugs Ordinance (introduced under the British Mandate) into a comprehensive Anti-Drug Law. To cope with fast growing synthetic drug market, the Government amended the Dangerous Drugs Ordinance to include analogs of four main substances (amphetamines, methamphetamines, cathinone, methacathinone) and a list of Synthetic Cannabinoids. A Pharmaceutical Crime Unit has been established to closely monitor the sales of psychoactive substances in order to identify any potential misuse of chemical substances.

However, now efforts are geared towards combating another category of synthetic drugs sold primary in 24/7 convenience stores – synthetic cannabinoids, which are not yet included in the Dangerous Drugs Ordinance. Although individual substances are added to the ordinance, manufactures are quick to replace these substances with another one that is not yet “illegal”. Efforts are now aimed at finding a way to include this entire category of synthetic cannabinoids into the ordinance.

9.2.4 Law Enforcement Efforts

A. Drug seizures

Type of Drug	2009	2010	2011	2012 (Jan.-Aug.)
Marijuana (Kgs)	648	4899	740	652
Hashish (Kgs)	2377	1218	1060	529
Heroin (Kgs)	392	471	18	85
Cocaine (Kgs)	63	71	264	164
Ecstasy (tablets)	6823	1448	20502	6592
Amphetamine (tablets)	14621	56425	55620	27981

B. Type of Offences

Type of Offences	2010	2011	2012 (Jan.-Aug.)
Use	22430	24595	16251
Trafficking	5388	5062	3277
Cultivating	582	586	391
Possession	6345	5273	3236
SUM	30694	31774	23155

9.2.5 Actions against Drugs (Demand Reduction and Rehabilitation)

- Enhanced cooperation with youth organizations is being promoted. Growing number of university campuses across the country are collaborating with IADA and implementing prevention interventions for the students. Beit-Berl College has opened an Academic Degree program for recovered addicts.
- Realizing the increasing influence of the Internet, particularly among the youth, emphasis has been put on Internet based public campaigns (rather than TV). A new web-based treatment platform for clean addicts has been launched.
- Community action – there is a growing number of communities where IADA is active. Culturally sensitive programs continue to focus on Ethiopian, Former Soviet Union and Arab communities. In Dec. 2012, the 7th National Meeting on Drug and Alcohol Abuse among the Arab Sector took place, with the participation of 260 field experts.
- "Coaching" groups move from city to city to assist with recovered addicts' reintegration into the workforce.
- Israeli authorities intensified operations against drug dealing. In addition, Prime Minister Netanyahu ordered the establishment of an inter-ministerial task force, led by Ministers of Internal Security and Health, entrusted to come forward with recommendations for a comprehensive strategy against drugs.

9.2.6 Money Laundering

No changes to 2005 Report. No relevant information regarding money laundering operations of drug traffickers is available.

9.2.7 Identification of needs for external assistance

Israel cooperates with the US regarding extradition of drug traffickers. Such cooperation could be extended to other countries. Otherwise, Israeli authorities have not requested any external assistance.

Israel is very interested in strengthening the cooperation with the EU and its member states. Israeli National Police and Customs Department participate actively to the technical exchanges developed in the framework of the “CEPOL/Euromed police II” Project. Israeli National Police are also negotiating an “operational agreement” with Europol.

9.3 Recommendations

The overall legal and institutional framework provides a solid basis on which the national counter-narcotics strategy and programs can operate effectively. Nevertheless, Israel (too) remains vulnerable to drug smuggling along its borders, despite the strong security measures existing there. Israeli border guards and customs drug control capacities should be further strengthened, given the fact that Israel is mainly a drug importing and not a drug producing country.

Israeli authorities should be encouraged to carry on with the national action against organized crime, through the strengthening of the international cooperation.

There is still room for further intensifying the international cooperation, especially at regional level. Timely and accurate exchange of information with other countries regarding import and export of precursors is also essential.

There is also room for the authorities in Israel to improve their cooperation with the industrial sector, as well as to launch new more strict legislative measures regarding the permits required for import and export of precursors, so as to prevent and control the diversion of precursors.

Given the increase in the consumption of drugs observed in the Palestinian territories, an enhanced cooperation between Israeli and Palestinian judicial and police authorities is also called for.