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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 (April-August 2012), the security authorities arrested 762 persons for drug offences, 247 of whom are Saudis, and seized 6.8 kilograms of raw heroin and 544 grams of heroin, 17 tons of hashish, 5.2 million pills of amphetamine in addition to SR 11.000.000. Two officers died and ten were injured in clashes with drug dealers. On the other hand, eighteen drug dealers were killed and thirty-nine were injured during the operations to foil narcotic smuggling.

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 fenethylline, 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.

In late September 2011 an incident which occurred at the northern borders highlighted the eventuality of drugs being smuggled also through Saudi Arabia's airspace. Saudi border police seized a glider packed with drugs (700,000 captagon stimulant pills), from Iraq that flew into the Kingdom's airspace. Ten people were arrested over the drug smuggling attempt while a decision was taken to suspend gliders from operating in the country. This is, reportedly, the first time a glider has been used for criminal activity in Saudi Arabia. The use of the glider raised fears among officials that militant groups could carry out attacks using similar tactics.

#### **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.

#### **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.

In 2009, information from the US Drug Enforcement Agency resulted in two large shipments of hashish being detected on sea, cooperation with the Jordanian authorities led to the detection of 8.3 million tablets of amphetamines hidden in tractor tires and exchange of information with the Turkish security services led to the destruction of a large laboratory in Turkey which had been illicitly manufacturing Captagon tablets and had capacity of producing 200 million Captagon tablets per year.

Counter narcotics efforts form part of the agenda of the Gulf Cooperation Council (of which Saudi Arabia is a member state).

A meeting of the Board of Directors of the Gulf Cooperation Council's Criminal Information Centre to Combat Drugs, (Doha, June 2011) highlighted the importance of the cooperation among the member States of the Gulf Cooperation Council with a view to combating drug-related problems. Particular emphasis was put on the need to strengthen the exchange of law enforcement information which will assist considerably in the criminal investigation of drug-related cases. In that context, the participants hailed the establishment of an information technology platform for member States of the Gulf Cooperation Council, with the support of UNODC.

During the twenty-first joint council and ministerial meeting of the European Union and the Gulf Cooperation Council (Abu Dhabi, 20 April 2011), ministers underlined the importance of strengthening cooperation in various areas like drug control, in order to contribute to security and stability in the Middle East.

### **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.

As part of the national campaign against drug abuse in Saudi Arabia, the Naif Arab University for Security Sciences has announced setting up a Chair aimed at studying the habits of drug addicts and of how to bring addicts into the mainstream after a rehabilitation programme.

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.

### **1.5. 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.

## **1.6. Rehabilitation**

There are three specialized hospitals (in Riyadh, Jeddah and Damman) 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. The number of female drug addicts has remained constant over the past three years at 220.



## **1.7. 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 12<sup>th</sup> 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. 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.

The competent authorities make efforts to combat trafficking. To this end, they are cooperating with other governments and they also participate in the UN sub-commission on illicit drug traffic and related matters in the near and middle east. Lastly, a law against money laundering has been promulgated in March 2002.

There is Inter-Ministerial Committee to oversee drug framework matters in the country, and a Drug Control Unit. 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.

### **3.5. 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 more rehabilitation centres.

#### 4. PALESTINE NATIONAL AUTHORITY (PNA)<sup>1</sup>

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%).

##### 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 13<sup>th</sup>, 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.

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<sup>1</sup> 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.

#### 4.1.2. *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 and about 4-5.000 addicts among them 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 September 2012**.



#### 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 200 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, **448 drug cases** have been transferred to the judiciary for the year of 2012.

According to figures announced by the Police Media Office for 2012 up to September 30th, **523 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.

### *The Gaza Strip*

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 23<sup>rd</sup> 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 27<sup>th</sup>, 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 in Iraq

#### 5.1.1. *Production / Demand*

Available information does not show a 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, 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 and Syria. 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 led to a kind of security slip and to a loss of control of international borders between Iraq and the neighboring 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 15<sup>th</sup> 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 at least at this stage. 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.

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 20<sup>th</sup> 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 boarders. This study would help better understanding of the magnitude of drugs use and its association with HIV/AIDS.

- In a recent meeting with UNRCO/HRD, 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. This year, the 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:**

The particular circumstances under which both the foreign Missions 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 Southeastern 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 1<sup>st</sup> 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 foiled 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 noticed 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. During the same period, 144kg of drugs were seized in Dubai, including 135kg of heroin, 6kg of marijuana and 3 kg of crystal methamphetamine.

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 detention 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. 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. In practice, this death sentence is very unlikely to be carried out as this penalty is executed only in relation to crimes that have raised great public outcry. It will probably and unofficially be commuted to a life imprisonment or a 20-30 year prison sentence. 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 24.06.2012 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. 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 the decision to be overturned.

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 a new 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 will be trained to carry out the awareness program which will target 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. 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**

Recognised 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 Organisations.

#### **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. KUWAIT

Previous reports remain relevant.

According to information published in the press from sources of the Ministry of Interior who prefer for obvious reasons not to reveal their identity the situation is rather serious. It seems that Kuwait is being turned into a transit station by major drug dealers operating in the region. Supervising the country's borders is a difficult exercise facing problems especially on the Iraqi side which is unable to control the activities of certain groups. The joint zone among the territorial waters of Kuwait, Iraq and Iran is the location where organized drug gangs carry out most of their activities. A shortage of drug inspectors at DCGD (Drug Control General Department) compounds the difficulties in fighting drugs. Insiders from the competent Kuwaiti authorities stated that the confiscated drugs represent only 15% of the total quantities smuggled into the country. To be fair this percentage doesn't differ substantially from the corresponding global estimate of the UN according to which the seized drugs worldwide represent only 10% of the total smuggled quantities. Official statistics of DCGD show that 430 kgs of hashish, 10 kgs of opium and 5 kgs of heroin were seized last year. If the 15 % proportion is correct the real magnitude of the quantities smuggled is significantly larger.

Some seizures are worth mentioning. At the Abdali patrol station at the Kuwait-Iraq border a few hashish smuggling cases were witnessed namely on July 12 an Iraqi man tried to smuggle out of the country 22 kgs of hashish, on July 30, in two different incidents, an Iraqi man and an Arab truck driver were caught smuggling 30 kgs and 11 kgs respectively, on August 11 an Asian truck driver was arrested for the possession of 25 kgs. At the Kuwaiti-Saudi border, namely Salmi road, DCGD in coordination with the General Customs Department confiscated 162,988 narcotic pills hidden in a cargo of elegant furniture coming from an unspecified Arab country sent to a Kuwaiti citizen. Also seizures were made at Kuwait International Airport. On August 11 an Ethiopian woman was arrested for trying to smuggle 35 kgs of narcotics into the country. On August 25 customs officers foiled an attempt by two Ethiopian housemaids to push 10 kgs of the drug substance 'qat' into the country. On August 26 customs officers arrested a Lebanese passenger smuggling 140,000 narcotic pills packed in parcels. On September 1 an Arab national was arrested for attempting to smuggle 250 grams of hashish and 2,000 narcotic pills. The coastal guard witnessed as well several cases of smuggling incidents.

On April 1, a dumped box containing 130 kgs of hashish and a large number of narcotic pills stuck in a fisherman's net was seized in the sea probably dropped to avoid arrest. On June 28, a patrol team captured two individuals on a boat who threw two bags containing 242 kgs of hashish into the sea. On July 3, upon a call from a fisherman, the Coast Guard pulled up 109 kgs of drugs from the sea tied to a piece of cork found floating near Ohah Island. At another similar incident near Ohah Island, a Kuwaiti fisherman discovered floating bags containing 159 kgs of hashish.

A study by the statistics and research department of the Ministry of Justice shows that almost 40% of the drug cases tried by the Kuwaiti courts in the last ten years resulted in acquittals, setting 4,421 drug suspects free. 80% of these acquittals was due to improper search and faulty arrest procedures. These numbers strongly corroborate hints by the same anonymous sources of the Ministry of Interior that "drug deals" exist between corrupt officers and drug dealers whereby an officer is able to seize large quantities showing success in the first against drugs but he does so deliberately not in compliance with the legal procedures so that the culprits be acquitted later by the court.

On the other hand it must be taken into account that during the last ten years 6843 persons were convicted of whom 71 sentenced to death and 711 to life imprisonment. In the same period 5207 cases of possession of drugs were tried compared to 1322 cases of possession of psychotropic substances. The majority of the suspects tried were aged between 19 and 39 years. On April 10 for the first time in Kuwait's criminal records a Kuwaiti woman received life sentence for drug trafficking.

One crucial factor contributing to the high levels of illegal trafficking is, as mentioned in our previous reports, the ability of drug dealers to continue with their activities from the inside after they are arrested. Arrested suspects confess that they work for dealers serving time in the Central Jail. Cell phones and drugs are found in the possession of inmates on regular searches. Furthermore surveillance is insufficient. Only one officer is assigned to monitor 15 cameras. The same sources mentioned above state that none of these activities would be possible without the cooperation of corrupt security personnel. Evidence of this comes also from interviewed prisoners who claim that they can have access to different drugs sold between inmates and that police officers, cleaning workers and other employees of the jail help smuggling drugs in exchange for money.

According to anonymous security sources cocaine is the most expensive drug in Kuwait, a kg being sold for 7000 KD and a gram being available for 90 KD (1 KD=2.7 euros approx). Heroin is sold for 12000 KD per kg and 20 KD per gram, down from 100 KD per gram in 1996, an indication that the massive supply of drugs has led to a drop in prices. The most commonly used drug in Kuwait and the Gulf region is heroin sourced from Afghanistan, Iran and Pakistan.

There are two kinds of hashish being trafficked locally, the first is the ‘blonde’ type coming from Lebanon and selling for 1400 KD per kg, and the second is the ‘dark’ type from Iran being available for 1200 KD per kg. Opium, coming primarily from Iran, sells for 800 KD per kg. It is also available in cigarette-like pieces selling for 20 KD each. Several kinds of pills are also sold. The most widely used among the youth due to its low price is the captagon pill selling for 2 KD per tablet, and another kind known as ACC available for 5 KD per tablet. There is growing popularity for another pill of pink color, hence its name “strawberry” in the local market, that is actually tramadol but instead of the 50 gram pill used for medical purposes addicts consume a type in which the concentration reaches 225 grams. This pill is particularly popular again among the young population due to the misconception that it enhances sexual ability. Furthermore, a new drug recently appeared in the Kuwaiti “market” by the name “shabu”, a slang term for the drug methamphetamine used in Japan, Hong Kong, Philippines, Malaysia and Indonesia. It is a deadly combination of pills with a mixture of methamphetamine and caffeine.

According to drug treatment specialists, UN statistics make reference of 50,000 addicts existing in Kuwait as opposed to the 20,000 estimated by the Ministry of Interior. In addition to drug rehabilitation programmes ran by several NGO’s, an addiction treatment centre is operated within the state-owned Kuwait Clinic of Psychiatry. The centre’s programme is divided in three stages, the first involving the blood cleansing stage, followed by a pre-rehabilitation stage and the actual rehabilitation process. 1,522 patients were admitted to the facility in 2011, 92 of them were women, compared to 1,247 in 2010. In the present year until September 900 patients were admitted. 168 patients are undergoing therapy. The facility suffers from staff shortage and limited bed capacity. Its maximum capacity is 225 beds and its staff includes 9 doctors and 12 psychologists.

The government does its part to continuously highlight the efforts launched by the competent authorities to counter the illicit trafficking and consumption. On June 26, Kuwait celebrated the UN International Day Against Drug Abuse and Illicit Trafficking. During the celebrations carried around the state, Kuwait's National Anti-Drugs Committee, along with relevant NGOs joined once again their efforts to fight the drug “phenomenon” by launching several campaigns highlighting the danger of drug use. At the same time the Ministry of Interior announced a 4 million KD media campaign to underline the danger of illegal narcotics targeting the Kuwaiti youth which is the largest segment of drug abusers. Strategic plans worth additional 6 million KD were announced in August to strengthen the security arrangements around the country in order to counter drug smuggling.



During his Ramadan visit on August 1 at the Kuwait Army, Police and National Guards Clubs the Amir voiced his “concerns over seriously growing drug phenomena that threaten security and stability”, and stressed “the need to take decisive action to wipe out their negative impact to society”. He urged anti-drug squads to “exert more efforts to stop the spreading of drugs on Kuwait’s soil”.

It should be stressed that Kuwait commits itself to cooperating with Arab, regional and international bodies and authorities. It took part in most drug-control conferences and relevant training programmes. On April 2 Kuwaiti officials participated in the 26th meeting of the Gulf Co-operation Council (GCC) anti-drug agencies convened in Manama for three days to discuss ways to combat drugs and prevent adolescent drug use. They were joined by officials from the GCC General Secretariat and the Gulf Criminal Information Centre to Combat Drugs. The GCC competent authorities stressed the importance of sharing information among agencies combating the illegal drug trafficking in the Gulf. Furthermore, on June 24 Kuwaiti officers along with their colleagues from GCC members followed a training course at the Bahrain Customs Affairs Training Institute as part of an annual mid-year course. The training programme spotlighted the role of the regional bureau in data exchanging. On June 28, GCC Anti-Drug squad personnel graduated from the Directorate of Criminal Investigation and Forensic Science in Manama. During the graduation ceremony the Director of the Directorate underlined the importance of exchanging data and expertise and called for stronger partnership between GCC anti-drug trafficking authorities to protect Gulf societies, stave off threats and beef up the security of the borders and land, maritime and air entry points.

## **8. LEBANON**

### **8.1. The meeting of the Mini Dublin Group in Beirut**

The present text updates the April 2012 report and concerns the period of April till September 2012. 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 5 October 2012.

The following countries participated at the meeting: Austria, Belgium, Cyprus, Finland, France, Germany, U.S.A, Greece (Chairmanship), as well as representatives of the EU Delegation and UNODC.

The Mini Dublin meeting started with a presentation by the Head of Drug Enforcement Central Bureau of Lebanon's Internal Security Forces (ISF) Colonel Adel MACHMOUCHI, 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.

### **General political and security situation**

The present Lebanese Government was formed in June 2011, consisting of the "March 8" coalition parties (FPM, Hezbollah, AMAL, PSP, Marada), with the participation of politicians affiliated to the President of the Republic, the Prime-Minister and the President of the Parliament. The government, headed by Najib MIKATI, despite the difficulties met in dealing with several controversial matters is still in power.

Lebanon is part of a region with ongoing destabilizing developments. The main dangers for the future of the country, in terms of security, are linked to the situation in Syria. For the time being, despite the adoption of a policy of disassociation vis à vis Syria, the problematic situation in the neighboring country has an inevitable negative impact on political, security and religious level in Lebanon.

Violations of the Lebanese borders are frequent, reports regarding the use of Lebanese territory as weapons smuggling transit point are numerous, the inflow of Syrian refugees is constant (more than 78,000 are registered with UNCHR). In addition to that, Tripoli continues to be an arena of violent conflicts between supporters and opponents of the Assad regime, resulting in the death of approximately 30 people during the June and August clashes.

Moreover, it has to be pointed-out that public security was jeopardized by a series of kidnappings of 27 syrian and 2 turkish citizens in August in retaliation for the prior abduction of 11 Shiites pilgrims in Syria in May. Nonetheless, the gradual release of the abducted in Lebanon and the arrest of the culpable shiite clan's members, deterred a looming escalation. Furthermore, kidnappings for economical reasons (ransom) pose an important challenge in the internal field for the law enforcement agencies.

## 8.2. General Drugs Situation

### 8.2.1. 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 was largely expanded during the civil war, has become not only an ongoing phenomenon, but also way of life 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 of 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.

Arguably, the security situation in Lebanon and especially in Syria provides a favorable environment for the expansion of the illegally cultivated areas, given the fact that those who deal with these unlawful activities take advantage of the prevailing instability.

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.

During the last years though, it can be argued that captagon manufacturing is developing within the country, reflecting a rather regional phenomenon. Indicative of this, is the detection of four machines (two in January and two in September) for producing captagon at Beirut Port, originating from China and the seizure of large quantities of captagon pills and methamphetamine, in various spots of the Lebanese territory including the Beirut International airport, just before their exportation abroad. Two captagon laboratories were detected by the Lebanese police forces in February, but it is believed that there are more that still operate.

Demand for drugs in the country and persons involved in these activities shows a slight but steady increase (following however the current trends).

### 8.2.2. Eradication activities

During summer 2012 the Lebanese Internal Security Forces (ISF) with the valuable assistance of the Lebanese Army conducted the yearly operations for the eradication of hashish fields in the region of Bekaa. It has to be noted that the reactions of the local society were significant and massive this year, ranging from widespread protests to armed attacks, and resulted in the death of one civilian and the injury of two soldiers.

The abovementioned developments 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), forced the security agencies to postpone the August operations.

When the operations resumed in September, the hashish in most of the aforementioned areas had been already cultivated. As a result, it is estimated that 8.000 dunums of hashish fields were eradicated, namely only one third of the initial target and less than one fourth of last year's achievement (35.000 dunums).

Contrary to the previous year's operations, no opium fields were destroyed.

### 8.2.3. *Trafficking*

Due to its location, Lebanon has in recent years become a transit country for drug trafficking both within 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:
  - from European countries and Egypt in relatively large quantities, by sea,
  - from European and Arabic countries by air. Drugs are usually detected in bags carried by persons, in parcels transferred by air-mail or even in capsules which have been swallowed by individuals.
  - from Latin America (Venezuela, Colombia, Peru, Bolivia and Brazil) via Jordan, Syria and African countries. Imports from Latin America are easier and more frequent due to the presence of many Lebanese citizens in these countries.
- heroin is imported from Afghanistan through Iran, Turkey and Syria, subsequently and
- stimulant drug substances, pills, their precursors and manufacturing machines are imported from China.

In the field of exportation, **hashish** is exported in relatively large quantities to Turkey, Syria and some Gulf countries overland, to Egypt by sea, while the exportation by air to Egypt and Cyprus takes place in relatively small quantities.

Syrian regions near the borders (Homs) are frequently used as a distribution center for drugs coming from Lebanon, especially for amphetamine (captagon).

Drug trafficking and especially heroin trafficking along the Israeli-Lebanese borders seems to have been reanimated since the end of hostilities in 2006. There is no official data from the Lebanese authorities on the area, as the frontier is guarded by UNIFIL.

The situation in Syria forces the overseas distributors to increase trafficking to Asian countries through Lebanon, but at the same time the enhanced border controls between the two countries can be a discouraging factor for aspiring traffickers.

### **8.3. Anti-Drug Strategy / Actions against Drugs**

The main priority of the security forces under the current circumstances is the eradication of illicit cultivations in Bekaa in order to prevent the production and the trafficking of hashish, but as it was proven by this year's operations, these tactics cannot be always effective.

For drastic combat of this phenomenon, preventive measures have to be taken and structural reforms have to be adopted, aiming at the source of the problematic situation. The Government seems willing to offer to the local farmers alternative crops (i.e sugar-beet), but the infrastructure appears to be inadequate and on top of that local society looks rather hesitant to implement these initiatives. The most effective way is, as usual, the most difficult one, and consists of establishing a national long-term strategy, with the cooperation of all competent authorities, for the development of the region and the motivation of the locals. As the head of the I.S.F narcotic department stressed, this goal can be achieved by generating animal husbandry and industrial agriculture facilities, boosting tourism and restoring the sense of security in an area, where more than two hundred persons, wanted with arrest warrants, are located.

It has to be stressed that, as another preventive measure the Lebanese Authorities through the Security Forces in collaboration with educational institutions, Non Government Organizations, municipalities, political parties e.t.c try to succeed in raising the awareness and alert of the society.

Regarding the drug suppression, the major seizures in total numbers are illustrated in the tables below, including the data distributed by ISF to the participants at the meeting of 5 October 2012:

**Statistics 2012 (till September)**

**1st: Kinds and quantity of drugs**

Kinds of drugs seized	Quantity		Other kinds	Quantity
	kg	gr		(piles)
Hashish	188	236	captagon	260025p
Heroin	18	830	xct	1874 p
Cocaine	5	702	Different kind of pills	8267 p
Marijuana	-	609.8	Unknown pills	1295 p
Chemical substance used in captagon	4895		Marijuana plants	194 plants
caffeine	4366		Unknown white powder	449.472 kg
Hashish Piles	369	442	ether	4715 ml
Amphetamine BMK Bas amphetamine	13 liters 92 litres		simo	590 b
Ephedrine powder	6 kg		Heroin liquid	1 ml
Sweets mixed with Ephedrine	20 kg		Cigarettes with hashish	34 cigarette

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

Classifications								
TOTAL	Others	Addicts	Brokers	Carrier	Dealers	smuggler	Producer	farmer
1476	20	875	301	4	248	18	6	4

Places of seizure					
Total	Unknown	On Lebanese territory	Airports	Via sea	Via land
1476	-	1461	12	2	1

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

Arrested Persons' nationalities			
Total	Others	Arabs	Citizens
2198	15	328	1855

Criminal classification									
Total	Others	Addicts	Brokers	carrier	inverter	Dealers	Smuggler	Producer	farmer
2198	28	1719	307	6	-	97	30	8	3

**4th : Numbers of addicts via kinds of drugs :**

Marijuana		Cocaine		Heroin		Opium		Hashish	
female	male	female	male	female	male	female	male	female	male
1	4	22	372	9	275	-	-	28	745

Total		Others		Other ( simo)		Pills		captagon	
Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
62	1657	1	130	-	4	1	124	-	3

**5th: Destroyed areas with planted drugs during 2012:**

<b>Area destroyed</b>	<b>Kind of plants</b>
-	<b>Opium</b>
<b>8000.000 m2</b>	<b>Hashish</b>



## Major Drug Seizing

From March till September 2012

Date Seized	drug type	Weight	source	destination	Seized at	Concealed / Hidden	N . of arrested people and nationality
28/4/2012	Heroin	7.850 kg	Lebanon	Russia	rafik Hariri international Airport	Inside bags	1-syrian
17/7/2012	Cocaine	970 g	Bolivia	Lebanon	rafik Hariri international Airport	Inside boxes	3-lebanese
24/7/2012	Cocaine	2980 g	Bolivia	Lebanon	rafik Hariri international Airport	Inside Hand Bag	1-bolivian
28/7/2012	Captagon	60.000 p	Lebanon	Kuwait	rafik Hariri international Airport	Inside boots	1-lebanese
04/8/2012	Heroin	8238 g	Lebanon	Belgium	rafik Hariri international Airport	Inside bags	1-lebanese
24/8/2012	Amphetamine	240 kg	Lebanon	Lebanon	Albikaa	Inside packages	2-lebanese
10/9/2012	Machines for making captagon	-	China	Lebanon	Lebanon	Inside a container packed with motorcycle components and oil	5-lebanese
24/9/2012	Cocaine	7 kg		Lebanon	rafik Hariri international Airport	Inside bags	1-lebanese

### *8.3.1. Participation in International Instruments / International Cooperation*

In the fight against illicit drug smuggling, the Lebanese Government gives priority to collaboration with third countries, strengthening of border controls, stricter airport checks of passengers and luggage and closer monitoring of imported substances for industrial purposes.

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.

### *8.3.2. Rehabilitation*

There are at least 8 NGO's running rehabilitation programs, but only Oum El Nour (OEN) is cooperating with the Ministry of Public Health.

Special wings for rehabilitation have been created in Rafik Hariri Hospital and Daher Elbashek Hospital with a capacity of 14 persons each.

The increase of the State presence and activation, the expansion of the facilities all over the country and the need for access to the programs to everyone constitute the necessary steps to be followed. Arrested addicts are offered by law the possibility of avoiding statutory sentences in the Ministry of Health centres. The Lebanese legislation, being adapted to the international standards, addresses the addict drug users as patients and not as criminals. However, the absence of the committee which should have been already formed, the small number of rehabilitation facilities, belonging to and cooperating with the State, in comparison with the increasing number of people arrested for drugs, does not allow the competent authorities to put the law into force.

A very important problem exists in Lebanon's overpopulated prisons as well. One of the NGO's is currently active in Rumieh central prison, but lack of the necessary capacity and infrastructure does not allow a decent detention of the numerous drug addicts.

The program of Opioid Substitution Treatment by the Ministry of Health, which started at the beginning of the year, still goes on.

### 8.3.3. *External assistance to Lebanon by DG Members regarding law and order and in CN strategy.*

The only relevant action that was reported by the participants at the Mini Dublin group meeting, concerns the aid provided to the ISF Counter Narcotics unit by the Office of International Narcotics and Law Enforcement Programs (INL) of the U.S. Embassy in Lebanon. The aid consists of supplying technological equipment, vehicles, and offering training programs to the ISF personnel.

## **8.4. Conclusions/ Recommendations:**

- The main actual target 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.  
In a long term approach, the development of a national strategy, aiming at addressing the problem in depth, 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 with regard to the drug and money laundering activities.
- The concretization of the good intentions and efforts of the Lebanese Government for the treatment and rehabilitation of the drug addicts (offenders or not) into the society, remains an important challenge.

The functioning of rehabilitation centres for the hospitalisation of drug addicts, in collaboration with the Government, is of paramount importance, especially as an alternative sentence. This requires the activation of the Drug Addiction Committee and a more effective and structural cooperation between the competent Police, Judicial and Public Health Authorities.

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.

## **9. OMAN**

### **9.1. 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.

### **9.2. 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.

### **9.3. 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. 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.

The competent authorities make efforts to combat trafficking. To this end, they are cooperating with other governments and they also participate in the UN sub-commission on illicit drug traffic and related matters in the near and middle east. Lastly, a law against money laundering has been promulgated in March 2002.

There is Inter-Ministerial Committee to oversee drug framework matters in the country, and a Drug Control Unit. 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.

### **9.4. 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.

## **9.5. 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 more rehabilitation centres.

## **10. ISRAEL**

### **10.1. General evaluation for the period April-October 2012**

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.

#### *10.1.1. 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 two 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.

### *10.1.2. 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.

### *10.1.3. 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.

## **10.2. Israel’s Anti-Narcotic Strategy**

### *10.2.1. 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.

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). Israeli delegates attended two seminars recently hosted by the EMCDDA in Portugal and Cyprus.



Key study visits in 2012:

- Technical Assistance and Information Exchange (TAIEX) Instrument of the EU Commission sponsored a lecture in Israel on the issue of driving under influence of drugs (May, 2012).
- IADA's Director-General participated in the launching of the Initiative "Prevention Strategy and Policy Makers", hosted by the UNODC and the Department for National Anti-Drug Policies of Italy, in Rome (October, 2012).
- Israeli delegate participated as keynote speaker at the OSCE Conference on prevention of illicit drug supply to youth (October, 2012).

### *10.2.2. 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 this year, 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.

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

### 10.2.3. 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.

### 10.2.4. 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**

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

### *10.2.5. Actions against Drugs (Demand Reduction and Rehabilitation)*

- Enhanced cooperation with youth organizations (“Youth Movements Council”, “National Student Council-Universities”, “Student Council”) is being promoted.
- There has been an increase in programs concerning the Arab community and the religious and orthodox Jews.
- A new web-based treatment platform for clean addicts has been launched.
- Realizing the increasing influence of the Internet, particularly among the youth, emphasis has been put on Internet based public campaigns (rather than TV). To this end, IADA’s website was updated and a new Facebook page was created.

### *10.2.6. Money Laundering*

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

### *10.2.7. 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.

### 10.3. 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.

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