



REPUBLIC OF ARMENIA

**ANNUAL REPORT ON
DRUG**

YEREVAN

2004

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SUMMARY

This report is the first national report which gives an overview of the drug situation in the Republic of Armenia.

The report is the product of the joint efforts of the National Focal Point on Drug Information and the Drug Information Working Group, which is composed of specialists representing drug-related governmental agencies and non-governmental institutions. The structure of the report is based on the European Monitoring Center on Drugs and Drug Addiction (EMCDDA) Guidelines for National Reports, which are observed by all EU and CEEC countries. The report includes official data which was provided by the counterparts of the National Focal Point. It aims to outline the political and legal framework in the drug field, epidemiological situation, as well as demand reduction interventions.

In 2001 the European Commission and the United Nations Development Programme (UNDP) jointly launched the “Southern Caucasus Anti Drug Programme” (SCAD). The overall objective of SCAD is to support the governments of Azerbaijan, Georgia and Armenia in their efforts towards combating illicit drug trafficking and drug transit throughout the region to the European Union’s member states. The programme is also aimed at preventing drug abuse in early stages.

The SCAD Programme in Armenia is focused on addressing the following issues:

- drug related legislation
- land border control
- drug intelligence
- drug information and
- drug prevention

The third phase of the SCAD Programme was launched by the Government of Armenia and UNDP on March 21, 2003.

Within the framework of the SCAD Programme, in October 2002, the Interdepartmental Committee on Fight Against Drug Abuse and Drug Trafficking established a National Focal Point (NFP) on Drug Information in Armenia. In January 2003 the NFP became fully operational. The overall objective of the NFP is the establishment of a national drug information system. To achieve this objective NFP identified the information resource contact person in the various national institutions and established the Information Flow Working Group. The latter is comprised of representatives from the main governmental and non-governmental agencies. The NFP has a web site (<http://www.drugnfp.am>) where readers can find drug-related information, national reports, information maps, statistics and other information.

The counterparts of the National Focal Point in Armenia are:

1. Police
2. Ministry of Health
3. Narcological Center of the Ministry of Health
4. National Center for AIDS Prevention
5. Ministry of Justice
6. Ministry of Education and Science
7. General Prosecutor Office
8. State Customs Committee
9. National Statistics Service
10. Forensic sciences laboratory
11. NGO Center
12. AIDS Prevention, Education and Care NGO
13. Drug Civil Society NGO

The National Focal Point on Drug Information is the first of its kind in Armenia. It is the only agency responsible for collecting, collating and analyzing drug-related information that has been provided by the various national institutions.

The National Focal Point is responsible for bringing together data from the above-mentioned sources and producing a national report. The NFP on Drug Information acknowledges and extends its gratitude to its counterparts for their contribution and support during the development of the drug information network and annual report outline. Thanks goes to Mrs. Aida Gabrielyan (National Statistical Service), Mrs. Anahit Muradyan (Ministry of Education and Science), Mrs. Karine Petrosyan and Mr. Hovhannes Hovhannisyan (Ministry of Justice), Mr. Alexandr Ghukasyan and Mrs. Seda Jamalyan (Narcological Center), Mr. Ashot Mkrtchyan (Drug Squad of Police), Mr. Rafayel Gyulnazaryan (General Prosecutor Office), Mr. Vladimir Davidyants and Alexandr Bazarchyan (Ministry of Health), Mr. Igor Khachaturov (State Customs Committee), Mr. Artak Moushegyan (APEC NGO), Mr. Shota Vardanyan (Forensic sciences laboratory), Mr. Petros Semerjyan (Ministry of Health), Mr. Arshak Papoyan (National Center for AIDS prevention).

Special thanks to Mr. Grigor Malintyan - SCAD Country Manager for his invaluable input in the development and production of this report.

Invitation for Comments

Anyone interested in contributing to the next Armenian Report on Drugs can contact the Armenian National Focal Point. All comments are welcome.

PART 1. NATIONAL STRATEGIES. Institutional and Legal Frameworks

1.1. Developments in Drug Policy and Responses

Over the last decade, nations throughout the world have become increasingly alarmed by the dramatic growth of drug abuse and illicit drug trafficking. Every nation faces the reality of this societal menace. Armenia, and the Southern Caucasus, is no different.

The Government of the Republic of Armenia is ever-vigilant in its crusade against illegal drug trafficking and drug addiction, with the aim of protecting the nation from becoming involved in drug trafficking and drug dependency. The Government is guided by the slogan “Armenia Free of Drugs”.

Development of the national strategy in the drug abuse field is of great concern to all drug-related institutions.

In 1993 the Republic of Armenia assented to the three major UN Drug Control Conventions, namely the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

On December 21, 1993 the president of Armenia, following the international requirements of the Conventions, passed a new edict on “Reinforcement of Measures in Combat Against Drug Abuse and Illicit Drug Trafficking“. This resulted in the establishment of the Interdepartmental Committee on Combating Drug Addiction and Drug Trafficking, which was comprised of the first deputy ministers of the relevant ministries, agencies and departments.

On February 14, 1994 the Government of Armenia adopted the regulations of the Interdepartmental Committee for fighting drug addiction and drug trafficking in Armenia.

The president of Armenia, by a decree dated November 27, 1995, introduced changes to the edict “Reinforcement of Measures in Combat Against Drug Abuse and Illicit Drug Trafficking“. The amendment envisioned prevention activities for adolescents. The Interdepartmental Committee developed a National Strategic Plan on fighting drug addiction and illicit drug trafficking. This document outlines the main strategy of the Armenian Government to improve the drug control situation and enhance the implementation of anti- drug programmes. The Interdepartmental Committee is responsible for the coordinated implementation of the National Strategic Plan. While endorsed by all relevant agencies, the implementation of the programme lags behind due to a lack of funds.

The prime minister of Armenia issued a decree (N 496) on August 17, 2000 which established the Standing Commission on Drug Control. The main task of the Commission is to arrange the lists/tables of the drugs, psychotropic substances and their precursors to be controlled in Armenia, as well as to grade the amounts of drugs withdrawn from illegal trafficking in the country. Those classifications have a significant role in terms of evaluating drug-related crimes from the criminal and legislative viewpoint.

On December 14, 2001, within the framework of the SCAD Programme, a Task Force on drug-related legislation (TFL) was created. It is comprised of the representatives of relevant ministries and agencies, including the National Assembly, Ministry of Foreign Affairs, Ministry of Justice, Ministry of Health, Police, Prosecution, President’s Administration and Court of Cassation. The TFL produced the “National Action Plan on Harmonization and Improvement of Drug-related Legislation” which was adopted at the Regional Seminar in Tbilisi, Georgia in December 2001.

The Government of Armenia adopted the “HIV/AIDS Prevention Programme” on April 1, 2002 with its primary strategy of training programmes for HIV/AIDS and drugs prevention, prevention of HIV/AIDS among intravenous drug users, harm reduction, etc.

On October 18, 2002, the national experts developed the draft National Action Plan on Drug Information System during a seminar on “Data Collection on Drug Addiction and Drugs”.

On February 10, 2003 the president of Armenia ratified the law on “Narcotic Drugs and Psychotropic Substances” which was adopted by the National Assembly in December 2002. This law governs the relationships in the traffic of narcotic drugs and psychotropic substances, as well as establishing the legal bases of the national policy for interdiction in their illicit traffic, and the main measures in combating drug addiction for protecting the health of the citizens, the security of the state and the general public (see attached Law).

The new Criminal Code of the Republic of Armenia (all legislation refers to Armenia, unless otherwise noted) was adopted on April 18, 2003. The Code establishes the bases of criminal accountability and principles of criminal law, identifies those crimes and offences which pose a threat to society and specifies the various types of punishment.

On August 12, 2003 the Ministry of Health issued a decree (N 691) which endorsed the lists of big and especially big amounts of narcotic drugs and psychotropic substances. The decree is based on Article 266, Part 4 of the Criminal Code.

The development of the draft for the National Programme on Alcohol and Drug Abuse is still in the process of approval.

1.2. Developments in Public Attitudes and Debates

No data available

1.3. Budget and Funding Arrangements

No data available

PART II. EPIDEMIOLOGICAL SITUATION

2.1. Prevalence, Patterns and Developments in Drug Use

There have been no specific drug prevalence surveys among the general population in Armenia. It should be mentioned however, that the National Center for AIDS Prevention has conducted two HIV/AIDS prevalence studies:

1. Rapid Assessment of the spread of infection including intravenous drug users (in 2000)
2. Situation Analysis (in 2002)

In recent years a considerable increase in the number of cases of infection through intravenous drug use has been observed. For example, until 1999 the transmission mode via sexual contact exceeded the transmission mode through intravenous drug usage, the ratio between such cases was 41 to 22, respectively. From 1999 to May 2000, the ratio changed sharply to 18/27. In fact, 20 cases of HIV infection and 2 seropositive cases (whose HIV status was confirmed later) were registered in 1999. These cases were revealed by testing only 46 intravenous drug users (IDU) which proves the necessity of full HIV testing of this group. All the individuals infected via intravenous drug use were men. As well, the majority of them temporarily lived in Russia and were probably infected with HIV there. In addition, the majority of all the HIV carrier males (52%) are individuals who practice intravenous drug use, whereas the main transmission mode for women is heterosexual contacts. It is worth mentioning that the first case of HIV transmission through homosexual practices was not registered until 2000, in Penitentiary Institutions, where (as in closed monosexual system) homosexual relations are widespread. This practice increases the risk of HIV infection. The only case of HIV transmission through blood was also registered in 2000.

The highest number of HIV carriers was reported in Yerevan at 59 cases; this constitutes 48% of all registered cases. Furthermore, in 1999 46% of the new cases were registered in

Yerevan, where 16 HIV infected individuals were registered; this exceeds the number of cases registered in 1998 by four times.

According to the data of the Rapid Assessment of drug abuse and HIV prevalence:

- the majority of IDUs (56%) are young men aged 19-30
- men constitute the majority of the drug users
- syringes are mainly purchased from drug stores
- 84% use disposable syringes, whereas 10.4% changes only the needle
- during their lifetime 10.8% have been ill with parenteral Virus Hepatitis (B, C)
- 84.1% had sexual contacts with women who do not use drugs

Results of the Situation Analysis of 2002 : HIV laboratory testing was conducted among 201 IDUs. As a result, 30 of them tested seropositive. Therefore, the data estimated in 90% of the confidence interval show that HIV prevalence among IDUs is in the range of 11-20%, which constitutes an average of 15%. The findings of behavioral surveillance revealed that two-thirds of the surveyed IDUs are people under 34 years old and the majority of them started to use drugs from 15-29 years.

Within the framework of the SCAD Programme, in November of 2003, the AIDS Prevention Union NGO conducted a survey on tobacco, alcohol and drug use prevalence among university students in Armenia. To assess tobacco, alcohol and drug use situation among Armenian students, the survey was conducted among 500 university students in Yerevan who agreed to participate in the survey. Survey participants were from the following institutions: Yerevan State University, Armenian State Architectural University, Armenian Agricultural Academia, Yerevan State Medical University, Yerevan State Economical Institute (Table 1).

Participants, by occupation

Table 1

N	Name of higher educational institution	Number
1.	Yerevan State University	100
2.	Armenian State Architectural University	100
3.	Armenian Agricultural Academia	100
4.	Yerevan State Medical University	100
5.	Yerevan State Economical Institute	100
Total		500

A booklet targeted towards young people titled “Influence of Drug Use on Health” was developed, designed and printed.

Two-stage cluster sampling method was used. The aim of the survey was to obtain comparable, reliable information on:

- the extent and pattern of consumption of tobacco, alcohol and different drugs in students
- the characteristics and behaviors of users

A questionnaire was developed, designed and printed for conducting the survey. EMCDDA key indicators were taken into consideration during the questionnaire development. The survey was conducted by the method of questioning. The questionnaire contained questions on gender, age, residence, as well as questions on the use of tobacco, alcohol, sedatives/tranquillizers and illicit drugs. All participants remained anonymous.

Data collected was processed by the method of quantitative statistics taking into consideration accuracy indexes. Epi Info 2000 software was used for processing and developing the data.

The results of the survey show that 37.4% of the participants smoke tobacco, but 64.1% used to smoke. 87.6% of those surveyed used alcohol during the last 12 months, 70.8% used alcohol during the last 30 days.

19.4% of those participated at the survey used hashish or marihuana during life time, 71.9% of those used during last year and 45.8% used during last 30 days. Heroin prevalence was as following: 1.4% used during life time, 85.7% of those used during last year and 57.1% used during last month (LTP- life time prevalence – is a cumulative measure and thus can only increase, not decrease, even if people stop taking drugs. It cannot be used to measure trends in drug use in the general population. LYP- last year prevalence, LMP - last month prevalence – are more appropriate to monitor trends over time).

61.3% of the participated students do not personally know people who take hashish or marihuana and 89.6% of them do not know people who take heroin.

5.6% of the surveyed students perceive a drug addict more as a criminal, 49.2% - more as a patient; 8.2% of those surveyed fully agree with the following statement: "People should be permitted to take hashish or marihuana", 48.5% fully disagree with this statement; 3.8% of the surveyed students fully agree with the following statement: "People should be permitted to take heroin", 65.7% fully disagree with this statement. 30.7% of those surveyed do not disapprove when people try heroin once or twice, 46.6% disapprove that. 31.9% of those surveyed do not disapprove when people smoke marihuana or hashish occasionally, 43.9% disapprove that. 2.6% of those surveyed consider it to be no risk in smoking marihuana or hashish regularly, 74.5% consider it to be great risk.

47.4% of the surveyed young people are aged under 19; 49.1% are aged 20-24 (Table 2). Nearly 70% of those surveyed reside in Yerevan; 22% in other cities and 5.9% in villages.

Allocation of the surveyed youth by age group, residence and gender

Table 2

Characteristics	Absolute number	%
Age group		
15-19	235	47.4
20-24	244	49.1
25-29	15	3
30-34	2	0.4
Residence		
Yerevan	351	70.9
Other cities	109	22
Villages	29	5.9
Gender		
Male	353	71
Female	144	29
Total	500	100

2.2. Problem Drug Use

No available information

2.3. Health Consequences

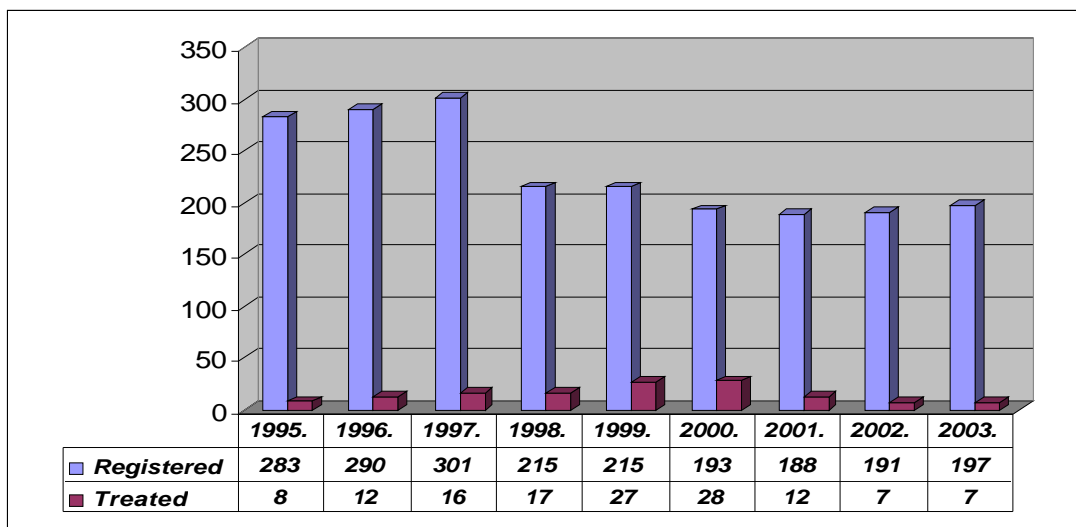
Drug Treatment Demand

In Armenia, narcological medical aid and services can be provided only by institutions licensed by the Armenian Ministry of Health, regardless of their form of ownership. These are: Republican Narcological Center, Anonymous Treatment and Health Care Center for the Prevention of Dependences, Gyumri Center of Psychological Health, Psychoneurological Dispenser of Vanadzor, Narcological cabinets of regional polyclinics in the Marzes of the Republic of Armenia. There are 18 narcologists working in Armenia: 9 of them in Yerevan and 9 in the marzes. In different marzes of the country narcological assistance is provided by doctor narcologists at polyclinics. In those marzes where there are not any narcologist, the responsibility falls on the doctor physician and neurapatologist.

Over the past few years, demand for drug treatment has been low. There is no large demand for treatment in Armenia and the number of treated persons has been steadily declining since 2000. Specialists of the narcological center believe this is due to a lack of awareness by the drug addicts on current legislation and their rights; another reason is that the patients do not trust the health care system.

Number of registered and treated persons at the narcological center

Graph 1



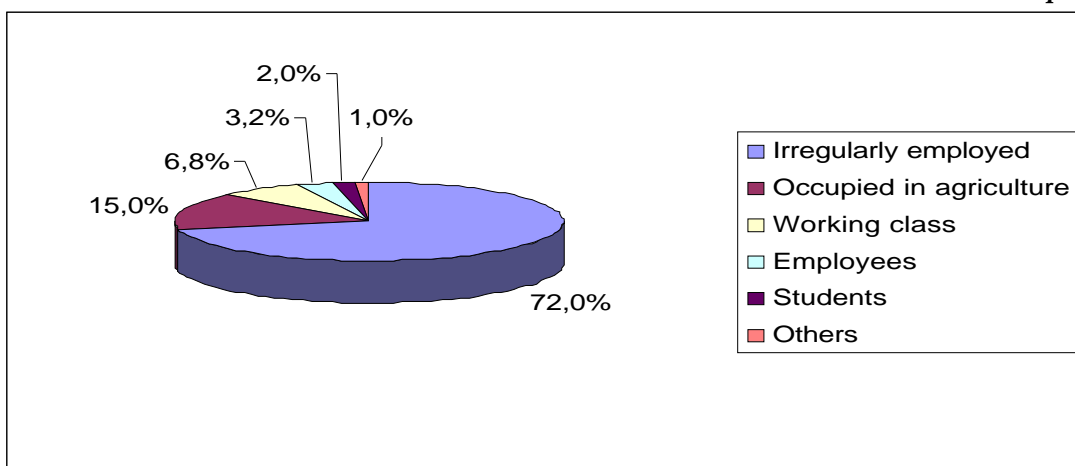
Socio – economic characteristics of the patients show that the vast majority of them belong to the 20-39 age group.

During the past few years the types of drugs taken by drug addicts and drug users in most cases have remained the same. Most of them continue to take cannabis-group drugs (marihuana, hashish, hashish oil) which usually are locally produced.

The social status of drug abusers is as follows: irregularly employed 66.2%, occupied in agriculture 23.5%, working class 7.0%, students 1.2%, employees 1.1%, others 1.0%. (See Graph 2)

Social status of drug abusers

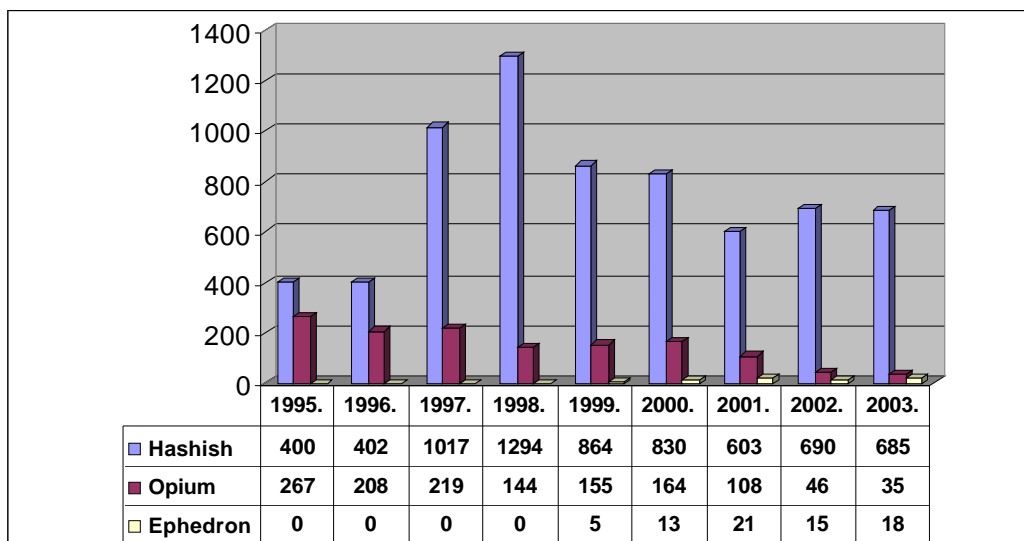
Graph 2



According to the data, people with intermittent employment make up the majority of drug users. The vast majority of drug users have secondary education and secondary specialized education. This group in general has no occupation and goes from job to job. Among drug addicts, generally they are employed but those with no permanent employment prevail. Most of the officially registered drug users consume hashish, followed by those who take opium and ephedron. (See Graph 3)

Number of persons under preventive observation (according to drug type)

Graph 3



2.4. Drug-Related Mortality

Drug-related mortality indicators show the impact of severe forms of drug use on the user's health. They also reflect the trends in the problems of drug use. Unfortunately, there are no statistics available on drug related deaths and mortality in Armenia; what data is available does not give an accurate picture. Of course, national and cultural peculiarities have a big role. In most cases families of drug addicts do not wish to publicize their situation (1) for the social stigma and (2) to avoid of having any problems with law enforcement. In general, classifying the death as related to addiction or overdose usually is met with huge resistance from the relatives of the deceased. Armenia adopted in 2003 ICD -10 Code and we think that in the next annual report this issue can be expanded on.

2.5. Drug-Related Infectious Diseases

HIV/AIDS Situation in Armenia

In Armenia, registration of cases of HIV infection began in 1988. From 1988 to January 1, 2004, 251 HIV carriers (15 of them with TB) were registered in Armenia and 239 of them were citizens of Armenia. During 2002 there were 41 registered cases of HIV, which is the

highest registered rate compared with other years. Men constitute a majority of HIV carriers with 188 cases (78.7%); women represent 51 cases (21.3%). Of the 251 reported cases of HIV infection, there are three cases (1.3%) of children infected with HIV.

The majority of the HIV carriers (79.6%) belong to the age group of 20-39. In January 2001, the first case of HIV infection and AIDS among children was registered. There are also registered cases of children born to HIV-infected or seropositive parents. The table below shows the dynamics, according to the year, of HIV infection, registered AIDS cases and death cases.

Table 3

Years of registration	HIV			AIDS			Number of registered death cases		
	total	male	female	total	male	Female	total	male	female
<1995	3	3	-	3	3	-	2	2	-
1996	27	19	8	7	7	-	3	3	-
1997	37	30	7	2	2	-	1	1	-
1998	9	5	4	2	1	1	3	3	-
1999	35	26	9	8	6	2	1	1	-
2000	29	23	6	3	2	1	5	4	1
2001	29	26	3	4	4	-	4	3	1
2002	41	33	8	1	1	-	9	8	1
2003	29	23	6	13	12	1	6	5	1
Total	239	188	51	43	38	5	34	30	4

The main modes of HIV transmission in Armenia are intravenous drug use (50.3%) and heterosexual contact (40.2%). It is remarkable that in recent years a considerable increase in the number of cases of infection through intravenous drug use has been observed. For example, until 1999 the number of cases of HIV infection via sexual contacts exceeded the number of cases of HIV infection through intravenous drug usage, the ratio between those cases was 41 to 22, respectively. From 1999 to January 1, 2004, the ratio changed sharply to 54/99. From 1999 to January 1, 2004, out of registered 163 cases, 98 were HIV infection through intravenous drug use (60.1%).

The first case of HIV infection from an IDU was registered in 1990.

1996 – 8 cases

1997 – 11 cases

1998 – 2 cases

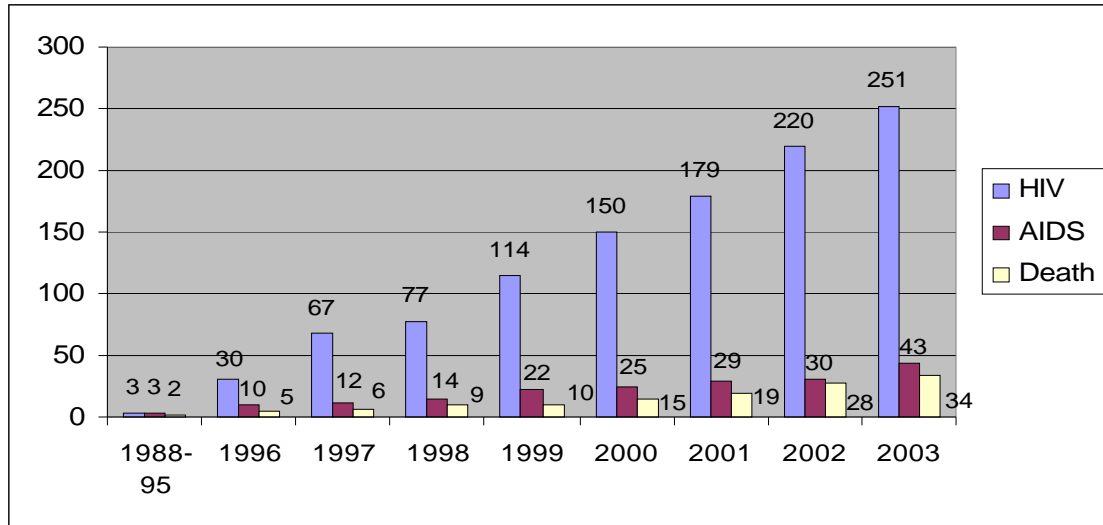
1999 – 20 cases

2000 - 18 cases

2001 -19 cases

2002 - 27 cases

2003 - 14 cases

*Dynamics of HIV/AIDS and Death Cases**Graph 4*

Forty three HIV-infected individuals have been diagnosed with AIDS (see Graph 4). From the beginning of the epidemic, 34 cases of death from HIV/AIDS have been registered, four of them in 2001, nine in 2002 and six in 2003.

The number of HIV/AIDS and death cases reported during the last four years exceeds the number of cases registered during the entire previous period of registration.

All the individuals infected via intravenous drug use were men. As a matter of fact, the majority of them temporarily lived in Russian (Moscow, St. Petersburg, Irkutsk and Rostov) and Ukraine (Odessa, Tiraspol and Kiev) and were probably infected with HIV there. In addition, the majority of all the HIV carrier males (63.8%) are individuals who practice intravenous drug use, whereas the main transmission mode for women is heterosexual contact (94.1%).

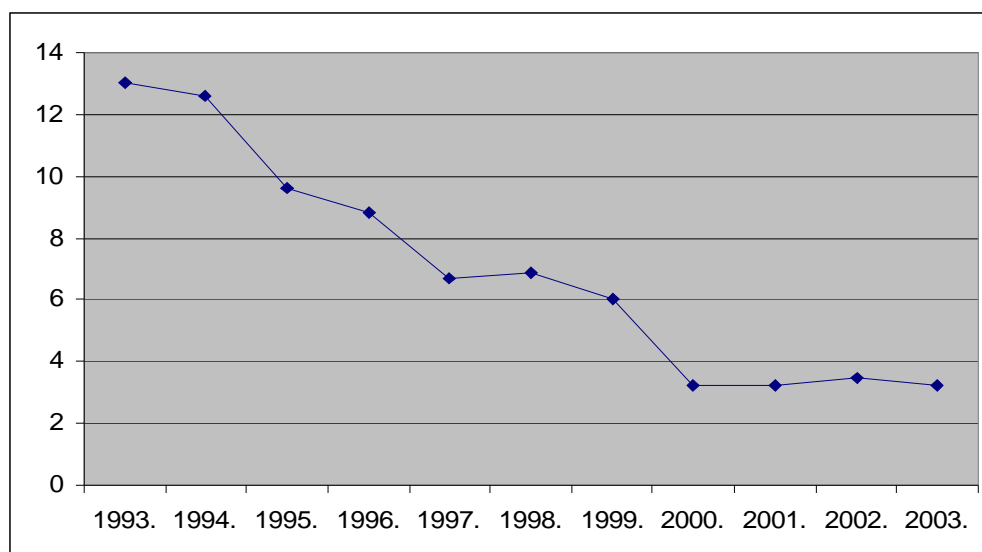
However, these statistics do not reflect the real HIV/AIDS prevalence in Armenia. HIV/AIDS rapid assessment shows that the real spread of HIV/AIDS is 10 times greater than the registered number of cases; in other words, there are estimated approximately 2,500 HIV carriers in the country.

Other Infectious Diseases

Other related infectious diseases have transmitted rapidly over the last few years in Armenia. The rate of hepatitis B (see Graph 5) among the adult population group has remained stable, between 3.2 (in 2003) and 3.5 (in 2002) per 100,000 inhabitants. In 2003, 103 cases of hepatitis B were registered in Armenia, down eight from 2002. In 2003, 16 cases of hepatitis B were registered among children. There is no available data on hepatitis C.

Hepatitis B morbidity rates per 100,000 inhabitants from 1993-2003

Graph 5



With regard to tuberculosis, and according to the official statistics, from 1993 there has been a steady increase in the number of diagnosed tuberculosis cases. In 1993 the number of new registered patients was 590; disease indicator per 100,000 inhabitants was 15.8. In 2002 the number of new cases was 1,393; disease indicator per 100,000 inhabitants was 3.4. The number of patients who were under dispenser control in 1993 was 3,082; per 100,000 inhabitants it was 82.4. The number of patients who were under dispenser control in 2002 was 6,050; per 100,000 inhabitants it was 188.5. An unfavorable trend is also observed among children under 14. In 2002 the tuberculosis rate among children under 14

was 39.0; in 1994 per 100,000 inhabitants it was 25.8. The same applies to the 15-17 age group. In 2002 per 100,000 inhabitants the rate was 66.9 and in 1994 it was 18.4. Tuberculosis infection in Armenia is often characterized by secretion of tuberculosis generators and the occurrence of cavern in the lungs. The epidemiological situation is closely connected with factors such as changes in the political situation and the socio-economic situation caused by the collapse of the Soviet Union. In December of 2003 the Government of Armenia adopted a State Programme to fight TB.

For TB-infected groups (IDUs, migrants, homosexuals, HIV high risk, etc.) it is advised to do testing for HIV. There is no precise mechanism for testing TB in HIV-infected people.

Tobacco Use Armenia

According to the official statistics, tobacco use is wide spread among males with more than 65% smoking whereas among females it is about 3%. However, an increase in tobacco use has been observed among women over the past few years. According to the results of some pilot studies carried out in different locations among different age and education groups, it can be concluded that the actual number of women who smoke is much higher than 3%. In the post-Soviet period there were no studies conducted on tobacco use among children. Armenia is currently participating in the WHO's Global Youth Tobacco Survey programme, which is implementing a survey among 13-15 year olds on tobacco use.

2.6. Social and Legal Implications

Social Problems

Existing social problems in Armenia are similar to those experienced by all countries in a transition period. During last ten years there have been many changes in the political and economic fields. After the collapse of the Soviet Union, Armenia declared its independence and became a sovereign republic in 1991. The Republic of Armenia covers an area of 28,900 square kilometers. Christianity is the state religion and is led by the

Armenian Apostolic Church. Armenia is located in Southwestern Asia, east of Turkey. Armenia has land boundaries with Azerbaijan proper 566 km, Azerbaijan-Nakhichevan enclave 221 km, Georgia 164 km, Iran 35 km, Turkey 268 km.

The population of Armenia, according to the official statistical data as of 1 January 2003, is 3,210,307, of which nearly 1.7 million are female and 1.5 million are male. 752,446 people are under age 14. According to the 2001 census of Armenia, more than 97% of the inhabitants are Armenian. Urban and rural population, respectively, is just over 2 million and just over 1 million. The population of Yerevan, the capital, is 1,102,000.

Table 4

	2001	2002
Number of occupied people (per 1,000 people estimate)	1264.9	1106.4
Officially registered number of unemployed people (per 1,000 people estimate, annual average)	146.8	133.7
Officially registered number of unemployed people (per 1,000 people estimate, at year's end)	138.4	127.3

The total number of students in the country (both state and private institutions) during 2001-2002 was 98,807 students.

During 2002 there were 3.2 marriages and 0.5 divorces registered (per 1,000 people estimate) in Armenia.

In 2002, 1189.1 cases of complications in pregnancy, birth and after birth periods per 100,000 fertile age women was estimated. Compared with 2001, the birth rate increased by 1.3%, which corresponds to 33,300 children.

According to the official data, during 2002 the number of registered crimes related to the illegal manufacture, acquisition, use, transport, purchase or sale of drugs per 100,000 inhabitants was 131 (a 2.2% increase compared with 2001).

In December 1996, the National Statistics Service, by the selective survey, conducted a survey among secondary school students that revealed that 2.7% pupils of the 8th class smoke, 7.1% pupils of the 10th class smoke and use alcohol respectively 2.5% and 5.7%.

Attitude of students on the need to fight against habits which are harmful to their health:

Table 5

	It is necessary to fight against							
	<i>smoking</i>		<i>drug use</i>		<i>alcohol use</i>		<i>sexual depravity</i>	
	8-th class	10-th class	8-th class	10-th class	8-th class	10-th class	8-th class	10-th class
Yes	83.9	82.1	96.5	93.7	82.3	78.1	95.9	91.8
Probably yes	10.8	9.1	2.4	4.1	10.0	12.9	2.2	4.0
No	5.0	8.6	1.1	2.1	7.6	8.9	1.7	4.1
Didn't answer	0.3	0.2	0	0.1	0.1	0.1	0.1	0

2.7. Drug Offences and Drug -Related Crime

In 2002 the rate of revealed crimes in the country decreased by 0.4% compared with the one in 2001 making 82.3%, the rate of criminal investigation decreased by 1.0% making 79.9%, and the rate of economical crimes decreased by 1.3% making 80.0%, while the rate of several other fields increased by 1.3% making 91.3%.

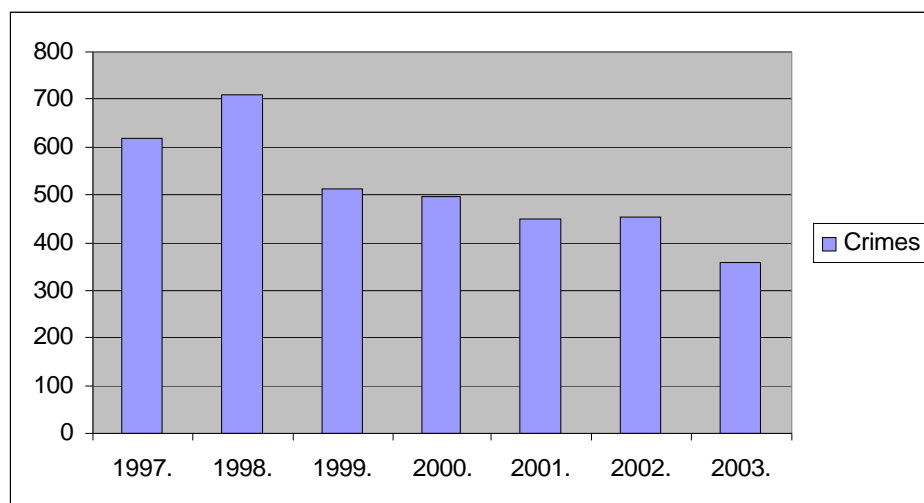
Whereas in 2002 the level of reveal of certain types of crimes was higher than average republican (such as the level of drug use reveal was 98.5%, hooliganism 97.8%, possession, storage, manufacture or illegal sale of arms or ammunition or explosives 96.7%), the level of reveal of other groups of crimes, in particular, deliberate destruction of the private property was much low 44.1%.

Registered offences connected with drugs (both criminal and administrative) during recent years have decreased in general. Drug connected offences were mainly registered in Yerevan, Shirak marz, Syunik marz and Lori marz.

During 2003 the police in Armenia recorded 368 crimes and 419 administrative offences connected with drugs (in 2002 respectively 453 and 497). (See graph 6)

Drug-related crimes for 1997-2003

Graph 6



The vast majority of crimes committed relate to the illicit manufacture, purchase, storage, use, transport and sale of drugs or psychotropic substances (in 2003 - 346, in 2002 - 420). This is followed by crimes related to the illegal trafficking of drugs or psychotropic substances without intent to sell (in 2003 - 219, in 2002 - 247). In 2003, for the illegal trafficking of drugs and psychotropic substances, as well as for illegal drug use, 326 persons (in 2002 – 418 persons) were convicted, of which 9 were women (in 2002 - 8), and no minors (in 2002 - 4). Based on article 266 (parts 1, 2 and 3l) of the Criminal Code, 42 persons (in 2002 - 57) were convicted, of which 3 were women (in 2002 - 4) and 14 (in 2002 - 19) of them were repeat offenders. (See Table 7)

In 2003, 89 persons were convicted for the illegal use of drugs (article 271 part 1) without doctor’s prescription and 356 persons were subjected to administrative accountability (compared with 112 and 426, respectively, for 2002).

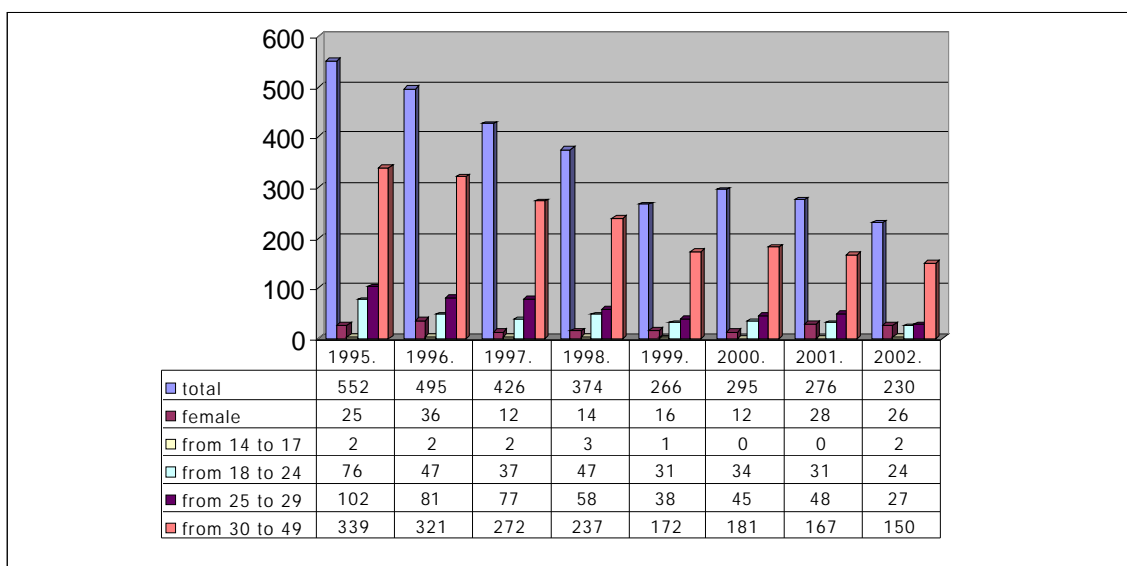
Table 6

<i>Articles of the Criminal Code</i>		2002	<i>Articles of the New Criminal Code</i>		2003
<i>Including</i>	<i>229</i>	420	<i>Including</i>	<i>266, 268, 271, 267</i>	346
	<i>229, part 1</i>	37		<i>266, part 1</i>	29
	<i>229, part 2</i>	19		<i>266, parts 2 and 3</i>	16
	<i>229, parts 3 and 4</i>	247		<i>268, parts 1 and 2</i>	219
	<i>229, part 5</i>	117		<i>271</i>	82
	<i>229, part 6</i>	0		<i>267</i>	0
	<i>226 prim 1</i>	1		<i>274</i>	4
	<i>226 prim 2</i>	6		<i>275</i>	3
	<i>229 prim 1</i>	0		<i>269</i>	0
	<i>229 prim 2</i>	0		<i>272</i>	0
	<i>230</i>	20		<i>273, part 1</i>	2
	<i>230, prim 1</i>	6		<i>273, part 2</i>	1
	<i>213, prim 2</i>	0		<i>166</i>	2
	<i>TOTAL</i>	453		<i>TOTAL</i>	358

It should be mentioned that the number of minors involved in crimes connected with illegal drug trafficking during the recent past remains very low. This can be justified by the following figures: in 1998 there were 4 minors (up to 18 years old) involved in crimes connected with illegal drug trafficking, in 1999 – 3, in 2000 – 2, in 2001 – 3, in 2002 – 4 and in 2003 – 0. One reason for this low level of involvement by minors in this type of crime can be explained by national and cultural peculiarities, e.g. the high level of parent-child-relative-friend relationships.

Number of persons convicted for the crimes connected with drugs

Graph 7



Age group of persons involved in illegal trafficking of drugs, psychotropic substances and drug use

Table 7

	2002	2003
TOTAL	418	326
Women	24	9
Minors	4	0
From 18 till 24	38	19
From 25 till 29	63	41
From 30 till 49	260	216
Above 50	53	50
Foreigners	0	7

*Articles of the New Criminal Code related to the illegal trafficking of drugs,
psychotropic substances and precursors and drug addiction*

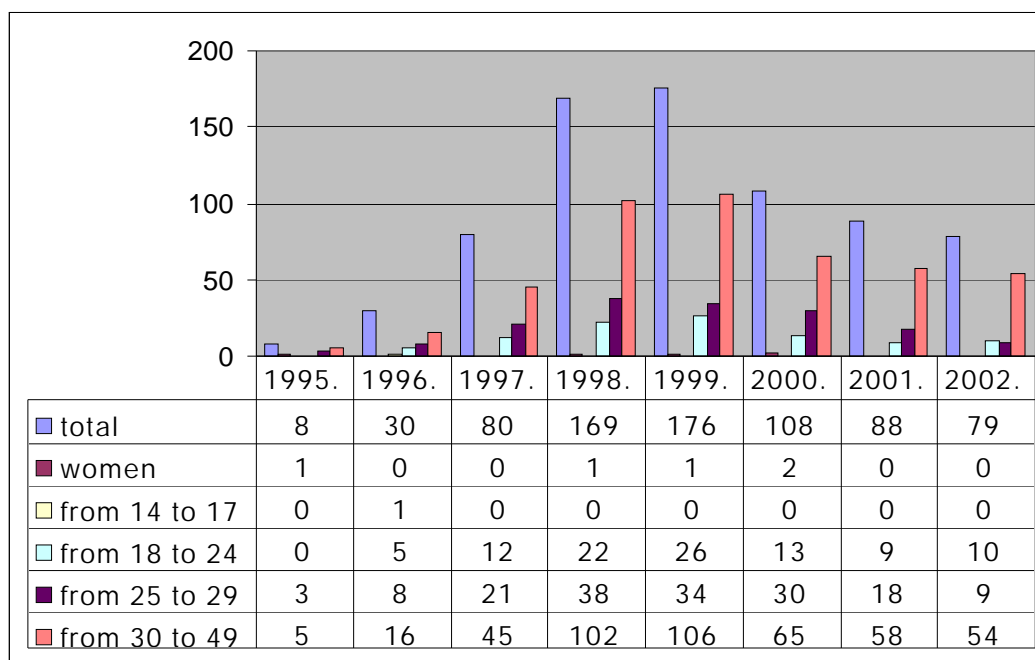
Table 8

<i>Article of the Criminal Code</i>	<i>Title</i>
166	Involvement of a child into anti-social actions
266	Illegal manufacture, purchase, remake, storage, use, transporting or sale of drugs or psychotropic substances with selling purpose
267	Violation of regulations of the manufacture, purchase, storage, calculation, remission, transporting of drugs or psychotropic substances
268	Illegal trafficking of drugs or psychotropic substances without selling purpose
269	Theft or extortion of drugs or psychotropic substances
270	Illegal pass of drugs or psychotropic substances or forgery of prescriptions or other drugs for their receipt
271	Drug use
272	Inducing a person to use drugs or psychotropic substances
273	Illegal sowing or cultivation of prohibited plants containing drugs, psychotropic or toxic substances
274	Organization or keeping of haunts for using illegal drugs or psychotropic substances
275	Illegal trafficking of psychotropic or toxic substances with selling purpose
276	Violation of rules of psychotropic or toxic substances manufacture, purchase, keeping, registration, distribution, transport or dispatch

The number of persons convicted for illegal drug use during the recent past has been reduced. Involvement of women in this type of crime is almost non-existent and the main group of convicted persons is in the 30-49 age group. (See Graph 8)

Number of convicted persons for illegal drug use

Graph 8



2.8. Social and Economic Costs of Drug Consumption

No studies were carried out on the social and economic costs of drug use in Armenia.

2.9. Drug Seizures

Analysis of the examinations show that in Armenia the most prevalent drug types are home made, cultivated drugs. There are also cases when the drug has been transported from another country. Climatic conditions of the country are favourable for growing drug plants like poppy and hemp. Every year the law enforcement officers conduct special prevention operations towards revealing and destroy of illicit drug plants. Representatives of the ministry of defence, mass media and local authorities also took an active part in the event. Drug plantations are considerably reduced as well as amount of revealed green masses(See graph9)

Quantity (in kg) of the revealed and destroyed narcotic plants

Graph9



No clandestine laboratories for producing drugs were found by the police over the last few years. There were no seizures of synthetic drugs in the country. Leisure clubs, nightclubs and discotheques attended mostly by young people are always under police control.

*Drugs seized in Armenia**Table 9*

<i>Drug type</i>	<i>2002 (amount in grams)</i>	<i>2003 (amount in grams)</i>
<i>Marihuana</i>	76083.695	7932.1
<i>Hashish</i>	84.75	106.57
<i>Hashish oil</i>	-	0.6
<i>Poppy straw</i>	1485	42.9
<i>Opium</i>	77.55	149.52
<i>Acetylised opium</i>	-	1.33
<i>Heroin</i>	175.293	310.108
<i>Morphine</i>	0.02	0.01
<i>Omnophone</i>	0.134	0.162
<i>Ephedron</i>	1.9341	1.4656
<i>Psychotropic substances</i>	2249 tablets	316 tablets

2.10. Price, Purity

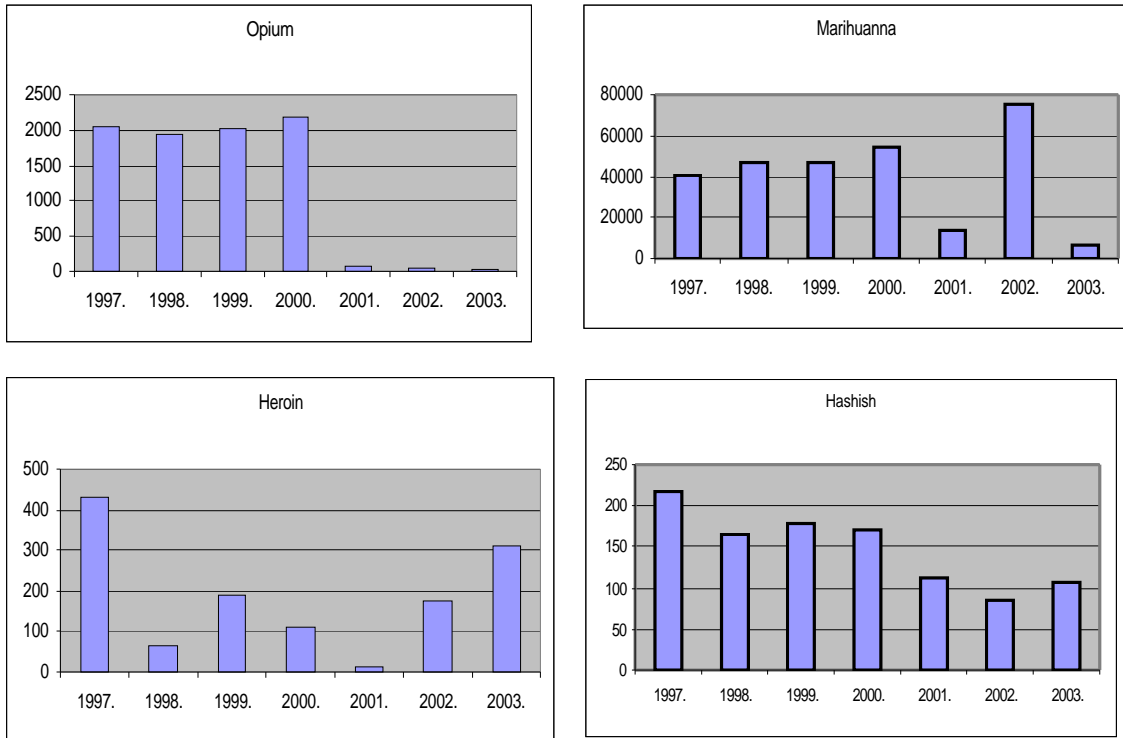
The black market for narcotics in Armenia mainly contains marihuana, hashish, opium and heroin. There is no cocaine in practice. Drug prices over the past few years have remained mainly the same, and the only difference can be observed in higher prices for heroin and opium. Drug prices on the black market in 2002 and 2003 were the following: 1 gr. of heroin – \$120-\$150 (all prices are USD, unless otherwise stated), 1 gr. of opium – \$25 - \$35, 1 gr. of marihuana – \$1.5 - \$2, 1 gr. of hashish – \$5.

The amount of seized heavy drugs was very little and thus can't affect the drug prices fixed in the market. The stability of drug prices for the last few years can be easily observed and most probably attributed to the difficult social economical conditions (for example, in 2002 the average monthly salary in the country was estimated at 27,304 AMD or \$48).

The purity of the seized drugs varies. However, the data provided by police forensic laboratories and the Ministry of Justice can hardly mirror the level of purity of confiscated drugs.

Main type of drugs seized by Police (amount in gr)

Graph 10



2.11. Discussion

Consistency Between Indicators

No drug prevalence study has been conducted among the general population in the country and thus, drug use prevalence trends can be analyzed only based on the amounts of seized drugs, some qualitative studies and treatment demand data. Consistency between the indicators of drug supply and demand, treatment demand and drug-related infectious diseases is apparent. The data of drug treatment demand suggest that there is an urgent need for the establishment of an appropriate treatment and rehabilitation system.

The low rate of drug treatment demand can be explained by the lack of confidence of the drug addicts towards the treatment institutions.

Consistency of indicators is apparent. However, new population survey data and prevalence studies to estimate the number of drug users, problematic drug users in Armenia, are needed. The quality of data with respect to drug related deaths and mortality needs improvement. The forensic laboratory of the Armenian Ministry of Health has switched to four digits ICD-10 to adhere to the EMCDDA guidelines to meet the reporting requirements on the level of mortality and indicators of the causes of death.

2.12. Methodological Limitations and Data Quality

While providing the information as per each of the epidemiological indicators, the main methodological limitations are attributed to the lack of data sources, different methods of data recording, lack of concrete definitions on the national level and qualitative data. Appropriate definitions of terms and terminology, as well as the drug-related concepts have not been agreed upon on the national level yet. We believe that in the next annual report it will be possible to introduce information and data that we are currently lacking. Drug related data on death and mortality currently are not available, but this is a matter of time. There is no reliable system of information collection on drug addicts, as well as data on drug addiction prevalence in the country.

PART III.

DEMAND REDUCTION INTERVENTIONS

3.1. Strategies in Demand Reduction at the National Level

Approaches and New Developments

Programmes and projects implemented by non-governmental organizations in Armenia since 2001 have been aimed mainly at the enhancement of drug prevention activities, increasing the population's drug awareness, and improving the cooperation between police officers, educators and community groups. Within the framework of these programmes different anti-drug activities have been implemented in the schools and education centers of the marzes.

From 2001 until 2003 the "AIDS Prevention, Education and Care" (APEC) NGO in Syunik marz (Kapan, Goris and Khajaran) and Gegharkunik marz (Gavar) conducted educational training seminars on HIV/AIDS, STDs and drug abuse prevention. The goal of the seminars was to enhance the healthy lifestyle among the youth, increase the knowledge on HIV/AIDS, STDs and drug abuse and hence reduce the risk of becoming infected with HIV. Trained peers began to exchange with their friends the appropriate knowledge and skills gained during the training. To assess the effectiveness of the training, anonymous interview were conducted with school children. According to the results of the interview nearly 9% of the interviewed students were not against using drugs. However the end results of the project showed a decrease from 9% to 1.8%.

3.2 Intervention Areas

Primary Prevention. School Programmes

Information on primary prevention occurs at school programmes, peer programmes, early intervention and general public programmes. Drug prevention programmes are in their infancy in Armenia. However a movement can be observed in this direction. In particular, the "Special and Health Education Unit" of the Ministry of Education and Science, in cooperation with UNICEF, pilots a "Life Skills" project at 200 schools in Armenia

covering grades 1 to 7. UNICEF also supports the implementation of peer education programmes on HIV/AIDS, where along with drug prevention education, intravenous drug use is also addressed.

Mass media campaigns:

National Focal Point on Drug Information of the Republic of Armenia on a regular basis provides to the mass media representatives information on the drug situation in the country and in the region, and presents developments and trends in this field. NFP Armenia plans to conduct special training according to the EMCDDA guidelines for the representatives of mass media in Armenia.

Internet:

Until 2003 a special drug information website providing information on drug issues did not exist. No doubt that the number of internet users has grown worldwide and in Armenia also, especially among the young population. Thus, it is evident that there is a great need for launching an Internet website giving adequate drug-related information targeted at a wider audience, including professionals in the drug field. NFP Armenia created a web site www.drugnfp.am, which reflects drug issues in the country. It also offers a drug questionnaire to be filled in by the users. The results of the questionnaire will be analyzed and publicized as well. The website includes other important topics such as implementation of the national strategy and drug information action plan, monitoring the drug situation, drug policy and response to drug use on the national level.

The home page of the Armenian National Center for AIDS Prevention is www.armmaids.am and provides access to the Center's publications, gives information on the HIV/AIDS situation in the country, along with other useful pieces of information.

3.3. Reduction of Drug -Related Harm

It is not possible to give a comprehensive quantitative overview of drug-related harm reduction in Armenia. The history of harm reduction in Armenia is very short as the activities in this field were only launched in 2003. Given the fact that this is an emerging

topic for the Armenian government, the funds mainly are allocated by donor organizations. However, it is largely supported by national policies. The drug-related harm reduction component is of special concern within the National HIV/AIDS Prevention Programme.

Harm reduction used to play a minor role in the national drug strategy and policy. However, since 2000 the importance of harm reduction programs has increased as a result of the rapid transmission of HIV/AIDS. The results of the HIV/AIDS situation analysis show that the main method of infection transmission is intravenous drug use. It is obvious that more attention should be paid to the implementation of harm reduction measures and allocation of more funds to needle exchange, HIV testing and distribution of condoms.

In August 2003, for first time in Armenia, the harm reduction programme ran in Kapan city, Syunik marz. The project was implemented by the National Center for AIDS Prevention. The duration of the project was three months and through outreach work it supported needle exchange, distribution of condoms, disinfectants and dissemination of information materials. This was an unprecedented project in Armenia implemented in the field of harm reduction among IDUs, which is a major achievement towards prioritizing the tertiary prevention programmes. It took nearly two months to reach the target group. Nearly 30% of distributed needles had been returned and during one month over 600 condoms had being distributed.

3.4. Treatment

Treatments and Health Care at the National level

The earthquake in 1988, the destruction of the multifunctional horizontal and vertical relations which resulted after the collapse of the Soviet Union, the current economic blockade, the collapse of the socio-economic system, the transition to a free market and the imperfection of legislation have caused the social and economical crisis, which in turn has affected the social sector, including the health system.

The concept paper on optimization of the health care system (approved by the Armenian Government on February 5, 2001 and to be implemented in 2004) proposes the sale of some buildings, preservation of the remaining buildings, and reduction of expenses. These savings should be directed toward the modernization of the health system, rehabilitation and protection of the population.

According to estimates made, 855 billion AMD (USD1.53 billion) is required for the security of the health care system of Armenia as well as for the provision of the medical care and prevention of the public health care in the country. Whereas, in 2003 hospitals received only 9.82 billion AMD (USD17.53 million) and polyclinics received 4.1 billion AMD (USD7.32 million).

In Armenia drug addicts can receive treatment at a narcological center and in-patient psychological centers. There is only one specialized narcological center in this field and there are no low threshold services. The state budget covers the treatment expenditures of drug addicts. Services provided by the narcological center to drug addicts are divided into two parts: in-patient and out-patient treatment services. There is no substitution treatment in Armenia. Methadone is on the list of controlled substances in Armenia.

Narcological medical assistance and treatment in Armenia can be provided only by licensed health ministry institutions, regardless of their form of ownership. Narcological medical treatment is free and supported by government funding. With no differentiation between the type or severity of the disease, the allocated amount for treatment now constitutes 120,000 AMD/per person (about \$215), versus 96,000AMD/per person (about \$170) in 2002.

Drug addicts receive their treatment either in the hospitals or at home. The treatment place is chosen by the doctor, taking into account disease severity and the patient's wishes. The available treatment of drug addiction in Armenia is limited to the first stage (poisoning), second stage (abstinence) and third stage (post-abstinence) treatments. There is no remission put into practice in the country. The treatment is distinguished according to the drug type and disease severity.

Opium addiction:

First stage: out-patient or in-patient, duration is 1-3 days; expected results: elimination of the acute opium poisoning signs; main medical interventions: specific antagonists, analeptics, psycho stimulants, detoxication, vitamins, nootropics and amino-acids.

Second stage: out-patient or in-patient, duration is 3-7 days; expected results: elimination of the abstinence acute expressions, relaxation of hemodynamic disorders; main medical interventions: specific pharmacotherapy, tranquillizers, somnolent, non-specific anti-inflammation substances, vitamins, nootropics, hepatoprotectors and anti-stress substances.

Third stage: out-patient or in-patient, duration 21 days; expected results: elimination of the psychological affective disorders, behavior correction, rehabilitation of the infringed functions; main medical interventions: antidepressants, neuroleptics, nootropics, vitamins, amino-acids, anti-stress substances and physiotherapy.

Cannabis addiction:

First stage: out-patient or in-patient, duration is 1-2 days; expected results: elimination of the acute cannabis poisoning signs; main medical interventions: detoxication, vitamins, nootropics, hepatoprotectors and anti-stress substances.

Second stage: out-patient or in-patient, duration is 3-5 days; expected results: elimination of the abstinence acute expressions, main medical interventions: tranquillizers, somnolents, neuroleptics, nootropics, vitamins, amino-acids, hepatoprotectors, non specific biostimulants and physiotherapy.

Third stage: out-patient or in-patient, duration is 14 days; expected results: elimination of the psychological affective disorders, behavior correction, rehabilitation of the infringed functions, main medical interventions: antidepressants, neuroleptics, nootropics, vitamins, amino-acids, anti-stress substances and physiotherapy.

3.5. Substitution Treatment

There is currently no substitution treatment in use in Armenia.

3.6. Interventions in the Criminal Justice System

In Armenia there are 12 penitentiary institutions and approximately 2,500 prisoners. According to the “Law on AIDS”, persons who are in penitentiary institutions shall be included in the mandatory testing group, however, in recent years such tests have been conducted infrequently due to financial constraints. In Armenia, testing of persons in penitentiary institutions began in 1989 and the first case of HIV infection was registered in 1996. In the same year the first 6 HIV carriers and 22 seropositive individuals, discovered as a result of only 1,100 tests being performed, were reported in Armenia. During the 319 tests carried out in 1997, 5 HIV positive and 17 seropositive cases were discovered.

From 1996 to May 1, 2000, approximately 1,800 persons in penitentiary institutions were tested, 15 of them test positive for HIV (two individuals are not citizens of Armenia), and the total number of seropositive individuals was 58.

In 2000 within the framework of the Sentinel Epidemiological Surveillance project 182 persons in penitentiary institutions that belong to groups that are at high-risk for infection (homosexuals, IDUs, individuals with STDs and clinical symptoms) were tested. As a result of the testing, HIV prevalence was reported in the range of 8.8%, with the highest rate registered among homosexuals (10.1%) and the lowest rate among IDUs (5.8%).

Today there are 39 drug patients at the narcological unit of the Prison Service of the Ministry of Justice. 29 of them are drug addicts and 7 of them receive the secondary treatment.

3.7 Quality Assurance

The National Focal Point on Drug Information in Armenia was established by a decree of the Interdepartmental Committee on the Fight Against Drug Abuse and Drug Trafficking within the framework of the SCAD Programme funded by the EC and implemented by UNDP. NFP is responsible for the collection of reliable and comparable drug information on a national level and providing it to the local policy makers, government representatives and the EMCDDA. The local specialists have received training and are harmonizing the indicators with the European key indicators according to the EMCDDA guidelines. Establishment and functioning of the NFP in Armenia is a new challenge. There was no agency responsible for the collection and dissemination of drug-related information for enlightening the drug situation in the country on a national level. Unfortunately, currently it is impossible to deliver the complete information according to the EMCDDA five key indicators. However, the required efforts will be applied in this direction. In some cases the appropriate information sources are still not available and access to the necessary data on the national level is extremely limited. Identification of appropriate data sources to ensure improvement of the collection of necessary data on key issues on the national level is the most urgent task to be tackled. In order to secure a good performance on each of the key indicators, it is vitally important to have a national team of experts working within the national focal point on drug information and appointed by the government.

PART IV. KEY ISSUES

4.1. Social Exclusion and Reintegration

Social exclusion, as a social problem, is characterized by subjective and objective factors. Objective causes may include rapid and multi-dimensional changes in the society and changes in the social security system. Subjective causes are related to the difficulties of a person to adapt to those changes. The relationship between social exclusion and drug use has not been considered an important issue in Armenia.

Poverty gives social exclusion a favorable ground for drug addiction and on the other hand the drug addiction is one of the prerequisites for social exclusion. As it is common throughout the world, the two types of drug consumers (recreational users and addicts) are also common for Armenia. However, recreational users form the largest group of drug users. They tend to be people who lead an otherwise normal everyday life and use drugs mostly on the weekends or even less frequently. Another important difference between recreational drug users and addicts is related to the disapproval of the community. With recreational users, their habit is usually unknown to most of the people they interact with during the week. No survey was conducted in connection with social exclusion and drug use issues. However, several factors can be mentioned which cause social exclusion: poverty, lack of education and unemployment. There are many families that live in poverty and their living standards are lower than the poverty limit; in most cases they try to solve their social problems through criminal means.

4.2. Reintegration

Drug-related social reintegration programmes to prevent social exclusion have not been developed in Armenia.

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NATIONAL FOCAL POINT ON DRUG INFORMATION

130 Nalbandyan Str., 375025, Yerevan, Armenia

Tel./Fax : (+ 374 1) 527 681

E-mail: armnfp@xter.net

URL : www.drugnfp.am