



European Monitoring Centre
for Drugs and Drug Addiction



***NATIONAL ANNUAL
REPORT ON DRUGS
2004***

Call for contributions and comments

Anyone interested in contributing to the next Armenian Annual Report on Drugs can contact

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INTRODUCTION

The Armenian Annual Report on Drugs has been prepared through the joint efforts of the National Focal Point, Drug Observatory and members of the drug information network. Like previous report, this report also is prepared following the guidelines of the European Monitoring Center for Drugs and Drug Addiction. We have attempted to keep to the requirements of the guidelines as much as was possible.

From 2001 until today, within the framework of the EU-funded and UNDP-implemented Southern Caucasus Anti Drug Programme (SCAD), numerous activities have been carried out which were directed toward improving the drug legal framework, control of land borders, police intelligence, creation and development of the drug information system, airport control, establishment of an NGO network,

and drug prevention. For more details, please contact Grigor Malintsyan, SCAD National Coordinator (phone 374 10 56 60 73 + 232, e-mail: grigor@undp.am)

Within the framework of the fourth phase of the SCAD Programme, the Drug Observatory was established in 2004 on the basis of the National Institute of Health (NIH). Nowadays the NIH is considered a unique center of education, science, treatment and methodology under the structure of the Ministry of Health of Armenia. The NIH functions according to the defined Rules and Regulations and is controlled by the scholar board, coordinated by the educational-methodical and scientific boards, and the Deans' offices. The NIH conducts continuous post-graduate education on new levels based on the theoretical-methodological studies using modern methodological approaches, methods and forms for professional attitude development. The NIH has 63 departments with a professional staff consisting of more than 300 highly qualified specialists, among them are academics, honorary academics of international academies, members of international associations, professors and lecturers, health professionals and candidates of science. The Institute staff publishes nearly 500 research works annually, which cover a wide variety of issues, starting from fundamental to health care problems.

Results of studies conducted by NIH staff served as a backbone for a number of new promotions, laws, strategies, national plans of actions, amendments to international protocols and development of national standards. Along with the development of fundamental and applied research, studies in the area of state population health forecasting, quality of life corrective measures for the study of development and behavioural factors have been extended and deepened. Scientific direction is reinforced which stimulates problem solving in the field of health policy, as well as information security of scientific research by developing informational newsletters, surveys and thematic collations with analytical comments.

The NIH's elaborated strategy of cooperation and interaction is carried out with international organizations such as the WHO, CDC, UNICEF, CSIH, NIH of Finland, etc.

Thus, acknowledging its mission, the NIH:

- Gives special attention to the expert's and health professional's training;
- Promotes the development of science, both fundamental and applied, higher educational, etc;
- Assists in the decision making of scientifically grounded decisions, recommendations related to health activities, develops strategies; and

- Interacts with international organizations and educational-scientific medical centers in all aspects of its activity.

Moreover, clearly recognizing its mission, the NIH has gradually accelerated its rate of reaction, enhanced its flexibility, revealed the health care needs of the population and, where possible, taken preventative health measures. The existence of the epidemiological department, with a rich professional tradition, served as a base for the Observatory's establishment in the National Institute of Health. Currently, the Observatory closely cooperates with national agencies and international organizations.

Objectives of the Observatory are:

- Research and monitoring of the drug use epidemiological situation in Armenia
- Implementation of modern indicators for the evaluation of the drug use epidemiological situation in Armenia (in particular, implementing the five key indicators developed by the European Monitoring Center for Drugs and Drug Abuse)
- Research and monitoring of the tobacco use epidemiological situation
- Research and monitoring of the epidemiological situation related to the other behavioral factors
- Publications related to the above mentioned areas, and cooperation with relevant agencies for the development and publication of the annual drug report
- Cooperation with all relevant organizations, institutions and professionals on national and international levels
- Organization of educational and scientific events (workshops, round tables, conferences, etc.) taking into account the availability of the resource center and other possibilities (existence within the structure of the NIH)

The Drug Observatory has been renovated and equipped within the framework of the EU-funded "Southern Caucasus Anti-Drug Programme". For more details you can contact Aleksandr Bazarchyan, phone: (374 10) 23 69 11, e-mail: rhc@xter.net.

SUMMARY

Independent Armenia entered a transition period in 1992, which gradually brought about significant changes in the country in terms of economic, social, political, institutional, and psychological realms. With the aim of developing an open and democratic society and a free market economy, Armenia undertook important political, economic, and institutional reforms. The establishment of democratic institutions, the adoption of a legal framework and constitutional guarantees for human rights and fundamental freedoms, and the creation of a modern public administration were prerequisites for breaking from the old system and building a new, democratic society.

Much progress has been made during the past decade. The advancement of Armenia towards democracy was registered by the country's accession to the Council of Europe in 2001. Yet, the pace of democratisation is rather slow and, in many cases, Armenia still falls short of internationally accepted democratic principles.

The Republic of Armenia is not considered a major drug producing country and the local consumption of drugs is very low. The Government of Armenia, accepting the fact of becoming a possible transit country for international drug dealers, is trying to improve its capabilities in preventing drug transport over and through its territory. In 2002 a new law was adopted which is utilized to reinforce police powers in the fight against drug transporting.

Armenia is located in the cross-roads of Europe and Asia (in the area known as the Golden Crescent) and could become a transit point for international drug trafficking. Limited transport flow between Armenia and its neighbours makes Armenia a secondary drug route for illegal drug trafficking.

International experience shows that if in the various transit countries measures against illegal drug trafficking are strengthened, then drug dealers start looking for new routes for illicit drug trafficking. And it is for this reason that Armenia, as a transit country, can be involved in the "Northern route": Afghanistan-Southern Caucasus – Russia and Afghanistan – Southern Caucasus – Ukraine – Europe.

International drug dealers understand that Armenia is not a big drug-consuming country with a large market for drugs. Their aim is more than obvious – the Russian Federation and Europe are well known for having large and active "black markets" for selling illicit drug.

The borders with Turkey and Azerbaijan remain closed but there are reports that heroin and opium are smuggled into Armenia from Turkey via Georgia. According to the Armenia Police projections, once the borders are opened, then drug trafficking will significantly increase.

The current situation in the field against drugs is stable in the country; there are no known organized drug groups and active criminal groups.

Legal framework

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 of 2002. The 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. The law also covers the main measures in combating drug addiction for protecting the health of the citizens, the security of the state and the general public.

In Armenia drug use has been criminalised. Before the new Criminal Code entered into force in 2003, drug use without a medical prescription was punishable by administrative sanctions (fine or administrative detention) or sentencing up to two years imprisonment for repeated drug use within twelve months. After adopting the new Criminal Code, drug use is a criminal offence and a person who has been found guilty of illegal drug use can be sentenced up to two months in prison or fined an amount of 200 times the minimum monthly wage. Voluntarily handing over the drugs releases a person from criminal responsibility. At the moment, the drug law as well as the Criminal Code are still in the process of being amended and supplemented.

According to amendments adopted on July 9, 2003, criminal responsibility is defined for the illegal trafficking of narcotic drugs or psychotropic substances with the intent to sell; to establish criminal liability for the traffic in precursors and analogues of narcotic drugs and psychotropic substances. As well as the trafficking of narcotic drugs, psychotropic substances and their analogues, trafficking committed in disciplinary or educational institution, places or institutions of entertainment or recreational settings and shows was added as an aggravating circumstance. Another point was the elimination of the rule which said that the traffic of narcotic drugs and psychotropic substances in small amounts did not constitute a crime. Article 267 states: Breach of regulations for manufacture, procurement, keeping, accounting, dispensing, transportation or supply of narcotic drugs or psychotropic substances, to establish criminal liability for the breach of regulations of “other substances, tools and other equipment

which are used for manufacturing of the narcotic drugs or psychotropic substances and placed under special control”.

As it can be seen, Armenian legislation has adopted more severe punishments for drug related crimes.

In the field of fighting corruption, the Government of Armenia has initiated a number of activities for the development and implementation of programmes against corruption.

Adopted by the National Assembly on December 14, 2004 and signed by the president on January 11, 2005, the Law on Money Laundering (official title – the Law on Combating the Legalization of Criminally Obtained Proceeds and Financing of Terrorism) entered into force on March 22, 2005. This law governs the activities and relations arising out of combating the legalization of criminally obtained proceeds and financing of terrorism (LCP/FT), and to regulate the system of, and collaboration between, the bodies responsible for combating LCP/FT. This law provides for the establishment of an authorized body to combat the (LCP/FT), which is the Central Bank of the Republic of Armenia.

In 2004 the National Annual Programme on Drugs for 2006 was developed which constitutes the national drug policy in Armenia. The Annual Programme covers drug demand and supply, harm reduction and legal areas.

Drug demand

Given the lack of standardised epidemiological data and statistics, expert estimates of health professionals and drug control representatives differ from the available figures based on national definitions that are not always fully compatible with international ones.

According to expert opinions, drug use – especially of opioid and amphetamine type drugs - among the population is mainly concentrated in major cities, particularly in the capital. The population of rural areas, in most cases, consume locally produced drugs (e.g. marijuana and hashish). Inhabitants of the capital city consume drugs of the opium type. This drug type has not been widely spread throughout the country, but opium consumption in the registered drug users¹[GM1] during the reporting year (2004) has increased as compared with previous year by 120%. The number of registered ephedrine abusers is small. Analysis of the types of drugs seized from illegal trafficking and drug types consumed by registered drug users, according to treatment facilities, shows that due to the availability of cannabis

¹ Registered drug users: those, that are reported to the registry of January 1, 2004 to December 31, 2004

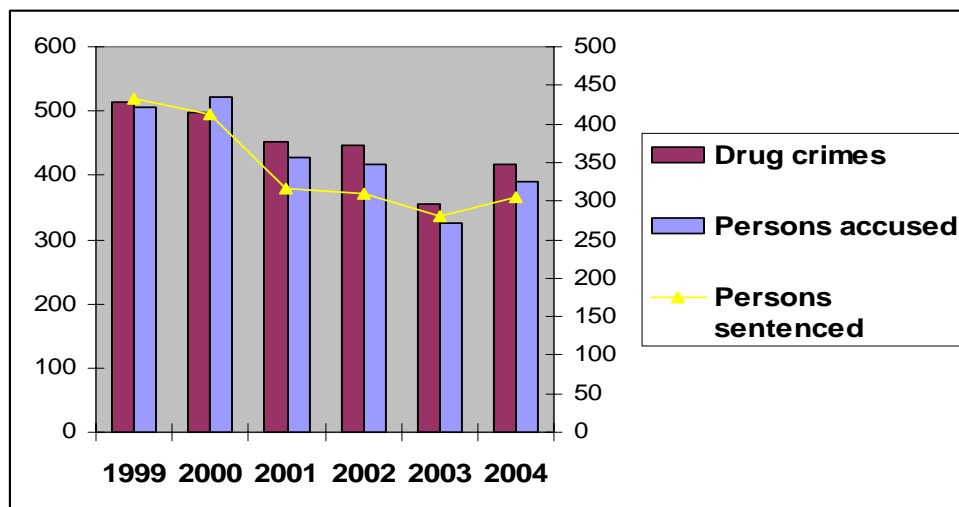
type drugs they are the mostly used drugs (about 80%), the cultivation of which is favourable in Armenia's climatic conditions. In Armenia, marijuana is consumed mainly by young adults (20-39 years) according to available data. Use of synthetic drugs in night clubs and bars has never been reported so far.

Drug supply

Out of the "Golden Crescent" countries (Afghanistan, Pakistan, Iran, Turkey), Armenia borders with the Islamic Republic of Iran, with which Armenia has close economical and cultural relations. International experience shows that between those countries with whom there are economic relations (especially in trade), illegal transport of drugs from one country to another is not too difficult task. Armenia also borders Turkey – a major opium and heroin trafficker - but at present Turkey has closed the border.

Heroin and opium are smuggled into the country mainly from neighbouring countries via vehicles, whereas cannabis type drugs are cultivated and consumed by the local population. Seized drugs consist mainly of marijuana, hashish, opium and heroin. In 2004 there was an increase in the quantity of seized drugs from illegal drug trafficking; eight times more than in the previous year. The average for each drug seizure was higher than in previous year. Black market prices have remained the same in recent years. There was a slight decrease in the number of discovered drug related crimes for the reporting year. The vast majority of those crimes relate to the illicit purchase, storage, use, transport and sale of drugs and psychotropic substances. 95.5% of drug-related crimes were committed by males and 4.5% by females. The number of minors involved in drug-related crimes is very low and there are no reported cases of teenagers being involved in those crimes. In terms of law enforcement, it is possible to consider 2004 as a stable year. The police reported 416 drug-related crimes and 249 offences; on the basis of these crimes, it brought charges against 390 persons (for the previous year it was 326 persons).

(Figure 1)



Treatment

Drug addicts in Armenia receive their treatment in the single existing drug treatment center in Yerevan or in the in-patient regional psychological centers. There are no other specialized clinics or low threshold services in the country. According to the official statistics for 2004, about 76% of all treated drug users abused primarily cannabis type drugs, 22% of them used opium drugs and 3% of them used other drugs. It should be mentioned that the number of opium type drug abusers has increased two-fold compared to previous year. Treatment demand in this field is very low; only 1% of known drug abusers apply to receive treatment, which might be as a result of poor quality of provided treatment services and environment – or simply expression of not perceiving any problem with their drug use subjectively. The main group of drug users are within the 20-39 age cohorts and about 66.2% of them are unemployed. There is no substitute treatment program operating in Armenia.

As for the harm reduction activities, it should be noted that the history of harm reduction in Armenia is very short and activities in this field started only in 2003. Funds for implementing harm reduction activities in Armenia are mainly allocated by international donor organizations and are largely supported by national policies. The National HIV/AIDS Prevention Programme has a drug-related harm reduction component in its structure.

Acting in this field are non-governmental organizations (NGOs) that distribute disposable syringes, give consultation, necessary information, etc. and are actively working in the field of reducing drug-related harm. There are 4 programmes operating in the country that carry out needle and syringe exchange activities.

Infectious diseases

The main modes of HIV transmission in Armenia are intravenous drug use (53.2%) and heterosexual contact (38.5%) for the known cases. It is remarkable that in recent years, a considerable increase in the number of cases of infection through injecting drug use has been observed. For example, until 1999 the transmission mode via sexual contacts exceeded the transmission mode through injecting drug use, the ratio between such cases was 41 to 22, respectively. From 1999 to January 1, 2005, the ratio changed sharply to 70/131.

The trend towards increased numbers of HIV infection cases has been observed in the country. The number of HIV infection cases registered here in the last 4 years constitutes 50% of all the cases registered in the previous years. It is worth mentioning that during 2004 alone, 53 cases of HIV infection were registered, which exceeds the number of HIV infection cases registered in any of the previous years. Men constitute the vast majority of the total number of HIV carriers at 224 cases (77.8%), while women represent 64 cases (22.2%). 288 reported cases include 4 cases of HIV infection among children (1.4%). Similarly to the rest of the world, Armenia also has seen growth in the number of infected women. In 2004, 13 cases of HIV-infected women were registered, which is unprecedented for the country. The majority of HIV carriers (77.4%) belong to the age group of 20-39.

The rates of hepatitis B among the adult population group has remained stable at 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. There is no data available on hepatitis C.

Prevention

For drug use prevention among the younger population, police and education specialists conduct regular meetings with students and teaching staff of higher education centers, describing the health consequences of drug use, the pitfalls of youth involvement in illegal drug trafficking and the ways that drug dealers use to attract and maintain new users, as well as the ways of escaping such situations.

The Ministry of Education and Sciences of Armenia, in cooperation with UNICEF, implements the "Life Skills" project at schools covering grades 1 through 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.

PART A. New Developments and Trends

1. National Policy and Context

1.1. Legal framework

The Law on Narcotic Drugs and Psychotropic Substances was adopted on December 26, 2002 and became the ultimate legal source from which all other relevant legislative initiatives should be carried out. Article 4 of this law provides for the Classification of Narcotic Drugs, Psychotropic Substances and Their Precursors, stipulating that:

1. The composition (list) of the narcotic drugs, psychotropic substances and their precursors (hereinafter, also narcotic drugs and psychotropic substances) subject to control in the Republic of Armenia, shall be approved by the Government of the Republic of Armenia. Any amendments to the list of the narcotic drugs and psychotropic substances shall be made pursuant to the procedure established by the Government of the Republic of Armenia.
2. Depending on the types and measures of control, there are such narcotic drugs and psychotropic substances and their precursors specified in the list of the narcotic drugs and psychotropic substances (list 1), the traffic of which is prohibited in the territory of the Republic of Armenia (hereinafter, prohibited substances), narcotic drugs and psychotropic substances (list 2), the traffic of which in the Republic of Armenia is limited (hereinafter, narcotic drugs), narcotic drugs and psychotropic substances (list 3), for the control over the traffic of which there are certain conditions defined in the Republic of Armenia (hereinafter, psychotropic substances), such precursors (list 4), the traffic of which is limited in the Republic of Armenia, and over which there are control mechanisms established (hereinafter, precursors).

Based on Article 4 of this law, the Government of the Republic of Armenia on August 21, 2003 adopted Decision N-1129 On the Establishment of the List (Composition) of Narcotic Drugs, Psychotropic Substances and their Precursors, which are under control within the territory of the Republic of Armenia.

According to a special provision of the Criminal Code in Article 266, Paragraph 4, “the large and particularly large quantities of narcotic drugs and psychotropic substances are established by the competent state governance body of the RoA in the sphere of health care”. The list “Of Large and Particularly Large Quantities of Narcotic Drugs and Psychotropic Substances” was established under special order N 691 of Minister of Health date August 12, 2003.

The national policy in legal traffic, and interdiction of illicit traffic of narcotic drugs and psychotropic substances, is framed under Article 5 of the Law Narcotic Drugs and Psychotropic Substances, stipulating as follows:

1. The national policy in the traffic (including the illicit traffic) of the narcotic drugs and psychotropic substances shall constitute the licensing of the activities related to the traffic of the narcotic drugs and psychotropic substances, the establishment of requirements set for such activities, the implementation of measures for the use of the narcotic drugs and psychotropic substances for health and medical-rehabilitation purposes, the registration of the narcotic drugs (psychotropic substances) and their traffic, the establishment of control and supervision over their traffic, as well as the campaign against drug addiction and the illicit traffic of narcotic drugs and the psychotropic substances.
2. The national policy in the legal traffic and the interdiction of the illicit traffic of the narcotic drugs and psychotropic substances shall be run on the basis of programme guidelines.

The Principles of the National Policy in the Legal Traffic and the Interdiction of Illicit Traffic of the Narcotic Drugs and Psychotropic Substances are highlighted by Article 6 of the Law on Narcotic Drugs and Psychotropic Substances, stipulating that those principles are as follows:

1. The control and supervision over the traffic of the narcotic drugs and the psychotropic substances;
2. The licensing of the types of activities related to the traffic of the narcotic drugs and the psychotropic substances;
3. The priority interdiction of drug addiction and legal violations related to the illicit traffic of the narcotic drugs and psychotropic substances;
4. The punishability, the discharge of liability and their inevitability for the illicit traffic of the narcotic drugs and psychotropic substances;
5. The state support for undertaking scientific research in the development of new forms and methods for the treatment of drug addiction;
6. The state support for combating drug addiction and for the development of the network of medical and rehabilitation institutions for the patients with drug addiction; and

7. The international cooperation in interdiction of the illicit traffic of narcotic drugs and psychotropic substances.

Chapter 2 of the Law on Narcotic Drugs and Psychotropic Substances provides for the establishment of institutional bases for the legal traffic and interdiction of the illicit traffic of the narcotic drugs and psychotropic substances.

1.2. Institutional frameworks, strategies and policy

Chapter 7 of the Law on Narcotic Drugs and Psychotropic Substances stresses upon the guidelines of the national policy programme against the illicit traffic of narcotic drugs and substances. Article 52 states that “The activities against the drug addiction and the illicit traffic of the narcotic drugs shall be undertaken in the periods and procedures established by the Annual Programme. The Annual Programme on Drugs shall be furnished to the National Assembly by the Government of the Republic of Armenia in the draft state budget”.

Article 53 designs the content of the Annual Programme and the principles for it, saying that the Annual Programme shall encompass: the main objectives of the programme; scopes of the activities planned and the schedule for their implementation; appropriations of the funds for the activities planned; the programme implementation principles and the priorities in the implementation of the activities planned; an analysis (information reference) about the illicit traffic of the narcotic drugs and psychotropic substances (including, its concealed status), as well as the quantitative and qualitative description of drug addiction among the public, the structure and dynamics of the criminal activity relating to the illicit traffic of the narcotic drugs and psychotropic substances; the measures planned in the treatment of the drug addicts and rehabilitation of their health; measures for combating drug addiction among the population (particularly youth and teenagers), interdiction of drug addiction, the propagation of drug prevention campaigns; measures taken in providing the competent public authorities, responsible in combating the illicit traffic of the narcotic drugs and psychotropic substances, with appropriate material and technical base; activities planned by authorized entities; the data on the scopes of the activities against illicit traffic of narcotic drugs and psychotropic substances and their funding ratios in the Republic of Armenia (including the assistance received from the foreign states and international organizations) and the procedure for the supervision of those activities; measures planned for providing the medical and rehabilitation entities with material and technical base for the treatment of the drug

addicts; a reference about the production and use of the narcotic drugs and psychotropic substances (including for the medical, scientific, academic, expert examination, operative-investigation and veterinary purposes); other conditions that are necessary for the comprehensive introduction of the programme.

According to Article 54, the report on the performance of the National Annual Programme on Drugs shall be considered as the constituent part of the annual report on the budget execution of the current year.

Proceeding from the above mentioned provisions, by active contribution of the Focal Point's working group, the National Annual Programme on Drugs for 2006 has been developed. The Programme covers drug demand and supply, harm reduction and legal aspects. The Programme has not been approved by the National Assembly yet, but it is scheduled for consideration and adoption this year.

According to Article 8 of the Law on "Narcotic Drugs and Psychotropic Substances" and sub point (a) of point 2 of Government Order N 1714 of November 27, 2003, the Government of the Republic of Armenia issued Order N 725 on the establishment of an Interdepartmental Committee on the regulation of drug and psychotropic substances trafficking and prevention of their illicit trafficking March 13, 2004. The Committee is chaired by the chief of police and includes 18 members from different agencies and regions.

1.3. Budget and expenses

According to this law, expenses of the activities included in the National Annual Programme on Drug Field are introduced for adoption by the National Assembly, by the Government of Armenia, within the draft of the state budget.

Financial resources are allocated by different sources for the prevention and fight against drug use and its illegal trafficking. The state budget allocates financial resources for the activities in the fight against drug demand and supply. As well, technical and financial resources are provided by different international organizations within various programmes and projects in the drug-related field. However, these programmes and projects are generally not entirely directed at drug issues, but rather very often they constitute only a part of programmes devoted to tobacco, alcohol or AIDS prevention issues.

Information and statistics on the distribution of state budget funds to the drug field is not available.

2. Drug use among the general population

The real extent of drug use for the Armenian population and the state is difficult to estimate as the relevant key indicators have not been implemented in Armenia. It should be noted that through the financial assistance of the SCAD Programme, there are plans to conduct a general population survey in 2005. The survey will be implemented using the guidelines and model questionnaires developed by the EMCDDA. This survey will be the first of its kind implemented not only in Armenia, but also in the CIS countries.

A general population survey is a key method for obtaining information on the extent and patterns of the consumption of different drugs in the population, the characteristics and behaviors of the users, and the attitudes of different sections of the population. It is a useful tool for identifying policy priorities and planning responses. In the past, national surveys have used numerous types of different instruments, reporting formats and methodologies, and this has made comparisons between countries difficult and misleading. This lack of reliable data forms a major obstacle to the harmonization of European drug policies and prevention strategies.

3. Prevention

General prevention

Prevention programmes in Armenia are developed and implemented jointly with, and in close cooperation of, governmental and non-governmental organizations as they supplement each other. There are many programmes and projects being implemented in Armenia which are devoted to prevention issues. There is no State Drug Prevention Programme in Armenia and the number of non-governmental organizations that work and act in the drug use prevention field is very small. Projects implemented by a few drug prevention NGOs are trying to mobilize and develop internal resources of different communities to assist in some extended drug prevention activities in the country.

Within the framework of the SCAD Programme, the general guidelines / manual on drug prevention has been developed. The guidelines were prepared for primary drug prevention activities at schools,

communities, etc. Very close and productive cooperation has been established during the project's implementation between the police, education and health and community members.

Since May 2004 "APEC" NGO has been implementing the Primary Drug Prevention Programme in the cities of Kapan, Goris, Sisian, Kajaran and Meghri in the Syunik Region (the programme is funded by Swedish International Development Cooperation Agency). The activities are being implemented by "APEC" NGO jointly with the Ministry of Education and Science, the UNDP country office as well as the Swedish "RNS" NGO. The aim of the initiative is to reduce the vulnerability of the youth to drugs and drug addiction, as well as to establish a cooperation mechanism among the representatives of the school, the police and the community. Within the framework of the programme, a survey to measure the TAD (tobacco, alcohol, and drug) misuse prevalence rate among the youth is to be conducted in April and May 2005 in the above-mentioned cities. The survey will be conducted using ESPAD methodology, currently being utilized in 30 European countries.

As of December 2004, 740 peer educators studying at 100 educational establishments (90 secondary schools, 10 colleges and high educational establishments) have been trained. It is envisioned to train 1,400 peer educators in 2005 (100 educational establishments will be included in the programme).

Productive implementation of the "Life Skills" project, in cooperation with UNICEF, in grades 1 through 7 continues at schools. The project addresses tobacco, alcohol, drugs and HIV/AIDS issues. Today more than 360 schools are covered by the project and about 600 teachers have been trained. To secure continuation of the project in grades 8 and 9, the "Healthy Lifestyle" project has already been developed and pilots are at 16 schools for grades 8 and 9. It has been more than two years now that through the support of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) the "HIV/AIDS Prevention" educational project is being implemented. In cooperation with AIDS Armenian national foundation, the "HIV/AIDS Prevention and Safe Behaviour Development" project has been developed for teachers of grades 8 and 9 as well as for the lecturers at high schools and colleges. Within the framework of the above mentioned project, the "Scientific Association of Medical Students of Armenia" NGO, in cooperation with the Ministry of Education and Sciences, conducts training and seminars for the teachers of grades 8 and 9 to introduce the projects goals, targets, objectives, and to discuss ways how to reduce the spread of HIV/AIDS among the youth by giving guidelines and information to target groups. It is planned to train 1,800 teachers of 1,400 educational centers; at the moment 1,265 teachers have already received training.

Activities implemented within the framework of the National Programme on HIV/AIDS Prevention in the Republic of Armenia

The National Programme on HIV/AIDS Prevention has been supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria since 2003. The programme is aimed at reducing the spread of HIV/AIDS among different population groups, to improve living conditions of people living with HIV/AIDS (PLWAH) and integrate them into the society, to improve the quality of activities implemented by public health specialized services, to ensure the expansion of collaboration between NGOs, the private sector and the government, to increase the potential of educational systems related to the introduction of special educational programmes, to prevent the mother-to-child transmission, to reduce and mitigate the negative psycho-social impact of the epidemic, and to provide VCT for youth, general population and high-risk groups (IDUs, FSWs, MSM, prisoners, refugees, migrants). As a result of the project implementation, high-risk groups' members should behave less risky so that the general population is less vulnerable to HIV infection. PLWHA, HIV-infected pregnant women and infants born to them will be provided with specific antiretroviral therapy and relevant care; confidential relations will be built between health care professionals and high-risk groups' members.

Within the framework of the National Programme on HIV/AIDS Prevention, supported by the Global Fund, a number of programmes have begun to be implemented in Yerevan and in the regions of Armenia since 2004:

- Peer education programmes among youth, HIV/AIDS prevention programme in the military, peer education programmes among migrants
- HIV/AIDS prevention educational programme for eighth and ninth graders of non-specialized schools, students of colleges and higher educational establishments
- HIV/AIDS prevention and harm reduction projects among IDUs
- HIV/AIDS prevention and harm reduction projects among FSWs
- HIV/AIDS prevention programme among MSM
- HIV/AIDS prevention and harm reduction projects for prisoners
- Programme on providing care and support to PLWHA
- TV and radio programmes for the youth and the general population

Due to the programme being supported by the Global Fund, all the HIV testing laboratories functioning throughout Armenia have been provided with relevant test kits necessary for HIV testing of donated blood.

4. Problem drug use estimates

For the estimation of problem drug use it is necessary to have reliable, comparable and precise information from health agencies, the police, DRD deaths, HIV/AIDS and other sources. Talking about this indicator, and taking into account national peculiarities and the developed drug situation in the country, we do not have enough information to implement any of the sophisticated statistical estimation methods. So far we can built only on consensus of expert' s opinion: the problem drug drug use in the country has been very low compared to EU average situation, but during the reporting year an increase in intravenous drug use has been observed.

5. Treatment demand

The drug-related state policy in the health field has been carried out according to the state's special health annual programme's 2004 state programme on the fight against diseases that have special social importance. The goals of the state programme are to secure the prevention of diseases that have special social importance, their early discovery, organization and continual control of patients' medical assistance, and raising awareness of healthy lifestyle and hygiene among the general population.

According to the Government Order N 80 of February 5, 2001 and the proceeding timetable, in 2004 the concept paper on optimization of the health care system was presented. In accordance with Government Order N 1413 of November 30, 2003 all five mental health hospitals (three mental health, one drug treatment center and one neurology clinic) have been administratively replaced by one single entity, being labeled as the "Psychiatric Medical Center" (PMC) CJSC. The only stakeholder for the MMC is the Armenian Ministry of Health. Previous drug treatment centers which became part of the MMC CJC didn't loose either buildings or staff during optimization, but rather increased the number of its staff and created new units within its structure.

Today the treatment center has a management unit, two drug treatment units with 25 beds, one first aid drug unit with ten beds, one drug expertise unit with ten beds, one out-patient unit, one laboratory, and a staff consisting of 115 persons.

In the 2004 state budget, the Republic of Armenia allocated 25.0 billion Armenian Drams for the health care system, out of which 12.9 billion went for hospitals (in 2003 - 9.8 billion) and 8.7 billion for out-patient centers (in 2003 - 4.1 billion).

Free drug treatment for the citizens in Armenia is guaranteed by the state budget. Citizens of other countries have to pay the same cost for treatment as it is calculated in the state budget. In 2004 the allocated amount for all drug treatments constituted 127,200 Armenian Drams (in 2003 – 120,000), with no differentiation between the type or severity of the disease.

In Armenia, drug treatment can be provided only by licensed Health Ministry centers, regardless of their form of ownership. Ninety percent of drug treatment in the country is carried out by the drug treatment center at the MMC, with the remainder being treated at Gyumri's mental health center, Vanadzor's psycho-mental center and Kapan's psycho-mental center, all of which have few beds at their disposal.

Drug addicts can receive in-patient or out-patient treatment. Taking into consideration disease severity and the patient's desire, the doctor develops a treatment procedure. There is no substitution treatment (ST) currently being implemented in Armenia, but a great deal of work is being done in this field to conduct ST in the near future (ST is included in the Protocol of Narcological Care approved by Ministry of Health on June 2, 2005 as an outcome of OSI funded "Settling of ST in Armenia" project implemented by "Antidrug Civil Union" NGO). Starting in April of 2004 ICD - 10 began its implementation.

All patients of the MMC receive consultation by a drug physician, therapist and neurologist, pass a blood and urine general analysis, blood biochemical analysis, HIV, hepatitis C, and undergo sonographic- and cardiographic examination.

5.1. Drug use

During 2004, the drug treatment center of Armenia received 538 persons (compared to 549 for the previous year) which underwent tests for drug use. Almost all of them have been required to be tested for drugs by law enforcement agencies.

According to the data provided by the treatment center, out of 538 patients, cannabis metabolites were found in 409 persons, 121 persons were labeled as opium drug consumers based on positive urine test

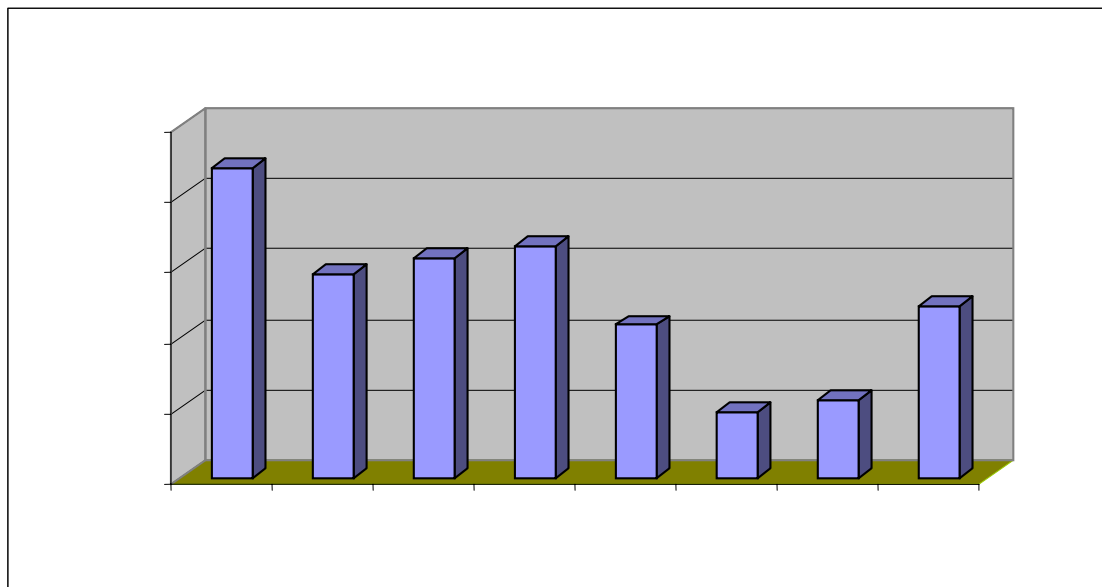
and in eight persons ephedrine metabolites were found. For the previous year it was 466, 55, and 28 , respectively.

248 drug consumers live in Yerevan and 290 are from different regions (for the previous year it was 224 and 325 respectively).

Figures show that out of the total opium type drug abusers, 98 live in the capital city and 23 of them live in regions (for the previous year it was 35 and 20, respectively).

It can be observed that majority of opium and ephedrine-type drug consumers that are referred for urine analysis are urban dwellers, whereas cannabinoids are found mostly by those referred from rural regions. In 2004, number of users of opium type drugs referred for urine analysis increased approximately twofold compared to 2003, but is still much lower than during the peak of 1997 (see Figure 2).

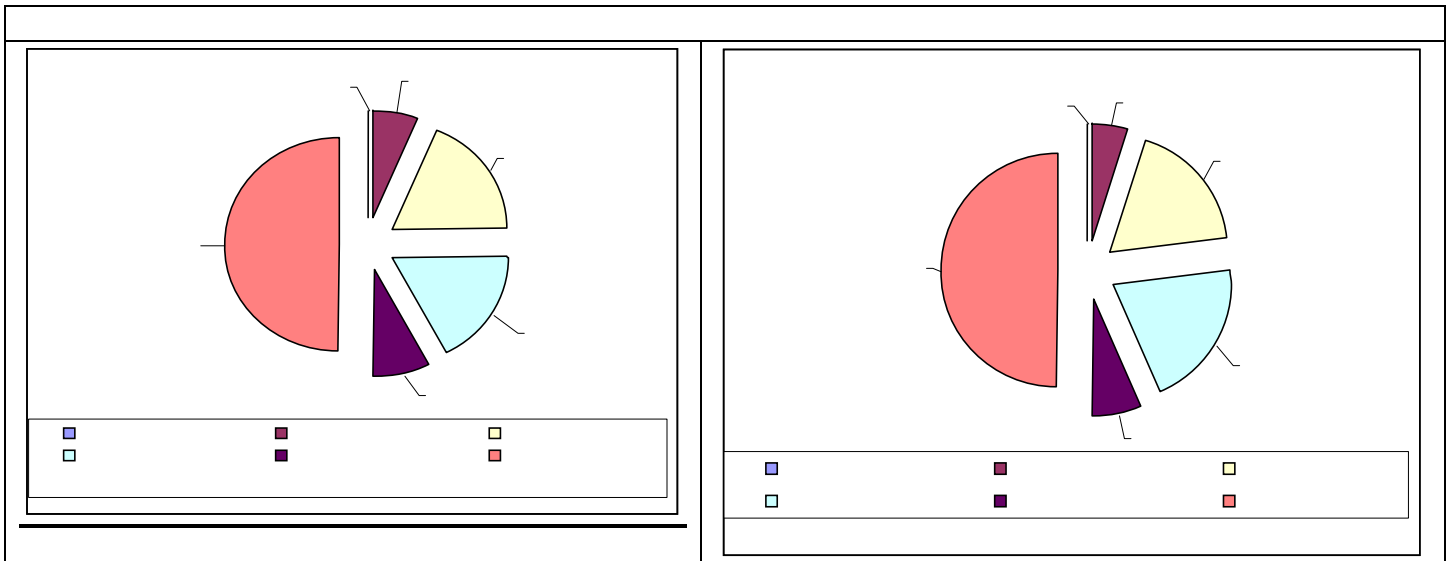
(Figure 2)



The vast majority of drug users examined in 2004 belong to the 25 to 45 age group. There is no official statistics on drug use among minors.

Age group of drug users

(Figure 3)



Age group of opium type drug users newly registered in 2004

(Table 1)

	Yerevan	Regions	Total
under 18			
from 18 to 25	14	1	15
from 26 to 35	37	9	46
from 36 to 45	38	10	48
above 46	9	3	12
Total	98	23	121

Age group of opium type drug users newly registered in 2003

(Table 2)

	Yerevan	Regions	Total
under 18			
from 18 to 25	2	1	3
from 26 to 35	17	7	24
from 36 to 45	13	11	24
above 46	3	1	4
Total	35	20	55

Population disease by alcohol and drug addiction

(Table 3)

	1999	2000	2001	2002	2003

Number of registered diseases with the diagnosis set for the first time – total, persons	249	262	250	230	824
number of cases per 100,000 population	6.6	6.9	6.6	7.2	25.7
including					
alcoholism and alcohol psychosis	234	247	237	220	212
number of cases per 100,000 population	6.2	6.5	6.2	6.9	6.6
drug addiction	11	8	10	7	16
number of cases per 100,000 population	0.3	0.2	0.3	0.2	0.5
toxicomania	4	7	3	3	1
number of cases per 100,000 population	0.1	0.2	0.08	0.09	0.03

During the reporting period, first time drug treatment was provided to 10 drug addicts (by comparison, in 2003 there were only three patients - one female and two males), out of which there were nine males and one female. The first initial drug of five patients was an opium drug. Four of the ten patients belong to the 25 to 35 age group, four of them to the 35 to 45 age group and two of them were older than 45.

6. Health correlations and health consequences

6.1. Drug related deaths

Implementation of indicators for drug-related deaths and mortality in Armenia is subject to some objective and subjective factors (see also 2003 National Report on Drugs). The present regulation of death registers and reporting does not allow the observing of those cases where death occurred as a result of drug use.

Moreover, many problems arise that are due to the absence of legislative documents or papers. In the future, amended legislature could regulate and unify the death registration procedure at different institutions, regulate authorities of each medical service that deals with death registering, etc. At the moment, within the framework of the SCAD Programme, it is planned to create an advisory board of key indicators to assist in the implementation of the various indicators.

Today it is possible to observe registration of those deaths that occur not as a result of drug overdose, but as a result of AIDS or other infectious disease and where the infection was acquired via intravenous

drug use in the vast majority. Armenia has implemented ICD 10 and since 2005 this classification of diseases is operational.

AIDS deaths

(Table 4)

Year	Number of deaths	Number of deaths among IDUs
1995	2	1
1996	3	3
1997	1	-
1998	3	2
1999	1	-
2000	5	2
2001	4	-
2002	9	5
2003	6	5
2004	20	15
2005 March	7	6
TOTAL : 1988-2005 (March)	61	39

Thus, two-thirds of the officially registered AIDS deaths were caused by intravenous drug use.

6.2. Drug related infectious diseases

HIV/AIDS epidemic in Armenia

In Armenia, registration of HIV cases began in 1988. From 1988 to January 1, 2005, 304 HIV infected persons were registered in the Republic of Armenia, 288 of them being citizens of Armenia. The trend towards an increase in the number of HIV infection cases has been observed in the country. The number of HIV infection cases registered here in the last four years constitutes 50% of all the cases registered in the previous years. It is worth mentioning that during 2004 alone, 53 cases of HIV infection were registered, which exceeds the number of HIV infection cases registered in any of the previous years. Males constitute the large majority of HIV carriers at 224 cases (77.8%), females represent 64 cases (22.2%). Of the 288 reported cases, there are four cases of HIV infection among children (1.4%). Similarly to the rest of the world, Armenia also has seen a tendency in the growth of the number of infected women. In 2004, 13 cases of HIV-infected women were registered, which is unprecedented for the country.

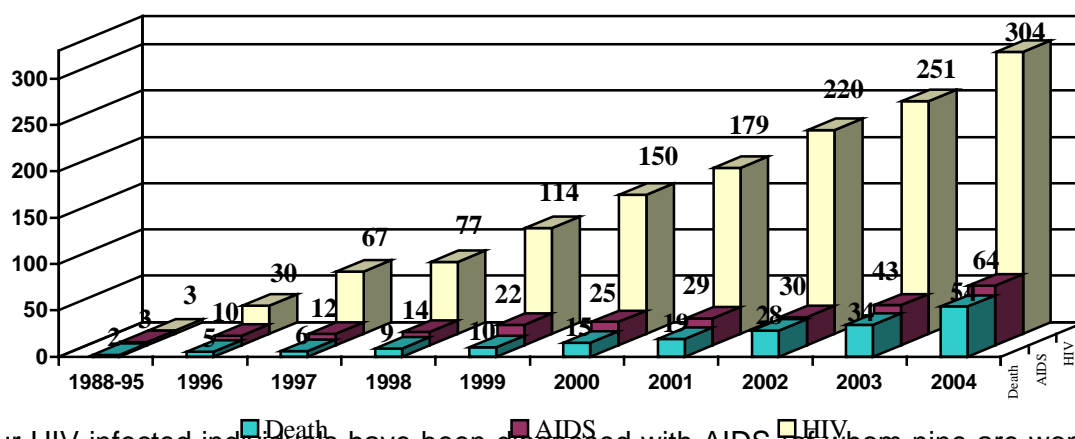
The majority of the HIV carriers (77.4%) belong to the age group of 20 to 39.

Reportedly, the main modes of HIV transmission in Armenia are intravenous drug use (53.2%) and heterosexual contact (38.5%). Furthermore, cases of mother-to-child transmission, transmission through blood and through homosexual practices have also been registered in Armenia.

It is remarkable that in recent years a considerable increase in the number of cases of infection through injecting drug use has been observed. For example, until 1999 the transmission mode via sexual contacts exceeds the transmission mode through injecting drug usage; the ratio between such cases was 41 to 22 respectively. From 1999 to January 1, 2005, the ratio changed sharply to 70/131.

Dynamics of HIV/AIDS and death cases

(Figure 4)



Sixty-four HIV-infected individuals have been diagnosed with AIDS (of whom nine are women and one is a child); where 34 diagnoses have been made during the last two years. From the beginning of the epidemic, 54 cases of death from HIV/AIDS have been registered (the cases include seven women and one child). More than one-third of these cases were registered last year. The number of cases of HIV infection (53), AIDS (21) and death from AIDS-related illnesses (20) registered in 2004 is the highest in comparison with the number of the cases registered in any of the previous years.

All the individuals infected via injecting drug use were men. Interestingly enough, some of them temporarily lived in the Russian Federation (Moscow, St. Petersburg, Irkutsk, Rostov and Surgut) and Ukraine (Odessa, Kiev and Mareupol) and might be infected with HIV there. The majority of HIV infected males (68.3%) are drug injectors, whereas the main transmission mode for women is heterosexual contacts (93.7%).

The maximum number of HIV carriers was reported in Yerevan: 143 cases, which constitute 49.7% of all the registered cases. The number of the registered HIV cases in Lori region is the second-highest in Armenia - 23 cases, which constitute 8% of all the registered cases.

However, these statistics do not reflect the real HIV/AIDS prevalence in Armenia. The HIV/AIDS situation expert assessment estimates the number of people living with HIV/AIDS in Armenia between 2,800 and 3,000.

According to the data of the Second Generation HIV Surveillance conducted in 2002, HIV prevalence among IDUs is about 15%, and among FSWs it is less than 3%.

Other infectious diseases

Hepatitis A and B

(Table 5)

	1999	2000	2001	2002	2003	2004
Viral hepatitis	2,761	1,723	1,007	948	884	944
per 100 000	72.6	45.3	26.5	29.5	27.5	29.4
<i>including</i>						
Hepatitis A					755	791
					23.5	24.6
Hepatitis B					103	106
					3.3	3.2

Tuberculosis

(Table 6)

	1999	2000	2001	2002	2003
Number of registered diseases with the diagnosis set for the first time – total, persons	1,434	1,284	1,343	1,393	1,437
number of cases per 100 000 population	37.7	33.8	35.3	43.4	44.7

7. Health correlations and responses

Prevention and treatment of drug related deaths and infectious diseases

In 2004, within the framework of the GFATM-supported National Programme on HIV/AIDS Prevention in the Republic of Armenia, the Capacity Building Center was established; specialists and project personnel have been prepared for training the trainers on peer education among the youth, migrants and refugees, and the military. Health care workers, including laboratory specialists, have been trained to provide laboratory testing, relevant care and support to PLWHA, HIV-infected pregnant women and

infants born to them. Specialists have been trained for conducting outreach work among and for providing peer education and VCT to the youth, general population and vulnerable groups. High-ranking policemen have been trained to be aware of the necessity of implementing preventive programmes among IDUs and FSWs. Seminars have been conducted for policy makers in the field of health care. As of January 1, 2005 44 training seminars had been conducted and 950 specialists had been trained within the framework of the project, out of which 32 medical specialists have been trained to provide HIV pre- and post-test counselling among IDUs. Training seminars have been provided to ten outreach workers and seven representatives of project personnel for conducting harm reduction projects among IDUs. Training seminars on “Organization of preventive activities among injecting drug users” for 28 representatives of projects personnel and outreach workers have been conducted. For providing training seminars to all the above-mentioned specialists, 13 guidelines and educational/informational materials have been developed. In particular, seven types (21,000 copies) of educational/informational materials for IDUs have been developed and published.

With the aim of HIV/AIDS prevention among IDUs, harm reduction projects are being implemented in the cities of Yerevan, Kapan and Gyumri within the framework of the National Programme on HIV/AIDS Prevention. Within the framework of the projects, IDUs have been provided with 25,000 condoms and 50,000 syringes, outreach work and STI syndromic treatment are being implemented among them, and they are being provided with educational/informational materials.

Thirteen VCT sites have been established in the penitentiary institutions, harm reduction projects are being implemented in three penitentiary institutions and within the project’s framework, 18,000 condoms and 5,000 syringes have been provided.

Initiation of antiretroviral treatment in Armenia

Objectives: From 1988 to February 1, 2005, 305 HIV cases were registered in Armenia. Until 2005 ARV treatment had been inaccessible for PLWHA in the country. The National Programme on HIV/AIDS Prevention (supported by the GFATM) envisions treatment for 20 PLWHA. In 2004 the National HIV/AIDS Treatment and Care Protocols were developed and ratified on the basis of WHO recommendations. The Protocols recommend that PLWHA should start ARV treatment when clinical AIDS stage is present, CD4+ <200/μl or CD4+ <350/μl in symptomatic patients. In order to identify HIV patients having indications for starting ARV treatment, 74 PLWHA were tested and examined.

Methods: The study was conducted in the National Center for AIDS Prevention. Full scale clinical, instrumental examinations and laboratory tests (CD4+ T-lymphocyte, Hepatitis-B and C) were

performed during initial evaluation of PLWHA to identify the stage of the disease, to diagnose comorbidities and opportunistic diseases, to provide primary prevention of opportunistic infections and to identify the necessity of ARV therapy. PLWHA with indications for ARV treatment underwent blood biochemical testing.

Results: 74 PLWHA have been tested, 21 of which have CD4+ <200/μl, six have Hepatitis-B, 29 - Hepatitis-C, and nine are co-infected with both infections. After clinical examination, it turned out that seven patients have oral candidosis, five have herpes simplex, four have tuberculosis, two have coccidioidomycosis, one has cryptococcosis, and one has MAC.

Conclusions: Analysis of the data of these 21 patients has shown that the average duration of the disease, from the time of possible infection, is 5.4 years, and it is noteworthy that 2/3 of the patients are injecting drug users. The study results allow the identification of those PLWHA who are currently in need of ARV treatment and forecast those who will need ARV treatment in the near future.

8. Social correlations and consequences

8.1. Social exclusion

Social problems and social marginalisation are very important risk factors of legal and illegal drug use. There were no social exclusion prevention programmes related to the drug-related reintegration programmes developed in Armenia so far.

8.2. Drug related crimes

In 2003, 11,073 crimes were recorded in the country (2002 saw 8.3% fewer crimes).

Out of the recorded committed crimes, 53.9% were crimes of criminal investigation (such as murder, violence, cheat, theft, drugs, transport stealing, etc), 3% were economic crimes (such as corruption, fraud, etc.) and 43.1% were other crimes. Out of 6,315 recorded and revealed crimes in the criminal investigation field in 2003, 356 crimes were drug-related (in 2002, out of 7,237 crimes of the criminal

investigation field, 447 were drug-related crimes). Drug-related crimes in most cases were committed in the capital city, bordering regions of the country (Shirak, Syunik, Lori) and Ararat and Kotayk regions.

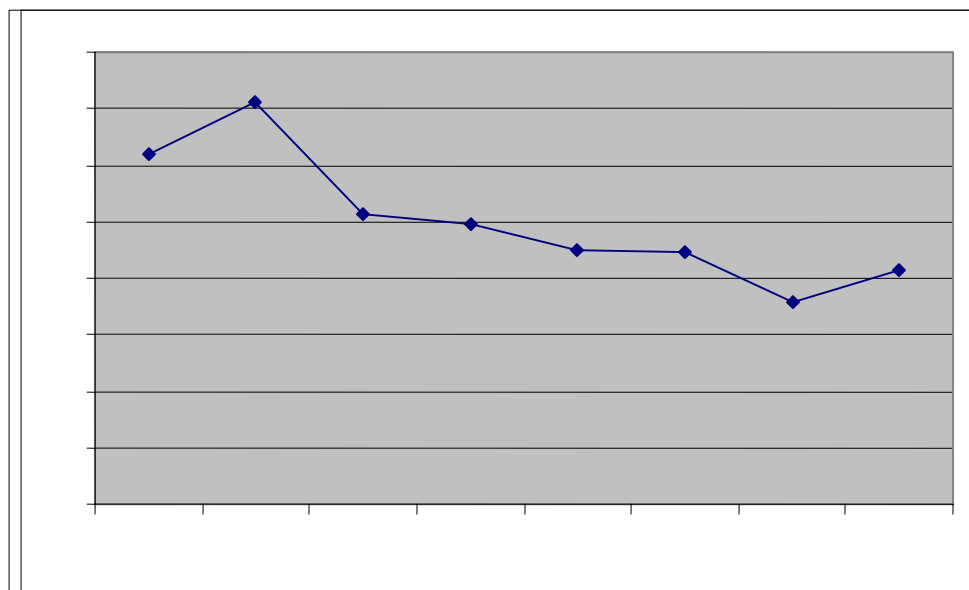
Number of persons committing criminal investigation crimes (2000-2003)

(Table 7)

		Convicted	Crime committed		Previously convicted	
			Under influence of alcohol	Under influence of drugs	Total	Out of them minors
Total	2000	4,299	649	75	1,244	42
	2001	3,952	664	94	1,186	34
	2002	3,724	627	79	1,171	42
	2003	3,116	462	48	999	41
Out of them committed in Yerevan	2000	1,658	215	30	560	19
	2001	1,489	243	39	488	18
	2002	1,355	191	22	475	14
	2003	1,219	126	13	392	19

Drug-related crimes

(Figure 5)



Crimes connected in this field, in most cases, were related to the manufacture, purchase, storage, use, transport and sale of drugs and psychotropic substances (for instance, in 2004 it was 398, in 2003 it was 346 and there were 420 such crimes in 2002). Crimes related to the trafficking of drugs and psychotropic substances without the intent to sell also constitute a significant part in this field (in 2004 it was 313, in 2003 it was 219 and it was 247 in 2002).

Quantitative distribution of drug related crimes (2002-2004)

(Table 8)

		Organization or keeping of places for illegal drug or psychotropic substance use	Illegal trafficking of psychotropic or toxic substances without intent to sell	Theft of drugs or psychotropic substances	Inducing a person to drug or psychotropic substance use	Illegal trafficking of drugs or psychotropic substances			Illegal cultivation of plants containing drug, psychotropic or toxic substances	
						total	Out of which			
							With intent to sell	With no intent to sell		Use of drugs
Total	2002	1	6	0	0	420	56	247	117	20
	2003	4	3	0	0	346	45	219	82	3
	2004	0	2	3	1	398	60	313	25	9

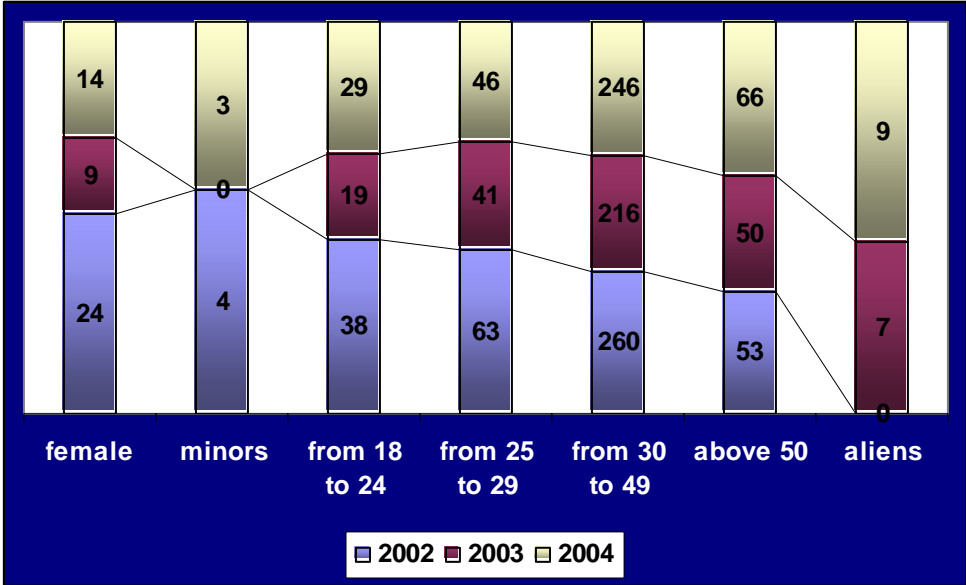
During the reporting period, 390 persons were convicted for committing drug-related crimes (in 2003 – 326 persons, in 2002 – 418); out of them there were 14 females (in 2003 – nine, in 2002 – eight) and three minors (in 2003 – zero, in 2002 – four). Sixty-five persons were convicted for committing crimes related to the illegal sale of drugs; out of them there were two females (in 2003 – 42 total, three females, in 2002 – 57 total, four females), and 19 previously accused (in 2003 – 14 previously accused and 19 in 2002).

Minors' involvement in drug-related crimes over the last few years is very small. Thus, in 2004, four minors were convicted, in 2003 there were none and there were three in 2002. In 2003 drug-related crimes were committed by males 95.5% of the time and by females in 4,5% of the time (in 2002 respectively 94.2% and 5.8%).

As compared with previous years, the number of foreigners convicted for drug crimes has increased. For instance, nine foreigners were convicted for illegal trafficking of drugs in 2004 (in 2003 it was seven and there were none in 2002).

Age group of persons committed drug related crimes

(Figure 6)



According to the data from the Ministry of Justice, in 2004 the number of accused persons was 4,345 (out of them were 229 females), and 222 were minors. In comparison, in 2003 the number of accused persons was 4,567 with 262 being females and 198 minors. 56.3% of accused persons are able to find and hold work, but they never received an education or they worked before being accused; the number of which has increased by 25.4%, as compared with 2002. In comparison with 2002, the number of accused persons (to all crimes) in 2003 has increased, but the number of drug-related crimes committed decreased by 9.4%.

Number of accused persons for drug related crimes (1997-2004)

(Table 9)

		1997	1998	1999	2000	2001	2002	2003	2004
Number of persons	Total	426	374	266	295	276	230	220	300

committed drug related crimes	females	12	14	16	12	28	26	5	13
among which from 14 to 17		2	3	1	0	0	2	0	1
from 18 to 24		37	47	31	34	31	24	19	
from 25 to 29		77	58	38	45	48	27	33	
from 30 to 49		272	237	172	181	167	150	144	
above 50		38	29	24	35	30	27	24	
Accused persons for the illegal use of drugs	Total	80	169	176	108	88	79	60	5
	females	0	1	1	2	0	0	0	1
among which from 14 to 17		0	0	0	0	0	0	0	
from 18 to 24		12	22	26	13	9	10	5	
from 25 to 29		21	38	34	30	18	9	17	
from 30 to 49		45	102	106	65	58	54	35	
above 50		2	7	10	0	3	6	3	

Of the total number of drug-related crimes committed during 2004, 53 were committed by groups and nine under the influence of alcohol. According to the statistics of the First Instance Courts of Armenia during 2004, of the total number of criminal drug cases heard by the Courts, 207 were related to marijuana, 35 to opium, 28 to hashish and 25 to heroin. It has been recorded that of those cases, in 259 cases the drug source was Armenia, in eight cases it was Iran, in two cases it was Russia, Turkey was mentioned two times and Georgia was listed three times.

Statistical figures on listened cases during 2004 by First Instance Courts of Armenia

(Table 10)

Nationality	Armenian - 303	Iranian - 2	Russian - 1	Yezdi - 1	
Citizenship	Republic of Armenia - 305	Georgia - 1	Turkmenistan - 1	Russia Federation-1	Iran- 2
Education	Higher education - 26	Specialized education -27	Secondary education-155	Secondary basic education- 7	General basic education -95
Sex	Male - 299	Female - 11			
Marital status	Married - 177	Not married -133			
Criminal record	Previously convicted - 165	Not convicted previously - 145			
Occupation	Occupied - 50	Not occupied - 250			

Contingent inconsistencies, or, more accurately, lack of cohesion of the statistics of the Ministry of Justice of the Republic of Armenia with the statistics of the Police and Prosecutory's Office follow from different methodologies and also from the fact that, in compliance with the Criminal Procedure Act, a public prosecutor is allowed to change crime qualification of a crime included in the accusation charge, and this change will not retrospectively reflect in Police statistics. Finally, yet importantly, there is a certain role of a time lag; e.g. criminal proceedings start in the year 2003 and a charge is only brought in the year 2004.

8.3. Drug use in prisons

The drug treatment unit of the penitentiary medical hospital of the Republic of Armenia receives patients based on court orders. Here treatment can be provided to alcohol and drug addicts. Those prisoners who are convicted for a short period of time (for instance, up to three years) after receiving the first treatment are recorded in the registry of the unit and later on can receive treatment at treatment subunits of the prisons. Those prisoners who are convicted for a long period of time always receive more than one treatment modality at the drug treatment unit of the penitentiary medical hospital. Apart from that, there are cases when being in prison, the convicted person himself expresses the desire to receive drug or alcohol treatment without a court order. Analyses show that during last few years the number of patients looking for alcohol treatment has increased (according to a qualitative oral information from the prison staff, due to the unavailability of drugs, the use of alcohol increases sharply). When drugs are again available they begin to use drugs. It has been observed that drug patients have addictions to psychotropic substances like ephedrine or codeine content substances. For the last few years the number of ephedrine abusers at this unit has increased, as well as the number of polydrug abusers. A switch to opium type drug use (once they are available) has been observed with ephedrine abusers. The opposite situation has been observed with opium abusers: when the opium type drug is not available, the abusers start injecting ephedrine. This might suggest that polyvalent drug use represents a major pattern of problem drug use in Armenia.

Patients received treatment at drug treatment unit of penitentiary medical hospital (2000 - 2004)

(Table 11)

	2000	2001	2002	2003	2004
Total number of patients	23	18	35	29	46
Hashish abusers*	11	10	21	16	29
Opium abusers*	9	3	4	2	10
Ephedrine abusers*			1	6	6
Polydrug users	2	4	7	3	1
Toxic users	1	1	2	2	-
Which also alcohol abuser	7	7	18	9	23
Duration of treatment (days)	80	86	64	67	60
Received treatment by Court's order	12	6	21	14	28
Left after treatment being received	21	13	30	19	33
Out of which secondary treatment	-	-	-	7	5
* drug is mentioned as primary					

At the end of 2004, there were 2.700 prisoners at 13 penitentiary institutions in the Republic of Armenia.

8.4. Social costs

There were no studies conducted on the social and economical costs of drug use in the Republic of Armenia.

9. Responses to social correlates and consequences

During the last few years an increase in economic development and some increases in stipends, wages, and pensions have been observed in the country. The 2005 state budget has social-minded tendencies as the Government of the Republic of Armenia is conducting social and economic development policies.

As of January 2005, according to estimates, the average number of those engaged in economical activity in the population is 1,194.9 thousand people, out of which 91.0% or 1,087.2 thousand people were engaged in such activity. Nine percent, or 107.7 thousand people (average for that period of time), didn't have a job and were registered at the "State Employment Service of the Republic of Armenia" as jobless.

As of January 2005, of those registered at the above mentioned agency, 139.8 thousand people were seeking a job, 97.1% or 135.7 thousand were unemployed. The status of jobless was given to 78.6% or 106.7 thousand of the unemployed. From the beginning of 2005, 0.4 thousand people found a job, out of which 55.8% were females.

In January 2005, of those registered at the agency, of the 1.1 thousand unemployed, 1.0 thousand (or 90.9%) received the status of jobless. During the same period of time, 3.9 thousand unemployed were removed from the data bank, and of them 0.4 thousand, or 10.3%, found work.

Out of the officially registered 74.8 thousand people, 70.1% were females. Their number in the total number of jobless people as of January of 2004 increased by 1.2%.

The officially declared demand for man power, as of January 2005 was 956 people, of which 74.7%, or 714 people, was for workman specialization.

Officially registered level of unemployment by months

(month average, estimated)

(Table 12)

	Officially registered level of unemployment in %	
	2004	2005
January	9.8	9.0

As of January 2003, the working capacity population was comprised of males aged 16 to 62 years and of females aged 16 to 58 years.

Population

(Table 13)

Years	Total population, in thousand of people	urban	rural	male	female	In the total number of population in %	
						male	female
1998	3,791.2	2,535.4	1,255.8	1,838.7	1,952.5	48.5	51.5
1999	3,798.2	2,536.0	1,262.2	1,844.2	1,954.0	48.6	51.4
2000	3,803.4	2,535.7	1,267.7	1,849.0	1,954.4	48.6	51.4
2001	3,802.4	2,532.4	1,270.0	1,848.5	1,953.9	48.6	51.4
2002*	3,212.9	2,065.6	1,147.3	1,542.4	1,670.5	48.0	52.0
2003 *	3,210.3	2,062.2	1,148.1	1,543.6	1,667.7	48.1	51.9

* According to the enumeration of the 2001 Census

In 2003, the average monthly wage was 34,783 Armenian Drams (in 2002 it was 27,324 Drams and in 2001 it was 24,483 Drams).

Number of jobless persons

(Table 14)

Registered jobless at the end of the reporting years (1,000 people)				
1999	2000	2001	2002	2003
175.0	153.9	138.4	127.3	124.8

Official level of unemployment by % in relation to economically active population

(Table 15)

(1000 people)				
1999	2000	2001	2002	2003
11.2	11.7	10.4	10.8	10.1

Unemployment ratios

(Table 16)

	1999	2000	2001	2002	2003
Level of official unemployment	11.2	11.7	10.4	10.8	10.1
Male	7.6	8.0	6.9	7.2	5.9
Female	15.0	15.7	14.1	14.5	14.4
Young population from 16 to 30	3.7	3.1	2.8	2.9	2.8

* in relation to the economically active population

According to the data provided by treatment facilities, people with intermittent employment make up the majority of drug users. This group in general has no occupation and goes from job to job.

If to draw the comparison between drug users, drug-related crime offenders and the persons accused for drug-related crimes, then the following results can be shown:

- about 80% of drug users is unemployed and belong to 25-50 age group
- the vast majority of drug-related crimes are committed by unemployed males
- about 51% of accused persons for drug-related crimes have secondary education
- unemployed males of 25-50 age group are the most vulnerable in drug-related crimes

Poverty reduction is currently deemed a priority that societies must address and Armenian society is no exception. Independent Armenia has faced this challenge from its very inception. In addition to problems caused by the collapse of the Soviet Union and the systemic transformation that ensued in all the newly independent states, the Armenian Government had to seek solutions to additional problems, such as the blockade by Turkey and Azerbaijan, the sheltering of hundreds of thousand of refugees from Azerbaijan, the elimination of the consequences of the 1988 disastrous earthquake of Spitak and Gyumri, the rehabilitation of the border areas of Armenia due to the Nagorno Karabagh conflict, and the like. The situation was exacerbated by the transportation blockade of Armenia, the complete loss of former economic ties, the halting and dismantling of numerous industrial activities, and other harsh factors.

In light of the imperatives of the Poverty Reduction Strategy Paper adopted by the Government of the Republic of Armenia on August 8, 2003, families with many children and single parents have been treated as a priority in the poverty assessment schemes under the 2004-2005 state budgets.

10. Drug market

10.1. Availability and supply

Armenia is not a typical drug producing country (except of cannabis grown mostly for domestic use) and, as a rule, the vast majority of drugs other than cannabis-type drugs are smuggled into the country from neighbouring countries. The black market mainly includes heroin, opium and marijuana. In Armenia drugs are available via a special network of drug users; there is no street sale of drugs in the country. No clandestine drug laboratories have been detected for the last several years.

10.2. Drug seizures

Observations over the last few years have shown that the drugs of main consumption in Armenia are those cultivated and manufactured domestically, that is cannabis. The types of drugs seized in the country, in general, remained the same with an exception of one case in 2004 when a large quantity of cocaine was discovered (the only case for the first time over the last ten years).

Types of drugs seized in the country from 2002 to 2004

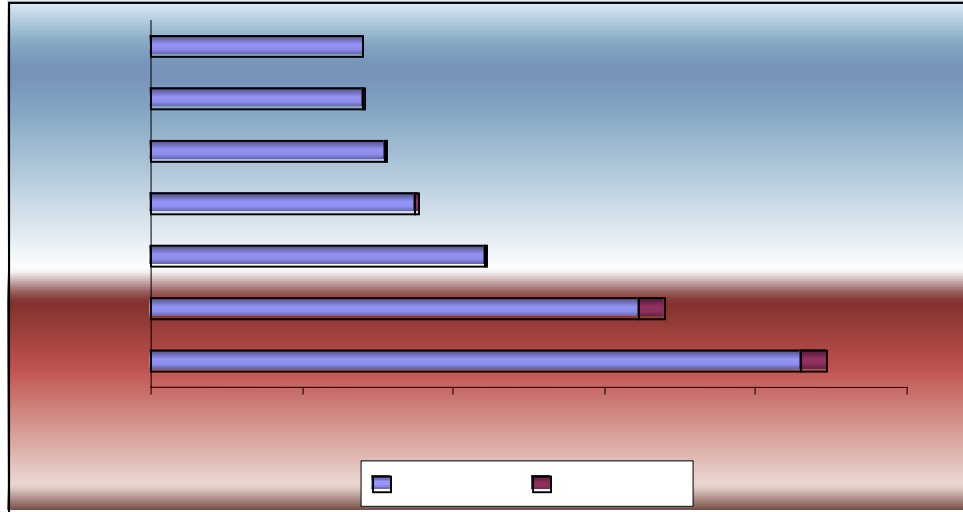
(Table 17)

Type of drug	2002 (in grams)	2003 (in grams)	2004 (in grams)
Marijuana	76,083.695	7,932.1	58,415.93
Hashish	84.75	106.57	1171.42
Hashish oil	0	0.6	0
Poppy straw	1,485	42.9	228.0
Cocaine	0	0	943.8
Opium	77.55	149.52	48.42
Acetylised opium	0	1.33	35.09
Heroin	175.293	310.108	1,010.666
Morphin	0.02	0.01	0
Omnopon	0.134	0.162	0.1
Ephedron	1.9341	1.4656	0.8528
Psychotropic substances	2,249 tablets	316 tablets	558 tablets

Every year illicitly cultivated hemp and poppy plants are discovered and destroyed (by burning) throughout the entire country.

Quantity of the destroyed plants (in kg)

(Figure 7)



10.3. Price/Purity

Drug prices over the past few years have remained very stable, as well as the type of seized drugs. Drug prices on the black market in 2002 and 2003 were the following: 1 gr. of heroin – \$120 to \$150 (all prices in section 10.3 are USD), 1 gr. of opium – \$25 to \$35, 1 gr. of marijuana – \$1.5 to \$2, 1 gr. of hashish is \$5. The amount of hard drugs seized was very little and thus can't affect the drug prices fixed in the market. There are two laboratories (one located with the police and the other one in the Ministry of Justice) in the country which conduct expert analysis of the seized drugs in the country. Technical equipping of these laboratories does not allow the mirroring of the purity of confiscated drugs.

It should be mentioned that in July of 2004 the National Expertise Center was established which implements activities in different fields of expertise. Currently the building of the center is under construction and will be completed by the end of 2005.

Part B. Selected Issues

11. Gender differences

In 1999, large scale activities were initiated in Armenia aimed at introducing gender indicators in statistical publications and collecting, disseminating and maintaining gender disaggregated data. Gender statistics are relatively new to Armenia; further development, improved administrative sources of information, and new gender indicators are necessary in this sphere.

At present there are no legal provisions in Armenia prescribing discrimination against women and men, because the Soviet legislation, mainly inherited by tradition, prescribed a number of systems granting equal rights for both genders. However, most of these provisions were not implemented due to resource unavailability.

The “Gender and Political Programme” in the Southern Caucasus is currently being implemented according to the project signed in 2004 between UNDP in Armenia and the Ministry of Labour and Social Affairs. The aim of the project is to support gender politics development in Armenia, build the capacity for decision making by women, initiate gender dialogue and establish a basis for the regional exchange of information and cooperation enhancement. It is anticipated that as a result of this project, management mechanisms of gender policy implementation will be strengthened and a regional gender strategy paper will be developed. The duration of the project is three years.

Women’s participation in the decision making process on the local and national levels should be wide spread. In Armenia women constitute the majority of the population and, at the same time, their voices are not heard and their priorities are not always taken into account during policy development.

In Armenia, legislation regulating women’s rights, in general, is inherited from the Soviet Union; and this legislation has not undergone any substantial changes. In Armenia women lead four political parties out of 114. Out of 131 members of parliament members, six are women. The commission on the improvement of women’s status is finalizing the National Plan of Actions on Women’s Issues. Activities of this plan cover such important spheres as social and economic, the health status of women, regional cooperation, institutional reforms, etc.

Average annual number of women involved in economic branches

(1000 people)

(Table 18)

	1999	2000	2001	2002	2003
Total in economic sphere	608.8	580.9	582.0	524.3	525.8
Industry	81.2	72.2	67.3	50.5	46.1
Agriculture and forestry	250.5	235.9	244.7	223.5	228.0
Building	8.5	8.4	7.5	4.7	4.6
Transport and communication	12.3	12.7	12.5	13.7	14.8
Trade and public catering	46.2	42.1	41.4	50.1	62.2
Housing, public utilities	10.6	10.6	10.1	6.9	8.6
Health care and social security	58.4	57.7	59.4	49.6	42.7
Education, culture and art	116.6	117.4	116.6	105.3	98.6
Sciences	7.3	7.3	6.7	6.1	5.3
Credit and insurance	3.5	3.9	3.6	2.5	2.5
Government staff	11.1	10.5	9.6	9.1	10.1
Other	2.6	2.2	2.6	2.7	2.3

Employed and unemployed distribution to males and females

(1000 people)

(Table 19)

	1999	2000	2001	2002	2003
Involved in economics, total	1,298.2	1,277.7	1,264.9	1,106.4	1,107.6
Male	689.4	696.8	682.9	582.1	581.8
Female	608.8	580.9	582.0	524.3	525.8
Jobless registered at employment service	175.0	153.9	138.4	127.3	118.6
Male	62.3	54.4	47.1	41.6	37.0
Female	112.7	99.5	91.3	85.7	81.6
Young population from 16 to 30	54.4	45.5	39.8	36.3	33.9

In spite of the fact that Armenia is developing, old traditions from centuries past have been maintained, including those related to woman's moral image. In Armenian families the role of leader of the family, protector and responsible person belongs to a man. At the same time, a woman is the "face" of the traditional family and the attitudes and opinions of society toward any family mostly depends on the woman's moral image. It is for this reason that a woman is always at the center of attention and control of family members, to keep the members from errant ways.

Drug abuse at the various levels of society has been perceived as an evil, and is considered an evil which does not suit Armenians, specially Armenian women. Drug users keep as well-guarded secrets

from family members that they are using drugs and do everything to keep the family from ever discovering this secret, especially when the addict is a woman.

As a result, no reliable information about the level of women ab/use of illegal drugs either their ab/use of psychotropic substances is known for Armenia.

12. Developments in drug use within recreational settings

Recreational settings – the “night-life” or “clubbing” - in Armenia began to emerge in 1995 and have developed heavily during the last five years. This settings generally involves discotheques, night clubs, and strip bars which are mainly located in the capital city. There is only a few of them located in other cities in Armenia.

In spite of the fact that legislation does not contain special limitations for these recreational settings, the owners of these clubs themselves reportedly do not allow criminal activity in their clubs, whereby they establish certain rules for securing a “good name” for their club. The entrance into some of the clubs for man is allowed only when accompanied by a partner. The reason for this is that to open a club in Armenia requires a large financial investment. Every incident which attracts law enforcement’s attention causes opinions to spread that the club is under police control which results in a sharp decline in club visitors which ultimately causes low income.

This also relates to drug crimes. Armenia is a country with small population which allows the police to quickly get information related to crimes, particularly when the crime is committed in a club in the presence of many people. This is one of the main reasons that criminals avoid distributing drugs at recreational settings. Also, as was mentioned above, according to amendments to the Criminal Code, criminal responsibility is defined for the traffic in narcotic drugs, psychotropic substances and their analogues; trafficking of these substances in recreational settings was added as an aggravating circumstance.

Part C: Bibliography, tables, figures

13. Bibliography

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