

Algeria

DRUG SITUATION AND POLICY

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Pompidou Group of the Council of Europe

Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs

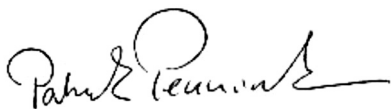


Preface

The Pompidou Group is publishing a new series of “Country profiles” to describe the current drug situation and policy of its Member States and States co-operating in its networks (the Mediterranean network MedNET and the South East Europe and Eastern European Networks). Its long term aim is to provide a first basis to contribute to the establishment of a National Observatory in the country described.

This “country profile” examines the state of affairs and drugs policy in Algeria and provides a descriptive analysis to help professionals to study the treatment, prevention and law enforcement methods used in Algeria. This profile also provides an analysis of the impact of drugs and its effects on the health of citizens. In addition, it provides an overview of the various international commitments and relations with neighbouring countries to fight drug trafficking. The document contributes to the implementation of the national policy and shows the successes and lessons learnt in the fight against drug abuse and drug trafficking.

I would like to express my gratitude and appreciation to the Department for Anti-drug Policies of the Presidency of the Council of Ministers of Italy for their financial support in the realisation of this booklet, as well as the National Office for the Fight against Drug Abuse and Drug Addiction (ONLCDT) who gave its agreement for this publication. I would like to thank in particular Mr Abdennouri Salah for completing this profile. Further acknowledgement goes to Matthieu de La Rochefoucauld for having given it thorough follow up.



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PRESIDENZA DEL CONSIGLIO DEI MINISTRI
Dipartimento Politiche Antidroga

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Drug situation and policy in Algeria

General statistics

Geographical data:

on account of its geostrategic position on the southern shore of the Mediterranean and in the centre of North Africa, Algeria is considered to be the gateway to Africa from Europe. With a total surface area of 2.4 million km², it has since 2011 (following the separation from Sudan of South Sudan) been the largest country in Africa. It has almost 1,200 kilometres of coastline and roughly 6,000 kilometres of land borders with seven countries in the region. Over 85% of its surface area is desert. Because of this, 91% of the Algerian population lives in just 13% of the territory. Just a little over 3% of the land is arable.

Statistical data for Algeria:

	2012	2013
Population¹ (millions)	37.9	38.7
< age 15	27.9%	
age 15-59	64%	
age 60 and over	8.1%	
Growth rate		1.9%
Life expectancy (in years)	76.4	
Unemployment rate		9.8%
Male unemployment		8.3%
Female unemployment		16.3%
Youth (age 19-24) unemployment	27.5%	24.8%
Population living in urban areas*	67%*	
Economy²		
GDP (in €)	153.4	158.1
GDP per capita (in €)		3995
Growth rate	3.3%	
Growth excluding hydrocarbons	7.1%	
Foreign exchange reserves (in €)		140
Debt (estimated as a percentage of GDP)		2%
Human development index		0.713
Population living below the poverty threshold *	6.79%*	
Education³		
Primary school net enrolment ratio (2008-2011)	97.7%	
Boys	98.4%	
Girls	97%	
Illiteracy rate ⁴		16.30%
Political regime:	Presidential republic with a two-chamber parliament	

¹ Algerian National Statistics Office: www.ons.dz

² L'état de l'Afrique 2014; report in the "Jeune Afrique" magazine, published in special issue No. 35.

³ Unicef statistics on Algeria: www.unicef.org/infobycountry/algeria_statistics

⁴ Source: statement by the National Literacy and Adult Education Office, 7 January 2014.

* UNDP Human Development Report 2011

Introduction

Although hashish (cannabis) has been used in Algerian society for centuries, as in many other countries in the region, it was much later – compared with the countries of Europe and America – that use of the drug emerged as a social problem. Examples of hashish use can be traced far back in Algeria's history among certain sections of society, especially among a particular category of prominent figures and men of culture, including performers of Chaabi (folk music) who occasionally consumed hashish in moderation, in particular during festivals and festivities. This situation continued to a greater or lesser degree until the second half of the 20th century.

In this connection, it should be noted that the Algerian population is almost exclusively Muslim. Islam prohibits the consumption of alcohol and all substances that can have similar effects on the individual, in particular those classified as drugs.

Furthermore, the Algerian population was originally a Bedouin and rural population: "we are but decimated tribes,"⁵ said Kateb Yacine; as a result it has always been strongly attached to the traditional values of family and tribe.

Algeria's independence in 1962 marked the beginning of a radical change in the lifestyle of society and people, not always for the better. The years following independence saw a mass exodus of people from rural areas to towns and cities in search of either schools for their children, who for a long time had been denied education, or jobs, prime factors in improving living standards.

This mass exodus led to the appearance of shanty towns and slum areas around urban centres. These have been growing steadily in size and number, becoming fertile ground for all the ills of society. Consequently, with effect from the early 1970s, the law-enforcement agencies began to speak of drug trafficking in Algeria.

General drug situation

Owing to its geographical position between two sensitive areas of cannabis production and consumption, Algeria continues to this day to be classified as a transit country for drug trafficking. According to the UNODC in its World Drug Report 2011, Morocco produced 38,000 tonnes of cannabis herb (from 47,400 hectares of land), with

⁵ Kateb Yacine in *Nedjma*, 1st Edition: Paris, PUF, 1990.

Europe remaining the largest market for imported cannabis. A large quantity of the cannabis produced in Morocco transits via Algeria on its way to its final destination in Western Europe. Nonetheless, in view of its situation as a cannabis transit country, in recent years Algeria has seen a rapid growth in the consumption of this substance and other psychotropic substances, constantly increasing from year to year to an alarming extent.

The security crisis affecting most countries in the region – Algeria in the 1990s and more recently Tunisia, Libya, Egypt and Mali, not to mention Chad and Sudan – has led to the entire region becoming particularly prone to all sorts of smuggling, trafficking in arms and drugs and, above all, brutal terrorism which encourages such activities and feeds off the proceeds. This has without a doubt made it all the easier for the major traffickers to channel Moroccan cannabis through Algeria towards the Middle East on its way to the west European market via the Balkans.

More specifically, the first warning of drug trafficking in Algeria goes back to 1975, when the law-enforcement agencies intercepted three tonnes of cannabis and arrested the traffickers, the majority of whom were foreigners. The second alarm was sounded in 1989 following the seizure of two tonnes of cannabis resin and the arrest of those responsible. Since then, the situation has worsened, with a constant increase each year up to the present day.

The statistics compiled over the last twenty years show a gradual increase in the quantities of drugs seized each year. This is mainly cannabis⁶ (6 tonnes in 1992, 157.3 tonnes in 2012 and 211.5 tonnes in 2013)⁷ and psychotropic substances (mainly clonazepam and diazepam).

This is confirmed by the results of the national epidemiological survey carried out in 2010, which showed that the most frequently consumed drugs in Algeria were cannabis and psychotropic substances.

Some of the drugs from the western part of the country are routed via the ports of Oran and Algiers for (illegal) export to Europe, and others go to the countries located to the east and south of Algeria, via Ouargla and especially El-Oued, fast becoming an important crossroads for trafficking to Tunisia, Libya and the Middle East.

⁶ *Algerian National Five-year Strategic Plan to prevent and combat drug abuse and drug addiction 2004-2008, ONLCDT.*

⁷ *Source: ONLCDT: National Office for the Fight against Drug Abuse and Drug Addiction. www.onlcdt.mjustice.dz.*

Over and above the threat from the western border, the southern borders from El-Oued to Tamanrasset also pose a clear threat, with the establishment there of networks of drug traffickers.

In addition to the trafficking of cannabis via the country, the law-enforcement agencies also report a number of seizures of cocaine and heroin (in small quantities) entering Algeria by post from Europe, either by sea or air. Other quantities come from sub-Saharan countries via networks with contacts in the capital and other cities. However “trafficking in these types of drug is limited”⁸.

It should be noted that this last sector has become significantly stronger in recent times with the successive waves of prospective immigrants from sub-Saharan countries to Europe who transit Algeria through its ports and airports, or who try their luck in boats made available for this purpose by people smugglers. In order to fulfil their dream, these illegal immigrants often carry with them quantities of these drugs from their country of origin, with the aim of financing their way across the Mediterranean. Lastly, available statistics⁹ show that the quantities of these hard drugs that are seized are very small (just a few hundred grams, or perhaps a few kilograms in extreme cases seized nationally each year), compared with the quantities of cannabis seized (of which there are tens if not hundreds of tonnes).

Although Algeria has been and remains a country of transit for cannabis, the consumption of different types of drug is nonetheless an everyday reality, particularly cannabis and psychotropic substances.

While, thirty or forty years ago drug users kept to the darker corners of certain neighbourhoods frequented by those living on the fringes of society, today, all the indicators show that drugs are to be found in all places frequented by young people. Use of cannabis and psychotropic substances occurs in all sectors of society.

The number of consumers of psychoactive substances is estimated to be almost 302,000 people aged 12 and above, i.e. 1.15% of people in this age bracket, with a clear predominance in the population aged between 20 and 39 (some 180,000 people). These individuals report having consumed one or more drugs in the previous 12 months¹⁰.

⁸ *Algerian National Five-year Strategic Plan to prevent and combat drug abuse and drug addiction 2004-2008, ONLCDT.*

⁹ *ONLCDT annual reports*

¹⁰ *Report of the comprehensive national epidemiological survey on the prevalence of drugs in Algeria, 2010, ONLCDT and CENEAP.*

Even hard drugs are beginning to find customers and devotees among a particular section of the young.

This is assisted by several factors including the housing crisis, the weakening of the family unit and parents' disengagement from their responsibilities, school drop-out and its consequences resulting in various forms of crime, the stagnation of the economy and unemployment affecting the young in particular, and the effects of terrorist violence on social stability and on individuals' psychological balance. The vast expanse of the country and the difficulties of border control (1,200 km of coastline and more than 6,000 km of land borders, primarily in desert regions) are factors not to be overlooked.

Lastly, the major multi-faceted and multidimensional changes that have been taking place in the world for more than a quarter of a century are also a key factor which has undoubtedly had a significant effect on trends in the drug situation in Algeria.

National anti-drug institutions and instruments

Responsibility for the prevention and combating of drug abuse and drug addiction as social phenomena is, in theory and in practice, one of the inherent tasks of various sectors, institutions and ministerial departments of the state. The government is responsible for co-ordination between these various entities so as to ensure the effectiveness and efficiency of their action in this field.

In this regard, the Ministries of Justice, Health, the Interior, Defence, Youth and Sport, and the ministerial departments responsible for primary, secondary, higher and vocational education each make their contribution to drug prevention and to the fight against drug supply and demand within the Algerian population, not forgetting, of course, the three law-enforcement agencies – the gendarmerie, the police and the customs authorities – and the various civil society organisations. Other economic, socio-cultural and political sectors also contribute, indirectly, to the fight against drug abuse and drug addiction in Algeria.

With regard to co-ordination between these different players, Algeria has tried a variety of formulas, setting up in turn various co-ordination bodies.

1. The National Narcotics Commission

In 1971, the government set up, by executive decree,¹¹ the National Narcotics Commission, an inter-ministerial commission under the authority of the Minister for Public Health. Its terms of reference were to:

-
- study international conventions and agreements relating to narcotics and put forward implementation proposals appropriate to the country's specific conditions;
 - identify and recommend more effective measures to be implemented in the fight against the trafficking of addictive drugs, and eradicate the cultivation, possession, sale, circulation and use of Indian hemp;
 - ensure, in co-operation with the Narcotics Office, that addictive drugs were used solely for medicinal purposes, and oversee and protect the lawful trade in those drugs;
 - be involved where appropriate in health education, putting forward proposals for the necessary prevention and mass education methods to combat this problem.

The Commission was chaired by the Health Minister or the latter's representative, comprised 15 members representing the various national ministries and institutions concerned, and met at least once every three months.

2. The National Commission for the Fight against Drug Abuse and Drug Addiction

In 1992, the government set up under the authority of the Health Minister, the National Commission for the Fight against Drug Abuse and Drug Addiction, in application of Executive Decree No. 92-151 of 14 April 1992.

This commission, chaired by the Health Minister or the latter's representative, was a consultative body with the following terms of reference:

- to assess the extent of drug addiction and recommend the necessary medical, social or regulatory measures to be taken;
- to analyse all the relevant factors relating to the use and abuse of addictive drugs and to suggest measures to eliminate supply and demand;
- to put forward proposals for inclusion in a national policy to fight drug addiction;
- to initiate, organise and take part in training or information seminars on the fight against illegal trafficking and abuse of narcotics and psychotropic substances and on the treatment or rehabilitation of addicts;
- to suggest prevention and education measures or methods to combat drug abuse;
- to encourage the voluntary sector active in the prevention of drug abuse;
- to study international conventions and agreements relating to narcotics and psychotropic substances, to put forward implementation proposals appropriate to the country's specific conditions and to participate in their implementation once they have been ratified.

¹¹ Decree No. 71-198 of 15 July 1971, establishing a National Narcotics Commission, Official Gazette No. 59 of 20 June 1971.

This commission comprised some 20 members representing the various bodies in the Health Ministry dealing with the drugs issue, the various ministerial departments concerned, the three law-enforcement agencies and national associations active in the prevention of and fight against drug abuse.

The executive decree setting up the commission stipulated that it was to meet at least twice yearly and that it could establish regional or local commissions. It was further tasked with drafting an annual activity and evaluation report which was to be submitted to the Health Minister.

3. The National Committee for the Fight against Drug Addiction

This body was set up within the Ministry of Health, Population and Hospital Reform by Ministerial Decree No. 13/MSPRH of 31 May 2004. As its name indicates, it was responsible for issues relating to the problem of drug addiction and the treatment of addicts. As such, it represented a strengthening of the mechanisms to deal with the effects of drug addiction.

4. The National Office for the Fight against Drug Abuse and Drug Addiction.

Given that the national commissions were not deemed to have been particularly successful, Algeria set up a permanent national body to address the government's concerns and to step up, harmonise and co-ordinate the action taken to prevent and combat drug abuse and drug addiction at national level. Accordingly, a public administrative entity, having legal personality and financial autonomy, was established on 9 June 1997 by Executive Decree No. 212-97.

However, it was not until 2 October 2002 that this body, the National Office for the Fight against Drug Abuse and Drug Addiction (ONLCDT), which nonetheless was placed under the direct authority of the head of government, came into being.

The role of the Office is to frame and propose, in conjunction with the relevant sectors, the national policy to combat drug abuse and drug addiction in terms of prevention, care, reintegration and punishment and to oversee its implementation. It presents an annual report to the head of government on implementation of the National Strategic Plan to prevent and combat drug abuse and drug addiction and on trends in the overall drug situation in the country.

In this context, its main tasks are to:

- centralise and collect information,
- co-ordinate the action taken,
- analyse indicators and trends,
- draw up and adopt a strategic plan to combat drug abuse and drug addiction,
- ensure, as part of the strategic plan, implementation of measures by enhancing inter-sectorial co-ordination,
- encourage research and evaluation of activities,
- develop, promote and consolidate regional and international co-operation,
- make proposals regarding the drafting or revision of texts relating to the fight against drug abuse and drug addiction.

In order to co-ordinate the action undertaken by the various sectors, the Office has a co-ordination body: the Evaluation and Monitoring Committee (CES), which meets once every three months, chaired by the Director General of the Office. It has 21 members, 14 of whom represent the various ministerial departments concerned with drug and drug addiction issues, three members representing the law-enforcement agencies (gendarmerie, police and customs authorities) and four members representing civil society associations active in the prevention of drug abuse and drug addiction.

The setting up of the National Office for the Fight against Drug Abuse and Drug Addiction undoubtedly marked a radical change in the way drug abuse and drug addiction were addressed. Thanks to the resources allocated to it and its independence, it quickly became the specialised national body able to harness and create synergy between all the efforts exerted and action resources in order to achieve the objectives of the national policy to prevent and combat drug abuse and drug addiction, covering all the activities undertaken by the various stakeholders.

In this context, the Office has carried out some high quality work which has significantly advanced the fight against drug abuse and drug addiction in Algeria. Its achievements include the following:

a) In terms of strategy

- The drafting of the 1st National Strategic Plan (PDN) as a strategy giving practical form to Algeria's anti-drugs policy for the period 2004-2008. This plan, adopted by the government at inter-ministerial council level, contains a series of governmental measures to plan concerted action in accordance with comprehensive guidelines to produce an operational plan for all partners at national level.

Its aim is to ensure consistency by managing the inter-sectoral dimension of activities relating to the fight against drug abuse and drug addiction by means of an integrated approach. In this way, it can take on board the necessary interconnection between the operations carried out in the various specific areas concerned. These are public health, education, economic development, information and the means of combating and punishing drug abuse.

The PDN identified the following five focal areas of action to combat drug abuse and drug addiction:

1. The revision of national legislation relating to drugs,
 2. information, education and communication,
 3. national co-ordination mechanisms,
 4. capacity building in the field of reducing drug supply and demand,
 5. strengthening bilateral and multilateral co-operation.
- The drafting of a 2nd “National Strategic Plan”, for the period 2011-2015. This strategy had been due to begin in 2008 but was postponed on account of the delay in carrying out the comprehensive national epidemiological survey on the prevalence of drugs in Algeria. The senior managers in the Office had wisely insisted that the new strategy should take into account the results of two qualitative activities, namely the evaluation of the previous PDN and the national epidemiological survey, both of which had been carried out by a specialist consultancy following a national call for tenders.

This document lays down the National Five-year Strategic Plan to prevent and combat drug abuse and drug addiction for the period in question, and has as its objective a significant reduction in the prevalence of drug use among the population by the end of the implementation period. It lays down the guiding principles underlying the strategy and the priorities for action. It advocates an approach striking a balance between supply and demand reduction and sets out the activities for each of these two aspects so as to facilitate its implementation across the board and by sector.

The plan clarifies the action to be undertaken by each stakeholder and defines assessment indicators and their source of verification and/or construction, in terms of both monitoring and impact.

b) In terms of research

Several research activities have been undertaken, including:

- Conferences and discussion seminars on research topics with the participation of national and foreign partners. The topics have included the role of scientific research in the framing of drug policies, synthetic drugs, chemical precursors of drugs, and the role of civil society in preventing and combating drug abuse and drug addiction (organised in partnership with the Pompidou Group).
- Operational research activities: the MedSPAD survey in upper secondary schools in Algiers, in collaboration with the Pompidou Group, the survey on the potential link between problematic drug use and HIV/AIDS, carried out by the CRASC¹² with the support of UNAIDS, evaluation of the implementation of the PDN (2004-2008), undertaken by the CRASC, the comprehensive national epidemiological survey on the prevalence of drugs in Algeria, carried out between 2009 and 2010 by the CENEAP¹³ among 9,240 households representing more than 48,700 people in 46 of the 48 wilayas (provinces) in the country.

c) In terms of co-ordination

By setting up the National Office for the Fight against Drug Abuse and Drug Addiction, Algeria successfully solved a key co-ordination problem at both national and international level. With its two successive five-year plans, the Office was able to concentrate energies and channel all efforts to achieve the objectives laid down in those plans. It now centralises all information on the various aspects of drug abuse and drug addiction.

At international level, the Office's role and responsibilities make it the prime contact point for regional and international institutions and organisations specialising in this area. As such, it has been able to respond to requests from UN organisations responsible for gathering information on trends in the drug situation in the various countries. In addition, it has established special relationships with many similar organisations and institutions and mutually beneficial partnerships, in particular with the Pompidou Group.

¹² CRASC: *National Research Centre in Social and Cultural Anthropology, a research body under the aegis of the Ministry of Higher Education and Scientific Research (MESRS).*

¹³ CENEAP: *National Centre for Population and Development Studies and Analysis. Website www.ceneap.com.dz.*

For example, in partnership with the Pompidou Group it has organised many activities to enhance capacities and conduct research into the fight against drug abuse and drug addiction.

Lastly, it should be noted that following the 2006 reorganisation of the departments under the head of government, the National Office for the Fight against Drug Abuse and Drug Addiction was placed under the authority of the Justice Minister. Unfortunately, this reassignment has resulted in a reduction in the influence and role of the Office as a co-ordinating body and as a driving force for all activities to prevent and combat drug abuse and drug addiction at national level.

Drugs legislation

From the legislative point of view

Although very soon after its independence (5 July 1962) Algeria acceded to and ratified the 1961 Single Convention on Narcotic Drugs (Decree No. 63-343 of 11 September 1963)¹⁴ – and subsequently ratified the Convention on Psychotropic Substances (Decree No. 77-177 of 7 December 1977)¹⁵ and the 1988 Convention against Illicit Traffic in Narcotic Drugs (Decree No. 95-41 of 28 February 1995) – some years elapsed post-independence before it passed legislation addressing the drugs problem. While the use of drugs in Algerian society goes back a long way, as it does in many other societies and nations, it was not until much later that the problematic use of drugs reached proportions requiring action by the legislature.

The first text relating to the drugs problem dates back to 1971, promulgated following the seizure of a large quantity of drugs by the law-enforcement agencies. This was Decree No. 71-198 of 15 July 1971 setting up the National Narcotics Commission. Next came Order No. 75-9 of 17 February 1975 on penalties for trafficking in and the illicit use of poisonous substances and narcotics. This text merely laid down the penalties for drug-related offences.

Law No. 85-05 of 16 February 1985 on the protection and promotion of health dealt with two aspects relating to drugs:

¹⁴ *Official Gazette No. 66 of 14 September 1963.*

¹⁵ *Official Gazette No. 80 of 11 December 1977.*

- a) Section 190 provided that in future the production, transport, import, export, possession, supply, transfer, acquisition or use of narcotic or non-narcotic poisonous substances or plants, and the cultivation of such plants, would be governed by a regulation.
- b) Sections 242-259 contained the criminal-law provisions concerning drug-related offences.

Executive Decree No. 92-151 of 14 April 1992 provided for the setting up of the National Consultative Commission for the Fight against Drug Abuse and Drug Addiction, under the Health Minister, specifying its composition, functioning and terms of reference.

Reference should also be made to Executive Decree No. 97-212 of 9 June 1997, providing for the setting up of the National Office for the Fight against Drug Abuse and Drug Addiction. This text provided for the establishment of an independent body whose role and allocated resources would make it possible to transcend the prevention and combating of drug abuse and drug addiction and harness all efforts in a national policy to which all the partners involved in its implementation were committed.

Lastly, on 25 December 2004, Algeria promulgated Law No. **04-18 on the prevention and punishment of the abuse of and trafficking in narcotic drugs and psychotropic substances**.¹⁶ This law, now in force, is regarded as the most important of all the legislative drug and drug addiction-related texts in Algeria. It is unique in this area because:

- it is a specific law;
- it is a comprehensive law, insofar as it deals with drug abuse and drug addiction in terms of both prevention and punishment;
- it takes account of the new requirements resulting from the socio-economic changes in society and drug trends in Algeria and worldwide;
- it satisfies the commitments entered into upon Algeria's ratification of and/or accession to all international conventions in this field;
- it complies with international legislation in this field;
- with regard to drug addiction, it makes a distinction between the victims and the criminals and provides for the waiving of court proceedings for those who agree to undergo medical treatment;

¹⁶ *Official Gazette No. 83 of 26 December 2004.*

- it introduces compulsory treatment;
- it extends penalties to cover legal entities;
- it increases penalties for the sale of drugs to minors or in the vicinity of schools and training institutions.

Lastly, it should be pointed out that the international conventions ratified by Algeria may be considered as forming an integral part of Algerian legislation, in accordance with the provisions of Article 132 of the Constitution, which provides as follows:

“Treaties ratified by the President of the Republic in accordance with the conditions provided for by the Constitution are superior to the law”.

Convictions

Given the extent of drug trafficking throughout the country, the Algerian courts in different regions and at various levels deal constantly, throughout the year, with cases relating to drugs offences submitted to them by the police. The vast majority of these offences relate to the illegal sale, possession and use of psychoactive substances, in particular cannabis and psychotropic substances, generally in small quantities. Trafficking cases, relating primarily to large quantities of cannabis transiting across the borders and along the major roads and frequently resulting in the dismantling of networks, account for only a small number of the cases dealt with by the courts.

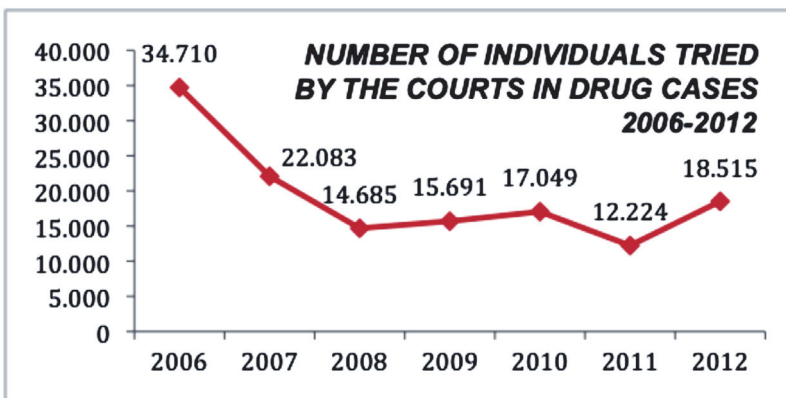
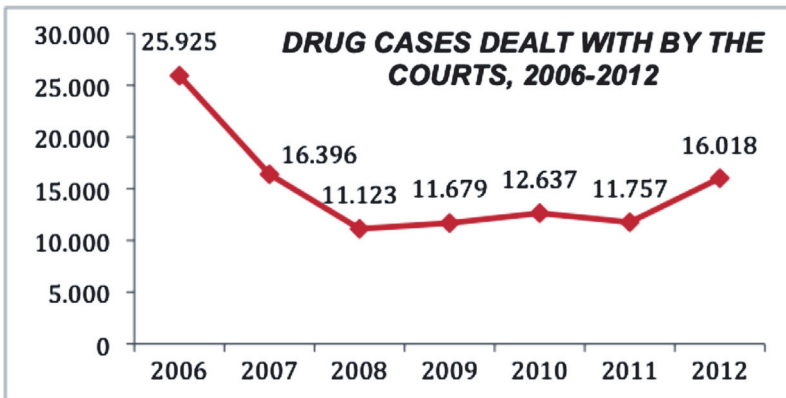
It should be noted in this regard that the police operate in the towns and cities and the gendarmerie outside urban areas. The customs authorities are authorised to operate throughout the country, but their officers do not have police status, consequently any cases discovered by customs officers are automatically handed over to either the police or the gendarmerie.

Despite Law No. 04-18 of 25 December 2004, referred to above, which provides for treatment orders as an alternative to imprisonment for cases of drug addiction, it is only rarely that the courts make use of this measure. Chapter III of this law contains 20 sections comprising criminal-law provisions (Section 12 to Section 31), stipulating the various penalties, reflecting the legislature’s wish to differentiate between strictly personal use and drug trafficking, with heavier penalties for traffickers, repeat offenders and those who promote drugs among the young.

The following tables and charts illustrate the number of drug-related cases and of the individuals concerned dealt with by the courts in the period 2006 to 2012.

Statistics ¹⁷ relating to drug cases dealt with by the courts and the number of individuals tried during the period 2006 - 2012.

Year	2006	2007	2008	2009	2010	2011	2012
Cases	25,925	16,396	11,123	11,679	12,637	11,757	16,018
Individuals	34,710	22,083	14,685	15,691	17,049	12,224	18,515



¹⁷ Source: National Office for the Fight against Drug Abuse and Drug Addiction

Seizures

In order to address a worrying situation, with a considerable increase in the quantities of drugs seized annually, Algeria has embarked upon a relentless battle against drug trafficking. By conducting a sustained policy comprising multifaceted and concerted measures to galvanise all the stakeholders and maximise available resources, it is sparing no effort to reduce drug supply and demand in the country.

These efforts have resulted in the seizure of ever larger quantities of cannabis transiting the country and psychotropic substances fraudulently imported or diverted from the legal distribution channels of these medicines. By way of example, there was a tenfold increase in the quantities of cannabis seized between 2010 and 2013, rising from 23 to 210 tonnes, and a fourfold increase in the number of psychotropic tablets seized during the same period.

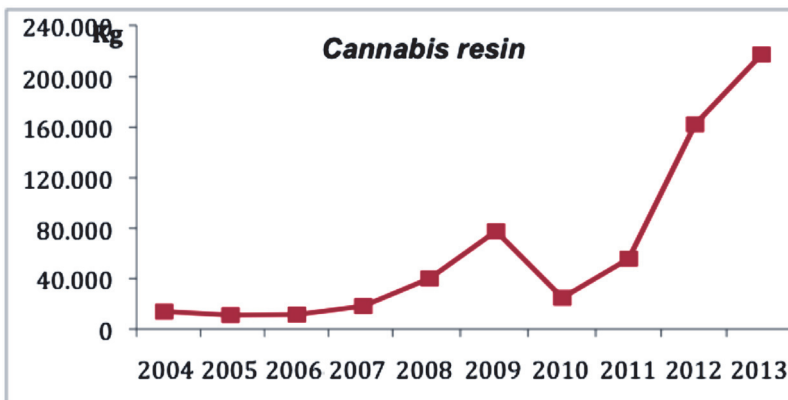
The following table of seizures¹⁸ and the variation curves provide a more meaningful idea of the increase in the quantities of drugs seized over the last decade:

Quantities of drugs seized annually by the law-enforcement agencies 2004-2013

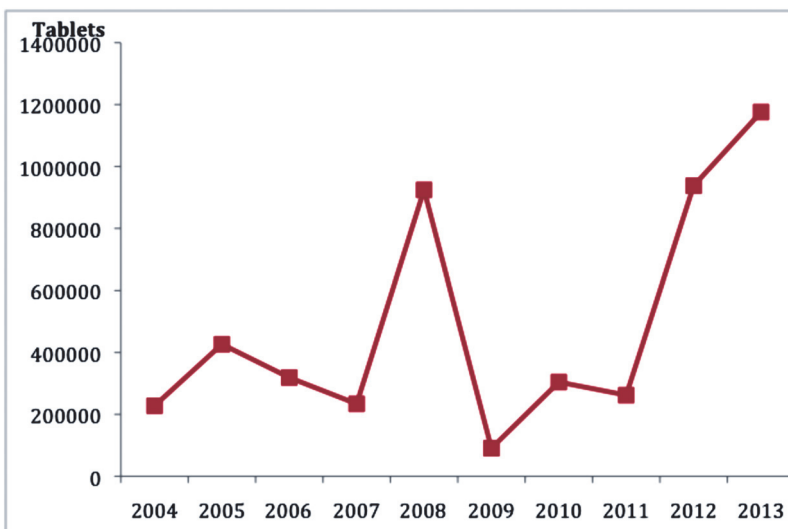
Type of drug		Quantities seized									
		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Cannabis	Resin (tonnes)	12.37	9.64	10.04	16.59	38.03	74.64	23.04	53.32	157.38	211.51
	Plants	122	48	757	20,987	10,712	1,802	3,163	1,019	88	4,831
Cocaine (gr)		151.9	66.5	7,772.7	22,000.5	716.4	1,026.3	1,177.7	10,901.0	174,821.7	3,790.4
Heroin (gr)		26.8	88.7	25.3	381.7	109.5	708.3	191.0	2,496.6	6,073.6	868.4
Opium (gr)		3,016.1	480	12.2	47.1	15,022.3	200	79	850.1	15	500
Psychotropic substances (tablets)		227,701	426,617	319,014	233,950	924,398	90,630	304,319	262,074	937,660	1 175,974

¹⁸ Source: National Office for the Fight against Drug Abuse and Drug Addiction.

Variation curves: quantities of cannabis and psychotropic substances seized 2004-2013



Psychotropic substances



In 2008, a large-scale attempt to divert psychotropic substances involving a medicines distributor was foiled in Constantine.

Seizures by law-enforcement agencies also included cannabis herb and seeds, as well as opium plants and psychotropic substances in liquid form. However, the figures have not been included, since seizures of such items occur irregularly, or in quantities not large enough to be a reliable indicator.

It should also be noted that the cannabis and opium plants seized were intended for cultivation in very small areas, for personal consumption.

Furthermore, the three law-enforcement agencies are considered to be the strongest institutions in Algeria. All three have large numbers of staff and considerable resources. They each have training centres, efficient to varying degrees, providing the officers recruited following a rigorous selection procedure with appropriate basic training. In-service training is also provided for officers assigned to the anti-drug services. This may explain the results of the anti-drug action taken and the large quantities of drugs regularly seized.

Prisons

Despite official reassurances and reorganisation attempts, the Algerian prison system still has considerable problems of overcrowding and prisons ill-suited to their new role, given the fact that most of them are a legacy of the colonial era and had been designed to punish those sent to them.

Nonetheless, the modernisation efforts undertaken by the Algerian prison authorities have led to tangible results in terms of the functioning of the prisons and the assistance offered to detainees, particularly with regard to alternative sentences, rehabilitation and post-release support. There are 128 prisons in Algeria housing almost 65,000 detainees. The prisons are subdivided into several categories:

1. Remand centres (80) for remand prisoners, those serving custodial sentences of three months or less, those who still have three months or less to serve, and those subject to imprisonment in default.
2. Rehabilitation centres (35) for persons whose custodial sentences are less than one year, those who still have one year or less to serve, and those subject to imprisonment in default.

3. Other prisons (10) for persons serving prison sentences of one year or more, those sentenced to life imprisonment and habitual offenders irrespective of the length of their sentence.
4. Specialist reform institutions (1) for dangerous convicts and those who need to be kept apart.
5. Specialist centres for minors (2).

The aim of the prison modernisation programme embarked upon as part of the overall reform of the justice system was to improve prisoners' living conditions and refine procedures for training and rehabilitating prisoners in order to increase their reintegration rate and protect against the dangers of repeat offending.

Reference should be made in this context to the vocational training and education measures taken which in 2013 made it possible to enter some 56,000 out of a total 65,000 (almost 86% of prisoners) for examinations. In 2012, for example, almost 1,000 detainees obtained the upper secondary qualification, almost 2,000 obtained the lower secondary qualification and almost 30,500 obtained a vocational training qualification¹⁹.

Mention should also be made of the introduction of community service, an alternative to imprisonment which is increasingly being handed down by the courts: 57 decisions in 2009, 1,763 in 2010 and 2,807 in 2011.²⁰ In addition, external social reintegration services have been set up in the various regions of the country to help and support prisoners following their release.

Although there are medical and paramedical staff (345 in total, including 101 psychologists and 20 social workers) working in the 128 institutions, the large proportion of prisoners convicted for drug-related offences who are suffering from addiction means that this category of prisoners is only rarely provided with appropriate treatment, on account of the lack or shortage of doctors specialising in this field and of the necessary resources, especially with regard to substitution treatment.

¹⁹ According to the Director General of Prisons.

²⁰ Source: Directorate of Criminal Affairs and Pardons, Justice Ministry.

Prevention

As the drug situation worsens on a daily basis in Algeria, with huge quantities of cannabis passing through every region of the country, and with the prevalence of drug use rising among the different population groups, particularly young people, the authorities and society as a whole are endeavouring to remain in a constant state of vigilance and to redouble efforts both to reduce the supply of drugs and to cut demand for them.

While the law-enforcement agencies – the gendarmerie, police and customs department – are strong, well organised and have sufficient resources to be effective in their role of combating drug trafficking, dismantling networks and apprehending traffickers, prevention, which is the even more important aspect of the fight against drugs and drug addiction, is still the weakest link in this ongoing battle.

As we know, prevention of the various social problems, and particularly of drug abuse and drug addiction in society, is theoretically the role of several different sectors, ministerial departments and institutions, and indeed of society as a whole. In practice, however, we find that those players, notwithstanding the existence of a national policy given concrete form in the strategy against drug abuse and drug addiction, do not always act with the same conviction and degree of awareness of the many dangers of this scourge, surely in the belief that some are more concerned by this issue than others.

To this has to be added the fact that civil society in Algeria is not yet managing to get involved in the desired manner as a local force supplementing the work of state and governmental institutions. Those are the main difficulties impeding preventive action against drug abuse and drug addiction in Algeria.

That has not prevented the authorities in charge of this matter, represented by the National Office for the Fight against Drug Abuse and Drug Addiction, from making prevention a very important part of the national policy against drug abuse and drug addiction.

Thus prevention has been one of the priority lines of action in the National Strategic Plan (PDN), which urges all players to base their activities on information, education and communication. The Office, for its part, has since its inception constantly carried out information and awareness-raising activities, periodically holding local conferences and seminars to raise awareness among local officials and residents of the dangers of drug use, and to get society as a whole working against it.

In this context, and with a view to mobilising civil society, the Office, in partnership with the Pompidou Group, held a national conference on the role of associations in the prevention of drug abuse on 26 and 27 June 2007, in order to organise and give impetus to associations' action in drug prevention and direct it towards achieving the objectives set by the PDN. Representatives of 200 NGOs took part in that conference, led by national and foreign (Pompidou Group) experts.

Also to be mentioned are the operations to strengthen capacities organised in partnership with the Pompidou Group between 2005 and 2010, particularly the sequence of training activities for doctors on dealing with drug addicts (in the context of implementation of the multi-annual national programme to strengthen drug addict treatment and care facilities), as well as the training for senior staff of civil organisations in the four regions of the country.

The current five-year plan (the strategy for 2011-2015), based on an integrated policy with a balance between supply and demand reduction, attaches the same importance to prevention, and the principles below guide this strategy:

- “Implementation of the national strategy... remains based on an integrated and holistic approach entailing intervention by all ministerial departments and state institutions.
- Intervention by civil society, inter alia in the framework of awareness-raising, information and communication activities...
- Priority to prevention and care activities...
- Strengthening of research and fact-finding activities so that relevant and reliable data are available.
- The principle that the fight against drug trafficking is meaningless unless it is accompanied by deterrent, preventive and health action geared to reducing demand”.²¹

One of the two main thrusts of this same strategy is headed “Supply reduction: striving for better control and integrated and coordinated action by the departments concerned”. It sets out the objectives to be achieved by the end of the period of implementation, determines who is to work towards each objective and defines objectively verifiable evaluation indicators as well as verification sources.

²¹ *Strategy for the five-year period 2011-2015, ONLCDT.*

Treatment

The treatment of drug addicts and addiction is an important aspect of the action to reduce demand for drugs. The promulgation of Law No. 04-18 of 25/12/2004 was a crucial turning point in terms of the treatment and care of persons dependent on psychoactive substances. Indeed, the provisions of Articles 6 to 11 actually deal with the ending of the criminal prosecution of drug addicts, if they, as ordered by the responsible court, undergo curative and detoxification treatment at specialised establishments.

Practical implementation of these provisions was not always easy, because of the lack of specialised centres and services in some regions of the country. This was why the Algerian Government started a multi-year programme in 2007 to set up a widespread network of centres to care for drug addicts in the different regions of the country. This network comprises 15 new regional centres to provide hospital treatment for drug addicts, as well as 53 intermediate centres (known as CISTs) providing outpatient treatment to drug addicts, and at least one reception and guidance unit at every hospital and care centre in the country.

As at 18/11/2013, 25 of the 53 planned CISTs had been set up and started operation,²² adding to the two centres and three CISTs already in operation before the project began.

The national epidemiological survey on the prevalence of drugs in Algeria reports that 1.15% of the population aged 12 or over uses drugs of some kind. Those respondents stated that they had used the drugs mentioned during the 12 months prior to the survey:²³ cannabis (0.59%), opium (0.06%), heroin (0.01%), cocaine (0.01%), psychoactive drugs (0.61%). That survey, however, gives no indication of how many persons are dependent on one or the other of those drugs.

The table below shows the numbers of medical consultations and hospitalisations at treatment centres and CISTs nationwide over the past three years²⁴.

Year	2011	2012	2013	Total
Consultations	12,471	18,447	14,936	45,854
Hospitalisations	1,279	1,819	1,477*	4,575

²² Statement by the Director General of the ONLCDT.

²³ Final report on the comprehensive national epidemiological survey on the prevalence of drugs in Algeria.

²⁴ Source: National Office for the Fight against Drug Abuse and Drug Addiction.

* 96 of these for treatment ordered by the courts.

The only data available in respect of drug-dependent users come from a survey conducted at the Frantz Fanon detoxification centre in Blida, the oldest and largest centre in Algeria. The table below contains the figures showing the numbers of persons dependent on various drugs²⁵.

	2008	2009	2010	2011	2012
Multiple drug addiction	515	452	399	439	402
Cannabis	218	173	175	199	196
Psychotropic substances	170	156	153	173	171
Alcohol	10	14	17	29	34
Opiates	23	43	147	187	185
Solvents	09	05	02	06	04
Total	945	843	893	1,033	992

In their conclusion, the authors of the survey make the following observations:

- Worst affected is the 20 to 30 age group;
- The population concerned is essentially male (approximately 94%), single, unemployed, and of a medium socio-economic level;
- Multiple drug addicts are clearly in the majority (cannabis, psychotropic substances and alcohol);
- All social classes are affected;
- Drug addiction and criminal offending are very frequently associated with each other (almost 40% of drug addicts have a criminal record).

It should be noted, finally, that substitution treatment is not used at all in Algeria. Methadone and buprenorphine, for example, do not even appear on the Justice Ministry's list of medications licensed for marketing in the country. This situation cannot be justified by the small number of persons in Algeria dependent on opiates, for even if only one such person existed, he or she would be entitled to benefit from appropriate care.

²⁵ Source: survey conducted by the centre's care team, comprising Dr Amalou, Dr Derguini, Dr Bouguermouh and Dr Habibeche.

Nor should it be forgotten that there is a large emigrant community whose members frequently return to Algeria. There are bound to be amongst them some drug-dependent persons who are undergoing substitution treatment, and who are thus neither allowed to import their medication nor able to obtain it on the spot.

Residential treatment programme for drug users

In order to have an idea of the residential treatment programme for drug users in Algeria, we shall take a look at the Frantz Fanon detoxification centre in Blida, a pioneer in this field²⁶.

The centre has two units: a consultation unit and a hospital unit with two wards, a men's ward with 40 beds and a women's ward with 10 beds.

It is staffed by a multidisciplinary team comprising psychiatrists, general practitioners, psychologists, sociologists, nurses and service workers.

The treatment of drug addicts addresses their personality and their relationship with drugs, their social situation and the consequences of their drug use.

The residential treatment programme comprises:

- Reception and counselling;
- Motivational interviewing;
- Evaluation of the most problematic patterns of usage: starting young, combining drugs, overdosing, repetitive use;
- Risk factors: personality traits, risk-taking behaviour, context in terms of school, family, environment, etc.

At the same time, the somatic, social and psychiatric complications of problematic drug use are under investigation.

In-patient treatment: Some of the drug addicts admitted to the centre are accompanied, others come alone, and while some come at their own initiative, others are referred by general or psychiatric hospitals, private-sector doctors, associations, counselling centres or courts (treatment orders), etc.

²⁶ The source of the information and figures given in this part of the "Algeria Profile" is a lecture by Dr Derguini, a doctor who works at the Blida detoxification centre.

The patient's motivation is crucial to the success of withdrawal treatment. He or she must agree to be subject to stringent internal rules. Further examinations may be prescribed: radiological, biological, serological and general tests.

Detoxification lasts for an average of 21 days, but this may be shortened at the patient's request or if the internal rules are disobeyed. The treatment has two parts:

Medication:

prescription of neuroleptics, anxiolytics antidepressants, anticonvulsants and other medicines.

Psychotherapy:

group or individual psychotherapy sessions. Family participation may be essential.

Occupational therapy run by activity leaders: open-air outings and walks, various games and sports activities are also on the treatment programme. The purpose of these activities is occupational. Patients are not allowed out in the evenings, so a TV room is made available enabling them all to get together.

The post-detoxification period: Following 21 days of treatment and a consultation with the whole care team, patients are discharged from the centre. Their treatment is continued on an outpatient basis, and they are subject to regular monitoring.

Risk reduction

It should be noted that "risk reduction" is not yet an explicit part of Algeria's policy against drug abuse and drug addiction, although the risk reduction approach is now omnipresent in many countries because of its effectiveness in strategies against drug abuse and drug addiction, and the relevant specialised United Nations agencies recommend its inclusion as an integral part of any policy to prevent and combat drugs and drug addiction. This concept remains a subject of controversial discussions in Algeria.

Indeed, some policy-makers think that, since the number of cases of opiate dependency has not yet reached significant levels in our country, it is pointless to refer to risk reduction. And this, although drugs are recognised to be a health and public safety problem. Furthermore, the national strategy against drugs and drug addiction has not directly catered for reductions in risks and damage (it simply

recommends that the risk reduction perspective be incorporated into the action plan, but without setting the objectives in this respect or determining action)²⁷.

Different views are taken on the subject, which is controversial, and the same applies to substitution treatment.

Of course the aims of risk reduction are indirectly covered by addiction prevention measures, as well as treatment and rehabilitation measures for users dependent on drugs. Targeted operations directly intended to reduce risks and damage are insignificant, although the survey conducted in 2005 by the Oran-based CRASC, the "Study on the potential link between problematic drug use and HIV/AIDS in Algeria", had sounded the alarm about the existence of at-risk behaviour amongst numerous drug users.

On the other hand, risk and damage reduction measures are dealt with under the National Strategic Plan against STDs/HIV/AIDS (2013-2016). That plan has two main aims:

- "Achieve universal access to prevention, diagnosis, treatment and care,
- Contribute to the achievement of the health-related Millennium Development Goals by 2015".

It should be pointed out that a sustained national effort is being made to prevent and combat HIV/AIDS and that risk reduction operations in this field are very visible on the ground. They are conducted not only by the authorities, but also by civil society (awareness-raising campaigns, screening, distribution of contraceptives, care and assistance for sufferers, etc). Algeria benefits in this field from valuable support from the relevant international bodies (UNAIDS, WHO, UNICEF, UNODC, ...).

Response to health problems

Algeria, a country the size of a continent, had only two residential treatment centres for drug addicts until 2007, one in Blida (50 beds), the other in Oran (40 beds), as well as three intermediate centres for outpatient treatment: Algiers, Sétif and Annaba. Since 2007, the authorities, through the Health Ministry, have started a programme spread over several years to build up a broad network of establishments to provide care and deal with the health problems associated with drug addiction.

²⁷ *Strategy for the five-year period 2011-2015, p.43. ONLCDT*

Thus 53 intermediate centres providing treatment for drug addicts (CISTs) have been planned across all regions of the country, with at least one in every wilaya (province), as well as 15 residential treatment centres located in the main conurbations. By the end of 2013, over half of the CISTs and two residential treatment centres had been set up, and most of them were already operational. At the same time, training activities for medical and paramedical staff were begun by the Health Ministry and the ONLCDT, in partnership with the Pompidou Group, in the context of the MedNET network.

These centres are bound to help to lessen the burden imposed by the growing demand for the treatment and care of drug addicts and to facilitate the use of treatment orders as an alternative to imprisonment. But there is still no answer for the time being to the questions about reducing the risks and damage associated with problematic drug use.

Screening

HIV/AIDS screening: Algeria, in common with other countries on the southern shore of the Mediterranean, is still a country where HIV/AIDS is not very prevalent. According to data supplied by the Health Ministry, the number of cases confirmed by the national reference laboratory between 1985 and the end of the year 2012 was 6,141 people who were seropositive and 1,365 cases of AIDS, and the number of new cases diagnosed seems to have been gradually slowing over recent years, to around 600 or 700 cases a year.

In order to cope with this situation, Algeria has embarked on a process entailing the setting up of a national anti-HIV/AIDS framework, a national coordination framework and a national monitoring and assessment system.

Thus three consecutive HIV/AIDS prevention and treatment plans have been adopted since 2002 (for the periods 2002-2006, 2008-2012 and 2013-2015). There have been three important dates where screening is concerned: 1999 saw the introduction of mandatory testing of donated blood and organs, the national blood agency responsible for transfusion safety was set up in 1995, and 1996 saw the start of the setting up of reference centres, now numbering nine.

The first epidemiological monitoring step taken in Algeria entailed the reporting of cases of AIDS and HIV as transmissible diseases. Since 1990, it has been compulsory to declare cases of HIV/AIDS.

Screening is free of charge and anonymous at 60 screening centres incorporated into the neighbourhood health facilities of wilayas (provinces). In 2012, 661 persons were found to be seropositive, from the 48,296 tested, i.e. a prevalence of 1.36%²⁸.

The groups regarded as vulnerable in this context are:

- young people (aged 15-24) of both sexes,
- male members of the uniformed services,
- groups who travel, native and foreign groups.

The high-risk groups which need particular attention are:

- sex workers,
- men who have sexual relations with other men,
- users of injectable drugs.

The training courses available

The training courses relating to the prevention and combating of drug abuse and drug addiction in Algeria have not insignificant funds available and give great importance to the shaping and strengthening of capacities in general; they may be divided into two categories:

- regular initial training for staff of the gendarmerie, police and customs authorities and for medical and paramedical staff, as well as in-service training throughout the careers of those categories of staff;
- specific targeted training courses to meet specific needs.

It should not be forgotten that the security services responsible for action against drugs trafficking (gendarmerie, police and customs authorities) recruit university graduates as officers through competitive examinations, subsequently giving them vocational training which lasts 2 to 3 years. Below officer level, recruitment is also selective, and recruits start work only after a training course lasting between six and 18 months.

The targeted training courses include those organised by the Health Ministry for medical and paramedical staff in the context of implementation of the national action

²⁸ *National Strategic Plan against STDs/HIV/AIDS 2013-2015*
http://www.ands.dz/jmsida2013/plan_national.pdf.

plan for dealing with drug addicts, and more particularly the project for the setting up of a large number of treatment and care centres for drug addicts. In fact, since 2008, the Ministry has organised courses for specific groups in turn who are destined to work in the new drug addict treatment centres, entailing one day a week of training over a period of three months, the groups concerned being general practitioners, psychiatrists, psychologists and paramedical staff.

In this context, the National Office for the Fight against Drug Abuse and Drug Addiction, in co-operation with the Health Ministry and the Pompidou Group, organised four training seminars in 2008 on dealing with drug addicts (154 people in all benefited from these seminars in the country's four main regions). A number of Algerian doctors have also taken part in the training on substitution treatment organised by the Pompidou Group in various countries of the region in the context of MedNET activities.

Four regional training seminars on project organisation were also organised in 2009 by the National Office for the Fight against Drug Abuse and Drug Addiction, in partnership with the Pompidou Group, for no fewer than 150 managers from associations from all of Algeria's wilayas (provinces), in the context of the MedNET programme of action. This training was led by Algerian and French instructors.

A plan to start a university-level addictology module is under discussion between the relevant departments of the Health and Higher Education Ministries.

Fight against corruption and money laundering

Algeria, which suffers all kinds of hardships related to international organised crime, has made its response part of the global process of fighting against organised crime, particularly money laundering, the financing of terrorism, drugs trafficking, corruption and arms trafficking. It has implemented the UN Security Council resolutions on preventing and combating terrorism and has ratified the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, the international Convention against Transnational Organised Crime and the Arab and African Conventions on the prevention and combating of terrorism.

Domestically, the Algerian authorities have adopted a range of measures to intensify the fight against corruption and money laundering. These encompass:

- Order No. 96-22 of 09/07/1996 on the prevention of infringements of the legislation and regulations on currency exchange and capital movements to and from other countries (Official Gazette No. 43 of 10/07/1996, p. 8).

- The setting up in 2002 of a financial intelligence processing unit (Executive Decree No. 02-127 of 07/04/2002).
- The ending of banking secrecy for the benefit of the financial intelligence processing unit; Finance Act of 2003, Articles 104 to 110.
- The promulgation in 2004, of Laws Nos. 04-14 and 04-15 of 10 November 2004 making money laundering and transnational organised crime offences.
- The promulgation in 2005 of the outline law on the prevention and combating of money laundering and the financing of terrorism, Law No. 05-01 of 06/02/2005 (Official Gazette No. 11 of 09/02/2005, p. 3).

Provisions have also been included in the Code of Criminal Procedure (CPP) enabling police officers to keep under surveillance not only anyone suspected of participating in offences relating to drugs trafficking, transnational organised crime, money laundering, terrorism or interference with automated data processing systems, but also objects, assets and other proceeds of those offences (Arts. 16 and 16 bis of the CPP).

It also has to be said that Regulation No. 12-03 of 28/11/2012 states that banks, financial establishments and the financial services of the Algerian Post Office must adopt a written programme on the prevention, detection and combating of money laundering and the financing of terrorism. In addition, those establishments are, in accordance with that regulation, required to have a transaction monitoring system which enables suspect activities to be detected.

To that end, banks are required to ascertain the “origin and destination” of capital, the purpose of transactions and the identity of those involved. Banks and financial establishments are required, when an electronic transfer is made, to identify accurately the person making and the person receiving the transfer, as well as the addresses of both parties.

Where international instruments are concerned, Algeria has acceded to the UN Convention against Corruption (UNCAC), ratified by Presidential Decree No. 04-128 of 19/04/2004, and to the African Union Convention on Preventing and Combating Corruption, ratified by Presidential Decree No. 06-137 of 10/04/2006. It is also a founder-member of the Middle East and North Africa Financial Action Task Force (MENAFATF) and of the EGMONT Group, a discussion forum for financial intelligence units.

Algeria has signed numerous bilateral conventions on judicial co-operation, with countries including the USA, France, the United Kingdom, Saudi Arabia, Bahrain and Lebanon.

And finally, Algeria has three bodies to prevent and combat corruption, money laundering and the financing of terrorism. These are:

- the national organisation for the prevention and combating of corruption (ONPLC)(www.onplc.org.dz/onplc_fr/),
- the central office for the prevention of corruption (OCPC),
- the financial intelligence processing unit (CTRF) (www.mf-ctrf.gov.dz).

On the traceability front, things do not actually happen in such a way as to enable all these instruments and bodies to be effective and efficient in the prevention and combating of money laundering. In fact, cash payments across the whole range of commercial transactions are very common, even standard practice. Few payments are made via bank transfer or cheque, particularly by private individuals or legal entities, even when the sums concerned are large.

Thus civil society's associations active in the prevention of corruption and money laundering assert that major money-laundering operations do occur, especially in the property sector and in the informal commercial activity which is very widespread in Algeria.

International and regional co-operation

Drug trafficking being, as is well known, basically a transnational organised crime which generates huge amounts of money, it can be combated only through concerted international action. Algeria, which grasped this need very rapidly, soon ratified the international conventions on the fight against drugs when it gained its independence, and it has carried out its activities in the international context in accordance with the ensuing obligations.

The setting up of the ONLCDT as an international coordinator and interface has enabled Algeria to broaden and intensify its field of action at international level, and to carry out co-operation activities on a bilateral, regional and international basis.

International co-operation

Algeria regularly takes part in the annual meetings of the United Nations Office on Drugs and Crime and contributes to the drafting and discussion of its various resolutions. It presents reports on the changing drugs situation in Algeria and on the implementation of the various recommendations of that Office and of other UN bodies in general.

The National Office for the Fight against Drug Abuse and Drug Addiction also takes care to complete all the questionnaires drawn up by the International Narcotics Control Board (INCB), in co-operation with the various national bodies concerned, and it returns these by the set time limits. Algeria also joined Interpol over 50 years ago and regularly takes part in its activities, conferences and meetings.

Regional co-operation

In the context of regional co-operation, Algeria attends the annual meetings of the Heads of National Drug Law Enforcement Agencies, HONLEA Africa, which is a regional instrument of the UNODC and which provides a framework for African countries to consult, exchange experience and make proposals to the international agencies on behalf of Africa as a whole.

It is also active amongst Arab states in the context of the annual meetings of the Council of Arab Ministers of the Interior. That Council is a co-operation instrument set up by the League of Arab States and is responsible for security issues and for combating organised crime and drugs trafficking.

There is also another framework for regional co-operation which enables Algeria to develop quality activities, namely the Mediterranean network for co-operation on drugs and addictions, MedNET. The network, set up in 2006 by the Council of Europe's Pompidou Group, aims "to promote co-operation and the exchange and two-way transfer of knowledge between South Mediterranean countries and European countries which are members of the Pompidou Group and donors".

In this context, Algeria has played an active part in the activities organised since 2006, both in Algeria and in other member states of the network, particularly in the fields of exchanges, research and the strengthening of the capacities of the different stakeholders: officials and policy-makers, medical and paramedical staff, security service officials, judges, officials of associations, and so on. Algerian officials have, moreover, on many occasions expressed satisfaction with the results of this regional co-operation.

Bilateral co-operation

At bilateral level, Algeria engages in co-operation activities with several countries in Africa, Europe and America, as well as Arab states, mainly on judicial, security and anti-terrorism issues.

Where the fight against drugs and drug addiction is concerned, the National Office for the Fight against Drug Abuse and Drug Addiction has special links with the French Inter-Ministerial Mission against Drug Abuse (MILDECA). There have been several practical activities in this context: study and fact-finding visits have been by several groups of Algerian officials to the French bodies responsible for the various aspects of the prevention and combating of drug abuse and drug addiction and the treatment of drug addicts, French experts have led seminars and conferences held in Algeria, training operations have been supervised, and so on.

Data availability

Algeria has a specialised public statistics agency, the National Statistics Office (ONS),²⁹ which was set up in 1966. It is responsible for collecting, processing and disseminating statistics in various fields.

The main periodical publications produced by the Office are:

- consumer prices, industrial and agricultural production indices;
- social statistics, for example relating to Algeria's population and demographics, health, employment, housing and education;
- classifications such as georeferences, socio-professional categories and occupations.

The National Office for the Fight against Drug Abuse and Drug Addiction centralises information and figures relating to the prevention and punishment of drug use and the treatment of drug addicts. Its annual reports contain statistics relating to seizures of drugs, the ways in which the courts deal with offences against drug regulations and legislation, and the treatment of drug addicts.

It has to be said in this context that the final report on the comprehensive national epidemiological survey³⁰ on the prevalence of drugs in Algeria, conducted in 2010, is an important source of qualitative information about the different aspects of the drugs situation in Algeria.

The different departments hold information about their own responsibilities and roles: law-enforcement agencies, Health Ministry, Justice Ministry, Education Ministry, etc.

²⁹ National Statistics Office (ONS): www.ons.dz.

³⁰ ONLCDT, *Final report on the survey, September 2010*.

The outlook for 2014

In 2014, for the fourth consecutive year, Algeria continues to implement its national strategy for the period 2011-2015 against drug use and drug addiction. It is recommended under that strategy that institutional, legal and regulatory arrangements be consolidated, along with inter-sectoral coordination and operational studies and research. The strategy also requires a strengthening of national and international partnerships.

In order to facilitate implementation, the strategy includes an operational programme of action with the main aim of significantly reducing the prevalence of drugs in society. To that end, the strategy specifies objectives for each player, the action to be taken to achieve these, assessment instruments and verification sources.

Where research is concerned, the National Office for the Fight against Drug Abuse and Drug Addiction has started the process of a national survey of the prevalence of drug use in (middle and secondary) schools. A restricted national tendering process was started on 11/08/2013 to choose the consultancy to be responsible for that survey. After the tenders submitted by the deadline had been examined, it was decided to accept none of them.

According to its officials, the National Office will in the near future conduct a limited tendering process in accordance with Algeria's procurement code.

In addition, the Health Ministry will continue in 2014 to create and open treatment centres as planned under the 2007 project, in order to improve the system of care and treatment for drug addicts. The training of medical and paramedical staff will also continue, so that the new centres have operational staff, thus ensuring their success.

The planned introduction of a university addictology module will probably come to fruition at the start of the next academic year, in September 2014.

Those are the main operations expected to be completed during 2014.

Specific theme

MedNET, a quality framework for regional co-operation

Over the past two years, Algeria has participated less in the activities carried out under the MedNET programme of action because of the instability experienced

during that period by the National Office for the Fight against Drug Abuse and Drug Addiction. The network, steered by the Pompidou Group, without a shadow of doubt continues to be an exemplary framework for co-operation within the region.

Indeed, the activities conducted on both shores of the Mediterranean have enabled hundreds of officials to travel in one direction or the other. Managers and experts from both shores have worked together, mingling and forging lasting relationships, very often leading to friendships. If that were the only result, it would be well worth while in its own right. But those activities have also had other, no less important results.

In Algeria's case, a multitude of activities carried out in this framework have entailed:

- the organisation of several study and fact-finding visits to France, Spain, Italy and Portugal for various groups of Algerian managers and officials;
- the participation of Algerian representatives in seminars and conferences on various subjects held in Morocco, Egypt, Lebanon, Jordan, France, Italy and Switzerland;
- the organisation in Algeria of several seminars and conferences on subjects of interest to Algerians at the highest level, such as the role of scientific research in the framing of drug policies, synthetic drugs, chemical precursors of drugs, the role of civil society in preventing drug use, treatment orders as an alternative to prison for drug addicts, and so on;
- the organisation of training activities in the various regions of the country with a view to capacity building, with 154 people attending training on the care and treatment of drug addicts and 150 officials from associations receiving training on project preparation and implementation;
- participation in several sessions of the high-level conference of the Pompidou Group's Mediterranean network.

All those activities have been led by Algerian and European experts as well as experts from other countries on the southern shore of the Mediterranean. It should be noted that all the activities held in Algeria have benefited from very intensive media coverage. Thus broad sections of society have been informed about the subjects dealt with, had their awareness of them raised and consequently been able to appreciate the work done and results achieved, in the same way as the officials of the institutions concerned by those activities.

Conclusions

It is clear from the above that an affirmed and resolute political will exists in Algeria to join the international fight against drug use and addiction and to conduct a relentless all-out war against the scourge of drugs. That political will has been reflected in Algeria's accession to the various international conventions on the fight against drugs and drug addiction and in the making available to the institutions and stakeholders concerned of considerable financial resources.

The setting up of the National Office for the Fight against Drug Abuse and Drug Addiction as an institution specialising in framing drug policy, in monitoring implementation of the policy and in coordinating the activities undertaken by all sectors was a qualitative turning point in dealing with the problems associated with drug use and drugs trafficking. The national survey on the prevalence of drugs in Algeria provided better knowledge of the situation and made it possible to steer the anti-drugs strategy more effectively. The current schools survey will surely improve knowledge of the situation in Algeria's schools.

A considerable effort has also been made in terms of border controls and action against drugs trafficking in general, as well as in the setting up of treatment facilities for drug addicts. Nevertheless, some aspects have not benefited from sufficient attention, examples being civil society's contribution to drugs prevention, the protection of vulnerable groups, risk reduction, substitution treatment and the introduction of a reliable system for collecting, processing and disseminating information and data relating to the scourge of drugs and drug addiction.

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