



Israel

DRUG SITUATION AND POLICY

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Israel Anti-Drug Authority



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 (Mediterranean; 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 Israel and provides a descriptive analysis to help professionals to study the treatment, prevention and law enforcement methods used in Israel. Israel became a Member State of the Pompidou Group on 1st October 2013. This profile also provides an analysis of the impact of drugs and its effects on the health of citizens. A review of the national alcohol strategy is also included in the profile. Finally, 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 Israel Anti-Drug Authority (IADA) who participated in the development of this profile. Further acknowledgement goes to Matthieu de La Rochefoucauld for providing a first draft of the report and having given it thorough follow up.

The 10th EXASS Net Meeting on “Drug prevention, treatment and rehabilitation for young people” was the first Pompidou Group activity to take place in Israel from 15 – 17 October 2013. It was also the occasion to celebrate Israel’s accession to the Group.



Mr Patrick PENNINCKX
Executive Secretary of the Pompidou Group

Project partner

**Presidency of the Council of Ministers
Department for Anti-drug Policies of Italy**



**PRESIDENZA DEL CONSIGLIO DEI MINISTRI
Dipartimento Politiche Antidroga**

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Drug situation and policy in Israel

Introduction

Israel is not a major narcotics producing or trafficking country, but has a significant domestic market for illegal drugs.

The establishment of a coherent drug policy was the culmination of a long process which began in the late 1970s, as a response to the rising number of drug addicts lacking adequate care and demanding solutions to their problems. Up until this period, drug control efforts were sporadic and uncoordinated. Not enough treatment facilities were available. Over the years, different ministries and NGOs attempted to offer solutions to the best of their abilities, but there was a lack of co-ordination among the different bodies as well as a lack of funding ¹.

Furthermore, there was a need for comprehensive prevention and treatment models. Professional staff involved in the fight against drugs needed to be trained according to unified standards. Law enforcement efforts needed to be co-ordinated. Recognising the importance of the drug problem and the need for a comprehensive and balanced approach, an inter-ministerial committee was thus set up. Following the committee's recommendations, the Israel Drug Control Authority Law, 5748-1988 was drafted. The law was approved by the parliament in June 1988, leading to the establishment of the Israel Anti-Drug Authority (IADA) in December of 1988.

IADA is a quasi-governmental agency and the central body in Israel charged with leading the struggle against the plague of drugs. Due to the multi-facet and complex nature of the drug problem which touches on several different areas and demands the involvement of many different ministries, Israel's Prime Minister is responsible for the realisation of this law. In 2009, the Parliament approved the government's decision to grant the Minister of Public Security responsibility over the Israel Anti-Drug Authority.

¹ Harel-Fisch, Y., (2012), "The evolution of an integrated and coherent policy on drugs and alcohol in Israel", in Muscat, R., and Pike, B., (Eds) *Reflections on the concept of coherency for a policy on psychoactive substances and beyond*, The Council of Europe Publishing, Chapter 6, pp 65-75.

As a signatory to the three UN international drug control conventions, the establishment of IADA was part of Israel's efforts to comply with the 1971 UN Convention on Psychotropic Substances (Art.6), which called for a national anti-drug authority. IADA's establishment also facilitates compliance with all other UN conventions in areas of demand and supply reduction.

General drug situation

In 2012,² there were 32,481 drug-related files opened by the police, among them 22,913 for drug use and 4,451 for drug trafficking.

The illegal drug market is estimated at 1.25 billion Euros per year in Israel. In 2012 the Israel National Police and the Israel Customs caught approximately 2,400 kg of marijuana, which entered Israel mainly through the Egyptian border. Furthermore, around 130 kg of heroin and 171kg of cocaine entered through Lebanon and Jordan – cocaine, a drug which was once perceived as a drug for rich, liberal professionals, is used today by people of all social classes and groups. Over 70,000 tablets and portions of ecstasy and Yaba make their way mainly through sea and airports³.

Police and Customs Seizures:

2012	2011	Type of Drug
785 kg	740 kg	Marijuana
1,594 kg	1,060 kg	Hashish
130 kg	18 kg	Heroin
171 kg	264 kg	Cocaine
6,919 tablets	20,502 tablets	MDMA
66,560 tablets	55,620 tablets	Methamphetamine- YABA

² *Isralowitz R, Affifi M, Rawson RA (2008) "Drug Problems: Cross-Cultural, Policy and Program Development". Greenwood Publishing Group, Inc. Auburn House, Westport, CT, USA.*

³ *Israel Monitoring Center for Drugs and Alcohol.*

Regarding the drug seizures in 2010, the amount of marijuana seized by Israel National Police, represents an increase of nearly 476% compared with the previous year (850 kg seized in 2008)⁴.

According to IADA, around 400,000 people in Israel currently use drugs. Some use it occasionally while others are more regular users or addicts.

Among the adult population (18-40), 11.4% reported using some kind of illegal substance in the last year. Among this percentage, 8.9 % reported using cannabis and 1.9% reported using "other drugs"⁵.

The percent of 10th grade Jewish secular students who used cannabis (grass) at least once during the past 12 months was 8.3% in 1998 and declined to 5.4% in 2011⁶.

IADA states that the demand for conventional drugs (cocaine, heroin, methamphetamine, etc.) remained steady in 2012. Use of cannabis and synthetic cannabinoids, however, is currently on the rise⁷.

Regarding tobacco use among youth (6th, 8th and 10th grade) in 2011, 11.3% were male and 3.6% of female, who smoked at least once in the past week. Among adults, there are 40.9% of male and 21.3% of female who smoked at least once in the past week⁸.

⁴ Source: Israel National Police, Research Department.

⁵ Harel-Fisch, Y., Country Profile-Israel, in *The European Monitoring Centre for Drugs and Drug Addiction, Neighboring countries and Russia, Israel overview prepared by IADA* Available at: <http://www.emcdda.europa.eu/about/partners/nc>.

⁶ Harel-Fisch Y., et al., *Trend of substance use among Israel youth: Findings from the Israel-HBSC survey 1994-2011*, IADA, 2013.

⁷ United States Department of State, Bureau for International Narcotics and Law Enforcement Affairs, *"International Narcotics Control Strategy Report, Volume I Drug and Chemical Control (2013)"*.

⁸ IADA Epidemiology Survey 2009.

General population statistics of the country

Israel general statistic:

		Year	Israel
Population		2013	8,134,100
Immigrant population ⁹		2012	1,571,000
Age structure	0-14	2013	28.1%
	15-24		15.2%
	25-54		37.3%
	55-64		9.1%
	65-and over		10.3%
Population growth rate		2013	1.5%
Median age		2013	29.7 years
GDP per capita		2012	€24,000
Unemployment rate		2013	6.2%
Unemployment, ages 25-64		2013	5.4%
Population who live below poverty line		2012	23.5%
Government type			Parliamentary democracy

Two different migration waves entered Israel since the 1980s. The larger, from the former Soviet Union (FSU) and the smaller one from Ethiopia. Within a single country it comprises of three primary cultural groups or “nationalities” with very different attitudes toward alcohol consumption: Jewish (about five million or 75% of the population, in which about one million immigrants come from former Soviet Union (FSU) states — the majority of whom are of Jewish ancestry), Arab (about 1.5 million or 20%) and other minorities. The Arab-Israeli population is predominantly Muslim (approximately 75%), 17% are Christian and 8% Druze ¹⁰.

Nowadays, those citizens who have often a double Russian and Israeli nationality, represent one seventh of the population of Israel ¹¹.

⁹ Isralowitz R, Reznik I A, Peleg T (2013), “Former Soviet Union Immigrant Illicit Drug Use in Israel (1989-2010): Implications for Prevention and Treatment Policy”. *J Addict Behav Ther Rehabil* 2:1.

¹⁰ Yehuda D. Neumark, PhD, Catalina Lopez-Quintero, MD, Alexander Grinshpoon, MD, and Daphna Levinson, PhD, “Alcohol Drinking Alcohol Drinking Patterns and Prevalence of Alcohol-Abuse and Dependence in the Israel National Health Survey”, *Isr J Psychiatry Relat Sci Vol 44 No. 2 (2007) 126–135*.

In 2009, there were approximately 116,100 Ethiopians immigrants living in Israel. Of these, a third (38,700) was born in Israel¹².

Data from the IADA show high rates of drug and alcohol use among Ethiopian pupils, and even higher rates for pupils from the FSU¹³. The data also shows an increase in psychoactive substances among Ethiopian youth in recent years¹⁴. At the same time, a finding that emerges in several studies and reports indicates high alcohol use among youth from the FSU.

The most recent information on substance use among immigrant youth in Israel stems from the 2011 HBSC study. Findings show higher alcohol and drug use rates for FSU and Ethiopian first generation immigrants (those who were born in the country of origin prior to family immigration) compared to native Israelis. Yet, whilst second generation FUS youth show improved lower rates, closer to those of native Israelis, second generation Ethiopian youth exhibit higher rates compared to all other groups, including first generation Ethiopians. These recent findings have provided insights to inspire new policy and strategy directions aimed at providing population-specific resources to help reduce rates of use, especially among immigrant youth¹⁵.

Israel Anti-Drug Authority

IADA is responsible for promoting co-operation and for co-ordinating the activities of all government ministries, offices and NGOs that are involved in the war on drugs. As a central co-ordinative body, IADA is made up of a Council, which is composed of 43 representatives of government ministries, organisations (such as the Israel Medical Association, Youth Movement, Social Workers Association) and public representatives, all of whom are appointed by the Minister of Public Security and approved by the Cabinet.

¹¹ I. Bourtman, "Putin and Russia's Middle Eastern Policy", *MERIA Journal* Volume 10, Number 02 (June 2006).

¹² Central Bureau of Statistics of Israel, "The Ethiopian Community in Israel", (11/2010). Available at: http://www.cbs.gov.il/hodaot2010n/11_10_262e.pdf.

¹³ Edelstein, A. & Bar-Hamburger, R. (2007), "Patterns of drug and alcohol abuse among youths from the FSU and the connection to delinquency, to violence and to national identity". Jerusalem: The National Anti-Drug and Alcohol Authority. (Hebrew).

¹⁴ Israelowitz, R., Shpiegel, S., Reznik, A., & Laytin, A. (2009), "Ethiopian youth in Israel: Gender-related alcohol use and related problem behavior". *Drugs: Education, Prevention and Policy*, 16 (3), 273 – 278.

¹⁵ Walsh, S., Harel-Fisch, Y. and Fogel-Grinvald, H., (2010), "Parents, teachers and peer relations as predictors of risk behaviors and mental well-being among immigrant and Israeli born adolescents", *Social Science and Medicine* Vol. 70, pp: 976-984.

The Council's functions are to determine IADA's policy, to guide the board of directors and supervise its activities, and to discuss the annual budget and any other issues related to IADA's activities. The Council is assisted by five professional committees (such as the Treatment and Rehabilitation Committee); as well as the Psychoactive Substance committee and a steering committee for the national alcohol program.

Under IADA's umbrella, professionals in government and non-governmental agencies work together to rid Israel of the plague of drugs and alcohol. This inter-ministerial and inter-institutional co-operation and co-ordination extends to all areas, from prevention and treatment, to law enforcement. This allows IADA to fulfill its main duty as defined by law: to formulate all national supply and demand reduction policies on drugs and alcohol abuse.

In addition, IADA is charged with:

- Initiating and developing educational and prevention programs nationwide.
- Promoting public awareness materials and organising communal awareness and leading community work in order to create a social climate which rejects substance abuse.
- Treating and rehabilitating victims of substance abuse and their families.
- Supervising all areas related to law enforcement and all institutions' respective roles in this area.
- Conducting research to track trends in use and to evaluate project implementation.
- Recruiting and training qualified professionals and volunteers to lead the war on drugs and alcohol abuse from the bottom up.
- Providing national informational services in many formats, through many vehicles and across the spectrum of the Israeli society.
- Developing and maintaining contact with national and international bodies active in matters of drug and alcohol abuse.

IADA's vision is to lead the State of Israel in its efforts to fight the plague of drugs and the adverse consequences of alcohol abuse, in order to ensure a healthy and ethical society promote welfare and a high standard of living for its citizens.

Main goals:

- To promote a social environment that condemns substance use and alcohol abuse.
- To enhance public awareness of the imminent dangers of alcohol and drug abuse.

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- To establish national policies based on best practices and current research and scientific knowledge from around the globe.
 - To promote education and prevention activities.
 - To be recognised as Israel's major information and research center in the field of drugs.
 - To offer adequate treatment to all in need.
 - To develop a rehabilitation infrastructure.
 - To initiate, develop and promote innovative law-enforcement methods.
 - To develop and promote professional staff in the field.
 - To initiate, develop and promote strategic international cooperation.
 - To facilitate active representation in all settlements and communities.

IADA's headquarters in Jerusalem is home to the following departments: Treatment and Rehabilitation; Prevention and Education; Community Development; Research; Law Enforcement; Human Resources Development; International Relations; which work in collaboration with the relevant ministries and organisations to develop national policies and programs in the fields of supply and demand reduction. The headquarters also house a national information center and operates a 24/7 hotline. The department for Public Awareness is also based in the headquarters.

Community

Israel's municipalities are very diverse: from small towns and kibbutzim to large cities with different ethnic and religious groups. IADA is aware of this diversity and is very sensitive to the local needs and requirements of each municipality. So while IADA's policies, programs and goals are planned and developed at the headquarters, successful implementation is required at the community level. This can only be achieved as a result of a carefully constructed infrastructure of local authorities at the municipal level which work in cooperation with the various entities, ministries, community centers, health services, youth movements, civil guard, sports organizations, etc. in the municipality vis a vis the headquarters.

This multi-disciplinary and integral structure provides local level responses in all areas of the battle against alcohol and drugs, led by a local co-ordinator. Local co-ordinators are trained and skilled individuals who are in charge of co-ordinating all alcohol and drug related issues and social initiatives at the local municipalities. They are responsible for integrating between the community, regional and national

levels, ensuring that the policies established at the national levels are disseminated, implemented and adapted to each community.

Activities cover almost 70% of Israel's population and this coverage is constantly rising, as more and more mayors and municipalities recognise the dangers and negative consequences of substance abuse and join with IADA in an effort to combat this plague together.

Law enforcement and legislation

IADA is by law the body responsible for co-ordinating an effective collaboration between the various law enforcement bodies in Israel (even though it is not in itself a law enforcement body), among them: the Israel National Police and Israel Prison Services; the Israel Defence Force Police; the National Anti-Drug Money Laundering Unit (under the Israel Tax Authority); the Ministry of Justice and other ministries and law enforcement bodies in the community.

Law enforcement continues to link drug offences to a number of other crimes, including human trafficking, illegal labour, and money laundering.

The "Dangerous Drugs Ordinance" establishes the main drug-related offences: The first one includes the abuse of drugs and the possession of drugs for personal abuse, as distinct from possession for trafficking. Violators may be given a maximum penalty of 3 years imprisonment and a 9 000 € fine.

The second includes the prohibition to produce, trade, export or import drugs without an official permit; and the possession of drugs, premises and utensils connected with the commission of one of the above-mentioned offenses. Violation of these prohibitions carries a maximum penalty of 20 years imprisonment and a 375 000 € fine¹⁶.

Regarding tobacco legislation, according to Section 61(a)(1) to the Penal Law a fine shall be imposed on a person selling tobacco products or selling, lending, or leasing a product used to smoke tobacco to a minor.

¹⁶ *Dangerous Drugs Ordinance [New Version], 5732-1973. Available at: http://www.antidrugs.gov.il/download/files/Dangerous%20drugs%20act_2.pdf*

Since 2007¹⁷ it is prohibited to smoke in public places including cinemas, shopping centres, hospitals, public transportation, restaurants, pubs, schools, kindergartens, etc. Furthermore, the owner of a public place must place signs in the public place regarding the prohibition against smoking, and is obligated to inspect and do all within her/his power to prevent smoking in the place she/he owns¹⁸.

An Amendment to this law, issued on 4 February 2008, expands the prohibition against selling tobacco products to minors, to include a prohibition against selling products used to smoke tobacco to minors. Furthermore, the Amendment stipulates that a person shall not lease nor lend a product used to smoke tobacco to minors.¹⁹ Israel has increased tobacco excises overall since 2008. Total taxes were 72.1% in 2008, and now they are at 83.5%²⁰.

New Psychoactive Substances

As in many countries in Europe, Israel has been experiencing an influx of new designer drugs that hit the market occasionally and play havoc on the party-scenes of the large cities. The "cat and mouse" struggle of the authorities with the suppliers has gained a turn with a development of new legislation providing the government with a temporary "upper-hand".

Over the years, new substances were included into the Dangerous Drugs Ordinance 5733-1973 (amendments to the first schedule). In 2010, the schedule was amended to include four groups and their derivatives: amphetamines, methamphetamines, cathinone, methcathinone. This was referred to as the "Derivatives Law". In 2013 this action was further expanded to include families of synthetic cannabinoids (the "Second Derivatives Law").

In August 2013, Israel has issued a new ordinance "The fight against the phenomenon of the use of dangerous substances law, 5773-2013" that aims to tackle the problem of new psychoactive substances. Under the new ordinance, law enforcement authorities are granted powers to seize and destroy substances considered to be "dangerous substances", according to the definition provided therein.

¹⁷ *Amendment to the Prohibition of Smoking in Public Places and Exposure to Smoking Law 5743-1983.*

¹⁸ *United Nations, Convention on the Rights of the Child, "Consideration of the reports submitted by states parties under article 44 of the Convention". Combined second, third and fourth periodic reports of states parties due in 2008, Israel (2010).*

¹⁹ *United Nations, Convention on the Rights of the Child, "Consideration of the reports submitted by states parties under article 44 of the Convention". Combined second, third and fourth periodic reports of states parties due in 2008, Israel (2010).*

²⁰ *World Health Organization, "Report on the Global Tobacco Epidemic", 2013.*

Following the seizure of a substance considered to be a 'dangerous substance', the possessor is issued a summons to appear, within seven days, before the authorities in order to prove that the substance is not a 'dangerous substance' and avoid its destruction. The order of destruction can be appealed through a civil proceeding, within 30 days. Under this new legislation, in case of urgency and to protect public health, the distribution of 'dangerous substances' can be prohibited through a declaration by the Director-General of the Ministry of Health, following consultation with the Director-General of the Israel Anti-Drug Authority or the Inspector General of the Israeli Police, or anyone empowered by them. The declaration is valid for a period up to 12 months and the manufacture, sale, presentation for sale, import, export, supply or trade in of prohibited substances is punished with 3 years of imprisonment and 5 years of imprisonment if a prohibited substance is supplied to a minor.

In Europe in 2012, 73 new drugs were identified. Therefore, it is important for an Authority in charge of the drug strategy to react quickly. Currently, about 150 substances are controlled by law²¹.

Prisons

The prison population total, including pre-trial detainees and remand prisoners on 31.12.2012 was 20,195 people or about 262 prisoners per 100,000 of national population²².

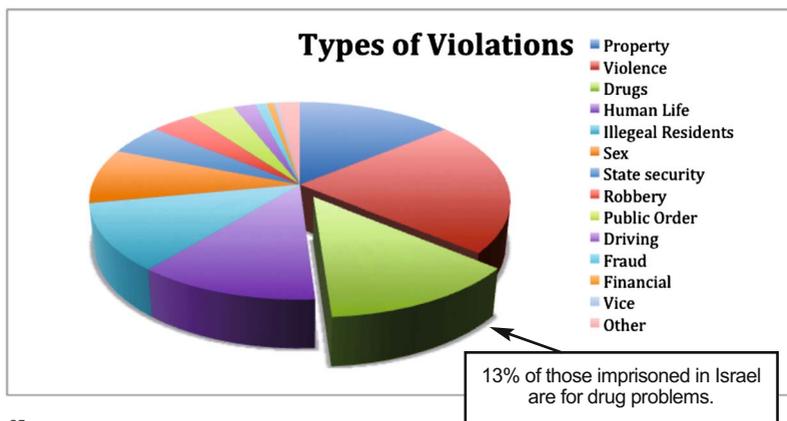
The United States of America have the highest rate, with 716 prisoners per 100,000 population. However, the rate in Israel is quite high, compared to other areas of the world. The average in the Middle East²³ is around 133, and in Europe²⁴ is around 144.

²¹ World Health Organization, *Report on the Global Tobacco Epidemic, 2013*.

²² International Centre for Prison Studies website. Available at: http://www.prisonstudies.org/info/worldbrief/wpb_country.php?country=177.

²³ International Centre for Prison Studies, *Middle East: Bahrain, United Arab Emirates, Israel, Saudi Arabia, Kuwait, Lebanon, Iraq, Jordan, Oman, Qatar, Syria, Yemen*.

²⁴ International Centre for Prison Studies, *Europe: Russian Federation, Azerbaijan, Belarus, Lithuania, Latvia, Ukraine, Estonia, Georgia, Poland, Montenegro, Moldova (Republic of), Slovakia, Hungary, Turkey, Armenia, Albania, Romania, Czech Republic, Bulgaria, Spain, Malta, Serbia, Portugal, Luxembourg, Macedonia (former Yugoslav Republic of), Greece, Belgium, Croatia, Cyprus (Republic of), Italy, France, Austria, United Kingdom, Ireland, Netherlands, Switzerland, Bosnia and Herzegovina, Germany, Monaco, Norway, Denmark, Slovenia, Sweden, Kosovo, Finland, Iceland, Andorra, Liechtenstein, San Marino*.



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There are rehabilitation programs supervised by the Prison Rehabilitation Authority. The Hermon Prison has a rehabilitation centre with diverse individual, familial and group therapy sessions. The prison was opened in 1998 and at present, includes a multi-professional staff of 150 people, including: narcotics specialists, clinical psychologists, clinical criminologists, social workers, education officers, and security guards. The focus at the Hermon Prison is on improving the conditions of incarceration and restoring the tenants' dignity and self-esteem by providing them with appropriate housing conditions and an aesthetic environment.

Drug treatment in prisons has several goals²⁶ :

- Reducing drug abuse during incarceration
- Improving the prisons climate
- Reducing recidivism
- Supporting prisoners rehabilitation in the community

²⁵ Ministry of Public Security website. Available at: <http://mops.gov.il/English/CorrectionsENG/Pages/IPS.aspx>.

²⁶ Yoav Santo - Ph.D, Principal Investigator ; Prof. Giora Rahav, Co-Principal Investigator ; The Adam Group Drug ; "Treatment Outcomes at the Hermon Prison".

Prevention and Education

Prevention is implemented throughout the country, targeting the general and at risk populations, like: parents; work place/professionals; university students; youth and soldiers; middle school and high school; primary school; kindergarten. The main idea is "Prevention for all".

IADA is responsible for formulating national education and prevention policies, developing prevention programs, and coordinating between the activities of all relevant ministries and public entities. IADA works in close cooperation with various ministries, among them, the Ministry of Education and Ministry of Social Affairs and Social Services, for developing new prevention programs for the general and specific target populations. This is based on research findings and actual needs.²⁷ The school has an important role in the shaping of attitudes and world views and in the prevention of risky behavior, including the use of dangerous substances. In 2011-2012, the primary school represents 827,717 pupils, and the middle/high school 638,463.

There is a wide variety of programs taking into account individual and social components, aimed at shaping attitudes and values to reject substance use. These programs are based on a comprehensive approach promoting a healthy life style which begins as early as kindergarten and continues until adulthood, and focuses on developing and using one's inherent resources and strengths. To be more effective and significant programs combine interactive methods that are specifically tailored to particular target groups. Thus, at all levels of preventions, programs are developed with the needs of specific populations in mind: parents, new immigrants, different sectors and gender, employees, soldiers, etc.

Several prevention programs are implemented. For example:²⁸

- **Never too young**

This program was developed for kindergarten children. It focuses on teaching the children about self-esteem and health awareness by teaching them how to distinguish between harmful and healthy substances, and promoting a healthy life style.

²⁷ Israel Anti-Drug Authority website. Available at:
<http://www.antidrugs.org.il/english/template/default.aspx?mainCatId=46>.

²⁸ Israel Anti-Drug Authority website. Available at:
<http://www.antidrugs.org.il/english/pages/1326.aspx>.

- **Inhalants/Volatile substances kit**

This program provides a kit to prevent the use of inhalants, for teachers of students in 6th through 9th grades. The kit includes a 10 session plan with a CD and DVD.

- **Addicted to Life**

This program promotes the prevention of substance abuse, combining entertainment with an educational experience (including 3D movie for example). It's aimed at students, parents and soldiers.

- **From High Risk to New Opportunities**

This program combines challenging sports, arts and leisure activities for high risk youth.

- **“Alternative project”**

IADA operates the “alternative project” which relies on interactive methods for disseminating information on the consequences of drug and alcohol abuse. This is done by means of a mobile platform (mobile van) and movie. The activities are conducted in schools, boarding school, universities, youth centers and the army.

- **Yes to Sports, No to Drugs**

This program combines sports activities with prevention, promoting a healthy life style. It is aimed at youth sport teams in general, as well as high-risk groups from specific parts of the population.

- **“Character” (OFI)**

This program, OFI, which means "character" in Hebrew, stands for the following three words: training, development and coping skills. This program is an educational/ treatment intervention for training and developing coping abilities, based on the American SAP model (Student Assistance Program). The program consists of 10 meetings, and is administered by a school counselor who has undergone specific training.

- **Programs for the work-place**

Interventions which focus on the dangers and risks of drug and alcohol use, personal responsibility and the provision of information to the employee and employer.

Another program being implemented by IADA targets students learning in colleges and universities across the country. In co-operation with the academic leadership of the higher-education institutions, IADA is training and funding the activity of students who become "campus co-ordinators" and co-ordinate the implementation of a host of awareness campaigns, peer education programs and other drugs and alcohol prevention activities on campus.

Several culturally sensitive programs are developed and tailored for immigrant populations. These programs are developed to prevent substance use among immigrants from the former Soviet Union, Ethiopia as well as for the Arab sector population. The program is aimed at youth and parents.

As mentioned above, the Ethiopian National Project (ENP)²⁹ has launched a series of workshops to educate Ethiopian-Israelis about drug and alcohol abuse. The Program runs in partnership with a variety of government ministries, including welfare, education, and immigration, as well as the "Efshar" organization. The Program is comprised of 25 workshops: 15 for youth, 7 for parents and 3 for both parents and youth. Facilitators of these programs are substance abuse specialists from the Ethiopian-Israeli community. Professionals in substance abuse and prevention provide these leaders with three days of intensive training before the workshops begin and accompany them to the sites.

Criteria for certification of intervention programs

In 2010 IADA established an ad hoc expert committee to develop a set of standardised criteria to map out, review and certify all drugs and alcohol related prevention intervention programs implemented in Israel under the auspices of IADA. This set of criteria will be used to review all future submissions of new programs or activities, in order to certify them as authorised by IADA, and to be used as part of its intervention strategies throughout the country.

Seven main criteria were established:

- (1) Targeted goals and their relevance to IADA's mission
- (2) Theoretical rationale on which the intervention is based and the scientific evidence for its effectiveness
- (3) Methods of the intervention process
- (4) Target population/s
- (5) Professional staff - experience and expertise
- (6) Evaluation and measurable outcomes
- (7) Documentation including manual, settings and observations

²⁹ The Ethiopian National Project website. Available at: http://www.enp.org.il/en/programs/Alcohol_Drug_Prevention/.

The expert committee, headed by Professor Moshe Israelsvili, a Tel-Aviv University expert in the evaluation of intervention program, reviewed and analysed a group of about 75 applications submitted as a response to IADA's call for drugs and alcohol prevention programs. During the meticulous examination of these submitted programs, the committee was able to refine the set of 7 criteria and develop a review and certification process for future submissions.

Following the completion of the committee's work, IADA has setup a permanent review and certification committee to provide a regular ongoing evaluation and certification for new proposals of prevention and intervention programs. In the future, only certified interventions will be allowed to be implemented in schools, at extracurricular activities and in the community. This regulation process will ensure the implementation of high quality, evidence-based programs throughout IADA's activities.

Treatment

Israel believes that substance addiction is a health disorder requiring treatment. In this respect, Israel has implemented a wide array of treatment services which offer a myriad of treatment solutions that address the different needs of individuals based on gender, age, cultural and religious background and prior treatment experiences, in order to ensure accessibility to all addicts seeking treatment.

The treatment framework includes a variety of programs which are under direct supervision of the Ministry of Health and Ministry of Social Affairs and Social Services. There are also treatment programs supervised by the Israel Prison Services and programs directed by public institutions and by IADA. Furthermore, private treatment centres are also available³⁰. Research that tries to estimate the amount of problematic drug use in Israel will hopefully start during 2014. Nevertheless, there are about 15,000 addicts in Israel, who receive pension from the National Insurance Institute of Israel for drug addiction. Among them, 13,496 are enrolled in the different treatment services that are provided by the Ministry of Social Affairs and Social Services.³¹

IADA is responsible for establishing policies and co-ordinating between all public entities involved in the treatment of substance abuse victims. The policies are

³⁰ Israel Anti-Drug Authority website. Available at: <http://www.antidrugs.org.il/english/template/default.aspx?mainCatId=47>.

³¹ Geller Y., Director-General, IADA, presentation 15/10/13.

established by IADA's Treatment and Rehabilitation Committee (consisting of representatives of public bodies involved in the treatment and rehabilitation of substance abuse victims). IADA is also responsible for initiating and establishing new treatment models, with an emphasis on finding treatment solutions for sub-populations for which there are currently no particular structures.

Addiction treatment services are involved at 3 different levels³².

- At the community level: Social workers at the municipality are the first station for assessing and treating the addicts.
- At the regional level: Outpatient daycare facilities, detox units, substitute medical treatment, needle exchange programs are available.
- At the national level: Diagnosis, counseling, treatment and rehabilitation, guidance and specialized services are offered nationwide.

The comprehensive treatment system of pharmacological and psychosocial interventions provide a wide array of treatment solutions that address the different needs of individuals based on gender, age, and cultural and religious background, in order to ensure accessibility to all. Addicts and substance abusers who seek treatment are referred to the type of program to which they will be most compatible with based on personality, cultural considerations, substance abuse situation and prior treatment experiences³³.

Among the solutions are:

- Physical detoxification.
- Therapeutic communities.
- Day-care centers.
- Drug substitution: Methadone and Subutex.
- Individual and group treatment sessions.
- Family intervention and rehabilitation.
- Involving legal counseling.
- Assistance with studies.

³² Dr. Haim Mell, IADA, presentation of the "Addiction treatment services in Israel-2013", 15/10/13.

³³ Pompidou Group, "Reflection on the concept of coherency for a policy on psychoactive substances and beyond", Richard Muscat, Brigid Pike and members of the Coherent Policy Expert Group.

Residential treatment programmes for drug users

Residential treatment programmes are essential in a country. Indeed, drug addicts need a protective environment during withdrawal and for the immediate post-withdrawal period. Physicians recommend, where possible, that addicts rest in a pleasant environment that is sufficiently removed in time and space from the environment in which they previously consumed substances.

Selected residential programs in Israel:

The Malkishua Drug Rehabilitation Center³⁴ was established jointly by the Israel Anti-Drug Authority and the Beit Shean Valley Regional Council. In the Malkishua Village there is an adult community, youth community and a community for religious youth; all three communities are supervised by the Ministry of Social Affairs and Social Services. Malkishua's mission is to provide support for detoxification of addicts, helping them acquire healthy and coping patterns of behaviour and the lifestyle of independent persons, interacting positively and constructively with their environment. The Malkishua community sets an example for them and gives them hope that after rehabilitation they will be able to start a new life. Its activities contribute to the prevention of the expansion of drug abuse in society. The village accepts drug addicts after they have undergone detoxification and were referred to Malkishua by hospital wards, agencies treating drug addicts, probation officers and lawyers. Personal requests are also considered.

The Haifa drug abuse treatment center³⁵ offers a Therapeutic Home for women only, from age 18 and up, who are addicted to drugs and/or alcohol. It is funded by IADA, the Ministry of Health and the Ministry Social Affairs and Social Services, and operated by The Association for Public Health, an Israeli NGO. The center began operating in 2000, offering a unique program specifically for women recovering from substance abuse. The program's primary goals are to help these women to complete their recovery programs successfully and to gradually help them get back on track to become contributing members of the community. The Haifa Therapeutic Home is an in-patient residential treatment setting. It is staffed around the clock, seven days a week, by professional and paraprofessional female staff. The professional staff include therapists and social workers. The paraprofessional staff is made up of counsellors who themselves are recovered drug and alcohol addicts

³⁴ Malkishua website. Available at: <http://www.malkishua.org.il/eng/>.

³⁵ Haifa website. Available at: <http://mabat-nashi.com/Aboutus.aspx>.

and have had two years of professional training. There are also a growing number of volunteers who help and support the program.

Kfar Izun (literally the Village of Balance) was established in February 2001 to provide a new therapeutic approach to young Israelis, returning from backpacking journeys abroad, suffering mental imbalance due to hallucinogenic or mind-altering drugs. The village is internationally recognized as a unique center for non-addicts, specifically dedicated to the recovery and rehabilitation of youths. Located on the shores of the Mediterranean Sea, Kfar Izun brings nature body and mind together. The result is strong, active minds "back on track."

Harm reduction

Health correlates and consequences

Drug use can be the direct cause of viral infections (HIV/AIDS and hepatitis), other injection related infectious diseases or disorders related to the use of substances, especially overdose and even death.

The number of drug-related death is unknown, but we know that the opioids followed by Amphetamine-type Stimulants (ATS) are the primary cause of death³⁶.

Prevalence of HIV/AIDS among adults aged 15 to 49 in 2011 was 0.2%³⁷ - approximately 8 500 people in 2011.

Epidemiology of HIV and Viral Hepatitis:³⁸

HIV prevalence amongst people who inject drugs (%)	Hepatitis C antibodies (anti-HCV) prevalence among people who inject drugs (%) ³⁹	Hepatitis B surface antigen (anti-HBsAg) prevalence among people who inject drugs (%) ¹⁹
2.94	67.6	2.8

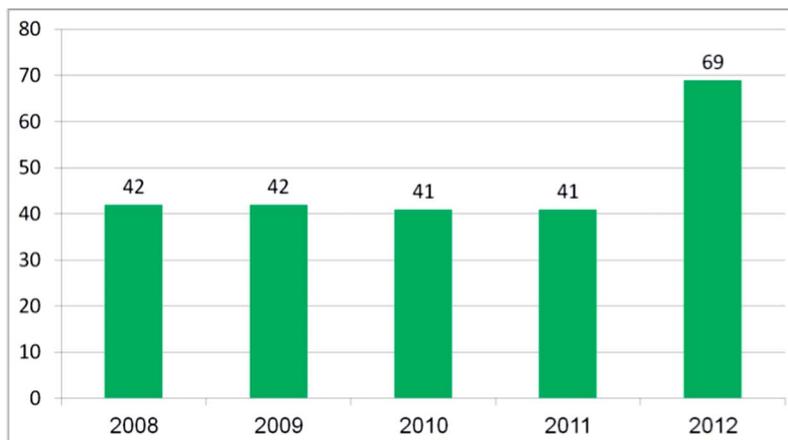
³⁶ United Nations Office Against Drugs and Crime, "World Drug Report 2012".

³⁷ UNAIDS "World AIDS Day report 2012".

³⁸ HARM Reduction International, "The Global State of Harm Reduction 2012 – Towards an integrated response", London: Harm Reduction International, 2012.

³⁹ Nelson PK, Mathers BM, Cowie B, Hagan H, Des Jarlais D, Horyniak D & Degenhardt L (2011) "Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews", *Lancet*, 378(9791): 571–583.

Number of HIV cases among injecting drug users in Israel



From 1981 to 2010, 6579 HIV/AIDS cases were reported in an upward trend from 3.6 new HIV diagnoses per 100 000 population in 1986 to 5.6 in 2010. Immigrants from countries of generalised epidemic (ICGE) comprised 2,717 (41.3%) of all cases: 2,089 (76.9%) were Israeli citizens and 628 (23%) were non-Israeli citizens, mostly migrant workers. Only 796 (12.1%) of all HIV/AIDS cases were heterosexuals who were non-ICGE and not injecting drug users (IDUs). IDU comprised 13.4% (N=882) of all cases. Men who have sex with men (MSM) accounted for 33.2% (N=1403) of all males reported, while the annual number of MSM reported with HIV/AIDS has quadrupled between 2000 and 2010.

It is estimated that the HIV point prevalence in 2010 for Ethiopian-born Israeli citizens, IDU and MSM aged 16–45 were 1805, 1492 and 3150, respectively. The crude estimated transmission rates among Israeli citizens, excluding the Ethiopian-born, was 10.5, while among Ethiopian-born Israeli citizens, IDU and MSM the rates were 3.6, 6.3 and 13.2, respectively⁴⁰.

⁴⁰ Mor Z, Weinstein R, Grotto I, Levin Y, Chemtob D., "Thirty years of HIV in Israel: current epidemiology and future challenges", *BMJ Open*. 2013 Jul 6;3(7).

Responses to health correlations and consequences

Seeking to minimise the adverse consequences of drug abuse for society at large, Israel also developed a harm reduction approach to reduce illicit drug use, beginning with the first methadone substitution programs in 1975. Today, other drug-substitutes are available for addicts who are unable to undergo complete drug detoxification, affording these individuals a chance to lead normal lives⁴¹.

As part of this approach, needle exchange programmes are available in several locations and walk-in clinics assist addicts with rapid admission into treatment programs. These efforts have led to a significant decrease in the number of cases where individuals contract HIV/AIDS due to drug use. Special attention is given to drug abuse victims suffering from co-morbidity. Treatment is offered as an alternative to incarceration and in prison settings⁴².

Fight against money laundering

According to the “U.S. Drug Enforcement Administration” (DEA), in 2013, there would be an increase in drug-related money laundering cases involving Israelis working in both the United States and Israel⁴³.

The Israel Money Laundering and Terror Financing Prohibition Authority (IMPA) was established as part of the Ministry of Justice in January 2002, under the Prohibition on Money Laundering Law 5760-2000. IMPA assists in the investigation and prevention of money laundering and terror financing related crimes, and was established as part of the global effort regarding such crimes⁴⁴.

These offences are mostly conducted by drug dealers and criminals belonging to organised crime, working at an increasingly sophisticated level, as a means to keep the profits of their criminal activities.

⁴¹ Harel-Fisch, Y., (2012), “The evolution of an integrated and coherent policy on drugs and alcohol in Israel”, in Muscat, R., and Pike, B., (Eds) *Reflections on the concept of coherency for a policy on psychoactive substances and beyond*, The Council of Europe Publishing, Chapter 6, pp 65-75.

⁴² *Ibid.*

⁴³ United States Department of State, Bureau for International Narcotics and Law Enforcement Affairs, *International Narcotics Control Strategy Report, Volume II Money Laundering and Financial Crimes* (2013).

⁴⁴ Ministry of Justice website. Available at: <http://www.justice.gov.il/MOJEng/Halbanat+Hon/>.

Israel has established systems for identifying, tracing, freezing, seizing, and forfeiting narcotics-related assets, as well as assets derived from or intended for other serious crimes, including the funding of terrorism. The identification and tracking of such assets is part of the ongoing function of the Israeli intelligence authorities and IMPA. In 2004, the Israeli National Police seized approximately €20 million in suspected criminal assets. Three quarters of these assets were seized for money laundering offenses relating to fraud, illegal gambling, extortion, and prostitution; the rest relate to drug cases⁴⁵.

Money confiscated goes to foundations and is thus reinvested into the fight against drug abuse by creating centres, for example.

Israel is also part of the Committee of Experts on the Evaluation of Anti-Money Laundering Measures and the financing of Terrorism (MONEYVAL). The aim of MONEYVAL is to ensure that its member states have in place effective systems to counter money laundering and terrorist financing that comply with the relevant international standards in these fields⁴⁶.

International & Regional Cooperation

International cooperation

Israel is a signatory to three international conventions concerning drugs: "The Narcotic Drugs Convention, 1961" "A Convention on Psychotropic Substances, 1971"; and the "United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988".

Israel is one of the 53 members, elected by the ECOSOC according to resolution 1991/49, of the Commission on Narcotic Drugs (CND) the central policy-making body of the United Nations in drug related matters.

Israel plays an integral role in the international efforts to combat the global plague of drugs. Over the past years, IADA delegations have visited several countries, establishing solid platforms for bilateral and multi-lateral co-operation and mutual learning.

⁴⁵ *United States Department of State, Bureau for International Narcotics and Law Enforcement Affairs, "International Narcotics Control Strategy Report Volume I: Drug and Chemical Control (2009)".*

⁴⁶ *Council of Europe – MONEYVAL website. Available at: http://www.coe.int/t/dghl/monitoring/moneyval/About/MONEYVAL_in_brief_en.asp.*

In order to ensure aid effectiveness MASHAV – Israel's Agency for International Development Co-operation - forms partnerships with other donor countries and with agencies within the UN system such as UNODC. Such partnerships allow both partners to contribute their comparative advantages, to create productive and effective synergies for learning. One example partnership is the Ofri International Training Center developed by the Israel Anti-Drug Authority – a MASHAV affiliate focused on education. The aim of the partnership is to share with other countries the knowledge, best practices and experience accumulated in Israel on drug control strategies⁴⁷.

A Memorandum of Understanding (MoU) was signed between the EMCDDA and the Israel Anti-Drug Authority, 4 February 2014, which will provide the framework for enhancing cooperation, exchange of information and best practices between the agencies.

Israel also co-operates with Europol, Eurojust and ENISA (European Network and Information Security Agency), responsible for managing the cyber-security strategy in Europe.

In 2010 Israel began close co-operation with the Pompidou Group (PG), following a study visit by a PG delegation to Israel, and has since participated in several of the group's activities and working groups, among them, EXASS Net, Executive Training, Co-operation Group to Combat Drug Abuse and illicit trafficking in Drugs, Coherent Policy Expert Group, etc. October 2013 marked the accession of Israel to the Pompidou Group.

Regional co-operation

At a regional level, co-operation between neighbouring countries and multi-lateral agreements are essential and necessary in order to control the flow of illicit drugs and crime.

Israel co-operates with UNODC's Regional Office for the Middle East & North Africa (ROMENA). This UNODC's Regional Office located in Cairo, Egypt, is responsible for drug related activities in 19 countries in the region (North Africa, Middle-East, and Persian Gulf). Over the years, IADA has made many efforts to participate in activities organised by the Regional Office for countries in the region, such as the

⁴⁷ *The Ofri International Training Center - MASHAV and Israel-Anti Drug Authority "Formulating a Comprehensive Drug Strategy – The Israeli Model".*

Law Enforcement Exchange Program organised by the UNODC's Regional Office; Training for Trainers; Controlled Delivery; Drug Interdiction at Airports; Drug Interdiction at Seaports; Strengthening Border Control Against Drugs Smuggling⁴⁸.

UNODC's Regional Office has also organised several joint meetings between Israel and the Palestinian Authority in order to facilitate regional and bi-lateral co-operation on drug control and crime.

Israel co-operates with Palestinian Authority. In 2005, Israel and the Palestinian Authority signed a Memorandum of Understanding establishing co-operation and co-ordination for their activities. Unfortunately the political situation that followed did not allow much progress until the end of 2007, when professional relations finally resumed, and both sides agreed on the need for information exchange in particular regarding drug demand and supply reduction. Co-operation started with a study visit by a delegation of Palestinian physicians, working in the field of addictions, to Israel. During the two day visit, the delegation consisting of 10 representatives of the Palestinian Authority, UNRWA and Ministry of Health, as well as a representative of the UN's Regional Office, were hosted by the Israeli representatives of the Ministry of Health and the Ministry of Social Affairs and Social Services, who provided participants with a thorough overview of the field of treatment of drug addicts in Israel⁴⁹.

Israel and Jordan have maintained very good relations over the past years. Strengthening and enhancing relations continued with several mutual study visits taking place. Jordan's Anti-Narcotics Department is the second largest anti-drug organisation in the Arab world, following the Egyptian Anti-Narcotic General Administration. Israel has delegations in Jordan, with a delegation of treatment and prevention professionals and a delegation of local co-ordinators. In return, Jordan has also delegations in Israel, with a delegation of law enforcement officials and a delegation of treatment professionals⁵⁰.

Bilateral co-operation

According to the Bureau of International Narcotics and Law Enforcement Affairs, Israel has an excellent bilateral co-operation on illicit drug enforcement and interdiction with U.S. authorities. Recent joint U.S. and Israeli actions have included joint investigation of drug couriers on flights from South America into Ben Gurion

⁴⁸ *Israel Anti-Drug Authority website. Available at:*
<http://www.antidrugs.org.il/english/template/default.aspx?catid=275>.

⁴⁹ *Ibid.*

⁵⁰ *Israel Anti-Drug Authority website. Available at:*
<http://www.antidrugs.org.il/english/template/default.aspx?catid=275>.

airport, investigations of trafficking of mephedrone from Israel to the United States, and the May 2012 conviction of a prominent Israeli drug trafficker and organised crime leader in Los Angeles. The Department of Homeland Security's Immigration and Customs Enforcement office (DHS/ICE) co-operated with the Israel Tax Authority and Israel National Police to investigate counterfeit pharmaceutical distribution operations based in Israel, which led to guilty pleas for two Israelis in a U.S. district court in April 2012⁵¹.

IADA's Scientific Research Program and Monitoring System to provide evidence-based policy and programs

IADA is required by law is to collect data, to initiate research and to advance knowledge in its various areas of activities. While only very limited academic research on the subject of drugs was conducted in Israel prior to IADA's establishment, IADA has since initiated and conducted over 300 studies and surveys which have contributed to the advancement of drug related research, not only in Israel, but in the international scientific community around the world⁵².

Today, IADA's Chief Scientist strives to provide professionals in the field with the most reliable and updated scientific knowledge available in all of its areas of activities: prevention, awareness, treatment, rehabilitation, law enforcement, community action and human resource development, allocating on average 5% of its annual budget for research development.

The research conducted at IADA is classified into three primary categories:⁵³

- National and regional epidemiological surveys - Monitoring the scope of drug use, trends and patterns of use in Israel.
- Evaluation research - Evaluating the effectiveness of prevention, education, awareness, training and treatment programs.
- Basic and applied scientific research - Scientific research in natural sciences and social and behavioural sciences, to advance knowledge regarding psychoactive substance addiction, consequences and determinants⁵⁴.

⁵¹ Bureau of International Narcotics and Law Enforcement Affairs "2013 International Narcotics Control Strategy Report (INCSR)", March 5, 2013.

⁵² Israel Anti-Drug Authority website. Available at: <http://www.antidrugs.gov.il/download/files/antidrugs.pdf>.

⁵³ Harel-Fisch, Y., "The changing patterns of drug and alcohol use among Israeli youth: Innovative national and community-based intervention strategies", Presentation, IADA, 15/10/13.

⁵⁴ Tal, T., and Harel-Fisch, Y., "Towards an evidence-based policy: Book of Abstracts of completed scientific research projects funded by the Chief Scientist Office 2010-2012", IADA, 2013.

Israel is in the process of establishing a national observatory for the collection, processing and distribution of all data on drug and alcohol abuse and interventions in the country. The goals of this National Monitoring Center are:⁵⁵

- To develop evidence-based practices, policies and legislation.
- To develop a best practice models for Israeli fieldworkers and decision-makers.
- To aid national partners in the co-ordination of prevention, treatment, rehabilitation, enforcement, research information flow, policy and legislative initiatives in the field of drugs and alcohol abuse.

Fighting alcohol abuse

Traditionally, Israel has a relatively low rate of alcohol abuse compared to most countries in Europe and North America. However, during the past 2 decades, the use and abuse of alcohol as a central leisure-time activity, especially among youth and young adults, increased significantly. In 2011, about 19.3% of adolescents 11-15 years old reported drinking alcohol at least once during the past month (apart from religious ceremonies), and 14.1% had gotten drunk at least once during their lifetime⁵⁶.

From the mid 90's until 2009 there was a worrying increase in alcohol abuse particularly among the youth⁵⁷. Findings of the Israeli HBSC survey on 11-15 year old school children (see figure bellow) show a significant increase of binge drinking rates from 6.5% in 1994 to over 20% in 2009. In addition, 10.5% of 11 year old (6th grade) Israeli students reported drinking at least one alcoholic drink during the past week (not for religious ceremonies), a rate that ranked Israel the country with the second most severe alcohol consumption habits among 11 years old in Europe in 2006.

In 2005 the government decided to extend IADA's mandate to include the battle on alcohol abuse. The already existing system established to cope with the drugs reality was expanded to include the issue of alcohol abuse, through a comprehensive approach taking into account prevention, treatment and law enforcement.

⁵⁵ Geller Y., Director-General, IADA, presentation 15/10/13.

⁵⁶ Harel-Fisch Y., et al., "Trend of substance use among Israel youth: Findings from the Israel-HBSC survey 1994-2011", IADA, 2013.

⁵⁷ Harel-Fisch, Y., "The changing patterns of drug and alcohol use among Israeli youth: Innovative national and community-based intervention strategies", Presentation, IADA, 15/10/13

The National Program to reduce the problem of alcohol abuse

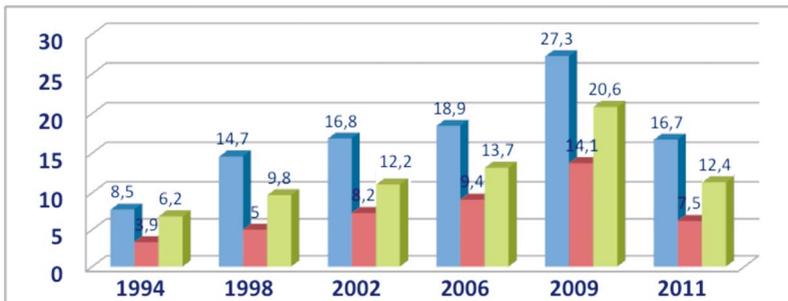
In 2010, the Israeli government launched the national program to reduce the problem of alcohol abuse⁵⁸. This national strategy is coordinated by IADA with a coalition of partner agencies throughout the government offices and authorities (e.g., Ministry of Health, Ministry of Education, Ministry of Social Affairs and Social Services, Ministry of Immigrant Absorption, Ministry of Public Security, police, Road Safety Authority and local authorities).

The main goal of the National Alcohol Strategy is to decrease the excessive consumption and abuse of alcohol⁵⁹. It is also aimed at:

- Decreasing death cases related to alcohol use.
- Decreasing health hazards and chronic illness related to alcohol consumption.
- Decreasing social hazards, violence, domestic violence, and other offenses related to alcohol use.
- Decreasing economic hazards to society related to alcohol use.

As a result of the co-ordinated intensive efforts carried out during the first two years of the national program, a significant decrease in binge-drinking rates among youth was registered in the 2011 Israeli HBSC survey from over 20% in 2009 to 12.4% in 2011⁶⁰.

Binge drinking: Percent 6th, 8th and 10th grade Israeli students who drank five or more alcohol drinks during one occasion at least once during the past 30 days: by gender and survey year⁶¹ (Boys, Girls and Total).



*The period prior to the implementation
of a national alcohol strategy
1994 - 2009*

*Implementation of the
National Alcohol Strategy
2010-2011*

Legislation, Promotion and Enforcement

In regards to legislation, the main idea was to cut off the supply and demand of alcohol at the peak hours of consumption – on the way to a party or to meet friends and when coming back. Therefore, it became prohibited to sell alcohol at stores between the hours of 11 pm and 6 am, except in restaurants, coffee-houses and places serving alcohol for consumption in its premises (pubs, night clubs, catering services, etc.). Violators will face a minimum penalty of 1 800 €⁶².

In addition, the authority of the Israel Police was expanded, allowing them to pour out alcoholic beverages if found in public places. Furthermore, regulations were enacted thus restricting the advertising of alcoholic beverages.

According to the law it is prohibited to sell, offer or serve alcoholic drinks to minors. It is also prohibited to consume alcoholic drinks or possess alcoholic beverages in an open container (bottle, can, glass, etc.) in a public place or inside a car parked in a public place between 21:00 pm and 6:00 am (for minors, it is prohibited during all hours of the day)⁶³.

The goal of the promotional strategy was to educate the population about proper alcohol consumption. Activities were focused on two age groups, with each group receiving different and unique messages. Teens under 18 were informed about the dangers of alcohol consumption and given recommendations to avoid alcohol altogether. Young adults aged 18 and older were informed about responsibility, maturity, and making personal choices. In the realm of law enforcement, an extensive program was constructed which included mapping out locations that sell alcohol and where teens hang out, increasing police activity during more dangerous hours, increasing penalties, and initiating raids on certain establishments. Additionally, as part of the effort to target teens and youth, parental and social service involvement was increased.

⁵⁸ Harel-Fisch Y., et al., "Trend of substance use among Israel youth: Findings from the Israel-HBSC survey 1994-2011", IADA, 2013.

⁵⁹ Harel-Fisch Y., et al., "Trend of substance use among Israel youth: Findings from the Israel-HBSC survey 1994-2011", IADA, 2013.

⁶⁰ *Ibid.*

⁶¹ Harel-Fisch, Y., "The changing patterns of drug and alcohol use among Israeli youth: Innovative national and community-based intervention strategies", Presentation, IADA, 15/10/13.

⁶² Business Licensing Law -2010 (26th amendment).

⁶³ Law to control alcohol intoxication - 2010.

The Program's Success

Over two years have passed since the initial implementation of the program and the numbers show that a substantial improvement has occurred. A comparison between the results of a survey conducted by the Israel Anti-Drug Authority in 2009, just prior to the launch of the program and the results of the WHO-HBSC survey of 2011 proves that there has indeed been a substantial decrease in dangerous alcohol consumption among 6th to 10th grade students.

A comparative analysis of the findings, conducted by the Chief Scientist of the Israel Anti-Drug Authority, Dr. Yossi Harel-Fisch, reported that drink alcohol excessively at least once a month exhibited a positive change. While in 2006 around 14% of school pupils aged 11-15 reported that they drank 5 drinks or more within a few hours, in 2011 that number decreased to 12.5%. Furthermore, when they were asked "Did you ever get drunk?" in 2006 about 20% reported they did, whereas in 2011, only 14% reported so.

In addition to the decrease in alcohol consumption, another encouraging change occurred in regard to the attitudes of teens towards alcohol. It seems that the messages about the dangers of alcohol have been internalised by the teenage public. While in 2009, about 28% of the pupils thought that drinking alcohol involved no risks, in 2011 only 22.8% still thought so.

These definitive findings indicate a change in teenagers' attitudes towards alcohol. For the first time in a long time, the scope of alcohol abuse among teens has not only ceased to worsen, but has actually begun to improve. We are now witnessing a substantial improvement in the very same age groups where the culture of social drinking first began to take root. Nevertheless, despite the improvement, excessive drinking is still a severe problem⁶⁴.

The Role of Adults – training and harnessing parents, teachers, counsellors and mentors

Despite the many resources allocated and the collaboration of all the parties involved, the program cannot succeed unless the public is alert and acts responsibly. It is important to remember that even if the entire national and municipal factors join together to end the phenomenon of alcohol and drug abuse, the most influential factor for teens still remains their parents and other significant adults such as teachers and counsellors.

⁶⁴ Harel-Fisch, Yossi, (2012), "The evolution of an integrated and coherent policy on drugs and alcohol in Israel", in Muscat, R., and Pike, B., (Eds) "Reflections on the concept of coherency for a policy on psychoactive substances and beyond", The Council of Europe Publishing, Chapter 6, pp 65-75.

A recent meta-analysis of the research literature on determinants of adolescent risk behaviours has demonstrated that one of the strongest and universal predictors of youth substance use and other risk behaviours is the existence or absence of significant adults in their daily lives. Other than being role models, parents, teachers and other mentors' involvement provides that guidance, support and boundary setting that teens need to be able to cope with their vulnerable and complex social lives. Findings from studies in Israel and in 36 other European countries show that youth who are deprived from the involvement and support of significant adults in their daily lives are 6 times more likely to use and abuse alcohol and drugs compared to non-deprived youth⁶⁵.

IADA has identified the importance of training and harnessing parents, teachers and other mentors to provide a network of significant adults in the community taking responsibility as both "gate keepers" identifying signs of substance use, and to provide the quality guidance, communication and support teenagers need to develop healthy and drug-free life styles.

The national alcohol reduction program is a national partnership in which everyone is involved. On all levels of society: national, local authority, community and even family levels. Youth, young adults and mentoring adults, all have significant roles and responsibilities, as do educators, health and welfare professionals, law enforcement officers, policy makers and scientific, applied and evaluation researchers. All are involved today in the efforts to carry out a long-lasting change to reduce the problem of alcohol. The current trends are encouraging but we are still far from the "home stretch" and face many obstacles and challenges ahead.

⁶⁵ Harel-Fisch, Y., (2014) "Youth Resiliency- Implementing an effective strategy to reduce risk behaviors and enhance well-being among youth", in Zimer, R., and Bonni-Noah, H., (Eds) *Prevention of Drug and Alcohol Use*, Biyalic Institute, Jerusalem, PP 68-87.

Conclusions

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This country profile can contribute to a better understanding of the Israeli model. Indeed, it demonstrates that good co-ordination between the various bodies in charge of the fight against drugs is very important. IADA has been developing, co-ordinating and leading the implementation of an integrated national policy and intervention strategy aimed at the reduction of drugs and alcohol use and their consequences.

Israeli policy reflects the main element of drug policy convergence that has been observed in the European Union. Although Israel continues to link drug offences to criminal offences, the country still develops many programmes to help drug-addicts, without the stigmas usually associated with treatment. There is also good integration of harm reduction interventions in Israel's policy.

Israel has established many programmes for targeted populations. Indeed, with the increase in alcohol consumption in Israel during the past decade, the country has developed an effective policy to fight this problem, especially among young people. Today, Israel is ranked among the countries with the lowest rates of drinking problems among the 36 HBSC countries⁶⁶. There are also programmes for women only, which is making the treatment even more effective.

In addition, Israel proposes treatment for the immigrant population, particularly for Russians and Ethiopians, thus working towards better integration instead of exclusion.

A growing concern for IADA is the current public debate around the use of cannabis for medical purposes and the legalisation of cannabis. This issue has become very prominent in the public agenda and, as a consequence of this public debate, monitoring systems have registered a significant decline in the perception of danger regarding cannabis. In countries where the sense of danger declined, rates of use increased – a trend that IADA would like to prevent in Israel. Therefore, many efforts are being placed to combat public liberal perceptions of cannabis and provide accurate information regarding the dangers of cannabis use, especially for young people.

The coming years will bring new challenges for Israel. After becoming a member of the Enlarged Partial Agreement of the Pompidou Group and, with the signature of the Memorandum of Understanding with the European Monitoring Centre for Drugs and Drug Addiction, there will be new perspectives and goals in the coming years for Israel.

⁶⁶ Harel-Fisch Y., et al., "Trend of substance use among Israel youth: Findings from the Israel-HBSC survey 1994-2011", IADA, 2013

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