

JENISHBEK NAZARALIEV

FATAL RED POPPIES...

**An account by a specialist in substance abuse
on his encounter with policemen, drug-dealers,
patients, doctors and politicians in five continents**

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IN LIEU OF AN EPILOGUE.....

NOTES.....

Author's Introduction

Shock is fortunately something that time can heal. This pattern of life is not yet, however, something that can be said about the events of September 11th 2001. The indelible image of planes crashing into the towers of Manhattan cannot fail to fill us all with horror when we think back to it. When American planes began their retaliation against terrorist training camps in Afghanistan, many people hoped that poppy fields would be destroyed along with Al Qaida's lair. Those fields had provided the financial back-up for those criminals, they were one of the main sources of supply for the international drugs business. Today the number of drug-users on our planet is thought to be over 200 million. In some countries it is reckoned that more than a third of all school-children and young people are drug-users. Regardless of the motivation for the terrorists' activity – political, religious or any other – the blow they had dealt the international community demonstrated the threat, which the fatal combination of violence and drugs represents for us all.

In recent years the area put down to crops which provide opiate drugs accounts for almost 100,000 hectares. Then there are also the plantations of Thailand, Laos and Myanmar... Territory in many countries has been 'annexed' by the supra-national drug empires which function independently of any political authorities in a powerful black economy all of their own (with a turnover which accounts for up to 8% of international trade). They have their own 'armies' with ample technical and financial support. Not just the incredibly wealthy drug barons themselves are involved, but also hundreds of thousands of poor families who do not know where they would work or live, if they were not cultivating crops such as poppies or coca. The well-organized channels for shifting supplies of narcotics wrap tightly round Planet Earth.

According to the experts revenues of up to 800 billion dollars are laundered every year. Drugs are exchanged for weapons, ammunition, explosives, means of transport (even submarines), electronic equipment, which in areas of political and religious tension is still being used by extremists to hone their deadly plans...in the Middle East, the southern part of Russia and north of the Amazon. Almost all the conflicts in the modern world leave behind them an 'after-taste' of narcotics.

There is little point in soul-searching as to the reasons why the authorities in a whole number of countries with large, well-equipped armies, who organize manoeuvres and are ready to go out and conquer the armies of other nations, are still losing the war against the narcotics business and have little hope of achieving more in the future on that front. The answer is all too simple: armed forces can fight other people's armies but do not know how to confront a mighty, yet hidden and elusive enemy, whose name is corruption.

In the chaos of shattered lives, traditions and régimes people have stopped listening to each other and trying to understand their fellow human beings. When an Afghan, Bolivian or Kenyan farmer hides his plot with illegal crops for the drug business, he is often protecting his only chance of feeding his family: it is difficult for him to accept as necessary the actions of his government which sends soldiers with burning torches or planes to ruin his crops. It is still harder for him to have any sympathy for people living the other side of the world who are alleged to be comfortably off, yet ready to go mad or

die with the help of drugs. “What have our crops to do with it?” the farmers ask. “If someone makes alcohol out of wheat instead of bread, surely it’s not the wheat that’s to blame?”

Hitoma Safiama, chief of the Indian tribe of Huitotos in the Amazon basin would agree with that farmer. “For a thousand years we have been chewing coca leaves from the bushes that grow by our huts and, as you have seen for yourself, there are no sick people in the village. The Europeans simply do not know how to mix the leaves with the powder of crushed shells or how to hold a coca ball in their cheek and suck it. I have heard that they sniff it, smoke it or pour it into their blood with needles...Savages!”

Since Marco Polo’s day when drugs were seen as exotic commodities found along international trade routes, they have been used in a variety of cultures to relieve pain, celebrate religious festivals and summon forth hallucinations. Even in people’s most pessimistic forecasts no-one would have believed that by the end of the second millennium the illegal trade in narcotic substances would lead to disasters in many parts of the world, some of the most destructive in the history of mankind.

As I travelled through different lands and continents afflicted by the drugs plague, my fears for the future grew ever greater. There were two things I turned my attention to in particular, as I wrote this account of my travels....

I was struck again and again at international conferences, meetings with police and security officials, drug-couriers, priests, patients and doctors by how little we know about each other...about how drug-addiction is treated in different places and what people mean by the ‘war’ against illegal drug-trafficking. The countries of the former Soviet bloc suffer from this lack of information more than almost any other. Drugs came into their lives later than in most places, only after the Cold War was over, but they have caught up very quickly and in some respects have even overtaken the regions where the misuse of psycho-active substances is a long established tradition. Governments, law-makers and society as a whole have not yet recovered from the numbing shock of realizing it was all happening to them too: they have been trying to resolve the problem by trial and error, knowing almost nothing about the experience of other countries, even relatively close neighbours long since infected by the plague of drug-addiction.

Each people has devised its own methods of treatment and its ‘weapons’ for the fight against drugs, including those who have only recently had to deal with this problem. Their recent experience, however, can sometimes be a useful addition to the store-house of international expertise. I hope in this book to tell my readers something about the new approaches we have been using in the Centre for treating Drug-addiction in Bishkek. Our Centre was the first non-state medical establishment within the territory of the former Soviet Union. More than 7,000 patients have followed the intensive course of treatment provided here which involves both psycho-therapy and pharmacotherapy – among them there have been men and women from Russia, the Ukraine, Kyrgyzstan, the USA, Germany and Greece.

This account is not designed as a medical text-book on substance abuse nor an attempt to promote ‘the Nazaraliev cure’, as I have been accused of doing by certain journalists, after they have acquainted themselves with the Bishkek experiments in psychotherapy involving our intensive psycho-therapy designed, in the final stages of the treatment, to relieve stress and redirect our patients’ lives. These are the travel-notes of the latest in a long line of doctors from a clan in Kyrgyzstan, which in the past included well-known

folk-healers and clairvoyants. I am aware of the debt I owe to my nomad ancestors, who have made me what I am today. I am grateful to them for my determination which has helped me and my friends introduce into our rehabilitation courses new methods of treatment and a non-traditional approach to these patients as victims of a sick society. I do not try to become involved in fruitless discussions as to whether drug-addiction is curable or whether doctors should treat patients in the knowledge they can only reduce the problem but not eliminate it. For the drug-dependent, doctors often provide the last hope of assistance in the struggle to reject the sad circumstances they have not yet been able to escape from and to seek physical and spiritual renewal.

Part of this account is autobiographical, but there has been no attempt to keep it strictly chronological. Living as I and the rest of us do in a constantly changing and seriously damaged society, I keep trying to analyse my personal experience and impressions, rather than examine the 'big picture;' which it is by no means always easy to grasp.

I should never have been able to write this book without the support of my teachers and friends D.U.Adylov, V.P.Bauer, A.I.Dobrydnev, V.V.,Karmanov, E.K.Kubatov, A.A.Onin, I.S.Sadybakasov, A.S.Steinbach and all the staff at the medical centre in Bishkek, who have had faith in our new method of treatment, stood by me and shared the difficult times and the additional responsibilities, which fell to their lot when I was on my travels. Special gratitude is due to L.I.Shinkarev, who accompanied me on numerous journies and helped me collect and prepare the materials for this book.

Nor would this work ever have been completed, were it not for the endless patience of my wife Rosa and her kindness and understanding which I value so deeply.

Chapter 1 – 800 KILOMETRES ACROSS THE PAMIRS – SMUGGLERS AND BORDER-GUARDS

Echoes of the Afghan War in the Medical Centre – Shared business interests of Omar and Osama ben Laden – On Tyres across the River Pyandzh – Life and Death of Badakhshan’s Robin Hood – Aga Khan IV meets the Drug Traffickers – What the Tadzhiks tried the Russian Border-guard for - \$50,000 for turning a Blind Eye.

A year before the American “retaliation” in Afghanistan a patient aged 30, emaciated and with sunken cheeks was brought to Bishkek, to the Nazaraliev Medical Centre (NMC). He was a drug addict suffering from severe opiate poisoning. He had begun injecting in 1984, when he had been working for the Soviet Army’s air-borne reconnaissance stationed in Afghanistan near Kandahar.

To use his own words:

“On arrival in Kandahar I went into my tent and there were 18-20 paratroopers inside. They were all from the same part of the country and I was an outsider for them: suddenly without any reason they threw themselves at me and fist-blows rained down. When they had recovered themselves down and I was washing myself down at the near-by basin, they took my military identity card out of my tunic pocket and discovered that I was from Dagestan. After that they came up to me and apologized: ‘We thought you were an Uzbek!’. As I soon learnt, they were all addicts and the whole platoon was shooting up. When they were sent into the villages to drive out the *dushman*, they would all start shooting up. When I first saw action in the mountains I noticed that while I was getting tired, the others were all full of energy. I asked one of them: ‘How can you still bound around like a horse?’ ‘I’ve just shot up’ By the time the next raid came round I was doing the same: I didn’t want to lag behind. At first my mouth went dry and I felt rather sick, but I soon got drawn into it. There was no alcohol to hand and without some kind of doping that nightmare would have been impossible.’

He told us how that air-born reconnaissance platoon used to raid the near-by villages once every three months so as to replenish their supplies of narcotics and be able to send some to their friends in the neighbouring army units. The *dushman* put up a stiff resistance. The fighting might go on for three days to decide who would keep control of the stocks of opium and heroine. Our paratroopers were better armed and they had air support. After driving the peasants back into their houses, the platoon would lift down the opium that was spread on the flat roofs to dry, using their sapper shovels. Those in charge would send a helicopter to the surrounded villages in order to transport the opium back to the military aerodrome. There sacks weighing one or two tons would be transferred to a military transport plane which would then fly to the Soviet Union. The officers in charge of that particular cargo would say they were moving medicines for our military hospitals. Sometimes they would stuff the drugs into zinc crates earmarked for moving dead bodies. That was the time when wide-scale drug addiction began in Russia, in particular in the Northern Caucasus, including Chechnya.

When Soviet forces left Afghanistan and the Taliban came to power Kandahar became their unofficial capital. It was in that area that the spiritual leader of the movement, Mulla Mohammad Omar lived and where Osama ben Laden set up a temporary refuge. In the Kandahar province there were more than 80 laboratories for processing raw opium so as to produce heroin. The narcotics business was seen to boom under the Taliban. The area sown with opium poppies grew as did the scale of opiate production. Afghanistan’s share of heroine on the world market increased in the space of a few years from 40 to 75%. It was in this centre of international drugs production that plans for international terrorist acts were being hatched.

Osama ben Laden and other leaders of Al Qaida, who apart from everything else had a network of food shops in Asia and the Middle East, started moving weapons and drugs in barrels of honey transported by camels. Many camel caravans used to cross the borders after blunting the sense of smell of the deliberately addicted dogs belonging to the customs officials and border-guards. Ben Laden is rightly held to be the organizer of a major drugs cartel which used to work under the political cover of the Taliban movement.

Hoping to avoid the attention of the world community, Mulla Mohammad Omar issued a decree in February 1999 for all laboratories used for producing heroin from raw opium to be destroyed within a week: he even threatened that those who refused would be tried in the Sharia courts. Yet there was no significant drop in the volume of Afghan deliveries of heroin supplied to world markets and the scale of opium production continued to grow. Heads of state in Central Asia accused with one voice the Taliban leaders of encouraging the local population – particularly in the poorest areas – to produce narcotics for sale and then laying in weapons with the help of the proceeds.

The Taliban government used to gather in the traditional Muslim tax, to which all agricultural produce was subject, from the poppy-growers. This used to bring into the Afghan treasury \$30,000,000 each year. The right to transport the opium and morphine produced in the country was also subject to a tax, which was paid by the laboratories where the opium was processed. The Taliban was unable to control all the opium producers and those involved in transporting and selling it, but nevertheless the revenues from the narcotics industry amounted – according to the calculations of the experts – to between 100 and 150 million dollars a year [1].

Opium poppies were also grown in the areas controlled by the army of the Northern Alliance. According to members of Akhmad Shah Masud's entourage there were at least two places within the territory controlled by the Alliance where opium was grown and where narcotics were produced, which were then exported to Tadzhikistan and on into Russia and Western Europe. The volume of drugs exported from the territory controlled by each of the two groups was more or less the same.

In September 2001 when the terrorist act was perpetrated in New York, Russian border-guards on the Tadzhik-Afghan border confiscated more heroin than they had during the whole of the year 2000. The total amount confiscated from smugglers came to 801.5 kilos. As the border-guards comment, you could have built a dam across the River Pyandzh with all the sacks and packets of drugs, which they have burnt on the border in the last few years.

Let us return meanwhile to the patient.

“So you were shooting up to have more energy?” I asked.

“More likely so as to forget the horrors”.

While in the army my patient had been wounded and then sent back into action, but he did not abandon the drugs. He is surprised to learn that in civilian life people are dying from overdoses and infections, while all the soldiers in his platoon were sharing a single needle and nothing happened. The solution they used to prepare in a Coca-Cola or a Sprite bottle and boil it up using the spirit fuel that they used to be issued for heating their packed meals: they would shoot up four or five times a day using ten grams between three people.

When he was de-mobbed a couple of years later, he tucked polythene packets of ‘powder’ (a mixture of opium and heroin) under his epaulettes and lapels. Back home that supply only lasted him four days. He rushed about seeking for new doses, but then some of the local people including the village elders came to see him and ask him to address the community as a ‘war hero’. At that stage he decided to put it all behind him and for five years he did not take a single

gram. Later on he found himself in Moscow where he engaged in racketeering and had large amounts of spare cash (“sometimes handling as much as \$100,000 a day”): he bought a flat and then succumbed. This time he was using amphetamines, methadone, LSD and started frequenting night-clubs. By now he had a wife and two children. At the time when his son reached the age of twelve, my patient suddenly asked himself what would happen to the boy when – as was bound to happen sooner or later – he learnt the truth about his father. “I was horrified at what the future might hold in store for the children”, he admitted.

My patient had very small pupils, he was not reacting to light and appeared like someone who was very sleepy or desperately tired. He often felt nauseous and found it hard to breathe. His joints and muscles ached. It was not difficult to relieve the after-effects of a serious overdose and to alleviate his withdrawal symptoms with a range of medical interventions and rehabilitation techniques: what was more difficult was devising appropriate psychotherapy. His human responses had become blunted by the drugs he had used, by his war-time experiences, by the all-pervading bitterness and lawlessness. His capacity for compassion towards others had evaporated, yet somewhere there was some murmuring of conscience, which came into its own, when he contemplated the effect the truth about him might have upon his son.

Long-term drug addicts often explain their urge to drop smoking or injecting by the sense of shame they feel in relation to their children as they grow up. It is difficult to say whether that was the only reason or even the main one in the case of this particular patient. He had taken his leave from our staff with touching words of gratitude, assuring them that he had turned his back on drugs for ever and then he slipped back into his old ways, came back to us and this cycle repeated itself about five times. After his last visit to the clinic we had heard that he had moved with his family down to a port in the south, found work and had still retained the status of hero of the Afghan war as far as his son was concerned.

On one occasion I asked him where he got hold of the opiates he had been using in recent years. “From the Pamir Highway”.

This ancient route through the mountains of Kyrgyzstan and Tadzhikistan went through my home. I had never been to the area where the Highway starts and now after listening to my patient I felt a sense of responsibility as someone with roots in that part of the world. The land of my ancestors had become a staging post on the route for opiates from the heart of Afghanistan and Pakistan into the republics of Central Asia, into the eastern regions of Russia and then on into Europe and as far as Britain [2]. I and my colleagues succeed in returning many individuals back to a healthy way of life after drug-taking, but what we find difficult to understand is why peoples who are aware of this disaster and who have at their disposal a powerful state apparatus and army still find it impossible to defend themselves against it. The urge to understand more of what was involved became ever stronger: I wanted to know how the drug-dealers succeeded in moving their wares across borders and multiplying the number of our potential patients.

One autumn work had brought me to Osh, the town from which lorries set off to take coal to the Badakhshan mountains on the Afghan border. A driver I knew offered to take me along with him and after 48 hours of driving through the mountains I found myself at last at the source of the drugs ‘river’.

* * * * *

The border-town of Khorog – capital of the Badakhshan region – lies at the spot where the River Gunt flows into the Pyandzh. As I walked through the crowd of colourfully dressed local people bustling noisily up and down the lanes of their eastern bazar smelling of honey and sweet

melons, it was difficult to believe that a civil war had been going on in the Pamir region as recently as the 1990s. The bridge on the main road from Khorog to Dushanbe had been blown up, which had meant the total isolation of the local population. Factories had closed down, the bazar was soon deserted and life seemed to vanish. Some of the young people had joined the self-defence force going over to the Tadjik opposition. The local people knew where the money came from that was spent on weapons. At night drugs would be floated over from the southern (Afghan) bank of the river to the northern (Tadjik) one on inflated car-tyres.

Since time immemorial the local inhabitants in that area used to visit each other after making their way across the river in empty pumpkin skins or inflated goats' skins. They would pull along their wares with a rope attached to further pumpkin or goatskins behind them. Nowadays the people of Khorog use car-tyres. After planting themselves on the top of the rubber ring, keeping their balance by stretching their legs out wide, they use short wooden spades as oars to make their way from the Afghan bank to Khorog. Behind them on similar tyres sacks with their wares bounce up and down on the waves. The border-guards can see these border violations through their binoculars but they have no means of getting down fast to the craggy banks, where the crossings are being made and opening fire would be useless: the distances between border-posts are 10-12 kilometres while the guards' rifles have a killing range of only up to 1500 metres.

By dawn the sacks of opium and heroin have been pulled out on to the opposite bank and are then loaded on to the horses waiting at the pre-arranged place, or they are hidden under loads of potatoes being transported on lorries. Then comes the dangerous road north. Meanwhile the 'ferry-men' from Khorog, now that they have sent their cargo off on its long journey, tie their scarves round their heads and lower their tyres down into the waters of the River Pyandzh again under cover of night.

While the Taliban was in power, relations between the smugglers and the Russian border-guards were far from hostile. When the Afghan Mojaheddin took 8 Russian border-guards hostage and sent them over to their side of the river, men from one of the self-defence detachments of the late Alyosha Aembekov (the legendary 'Hunch-back') who used to transport the drugs, went to the Mojaheddin – the whole-salers and their partners - on behalf of the border-guards to ask them to set the Russians free. They were then sent back to their own side on the same inflated tyres, on which the nocturnal cargoes used to be secretly taken across. Between the late eighties and the mid-nineties the smugglers from Khorog hardly bothered to conceal what they were doing. Their clothes always used to smell of things associated with the other bank – smoke from dung fuel, fresh clover and the dust of Afghan carpets.

* * * * *

Up until 1979 opium production in Afghanistan fluctuated within the range of 200-400 tons. After the Soviet invasion an opium boom began: by the time the Soviet troops were withdrawn, production had grown to 1000-1,500 tons. Under the Taliban large swathes of the Afghan peasantry took up poppy cultivation so as to make their land profitable again, after the devastation of war and Soviet bombing raids. Many of the peasants used to hide as fugitives in Pakistan, but from time to time they would go back to their villages and in secluded spots in the mountains they would sow poppies, harvest them and then take them back to the camps in Pakistan to sell there. In the period between 1994 and 1998 up to 2,500 tons of drugs from Afghanistan a year made their way on to the world markets.

There are some who maintain that the Afghans see their transfer of opiate drugs via Pyandzh to Russia as an "act of revenge". Being unable to respond adequately to the rocket and bomb attacks from the Soviet Union, which cut short the lives of so many of their compatriots, the

Afghans are rumoured to have decided to wreak havoc among their enemies in a different way. This theory, which would have involved a carefully planned strategy of bloodless revenge, is too subtle to appear convincing. In actual fact – and the people of the Pamir region are well aware of this – commercial interests take the upper hand when it comes to the operations involving drugs on both banks of the river. From Khorog smugglers send over on the very same tyres sacks with flour, cereals, sugar, crates containing bottles of sunflower-seed oil, cans of petrol, bundles of clothes and footwear. In return the ‘rowers’ take over bags of Afghan opium and paper packets with Pakistan heroin in powder form.

For taking a small load of this cargo 30-40 kilometres to the next ‘staging-post’ on the way to Europe, a young fellow from Badakhshan can earn half the monthly salary of a local public prosecutor. Anyone who succeeds in getting as far as the Murgab River (300 kilometres) or Osh in Kyrgyzstan (740 kilometres) past 16 check-points (manned by border-guards, police units, national security guards, Tadjik and Kyrgyz customs officials) can feed his family for several years to come on the strength of that one journey. I was told that one in every five young men from the Badkhshan mountains is involved one way or another in transporting narcotics.

The price for heroin varies between five and seven thousand dollars a kilogram on the Badakhshan market. If smugglers succeed in getting as far as Osh, they can then obtain \$25,000 per kilogram and in Bishkek anything up to \$40,000. Reaching Moscow means having access to \$100,000 per kilogram. Every year border troops in the Pamir mountains confiscate 20-30 kilograms of heroin and hundreds of kilograms of raw opium. It is, however, difficult to ascertain how many young men make it to the Russian capital with their cargo and how they manage to sell Afghan drugs in various places there, including Lubyanka Square almost right opposite the windows of the building of Russia’s Federal Security Service (formerly known as the KGB).

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What kind of people in the mountains of Badakhshan are behind this intercontinental narcotics route from Afghanistan to Europe? It would be tempting to picture rich men with their own private armies capable of talking to the government authorities as equals like the Colombian Pablo Escobar. I was all the more surprised to be shown in Khorog a watchman outside a bakery, seventy-five-year-old Abdurakhman Aembekov, who in his day had been one of the most resourceful of drug-dealers. Of his eleven children who are involved in drug-smuggling, two by the name of Alesh and Talibek are known to be the organizers of the most daring crossings of the River Pyandzh. Alesh Aembekov – known as the Hunchback (he has had a crooked spine since infancy) began leading a detachment of the Tadjik anti-government opposition in the early nineties. His illegal sallies into Afghanistan and Pakistan to get hold of weapons and drugs (money obtained for drugs was often spent on weapons and supplying a detachment of 120 men) made his reputation as a dare-devil adventurer, who presented major problems for the Russian border troops. It was to him that the Russian military command had turned for assistance, when the Mojahedin had captured a group of border-guards.

The death of Alesh is shrouded in mystery. In Khorog airport someone had placed explosives in his car. He was buried on the side of the hill near the spot where the River Gunt flows into the Pyandzh. Behind metal railings there is a marble slab bearing a photograph of Alesh Aembekov and the dates of his short life: 1961-1994.

In the mountains of Badakhshan he was regarded as the champion of the poor in the Pamirs. People will tell you how, at the time when the region was cut off from the rest of the world by the civil war raging in Tadjikistan he kept the Khorog hospital running, the crèches, kindergartens and the orphanage, using the money obtained from selling drugs and was able to

supply hundreds of people with food. It is difficult to believe in this image of a Tadjik Robin Hood, but if you question the commonly held beliefs the local people will lead you to a five-storey block, where his widow and three small children live in a two-room flat. There is no furniture inside it not even the carpets, which are customary in Khorog. “Alesh and I used to give everything to the poor”, explains the young mistress of the home still dressed from head to toe in black and in a tone that is almost apologetic.

The dead man’s younger brother – Talibek Aembekov – owns a canteen, cake-shop and a bath-house and runs two cars. He does not attempt to hide the fact that his starting capital was obtained by taking drugs across the River Pyandzh, as has been the case for many young men in Badakhshan, yet neither he nor the others have been dealing in drugs in the last few years.

The unarmed man who succeeded in holding in check, if not stopping, the movement of Afghan drugs has been none other than His Highness Shah Karim Al-Husaini, Aga-Khan IV – head or Imam of all the worlds Ismailis. A graduate from Harvard and holder of the Order of the French Légion d’honneur, presented to him by Mitterrand in person, and one of the richest people in the world has been using his foundations set up in various continents under the aegis of the United Nations to finance social development programmes in Asia and Africa. Since 1992 the Aga Khan Foundation based in Switzerland has been supplying every inhabitant of the Badakhshan mountain region – regardless or not of whether he is an Ismaili or an adherent of another religion – with bread, oil, sugar and cereals... Even if no-one in the Pamir region has any work, the charitable foundations of this Imam guarantee him and his children a tolerable existence, the chance to study and access to free medical services. In Khorog there is not a single home in which the family does not cast a grateful glance in the direction of his portrait after every meal. The Aga Khan’s photograph is an essential feature of every home in the Pamirs.

In 1995 the Aga Khan flew to the region accompanied by the President of Tadjikistan. No-one in those parts used to lock the doors of their homes, but during the four days while the Aga Khan was visiting the people of the Pamirs, not a single home there was robbed. After permission had been granted by the local authorities and the Russian border troops, representatives of Afghan Ismailis came to meet the Imam. The Aga Khan called upon them to seek inspiration from the common Islamic values of East and West so as to ensure harmony and stability in relations between Muslim and non-Muslim countries. He asked people to forgive each other misdeeds and sins of the past and not to put others’ lives at risk, to take good care of their own health and the health of others, to renounce alcohol and drugs and to have nothing to do with the narcotics business.

The four days the Imam was flying by helicopter between the mountain villages of Badakhshan and talking to the Myurids were a source of spiritual inspiration. It is recalled as a time “when all around the birds sang and the mountains laughed”. Many of the meetings had been planned and were of the kind everyone would have expected, but one was something that none of the local wise men would have predicted. The Aga Khan received the commanders and men of the self-defence force, in other words those who were conveying the Afghan opium and heroin from Pakistan on its way west. Among those invited to the meeting was Talibek Aembekov.

The Imam reminded the people of Badakhshan: “You can regard yourselves as more fortunate than your kinsmen in other parts of the world, since the number of educated people within the population here is one of the highest in the world, yet at the same time your ancient traditions and cultural values have been preserved. The aspiration of young people to develop their intellectual potential and acquire new knowledge is a great happiness for society. (3)

Talibek and his fellow fighters went down to the River Pyandzh, found their old tyres and oars and threw them into the bushes so that they would be out of sight. Most of the men in the detachment who had been smuggling narcotics stopped there and then – the Imam’s wish was sacred.

Yet from time to time the border guards working next to the Pamir Highway catch drug-smugglers, including those whose homes are in the mountains of Badakhshan. So the wishes of their religious leader would not appear to be respected by everybody?
“Every family has its black sheep,” shrugged Talibek sadly.

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“Regarding the case against Sergei B, born March 29, 1968 in the town of Sverdlovsk, citizen of the Russian Federation...the court has established: Sergei B. while serving in a military unit of the Border Troops of the Russian Federation in Tadzhikistan as commander of a platoon in an Engineers’ Regiment illegally obtained 970 grams of raw opium from another member of his platoon in exchange for a new suit of civilian clothes and hid them within the military compound. After he had been dismissed from the unit he took the opium from its hiding-place and placed it in his kit-bag. Before he boarded a helicopter in the local airport, the opium was found when his personal belongings were searched. During the hearing the accused recounted the circumstances of his crime in detail and pleaded guilty...”

Traditionally attitudes among the peoples of the Pamirs towards Russia and her border forces have been friendly ones. They remember how at the end of the 19th century Russian officers had done a great deal to study the natural resources of the region, its history and culture, once they had realized the strategic importance of this mountain area in relation to the neighbouring states – Afghanistan, Pakistan and India. When the northern shores of the Pyandzh (the Eastern and Western Pamirs) had become part of Russia in 1895, this had freed the population of Badakhshan from the humiliating demands of the Afghan and Bukharan emirs giving them opportunities for relatively independent development.

There are hardly any Russians left in the mountains of Badakhshan today, apart from border forces. The Pamir women bring bread and vegetables to the border-posts just as they did 20 or 50 years ago. Many people with a good education (in the Soviet Union there really were more people with higher education per head of the population in the Pamirs than almost anywhere else) are taken on to work for Russian border troops near Khorog, Murgab and Ishkitim. The local inhabitants do what they can to help the border troops catch smugglers. They do not do this out of fear, but because they are well aware of the dangers stemming from the spread of opiates.

According to the local people there were big changes to be seen among the border troops, when instead of soldiers and officers of the regular army, who had originally been called up to do their military service, men hired by contract began to appear. At border-posts a long way from Khorog, when the car of a local inhabitant is held up at a check-point, the guards spend a long time checking it over getting the driver all worked up, until in desperation the driver realizes that an offer of money or a bottle of vodka will bring the whole business to an end. The incident with Sergei B. (one of the soldiers hired by contract) and caught for drug handling may seem trivial on its own but worries the local population as an example of how easy it is for young soldiers to be drawn into this illicit trade.

There are plenty of more serious problems for the regional court at Murgab to sort out. .. On the road to Murgab, Driver M. was arrested transporting 40.6 kilos of raw opium. Three hundred grams were handed over to the court authorities by the border guards as ‘substantial evidence’ and the rest – according to them – was destroyed. Yet the court was unable to sentence

someone for smuggling over 40 kilograms, if only a pinch of it was handed in. According to Article 78 of the Criminal Processual Code of the Republic of Tadjikistan ‘substantial evidence’ has to be kept until the sentence officially comes into force and what happens to it later is for the court to decide. The border troops destroy the drugs, however, in keeping with the instructions of their superiors, since they are anxious to make sure that narcotic substances made over to the local authorities do not find their way back into circulation. The local people of the Pamir region, however, suspect the border troops of double-dealing: the confiscated goods may well make their way to Russia aboard military planes and helicopters, which are not inspected before take-off.

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Work began on the Eastern Pamirs Highway back in 1934 from Khorog to Osh and it stretches over a distance of 740 kilometres. Its purpose was to put an end at last to the isolation of the population of the mountain region of Badakhshan by giving them an access route to the Ferghana Valley. The smugglers make regular use of this same route despite the constant risk of being caught out at one of the 16 check-points along it. I have heard many a tale of drivers freezing to death in the snow and of cars flying over the edge into the ravines below or disappearing without trace into the waters of the mountain rivers.

Those were the pictures I kept recalling, when the driver of a tip-up lorry, an old Kyrgyz with very little to say for himself, agreed to take me as far as Murgab on his return journey from Khorog, where he had been delivering coal.

The first few kilometres and the encounters at the Kyzyl-Art check-point (five kilometres out of Khorog) and at the next few check-points as well were almost disappointingly ordinary. Those on duty at the check-points were sitting in old railway-trucks mounted on runners and kept warm with coal-burning heaters. The dim light from the kerosene lamps enabled us to catch sight of the odd garment, bucket of water, sacks containing cereals or portable radio in the semi-darkness. The border-guards were wearing sheep-skin jackets, which they used to sleep in as well. After checking our papers they would ask the driver for some petrol and something to eat. There was no point in arguing with them, it could have been risky...

While twisting the wheel desperately hard on the sharp bends, the driver kept an eagle eye on the mountain road, trying to avoid the stones on it, which had fallen from the rocks above.

“If I were to bring a couple of sacks from Khorog to Osh, I could afford to buy a house, lay out a garden, get myself a flock of sheep and half a dozen cows and I’d never need to rattle down this road again” observed the driver.

“It’s a big risk” I ventured.

“I’m taking risks anyway driving along here! At least I’d know what for in the other situation...”

The Zhaman-Tal check-point was 285 kilometres out of Khorog. We climbed out of the lorry opposite a round metal goods van. On the nearby slopes black yaks were nibbling at the yellow grass. Although this was not the highest of the passes, breathing here was difficult, you had to push the cold air into your lungs, not just breathe it in. It was as well to face in the direction from which the wind was blowing, because your back would be your most vulnerable spot...many border-guards up here suffered from lumbago.

After inspecting our papers and checking out the lorry, the border-guards asked us in for some hot tea, that they served in tin mugs. We started talking and it turned out that they had arrested a fair number of drug smugglers. Usually a separate car would drive up to the check-point ahead of the vehicle with the illicit goods, if the cargo was a large one, and try to do a deal with those on

duty at the check-point. On one occasion, some drug-dealers, who had been negotiating unsuccessfully, trying to persuade a young officer to let through a load of raw opium, threw down a photograph of his young daughter on to the table in front of him threatening to do away with her if he did not let them through with the drugs. He did not give in, but had to seek another posting elsewhere.

The drug couriers will offer something between \$20,000 and \$50,000 to be allowed to take a large cargo through. “You don’t have to do anything for it either,” laughed the border troops,” just turn your head away for a second”.

Being well aware of the check-points where no deal is possible, those in charge of the shipment stop their vehicle 5-10 kilometres before the checkpoint, load the merchandise into rucksacks and then make their way in groups of three or four along mountain paths, often up to their knees in snow, until they come out at the agreed meeting-place the other side of the check-point where their safely inspected vehicle is waiting for them. The border-guards know these kinds of things go on and although they chase the smugglers on occasions, they do not always manage to catch up with them. They have no vehicles, not even horses – there is nothing but leg-power to rely on.

Sometimes smugglers set off in groups of up to ten people and make their way from Khorog northwards, carrying sacks containing 20 – 30 kilograms of opium. Some of them use horses to carry sacks weighing 200-300 kilograms and they make their way along mountain rivers and over remote passes.

The smugglers only move under cover of night. As soon as they notice a group of soldiers (using their special binoculars for night use), the smugglers hide their wares and weapons among the stones and turn back. They have their own reconnaissance network, which is well supplied with up-to-date communications equipment.

Sometimes the soldiers checking over this kind of terrain come across frozen corpses in the mountains: they will find smugglers lying in snowdrifts by the paths still hugging their sack of frozen opium.

The border troops are convinced that the large shipments of drugs are special orders and that the arrival of such shipments is carefully checked. We were told by some of the guards that on one occasion some smugglers were arrested with close on 300 kilos of opium – a shipment which according to the arrested men had been destined for Amsterdam, where it should have arrived 48 hours later. The shipment must have been paid for in advance and after the initial delay they would have been expecting a second attempt to be made to get it through. Indeed, one month later another shipment of the same size was confiscated packed in the same way.

“So the whole route from Moscow to Amsterdam clearly has a whole set of loopholes” commented Major P. bitterly, referring to the high-level corruption in Russia, which among other organizations has tainted the security forces as well.

“So who provides their cover?”

“That question you need to ask in Moscow...”

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The ‘town’ of Murgab consisted of two or three rows of small earthen houses in a depression squeezed between mountains. It lies at a height of over 4000 metres, which you feel all too keenly at each attempt to draw in through your mouth the air, which seems almost devoid of oxygen. During my first few hours there I walked through the village turning my face away from the penetrating wind and stopping to get my breath every three or four steps. After taking leave

of my driver, I eventually reached the base of the Russian border-guards, and soon all I wanted to be able to do was to lean against the wall of the building and then crawl along it, crouching down as low as I could in order to be able to take in a deep breath that would relieve the pressure on my strained body.

Colonel Reshetnikov was a regular officer in the Russian army who was used to serving wherever he might be sent. Not fussy about the conditions he lived in, hospitable and brave, this loyal servant of the Motherland possessed all the attributes we associate with Russian officers as portrayed by Lermontov and Tolstoy. His detachment and the check-points and border posts they manned along the Tadzhik-Chinese border found drugs brought in from Khorog more often than most. They say that his men did not even lose their nerve when some drug-dealers from Badakhshan delivered on their doorstep the head of the commander of a local border-post, who had refused to do a deal with them.

“That’s just a legend!” commented the colonel, but his words did not have a very convincing ring to them.

There are not many police-stations or units of the security forces up here and they have very few vehicles or weapons – only a few for show. They have no ammunition and their proper uniforms have long since worn out (the policemen go about their business in civilian clothes). All the locals know who is hiding drugs and where, but none of them dares come forward. This is not just because many of the local officials are related to the drug-traders or have close ties to them. The border-guards complete their stint of duty in the area and then go home, while the local people have no other home. Drugs are sold at the local bazar, at the local petrol-station, near the earthen houses. Small boys of ten or eleven, after checking to see there are no Russian officers visible, offer passers-by pre-packed opium without turning a hair. Three young boys came up to my driver to offer him ‘the goods’: “How much have you got?” he asked. “I can get hold of 8 kilos”, was the reply.

The border-guards are the only people locally who constitute a force capable of stopping the drugs passing through.

Although the Murgab district is officially part of Tadzhikistan, most of the population is descended from Kyrgyz nomads, who had left the Fergana Valley in the past in the hope of making their way to China, but who failed to reach it. Murgan now has a population of over 16 thousand.

For ten months of the year the earthen houses are heated with coal that is brought up here from Osh 400 kilometres away. Bent double by the winds they trudge with buckets to the nearest water tap and – like the Ismailis in Badakhshan – they live on food products which are delivered to them on instructions from their ‘adopted’ spiritual father, the Aga Khan IV.

In the offices of the local mayor there is a plan for the railway scheduled to be built from Murgab as far as the Kulma Pass, joining up with the Karakorum line, which passes through China and Pakistan on its way down to the Indian Ocean. This railway fills the hearts of the locals with pride: their small mountain town will have an outlet to the sea! The railway will make possible new production capacity and accelerate the movement of capital: yet then comes the worrying thought that the people of Murgab and the Russian border troops supporting them (if they continue to be stationed there) may well be incapable of stemming the inevitable influx of pure heroine along the new route. On the return journey towards Afghanistan and Pakistan large illicit cargoes of Chinese chemicals are inevitable as well.(4)

When telegrams arrive in Murgab from Osh, Bishkek or Moscow – or most other towns for that matter – with the message: “Shall bring nuts for your children”, even in the local post-office

everyone knows this means that drugs have reached their destination and that one of the locals will definitely not be returning home empty-handed.

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“Osh Junction” is the name given to the UN International Anti-Narcotics Project to monitor the drugs situation in Central Asia (Tadzhikistan, Kyrgyzstan and Uzbekistan). I had heard stories about it from a friend, Alexander Zelichenko, who was a colonel in the police. In his day he had been in charge of the Department for combating the narcotics business in the Ministry of the Interior of Kyrgyzstan. According to him drugs made their way from the region where Afghanistan, Pakistan and Iran meet into Iran, from there to Turkey and then by sea to Europe. In the early eighties, however, the Islamic Republic of Iran introduced tougher anti-drugs legislation at the recommendation of the UN and in order to protect the health of the nation. They unleashed a ‘Holy War’ against drug-smuggling and erected defensive installations on their borders. The Islamic National Guard was drawn into the fight to stop drugs being imported. After that the international drugs Mafia started using a different route through the republics of Central Asia into Russia and from there through the Baltic countries into Western Europe. What made this easy was the dismantling of the single system of border controls, which had formerly been in place along the whole of the Soviet Union’s borders, when that country broke up into smaller units. The situation on the borders was no longer tightly controlled and the borders between the former Union Republics which had now gained their independence remained transparent for a considerable time.

The inhabitants of Central Asia, who had traditionally often smoked hasish, now in this new situation began injecting opium and heroin – mostly of Afghan origin. The majority of the drug-users were the unemployed or under-occupied young people in the age-range of 13 to 22. Women started becoming involved in the drugs-business in large numbers: they could be paid less, they were arrested less frequently (particularly those who had several children) and they were more worried about the fate of their children and therefore unlikely to give away those who had initially drawn them into this illegal business. In some localities women made up to 40% of the total numbers arrested as drug couriers.

It became increasingly obvious that the narcotics business in Central Asia was controlled by those organized crime gangs, who were at the same time engaged in buying and selling weapons and explosives. Often, when drug-dealers were searched, they would be found to have on them hand-grenades, Kalshnikov rifles and counterfeit bank-notes.

During one of my visits to Osh I was lucky enough to find Alexander Zelichenko in town. He had just come back from a trip outside the city and had plenty of new observations to pass on to me. Drug-dealers had started to appear in remote villages looking for young men who were out of work and ready to accept any offers that came their way. They would be given the chance to earn money outside the republic and promised good money. By way of an advance their families were given extra food. Who could resist?

The young men who were recruited in this way were taken to neighbouring states and handed over to drug-dealers as hostages for large shipments of heroin. Until they had been sold and the original owner had been given his money, the hostage would have to stay on, treated as little more than a slave and obliged to carry out heavy work.

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When the lorry starts diving down and you swoop under the clouds, that is when pictures of a mountain kingdom open up before you. The border troops in their helmets check our papers, inspect the car and our personal luggage. Vehicles with local number-plates pass by unchecked. I

was told how on one such vehicle 40 kilograms of heroin had been brought out and that a few months later the drugs, in powder form, had turned up in Siberian markets.

The most serious check will be at the 540th kilometre, at the Sary-Tash border-post (in the Alai district of the Osh region). Three or four border guards start inspecting the petrol-tank and the radiator, to check that there are no signs of soldering. They also look for traces of wheels having been tampered with. The smugglers often place drugs in inner tubes, sew packets into the upholstery of seats, let down cellophane packets through a second hatch into the petrol tank and sometimes conceal drugs on the bottom of tanker lorries full of liquids. The border guards wear protective clothing, let themselves down into the tank and standing up to their chests in petrol grope over its floor. He told me of an incident when the sides of a lorry had aroused suspicion. The planks looked ordinary enough with peeling paint, like those of any other lorry, but they still seemed slightly thicker than the normal ones. They banged them, let the back flap down and lifted it back into place but found nothing... Yet when a border-guard made a small hole in the side of the lorry by hitting it hard with a sharp instrument, white powder fell out. In the specially provided grooves that had been cut out of the planks 12 kilograms of opium and 850 grams of heroin had been hidden.

The usual answer from a driver in such cases is: "I was given this lorry from my co-driver a couple of days ago. I had no idea what was hidden in the planks or anywhere else".

The border-guards are helped by dogs, who can work usefully for about three to four years. Not up in the Pamirs though: high up where the air is thin, the dogs do not last long. They start trying the drugs and soon lose their alertness, as if they too were inveterate drug-users.

According to the border troops, they detect smuggled shipments of varying weight: from a few grams to two or three hundred kilos. Sometimes among those arrested there are people of what would be seen locally as high status. Once among the passengers of a car containing smuggled drugs there was the head of counter-intelligence of one of the opposition's military units. What the border-guards find particularly depressing is when the 'smugglers', whom they have arrested with their 'wares' and handed over to the local authorities, are seen a few days later driving back home to Osh or Khorog, as if nothing had happened.

The border guards have nerves of iron, but sometimes the threats they are exposed to become more than they can stand. An unlucky drugs-courier is more than likely to shout out to those who have arrested him, while being handed over to the police: "You won't be going home on leave any more, you'll be leaving feet first!".

Then there is the problem of corruption. None of the border troops have ever heard of the public prosecutor's office catching out and bringing to trial any high-ranking official on account of his links with the drugs business. Naturally, government officials, members of parliament, generals and high-ranking officers in the police or security forces are not going to be caught actually transporting drugs like some street-dealer or other. It is not, however, difficult to guess where these government officials on relatively low salaries manage to find the funds to erect three and four-storey residences costing anywhere between half a million and \$1,500,000 on highly desirable plots in the vicinity of Moscow, St. Petersburg or other major cities in Russia.

So what do we begin to understand as we near the end of this supply-route? Since the late eighties the Pamir Highway has remained a busy thoroughfare for moving opiates from the plantations in Afghanistan and Pakistan via Central Asia to Europe. The collapse of the Soviet Union and the appearance of the newly independent republics in world markets and the adoption of the dollar as currency for these deals have all served to stimulate the narcotics business, which

quickly learnt to exploit the previously neglected mountain road linking several countries in the region [5].

Predictions for the future of this drug-smuggling route leave little room for optimism. Whichever way political events develop in Afghanistan, local drug-dealers still need to get rid of large stocks, which have built up over recent years. Even after that, they are unlikely in the foreseeable future to stop using the infrastructure, which is already in place and enables them to continue to produce and deliver heroin on a regular basis.

Wars, revolutions and upheavals make it difficult in this tense region of the world to bring together those countries which have been the victims of this situation and they have virtually ruled out the chance of organizing any effective joint controls to put a stop to the movement and sale of narcotic substances. The situation in this part of the continent remains unstable and those who man border-posts are almost forgotten by the central authorities: they are working in difficult, isolated conditions and are often ready to let almost anyone pass through with any kind of cargo for the sake of an extra loaf of bread or bucket of petrol.

The local inhabitants who are subjected to pressure from three different directions – the criminal world, law-enforcement agencies and their families, demanding at least tolerable living conditions – are obliged to opt for the criminal world, which at least offers them some work.

After a trip lasting forty-eight hours, I eventually drive back into Osh at night. Here I am told that along the road I have traversed up to 100 kilograms a day are confiscated at its various check-points – 16 in all – and that from Osh drugs are taken on to Kazakhstan and then through the Urals, Siberia and the Russian Far East. It is possible to fly to Moscow via Bishkek from Osh: the routes from the East to the capital fly into its Domodyedovo airport.

One of the border-guard officers told me how in Domodyedovo he himself had seen a man come down the gangway on to the tarmac with a little suitcase and then be met by another man waiting at the exit of the air-terminal. They exchanged small suitcases and the first one then proceeded to go back to the ticket counter to book a ticket for his return journey.

Chapter 2 – ON THE AFGHAN-PAKISTAN BORDER: REFUGEES, DRUGS AND ALLAH

Pakistan General Zafar Abbas: "May Allah come to our aid!" – the Parvin Azam Khan Refuge in Peshawar – Trip to the 'Khurasan' Camp for Afghan Refugees – To the Pushtu via the Khyber Pass – The Taliban before September 11, 2001 – Will the Afghan Peasants replace Poppies with Wheat?

I flew to Islamabad at a time when Pakistan pilgrims were coming home from Mecca. In their holy places they had been recovering from the shocks they had received in the airports of Karachi and Islamabad before setting off: loudspeakers had warned the elderly passengers that they should not accept gifts from strangers to hand over to others on arrival at their destination, because they could be caught smuggling drugs. All the passengers' luggage was X-rayed and sometimes it was opened. Suspicious-looking passengers were searched. It would have been very difficult to imagine anything like that just a few months earlier.

Now after their return the pilgrims were out for walks with their families near the Faisal Mosque. Neither here, nor anywhere else, even in restaurants in the capital had I ever seen anyone drunk. They say that this tradition can be traced back to the year 628, when after the Battle of Khyber the Koranic verse about the prohibition of alcoholic drinks was sent down to the Prophet Mohammed. On that occasion all the inhabitants of Medina – those who drank alcohol, produced it or traded in it – all poured their stocks out on to the street at once. The Muslim religion rejects alcoholic beverages, but I find it difficult to imagine that there are other countries, where people or rather the vast majority of them regard it as a sin even to sit down at the same table as those who are not adequately strict in their observance of that ban.

A Muslim is expected to pray five times a day and kneel as he does so, bending down to the floor with specific movements: it is unlikely that he could carry out these ritual duties, if he was even slightly drunk. This situation is probably provided for in the Koran where it is forbidden for anyone to pray if he is not sober.

"Yet there are believers who are alcohol or even drug dependent!" I declared as I tried to strike up a conversation with a mullah on the steps of the mosque. He did not refute this, but tried to explain the complex situation with reference to a certain degree of contradiction in the Koran itself. The faithful are not allowed to touch natural wine (*hamr* in Arabic), but in the text of the holy book there is no direct ban on spirits or drugs. It is possible, that in those times, when the holy book of Islam came into being (7th-8th centuries) the Muslim population did not yet know how to manufacture strong drinks. Intoxicating substances, however, had appeared earlier! It is unlikely that those who compiled the Koran suffered from memory loss. As I talked to mullahs in Pakistan and looked through the relevant literature I tried to find the key to this strange situation and eventually succeeded. Muslims who were well-versed in the finer points of Arabic explained to me that the Arabic word *hamr* means not merely natural wine, but also spirits and drugs.

According to the Islamic faith, man's body is a temple of the Holy Spirit, which should not be defiled. The list of core rules warns the Muslim against greed, suspiciousness, mistrust, mendacity, treachery, injustice, adultery, arrogance and many other vices which are incompatible with Islamic morality. The list also contains clouding of the mind with alcohol or drugs.

In the Koran there is another clear and pragmatic explanation of the reasons why the faithful should stay away from substances which twist men's minds: the faithful are asked whether they will be able to stand firm, when Satan seeks to sow enmity and hatred among them through excitement and wine and draw them away from mindfulness of God and prayer [1].

Today in Pakistan there are many people who are unable to protect themselves against Satan. Medical personnel reckon that the number of drug addicts is 4.5 million and if you take into account that each Pakistani has at least 10 close relatives, who suffer from the problems facing their loved one, this makes every fourth person in the country a victim of drug addiction.

Some Pakistanis only use drugs, others use them and deal in them, while a third category do not use them themselves but just become involved in the drugs business. Efforts are made to restrain them by almost 300,000 policemen, members of anti-narcotics squads, border-guards and customs officials. On both sides in this struggle we find Muslims and on both sides there are those who have been to Mecca. They have vowed to observe the holy rules of Allah's messenger, but many people choose to interpret them in their own way. Those who have become involved with drugs are often in the grip of a sense of fatalism, which plays a large part in Muslim teaching. Muslims, more than the adherents of any other religion, believe that man's destiny is pre-ordained to the end of his days and that if he is destined to suffer from drug-addiction or to be persecuted for cultivating poppies or trading illegally in drugs on the streets, then that is the path in life ordained for him which there is no point in resisting.

"Europeans try to convince the rest of the world that it is better to provide drug addicts with the drugs and instruments they require than to oblige them to use dirty needles for instance... That's what they see as reducing the problem!" commented police lieutenant Abdul, who was patrolling the area around the Faisal Mosque.

"Do you take a different line?" I asked.

"It is the holy right of Muslims to demand everything that is permissible or legal, to try and obtain everything that is acceptable according to the laws of Islam. By any means, even through a holy war. Yet if man demands what is forbidden, if he does not understand what the holy teaching tells us and does not heed the voice of the Prophet, how can the harm be reduced which he is bringing down on himself through his misguided life?"

"Who is to be the arbiter in this debate, Lieutenant?"

"Shariah law!"

For a Muslim, Shariah law is a code of the supreme unassailable legal and ethical rules of behaviour. In his day the Prophet Mohammed based his life on it, then the Caliphs after him, sultans, shahs, khans and other Muslim feudal leaders. Today Shariah courts are called upon to resolve complicated cases, including those involving narcotics.

"Tell me, Lieutenant, you are on duty here on a regular basis – do the mullahs address the faithful on the subject of drugs?"

"Yes, very often: they say people should not take part in moving shipments of drugs, using hashish, opium, heroin and that they should refrain from taking anything which distorts their consciousness."

"Do the mullahs decide themselves, what they should say, or..."

"Members of the Anti-narcotics Squads come to the mosques. They bring the mullahs together for seminars and advise them as to what they should explain to their flock and

how. Some mullahs go to Rawalpindi themselves to advise the generals in charge of the Anti-narcotics Squads.”

* * * *

I have heard the legend about the Muslim sect which once existed in the Bekaa Valley in the Lebanon founded at the end of the 11th century by Hasan-ibn-as-Sabbah. The cruelty of its adherents aroused terror among neighbouring tribes and even in the ranks of the Crusaders. It was from them that the word assassin made its way to Europe – a distortion of the Arabic word *gashashin*, as the members referred to themselves, over-stimulated as they were by hashish which helped an illusion of a blissful existence take root in their minds. It is highly unlikely that there was any wide-scale contact between the fanatics of the Bekaa Valley and the peoples of present-day Pakistan, yet the people from the region of Pakistan of that distant age were cultivating cannabis and making resin out of it, which they enjoyed chewing and smoking, referring to it locally as *sharas*. Today cannabis grows almost everywhere in this country and special varieties, from which a juicy sort of hashish can be obtained, can be found mainly in the mountainous areas on the Afghan-Pakistan border.

Today Pakistanis hardly mention hashish. Their main preoccupation is with opiates. Poppy fields have lent a scarlet glow to this part of the world over many centuries. Opium was used on its own and mixed with other substances to be smoked, sometimes eaten, while ‘gourmets’ might add it to their tea or refreshing cool drinks. Doctors would use opiates as highly effective pain-killers. So it was till recently, when the danger of opiate addiction compelled the governments of a number of countries hastily to introduce amendments to their legislation. In the 1960s the Pakistanis began hastily to close what had until then been their legal opium stalls. Those leading the narcotics business reacted to government action as one might have expected, they rose to the ‘challenge’. Even twenty years later a harvest of up to 800 tons of banned opium was being brought in every year.

Initially most of the harvest was sent to Europe to be processed as heroine, but in the 1980s local illegal laboratories were appearing in Pakistan itself. These changed the procedures for the production and distribution of narcotics. The drug addicts themselves were changing: their euphoria was more eccentric and voluptuous, while their addiction was assuming more and more serious forms. When they started using needles – more often than not dirty ones - cases of blood poisoning and various fatal diseases became more frequent. By the beginning of the year 2000 half of Pakistan’s 4.5 million drug addicts were using heroin.

The strategy for combatting drug-addiction is planned in Rawalpindi. I set out there from Islamabad to visit the HQ of the country-wide Anti-narcotics Squads. Officers from it were accompanying me and my interpreter to its head office.

Even if I had not known that Major-General Zafar Abbas had spent thirty years in a tank regiment, the way he waddled rather than walked should have made me realize that he had spent a good deal of his life in confined spaces. During the two years he had been in charge of this government department in Pakistan two hundred heroin laboratories had been destroyed. The government had announced to the international community that this powerful chemical compound would no longer be produced within its borders, either now or in the future. Although the authorities were speaking the truth and heroin is still not being produced, there has not been a drop in the number of addicts. I had been keen to discuss this mystery with the general.

“You’re asking me what is really a philosophical question: is it possible to put a stop to the narcotics trade in a single country...?”

The general started pacing up and down from one side of the room to the other.

“If we were to build a wall of reinforced concrete along our borders that not even conquerors of Everest could climb over, even self-isolation of that sort would not stop narcotics getting into the country, if they are being produced by our neighbours.”

“But why?” I insisted.

“Our neighbours would be bound to come up with something. They would begin by training cranes and sending heroine capsules over in their stomachs. Then what? Should we tell our tanks and rocket troops to start aiming at them or our interceptor fighter planes to take up the chase?”

The general came back to his desk and went on: “Perhaps isolated drug-users have stopped taking opiates. Yet what guarantee is there that as a result we are not going to be beset by new problems, even worse ones, which we don’t know anything about yet, thanks be to Allah!?”

“What do you mean?” I ask.

“Amphetamines and methamphetamines. I am not convinced that if we eliminate opiates once and for all, more illegal factories will not spring up for the production of chemical stimulants. Then instead of 4.5 million Pakistanis using opiates and walking around in a semi-trance, we shall have 4.5 million irritable twitching people with hyper-active reflexes and paranoia. Is that what we want?”

The general brought down a book from the shelf published by the UN Narcotics Programme and opens a marked page: during 1998 and 2000 neighbouring Afghanistan doubled its area sown with opium poppies and is now feverishly looking for export routes. In a desperately poor country devastated by war opium is the only crop for which there is a constant demand and which provides a chance for bank loans to be paid off and for small farms to survive. In some places the border with Afghanistan cuts a village in two: half the population finds itself in Pakistan and half in Afghanistan. How can you stop people walking from hut to hut and visiting each other, walking in and out of the next-door country?

“We are keen to convince the Afghan government and the peasants to get rid of their opium plantations. What first needs to happen though is for every village to be helped to rebuild its roads, its school, electric-power grid and its water-supply. This approach has helped in our country and we must give the same chance to the Afghans.”

* * * * *

Afghanistan is a constant worry for General Zafar Abbas.

The Pakistan-Afghan border (stretching over 2,100 kilometres) is intersected by caravan routes high in the mountains, along which camel-drivers have been leading their laden beasts to and fro for centuries. At this crossroads where routes from China lead on into Central Asia and then to Western Europe merchants, missionaries and artists have encountered each other and exchanged wares and ideas. Today their places have been taken by smugglers carrying Afghan opiates, including heroin, to the cities of Pakistan and on to the sea-coast. The majority of the smugglers are Afghans but there are also Pakistanis, Nepalese, Nigerians and Uzbeks. Pakistan, which used to be a producer country, is now an international transit zone for this trade. Opiates are taken from here by plane to Iran or Western Europe. The Pakistani drug-barons have close links with the international Mafia: the authorities know quite well who they are but bringing them to justice is not an easy task. Water-tight evidence of their guilt is necessary for that.

In Pakistan a street-trader dealing in drugs can be given a long prison sentence, sometimes even for life. If he is arrested with a kilo or more of heroin, a court is entitled to sentence him to death. They say that in the last three years twenty odd drug-dealers have been sentenced to death by hanging. Yet there is no indication that any such sentence has been carried out. The Pakistanis sound strict on the surface...but when it comes to action, pity for the accused appears to oust other emotions in people's hearts: "That drug-dealer might have four or five children to support...Who will provide for them?" I have heard a policeman ask in Islamabad.

By way of farewell General Zabar Abbas came out with words, which were unexpected from the lips of a military man, although natural enough for a Muslim.

"Wine and drugs destroy men's minds: they make it easy for him to commit acts of which he is ashamed afterwards. There is only one path to salvation – to follow the behests of the Prophet Mohammed: to renounce the use of any substances, which can undermine our physical, mental and spiritual well-being. May Allah, the gracious and merciful, come to our aid!"

* * * *

Peshawar, the centre of the North-West Frontier region cannot fail to impress travellers with its fortified walls and its countless mosques and tombs of saints or *mazars*. At one time it was the capital of the ancient Kushan Kingdom and it has remained a flourishing trade centre on the route from the depths of Asia to Afghanistan. Today on these roads customs officials often stop vehicles and start inspecting them, telling people to take their luggage down from the roof racks of buses and to get out. There might be *sharas*, opium or heroin hidden in the sacks of onions or oranges.

This is the province of Pakistan at the top of the list for confiscated drugs and numbers of addicts. Citizens of Peshawar between the ages of twenty and forty prefer *sharas* or *bhang* (liquid hashish), but over half of them are heroine-users.

Not long ago this province also glowed red with plantations of opium poppies. By the middle of the summer hundreds of thousands of young shoots already bore seed-boxes the size of a hen's egg. The authorities in Peshawar succeeded in forcing some peasants to sow vegetables and fruit instead of opium, convincing some and helping others. By the time I came to these parts there were hardly any poppy fields left in the territory of Pakistan. I asked the police to show me at least some tiny patch of a field, so that I could take a photo, but Brigadier General Shahdul Djan, head of the Anti-Narcotics Squads in the province, assured me that it would not have been at all difficult as little as a year ago, but that now there just were not any poppy fields left.

In any conversation about narcotics here people are bound to mention Afghanistan – not as the place where the smuggling starts, but as the homeland of the refugees now living on Pakistani soil and involved in the narcotics business. The people of Peshawar themselves, however, are not inclined to see their neighbours as responsible for it all. As I was assured by one policeman, they know you do not need laboratories to produce heroin: all you need is vinegar anhydride and a few other ingredients. "You can make it easily in your own kitchen. In the old days our people used to go to Afghanistan to get the heroin in powder form and now they can bring in opium from there and make the heroin themselves. Bringing opium over is the simplest of tasks. So, if you've got opium, it means you've got heroin" [2].

* * * * *

I met drug-addicts in Peshawar's Dost rehabilitation centre. It had been founded by Mrs. Parvin Azam-Khan on a plot of land donated for the centre by her husband, a local landowner. Mrs. Parvin, a doctor by profession, had set up an NGO to help drug-addicts. This wealthy woman with three adult sons spends all her days surrounded by alcoholics and drug-addicts. Some of the patients have been undergoing rehabilitation for seven or eight years, but even after that length of time the doctors are unwilling to classify them as people who are completely cured. In order to reduce the risk of relapse, if a patient starts taking drugs again, he is offered a different rehabilitation regime. He is given new targets. This is a time-tested way of keeping the patient constantly occupied. The treatment for most of the patients is free of charge and for the rest it is minimal – for example 5000 rupees (\$20) a month. The Dost centre keeps going with subsidies from international organizations and donations from wealthy Pakistanis.

According to the observations of the medical staff at the centre, patients who cannot read or write have an advantage over the educated ones, strange though it might seem at first. The uneducated ones are more successful at escaping from their addiction. They believe the doctors, have complete faith in them and do not keep asking countless questions all the time, as the educated people do, and this helps them to achieve better results in fighting their addiction.

I went on a ward-round with Dr. Azam-Khan. We paused by the bed of Turiale, an Afghan refugee from the village of Karagai in the province of Lagman. He was the father of four children, had fought against the Soviet Army and had been a platoon commander under Akhmad Shakh Masud. He told us that before the war he had never touched drugs. He had been wounded, moved with his family to Badakhshan, where many people were on opium, started trying it himself and was unable to stop. Turiale and eight others in his ward were members of a psychotherapy mutual-support group run as part of the "Twelve Steps" programme. He is visited by his family once a week. They are living in the 'Khurasan' refugee camp 30 kilometres west of Peshawar. "What is the biggest problem you have to contend with? I asked Dr. Azam-Khan. "The accessibility of drugs. You can find them on any street-corner. That's why 70-80% of our patients who have completed a course of treatment find their way back to us again soon afterwards."

Seven years ago the average age of the patients in Peshawar was 40-50. Today it is 26-32. Tomorrow it may be 18-20. When we said good-bye, the doctor in charge of the centre told me what she dreamt of achieving: setting up a special village near Peshawar with government aid and donations from her wealthy fellow-citizens, where 200-300 patients would be able to live in normal conditions after completing their course of treatment – with their families, working their land, laying out gardens, taking animals out to graze - and continuing their rehabilitation programme under the watchful eyes of medical volunteers

May Allah come to your aid, Dr. Parvin!

* * * *

In the 'Khurasan' camp for refugees there are 2000 families from Afghanistan, most of whom are Uzbeks, Tadjiks or Turkmens. The first wave of refugees appeared in the early eighties when the Soviet Army invaded Afghanistan. After the foreign troops had withdrawn many of the refugees went home, but then internal strife back home led them to seek refuge in Pakistan once again.

Under an awning to protect them from the sun some refugees are weaving carpets. Many of them trade in vegetables, but the young ones keep going back into Afghanistan into the territory adjoining the Pakistan border to bring back hashish, opium and heroin. More often than not the destination of these drug-couriers from the camp is the province of Badakhshan. Many of the refugees were born there and still have parents and friends there ready to prepare the illicit goods for them in advance. They keep getting caught, but the punishments duly meted out do not stop anyone doing this.

The camps in Pakistan provide the markets where they can sell their wares. Here there is a concentration of people, who have seen all manner of horrors, from which they find it difficult to recover even twenty years on. They find it easier to be in a semi-coma, to have their senses dulled, their thoughts and their memories blurred.

Among the drug-users there are many women including young mothers. When they have to work or one of their children cries, they smear their children's lips with opium mixed with water and the little ones drowse off. I saw children sleeping on the floor near the carpet-weavers by a near-by doorway aged from one to three. Opium is used as a tranquillizer. Children are often given an opium solution rather than tea. Their mothers, after chewing some opium, feel more wide awake and better able to work. All the women weaving carpets start their day with opium. Every third resident of the refugee camp takes opium or *sharas*.

In one of the carpet-weaving shops I started talking to Ali Muhammed, a man of 52 from the northern part of Afghanistan. He first started taking drugs at the age of 14. Three years ago he came off them and is glad now that he has work, which brings in modest but still adequate money.

"What made you turn to drugs?" I asked.

"The war... They killed my father and I lost my son. Some one told me that they made things easier to bear."

"Did they?"

"The first time I shot up heroin. An hour later I was being sick. A day later I felt like taking another dose. Something inside me kept egging me on – take some, take some again! Soon I was shooting up three times a day."

"Have you been able to turn your back on it?"

"I can't afford to pay for heroin any more. I smoke hashish now."

Another man came up to me, dressed like all the men there in a turban and a jacket over a long tunic with sleeves. He introduced himself as Sami Olhak, an engineer and geologist, who had come to this camp seven years previously. He had learnt Russian at Kabul Polytechnic.

In response to my request that he should tell me about the kind of people who were living in the camp. He said that their pasts were all different, but their day-to-day existence now was the same. A typical Afghan family in the camp consisted of 10-12 people. Some of them had ten children and more. What we saw as the problem was not the fact that they were on drugs, but that most of them had nothing to do. People usually start taking drugs when they are under-occupied.

Before the American bombing of Afghanistan there had been 256 camps like 'Khurasan' in the province adjoining the border and almost 3.5 million Afghan refugees. There were now far more as a consequence of the 'revenge strikes'.

* * * *

I waited two days in Peshawar, while the Anti-narcotics Squads from the frontier province discussed with the authorities from the Khyber region whether or not I could pay a visit to Pushtu territory. This territory was officially under the jurisdiction of the Pakistani authorities, but enjoyed the status of a separate administrative unit. No-one, including Pakistanis, is allowed to visit the area without a permit. It was not until three days later that an open-top armoured car complete with sub-machine gunners and a machine-gun turned up in Peshawar. With them to escort us through Pushtu territory a car carrying myself and officials from Islamabad was able to set off. It was not so much a question of my security – of what interest could I be for the Pushtu? – as the efforts of the Pushtu leaders to demonstrate to the Pakistani authorities who was in charge of their territory, whenever they had the chance.

The car followed the railway out of town, which had been built originally by the British in order to show the Pushtu their industrial might and bring the proud warriors to heel. Yet neither 90 sharp bends nor 34 tunnels, nor the locomotives pulling lead coaches moving at the same speed as a tired human being made an impression on the Pushtu. It only added to their determination to uphold their tribal customs and rights come what may. No outside authority was going to interfere in their internal differences.

As I had been told in Peshawar, opium poppies were grown along both sides of the border in the mountainous regions inhabited by the Pushtu, but nobody was keen on trying to sort them out.

Three hours later we drove up to the border post of Michni. The Afghan border was a mere ten paces away: an abstract line which the drug-couriers would cross with the same confidence, with which a town-dweller would cross from one side of the street to the other.

At the top of the hill Captain Mahmud Tarak pointed out the landmarks to me, as if there had been a map stretched out before him. He explained about the routes the drug-smugglers used to take. The fifteen soldiers of the Pakistan army guarding that part of the border knew all about the loop-holes in it. The border was too long for them to be able to close them all.

The soldiers from that border-post had been involved in the destruction of the heroin laboratories located near the poppy-fields. They assured me that after 1999 there had been no more of them in Pakistani territory and that you would now only find poppy-fields in remote areas, which were equally difficult for drug-smugglers and border-guards to reach.

“Captain, how do the smugglers, including the Afghan refugees, manage to cross the border with drugs.”

“I don’t think they manage it.”

“Where do they get their stocks from then?”

“From the bazars in Peshawar. If you were wearing Pakistani clothes and knew our languages you too would be able to buy anything you wanted in our bazars.”

“How do the drugs get to Peshawar, though?”

“How should I know?”

He of course does know the answer. The border area between Pakistan and Afghanistan inhabited by armed Pushtu is, for all intents and purposes, subject to no

outside control, as are its illegal plantations, its illegal infrastructure and its illegal trading practices. It is an integral part of the Golden Crescent (Afghanistan, Iran, Pakistan), which together with the Golden Triangle (Laos, Burma and Thailand) is the source of almost 90% of the world's illegally produced opiates.

New authorities, like those that went before them, need the support of the tribal leaders, who were and remain the main organizers of opium production. Wiping out the Pushtu narcotics trade is made more difficult by the enthusiasm of all the neighbouring states for developing free trade and liberalizing national legislation regulating border crossings. The leaders of the narcotics business make the most of this.

* * * *

A broad view of Afghanistan spreads out before the Michni border-post.

What do we know about it?

The governments of Mohammad Daud, Nur Mohammad Tarak, Babrak Karmal, and Najibulla had all intended to reduce the area planted with crops for the narcotics trade and cut back production so as to put an end to addiction. Najibulla had succeeded in making a deal with the field commanders of the Mojahedin so that they would replace the poppy plantations in the territories they controlled with other crops and at the same time be issued with fertilizer, machinery and seed by the government. These negotiations, however, had made no real difference to the situation (although a mission from the UN Programme for Drug Control, the UN State Department and other similar organizations had been party to them). Opium poppies are 30 times more profitable than wheat and 40 times more profitable than cotton. The growth in the Afghan drug market was making itself felt world-wide. In 1984 41 tons of raw opium were grown there, in 1989 650, 2,300 tons in 1996, 2,800 in 1997 and 3667 in the year 2000...

This sharp rise in drug-production coincides with the time, when political power in Afghanistan was assumed by the Taliban. By the autumn of 2001 the Taliban controlled 90% of Afghan territory. It was when they appeared on the scene that the politicization of Islam began. The fundamentalists called upon society to return to their traditions, in particular religious ones. The population was urged to stand up to the international imperialist system, which was the source of all depravity, mass poverty, the destruction of cultural differences and spiritual emptiness. The fundamentalists soon acquired a major influence over the decisions that were being taken by governments in a number of Muslim countries.

The non-Muslim countries regarded the Taliban as the embodiment of unbridled extremism and barbarity. This reputation took even firmer root when the Taliban began to make public its close links with Osama Ben Laden. The intelligence services of the USA possessed materials, which show that there existed a special narcotics syndicate, in which the Taliban was engaged in the production, storage and guarding of opiates, while Ben Laden and Al Qaida took upon themselves the export and laundering of the money earned through this illicit trade.

The cultivation, processing and export of narcotics became the core of the Taliban economy. In many Pushtu houses ringed by opium fields, cottage industries were set up: a 200-litre barrel, a cauldron, logs, sacks with raw opium and a stock of the essential ingredient vinegar anhydride. Ten kilograms of raw opium were enough to make a kilo of heroin. These home-based mini-laboratories could produce 40 kilos of heroin in 24 hours. The only thing that limited their production capacity was the availability of vinegar anhydride. Illegally importing this chemical substance from the

countries of Europe and Asia brought in profits just as large as those acquired from exporting drugs in the opposite direction.

The Taliban seemed utterly deaf to the protests of the international community. Then in October 1999 it came as a complete surprise for everyone when the leader of the Taliban movement – Mulla Mohammad Omar – demanded from the peasantry of his country that they cut down by a third the amount of opium poppies they were sowing. “Those who disobey this order will be punished” the Mulla warned. Whether the peasants sensed that this appeal by the Mulla was designed first and foremost for the ears of the ‘infidels’ of the West and did not need to be taken seriously, or whether it was just because opium poppies provided the means of subsistence for so many people, it is difficult to tell, but the scale of the crop hardly changed at all.

The next year a miracle appeared to have taken place. The Taliban launched an all-out anti-drugs campaign. US reconnaissance satellites recorded unexpected scenes: suddenly the areas put down to poppies were reduced by 90% and only amounted to 8,000 hectares. Afghanistan produced only 74 tons of raw opium, i.e. fifty times less than the year before. Various events were enough to put people on their guard, though: the Taliban explained their new policy with reference to an endeavour to abide strictly by the commandments in the Koran, but as it was later to emerge it was precisely at that time that the international terrorist organization Al Qaida was training pilots to fly into New York sky-scrapers. It was clear that the reduction in the volume of opium production was most likely only to be a temporary one – an attempt to gain international recognition for the Taliban regime as a legal government, so that it might insure itself against investigation and possible acts of revenge after the unprecedented terrorist acts, which would shake the whole world to the core. According to the exports the Taliban drug-dealers had another goal as well: They were seeking to reduce opiates supplied to the world market so as to cause a hike in prices and then be able to sell supplies that had accumulated over recent years and so to make large profits. In July 2000 one kilo of heroin in Afghanistan was being sold for \$579 and six months later its price had risen to \$4,564. Revenues from the narcotics trade were used for waging war and for supporting radical Islamic movements in neighbouring countries.

...The whole of the day that we spent at the border-post, not a single train went by. A caravan of heavily laden camels glided past - ghostly and shimmering against the horizon. It was difficult to believe that in those mountains on the Afghan side of the border there were heroin factories working round the clock, perhaps even close by. The only canon on the Afghan-Pakistani border added to the sense of unease and trepidation. Would it suddenly bang into life? Everything all round us remained silent. If there is total silence anywhere it was here. The hills of the East know how to keep secrets...secrets of the past and those of today even more so.

* * * *

What can we expect to happen in advance after the American “revenge strikes”? On the one hand the Muslim population of the neighbouring countries and the Afghans themselves had little affection for the Taliban, but the American bombing raids made anti-Western, anti-American and anti-Israeli sentiments even worse. Many people in the Muslim world (in particular fundamentalist religious leaders and their followers) regard recent events as just another episode in the long-standing and unending war of the infidels against Islam. Their position differs markedly with the official declarations from various governments in the region (those of Iran, Saudi Arabia, Turkey, Egypt and

others), who have been condemning international terrorism and supporting the activities of the anti-Taliban coalition.

On the other hand the danger has arisen that in the minds of the non-Muslim world (that of Christians, Jews, Buddhists and Hindus) not enough care is taken to distinguish between the concepts 'Islam' and 'terrorism'. In the West there are many politicians who keep on stressing that every Muslim is obliged to wage a holy war or *jihad* against the infidel. The seductively simple conclusions drawn by those who have no real knowledge of history or Islam as such could result in such social upheaval, that this leads the more enlightened of European politicians and figures from the world of culture or religion to regard it as their vital duty to keep reminding people that Islam grew out of the mighty religious and cultural movement which came into being in the 7th century and that its adherents now number 1,200,000 million of our contemporaries in 120 different countries.

Since the American revenge attacks and the assumption of power in Afghanistan by new politicians splits have appeared in the Muslim world. Many Afghans and their fellow Muslims in other countries find themselves at a crossroads: should they continue to live by the same generally accepted norms of behaviour, which are recognized as such internationally, or should they put Muslim solidarity before everything and support various kinds of extremism, terrorism and even war if these are unleashed by fanatical adherents of their religion?

* * * *

One of the problems which raises its ugly head in this more complex situation of today is that of narcotics [3].

Outside the Islamic world there exists only a very imprecise picture of the tribes in Afghanistan, including the Pushtun, who formed the core of the Taliban movement and who continue to own the poppy plantations, most of which are hidden in the mountains. The interim government is well aware of the complications involved if the programmes for the destruction of opium fields and the elimination of the narcotics business are to be implemented, as demanded by the international community unanimous in its demand for this and ready to rally round the UN for this purpose. As it tries to establish order and consolidate the reputation of Afghanistan as one of the world's civilized nations, the new government is trying to encourage peasants from any ethnic group to plant alternative crops which could bring them a living, that although less lucrative, would nevertheless be adequate and legal.

It has to be said that the Afghan peasants do not plant opium poppies out a desire to get rich quick or because they wish to anger peoples elsewhere. More often than not they are illiterate and in poor health and they have only the most primitive tools at their disposal: they see themselves as obliged to go on as before, so that in the cruel bewildering world in which they find themselves they can survive and support their families. If the new government were to help them to mechanize at least part of their work, to give their children schooling and have access to medical services, to build roads which would enable them to get their produce to market, or even perhaps provide agricultural credits at reasonable rates of interest, so that they would not need to accept the loans on offer from the drug-dealers, then they would not be so desperately keen to keep their poppy fields. I have heard them say again and again: "I don't mind what I sow. All we need is something to live on."

The success of alternative programmes will be determined by the ability of the central government to find a common language with the local communities - to work alongside

them and to take their expectations into account. It will be difficult to accomplish any of the new objectives, if power is going to be exclusively in the hands of those ethnic groups, who are engaged most actively of all in the cultivation of opium poppies and who derive their livelihood from it. Reluctant to be at odds with their communities and being dependent on them in large measure, they are unlikely to be able to take any decisive steps. If, however, it proves possible to ensure that the country's various ethnic and regional groups are all represented in the government and it contains citizens who enjoy authority and who feel they bear responsibility for their country's destiny, then it may be possible to establish trust between the disparate groups of the country's population and the new Afghanistan may have the chance gradually to set itself free from poppy cultivation and opium production. These hopes have been reinforced by the agreement of the European Space Agency to take part in regular checks of those territories, where there are known to be illegal plantations.

This is not a time to indulge in illusions, however...

In Afghanistan the Taliban is no longer in power, yet opportunities for illegal production of drugs are still more than just promising. The remote localities in the mountains well out of sight, where it is easy to grow poppies and the secret paths, along which the forbidden cargoes can easily be sent on their way, are all still there. There is not yet any reliable banking system, which might put a stop to unregulated cash transactions including those involving foreign currency acquired through drug-dealing, which can be laundered in Afghanistan with no trouble at all.

Being well aware of all these problems, Afghanistan's neighbours agree that it would be wrong just to sit back and wait till the Afghans abandon poppy cultivation of their own accord and that they themselves should gradually create around Afghanistan a 'safety zone' which might act as a barrier on the routes along which opium is exported into their countries and through them on into Europe. The countries which are proving most successful in combating the expansion of the drugs trade and in protecting their own people from it are Iran, Turkey and Egypt. For these three countries the Afghans – fellow Muslims, who secretly send drugs to them and involve their populations in this criminal business – create problems just as difficult as those which have been encountered by Europe and the USA, home to the 'infidel'.

Chapter 3 **PARADOXES OF THE MUSLIM WORLD: THE KORAN AND OPIUM ON THE SAME LIPS: Mullah Ali Muhammed Asadi:” The USA and Israel are to blame for it all” – In “Rajan-shah” Prison near Teheran - Why does Afyon need poppy plantations? – Among the Customs Officials of Istanbul – Egypt, Napoleon and Cannabis – The Suez Canal: Ships and Narcotics**

This was something I had not expected at all: in Iran, one of the most devout Muslim countries, where people (63 million of them) are religious almost without exception and with a deep respect for Islamic values, who live according to Shariah Law and where there is a moral police making sure that ethical standards of behaviour are observed and where drug-dealers are hanged, it turns out that 1,250,000 people (according to the calculations of some experts -- two million) are drug users. Have they paid no heed to the commandments of the Prophet? Do they disregard the behests of the Ayatollah Homeini, the leader of the Islamic Republic who in the notes he wrote just before his death, warned his people of the vices of the “Devil’s world” including drug addiction? [1].

“So you see the relationships between people in our country are shaped by Islam and the State. The State can punish those, who violate these rules. Very different rules, however, shape relations between man and God: for example, 10-15% of Muslims do not pray five times a day, just as some Christians do not go to church on Sunday. The State does not interfere in these relations: later it will be those who are directly concerned who will clarify the situation – the individual himself and God...”

I was talking with Mullah Ali Mukhammad Asadi, Professor from the Institute of Islamic Culture and Art in Teheran, one of the most educated Muslim religious leaders. He is worried about the flood of Afghan drugs coming into his country, but still more by the number of Iranians, who have been drawn into the drug business. I was going to write fellow-believers initially, but then decided to err on the side of caution. The professor was a Shiite, as are 80% of the population, while only 20% are Sunni Muslims. It is precisely the Sunnis living near the Iranian-Afghan border who are occupied most actively in the narcotics business. They manage to ‘make the grade’ in this line of business more easily than most, because the bulk of the population in Afghanistan consists of Sunnis as well. Almost all the Taliban were Sunnis and they also predominate in Pakistan and in Southern Iran near the Persian Gulf as well. While for the vast majority of the population (Shiites) what the authorities in Iran (also Shiites) say is virtually a divine pronouncement, for Sunnis this is not naturally the case.

“I cannot explain, why one or other Muslim behaves in the way he does, but at the same time is ready to recite the laws ordained by God...,” the Mullah told me, in his efforts to convince me that the habits so widespread among the ‘infidels’ – namely those of seeking stimulation with the help of narcotics and worse still of drawing other people into the habit – were alien to their Holy Book, to their traditions and to their ethical system.

According to the Mullah, there were four sets of rules, which should shape Muslims’ lives, if they seek to live a righteous life.

The first set of these is the Koran, in which it is written what a man may and may not do. The question is not whether narcotics as such are mentioned or not. While, for example, it is stipulated that a man should not take his own life, for those who can probe the meaning of this maxim to its heart, it is perfectly clear how a man should comport himself when it comes to intoxicating substances. When the Holy Book reminds us that

man comes into this life in order to test himself for the next, the mullahs are quite right to comment during their sermons that drug-dependence constitutes a failure of this test.

The second set consists of the commandments of Mokhammed. The Life of the Prophet, who communed directly with God and all the words which he uttered in connection with various incidents in his life serve as criteria for Muslims, by which they should judge every step they take. There are 70 ways to pray and 60 of these are mentioned in this work. To work well is on a par with prayer. Yet successful work is not to be expected from a drug-addict, indeed he cannot be entrusted with work tasks. This means that a man deprives himself of this mode of prayer.

The third set is shaped by public opinion. If a question which worries an individual is answered the same way by various mullahs, this coincidence in their opinions should also be acknowledged as a law, by which man needs to abide. In the Koran, for example, you will not find any direct statement to the effect that deceiving someone is a sin. Nor is anything said about this in the precepts of the Prophet. Yet if most imams and mullahs state that it is a sin, then this conclusion is binding for Muslims.

The fourth set of rules is drawn from our own experience and reason. We do not place our hand on a hot frying-pan, since we know the danger implicit in this. Neither the Koran, nor the commandments of Mohammed warn us about this, but our own brain prompts us not to do it. Men's minds are, however, not capable of taking such decisions, if they are clouded by drugs. This is why in the Muslim tradition there was and is no respect voiced for those taking intoxicating substances. People move away from neighbours like that, refuse to rent them houses, try not to share any activities with them and do not marry off their daughters to them.

This was how Mullah Ali Mukhammad Asadi explained the Islamic view of drugs, assuring me at the same time that terrorist acts committed in one or other region of the world are nothing to do with the Muslim world as such, but are nevertheless deliberately linked with it, so as to "deflect attention from real terrorists who are the worst drug-dealers of all". In answer to my question as to who those were, the Mullah answered with an unexpected degree of animation as usually encountered, when someone feels that those around him do not want to try and understand what for him is perfectly clear: "The USA and Israel of course!"

The Mullah began insisting that on September 11, 2001 the American government itself had sacrificed 5000 people in order to be able to become the dominant power in regions, where they had not made their presence felt previously: as proof of this he cited the stationing of US troops in Afghanistan and in the republics of Central Asia shortly after the tragic events...Soon a conversation developed which had nothing to do with the real focus of my interest...

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In the Police Department of the Islamic Republic of Iran one of the walls is decorated with paintings of enormous poppy seed-boxes as large as melons. From inside evil-looking faces protrude and I thought to myself at first that they must be drug-dealers who had been arrested by the authorities, but my guess showed that I was totally ignorant of the country's past. "Is it so difficult to recognize them?" asked the police and security officials who were showing me round. It turned out that the historic figures, under whom at one time the narcotics trade had flourished in the past included Shah Ismail the founder of the royal dynasty of the Sefids (1500-1736), Aga Muhammad,

founder of the Kojar dynasty (1787-1921), Reza-Khan, founder of the Pehlevi dynasty (1921-1979) and his son Mohammad Reza Shah, who had been deposed by the Iranian revolution of 1979. They were seen as guilty of expanding the areas sown with narcotic plants.

By the time the Islamic Republic was proclaimed - probably the only theocratic state in the modern world – the areas where opium poppies were being grown totalled 60,000 hectares. They say that Ashrafi, the sister of Mohammad Reza Shah was involved in the production and transporting of narcotics to Europe. The end of the road in Europe was shrouded in secrecy.

Under the Ayatollah Homeini Iranians began reducing the opium plantations. It was decided to turn back to the country's past, to the era of the prominent figure of the great Ibn Sina, under whom opiates had only been used for medicinal purposes and, in the course of the first year after the revolution, a stop was put to the cultivation of plants containing narcotic substances. Unfortunately Afghanistan then confused the issue and put a stop to the new optimism. There the production of narcotics assumed unprecedented proportions and the need arose for regular trade outlets in easily accessible markets and then on to more distant ones. Iran and Pakistan were the closest of all.

There is not a single border in the world that can be shut like a door, especially when it winds like a snake for thousands of kilometres across the slopes of deserted mountains and the gulleys between them. The least well defended provinces in this respect are Khorasan and Beluchistan. However much money the Iranians might invest in guarding their frontiers, in the drive against drugs couriers and traders (making up to 20 million dollars a year), they are unable to stop the smugglers who are very well armed and equipped. Their number includes Afghans, Iranians, Pakistanis, Turks, Turkmen, Iraqis and others who know the locality well and are ready to go to any lengths for the enormous money that the narcotics business brings in. Over the last twenty years 3,200 Iranian policeman and members of the security forces have died fighting against them or while arresting them. Standing in the Police Department near the monument to those who have fallen in the course of duty, it is easier to understand Muhammed Fallah, General Secretary of the Headquarters for Narcotics Control in Iran, when he says: "In this unsettled world our safety is important for you and yours for us..." Muhammed Fallah has a 'crest' of grey hair over his forehead and the face of a very tired man. Too much of his energy has to be spent on ensuring that Iran retains her reputation as a country which has fought harder than all others in Asia to stop the expansion of the narcotics industry. There are few countries where the authorities arrest so many drug couriers and confiscate so many drugs shipments as here. On the Iranian-Afghan and the Iranian-Pakistani border 30,000 Iranians representing the forces of law and order are currently employed. The richest catches are usually in the East, in areas bordering on Afghanistan where drugs are brought into Iran, on the border with Turkey in the West and in the North on the border with Azerbaijan where the drugs are exported. The northern parts of Iran are inhabited by Azerbaijanis, including the relatives of those who live on the other side of the border. Every day 150-200 lorries move out of Iran and into Azerbaijan and they are virtually unchecked. Allah alone knows what is in the crates and sacks which are due to make their way to Russia and then further into Europe. Although some of the drugs brought into the country stay there, giving rise to gradually increasing numbers of addicts especially among people, Iran is of interest to those running the narcotics business first and foremost as a transit post on the way to Europe and the countries of the Persian Gulf.

According to Muhammed Fallah poverty and deprivation in Afghanistan, which not even the cleverest of governments is going to be able to alleviate soon, are what push people into all manner of illegal activities in connection with the drugs industry. American bombing raids only made the situation worse: in Iran 3 million Afghan refugees came pouring into Iran, many of whom had no other skills apart from those required for cultivating opium poppies. Muhammed Fallah hopes that the Afghan leadership with support from the international community will, despite everything, succeed in stabilizing the situation within the country. Then in two or three years it would be possible to destroy existing stocks and the fields already sown.

“Will it all be over then?” I asked.

“I don’t think so...When they put a stop to the drugs business in Afghanistan, some other country is bound to assume its role. Perhaps one of its neighbours.”

The Iranians explain the drugs trade of the Afghan peasantry not as the result of wicked intentions aimed against other peoples or any special desire for profit, but purely as the result of hopelessness, which arouses their sympathy and the wish to help them as neighbours to pull themselves out of the pit, into which they have been pushed by previous regimes, internal feuding and endless wars. Iran sends its neighbours food products, seeds for alternative crops and tractors. Iranian agronomists teach Afghans how to grow crops, which are not familiar to them.

Not all Iranians appreciate this policy pursued by their government. I have heard other reactions as well, which can sound perfectly logical. Some of the Iranians I talked to say that if their authorities invested the money sent to the Afghans on improving the lot of the Iranian territories bordering on Afghanistan and provided employment for the local population that could bring in a good wage, then everyone would be occupied and it would be difficult for the international narcotics business to recruit people to become drugs couriers.

Despite the fact that there are different approaches among the population to these Afghan problems, the Iranian authorities adhere strictly to their policy, which is at one and the same time pragmatic and far-sighted.

Pragmatism is reflected in the search for a way to help Afghans re-orientate their agriculture by replacing crops of narcotic substances with alternatives. It is not a cheap route, but it is an effective and the most rapid possibility for helping a country ensure long-term safety for itself and its neighbours. Incidentally it is the only route which will enable them to avoid the threat of opium expansion in Afghanistan

The far-sighted aspect of this policy lies in the appreciation of the fact that this approach will require a good deal of time and, moreover, that it is highly unlikely that anyone can predict what the post-Taliban development of Afghanistan will lead to. Bearing this in mind, the Iranian authorities are going all out to create a “safety strip” along the Afghan border with even more determination than before. Construction work began the third year after the Islamic Revolution. In the mountains concrete dams are being erected which are up to three metres high and more. In places they are as high as 10-12 metres. They are systematically blocking off mountain gorges one after the other, making them virtually inaccessible for all forms of transport. On open stretches of road which usually attract cars and motor-cycles, earth-moving equipment can be seen digging trenches (four metres deep and four metres wide) and there are also wide waterless moats blocking off the routes. All along the border a strip of land has been

ploughed up in a further effort to help the security forces catch offenders. There are tall brick observation towers looming over it all.

I subsequently asked a police officer: "What if all of a sudden everybody found his life running smoothly, the fields were rustling with wheat instead of opium poppies, the drug barons had turned to more civilized forms of production, then all those border defences would be unnecessary. Do you rule out such a possibility?"

He smiled and said: "Not in principle! I'm afraid though that by the time the Afghans have destroyed their last opium seed-box, our border installations will be in ruins and overgrown..."

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The "Rajan Shah" prison is situated about 30 kilometres west of Teheran, outside the town of Terech. It was built in 1983 and designed to cater for 5000 prisoners. After completing the necessary formalities and passing through the metal gates it was with a good deal of surprise that I saw clean green lawns, trees in blossom, asphalt paths leading to white buildings with barred windows. It was more like a country estate than a prison! I had not seen other Iranian prisons, but had heard plenty about the conditions for prisoners in that country and the harsh way they were treated. Six months prior to my visit to Iran the newspapers had been reporting a riot in one of the prisons in the city of Shiraz, when six prisoners had been killed while attempting to escape and 25 had been wounded. All six had been convicted of drug-dealing. The prison which I saw was so different from my original expectations that I thought it must have been set up near the capital comparatively recently, in response to criticism from international human rights organizations, and was almost a 'tourist site' specially designed for being shown to visitors. Doubts kept gnawing away at me as I listened to the prison governor in his office, but only till we started walking down the prison corridors. You can whitewash walls, hang up pictures, provide clean bed-sheets and a certain level of comfort, but you cannot force hundreds of people to stop looking gloomy and scowling, to stop turning their gaze away from you, to talk quietly with a smile and a sense of dignity as if they were talking to equals, even when they are speaking to prison warders?

"In our prison at the moment there are some people who have been sentenced to death and there is a punishment cell, but during the eighteen months that I have been working here, there have not been any executions" said Karim Melike, governor of "Rajan Shah". He was not wearing uniform, but his gait was that of a career army officer. His eyes, like two black olives, kept rotating like periscopes, trying to catch even the faintest intimation of any 'foreign ship' floating into his sovereign waters. I know that Iranian Shariah courts condemn offenders to death not only for espionage, murder, terrorism, violations of state security, drug dealing, but also for leading an unworthy life on Earth, rejecting God's laws, (women) for committing adultery, for prostitution, homosexuality and repeated consumption of alcoholic beverages. Nevertheless I asked about those who had been convicted for drug offences, in order to establish whether the people from a variety of different countries (Russia, for example) were right to demand from their authorities that they should adopt the Iranian practice of executing drug-dealers as the only way to contain the drug epidemic. The Iranians are actually succeeding in keeping crime levels fairly low, but who can assert confidently that this is only thanks to the cruel punishments meted out?

The number of drug-dealers and addicts here began to increase during the Iran-Iraq War (1980-1988), when soldiers, who had to remain in trenches in the desert for long periods, learnt to relieve their stress with the help of opium and hashish. These two drugs were the most widespread at the time. Since the revolution cannabis has virtually

ceased to be grown in Iran, young people have to buy the imported variety – from Afghanistan or Morocco. Since the war the number of drug-linked crimes has been constantly on the increase. In the year 2001 in Iran almost 312,000 people were arrested and brought to trial for criminal offences and this figure included over 4000 foreigners, the vast majority of whom are Afghans. Apart from the Afghans, however, there are also citizens of Pakistan, Iraq, Turkey, Bangladesh, Turkmenistan, India, Kuwait, and also isolated individuals from the United Arab Emirates, Bahrain, Azerbaijan, Russia, Tanzania, Mozambique, Yugoslavia and Tajikistan [2].

“We are in a difficult position” Karim Melike went on:” In our country drug-dealers have killed 3000 policemen and in the last 15-16 years we have hanged 8,000 drug-dealers. There are people in the world and international organizations who reproach us for implementing the death penalty. But just try and name any other country with a population the size of ours and above all one bordering on Afghanistan, which produces 7,000 tons of opium a year, where under a liberal criminal justice system there has been as much success as we have achieved in clamping down on drugs and on reducing drug-related crime....Whatever people might be saying abroad, we receive full support from the public at home, the intellectuals and spiritual leaders in our country. “History shows that straight bans in themselves are far from effective. Smoking tobacco was strictly forbidden in Iran up until the 8th century, as in many other countries. Iranian smokers were forced to put a pipe in their nose and to walk around town with it. No effect whatsoever!”

According to what the prison governor told me, each case is examined thoroughly by the courts. Before anyone is sentenced to death, many aspects of his personal life and his past behaviour are taken into account. Anyone arrested with a large quantity of drugs on him will suffer the ultimate penalty with no chance of leniency, particularly if he is also found to be armed.

Until recently prominent figures in the narcotics business in Iran were tried in public in front of large crowds. Recently those sentenced to death have been hanged in prisons, including Rajan-shah. I wanted to try and imagine what the member of the prison staff, employed for all intents and purposes as executioner, feels when he keeps on having to implement these sentences. It turns out that there is no such specific post within the prison service. Usually a relative of those who have died or suffered at the hands of the prisoner in question will be invited to carry out this task: they have the moral right to revenge. Usually all members of a victim’s family are present when the sentence of hanging is carried out. They are given the right to implement the punishment or to agree for the prisoner to be pardoned. If the victim has no relatives then someone is sent in from the Public Prosecutor’s service to implement the death sentences.

Sometimes if the identity of the prisoner’s relatives is not known or efforts to trace them fail and no-one knows what line they would have taken – whether they would have had the prisoner hanged or forgiven him - the prisoner, after being given the death sentence, can be held in prison for up to five years after which the court can decide to replace the death sentence with a redemption payment. In such cases the relatives of the unfortunate prisoner have to pay the fee designated by the court.

Karim Melike went on to remind me that the Koran teaches: “If a man kills a fellow man, then the punishment must be adequate....”

“Are there cases when policemen are involved in the drugs business?” I asked, bearing in mind that the average salary of an Iranian policeman is between 200,000 and 400,000 tumans (i.e. \$250 and \$500) ?”

“They are sentenced to death or life-imprisonment.”

At the time of my visit to “Rajan-Shah” the Iranian prison population was 180,000 and of these 70,000 were people who had committed drug-related crimes. A considerable number of the latter had been sentenced to life imprisonment. Five or six times a year on national holidays (Independence Day, religious festivals, New Year and so on) many of these prisoners have their sentences reduced. As a result only small numbers of these prisoners actually remain in prison more than 15 years.

I went round the various floors of the prison with Karim Melike. The doors of the cells were open: they were not really doors in the true sense of the word, but coloured curtains separating the cell off from the corridor. The cells varied considerably as far as the number of bunks in them was concerned: anything between 3 and 17-18. The prisoners were wearing loose robes and caps out of beige material with black spots. When I took a closer look I saw that the spots were not just spots but tiny scales as you might see in a pharmacy, in other words the symbol of justice. The prisoners used to get up at sun-rise at about 5:40 a.m., when everyone in the establishment – prisoners and members of staff – would say their morning prayers. Those who wish to can either have lessons or work: some carrying out cleaning or other domestic duties in the prison, others in the sewing workshop or making toys out of wood, which would then be sold in the Teheran market. The authorities spend 5,500 tumans (approximately \$7) on each prisoner per day.

Everybody’s favourite day is Monday, when at 10:00 a.m. prisoners can be visited by their relatives. They, of course, have to talk to each other by telephone separated by a glass partition and in the presence of prison staff, who also make good use of the time. When they talk to prisoners and their relatives they can clarify various problems and together work out how they might be resolved. There are no social workers here, as one might find in Germany or Holland, but their functions have been assumed by members of staff working for the Iranian penal authorities. The evening before my visit the wife of one of the prisoners had complained to Karim Melike about the financial problems her family was experiencing, now that the main bread-winner had been taken into custody. Earlier on the day of my visit the governor had found time to dispatch a letter to Teheran to the Prisoners’ Support Fund requesting help for the family concerned. “In our relations with prisoners we treat them like equals,” he said. “We all worship the same God!”

“But if the god was a different one?” I asked myself, but decided that this was not the time or the place to discuss such matters.

I was then introduced to some of the prisoners. Farmars Salmari, aged 35 from the province of Kermen (on the Afghan border). He was a welder by trade and was in prison for the second time. He had first been convicted in 1993 and was instructed by the courts to pay a fine of 9,000,000 tomans (\$11,250). He decided after that to set up his own business producing gas stoves: he took out a bank loan and invested all his savings in the venture, but it did not turn out well and in an attempt to solve his financial problems he decided to tempt Providence once again. He bought 120 kilos of opiates from some Afghans he knew and took them to Teheran in his own car. If he had been ‘lucky’ he would have earned over 15 million tumans (about \$20,000), which was what he still needed to pay off. The police was already keeping an eye on him, however, and

he was arrested in the capital and sentenced to 15 years. He has already spent 3 years in "Rajan Shah".

"I have put in a request for a pardon. If they let me out early I shall start working and supporting my family. I've come to terms with what I've done after thinking it through and emotionally as well. If I have to spend another 12 years in here I shall lose my family and my skills. Then in all honesty I have to say that there will be nothing left for me to do but try and earn money with drugs again."

I asked what Farmars thought about the death penalty for drug offences.

"I don't approve", said Farmars. "In the province of Kermen many people make a living by transporting drugs or selling them. They are not rich people, they don't do this because they live well. If they had any other way out of their situation, they wouldn't get involved. If you start hanging people for that there won't be enough rope to go round..."

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Afghan drugs make their way to the so-called 'civilized world' along well established routes, which have stood the test of time. The main three are: through the Pakistan frontier to sea ports, from where cargoes are dispatched in all directions, above all to the countries of the Asian-Pacific region and Western Europe; through the republics of Central Asia and then on through Russia, the Ukraine and Belarus into Western Europe; finally, along the Jelalabad-Kandahar- Gilmend-Iran-Turkey route and then from Turkey into Western Europe and the Arab countries of the Middle East. Although the last route (by way of Iran and Turkey) is used for a comparatively small part of the exported narcotics (in the region of 7%), nevertheless this route is seen as a particularly dangerous one, since a large part of it passes through the territory of two Muslim states where drug-dealers hope in unpredictable circumstances to encounter if not support, at least benevolent understanding.

Iran insists that the expectations of the drug dealers will not be fulfilled. The authorities in that Muslim country do not leave any loopholes for international drug cartels, including the Afghan ones. When flying from Teheran to Istanbul, I tried to imagine what became of a consignment of drugs, if it did after all make its way through Iranian territory as far as this international port, which, thanks to its access to three seas at the point where Asia and Europe meet, should be of great interest to drug-dealers as an ideal short stop-over for the goods before the last decisive leg on towards the West, North or South.

Interest in Turkey is further heightened by the fact that the natural conditions of the country make it highly suitable for growing narcotic plants, which have been known here since time immemorial. Although the Turkish penchant for opiates became noticeable in the 16th century, at almost the same time as the Chinese came up against them first-hand, the Turks succeeded in avoiding the dramatic consequences which the Chinese had to endure and from which it took them such a long time to recover. Gradually (above all in the 1950s and 1960s) Turkey became one of the centres of international drug-production. Local dealers bought up the opium-poppy harvest from the peasants, extracted the morphine and then sold it wholesale to the drug syndicates in Sicily or Corsica. In the South of France the semi-finished product was refined as heroin which was then dispatched to Afro-American or Cuban drug cartels.

Turkey was to become part of the "Golden Crescent" (that also includes Afghanistan, Pakistan and Iran), which is regarded as the main supplier of opiates to world markets. Before that came about, events took place in the history of Turkish drug-production,

which are still clearly remembered in the Bosphorus area. After establishing that 80% of the heroin that makes its way to America comes from the poppy plantations in Turkey and underground French production facilities, Americans persuaded the Turks to agree to replace their poppy plantations with other crops and allocated 35 million dollars in compensation to be paid to Turkish peasants for that purpose. The Turkish authorities were obliged to announce that the cultivation of opium poppies was banned. When in some Turkish localities (such as Antalya, for instance) poppy fields were destroyed and the Americans at the same time persuaded the French authorities to clamp down on the underground heroin laboratories in Marseilles, something quite unexpected happened. The price of opium went up two or three-fold and the following year the Asian markets were flooded with it: the attempt by the Americans to cut off the supply channels of drugs for America had led to a widening of the market for them in Europe. This whole situation also served to stimulate world production of synthetic narcotic substances.

One of the few areas where poppy fields still existed was the ancient province of Afyon in central Anatolia 350-400 kilometres north-west of Istanbul. The ruins of Byzantine, Greek and Roman settlements were still to be seen there, but the area became well-known not because of its tourist sites, but because of the special part it played in the Turkish economy. Its claim to fame was the world's largest scale production of sugar and ... poppies. The Turks adore poppy-seeds in all kinds of cakes and sweet dishes so much, that no amount of compensation or even threats can make them destroy poppy fields altogether. Moreover, Turkish confectioners are true masters when it comes to using poppy-seed in cooking, as can be seen from the fact that on every corner buns, biscuits and pretzels are being sold from dawn to dusk decorated with poppy-seeds. The Turkish authorities insist that the poppy plantations in Afyon are legal and that the concentrate obtained from the poppy seed-boxes is subject to strict state controls.

It is likely that this is indeed so. Firstly, neither the police nor the gendarmes nor any other law-enforcement agency has available facts or even intelligence information as to whether any of the poppy fields were used by anyone in Afyon for illicit purposes. Secondly – and this was to gain support from the local population – after “Black Tuesday” in New York, Turkey not only condemned the terrorists and the man behind them, Osama Ben Laden, taking the side of the anti-Taliban coalition without reservations, but also hunted down and arrested members of the Al-Qaida organization among the Turks and handed them over to the authorities for the investigation into the tragedy of September 11th.

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In Turkey there are over 110 customs posts which have to try and cope with the tremendous influx of goods that are being imported into or exported from the country. While watching all the seething activity in the international ports and on the highways, even if you do not know the actual figures, you have a tangible sense that the national economy is being transformed. It is becoming more open, more liberal and very good use is being made of the fact that the currency is now convertible and that private capitalist investment, privatization and investment from abroad are all being encouraged. Yet it does not mean that the security and inspection bodies are having an easier time of it. Among the commodities being imported and exported there are often what are clearly banned goods being exported and sometimes in large quantities: these include narcotic substances and chemicals destined for heroin production.

Until recently the Turkish population has seemed to be a victim caught up in the international transit trade for narcotics. The raw materials or intermediate products

(opium, morphine and so on) would be going in one direction and coming back in the other direction would be chemicals and the finished product (for example, acetic anhydride, heroin, cocaine and synthetic drugs). Turkey's geographical position makes it extremely hard for the country to avoid its 'destiny' as a bridge linking the producer countries of South-west Asia with the consumer countries of Western Europe. No-one seemed to notice when and how there was a shift in Turkey's role: the state with the white crescent moon on its red flag began to combine its old function of staging post and producer with a new one – that of consumer with a rapidly growing appetite.

Istanbul has a special part to play in all of this.

It turned out to be at the cross-roads, where sea, air and land routes meet. This was soon to make of Istanbul a centre linking underground production facilities, trading outlets and individual dealers scurrying about the country taking all their own risks. Turkish, Iranian and other international drug cartels work outside the port city, but on the outskirts of Istanbul there are small-scale rather primitive production facilities (laboratories) at work transforming the imported morphine into heroine, although in most cases these underground laboratories tend to be hidden away in remote areas. It is not difficult to imagine how customs officials and border guards have their work cut out for them in these conditions, where Turkey has a coast line of over 7,000 kms and over and above that borders with Syria (822 kms), Iraq (331 kms), Iran (499 kms), Greece (206 kms), Georgia (252 kms), Bulgaria (240 kms), Azerbaijan (9 kms) and Armenia (268 kms) which all need protecting.

In the year 2000 the Istanbul authorities succeeded in confiscating from smugglers drugs (hashish and heroin) and chemicals with a total value of 150 billion Turkish lira (c. \$106,000) and in the following year with a total value of almost 3.5 trillion Turkish lira (c. \$2,500,000). The operations organized by the Turkish authorities are often in conjunction with American intelligence services, who help the Turks train their special personnel and use up-to-date technology for this purpose. Some further collaborative undertakings have involved five different countries (Turkey, Britain, Austria, Germany and Bulgaria). Joint initiatives make it possible for special police units to keep track more effectively of a large consignment of drugs from the moment it starts being transported along European routes, after the initial tip-off from an agent: a close watch can then be kept on it thanks to timely information as it moves from the territory of one national police force to that of the next.

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The people in charge of the Turkish customs authority had kindly agreed to talk to me. Their offices looked over the Bosphorus on to the port area. From there the clanking of cranes and winches and the shouts of stevedores floated up to us, while cargo-ships were being unloaded almost right under the office windows. It made it seem that we were talking to the management of the customs service in an office floating just above the ship decks or the blue waters of the straits.

Rugi Gekcen, the deputy superintendent, explained: "Most of the drugs come from countries where the situation is unstable, where people are living in conditions of tense anarchy and unrest. I would call our south-eastern region inhabited mainly by Kurds one of these, or Chechnya in Russia..."

My host was convinced that in any country where there is political ferment you can see at once how the scale of the drug industry increases, how more and more illicit substances come to be imported or exported. Conversely, the more rapidly order is

established, the faster the part narcotics play in both the economic and social sphere decreases. He cited Afghanistan as an example: as soon as the new government succeeded in even slightly stabilizing the situation, there was a drop in the volume of Afghan drugs coming through.

“What do you think?” I asked. “What kind of sums are involved in the drugs business within Turkish territory?”

Ruki Gekcen shrugged. “That’s like asking how many hairs I have on my head...I think that it would be at least a billion dollars’ worth.”

“And how many people do you have working in the fight against drugs?”

“In the customs service there are 1,500 of us, but there are also the police, the gendarmes, the coast guards and the security services...I should imagine that in all, no less than 5,000 people are involved in the fight against narcotics here in Istanbul.”

We went down in the lift to the ground floor and after the checks carried out by port officials, which are obligatory for everybody, we went out on to the quay-side blinking as the unbearably bright glint of the blue water hit us. There were a good number of ships moored there and in the roadstead. My companions were telling me that, although the Turks had been building up their own merchant fleet in the last few years, most of the Turkish cargo-ships were rather old, but they were still being used for just over a third of all Turkey’s overseas trade shipments. They could not possibly compete with foreign vessels. Sometimes you would see so many different flags fluttering in the wind that you might think that the whole of the United Nations was sailing through the Bosphorus.

Rugi Gekcen went on to maintain that drugs were the most elusive of all smuggled goods. They are extremely difficult to find. They get hidden in the most incredible of places, even in the binding of copies of the Koran...This is why you have to respond very promptly to what informers tell you, to intelligence information. That was what had enabled the Istanbul authorities to track down a small shabby bus on the streets of the city, which contained 323 kilos of heroin from Afghanistan and Iran. On the local market that would have fetched 5 million USD. It is not difficult to imagine the tremendous incentives urging on the drug-dealers to take risks with the prospect of profits like that...

“What are the incentives for the customs officers?” I asked.

“Our wages of \$500 a month”.

* * * *

Yet those in the drugs trade still prefer air-transport. Sometimes a sea voyage can last months and it is very difficult to conceal things from the crew, whose members know every nook and cranny on the ship, however resourceful the carrier might be. If there is an informer on board, which is almost always the case with any crew, then the special services on shore have plenty of time to prepare their operation to arrest the smuggler. On a plane it is very different...Everything is over in a matter of hours and the only hope of catching anyone is pinned on the customs and even in an airport as busy as Istanbul’s, there are only 90 people trying to cope with the enormous stream of incoming and out-going passengers. Apart from drugs they are meant to be looking for other illicit items: antiquities, livestock sperm and embryos, vines, tobacco seeds...Their time-table is a heavy one – 12-hour shifts and 24 hours off.

“If I was writing a book, “my guide told me,” the first thing I should look into would be where the terrorists all over the world get their money to buy weapons, vehicles and uniforms with...It’s the drug barons who finance them. It’s also often they who set in motion large-scale acts of terrorism. The drug barons themselves are always in the shadows, you can’t pin them down. They can be from Iran, Pakistan, Turkey, Egypt:

they'll stir up one part of the world, wreak havoc in other continents, while they themselves live in well guarded villas like VIPs somewhere near Brussels, Hanover or Amsterdam. As a rule they have dual citizenship. They compete with each other as to who has the most luxurious life-style, they move in the same circles all the time and together they plan their operations. I can only remember one big drug-dealer from Turkey ever being arrested in Europe. During one of his exercise periods in the prison-yard, however, his friends landed in a helicopter and brought him back home. The Turkish authorities managed at last to arrest him and he is now serving his time in one of the city's prisons. Usually we only succeed in catching the small fry. The special services have to go after the big ones...

That was the topic I went on to discuss with Osman Aksu, head of the customs in the passenger terminal of the Attaturk International Airport. Every day 90 planes fly in from all over the world and more than 100 take-off and on average 17,000 people go through customs. Although the airport has some rooms for individual searches, X-ray machines and other equipment, there is no way that every passenger can be thoroughly checked. The customs officials pay particularly close attention to people from "high-risk countries" and their hand luggage. The term "high-risk" is just part of the every day working vocabulary and when I asked Mr. Aksu, which countries that meant in particular, he simply hesitated and said: "You don't need to ask me that!"

Before hand luggage is returned to the passengers, it has to pass through a special underground room one floor below ground-level. Special apparatus is used, which with the help of X-rays and other equipment, can 'search' the contents of suitcases, hold-alls and bags can be 'searched'. Any cases, boxes or bags which arouse suspicion are then checked by a group of customs officials (usually three of them in civilian clothes do the checking). Inconspicuously they will then follow the item in question till its owner takes possession of it again, for he will only be arrested when he has the evidence on him. Osman Aksu recalls, how when he was on duty one day inspecting international air-freight, he stopped a car and on opening the boot found an Angoran goat inside which it was against the law to import into Turkey. He had asked the driver: "What's that?" but the unblinking answer he had received had been "A dog!" Osman had protested: "What do you mean – dog! – It's got horns!" The driver had looked back at him without the faintest trace of a smile on his face and said: "I don't investigate the sex lives of my dogs..." Osman explained that he had told me the story just to illustrate the range of qualities a customs official had to have - tireless vigilance on the one hand and a sense of humour, on the other.

There was no shortage of amusing stories coming from the airport. Recently the customs staff turned their attention to a mother and son who had just flown in from Ljubljana. It was not just because they had dual nationality, but it was how they looked that made them conspicuous. It was a hot day, but they both had so many clothes on that they waddled down the steps like two barrels. To judge from their passports both mother and son had been in France and then flown to Turkey by way of Italy. They had been asked: "Aren't you hot?" With a disdainful look at the 'provincial' customs officials, the mother had declared: "It is fashionable in Europe nowadays to wear inflatable garments." Later on her 'fashionable garments' turned out to have been stuffed with cocaine [3].

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Near the passenger terminal was the cargo one – the largest in Turkey. Twelve cargo planes fly in every day from various countries, apparently, and a similar number depart.

There was a series of large ware-houses with space for containers, automatic cranes and electric hoists. It is here that between 75 and 80% of the air-freight coming into Turkey has to be processed. At one time this all had to be checked by the state company Turkish Air. The Turkish authorities then decided to privatize the company, reckoning that they would then be able to attract foreign firms, which would bring in capital and new technology. While telling me about this, Nurbay Topcu, head of the customs in the freight terminal, led me to understand that existing methods for uncovering drugs and the chemical substances used in conjunction with them do not inspire him or his team with anything like 100% confidence that they will be successful.

The morale of the customs official improved when Golden Rottweilers began to be introduced, which had been specially trained to detect drugs. In the terminal there were two charming Rottweilers, very popular with the customs men – Chichilla and Betty (two three-year old bitches). They wander through the warehouses sniffing the freight and when they sense there is something amiss, they begin to scratch the boxes or containers, wagging their tails in agitation and barking so stridently that it would seem they were asking their master to believe them, that there could not possibly be a mistake: they had found drugs or solvents. There are eighteen such dogs working for the Turkish customs authority. They are conscientiously earning the trust of the attentive customs officials. In the month prior to my arrival the dogs had discovered 190 kilos of heroin amidst the freight in the warehouse.

It has to be acknowledged though, that the drug-carriers are not less intelligent than the Rottweilers. Sometimes they think up the most ingenious ways of hoodwinking the alert, clever four-legged detectives so devoted to the customs men. On one occasion a wagon appeared on an international motorway which was smeared all over with heroin. A dog smelt it, began scratching and barking agitatedly, but although the customs men tried as hard as they could, they failed to find anything incriminating in the vehicle. After sniffing at a very large amount of heroin in this situation, when the smell of it was literally hanging in the air, the dog lost its bearings. The second wagon that drove up after the first one and was loaded with sacks of heroin did not attract the dog's attention at all and went through the customs check-point with no problem at all.

For the Turkish customs it makes no difference which company or firm a cargo belongs to. More often than not they are working with partners they know well, who are reliable and who command their total respect. There are, however, other firms with a dubious reputation, which are known to have made attempts to smuggle goods through customs. The customs officials in the port turn to the police to gather information and to the security services: they receive information about them from abroad, they are listed in computer data banks like customers, about whom it is important constantly to be on your guard. Nurbay Topcu laughed as he told me: "They probably have no idea what a reputation they already have with us and put down the fact that we are so particular, when we check their freight to the evil character of the customs man on duty. We're not going to argue with them!"

So that the drug-carriers have less temptation to line up their 'own man' from among the customs officials, the staff are constantly given shifts in rotation. In the course of a year the whole staff at any one customs post is replaced.

The Turks abide by their own system of punishment for drug smuggling, which they regard as the optimal one in their particular situation. The Turks see their country as a democratic one and accept the government's rejection of capital punishment and they

do not want to follow the example of their neighbours to the East (Iran) and West (Egypt). Yet, no-one would be likely to say that the Turks take a liberal line with regard to drug-dealers. Their offences are ranked with violations of state security or terrorist acts and they are investigated by the same extraordinary tribunal, which examines cases of crime in the armed forces. Moreover, Turkey is one of the few countries, where criminals are not merely punished for involvement in the narcotics business, but also for using drugs. Although officially there is an article in the Turkish criminal code providing for the death penalty for particularly serious crimes, this is subject to a moratorium at the moment and the death penalty has not been used for the last quarter of a century. The toughest penalty for drug-related crimes is 20 years' imprisonment and prisoners convicted for such offences cannot benefit from an amnesty.

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Some of the opiate drugs of Asian (predominantly Afghan) origin designated for Europe and the USA come together in Egypt for the last haul of the journey. There are various routes from there to the final destinations: by air (through Cairo's international airport), by sea (through the Suez Canal) and also overland with the help of Bedouins taking their caravans through the desert and through underground tunnels under Sinai used by the Palestinians. A tunnel situated near the camp for Palestinian refugees in Raffiak, which leads from Egypt into the Gaza strip and then on into Jordan, collapsed, once killing three Palestinian smugglers. Even events like that with a tragic outcome do not stop anyone.

But why Egypt?

When you sail in a steamer down the Nile acquainting yourself with the monuments of Ancient Egypt's civilization, as represented by Thebes – the city of the dead on the western bank and with the ruins of the magnificent temples at Luxor, Karnak, Idfu, Kôm Ombo and the temple of Isis on one of the islands near Aswan, you cannot help marvelling at the people who calculated the dimensions of those great buildings which have survived over centuries and even millennia and then succeeded against all the odds in bringing them to life in stone, marvelling not only at their artistic imagination, but also at their sound mind, strong will and consciousness as yet clear and unsullied. Scholars who have examined the history of the opium poppy believe that the ancient residents of the Nile valley knew about the effects of the juice drawn from poppies. They used it to calm children and stop them crying. It is assumed that Egyptian priests used opium when they performed various religious rites as well. When I read that traces of opium had been found in the mouth of a young princess of the 14th century BC during analysis of her remains in the Cairo Museum and also came across the suggestion that what this might have been was the first historical evidence of an overdose, it was difficult to take it all in.

It is also difficult to believe the sensational announcement which recently made the rounds of the world's press: Egyptologists were said to have found traces of cocaine on 4000-year-old mummies, which raised doubts regarding the discovery of America. Naturally, superficial mistrust of such stunning news is unimportant for those seeking to establish the truth, but I was very glad – although I do not really know why – when I heard that my scepticism was shared by the archaeologists I knew, including those who had taken part in Egyptian excavations in El Ghiza.

There are, however, some universally acknowledged facts regarding later periods. In 1798, when Napoleon's forces invaded Egypt, members of the scientific expedition accompanying the Army were amazed at how strange the local people looked, who

were constantly taking cannabis. Despite the strict ban issued by the military commander, many of those taking part in the campaign not only began to use cannabis, but many of them grew used to it and brought stocks back to Paris. It was probably through them that the French first encountered drug dependence.

Nor is there any doubt that the poppy plantations in Egypt, particularly those in the Suez Canal area, began to be enlarged at the end of the 19th century, when the British arrived. Indians making up part of the British expeditionary force most probably brought with them seeds of opium poppies, which were familiar to them from back home. Poppy cultivation continued in the years that followed, when Egypt was a British Protectorate. As one of my Egyptian interpreters ruefully observed: "If Egyptian civilization owes anything to the British it is first of all prostitution and then drugs...". I have no information on the first subject, but as far as the influx of drugs was concerned I was given the chance to see for myself.

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Not many people have the chance to see Egypt's modern poppy plantations. For this I had to cross part of Sinai on a camel and spent the night in an oasis. The inhabitants of this peninsula, if they feel they can trust you and invite you into their canvas tent, might then take you early the next morning up into the mountains, on the slopes of which poppy fields gleam scarlet. The sight in itself is amazing,. If we bear in mind the fact that it only rains here once every twenty years. Although the peninsula is patrolled by Egyptian planes, it is not easy to find the areas where poppies have been sown: when they are eventually discovered though, it is soon clear that no action can be taken in this gleaming red desert, since there are no air-strips to land on.

A similar situation is to be found in the Beqa'a Valley further north in the territory of the Lebanon. At the end of the 1950s the famous Czech travellers – Irzi Hanzelek and Miroslav Zikmund spent some time there and they were perhaps the first Europeans who raised the curtain obscuring the hidden cannabis plantations in that valley and the hashish production, which was illegally sold in Egypt and Syria. In almost every village there were small factories for processing cannabis. In their book "The Upside-down Crescent" the travellers cite an excerpt from an old Arabic chronicle, from which it emerges that in 1516 the flooding of the waters of the Nile was late and there was the danger that the peasants might experience a poor harvest: in view of this the Egyptians promised their ruler that they would try to persuade the Heavens to be more benign towards him and promising in return that they would abstain from hashish and wine for three days. By the end of the third day the water in the river began to rise, but what was of interest in the chronicle for the Czech travellers, and for me now as well,

Was not the mystical aspect but the one indubitable fact – namely that in the early 14th century the Egyptians had been smoking hashish and drinking wine and that abstaining from them for three days was seen by the Egyptians as a substantial sacrifice.

"In Eastern society the clan still has an important role to play," I was told by Doctor Mthdi M. Ali, the representative of the UN office for Drug Control and Crime Prevention in the Middle East and North Africa: "Everyone knows everyone else and knows who other people's ancestors were and gives each other support: this is why it is difficult for outsiders to discover illegal opium plantations or to identify drug-dealers." Doctor Mthdi was from the Lebanon and he talked to me about the special conditions pertaining to the region: he is, however, extremely cautious and feels that it is impossible to say that there can be any rapid solutions for the problem.

If you ask an Egyptian official what the main problems are today, the answer will be as follows: the continuing conflict with the Sudan over border territory, known as the “Halib triangle”, and the drugs being shipped through their country. Heroin and opium from the depths of Asia pass through here on their way to Europe, Africa and the United States and the Nigerian carriers use Egypt as a transit area for cocaine and Afghan hashish. Some of the drugs are bound to appear in local drug-markets. According to the experts’ calculations there were 2.5 million drug-addicts in Egypt in the year 2002 [4].

The Egyptian, police, customs and armed forces are well equipped and do a great deal to ensure that smuggled drugs are tracked down. Yet the amount that comes in regardless, still worries the authorities, particularly in the Suez Canal zone, through which 20,000 vessels pass every year. They carry more than 250,000 tons of cargo, which include concealed drugs or the chemicals necessary for manufacturing them. Not so long ago, the carriers who used to accompany the consignments on these ships which would take 11-12 hours to move through the canal, would select a convenient time when it was dark and then at an agreed point throw a waterproof sack into the water with an inflated top to keep it floating and then his accomplices would row out to it in a boat and raise the sack from the water. The authorities, however, tracked down the smugglers and they have virtually put a stop to this particular practice. The carriers now have to look for new methods.

Sometimes the Egyptian authorities drop paratroopers from helicopters (equipped with everything they need for setting fire to the offending fields as quickly as possible) into the oases of Sinai and the southern regions of Egypt where fields of opium poppies and cannabis can still be found on mountain terraces.

The situation is further complicated by the fact that what the Egyptian pharmaceutical industry produces in this part of the world is of good quality and relatively cheap. Local chemists have set up underground production facilities for the production of synthetic drugs, including Ecstasy. Since these tablets became sought after among the school-children of Cairo and Alexandria, cases of violence have been on the increase.

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When thinking back to the people I had met in the various countries of the Islamic world, I thought sadly to myself that the strictest of religious bans and Shariah law were powerless to overcome, on the one hand, young people’s urge to be ‘trendy’ regarding drugs as well as other things and, on the other, the temptation to get rich quick, which is corrupting the dealers of that region just as much as it does in other countries. In this respect the narcotics business ignores all religions. No adherents of any faith anywhere are entitled to say that they and their fellows are free from this curse.

This is why attempts in the world at large to link the ideas of “Islam” and “narcotics”, which have become more common since the events of September 11, 2001, are far-fetched and used by the unscrupulous to present the Islamic way of life as something at odds with the culture of the rest of the world. We still need to appreciate that the characteristics of a particular religious doctrine do not in any way determine the nature and level of a country’s drug problem. The spread of drugs in the Islamic world and the rise of organized crime associated with it follow the same patterns and assume more or less the same forms as they do anywhere else in the modern world.

Chapter 4. CLAIRVOYANTS AND HEALERS FROM THE KYTAI CLAN

First surprise in Toktogul – ‘Clairvoyant’ ancestors in our family – “That’s some kind of shamanism! – Mesmer’s magnetic fluid – Pavlov and Freud on the nature of hypnosis – The Kyrgyz school for the treatment of substance misuse – How they hoped to turn Frunze (now Bishkek) into a Hong Kong for narcotics – Askar Akaev: ”For as long as I’m President, there will be no opium poppies grown here!

As we watch the curse of narcotics creeping across our planet, we become more and more aware of what cultural-historical processes have in common everywhere regardless of whether they are at work in the plains of Siberia, in the forests of South America or in the Tian-Sham Mountains, where I grew up in the large family of a teacher and a psychiatrist. I am bound to turn to my family’s past, if I want to reach back to the roots of the interest shown by my ancestors in mental illness and aberrations of consciousness, a goal I am anxious to pursue.

I was only twelve when I underwent the first great shock in my life. It was in the village of Toktogul, a Kyrgyz village by a reservoir. One day I had gone along with my father to the psychiatric outpatient clinic with my father where he used to work. My father did not like to be disturbed while he was seeing patients. I hid behind the cupboard and later witnessed something almost unreal, as it seemed to me then. Two men walked past me into the consulting-room with a stretcher on which there lay a woman with frightened eyes. The men then sat the woman down on a chair in front of my father. I heard them explain how tragedy had befallen their family and that the woman had lost the use of her legs. My father said something to her in a quiet voice and eventually – I could not believe my ears! – he commanded her to get up and walk over to him. He held out his hands towards her as women do when they are encouraging their children to take their first steps. Without taking her eyes off him, the woman rose to her feet and strode over to him. She walked forward with her hands stretched out sideways as if she was walking through water up to her chest.

“What was that?” I asked my father later.

“Hysterical paralysis”.

Only later, by the time I had become a medical student, did I begin to understand the scene that had taken my breath away. Through words, gestures and the tone of his voice my father had put the patient in a hypnotic state and helped her to mobilize the latent potential of her nervous system. This was an ordinary way for psychiatrists to achieve a therapeutic effect on the mind of a patient and thus to influence their behaviour. Sometimes helpful information is introduced straight in to a patient’s mind with the help of technical aids – radio, telephone, audio-tapes, music and so on - but my father always preferred live speech. Although the range of technology available to us has increased many times over since then, I have always found direct contact with the patient, as used by my father, far more interesting.

It was the first use of hypnosis in the village – something that people talked about for a long time afterwards, attributing to my father the power to cast mystical spells. Only as a student did I begin to understand the real source of my father’s gift for influencing processes at work in a patient’s body through words. It was not just a question of natural gifts. In his library my father had various books on suggestion and hypnosis as used over the ages. The exhortations of Egyptian priests on the subject I found

particularly interesting. Their approach involved the use of intoxicating substances combined with spells and suggestion and they would often put their patients into a hypnotic trance. Suggestion and hypnosis were to remain wrapped in mystery for a very long time, which did not stand in the way of their being widely used, particularly in the temples of the East.

In Europe in the late 18th and early 19th century the idea of hypnosis became the subject of heated discussions among the members of medical societies and academies. An interest was shown in such matters by members of royal families, including Louis XIV of France and Queen Marie-Antoinette. The actual term hypnosis was introduced into medical practice by the British surgeon, James Braid (1795-1860). He began studying how a patient's receptiveness for hypnotic suggestion depended on certain characteristics of his nervous system. It was he who discovered the possibility of treating hysterical paralysis using psychotherapy. The idea of using hypnosis and suggestion for medical purposes was enthusiastically taken on by Jean Martin Charcot, Hippolyte Bernheim, Otto Wetterstrand and other European luminaries.

The foundations for the scientific study of hypnosis in Russia in the late 19th century were laid by a professor from Kharkov University – the well-known physiologist Vasilii Danilevskii (1852-1939). After carrying out experiments with reptiles and birds he expounded his ideas regarding the common nature of the response to hypnosis in man and animals. Three years after his death, when war was sweeping through the Ukraine, the medical school in Kharkov was evacuated to Frunze (Bishkek). Danilevskii's pupils began teaching Kyrgyz students about hypnosis ("emotional hypno-shock therapy"). Among those future psychiatrists was my father Bosunbek Nazaraliev.

My father's own roots meant that he was inclined to take a positive view of methods drawn from traditional medicine. Its origins go back a long way, to a time when the Kyrgyz worshipped the spirits of Sky, Water and the Mountains, the Sun, the Moon and Fire: the Kyrgyz always used to take with them their kut – a talisman wrapped in red and blue cloths. The protectress of our ancestors who belonged to the ancient Kytai clan was the bird of prey – Jagalmai: her image would often be worked in embroidered patterns on quivers and saddles worn by horses or camels. Since the time of ancient medicine men, who have played a considerable role in the emergence of early cultures – including rites of healing – controversy has raged between the advocates of various approaches to the relief of human suffering. I would regard the rift between traditional and modern medicine as one of the major misunderstandings of our time. One of the subjects on which they differ is how to mobilize the latent potential of the human mind for the struggle against disease: the gulf between the two approaches still influences various moral and ethnic principles at the heart of our society.

At the dawn of civilization the animistic beliefs of Kyrgyz nomads led them to collect plants for ritual purposes in the mountains, including hallucinogens, which they kept in leather pouches attached to their saddles: these would include fruit, stems, leaves, berries, tubers. When they rested at night the nomads would chew some of the plants from their 'travelling pharmacy' to enjoy their narcotic effects, relieve their stress and restore their peace of mind. In their camps there would always be a healer or shaman (known as a bakshi). He usually wore a high hat or a turban. He would carry a whip or kamcha, a small tambourine and a knife. Magical incantations would soon have people in their grip: with the help of hallucinogens the shamans would conjure forth bewitching

visions. The dull beating of the tambourine, the babbling of rivers and the whistling of the mountain wind would merge to fill the air with magnificent, colourful music that seemed to pour down from the clouds bestowing serenity on men below. Mountain valleys were filled with the red of poppies and a green sea of ephedra. Such plants were used by healers possessing different levels of skill and artistry (the koz-achik, the kuuchu, the bakshi). They used to make medicines from them, but I have never heard of a patient, a healer, let alone a shaman ever being subject to narcotic addiction.

In my home – the town of Osh, which is as old as Troy and came into being 3,000 years ago in the south-eastern part of the Fergana Valley – I had heard as a child about remarkable plants which could relieve tension or pain or conjure up wonderful pictures in the imagination. In the whole of Fergana there is no town which can rival Osh as far as its pleasant atmosphere, climate and pure air is concerned. Sultan Babur, great-grandson of Tamerlane (?1336-1405) the founder of the Empire of the Great Moghuls, was enchanted by it. Rising up in the middle of the city is the four-peaked mountain Takht-i-Suleiman, windswept and eroded by the rain. As schoolboys, I and my friends, would climb up the flint paths leading to the top, bearing torches above our heads and peering into caves as we went, fascinated yet filled with trepidation. From that vantage-point we could see the distant peaks of the Pamirs and legends would seem plausible : it was if we had seen with our own eyes the armies of King Solomon (Suleiman), or mighty oxen pulling ploughs, then stopped in their tracks by a thunderous shout of “Khosh!” (Whoa!), which some say is the source of the name of the town that grew up there.

My ancestors used to worship that mountain, when they led their sheep to the bazar in Osh. The ancient tribe of the Kytai, to which my father could trace back his ancestry, was descended from the Turkic tribes that pre-dated Genghis Khan. They say that the Kytai were clever, hard-working people. My grandfather, Mazar-ali and his father Baisal, Baisal's father Umurbek and his father Kemirbek owned herds of horses and cattle and white camels renowned throughout the Fergana Valley. The women, young girls and children of the tribe would ride on horses and camels on saddles of embroidered velvet decorated with silver as they made their way in colourful processions across the steppe. As the story-tellers would sing, the women would try to go down to the river before sunrise to fetch water, for once the herds had gone down to the river to drink its waters would soon be shallow.

Tolgon-ai, my grandmother (on my father's side), was from an ancient clan of Sayak khans. It was a strong brave tribe of warriors feared by its neighbours, like the Ogryn among the Kazakh tribes or the Naiman among the Tartars. They say that the Sayaks were related to the Saka-Massagetae, who lived in the time of Alexander the Great. My grandmother had inherited in good measure the proud uncompromising bearing of her ancestors. The grandchildren whom she raised were keenly aware of this, I every bit as much as the others. Hers was a strict household. She lived until she was 85, retaining a clear mind and excellent memory till the very end.

My mother's forebears were known for their diplomatic skills. She could trace her family-tree back 700 years to a famous ancestor by the name of Eserke, whom rulers used as a mediator to resolve conflicts between cities in the valley and between Kyrgyz nomads and their settled Chinese neighbours. After resolving the feuds between the local khans Eserke would sit down under a plane tree and in front of everyone he would place green balls of tobacco under his tongue. In those days people would say that he was smoking

nasvai, so that people might live in peace and that there would be no war. The saying “Eserke will find a way out” lives on amongst our people to this day.

My great-grandmother Aisha – on my mother’s side – was also from the Sayak clan. She was born in the Chu Valley and had a reputation as a clairvoyant. Almost all her ancestors had been soothsayers or shamans. Many people were surprised when she succeeded in predicting that a neighbour’s cow would be stolen, or her own marriage which would mean she would have to travel far from home. Long before my mother met her future husband, my father, my great-grandmother had described my father’s appearance in detail in a conversation with her sister and brother: she had even foretold that the young couple would live far away from their family home. The local cattle-farmers in those parts where our ancestors have grazed their herds, had been in awe of her talent for seeing into the future and spread rumours to the effect that our clan had its ‘guardian angels’.

It is highly likely that it was precisely from great-grandmother Aisha that my father and later I should have inherited the ability to use suggestion and hypnosis to cure our patients.

Suggestion and the use of well-chosen words in the treatment of the sick have long been an integral part of the art of healing in Central Asia and the basis of the nomads’ moral code. They would show complete faith in the local medicine man or shaman and this readiness of a patient to submit his will completely to following the commands and actions of his healer has been an essential part of the success of what we would call today psychotherapeutic sessions, their impact on the awareness and parts of the patient’s mind. Certain sounds, patterns of movement, narcotic or psychotropic substances have all been used to achieve emotional release and relief from physical tension, when an already limp patient is receptive to suggestion.

A name that is well-known in Kyrgyz history is that of the head of the Sufi order – Naqshbandi Hodj Iskhag. According to legend this sheikh was endowed with the gift of healing: among other methods he used those which would be referred to as psychotherapeutic ones today.(1) Impressive powers of suggestion were also attributed to Manas, a figure of intimidating aspect. Before setting off on a campaign he would turn to the khans and their warriors calling upon them to accompany him to the East: this commander would paint for his followers inviting pictures, which he himself believed in and could render convincing for others. “In the land out there, there is a bird with one wing. Who has ever heard of a wild camel? Who has ever heard of wild men?...There are many other wonders there besides. There are deer cemeteries there and we shall find roots, which will banish any sickness. We shall find medicines for fevers, cures for the plague, charms to ward off death, to make men merry and plants to cure barren women. There are hosts of exotic animals...apples the size of horse’s heads, which restore health, as soon as you partake of them. There are nuts of every kind, the size of boulders growing on trees. My hopes for you all are one and the same....with my words I shall lead you forward.”

Thousands of spell-bound warriors would then set off to battle inspired by his visions. In medical parlance this was an experiment in neuro-linguistic programming, using the impact of words on men’s minds.

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Many years later when doctors in Bishkek, who are advocates of classical medicine, come to our Centre to observe a final session of imperative suggestion (stress-driven psychotherapy) with one of our patients, a sceptic among the observers might comment

in an attempt to offend me and cast aspersions on this strange method, which is incomprehensible to him: "That's some kind of shamanism!" My friends will probably begin arguing with him, while I merely smile, regarding his comment as a compliment, that he has paid me without in the least expecting it. Most probably the sceptic's knowledge of this highly complex phenomenon in the history of world religions, including those of the peoples of Central and Northern Asia, does not extend beyond some superficial notion of a shaman as a mentally abnormal old man, capable of falling into an ecstatic trance, banging his tambourine, arrogantly seeing himself as some sort of god.

In my childhood I had felt truly apprehensive when watching the actions of Kyrgyz shamans, not yet understanding their agitated nervous lamentations, their appeals to the soul that has abandoned a sick man to return into his body and put an end to his sufferings. Gradually I put the naïve responses of my immature years behind me. What helped in this was talking to my father who would not tolerate superficial judgements about complex phenomena of the mind. As I watched shamans dance and listened to their half-singing, half-shouting I began to understand the logic behind their actions. Unlike the priests of many religions, who usually officiate at family celebrations of marriage, birth or a funeral, shamans are called out to minister to those with a sick body, and in particular those with a sick mind. Well-versed in the ecstatic trance, an Asian shaman stretches upwards to the Sky and when the heights are reached, with a deep breath and avoiding one after the other the places where the sinners are punished, he reaches at last the soul of the sick man he seeks to help. Then the shaman calls upon it to return to its rightful place, but if the soul is not prepared to return and resists, then with fury and great noise he will return it whence it came.

There are many different shamans and traditional healers in Kyrgyzstan, each with their followers. Although each has his different approach to healing, it is more important here for us to turn our attention to the characteristics that they all have in common. Almost all of them send their patient into a trance, work with groups of patients, calling upon them to talk about themselves: they all use psychotherapy including hetero-suggestion (suggestion received from another person) and the suggestion is often verbal – suggestion through words.

I was able to observe shamans from Siberia and Central Asia at work in the 1980s, when I and my friends were working as doctors in Southern Yakutia

The camps of the reindeer-breeders in the Chulman-Neryungi district turned out to be in a zone effected by an industrial complex, through which the Baikal-Amur railway-line was due to pass. The economic boom was not treating the Evenks gently, for they were used to a specific pace of activity and were now suffering from the brutal disruption of their traditional way of life and work habits. They used to drown their worries about the uncertain future in alcohol - the only food item which was delivered by air to the tundra by air come what may. Alcohol brought relief to hearts that were ready to burst from anger and frustration.

We, young doctors, were helping the doctors to find ways out of these stressful situations, but I have to admit that shamans living in the tundra performed this function most effectively. The apparel of the Evenk shamans – an essential attribute of their ministrations – included a caftan, belt, tambourine, feathers, ritual accoutrements and many other mystical objects: it made them look like a symbol or image of the micro-cosmos, with which they made contact. This was an important aspect of the 'bewitching'

of the sick. I have had to acknowledge on more than one occasion what a major impact the appearance of a psychotherapist has exerted on a patient during the final stage of his release from drug dependence.

I have also been struck by the martial aura of shamans, when they try to drive out demons in their endeavour to cure the sick. It is not a question of special equipment – sword, spear, armour and so on – although that too is important, but rather the aggressive nature of all their movements and incantations. They attempt to protect life from those who are bearers of sickness and death. It is not difficult to imagine the importance of the role played by a medicine man of this kind in the society of yore. Yet I should like to turn attention to something else as well. Shamanist rituals succeeded from a psychological point of view in uniting members of modern society through trust in the powers of God, capable of helping them and protecting them from Evil, potentially capable of rendering society powerless. The need for shamans, in whom men could place their trust, has come down over the centuries to this day via the great religions and philosophical ideas, testifying as it did so not so much to human weakness as to the ever-resilient nature of human hope.

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There was something of the shaman about Franz Anton Mesmer (1734-1815), one of the most enlightened men of his age – a doctor of law, philosophy, and medicine and a friend of the Mozart family. It is even said that he and Mozart used to make music together. It was, however, as the man who elaborated and applied a theory of hypnosis that Mesmer went down in history. Doctors practicing in his day used to use magnets to treat their patients, but Mesmer was the first to discover the capacity of the human hand to concentrate within itself magnetic fluids and then to transmit them to others. In accordance with his drawings special large vats of iron filings were prepared with metal rods protruded from the holes in their lids. The patients used to sit round these vats, holding one of the iron rods in one hand and their neighbour's hand in the other, thus forming a closed circle. Mesmer would come into the room to the accompaniment of music, wrapped in a purple cloak and holding a crystal baton thus preparing the patients through the impact of his appearance for the profound psychological effect that the imminent spectacle – unlike anything they had ever seen before - would have on them. At that time he was not yet aware that individuals' receptiveness to hypnosis varied. The degree to which it depended on the nature of an individual's nervous system was only established later. Although the healer's actions were based on scientific conjecture and discoveries, at a time when people still believed in miracles and sorcery, Mesmer also attached importance to the secret language of gesture and spell-binding movements, which he used during hypnosis or magnetism seances.

Like other men of wide-ranging talent, Mesmer, armed with a fanatical belief in the correctness of his own theory, strove to have it accepted in scientific circles. The scholar involved leading members of the French élite in the scholarly arguments and many high-ranking representative members of the court supported his research effort, yet he never gained official recognition from the academic establishment. He emigrated to Switzerland, where he lived out his days in obscurity, as far as the academic community was concerned. It was not until 67 years after his death that French academics acknowledged his method of treatment through hypnosis as scientifically based.

In my father's library, as well as books about the history and ethnography of the Kyrgyz people, there were works by A. Tokarskii, V. Bekhterev, I. Pavlov and other outstanding scholars, who had studied the theory and practice of psychotherapy. Their works

explained the possibilities for active intervention in their patients' minds and for modifying aspects of their personality. Step by step scientists were defining more and more clearly the role of physical and mental factors in hypnotic processes. Nevertheless, the history of the application of hypnosis and suggestion contains many a dramatic page. In the 1930s the quests of psychotherapists were condemned as contradicting materialist teaching. It was only after the mid-fifties, when hypnosis had been accepted as an officially recognized part of medical treatment, that Russian psychotherapists were able to revive academic and practical interest in hypnosis.

Pavlov and Freud had attempted to explain the nature of this phenomenon. They started out from different theories, which were essentially mutually exclusive. The physiological Pavlovian approach was based on an understanding of hypnosis as the result of the inhibition of the cortex of the brain, as a state midway between sleep and wakefulness, a transitional state the depth of which could vary. At the deepest level of hypnotic sleep (somnambulism) words acquire heightened power as an instrument of suggestion.

According to Freud's approach the power of the hypnotist over his patient lies in the sphere of the subconscious and it is based on factors of an erotic nature. When my father was studying medicine, Freud's writings were banned in the Soviet Union and when his name was mentioned during lectures it was always accompanied by politically loaded negative phrases such as "an apologist of bourgeois ideology". Students were taking risks in those days when they got hold of re-typed copies of his "Introductory Lectures on Psycho-analysis", "Jokes and their Relation to the Unconscious" and other works and acquainted themselves with ideas on the nature of hypnosis that were new to them. Our professors passed over the father of psycho-analysis in silence, but the best informed and less cautious among them used to talk about his theories in their conversations with students, which like any ideas alien to it had been outlawed by the totalitarian system. To the students training to be psychotherapists they imparted in a roundabout way the idea so daring in those years to the effect that self-awareness could create opportunities for the free development of the individual.

Why have I dwelt in detail on the subjects of hypnosis and self-analysis?

In an environment, where there are no generally accepted methods for treating drug addiction, doctors have to experiment with various approaches including the psychotherapeutic one. The aim is to introduce order and stability into the emotional state of patients as a precondition for their successful treatment. We have to take into account a variety of approaches, when we start looking for our own model for the rehabilitation of drug-dependent patients and setting up a programme for their comprehensive treatment based on methods drawn from psychiatric practice all over the world.

* * * *

I was studying medicine during the late seventies and early eighties, when a local school of therapy for treating substance misuse was taking shape in Kyrgyzstan as a sub-division of psychotherapy. Our scholars, who were carrying forward the traditions advocated by their mentors from Kharkov, were studying alcoholism and cannabis addiction among the peoples of Central Asia. These researchers had impressed the younger generation of doctors by their clinical practice outstanding in view of its scale and the depth of the analysis involved. Professor N.V.Kantorovich had devised a formula for the diagnosis of alcoholism, which made possible for the first time a scientifically based differentiated approach to the treatment and rehabilitation of

patients and to their social adaptation. A.I.Durandina, D.U.Adylov, N.A.Sirota, B.N.Degtyarov and I.A.Ageyev and their colleagues put forward for the first time in the Soviet Union a comprehensive programme for the prevention of alcoholism, drug addiction, toxicomania and smoking among young people.

Professor A.I.Durandina, an expert in the clinical treatment and prevention of cannabis addiction, was idolized by the young doctors of her day. She worked with patients suffering from mental disorders resulting from cannabis addiction. It is not difficult to imagine the size of her work-load when she was caring for seventy patients and not only writing up their medical histories, but also compiling an emotional yet objective medical-cum-social description of their entourage. The dissertation for her doctorate contained such a large amount of what for those days was political 'dynamite', that her two-volume work was classified as "Secret" and had to be defended behind closed doors, as if military classified information was involved.

Students also went out of their way not to miss any of the lectures given by D.Y.Adylov, who was working at the time on drug addiction among young people. She saw such problems as an illness not of the young person alone, but as an illness of his whole family. It is pleasant to have this opportunity to mention her name, since later, when I set up the Republic's first private medical centre, my teacher would support me and become my colleague.

One of my old friends and a big-hearted man, V.R.Bauer, for whom our teachers predicted a bright medical future has – much to my delight – agreed to become the director of the new centre and has a firm grip on the helm of our joint ship.

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Since the early 1980s there has been more and more talk of drug addiction of epidemic proportions within the territories of the former Soviet Union. Young people had, however, been seeking entertainment from smoking volatile narcotic substances or consuming them in other ways for a good many years prior to that. Doctors knew about people smoking cannabis and opium, particularly in the southern parts of the country where cannabis, poppies and ephedra had numbered among traditional crops. Drug addiction as a social phenomenon, however, had not preoccupied the authorities, who had regarded it as a classified topic, which was only mentioned in the press in connection with exposures of the "western way of life".

The Kyrgyz had been using cannabis for a long time already: it used to be brought into their lands from China or Uzbekistan: without instructions from Moscow, however, they would have been highly unlikely to cultivate plantations of it. Near Issyk-Kul Lake, however, three large farms were set up to cultivate hemp. Files of carts and lorries used to bring mountains of the stalks into Frunze to the hemp and jute factory. It turned out to be so profitable that for a long time, while observing the growth of cannabis addiction, no-one ventured to turn to the Soviet leadership with a request to relieve the Kyrgyz of this dangerous burden. Meanwhile middle-men of the drug-trade were making ever more frequent visits to the Republic. The local authorities first became aware of the danger, when it emerged that cannabis was being smoked in many schools. The police (behind closed doors of course) was reporting a rise in drug-related crime.

Nikita Khrushchev, who headed the government of the day, sympathized with the Kyrgyz but could do no more: while the country's chemical industry was still under-developed the country could not go without hemp. It was not until 1964 that research

institutes were able to put forward ideas for the technology required to produce new commodities, which would replace hemp. Soon after that the Kyrgyz plantations growing hemp were outlawed.

There were still the thickets of wild hemp to contend with: in the spring thousands of people were sent out into the fields with spades and axes to destroy them. They might in the end have been successful in getting rid of it all, if a new era had not dawned. In the 1990s collective farms began to be disbanded and peasants were obliged to look for a new livelihood. The inhabitants of the Chu Valley began to plant hemp, often in places off the beaten track and this is still going on today. Between July and the first frosts when the rains and the sun have produced a lush crop, people secretly come out to harvest the pollen. In the past whole families used to go out into the thickets together. One of the children would strip off his clothes and be rubbed down with cotton oil and then run through the plantation so that the pollen would be caught on his sticky body. There is a memorable description of this scene in Chingiz Aitmatov's novel "The Block". The pollen would then be scraped off the youngster, the family would prepare the cannabis and pack it into matchboxes.... This would be the moment for the middle-men to descend on the valley. They would offer the peasants more money for a matchbox of the pollen than a village teacher could earn in a month. Sometimes barter would be the order of the day: 11 matchboxes for a school uniform, 60 for a cow, 200 for a car. If a family did not have the right number to hand, then the family would be given 'credit' by the middle-men and would have to pay off the debt on another occasion.

For most of the peasants collecting and selling hashish was not a business but a means of survival. When the police came across illegal crops, they would round people up and half of those arrested would be old men and women. The young policeman, who might have been their grandson, would heave a deep sigh and then, with bowed head, lead his horse back to where it had come from. When I visit Lake Issyk-Kul today, I notice groups of three or four young men squatting in the shade of an elm, hardly bothering to keep out of sight. They are grinding hashish and mixing it with tobacco taken from Russian cigarettes: they then put it back into the cardboard tubes and take draws as they pass it round the group. Their pupils are dilated, their mouths dry and their speech falters. Their desolate parents will bring them to me for consultations and I shall then be confronted by emaciated young men with a rapid pulse and vanishing will-power suffering from memory loss and hardly able to steer their own thoughts.

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The fields aflame with red poppy fields were part of my country's landscape. In the second half of the day when the weather was cool and dry the peasants would cut a notch in the poppy seed-cases from which a white milky juice would seep and this would then thicken and darken in colour overnight. When the sun came up and before it grew too hot, the sticky white substance would need to be removed with a metal scraper (or kalak) and place it in a glass jar. That was the raw opium. During the harvest on the plantations of opium poppies – the largest in the Soviet Union - up to 50,000 people would be driven out from the towns to gather it in. The raw opium was used to produce morphine, which in those days was the only available pain-killer. The Kyrgyz used to produce 16% of the world's opium and nowhere else was the morphine content as high. The state purchasing prices for opium were higher than those for any other kind of agricultural produce [3].

Legal cultivation of opium poppies had been in existence since the war of 1941-1945: military hospitals had needed morphine and there were not very many places in the country where the natural conditions were suitable for this crop. When the war was

over, however, they continued to grow poppies, on a larger scale than before even. The Kyrgyz Republic provided two thirds of the morphine required by the medical industry. While we were at school we were vaguely aware of concern about it in the conversations of our elders. They began talking about people who were coming secretly to our Republic to buy raw opium, for which they were paying big money to the peasants. Sometimes they would be caught by the militia, but there were not enough militia-men to cope with the influx of these middle-men. The middle-men would pay the peasants 30 to 60 times more than the State purchase price. In 1963 the leader of the Republic Turdakun Usualiev came to Moscow to see the Deputy Chairman of the USSR Council of Ministers, Anatolii Mikoyan to ask him to release the Kyrgyz from the task of cultivating opium poppies.

“If we stop producing the poppies in Kyrgyzia, have you got the hard currency to pay for importing morphine from abroad, Comrade Usualiev?” Mikoyan asked him. “You know there’s no hard currency in the Republic,” replied Usualiev uneasily. “We don’t have any either” said Mikoyan bringing the conversation to a close.

It was not until 1974 that Usualiev finally succeeded in persuading Moscow to ban the cultivation of opium poppies in Kyrgyzia. He was helped in this by Alexei Kosygin, head of the Soviet government, who was known for his negative attitude to alcohol and would frown when he smelt wine on the breath of people speaking to him. Medicines containing narcotic substances were replaced by others “just as effective as those currently being used, but which do not constitute any addiction risk”, after a new resolution was passed by the Soviet government.

At the end of the 1980s when a market economy was emerging, opium poppies once more gained a grip over men’s minds, but this time those of our entrepreneurs and politicians intoxicated by the prospect of an easy miracle – covering the earth with poppy seed-cases and turning Kyrgyzstan into another Hong Kong. Unscrupulous ‘New Kyrgyz’ were supported in this by the ‘New Russians’ anxious to carve out a place for themselves in a world-class drugs cartel. The well-informed viewed these plans to reintroduce such crops as suicidal for the population. The UN High Commission for combating the Production, Trafficking and Use of Narcotics watched events unfold in Kyrgyzstan with alarm. One of those in charge of the new production line had already sent 150,000 convertible rubles to Turkey to buy high-quality seed for cultivating opium poppies. The situation was looking really serious by now, but the young Republic’s president Askar Akaev took a firm stand:

“For as long as I’m President, there will be no opium poppies grown here!”

The official arguments ceased, but the peasants from the areas where opium had been sown before continued to grow them, supported in this by traders from outside the country. They hid the plots amongst tall grain crops, in the middle of swamp areas, in the mountains. The buyers nowadays not only collect up the juice after it has turned solid, but they take away sackfuls of poppy stems complete with roots and boil up what is known as chernyashka, the poor man’s opium when he cannot afford the expensive end product. New strata of society are being drawn into the net and consuming opiates.

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My colleagues, and my patients even more so, who wonder how I know exactly what they feel at one or other moment of their day, are unlikely to suspect that I too in my youth used to smoke drugs. Of course, it would be more impressive if I could write of some noble urge on the part of an 18-year-old new student and future specialist in

substance misuse, who "in the interests of science was bold enough to experience first-hand the effects of the scourge, so that he would be better equipped to save the lives of thousands of lost souls..." Alas, the real state of affairs was pathetically ordinary. We students had been sent to the country to harvest potatoes on a collective farm. We were having to dig in frozen earth and then load full sacks on to a cart. When the old horse felt that the cart was the right weight, he would then set off to the barn along the village path.

In the evenings we used to get together in the village hall. We were young, in high spirits, in love and without a care in the world. Seven of my fellow students sat down on a bench under a mulberry tree and asked me over to join them. They were passing a cigarette round the group filled with a mixture of tobacco and hashish. It was all very hush-hush, with the excitement of danger thrown in.

I had no urge to smoke it at all, since I did not even smoke ordinary cigarettes, but I felt awkward about seeming naive and so I took a draw. I can still remember my first sensations: my heart started to beat faster, it became a little harder to breathe and my mouth felt dry. That was all. There was no high!

It was only later after the third or fourth experiment, that I began to experience the excitement, which my fellow students had enjoyed far earlier. We started laughing for no reason, at the slightest trifle. During dances the village girls thought we were terribly jolly and intelligent. The girls among our fellow-students who realized what was going on made no secret of their contempt for us.

At the end of my first year I went to spend my holidays near Lake Issyk-Kul. There was hemp growing in the local peasants' plots. For the first time I saw this plant growing to a height of three metres with large wide leaves. It was strange to contemplate the fact that thickets of hemp had been growing in Central Asia since the days, when Herodotus and Hippocrates had been writing about them. The young peasants living near the lake treated the 'city-lads' to marihuana and hashish made from the sticky pollen. They taught us how to mix it with tobacco from cigarettes and then fill up the cardboard front tube of the Russian cigarettes with it. It is difficult to say what we enjoyed most, the smoking or the knowledge that we were doing something forbidden. I used to smoke once a month with my student friends and then in the summer with the country boys near the lake. It took a long time before I experienced what they refer to as "a high", but I was aware of my thoughts racing and how vivid, profound and original they seemed. We used to fall into a kind of trance and for three or four hours we would talk about and analyse a book we had read or a film we had seen: it was all very amiable, we felt happy and felt we belonged to some kind of intellectual élite. After a few draws we no longer worried about the meaning of life and death, but found ourselves in a state where at any time and with no trouble at all we could feel rapturously happy. I felt there were two of me: one coolly observing what was going on and the other, running away from the warnings of the first, wallowing in bliss, feeling he was in Paradise. Having once experienced this moment of revelation and over-drive in my mind, I was unable to forget this sublime state and from time to time I felt the urge to re-enter that sweet world of mental exhilaration. In my normal state I did not experience any special power of intuition, but after a dose of hashish I would start to be more acutely aware of the person I was talking to. My words seemed to be invested with importance and meaning, my voice acquired a new register and I was aware of the enhanced power of what I was saying and my greater ability to convince or out-argue those listening to me.

I was afraid to use strong drugs or inject myself. I was terrified at the idea of a syringe with an opium solution. Perhaps my father's stories held me back: among his patients there had been people taking opium, heroine and amphetamines who had been beyond help. My father did not suspect that his medical-student son was smoking toxic substances. It was only my mother who discovered little packets of 'grass' in my pockets, when she was cleaning my trousers. I convinced her that there was no need to be alarmed. Like almost everyone who tries to spare their mother, I told her that the packets had been given me by my friends to pass on to their mates and that I did not even know from which plant the contents came. Yet you cannot hide something like that from a mother and I still feel remorse, when I think back to the way she must have suffered.

Our student years coincided with the war waged by the USSR in Afghanistan. After military operations the wounded were brought back into our town and seven of my fellow-students lost a father or a brother. In our medical school in the military medicine department we were given more basic training than usual for future junior medical officers. Every student had his measurements taken and his shoe-size duly recorded. It was rumoured that the first students who would be called up would be those with expressly Asian features – Kyrgyz, Uzbeks, Tadzhiks. We were young and had no idea of what was going on around us and this made us agitated. Some of my former school-friends, who had not gained a university place straightaway, had been enlisted without delay. Many of them came back in zinc coffins. News of friends of our own age fallen in battle became part of an all too familiar ritual. I do not mention this by way of justification, but merely as an explanation in retrospect of the depression we did not really understand, but from which we sought brief release by smoking hashish.

In the student hostel I used to go to in order to visit my friends, the lads used to brew 'khanka' as we called the drink made by boiling poppy seed-cases, to which we used to add various chemicals and medicines: from the resulting thick mass we rolled small dark-brown balls or 'pancakes' from a strong intoxicating substance, a rudimentary form of heroin. The lads used to inject this intravenously or make a drink out of it, but I was not in the least tempted to join them, partly because I was doing a good deal of sport at the time and did not want to be unfit and also I was perfectly happy just smoking my cannabis cigarettes. What made me finally give up even smoking them was the tragic story of my student friend Malik Saliev. He was a tall handsome boy from a well-educated Kirgыз family, the life-and-soul of any party. I knew that he used to smoke or go in for other forms of drug misuse but I had no idea of the doses involved. He was working in his second year in a teaching hospital after graduation when he was sent to Moscow to widen his clinical experience. Suddenly out of the blue came the news that he had been found dead in his hostel. From those who knew him best I learnt that he had died from an over-dose.

At that time I had been working in Osh in a psychiatric outpatient clinic. The people in the town remembered my father and his reputation helped me. His former patients started coming to see me. I enjoyed this town in the south of our country; by this time I already had a house, a wife I loved and a son. Life was not over-generous to us and I used to have to do night-shifts on the ambulance service to make ends meet or run hypnosis sessions. I was very keen that the name Nazaraliev would be associated not just with my father but with me myself, as I continued his work in our town. Yet before the end of the year I was transferred to the medical school in Frunze (as the Kyrgyz capital was known then). I joined the research staff there. The hope that I had been nurturing

for so long, but had not yet told anyone about was becoming a more realistic prospect – that of working alongside my father.

At the time I did not know that this move would completely change my life and would eventually lead to the creation of the Nazaraliev Medical Centre, a centre bearing the name that had come down to me over the centuries through my ancestors of the Kyrgyz clan of the Kytai.

Chapter 5 – A YOUNG DOCTOR SEARCHES FOR HIS OWN APPROACH TO HEALING

What the specialists from New York saw at the Nazaraliev Medical Centre – Our Five Principles – How I confused tetanus with schizophrenia and what happened as a result – “Zhenish, this is how you’re going to earn your living” – From ‘Pavlovian reflexes’ to the drug ‘Gamma-200’ – Experiments with Cousin Stalbek – “Let’s work at it...stretch your hands forward!”

“You’re a strong man, charged with energy...a veritable machine! Stand calmly, we’re going to work at this, there is tremendous energy welling up inside you. From now on there’s no power on Earth which could make you take drugs. Every cell in your brain, which used to whet your appetite for them, will be totally destroyed, torn apart, dissolved. Prove to me that you’re really strong. Show us your very own Self in this life. !!! One, two, three, four, five...Let’s work at it! Stretch your hands forward! Draw them back! Now you’re going to start the most important work of your life. You are going to forget drugs for ever, and every other filth that made you lose face, did away with your will-power, almost robbed you of life. You’ll bring joy to those you love, your children, the whole wide world. You’ll come back into the world quite a different person...”

In a room with a high ceiling and flooded with bright overhead light there were three doctors standing on a large soft mat like those for acrobats in the circus to land on. This was the culmination of three weeks of the patient’s treatment. Next to me were my colleagues E.K.Kubatov and E.A.Jumataev. Being old friends we understand each other well and during the session we passed the patient round from one doctor in the group to the other. To anyone watching we might have looked like black birds of prey, tearing at our victim. Dressed in black and with one leg stretched out behind me I circle round the patient, whose head is thrown back so that his body is curved back almost like a ‘bridge’. I hold him steady with one hand, so that he should not fall down on to the mat and watch how the fingers of his outstretched hands are trembling: he is shaking all over and we can only see the whites of his eyes. His spasms are unmistakable and I am pleased, because in this state his mind will be more receptive for what the doctor is telling him.

“We shall now replace your drug-ridden past with a new life. This is not hypnosis. You will see, you will feel how your body is trembling. Now your mind is open to pure thoughts and healthy desires. There is firm ground underneath your feet now. The strength drugs gave you has gone, we are pumping new strength into you, powerful emotional strength, the first wave of which you shall feel, when you wake up after this intense stress...”

I do not know precisely what my colleagues are whispering at such moments, what they are suggesting to their patients or ordering them to do. Every one improvises in his own style. I do not listen to them, but we set ourselves a common task: at whatever level the patient perceives the world, with the help of words, mimed actions, gestures or the timbre of our voice, we are invading his inner mental processes, intensifying what he is experiencing so as to help him find within himself his latent potential for new, different behaviour, dragging it forth from his sub-conscious. This stress-energy therapy is also referred to as shock therapy, stress-shock or deep-level psychotherapy.

To a newcomer the external attributes of this treatment (the black clothes of the doctors, the rapid harsh rhythm of their speech, the loud knocking of their shoes against the wooden floor helping to instil information into the patient's brain and so on) might, of course, call forth associations with frenziedly dancing sorcerers of primitive tribes. The doctors working at our clinic, however, know that this final part of the four-stage, highly scientific method of psycho-pharmaceutical treatment, which our Centre has patented will ensure effective rehabilitation for individuals addicted to psycho-active substances.

The point of the final session of imperative suggestion lies in the powerful psychotherapeutic impact on the patient. When it is over two hospital porters carry off the patient, who has collapsed on to the mat drained of strength and in a semi-swoon, back to the ward and put him to bed. Two or three hours later he will wake with a feeling of lightness throughout his body and a sense of liberation as if he had just emerged from a sauna: he will not feel any urge to smoke, eat or drink or even to communicate with anyone. What he needs is to sort out his thoughts, to be on his own. From the doctors he heard that this was only the beginning. If he is going to follow their advice the state he is now in will last a long time. After a complete course of treatment in our Centre three quarters of the patients are able to abstain from drugs for a whole year. The actual session had lasted for 10-15 minutes, the psychological preparation for it had been proceeding in gradual stages over a whole month, since the very first days when medicines had been used to keep the patient's acute state under control. The patient had first undergone detoxification and relief had been provided for withdrawal symptoms: then he was put in a coma and subjected to oxygen saturation in a pressure chamber, treated with plasmaphoresis and haemosorption and finally sent for a week's rest-cure to a convalescent home, so that in a calm state he should have the chance to think about what he was capable of and make his choice. Not all the patients were prepared to go through the final stage. Patients who came to us from the criminal world were uneasy about the final session which the doctors described to them in detail beforehand. They were scared that they might be 'broken', seeing all this as humiliating, something that would undermine their self-respect and incompatible with their status in the criminal world. We would answer all their questions but not insist on their co-operation: each individual needs to decide for himself what kind of behaviour he is going to opt for [1].

Those who decided to complete the last stage of the treatment would be moved to the second building in our clinic near Bishkek 5-6 days before the final session. The doctors would begin to build them up for it psychologically, more and more as each day passed. They would urge the patient to gather his strength so that he could stand up to the 10-15 minutes of the final session, which he had to cope with, and which might well transform his life. The doctor would explain in detail to the patient and the person close to him, who was at his side throughout the course of treatment, what was in store for the patient as he made him aware of the psychological and physical stress to which he would be subjected and which would constitute the most important challenge of his whole life. Gradually the emotional state of the patient would become one of anxiety and trepidation. Make yourself ready, ready....! The patient's thoughts were focussed on himself, on the world of his own inner experience. He would be given a drug that intensified this feeling of trepidation. Finally when keyed up to the maximum degree, his mind was open and receptive for impulses from outside. Early in the morning on the day before the final session he would change his clothes, as if he was shedding his skin. Then in an unfamiliar room, like an operating theatre and lying in the Romberg pose, i.e. with the heel of one foot touching the toe of the other and with his shaking arms

stretched out before him he would listen to the doctor saying: “You are a strong character! A powerful individual! Charged with energy!”

Some people might find this procedure almost like a rite and it might seem strange, primitive, truly reminiscent of sorcery, but over ten years we have been honing the formula, assessing the impact that particular combinations of words, gestures and external surroundings have on the minds of those for whom the 10-15 minute session has been arranged – a session that is so highly charged for the patient and to an equal extent for the doctor.

We are talking about a procedure, which to a large extent is improvised and which cannot be taught, because its strength or lack of it depends to a large extent on the personality, the mind and the intuition of the doctor involved. When we are asked why we do not teach our technique to others, I think sadly to myself about how difficult it is for self-confident people anxious to master these professional nuances to turn their back on the illusions they have had and realize that the true ‘secrets’ of our work are not something that can be learnt, however hard someone might try or practice, since they are all to do with traits of an individual’s character.

I lean over my patient, whose head is thrown back and who has stretched out his trembling arms: without paying any attention to his state, his shouts or groans I whisper insistently to him, as if I am hammering into his mind: “Go on then, shout it out, push it out, drive out the filth! Help yourself! The power which drew you to drugs will vanish. We have found another powerful emotional force, which you will sense for the first time when you wake up from this state of stress... You are a strong man, a powerful man, charged with energy – help yourself out of this!”

The patient has faith in me, in all three of us, he trusts the timbre and intonation of our voices, the expressions on our faces, but this does not mean that he would trust just anyone, even if the most talented of actors were to try and imitate and repeat in detail everything that we are doing. Perhaps this is a truly unique scene, when it is impossible to assume the role of a character: it really is a case of “To be or not to be”.

Then when the patient wakes up and comes round feeling alert and inspired, when he looks with almost childish joy at his wife, content with himself, with the way in which he rose to all the challenges, he will tell you when asked how he felt when the doctor was working with him: “I had the feeling that dirt was welling up inside me from the tips of my toes, up and up, till it reached my chest and thorax. It was a terrible feeling, I felt I was gasping for breath, but at the same time I was struggling to tear the dirt out of me. I probably squealed like someone half-mad, but at the same time I could hear myself, or perhaps not really myself – I had the feeling that some other creature was squealing within me, struggling to get out. In the end it was all over, the filth was no longer inside me and immediately there was a sense of relief”.

I had never seen all our staff looking so smartly turned out before, as on that spring day of 1997, when the Centre was making ready to receive scientists from the medical faculty of New York University. My deputy, who had in the past been a drug-addict himself and spent his time wandering from one Bishkek drug-den to another, had long since sorted himself out, graduated from medical school and turned into a first-rate doctor, but on this occasion he was nervous and asked :

“Zhenish, what if they find about my past?”

“There’s nothing for you to be ashamed about.”

“But if they suggest we have a drink, raise a glass to friendship, for instance? I shall of course turn it down, but won’t that seem arrogant?”

“My friend,” I said:” Even if the whole of Kyrgyzstan was suddenly to stop drinking, I am afraid that the world at large probably wouldn’t notice.”

The Nazaraliev Medical Centre consists of a five-storey building in the business district of Bishkek. There is an office, 150-bed in-patients’ department and other rooms, where many other diagnostic and therapeutic procedures take place, research premises and a marketing department. The main work is carried out in the department for acute conditions. In it there is a reception section, two rooms set aside for working with newly arrived addicts and two specialized departments one for intensive care and the other for psycho-physical relaxation. The key members of the Centre’s staff were assembled in the department that day: Y.S.Yusupov, L.M.Munkin, M.A.Musaev, G.I.Safarov, M.I.Feigin and many others besides. These were all highly qualified doctors (their average age was 38) and they enjoyed access to the latest West-European medical equipment and drugs for the treatment of nervous disorders and mental illness.

Our second building is in Besh-Kung.., an attractive suburb of Bishkek on the bank of a small river, which flows down from the slopes of the Tian Shan mountains: that is where patients spend their rehabilitation period and prepare themselves for the final stage of the treatment.

There are some parts of the buildings, which are not set aside for patients but where doctors can take a break when they occasionally have some free time. These are the rooms set aside for research purposes and for work on patents. Doctor I.A.Matuzok and our patent specialist and publications editor, L.Y.Savelieva, are the two charming women who help the team carry out their research work, prepare their dissertations, who study how effective the treatments are and carry out the necessary paper work so that original new methods developed by members of the team can be prepared for patent applications.

Of course it is highly unlikely that it would have been possible to set up branches of our Centre in numerous other towns, were it not for the efforts of D. Alymov, E.R.Satybaldiev, A.S.Kurbanov or S. B.Nazaraliev -- our young energetic managers.

The arrival of this group of specialists from New York University in Bishkek, was the first group of highly regarded professionals from abroad, who had decided – as the saying goes – to “come and see for themselves” our treatment methods, which the American press had written about. So, naturally, not only those in charge of the Nazaraliev Medical Centre but the whole staff were rather excited. Even the porter at the entrance was in his very best clothes for the occasion, wearing his medals for war-time service and complaining that no-one had really told him what was happening!

Prior to that visit I had been to the USA three times, given a lecture about our methods to the National Institute of Health in Washington, but information in a lecture or even shown on video does not give a complete picture about our approach to treatment. As one of the New York newspapers had written “the procedure may well seem outwardly shocking. American experts after watching the film raised doubts as to whether a doctor had the right to interfere that aggressively with the mind of a patient. The heated arguments of moral and legal issues continue to this day. So despite the obvious merits of the method use by the Kyrgyz doctor, they are hurrying to give him the green light for work in America, where drug-addiction has already come to loom like a national

disaster”. The article ended with the following comment.:” When Nazaraliev had delivered no more than two or three lectures in the US, the telephone calls began coming in. American patients are prepared to set off for distant Kyrgyzstan, tomorrow if need be...”

So, here are five Americans in our Centre. There was not a single room that the guests did not have a look at, or a single patient or doctor they passed by, exchanging at least a few words with all of them. They were trying to understand why patients from all manner of countries come here, including their own compatriots. I had the feeling and the visitors confirmed this later, that they had been impressed not so much by the treatment, or even by the patented methods but by the *systemic approach*, which brought together classical, modified and unique techniques in a single stage-by-stage process of treatment and rehabilitation.

Our visitors sensed the special atmosphere in the Centre, where every member of staff feels involved in the ‘treatment’, whether it be a doctor, nurse or cleaner. As one of the Americans noted:” Here every square centimetre has a psychotherapeutic aura about it”.

So, what had the guests seen?

In the early stage of their treatment the patients who have just been admitted stop taking drugs of any kind: while still in this withdrawal phase they do the rounds of many different doctors (anaesthetists and resuscitation specialists, psychotherapists, specialists in substance misuse, neurologists, reflexologists, physiotherapists and others). The various specialists work side by side, attending together to the needs of the patient at all stages of his treatment including stages focussed on the consolidation of his general health and alertness. The key aspects of the two first stages are the comatose sessions in conjunction with the purification of the patient’s blood through plasmaphoresis. During the comatose therapy sessions the patient is put into a deep sleep for a period of four hours. This is not sleep in the ordinary sense of the word: doctors refer to this intervention as a central-cholinergic blocker: in this state the patient’s consciousness will not be functioning and he will not experience any dreams. After two or three sessions the desire to find drugs will be wiped from the patient’s memory.

We told them about what we were doing without concealing anything. There exist a large number of national treatment programmes including approaches specially elaborated by doctors for the treatment and rehabilitation of various kinds of drug addicts (using opium, cocaine, hashish, amphetamines and so on). They are used by various organizations set up to combat drug addiction – both state-run and private -- under the auspices of psychiatric clinics, different types of medical institutes, colleges, universities, most of which exist independently of each other. Despite the often thorough understanding of the problem and the support of leading medical authorities and good opportunities for finding adequate funding of treatment programmes, the results achieved world-wide are hardly encouraging (a success rate of 5-10%), which accounts for the still heated arguments going on about whether drug-addiction is something that can be treated at all. Although the World Health Organization (WHO) has substantiated its decision for giving an affirmative answer to the above question, serious doctors, even specialists in substance abuse, who have scored successes in their treatment of patients, continue to have doubts and try to keep looking at the concepts of “treatment” and “cure” from new angles.....

The one thing all our opponents share is an identical or similar view of the reasons why a sizeable section of the population, including young people, starts using drugs. Not so long ago the average age for cannabis users was slightly over 18 and the equivalent figures for heroin- and cocaine-users were 20 and 21½, but recently there has been a frighteningly sharp drop in the age of users. We know of cases where drugs are being used on a mass-scale by young school-children, regardless of whether they come from poor or prosperous families, from the developed countries of Asia or the poverty-stricken countries of Africa. There are many circumstances of a medical and social character, which can explain this epidemic and which are clear to anyone who stops to consider this phenomenon. There are also reasons of a more complex nature which are more difficult to grasp and are outside the understanding of doctors, even the most subtle of psychiatrists. Yet if we do not know everything about the causes, how can we get rid of drug-addiction?

We tried not to lose sight of all this when we were arguing about the principles on which our Centre for the treatment of drug-addicts and research into addiction should be set up. Two points were of fundamental importance for us: a multi-disciplinary approach to our therapeutic and rehabilitation work and that there should be an individual programme drawn up for the work with each patient, which would take into account the nature of his mind, intellect and cultural background and also his preparedness for social re-integration. It would be misleading to maintain that we defined these ideas in this way from the very outset: time itself was constantly leading us to introduce modifications. Yet we were convinced right at the beginning that many of the aspects of the work, which were important to us, were ones, for which models did not exist elsewhere and which we would have to devise and develop on our own. We had also envisaged our Centre as one which would have a sizeable research department, concern itself with patents, and have both an information and a marketing service.

In 1991 all of this was merely a dream.

Today as I drive up to the NMC past the flag-poles bearing the flags of many countries with which we have links, I am hurrying to our morning briefing. In the main auditorium all the medical staff is present – specialists in drug addiction, psychiatrists, neurologists, physicians, cardiologists, physiotherapists, anaesthetists (many of whom have already obtained higher degrees since graduating) and also pharmacologists, laboratory technicians and nurses. There are at least three members of the medical staff involved with each patient. Among the faces before me are those of friends, who have been working with me almost since the very beginning and who stood by me, when we were being accused of ‘charlatanism’ – and that was among the more polite terms that were hurled at us from all manner of public platforms. I listen to short reports from departmental heads, lasting no more than a couple of minutes, and then I do the round of the main departments and wards with the doctors on duty: in each of the wards there are two people – the patient and his relative or friend– and then on returning to my office I start working through the faxes and telephone calls and the visitors who are waiting for me in reception. This is followed by discussions with doctors, administrative staff, cooks, representatives of the city government and specialists in substance abuse from neighbouring provinces of Kyrgyzstan, for whom the Centre is the main base to which they send their staff members for in-service training.

My American colleagues are waiting for me in my office.

“Would you tell us about the Centre’s philosophy?”

It is impossible to convey how difficult it was to arrive at that philosophy, how we argued about it, why at one stage we felt our hopes had been dashed. Many problems arise out of the 'air' of specific circumstances -- air we have to breathe all the time and circumstances we live in -- so as to be able to feel through every pore and understand what is going on around us. I outline the basic principles we use and feel surprised nowadays to note how self-evident they seem, rather than something which we arrived at after so much soul-searching and effort.

The five principles which we formulated and which were implemented in our Centre for the first time, but are now used in addiction treatment facilities of other countries as well have, in my view, shown themselves to be viable and to have a promising future: at any rate, they have been accepted by our patients, who see them as a guarantee that their own interests will not be overlooked.

First of all we see our goal not merely as setting the patient free from a physical addiction (which is not something seen as particularly difficult nowadays) but from a *mental* addiction: with the help of medication we bring influence to bear on the structure of his brain, change his mental state and thus create the necessary preconditions for his subsequent psychotherapy which will be able to restore damaged mental functions, remove the addiction to narcotic substances and introduce into his consciousness a clear orientation towards a healthy way of life;

Secondly, the patient has to be ready of his *own free will* to trust the doctors and proceed with the course of treatment, which at times can be quite rigorous and demand a good deal of emotional and physical concentration. There is no point in proposing such a course of treatment to some young lay-about, who has been brought along to the clinic by his mother and who is reluctant to co-operate but submits to his mother's forceful character or, on the contrary, to her inconsolable tears. If we fail to arouse his interest, if he does not take the necessary decision for himself, it is better to advise his mother not to throw her money to the winds;

Thirdly, there is a *total rejection of all elements of prison routine*. The Centre has no bars on its windows, no system of passes, no restrictions on the movements of any of the patients within the Centre's building and outside it. We tell the patients: you are free to go into town, go to the bazaar, go to the theatre, meet your relatives -- provided you keep to the timetable of the Centre's treatment programme. We have no rules reflecting lack of trust towards the patient and no prohibitions of a humiliating kind. The rights and obligations of both sides -the Centre and the patient -- are specified in the Contract which has been signed by both parties.

Fourthly, the patient is admitted to the Centre only *accompanied* by a relative or close friend, who plays a significant role in his life. This person will stay with the patient throughout the course of treatment and will act both as advocate for the patient in the presence of the doctors treating him and as the doctors' key helper in their work with the patient. We see the person who comes to the clinic to support the patient as an active participant in the therapeutic process: his/her presence is a crucial part of the psychotherapy during all stages of the treatment.

The fifth principle is the complete *openness* of the whole method of treatment for both patient and his companion, to whom the doctor in charge will explain in detail each part of the shared work and the reason for it before embarking upon it. In our Centre there is no room for any prejudice on the part of doctors towards addicts or for any mistrust of doctors on the patient's part. From the very beginning of the period in hospital the doctors and the patients form a single team: they are partners and responsible in equal measure for the results of their joint efforts.

We then went into a ward. On the bed there lay a recently admitted patient from an industrial town in the Urals. He is well off and owns a number of shops, but he has already attended clinics in Russia and Israel for treatment for his problem and so he can make comparisons.

“I was always seen by a large number of doctors with different specialisms. I would be seen by drug-addiction experts, psychiatrists, physicians and each one would treat me in the light of how he viewed my condition from his point of view. The specialists themselves were, incidentally, often highly qualified. Here though, for the first time, the different specialists have actually come together and worked out a joint programme of treatment for me with input from each of them. I am not discussed in parts any more but as a whole person, what’s left of me they approach as a whole person. Do I make myself clear”

* * * *

The story of the visit by the delegation from New York University led me to interrupt my account of the course my life took after I had left Osh with my family and moved to Frunze (now Bishkek). In the medical school there I was given a subject for my research topic: “How does alcoholism manifest itself in the context of Kyrgyzstan?”. It turned out that no-one had been examining this thoroughly and it was with the enthusiasm of a young trail-blazer that I threw myself into this new pursuit. After talking to patients and studying the statistics though I came up against a question I had not thought about before: did people in Kyrgyzstan drink any differently from Russians, Kazakhs or Uzbeks? Did the behaviour patterns of drunks in Kyrgyzstan differ significantly from the excesses of the drink-sodden somewhere on the banks of the Seine or in the back streets of Naples? I immersed myself in the literature and, however attractive preparing this dissertation might have seemed, I forced myself to say – That’s enough. It was practical medicine that really appealed to me, I wanted direct contact with patients. Family circumstances also played a far from insignificant part in my decision. My wife Rosa and I and our young son were living in cramped accommodation and having to count every kopeck. I was also having to help my brothers who were still students at the time.

I pushed my suitcase with the notes for my thesis under the bed and for a long time took what scraps of part-time work came my way. Sometimes I used to go to the Republican Psychiatric Clinic not far from the medical school, where some of my friends might be on duty and would examine some of the patients, but it was a long time before I had anything like a practice of my own. My father was working in Department 9 of that clinic where patients with acute psychotic conditions were treated. Seeing how I was floundering without any real direction in my activities, he suggested that I might take over three or four of the patients and start treating them using the classical “canine reflex”. This was how our medics used to refer to the nausea reflex as described in the method outlined by V.E.Rozhnov.

I agreed to give it a try!

There are many traditional and non-traditional methods for treated alcohol-dependence. In our out-patient clinic for patients with addiction problems, they are usually treated with desulfiram and antabuse, which produce in them a strong aversion to alcohol. This effect is then consolidated with the help of medicines, which keep the patient in a state of constant tension and fear. The patient’s psychological dependence on alcohol remains unchanged, however, and a relapse can take place at any moment.

Most interesting of the methods I encountered was that of the Ukrainian psychotherapist, A.P.Dovzhenko. who clearly exercised considerable tact and sensitivity in his approach to his patients. He used words to influence them and used to hold group hypnosis sessions. Without using medication, during the session he would introduce to the mind of the patient an anti-alcohol code and achieve encouraging results this way. He was said to have been able to set a patient free from his alcohol-dependence within two or three hours. Yet not every sufferer in this category could be admitted as a patient at the “DAR” (Gift) Centre which he set up. It was not open to certain categories of patient – those suffering from schizophrenia, paranoia or the serious consequences of cranio-cerebral injuries, although a sizeable number of chronic alcoholics are people with precisely those problems.

These were some of the thoughts that preoccupied me when I used to turn up with my white coat and brief-case at the clinic. A certain Dr. A.M.Rabotkin was in charge of Department No. 4 there. He had been working with my father for a quarter of a century and knew our family well.

“Zhenish, would you like to take over 6 of my patients as well?” he inquired. That was a sign of incredible trust. That was how I came to work in the clinic. With the laboratory technician Vladik I used to settle the patients down on the couch and start working with them. I would talk clearly and quietly to them with a tone of authority and my words would gradually produce in them a state of hypnosis halfway between wakefulness and sleep. They were in a kind of trance, when despite the lethargic state of certain areas of their brain, part of the cortex of the cerebral hemispheres still made contact between patient and doctor possible.

“ You are tired... Your hands feel heavy...So do your legs...In your stomach it feels warm...Your heart is beating rhythmically...You are breathing freely, evenly...Your head is nestling deep in the pillow....Your eyelids are closing...They weigh heavy...One, two, three...After each of my words your sleep will be deeper and deeper...You feel comfortable, at ease, content...Five, six, seven...When I get to ten you will be asleep. No noise, no shouts will disturb you...You are only hearing my voice...Your body is comfortably relaxed...You’re losing track of your thoughts...My voice makes you calm and sleepy...Sleep. Sleep, sleep!”

As I produce these soft but fairly emotional words in surroundings of complete quiet and look at my patients who are either already asleep or falling asleep, I feel as if a pleasant heaviness were coming over my own body, how my own eyelids were closing and I too feel tempted to fall into a deep sleep like walking into warm water. The patients’ brains by now have switched into a special mode. It is then that I begin giving the patients information, designed to penetrate their liberated consciousness.

“Your condition is getting better everyday...You are sleeping more normally...You are starting to feel indifferent towards alcoholic drinks. There is no longer any force strong enough to make you use alcohol later on....

The patients sleep away and only hear my voice. I try to ensure that it remains calm, trusting and convincing.

“I shall say the words ‘vodka’, ‘wine’ ‘beer’, but you will gradually start to smell dustbins, rubbish, mice, rats...In a short time you will smell vodka, vodka, vodka...It will make you feel sick...and vomit...There is already a revolting lump coming up into your throat with every word that I speak...Even my words make you edgy and fill you with a sense of revulsion...Nausea...”

At the same time Vladik and I dip some cotton wool into a saucer of vodka and place it by the patients' mouths and noses. They start to feel sick and begin to vomit. There is a basin next to every couch. After four such sessions, the patients usually cannot stand the sight of vodka any more.

Patients used to sign up for my sessions in large numbers and soon the rest of the staff at the clinic knew who I was. I hardly had time to respond to greetings from the nurses and other doctors as I walked down the corridor in the mornings. The greatest happiness for me was when I used to put my head round the door of my father's consulting room and hear three words which he took great pleasure in uttering: "Come in, colleague!"

* * * *

One day when I was taking a break after a hypnosis session in the smokers' corner after a hypnosis session, I suddenly remembered an intriguing incident in Osh, which had long slipped my mind. One night a patient was brought in who was considerably older than I was (I was 23 that autumn). The relatives were leading in an enormous hulk of a man, who was incapable of moving his arms or his legs and I could see fear in his eyes. I had only been working as a psychiatrist for a month at the time and had not previously come across symptoms of this kind. "Lock-jaw" I thought to myself. I was on duty that night in the clinic and there were no other doctors around: I had no idea what to do with him. I rang up a doctor I knew at home and asked him to come in: "Obvious lock-jaw I said!" The other doctor had rushed over to help, picked up the patient's notes and then passed them over to me with an ironic smile. I couldn't believe my eyes: it turned out that the patient had been on the schizophrenic register for some ten years, that without the doctor's knowledge he had swallowed a whole pile of pills and was bent double from this overdose. The whole hospital had a good laugh.

That was the case I recalled in Bishkek, when I was taking a break in the smokers' corner relaxing after a hypnosis session. I had just seen a patient curled up in a foetal position with dilated pupils frozen in fear and I thought to myself that precisely when in that condition a patient might be particularly receptive to the influence of outside stimuli at both the conscious and sub-conscious level. It is clear that for particular conditions of the higher areas of the brain suggestive psycho-therapy can become an important tool for treating patients suffering from alcohol dependence. Although many different psycho-therapeutic techniques are available to us not one of them, as far as I knew, took into account the side effect of overdoses, or the opportunity for a powerful therapeutic impact in such circumstances.

Without thinking the idea through at that particular moment and although I had not clearly formulated it for myself, I was worried I might lose the thread and I rushed into my father's consulting room. He was alone and I poured out my idea to him. I was thinking out loud as I talked about a powerful *psycho-therapeutic situation*, capable of setting alcoholics free from their addiction for a long time if not forever. All that needed to be decided was which drugs to use – one which would have a minimal toxic impact on the patient's body. My father grasped the essence of what I was trying to say, perhaps he envisaged more clearly than I what would come of the idea. He was always cautious and never used words irresponsibly. This time as well, he turned down the collar of my white coat and said: My son, if you think this through properly, it could lead to some really useful work."

I used to conduct sessions of conditional-reflex therapy, producing a nausea reflex in patients, but now I wanted to find a way of replacing the patient's fear at the prospect of drinking alcohol, which only gradually gave way to the patient's voluntary rejection of alcohol of his own free will, with a sense of complete indifference to alcohol. I wanted the patient to draw back his hand from a glass not out of fear but because he had lost all interest in it. Together with my patients and explaining to them what I was doing as we went along and using the opportunities provided by the new drug, I sought after this new method and honed it to my satisfaction.

My father came along to watch one of the sessions. Watching how I worked with the patients and then after reading through my clinical calculations and perusing the results of the treatment, he suddenly gave me a big hug and said: "Zhenish, this is how you're going to earn your living!"

Soon after that my consulting room was next to my father's. He was in Department No. 9 and I in Department No. 4. We used to meet at the morning briefings, pass each other in the corridor and sometimes pop in to see each other and talk about how work was going: I enjoyed working alongside my father but what meant even more to me and filled me with new-found energy was knowing that my father felt the same way. Those were very happy times.

I did not know then that they would not last very long and that all too soon I should never again be able to open the door to his consulting-room and see him rise to come over to talk to me and smile as he said: "Come in, colleague!"

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I find it hard to imagine how I would have got over the death of my father, if an unexpected single-mindedness had not wrested me from my depression: the idea of a new treatment method just refused to let go and tormented me. Both my wife and dear son seemed to have faded into the background of my life, it was this new idea for treating my patients that seemed to blind me but would not assume final shape.

My father had said that the idea could lead to some really useful work and I kept thinking back to those words of his and returning to the idea with redoubled energy. I was deep into psychopharmacology by now observing the effects of various drugs, neuroleptics among others, often using myself as guinea-pig. I was interested not merely in the direct effect of psychotropic substances, but also in their *side effects*, which were regarded by most doctors as harmful, or at any rate, undesirable. For the neutralization of these side effects special correctors were used. On more than one occasion as I observed a patient I noted something, which I had not expected. One of the side effects of the drug when used in increased doses was that it quickly achieved the therapeutic effect, which had not been obtained previously. So far I was carried away by what was still just a vague guess and I kept on tirelessly experimenting, watching how ordinary medicines would make an impact of a patient's neurological condition if doses were changed and produce a quite new side effect. I felt as if there was a rock before me, in the middle of which there was a shining diamond, which seemed so near that all I had to do was to stretch my hand out, but my hand would bang into the rock and I had to break off all the unnecessary stone, piece by piece, before I could at last touch the precious jewel.

In the out-patient clinic I talked to experts in pharmacology to learn from them which neuroleptic was the most toxic, capable of producing an unusual sense of withdrawal, so

that by giving a patient an 'overdose' of it might create a side effect essential for treating alcohol dependence with this new method I was working on. Finally we hit upon an appropriate drug. Later on we used to refer to it in code as "Gamma-200".

We then began experiments involving patients: there were six people in the first group. No-one really knew what dose we ought to use. In order to produce neurolepsy we administered to these patients doses which were above those normally prescribed by doctors without exceeding the admissible 24-hour dose. I kept a continuous watch over each of the patients, minute by minute. Their muscles began to harden after the expected interval and the patients began to experience alarm and fear: they began to experience withdrawal symptoms, writhe and twist and then I started work in earnest.

One day my relatives brought along my second cousin Stalbek. He was a young dentist, father of three, but he drank and poisoned his whole family's existence.

"Zhenish, if you can't help him, then nobody will save him!" said my wife, sobbing. I then sat alone with Stalbek and explained to him – one medic to another – what the stages of the treatment would be. After he agreed to proceed I started work. I was waiting for his sense of fear to appear, features of a neuroleptic syndrome. There was nothing...A whole day went past – still nothing. A second day – still nothing.

On the morning of the third day I asked him: "How are you Stalbek?"

"Everything's fine," he said and there was no fear in his eyes. Then I thought to myself, well if that dose is having no effect, we'll need to increase it. I gave him some more. The next day I came into the clinic and my patient was sitting in the garden loosening earth round trees, as if nothing was happening.

"Stalbek" I asked: "Don't you feel anything?"

"Not really. What am I meant to feel?"

"Your legs might have started feeling heavy, or your back region, neck, forearms?"

"No."

"Perhaps your tongue seems wooden and you have cramp in your jaws?"

"Everything feels normal, don't worry?"

I could not figure out why he was not reacting like other patients to the large doses of neuroleptics. By this time I was close to despair. Was everything really going to go wrong so that I would have to go right back to the beginning – look for another drug, work out the dose, elaborate the treatment method. I felt drained, like some dried up irrigation channel.

"Well now," I said to Stalbek: "bend your neck backwards."

"As you wish" he replied.

He tried to lean his head back, but instead of going backwards it started lurching backwards despite him. Stalbek's face came over all different now and you could see the whites of his eyes.

"Oh, Zhenish, what's happening to me? I'm dying! Help me!"

He was writhing, the withdrawal symptoms were starting. I, on the other hand, felt triumphant: it was working after all!

"Don't worry," I said to him. "Everything's all right. Reassume your original position."

He obediently complied with my instructions.

I then had six sessions with Stalbek altogether, during which I suggested to him: if you drink, things are going to turn out badly. I worked to make the idea stick. After that came the detoxification stage to get rid of the syndrome and finally he went home. He has not touched a drink since and has kept going for three whole years now. I remembered the

way he had been sitting, the way he had thrown his neck back and how that was the position in which he was most receptive to my suggestion. Soon I would start artificially putting my patients in that position with a small movement of my own hands during the final session of their psychotherapy.

* * * *

In 1936 two outstanding figures from the world of medicine met at the Psycho-analytical Congress in Germany – Sigmund Freud and Frederick Perls, also a German, who had emigrated from his country after the National Socialists had come to power. They talked to each other for a few minutes during this the only encounter of the two great men, who were familiar with each other's work and with a certain amount of jealousy used to peruse each other's ideas

His disappointment in his famous colleague Perls channelled into his theory of psycho-analysis and immersed himself in the creation of his own branch of the science, which later became known as Gestalt-therapy. As a medical student I had always seen that unsatisfactory encounter between the two men of learning as very sad from a human point of view. I could not imagine then how Gestalt-therapy, which requires attention to be concentrated on the roots of the patient's problems and his immediate sensations would come to be one of the key moments in my own searching.

According to Perls, man is unable pay equal attention to all details when he is taking in the reality around him. Our consciousness, whether we like it or not, selects moments from the external world, perceived of as the most important, which come to constitute the dominant figure (Gestalt) which then moves all other information coming at the individual to the edge of his consciousness. The wisdom of the body lies in this self-regulation, in the rhythmic emergence of these figures (Gestalten) which can then at a given stage retreat to the edge of the individual's consciousness, into the background leaving room for new

Gestalten moved nearer the centre from the background or periphery of the mind. This never-ending process of exchange ensures the balance within man and also between him and his surroundings. The emergence of a central Gestalt from the edge of the individual's consciousness and disappearance later within it when the central place is given up to a new Gestalt is none other than the alternation at any given moment between the main needs of the body – desires, emotions, thoughts. As soon as a need has been satisfied, the original need gives way to the next new one.

Gestalt therapy is used to help a patient concentrate not on digging over his past, nor on the world of fantasies stimulated by his past, but only on his awareness of what is happening in the present moment – on the here and now. It might seem that concentrating on one's emotions and feelings is not particularly difficult, but in reality there is nothing simple about it. In actual fact any moment can at one and the same time introduce insignificant peripheral thoughts, which distract the patient from concentrated awareness of the event he is experiencing. Gestalt therapy is designed to help the patient single out a particular figure or Gestalt from the flow of his thoughts and feelings, concentrate on it so that after it has been clearly delineated, understood and become part of his emotional experience, he can return it to the field to which it belonged. For a successful understanding of the Gestalt, it is important for the patient to concentrate all his resources on grasping not the reasons for its appearance (the "why?"), but merely the forms of its current existence (the "how?").

When I asked Stalbek to close his eyes and concentrate on his inner sensations (the hardening of the muscles in his arms, legs, neck etc.), these were attempts to teach him

to become aware of his sensations all the time – to work with his senses. It is only after four or five sessions that the patient begins to distinguish his actual sensations from imaginary ones or ones born of his imagination. After learning to appreciate these differences and to concentrate on real sensations, then a patient is ready at a sufficiently deep level to take in the thoughts the doctor is suggesting to him.

“The taste of vodka is revolting. It makes you feel sick. You are vomiting. You are never going to drink it again!” I said to my cousin, when he threw back his head, eyes rolling as he did so. His supple body formed an arc and the back of his neck was almost touching the floor. He was giving out sounds like a woman’s gasping or a child’s groan, but I saw (or wanted to see?) how my words were taking root in his troubled mind, like bricks forming a wall, which would withstand whatever might come at it from outside.

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In the out-patient clinic, after I had completed the course of treatment for the first group of patients, I took on a second and after that my friends persuaded me to submit the new treatment I had devised to be patented. I felt that the new method, although somewhat out of the ordinary, was so self-evident that preparation of the documents for this formality would not occupy very much of the time I was anxious to spend with my patients.

I was confronted by a pretty young woman in the patents’ department of the medical school. She looked at me over the top of her spectacles as if to say in the kindest possible way: “Here’s another of our young geniuses. Dozens of them cross my threshold. They pull out of their old-fashioned brief-cases their discoveries which will advance the cause of world science and save the world. “ She and her colleagues in the department asked me endless questions about the essential features of the method, the way in which it differed from earlier ones, who had officially verified it and where it had been tested. I felt like a school-boy called out to the blackboard when he had not done his homework. Yet there was something in my rather clumsy words that did kindle their interest.

A few weeks later I prepared another submission with their help. The aim of the work was described as – shortening the treatment period by using an already tested drug to create a negative conditioned reflex to alcohol. We cited the example of a patient suffering from second-degree chronic alcoholism and with a very high tolerance threshold, who had been given this treatment. After the second dose of the drug he experienced 15-18 hours nervous and mental agitation. In order quickly to achieve acathisia (hardening) of the muscles in his neck, face, back and tongue, a suggestion session was used. The patient was then left in that position for ten minutes, after which the tension in his muscles was alleviated through suggestion. About half an hour later the patient himself turned to the doctor complaining of hardening of the muscles in the neck and his lower jaw. He was agitated and filled with a sense of fear. He was given detoxification therapy. Two or three hours later he started to feel better and to regain his appetite and had no difficulty sleeping. According to the patient’s own words he was indifferent to alcoholic drinks after that.

How was the State Committee for Inventions and Discoveries affiliated to the USSR State Committee for Science and Technology going to respond to that?

I was anxiously waiting for a reply for two whole years as I continued treating patients using this method. It was not until June 1990 that my Author’s Certificate for the invention of a “Treatment Method for Chronic Alcoholism” finally arrived in Bishkek.

Rumours about the new treatment quickly spread round Bishkek. It was then that I first encountered the caution and sometimes reluctance on the part of medical officialdom that could be hostile towards any new beginning, when it had not started life at their particular desks. I had to leave the out-patient clinic, yet when chronic alcoholics appeared among highly placed dignitaries in our republic, whom no-one was ready to treat, then they would come looking for me and ask me to work with these 'important people'. I was trusted in the same way as a partisan might be, who would be given explosives and instructed to derail an enemy train, by those who would be watching from a safe distance to see whether the partisan would blow himself up at the same time or not.

When I look back to the time when all this was beginning, my head is always filled with the memory of how after a psycho-therapy session in Besh-kungei when the patient has been taken back into his ward and I would leave the room filled with the focussed beams of the operating lamps for a break and the following words I had just been using would still be throbbing through my head:

"Let's work at it! Stretch your hands forward! Draw them back! Now you're going to start the most important work of your life. You are going to forget drugs for ever, and every other filth that made you lose face, did away with your will-power, almost robbed you of life. You'll bring joy to those you love, your children, the whole wide world. You'll come back into the world quite a different person, so that you'll never lose your way again..."

Perhaps I have got too carried away with memories, but I hope they will help readers understand more clearly what I was feeling and the way I had come to view problems of drug-addiction when I decided to leave behind me my work in Bishkek for a while and, with the support of my friends, set off to acquaint myself with the situation and experience in other countries, starting with our neighbour Russia.

**Chapter 6 – A DRUGS FIRE IN MOSCOW – THE CITY OF GOLDEN DOMES
A patient from the capital's élite – With the Customs Men from Domodoyedovo and
Sheremyetovo II Airports – Why the Village came out in support of Baba Masha's
'narcotics business' – The State Duma: laws and all that goes with them – Vladimir Putin:
the narcotics business in Russia is evolving as a neatly structured economic system.**

Twenty-five year old Sergei, son of a well-known Moscow general, was brought to our clinic in a severe state of heroine intoxication. His mother the mistress of a household, to which high-ranking officers, diplomats, Duma members considered it an honour to be invited, kept on asking herself in astonishment how **this** could happen to **her** boy. She could understand it in other cases – but her boy! – clever, well-read, musically gifted, who spent all his time among friends of the family, people who occupied prominent posts and were on the way up. How could **this** happen to her son?

The parents brought their son to Bishkek so as to avoid scandal. I have noted on numerous occasions that families well established in government, banking or commercial circles find it very hard to bring themselves to arrange for a relative's treatment in the place where they live. Fear of publicity is what holds them back. This is a feature of totalitarian society – the fear of a parent that his career or social reputation will inevitably suffer if a child is found to be a drug-user. The media adopt such a merciless critical tone that many families who have been struck by this misfortune prefer to try and cope with it on their own. In the countries of Eastern Europe opinion is not yet ready to treat drug-addiction as first and foremost a medical problem.

I was able to piece together Sergei's story from my conversations with him. In the early nineties the first techno-club known as "LSD" was opened in Yasenevo, a newly built area of Moscow. Young 'arty' types used to congregate there. People from the light entertainment world after trips abroad used to bring along tapes of techno-music and organize magnificent parties. The new music demanded very energetic dancing and constant physical stimulation and drugs started being passed round. "Otherwise you couldn't keep on a high all night", Sergei told me.

The first substance that he sniffed was an amphetamine (they were known locally then as 'fen', 'speed', 'bennies' and 'black beauties'), a synthetic powder, which looked like and had the same effects as cocaine. Sergei had been dancing with a girl at the disco, when she suggested: "Listen, why don't we try some 'sour' ?". In those circles 'sour' was the name used for LSD. In late 1993 and early 1994 there were more young gangsters and their hangers-on to be found in discos than before. They always had plenty of money on them and could afford cocaine or even heroin which was just starting to appear on Moscow streets at night. Sergei and his girl-friend did not enough money in those days to buy expensive drugs, but in a disco from people their own age they could afford amphetamines and LSD, which cost \$15 a tablet or 'stripe' – a strip of paper with a layer of the drug on it ready for sniffing.

Sergei told me what he experienced, as he lay there on his bed in the medical centre: "I bought one dose of LSD from the barman for us to share, hoping that we would then start dancing more wildly, but my girl-friend insisted I took two doses. My parents were not in town at the time. We took a dose of LSD-25 each and set off back to my place. It 'hit' us on the way and we were both overcome by a wild fit of laughing. We couldn't move for a long time and felt as if we were outside reality. When we got back, I began to have hallucinations. I was tired of laughing, tired of everything. I felt enormous dirty spiders were crawling over me and after that I saw scenes of the Battle of Poltava as if I

was in the thick of it: knights on horseback were galloping through my room and the ring of clashing swords filled my ears. An absolute nightmare! I could not feel my neck and my head was flying through the room chasing my body, a cloudy liquid was pouring out of me as if out of an upset bucket. My girl-friend had different hallucinations, but the physical sensations were the same.

The barman in the “LSD” club used to sell regulars marijuana, Ecstasy and amphetamines hardly bothering to conceal what he was doing. In other parts of the capital new clubs started appearing which were larger and frequented by more people. The best known of these were “Penthouse”, “Aerodens” and “Putch”. Their regular clients were gangsters, racketeers, pimps, striptease-artists and prostitutes. The owners of these clubs used to distribute drugs via dealers, who mingled among the dancers. Ecstasy became fashionable, although the pills were out of most people’s reach in those days since each one cost \$50.

In the block of flats for elite families, where Sergei lived, it was possible to buy drugs in every other porch. These safe ‘huts’ were known about by everyone in the district: the local policeman gave them a wide berth, not because they were scared, but because they received pay-offs for not interfering. Only people known to the dealers would be allowed into the ‘huts’ or people whose arrival had been announced in advance by those the dealers already knew. Dealers in the clubs also preferred to deal with trusted clients they already knew. Drugs and money passed from hand to hand amidst the crowds of dancers. Large sums of money were circulating in this environment and quarrels often broke out with regard to spheres of influence: bloody shoot-outs also occurred and a few arrests were made, but the number of establishments for nocturnal entertainment continued to increase.

Sergei’s new circle of friends was part of a rapidly growing consumer market, in which cannabis-based drugs, opiates, psycho-stimulators, barbiturates and volatile substances made the rounds...The golden-domed capital was waking from its sleepy past and greedily starting to sniff, swallow and shoot up. My patient and his contemporaries were no longer coming home from discos in the small hours and going to bed as the sun came up, but would get into their own (or their parents’) cars and travel in a ‘colonnade’ through the streets of a still sleeping city to other clubs that were waiting for them. These noisy outings (referred to as ‘after-parties’) were a means of fulfilling unsatisfied desires. Ecstasy produces a high that lasts for 11-12 hours and in that state the next morning it is difficult, if not impossible, for a young person to force himself to go home, his body demands activity. Disco-owners set up a ‘conveyor-belt’ of entertainment venues for young people, which was at their disposal from the evening till 2 or 3 o’clock the following afternoon. For those who had no cars the clubs used to provide buses. The clubs worked things out between themselves so that expenditure on transport was covered by income from entry charges to each new club and the sale of drugs.

By the end of 1995 young people in Moscow had had enough of these mass gatherings, the nocturnal raves and the deafening rhythms of techno-music. According to Sergei’s observations, it was then that heroin appeared on the Moscow market. It was something new. There was no need to go to a disco, a simple injection at home could take you to the ‘promised land’. He would come home at seven in the morning, sniff, enjoy the warmth flooding through his body and then collapse into a deep sleep. A gram of heroin used to cost between \$100 and \$160, while cocaine cost between \$120 and \$180. To pay for the drugs, the youngsters would themselves become ‘mini-dealers’ (who were

simultaneously drug-users and small-scale street-traders in drugs). For many of them selling drugs was the only way to earn their doses [1].

Sergei went on to tell me:

“About six of my friends – each with his girl – used to come out to my parents’ *dacha* near Moscow. In a night we might take up to thirty ecstasy tablets between us. We had all sorts of drugs with us. For eighteen months we used to get together every Saturday and Sunday. For a long time our parents did not realize anything was going on. “I’ve been out drinking with the lads,” I used to say. Once after a fight with the parents I left the house and got to know a new girl. We had to have something to live on and we began selling heroine in large quantities.”

“Was it offered to you?” I asked.”

“No, I used to look for it myself, I would ring round my friends until I found a chance to buy a small bag of powder for \$5,000 (it used to cost \$30 a gram). I soon found a buyer ready to pay \$50 a gram. He sorted it and sold it in wraps, which by now were being sold for \$160 a gram. The money I got from my first efforts enabled me to rent a flat. I and my girl-friend used to sniff heroin but we were afraid to start shooting up. Injecting was always what I found the most frightening part. “

“Where did you get the first \$5,000 from?” I asked in amazement,” You weren’t working anywhere.”

“My parents used to give me \$1000 every birthday or New Year.”

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Drugs started coming in to Moscow later than they had to other capital cities, but they soon made up for lost time. Young people used to try a whole range of drugs, but so far there are no grounds for assuming that the capital shows a clear preference for any particular kind. Our Sergei and his girl-friend were content to just sniff heroine, while some of their contemporaries preferred to inject themselves with a solution of heroin mixed with water (they would use subcutaneous, intravenous and intramuscular injections). An understandable and justified fear of injections protected my patient from the overdoses frequently experienced by people in his position, which usually give rise to serious health problems and sometimes premature death.

Sergei and I soon began to trust each other and could talk openly. Initially he had been afraid of using heroin. Once at a disco someone whispered to him that his Cherokee four-wheel drive parked outside had been stolen. “Take some H...it’ll help you relax!” suggested a friend, but Sergei forced himself to go on raving without resorting to tranquillizers. When he came out of the disco at dawn and realizing the Cherokee had gone, he got into a friend’s car and tried heroin for the first time. “The first sensation I had was that I was swimming in a warm sea...”.

He used to buy his heroin from a dealer, who in his turn used to get it from partners supplied from the Pamir Highway. Sergei was involved in the narcotics market at the lowest level – as a middle-man, without knowing what the actual route from Afghanistan to Moscow was. All he did was to turn the goods into money.

When talking about drugs on the telephone, a special code had to be used. Cocaine was referred to as “Coca-Cola” and heroin by various video or book titles.

“Have you got ‘Quietly flows the Don’?” Sergei used to ask most of the time.

The code-name for hashish was ‘Hašek’.

“I haven’t read any Hašek for a long time” came the message down the telephone-line.

“I’ve got two chapters...,” might be the answer.

Hašek was truly immortal: Muscovites' interest in his showed no signs of abating.

Meetings with dealers usually took place in the outskirts of the city not the centre – in Yasenevo, Novogireyevo, Orekhovo-Borisovo and usually in crowded places, out in the open near, for instance, a “Macdonalds”, by the entrance to a restaurant or a department store. The dealer would get into Sergei's car, take his money and hand over a packet wrapped in cellophane. Sergei would then hand the packet to the blonde girlfriend at his side who would conceal it in her knickers.

These tighter ‘security procedures’ were the result of increasing mistrust of the drug-addicts he serviced, particularly the heroin-users. If someone was caught by the police, it was almost impossible for them to keep anything quiet. The arrested addict would not be allowed to go before he had gone through excruciating withdrawal systems, after which for a tiny pinch of heroin, that the investigator would hold out on the palm of his hand bring it close up to his face, he would name the person, from whom he bought his heroin and the people, with whom he used to shoot up. Sergei only had dealings with three people and tried not to widen the circle.

Every now and again the Moscow police would organize night raids on heroin dealers: they would stop people in the street and search cars and sometimes even suspicious-looking pedestrians.

They caught up with Sergei on two separate occasions.

He had left a disco at dawn one morning at the end of January and then decided to go on somewhere else with his friends. A police patrol stopped the vehicle and checked everyone's papers. They were looking for prisoners who were on the run. Four policemen made everyone get out of the car and put their hands on the bonnet.

“Have you got any weapons or drugs??!”

When the car was being checked out a small packet of powder was found under the leather upholstery of the back seat.

“Drug-users!”

The policemen were pleased.

“Now it'll be prison for you!” – was their reaction.

“What have you found?” asked Sergei, without turning round. “At least have a look at what you're holding!”

They unwrapped the packet.

“I don't know what it is,” said Sergei taking the game one stage further.

“You don't know ?!” The policemen lifted the packet to his face.

Then he knocked the hand holding the packet with his leg and the powder spilled on to the snow. The ‘incriminating evidence’ was no longer to be had.

The patrol beat them up. The young men, bruised and with bleeding mouths by this time, could hardly stand upright.

“Look, Boss” Sergei said to the officer in charge: “you're not going to be able to prove anything anyway. OK, so you take us down to the station and then what? The parents will find out and it'll mean all sorts of unpleasantness for them. We'll all lose out too, a college-place or a job could go by the board. What difference does it make to you? We've been using drugs and we'll go on doing it... Tell me, how much do you earn?”

“I'm just an ordinary, honest fellow,” said the police captain in a tone designed to take the heat out of the conversation.

His three fellow officers walked off a short distance realizing what was soon going to happen. Sergei took a bundle of banknotes out of his pocket.

“Here are \$4,000. Let that be our apology for things turning out like this”.

“All right then,” agreed the captain.

Another time Sergei set off to the Yugo-zapad district of the city, to 'Banana Avenue' as Muscovites refer to the places where black students earn themselves extra money by selling heroin. He had another young man and two girls in the car with him. Sergei and his friend bought 3 grams from a Nigerian and were on their way back to the car, when some young men in track suits suddenly appeared in front of them – they were plain-clothes policemen. The drug-dealer, who had, evidently, been caught out himself on some previous occasion, must have got himself off the hook by 'handing over' his customers to the law-enforcement agencies. Some policemen give informers heroin to sell so that they can then catch dealers. Sergei and his friend ran off throwing out the bags of powder as they went: they were caught up with in the end and taken straight to the police-station. It was pure chance that came to their rescue. The two girls by this time had got out of the car and then an African asked them for a light. The policemen on seeing the girls talking to the African, assumed that they were 'night-time butterflies' and felt sorry for the young men who had been obliged to buy drugs for girls of a dubious kind. "You shouldn't hang around with whores!" was the fatherly advice from the police-officer in charge back at the police-station. After that he let them go.

In the mid-nineties the Moscow police-force was only just beginning to come to terms with drugs. Sergei was driving along Tverskoi Boulevard one evening in his car, when he had just sniffed some heroin. His pupils had narrowed and this was one of the reactions to heroin that the police patrols already knew about. After noticing a patrol from a long way off, Sergei brought out a small packet of cocaine, sniffed some, almost at the very moment when the patrol signalled to him to pull over to the pavement. The cocaine would dilate his pupils, but for that to happen more time was required and there was not going to be any. A policeman shone his torch into Sergei's eyes: "Well mate, you're in for it now!" Sergei argued with him for five minutes – that was long enough for his pupils to dilate again in response to the light. The policeman could not believe what he was seeing. "So you're going to look up my nose next, are you!" Sergei mocked him. The policeman started laughing too: "You idiot – up your nose?!"

Three or four years later there were no traces of naivete left in the work of the Moscow police with regard to drugs. By then there was a detachment of 200 specially trained officers. It was becoming difficult for drug-dealers to twist them round their little fingers. Yet the rate at which drugs pour into the city far outstrips the chances of the law-enforcement agencies for controlling the situation particularly on the outskirts of Moscow.

For some time now we have stopped being surprised at the fact that 90% of our patients are from Russia and the biggest numbers of all are from Moscow. I do not say this in order to cast a shadow on the Russian system of treatment (there are good schools of drug-addiction treatment in Moscow, Saint Petersburg and other cities), but merely to convey the scale of the epidemic, which is more than any one country could cope with [2].

* * * *

Six months later I met up with my former patient again. Sergei was looking well and – to use his phrase – he had "stopped drugs for good". He was still not working anywhere, however, just driving round Moscow in his new car: it had been a present from his father as a reward for coming off drugs. I am always worried by situations when a patient we have treated comes back to his old haunts and to his old friends, among whom there are still people addicted to drugs or involved in drug-dealing and I made no secret of my

worries. Sergei laughed and said that after the Bishkek atropin sessions, the saunas and the psycho-training he felt no temptation at all to go back on drugs.

“D’you want to be sure? Let’s go to the 'Titanic' disco tonight”.

That was the largest disco in the whole of Moscow.

I was curious to see that group of élite Moscow youth, that I would find there. It was 12 o’clock at night when cars began to draw up to the disco-hall.

Apart from the tough looking bouncers standing along the walls, the place was teeming with young waitresses in sailor-shirts. Against a back-ground of windows that looked like ship’s portholes the ‘veterans’ of the club looked like passengers on the boat. Some of them were already high on drugs, but however closely I watched the bar, the darkened corners or the clusters of people lit up by the wildly spinning beams of coloured lights from the projectors, I could not pick out even a hint of any drug-dealing going on. They must have been taking their Ecstasy even before they got out of their limousines.

“Most of the people here are majors!” explained Sergei as he stood beside me in a raised gallery, indicating the crowd of dancers below us and I had to ask him to repeat himself before I caught his young people’s slang. ‘Majors’ turned out to be the children of rich parents. There were also racketeers here from the outlying parts of Moscow, ‘bulls’(small-time thieves who used to rob drunks as they queued up at beer stalls), and girls ‘of no fixed occupation’ (perhaps manicurists from smart hair-dressing salons).

We walked into another room containing a bar and billiard tables.

“There’s our DJ!” said Sergei introducing his friend who was sitting by an empty table with a bottle of Coca-Cola.

The said DJ was an idol of the young Muscovites living in the neighbourhood. We started talking and the young man saw his role not merely as “putting on records” but “bringing people to share my understanding of music” and “being a guru for people of my own age...”. He wanted to “help people unburden themselves, decide for themselves what they like, and to be happy”.

In Russia the number of young people taking drugs is higher among rave enthusiasts than among those who are fans of other kinds of music. This has also been noted by those researching the problem in Great Britain and Canada.

When we came out of the “Titanic” disco there were some young people standing at the corner inhaling fumes of “Moment” glue. Those who could not afford tubes of that, might sniff glue used for repairing shoes, wood-glue or glue from puncture-mending kits for bicycles. Once I came across school-boys inhaling volatile substances from a tin of industrial stain-remover through a handkerchief. After playing around with things like that and feeling unsatisfied by the short duration of the effect produced, young people then move on to addictive drugs. If they are from affluent families like Sergei’s they then become regulars at the “Titanic” disco. If not then their route into the criminal world is inevitable.

For me Moscow was the city of dreams come true. A long way back our medical school had sent me to the capital to acquaint myself with the up-to-date literature on psychotherapy. On that occasion I was asked by a Byelorussian post-graduate if I wanted to make a little extra money. In his free time he used to work with smokers using acupuncture. He introduced me to a Moscow woman living with her children in the centre of the capital. Nina Ivanovna and her family were planning to emigrate to the

United States. When I told her about my treatment sessions with alcoholics she jumped at the chance.

"There's a diplomat friend of ours...well, you'll understand! Perhaps you could give him some treatment at home?"

That was how I found myself in the house of a well-known Soviet diplomat. My host made me some jasmine tea. He should not have been drinking strong tea, but he was giving his guest such a warm welcome, that I had not got the heart to insist: after that I kept tormenting my self with the thought that I would never become a really good doctor, if I let politeness get the better of professional considerations. At that time my treatment method was not very well developed, but I was expanding the core ideas. I gave the diplomat one treatment session, but the result was the same as it had been in Stalbek's case: he listened, complied with my instructions, but when I asked him how he felt, his astonished answer was "Nothing...". Some of the expected symptoms did appear though. It was my first attempt at treating someone in Moscow. The diplomat paid me a fee of 250 roubles. In those days that was a considerable sum. The air-ticket from Frunze to Moscow and back cost only half that. I felt amazingly rich. My mood was even better after I learnt three months later that the patient reported that no official receptions could now make him drink.

"The diplomat's sticking to it!" wrote Nina Ivanovna in one of her letters to me. I also received news from her that there were another two potential patients waiting for me in Moscow. I began flying there once or twice every six months: the fees took care of the air-tickets. This gave me the chance to bring presents back from Moscow for my wife and my son. I had no illusions though, realizing that the interest shown in me was not just a consequence of the results I had achieved. It was now becoming fashionable in élite Moscow circles to turn to traditional healers from Buryatia, shamans from Yakutia, medicine-men from Tuva. These exotic purveyors of medicine would be handed round from family to family. Although there was a fair number of charlatans among the flood of visitors of Asian appearance, the expectation of miracles was so great that patients began actually experiencing what they had been hoping for.

On January 20, 1989 one of my Moscow acquaintances hailed me exclaiming: "Zhenish, have you seen today's *Komsomolka* ? It's about you!" I rushed over to a newspaper stand on Pushkin Square and opened the latest issue of *Komsomolskaya Pravda*. A prominent head-line read: "Zmielov – the name given in jest to a doctor who has many cures to his credit". What the newspaper was clearly hinting at was the common name given to vodka "Green Snake". People who knew me and who had seen the head-line but not found time to read the article, were asking precisely which snakes I used to catch and in which deserts, whether I used a catapult in the process and if I could make the serpents dance to my flute music. I received a telephone-call from a television studio and was invited along for an interview, but told I should bring along a boa-constrictor or a cobra without fail.

A few days later friends telephoned me from Bishkek:

"Zhenish, what are you hanging about in Moscow for! There are patients coming in from Kalingrad, Sochi and even Moscow! There are 40 people here and people are combing the town for you. Get back here quick!"

I had dreamt of becoming famous, but when it happened, I was not ready for it psychologically. In Bishkek frantic preparations had to be made: we needed to admit large numbers of patients including some high-ranking dignitaries, whom I would never

have dreamt of encountering even a week before. Now they knew my name and had joined the waiting-list for treatment. Some of them wanted to be treated themselves, others wanted to have someone close to them admitted. I worked all out to cope. From overwork my immune system suffered, I had a bad case of flu with a temperature rising to a critical level. I ended up in intensive care.

Ten years later Sergei was driving me round Moscow. I kept feeling that I had come to a city on an unfamiliar planet – there was so much that was new and unexpected, so much that just did not seem part of the Moscow I had known. There were hotels from some of the world's leading chains, shops selling 'intimate items', the enormous, recently re-built Cathedral of Christ the Saviour and a hundred yards away stacks of erotic newspapers and magazines, in the narrow back-streets there were striptease-bars with African and Asiatic dancing-girls, restored Russian town-houses from the 18th and 19th century, night-clubs for visitors of unusual sexual orientation and drug-dealers everywhere...Opium, cocaine, heroin and amphetamines had replaced the marihuana and poppy-stalk infusions that had been the order of the day a few years earlier.

I kept on thinking back to what I had been told by the head of a border-guard detachment in the Pamirs about what he had seen in Moscow, in its Domodedovo Airport near the customs desks, where small suitcases were changing hands, which most likely had contained drugs. Given the harsh nature of the Russian penal code, I had thought to myself how incredibly brazen the drug-traffickers must have been. It was as if they had been convinced of their impunity.

I later made the time to go to Domodedovo Airport and in the waiting areas I began to watch out for arrivals coming in from Dushanbe, Bishkek, Tashkent and Alma-Ata. There were business-men with a pleasant exterior coming down the steps, teams of sportsmen, women with small children, men with boxes of fruit, with baskets of dill, parsley, fresh coriander...On that particular day customs officials found 6 kilos of heroin in one of the baskets of herbs.

"We were just lucky!" commented General Vyacheslav Ivin, in charge of the customs service in that particular airport. It turns out that the traffickers usually hide the drugs in synthetic ("X-ray-proof") packaging, which arouses no suspicions when they are being X-rayed. Sniffer-dogs are also used, but the potent smells of herbs or coffee blot out the smells of the concealed substances [3].

There was a man with several days' stubble sitting in front of the general. To judge from the hunted look in his eyes, it would not be easy for him to pretend he was not an addict. He was begging us to listen to him. Some people somewhere in Central Asia had led off his wife and children and promised to return them if he were to fly to Moscow and back, all expenses paid. He had been made to go without food for five days and then swallow some capsules. Before he left they had reminded him that if he did not come back at the appointed hour to the address he had been given his wife would be raped by soldiers and knifed to death in front of the children.

Heroin had been found in the capsules.

It is almost impossible to detect such small containers of drugs, if they have been swallowed prior to departure. People swallow 10, 30, 50 or perhaps as many as 70 capsules. It would be impossible to detect them all with the X-ray equipment. Sometimes the containers burst in the carrier's stomach and he then begins to squirm

and writhe, leading the crew to contact airport staff with a request for an ambulance to drive up to the plane once it lands. Sometimes the carriers are dead on arrival.

“Do you think the story about his wife and children is a fiction?” I asked the general. “And if it isn’t...?”

Professional smugglers can often be given a year’s training or more. They sometimes start out on this ‘career’ while still children, being regularly forced to swallow plastic capsules containing 20 grams of powder and each time they have to swallow more capsules than the time before, so as to extend their gut to the required size. Eventually they have to be able to swallow over 50.

Every year customs officials in Russia foil over 2,000 attempts to smuggle drugs and confiscate a total volume of 43 million such doses – a quantity which would be enough for every fourth Russian to have one including infants and old people. The small packets in which the contents would later have been sold we would then have seen being pushed by young people on the streets of Moscow in the evenings – mainly people from Tajikistan, Kazakhstan, Azerbaijan and Georgia. As far as the spread of drugs in provincial towns was concerned, that was mainly the province of gypsies wandering from one part of the country to another.

If the size of drug ‘shipments’ increases and they cross the borders at various points, then it can be assumed that there already exists a network or ‘Mafia’, or that one is in the making, which controls the cultivation of the narcotic substances, their processing, their movement to destinations far and near and their distribution on a scale comparable to that of the GNP.

It has been calculated that every year over 500 secret air-strips and helicopter landing-pads are found which belong to narcotics cartels. Planes and helicopters belonging to trans-national drug-syndicates carry out up to 300 flights a year with narcotics on board. There has even been discussion of propelling drugs across frontiers using “earth-to-earth rockets”: the value of the drugs moved in this way would more than cover the expense of acquiring and exploiting the necessary equipment.

“So who covers up for the smugglers? I asked General Ivin, using the same question that the border guards in the Pamirs had asked me. The man in charge of the customs at Domodyedovo Airport said nothing, not a word about corruption or organized crime. He simply sighed with a smile of the kind used as an answer for a person able to understand something self-evident and raising his eyes to the ceiling. Or perhaps I just dreamt it...
* * * *

In the Sheremietovo-II International Airport the customs service is the first line of defence against the international narcotics business. Through this ‘corridor’ drugs are brought into Russia from many different countries. All known smuggling methods are used including capsule containers hidden in the flamboyant hair-styles sported by African women. Young men with dazzling white smiles have nothing in common with the stereotyped image of a drug-smuggler. Yet doctors invited along by the customs officials prove impervious to the devastating smiles and merely ask the individuals concerned to open their mouths wider and then proceed to find tiny amounts of powder in gaps under the fillings in those dazzling white teeth.

In Moscow Afghans, Vietnamese and Chinese peddle drugs. The more colourful of their rivals are the Africans dancing up and down on the pavements to keep warm. They are reputed to be more successful and, if the term can be applied in this context, more honest dealers. When you buy from them, you can be confident that at least the substance you are purchasing is pure and has nothing mixed in with it. With other dealers you cannot be so sure. The Africans have often ended up in Moscow by weird and wonderful routes. Some of them used to study in Moscow (in particular at the University of the Friendship of the Peoples) and others originally came to Moscow on business, while still others married Russian women and stayed on. Most of those active in the underground drugs market are Nigerians.

By the middle of 1994 the Nigerians ousted their rivals, mainly Afghans, Syrians and Lebanese, from the drugs markets in the south-western part of the capital (Yugo-Zapad). They stood up to the pressure from the Solntsevo Mafia, which had been trying to establish its control over all the illegal narcotics business in Moscow. Although the police sometimes succeeds in taking on a few Nigerians (from among those already in prison and those awaiting conviction) as their agents, most members of Nigerian criminal groupings if they are caught get sent to labour colonies in the North of the country.

There was a great deal of sensational coverage of the case involving the Nigerian Paul Felix Imitcher – a 30-year-old boxer, who when arrested succeeded in breaking out of two pairs of steel handcuffs. He and a fellow drug-dealer were arrested, just as they were passing some heroin to their customers. There are over a hundred Nigerians in a labour colony in Mordovia. As they walk to and fro across the frozen parade-ground of the colony in bitter frosts, they may well be thinking back to their hot native country, but it is unlikely that they regret what they were doing.

* * * *

Near Volgograd a 75-year-old woman by the name of Maria Belichikha from the village of Kislovo – or Aunty Masha as this single pensioner was known to the local inhabitants – was bold enough to start growing poppies and cannabis in her vegetable plot. Young people from the south of the country started appearing in the village and they promised her by way of payment a black and white television and some shoes. Aunty Masha's shoes at the time were disintegrating. How could the old lady ignore the temptation, particularly when the local authorities were behind with her pension instalments? Aunty Masha could have ended up sending the rest of her years in a labour colony among petty thieves and brothel-keepers, but then the whole village came out in her support. "If you can't deal with criminals, there's no need to take it out on poor Aunty Masha!" was the message the village conveyed to the local authorities in no uncertain terms. The court gave the "Drugs Baroness" a suspended sentence and took steps to see that she was paid her pension on time.

* * * *

As I re-read Russia's Federal Law "On narcotics and psychotropic substances" back in my hotel, I thought to myself that I should have no shortage of things to talk about with Professor Nikolai Gerasimenko, Chairman of the Health-care Committee in Russia's State Duma and the main author of that particular law. He is a surgeon from the Altai region and organizer of the association "Health-care in Siberia" aimed at protecting Siberians living in that extreme climate, including those who have lived all their lives. To me he seemed a man of few words, almost wooden, but with judgements that had been

well thought through – just like many Siberians born and bred whom I have known in the past.

From his waiting-room I had rung up to the professor's office without any particular optimism about actually being able to meet him, but to my surprise I was given an appointment straight away and told when I could come back.

When the professor invited me into his office and I had taken a seat, he started talking almost immediately. He told me that the work on the law had begun almost immediately after the narcotics business began to take off. The centre of international drug-trafficking was shifting to Russia and the illegal home-based production of synthetic drugs such as Ecstasy for export was developing apace. Criminal groupings from the former USSR were among the three most powerful narcotics networks in Europe. In this situation a regulation aimed at stemming the tide of narcotic substances with the force of law would have been like an explosion. Opposing political forces began to take steps. For four whole years the draft of this law went the rounds of the various floors of the State Duma, the Council of the Federation, the Government and the President's Office. Everywhere it went the document was changed, enlarged and renegotiated and all possible arguments were used to postpone its adoption. What people were being steered by in their actions was not common sense, but the interests of politicians, financial experts and entrepreneurs, on which every branch of government depends.

The special programme entitled "Comprehensive Measures for opposing the use of Narcotic Substances and illegal trading in them for the period 1995-1997" had been written off. It had not proved possible to implement even one of the proposed measures. Yet the Law was more dangerous than the Programme: there was a great deal in it that needed to be fought over.

"All that's an old story now!" laughed Gerasimenko ruefully. "For having forbidden people to use drugs without a medical prescription, we were accused of infringing the rights of the individual and attempting to 'subject a new generation of Russians to genocide' in our efforts to 'provide a conceptual basis to the narco-repression currently in progress in our country'. The objection that was raised was that if someone had lost his cool, jumped out of a window or hanged himself that was something that would be impossible to prohibit by law. That leads on to the question as to whether the individual can be deprived of the right to do what he wants with his life, even if his behaviour puts his life in danger? Should he then be prosecuted for the violation of any such law? Those in favour of total freedom for the individual in this respect went on to say that the logical follow-on from such a ban would be to prosecute all mountaineers or circus tight-rope walkers, in short any one who exposes his life to danger.

Those in favour of a ban were also ready to carry their arguments one stage further: if you put your head in a noose, your decision will of course be sad for society but it will be a question above all of your own destiny, your immediate family. A drug-addict, on the other hand, may well draw into the world of drug-taking 10 or 15 other people and that constitutes a threat to the security of the state.

The protest from the 'champions of human rights' was triggered by an article of the law providing for compulsory medical examination of an individual, when there are grounds for regarding him as a sufferer from drug-addiction in a state of narcotic intoxication who has been using drugs without a medical prescription. Those opposing this article said they found it reminded them of the situation in recent times when those who opposed

the political regime and campaigned against it were forced to undergo treatment in psychiatric hospitals.

The deputies in the Duma have their own arguments though: it is dangerous if an aeroplane is flown by someone who is drunk and if they are under the influence of drugs? In August 2001 a 43-year-old air-freight handler Alexei Ruzakov, who turned out to have been a drug-addict for five years, used to prepare drug 'cocktails' at home and supply them to his friends. Who can guarantee that there were no air-line pilots among this man's friends? If the medical inspection teams in the airport casually passed for work a freight-handler under the influence of drugs, what guarantee was there that the following day some drug-using friend of the same freight-handler would not board an aircraft to take up his duties as radio-operator, navigator or captain of the air-crew?

Drug-taking has already begun to infiltrate the military, including some personnel working at rocket-sites. Among the conscripts called up in the year 2000 one in five admitted to having already had some experience of drug-taking. There are also cases of drug-addiction among officers of the Federal Security Service....So what should happen next?

"For a citizen to be obliged to undergo a medical examination, a decision has to be taken by a public prosecutor, a criminal investigator or representative of the security forces: this same decision can be appealed against in the courts or questioned by a public prosecutor. What's got into them?" asked Gerasimenko and then provided the answer to his own question. "A 'drugs lobby' has already come into being in Russia, which brings pressure to bear on deputies in the Duma to ensure that the fight against drug-addiction should not be tightened up."

When I myself read the document, my uneasiness was of a different kind. The law made provision for the treatment of drug-addicts only in institutions that were part of the state or municipal health-care system. Yet Russian state clinics for drug-addicts are overflowing and in some of them beds have spilled out of the wards into the corridors. The doctors are over-worked with 20-30 patients each and often of an abusive kind: some of them need medical help themselves by this time. If people are aware of this are they going to recommend to their relatives that they should only go to a state clinic and nowhere else? Would it not be more reasonable to create a system enabling health-care bodies to assess the competence of doctors specializing in substance misuse and keen to work in private clinics or those run as limited companies and then, after evaluating their training and treatment methods, to issue them with the necessary licence? Another factor which would make this approach a practical one is the low level of salaries provided in state medical institutions in Russia, while higher salaries in private clinics would attract experienced doctors confident in their own expertise.

I expected to hear objections on Gerasimenko's part, who might have said that the point of the restrictions was an attempt to get rid of the explosion of medical charlatanism currently to be observed in the country and the promises pouring in from all sides that "your drug addiction can be cured after a single visit", when desperate parents of drug addicts are prepared to place their child in the hands of the unscrupulous. In order to counteract all this deception – Gerasimenko might have told me – we have not yet found a better way than restricting the right to treat drug addicts to state and municipal clinics. I was ready to ask him in feigned astonishment, why, because of a few dishonest doctors, the authorities were prepared to call into question the reputation of well-qualified experienced ones, currently working outside state organizations and obtaining results superior to those achieved in the state services treating drug-addiction.

The eyes focussed on me were those of a highly intelligent man, however, who appeared to know full well what is often not clear to the outsider: the scale of the selfishness, ignorance, deception undermining the medical world in Russia, like all other parts of society in these terrible times. No law, however, strict, could change public morale.

We sat there in silence for a moment.

“Do you know what keeps my optimism going,” asked Gerasimenko.

“What is it?” I inquired.

“Sociologists were analysing how far Russians were prepared to tolerate various destabilizing factors. People were asked what they found most difficult to accept in our lives today. Fascism topped the list, then the Mafia and in third place – can you guess?... Quite right, drug-addicts!”

* * * *

The concept of an “addiction to politics” or “addiction to power” was something I first heard mentioned in Moscow by Professor A.I.Belkin, director of the Russian Psychoanalytical Society who has put together psychological profiles of current Russian politicians (such as Gorbachev, Yeltsin, Primakov, Luzhkov and Zhirinovskii). If we analyse the motives governing the behaviour of various of these men, who are constantly putting themselves up for election and if we take a closer look at the tenacity with which they cling to power once they have acquired it and their urge to keep hold of it for as long as possible, even if it is undermining their health, then it is not difficult to see this passion as a kind of psychological disorder similar to drug addiction.

First we need to leave to one side the question of drugs used for medical purposes. In all other cases people turn to drugs not out of need, but out of a thirst for the new often pleasurable and occasionally dangerous sensations they can provide. Their bodies then become used to drugs and cannot function without them and the search for drugs starts to blot out every other aspect of their lives. If they are forced to abstain or just reduce their doses, even for a very short time, people who are addicts will sense incredible disorientation and physical pain – in other words withdrawal systems. I have noticed this when observing a certain Russian politician, who by chance was promoted from the provinces to a high state post. Being constantly in the entourage of the leaders of his country, he began to feel he was an important figure surrounded by respect, able to withstand any knocks that might come his way and he was blissfully content. He seemed to have everything he might ever want. Yet one and the same dose of power was no longer enough. His central nervous system was less sensitive to the impact of the customary drug. As the medical experts might say, the stage of ‘functional tolerance’ had been reached. In order to experience the same level of contentment, he had to keep on raising the dose of limelight, public exposure and new honours, which would only be within his reach if he were to climb up onto the next step of the power ladder. Alas he did not possess the potential for progress to new giddy heights.

When this politician found there was no chance of further promotion, his condition could have served as a classic example of a drug-addict’s acute withdrawal symptoms. He fell into a profound depression, became prey to all manner of fears, and experienced waves of a desperate thirst for his earlier social status. He was suffering terribly and might well have sunk to crime, if it had held out the promise of the power he had now lost and the blissful contentment he had known previously. When we watch the collapse of the career of a dignitary who has been in the public eye and even appeared indispensable ,

we are inclined to judge him within the framework of global political processes. In actual fact, however, the destiny of someone who has been swept upwards to a position of power, regardless of whether he managed to stay there for a long time or soon came crashing down, is often linked not with a change in the direction of the political wind, but rather with the individual characteristics of the person concerned, which begin to stand out when he is suddenly and rapidly swept aloft.

I concern myself with the treatment of opiate-users.
What needs to be done with the political 'drug-users' is not my field...

* * * *

I walked down the street called 'Hunters' Row' towards the House of Unions, where the International Congress of Drug-combating Agencies was being held in the Hall of Columns. On the platform and in the hall there was not a single high-level representative of the Russian government. This sad thought struck many of us on that occasion, but there was only one person courageous enough to mention it from the platform.

"Yesterday I saw on television how many leading government representatives were present at a conference devoted to the mass media. There was a regular crowd of top people there, as was only to be expected, given the forthcoming elections and the need to stay in the public gaze...Here they are conspicuous for their absence. Perhaps this is an indication of how Russia views the problem of drug-dependence?"

The speaker was Mikhail Gorbachev.

I view this man with profound respect: he was my first President and I am still impressed by the political will which he manifested in the years 1985-1987 in his campaign against alcohol, which will go down in history as inspired by him. Of course, it was inappropriate to have let excellent vineyards be cut down, but what convictions he must have had to virtually go it alone to fight alcoholism in Russia, where drinking is regarded as such an essential part of life, in a country where leaders, starting with Ivan the Terrible, deliberately over the space of 200 years let the people drink itself silly in order to guard against sedition and to bring in revenue to the treasury's coffers. Gorbachev's battle against this national tradition which goes back centuries bore fruit, which have not yet been assessed or thought through: his campaign improved life expectancy somewhat: by 3 years for men and 2 for women. If Russia was still following that path the numbers of her citizens reaching a ripe old age might be far greater than they are today.

We were being addressed by a man who knew quite well what was going on around him, but who was powerless to change the course of events. His ideas were simple and easy to grasp. In the conditions facing a Russia in transition weighed down by a huge number of problems and in deep crisis, it was necessary to resolve the key task, which he referred to in Solzhenitsyn style as a 'task above all others' – saving the Russian people. Today every seventh Russian between the ages of 14 and 60 has experimented with drugs. The number of teenage drug-addicts has multiplied 17 times over in the last ten years. Many of them have been infected with Aids after using shared needles. According to the experts 200 new cases of HIV infection are being registered every day! The strengths of the Russian people have already been undermined by the tragic events of the 20th century, but this mass-scale drug-addiction threatens the country with a national catastrophe.

Russia has become one of the few countries and perhaps the only one today, which figures in the world market simultaneously as *producer*, *consumer* and *transit corridor* and, as usual, doing it all on a very large scale.

In Russia passionate zeal is manifested both by those who heal and those who poison. Neuro-surgeons from their clinic at the Institute of the Human Brain affiliated to the Russian Academy of Sciences (Saint Petersburg) had designed precision apparatus for influencing those areas of an addict's brain responsible for his pathological addiction to drugs. Although we do not yet know what the consequences of surgical intervention in the brain might be, initial results have been encouraging. This may usher in a completely new chapter in the treatment of drug-addiction.

At the same time chemistry students have recently been arrested in Moscow who had been supplementing their income through the illegal production of synthetic drugs (methadone and amphetamines) and drugs of an as yet unspecified variety which they themselves had invented. The young people had set up their laboratory in the back of a van which had nothing conspicuous about it as it sped along the streets of Moscow.

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In September 2001 questions of drug-addiction had become, for the first time in Russia's recent history, a topic of discussion for the country's leaders. The Security Council headed by President Vladimir Putin had acknowledged that the Russian narcotics business had turned into a well oiled *economic system* incorporating financial administrations, production, marketing, advertising, transport links and retail outlets. The core of the new Kremlin policy might be summed up as follows: "Treat the addicts, lock up the dealers".

Nowadays in Russia, just as in other countries, the researchers and those dealing with the problem on the ground are all involved in the search for radical solutions, but as yet do not know how they might put any such policy into practice.

Chapter 7 – HALLUCINATIONS BY THE CANALS OF AMSTERDAM

Coffee-shops: disturbers of the peace in Europe – What a Myth it all is about the Legalization of Drugs – Marihuana Museum on Achterburgwal – James Barton before Prison and after – What the Beauties of the Red Light District are smoking - The Principle of Social Expediency.

The flight from Moscow to Amsterdam takes only two hours, but if we look at the views of the governments in these two cities with regard to drugs, then it is like a leap from one culture into a quite different one. The special aspect which separates not just these two cities but Holland from the rest of the continent is the attitude to cannabis-based drugs. There are advocates of this legalization everywhere, who, when they have run out of arguments (economic, financial and so on) resort finally to the argument, which would appear to them to be irrefutable: the Dutch experience. I was glad to have the chance to acquaint myself with those, who were disturbing the peace in Europe...

As I walked along the embankment known as Oudezijds Voorburg, I stopped in front of a coffee-shop sign with the face of a fierce bulldog on it. On the sign there were some words about marihuana, but there was no need to explain anything to the Amsterdammers, foreign sailors or the crowds of tourists. Coffee-shops are the only retail outlets, where marihuana or hashish can be openly bought and sold. I walked down the steep steps into the semi-basement. "The Bulldog", as I was later to learn, is the oldest of Amsterdam's 250 coffee-shops.

In a corner there was a young couple interlaced and smoking. To judge by the language and their appearance, they were French students. The barman held out to me a menu with a list of different types of marihuana and hashish: from Thailand, Morocco, Nepal, Afghanistan, Pakistan, the Lebanon, Colombia and Jamaica – 25 sorts in all. There were also some varieties on the menu whose place of origin was unspecified, but which had exotic names: "Black Fingers", "White Widow", "Silver Haze", "Purple Haze", "Afghani Power", "Dutch Star"... Many people prefer Dutch varieties, produced by mixing local cannabis with Tibetan, Afghan or Thai varieties. There was also marihuana tea on offer, marihuana biscuits, or "magic mushrooms". The marihuana and hashish were wrapped up in small packets weighing between 1 and 3 grams and the price of the packets was identical – 25 guilders (\$12:50). The packets containing high quality varieties could cost up to 50 guilders.

The barman Bob, aged about 40, was a native of the city and had begun to smoke marihuana as a teenager and told us that he had been smoking it for a total of 28 years. My question as to why he was not married made him laugh.

"I want to be free, to smoke, travel and have a good life!"

The barman had visited eastern countries and seen how people smoked various drugs out there. For himself, he preferred Thailand "Super Palm" mix and most of the customers also asked for that sort. Italians and Spaniards tended to ask more for hashish from Afghanistan or Nepal, while the Americans just asked for 'grass' and any sort would do for them.

There never used to be any noise or fights in that bar. The only people who might get excited were those who smoked marihuana and had alcoholic drinks at the same time, or those visitors, who had managed to inject heroin somewhere or sniff cocaine or swallow an Ecstasy tablet. Bob did not like those goings-on. "They're behaving like lunatics!" he would say.

According to Bob the rules for selling the drugs he kept were binding for all the coffee-shops: hard drugs and alcoholic drugs were not allowed on the premises. It was against regulations to sell more than five grams of marihuana to any one person. A coffee-shop was not allowed to keep a stock of more than half a kilo. Coffee-shops were not allowed to advertise: there could not be any mention of marihuana on signs at the entrance. No noisy gatherings or disturbances were allowed in a coffee-shop or its vicinity. Finally no marihuana could be supplied to anyone under 18 [1]. If the police encountered a violation of even one of these rules, the coffee-shop would have to pay a sizeable fine and if it happened again it would be shut down for three months, six months or sometimes even for good. In the last two years 300 coffee-shops had lost their licences.

Today in the Netherlands there are 1200 outlets where cannabis-based drugs can be sold. Their proprietors go out of their way to put their good name or the money they have managed to earn at risk. Not very long ago the police had discovered a small excess by way of marihuana stocks in The Bulldog and they had had to pay a fine of 48,000 guilders. Some coffee-shop owners, after weighing up the marihuana-or-alcohol dilemma, abandon their trade in marihuana so as to obtain their licence to sell alcohol, which brings in more profit.

I nodded in the direction of the French couple and asked:” Bob, which customers do you see most of: Dutch ones or foreigners?”

“I don’t count them.”

“Do the foreigners mostly smoke their marihuana here or do they take it back home?”

“It’s my job to sell it, what they do with it afterwards, doesn’t worry me. “

The Dutch authorities do not prohibit the coffee-shop owners from selling drugs to foreign citizens, even in those cases, when they suspect that they are going to take the cigarettes containing marihuana home with them. The public prosecutors, police and the municipal authorities are entitled merely to try and persuade them not to have dealings with non-resident customers.

The new approach in Dutch drugs legislation began at the end of the 1970s, when the authorities drew a distinction between ‘hard’ drugs and ‘soft’ ones. The latter group included cannabis products. Critics reproach the Dutch with having a policy that has led to an increase in the number of people – especially young ones – who are smoking marihuana and they maintain that ‘soft’ drugs are a stepping-stone on the way to those with a much more powerful effect on the user. The Dutch have their reasons for having chosen this particular path: marihuana smokers suffer from physiological effects (palpitations, a higher pulse rate, impairment of motor functions, a reduction in psychomotor activity and so on), but physical dependence on cannabis is only encountered rarely and smokers do not suffer from severe withdrawal symptoms. Nevertheless recently specialists have discovered that cannabis-based drugs can have a similar impact on the brain as ‘hard’ drugs: they can effect the cerebellum: the neuro-chemical systems responsible for the development of addiction are common to drugs derived from cannabis and opiates.

The danger lies in the inevitable or, to put it more cautiously, frequent progression on the part of marihuana and hashish-smokers to the use of ‘hard’ drugs, including those, which involve intravenous injections. Doctors of many countries cite evidence of this and observations of the patients in our clinic have borne this out. Many of the chronic heroin-users who come to us started out smoking cannabis-based drugs.

The Dutch, however, are not convinced of this. Although chronic cannabis-users, in order to sustain a stimulating, sedative or hallucinatory effect, are obliged to increase the doses they take or their frequency, Dutch doctors have not found that the transition from smoking cannabis-based substances inevitably leads to a transition to 'hard' natural drugs or synthetic ones. The Dutch maintain that the number of drug-addicts in their country is no higher than in any other country and that the use of marijuana by young people is increasing throughout Europe. International research in the mid-1980s established that 15% of young Netherlanders aged between 15 and 35 smoke marijuana or have tried it. Among young Germans the percentage was double and among young people in Britain the number of marijuana smokers is as high as 35%. The Americans top the list: marijuana is regularly smoked by 60% of young people.

The crux of the matter lies elsewhere though: no drugs, including 'soft' ones have actually been legalized in Holland, according to the youth of that country. Storing them, transporting them and selling them are all considered illicit activities. The import or export of marijuana can lead to either four years' imprisonment or a fine of 100,000 guilders.

So where does the myth about legalized cannabis stem from?

Taking into account the relatively minor harm stemming from marijuana use, the authorities prefer to close their eyes to the sale of marijuana in coffee-shops. If a young teenager shows interest in the drug, it is better for him to smoke a reefer rather than buy it from a dealer on the street, who might be offering him heroin or cocaine the next day thus drawing the young fellow into more dangerous realms. The authorities see their task as risk-prevention or limitation. They seek to reduce the risk, to which a drug-dependent individual subjects himself, those close to him and the whole of society. If we take a step back it begins to appear not very logical to prosecute the trafficking and sale of marijuana, while at the same time permitting coffee-shops to acquire it by illegal means. The Dutch deliberately accept this contradiction, starting out, as they do, from the principle of expediency which is cultivated in their country.

It is possible to understand the supporters of this approach: when the coffee-shops appeared on the scene, uncontrolled dealing in marijuana and hashish on the streets stopped, or was at least reduced, as were their dangerous consequences for the health of society. It was possible for the authorities to inspect the coffee-shops, control the quality of cannabis production and for tax-collectors to increase their revenues. In this way the interests of the consumers of 'soft' drugs and those of the state were taken into account.

There is another nuance, which is the most important one for the mind-set of the Dutch. They have always been proud of their country as a small island, on to which the raging storms roundabout have cast the ship-wrecked – those who are persecuted for their faith, political convictions, ideas. Society in the Netherlands has long since been multi-cultural and the rights of minorities are enshrined in the Constitution and the laws. Protection of the rights of marijuana-smokers for the Dutch 'man in the street' is just another example of the traditional support for the rights of a minority.

So the sale of marijuana is not officially permitted, yet in limited quantities it is not prosecuted. To look at it from the legal point of view possession of this drug within specific limits (up to 5 grams) is not regarded as a crime, as an offence. So it thus emerges that the Dutch are not in favour of the legalization of psycho-active substances derived from cannabis so much as a certain degree of tolerance with regard to them.

The writer J. Herrer in his book The Emperor wears no Clothes offered a reward of \$10,000 to anyone who could disprove his idea which, when freely summarized, could look like this: if all natural fuel and its derivatives and also the timber to be used for paper production and agricultural purposes were to be excluded from man's economic activity, then in order to preserve the planet, protect the ozone layer, rejuvenate natural landscapes, the only raw material that could supply us with paper, textiles and food, meet our energy needs for industry and domestic purposes, reduce the planet's pollution levels, restore the soil and cleanse the atmosphere we should have to turn to our old mainstay, which had supplied all those needs in the past – to hemp! Amsterdam's Hash Marihuana Hemp Museum on the Achterburgwal promises a generous reward to anyone who disproves this assertion. I set off to this museum not planning to get rich quick, but because I wanted to know what happened to the hemp, when merchants' caravans brought it from the depths of Central Asia, from the mountains and steppes of my homeland to the flourishing Roman Empire and then disseminated it throughout Europe. In the 17th century sails were woven from hemp fibres for 11,000 warships and other vessels used for trading and fishing in the Netherlands. Italian hemp was regarded as the best for weaving ships' ropes, hemp from Riga took second place and Russian hemp third.... In good years 60,000 reels of sailcloth were manufactured here. Pestles and mortars and peasants' mills were used for processing the hemp. Thousands of families made their living from the hemp trade. The Dutch used to wear hemp camisoles, dresses and socks and sailors' overalls were also made from hemp fabric.

Although the appearance of steam-ships in the 18th century led to a fall in the building of sailing ships and people even began to make ropes from coconut and sisal fibres, hemp's day was yet to come. During the Second World War ropes were made from hemp for the Allied fleet and parachutes, tents and kit-bags were manufactured from sailcloth made of hemp. The Americans fanned the patriotic instincts of the farmers and appealed to them to start sowing hemp once more. Those who responded and even their sons were exempted from military service. In American cinemas a film entitled "Hemp for Victory" was shown.

The Dutch advertise hemp wherever they get the chance, for a great deal of their history and culture is bound up with it. You will see blouses, footwear, women's accessories and headgear made from it displayed everywhere. Hemp is used as an ingredient in deodorants, creams, ointments, tooth-powders and liqueurs and you see the seven-leafed motif on T-shirts, trainers, postcards, hats and umbrellas. Hemp seeds are on sale complete with instructions as to how to grow it in your garden. The re-birth of this almost forgotten line of business has resulted from the country's narco-tourism and in its turn has heightened commercial interest in the whole of the drugs sub-culture.

I walked through the halls of the museum and began to sympathize with the Dutch who were unwilling to reconcile themselves to the criminalization of this innocent plant, which itself was not responsible for the fact that from among all the opportunities it offers us unwise human beings, the only one we have chosen not to forget is the chance to lose our wits from the intoxicating tetrahydrocannabinol contained in its shoots. It would appear, however, that there are signs of change in our attitudes to the plant. In France, Spain and Italy the finest sorts of paper are still made from hemp. This not only makes possible savings on electricity and requires fewer chemicals, but ecologists are of the

opinion that that the use of hemp for this purpose will reduce the felling of trees and the disappearance of some of Europe's finest forests.

In Amsterdam there are probably two museums which are unique – the Hash Marihuana Hemp Museum and the Rembrandt Museum. They attract similar numbers of tourists, which says a good deal about the society in which we live. Admirers of marihuana, who believe in its revival, have set up a Marihuana Foundation near the museum and on the same embankment and together with it the Cannabis College Foundation -- an awareness-raising NGO. Here visitors are shown the right way to smoke marihuana and where to buy and then how to plant seeds. [2].

I made the acquaintance of Denis Devart a professional consultant in cannabis smoking.

“A few days ago two foreigners came by, they had been living it up and could hardly stand. I let them have some marihuana to smoke using a vaporizer. Soon all their tiredness had vanished, as if by a miracle,” Devart told me.

“Don't you think that marihuana causes any health problems?”

“None at all, I assure you!”

Denis did not suspect that the person in front of him was a doctor specializing in drug addiction.

“And what's a vaporizer?” I asked. Denis started to busy himself with the gadget, fixing some hissing mechanism, as if he was about to weld something.

He went on regardless and said: “I can see from your eyes that you have doubts about marihuana and still more so about the vaporizer. Look at me,” Denis said unperturbed: “I'm an asthmatic and my doctor recommended that I should smoke marihuana using this gadget. My breathing passages are not blocked any more.”

In the end Denis sorted out the vaporizer or inhaler to his own satisfaction: it was specially designed for inhaling (smoking) marihuana and was made from heat-resistant glass. Air heated up to a temperature of 200° and higher is let past a lump positioned in a glass bulb by a special valve. The hot stream of air absorbs the tetrahydrocannabinol and passes into the lower part of the vessel full of water. Dennis explained to us that the active substance and the oils pass into the steam. Then it is possible to breathe in the aromatic steam complete with the “extract of pleasure” through a long glass pipe, at the same avoiding the harmful and unpleasant resinous base, which goes into the lungs of those who smoke marihuana.

Denis went on to list five advantages of inhaling over smoking marihuana.

When you inhale all components of the plant retain their chemical purity, while, when marihuana burns, new chemical compounds are formed, including those with carcinogenic properties. Inhalation is convenient when marihuana is used for medical purposes, especially for asthma sufferers.

When smoking marihuana, a whole dose is completely used up at one sitting, while during inhalation all the components of the plant take effect gradually. Thus, inhalation rules out the inadvertent dangerous overdose.

The smoke formed during smoking has a strong and harsh effect on the lungs: particles formed from the burning of marihuana, tobacco and paper find their way into the respiratory passages, while the steam is gentle, aromatic -- as if it had been steeped in flowers -- and it is completely harmless from the health point of view.

During inhalation there is no danger of a mixture of tobacco and marihuana finding its way into the body: the combination of those two substances tend to make the smoker feel limp and sleepy, but at the same time he has the urge to go on and on smoking in order to get the full effect.

When someone is smoking, a dose of soon marihuana disappears and for a new draw a new dose is required. In a vaporizer one and the same dose can be used three or four times. So you use less marihuana. Some visitors to the Foundation say that, while still taking marihuana, they have been able to halve their intake.

As I listened to Denis, I kept reminding myself that the Cannabis College Foundation is supported by a company, which grows cannabis and trades in it and also by firms which manufacture industrial and food products containing it. For them 'enlightenment' was a way of extending their market share.

I took my leave and at the door I could hear Denis repeating the same monologue to new visitors, which had seemed ex promptu when I had heard it for the first time: "I can see from your eyes that you have doubts aboput marihuana and still more so about the vaporizer. Look at me. I'm an asthmatic and my doctor recommended that I should smoke marihuana using this gadget. I tried some and my breathing passages are not blocked any more. Don't you believe me? Ask about it at the Institute of Medical Marihuana!"

"Where, where?!" I asked him twice, just to make sure I catch it.

"In Rotterdam! You need to see James Richard Burton!"

* * * *

"Hallo, is that Rotterdam? The Institute of Medical Marihuana?"

"What's your problem?" came the baritone reply.

I gave my name, mentioned the Bishkek Medical Centre and said I was interested in travelling from Amsterdam to Rotterdam in order to acquaint myself with this unusual institution.

"You're not worried by the fact that I have spent some time in prison?"

This strange conversation intrigued me. The voice the other end declined the idea of a meeting but promised to send me material of interest.

A few days later I received a packet from Rotterdam, had another conversation with James Barton and shall now proceed to recount the story of this American farmer from Bowling Green in the state of Kentucky, as it was related to me. The farmer was 43 and a Vietnam veteran. In 1980 he and his wife Linda had bought a farmhouse with 90 acres for \$34,700. Ever since his time in Vietnam Barton had been suffering from glaucoma and at a time when his sight was deteriorating with each passing day, the farmer heard about treating glaucoma with marihuana. Specialists in narcotics had reported on this back in the early 1970s to Congress, but the controversy over marihuana had made it difficult to study the problem in peace. As was later to be stated at the trial by Judge Francis Young, "as a result of this emotional rhetoric associated with the problem of marihuana, a doctor has the right to prescribe morphine. cocaine, amphetamines and barbiturates but cannot prescribe marihuana, which is the least dangerous of all known narcotics when used for medical purposes".

Barton's glaucoma turned out to have been hereditary. Almost all the men on his mother's side had ended up blind because of it. Having no faith in traditional methods of treatment Barton decided to start growing cannabis on his farm. He harvested up to a pound of marijuana a month and used to smoke 10-15 cigarettes a day and could feel the reduction in his intraocular pressure. Then on July 1987 the Kentucky State Police raided the farm.

Barton had never thought that the cannabis he was growing to save his eyesight could be misinterpreted as illegal production for drug-dealing. Even when the police began to inspect the beds and search through all his outbuildings, when they found 138 bushes, equipment for harvesting marijuana, fertilizer for it, paper sacks very similar to those, in which marijuana is transported and sold, and found two pounds of raw marijuana, he still did not think that he would end up in prison.

At the trial Dr. John C. Merritt from the University of North Carolina announced the findings of the medical experts. The doctor had concluded that marijuana "was the only treatment, which could stop Barton going blind". The trial lasted eight months. Although the members of the jury were convinced that Barton had only been growing marijuana for his own use, they pronounced him guilty. He was sentenced to a year's sentence in a federal prison and his farm was confiscated. Public Prosecutor Joe Whittle stated: "We have not broken the law. Congress passed this law and we have to enforce it. If the American people wanted to permit the use of marijuana in any form, it would demand of its legally elected representatives that they change the laws. While the laws remain unchanged, we have to enforce them".

Barton's lawyer, Donald M. Heavrin of Louisville, took the opposite view: "As I see it, the fact that a man who was trying to save his sight, is being sent to prison and having his house and land confiscated, where he and his wife had been earning their living for decades, will make those who wrote our Constitution turn over in their graves".

The Prosecutor's deputy, Clive Gambill, defended the position of the authorities: "Health problems cannot provide a basis for breaking the law".

Poor Barton was sent to prison. "I shall not smoke any more marijuana until I have a prescription for obtaining it. Or when I am released I shall move to a country where marijuana is legal," he said. "This is the only way I can save my sight"

Barton was released after 10 months "for good behaviour". He was still convinced that while dealing in marijuana should be banned, glaucoma patients should be allowed to grow small quantities for their own use, if traditional medicine was no longer able to provide them with any help.

In 1990 the Bartons moved to the Netherlands. After they had settled near Rotterdam, James and Linda at last had free access to marijuana. It was the only way to preserve James' sight. His faith in its amazing therapeutic properties became fanatical.

"I spent enormous amounts of time acquainting myself with all the research on glaucoma and marijuana in the medical library of Vanderbilt University in Nashville and I now regard myself as well-versed in this question. I am no longer dependent on medical prescriptions and my disease is not progressing. I became the first patient in the Netherlands who was given a prescription from a doctor for the use of marijuana for

medical reasons. The Institute, which I set up in 1995, is the first organization which is allowed to distribute marijuana via pharmaceutical channels,” Barton told me.

The couple help other sufferers to acquaint themselves with a review of ways of using cannabis for medical purposes and encourage them to turn to the doctor treating them for advice. When talking to patients, they make no secret of the fact that they have no medical qualifications, but explain that over the many years Barton has been taking marijuana, during which time they have been finding out all they can in this field, they have probably come to know as much as most specialists.

The stubborn Bartons have accomplished what they wanted to do. On a plot of land given them for this purpose, they cultivate and harvest marijuana and are able to guarantee their product is pure and environmentally friendly and that it has a high content of tetrahydrocannabinol. Anyone armed with a doctor’s prescription for it can obtain supplies of the plant from the Bartons ready for use. In the booklets that they publish, marijuana is presented as one of the most ancient and least dangerous therapeutic substances used to treat more than a hundred different kinds of physical disorders and diseases ranging from migraine to cancer and AIDS.

* * * *

The reputation of the Netherlands as a country allegedly drug-friendly is supported by ill-informed and often unscrupulous people who have the interests of their own business at heart and what comes first for them is international tourism. In the evenings tourists wander down to the Red Light district past glass windows in which semi-naked girls can be seen in erotic poses. There are between 250 and 300 of these ‘aquariums’ within a very small area. There are girls to suit every possible taste: English ones, Spanish ones, Polish ones, girls from Russia, the Ukraine and Byelarus... Unlike many of the foreigners who can earn well from this trade (up to \$400-500 a day), girls from the countries of Eastern Europe, who were brought here by underground middle-men and mainly after false promises had been made to them (that they would be given work as dancing girls, models, waitresses and so on), are forced on arrival to hand over their passports to their bosses and then become materially dependent on them (looking good costs large sums of money).

While waiting for clients and after taking their leave of them, almost all the girls smoke crack (“rocks”). These are small crumbs or strips of purified cocaine, which produces an immediate ‘high’. It gives them a new burst of energy and a pleasant sensation, but the euphoria does not last for long (10-15 minutes): a body addicted to crack requires an hourly draw.

This new drug first appeared in the eighties. Within 4-5 years, millions of Americans and West Europeans were smoking it. “Crack houses” began to appear on the scene – hotbeds of this narcotic sub-culture. After ‘highs’ obtained with crack, the sudden disappearance of the illusion is very painful, as if life itself is caving in. When short of money to buy crack, those who smoke it are prepared to commit any crime including sex-crimes, becoming involved in child-prostitution and contract killings.

This drug burns lips and teeth and turns them black. If you come across a young African woman or a Mexican with no front teeth they may well be crack-smokers. Other tell-tale signs are eye problems (“crack keratitis”) and gum ulcers. In night-time haunts they give themselves away by frequent coughing, shortness of breath and complaints of

severe pains in their chest. As Dutch doctors will tell you, almost all crack addicts suffer from lung problems and haemorrhaging.

The European girls in the Red Light district charge a client 100 guilders or \$50 for 20-30 minutes contact time, in other words two grams of crack. Most of the African and many Asian girls can only earn enough for one gram and women no longer in their first youth less still. Those in charge of the establishments distribute crack to the girls as part of their wages. No-one knows exactly how many women in Amsterdam are engaged in legal and illegal prostitution (in night-clubs as call girls and so on), but I was given an approximate figure of 1,000-1,500 for those of them, who were on crack.

For the Dutch cocaine addiction is a problem for specific groups of the population: prostitutes make up one of them. They often combine cocaine with heroin. Another group consists of the long-term heroin-users, who also dabble in cocaine and a third is made up of those young people who only use cocaine and in large doses. This group is younger than the others and it has existed since the late eighties. The average age of cocaine-users is 20. Although over the last 12-15 years 500,000 local inhabitants have tried cocaine only a small proportion of them (approximately 25,000) have become chronic addicts.

On the evening streets of Amsterdam, particularly in the narrow lanes running at right-angles to the canals in the Red Light district, drugs are sold in a virtually open fashion. The dealers are more often than not young people of African or Middle-Eastern appearance. A gram of cocaine costs 150 guilders and a gram of marihuana or hashish up to 20 guilders. Some of the dealers have already been smoking or sniffing drugs or have injected heroin into their veins before they come out to start trading. They are persistent and will run after you offering their wares and at times can be highly aggressive.

Of the 6,000 registered drug-addicts in Amsterdam approximately 5,000 are on heroin. It appeared in the Netherlands in the early 1970s, when deserters from the American army sought refuge from the Vietnam War in European cities (mainly Amsterdam). They had the powder on them which had been distributed in the zone of military operations for analgaesic purposes and also for relaxation and to help soldiers feel braver. Prior to that there had only been 300 opium-users from the Chinese community in the country. The heroin brought in by the soldiers quickly replaced existing opiates. To a large extent it was because of them that heroin addiction was to make the Dutch the most drug-ridden people in Europe. Later the heroin epidemic reached Copenhagen, Stockholm and Oslo.

In Amsterdam the problem was exacerbated by the granting of independence to Surinam (Dutch Guyana) – the former Dutch colony on the shores of the Caribbean – when a third of the population (approximately 130,000 people) including unemployed Creoles who had had problems with the police at home and decided to emigrate to the former centre of Empire. Not only did they bring with them the habit of sniffing heroin from a piece of tin-foil, but they soon came to play a leading role in the underground narcotics business. The heroin comes from Afghanistan and Pakistan (via Turkey, Russia, Poland and Germany) and from African countries across the Atlantic Ocean, while the cocaine comes from South America. As the Amsterdam police will tell you, up to 300 dealers are engaged today in the illegal selling of hard drugs in their city: their number includes Italians, people from former Yugoslavia and Russians. Some of the dealers combine drug-dealing with profiteering from prostitution.

Underground factories are producing methylmethamphetamine acid (Ecstasy): here as everywhere else tablets are circulated where dancing is in full swing (rave-parties), in discos and night-clubs. Although the spread of synthetic drugs among young people in the Netherlands is no more rapid than in other West European countries, the authorities are concerned by the frequent cases of over-dosing: drugs of this kind can interrupt the normal working of the heart and cause convulsions or even death [3].

The Dutch are particularly worried by the appearance on their streets of synthetic drugs containing mixed ingredients, which can be even more harmful in their impact. The response of the authorities has been to set up a new co-ordinated network involving police, customs, the justice system and all other services in an effort to counter this new development. As a first step, they have installed special equipment in places where large numbers of young people congregate, i.e. in venues that are potentially dangerous with regard to drugs, which can carry out emergency tests. Anyone can check whether or not there are any admixtures in the pills he or she has just purchased. As far as the Dutch are concerned this is just another way to put into practice their principle of expediency.

* * * *

The self-restraint of the Dutch knows no bounds. Since time immemorial different cultures have intermingled here. The population of the Netherlands, which in the past was used to a peaceful leisurely pace of life, has found a way of coping now that it is called upon to live alongside newcomers from every corner of the globe: let them do what they want amongst themselves, as long as they do not stop the Dutch living the way they are used to. If a drug-addict does not tread on anybody's toes, then there's no problem with drug-addiction. Tolerance towards drugs (as far as specific limits, of course) is not the result of some brand-new policy. It is of a philosophical nature and can be traced back to the core of the national psychology.

"We do not go in for moralizing and saying things like 'You shouldn't take drugs, because it's dangerous and terrible". A rather different approach is what comes naturally to the Dutch: 'let's try and work out together, why you're taking drugs'." This is what I was told by Fon Vloeman in the Hague, a high-ranking civil-servant in the Ministry of Health, Social Welfare and Sport. He was one of the key thinkers behind the Dutch policy on drugs.

In the Netherlands two thirds of those with drug problems are in regular touch with medical institutions. This not only reflects people's trust in medical care, but also reflects the nation's high level of culture in general. Doctors and nurses also prefer to give a patient preventive support over a long period, rather than wait till he has suffered withdrawal symptoms and then start caring for him. A lengthy period of observation enables medical staff to get to know the patient better and to understand the level of his problems [4].

"If you ask, how many people in the Netherlands have ever tried heroin, we would say approximately 100,000 and of those some 25,000 are still addicted. When it comes to people who have ever tried cocaine, there would be at least 500,000, of whom roughly 50,000 become addicts. The proportions are very different. Heroin addiction is more like alcoholism, but chronic alcoholism sets in for active drinkers after about ten years, while for heroin it's a matter of a few months", Fon Vloeman explained.

There are 20 clinics for drug addicts in the country and they each have 500 beds. The clinics are private, but the patients do not pay for their care, the state insurance system covers the expenses. There are four medical centres specializing in psychiatric illness, including alcohol and drug dependence. Some of them treat patients who want to stop taking drugs and others take in those who are not planning to stop taking drugs. Queen Beatrix's government is not tight-fisted when it comes to subsidized medicine. Each year the state allocates \$60,000,000 to the treatment of drug-addicts on an out-patient basis via the insurance cover system and \$55,000,000 are set aside from taxation revenues to care for the sick in hospital which comes to \$145,000,000. A further \$15,000,000 is allocated to the Justice Department for the treatment of people suffering from drug addiction, among those who have been given suspended sentences, and a similar amount to those services engaged in preventive work, in particular work aimed at discouraging people from even starting to experiment with substances. Although the treatment of one person in a psychiatric clinic in Holland costs between \$130,000 and \$140,000 a year there are no clinics in the country where the drug-addict patient has to pay for his/her own treatment. It would seem that in this part of the world people began to understand sooner than in other places, how vain hopes of curing addicts through medical treatment alone are and now they have started concentrating on changing people's attitudes.

I commented: "In the old days many people hoped that it would be possible to relieve a patient's withdrawal symptoms, have a heart-to-heart with him and that he would then regain his self-confidence and want to regain his former social status. Now there is a new myth, created by the addicts themselves, that drug-addiction is not simply a health problem, but a special attitude to life, which perceives the meaning of human existence to consist in supplying oneself with drugs, while everything else is only of interest as factors along the route to that objective...."

Fon Vloeman did not raise objections to my view. He went on: "The picture here is similar and, since society -- as represented by the authorities -- forbids us to follow that principle and metes out punishment for drug-related crimes, patients look upon society as a threat to their existence. Society, in its turn, aware of drug-addicts wandering about the streets, the dirty syringes and broken ampoules, feels robbed: after all it is money other members of society have been earning that makes it possible for this army of layabouts 'high' from what they smoke or inject to mooch about without working and be a threat to law-abiding citizens, impinging on their rights to live in a society without drug-addicts...It is on the dividing line between those two approaches and under fire from both sides that the doctors specializing in drug-addiction stand."

* * * *

The first person to declare that drug-addiction was not a crime but a disease similar to a psychiatric disorder was Jellinek back in the 1920s, an American drug-addiction specialist of Czech origin. This was the approach Dutch doctors started out from, when they set up the "Jellinek Centre" for drug addiction, a private organization specializing in preventive work, treatment and follow-up care for patients suffering from all different kinds of addiction – drugs, alcohol, tobacco and gambling. The centre has a staff of 500 (of whom 350 make up the medical staff) and provides specially devised comprehensive programmes for treatment and social rehabilitation [5].

The problem of drug addiction here is not reduced to questions as to how a drug-addict should be defined. Dependence is regarded as a wide-ranging, medical-biological, psychological and social problem. This main problem consists, in its turn, of a whole

range of secondary problems, which arise when addicts need to find help. It is important to assess accurately exactly what kind of treatment programmes patients need, which correspond to their objectives and are in keeping with their capacities. Out-patient treatment is provided for patients with relatively simple problems and in-patient care for those with more serious problems. There are programmes for treatment which involves some out-patient care and some hospitalization. At the Centre out-patient care is recommended where it is practicable. If it does not prove effective, then the patient is transferred to a more intensive treatment programme.

What are the essential features of these programmes?

On the basis of objective data a patient's "severity index" is established which enables the medical staff to determine what kind of help is required. The patient fills in a form with answers to a range of questions, which make it possible to assess how serious his problems are within a range of 0-4. 'Nought' would indicate that there are no problems in a particular area covered by the form, while 'Four' would naturally indicate problems of an extremely serious nature. The answers are entered into a computer and when some of the medical specialists have studied them, they decide to what extent the seriousness of the problem matches the kind of treatment the patient is asking for. These assessment forms sometimes bring to light discrepancies between the client's wishes and the opinion of the doctors. The Centre tries to focus its attention first and foremost on the patient: his input has to influence the treatment process and he should suggest the kind of help he feels suits him best and define the treatment goals he sees as appropriate. The doctors, in their turn, bring influence to bear on the patient as well with regard to goals and perspectives. Then the doctor and the consultant embark upon the treatment process, which is referred to here as "breaking with the past".

The principle underlying the approach to the patient's problems here is a multi-disciplinary one, which takes into account medical-biological, social and psychological aspects. A team of staff works with each patient: physicians, nurses, psychotherapists, psychologists, psychiatrists. There are social-workers in the teams as well. It is this multi-disciplinary team which assumes the main responsibility for the treatment of drug-addicts and the care provided for them. There is no boss and members of the team are not entitled to take decisions on their own without consulting other team-members.

The vocabulary of the staff has come to include terms such as "evidence-based medicine" and "scientifically substantiated activity". During treatment staff are only entitled to make use of innovations, which have been shown to be effective either in the laboratory or in practice. No experimentation goes on here. The methods used here are all tried and tested.

There are psychiatrists using old well-tried treatment methods, there are social and medical staff who have mastered the latest approaches. And doctors, who have developed their own kinds of treatment. They are allowed to work using their own methods, but they have to outline (in the presence of the team) what are referred to here as their "working hypotheses" – the ideas on which their work is based, the level of the patient's problems and his own potential for change, the expected outcome of the treatment and the criteria for assessing success. I repeat: any plan of action is implemented on a basis of interaction between the team and the patient. He is asked to tell the team what he thinks about the treatment, whether he has any particular wishes: perhaps about how it might be best to modify the course of treatment, its objectives or where it might take place.

The goals have to be precise, realistic, measurable and acceptable both for the doctor and the patient. Ways of reaching the said goals and a time-scale for the treatment are also specified. The patient is involved in the decision-making throughout the course of treatment. Incidentally, out of habit I keep using the word 'patient', while at the Jellinek Centre the accepted term is 'client'. That reflects a rather different status of the individual coming to the team for treatment.

"What difference does it make that the treatment is free of charge?" was the question with which my host, Professor Erik Vermeulen launched into his explanation. He pointed out that the 'client' paid for the treatment out of his taxes or his purchase of private health insurance, that the client came to them as if he was going into a shop, that the medical staff would ask him whether or not he was satisfied with the product they were about to offer him or whether he was expecting something different.

In the written description of the course of treatment there is a paragraph about the effectiveness of the programme from the point of view of the client. This of course is not an objective index of quality, not even an assessment of the work of the specialist staff involved, but merely a subjective opinion from the client. As the staff of the Jellinek Centre sees it, their approach is logical – it narrows down the scope for mystification.

Dutch doctors have recently been experimenting with an approach known as the 'placebo' method. It is used with a patient who has tried repeatedly to throw off his drug dependence, but failed all the way along the line. He sees himself as a slave of his own weakness and is in despair. Suddenly he finds himself in hospital surrounded by doctors in a room fitted out like an operating theatre with all the familiar trappings, as if he was about to undergo surgery. When he comes round from the anaesthetic, it feels as if the pull of the drug has been 'cut out' of his mind. The patient wakes up, his body is full of Naltrexon, he feels strange, but he is confident that his whole system is 'clean'. The placebo is the concealed part of this cure, which makes it possible to achieve success.

Erik Vermeulen told me with a smile about an American experiment used for treating cocaine addiction: "They paid patients \$10-\$15 for every day that they spent without using drugs. They were put in premises, where it was difficult to get old of cocaine from outside. Those who decided to go back into ordinary life outside were persuaded to join a psycho-therapy group."

Extravagant experiments result from the helplessness of governments to build a society free of drug-addiction. These are desperate attempts to assess the true level of the problem and somehow to control the situation.

* * * *

My neighbour at a table in a small semi-basement restaurant overlooking the Keizersgracht canal was a man of about 40. He was finishing his "Amstel" beer when we started talking. In the past Henk had been the drummer in a small band, a heroin-user of 15 years' experience, who had come off drugs eight years previously. That had happened, when his younger brother, for whom he had been a father-substitute and with whom he used to share needles, threw himself out of an electric train going along at full speed when helplessly drunk. "I was just like him but did not do anything to hold him back". Now Henk is working for a project entitled "National Plan for the Support of Drug-users". It is an NGO which brings together homeless drug-addicts. He walks round crowded parts of the city looking for drug addicts and tries to get to know them. First of

all he persuades strangers to come together in a group and together make sure that methadone is being shared out fairly and that reception points where old needles are exchanged for new ones are functioning properly.

From time to time Henk brings his new friends and the police of the local district together. They meet up in a room at the police station as equal partners to negotiate how to foster relations between the two sides without causing inconvenience to each other or other people. The drug addicts in this way have come to fear arbitrary treatment from the police less and the police has managed to guarantee more safety for the population in the district. Conflict situations do not give rise to mutual hostility but are resolved at joint meetings which have become regular events. The police station sometimes gives the drug addicts work: painting garage walls, for example, or sweeping pavements and the addicts take it upon themselves only to take their drugs in the evening before they retire. Even a small piece of self-discipline like that can be the first step for drug addicts trying live according to some kind of regular time-table. Without that there is no hope of a drug addict re-entering the society he has rejected and which, in its turn, has forgotten him.

People who seriously want to embark upon a normal life again are those whom the "National Plan..." helps to find a refuge, which initially is a temporary one. If a client discovers within himself a capacity for living independently and for finding work, then the first seeds of self-respect take root and the plan workers take it upon themselves to confront the task at the next level up. Working in conjunction with other social institutions and with support from the local authorities they help clients to extricate themselves from the debts making them flounder, to find work which they like and to find a place where they can spend their leisure time.

Nobody demands that a client should immediately turn his back on all drugs. He or she may well go on taking them, while the Plan workers help him/her to do so in conditions which are safe for the client himself and which do not constitute danger for anyone else either. There will, however, come a time when a reserved person, who had not been letting anyone else into his life or feelings, will find people, whom he is ready to take into his confidence. This will help relieve his tension and only then will it be possible to start talking about his addiction.

"As you see," explained Henk "seeing a drug-addict as someone with potential rather than as someone with limitations requires a completely different mind-set. Have you never seen what a cause for celebration it is, when a drug-addict is finally evicted from someone's house? Such people are blind though. They just close their eyes to what happens next. When a drug-addict is thrown out into the street, his problems only get worse. He'll be roaming round the city, like a hungry wolf in an autumn forest, ready to bury his teeth into anyone's throat. We have turned them into wolves!"

"What about the other people living in his house though Henk? Do they not have the right to peace and quiet, a comfortable life and a clean hallway?"

Henk stared into his ashtray for a while and then went on:" The Council of Drug-addicts in Rotterdam brought together drug-addicts sleeping rough, local residents, café and restaurant-owners and police officers. Together we discussed how to keep the streets clean and safe without infringing anybody's rights. Then the movement came into being which is known as "Keeping our City Clean". It was proposed that the drug addicts should spend one day a week cleaning the streets and working in ironware workshops for a wage. They also agreed to draw up a register for the police of the drug-addicts at

the market. It turned out that drug addicts are able to roll up their sleeves, not just for shooting up!”

The Dutch want to get away from traditional ideas as to how drug-addicts should be dealt with. Social integration should not be seen as first curing people and then enabling them to take up their place in society once again, free of physical and emotional dependence on drugs. Here, it should be pointed out yet again, the rights of any minority are respected, including the civic rights of those who use drugs and are not planning to come off them. Treatment is not necessarily a pre-condition for social rehabilitation and integration: work towards those two aims may well proceed in parallel with treatment, even in advance of it. The improvement of drug addicts’ living conditions and involving them in work they can manage, without any pre-conditions demanding that the addicts renounce drugs, do not necessarily make addicts start misusing the people trying to help them, and can avert the downwards spiral.

The idea of gradually fostering a patient’s social skills without insisting on an abrupt change in his ordinary way of life, taking his individual characteristics and needs into account, took root in Holland’s social psychiatry back in the days of World War II, when the country came up against soldiers and officers suffering from shell-shock, with many people suffering from psychological problems. That was when the first therapeutic communes were set up as a means of ensuring that fellow-citizens could find a way back into society even though their attitudes, frame of mind and aspirations differed from the generally accepted variety.

Initially I was shocked by some of the things my Dutch colleagues started telling me, when I saw that they were prepared to take on board the fact that their patients would still be using drugs for a good time to come and that despite everything it was important to help them lead an independent life with something to show for it. As time went by, I began to see the logic in the way they went about things and appreciate its kindness and wisdom. Indeed what can society do apart from intensify coercion...yet all our historical experience should warn us against this: the path of coercion brings about the opposite of what we want to achieve. If a patient is keeping to one kind of substance and has stopped increasing his dosage and is able to work – often successfully – does not that after all point to some kind of potential, which sober-minded medics might well take as a starting-point as they seek to rebuild his self-confidence and help him to aim higher?

* * * *

“We do not regard a suspicious person as a criminal just because he is on drugs. We only arrest him if we suspect him of having committed a crime or a breach of public order” I was told by some policemen in Amsterdam.” If there is someone in the room somewhere who is taking drugs, that doesn’t concern us”.

Twenty-two years ago Han Blaumhof and his group were combing through the Red Light district trying to catch dealers selling drugs in the street. At that time most of them were people from African countries or Germans. The young Germans used to buy heroin in the Netherlands, mix it with other similar substances and then take it back to Germany to sell. They themselves would be using pure, strong heroin. On a number of occasions the police had found the corpses of young Germans on the street, who had died from overdoses. Among the dealers he encountered at that time, the Inspector had come across a young Dutch girl aged about 19, a chronic heroin addict who had let herself go to pieces: by that time she was ill and no-one wanted to know. Her only

purpose in life was getting hold of drugs. Nothing else interested her. The Inspector took her back to the police station, listened to the sad story of her sorry life and he started to take pity on her. He helped her find somewhere to live, discussed her problems with her, suggesting how she might fight her anxiety without resorting to drugs. He took her to see doctors and made sure he did not lose sight of her, until she was on the road to recovery.

Twenty years later he was working along one of the canals and saw an elegant woman walking along with two children and recognized her as that girl. He said to her: "I think I've seen you somewhere!". The woman took a closer look at him and then, to the amazement of the passers-by threw her arms round his neck, crying out: "My saviour! My father!" Later she told him that after that meeting so long ago she had managed to stop taking drugs. Her health was restored and she had made a happy marriage.

According to the observations of the Inspector the percentage of women among Dutch drug-users is fairly high. One and the same dose can have a much greater impact on a woman than a man for purely physiological reasons: their bodies contain more fat and less water, which means that the drugs they take remain more concentrated and act faster. Moreover it is easier for a woman to get hold of money: she can, as a last resort, take up prostitution legally, while a man has to resort to crime and therefore run the risk of the punishment that entails. For that reason the police has to arrest men more often, although there are more women drug-users in the country.

The Inspector went on to say: "I would not want my children to use any kind of drugs at all...but I look at this question like a policeman. Dealing in both soft drugs and hard ones is a crime, but using them is not a breach of the law. Don't be surprised, but there are many young policemen who when they come home start smoking marijuana to relax. One cigarette every four or five days helps you feel calm".

It would be a mistake to regard Dutch tolerance as permissiveness. The legislation in this country is far from liberal. Possession of drugs, even for personal use, can carry a sentence of between one and four years in prison or a fine of 25,000 to 100,000 guilders. Exporting and importing drugs, their production, distribution within the country, sale and even the intention of carrying out any of the cited offences can result in imprisonment for between 4 and 16 years and/or a fine of up to a million guilders. If a criminal organization is found to have been smuggling drugs, its members can expect 22 years in prison.

No drugs have been legalized in Holland. Their export or import constitute criminal offences, as do the sale of drugs in the internal market, their production and possession over and above the admissible norms (more than 5 grams of hard drugs or 30 grams of soft ones). Politicians and lawyers assess the situation rather differently, depending upon whether hard or soft drugs are involved.

The Dutch are convinced that those who use marijuana and hashish, which are less dangerous than other drugs for people's health and that of society as a whole, should be entitled to expect a lenient approach to them, bearing in mind the minimal harm resulting from their use, which in their view has not been proved conclusively. No legalization of any drug, however, has been provided for in any either short-term or long-term government plan. If that were to happen, if the Netherlands was to become the only country in the world which had ventured to take such a step, the scale of drug-dealing would not shrink and the inevitable drop in prices would lead to an explosion of

international narco-tourism. All uncorrupt, civilized governments and peoples would soon start to shun the Netherlands. While bravely acknowledging their powerlessness and inability to cope with drug-addiction, just as with the consumption of tobacco and alcohol, the Dutch have defined their reachable goal, one that everyone can understand – starting out from *social expediency*” [6].

Three points in the Dutch policy struck me as instructive:

Firstly, the endeavour to avoid or limit the risk, to which the drug-user exposes himself, the people around him and society as a whole. It is with this end in view that drugs have been classified as belonging to one of two groups – soft and hard – and efforts are directed at preventing users of soft drugs making the transition to hard ones;

Secondly, drugs legislation in the Netherlands takes into account the degree of risk to which the drug-user exposes his health. The degree of risk depends on the category of drugs used. That category determines the level of punishment meted out for drug-related offences;

Thirdly, when the police are investigating and prosecuting for activities linked with illegal trading in drugs, priorities are based on the principle of expediency – the interests of society as a whole. Starting out from that, the Dutch concentrate their efforts on combating large-scale dealing in drugs of any kind, without devoting too much energy to the sale and possession of soft drugs earmarked for personal consumption.

According to what I have been told by those elaborating the Dutch strategy for the fight against drug-addiction, the government is not planning to foist its own policy on anyone else. That policy is too closely bound up with the economic, psychological and emotional state of its own society. As police-inspector Han Blaumhof said to me: “We do not want to foist our policy on anyone: all we can do is just explain what we are doing in our own country and why”.

Chapter 8 – BRITISH EFFORTS AT DAMAGE LIMITATION

Symposium for Psychiatrists at Church House – Walking round Night-time Brixton with a Dealer – Scotland Yard: “No Victory, but Damage Limitation” – 40 minutes with Intelligence Officers - Help from the “Angel” – Shadows in the Cemetery at Blenheim – “We shall build a Better Britain”.

A delegation from the Medical Centre in Bishkek had been invited to London to take part in the work of a meeting convened by the World Federation for Mental Health and only found out when they had reached Moscow’s Sheremietovo Airport and were about to board their aircraft, that Prime Minister Tony Blair was holding a government reception at Lancaster House for those attending the meeting and that the Kyrgyz doctors were to be honoured with an invitation. Her Majesty Queen Elizabeth II was to be present. I re-read the fax:...”Dress-code: Suits and ties”. We began to panic. Our plane was scheduled to arrive at London City Airport 30 minutes before the reception began. Our suits were packed away in our cases, which had already been taken off to the aircraft. Our only hope was that we should have time to change in the 20 minutes that the taxi journey would take from the airport to Lancaster House.

We found a taxi at the London City Airport and before it had even set off we began to change, making the driver very agitated. As we drove through the capital, we looked like run-away prisoners who had gone off with other people’s luggage. In the centre of town the taxi was caught in a traffic-jam and was moving forward no faster than the pedestrians. “Traffic!” sighed the driver, relieved, now that he realized we were not planning to abscond. My companions consoled each other as they imagined to themselves how Her Majesty would turn worried to her courtiers to inquire anxiously: “But where are the doctors from Kyrgyzstan?”
Forgive us, Your Majesty!

At Church House a stone’s throw from Westminster Abbey, doctors from all five continents had assembled. The organizers had suggested a list of topics, which left many of the participants, including those from Kyrgyzstan, with a difficult choice: Children in Difficult Situations, Mental Problems of Neonates, The Rights of the Mentally Ill, Problems of the Homeless, Suicide Prevention, Ethnic Issues, Mental Health and Torture, Violence in Society. the Mentally Ill in Prison...We were spoiled for choice!

We had brought with us a paper about the degree to which social reintegration (based on the observation of our patients) can reflect the restoration of mental health. The duration of a remission and helping patients back into society and its civil institutions is an important indicator for us, if not the most important indicator of the effectiveness of our treatment. It is not easy to rebuild a personality and bring about its re-adaptation to the society it previously rejected. We had picked at random 100 medical histories. Drugs had led 57 of them to leave their former place of work, 28 of them had gone on working but felt that their physical state and morale were no longer adequate for the post they occupied. Many of them had lost touch with people around them because of drugs, their reactions to events and information from the outside world had slowed down, they could no longer think as clearly as before. The patients were haunted by a lack of confidence and they had ceased to regard themselves as fully fledged members of society. Those who had started taking drugs at an early age (between 14 and 16) were tempted to do no more than sponge off other people and their life seemed to have lost its meaning.

After our patients have received their course of treatment, we recommend to them that they should pursue a rehabilitation programme devised by our doctors. We later send out questionnaires to our former patients in order to evaluate how effective their treatment has been. Their replies give us grounds for optimism. On average 37 out of every hundred deliberately move into new circles, so as to break off contact with those friends who might lure them back into drug-addiction, 50 change their place of work, preferring to look for different activity more in keeping with their interests, level of education or physical capacities, 27 go back to their previous families which they had abandoned, 13 are planning to or have already remarried, 15 are setting up their own business and 20 youngsters choose to resume their studies.

At Church House I was asked what kind of people my patients were and I found it difficult to give a short answer about such a wide range of people. Among the large numbers I could recall there were a father and son from an Armenian family living in the Caucasus. I had been struck by the father, a respectable man of about 50 with greying hair, who had been taking drugs since he was a young man. He was probably the only chronic addict I had ever come across who had lived to such an 'advanced' age. He had changed his occupation many times and had made it as far as director of a wine factory: for a period of 20 years he had taken in secret every day up to 10 grams of an opium solution - *khanka*, which he had prepared himself. He did not increase the dose so that he should not lose his wits completely, but neither did he contemplate giving up, after reading that a sudden rejection of drugs held out the prospect of physical pain and sometimes death. It was only in the last two years, when his teenage son became a drug-addict, that he started desperately looking round for a way out. Talking to his son about the dangers of drugs would be pointless, for his son would never pay heed to exhortations from the lips of his father, about whose secret addiction he already knew. That was when the father decided to come clean in front of the whole family. There were tears and desperation, but when everyone had calmed down they intuitively came round to a wise decision: father and son needed to stop injecting immediately and together and then start treatment together as well. The father's son-in-law brought them both to Bishkek.

Our psychotherapists tried to help both father and son assess their own behaviour more realistically and convince them that they were responsible for their own lives and for how they turned out in each case. They meekly went through the whole course and three weeks after first appearing at the clinic they took their leave of the doctors. Suddenly, a short while later, the father reappeared at the Centre. What had happened?

"There's nothing to worry about!," said the father with a laugh: "My son and I have decided to open a drug-addiction clinic like yours in our town. Why don't we do it together?"

The clinic for drug-addicts set up by father and son has now been in operation for 18 months in their town in the Caucasus. They have a completely new view on life: they enjoy working with people, interacting with them and want to help them for the rest of their lives. I thought back to them when sitting in Church House in the conference hall, when I heard someone uttering the principle which we also believe in: treating a patient as an individual with potential is more effective than treating a patient as a damaged individual.

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In Britain there are 200,000 chronic addicts. You can see them at night in run-down districts like Brixton in London. I and my friends went there one night by Underground to survey the scene in an area where most of the residents are of African descent. There were clusters of young people standing round doorways and in some cases there was a smell of hashish in the air. Many of the voices we heard were guttural and the youngsters were throwing their arms about as they talked, but no-one bothered us. Perhaps they were just busy with their own affairs, but it is also possible that they knew about the closed-circuit TV cameras set up on the local streets, which sent back information to the local police stations and could bring a police car suddenly out of nowhere if something suspicious had been caught on screen.

We decided to sit down for a drink in a café on Brewery Street called “The Hobgoblin”. Armed with cans of beer, we went in to sit down at one of the wood-plank tables, where two tough-looking lads sporting earrings were drinking their beer and watching a football programme.

We introduced ourselves. Dale with the beard was from Jamaica and Sooji was from Nigeria. After half an hour of joking about this and that, I casually asked if they could “get hold of something” for us. Of course I was taking an unpardonable risk: in the bar I could have been taken for someone from Scotland Yard – after all they have agents of every sort and description working for them. Our ‘friends’ started whispering in words I could not understand and then they went over to some other people they knew at a couple of nearby tables. They then sauntered back, as if nothing was happening and calmly announced the prices: £70 pounds for a gram of heroin, £60 for a gram of cocaine, £25 for a packet of marihuana and £25 for an Ecstasy tablet [..].

If I had stopped to think for a second, I would have realized that I should have stopped there, but Dale had decided to ‘help’ with such enthusiasm, that I had not got the heart to confess that it was no more than pure curiosity on my part. He insisted that I should say what I wanted and feeling things had gone too far by this time, I just said marihuana. He went up to the telephone on the wall of the café and after a short exchange came back to declare that his friend would be with us in a couple of minutes.

I and my colleague from Kyrgyzstan left the bar, thinking we should perhaps just get out before it was too late, but then out of the darkness a short young African appeared, looking over his shoulder as he approached.

“Is it you who were expecting me?”

“May be”, I replied.

“Follow me”.

As if in a trance we got into a stranger’s car and set off driving down the dark street.

“Where are we going?” I asked.

“To the office” the driver replied, without looking round. Was he joking? Now I was getting what I deserved... Here I was in Brixton, in a stranger’s car, going along in an unknown direction to obtain drugs, which were only of interest to me as a means of striking up an acquaintance. We would be lucky, if he was just a plain-clothes officer, who would turn us in at the next police station. And if he was from the criminal world? What if he and the boys we had been talking to in the café were part of a gang involved in some game we knew nothing about? I was about to ask him to stop the car and say good-bye, when he drew into the pavement. It was a street of brick houses with two or three floors, washing hung out to dry on the balconies and deafening music coming at us from all sides.

“How much do you need?” asked the driver.

I gave him 10 pounds and he disappeared.

On the pavement there were women street-traders working by the light of paraffin lamps, who had spread out on cloths vegetables and all sorts of small items. Some boys ran up to the car offering newspapers, drinks and T-shirts for sale. Some of them were begging. Here was a piece of Africa in the middle of London. Our driver came back bearing a packet. Then we set off back again. We started talking as we drove. Our driver was from Nigeria as well, aged 38 and married. He had four children and worked as a 'taxi-driver' (he said that with a smile, making it quite clear that it was a euphemism). In actual fact he was a small-scale street-dealer: otherwise he would not have been spending time driving about at night for the sake of 10 pounds. He earned about 1,800 pounds a month and of those he spent 120 on marihuana for himself. He smoked at home and in the car, when the children were not around. He did not want them to latch on to the marihuana habit. He was telling us that almost all blacks used to 'smoke' and some of them were reduced to doing it by racism. Policemen would often stop a car, simply because the driver was black.

Possession of hashish could result in an 18-month sentence, and possession of heroin in one of 4 years. His boss – another African – earned up to 10,000 pounds a month, mainly from selling marihuana.

When we took our leave, he offered me a dose of crack, which was also widely available in Brixton.

"Shame...It kicks in instantly. In seconds you'll be carried off from Brixton to Las Vegas...Why don't we try some together?" came the 'tempting' invitation.

I was very keen by then to tear myself away from the murky damp of the Brixton night and fly off to the sparkling stars of Las Vegas, but not by that means of transport. The driver soon realized that he was wasting his time and disappeared into the night with his car. Perhaps some more earnings would come his way, before it got light again.

* * * *

I had come to Scotland Yard to meet Chief Inspector Des Stout. He had been waging war on the narcotics business in Greater London for the last six years. There are 26 police teams specifically engaged in identifying drug-dealers and users in the city. This is a total of 150 officers in all, who are fitted out with equipment for under-cover work. They have all worked in the CID, in conjunction with the health-care services, with people on suspended sentences and also in local communities as volunteers. It turned out that Des himself had been an officer on the beat in Brixton, so he knew the district well. It was while he was working there that the closed-circuit TV had been installed and the nearby police stations now keep track of the TV screens round the clock.

In districts like Brixton, police-officers were using the "Be a customer" method to track down drug-dealers. Under-cover agents would wander up and down dark alleyways, where drug-dealers would congregate, ask what range of products was on offer and then eventually buy some. Other men involved in the operation would manage to photograph the deal from a long way off on video so that it could later be used as evidence in court. The police had a fair number of resourceful agents of both sexes perfectly capable of posing as students, drunks or prostitutes: often they came over as more convincing than those they were impersonating!

“You were lucky.” said Des Stout, after I had told him about my adventure. “The finale could have turned out to be far sadder. I must earnestly request that if you have the urge again to go and visit the murky depths, that you should only do it accompanied by our under-cover people.”

The situation in Brixton had started to become more tense in the early nineties, when crack became the drug of choice in porch-ways and public places, since this made the users come over aggressive. With crack the situation was soon ‘out of hand’ as the saying goes. People high on drugs would stop at nothing. Resistance to police instructions was so violent that on one occasion two officers working for Des Stout had to open fire as they tried to arrest some drug-dealers [.]

The police used to look for places where drug addicts on opiates used to congregate. They would start hunting for rubbish dumps, until eventually they came across a pile of used needles and syringes among all the abandoned waste. Nearby they would be likely to find a drug-users’ den. The refuse from their ‘camps’ it was easy to remove to the dumps specially provided for the purpose, but where to go with the wretched addicts, who demanded nothing from the society that had forgotten or rejected them apart from the next dose?

“Getting rid of drug addiction is difficult, all we can do is try and limit the damage,” said Des Stout.

Damage limitation is the core of the British anti-drug strategy, which is fairly close to that used in the Netherlands. The number of arrests for drug-related offences has risen by almost a third, but the police do not see these efforts by them as being enough to cut down the underground dealing in drugs or to bring down levels of drug-related crime. The police was one of the groups involved in elaborating a national programme in this field, providing for a flexible policy as far as prosecutions were concerned, while concentrating above all on treatment for drug-users. According to this new approach, a drug-dealer, who is not using drugs himself, has to spend time in prison. Yet if he is a drug-user as well, then it is seen as preferable for doctors to take over. The better care is taken of him and the better treatment he receives, the more positive the final result will be for society as a whole.

A dealer risks up to 7 years in prison for possession and distribution of heroin, cocaine, amphetamines and so on. It makes no difference what the quantity of drugs found on him is. If someone is arrested with as little of one gram of drugs on him, what guarantee is there that he has not been dealing in drugs for a good ten years? He can be dangerous for society and whatever the circumstances the police are going to apply sanctions.

“If you were to find just one gram of drugs in my pocket, would that mean prison?” I asked, thinking back with relief to the litter bin on the street, into which I had thrown away the unfinished cigarette containing Brixton marihuana.

“If you were only selling drugs, but not using them yourself and had not had a previous conviction, then we would find out more about you and if it was the first offence then we would probably talk to you about the legal implications rather than arrest you. If you had been found with drugs on you before, then we would prosecute. The nature of the punishment is determined not by the quantity of drugs, but by the nature of the offence and the personality of the offender”.

At one time a drop in the interest shown in heroin had been observed, but before the British could congratulate themselves on their anti-drugs policy, the demand for heroin began to grow again in the late nineties, particularly in the provincial towns of Old England. Pedantic historians began to recall that it was precisely one of their compatriots the chemist, Alder Wright, while experimenting with various compounds from the opium group over a hundred years ago, who had happened upon a new morphine-based compound, which was later to be known as heroin and which for a long time was used exclusively as a pain-killer [.]

No-one is to blame for the fact that this discovery eventually led to the emergence of a world-wide criminal business. Today in Britain there are 200,000 registered heroin-users. This can be explained in part by the efforts of drug-dealers looking for new ways in which to bring over opiates from the depths of Central Asia via Turkey and the Balkans to Great Britain.

In the night-clubs and among young English girls anxious to reduce their appetite and maintain their figure, 'Happy Pills' or amphetamines are in fashion again. At one time the demand was sinking, but at the beginning of the 21st century they became popular again among well-heeled young people. Every week the English take a million Ecstasy tablets sometimes mixed with LSD. At crowded gatherings dealers often sell pills, which are outwardly similar to Ecstasy but home-made substitutes made from intoxicating substances. There have been occasions when corpses of young people poisoned by such drugs have been carried out of the rave premises.

Des Stout repeated an idea which he saw as very important. There is a fair number of people, who take drugs and the only thing of which society can accuse them is that they do this. There are other drug-users whose general behaviour is negative and who are involved in crime. These are the ones of interest to police.

One of my questions baffled the Chief Inspector, when I asked if policemen who have confiscated drugs from dealers then go on to sell them, as sometimes happens in Russia and Kazakhstan.

"Why?" asked Des Stout in surprise, when he at last realized what I was implying. "That's strictly against the rules!"

Indeed, why would a British police-officer do that, when as a new officer he receives 12,500 pounds a year and once he is fully qualified 26 or 27,000. The annual income of a senior officer is between 80 and 100 thousand pounds.

I then asked my host when the British would have solved their drugs problem – in 50, in a hundred years?

Des Stout shook his head and said: "Never...all we can do is try and manage the problem, not let it get out of control and combat crime....Drugs are never going to go away."

"Do you have a camera? Leave it here! Do you have a dictaphone? Leave it here! Other items?"

We started emptying our pockets in the office of the National Criminal Intelligence Service (NCIS) in Spring Gardens and I was already expecting I and my colleague

might be down to our under-wear before we finally entered the office of the top management, but then the woman officer letting us into the building made a gesture to indicate that she herself did not enjoy what she was having to do. On the second floor we walked through a large room full of computers and then found ourselves in an office, where there were two men waiting for us, who started out by warning us that they could only devote 20 minutes to our conversation. Simon Goddard and Les Flander were from the Drugs and Organized Crime Unit (Illicit Drug Production). When I first started asking questions they began exchanging glances and saying: "No comment!". These words were the most frequent in their vocabulary, but there were two things I managed to single out in the course of the extremely cautious conversation.

In the NCIS, staff devise strategic and tactical programmes for investigating particularly serious crimes: the activities of international organized crime in Britain, forging money and the creation of underground laboratories for drug production. Analysts assess the degree to which these threaten national security, put forward proposals to the authorities for amending legislation and make recommendations for reducing crime in these spheres. Every year the service investigates thousands of involved cases.

The unit is especially worried by the underground laboratories in Turkey, Afghanistan and Pakistan, from which stem between 80 and 90% of the heroin which floods Great Britain and many other countries of Western Europe. The narcotics syndicates secretly send back chemicals required by the laboratories in the other direction.

It is difficult to control the movement of chemicals. There are many legal applications for them in perfume production, the pharmaceutical industry and the manufacture of dyes. Apart from chemicals, which are sometimes used as ingredients for narcotic substances, solutions are used in underground manufacture which contain acids and alkalis. They are required for the manufacture of any narcotics apart from organic ones. Chemical processing is required when cocaine is made from coca leaves, morphine from opium and heroin from morphine. Chemical substances are needed most of all for the production of synthetic narcotics such as amphetamines, Ecstasy and LSD. The use of legally manufactured chemicals for the production of banned drugs is a key aspect in the illegal narcotics industry.

It is difficult to find the chemicals – one substance can have many different names: for example, ether – one of the solvents – is brought into Europe under twenty different brand-names. Sometimes a manufacturer will label his chemicals with the name of a legal industrially manufactured product.

It is impossible to produce narcotics without laboratory apparatus and equipment. In the opinion of British intelligence, inspection of the movements of articles of this kind inevitably leads to the gates of underground drugs factories. These are not always high-tech enterprises. Dealers create production facilities, which often involve little more than a shed with kitchen sinks in it. Often those who work in them have had no previous training in chemistry.

The British also keep a register of factories, which produce presses which stamp pills and capsules. Drug dealers get hold of electrical apparatus, but they can make do with equipment which has long ceased to be in wide circulation, using mechanical presses, which can produce one or a range of stamps and in this way avoid attracting attention. They often use dryers, mixers and granulation machines in conjunction with these. Recently the demand for mixers has been particularly acute: in order to economize on

narcotic substances dealers are more and more frequently mixing the main component with a binding material in powder form, so as to give tablets volume and a more sophisticated appearance.

Drug squads have hit upon one other pointer to underground laboratories. Machines for making tablets are usually bulky, noisy and produced clouds of dust: they are often set up in garages or on the ground floor of a building. Sometimes they require a three-phase electricity supply. Orders for the installation of a switchboard can often provide the lead which unmasks a secret production facility.

Hidden laboratories or workshops might appear safe enough for the people working in them, but because most of the staff are untrained and are having to use outdated equipment, explosions often occur when pieces of electrical apparatus are switched on or off. Investigators know of cases when laboratories of this kind were used by the Mafia to trap members of the government. For some time now policemen have been required to put on a helmet, protective mask and goggles before entering such workshops.

Factories of this type are particularly active in south-east Turkey: there owners are well armed and often take part in shoot-outs with the police. British intelligence has established links with foreign colleagues (they have even set up a joint agency with the Turks). Requests are often submitted for the British police to send experts to places all over the world, to give local government bodies consultations and to share intelligence data.

Recently the German police began to suspect that one of its citizens was transporting large quantities of drugs across German territory on his way to France. They did not arrest him on German soil but informed their French colleagues of their suspicions. The French discreetly followed him as far as Calais, where they were planning to arrest him, but the driver then handed over some packets to an Englishman, who jumped on to a cross-channel ferry. The French made contact with the UK authorities including Customs and Excise in Dover, who sent men out to meet the ferry. When the passenger was searched, drugs were duly found. The British branch of Interpol is part of the National Criminal Intelligence Service and maintains its links with police, intelligence, customs and border authorities in 117 countries. Interpol staff in their turn co-ordinate the work of national police services, provide them with information and services, observing as they do so the laws in force in each individual country. Interpol staff are not allowed in any country to intervene in political, military, religious or race conflicts.

It would be dishonest of me to pretend that we succeeded in extracting all this information from the British intelligence officers Simon Goddard and Les Flander! Their lips were sealed for all intents and purposes, it was like interrogating partisans and if their superiors had been listening in from behind the wall (after all they were intelligence officers!) then there would have been good grounds for putting their names forward for a medal for their determination not to divulge state secrets. We, in our turn, had not been asking about any secrets. Answers to the questions that were of real interest to us we gradually collected from various sources, including publications. I hope that this account will be helpful to the officers from the Criminal Intelligence Service, if their superiors ever remind them of this meeting and start doubting their vigilance!

* * * *

In the spring of the year 2000 the British government and various representatives of the general public were busy discussing the conclusions drawn by a Special Commission

headed by Baroness Runciman of Doxford, a member of the House of Lords, conclusions on how best to amend the legislation on the misuse of drugs. Almost 30 years had elapsed since the law had been passed aimed at preventing dealing in drugs and their supply and defining the harmful consequences resulting from drug use. How effective was the situation under that particular law?

“Drugs and the Law” – that was the name the Baroness and her colleagues had given to the report, submitted for its consideration to Tony Blair’s government, which the Report blamed for the continuing poisoning of the British population through drugs. The Commission recommended that sentences for using hard drugs (heroin and cocaine) should be reduced from 7 years to 1, that various groups of drugs should be reclassified, so that some should be removed from Category A and placed in Category B and that no distinction be drawn between the public’s attitude to marihuana, on the one hand, and to alcohol or drugs, on the other. Another key recommendation was the demand that arrests for possession of soft drugs should no longer be made.

The British government announced the view which it took of the problem: it was inclined to step up the strict controls directed against the influx of narcotic substances into the country. Leaders of a number of NGOs objected that the Commission had not studied the problem in sufficient depth: more liberal legislation in relation to the illegal trade in narcotics could, as they saw it, lead young people to assume that drugs were generally accessible and safe.

Those taking part in the debate turned attention to another important factor. The rapid advance of techniques for biological synthesis would make possible the appearance of new types of medicines, but, also of new types of drugs, and the legislation would be hard put to it to keep pace. A national early-warning system was necessary, designed to hold in check the creation of new drugs.

Tony Blair and his Cabinet decided to ignore the proposals put forward by Baroness Runciman of Doxford’s Commission, although it remains aware of the dangers inherent in opposing the representatives of liberal circles, whose ideas found expression in the ideas expressed by the Baroness and the other members of the Commission. British politicians are convinced that the key debates are yet to come.

* * * *

In London I stumbled upon what is now one of my favourite means of transport – the double-decker bus. I could perch upstairs near a window and watch the rain-washed street below. The wind-swept rain would lash at the window, buildings would dissolve and disappear, like sugar lumps in a cup of tea.

Cold rain like that was lashing at the windows in Bishkek, when a woman from the town of Oryol presented herself at our Centre. She began talking about her 16-year-old daughter who had been giving herself intravenous injections of heroin by then, had had a baby at fifteen, who unable to suckle properly, was writhing with withdrawal symptoms: he was pulling his legs and arms up under himself, as shudders went through his whole body and he was screaming in desperate pain.

The woman was an accountant in the factory, where her husband had also worked before he was killed in an accident. The director of the factory had been the accountant’s father, which made him the grandfather of the wretched young addict. The grandparents had doted on this their only grand-daughter, who often used to spend the

night in their flat. Neither the mother nor the old people had noticed at first the changes coming over the girl, when her boy-friend – already an experienced drug-addict, taught her to shoot up as well.

First of all the mother, then later the grandparents, noticed that things suddenly started disappearing from their homes. They were unable to believe it at first. The young girl started taking gold jewellery belonging to her mother and grand-mother, then she sold the tape-recorder, the porcelain, family silver and bed-linen. The girl by this time was always walking around half asleep. Whenever questions were asked she replied that she had stayed out late with her friends in cafés, that she had been given wine by the lads and now wanted to sleep. She stopped going to school, her mother started locking her indoors, but the daughter soon found ways to escape, even squeezing out of a skylight: she always managed to get away and the family had no idea where she was.

The grandmother suffered from diabetes and one day when she was feeling weak, she persuaded her grand-daughter to sit with her. When she had a bad turn in the night, she asked her grand-daughter to give her an insulin injection. The grand-daughter walked over to the elderly woman and without saying a word she took the gold earrings out of her ears. That marked the end of normal family life. In moments of desperation the helpless mother and grand-parents even used to pray to God that he would send down an accident to make away with the teenager.

They still did not realize about the drugs.

When it emerged that the girl was pregnant, the mother took her to see some doctors. After examining the young patient, they told her mother that she was not just pregnant but at the same time the victim of a serious disease. When she was already six months pregnant the girl's relatives were told that she was suffering from chronic drug-addiction and that the opiates she was taking had produced a severe personality disorder. Her family started persuading the girl to have a termination and they had almost got her to agree, when the doctors made it clear to them all that surgical intervention for such a young patient might well render her infertile. Was the patient ready to agree to forego children altogether and her mother and grandparents to abandon the idea of any grand-children or great-grand-children?

It was decided that she should give birth after all.

As I listened to the mother's story I started thinking about how public opinion towards women finding themselves in this difficult situation can be pitiless, even ruthless and can often stop them seeking help. People are seldom well disposed towards drug addicts, who have or want to have children, and demand that parents like that should be deprived of the right to have or bring up children. Yet most female drug-addicts are young, of child-bearing age. In this kind of atmosphere pregnant women, suffering as they are from drug dependence and frightened of a hostile 'welcome' or legal 'consequences', are reluctant to go and see a doctor or else they try to hide their addiction. Many of them and particularly those from poor families, are worried that information on their addiction may be passed to the social welfare agencies and then their benefits might be stopped. After all blood and urine tests are going to expose their secret straightaway. Pregnant women are often keen to stop taking drugs, but rarely succeed, because their pregnancy itself is an additional source of stress. For these reasons many women avoid going to see doctors specializing in drug addiction, who might well be in a position to help both them and their future babies. Society has not yet

come to accept how important it is to give pregnant drug-addicts support when they seek medical help and to allay their fears that they will be discriminated against.

Our patient from Oryol and her mother were among the more fortunate, since they did go and see a doctor.

The young patient was not advised to stop taking her drugs during the remaining weeks of her pregnancy. Withdrawal symptoms and the accompanying anxiety, irritability, the gnawing longing for drugs, loss of appetite and insomnia would without doubt have had an effect on the condition of the baby. The patient was instead given medically controlled doses of narcotic substances (promedol, omnopon and norphine). Later her son was born drug-dependent with the usual symptoms. Within 24-48 hours high screams started, he was unable to accept food or to sleep, suffered from palpitations, a temperature, nausea and convulsions. Although the doctors were not sure that the child inevitably would suffer from long-term retardation of its physiological or mental development, there was ample to reason to fear that possibility. The baby was treated with special drugs and within two months the withdrawal problems were over. Almost immediately the child was removed from the breast and put on to bottle feeds: the grand-parents, who had persuaded the girl to let them care for the baby in their flat, had already laid in ample stocks of powdered milk. The young mother did not object, since she had gone back to her former circle of friends and was giving no thought to anything apart from how she could obtain her next dose of drugs.

When the accountant came back to our clinic the second time – on this occasion with her daughter – it was difficult for us to believe our eyes. The girl with the drained almost old woman's face could surely not be a 16-year-old? She looked more like the accountant's elder sister than her daughter.

By this time the young mother was taking up to 2 grams of opium a day and injecting four doses of a tranquilizer (relanium) at night. The first few days she was with us she was screaming all the time and could not sleep at night, demanding all sorts of drugs in enormous quantities. The doctors on duty kept a constant watch over her, intercepting all her attempts at running away. Although restriction of freedom is not one of the Rules in our Centre and patients are free to leave the clinic at any time, but in this particular case we were well aware of how fraught with danger freedom was! Her mother was also our reliable ally.

During the first few days there was not even a glimmer of any maternal instincts on the part of the mother.

One of the doctors asked: "What's your little boy called?"
"Whatever name they gave him, I suppose."

After sessions of special comatose therapy, when the young girl slept in an unconscious state for 4-5 hours, a change seemed to come over her. She began to listen to what the doctors were saying, who kept on reminding her about how young she still was, how pretty she looked and what a beautiful son she had.

After a week our young patient's muscles were no longer aching, she was feeling stronger and had woken up as it were. She was surrounded by doctors, nurses and auxiliaries, who were all concerned about her and happy to see her make progress. She was not being treated like a criminal, she was weak and ill and could see people wanted to help her. Responding to the doctors' advice the mother started to behave differently

as well: her eyes were no longer filled with despair, she started smiling and showing her daughter affection. Thanks to this collective effort the young mother gradually came to believe that she was suffering from a disease, a serious one, but a disease nevertheless and one which could be cured. When our patient began to believe the doctors she began to make it easier for herself to come to grips with the illness. She started seeing her past in a different light. She would hurry along to her next appointment with the doctor in charge of her treatment, insisted that she no longer needed to take pills to keep her calm, that she liked having a clear head in the mornings and feeling that the day was going to be interesting. She often talked to her mother, sometimes when they were on their own and sometimes with a doctor present, about the new life that she would embark on. The girl had taken that crucial step towards getting better herself, we had just provided the back-up.

After two and a half weeks our patient was unrecognizable: we now saw before us a healthy, rosy-cheeked teenager, with eyes that could sparkle. Her mother also looked younger. We had helped her put the mental dependence behind her, but our patient's sleep patterns were still not back to normal and we recommended that they both needed a convalescence period to help them adapt to a new life. They went home and used to telephone the Centre once a week. The girl enrolled for evening classes and began to work as a computer-programmer at the factory where her grand-father had once been the director. At last she was starting to bond with her child and at week-ends she used to take him for walks in the park with a scarf round her head, looking almost like a Madonna with the Christ-child.

Three months later our patient returned with her mother to the Centre for the final stage of the treatment. Both women were looking wonderful. At the meeting of the medical staff to decide whether the patient was ready for the last part of the treatment, we asked the girl to explain in her own words why she had come back to the clinic and what she hoped to gain from it. I can remember her answer word for word. "The life which I have now is my real one and I want it to continue for all the years allotted to me."

In the spring mother and daughter left Bishkek on a day with slanting rain like the rain that had been coming down the day they first came to the Centre and like that which was drumming on the window of the double-decker bus still winding its way through the streets of London.

* * * *

All of a sudden I began to feel sorry for myself. I was in one of the most splendid capitals of the world, in an epicentre of modern civilization, in a town famed for its wealth of museums and picture-galleries and, instead of being able to relish this reality, I was meeting people totally removed from the atmosphere of this historic European centre, in which I longed to immerse myself.

On Waterloo Road I had not found it easy to track down Wellington House, No. 133, in the midst of the concrete jungle. This was the branch of the Department of Health where I was due to meet Michael Farrel, senior policy advisor to the department on drugs and alcohol. He was also a practising clinician from the Maudsley Hospital.

I have to admit that for a number of reasons our opportunities for bringing influence to bear on the drugs situation are limited," said Mr. Farrel, as he looked at me straight in the eye. "If I was a politician, I would not be saying that to you".

Words like that I would never have expected to hear from someone involved in formulating the course for Britain to follow with regard to drug-addiction. What won me over was not so much his candour, not often to be found in the words of a government official, but his wish to distance himself from politics and remain a doctor, who knows more than he can say. From his words it was clear that a shortage of trained medical specialists made it more difficult to influence the drugs situation. Usually psychiatrists and general practitioners had to assume their role. They nearly all worked in the state health service. Perhaps the fact that the free health-care available in Britain provides some of the highest level treatment in the world explains why there are only very few private drug-addiction clinics and that they are not popular.

From the resources made available by the British government for the fight against drugs each year, 13% is spent on the treatment of addicts and approximately 12% on preventive work. According to Michael Farrel's calculations, each pound spent on treating drug addicts saves three pounds in the future and part of this is the result of the reduction in the number of potential criminals.

British policy with regard to drug-addiction takes into consideration that a variety of ethnic groups is represented in the country, which have their own distinctive cultures and their own preferences, including those in the field of narcotic substances. It is clear that traditional inclinations characteristic of various peoples demand special diagnosis techniques, prevention and treatment methods.

"I would not venture to assert that this cultural-historical aspect reflects the unique nature of the British situation. We are living in a time of enormous movements of people, who are looking for work, seeking refuge from local wars and fleeing from totalitarian regimes. In any country of Europe you will find communities from Latin America, Africa, Asia and the Middle East. Each one of them has its drug preferences. State policy regarding drugs has to take these differences into account.

I recalled that night in Brixton and the blacks I had encountered and then out loud I asked whether I was right to assume that, if a third of the population there came originally from other continents, then according to the probability theory, blacks should also account for the same proportion of the patients being treated in the local drug clinics.

"It's a very interesting question!" exclaimed Dr. Farrel. "In South London, where the Maudsley Hospital is, there are considerable numbers of Africans and Asians, yet there are surprisingly few of our patients among them. I would not imagine that they have any fewer problems with alcohol and drugs than the white population in the same area, but they rarely seek out the help of the medical services. D'you want to know my opinion? I am worried that our services are not especially attractive for them and that they are not sure of our positive view of them. We wrack our brains as to how we might change the situation, but it is difficult to do so without real support and with our superficial ideas about the distinctive features of their traditional cultures".

I could understand Dr. Farrel's impatience with the trivial conception of ethnic minorities lumped together as an amorphous group with the low standard of living seen as par for the course for them, while the differences within each ethnic group would be overlooked. Sometimes from one and the same ethnic community some patients might turn to doctors and their European training with complete confidence, while others would approach their doctor and his methods of treatment warily, since those methods often did not coincide with their traditional view of medical care.

When he said good-bye, Michael Farrel gave me a copy of the British government's action programme for 1998-2008 entitled: "Tackling Drugs to Build a Better Britain. The Government's 10-Year Strategy for Tackling Drug Misuse".

"If you want to know how we are planning to live in the future, have a look at this. You'll find some bright ideas, some of which are those of your humble servant".

* * * *

I did not have the chance to look at the book that day, since in the afternoon I was walking through part of North London looking for the address Liverpool Road, 38-44 where I needed to find the Angel Drug Project – a centre providing free help for drug addicts. I had learnt that it had been set up in 1986 by nurses and volunteers to support homeless people who are endeavouring on their home to stop taking drugs or to cut down the dangers involved in taking them. Centres like this run by volunteers and situated in poor crime-ridden districts, where there are people sleeping on the pavement, are to be found not only in Britain. Nobody knows how often they take drugs and which kind. Yet the consequences of drug-taking here are all too blatant and visible: accidents, cases of cancer, cardio-vascular and venereal disease, deliberate harming of fellow addicts and frequent suicide attempts. It is sufficient for one drug-user to appear in a district to unsettle everyone there. The view of a drug-addiction as part of a wide range of problems underlies the philosophy of the people who come to work in the centres like the one to which I was making my way.

After we had sat down in his office I asked Eric Carling, director of the Angel Project: "Would you tell me why there were all those brochures out on the table in the hall for homosexuals and lesbians and instructions on how to use condoms. Have I come to the right place?"

"We are demonstrating to our clients how accessible we make our services to all groups in the population, including those with a minority sexual orientation which is widespread in North London".

"Do you write down the names of the people who come to see you or ask to see their papers?"

We give our patients forms to fill in, so that with the help of their answers we can gain an idea of their problems and what kind of help they need. The information is all strictly confidential. We only breach this confidentiality in cases, when maintaining it could put someone's safety at risk or effect the fate of children."

Eric himself had no wife or children, but after spending a few hours in his office (which had a staff of 36) I would no longer envisage referring to him as 'single': so many people call in to see him, most of them individuals of rather weird appearance. People come in off the street, without making appointments in advance. The volunteers offer them a cup of tea, trying as they do so to create a friendly, understanding atmosphere. The homeless people, for whom the first breakthrough or even achievement had been to force themselves up off the pavement and to creep along here, had already heard from their friends in the streets roundabout, that nobody in this office would condemn them or remind them of who they now were. After finding out as much as they could about them, without undermining their urge to shield themselves from the outside world, the staff would recommend where, in their situation, they could find a roof over their head, work or benefits and which doctors they needed to go and see. The volunteers themselves would put them in touch with the local social workers and doctors.

There were six nurses in the office experienced in work in the deprived parts of the city. They would give out to the addicts sterile needles in exchange for dirty ones, so that dirty ones would not be left lying around in doorways and backyards. In the office they would be collected up and then taken away by the municipal refuse collection service. Independent doctors working under contract for the Project spent five days a week providing free complementary therapy – shiatsu, acupuncture or aroma therapy. In conjunction with medical consultations and treatment these sessions help people to regain their health. The local authorities and the Department of Health allocate a million pounds a year to the work of such centres. Most of the money, as is the case throughout this country, was spent on prevention rather than treatment.

“Are many people coming in off the street, ready to stop injecting after they’ve spent some time in here?” I asked.

“That’s what we’re aiming at, but that is only one of our aims. The most important thing is to reduce the harm threatening society as a result of drug-use. We are responsible for the addict and the situation as a whole.”

Eric was of the opinion, that it is only possible to cope with social diseases by gradually promoting tolerance, not by hardening social attitudes. [.]

Since the Angel Drug Project has been in existence, the central part of North London has emerged among the localities in Great Britain where there have been some of the most impressive reductions in drug-addiction, crime and depressive illness.

* * * *

The Kyrgyz national dish here in the middle of London!

If anyone had told me that on the banks of the Thames I should be treated to Kyrgyz *pilau* prepared in a cooking pot by two charming compatriots of mine - the only two Kyrgyz women ever invited to take tea with Queen Elizabeth II in Buckingham Palace -- I would have taken that as a pure flight of fancy. Yet all this really happened, when I and my medical colleagues were invited to the residence of Kyrgyzstan’s ambassador in Great Britain, Rosa Otunbaeva, and Consul Ainura Toktorbaeva.

The meal was a pleasant light-hearted occasion and I appreciated the tact of our hostesses, for throughout the evening they did not once refer to problems of drug-addiction and did what they could to help us forget all that for a time. They recommended that we should visit Blenheim Palace, an 18th-century stately home, the residence of the Marlborough family, in which Winston Churchill had been born.

A few days later we found ourselves outside the palace built by John Churchill, the first Duke of Marlborough, as a gesture of royal gratitude for his victory over the French near Blenheim in the year 1704. We walked from one grand chamber to another, stopping to admire the collection of tapestries, the paintings, the sculpture, the bookcases in the library containing unique historical writings. The simplest room without any gilding or other frivolity, but with flowered wallpaper and furniture with crimson upholstery, was that where on November 30, 1874 a son by the name of Winston was born to Randolph and Jenny Churchill.

Sir Randolph Churchill, himself a dandy and lover of fine living, is said to have sent his son Winston, when the latter was serving in a cavalry regiment, a box of cigars with a note which read: “Smoke in moderation, drink in moderation and go to bed early”. He himself used to show no moderation at all when drinking, smoking or carousing. It is

difficult to say how alcohol, tobacco and wild living affected his health, yet this naturally robust man with healthy forebears died of syphilis aged 45. He was buried in a quiet country churchyard not far from the park surrounding Blenheim Palace.

Winston's mother, Lady Randolph Churchill, née Jenny Jerome, from Brooklyn, was the beautiful daughter of a rich American family – a gifted woman and larger than life figure, 'the life and soul of the party'. During the Boer War, she had organized a hospital ship and set off to the coast of South Africa to bring home wounded service-men. Her weakness was gambling – a passion she had inherited from her father, a well-known card enthusiast and a betting man both at the races and on the stock-market. On one occasion when his mother was setting off to the races, Winston wrote to her: "And if I were to beg you not to bet on horses or to play cards....? You have so many interests in life that you have no need at all to cling on to exaggerated forms of entertainment, which brainless social butterflies find so exciting. If this goes on it can only lead to one thing – serious unpleasantness for all of us".

Winston was not observed to have been infected by this predilection for gambling, which his parents were unable to resist, but cigars however were to be a weakness throughout his life. The day I visited Blenheim I stood for a time by the graves of Lord Randolph, Lady Randolph, Winston and his brother Jack Churchill – a few steps away from the small village church where their funeral services had been held. The cemetery was quiet and deserted, the only noise was from the pebbles underfoot, reminiscent of waves rippling across a beach. When a philosopher of Ancient Greece was asked which ships were the safest, he replied those that had been pulled up onto the shore. People, like ships, only cease to be at risk, when they have been laid to rest on a cemetery's shore. Until they 'rest in peace', however, during the years allotted to us we hurry through the seas of life driven by a thirst for new sensations.

In the park at Blenheim I met a gardener who had been working on the Marlborough estate for nearly 30 years. When he heard that I had visited the cemetery at Blendon, the old man sighed and said: "You never know how life is going to turn out, but I would never wish on anyone what happened to the son of the Duke of Marlborough, one of Sir Winston's relatives".

"What happened to him?" I asked.

"He was a drug-addict ...Whatever his father tried, he was unable to do anything. In the end he disinherited his son."

That made me think back to various British museums I had visited and various portraits of monarchs in them. I would never have thought that even members of the royal family would have developed a weakness for drugs. Yet George III took opium and Queen Victoria and her entourage cocaine. I was to hear more about that later in the Department of Health. Drug addiction, like any psychiatric problem, is not a respecter of social status. Among the British school-children on drugs, there are twice as many from prosperous ('middle-class') families than from the poor or *déclassé* strata of society. A friend of Prince Charles' son has recently been expelled from the prestigious school, Eton College, for dealing in drugs. Was that not the same prestigious school, which the young Duke of Marlborough had attended?

"In Britain we know of at least 56 members of the House of Lords who are addicted to drugs. And how many are there in the parliaments of Russia or Kyrgyzstan?" I was asked by British journalists the next day.

With a sense of relief I replied: "We do not have any *Lords* on drugs in our country."

After returning late to our “Hotel Sydney” one evening, I opened Michael Farrel’s book. By chance my gaze happened upon a declaration made by the British Prime Minister. “Step by step change is happening and Britain is becoming a better place to live in. But it could be so much better if we could break once and for all the vicious cycle of drugs and crime which wrecks lives and threatens communities “[.]. Initially his plan seemed to be no more than a collection of well-known clichés, but by the time I had turned over the last page I felt sad to think that in my country we did not have such a well thought out plan. Incidentally we do not have the equivalent of Britain’s Keith Hellawell in Kyrgyzstan either. He was appointed by the government to co-ordinate the overall strategy for the fight against drugs in the United Kingdom, so now at least the British know to whom they need to go for information.

I started thinking about the enormous sums spent by the governments of various countries on trying to overcome the consequences of drug-taking and how far-sighted it was of the British authorities to devote funds to preventive work. By trying to reduce the number of young people using or even experimenting with drugs, the compilers of this preventive programme turn their attention to how they might best help teenagers in an environment fraught with drug-related dangers not to give in to the temptations and to learn to say “No”.

Children are predisposed to adopt the weaknesses, infatuations and behaviour patterns of their elders, particularly those who are close to them. This can happen in any family. This was probably what the compilers of the British programme had in mind, when they wrote the section about young people, recommending that education has to start with the parents and their children need guidance to put them off drugs as early as the age of five, in an effort to make drugs unattractive to them. In primary and secondary schools a similar amount of time is devoted to drugs education as to the activities of drama groups or practicals in the science laboratory. What is particularly valuable is that the programme has not ignored the teen-agers: those who started playing truant from school or were excluded from their schools, homeless teenagers, juvenile offenders and the children of addicts. Their situation is recognized as an important criterion when it comes to assessing the success of the programme as a whole [.]

Drug education programmes take into account the age of the pupils and their level of knowledge: for instance, a group of primary children were asked to imagine that they had found a bag with drugs in it and to think about what else could have been in the bag, who might have dropped it and what else should be done with it. The amount the children already knew was more than the teachers had expected. Discovering that helped the teachers put together a more productive programme of lessons for the class on the subject. Some schools discuss their programme for drugs-education with parents and they bring in people from outside to conduct the lessons – policemen, doctors, former drug- addicts and so on.

Those who compile these programmes do not pretend that they know all there is to know about the diagnosis of all different types of addiction, about all treatment methods, about how to find a common language with representatives of this patient group. They see the overall objective to be to ensure that drug addicts, wherever they might be should be, prison included, should take part in treatment and rehabilitation programmes. For this to happen, means that all medical services working in this field should be accessible for all drug-users, regardless of age, sex, race or income. The Programme

calls upon medical personnel and social workers to give special support to patients, whose behaviour has started to improve.

Here are some of the main aspects of the policy currently being followed in Britain. The authorities have stopped using phrases such as “root out”, “get rid of” or “put an end to” and rejected all encouraging but illusory promises, which pepper the outwardly resolute but completely impractical programmes which have been issued in many countries of the world. The British see their task as that of creating a healthy society, *as free from damage as possible*, i.e. damage resulting from drugs. Here each individual word is apt and significant: the phrase “free from drugs” is not used – that would be indulging in fantasy yet again, but instead *as free from damage as possible* – damage resulting from drugs. In the foreseeable future there is no hope of locking away all drug-dealers in prison, which is there they ought to be, but we can aim at least to get illegal drugs off the street.

Drug problems are examined as directly linked with *social* problems: they may not be the only reason, but they are the most frequent reason for people to turn to intoxicating substances. The authorities intend to implement reforms (in the fields of social welfare, education, health-care, the justice system and the economy), so that people, especially young people, should have work and be protected against the criminal world. For those who are already addicted young people will be given treatment and the chance to return to a normal life. This will reduce the level of harm caused for society at large by drugs.

Not all those who take drugs should be regarded as drug-addicts and they do not all commit crimes. The major risks are those run by the people who take hard drugs including heroin and cocaine. Unlike those who take various pills from time for recreational use, true drug-addicts create major problems for themselves and society. This makes clearer still the link between the health of drug-users and the state of *society's mental health* in general. The responsibility for the growth in crime can be laid at the door of the drug-addicts: it is they who force society to increase their expenditure on maintaining a large police-force, judicial system, medical and social services.

* * * *

I read the book through most of the night: by the time I had finished it was starting to get light and buses were slowing down at the bus stops in the Belgrave Road. People were climbing slowly on to buses and letting young people past them, who were not hiding their impatience at having to wait. Such scenes were rare exceptions though: the students and schoolchildren were behaving with marked politeness. Then I looked down at the page of my open book to read that almost half the country's young people (48%) experiment with drugs and a third of those, who have experimented just once, use them regularly and one out of ten goes on to become a chronic addict. For many young people in Britain – particularly in the large towns – drugs have become a way of life. As I surveyed the young, lively and intelligent-looking faces down at the bus stop it seemed so hard to believe!

Chapter 9. THE HEROIN MAZE OF NEW YORK

“Ecs” at the entrance to the “Tunnel” – Encounter with Benny J. Primm, advisor to the White House – Disagreements over Methadone – Office of the Special Narcotics Prosecutor – Alternative Programmes offered by Rhonda Ferdinand – Our Patient between Bishkek and Brooklyn – Special Agents of the Drug Enforcement Administration.

The New York drug-scene is reminiscent of Babylon, just like the city as a whole, but it has a very strict system of entry controls. You can buy drugs on 3rd and 4th Street, or in Greenwich Village, or in the market-like bustle of Chinatown and in a dozen other places which everyone knows about. You will be checked out very carefully to make sure you are not a plain-clothes policeman. There are large numbers of the latter, including some disguised as tramps or just some more long-legged girls in mini-skirts walking up and down the city streets. This city is the world's largest drugs market. In the 1990s Americans used to spend about 50,000 million dollars every year on cocaine, heroin and cannabis [1].

The “Tunnel” disco at the corner of 12th Avenue and 27th Street is the largest in Manhattan, where 5000 teenagers crowd together. I have been told that it is not difficult to pick out the Ecstasy-dealers in the crush. They stand about without moving next to the wall fixing their gaze on the passers-by and then, after the question “Ecs?”, they smile as if they were happy to see the potential customer. The smile is designed to deflect the suspicions of the police agents also infiltrating the crowd. A firm handshake is all that is necessary for the ‘goods-for-money’ exchange to take place. I walked up to one of them – who fitted the pattern and whispered “Ecs?”. The young man was about to put his hand in his pocket, but then – after looking me over once more, shook his head. Something did not seem to tally – after all I was older than his normal clients.

I paid \$20 for my entrance ticket and after going through checks like those in an airport, I found myself in a hall with deafening music and flashing laser beams. In the half-dark corners the teenagers were letting their senses run wild, their appetites whetted by drugs. What struck me most of all was that the girls aged about 14 or 15 wearing vests and shorts (shorts that were no more than glorified knickers) would walk through a crowd of eager young men, not one of whom - and I watched long and hard to make sure - not one of whom said anything to these girls they did not know or touched them. It was almost as if their bodies were viewed as electrically charged and dangerous.

When I told a New York friend about what I had seen, he explained that if a young man in a public place were to show immodest interest in one of the girls and still worse if he were to do so clumsily, he could be arrested.

The New York drug scene is a whole host of different young people's communities: some of them are made up of minors and they all have their own style of dress, hair-cuts, patterns of behaviour and idols. In the streets or parks near the university campuses you can see groups of young men and girls who have been smoking marijuana or hashish: they have glazed eyes depressive reactions and are often out of breath from their constant chesty coughing. These able young people from prosperous families usually feel hostile to the values of the Establishment and when with their peers they often demonstrate their rejection of those values in a provocative, sometimes shocking way.

The New York drug-scene consists of ethnic districts, where people grow marihuana in their window-boxes using hydroponics. It is not the leaders of those ethnic communities that go in for this or influential figures in the criminal world. Sacks full of drugs are brought to the latter for safe-keeping and subsequent sale. Each community has its clearly defined sales area, its dealer networks and street pushers. Among the drug-dealers there are some from the former USSR. Many of them work for Italian buyers. Already being used to call vodka 'white' as opposed to port, which they refer to as 'red', most of the local Russians refer to cocaine as 'white' and heroin as 'brown'.

Another part of the New York drugs world is the profusion of specialized drug-addiction clinics, rehabilitation centres, outlets for the distribution of soft drugs free of charge to replace hard ones, social foundations set up by famous and sometimes simply well-to-do people in order to finance programmes for the treatment of drug-addiction. There is a whole army of people from the Peace Corps and other NGOs ready for altruistic reasons to work in treatment centres, looking after the patients and helping them through withdrawal symptoms, patiently putting up with their wild excesses.

In the same city we have the United Nations building, where presidents and prime ministers come together to plan common strategies and head-quarters of other international organizations working in the field of drug control. There is a whole army of policemen, members of special forces and agents of the world's most professional network combating drug-abuse. This is also a city where many corpses are being transported in police vehicles to morgues. Twenty per cent of New Yorkers killed in road accidents are cocaine-users.

Finally, drug-ridden New York is where satellite pictures are taken of coca and poppy plantations and underground drug-production facilities. New York is the centre from which radar tracking of suspicious ocean vessels is co-ordinated. Here you will also find banks, which take part in the financing of international anti-drugs projects. Thousand of millions of dollars from the Federal Budget are spent on the fight against drugs.

The money is enough to keep the situation under control, but not enough to rid Americans of their constant anxiety on the subject. Often the anticipation of unpleasant events can be more difficult to endure than the events themselves: this accounts in part for the chronic stress patterns to be observed in American society – not even millionaires are an exception.

One other powerful impression I came away with was linked with Boris, a taxi-driver from the Brighton district, who had emigrated from Russia. I remembered one of his many stories, of which there was a generous supply, told as he sat at the wheel of his Ford, pointing out clusters of drug-addicts and dealers as we drove along. He stopped the car near Tonkins Square Park. There were many book and newspaper stalls there and I was at a loss to understand why the young people selling them took a poor view of the camera hanging over my shoulders and why they turned away their faces or even moved off, as soon as I took hold of the camera. Boris advised me to put it out of sight under my jacket and then we went over to one of the paper-sellers.

"What do you want?", he asked in a whisper.

"Marihuana" I said - the first thing that came into my head.

"\$200 a pack, 21 grams".

"I don't need that much", I said: "2-3 grams will do".

"I only sell packs".

Each stall-keeper was selling drugs and that was the main item they were selling. Their sixth sense was well developed though and they would not be ready to talk to just anybody.

Boris told me the story of his friend Mila, a Russian woman who had been working as a sales assistant in a small shop in Brooklyn. She was seeing a married Russian émigré and seemed perfectly happy with life. Boris had been fond of her as well, but he had kept his feelings to himself. Later he lost sight of her, but five years later his car had been waved down at two o'clock in the morning in the Brighton district and a man he did not know started pushing a prostitute into the car and then gave Boris money and the address of the client he was supposed to take her to. He recognized the emaciated, ravaged woman as Mila. As they drove along she told him her story. When her admirer had left her and gone back to his family, she had started taking drugs for consolation. She had been supplied by her friend, another Russian woman, who lived with a Romanian, with whom she used to sell heroin. Mila started injecting. She was thrown out of her job, but her friend would only give her heroin for money, which Mila no longer had. She could not cope any more without heroin though and that was what led her to take up prostitution. All the money she earned she would give the friend for heroin. "I stopped the car when she reached her destination and Mila got out without a word, disappearing into the dark".

* * * *

On the wall there hung a certificate reading: "Best doctor in New York for the treatment of Drug Addiction" and next to it photographs of Benny J. Primm with Presidents Reagan, Nixon and Bush...I was in the office of the head doctor of a leading centre for the treatment of opiate addiction, an advisor to the White House on questions of drug addiction. The centre had seven branches (3 in Brooklyn and 4 in Manhattan): these provide 2,800 clients with their doses of methadone between 7 a.m. and 5 p.m.

Doctor Primm had agreed to see me in Brooklyn.

I listened to his story of the young black boy from a small provincial town in West Virginia. Benny had grown up in an educated family of Afro-Americans. His father had been an academic and his mother a head-mistress and his parents had had sufficient income to send their 12-year-old son to study in New York. Then came the Army, which taught Benny to parachute jump: during his time in the forces Benny had been wounded while on patrol duty and had been involved in serious road accidents. These events had nurtured in him the desire to become a doctor. At the time 240 places in medical school were set aside for black students and there were 5000 school-leavers competing for them.

Benny was accepted for a place in medical school in a German University and 18 months later he moved to Geneva to continue his studies. When he came back as a qualified doctor to New York he worked as an anaesthetist in Harlem. It was there that Benny first came up against opiate addiction, when a young man was brought into hospital half-dead. The hospital had been told that he had been chased and then shot at and lost a good deal of blood. Benny was the doctor on duty that day and had to take care of the drug addict. This first one was followed by many other patients who were habitual mis-users of alcohol, nicotine, opiates, cocaine and medicinal substances. Three years after starting to work in Harlem, Benny Primm invested all his savings in setting up a centre run by blacks for treating drug addiction. He had come to the conclusion that there was no point in treating the disease without at the same time

trying to effect changes in the social environment – a vibrant source of mass-scale stress. His own ideas were very much in tune with those of Martin Luther King, who had hoped to change the world without violence. Primm treasures his Martin Luther King Prize, awarded to him in 1989 more than any other distinction conferred upon him.

Doctor Primm is an enthusiastic advocate of support treatment for opiate addicts using methadone. This is a method which to this day remains controversial. Methadone is banned in the countries of the former USSR and in a number of countries of Asia and Africa. Most American specialists in substance misuse have been insisting since the 1960s on the advantages of methadone as the synthetic drug milder than heroin, which can set a patient free from his addiction to strong opiate substances. They maintain that methadone hydrochloride, agonist of opiates can have a long-term impact and thus come to replace powerful substances with a short-term impact such as heroine or morphine. They regard it as the safest form of treatment, which helps quench the appetite of the addict, avoiding consequences such as a sense of oppression or, on the contrary, euphoria. Patients who have been taking methadone for a long time, sometimes throughout their life, remain despite it capable of fulfilling their professional duties and controlling their own behaviour.

In 1963 methadone was tried out by American doctors Vincent Dole and Marie Nyswander on prisoners in Lexington Gaol, Kentucky. The prisoners – already heroin addicts – agreed to let themselves be used for testing this substance. Former attempts by doctors to support drug-addicts with stable doses of opiates (morphine, dilaudid) had not achieved any success. The ‘guinea-pigs’ became apathetic and were only able to renounce drugs for a short period., and reluctantly. When the doctors carrying out the experiment, who by this time were in despair and had reconciled themselves to the idea of failure, then gave the patients methadone regularly and in large doses, which they intended gradually to reduce later on, there was all of a sudden a rapid change in the patients. These depressed, unstable individuals completely apathetic in relation to their past lives regained interests which they had some time long before lost when totally absorbed by the harrowing search out on the streets for drugs.

The experiment carried out with the prisoners from Kentucky gained legal support in the United States and work based on its findings began to spread [3]. When heroin was replaced by this authorized drug, two main factors leading to addiction were eliminated: the thirst for the pleasure derived from drugs and the fear of unbearable pain resulting from rejection of it. Methadone proved capable of blocking the onset of euphoria and, during withdrawal, it shut out pain. This new therapy appeared to be a preferential alternative compared to other methods for economic reasons as well. In the State of New York the annual package of services on the methadone programme costs \$5,000 – five times less that what the authorities pay over the same period per inmate of a prison, costs which society has to shoulder so as to make up for the damage resulting from the illegal transactions engaged in by addicts selling heroin.

Thanks to Doctor Primm and other practising doctors, Americans – or at least the majority of them – consider methadone the most effective means of treating heroin dependence, particularly in those cases, when a user has already been using opiates over a long period. Methadone is not dangerous from a medical point of view and it does not have side effects which impact on any life-essential organs. In New York 33 thousand people (one fifth of all patients on methadone in the US) are being treated with it. Of these 12,000 are being treated within the framework of programmes set up by

Doctor Primm. Each person has a rehabilitation programme of his/her own, which takes into account the individual features of the patient [4].

Methadone, from which ever angle you look at it, meets the requirements of supportive therapy: it is weaker than heroin, averts withdrawal symptoms, while at the same time reducing the urge to go back to hard drugs, does not induce euphoria, which means that it does not turn the user's thoughts back to heroin. Finally the simple and convenient conditions provided to enable the patient to take methadone, make it easier for him to follow the lengthy rehabilitation programme. In the doctor's emotional words I felt I could sense his intention to persuade his visitor of the advantages of this method, but I was wrong.

"I am not convinced that people in your latitudes, with their special climate and a very different economic system and all the different conditions that creates experience the same drug-induced sensations as American addicts. They are subject to quite different kinds of stress..."

"Are you implying that there is a difference in the sensations felt when people from different latitudes, of different ethnic origin and different social status take one and the same drug," I asked.

"I think that there are people who are genetically predisposed to substance abuse. Within that small group there are people who find themselves in stressful situations resulting from social or economic problems. Drugs relieve stress and give people a sense of psychological release. There are many reasons why people of particular races become more dependent than others. Among Americans, for example, people of African or Latin-American descent tend to suffer more from drug dependence, then there are others who turn to drugs to escape the problems stemming from their low economic status. Not only the poor but a millionaire can be genetically predisposed to drug-dependence to the same degree. As I see it, treatment for any kind of drug-addiction needs to start with sorting out the social environment, which gives rise to stress".

Doctor Primm does not force anyone to undergo methadone treatment. He even mentioned states where this method is not recognized – Oklahoma and Mississippi, for instance. He thinks it would be ill-advised, however, for him to turn my back completely on someone else's experience.

I do not see myself as someone who advocates the use of methadone unreservedly when helping addicts cope with withdrawal or during rehabilitation treatment. As I view it, it is preferable to free a patient from his addiction without using any narcotic substances, rather than by simply replacing one drug with another. Nevertheless, I would not indulge in any violent polemic with the arguments put forward by doctors in many different countries (the USA, Britain, the Netherlands and so on) who point to the known advantages of treating patients with methadone in conditions, where nothing is likely to produce results. They see at least five advantages in the use of methadone: it reduces the volume of illegal drug abuse, makes it possible for addicts to be able once again to function normally in society, lets addicts feel better generally and it reinforces their hope that they will be able to return to full health and all this is far cheaper for society at large than what it costs to combat the consequences of drug-related crime.

In 1969 doctors at a treatment centre for addicts attached to the Mount Sinai Hospital in East Harlem began to put together a programme for methadone support to be provided for out-patients being treated for heroin abuse. Out-patient treatment is still the preferred option at that hospital, when it comes to patients who are using opiates intravenously. They see the advantage of methadone to lie in the fact that it can still be

effective when used by mouth: it is then easier for the patient to shake off the associations called forth by his regular intravenous doses of heroin and there are better prospects for avoiding complications resulting from the use of dirty needles. Doctors have observed that methadone enables patients to avoid withdrawal symptoms and frees them from acute pain.

For more than 25 years a treatment programme using methadone has been conducted in the Bronx by the Albert Einstein Medical School of the Yeshiva University (Drug Addiction Department). The specialists from the Medical School do not regard methadone as the only or exclusive route for setting patients free from heroin-dependence, but they include this treatment in the range of medical, educational and family services, which they provide. The patients start to feel better and many succeed in putting their criminal past behind them and in finding work. On their doctor's advice they can join one of the treatment groups: Addicts Anonymous, parent groups, support groups, groups for relapse prevention, groups for the promotion of life skills... It is expected that each patient should join at least one group – work in any of them improves the chances of the treatment's success.

I met medical staff from East Harlem and the Bronx at a methadone conference-cum-workshop in New York. Some of those attending were people of Doctor Primm's age including some of his friends, but young doctors who had been his pupils were also there, who were not just following the advice provided on the subject in text-books (there are hardly any on the subject), but more frequently devising their own methods of clinical therapy and principles on which to base such treatment.

Whatever approach the doctors may happen to use for methadone therapy, it is nearly always something which involves three phases.

First phase (3 months) – the time during which the patient and the Medical School get to know each other. During this phase the patient will present himself for a medical examination at least once a week. This is to ensure an objective psycho-social assessment of his personality: he participates with the medical staff in putting together an individual treatment programme and during this phase his methadone dose will be determined (every now and then the dose will be reviewed, depending on how the treatment is progressing).

Second phase (self-motivation): the patient is able to avail himself of a full range of medical and social services. The doctors assess the patient in order to decide to what extent he is capable of reaching the goal specified in the treatment programme and achieve a major reduction in his/her drug-dependence: as they do this, they take into account the patient's capacity for taking care of his family, studying or working. Once the doctors feel sure that a patient has regained his sense of responsibility, they issue him methadone, which he will be able to take at home.

Third phase: after successfully completing the first two stages of the treatment and when they have shaken off drug-dependence, patients make the transition to this last phase. For at least a year they have to remain totally drug-free and then they can choose, whether to remain on methadone support or to continue their rehabilitation but without using methadone. Regardless of which alternative they opt for, the patients take part in long-term programmes for the medical and social support of those on their way to recovery.

At the Conference I met Doctor Benny Primm again.

"Tell me, do patients on methadone indulge in thieving?"

“Rarely,” replied Doctor Primm. “Sometimes some clever dick or other is issued half a tablet in a dispensary, pretends he is swallowing it and then hides it under his tongue or in his cheek, so that he can later sell it on the street. We are ready for these ‘tricks’. While they are handing out the tablets, the nurses ask the patient questions, which require long and detailed answers and so they are forced to move their tongues and end up by swallowing the pill without fail”.

I thought to myself with a note of pride, that it would be far more difficult to get the better of my patients back home. There is no end to their resourcefulness!

* * * *

Through the windows I can see the skyscrapers of Manhattan.

I am on the sixth floor of the Office of the Special Narcotics Prosecutor (OSN) at 80 Centre Street. This is where drug-related cases are investigated from all five boroughs of the megalopolis. As the first citizen of the Republic of Kyrgyzstan to be allowed across the threshold of this semi-secret American authority, I am led into a room where IT personnel are listening into telephone conversations, looking through footage taken with concealed cameras and entering into computers reports from their agents working in Long Island, Brooklyn, the Bronx and Queens...

The broad-shouldered, blue-eyed Departmental Head with a modest face adorned with a reddish beard looked like one of the heroes from the famous picture by Russia’s well-known painter Vasnetsov – Alyosha Popovich. We were standing in front of a map of Greater New York looking at the drug-dealing districts – inhabited in the main by Latin Americans, Chinese, Puerto-Ricans, Italians, Afro-Americans and Russians.

“You look just like a Russian”, I commented with a smile.

“But I am a Russian!” came the response.

‘Alyosha Popovich’ (as I called him to myself) asked me not to mention his real name in print: “I have to have dealings with serious characters, very well-known in the criminal world”. All the video- and audio-cassettes recorded in the various districts of the city, the originals of agents’ reports and the minutes of trials connected with illegal drug-trafficking are stored in this building. The bulk of the information is stored in computers and added to personal files, which can then be accessed for court proceedings. The department is equipped with the very latest IT for pre-trial investigation work and its staff can record up to 33 telephone conversations simultaneously.

After obtaining information the staff pass it on to the FBI, the New York Police Department’s unit for combatting organized crime, the US Customs Agency and the Federal Bureau concerned with the illegal trafficking of alcohol, tobacco and firearms, the police authority in the ports of New York and New Jersey and many other agencies both in the United States and abroad.

‘Alyosha Popovich’ then filled me in regarding the background to the current situation. There had been a time (in the early 1960s) when there had been a sense that people were living in an open society in both the United States and Western Europe and one of the elements of this atmosphere was a fairly tolerant line on drugs. In some articles they were even seen as ‘chic’ and became fashionable, as had been the case earlier with cigarettes and alcohol, particularly beer. Use of these traditional ‘drugs’ and medical psycho-tropic substances – sleeping tablets and tranquillizers – did not decrease, but developed in parallel with the growing demand for ‘new’ drugs. These brought users still deeper satisfaction and more exciting highs...At that time two thirds of American students and a quarter of all school-children under 16 were using marihuana. Taking morphine had virtually become a cult among the affluent classes. Opium was becoming

more and more popular. Drug-use was seen as the expression of a specific way of life, allowing people to ignore generally accepted norms and to attempt artificially to experience extraordinary sensations and emotions. Later on - some 10-15 years later – the commonly accepted wisdom seemed to be that if someone wanted to ruin his life, it was his own personal decision, which did not really matter to the rest of society. When the pharmaceutical industry began to flood the market with psycho-active substances in ever-increasing amounts, crime figures suddenly became more serious in those countries which were the main centres of drug abuse. By now the nation had come to realize what the true proportions of the problem were. “It is regarded by the Government as a top social problem today,” explained Alyosha.

In the room where we stood there were seven young men wearing jeans and half-open shirts. Five of them were policemen and two criminal investigators. They were working on audio-tapes, which had been brought in by detectives returning from assignments. I was permitted to listen to the way they worked with audio-tapes, on which negotiations between two drug-dealers had been recorded either on the street, or in a vehicle. The conversation was in Spanish and would appear to have been recorded from a considerable distance and the words were impossible to make out. Gradually, however, the IT staff were able to remove the background-noise and interference so that the sounds of the voices began to ring out loud and clear, as if the dealers had actually been shouting into the microphone.

The detectives record conversations in dozens of different languages. Apart from English the other two most common ones are Italian and Spanish – the voices of Colombians, Mexicans and Dominicans. There are conversations in Russian as well, but not often enough to make Alyosha learn the language of his grandparents – first-wave Russian émigrés.

In the Offices of the OSN people are not inclined to exaggerate the role of Russian criminal groupings in the drug-dealing scene on the streets of New York. Emigrés from Russia are prepared to indulge in anything that will bring in money, but their dealer network cannot compete with the long established, intricately ramified ones of the Colombian, Dominican or Italian immigrants. The Russians reluctantly and warily are entering the ranks of police-informers. “They keep themselves to themselves and do not trust anyone – neither Americans, nor each other. All that they have in common is the fear of their own Russian Mafia,” commented Alyosha.

I could not help telling ‘Alyosha’ that I found it very hard to link his American first name and surname with his typically Russian appearance, for which something like Mr. Ustinov, Smirnov or Grigoriev would have been so much more appropriate... “I used to have a name of that kind, but there was a time when it was not very easy to make a career for yourself with a Russian name, especially in the police-force, and so I took an American one. There is now a very different tie linking me to Russia. When I went to Moscow last year with my wife, we adopted an 8-month-old baby girl from an orphanage. We carried her across Red Square afterwards. Christina is three now.”

While we were talking there was video footage on the screen of the nearby TV-set. We could see a drug-dealer talking to someone. The ‘someone’ was a detective, whom it would have been easy to take for some poor black fellow out of work and ready to clutch at any straw. Sometimes a detective might pose as a Chinese opium dealer or the bankrupt former owner of an Arab restaurant. It is important that lawyers defending

the accused during drug-related trials should not see the faces of these under-cover agents and so their faces are blacked out on the video-tape.

In an adjoining room other staff were looking through more footage taken by a concealed camera. “The pictures are not always ideal...”, said the policemen apologetically, who were examining an episode, in which one of their agents posing as a customer ‘buying’ five grams of cocaine had been filmed on the corner of Broadway and 161st Street. This was followed by shots of an empty apartment with a table in the middle of it, on which there were some scales of the kind used by pharmacists. The dealer - of Puerto-Rican appearance - was handing the ‘customer’ a pinch of cocaine on the tip of a knife for him to try. After the customer had given his approval, the dealer proceeded to weigh out more of his wares on the scales and then wrap the cocaine in silver foil. This was followed by a close-up of swollen fingers breaking down the white lumps into powder. The dealer then counted out his dollars: it was all in order - there were a hundred, 20 per gram. He was unaware that the numbers of the bank-notes had all been recorded in advance by the police. There had been a police-car with video equipment two blocks away from the building. The dealer was allowed to leave the flat but not take cover after he had crossed the threshold: once out on the street he was arrested.

* * * *

Up until then I had been unable to understand why I kept coming across so many people from the former USSR in the offices of the OSN. They had high-ranking posts and often large numbers of people working under them and despite a certain degree of nostalgia for their historic homeland, they felt themselves to be true Americans. This applied both to Peter Kousagian, in charge of the Office, and also to Assistant District Attorney, Muscovite Simon Raker.

Peter was tall, well-built and had an aristocratic bearing – a real ‘Armenian Prince’. It was not Peter himself who had come to America, but his ancestors, who had left Armenia in 1915. His parents, who could still speak Armenian, had decided not to talk their native language to their son, concerned as they were for his future in the new environment and eager to bring up a 100% American. Peter had studied law at Princeton and Yale. His American wife, from a respectable Catholic family, had chosen – much to everybody’s surprise – to become a member of the Armenian Orthodox parish in New York and had even been elected as one of the Church elders.

In the sixties Peter had been involved in the investigation of bloody shoot-outs in Harlem. The drug-dealers had been establishing the borders between their territories: these went down specific streets and if a rival was found on the wrong side of street, shooting would start. Killings occurred round the clock. It was then that the police took an unusual step, advocated by Peter, which appeared crazy to many of his colleagues. The police guaranteed the drug-dealers’ safety, if they would help them find the killers. The killers were duly found and convicted and relative peace descended on the streets of Harlem. “We may not be able to put an end to drug-dealing in all parts of the city, but making people’s lives safer is something we can achieve” Peter told me.

Peter and his wife visited Armenia not long before he and I met. The democratic changes they had found encouraging, but much of what they saw and heard had saddened them – the poverty in the streets, the homeless children, the severely limited supplies of electricity and water. Just as in the old days there was little else for the local people to do but laugh through their tears.

Peter's colleague, Simon Raker, had also visited Moscow in the distant land of his ancestors, but not for very long, because there was a large work-load to cope with in the Attorney's office. He and his colleagues (from the New York police department and OSN agents) used two main methods for arresting drug-dealers. One of them was the 'Buy and Bust' technique, when a police-officer dressed, for example, as a hippie, would wander about the streets, looking for someone who might sell him some drugs. He would pay for his purchase with bills, the numbers of which had been pre-recorded at the local police-station. When the dealer went on his way, the 'addict' would contact base to provide a description of the man concerned and explain in which direction he had set off. He would be arrested by the time he walked into the next street. Five minutes later the 'addict' working on behalf of the police would drive past to make sure that the dealer had been arrested and not some chance passer-by. The marked dollar-bills would be used at the subsequent trial as evidence.

The 'Observation' technique was more complicated. In districts where active drug-dealing went on, policemen would climb up on to the roofs of buildings or hide behind fences to watch what was going on in the streets through binoculars. American laws were strict - not only with regard to the criminal, but no less so when it comes to police activity. In order to arrest someone, or even stop someone in the street, the police has to have evidence of guilt. It is not enough for the police simply to be convinced that someone is dealing in drugs: they have to see money change hands or at least a packet of the kind in which drugs are usually sold. Then they can inform the other members of the police team stationed nearby. The police will then arrest the 'customer' and, if he really does have drugs in his possession, they will then arrest the dealer.

Over the last 30 years the situation in New York has changed a great deal. Crack has come on to the scene, which rapidly becomes addictive. The next popular novelty was the 'free-base' which addicts made by heating up pure cocaine so as to separate the psycho-active substance from the salts. The cocaine powder was then mixed with bicarbonate of soda and ether. Smoking this mixture ('free-basing') stimulates the central nervous system, producing a particularly effective high, only to be followed by a sharp drop in vitality, a sense of anxiety and exhaustion and also the illusion that the only way to relieve this depressed state of mind is to have another dose of the mixture. The actual process of preparing this substance draws addicts into a highly specific drugs sub-culture. Those who are part of it have a sense of superiority, not merely because they are able to achieve the highs they crave more rapidly than those using other drugs, and also because they are confident that free-basing enables the user to achieve the highest level of self-awareness. Questioning patients and my own observations have shown the use of this drug to be twice as popular among men than women.

New-York doctors had been unable for a long time to explain why precisely crack and free-base had gone hand in hand with the spreading of HIV-infection. If the drugs had been injected or used in such a way that they got into addicts' blood stream, then it would have been easier to understand, but they were only smoked. It turned out that there was a particularly high percentage of female users among women who slept around.

"Our approach to the way in which we pursue crack-dealers changed 10 years ago after a tragic incident, which was to be a lesson for the whole of the New-York police," Peter informed me.

There had been a trial going on in town of a large group of crack-dealers and users. There was an important witness due to be called for the defence. There were police cars outside his house round the clock working shifts. Then one of the policemen dozed off at the wheel of his car briefly and someone crept up to the car and shot him in the head.

So it turned out that not the police but the drugs Mafia were in control of the situation. The police responded by introducing new tactics. Policemen in civilian clothes started pouring into the streets – both men and women. It was impossible to distinguish them from the local inhabitants. They began posing as drug-dealers and users and in this way the police succeeded in picking up all those who were involved in illicit dealing in drugs. In back yards off the neighbouring streets disguised police cars were waiting at the ready. Within a very short space of time the district was completely free of drug-dealers. Yet the response of the dealers took the police by surprise: some of them ‘set up shop’ in flats and started dealing there, others moved to adjacent districts or even further away... The well-planned operation had turned New York into a city of itinerant drug-dealers.

Peter and his colleagues then worked out a different strategy. They began to make wider use of the information, which they received from the dealers they had arrested, in return for a promise that the sentences handed out to them would be lenient ones. Decisions of this kind are psychologically difficult ones: each time you arrest a dealer there is the temptation to use him as a source of information and then this involves softening his punishment. Policemen are faced by the moral dilemma: who are we letting work for us and what kind of situation are we going to find ourselves in?

As I walked about Manhattan I saw a bearded fellow with reddish hair waving his arms about as I came into 26th Street. He had a jester’s cap on his head and a cannabis leaf painted on his chest with the word “Marihuana” underneath it. I went up to him and discovered it was a tramp from the West coast. He had managed to cross the whole American continent by hitching lifts on cars and motor-cycles. He said that his trip was a kind of protest against the small-scale cultivation of cannabis in towns with an end-product that only had weak narcotic properties. He was promoting the finest varieties from California, Texas and Oklahoma.... This bearded champion of marihuana waved to the policeman at the crossroads and the policeman smiled back at him. It was all part of New York...

* * * *

Rhonda Ferdinand – a good-looking black American woman - is known to almost the hole of the criminal world of New York. She is the Deputy Chief Assistant District Attorney in charge of all cases involving offenders who are drug-users. It was not while sorting out those complicated cases, however, that she made her name. In 1992 Rhonda drew attention to the fact that drug-dealers (most of whom were users as well), after completing their custodial sentence soon found themselves back in prison and sometimes in the very same cell. American prisons are permanently over-crowded and by now the annual cost for keeping an offender in prison for a year (\$50,000) is more than the cost of attending a prestigious university (\$40,000). They say that the Finance Department of the US Congress has been suggesting that criminals should be sent not to prison but to Harvard.

The idea of proposing an alternative to prison had long been doing the rounds. Rhonda and her colleagues put forward a programme entitled “Treatment for drug-addiction as

an *alternative to prison*” Initially this was an experiment for women with children, pregnant women and those who were the main family bread-winner. After offenders of this sort had been arrested for dealing in drugs, if it emerged that they had been doing so not so much for profit, as for the need to finance their own habit and that they did not represent a major threat to the public, then they were allowed to remain at home, after they had been sentenced by the court, be treated for their habit and follow a course of social-psychiatric rehabilitation. Only residents of New York were allowed to avail themselves of this Programme after they had been sentenced for a drug-related offence and if they themselves were drug-users, but had not been involved in any violence.

The first group of convicted women-offenders was sent not to prison but to hospital. Nothing of the kind had been seen before! It made a big impression on the women themselves and their friends and relatives. What caused even more of a sensation was that 12-15 months later, almost all the women had completed the social-psychiatric rehabilitation course, were much healthier and with help from the initiators of the Programme had succeeded in finding work and transforming their lives. Rhonda and her colleagues had achieved the most important thing of all, since these women remained capable of giving birth to healthy babies, who were not suffering from drug dependence, and if they suffered from health disorders at all, they were only minimal ones. During the five years of this Programme, 77% of the women who took part were able to resume a normal life.

Later other alternative programmes were devised for older school-children and for young people aged between 18 and 24. They were given sex-education classes and the chance to complete their schooling - to obtain a school-leaving certificate or complete a vocational course, after which the American citizens covered by the programme would have a professional qualification. There was a special programme organized for men and women who had no children and also for those suffering from AIDs, who were admitted to a medical centre or hospice, where they would be cared for and treated free of charge. Those who took part in these various programmes had their work-places held over for them while they were receiving treatment for their addiction.

Rhonda and her team ask policemen working within prisons to collect information about offenders from this group with the help of their friends and relatives, so that they can put together a more detailed picture of their personalities. Although the treatment provided for these offenders costs less than half what it costs to keep them in prison (\$20,000), the sums involved are still not small and the state is entitled to have information about all the people who the Police Department recommends for inclusion in these alternative programmes. Knowledge about their home situations makes it easier to understand aspects of the offenders’ psychological make-up, which might have escaped the judge’s notice, and thus helps Rhonda’s team to take the most sensible decisions. If no other person in an offender’s family takes drugs and the family is ready to support the offender, then he is eligible for inclusion in the Programme and remaining at home for the period of his suspended sentence. If the members of an offender’s family are themselves drug addicts or have been brought to court for other criminal offences, then the offender is given the option of being included in the Programme, but living for the duration in special accommodation set aside for this purpose.

The drug addicts who have taken part in these alternative programmes include bankers, school-teachers, policemen, diplomats – some of them foreign. One of the people concerned was a rich woman, who was a chronic addict and who used to drive to the court-house in her magnificent silver BMW.

How does the selection proceed in practice?

On the desks at which Rhonda and her colleagues sit there are mountains of court files. They pick out cases, which meet the conditions stipulated in the Programmes.

Approximately 10% of 7,000 such files are selected. The convicted offenders in this group are given the opportunity to submit a written request for their sentence to be suspended. In the presence of their lawyer they sign a contract with the police, the court and legal officials. All the contracts are adapted to suit the individual offender, but there are some conditions that are common to all:

- you take it upon yourself to follow a course of treatment in the locality where you live and to pursue an education programme. For an adult the programme is regarded as having been completed, if during the period of the suspended sentence, the offender has succeeded in finding himself a full-time job;
- you fully acknowledge you are guilty of having committed a crime and you will not question this. If you do not comply with the programme or the treatment does not produce results, you will go back to prison and the court will decide how long your sentence will be;
- you agree to give any confidential information about your health to your lawyer and other persons who will evaluate the success of your treatment. You agree to supply to the interested parties (the court, Procurator's office concerned with specific drugs, the authority responsible for supervision of offenders with suspended sentences) information about your physical state, including the results of the regular urine tests you are given, the nature and development of any medical or psychiatric problems you may have, the emergence of any other circumstances which could have a negative impact on your treatment;
- you deliberately forego your rights to confidentiality regarding your addiction to alcohol or drugs and also your rights as laid down in the Law concerning mental health in the City of New York, which limit the opportunities for any agencies of obtaining information about your illnesses or the progress of your treatment. You accept that the agreement between you and the medical personnel working for this Programme can take priority over the Civil Code of Criminal Procedure of New York and other legislation;
- if your programme of treatment proves to be unsuccessful for any reason or the conditions of your release are infringed in any way, all the interested parties will be informed about the reasons for the failure of the treatment and all the attendant circumstances;
- if after you have completed the programme you are caught selling drugs again, regardless of the nature of your first offence, you will be given a prison sentence of between 4 and 9 years;
- if you complete the programme and do not subsequently break the law, the previous offence will be written off.

The following list makes clear the reasons for which offenders' requests to be included in the Programme are turned down:

- if an offender has not yet been convicted;
- if you have already committed a number of offences;
- if you have committed crimes involving violence or have resisted arrest;
- if you are under investigation or your telephone conversations are being monitored;
- if you are on the FBI register;
- if you are commit malicious breaches of public order.

Rhonda scrutinises up to 1000 cases a year. It is often not easy to clarify whether someone actually has been using drugs (one of the conditions for an alternative sentence), or just been pretending to be a drug-user so as to avoid prison. It might seem perfectly simple, the question of a routine drugs test. Yet according to American law, if an individual has been convicted but has not yet signed the papers necessary for inclusion in the Programme, no-one is entitled to test him/her for drugs.

“What do you regard as a criterion of success?” I asked Rhonda.

“If after completing the programme a person abstains from all drugs for two years and is not summoned to court during that time. Most of our patients have in the past had problems with the law no less frequently than once a month.”

“With which group of offenders do you find it hardest of all to work?”

“With young people... Usually they are children of addicts or people whom life has made very bitter and who take out all their frustration at failing to sort out their own lives on their children. Young people like that are aggressive and do not believe in anything.”

* * * *

In Brooklyn I looked up Felix (that is what we shall call him for the sake of convenience), who had at one time been a patient in our clinic back in Bishkek. He was the son of Russian musicians who had emigrated to the USA at the end of the 1970s. His mother had been a singer and his father had been a trombone-player in the orchestra of the Bolshoi Theatre. I thought back to one of the memories Felix had told me about: when he was 11 his father had taken him along to visit his elder son, Felix's brother, without warning him that he was coming. The boy saw the run-down room with the crumpled bed, on which his brother was lying with a twisted face and distraught eyes. Some white tablets were strewn over the table along with a glass pipe and a razor blade. “What's all that?” Felix had asked. “It's nothing, nothing”, the father had muttered, scooping it all up and hiding it in the drawer of the desk. Felix had said to me: “That picture imprinted itself on my mind for the rest of my life”.

From what he had told me at the clinic I had remembered another incident dating from the early eighties. American school-children at that time used to take a negative view of the children of their own age from Russian émigré families. Felix felt he was an outcast in his class at school. His mother could not find any work and his father was earning money as a taxi-driver. Their son was the only person available on whom they could vent their frayed nerves. When one day the other children in his class had collected in the play-ground to smoke some ‘grass’, they invited Felix to join them and he felt grateful to be able to be part of their world for a change. It was not the actual smoking that made him happy, but the fact that the other children had acknowledged him as one of them.

The family lived in a block inhabited by poor émigrés and down-and-outs. One of Felix's school-friends lived on the same street with his mother, a lively American youth. When his mother left town for a time he invited his friends round for a ‘party’. The boys began to meet up every evening, drinking beer and passing round cigarettes with marihuana. Soon LSD tablets appeared which they referred to as ‘acid’, ‘White Lightning’, ‘Green Dragon’ or ‘Red Dragon’. Occasionally someone would bring round some mescaline powder, one of the active ingredients of the peyote cactus. The resulting hallucinations could last for as long as 10 or 12 hours.

One of the friends suggested that Felix might like to earn some extra money doing some plastering work. In the middle of the day when he could hardly stand, being so

unused to physical work, the friend brought a plastic box out of his hold-all, shook out some white powder on to his hand and sniffed it into his nostrils. "D'you want to try some?" he asked. "The day'll flash by in a moment". It was cocaine. "What I experienced a few minutes after that is difficult to describe. Amazing energy, a wave of strength came over me, as if I'd only just started the day. I was breathing more rapidly and there was a pleasant warmth spreading right through my body. I worked so easily. A real wow! When the high began to wear off, I was desperately keen to get back that feeling of power and it was terrible to think that the powder might all have gone. Fortunately it was still possible to scrape some together from the plastic box..."

For the sake of those short moments Felix was prepared to accept the depression which set in at times, the anxiety, the intervals of delirium that came over him at night frightening his father and mother. His frequent outbreaks of fierce aggression horrified his parents. They happened to come across a newspaper containing an article about the Medical Centre in Bishkek and they persuaded Felix to go there. During a ward round soon after he arrived, I came across a skinny youth, suffering from inadequate motor reflexes and paranoid psychosis typical for those who have been sniffing frequent doses of cocaine. I looked at his medical records. He had been taking drugs for 4 years and sniffing cocaine up to 25-30 times a day. His daily intake was as much as 3 grams. After living in an alien environment for a long time he was anxious to get things off his chest. He was like a starving man, who had hurled himself at a piece of bread and was gulping pieces of it down without chewing them first. Felix completed the whole course of treatment in our clinic. When the doctors said goodbye to him, expressing their hopes that he would never come back and see them as a patient, he laughed and asked: "And if I come back as a musician?" He then apologized for the long time he had spent talking about modern rock music, which he was extremely well-versed in. He was musically gifted and the doctors felt convinced that his future was assured.

It was two years later that I met up with him in Brooklyn.
"Doctor, what brings you here?!"

In his tight jeans and with a gold chain round his neck he looked much as I remembered him. He was no longer living at home but renting a room of his own. He was writing music, but composition was not an easy way to make a living. Four times a week he earned extra money as a DJ at parties and as a lighting technician in night-clubs. He could earn 150 dollars a night, but he could not always rely on such work being available.

"So what is popular in discos nowadays?" I asked.
"Ecstasy just as before, but in the late eighties and early nineties it was the real thing. Wherever you bought it, you could count on a 'high', but now they mix aspirin and other drugs with it and the pills have primitive stamps on them. They make big money out of them, wow!"

I did not venture to ask, whether Felix had managed to keep off drugs, but he could read the question from my eyes.

"Doctor, I like the way the doctors treated me and looked after me in your clinic. Everyone was really kind. I can't blame anyone, only myself...I lapsed a year later!"

He gave me a guilty smile, pulling his head down between his shoulders and spreading his hands wide – like a miniature Marcel Marceau. Listening to his rather confused

explanations, I thought to myself that perhaps our tried and tested treatment methods for dealing with heroin addiction might perhaps not be sufficiently well adapted for treating cocaine dependence. We have not had very many users of various types of that particular drug in our Centre so far: we need to think through various of the subjective accounts of our patients on the subject. We need to be more cautious when it comes to some of the assertions made to the effect that we can cure people of any kind of drug-addiction, just as if we were dealing with tonsillitis, and acknowledge, at least to ourselves, that there is the possibility of relapse that can be explained with reference to certain psychological features of an individual patient's personality or to factors of a social nature.

As if he was justifying his lapse, or perhaps not so much for that reason but simply in his eagerness to help me understand how New York's drug world lived, Felix began to tell me how, on his days off, he would pick up a cocaine dealer in his old Ford and drive round to various clients' homes with him. The city was divided up into patches belonging to different dealers and each one had his specific customers: they would ring the dealer on his mobile, while he was driving along: "Hi, Bill, how are you? I'll meet you in ten minutes. Bye!" Even if a conversation is picked up and taped by the OSN, what does it tell them? Two young men loafing about town agree to meet. At the end of the day the dealer would give Felix \$180 for four hours' work and fill the car up with petrol. In the past Felix had often returned the money to the dealer straightaway, while they were still at the petrol-station, so as to take cocaine worth the same sum instead. Nowadays, he tells me, his lapses are only 'occasional'.

A street dealer can earn up to \$2,000 a day: two thirds of these he will have to surrender to his boss, who owns the goods, but even the remaining sum makes it well worth the risk.

"I can dial a number, five minutes later my call will be returned and ten minutes later I can have delivered whatever I please," Felix told me. "The person at the other end of the line will ask where I got the number from and where I'm ringing from. They are on their guard against police traps. 'Who are you, we don't know you'. You tell them who you are and who gave you the number. 'Where are you? Do you have a car? No? I'll be right round'. Every telephone number is a business all of its own. One group will have marihuana, another heroin and a third cocaine. The first time you tell them where you could meet them and after that the dealers will remember your name and the meeting-place. From then on the conversations will be short. 'Felix? Hi, how are you? I'll meet you in ten minutes'."

The dealers are American, Italian, Spanish and sometimes you'll even encounter Russians. Their ages are between 17 and 45. Those who have become street dealers and begun to earn good money, sneer at all the rest: this new occupation brings them not just money but also a sense of their own importance. People telephone them, a network of acquaintances builds up and they begin to feel people to be reckoned with. The only people they are frightened of are policemen. Those are people you're never going to be able to buy off. A policeman earns \$50,000 a year, so why should he take risks for a mere \$100?

Later on, as he was seeing me back to my hotel, Felix told me a story, after which he still finds it difficult to really get a grip on himself. In Brooklyn he had a friend from the Ukraine – 28-year-old Vitalii. He had been living alone, had had no work and was on welfare. The money had hardly been enough for his heroin, which he used to inject all the time. He often suffered as a result of over-doses. Three days previously Vitalii's

neighbour had telephoned him to say:” Come round at once. Vitalii’s just been untied.” He had just hung himself using a towel...Felix and the neighbour were the only two attending the funeral.

* * * *

I should like to draw attention to two aspects of American practice in the fight against drugs, which would seem to merit further examination.

The authorities do not use a blanket approach to all those individuals who break the law while under the influence of drugs. Those who have not used violence, who sold drugs not so as to make a profit, but so as to earn enough for their own personal supply and who do not constitute a risk for the public at large can be sent for treatment as an alternative to prison. It is cheaper for society if a drug-user receives treatment rather than serve a sentence in prison. Law-enforcement agencies give those who have opted for treatment access to psycho-social rehabilitation and assume responsibility for returning them to a normal way of life. More than two thirds of those who opt to take part in these alternative programmes achieve success.

If we take into account the fact that the number of persons suffering from heroin addiction is constantly on the rise and therefore enormous sums are having to be spent by society in view of the ruined lives, broken families and the undermining of society to which this leads, Americans regard their support programmes for drug-users involving methadone as justified in the light of 40 years’ experience. Although this does not resolve the problem in its entirety, methadone support in the treatment of opiate-addiction, provided that it is taken orally and under proper medical supervision, can set patients free from heroin dependence, help them avoid intravenous injections of drugs and its severe consequences, including the risk of the HIV infection. It also reduces the dangers for other people, some of whom are in direct contact with heroine users and thus exposed to a high risk of infection.

* * * *

While looking through the Colombian newspaper “Semana”, my attention was caught by an interview with the Russian ambassador in Bogota, about how he used to meet Americans working for the CIA or the Drug Enforcement Administration in Colombia. There was nothing unusual about contacts between the diplomat and members of American special forces. What was more interesting was the question for which the Russian ambassador was trying to find an answer – namely: “Who really are the leaders of the Russian Mafia; who controls the ‘black market’ for weapons” and so on. At first I smiled at the paradox: instead of the Russian diplomat looking for answers to questions that plagued his home country back in Moscow from his own country’s security services, he was turning to American intelligence. I write this with a sense of sadness, sympathizing with my Moscow friends, including the diplomats among them, who have to use such roundabout routes to find out what is happening in their own country.

Yet, it has to be said, the Russian ambassador was coming to the right place for the information: it is unlikely that anyone is better informed about the international narcotics trade than the 3,700 special agents of the Drug Enforcement Administration - men and women, who are without exception American citizens and who are dealing with drug problems in more than 50 countries. They are crack shots, are well trained in various forms of combat, yet, when it comes to confrontation with the Mafia, the most reliable weapon of all and one that they have with them all the time is their brain-power.

The American network for the fight against narcotics was set up in 1973. It works in parallel with the police and the security services, but is not dependent on them or subordinate to them. It merely collaborates with them all. It is the most professional intelligence organization our century has seen for tracking down and disrupting the plans of the international narcotics business and probably the only one capable of responding adequately to its challenges. Everyone will have read the reports about its work in connection with the rout of the Cali cartel in Colombia, with Operation Tiger Trap in Thailand, with Operation Zorro 2 and other sensational triumphs in various parts of the world. Wherever secret agents might be at work, regardless of how far it might be from America, they will be protecting the interests of their homeland whenever the need may arise.

In some countries where the police is corrupt and the drugs Mafia feels it has control of the situation, after obtaining the approval of the local authorities, American special agents make use of the right accorded them to listen to telephone conversations, arrest suspects and carry out their own investigations. Nobody sees this as interference in the internal affairs of another state. Drugs have ceased to be an internal problem in any one particular state.

Special agents are trained in the small town of Quantico in Virginia in a teaching facility and in terrain next to training grounds where FBI agents are put through their paces. The study programme they follow includes such subjects as ethics, self-defence, the use of fire-arms, principles of jurisprudence and legal procedure, criminology, drug identification and investigation techniques. Agents on completion of their training, who will be aged between 21 and 36, physically fit with a good education of at least first-degree standard, are called upon to sign up for work in whichever part of the world to which they might be sent. I was told that one of their agents had already been working in Moscow for two years. He is said to have carried out a successful operation with the Russian special forces aimed at identifying a group trafficking heroin from Pakistan through Russia to the United States. The network had involved a group of American female couriers, who used to come to Moscow and then take the Pakistan goods on into the USA. The American customs officials usually let the women through without checking them, despite the fact that they had been coming into the country from Russia. The agents let another major shipment of drugs pass through all the border check-points and customs inspections (a consignment used as a 'controlled experiment'), without even letting trained sniffer-dogs anywhere near it, but all the while identifying the well organized network involving a large number of people, who had not even known each other before, but who had been working in one and the same 'channel'. Eventually 30 criminals were arrested, citizens of a variety of countries.

Some time after that when I flew back to Moscow, I had hoped to find at least some trace of the American Rambo living in the Russian capital, someone leaping from the windows of sky-scrapers on to a lorry laden with drugs as it pulled away and giving chase. Eventually with the help of my Moscow friends I did track him down.

The DEA office in Moscow is inside the US Embassy. Special agent Harry Simon, who had in the past been a Philadelphia policeman, was the first American agent to begin working in Moscow, after the USA and Russia had agreed in 1994 to combine their efforts in the fight against organized crime, including illegal dealing in drugs. He does not have to leap from windows and chase in his car after drug-dealers. Together with the Russian police, security services, customs service and border troops, he devises operations to combat international drug trafficking. At the beginning of any investigation

in this field you would never know where the threads might lead. If they lead to a third country, then through his colleagues – other special agents in the country concerned – will supply the Russians with information and back-up.

A meeting with the agent in Moscow is something to look forward to later, when I fly back to snow-covered Russia. For the moment I am standing on the deck of a pleasure-boat sailing down the Hudson River and looking at the New York sky-line. I cannot help thinking that our planet must seem so small and fragile as it hurtles through the Universe, as I reflect upon the bitter threat reducing us all to the same level in face of the danger, which gives nations and governments more hope nowadays, that they may come closer together to unite against the evil which is capable of ruining our shared future.

Chapter 10 – OFF TO THE INDIANS OF THE AMAZON FOR THE SECRET OF THE DIVINE LEAF

The Police and Smugglers on the tributaries of the Great River – “I can’t understand why you’re all so excited about coca...” – Underground Factories in the Rain-forest – The Riddle of the Swollen Cheek – The Legend of Manco Capac, ‘Mother of Coca’ – Meeting Hitoma Safiama, leader of the Huitotos

We made our way up the Amazon between the Brazilian city of Manaus and the Peruvian town of Iquitos. Since time immemorial smugglers have used this stretch of the river to export the skins of rare animals. The police would be waiting at the points where the tributaries flowed into the Amazon, but the smugglers would dig narrow canals with spades just large enough for their canoes, but too narrow for police launches. The local Indians would help the smugglers. Over time the demand for natural fur began to decline and people began to look for new trades to ply.

At the end of the 1970s the Amazon forests began to attract the attention of those entrepreneurs engaged in setting up medium-sized factories for producing cocaine. With the help of Indians they built under-cover workshops and cleared terrain for air-strips for private planes. My guide Valdivino, a Brazilian from Tabatinga, has come across a number of air-strips like this in the middle of the forest 200-300 kilometres from the coast. It was not until 1998-1999 that the Brazilian, Columbian and Peruvian authorities succeeded in ridding the Amazon basin of cocaine factories with the help of air-craft, river-boats and land forces. The Indians had no choice but to go back to growing bananas and catching fish.

There are no more coca plantations in the Amazon basin, although in the Indian settlements there are coca bushes round every hut, which supply the religious, medicinal and astral requirements of the tribes and are not grown for commercial purposes.

“I don’t understand why everyone has got so excited about coca and hardly anyone ever asks about other healing plants?” mused a surprise Valdivino.

Since ancient times the Indians of the Andes have eaten cocaine and worshipped it and I wanted to find about more about these traditions. It was pure luck that while in the small town of Leticia where the borders of three states – Colombia, Brazil and Peru – meet, I was put in touch with Valdivino. In his jacket with countless pockets, a light cap with the peak facing backwards he has an exotic air about him especially when he is standing in the bows of a boat making hand signals to show the mechanic Orlando how to steer..

Orlando, a pleasant young Creole, was looking at the water ahead from under a straw hat pulled down low over his forehead to keep out the sun and at his feet sat twelve-year-old Manuel. He was helping his father bale water out of the boat with a tin can. The river has hundreds of tributaries looking like dark tunnels formed by densely intertwined plants including lianas, which bind the tops of the trees together in a single roof. Under these roofs the river looks like a spider’s web of channels. The boat would wend its way beneath these high cool vaults: some of them we were sailing through for as long as 20-30 minutes, although we were keeping up a fairly good speed. It was impossible to grasp how Valdivino and Orlando were plotting their course in this realm of countless narrow channels.

As we sailed along there were no ruins of legendary cities or historical monuments or traces of Ancient Man, no signs of vanished cultures as you would see on the banks of the Nile, the Ganges or the Yangtze or even the cold shores of the Lena or the Amur. There was no sign at all of former civilizations, just the deep full river and the might of unbridled Nature.

Orlando switched off the motor and the boat slipped noiselessly into quiet shallows. Why should Valdivino have steered the boat away from the main channel? When I started to rise to my feet, I could not hold back a gasp of surprise: on the water lay the majestic Victoria Regia - giant green dishes, perfect circles looking as if they had been drawn with a compass and measuring one and a half or two metres across. The edges of the vast flowers just touched each other and were rocking very gently on the surface of the water amongst the thickets of wild rice and murura plants with leaves that looked like wooden boats. In photographs these amazing circles of green always look like the result of trick photography, but when you see them and watch birds perched on their low sides drinking water from out of the lotuses that has landed there from the gentle waves of the river or splashing playfully about, it is hard to believe your eyes. Among the giant lotuses there were pinkish flowers rocking in the water as well, which had made such a deep impression on the British traveller to the Amazon, Richard Schomburgh, in January 1837: when he had seen it unfold, the vision of the delicate white edges around a crimson centre had made him exclaim: "I felt as if a heart stripped bare lay before me!"

The Portuguese call this lotus a 'forno', the name for the frying-pan on which Indians fry manioc flour. The edges raised just above the water do indeed give the plant the air of a frying-pan.

Orlando started up the motor again and we began once more to move through steaming forests, every now and again hearing the cries of monkeys trying to attract our attention with their circus tricks in the branches overhead. What took us by surprise this time were the pink fresh-water dolphins known as 'boto' diving up through the water in graceful curves. They had appeared without any warning and I failed to switch on my camera in time, before they disappeared from sight at the end of their turn, only to repeat it a few minutes later somewhere else. Valdivino tried to help me, trying to draw them back like a skilled trainer with dull thuds of oars against the side of the boat and whistling, but the dolphins were not going to fall for the cheap trick...

"It's always coca, nothing but coca" said Valdivino, as if to himself: "they have no interest in any of the other healing plants!" By now I can understand his surprise, for in the tropical rain-forest there are many hallucinogenic plants that can affect the mind. Since pre-Columbian times the local people have been adding them to their maize beer and other intoxicating drinks to achieve a state of euphoria, when - to use the words of my guide - you can see the wondrous flight of your mind and body as they fly aloft separately to reach the heavens, while you look on from the side. The strongest hallucinogenic effect can be achieved with the wild *ayahuasca* plant. It contains alkaloids, which, as I understood it, have the same impact as LSD. Almost all folk healers east of the Andes, particularly those in parts of Peru, use *ayahuasca* for group therapy sessions to treat nervous disorders and mental diseases, for predicting the future, shedding light on enemies' intentions and for sexual stimulation. In some towns these healers - known as *ayahuasceros* - enjoy just as much authority among the local population as those who practice modern medicine. On one occasion when Orlando had been unwell, he had been given a cup of a liquid made from the *ayahuasca* plant mixed with other herbs he was not familiar with. As he drank, the healer had blown out

clouds of tobacco smoke as he walked around his patient. Half an hour later Orlando felt a lightness within him, his hearing was far sharper than usual and he sensed that all the objects around him were beginning to change colour. Soon Orlando was on the mend. As he recalls it, the *ayahuascero* had made the medicine in front of him with his own hands not even letting members of Orlando's immediate family in to be present at the ritual.

Orlando took the sorcerers' intrigues of his enemies deliberately directed against him to be the cause of his illness and these only the *ayahuascero* could have broken. The way these Indian folk healers go about their work would seem – on the basis of Orlando's account – to have much in common with the healing rituals used by the shamans in Siberia. Both whistle, sing or chant spells as they perform their rituals, but the South Americans make more use of hallucinogenic plants to conjure forth visions not only for themselves but also for their patients. It is said that in Peruvian towns and villages *ayahuasceros* walk past people's huts in the evenings to inquire how patients are getting on – sometimes only potential ones – generous with their words of advice and consolation, or, to use a phrase more familiar to us nowadays, dispensing psychotherapy. [?]

From Valdivino and Orlando I heard about two other plants with narcotic properties: *ioco*, one of the lianas growing near the water, which creeps up the trunks of other trees in the competition to gain access to light. Forest dwellers make an infusion from the strips of its bark. After drinking no more than a cupful they can carry out a whole day's work without feeling hunger or thirst.

"You'll find a supply of *ioco* in every Indian hut," Valdivino assured me.

"In Valdivino's as well?" I asked.

"Valdivino is not an Indian, but if you were to search, you would find some *ioco* in his hut too..."

At one time there were many legends circulating about the narcotic plant *yaho*: the Indians demonstrated that after drinking a solution of it, they felt a change come over their minds and experienced a rare ability to concentrate. They witnessed events, at which they had not been present and could not possibly have seen before. Yet these events had indeed taken place far far away and at the same time as they had witnessed them while under the influence of *yaho*. After drinking a cup of *yaho* sometime had seen the death of a person close to him while in his drug-induced trance and later it turned out that the person concerned had indeed perished at that time. When game for no apparent reasons disappears from the vicinity of a particular village, the village sorcerer himself takes a draught of *yaho* and he then has a vision of those places where the game is hiding and can without fail after that lead his tribe there. Researchers have not yet succeeded in demonstrating the telepathic properties of *yaho*, but it is highly likely that the alkaloid contained in the plant has an impact on the nervous system calling forth incredible hallucinations.

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Yet, despite everything, the coca leaf is still the unchallenged king of the plants with medicinal properties in the Amazon basin. Its cultivation in the Andes began 2000 years prior to the formation of the Inca empire. In the Gold Museum in Bogota I had been struck by the Ancient Indian gold vessels in the shape of human faces with one swollen cheek on display there. I had thought, perhaps, that the sculptors of that society had been making fun of their contemporaries. Yet now I am well aware that their work is of a highly realistic kind: they were surrounded by people who were constantly chewing

small balls of ground coca leaves mixed with lime. That powder tones down the bitter taste and helps the plant exert its stimulating effect on the user. The tribe got hold of the lime by burning on their fires the bones of slain animals or shells that had been cast up on the river bank. Every man had a pumpkin bottle with him, known as a *poporo*, which contained the powdered lime and a thin stick for taking powder out of the bottle when required. After rolling a coca ball in their mouth and sucking out the surplus juice the Indians would feel how their cheek and tongue turned slightly numb and then would come a hint of the euphoria experienced when cocaine is taken internally.

The legends of South America trace back the origins of coca to the God of the Sun. The most earth-bound version of the story refers to Manco Capac, wife of the Fourth Great Inca: this bewitching woman of loose morals was executed for her depravity, her body was then cut into pieces and thrown east of the Cordilleras. The sinful remains of Manco Capac sprouted into luxuriant bushes, whose leaves brought men a sense of happiness and became an object of veneration. The Indians worshipped not only the plant itself, but also the patches of ground, which nourished it with their juices.

Today the use of coca still goes hand in hand with special rites and ceremonies. I have been told that tribal festivals during which psychotropic substances are used presuppose not only that the imagination of those taking part will be stimulated to a feverish level by alkaloids, but also that there will be public supervision of the degree to which the drug is used, the state of health and the behaviour of each individual involved. The tribe itself lays down the rules for the use of substances, paying little attention to official state policy aimed at rooting out the use of coca altogether. In our day more and more ethnographers are inclined to advocate a gentle approach to the surviving rituals of these traditional societies. Of interest to me by then was a chance to hear from the lips of one of the flourishing leaders of an Indian tribe how he would interpret the history of coca and the way it is used.

“Be patient till this evening!” said Valdivino standing in the bows of the boat. According to his calculations, by evening we should reach the Huitotos tribe, which lived on the north bank of the river. He knew the tribal leader, but there was no guarantee he would be in the village, for at times he would set off in his canoe for the tributaries of the Brazilian stretch of the river between the Amazon and the Cocita rivers to visit other members of his tribe. During the rubber boom, when crowds of booty-hunters flocked to the Amazon forests, the Huitotos who used to live in glades of rubber trees would be caught by the newcomers who then used to sell them to each other.

When you are lying on the bottom of a motor-boat flying along a river without a soul in sight and can feel through your back the rhythmic but strong beating of the waves against the craft, it is easy to forget about absolutely everything. It is a wonderful feeling as you empty your mind, feeling like the king of the world one moment and a helpless blade of grass being whisked from one cosmic sphere to another the next: this is what shamans must experience as they easily make the transition from the real world to the unreal one. You are carried aloft over mystic space, uttering silent prayers to the deities above as your body turns into one awe-struck eye imbibing through its dilated pupil the whole of the world floating past overhead. Only the cold drops of water falling on to your serene face wake you out of your sweet slumber every now and then.

Perhaps it is only in outer space that colours can be as bright, as delicate and rippling as they are during sunset over the Amazon. In the darkness it is almost impossible to make out the edge of the tropical forest above the dark water: the tributaries and islands

can only be guessed at in the shimmering air, but the sky is already flushed with purple. Before you can gasp for breath purple gives way to pale pink crimson and then the whole sky is drowned in gold before the vault of the heavens is decked out in a blinding, majestic silver. It is difficult to imagine how the small islands protruding from the water can give life to such luxuriant vegetation.

“Orlando, “ I asked: ”Have you tried any drugs?”

“Some tourists gave me a marihuana cigarette once”.

“How was it?”

Orlando kept his right hand on the steering wheel and stared in front of him keeping his face shaded by the brim of his straw hat and without looking at the splashing water on either side of the boat.

“Orlando, do the boys at Manuel’s school do drugs?”

“Ask him”

“No,” said Manuel,” but I have drunk beer twice”.

As we approached the green wall of vegetation a small glade came into view with tree-like ferns, rubber plants with mighty trunks and palms with enormous feathery branches up to three metres long. Only the orchids twined round the branches of the trees and the pale-pink ‘gramophone flowers’ which can be found on wooden fences in Kyrgyz villages, offer relief from the impression that we have been abandoned on a strange planet. An untrained eye would find it difficult to pick out individual plants in this riot of vegetation. There were storks flying low over the yellow stems of the reeds on the shore, who were frightened off by some young Indians in a canoe when they changed places without putting down their rods. As they sat there waiting, they watched their floats for any movement in the water stirred up by a crocodile’s tail.

Valdivino pointed out to me some trees used as a source of medicine in the thickets on the island: they were a source of ‘kina-kina’ from which the Indians make a Peruvian balsam, the *pucheri* plant whose seeds are useful for treating dysentery and *cascarilla* which can help cure fevers and yet more unique plants in the South American natural pharmacy. Among the trees there were some *cinchona*, whose bark is ground down to make what is known as ‘Countess’ powder’.

“Countess Cinchona”, explained Valdivino, to be more precise.

According to legend Countess Cinchona, the wife of a Spanish governor in the Amazon basin, had fallen ill with a tropical fever. An Indian servant saved her life, by persuading her to take a powder made from the ground bark of this particular tree. The Countess duly recovered and the tree has been known as the *cinchona* ever since.

Valdivino was more like a walking encyclopaedia than just a guide! The previous night I had been struck by his knowledge of the river. In the silent darkness all the more striking because of the sparkling of green glow-worms, we set off to hunt crocodiles. Valdivino stood in the bows, with one leg in front of the other, and stretched out his right arm, in which he was holding a torch so as to give signals to Orlando with the long beam shining on the water. In the daytime the crocodiles crawl out of the water in places out of reach of people and then at night they conceal themselves in thickets keeping just their gleaming red eyes above the water as they wait motionless for their prey. When they hear the roar of a motor-boat at night, they do not move, since they are quite sure that the prey will walk into their jaws. At a distance of some 150 metres, Valdivino picked out two glowing eyes. At a signal from him, Orlando turned off the

engine and the boat then made its way noiselessly following the direction of Valdivino's beam. Then a splashing was heard and before I could realize what was happening there was a splash and at the same time Valdivino quickly bent his body forward and with his left hand hauled in a cayman some 50 centimetres long. The baby crocodile did not wriggle or resist but surveyed us calmly, as if it knew in advance that the strong fingers gripping its neck did not threaten it with any danger. After letting me take as many photographs as I fancied of him with the catch in his arms, Valdivino let the cayman back into the water.

That night by torchlight we caught piranhas using a fishing rod. I was given a rod as well with the same bait on the end that Valdivino was using, but the piranhas all swam round my hook and only took Valdivino's bait. It was almost as if the fish and reptiles of the Amazon knew Valdivino by sight and were doing him a favour as a friend. After taking a piranha off the hook Valdivino showed it to me and then threw it back into the water. These fish came in various colours – white, black and red, but in this particular creek there were only mottled ones. With a good deal of caution I stretched my hand out to touch the fish that Valdivino was clutching in his hand. It was difficult to imagine this drab-looking fish being a terrible predator capable of swallowing anything living which it encounters. Valdivino lifted the piranha up to my ear and I heard sounds very similar to a child's crying. It would seem that not all fish are silent creatures after all!? With his free hand Valdivino pulled out a knife from a sheath attached to his belt and opened up the lips of his prisoner. I caught sight of jaws very similar to human ones, just smaller and I heard the gentle clacking of the sharp little teeth against the metal.

Valdivino went on to tell me of an incident which he himself had witnessed: Once I and my friends were swimming in the river. We were about 12 or 13. My friend José climbed up into an acacia tree, jumped into the water, knocked himself on underwater root and the scratch on his upper arm began to bleed. The water began to turn red and piranhas came swimming over, attracted by the smell of blood. Once we realized what was happening we threw a rope into the water two or three minutes later, hoping to save José but all we pulled out was a white skeleton and a few pieces of skin from the palms of his hands and his feet. There were so many piranhas that while we were pulling out the skeleton, the swarm of the creatures was still gnawing at the bones. Poor José! I watched in horror as the little fish crept in and out of the eye sockets in José's skull.

We sped on along the Amazon the greatest of all great rivers, along whose banks the coca grows.

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Before we reached the Huitotos, our boat drew into the bank twice. In a glade in the rain forest Indians of the Yaguas tribe were living in huts covered with palm leaves. The first time we stopped we found ourselves surrounded by a crowd of semi-naked, excited people, who suddenly seemed to emerge from nowhere and who were chattering away without stopping. Before we had time to recover from our initial surprise our faces were being decorated with red stripes like the ones which adorned the Yaguas themselves. When I took a look at myself in the mirror later I caught sight of my eyes peering out a terrible, unrecognizable face. The word 'Yaguas' denotes a 'loin-cloth' and that is how the people of the tribe refer to themselves: there were over two hundred of them in this particular village. Not long before the village had still had a sorcerer living in it: after his death the leader of the tribe decided that people who fell ill would be sent to the hospital in the local town of Leticia, which involved a journey in a dug-out canoe that took 5-6 hours.

Among all the medicinal and narcotic substances accessible to them the one the Yaguas prefer is *ayahuasca*. When I asked if it was only used during festivities, the villagers shook their heads and then began explaining – interrupting each other as they went – that the opposite was true. Every time – particularly at the end of the month – when *ayahuasca* is brewed which involves the addition to the cauldron of some bark from the *tobe* tree, people help themselves from the cauldron with their mugs and then they start to dance together, with their souls flying heavenwards by then, penetrating other worlds. That is what they would call a special occasion. These soaring flights of happiness would last for an hour or an hour and a half, till all the happy revellers had come back down to earth by way of their rainbow straddling the Amazon.

We were taken off in different directions by villagers keen for us to buy some of the handiwork of the local craftsmen – small wooden blow-pipes complete with a quiver made of wood and fine arrows with sharp points made from piranha teeth. Next to the path two posts had been set in the ground and a rope had been fixed across them on which wares had been hung up for display: skulls of small animals, necklaces made from the fruits of tropical plants and the vertebra of a fish (to protect women!) and a black and yellow toucan beak (“to enhance male potency!”). All we had to do was choose.

In the village itself there were no coca bushes, but a path led off in their direction. Valdivino warned me against losing time following it, since the Huitotos used to grow it in all their gardens.

An unforgivable blunder on my part was an attempt to bring out a handful of sweets from my pocket and give them out to the children. Suddenly I found myself at the centre of a swarm of screaming, shouting, guffawing children all pushing each other grabbing at my arms and almost pulling them out of their sockets. Then the adults started grabbing at my arms. My shirt was torn and I do not know what would have happened to me if Valdivino had not come rushing up to the rescue. He insisted they all take a few steps back and, fortunately, there were enough sweets to go round.

Twenty minutes later we had reached another settlement of the Yaguas. Here there were wooden buildings, a school, concrete pavements with plank benches on them and even a football field. The houses had electricity and running water, which the villagers could drink safely. We sat down with the village elders on a bench in the shade of a banana tree. From their accounts it emerged that they also used medicinal plants when people fell ill. If a child had a bad cough, the parents would bring him red canna flowers, crush the heart of the flower to make a powder and pour water over it. The resulting drink helped those suffering from colds. When people had headaches they would use the leaves of the *mucura* bush: an infusion made from these leaves would then be poured over the patient’s head and the pain would pass. The people here used to chew coca leaves: they would mix them with leaves from the *yaruma* tree and obtain a highly effective analgaesic and psychotropic medicine they called *vairuro*. “Look at the little girl over there”, Valdivino whispered to me.

A young girl of about 12 was standing in the crowd of youngsters but slightly to one side of them, too timid to go up to them until the elders had finished their conversation. She, like all the others, was wearing a loin-cloth and bark bracelets round her wrists and ankles. Valdivino had known the girl and her family previously and later when we were back in our boat and had left the village behind us, he told me about the rite of initiation into womanhood she had recently had to experience. When she first began to

menstruate, the father had locked up his daughter in a shed or *turi* for six months. She had not been allowed into the village during that period and had only been able to communicate with two or three old women who had explained to her how she would have to behave with her husband, how she would recognize that she was pregnant, which plants she would need to treat various diseases and other pieces of wisdom, without which it would be difficult for her to be a beloved wife and caring mother. During those six months while the young girl was being taught about life, her father had been working in the fields so as to save up money to celebrate the return of his enlightened daughter. The medicine men in the village presented her to the Moon and to Darkness and solemnly handed her a branch of a tree, which from then on would be her guardian. They also pointed out the animal, which would be her personal totem and protector. For three days the village had celebrated the return of the initiate. Her relatives (grandfathers, grandmothers, uncles and aunts) pulled tufts of hair out of her head in front of the assembled guests, until her head was bare. She was then placed on a litter and carried down to the river. If the girl had already had a betrothed, he would have gone down to the water after her and then carried her back home. Since she had not yet been promised to anyone, her triumphant father carried her back into his house.

According to the laws of the Yaguas, if a husband is able to support them he can have more than one wife. Divorce is not accepted and the most shocking act for the rest of the tribe and one that is more terrible than theft or murder is betrayal of a husband or wife. When a married woman is found having a liaison with an unmarried man, both of them are tied to a pole in the middle of the village and then leather straps are laid down beside the pole. For three days everyone who walks past hits the lovers. The husband of the faithless wife would do this with particular energy, even though one arm was occupied with carrying their small baby. It is hoped that the husband behaves in this way not because he is cruel by nature, but so as to avoid losing face in the eyes of the rest of his tribe by going against tradition. At the end of the third day the village pushes out a wooden raft into the river after tying the lovers on to it with their hands tied as well. The woman by then would have been marked out with a cut in her upper lip and her lover by one in his ear. The raft is pushed into the middle of the river and the pair is condemned to a grim death. If the raft happens to be cast on to the bank where there is some kind of settlement near by, the tribe will recognize from the cuts in lip and ear what crime the couple is being punished for and they will push the raft back into the river. On this journey of death the lovers will be accompanied by crocodiles and birds of prey. They will float down river until they draw their last breath. There is nowhere from which they can hope for mercy.

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At four o'clock in the afternoon we sailed into the village of the Huitotos. The chief of the tribe Hitoma Safiama (meaning 'all-seeing head') was a bony-looking Indian aged about 60, who invited us into a round building roofed with palm-leaves. There would have been room inside for the whole village, but when we went in there was not a soul to be seen. We were given seats on blackened logs arranged round half the circle formed by the walls, which were made out of thin posts. Suddenly the chief disappeared. While he was gone we looked at the wooden posts holding up the roof and the crisscross pattern of the soot-covered beams arranged between them. On the earthen floor there were clay jugs, wooden cups, a bowl with a tall pestle for grinding plants and grain and a trough made from a dug-out log, which was clearly designed for the cooking of shared meals. As Valdivino explained, this building – the *maloca* – was the main building of the Huitotos village. It was the place where the whole village could assemble, celebrate festivals, welcome rare guests or bury their leaders.

“In that corner in two clay barrels sleep the father and mother of our host” Valdivino said pointing into the semi-dark portion of the *maloca*.

In the Amazon basin there are 42 Huitotos settlements with a total population of 25,000. At one time their numbers were far larger and villages were built near to each other. The men used to harvest rubber for the “Casarana” company but in the 1920s army detachments forced the Huitotos to abandon their villages and burn their huts. The refugees settled again where they could and often found themselves far away from other villages of their tribe. Two thirds of the Huitotos did not survive this uprooting. They died in the forests and beasts of prey continued for a long time afterwards to find them easy victims. In this village there were 78 people: 20 men, 30 women and 28 children. “We have survived, because we did not forget our traditions,” the chief explained to me later. “If we had remained in the western world, we should no longer be alive today...” For the Huitotos the Western World, which they come up against, was the rubber company, which has long since gone bankrupt.

Fifteen minutes later the chief came back. I could only just recognize him: on his narrow chest he wore a necklace of tusks (as I later found out these were the tusks of wild boar he had slain). On his head there was a majestic tall crown worked in beads and decorated with feathers of the Amazon parrot. The chief made a serious dignified figure. Although power among the Huitotos is hereditary, tradition demands that it should not automatically be passed down to the eldest or youngest son, but to whichever of them is best versed in the customs of the tribe’s ancestors and abides by them. Our chief had 12 children and he had made a point of instructing them all in their traditional culture.

I shall now reproduce his monologue, as I managed to understand it from Valdivino’s translation:

“The *maloca*”, announced the chief, stretching his arms out wide,” is the first dwelling, which appeared in the World after the Flood. It was erected by a messenger sent down to the Earth by our Father and Great Ancestor, so that mankind might be reborn. In each Indian village there is a *maloka* as a reminder of the origins of all that is living.

The *maloca* echoes the structure of man himself and his habitat: it is round like the universe and has four Poles. The crossbars beneath the roof – the chief went on – are our spine and collar-bone. We bear everything on our shoulders and here every corner fulfils the role of a shoulder. The gaps in the beams are our two eyes, two ears and two nostrils. The inner part of the structure is like the belly of our common mother. This is where the Huitotos give birth, grow up, rest, sleep, eat, learn and study. This building serves as school and place of worship.

Near each Pole special symbols are carved into the wooden post. Here there is a woman with a fish’s tale (a nymph), whom the Huitotos honour as Mother Nature; Her bare breasts are complete with red nipples – fruit on which men and women may feed. On the other post opposite there is the figure of a tortoise – symbol of all that is unhurried. If, for example, a tree has completely outlived its usefulness, there is no need to chop it down, since tomorrow it might come in useful. Next to a third post there is a crocodile, symbol of the balance in life. If you suffer from evil, hatred, vindictiveness, you can always with his help always call forth different emotions, capable of restoring balance. The fourth post has a carved anaconda elegantly wound round it – the female ancestor of Nature in the world of the Amazon: she is also the source of strength and the flame of the spirit. What the chief said next I made a point of writing down: “From this we draw human warmth, which we pass on from one to another in our common

endeavour to protect Nature. Nowadays we ask another race and another culture to help us preserve our home and our Nature”.

By now the chief is most likely to have already been rolling a coca ball round his mouth: he seems slightly agitated and is reinforcing his words with gestures. After starting to smoke a pipe he moved on to the subject of coca leaves.

“For us coca is a book of wisdom and knowledge. It is our bible, our law, our rule for life. It is our spiritual wife and mother. Together with coca we ponder over the Father-Creator, who guards both us and the Universe. Anyone can come and live here: here we shall prepare coca, learn together and talk to each other, remembering the past, singing and dancing. This is how we give thanks to the Father-Creator and Mother-Nature. Coca is not entertainment but a way of driving out evil spirits and healing disease. This is why we sing and dance. If we have a good harvest we come together and give thanks. If the harvest is only small – then we come together and ask for help. If we have problems we come together and discuss them. We call coca *bivna*, which means ‘your master’ or ‘your sense organ’.”

“What do you mean by that?” I asked incredulous.

“When a man sleeps, coca protects him and wakes him in a moment of danger. It helps him to foresee things, to recognize things and to avert disaster. This is why we exist in the world.”

“And what does tobacco mean for you?”

“It is the companion of coca: it is of the male gender and brings power. Coca is the feminine principle and the source of our wisdom. Tobacco and coca complement each other.”

From Hitoma Safiama we heard a new version of the origin of coca. After the Father-Creator made mankind, he thought about a race which had no written language and whose members were only able to communicate by word of mouth.

He decided to leave them his book of a special kind - the coca leaf.

“We take this leaf into our mouth”, at that moment the chief rose from his log seat and put a green coca leaf into his mouth:” we hold it on our tongue, with its help we speak, we gain knowledge and we learn to understand. Yet where did the Father-Creator find this wonderful plant to bestow upon us? A daughter was born to the spiritual leader, sent by the Father-Creator to Earth after the Flood. She grew up and one day she planted the hairs from her head like seeds into the ground. The hairs grew and turned into bushes. ‘Look’, she said to the spiritual leader, her father:’ With their help you shall be able to destroy all evil and to preserve all that is good’. At that she herself turned into coca powder.

“This is why at our ceremonies we say to Coca – you are my daughter, my wife, my mother. This is also the reason why only men have the right to chew coca...”

I asked the chief about how they prepared coca leaves.

The chief thought for a moment and then replied: “The Huitotos know how to prepare coca leaves so that they should be a kind companion through life. We dry the leaves slowly over a small flame, then we grind them down in a mortar to turn them into dust and then we mix the dust with ashes of bark from the *yaruma* palm. The *yaruma* bark makes the coca sweet and heightens the fantastic pictures that come forth in our head. We keep the mixture in a pumpkin or some other vessel – a *poporo*. From the *poporo* we take the powder out with small sticks, put it behind our cheek and mix it together with saliva. Then we ponder, talk together and punish the guilty... This sets us free from

thirst and hunger, strengthens our spirit, protects us from the cold and heals our ailments.

We do not only chew, but also make infusions from the coca leaf. These help us against diseases of the heart, the stomach and the throat. Coca preserves our strength and protects us against wicked thoughts. This is why the Huitotos live long lives. My father lived to the age of ninety. In the places where no coca grows, the Indians' lives are shorter."

"In our country the opposite is true," I noted." Those who use cocaine do not live as long as others"

"People of the western race add chemical substances to the green leaf and obtain a white powder. They lose the ability to think. They only think about themselves, while we think about the whole tribe. We resolve conflicts with coca and set ourselves free from hatred. When we concentrate our thoughts with the help of coca we are able to speak directly to the Father-Creator. The Huitotos know that Green is the colour of Nature and Creation: white is always the colour of destruction. One is natural, the other is artificial".

"Are their diseases against which coca is powerless?" I asked.

"Some diseases are natural, while others are what we call '*postis*'. They are the result of spells. Natural diseases, those that stem from Nature, can be cured by coca, but it is impossible for anyone to be set free from *postis* without a medicine man or the Chief. The Chief has to know everything. Both men need to try extremely hard to determine the nature of the disease and to overcome the spell."

"When people take coca, do they not become aggressive?"

The Chief did not understand the point of the question.

"Why should they,?" he asked.

"Cocaine is, after all, a very powerful stimulant".

"But we do not take cocaine! What we use is the leaf of the divine coca – it only calms us and gives us strength. I do not know of a single case and never heard about one from my father or grandfather, when a Huitotos attacked anyone."

Twice a year this chief used to summon all the men of the village to the *maloca* to share coca together in a special ritual. The reason for this may be the fact that a sudden inexplicable apathy has come over the members of his tribe or at least some of them: this happens from time to time. Yet if the general mood in the village is a good one, if hunting is going well, there are plenty of fish, manioc and sweet potatoes, this can also be a reason for the chief to gather together his people for a festival of thanksgiving. Women and children will be present at the ceremony, but they do not have the right to chew the Leaf. Boys are allowed to take a coca ball into their mouth from the age of fourteen. On ordinary days, as opposed to festivals, people chew coca every three hours after placing 2-3 teaspoonfuls of the mixture consisting of coca leaves, lime and *yaruma* bark behind their cheek.

In the village there are no coca plantations, but in almost every family plot ploughed for manioc and sweet potatoes in glades cleared from the forest, where people gather to plant fruit trees, they also plant coca bushes. In this way they seek to make up for the damage which they inflict on Nature. Next to almost every hut two or three bushes are growing, the leaves can be picked all year round but this task once again is strictly a male preserve. The Huitotos on principle do not make cocaine, and would be even less inclined to do so for sale to others, unlike certain other tribes in Colombia, Bolivia and Peru.

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Now I should like to recall a meeting which took place three weeks later in the Colombian town of Medellin on Asocar Street in a six-storey building known as Monaco House. Until quite recently this had been the residence of the drugs baron Pablo Escobar and his family, but now it houses the National Centre for the Treatment and Prevention of Drug-addiction. This was the scene of my meeting with Glades Maria Piraso, an Indian nurse from the settlement of Lerido near Admero. Quite recently that town had been transformed into little more than an ash-tray by the sudden eruption of the nearby volcano which engulfed it in red-hot lava. Her patients are the children and grandchildren of the Indians who survived that catastrophe, people who have been traumatized and then turned for comfort to drugs.

In the area where Glades Maria was born, two types of coca plantation existed: traditional Indian ones and commercial ones set up by people who came to the forest to make money. The newcomers had vehicles and new technology, while the Indians were still picking the leaves from the bushes by hand, just as they had been doing a thousand years earlier. For the production of cocaine the leaves were laid out on sacking and then weighed, to make sure that other substances should be added to them in the correct proportions. The measure of weight the Indians use is an *aroba* (approximately 13 kilos). A kilo of salt is used with every 4 *arobas* of coca leaves. The same salt is used as that which is given to domestic livestock, but not eaten by human beings. The leaves mixed with salt are then crushed by people stamping on them with their bare feet and then they are packed into metal barrels. For five days the leaves and salt mixture is stirred with a stick and some benzine is added. This is then left for another 3-4 days so that the mixture should absorb as much as possible of the liquid fuel. The leaves are then taken out and the liquid squeezed out of them, like washing before it is dried. The liquid in the barrel settles, until the very last leaf has sunk to the bottom and on the surface by then there will be congealed benzine with the appearance of milk. This is then poured into a clean receptacle, without any traces of fat, then chemicals are added and once again the thick congealed layer is skimmed from the liquid.

I wrote down Maria Glades' account of the production process:

"I have been able to observe this process many times, but never the final stage. That always remains the artisan's secret. The only thing I have seen are the solutions of hydrochloric acid and ammonium which are used for this stage. The green mass is dried in the sun or on large flat pans but carefully so that the powder is not over-heated. A casual passer-by might think that the whole village was preparing to bake flat loaves. The Indians in the towns have learnt to make coca 'flour' but they do not know how to crystallize it. The business-men buy up the flour-like mass from them and then using their equipment process it chemically there and then. They take a teaspoonful of the powder, heat it over a flame and, if liquid appears in the spoon which resembles sunflower-seed oil, they dip in a finger and then smear some over their wrist. If the liquid on their skin then turns to powder again this means the quality is good and worth buying. They will pay \$1200 for 500 grams of the powder."

For their own consumption the Indians in Colombia make cocaine in almost exactly the same way as those from the Amazon basin mixing crushed leaves not with benzine but with lime or ashes. After gathering round in a circle the tribesmen pass round a vessel containing coca from hand to hand: each person dips a finger into the powder, smears it over his tongue, senses the rush of new-found strength and then begins to move energetically. Our nurse's patients take cocaine by mouth and their reaction to the drug is completely different from that of those who sniff or inject. They do not suffer from an addiction, from which they cannot break free. Almost every man who sets off to work all

day in the fields has a bottle of coca hanging on his belt: these Indians feel a rush of new energy.

Nowadays Gades Maria is working with patients who are using two or three drugs in all manner of combinations: usually alcohol, marihuana and cocaine, but sometimes *basuco* comes into the equation as well. The clinical picture the patients present with is not the sum of the effects of each of the drugs: it depends on the interaction of the various substances involved. In Russia and Central Asia 'cocktails' of this kind are rarely encountered and it was interesting for me to learn about the experience already gleaned in the treatment of these 'poly-addicts'. It is usually particularly hard for a doctor to find a common language with a patient of this kind: their behaviour tends to be aggressive and this aggression frequently goes hand in hand with severe psychiatric disorders such as depression, anxiety and hallucinations. Treatment for out-patients is usually planned over a period of 6 months (involving two sessions a week). This is the minimum period needed before a patient can be regarded as for all intents and purposes drug-free. The treatment is paid for by the state from medical insurance funds, which also cover the expenses incurred while such patients are in hospital up to a specific limit. If a patient needs to stay in hospital for more than the specified number of days covered by insurance funds, he will have to cover the additional cost. A month in hospital usually costs 1,200,000 pesos (approximately \$900). From the poor only 5-10% of this is sum is demanded.

All this I was to discover a fortnight later, but back in the village of the Huitotos, after my conversation with the Chief, I followed him through the village past the huts round which the green coca bushes were growing. With the Chief's permission I broke off some leaves from one of the bushes together with him. We then returned to the *maloca*, ground down the leaves with a pestle and mortar, took some lime out of the pumpkin vessel with a small stick and then rolled it into a ball with the crushed coca leaves. Following the Chief's instructions as I went and following his example, I tucked the ball into my cheek and tensed all my face muscles so as to extract at least some kind of pleasurable sensation from the lump moistened by my saliva which smelt of fresh hay. Even after 10, 15 and 20 minutes I felt nothing except a bitter sensation in my mouth and with a painful grimace I spat the ball out into the grass much to the amusement of the Indians, who by now were falling over themselves with laughter. I may respect other people's traditions, but have to admit that my body prefers those it is used to!

When I had taken the crushed leaves out of the mortar and looked at the powder in the palms of my hands I thought to myself of the amazing transformation that comes over this innocent drab-looking plant on which a powerful modern industry has been built up embracing whole continents and with a turnover of thousands of millions of dollars that is the focus of attention from the criminal world, statesmen and the police world-wide.

For Hitoma Safiama and his ancestors going back countless generations the coca leaf, however, still remains an important part of their culture – religious, ritual and medical [4]. The Spanish conquistadors initially banned the local population from chewing coca leaves, but once they had become aware of their stimulating properties, not only did they lift the ban but began themselves to supply the Indians with coca, above all those who were working for them in the gold and silver mines.

As if had been reading my thoughts, the Chief went on with his explanation: "For a thousand years we have been chewing coca leaves from the bushes that grow by our huts and, as you have seen for yourself, there are no sick people in the village. The

Europeans simply do not know how to mix the dried leaves with the powder of crushed shells or how to hold a coca ball in their cheek and suck it. I have heard that they sniff it, smoke it or pour it into their blood with needles...Savages!" I should have liked to stand up for Europe, but there was nothing to find fault with in what he had said.

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Before we returned to Leticia on our motor-boat in order to fly on to Bogota, I took out of my luggage a traditional caftan of red velvet trimmed with traditional designs from Kyrgyzstan and put it round the shoulders of Chief Hitoma Safiama. He obviously liked it very much and hurried off to show his new acquisition to all the villagers. Then he took his feather crown off his head and placed it on mine. The laughter of all the Huitotos crowding around us made me realize how ridiculous I must have looked. This crown I know will always hang in my house in Bishkek and it will remind me of the happy days I spent with my new friends on the banks of the Amazon and of the amazing encounters which added to my knowledge of the Indians and coca leaves.

A few hours later our boat was moored at the plank landing-stage in Leticia. There was a row of stalls along the bank shaded with awning and all manner of snacks on sale, from which the smell of pungent eastern spices wafted through the air. Here I had to say goodbye to my friends from the Amazon basin – Goodbye Valdivino! Goodbye Orlando and Manuel! I shall never forget the feeling of freedom and happiness, which your river gave me. At difficult moments of my life in the future, when despair and hopelessness set in and I feel like giving up, I shall think back to your swarthy faces lit up by the rising sun over the river. We shall smile at each other again and I shall find the strength to soldier on.

The boat with my companions on board pulled out from the bank and faded into the golden haze. I waited until they had completely vanished from sight, picked up my travelling bag and hurried to the small local airport. There were only thirty minutes left before take-off to Bogota.

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Chapter 11 – THE CARTELS OF COLOMBIA. BEFORE AND AFTER PABLO ESCOBAR

A Conversation with drug-dealer Patricia – “Bottom of the Pile” in the Cappuccino District – Patients of Maria Isabel – *Basuco*, South America’s drug – Colonel Nunez Nunez: “We’re wasting time” – Talk about the Russian Sub-marine, but no-one has seen it – the Cali Cartel and the “Solntsevo Group” – By the Grave of Pablo Escobar

“You must go to the Gold Museum” my Colombian friends in Bogota insisted. I tried to stand up to them: in the short time available I had to meet up with a large number of busy people engaged in work, which although not as pleasant as the golden treasures, was very important for me.

“You don’t understand what you’re saying!” they said, dragging me off to the museum.

We walked up marble staircases, stopping as we went to look into the showcases lit up from inside, where Inca gold was glistening. I did not need to ask my companions what the link was between these treasures and my interests. The museum’s first exhibit, discovered in 1939, was a gold *poporo* – a jug-shaped vessel with globular protrusions in its neck. From this vessel Kimbai Indians used to keep lime for chewing with their coca leaves. There was an endless succession of vessels – some of the tribes had fashioned infinitely resourceful and imaginative gold vessels for preparing cocaine for chewing: one in the shape of a seated man with his arms clasped round his knees, in the shape of a beautiful head with jewellery round the neck, in the nose and ears, in the shape of totemic animals – a jaguar, birds, a snake a frog... This was all ‘tribute’ to the sacred plant, which has been the object of respect since times immemorial. The coca leaf, which quenches thirst, satisfies hunger and cures disease, also helped sorcerers find out the secrets of the world of mysteries and to foretell the future. My companions had been right after all: it was important to have seen these gold-plated pumpkins and jugs of whimsical shapes, designed with the coca leaf in mind, so as once more to turn my mind to the origins of men’s worship of this narcotic plant in pre-Columbian America, which had played such an important part in their civilization. It was not the fault of the Indians, that men of a later age, after watching intimate rituals of the Indians, would turn their divine plant into an international industry.

“What did I tell you?!” Ivan Clavijo declared triumphantly, when he noted how overwhelmed I was by what I saw. This Colombian film-director had studied in Moscow in his youth and had not forgotten his Russian. He suggested that we should go for a drive together into the centre of the city that same evening. We wound through dark streets past prostitutes leaning against the walls of the buildings, past drug-dealers peering at the passers-by with that special look of theirs. Ivan parked his car in a well-lit spot, so that it would not be stolen and we set off on foot.

In the San Antrasito district there was a girl shifting from foot to foot with a bag over her shoulder. “Marihuana?” enquired Ivan. The girl said nothing. “Cocaine?” Ivan asked in a quiet voice. “*Basuco*” came the girl’s answer. “In ten minutes you can have the other too”. “What’s your name?” Ivan went on. “Patricia” she replied. We watched Patricia walk over to a group of young men and then she disappeared into a doorway. A few minutes later she came back, but this time she had a different bag over her shoulder. Two men from the group of her friends walked over in our direction, looking away from us but obviously listening closely to all that was said.

It was clear that the girl was not going to start talking until she had made sure what our real intentions were and I bought a portion of marihuana – 7 cigarettes for \$4.5 (6000 pesos), enough *basuco* for one cigarette (\$2) and a dose of cocaine for three (\$8) – those were the smallest amounts she had. After putting the money away in her bag and making sure that talking to us would not be dangerous, Patricia indicated she was ready to talk. She was 21 and her husband was in prison as an accessory to murder. There were not as many customers about as she would have hoped. This trading brought her in about \$50 a day: she actually earned more, but then every evening she had to give the local policeman \$20.

I pictured the globe to myself with night-time cities all over it, each with its Patricia and thought how policemen would always flourish if there were women like that for them to milk.

Ivan told me about the street named El Cartucho in the Cappuccino district, where there was a whole camp of drug-addicts – some 5000 men and women. They would stand round fires to keep warm, roam about among the local dustbins and rubbish-heaps looking for anything they could find to eat or wear, which they would then pack away into sacks and sell to each other or exchange for drugs or weapons. They are known as the “Useless Ones” and they are like the *clochards* in Paris or the *bomzh* in Russia. During the rainy season people let them into the doorways of the neighbouring houses for 100-200 pesos a time. When one of them dies or is killed during a skirmish in the camp, his or her friends collect between 5 and 10 thousand in the streets for a coffin and for the owner of one of the nearby houses, so that he will let them bury the deceased in his garden without the authorities knowing.

Real drugs in that camp are a rarity: the usual ‘fare’ is glue, lighter-fuel, nail-varnish, hair-spray, insect-repellent, cleaner fluid. In the slang of the “Useless Ones” these toxic substances are referred to as “fresheners”, “cloakroom”, “medusa”, “moon-eye”. In the countries of Western Europe or the US these easily accessible industrial household products are used by children and young people. They are very highly concentrated and tend to drain the lungs of oxygen, put pressure on the nervous system and damage the brain. When they have no substance to hand addicts used to toxic substances become irritable, depressed and prone to sudden bursts of aggression.

I had not seen addicts like this before and in such numbers. The realization that I might well not come across such a camp again on my travels led me to ask Ivan to set off to that district. I appreciated why he was trying hard to warn me off the idea, but I went on asking, pointing out that if we just drove past the camp at a low speed without stopping the car nothing would happen to us. Ivan knew his city better than I did and did not succumb to my persuasion tactics.

A few days later another Russian working in Bogota, whom I had met through friends, agreed to drive me past the camp of the “Useless Ones”, although he was far from enthusiastic at the prospect.

The street was half dark: in the light of the street-lamps we could see a square dimly lit up by bonfires. There were people sitting all over it or lying or standing with hardly any room between them and clothed in little more than rags. Our car drove past, slowing down a little as we went, so that I could take a closer look at the unshaven, often moronic faces. I could see shaking arms stretched out towards the bonfires. Many people were excited, one was staggering about, another was trying to tap-dance in his

torn sandals with his hands stuffed into the pockets of his torn trousers. Almost all of them were talking to others around them and many of them angrily.

Suddenly we heard shouts, it was as if a sudden gust of wind had swept up the inhabitants of the square and pushed them over towards us. There were people running towards the roadway, grabbing cobblestones as they went and then, without stopping, they started throwing them at the car. Hunched low into our seats, we heard the banging of stones as they hit the lid of the boot and the left side of the car. My friend, who had turned pale by this time, put his foot down on the accelerator and we only just managed to escape in time from the onslaught of these irate shouting people throwing stones as they chased us from behind. "Forgive me!" I said to my Russian friend from Bogota. "When you get back to Moscow or fly down to see me in Bishkek, if you like, I'll drive you one night down to the part of town, where homeless addicts will chase after us like that, brandishing stones and there will be dents in the side of my car too!"

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The Prometeo Centre for treating addicts was founded in Bogota on December 5, 1975 by the psychologist Maria Isabel Salazar de Lince. So far they have treated 18,000 patients. Maria Isabel appears on TV programmes beamed at the general public, the Colombians adore her, some men are afraid of her, particular after programmes about fathers of families who do not approach their children's problems with enough understanding, including problems of drug addiction. She is numbered among the most charming of Latin American women and my fellow-countrymen would find it difficult to grasp, if I had let slip the chance to meet her. Irina, a doctor from the Russian embassy and psychotherapist into the bargain, offered to translate.

Senora Maria came down regally from the first floor of the building to greet us. What an amazing world we live in, I thought to myself, when one and the same Colombian soil can bring forth a beautiful woman like Maria Isabel working to save drug-dependent patients and the largest cocaine business the world has ever seen led by Pablo Escobar, who has helped to multiply the number of drug-users on every continent. When only a young new graduate of the university, Maria Isabel had resolved to set up her own TV programme about the problems of adolescence. Wretched young people addicted to alcohol or drugs used to turn to her and she tried to help them. She sought an 'audience' with one of the country's most influential psychiatrists and asked what she should do. "D'you want me to be honest with you?" asked the experienced psychiatrist. "Learn how to show them the door", he said. "There is no way of helping them all."

Maria left the room in tears.

There were thirty of them at first – young doctors, social workers, nurses – who decided to support Maria and set up a centre, which would be run according to new principles rooted in national traditions. Colombians set great store by the family and family ties. For them words like Mama, Papa, Uncle, Aunt, Grandmother and Grandfather are resonant with meaning. Family is the crucial factor in any individual's environment – loss of the family's confidence or support is a bitter blow. Everyone needs to feel that he is loved and emotional warmth is something the Colombians are very good at.

They opened the Prometeo centre without any capital, but having already decided that their work would be based on the principle very unusual in those days for the ears of private entrepreneurs – help without profit. The Centre started taking in patients the

year when Pablo Escobar was already transporting cocaine in sisal sacks to Florida on ships sailing under the Panamanian flag and making his first millions.

Today it is the best known non-profit-making medical centre in Colombia providing treatment and rehabilitation for drug-addicts. The clinic is self-financing, the in-patients pay 2 million pesos (approximately \$1,500) a month and this money goes on paying staff and on buying medicines and technical equipment. The out-patient care is cheaper (a consultations costs between 20 and 30 thousand pesos). The revenues are ploughed back into treatment. The Centre does not and could not be making a profit, like the hospitals do, which charge 3 million pesos a month for in-patient care. The medical staff in the Promoteo Centre is hired by society so to speak: they work on the same salaries as public servants, but they take on voluntary commitments in the same way as their well-paid colleagues from private commercial clinics.

“A non-profit-making establishment has its advantages. We are given TV coverage free of charge (although not at peak times) and can also advertise free of charge in newspapers and magazines. People respect us, we are well thought of – and that is surely very important?” said Senora Maria.

While we were on our way to the wards, Maria Isabel found time to fill me in on the psychological background of the patients, which has to be taken into account when their treatment programme is drawn up. Knowing what a sensitive area family relationships can be for Colombians, the doctors involve close relatives and friends in the programme as well. For some of the latter there will be family therapy sessions, for others marriage guidance and for others sessions on communication problems. There are special seminars for parents, at which it is explained to them how their child is making progress, what instructions need to be followed and how he can best be helped when he returns home. When treatment is prescribed, the doctors have to take into account Colombians' perennial fear of injections: no-one knows what first caused this mass-scale rejection of syringes and needles and when, but this prejudice (which helps reduce the risk of transmitting infection for cocaine- and heroin-users) often causes headaches for doctors prescribing courses of treatment.

We went into the first ward. It contained two beds, a table with a telephone and table-lamp, a TV set and book-shelves. Sixteen-year-old Mauricio was the son of farmers and had started smoking marihuana at 14 on public holidays, and he had been taking LSD once or twice a week. The price of a tablet was between 8 and 15 thousand pesos. He started being subject to serious mood-swings and coming over aggressive, very unlike his former self. His father persuaded him to turn to Maria Isabel at the Centre. He had been here a month and was religiously following the doctors' instructions. I asked, if he was confident that he would now be able to stop taking drugs. “Not really...I don't think I really want to!” replied Mauricio honestly.

On the other bed was sitting Carlo, a lawyer from Bogota. He had started drinking at fifteen and used to drink 1 or 1½ bottles of whisky or *aguardiente* a day for 18 months and then it went up to two or three. The weakness runs in the family. His uncle had died from excessive alcohol, his father – the co-director of a printing works - was a heavy drinker. Two years previously Carlo had tried to combine alcohol with marihuana and ecstasy. That had made him lose interest in his work, his fiancée had left him and he had felt that all his former network of family and friends was disintegrating. He had been married twice and had two children from each marriage. He had tried to stop drinking, but had not been able to keep it up for more than two days. The law firm he worked for

had suggested he travel to France, allegedly for further training, but in actual fact in the hope of cutting down his drinking. He had been dreaming of that trip for so long! Yet in the end his health made it impossible for him to go. That was when he said to himself that Enough was Enough! He sold his car for \$20,000 and decided to use that money on treatment.” If I had not been drinking so much, I should never have gone as far as drugs!”

I then followed Maria Isabel down into the sauna. Patients spend a specially arranged period of time in it every day, sitting in temperatures of 100 degrees and sweating profusely. This also helps them cleanse their bodies from drugs as well. For the purposes of detoxification the sauna is used in conjunction with physical exercises and courses of vitamins. After their dose of heat the patients take a shower and then out in the garden they play chess, basketball or tennis: when they come back into the sauna for another session after that they take vitamin pills (increasing the dose each day). They spend a total of two hours in the dry hot air. The detoxification course is designed to take three weeks altogether.

Not long before I left for Colombia, together with my colleagues in Bishkek I decided to include sessions for expelling drugs from the system with dry hot steam as part of the detoxification programme in our Centre. Before launching the new idea we tried out the method on ourselves over a month or two. We used to go to one of the city bath-houses, astonishing the attendants by the fact that not only did we go there every day but – what was stranger still – we used to stay there for four hours, despite being no longer in our first youth...After a good steaming we would then start playing volley-ball or racing each other down the night-time streets. After a good deal of trial and error we designed this part of the treatment, choosing special oils and vitamins for the patients to take as part of a special diet. A few weeks later I started feeling less tired than before and soon I felt really alert. In this way we had been getting rid of harmful toxins through our open pores: running was much easier, as were jumping and swimming.

We encouraged the ancient Russian tradition of dry-steam baths with birch-twig brooms accompanied with beakers of *kvas* or various juices rich in vitamins (cranberry, black-currant, beetroot, carrot...). It provides a first-class opportunity for cleansing body tissue and clearing the brain in a completely harmless way. Drugs dissolve in the fats and almost 90% of our brain consists of fat, in which narcotic substances can sometimes be trapped for a person's whole life. Hot steam can help get rid of them. When we began to use this method in our treatment programmes, there was nothing to show for it during the first five or six days, but by the eleventh our doctors' nostrils began to catch the smell of the flushed out morphine and by the 19th or 20th day traces of LSD began to appear in patients' sweat.

Dry steam, berry juices and medical massage became part of our treatment programmes so naturally patients, who had heard about this part of the treatment, used to enquire enthusiastically on arrival: “Doctor, will they prescribe the bath-house for me too?” [2] Soon the new arrival learns, that the sauna is just one of the components of a wide-ranging treatment programme, in which, as before, psychotherapy sessions are the core feature.

* * * *

“Of all the treatment methods only one is faultless – trying not just to help someone give up drugs but also to improve in all spheres of his life” said Maria Isabel.

“Do you have any patients from the world of the drug-barons?” I asked.

“They try drugs in order to check the purity and to make sure prices are not miscalculated. There are always drugs in their homes: perhaps that is why many of their wives and children also suffer from drug-addiction. Carlos Lehder, one of the leaders of the Medellin cartel, was a chronic addict: he is now serving a life sentence in an American prison”.

“Was Escobar an addict?”

“At Escobar’s personal request, a psychiatrist I know used to write him prescriptions for tranquillizers. The pills used to relieve the *patron’s* stress and in moderate doses they could produce a state of euphoria for him”.

Now it was time to say good-bye.

“One of the objectives of the Prometeo centre,” Maria Isabel explained”, is to help people like themselves again. Our careless attitude to our own self as a person is the root of many of the problems we experience. We know how to serve our family, our close friends, our society, but when we forget about ourselves, stop loving ourselves, then our efforts are doomed. Until a person can come to love himself, until he begins to use his potential, he can give nothing to anybody else. An egoist lives with a constant sense that something is missing in his life, there is always something he lacks and everyone around him owes him something. If he comes by some possession, he will never share it with anyone. His response is always: ‘This is mine and I shan’t give it up for anyone.’ A person who is able to love himself is not like that: he has a capacity for love, he can enjoy life and he will be happy to share what he has. He will say: ‘I like this cup, take it, just look how pretty it is. I want very badly to share this with you’.”

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In Bogota I learnt something about the drug known as *basuco*. The home of this ‘little devil’, ‘mad desire’ or ‘poor man’s cocaine’, as it is known, is considered to be Peru, where people first started talking about it in 1972. Six years later the drug was spreading through Colombia, Bolivia and Ecuador. *Basuco*-users start losing their appetite almost at once, they are tormented by insomnia and they become extremely aggressive, while many of them start to suffer from paranoia. With an almost demonic strength, this drug drives people to suicide, especially women.

They say that peasants up in mountain villages were the first to start producing *basuco* – those farmers, whose coca plantations produced a harvest with too low an alkaloid content. It is possible that certain features of the soil or climate were the problem, but the owners of the plots, in order to eat, began to look for a way of using the leaves, which unkind Nature had left them with. During the processing of the leaves to make crystallized cocaine, they began to obtain a raw unrefined extract. In other words they had an intermediate product, from which not all the solvents had been removed – red petrol (with some tin content), kerosene, ether, caustic soda, ammonia, sulphuric acid, talc, brick dust. It has a tart taste like quinces, but with a very strong smell all of its own, which hovers in the air and gives people the urge to start smoking, to breathe in the rather sour intoxicating smoke.

Young people heat *basuco* in a metal saucepan and breathe in the fumes it gives off. Within 15 seconds they are floating into other worlds, hovering effortlessly above the Earth. When they chew coca leaves it takes five minutes to attain the same state and two when you sniff cocaine. Here the effect is instantaneous, as if you had just had an intravenous injection. The state of bliss, however, lasts no more than four or five minutes. After that the ‘wings’ droop like wet rags, gloom sets in, your heart feels heavy

and you sink into gloom, from which only another dose can release the sufferer. That was how an artist and drug addict described his sensations to me, when I met him in one of the Bogota clinics.

From some of the fans of *basuco* I heard another version of how they felt: their mood would spoil, they would sink into melancholy and then come over weak and listless. Probably these different sensations can be explained by the 'selective' way *basuco* affects people, depending upon the nature of their psyche, which in their turn can be traced back to cultural-cum-ethnic roots.

You can tell a *basuco*-smoker by his unnaturally pale skin, his dry cracked lips, his dilated pupils. He can hardly move his numb tongue to and fro and it is not easy to understand his disconnected mutterings. His body will be shaking and his nervous system hyperactive. Many of these addicts suffer from cardiac arrhythmia. Communicating with this type of patient is difficult: he will be irritable, nothing will seem to interest him and he feels guilty and helpless when faced with even the most insignificant of problems. Colombian doctors have established the nature of the destructive effect that *basuco* has on the brain and nerve cells, which lose the capacity for regeneration.

The consequences of smoking *basuco* are particularly dire, if red petrol has been used in its preparation. The tin dissolved in the latter can give rise to skin complaints, encephalopathic symptoms and gastro-intestinal disease. When an addict of this kind, tortured by insomnia, eventually goes to sleep, it is only to see himself searching for new doses in his dreams. Mental degradation and profound personality change are the order of the day.

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I spent an evening in the city's "America" Hotel with Lieutenant Javier Omara of the Colombian armed forces, who had taken part in many military operations against the armed drug-dealers in the South of the country. Officially he had left the Army and was engaged in the guarding of oil fields belonging to a US-Colombian joint venture. From time to time *guerrillas*, who had got lost in the forests used to attack the oil-fields: it was they who used to protect the interests of the coca-growers. The lieutenant was used to living in constant danger and always had his Smith and Vesson tucked into his belt: unlike many of the other members of the military in Colombia though, he did not see his military duty as ruling out compassion. Once, when still in the army, he had broken into a house with fellow-soldiers, next to which three hectares had been planted with coca. Their task was to burn down the farm till there was nothing left and he had been prepared to do that, when he caught sight of the children, the old mother and her son aged about thirty all sleeping on the earthen floor and clumsily offering him money, simply so that the soldiers should not hurt the family, Javier Omara had ordered his men to leave, saying: "We haven't been here!"

Now the lieutenant is sitting in my hotel room and this was his story. The first large-scale illegal drugs business in Colombia had been the marihuana trade, which the British had brought in by sea from India at the end of the 19th century. The seeds had been earmarked for setting up new plantations capable of providing the raw materials required for the production of hemp sacks, rope and string. Soon other opportunities offered by hemp/cannabis were discovered – medical and psychotropic, but there was no frenzied tide of new consumers for almost half a century. It was not until the 1960s and 1970s, when the Hippie movement began, that the demand for marihuana and

hashish began to grow. Hemp cultivation turned into a business, in which more and more people were becoming involved. The Colombian and Mexican plantations soon became the main suppliers of narcotics to the industrial cities of the USA.

In the Colombian province of Guajira a special sort of marihuana was selected, so-called *punto rojo* ('red ends'). It became popular at young people's parties in New York, Chicago, Philadelphia. Americans used to call it "Colombian gold". Demand grew so fast that the growers, who previously had transported their harvest in the holds of ships, now resorted to aeroplanes. Another factor, which led them to do this, was the tightening of the customs checks in sea-ports. Aeroplanes could transport between three and five tons of marihuana and could undertake more than one flight a day. When the authorities began to sit up, punishments for the plantation-owners grew tougher and the latter felt obliged to pass harsher sentences against the farmers, they set up their own armed detachments to resist the government troops.

Business had been centred round individual families from the very beginning. Conflicting interests between clans soon came to light. They found it difficult to divide up the land, someone might have the misfortune to spoil a shipment or a customer might find it impossible to pay for a delivery in time. Fights would start up to settle the issues, often ending in bloodshed between the armed detachments, who had been serving the various families.

"Have you heard about our traditional variety of 'legal consciousness'?" asked Javier.

"No", I confessed.

"The Italian Mafia settles its accounts only with the men, but here small children, women and old people are drawn into the feuds – the whole family. If they can't agree then everyone gets killed."

Realizing they could not rely on their own forces, marihuana dealers started corrupting public servants – bribes, threats, killings. The frightened government permitted the national banks to install special windows for the free exchange of enormous sums of US dollars obtained in the US or from US customers for Colombian pesos without insisting that customers need to declare the sources of the hard currency.

By the middle of the 1970s the families who were dealing in marihuana and who had become fabulously wealthy, after consolidating their political contacts, switched to dealing in cocaine. Supplying even small quantities brought in revenues, which exceeded their former profits from sales of marihuana many times over. It was possible to fill a shopping bag with cocaine and cross the border with no worries – the customs officials went on for a long time sniffing out marihuana. Cocaine was only rarely being used at that time: it was expensive and only within the reach of the wealthy. Meanwhile the cocaine barons were extending their illegal plantations. In places with a hot wet climate thickets of cannabis were still flourishing, while higher up in the mountains people were starting to sow coca.

On the Miami black market people were paying \$18,000-\$20,000 for a paper parcel or polythene packet of cocaine (1 kilo), while a sack of marihuana weighing 50 kilos did not bring in any more than \$12,000-\$14,000. The richest Colombian families made the switch and soon the volume of cocaine sales exceeded that of marihuana sales.

In the eighties the Colombians also began growing opium poppies. Javier's mother had told him that she and her neighbours had always had poppies growing in their garden plots: they used to boil the feathery silken leaves to make an infusion that helped calm

frayed nerves, like valerian drops. They had been told about the poppy's narcotic properties by people who originally came from Pakistan, Iraq and Iran. The latter had taught the Colombians how to make heroin for commercial purposes. The rich families from the North began to get a grip on the new business. The government only made very feeble efforts to prosecute them. Each clan had a network of agents and up in the mountains it required very little effort to relocate a laboratory in plenty of time, when necessary. A kilo of heroin brought in five times the price of a kilo of cocaine.

The peasants who grow these crops, are not drug-users themselves, or very rarely. The *guerrillas* in the pay of the Families see to that and they guarantee security as well. If the police were to arrest someone in a euphoric state, he might well give away information about illegal plantations. In the mountain forests there is no other work to be had. There have been cases in the past, when the peasants themselves brought out weapons, as government troops approached, so as to defend their plantations: some of them would be boys of no more than 13-14 armed with Kalashnikovs. The *guerrillas* prefer to be paid in uniforms, radio transmitters, medicines and weapons than money. Sometimes two brothers from one and the same peasant family will find themselves on opposite sides in this 'war': one is with the *guerrillas* and the other in the government troops.

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In a space of less than 20 years a number of Colombian families acquired unheard-of financial, political and military power. Their number included Pablo Escobar and Carlos Lehder from Medellin, Gonzalo Rodriguez from Bogota, the Rodriguez brothers from Cali, Pacho Herrera from Santa Cruz. They began to take control of whole cities, factories, plantations, air-lines, racing stables and football clubs. They were able to fly in stars of the Madrid Opera to their homes to celebrate a child's birthday. Hardly anyone from that list of magnates in that class is still alive today, although a few of them are sitting out the rest of their lives in prison.

Yet the illegal cultivation of these crops still goes on everywhere, just as you might see tall weeds fluttering in the wind all over Russia or Kirghizia. What would we have done, if the crazy outside world had grown excited about our weeds ready to pay us a fortune for a handful of powder harvested from them?

This proud and emotional people - heir to an ancient culture - feels itself to be the victim of world-wide lunacy. Foreign governments put pressure on them, demanding that the cursed plant be destroyed, but there is also pressure from the growing world demand, with which those same governments are unable to deal in their own countries. More than a million peasants are feeding their families by selling coca leaves. When aeroplanes appear above the forests spraying fumigants over the coca fields and troops raid illegal factories, these government actions incense many of the peasants.

The war between the government troops and the *guerrillas* has been going on for more than 30 years. Insurgents numbering 16,000, including armed teenagers in torn T-shirts, are waging a struggle both against the army and the self-defence detachments (*paramilitares*), which terrorize the peasants, if they support the 'guerrillas'. Sometimes the local population itself does not know who is fighting whom. The interests of all those involved in the cocaine war are bound up with one and the same very ordinary looking plant.

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In Cartagena de Indias, an attractive town on the Caribbean coast, which at one time had been the main port from which gold and silver had been dispatched from Latin America to Spain, a sailor from a ship moored at the quay-side was arrested at the harbour entrance in March 1977. It was head-cook Konstantin Parfyonovich in whose jacket pockets ten black plastic packets of cocaine had been found with a total weight of 1.5 kilos. In his home country that would have been worth \$300,000.

At the time when I was in Bogota, the legal hearing was not yet over. In the opinion of Colombians well-versed in the local legislation, on the grounds that he had made a candid confession, the head cook would be facing five years in a Colombian jail.

Poor Parfyonovich could imagine that Latin-American prisons did not meet European standards by a long way, but he had not suspected the actual size of the gulf between them. He requested a meeting with a representative of the Russian Embassy in Bogota and thought that someone would come without fail to visit their compatriot. The head-cook had been at sea a long time, however, and had out-dated ideas about his homeland. No-one in the embassy was concerned about his fate.

Somewhat earlier there had been a trial in Colombia for three Muscovites, who had visited the country in the guise of tourists. They had planned to export cocaine in the polyurethane soles of their trainers. It is not, however, the poor wretches like that which the national police has in its sights, when they issue warnings about the threat of the globalization of the drugs industry.

The 106,000-strong Colombian police and 2,313 staff of the élite police corps engaged in the fight against drugs and directly accountable to the Ministry of the Defence and the President in person, the 100 odd police planes and helicopters are still not enough to stem the export of drugs. The bulk of the cocaine (annual production - 555 tons) is sent via the countries of Central America and the Caribbean region and then by sea to Africa and Europe (excluding Russia) and eventually Japan.

“We are afraid that we’re wasting time,” said Colonel Benjamin Nunez Nunez, when we met at the headquarters for the drive against drugs led by the national police of Colombia. This was a special outfit, which was part of the Ministry of Defence, but which was accountable to the Minister alone, who receives his orders from the President. All the colonel had to do was to pick up the receiver of one of the telephones on his desk and 2,500 men of the élite anti-drugs police would be combat-ready and a hundred police aircraft used for destroying illegal plantations would take off [3]. Yet despite all this military hardware the Colonel was still feeling powerless: there were still enormous areas full of coca, opium poppies and marihuana.

The Colonel knew that he was conversing with a doctor who treated addicts, but he started talking to me as if I was representing my government and its security forces. “ Doctor, you must understand: the trouble is not just the land being used to grow crops for drugs, but the tide of chemical substances being brought into the country from all sorts of places. Many of these substances are legal, but once they get to Colombia they are being used for illegal production. We do not produce these chemicals and if none of them reached us, we would be unable to produce even a gram of cocaine”.

The plastic barrels and sisal sacks containing these chemicals come in through the sea-ports Barranquilla, Cartagena de Indias, Buenaventura and others, more often than not from distant countries where the main markets for selling drugs are and where the Colombian authorities are blamed particularly loudly for the production of cocaine.

The Colombians so far are unable to say anything about illegal shipments of Russian chemicals into their country: they have not identified anyone responsible yet. Yet, since they know that the directors of the chemical factories are feverishly looking for western markets, the Colombians think it highly likely that Russian chemical products are making their way to their country via third parties. A tempting aspect of this trade is that the Colombian cartels are prepared to pay for these chemicals in cocaine, just as they do when buying weapons.

When he took his leave, the Colonel added:” I should like to ask you, if your country produces these chemicals, to restrict production capacities and check out customer lists.”

I had no idea how I might comply with his request and introduce some order into the chemical industry of the countries of the former Soviet Union, but I was by now determined to use any available opportunity to bring his words to the notice of the public and the authorities.

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In Bogota everyone is talking about the mystery sub-marine, but however hard I tried to find out, I could not come across anyone who knew anything definite. Earlier people had told me that in order to bring drugs from the shore to a night anchorage, drug-dealers were in the habit of using mini-submarines of American manufacture. A year previously a submarine of this kind had been found in waters near the port of Santa Marta. Now, everyone assured me, there was a Russian submarine, which after picking up sacks of cocaine from off deserted coasts, would then dive and only re-emerge in other seas. After the cargo had been unloaded it would take weapons on board and retrace its tracks. This enabled the craft to cross seas and oceans unnoticed. “In Russia there is such chaos that making off with it was no trouble” I was told.

“Where do you have this information from?” I would ask.

“Everyone knows about it!” came the reply.

“But the people who saw it, why didn’t they help the authorities find it?” “People are frightened of ties!”

I could not understand what ties had to do with it or any clothes for that matter: the Colonel smiled at my question and just said:” If you live here for a bit, you’ll understand...”

The mystery tie kept following me about and gave me no peace. When I told Javier about it, he bared his teeth and said: ”A ‘Colombian tie’ turned out to be a type of punishment that drug-dealers used against their fellow citizens, who fail to keep their mouths shut. The culprit has his hands tied behind his back and then his throat is cut with a knife above his Adam’s apple, after which his tongue is pulled out through the hole.

In other cases they resort to a punishment known as “*el corte del mico*” (monkey slash): after spreading someone out on a table with his hands tied behind his back, his stomach is ripped open, his head cut off and then the head is stuck into the stomach. It is unlikely that Nature has endowed me with infinite boldness...and after all that I had heard, even if I had really known about the submarine in Colombia, I would not have dreamt of opening my mouth for the world.

The newspaper *Izvestia*, which is publishing my account of these travels, asked the state company “Rosvoruzhenie” and the Federal Security Service to comment on the rumours about the submarine.

“Rosvoruzhenie” dismissed the story of the sub-marine as “idle fabrications”. Colombia had been the first country in Latin America, with which Russia had signed a bilateral agreement on military and technical co-operation (1996). According to the contract signed soon afterwards, the Russians had supplied the Colombians with ten military transport planes (MI-17). The state company “Rosvoruzhenie” informed us that “according to its contracts it had not supplied and did not plan to supply other weapons”.

The Department for Economic Counter Intelligence of Russia’s Federal Security Service had no information on this subject. Yet in the corrupt conditions to be found in Russia today we cannot rule out the technical possibility of Russia making over to Colombia one of its many written-off submarines or assembling such a craft from old metal constructions earmarked to be smelted down. “For the right price that could have happened. If we export sheet titanium, which is strategic material, in the guise of spade parts, then it would come as no surprise. No-one would confirm such a thing officially, and people would even feign wide-eyed astonishment at the idea. I’m not going to tell you anything either, because it’s me that would get it in the neck afterwards,” said the member of the Federal Security Service with a smile.

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The links between the Russian and Colombian drugs Mafia preoccupied me by this time, but I did not succeed in establishing very much in Bogota. In 1994 those running the drugs business in each country met in Sicily. According to the Colombian authorities, they agreed on the conditions for an exchange of cocaine for small arms. Soon afterwards when a container arrived from overseas with a cargo of chemicals and was being inspected in the port of Sebastopol, 635 kilos of drugs were found on board. The cargo had been destined for Moscow. Colombians believe that each year 40 tons of cocaine make their way from the ports of their country to Russia, but what happens to them is not known. The promised cargo of Russian arms is taken to Colombia from countries of the Asia-Pacific basin in the holds of merchant vessels, more often than not hidden between the outer hull and false bottom of the ships concerned. Young Russians, who have left their home to take up permanent residence in the USA, usually organize these shipments. It is possible that they have direct links with criminal groups active in the Russian military-industrial complex. No-one knows from which military bases weapons and ammunition make their way to the ships setting out from Russian ports. How indeed should people get at the truth, if in Russia’s Far East region, for example, military warehouses for some reason keep burning down and being the target of mystery explosions?

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I do not believe that we shall learn in what circumstances the mythical submarine came to reach or could have reached the Colombian drug-barons, but question-marks in the history of Russian-Colombian drug-links give us grounds for dating a possible event of this kind to the early nineties. It was during that period that Julián Castanio known as *Caliche* since he was a close associate of those in charge of the Cali Cartel. At Sheremietovo Airport members of the “Solntsevo fraternity” (one of the most organized of Russia’s 4,000 criminal gangs) were waiting near black limousines provided for the visitor. The leader of the group Silvester (otherwise known as Sergei Timofeyev) organized a tour through Russia for the guest and personally accompanied him.

Colombia's anti-drug police and FSS agents were able to learn without difficulty what the two sides were meeting to discuss – the establishment of a new international cocaine market in Russia. It emerged that the conditions were ideal: the country had a large population, mass-scale stress resulting from the redistribution of property, a growing middle class, large numbers of people suffering from an anxiety syndrome and an active youth sub-culture. At the same time there was an under-paid police force, customs and security services, with whom it would in those circumstances not be difficult to come to an understanding.

Drugs capital, including that from Latin America, was to be invested in Russian real-estate, oil and power via fictitious or real firms. A careful study had been made of 'windows' at the border, ways of bribing officials, the system used for ensuring security of cargo en route to its destination. Moscow and Saint Petersburg had been named as the cities that would provide the base for distribution of drugs into the regions.

In the mid-nineties the importing of small amounts of narcotics began to become more frequent: finds of drugs were being made in airports during customs checks and the press was reporting arrests of couriers smuggling by hand: in the meantime a stream of containers full of drugs were being brought into the sea-ports on the southern and northern coasts of Russia. One of these recent operations was carried out in November 1997. A ship sailing under a Bulgarian flag with 265 kilos of cocaine on board left the Colombian port of Buenaventura and made its way via Goteborg (in Sweden) and Kotka (in Finland) to Saint Petersburg where it was moored to the quay-side. The cargo was not due to be stored in a warehouse: one of the port's cranes let down sacks from the ship into lorries that had driven up. The convoy made its way to Eastern Siberia. Its progress was duly observed. On January 25, 1998 departments of the Federal Security Service raided an underground cocaine store near Bratsk. This particular operation was exposed, but who knows how much cocaine today is making its way along Russian roads or making its way through Russia en route for neighbouring countries.

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It was Pablo Emilio Escobar Gaviria, son of a poor peasant and a village school-teacher from the province of Antioquia, who developed the barter of cocaine for weapons on a grand scale in the seventies and eighties. This owner of financial and industrial companies and mass media outlets had at one time had been on close terms with the government, he had been behind bold political murders, sponsored glittering beauty competitions and made himself the idol of the homeless in Medellin, to whom he had given work and somewhere to live. Eventually it was he who issued a challenge to the government when he promised to put an end to all the fighting then going on in the country and to pay off Colombia's national debt of 15 billion dollars.

His fate really does merit attention, not because it provides examples worth emulating, but so that we might understand a rare phenomenon, when a high-profile criminal pursued by the authorities can nevertheless – in the middle of the 20th century - succeed in making himself idolized by hundreds and thousands of people, who spend their last pennies buying flowers to lay on his grave.

As regards his character, Pablo resembled his mother: he was a 'night-bird' getting up to all sorts of high jinks at night and unable to get up in the mornings. He played football, enjoyed taking girls out on his motor-scooter, but used to charge them for it! As a school-boy he had smoked marihuana and he went on smoking it all his life: it did not seem to dim his natural abilities. With his friends he used to break into the San Pedro

cemetery at night, carry off marble slabs, load them on to lorries and export them to other countries for sale. This was the first way he started to build up capital. At 20 he was already a force to be reckoned with in the Colombian criminal world. When Escobar landed in the Medellin prison "La Ladera" accused of stealing Renault cars, it was there that he first came up against a trader in drugs who was one of his fellow-prisoners. His friend was later caught in New York with three kilos of cocaine on him. That was when Escobar decided what he would start doing after his release.

He started out as a courier on the ships flying the Panamanian flag, which transported cocaine from Colombia to Florida. On one occasion an American police launch tied up against the ship he was working on. While the anchor chains were rattling and the sailors were letting down a gangway, Escobar threw off all his clothes apart from the belt consisting of packets of cocaine and swam to another nearby ship which took him as far as America. When he came home he had \$40,000 in the pockets of his new trousers.

At 37 Escobar married 16-year-old Victoria Eugenia Henao, but he had little time for family life. He found partners in the USA (Miami) and Ecuador (Quito) and used to deliver cocaine to them in 5-6 kilo lots, hiding them on the way in the soles of his shoes, in books, in porcelain vases. He then hired couriers himself and became a boss. The money he earned abroad he used to buy arms, some of which he sold and some of which he hid in his own base, sensing that an arsenal would one day come in useful.

During the year of his marriage two agents of the Colombian security service managed to capture a lorry with one of his loads. In the centre of the town of Ibague smugglers were caught red-handed with a shipment of cocaine from Ecuador worth \$600,000, from which a profit of \$440,000 was expected. For a few days Escobar was held in prison, but the lawyers demanded from the agents evidence that they really were state employees, but the agents according to the law of the land had the right not to identify themselves. In unexplained circumstances both the agents were killed, but soon after that Escobar made his first million.

The peak of Escobar's narcotics business was at the end of the seventies, when, apart from Colombia, he was buying and producing cocaine in Bolivia and Peru, dispatching over a ton of cocaine and *basuco* to the USA every year. In Medellin he already had a house with six bedrooms, a swimming-pool and a garage for ten vehicles. He concentrated the wholesale trading in cocaine in his own province, selling small amounts to a whole army of petty dealers.

Escobar also purchased land and soon owned 50,000 square miles of it. This territory he guarded with missiles of the "earth-to-air" and "air-to-air" variety. They say that they were bought by Cuban officers in Angola and then sent via Havana to Colombia. Cuban soldiers used to help Escobar store his cocaine in tobacco-boxes in the Varadero airport until it was due to be sent to Miami. They received \$100 for each kilo they looked after. The Colombia-Cuba-Miami air-bridge operated for three years until it ceased to exist in 1979.

Escobar hardly used to drink, but with the passion of a gambler he concentrated on the narcotics business and construction projects. He built a chain of lakes on his estates, a landing pad for helicopters, runways for aeroplanes and he sowed thousands of fruit-trees. He used to keep wild animals from all corners of the globe, setting up one of the world's best menageries. He loved feeding the animals himself: while in front of the

cages he was struck to note something which was to prove very important for the business, but which would never have occurred to him on his own - dogs do not approach an object, if they can smell on it the scent of an animal stronger than themselves. This was a find of pure genius for drug-suppliers! The staff working in the menagerie began to collect the droppings of the animals and would then rub them onto the plastic packets containing cocaine that were ready to be dispatched. At the customs posts the dogs, even the best trained and capable of sniffing out contraband drugs in the most ingenious hiding-places, would simply turn away from the suitcases Escobar's people were carrying and walk away anxiously with their tails between their legs.

As before Escobar was still unable to go to sleep before four o'clock in the morning and he would get up after midday, yet even those who were used to his strange time-table were amazed at how much he managed to do. In Envigado, the small town of his youth, Escobar had the streets paved and a stadium built – he himself was a fine footballer. In his luxurious Mercedes he used to drive round the poor quarters of Medellin, distributing money to the poor, for whom he also built a hospital and provided employment. His whole family used to work for him, including his brothers and sisters. His fleet of aircraft was as large as those of many South American airlines. Well-known politicians, diplomats and priests sought opportunities for making his acquaintance. He was elected to the House of Representatives of the Colombian parliament. With the support of his two radio-stations Escobar set up his own political party "Citizens on the March".

In the forests on the banks of the River Yari Escobar built a secret industrial complex known as "Tranquilandia" (Land of Peace). The ten laboratories sited there used to produce 5 tons of cocaine a week: on site there were also 3 first-aid posts, two canteens and 7 runways, where planes bringing in chemicals could land and then take off again with ready-packed cocaine. In the living quarters there each worker had a bed complete with mattress and sheets and there were tiled toilets and a canteen with a wide range of dishes on offer. The workers were paid approximately 60,000 pesos a month, which was three times more than the Colombian minimum wage. The chemical engineers there also earned a good deal more than their colleagues in the capital.

Escobar was always on the move – the USA, the Bahamas, Brazil, Spain. ..On his travels he would be establishing contacts with the people he needed for his business. In some places he already had other residences, trading companies, bank accounts in his own name and in the names of his relatives.

He was particularly fond of Rio de Janeiro, where he used to go to meet his Spanish partners. The main shipments of cocaine used to be dispatched via Brazil to Spain.

Worried by the "dirty money" permeating the politics, economy, construction industry and sport in Colombia, government officials began insisting that laws should be passed which would guarantee the transparency of the financial base of the country's various parties and movements. The name of Escobar was not mentioned as such, but everyone knew and Escobar himself as well, against whom these 'arrows' were being targeted. The clouds began to gather over Escobar in August 1983, when Minister of Justice, Rodrigo Lara Bonilla called upon the government to clarify the sources of Escobar's capital and for the first time he was publicly branded a narcotics-dealer. The uncorrupt high-ranking officials supported the Minister and also the US ambassador to Colombia, Luis Tambs. From then on these men all became enemies of Escobar's without suspecting what this would mean for the fate that lay in store for them.

When Judge Gustavo Zuluaga Serna signed the order for Escobar's arrest in Medellin in connection with the 1976 case which was being reinvestigated (when two agents had found a lorry-load of cocaine) and turned to Congress with a request for Escobar's immunity as a deputy to be suspended, unidentified men stopped a car on its way out of the city, in which the judge's wife was travelling. She was pulled out on to the roadway and in front of her the car was pushed down the mountain-side. She was told: "The next time we shall not pull you out first". The woman arrived home half-dead and soon afterwards the judge was killed, once more by unidentified men.

Escobar gave his people instructions to record the Justice Minister's telephone calls and bring him the tapes, so that he could demonstrate the extent of his power, and without any inhibitions, start making threats. The leading lights of the narcotics business demanded from the authorities – including the Minister of Justice – that they should not sign the US-Colombian agreement concerning the extradition to the USA of Colombian drug-dealers sending illegal drugs into US territory. It did not prove possible to break Minister Lara's resolve. One April evening in 1984, the minister was being driven home by his chauffeur. He had just telephoned his wife to say that he would soon be home, when the car was overtaken by a motor-cyclist who then blocked the road. The motor-cyclist kept his hands on the handlebars, while the man sitting behind him shot 25 bullets into the Minister's body. Three of them went through his skull and two into his chest: the others peppered the rest of his body. That day was the first case of a new type of crime in Colombia – contract killing by a motor-cyclist.

At the funeral ceremony, when Minister Lara was buried, the President of Colombia declared war on the narcotics dealers. With the help of American colleagues, the security forces succeeded in locating "Tranquilandia" and destroying the runways and the laboratories with bombs. Army troops arrested the people who had been working there. The US Embassy turned to the government of Colombia with a request for the extradition of Escobar, who – as it had since emerged – had been involved in the bloody events in Nicaragua.

Unidentified kidnapers took Abel, Escobar's father hostage. Escobar galvanized 5000 people into action, giving them the task of finding out where his father was being held. All telephone calls in the city were the object of surveillance and recorded. The radio and the newspapers were making public the fabulous scale of rewards on offer for information providing a lead.

Escobar put out fictitious rumours regarding an illness of his father's and named what was allegedly the only medicine which could keep the old man in a stable condition. He then supplied two pharmacies with it, where his men were on watch round the clock. His calculations were soon to prove correct: the kidnapers needed to keep the old man alive. Everyone who asked for the drug in question at the pharmacy was checked and eventually Escobar's men found a lead. A 'caravan' of helicopters and 50 armed men cordoned off the suburb, where the kidnapers were hiding Escobar's father. Old man Abel was set free, while first rifle barrels were pushed up the anus of each kidnapper and then a whole round of ammunition fired into him.

* * * *

The late seventies and early eighties are regarded as the beginning of the era of narco-terrorism in Colombia. Two bloody internal wars shook the country: one was between the state and the drug-cartels and the other, still grimmer one, was between the cartels (the Medellin and Cali cartels and the other based in the North of the Valle del Cauca)

over territory for wholesale deals abroad. The main rivals were the Medellin and the Cali cartels. They were of equal size and almost equal wealth, employing a similar number of armed *guerrillas* and they kept launching desperate attacks against each other. Moreover, this could partly be explained by the fact that they both had extremely powerful leaders who were hot-tempered and very self-confident. When men working for the Cali cartel exploded a bomb in Pablo Escobar's house in Medellin (the "Monaco House") and he and his family survived by some miracle, this was just another incident as the two cartels sought to negotiate the balance of power without leaving the national authorities any opportunity or chance for intervention. This was the generally accepted style of 'negotiation' between the cartels, through which they divided up world markets between them. One ruled supreme in the East of the USA, for example (i.e. in New York, Miami and so on), while the other made do with the West coast (California).

The picture would be incomplete if no mention was made of the factors, which might seem to complicate the issue or make it even more confusing, but which are nevertheless essential for an understanding of the true circumstances, against the background of which the story of Pablo Escobar unfolded and which to a significant extent still remain topical today even after his death. At any rate they were still relevant at the time of my trip to Colombia in the spring of 1998. Coca plantations and chemical laboratories were often in the areas where military operations were still taking place between government troops and the troops of the left-wing armed opposition, which was attacking military bases, local government headquarters, national and foreign companies. For guarding the coca plantations and the illegal laboratories, the opposition troops were given funds from the cartels, which were sufficient for purchasing weapons, communications equipment and for conducting legal businesses – in all 200 million USD. The ransom money for the hostages they take came to over 500 million USD. Eventually the families of the drug-dealers grew tired of paying out such generous 'quit-rent' to the opposition, preferring instead to set up their own army capable of standing up both to the government troops and to the armed opposition.

In this labyrinth of conflict yet another party, whose interests were under threat, was bound eventually to start taking part one way or another – the masters of the trade in emeralds. Like many of the drug-barons, these men had long been in prison, but those who remained at liberty also started setting up private armies and declaring that the territory they controlled was a "guerrilla-free zone". In these conditions the powerful industrialists, who owned property and were prepared to defend it independently, started purchasing weapons and building these small armies.

That is the background against which Pablo Escobar declared war on the authorities in Colombia and his rival narcotics dealers - first and foremost the brothers Rodriguez from Cali. The difference between the Medellin and the Cali cartels lay in the methods they used for achieving their objectives. The main weapon used by the Medellin cartel was terror. They paid each person who killed a policeman or a member of a policeman's family \$1,000: later the price was to go up to \$4,000 for a policeman and \$8,000 for a police officer. Over a short period 250 policemen were killed and a similar number wounded. The Cali cartel preferred to bribe high-ranking government officials. Both approaches served to paralyse Colombian society, which felt helpless by this time and which had earned a criminal reputation throughout the world.

Frightened for his life by now, Pablo Escobar set up a buffer zone round his base covering 200 sq. kms. Wherever he went any access to him within that security zone was guarded by loyal followers. Using walkie-talkies the security guards manning the

zone were in touch with each other round the clock. Near the *patron*, as Escobar was known, helicopters were always available, ready to take him on board and fly off at a moment's notice. Noting that the bloody war, which he had sparked off, had led both the Colombian and foreign governments (particularly the American one) to take a much harsher line than before, Escobar informed the Colombian authorities of a new decision he had taken, which constituted a blow to his ambition and was therefore most unexpected: he was prepared to put a stop to the narcotics business, hand over his weapons, runways and illegal laboratories to them on condition that the government declare him innocent and refrain from demanding he pay taxes on his capital. He guaranteed that the other narcotics dealers would follow in his footsteps. In his letter to the President of the country Escobar promised to assist in the total elimination of illegal narcotics operations

The Colombian authorities rejected his offer. In Medellin a real war broke out after that. Shots rang out, buildings were built down and factories were blown sky high... The *patron* declared over the mass media that he was launching a crusade against government agencies, national oligarchs, journalists who sided against him, judges who, from his point of view, had sold out against him and all those who were involved in persecuting him and those close to him. He then proceeded to kidnap relatives of the former President, the secretary of his administration and well-known politicians. The Government had nothing left to do but start looking for a way to open negotiations with him, without losing face in the process. The chosen mediator was 84-year-old Father Rafael Garcia Herreros, one of the few people whom Escobar still trusted. At a meeting, which took place in a village house the priest asked the *patron* for the sake of national peace to surrender to the authorities, who then would guarantee his high-level security and place him in custody in the prison of his choice. The Colombians were talking of nominating the priest for the Nobel Peace Prize.

On a June day some time in June 1991 a government helicopter brought Pablo Escobar, Father Rafael Garcia Herreros and two of the *patron's* bodyguards to a small prison La Catedral, where six rooms (or rather cells) had been put aside for the prisoner and his people. Each of the rooms measured thirty square metres and had separate washing facilities and toilet: it had been agreed with the prison governor that Escobar's bodyguards would have rooms fitted with enormous television sets, video-recorders, paintings, sculpture and porcelain table-ware. A football pitch and a sports hall were also ready by the time he arrived. Being well aware that it was difficult for him to be confident that his own security would be taken care of properly, while the prison guards were on low salaries and therefore easy for his enemies to buy over to their side, the *patron* had given the soldiers extra money out of his own pocket, so that they should patrol the approaches to the prison.

The prison was Escobar's new HQ: he received people there and continued to supervise his trading operations. Feeling himself to be the victim voluntarily sacrificed to the authorities to atone for the sins of all the Colombian drug-traffickers, Escobar demanded that all the gangs still engaging in the illegal trade pay 'tribute'. Each dealer had to pay the *patron* between one and three hundred dollars a month. Escobar could possibly have gone on living this life for a long time, if the committee from the Public Prosecutor's office had not visited the prison and been amazed at the conditions, in which he was being held. The representatives of the Public Prosecutor's office took photographs of the luxurious furniture and fittings of the 'cells' in order that these might be taken straight to the President's desk. The *patron* gave orders for two of the carpets to be taken out of the 'suite' and for some of the expensive gadgets to be hidden, but he

continued to supervise the work of his assistants and lawyers who were still at liberty. In order to make regular contact with them, he used carrier pigeons, which took his instructions out of the prison to his staff and thus avoided these being recorded.

* * * *

Escobar was told about the Galeano drug-clan, which had allegedly concealed 20 million USD from him. Escobar demanded that the leaders of the clan be brought to see him. For four days Escobar tortured them and personally participated in their execution. Fifteen corpses were later removed from the prison. Knowing all too well what kind of a man Escobar was, the narcotics dealers were all convinced that nobody would have any peace, while he was still alive. The betrayal by some people who had once been close to Escobar but went over to the side of the Cali cartel and their attempts to kill the *patron* coincided with the introduction of government troops into the district where the prison was located. Realizing that things were now hotting up, Escobar and his immediate circle escaped from the prison into the forests. The government offered a reward of 6 million dollars for information regarding Escobar's whereabouts. Such enormous sums had never been offered for help in capturing a criminal in the whole history of world crime. On radio and television the rewards on offer for information about the *patron* and his close associates were repeated every half-hour.

Escobar's men caught and slaughtered 45 families of secret agents engaged in tracking down the *patron*. His own family was in danger by this time: rival gangs had already killed his nephew and his sister's husband. His wife Victoria Eugenia Henao, his two children and a niece had tried to fly away to the United States, but before they landed the American embassy declared their visas invalid. On Escobar's instructions his family flew to Germany. The Colombian authorities agreed with official representatives from Germany and Britain that the members of his family would be given asylum, if the *patron* surrendered to the Colombian government. He refused: in Frankfurt airport Escobar's relatives were arrested and after being interrogated they were all flown back to Colombia. In Bogota they were given accommodation on the 29th floor of a skyscraper. The apartment was bugged, since the authorities were sure that sooner or later Escobar would make contact with his family and that way they would be able to establish his whereabouts.

Escobar used to telephone them and speak very hastily, moving from one hide-out to another, but the authorities succeeded not merely in working out the district, but even the actual building, where the *patron* was in hiding. It was in the Los Olivos district inhabited by poor families, who at one time had been helped by Escobar and who now were devoted to him and ready to do anything to ensure his safety.

A detachment of plain-clothes policemen cordoned off the nearby streets and surrounded the house. When they caught sight of Escobar through binoculars at one of the windows the detachment began to storm the building. Escobar climbed out on to the tiled roof and jumped on to the roof of the adjacent house, but policemen were lying in wait for him there. The *patron* tried desperately to defend himself but not one of his bullets met its target. The policemen meanwhile fired at him three times and he fell down dead. That was on December 2, 1993 at three o'clock in the afternoon. Escobar was only 43 years old. The policemen bent down over his body, looking with relief at the face with blood streaming over it and the tangled beard: they were well aware that the death of the *patron*, which had involved so much effort on their part, did not mean the end of the narcotics war.

I was told by Colonel Oscar Naranjo, head of the intelligence department of Colombia's national police-force: "That was the most dramatic situation in our history". I was only to understand the full import of his words, after I had flown into Medellin on a plane of the national air-line and reached the grave of Pablo Escobar in the Jardines Monte Sacro cemetery.

* * * *

"You will probably be the only person in Medellin without a weapon" said Javier Omara before we disembarked from the plane. He had kindly agreed to fly there with me from Bogota, since Medellin was his home town. He was going to show me the grave of Pablo Escobar. His "Smith and Vesson" was still sticking out under his shirt where he had tucked it into the top of his trousers.

From the air Medellin looked like a wild cluster of red tiled roofs in a beautiful green valley between the snow-capped peaks of the enormously high Eastern and Central Cordillera. Medellin is the capital of the Antioquia province. According to what the Colombians were telling me, a third of the 3 million inhabitants of the city are involved with the drugs business. As regards the number of criminal gangs in it, they may well make Medellin the most crime-ridden city of the continent.

As I walked about under the eucalyptus trees I admired the crowds of school-children. Their chatter was still ringing in my ears, when my companions started telling me that many of them would be sent back to their relatives in the mountain villages in the holidays, follow the familiar paths into the heart of the tropical jungle and work in the illegal laboratories hidden there. They would then bring back coca 'paste' to the city in their rucksacks, thereby earning enough to cover their school-books, new uniform and if they were lucky a music centre as well. Any one of them whom the police might catch out risked a year in prison. There had already been cases when children had got caught in the cross-fire between police and drug-dealers and been shot. Their blood had then helped 'fertilize' the earth where luxuriant coca bushes grew taller than the school-children.

Javier managed to find a small Honda and we set off with some other companions as well. The car drove past allotments, which filled the air with the smell of dill, parsley, coriander, caraway, basil and other herbs I had not encountered before. Javier told me what they were called, but I did not retain their names, there was too much else going on.

We were on the road to Cali, where there were other *patrons* with large fortunes and, many a story to tell, no less sensational than those linked with Escobar's name. Acquainting ourselves with another cartel was not part of the day's plan and our car soon turned off the main road and we started winding along the narrow tracks of the Sabanet suburbdistrict. I did not really understand why we were driving past wooden fences, behind which there were horses prancing about, and gardens where men could be seen in wide hats sitting in the shade on low stools with their glasses pulled towards the tip of their noses as they read their newspapers and where women were hanging out their washing on the line. At last the car began to slow down and stopped by the fence round a churchyard. Javier explained, while he was getting out of the car: "This is the Church of Saint James and Saint Anne – Christ's grandparents!"

We all walked behind Javier into the cool shadows of the Catholic church. There were not many worshippers inside, a few women kneeling and praying in silence. There were

schoolgirls in pleated skirts and white shoes with flowers in their hair lighting candles under pictures and statues. Javier led us up to a picture of the Virgin Mary.

“When hired killers were given their next assignment, they would come here to ask for the Virgin’s blessing, vowing that they would do some good deed if she would help them. When their mission was accomplished, they would come back to thank the Virgin Mary and give alms to the poor. Escobar and his people were among those who used to pray for forgiveness for their sins here. Most of the drug-dealers were purported to be devout Catholics.

After that we went to the Jardines Monte Sacro cemetery.

From the last resting-place of the people of Medellin there was an inspiring view of the lofty Cordillera mountains. We walked across the grass of the cemetery, where there were no footsteps to be heard, not even the rustling of grass. The roar of traffic on the road to Cali and Ecuador did not carry this far. There were names and dates on the tombstones and sometimes sad words about love and memory. There were some flowerbeds here and there but no railings round the graves, as would be the case in Russia, and as I walked over the grass I had to pick my way carefully so as not inadvertently to walk over somebody’s grave. As I looked at the dates I noticed to my horror that the terrible thing most of the people laid to rest there had in common was that they had died so young – many of them between 20 and 25.

“Those are drug-dealers killed by the police and policemen killed by drug-dealers,” explained Javier. He knew the cemetery all too well; in one of the white plaster urns near the stone wall lay the ashes of his father, whose family had been living in Medellin for generations.

We reached the only path, which was clearly well trodden: it led to railings from which there was a wide view over the mountain range. Ahead of us many people must have walked in this direction bearing bunches of flowers: we could now see the grave that had drawn them here. There were evergreen bushes round it inside a pale-blue fence surrounding a mound with an enormous vase at the far end, in which fresh flowers had been arranged.

“All sorts of people come here, people encounter perfect strangers here. They keep changing the flowers, winter and summer, every day and sometimes more than once,” explained an old lady who was dusting the fence.

I bent over the fence and read the epitaph on the white marble headstone: “While the Heavens endure, memory of you and your name will live on for ever, like the Firmament itself”.

So that was the grave of Pablo Escobar.

His body-guard, Alvaro de Jesús Agudelo (whose nickname had been Limón) lay next to Escobar. He was 34 when he died, killed on the same day as his *patron*. There is virtually nothing to distinguish his grave from that of his master. It was amazing to think that so many people came to the grave of this drugs-baron, fanatic and murderer to pay their respects. Many of them were poor and had no illusions about the ‘righteous nature’ of the deceased. For most of them this would evidently have been a way of expressing how they missed their benefactor, whom they would have had to invent, before such a ‘hero’ actually came along one day. For many Colombians, who had no particular

interest in drugs and who tended to prefer alcohol and tobacco, narcotic substances if they appeared as something tragic it was only at some abstract level, which did not really seem to affect them, but rather other people far away. For the Colombians the narcotics trade was a way of making a living, no more. This kind of business and drug-dealers were not something repellent for them, especially since drug-dealers provided them with work and shelter, which was more than the authorities always did. The flowers on the grave were not so much homage for Escobar personally, but for the hopes that had been buried with him.

Near the grave of the *patron* there were three young men tending another grave that clearly belonged to someone who had been prosperous. We went up to them: it turned out that they were the nephews of Gustavo de Gaviria Riveiro, another well-known drugs-baron, who had been killed in Medellin the same year as Pablo Escobar. The nephews were cleaning the marble head-stone bearing their uncle's name and setting up a vase with flowers. We did not manage to talk to the nephews: their answers to our questions in monosyllables, making it quite clear that interest shown by strangers in what they were doing was not welcome and suspicious even. Perhaps they had something to be on their guard about.

Two years before he died, Escobar described what lay in store for him and his prediction was correct almost to the letter: "The death of Pablo Escobar is something inevitable. No gold from anywhere can protect him from his destiny. Yet what will the death of Pablo Escobar Gaviria mean? Nothing, when all is said and done, nothing! Things will go on, just as before..."

Chapter 12 – **THE CHOICE CONFRONTING BOLIVIA: PINEAPPLES OR COCA?**
The Sun God gave Coca to the Incas on Lake Titicaca – Why does the Coca-Cola Co. need leaves from the Los Yungas province? – What is UMOPAR? – the “San Vicente” Rehabilitation Centre – With “Tiger Claws” in Chapare – At the Centre for Alternative Development.

After flying on a plane of the Bolivian air-line from Bogota to La Paz, I was grateful to be able to avail myself of the invitation from friends to visit Lake Titicaca. In pre-Columbian times reed boats used to cross its bright blue waters steered by the Aimara Indians, descendants of a people that pre-dated the Inca tribes. They caught fish and brought pieces of rock to the foothills of the Peruvian Andes with which to hew stone statues. The modern descendants of those boatmen helped Thor Heyerdahl to build his Kon-Tiki. I was interested not so much in the contribution made to scientific discovery by the Aimara Indians as in their worship of sacred plants common to them and the peoples of the Amazon Basin who have already disappeared.

In ancient times, hallucinogenic plants, including those from the slopes of the Andes, played an important role in the culture, belief systems and the economy of local peoples. Although the Incas, ancestors of the modern population round the lake, did not make such conspicuous use of psychotropic substances in their rituals as the Aztecs of Mexico, nevertheless drugs of vegetable origin were an important part of the way of life and healing practices of their traditional society. The native people of the Titicaca region used to turn to supernatural forces through shamans and sorcerers, whose authority was rooted in their knowledge of the local flora and their ability to extract active chemical substances from plants. It is said that sorcerers invented recipes for preparing a healing drink from various hallucinogenic cacti which has a whole range of narcotic properties.

As we continue on our way, I find it increasingly hard to breathe, this place is very high above sea level. I thought to myself proudly though: people do not live any higher than this. I was just drawing comfort from that thought, when I saw women coming down the mountain-side with shawls of coarse wool round their shoulders and hats on their heads. They were leading small heavily laden donkeys. We stopped and waited for the mountain women to draw level with us. It turned out that their village was another kilometre higher up: they used to come down to the lake every day.

“Where do you get the strength from?” I asked.

“From *maté!*” they replied with a laugh.

“What’s *maté?*”

“Coca tea!”

They say that tea made with coca leaves makes you feel better at high altitudes and takes away the symptoms of altitude sickness. But where do they get the coca from?

“Do you have underground factories?” I asked with a smile.

“Why should we?” they asked, feeling offended by now. “We Bolivians have legal ones. Our ancestors used to drink coca tea. You can also buy it in La Paz.”

Our vehicle stopped by a small souvenir shop. At the counter there was a young Indian with a scarf tied round his head like a Bedouin. This was Braudi Corania, son-in-law of Paulino, friend of Thor Heyerdahl. Braudi and his father-in-law had travelled to Peru to meet the famous Norwegian and had helped him to assemble his reed vessel.

“Thor writes that he may set up another expedition – from Peru to Japan this time, and we shall help him once more.” announced Braudi.

“Would you like to go on the voyage as well, “ I asked.

“The waves make me sick!”

“And if you were to chew coca?”

“Coca doesn’t grow here. The old people used to bring it in from Peru, they sewed it into their pockets specially, so as to have it with them all the time. Yet the Incas preferred maize spirit and *quinua* grain. And that’s what enabled them to live to 120-140, whereas we cannot even make it to 90”.

Braudi had a face of a Mongoloid type. It is highly likely that the Asian hunters, who made their way over land across the Bering Strait from Central Asia and Siberia to Alaska thousands of years ago, crossed the American continent and laid the foundation for the pre-Columbian civilizations, looked like him.

Perhaps you’re my blood relative Braudi?

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Half an hour later Lake Titicaca was spread before us.

The car stopped and we sat bewitched by the sight of the lake. The morning mist was lifting and the dark-blue waters were clear and empty. I had read somewhere that as far back as 1861 there was a steamer, brought over from Britain, which used to sail across the lake: three more followed as well, but nowadays there is nothing to break the silence. Our guide looked for a boatman, who would be ready to show us the lake for a few pesos. A scantily clad Aimara Indian was proud to do so – after all not everyone had a large boat of their own. We climbed into it and on the way the boatman entertained us with the legends he had been told about the lake, or perhaps even legends that he had made up himself.

One of the most beautiful stories was linked to the Rock of the Incas. People started to build a grandiose bridge across the lake, using the rock as one of the supports for it. A new Wonder of the World would have come into being if it had not been for the Spanish who came to those parts in the early 16th century. They had destroyed this masterpiece of engineering, just as they had destroyed the Temple of the Sun paved with gold in the capital Cuzco and with it the ancient civilization of the Incas.

Coca had been part of the Inca culture.

The Incas had worshipped coca. In their lands they began cultivating it 2500 years before the Spanish Empire. In Indian songs the theme of coca as a holy plant is often to be heard. Coca leaves were used as ornamental motifs on gold and silver articles. Clay vessels have survived, on which men are depicted with a swollen cheek, which we mentioned earlier. When a man was chewing coca leaves, he commanded respect as someone who kept traditions alive. If an Inca wanted to petition a god for something, he would approach the altar with a sprig of coca in his mouth, vowing to sacrifice his most sacred and trusted possession. The Supreme Inca did not take important decisions before listening to the opinions of the priests, who also sought wisdom from coca leaves.

The boatman showed us how his Aimara ancestors used to place coca leaves on their palm, then put one leaf into their mouth to suck rather than chew. Eventually they would tuck the leaf into their cheek and then continue their conversation with their fellow tribesmen, who would have gone through the same ritual: they would talk on any subject, but all the while they would be watching the leaves on their palms. From some particular aspects of the leaves they could determine whether the person they were talking to was rich, whether he was telling the truth and whether it was worth listening to what he had to say.

“The Sun God said to the Incas: difficulties lie ahead, but I shall create a plant for you, which will help you overcome them...”, explained the boatman:” Coca leaves were exchanged like coins. Nowadays we have neither coca nor money...”.

“So the Sun God did not keep his promise?”

At this the boatman protested: “And how! In the old days there used to be other people living here, black people. They did not chew coca and they have died out, while we’re still alive!

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In Bolivia there are both legal coca plantations (12,000 hectares in the province of Las Yungas) and illegal ones in the Chapare province. The former supply sufficient numbers of leaves for the traditional requirements of the indigenous population, for the medical industry and for the production of *maté* tea. Although the Vienna Convention of 1977 defined coca leaves as a drug and all those who chew them, including South American Indians, as drug-addicts, the Bolivians have little respect for these decisions taken by foreigners. They respect their own traditions and do not intend to abandon them. It is a quite different matter when it comes to the illegal plantations: these the Government endeavours to clear, but without resorting to violence and through negotiations with the peasants and through assistance with changing the crops they grow. The official 4-year plan for the struggle against drugs has been given the name “Dignity”. No-one has any bright ideas so far about how they can avoid looking like the black sheep in the flock of civilized nations, if the unabashed cultivation of coca continues.

What lies behind the legal international use of coca leaves is the activity of the Coca-Cola Co. which came into being in 1894, when a brainwave came to the young American confectioner, Joseph A. Bideheim: the idea of marketing this drink, previously distributed from barrels, in a convenient bottle, which could always be on hand. The drink itself had appeared eight years previously. The formula for it had been devised by Dr. John Pemberton, a pharmacologist from Atlanta, who is unlikely ever to have imagined how the world of the future would be engulfed by this drink containing alkaloids extracted from Peruvian and Bolivian coca leaves. In the recipe which survived after the Doctor’s death the liquid extract of coca leaves numbers among the many other ingredients – vanilla, citric acid, caffeine, various oils – such as those obtained from oranges and lemons, cinnamon, coriander and nutmeg). It is possible that the cocaine contained in the end-product, albeit in negligible amounts, created a ‘habit’ among the captive audience thus explaining the unprecedented size of the enormous market won by this energizing liquid. [.]

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I took a drink of cool Coca-Cola through a straw in Bolivia’s Ministry of Social Protection. It had been offered to me by Guillermo Canedo Patino – the Deputy Minister, to whom I had come with my request to visit the areas where coca was being cultivated. The Bolivian authorities do not like foreigners to visit those places. I had been told that this Deputy Minister was one of the few people, who might be able to help me reach the department of Cochabamba and from there the province of Chapare – centre of the illegal plantations.

Guillermo Canedo Patino invited me to go over to the map on the wall to show me Las Yungas where the legal plantations are and where the population makes its livelihood from coca cultivation. The leaves are harvested three to four times a year, dried in the shade and then pressed into bales for sale. It is perhaps the only place in the world

where coca plantations do not have to be hidden and where people are not afraid of the police. The farmers have a guaranteed market (where coca leaves are bought for chewing and where they are also sold to a tea factory): all that still needs to be done is to send up prayers that the quota should not be reduced.

The more daring farmers also plant coca over and above the permitted norm in the dense forests, but if the aircraft of the police patrols which fly over the area discover a hidden crop, then the farmer concerned will end up in prison. I listened to the Deputy Minister and was desperately working out how I might best steer the conversation to Chapare, where, unlike their counterparts in Las Yungas, most families make their living by growing coca illegally and put up resistance to the authorities, who send in army units to destroy the plantations. For the farmers of Chapare growing coca is not a business but a means of survival. I had been hearing that not only the peasants, but also their wives, who help harvest the coca-leaves, protest with the encouragement of those who buy the harvest, stage demonstrations and block off the main road to Santa Cruz.

“Dear Senor Guillermo,” I began, “You will forgive me, if I mention my wish to reach Chapare once again”.

“I’m very sorry, extremely sorry, but...” he said, shaking his head. “We can consider Las Yungas...But Chapare is out of the question!”

As I said goodbye to the Deputy Minister, I brought out of my bag a cap of the Kyrghyz national costume, which I placed on top of Senor Guillermo’s head. He looked into the mirror and looked most impressive in it. Blushing as he faced the mirror, he then lifted up the telephone receiver, exchanged a few words and then turned back to me: “Colonel Roberto Perez Telleria, General Director of Bolivia’s special forces for the fight against the narcotics business will see you now. If his men accompany you, there will be no objections on my part”.

* * * *

As I shook hands with Roberto Perez Telleria, he struck me as very much a civilian and it was difficult to imagine him as a Colonel in charge of Bolivia’s special forces for the campaign against the narcotics business and drug-dealers. As I was to learn later, his army (1,700 men) was permanently on duty in the jungle and mountains that were difficult of access and these forces had their own special uniform and weapons. There were mobile units everywhere: detachments of the special police (UMOPAR), agents employed to identify drug-syndicates and disrupt their activities, to find illegal laboratories, to keep a check on the movement and sale of banned chemical substances. There was also a group engaged in tracking down drug-linked financial deals and another for finding drugs with the help of sniffer dogs (they had 60 specially trained for this work – small terriers and large Labradors). There was no technology that could compete with them, since machines cannot smell. There is of course a down side in working with dogs – they often get tired or moody and can make mistakes.

The 700 men of the UMOPAR, identifiable by the badge on their left shoulder sporting an animal’s head, have to penetrate the interior of the country into the heart of the forests high up in the mountains. There are three mobile army detachments assigned to them as well, each one consisting of 100 men. In line with the Bolivians’ penchant for scary names, each group was referred to as a category of ‘Devil’: the “Green Devils” drove around in army lorries, the “Red Devils” travelled in planes or helicopters, carrying out reconnaissance work or air-strikes. The “Blue Devils” on the other hand used motor

boats and launches to patrol the forest rivers so as to penetrate areas inaccessible for any other kind of transport.

They carry out 70-80 armed raids every day, but Roberto Perez Telleria knows how difficult it is to achieve real results. In the Cochabamba, Santa Cruz, La Paz and Trinidad departments cocaine and 'paste' are produced in mobile laboratories, which are taken along the mountain roads on lorries. Underground production facilities are set up in planes and helicopters hidden on air-strips in the forest, which in an 'emergency' can take off at a moment's notice. Over a year the UMOPAR men and the "Devils" track down and burn up to 2,000 illegal production units, which only spring up elsewhere later on.

When the Colonel unrolled a map on his desk, I could see a double cordon or two rings along the border – an outer and an inner one. This meant that it should have been difficult for the drug-dealers, or even impossible, to get their wares out of the production zone into neighbouring departments or abroad. These 'rings' should also make it possible to bring in chemicals in the other direction to replenish the stocks of the illegal factories from Chile, Peru, Brazil or Argentina. As I was to learn from the Colonel's explanations, the inner ring embraced the department of Cochabamba and the province of Chapare. Meanwhile, the outer ring followed the line of the country's land and sea borders. It was manned by 11 mobile units of border forces with 15 men in each, who kept in radio contact with each other round the clock.

"At the inner 'Ring'," he told me, "they recently stopped a lorry carrying 600 kilos of cocaine paste. Part had been hidden under a false floor in the back and the rest in secret recesses in the cab. That operation had helped them to track down a notorious Bolivian family, which had skillfully concealed its identity and all kind of involvement in the narcotics business. Tracking down this family has also made it possible to uncover links between the Mafia and the commercial banks in La Paz".

While we were talking, the telephones on his desk kept ringing. Most of the time the Colonel made do with brief answers, but the last call made him break off our conversation and rise to his feet as he listened.

"You are in luck!" exclaimed the Colonel after a brief pause for effect. "They've just brought in a car, which was stopped at the border 3 kilometres south of the city and which was carrying 58 kilos of cocaine. Shall we go?"

In the inner compound there were soldiers clustered round a jeep. It had been stopped at a check-point and initially nothing suspicious had been found. The soldiers had been just about to raise the barrier to let it through, when suddenly one of the border troops' dogs had started barking as it sniffed one of the back seats. When the men checked the boot again, they noticed traces of fresh welding. The boot turned out to have a false bottom and the hollow space beneath it was filled with polythene packets of cocaine.

The work of the welder hired by the drug dealers had been very skilled. There was virtually no difference between his work and what would come out of a factory. Only a well-trained eye would have been able to pick up the second join. I asked what would happen to the cocaine. I was told that they were only able to hang on to it for 48 hours, while it was being analysed by experts and the paper work was being drawn up. After that it would be destroyed in the presence of officials and journalists. Seized bundles of pressed coca leaves are also destroyed.

The owners of the vehicle turned out to be members of a family clan typical for the Bolivian drugs business. Criminal families of this kind often collaborate with similar clans

in Brazil, Peru or Chile setting up elusive networks for the production, storage and transport of cocaine. The Colonel recalled how they had routed two powerful family organizations headed by 'godfathers' by the name of Jorge Córdova Pintu and Limo Lobo Dorado. The families concerned used to buy up drugs in Chapare and take them to San Joaquin, from where it was sent on to Brazil. They were caught while some large shipments of chlorhydrate for cocaine and *basuca* were being moved. When the troops on the border stopped the vehicle, even before they knew about the smuggling, the nerves of the owners snapped and they started shooting.

Finally I plucked up courage to ask the Colonel, if I could be shown how well-trained his men were by taking a trip out into the Chapare province. Guillermo Canedo Patino was bound to have spoken to him already, but it was the Colonel, Roberto Perez Telleria, who would have the last say. I knew how important it was for military men everywhere, and in Latin America in particular, not just to be seen carrying out orders, but also responding on their own initiative to a request for assistance. The Colonel promised to get in touch with the detachment in Chapare and then think about it.

"You should take a day off tomorrow anyway. Have you been to the Plaza de Toros yet? I adore bull-fights and what about you?"

* * * *

Although Bolivia is reputed to be one of the world's main cocaine producers, it does fortunately not number among the main users. This substance capable of changing people's consciousness remains the subject of fierce debates, which would end – depending mainly on the political situation within which they were conducted – with such changes being classified either as acceptable or as quite inadmissible ones, which should be punished. It is difficult to persuade people with a weakness for narcotics to accept the truth, which seems self-evident to the rest of us, that a sense of happiness and sincerity cannot be bought or obtained by smoking, sniffing, taking tablets or injecting, while the only reliable route is an upright way of life.

I was discussing this with psychiatrist Fermín Galano. He was from a family of Spanish Republicans, who had taken part in the war against the Franco regime and been forced to emigrate to the Soviet Union at the end of the 1930s. In the second half of the 1980s, after the era of *perestroika* had dawned, he had spent some time in the land of his ancestors and obtained Spanish citizenship, but then decided to set off to South America to work, where it was easier for a doctor with his qualifications to find work. Over four years the number of Bolivians using cocaine and 'paste' (*basuco*) had increased 2½ times over. Many of the chronic addicts were from the lowest strata of society and had long since lost any respect for the authorities: yet when they have nothing to eat and nowhere to lay their head at night, they find shelter in church centres, like that set up by the Italian Catholic order known as the "Community of Pope Jean XXIII". In Bolivia there are 5 Catholic rehabilitation centres – three in La Paz, and one each in Las Yungas and in the Amazon basin – that can take in 100 people.

"Now you're going to see a Centre, where there are no doctors, just volunteers – including former addicts," explained Fermín, as our car drew up in front of some stone gates.

We were met by the director of the Centre – Ermano Alexandro Fiorino – an Italian from near Milan, who led us off for a tour of the establishment. There were 35 patients at "San Vicente" living in small rooms containing bunk beds. Most of the residents appeared to be between the ages of 20 and 40. They looked dejected, as if they had

been brought out to play the part of melancholics, but then forgotten their words: they were gazing desperately at the Director, as if he would prompt them with the next cue.

Ermano was one of those people who feel personally responsible for misdeeds committed by his forebears. Although, for example, he was not related in any way to Marco Polo, he kept on apologizing, as it were, for the fact that his famous compatriot during his travels to the East had acquainted Europeans with opium and hashish. Ermano himself had travelled widely and seen for himself the life led by all manner of social groups. "God helped me to realize that I had to live in a poor country".

Senor Alexandro's right-hand man was Julio, one of the workers at the Centre. At one time he had been an inveterate addict, taking marihuana, LSD and cocaine as he roamed through the towns of Italy with his guitar. Then on his own initiative without any outside pressure he had felt a need for religious faith: he had forced himself to give up the temptation and stand firm. His source of support had been the Catholic rehabilitation centre. After he was cured of his addiction he trained as a priest so as to help others like himself. He had worked in a branch of the "Community of Pope John XXIII" and was now at "San Vicente".

"Are you married?" I asked Julio.

"No," he laughed: "I'm happy!".

The inmates at the centre had in the past slept rough: they had had nowhere to go, their families had rejected them. Some of them were drug addicts, but those were outnumbered by alcoholics. They did not receive any welfare money and were happy to sit silently at a communal table for their meals. On the wall there were photographs of Pope John Paul II and Fidel Castro. Nobody could explain to me what link there might be between the centre and the Cuban leader.

The inmates were not allowed to use any kind of drug. New arrivals do not have to sign any agreement, which means that no-one is ever placed in a situation where his illiteracy is exposed. Agreements are reached by word of mouth. If anyone is found in possession of forbidden substances or using them, he has to leave the centre.

"Do most of the people come to the centre to be cured of their addiction or to find shelter?" I asked.

"The two things are linked". Ermano explained: "If someone is no longer capable of running his own life and is on the bread-line and then, being unable to change his circumstances, starts drinking or taking drugs and cannot find work, his relatives will reject him and he will lose everything. The centre represents his last hope to rebuild a life for himself".

The philosophy of the Centre is based on the principles used by the organizations Alcoholics Anonymous or Drug-addicts Anonymous and laid out in their "Twelve Steps" programme. These groups commanding therapy and support for addiction sufferers first came into being after the Second World War in European psychiatric clinics. The Bolivians used them for the rehabilitation of both alcoholics and drug addicts. They are very much in tune with the national character – open, friendly and attaching key importance to communication.

Those with no home to go to stay at the "San Vicente" centre for 8 or 9 months. They rise at 6:00 a.m. and then, after breakfast, some of the inmates are taken off to work on a building-site, while others carve characters from the Bible out of wood. The local residents bring along broken stools, benches and wheel-chairs for repair. Recently the

workshop has begun making furniture as well. The greatest demand is for coffins, as funeral expenses are very high and something that the poor are not able to afford. In La Paz 40 unofficial cemeteries have come into being, which cater for their needs. The carpenters at the centre help people like themselves depart this life in a dignified way – complete with a wooden coffin.

* * * *

Two days after my meetings with Guillermo Canedo Patino and Roberto Perez Telleria members of staff from the Russian Embassy caught up with me and informed me of the time for my departure to Cochabamba by plane – I needed to be at the airport for internal flights at 7:00 the next morning. One of the Secretaries from the Embassy, Alexei, would be coming with me and also Luis – an assistant of Guillermo Canedo Patino. My companions were excited because it was an unusual stroke of luck for them as well this trip to Cochabamba and the Chapare province. The background to the situation was explained to me during the flight.

The illegal coca plantations in Chapare provide work for numerous peasant families, who have no other source of income. The authorities take a hard line on all of this: they spray the plantations from the air with fumigants but this can be the final straw depriving people of their last hope of a livelihood, who are not really guilty of any crime and who have been earning their living. In addition spraying with herbicides can give rise to protests from those anxious to protect the local landscape and environment. In these conditions the government opted for a policy more likely to keep both sides happy. The peasants were offered up to \$2,500 (in Bolivian currency) for each hectare of their coca fields, in which they voluntarily chopped down the bushes: they would receive \$1,650 in cash and the rest would be paid into the local fund for the development of their farms. The sum was a considerable one by local standards, yet still less than what the farmers could earn from a hectare planted with coca bushes. So what was the point of cutting down the bushes and depriving their family of part of their livelihood? The peasants and their wives rebel against the proposals, spurred on to do so by those who buy up the coca harvest, organize protest demonstrations and block the road to Santa Cruz.

Among the *cocoleros* (the workers from the coca plantations) some wily characters soon found a way out of the situation. After presenting the authorities with their hectare of chopped down coca bushes and receiving their compensation, they then moved further back into the jungle, uprooted more trees, planted coca bushes and then cut those down, duly showed them to the authorities and demanded a second round of compensation. That was not the end of the inventiveness on the part of the peasants though: some of them who had never cultivated coca before, quickly laid out coca plantations, only so that they could march through them with their machetes in order to have an array of bushes cut down at the roots and be able to demand that the government pay up! The programme for the destruction of coca fields stimulated mass-scale interest in the setting up of new plantations, so that eventually they too might be chopped down and the farmers 'compensated'. All that there remained for the authorities to do was to keep reducing the amount of compensation paid out directly, so that during the period while the newly sown fields were maturing, the amount of compensation would no longer make the farmers' 'efforts' worthwhile.

In 1997 7000 hectares of illegally planted coca fields were destroyed. Almost 80% of the territory was cleared by the peasants themselves for a fee, while the remaining illegal fields were destroyed either by the army or the police. More often than not the authorities dealt with those plantations, whose owners had 'gone missing'. Sometimes

the peasants did not admit to the fact the illegal fields were theirs and would watch without a flicker of emotion, while the police cut down their bushes and made bonfires with them.

It has to be admitted though, that many peasants co-operated with the government and cut down the coca fields they themselves had planted. This was not an easy task: it is quite easy to uproot two-year-old coca bushes, but after five years they are so tough, that it is only possible to get the better of them, by digging them up with a spade. Sometimes attempts were made to prune the bushes, but very soon the stems began to grow again and the foliage would be thicker and more luxuriant than before. There are still plenty of illegal fields left in Chapare: the peasants seem to be in no mood to give them up and when they resist the authorities, they more often than not appear bearing guns.

Large numbers of the *cocoleros* are former miners: in the 1970s Bolivian mines numbered among the world's leading tin producers. Malaysia was the only country, which traded in tin on a greater scale than Bolivia. When the market situation changed 35,000 of the country's 60,000 miners found themselves out of work. They resettled with their families in the woods of Chapare and started setting up coca plantations. It was not the first occasion when miners, after moving on from their boarded-up mines, became involved in the narcotics business, when there was no other way to feed their families. It was not business in the accepted sense of the word, but a means to survival. Coca leaves from one hectare bring in those who reap them up to \$4,000 a year and every working family in Chapare had between ten and 20 hectares of coca fields. The former miners were also determined to defend their plantations to the death.

* * * *

Outside the Cochabamba air terminal an army jeep was waiting for us. Lieutenant Ali Belyalba and his driver were both in camouflage uniform with many outside pockets and blotch-covered peaked caps: round their waists they wore a belt with water-bottles attached and spare magazines for their automatic weapons slung over their shoulders. Both of them had a badge sewn on to the right shoulder of their jackets on which a large animal's head was depicted, for they were from the military sub-division known as "Tiger Claws".

The Lieutenant asked us to get into the jeep.

"How far is it to Chapare?" I enquired.

The lieutenant shrugged his shoulders and tried to reply to my question: "It's not easy to say...If we do not meet any landslide, fall down a precipice or encounter a drug dealers' convoy or ambush, then we should be there in three hours".

The Lieutenant sat down next to the driver and laid his gun across his lap. The road consisted of endless loops as we climbed up to ridges and then wound our way down again with high rocks to our right and keeping as far as we could from the left-hand edge of the road, where there was a dizzy drop down into something that looked the Niagara Falls. When we passed Lake Corana and an artificial reservoir, a mist suddenly descended on the narrow mountain road and visibility was reduced to nil. The driver turned on the headlights and continued to drive forward, but at an even slower pace than before, as if we were groping our way along. I poked my arm out of the window and could hardly make out my own fingers. I wondered to myself how the men driving cargoes of cocaine felt as they contended with this road.

Fifteen minutes later the mist lifted and we started climbing up and down a road that was now bathed in afternoon sunlight. The Lieutenant was from the town of Sucre, where his father headed the local police. He had joined the Army, because he had felt “while I was young I ought to contribute to the fight against the narcotics business”. Army personnel, when they set off into the depths of the forest to underground laboratories that have been discovered from the air, prepare themselves to confront resistance from the peasant mercenaries guarding it, who will be armed with double-barreled shot-guns, pistols and machetes. For some time now UMOPAR men have come under fire from automatic weapons, machine-guns and grenade-launchers, which are sometimes more modern than their own. The narcotics business is preparing for all-out war.

Once Ali led his men out to the Jordán River, where they came across three chemical plants, which were covered with banana leaves and had not been noticed from the air. Pits had been dug out in the surrounding forest and in each of these there were seven barefoot men, who were pressing coca leaves mixed with salt by the light of kerosene lamps. There was a group of armed men on watch in the nearby thickets. Usually those on sentry-duty were expecting a confrontation with looters or rival producers and inter-clan shoot-outs are a common occurrence. The hired watchmen usually prefer to avoid confrontation with the police and make off into the jungle instead. This time, however, being unaware of how small the army unit was, they greeted the soldiers with a burst of heavy gunfire. The Army men kept the upper hand, however, and the watchmen ran off in all directions.

Ali and his men arrested the drug-producers and all those who had been armed, while only allowing the peasants to go back to their villages, who had been pressing the coca leaves in the pits with their bare feet. The soldiers could have arrested them as well, since pressing coca leaves is against the law. The peasants used to make their way along forest paths from the neighbouring villages, soak the leaves and press them and then disperse at dawn. Around the buildings there were pits that had been dug into the earth down to a depth of about 50cms, in which lay jars and buckets containing chemicals. The army men would pour over the buildings whatever they could find - kerosene, petrol, acid and then throw a burning torch at them. When only ashes remained of what had once been a factory, they would take the arrested men back to their base. The men in these special army units do not do this work for money: they are paid 1100 bolivianos a month, of which 400 are spent on food. It is, however, difficult to find work in Bolivia and this is real Man’s work.

After a short break we climbed back into the jeep which had cooled down a little in the shade, and then we moved on along the winding road: by this stage the asphalt had given way to gravel that crunched beneath the wheels and we were driving past notices which read “Area of Geological Instability”. Every now and then we were stopped at army check-points: our group was not given a hard time of it, as people locally knew the Lieutenant, but for the sake of formality our papers had to be looked at and the inside of the boot checked. On our way to the base we were inspected at a total – and I counted them specially – of 15 check-points. Drug-dealers by-pass the check-points using mountain paths: each man carried one or two canisters of cocaine and chemicals on their shoulders or back, looking out as they go for the agreed spot where there will be a vehicle waiting for them. It is an identical repeat of what I had seen earlier in the Pamir Mountains. I could not help thinking to myself about the strange way in which ideas about how to avoid prohibitions come simultaneously into the minds of people who have never met and who live in different hemispheres. This is definitely a case of a reckless

way of life engendering resourceful cunning. The Bolivians used to refer to these drug smugglers as *mulas* or mules. “They don’t think, they just carry...”, explained the Lieutenant.

* * * *

It was over three hours since our departure, when the jeep turned from the main highway into a narrow, almost hidden side-road. The driver slowed down as he approached a red barrier across it. Again we brought out our papers. At last the barrier rose and our vehicle drove through a gate. Beyond it was an open area where up to two hundred cars of all possible makes were parked: also there were heavy lorries, tip-up lorries, tanker lorries carriers, trailers, concrete-mixers, mobile cranes and motor-cycles... These were all vehicles which had been confiscated by UMOPAR forces while carrying drugs.

“Let’s make it clear straightaway, that you won’t be mentioning my name anywhere!” said the commander of the “Tiger Claws” unit, as he shook my hand. I had been given a similar warning before by Alyosha Popovich in New York.

“What should I call you though?” I asked.

“Major, just plain Major!”

Plain major invited me into the nearby hut. It had been turned into a ‘museum’ for trophies captured by the “Tiger Claws” in Chapare. With their round-the-clock patrols, their raids deep into the jungle and enjoying the support of land, air and water ‘Devils’, these 400 men were keeping the drugs business throughout the province on its guard. The hut contained confiscated rifles going back to the time of Simon Bolivar, bicycle tyres with secret compartments. Smuggled drugs could be hidden beneath the false bottoms of brief-cases and bags, inside fresh fruit, jars of baby-food, in cans of food that have been welded shut, in packets of biscuits, cartons of milk and even in sacks of potatoes, where the illegal powder would be wrapped in brown paper virtually indistinguishable from potato skins. Those transporting sulphuric acid, detergents and sodas which are used for preparing the end product are no less resourceful: chemicals might be hidden in plastic shampoo bottles, in canisters with a false bottom, soaked up in threads, skeins of wool or buried under piles of sandals. Even inside concrete blocks, which were allegedly being taken to a building-site, to be used for the foundations of a large building. I would not venture to assert that this ingenious inventiveness always proves successful, but what is perfectly clear is that this resourcefulness helps to keep the drug-dealers on their toes. However resourceful the authorities might be, the drug-dealers manage every time to surprise them with new ruses.

The major told me that it was difficult for his men to go off into the jungle for a week taking with them arms, ammunition and, on top of all that, water and boiled chicken meat. After reaching their destination and carrying out their mission, they have to stay there for at least three days and then set off back to base again eating what they manage to gather in the forest. Only men, who have gone through combat training and have learnt how to cope in jungle conditions for as long as it takes, are sent out on missions like that. These are top-class police troops, who have the difficult task of checking out illegal coca crops hidden in the woods 150-200 kilometres from their base.

The Major gave me a demonstration of how well-trained his men were: when the alert was given a group of men rushed out to four heavy helicopters and the engines had been turned on before we could turn round. The propeller blades were spinning wildly as the helicopters shuddered into action and the men with all their kit were jumping into

them and then hauled the last men in, as the helicopters were starting to take off from the ground. The helicopters were American ones, which had been used in the Vietnam War and then given to the Bolivian border troops.

“I don’t understand the Americans,” said the Major. “Since the early nineties they have been giving us military equipment for the fight against the narcotics business, up to 50 million dollars’ worth, they say. But just look at those helicopters: they are beginning to wear out and we have no spare parts, so that we don’t often take off in them.”

“Perhaps you don’t maintain them as well as you should?” I suggested timidly. “They say that gifts corrupt those who receive them”.

“Gifts?!” exclaimed the Major in astonishment. “That is peanuts in return for our efforts to stop cocaine being exported and so to protect the health of the American nation. We don’t sniff the stuff like they do or inject it on their scale. If they can’t reduce the demand, if their market drives our people to crime by swallowing up illegal goods, then I would no longer see their unavoidable attempts to limit the import of cocaine into their country as help for our people.”

The Major’s words were not the kind of thing my official companions were used to hearing: they were after all civil servants and ever aware of their status. Alexei’s face came over worried, as if he had been asked to hand his government a diplomatic note. I tried quickly to change the subject of the conversation and asked the Major whether he often had the chance to see his family. It turned out that he was from La Paz, where he had a wife and three children. He had two or three days’ home-leave once every four months: the job out here was a never-ending one. He used to get very worried when the peasants growing coca used to ‘greet’ his men with stones, when fights broke out between them. His men were not allowed to open fire on them and they often used to come back to the base with bruises.

In the evenings the Major used to go to the villages, collect groups of peasants together and explain state policy to them. He felt he had to convince the peasants...How was it possible though, when they are used to growing a crop, which requires hardly any work once it has been planted and for which the local climate is ideal. There is never any problem either when it comes to finding buyers: the wholesalers collect up everything down to the last leaf and even go so far as actually thanking you. The peasants living near the illegal factories are particularly contented with their lot, because at night they can earn still more money crushing the leaves in the pits round the production facilities. Their pay depends on how successful the boss is, on how much he manages to export and where he manages to sell it. In Chapare a kilogram of cocaine costs between \$300 and \$500, in La Paz the price is \$1,200-\$1,500 and in the United States it is \$130,000.

Yet whatever the Major might tell the peasants or however hard he sought to encourage them of their own free will to destroy their coca crops, rejecting coca bushes out of hand would be flying in the face of their traditions and way of life and the people of Chapare “would never see the point”, the Major assured me.

One of the hallmarks of the situation in Chapare is the existence of ethnic and social differences between various types of coca-growers. There are the farmers who have always lived there for as long as anyone can remember, who cannot imagine life without coca and who have no other means of earning a living apart from this plant, which for them is sacred. Finding some kind of common language with them is not so difficult. The situation is very different, however, when it comes to the new-comers who have come in from outside, who have re-settled in the area, after losing their livelihood

or going bankrupt. For them coca is a means of getting rich quick. Some of these more recent settlers arrived after mines had closed down and then proceeded to make life difficult for the Indian families by taking over some of their land. It is more difficult to approach this second group: now that they feel they have re-established themselves, they are having to face ruin a second time and start all over again to eke out an existence.

The population of the province of Chapare (150,000) is not in any hurry to accept the government programme. Congressman Ivo Morales took it upon himself to defend their interests, after being elected by the farmers of Chapare as their union representative. The Congressman has been warning the government: "I have tried on several occasions to calm the anxiety currently effecting the peasants, who are ready to contemplate direct confrontation with the Army, using nothing but sticks and machetes to defend themselves with. Yet their patience is running out, just like my ability to hold them back". He has been calling upon the Catholic Church to act as mediator between the people of Chapare and the authorities, but the Government does not even know what it should start talking about. Ivo Morales has been using every clash between the peasants and the UMOPAR units to polarize the issue and whip up tension. With the Congressman's encouragement the *cocoleros* go out into the streets bearing aloft banners which read "Coca or Death!"

Not long before our arrival the situation had taken a turn for the worse, and could have degenerated into civil war. The first casualties were reported – some of them fatal. The Justice Minister, Ana Maria Cortes, flew out from La Paz and after announcing that there would be an inquiry into human rights abuses on both sides, she promised to prosecute those responsible, even if they turned out to be government ministers. She went on to say that the real victim of what was happening in Chapare was the whole Bolivian people. It was imperative that the "Dignity" Plan should be implemented, but in such a way that those who had been cultivating coca should be given another means of supporting their families.

I was glad I had been able to visit the area of illegal coca plantations, where there was the most unrest in Bolivia. Yet my hopes of seeing at least one illegal plantation and to talk to some of the *cocoleros* – possibly some of the last illegal peasant-farmers, put the Major in a difficult position, much to my surprise.

"How much time do you have?" he asked.

"Two or three days..."

"According to our intelligence, the nearest such plantation involves a five-day walk through the jungle."

"I'm wearing trainers, though, they are lighter than army boots".

"It would be five days there I tell you, and that only in dry weather. If the rains start, then it would be a matter of two weeks."

"So that means I'm to return without seeing any illegal plantations?"

The Major pretended he had not heard me.

* * * *

I hardly managed to close my eyes that night, but the next morning, before I had had time to pull back the muslin sheets covering my head, when short beeps from a car were to be heard under my window. We ran out into the street and by the fence there stood a Jeep with the Major at the wheel. Had he been to bed at all?

The major had heard that in the forest near the village of Villa Tunari some hidden coca fields might still be intact. He was hoping to be able to find them and then to present them to us as material evidence of resistance from the farmers of Chapare. We soon left behind us the peasant houses with enclosures for livestock, barns built of logs and cyclists raising the dust at the side of the road. Kechua Indians were leading their donkeys along laden down with baskets of vegetables. They were dressed in attractive home-woven garments. They were the direct descendants of the Incas and had kept alive the language of that Empire. The Major told us how the Kechua, like all other Indians, kept small coca fields out in the forest and so they too had to be confronted. I could imagine to myself what the Kechua Indians thought about the Major's mental faculties, when he stopped his Jeep and asked people, where it would be possible to see some coca fields nearby. The Kechua thought we were crazy, lowered their eyes, spread out their arms in bewilderment and hurried off without looking back.

The Major stopped his vehicle near an Indian who was walking along with small steps at the side of the road: he was wearing sandals and a striped T-shirt with an un-buttoned woollen cardigan over it. He was holding a formidable machete and to judge from appearances he was hurrying to his fields. The Major enquired gently if there were any plantations nearby, pointing out that he just wanted to show some to some visitors, without even asking whose they were. The Indian hid his machete behind his back and said: "I have uprooted the bushes in my field, Senor Major!"

The Major cursed the obstinacy of the Kechua, although he was one of their number himself and had pointed out – not without pride – how rich their language was. It turned out, for example, that they had at least ten different names for maize or potatoes, different kinds of which they could distinguish on the basis of the size of the cob or tuber, their shape, the defects or signs of disease on the roots, stems or leaves... While we back home might say: "Give me that maize or that cob, such a phrase to a Kechua would be like saying in our midst: "Give me a kilo of plants". The vocabulary of the Kechua is very precise. A single word is enough for a market-trader to give him not just any maize or potato, but the variety he has specifically asked for such as a cob with green outer leaves on which the grains have only just formed.

The Major felt rather awkward by now. He was convinced that each of the people roundabout had a hidden field, but finding one might have taken all day. The Jeep was about to abandon the little side-road we were in, when we caught sight of a barn behind an open gate and an open space in front of it piled high with coca leaves. Coca was being dried out in the sun!

After jumping down from the Jeep, the Major went inside to look for the owner. We followed close behind him, without realizing at first that the sudden appearance of strangers must have alarmed the owner. He was going to obey us, cursing himself inwardly for having been so careless as to leave his gate open. A bare-footed young man came out of the barn. He said his name was José, when the Major asked him. After the Major had put out his hand first to greet him and shaken the farmer's hand to demonstrate his friendly intentions, the lad shook hands with the rest of us, looking into our eyes, hoping to be able to read from them how long the sentence would be, which we would mete out to him for this great pile of narcotic raw materials. He did not start to deny anything - that would have been ridiculous - and he admitted his guilt. Yes, he was drying the leaves to sell them, he used to deliver his crop to the local market four times a year. It was bought by other local people, who did not have their own plots, but who

still kept up the old habits of chewing coca leaves or drinking coca tea. For forty kilos of dried leaves he could make 250 bolivianos (\$50).

“Listen José,” said the Major, “if you help me, I can help you. I need to show these visitors how coca grows. Let’s drive out to your plot. I shall not betray your trust and my unit will never drive along the road that you are going to show us. I promise you this.”

José was amazed to hear this from a Major in the army!

“And you won’t make me dig up the bushes and burn them?” he asked, hardly able to believe his luck.

“Why should I, José... That’s what we do with the plantations, which supply leaves to the cocaine factories. Why should we do that in your case? You are not going to be selling leaves to drug-dealers.”

José got into the Jeep and again we set off down the road through the forest. Forty minutes later our guide asked us to stop at the edge of a eucalyptus grove. José went further into the forest and we walked behind him in single file. Suddenly he started walking ahead of us with quicker steps than before. “José, where are you?” shouted the Major, but there was no reply.

The path suddenly petered out and we saw before us a coca plantation about half a hectare in size, at the far end of which a smiling José was standing.

“That’s not the way to walk through the forest?!”

The bushes were about the same height as a man and they were full of delicate green leaves and small white flowers. I pulled a branch over towards me: there were the five petals and the white pistil as well. There were a few fruits too: they were like red peas, very similar to coffee beans. I put one of the ‘peas’ into my mouth and noted that it had a rather sweet taste. They say that Bolivian children love chewing these fruit. Recalling the custom of the Amazon Indians I had been told about, I picked several small leaves, moulded them together into a lump in my mouth and then started rolling the lump to and fro, sucking the juice out of it as I went and moving it from cheek to cheek, as I had been taught by the Huitotos chief, Hitoma Safiam, but I could not really taste anything apart from a certain bitterness.

José assured me, that his ‘plantation’ was eight years old, that it produced fewer leaves now than before and that he did not plan to plant any new bushes. He did not want to have any problems with the authorities. I asked the Major what the local peasants tended to say when it is demanded of them that they destroy their coca fields.

‘This is my way of life, I am a free man and you can’t stop me doing this. You are representing outside interests and for us coca is part of God’s creation. We sell coca leaves and if someone else makes cocaine out of them, that’s their problem?’

“That’s what they say, isn’t it José?”

“That’s how it is,” agreed José.

“They also add what they hear from buyers coming in from outside: ‘If there’s more cocaine, the *gringos* will die quicker’. That’s what they say, isn’t it José?”

“That’s right”.

The Major recalled the Kechua legend, which José also knew.

When Spaniards came to this land, the leader of the Incas drew attention to their love of gold, how they fought over it amongst themselves and he vowed: “They shall find the

white gold in our land and it will kill them!" White gold is indeed what cocaine turned out to be for the outsiders.

In Muslim countries, which produce drugs, they also justify this negative activity by stressing the divine purpose of destroying the infidel. It is an interesting phenomenon to observe: the drug-dealers instil into people everywhere hostility towards those countries, which consume their contraband exports, towards those peoples who are unable to defend themselves against this plague and thanks to whom criminals continue to add to their wealth. Drugs, as has been aptly noted, become a special weapon in the political struggle.

"How can we convince Bolivians of the danger inherent in their belief that drugs do not effect us ourselves in any way and that they only kill foreigners?" the Major said in despair." They are already doing away with us too."

When it was nearly dark we brought José back to his house in Villa Tunari. The Major promised him once more than he would forget his particular plot and he advised him to make the journey to the Centre for Alternative Development so as to ask the people in the know, what crops could be a source of income for him in the conditions found in Villa Tunari.

"Don't forget to lock your gate, José!" said the Major as he gave him a farewell handshake.

* * * *

We were in a part of Latin America where in the mid-sixties Che Guevara tried to incite the Bolivians to rise up and rally to his revolutionary banners. The Argentinian doctor, who had become a close comrade-in-arms of Fidel Castro, had selected – together with his comrades in arms - an area south of Santa Cruz, as the spot where they would set up their main base. It was on a farm, which was known as "Calamina". The small band of revolutionaries did not however find support among the local population and was routed. Cuban guerillas were shot at from both sides by Bolivian government troops as they crossed a ford on the Rio Grande with their hands raised above their heads. The group had included the German female revolutionary known as Tanya (Tamara Bunke), who had been Che's comrade-in-arms. A few days later on October 9, 1967 Che Guevara, who had been taken prisoner, was killed. The local inhabitants still maintain that the group had actually been engaged in transporting narcotics through the jungle. Che Guevara's own "Bolivian Diary" bears out the fact that the authorities were very much on their guard since they had come to suspect him and his companions of being involved with illegal operations involving drugs.

Most Bolivians support their government in its desire to unravel the complex range of drug problems without resorting to violence. As they see it, the difference between the Bolivian and the Colombian situation is that it would be impossible in their country for a guerilla movement to prosper which had imported an ideology from outside: the Bolivian view of the world is a more conservative one.

* * * *

The Centre for Alternative Development was set up in Cochabamba in 1975.

There were posters everywhere praising the peasants who had been the first to replace their coca crops with other plants. Agricultural experts from the Centre visit farms and help peasant farmers assess the relevance of new technology. Methods for cultivating 32 different crops have been elaborated.

Javier Guevara, the director of an experimental farm (800 hectares), is taking us out in his car. Its wheels crunch as we drive along a gravel road. On both sides of it there are green-houses and experimental fields to be seen. We went into one of the green-houses containing pots with seedlings for pepper bushes specially adapted to local conditions. The seeds were brought here almost ten years ago from Costa Rica and Brazil. The experts have been trying to encourage the shoots to adapt to the unfamiliar soil. To the surprise of the selection specialists it turned out to be economically more advantageous to grow pepper here than in the countries, where it grew naturally. The green-houses contained up to 500,000 young pepper plants designated for Chapare fields.

In the next green-house we saw seedlings of banana-trees from Honduras. Usually bananas are defenceless against the disease which is widespread here – namely ‘Black Death’, but the varieties brought in recently have proved splendidly resistant. Laboratory staff have devised their own methods for a chemical onslaught against plant disease. In the past one hectare could support up to 600 banana trees, from which it was possible to harvest between 10 and 12 tons of fruit. With the help of new technology it has proved possible to plant as many as 1600 trees per hectare and harvest between 40 and 45 tons of bananas.

“We can achieve similar results with new varieties of pineapple too,” Javier Guevara informed us. “The yield has increased three to four-fold. We have already started exporting Chapare pineapples to Argentina.”

To the left of the road maracuja has been planted: Bolivia was a new site for these plants native to the banks of the Amazon. Not so long ago I and my friends had been quenching our thirst with maracuja juice as we made our way along the great river. The fruit are large and juicy with a slightly acid taste to them and they have a thick yellow skin. They are also known as ‘Passion fruit’. The name was thought up by traders, but the maracuja fruit itself demonstrates its more tangible advantages. Between planting and a harvest that is going to be profitable there is an interval of no more than 9 months. Planting out just over 1000 young plants can bring in a harvest of between 8 and 14 tons of fruit.

Latin-American doctors use maracuja fruit as a tranquilizer, a disinfectant, an anti-depressant and for the treatment of spasms. Brazilians find it effective in the treatment of asthma, coughs, bronchitis and insomnia. The Turks use it to treat epilepsy, neuralgia and neuroses. The Americans use it for burns, tumours, piles diseases of the skin and hair. I tend to be rather sceptical about the healing properties of plants, when they are held to be effective for such a wide range of disorders: the maracuja fruit, however, would appear to have a well-deserved reputation.

Bolivia’s anti-narcotics programme for 1998-2002 has a budget of \$952,000,000, of which 700 million are to be devoted to alternative development and the remainder on destroying illegal plantations and on preventive work [3].

When I took my leave from him, the director of the experimental research station asked me to remember:

- the Bolivians were the first to undertake this experiment, which had not been tried out anywhere else in the world before – namely to put an end to the narcotics business *without using violence*;
- Each hectare planted by farmers from Chapare with new crops will, if the recommendations of the agronomists are duly observed, really provide a bigger

source of cash than the coca crop formerly grown in the same plot. Peasants, however, do not take anything on trust and if they are to be *won round* then it will take time;

- The real difficulty lies in the *attitudes* of the local people, who have been spoiled by the cultivation of coca, which does not demand a great deal of effort. You stick a shoot into the ground, green leaves soon appear and then just gather them in. With the new crops recommended you cannot just sit down at the edge of the field and doze with your hat pulled down over your eyes.

Renouncing coca means *saying goodbye to a way of life people were used to*. That farewell is a difficult one, but it is the only way out.

Chapter 13. **BRAZILIAN CARNIVAL WITH A WHIFF OF MARIHUANA**
**Kites above the *favelas* of Rio – A Killing costs \$40 or a line of Cocaine – For Children on the theme of Drugs: Maria Teresa Aquino’s theatre – “Solar do Rio”:
Centre for the Elite – The Story of Constança Teixeira de Freitas – On Dependents and ‘Co-dependents’.**

“People from the *favelas*” said my companions in Rio de Janeiro, pointing out people clustered on the pavements. Many of them had the kind of twisted faces, to be observed in those suffering from severe psychiatric disorders or stemming from chronic alcohol or drug-dependence.

The word *favela* is a word you keep hearing in Rio all the time. It is used to designate a dangerous, crime-ridden slum-district. Even policemen prefer to avoid them. People say that the first *favelas* came into being spontaneously in 1887. According to one story it was created by soldiers after their return from the north-eastern province of Bahia, where they had been putting down riots by landless peasants – descendants of Indians and African slaves. Lacking any shelter, they had gone up on to the top of Mount Providence and set up their tents there. The settlement was given the name of *Favela* after the flowers that grew in the area of the fighting they had been involved shortly before.

Soon peasants began to build huts next to the soldiers’ tents, when they fled to this part of the country to avoid drought and poverty. They congregated here, bringing their beliefs, their possessions and their principles with them. The *favela* became a whole new cultural phenomenon. Initially the people living in them were religiously inclined and put their family and God before everything else. By the second or third generation the way these settlers saw the world began to change. Perhaps what gave rise to tension was the gulf between their wretched existence on the hillsides and the life of the respectable city down below, in the foothills. Today the fourth and fifth generation of the *favela*-dwellers (who now number 2 million) has nothing at all in common with the ‘pioneers’. Many of the young people among them are involved in the drugs business [1].

* * * *

One afternoon I came out of the “Rio Palace” hotel in Copacabana with a friend and set off towards the nearest *favela*. Tourists were sunbathing on the sand, drinking milk from shaggy coconuts through straws. We walked over towards a nearby hill. There were red kites hovering over the roofs of the slums, just like those children might fly anywhere else in the world. A column of military vehicles rattled past us on its way down the street. The kites, it emerged, were a signal that the grandiose Carnival was not far off: soon ‘golden’ floats carrying tens of thousands of dancers, singers and acrobats, decked out in crowns and feathers, would start to process down the streets to the wild rhythms of the samba. The shapely semi-naked bodies of those taking part would be painted or partly covered by flowing garments.

“It’s beautiful!” I said to my companion – a native of Rio, as I looked up at the kites circling in the sky.

“Are you sure?” he asked in astonishment. “Soon there will be a shoot-out up on the hill. There is going to be a clamp-down on drug-dealers. It will end with at least ten corpses”.

“What makes you think that?” I asked baffled.

“There are red kites in the sky!”

It is the small boys who start flying kites to warn the drug-dealers – their fathers and brothers. Those small islands of poverty, filth, cardboard houses and tents, which derive a living from drug-dealing up there on the hillside, are not even safe for the police. Military convoys with armed men do not pluck up the courage to go up into the *favelas* very often either. When the police do decide to raid the place though, they do not stand on ceremony with the local inhabitants. Anyone who gets killed can be branded a drug-dealer, even if it is a bedraggled old lady with long hair or a one-legged soldier moving about on a box on wheels that falls into the clutches of the police.

When things quieten down again, the small boys start flying green kites. Red ones are a warning signal. The small boys are given money or doses of drugs by the adults in return for keeping watch in this way. The children of the *favelas*, who are often homeless, learn at an early age to start sniffing solvents or smoking marijuana. After witnessing cross-fire, shoot-outs, grim drunken brawls they remain mentally scarred for the rest of their lives. Many of the teenagers – both boys and girls – come to take over from older thieves and prostitutes, when the latter disappear without trace, are thrown into prison or meet an untimely death [2].

The feelings of the Brazilians with regard to the inhabitants of the *favelas* are ambivalent. On the one hand, they constitute a source of heightened tension in and around the city and an environmental hazard, while, on the other, various people, including young couples who do not want to live with their parents, junior clerks and various apprentices feel that, together with them, they are nearer to the Gates of Heaven than anyone else, as one of their songs assures us.

These settlements are one of the ‘sights’ of Rio de Janeiro, just as unique as the superb sands of Copacabana or the city’s Carnival, but my friends asked me not to go anywhere near them and I felt I ought not to tempt Fate. Not only in the northern part of the city inhabited mainly by poor coloured people, but even in the fashionable, brightly lit streets of the rich quarters to the South you can encounter slum-dwellers. They are very forthright, talkative and direct in their manner: moreover, they enjoy talking about themselves, like most Brazilians. If you are smiled at by a young Brazilian woman with a rose in her hair, while sitting at a table of a pavement café on Avenida Atlântica, she could well be from one of the *favelas*.

If you were to ask what district she was from, her child-like grateful eyes would home in on you, as she explained that she lived in the Favela da Rosinha, but if you preferred it, you could just rent a room in the hotel round the corner....

Rosinha is the largest *favela* in Rio de Janeiro, indeed in the whole of Latin America. It is home to 43,000 people. The young girl’s family lives there in a house which has electricity, running water, main drainage and where they have access to shops, a bank and a post-office. Her younger brother spends all day in a crèche and her older brother goes to the community school. The more prosperous inhabitants of the *favela* watch cable TV and can hire videos. As in the other *favelas*, there is more drug-dealing on the streets and on the discos and clubs after dark, than drug-use. Rich drug-dealers provide people with work and invest more money in making the *favelas* fit to live in than the municipal authorities do. Perhaps that is why the police cannot get any information out of the local population about where drugs are stored and who sells them, when they drive at speed into the *favela*.

“What drugs do Brazilians prefer?” you might ask the pretty girl with the rose in her hair. “Whatever Senor wants, we can get hold of for him. I myself smoke marihuana”. “Isn’t it dangerous?” “Of course it is...If a sack of marihuana falls on top of you from the tenth floor!” Brazilians always have an answer at the ready.

Yet Rio’s addicts ‘set an example’ to the inhabitants of the megalopolis Sao Paolo – third largest city in the world – who devour crack in large quantities: they prefer Brazilian marihuana which grows in the North-west of their country or Colombian cocaine. Each week in Rio 1.5 tons of marihuana are sold and 700 kilos of cocaine. Addicts who use opiate drugs are rare. It is possible that the climate is not really suitable for poppy plantations. Another fact that may well play a role is the traditional fastidiousness of many Brazilians in their reaction to those who inject drugs. People who shoot up on a regular basis are outcasts at Brazilian gatherings.

In the summer tourists gather here from all over the globe. In the semi-darkness of the discos Ecstasy tablets are sold, but their price makes them accessible only to wealthy entrepreneurs or young foreigners, who come here for their holidays. What passes as ‘chic’ among youngsters in the *favelas* is sniffing cobbler’s glue. Older people looking for new sources of stimulation try a mixture of alcohol, opium and spices (usually pepper). Most of the drugs common in these localities are depressants. Brazilian doctors have told me that almost a third of those suffering from drug-addiction are unable to shake off their depression.

The authorities have tried to demolish the *favelas*, but this has only led to unrest, which was seen as a threat by the population of the prosperous quarters of the city and the police was reduced to making a quick getaway under a hail of stones and sometimes under a volley of bullets coming down at them from the roof-tops. All the government can do in the circumstances is to look for ways of finding a truce between city and *favelas*. A solution lay in the up-grading of the *favelas* as legitimate districts within the city limits. In 1994 the American Development Bank allocated 300 million dollars to this project. Although these funds were not adequate for the purpose, the Brazilians succeeded in building brick houses in most of the *favelas*, in issuing documents to many of the inhabitants entitling them to own plots of land and in laying asphalt roads. This made it easier for police to patrol the areas concerned and also made possible proper waste collection.

The local government bodies in Rio designed a development programme entitled “Favela-Quarter” providing for the urbanization of the *favelas* and their gradual incorporation into the structure of the city as legitimate municipal districts. There are plans to reconstruct 149 large and medium-sized *favelas* by 2004. The population of the *favelas* is being involved in the construction work. Employment and stable wages will make the city’s fight against the increasing rate of drug-addiction and drug-dealing in the *favelas* that much easier.

The drug-dealers are opposed to the improved order resulting from the Programme: it threatens to change an environment, in which their activities can flourish, and so makes it harder for them to retain their position as ‘God-fathers’ in these settlements.

Nobody knows how many of the *favela* dwellers work as drug-dealers. The police estimate that the figure is at least 40,000. Some of them are involved with the terrorist organizations “Red Phalanx” and “Viva de muerte”, which offer their dealers protection

and sometimes use their services as hired killers to dispose of their enemies. The service costs \$40 a time or is paid for in cocaine which is sprinkled on to the hand of the employee to fill the triangle between the his thumb and index finger stretched as wide apart as they will go – that makes it easier for him to sniff the powder up into his nostrils.

I do not know whether it was cocaine or some other stimulant that the young women of the *favelas* took before they used to come out on to the streets of Copacobana: they would appear out of the dark in front of us, when I and my friend were making our way along the shore to the “Rio Palace” hotel. When we were no more than a minute or two away from the hotel and we could already see the doorman, a cluster of semi-clad beauties would suddenly encircle us. Three or four of the girls would throw themselves at my friend with peals of laughter and the same would happen to me: they would clutch at us and press themselves up against us, trying to kiss our cheeks and neck and with the agile skill of circus performers start sliding their hands down our backs and thighs. . I could also feel various hands sliding into the side and back pockets of my jeans and one even made its way into the breast-pocket of my shirt. Fortunately all my pockets had been empty and the girls soon lost interest in us. My friend lost a purse containing small change and the girls disappeared with it into the darkness, throwing it from one to another as if in a game and amid more peals of riotous laughter.

* * * *

The picture we all have of Brazilian women are spirited dancers at Carnival time enticing idle by-standers into fashionable whore-houses, but in this ‘Realm of Love’ it is difficult to imagine girls who are alcoholics and drug-addicts, who are filthy, have let themselves go and curl up at night on the pavements. There is no shortage of girls in this country. According to Brazilian doctors’ observations, women usually echo the behaviour-patterns of their lovers and companions. If he starts injecting heroin, then it is almost inevitable that she will start doing the same. Most women are given their first dose of drugs and their first syringe by the man in their life.

The social factor is the key one when it comes to the women here. A survey involving 2,000 twins was recently carried out. It involved girl twins who had been brought up in different countries. If one of them married an alcoholic, she would become an alcoholic too, while her twin, if she landed in a family, in which nobody drank, would also have no liking for alcohol. One and the same negative environment can impact differently upon the minds of men and women. Men tend to drown their misfortunes in drink, while women are more likely to suffer from depression. The largest numbers of women with psychiatric problems are to be found in the *favelas*.

I was told a good deal about the characteristics of Brazilian women with a drug habit by Senora Maria Teresa Aquino, Professor at the State University in Rio de Janeiro. She runs the Centre for the Study of Drug Addiction and a small clinic with out-patient facilities and three beds for in-patients. At one time the clinic had been larger, but financial problems had forced her to reduce it in size and it now simply meets the needs of psychiatry students for practical experience. Each year 70 people complete a course for in-patients. Out-patient consultations are provided free of charge (costs being covered by the University) for hundreds of chronic drug-addicts, including those from the *favelas* [3].

Above the Professor’s desk there hangs a portrait of Sigmund Freud. This is not because Brazilian psychiatrists are keeping in step with fashion, but merely a sign of their respect for the father of psycho-analysis. Acknowledging that the life of the mind is

a never-ending process involving both the conscious and unconscious, the doctors here listen to their patients, helping them to bare their emotions and thoughts and trying to glean from their accounts of themselves the hidden causal links which have escaped the patient himself. The doctor looks for the original hidden cause of the anxious thoughts, emotions or behaviour of the patient, so as to decide upon the best way of coping with his unsatisfied need or instinct. It is possible that these Brazilian doctors have inherited the capacity of the great Austrian for rational analysis of irrational impulses and his gift for setting his patients free from them.

“Our psychiatrists almost all base their work on psycho-analysis,” said Maria Teresa, when she saw me looking at the portrait. “To my great regret, however, we are unable to make full use of psycho-therapy in our work with children. Their limited vocabulary is the problem, it makes it virtually impossible for them to participate in a session of psycho-therapy.

We started talking about children. Here, on average, boys start using drugs at nine and girls start getting pregnant at 13.

“You probably show your patients to children so as to warn them about what lies ahead, if they start taking drugs,” I suggested.

“Definitely not,” countered Maria Teresa. “If we were to show them a patient who is being treated or who has overcome his addiction, the child would have a false picture, as if he too could start sniffing or smoking drugs and then be cured. It is useless to lecture young children. They are not capable of sitting down and counting up to ten, before they act”.

“How can you protect them from drugs?”

“Through theatre!”

“What?” I asked in astonishment.

If you talk seriously to youngsters about drug-dependence, this will only whet their curiosity and the desire to learn from their own mistakes rather than other people’s – an urge very typical of that age-group. We have decided instead to explain to them the effect of drugs through theatre in performances, in which they themselves play the main parts – the neurons, the ganglions and the vessels in the brain”.

Maria Teresa Aquino has devised a theatre programme for the health education of children, together with members of the city’s police-force. Some of the country’s well-known script-writers, directors and actors became so enthusiastic about the idea that they took it upon themselves to organize, without any remuneration, the production involving participation of the children themselves. At first the task seemed unrealistic: surely it would not be possible to present in a form accessible and interesting to children information about the higher nervous system and the dramatic impact which narcotic substances can have upon our bodies? Yet they succeeded! The subject is built up with plenty of suspense: the young actors and their audience become carried away with the adventures, which befall the characters – nerve cells or axons, their extensions, which conduct nerve impulses from the cell body, or the brain stem. What incredible battles are fought out in that mysterious world! What complex relationships take shape between the cells, as they struggle and perish! And how the eyes of the ‘actors’ glisten with excitement, as do those of the audience, during the 45-minute drama, at the end of which Good must without fail conquer Evil!

A school sports hall is transformed into the central nervous system. Large numbers of cells represented by small children with labels round their neck (which read “Midbrain”, “Grey Matter”, “Neuron”, “Axon”, “Opiates”, “Cocaine”, “Nicotine”, “Alcohol” and so on)

wander about in the space almost tripping over each other, but react sharply at the moment when a black-haired “opiate” touches the hand of a little girl with plaits (“Cerebral Cortex”) and when other cells linked with them, which but a few minutes earlier had been carrying out commands with precision, but are now swaying strangely and waving with floppy hands. This gives way to another scene, in which another actor is touched by the “depressant” cell and he begins to lift his arms and legs one by one slowly and ever more slowly, as if half his energy had been switched off. In the next corner, after being touched by the “Cocaine” cell, some of the other cells begin a feverish dance with confused movements, then sit down, lie down and every now and again jump around acting out in an amusing way a tableau of inadequate drug-induced behaviour.

Taking into account the way different age-groups would respond to this the psychologists put together four different versions of the script: for children of 8-11, 11-14, 14-16 and 16-18. Although the performances vary as far as their complexity is concerned, the intensity of the story is always the same: the spectacle of danger and adventure are things which children revel in at any age.

The scripts are presented to the municipal and Church authorities, to private schools and any associations concerned by the problem of drug-addiction among children and the worrying fact that the age at which children start sniffing or smoking is getting younger and younger all the time.

“Do all children have to go to these performances or only those who want to?” I asked. “According to the laws of Rio de Janeiro state, the study of legal and illegal narcotic substances is included in the syllabus of all schools.”

In the Centre for the Study of Drug Addiction all the teachers have to complete a three-month course. Five times a week for five hours a day they study anatomy, the physiology of the central nervous system and methods for effective education on the subject of drugs at a level accessible for children.

You do not have to be a doctor to tell school-children about the central nervous system. Maria Teresa helps school ‘mentors’ to put on their own plays in the city. In one of them small children are asked to choose one from a large number of equally attractive boxes laid out on a bench, each one of them decorated with its own pattern. Before choosing, the child has to think and decide, why he has opted for the one he has. This task demands a good deal of effort from a small child whose mental processes are still at the formative stage. Gradually learning to analyse his own behaviour, compare similar objects, make conscious choices and focus his memory are skills which will shape an individual’s behaviour for the rest of his life. Learning to think before he acts will help to make a child more careful, when in the company of his peers he has to choose between accepting his first cigarette and the understanding of the risks involved, of which he is already aware. The possible urge to let himself follow vague emotional urges could perhaps to some extent be counter-balanced by the habit of rational choice between behaviour paths already acquired. Even small victories over his ‘weaker self’ will enable a child to derive a sense of well-earned satisfaction that can be so important to him.

Another group game which can be useful is the ‘interview’ – asking a child what he would like to become 10 or 15 years hence --, which can develop into an attempt by teacher and pupil together to reproduce a future situation. They can discuss stages which have to be gone through or objectives which have to be reached on the way, drawing attention to the obstacles which might hold back the child’s progress on his

chosen path or put a stop to that progress altogether. Among the possible obstacles are alcohol and drugs. Is it still possible to reach the goal if they are taken on board? Using accessible examples, with the children's age in mind, those taking part in the 'game' discuss the circumstances, in which hormonal energy will cease to nourish parts of the individual mind and will instead destroy it from within.

Brazilian psychologists are under no illusion, when it comes to the inevitable causal links between children's games and the real life afterwards, which will take shape for those children when they grow up. Yet a readiness, nurtured in children at an early age, to withstand knocks and, to put it a different way, to be more sensible than just to follow certain natural instincts will help the individual understand himself and take control of his sub-conscious urges.

I asked Maria Teresa what she thought about the legalization of certain drugs – in particular the marihuana that so many Brazilians adore. I had noticed that the "Skunk" variety was very popular in Brixton, back in London, and in the coffee-shops of Amsterdam.

"It is unrealistic to regard marihuana, in particular ours, as a 'soft' drug. In Rio the 'drug-chemists' have learnt how to 'enrich' it by enhancing the psycho-active content in it ten-fold, so that it accounts for up to 33% of the substance. One cigarette like that can intoxicate someone more than 400 grams of whisky. How 'soft' is that ?!"

* * * *

"If you want to meet Vera Fischer, go to Solar do Rio," I was told by my Brazilian acquaintances:" Every now and then celebrities go there for a spell. Anyone from footballers, to actors, artists and popular ministers".

Solar do Rio or "Half-way House", as it is also known, is an exclusive private clinic for treating drug dependence. It is in the Santa Teresa district on a street paved with stones, Santa Cristina Street, where stage and screen stars live. You encounter them in the little restaurants on the square known as Largo dos Guimaraes, in the Chácara do Céu Art Gallery and in the most popular form of transport here the old *bondes* – trams that are over a hundred years old.

The building is an old private house of the grander variety set at the back of a garden with round-the-clock electronic surveillance. I pressed the bell at the entrance, but it was a long time before the gates opened. My interpreter, Lena, the wife of a Russian journalist working in Brazil, explained into the crackling entry-phone, who we were and at whose recommendation we had decided to come and visit. It was only after all of that that we were allowed in. The caution was unavoidable, since plenty of Brazilian paparazzi used to cluster at the railings with their telephoto-lenses, in the hope of discovering yet another celebrity in the clinic. More often than not they only manage to photograph Vera Fischer a film actress very popular among the more colourful of Brazilian women. A great deal is written in the newspapers about her weakness for cocaine, the scandals connected with yet another husband and her battles with her housekeepers. I have not seen any of her films, but the film-star was of no interest to me anyway. In my work I have encountered no small number of gifted artists of one kind or another, whose misuse of psychotropic or intoxicating substances made them feel their powers were inexhaustible and they were entitled to do anything that might come into their head. It was unlikely that Vera Fischer would be a major addition to my gallery of patients. For some reason though, when we were in the hall being welcomed to the

clinic by its owner and starting our conversation I found myself asking whether Vera Fischer was currently in the clinic.

Constança Teixeira de Freitas, the blonder owner of the clinic, forgave me for my total ignorance of the Brazilian way of doing things:

“Dear colleague,” she said with a smile: “Chronic patients come to us during Carnival time. Have you never been to the Carnival?”

“Unfortunately not,” I confessed.

“If you wait for February, you will see how the crowds pour like an avalanche into the streets and squares. People dance, sing and whirl about day and night to an accompaniment of loud bands and the beating of drums. Doctors working with drug-addicts are able to pick out many potential clients of ours in the host of people who go crazy over a whole week. Some of my patients who know their own weakness and are afraid of reverting to their old habits hide away over that time at Solar do Rio, using it as a monastery substitute. This is the only place where those who cannot rely on their own will-power can keep away from drugs. There’s a long time to go before Carnival though: our patients are still sitting in their ministerial chairs, commanding armies, perusing their canvases or acting their parts...They’ll hurry in here to take refuge a few days before the Carnival.”

In their hall I saw antique furniture: there were books on the shelves and a good copy of a Kandinsky on the wall. It was difficult to imagine that the important-looking gentleman in the wicker chair reading his newspaper was a drug-addict with a 15-year record behind him. It was still more difficult to imagine that this house with its pleasant atmosphere had only been used as a rehabilitation centre for the drug-dependent for the last two.

For the first time I was visiting an élite rehabilitation centre. Here a two-month course of treatment costs a patient 10,800 reais (\$10,000). The price was considerable, but for a prestige treatment-centre aimed at a specific clientele it must have been the minimum that enabled the establishment to cover its expenses. The patients used to take their breakfast at 7:30 a.m. and coffee, fruit, milk, jam, cheese and ham would all be served. Half an hour later there would be a meditation session, for which the patients would sit down on rugs, half-closing their eyes: each one would repeat in his mind or whisper a text which would oblige all present to concentrate their thoughts on self-examination. A mood of serene calm would descend on the assembled company and everyone would feel he was capable of controlling himself.

Between 9 and 10 o’clock there would be a general discussion on an abstract subject – the significance of achievement and loss, for instance. Each patient would try and relate these categories to his or her own life. Some of the patients had the prospect of the court possibly insisting that they cease to live with their child. Although an individual patient might be speaking about his own particular case, all the patients would join in the conversation. Two psychologists were present, who could help them analyse their situation and themselves.

Then there was a ten-minute break during which they would all change into their bathing clothes and then go down to the pool. Another doctor would take them through a hydro-gymnastics routine.

At 11:30 it was time for lunch. Usually there were two salads (plain or with a mayonnaise dressing), some kind of protein (fish, chicken), cooked vegetables, a

soufflé and two traditional garnishes – rice and black beans. All this would be followed by two different desserts. There would be another group session at 13:30. It could involve one of the patients giving a talk on a subject of interest to all the others present or a visit from a previous patient, during which everybody would be exchanging opinions about questions effecting them all – such as sexual problems. After a 30-minute pause there would be another group session lasting until 16:00. At 16:15 everyone would do breathing exercises, as advocated by those who practice Chinese medicine. This would help patients to feel calm and to concentrate on their own inner world. A light supper would follow at 17:30 and at 19:00 patients could choose between watching a film and reading.

On Tuesdays Solar do Rio was open for visits from former patients. Many of them keep in touch with the doctors at the Centre and with the new patients. They come along as if they were visiting a prestigious club, where they knew everyone and did not have to put on any airs and graces. When the Solar do Rio was opened, the event registered in the public consciousness of Rio's population.

On Wednesdays patients are visited by members of their families. Psychotherapy sessions for the relatives and the patient together are led by a psycho-therapist. The curative impact of the family members on each other is far more powerful than we might originally have imagined, admitted Senora Constança's Not only the patient, but all the members of his family glean emotional support from each other. People learn to cope better with clashes of personality and they develop new behavioural skills.

On Saturdays and Sundays patients are allowed to receive friends and relatives (no more than three at a time) between 14 and 17:00. On these two days the Centre is reminiscent of a fashionable hotel or the deck of a cruise liner, as there are so many people walking about in its large rooms.

The principles underlying Senora Constança's work are logical ones: a patient has to believe that rejecting drugs once and for all is the aim of the treatment and that is where it will end. The patient himself is responsible for achieving a drug-free life. Whatever patients might be engaged in beyond the walls of the Centre, they were all equal inside it and also the equals of the doctors. The doctors were not their judges or there to mete out punishment to the patients. They loved their patients and were ready to fight for each one of them. No-one forced the patient to achieve changes within himself, but all the medical staff went out of their way to note positive changes in the patient and to encourage these.

"We try and convince them all, that they are underusing their potential and that they are capable of far more, than it would seem from the outside", Senora Constança went on, as she explained why her clinic achieved the best indices for total recovery in the whole country. A year after leaving the clinic, 80% of those who have completed the rehabilitation course at Solar do Rio are still off drugs."

What underlines the 'family atmosphere' is the way in which all patients – regardless of social status or popularity in the outside world – are called upon to do their own washing, make their own bed and lay the table. The wives of many of the patients keep thanking Senora Constança:" It's a miracle! Although we have plenty of servants at home, my husband now makes his own bed in the mornings!"

There are usually more men than women at the Centre, but on occasions women can account for 10 out of the 14 patients (the average number at any given time). In the upper echelons of society more women feel the need to drop their habit and seek treatment. Belonging to high society, or even its fringes, makes it imperative to abide by its code. Nor is every husband prepared to put up with a drug-addict or alcoholic at his side.

“Have you ever tried admitting a patient for treatment and at the same time one of his close relatives (husband, wife or parent)?” I asked.

“Why would I?” asked Senora Constanzia in surprise. “Why would I deprive them of the chance to have a rest from each other?”

* * * *

I remembered the occasion, when a woman had come to the clinic bringing two teenage boys with her, who said they were brothers, although they looked very different. One was fair-haired and quite tall with a rather cheeky air about him, while the other was smaller with dark curls, more silent than most boys of his age, even gloomy. Patients never had to give us their real names and nobody thought of clarifying whether they really were related to each other. It soon emerged, however, that the second boy had nothing to do with the family at all. He was the son of two alcoholics and from a small Russian town, where he had grown up as a street child, kept dubious company and became a pick-pocket. He smoked, drank and then started on drugs. At the age of 14 – this is the only such case I can ever remember – Vladik, all by himself, came round to the idea that he needed to go to hospital. He went on thieving though, so as to be save money for his treatment. In a year’s time he had saved what he thought should be an adequate sum. Somewhere he had heard about the clinic in Bishkek, but what stood in his way was our condition for accepting a patient, which stipulated that a patient could only come to us accompanied by a relative or close friend. The said person had to stay with the patient throughout the whole period of his treatment and follow his own individual treatment programme. Vladik found a woman who was having problems with her son of the same age and persuaded her to set off to the Centre with him and announce that the two boys were brothers.

Neither the ‘mother’ nor the doctors had any problem with Vladik: unlike his spoilt ‘brother’ he surprised the staff by always carrying out all their instructions to the letter. He left the clinic in good spirits, making no secret of the fact that he had ambitious plans. A year later our doctors tried to find Vladik and to learn how he was getting on, but they lost track of him somewhere in the depths of Russia. Rumour has it that he had launched into a business career and had no health problems any more. May he prosper!

The principle that patients ought to be treated alongside their relatives (‘co-dependents’ suffering as a result of the addiction) was not something we had invented. It was in the nineties that the practice of giving psychotherapeutic help to patients and members of their family at one and the same time began, specifically for the treatment of alcohol dependence. Polish doctors proved particularly successful in experiments of this kind: they put forward their method for giving different kinds of treatment to the patient (on an in-patient or out-patient basis) and out-patient care to his close relative, so as to make the whole atmosphere in the family a more positive one and help its members resolve their personal problems as well. We know that when there is a heavy drinker in the family, an atmosphere of tension reigns which has a negative impact on the state of all family members and indirectly influences the process of the patient’s adaptation to a new way of life and his rehabilitation, even if he is in hospital as an in-patient.

Consultations for the other people affected by his addiction and a separate programme of psychotherapy for them help the relatives to have a better understanding of each other and possibly thereby to be in a better position to guard against any relapse. In any case we try to explain to the relatives how important their emotional support for the patient is and also the psycho-correction of family relationships. If members of the family affected by the patient's addiction were only treated on an out-patient basis this would make it impossible for them to have any direct influence on the process of their relative's treatment.

In our searching for ways in which to heighten the positive input of relatives into the treatment of drug-dependent patients and their contribution to the most rapid possible social re-integration, our doctors hit upon the idea of providing active back-up therapy for the individuals accompanying the patient at all stages of his treatment, at the same time as the addict and also as an in-patient. Nobody was opposed to the idea, but there had not yet been experiments elsewhere involving the simultaneous treatment of addict and his accompanying relative, each with their own individual treatment programme but alongside each other for the whole of the three-week course. We had to answer the large number of questions fired at us on the subject on our own and also imagine the consequences, including those of a psychological nature. It was planned that, after they had been admitted to hospital, the patient and his accompanying relative should first of all each be given a separate course of psychotherapy. While the addict is going through the detoxification process, it is possible to find out from his companion any special features of the relationships within the family or identify any mental or emotional deviations in the companion or to use the technical term – 'target syndromes'. Information from the accompanying relatives can help ascertain whether or not the information provided by the patient is reliable and thus save time for the medical staff engaged in reaching a diagnosis or assessment of the patient's mental state.

The concept underlying this method of treatment enables the family to see the Centre as an institution providing rehabilitation care and helping the patient achieve reintegration into society. In the minds of those who are participating in the therapeutic process and also in the minds of the accompanying relatives, throughout the whole period of hospital treatment clearly defined psychological principles will be taking shape with regard to the problem of drug-addiction, the way patients should be approached and cared for and with regard to the way in which medical rehabilitation should be provided and social adaptation promoted in the post-hospital period.

When they have got to know the accompanying relative better, the doctors start planning how they will help him/her and make use of his potential as a psycho-therapeutic tool at all stages of the patient's treatment in hospital and also during the post-hospital period. The accompanying relative thus becomes a key helper in the care of the patient. At the same time his constant presence at the patient's side creates a positive psychological atmosphere in which the treatment can proceed. Another interesting development which grew out of this aspect of our work was the provision of group therapy: in so far as we would have in the Centre at any given time different kinds of relatives – parents, spouses and other close relatives – we had the idea of bringing relatives in the various categories together on the basis of their status in the family and provide group therapy sessions over and above the individual ones already arranged. This made it easier to re-orientate the relationship of the accompanying relatives both to the patient they had come with and also to his illness.

“You know I feel more at ease, when there’s someone I’m close to alongside me”. These are words we often here nowadays from the patients at our Centre. Quite soon after their arrival we find that two people who until recently had been ‘separated’ by a wall of inner irritation and alienation, start relating to each other differently. Emotional ties that had seemed lost forever re-emerge. Although the practice of insisting that each patient is accompanied can sometimes create problems for staff at the Centre, particularly in cases where the companion assumes the role of patient’s advocate and starts insisting on the patient’s ‘rights’, we are glad that we have incorporated this practice into our treatment programme. It helps to ensure that we do not become complacent and always endeavour to aspire to the highest possible standards.

Sometimes those who come to the Centre to be alongside the patient are people who themselves have been treated at our Centre and have then brought someone else to us. This is an ideal situation, which helps the companion to reinforce his own rehabilitation and the patient to relate to his companion with renewed confidence.

Certified approval for this new approach was obtained in 1997-8, during which we observed 590 patients and a similar number of persons accompanying them throughout their stay at the Centre. Most of the patients, who were receiving treatment with supportive companions alongside, completed the rehabilitation programme successfully and are still drug-free more than a year later. Many have returned to their educational institutions, are back with their families, have found themselves work which appeals to them and some have set up their own businesses.

These memories resurfaced, when Senora Constança showed surprise at my question about accompanied patients, asking in bewilderment, why one should deprive people of the chance to have a break from each other. I did not start arguing with her but merely pondered on the enormous differences between her patients and her society on the one hand and mine on the other.

* * * *

“Where did your idea of setting up an élite treatment-centre come from?” I asked. “I’ll be writing a book about that one day”, Constança replied, smiling.

She had grown up in a prosperous family and had spoken four languages from an early age. She had moved in affluent circles and started training to join the diplomatic service. There had been five children in her family and four of them boys. Her father had always spoiled his only daughter. In a country with its cult of the male, she had grown up unfamiliar with fear. She had not been afraid of her father’s power, or indeed of anyone else’s. Like all her friends, she married early and soon separated from her husband. Then she set off to study in England, Italy and the United States. Her parents had had no idea that their daughter had been smoking marihuana from the age of 17 and then gone on to amphetamines so as “not to get tired in lessons” and “to be able to write her exams with a clear head”.

At 25 she had tried cocaine, which was then widely available in élite circles in Rio de Janeiro. The powder had not made a big impression on Constança. It was only a few years later, when she was hit by deep depression that she was given cocaine to sniff again and it made her feel free and easy. She turned her back on marihuana at that stage and for five years in a row she only used cocaine and alcohol. One night when she was almost delirious, a horrible sense of death came over her. In her circle friends usually died as a result of overdoses. It had not moved her unduly before, but suddenly

she was really scared for the first time. Not so much for herself, as for her little daughter. She suddenly thought in horror: “What will become of my little Princess?”

It was then that Constança had the idea of setting up a treatment centre for people like herself. A house belonging to her godfather who had separated from his wife was standing empty and about to be rented out as a casino. Constança went to see the old man and managed to make him interested in her plan. She won the contest among all the bidders honestly and promised to pay him a monthly rent of 15,000 reais. Rich business-men from the real estate world came to see the old man, offering him 2 million dollars for the property, but by then he had come to admire the intentions of his god-daughter. Meanwhile, “Half-way House” was gradually becoming dilapidated: money needed to be spent on its reconstruction, on paying the staff and income from patients was barely enough to cover this. Constança started writing letters to millionaires in the United States and Saudi Arabia, but forcing them to loosen their purse-strings was not easy.

The clinic for drug-addicts from an élite background proved popular. They were always in the public eye and here they could remain among people from their own world and talk to them in a common language. In this ‘micro-environment’ people were more at ease, more spontaneous and more tolerant. They do take offence easily but react painfully to problems of an ethical nature. Constança does not interfere in the relationships between patients normally, but can take a strong line if the situation becomes really heated.

There were three aspects of the Brazilian experience, which appeared to me as deserving of further attention:

- Firstly, the consistent and systematic *elimination or reconstruction of spontaneous settlements (such as favelas)*, in which dwellings are too close together, there is no adequate hygiene, crime grows apace and which soon turn into hotbeds of drug-dealing and drug-related disease, ‘epidemics’ which can then spread into nearby cities;
- Secondly, the *drug-education through drama for school-children*, as advocated by Professor Maria Teresa Aquino, adapted for different age-groups and involving the participation of policemen, teachers and representatives of the arts world;
- Thirdly, the creation of special *élite* rehabilitation centres with luxury facilities for the treatment of patients from the middle and upper echelons of society, where they would pay more for their treatment but would be able to benefit from being surrounded by people who spoke their own ‘language’ and thus, among their own kind, would feel more relaxed and be able more swiftly to put behind them their psychological problems.

Senora Constança was called away to the telephone.

While she was out of the room, Lena begged me to ask about Vera Fischer, insisting that Brazilian journalists would start despising us, if we had come here and not learnt anything at all about her.

Constança came back full of smiles:

She announced:” Your question about celebrities turned out not to be so premature after all!”

“Was that Vera Fischer on the telephone?” asked Lena all agog.

“No, this time it was Maradona.”

“The great footballer – he’s one of your patients?!”

“Not yet, but that was him on the line and we shall get the room ready...”

Chapter 14. **WHERE DID THE AFRICAN DRUG-COURIERS COME FROM?**

The Funeral of Otumfuo Opoku Ware: Mourning and Drugs are incompatible – In the Institute for the Study of Medicinal Plants near Accra – The Homeless feel the Urge to make for Remar – Transporting Heroin in the Elaborate Hair-styles of Nigerian Beauties – 6000 NDLEA Agents – The “Burn Grass” Programme – The Masai: Myrrh for Courage – Seychelles Islands: Principles followed by Sarah Rene.

Somewhere I had read that the Chief of the Ashanti people – Otumfuo Opoku Ware 11 (known outside his tribal lands as Matthew John Poku), the fiftieth ruler to sit upon the Golden Throne, on which all his ancestors had sat over the last 300 years, was well-versed in plants with narcotic properties and how they were traditionally used. The wars waged by the Ashanti had served to subdue almost 50 tribes and lesser peoples, and they had come to be one of the most powerful peoples in West Africa. On festival days athletes carry out the leaders of the tribes on their shoulders and last of all comes Otumfuo Opoku Ware on his Golden Throne to the accompaniment of loud drum-beats. The Chief’s shoulders are slightly hunched under the weight of his jewellery. The lands of the Ashanti contain the world’s largest gold deposits and these tribal leaders graphically demonstrate that wealth.

The use of drugs containing narcotic substances in the traditional societies of West Africa had long been a subject of interest for me. In my youth I had read novels about the travellers exploring the heart of the continent. Their guides and bearers had been able to go without food and water for long periods and often went on stoking the camp-fires all through the night without losing their customary cheerfulness and vitality. The Europeans, whom they accompanied on their travels, could often not keep pace with them in this respect. It is highly likely that the guides used to resort to local plants that were hallucinogenic or acted as stimulants. Under the influence of some of these plants the bearers sometimes became aggressive towards each other or felt the urge to start boasting, but the travellers used to take a light-hearted view of all this, seeing this behaviour as part of the local character.

In 1980-1990 the two African countries which used to produce the most cannabis-based drugs were Ghana and Nigeria. A considerable amount of the cannabis was used by the local population and the rest was exported to other countries of the region or to Europe. This was all I had known, when I found myself on the coast of the Gulf of Guinea.

Marihuana was introduced here by British and West African soldiers, including Ghanaian ones, at the end of World War II, when they returned from their military service in South Africa. In the sub-equatorial climate the cannabis loomed up regally above other local bushes. It reaches its full height here in a mere 4-5 months. When the leaves begin to fall, the Africans cut the leaves off, dry them and press them under bricks. Sometimes they crush the cannabis stalks and leaves, soak them, squeeze out the liquid and then press them to obtain something like a paste. Pieces of this are used to lend a special aroma to food and drinks, most frequently of all to the gin produced locally. Some Ghanaians (as do Cameroonians, Nigerians and South Africans) smoke marihuana mixed with cocaine or crack.

Cannabis plantations up to one hectare in size can be encountered on the outskirts of Ghanaian towns and in the environs of villages. They are hidden in the jungle so that they do not attract the attention of any representative of central government. Local officials on the other hand often stand up for the peasants if they are caught out.

Local buyers, often in league with the police, export their wares in lorries hidden under sisal sacks filled with coal or pineapples, which help to drown the smell of the cannabis. Sometimes they take the cannabis in taxis or in their own cars, but as the buyers at the next link in the chain, point out, there is then more risk of being caught out at a police check-point during inspection of the vehicle, if the police have not been given their back-hander in advance.

Sacks of marihuana are then taken by boat down the small Sisili and Nahoris rivers into the heart of the continent, to far-away towns and villages. In the port of Accra you can watch how stevedores let down pallets laden with sacks into the holds of ships. It is difficult to pick out the tags tied to the sacks, but regardless of the official labelling it is quite possible that they are actually loading sacks containing marihuana. "There could be absolutely anything in them!" one of the customs men at the port explained to me. I thought back to Brixton-by-night and driving along in the rain for some marihuana from Ghana costing some ten pounds for two packets and then to the hidden chain going half way round the world linking Ghanaian peasants, local buyers, boatmen, captains of merchant vessels, policemen and customs officials, British dock-workers, warehouse chiefs, port administrators and a whole host of other people for whom it provided a livelihood, and often even prosperity. I realized that, even if this chain were made less reliable, or pieced together differently or shortened, it would be very difficult for a long time to come to break it.

I had been hoping to talk about all this to the Chief of the Ashanti people. Yet when I turned the television on after checking into my room in the "Golden Tulip" Hotel I heard some sad tom-tom beats. The newsreader announced that eighty-year-old Otumfuo Opoku Ware II had died. I was too late.

* * * *

I and my companions made our way to the Institute for the Medical Use of Plants in Accra the next afternoon, after a short rest in the shade of some trees. There were a dozen or so wood-carvers sitting on pieces of wood to be fashioned into drums reminiscent of enormous hour-glasses, smoothing down the surfaces of small wooden carvings. The images born of their imagination – healthy or otherwise – started me thinking about the various manifestations of what goes on in the drug-user's mind, including what relates to the creative process. I could not help thinking that some of those craftsmen may well be expressing through their wood-carving some of the things they have seen as a result of using hallucinogenic plants.

"I am not convinced that you are right," said Francis Opung Boakye, director of the Institute, as if in answer to my musings. "When hallucinating, Africans tend to be rather wild, unrestrained in their words and their gestures, but I have noticed that when in that state they have felt the urge to be creative".

"And afterwards?" I asked. "When they think back to what they saw in a hallucinogenic state, have craftsmen been able to depict it in their art?"

"No! Hallucinogenic plants produce epileptic fits, not bursts of creativity – never!"

The Institute had been set up in 1975 in order to study local flora and to supply medicinal plants to all those working in the field of traditional medicine: medicine-men, sorcerers and tribal chiefs. In the laboratories they make medicine, which the healers

come along to buy and often the patients themselves make their way to this Institute, as if to a sacred place of pilgrimage.

Later Doctor Francis Opung Boachie led us out into the forest. She picked a long leaf from a bush and started crushing it on the palm of her hand. She offered me some, saying:” Chew some of this, if you’re tired”.

Somewhere I had already seen a picture of those leaves and the small flowers with whitish-pink petals. They seemed to be from the same family as the yarrow or white clover, which grows in the dry forests of Kyrgyzstan. This was the medicinal plant *iboga*. I thanked the professor but could not bring myself to get rid of my tiredness in this way. From the depths of my memory a warning note surfaced, reminding me that the *iboga* plant has a powerful impact on the mind.

iboga bushes were brought here from that part of Zaire, where villages of the Fang tribe are scattered. When the Belgians arrived, the Fang suffered serious stress after losing their independence: all social strata, even those of their fellow tribesmen who collaborated with the colonizers were gripped by an all-embracing depression. In their state of emotional bewilderment the Fang started drinking an infusion of the *iboga* plant and its hallucinogenic properties helped them to forget their worries. The effect of *iboga* on the mind is rather like that of LSD [1].

In the second half of the 19th century the *iboga* bush came to be used as the symbol of the Mbwiti religious movement as a symbol of the link between man and superior powers. Yet even before it came to be admired by the members of that movement, via the French, who were members of secret societies in West Africa, it made its way to Europe, where it caused a sensation as a powerful stimulant which can have an enhancing effect on sexual potency.

The Ghanaians also discovered the powers of the plant that had been brought into their country. After taking some *iboga*, thanks to the surge of physical and sexual energy it produces, young men are able to go on dancing all night without stopping. African doctors suggested that the plant (that is the alkaloid present in it - *ibogamin*) could be used for replacement therapy to help addicts suffering from dependence on hard drugs, alcohol or tobacco [2].

“Do your medicine-men use *iboga*?” I asked.

“Not as widely as they do in Cameroon or the Gabon, but they do try it out!”

We moved over towards a small tree with fruit similar to small oranges, which are known as *onum*. Their branches, foliage and bark are held over fires till they become charred and then they are boiled, ginger is added and a drink created which also has hallucinogenic properties. This drink is rarely found in the towns, but in the villages medicine men use it to treat ailments of the skin, mouth and teeth. My guide knows what he is talking about, because he himself is from a peasant family and always spends his holidays in his village.

“How are these psycho-tropic plants used during rituals?”

“People in the know never pass on the secrets to anyone except their own children and nobody in our family was involved in that kind of thing.”

We have now reached a place where there is thick, dark, humid forest all around us.

“How many medicinal plants are there in this forest?” I went on.

“So far we know of 3,000”.

“Do you collect them all?”

“Demand is on the increase and what we are currently harvesting is not enough. We also cultivate some of them in the plantations of our Institute. We have put 600 acres down to medicinal plants.”

The growing demand for hallucinogenic plants for the treatment of emotional and mental disorders shows that Ghana (like a number of other countries in both the New and the Old World), while developing its classical medicine, is also promoting traditional folk medicine as one of the ways to improve the mental health of the nation in the 21st century.

* * * *

I had never met the Spanish evangelist Miguel Diez, but I had heard a good deal about him. A card-sharper, alcoholic, who had abandoned his family and done a stint of hard labour... Then suddenly the miraculous ‘awakening’ had occurred and he had embarked upon a new life, opened up his house to everyone who might be suffering from the same problems he himself had experienced in the past. In the early 1980s he had set up the Christian rehabilitation centre “Remar” to help poor drug-addicts. It has since turned into a charitable religious foundation on an international scale with centres in 43 countries.

One of them is in Accra.

It had been opened by 7 European missionaries, who were former drug-addicts. Using money that had been collected by their community they reached the shores of Africa and founded this rehabilitation centre in the Ghanaian capital.

“So, is Senor Miguel Diez a rich man?” I asked at the Remar centre.

“No”, they told me, but he has a rich heart.”

When prosperous Ghanaians are suffering withdrawal symptoms they turn to the drug-addiction service in psychiatric hospitals, which are, for the most part, private. A fortnight’s course of treatment can cost a patient 1,000,000 cedi (\$450). Citizens with a modest income turn to the Central Psychiatric Hospital, where there is a department for drug-addicts which has 70 beds. According to Professor B. Asare, the methods used for detoxification and rehabilitation there are virtually the same as those used in Europe, where most of the specialists in substance abuse had done their training. It should

be noted, however, that Ghanaians reject out of hand methadone as a means of

treatment, preferring to use psychotropic drugs (such as Diazepam and Propromazine).

Medicines of this kind are used in conjunction with individual

and group psycho-therapy.

But where do the poor and homeless from the outskirts of Accra go?

There is a refuge, where they are given food, a mattress, mosquito-net and **locker for their things: they are taken to see a doctor if necessary and taught a trade, so that they can earn their keep and be re-integrated into society – that is Remar. This was going to be my destination.**

“We do not give people medicines or substances to replace their drugs, but by turning to God we help them to rebuild their lives and become stronger, so that they can move on.”

I was listening to the Director of the centre, Fernando Jibero, a Portuguese from Porto. In the past he had been a chronic addict himself, but in the evenings he used to walk through the city outskirts talking to the homeless, many of whom he would bring back to the centre.

The residents get up at 6:00 a.m., tidy their rooms and pray. After breakfast (porridge, maize, tea, bread, sometimes chocolate) they get down to work.

The patients who have been living here more than a year (known as elders) go into town and start talking with people like themselves in an effort

to persuade them to follow them back to the centre. Others do carpentry work, learn to sew or to programme computers. In the middle of the day they all collect together at the dinner table for a meal they have prepared themselves. There is a rest period between 2 and 3 o'clock in the afternoon, when everyone can relax or read in the library and after that they will return to work. At 7 o'clock there is supper for everyone (consisting of chicken or tuna).

In their free time residents can go into town, but only accompanied by an 'elder'. If at the weekends someone has a visit from relatives, they are allowed to go into town with them, but again only if an 'elder' goes too. It is only after a whole year, when a resident himself becomes an 'elder' that he can move about as he pleases and is entitled to accompany others.

None of the patients at the centre have any pocket-money. If they need to buy something for themselves, the centre gives them money for the specific purchase. To the outsider these rules may not seem very strict, but for people who have been used to a reckless, dissipated existence any kind of regulations represent a psychological problem. Only a third of the new inmates can come to terms with them, the others return to their poverty-stricken, anxious and chaotic way of life after three or four months. Having said that, it is worth pointing out that not long afterwards more than half of those who had given up come back to the centre again. The doors are open round the clock and for anyone who wants to enter.

The period set aside for rehabilitation is one year. After a patient has stayed on board for six months, he is given the opportunity to move to the farm near Accra, which belongs to the centre. If anyone there starts thinking it might be a good idea for him to become a missionary himself, he is enthusiastically welcomed into the ranks of the Brothers. After a year's training the new missionary will be helped to find work. The Brothers provide moral support and show sensitive understanding to the newcomers: the one thing they cannot do is to provide material help.

In one of the rooms there is a lad sleeping on the floor. He looks about 14 and wears a scared expression, as if he thought we might have claim to his patch. He had only turned up the night before.

“Who brought you here?” asked Fernando.

“I came on my own, I was hungry.”

“How did you find out the address?”

“Kwame told me”.

“Who’s Kwame?”

“He used to live here”.

“Go and have a meal and then we’ll sort you out”.

In the courtyard Fernando called out to a minibus-driver. He was in a half-open blue jacket with no shirt under it. Kinet Lakai had brought over a delivery of food from a Catholic charity, whose workers used to buy food for the Brothers in various places that would sell them food past its sell-by-date at reduced prices. Kinet had left his family home as a teenager and gone walk-about. It was the old, old story: he had started with marihuana, then on to heroin at 16, started thieving when he was short of money and ended up in prison.

“Why at 16? - I hear you say. That’s the age when people start having sex here and the lads want to feel like real men, to feel confident. Drugs helps them feel like that. I didn’t inject heroin, but used to heat it over a flame and smoke it. Sometimes 6-7 times a day. A quarter of a gram was enough each time. I’d feel wonderful for an hour or two and then I’d need to start smoking again.”

“Did you decide to give up drugs a long time ago?”

“I wasn’t planning to stop. I thought I’d spend some time at the centre, have a rest and then start all over again. I walked away several times. Fernando knows...Last time I managed to keep it up for over a year. I had time to think about life. I realized that it didn’t matter who we’d been in the past or what we were doing now. The only thing that is demanded of us here is that we should make a sacrifice like Christ did.”

It is not only Christians who are taken in at Remar: there are Muslims, Jews and Buddhists. The only thing that is asked of those with other faiths is that they should respect the faith and rituals of the majority.

Kinet came running out to the vehicle to unload the food.

I asked him whether any of the men and women at the centre were living together.

Were there any marriages, for instance?

“Only when people have started to become responsible for their own actions do they have the right to marry. Usually that happens after they have lived at Remar for a year.”

“Senor Fernando, are you married?”

Fernando responded eagerly there and then:” I met Isaura here at the rehabilitation centre. She had been a drug-addict too. A year later we decided to marry. My younger brother also married a former drug-addict and they have three children now.”

“And what about you?”

“I have 28...My own six-month-old daughter and Isaura and I have also taken in 27 orphans.” [3]

* * * *

The first Ghanaian drug-dealers were from among the young people in the towns, who had received their education abroad. Anxious to launch into this risky but profitable business, they made contact with suppliers in South America, South-East and South-West Asia and started negotiating with farmers from those parts of the country, where cannabis grew and then looked for unemployed migrants in the towns. They were the first people, who began to carry drugs to other countries, pretending to be tourists as they went about their business. These inexperienced, semi-literate couriers often ended up in prison after hitting the headlines in all manner of scandals. The authorities introduced tough punitive tactics, sentences of up to ten years for illegal drug-dealing.

Repeat-offenders even risked life-sentences. If a citizen was arrested from another country, where the death penalty was in force, he would be executed.

Those running the narcotics business began to replace the slow-witted 'tourists' they had been using before with more resourceful 'graduates' who had already had their basic 'schooling' in crime and would allegedly be travelling to take part in 'symposia' and 'conferences'. Soon Ghana's reputation as the second-most important country in West Africa for the inter-continental narcotics trade after Nigeria was secure.

My friends in Accra told me: "You're most likely of all to encounter these couriers in restaurants frequented by tourists"

In the evening I set off with some acquaintances to the café-cum-restaurant "Aquarius". We had heard that the owner of this well-known restaurant in Accra was actually a Ukrainian émigré, known as "Auntie Katya".

Auntie Katya came out into the main hall of the establishment looking very grand with the air of a genuine 'celebrity'. She sat down at our table and was soon rather merry, almost extravagant in her behaviour. She turned out to have been one of the first Soviet girls, who had married an African student in the mid-sixties and then set off to follow her husband, as it seemed then, to the other side of the world. There had been a coup in Ghana soon afterwards and her engineer husband with his Soviet degree had been unable to find work anywhere. He began drinking and Katya left him with their two children. She had worked in a petrol-station at first. She had had a whole succession of different jobs, until she had met the woman who owned the "Aquarius", a tired German who had suggested that she might take over the ailing concern. Auntie Katya dismissed two thirds of the staff, redecorated the restaurant, started doing the cooking herself and soon managed to make her establishment one of the most respectable restaurants in town.

I looked round at the other people seated at the tables, trying to guess from their appearance and behaviour which ones might have links with drug-traffickers. Even an experienced observer would have difficulties picking out the suspicious characters from among the well-dressed, relaxed and rather animated customers. None of the faces had the slightest trace of wariness on it. By the bar there were some European girls smoking away and chatting up some young Africans: they were clearly on a 'high'.

I put out some timid feelers, asking whether any drug-traffickers used to look in at her restaurant.

"I don't ask my customers what they do...I don't ask you either, where you're from. Perhaps you're from Interpol, darling!?"

Indeed, why should she be interested in what her customers were up to? Perhaps on that particular evening there were indeed no drug-traffickers in the restaurant. Perhaps at that very moment they were dozing on deck-chairs aboard a steamer making its way from Accra to Amsterdam, well aware every second of the route that down in the hold lay their sacks with Ghanaian marihuana and crates of hashish. There would be people on the look-out for them in the port that was their destination. The next morning their wares would be distributed round the coffee-shops of Amsterdam, including the "Bulldog" run by our friend Bob, who was concerned with selling the stuff and who was "not bothered in the slightest" about what happened to it afterwards.

* * * *

It was with a mixture of anticipation and anxiety that I set off from Accra to Lagos.

Friends, who had at one point worked in Nigeria in the diplomatic service, asked me to be on my guard all the time and not to walk around after dark on, my own. They had also warned me not to put anything in the back pocket of my trousers, to hold my bag or brief-case in front of me, and also not to leave any valuables in the hotel. The only way to be sure of abiding by all their rules would have been to give up the idea of the trip altogether. By this time though, people had been wearing me out so much with all manner of frightening stories, that I had no energy left for cancelling the trip.

I thought back to my friends' warnings, when I found myself in the thick of Lagos' central market. Trying to make a path for myself I edged my way through the rows of stalls, knocking against traders' baskets of cola nuts, cardboard boxes full of herbs, dried fish, sea-shells, chintz awnings on poles over mountains of jeans, straw hats and underwear. Above the whole of this riot of trading, the curly-haired men and the women with their scores of tiny pretty plaits swinging from shoulder to shoulder there hung the smell of marihuana which attacked your nostrils.

This unstoppable human tide seemed to have a life of its own. All of a sudden the general hubbub was drowned by a heart-rending cry when yet another woman in the fullest of skirts discovers that she has lost her purse and starts lashing out wildly at all those around her. If you take a rest on the steps leading up to a grocery stall, a lad sporting an earring starts whispering something in your ear. He offers you drugs, including amphetamines, which are not very widespread here, as they are expensive. I cannot say that there are many faces around me that wear the tell-tale signs of narcotic intoxication, but this scene of a human whirlpool is very reminiscent of pictures painted by artists with drug-induced hallucinations.

I was not really sure why world-class drug-couriers had emerged from this poor, hard-working country so full of energy and populated by so many different peoples and tribes, who find it hard to agree with each other yet are nearly all skilled traders in this land of the poverty-stricken and millionaires, not to mention the generals, who are always fighting amongst themselves and every now and then end up ruling the country...How should one explain that the high-point of the drug-dealers' success coincided with the era of the military regime, that of generals Muhamed, Abiola, Obasanji, Abachi, Abubakara, who wielded absolute power and had well-armed troops running into hundreds of thousands?

I should have needed at least a week to study my surroundings more closely, to talk to representatives of the authorities including the military, if I was to even start understanding the country I was in. Almost everyone was caught up in some kind of international financial machinations, including the drug-traffickers, most of whom came from the southern part of the country and were representatives of the Yoruba and Ibo peoples, who also prospered better than most in legal business. They were flooding Nigeria with imports from all over the world: communities of Nigerian entrepreneurs living abroad and running successful businesses consist mainly of southerners and the majority of them are Christian. The people of the Hausa tribe in the North make excellent farmers and soldiers: they have plenty of enterprise, but their Islamic faith holds them in check to some extent.

Despite the differences in standards of living, the open corruption in the upper echelons of the power structure and the violations of human rights, which the newspapers keep writing about, what does unite Nigerians is their faith in their country and the urge to demonstrate to the arrogant world outside Africa, that Black is beautiful. Nigerians treat

each other with respect and they are proud of the greatness and cohesion of their nation. When they are reproached for their involvement in international drug-trafficking their reply is brief: “Doesn’t your country use drugs then?!”

On the streets of Lagos you will come across people who have been drinking and smoking marihuana or cocaine, but no traditional culture of alcohol or drug abuse exists here. Business – now that is a different matter. Nigerians have gained control of the transporting of cocaine and heroin to Europe and North America and they are so resourceful in this activity that competing with them is difficult. In recent years arrests of Nigerians on the air-routes Lagos-Addis Ababa-New Delhi and Lagos-Rio de Janeiro-Sao Paulo have become more common. The television companies have even grown bored of showing policemen leading black athletes down the gangways from air-liners with their hands behind their back in handcuffs.

The routes used for this trafficking have become more complex. Private planes hired or owned by drug barons no longer land in Lagos, where they might fall into the hands of agents working for the anti-drug police squads disguised as airport staff. Such planes would now land in neighbouring countries, in small deserted towns away from the public eye but not far from the border. Then Jeeps would cover the rest of the route through bush-land and reach the Nigerian border, which is not guarded in those parts of the country. The Nigerians have overtaken the Ghanaians when it comes to the scale of their inter-continental supply deals, indeed they have overtaken all potential rivals. In the last ten years they account for most of the international trafficking in heroin and cocaine.

For many Nigerians, this is not just a way of earning a living: what makes it still more attractive is that it is an activity fraught with risk and endless excitement for those who relish such things. If a young African woman arranges an elaborate hair-style on her head in which she can hide a packet of heroin and then walks calmly past customs officials with that head held high, there is very little doubt that what motivates her is not just the thought of the reward, but a sub-conscious as yet unsatisfied urge to play with fire.

* * * *

Pondering on those thoughts, which might well have seemed rather dubious to the Lagos police, I arrived at the three-storey building of the National Drug Law Enforcement Agency (NDLEA). This agency had been set up in December 1989. At that time the country’s international reputation was seriously marred by the energetic involvement of Nigerians in drug-trafficking. Nigeria had been transformed into a giant transit depot, through which drugs were being sent from the countries of South-East Asia and Latin America to the European markets. The structure of the Agency had much in common with that of the similar agency in America, but the Nigerian authorities had given it wider powers. Those in charge were directly accountable to the head of state. The staff of the agency, which was 6,000 strong, was entitled to inspect the accounts of any private commercial firm or bank suspected of money-laundering, to listen into telephone conversations and to obtain access to computer systems.

I asked Reuben Igwaluki Nwako, deputy director of the Agency, how many convicted drug-dealers there were in Nigerian prisons. “I don’t know!” said the Lieutenant-colonel with a smile. “Our job is to arrest them. There are more than 1,000 people currently awaiting trial.”

Then he began telling me how difficult it was to cut off the supply routes. Quite apart from land-borders Nigeria had 1,500 kilometres of coastline. How were they to track down a Landrover, for instance, that came noiselessly off a barge down a makeshift gangway of planks and then disappeared into the night?

The drug-trafficking was in the hands of powerful international syndicates. On various continents they set up their transit depots, expanded their existing markets and opened up new ones. Exploiting the economic crises in a variety of countries, the syndicates would have no difficulty swelling the ranks of their army of couriers with the young unemployed, recently released prisoners and all manner of other rootless people.

In the Lieutenant-colonel's office there is a map on the wall. On it are marked areas conspicuous for drug-dealing activity. Not so very long ago the inhabitants of the northern and central parts of the country used to travel by bus to the South, where the peasants used to tend the plantations of cannabis, which had been imported by Nigerian soldiers at the end of World War II, just as had been the case in neighbouring Ghana. People say that the peasants themselves were taken by surprise by this alien plant, which proved so hardy and soon became a commodity for which there was a growing and mass-scale demand. In those days people used to lower their voices when they talked about marijuana and hashish, afraid that rash words might give rise to police raids. It was not for long that the southerners were able to relish the advantages of their monopoly regarding cannabis production. Cannabis was soon being grown everywhere and the more often police raids were organized, the thicker the bushes grew. The owners of the illegal cannabis plantations soon found their 'friends' among the local police and in local government.

Cannabis began to fill the fields and take the place of fruit and vegetables.

The central authorities turned to the general public with a "Burn grass!" campaign. There was no need to explain to the Nigerians what that meant. Reinforced police units brandishing torches would stride through the cannabis fields, setting them alight and the giant fires used to make the sky turn black. Nobody felt sorry for the farmers who lost their crop: the Nigerians are resourceful people and respect those who can outwit their enemies and whose fields did not burn. There was no overall decline in the number of fields put down to 'grass'.

Recently psycho-tropic substances have begun to take pride of place in the Nigerian markets. They are not as well-known as heroin or cocaine, but they are easier to get through customs checks and they can be purchased in pharmacies and clinics. So far there is no control of the production of tranquillizers, anti-depressants, sleeping pills and medicines designed to steady the nerves. Small boys selling newspapers offer potential customers medicines designed for the treatment of all manner of emotional and mental disorders.

I steered my conversation with the Lieutenant-colonel round to the reality, which I had already come up against back home. In prisons and labour colonies in the North of Russia there are currently almost 100 Nigerians convicted for drug-trafficking. They often use their own stomachs as 'containers' for the illegal substances. Even the stomachs of millionaires had never contained such valuable substances as their capsules containing drugs - \$1,000 a piece.

"Tell me, who was it thought up the practice of transporting narcotics in your stomach?" I asked the Agency's director.

As I imagined it, the idea of transporting narcotics that way is highly likely to have first occurred to a Nigerian, since they are the most resourceful of all the traffickers.

“No-one knows who initiated the practice, we don’t even know whether it was a Nigerian, but one thing we can say: our traffickers have developed the technique to a fine art.”

“Is there nothing that can be done about it?” I asked.

It was difficult to believe that the government with a powerful punitive apparatus at its disposal – including border forces and special army units – was unable to clamp down on economic crime. Many of the powerful men in the country had no incentive to do so – the contrary was more likely to be true. There are data available which link the flourishing state of the region’s narco-business with the involvement of people from top political circles in it and the ministries responsible for security, over which they have control. People at this level rally supporters to the campaign against drugs louder than anyone, making an example of petty street-traders, while ensuring that the situation for big business in this sphere is as favourable as possible.

“Is there nothing that can be done about it?” I asked again.

The Lieutenant-colonel’s eyes lost their lively sparkle.

“You can fight against opium. There is one thing more terrible than opium though – corruption!”

I thought back to the Pamir mountains and the mountain-road leading from Khorog to Osh. I remembered my conversation with the Russian border troops and their frustrating tales of the way invisible – almost virtual – but all-powerful forces were protecting the drug-traffickers as far as Moscow and even Amsterdam. When I had asked them who was behind it all, they had just shrugged their shoulders and said bitterly: “That kind of question you’d do better to ask in Moscow!” They had referred me to the Russian capital, but it would have been the same wherever I would have asked a similar question – in Colombia, Bolivia, the Ukraine or Nigeria...

* * * *

“There is a difference between your patients and mine. Drug-addiction in your country is in its pure form so to speak, while our patients are often diagnosed with two problems: drug-addiction and mental disorders. It is often not easy to say which came first and what the links are between the health problems resulting from the two.”

Doctor I. Malomo was the head doctor of the Yaba Centre – the oldest establishment for psychiatric patients in Nigeria. The doctor advised me against going into the wards. They were many acutely ill patients there and my companion did not want to expose his guest to any danger, as he put it.

In the end he pushed open a metal door and we found ourselves in a ward with barred windows and a dozen beds on wheels. We went over to a patient sitting on his bed and playing cards. His name was Urundi and he was from the North of the country: his native language was Hausa and he had grown up in a middle-class family. He was over 30 and had been smoking marihuana for ten years: for the last three years he had been mixing it with heroin: a quarter of a gram a day. “I’ve never injected!” he announced with a slight note of pride in his voice. Twice he had tried to stop taking drugs, but had not been able to stay off them more than a month —the withdrawal symptoms had been too violent. Once when he was beside himself he had hit his father with a knife. His relatives had tied him up and led him along the street like a cow, A psycho-analyst had been doing a good deal of work with him and the patient was now gradually letting the doctors part of the way into his emotional world.

“How did it all begin?” I asked Urundi.

“I was quite small, when some older boys offered me something to smoke and once I’d tried it, I couldn’t stop”.

“What do you hope the future will bring, Urundi?”

“I want to open my own restaurant”.

“That’s a costly undertaking”.

“My father’ll help me”.

“After everything that’s happened?”

“I didn’t stab him in the heart!”

Yaba’s patients do not link their own psychological problems with the impact of narcotic substances, but see them as the cause of their social failure. A typical reaction for them is to resist any attempts by their relatives to bring them to a doctor. Usually by the time they reach hospital they are already seriously ill, often aggressive and able to reduce even the most tolerant of nurses to tears.

Nigerian doctors have to work most frequently of all with chronic marijuana smokers. Even those who come to the Centre in connection with their dependence on harder drugs, are for the most part former marijuana or hashish users. I have had the chance to observe in Bishkek among my own patients as well, that marijuana-dependent patients of this kind often suffer from complications of mental illnesses such as schizophrenia and they do not respond as well to medicines as patients who are not on drugs. On the other hand they are more sensitive to stress, find fear harder to cope with and tend to suffer more from memory loss and depression. Although drug-addiction and mental illness can emerge as non-related phenomena in a patient and develop independently of each other, in most cases narcotic substances are often associated with their mood swings, panic attacks, paranoia and psychosis. Some of these drug-addicts also start to suffer from a suicide fixation.

Even today when specialists in substance misuse observe a patient, they view his drug abuse as the fundamental cause of his problems and the mental problems as a result of the drugs: this is why they always started by treating his chemical dependence. Psychiatrists approached the problem the other way around and recommended treating the psychiatric disorders first. Finally doctors came to accept the need to treat both simultaneously, provided there are no contra-indications [4].

In the Yaba Centre drug-addicts are treated for periods of between 2 and 8 months, sometimes for as long as a year. Patients are given individual, group and family psychotherapy sessions. The involvement of doctors and patients side by side in this therapeutic activity, the influence of the group on the patient is in keeping with the traditions of African communal society: assembling the tribe and the involvement of its chief has been a means of group influence over an individual tribe-member for as long as anyone can remember.

Nigerian doctors prefer to work with people in groups. Yet patients suffering from psychoses, hallucinations, severe forms of mental illness are not the most ideal candidates for therapeutic group work. The kind of group, which is considered effective, is one which brings together people with at least normal intellectual capacities and who are not too excitable or aggressive.

Nigerians approach the “Twelve Step” programme with caution, possibly on account of its religious (Christian) overtones, but they actively encourage patients to make ‘confessions’, namely to give candid accounts of the situations in which they found

themselves and then to make these the subject of group discussion and to use the input of group-members in the discussion as a way of influencing a patient. Lagos doctors see in this an important therapeutic tool.

Doctor Malomo can clearly remember the times when such patients were, without exception, foreign experts working in Nigeria and people from the highest echelons of society. In Lagos, Port Harcourt, Kano, Kaduna, Oshogbo and other towns marginalized members of Nigerian society began smoking marihuana – first and foremost long-distance lorry-drivers, policemen and those working in the illegal sex industry. The most popular drug in all strata of the Nigerian population was and remains cannabis. It is smoked by merchant seamen, fishermen, soldiers, musicians, sportsmen, tramps, prisoners and also students. Heroin and cocaine are used by more affluent citizens, usually civil servants in the large towns. Among those using hard drugs there are also some people from the bottom of the social pile. The Centre's patients who have been smoking cannabis are aged between 12 and 40, while those on harder drugs are in the 19-25 age-group.

Nigerians have an unusual angle on amphetamines. Farmers buy them up in large numbers. Not only do they themselves take these synthetic drugs in large doses, but they feed them with hay to their horses and other domestic animals. They say that after taking such drugs horses become more resilient and can work twice or three times longer than usual. "It won't come as a surprise if the first ever veterinary drug-clinics spring up here", commented Dr. Malomo with a smile.

In Nigeria you can end up in prison for taking drugs. I kept till the end of our conversation my question about why patients who come voluntarily to hospital for treatment, are not afraid of the close links between such medical establishments and the police. Nothing would even need proving, since people come here in the first place to have treatment for drug-dependence. Logically speaking, doctors are obliged to inform the police about those who are smoking illegal substances, in other words breaking the law.

"No," objected Doctor Malomo:" someone who is smoking drugs can be arrested and put in prison, but not when he has come to us. Here he is regarded as a psychiatric patient and as such is immune".

* * * *

After reaching Kenya I flew with my companion from Nairobi to Amboseli, one of the finest National Parks in the country which is near the border with Tanzania. We then drove over the plain, above which there towered the majestic peak of Mount Kilimanjaro. The white peak of the mountain was sparkling brightly in the morning sun. There were lively monkeys playing on the track, trying to make one of their friends join in, who had a baby on her back. In the distance there was a family of lions paying absolutely no attention to us: one of their number was a sleepy old lion with a thick golden mane, which would make other animals slow down cautiously as soon as they caught sight of it.

"Surely someone is brave enough to go up to them?" I asked my guide Josep.
"Only the Masai," he replied, "when they've been smoking myrrh".

I had heard about the warrior tribe of the Masai and had assumed that they might well be acquainted with the psychotropic plants of the Great Rift Valley, but in the accounts of East Africa written by travellers, even those who met the Masai, I had never found

any reference to a weakness on the part of those cattle-breeding nomads for any kind of stimulant or hallucinogens. European tourists – now there was a very different story. As they prepare for an African safari many of them would take narcotic substances along, more often than not cannabis-based ones. These substances have become an essential attribute of today's seekers after adventure, just as spirits had been for their forebears who made the two-week journey on the German steamer "Kronprinz" from Naples to Kenya to hunt big game.

I and my companion had difficulty in persuading our guide Josep to turn off to a Masai village. The Masai can be aggressive towards strangers, particularly those who try and photograph them from the windows of their tourist-bus – adult men and women in bright clothes, sporting all sorts of metal and beads in the jewellery on their necks, chests, arms and legs. The tribes-people protruded above the herds of cattle, holding a spear in place behind their shoulders with their raised arms. As long as you pay your money up front they are quite happy for you to take photographs, and the Masai will strike any pose you ask for, but if you start aiming your camera at them furtively and take them unawares, then the long-legged shepherds will rush after your bus as fast as any antelope, throwing stones after it, as you drive off.

Josep was a Masai himself and he only agreed to take us to the village if once there we would buy some of the craft objects his fellow Masai had made and pay the son of the Chief (since the Chief himself was away) for the time he would devote to receiving us. Before we had had time to get out of our vehicle, three dozen or so men emerged from the village almost running, as they came out to meet us. They were all equally handsome and tall and wearing red tunics tied on one shoulder and sandals on their bare feet. Their faces were long and they had high foreheads topped with curly hair. Each one of them was holding a spear and wearing heavy multi-coloured earrings, which weighed down his ear-lobes.

Tradition has it that when the Masai first arrived from the North they brought their herds with them. The Masai are convinced that all the livestock in the foothills of Mount Kilimanjaro is descended from their original herds and therefore belongs to them and that they are thus perfectly entitled to subject their neighbours to raids in their efforts to repossess some of the livestock that is theirs by right. According to Kenyan law such raids are an encroachment upon other people's property, while the Masai see the capture of such livestock as a triumph of historical justice.

In front of all the other men, none of whom would presume to overtake him, a magnificent warrior came towards us with large strides. His hair was dressed in a myriad tiny plaits coming down over his high forehead and reaching the lobes of his ears, which had been pierced and were now long, hanging down as far as his shoulders, because of all the brass rings and beads weighing them down.

The Chief's son – or prince, viewed from a European angle – gave all his visitors in turn a long handshake and a smile of dazzling whiteness that could rival Kilimanjaro's summit.

There were 560 Masai living in this particular village.

There were some women nearby with shaven heads, sitting in the grass and leaning up against the walls of their low huts built from compressed dung. They wore colourful necklaces reminiscent of the ruffs worn by Dutch matrons in the Middle Ages. After settling down in the shade, they were now weaving belts, cutting out purses or making dolls, all of which were decorated with beadwork. From the adornments worn by the

Masai you can tell their age, marital status, how many children they have, how many animals they have killed and what kind.

“What’s the village called?” I asked the Prince.

“In Swahili its name is ‘Manyata’.”

“And what’s the word for ‘hut’?”

“Manyata!”

The doors into the huts were narrow, like the entrance of a cave and it was difficult to understand how the Masai were able to wriggle inside. After we had crawled in, we found ourselves in a smoky twilight: There was only a small round hole by way of a window to let the light in. We could make out partitions made of the same pressed dung, which divided up the small dwelling into compact little sections, designed it would seem for the individual members of the family to sleep in. In the middle there was a tree-trunk narrow enough for one person to get his arms round: either it must have been to support the low arch of the roof or to have served a ritual purpose. On the earthen floor there were three broken bricks charred black and inside the triangle they formed some glowing coals, from which smoke rose up to a hole in the wall.

The owners of the hut – an elderly couple – feed, like all Masai, on milk and fresh cows’ blood. The blood they would collect once a week from an animal’s jugular vein. A small arrow is used to pierce the vein and a gourd vessel is held in position at the point of the incision until it has been filled with blood. Their son had recently been living separately from the rest of the tribe with other young Masai in nearby woods learning to fight and hunt, honing his survival skills and training to make raids into his neighbours’ land.

By the time we came out of the hut half the village was waiting for us. There was no end to the array of wares they had brought to show us: dolls in Masai costume, wooden masks, spoons made out of gourds, rugs made from animal skins, elephant feet with enormous nails, warrior shields made from buffalo hide, knives with bone handles, long and short spears specially designed for tourists. The Prince held out his spear to me and named the sum, which was on a scale definitely commensurate with the status of his father. I did not want to disappoint the Chief’s son, who was just as loud and eager in his trading as all the other inhabitants of the village, and I promised to think it over. I added that a walk in the savannah would be sure to inspire me and I asked him to show us the savannah beyond the village.

“I’ve killed seven elephants with that spear!” said the Prince. He persuaded me to take it with me, when we set off into the savannah.

Two hundred yards from the village of Manyata there was a carpet of elephant grass and the occasional umbrella-shaped acacia bushes scattered with dark round patches, which turned out to be bird-nests. In places the grass was crumpled and the trees had pieces broken off them: evidently, a few hours earlier, some elephants must have passed through on their way to a watering-hole, pulling up clumps of grass with their trunks as they went. There were large cranes flying in the same direction above us, with their thin legs drawn into their bodies and with their long beaks pointing forward, so that they created the illusion of a long line of noiseless arrows flying slowly overhead.

The Prince went first and I came along behind him bearing the spear. Here we needed to be careful, Josep reminded me. This was a place where you might well meet red-and-black “Nairobi flies” which looked like spiders. They lived under the ground, occasionally coming out on to the surface. They were very hard to see, but if you happened to tread on one by chance, they would let out a stream of scalding liquid. A

serious burn on your hands or face could last for anything up to six weeks and if the liquid landed in your eyes you could go blind. Josep warned: "If you discover one of these flies on your body, wash it off with water, but don't whatever you do try and brush it off with your hand, because then it will 'shoot' at you". I nodded obediently, thinking to myself: "If a fly were to land on my neck or my bare hand holding the shield, where on earth could I get any water from?!"

I asked the Prince which plants the Masai made a habit of using when they were stalking animals so as to overcome tiredness and derive a new burst of energy or even to achieve the state in which hallucinations would visit them. The Prince did not understand what I was getting at. Josep then explained what I was interested in: The Prince listened carefully and suddenly asked, whether I had not perhaps changed my mind about acquiring his spear, which I was holding and with which he had killed seven elephants. After hearing an encouraging reply, he walked over to the high grasses and the *mwula* trees, which in places had been plucked at and knocked down by the elephants.

"Here we are!" announced the Prince, breaking off a twig from the bush, which came up to his chest height and which to my ignorant eyes looked exactly like all the bushes we had been walking past for the last ten minutes. The Masai clustered round the bush and started chattering.

"What are they talking about?" I asked Josep.

"About the bush. It's a good one. They like it".

I broke off a leaf, lifted it to my nose and took a small bite, but I was not aware of any special taste or smell. The Masai were standing round, leaning on their spears and laughing heartily. The Prince told me that it was myrrh. When the Masai set off hunting, they drink an infusion of myrrh and it makes them feel stronger and braver. The warriors boil the roots in a cooking-pot, which they drink from gourd-cups: the liquid is rather like strong tea and afterwards when they have a sense of new energy and are filled with happy excitement they set off with their spears after elephants, lions, buffalo and then the whole village will dance for three days in a row. The drink serves as a stimulant rather like cocaine and it enables people to stay awake for a long time, but, if they use it too often, they will suffer the same consequences as are observed after the use of other stimulants: headaches, hand tremors, an unpleasant tightness in the chest, palpitations and nausea. People who have been drinking too much of the liquid will become very aggressive and often bad-tempered for no visible reason or have an urge to kill someone or put an end to their life.

Masai healers use infusions made from grasses, roots or bark to prevent various blood disorders or gastric illnesses, also to treat piles, colds, tooth-ache, childhood or gynaecological diseases, aches in the feet or joints. In the villages you will still find 'sorcerers' who identify the nature of a disease with the help of cow dung. They carry the dung round the patient, 'discovering' as they go various hairy creatures, which have allegedly emerged from the sick man's body. Others provide massage so as to draw out of the patient's body the sand and the same hairy creatures, which have allegedly been introduced into the sick man's body by evil forces. These Masai medicine-men are rewarded with a calf or heifer, although sometimes they will make do with the fee of a goat [5].

Drug-dealers from Nairobi and Mombasa have organized a well-oiled trade in myrrh to the neighbouring African countries (such as Somalia) and to Europe, but so far it has been difficult to encourage a demand for this exotic potion on the market of traditional

stimulants, which cost more or less the same but take effect more quickly. It is possible that interest might be shown in myrrh later on, if the drug syndicates succeed in persuading those who enjoy innovations and all that is exotic of its merits.

“What does the Chief’s son feel when he has drunk a cup of myrrh?” I ask.

“That I am strong”.

“And what else?”

“That everything is beautiful!”

“And what else?”

“That it is time for the Masai to go to other villages and bring back our cattle!”

The people of East Africa and the Arab Peninsula also discovered narcotic substances thanks to the *khat* bush, which grows in both those regions. For as long anyone can remember in these parts people have chewed fresh young *khat* shoots before drinking a cup of coffee. When they chew the shoots in moderate quantities, they feel less tired and there is a marked drop in their appetite. The plant contains active substances – *katinon* and *katin*: these retain their stimulant effect in the plucked shoot for 48 hours. In the high leaves the *katinon* turns into *katin* and there is a sharp drop in the narcotic impact of the plants. Initially, when the drug-syndicates first acquainted themselves with this plant, this factor made them decide not to cultivate it on a mass scale or to export it to distant countries. Yet as air-traffic expanded and new packing techniques developed *khat* began to appear in the drug-markets of Europe and the USA. Immigrants from African and Arab countries nearly always had some on them.

The Masai – according to the Prince – know about *khat*, but in their part of the world the plant is not so widespread as in certain others, particularly in the nearby towns. Tourists would have you believe that people chew *khat* when they are having problems getting to sleep or when they want to suppress their appetite. It is a drug popular among students and night-shift workers.

In recent years a synthetic substitute for *katinon* and methamphetamine has found its way on to the market, known as *metkatinon* or ‘cat’ in the local slang. The illicit drugs industry promotes this in the shape of a hard easily soluble substance, which can be sniffed, consumed in the form of a solution or injected intravenously. In our Centre we have had no patients addicted to *metkatinon*, but in the clinics of Nairobi I have met some and according to their stories (which have been confirmed by other sources) it is possible to imagine the distinctive features of the narcotic effect produced by *metkatinon*. It is similar to the effect produced by amphetamines: after a short wild wave of hyper-activity, when the brave is working in ‘top gear’ and the patient is gripped by a sense of euphoria, this is followed by anxiety, sleeplessness and pain throughout the body. Poisoning the system with this substance can give rise to paranoia, delirium and hallucinations.

When we returned to the village, the same crowds of people were waiting for us, all trying to out-shout each other as they proffered their wares. The Prince was already well aware that I could not get out of my purchase by this stage and with a charming toothless smile he repeated the truly ‘royal’ price, adding that the spear was actually worth more, but that he was keeping the price low for the sake of friendship between the Masai and the Kyrgyz.

* * * *

That night in the bungalow, as I listened to the calls of wild animals who had come down to the salt marsh near the Amboseli camp and recalled my visit to the Masai, remembering the thickets of narcotic plants, which were a part of their ancient culture, I thought how striking the similarities were between the way the Masai viewed those plants in the foothills of Mount Kilimanjaro and the Kyrgyz their fields of ephedra in the foothills of the Tian Shan. The relationship between the local population and these natural thickets, which were without doubt beneficial for their health in moderate doses, was virtual identical in the two continents. After discovering their useful qualities for treating both body and soul and achieving new heights with their help during ritual festivals, people were unable to resist the temptation to overstep the limits dictated by their former experience and reach still greater 'heights' even if it meant self-destruction and a sorry end. It is difficult to take the first step but even harder to stop.

I can remember the times when Kyrgyzstan yielded an annual harvest of 'mountain ephedra', to use the name botanists give to that medicinal plant. It is to be found throughout Central Asia, in the Caucasus and Siberia. It was also used for making commercial drugs including Solutan, which was used to treat attacks of bronchial asthma. Drug addicts used to extract alkaloids from the plant, just as they extracted opiates from poppies or from ready-made ephedrine – with the use of chemicals. Once in the blood these chemicals in themselves have a toxic effect on the body. Soils of most heavy metals are deposited in the body, mainly in fatty tissue. This is something that practising physicians need to bear in mind, when they come across patients suffering from severe intoxication achieved through the use of home-made ephedrine

After processing drops and ointments containing ephedrine, people were able in primitive fashion to extract the synthetic drug ephedron. After taking this intravenously, the addict first experiences a flood of new energy right through him, then becomes extremely talkative and insistent, latching on to people he hardly knows. Even a gentle comment regarding their restlessness and constant bragging can provoke quite unwarranted aggression. Doctors note how ephedron has a particularly violent effect on teenagers. At parties young lads persuade girls to take ephedron intravenously, so as to intensify their sexual appetite and make them more likely to agree to have sex.

After two or three intravenous injections psychological dependence can set in – an uncontrollable urge to repeat the sensations already experienced. New doses can lead to pain in the heart and the small of the back, the addict can suffer from insomnia, nightmares and panic attacks. After ephedron-induced intoxication pains can begin again in various parts of the body, extreme tiredness and dejection can set in. Many people start to feel that ants are crawling over them.

We heard about such 'ants' in our Centre for the first time from a patient aged about 30, an engineer working at a factory near the Volga. At a time when his personal life was in a mess, one of his friends recommended an injection of ephedron. He was able to work for days on end afterwards, but his work was merely an illusion of activity. His body kept demanding ever larger and more frequent doses (up to 15-20 injections a day) and when the patient eventually came to us, his arms and other parts of his body were covered with so many injection marks, that he looked as he was covered in a violent rash. It was not that, however, which worried the doctors most of all. In the case of opiate addicts, the end-product they are using is relatively pure and the effect on the brain is not so rapid. This patient's brain was badly effected and in particular his motor neurons: he could already hardly move his arms, legs or his face muscles. The man

brought to us was more like a wax figure and his eyes were the only thing about him that seemed alive.

It was his father who had brought him to us, after he had come across his son lying like a virtual corpse in his flat. He was hypersensitive to noises or light, unable to walk to the lavatory, doubly incontinent and, as he later told us, there had been insects crawling all over him. Once he had felt there was a worm crawling about under his skin and it was only laziness which had prevented him from getting hold of it and throwing it out of the window. This state was typical of patients addicted to stimulants – one moment their capacity for work would know no bounds and then three or four days later they would be lying about for no reason in a state of total dejection, reluctant to do as much as open their mouth. When we compared the state he was in, when he first came to us, with the symptoms of some other kind of disease, then he was like someone who had just suffered a major stroke or someone who had been kept in a psychiatric institution for 20-30 years: he was up to his eyeballs in neuroleptics or extreme doses of drugs used to relieve psychosis. Before coming to our Centre the engineer's father had shown his son to neurologists, but being unaware of how ephedron was produced, they had found it impossible to make a precise diagnosis and treated him as if he were suffering from Parkinson's disease and as if all that was required was to restore mobility to his numbed muscles.

For the first few days we worked on his withdrawal symptoms but then came the question: what could we do for his brain cells destroyed by manganese? It would be difficult to make any other neighbouring cells assume the functions of those already poisoned. The doctors in the Centre evolved a special strategy for working with this patient which involved restorative procedures, massage and acupuncture: special substances were prescribed capable of neutralizing heavy metals and poisons and remove them from his body. During the first stage of his treatment we were able to restore 90% of his motor functions. His co-ordination was not fully restored, but he was able to walk unaided, speak and drive. Only a specialist would have known there were any deviations from the norm.

Soon after that our patient was made director of his factory, his family was together again and he was happy. At a party given to mark his son's birth someone put a little ephedron into his champagne. Our patient assured us that he had known nothing about it, although we felt that the addition of even a tiny amount of acetic acid or manganese crystals was bound to have changed the taste of the champagne.

That night our patient felt over-excited, was unable to go to sleep and felt the familiar urge to start taking ephedron. This, incidentally, is something quite typical of all sorts of drug-dependence: even after 10-15 years of abstinence, just a small dose of the once familiar narcotic substance can bring back the addiction, sometimes in a more severe form than the first time. He took ephedron two or three times and soon fell into deep depression. During one of his brighter moments he boarded a plane and came back to the Centre. Over a period of 20 days the doctors managed to help him through withdrawal and, to the best of their ability, got rid of the metal that had accumulated since his relapse after the new dose.

This was the medical history I recalled that night as I lay in the bungalow in the Amboseli National Park after my visit to the Masai, who live among narcotic plants reminiscent of our ephedra.

* * * *

Nairobi is one of the most beautiful cities in Africa. Rather misguidedly I strayed off the main streets into some narrow little alleyways, where I caught sight of small boys, who paid no attention to us adults at all and just went on sniffing glue. They managed to grip the plastic bottle between their lips in such a way that they had their hands free and could even keep them in their pockets. Sometimes they press the palms of their hands against the sides of the bottle to warm the contents, so that the volatile toxic substances can penetrate the lung tissue more quickly and get into the blood-stream and then into the central nervous system. I walked over to a small boy of about 11. He was half-lying on some stone steps and looked like a wounded bird with a short thick beak – the bottle he had in his mouth. When I walked over to him, his eyes came over all furtive, but he did not bother to remove the bottle out of his mouth.

“Where d’you live?”

“Pay me and I’ll tell you!”

This under-age business-man quickly hid my money in the pocket of his jacket and just in case he pulled the zip shut. He answered with a nonchalant air, as if he was handing over to his customer some wares for which he had asked too little.

“So, where do you live?”

“I live here.”

“And your parents?”

He thought for a bit and then held out his hand again.

“Pay me and I’ll tell you!”

Here was a future Rockefeller. By the time I had no more small change left in my pockets, I had managed to put part of his story together. William was from the semi-nomadic tribe of the Samburu, from the shores of Lake Rudolf. When he had been only five his father – an elephant-hunter who had traded in tusks – had been arrested by the police and soon after that his mother had died. After that he and his elder sister had left home and made their way to Nairobi. His sister was working as a servant somewhere: she used to come and see him once a month and bring him food and sometimes clothes, which her employers gave her or which she had stolen perhaps. William did not know how to read or write and when he had managed to save up some money he wanted to buy a big car and become a taxi-driver. Other small boys had shown him how to sniff glue. Sometimes it made his head ache, but when I told him about the risk of fainting, memory loss or even sudden death he started suspecting that I was trying to make him give me back my money by scaring him. He looked at me searchingly and his small right hand was gripping the zip on his pocket tighter by the minute. From the expression on his face I could tell that he would rather die than give back the money he had ‘earned’.

I cannot remember now how much time I spent wandering through the back streets, until I eventually found myself in the garden of a large brick house. There were two barefooted lads sitting there on the ground. One was of medium height and the other came up to his shoulder. They did not pay any attention to me and I was able to watch them quite closely. The taller of the two was wearing a red baseball cap and the younger one in a shabby jumper was leaning his head against the other’s shoulder. When I walked over to them, I saw that the older fellow had a red bandage on his left arm just above the elbow: it was at the very spot where addicts usually inject. The second one still had a syringe sticking into his forearm and no-one seemed about to take it out. I walked right up to them. The tall lad straightened his shoulders and the younger one came to as it were. Without really understanding what was happening, he automatically pulled out the syringe and pressed part of his jumper sleeve to the wound. When I asked if I could talk to them, an evil glint came into their eyes and in a language

I did not understand they shouted something hostile at me, which I was well aware meant: "Get the hell out of here while you can!"

I tried to explain to the young gentlemen that I was a doctor from a country far away and that if they were not prepared to do me the honour of talking to me, then perhaps they would let me take a photograph of them as a souvenir. The taller addict was furious by this time, while the shorter young man asked me how much I would pay. In the end when we had agreed on a price, I took a few shots, but when I was ready to pay, the younger fellow started making a fuss, insisting that the agreed price had been for one shot and I had taken three and so I had to pay three times as much. He was agitated and there was saliva dripping down from his mouth to his chin. We managed to agree in the end and the taller of the two even told me how old he was eventually – 38 and that he had been shooting up heroine for 12 years. He was not receiving any treatment and did not plan to look for any: he liked his life as it was and the only problem they had to face every day was where to find money for the next dose.

* * * *

I thought to myself, that's enough, it's time I turned my back on all those endless conversations about drugs, addicts and the narcotics business for two or three days. I thought to myself, there must be a corner of the planet somewhere, which was free of all that, where people live, love, have children and repeat the earthly cycles of the generations that went before them. I had heard about such an idyllic place, where beautiful, well-built men and women lived, where I could set out to sea to catch large fish or buy coconuts and spices.

All night long there would be the gentle rippling of belly-dancing down on the beach to the strains of the mysterious *sega*. It was time for a rest I kept saying to myself, as the "Air France" plane on the Nairobi-Mahé run approached green islands scattered in the ocean.

After circling above the waves, the plane let down its wheels and made straight for a landing strip that seemed to appear out of nowhere. We walked down the gangway on to the largest island of the Seychelles archipelago. How wonderful it would be to pass the time amongst the Creole population, among light-hearted children of Nature. Buoyed by a sense of anticipation, I walked over to the passport desk where the police official was automatically doling out visas. My eyes roamed along the walls of the building until suddenly I was brought up with a jolt, when I saw a notice-board which read: "Passengers are warned that the illegal importing of narcotics into the Republic of the Seychelles Islands incurs a thirty year prison sentence and a fine of 500,000 Seychelles rupees".

My illusions were shattered!

* * * *

There was very little left of my illusions when, the next morning on the beach of the "Beau Vallon" hotel, I let myself be persuaded to take out to sea on a small motor-boat for some ocean-fishing. Three young Creoles in brightly coloured T-shirts, shorts and straw hats sat me down on the deck under an awning, and almost before our craft had set out across the waves, they brought me some enormous fishing rods from down in the hold. They gave one to me, showing me how I had to manoeuvre with it, if a tuna fish or barracuda would bite my hook and then pull on the rod so hard that the line formed an arc.

Realizing I was inexperienced, the fish nimbly and gleefully escaped at the last moment, even after they had come up to whirl above the waves. On the other hand, when it came to my Creole fishing companions, they were treated with respect: the fish clearly acknowledged their skill and even before the sun had begun to disappear beneath the horizon, there was a not very large, but nevertheless quivering silver mountain on the deck of our boat. We were wet, tired and happy. The ship pulled into a quiet bay, where on the warm sand in the shade of swaying palms a brazier was ready, waiting for us. My companions after turning off the motor three or four metres from the shore simply walked along planks into the shallow water: all they needed to do then was to bring over to the brazier a few fish, matches, salt and herbs, and a cool-box with our drinks, including a couple of strong beverages, as they told us happily, without which no-one would be able properly to appreciate the secrets of the Creole soul. The mixture of races and cultures in these islands does not prevent the small local population – a mere 80,000 most of whom know each other – from feeling that it is a young united people, which is devoted to its homeland and at the same time wants to give a friendly welcome to all its guests.

We washed down our fried fish with “Seybrew” lager and tried the local spirits known as “Caloo” (made from fermented coconut milk) and “Bacoo” (made from sugar cane). My companions were joking and laughing, throwing back their heads as they laughed away heartily. We started talking about drinking habits on the islands. Since the first settlers called in here, or since those very first evenings when people used to celebrated a new birth drinking wine made from local plants round bonfires on the beach, the tendency for the local population to drink itself silly has never abated. It intensified when there was an influx of new immigrants in the wake of economic and social change and as the pace of life accelerated. Finding it hard to adapt to all of this and feeling very much under stress the islanders began to turn to spirits. More than half of the psychiatric patients in the hospital on the largest island - Mahé – are being treated for alcohol-addiction.

It is difficult to stop this addiction among the local population, when alcoholic drinks are being sold to foreign tourists in hotels, on the beaches, on restaurants and all along the island’s roads. The very same drinks stalls also attract the islanders, particularly in view of the fact that most of them are employed in the tourism industry and earning quite well by local standards. Wine accompanies virtually every occasion – official receptions, family celebrations and religious ceremonies. If the population was larger, it would not be so noticeable, but within a small community the consequences of alcoholism are all too apparent. There are many kind, happy, carefree people on these islands, but they cannot be relied on as the backbone of the nation. There is a shortage of doctors, teachers, carpenters, drivers for public transport and there is nowhere to take them from.

When they have had too much to drink the Seychellois can be arrogant, cheeky and rowdy, but almost never violent. Aggression has not yet become part of the islanders’ alcohol culture and that is why the scale of the damage resulting from alcohol is not particularly conspicuous.

“Is there nothing on the islands that could take the place of alcohol, distract people or make them turn in another direction?” I asked, after we set off on the motor-boat to go back to Beau Vallon beach.

“Of course there is,” said Louis, the most business-like of the crew, “Marihuana for instance. I don’t know when it appeared and where it sprang from but it’s being cultivated in the mountains on many of the islands”.

“And hashish?”

“It’s imported. People are too lazy to make it themselves”.

When I returned to our beach I was hoping very much to meet an islander, who would be prepared to tell me about the narcotic substances that were common currency among the locals. I did not expect to find one very quickly and would never have imagined the embarrassing situation I was to find myself in – almost like a punishment for breaking the promise I had made myself to stop thinking about drugs, while I was in the Seychelles.

* * * *

That evening I was sitting at a table on the open veranda of the hotel. A curly-headed Creole sat down nearby, whom I had seen the day before on the beach. He started talking Russian and responded to my raised eyebrows by telling me about the course he had been on in a military college somewhere in the Ukraine. Officers for the young armies of countries with socialist political sympathies had been trained there in Soviet times. Michael from the next table had studied military tactics there with a group of other young men from the islands and was now working as a fisherman or tourist-guide or selling shells and bathing costumes.

Michael inquired as to whether he might be helpful to his ‘Soviet friend’ telling me of all the wares he could get hold of for me. Anxiously looking over his shoulder as he spoke he kept talking about his friend who could lay his hands on “any drugs I chose”, even “citronnelle”

“What’s citronnelle?” I asked.

“Haven’t you heard of it?! That’s what they smoke on these islands!”

“What does it look like!”

I could get hold of a couple of doses for you. It’ll cost 120 rupees though...Would you order me a bottle of beer?”

I was curious to see a drug that I had never heard about before. Michael drank his beer in no particular hurry, warned me to keep my eyes open, promised to be back in 15 minutes and disappeared.

He came back clearly out of sorts. His friends had not been in, but if I were to give him money straightaway, he would go somewhere else with me and I could have some citronnelle in a flash. There was something rather strange about his behaviour, but his air of mystery only served to heighten my interest. We walked across the brightly lit circle of the restaurant veranda. After pocketing my rupees, Michael called over to a mulatto woman, with whom he engaged in some lengthy whispering. She shook her head, as if she was reproaching him and then disappeared through a doorway, only to come back a few minutes later and pass Michael a small packet wrapped in newspaper. Michael came over to me, making it clear that everything was all right now. He took me into a dark part of the garden and we sat down at an empty table. He asked me to order another couple of bottles of beer and then shook out a small pile of blades of this grass on to the paper.

“You’re not afraid?” he asked, looking me straight in the eye.

I rolled a couple of cigarettes filled with the plant. Michael advised me to inhale deeply. We agreed that we would meet the next morning to exchange notes. After my first puff I felt nothing apart from a slightly bitter taste in my mouth.

The next morning, when I was walking round the island, I went into a supermarket. I soon stopped short in my tracks: there, among the jars of coffee and tea, was a packet with a label, which read “Citronnelle”. It was just sitting there on a shelf for anyone to see! I paid for the packet and when I went out into the street again shook some of the

packet's green contents on to my hand. It was exactly the same as what I had been smoking the night before. I went back into the shop and asked the sales-girl what this strange substance was.

"It's excellent tea, Monsieur! It's cheap, tastes of lemon and, what's more, it's good for you. If you have a fever and drink some, you'll soon be as right as rain."

"Can you smoke it?" I asked.

The sales-girl smiled and said: "What an idea, Monsieur! I don't know about your country, but here in the Seychelles we drink tea..."

I was not so put out at having wasted the money, but more by the ease with which Michael had made such a fool of me. Of course, I never saw him again on our beach. He was probably being treated to beer on some other beach my now. If I were to have come across him again before I left, I should have congratulated him on his resourcefulness and laughed at the naïve characters like myself, whom the Seychellois could lead by the nose so easily.

* * * *

Nevertheless, that meeting with Michael made me think I should perhaps find out more on the drugs question here in the islands, after all. Another unusual detail I had heard had served to heighten my interest still further. The fight against the narcotics-business and drug-addiction was led by the President's charming wife – Sarah Rene. I addressed my request for an audience to the Seychelles Committee on Drugs. Not knowing how long it would take for such a request to be processed out here, I decided not to waste time just waiting, but to take a boat trip to one of the other islands – Praslin, from where I would only need another half hour to get as far as La Digue.

There is probably little need to explain why of all the 115 rocky islands of the archipelago the first one a visitor would be likely to choose is Praslin, after hearing tales about the groves of trees bearing nuts known as "coco de mer". They say that in ancient times fruit that had been torn off the trees by winds and could weigh as much as 25 kilos were carried away from the islands as far as the shores of South-west India, where their healing properties were first really appreciated. The nuts were used as a universal antidote to poisons and – most important of all – incredible enhancement of male potency. The Europeans heard about "coco de mer" for the first time from Antonio Pigafetta, a companion of Ferdinand Magellan. The nuts with their paired segments on the female trees accurately reproduce the appearance of female genitalia, while there are large 'phalluses' swaying to and fro on the male trees. It would be difficult for anyone to ignore the erotic connotations: legend has it that the trees make love at night, although there have never been any reliable sightings of this, for any witness is immediately struck dead in his tracks. The local inhabitants will assure you that corpses of people are found there sometimes in the morning, which do not bear any signs of a violent demise. Perhaps these rumours are invented and spread abroad amongst the tourists by 'our friend Michael'...?

From Praslin I continued my journey to the neighbouring island of La Digue. The wet planks along which I disembarked were very springy. After the other passengers I climbed up into the cart pulled by two oxen, which a young islander was leading on their way. There were small bells round the hairy necks of the oxen and our procession of five or six carts brought back memories of gypsy camps on the move. We crossed a small stretch of land on which were scattered a few old Creole houses and made our way to the bay known as "Source d'Argent". This was where vanilla was cultivated. The islanders enjoy tea with vanilla,. Coffee with vanilla, vanilla jam, vanilla cakes and meat

stewed in vanilla not just out of devotion to this sweet-smelling orchid, but also because they have great faith in the invigorating properties of its pods.

The medicine-men of the Seychelles – also known as sorcerers – use vanilla and strips of the plant’s aromatic bark. Some of the islanders, mainly devout Christians (both Catholics and Protestants) almost worship the traditional plants used on the islands, together with the local sorcerers and clairvoyants. The authorities forbade them to practise long ago, but the trust of the locals in black magic is still alive today, particularly in the smaller villages. Such sorcerers satisfy people’s subconscious need for an irrational explanation of the causes of their ailments.

* * * *

“Many people in these islands did not see drugs as a serious problem. Yet ever since we had a seriously ill addict (a foreign tourist) in our hospital and two islanders were arrested with a small quantity of heroin on them, we started seeing things in terms of a trend. The tourism industry, which is the mainstay of our country’s economy, threatens to flood these islands with drugs very fast and on a mass-scale “explained Mr. Najean, the director of the Council for Drugs and Alcohol of the Republic of Seychelles. The Seychellois are currently at the stage where other countries found themselves in the 1960s and 1970s, when the first addicts back home were shocking and bewildering the authorities and the whole of society, once they started becoming aware of the scale of the disaster which threatened them.

How can one counter these developments in a small country, to which as many as 110,000 tourists have free access every year (of whom two thirds are from Europe) and among whom there are of course drug addicts? Although the local people is quite proud and does not give in to every whim of the rich visitors, their readiness to try and find a common language with the visitors makes it easy for the drug-addicts among the tourists to draw their Creole hosts into the habit of taking the hard drugs which they have brought with them.

In an effort to anticipate the aggressive invasion of drugs, the islanders opened a rehabilitation centre in their capital Victoria, which so far deals with the problems of alcohol, marihuana and hashish. They have based their work on the Minnesota model (the Twelve-Step Programme). It attracted them because it seemed so universal. It would seem to be appropriate for all forms of addiction, including gambling. As the President’s wife is said to repeat: whatever the form of dependence, a person should know what the risks are and have the right to make his choices.

“May I have permission to talk to the islands’ First Lady?”

The Office of the Republic’s President, France Albert Rene was not far away and his wife’s office was in the same building. I realized that I was unlikely to have the opportunity of speaking to the President’s wife, Sarah Rene, since she was very much taken up with her work for the women of the islands, for young people and the elderly and now drugs as well. She also had two daughters and often found it difficult to make time for receiving all her husband’s official guests.

“Madame Sarah is very busy”, I was told.

I smiled and said:” I am sure Madame Sarah has had her fill of crowned heads of state, while the chance to talk to someone from Kyrgyzstan and the Tien Shan mountains is perhaps an opportunity she has not had before. Perhaps she will regret not having made the most of it later!?”

The officials in front of me talked amongst themselves in Creole for a moment. Monsieur Najean, the director of the Council for Drugs and Alcohol, answered the telephone and after a short conversation turned to me and said: "You will have to wait a little while",

The flag of the Republic was waving in the wind above the presidential palace. This meant the President must be in his office and perhaps his wife Sarah as well. I thought to myself, how she must be weighed down with worries on account of her husband and her family, not to mention the Republic. There had been various attempts at a coup, including one involving paratroopers from the shores of Africa and mercenaries who had flown in disguised as visiting sportsmen.

In the hall I caught sight of a delicate-looking woman in a white suit who looked shy and ill-at-ease. I was just thinking to myself how charming the First Lady's secretary looked (or her researcher?), when I heard her introducing herself as she welcomed visitors: "Sarah Rene".

We talked for a time about the question which was of concern to both of us. I was surprised by the way in which the First Lady wove the subject of drugs into the history of the Seychelles. The islands had first been settled by European pirates in the 17th and 18th centuries. They had passed on to the first settlers and colonists, and then to the islanders in general, their passion for alcohol. In this gentle climate with the warm caress of its sun, spirits – mainly on a base of the fruit juices obtained locally – had first quenched people's thirst, then brought a lively exciting note into what had once been a rather monotonous way of life, until excessive consumption had started to cause addiction. For many islanders the drinking habit gave rise to diseases of the heart, liver and central nervous system. If young people on these islands start taking absence from work without leave, if they are irritable, if they find it hard to remember what they are studying or to take new ideas on board or fail to control their aggressively sexual impulses on the beach, more often than not the reason is alcohol. The Republic's First Lady is particularly worried about the effect of alcohol on young people.

"We are trying to create equal opportunities for all our young people without exception to develop their potential. We teach them to not to despise any kind of work, to respect both 'clean' and 'dirty' work and to help each other like brothers and sisters. These principles and alcohol are incompatible."

"And when it comes to drugs?! " I asked.

"That problem is like the roll of a long wave at high tide. It is sweeping you onto the rocks that line the shore, you can see how everything will end, but you do not have the strength to row away from the danger and you do not know which way to go either..."

"In the Seychelles there are hardly any hard drugs. Those that there are, I repeat, are brought in by foreign tourists ready to share them with any Creole who might come along and in particular with a local girl. Although the commercial side of the business has not really made its mark here yet, its shadow is already on the horizon. The demand for drugs among the local people is insufficient to lead to a stable drugs market capable of competing with the trade in copra, cinnamon or vanilla. Nevertheless, this sphere of the economy moulds the demand itself, making the most of the institution of élite tourism, which is extremely mobile and brings in considerable wealth and a useful contact network. If conspirators were able to get into the country pretending to be sportsmen, but with weapons in their hold-alls, it is unlikely to be difficult for drug-dealers to bring in amphetamines, hallucinogens and opiates. The warning about thirty-year prison sentences has not yet led anyone to fall down on their knees in front of the airport customs officials.

The main danger is not so much from visitors as from the islanders themselves, who have already started growing marihuana in the hills. Drugs fit very neatly into the Seychelles' sub-culture, a youth culture so far carried away by strong tobacco and not so strong alcohol. According to the local population the sap from the flowering tips of the cannabis grown locally is fairly resinous and has a powerful psycho-active impact. Among those who smoke marihuana there is a reduction in the pace of mental activity and a tendency for a distorted perception of the environment in which they are living. Under the influence of the drug the islanders are going in for more casual sex than before, which means there is more risk of infection with incurable diseases or those which are difficult to treat. If this process is not checked, the islands are going to become less attractive for tourists and this will undermine one of the mainstays of the national economy.

The authorities are not so much worried by the upsurge of cannabis-use among young people in the Seychelles as by the possibility and – to judge from the experience of other countries – the inevitability of the transition from marihuana to harder drugs. Society may find itself up against social problems even more acute than in those parts of the world that have already gone through that transition.

Sarah Rene sees the fight against drug-use as the key task. Efforts need to be focussed first and foremost on young people, particularly schoolchildren. How can they best introduce to the minds of immature young islanders an idea, which has not been accepted by people far older than they are, or even their parents: the idea that their future and how it turns out depend on how responsible they are going to be about their own health?

Let them enjoy the happiness life can bring, including the traditional pleasures of meals shared with their friends. Yet how can the islanders convince at least their own children that such modest pleasures must not be exaggerated out of all proportion, so that what an individual consumes comes to represent the central meaning of the relatively short life allotted to him.

The islanders from the Republic of Seychelles have chosen two paths to confront this problem.

First of all, they have begun to bring together and *educate parents* explaining to them how children look above all upon their parents as models to be emulated. It is also stressed to parents that they need to be careful about the way they behave, the words and even intonation they use, so that children can learn how to stand up to the external pressures, to which they are exposed, --even that of their peers or those who are leaders among their friends and play-mates. Teenagers become the victim of direct or indirect emotional influence at an age when nearly everyone wants to appear older than they actually are.

Secondly, special *education programmes* have been provided for the schools to use. Although there is still a shortage of specially trained teachers with an adequate mastery of the medical and social aspects of substance misuse Sarah Rene has already brought together a close-knit team of doctors, journalists, teachers and policemen. They are putting on courses in educational establishments for a variety of age-groups, including very young children. These young people are not just fed a diet of frightening horror stories, they also have diagrams shown to them on the board, so that they can understand how drugs impact on their bodies: the trainers' words are carefully chosen as if they were explaining mathematics.

“Who are your supporters and kindred spirits?” I asked Sarah Rene.

“Oh, there are plenty of them! Yet the most important one I would say is a politician who is set on bringing together the peoples of our islands to combat the illegal dissemination of drugs”.

Before I could ask my next question, the First Lady went on with a smile: “You have guessed – our President, France Albert Rene”.

As I left the President’s palace I thought to myself that there are not many countries left in the world, which have not yet been hit by the giant wave of narcotics and where preventive measures might yet avert the tragedy and save the situation. Even people from those places, where some time has already been lost and a desperate struggle is currently being waged, where thought is being given to how at least children and teenagers might be protected, if it is not too late, could do a good deal worse than examine what is happening on these tropical islands out in the Indian Ocean

Chapter 15 – AUSTRALIA: DRUG ADDICTION ON THE RETREAT

Why Barbara Nasir of the Gedoa people was sobbing – “Twelve Steps” in Barburton Hospital – Defender of Drug-addicts in the St. Kilda district – Programme for the State of Victoria – Trevor Grace on the “Great Brain Robbery” – Tasmania: drugs and aborigines – Encounter with “Magic Mushrooms” – “The Trouble is not you but your Disease”

The international conference on drugs in Barburton Hospital near Melbourne opened in an unusual way. An Australian singer, with wide cheek-bones like all aborigines, stepped forward, raised a pipe to his lips which reached nearly as far as the floor – and drew from it a long groaning sound. It reminded me of a wounded animal. The woman sitting next to me began sobbing: she was Barbara Nasir, who has devoted her whole life to protecting her fellow aborigines against drugs.

In one of the breaks we started talking.

Her ancestors from the Gedoa people lived in the mangrove forests of Northern Territory. That was a place where many poisonous and intoxicating plants grew. By boiling them or by other means they were rendered harmless before being used as food. Sometimes such plants would be crushed and thrown into a pool so as to kill or befuddle birds, fish or emus. Yet nobody alive today could recall a single incident when spear-heads were dipped in poison before people set out to kill animals for use in food.

Everything in their life was turned upside down when European colonization began. Barbara's mother, who had been eight years old at the time, had been taken away from her parents by white people, and then like all other children of the Gedoa people had never been allowed to return to her village. Eventually Barbara's mother had married a Scottish settler and bore him four children. Barbara – one of the four – soon began to feel very close to her mother and eager to “learn about her roots”. She did not understand at first why her father was constantly at loggerheads with officials after her mother's death. It was only later that she learnt about how the authorities had tried to take away from her father his “brown children”.

I wanted to know more about the land of my mother. It took me ten years to get the information. I asked people again and again, where I was from, where my mother was from and what language she had spoken. I needed the information so as to pass it on to my own children.”

Barbara took photographs of her children out of her hand-bag.

“I am not an outsider in this country. We are its original inhabitants. For some reason though, when we try and find out about our ethnic roots, we hit a void and there is a feelings that we've lost this sense of belonging,. Who are we, what keeps us going, how are we going to survive? We keep on asking these questions over and over again, but we cannot find the answers. So what do we start doing? We grab at anything that will help us forget – alcohol or drugs. They let us be happy – at least for a short time. That is all that most of us have learnt to do...”

Barbara is convinced that she can rely on her own inner resources to protect her from the downward spiral of drugs, which has afflicted 140,000 of her fellow aborigines. In Darwin she and her friends – other educated members of the aborigine community – have built a Centre for education, the prevention of psychological dependence and the rehabilitation of drug-addicts. This large establishment provides medical and education facilities for the “lost generation” (to use her phrase), where drug-addicts are given

treatment and job-training and where for the first time aborigines themselves have been helping their own community. The Australian government is giving them as much financial support as it can manage – to a generous degree, it seemed to me.

Barbara takes a rather different view.

“My people is dying: that is the reality which we must not ignore”.

Drugs today are a scourge of epidemic proportions among the native peoples of Australia, Oceania, South America, Siberia and the Far East. Most rapidly of all it hits those members of the native peoples who find themselves in industrial towns. I have met some of these unfortunate individuals with their bleary eyes, which reflect their failed lives. It is terrible to behold these people marked by physical and mental degradation. They have no way out except to break the law in their efforts to keep pace with the ‘civilized’ world that pays no attention to them.

It is not easy to make contact with aborigines. For so long now they have been kept under and marginalized that it makes them unwilling to talk. Barbara was also very loath to come forward and says that it was only years later before she could get over her ‘muteness’.

“You must try and understand the aborigines” explained Barbara. “Your country is changing quickly, but you have not been given the education and skills so that you change at the same pace. Yet we can become strong and self-confident, if we change.” I asked Barbara: “Is there anything which could rescue your people from drugs and alcohol?”

“Only one thing, “ she answered, without a second’s hesitation. “Education! First and foremost – education for our children. When we leave this world, our children will be left behind. They must be the equals of everyone else who lives in this country. Today we live in two worlds: one is the modern world where you need to work and observe objects all around you, whose properties you need to understand. Yet, we also need to hang on to the world of our ancestors: otherwise that world will disappear and we shall lose it”.

Barbara’s account turned my mind to the North-eastern part of Russia to a world of snow and stunted deciduous trees. I thought about the Evenks, the Yukagirs, Tofalars and Teleuts, their weather-beaten faces and how they might have repeated word for word the bitter reflections voiced by this daughter of the Gedoa people. The shared historical and social tragedy is exacerbated by a biological factor. The aborigines have hardly any enzymes in their bodies which can break down alcohol in the blood. Without them alcohol has a far more rapid impact on the body and remains in it for too long – giving rise in the process to the myth about indigenous peoples who ‘can’t drink’ or who ‘drink too much’.

Indigenous minorities – whether they live in humid eucalyptus forests or in the snow-bound tundra – require especial sensitivity. Industrial corporations turn up in their traditional homelands importing whole towns, an infrastructure and a new young population from outside. The newcomers pay no attention to the taboos of the local people and feel quite at home with new technologies and drugs. The indigenous people find it harder and harder to step back and often there is nowhere left to retreat to.

* * * *

In Barburton the Church of the Seventh Day Adventists has a medical facility, in which there is a special department for alcoholics and drug-addicts. The doctor in charge – George Thompson – invited me to have a look round the hospital. His department consists of reception, where patients with acute symptoms are cared for, then sections

where patients are given treatment to improve their general health before embarking upon an intensive anti-drugs course (which lasts a minimum of five weeks) and finally a rehabilitation centre. During the convalescent stage after treatments which can last several months, or even up to a year, patients are given social-psychological counselling. This is provided not so much by medical staff, as by the patients themselves in groups. All 110 beds are occupied, although the cost of the treatment (2000 Australian dollars a week) means that it is only accessible to the prosperous. When it comes to patients from poor families – including aborigine ones – the local church community takes on the expenses.

There were some patients sitting in the hall as we went through and I talked to some of them.

Donna from Melbourne was 28, living on her own (with a maid and a dog) and writing short stories. She used to get advance payments from publishing houses and newspaper editors but these were hardly enough to finance her habit. Eight years ago she had started with amphetamines and then moved on to heroin. It had all begun when a chronic heroin addict had come into her life. She had not been able to resist the temptation of sharing that other passion in his life. For four years he had injected her with heroin and she had enjoyed it, until he had started forcing her to take it another way, which she found revolting, “My life was wild enough, as it was...” Many times she had tried to stop, but failed. Even when her boyfriend went off with someone else, she found herself making her way back to the familiar addresses of the Romanian or Vietnamese, who used to sell them heroin. She would go back to her parents’ house and try there and with their help to give up the shots, but the urge was so strong, that at a stage, when she was still in control of herself, Donna would run away from her parents’ home, so as to avoid further tragedy. Her parents were frantic with worry. Last year she had had treatment, gone back to her flat, started working again, but after a two month interval gave in and injected herself for three days in a row. As we talked, she was hiding her arms under the table to conceal the small ulcers with which they were covered.

Recently female heroin-addicts in Australia have given up using intravenous injections and smoking heroin has become the fashion. One of the reasons for this is that the powder brought in from South-east Asia is lumpy and thus more suitable for smoking. A draw on this is referred to as “hunting the dragon” – an expression taken over most likely from the Chinese who at some time in the past brought the first opium to the gold-diggers of Australia. “Hunting the dragon” is a past-time particularly popular among the middle class in this country, including doctors and lawyers.

“Heroin probably stimulates your imagination?” I suggested to Donna.

“Sometimes, but I had no energy left. I lost a lot of weight and almost died of an overdose. Where else could I go?”

“Do you have visitors here?”

“Once a week...my maid and the dog”.

Unshaven Ben, aged 42, used to work as a car-mechanic. His flickering gaze, incapable of coming to rest on anything, seemed to clash with his sagging shoulders that gave him the unmistakable look of someone who has long since given himself up as lost. Dr. Thompson whispered into my ear: “He’s rather agitated”. When he felt the urge, Ben joined in our conversation of his own accord: from his remarks it became clear that he used to inject himself with drugs frequently and using large doses. When under the effect of drugs he used to crash the cars he was repairing, but by some miracle was still

alive. During bouts of depression he had tried on several occasions to commit suicide. "Someone ought to do away with me..."

"Ben," I asked. "How do you cope with withdrawal symptoms?"

"I go crazy. Last time when I was in a bad way like that I hardly made it to Barburton. I don't know how my heart stood it all".

"Ben was brought in unconscious, almost in a coma, after a bad overdose of morphine. We put Ben on Naloxon, a big dose straightaway, then with hourly top-ups, until he came round." explained Dr. Thompson.

Next to Ben we came across laughing Collie aged 34 and mother of two. She had previously spent some time in prison ("after sorting out relations with a persistent admirer", whispered Dr. Thompson into my ear). It was there that she had started smoking hashish, which the guards used to bring women in their cells for money and since then that is all she thinks about. Her children were living with her mother in Canberra by then and some new friends appeared in her Melbourne flat, who taught her the joys of using cocaine. She had no urge to see anyone else in her flat, which never got cleaned anymore and all this would probably have gone on for a long time, if the ambulance which the neighbours called out one day had not taken her off to hospital with severe cardiac insufficiency. "I'm a tough nut, though," laughed Collie, "My ancestors were convicts!"

Incidentally, all the people I spoke to in the hospital, if I was to believe their stories, were descended from the 160,000 British convicts, for whom back home the death penalty had been commuted to banishment to Australia starting in 1778. Each new generation of Australians came to know a life that was far superior to that of his predecessors from both the moral and physical point of view. Yet the complex bound up with their origins was a source of emotional distress to many. According to the observations of psychiatrists this complex, almost forgotten nowadays, can surface every now and again even today as inexplicable bouts of stress, which people then seek to drown in alcohol and drugs.

Heredity still appears to make substance misuse tend to be more serious and lead to pathological dependence. The real causes of it lie, of course, in the situations in which individuals find themselves and their moral principles or lack of them.

* * * *

In the hall of the building there was a large poster with the Twelve-Step Programme on it. In the mid-1930s some Americans compiled this programme for the alcoholics' self-help group known as AA or Alcoholics Anonymous. In the early 1950s it had been taken on board by the drug-addicts' self-help groups known as Addicts Anonymous. Both movements bring together patients --those suffering from addiction and those who have begun treatment or are on the mend. Group sessions are held so that people have a source of moral support for themselves and can provide moral support for others, who want to change their attitude to their addiction. In Australia the first such groups appeared in Sydney in the 1960s.

It was precisely participants in this group programme who were Dr. Thompson's patients. The patients learn by heart the "Steps" in the Programme, but on this occasion he and I proceeded to read them through together:

- We admitted we were powerless over addiction and that our lives had become unmanageable.
- We came to believe that a power greater than ourselves could restore our sanity.

- We made a decision to turn our will and our lives over to the care of God as we *understood him*.
- We made a searching and fearless moral inventory of ourselves.
- We admitted to God, to ourselves and to another human being the exact nature of our wrongs.
- We were entirely ready to have God remove all these defects of character.
- We humbly asked Him to remove our shortcomings.
- We made a list of all persons we had harmed and became willing to make amends to them all.
- We made direct amends to such people wherever possible, except when to do so would injure them or others.
- We continued to take personal inventory and when we were wrong promptly admitted it.
- We sought through prayer and meditation to improve our conscious contact with God, as we *understood Him*, praying only for knowledge of His will for us and the power to carry that out.
- Having had a spiritual awakening as a result of these steps we tried to carry this message to addicts who still suffer and to practice these principles in all our affairs.

A long time ago when I became aware of the religious flavour of the “Twelve Steps” I had thought to myself that people, who have acknowledged that they are ill and powerless to shake off their illness, pin their hopes on God, which for many addicts would make it difficult to join such a group. If I had studied the programme more closely at that stage, I should have seen the reservation in the Steps which does not necessarily strike the reader at first glance: “...God, as we *understood him*”. The people I had been talking to included Protestants (Donna), Catholics (Collie) and Muslims (Ben) and there could have been atheists among them. None of that would have presented them from following the programme in general: each one of us envisages his own Supreme Power, in which he can trust regardless of what form it might take.

The «Twelve Steps» presuppose gradual spiritual growth, starting out from acknowledgement of the addict's squalid past life and the mistakes – often crimes – that were part of it and which hold him back and increase the risk of relapse. Once the addict is on the mend and has stopped using drugs, he needs to shake off his aggressiveness and through changes in his behaviour try and make up to the people close to him or those he lives with for the suffering he has caused them in the past. No-one demands from those taking part in the Programme to promise never to touch drugs again: the group is in general against empty words. What the group looks for is deeds and that now - during participation in the Programme – no group-member should use drugs today under any circumstances [1].

Stick with it, Donna and Collie!
Stick with it Ben!

* * * *

My next appointment was for a meeting with Angela Wood, President of an NGO, Australian Agency for Drugs Control. From her I had heard a story which is worth recalling, as best I can. Angela and her husband Tony, an insurance agent were bringing up two daughters. One fine day the younger one, aged 15, left the house and failed to come home. She had taken some Ecstasy at a disco: it had been a pure tablet with no additives, but the chemical balance of her still immature body had been unable to cope with it and she had died. That was one of the first fatal incidents in Australia involving methamphetamines [2].

“That was the terrible way I and my husband first heard about drugs. I don’t know how we stayed sane. For three years we’ve been thinking about that and nothing else. The problem’s central to our lives now, but it’s too late. We can’t bring our daughter back.”

Angela and Tony go round schools telling children of their daughter's age what happened to them and why. Their other daughter, aged 20, helps them in their work as well. The Wood family has set up an Agency and involved many parents of teenagers in their work. Their intervention in the situation has brought the Agency a reputation as one of the most authoritative anti-drugs organizations in Australia.

I have come across NGOs in many different countries. They are often led by people, for whom what matters is not so much results as the publicity their efforts can achieve and, moreover, not so much publicity about the prevailing situation as publicity about their efforts to 'help the cause'. Although many clinics are short of beds and there are not enough rehabilitation centres, a good deal of the money donated by banks, industrial concerns or local authorities vanishes through 'public foundations' into the media for advertising those very same 'foundations'. They convene congresses, conferences, symposia, frightening themselves and fellow-campaigners with terrifying statistics, but failing to make their influence felt anywhere. I do not wish to hurt anyone's feelings and nor would I wish on anyone all that the Wood family went through. Yet perhaps that is the very reason why Angela and Tony's words have such an impact and why both children and adults pay attention to what they have to say. People's attention is always gripped by those who *know what they are talking about*.

Not long before I had flown into Melbourne airport, the owner of the popular local restaurant «Russia» had been arrested there. She had been on her way back from Thailand carrying a small child as she went. In its blanket customs officials had found two kilograms of heroine. If the young mother had got her consignment through and sold it – even to a wholesaler – she would have made between 24 and 40 thousand Australian dollars. The unfortunate woman was the victim of her own lack of experience: Chinese, Vietnamese and Romanians manage to bring in tons of opiate substances illegally. Australia outstrips everyone when it comes to their use.

I heard about this when visiting local government officials in the Saint Kilda district. I had been able to meet Mary Welsh, an expert in social rehabilitation. This was a district that was suffering from rising crime rates, resulting partly but not entirely from drug addiction. People here were demanding that the laws should be made stiffer and that more police stations and prisons should be provided. Taxpayers were demanding protection from the authorities. It is very difficult to make the general public appreciate the simple truth that it would be better for everyone, if people were to show more tolerance for those who lead lives different from those of the ordinary population.

In the St. Kilda district people began to appreciate earlier than in many other places that people drawn into drug-addiction, crime and prostitution are still part of society. They have to be acknowledged as such and be granted a place in society, so that they can continue to live and work without fearing for their safety. What is referred to as the sex industry nowadays first appeared in Australia as long ago as the 18th century, when a British ship unloaded two hundred women convicts, who went on to build quays and earn extra money in their evenings plying the most ancient trade of all: they had scorn poured on them by the ladies of 'respectable society', but were able to have their revenge by seducing those ladies' not very resolute husbands. For as long as people can remember, this has been a place where right-minded citizens anxious to interact

with social outcasts – prostitutes, alcoholics and drug-users – come together in order to help such unfortunates find themselves a place in society.

The government of the state of Victoria is fed up with the half-drunk citizens to be seen in their streets, parks and stadia. All its members were convinced that a law prohibiting drinking in public places would gain the public's support and also that of the local authorities. To their surprise the municipal council of the St.Kilda district opposed ratification of this law. In Melbourne there is a large number of homeless people who sleep in doss-houses, which they have to vacate each morning, which means for all intents and purposes that they are forcibly driven into public places. It is not their fault that they have nowhere to live and that they have nowhere to drink other than the street. Law-enforcers will try to fine them, but the homeless will not be able to pay the fines, which means that they will soon be heading for prison. The new law will encroach on their sacred personal freedom to drink. Another sizeable group of the population which this law seems to have overlooked as well is that of the aborigines, most of whom have always done their drinking in the street. The new law will be yet another blow dealt at the aborigines in the opinion of Mary Welsh, who is seen as the champion of the 'lower depths' in Saint Kilda and idolized as such.

* * * *

The two hundred thousand Australians who take their drugs intravenously and are listed on medical registers (there are 20,000 of them in Victoria) prefer to go to large clinics for treatment staffed by well qualified doctors specializing in substance misuse and familiar with the successes and mistakes of their colleagues abroad. Until recently the main method of treatment for heroin addiction in Australian clinics was still methadone, but in medical circles nowadays there is more and more talk of support programmes for heroin addicts which were evolved by Swiss doctors. While taking small doses prescribed by their doctors, patients are able to give up the large doses they had been on before for a long time. In conditions, where it is difficult to offer people anything that could reduce the attraction of this drug, perhaps a gradual transition from large doses to small ones is the only chance of reducing the serious consequences of drug-addiction on a national scale.

«We have to find an answer to the question: what kind of society do we want? One death or many deaths? If we can help young people to reduce the amount of drugs they are taking, and that way keep going for a bit and have a bit more life, is it humane to deprive them of this chance?» asked Mrs. Welsh.

«In that case it's surely worth a try? I said, thinking out loud.

Mrs. Welsh wasn't going to let me off the hook that easily: «Would Kyrgyzstan defend Australia's attempt – despite UN resolutions – openly to import heroin, with the rest of the international community looking on?»

«I wouldn't imagine so», I admitted.

The debate is now raging in Australia, which a good many years back was of deep concern to law-makers, doctors and the general public in Europe and America – the debate as to which of two diametrically opposed models was preferable when combatting the drugs problem: to ban them outright or to limit the damage, while letting addicts continue with their previous way of life. In many countries no firm line has been taken on this issue yet. Indeed such a decision is extremely difficult to take when political interests often get the better of common sense. There are certain international and national authorities which reject «damage limitation», which they see as a 'cowardly' approach. They insist that there should be a firm ban on drug-dependence

sufferers being able to use psycho-active substances. At the same time the doctors working with this group of patients who are convinced that bans and threats are ineffective, are also unable to provide proof that they are right beyond question.

It is possible to approach this problem from another angle and then it emerges that the advocates of the «damage limitation» model have a very vague picture of the possible consequences of legitimizing mass-scale use of narcotic substances. It is difficult to imagine any society, which sees itself as civilized, being prepared to tolerate some of these consequences. When confronted by these two opposites it is probably a third line of some kind or other demanding a more flexible approach which is the correct one. In those places, where it is not yet possible to guarantee a complete cure for drug-addiction and the necessary financial resources are not available, it may well be the case that the «damage limitation» strategy is most in tune with the interests of both addicts and society as a whole. If it is impossible to cure people and nothing is achieved by a ban, then is it not better to try and reduce the harm resulting from drugs for the patient and all the rest of us to a minimum and to help individuals to return to their former way of life where possible - to their former manual job or brain-work, rather than to let them writhe with the pain of withdrawal symptoms and go in for burglary to finance their habit?

As I write this I cannot help thinking back to a certain patient of mine – a 35-year-old Russian who had emigrated to Miami and who was co-owner of a firm selling second-hand cars. As a teenager at school in Moscow, he had smoked marihuana and then in America he moved on to opiates. He promised his wife on many occasions that he would stop injecting and was convinced that he would be able to stop whenever he chose. Yet, his growing need for 'highs' made him keep on increasing the doses. He started to let himself go, the firm started going down hill and was soon at rock bottom. His desperate wife left to live with some relatives. His friends persuaded him to go to some of the very best clinics, including those which used replacement therapy. He was prescribed medical drugs, in the hope that this would enable him to come to grips with the uncontrollable urge to use illegal substances and make the social problems he found himself up against less serious.

The patient's physical dependence was reduced but the psychological dependence was as bad as ever. When the young man 'flipped his lid', furry monsters started appearing to him and scratching his face with their claws when he was delirious. In his more lucid periods he was overcome by an acute urge to do away with himself, to put an end to the nightmare once and for all. A childhood friend, who had long ago persuaded him to emigrate after he had, brought him almost by force to our doctors in Bishkek. I do not know how his life will turn out after his course of treatment and recuperation on the shore of Issyk-Kul Lake, whether he will be able to stay off drugs for a long time when he goes back to his American life. One thing I am quite sure about though, is that replacement therapy cannot replace treatment and social rehabilitation. If someone really believes in the «damage limitation» model and sees that as the answer to the problem – Good luck to them!

* * * *

The «damage limitation» policy forms the core of the strategy used in Victoria known as «Drug Addiction on the Retreat» («Turning back the Tide»). Work under this programme began back in March 1996. The Consultative Committee for Drugs working for the Prime Minister of Victoria headed by Professor David Pennington submitted an open report on the drugs situation. Australians spend more every year on drugs than on

tobacco and cigarettes. The inhabitants of the state, probably the richest in the country, started hearing stories about themselves, which could, as they used to think, happen to anyone else, but not to them or their neighbours. They could not imagine that the strange excesses in the behaviour of their children, which they put down to adolescence, were in fact stemming from the use of drugs young people were injecting or taking in tablet form. They were confronted by the prospect of a fairly near future with all the inescapable evils of drug-taking – the degradation of people's ordinary lives and a high risk of HIV-infection, hepatitis and death through overdosing. Some people began linking the robbing of their possessions or violent attacks on their property, which had occurred previously, with the need for drugs experienced by local addicts.

The authorities adopted tough laws to interrupt the importing of prohibited substances into the country but the influx continued to grow and inevitably drug-use itself was also on the increase. This soon had law-abiding Australians in a state of shock. They found it difficult to appreciate the implications of what was happening all around them: that there were people in their society prepared to use banned substances and that there were no laws which could stop them. It is not only drug-addiction which creates social evil but many personal and economic factors as well. In this situation only one social goal is attainable – that of reducing the inevitable harm for citizens and the nation as a whole. Yet how can this be done?

The authorities in the state of Victoria decided to use a two-pronged approach. They would go all out to reduce the scale of drug use and they would work to bring drug-addiction under control as a predominantly medical problem, without over-simplifying the issues and seeing drug-use merely as a criminal offence. All this, together with health education and preventive measures, treatment and rehabilitation had to become part of a new strategy, which was debated throughout the state.

Teachers were worried about the additional work-load this would mean for pupils, who were already finding it difficult to cope with all the demands of the school curriculum. It was all very well for politicians to put forward these proposals, but how was the teaching profession to squeeze drug-education into already overloaded time-tables?

For the police this transition from a tough-line approach to action of an untried preventative kind aimed at «damage limitation» which would require of them a very different attitude, would mean a reappraisal of their whole philosophy in this field.

Prison staff were asking themselves how they should work with prisoners serving short sentences, when there would be no opportunity for even starting, let alone completing their treatment for addiction. Yet, if no work was done with them at all on the subject, then they might well start to feel short-changed and this could undermine the confidence of prisoners serving longer terms in the effectiveness of their own medical programmes.

In Australia there are plenty of intelligent, enlightened and extremely liberal people working in the public services – professionals from schools and universities, doctors, civil servants and, of course, lawyers. There is a large stratum of the population consisting of recent immigrants. For them public debate is a welcome environment, in which they can express their ideas and demonstrate their readiness to be useful or even make themselves indispensable to the country which has taken them in. Unlike other subjects currently being debated and which are often of a rather abstract or even trivial nature, the drugs threat has already invaded many houses, including some of local celebrities. The country has on more than one occasion opted for solutions, which those

in Europe have found rather strange. The authorities remind local radicals that they should not hurry and after all a country is like an individual – the wiser it is the more tolerant it is.

What is attractive about the Australian approach?

First and foremost *focus on the practical and down-to-earth*. If the government has decided to concentrate its main efforts on reducing demand, improving treatment and rehabilitation methods wherever possible and also on promoting the efforts of law-enforcement agencies to rein in drug-dealing, the methods it advocates are logical ones:

- wide dissemination of up-to-date and precise information;
- education aimed at ensuring that people are able to take correct decisions in a world, where drug-taking is on the increase;
- elaboration of flexible treatment methods, which take into account differences between various groups in the population and the importance of an approach aimed at satisfying individual needs.
- organization of publicity campaigns to impart to the public, especially young people, the idea that drug-taking is not 'cool';
- identification of risk-groups among young and adult offenders and provision of treatment both in prison and outside;
- running of publicity campaigns, providing professional training and helping people from risk-groups find work and be reintegrated into society.

The ideas in themselves are simple and differ little from those, which are widely used in the countries of Europe. Yet, Europeans are inclined to ask themselves: is it not an infringement of human rights to forbid people the use of drugs and has the time not come when certain substances should be made legal and so on? Australians have put these ideas together in a programme and quietly, with no undue fuss, have taken it upon themselves to put it into practice conscientiously and without further ado.

* * * *

In Melbourne I met Trevor Grace, a psychotherapist and writer. Together with Tom Scott he had written a book entitled «The Great Brain Robbery», which became a best seller in New Zealand, Australia, the United States and Britain [3].

Trever had grown up in a large family, with eight brothers and sisters. He was only four when his father died. His family had not been able to give him a good education and he had turned to alcohol for solace and started drinking heavily, until he found himself on a ship bound for Antarctica. For 25 years he worked with American expeditions in that world of snow and ice. Then came a trip to the North Pole, a passionate interest in medicine and especially neurology. His first wife had died of cancer leaving him to cope on his own with five children.

His second wife, younger than himself, had not been able to have children of her own. Trevor had been so keen for a still larger family! On hearing about the desperate plight of orphans in Russia, particularly those with health problems, he and his wife flew to St. Petersburg and adopted a three-year-old boy and a four-year-old girl from an orphanage there. «The little girl had been so hungry, that on the day we came to the home, she pinched an apple from someone else's bag and started hastily to eat it, looking round anxiously like a tiny animal, frightened that she might have her booty taken away from her. We were horrified...»

Back in New Zealand the Graces gave these two Russian children a home. The children turned out to be clever and gifted. The little girl is learning the piano and the boy plays the cello: together they have been playing pieces by Verdi for school concerts. Although the family speaks English at home, the children are learning Russian as well. «I pray to God to let me live long enough to see them become adults. I want them to see their homeland and I shall take them to Russia and in the end let them decide, where they want to live.»

Trevor's interest in drugs as a research subject stemmed from his fears for his children. He has helped devise special school programmes for studying the activity of the brain and the cardio-vascular, digestive and immune systems and what happens to them when alcohol or drugs are consumed. The bodies of teen-agers on the threshold of sexual maturity absorb drugs five or six times more quickly than those of adults. In addition, their metabolic system, which can help break down narcotic substances, is not yet fully formed. Children have to understand the risks they face: «My mission, and may God help me accomplish it, is to help children and teenagers understand all this and convince them that they should put off all decisions about drug-taking at least until puberty is behind them.»

In New Zealand the addiction problem is exacerbated by the social situation. Family break-ups are rife: two thirds of Maori children and half the white children only have one parent, usually a mother. Yet children need two: girls really need a father and boys a mother and when deprived of family harmony children feel lost. In their bewildered state they often turn to banned substances, which eventually undermine their mental and intellectual potential. This phenomenon is often to be observed in émigré families, where teenagers, who have not yet managed to find friends, are very sensitive to the way society views them and they are more likely to succumb to the temptations that are offered to them by older children in any back yard. Young Kiwis often steal old women's purses, burgle flats or steal cars: to get hold of money they will stop at nothing. In many families people are weighed down by a sense of guilt and gloom, become involved in fighting, finding outlets for their despair in cruelty, violence and sexual depravity. This can lead to the physical and mental degradation of other members of the family and then friends and relatives turn their back on them and they begin to be spurned by the rest of society. The rate of child suicide is very high and suicide attempts are to be found most frequently among those using marihuana, heroin, cocaine or LSD.

When addressing young children Trevor never tires of repeating: "You emigrated to our country, which took you in, but this presupposes that you will feel you have a responsibility. We are creating a society for people of different races, cultures and religions, but with a common and shared sense of responsibility."

«What makes me feel quite ill with horror is when I see, how in our hemisphere the drugs Mafia goes about its business almost with impunity, buying up land and real estate in tropical islands. It never appears to be worried by the thought of children, even its own. I have the urge to shout out at every street corner: 'Don't think that the evil will only befall other people's children – it is already getting as far as yours!'»

People bring Trevor children from prosperous families, even those connected with the narcotics business – under-age addicts often using large amounts of marihuana, heroin, steroids, volatile substances or even drugs used intravenously. While drugs may be enabling their parents to gain wealth, power and pleasure, as they interpret it, the younger New-Zealanders see them as a weapon in their own and their peers' teenage revolt, which rejects the principles by which the Establishment lives.

During one of our conversations, Trevor remarked: «When I visited Antarctica and later the North Pole, I thought to myself about the fine and fragile balance that our ecosystem hangs on and about how much people, regardless of their history beliefs and traditions, depend on each other. Our children will be even more aware than we are of how space is running out and how, in order to survive, we must not lose sight of moral values. Children need to be prepared for this now. I should like, for instance, a 100,000 Russian or Kyrghyz children to come and live in New Zealand families, and for a hundred thousand New Zealand children to go and live in Russian or Kyrghyz families. Children should be given equal chances to enjoy health, education and culture. When I hear about homeless children anywhere, even if it s the other end of the earth, I feel concerned for my seven.»

* * * *

When the last prolonged note of the siren rang out, warning of the 7-deck ferry's departure, people rushed out on deck to watch Australia disappear into the twilight as the «Spirit of Tasmania» set off on yet another of its regular voyages between Melbourne and Devenport.

We were crossing the Bass Strait.

The passengers were a motley crew, talking away about the kind of weather we might meet on the island. They say that Tasmanian customs officials are particularly strict when it comes to passengers with fruit, vegetables or plant seeds in their luggage. Our cases were sniffed at by small dogs specially trained for the purpose. There was a ban on any kind of plant life being brought into the island. Tasmanians cherish the flora of their island and would rather stop receiving in tourists than let something in, which might be a threat to their orchards and forests. I quickly ate the remains of my last banana.

My knowledge of Tasmania and its people was negligible. The last indigenous islanders died out at the end of the 19th century. A certain Fanny Smith was the last of them and she died in 1905 at a ripe old age: the last survivors, even though only part of their blood was that of Tasmanian aborigenes, kept alive the island's customs for a long time, including respect for the local medicine-men and folk-healers.

I wandered about the deck looking at the ship's souvenir stalls, bought myself a key-ring with a model of the ship and then wandered towards the stern. In the dark the noise of the sea could be clearly heard and the foaming waves lapping against the ship.

I started thinking about the sailing-ships that had brought convicts to Tasmania from Britain. Among them, there would have been women and children. In the history of British justice the 18th century is not one distinguished by mercy. Stealing a pair of shoes or using a counterfeit shilling were crimes punishable by hanging or transportation to islands the other side of the globe. Prisons were built in the hills of Tasmania, or rather the island was turned into one big prison with dogs guarding convicts on land and sharks in the open sea. The guards used to feed raw meat to the dogs and sharks to make sure that nobody would be able to escape alive.

Contacts between prisoners and aborigines resulted in an exchange of cultural traditions: the prisoners taught the aborigines to drink alcohol, while the aborigines taught the prisoners which plants they might make narcotic substances from. I am not as well acquainted with the Australian (or Tasmanian) criminal world, as I am with that of the patients who come to our clinic, but the psychology of the criminal world is not

something that is shaped by geography, but rather by the influence of all sorts of drugs, including alcohol, on the psychology of that world. When dangerous and threatening situations become a permanent part of an individual's existence, something to relieve the tension is vital: even just a short intoxicating interlude for the sake of relaxation, to feel warmth and a gentle sleepiness come over your body. Yet under the influence of those very same substances, a person's physical, intellectual or psychological development can be stunted.

I thought back to those of my patients who had been from the criminal world. A new craze took root within the countries of the former USSR in the mid-nineties. Prominent figures from the criminal world virtually in charge of banks, factories, markets, casinos, discos and enjoying links to officials of state, including those in the security networks, began to turn their back on drugs and made members of their entourage seek treatment and rehabilitation assistance as well.

From the very first patients of that kind I used to hear how drugs were freely available in labour colonies and prisons, just like alcohol. Relatives used to bring them when they came for visits and would pay guards to 'look the other way' when they passed them over. In fact the guards themselves would sell drugs to prisoners in corrective establishments. For money – of which there is a great deal in circulation within the prison service – you can buy anything. I have been told that in remand prisons guards would bring women from neighbouring cells into those of drug-addicts, where they would be injected with heroin and raped. While all that was going on, the guards would kick with their boots against the iron cell doors so as to drown the screams of the women.

From the very beginning of our work in the Centre back in Bishkek I was plagued by worries on this score. It was clear that there would be people from the criminal world among our patients, who for various reasons had to seek treatment or 'go under' for a period. At the time I did not suspect that criminal groupings were in the grip of drug-addiction more than other organizations. We could not help but come into contact with the world of criminals and we wracked our brains in our efforts to work out how we should behave towards patients from that world and the staff of law-enforcement agencies trying to track them down. Obviously any patient is for us first and foremost a PATIENT and only a patient. If they abide by the requirements of the clinic and its internal rules, we have no grounds for treating them with any kind of prejudice. Most of them, as we had expected, came to the clinic without giving their actual names and they were not obliged to tell us about their past, if it was more than a question of their former drug-using habits. As far as they were concerned, it was highly unlikely that they would be rude to the medical staff working with them. If we got on with treating them and did not ask too many questions – i.e. abided by the rules of behaviour sacrosanct for them – what harm could there be in it for us?

How naïve we were....

Our first patients from the criminal world came to us from the Caucasus, the Urals, Siberia and the Russian Far East – all sorts of people in the 40-50 age range (in the mid-nineties the average age began to fall considerably). They used to wear plenty of gold jewellery – bracelets, diamond rings, necklaces. The 'coolest' among them would have at least half a kilo of gold on their persons. Among these patients there were professional hit-men, aircraft high-jackers and hard-core criminals. We usually discovered this from the patients themselves, and did not let it influence our behaviour towards them as patients or the demands we made on them.

Not all of these patients came to us for treatment of their own free will. One of the gangster 'kings', who himself did not drink or use drugs, forced all his subordinates to have treatment, so as to rid his entourage of anyone dependent on such substances. He was purging their ranks of anyone who might be a threat to his 'success'.

Drug addiction inevitably reduces people to lying and makes them slippery and devious. A doctor needs special skills for working with patients of this kind. I am grateful to my colleagues for their incredible patience. They would be working under constant emotional stress, listening carefully to every word that was said and trying to sense whether the patient was telling the truth or not. Each doctor in our clinic has three or four such patients. Possibly as a result of head injuries resulting from blows to the head or from cocktails of alcohol and drugs, these characters often exhibit serious psychopathic tendencies. They might shout at one of us: «So you've put on a white coat, so what. Get out of here!» By the evening, those who have been working with such patients feel as exhausted, as if they had unloaded a truck-load of coal single-handed.

I remember one patient who had been a force to be reckoned with in the criminal world and who came to our clinic with two body-guards. When their boss wanted to sun-bathe, they would sit him down in an arm-chair and then solemnly carry him out complete with chair perched on their shoulders, as if he was some kind of maharajah. This was an unexpected entertainment for the rest of the patients. It was not the only occasion when we preferred self-control and patience to a set-to. It was of no interest to use, what kind of business a patient like that was engaged in or how he made his millions. They used to come to see me to talk about treatment and for encouragement for their efforts to restore their health. Perhaps some of the other doctors listened to some of these criminals' 'confessions'. I personally always tried to keep my conversations with them strictly medical.

Another 'eminent' gangster came to our clinic with a girl-friend. He had been using drugs for relaxation for many years: his attitude to life was very wary and he was suspicious of everyone and everything. He had all sorts of crazy ideas and suspicions, which in part stemmed from sexual dysfunction which often afflicts chronic drug-addicts. He felt he was being hounded and that people were listening in to his conversations. Worst of all were his fits of jealousy and he used to go out of his mind, when he saw his girl-friend talking to doctors. Calming him down cost me a great deal of effort.

Patients from the criminal world used to discuss their affairs at night and then sleep by day. This did not disrupt our timetable unduly in the clinic and we did not remonstrate. Almost two thirds of them refused to take part in the final stage of our treatment regime – the imperative psycho-therapy session. As they themselves admitted, they were afraid of «losing their wits». In actual fact it was difficult for them to stick with the treatment for three whole weeks: they were in a hurry to get back home to 'unfinished business'. The young patients behaved with great deference towards them and as if they were bewitched by a boa constrictor.

Some of the patients in this category were mentally unstable. They might burst into neighbouring wards. On one occasion a 'robber baron' decided to conduct one of his 'councils of war' in the clinic. I had to have some very serious words with him after that. I remember going into the office of one of the doctors in charge of a department and finding a dozen or so such patients discussing major plans. They were smoking and

paying no attention to the doctor who was still in his office. As soon as I appeared, they started whispering: «Nazaraliev's in here!» I would not say that they were actually afraid of me, but our clinic was well-known in their circles and it was not in their interests to cross swords with us. «What's going on, fellows!?» I asked. «We've just got together for a chat...»

After that I said:» You can discuss your business wherever you like, in restaurants, in the street, in private houses. This is a medical establishment and meetings of this kind are not going to take place here. If you are not going to accept our conditions, we can discharge you straightaway.» While I was talking, the men crept out of the room one after the other and by the time I was finished there was nobody left.

We declared the Centre closed to outsiders and stationed extra guards at the entrance. This caused an outcry! «You're keeping our mates out! You'd think we were inside, Comrade Governor!» «I know where I've seen your white coat before!» There was no end to the complaints and taunts. I waited for them to calm down and then said that we had no idea who the people are who wanted to come and visit them. There was no guarantee that the 'visitors' would not include their armed enemies. It was in our interests that all patients could follow their course of treatment in peace and quiet. We agreed that the only people who would be admitted would be those for whom the patients had put in a written request and that they would not come more than three at a time.

There was one incident when I myself had to turn to a 'King of crime' for help. An old man came to see me recommended by mutual friends: his son had been kidnapped and the criminals were demanding a ransom of \$100,000, a sum he could not imagine possessing even in his wildest dreams. «They say that important people from the criminal world frequent your clinic. Can't you ask them what they would advise?» I assembled all my patients of this kind and explained the situation to them. They demanded a private flat equipped with a couple of telephone lines. The key condition for their co-operation was that the police should not be informed, nor the state security organs. «They could spoil everything!» We accepted their conditions and for 48 hours these patients disappeared from the clinic. On the third day they returned and told the father where he could go to get back his son.

The last thing I want to do is to present these patients as sharp-shooters protecting the defenceless. I can imagine all too clearly how they live in prison and between sentences. All I am describing is what we came up against in the Centre. As far as I know, from among the patients from the criminal world who were treated in the clinic between 1996 and 1999, at least ten people have since been killed in shoot-outs amongst themselves or with the police. The police in Bishkek eventually heard about the 'interesting' patients who were in our clinic. I know plenty of people from the police who are upstanding citizens, but would have little good to say about those of their colleagues who were soon lying in ambush round our clinic waiting for the people they wanted to track down to go out into the town for cigarettes or just to stretch their legs. Keeping at a 'respectful' distance, the policemen would drive along behind them and then stop them to check their documents at the first cigarette kiosk they went up to. Our patients would show their documents and then explain where they were from, but in accordance with a 'script' worked out in advance they would be taken off to the nearest police-station. One of the arrested men told me on his return: «I bought my way out for \$3,000». I failed to grasp why they had needed to hand over any money, if they had not committed any offence. The patients explained: «They told the man they'd detained that he would end up in prison, that they'd ask witnesses along and 'find' opium in his pocket». He had protested that his pockets were empty and that he would show them

as much there and then. The policemen, however, had assured him: “Don't worry, when we start turning out your pockets, they'll be opium in them!”» According to the accounts of many of our patients, when they have been detailed, opium has often been planted on them just, to make sure that they will pay out large sums to have the charges dropped.

After that I went along to the Ministry of the Interior of Kyrgyzstan. I pointed out: «Behaviour like that could provoke a response from big-time criminals, with dozens of men at their beck and call, who would be just as well armed as the police. They could finish off half a battalion!» High-ranking officers then started reminding me what kind of people my patients were. At that I retorted that it was no concern of ours who our patients had been up until the moment they crossed our threshold – inveterate criminals, murderers or whatever. These people have come to our clinic for treatment, not for any other reason. For us all patients are equal and need to be treated the same» I could see from the eyes of the men I was addressing that we did not speak the same language.

Customs officials in Moscow's Sheremietevo-1 airport have no problem picking out the drug addicts from the rest of the passengers boarding the plane for Bishkek. Usually these are people who have decided to come to our clinic for treatment. They're still suffering from withdrawal symptoms and hope to be helped with this in our clinic, but for the moment they are still finding it difficult to sit still and cope with the pain. Almost every one of those passengers has a small dose of his drug with them in case things get worse during the flight. You do not have to be an expert to pick out passengers like that. The customs officials often take them over to one side and start intimidating them:» You're an addict, you've got drugs on you and we're going to hand you over to the people who'll sort you out...» They refuse to let go, until they've forced our future patient to pay one or two thousand dollars. After listening to many stories like this, we used the press to warn those would-be patients that they should not take any drugs with them for the flight. We stressed that it would be better for them to inject, sniff or drink something before they left home for the airport so that they could be sure of being able to fly to their destination with no worries.

This led to me being invited along to see the Minister of the Interior of our republic. He had been taken aback to learn that there were big-time criminals in our clinic from Russia, because major figures from the criminal world had not made their way to Bishkek before. The police and the security forces were panicking about the effect of their arrival on the local criminal fraternity. The Minister asked me whether it was true that we treated criminals for drug abuse. «Yes,» I replied. «For us it makes no difference who our patients are - criminals, politicians, carpenters, tramps or businessmen....for us they're all patients. «How do you manage to get hold of them» asked the minister in surprise. «They've been treated like dogs in the prison camps» I explained. «Then our doctors in the clinic talk to them, as if they were their misguided ill children.»

* * * *

Early in the morning our ferry reached Devenport. While we going through the customs hall, there really were dogs sniffing our luggage, but they did not manage to pick up my half-eaten banana.

Half an hour later our bus was speeding south along a concrete road.

Hobart turned out to be a quiet and friendly little town. After leaving my belongings in the 20-storey «Rest Point Hotel Casino» I started wandering about my destination. On the central square near the Parliament building there was a monument to Abel Janszoon Tasman. There was a smile on the face of the explorer, which the great Dutchman was probably not sporting, when he first set foot on these shores in 1644 after an exhausting journey.

In the evening I paid a brief visit to a bar called «The Dog House». There were people drinking beer there and ailingly playing billiards. For a moment it seemed that I was back in Brixton – London, in the «Hobgoblin Café». Here the faces were very different, though: the faces were chocolate colour with sloping foreheads and looming brows. Many of the customers had beards and moustaches: they differed from the aborigines of the mainland in that they had curlier hair. The aborigines on this island made up another group of the equatorial Australoids.

The men were wearing wide belts with large rectangular enamel buckles to hold up their jeans. There were black and green stripes round the edges of the buckle and a flame red circle in the middle representing the flag of the Tasmanian aborigines. The girls had earrings of a similar range of colours in their noses.

There was a young couple next to me at the bar. We started talking and they turned out to be a brother and sister from a settlement in the eastern part of the island. Both of them had been smoking marihuana for three years. It was grown in remote areas of the island. According to them every third islander used to smoke it. Many of them then moved on to hashish, opium and imported amphetamines, but these two preferred marihuana. They said it «calmed them», «made them more sociable» and most important of all it was «what everyone smokes».

So as to remove their doubts as to why I was asking all these questions, I followed my usual practice of inquiring where I could buy marihuana. They looked at me long and hard. With a nod of his head the young man invited me to follow him. We walked past the billiard table and sat down at a table in a dark corner.

«You're not a policeman, are you?»

«When have you ever come across a policeman with an accent as terrible as mine?»

He went back to the bar and whispered something to his sister. She opened the small bag on her lap and brought out a wrap. The brother came back to me and we went out into the street. Round the corner we put some marihuana into a mouth-piece and lit up – what else could I have done?! – and then went back to the bar.

Tasmanian marihuana is strong with a high concentration of tetrahydrocannabinol. The gentle island climate obviously suited cannabis: it is one of the most powerful brands in the world, as indeed is cannabis from all over Australia. Now as we puffed away, we could have a real chat as people who really understood each other. My new 'friend' told me that the islanders preferred alcohol to drugs but were not going in for drugs in ever larger numbers. Recently the Tasmanians had been experimenting with hybrids of local cannabis and cannabis oil, which contained a higher concentration of active substances.

«We come second in the world for cannabis consumption!» he told me in a voice, in which it was possible to detect a faint note of pride.

«And who comes first?»

«They haven't worked that out yet.»

Finding work in Tasmania is no easy task. The brother and sister had gone round to countless small businesses but there was no work on offer. They had tried to find an occupation allowing them to work on the land, as they had in their childhood, when their parents had still been alive, but in the office of the firm «Johnson and Johnson» which owned the plantations they were told there were no openings: the managers never took on aborigines.

«What kind of plantations do they have out here?» I asked.

«Poppy plantations...They harvest opium»

«Really?»

That was how I first heard about the Tasmanian poppy fields of the well-known company set up by the brothers Johnson in the mid-eighties of the 19th century and which today has branches in 190 countries. Doctors everywhere know this company as a manufacturer of bandages, medicines, pain-killers, toiletries for women and children and diagnostic equipment used in many branches of medicine, products for skin and hair-care...But opium fields in Tasmania?

I had first heard about the history of that firm when still a student. It had started after Joseph Lister had made his famous discovery. He had established that in operating theatres there were countless germs exposing patients to the risk of all manner of infections and diseases, particularly if they had open wounds. It was now clear that wounds needed to be protected with antiseptics, but many surgeons of his day failed to take his discovery seriously. They could not comprehend that when operating without gloves and without sterile instruments they themselves were spreading infection. Among the first of Lister's supporters who began to treat wounds with antiseptics was Robert Wood Johnson, a surgeon from New Brunswick (in the state of New Jersey). Instead of using dirty cotton wool rejected by textile factories, he had the idea of using sterile surgical bandages properly packaged so as to avoid the risk of infection. Toether with his brothers James and Edward, Robert Wood Johnson rented premises in a former shoe-factory and started producing safe new bandaging materials of muslin and soft absorbent cotton wool. Surgeons also stopped operating in their ordinary everyday attire – they began to don white coats.

How could it have come about that the descendants of the illustrious Johnson brothers had started growing poppies and harvesting opium on this island? From talking to Tasmanians and then from the meagre range of existing publications I was able to put together a picture of the Company's activity on these shores. It had all begun about thirty years previously. The rocky island with its mild climate and so remote from other continents had seemed an ideal place for producing narcotic substances for medical purposes well out of sight. The Company had obtained permission from the local authorities to create poppy plantations in exchange for a substantial financial contribution to the island's modest budget. The Company even managed to secure a UN licence for its activity.

Over an area of almost 3000 hectares they had started sowing opium poppies. The Company, I was told, paid Tasmanian farmers \$2,000 for every hectare they worked. The farmers worked hard and the opium poppies grown here have a greater concentration of alkaloids than the Turkish or Indian crop. The initial extract is obtained from the poppy seed-cases here on the island and the pharmacological products containing the drug (morphine, codeine, buprenorphine, naltrexon etc.) are manufactured in a factory in the state of Victoria over the water. The Company does not make public the size of its profits from this opiate production, but the islanders reckon it

must be at least a hundred million dollars. The Tasmanian aborigines find it very difficult to understand how producing opiates can bring in so much money. They start making comparisons: the export of Tasmania's famous apples only brings in seven million dollars. «Perhaps we should sow opium poppies throughout the island?» is what my friend from «The Dog House» starts asking.

The island's own aborigines are not taken on to work in the poppy plantations. When the seed-cases are mature, young aborigines make night-time raids on the fields. They take lawn-mowers out into the poppy fields. If they are lucky they can come away with as many 10,000 seed-cases. If I can trust my 'friend's' account, one of his mates who goes in for these nocturnal escapades has started to engage in production with his friends which leaves no waste behind: they press juice from the stems, make infusions from the flowers and make a strong opium extract from the seed-cases which they boil up.

Cocaine is of no interest to the Tasmanians: it is too expensive for most of them, since one gram costs \$200, while unemployment pay only amounts to \$290 a month. Young people were faced by a difficult choice. Traffickers bringing cocaine into Australia from South America are ready to bring down the price for the aborigines and offer various deals, but cocaine has not yet caught on widely on this island.

«Tell me, when you're desperate for some and you have no spare money for drugs, what do you do?» I asked the brother and sister.

«What can I do? I lie in wait for passers-by at night, grab what I can, sell it and then buy what I need».

«And I go off into the woods», added the sister.

«Does that help you forget?» I asked in surprise «and calm down?»

«No!» she answered with a laugh.»My grandmother showed me places in the woods, where mushrooms appear in the spring, which you won't find anywhere else. You cut them, boil them up and eat them and then it's as good as LSD...Beautiful pictures.»

* * * *

That tale of hers also brought back memories.

People have been using hallucinogenic plants for thousands of years. Ancient hunters and gatherers knew about the properties of psychotropic mushrooms: they had mind-altering properties when eaten either raw or boiled over a fire. They could also heal the sick and open up a whole new dimension of reality. Often they made people feel they were flying into unknown worlds, enabling them to see their huts and flocks from high up in the sky. I had been told about such things by people who had spent all their lives in Siberia. Their distant ancestors had known about poisonous mushrooms ever since the end of the Ice Age when birch and fir trees began to appear in their land, trees with which red-capped toadstools covered with white spots have always been associated. Sorcerers in the tundra back in the old days would not have been able to manage without fly agaric mushrooms, which enabled them to call forth supernatural forces and attain giddy heights of pleasure. When vodka was brought over the Urals by the Russians in the 17th century it banished toxic mushrooms from the lives of the Chukchi, Yukaghirs, Kamchadals and other peoples of the region, calling forth in their place temporary lunacy and sometimes even the permanent variety [3].

Sitting by the fires of the indigenous peoples of the North, I have often been told mythical tales about 'magic mushrooms' by the elder members of their communities. Sometimes they would insist that in the soft parts of the mushrooms certain forces

would take refuge, forces with which only a shaman could communicate. After eating their fill of fly agaric mushrooms the shaman would fall into a deep trance and, while in that state, he would put into practice the advice of the spirits hidden within the mushroom. They say that when these Northerners have eaten such mushrooms they start to see new people before them and the number of them will match the number of mushrooms they have eaten. The newcomers lead the mushroom-eater off on an ecstatic journey into distant new worlds.

Fly agaric mushrooms are to be found on all continents apart from South America and Australia. The mushroom growing in Tasmania, which would appear to have a similar mind-altering effect was described by the islanders in such a vague and general way that it was impossible to know for sure which mushrooms they were actually talking about. "What are the mushrooms called?" I asked the local woman in "The Dog House". "Mushrooms...." "And in the language of your ancestors?" "Mushrooms!" To judge from the stories I was told, when they start eating them, people's perception of their immediate surroundings changes beyond recognition. The alkaloids in the mushrooms also appear to effect people's retinas, making objects expand or shrink to an amazing degree. Real creatures turn into giants or dwarves so small, that people have to bend down to pick out the tiny figures clustered at their feet.

The mountain people of New Guinea make use of mushroom-induced hallucinations with a technique all of their own. Eating mushrooms brings on a state of extreme excitement at a specific time each year regardless of whatever festivals or rites may be taking place. Women can sing without seeming to tire, launching enthusiastically into erotic dances and other frolics, including sexual ones, while men – screaming and throwing their arms about – run up and down hills to demonstrate the energy pulsing through them. Researchers who have watched this behaviour put it down to attacks of 'mushroom madness'. During this onslaught of drug-induced frenzy the mountain people terrorize everyone whom they come across. They also turn to these wild mushrooms before they set off to kill anyone. Murder when caught up in this mushroom-induced frenzy is seen as a form of self-expression.

The mind-altering effect of eating hallucinogenic mushrooms has been described in the novels of Castaneda, who had a close knowledge of Mexico's mushrooms. In Mexico over 25 different kinds of psychotropic mushrooms have been recorded. They were eaten fresh by people as they rolled on the ground gripped by helpless laughter and caught up in whimsical technicolor visions. The mushrooms had, in the past, been regarded by local rulers as a supreme delicacy. They would be served at banquets and on special occasions. The Ancient Maya, before the arrival of the Spaniards, held psychotropic mushrooms and the hallucinations which they produced in such veneration that they have left behind for posterity stone and clay sculptures of them, which have survived to this day.

In Mexico and Central America there grows a mushroom with a black cap and a long fibrous stem, which is known as a *psilocib*. The local people refer to it as 'shrooms' or just another 'toadstool' or 'magic mushroom'. It contains the alkaloids psilocybin and psilocene which can have a mind-altering effect and conjure up unfamiliar moods and sensations. They can make a person feel isolated in time that has suddenly stood still: although he is still among the familiar objects around him, colours and shapes have changed beyond recognition. Those who partake of these mushrooms start to "see sounds" and "hear colours". Synthetic psilocybin can have a similar effect on the drug-user of today.

My conversation with the regulars at "The Dog-House" in Hobart was not long enough for me to establish whether the young woman who had experimented with Tasmanian psychotropic mushrooms was suffering from any mental disorder or had any problems when trying to take in the world around her. In the literature we can, however, find many cases that confirm how certain hallucinogenic plants can alter our moods or give rise to a sense of restlessness or suspicious fear or even unexpected outbursts of violence.

* * * *

In our day-to-day work at the Medical Centre in Bishkek we only come across patients who have become addicted to mushrooms. There are no poisonous mushrooms in the forests of Kyrgyzstan, but sometimes people encounter another poisonous plant – the so-called 'pale toadstool' or 'Issyk-Kul root', which has on occasion killed someone who has eaten it, but which never has the effect on people that psilocybin does. Most patients who have at some time experimented with mushrooms that contain active psychedelic ingredients, were those from the Far North of Russia, from Leningrad or the wooded regions of Karelia, but they also suffered from an addiction to other drugs.

We only ever had one case of such a kind, when a woman from Petrozavodsk brought her 20-year-old son to our clinic, who had indeed been suffering from an addiction to hallucinogenic mushrooms. My colleagues were particularly interested in this patient, not just because of his rare diagnosis, but also because of the kind of person he was. He looked untidy with long hair that came down to his hunched shoulders: he was reserved but turned out to have a talent for music and writing lyric poetry. He played the violin well and as a child had been seen as someone with a promising future ahead of him. As a teenager though, he had begun to rebel against parental pressure and became a loner. He used to behave strangely in our clinic as well: he did not leave his ward and was sad all the time. He used to look at people in a furtive way and only talked to the doctor who was treating him. He did not even join other people for meals and his mother used to bring his meals to the ward. In response to anything she would say he would start shouting and talk in a rude, agitated voice. As they walked down the corridor, the doctors would hear him shouting hoarsely: "Shut up! What do you know about it? You don't understand anything!" We kept on having to calm him down and if we succeeded -- and then all the more so when he had recovered from his illness -- we discovered a friendly, modest and intelligent young man and it was almost impossible to believe that we were dealing with the same person.

But why mushrooms?!

The effect a narcotic substance has on any person depends in large measure on the nature of the personality of the individual who becomes addicted. Although the impact of hallucinogenic substances on the way a person sees the world around him is usually identical, the nature of the effects produced and the nuances of the mood changes can vary significantly. LSD more often than not produces nightmarish visions and unpleasant mental reactions and panic and consternation can often set in. The mushrooms on the other hand, which our patient had got used to, would call forth beautiful, incredible experiences which linked in with his perception of the world and which he used to describe in writing, although he never showed what he produced to anyone else, preferring to hide his papers away in the drawer of his desk. He refused to let anyone into his inner world: later when he came to trust the doctor who was treating him, he began to talk about what he had seen and the emotions he had experienced. He told him, for example, about the way he had strolled about the town on a fine day,

catching sunbeams on his palm; how he had seen brightly coloured, semi-liquid balls spinning in his hands, with which he juggled as he walked along like a circus performer.

Once when he had still been a student (he had obtained a place at medical school, but abandoned his studies in his third year), he had eaten some mushrooms before a lecture and then been watching the lecturer walk up and down in front of the black board and writing something in chalk, when all of a sudden a red door covered with leather and with a carved frame appeared in the middle of the board. It was an utterly real door complete with a Judas-eye and locks. He watched the door open noiselessly and caught sight of an elegant wooden staircase with elaborate banisters behind it of the kind to be found in aristocratic houses of the past. The lecturer walked through the door, turned round to wave at everyone and then, with a smile, she disappeared up that staircase out into nowhere.

The most terrible visions he had were those in the morgue during anatomy lessons. Usually that would be in the spring-time when the smell of dry mushrooms was fading and he used to place some blotting-paper soaked in LSD in his cheek. The corpses in the morgue would come to life, the expressions on their faces would change, their bodies start to rise, their limbs to gesticulate and he felt they were threatening him. He would run away looking for somewhere to hide, but out in the street there would be more corpses either walking past him or coming straight at him, naked and terrible and complete with number-tags attached to their big toes. In the end he would manage to escape them as he hid in the bushes of the city park. What made it worse was catching sight of himself also as a naked corpse, his body covered in terrible ulcers and complete with a number tag on his big toe. He remembered nothing more after that. He woke up the next morning in a normal sober state under the park bushes. He was told later on that he really had been rushing down the streets, bumping into passers-by, crying and shouting. People in the street had thought he was worse the wear for drink and he had taken them for corpses. While in that state he had thought many of his friends had met a sorry end: they had mistaken balconies in multi-storey blocks of flats for doors or, feeling themselves to be birds had thrown themselves out of windows, as they tried to escape nightmarish visions inside their rooms.

Our patient used to collect mushrooms in the Karelian forests near Petrozavodsk. Hewould eat them raw there and then in the woods, anything between 10 and 100 at one sitting, depending upon their size the power of their impact on his mind and how soon the visions began. In the autumn he would bring the mushrooms home by the sackful and dry them to make sure he had supplies for the winter, which he could then boil up in a saucepan, He could then eat them once they were soft or drink the juice obtained. The places in the woods where he could find his rich harvest had been pointed out to him by a arrealist painter who could not survive without hallucinogenic experiences. The artist used to reproduce his drug-distorted vision of the world and his canvases would strike the beholder on the strength of their wild, unfettered imagination. When the mushroom season was over, both of them would start taking 'acid' (LSD) and if even that was in short supply, they would switch to daily doses of marihuana, which although mildly hallucinogenic could not give them experiences as powerful as they were used to. The two friends, after eating their mushrooms in the forest, would note with happy excitement the wonderful way in which everything around them was transformed: the air gleamed like a stream of silver, which you could stretch out your hand to catch, age-old pine-trees turned soft as if moulded from wax. If they were to try and repeat the same effect the next day they had to eat twice as many mushrooms: the psilocibin in the mushrooms began to lose its effect. To avoid duller sensations they

would observe pauses in between mushroom feasts, only eating them twice week in an effort to re-experience sensations as powerful as the earlier ones on similar doses.

Our patient seemed to be depressed nearly all the time and to be suffering from an inexplicable melancholy. Even when his treatment was progressing well and he began to lift his gaze which earlier had been floor-bound, and even when he at last cut his hair, he still remained highly sensitive and taciturn and very loath to speak about himself. The doctors had their work cut out to make him smile as they strove to melt his impenetrable icy demeanour. The only time he would seem animated was when he was talking about how to prepare and eat mushrooms.

At one stage he used to go the woods with a girl-friend. They would eat mushrooms together, abandoning themselves to the intoxicating hallucinogenic experience. Once they had come home from the woods still in this state and walked past a building-site. With happy cries they had run up to the top of a rubbish heap and then walked along narrow pipes with their arms stretched out sideways to keep their balance. After that they climbed up some scaffolding and the girl jumped about laughing and then took a step backwards and fell to the ground, where she was run over by a lorry driving past with a load of gravel. Our patient had seen it all happen horribly clearly, as if in a slow-motion film.

After the funeral, our patient found it impossible to recover and he now took to vodka instead of mushrooms for drowning his sorrows. Once when he had walked as far as the clearing with the mushrooms it was only to find it surrounded by lads from a criminal gang with their guns at the ready, The mushrooms were being collected now for profit. Their large lorries filled to the brim with mushrooms drove off in various directions from the forest.

I had not told any of that to the young Tasmanian girl in "The Hot Dog" bar, because drug-addicts are seldom influenced by tales of other people's experience. People usually only believe what they themselves have experienced and often refer back to their own experience with particular confidence, when the results of their obstinacy are bound to be irrevocable.

* * * *

"Where in Hobart are people treated so as to cope with their withdrawal symptoms?" I asked a woman on the staff of the local museum, when we had looked round the last of the halls. There was a display of the bones of extinct animals including the last Tasmanian tiger, which had been killed in the 1930s. Not just tigers either, but the original inhabitants of Tasmania also became an endangered species. There are hardly any of their direct descendants left. Nowadays, there are only just under 4000 almost white aborigines left, in whose veins there still flows some blood of the island's original inhabitants, although their skin is only slightly coloured now. The majority of the population consists of the descendants of Anglo-Saxons and after them Danes, Germans, Italians and Greeks (of whom large numbers made their way to the island after World War II. There are also communities of Latvians, Lithuanians, Poles, Hungarians and Slovaks. More recent immigrants have included Lebanese and Kurds.

I had not expected to hear the address of a clinic where people were treated for addiction from her straightaway, but I was pleasantly surprised to discover that she knew the only medical centre in Hobart, where rehabilitation treatment was provided and, looking at me sympathetically she drew me a plan to help me get there.

“All the best!” she said, sending a meaningful look in my direction.

It was Saturday and the para-medic on duty asked countless questions of the addict, who was trying so hard to get into an establishment that was shut for the week-end! He kept repeating that there was no room at the moment and no doctors around and that the best thing for me to do was to take a small dose of my drugs to get over the withdrawal symptoms and then to come back the next day. I reassured him, tried to make him understand that I was not asking for any help apart from the chance to speak to some of the doctors working in the clinic. The para-medic dialled the number of one of the staff, Dr. Johnson, at his home. He explained: “He’s from somewhere in Asia!” and that seemed to have the desired effect the other end of the line.

Half an hour later Doctor Jackson arrived at the clinic. I caught sight of a calm, sensitive man, a typical psychotherapist. He had worked as a GP for a long time, but when a vacancy had appeared for someone specializing in substance misuse, he had applied for the job in the hope of being able to gain experience in addiction. The state of Tasmania has a population of 420,000. One in five of the adult population is a heavy drinker (if not a chronic alcoholic), a third of the adults smoke and many of them take amphetamines, opium or heroine. He himself had been surprised to learn that this quiet island, world leader in fine wool production and a major exporter of wheat and apples, was so ridden with drugs.

The plague of alcohol affecting the Australian mainland was, in his opinion, the fault of the Scots and the Irish, who had given the local aborigines a taste for alcoholic beverages, taught them to drink often and in inordinate doses. “The Celtic peoples brought the cult of whisky to Australia, just like the Russians brought the cult of vodka to the rest of Eastern Europe” – is an assertion of his I still recall. Opium first reached Australia 150 years ago when inveterate opium-smokers from China poured into this continent in the Gold Rush. Heroin makes its way to this part of the world from Indonesia and Thailand.

Unadulterated drugs are rather expensive for the bulk of the population in Tasmania. People of modest means make what is known as a “Tasmanian cocktail” by adding barbiturates, Dimedrol, and anhydride to an opium solution, which they then heat over an open flame, ‘sieve’ through cotton wool and inject intravenously. Most of the local addicts cannot afford individual needles and wash used ones in streams before handing them on to their mates. Although numbers of those with HIV are not particularly high among Tasmanian addicts, most of them suffer from hepatitis.

The attitudes of the Tasmanians, particularly the aboriginal population are very much peculiar to the island and differ significantly from those of the mainland population. Their view of the universe and their ethical principles are shaped by the fact that they live in a clearly defined small space, where most of them know each other, at least by sight. There is no urge to ‘think big’, which is often found in large communities, and they have a realistic idea of their place in the world picture. Perhaps this explains to some extent why the drug-users on the island show no interest in cocaine, which often makes addicts in other countries see themselves as belonging to a class apart...

In Hobart a mixture of valium and diazepam is used to help alcoholics with withdrawal symptoms and clonidine is used for treating opium addicts. Long-term treatment for addicts on opiates involves well-established methadone programmes. “In the Big Country,” said Doctor Johnson, meaning by that Australia, “they are trying to cure opium

addicts with Naltrexon, Buprenorphine and slow-release morphine, but we are in no hurry to follow in their footsteps. We shall wait a while: we doctors cannot allow ourselves the luxury of experimenting on our sick Tasmanians – they're in short supply as it is". According to Dr. Jackson, after treatment 20% of the alcoholics manage to keep off the bottle and almost 90% of drug addicts are cured from their addiction (after following a methadone programme).

Dr. Jackson suggested I should go with him on one of his ward rounds, apologizing at the same time for being unable to promise me the chance to talk to any of the patients: the Tasmanians were evidently reserved, shy and taciturn and did not appreciate interest being shown in them by strangers. In one of the wards I saw an emaciated man with tattoos covering his whole body from top to toe. He was like a walking art gallery. Without any hope of being able to start up a conversation I turned to the doctor to ask whether I might ask this patient for permission to speak to him.

"Mark, I have a doctor from Kyrgyzstan with me today..."

"Didn't catch that!" said Mark with his eyes sparkling.

"It's a country near China"

"What does he want"

That opening remark did not bode well for any conversation that might follow. Yet, when Dr. Jackson told him I was ready to examine him and perhaps we could then all discuss his case together the patient looked at me long and hard, then moved nearer along the bed, which was covered with a blanket, and with a nod of his head signalled to me to sit down beside him. I felt his pulse and then asked him a few questions. He answered reluctantly, looking at his own doctor rather than me.

Tasmanian Mark was aged 30 and would use anything available or whatever he could get his hands on when things got desperate – heroin, benzoates, sleeping pills, alcohol. He had been taking drugs since he was 18. His usual dose was half a gram of heroin a day. He had gone to various clinics for treatment and the longest period he had managed to go without was six months. His father was in prison and his mother was being treated for her alcoholism. He had been in prison himself but only for short spells. When I asked if he had a family of his own, he was loath to answer. The last time he had had any drugs was a few days ago: he had taken 70 Diazepine tablets - 5 milligrams each.

"What do you think about cocaine?"

"Horrible stuff, it only keeps you going for a couple of hours and I need something that'll help for 6 or 7".

"Mark, why do people on heroin often come to a sorry end?"

"When they're in prison they forget who they should buy pure powder from".

"Why don't you tell them who they should go to?"

"When they're out here, I'm usually back in there".

"Tell me, Mark. Did your tattoos cost a lot?"

"I don't know, I paid for them with methadone doses."

"Are you really going to jack it in now?"

"My health's going. The pains get more frequent when I'm short..."

In Australian prisons, including those in the state of Tasmania there are 5,000 people convicted for drug offences. Even among the young people who have managed to stay out of the courts, 60% are on drugs according to the local doctors. They lose their jobs, their families, their friends. Dr. Jackson commented, "Addicts feel guilty and ashamed. This makes us resort to psychotherapy. We reassure them saying: "It is not you that is

the trouble but your disease". This is the crucial difference. If we blame the drugs, we are giving the patient a chance".

Doctor Jackson knew his patients well. By laying the blame on the drugs and striving not to undermine the self-esteem of his patients, who initially might well be wary of him, he rid them of their urge to bury themselves in the past and relive their difficult moments. Freeing them from their sense of guilt, the doctor pulled out the weeds from their minds, leaving the soil ready to have different seeds planted in it.

Chapter 16 – **WHAT MAKES THE BUDDHAS SMILE IN THAI MONASTERIES**

King Rama IX decrees an Amnesty for all prisoners on Death Row except Drug-dealers – Paion Pansi: "The law holds people back not through their fear of punishment, but by making them realize the scale of their crime" – Rehabilitation in the Supanburi Police-station – Doctors and Patients at the Tanyarak Hospital – Secrets of the "Opium Pipe" Monastery

The Kingdom of Thailand is one of the few states in the world, where for 40 years (since 1959) drug dealers have been sentenced to the death penalty. The law was passed at a time when the military, who had seized power after yet another coup, tried to reduce the number of people in the towns with twisted, haunted faces looking out for anything they might steal and then exchange for a dose of opium. The local drug-dealers and their hangers-on were more often than not Chinese: they were making big money and had in their power various civil servants, police officers and customs officials. There were plans afoot for setting up an underground army to defend the interests of the black economy. The authorities at the time could think of no other way to put an end to corruption than the toughest of crack-downs. Death sentences were dealt out to anyone convicted of selling more than 100 grams of hard drugs. It is believed that on average 10 drug-dealers a year are sentenced to death. On the Queen's birthday, King Rama IX makes a present to his wife by signing an Amnesty. Drug-dealers are the only prisoners, who are not eligible for inclusion in the list.

"The death-penalty for drugs – isn't that going too far?" I asked the policemen patrolling Silom Road, where young people gather in back yards in the evenings. The policemen shrugged their shoulders.

I asked many Thais what they thought about the death penalty for dealing in drugs. My 'survey' was, of course, far from representative, but three of the answers I was given can be regarded as typical.

"A mind prepared to take away another man's life will be in a state of hatred, revulsion and selfishness" was the explanation given me by a monk from the Bangkok temple known as Wat Suan Moje ("Garden of Liberation") as he expounded one of the main tenets of Buddhism. Being a man whose thoughts were concentrated on the purification and development of his own mind, it was difficult for him to express his attitude to this law in any other way. His own 'intoxication' and the spiritual exaltation springing from it the monk achieved through a complex range of spiritual exercises designed to raise the amount of endorphines in his blood and "hormones of joy". The vanities of the world outside the temple walls were a million miles away from him...

After that I walked into a dimly lit bar on the Great Canal. There were people sipping beer at the tables and in the corner some young lads were taking turns at giving the customers a display of wrestling. It is not easy to gain the trust of people here, but once they feel sure that you do not pose any threat, they are ready to tell you the price of 'wraps', of which they have a generous supply. An Ecstasy tablet costs 1500 baht (\$40), a gram of heroin 1,600 baht (\$42.60) and a gram of cocaine 3,000 baht (\$80). I asked one of them, whether he did not think it was dangerous. "Of course, he answered:" One of these days they may hang me or make me face the firing squad, but today I am making my family happy. I'm bringing home good money".

A few days later I was able to talk to a doctor from the Tanyarak Hospital – one of the largest state hospitals for treating alcoholics and drug-addicts. My colleague had been

specializing in detoxification, rehabilitation and after-care for such patients for 20 years. Large numbers of patients had been through his hands including teenagers – contemporaries of his three sons – driven to 'shooting up' by heroin dealers. Like any doctor, he is not in favour of the death penalty regardless:" When all is said and done though, when I am confronted by the victims of the narcotics business – young people with ugly minds – I keep thinking of my own children and what might happen to them. That's why I support any laws that might protect them from this plague."

* * * *

The history of the Thais' fight against opium addiction goes back 600 years. As early as the 14th century the commanders of the King's army, as they watched their armies in action, noted that their warriors who smoked opium, tired easily. In the middle of that century (to be precise in 1360) a law was passed providing for six days of public punishment for these smokers. Their property was confiscated, they were locked up and held as prisoners, until they had recovered from their opium dependence. This method of treatment was referred to as "Cold Turkey". The prisoner was kept under guard for a number of weeks, until his withdrawal symptoms had run their course. Before the smokers were released, they and their families had to take a vow that they would never smoke opium again. This was an extremely powerful psycho-therapeutic method aimed at averting relapses.

After observing the physical and moral decline of people suffering from dependence on narcotic substances, the Thai rulers gradually introduced tougher punishments for these offenders. King Rama IV acknowledged that he was powerless to defeat drug addiction through repressive measures. He permitted the Chinese to smoke opium, but, as before, deprived his own people of any such opportunity. During his reign the Chinese were allocated funds to sow poppies and at the same time they were obliged to purify the opium extract they produced. Opium was openly sold by those given a licence for such purposes: the licences were officially issued to the Chinese section of the population.

In 1909 the Thai government announced a state programme for the treatment of opium addiction. The patients were placed in a hot steam bath for three days and after that they underwent a five-day detoxification programme involving the use of medicinal herbs possessing hallucinogenic properties. For those suffering from acute withdrawal symptoms during their first week without opium, hallucinogens helped preoccupy the minds of the patients. Hot steam baths and physiotherapy relieved pains in muscles and bones and insomnia and made the patients less irritable.

In December 1958 the Revolutionary Government addressed a Declaration to all subjects of the Kingdom to the effect that the production, sale and smoking of opium were all against the law. A short while after that the first enormous bonfire was lit in the centre of Bangkok in the presence of an enormous crowd and objects used by opium smokers and confiscated in opium dens were thrown on to it. The spectacle went according to plan, but not the fight against opium.

The government started losing a significant part of its revenue from the monopoly of the opium trade (approximately \$5,000,000 a year), yet it was not achieving its initial goal. Opium-smokers began using morphine and heroin instead. Those powders were easier to transport. It became more difficult for the police to detect hidden drugs and to break up the dealers' networks.

The first heroin that became widespread was the 'coloured' or 'mixed' variety that was full of impurities (only 8-12% pure heroin). Within a short time there were between 15 and 30 thousand chronic heroin addicts in Bangkok. Today in Thai towns and cities 85% of addicts prefer heroin and morphine (injected intravenously), while in rural areas, particularly in the mountains, a similar percentage still smoke the traditional opium as before.

Illegal plantations of opium poppies can still be found in remote mountain areas. Semi-nomadic mountain-dwellers have been using opium for its medicinal properties since time immemorial. The amount produced in that part of the country comes to 1,5 kilos per head of the population. In the country as a whole the annual production figure has reached 145 tons.

The Thais are worried not so much by the number of drug-addicts as by the way they are switching from softer drugs to harder ones: amphetamines are coming to oust marihuana and opiates. Yabaa (or "Madness") tablets are the most widely used narcotics among young people.

* * * *

"If we find just a small pinch of heroin in the pocket of someone we arrest, he will get three months in prison. Do you really think that's too much?" asked Paion Pansi, chairman of the Royal Council for Drugs Control. We were discussing the punishments used and I made the most of my chance to express doubts as to the justification for the death penalty. Not only does it mean death for the individual concerned, but it is a tragedy for his family. Not only does the executioner have to live with his conscience after the sentence has been carried out, but it turns the state itself into a murderer — albeit in a rightful cause.

The Royal Council for Drugs Control is a special agency that numbers the Prime Minister among its patrons and enjoys special rights, even allowing its members to arrest independently — without clearance from the police — those whom they suspect of dealing in banned substances or being in possession of them. Its laboratories analyse the chemical composition of confiscated drugs and make the results public. The analysis reports are of crucial importance in subsequent legal proceedings, particularly when the offence incurs the death penalty.

I was taken to the Council's offices, which were equipped with chromatographs, electronic microscopes, spectrometers and apparatus for high-velocity testing. The chemists showed me how with the help of reagents they were able to identify quickly and reliably not just the kind of drug confiscated, but also where it was from. In their cupboards there were specimens of almost all known natural and synthetic narcotic substances. There are 80 such laboratories in Thailand.

Paion Pansi was the man behind the drafting of recent legislation. He is particularly proud of the law that was passed five years ago "On the Confiscation of Property". Those convicted of dealing in drugs have their land, property, vehicles and valuables confiscated by the state. Funds acquired through selling all of these are used to support both the agencies combating drugs and medical facilities. There are 600,000 drug-addicts in the country [1].

It is permitted under the law for anyone suspected of using narcotics to be taken to a police-station. If tests confirm the initial suspicions, the addict is sent to a rehabilitation

centre. Preference is given to those who come along to such centres of their own free will. There are more than 250 treatment and rehabilitation centres in the country. Twenty percent of them are private. They are not prisons. A more appropriate description would be hospitals under guard. The treatment is designed to help an addict through his withdrawal systems over a period of 45 days, either with methadone or with infusions of medicinal herbs. This initial period is followed by six months of rehabilitation: psychological, social and vocational. Those who have no trade learn one during that period. Each patient who has completed this course of treatment needs to acquire work skills, which will help him afterwards to earn his living. At the end of their period in the centre the patients are encouraged to draw up a report on their own progress complete with a suggestion as to where and when he would like to be given a repeat course and consultations.

"What percentage of patients complete the course?"

"The figures are nothing to boast about...After the initial detoxification, only 9% continue with the rehabilitation programme and then only a third of those manage to stay off drugs for the first six months outside."

Paion Pansi and I went back to our discussion of punishment.

The Thai laws stipulate that those addicts who come to hospital or a rehabilitation centre of their own free will should be excused from punishment. Despite all of this, the legal regulations adopted by the Revolutionary Government in 1958, which provide for prison sentences of varying length and the death penalty have not been repealed and are still in force. Punishment awaits not only those who sell drugs, but also illegal importers of the ingredients required for the production of heroin.

"It is the very existence of this law that makes it effective. It holds people back not through their fear of punishment but by making them *realize the scale of their crime*".

* * * *

I grew up in a Muslim family and among my close friends there are some people who grew up in a Christian culture, yet for some reason every time that I find myself in the calm atmosphere of a Buddhist temple, a special mood comes over me, which helps me to concentrate, to slow down the pace of my thoughts, to look deep into myself and reflect sadly on the prejudices still alive within me.

As we drove fast along Thai highways I watched the rice fields streaming past to the right and left of us, the sugar-cane thickets and houses on stilts and tried to conjure up a mood of tranquillity. I said to myself: here I am in a beautiful exotic country, enjoying the warm sun on my face and the blue sky above me, I am completely free, my work is going well and I'm happy. I proved incapable of immersing myself in any sense of serene well-being, all I managed to do was think how useful it would be to do so as if I was outside myself watching someone else grapple with my own thoughts and feelings.

"After the bend we'll be in Supanburi!" announced my interpreter Pacharapi.

Pacharapi was the daughter of a Thai journalist, who at one time had worked on Moscow Radio. She had graduated from Moscow University and now, living once again in Thailand with her son, was glad to have the opportunity to talk in her second 'native' language, which she was starting to forget a little, since she had so little chance to practice. She had no job and eagerly agreed to help me. She had introduced me to a friend of hers, who was an officer in the Bangkok police and it was he who had advised us to come to the village of Supanburi, where 9 young policemen with no medical background at all had set up as best they could a special rehabilitation centre for young

addicts. It was a police rather than a medical project. The patients were young lads who had got out of control, and had been selling articles from their family homes to buy drugs. Some of them had been doing a little dealing on the side as well. Over the last six months 43 teenagers had passed through this Centre and most of them had been on drugs for 3-4 years before they ended up in Supanburi. By the time they left this centre, most of them had become quite different people.

The idea of this police undertaking had not filled me with much confidence, in fact I had been inclined to condemn it because of the staff's over-simplification of complex medical work. Yet, most of all, I wanted to see for myself what was actually going on there.

We arrived at a white building almost buried in lilac and trees that looked like acacia. By the entrance we were met by three sergeants and led through into a large room, to which women from the local villages used to bring their sons. The sons usually protested and sometime they had to be brought here virtually by force.

The sergeants – wearing civilian clothes here – do not over-estimate their potential when it comes to treating the addicts, but they are convinced that they will be able to teach the young lads discipline, communication and work skills and some sport. When drug addicts are brought in, often suffering from withdrawal symptoms, the policemen take them to a clinic the other side of the road, where they are given a blood transfusion to help them through the difficult stage. After that the newcomer will be allotted his place in the white building, where the lads sleep on mattresses laid out on the floor under a whirring fan – lads just like himself. They get up at 6:00 and after washing and cleaning their room, they all assemble to sing the national anthem – as is the practice in school – and after that come lessons. The lessons are more talks with questions and answers: about drugs, laws and many other things, which are new to the boys and about which they have often never heard before. Lunch at mid-day is followed by two hours work tilling the land or in the workshops provided. Finally there is time allotted to sport: their favourite game is *tekao*, which is rather like volley-ball, although players move the ball with their feet not their hands. At six o'clock they sing the National Anthem again, after which there is free time till 8 p.m. At 8:20 there is a group therapy session.

The sergeants are with these lads round the clock. If doctors have advised it, some of the former young heroin addicts are taken to hospital to be given some methadone, but otherwise there are no gaps in their time-table. The boys make their beds, prepare their own food, do the gardening and discuss their problems in a group, which is often attended by a monk from the local temple. The monks, who are subtle 'psychologists' know that, to have a healthy mind, it is important to live without conflict or to emerge from conflict situations having caused as little harm as possible. They give the young patients advice and the monks' daily conversations with the former drug-addicts are in themselves a form of group therapy. The monks and police sergeants engage actively in the discussions, in which the lads participate.

I asked why the mothers used to bring their sons to the police-station rather than to the hospital.

The answer was wholly unexpected.

For some time the hospital itself had been sending patients to the police for 'further treatment'. It was difficult for the medical staff to keep young patients in the hospital for long periods or to create conditions which would give them the chance to communicate with other people, or which would demand any discipline from them. Yet the policement did not take on any young patient – only those from whose parents they had received

consent – albeit consent sometimes given under pressure. We should remember that the sergeants themselves were young, not much older than those in their care and that working with the lads in the garden or kicking a football about with them was a pleasant way for them to spend their time as well. When teenagers are kept busy all the time, there is less likelihood that their thoughts will keep going back to drugs.

I started talking to a curly-haired boy from Pattai, He had tried marihuana, Yabaa, Ecstasy. He had been on heroin for the last three years. He had been sent to prison twice and every year he tried to come off drugs with the help of methadone support, but never managed to keep it up for more than four months. I looked at his arms and they were peppered with injection scars. More recently he had been injecting in his neck, tongue and groin.

"I'll come off drugs in the end," he said with laugh. "There are only two things I can't give up. Alcohol and women".

"When you're on heroin, you might start letting down your women," I commented.

"I know, that's what my friends said...But I'm O.K. at the moment!"

There were tears in Pacharapi's eyes by this time.

"What's the matter?" I asked.

"He's so like my son".

While we were talking to the sergeants and the lads, an elder woman came in with a new addict. He was 21 and had started taking Yabaa tablets three years previously. He had been taking three tablets a day and his 'highs' would last 4-5 hours. His mother had discovered it all a year ago, had watched him losing weight and seen him suffer from pain in his lower back: it was when he started taking things out of the house to sell and began to empty it that she dragged him along to the police-station.

The mother said:" If you can't make a man of him here, there will be no more hope left."

I wondered how on earth this police-run centre managed to fund its work. Private donations, apparently, kept them going. There was a list of patrons hanging in a prominent place near the entrance. I noted with interest that the name of Thailand's Deputy Minister of the Interior headed the list. After seeing the work the sergeants were doing, he had taken 50,000 baht (\$1333) out of his pocket there and then and that had been their first donation. Later others had followed...People from the nearby town used to bring along potatoes, meat and vegetables.

"Why don't you take any payment from the parents for looking after their wayward sons?" I asked.

"People out in the provinces are poor and sensitive. If we were to take money from well-to-do parents, then poor people would be afraid to bring their sons along," the sergeants explained.

I find it difficult to judge how effective a centre like this could be, set up under the auspices of the police rather than in a medical establishment. If there is nothing else available to the local people other than the chance to bring their sons here and if the time the lads spend under this roof is at least usefully spent, I see no reason why this Thai experiment should not merit a closer look.

After all, these young policemen in Supanburi, 100 kilometres from Bangkok, bring to mind the old truth:"Nothing venture, nothing win!" reminding us that loud entreaties accomplish little, if we are not prepared to take any action.

* * * *

Since drug-users are in no hurry to register, it is difficult sometimes to calculate reliably how many of them there really are. When in 1963 the first director of the Tanyarak hospital for drug-addicts, Doctor Preyon Norakarnfadung reckoned that there were 400,000 opium and heroin users in Thailand (25% of them Thais and 75% Chinese). Doctors were concerned not so much by the statistic as by the mass-trend for using the relatively cheap “brown” (“or mixed”) heroin containing only 8-12% of the unadulterated drug and often of a ‘home-made’ variety. Four years later so-called “Heroin No. 4” appeared in Thailand with a 90-95% purity level and rapidly came to top the ‘charts’ on the drug market. Almost 80% of all addicts use it intravenously. Most of the patients in the hospital are from fairly prosperous families, whose homes contain things worth stealing, which once sold can replenish the steady supply of drugs the addicts need.

The first centre to treat such patients was set up 42 kilometres from Bangkok at the end of the fifties as a response on the part of the medical establishment to a government resolution calling for an end to the smoking, production and sale of opium in the country. The Centre was designed to cater for up to 1,000 volunteer opium-smokers ready to be treated as in-patients. To help the patients cope with their withdrawal systems they are given an extract of opium together with potassium bromide and chloral hydrate (this method was also used in the St. John treatment centre in Singapore). Yet, when purified heroin appeared here a year later, Thai doctors, at virtually the same time as the Americans, began using methadone to help their patients through withdrawal symptoms. Soon afterwards the Centre was divided into two sections: in one in-patients were given medical help to get through the withdrawal period and in the other a rehabilitation programme was provided.

In 1967 the specialized Tanyarak Hospital was built 30 kilometres north of Bangkok. It was to be the national centre for the treatment and rehabilitation of drug-addicts. I accepted enthusiastically the invitation I was sent by Thai doctors to come and visit their hospital. On the way there we drove past maize fields and lush thickets of bushes I had never seen before. Perhaps those very same bushes had led the King of Thailand to give his new hospital a name made up of two words: ‘tanya’ (lush vegetation) and ‘arak’ (cure). So the Tanyarak Hospital was born.

Doctor Vatanatunyaruma led me through the entrance hall complete with a gilded statue of the Buddha and a photograph of the present King who is the patron of all forms of assistance provided for drug-addicts. Paying special attention to the treatment of alcoholics and drug-addicts is a tradition that has long been handed down from each Thai monarch to the next. Doctor Vatanatunyaruma and 600 of his colleagues are happy about the King’s attitude to the field they are working in and to them personally. The annual budget allocated to the hospital complex is 70 million baht (almost 1,900,000 USD).

The monthly salary for a doctor specializing in substance misuse is between 12,000 (\$2320) and 40,000 baht (\$1,066). This salary is quite a respectable one, given the fairly low prices for goods and services in Thailand. I asked whether the doctors accept illegal bribes from patients and Dr. Vatanatunyaruma was astonished by the ridiculous assumption.

I insisted on pursuing my line of enquiry further regardless:”But I’ve been told that patients bring doctors meat, milk...”

“That’s completely different! By the time a patient has been cured, the doctor has become his friend...Anyone would say thank you the best he can.”

Each year up to 10,000 people complete a course of treatment here. The complete course provided by the Tanyarak doctors is designed to take four weeks. During the initial reception stage (7 days) doctors find out all they can by talking to the patient about his past and prepare him psychologically for the next part of the treatment. The effectiveness of the treatment depends in large measure on the extent to which the patient has come for treatment of his own free will and on his level of commitment. At the same time the hospital staff find out what they can about the patient's family and get to know his relatives, as they work to identify the family's problems and attitudes, so that they can become more aware of their responsibilities to the patient.

The next stage is withdrawal (45 days), during which the addicts are offered methadone under medical supervision as a substitute for the drugs they were taking previously. They start with a dose of 30mg per 24-hour period and then this is gradually reduced, as the patients start to cope with their withdrawal symptoms.

Six months are set aside for the rehabilitation stage, which involves four aspects: physical, psychological, social and vocational. During this period the patient is able to break free from his physical and emotional dependence and find his way back to a normal working life.

The final stage after the medical treatment involves a further year. Those who have completed the first three stages are required during that period to prepare a programme to help them resolve possible new problems which could arise, to ensure that they receive the medical consultations they need and, if necessary a repeat course of treatment. Although the doctors keep a check on their former patients during the first five years after discharge and visit them and their families at home, two thirds of the 60,000 patients who come to Thailand's clinics for treatment (95% men and 5% women) each year, are coming back for a 'refresher course'.

In one of the wards I started talking to one of these patients who has come here for treatment several times. The young man was sitting on his bed, with silver bracelets on his bare arms. He was from Malaysia and has been on methadone for the last ten years. He had also taken medicinal herbs at the Tamkrabok Monastery but all to no avail. "It's better with methadone than in the monastery," he said with a wry frown. "What went on in the monastery?" I asked.

"If you manage to get that far, you won't ask any more questions!"

Recently this particular patient had gone back on heroin.

"What is the longest period you have managed to stay off drugs, without methadone or any other back-up?" I asked.

"A year."

"Have you been in prison?"

"I was inside for five years."

"Do people manage to get drugs into prison?"

"But of course.."

"Do any of your friends suffer from AIDS?"

"How should I know?"

From talking to the doctors it turned out that they tread particularly delicately when it came to patients with AIDS. One in five belonged to this group [2]. There was a particularly large number of AIDS sufferers among heroin-addicts, who have been using intravenous injections. After the doctors discover a patient is suffering from this fatal disease, they do not tell him until he demands an answer himself. Many patients do not

want to know and do not want to take the medicines which can help slow down the onset of full-blown AIDS. The doctors keep the secret to themselves, since they are worried that the grim news might make the patient concerned take his own life (as sometimes happens) or make his family spurn him.

For those who want an AIDS test, there are clinics where patients can remain anonymous. In the Tanyarak Hospital doctors are only prepared to tell patients they have AIDS if their disease has already progressed to the second or third stage, or if the patient himself wants to know. I asked why they do not set up a special department within the Clinic for such patients, so as to reduce their circle of contacts.

Doctor Vatanatunyaruma's reply as follows:

"What right do we have to isolate them? They are not doing anything wrong here. We only warn those whose work or way of life might be a threat to the rest of society, because of the unavoidable physical contacts involved. Prostitutes, for instance."

Those who have completed the course of treatment in the Tanyarak Hospital but have no qualifications, learn a trade while they are here, so that they will be able to learn their living later on. This is a chance for them to escape from their environment on the fringes of society, earn their own living and fend for themselves better in the outside world. Courses in sewing and cooking are provided, also for soldering railings and fences, turning, carpentry, and wood-work: people can also train as car-mechanics, farmers and livestock-breeders. For six months they follow individual rehabilitation programmes involving psychotherapy, moral and religious instruction, vocational training, help with personal presentation and active recreation. After discharge the patients have to complete the year's course specially devised for them.

The patients, who are residents of Bangkok and neighbouring provinces of Thailand are visited at home after discharge to ensure effective after-care: each doctor will be responsible for a group of such patients. According to the information provided by those doctors (based on urine test results) over half the patients who had completed the treatment programme were completely drug-free for the first year, 14.5% kept off drugs for two or three years and 5.5% for more than three years.

The thirty years experience gained at the Tanyarak Centre has revealed a worrying pattern. Many patients left the hospital long before the end of the treatment programme and then went back on drugs. Sometimes young people who came to be treated for addiction to soft drugs quickly focused their interest on harder organic and synthetic substances, when they found themselves in wards with long-term drug-users: while in such wards they also learnt all about the techniques for using such drugs.

A way out of this situation was developed in Scandinavia. Seven Thai doctors and a patient who had completed the treatment programme were brought to Sweden – all expenses paid by the Swedes for a four-month training course in Dayton (Sweden). That was the first place where they heard about the idea of the TC – therapeutic community. This new form of work with patients appealed to them and when they returned to Thailand they found some more like-minded doctors, leased a plot of land with an old one-storey building on it which was promptly christened the National Therapeutic Community Centre, otherwise referred to by the staff as the Bremberg House, in honour of the Swede, Lars Bremberg, who had first come up with the idea of organizing a programme of this kind for Thailand. It was he who had obtained money from Swedish charitable foundations to support the Thai project. Five years later the Thai government first allocated funds from the health budget to the creation of a large-

scale Therapeutic Community Centre near the Tanyarak Clinic with three departments for men (each catering for 50 patients) one for women (35 patients) and one for patients who had reverted to drug-taking on more than one occasion (35 patients).

What were the goals of the new approach?

The TC programme includes elements of psychotherapy but in the main it involves collective or community therapy, in which it is not so much the 'group' itself that has the key impact on the individual patient, so much as the combined effect of diverse treatment methods used within a group of patients, who have come together by chance and have little influence on each other. The crucial input is not so much the groups as such, but the personality of the psychotherapist working with the group. The Thai programme presupposes that the patients taken on for this programme will be doing so on a voluntary basis and will have already been through the detox process and be ready to become part of a therapeutic community as a resident patient or out-patient for the final stage of their after-care, so as to consolidate the results already achieved.

During the first fortnight patients are helped to define the goals and objectives they hope to attain at this particular stage in their lives. In other words, they need find answers to the question as to what they want for themselves in the circumstances of their current lives.

The treatment stage of this programme (which lasts a year) involves a range of therapeutic inputs aimed at helping the patient achieve the psycho-social goals he has already specified. Patients go out of their way to achieve these goals in two parallel groups—therapy groups and working groups.

The basic principles underlying the group therapy are those originally outlined in 1958 by the American doctor Charles Dederick, who had himself in the past been an alcoholic. In Synanon (California) he had organized a mutual-help society for those who wanted to be cured from alcoholism or drug-dependence. His patients, who were living under the same roof, had to participate in a self-help treatment programme. He demanded that they should renounce alcohol and drugs totally, see to all their daily needs themselves, keep busy with heavy manual work and be prepared to live in a commune that had no leader. The treatment method involved encounters (or confrontation) between new patients and those, who had succeeded in rejecting their addiction and through accounts of their own experience would persuade the newcomers to follow in their footsteps and in this way at the same time they would be consolidating their own resolve to remain on the new path they had chosen. Thai doctors introduced into the programme certain elements of Gestalt therapy aimed at unlocking patients' latent potential, so as to make them more aware of their own inner needs and to help them independently to break free from their dead-end situations.

The work groups provide patients with a society in miniature where they have to build relationships: they take part in preparing food and keeping the kitchens clean, they grow vegetables, flowers and decorative plants outside in the garden or in green-houses, keep chickens and ducks, breed fish in special ponds and train as shop assistants. In other words the patients are preparing for their reintegration into society. Before the patients are issued with certificates showing that they have completed the course, each of them is given assistance in finding regular work.

Most of those taking part in this programme come from homes from the outskirts of towns or poor villages. Many of them – particularly those who have no family or home to

go to and who are not yet ready to go back into ordinary society – are given shelter in one of the 'halfway houses' provided within the framework of the Programme and where former patients can find a bed to sleep in, food and some degree of care. As the Thais say, they are given the chance to look after themselves in a more responsible way.

It is interesting to note the way in which those in charge keep track of the former addicts who have completed the Programme. For at least three months, members of staff have to keep in touch with their former patients, noting how relations in their families develop, how their behaviour patterns change and to what extent they are finding satisfaction in their work. The interest shown in the former patients is seen by the Thai doctors as one of their forms of support therapy. It is worth mentioning at this stage that the TC programme had a staff of 40 professionals -- nurses, psychologists, social workers -- and doctors with a range of different specialisms would be invited along to see patients when necessary. In addition to them, there were 25 former patients who had completed the programme and had been given the opportunity to work with new patients, after themselves having received special training.

By this time I felt I had gained a degree of insight into the Thai experience in the treatment of drug-addiction, but soon realized this was very definitely not the case, when I got as far as the Tamkrobok Monastery, having been intrigued by comments on it from addicts.

* * * *

"That is secret, top secret!" was the answer given me by Mr. Gordon, when I asked him to tell me the names of the medicinal herbs, which the monks in the Tamkrobok Monastery used to treat alcoholics and chronic drug-addicts. The monastery was surrounded by a high metal fence in an area closed to outsiders and out of bounds for doctors practicing conventional medicine. They used to treat all the patients in their care, regardless of the kind of narcotic substances they had been taking, with various combinations of infusions made from local mountain plants.

The monastery lay to the North-East in the mountain village of Chal Kal. It is the largest of the world's known centres for the treatment and rehabilitation of those suffering from drug addiction. Three hundred monks are engaged in treating at any one time 800-900 patients. When I eventually reached the monastery after walking through palm thickets and maize fields it was to find that they actually had a total of 980 patients. Most of them were drug addicts who had been on opium. The Thai name Tamkrabok actually means the 'Opium Pipe' Monastery.

Mr. Gordon, as I was later to learn, was from New York, from an Afro-American family of modest means, and he had grown up in Harlem. His family and the other residents used to hang out their laundry to dry on the balconies, which had made their shabby seven-storey block look like a wrecked sailing ship stranded on the shore. He had grown up in the local Protestant community, but for some inexplicable reason he had been carried away by Buddhism and, to the great surprise of all his neighbours, he had suddenly shaved his head and set off in sandals without a cent to his name for South-east Asia. This young wanderer had studied in monasteries and had mastered the art of meditation to perfection. He had seen many wondrous things and, after acquiring considerable erudition and mastering languages (Thai, Sanskrit), he was finally permitted to serve as a monk in the Tamkrabok Monastery, where later on he became one of the elders in the community.

When the 'Opium Pipe' Monastery was built in the 1950s the Buddhist leaders in Thailand selected a site far away from well-known tourist routes. Young monks were selected to serve there – ascetics who were well-versed in intensive meditation, who knew the properties of medicinal plants and who were capable of teaching people who needed spiritual guidance. Among the 15,000 patients who have been treated in the monastery, most of whom were Buddhists, there are some adherents of other faiths and even atheists. This does not worry the monastery community in the slightest. If the patients were prepared to obey the precepts of the monastery without question and pay a symbolic fee (a mere \$100 from the prosperous patients), that was all that mattered.

We sat down with Mr. Gordon a mere ten paces away from the monastery fence, which made it quite impossible for any outsiders to enter it uninvited. The fence and the walls were guarded round the clock. I was keen to ask numerous questions, but almost all of them just made Mr. Gordon throw up his hands and shake a warning index finger at me with the words: "That is secret, top secret!" We might as well have been sitting at the entrance to an arms factory of a Star Wars project.

I did, however, gradually gain an approximate picture of what went on inside the monastery fence. The patients were kept on their feet from 5:00 in the morning till midnight. During the first stage of their treatment – the detox period (lasting 1-5 days) -- the patients would be given a herbal infusion in a bowl that was passed round in a circle, which made them sick and took away the urge to take drugs. Many of them brought up everything inside them. When this group dose of the infusion is passed round other men and women are present who have already completed the course of treatment. Altogether they sing a song about their parents and the childhood homes they left behind them, which call forth pleasant memories. Then the patients meditate and take a sauna during which more medicinal herbs are used, which relieve muscle pain.

During the second stage (6-10 days) the patients study Buddhist doctrines with the monks and vow that they will never take drugs. After that more lessons in religion and psychotherapy sessions follow. During the whole of the treatment period the patients go up into the mountains and collect herbs, plough the land, break up stones and erect new buildings to extend the monastery complex. Outside the monastery walls they also erect enormous concrete statues of the Buddha (as tall as a three or four-storey house). On completion the figures are painted black with a yellow ribbon over their shoulder. Standing there next to these statues I felt reduced to a Lilliputian. There were so many of them that we had the impression that all 3,000 of Thailand's temples had sent the largest statues of the Buddha they had to Tamkrabok.

When the patients, who cannot take the pace, fall to the ground (some of them sobbing as they do so) nobody helps them to get up again.

"Everyone has to help himself" explained Mr. Gordon." We do not believe in hospitals or doctors. We believe in inner awareness and we help each patient *to cure himself*. We take away his name and clear his head of everything and he turns into a vegetable. He sleeps with earphones on in a hypnotic state and we talk to him all night. We think for him, we are his brain".

Running Tamkrabok costs \$20,000 - \$25,000 a month. Produce for food is grown on the monastery's estate and the monks make clothes for themselves and the patients. There are no staff at the monastery from outside, who have to be paid: for the monastic

community even the simplest of tasks is regarded as a manifestation of concern for others. Among the monks there are former policemen, soldiers and tramps, not to mention former drug-addicts.

The monastery does not seek out sponsors.

"We want no state, no companies, no organizations!" declared Mr. Gordon. " We have been offered millions of dollars, but we do not need them, because then our patients would want to know who had been the owners of such sums and what they were called. That is inappropriate. When simple folk bring us things, we accept them. If they do not bring anything, we just pray for a long time".

Despite everything I asked Mr. Gordon for permission to enter the territory of the monastery, but he was adamant: "That is secret, top secret!"

All I could do was to look through a gap in the fence and watch the patients sitting on the floor with their legs crossed as they passed a bowl containing an infusion from hand to hand. An hour later they lined up to come out of the gate and go up into the mountains Using all my reserves of eloquence, I went on trying to persuade him to let me in. It was not the power of my arguments that eventually touched Mr. Gordon's heart strings, but my inspired move to offer to make a contribution to the monastery's treasury. I was kicking myself for not having thought of this earlier! Mr. Gordon specified what amount of money I could help the monastery with and, after minimal hesitation, he rose to his feet and beckoned to me to follow him inside. We walked through the gates opened for us by the monastery guards, who bowed their shaven heads in respect for the monk who led us in.

We walked into a large low building, with rows of plastic-covered mattresses down each side. I reached the number 70, but after that lost count. The monastery grounds contained about ten such buildings – some for men and some for women. There were groves of fruit trees separating them. When Mr. Gordon went off for a moment, I had the chance to exchange a few words with some of the patients. They were picking papayas. They said they were content with their lot and would even be happy, if it were not for the harsh punishments for breaking the rules, particularly for attempts to escape. Those guilty of incorrect behaviour were tied to a stone table face downwards and beaten hard with a stick on their buttocks in front of the whole community. Twelve strokes! Women were punished in the same way but only in front of the female members of the community.

One of the patients turned out to be from the vicinity of Zurich. He was a Catholic aged 35 who had been addicted to cocaine and alcohol for ten years and who had been living in this monastery for nearly a year.

"I do not want to go back and see my old friends: I want to live far away from them," he said.

"Are you sure you will be cured?" I asked.

"While I'm here, everything is fine, but I don't know what would happen if there were no locks to keep me in".

The Buddhist community, like those of other religions, such as Christianity or Islam, use their institutions to help drug-addicts – to help them get their strength back, to free themselves from fear and anxiety, to transform their minds which have been oppressed by psycho-active chemical substances.

Religious establishments of various faiths try – each in their own way – to help the individual sufferer to change his *emotional state*, in which the whole potential of his mind or most of it had been focussed on satisfying his appetite for drugs. Whatever view we might take of the specific practices used in the Tamkrabok Monastery, if the approaches used here help even a small number of people to release themselves from physical and psychological dependence, the efforts of Mr. Gordon and the other monks should not be seen as futile.

Chapter 17 – INDIAN FARMERS GROWING POPPIES

**Why did Robinson Crusoe sell opium to China? – Shiva's blue throat -
What Children are smoking round the Taj Mahal – the story of a Farmer
from the Punjab – Poppy Heads from 13,000 Hectares – A Village
Pawnbroker and a State Monopoly – Legalization: Dr. Mohan's case**

More than 250 years ago, Daniel Defoe (in the second and final part of his account of the life of the sailor Robinson Crusoe from Yorkshire, who had been shipwrecked on a desert island and succeeded in surviving against all the odds) dispatched his hero on a new voyage to the other side of the world. We know that Defoe never set off on any long sea voyage himself, but thanks to the books and journals he had read, was extremely well-versed in the finer points of international trade. For this very reason, brave Robinson, who was a successful merchant, continued to keep abreast of British trading interests and engaged in commerce wherever he went.

Over a century after Defoe's death, two Opium Wars took place and neither the author nor the hero could have been involved in them in any way. Yet today, when you see semi-naked people on the pavements of Delhi it is difficult to forget that the fate of these unhappy people might have been very different, if their land had not been so rich in treasures, which the United Kingdom needed and which tempted enterprising Robinson Crusoe and his European contemporaries to set off on perilous voyages.

* * * *

"What harm can there be from marihuana if the supreme god Shiva smoked it?" asked the manager of the "Clarissa" Hotel in Delhi in surprise, taking a sideways glance at a picture of the deity he venerated, which was hanging in the hall. I was loath through carelessness to offend the religious sensibilities of the manager and as I looked up at the picture, I tried to remember what I had known about this particular god.

Shiva tends to spring up in unexpected places, on the bank of a river where Hindus are burning corpses, on a battle-field or on the edge of a precipice, when the path peters out. Surrounded by evil spirits and ghosts, he embodies the destruction, which will eventually put an end to all that exists. He also appears on the slopes of the Himalayas in a tiger-skin with long tresses twisted into a knot on the top of his head and with earrings of curled snakes. In this manifestation his body is covered with ash. He is deep in meditation and sees the world through wise eyes. At his side we almost always find his wife Parvati and the loyal bull Nandu, astride which Shiva sets forth on his travels. Yet perhaps the most widespread depiction of all is that of Shiva dancing on the Kailas mountain or in his palace Chindamba-ram. The invention of 108 Hindu dances is attributed to him as well.

Of the many Shiva myths, the one that made the deepest impression on me was the one which explains the adjective 'blue-throated' (*nalakanat-ha*), which is linked with this deity and is fairly rare even in flowery oriental turns of speech. It is said that when Shiva was saving other gods from certain death, he drank the poison (*kalakuta*) which had been prepared with them in mind. His throat turned blue almost black, but the gods and the Universe were saved. I heard

this story from Dr Raj Anut, when he came to see me in my hotel. Dr. Anut had previously come to Moscow to gain practical experience in the Institute for Ophthalmic Micro-surgery under Professor Stanislav Fyodorov. He now had his own clinic in Delhi which catered for diplomats, including those from Russia and Kyrgyzstan.

An adherent of Hinduism, which has an enorouse host of deities, but no single God for all, any founder or prophet, Raj acknowledges the triad or *Trimurti* of Brahma, Vishnu and Shiva. Of these three, Shiva is the one to whom he feels closest. Raj heard stories from the elder members of his family that in the ancient epics there are illusions or even direct pointers to Shiva's predilection for marihuana, which reinforced his cosmic energy, particularly when he was performing his fiery dances, I had felt that there was direct evidence of Shiva deriving pleasure from marihuana in the egend of the "blue throat". Chronic inflammation of the throat and changes in the colour of the tongue are common consequences of marihuana abuse. Adherents of Hinduism and Shiva worshippers, when they were using cannabis, most probably attributed to this deity the consequences, which since ancient times they have been observing with fear, while they were smoking or eating marihuana.

* * * *

Large areas sown with opium poppies or cannabis can be found in India nowadays. When the Europeans first arrived, people in Indian villages used to chew cannabis leaves and smoke marihuana. They used to make cakes and sweets out of those plants, mixing them with milk and sugar and would dissolve sticky brown lumps of opium in water in clay cups to eat or drink. Such customs were recorded in both Rajasthan and the Punjab.

Today as well, in some of the villages of the state of Uttar Pradesh you can come across peasants making out of cannabis seeds what they regard as a tasty dish (called *chutni*), which has no narcotic properties and cannabis leaves are used in salads. Country dwellers gossip about their neighbours who use cannabis not in food but as a drug – a group that would account for about 5% of the rural population. Nobody gets excited about it In the foothills of the Himalayas there are many farmers who cultivate cannabis with narcotic properties to make soft drugs such as *charas*, *ganja* or *bhanga*. They are particularly popular with *sidhi* (holy men). In the evenings men collect together at the edge of the village to smoke a few *chilum* – long and narrow clay pipes filled with *ganja*. In some families there is a tradition or a daily ritual of using *bhanga* – a paste made from cannabis leaves – which they dissolve in a sweet drink. *Bhanga* is particularly popular during Hindu festivals such as Holi or Shivratri, when it is used as an offering to Shiva or as a sexual stimulant [1].

There are a number of Indian social rituals and religious gatherings, during which the use of narcotic substances is traditiional and obligatory. Cannabis is distributed to the faithful in temples during ceremonies andmajor festivals. Many Hindus, above all *sidhi*, are convinced that narcotic substances can free their minds from the chaos of the secular world and help them focus their attention on the god they are worshipping. In certain places of pilgrimage – Cachin, Matura, Puri – the use of narcotic substances in large quantities is a generally accepted practice and the faithful would be astonished, if anyone were to try

with either words or actions to prevent them from following the customs of their ancestors.

Hindus use *bhang* more than other Indians. In each region of the country the drink goes by a name of its own, but almost everywhere people drink this water-based infusion of the plant mixed with black pepper and sugar. Gourmets might add herbs to add more taste – aniseed, saffron, cloves, nutmeg, cardamon or rose petals. Sometimes liquorice, pistachio nuts, the juice of dates or pomegranates or cocunut-milk might be used as well. When sweets are made with *bhang* in them butter made of buffalo-milk is used and palm syrup. These and other ingredients are used to make slightly intoxicating sweets, halva and *majum* jelly. Although the content of *bhang* might seem fairly harmless, even attractive, it can make people lose their sense of space and time, as if they had drunk large amounts of alcohol and can produce strange, unexpected behaviour. When people are in this state it is regarded in both universities and secondary schools as degrading and unrespectable. Today only the illiterate unemployed poor still indulge in *bhang* in their search for a brief wave of euphoria. *Majum* jelly is usually purchased by newly weds and 'women of the night' to enhance sexual appetites.

* * * *

It was a hot morning when our car escaped from Delhi's noisy streets and came out on to the road that led to Agra, the ancient city rendered famous by the Taj Mahal. The road was full of impatient large cars, lorries and tourist buses. They all had to wait a long time at traffic-lights hooting impatiently, while a row of heavily laden horses was led across the road. As we approached Agra, part of the road was being repaired and so there were still more delays for the traffic.

When I climbed exhausted out of the car and made my way to the mausoleum on the special bus taking visitors there from the car park, I could not fail to be impressed by this architectural wonder with its regal dome and elegant towers reaching for the heavens. It had taken eighteen years to build (1632-1650) on the high bank of the Jumna River. This tomb of Shah Jahan's wife is a love-song in stone to a beloved wife who had been carried heavenwards... Yet, my soul, so tired from the hectic journey, was somehow not touched by the impressive sight. This is not a journey to make sitting in petrol fumes for three and a half hours, but on a helicopter or a balloon, so as to take in the whole ensemble with fresh, uncluttered eyes.

After walking out of the arch with the crowd of tourists, you cross the street and make for the awning of the café the other side of the street, so as to shelter from the heat of the sun. Tourists were hurrying back to their buses, paying no attention to the small beggars wearing long shirts, with their heads of tangled hair leaning slightly to one side in a rather theatrical way and with their skinny palms stretched out, slightly cupped to make sure that any small change which might land in them, would not fall out. I did not notice any of the young beggars smoking, even on the sly, which is surprising in a country where tobacco grows in profusion. Indeed, here in India they cultivate the two most popular botanic varieties of tobacco *nicotina tabaccum* and *nicotina rustica*. The best varieties, like Virginia, are exported unprocessed, while Indians themselves often smoke home-grown cigarettes known as '*bidi*' made from ordinary varieties. They also chew cheap tobacco and smoke it in groups using a hookah.

There are few places here you will see as any homeless children as in India. They collect rags, shine shoes, wash up in roadside restaurants and carry goods to and fro. These children have grown used to the callousness of the world which surrounds them. Almost every day they will be hurt, drawn into thieving and be the victims of all kinds of abuse, including the sexual variety. Drugs help them to escape from that life – at least for short interludes. They sniff glue, paint, kerosene, petrol and they smoke cannabis and some of them even heroin. Drug-dependence among such children can start early as the age of six [2].

Most frequently these children become accustomed to *sharas*. Teenagers buy it cheaply in the vicinity of railway-stations and by entrances to temples, theatres or supermarkets. A *sharas* cigarette can be bought for 150 rupees (\$4) and half a one that someone else has been smoking for a third of that price. Most of the young smokers get hold of money by begging or petty theft.

Almost everyone will inadvertently be witness to scenes which leave heart-breaking memories behind them. Yet, it is the homeless girls of 9 or 10 on the streets of India, who are probably the saddest sight of all. Older girls 'in charge' of them and, more often, young men who hang around them in night-shelters or in the open air force them to take drugs. It is not difficult to imagine how these have to be paid for. The same applies when they get into debt after they have been drawn into card-playing. Talking to Indian doctors you will hear hair-raising stories about the terrible increase in the numbers of children, who have been victims of sexual abuse or who have been infected with venereal diseases or hepatitis. Street-dealers also force these girls to smuggle drugs from place to place, since they are less likely to be caught.

These were some of the impressions I was thinking about, as I sat at my table watching people go by on the streets near the walls of the Taj Mahal. A waiter in a white apron and Muslim headgear, who must have misinterpreted, why I was sitting around for such a long time, came up to me and whispered: "Perhaps, I can help you?" "What?" I said, looking at him in surprise. "D'you want to relax, have a smoke or sniff something...?"

I had no need of the services on offer, but I pretended that what he had to say interested me, as I am often inclined to do I asked him what he could offer me and how much it would cost. He waited till the customers at the nearby tables moved off, so as to make sure nobody would be listening to our conversation and whispered his whole 'menu' to me. *Ganja*, *sharas* and *bhang* were all on offer and if I was not in a hurry he could bring me opium or heroin.

I looked at the entrance to the great monument, embodying beauty and harmony born of an inspired human spirit, as this waiter whispered at me: perhaps he was even a descendant of the original builders... He stood there with an ingratiating smile, convinced that something on his menu would add the finishing touch to my visit to the Taj Mahal. "Do many people like to 'relax' after visiting the Taj Mahal, then?" I asked him. "Some people don't even wait that long, they relax instead of sight-seeing!" he explained with a smile.

I looked at the waiter standing there and waiting for my reply, so that if nothing was forthcoming, he could quickly sit down at the table of another person, who, in his view, was more likely to be a potential customer. As I gazed at the intricate pattern of the red-brick wall between me and the marble mausoleum, I could not help asking myself: "What is happening to us all?" Surely a centuries-old culture created by the genius of the human race and a flowering of divinely inspired talent are not going to dim and retreat in face of this crazy passion for narcotic substances?

After all if we fail to overcome it, what are we all going to turn into?

* * * *

Indians began to set up poppy plantations before many others. The fields of flowers, which have a particularly magical air at sunset enraptured travellers as early as the 16th century. In those days opium was an important item in India's export trade, particularly in its commerce with China. In India itself, people were already eating, smoking and drinking narcotic substances, even in high society. Gourmet's among Indian nobles adored their *charbugu* – a mixture of opium, hashish and wine. Opium was used most of all in the Punjab, Assam and West Bengal.

Indian doctors used to prescribe opium as a sexual stimulant. Opium was given to children to calm them down. In the northern part of the country simple folk used to give guests opium to smoke at weddings or funerals and on other occasions when relatives or neighbours gathered together – for the sake of shared pleasure. In the Gujarat a drink containing opium would always be on the table in noblemen's households and if a visitor declined to partake of it, his host would be offended.

The first mention of opium in writing is to be found in the accounts of Barbosa's travels along the coasts of Malabar (1511). Poppy fields stretched along the shore of the ocean in that part of the country and later spread to parts of the interior of the peninsula. During the time of the Great Moghuls poppies were growing everywhere, particularly around Agra and Allahabad and in Bengal and Orissa.

At the end of the 16th century, Emperor Akbar declared that opium production was a state monopoly. Gradually the state monopoly lost its iron grip, as time went by, and wholesalers from the North-Indian port of Patna on the Ganges became involved in the trade. In the second half of the 1850s, the monopoly passed into the hands of the East India Company. It was only under Governor-General Warren Hastings that the government reasserted total control over the production, sale and storing of opium.

Indians began smoking opium in the 19th century. This way of using it was, however, not as widespread as consumption of it in food and drink. The population was convinced that internal consumption was something anyone could turn their back on at a moment's notice, while giving up smoking opium was more difficult. It would take some time, however, before people realized that there are no harmless ways of using opium for non-medicinal reasons and the only question mark is the degree to which opium will damage the internal organs and the brain.

For a long time people were not aware of the inevitable nature of the effects of opium.

Smokers used to gather in opium dens, heat up their 'treat' and prepare opium-based substances (known as *madak* or *chandu*). Then they would squat on the floor and smoke away for many an hour. These opium dens were the only public places, where people forgot about social distinctions, places where high-ranking officials, Brahmans, snake-charmers, street-traders, caravan-drivers and homeless tramps could sit together in one and the same group.

Yet the demand for opium in India never assumed the horrifying proportions, which it did in China and the countries of South-East Asia. One of the reasons for this was the trade policy pursued by the British colonial authorities. For them Indian opium was a highly profitable commodity. With little thought for the future, they ignored the risks that would stem from expanding production and drew wide sections of the peasantry into drug-use – seeing them as current or potential producers. It was a logical way of making sure there was a large enough work-force available so as to promote British commercial and financial interests. This led to encouragement for the export of opium to China, Hongkong, Thailand, Laos, the Philippines and Sri Lanka.

During the 19th century, India turned into an international laboratory for the study of various aspects of the production and consumption of opium. The Royal Commission of 1893 made public its observations: within the country opium-use was not to be found on a large scale and there was virtually no evidence of unmistakable physical and moral degradation among users. Opium was used mainly orally and as a stimulant and also to treat certain diseases (rheumatism, diabetes, colds and diarrhoea) and help children go to sleep.

After examining traditional attitudes to opium among the population at large, the Commission expressed doubts as to the possibility of restricting its use for exclusively medical purposes by means of legislation. That would have made it necessary to set up a network of informers and to have relatives spying on each other within the family. Attempts to curb opium-use by force would have come up against the wishes and even habits of a large section of the population and fanned opposition to the authorities.

For reasons bound up with their own specific religion, Hindus – like Muslims – did not approve of any weakness for alcohol but were tolerant when it came to opium-use. They were worried lest a ban on non-medical use of opium might automatically lead to an increase in alcohol consumption. It was only in 1924 that the Committee of the All India Congress first made so bold as to voice a demand for a complete ban on the opium trade in the name of the Indian people. The colonial government was non-committal and adopted a 'flexible' approach: the authorities were ready to reduce opium-use by Indians to a minimum, but medical experts, allegedly, did not recommend the immediate introduction of a total ban.

This position met with sharp disapproval in international circles. They were concerned about these developments from a moral point of view, but still more so because of the stealthy spread of Indian drugs into other regions. The Americans were trying to insist on a total ban of legal opium-use, only making

exceptions for the use of narcotic substances for medical and scientific purposes. They did not achieve anything, however: the Americans voiced these demands yet again in 1944, when, apart from the 'Second Front' they opened in Europe, they were also opening a 'second front' in Asia, which was floundering in a river of opium. They tried to force their European allies – the British – to change their opium policy in India. Yet once again they were forced to give way: the Indian authorities were unwilling to renounce a tolerant approach to the moderate, controlled use of opium. It was no more than a further two or three years before the colonial government in India had to succumb to international pressure and agree to a ban on opium production, except for medical and scientific purposes.

After the state flag of an independent India was hoisted aloft over the Red Fort in Delhi on August 15, 1947, the new national government endeavoured to achieve a reduction of per capita opium use down to a level that would not exceed the League of Nations norm (12 pounds or approximately 6 kilos per 10,000 of the population). They decided every year to destroy a tenth of the state reserves, so that by the end of the 1950s they would have got rid of all that opium, apart from what was set aside for medical and scientific purposes. The smoking of opium was banned and those suffering from drug dependence were prescribed doses by their doctors.

It was often not easy to draw the line between medical and non-medical opium use. The drug continued to remain a permanent feature of leisure time and religious festivals for both Hindus and Muslims.

It was only at the end of the 1940s that Indians began to realize the extent of their own opium tragedy. The public began to criticize the government for not taking a strict enough line. In 1949 an All India Opium Conference adopted a 10-year programme for the complete eradication of non-medical opium-use. Chronic addicts were registered and given the right of access to specific state ware-houses. There they would be issued with doses sufficient to relieve the unbearable pain of their withdrawal symptoms, an inevitable consequence of a clean break with drug-use, which can often lead people to commit crime.

The drop in the consumption of opiates in India began to make itself felt in the sixties and seventies. There was a drop but no eradication....

Many Indians continued to take opium, particularly in rural areas, where there were large numbers of middle-aged peasants of modest means. More often than not people in their communities did not take a critical stand against their drug-use or get worked up about it. A special term appeared in the Gujarat language – *bandani* – a respectful name for someone capable of using opium in large quantities.

After taking a closer look at why preferences for one or other drug might change in Asia, the experts focussed their attention on a paradoxical phenomenon. As soon as strict anti-opium laws were introduced in Hongkong, Thailand and Laos, users switched to heroin. This was the response of the narcotics business to the challenge of the new situation: now that it was more difficult to harvest, transport and sell opium, they began to process opium to make heroin. The new drug was preferable for dealers at all levels of the business: it was safer to

transport (it did not have the give-away smell that opium has), it is more convenient to move (being light and compact) and its impact on the brain is quicker and more powerful. Most important of all, a unit of heroin brings in far more profit than a unit of opium of the same weight.

"Yet it is, after all, a good thing that India rejected poppy cultivation and the export of opium, surely?" I said to Docto Raj.

"But it hasn't rejected it at all!" objected the doctor. "The area sown with poppies is 13,000 hectares. Our poppy plantations are some of the largest in the world. We supply many countries with opium. We trade in the stuff!"

"How is it possible to conceal areas of that size?" I asked in bewilderment.

"Why bother to conceal them? They know all about them in the United Nations. They're there for everyone to see!"

* * * *

India is one of the few countries of the world where the cultivation of opium poppies under state supervision is permitted. This control is exercised by the Narcotics Department – a special government agency within the Ministry of Finance. It is a very natural arrangement: the state treasury benefits from the taxes deducted from the production and export of opium, which are considerable, just as it does from the production of tea, rice, peanuts, cotton, spices and tobacco.

In the states of Uttar Pradesh, Madhya Pradesh and Rajasthan farmers are issued licences for cultivating poppies and the opium plantations and harvest are inspected.

Licences are not issued to just anyone. First of all information is collected about the farmers who have applied for them: attention is paid to how reliable the farmers are and the people with whom they associate and, in addition, the potential risk of part of their harvest ending up outside the state warehouses is assessed.

The local authorities draw up forecasts for opium consumption and determine quotas. Nobody is forced to cultivate opium and there are many other crops which involve no more work and bring in just as much money, but many farmers prefer to grow opium. This commodity is paid for by the state at a fixed price, guaranteed while it is still in the ground.

In the annual contracts drawn up with the famers, the size of their opium fields is laid down in advance together with their borders. Before a detailed map of a holding is drawn up, the authorities record what crops were grown on the land previously and what the yields were. The expected harvest is specificd in the licence document and also the purchase price. Over and above that each village receives a licence for all the famers who have obtained permission to cultivate poppies. Information regarding the weight of harvested opium is noted in the licence papers at harvest-time and also the price it was sold for. The paper work is carried out by the village head-man – the *lambradar*. When the harvest is being brought in he is responsible for guarding the fields and the crop. The time when the village is particularly agitated is when the *lambradar* assembles the farmers to weigh the crop and agree on the price for it.

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I learnt about all of this in the office of Devandra Dutt, deputy Director General of the agency for drugs-control in the Ministry of Finance. I found myself sitting opposite a lady wearing a magnificent sari. -- one of the authors of Indian policy with regard to legal opium production. Devendra Dutt answered the questions I put to her with a gracious smile, but when I asked whether there was any guarantee that none, not even the tiniest amount, of the opium harvest made its way on to the black market, her beautiful face clouded over and immediately became more serious.

“It is virtually impossible to guarantee against that. We do what we can to close the loop-holes. When the first shoots appear on a poppy plantation, regional officials carry out a survey and do their best to track down any unlicensed plots and keep a careful eye on the people, with whom farmers associate. To ensure that plantation-owners are not tempted to hide part of their crop, experienced experts evaluate the potential yield in advance, taking into account the size and condition of the plants, the local environment, in particular the soil and variety of poppies used. As soon as the harvest begins in a village, representatives of the local authorities weigh every crop with the farmer in the latter’s house. Everything is recorded in a special register. When the opium is delivered, it is checked for purity and humidity.”

“Do you still come up against swindlers?”

“Very seldom! If the opium collectors suspect that something is not right they smear a pinch of opium on to a piece of glass and then look at it against the light. Inclusions, such as sand, can be picked up immediately. Opium is also checked to make sure that no sugar, starch or glue have been added. Dubious crops are sent to laboratories for chemical analysis. Farmers only receive what is due to them two whole months after the crops have been weighed and checked.

* * * *

In Delhi I was told by doctors what they saw as a typical story about a chronic addict from the countryside. A young man of 35, whom we shall call Nir, a barely literate Sikh, inherited a small plot of land from his father in the Punjab. Given his inadequate income, Nir had been obliged from early on to work on the land all the year round in order to support his family, and also on fields belonging to neighbouring farmers. One day, when he was exhausted during harvest-time and could hardly keep upright, the owner of a nearby holding advised him to eat a small portion of *afim* (the Sikh name for opium) to give him more energy. Nir followed the advice and soon small portions were not enough: gradually the owner of the neighbouring farm increased the doses and by the time a year had elapsed, Nir was using half a gram a day. This had become a norm and Nir could not get along without it. He worked flat out, sparing no effort, and was happy that it was so easy for him to summon up new strength.

A year later, the farmer announced he no longer needed Nir to work his fields and stopped supplying him with *afim*. Without realizing what the consequences would be, Nir was glad to have some respite, but then started experiencing serious pain. His legs would hardly carry him, his back ached and he started to sweat profusely. All movements were difficult and it took him a long time to get to sleep. Without realizing what was happening to him, Nir went back to the farmer, who knew only too well what the cause of Nir’s problems was and

explained to his young neighbour what would happen if he started smoking *afim* again. Eventually an agreement was reached: Nir would start working for his neighbour again and would be given half of his annual earnings in doses of the drug. Not long afterwards Nir was needing up to 10 grams a day. The last thing he felt he could even contemplate was the chance to give up smoking *afim* – memories of all that pain were too fresh.

As he went on smoking *afim*, Nir began feeling pains in his legs by the evening. He was soon writhing with the pain and could not find comfortable positions: then he had a ‘brainwave’ – he could have two doses a day, one in the morning and one in the evening. Over the next 12 years the dose which could relieve his pain climbed to as much as 15 grams a day. Later he was reduced to taking the drug 3 times a day and he was having to spend far more on the drug than he could earn. Before he realized what was happening, Nir found he owed his neighbour an enormous sum. Although he was now taking a very high daily dose, Nir’s ‘highs’ were getting shorter and shorter and his strength was ebbing. By this stage, he was hardly earning anything at all and his own plot of land was the only source of income for his family, which was now on the brink of starvation.

Nir and his family set up a street stall and started selling cheap plastic items, but this income was not enough to make ends meet. Nir kept on shouting at his wife in desperation and family fights were soon a common occurrence in the home. He lost his former friends, preferring to meet up with fellow *afim*-users or with the people who were now selling him drugs. Everything he had achieved previously was now in ruins – his family was torn apart, he was losing his farming skills and had completely lost his socio-economic status in the community.

Yet, Nir was one of the lucky ones.

He encountered another man from his village, who had also suffered from drug-addiction. He had received treatment in a clinic 200 kilometres away from the village, he had undergone detoxification treatment and was happy with the results. Nir saddled his horse and set off straightaway. He was at the clinic for over a month, received psychotherapy and -- what is popular in India – Yoga-therapy. He also joined a self-help group.

Nir came home determined to make a new start and full of hopes for the future - - hopes that might well have come true-- , if it had not been for a terrible new situation which proved to be the last straw. While Nir had been in hospital his brother had seized his land. A feud between the brothers ensued and, now at the end of his tether, Nir went back on to *afim*. By this time though, he was not only taking opiates, but also chewing tobacco and drinking the local wine. The doctors, who told me this story, had tried to give him some more help and even managed to get his family involved in their efforts, but by now everything had gone too far. Their patient, who had lost all sense of direction, had lost all faith in himself [3].

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“Believe me, it has only been after a great deal of soul-searching that I have at last come round to the conviction that the only way for humanity to put a stop to drug-addiction is to face up to the truth, disregard the fears of the ill-informed

and stop listening to colleagues who may well have ulterior motives. Then adopting a common front the governments of all countries in the world need to take a single wise decision – to legalize drugs.”

Professor D. Mohan, head of the Psychiatry Department at the All India Institute of Medical Sciences (AIIMS) probably thought to himself how difficult it was for a foreigner to appreciate nuances of language, when he saw the doubts in my eyes. He does not regard drug-use as harmless, nor does he deny the terrible consequences of addiction, and of course he has no plans for persuading any one to start experimenting with them. What is important to him is the outcome, which people want to achieve. He is convinced that the eradication of the drugs-trade as a business and a sharp drop in the scale of the use of narcotic substances can be achieved not through ever tougher punishments, but on the contrary through the protection of human rights (including the right of the individual to do what he chooses with his health and life) and he is full of confidence in people and the choices they are likely to make.

What the state needs to do is to make full use of the nation’s spiritual, cultural and economic potential, in order to promote a healthy way of life. If it succeeds in making drug-use unfashionable, something which is a source of disgrace rather than prestige, then the full torrent of the drugs trade will be reduced to a safe narrow stream.

The idea of legalizing drugs is to be found mainly in the minds of constant users looking forward to the time, when it will be possible freely to purchase the substances they seek in their local pharmacy. Such a course of events is not at all to the liking of drug-dealers, who gain their largest profits precisely from the sale of illegal drugs. The actual risks taken by the drug-dealers are ‘justified’ by the high market prices. These do not stem from the cost of the actual product, which is minimal, but by the fact that customers are paying for the risks taken, and many times over.

I have come across civil servants, including police officers, who were former drug-addicts and even parliamentary deputies, who feel that it would be a step in the right direction to legalize marijuana. This was the first occasion, however, that I had encountered a highly respected doctor and research scientist, who was convinced that it was sensible to legalize all drugs without exception and without dividing them into the categories ‘hard’ and ‘soft’. And where?! In the capital of India, one of the countries of the world where the use of narcotic substances became widespread at a very early stage!

The arguments put forward by the advocates of legalization, whichever attitude one might adopt towards them, cannot be dismissed as utterly groundless. If there was no basis for them, then there would be no point in turning our attention to this question: we would remain merely amazed at the people, including highly respected ones, who advocate it and who clearly do not stand to gain any advantage for themselves in doing so. Fierce debates have arisen, however, at international symposia, involving ever wider circles of competent specialists and influencing public opinion.

Specialists have long been unhappy about seeing little more than the efforts of law-enforcement agencies in all manner of countries proudly exhibiting sacks of confiscated heroin or cocaine and pointing triumphantly at drug-dealers –

usually those working at street level – as they handcuff them. They see nothing to rejoice at so far, since confiscation and arrests do not stop anyone or anything: overall levels of drug consumption are not coming down. The situation will continue as before, according to them, for as long as drugs appear on the market as a commodity, which is a source of enormous profit, not so much thanks to production efforts, but to the bans that have been placed on narcotics. The drug barons cover their risks through the prices – their fears, their resourcefulness in getting round bans, including the regular bribe-money that has to be paid to law-enforcement agencies and high-ranking government officials.

“Do you think that we do not know about the money from the black economy, which the drugs Mafia spends on supporting wars and criminal organizations with political ambitions?” asked Professor Mohan, hot under the collar by this time.

I understand his strong feelings.

It is particularly galling for doctors working with drug addicts to note that those responsible for mass-scale human tragedy and already possessing enormous wealth, sometimes invest considerable sums in economic and cultural programmes, so as to ‘launder’ their ill-gotten gains, and also on the creation of political parties, movements and institutions. According to the professor, these funds are sometimes even spent on very public campaigns against the narcotics Mafia and on the provision of medical help for drug-addicts. These are not the actions of spendthrifts, benefactors or madmen. This is a far-sighted policy of those who seek to keep the drugs situation under their own control and to steer it as they choose.

Spending money like this is also a way for the drug-speculators to ‘pay’ something towards their reputation as patrons of health-care, craftsmanship or art. The ban on the production and sale of drugs creates a favourable environment for the black economy. It is precisely the drug barons who most fear legalization, when the flow of money might be steered in a different direction – into the state coffers.

Such a ban would also mean a major change in the lives of millions of young people, who might in the future be prepared to indulge in crime as they look forward to drugs and the repeated experience of new sensations they have recently experienced – gentle relaxation, euphoria, stimulation or a wave of aggression. There is nothing that will stop them: the thefts they go in for will be on an ever larger scale, as will the burglaries, the prostitution and even the drug-dealing: all that they can think about is the need to obtain money for the next dose.

This is the line adopted by Dr. Mohan who is convinced that the very foundations of anti-drugs legislation world-wide need to undergo a complete review.

The arguments put forward by those in favour of legalization can be summed up as follows:

- (1) The so-called ‘fight’ against drugs has so far only ended in defeat for all the agencies engaged in it. Large-scale investment in law-enforcement bodies and also in the customs and security services has not achieved the desired results. Prisons are full of petty traders in marijuana, while

the drug barons, who control the production, supply and sale of hard drugs are flourishing.

- (2) Legalization of narcotics would enable the state to control their production, consumption, and quality and guard against harmful inclusions, which only add to the deterioration of addicts' health. From open trading in drugs financial bodies would be able to collect additional tax revenues, which could then be used for the treatment of patients suffering from drug-addiction.
- (3) To judge from the history of legalization in countries where the sale of drugs used to be banned or restricted, after the ban had been lifted consumption levels only grew at the very outset and then stabilized.
- (4) Revenues for drug-dealers fall off sharply after legalization. Their cartels and other Mafia organizations are bound to collapse and this will bring about a reduction in the overall levels of violence and crime.

From the above we can conclude that the financial outlays for the fight against drugs and the losses incurred by society, stemming from rising crime rates caused by drug bans, are not in any way justified by the meagre results achieved in 'anti-drug wars'.

Professor Mohan went on to point out: "Any state is capable of controlling the drugs situation, when there is only one drug-trader, but a powerful one, familiar to all and sundry."

"Who might that be," I asked.

"The state itself, of course!"

And the state would have the right to sell drugs freely?! To anyone without distinction?"

"As much as you fancy!" replied the professor with a smile.

Of course, the professor was exaggerating his viewpoint and not suggesting a concrete action programme, merely presenting a somewhat provocative line on how to resolve the complex issues of a very real problem. None of those in favour of legalization, even the most far-sighted, would take it upon themselves to predict the consequences there might be for health-care, for society as a whole and for crime figures, if the free and unrestricted sale of narcotic substances – including marijuana -- was made legal overnight. In most countries public opinion is not ready for this and adequate networks for providing professional assistance to addicts do not yet exist. Those in favour of total legalization realize how unlikely it is that their recommendations will be implemented in current conditions.

Dr. Mohan and those who share his views are thinking mainly in terms of the future. As more experience is accumulated and as the world becomes a more prosperous and freer place, as political conditions become more stable and a new era of international collaboration dawns, they hope that mankind will be ready to contemplate an international referendum. Then the global population needs to be asked one question and one question only: what approach to drugs is most in keeping with the interests of common sense? Even the most impulsive advocates of legalization have little idea, as to whether it will be possible in our times, without waiting for a complete universal accord, to lift bans on the selling of drugs in any individual countries, without there being serious consequences to bear.

I listened attentively to the professor's arguments, agreeing with a good number of his observations, particularly when it came to the grim fact that bans do, indeed, fail to resolve the problem and, at best, hold back the still more negative development of the situation for a time. Any other situation is impossible in conditions where the narcotics business rakes in such enormous revenues, which make it worthwhile to take even the craziest of risks. On the other hand, there is little point in legalization, if it is only implemented in under-developed countries (of which there is a majority), which do not have adequate resources for ensuring state control over the situation and creating an appropriate system for the treatment of both physical and psychological dependence. If the sale of drugs is unrestricted, the best that will happen in the drugs market is that one set of dealers might be replaced by another, even if the new dealer is the State or agencies appointed by the state.

Should we listen calmly when we hear views on legalization voiced by medical colleagues or members of the police? Why should we not listen to them? A chain of someone else's ideas, which differ from your own, can often be attractive to listen to. Yet, when you return to your own medical establishment, go into a ward and see the dead face of a patient on the pillow and a wretched mother weeping over him, then any ideas I or other people might have about legalization disappear immediately. I have no desire to even think about such a thing! How could we possibly make substances generally acceptable, which are mind-altering and give rise to addiction? When I think back to the patients of Eric Carling in London, Senora Maria Isabella in Bogota, Dr. Malomo in Lagos, Dr. Thompson in Melbourne and Dr. Jackson in Hobart – and finally the fate of wretched Nir from the Punjab -- I almost boil over with indignation, suffocated by protest welling up inside me.

Legalization?? Access?? New ruined lives??? Today?
No! No! No!

**Chapter 18 – THE CHINESE EXPERIENCE: THE DIFFICULT PATH TO THE TRUTH
Yunnan: an experiment in compulsory treatment – How the ‘East-Asian Patient’
Recovered – All in the hands of the Ministry of Public Security – What the
Smugglers risk – Death Penalty: for and against – Professor Yang Gudong’s
“1+1” treatment method – Tibet: we have no Drug-addicts – The Lama from
Potala: “Man needs only believe in himself!”**

Pino Arlacchi, executive chairman of the UN Programme for Combating Drug Addiction, has called the Chinese province of Yunnan “a model for the rest of the world”. He was struck by the scale of the Chinese experiment: in this province alone 87 centres for the compulsory treatment of drug-addicts and 8 labour camps have been set up within the framework of the long-term national programme. There is no comparable mass-scale provision of compulsory treatment for drug-addicts anywhere else.

In China there are three different types of treatment for drug-addiction:

- voluntary: as an out-patient or in hospitals with departments for the treatment of drug-addiction;
- compulsory: for drug-addicts who have not been involved in breaking the law, but who have avoided voluntary treatment;
- compulsory: for drug-addicts who have been convicted of criminal offences and who are given a course of treatment in custodial institutions.

The compulsory treatment for drug-addicts, who have been convicted of criminal offences and are serving custodial sentences, would appear to differ little from methods used in penal establishments in the USA, Germany, Russia and a number of other countries: first alleviation is provided for the prisoners’ acute withdrawal symptoms, resulting from the unavoidable interruption in drug-use, and then efforts are made to give prisoners further pharmaceutical help. According to police-officers and prison doctors the effectiveness of the treatment in general is not very high. Only very few prisoners succeed after release at the end of their sentence in not reverting to drug-use again, when they return to their former environment back home.

What is of more interest in the Chinese experience is the experience of treating drug-addicts who have not been found breaking the law, but who constitute a risk to society in the light of their addiction as such. When in January 1995 the State Council of the Chinese People’s Republic adopted a resolution “On compulsory treatment for drug-addicts”, people in many countries were rather concerned. Prior to that there had been no large-scale experience of this kind. Most doctors (were and many still are) convinced that it is impossible to cure drug-addiction without genuine interaction with the patient. It is not like influenza, when antibiotics have an identical impact on the patient’s body, regardless of whether he wants to be cured or not. When it comes to drug-addicts we are dealing not just with physical dependence, but with a psychological addiction as well: if there is no mutual understanding with the patient and if he himself is not seeking to be cured nobody can help him recover. Medical experience throughout the world has shown us this. The Chinese do not wish to become involved in controversy over this: they know the history, traditions and specific traits of character of their fellow countrymen better than any one.

When travelling by road along State Highway No. 320 through the province of

Yunnan towards the border with Myanmar, you will see signs showing you where to turn off to reach the Kunming Centre for the compulsory treatment of drug-addicts, which is the largest in China. There are up to 2,000 drug-dependent patients there, who are serving custodial sentences. The Centre was opened in 1989 and its construction cost 24 million yuan (\$3,000,000

dollars). The Centre has a staff of 500, who are employed by the People's Militia. Some of them work in the research department within the compound of the Centre, where work is carried on to develop new medicines for drug-addiction. One of these medicines with the code-name "6-26" is regarded as very promising, but its chemical formula is kept strictly secret. Since the majority of the convicted prisoners sent here suffer from opiate-dependence, it can be assumed that the medicine in question is used to treat opiate intoxication and for support therapy. The staff at the Centre have no illusions about the effectiveness of short-term (patients are held here for between 3 and 6 months) treatment for opiate-dependence, but the whole range of measures used to influence patients here, including the military discipline and regime, ensuring that every moment of the day is occupied, forces the young people (both men and women) to think hard about how they might avoid a second round of 'treatment' like this.

All centres for compulsory treatment (which are also referred to as "rehabilitation centres") come under the jurisdiction of local departments of the People's Militia and are run by them.

I was interested in the question as to who arrests drug-addicts and which aspects of the addicts' behaviour give people the right to send someone to a Centre for compulsory treatment? It turns out that the key figure in this respect is the local policeman on the beat and also Street Committees, who know a good deal about all those persons registered as resident in their district, the company they keep and what keeps them going. The population has been brought up in such a way that the local residents themselves keep an eye on the drug-addicts. The local policeman and the chairman of the Street Council have the right to send identified drug-addicts to centres for compulsory treatment on the basis of their own decision, without having to refer to the courts. So as to avoid mistakes or prejudice, the suspect is first sent to a clinic for blood and urine tests. The conclusions drawn by the doctors are regarded as a sufficient basis for sending those arrested to one of the Centres. In the centres they are helped through their withdrawal period and then attached to a specific detachment before embarking on the semi-military regime, which involves complete submission to discipline, cleaning work, training on the parade-ground, industrial work, psycho-therapy sessions, lectures on the dangers of drug-use and PE and sport lessons. The reasons for organizing the regime in this way is to teach the patients to live differently from the way they had lived before. Each one of them knows that when he leaves the Centre, if he is arrested for drug-addiction again, he will be given more treatment, but the next time it will be in prison and for three years.

In China approximately 100 thousand drug-addicts a year undergo compulsory treatment.

People can argue until they are blue in the face (and doctors from many countries indulge in this pastime) as to whether this treatment is effective. Diametrically opposed views on this question can be heard, which come backed up by various arguments, which can all sound equally convincing. This is one of those debates, in which each side can appear right in his own way. This is because in the sub-cortex of each one of us there are a history, religion, traditions, and national attitudes of a people, which set it apart to a remarkable degree from all other peoples. There cannot be One Truth for everybody.

This compulsory treatment for drug-dependence is a source of particular pride for the Chinese. I am not sure whether it is possible at all to rid someone by force of a habit of drug-abuse. It is not like a cold, when you just swallow a tablet and start getting better. What we are up against in the first case is the consequence of various influences that have been effecting an individual's body – psychological, physiological, pharmacological, neuro-biological and, of course, social: in some cases even political factors have to be taken into account. How can compulsory treatment be effective?

It would, however, be wrong to be hasty. We should do well to remember how Europe laughed when first confronted with cinema newsreels showing millions of Chinese shooting at sparrows with catapults. There was no end to the jokes and stories. When in January 1995 the State Council of the Chinese People's Republic decided to undertake another no less grand experiment, providing for this next step by introducing legislation entitled "On compulsory treatment for Drug Addicts", the outside world started to take a closer look. The Chinese had already shown that you cannot cross a river, without feeling the stones underfoot first.

So how effective is compulsory legislation?

It all depends how you approach it. During the three years that treatment has been provided in rehabilitation centres, 320,000 drug-dependent Chinese have passed through them. The equivalent figure for labour camps is 210,000. Many were unable to endure the withdrawal symptoms when they stopped taking drugs. According to the observations of Chinese doctors, more than 90% of patients reverted to drug-taking after they had been discharged from departments for compulsory therapy. When we look at these figures for those who have given up smoking (most Chinese addicts prefer smoking to other methods of drug-taking), the results are not very encouraging.

Practising doctors have serious doubts about the possibility of curing a chronic addict by coercion, against his wishes and without effort on his part. I have also not come across cases, when a patient has been set free from drug-dependence against his will. The merit of this compulsory treatment lies elsewhere: the fear of the prospect of once more being drawn into the tough treatment programmes of the People's Militia forces those, who are not strong enough to drop the drug-habit on their own, to turn voluntarily to one of the state clinics open to all and free of charge. These departments for the treatment of drug-dependence, which cater for between 25 and 30 patients, are to be found all over the country. The patients receiving treatment there are guaranteed the support of the local Street Committees and also that of their neighbours who keep vigilant watch on the moral state of those who live side by side with them. In China society, as represented by the micro-community, within which people are obliged to know their neighbours and to be responsible for each other, often serve to shape individuals' actions.

If there is indeed some merit to compulsory treatment it should be sought in the sense of fear experienced by the drug-addict, who finds himself confronted by a choice between applying voluntarily for treatment in a medical establishment and landing back in one of the military-type camps described above. More and more young Chinese, who have heard about the compulsory treatment, prefer to seek treatment for their drug-dependence on a voluntary basis, as free individuals. What makes such a choice all the more likely is the patient's

knowledge that China possesses a broad network of free government clinics open to all, each of which can take on 25-30 in-patients.

Regardless of whether they manage to break free from their habit or not, while drug-addicts are inside Centres for compulsory treatment, at least it means that society can take a break from them for a while.

At the exit from the Kunming rehabilitation centre there is an enormous board on which are written words of Jiang Zemin, Chairman of the Chinese People's Republic: "If we do not eradicate the narcotics Mafia – our nation is lost" [1].

* * * *

It is easiest of all to form a judgement of the Chinese experiment if we bear in mind the special nature of the country's history, culture and attitudes. It is strange even to link in our thoughts China's extremely ancient civilization with the practise of smoking opium, but this page of their history cannot simply be ignored. Plants containing narcotic substances were first introduced into India and China by Arab merchants in the 11th century. Whether what facilitated the spread of such plants was the way of life in the China of that period, the general inclination to meditate or the concentrated populations of the towns, it is difficult to say, but by the first third of the 18th century there were large numbers of opiate addicts among the Chinese. The sages of the time used to teach that man was what he consumes: those who consume grain are sensible and understanding, those who eat grasses are strong in body, but weak in mind, while those who eat meat are brave but reckless. As for those who use opium – they lose their health, their reason and their human appearance. When there are tens, hundreds or thousands of people losing their health, reason and human appearance, this constitutes a drama for society. When these figures reach millions, then the drama veers towards the collapse and downfall of the nation. By the 1830s the British were importing into China up to 300 tons of opium. The Chinese authorities attempted to limit the amounts imported and the consumption of opiates. In response to this, British drug-dealers began to exchange Indian opium for Chinese tea: influential circles from the upper echelons of Chinese society began supporting the British, including those who owned tea plantations and tea factories. In the form of taxes the British received more than £300,000 a year, which constituted a tenth of all revenues that came into the treasury of the United Kingdom.

The Chinese imperial commissioner, Lin Tze-su, defended the honour of China: risking his future as he did so, the commissioner gave orders for 1200 tons of opium to be confiscated from the traders and publicly burnt in the small town Humen (in the Guangdong Province). It was not important what actual share of the drugs brought in by the British this amount represented, the flames of that fire demonstrated to the world that the Chinese were ready to defend themselves and it was the signal for the start of a large-scale confrontation.

The Chinese lost and had to reconcile themselves to the legal duty-free import of enormous shipments of opium from British India, to paying the British indemnities and conceding part of their territory. The whole Chinese nation was filled by a sense of outrage.

By the beginning of the 20th century 13,500,000 Chinese (27% of the adult population) were suffering from opium dependence. China was consuming more opium than all other countries in the world. Chinese officials used to announce bans on smoking opium in the squares of their cities, but the British authorities explained the agitation of the Chinese with reference to their propensity for exaggeration. It was difficult for them to imagine the scale of the problem. In Europe opium was used for medicinal purposes, but the number of chronic drug-addicts was something that could be counted on the fingers of one hand.

The two Opium Wars which the Chinese suffered (1840-1842 and 1856-1860), when the British Navy forced the Chinese at gun point to carry sacks of opium on junks to the shore and then distribute them on two-wheeled carts all over the country, imprinted themselves on the Chinese national memory as the product of the opium dens, where intoxicated people gradually grew thin and withered away, powerless to resist their temptation. In the mid-nineteenth century Europeans had ample grounds for referring to the Chinese state as the “sick man of Eastern Asia”. The opium trade in China accounted for a tenth of the total revenues of the British Empire. When the Chinese imperial commissioner, Lin Tze-su, made bold enough to give orders for the public destruction of 1,200 tons of opium in the Guangdong province, which had been confiscated from the foreigners, that had been the first demonstration of the Chinese people’s own readiness to save their nation. Although the Chinese authorities did have to make concessions on that occasion and reconcile themselves for a time to the legal distribution of drugs, the problem itself was never regarded in China as a criminal or medical issue: it had always been viewed as a national disaster of the widest possible proportions. By the beginning of the 20th century 13.5 million Chinese (27% of the adult population) were suffering from opiate addiction.

In the 1930s and 40s the Japanese occupation forces took over the distribution of opium. Carts laden with opium made their way along the roads accompanied by Japanese military convoys. Areas set aside for the cultivation of poppies were extended and the number of opium dens also grew: all this meant that more taxes from the sale of opium were being gathered in. By the time the People’s Republic of China was proclaimed (1949) there were up to 20 million drug addicts in the country.

The nation was on the brink of an abyss and the fight against drugs was not something thought up by the authorities but a real historical phenomenon that had brought untold suffering to the people. Otherwise it is highly unlikely that it would have proved possible to shut down all the opium dens in the country, to destroy the poppy plantations and begin providing treatment for addicts including that of the compulsory variety. Although funds were very limited, the government managed to provide almost 40 million yuan (at the old rate) for producing medicines to help people get over their drug addiction and help those, for whom it proved particularly difficult to abstain from smoking opium.

When people later on began talking about the “Chinese miracle”, implying the unprecedented successes scored in economic development, town planning and the resolution of social questions, it should not be forgotten that it all began with the struggle against opium addiction. That was a real miracle: after the victory of their revolution, for almost thirty years – up until the early eighties – drug-addiction was something virtually unknown in China and neither did the Chinese become involved in the drugs trade.

It was a real miracle, no less so than the economic boom in Japan, Singapore or South Korea. Whole generations of young Chinese were being brought up in the spirit of complete negation of “vestiges of bourgeois society”, ready to implement the “cultural revolution” and cut off from many aspects of the modern world: at the same time they were also far removed from a range of social disasters – drug-addiction, alcoholism, organized crime. However one might evaluate the consequences of the ideological ‘blinkers’ of the masses, it would be wrong to ignore success on a heroic scale: up until the 1980s, when drug-addiction became a national disaster for various countries in Europe and for the USA, China was advancing towards socialism, holding back the tide of drug-addiction that was gathering momentum in countries along its borders, so that it would not come tumbling across the frontier.

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It was only in 1979 – thirty years after the Revolution had triumphed – that officers of the People’s Militia, to their own astonishment, arrested a Chinese drugs supplier in the subtropical border area of the Yunnan province. Nobody imagined that before a year had passed after that incident another 900 cases of opium-dealing would have been recorded by the authorities in the interior of the country. Ghosts of the recent past were raising their ugly heads, as if out of nowhere, and the Chinese had to face up to this threat to the health of the nation and the security of their state once more.

The drugs trade was developing apace within the Chinese communities (often known as “Chinatown”) in Europe, America, Asia and in the countries which shared a border with China – Burma (Myanmar), Laos and Thailand. The Chinese authorities diverted manpower from the Ministry of Public Security, the army and the People’s Militia to the fight against drug-dealing and drug-addiction: special armed units were set up for this purpose. Public prosecutors and judges were given extended powers, similar to those made available to them under martial law.

The Chinese, whose recent past bore the stain of a bitter drugs ‘legacy’, who had not yet resolved all their social problems and who were now highly disciplined and agitated by the slogans all around them, supported their government in its uncompromising stand against the narcotics business. Professional soldiers were seconded to the special anti-drug units. Three ‘rings of defence’ were set up: along the state border, at the entrance to towns and villages and on major traffic routes (highways, railways, waterways and in airports). Prominent figures representing public security agencies, the Health Ministry, the Customs service, the People’s Supreme Court and Public Prosecution Service, the Committee for Education and Army HQ were appointed to the State Commission for Drug Control...

The whole range of problems connected with narcotics (production, supply routes, dealing and also the treatment of drug-addicts) is the concern of the Ministry for Public Security. The Minister in charge heads the All China Commission for Drugs Control. The Chinese realized before many other people that the fight against drugs had to be based not so much on the education of young people during their school years, as on the unflinching political will of the state, backed up by real force and where necessary repressive measures. What makes this model worth imitating is not so much who has been entrusted with the task, although that in itself is revealing, but the fact that all aspects of the narcotics problem are concentrated in one and the same hands: this means that it is clear where the source of information on the problem is.

This also applies to information on help made available to patients suffering from drug-dependence.

The people I talked to at the Ministry of Public Security had clearly defined the issue in their own terms and I was to hear this idea repeated many times: China today is a victim of the international drugs trade. It means a good deal to the Chinese, when people view their problem with sympathetic understanding, just as it is important to them that people should cease to fear the growth of the Chinese population, which allegedly will oblige the Chinese at some stage to extend their territory at the expense of their neighbours.

One of the topics we discussed was the continued application of the death penalty in China.

In their Criminal Code of 1979 there had not yet been any Article laying down the death penalty for the spread of narcotic substances. Yet when the number of arrested drug-dealers started running into thousands and the People's Militia came up against organized criminal groupings, which possessed dozens of kilos of heroin and weapons, the authorities made public a new Resolution. It was decided that the courts should be entitled to sentence those convicted of crimes linked to the narcotics business to ten years or more in prison, to life imprisonment and even to death (1982). Clarification of the details involved also followed: the courts could sentence an offender to 15 years or more in prison for smuggling drugs, dealing in them, transporting them, for producing a kilo or more of opium, 50 grams or more of heroin or the synthetic drug known as 'ice' (a methamphetamine) or other drugs in large amounts and even to life imprisonment or the death penalty.

In some provinces (including Yunnan and Guangdong) local courts were given the right to sentence drug-dealers to the death penalty on their own initiative. They were permitted to sentence offenders to life imprisonment or the death penalty, if they had been smuggling, selling, transporting or producing one kilo of opium (or more) or 50 grams of heroin, methamphetamines or other synthetic drugs. As far as we know, up to 2,000 people are sentenced to death in China each year for offences connected with the narcotics business. Those sentenced to death usually face a firing squad, but sometimes a prisoner can ask for a lethal injection to be administered instead. There is a considerable number of human rights organizations, which have been protesting against China's violations of human rights. The Chinese are not impressed and declare that when they have put a stop to the drugs business then they would be ready to discuss such issues.

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A particularly difficult situation is taking shape in the subtropical areas of the Yunnan province along the border with three countries where drugs are produced. It is through this province that Chinese drug-dealers take narcotics into other provinces and also through Tibet and Nepal into Europe and then through the northern part of their country into the Russian Far East. There are 2000 members of the People's Militia manning the roads through this province, but the drug couriers have their own secret routes. It is extremely difficult to stop the flood of incoming drugs: in the villages of neighbouring Myanmar one kilo of heroin can be purchased for 10-20 thousand yuan, while it can be sold in Hong Kong for 100 thousand and in Peking for 200 thousand. Two thousand percent profit is a major stimulus for risk-takers, even when the threat of the death penalty hangs over them. The drug couriers will not only be carrying 50 grams on them – enough for the death penalty – but shipments of 100 kilos and more. It is precisely in this province that the largest numbers of arrest and death penalties have been recorded [2].

In the Yunnan province there are two ethnic minorities, which the Han Chinese regard as being particularly prominent in the drugs trade, just as the Russians do with regard to gypsies and the peoples of the Caucasus. The ethnic minorities in question are for the most part mountain-dwellers: they know the terrain very well and they also have a reputation for endurance and for being prepared to take risks. Young people from these minorities are considered to be the main suppliers of opiates into China from the border villages of Myanmar and of heroin from India (through Nepal and Tibet). The members of one of these minorities from the mountains are Muslims and once a year they set off to Mecca on a holy pilgrimage, but on their way back they take up their role as drug-suppliers with renewed energy. Out of considerations of political correctness, the Chinese make no official references to the link between the drugs business and any specific ethnic minorities and there are no hints in the press, but it is possible to hear in informal conversations among friends about what the ethnic minorities from the mountains or the Uighurs and Mongols are up to. After I had begun to learn more about the drugs situation in this region I did not become aware of any particularly clear link between certain ethnic groups and the forbidden trade. I feel sure that whichever ethnic minorities of China happened to live near the border with drug-producing countries, then their representatives would be arrested more frequently in connection with drug-smuggling and a similar shadow would be cast over their reputation as a group, although it might well be unjustified.

As we talked some of the drug-squad officers started recalling stories about those, who have been sentenced to death and for which offences. By the beginning of the 1990s the Chinese authorities had come up against an international criminal group active in the provinces of Sichuan, Yunnan, Gansu, Guangdong and experienced in underground drug-dealing. The sensational "Operation 89-11", in conjunction with which more than 70 drug-dealers were arrested and 220 kilos of heroin confiscated, had a major impact on the whole country.

In the province of Guangdong people still remember how at the end of 1988 three fishermen were caught by border police in international waters, when 219 crates containing a total of approximately 4.5 tons of marihuana were being unloaded from a cargo vessel on to their schooners. They had been planning to bring the marihuana to the Chinese coast. The courts sentenced all three to death. The fishermen, who were convinced that they could not be executed for mere marihuana, submitted appeals against the death sentence. The whole village, concerned for their fate, was convinced that their sentence duly pronounced was too harsh. The court of appeal did not respond to their complaints and the fishermen were shot.

There are more public executions in Yunnan than in any other province. It is from there that Chinese suppliers take heroin and methamphetamines to their towns and villages and even further afield through Tibet and Nepal into Europe. The urge to 'get rich quick' proves stronger than the threat of the death penalty... In 1997 1,876 drug dealers were executed.

The numbers of those executed since then have not been made public: experts believe that they are not coming down. If there are extenuating circumstances, the death penalty is sometimes deferred for 2-3 years. It is not reviewed or commuted, but deferred. It is possible to argue about the merits and weakness of Chinese legislation, comparing its norms to those of one's own country or the attitudes of one's own people: yet what it is perhaps worth taking on from the Chinese is not their harsh forms of punishment but once pronounced in public they are unalterable.

In Thailand the authorities admitted that they used the death penalty for dealing in drugs, apologetically, so to speak, avoiding any hint as to the scale on which it is applied. Chinese officials, on the other hand, sound almost inspired as they refer to this measure, as if it was a question of the people's victory over a threat to their security. It is clear that the great people of China within the enormous spaces of its territory, has a rather different view of their compatriots being sentenced to death, than do the representatives of the smaller community of Thais over the border. When you start listening to the Chinese you begin to gain a clearer idea of their approach to this issue: of course, sensational trials and executions of criminals are not in keeping with the doctrines of Confucius. He used to advocate the non-violent correction of morals and stress the importance of ruling a country not through fear but kindness and the attachment of equal value to every individual life, including the lives of those who have broken the law. Yet, as I was reminded again and again, a people which has triumphed in revolution, particularly one which used to suffer in the past as a result of drugs, is entitled to protect its own security by any means available.

A doctor and indeed any person in their right mind cannot accept the violent elimination of another human life as a method of resolving any problem whatever it might be – personal, family or social – either in the courts or when people take justice into their own hands. Only he who gives life to us all, in the hope that we will live out our allotted years with dignity, has the right to take it away. It is the individual's sacred right to prolong life on Earth through his children before his spirit abandons his body at the appointed hour. The conversations I had while in China had a logic of their own. It was underlined to me by many that, if an individual in his right mind can bring death and disease to many of his fellow-men and there is no way of stopping him and of removing the threat, which he represents to society, then any form of counteraction can be justified.

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Chinese medicine is famous for its effective conventional medicine used for the treatment of many diseases. Drug-dependence is not one of them. At the time when legal opium-dens still existed during the first wave of drug-addiction, no-one kept any records of the numbers of chronic addicts. In those days opium was only smoked not injected. There were however millions of opium smokers in the country with the largest population on our planet. When Chinese Taiping Christians tried, on account of their religious scruples, to ban opium-smoking in their community, the European expeditionary force eliminated all the brothers of that community. The British authorities were convinced that their sailors, when delivering crates of opium to Canton, would always make do with their habitual gin and ale and that the opium plague, which they fuelled among the Asians incapable of resisting temptation, would never effect them. What became of those illusory hopes on the part of the British is another story....

Opium-smoking in China was not regarded as a disease requiring medical treatment. It was only the third explosion of drug-addiction in the last third of the 20th century (including the intravenous use of hard drugs), which drew the attention of Chinese doctors to this problem. In the 1990s China's Ministry of Health put forward a wide-ranging plan for the treatment of drug-addicts, involving four different aspects: release from addiction, restoration of health, prevention of relapses, social rehabilitation.

When addicts seek treatment voluntarily, doctors use methods drawn from traditional medicine (a selection of medicinal herbs) and well-known pharmaceutical products. In the early 1990s methadone (manufactured in China) was first used for detoxification

and support therapy in the treatment of opiate addicts, which had been rejected out of hand in a number of countries, including Russia. In the Academy of Military Medicine an effective analgaesic first came into production into China, which was used for the reduction of opiate dependence. According to the observations of Chinese doctors traditional acupuncture together with restorative medicinal herbs can effectively enhance immunity and help restore physical strength.

Chinese researchers also developed an approach all of their own in the Institute for the Micro-circulation of the Blood in the town of Ningbo not far from Shanghai. Professor Yang Gudong from this Institute invented an anti-narcotic medicine based on henbane (Japanese scopolia) as far back as the 1980s. He used to travel round the areas where drug-addiction was particularly widespread, tried out his new medicine and elaborated a treatment programme, which became known as the "1+1 method". Clinical trials confirmed that this medicine was highly effective and his treatment method as well. According to doctors' observations, the results obtained were conspicuously higher than those obtained using medicines of the methadone group. In the course of eight years, 8,000 patients were treated with this new method. One in five of the patients after treatment stayed off drugs for two years and some of those treated for four and five years or even longer. At the World Fair in Bruxelles the King of Belgium awarded a special medal to Dr. Yang Gudong on the strength of this work.

Both theoretical and applied research is carried on at the institute in Ningbo: the mechanisms of the impact of heroin on the brain and the body as a whole are studied there. Experiments are carried out with white mice and monkeys (during our visit we were shown four monkeys in cages being used for research). In the laboratory there was apparatus used for microscopic, molecular biological and high-speed analysis. This was not really what interested me though: what I was keen to hear about were the new medicines devised here for the treatment of drug-addiction, including those based on henbane. The plant had long been used in traditional Chinese medicine and had been described by the ancient classical herbalists of old. Alkaloids of henbane have an impact on the mind (the Chinese refer to them with a word, which in translation comes out as 'lunacy') and they are particularly effective in combinations with other anti-narcotic medicines. In his search for the optimal dose Dr. Yang used to test the alkaloids on himself, taking doses of up to 100 times larger than those traditionally used. The medicine he devised is similar in impact to methadone, but does not give rise to any kind of dependence, restored the immune system and removes all narcotics from the body.

Yang Gudong does not resemble any kind of fanatic sacrificing himself for a dubious idea. He is a scholar and a practising doctor with a rare degree of single-mindedness. When he had the idea of using henbane in his work and needed to make sure that it was completely harmless, he tried out medicines on himself, taking up to five tablets at a time and then ten, later 20, 40 and eventually as many as 100 tablets at one sitting. His head would start spinning, his pulse rate increased and his sight was also effected: objects appeared blurred, his body felt wondrously light and he seemed to be hovering above the earth. What was clearly established by this time though, was that an overdose of henbane – a hundred times greater than the generally accepted dosage – was not fatal. In his experiments, when Dr. Gudong used to put at risk only his own health, he managed to light upon the optimal dose of this substance of plant origin, which did not give rise to any form of dependence and could counter drug-induced poisoning. At the same time this medicine was improving the micro-circulation of the blood and strengthening the body's immune system. The support therapy involving this

new medicine was safe, had no side effects and did not give rise to any sense of oppressive melancholy, which is usually the case when addicts stop taking their drugs.

Yang Gudong's method involves two stages of treatment. During the first the patient is given a drip with a glucose solution to which anti-narcotic medicine has been added and the patient is put into a deep sleep. It is assumed that in this way it is possible to remove traces of drugs from the patient's body painlessly. During the second 'restorative' stage, patients are given the medicine based on henbane, which helps the body resist disease and strengthens the immune system. The treatment does not, however, only involve medicines. During the treatment period, the doctors also endeavour to 're-educate' the patient - as is often the practice in the new China - giving him advice as to how he might change his former way of life.

Yang Gudong ushers his visitors into the ward ahead of him and, on entering, we see a young woman lying on the bed before us. She works for a company in Shanghai. She does not have a family of her own and her parents who have retired now run a small restaurant. She has been smoking heroin for over a year and has been using half a gram a day on a regular basis for the last three months. Her girl-friends taught her how. She used to smoke about 200 yuan worth a day (a gram of heroin costs 400 yuan). She had tried to give it up, made several attempts to do so in fact, but could not keep at it for more than two days. The idea of coming along on her own accord to seek treatment came to her, when militia-men started arresting her girl-friends and sending them off for compulsory treatment. The clinic in Ningbo, which afforded patients more comfortable conditions than average was not free of charge like state medical facilities. This patient had been helped to pay for the treatment - by her parents. The complete course (8 days) cost 7000 yuan (about \$1000).

After a week her sleeping patterns were back to normal, she had regained her appetite and she felt well. She was now about to be discharged and the doctors would recommend that the patient continue to take the same medicine after she went home in keeping with the "1+1" principle. The treatment she would continue with at home as prescribed by the doctors would last another 6-12 months. It would significantly reduce the likelihood of the patient going back on to drugs.

This in broad outline is the essence of the method used by Dr. Yang Gudong: during the course of treatment the patient is given advice as to how after becoming drug-free he should alter his way of life so that there should be no place in it for drugs any more.

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"There are no drug addicts among Tibetans", Dr. Nima told us.

"Not a single one among two million people?"

Not a single one among six million people. Don't forget that there are still "Tibetans living in the Chinese provinces of Gansu, Shaanxi, Sichuan and Yunnan and also in India, Nepal and Bhutan."

"And I won't find anyone there who smokes, sniffs or injects drugs?"

"If you do, they'll be foreign tourists."

"Does anyone come to the Centre who suffers from addiction?"

"Only alcohol addiction!"

The Centre for Tibetan Medicine in Lhasa is on Nyan Zhil Lu Street. Near the entrance there is a statue of an elder with a beard flapping in the wind and a wise face. It is the great Tibetan humanist, Yutok-gonpo (708-833) the founder of Tibetan medicine.

Dr. Nima, the deputy director of the Centre, is used to talking about the medicine founded by his ancestors but with no illusions to the effect that his guests – even if they are qualified doctors – might be capable of understanding at the end of two or three hours the secrets of the subject in all its depth. In Tibet in the old days doctors would train for 10-15 years.

I had not expected to come across medicines or methods in Tibetan medicine that might be used for the treatment of drug-addicts in a place where there were virtually none. What I had thought I would encounter were secrets of health handed down as part of the ancient tradition, careful attention paid to all aspects of Man's earthly existence, subject to one and the same laws everywhere, faith in man's capacity to desist from weaknesses that might destroy his very being and a systemic approach to human diseases. For Tibetan doctors man is a tiny particle of eternal Nature, a speck of dust in the infinite Cosmos. Only when we understand the laws of the Universe, can we envisage what is happening to a patient.

Since ancient times, Tibetan doctors have been interested in the cosmic essence of Man. For them life and human sufferings cannot be viewed separately from the existence of the Universe: the biological and physiological processes at work in the human body, or in any matter, are constantly being exposed to the influence of earthly, planetary and cosmic forces. When the individual loses what links him to the unseen world and tries to see his life as something isolated from what has gone before and will ensue in the future, this will undoubtedly lead to disease, a decline in mental faculties and a shortening of life.

Doctor Nima went on: "In his first sermon at Sarnath, Buddha Sakyamuni told the five disciples, who were listening to him that they were all obliged to maintain their bodies in good health. Otherwise he and they would not be able to keep the light of wisdom burning and would not be able to ensure their minds were strong and wise... Yet in order to be able to understand the body, man had to learn to listen to what it tells us."

In the world around us and in any living matter there are combinations of the five basic elements to be observed: fire, water, earth, air and space. This idea provides the basis for all the concepts to be found in Indian, Tibetan and Chinese medicine. The five material substances, their combinations and the proportions within them enable us to assess the state of both healthy and sick bodies. Indisposition reflects a disruption of the equilibrium of the basic elements in the body. An illness is a disruption of the proportions of the basic elements in the body. The art of healing is to single out the cause of the imbalance and to re-establish equilibrium.

When they look at a person Buddhist doctors can easily tell which of the three crucial elements for life (Wind, Bile, Mucus) or which combination has predominated since his birth. This is also taken into account when they determine the nature of the disease, from which their patient is suffering, and prescribe treatment. Sometimes medicines by themselves are not enough for treatment and the doctors suggest that patients should combine medicines with exercises of a spiritual kind – repentance for evil deeds committed in the past and the reduction of their impact on a patient's body through noble intentions and behaviour.

Ancient texts underline the link between coarse actions, the alienation of people one from another and mutual hostility with a period of general moral decline and degeneration. I wrote down in my notebook the advice of one particular Tibetan doctor, which linked in closely with my own understanding of such situations: “You need deliberately to avoid two situations which can promote disease: bad eating habits and inappropriate behaviour such as the habit of mixing alcoholic drinks...You also need to avoid at all costs and as far as this is possible various forms of evil deeds: three of these are physical - murder, theft and inappropriate sexual behaviour - four involve words – lies, incitement to strife, evil gossip and meaningless chatter and three involve the mind – greed, evil intentions and false ideas. You must commit any of these as little as possible” [3].

Tibetan treatises encourage doctors to begin treatment with an altering of the patient’s consciousness and the encouragement of healthy ideas and benevolence towards other people. A patient comes to a doctor full of trust and hope. How much he benefits depends upon the doctor’s psychotherapeutic skills and whether he is able to benefit from his open-heartedness. Tibetan doctors – most of whom are monks as well – do not hurry to make a diagnosis before they have clearly established the nature of their patient’s mental state. They will not ask endless questions and observe the patient’s reaction to tests, as is often the way our neurologists and psychotherapists go about things. They will be able from the external appearance of a patient’s eyes, ears, tongue, skin colour and smell be able to pick out correctly the cause of the disrupted equilibrium of life forces within the patient’s body.

Over the centuries Tibetan doctors have studied and described in detail 84,000 various diseases, the causes and treatment of which are well known, yet Dr. Nima does not hurry to answer questions or become involved in an argument. In this world, everything which breathes experiences various kinds of suffering and man. first and foremost. We are all ill to some extent, regardless of how we feel at any given moment. A disease can be latent and sometimes not manifest itself in any way, but there is no other way for a man to stop a disease emerging, than suppressing the passion, hatred and gloom within him. This is easy to say, but how to set about it? Where can we find the strength to rein in our inherited predispositions, our own mental weakness, our inability to withstand temptations, offered to us by the world which itself is confused and bent on self-destruction?

When taking his leave of us, Dr. Nima said: “When you visit Potala, talk to the old lamas there. Perhaps the wise men in the monastery know secrets which are as yet out of reach for my weak mind”.

* * * *

The building which has been the residence of the Buddhist leaders for many centuries rises up above the rest of the town. I looked in awe at the stark thirteen-storey fortress on the top of a cliff with its white walls, dark red cornices and a roof covered in gold leaf. A narrow stream of people moves the visitor forward through semi-dark rooms, from one carved column to the next, along a firmly established itinerary. To the left there are enormous silver lamps with burning wicks, which shed light over the sculptured figures of the Buddha arranged to the right. They are covered in gold and decorated with emeralds, coral and turquoise. In the gold stupas there are embalmed relics of Dalai Lamas and Panchen Lamas. People touch the holy shrines with their foreheads and whisper something, making their own particular requests. It is difficult to understand whether the warmth you feel on your face is from the burning lamps or the emanation of karmic waves radiating from the shrines. The monks at Potala are the epitome of

kindness and tranquillity. They smile as if they were reading your thoughts. The only thing that banishes the smiles from their lips and puts them on their guard is the behaviour of tourists, when they raise their cameras and start choosing a subject, without paying the monastery's fee for this privilege. The visitor is required to pay separately for the right to take photos in each room of the palace. The cost for permission to take photographs is roughly the equivalent of \$10 and there are 999 rooms in the palace...

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In one of the side rooms at Potala in a recess in the wall there sat an old monk on a mat. His immobile eyes were focussed within him and did not notice anyone who was passing by. Something sad and profound seemed to have frozen over them, but at the same time it was the outward sign of intense mental activity. Perhaps this was one of the wise old men Dr. Nima had assumed would be in the monastery, capable of devoting his life to pondering fundamental truths? I did not dare disturb his serenity for a long time, but when he noticed the rather tactless presence of me and my companions and threw a questioning glance in our direction, I asked our Tibetan guides to convey my apologies to him in his own language and ask if I might be granted the honour of a conversation with him.

I was introduced to him and the elder did not start clarifying exactly where my country might lie, although it is highly likely that he was unaware of its existence. His innate tact held him back from asking questions, which might have inadvertently wounded the visitor's sensitivities, although it is quite possible that his "third eye" concealed behind the tress of grey hair falling across his forehead had already seen right through me. I had been told that the monk was called Chan Tam, that he was 68 years old and that he had lived in the monastery since childhood. We started talking about the Buddha's eight commandments and after that I could not help asking which human sin, in his opinion, was the most serious. The elder looked me straight in the eye, as if inviting me to look for the answer not outside myself and, relying on my ability to be true to my self and utterly honest, he in his turn asked me a question in his quiet voice:

"Whichever sin you yourself see as the greatest, that one it shall be."

"And what is the greatest of good deeds?"

"To save another".

Then I asked what someone should do if, after having led a sinful life in his youth when weak in face of temptation, and without thinking enough about what was right and what was wrong, he then at last, after his sins had become habitual and he could not break free from them, desired to shake off those evil habits but was unable to do so. The elder fixed his gaze upon me once more, forcing me to look inside myself and I felt my cheeks burn. The lama had clearly discerned the pangs of my conscience in the aura around me and said:

"Try not to act like that any more?"

"Yet how can we break free from our sins?"

"Do good more often".

The lama started talking about the way in which we are all part of each other, and how we depend on one another. It is not granted to anyone to experience the utter happiness of Nirvana in isolation. He recalled the parable about Buddha as he reached the heavenly Gates of Happiness, which opened wide before him. Before entering he caught sight of millions of suffering souls, straining towards the blessed Gates like he himself. When the gate-keepers invited Buddha to enter, he refused, saying: "I cannot

enter before waiting for all the others. We shall go in as a single entity. No hand shall push the door, before all the feet have reached it. I must wait for all the others”.

Then we started to talk about my interests. I had not, of course, been hoping to hear a recipe for success or practical advice as to what should be done about the formidable growth in numbers of people dependent on drugs. It was most unlikely that an old lama would concentrate his attention on such a matter, a man who for fifty years had not left the palace and who had never met people who are dependent on drugs. Where would they have come from anyway? We know that Tibetans are free from this affliction. Foreign tourists, who come this far, are usually adherents of Buddhism and most of them prefer to meditate here turning their minds away from all the restless influences and concentrating on their own mind in order to purify it, not cloud it. Those foreigners who take drugs and bring them with them could look for fellow-addicts in the town below or keep an eye open for wretched people like themselves in public eating-places. It is highly unlikely, however, that they would wish to make a confession before a Tibetan lama.

The lama thought for a moment and then said: “You should not say too often to a patient: ‘Forget drugs!’ It would be like the story of the man who was forced not to think about monkeys and the more insistently he was told not to do so, the more often they loomed in his mind’s eye and appeared to him in dreams.”

“What should we do, though,” I asked.

The lama fell silent again for a time and then said:” As I understand it, special chemical elements have an impact on the body and call forth beautiful visions, fantasies and the illusion of pleasures. It is difficult to find a substitute for drugs. There is nothing quite like them. A man is like a child: he cries, but when he is given a sweet, he calms down. We can experience the same calm, when we are engrossed in our life’s work, when we love what we do and success brings us happiness”.

The lama seemed not to be quite sure as to whether I was able to grasp the full meaning of his idea and after a short pause he added:” There are Four Noble Truths: the recognition of the universal nature of suffering; the recognition of what gives rise to suffering; the recognition that suffering can be brought to cessation, if the thirst for satisfaction in things that pass away can be eradicated; and finally the summary – in the Eightfold Path – of the means to achieve that eradication. We need to recognize suffering, to remove its sources, to seek to put an end to suffering ourselves and then to walk on the path, which leads to release from it. That is what Buddha Sakyamuni taught us.”

I felt loath to distract the lama any further from his inner meditation, in which he had been engrossed. Truth is one and the same in the Buddhist, Christian, Muslim and Jewish worlds – in both East and West. In order to convince ourselves that we understand Good and Evil in the same way, there is no need to search far from home: it is better to embark upon a journey - like the wise elder had done - through the labyrinth of one’s own soul. Yet now I needed to return to Bishkek, to my patients. I could see before me their haggard faces, the despair in the imploring eyes of mothers and, when it was time to bid farewell to the lama, I could not help asking one last question: what should I say to my patients? I did not need to explain to the lama what I had in mind. He had read my question, my state of mind and my feeling of helplessness, before I actually said anything.

“In order to overcome vice, sin and passionate desire will-power is what is needed. A man needs *only to believe in himself*. I can, I must renounce it, I must never step back. Only there lies the salvation of all creatures in the cycle of our existence...”

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At the end of the 20th century there were 600,000 registered drug addicts in China – four times more than there had been in 1991. The volume of drugs consumed in this country is estimated at 12 thousand million dollars’ worth each year. Corruption among civil servants, the military and customs officials makes possible the growth of drug-smuggling. Expert analysts predict that as the supply routes for drugs become smaller in number it is to be expected that drug-dealers will show a preference specifically for China, as a new area through which to carry Afghan and other drugs and as a more important market for drugs than ever before. This could bring about a new drug plague for the Chinese population in general, particularly in western areas and above all in the Sinkiang-Uighur Autonomous Region.

From among the methods devised by the Chinese authorities for putting out the drug ‘fire’, I would single out those, which have been shaped by the specific nature of the historic path of the Chinese nation, but which, nevertheless, deserve closer attention. These are, first and foremost, the independent approach to their elaboration of a strategy, disregarding public opinion in other countries, which have experienced a different past and where public attitudes may also be very different. The Chinese authorities view ‘hard’ drugs (above all heroin) as a tool for the mass destruction of their population and that is why the fight against drug-dealing is like that waged against cold-blooded murderers. The political will of the state overrides the opinions of human rights organizations and other NGOs.

Despite the inappropriateness of a purely arithmetical approach, it is possible to agree with the Chinese authorities that the number of those executed is tiny in comparison with the numbers of people, who through those deaths are saved from drugs and probably from an unavoidable death. What is at stake here is the health and future of the nation and this means that any laws, if they are aimed at saving the nation, cannot fail to be justified.

It is from this angle that we need to look at the Chinese experience of compulsory treatment. The published information on this campaign is very limited and there are no official medical statistics on the subject easily available, even if they exist. They tend to be of a classified nature. If, however, several years from now, the Chinese are still carrying on with this experiment and the number of centres for compulsory treatment continues to grow, then we can assume that the results are at least encouraging. The question is so interesting from both a theoretical and practical point of view and it is at the same time so controversial, that, in my opinion, it would be expedient to make this experience the subject of study by an international forum of experts under the aegis of the United Nations.

* * * *

Farewell, Tibet! You have led me to ponder many things and to deepen my understanding of some of them. The urge to ignore generally accepted laws as mere prejudice, to break free from the restrictions which flow from them and live only for oneself in search of pleasures, which distort the mind and corrupt the soul, is at odds with the wondrous cosmic harmony of our world. There are so many things we still need to understand. Each one of us needs to learn more about the world around him and

about his own essential character, to experience divine happiness and delight. Men of a new generation armed with the ability to unfold the inexhaustible potential of the human mind, soul and energy will, we hope, be able to put an end to suffering and enable us to stand up against evil and overcome.

As the old lama said to us at Potala, man needs *only to believe in himself, only to believe.*

In Lieu of an Epilogue

I am by nature an optimist, but after observing my patients for almost 20 years, I have to acknowledge once again that I have little faith in the slogans calling upon the human race to live a drug-free life in the new millennium, as if it was just a matter of taking off dirty shoes in front of a door leading into a clean and tidy house. So far no-one has succeeded in eradicating crime, corruption or drug-addiction anywhere in the world. It would seem that they are going to be with us for a long time yet. Drug cartels keep creating new markets for their wares and new routes along which to disseminate them drawing more and more countries into their orbit. Today we are witnessing a rise in the demand for drugs and psycho-tropic substances. In the year 2000 180 million people were using drugs (3% of the world's population) [1]. The share of 'hard' drugs (cocaine and heroin) and synthetic narcotic substances in the total amount consumed is gradually rising. What is particularly worrying is the increasingly rapid spread of drug abuse among young people.

While continuing to punish those, who today are breaking the law, promoting a healthy way of life amongst young children and teenagers and helping all those who are suffering and want to break free from this disease, we have to give thought to the question: how are we to live alongside these people, who are after all dependent on drugs, and what should we do with them? It is not easy to answer this question at a time when the scale of criminal activity engaged in by the illegal drug cartels is growing and their military and technical equipment is becoming ever more sophisticated. At the beginning of the 21st century the international drugs trade is reckoned to be worth 400,000 million dollars and account for approximately 8% of the whole of international commerce. The production of narcotic substances is flourishing particularly conspicuously in zones where uninterrupted military conflict is raging. The leaders of terrorist organizations, like Osama ben Laden, have been obliged to turn to the drugs trade as a source of finance to carry out their extremist plans. It is clear for all to see today that the interests of the narcotics business and terrorist organizations are converging and that these two criminal networks are drawing ever closer together. Without the support of the drugs Mafia, international terrorism cannot survive. The criminal dealings of the drug cartels have assumed a supra-national character. Attempts to take hostages by individuals or groups under the influence of drugs are becoming more frequent, as are high-jackings of aeroplanes. Drug-addiction already constitutes a threat to the national security of many countries.

The 'cement' consolidating international terrorism and the global narcotics business is provided by corruption, which in a good number of countries already permeates the upper echelons of state power, the army and law-enforcement agencies.

What can be done to counter this global plague?

Experience throughout the modern world would seem to point to three answers.

There is no hard and fast proof that punitive crack-downs and tougher public attitudes are the best way of setting anyone free from the irresistible urge to go on taking drugs or from the temptation of indulging in drug-dealing. Not even the death penalty will stop the more determined. The hard-line approach is something which is more likely to appeal to those power structures, which are incapable of controlling this situation, but nevertheless obliged to keep on demonstrating the usefulness of their existence.

Nor is there any hard and fast proof that liberal approaches are more effective and the only way of creating healthier social attitudes and reducing crime levels. The people who demonstrate against tough measures, who see themselves as "human rights campaigners", allegedly standing up for the freedom of the individual – including the freedom to take or sell drugs – give little thought to the issue of responsibility and are often driven by their own ambitions and political motives.

Nor is there any hard and fast proof that a universal model or mechanism exists which might set free the individual or society from drugs or even create a potential opportunity for achieving anything of the kind. It is not a lack of funds that can explain this. The United States is an extremely rich country and for years it has been devoting more funds, than many other countries taken together, to the fight against drugs, yet it is still not in a position to root out the disease of addiction or criminal drug-trafficking. It would therefore seem likely that, in the foreseeable future, the human race will have to learn to live with this disaster and each country will have to make every effort to find ways of limiting the damage, which are appropriate in its specific context.

What do we have undeniable proof for?

First and foremost we cannot deny that our generation is proving powerless to change the situation by resorting to generally accepted methods.

We are living in wonderful yet difficult times, when human beings, armed with the wonderful inventions of modern civilization, are arrogantly rejecting the simple ethical principles of their ancestors as prejudices which hold them back like chains: they see discarding them as a way of celebrating a new-found freedom. Modern men and women imagine life as a fertile valley, in which pleasures and delights burst forth from the earth like hot springs. They have reached the magical torrents glistening with all the colours of the rainbow. They feel possessed of a power that is almost divine! They cannot understand the boring people, who advise them not to stick their heads out into the fountain. Those who are keen to rebel against the old ways raise their faces into the waterfall: they feel good, have an irresistible urge to keep on repeating the pleasure and once more to feel a flood of new strength. It is all so wonderful. Why should they listen to those who were not born to enjoy the happiness of unrestrained pleasure? They turn a deaf ear to warnings and do not want to contemplate the scalding steam that will follow the gentle water, the scorching pain like that which a chicken has to suffer, when cast into a cauldron for tomorrow's dinner.

What is even sadder is to watch those people who peer into the cauldron and then walk quickly away, feeling satisfied, because they know that it is not their son or husband writhing with pain: "Nothing like that could happen in *our* family!"

So far I only see one solution for driving drugs out of our lives. Perhaps it sounds trivial, yet no other way would seem to exist. It is not my invention: thinkers from many different eras and lands, regardless of the particular faith to which they adhere, have been repeating the same idea for two thousand years. We can set ourselves free from these infernal fantasies, when each one of us starts to look closely at himself, at his

suffering soul, at the divine spark which there is within each one of us, even though we might not suspect it. It is never too late to listen to the irrefutable laws of the Universe, which permeate our lives and from which we cannot escape, however hard we might try to avoid them. In the jungles of the Amazon basin, in the mountains of Tibet, among the sky-scrapers of Manhattan, in the mud-huts round Lagos and in night-time Brixton, in refugee camps for Afghans near Islamabad – these universal truths apply.

Only those who have a spiritual point of reference are able to be at peace with the world around them. It does not matter where a person might try to find his true self or the path he might follow as he searches. Nor is it crucial that he should have a religious faith: that is a question for each individual and his conscience and concerns him and him alone. There are people who, while they calmly watch other people toiling for them, fulfil their duties to their parents and children, pray for them and feel ready to defend the homeland for them. Yet no-one can help someone else withstand the seductive power of dubious pleasures and ephemeral delights. Nobody can feel and think *for* them...or for any of the rest of us! If we learn how to appreciate what links us to the past and the future, to feel ourselves as a tiny particle within an enormous Universe – one of its myriad components, then, regardless of whether we start out from notions of the divine or from simple ideas of what is Right, we shall find ourselves contemplating eternal truths. These links and they alone are what can bring us the ineffable pleasure of a sense of inner freedom.

We only know two methods for combating drug-addiction – the punitive or the preventative approach. When we concentrate too much on the first, we are likely to forget the second. Yet it is precisely preventative work, particularly in the early stages, which might avert the transformation of our planet into a giant den of drug-abuse.

In order to raise awareness, particularly among young people, so as to encourage in them all-out opposition to the dangers of drugs threatening us all, an international league was set up in 2001 known as "Common Sense against Drugs", which has its head-quarters in Bishkek. It is an international NGO with individual and group members aimed at co-ordinating international efforts in the fight against addiction. Well-known politicians and public figures from a range of countries administer it and the chairperson of the board of trustees is Sarah Rene, the First Lady of the Republic of Seychelles. The honorary members include Kofi Annan, General Secretary of the United Nations, Konchiro Matsura, General Director of UNESCO, His Highness, the Aga Khan IV and the Prime Minister of Bhutan, Leonpo Kinzang Dorji. The honorary president of the association is Askar Akaev, President of Kyrgyzstan.

When I was called upon to take charge of the practical side of the work of this international organization, together with a group of people whose principles I share, we put together a three-stage programme for the organization, designed to cover a period of 25 years. The first stage was to last ten years under the slogan "No Hard Drugs!" involving first and foremost measures to combat hard drugs such as heroin, cocaine, amphetamines and synthetic substances.

The second stage designed for the following 15 years had a different slogan – "A World free of All Drugs". This stage is to involve an active fight against all known types of drugs.

The slogan devised for the third stage to be launched in 2027 is "A Sensible World". The target for this period was a total rejection of a whole range of addictions including alcohol- and nicotine-dependence.

The method selected for the implementation of this three-stage programme was one of mass-scale campaigns to provide information and to set in motion a chain reaction calling for the rejection of drugs and support for an 'ideology' stemming from the slogan "Common Sense against Drugs". The main objective of this campaign would be to foster a psychological 'immunity' to drugs.

The first event organized by our NGO was an international, mass-scale parade at a sacred site not far from Bishkek - on Tashtar-Ata Mountain, also known as Redemption Mountain. This is on the edge of the Tian-Shian Mountains, where two ancient trade-routes and two civilizations met: the soldiers of Alexander the Great and Tamberlaine marched through here. In the foothills of these mountains there are perfectly round boulders, rendered smooth by the retreating sea and the centuries. They are 350 million years old and according to legend they were once used as projectiles by the gods as they defended themselves against evil demons.

Since time immemorial stone steps have been cut into this legendary mountain so that men and women can climb up as far as the thickets of wild hawthorn, which grow at the very top. Camel-drivers from caravans of the old days, travellers, poets and thinkers of the Orient have made their way up here so as to cast down a prayer stone from the spot and in that way to free their souls from sin. Some of those who made their way here tied small pieces of cloth to the prickly branches of the hawthorn bushes, hoping and trusting that the Heavens would pay heed to the rustling of scraps of cloth in the wind and answer the prayers of those who had brought them up the mountain. This ritual has become a tradition for all those who are taking part in the international movement against drugs.

The march up to the Mountain of Redemption attracted tens of thousands of Kyrgyz and visitors to the Republic. This large-scale anti-drug 'pilgrimage', in which people of many different ages and of varying social status took part, could not fail to make an impression on all those who witnessed it. All of them were united by the hope that drug-addiction would not befall them, their families and their friends and that humanity as a whole might be set free from it. In keeping with local traditions they took along stones, which they later cast down the mountain, with a sense that they were freeing themselves from their own weaknesses and bad habits, from harmful forms of dependence: they also left behind them on that day 'ribbons of hope' tied to the bushes at the summit. The mountain has become a place, where the unfortunate victims of drug-addiction also come to meditate: it has acquired a sacred aura for them too. By no means all those who took part in the march to the top of Redemption Mountain were drug-addicts or people whose families had been shattered by drugs, but for all of them without exception it was an important psycho-therapeutic act, which we doctors would see as good preventive medicine. We feel sure that the emotional experience of climbing up Tashtar-Ata with so many other people for a common goal combined with the new information received could not help but have a positive impact.

On the day when we all sought the blessing of the sacred mountain we were joined by well-known historians, public figures, tellers of folk-tales and spiritual leaders. In keeping

with ancient tradition, a prayer was read at this spot where an animal was sacrificed. The "No Hard Drugs" campaign launched a mere three weeks before had attracted a total of nearly 100,000 people. Each one of them, as he gained a closer knowledge of himself and the purpose of his own existence, could not help but feel he had attained a new level of awareness shared with his fellow human beings.

I thought back to the inspired faces I had observed as the appeal to humanity in the 21st century had been read to all present, warning them of the dangers that result from drug use. The document was then placed in a capsule and buried in the foothills of the Mountain of Redemption. It was intended as a message for our descendants to read 100 years on, in the autumn of 2102. Hundreds of thousands of people put their signatures to the document including many prominent figures, led by the General Secretary of the United Nations Organization.

Our NGO plans to organize similar events in various parts of the world, but first and foremost in those countries where drug-abuse has been going on for a long time and from where banned substances are supplied to international markets. I can imagine to myself other throngs of people on anti-drug demonstrations in Islamabad, Kabul, Delhi, Moscow, Berlin, New York..... They would carry forward the torch first lit on Tashtar-Ata, Mountain of Redemption, as a constant flickering reminder of all those who have been victims of drug-addiction.

As I give a gentle push to the globe on my desk, countries and oceans start spinning on the thin leg that supports it, reminding me of how frail and defenceless we are as our world circles on regardless. In the years allotted to us we have to experience many trials and temptations, which at times can be powerful and hard, almost impossible to resist. Not everyone is given the chance to do so by wise Providence. I should like to end this book with some simple words, which I am constantly repeating to my patients, when I say goodbye to them at the end of their course of treatment, before they go out and face the problems of the real world once more: "Each one of us has to make his own choices".

NOTES

Chapter 1 – 800 Kilometres across the Pamirs – Smugglers and Border-guards

1. Calculations made by Alyona Labrussa, Head Analyst in the Group for the study of the Drugs-trade and Toxicomania affiliated to the French government (taken from the newspaper “Izvestia” October 12, 2001).
2. It is estimated that 65% of all Afghan opium, morphine and heroin is smuggled through Central Asia (Report of the International Narcotics Boards for 1998, New York, 1999, p.45).
3. D. Karamshoev, I. Kharkavchuk, 1955: Border-guards and Inhabitants of the Pamir Mountains, Dushanbe, p.131.
4. According to figures provided by the International Council for the Control of Drugs, the smuggling of chemicals (in particular acetate anhydride) in the other direction has already begun. The chemicals are taken from countries, which are members of the CIS, to Afghanistan and its neighbours (see: “Drug-addiction in Russia: a Threat to the Nation”. Paper prepared by the Council for Foreign and Defence Policy. Moscow, 1998, p.4).
5. On the Russian-Tajik border the authorities succeed in confiscating only 5-10% of the drugs taken through. The rest spreads through Russia and adjacent countries

Chapter 2 – On the Afghan-Pakistan Border – Refugees, Drugs and Allah

1. The Koran. A Translation of Meanings and Commentaries by Valeria Porokhova. Third revised edition with additions. (Sura 5, p. 142).
2. According to Pakistani sources, substances required for heroin production make their way here from India as legally imported chemicals, listed as imports required for industrial purposes.
3. According to data collected by the US Drug Enforcement Administration, in 2000 Afghanistan accounted for 70% of the opium and heroin used worldwide. By the time the Americans had launched their ‘retaliation attacks’, Afghanistan had become one of the world monopolists, controlling the opium segment of the underground drugs market.

Chapter 3 – Paradoxes of the Muslim World – the Koran and Opium on the Same Lips

1. The Last Message. A Political and Religious Testament of the Great Leader of the Islamic Revolution and the Founder of the Islamic Republic of Iran, Ayatollah Homeini, Teheran, 1991, pp. 66, 100.
2. National Drug Control Report 2001. Islamic Republic of Iran, Teheran, 2000, p. 32.
3. According to the newspaper “Turkiye” which cited a report delivered by the General Security Directorate of Turkey, in 2001 3,544 attempts at importing drugs illegally were registered. A total of 4,852 kilos of hashish, 3,033 kilos of heroin and 10,322 kilos of acetate anhydride was confiscated.
4. At the end of the 1990s narcotic substances for medical purposes were being purchased annually with a total value of over 20,000 million Egyptian pounds (over 6,000 million USD). “The Egyptian Gazette”, January 5, 1999.

Chapter 4 – Clairvoyants and Healers from the Kytai Clan

1. Another reason why the population has felt drawn to folk healers is that “the period we are currently living through is one fraught with worries and with no clear picture of what the future will bring” D.U.Adylov, 1999: Psychiatric and Psychotherapeutic Aspects of Healing in Kyrgyzstan, Bishkek, p. 197.
2. At the end of 1990 wild cannabis occupied an area of up to 60,000 hectares in Kyrgyzstan. From this republic it was distributed to 87 destinations in the territory of the former USSR (“Regional Collaboration between Law-enforcement agencies for the purposes of controlling the trade in drugs”, Materials for a Seminar, Bishkek, 1996, p.10).
3. Poppies in Kyrgyzstan were cultivated over an area of 7,000 hectares. Each hectare yielded 200,000 and more poppy seed-boxes. Drug-addiction began to spread through the Republic, like a plague. Many of my contemporaries tried the drug at least a couple of times: some became addicted and were no longer able to do without it.

Chapter 5 – A Young Doctor searches for his own approach to Healing

1. According to our observations, 70 percent of our patients from the criminal world refuse to participate in the final stage (stress-energy psychotherapy) of the treatment. They are particularly wary with regard to imperative forms of suggestion. They only agree to take part if they have to return to the clinic for a repeat course of treatment.

2. For more details on why we accept patients only, if they are accompanied by a close relative or friend or by a fellow addict, see: Chapter 13.

Chapter 6 – **A Drugs Fire in Moscow – the City of Golden Domes**

1. According to figures compiled by the Interior Ministry of the Russian Federation and published in October 2001, the annual volume of the drugs trade in Russia is worth 30,000 million roubles (equivalent to approximately \$1,000 million USD).
2. In the middle of 1998 experts estimated the number of drug-addicts in Russia at 12 million. If we take into account their family ties as well, this means that there are currently 30 million Russians suffering from the consequences of drug-addiction (“Izvestia” October 10, 2001).
3. The Russian firm “Aviakonversia” devised a generator to produce special electro-magnetic signals. When an object is passed through it, the smell of drugs is enhanced to such an extent that detector dogs can make it out. This makes it possible to improve the chance of discovering drugs packed in other substances with a strong smell. (“Materials from a Scientific and Practical Conference on: The Federal Law ‘On Narcotic Media and Psycho-tropic Substances’ and Current Questions connected with the Fight against Illicit Drug-trafficking”, Moscow, 1998, p.65.

Chapter 7 – **Hallucinations by the Canals of Amsterdam**

1. According to police reports Amsterdam school-children, who are not allowed to obtain marihuana in coffee-shops, go and buy hard drugs and are then drawn into crime.
2. In the Netherlands it is legal to trade in seeds with a tetrahydrocannabinol content of no more than 0.3 %. Special laboratories keep an eye on this. The authorities are inclined to ban the cultivation of marihuana in citizens’ homes, but enterprises are allowed to possess cannabis plantations for industrial use of the fibre and also to use the bushes to form hedges.
3. Ironically the country was flooded with Ecstasy tablets mainly from countries, where the Dutch themselves had helped illegally to manufacture their precursors, which could then be turned into Ecstasy tablets (Romania, Hungary and Poland).
4. By the year 2000 there were 28,000 registered addicts with a serious level of drug-dependence. In Amsterdam there are as many as 5,000 heroin addicts. Forty percent of them are native Dutchmen, 30% come from Surinam and 30% consist of Germans, Italians and other Europeans.
The Jellinek Centre programme is financed by the state, social insurance bodies and private individuals. Together they allocate 50 million guilders to the Centre each year. The programme caters for between ten and eleven thousand patients each year.
- 5 The government of the Netherlands has – since 1998 – been distributing heroin to virtually incurable addicts with a doctor’s prescription, by way of an experiment. This involves 750 people aged no less than 25, who are often mentally as well as physically drained by their addiction. In order to obtain this dose of heroin, patients must have been living at least three years in the municipality, where the experiment is being conducted.

Chapter 8 – **British Efforts at Damage Limitation**

1. Chronic drug-addicts in Britain spend on average 400 pounds a week on their drugs. Their constant need for money is one of the reasons, why 90% of crimes in the country are drug-linked. Almost one third of men held in British prisons and half the women are drug addicts.
2. In greater London 28,000 policemen employed by Scotland Yard are engaged in enforcing the “Act on Drug Abuse” (passed in 1971). Two thirds of the work undertaken by those in the Department for Organized crime is also connected with illegal drug-trafficking. The British authorities spend each year approximately £1,500 million of public funds on the fight against drugs and also use monies donated by companies such as “Proctor and Gamble”, “Marks and Spencers” and “MacDonalds”. The fight against the narcotics business is made more difficult by the enormous funds circulating in this sphere. In Pakistan one kilo of heroin is sold for £850, in Turkey its price is £7,000, in the Netherlands £15,000 and in Britain £24,000. Street dealers will make up to £72,000 per kilo.
3. Twenty four years after Alder Wright, in 1898, a German pharmacist by the name of Heinrich Dreiser again obtained the same chemical compound. After that heroin started to be used as a pain-killer, until it was discovered that it could become addictive.
4. In the neighbouring borough of King’s Cross a branch of the “Angel” was set up. Its staff members drive round the streets offering drug-addicts the chance to exchange old needles for new and also the opportunity of having medical and legal consultations.
5. Each year the total damage suffered by the country as a result of drugs (social, economic, psychological and criminal) has been assessed at £4,000 million (Tackling Drugs to Build a Better Britain. The Government’s Ten-Year Strategy for Drugs Misuse, London, 1998, p.1).

6. Among young people in Britain the most common addictive substances are alcohol, cannabis, amphetamines, Ecstasy tablets and LSD. They turn to other drugs less frequently (The Contribution of Youth Services to Drug Education, London, 1997, p.8).

Chapter 9 – The Heroin Maze of New York

1. World Drug Report. United Nations Drug Control Programme, Oxford, 1998, p.328.
2. In 1995 the figure was \$13,300 million USD, in 1996 \$13,800 million USD and in 1997 \$15,000 million USD. (see: Drug Enforcement Administration, October 1996, p.8).
3. In the United States three factories have a state license for manufacturing methadone. They produce it in tablets or 80-gram disks, which can be divided into four 20-gram segments or in a liquid form. The clinics pay the manufacturers \$18 dollars per strip. This is 4,000 times less than it costs on the illegal market. In order to guard against misuse, the patient is obliged to swallow his tablet or drink his dose in liquid form (diluted with fruit juice) in the presence of a nurse.
4. The Federal Standards authority of the United States only allows people over 18 to be treated with methadone and people who have been taking opiates for at least a year. They are accepted for methadone treatment, if they are obviously suffering from drug-dependence, when they first come to the clinic. The demand regarding a year on opiates prior to treatment does not apply in the case of pregnant women. If a patient is under 18, exceptions can be made for him, if his parents give their consent and if it can be demonstrated that he has already made at least two attempts to be treated for his drug-addiction.

Chapter 10 – Off to the Indians of the Amazon for the Secret of the Divine Leaf

1. The use of *ayahuasca* does not presuppose that it will be used as medicine. What is more likely is “that we are talking about a strong substance which will help attain the main objective – i.e. to give the medicine-man the key to a very important sphere of their culture – the cause-and-effect world of disease. This will enable him to identify the nature of the ailment, from which the patient is suffering, and to ward off or neutralize the evil magic which is responsible for the patient’s disease” (Marlene Dobkin de Rios, 1997: Plant Hallucinogens, Moscow, p.196).
2. For the Indians of the Andes coca is still seen as a folk medicine. It is used to treat disorders of the stomach, psychiatric disorders, rheumatic pain and also to help the body adapt to air with a low oxygen content at high altitudes.
3. *Basuco* is a raw unrefined extract of coca leaves containing some of the coca alkaloids and also the remains of solvents used for manufacturing cocaine. Its cocaine content is between 40 and 45%.
4. Researchers have found calcium, phosphorus and vitamins in dried coca leaves. These and other nourishing substances are regarded as beneficial for the human body, when the leaves are sucked in the form of cocaine balls. The Indians knew about the pharmacological properties of the plant long before Sigmund Freud began to promote the use of cocaine as a medicine in the 1880s.

Chapter 11 – The Cartels of Colombia, before and after Pablo Escobar

1. In the second half of the 1990s the street price of cocaine in most countries was in the region of \$75,000 per kilogram. The whole-sale price was \$50,000 (Cocaine Situation Report. Prepared by Drugs Sub-directorate of the ICRO – Interpol General Secretariat, Lyons, France, March 1997, p.1).
2. In the Medical Centre in Bishkek the Department for Physiological Detoxification (sauna) requires that patients run for 10 minutes round a track and then, after a steam-bath (at a temperature of 100 degrees) take a cold swim and then another steam-bath. This is repeated 3 or 4 times. In order to make them sweat as much as possible the patients are also given rose-hip tea to drink.
3. According to figures from the National Police Department of Colombia, there are 79,500 hectares of coca plantations in the country, 6,600 hectares planted with opium poppies and 5,000 hectares put down to cannabis. The area of land where narcotic crops are being cultivated totals 91,100 hectares. This provides a basis for annual production of 555 tons of cocaine, 6.6 tons of heroin and 7,500 tons of marihuana.
4. From the coca plantations six harvests are brought in every year. From one hectare it is possible to harvest 80 sacks of leaves each time and obtain 1.6 kilograms of basic cocaine or 1.44 kilograms of pure cocaine. This means that each hectare in a coca plantation produces 8.64 kilos of pure cocaine a year (I was given these figures in the course of a conversation with Colonel Nunez Nunez).
5. Here and later on some facts for the biography of P. Escobar were taken from the book: Luis Canon M, El Patron. Vida y muerte de Pablo Escobar, Santa-fé de Bogota, 1998).

Chapter 12 – **The Choice confronting Bolivia: Pineapples or Coca?**

1. In Los Yungas 10,000 families are engaged in cultivating coca: in Chapare the equivalent figure is 35,000. This means that coca-farming provides the means of subsistence for between 200 and 220 thousand Bolivians (without counting workers from tea factories and so on).
2. Coca leaves from Bolivia and Peru coca are processed at a chemical plant in New Jersey (USA), where a cocaine extract is produced, which is used for medicinal purposes. The remainder is used in small doses in more than 155 countries to lend the drink Coca-Cola its specific after-taste (National Geographic, Vol. 175, 1989, p.10).
3. Estrategia Boliviana de la Lucha Contra el Narcotrafico, La Paz, 1998, p.16.

Chapter 13 – **Brazilian Carnival with a Whiff of Marihuana**

1. According to data collected by the Brazilian Institute for Geography and Statistics, 17% of the population of Rio de Janeiro live in its 608 *favelas*. Almost 15.5% of the population aged over 15 in the *favelas* are illiterate.
4. In Brazil 17 million homeless children (aged between 5 and 18). Many of them use marihuana, cocaine, *basuco* and valium. In this environment where unsafe sex is prevalent, the percentage of those infected with HIV is high (James A. Inciardi, Hilary I. Surratt, 1998:" Children in the streets of Brazil: Drug use, crime, violence and HIV risks " in Substance Use and Misuse, 1998 – 33, No. 7, pp. 1461-1480).
5. On the specific effect of drugs on women's bodies, see the following article by M. T. de Aquino, 1997: "A Mulher e a droga: motivacao para o uso, efeitos diferenciados, tratamento e possibilidades de prevensao", Toxicomania abordagem multidisciplinar, Rio de Janeiro, pp. 43-53.

Chapter 14 - **Where did the African Drug-couriers come from?**

1. Iboga (*termanthe iboga*) grows in the Gabon, the Congo, Zaire, Angola, and Cameroon. According to the literature, large doses of this drug call forth fantasies, convulsions and paralysis and can prove fatal. The hallucinogenic properties of iboga were first discovered by the African pygmies and they acquainted other tribes with the plant (Marlene Dobkin de Rios, Op. Cit, pp. 170-181).
4. The Drug Nexus in Africa, Vienna, 1999, p.20.
5. In Africa there are nine Remar rehabilitation centres. Apart from Ghana there are centres in, among other countries, Burkina-Faso, Mozambique, Angola, Namibia and the UAR.
6. The Yaba hospital was against attempts by the USA to introduce methadone programmes in Nigeria. The only drug which doctors in Lagos regard as possible for use to treat opiate addiction and for support therapy is Buprenorphine.
7. S.S.Ole Sankan, The Masai, Nairobi, 1979, pp. 59-63.

Chapter 15 – **Australia: "Drug Addiction on the Retreat"**

1. By the end of the 20th century in Australia each year between 620 and 700 people were dying of drug overdoses. One of the reasons for this was the cheap heroin coming in from South-East Asia The street price for a gram of heroin dropped as low as \$10 and sometimes only \$5. Many homeless people started switching from alcohol to heroin.
3. Tom Skott & Trevor Grice, The Great Brain Robbery, Wellington, 19666.
4. Intoxication with the help of mushrooms remained for a long time one of the techniques used by shamans among many peoples in different parts of the world, including those living in Siberia, and it helped them to come out a trance state (Mircha Eliade, Shamanism, Kiev, p. 174).

Chapter 16 – **What makes the Buddhas smile in Thai Monasteries?**

1. According to Thai sources, every year numbers of drug-users increase by 45,000 and most of the new ones are aged between 20 and 35.
2. In the mid-1990s there were 750,000 people with HIV. Most of them were drug addicts and working in the sex industry. (World Drug Report, p. 306).

Chapter 17 – **Indian Farmers growing Poppies**

1. A.K.Agarwal, wal, S. Kumar and A. Khalid, "Cannabis Use in the Indian Context" (Cannabis. Health Damage? Legislative Options, New Delhi, 1997, pp. 1-2.
2. I have been told by Indian doctors that among the homeless children in Delhi, Bombay and other cities poly-drug addiction is becoming more and more common.
3. According to research data collected in the last 70-75 years in India there has been a marked increase in the number of cocaine-addicts. The legislation lays down strict punishments for the importing and sale of cocaine, but, nevertheless, cocaine- addiction is to be found today in Delhi, Calcutta, Ahmedabad and the Punjab, 1965, p.7.

Chapter 18 – The Chinese Experience: the Difficult Path to the Truth

1. At the beginning of the 21st century, compulsory treatment for drug-addicts was being used in 760 rehabilitation centres and many labour camps, which have been set up in virtually all provinces.
2. According to data from "Amnesty International", 3,152 people were sentenced to death in 1997 in the People's Republic of China
3. For the fight against the illegal drugs trade the Ministry of Public Security together with the CIA of the United States, set up in the small town of Chuili in the Yunan province, a secret electronic installation for the radio-tracking of drug-dealers in near the China-Myanmar border. The installation is equipped with American apparatus and technology.

In Lieu of an Epilogue

1. According to UN figures, cannabis (used by 144 million people) remains the most commonly used drug, followed by stimulants of the amphetamine class (28.7 million), cocaine (14 million) and opiates (13.5 million). Of the opiate-users 9.2 million use heroin.