



JUNE 2006

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IN DEPTH ...

TWENTY-FIVE YEARS OF HIV/AIDS -- UNITED STATES, 1981--2006.

United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)
June 2006.

There are still more than one million persons living with HIV in the United States. About one-fourth of those with HIV have not yet been diagnosed and are unaware of their infection. The "new" syndrome discovered 25 years ago has become one of the deadliest epidemics in human history, killing more than 25 million people around the world, including more than 500,000 Americans.

In the last decade, major advances in prevention and treatment for HIV/AIDS have prolonged and improved the lives of many. But, despite extremely beneficial advances, the epidemic is far from over. An estimated 40,000 Americans still become infected with HIV every year, and many of these are young persons under the age of 25. African American men and women are among the hardest hit populations in the U.S. In 2004, they accounted for half of all new HIV diagnoses in this country and more than a third of AIDS deaths to date.

THE GLOBAL COALITION ON WOMEN AND AIDS

UNAIDS
June 2006

In an effort to inspire action, encourage meaningful dialogue, and increase public awareness about the unique challenges facing women and girls in a world with AIDS, the UNAIDS-led Global Coalition on Women and AIDS (GCWA) has announced the kickoff of its 2006 four-city *Empower Women: Fight AIDS* U.S. Tour. In Detroit, Houston, Minneapolis and Washington, DC members of the tour will engage leaders and advocates in the political, business, NGO, religious, academic and women's communities to discuss how real progress can be made to prevent the spread of HIV among women and girls and to provide women and girls with essential treatment, care, and support services.

Today, more than 17 million women and girls are living with HIV, representing nearly 50% of those living with the disease worldwide -- and almost 60% of those with HIV in sub-Saharan Africa. HIV infection rates among women and girls are on the rise in every region of the world. In the United States, AIDS is currently the leading cause of death for African-American women ages 25-34 and increasingly affecting Hispanic women. Women are uniquely vulnerable to contracting HIV due to a lack of power in preventing violence, accessing education, gaining economic self-sufficiency, and receiving information about HIV prevention and legal rights. Women and girls also face barriers to accessing treatment and bear a disproportionate burden of care for those living with and affected by HIV.

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA: PROGRESS REPORT AND ISSUES FOR CONGRESS

Congressional Research Service
June 2006

In January 2002, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, was established in Geneva, Switzerland. The Fund provides grants to developing countries aimed at reducing the number of HIV, tuberculosis (TB), and malaria infections, as well as the illnesses and deaths that result from such infections. These three diseases kill approximately 6 million people each year, taking the greatest toll on sub-Saharan Africa. The Fund is an independent foundation, and its board of directors consists of representatives of seven donor countries and seven developing countries. The board also includes one representative from a developed country non-governmental organization (NGO), a developing country NGO, the private sector, a contributing private foundation, and the community of people living with HIV/AIDS, tuberculosis or malaria. The United States holds a permanent Board seat. An extensive discussion on the structure of the global fund and its funding process can be found in CRS Report RL31712, *The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Background and Current Issues*.

The Global Fund's efforts are intended to mitigate the impact of AIDS, TB, and Malaria on countries in need. The Fund projects that over five years, the grants it has approved will have treated 1.8 million HIV-positive people with antiretroviral (ARV) therapy and 5 million people infected with TB through the Directly Observed Treatment Short-Course (DOTS), which emphasizes watching the infected patient take his or her medication every day for several months.

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IN DEPTH ...

INTERNATIONAL NARCOTICS CONTROL STRATEGY REPORT

U.S. Department of State
Bureau for International Narcotics and Law Enforcement Affairs
March 2006

The 2006 International Narcotics Control Strategy Report (INCSR) is an annual report by the Department of State to Congress prepared in accordance with the Foreign Assistance Act. It describes the efforts of key countries to attack all aspects of the international drug trade in Calendar Year 2005. Volume I covers drug and chemical control activities. Volume II covers money laundering and financial crimes.

ACTION TODAY, A FOUNDATION FOR TOMORROW: THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF.

U.S. Global AIDS Coordinator.
U.S. Department of State. February 2006.

Required by the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, this annual report to the U.S. Congress on the President's Emergency Plan For AIDS Relief (PEPFAR) describes programs and results achieved for fiscal year 2005. According to the report, the United States committed approximately \$2.8 billion to the Emergency Plan in FY 2005, up from \$2.4 billion in FY 2004 -- the first year of implementation.

By its assessment, the \$3.2 billion for FY 2006 requested by President Bush and appropriated by Congress, keeps the Emergency Plan on track to meet the President's five year, \$15 billion commitment. The report highlights PEPFAR's investment in partnerships with host nations to build locally led HIV prevention, treatment and care strategies. In FY 2005 PEPFAR worked to build high quality, sustainable programs via bilateral programs in more than 123 countries, including a special emphasis on 15 focus countries in Africa, the Caribbean, and Asia that together account for approximately one-half of the world's 40 million HIV infections.

THE NATIONAL DRUG CONTROL STRATEGY

The White House
February 2006

When President George W. Bush took office in 2001, drug use had risen to unacceptably high levels. Over the past decade, drug use by young people had nearly doubled, as measured by those who reported having used drugs in the past month: 11 percent of young people had used drugs in the past month in 1991, and 19 percent had done so in 2001. Indeed, in 2000, over half of all 12th graders in the United States had used an illicit drug at least once in his or her life before graduation. Determined to fight this trend, the President set aggressive goals to reduce drug use in the United States, including reducing youth drug use by 10 percent in two years. That goal has been met and exceeded.

THE ROAD TOWARDS UNIVERSAL ACCESS: SCALING UP ACCESS TO HIV PREVENTION, TREATMENT, CARE AND SUPPORT

UNAIDS

February 2006

In the four years since UN Member States made a Declaration of Commitment on HIV/AIDS at the 2001 Special Session of the UN General Assembly, the global AIDS response has steadily grown and gained momentum. World leaders have now committed to “developing and implementing a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it”.

This momentum has occurred within wider efforts to place countries more firmly in command of their own development programmes. The Global Fund to fight AIDS, Tuberculosis and Malaria was established to provide low- and middle-income countries with additional financing for AIDS and other diseases,, the World Bank provides large-scale grants through its Multi-county AIDS Program, and individual high-income countries have significantly increased their bilateral assistance, supplementing increasing public sector budget allocations in low- and middle-come countries.

CONTINUOUS AIDS THERAPY BETTER THAN AS-NEEDED TREATMENT

U.S. Department of Health and Human Services

National Institute of Allergy and Infectious Diseases

January 2006

Patients receiving as-needed treatment for HIV/AIDS were twice as likely to experience a progression of their disease compared to patients receiving continuous treatment with anti-retroviral drugs. An international collaborative study under way in 33 nations reported these findings in a January 18 announcement from the U.S. National Institute of Allergy and Infectious Diseases (NIAID). As a result of this finding, NIAID, one of the National Institutes of Health, has stopped enrolling patients in the drug trial, Strategies for Management of Anti-Retroviral Therapy (SMART). Clinics managing the patient cases have adjusted the treatment of those participating in a regimen that has proven less effective than continuous treatment with anti-retroviral therapy (ART). The study, with almost 5,500 participants, began in January 2002 to test a treatment management program to administer ART to patients only when key immune system cells – CD4+ cells -- dropped to a certain dangerous level.

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IN DEPTH ...

DECEMBER 2005

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THE GLOBAL FUND AND PEPFAR IN U.S. INTERNATIONAL AIDS POLICY

Raymond W. Copson
Library of Congress. Congressional Research Service
November 2005

This CRS Report provides background on funding issues and policy options pertaining to the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund for AIDS, Tuberculosis, and Malaria. The United States is responding to the international AIDS pandemic through PEPFAR, which includes bilateral programs and contributions to the multilateral Global Fund. PEPFAR overall appears on target to meet the Administration's five-year, \$15 billion spending plan. By contrast, the Global Fund, which relies on multiple donors, is reporting a funding gap that may prevent it from awarding new grants to fight the pandemic.

The Fund estimates that it needs \$3.3 billion in 2006 and 2007 to cover the renewal of its existing grants, in addition to \$3.7 billion in order to fund two new Rounds of grant-making. At a September 2005 Global Fund pledging conference in London, donors offered a total of \$3.7 billion for the two years, and unless additional pledges are made, the Fund will be able to do little more than fund existing grants. The United States, at the London meeting, pledged a total \$600 million for 2006 and 2007, although Andrew Tobias, the U.S. Global AIDS Coordinator, suggested that Congress might provide a larger amount.

UNAIDS/WHO AIDS EPIDEMIC UPDATE: DECEMBER 2005

UNAIDS
December 2005

The UNAIDS/WHO Annual AIDS Epidemic Update for 2005 was launched on Monday 21 November in 19 countries around the world. The annual Update reports on the latest developments in the global AIDS epidemic. With maps and regional summaries, the 2005 edition features a special section on HIV prevention. The UNAIDS/WHO estimates in this document are based on the most recent available data on the spread of HIV in countries around the world. They are provisional. UNAIDS and WHO, together with experts from national AIDS programmes and research institutions, regularly review and update the estimates as improved knowledge about the epidemic becomes available, while also drawing on advances made in the methods for deriving estimates. Because of these and future advances, the current estimates cannot be compared directly with estimates published in previous years, nor with those that may be published subsequently.

U.S. COMPANY EXPANDS ACCESS TO AIDS DRUGS IN SOUTH AFRICA

Cheryl Pellerin
December 2005

In South Africa, where 6.5 million people are HIV positive and more than 500,000 would benefit from immediate anti-retroviral (ARV) therapy, a U.S. company is using private-sector efficiency and information technology to expand access to the life-saving drugs.

BroadReach Healthcare, founded in 2002 to increase access to health care around the world, received \$4.1 million in 2005 and will receive a similar amount in 2006 from the U.S. President's Emergency Plan

For AIDS Relief (PEPFAR) to implement an innovative large-scale ARV program in South Africa, where 28 percent of the population is affected by HIV/AIDS. The estimates and data provided in the graphs and tables are given in rounded numbers. However, unrounded numbers were used in the calculation of rates and regional totals, so there may be small discrepancies between the global totals and the sum of the regional figures.

ON AIDS RELIEF IN 2006

Charlene Porter
November 2005

The United States will devote \$3.2 billion to international HIV/AIDS relief in 2006, in the third year of funding for the five-year, \$15 billion program first outlined by President Bush in 2003. "We are absolutely keeping the promise the president made in terms of the financial commitment and also the results," said Dr. Mark Dybul, deputy global AIDS coordinator November 30 at a Washington briefing called in recognition of World AIDS Day.

Dybul said the U.S. bipartisan commitment to the international AIDS relief plan is strong, and the \$3.2 billion annual allocation for AIDS – the highest ever made by the United States or any nation -- is assured, although the Congress has yet to take final action on every element of the 2006 budget. Dybul said the United States joins the rest of the world in recognition of World AIDS Day, an occasion to mark the progress against the disease, with the 2005 theme of "Keep the Promise."

THE STATE OF THE WORLD'S CHILDREN 2006: EXCLUDED AND INVISIBLE.

United Nations Children's Fund
December 2005

In her foreword, UNICEF Executive Director Ann Veneman writes that in the past, this annual report on the world's children has focused on specific issues such as HIV/AIDS, girls' education, nutrition, child labor, and early childhood development. The 2006 report "highlights the millions of children who have not been the beneficiaries of past gains, the ones who are excluded or 'invisible.'" The report assesses global efforts to realize the Millennium Development Goals, and demonstrates the marked impact that their achievement would have on children's lives and future generations. It also explains that given the MDGs' emphasis on national averages, children in marginalized communities risk missing out on essential services such as health care, education and protection.

[Note: Contains copyrighted material.]

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IN DEPTH ...

THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF: FOCUSING ON OUR FUTURE: PREVENTION, DIAGNOSIS, AND TREATMENT OF PEDIATRIC HIV/AIDS

U.S. Global AIDS Coordinator
U.S. Department of State
September 2005

Approximately 2.1 million children under age 15 are living with HIV/AIDS, including almost 1.3 million in the 15 focus countries of the President's Emergency Plan for AIDS Relief. HIV-positive children are especially vulnerable and, without treatment, the majority of infected children die before they are two years of age. Preventing, diagnosing and treating pediatric HIV/AIDS all present daunting challenges. The limited capacity of health systems in resource-poor nations affects pediatric HIV/AIDS care, as it does a range of other health issues.

The Emergency Plan has brought U.S. leadership to bear on the pediatric HIV/AIDS crisis, as part of the U. S. response to the overall emergency. With governmental and nongovernmental host country and international partners, the U.S. Government is scaling up a family-based approach to prevention, treatment and care for children infected with and affected by HIV/AIDS.

HIV/AIDS INTERNATIONAL PROGRAMS: APPROPRIATIONS, FY2003-2006

Congressional Research Service
Updated August 2005

House-passed appropriations for Foreign Operations (H.R. 3057), Labor/Health and Human Services (Labor/HHS, H.R. 3010), and Agriculture (H.R. 2744) would provide a total of just over \$3.2 billion for international HIV/AIDS, tuberculosis, and malaria programs, compared with an Administration request of just under \$3.2 billion. The Senate-passed version of H.R. 3057 and the reported version of the Labor/HHS appropriations (S.Rept. 109-103) would provide more than \$3.4 billion. House-passed legislation would contribute \$400 million to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, while Senate bills would provide \$500 million. The Administration's request represented a 9% increase over the estimated amount being provided in FY2005.

HIV AND NATIONAL SECURITY: WHERE ARE THE LINKS?

Laurie Garrett
Council on Foreign Relations (CFR)
July 2005

The report examines how the HIV/AIDS pandemic is affecting the security of states throughout the world as it weakens economies, government and social structures, and military and police forces. Authored by a Pulitzer Prize-winning journalist and CFR Senior Fellow, the report finds that states with high rates of HIV infection in their productive labor forces and uniformed services have managed to remain intact, from the village level on up, through a plethora of coping mechanisms. However, many of these nations are

"coping" with HIV while also experiencing massive poverty, tuberculosis, drug-resistant malaria, regional conflicts, and a host of other serious challenges. In addition, the HIV epidemic is contributing to social alienation and could provide areas of operation for outside terrorist forces.

MONITORING THE DECLARATION OF COMMITMENT ON HIV/AIDS: GUIDELINES ON CONSTRUCTION OF CORE INDICATORS

UNAIDS
July 2005

Countries are strongly encouraged to integrate the core indicators into their ongoing monitoring and evaluation activities. These indicators are designed to help countries assess the current state of their national response while simultaneously contributing to a better understanding of the global response to the AIDS pandemic, including progress towards meeting the *Declaration of Commitment* targets. Given the parallel applications of the indicators, the guidelines in this document are designed to improve the quality and consistency of data collected at country level, which will enhance the accuracy of conclusions drawn from the data at both regional and global levels. This document also includes an overview of global indicators that will be used by UNAIDS and its partners to assess key components of the response that are best measured on a worldwide basis.

AIDS IN AFRICA

Congressional Research Service
Updated June 29, 2005

AIDS' severe social and economic consequences are depriving Africa of skilled workers and teachers while reducing life expectancy by decades in some countries. An estimated 12.3 million AIDS orphans are currently living in Africa, facing increased risk of malnutrition and reduced prospects for education. AIDS is being blamed for declines in agricultural production in some countries, and is regarded as a major contributor to hunger and famine.

An estimated 310,000 Africa AIDS patients were being treated with antiretroviral drugs at the end of 2004, up from 150,000 six months earlier. However, an estimated 4 million are in need of the therapy. U.S. and other initiatives are expected to sharply expand the availability of treatment in the near future.

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IN DEPTH ...

RUSSIA AND HIV/AIDS: OPPORTUNITIES FOR LEADERSHIP AND COOPERATION. A REPORT OF THE CSIS TASK FORCE ON HIV/AIDS; BROOKINGS/CSIS JOINT DELEGATION TO RUSSIA

Brookings Institution and the Center on Strategic and International Studies (CSIS).
May 2005.

In Russia the HIV/AIDS epidemic has reached serious proportions. Credible estimates are that 1 million or more Russians, or just over 1 percent of the adult population, are infected with HIV, concentrated among injection drug users (IDUs), commercial sex workers (CSWs), and to a less well understood degree, men who have sex with men (MSM). This report warns that it could become a far larger, more generalized epidemic that threatens Russia's youth, women, and others. Already the costs borne of HIV/AIDS in Russia are intensifying demographic, economic, and security concerns.

A joint delegation of the Brookings Institution and the Center for Strategic and International Studies (CSIS) visited Moscow and St. Petersburg in February 2005 as part of the CSIS Task Force on HIV/AIDS, a project mandated to strengthen U.S. leadership in battling the HIV/AIDS pandemic. The principal goal of the February mission to Russia was to gain an understanding of the country's current HIV/AIDS situation; learn about official and private efforts in prevention, treatment, and care; and provide practical recommendations to policymakers in Congress and the Bush administration, along with interested policy experts, for increased U.S.-Russian cooperation to control the disease both in Russia and globally. Specifically, the mission was charged with examining whether there are concrete, emergent openings for expanded U.S. engagement with Russia, with special reference to the Russia-hosted G-8 summit in 2006.

STRENGTHENING HIV/AIDS PROGRAMS FOR WOMEN: LESSONS FOR U.S. POLICY FROM ZAMBIA AND KENYA.

Center on Strategic and International Studies (CSIS).
May 2005.

This report, based on a field mission to Kenya and Zimbabwe in February 2005, examines the gender perspective of the HIV/AIDS epidemic -- that is, the disproportionate impact on females -- and proffers suggestions to refine the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Among the many recommendations Fleishman makes are the following:

* "In preparing the [Country Operational Programs] COPs for 2006, [the Office of the U.S. Global AIDS Coordinator] OGAC should issue guidance to the field ... that it expects to see programs targeting women and girls under each program element and that these should include explicit issues and responses to gender considerations."

* "OGAC should issue guidance to the field regarding expectations for strengthening linkages and funding possibilities between PEPFAR and the broader set of U.S. programs working on women's social and economic empowerment."

- * "PEPFAR programs should include benchmarks and indicators to monitor the access of women and girls [to treatment, care, and prevention programs.]"
- * "Development of PEPFAR guidance and program strategies for addressing gender-based violence should be a priority task..."

Note: Contains copyrighted material.

DRUGS OF ABUSE.

United States Department of Justice. Drug Enforcement Administration (DEA).
2005.

This 2005 edition of Drugs of Abuse is a very useful compendium of information concerning drugs that are illegal and/or drugs of abuse in the United States. The publication begins with an overview of the Controlled Substances Act (CSA), Schedules I-V of controlled substance classification and a one-page chart of federal drug trafficking penalties, categorized by substance and by quantity found in possession. There follow chapters of descriptions of the main types narcotics, stimulants, depressants, cannabis, hallucinogens, inhalants and steroids.

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IN DEPTH ...

AIDS IN AFRICA: THREE SCENARIOS TO 2025.

Joint United Nations Programme on HIV/AIDS (UNAIDS)
March 4, 2005.

This report presents three possible case studies for how the AIDS epidemic in Africa could evolve over the next 20 years. Each scenario is based on possible policy decisions taken today by African leaders and the rest of the world. The scenarios set out to answer one central question: "Over the next 20 years, what factors will drive Africa's and the world's responses to the AIDS epidemic, and what kind of future will there be for the next generation?"

The scenarios project was based on two key assumptions:

- 1) AIDS is not a short-term problem; AIDS will affect Africa 20 years from now. What is uncertain is in what ways and to what extent AIDS will shape Africa's future.
- 2) Decisions taken now will shape the future of the continent.

The scenarios also address the factors fuelling Africa's AIDS epidemics, including poverty, gender inequality, and underdevelopment.

2005 INTERNATIONAL NARCOTICS CONTROL STRATEGY REPORT (INCSR).

United States Department of State
March 4, 2005.

This is the most recent (19th) edition of the State Department's International Narcotics Control Strategy Report (INCSR). The INCSR is reported to Congress annually, at this time of year, to describe the counter-narcotics-related performance and cooperation of countries receiving US State Department counter-narcotics and law enforcement resources during the past two fiscal years. In Volume I, the Andean Region and Colombia in particular are noted for positive trends in the past year. Around the globe, Afghanistan remains a troubling spot in counter-narcotics efforts. Nearly 90 percent of the heroin on the world market now comes from Afghanistan, and this reality has led to a redoubled effort by the Afghan Government leadership and international allies to address this resurgent problem head-on. In 2003, there were 61,000 hectares of heroin poppy. In 2004, that number leapt to 206,000, representing a 239% increase. The U.S. is working closely with its allies, foremost with the United Kingdom, which has the international lead on counter-narcotics in Afghanistan, and with the Afghan government to accelerate reconstruction and comprehensively reverse the tide of cultivation, processing and trade.

In Volume II, "Money Laundering and Financial Crimes", the State Departments highlights the following:

- * The number of countries with anti-terrorism financing laws has jumped from 87 to 113 over the past year.
- * Only three countries remain on the FATF (Financial Action Task Force) non-cooperative list of jurisdictions – down from an original 23 countries 5 years ago.
- * Three countries – Guatemala, Egypt and Ukraine were removed in 2004, and three more – Indonesia, the Philippines, and the Cook Islands were removed earlier this year -- indicating strong cooperation from those countries in tracing and tracking money laundering. This progress also reflects a growing international commitment and political will to support the intensive legal changes and the training required to track funds.
- * Money laundering in the traditional financial sector is down, although the use of so-called alternative

remittances is up. This has made a focus on drug funding, as well as trade transparency and on alternatives like hawalla – increasingly important.

* There has been a general tightening of coordination and cooperation between nations vulnerable to money laundering and the financial institutions that call these locations home.

ADULT DRUG COURTS: EVIDENCE INDICATES RECIDIVISM REDUCTIONS AND MIXED RESULTS FOR OTHER OUTCOMES.

[GAO-05-219]

United States Government Accountability Office (GAO)

March 1, 2005.

Drug court programs, which were established in the late 1980s as a local response to increasing numbers of drug-related cases and expanding jail and prison populations, have become popular nationwide in the U.S. criminal justice system. These programs are designed to reduce defendants' repeated crime (that is, recidivism), and substance abuse behavior by engaging them in a judicially monitored substance abuse treatment. This report describes the results of that review of published evaluations of adult drug court programs, particularly relating to (1) recidivism outcomes, (2) substance use relapse, (3) program completion, and (4) the costs and benefits of drug court programs. The U.S. Department of Justice (DOJ) reviewed a draft of this report and had no comments. Office of National Drug Control Policy reviewed a draft of this report and generally agreed with the findings.

Most of the adult drug court programs assessed in the evaluations GAO reviewed led to recidivism reductions during periods of time that generally corresponded to the length of the drug court program. GAO's analysis of evaluations reporting these data for 23 programs showed the following: (1) lower percentages of drug court program participants than comparison group members were rearrested or reconvicted; (2) program participants had fewer recidivism events than comparison group members; (3) recidivism reductions occurred for participants who had committed different types of offenses; and (4) there was inconclusive evidence that specific drug court components, such as the behavior of the judge or the amount of treatment received, affected participants' recidivism while in the program.

NATIONAL DRUG CONTROL STRATEGY. FY 2006 BUDGET SUMMARY.

Executive Office of the President, Office of National Drug Control Policy (ONDCP)

February 2005.

This budget document presents recommended funding for FY 2006 -- \$12.4 billion, an increase of \$268.4 million (+2.2 percent) over the FY 2005 enacted level of \$12.2 billion. Part III of this report details the budget summaries for all of the deferral agencies involved in drug control. Highlights for the State Department are the following two programs:

* Andean Counterdrug Initiative (ACI): \$734.5 million. This request will fund projects needed to continue enforcement, border control, crop reduction, alternative development, institution building, administration of justice, and human rights programs in the region. The ACI budget provides support to Colombia, Peru, Bolivia, Ecuador, Brazil, Venezuela and Panama. Included in the FY 2006 ACI request is \$40.0 million for the Critical Flight Safety Program. This program will stop degradation and extend the life of Vietnam-era aircraft in order to maintain a viable fleet.

* Afghanistan: +\$166.2 million. The President's Budget includes an increase of \$166.2 million in support of counternarcotics programs in Afghanistan. This enhancement will bring total Afghanistan counternarcotics funding to \$188.0 million in FY 2006. Funds will be used to expand the Central Poppy Eradication Force of 100-member Afghan teams to continue the annual poppy crop eradication campaign. Further, these resources will support a demand reduction program and a public affairs campaign aimed at reducing use and publicizing the eradication program. With opium production in Afghanistan increasing, farmers must be presented with options to resist the lure of poppy planting.

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