

Campion School

Model United Nations

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Committee: Forensics Junior Group Discussion

Study Guide: Countering the world drug problem

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Dear Delegates,

My name is Katerina Mantaka and I will be serving as Deputy President in the Forensics Junior Group Discussion in the 5th Campion MUN Conference. Although this will be my first time chairing in my MUN experience I am thrilled and full of ambitions for the upcoming conference. Given the fact that the Forensics Committee is conducted in a unique way and has its own procedures, it will be challenging not only for the chairs, but also you, the Delegates.

Discussion has always been the basis in the UN and in people's lives. We use dialogue to communicate our opinions, our problems and therefore learn and solve respectively. Furthermore, Delegates in the Forensics Committee are expected to produce a productive dialogue and effective solutions that will combat the problems both of Air Pollution and Illicit World Drug Trade. What is more, right preparation is essential for boosting your confidence, educating yourself on the matters and most importantly understanding the values of MUN and enjoying your experience. Research is the key, so I advise you not only to read this study guide, but also further study your country's policy and bring the information with you, thus you are prepared and ready to answer any questions or propose measures suitable with your strategy.

Lastly my role is to guide you and advise you, so do not hesitate to send me all your concerns and questions on the first topic of our agenda "Countering the World Drug Problem" to my email: cat.cat.caterina@gmail.com . I am looking forward meeting you and cooperating with all of you.

Best Regards,

Katerina Mantaka

DEFINITION KEY TERMS

Addiction: a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.¹

Black Market:

¹ <https://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics>

The sale of illegal goods and services.

Drug Trafficking: Drug trafficking is a global illicit trade involving the cultivation, manufacture, distribution and sale of substances which are subject to drug prohibition laws²

Illicit Drug: “The United Nations drug control conventions do not recognize a distinction between licit and illicit drug, they describe only use to be licit or illicit. Here, the term illicit drugs is used to describe drugs which are under international control (and which may or may not have licit medical purposes) but which are produced, trafficked and/or consumed illicitly.”³

UNODC: United Nations Office on Drugs and Crime

CRIMJUST: A project funded by European Union which aims and focuses on the criminal investigations and the criminal justice cooperation along the cocaine route in Latin America, the Caribbean and West Africa from 2016-2020

TOPIC INTRODUCTION

Drugs have been a significant problem since antiquity but they have evolved over the centuries bearing more addiction, demand and furthermore harmful consequences on the human health, the environment and the economy. The issue demands a national and international approach. It can be divided into two major categories that must be addressed; drug production and drug trafficking, both of which should be tackled efficiently during the discussion.

DRUG PRODUCTION

Drug manufacturing is the crime of being involved in any step in the drug production process. The defendant not only must be aware of the drugs or chemicals which he possesses but also have the intention to manufacture illegal substances. That is of great importance as the defendants many times when caught, argue as a defense to the crime for the intents of the possession, as the charge for manufacture differs from that of possession.

² <https://www.unodc.org/unodc/en/drug-trafficking/>

³ <https://www.unodc.org/unodc/en/illicit-drugs/definitions/>

DRUG TRAFFICKING

According to the UN Office on Drugs and Crimes, drug trafficking “is a global illicit trade involving the cultivation, manufacture, distribution and sale of substances which are subject to drug prohibition laws.”



Drug Trafficking Routes

IMPACTS

ON THE ENVIRONMENT

Firstly, drug crops are practically the source of the problem as every year a substantial number of illicit drugs is produced and sold to the abusers. Illicit drug crop cultivation has a hazardous impact on the environment as it leads to deforestation mainly in South America (coca bush), South-East Asia (opium poppy and cannabis). In Colombia, according to UNODC estimates, over the period 2001- 2014, an annual average of 22,400 ha of coca bush cultivation replaced a forest.⁴

At the same time, pollution can arise from chemicals and waste used in the cultivation of plant-based drugs. Clandestine laboratories processing and manufacturing plant-based and synthetic drugs require significant quantities of precursors and other chemicals, some of which carry a risk of fire or explosion. Additionally, urban environment is affected too from the waste. Farmers resort to burying chemicals in the ground, leaving them in stolen trailers or even draining liquids into the sewerage systems, mixing the chemicals with other waste before releasing them into the open sea.

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https://www.researchgate.net/publication/304347613_The_world_drug_problem_and_sustainable_development

Lastly, one serious concern derived from the drug production is the effect on biodiversity. As biodiversity is concentrated in tropical ecosystems, montane tropical and subtropical forests it hosts a large number of species with a small known habitat. For instance, 7% of all plants and 6% of all vertebrates are found in the Andes.⁵ In parallel, Andes has the suitable environment for the cultivation of opium poppy, as a result these crops replace the natural ecosystem. The situation is similar in South-East Asia.⁶

ON THE HEALTH

The conditions in which drugs are cultivated or produced are harmful for the health of humans. Mainly health problems such as; ranging from eye, nose and throat irritation to liver and kidney impairments and bleeding and corrosion in the lungs, are caused when exposed to chemicals and waste used in the production. In general, the Global Burden of Disease Study indicates that opioids, cocaine, amphetamines and cannabis together accounted for almost 12 million life years lost due to premature death or disability in 2013.⁷

Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. The changes such disorder bring to the brain interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. After one use short-term effects can occur. These impacts range from changes in appetite, wakefulness, heart rate, blood pressure, and/or mood to heart attack, stroke, psychosis, overdose, and even death.

Drug abusers though, do not affect just their health but also the drug use can have indirect effects on people around them. This can include affecting a person's nutrition; sleep; decision-making and impulsivity; and risk for trauma, violence, injury, and communicable diseases. Drug use can also affect babies born to women who use drugs while pregnant.⁸

ON THE ECONOMY

Poverty, economic disadvantage and unemployment are some of the consequences of illicit crop cultivation and drug production. Drug markets can be developed within few months gaining not only economic power but also influence and currency causing disorders in the the economic development of the state. What is more, the abuse of drugs leads to lack of productivity of the workforce when the adequate treatment is not received by the abuser resulting to economic cost loss. The costs associated with efforts by state institutions to help people who use drugs, such as efforts to provide treatment and rehabilitation, as well as law enforcement efforts, can also have an impact on government budgets. Moreover, poverty is a common result due to the consumption of drugs by the citizens as, for example, the money spend on drugs in the US in 2010 amount to \$28 billion on cocaine, \$27 billion on heroin and \$13 billion on methamphetamine.⁹

TYPES OF DRUGS

⁵ https://www.unodc.org/pdf/andean/Andean_full_report.pdf

⁶ https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf

⁷ http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf

⁸ <https://www.drugabuse.gov/related-topics/health-consequences-drug-misuse>

⁹ http://www.huffingtonpost.com/2014/03/13/americans-trillion-dollars-drugs_n_4943601.html

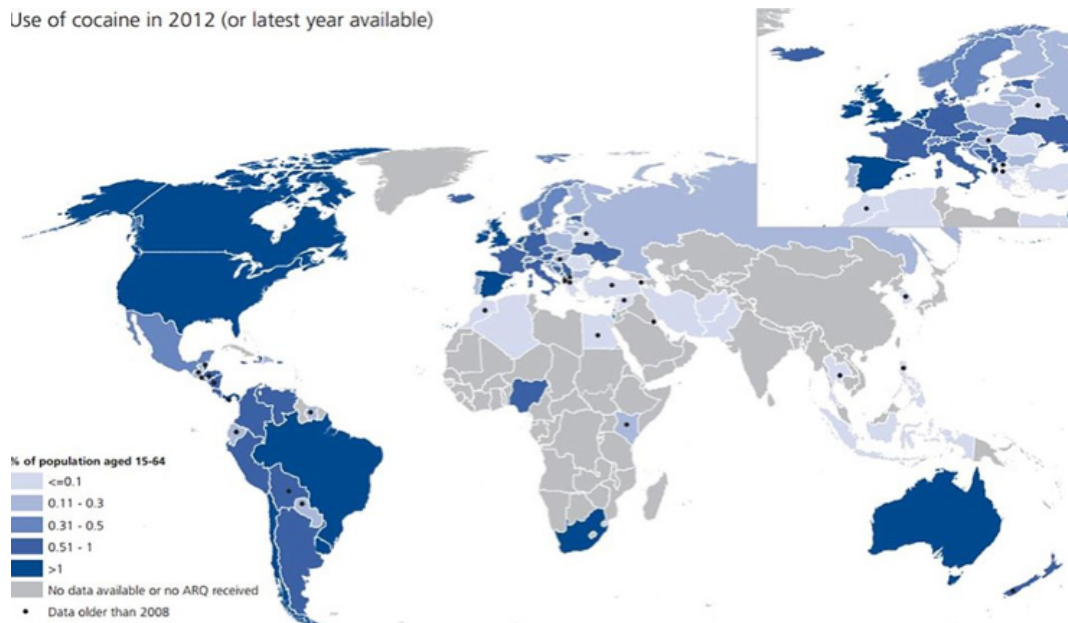
CANNABIS

Cannabis is a tobacco-like greenish or brownish material made up of the dried flowering tops and leaves of the cannabis (hemp) plant. USA and Africa remain the main producers and consumers of the cannabis herb. In 2014, three quarters of the worldwide seizures took place in the US, especially in North America, 14% in Africa and 5% in Europe as the World Drug Report notes. At the same time Europe, North Africa and the Near and Middle East remain the principal markets for cannabis resin, the majority of which continues to be produced in Morocco and Afghanistan.¹⁰

COCAINE

Cocaine is a powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. Cocaine has an immediate effect on the whole body. It acts as a local anaesthetic and as a powerful general stimulant on the brain. It does this by mimicking the natural adrenalin response of the body to stress.¹¹

Use of cocaine in 2012 (or latest year available)



Abuse amounts of cocaine

ECSTASY

The scientific name of ecstasy is MDMA (or, to be more precise, 3,4-methylenedioxy-methamphetamine). It is a synthetic, psychoactive drug that has similarities to the stimulant amphetamine. It is produced in clandestine labs by criminal drug dealers. Ecstasy usually comes in tablets, which have been found to contain anywhere from 0-50% MDMA. The short-term effects of ecstasy include mental stimulation, emotional warmth, euphoria, empathy toward others and increased physical¹² energy.

¹⁰

https://www.unodc.org/documents/middleeastandnorthafrica/WORLD_DRUG_REPORT_2016_webFINAL.pdf

¹¹ <http://www.castlecraig.co.uk/resources/drugs/types-drugs/cocaine>

¹² <http://www.castlecraig.co.uk/resources/drugs/types-drugs/ecstasy>

HEROIN

Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance that is extracted from the seed of the Asian poppy plant. Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance that is extracted from the seed of the Asian poppy plant. Heroin has a rapid effect, beginning with euphoria and feelings of peace and contentment. It makes the user indifferent to hunger and sexual urges, and masks all inhibitions, fears and remorse. This makes heroin one of the most addictive of all the illicit drugs. In 2007, 93% of the world's opium supply came from Afghanistan. Its total export value was about \$4 billion.



Heroin route

METHAMPHETAMINE

The full name of meth, or crystal meth, is methamphetamine a synthetic drug that is similar to amphetamine. Meth has a powerful effect, lasting up to 16 hours. The drug is relatively cheap to make and has the ability to release dopamine rapidly in “reward” regions of the brain produces the intense euphoria, or “rush,” that many users feel after snorting, smoking, or injecting the drug.¹³

POSSIBLE SOLUTIONS

CLASSIFICATION

The table below shows the classification of drugs depending on their danger. Class A refers to the most dangerous and Class C the least.

Class of Drugs	Examples	Penalty for possession	Penalty for dealing

¹³ <http://www.castlecraig.co.uk/resources/drugs/types-drugs/methamphetamine>

Class A	ecstasy, LSD, heroin, cocaine, crack, magic mushrooms, injected amphetamines	Up to seven years in prison or an unlimited fine, or both	Up to life in prison or an unlimited fine, or both
Class B	amphetamines, cannabis	Up to five years in prison or an unlimited fine, or both	Up to 14 years in prison or an unlimited fine or both
Class C	tranquilisers, painkillers	Up to two years in prison or an unlimited fine or both	Up to 14 years in prison or an unlimited fine, or both

The penalty data are from 2007

EDUCATION

Prevention programs are of vital importance for raising awareness, mainly on the target groups such as students and generally individuals aged 12-24. Education about substance abuse is an important part of helping individuals understand first of all the hazardous consequences on their health and behavior. Knowledge is power, and with accurate information about the topic, a person will be more likely to make a fact-based and informed decision. When educating people, all drugs should be covered, regardless of the strength or perceived risk of harm. While opioids, cocaine, and methamphetamine are viewed as “hard drugs,” and therefore have serious consequences, “minor drugs,” such as marijuana can still be addictive and are frequently abused. People of all ages should be aware of the damage that all drugs and alcohol have the potential to do to the body, mind, and relationships. Education should also include information on how to deal with a family member or friend who is struggling with a substance use disorder, and how to be supportive during the detoxification and rehabilitation process. Lastly, with the availability of internet resources, there is unlimited access to knowledge about drugs and alcohol, but not every site provides reliable information.

REDUCING SUPPLY

Reducing supply means that the government ought to monitor manufacturers and afterwards proceed to penalties. Tracking down the crops might be the most difficult part of the procedure but is as well the most significant. For instance USA uses two principal methods of estimating illicit-drug cultivation: (1) photographic-based aerial surveys: and, (2) remote sensing from satellite surveillance. However, these practices have problems with validity and reliability. The truth though is that when a product leaves the production area it is more difficult to locate and control. So methods for the control of illegal substances should be mentioned during the discussion.

HISTORICAL EVENTS

17th century: Chinese mix opium and tobacco

1830: Rapid rise in opium trade

1839-1842: First Opium War due to the will of the United Kingdom

1856: Second Opium War (France allied with UK)

1868: Pharmacy Act was the major 19th-century legislation in the United Kingdom limiting the sale of poisons and [dangerous drugs](#) to qualified [pharmacists](#) and druggists¹⁴

1909: The United States prohibits the importation of smoking opium.

1911-1990: Opioid pain medications were used primarily for acute pain and cancer pain. Studies showing inadequate treatment of chronic non-cancer pain by physicians lead to an increased use of opioids.

1914: Harrison Act¹⁵

1961: Single Convention on Narcotic Drugs

1971: Convention on Psychotropic Substances

1988: UN Convention Against Illicit Traffic In Narcotic Drugs And Psychotropic Substances

2000s: Reports of overdose and death from prescription drug products, especially opioids, began to rise sharply.

2001: Campaigns started for the public education of the matter. Involved agencies: FDA, SAMHSA, the Center for Substance Abuse Treatment (CSAT), and the National Institute on Drug Abuse (NIDA).

2007: FDA Amendments Act granted FDA authority to require for certain drugs specified safety measures known as Risk Evaluation and Mitigation Strategies (REMS).

2009: The number of drug use related visits to hospitals had an increase of more than 98% since 2004

2013: FDA

- ✓ -issued a draft guidance to assist industry in developing new formulations of opioid drugs with abuse-deterrent properties ([Guidance for Industry: Abuse-Deterrent Opioids – Evaluation and Labeling](#))
- ✓ held a [January 24-25 meeting of its Drug Safety and Risk Management Advisory Committee](#) to discuss the public health benefits and risks

¹⁴ https://pediaview.com/openpedia/Pharmacy_Act_1868

¹⁵ <http://www.druglibrary.org/schaffer/history/e1910/harrisonact.htm>

“impose a special tax on all persons who produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away opium or coca leaves, their salts, derivatives, or preparations, and for other purposes. “

COUNTRIES INVOLVED IN THE ISSUE

AFGHANISTAN: Afghanistan produces 90% of all opiates drugs in the world. Because of the low prices of drugs and the insufficient amount of food and money, citizens abuse drugs so to lose their appetite¹⁶. The country has faced a harrowing escalation in the number of child heroin addicts. The problem is inextricably linked with security, peace with the Taliban, and widespread poverty.

BALKAN/NORTHERN ROUTES: The Balkan and northern routes are the main heroin trafficking corridors linking Afghanistan to the huge markets of the Russian Federation and Western Europe. The Balkan route traverses the Islamic Republic of Iran (often via Pakistan), Turkey, Greece and Bulgaria across South-East Europe to the Western European market, with an annual market value of some \$20 billion.¹⁷ The northern route runs mainly through Tajikistan and Kyrgyzstan (or Uzbekistan or Turkmenistan) to Kazakhstan and the Russian Federation. The size of that market is estimated to total \$13 billion per year.

BOLIVIA: Bolivia sits alongside the second biggest consumer of illegal drugs in the world, Brazil. It borders also with Peru, the main producer of cocaine and Paraguay, main producer of marijuana, so Bolivia is at the heart of South America's illegal narcotic trade. Furthermore, the country produces its own cocaine and its vision of expanding legal coca products is shared widely among the Bolivians. Evo Morales legally recognized 22,000 hectares and wish to manage legalize cocaine products.¹⁸

BRAZIL: In 2006, Brazil adopted a new drug law intended to make a clear and definitive distinction between drug users and dealers. However, a discriminatory culture in the justice system resulted in increased imprisonment of addicts. Today, Brazil has the world's fourth largest imprisoned population, which points to the need for alternatives in dealing with violence and crime, particularly when related to drug consumption.

COLOMBIA: Colombia remains the main source of the cocaine found in Europe, but direct shipments from Peru and the Plurinational State of Bolivia are far more common than in the US market. However, trafficking from Colombia has decreased and seems to be in a decline. For example, in 2002, the UK authorities reported that 90% of the cocaine seized originated in Colombia, but by 2008, the figure fell to 65%.¹⁹

MEXICO: Mexico's principal goal has been to reduce violence linked to drugs since 2006, when the military started to intervene. The Mexican War on Drugs is an asymmetric war between the Mexican Government and various traffickers. Drug cartels influence and dominate the black market and in 2007 the controlled 90% of the cocaine entering the US.²⁰ Analysts estimate that wholesale earnings from illicit

¹⁶ <http://theantimedia.org/afghanistan-child-heroin-addicts/>

¹⁷ <https://www.unodc.org/unodc/en/drug-trafficking/>

¹⁸ <https://www.theguardian.com/world/2017/mar/15/coca-production-farming-bolivia-law>

¹⁹ <https://www.unodc.org/documents/data-and-analysis/tocta/4.Cocaine.pdf>

²⁰ <http://knowledge.wharton.upenn.edu/article/drug-trafficking-violence-and-mexicos-economic-future/>

drug sales range from \$13.6 to \$49.4 billion annually. Mexico is the major foreign supplier of cannabis, cocaine from South Africa and Asian methamphetamine to the United States.

NETHERLANDS: The drug policy of the Netherlands is marked by its distinguishing between so called soft and hard drugs. Also, Dutch drug policy is directed by the idea that every human being may decide about the matters of its own health and at the same time the notion that hiding social negative phenomena does not make them to disappear - on the contrary makes them worse, because when concealed, they become far more difficult to influence and control.²¹ The liberal drug policy of the authorities in the Netherlands especially led to problems in "border hot spots" that attracted "drug tourism" as well as trafficking.

NEW ZEALAND: 44% of adult New Zealanders will try an illicit drug at some point in their life. *"Our current drug law is outdated and not fit for purpose. The prohibition model set out under the Misuse of Drugs Act 1975 both stigmatises drug users and is a barrier for people seeking help if they need it"*²² writes the drug foundation of New Zealand. New Zealand has one of the highest proportions of ecstasy and amphetamine abusers in the world a United Nations survey has found.

USA: The World Health Organization's survey of legal and illegal drug use in 17 countries, including the Netherlands and other countries with less stringent drug laws, shows Americans report the highest level of cocaine and marijuana use. The US had also the highest rate of marijuana use at 42.4%.²³ As of January 2015, 23 states and the District of Columbia have made the use of marijuana legal for medical use. Seven more states are close to adopting the same policies, and Colorado has legalized marijuana completely.

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²³ <http://www.cbsnews.com/news/us-leads-the-world-in-illegal-drug-use/>

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