SRMUN ATLANTA 2016

The United Nations Post-2015 Agenda:
Peace, Security and Development for a Sustainable Future
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cnd_atlanta@srmun.org

Greetings Delegates,

Welcome to SRMUN Atlanta 2016 and the Commission on Narcotic Drugs. My name is Kayla Bello, and I will be serving as your Director for CND. This will be my fourth conference as a SRMUN staff member. Previously, I served as the Assistant Director of the International Criminal Court (ICC) at SRMUN Charlotte 2015, Assistant Director of the World Humanitarian Summit 2016 (WHS) at SRMUN Atlanta 2015, and Director of General Assembly Fourth (SPECPOL) at the Charlotte 2016 conference. I hold a Bachelor's of Science in Political Science with a minor in Pre-Law and am currently a working professional for the oil and gas industry. I plan on attending graduate school in the next year to pursue my Masters in Public Administration and law. Our committee's Assistant Director will be Michael Engelhardt. Michael recently graduated with a Master's Degree in International Security. Although this will be his first year with SRMUN, Michael is no stranger to Model UN. He has participated in both the Arrowhead Model UN and the American Model UN Conference in Chicago.

The Commission on Narcotic Drugs (CND) was established by the Economic and Social Council as one of its functional commissions on 16 February 1946 by Resolution 9 (I). The CND is the central organ in implementing and supervising international drug treaties and conventions. As a governing body, the Commission approves the budget of the Fund of the United Nations International Drug Control Programme, which is administered by the United Nations Office on Drugs and Crime (UNODC) and finances measures to combat the world drug problem. Since its inception, the Commission's mandate has expanded as the international community takes a more active approach to eradicate drugs, psychotropic substances or precursors. This year's committee should provide an interesting and dynamic insight into the peace and security issues surrounding the international narcotics trade.

By focusing on the mission of the CND and the SRMUN Atlanta 2016 theme of *The United Nations Post-2015 Agenda: Peace, Security and Development for a Sustainable Future* we have developed the following topics for the delegates to discuss come conference:

I. Ensuring Access to Proper Treatments for Narcotics Abuse
II. Combating the Spread of Opiates

The background guide provides a strong introduction to the committee and the topics and should be utilized as a foundation for the delegate's independent research. While we have attempted to provide a holistic analysis of the issues, the background guide should not be used as the single mode of analysis for the topics. Delegates are expected to go beyond the background guide and engage in intellectual inquiry of their own. The position papers for the committee should reflect the complexity of these issues and their externalities. Delegations are expected to submit a position paper and be prepared for a vigorous discussion at the conference. Position papers should be no longer than two pages in length (single spaced) and demonstrate your Member State's position, policies and recommendations on each of the two topics. For more detailed information about formatting and how to write position papers, delegates can visit srmun.org. All position papers MUST be submitted no later than ***Friday, October 28, 2016 by 11:59PM EST*** via the SRMUN website.

Michael and myself are enthusiastic about serving as your dais for the CND. We wish you all the best of luck in your conference preparation and look forward to working with you in the near future. Please feel free to contact Allie Molinari, Michael, or myself if you have any questions while preparing for the conference.

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Committee History of the Commission on Narcotic Drugs

On 16 February 1946, the Economic and Social Council (ECOSOC) established The Commission on Narcotic Drugs (CND) through resolution 9(I).[1] Originally, CND was primarily focused on supervising the application of international conventions and agreements dealing with narcotic drugs, advising on all matters pertaining to the control of narcotic drugs, and proposing changes that could be made on the existing machinery for international control.[2] The first meeting took place on 29 November 1946 in Lake Success, New York, with only 15 Member States in attendance.[3] The Protocol on Narcotic Drugs done at Lake Success, New York, was the first protocol created by the CND, which took past Agreements, Conventions and Protocols on narcotic drugs and amended them to the system of international control, which entered into force on 11 December 1946.[4]

The CND is responsible for the three main international drug control treaties: the Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol (1961 Convention); the Convention on Psychotropic Substances of 1971 (1971 Convention); and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1988 Convention).[5] The 1961 Convention discusses the distribution and manufacturing of drugs exclusively for medical and scientific purposes.[6] The 1971 Convention responds to the wide range of drug abuse and controls over a number of synthetic drugs according to their abuse potential.[7] The 1988 Convention takes comprehensive measures against drug trafficking.[8]

In recent years, the CND has been taking on more responsibilities. In 1991, the General Assembly (GA) expanded the controls of CND by allowing it to become the governing body of the United Nations Office on Drugs and Crime (UNODC); it also allowed for the CND to approve the budget of the Fund of the United Nations International Drug Control Programme; which accounts for 90 percent of the resources the United Nations (UN) makes available for drug control.[9] The CND also had two important milestones in addressing the world drug problem: the Political Declarations adopted by the Members States of the UN in 1998 and in 2009.[10] These declarations aim to better the cooperation of the international community in countering the world drug problem, which is a common and shared responsibility.[11]

Presently, the CND has called upon the GA in the Political Declaration and Plan of Action of 2009, calling for them to hold a Special Session on the World Drug Problem, which will be held early 2016.[12] The purpose of this meeting is: "to review the progress in the implementation of the Political Declaration and Plan of Action on International

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[1] "Commission on Narcotic Drugs," *United Nations Office on Drugs and Crime*, https://www.unodc.org/unodc/commissions/CND/ (accessed March 6, 2016).

[2] "ECOSOC Resolution 9(I)," *United Nations Office on Drugs and Crime*, https://www.unodc.org/documents/commissions/CND/ECOSOC_Res-9I_E.pdf (accessed March 6, 2016).

[3] "Twenty Years of Narcotics Control Under the United Nations," *United Nations Office on Drugs and Crime*, https://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1966-01-01_1_page002.html (accessed March 6, 2016).

[4] Ibid.

[5] "Treaties," *United Nations Office on Drugs and Crime*, https://unodc.org/unodc/en/treaties/index.tml?ref=menuside (accessed March 6, 2016).

[6] "Single Convention on Narcotic Drugs, 1961," *United Nations Office on Drugs and Crime*, https://www.unodc.org/unodc/en/treaties/single-convention.html?ref=menuside (accessed March 6, 2016).

[7] "Convention on Psychotropic Substances, 1971," *United Nations Office on Drugs and Crime*, https://www.unodc.org/unodc/en/treaties/psychotropics.html?ref=menuside (accessed March 6, 2016).

[8] "United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988," *United Nations Office on Drugs and Crime*, https://www.unodc.org/unodc/en/treaties/illicit-trafficking.html?ref=menuside (accessed March 6, 2016).

[9] Ibid.

[10] "Political Declarations on the world drug problem," *United Nations Office on Drugs and Crime*, https://unodc.org/unodc/en/commissions/CND/Political_Declarations/Political-Declarations_Index.html (accessed March 6, 2016).

[11] Ibid.

[12] Ibid.

Cooperation[…]as well as assess its achievements and challenges in countering the world drug problem […]"[13] The Joint Ministerial Statement High-Level Review, which serves as a resource during the GA's meeting, was adopted in March 2014. This meeting will review the progress which has been made since the 2009 Political Declaration and Plan of Acton on the World Drug Problem.[14]

CND continues to act as the main commission on narcotic drugs for the UN Office of Drugs and Crime. To assist in the cooperation in drug law enforcement, ECOSOC created subsidiary bodies within the CND called Heads of National drug Law Enforcement Agencies (HONLEA).[15] There are four different regions that this subsidiary are located in: Europe, Latin America and the Caribbean, Asia and the Pacific, and Africa.[16] There is also a Sub commission on Illicit Drug Traffic and Related Matters in the Near and Middle East composed of 23 Member States that was established by resolution 6 of the CND and by ECOSOC resolution 1776.[17]

The CND is composed of 50 Member States, with the following distribution of seats among the regional groups: 11 for African States, 11 for Asian States, 10 for Latin American and Caribbean States, six for Eastern European States, 14 for Western European and other States, and one seat to rotate between the Asian, and the Latin American and Caribbean States every four years.[18]

The following Member States are members of CND:

ARGENTINA, ANGOLA, AUSTRALIA, AUSTRIA, BELARUS, BELGIUM, BENIN, BOLIVIA, BRAZIL, CAMEROON, CANADA, CHINA, COLOMBIA, CROATIA, CUBA, CZECH REPUBLIC, DEMOCRATIC REPUBLIC OF THE CONGO, ECUADOR, EL SALVADOR, FRANCE, GERMANY, GUATEMALA, HUNGARY, INDIA, INDONESIA, IRAN, ISRAEL, ITALY, JAPAN, KAZAKHSTAN, KENYA, MAURITANIA, MEXICO, NETHERLANDS, NIGERIA, NORWAY, PAKISTAN, PERU, QATAR, REPUBLIC OF KOREA, RUSSIAN FEDERATION, SLOVAKIA, SOUTH AFRICA, SPAIN, SUDAN, TAJIKISTAN, THAILAND, TOGO, TURKEY, UGANDA, UNITED KINGDOM, UNITED STATES OF AMERICA, URUGUAY.[19]

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[13] Ibid.
[14] Ibid.
[15] "Subsidiary Bodies," *United Nations Office on Drugs and Crime*, https://undoc.org/en/commissions/CND/Subsidiary_Bodies/Subsidiary-Bodies_index.html (accessed March 6, 2016).
[16] Ibid.
[17] Ibid.
[18] "Membership," *United Nations Office on Drugs and Crime*, https://undoc.org/en/commissions/CND/Membership/Membership.html (accessed March 6, 2016).
[19] "Members of the Commission on Narcotic Drugs," *United Nations Office on Drugs and Crime*, https://www.unodc.org/documents/commissions/CND/Membership/01_CND_membership_2016_8_February_.pdf (accessed August 18, 2016).

Topic I: Ensuring Access to Proper Treatments for Narcotics Abuse

"It is our goal to overcome the prevailing stigma with regard to drug use disorders. This means looking beyond the statistics and seeing not "the addict", not "the drug user", not "the patient," but the human being who needs our help."[20]

-Yury Fedotov, Executive Director of United Nations Office on Drugs and Crimes (UNODC)

Introduction

Narcotics abuse is: "the deliberate use of a medicine beyond a doctor's prescription."[21] In 2013, there was an estimated 246 million people who used illicit drugs, and approximately 1 in 20 of those people was between the ages of 15-64 years of age.[22] This statistic has increased, but due to the continued increase in population, it remains stable.[23] According to United Nations Office on Drugs and Crime's (UNODC) 2015 World Drug Report: "The magnitude of the world drug problem [has] become more apparent when considering that more than 1 out of 10 drug users is a problem drug user, suffering from drug use disorders or drug dependence."[24] That is approximately 27 million people who have known drug dependence, and only 1 out of 6 has access to treatment.[25] Problems of substance dependence produce dramatic costs to all societies in terms of: "lost productivity, transmission of infectious diseases, family and social disorders, crime and, of course, excessive utilization of health care, thus making it a concern for the international community."[26]

Though narcotics abuse has existed for many years, there is still no international standard in place for treatment.[27] In its resolution 55/7, on promoting measures to prevent drug overdose, in particular opioid overdose, the Commission on Narcotic Drugs (CND) called upon Member States to include effective measures to prevent and treat drug overdose in national drug policies.[28] In that resolution 55/7, CND requested the United Nations Office on Drugs and Crime (UNODC), in collaboration with the World Health Organization (WHO), to collect and circulate best practices on the prevention and treatment of opioid drug overdoses based on scientific evidence.[29] UNODC and WHO together, along with international partners, have initiated a process to develop International Standards for the Treatment of Drug Use Disorders; this will build upon existing publications such as the UNODC-WHO Principles of Drug Dependence Treatment.[30] In conjunction, the Declaration on the Guiding Principles of Drug Demand Reduction states that: "Demand reduction programs should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse.[31]

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[20] "Drug Dependence Treatment & Care," *United Nations Office on Drugs and Crime*, https://www.unodc.org/unodc/en/treatment-and-care/index.html (accessed June 23, 2016).
[21] "Painkillers, Narcotic Abuse , and Addiction," *WebMD*, April 26, 2015. http://www.webmd.com/mental-health/addiction/painkillers-and-addiction-narcotic-abuse?page=3 (accessed June 23, 2016).
[22] "2015 World Drug Report," *United Nations Office on Drugs and Crime*, May 2015, https://www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf (accessed June 23, 2016).
[23] Ibid.
[24] Ibid.
[25] Ibid.
[26] "Investing in Drug Abuse Treatment: A Discussion Paper for Policy Makers," *United Nations Office on Drugs and Crime*, 2003, https://www.unodc.org/docs/treatment/Investing_E.pdf (accessed June 23, 2016).
[27] Ibid.
[28] Mathers, B., "Mortality among people who inject drugs: a systematic review and meta-analysis," *Bulletin of the World Health Organization*, vol. 91, No. 2 (2013), http://www.scielosp.org/pdf/bwho/v91n2/a10v91n2.pdf, pp.102-123 (accessed August 7, 2016).
[29] Ibid.
[30] Ibid.
[31] The Declaration on the Guiding Principles of Drug Demand Reduction, *The United Nations General Assembly*,

There is now a consensus among Member States to invest and develop a range of prevention and treatment activities. International drug control treaties provide the legal foundation for actions related to drug control. The Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 include: provisions requesting Member States to give special attention to all practicable measures for, the early identification, treatment, aftercare, rehabilitation and social reintegration of individuals with drug abuse problems.[32] Member States are also encouraged to train personnel in the treatment, aftercare, rehabilitation, and social reintegration of said drug abusers.[33]

Unfortunately, the stigma and discrimination that is commonly associated with drug dependent individuals has significantly compromised the implementation of quality treatment interventions.[34] It is the question of who is responsible for these individuals: the narcotics abusers and/or their families, the government, or medical personnel. In a number of Member States, drug abuse treatment is predominantly provided within the health care sector, while, in other Member States, it tends to be provided by social welfare agencies or predominantly in the criminal justice system.[35] However, such treatments should not be mutually exclusive. Addiction is not simply a matter of becoming stabilized and getting the drugs out of one's system.[36] Drug dependence treatment needs a comprehensive, multidimensional plan involving a partnership between government, regional and local governmental and Non-Governmental Organizations (NGOs) and providers, drug users, and the community.[37] No one single treatment approach is effective for everyone. People may need different types of treatment, which are integrated and coordinated effectively, at different times and stages in seeking help.[38] Narcotics abusers should be able to access or be referred to the treatment that best meets their needs related to gender, age, health, and risk behaviors.[39] Once Member States can grasp early intervention, counseling, treatment, rehabilitation, and relapse prevention; improvements will translate into substantial reductions in social problems and costs to society.[40]

History

Since man first began settling cities and towns, drug abuse has been present in societies.[41] The most famous example of early modern drug abuse was in the early 1800's, with the arrival of opium to European and American markets.[42] Though there was an issue with abuse before, it became an epidemic in 1804 with the isolation of morphine from opium.[43] In the mid 1800's, the British Empire flooded the Chinese market with highly addictive opium in order to gain a larger advantage in trade.[44] This not only caused millions of Chinese to become addicted to

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http://www.un.org/ga/20special/demand.htm (accessed August 7, 2016).

[32] "International Drug Control Conventions," *United Nations Office on Drugs and Crime*, https://www.unodc.org/unodc/en/commissions/CND/conventions.html (accessed August 7, 2016).

[33] Ibid.

[34] Ibid.

[35] International Standards for the Treatment of Drug Use Disorders - Draft for Field Testing E/CN.7/2016/CRP.4, *Commission on Narcotic Drugs*, March 2016, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/ECN72016_CRP4_V1601463.pdf (accessed August 11, 2016).

[36] Ibid.

[37] Ibid.

[38] Ibid.

[39] Ibid.

[40] Ibid.

[41] "How Serious was the Drug Abuse in Ancient Times?," *Ancient Facts*, http://www.ancientfacts.net/how-serious-was-drug-abuse-in-ancient-times/ (accessed August 11, 2016).

[42] Ibid.

[43] "Significant Events in the History of Addiction Treatment and Recovery in America," *William White* Papers, http://www.williamwhitepapers.com/pr/AddictionTreatment%26RecoveryInAmerica.pdf (accessed June 23, 2016).

[44] "Opium Wars: Chinese History," *Encyclopedia Britannica*, April 7, 2015, https://www.britannica.com/topic/Opium-Wars (accessed August 11, 2016).

opium, but also initiated two highly destructive wars that resulted in European dominance over Chinese political and economic affairs that lasted into the early 20th century.[45]

Treating abuse of narcotic drugs did not begin until the mid-1800, when the New York State Inebriate Asylum was opened to treat alcohol and other drug, such as opium and morphine, abuse.[46] In the late 1880's, bottled home cures became popular, but most of them contained illicit drugs.[47] In the early 1900's, Charles B. Towns Hospital for Drug and Addictions introduced the "dry it out" method; which entailed: "no longer allow an individual to have any form of mind altering substances until they are completely free of them."[48] Dedicated addiction facilities started to come about in Europe during the 1930s and 1940s.[49]

The only international progress made during this time was a series of agreements on opium manufacturing and trade. In 1912, 11 Member States gathered in The Hague, Netherlands to sign the International Opium Convention.[50] Through its acceptance in the League of Nations, by the mid 1920's over 60 Member States had signed the International Opium Convention.[51] While not having a large effect on the international drug trade, it marked the first time Member States came together to restrict the use of, trade of, or cultivating of drugs such as opium and cannabis.[52] In addition, the United Nations (UN) noted that: "as an official declaration on the dangerous practices of opium smoking and the non-medical trade in opium and other drugs, it had value as an advocacy tool."[53] Indeed, many point to this convention as the reason the Harrison Act was passed in the United States in 1913, which restricted and taxed the production and distribution of opiates.[54]

However, it would not be until the 1961 Single Convention on Narcotic Drugs (1961 Convention) that Member States would again discuss the issue of international drug production and trafficking.[55] In the 50 years since the Opium Convention, there was a turn in how narcotic drugs were viewed throughout the world.[56] The 1961 Convention, for the first time, stressed coordinated international action dedicated to the task of combating narcotic drugs.[57] This system was built around two steps: step one aimed to limit the possession, trade, distribution and production of drugs around the world and step two targeted drug trafficking through international cooperation.[58] This 1961 Convention is still an active UN document and currently has 185 Member State parties.[59]

The 1961 Convention also stated, for the first time, that Member States were responsible for treatment of their citizens.[60] To assist with this, Article 38 section 1 of the 1961 Convention, touched on rehabilitation and treatment

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[45] Ibid.
[46] Ibid.
[47] Ibid.
[48] Ibid.
[49] Ibid.
[50] "The 1912 Hague International Opium Convention," *UN Office on Drugs and Crime*, https://www.unodc.org/unodc/en/frontpage/the-1912-hague-international-opium-convention.html (accessed August 11, 2016).
[51] Ibid.
[52] Ibid.
[53] Ibid.
[54] "Opium Throughout History." *PBS*, http://www.pbs.org/wgbh/pages/frontline/shows/heroin/etc/history.html (accessed August 11, 2016).
[55] Ibid.
[56] "Single Convention on Narcotic Drugs, 1961," *UN Office on Drugs and Crime*, https://www.unodc.org/unodc/en/treaties/single-convention.html (accessed August 11, 2016).
[57] Ibid.
[58] Ibid.
[59] "The Single Convention on Narcotic Drugs," *Find Law*, http://criminal.findlaw.com/criminal-charges/the-single-convention-on-narcotic-drugs.html (accessed August 11, 2016).
[60] "Significant Events in the History of Addiction Treatment and Recovery in America," *William White Papers*,

stating: "The Parties shall give special attention to the provision of facilities for the medical treatment, care and rehabilitation of drug addicts."[61] It was not until The International Drug Control Conventions 1972 Protocol on Narcotics Drugs did the UNDOC expand more upon Article 38 stating: "take all practicable measures for the prevention of abuse of drugs and for the early identification of the person involved."[62] This made it so that Member States were also responsible for the social reintegration of the drug abuser.[63] In Article 36, suggestions were made on how to handle drug addicts besides incarceration.[64] This article focuses more on the individual through treatment, education, after-care, rehabilitation, and social reintegration.[65]

Since the signing of the 1961 Convention, the UN General Assembly (GA) has had two special sessions devoted to the worldwide drug problem.[66] The first session, in 1990, sought to: "improve the institutional architecture of the UN drug control system and to give impetus to the implementation of the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychopathic Substances."[67] While optimism existed that the world could come together in the wake of the end of the Cold War, there were substantial differences of opinion between the Member States.[68] In the face of such disagreements, another special session was called in 1998 where Member States were able to reach a political compromise.[69] Here the UN announced that they would pursue the goal of a drug-free world within 10 years.[70] In addition, the action plan emphasized alternative development and a crackdown on money laundering; while simultaneously agreeing to work to reduce the negative consequences of drug use in Member States.[71]

CND Initiatives for Treatment

The CND: "reviews and analyzes the global drug situation, considering the interrelated issues of prevention of drug abuse, rehabilitation of drug users and supply and trafficking in illicit drugs."[72] The main goal of CND is to place substances under international control.[73] Since the 1961 Convention made it so that Member States were responsible for treating their own citizens who use drugs, the CND has come up with resolutions to help guide Member States in becoming more active and effective.[74] In 2009, UNODC and the WHO created a large scale joint Global Program for Drug Dependence Treatment and Care, with the main purpose to guarantee: "drug dependent

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http://www.williamwhitepapers.com/pr/AddictionTreatment%26RecoveryInAmerica.pdf (accessed June 23, 2016).

[61] "1961 Single Convention on Narcotic Drugs," *Commission on Narcotic Drugs*, https://www.unodc.org/pdf/convention_1961_en.pdf (accessed June 23, 2016).

[62] "The International Drug Control Conventions", *UN Office on Drugs and Crime*, https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf (accessed August 11, 2016).

[63] Ibid.

[64] Ibid.

[65] "1972 Protocol on Narcotics Drugs," *Commission on Narcotic Drugs*, https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf (accessed June 23, 2016).

[66] Jelsma, Martha, "UNGASS 2016: Prospects for Treaty Reform and UN-System Wide Coherence on Drug Policy," *Journal of Drug Policy Analysis*, February 22, 2016, http://www.undrugcontrol.info/images/stories/documents/jelsma2016-jdpa.pdf (accessed August 11, 2016).

[67] Ibid.

[68] Ibid.

[69] Ibid.

[70] Ibid.

[71] Ibid.

[72] "International Standards for the Treatment of Drug Use Disorders," *UN Office on Drugs and Crime*, March 2016, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/ECN72016_CRP4_V1601463.pdf (accessed June 23, 2016).

[73] "UNODC-WHO Joint Programme on drugs dependence treatment and care," *United Nations Office on Drugs and Crime*, https://www.unodc.org/docs/treatment/WHO_-_UNODC_Joint_Programme_Brochure.pdf (accessed July 22, 2016).

[74] Ibid.

people the same equality standards and opportunities that are provided by the health system for any other chronic disease."[75]

In March 2016, CND held their 59th session in Vienna, with a topic on International Standards for the Treatment of Drug Use Disorders.[76] International treatment standards were one of the major points covered.[77] There are three goals of treatment that have been developed with the support of scientific evidence and through scientific standards that are used in developing treatments for other medical disorders.[78] The goals of treatment are to: reduce the intensity of drug use desire and drug use, improve functioning and well-being of the affected individual, and prevent future harms by decreasing the risk of complications and reoccurrences.[79] Though different forms of treatments have been around for decades, "many interventions that are commonly used in working with affected individuals do not meet standards of scientific evidence of effective treatment."[80] Currently there are 7 key principles and standards for the treatment of drug use disorder outlined by the CND.[81] These principles include: accessibility to treatments, ensuring ethical standards, coordinating between the criminal justice system and health and social services, treatments being based on scientific evidence and specific needs of individuals, responding to the needs of special subgroups, making sure treatments have a good clinical governance, and integrated treatment policies, services, procedures, approaches and linkages must contently be monitored and evaluated.[82]

During the 59th session, CND also looked in to different treatments, and how have they been successful. There are different types of treatments that have been tried, one of which is community based outreach.[83] This allows for people who may have had an issue or know someone who has had an issue with drugs to reach out to others through the community who are dealing with the same problem.[84] The main goal of community outreach, is to show support for those and engage those who have issues with drugs, thus decreasing the stigma. One of the biggest issues with community outreach is funding.[85] Another treatment that has been tried is a three step process that includes: screening, brief interventions, and referral to treatment.[86] This type of treatment is typically for someone who is a health care patient.[87] Short-Term In-Patient Treatment allows narcotics abusers to stay one to four weeks in hospital, while minimizing the discomfort of the cessation of substance use.[88] The main goal of the Short- Term In-Patient treatment is the detoxification of drug users, while assessing their health and coming up with a plan that will work for them in the future.[89] Follow up appointments are also be scheduled at this time to ensure abusers are not returning to drug use.[90] Another treatment style that is used is referred to as, Outpatient treatment, which allows patients to come in on their own. Outpatient treatment can range from health education efforts to treatment centers providing continuous care and recovery management. Outpatient treatment can include pharmacological treatment, such as Methadone that helps prevent an individual's opioid cravings.[91] One of the most successful treatments that CND recommends for narcotics abuse as recovery management is Long-Term Residential Treatment, which is the

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[75] Ibid.
[76] Ibid.
[77] Ibid.
[78] Ibid.
[79] Ibid.
[80] Ibid.
[81] Ibid.
[82] Ibid.
[83] Ibid.
[84] "Special session of the General Assembly on the world drug problem to be held in 2016," *UN Office on Drugs and Crime*, http://www.unodc.org/ungass2016/ (accessed August 11, 2016).
[85] Ibid.
[86] Ibid.
[87] Ibid.
[88] Ibid.
[89] Ibid.
[90] Ibid.
[91] Ibid.

use of facilities that allow drug users to usually stay between six to 24 months in a community living center.[92] The community style of living helps alleviate some stresses of reintegration after completing the treatment program.[93]

Conclusion

Dependence on drugs has enormous costs for society in terms of direct and indirect health and social consequences. Despite the size of the problem and the enormous costs related to drug abuse, in many Member States, specialized services are not available or, if present, are not accessible. There are a number of obstacles for drug abusers to access effective services, partly due to stigma and discrimination towards those who are drug abusers. Under the current international standard, or lack thereof, addiction services are not able to meet the growing demands of narcotics abusers. Untreated patients continue to seek opioids to address their addiction, and are creating a negative impact on many communities. Narcotics abuse is something that is still a struggle for most Member States. While there is research and treatment models on how to help people suffering from abuse; the issue becomes how to ensure Member States have a practical program in place for their citizens. It is up to the international community to determine those measures by first overemphasizing the importance of open access services. Some drug abusers may be reluctant to resort to specialized drug dependence services and open access resources can be a critical place of first contact for them. Patients, health-care providers, social service agencies, communities, law enforcement, and others all share a sense of urgency to address this problem and public health crisis. As such, it is imperative that the global community work collectively to reduce the adverse health and social consequences of narcotic drug abuse.

Committee Directives

In doing research, delegates should consider that not all Member States have proper treatment for narcotic abusers. Delegates should come prepared to committee with knowledge of how narcotics abuse affects the global community; furthermore, delegates should ask themselves what more can be done to prevent people from abusing narcotics? Are there systems, programs, treatments, etc. within Member States that have proven effective in rehabilitating narcotic abusers back into the community? Moreover, delegates should look into cases of narcotics abuse within their Member State. What drugs are plaguing the communities? Has there been an increase with a certain drug over recent years? It is important for delegates to remember while researching this topic that narcotics abuse is a disease and not everyone reacts to treatments the same. Research activities should be geared towards filling key gaps in knowledge about the effectiveness of treatment approaches and treating specific groups.

[92] Ibid.
[93] Ibid.

Topic II: Combating the Spread of Opiates

"The world drug problem continues to present challenges to the health, safety and well-being of all humanity, and we resolve to reinforce our national and international efforts and further increase international cooperation to face those challenges."[94]

-A/RES/S-30/1

Introduction

The integration of markets has been instrumental to globalization by allowing people to communicate faster and transport goods more efficiently.[95] However, with such unification comes an increase in organized crime and the trafficking of illicit drugs, namely opiates.[96] An opiate or opium refers to: "a highly addictive non-synthetic narcotic that is extracted from the poppy plant, *Papaver somniferum*."[97] The opium poppy is the key source for many narcotics, including morphine, codeine, and heroin.[98] Opiates have been used for thousands of years for both recreational and medicinal purposes, however in recent years; its illicit use has increased exponentially making it the primary contributor to drug related deaths.[99]

The unrestricted and free flow of narcotics is endemic in various regions of the world.[100] Among numerous criminal activities, drug trafficking is by far the most lucrative business, especially for Member States with lower economic activity.[101] Drug trafficking generates an estimated 322 billion USD per year in revenue.[102] Opium and heroin make ideal trade products as they: are in great demand, are very profitable to produce, they take up little space, and they have a long and stable shelf life, which allows them to be stored for long periods of time.[103] With modern transportation, opium and heroin can be moved from one Member State to another within days or a few weeks.[104] The rising demand for opiates led to expansion in the area of opium poppy cultivation, particularly in developing regions and marginalized populations.[105] However, most of the demand for narcotic substances comes from economically advanced Member States in North America and Europe.[106] An estimated 28.6 to 38 million people take opium-like substances globally, and of that amount, 34 percent use heroin.[107] This staggering amount is due in part to a switch among prescription drug abusers to heroin. [108] Increased rate of prevalence and addiction in drug

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[94] A/RES/S-30/1, *United Nations General Assembly*, April 19, 2016.
[95] "The Globalization of Crime: A Transnational Organized Crime Threat Assessment," *United Nations Office on Drugs and Crime*, 2010, https://www.unodc.org/documents/data-and-analysis/tocta/TOCTA_Report_2010_low_res.pdf (accessed June 14, 2016).
[96] "Prescription Drug Abuse," *National Institute on Drug Abuse*, https://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/how-do-opioids-affect-brain-body (accessed June 2, 2016).
[97] L. Anderson, "Opium and Heroin," *Drugs.com*, https://www.drugs.com/illicit/opium.html (accessed June 2, 2016).
[98] Ibid.
[99] "Painkillers: A Short History," *Foundation for a Drug-Free World*, http://www.drugfreeworld.org/drugfacts/painkillers/a-short-history.html (accessed June 2, 2016).
[100] "Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem," *United Nations Office on Drugs and Crime*, 2009, https://www.unodc.org/documents/ungass2016/V0984963-English.pdf (accessed June 10, 2016).
[101] Engin Durnagol, "The Role of Drugs in Terrorism and Organized Crime," *Ankarabar Review*, 2009, http://www.ankarabarosu.org.tr/siteler/ankarabarreview/tekmakale/2009-2/6.pdf (accessed June 10, 2016).
[102] Ibid.
[103] Ibid.
[104] Ibid.
[105] Ibid.
[106] Ibid.
[107] "World Drug Report 2014," *Foundation for a Drug-Free World: International Statistics*, http://www.drugfreeworld.org/drugfacts/heroin/international-statistics.html (accessed June 2, 2016).
[108] Liana W. Rosen, "International Drug Control Policy: Background and U.S. Responses," *Congressional Research Service*, March 16, 2015, https://www.fas.org/sgp/crs/row/RL34543.pdf (accessed June 3, 2016).

source Member States and along transit routes have motivated international intervention combating the spread of opiates.[109]

The production, trafficking, and consumption of illicit drugs can be both a result of conflict, as well as a cause.[110] Clear steps have been taken by the international community to combat the spread of opiates by first addressing the source: cultivation.[111] For example, harsh measures and punishments have been put in place for all illicit poppy production.[112] However, the enforcement of the ban on opium directly threatens the livelihoods of people whom depend on the opium economy, i.e. opium farmers.[113] A major worry is that the pace of eradication is not matched by the capacity to create alternative livelihoods for opium farmers.[114] Other alternatives that reduce opium trafficking have been implemented through the provisions of the three Ministerial Conferences and the Paris Pact.[115] Most notable in this regard is the adoption of resolution 56/3 which was ratified in 2013, which calls for the implementation of the Vienna Declaration, which was the outcome document of the Third Ministerial Conference.[116] The Vienna Declaration sets four main areas of action: "Strengthening and implementing regional initiatives to combat illicit traffic in opiates originating in Afghanistan, detecting and blocking financial flows linked to illicit traffic in opiates, and preventing the diversion of precursor chemicals used in illicit opiates manufacturing in Afghanistan."[117]

What has come to be known as the Paris Pact: "aims at the reduction of illicit traffic in opiates including opium poppy cultivation, production and global consumption of heroin and other opiates, and at the establishment of a broad international coalition to combat illicit traffic in opiates."[118] With the support of UNODC, Paris Pact members created a consultative framework for the exchange of information on drug trafficking trends, led an automatic donor assistance mechanism, and helped to develop the "Rainbow Strategy".[119] The Rainbow Strategy is made of a set of distinct components that address various issues, such as: border control, the illicit trade in precursors, opiate-related financial flows to and from Member States, preventing and treating opiates addiction, and HIV/ AIDS.[120] According to Antonio Maria Costa, Executive Director United Nations Office on Drugs and Crime, the idea of developing a comprehensive, balanced and coordinated national and international response to combat the spread of opiates is essential to: "reduce the vulnerability of people to drugs (through health and social services for prevention and treatment), the vulnerability of farmers (through development), and the vulnerability of societies to drugs and crime (by promoting economic growth and the rule of law, and by fighting crime and corruption)."[121]

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[109] Ibid.
[110] Anup Shah, "Illicit Drugs: A Huge Global Market," *Global Issues*, March 30, 2008 http://www.globalissues.org/article/755/illicit-drugs#Illicitdrugsahugeglobalmarket (accessed July 20, 2016).
[111] Ibid.
[112] Ibid.
[113] Ibid.
[114] Ibid.
[115] "Strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact Initiative (56/13)," *United Nations Office of Drugs and Crime*, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_57/_E-CN7-2014-14/E-CN7-2014-14_V1389077_E.pdf, 2013, (accessed July 20, 2016).
[116] Ibid.
[117] Ibid.
[118] "Third Ministerial Conference of the Paris Pact Partners on Combating Illicit Traffic in Opiates Originating in Afghanistan," *United Nations Office of Drugs and Crime*, 2012, https://www.unodc.org/documents/drug_trafficking/Vienna_Declaration_ENGLISH_Final_14_February_2012.pdf (accessed July 24, 2016).
[119] Ibid.
[120] Ibid.
[121] "A Century of International Drug Control," *United Nations Office of Drugs and Crime*, https://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf (accessed July 20, 2016).

History

Just over a century ago, the international community met to discuss the single largest drug problem the world has ever known: the Chinese opium epidemic.[122] In 1906 and 1907, the world produced around 41,000 tons of opium, five times the global level of illicit opium production in 2008.[123] The first conference on narcotic drugs was held in Shanghai, China in 1909 where the unprecedented opium epidemic was rampant.[124] Prior to the 1909 Shanghai Opium Commission, national governments and state-sponsored monopolies played an active role in peddling opium across borders.[125] The trade's enormous revenues ensured that there were important political and economic interests vested in continuing the trade.[126] The Shanghai Commission represented one of the first international efforts to confront a global problem. Given this, the success of anti-opium trade campaigners in using multilateralism to confront the damage caused by the opium trade was remarkable, but the Shanghai Commission was a non-binding document, negotiated by delegates lacking the power to commit on behalf of their states.[127] The first international drug convention, the International Opium Convention of The Hague, was signed in 1912 and entered into force in 1915; it: "introduced global drug control as an element of international law and established in basic form the present international drug control regime."[128] The Peace Treaty of Versailles contained a clause which required all its signatories to adhere to the provisions of the International Opium Convention of The Hague.[129] The International Opium Convention of The Hague was designed to curb shipments of narcotic drugs that were not meant to be used for medical purposes, and thus emerged as a truly international instrument.[130]

The League of Nations, which was founded in 1920, incorporated these precursors in its drug control regime under the auspices of the Advisory Committee on Traffic in Opium and Other Dangerous Drugs (OAC), which is regarded as the pioneer of the Commission on Narcotic Drugs (CND).[131] In addition, The League Health Committee, which was the forerunner to the WHO, was responsible for advising on medical matters.[132] In 1925 the Permanent Central Opium Board (PCOB) was set up to administer statistical information sent by Member States to the League of Nations, and in 1931, the Drug Supervisory Body (DSB) was formed and charged with providing comprehensive assessments of global drug requirements.[133] The League of Nations held three major conventions in 1925, 1931, and 1936 which aimed to improve international drug control, especially of opium.[134] These conventions provided the groundwork for the practical operations of the international drug control system.[135] Much progress was made in curtailing the illicit trade in narcotic drugs during this period, but progress was hindered by Member States' lack of cooperation.[136]

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[122] Ibid.
[123] Ibid.
[124] Bayer and Ghodse, "Evolution of international drug control, 1945-1995," *Bulletin On Narcotics*, 1999, https://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1999-01-01_1_page003.html (accessed July 20, 2016).
[125] "A Century of International Drug Control," *United Nations Office on Drugs and Crime*, https://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf (accessed July 20, 2016).
[126] "A Century of International Drug Control," *United Nations Office of Drugs and Crime*, https://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf (accessed July 20, 2016).
[127] Ibid.
[128] Ibid.
[129] Ibid.
[130] Ibid.
[131] Ibid.
[132] Ibid.
[133] Ibid.
[134] Ibid.
[135] Ibid.
[136] Ibid.

Once the UN was founded, a number of protocols to improve the drug control system were established and signed post-World War II.[137] The most far reaching of which was the 1953 Opium Protocol, which focused on: "limiting and regulating the cultivation of the poppy plant, the production of, international and wholesale trade in, and use of opium."[138] The next milestones: the Single Convention on Narcotic Drugs 1961, which was subsequently amended by a Protocol in 1972, the Convention on Psychotropic Substances 1971, and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances; each responded to specific new or unresolved developments not previously addressed.[139] The UN Commission on Narcotic Drugs (CND) was created by the UN Economic and Social Council (ECOSOC), in order to take on the work of its predecessor, the OAC.[140] The mandate established that CND would assist ECOSOC in supervision of international drug conventions, assume the responsibilities of the OAC, and recommend measures to combat the world drug problem.[141]

Actions Taken by the United Nations

CND is defined around three central treaties: The Single Convention on Narcotic Drugs 1961, the Convention on Psychotropic Substances 1971, and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988.[142] The Single Convention specifies the powers of CND and superseded all pre-existing drug control treaties.[143] While earlier drug control treaties had largely been limited to controlling the supply of narcotics and limiting their usage to medical and research purposes, from the 1970s onwards demand reduction began to take a more prominent role in the language of international treaties.[144] For example, the 1971 Convention on Psychotropic Substances requires signatories to take: "all active measures to for the prevention of abuse of psychotropic substances."[145] The 1961 and 1971 Conventions, along with the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988, form the platform of the international drug control framework, of which CND is the central body.[146] Specifically, the 1988 Convention was designed to cripple drug traffickers by depriving them of financial gains and freedom of movement; extending the scope of control to measures to prevent money laundering and facilitate the tracing, freezing, and confiscation of proceeds from drug trafficking.[147]

CND adopted a comprehensive framework known as the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem in March 2009.[148] The Plan itself is focused on both demand and supply reduction, the steps Member States should take to achieve this, and aims to eradicate both the demand and supply of illicit drugs by 2019.[149] However in September 2012, the presidents of Colombia, Guatemala, and Mexico called on the UN to host an international conference on drug policy reform. The UN General Assembly (GA) planned to convene a Special Session on the World Drug Problem (UNGASS) to be held in 2016. The UNGASS was held from 19 to 21 April 2016, gathering Member States, UN agencies, and civil society representatives.[150] In the UNGASS 2016 outcome document, entitled "Our joint commitment to effectively addressing and countering the world drug problem," which was adopted by the GA on 19 April 2016, outlined the "efforts to achieve the Sustainable Development Goals (SDGs) and to effectively address

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[137] Ibid.
[138] "Protocol for limiting and regulating the cultivation of the poppy plant, the production of, international and wholesale trade in, and use of opium," *United Nations Office of Drugs and Crime*, https://www.unodc.org/unodc/en/Resolutions/resolution_1954-07-12_3.html (accessed July 22, 2016).
[139] Ibid.
[140] Ibid.
[141] "Commission on Narcotic Drugs," *United Nations Office on Drugs and Crime*, http://www.unodc.org/unodc/en/commissions/CND/ (accessed July 22, 2016).
[142] Ibid.
[143] Ibid.
[144] Ibid.
[145] Ibid.
[146] Ibid.
[147] Ibid.
[148] Ibid.
[149] Ibid
[150] Ibid

the world drug problem are complementary and mutually reinforcing."[151] The SDGs, which went into effect January 2016, also address the importance of an effective fight against drug trafficking, as Goal 3 calls for the strengthening of the prevention and treatment of substance abuse.[152] Existing approaches to international drug control have long been criticized as ineffective, leading CND to focus on global responses that are long-term strategies.

Risk to International Community

The War on Drugs has been ongoing for decades and: "continues to present challenges to the health, safety and well-being of all humanity."[153] Solving drug related problems is of upmost importance to the international community. Indirect effects of the global drug issue include human rights abuses, money laundering, violence, and drug addiction.[154] The impact of the drug trade is distinct by Member State, but this does not mean that an area is not vulnerable to all of the possible and likely effects of the drug cartels' operations and governments' fight on drugs.[155] The likelihood of drug issues occurring correlates with the level of development of a Member State and the overall effectiveness of its government.[156] The trade of illegal drugs poses a risk to society as it negatively affects the social fabric of communities, hinders economic development, and places an additional burden on health infrastructures and global resources.[157]

The international community has made great efforts to curb to the usage and spread of opiates with policies that focus on the distribution and sale of substances, but the upsurge of the cultivation of poppy has proved to be problematic. Historically, the: "majority of illicit drug crops are cultivated in countries characterized by civil wars, conflict, instability, and violence."[158] Many regions throughout the globe struggle to provide basic necessities for their growing populations.[159] The individuals who cultivate poppy for use in illicit opiates are from poorer, marginalized communities, and are farmers and cultivators, typically making them even poorer.[160] In Member States that serve as the growing and primary production regions of global narcotics trade, local residents are employed by criminal and terrorist organizations to grow plants that are manufactured and shipped around the globe.[161] This leads to situations where it is necessary to grow these poppy plants in order to simply provide basic necessities for oneself and one's family.

Large quantities of opium are grown, some for legitimate use, on opium poppy farms in Southwest Asia, primarily Afghanistan and Pakistan, Southeast Asia, the "Golden Triangle," primarily in Myanmar; and South America, primarily Colombia.[162] Currently, there are three main sources for illegal opium: Burma, Afghanistan, and Colombia.[163]

Afghanistan

In 2010, Afghanistan produced 90 percent of the world's illicit opium.[164] It is estimated that the heroin market represents one-fifth of Afghanistan's gross domestic product (GDP).[165] Most of the heroin consumed in Europe and

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[151] Ibid.
[152] "Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/60/288)," *Sustainable Development Knowledge Platform*, https://sustainabledevelopment.un.org/post2015/transformingourworld (accessed June 21, 2016).
[153] A/RES/S-30/1, *United Nations General Assembly*, April 19, 2016.
[154] Ibid.
[155] Ibid.
[156] Ibid.
[157] Ibid.
[158] Ibid.
[159] "A Century of International Drug Control," *United Nations Office on Drugs and Crime*, 2009, https://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf (accessed July 24, 2016). pp. 80.
[160] "People, Farmland, Water, and Narcotics," *The Hidden Structure of Violence: Who Benefits from Global Violence and War*. NYU Press, 2015. pp. 109–130.
[161] Ibid.
[162] Ibid
[163] Ibid
[164] Ibid.

Eurasia is derived from Afghan opium.[166] Antigovernment groups participate in and profit from the opiate trade, which is a key source of revenue for the terrorist groups inside Afghanistan.[167] Widespread corruption and instability impede counter-drug efforts.[168] Afghanistan is also struggling to respond to an escalating domestic opiate addiction problem.[169] Afghanistan has historically been the main Member State singled out by the CND for opiate trade.[170] Resolution 54/7, the "Paris Pact" was CND's first convening on the problems with opiates coming from Afghanistan.[171] It recognizes the existence of the opiate problem in that specific region.[172] For nearly 14 years, the Afghan government, with the help of the international community and aid agencies, has worked to eradicate opium production entirely.[173] While there have been large strides made in reducing the amount of opium poppy plants grown in Afghanistan, there is still much work to be done.

The Golden Triangle (Myanmar)

The border region of Myanmar, Laos, and Thailand is famously known as the "Golden Triangle"; the world's second largest area for opium production behind Afghanistan.[174] Opium production in Myanmar is mainly found in the Shan State.[175] Since 1989, the Myanmar government has made a series of separate ceasefire agreements with insurgent groups, granting them substantial autonomy in the areas they control.[176] These agreements have generally contained clauses to stop or reduce opium production, and some of these groups have honored this commitment.[177] Stringent government eradication efforts led to a sharp reduction in production between 1996 and 2006.[178] Although the downward trend has reversed since 2006, cultivation levels remain substantially less than earlier years.[179] Drug use and HIV/AIDS in Burma are also spiraling out of control.[180]

Latin America (Mexico) and South America (Colombia)

There is a long history of drug production and distribution in Latin America and South America.[181] Today, Colombia and Mexico play the paramount roles in terms of production and distribution.[182] Throughout the entire region, in both drug production and trafficking areas, there has been an upsurge of violence, corruption, impunity, erosion of rule of law, and human rights violations caused by the emergence of powerful organized crime groups and drug cartels.[183] Subsequently, there has been a huge increase in opium poppy cultivation and the growing sophistication of heroin production in Mexico and Colombia in recent years.[184] These trends have been linked to the rising demand for heroin in the United States of America as well as the declining profitability of trafficking other drugs like cocaine and marijuana.[185]

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[165] Ibid.
[166] Ibid.
[167] Ibid.
[168] Ibid.
[169] Ibid.
[170] Ibid.
[171] Ibid.
[172] Ibid.
[173] Ibid.
[174] "Transnational Organized Crime Threat Assessment- East Asia and Pacific," *United Nations Office on Drugs and Crime*, https://www.unodc.org/documents/toc/Reports/TOCTA-EA-Pacific/TOCTA_EAP_c05.pdf (accessed July 23, 2016).
[175] Ibid.
[176] Ibid.
[177] Ibid.
[178] Ibid.
[179] Ibid.
[180] Ibid.
[181] Bruce Bagely. "The Evolution of Drug Trafficking and Organized Crime in Latin America," *Sociologia, Problemas e Practicas*: 2016. pp. 99-103.
[182] Ibid.
[183] Ibid.
[184] Ibid.
[185] Ibid.

Conclusion

Drug trafficking, as a component of broader transnational organized crime, is a serious issue, affecting numerous Member States and having severe repercussions for political, economic, and human security. The only viable option lies in a simultaneous easing of drug control deadline pressures, introducing more humane policies towards drug users and opium farmers, and increasing international humanitarian aid efforts. The economic incentives for opiate producers and traffickers are so high that the market is constantly fueled, resulting in failure on the part of many governments in their attempts to reduce the drug supply through initiatives such as eradication of drug crops.[186] International attempts to reduce consumption through legal sanctions have also failed. CND will need to come up with a comprehensive plan to provide alternatives to those who rely heavily of the illicit opium trade while addressing the effects of drug use. This requires stronger international engagement of a different kind to that we have seen so far. Better and more efficient regulation norms concerning transnational trade, as well as more transparency could be a way to reduce criminality. A holistic, internationally coordinated response with regard to addressing the production of these illicit products and ending with drug consumption is paramount.

Committee Directives

The illicit drug trade affects all Member States in one way or another, posing a challenge to properly coordinated strategies. Important questions for delegates to reflect on while conducting research include: To combat the spread of opiates, the international community has looked to containment mechanisms, but that does not address the root of the issue. Besides containing the problem, which kind of campaigns would be effective to undertake against drug producers and traffickers? Should there be more economic incentives combined with educational campaigns to discourage consumers and producers? To what extent are the existing international initiatives being effective to address opiate trafficking in problem areas such as Afghanistan, South Asia, and Central and South America? Military intervention has been implemented for extreme cases. What kind of new mechanisms could be introduced? As delegates, you must decide on an effective solution that appeals to the CND to resolve this global dilemma, since Member States are all affected in one way by the illicit opiate trade, it is therefore the shared responsibility and challenge for Member States to collectively develop a coordinated strategy.

[186] Ibid.

Technical Appendix Guide (TAG)

Topic I. Ensuring Access to Proper Treatments for Narcotics Abuse

"Drug Abuse Treatment and Rehabilitation: a Practical Planning and Implementation Guide," *United Nations Office on Drugs and Crime*, https://www.unodc.org/docs/treatment/Guide_E.pdf.

This concise document will be a great way for delegates to become familiar with existing treatment plans. The guide considers the expectations that societies have in treating drug abuse problems and the nature of return that is likely to be seen from providing treatment services, in terms of improved health for individuals and reduced social problems for families and communities. It specifically considers the impact of various forms of treatment in the light of non-treatment alternatives such as no treatment at all and criminal justice interventions and argues the case for treatment being included in the mix of policy options that form part of the national framework.

International Standards for the Treatment of Drug Use Disorders - Draft for Field Testing E/CN.7/2016/CRP.4, *Commission on Narcotic Drugs*, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/ECN72016_CRP4_V1601463.pdf.

International Standards for the Treatment of Drug Use Disorders -Draft for Field Testing The International Standards for the Treatment of Drug Use Disorders (Standards) was prepared by UNODC and WHO and available to CND at its fifty-ninth session. It aims to support Member States in the development and expansion of treatment services that offer effective and ethical treatment. The goal of such treatment is to reverse the negative impact that persisting drug use disorders have on the individual and to help them achieve as full recovery from the disorder as possible and to become a productive member of their society. This document provides United Nations Member States with a practical and comprehensive technical tool that will help to guide policy development; plan, organize and manage drug treatment services within and beyond the health system; develop the capacity of human resources; and evaluate service and system level interventions.

"Reducing the adverse health and social consequences of drug abuse: a comprehensive approach Discussion paper," *United Nations Office on Drugs and Crime*, https://www.unodc.org/docs/treatment/Reducing_the_Adverse_Health_and_Social_Consequences_of_Abuse.pdf.

This discussion paper outlines a comprehensive set of measures designed to prevent drug abuse, facilitate entry into drug treatment, and reduce the adverse health and social consequences of drug abuse. The measures outlined in this paper are inclusive enough to bring back into society all those affected by drug addiction, even the most marginalized. It proposes not only health protection measures, but also access to high quality clinical facilities to stop or reduce addiction. Such an approach can decrease the danger of drugs to the health of individuals and society.

A/RES/S-30/1, *United Nations General Assembly Special Session*, April 19, 2016, https://documents-dds-ny.un.org/doc/UNDOC/GEN/N16/110/24/PDF/N1611024.pdf?OpenElement.

This outcome document entitled "Our joint commitment to effectively addressing and countering the world drug problem" is perhaps the most recent international discussion into the world drug problem. It is an overview of the special session that reviewed the progress in the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. The session also included an assessment of the achievements and challenges in countering the world drug problem, within the framework of the three international drug control conventions and other relevant United Nations instruments.

Topic II. Combating the Spread of Opiates

"A Century of International Drug Control," *United Nations Office on Drugs and Crime*, 2008, http://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf.
In 2011, this report was published by UNDOC presenting the international drug control systems history and future challenges. The report includes discussions on how the Chinese opium epidemic spurred international action on drug control as policymakers realized that the problem was too complex for any one country to tackle in isolation. The

report aims to present the history and the modern drug control system, why and how it started, and how is has impacted the drug production and consumption and future challenges for the international drug control efforts.

"2015 World Drug Report," *United Nations Office on Drugs and Crime*, https://www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf.
The World Drug Report is a United Nations Office on Drugs and Crime annual publication that analyzes market trends, compiling detailed statistics on drug markets. The World Drug Report 2015 provides update information and statistic on the global drug market. This year's reports the trends the global markets for cocaine, heroin, and cannabis have taken as well as discusses the different drugs and provides data for the whole drug chain: production, trafficking and consumption of illicit drugs.

United Nations Convention Against Illicit Traffic In Narcotic Drugs And Illicit Substances, *United Nations Office on Drugs and Crime*, 1988, www.unodc.org/pdf/convention_1988_en.pdf.
This convention is at the core of international drug policy. Because it defines the drug-related acts that should be criminalized by all Member States, it also sets the framework in which drug decriminalization can be implemented by states. Article 3 of the Convention is particularly meaningful. All delegates should be familiar with this document, since it will most likely have to be quoted when debating and writing resolutions.

Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, *United Nations Office on Drugs and Crime*, 2009, https://www.unodc.org/documents/commissions/CND/Political_Declaration/Political_Declaration_2009/Political-Declaration2009_V0984963_E.pdf.
The Plan of Action is the main policy document of the United Nations guiding action by the international community. It reaffirms the principle role played by the CND as one of the United Nations organs with prime responsibility for drug control matters. It outlines the role of CND to monitor the world drug situation, develop strategies on international drug control and recommend measures to combat the world drug problem, including through reducing demand for drugs, promoting alternative development initiatives and adopting supply reduction measures.

A/RES/S-30/1, *United Nations General Assembly Special Session*, April 16, 2016, https://documents-dds-ny.un.org/doc/UNDOC/GEN/N16/110/24/PDF/N1611024.pdf?OpenElement.
This outcome document entitled "Our joint commitment to effectively addressing and countering the world drug problem" is perhaps the most recent international discussion into the world drug problem. It is an overview of the special session that reviewed the progress in the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. The session also included an assessment of the achievements and challenges in countering the world drug problem, within the framework of the three international drug control conventions and other relevant United Nations instruments.