KFMUN

STUDY GUIDE

United Nations Office on Drugs and Crime

Dear delegates and esteemed participants,

My name is Emin Serim, I am very excited to say that I will be serving as the Secretary General of the very first session of our conference. The KFMUN will be held at Kayseri Final Schools on March 13th-14th-15th.

Over the past few months, our Secretariat team has worked hard to prepare the best conference to date and we are excited to share some of our work with you. While you will be having one of the most remarkable academic experience possible, it is our duty as Secretariat Team to ensure your amusement during the conference. I would like to point out the hard work of our Secretariat Team. When it comes to team work and taking responsibilities, they are one of a kind to catch.

During this three-day international relations simulation, you will practise the art of debating and solving problems in the spirit of collaboration. In the process, you will discover how important our institutions are and how valuable dialogue is for our democracy. Through lively exchanges with other delegates and historical recreations of international crises, you will learn how to handle challenges in the future.

KFMUN will give you the opportunity to challenge yourselves intellectually, cooperate with your partners, and better understand some of the world's most pressing concerns. It is our wish that this conference will encourage your interest in international affairs and provide you with academic, social, and professional skills which you will bring home with you and use with confidence for years to come. Thank you for your interest in KFMUN , and I look forward to welcome you all to Kayseri Final Schools in March!

Sincerely,

Hello, delegates!

I’m İrem TUNCER. I’m a 11th-grade student at Kayseri Final Schools and this will be my 7th conference-second as a chair.

I'm Zeynep Naz ORAK. I'm a 10th-grade student at Samsun Final Schools and this will be my 6th conference- but my first as a chair.

I'm Boran Yalçın. I'm a 9th-grade student at Kayseri Final Schools and this will be my 3rd conference.

We are pleased to welcome you all to the our conference. At first, we would like to congratulate each and every one of you for taking part into Kayseri Final Schools Model United Nations and promise that we will do anything within our powers to facilitate you throughout the conference so as to have a productive and unforgettable experience.

Our Committee has two very intriguing items in its Agenda, and thus, it is of high importance that your preparation before the simulation is fruitful, organized, and efficient. This study guide is made to provide you with basic knowledge on the topics. Good preparation is essential to actively participate within the debate, and also influences the overallexperience through the quality of discussion. Ofcourse, you are encouraged to do any additional research as well.We are sure not only the committee sessions, but also the whole conference will be an amazing experience for all of you, with interesting debates, great speeches

Don`t be shy, just start talking and debating, and you surely will catch the spirit, feel the groove and quickly be fully in MUN mode!

See you all in KFMUN’20

Best,

Your chairs and rapportuer;

İrem Tuncer,Zeynep Naz Orak and Boran Yalçın

Do not hesitate to contact us for further information or any additional questions you might have via email at;

zeyneporak295@icloud.com

iremtuncer69@gmail.com

boranyalcin2205@gmail.com

INTRODUCTION TO THE UNITED NATIONS OFFICE ON DRUGS AND CRIME:

The United Nations Office on Drugs and Crime (UNODC) is a global leader in the fight against illicit drugs and international crime, in addition to being responsible for implementing the United Nations lead program on terrorism. Established in 1997, UNODC has approximately 500 staff members worldwide. Its headquarters are in Vienna and it operates 20 field offices, as well as liaison offices in New York and Brussels. UNODC works to educate people throughout the world about the dangers of drug abuse and to strengthen international action against illicit drug production and trafficking and drug-related crime. To achieve those aims, UNODC has launched a range of initiatives, including alternatives in the area of illicit drug crop cultivation, monitoring of illicit crops and the implementation of projects against money laundering. UNODC also works to improve crime prevention and assist with criminal justice reform in order to strengthen the rule of law, promote stable and viable criminal justice systems and combat the growing threats of transnational organized crime and corruption. In 2002, the General Assembly approved an expanded program of activities for the Terrorism Prevention Branch of UNODC. The activities focus on providing assistance to States, on request, in ratifying and implementing the eighteen universal legal instruments against terrorism. UNODC has 20 field offices covering over 150 countries. By working directly with Governments and non-governmental organizations, UNODC field staff develop and implement drug control and crime prevention program tailored to countries' particular needs. Support the three UN treaties governing licit and illicit drugs, which are signed by virtually every nation. These treaties permit medical use of drugs, with tight regulations to prevent diversion for non-medical use and which criminalize the nonmedical sale and use of these same chemicals.

Topic A: PREVENTING WORLDWIDE DRUG TRAFFICKING

INTRODUCTION TO THE TOPIC A :

Drug trafficking is a global illicit trade involving the cultivation, manufacture, distribution and sale of substances which are subject to drug prohibition laws. In the Declaration on the Rule of Law, Member States recognized the importance of strengthened international cooperation in countering the world drug problem. The number of people in this country whose deaths were caused by drug misuse increased. The last official numbers – for 2016 – attributed 2,593 deaths to drug misuse. Newer synthetic opioids – such as fentanyl - have contributed to this rise .Opium production in Afghanistan and cocaine production in Colombia are at record levels. This increase in production has the added effect of a high level of drug purity at street level as the criminals have less need to use cutting agents, and this brings its own dangers. The chemicals necessary for amphetamine production continue to enter the country in volume, while street prices drop, again indicating rising availability. Evidence suggests crack cocaine use - a particular driver of violence -is rising in England and Wales, while demand for all common drug types remain high. There is significant, and often deadly, competition between rival organized crime groups at all stages of class A drugs production and supply. There is also corruption at every stage of the drug supply chain, including through the use of corrupt port and airport officials. Organized crime groups involved in drug trafficking are typically also involved in a range of criminal activity, and the profits from illegal drugs are used to fund other forms of criminal operations, including buying illegal firearms and financing terrorism. Crime associated with drug trafficking is very often violent, with direct links to the criminal use of firearms and gang feud knife attacks, and traffickers frequently exploit young and vulnerable people. Cannabis gangs in particular are notorious for the trafficking and exploitation of Vietnamese children and other vulnerable people to carry out live-in work in dangerous cannabis factories.

DEFINITION OF SOME KEY WORDS

Narcotics: As narcotics' definition, one could consider the following points: "an agent that produces insensibility or stupor, applied especially to the opioids, i.e., to any natural or synthetic drug that has actions like those of morphine." In other words "any drug derived from opium or opiumlike compounds with potent analgesic effects associated with both significant alteration of mood and behavior and with potential for dependence and tolerance.

Substance abuse, also known as drug abuse, is use of a drug in amounts or by methods which are harmful to the individual or others. It is a form of substance-related disorder. Differing definitions of drug abuse are used in public health, medical and criminal justice contexts.

Illicit Drugs: Illicit drugs can be met as "street drugs", as well. Therefore, street drugs are defined as "a substance purchased from a drug dealer; may be a legal substance, sold illicitly (without a prescription, and not for medical use), or it may be a substance that isillegal to possess."

Drug Manufacturing: Drug manufacturing could be considered "the crime of being involved in any step in the drug production process. [...] The term (drug) manufacturing encompasses abroad range of activities related to the production of drugs. While producing illegal substances in an in-house lab is clearly drug manufacturing, the crime also targets those who sell necessary precursor chemicals, specialized drug production equipment, or provide other operational support."

Drug administration: Drugs are administered to patients in a variety of ways, including orally, intravenously, topically, or via inhalation. The specific means of drug delivery depend on a patient's symptom(s), his or her current health, and the most applicable drug formulation available.

Narcoterrorism: Narcoterrorism can have two meanings. Firstly, it is "the financing of terrorist activities through illegal drug trafficking". Secondly, it is connected with "violent criminal actions relating to the trade in illegal drugs"

Drug Lord: A drug lord is "a criminal who controls the distribution and sale of large quantities of illegal drugs". He is "the head of an organization or network involved in illegal drug trafficking and, in other words, the leader of a cartel or gang that illegally traffics in drugs

Drug Cartel :A drug cartel is considered "an illicit group formed to control the production and distribution of narcotic drugs''

I)DRUGS:

Psychoactive substance people take to change either the way they feel, think, or behave.

A)HISTORY OF DRUGS: When Chinese immigrants came to California in the 1850s to work in gold mines and then on the railroads, they brought opium smoking with them.

B)PRODUCTION PLACES: Most of the world's opium is grown in Afghanistan, the Lao People's Democratic Republic and Myanmar.

C)KIND OF DRUGS:

a)Alcohol: Alcohol consumption can damage the brain and most body organs, including the heart, liver, and pancreas .Prohibition In 1919 the 18th Amendment to the Constitution of the United States banned the sale or manufacture of alcohol. This period in US history was known as Prohibition; it ended in 1933. Here, government agents dump illegally made alcohol that they have confiscated.

b) Amphetamines/ Methamphetamine: Amphetamines, including methamphetamine, are powerful stimulants that can produce feelings of euphoria and alertness.

c) Anabolic steroids: Anabolic steroids refer to synthetic variants of the male sex hormone testosterone.

d) Bath Salts: Bath salts refers to an emerging family of drugs containing one or more synthetic chemicals related to cathinone, an amphetamine-like stimulant found naturally in the khat plant.

e)Cocaine: Cocaine is a short-acting stimulant, which can lead users to "binge"—take the drug many times in a single session. Cocaine has long been known as a drug of abuse, but it came into particular prominence in the late 1970s and the 1980s. Cocaine hydrochloride, a water-soluble salt, is a dry, white powder that is usually inhaled through a thin tube inserted into the nostril. More rarely, cocaine is injected into a vein. The drug may also be smoked in a purified form through a water pipe ("freebasing") or in a concentrated form ("crack") shaped into pellets and placed in special smoking gear.

f)Hallucinogens: The effects of hallucinogens— perception-altering drugs—are highly variable and unreliable, producing different effects in different people at different times.

g)Heroin: Heroin is a powerful opioid drug that produces euphoria and feelings of relaxation.

h)Inhalants: Inhalants are volatile substances found in many household products (such as oven cleaners, gasoline, spray paints, and other aerosols) that induce mind-altering effects.

i)Nicotine: Nicotine is an addictive stimulant found in cigarettes and other forms of tobacco.

D)WAR ON DRUGS

It was not until 1971 when President Nixon declared a 'war on drugs' that presidential leaders started to really take notable measures to fight drug violations. Nixon implemented substantially higher numbers of drug enforcement agents and investigators, as well as mandatory sentences for drug convictions. While President Carter supported decriminalization of small amounts of marijuana for personal use, the tide turned again when President Reagan took office in 1981 and his wife, Nancy, created the slogan 'Just Say No'. This crackdown on drugs led to increased prison populations in the late 1980s, which led to a 64 percent affirmative response to a poll identifying drug abuse as the number one problem in the United States.

E)THE GLOBAL MARKET FOR DRUGS

Every market begins with the demand for a good or service. The demand for drugs has existed for thousands of years, but the industry did not fully take flight until the 1960s. During the countercultural movements in the United States in the late 1960s, the previous social stigmatizations of drugs began to recede as the use of recreational drugs became more fashionable and representative of social rebellion. This change was also felt in Western Europe where demand spread and then continued to steadily rise around the World.International "entrepreneurs" seized the opportunity to meet the demand of this growing market, and worldwide drug production skyrocketed. Over the next forty years, the illicit drug market embraced economic globalization in the same way legitimate business did.o The

significant reduction in transportation costs and reduced trade barriers enabled the industry to flourish into one of the largest in the world." However, one important characteristic of the drug trade distinguishes it from other industries: drugs are illegal. Although this is fairly obvious, it is critical to highlight this aspect because it plays a vital role in the success of the industry. Virtually every country in the world criminalizes the consumption, production, and distribution of drugs like marijuana and cocaine. In the United States, cocaine and marijuana were made illegal in 1914 and 1937, respectively. The prohibition of drugs causes an underground black market to form. The inherent risk of incarceration from producing drugs effectively increases production costs because producers must take steps to avoid detection. This leads to fewer market suppliers than a normal, free market would dictate, creating a monopolistic industry. Because drugs are illicit and monopolistic conditions exist, producers can substantially markup the market price of drugs (profit margins are estimated at 300%),creating an extremely lucrative industry. In turn, the prospect of exorbitant profits in illegal industries attracts criminals, who are often violent and dangerous. This aspect is discussed further in section II. Today, the global market for illicit drugs nets over $500 billion annually -roughly the size of Switzerland's economy. It is one of the top five largest industries in the world after the arms trade, accounting for at least one percent of the global economy. There are over 200 million drug users worldwide, representing three percent of the world population. These statistics are astounding, but they do not necessarily imply that globalization had anything to do with the growth of the industry. According to the United Nations annual World Drug Report, however, the United States consumes about twenty-five times more cocaine than Colombia, even though Colombia produces about fifty percent of the world's cocaine. It should come as no surprise, then, that the area between North and South America is one of the most heavily trafficked in the world. Ninety percent of all the cocaine that is imported into the United States passes through Mexico. 25 One-third of all the marijuana in the United States comes from Mexico It is estimated that anywhere from $8 to $24 billion of illicitly generated cash crosses the border from the United States to Mexico every year as a result of trafficking. Nevertheless, at least 104 separate countries are involved in some aspect of the process globally, whether it is production distribution, or laundering profits. The illicit drug market is truly a global industry

F)ADMINISTRATION OF DRUGS

All drugs, can be administered via a number of routes, and many can be administered by more than one.

- Bolus is the administration of a medication, drug or other compound that is given to raise its concentration in blood to an effective level. The administration can be given intravenously, by intramuscular, intrathecal or subcutaneous injection.
- Inhaled, (breathed into the lungs), as an aerosol or dry powder. (This includes smoking a substance)
- Injection as a solution, suspension or emulsion either: intramuscular, intravenous,
- intraperitoneal, intraosseous.
- Insufflation, or snorted into the nose.
- Orally, as a liquid or solid, that is absorbed through the intestines.
- Rectally as a suppository, that is absorbed by the rectum or colon.
- Sublingually, diffusing into the blood through tissues under the tongue.
- Topically, usually as a cream or ointment. A drug administered in this manner may be given to act locally or systemically.[38]
- Vaginally as a pessary, primarily to treat vaginal infections.

II)DRUG TRAFFICKING

Drug trafficking is an illicit trade of substances that are addictive and dangerous to an individual's both physical and mental health, they are referred to as drugs. There are many types of drugs such as heroin and cocaine, which are illegal to consume and trade in many countries due to their effect on people. As selling these drugs is illegal, many organizations and groups have gathered to sell these drugs illegally. Due to the laws of many countries, people couldn't buy these drugs legally and since these drugs are addictive, they had to adopt the method of acquiring these drugs through illegal means. At that point, the organized crimes emerged in order to supply these drugs in exchange for huge amounts of money. Drug trafficking is a common type of organized crime which can be exercised locally, nationally or transnationally, depending on the professionality of the criminal group itself. Mostly, drug trafficking is transnational as groups from countries that produce these drugs trade them into countries in which these drugs are illegal. There are many groups who exercise this illegal drug trafficking, and while doing it, they also use violence when needed ,especially against the governments, to maintain the sustainability of their profit. That is why they possess threats, besides the fact that what they do is illegal and damage people, it also damages the national security, and in some cases, international security.

A)POVERTY, STIGMA AND CRIMINALISATION

Drug use takes place across all continents, ages, social classes and genders. However, repressive drug policies and the lack of access to health and social services (including harm reduction and treatment, but also general health care) generally affect the poorest, most marginalized segments of society. Furthermore, criminalizing people who use drugs merely increases stigma and marginalization, acting as a barrier to education, employment, health and social services, and even the right to vote (for example in the United States). People who use drugs who are homeless, or who engage in other "morally reproved" and/or illicit activities such as sex work, face additional stigma and criminalization, and existing harm reduction services are usually unable to respond to their needs.

B)DRUG USE AMONG YOUTH:

Some young people may use substances as consumer items, along with clothes and music, to establish an identity or image for themselves. Rates of alcohol and tobacco use by students in Europe appear to be the highest in the world, and figures indicate that illicit drug use rates are highest among students in Australia and North America (Canada and the United States). Although data are not readily available, the lowest rates of use for all substances appear to be in countries strongly influenced by Islam, where prohibitions are more likely to be clear and strictly enforced.

C)MARIJUANA MARCH

In many countries, including Brazil, social movements are pro-legalization of cannabis sativa, a substance declared illegal by the laws of the country. The Marijuana March is an example of this, people from around the country take to the streets shouting, hooting, show posters and teach about the pot, showing the side of the drug user who is unjustly marginalized for choosing to use other drugs than those considered legal under the law.

D)THE MAJOR SOURCE OF INCOME:

Currently, the largest source of income for organized crime is the drug trade. Marijuana and cocaine are the main producers of international trade in illicit drugs, followed by opium, hashish and by synthetic drugs (mainly amphetamines and ecstasy).

E)THE VIETNAM WAR AND DRUG TRAFFICKING

The U.S. involvement in the Vietnam War led to a boost in heroin being smuggled into the United States between the years 1965-1970. Drug use among Vietnam soldiers was widespread. In 1971, reports showed 15 percent of active soldiers were heroin addicts, and many more smoked marijuana or used other drugs. The number of people dependent on heroin in the United States soared to 750,000 during these years.

F)FEDERAL DRUG TRAFFICKING CHARGES

The Federal government prohibits any person from manufacturing, distributing, dispensing, or possessing controlled substances. A person found in violation is subject to sentencing based on the quantity of the prohibited substance. The details about prison sentences and fines for controlled substances are found in federal statutes. As an example, here are a few of the applicable penalties:

- 10 years to life in prison for 1 kilogram of heroin; 5 kilograms of cocaine; or 1000 kilograms of marijuana;
- 5 to 40 years for 100 grams of heroin; or 500 grams of cocaine; or
- Not more than 5 years for 50 kilograms of marijuana.
- The prison sentences increase for higher amounts controlled substances. There are also penalty enhancements if death or serious bodily injury results and for prior convictions. In addition, prison term enhancements can apply to convictions for drug trafficking if the person is considered the leader or if a firearm is involved. Note that the firearm sentences are not concurrent with the sentence for drug trafficking. This means that the convicted person would serve the prison term for the drug offense and then serve the additional term for the firearm afterwards.

G)LEGALIZED MARIJUANA

The legalization of marijuana by some states has thrown a monkey wrench into the drug trafficking laws. Marijuana is still illegal as far as the federal government is concerned and their enforcement has not changed even in states that have legalized it on a state level. It is important to note that trafficking over certain amounts of marijuana is still illegal even where marijuana is legal. For instance, it is a felony in Colorado to transport as little as 4 ounces with the jail time and fines increasing with higher quantities.

H)INTERRUPTING THE FINANCIAL ACTIVITIES OF DRUG TRAFFICKERS

Illicit drugs enter the United States from global suppliers as the result of a long and complex process involving manufacture, concealment, movement, purchase, and delivery. The illicit drugs may change

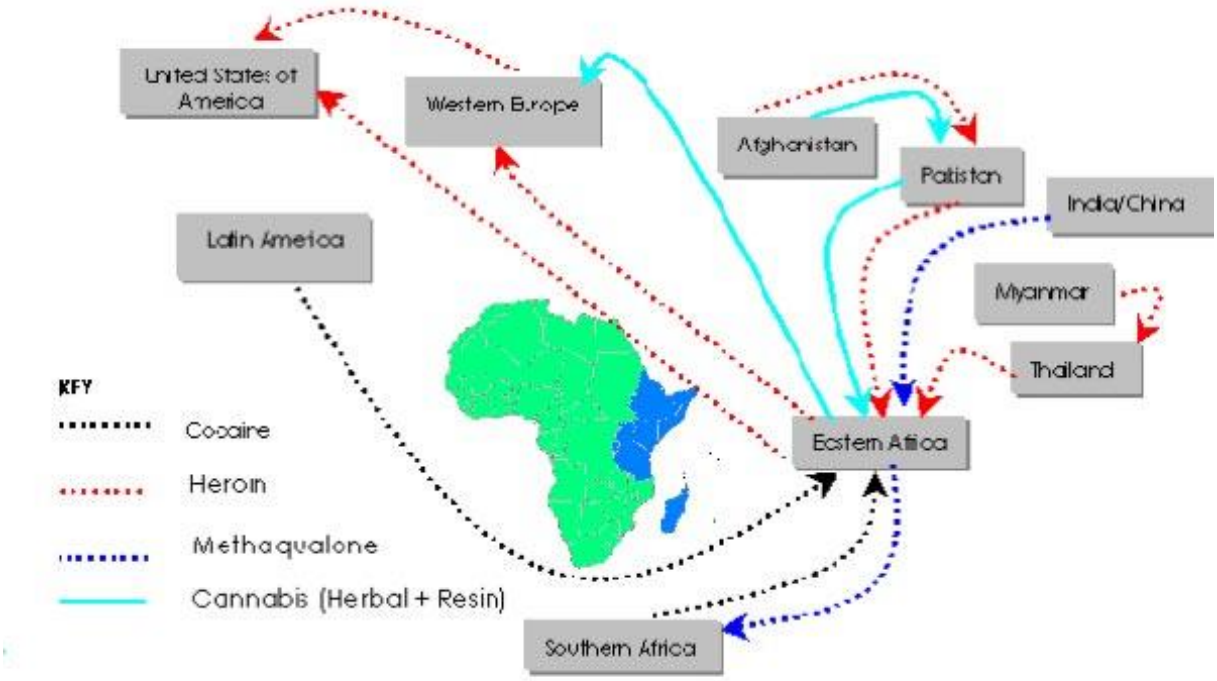
hands several times during the process, and this often necessitates the transfer of money, either as payment for services or for delivery of the final product. Traditionally, street-level sales of illegal drugs are conducted with cash, creating immediately liquid assets that are almost impossible to track. As technology and money laundering methods have adapted over the years to circumvent Anti-Money Laundering regulations, drug traffickers have initiated many new techniques to enable the traditional method of hard currency transactions. Although some of these methods create additional investigative evidence, emerging technologies continue to outpace banking regulations and consistently provide drug traffickers the means to launder large amounts of their illicit proceeds. Most of the revenue generated from illegal drug sales in the United States is maintained at the retail level of drug distribution. However, illicit proceeds that flow back to international sources of drug supply are most often used to finance other illegal activities or the next cycle of illegal drugs to be directed into our communities, posing a continual threat to the country. These funds also corrupt and weaken the government infrastructure of source and transit countries, limiting those governments' ability to combat Transnational Criminal Organizations (TCOs), escalating violence, and threatening the stability of the governments we partner with to counter illicit activity. We will combat this threat and target the drug proceeds that motivate criminal activity by attacking TCOs' financial capital; preventing the circulation, transfer, and concealment of their illicit proceeds; and ultimately decreasing their wealth and their incentive to function.

III) DRUG TRAFFIING PATTERNS TO AND FROM EASTERN AFRICA

In the period 1995-2006, reported seizures of heroin, cannabis and cocaine in the region covered by UNODC Eastern Africaare comparatively few and do not reflect the extent of trafficking, availability and growing abuse in the region. The region is attractive to international drug trafficking syndicates as they are quick to exploit non-existent or ineffective border (land, sea and air) controls, limited cross border and regional cooperation as well as serious deficiencies in the criminal justice systems. Hence, the low seizure figures are more an indication that few resources are allocated to drug control and that international border controls are weak than a sign that no drugs are being trafficked through the region.

The region covered by UNODC Eastern Africa is accessible by sea to heroin and cannabis resin producer countries in South West and South East Asia through the ports in Djibouti, Eritrea, Kenya and Tanzania. Anecdotal evidence suggests that Somalia, currently in the process of establishing a central authority, is host to widespread illegal transactions, including drug and arms trafficking. There are two important international airports in the region, servicing the capitals' of Ethiopia and Kenya, which are used as transit points for drugs. Both airports have connections between West Africa and the heroin-producing countries in South West and South East Asia. There is also an increasing use of postal and courier services for cocaine, heroin and hashish.

A review of drug seizures from 1998 to date indicates an increase in the trafficking of heroin to eastern African countries from Pakistan, Thailand and India. Increased seizures of heroin with Nigerian connections bound for Uganda, Tanzania and Kenya through Ethiopia have been noted as well. Seizures and arrest statistics show that more Tanzanians and Mozambicans are becoming involved in the trafficking of heroin from Pakistan and Iran.



MAJOR DRUG TRANSIT ROUTES IN THE East REGION (FIGURE I)

West African syndicates, with their experience in cannabis and heroin smuggling, are actively networking in Latin America, and are responsible for the emergence of cocaine trafficking and abuse in eastern Africa. As shown in graph, although the volume of cocaine seized in Africa is still relatively small, the situation is changing as trafficking groups extend their highly-organised networks. In most countries in the ROEA region it is possible to purchase pharmaceutical products on demand without presenting a valid prescription. Many of these products, sometimes imported without authorization, are sold by hawkers in street-markets.

Unfortunately, the situation has been worsening in the last 10-15 years. In the majority of the countries in the UNODC Eastern Africa region, control and monitoring of the national drug supply and distribution channels, including precursors, are inefficient. This results not only in the ineffective control of pharmaceutical products, but also in the circulation of counterfeit medicines. Together these pose serious health and socio-economic problems, they undermine law enforcement activities and confidence in public health services.

The emergence of Mandrax in the region has gone hand in hand with the diversion of licit drugs and essential chemical precursors into the illicit market. The control of essential chemical precursors that are either being trafficked through the UNODC Eastern Africaregion to countries producing cocaine and heroin or used in the illegal production of Mandrax, is an important part of the battle against drugs

in the region. It is feared that illegal trafficking, importation and use will continue as long as there are no effective control mechanisms in the countries of the region.

IV)DRUG TRAFFICKING AND VIOLENCE

The most integral part of the illicit drug trade is trafficking. Without traffickers, the industry would consist of remote suppliers with no means to deliver goods to the consumer; traffickers facilitate the globalization of the drug trade. Each year, over million people enter the United States by air on more than 675,000 flights, 370 million people enter by land in 116 million vehicles, and 6 million people enter by sea on over 90,000 ships, carrying over 400 million tons of cargo. Amid this enormous movement of people and products, drug traffickers transport their drugs. The trafficking process generally consists of three locations: the production state, one or more states that serve as transshipment centers, and the consumption state. The mission of the traffickers is to get the drugs from the suppliers to the consumer as efficiently as possible without being detected. Their place in the chain is the most important and, therefore, the most lucrative. The implied value added of trafficking is estimated at more than 2,000%. Up to this point, the depiction of the illicit drug market has been much like any other: suppliers, consumers, and a means of distribution. Yet, the illegality of the drug business is strongly linked to one serious externality: violence. In every market, disputes arise between the seller and the buyer. Courts and other legal mechanisms are in place to help resolve these disputes. However, when an underground black market is created, sellers and distributors do not have legal recourse because a court will not enforce contracts for illegal goods. Accordingly the market participants-many of them seeking profits to support criminal organizations-resort to violence. Historical examples of this phenomenon have occurred in the gambling, alcohol, and prostitution industries. Violence related to the industry has spiraled out of control over the past forty years. The most famous examples are the Colombian cartels and the Revolutionary Armed Forces of Colombia (FARC). In the 1970s, cocaine traffickers in Colombia began combining forces to form loosely associated cartels, such as the Medellin Cartel and the Cali Cartel. The cartels were run as efficient business models, which revolutionized the distribution of cocaine in the Americas. Violent criminals, like Pablo Escobar, headed these operations, and they would stop at nothing to eliminate threats to their businesses. The cartels would kidnap prominent figures, assassinate candidates that vowed to terminate their cartels, and randomly bomb public places.The FARC is a Marxist guerilla organization that was founded in Colombia in 1966. The FARC paired with Colombian cartels in the 1970s and 1980s as a form of protection for the illegal industry, making profits by taxing drug farmers. The organization perpetrates violence in furtherance of its activities similar to the cartels and is still prevalent in Colombia today, having outlasted many of the cartels. Since the dismantling of the cartels, the FARC has focused its attention on producing its own cocaine and has engaged in more criminal activities, such as kidnappings. In today's drug market, Mexico makes the most headlines with respect to violent trafficking. Mexican drug lords have formed their own infamous cartels and, like their Colombian predecessors, will do anything it takes to make money. In 2008, an estimated 6,290 drug trafficking-related murders were committed in Mexico. For a comparison, that is roughly forty-one percent more deaths than the total number of United States military casualties from the War in Iraq since it began in 2003. Between 2006 and 2009, over 13,000 people were murdered in drug-related killings in Mexico.Over 800 of those deaths were innocent Mexican police officers. In 2009 alone, the drug-related killings in Ciudad Juarez, boasted as Mexico's third safest city, were upward of 1,800. Ciudad Juarez is located directly across the Mexican border from El Paso, Texas a mere 200-foot jump across the Rio Grande. Mexico is not the only victim in the illicit drug trade. Stories like Mexico's are told across the globe: from the Golden Triangle and the Golden Crescent in Asia to the newly emerging markets in West Africa. Figure 1 below shows the most popular drug trafficking routes. Frighteningly, the drug trade is, more often than not, closely tied to other illicit markets and crises, namely arms dealing, human trafficking, and even terrorism. This violence all stems from the illegality of drugs. Even the United Nations concedes that prohibition has caused violence: "The

strongest case against drug control is the violence and corruption associated with the black markets." Something must be done to eradicate this problem.

COUNTRY PROFILE

Japan

There's a "zero-tolerance" policy in place for crimes related to drugs, and the penalties are strict in Japan .Same goes for drink-driving offenses, which can lead to fines or jail time, and alllowing someone else to drink and drive with you as a passenger. Bar patrons are also subject to random drug testing, and if you smoke outside designated smoking areas in parts of Tokyo and other major cities, police can fine you on the spot. Illegal drug trade in Japan has a long history, influenced by various factors such as economy and war. As a developed country in Asia, Japan also faces the same serious drug abuse problem as the developed countries in Europe and America. Japan's manufacturing industry is developed, and is one of the pillars of the national economy, but it is also very short of resources, therefore it needs to import a lot of raw materials from other countries. This has made Japan an important hub for the trade of goods in Asia, which in turn has allowed Japan's illegal drug trade to flourish.

Columbia

Columbia has produced an estimated 70% of the cocaine consumed over year. In 2018, 18.1 million people used the illicit drug worldwide, consuming almost 2,000 tons of cocaine according to United Nations Office on Drugs and Crime. And it mostly seems that Columbia Government is struggling to get rid of drug-trafficking happening in the country. The Citizen Security Law enacted in 2011, reformed the Criminal Code and eliminated the exceptional provision of not punishing the crime of narcotics possession if the quantity carried was equivalent to the personal dose. Nevertheless, and despite opposition from the Public Prosecutor's Office, the ruling waiving punishment for possession of a minimum dose was upheld. In its ruling C-491 in 2012 the Constitutional Court once again made clear that possession of the personal dose remains decriminalized and that drug use should continue to be understood as an activity protected by the right to the free development of personality.
In practice, however, the Citizen Security Law has led to considerable confusion and uncertainty regarding the issue of the minimum dose. Even though both the Constitutional Court and the Supreme Court have made it clear that possession of the minimum dose is not a criminal offence, and despite the fact that the 2009 reform only mentions administrative sanctions, police officers on the street may apply repressive measures if they decide to take action against someone found in possession of a minimum amount, especially if that person belongs to a disadvantaged sector of society

Philippines

The prevalence of illegal drug use in the Philippines is lower than the global average, according to the United Nations Office on Drugs and Crime (UNODC). In 2012, the United Nations said the Philippines had the highest rate of methamphetamine use in East Asia, and according to a U.S. State Department report, 21 percent of Filipinos aged 16 to 64 use the drug based on 2008 figures by the Philippines Dangerous Drugs Board. As of 2016, the United Nations Office of Drugs and Crime report that 11 percent of Filipinos aged 10 to 69 use the drug In Metro Manila, most barangays are affected by illegal drugs.

Brazil

Brazil passed a law intended to distinguish dangerous drug traffickers from simple drug users. By replacing jail sentences for users of any illegal drug with penalties such as community service, and increasing penalties for drug trafficking, the new law aimed to reduce the number of people detained for drug possession and weaken criminal organizations that smuggle and sell drug. In 2005, 9 percent of those in prison were detained on drug charges -- now it's 28 percent, and among women, 64 percent. Drug trafficking makes up for an increasingly large portion of crime in Brazil. A total of 27% of all incarcerations in Brazil are the result of drug trafficking charges. Between 2007 and 2012 the number of drug related incarcerations has increased from 60.000 to 134.000; a 123 percent increase

Afghanistan

Afghanistan has seen a high rate of opium addiction among refugees returning from Iran and Pakistan. Zalmai Afzali, spokesman for the Ministry of Counter-Narcotics in Afghanistan reports an increase in the total number of drug users by over half a million, to 15 million, between 2005 and 2010.To prescribe penalties for persons engaging in and to prevent the cultivation, production, processing, acquisition, possession, distribution, manufacture, trade, brokering, importation, exportation, transportation, offering, use, storage, and concealment of narcotic drugs and psychotropic substances, and of the chemical precursors, other illicit substances, and equipment used for these illicit activities. To prescribe penalties for persons engaging in and to prevent the cultivation, production, processing, acquisition, possession, distribution, manufacture, trade, brokering, importation, exportation, transportation, offering, use, storage, and concealment of narcotic drugs and psychotropic substances, and of the chemical precursors, other illicit substances, and equipment used for these illicit activities.

Mexico

Corruption in Mexico has contributed to the domination of Mexican cartels in the illicit drug trade. Since the beginning of the 20th century, Mexico's political environment allowed the growth of drug-related activity. The loose regulation over the transportation of illegal drugs and the failure to prosecute known drug traffickers and gangs increased the growth of the drug industry. Toleration of drug trafficking has undermined the authority of the Mexican government and has decreased the power of law enforcement officers in regulation over such activities. These policies of tolerance fostered the growing power of drug cartels in the Mexican economy and have made drug traders wealthier. Many states in Mexico lack policies that establish stability in governance. There also is a lack of local stability, as mayors cannot be re-elected. This requires electing a new mayor each term. Drug gangs have manipulated this, using vacuums in local leadership to their own advantage.

Asia

Drugs in Asia traditionally traveled the southern routes – the main caravan axes of Southeast Asia and Southern China – and include the former opium-producing countries of Thailand, Iran, and Pakistan. After the 1990s, particularly after the Cold War ended, borders were opened and trading and customs agreements were signed so that the routes expanded to include China, Central Asia, and Russia. There is, therefore, a diversified drug trafficking routes available today, particularly in the heroin trade and these thrive due to the continuous development of new markets. A large amount of drugs are smuggled into Europe from Asia. The main sources of these drugs are Afghanistan, along with countries that constituted the so-called Golden Crescent. From these producers, drugs are smuggled into the West and Central Asia to its destinations in Europe and the United States.Iran is now the route for smugglers, having been previously a primary trading route, due to its large-scale and costly war against drug trafficking. The Border Police Chief of Iran said that his country "is a strong barrier against the trafficking of illegal drugs to Caucasus, especially the Republic of Azerbaijan."The drugs produced by the Golden Triangle of Myanmar, Laos, and Thailand, on the other hand, pass through the southern routes to feed the Australian, U.S., and Asian markets.

United States of America

The effects of the illegal drug trade in the United States can be seen in a range of political, economic and social aspects. Increasing drug related violence can be tied to the racial tension that arose during the late 20th century along with the political upheaval prevalent throughout the 1960s and 70s. The second half of the 20th century was a period when increased wealth, and increased discretionary spending, increased the demand for illicit drugs in certain areas of the United States. Large-scale drug trafficking is one of the few capital crimes, and may result in a death sentence prescribed at the federal level. Marijuana was a popular drug seen through the Latin American trade route in the 1960s. Cocaine became a major drug product in the later decades. Much of the cocaine is smuggled from Colombia and Mexico via Jamaica. This led to several administrations combating the popularity of these drugs. Due to the influence of this development on the U.S. economy, the Reagan administration began "certifying" countries for their attempts at controlling drug trafficking This allowed the United States to intervene in activities related to illegal drug transport in Latin America. Continuing into the 1980s, the United States instated stricter policy pertaining to drug transit through sea. As a result, there was an influx in drug-trafficking across the Mexico–U.S. border. This increased the drug cartel activity in Mexico. By the early 1990s, so much as 50% of the cocaine available in the United States market originated from Mexico, and by the 2000s, over 90% of the cocaine in the United States was imported from Mexico.In Colombia, however, there was a fall of the major drug cartels in the mid-1990s. Visible shifts occurred in the drug market in the United States. Between the 1996 and 2000, U.S. cocaine consumption dropped by 11%. Although narcotics are illegal in the US, they have become integrated into the nation's culture and are seen as a recreational activity by sections of the population. Illicit drugs are considered to be a commodity with strong demand, as they are typically sold at a high value. This high price is caused by a combination of factors that include the potential legal ramifications that exist for suppliers of illicit drugs and their high demand.Despite the constant effort by politicians to win the war on drugs, the US is still the world's largest importer of illegal drugs

POSSIBLE SOLUTIONS

Preventing drug use before it starts is a fundamental tenet of a comprehensive approach to drug control. The science of prevention has evolved and significantly improved, and decades of research show that prevention works when implemented through evidence-based programs focused on specific audiences. Early intervention through informational media campaigns and community support mechanisms can alter the trajectory of young people in a positive direction and increase protective factors while reducing risk factors. Studies show that addiction is a disease that can be prevented and treated through sound public health interventions. Evidence-based prevention is most effective when it is carried out over the long-term with repeated interventions to reinforce original prevention goals

Education and information. Our children make major health decisions before they are 12 years old: whether to smoke, to drink or to use drugs. Information on drugs and alcohol must be communicated early and effectively, through knowledgeable teachers who understand the gateway that leads from experimentation to dependency. Drug education in primary school is essential, and all teachers, not just science teachers, should reinforce this information.

Enforcement. Colombia is the principal source of illegal drugs in the United States. If the drug faucet is left on there, we will continue to get buried in dope no matter how many planes and radar screens are placed on our borders. Colombia must destroy illegal crops before they are harvested, as was successfully accomplished in Mexico. If Colombia doesn't change, we could consider revoking most-favored-nation trade status for its principal exports, coffee and flowers. Lack of consistency and certainty of punishment in the United States is one reason for our high crime rate. Because of unrealistically low bail, traffickers become fugitives rather than stand trial. (There are now 2,950 fugitives, while there are only 2,100 Drug Enforcement Administration agents.) Seizures of assets

from traffickers should be used extensively by states as well as the Government. Private-sector efforts. Drugs in the workplace affect the health and safety of employees and the public. Employers are beginning to recognize the tremendous cost of drug and alcohol abuse: $65 billion per year in productivity, lives lost, futures for- feited and unnecessary accidents. More companies must face this problem and provide employee education, supervisory training and employee assistance programs to curb substance abuse on and off the job. Trade associations and such groups as the Jaycees and the Chamber of Commerce should develop policy guides on drug and alcohol abuse for their members. Use of television. Parents spend an average of 14 minutes a day with their children. Students watch 10,000 hours of TV before graduating from high school. Where do they get their values? From shows like "Dynasty" and "Saturday Night Live," where drugs, sex and booze permeate the living room? The TV industry should not delude itself into thinking that a documentary on cocaine or angel dust can offset the constant glamorization of drugs. Communications companies using the public airwaves should provide entertainment that is consistent with health and research information. For a decrease in drug abuse to be sustained, government, parents, schools, industry, the courts and television must all contribute. When enough of us care to change what goes on in our homes, schools, factories and offices, what we watch on TV and what we put up with on our streets, a consistent and overpowering commitment will take hold, and our children and this country's future will be the better for it.

Effectively deal with peer pressure. The biggest reason teens start using drugs is because their friends utilize peer pressure. No one likes to be left out, and teens (and yes, some adults, too) find themselves doing things they normally wouldn't do, just to fit in. In these cases, you need to either find a better group of friends that won't pressure you into doing harmful things, or you need to find a good way to say no. Teens should prepare a good excuse or plan ahead of time, to keep from giving into tempting situations.

Measures of Performance

• Educate the public, especially adolescents, about drug use, specifically opioids increase, mandatory prescriber education and continuing training on best practices and current clinical guidelines; and increase PDMP interoperability and usage across the country

• Encourage expanded access to evidence-based addiction treatment in every state, particularly Medication-Assisted Treatment for opioid addiction; support legislative changes to allow Medicaid to reimburse certain residential treatment at facilities with more than 16 beds; and encourage states to apply for state Medicaid demonstration projects that address barriers to inpatient treatment as a part of a comprehensive opioid/substance use disorder strategy

• Significantly reduce the availability of illicit drugs in the countries by preventing their own production outside the country, disrupt their sale on the internet, and stop their flow into the country through the mail and express courier environments, and across our borders

Continuing to Strengthen ONDCP's Drug Free Communities (DFC) Program ONDCP's Drug-Free Communities (DFC) Support Program, created by the Drug-Free Communities Act of 1997, undergirds the Administration's focus on preventing and reducing youth substance use at the community level. The DFC Program provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use. Since the DFC Program's inception, findings from evaluations of the DFC program found that DFC-funded community coalitions have reduced youth substance use. According to the DFC's 2018 National CrossSite Evaluation Report, on average DFC-funded community participants cut alcohol use by 19 percent and prescription drug abuse by 18 percent among high school students in their communities. The DFC Program will conduct semiannualtraining to ensure coalitions have the resources and skillsetthey need to strengthen the prevention infrastructure within their communities and among their local partners to effectively prevent and reduce youth alcohol, tobacco, marijuana and

(illicit) prescription drug use. This training will provide DFC-funded community coalitions with the resources and tools they need to develop local and sustainable prevention initiatives.

QUESTIONS A RESOLUTION SHOULD ANSWER

- Who benefits from the war on drugs?
- What is the fastest route of drug administration?
- Has the war on drugs reduced drug use?
- What can the UNODC do to ensure that victims, especially children, are not punished for having used drugs?
- What are the main national problems in fighting drug trafficking and what can bedone to improve them?
- How should the UNODC approach drug trafficking online?
- Should there be punishments for countries that do not adhere to the protocols and take no too little incentive to combat drug trafficking?

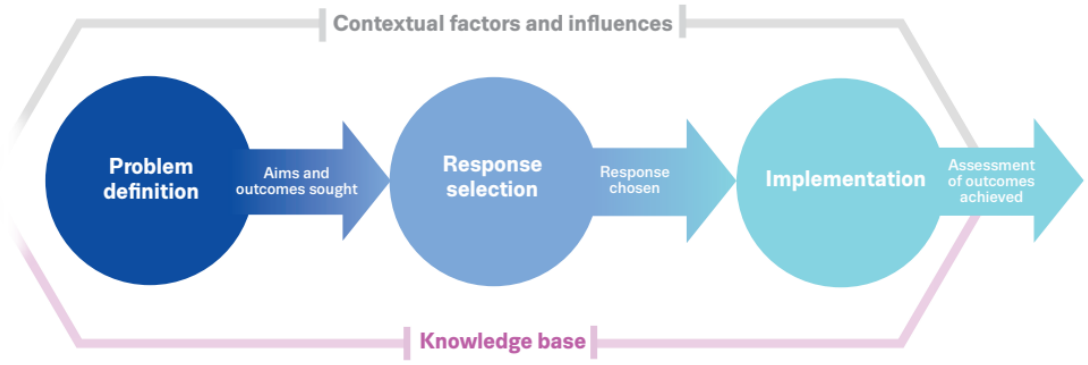
Topic B: Ensuring The Adaptation Of Drug-Users To Social Life

Introduction Of The Framework

The process of responding to drug problems can be divided into three broad stages (Figure 1.1): the identification of the particular drug problems to be addressed; the selection of the response or interventions that are to be put in place; and the implementation of the interventions, in which monitoring and impact evaluation should be an integral part. This approach can be applied when developing responses any level — national, local or system level. Equally, these same basic processes apply whether one is developing a response to a particular problem for the first time or reviewing current provision. While not the primary focus here, the same broad steps — problem identification or needs assessment, response or intervention selection, and implementation and review — are also pertinent when working with individuals with drug problems. In all cases, the starting point should be obtaining an understanding of the extent and nature of the problems to be tackled, which may then be translated into objectives for change. This may come from reviewing the available data on the problem, ranging from national statistics to local research and needs assessments, and consulting with stakeholders. The selection of priorities and intervention objectives will stem from the problem definition and be informed by public and political attitudes and local and national priorities.

In the second phase, decisions are made as to what actions should be taken and plans made to implement them. Factors to be considered at this stage are the types of intervention likely to be effective, the target groups and the settings in which the measures will be implemented. Depending on the circumstances, this might involve selecting from a range of intervention options with evidence of effectiveness, or adopting and adapting interventions that have been shown to work elsewhere. If no suitable options exist, it may involve developing a new intervention. Where a program or strategy is already in place, it may be necessary to review provision in light of the needs of particular groups or to fill gaps in coverage. These decisions will be influenced by considerations such as the scale and severity of the problem, the resources and competencies available, the outcomes expected and the values and preferences of the community.

Once responses have been chosen, the next phase is implementation. Whether an evidence-based intervention works in a particular case will depend on how it is implemented and the local context. Therefore an essential component in this phase is monitoring and evaluation of the implementation, including the costs and outcomes, to feed back into an ongoing review and planning process.



Examples Of Factors To Take Into Account When Assessing Drug Problems

Age

In general, the younger a person is when they first use a drug, the more likely they are to use regularly, develop dependence and experience drug-related harm later in life. Older long-term drug users may be particularly vulnerable to both acute and chronic health problems.

Gender

Although drug use is less common among females than males, females who use drugs are more likely to develop problems and adverse health effects than their male counterparts. Drug use by women of reproductive age can impair fertility and, if drugs are used during pregnancy, affect the developing

Physical Health

People with some physical health problems (e.g. cardiovascular and respiratory diseases) who also use drugs are at increased risk of harm. Drug use may exacerbate these conditions and increase the risk of fatal overdose. Drug use may also reduce compliance with medical treatment leading to poorer outcomes.

Mental Health

Many people with a drug problem also have co-existing mental health problems. The relationship between drugs and mental health is complex: drugs may increase the risk of developing mental health problems in vulnerable people, may exacerbate existing mental health problems, and people with depression, anxiety disorders and schizophrenia are more likely to develop drug problems if they use drugs.

Biological Influences

An individual's neurobiological make-up affects how their bodies respond to drugs and their susceptibility to harm; a dose that is tolerated in one person may lead to a fatal outcome for another. Personal traits, such as impulsivity, also impact on risks of drug use and harms. *f* Socio-economic factors Socially disadvantaged or excluded people are more likely to use drugs and experience drug-related harm. Drug use problems can also exacerbate social disadvantage, for example, by reducing the chances that young people will complete their education or obtain well-paid jobs. Homeless drug users may engage in riskier drug use practices, such as sharing injecting equipment or using drugs in unsafe settings.

Family Factors

Family factors can increase or decrease vulnerability to drug problems. For example, having family members who use substances can increase the likelihood of using drugs, while having strong family support and parental monitoring may protect against drug problems and help to overcome them.

Ethnicity, Religion And Sexual Orientation

People from minority groups defined by ethnicity, religion or sexual orientation can be more likely or less likely to use drugs than the social majority. Rates of drug use may be higher if drugs are more readily available in their communities or prevention programs are not appropriate to them. If they develop drug problems, stigma and poor access to health services may prevent help-seeking. However, some minority communities have lower rates of drug use because of strong social cohesion, close family ties and religious prohibitions on drug use.

Prevention Approaches

Approaches to drug prevention cover a wide spectrum, ranging from those that target society as a whole (environmental prevention) to interventions focusing on at risk individuals (indicated prevention). The main challenges are in matching these different strategies to target groups and contexts and ensuring that they are evidence-based and have sufficient population coverage. Most prevention strategies focus on substance use in general, some also consider associated problems, such as violence and sexual risk behavior; a limited number focus on specific substances, such as alcohol, tobacco or cannabis.

Environmental Prevention

Strategies aim to change the cultural, social, physical and economic environments in which people make choices about drug use. They include measures such as alcohol pricing and bans on tobacco advertising and smoking, for which there is good evidence of effectiveness. Other strategies aim to provide protective school environments, for example, by promoting a positive and supportive learning climate and teaching citizenship norms and values.

Universal Prevention

Addresses entire populations, usually in school and community settings, with the aim of giving young people the social competences to avoid or delay initiation of substance use.

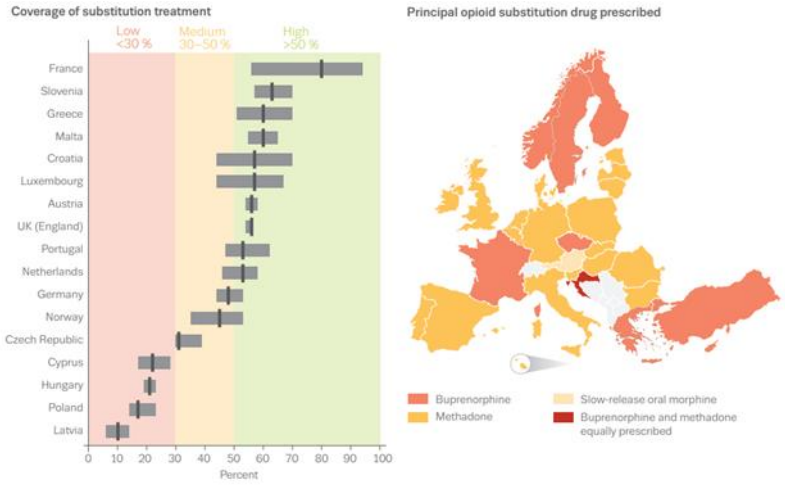
Selective Prevention

Intervenes with specific groups, families or communities who are more likely to develop drug use or dependence, often because they have fewer social ties and resources.

Indicated prevention targets individuals with behavioral or psychological problems that predict a higher risk of substance use problems later in life. In most European countries, indicated prevention primarily involves counselling young substance users.

Treatment

A range of interventions are used for the treatment of drug problems in Europe, including psychosocial interventions, opioid substitution and detoxification. The relative importance of the different treatment modalities in each country is influenced by several factors, including the organization of the national health care system and the nature of the drug problems in each country. Drug treatment services may be provided in a variety of outpatient and inpatient settings: specialist treatment units; primary health care and mental health clinics; low-threshold agencies; hospital-based residential units and specialist residential centers; and units in prison.



Substitution treatment is the predominant intervention for opioid users in Europe. It is generally provided in specialist outpatient settings, though in some countries it is also available in inpatient settings and prisons. In addition, office-based general practitioners play an important role.

A smaller proportion of drug treatment in Europe is provided in inpatient settings. Inpatient or residential treatment, whether hospital-based or non hospital-based, requires clients to live in the treatment facility for several weeks to several months, with a view to enabling clients to abstain from drug use. The provision of opioid maintenance treatment in inpatient settings is rare, but exists for selected client groups with high levels of morbidity. A prerequisite for entry may be detoxification, a short-term, medically supervised intervention aimed at the reduction and cessation of substance use, with support provided to alleviate withdrawal symptoms or other negative effects. Detoxification is usually provided as an inpatient intervention in hospitals, specialized treatment centers or residential facilities with medical or psychiatric wards.

Harm Reduction

Harm reduction encompasses interventions, programs and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies. A core principle of harm reduction is the development of pragmatic responses to dealing with drug use through a hierarchy of intervention goals that place primary emphasis on reducing the health-related harms of continued drug use. It addresses the immediate health and social needs of problem drug users, especially the socially excluded, by offering opioid substitution treatment and needle and syringe programs to prevent overdose deaths and reduce the spread of infectious diseases. Additional approaches include outreach work, health promotion and education.

In 2003, the Council of the Ministers of the European Union passed a recommendation on the prevention and reduction of health-related harm associated with drug dependence, in which Member States were urged to adopt a number of policies and interventions to tackle health-related harm associated with drug dependence. In 2007, the Commission of the European Communities confirmed the prevention and reduction of drug-related harm as a public health objective in all countries. National drug policies increasingly reflect the harm-reduction objectives defend in the EU drugs

strategy, and there is broad agreement within Europe on the importance of reducing harms, in particular the spread of infectious diseases and overdose-related morbidity and mortality.

In the more recent past, new opportunities for improving the reach and effectiveness of harm reduction interventions have opened up, especially through developments in the fled of information technology and mobile applications.

Drug Subcultures

For our purposes, we view culture as simultaneously encompassing multiple subcultures (or toolkits) that include constellations of connected values, symbols, norms, and behavior patterns. These subcultures can be based around drug use, ethnicity, religion, region, or a variety of other affiliations. We operationalize the term drug subculture as an inter-related cluster of cultural elements associated with the consumption of an illicit drug in social settings. For example, khat or qat is a flowering plant native to the horn of Africa and Arabian Peninsula and it has a tremendous part in their culture. Khat contains alkaloid and cathinone. The people who lives in that region are not aware of negative effects of this plant as a drug.

We do not conceptualize drug subcultures as necessarily dominating individuals' lives, although some drug subcultures certainly may dominate some persons' lives. Drug subcultures differ regarding the extent to which they represent an occasional leisure activity *versus* a lifestyle, an amusement *versus* a worldview, and an interest occasionally shared with others *versus* a group affiliation demanding limited association with nonmembers. Individuals may engage in more than one drug subculture. Individuals may end their involvement with a drug subculture. Drug subcultures can differ across locations and across the groups that instantiate them. Moreover, drug subcultures can evolve or even disappear over time.

Reducing Opioid-Related Deaths: Implications For Policy And Practice

Basics

Core interventions in this area include:

- Sufficient provision of opioid substitution treatment, with adequate dosage, case management and additional support.
- Naloxone made available to and used by first responders, such as ambulance staff, paramedics and others who attend overdose incidents.
- Overdose awareness training to promote less risky use among people who use opioids (such as avoiding injection, mixing drugs and alcohol, not using alone, and fractioning the dose).

Opportunities

- Establish take-home naloxone programs to make naloxone widely available to people at high risk of opioid overdose and to their peers, partners and family to enable them to intervene while waiting for the ambulance services to arrive.
- Improve throughcare between prison and community to prevent drug-related deaths in the first two weeks after prison release, when overdose risk is extraordinarily high.

Gaps

- Identify and review barriers to the establishment of drug consumption rooms in areas with high numbers of people injecting drugs in public places.
- Provide enhanced support to those who leave abstinence-based treatment, because their lost opioid tolerance increases the risk of fatal overdose.
-

Prevalence of drug use in the general population	Adults
	Schoolchildren
Prevalence of problem drug use	Opioids
	Injecting
	Other drugs
Treatment demand	Treatment setting
	First or subsequent treatment
	Main and secondary drugs
	Route of administration and frequency of use
	Socio-demographic characteristics of clients
Drug use among prisoners	Before prison
	Inside prison
Overdose deaths	Toxicology (type of drugs involved)
	Sociodemographic characteristics
Infectious diseases	Notifications for HIV, AIDS, HCV and HBV
	Prevalence of for HIV, HCV and HBV
Health and social responses	Opioid substitution treatment: ▪ client numbers ▪ programme information
	Needle and syringe programmes: ▪ numbers of syringes provided, clients, contacts ▪ sites and geographic coverage
	Prevention: expert opinion of coverage of different types of interventions

NB: data can be accessed in the Statistical Bulletin and analyses are published in the European Drug Report and Country Drug Reports.

Applying Behavioral Insights To Drug Policy And Practice

Behavioral biases, such as short-sightedness or overconfidence (for example, thinking that 'I will be able to stop when I want to') are known to affect a person's choices. Tis may lead them to act in ways that they might have been expected to avoid. Policymakers need to take account of these factors in the design of policies or interventions.

What are behavioral insights?

Behavioral insights use the information that comes from research into how people actually behave, rather than how they might be expected to behave if they always acted completely rationally, to design more effective interventions. Contributions from various disciplines, such as behavioral economics, social and cognitive psychology, neuroscience and sociology, are integrated to provide a better understanding of actual human behavior and, consequently, socioeconomic phenomena. The insights gained are then used to help develop more effective policies and interventions, which are based on sound experimental methods.

How can they be applied?

Behavioral biases vary between individuals and groups and between different behaviors. One of the key lessons from behavioral sciences is that one-size-fts-all solutions do not work. In other words,

behavioral interventions should be as targeted and as tailored as possible: they should be designed specifically for the target group and for the particular behavior that is to be encouraged or discouraged.

Behavioral insights have been used in a variety of successful interventions. Examples include the use of tailored, individual and real-time feedback on the use, motives and harms of cannabis consumption in an online screening program. Tis led to reduced cannabis use in the short term. The use of commitment devices, such as encouraging individuals to make a plan, has been found to help with quitting smoking. Contingency management (a technique that systematically uses the setting of clear consequences that act to discourage drug use and strengthen abstinence) is effective in reducing cocaine use and in keeping opioid-dependent patients in treatment.

Whatever the focus, there are three key stages in the process of using a behavioral insights approach in the design of interventions in the fled of drug addiction and other related areas:

a) Planning the evaluation of the impact of any intervention chosen interventions and the evidence to support them, to the wider system prompts a broader review of supporting factors and actors. It may also encourage consideration of a wider range of policy options and stakeholders. The following components are important considerations in both drug prevention and treatment systems:

i- the target populations: their characteristics and needs have an impact on what is appropriate and what can be delivered;

ii- interventions: the programs, services and policies that are adopted;

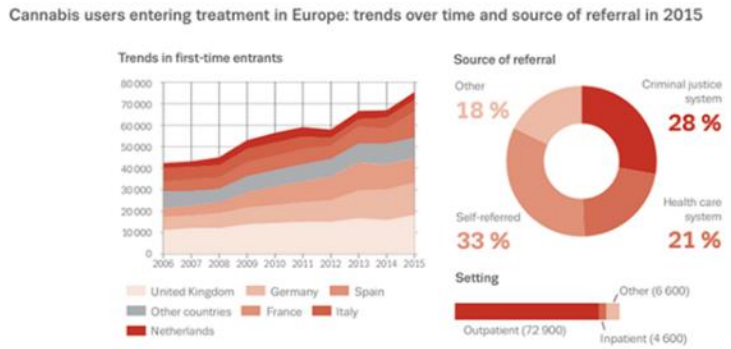
iii- moderators: those aspects of social, political and cultural life that influence the functioning, implementation and effects of the activities, such as social inequalities, social norms; legislative frameworks;

iv- research and quality control: the development of new interventions and ensuring the quality of existing activities.

Drug Eras

Much prior literature has suggested that the popularity of some drugs rapidly rises and then falls, constituting what is often referred to as a "drug epidemic" (Becker, 1963, 1967; Golub & Johnson, 1999; Hamid, 1992; Hunt & Chambers, 1976; Johnston, 1991; Musto 1987, 1993). Unfortunately, journalists and politicians commonly abuse the term drug epidemic to arouse concern and serve political agendas (see Hartman & Golub, 1999; Orcutt & Turner, 1993; Reinarman & Levine, 1997). The epidemic metaphor suggests drug use is a disease, drug use causes great suffering, drug users infect others through social contact, and that consequently drug users must be quarantined. This medicalized perspective takes an outsider's view, holds an overwhelmingly negative connotation, and suggests the root problem of a drug epidemic inheres in the pharmacological properties of the drug itself.

We contend that drug eras represent a social and not a pharmacological phenomenon. Zinberg (1984) described how three exhaustive classes of factors influence a drug use experience: drug, set (personal disposition as well as genetic factors) and setting (context and culture). Drug and set would seem to have a very limited role, if any, in explaining the rise and fall of different drugs in the United States since 1960. During this time, drug and set have been relatively constant. In particular, the various drug eras have mostly involved illicit drugs that have been known for years. Crack was a modest exception. It represented an innovative technique for packaging, selling and consuming a previously available drug, namely cocaine. Regarding set, the genetic and ethnic composition of the U.S. population has also been relatively stable, even allowing for continual migration. Hence, a panoramic view of the data suggests that rapid changes in drug use prevalence are primarily a sociocultural or setting phenomenon. Accordingly, we prefer the term drug era to drug epidemic because it emphasizes the cultural aspect of the phenomena; it places drug use within a larger gestalt; it suggests that mass media in addition to personal contact can play a central role in the diffusion and acceptance of drug use; and it holds a relatively neutral connotation, eras can be good or bad and typically have both positive and negative qualities.



Illicit Drugs

Illicit drugs represent the largest volume of criminal cases that are examined by forensic science laboratories. They can occur naturally, as with marijuana or cocaine; they can be prepared from naturally occurring substances, such as the case with heroin; or they can be totally synthetic, as is the case with amphetamines and most other prescription drugs. Illicit drugs can also be classified by major effects. There are four major types: stimulants, depressants, narcotics, and hallucinogens. Illicit drugs in the United States are controlled both by the federal and all 50 state governments. The model laws adopted by the federal government are embodied in the Uniform Controlled Substances Act, which puts drugs in one of five schedules, according to potential for abuse and approved medical use. Illicit drugs seldom occur as pure substances and therefore must be separated from the cutting agents. This can be accomplished by liquid extraction or by some form of chromatography. Virtually all illicit drug cases must have a confirmatory test, such as gas chromatography-mass spectrometry to be presented in court.

The Effect of Alcohol Prohibition on Illicit-Drug-Related Crimes

The effect of alcohol access on drug-related crime and mortality using detailed information on access laws in Texas between 1978 and 1996. Counties with alcohol access have higher average levels of drug-related crimes. However, after controlling for both county and year fixed effects, we find that having local alcohol access decreases crime associated with illicit drugs. This basic finding is replicated in two alternative analyses. First, we find that prohibiting the sale of beer to persons under 21, which arguably increases the implicit price of liquor more for juveniles in wet counties than for those in dry counties, increases the fraction of drug-related arrests involving juveniles more in wet counties than in dry counties. Second, we find that after controlling for both county and year fixed effects, local alcohol access decreases mortality associated with illicit drugs. Alcohol access and illicit-drug-related outcomes appear to be substitutes.

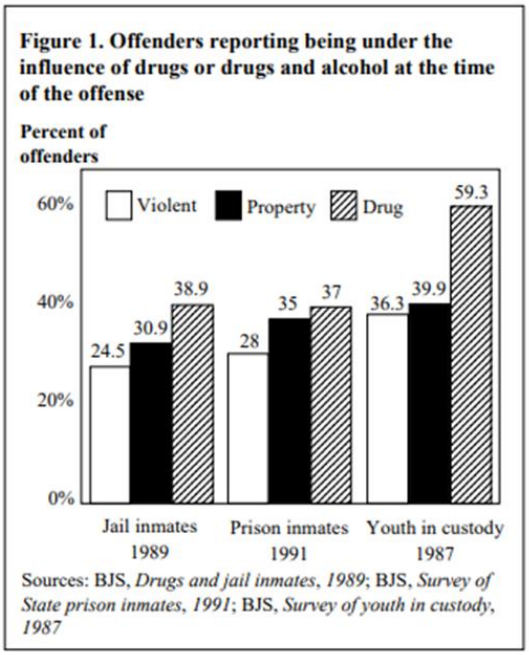
Arrestees Frequently Test Positive For Recent Drug Use

The National Institute of Justice (NIJ) Drug Use Forecasting (DUF) Program measures drug use among arrestees by calculating the percentage of individuals with positive urine tests for drug use. DUF data are collected voluntarily and anonymously at the time of arrest from arrestees in booking facilities in selected U.S. cities. Data collected from male arrestees in 1992 in 24 cities showed that the percentage testing positive for any drug ranged from 42% to 79% across the cities. Positive drug tests for females arrested ranged from 38% to 85%. Male arrestees charged with drug sale/possession were the most likely to test positive for drug use. Female arrestees charged with prostitution or drug sale/possession were the most likely to test positive. Both males and females arrested for burglary and robbery had high positive rates.

Offenders Often Commit Offenses To Support Their Drug Habit

Another dimension of drug-related crime is whether the offense is committed to obtain money (or goods to sell to get money) to support drug use. According to BJS national surveys, the most comprehensive information available, an estimated 17% of 1991 State prison inmates and 13% of convicted jail inmates in 1989 reported committing their offenses to get money to buy drugs). Offenders convicted of robbery, burglary, and larceny/theft were most likely to commit their offense to obtain money to buy drugs. Offenders convicted of sexual assault and homicide were among the offenders least likely to commit the offense to sustain their drug habit.

Incarcerated Offenders Were Often Under The Influence Of Drugs When They Committed Their Offenses



Sentenced jail and prison inmates were asked whether they were under the influence of drugs or drugs and alcohol at the time they committed the offense that resulted in their incarceration. The percentage of jail and prison inmates who reported they were under the influence of drugs at the time of the offense varied across the major offense categories. The 1991 BJS Survey of Inmates in State Correctional Facilities found that drug offenders, burglars, and robbers were the most likely to report having been under the influence of drugs. Prison inmates convicted of homicide, assault, and public order offenses were among those least likely to report being under the influence of drugs.

Drug Trafficking Generates Violent Crime

Trafficking in illicit drugs tends to be associated with the commission of violent crimes. Reasons for the relationship of drug trafficking to violence include:

- competition for drug markets and customers
- disputes and rip-offs among individuals involved in the illegal drug market
- individuals who participate in drug trafficking are prone to use violence

• locations where street drug markets proliferate tend to be disadvantaged economically and socially;

legal and social controls against violence in such areas tend to be ineffective. The proliferation of lethal weapons in recent years has also likely made drug violence more deadly.

Conclusion

The evidence indicates that drug users are more likely than nonusers to commit crimes, that arrestees and inmates were often under the influence of a drug at the time they committed their offense, and that drug trafficking generates violence. Assessing the nature and extent of the influence of drugs on crime requires that reliable information about the offense and the offender be available, and that definitions be consistent. In face of problematic evidence, it is impossible to say quantitatively how much drugs influence the occurrence of crime.

Reducing The Spread Of HIV, Viral Hepatitis And Other Infections Associated With Injecting Drug Use

Issues

The sharing of injecting equipment increases the risk of the transmission and acquisition of bloodborne infections, such as HIV and hepatitis B and C viruses. Historically interventions targeting people who inject drugs — primarily OST, needle and syringe programs and harm reduction measures to reduce risk behavior — were mainly focused on reducing HIV transmission. The success of these measures can be seen in the low share of HIV transmission attributed to drug injecting (about 5 % of diagnoses for which the route of transmission is known), which has been stable for the past decade. Nevertheless, injecting drug use remains an important mode of HIV transmission in some countries and injecting-related HIV outbreaks still occur in Europe, especially where service coverage is low.

Hepatitis C is the most prevalent blood-borne virus infection among people who inject drugs. The development of highly effective treatments for hepatitis C has led to a shift in focus towards addressing the high rates of hepatitis C virus (HCV) infection found among people who inject drugs. Chronic HCV infection can result in deaths from severe liver disease, such as cirrhosis and liver cancer.

European Picture

- Of the 30 countries monitored by EMCDDA, all except Turkey provide clean injecting equipment free of charge via specialized outlets. However, there are considerable differences in coverage, indicating a need to increase service provision in some countries.
- An increasing number of European countries have adopted, or are preparing, hepatitis C strategies and alongside this new direct-acting antiviral treatments for HCV are being introduced in some countries with the aim of eliminating the infection.

Understanding The Problem And Key Objectives For Responses

In the 1980s and 1990s transmission attributed to injecting drug use was the main route of HIV infection in Europe. Since then, increased availability of harm reduction and treatment interventions, such as syringe provision, OST and combination antiretroviral therapy, and a decline in the prevalence of injecting drug use, have been accompanied by a dramatic fall in notified HIV infections attributed to drug injecting. Nevertheless, injecting drug use remains an important mode of HIV transmission in some EU countries, and sporadic outbreaks continue to occur in other countries. In addition, despite decreases over recent years, more than 1 in 10 new AIDS cases in the European Union are still

attributed to injecting drug use. Tis may signal late diagnosis or bad case management, both of which are avoidable causes of harm to patients. Many of these cases were reported in Greece, Latvia and Romania, where HIV testing and treatment responses may require strengthening.

Drug injection also carries a risk for other infectious diseases, such as wound botulism and anthrax. Marginalized groups, including people with serious drug problems, whether or not they inject, may also be at increased risk of contracting infectious diseases such as tuberculosis. Drug injecting may cause damage to veins and associated circulatory problems. For example, injecting of drugs that come in tablet form, such as buprenorphine, may a number of potentially serious health problems.

NETWORKING

Golden Triangle

The world drug problem persists even as its forms, manifestations, causes and consequences vary from one region to another. According to the World Drug Report 2019, production and manufacturing of and trafficking in most drugs is on the rise, while their use has also grown in recent years. The proliferation of new technology means that drug flows are characterized by rapid changes in trafficking routes and concealment methods. He expressed concern over the steady rise in poppy cultivation and production in China's neighborhood.

Myanmar is the world's second largest producer of illicit opium, after Afghanistan and has been a significant cog in the transnational drug trade since World War II According to the UNODC it is estimated that in 2005 there were 430 square kilometers (167 mi) of opium cultivation in Myanmar.

The surrender of drug warlord Khun Sa's Moong Tai Army in January 1996 was hailed by Yangon as a major counter-narcotics success. Lack of government will and ability to take on major narcotrafficking groups and lack of serious commitment against money laundering continues to hinder the overall anti-drug effort. Most of the tribespeople growing the opium poppy in Myanmar and in the Thai highlands are living below the poverty line.

In 1996, the United States Embassy in Rangoon released a "Country Commercial Guide", which states "Exports of opiates alone appear to be worth about as much as all legal exports." It goes on to say that investments in infrastructure and hotels are coming from major opiate-growing and opiate-exporting organizations and from those with close ties to these organizations.

The main player in the country's drug market is the United War State Army, ethnic fighters who control areas along the country's eastern border with Thailand, part of the infamous Golden Triangle. The UWSA, an ally of Myanmar's ruling military junta, was once the militant arm of the Beijing-backed Burmese Communist Party.

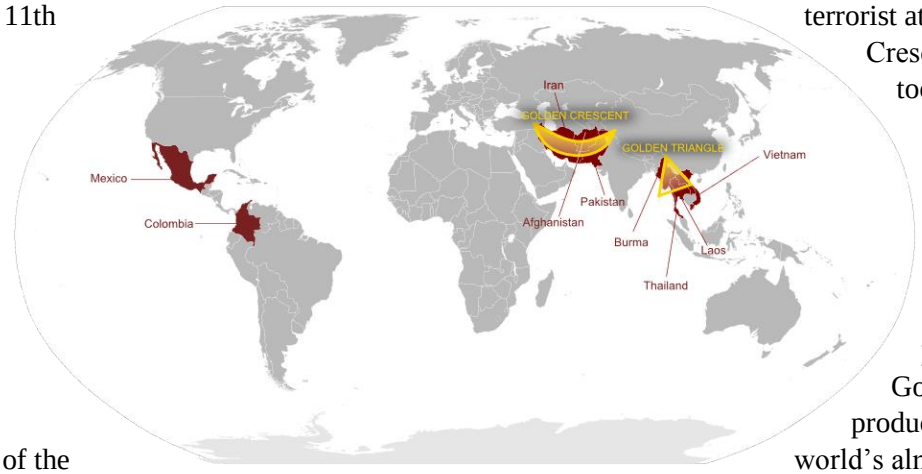
Poppy cultivation in the country decreased more than 80 percent from 1998 to 2006 following an eradication campaign in the Golden Triangle. Officials with the United Nations Office of Drugs and Crime say opium poppy farming is now expanding. The number of hectares used to grow the crops increased 29% in 2007. A United Nations report cites corruption, poverty and a lack of government control as ca uses for the jump.

Opium and heroin base produced in northeastern Myanmar are transported by horse and donkey caravans to refineries along the Thailand–Burma border for conversion to heroin and heroin base. Most of the finished products are shipped across the border into various towns in North Thailand and down to Bangkok for further distribution to international markets..

The low economic level of the citizens that lives in this region is the biggest reason behind the drug trafficking problem in those countries. The people who has problems about finding a job and earn their lives believes that transporting drugs is the easiest way to earn their lives.

Golden Crescent

The Golden Crescent has a much longer history of opium production than does Southeast Asia's Golden Triangle. The Golden Triangle emerged as a modern-day opium-producing entity only in the 1980s, after the Golden Crescent did so in the 1950s. The Golden Triangle began making an impact on the opium and morphine market in the 1980s and has steadily increased its output since then in order to match the increasing demand. During the invasion of Afghanistan in 2001, a retaliation to the September 11th terrorist attacks, the Golden Crescent's opium production took a huge hit, producing almost 90% less opium than in 2000.



At the peak of its opium production in 2007, the Golden Crescent produced more than 8,000 of the world's almost 9,000 total tons of opium, a near monopoly. The Golden Crescent also dominates the cannabis resin market due to the high resin yields of the region (145 kg/ha), four times more than Morocco (36 kg/ha). The Golden Crescent also caters to a much larger market, about 64% more than the Golden Triangle. It produces and distributes over 2,500 tons of opiates to Africa, Europe, the Americas and Central Asia and supplies almost 9.5 million opiate users worldwide.

Despite worldwide efforts to capture and seize as much opium product as possible, total opiate seizures only brought in 23.5% of the total estimated product distributed worldwide.[5] Of these seizures around 97% of opium and morphine seizures are made in the Middle East and heroin seizures are made mostly in the Middle East or Europe. In Afghanistan only one percent of the heroin that is exported illegally is intercepted and destroyed by the national governments. Although Afghanistan is the major producer of opiates in the Golden Crescent, most of the seizures are made in Iran, their neighbor to the west. This is because traffickers are arrested while crossing the border from Afghanistan to Iran so that they can distribute the product to Europe and Africa where there is a high demand for opiates. In Pakistan the majority of traffickers arrested are 38% Nigerians and 32% Pakistanis.

These traffickers, essential to the transportation of the drugs from the source to end-user markets, make large profits because of how risky the job is. A rough estimate of how many people are currently involved in drug trafficking is above one million. The majority of opium produced in Afghanistan comes from the Kandahar and Helmand provinces, Helmand being the major producer. Of the 5,300 tons of opium produced in Afghanistan, 2,700 tons is transformed into heroin.[5] In 2008, almost half of the heroin produced was used in Iran. Even though Afghanistan is the leading producer, only 7% was used there.

UN MISSIONS ABOUT THE TOPIC

United Nations International Drug Control Program (UNDCP)

Designed to coordinate and provide leadership for United Nations system drug control activities and promote coordination and cooperation with other regional and international organizations involved in drug control activities, provide substantive secretariat services to the Commission on Narcotic Drugs and its subsidiary bodies and the International Narcotics Control Board; and provide substantive services to the Economic and Social Council and the General Assembly and other committees or conferences dealing with drug control matters as required network with outside research institutes, associations and universities to secure and share information on the latest research related to drug control and participate in joint projects develop technical cooperation programs for drug control worldwide and assist governments in developing and implementing programs aimed at reducing the cultivation of illicit narcotic crops and the production, trafficking and abuse of narcotic drugs and psychotropic substances.

NGO relations

The drug problem is a complex, multifaceted and pervasive one, and the active involvement of civil society in finding effective solutions, particularly in the sphere of demand reduction, is of paramount importance. A new impetus was given to mobilizing civil society in the fight against drug abuse with the launching of the Decade against Drug Abuse (1991-2000). Within the context of the decade, a number of events have been held with this particular aim: a series of international meetings of Mayors Against Drugs; two international private sector conferences on Drugs in the Workplace and the Community, held in Seville in 1993 and in Porto Alegre in 1995, and attended by representatives of the private sector, local authorities, trade unions, NGOs, international organizations and experts on substance abuse and its consequences; training courses for journalists; and an agreement on a joint Sport against Drugs program with the International Olympic Committee.

Drug Dependence Treatment (DDT)

This congress makes findings such as

The growing extent of drug abuse indicates an urgent need for prevention and intervention programs designed to reach the general population and members of high-risk populations such as youth, women, and the elderly. The adverse impact of drug abuse inflicts increasing pain and hardship on individuals, families, and communities and undermines our institutions. The Congress declares that it is the policy of the United States and the purpose of this chapter to focus the comprehensive resources of the

Federal Government and bring them to bear on drug abuse with the objective of significantly reducing the incidence, as well as the social and personal costs, of drug abuse in the United States, and to develop and assure the implementation of a comprehensive, coordinated long-term Federal strategy to combat drug abuse. To reach these goals, the Congress further declares that it is the policy of the United States and the purpose of this chapter to meet the problems of drug abuse through comprehensive Federal, State, and local planning for, and effective use of, Federal assistance to States and to community-based programs to meet the urgent needs of special populations, in coordination with all other governmental and nongovernmental sources of assistance

The World Program of Action for Youth on Drug Abuse (WPAY)

The vulnerability of young people to drug abuse has in recent years become a major concern. The consequences of widespread drug abuse and trafficking, particularly for young men and women, are all too apparent. Violence, particularly street violence, often results from drug abuse and illicit drug networks.

To be effective, demand reduction programs should be targeted at all young people, particularly those at risk, and the content of the programs should respond directly to the interests and concerns of those young people. Preventive education programs showing the dangers of drug abuse are particularly important. Increasing opportunities for gainful employment and activities which provide recreation and opportunities to develop a variety of skills are important in helping young people to resist drugs. Youth organizations can play a key role in designing and implementing education programs and individual counselling to encourage the integration of youth into the community, to develop healthy lifestyles and to raise awareness of the damaging impact of drugs. The programs could include training of youth leaders in communication and counselling skills.

How does drug affect society ?

What are the effects of drug abuse to the community and how can we reduce it ?

What are the important factors that should be considered when developing effective drug policy ?

What can be the punishment of illicit drug usage and trafficking in order to adapt the people to the society ?

What can be done to prevent people from addiction ?

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