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COMMISSION ON NARCOTIC DRUGS BACKGROUND GUIDE 2018

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Dear Delegates,

Welcome to the 2018 National Model United Nations New York Conference (NMUN•NY)! We are pleased to welcome you to the Commission on Narcotic Drugs (CND). This year's staff are: Directors Maike Weitzel (Conference A) and Grace Moyo (Conference B), and Assistant Directors Rym Bendimerad (Conference A) and Samantha L. Hall (Conference B). Maike completed her B.A. in European Studies at the University of Magdeburg in 2016 and is now pursuing an M.A. in International Relations at the Technical University of Dresden. This is her third year on staff. Grace completed her Bachelor of Laws and Master of Laws at Rhodes University and the University of Cape Town. She is currently a PhD candidate in Public Law at the University of Cape Town. This is her fourth year on staff. Rym has a BA in International Relations from San Francisco State University and is currently pursuing a MA in Human Rights at University College London. Samantha Hall is an MA International Affairs candidate at American University and received her bachelors in International Studies: Peace and Diplomacy from Wright State University.

The topics under discussion for Commission on Narcotic Drugs are:

1. Towards a New International Drug Strategy: Implementing the Recommendations of UNGASS 2016
2. Preventing the Illicit Cultivation of Drug Crops through Alternative Development
3. Strengthening Global Drug Policies to Address the Production and Trafficking of Counterfeit Goods

As a functional commission of the Economic and Social Council, the Commission on Narcotic Drugs (CND) is the main UN body in charge of the international drug control framework. The CND's main tasks include monitoring and assessing the world drug problem, implementing international drug strategy, and adopting measures for supply reduction and alternative development. The body works together in order to find holistic global solutions for the challenges that drug use and trafficking present to the international community. In order to properly simulate this commission, delegates should focus on the normative aspects of the body's mandate.

This Background Guide serves as an introduction to the topics for this committee. However, it is not intended to replace individual research. We encourage you to explore your Member State's policies in depth and use the Annotated Bibliography and Bibliography to further your knowledge on these topics. In preparation for the Conference, each delegation will submit a [Position Paper](#) by 11:59 p.m. (Eastern) on 1 March 2018 in accordance with the guidelines in the [NMUN Position Paper Guide](#).

Two resources, to download from the [NMUN website](#), that serve as essential instruments in preparing for the Conference and as a reference during committee sessions are the:

1. [NMUN Delegate Preparation Guide](#) - explains each step in the delegate process, from pre-Conference research to the committee debate and resolution drafting processes. Please take note of the information on plagiarism, and the prohibition on pre-written working papers and resolutions. Delegates should not start discussion on the topics with other members of their committee until the first committee session.
2. [NMUN Rules of Procedure](#) - include the long and short form of the rules, as well as an explanatory narrative and example script of the flow of procedure.

In addition, please review the mandatory [NMUN Conduct Expectations](#) on the NMUN website. They include the Conference dress code and other expectations of all attendees. We want to emphasize that any instances of sexual harassment or discrimination based on race, gender, sexual orientation, national origin, religion, age, or disability will not be tolerated.

If you have any questions concerning your preparation for the committee or the Conference itself, please contact the Under-Secretaries-General for the Department of Economic and Social Affairs, Alexander Rudolph (Conference A) and Samantha Winn (Conference B), at usg.ecosoc@nmun.org

We wish you all the best in your preparations and look forward to seeing you at the Conference!

Conference A

Maike Weitzel, Director

Rym Bendimerad, Assistant Director

Conference B

Grace Moyo, Director

Samantha L. Hall, Assistant Director



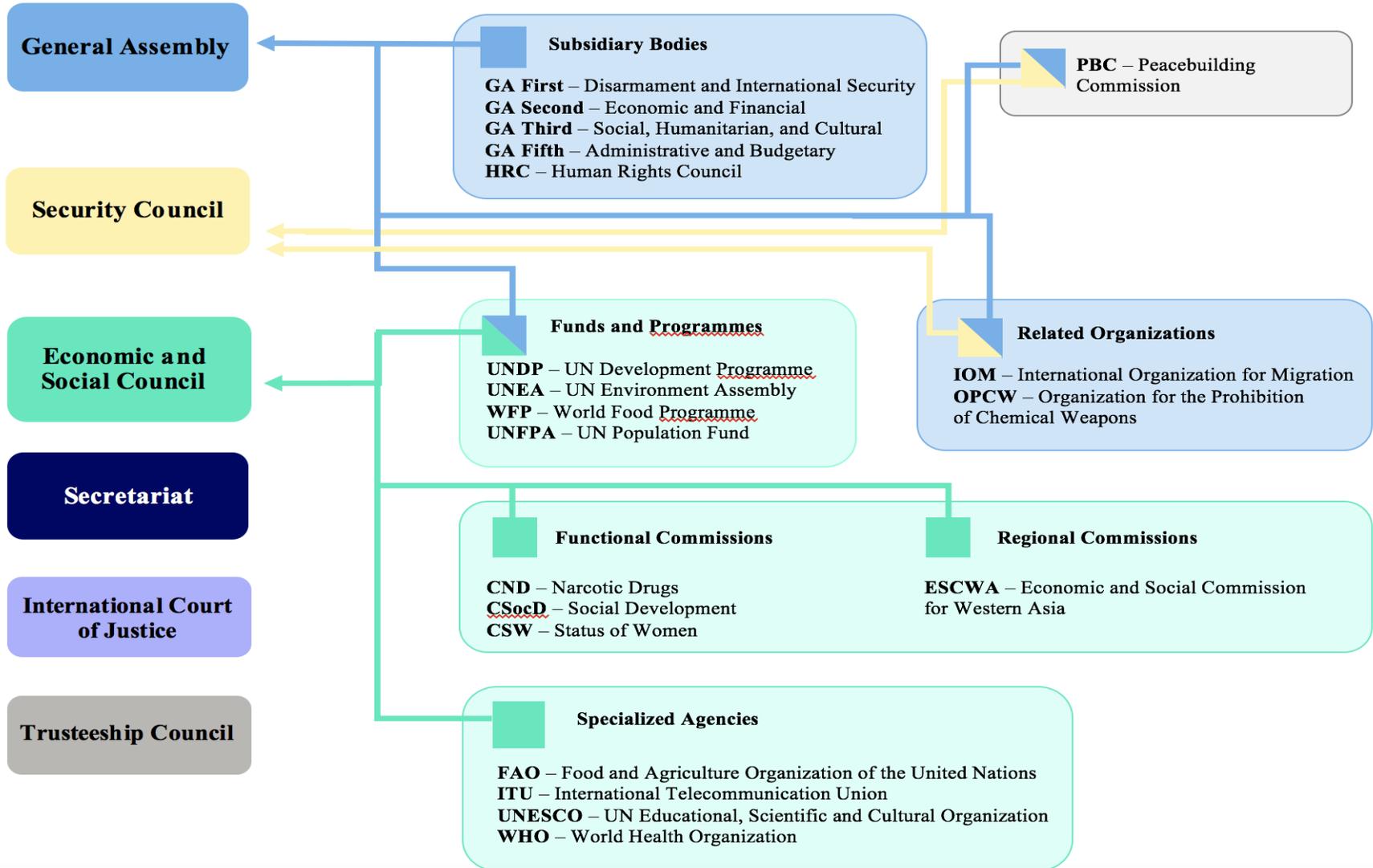
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United Nations System at NMUN•NY

This diagram illustrates the UN system simulated at NMUN•NY and demonstrates the reportage and relationships between entities. Examine the diagram alongside the Committee Overview to gain a clear picture of the committee's position, purpose, and powers within the UN system.





Abbreviations

ACTA	Anti-Counterfeiting Trade Agreement
AD	Alternative Development
CCPCJ	Commission on Crime Prevention and Criminal Justice
CND	Commission on Narcotic Drugs
CSO	Civil Society Organization
ECOSOC	Economic and Social Council
EURAD	Europe Against Drugs
HONLEA	Heads of National Drug Law Enforcement
HRC	Human Rights Council
HRDI	Highland Research and Development Institute
ICAD	International Conference on Alternative Development
IDPC	International Drug Policy Consortium
IMPACT	International Medical Products Anti-Counterfeiting Taskforce
INCB	International Narcotics Control Board
INTERPOL	International Criminal Police Organization
LEAD	Law Enforcement Assisted Diversion
MSM	Member State Mechanism
NAFDAC	National Agency for Food and Drug Administration and Control
NGO	Non-governmental organization
RPF	Royal Project Foundation
SDG	Sustainable Development Goal
TRIPS	World Trade Organization Agreement on Trade Related Aspects of Intellectual Property
UN	United Nations
UN-Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNGASS 2016	United Nations General Assembly Special Session on the World Drug Problem
UNIDO	United Nations Industrial Development Organization
UNODC	United Nations Office on Drugs and Crime
VNGOC	Vienna Non-Governmental Organization Committee
WHA	World Health Assembly
WHO	World Health Organization
WIPO	World Intellectual Property Organization

Committee Overview

Introduction

In the context of modern international drug control, a “drug” is any substance placed in schedule I or II of the 1961 *Single Convention on Narcotic Drugs*.¹ The United Nations (UN) Office on Drugs and Crime (UNODC) website offers this simple definition of a drug in pharmacological terms: it is “any chemical agent that alters the biochemical or physiological processes of tissues or organisms.”² International efforts to control narcotics predate the modern UN. In 1912, the International Opium Convention was signed at The Hague, and adherence to its provisions was built into the *Treaty of Versailles*, which ended the First World War.³ The fledgling League of Nations took over international narcotics control, primarily through the Advisory Committee on the Traffic in Opium and Other Dangerous Drugs. The signature achievement of this committee was the 1933 *Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs*.⁴ These early bodies and treaties reflected the scientific knowledge and societal practices of the time and focused predominantly on opiate and coca derivatives, but nonetheless established the principle of the absolute prohibition of the trade in narcotics, with the only exceptions being for internationally sanctioned medical or research purposes.⁵

The **Commission on Narcotic Drugs (CND)** is a functional commission of the Economic and Social Council (ECOSOC).

Maintaining a coherent international strategy for narcotics control was a priority following the Second World War and the establishment of the UN, and in 1946, the newly formed Economic and Social Council (ECOSOC) established the Commission on Narcotic Drugs (CND) through resolution 9 (1) to advise it on drug policy.⁶ In the early years of CND, several drug protocols were established, the most significant being the 1953 *Protocol for Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in, and Use of Opium* (Opium Protocol).⁷ The Opium Protocol reaffirmed that opium and related substances could only be used for scientific or medical purposes, and mandated for the establishment of dedicated drug agencies in Member States that ratified the protocol.⁸

The modern CND, however, is mainly defined around three treaties: the *Single Convention on Narcotic Drugs* (1961), the *Convention on Psychotropic Substances* (1971), and the *Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (1988).⁹ The Single Convention was so named because it amalgamated and superseded all pre-existing drug control treaties.¹⁰ While earlier drug control treaties had largely been limited to controlling the supply of narcotics and limiting their usage to medical and research purposes, from the 1970s onwards demand reduction began to take a more prominent role in the language of international treaties.¹¹ For example, the 1971 *Convention on Psychotropic Substances* requires signatories to take “all active measures to for the prevention of abuse of psychotropic substances.”¹² The 1961 and 1971 Conventions, along with the *Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (1988), form the bedrock of the international drug control framework, of which CND is the central body.¹³

¹ UNODC, *Information About Drugs*, 2015.

² Ibid.

³ UNODC, *A Century of International Drugs Control*, 2008, p. 7.

⁴ League of Nations, *Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs*, 1933.

⁵ Ibid.

⁶ UN ECOSOC, *Resolution on the Establishment of a Commission on Narcotic Drugs (E/RES/9(1))*, 1946.

⁷ UNODC, *A Century of International Drugs Control*, 2008, p. 7.

⁸ UN Opium Conference, *Protocol and Final Act*, 1953.

⁹ UN Conference for the Adoption of a Single Convention on Narcotic Drugs, *Single Convention on Narcotic Drugs*, 1961; UN Conference for the Adoption of a Protocol on Psychotropic Substances, *Convention on Psychotropic Substances*, 1971.

¹⁰ UNODC, *A Century of International Drugs Control*, 2008, p. 60.

¹¹ Ibid.

¹² UN Conference for the Adoption of a Protocol on Psychotropic Substances, *Convention on Psychotropic Substances*, 1971.

¹³ UN Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*, 1988.

Governance, Structure and Membership

There are 53 members of CND, with 11 seats each reserved for African and Asian states, 10 for Latin America, six for Eastern Europe, and 14 for Western Europe and others.¹⁴ The remaining seat rotates between Asian and Latin American or Caribbean states every four years.¹⁵ Members must be party to the 1961 *Single Convention on Narcotic Drugs*, and “adequate representation” must be ensured for Member States that are either key producers of opium or coca leaves, key places where illicit narcotics are manufactured, or where the use of illicit narcotics is particularly concerning.¹⁶ Members of CND are elected by an organizational session of ECOSOC.¹⁷

CND is led internally by the Bureau and Extended Bureau of the Commission.¹⁸ The Bureau is composed of a Chairperson, three Vice-Persons, and a Rapporteur, who are elected at the end of each CND session for the following one.¹⁹ In addition, the Bureau works with the UN Secretariat to prepare CND sessions, as well as undertake organizational work between sessions.²⁰ The Extended Bureau includes representatives from the five main global geographic regions, in addition to the EU, China, and the Group of 77 developing nations.²¹

CND, along with other bodies such as the Commission on Crime Prevention and Criminal Justice and the Commission on the Status of Women, is one of the functional commissions of ECOSOC.²² CND’s reports are considered at the substantive session of ECOSOC each year: some are adopted and become ECOSOC resolutions, and some ECOSOC refers to the General Assembly, to potentially become General Assembly resolutions.²³

Several smaller bodies report directly to CND, including the Sub-commission on Illicit Drug Traffic and Related Matters in the Near and Middle East that was formed in 1973, which exists to facilitate cooperation between governments in the region, and to offer a focused regional perspective.²⁴ There are also the four Regional Meetings of Heads of National Drug Law Enforcement Agencies.²⁵ These bodies, one each for Europe, Latin America, Africa, and Asia, exist to improve high-level coordination between regional drug law enforcement agencies.²⁶

Mandate, Functions and Powers

CND’s mandate is to “monitor the world drug situation, develop strategies on international drug control and recommends measures to combat the world drug problem, including through reducing demand for drugs, promoting alternative development initiatives, and adopting supply reduction measures.”²⁷ Like many older UN agencies, the mandate of CND has evolved over time.²⁸ The original mandate, as set out in ECOSOC resolution 9(1) called for the new body to assist ECOSOC, supervise existing narcotic control treaties, and make recommendations on narcotic drug control issues.²⁹ This means that CND has always had a functional, operational aspect to its mandate, in addition to a normative policymaking mandate.³⁰ However, this division of roles was only clarified and

¹⁴ UNODC, *CND: Membership*, 2017.

¹⁵ *Ibid.*

¹⁶ *Ibid.*

¹⁷ UNODC, *CND/CCPCJ: Fact Sheet on Membership*, 2017.

¹⁸ UNODC, *Bureau and Extended Bureau*, 2017.

¹⁹ *Ibid.*

²⁰ *Ibid.*

²¹ *Ibid.*

²² UNODC, *The Economic and Social Council and the CND and CCPCJ*, 2017; UN ECOSOC, *Subsidiary Bodies of ECOSOC*, 2017.

²³ UNODC, *The Economic and Social Council and the CND and CCPCJ*, 2017.

²⁴ New Zealand Ministry of Foreign Affairs and Trade, *United Nations Handbook 2016-2017*, 2016, p. 147.

²⁵ *Ibid.*, p. 148.

²⁶ *Ibid.*, p. 148.

²⁷ UNODC, *CND*, 2017.

²⁸ UN ECOSOC, *Resolution on the Establishment of a Commission on Narcotic Drugs (E/RES/9(1))*, 1946; UN ECOSOC, *Review of the United Nations International Drug Control Programme: strengthening the United Nations machinery for international drug control within the scope of the existing international drug control treaties and in accordance with the basic principles of the Charter of the United Nations (E/RES/1999/30)*, 1999.

²⁹ UN ECOSOC, *Resolution on the Establishment of a Commission on Narcotic Drugs (E/RES/9(1))*, 1946.

³⁰ *Ibid.*

formalized in 1999 with the adoption of ECOSOC resolution 1999/30, which requires CND to structure its agenda into two distinct sections: a normative section, centered around policy issues and the upholding of treaties, and an operational section, where it exercises its role as the governing body of UNODC.³¹ UNODC itself was formed in 1997 by the merging of the secretariats of the UN International Drug Control Program and the Centre for International Crime Prevention.³² As a governing body, CND is responsible for administrative and budgetary matters of the UNODC, as well as strategic oversight.³³ This means that while CND is not responsible for the daily operations of UNODC, it is recognized as the central drug policymaking organ of the UN, makes suggestions as to the direction of UNODC policy, and offers guidance on strengthening its programs during sessions concerning the first part of its agenda.³⁴

Under the *Single Convention on Narcotic Drugs* (1961), CND is responsible for placing drugs into one of five schedules, depending on their harmfulness.³⁵ However, changes to drug scheduling can only be made on the recommendation of the World Health Organization (WHO).³⁶ Drug scheduling changes can only be overruled by the ECOSOC plenary session.³⁷ The Single Convention established the International Narcotics Control Board (INCB) and charged it to “limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes, to ensure their availability for such purposes and to prevent illicit cultivation, production and manufacture of, and illicit trafficking in and use of, drugs.”³⁸ As such, it is the INCB that works directly with governments to ensure compliance with the convention, not CND.³⁹ The INCB focuses primarily on the regulation of legal drug markets, working with government agencies to ensure that controlled substance does not fall into the wrong hands.⁴⁰ UNODC, meanwhile, focuses more on illicit drug markets, working with governments on demand reduction, police cooperation, and tackling organized crime.⁴¹ CND works closely with both bodies; as governing body of UNODC, CND approves the International Drug Control Program Fund, which accounts for 90% of UN for Drug Control Resources, and for the INCB, CND works in an advisory capacity.⁴²

CND’s mandate was further shaped in 2009 during the annual meeting’s high-level segment; at this meeting, Member States adopted the *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem* (the Plan).⁴³ The Plan committed members to the ambitious goal of eventually eliminating illicit drug consumption in its entirety.⁴⁴ CND is named as the UN body that should play the main role in encouraging and assisting Member States in implementing the Plan, and is also tasked with developing new “indicators and instruments” by which to measure the extent of the global drug problem.⁴⁵ The Plan itself is focused on both demand and supply reduction, the steps Member States should take to achieve this, and aims to eradicate both the demand and supply of illicit drugs by 2019.⁴⁶

³¹ UN ECOSOC, *Review of the United Nations International Drug Control Programme: strengthening the United Nations machinery for international drug control within the scope of the existing international drug control treaties and in accordance with the basic principles of the Charter of the United Nations (E/RES/1999/30)*, 1999.

³² UNODC, *A Century of International Drugs Control*, 2008, p. 9.

³³ UN CND, *Annotated Provisional Agenda, 58th Session*, 2014.

³⁴ *Ibid.*

³⁵ UN Conference for the Adoption of a Single Convention on Narcotic Drugs, *Single Convention on Narcotic Drugs*, 1961.

³⁶ *Ibid.*

³⁷ UNODC, *Commentary on the Single Convention*, 1961, p. 79.

³⁸ UN Conference for the Adoption of a Single Convention on Narcotic Drugs, *Single Convention on Narcotic Drugs*, 1961.

³⁹ UNODC, *A Century of International Drugs Control*, 2008, p. 9.

⁴⁰ *Ibid.*

⁴¹ *Ibid.*

⁴² UN ECOSOC *Review of the United Nations International Drug Control Programme: strengthening the United Nations machinery for international drug control within the scope of the existing international drug control treaties and in accordance with the basic principles of the Charter of the United Nations (E/RES/1999/30)*, 1999.

⁴³ UNODC, *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, 2009, p. iii.

⁴⁴ *Ibid.*, p. 8.

⁴⁵ *Ibid.*, p. 8.

⁴⁶ *Ibid.*, p. 19.

Recent Sessions and Current Priorities

The 70th session of the UN General Assembly adopted the 2030 Agenda for Sustainable Development, which included 17 Sustainable Development Goals (SDG) to continue the progress achieved through the Millennium Development Goals.⁴⁷ SDG 3, “ensure healthy lives and promote well-being for all at all ages,” includes in target 5 the aim of enhancing the prevention and treatment of substance abuse.⁴⁸ With the aim of fulfilling this goal, in 2016, UNODC launched the “Listen First” Campaign, which promotes a better childhood as a basis to prevent drug abuse.⁴⁹ In 2017, UNODC and the UN Entity for Gender Equality and the Empowerment of Women (UN-Women) created a roundtable to evaluate how the functional commissions can contribute to the goal of gender equality in order to contribute to the fulfillment of SDG 5, “achieve gender equality and empower all women and girls.”⁵⁰

In 2016 the General Assembly held the UN General Assembly Special Session on the World Drug Problem (UNGASS 2016), which CND was tasked to organize.⁵¹ The goal of UNGASS 2016 was to define actions that should lead to the fulfilment of the Plan by 2019.⁵² In its outcome document, UNGASS 2016 made recommendations on demand reduction, prevention, treatment, availability, and access to controlled substances (medical and scientific purposes), supply reduction, law enforcement in drug-related crime and cross-cutting issues such as the role of women and youth.⁵³ Member States reiterated their commitment to enhance cooperation on regional, interregional, and international cooperation by promoting alternative development, technical, and financial cooperation.⁵⁴ Currently, CND focusses on the development of a subsequent policy following the Plan after 2019, which is to be adopted in its 62nd session.⁵⁵ The main focus of the CNDs work during its 60th session was the improvement of reporting mechanisms and data collection for the evaluation of the implementation of the Plan.⁵⁶ During the intersessional meeting of CND in September 2017, strategies to combat drug abuse were evaluated and reconsidered with regard to the goals set by UNGASS 2016.⁵⁷ It was stressed that drug abuse is a health issue and should be dealt with by health ministries in Member States.⁵⁸ Besides new forms of medical treatments, Member States also reported success in awareness campaigns through social media channels.⁵⁹

Conclusion

The international framework for controlling illicit substances is built primarily on the 1961, 1971, and 1988 Conventions, and CND is the central body tasked with upholding these treaties.⁶⁰ Its dual role as both a normative policymaking body and as a functional committee, acting as a governing body of UNODC with control of over 90% of the UN’s anti-drugs budget, makes it a committee of critical importance.⁶¹ As the 2014 review and UNGASS 2016 have shown, the 2009 Plan of Action was far from perfect as it failed from a lack of resources and commitment.⁶² In preparation for the 62nd session, the Commission continues to address the shortcomings of the

⁴⁷ UN DESA, *Sustainable Development Goals*, 2017.

⁴⁸ UN DESA, *Sustainable Development Goal 3*, 2017.

⁴⁹ UNODC, *International Days and Campaigns*, 2017.

⁵⁰ *CND Intersessional, 26 September 2017: Chapter 1 on demand reduction*, CND Blog, 2017.

⁵¹ UNODC, *Special Session of the United Nations General Assembly on the world drug problem – About*, 2017.

⁵² *Ibid.*

⁵³ UN General Assembly, *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)*, 2016.

⁵⁴ *Ibid.*, p. 23.

⁵⁵ UN CND, *Report on the 60th Session (E/CN.7/2017/11)*, 2017.

⁵⁶ *Ibid.*

⁵⁷ *CND Intersessional, 26 September 2017: Chapter 1 on demand reduction*, CND Blog, 2017.

⁵⁸ *Ibid.*

⁵⁹ *Ibid.*

⁶⁰ UN Conference for the Adoption of a Single Convention on Narcotic Drugs, *Single Convention on Narcotic Drugs*, 1961; UN Conference for the Adoption of a Protocol on Psychotropic Substances, *Convention on Psychotropic Substances*, 1971; UN Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*, 1988.

⁶¹ UNODC, *CND*, 2017.

⁶² UN CND, *Joint Ministerial Statement 2014 High-Level Review by the Commission On Narcotic Drugs Of The Implementation By Member States Of The Political Declaration And Plan Of Action On International Cooperation Towards An Integrated And Balanced Strategy To Counter The World Drug Problem*, 2014.

Plan, as well as new challenges by focusing more on addressing the issues from different perspectives, such as health care.⁶³ In preparation for the conference, delegates should bear in mind that this complex challenge will require a holistic approach that includes all aspects of the challenge posed by the world drug problem.

Annotated Bibliography

New Zealand, Ministry of Foreign Affairs and Trade. (2016). *United Nations Handbook 2016-2017*. Retrieved 19 August 2017 from: https://www.mfat.govt.nz/assets/Handbooks/United_Nations_Handbook-2016-2017.pdf

This handbook, produced annually by New Zealand since 1961, is a well-regarded guide to the United Nations. Pages 140-144 detail CND, including its purpose, current membership, and the sub-commissions reporting to CND, including the Sub-commission on Illicit Drug Trafficking and Related Matters in the Near and Middle East, and the Regional Meetings of Heads of National Drug Law Enforcement Agencies. It is useful as a brief overview of the committee, as well as other committees of the UN, which are also included in the guide. The handbook is also available as a smartphone application.

United Nations, Commission on Narcotic Drugs. (2014). *Joint Ministerial Statement 2014 High-Level Review by the Commission On Narcotic Drugs Of The Implementation By Member States Of The Political Declaration And Plan Of Action On International Cooperation Towards An Integrated And Balanced Strategy To Counter The World Drug Problem*. Retrieved 19 August 2017 from:

https://www.unodc.org/documents/hlr/JointStatement/V1403583_E_ebook.pdf

This Joint Ministerial Statement summarizes the 2014 review of the above 2009 Plan. This document is the statement that most directly leads into UNGASS, and represents the most recent, long form articulations of the priorities and concerns of CND. Notably, it offers no concessions to those hoping for a relaxation of CND and UNODC's zero-tolerance approach to the use of psychoactive substances. Delegates will find this source particularly useful in understanding CND's process to improve upon the 2009 Plan.

United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs. (1961). *Single Convention on Narcotic Drugs, 1961 (as amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs, 1961)*. Retrieved 12 November 2017 from: https://www.unodc.org/pdf/convention_1961_en.pdf

The Single Convention on Narcotic Drugs is an international treaty to limit the production and distribution of a number of narcotics, with limited exceptions made for medical treatment and research. It consolidated a number of earlier treaties, and expanded their scope to include other substances, for example cannabis and related substances. In tandem with the later Convention on Psychotropic Substances (1971), which included synthetic psychoactive substances such as LSD, which were not widely understood in 1961, these two treaties form the bedrock of international narcotics control. In the treaty, CND, alongside WHO, was tasked to "schedule" narcotics in one of four different categories.

United Nations, Economic and Social Council. (1946). *Resolution on the Establishment of a Commission on Narcotic Drugs (E/RES/9(1))* [Resolution]. Retrieved 19 August 2017 from:

https://www.unodc.org/documents/commissions/CND/ECOSOC_Res-9I_E.pdf

This resolution from 1946, one of the first adopted by the newly formed UN, established CND to advise and make recommendations to ECOSOC on drug control, and to 'continually review' narcotics control policies. The mandate makes clear CND is taking over all responsibilities of the defunct League of Nations Advisory Committee on the Traffic in Opium and Other Dangerous Drugs. It is useful to understand the initial mandate of CND so as to fully appreciate how it has developed.

United Nations Office on Drugs and Crime. (2009). *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*. Retrieved 18 August 2017 from: https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf

⁶³ UN CND, *Report on the 60th Session (E/CN.7/2017/11)*, 2017, p.9.

This declaration and plan was the result of the 2009 CND conference, and is the most recent overarching plan to combat the trade in illicit narcotics that the international community has produced. Many of its targets, such as eliminating the supply and demand of drugs by 2019, are clearly not going to meet, but the strategies it outlines continue to be the starting point for current discussions on global drug policy, in relation to UNGASS. Delegates are encouraged to familiarize themselves with its key proposals to understand the direction of global drug policy.

United Nations, Commission on Narcotic Drugs. (2017). *Annotated Provisional Agenda: 60th Session*. Retrieved 14 September 2017 from: www.undocs.org/E/CN.7/2017/1

This is the agenda for the 60th session of CND, which was held in 2017. It is useful for delegates because it presents the division between the operational and normative parts of CND's deliberations in a clear way. The operational part focuses on CND's role as a governing body of UNODC, while the normative section allows CND to act as the central drug policy unit of the UN, and focus on broader questions of policy.

United Nations, Commission on Narcotic Drugs. (2017). *Report on the 60th Session*. Retrieved 14 September 2017 from: www.undocs.org/E/CN.7/2017/11

The Report of the 60th session of CND gives an example of how the work of CND is ultimately presented. It includes normative and operational decisions, draft decisions to be submitted to ECOSOC for approval, and a long list of "decisions," which are Drug Scheduling Decisions. Some drugs (usually complex new chemical compounds, chemically similar but distinct to existing narcotics) are added to the drug schedules, and others, such as ketamine, are subjected to a schedule review, pending further deliberation.

United Nations, General Assembly, Thirtieth special session. (2016). *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)* [Resolution]. Adopted without reference to a main committee (A/S-30/L.1). Retrieved 19 July 2017 from: <http://undocs.org/A/RES/S-30/1>

This resolution is the outcome document of the UN General Assembly Special Session on the World Drug Problem. It reiterates the commitments that were made with the adoption of the Plan of Action in 2009, but also highlights the shortcomings that were highlighted in the 2014 review. It stresses the need to promote capacity building in sectors such as law enforcement and national legislation. Furthermore, the report elaborates on the need to also focus on related issues such as human rights, effects on vulnerable members of societies and all forms of organized crime. Delegates should review this document as it is the key resolution for the current work of CND.

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New Zealand, Ministry of Foreign Affairs and Trade. (2016). *United Nations Handbook 2016-2017*. Retrieved 19 August 2017 from: https://www.mfat.govt.nz/assets/Handbooks/United_Nations_Handbook-2016-2017.pdf

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I. Towards a New International Drug Strategy: Implementing the Recommendations of UNGASS 2016

Introduction

In 2015, the United Nations Office on Drugs and Crime (UNODC) estimated that 250 million people, or 5% of the global adult population, were using drugs, and that an estimated 29.5 million people experienced drug dependence and required treatment.⁶⁴ The world drug problem remains a major concern for the international community; in its annual *World Drug Report* of 2017, UNODC reported that global drug use has increased by up to 25% from 2005 to 2015 and the manufacture of synthetic drugs is rising, as is the number of deaths due to drug-related illnesses such as Hepatitis C and HIV/AIDS.⁶⁵ The report also highlighted organized crime and corruption as both causes and consequences of increased drug trafficking and usage.⁶⁶ From 19 to 21 April 2016, the United Nations (UN) General Assembly convened a special session on the world drug problem (UNGASS 2016), which produced the outcome document *Our joint commitment to effectively addressing and countering the world drug problem*.⁶⁷ In recent years, civil society and reform-minded Member States have exerted pressure on the UN system to recognize the world drug problem as an intertwined web of psychosocial, criminal, and health problems.⁶⁸ This pressure, as well as increasing engagement on the need for a more progressive strategy on the world drug problem, led to the deliberations precedent to UNGASS 2016, and the special session itself.⁶⁹ The UNGASS 2016 outcome document has been lauded as one of the first truly progressive steps in international drug policy, though some have criticized its language as weak.⁷⁰ The international community has now shifted its attention to implementing these recommendations.⁷¹

Prior to the special session, the UN system maintained a predominantly punitive focus aimed at reducing supply and demand for illegal drugs.⁷² While previous international instruments mentioned rehabilitative and social considerations, they came secondary to a law enforcement perspective.⁷³ The UNGASS 2016 outcome document reframed global drug policy to take a more holistic approach to addressing drug usage and trafficking.⁷⁴ Importantly, it incorporated a strong focus on human rights and a rights-based approach to drug control.⁷⁵ Human rights sit at the top of the hierarchy of international law.⁷⁶ They form a common standard for treatment of all people, and governments have a binding responsibility to uphold human rights in their operations.⁷⁷ The key identified focus areas of the UNGASS 2016 outcome document are human rights, public health, development, and civil society engagement.⁷⁸ These thematic areas represent the commitments of the international community in drug policy going forward.⁷⁹ The Commission on Narcotic Drugs (CND) supports the implementation of the new international drug strategy by facilitating multi-stakeholder forums, monitoring progress within Member States, and coordinating with the UNODC to carry out local programming.⁸⁰

⁶⁴ UNODC, *World Drug Report Booklet 1: Executive Summary Conclusions and Policy Implications*, 2017, p. 9.

⁶⁵ *Ibid.*, p. 9.

⁶⁶ *Ibid.*, p. 17.

⁶⁷ Felbab-Brown & Trinkunas, *UNGASS 2016 in Comparative Perspective: Improving the Prospects for Success*, 2016, p. 3.

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

⁷⁰ Ochoa & Nugier, *How to capitalise on progress made in the UNGASS Outcome Document*, 2017, p. 1.

⁷¹ *Ibid.*

⁷² Felbab-Brown & Trinkunas, *UNGASS 2016 in Comparative Perspective: Improving the Prospects for Success*, 2016, p. 3.

⁷³ *Ibid.*

⁷⁴ Ochoa & Nugier, *How to capitalise on progress made in the UNGASS Outcome Document*, 2017, p. 1.

⁷⁵ UN General Assembly, *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)*, 2016, pp. 1, 3.

⁷⁶ Ane, *Drug policy in Africa: Towards a human rights-based approach*, 2017, p. 1.

⁷⁷ *Ibid.*

⁷⁸ Ochoa & Nugier, *How to capitalise on progress made in the UNGASS Outcome Document*, 2017.

⁷⁹ UN General Assembly, *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)*, 2016, p. 4.

⁸⁰ UNODC, *CND: Mandate and Functions*, 2017; IDPC, *The 2017 Commission on Narcotic Drugs: Report on Proceedings*, 2017, pp. 2-5, 8.

International and Regional Framework

Modern drug policy stems from the *Single Convention on Narcotic Drugs* (1961).⁸¹ This convention sought to coordinate international action to limit the possession, use, and trade in narcotic drugs to only that which is necessary for medical and scientific purposes.⁸² By placing restrictions on substances and in effect criminalizing many of them, it aimed to deter drug traffickers through international action and punitive measures.⁸³ As the first UN convention on drugs, it also adopted schedules of banned substances which were classified according to perceived risks and benefits, and mechanisms for adding to those schedules.⁸⁴ In 1971, the international community adopted the *Convention on Psychotropic Substances*.⁸⁵ This convention was a response to the increasing use of new synthetic drugs as well as growing concern about the drugs' impact on society.⁸⁶ Much like the 1961 Convention, the 1971 Convention restricted supply, possession, and use of these new drugs, and called for international action in curbing their distribution.⁸⁷ In 1988, a third convention was adopted, the *United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*.⁸⁸ This convention provided enforcement mechanisms for the two conventions prior to it, and addressed the relationship between drugs and organized crime.⁸⁹ The 1988 convention focused on curbing the trafficking, supply, and use of drugs, predominantly by restrictive and punitive measures.⁹⁰ Other key conventions on this issue include the *United Nations Convention against Corruption* (2003), the *United Nations Convention against Transnational organized crime and the Additional Protocols thereto* (2000), and the *Political Declaration on Countering the World Drug Problem* (1998).⁹¹ Together, these documents form an integral part of the international framework and further address the need for international cooperation in tackling organized crime, including international drug trafficking; this framework further aims to minimize corruption that inhibits efforts to curb such crime.⁹²

In 2009, a high-level segment of the 52nd session of CND adopted the *Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem*.⁹³ At this gathering, delegates noted that drug control had the unintended side effect of compromising development, because criminalizing drug use and trade created a large black market under which traffickers could thrive.⁹⁴ As such, the declaration and plan of action sought to address both drug control and the developmental aspects of the drug problem.⁹⁵ This declaration was reviewed during CND's High-Level Review in 2014, resulting in a Joint Ministerial Statement that detailed achievements and challenges in implementation, such as shifting trafficking routes, and changes in drug use trends.⁹⁶ The next five-year review of the 2009 Declaration and Plan of Action is scheduled to take place in 2019.⁹⁷

⁸¹ UN Conference for the Adoption of a Single Convention on Narcotic Drugs, *Single Convention on Narcotic Drugs*, 1961.

⁸² UNODC, *Single Convention on Narcotic Drugs, 1961*, 2017.

⁸³ Ibid.

⁸⁴ UN Conference for the Adoption of a Single Convention on Narcotic Drugs, *Single Convention on Narcotic Drugs*, 1961.

⁸⁵ UN Conference for the Adoption of a Protocol on Psychotropic Substances, *Convention on Psychotropic Substances*, 1971.

⁸⁶ UNODC, *United Nations Convention on Psychotropic Substances, 1971*, 2017.

⁸⁷ Ibid.

⁸⁸ UN Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, *The United Nations Convention against Illicit Traffic on Narcotic Drugs and Psychotropic Substances*, 1988.

⁸⁹ UNODC, *Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988*, 2017.

⁹⁰ Ochoa & Nugier, *How to capitalise on progress made in the UNGASS Outcome Document*, 2017.

⁹¹ UN General Assembly, *United Nations Convention against Corruption (A/RES/58/4)*, 2003; UN General Assembly, *United Nations Convention against Transnational Organized Crime (A/RES/55/25)*, 2000; UN General Assembly *Political Declaration (A/RES/S-20/2)*, 1998.

⁹² Ibid.

⁹³ UN CND, *Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, 2009.

⁹⁴ UNODC, *Political Declaration and Plan of Action of 2009*, 2017.

⁹⁵ Ibid.

⁹⁶ UN CND, *Joint Ministerial Statement: 2014 High-Level Review by the Commission on Narcotic Drugs of the Implementation by Member States of the Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, 2014.

⁹⁷ Felbab-Brown & Trinkunas, *UNGASS 2016 in Comparative Perspective: Improving the Prospects for Success*, 2016, p. 1.

The UNGASS 2016 outcome document, *Our joint commitment to effectively addressing and countering the world drug problem*, provided a new focus on mitigating the challenges that the world drug problem presents to the “health, safety, and well-being of humanity.”⁹⁸ The document made seven operational recommendations to the international community in an effort to address the full breadth of the world drug problem, with a focus on human rights and public health.⁹⁹ The document reinforced commitments made in the three main conventions on drugs to reduce supply and demand, but also highlighted the need for controlled access to drugs for medicinal and scientific purposes, a recommendation which is not included in the three prior conventions.¹⁰⁰ Mainstreaming gender and age perspectives was encouraged, as was the fostering of international cooperation in order to fully address the world drug problem and the challenges that it presents.¹⁰¹ UNGASS 2016 occurred shortly after the adoption of the *2030 Agenda for Sustainable Development* in 2015.¹⁰² The recommendations of its outcome document align with, and echo, the commitments made in the Sustainable Development Goals (SDGs) to achieve good public health, strong institutions, inclusive global partnerships, and sustainable development.¹⁰³

Role of the International System

CND, one of UNODC’s two governing bodies, is the custodian of international drug policy and as such is the primary driver of the implementation of the new international drug strategy.¹⁰⁴ The 60th session of CND was held from 13 to 17 March 2017 in Vienna, Austria.¹⁰⁵ The primary focus of the session was to find ways to operationalize the recommendations of UNGASS 2016.¹⁰⁶ CND aimed to develop an approach that is in line with and advances the *2030 Agenda for Sustainable Development*.¹⁰⁷ At the session, CND adopted a number of resolutions related to implementing the recommendations of UNGASS 2016.¹⁰⁸ Themes of these resolutions included strengthening international cooperation, building capacity in service sectors, and promoting evidence-based prevention strategies.¹⁰⁹ During a record 91 side events at this session of the CND, civil society entities and Member States met to share ideas on drug policy and rights, health, and development.¹¹⁰ In addition, CND has established a Follow-Up process for UNGASS 2016, which will help it to track implementation of the recommendations across countries.¹¹¹ This process includes a number of special events and intersessional meetings hosted by CND to discuss best practices going forward, as well collecting and preparing material on implementation programs for dissemination on the Follow-Up website.¹¹²

CND and UNODC assist Member States in developing domestic policies and laws that are in line with international frameworks.¹¹³ UNODC facilitates implementation through field support, research and analysis, and normative assistance for states in implementing treaties and international documents.¹¹⁴ In addition, CND works with relevant organizations, including Civil Society Organizations and other UN entities, to raise awareness and implement programs on specific aspects of drug policy.¹¹⁵ One such partner is the World Health Organization (WHO), with which CND has recently signed a Memorandum of Understanding on strengthening the working relationship of the

⁹⁸ UN General Assembly, *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)*, 2016, p. 1.

⁹⁹ Ochoa & Nugier, *How to capitalise on progress made in the UNGASS Outcome Document*, 2017.

¹⁰⁰ UN General Assembly, *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)*, 2016, pp. 2, 8-10.

¹⁰¹ *Ibid.*, p. 3.

¹⁰² UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

¹⁰³ *Ibid.*

¹⁰⁴ UNODC, *CND: Mandate and Functions*, 2017.

¹⁰⁵ IDPC, *The 2017 Commission on Narcotic Drugs: Report on Proceedings*, 2017, p. 1; UN CND, *Report on the sixtieth session (2 December 2016 and 13-17 March 2017) (E/CN.7/2017/11)*, 2017.

¹⁰⁶ IDPC, *The 2017 Commission on Narcotic Drugs: Report on Proceedings*, 2017, p. 1.

¹⁰⁷ *Ibid.*, p. 5.

¹⁰⁸ *Ibid.*, p. 13.

¹⁰⁹ UNODC, *Sixtieth session of the Commission on Narcotic Drugs: Draft decisions and resolutions*, 2017.

¹¹⁰ IDPC, *The 2017 Commission on Narcotic Drugs: Report on Proceedings*, 2017, p. 28.

¹¹¹ UNODC, *Follow-Up Process*, 2017.

¹¹² *Ibid.*

¹¹³ UNODC, *CND: Mandate and Functions*, 2017.

¹¹⁴ UNODC, *About UNODC*, 2017.

¹¹⁵ UNODC, *CND: Mandate and Functions*, 2017.

two organizations in addressing the public health aspect of the world drug problem.¹¹⁶ The two organizations have worked collaboratively on joint initiatives and capacity building within their respective mandates, and the purpose of this memorandum is to map out the path for further collaboration.¹¹⁷ Focus areas for this partnership include prevention and treatment of drug use and associated disorders; access to medicines and research on new substances; prevention and treatment of drug-related illnesses; prevention of violence and related deaths; and monitoring the social and health effects of drug use in societies.¹¹⁸ Notable also is the 2015 report by the Human Rights Council (HRC) entitled *Study on the Impact of the World Drug Problem on the Enjoyment of Human Rights*.¹¹⁹ While this report predates UNGASS 2016, it supports the human rights recommendations of the outcome document by drawing links between human rights and global drug policy, including the rights to health and criminal justice.¹²⁰

Other international actors working on implementing the recommendations of UNGASS 2016 include the Vienna Non-Governmental Organization Committee on Drugs (VNGOC), the International Drug Policy Consortium (IDPC), the International Narcotics Control Board (INCB), and the UN Task Force on Transnational Organized Crime and Drug Trafficking.¹²¹ VNGOC is comprised of national and international non-governmental organizations (NGOs); the committee serves as a link between civil society and CND, UNODC, and the INCB.¹²² INCB is the “independent and quasi-judicial monitoring body for the implementation of the United Nations international drug conventions.”¹²³ In addition to its functions mandated by the *Single Convention on Narcotic Drugs*, the INCB availed itself at the 60th session of the CND to engage in informal dialogue with civil society on its annual report and on its role in carrying forth the recommendations of UNGASS 2016.¹²⁴ The IDPC is an international network of 173 NGOs that works on a range of issues pertaining to drug use, supply and production.¹²⁵ Some of the work of the IDPC includes compiling reports on initiatives and best practices in Member States to provide rights-based solutions to the world drug problem and coordinating civil society activity in some regions.¹²⁶ Throughout the UNGASS process, IDPC has been a prominent voice featuring in deliberations, reporting on proceedings, and providing analysis on how to shape and implement the world drug strategy going forward.¹²⁷

Many regional, national, and local entities work to provide ground-level meaning to UNGASS 2016.¹²⁸ Such entities include two subsidiary bodies of CND, the Heads of National Drug Law Enforcement Agencies (HONLEA) and the Sub-Commission on Illicit Drug Traffic and Related Matters in the Near and Middle East.¹²⁹ HONLEA assists regional coordination in law enforcement efforts, and meets regularly to exchange practices and make recommendations to CND.¹³⁰ The Sub-Commission fulfils an advisory and consultative role to CND on drug activity in the Near and Middle East.¹³¹ These entities play an important role in implementation that ensures that the high-level recommendations translate into tangible outcomes for affected societies.¹³²

A Public Health Perspective in Addressing the World Drug Problem

The outcome document of UNGASS 2016 places an emphasis on maintaining public health and welfare.¹³³ This is underpinned in its preamble, as well as in sections one and two that identify the need for harm reduction, drug

¹¹⁶ IDPC, *The 2017 Commission on Narcotic Drugs: Report on Proceedings*, 2017, p. 4.

¹¹⁷ *Ibid.*

¹¹⁸ WHO, *Public health dimension of the world drug problem: Report by the Secretariat*, 2017, pp. 2-6.

¹¹⁹ UN HRC, *Study on the impact of the world drug problem on the enjoyment of human rights: Report of the United Nations High Commissioner of Human Rights (A/HRC/30/65)*, 2015.

¹²⁰ *Ibid.*

¹²¹ IDPC, *The 2017 Commission on Narcotic Drugs: Report on Proceedings*, 2017.

¹²² Vienna NGO Committee on Drugs, *Welcome to the VNGOC e-home*, 2016.

¹²³ INCB, *Mandate and Functions*, 2017.

¹²⁴ IDPC, *The 2017 Commission on Narcotic Drugs: Report on Proceedings*, 2017, pp. 17-20, 25.

¹²⁵ IDPC, *About*, 2017.

¹²⁶ *Ibid.*

¹²⁷ IDPC, *The 2017 Commission on Narcotic Drugs: Report on Proceedings*, 2017, p. 2.

¹²⁸ *Ibid.*, pp. 21-22.

¹²⁹ UNODC, *CND: Subsidiary Bodies*, 2017.

¹³⁰ *Ibid.*

¹³¹ *Ibid.*

¹³² IDPC, *The 2017 Commission on Narcotic Drugs: Report on Proceedings*, 2017, pp. 21-22.

¹³³ Ane, *Drug policy in Africa: Towards a human rights-based approach*, 2017, p. 5.

dependency treatment, and access to controlled drugs for medicinal and scientific purposes.¹³⁴ Public health is defined by WHO as “all organized measures to prevent disease, promote health, and prolong life among the population as a whole.”¹³⁵ According to WHO, a public health approach needs to address all aspects of human society, including the physical and social environments in which people live, and how these influence collective well-being.¹³⁶

Due to the criminalization of drug use and possession, many drug users are unable to access treatment and care without risking incarceration or stigma.¹³⁷ According to the IDPC, criminalization of non-violent drug offenses exacerbates the health crisis of the world drug problem.¹³⁸ Without the ability to safely access treatment, drug users face increased risks of infection with drug-related diseases such as HIV and Hepatitis C.¹³⁹ This incarceration and stigmatization allows for illnesses to remain untreated, cycles of violence to be perpetuated, and health risks to be aggravated.¹⁴⁰ Women face additional stigma and violence, which further limits access to treatment.¹⁴¹ For women who become pregnant while using drugs, or who subsequently begin using drugs during pregnancy, this poses imminent health risks for the babies who are born with drug dependency or whose development is impaired.¹⁴² A public health approach requires governments to be aware of the interplay between these social factors and health risks, and work to mitigate them.¹⁴³

Reconsidering Criminal Justice Approaches to the World Drug Problem

The Commission on Crime Prevention and Criminal Justice data states that non-violent possession charges make up 83% of recorded drug offenses.¹⁴⁴ The majority of these offenders ultimately spend time in prison.¹⁴⁵ Studies have not shown that incarceration deters drug offenses or reduces recidivism rates, but such punitive measures do hinder access to treatment for many offenders who may need it.¹⁴⁶ The IDPC reports that punitive drug control has also resulted in the compromising of rights related to criminal justice.¹⁴⁷ These include the rights to life, a fair trial, to not be arbitrarily arrested, to be free from torture and inhumane treatment, and to not be held in compulsory detention.¹⁴⁸

In many societies plagued by illicit drug use, drug users are disproportionately subjected to arbitrary searches, violent arrests, detention without due process, and severe judicial penalties.¹⁴⁹ HRC has reported incidents of torture of arrested drug users.¹⁵⁰ In some jurisdictions, drug offenses attract the death penalty, which many rights activists have identified as a violation of the right to life; in others, people are held against their will and forced to labor without sufficient compensation in compulsory treatment facilities.¹⁵¹ Members of marginalized groups are often

¹³⁴ Ochoa & Nugier, *How to capitalise on progress made in the UNGASS Outcome Document*, 2017, pp. 2-7.

¹³⁵ Watson, *Drug Policy and Public Health*, 2014, p. 22-24; Mermer, *The Final Book of the International Symposium on Drug Policy and Public Health Papers*, 2014.

¹³⁶ Ibid.

¹³⁷ Ane, *Drug policy in Africa: Towards a human rights-based approach*, 2017, p. 5.

¹³⁸ Ibid.

¹³⁹ Ibid.

¹⁴⁰ Ibid.

¹⁴¹ IDPC, *Gender and drug policy: Exploring global innovative approaches to drug policy and incarceration*, 2017; Malinowska-Sempruch & Rychkova, *The Impact of Drug Policy on Women*, 2015, pp. 12-15; UN-Women, *A Gender Perspective on the Impact of Drug Use, the Drug Trade, and Drug Control Regimes: UN Women Policy Brief*, 2014.

¹⁴² Youngers, *Incorporating a Gender Perspective into Drug Policies: The Uruguayan Experience*, 2017, p. 131.

¹⁴³ Watson, *Drug Policy and Public Health*, 2014, pp. 23-24; Mermer, *The Final Book of the International Symposium on Drug Policy and Public Health Papers*, 2014.

¹⁴⁴ Ochoa & Nugier, *How to capitalise on progress made in the UNGASS Outcome Document*, 2017, p. 14.

¹⁴⁵ Ibid.

¹⁴⁶ UN HRC, *Study on the impact of the world drug problem on the enjoyment of human rights: Report of the United Nations High Commissioner of Human Rights (A/HRC/30/65)*, 2015, p. 6.

¹⁴⁷ Ane, *Drug policy in Africa: Towards a human rights-based approach*, 2017, pp. 3-4.

¹⁴⁸ Ochoa & Nugier, *How to capitalise on progress made in the UNGASS Outcome Document*, 2017, pp. 14-15.

¹⁴⁹ UN HRC, *Study on the impact of the world drug problem on the enjoyment of human rights: Report of the United Nations High Commissioner of Human Rights (A/HRC/30/65)*, 2015, pp. 9, 11-12.

¹⁵⁰ UN HRC, *Study on the impact of the world drug problem on the enjoyment of human rights: Report of the United Nations High Commissioner of Human Rights (A/HRC/30/65)*, 2015, p. 9.

¹⁵¹ Ibid., pp. 10, 12.

unfairly targeted and discriminated against by law enforcement agents for drug-related offenses.¹⁵² HRC identifies these as gross violations of international human rights law which point to flaws in drug control.¹⁵³ The UNGASS 2016 outcome document expresses a need for policy reform on this point, calling for proportionate sentencing, due procedure in trial, and where possible, alternatives to incarceration.¹⁵⁴

In Costa Rica, the Public Defender's Office manages the Inter-Institutional Network for Comprehensive Assistance to Women Involved in a Criminal Justice Process.¹⁵⁵ This collaborative project provides health care, legal services, skills training, financial support, and other kinds of psychosocial support to women who have been arrested on drug-related charges.¹⁵⁶ The project has shown great potential for changing the trajectory of the lives of these women and their families, and improving the overall quality of life and outlook for them.¹⁵⁷ In the United States of America, the Law Enforcement Assisted Diversion (LEAD) program serves an alternative to incarceration.¹⁵⁸ Eligible individuals who have committed a drug offense or engaged in sex work enroll in the LEAD program instead of going to trial.¹⁵⁹ The program assists individuals in accessing treatment, finding employment, and securing housing.¹⁶⁰ Preliminary findings of the program show that it greatly reduces recidivism, improves employability, and increases the individual's chances of finding housing.¹⁶¹

Prioritizing Development

UNGASS 2016 sought to align the new global drug strategy with the *2030 Agenda for Sustainable Development* by promoting social inclusion and prevention training, including training to boost education and employment.¹⁶² In addition, the United Nations Development Programme states that programs need to maintain both a gender and age inclusive perspective, and must address the specific needs of that region or country.¹⁶³ Examples of such programs might include social support programs such as the Inter-Institutional Network in Costa Rica, or alternative development programs that eradicate the cultivation of drug crops and replace them with licit crops that give farmers and their families a consistent and legitimate form of income.¹⁶⁴ Best practices for implementation include strategies for carefully monitoring and evaluating programs, as poorly monitored programs can harm the very community they seek to serve.¹⁶⁵ Monitoring and evaluation allows governments and civil society to appropriately track trends, and assess the impact and appropriateness of their interventions.¹⁶⁶ The UNGASS 2016 outcome document recommends that all actors in countering the world drug problem, including states, civil society, and UN organizations, use monitoring and evaluation data collected nationally and regionally to improve the implementation of holistic drug control programs.¹⁶⁷ It further calls upon CND to provide a platform for Member States to share best practices and lessons learned with each other.¹⁶⁸

¹⁵² *Ibid.*, p. 13.

¹⁵³ *Ibid.*, p. 1.

¹⁵⁴ UN General Assembly, *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)*, 2016, art 4; Pieris, *Reducing Female Incarceration Through Drug Law Reform in Costa Rica*, 2017, p. 1.

¹⁵⁵ Pieris, *Costa Rica's Inter Institutional Network in Support of Women Caught in the Criminal Justice System*, 2017, p. 1.

¹⁵⁶ *Ibid.*

¹⁵⁷ *Ibid.*, p. 131.

¹⁵⁸ Buhse & Schaffer, *Diversion from the Criminal Justice System: The "LEAD" Program in the United States*, 2017, p. 1.

¹⁵⁹ *Ibid.*

¹⁶⁰ *Ibid.*

¹⁶¹ *Ibid.*, p. 121.

¹⁶² IDPC, *The 2017 Commission on Narcotic Drugs: Report on Proceedings*, 2017, p. 5.

¹⁶³ UNDP, *Addressing the Development Dimensions of Drug Policy*, 2015, pp. 6-8; Buxton, *Drugs and Development: The Great Disconnect*, 2015, p. 5.

¹⁶⁴ Buxton, *Drugs and Development: The Great Disconnect*, 2015, p. 4; Pieris, *Costa Rica's Inter Institutional Network in Support of Women Caught in the Criminal Justice System*, 2017.

¹⁶⁵ Buxton, *Drugs and Development: The Great Disconnect*, 2015, p. 4.

¹⁶⁶ *Ibid.*, p. 13.

¹⁶⁷ UN General Assembly, *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)*, 2016, p. 21.

¹⁶⁸ *Ibid.*

Development, or the lack thereof, is intimately linked to drug policy.¹⁶⁹ Good drug policy that is holistic in its approach enables sustainable livelihoods by combining harm reduction interventions with development initiatives to build communities that are resilient and able to sustain themselves.¹⁷⁰ In this regard, the UNGASS 2016 outcome document explicitly calls on “affected persons” and civil society as strategic partners in shaping drug policy going forward.¹⁷¹ Participation by civil society in these deliberations will be critical in the implementation of development initiatives, as will that of affected persons.¹⁷²

Conclusion

The UNGASS 2016 outcome document symbolizes an opportunity for Member States, the international community, and civil society at large to make a concerted effort to reshape the narrative on the world drug problem.¹⁷³ There is room for knowledge sharing and collaborative learning to implement population-centered approaches to drug policy.¹⁷⁴ These approaches include public health, human rights, alternatives to criminal justice, development-oriented solutions, and effective monitoring and evaluation.¹⁷⁵ This special session of the General Assembly produced a land mark resolution, and it will be a test of the goodwill of the international community to see if it is adequately implemented.¹⁷⁶

Further Questions

As they research, delegates should consider the following questions: In practice, how can a rights-based approach be integrated by countries that have staunch positions on punitive criminal justice? What room is there for a common understanding on the extent of application of human rights in drug policy? How does the international community ensure that momentum is maintained in drug policy reform? How can monitoring and evaluation processes be harnessed in ensuring effective implementation?

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International Drug Policy Consortium. (2017). *Gender and drug policy: Exploring global innovative approaches to drug policy and incarceration* [Website]. Retrieved 19 July 2017 from: <http://idpc.net/publications/2017/06/gender-and-drug-policy-exploring-global-innovative-approaches-to-drug-policy-and-incarceration>

This website by the IDPC is a collection of initiatives for different countries on alternative programs to incarceration. The UNGASS 2016 outcome document places a heavy focus on a drug strategy that shifts away from punitive measures and focuses on greater human development through proportionate sentencing and alternatives to incarceration. This collection provides examples of what such alternatives can look like and the impact of these programs where there have been implemented. It is a helpful resource for delegates in thinking through their own innovative initiatives, as it provides a model of implemented and reviewed programs for different contexts.

International Drug Policy Consortium. (2017). *The 2017 Commission on Narcotic Drugs: Report of Proceedings*. Retrieved 19 July 2017 from: http://fileserv.idpc.net/library/CND-Proceedings-Report-2017_ENGLISH.pdf

This report by the IDPC is an unofficial record of proceedings of the 60th session of the CND. It provides a report of the proceedings that includes the tensions present between Member States, and a raw account of how Member States are receiving and seeking to implement the UNGASS 2016 outcome document. The document provides an indication of where the international

¹⁶⁹ UNDP, *Addressing the Development Dimensions of Drug Policy*, 2015, pp. 6-8.

¹⁷⁰ Ibid.

¹⁷¹ Ochoa & Nugier, *How to capitalise on progress made in the UNGASS Outcome Document*, 2017, p. 16.

¹⁷² Ibid.

¹⁷³ Ibid.

¹⁷⁴ Ibid.

¹⁷⁵ UN General Assembly, *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)*, 2016.

¹⁷⁶ UN General Assembly, *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)*, 2016.

community may or may not see change in drug policy, and what areas are most contentious following the special session of the General Assembly.

Mermer, A., et al. (2014). *The Final Book of the International Symposium on Drug Policy and Public Health Papers*. Turkish Green Crescent Society. Retrieved 19 July 2017 from: <http://www.ids-istanbul.com/wp-content/uploads/2015/10/Yesilay-Symposium-Papers.pdf>

This source is a compilation of papers by attendees and speakers at the 2014 International Symposium on Drugs and Public Health. Notably, it is a collection of research by experts in the field that explores the multifaceted dimension of public health across a range of sub-topics and regions. This will be a useful resource for delegates in that it contextualizes so many different aspects of public health and makes recommendations on how to address each of them.

Ochoa, J., & M. Nougier. (2017). *How to capitalise on progress made in the UNGASS Outcome Document*. International Drug Policy Consortium. Retrieved 19 July 2017 from: http://fileserv.idpc.net/library/IDPC-briefing-paper_How-to-capitalise-on-UNGASS-O-D.pdf

This document by the IDPC provides a summary of key elements of the UNGASS 2016 outcome document, and provides an analysis on these issues. It draws the link between the high-level recommendations and the problem areas that they seek to address in a way that shows where there is room for coordinated action. It is particularly useful for the way that it helps the reader to immediately identify the existing problem, and provides a starting point for deliberations on what solutions could potentially be. In identifying the overarching themes of the UNGASS 2016 outcome document, it brings together the essence of the document in a simplified and coherent way.

United Nations Development Programme. (2015). *Addressing the Development Dimensions of Drug Policy* [Report]. Retrieved 19 July 2017 from: <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/addressing-the-development-dimensions-of-drug-policy.html>

Although written prior to UNGASS 2016, this report is reflective of the development agenda envisioned by the seventh pillar of the UNGASS outcome document. The report examines the intersection of drug policy and development, and makes recommendations on a direction for the international community. Its assessment of the impact of drug policy on various areas of human development will provide a useful tool in determining how and where to implement UNGASS recommendations for development.

United Nations Entity for Gender Equality and the Empowerment of Women. (2014). *A Gender Perspective on the Impact of Drug Use, the Drug Trade, and Drug Control Regimes: UN Women Policy Brief*. Retrieved 19 July 2017 from: https://www.unodc.org/documents/ungass2016/Contributions/UN/Gender_and_Drugs_-_UN_Women_Policy_Brief.pdf

This source from UN-Women is an excellent source of gender-disaggregated data on the world drug problem. Such data is important because it provides a clearer picture of the way in which drug use and control impacts women, and assists in crafting appropriate, gender-sensitive interventions. Considering a gender perspective in solution building will help delegates create sustainable and effective solutions that address the needs of different members of society.

United Nations, General Assembly, Thirtieth special session. (2016). *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)* [Resolution]. Adopted without reference to a main committee (A/S-30/L.1). Retrieved 19 July 2017 from: <http://undocs.org/A/RES/S-30/1>

The text of the outcome document of the Special Session of the General Assembly is of particular importance. The Member States present at the session highlight seven new recommendations for international drug policy which are expanded upon in this document. These recommendations are on demand reduction and related measures; access to controlled substances for medicinal and scientific purposes; supply reduction and related measures; drugs and human rights, youth, children, women, and communities; evolving realities, trends, and emerging and persisting challenges; strengthening international cooperation; and alternative development and development-oriented policy. Reading the document in its entirety, along with the three existing drug conventions, will be useful in drawing parallels between the approaches to countering the

world drug problem, and will provide a point of departure for the thematic areas discussed in this guide.

United Nations, Human Rights Council, Thirtieth session. (2015). *Study on the impact of the world drug problem on the enjoyment of human rights: Report of the United Nations High Commissioner for Human Rights (A/HRC/30/65)*. Retrieved 19 July 2017 from: <http://undocs.org/A/HRC/30/65>

This report by the High Commissioner for Human Rights emphasizes a rights-based approach to understanding and addressing the world drug problem. By highlighting the effects of drugs on a wide range of rights and drawing conclusions and making recommendations thereafter, it provides a framework for addressing drugs from a human rights perspective. As practical implementation goes, this report will be useful in identifying areas of concern and means and partners to address them.

United Nations Office on Drugs and Crime. (2017). *Follow-Up Process* [Website]. Retrieved 19 July 2017 from: <http://www.unodc.org/postungass2016/en/follow-up-process.html>

The UNODC has compiled this website as an easy resource for reference of the work of the international community in following up on the recommendations made at UNGASS 2016. The site includes webcasts and documentation from intersessional meetings, as well as special and side events. This will be a useful page for delegates to follow and re-visit throughout the research process to find updates on the work of CND and the UNODC, as well as key international meetings taking place on the world drug problem and the 2016 recommendations.

World Health Organization, World Health Assembly. (2017). *Public health dimension of the world drug problem: Report by the Secretariat (A70/29)*. Retrieved 19 July 2017 from:

<http://fileserv.idpc.net/library/health%20dimension%20of%20drug%20problem.pdf>

Public health is one of the greatest concerns in drug policy currently, and is discussed at length in the UNGASS 2016 outcome document. This report by the World Health Organization is useful in consolidating those concerns in a manner that concisely highlights the key issues. It further details the role that the organization will play in addressing these issues and implementing the public health recommendations of UNGASS 2016 – something that will likely influence the approach that other health-related international organizations will take.

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II. Preventing the Illicit Cultivation of Drug Crops through Alternative Development

Introduction

The illicit cultivation of drug crops contributes significantly to the global drug supply chain, a key component of the world drug crisis.¹⁷⁷ Millions of people participate in illicit cultivation of drug crops, with most residing in the Global South.¹⁷⁸ Nearly 4.5 million people depend on income from drug crops, and 50% of their income comes from illicit cultivation.¹⁷⁹ A majority of cultivators are farmers who live in poverty and grow drug crops to provide for themselves and their families.¹⁸⁰ For these vulnerable cultivators, drug crops offer more profit than food crops due to the demand of drug crops and lack of access to roads and markets for food crops.¹⁸¹ The United Nations Office on Drugs and Crime (UNODC) has identified smallholder rural farmers as the group most at-risk of cultivating drug crops due to poverty and lack of land.¹⁸²

Alternative Development (AD) is a global drug control strategy that aims to reduce the supply of drug crops while providing farmers with a better quality of life.¹⁸³ In the *Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development* (1998), the United Nations (UN) General Assembly defined AD as:

“A process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and psychotropic substances through specifically designed rural development measures in the context of sustained national growth and sustainable development efforts in countries taking action against drugs, recognizing the particular sociocultural characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs.”¹⁸⁴

Some Member States and non-governmental organizations (NGOs) pursue AD objectives through initiatives that promote “alternative economic livelihoods” or “sustainable rural development.”¹⁸⁵ Although these initiatives do not directly focus on reducing the illicit cultivation of drug crops, the initiatives contribute to the aims of AD by promoting sustainable development, empowerment of women and marginalized populations, and economic growth.¹⁸⁶ The purpose of AD is to reduce the global cultivation of drug crops and address the socio-economic factors that lead farmers to illicit cultivation through sustainable development.¹⁸⁷ AD policies focus on counter-narcotic objectives while contributing to economic development, particularly in rural areas, and address underlying factors and root causes of illicit drug economies.¹⁸⁸ AD initiatives have been successful in reducing illicit cultivation of opium, coca, and cannabis crops.¹⁸⁹ However, many AD projects have seen only short-term success, with farmers later returning to illicit crop production.¹⁹⁰ AD initiatives and policies vary in actions taken to address illicit cultivation and economic development for farmers, such as crop substitution and integrated national and regional development.¹⁹¹ These policies lead to improved regional and global partnerships in law enforcement, economic

¹⁷⁷ UN General Assembly, *Measures to enhance international cooperation to counter the world drug problem (A/RES/S-20/4)*, 1998, p. 1.

¹⁷⁸ Open Society Foundations, *Drug Crop Production, Poverty, and Development*, 2016.

¹⁷⁹ UNODC, *Alternative Development: Our Work*, 2017.

¹⁸⁰ UNODC, *Illicit crop cultivation*, 2017.

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¹⁸³ UNODC, *Alternative Development*, 2017.

¹⁸⁴ UNODC, *World Drug Report 2015*, 2015, p. 77; UN General Assembly, *Measures to enhance international cooperation to counter the world drug problem (A/RES/S-20/4)*, 1998, p. 1.

¹⁸⁵ Europe against Drugs, *Alternative Development: Providing Viable Alternatives to Illicit Drug Cultivation*, 2015, p. 8.

¹⁸⁶ UN General Assembly, *Measures to enhance international cooperation to counter the world drug problem (A/RES/S-20/4)*, 1998, p. 1.

¹⁸⁷ UNODC, *Alternative Development: Our Work*, 2017; UNODC, *Alternative Development: Overview*, 2017.

¹⁸⁸ UNODC, *World Drug Report 2015*, p. 77; UNODC, *Illicit crop cultivation*, 2017.

¹⁸⁹ UNODC, *Alternative Development: Our Work*, 2017; UNODC, *alternative development can release farmers from the poverty trap of illicit crop cultivation*, 2017.

¹⁹⁰ Buxton, *Drug Crop Production, Poverty, and Development*, 2016, p. 7.

¹⁹¹ UNODC, *Alternative Development: Our Work*, 2017; UNODC, *World Drug Report 2015*, 2015, p. 80.

development, and reduction of drug supplies.¹⁹² The Commission on Narcotic Drugs (CND) contributes to AD by providing targeted recommendations to UN agencies on AD policies and supporting UNODC implementation efforts.¹⁹³

International and Regional Framework

International drug policy and drug reduction efforts are guided by three primary conventions on drugs adopted by the General Assembly: *The Single Convention on Narcotic Drugs and protocols thereto* (1961), the *Convention on Psychotropic Substances* (1971), and the *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (1988).¹⁹⁴ *The Single Convention on Narcotic Drugs* and its *1972 Protocol* prohibit the production and distribution of specific narcotic drugs and reinforce existing international treaties.¹⁹⁵ *The Convention on Psychotropic Substances* builds off of the *Single Convention* to impose the same restrictions upon psychoactive drugs, as the *Single Convention* focused on heroin, morphine, cannabis, coca, opium, and drugs that created opium-like effects.¹⁹⁶ These specific narcotic drugs and psychotropic substances are produced from the cultivation of cannabis, coca bush, and opium poppy.¹⁹⁷ *The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* provides additional legal mechanisms and recommendations on enforcing the *Single Convention on Narcotic Drugs* and the *Convention on Psychotropic Substances*.¹⁹⁸ Article 14 of *The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* outlines the need for measures to prevent and eradicate the illicit cultivation of drug crops.¹⁹⁹ AD is one of the many solutions to achieving the goals of these conventions.²⁰⁰ Through AD, the international community can reduce the production of narcotic drugs and psychotropic substances by preventing the illicit cultivation of the raw materials.²⁰¹

The Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development (1998), adopted by the General Assembly, encourages the international community to collaborate on the eradication and prevention of illicit drug crops through AD.²⁰² The Action Plan recommends developing AD into national plans to reduce and eradicate drug crops.²⁰³ Under the guidelines of the Action Plan, national plans for AD must be sustainable, include appropriate institutions, and contain legal, social, and economic frameworks.²⁰⁴ General Assembly resolution 68/196 of 2014 on the “United Nations Guiding Principles on Alternative Development” highlights principles that Member States and the international community must consider when creating AD initiatives and national policy frameworks, such as the needs of groups and communities affected by illicit drug crop cultivation.²⁰⁵ The Guiding Principles emphasize the need to strengthen legal frameworks, involve local communities and civil society, increase investment for AD initiatives, and enforce property rights with the inclusion of access to land.²⁰⁶

The Political Declaration and Plan of Action on International Cooperation towards an Integrated Balanced Strategy to Counter the World Drug Problem (2009), adopted by the General Assembly, combines previous drug

¹⁹² Ibid.

¹⁹³ UNODC, *The Commission on Narcotic Drugs*, 2017; UN CND, *Promoting the implementation of the United Nations Guiding Principles on Alternative Development (Resolution 58/4)*, 2015.

¹⁹⁴ UNODC, *Legal Framework for Drug Trafficking*, 2017.

¹⁹⁵ Ibid.; UN Conference for the Adoption of a Single Convention on Narcotic Drugs, *Single Convention on Narcotic Drugs*, 1961.

¹⁹⁶ UN Conference for the Adoption of a Protocol on Psychotropic Substances, *Convention on Psychotropic Substances*, 1971.

¹⁹⁷ UNODC, *World Drug Report 2017, Booklet 3: Market Analysis of Plant-Based Drugs: Opiates, cocaine, and cannabis*, 2017, p. 11.

¹⁹⁸ UN Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*, 1988.

¹⁹⁹ Ibid., art. 14.

²⁰⁰ Ibid.

²⁰¹ Ibid.

²⁰² UN General Assembly, *Measures to enhance international cooperation to counter the world drug problem (A/RES/S-20/4)*, 1998.

²⁰³ Ibid.

²⁰⁴ Ibid.

²⁰⁵ UN General Assembly, *United Nations Guiding Principles on Alternative Development (A/RES/68/196)*, 2014.

²⁰⁶ Ibid., p. 4.

control conventions and action plans for AD and strengthens international cooperation and coordination.²⁰⁷ Capacity building and cooperation are crucial for sustainable AD programs within the Political Declaration.²⁰⁸ The Political Declaration provides innovative strategies, such as considering social traditions, integrating communities in marginalized regions, promoting gender equality, and encouraging public-private partnerships.²⁰⁹ The outcome document of the UN General Assembly Special Session on the World Drug Problem (UNGASS 2016), *Our joint commitment to effectively addressing and countering the world drug problem*, underlines the need to address socio-economic issues when developing AD initiatives.²¹⁰ Recommendations related to AD include strengthening the rule of law, collaborating with UNODC and other relevant UN and Rome-based agencies, and financing development-oriented drug control programs.²¹¹ AD initiatives are also linked to the Sustainable Development Goals (SDGs) and targets of the *2030 Agenda for Sustainable Development*.²¹² Of particular relevance are SDG 1 on poverty reduction, SDG 3 on health and well-being, SDG 5 on gender equality, and SDG 16 on peaceful and strong institutions for justice.²¹³

Role of the International System

The Commission on Narcotic Drugs (CND) meets annually to deliberate and make recommendations on policy relating to the world drug problem.²¹⁴ CND resolutions provide an additional international framework to promote AD and recommendations for UNODC to implement for the committee's AD initiatives.²¹⁵ Subsidiary bodies of CND, such as the Heads of National Drug Law Enforcement Agencies (HONLEA), work on various regions to coordinate and monitor trends and activities concerning their regions, such as reviewing AD program implementation and determining if changes need to be made for improved efficiency.²¹⁶ CND reviews and submits recommendations from its subsidiary bodies and civil society entities to UNODC to improve AD programs.²¹⁷

CND resolution 58/4 of 2015, "Promoting the implementation of the United Nations Guiding Principles on Alternative Development," calls upon Member States to implement the Guiding Principles when developing AD initiatives, and highlights the need for funding and international cooperation for AD and rural development programs.²¹⁸ CND's report on its 60th session in 2017 included a draft resolution for the UN Economic and Social Council to expand the Guiding Principles on Alternative Development to include more specific principles.²¹⁹ These principles include promotion of partnerships between civil society and NGOs, strengthening rule of law and legal frameworks, and contributing to social and economic development in both rural and urban areas.²²⁰

CND collaborates with the Commission on Crime Prevention and Criminal Justice (CCPCJ) to advise international action on drugs and crime.²²¹ As the governing bodies of UNODC, CND and CCPCJ review and evaluate the work of the UNODC and make policy recommendations based on the results of the evaluations.²²² UNODC ensures the

²⁰⁷ UN CND, *Political Declaration and Plan of Action on International Cooperation towards an Integrated Balanced Strategy to Counter the World Drug Problem*, 2009, p. 41.

²⁰⁸ *Ibid.*, p. 45.

²⁰⁹ *Ibid.*, pp. 42-43.

²¹⁰ UN General Assembly, *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)*, 2016, p. 23.

²¹¹ *Ibid.*, pp. 23-24.

²¹² UN General Assembly, *Transforming our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

²¹³ UN CND, *Political Declaration and Plan of Action on International Cooperation Towards an Integrated Balanced Strategy to Counter the World Drug Problem*, 2009, pp. 42-45; UNODC, *World Drug Report 2017, Booklet 1: Executive Summary: Conclusions and Policy Implications*, 2017, p. 28; UN CND, *Report on the sixtieth session (E/2017/28)*, 2017, pp. 2, 4, 28.

²¹⁴ UNODC, *The Commission on Narcotic Drugs*, 2017.

²¹⁵ *Ibid.*

²¹⁶ *Ibid.*

²¹⁷ *Ibid.*; UNODC, *Drug Trafficking*, 2017.

²¹⁸ UN CND, *Promoting the implementation of the United Nations Guiding Principles on Alternative Development (Resolution 58/4)*, 2015.

²¹⁹ UN CND, *Report on the sixtieth session (E/2017/28)*, 2017.

²²⁰ *Ibid.*

²²¹ UNODC, *Commissions*, 2017; UNODC, *The Commission on Narcotic Drugs*, 2017.

²²² UNODC, *Commissions*, 2017.

recommendations outlined in CND and CCPCJ resolutions are implemented.²²³ UNODC provides technical support and expert guidance on AD initiatives for Member States and NGOs.²²⁴ CND and CCPCJ also provide guidance to the UN General Assembly, assist Member States directly, and partner with other intergovernmental organizations.²²⁵ The Food and Agricultural Organization of the United Nations has partnered with CND to provide technical expertise, such as rural agricultural resource management training, for AD projects in Latin America, Middle East, Southwest and Southeast Asia.²²⁶

UNODC partners with identified producer states to assess land used for growing drug crops, monitor illicit drug crops, and support AD projects.²²⁷ UNODC currently maintains illicit monitoring programs in Afghanistan, Bolivia, Colombia, Lao People’s Democratic Republic, Myanmar, and Peru.²²⁸ Data gathered from the crop monitoring program allows governments to adjust existing drug control and development policies.²²⁹ UNODC tailors its monitoring systems for each Member State based on the national context, and the program emphasizes the training and development of local expertise.²³⁰ In this way, UNODC plays a leading role in the development of AD policies for Member States.²³¹ Other UN bodies, such as the UN Industrial Development Organization (UNIDO) have a strong partnership with UNODC to ensure sustainable AD initiatives are supported.²³² Since 2007, UNODC also partners with the African Union in combatting drug trafficking and production, and creating AD initiatives and social development for those involved in drug cultivation in Africa.²³³

Cooperation with Civil Society Organizations (CSOs) is key to the work of CND and UNODC.²³⁴ The UNODC Civil Society Team collaborates with CSOs to ensure active participation in international programs and initiatives by interacting with local NGOs and CSOs.²³⁵ Through these partnerships, farmers and local communities benefit from knowledge, training, and infrastructure assistance provided by NGOs, CSOs, and UNODC.²³⁶ UNODC and CND cite the successes of the role of CSOs and NGOs in AD initiatives in previous drug growing areas, such as the Golden Triangle in Southeast Asia.²³⁷

Capacity-Building for Sustainability

Capacity-building is needed to strengthen the rule of law, create access to markets and roads, and promote economic opportunities for farmers and communities involved in cultivation of drug crops.²³⁸ UNODC partners with other UN agencies, Member States, and civil society to monitor soil and climate conditions, teach farmers sustainable agricultural practices, build schools and basic infrastructure, and enhance community development.²³⁹ This broad approach to the development of the community through health, education, and food sectors supports sustainable success for AD initiatives.²⁴⁰ UNODC, civil society entities, and Member States continuously monitor crops and the conditions in the drug growing area to ensure best practice methods are being used and farmers are successful in

²²³ Ibid.

²²⁴ Ibid.

²²⁵ UNODC, *Special Session of the United Nations General Assembly on the World Drug Problem, About*, 2017.

²²⁶ UNODC, *World Food Summit: Five Years Later. Remarks by Antonio Maria Costa Executive Director of UN ODCCP, Vienna Under-Secretary General, Rome, 11 June 2002*, 2002.

²²⁷ UNODC, *Alternative Development: Our Work*, 2017.

²²⁸ Ibid.

²²⁹ UNODC, *UNODC and illicit crop monitoring*, 2017.

²³⁰ Ibid.

²³¹ UNODC, *Success Stories*, 2017.

²³² UNODC, *UNODC, UNIDO to promote development in rural communities dependent on drug crops*, 2012.

²³³ UNODC, *Turning the tide of drugs and crime in Africa*, 2010; African Union, *Revised AU Plan of Action on Drug Control and Crime Prevention (2007-2012)*, 2007.

²³⁴ UNODC, *Our Main Civil Society Partners*, 2017.

²³⁵ Ibid.

²³⁶ UNODC, *Success Stories: Thailand*, 2017; UNODC, *Success Stories: Laos*, 2017.

²³⁷ Ibid.

²³⁸ UN CND, *Political Declaration and Plan of Action on International Cooperation Towards an Integrated Balanced Strategy to Counter the World Drug Problem*, 2009, pp. 42-45.

²³⁹ UNODC, *Work in the Field*, 2017.

²⁴⁰ Ibid.

producing and selling fruits, vegetables, or other legal agricultural products.²⁴¹ Additionally, UNODC provides education and training for farmers to sustainably grow and harvest alternative agricultural products, such as coffee and cocoa beans and tea leaves.²⁴² NGOs are seeking to provide other potential alternative agricultural products through AD initiatives, such as horticulture, ecotourism, and fish farming.²⁴³ Ecotourism is an economic measure for countries to promote tourists to travel to pristine natural areas that improve the well-being of the local population and conserve the environment.²⁴⁴

UNODC and UNIDO partnered to promote AD initiatives in Afghanistan, Bolivia, Colombia, Lao People's Democratic Republic, Myanmar, and Peru.²⁴⁵ The first UNODC-UNIDO partnership focused on providing alternative livelihoods for opium addicts through rehabilitation, building roads and schools, and improving market access for goods.²⁴⁶ In 2012, both UN agencies began a project to promote development in poor rural communities that are vulnerable or dependent on cultivating drug crops.²⁴⁷ UNIDO collaborates with the private sector to encourage micro, small, and medium enterprises, agro-business development, and environmental and resource management.²⁴⁸ Parallel to UNIDO's work, UNODC focuses on creating alternative livelihoods for small and marginalized farming communities to reduce their dependence on drug crops.²⁴⁹ The AD initiatives in Bolivia, Colombia, Laos, Peru, and Thailand have been very successful in providing alternative livelihoods.²⁵⁰ AD policies in these countries led to improved food security and nutrition, empowerment of rural women through entrepreneurship, and reforestation.²⁵¹

NGOs such as Europe against Drugs (EURAD) and Actis collaborate with CND, UNODC, and other development-related UN agencies to bring awareness to best practices for AD.²⁵² In 2015, Thailand hosted the International Conference on Alternative Development 2 (ICAD2) for UN agencies, governments, NGOs, and civil society to discuss recommendations for UNGASS 2016.²⁵³ The recommendations from ICAD2 included mainstreaming AD into national development plans, sharing of best practices between Member States, strengthening the rule of law and good governance, and linking AD to environmental sustainability.²⁵⁴ The recommendations made by EURAD, Actis, and other NGOs were included in the outcome document of UNGASS 2016.²⁵⁵

Cooperation with Civil Society Organizations for Alternative Development

Partnerships involving civil society entities have assisted in developing successful AD initiatives.²⁵⁶ For example, UNODC cooperates with the Thai Royal Project Foundation (RPF) and the Thai Highland Research and Development Institute (HRDI) to assist rural farmers in the Naseankham village in Laos by providing seedlings, technical and monitoring assistance, and water systems.²⁵⁷ The partnership between UNODC, RPF, and HRDI allowed for a better standard of living for the villagers and reduced their dependence on opium poppy.²⁵⁸ In Thailand, UNODC partnered with the Mae Fah Luang Foundation Under Royal Patronage to promote reforestation

²⁴¹ UNODC, *Work in the Field*, 2017.

²⁴² UNODC, *Alternative Development Products*, 2017.

²⁴³ Europe against Drugs, *Alternative Development: Providing viable alternatives to illicit drug cultivation*, 2015, p. 31.

²⁴⁴ The International Ecotourism Society, *What is Ecotourism?*, 2017.

²⁴⁵ UNODC, *UNODC, UNIDO to promote development in rural communities dependent on drug crops*, 2012.

²⁴⁶ *Ibid.*

²⁴⁷ *Ibid.*

²⁴⁸ *Ibid.*

²⁴⁹ *Ibid.*

²⁵⁰ *Ibid.*

²⁵¹ UNODC, *Success Stories: Thailand*, 2017; UNODC, *Success Stories: Laos*, 2017.

²⁵² Europe against Drugs, *EURAD's Activities at CND 2016*, 2017; Europe against Drugs, *Actis and EURAD Representatives Takes Part in ICAD2 (International Conference on Alternative Development 2) in Thailand*, 2017.

²⁵³ ICAD2, *ICAD2: International Conference on Alternative Development 2*, 2015.

²⁵⁴ Europe against Drugs, *Actis and EURAD Representatives Takes Part in ICAD2 (International Conference on Alternative Development 2) in Thailand*, 2015.

²⁵⁵ UN CND, *Political Declaration and Plan of Action on International Cooperation Towards an Integrated Balanced Strategy to Counter the World Drug Problem*, 2009, pp. 42-45.

²⁵⁶ UNODC, *Success Stories: Laos*, 2017.

²⁵⁷ *Ibid.*

²⁵⁸ *Ibid.*

to alleviate poverty in northern Thailand.²⁵⁹ The AD project in Thailand empowered women in ethnically marginalized populations by equipping them with agricultural assistance, market access support, and infrastructure enhancement.²⁶⁰ Both AD projects in Laos and Thailand were successful in reducing illicit cultivation of drug crops in the Golden Triangle, a region in Southeast Asia that has been a major source of drug growing operations.²⁶¹

The private sector also plays a valuable role in creating economic opportunities for farmers and increasing access to land.²⁶² Additionally, partnerships with the private sector open another avenue for farmers to obtain seeds needed for alternative agricultural products.²⁶³ UNODC partners with the private sector in Latin America, the Middle East, and Central and Southeast Asia to facilitate the sale of alternative agricultural products in national and international markets.²⁶⁴ Due to the detailed approach to areas prone to drug crop cultivation, farmers and the communities have improved quality of living while reducing the global drug crop supply.²⁶⁵ However, AD initiatives face significant challenges despite the successes of previous and current AD projects.²⁶⁶

Lack of stakeholder cooperation in AD initiatives can lead to increased illicit cultivation of drug crops, poverty, and instability in the region.²⁶⁷ If AD initiatives are not designed sustainably or fail to address the driving factors of illicit cultivation, then farmers will return to cultivating drug crops to survive.²⁶⁸ AD initiatives that simply promote alternative agricultural products are not enough to reduce the global drug crop supply and assist farmers.²⁶⁹ Rural communities struggle with lack of infrastructure and market access, farming equipment, technical training, and reliable crop transportation to legal markets.²⁷⁰ Funding plays a crucial role in the development of AD initiatives to provide farmers with the necessary training and resources to be successful.²⁷¹ While CND can provide guidance for AD initiatives, it cannot allocate funding, and funding is necessary for the initiatives to be long-term and sustainable.²⁷²

Poor development and implementation of AD initiatives and programs have made it difficult to achieve success for AD in targeted areas.²⁷³ Failure to consider gender and socio-economic factors can also undermine the long-term success of AD initiatives.²⁷⁴ Consistent monitoring and evaluation is needed for AD initiatives to be successful.²⁷⁵ The monitoring and evaluation processes that are used by NGOs, such as the HRDI, show the importance of ensuring rural farmers are successful in growing sustainable alternative agricultural crops.²⁷⁶ Monitoring and evaluation should consider factors needed to produce alternative crops, such as soil quality, climate conditions, and water irrigation.²⁷⁷ UNODC and CND work with CSOs to promote detailed assessments of project sites and ensure proper project design is correctly applied to the targeted area.²⁷⁸

²⁵⁹ UNODC, *Success Stories: Thailand*, 2017; Mae Fah Luang Foundation Under Royal Patronage, *Reforestation Projects*, 2017.

²⁶⁰ UNODC, *Success Stories: Thailand*, 2017.

²⁶¹ UNODC, *Success Stories: Laos*, 2017; UNODC, *Success Stories: Thailand*, 2017.

²⁶² UNODC, *Work in the Field*, 2017.

²⁶³ UNODC, *Alternative development products*, 2017.

²⁶⁴ *Ibid.*

²⁶⁵ UNODC, *Work in the Field*, 2017.

²⁶⁶ Europe against Drugs, *Alternative Development: providing viable alternatives to illicit drug cultivation*, 2015, pp. 12-14.

²⁶⁷ *Ibid.*

²⁶⁸ UNODC, *Supporting legal livelihoods for illicit crop farmers*, 2014.

²⁶⁹ Federal Ministry for Economic Cooperation and Development in Germany, *Rethinking the Approach of Alternative Development*, 2013, p. 9.

²⁷⁰ Meija & Cohen, Ditching Coca for Other Crops, Colombia's Farmers Ask: Where Do We Sell?, *The Christian Science Monitor*, 2017; Federal Ministry for Economic Cooperation and Development in Germany, *Rethinking the Approach of Alternative Development*, 2013, p. 9.

²⁷¹ UN CND, *Political Declaration and Plan of Action on International Cooperation Towards an Integrated Balanced Strategy to Counter the World Drug Problem*, 2009, p. 42.

²⁷² *Ibid.*, pp. 42-45.

²⁷³ Buxton, *Drugs and Development: The Great Disconnect*, 2015, p. 1.

²⁷⁴ *Ibid.*

²⁷⁵ UNODC, *Monitoring illicit crop production*, 2008.

²⁷⁶ UNODC, *Success Stories: Laos*, 2017.

²⁷⁷ *Ibid.*

²⁷⁸ UNODC, *Monitoring illicit crop production*, 2008.

Conclusion

AD initiatives are more successful when there is sustained collaboration between UN agencies, Member States, and civil society.²⁷⁹ Capacity-building for the rule of law, market access, agricultural training, and basic infrastructure are needed in order to assist farmers and prevent the illicit cultivation of drug crops.²⁸⁰ Lack of consideration of socio-economic factors and the needs of marginalized populations can lead to poor implementation of AD initiatives.²⁸¹ Regional and international cooperation is essential to sustainable development and the prevention of illicit drug crop cultivation.²⁸² Lack of funding, poor implementation, and disregard of effective monitoring and evaluation processes can lead AD initiatives to be unsustainable and short-term.²⁸³ It is important for the international community to work together to promote sustainable development and address the world drug problem.²⁸⁴

Further Research

While researching, delegates should take into consideration the role that Member States are playing in terms of AD. How can CND meet the needs of women and marginalized populations when developing AD initiatives? How can CND promote more collaboration in the international community? Are there any new solutions or approaches that CND can promote for AD initiatives? Are there other barriers, such as corruption or economic turmoil, which CND must consider for AD programs? What recommendations should Member States in CND make to improve approaches to AD and the illicit cultivation of drug crops?

Annotated Bibliography

Buxton, J. (2016). *Drug Crop Production, Poverty, and Development*. Open Society Foundation. Retrieved 16 July 2017 from: <https://www.opensocietyfoundations.org/reports/drug-crop-production-poverty-and-development>

The report focuses on the connection between drug crop production and poverty, and how development can help reduce drug crop production. The report discusses approaches to both the world drug problem and alleviating poverty in producer countries. Within this report, Buxton discusses the role of UN agencies and the implementation of AD programs, as well as identifying the issues that individuals face that lead to them growing drug crops and contributing to the world drug problem. The report reviews risk factors that promote the illicit cultivation of crops. The author also reviews best practices of AD programs. Delegates will benefit from reading this report to understand how development can help prevent drug crop prevention while reducing poverty.

Europe against Drugs. (2015). *Alternative Development: Providing viable alternatives to illicit drug cultivation*. EURAD. Retrieved 20 September 2017 from:

https://www.unodc.org/documents/ungass2016/Contributions/Civil/EURAD/Alternative_Development_Report_EU_RAD_2015.pdf

This report examines the successes and failures of AD initiatives, and highlights the success stories of countries where detailed AD initiatives were implemented. The report also looks into the causes of project failures, particularly in Afghanistan and Colombia. Within the report are additional research from various NGOs, such as Oxfam and Actis. Delegates can use this report to examine the different options available for AD initiatives, and can learn about potential innovative options for future AD initiatives.

Federal Ministry for Economic Cooperation and Development in Germany. (2013). *Rethinking the Approach of Alternative Development: Principles and Standards of Rural Development in Drug Producing Areas*. Deutsche

²⁷⁹ UNODC, *Success Stories: Laos*, 2017.

²⁸⁰ UN CND, *Political Declaration and Plan of Action on International Cooperation Towards an Integrated Balanced Strategy to Counter the World Drug Problem*, 2009, pp. 42-45.

²⁸¹ *Ibid.*, p. 41.

²⁸² *Ibid.*, p. 42.

²⁸³ UNODC, *Monitoring illicit crop production*, 2008.

²⁸⁴ UN CND, *Political Declaration and Plan of Action on International Cooperation Towards an Integrated Balanced Strategy to Counter the World Drug Problem*, 2009, p. 41.

Gesellschaft für Internationale Zusammenarbeit. Retrieved 5 August 2017 from:

<https://www.giz.de/fachexpertise/downloads/giz2013-en-alternative-development.pdf>

This report reviews current AD programs and projects carried out by Germany, and outlines several weaknesses in AD programs and projects that stakeholders need to strengthen. The Federal Ministry offers underlying philosophies and recommendations for stakeholders to consider when developing or improving AD programs and projects. Delegates should use its findings to ensure that AD programs and projects prioritize the interests of farmers and affected communities.

Meija, C. & S. Cohen. (2017, August 22). Ditching coca for other crops, Colombia's farmers ask: Where do we Sell? *The Christian Science Monitor*. Retrieved 23 August 2017 from:

<https://www.csmonitor.com/World/Americas/2017/0822/Ditching-coca-for-other-crops-Colombia-s-farmers-ask-Where-do-we-sell>

This news article explores the situation in Colombia for farmers who cultivate drug crops and are not receiving adequate assistance. Meija and Cohen analyze the roadblocks in Colombia's AD programs for Colombian farmers who produce coca. Distrust and lack of economic opportunities make life difficult for Colombian farmers and do not address the coca supply. Delegates can gain an understanding of both farmers and government officials and their views on the current program. Delegates can learn from the situation in Colombia and devise solutions to enhance AD program elsewhere.

United Nations, General Assembly, Sixty-eighth session. (2014). *United Nations Guiding Principles on Alternative Development (A/RES/68/196)* [Resolution]. Adopted on the report of the Third Committee (A/68/458). Retrieved 5 August 2017 from: <https://undocs.org/A/RES/68/196>

The Guiding Principles on Alternative Development are key recommendations that Member States need to consider when approaching AD. The principles encourage international collaboration for AD programs, and to include non-government organizations and civil society in these collaborations. Delegates can use the guiding principles to identify weaknesses within current AD programs and projects. Additionally, delegates can consider new solutions and approaches to programs and projects for the conference by utilizing the guiding principles.

United Nations Office on Drugs and Crime. (2015). *UNODC and Illicit Crop Monitoring* [Website]. Retrieved 15 July 2017 from: <https://www.unodc.org/unodc/en/crop-monitoring/index.html?year=2015>

Illicit crop monitoring is one of UNODC's programs that works with a number of Member States to monitor the growing, cultivation, and trafficking of drug crops. Each year has a number of reports to show the progression of anti-drug crop cultivation and production, and AD programs that address socio-economic issues within the countries. Delegates can examine these reports to gain an understanding of each country's socio-economic situation and the current progress to eliminate drug crop cultivation and production.

United Nations Office on Drugs and Crime. (2017, March 14). *Alternative development can release farmers from the poverty trap of illicit crop cultivation* [News Article]. Retrieved 15 July 2017 from:

<https://www.unodc.org/unodc/en/frontpage/2017/March/alternative-development-can-release-farmers-from-the-poverty-trap-of-illicit-crop-cultivation.html>

This news article from the UNODC explains how AD programs aid farmers in overcoming poverty while reducing global drug crop supply. Although a short article, it is filled with news and highlights of successes of international cooperation that have been achieved through AD and working towards the 2030 Agenda for Sustainable Development. Delegates can use this news article as a starting point for their research into AD and examples of successful AD programs.

United Nations Office on Drugs and Crime. (2017). *Success Stories* [Website]. Retrieved 16 July 2017 from: <https://www.unodc.org/unodc/en/alternative-development/success-stories.html>

This webpage allows the reader to view three different success stories of UNODC's AD projects. Each story allows the reader to examine the situations farmers faced prior to receiving assistance from AD projects. The stories also include the different types of assistance each group received and how the assistance aided the local community. Delegates will be able to understand the work

UNODC and its partners do in order to help at-risk farmers and eradicate the illicit cultivation of drug crops.

United Nations Office on Drugs and Crime. (2017). *Work in the Field* [Website]. Retrieved 16 July 2017 from: <https://www.unodc.org/unodc/en/alternative-development/work-in-the-field.html>

This webpage on the UNODC website outlines the work that UNODC does to promote sustainable AD programs and projects in six countries. The webpage provides an overview of the projects and programs, the methods used to promote AD, and links to the six countries that work with the UNODC. Delegates can use this webpage to gain knowledge of UNODC's work with countries and civil society to address illicit cultivation of drug crops through AD.

United Nations Office of Drugs and Crime. (2017). *World Drug Report 2017, Booklet 1: Executive Summary: Conclusions and Policy Implications*. Retrieved 7 August 2017 from:

https://www.unodc.org/wdr2017/field/Booklet_1_EXSUM.pdf

The World Drug Report for 2017 reviews the current trends of the global drug crisis and progress to address the crisis. Booklet 1 is the executive summary and conclusions of UNODC's analysis of the 2016-2017 year of drug supply and trafficking monitoring, as well as progress with AD projects. UNODC also notes within the report of challenges that AD projects face. Delegates who read this booklet will gain insight of the current situation of the global drug crisis and the impact of AD projects.

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Buxton, J. (2015). *Drugs and Development: The Great Disconnect*. Global Drug Policy Observatory. Retrieved 5 August 2017 from: <http://www.druglawreform.info/images/stories/documents/gdpo2pb.pdf>

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Europe against Drugs. (2017). *Actis and EURAD Representatives Takes Part in ICAD2 (International Conference on Alternative Development 2) in Thailand* [Website]. Retrieved 23 September 2017 from: <http://www.eurad.net/en/Actis+and+EURAD+representative+takes+part+in+ICAD2+%28International+Conference+on+Alternative+Development.9UFRHM2f.ips>

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III. Strengthening Global Drug Policies to Address the Production and Trafficking of Counterfeit Goods

Introduction

Counterfeit goods are defined as fake replicas of both quality and non-quality goods that are advertised and sold illegally without permission from the owner of the original brand.²⁸⁵ Contrary to genuine products, counterfeit goods trigger serious environmental, societal, and public health hazards, as they tend to be poorly manufactured and regulated.²⁸⁶ These products have taken on many different forms, including pharmaceutical medicine, toys for children, designer clothing and accessories, cosmetic products, cigarettes, and alcoholic beverages, among many other goods which are highly demanded throughout the international community.²⁸⁷ The European Union Agency for Law Enforcement Cooperation estimates that counterfeiting takes up about 2.5% of the world trade, or approximately \$461 billion.²⁸⁸ When compared to other forms of criminal activity, counterfeiting is commonly misinterpreted as a “lesser” crime as many are unaware of its potential risks.²⁸⁹ As a result, criminals involved in the trafficking of counterfeit goods often face very low penalties.²⁹⁰ Counterfeiting also creates a threat to the formal economy as it fuels capital flow within the black market, leading to a significant loss of revenue for both industries and governments.²⁹¹ This has hindered innovation and diminished the availability of jobs within many countries, especially in the developing world.²⁹² Although the production and trafficking of counterfeit goods is a global concern, developing states have experienced a stronger threat than developed states due to their poor law enforcement and weak trade systems which have been exploited by transnational organized crime groups.²⁹³ Of particular concern for the Commission on Narcotic Drugs (CND) are counterfeit drugs, which are one of the most common forms of counterfeit products.²⁹⁴

Counterfeit drugs pose a serious threat to international public health, yet they remain in high demand, specifically in areas where access to quality medicine is a burden for the majority of the population.²⁹⁵ In Africa, for instance, the World Health Organization (WHO) has reported that approximately 100,000 deaths per year result from counterfeit drug consumption.²⁹⁶ CND has approached this issue by focusing its work on dismantling transnational organized crime groups and addressing drug crime in general.²⁹⁷ However, the majority of current global drug policies have placed an emphasis on the broad issue of illicit drugs, without incorporating the problem of counterfeit drugs.²⁹⁸ With the issue of counterfeit drug trafficking on the rise within the international arena, enhancing the existing framework on drugs is a critical step to be taken by the global community.²⁹⁹ Due to the increasing complexity of the issue, global authorities have faced much difficulty when attempting to obtain an accurate amount of data on counterfeiting.³⁰⁰ Consequently, this limited amount of information has been one of the biggest obstacles for the international community when implementing effective policies to address the trafficking of counterfeit drugs.³⁰¹

²⁸⁵ UNODC, *The Globalization of Crime: A Transnational Organized Crime Threat Assessment*, 2010, p. 10.

²⁸⁶ UNODC, *Focus On The Illicit Trafficking of Counterfeit Goods and Transnational Organized Crime*, 2013.

²⁸⁷ *Ibid.*

²⁸⁸ Europol, *Counterfeit Goods*, 2017.

²⁸⁹ UNODC, *Focus On The Illicit Trafficking of Counterfeit Goods and Transnational Organized Crime*, 2013.

²⁹⁰ *Ibid.*

²⁹¹ OECD, *Illicit Trade: Converging Criminal Networks*, 2016.

²⁹² UNIFAB, *Counterfeiting & Terrorism*, 2016, p. 2.

²⁹³ Bate, *The Deadly World of Fake Drugs, Foreign Policy*, 2009.

²⁹⁴ INCB, *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*, 2009, p. 2.

²⁹⁵ Sambira, *Counterfeit Drugs Raise Africa’s Temperature, UN Africa Renewal*, 2013.

²⁹⁶ *Ibid.*

²⁹⁷ UNODC, *CND*, 2017.

²⁹⁸ Transnational Institute, *The UN Drug Control Conventions*, 2015.

²⁹⁹ Sanofi Aventis, *Sanofi-Aventis Takes Action Against Drug Counterfeiting*, 2008.

³⁰⁰ OECD, *The Economic Impact of Counterfeiting and Piracy*, 2007, p. 22.

³⁰¹ *Ibid.*

International and Regional Framework

Counterfeit drugs have not received much attention within foundational global drug control treaties, which focus primarily on the production and trafficking of illicit drugs.³⁰² *The Hague International Opium Convention* (1912), for instance, set forth limitations on the production and international trade of certain substances, particularly opiates, cannabis, as well as cocaine.³⁰³ *The Single Convention on Narcotic Drugs* (1961) later introduced a much more diversified list of illegal drugs which would be subject to regulation, but did not address the issue of counterfeit replicas of legal drugs.³⁰⁴ As drug crime grew into a more complex issue within the global community, Member States established the *Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (1988) to expand already existing measures set forth within previous drug control policies and raised global awareness on the threat of transnational organized crime groups affiliated with drug trafficking.³⁰⁵ This treaty furthermore recognized the necessity to dismantle these groups in order to protect global communities from the dangers of their criminal activities, but it did not explain their role in the production and trafficking of counterfeit drugs.³⁰⁶

In 2008, CND adopted resolution 51/13, requesting that Member States coordinate an effective response plan to protect global public health.³⁰⁷ The following year, CND established the *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem* (2009), which was adopted by General Assembly resolution 64/182.³⁰⁸ The Plan of Action requested strengthened Member State cooperation against the illicit drug trafficking by focusing on cocaine, cannabis, and other narcotic drugs in general, but did not mention the issue of counterfeit drugs.³⁰⁹ This strategic planning continued during the United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016), at which Member States produced an outcome document called *Our joint commitment to effectively addressing and countering the world drug problem*.³¹⁰ Although counterfeit drugs were not a primary topic of discussion during UNGASS, the session highlighted the importance of implementing new strategies, such as improved data collection and research mechanisms, to counter drug-related crimes.³¹¹ Additionally, UNGASS 2016 reflected the Sustainable Development Goals (SDGs) established in 2015 by General Assembly resolution 70/1, *Transforming our World: The 2030 Agenda for Sustainable Development*.³¹² SDG 3, good health and well-being, is closely tied to the issue of counterfeit drugs as achieving the goal requires equitable access to legitimate medications.³¹³ Also in 2016, the Human Rights Council also adopted resolution 32/15 to address the general issue of access to quality medicine within developing states, but did not specifically mention counterfeit drugs, which are a threat to quality medicine.³¹⁴ CND also recently adopted resolution 60/2 of 2017, which emphasizes the global necessity to help developing states due to the rise of illicit drug trafficking caused by the growing presence of transnational organized crime groups.³¹⁵

³⁰² Transnational Institute, *The UN Drug Control Conventions*, 2015.

³⁰³ Council on Foreign Relations, *The Global Regime for Transnational Crime*, 2013.

³⁰⁴ Transnational Institute, *The UN Drug Control Conventions*, 2015.

³⁰⁵ Council on Foreign Relations, *The Global Regime for Transnational Crime*, 2013.

³⁰⁶ UNODC, *The International Drug Control Conventions*, 2013, p. 123.

³⁰⁷ CND, *Resolution 51/13: Responding to the threat posed by the distribution of international controlled drugs on the unregulated market*, 2008, p. 1.

³⁰⁸ UNODC, *Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, 2009; UN General Assembly & ECOSOC, *Promotion and protection of the rights of children: Note by the Secretariat (A/64/182)*, 2009.

³⁰⁹ UNODC, *Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, 2009.

³¹⁰ UN General Assembly, *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)*, 2016.

³¹¹ *Ibid.*

³¹² UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

³¹³ *Ibid.*

³¹⁴ UN HRC, *Access to medicines in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (A/HRC/RES/32/15)*, 2016, p. 1.

³¹⁵ CND, *Resolution 60/2: Strengthening international cooperation to assist the States most affected by the illicit transit of drugs, especially developing countries, based on the principles of common and shared responsibility*, 2017.

Aside from the global health threat which stems from counterfeit drug trafficking, this crime also imposes a critical problem in terms of intellectual property rights.³¹⁶ In 1994, Member States formally recognized the *World Trade Organization Agreement on Trade Related Aspects of Intellectual Property* (TRIPS), which sought to globally standardize the implementation of intellectual property rights law.³¹⁷ Although it did not particularly address the issue of counterfeit drugs, the TRIPS agreement obliged Member States to enhance patent protection on all forms of technological advancements, including pharmaceuticals, which caused a significant increase in drug prices within developing states.³¹⁸ Member States later adopted the *Doha Declaration* (2001) to improve access to pharmaceutical drugs in developing regions.³¹⁹ The declaration did not specifically mention the issue of counterfeit drugs, but focused on clarifying the importance of public health when implementing the provisions set forth by TRIPS.³²⁰ During a 2007 World Intellectual Property Organization (WIPO) General Assembly meeting, Member States created the *WIPO Development Agenda*, which focused on strengthening international development through enhanced enforcement of intellectual property rights.³²¹ To effectively monitor global progress in order to achieve these goals, the *WIPO Development Agenda* resulted in the creation of the Committee on Development and Intellectual Property, which delivers annual reports to the General Assembly.³²² In 2009, the WIPO Advisory Committee on Enforcement met to discuss the impact of counterfeiting and piracy to the *WIPO Development Agenda*, highlighting that counterfeiting violates intellectual property rights as it acquires profits from stolen ideas and investments, which destabilizes the global economy altogether.³²³ In 2011, Member States adopted the *Anti-Counterfeiting Trade Agreement* (ACTA) to combat counterfeiting and piracy by implementing an enhanced international framework on global trade.³²⁴ Similar to previous frameworks, ACTA examines the general issue of counterfeiting as a threat to intellectual property rights rather than a threat to consumers, and does not focus on specific types of goods.³²⁵

Role of the International System

The global effort to mitigate the issue of counterfeit goods has been led by various international organizations as well as UN committees and agencies, including CND, the United Nations Office on Drugs and Crime (UNODC), WHO, and the International Criminal Police Organization (INTERPOL).³²⁶ Member States that have been severely affected by the rise of counterfeiting and piracy have also partnered with WIPO, INTERPOL, and the World Customs Organization to strengthen the enforcement of the policies set forth by TRIPS.³²⁷ As a governing body of UNODC, CND has approached the general issue of counterfeiting by focusing on transnational organized crime groups who are the principal actors behind the trafficking of illicit goods.³²⁸ In 2014, UNODC launched an anti-counterfeiting campaign entitled “Counterfeit: Don’t Buy Into Organized Crime” to spread international awareness on the dangers associated with counterfeit goods.³²⁹ In addition to identifying the role of transnational organized crime, the campaign provides information to educate the public on the negative health effects that result from consuming counterfeit drugs.³³⁰ The campaign’s public service announcement was successful in reaching a large audience worldwide after having been frequently broadcasted within various national television channels.³³¹

³¹⁶ WIPO, *The Enforcement of Intellectual Property Rights: A Case Book*, 2012.

³¹⁷ OECD, *The Economic Impact of Counterfeiting and Piracy*, 2007.

³¹⁸ WTO, *Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement)*, 1994; UNDP, *The Doha Declaration Ten Years on and Its Impact on Access to Medicines and the Right to Health*, 2011; ‘T Hoen, *TRIPS, Pharmaceutical Patents and Access to Essential Medicines: Seattle, Doha and Beyond*, 2002, p. 41.

³¹⁹ WHO, *The Doha Declaration on the TRIPS Agreement and Public Health*, 2017.

³²⁰ *Ibid.*

³²¹ WIPO, *WIPO General Assembly Thirty-Fourth (18th Ordinary) Session (WO/GA/34/16)*, 2007.

³²² WIPO, *Committee on Development and Intellectual Property (CDIP)*, 2017.

³²³ WIPO, *Advisory Committee on Enforcement: Fifth Session (WIPO/ACE/5/4 Rev)*, 2009, p. 2.

³²⁴ USTR, *Anti-Counterfeiting Trade Agreement*, 2017.

³²⁵ European Commission, *Anti-Counterfeiting Trade Agreement*, 2010.

³²⁶ Mackey, *Global Governance and Diplomacy Solutions for Counterfeit Medicines*, 2013.

³²⁷ OECD, *The Economic Impact of Counterfeiting and Piracy*, 2007, p. 8.

³²⁸ UNODC, *Focus On The Illicit Trafficking of Counterfeit Goods and Transnational Organized Crime*, 2013; UNODC, CND, 2017.

³²⁹ UNODC, *New UNODC campaign raises consumer awareness of links between organized crime and \$250 billion a year counterfeit business*, 2014.

³³⁰ UNODC, *Focus On The Illicit Trafficking of Counterfeit Goods and Transnational Organized Crime*, 2013.

³³¹ UNODC, *UNODC campaign recognized for raising awareness among consumers about organized crime and counterfeiting*, 2014.

INTERPOL leads numerous large-scale operations to help protect communities from counterfeit goods.³³² Of the six current INTERPOL projects which specifically target counterfeit drugs, the organization’s flagship operations, Operation Storm, Operation Mamba, and Operation Pangea, are concentrated within Western, Eastern, and Southern Africa, Southeast Asia, as well as within illegal online platforms.³³³ In particular, Operation Pangea focuses on disrupting the online sales of counterfeit drugs by identifying the Internet Service Providers hosting the platforms and the payment and delivery methods used by transnational criminals.³³⁴ An operation in June 2015 shut down 2,410 illegal online pharmacies and seized 20.7 million fake medicines, diverting \$81 million from the illicit sellers.³³⁵

In addition to its connection with transnational organized crime and the illicit drug trade, the issue of counterfeit drugs has serious health implications for persons who use false medicines.³³⁶ The creation of the International Medical Products Anti-Counterfeiting Taskforce (IMPACT) was an attempt to mitigate the threat of counterfeit drugs to international public health.³³⁷ The project was initially introduced within the *Declaration of Rome* (2006), which sought to implement an effective global strategy against counterfeit drugs.³³⁸ The declaration addressed the principal objectives of the IMPACT initiative, which included the possibility of creating a future international convention to enhance the existing framework against counterfeit drug trafficking.³³⁹ However, IMPACT received widespread criticism for not having much of an influence on the global community, largely due to conflicts of interests of Member States.³⁴⁰ As a result, the World Health Assembly (WHA) replaced IMPACT with the Member State Mechanism (MSM) in 2012.³⁴¹ MSM aims to unify Member States by prioritizing the importance of public health throughout all of its operations rather than intellectual property, which had been a major cause of disagreement during IMPACT negotiations.³⁴²

MSM holds meetings once per year, prioritizing its work in the protection of global public health by implementing ways to enhance global surveillance mechanisms and coordinating response plans to tackle the issue of counterfeit drugs.³⁴³ At the 70th WHA meeting held in May 2017, Member States agreed to commence using the term “Substandard and Falsified medical products” when referencing counterfeit pharmaceutical products within all future MSM projects to keep its work focused on public health concerns rather than intellectual property rights.³⁴⁴ MSM has benefited from the data collected by its regional working groups, which monitor the progress of MSM activities within affected areas and provide new recommendations for implementing global strategies against counterfeit drugs.³⁴⁵ WHO recently published a detailed review of MSM’s work to assess the quality of its projects and examine its challenges.³⁴⁶ In the review, WHO found that the MSM remains heavily under-resourced as its work has not been prioritized within the international agenda, despite its success in providing an effective global platform for Member States to collaborate against counterfeit drugs.³⁴⁷ Furthermore, WHO also identified that this particular challenge causes a significant delay in the majority of projects coordinated by the MSM.³⁴⁸

³³² INTERPOL, *Operations*, 2017.

³³³ Ibid.

³³⁴ Ibid.

³³⁵ Ibid.

³³⁶ WHO, *Review of the Member State mechanism on substandard/spurious/false-labelled/falsified/counterfeit medical products*, 2017, p. 3.

³³⁷ Mackey, *Global Governance and Diplomacy Solutions for Counterfeit Medicines*, 2013; WHO, *International Medical Products Anti-Counterfeiting Taskforce*, 2011, p. 9.

³³⁸ International Conference on Combatting Counterfeit Medicines, *Declaration of Rome*, 2006.

³³⁹ Ibid.

³⁴⁰ Mackey, *Global Governance and Diplomacy Solutions for Counterfeit Medicines*, 2013.

³⁴¹ Ibid.

³⁴² WHO, *WHO Member State Mechanism*, 2017.

³⁴³ Ibid.

³⁴⁴ WHO, *Definitions of Substandard and Falsified (SF) Medical Products*, 2017.

³⁴⁵ PAHO, *Introduction for SSFFC medical products*, 2013; WHO, *WHO Member State Mechanism*, 2017.

³⁴⁶ WHO, *Review of the Member State mechanism on substandard/spurious/false-labelled/falsified/counterfeit medical products*, 2017, p. 3.

³⁴⁷ Ibid.

³⁴⁸ Ibid.

The Market for Counterfeit Drugs

The trafficking of counterfeit goods represents one of the most common forms of transnational organized crime, providing criminals with annual profits of up to \$460 billion.³⁴⁹ Compared to other forms of criminal activity, counterfeiting receives a higher amount of social tolerance as many are not aware of its dangerous consequences.³⁵⁰ As a result, counterfeit goods are constantly in high demand, which creates an easy and reliable method for transnational organized crime groups to maximize their monetary resources.³⁵¹ Despite current intellectual property rights and trade laws, criminals involved in the trafficking of counterfeit goods often face very low penalties as a result of weak legal enforcement.³⁵² This is a common issue for developing states who lack the capacity to apply these measures, and the relatively low penalties are also an incentive for criminals to target consumers in the developed world.³⁵³ In the United States, criminals involved in counterfeiting drugs face only a maximum fine of \$10,000 and/or three years in prison under the Federal Food, Drug and Cosmetic Act, which has not been modified by the national government since 1938.³⁵⁴ This low risk combined with high profits makes counterfeit drugs an attractive option for transnational criminals.³⁵⁵

Counterfeit drugs are one of the most demanded counterfeit goods.³⁵⁶ Counterfeit drugs are advertised to treat a wide variety of different health conditions, including diabetes, schizophrenia, depression, high blood pressure and cholesterol; there are also fraudulent forms of lifestyle medications which consumers purchase for weight loss or sexual dysfunction.³⁵⁷ Their availability is a growing threat to public health as they are easily obtainable through a variety of different platforms, including illegal online pharmacies and unregulated markets.³⁵⁸ Consumers, who are often deceived into thinking that they are purchasing quality medical products, are drawn by the cheap prices of fraudulent drugs and the convenience of buying them without a prescription.³⁵⁹ However, these perceived benefits are accompanied by serious health risks, which could include liver damage, irreversible health issues, or even death.³⁶⁰ Counterfeit drugs which are sold to treat life-threatening diseases, such as malaria and tuberculosis, are prominent in sub-Saharan Africa and have caused avoidable deaths of patients.³⁶¹ Furthermore, counterfeit drugs affect the world disproportionately; approximately 30% of pharmaceutical products available in developing countries have been identified as fraudulent compared to only one percent in developed countries.³⁶² A medical study conducted in 2012 by Lancet determined that the pervasiveness of counterfeit drugs within developing regions is triggered by a lack of global consensus on the general definition of counterfeit and poor quality medicine, in addition to the fact that existing international drug frameworks have not implemented specific policies which focus on drug sampling and testing mechanisms.³⁶³ Weak drug regulatory systems, which are exploited by transnational criminals, are also a common issue which affect approximately one third of all countries within the international community.³⁶⁴

³⁴⁹ Klara, Counterfeit Goods are a \$460 Billion Industry, and Most Are Bought and Sold Online, *Adweek*, 2017.

³⁵⁰ UNODC, *Focus On The Illicit Trafficking of Counterfeit Goods and Transnational Organized Crime*, 2013.

³⁵¹ *Ibid.*

³⁵² Lewis, *The Fake and the Fatal: The Consequences of Counterfeits*, 2009.

³⁵³ *Ibid.*; Blackstone, et al., *The Health and Economic Effects of Counterfeit Drugs*, 2014.

³⁵⁴ Blackstone, et al., *The Health and Economic Effects of Counterfeit Drugs*, 2014.

³⁵⁵ *Ibid.*; IRACM, *Organised Crime*, 2013.

³⁵⁶ Behner et al., Fighting counterfeit pharmaceuticals: New defenses for an underestimated – and growing – menace, *Strategy&*, 2017.

³⁵⁷ UNODC, *Focus On The Illicit Trafficking of Counterfeit Goods and Transnational Organized Crime*, 2013.

³⁵⁸ *Ibid.*

³⁵⁹ UNICRI, *Counterfeit Medicines and Organised Crime*, 2012, p. 60.

³⁶⁰ Europol, *Counterfeit Products: Why Buying Fakes Can Be Bad For Your Health (And More)*, 2017.

³⁶¹ Global Initiative Against Transnational Organized Crime, *Illicit Trade: Undermining Development*, 2015; UNODC, *Focus On The Illicit Trafficking of Counterfeit Goods and Transnational Organized Crime*, 2013.

³⁶² UNODC, *Focus On The Illicit Trafficking of Counterfeit Goods and Transnational Organized Crime*, 2013.

³⁶³ Global Initiative Against Transnational Organized Crime, *Illicit Trade: Undermining Development*, 2015, p. 14.

³⁶⁴ Behner et al., Fighting counterfeit pharmaceuticals: New defenses for an underestimated – and growing – menace, *Strategy&*, 2017.

Counterfeit Drugs in Nigeria

The recurring issue of instability and political corruption in many West African countries has contributed to the region's poor systems of drug control, allowing transnational criminals to easily smuggle counterfeit pharmaceuticals across borders.³⁶⁵ In 1989, 150 children in Nigeria died after consuming counterfeit paracetamol syrup.³⁶⁶ Surrounding countries, including Ghana and Sierra Leone, responded to this by officially prohibiting the sale all medication produced in Nigeria.³⁶⁷ As a result, Nigeria created its National Agency for Food and Drug Administration and Control (NAFDAC) in 1993, which works under the Nigerian Ministry of Health to monitor the production, importation, exportation, marketing, and distribution of goods, which include food, drugs, cosmetics, medical tools, and chemicals.³⁶⁸ Although NAFDAC's work has contributed to improved surveillance of Nigerian seaports over the years, the trafficking of counterfeit goods continues to be a serious issue within the country's borders; counterfeit drugs are still available for consumers to purchase at stores and open air markets.³⁶⁹ Moreover, as the majority of Nigerian consumers cannot afford the expensive prices of authentic medicines sold at pharmacies, many have been inclined to purchase counterfeit drugs from unlicensed drug vendors.³⁷⁰

NAFDAC has made several attempts to address this problem by seizing the inventories of these unlicensed vendors, but organized crime groups began to use violent tactics to protect their business by burning NAFDAC's labs and sending threats to the agency's former director.³⁷¹ Since then, NAFDAC has found that educating the public on the dangers of counterfeit drugs serves as a much more effective approach to the issue than targeting fraudulent sellers.³⁷² The agency has launched various public awareness campaigns throughout Nigeria to warn potential buyers of fraudulent medicines of the health risks associated with these products.³⁷³ NAFDAC has also focused on creating new strategies to improve the surveillance of drug manufacturing in producing countries prior to their export to Nigeria.³⁷⁴ These efforts have ultimately contributed to an estimated 90% decrease in the reported incidence of counterfeit drugs in Nigeria since 2001.³⁷⁵

Adapting Policy to the 21st Century

The counterfeit drug business has increased by over 10,000% over the past 20 years due to growth in demand.³⁷⁶ This growing demand results from a variety of factors, including the cheap price of counterfeit drugs compared to quality medicine, a significant lack of public awareness on the dangers of counterfeit drugs, and weak health systems that are unable to provide efficient medical care to patients in countries where the threat of infectious disease is prevalent.³⁷⁷ Transnational criminal organizations have invested in technological tools for repackaging drugs to make them resemble quality medicine before sending them to local retailers.³⁷⁸ Like consumers, many under-regulated secondary drug wholesalers have also been attracted to the cheap prices of counterfeit drugs, and do not recognize that these products are fake.³⁷⁹ In addition, criminals have exploited the Internet to sell drugs through unmoderated websites which attract millions of consumers from all over the world.³⁸⁰ This has become a huge

³⁶⁵ UNODC, *Transnational Trafficking and the Rule of Law in West Africa: A Threat Assessment*, 2009, p. 6.

³⁶⁶ Amadi & Amadi, *Sustainable Drug Consumption, Regulatory Dynamics and Fake Drug Repositioning in Nigeria: A Case of NAFDAC 1999-2007*, 2014, p. 415.

³⁶⁷ *Ibid.*, p. 413.

³⁶⁸ Chinwendu, *The fight against fake drugs by NAFDAC in Nigeria*, 2008, pp. 3-6.

³⁶⁹ Sambira, *Counterfeit Drugs Raise Africa's Temperature*, *UN Africa Renewal*, 2013.

³⁷⁰ *Ibid.*

³⁷¹ *Ibid.*

³⁷² Akunyili, *Lessons from Nigeria: The Fight Against Counterfeit Drugs in Africa*, 2006, p. 43.

³⁷³ *Ibid.*

³⁷⁴ *Ibid.*

³⁷⁵ *Ibid.*

³⁷⁶ Alfadl et al, *The Impact of Demographic Characteristics on Vulnerability of Consumers to Counterfeit Drugs in a Developing Country*, 2013, p. 1.

³⁷⁷ Lamy & Liverani, *Tackling Substandard and Falsified Medicines in the Mekong: National Responses and Regional Prospects*, 2015, p. 249; UNICRI, *Counterfeit Medicines and Organised Crime*, 2012, p. 60.

³⁷⁸ UNICRI, *Counterfeit Medicines and Organised Crime*, 2012, p. 24.

³⁷⁹ *Ibid.*, p. 93.

³⁸⁰ *Ibid.*, p. 3.

concern for the international community, as current policies have been insufficient to tackle the complexities of the counterfeit drug trade.³⁸¹

The Internet provides consumers with the convenience of purchasing cheap drugs with the simple click of a button.³⁸² WHO has determined that over half of all medicines sold via illegal online pharmacies are counterfeit.³⁸³ Many consumers, who are often lured to these websites by spam e-mails, believe that they are purchasing quality medicine; however, there are also consumers who knowingly purchase counterfeit drugs due to the lower cost, as they are unaware of their potential health risks.³⁸⁴ According to the International Narcotics Control Board (INCB), Internet sales of counterfeit drugs is a challenging issue for national authorities because the servers that host illegal online pharmacies are located all over the world and are ultimately very difficult to identify.³⁸⁵ To help Member States counter this issue domestically, INCB published *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet* in 2009 to encourage Member States, as well as other national and international actors, to implement stronger policies to enhance systems of drug regulation.³⁸⁶ In the report, INCB referred to CND resolution 50/11 of 2007, which urged Member States to regularly provide the INCB with information on any seizures of counterfeit drugs sold online in order to obtain a more accurate amount of data on the issue.³⁸⁷ Data collection and effective Member State cooperation have also been key components of INTERPOL's Operation Pangea, which was launched in 2008 to target the online sales of counterfeit drugs.³⁸⁸ With the combined effort of 197 customs, police, and health authorities brought together from 123 Member States, this operation led to a seizure of 25 million illicit and counterfeit drugs in 2017.³⁸⁹

Conclusion

Counterfeit drugs are one of the most common and highly demanded forms of counterfeit goods and are a serious threat to international public health.³⁹⁰ Despite the amount of current policies in place which have addressed the general issue of trafficking of illicit drugs, a variety of factors have contributed to the growing issue of counterfeit drug trafficking within the global community.³⁹¹ Many global drug policies do not focus on the issue of counterfeit drugs, as crime which involves trafficking of illicit drugs is usually perceived as a higher priority by many Member States.³⁹² As a result, many Member States have set very low criminal penalties against those involved in counterfeit drug trafficking.³⁹³ In addition, the controversial debate on the global definition of counterfeit drugs has prevented the international community from establishing a solid framework against the issue.³⁹⁴ This has sparked a conflict of interest between Member States and fueled debates that have focused on counterfeit drugs as a violation of intellectual property rights rather than as a global public health hazard.³⁹⁵ According to the INCB, effective international cooperation is necessary in order for Member States to implement stronger policies against the threat of counterfeit drugs.³⁹⁶

³⁸¹ UNODC, *Trafficking in Fraudulent Medicine*, 2017.

³⁸² UNICRI, *Counterfeit Medicines Sold Through the Internet*, 2013, p. 3.

³⁸³ WHO, *Growing threat from counterfeit medicines*, 2010.

³⁸⁴ UNICRI, *Counterfeit Medicines Sold Through the Internet*, 2013, p. 30.

³⁸⁵ INCB, *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*, 2009, p. 2.

³⁸⁶ *Ibid.*, p. 3.

³⁸⁷ CND, *Resolution 50/11: International cooperation in preventing the illegal distribution of internationally controlled illicit substances via the Internet (E/CN.7/2007/16)*, 2007; INCB, *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*, 2009, p. 2.

³⁸⁸ INTERPOL, *Operations*, 2017.

³⁸⁹ INTERPOL, *Millions of medicines seized in largest INTERPOL operation against illicit online pharmacies*, 2017.

³⁹⁰ UNODC, *Focus On The Illicit Trafficking of Counterfeit Goods and Transnational Organized Crime*, 2013.

³⁹¹ *Ibid.*

³⁹² IRACM, *Reinforcing the Criminalisation of Fake Medicine Trafficking: A Legislative Priority Worldwide*, 2017.

³⁹³ *Ibid.*

³⁹⁴ WHO, *Combating Counterfeit Drugs: A Concept Paper for Effective International Collaboration*, 2005, p. 2.

³⁹⁵ *Ibid.*, p. 11.

³⁹⁶ INCB, *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*, 2009, p. 12.

Further Research

While conducting research on this topic, delegates are encouraged to keep the following questions in mind: what steps can CND take in order to mitigate the issue of counterfeit drugs? What can be done to spread awareness of the security and public health risks associated with counterfeit drugs? How can Member States incorporate new policies which explicitly address the trafficking and production of counterfeit goods, specifically counterfeit drugs? What are some specific actions that can be taken by the international community to address illegal online pharmacies? Keeping the role of technology in mind, what measures can be implemented to bring drug control policies to the 21st century?

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Akunyili, D. (2006). Lessons from Nigeria: the fight against counterfeit drugs in Africa. *Diabetes Voice*, 5(3): 41-43. Retrieved 18 August 2017 from: <http://apps.who.int/medicinedocs/documents/s18404en/s18404en.pdf>

The above article by the former Director of NAFDAC provides a detailed overview on the issue of counterfeit drugs in Nigeria. This source provides a clear picture of the progress that Nigeria has made in addressing the issue over the years following the creation of NAFDAC, a Nigerian government agency dedicated to fight against the counterfeit drug business. This document outlines the various strategies employed by NAFDAC to alleviate the impact of counterfeit drug trafficking within the Nigerian public health system. Moreover, this will help broaden delegates' overall understanding on how the issue of counterfeit goods has been addressed at a domestic level.

International Narcotics Control Board. (2009). *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances Through the Internet*. Retrieved 1 August 2017 from:

https://www.incb.org/documents/Narcotic-Drugs/Guidelines/internet/NAR_guide_Internet_guidelines_English.pdf

This report invites states to take necessary preventative measures against the sale of counterfeit pharmaceuticals via online e-pharmacies. Considering that the online sales of counterfeit drugs has grown into an international concern, the report urges Member States to each take action domestically by implementing stronger legislative and enforcement measures. The information provided in this report will assist delegates as it includes references to previous international treaties which focus on drug control. By analyzing these treaties, delegates can identify ways in which current drug policies can be enhanced to mitigate the threat of counterfeit drugs.

International Criminal Police Organization. (2017). *Millions of medicines seized in largest INTERPOL operation against illicit online pharmacies*. Retrieved 31 October 2017 from: <https://www.interpol.int/News-and-media/News/2017/N2017-119>

This article provides an overview of the most recent operation launched by INTERPOL against the online trafficking of counterfeit drugs. Aside from providing the statistics that were acquired as a result of the operation, the article includes a list of the participating countries that collaborated with INTERPOL and contributed to the seizure of millions of counterfeit drugs. This source will be useful for delegates as it will help them consider the role of INTERPOL and its current operations against counterfeit drugs.

Sambira, J. (2013, May). Counterfeit Drugs Raise Africa's Temperature [News Article]. Retrieved 1 August 2017 from: <http://www.un.org/africarenewal/magazine/may-2013/counterfeit-drugs-raise-africa%E2%80%99s-temperature>

This article summarizes the impact of counterfeit drugs within various countries in West Africa. It provides a brief explanation on the complexity of the counterfeit drug business in the region, labeling it as a crime against humanity given the severe health risks of these drugs. The article also describes the efforts that have previously been made by domestic authorities as well as international organizations to address the matter, and briefly touches on technological innovations that have been created which have revolutionized the global fight against counterfeit drugs. Moreover, this document will be useful for delegates to conduct their research as it focuses on the impact of counterfeit drug trafficking in a regional perspective.

United Nations Interregional Crime and Justice Research Institute. (2013). *Counterfeit Medicines Sold Through the Internet* [Report]. Retrieved 18 August 2017 from:

http://www.unicri.it/topics/counterfeiting/medicines/savemed/UNICRI_deliverableD7_2_080513_2406.pdf

This document provides a clear analysis on the Internet sales of counterfeit drugs. It identifies some of the key strategies used by transnational criminal organizations to attract consumers, including sending spam e-mail messages and creating deceptive advertisements. Moreover, the report emphasizes the need for a coordinated response in order to tackle the issue of Internet drug trafficking, which has become a critical public health concern. This document will thus assist delegates in identifying the overall impact brought by the emergence of the online sales of counterfeit drugs.

United Nations Office on Drugs and Crime. (2009). *Transnational Trafficking and the Rule of Law in West Africa: A Threat Assessment* [Report]. Retrieved 20 July 2017 from:

https://www.unodc.org/documents/data-and-analysis/Studies/West_Africa_Report_2009.pdf

This document serves to evaluate the severity of transnational organized crime in West Africa, a significant portion which addresses the impact of counterfeit drugs. Due to factors including political instability and weak governance, many countries in West Africa have been vulnerable to the consequences associated with transnational organized crime, such as counterfeit drug trafficking. This will be helpful for delegates to obtain a better understanding on the prevalence of counterfeit drugs in the developing world.

United Nations Office on Drugs and Crime. (2013). *Focus On The Illicit Trafficking of Counterfeit Goods and Transnational Organized Crime* [Report]. Retrieved 20 July 2017 from:

https://www.unodc.org/documents/counterfeit/FocusSheet/Counterfeit_focussheet_EN_HIRES.pdf

This detailed report focuses on the larger consequences which result from the trafficking and production of counterfeit goods and transnational organized crime. It goes in depth describing the correlation between counterfeit goods and transnational organized crime by explaining how the production of counterfeit products can trigger labor exploitation, environmental hazards, among other serious public health risks within the international community. Furthermore, this report evaluates the contributions by international organizations and UN agencies to analyze what has already been done by the global community to mitigate the issue of transnational organized crime. This information will help delegates consider the dangerous consequences that are linked to the trafficking of counterfeit goods, which will be greatly beneficial for their research.

United Nations, General Assembly, Thirtieth special session. (2016). *Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1)* [Resolution]. Adopted without reference to a main committee (A/S-30/L.1). Retrieved 19 July 2017 from: <http://undocs.org/A/RES/S-30/1>

This document is the outcome of UNGASS 2016, which was led by CND in order to address the international drug problem. Moreover, the session was focused on implementing mechanisms and strengthening international capacity to counter the general issue of drug crime and additionally touched on the growing issue of transnational organized crime. This will be a useful source for delegates to examine while conducting their research as it will help them identify ways in which current drug policies can be enhanced to implement stronger measures against counterfeit drugs.

World Health Organization. (2010). *IMPACT - International Medical Products Anti-Counterfeiting Taskforce*.

Retrieved 1 August 2017 from: <http://apps.who.int/medicinedocs/documents/s20967en/s20967en.pdf>

This source presents the objectives of IMPACT, an initiative proposed by WHO to counter the global issue of counterfeit drugs. The document provides a detailed explanation on the dangers associated with counterfeiting and promotes the necessity for immediate and efficient international collaboration to address the issue. Furthermore, this document will give delegates a clearer understanding of the anti-counterfeiting efforts that have been previously proposed by the international community. Delegates should also keep in mind the principal reasons behind IMPACT's decline, which will be helpful when considering alternative measures to address the issue of counterfeit drugs.

World Intellectual Property Organization. (2012). *The Enforcement of Intellectual Property Rights: A Case Book*.

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http://www.wipo.int/edocs/pubdocs/en/intproperty/791/wipo_pub_791.pdf

This document examines the importance of intellectual property rights from a global perspective. It contains an overview on existing international and regional frameworks on intellectual property, and

additionally includes a section which focuses on the TRIPS agreement. Moreover, this source will help clarify the role of intellectual property rights for delegates when analyzing the broad issue of counterfeit drug trafficking.

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