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COMMISSION ON NARCOTIC DRUGS BACKGROUND GUIDE 2014

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NATIONAL MODEL UNITED NATIONS





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Dear Delegates,

Welcome to the 2014 National Model United Nations in New York (NMUN•NY) Conference. This year's staff for the Commission on Narcotic Drugs (CND) are: Directors, Rafael Corral (Conference A) and Omar Torres-Vasquez (Conference B) and Assistant Directors, Evin Sanders and Roland Römhildt, respectively. Rafael earned his BA in International Relations and Political Science with a minor in Human Rights from Universidad San Francisco de Quito in Ecuador. Currently, he works as a Junior Professional Associate at the World Bank in Washington D.C. This is his third year on staff and his fifth year attending NMUN. Omar holds a BA from California University Fullerton in Political Science with an emphasis on political theory. Currently Omar works for a Credit Union in Southern California as a financial consultant. This is his third year on staff with a total of 6 years attending NMUN. Evin recently graduated with a BA in Political Science from California State University - Chico. This is his second year on staff. Roland is a recent graduate from the University of Munich with a BA in Political Science. He is currently pursuing his MA at the Free University of Berlin where he lives now as a full time student. This is his third year attending NMUN and his first year on staff.

This year's topics under discussion for the Commission on Narcotic Drugs are:

- Addressing the Impact of the Global Trade in Opiates I.
- II. Countering Money-Laundering and Promoting Judicial Cooperation to Enhance International Cooperation
- III. Strengthening a Human Rights and Public Health Based Approach to Diseases Related to Drug Abuse

The Commission was established by the Economic and Social Council (ECOSOC) to assist in supervising the application of the international drug control treaties and on all matters pertaining to narcotic drugs, psychotropic substances and their precursors. CND also reviews and analyses interrelated issues of prevention of drug abuse, rehabilitation of drug users and supply and trafficking in illicit drugs. With recommendations from the World Health Organization (WHO) and the International Narcotics Control Board (INCB), CND may decide to remove or modify international control measures over drugs, psychotropic substances or precursors.

We hope you will find this Background Guide useful as it serves to introduce you to the topics for this committee. It is not meant to replace further research and we highly encourage you explore in-depth your countries' policies as well as use the Annotated Bibliography and Bibliography to further your knowledge on these topics. In preparation of the conference, each delegation will be submitting a position paper. Please refer to the following pages for details regarding the position paper submission process. Please take note of the <u>NMUN policies</u> on the website and in the <u>Delegate Preparation Guide</u> regarding plagiarism, codes of conduct/dress code/sexual harassment, awards philosophy/evaluation method, etc. Adherence to these guidelines is mandatory.

If you have any questions concerning your preparation for the Committee or the Conference itself, feel free to contact the substantive staff listed below or the Under-Secretaries-General for the ECOSOC, Sasha Sleiman (Conference A) and Yvonne Jeffery (Conference B). You can reach either USG by contacting them at: <u>usg.ecosoc@nmun.org</u>.

We wish you all the best for your preparation for the Conference and look forward to seeing you at the conference!

Sincerely,

Conference A

Rafael Corral, Director Evin Sanders, Assistant Director cnd.nya@nmun.org

Conference B Omar Torres-Vasquez, Director Roland Römhildt, Assistant Director cnd.nyb@nmun.org

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NMUN•NY Position Papers Guidelines

Due 1 March 2014

Each committee topic should be addressed in a succinct policy statement representing the relevant views of your assigned country, Non-Governmental Organization (NGO), or expert role. You should identify and address international and regional conventions, treaties, declarations, resolutions, and programs of action that are relevant to the policy of your country or NGO. You should also include recommendations for action to be taken by your committee. A delegate's role as a Member State, Observer State, or NGO should affect the way a position paper is written. To understand these differences, please refer to the <u>Delegate Preparation Guide</u>. It may also be helpful to view a <u>Sample Position Paper</u>.

A position paper should be submitted for each assigned committee.

- The two page position paper should cover all the topics in the background guide, not a separate paper for each topic.
- Do not submit papers for committees not assigned to your country/NGO (see matrix for <u>Conf. A</u> or <u>Conf. B</u>).
- No more than two delegates can represent a single country/NGO in a committee. If you assign two delegates to represent a country/NGO on a committee, they submit one position paper jointly, not separate position papers from each individual.

Please pay careful attention to the following guidelines when drafting and submitting your position papers. Only those delegations that follow the guidelines and meet the submission deadline will be eligible for <u>position paper</u> <u>awards</u>.

All papers must be typed and formatted according to the standards below:

- Length must not exceed two pages
- Margins must be set at 1 inch or 2.54 cm. for the whole paper
- Font must be Times New Roman sized between 10 pt. and 12 pt.
- Country/NGO name, school name, and committee name must be clearly labeled on the first page
- Agenda topics must be clearly labeled in separate sections
- National symbols (headers, flags, etc.) are deemed inappropriate for NMUN position papers

Please note that position papers must be comprised of entirely original writing. **The NMUN Conference will not tolerate plagiarism**, including copying from Committee Background Guides. Violation of this policy may result in dismissal from the conference. Although United Nations documentation is considered within the public domain, the conference does not allow the verbatim re-creation of these documents.

How to Submit Your Position Papers

Position papers need to be submitted by email in .pdf or .doc formats. As proof of submission, include yourself as an email recipient. Please use the committee name, your assignment, Conference A or B, and delegation/school name in both the email subject line and in the filename (example: GA1_Cuba_Conf A_State College).

1. Send one complete set of all position papers for each of your country/NGO assignments to the Deputy Secretary-General for the conference you are attending:

Conference A: <u>positionpapers.nya@nmun.org</u> Conference B: <u>positionpapers.nyb@nmun.org</u>

2. Send a copy of your position paper for each assigned committee to the corresponding committee email address listed on the <u>Committee Background Guides page</u>.

Your delegation may wish to submit a copy of their position papers to the permanent mission of the country/NGO headquarters along with an explanation of the conference. This is encouraged if requesting a <u>briefing</u>.

Many, many papers will be read by the Secretariat. Your patience and cooperation in adhering to the above guidelines is greatly appreciated.



Abbreviations

Acquired immunodeficiency syndrome
Anti-Money Laundering
Central Asian Regional Information and Coordination Center
Commission on Crime Prevention and Criminal Justice
Commission on Narcotic Drugs
Disability-adjusted life years
Economic and Social Council
Financial Action Task Force
Financial Intelligence Unit
General Assembly
Global Burden of Disease
Gross domestic product
Global Programme against Money-Laundering
Hepatitis C virus
Human Immunodeficiency virus
Heads Of National Drug Law Enforcement Agencies
HSBC Holdings plc
International Drug Enforcement Conference
Injecting drug users
International Monetary Fund
International Narcotics Control Board
Non-governmental organizations
Needle and syringe programmes
Opium Advisory Committee
Opioid Substitution Therapy
Network of Prosecutors against Organized Crime
Secretariat to the Governing Bodies
Substance use disorders
Tuberculosis
United Nations
United Nations International Drug Control Program
United Nations General Assembly Special Session
UN Office on Drugs and Crime
World Health Organization



Committee History

"If we look at the physical dimensions of the problem, tons of production and numbers of addicts, we can state that humanity has made measurable progress. If we look however at the bigger picture, namely at the impact of drugs on security and development, the assessment is more complex—and not benign."¹

Introduction

The United Nations (UN) Economic and Social Council (ECOSOC) created the UN Commission on Narcotic Drugs (CND) at its first session in February 1946.² The Commission was established in order to give full effect to the international conventions relating to narcotic drugs, to continually review the international control of narcotic drugs, and to draft and enforce international treaties when needed.³ Thus, the CND is positioned to be the main forum for collaborative efforts and the sharing of best practices to combat the world drug problem.⁴ After the launch of its *World Drug Report* in 2011, the UN Office on Drugs and Crime (UNODC) provided a summary of the report to the Security Commission that indicated the world drug problem has ties to multiple other criminal activities and organizations.⁵ The report emphasizes the destabilizing effects of illicit drugs on "stability, security and health in many parts of the world."⁶

Mandate

The mandate for the Commission on Narcotic Drugs is laid out in Economic and Social Council resolutions 9(I) and 1999/30. The body is charged with: (1) Supervising the application of the international conventions and agreements; (2) Advising ECOSOC on all matters pertaining to narcotic drugs; and (3) Updating existing mandates and functions for international drug control.⁷ In the most recent revision of its mandate in 1999, the Commission restructured its approach to its work into two distinct segments: "a normative segment, during which the CND discharges its treaty-based and normative functions; and an operational segment, during which the CND exercises its role as the governing body of UNODC."⁸ The Third Committee of the United Nations General Assembly also covers the thematic issues that CND discusses.⁹

Functions and Powers

Normative Functions

There are three main drug control conventions that the Commission monitors: the *Single Convention on Narcotic Drugs* (1961), the *Convention on Psychotropic Substances* (1971), and *the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (1988).¹⁰ A treaty-based scheduling system keeps an updated table of substances for international control, operating through an agenda item at the annual session of CND.¹¹ When discussing this item, the CND considers proposals to add, transfer, or delete substances from the different levels of scheduling.¹² Further, the Commission monitors "the outcome of the 1998 special session of the General Assembly on countering the world drug problem, as well as the renewed commitments enshrined in the 2009 Political Declaration and Plan of Action."¹³

¹³ UNODC, Mandate and Functions [Website], 2013.



¹ UN Commission on Narcotic Drugs, Statement by the UN USG and Executive Director of the UNODC, 2009, p. 1.

² UNODC, Mandate and Functions [Website]; UN Economic and Social Council, Resolution 9(1), 1946.

³ UN Economic and Social Council, Organizational Session for 1991(1991/201) [Decision], 1991.

⁴ UNODC, Mandate and Functions [Website], 2013.

⁵ United Nations, Drugs and Crime threaten global peace, warrant action, Security Commission told [Article], 2013.

⁶ Ibid.

⁷ UNODC, Mandate and Functions [Website], 2013.

⁸ Ibid.

⁹ Ibid.

¹⁰ Single Convention on Narcotic Drugs, 1961; Convention on Psychotropic Substances, 1971; Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, 1988.

¹¹ UNODC, Fact sheet on the Scheduling procedures pursuant to the international Drug Control Conventions Mandated Function of the Commission on Narcotic Drugs.

¹² Ibid.

The World Health Organization (WHO) in particular, plays an integral role, as changes to the scheduling of a substance must be in accordance with its recommendations.¹⁴

Governance

In 1991, the mandate of the CND was expanded to be the governing body for the United Nations International Drug Control Program (UNDCP), which gives the CND authority over the UNDCP's budget and financing measures.¹⁵ The International Narcotics Control Board (INCB) is an enforcement agency also governed by the CND. Established by the 1961 *Single Convention on Narcotic Drugs*, this board follows the decisions of the CND and works with local governments to ensure compliance with the treaties.¹⁶ In cases of potential violations, the INCB will work closely with governments to propose measures and assist them in implementing the treaty.¹⁷ CND shares governance over UNODC with the Commission on Narcotic Drugs and the Commission on Crime Prevention and Criminal Justice (CCPCJ), both adopting resolutions and decisions within their respective concentrations as guidance for the UNODC.¹⁸ Both CND and CCPCJ are functional commissions of the ECOSOC.

Governance, Structure and Membership

The Bureau and Extended Bureau of the CND are responsible for organizing and taking an active role in preparation for the CND's regular and inter-session meetings.¹⁹ The Bureau has five positions, which are filled at the end of the CND's reconvened session. Unique to CND is what is termed the "Extended Bureau," which includes the Chairpersons of the five regional groups, the European Union, and the Group of 77 and China."²⁰

Subsidiary Bodies

The CND creates an opportunity to collaborate and work towards a universal solution to the world drug problem through several subsidiary bodies: (1) Meeting Of Heads Of National Drug Law Enforcement Agencies (HONLEA); and (2) Sub-Commission on Illicit Drug Traffic and Related Matters in the Near and Middle East.²¹ HONLEA facilitates "cooperation in drug law enforcement activities at the regional level," with sub-committees for Europe, Latin America and the Caribbean, Asia and the Pacific and Africa.²² The Sub-Commission serves as a consultative body that provides the CND "with a regional perspective on dealing with illicit drug activity in the Near and Middle East."²³

Membership

The 53 Member States represented on the CND serve for four-year terms and are distributed among African, Asian, Latin American and the Caribbean, Eastern Europe and Western Europe and Other (WEOG).²⁴ Member States and relevant parties are elected to the CND based on equal geographical distribution of representation, and adequate representation from Member States that produce, manufacture, or trade narcotic drugs.²⁵

Substantive Support

Within the UN Office on Drugs and Crime, the Secretariat to the Governing Bodies (SGB) "acts as an interface between the Commissions, their subsidiary bodies and other sections of UNODC."²⁶ The SGB is "the main contact point for representatives of Member States and permanent missions in Vienna concerning matters pertaining to the work and the competence of the CND."²⁷

¹⁴ UNODC, 1961 Convention, Article 3, Changes in the Scope of Control [Website].

¹⁵ UNODC, Membership [Website]; New Zealand, United Nations Handbook 2013-2014, 2013.

¹⁶ International Narcotics Control Board, About the INCB [Website].

¹⁷ International Narcotics Control Board, *Mandate and Functions* [Website].

¹⁸ UNODC, Commissions [Website]; UNODC, Commission on Narcotic Drugs: Bureau and Extended Bureau [Website];

¹⁹ UNODC, Delegates' Handbook: Sessions of the Commission on Narcotic Drugs and the Commission on Crime Prevention and Criminal Justice, 2013.

²⁰ Ibid.

²¹ UN Economic and Social Council, Illicit traffic (E/RES/1973/1776(LIV)), 1973.

²² UNODC, Delegates' Handbook: Sessions of the Commission on Narcotic Drugs and the Commission on Crime Prevention and Criminal Justice, 2013.

²³ New Zealand, United Nations Handbook 2013-2014, 2013.

²⁴ UNODC, Commission on Narcotic Drugs: Membership [Website].

²⁵ UNODC, Fact sheet on elections and membership, 2013.

²⁶ UNODC, Secretariat to the Governing Bodies Section [Website].

²⁷ Ibid.

Recent Sessions

The 56th session of the CND extends from March to December 2013, with formal meetings scheduled 11-15 March and 12-13 December.²⁸ The session is divided between normative (i.e. substantive and policy focused) and operational (i.e. governance of UNODC, including administrative, budgetary and strategic management questions).²⁹ The normative segment took place from 11-15 March in Vienna, Austria. The agenda included a range of current policy issues: (1) implementation of relevant drug control treaties; (2) progress made in implementation of and preparation for the review of the *Political Declaration and Plan of Action*; (3) global drug trafficking situation; and (4) preparations for high-level review of the Declaration.³⁰

Discussion on the Declaration focused on three key areas: (1) reduction of supply; (2) reduction of demand; and (2) success of efforts to counter money-laundering and promote judicial cooperation in the context of greater international collaboration.³¹ In order to facilitate a dialogue on these issues, the Commission hosted a series of roundtables on each thematic area.³² The situation regarding global drug trafficking was also discussed, with particular focus on provision of recommendations to subsidiary bodies of the Commission, many of which held meetings in October and November 2013. These meetings were regionally focused, however, regardless of which region is meeting, issues such as demand reduction, trends in drug use, new psychoactive substances, controlling manufacturing of narcotic drugs, and effective responses to illicit drug trafficking are common themes.³³

On the margins of the session, UNODC launched its *World Drug Report* for 2013 on the UN "International Day against Drug Abuse and Illicit Trafficking."³⁴ The event provided key information and opportunities to provide comments and share the views of the members of the CND, as well as an executive summary by the Chair.³⁵Parallel to the official session was the second informal Civil Society Hearing hosted by the Vienna NGO Committee on Drugs, which mirrored the conversation occurring among Member States on the implementation of the *Political Declaration and Plan of Action* (2009).³⁶ The Hearing provided the opportunity for non-governmental organizations (NGOs) to "contribute substantively to the work of the UN," and identify particular ways in which they could support the work of the Commission.³⁷

Conclusion

The Commission on Narcotic Drugs has an important role to play in advancing innovative solutions to the challenge of drug control.³⁸ The Commission has found that treating narcotic drug users as individuals suffering from an illness is the most effective response and plans to continue supporting this practice alongside an integrated strategy is to help to solve the underlying causes and effects of drug abuse, with a primary focus on poverty.³⁹ The Commission remains committed to solving the world drug problem; however, they have shifted from promoting harsher punishment to a more inclusive strategy. The Under Secretary-General and Executive Director of the UNODC stated, partially in response to growing movements for legalization worldwide, stated, "lifting the controls on drugs would reveal a state's impotence to fight organized crime or protect the health of its citizens."⁴⁰ Recognizing this position, the CND has continued its efforts to close the remaining gaps in drug control.

⁴⁰ UN Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 2009.



²⁸ UN Commission on Narcotic Drugs, List of documents before the Commission at its fifty-sixth session (E/CN.7/2013/CRP.6), 2013.

²⁹ UN Commission on Narcotic Drugs, Provisional agenda and annotations (E/CN/7/2013/1), 2012;

³⁰ UN Commission on Narcotic Drugs, Action taken by the subsidiary bodies of the Commission on Narcotic Drugs: Report of the Secretariat (E/CN.7/2013/5), 2012.

³¹ UNODC, Secretariat to the Governing Bodies Section [Website].

³² UNODC, Thematic Debate/Round Table Discussions [Website].

³³ Ibid.

 ³⁴ UN Secretary-General, Statement at Special Event on the International Day Against Drug Abuse and Trafficking, 2013.
³⁵ Ibid.

³⁶ UN Commission on Narcotic Drugs, *Paper submitted by the Vienna NGO Committee for Drugs (E/CN.7/2013/NGO/1)*, 2013. ³⁷ Ibid.

³⁸ UNODC, World Drug Report 2013, 2013.

³⁹ Ibid.

Annotated Bibliography

New Zealand, Ministry of Foreign Affairs and Trade. (2013, September). *United Nations Handbook 2013-14*. Retrieved 24 October 2013 from: <u>http://www.mfat.govt.nz/downloads/media-and-publications/UN-Handbook-2013-web%20PDF.pdf</u>

The United Nations Handbook, published by the Ministry of Foreign Affairs & Trade of New Zealand, is one example of an initiative undertaken by a UN Member State to contribute to strengthening the information available to the international community on the UN system. The handbook is one of the most comprehensive, if not the, most comprehensive, source of information on the aim, structure and membership of the organs of the United Nations. Delegates are recommended to utilize the handbook as a regular reference for all related entities within the UN system which comprise the architecture addressing your topic.

United Nations Office on Drugs and Crime. (2013). *Meetings of the Commission on Narcotic Drugs in the Current Year* [Website]. Retrieved 4 September 2013 from: <u>http://www.unodc.org/unodc/en/commissions/CND/meetings-in-the-current-year.html</u>.

This source provides information on the scheduled meetings of the CND and its subsidiary bodies. It is noteworthy because links to the agendas and documents for each of the meetings are also found by selecting a particular meeting. These documents and agendas will provide valuable insight into the actual issues that the CND is discussing this year. Furthermore, the information contained on this site will provide direction for possible action, which the CND has, and could take, in the future. Accessing the links contained on this page will provide access to valuable topics for this year's CND.

United Nations Office on Drugs and Crime. (2013). *Subsidiary Bodies of the Commission on Narcotic Drugs* [Website]. Retrieved 4 September 2013 from: <u>https://www.unodc.org/unodc/en/commissions/CND/06-subsidiarybodies.html</u>.

The CND operates through an annual 8 day session, followed by a series of regional meetings by a group of subsidiary bodies. Understanding the role of the regional subsidiary bodies within the structure of the CND will be critical to understanding the way in which the CND functions. Although labeled differently, these regional bodies all serve as the foundation for the CND and operate with a standard set of practices to promote regional problem solving to provide targeted solutions to the world drug problem. Using this source will assist in learning the various issues which each Member State faces within its region. Creating agreements within regions on combating the world drug problem will greatly strengthen the effectiveness of actions taken by the region.

United Nations, Commission on Narcotic Drugs, Fifty-second session. (2009). *Statement by the United Nations Under-Secretary-General and Executive Director of the United Nations office on Drugs and crime*. High-level Segment. Retrieved 29 June 2013 from: <u>https://www.unodc.org/documents/commissions/CND-Uploads/CND-52-RelatedFiles/V0984963-English.pdf</u>.

The Commission on Narcotic Drugs held its High-level Segment of the fifty-second session on the 11th and 12th of March 2009. Representatives from 132 Member States gathered to evaluate the progress made since 1998 on the goals and targets established at the special session of the General Assembly. Noting that opium production has fallen from 40,000 tons down to 10,000 tons, the report demonstrates the significant progress made in limiting the supply and demand of narcotic drugs. The intent of this meeting and several that followed was to create a strategy that would address the world drug problem. This report illustrates the complexity of the world drug problem and the stakeholders who cooperate with the CND to solve it.

Bayer, I. & H. Ghodse. (1999). Evolution of international drug control, 1945-1995. *Bulletin on Narcotics*. LI (1-2). 1–17. Retrieved 6 June 2013 from: <u>http://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1999-01-01_1_page003.html</u>.



This paper by Bayer and Ghodse summarizes the history of international drug control since the United Nations began operating in 1945, and of the first international meetings to occur focusing on the international drug trade. This source is tremendously helpful for understanding the long-term history of the drug control issue from an international perspective, and provides detailed information crucial to a complete understanding of its evolution as an international theme. This paper will educate the reader on the long-term goals and results of international drug conventions and treaties to create a rounded understanding of the theme.

United Nations Office on Drugs and Crime. (2013). *World Drug Report 2011*. Retrieved 29 June 2013 from: http://www.unodc.org/unodc/secured/wdr/wdr2013/World Drug Report 2013.pdf.

The World Drug Report is a collection of annual findings and statistics, which allow for the informed creation of international drug policy and substance control. The world drug problem has been recognized as a complex, and adaptive issue, which has still not been solved after over 100 years of international action. Creating an integrated, balanced, cooperative plan of action will require consistently up to date information on the state of drug supply and demand including addiction statistics, abuse trends, and new trafficking routes. This report provides in-depth statistics on the world drug problem, which show that significant gains in reducing the supply and demand of narcotic drugs. Despite this progress, the report acknowledges the need for further action to be taken to continue combating the world drug problem.

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United Nations Office on Drugs and Crime. (2013). *Meetings of the Commission on Narcotic Drugs in the Current Year* [Website]. Retrieved 4 September 2013 from: <u>http://www.unodc.org/unodc/en/commissions/CND/meetings-in-the-current-year.html</u>.

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I. Addressing the Impact of the Global Trade in Opiates

*"Illicit drugs continue to jeopardize the health and welfare of people throughout the world. They represent a clear threat to the stability and security of entire regions and to economic and social development. In so many ways, illicit drugs, crime and development are bound to each other."*⁴¹

Introduction

The United Nations Office on Drugs and Crime (UNODC) refers to opiates as "any of a group alkaloids derived from the opium poppy (Papaver somniferum)."⁴² While the most common opiates are opium, morphine, and codeine, the term also refers to semi-synthetic opium derivatives such as heroin.⁴³ UNODC estimates that there are approximately 16.5 million opiate users globally, which correlates to a global yearly opiate consumption of around 3,700 tons.⁴⁴

There are 236,000 hectares of opium under cultivation globally.⁴⁵ Afghanistan is the largest producer and cultivator of opiates in the world, supplying 74% of global illicit opium in 2012.⁴⁶ World poppy production is on the rise, with Myanmar and Mexico as the main drivers of this increase.⁴⁷ While statistics for Mexico are not current, a steady increase between 2005 and 2009 indicate a growing trend.⁴⁸ Furthermore, statistics available for Myanmar indicate that poppy cultivation has steadily increased since 2006.⁴⁹

Within the UN system, it is the Commission on Narcotic Drugs (CND) that discusses and addresses the international impact and global trading of these illicit drugs by establishing international norms and providing guidance on the operationalization of policy recommendations.

International Framework

The catalyst for the establishment of an international drug control system emerged from the widespread trade of opium in Asia in the 19th century, which prompted the rise of domestic production and caused the largest drug abuse problem in history.⁵⁰ In 1906, there were around 25 million opium users around the world.⁵¹ The first international conference to discuss the world drug problem was the *Shanghai Opium Commission* of 1909. While it was not meant to issue legally binding agreements, it did lay the groundwork for the first international drug control convention, the 1912 *International Opium Convention*, adopted at The Hague.⁵² This international agreement committed the contracting parties to controlling the production and distribution of raw opium, take measures for the gradual suppression of manufacturing, regulate internal and international trade and use of prepared opium, confine opiates to medical uses only, and develop national legislation to make the possession of opium, morphine, and cocaine illegal.⁵³

While it initially entered into force in only five countries, this Convention soon achieved near universal adherence when the 1919 *Peace Treaties of Versailles* included a clause which required all its signatories to adhere to it.⁵⁴ It also influenced national drug control efforts, notably the passage of the *Harrison Act* in the United States, the foundation of 20th century United States drug policy.⁵⁵ Under the auspices of the League of Nations, the Opium



⁴¹ UNODC, 2013 World Drug Report, 2013.

⁴² UNODC, Terminology and Information on Drugs, 2003, pp. 70.

⁴³ UNODC, *Illicit Drugs* [Website].

⁴⁴ UNODC, 2013 World Drug Report, 2013, p. 46.

⁴⁵ Ibid., p. 1.

⁴⁶ Ibid.; Kemp, Multilateral Treatment for Afghanistan's Drug Problem, 2012.

⁴⁷ UNODC, 2013 World Drug Report, 2013, p. 61; Campbell, Obstacles Ahead in Burma's Opium War, 2013.

⁴⁸ UNODC, 2013 World Drug Report, 2013, p. 1;

⁴⁹ UNODC, World Drug Report 2011, p. 61; UNODC, Myanmar opium cultivation up despite rise in poppy eradication, UNODC says [Article], 2013.

⁵⁰ UNODC, 2008 World Drug Report: 100 years of drug control, 2008, p. 18.

⁵¹ Ibid., p. 18.

⁵² Ibid., p. 50.

⁵³ Ibid., p. 50.

⁵⁴ Ibid., p. 50.

⁵⁵ Ibid., p. 50.

Advisory Committee (OAC), forerunner to the CND, was formed in 1920 to oversee implementation of the *International Opium Convention*.⁵⁶ With the adoption of the *International Opium Convention* (1925), many of the features of the current international control system such as a system of import certificates and the establishment of an international control board were put in place.⁵⁷ The contemporary drug control regime is composed by the *Single Convention on Narcotic Drugs* (1961), the *Convention on Psychotropic Substances* (1971), and the *UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (1988).⁵⁸

Role of the United Nations System

The Political Declaration and Plan of Action on International Cooperation towards a Balanced Strategy to Counter the World Drug Problem (2009) is the UN's main policy document in the field of narcotic drugs.⁵⁹ It reaffirms the CND as the main UN organ dealing with drug control.⁶⁰ In regards to opiates, the Political Declaration establishes 2019 as the target year to "eliminate or reduce significantly and measurably [...] the illicit cultivation of opium poppy."⁶¹ Likewise, the Declaration calls on Member States to provide financial and political support to survey, monitor, and verify the extent of opium poppy cultivation, and to share this information with relevant international agencies and other Member States.⁶² It also calls on international institutions, development partners, Member States and the UNODC to coordinate and sequence their activities, especially in regards to "identifying the social and economic drivers of cultivation and, ultimately, designing appropriate interventions to tackle the problem."63 Finally, the Declaration recognizes the adverse effects of drug use on public health and calls for the establishment of drug demand reduction strategies and comprehensive prevention programs, treatment, and care services.⁶⁴ This is especially relevant in the context of a rise in the incidence of human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS) among drug users. The Joint United Nations Programme on HIV/AIDS (UNAIDS); World Health Organization (WHO) and UNODC are partnered in the carrying out this mandate.⁶⁵ In 2014, the CND will conduct a high-level review of the implementation of the 2011 Political Declaration, which will be submitted to the General Assembly for its consideration.⁶⁶

Most recently, the CND has focused its attention in regards to opiates on implementing the provisions of the three Ministerial Conferences and the Paris Pact. Most notable in this regard is the adoption of resolution 56/3 (2013), which calls for the implementation of the *Vienna Declaration*, the outcome document of the Third Ministerial Conference⁶⁷ This document sets out four main areas of action: "Strengthening and implementing regional initiatives to combat illicit traffic in opiates originating in Afghanistan, detecting and blocking financial flows linked to illicit traffic in opiates, and preventing the diversion of precursor chemicals used in illicit opiates manufacturing in Afghanistan."⁶⁸

Paris Pact Initiative

The *Paris Pact* initiative is a global partnership of more than 70 UN Member States and international organizations that "aims at the reduction of illicit traffic in opiates including opium poppy cultivation, production and global consumption of heroin and other opiates, and at the establishment of a broad international coalition to combat illicit

⁵⁹ UNODC, *The Commission on Narcotic Drugs* [Website].



⁵⁶ Ibid., p. 52; First International Opium Conference, International Opium Convention, 1912.

⁵⁷ UNODC, 2008 World Drug Report: 100 years of drug control, 2008, p. 52; First International Opium Conference, International Opium Convention, 1912.

⁵⁸ Single Convention on Narcotic Drugs, 1961; Convention on Psychotropic Substances, 1971; United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

⁶⁰ Ibid.

⁶¹ UN Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 2009, p. 14.

⁶² Ibid., p. 41.

⁶³ Ibid., p. 46.

⁶⁴ Ibid., p. 11.

⁶⁵ Ibid., 2009, p. 11.

⁶⁶ UNODC, The Commission on Narcotic Drugs [Website].

⁶⁷ UNODC, Strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact Initiative (56/13) [Resolution], 2013.

⁶⁸ Ibid.

traffic in opiates."⁶⁹ The efforts undertaken under this initiative include the strengthening of international and regional cooperation with Afghanistan to support this Member State's actions to address the problem of illicit traffic of opiates.⁷⁰ The *Paris Pact* was adopted at the Ministerial Conference on Drug Routes from Central Asia to Europe in 2003 under the principle of common and shared responsibility, and it focused on enhanced border control and law enforcement among the affected countries.⁷¹ Subsequently, a Second Ministerial Conference on Drug Trafficking Routes from Afghanistan was held in Moscow in 2006, which emphasized the need to continue with the Paris Pact process, reaffirmed the partnership, and recommended further actions.⁷² The Third Ministerial Conference on the Paris Pact Partners on Combating Illicit Traffic in Opiates Originating in Afghanistan was held in Vienna in February of 2012, and it produced the *Vienna Declaration*, "a statement of international commitment to act in a "balanced and comprehensive manner" against the menace of illicit Afghan opiates.⁷³ In it, Member States recognize the threat to be global in nature and its responses to require concerted action on both the demand and supply sides.⁷⁴

Production and Trafficking

While heroin from Afghanistan is exported around the world, with the exception of Latin America, heroin from Myanmar supplies the Chinese market, while Mexican heroin is trafficked to the United States.⁷⁵ Every year, about 3,500 tons of opium are exported from Afghanistan to the rest of the world through its immediate neighbors; 40% of Afghan opium flows through Iran, 30% through Pakistan, and the rest through central Asia.⁷⁶ Only one-fifth of global opiate flows are intercepted every year, most of it in Iran and China (38%); only 2% is seized in each of the source countries of Afghanistan and Myanmar.⁷⁷ Yearly, global opium production between 1990 and 2005 remained more or less stable at 4,000-5,000 tons.⁷⁸ An initial decrease in opium cultivation in Myanmar and Laos from 1996 to 2006 was surpassed by a sharp increase in Afghan opium production since 2006, which reached peaks in 2007 and again in 2012.⁷⁹ Opium production in Myanmar has also increased since 2006.

Consumption

The most commonly consumed opiate is heroin, which represents around three-quarters of total opiate consumption.⁸⁰ Raw opium consumption is limited to parts of Asia, as traditional opium-cultivating countries tend to have more opium users than heroin users.⁸¹ Illicit morphine has a very limited consumer base.⁸² There are around 11.3 million heroin users worldwide and around 4.1 million raw opium users.⁸³ Opiate consumption in Europe represents 10% of global consumption, while the Russian Federation consumes 15%, Iran 15%, China 12%, India 7%, Pakistan 6%, Africa 6% and the Americas 6%.⁸⁴ Only about 1,000 tons, representing one-fifth of global opiate flows are intercepted every year.⁸⁵ As opium and morphine in raw form have a very limited market worldwide, they are mostly converted into heroin which has a massive market value.⁸⁶



⁶⁹ Third Ministerial Conference of the Paris Pact Partners on Combating Illicit Traffic in Opiates Originating in Afghanistan, Vienna Declaration, 2012.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid.

⁷⁴ Ibid.

⁷⁵ UNODC, 2013 World Drug Report, 2013, p. 45.

⁷⁶ UNODC, Addiction, Crime and Insurgency: The transnational threat of Afghan opium, 2009, p. 7.

⁷⁷ Ibid., p. 7.

⁷⁸ Ibid.

⁷⁹ Ibid., p. 29.

⁸⁰ UNODC, 2013 World Drug Report, 2013, p. 46.

⁸¹ Ibid.

⁸² Ibid.

⁸³ UNODC, Addiction, Crime and Insurgency: The transnational threat of Afghan opium [Report], 2009, p. 7.

⁸⁴ Ibid.

⁸⁵ Ibid.

⁸⁶ Ibid., p. 61.

A notable public health concern related to opiate use is the increased risk of transmission of HIV/AIDS among heroin users.⁸⁷ Unsafe injection practices and unprotected sexual contact with infected individuals in the context of heroin consumption are the lead causes of transmission.⁸⁸ Typically these unsafe injection practices include re-use of syringes and needles without sterilization, where they are often "just rinsed in a pot of tepid water between injections."⁸⁹ A correlation between the spread of HIV and heroin trafficking routes can be drawn given that 10% of all new HIV infections are due to injecting drug use, and in some countries, that is the main route of transmission.⁹⁰ Accordingly, the HIV epidemics ensuing from heroin use require a public health response that "should include improved drug treatment, access to HIV prevention services, including harm reduction, and new approaches to the prevention of HIV in areas where heroin trafficking occurs."⁹¹ Thus, the WHO has encouraged the expansion of psychosocial services and infectious disease care services and their integration with treatment for opioid dependence.⁹²

Opium, according to the *Single Convention on Narcotic Drugs* (1961), is the coagulated juice of the opium poppy.⁹³ Raw opium is obtained by air-drying opium and is commonly consumed by chewing or eating.⁹⁴ Prepared opium, on the other hand, is produced by treating raw opium, for example through water extraction, and is commonly smoked.⁹⁵ Morphine is one of the alkaloids extracted from opium, which usually comes in a finely ground powder or tablets and is injected.⁹⁶ Codeine is also an opium alkaloid used as a cough suppressant and minor pain reliever. Finally, heroin is a semi-synthetic opiate synthesized from morphine, and it usually comes in clear or dark powder or chunks and can be injected, inhaled, smoked, or sniffed.⁹⁷ Opioids, on the other hand, are "opiates and their synthetic analogues, with actions similar to those of morphine, in particular the capacity to relieve pain."⁹⁸ It is important to note that this document will not cover those substances that do not come from the opium poppy or its derivatives.

Opiates are central nervous system depressants, and their medical uses include the use of morphine as an analgesic, of codeine as a cough suppressant, and heroin to a lesser extent, in the context of maintenance therapy for addicts.⁹⁹ Opiates are used recreationally for effects that include a sense of well-being, the reduction of pain, anxiety, and depression, and in larger doses, euphoria.¹⁰⁰ Users have also reported an illusion of detachment from emotional and physical distress.¹⁰¹ The short-term effects of the drug on the body include nausea and vomiting, drowsiness, and inability to concentrate.¹⁰² Many long-term effects depend on the usage method and include propensity to infections if injected, damage in nose structure if sniffed or snorted, and respiratory problems if smoked.¹⁰³ Other long-term effects include decreased appetite leading to weight loss and malnutrition, chronic sedation and apathy leading to self-neglect, and an extremely unpleasant withdrawal syndrome.¹⁰⁴ An overdose on opiates can lead to death from respiratory depression.¹⁰⁵



⁸⁷ Breyer, *Human immunodeficiency virus (HIV) infection rates and heroin trafficking: fearful symmetries*, 2002, p. 1. ⁸⁸ Ibid.

⁸⁹ WHO, Injection Practices – a plague of many health care systems [Website].

⁹⁰ UNODC, HIV/AIDS [Website]; Breyer, Human immunodeficiency virus (HIV) infection rates and heroin trafficking: fearful symmetries, 2002, p. 1.

⁹¹ Breyer, Human immunodeficiency virus (HIV) infection rates and heroin trafficking: fearful symmetries, 2002, p. 1.

⁹² Wu & Clark, Scaling up opioid dependence treatment in low and middle-income settings, 2013.

⁹³ UNODC, Terminology and Information on Drugs [Website], 2003, p. 70.

⁹⁴ Ibid., p. 22.

⁹⁵ Ibid., p. 23.

⁹⁶ Ibid., p. 24.

⁹⁷ Ibid., p. 25.

⁹⁸ Ibid., p. 70.

⁹⁹ Ibid., p. 28.

¹⁰⁰ Ibid., p. 27.

¹⁰¹ Ibid.,

¹⁰² Ibid.

¹⁰³ Ibid., p. 28.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid., p. 27.

Case Study: Afghanistan

Opium cultivation, processing and trafficking are major components of the Afghan economy, and as such, they constitute important sources of financing for insurgency groups such as the Taliban.¹⁰⁶ In this sense, the UNODC estimates that the Afghan Taliban made around 155 million USD in revenue from the opium trade in 2009.¹⁰⁷ Such groups strategically influence all stages of the opiate value chain, thereby profiting from the drug economy and using their revenues to finance war expenditures.¹⁰⁸ At the same time, they have formed a synergy with organized crime groups whereby there is a "temporary convergence of interests, chief among them being and interest in a weakened central government unable to enforce its law and control its borders."¹⁰⁹

The areas of opium poppy cultivation and insecurity in Afghanistan correlate geographically.¹¹⁰ Around 95% of opium production in Afghanistan comes from the southern provinces of Hilmand, Kandahar, Farah, Nimroz and Uruzgan.¹¹¹ Also in this context, opium poppy cultivation is more likely in areas controlled or heavily influenced by insurgents.¹¹² These are also the most insecure areas of the country.¹¹³ The relatively small presence of the government in such areas creates a symbiosis between insurgent and drug trade activity as "drug trading needs to prevent or respond to government attempts to enforce the law; while insurgency is dedicated to minimizing and destroying government influence."¹¹⁴ Since cultivation constitutes the primary livelihood of large numbers of people, there is a benefit in supporting violent resistance.¹¹⁵ Furthermore, insurgent groups levy taxes on opium production in the areas they control.¹¹⁶ It is estimated that the Taliban collected around 60-100 million USD from opium farmers between 2006 and 2008.¹¹⁷ Insurgent groups levy tax on all agricultural products in Afghanistan, not only opium poppy, so reductions in opium cultivation would only undermine insurgent financing if total agriculture production also drops.¹¹⁸

There is also a relation between opiate trafficking and insecurity.¹¹⁹ Insurgents usually tax traders in exchange for hosting and protection of trading networks.¹²⁰ Additionally, UNODC has found that "some Taliban groups or leaders are involved in joint operations with drug traffickers, transferring opium or heroin to major dealers on the Afghanistan/Pakistan border and sharing the profit."¹²¹ Under this mechanism, drug traffickers provide money, vehicles, and subsistence to transfer large quantities of opium, while the Taliban levy a fee equal to 2.5-5% of the total value of the opium being trafficked in return for protection and non-interference with their activities.¹²² Insurgents can also profit from drug trafficking by charging fees for passage through territory they control.¹²³ Another form of synergy between drugs and insurgency is the dual use of trafficking networks, where the same convoys are used to smuggle drugs out and weapons in.¹²⁴ As a result, enhanced information on drug routes across the Pakistan-Afghanistan border could aid counter-insurgency efforts.¹²⁵

The next step in the chain, opium processing, also has a link with insurgency.¹²⁶ As with cultivation, there is geographical correlation between the locations of laboratories and insecurity.¹²⁷ While the facilities themselves seem

¹²⁰ Ibid.



¹⁰⁶ UNODC, Addiction, Crime and Insurgency: The transnational threat of Afghan opium [Report], 2009, p. 101.

¹⁰⁷ UNODC, The Global Afghan Opium Trade: A threat assessment [Report], 2011.

¹⁰⁸ UNODC, Addiction, Crime and Insurgency: The transnational threat of Afghan opium [Report], 2009, p. 113.

¹⁰⁹ Ibid., p. 113.

¹¹⁰ Ibid.

¹¹¹ Ibid., p. 9.

¹¹² Ibid., p. 113.

¹¹³ UNODC, The Global Afghan Opium Trade: A threat assessment [Report], 2011, p. 9.

¹¹⁴ UNODC, Addiction, Crime and Insurgency: The transnational threat of Afghan opium, [Report], 2009, pp. 106-107.

¹¹⁵ Ibid.

¹¹⁶ Ibid., p. 113.

¹¹⁷ Ibid., p. 108.

¹¹⁸ Ibid., p. 113. ¹¹⁹ Ibid., p. 108.

¹²¹ Ibid.

¹²² Ibid.

¹²³ Ibid.

¹²⁴ Ibid., p. 109.

¹²⁵ Ibid.

¹²⁶ Ibid.

to only produce localized insecurity, the Taliban have been known to provide protection for processing facilities in exchange for cash or in-kind payments.¹²⁸

Afghanistan is in the second-lowest percentile of the World Bank corruption index, which is, in part, based on the activities of corruption-prone government agencies.¹²⁹ In Afghanistan, there is corruption at the low levels but also in the judiciary and at high levels of the government.¹³⁰ Much of this corruption is believed to be related to the drug trade, where "officials are receiving kickbacks from organized crime groups in return for protection."¹³¹ Low-level corruption includes police officers and other state agents collecting bribes from merchants carrying legal or illegal products, and many of these corruption cases involve officers accepting bribes "without knowing what commodity is being smuggled into the country."¹³² The more serious allegations include "possible collusion with the drug trade."¹³³ High-level corruption is present in large trafficking networks where high-level contacts are useful in ensuring the passage of convoys within the country and to international markets. In this sense, "corrupt government or law enforcement officials thus facilitate the opium chain by enabling smooth trafficking operations and neutralizing law enforcement."¹³⁴

Conclusion

Although production is highly localized in certain parts of the world, the opiate problem is global in nature and requires a coordinated response from the entire international community. The effects of the global traffic in opiates, mainly heroin, are well documented and include affecting security, public health and the general well-being of society. The efforts that the international community has carried out for the last century to curb trade and consumption have been effective in reducing the number of addicts, but there is still much to do. In this context, the CND as the prime international narcotics policymaking body carries the responsibility of coordinating the efforts of the international community.

While researching this topic, delegates should consider the following questions: How can the CND encourage more effective regional and global cooperation? How can the CND explore and apply more diversified responses to the world opiate problem, including more effective treatment and rehabilitation programs, alongside the law enforcement response? How can Member States contribute to reducing production and manufacturing of opiates in Afghanistan? Should efforts be directed more at the supply side of the opium trade, the demand side, or equally? How can opioid trade disruption be moved closer to the sources of opioids – countries which grow the opium? Where can the CND partner with other campaigns and institutions, such as those aiming to reduce corruption and improve security and stability in lawless areas, to assist its own efforts to disrupt opioid production and processing? How can the CND facilitate increased information sharing, such as through the Central Asian Regional Information and Coordination Center (CARICC)? What options are there for detecting and blocking the financial flows linked to opiate trafficking?



¹²⁷ UNODC, Addiction, Crime and Insurgency: The transnational threat of Afghan opium, [Report], 2009.

¹²⁸ Ibid.

¹²⁹ Ibid., p. 137.

¹³⁰ Ibid. ¹³¹ Ibid.

¹³² Ibid., p. 138.

¹³³ Ibid.

¹³⁴ Ibid., p. 139.

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Third Ministerial Conference of the Paris Pact Partners on Combating Illicit Traffic in Opiates Originating in Afghanistan. (2012, February 16). *Vienna Declaration*. Retrieved 2 July 2013 from: <u>https://www.paris-</u>pact.net/upload/c88bbfa449a85730595b67ba3b4f83e5.pdf

This Declaration serves as a roadmap for Member States to combat the illicit trade in opiates originating in Afghanistan. The document has four main topics: Strengthening and implementing regional initiatives to combat illicit traffic in opiates originating in Afghanistan, Detecting and blocking financial flows linked to illicit traffic in opiates, preventing the diversion of precursor chemicals used in illicit opiates manufacturing in Afghanistan, and reducing drug abuse and dependence through a comprehensive approach. This document has become the basis of CND's strategy to curb the illicit trade in opiates.

Single Convention on Narcotic Drugs, 1961. (1961). Adopted by the United Nations Conference on Narcotic Drugs. Retrieved 29 June 2013 from: <u>http://www.unodc.org/pdf/convention 1961 en.pdf</u>

The Single Convention on Narcotic Drugs was adopted in 1961 with the intent of prohibiting the production and supply of specific drugs, except under license for medical and research purposes. The Convention's schedules contain a list of controlled substances. Currently, the Convention has 184 State parties, with the notable exception of Afghanistan. It gives power to the Commission on Narcotic Drugs to add or delete drugs from the schedules.

United Nations Office on Drugs and Crime. (2008). *Rainbow Strategy, A Regional Solution to a National Challenge*. Retrieved 2 July 2013 from: <u>https://www.unodc.org/documents/regional/central-</u> asia/Rainbow%20Strategy%20Folder vers.2 WEB.pdf

This is a brochure that explains the Rainbow Strategy, a regional program that engages Afghanistan and its surrounding countries in applying the recommendations of the Paris Pact. The initiative is divided in different operational plans –each with represented by a distinct color. These operational plans address border management of the different neighboring countries, as well as thematic issues such as the use of precursors in heroin manufacture, financial flows linked to Afghan opiates, and the prevention and treatment of opiates addiction and HIV/AIDS epidemics in the region. Although the brochure does not contain the operational plans in their entirety, it gives a general overview of each one, as well as of the Paris Pact. This brochure also links to the complete versions of the resources it references.

United Nations Office on Drugs and Crime. (2009, October). Addiction, Crime and Insurgency: The transnational threat of Afghan opium [Report]. Retrieved 1 July 2013 from: <u>http://www.unodc.org/documents/data-and-analysis/Afghanistan/Afghan_Opium_Trade_2009_web.pdf</u>

With this report, the United Nations Office on Drugs and Crime Report makes a very thorough assessment of the effects of the transnational trade in opiates originating in Afghanistan. It makes an overview of the dimension of the problem by analyzing demand and supply, as well as the effectiveness of law enforcement in curbing trade. It also addresses the sources of the problem by looking at the motivations driving production, from farmers to traders and traffickers. Finally, it assesses the effects of opiate trade in insurgency in Afghanistan and the rest of the region.

United Nations Office on Drugs and Crime. (2008). 2008 World Drug Report: 100 Years of Drug Control. Retrieved 28 July 2013 from: <u>http://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf</u>

The 2008 World Drug Report celebrates one hundred years of drug control, starting with the first international conference on drug control, held in Shanghai in 1909. The focus of the document is to reflect the positive effects of drug control on addiction levels worldwide. A notable fact presented is that in 1906, there were 25 million opiate users worldwide, while the current figure stands at 16.5 million. The report presents a comprehensive history of drug control throughout the 20th century.



United Nations Office on Drugs and Crime. (2003). *Terminology and Information on Drugs*. Retrieved 2 August 2013 from: <u>http://www.unodc.org/pdf/publications/report_2003-09-01_1.pdf</u>

This UNODC reference document provides definitions of internationally controlled drug types and subtypes. It is a very useful reference document as sometimes definitions contained in international legal documents can be confusing. In addition to the definitions, it details the different presentations, methods of use, street names, chemical composition, and effects on the body.

United Nations Office on Drugs and Crime. (2013). 2013 World Drug Report. Retrieved 1 July 2013 from: http://www.unodc.org/unodc/secured/wdr/wdr2013/World Drug Report 2013.pdf

Every year, the UNODC publishes a World Drug Report containing the latest assessment of the global situation in regard to drugs. It describes the current trends in drug production, consumption and trade. The report has a global perspective and is useful in understanding current trends the efforts of the international community to curb the international drug problem. This year's report has two sections, one on recent statistics and trend analysis of illicit drug markets and one on new psychoactive substances. A specific discussion of the illicit opiate market is contained in the first section and analyzes the nature and changes in the international opiate market.

United Nations Office on Drugs and Crime. (2011). *The Paris Pact Initiative, Evaluating the achievements: From Partnership to Policy, to Action*. Retrieved 2 August 2013 from: <u>https://www.paris-pact.net/upload/c9029ec38931b0cd6ce8f3604b345b45.pdf</u>

This UNODC discussion paper outlines the achievements of the Paris Pact initiative from 2006-2011. It takes the recommendations of the First and Second Ministerial Conferences and explains the actions taken by UNODC to implement them. Notably, it discusses advances in three main areas: Border Control, Drugs and Precursor Trafficking, Regional and International Cooperation and Health and Social Issues. It also constitutes a useful reference document as it contains all the recommendations of the Ministerial Conferences in its annexes.

United Nations, Commission on Narcotic Drugs, Fifty-sixth session. (2013, April 5). *Report on the fifty-sixth session* (*E/2013/28*). Retrieved 1 July 2013 from: <u>http://www.un.org/ga/search/view_doc.asp?symbol=E/2013/28</u>

This report of the 2013 session of the CND contains the most recent resolutions adopted by the body. Of particular interest is resolution 56/3, which expresses the ongoing support for the four pillars of the Vienna Declaration and promotes international cooperation in achieving its goals. The resolution should be viewed in the context of the whole report to gather an idea of the interconnectedness of the different activities of the CND. In this context, resolution 56/6 dealing with HIV transmission among drug users is also relevant.

Wu, Z. & N. Clark. (2013, February). Scaling up opioid dependence treatment in low and middle-income settings. *Bulletin of the World Health Organization*, Vol. 1(2). Retrieved 5 September 2013 from: <u>http://www.who.int/bulletin/volumes/91/2/12-110783/en/</u>

This article from the WHO Bulleting shows, in a direct and concise way, the need to incorporate opioid dependence treatment in the overall fight against opioids. It recognizes that there should be a shift from punishment to treatment of opioid users. Readers should consider this article in the broader tendency towards expanding the tools used to fight drug trafficking and dependence beyond law enforcement.

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II. Countering Money-Laundering and Promoting Judicial Cooperation to Enhance International Cooperation

"The drug trade not only infects people: it also corrupts government, together with business and finance. Nations need to improve governance so as to bolster resistance to drug cartels armed with war chests worth billions of dollars."¹³⁵

Introduction

The past several sessions of the Commission on Narcotic Drugs (CND) has demonstrated that its members are aware of the difficulties in implementing international legal frameworks to stop the flow of illicit drugs. The connections between drug trafficking, transnational organized crime and corruption have increasingly been recognized, as part of a move towards taking a comprehensive approach the issue. In that context, international cooperation is essential – given the transnational character of the issue, thus cooperation in the context of countering money laundering and the judicial system are seen as key entry points for stemming the flow of illicit drugs. Cooperation on these issues represents opportunities for the establishment of effective and comprehensive regimes improve international cooperation and end the flow of the illicit trade of drugs.¹³⁶

Money-laundering "is the method by which criminals disguise the illegal origins of their wealth and protect their asset bases, so as to avoid the suspicion of law enforcement agencies and prevent leaving a trail of incriminating evidence."¹³⁷ Money-laundering "fuels corruption and organized crime," and thus is an important issue the international community has increasingly given significant attention to over the last several years.¹³⁸ Criminal organizations use money-laundering methods to protect their capital and assets from law enforcement agencies by constantly disguising the illegal origins of their wealth with legitimate ones.¹³⁹ For instance, it was reported that between 2004 and 2007, at least \$378.3 billion was laundered through Wachovia bank as international wires and remittance from Mexico into the United States, the proceeds of which were then used to purchase legitimate assets such as real estate or new businesses.¹⁴⁰ Globally, in 2009, it is estimated that money-laundering accounted for 2.7% global Gross Domestic Product (GDP) or \$1.6 trillion.¹⁴¹ In the context of the proceeds from drug trafficking, an estimated 1% of global GDP or \$580 billion, out of a total \$870 billion, is estimated to have been available for money-laundering.¹⁴² The impact of these funds on communities ranges from the "further perpetuation and promotion of criminal activities," to "crowding out licit sectors and undermining the reputation of local institutions, which, in turn, can hamper investment and economic growth."¹⁴³

Developing tools at a policy and technical level which have the "ability to prevent and detect money-laundering is a highly effective means of identifying criminals and terrorists and the underlying activity from which money is derived."¹⁴⁴ A range of tools and policies exist for Member States to draw on in developing their approach to countering money laundering. International frameworks such as the *Global Programme against Money-Laundering* (GPML) have been established to help Member States in implementing policies against money-laundering at the national and/or regional level.¹⁴⁵ This topic has been discussed continuously in recent years – with each successive action building upon the work which has come before. Previous frameworks and international measures were reaffirmed with the adoption of the *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem* (2009), calling upon states to take the



¹³⁵ UN Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 2009, p. 4.

¹³⁶ United Nations, Compilation of the Outcome of the Thematic Roundtable Discussion of the Commission at its Fifty-Sixth Session, 2013, p. 4.

¹³⁷ UNODC, Introduction to Money-Laundering, 2013.

¹³⁸ Ibid.

¹³⁹ Ibid.

¹⁴⁰ Vulliamy, How a big US bank laundered billions from Mexico's murderous drug gangs, 2011.

¹⁴¹ UNODC, Estimating Illicit Financial Flows Resulting from Drug Trafficking and other Transnational organized Crimes: Research Report, 2011.

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ UNODC, Introduction to Money-Laundering, 2013.

¹⁴⁵ Ibid.

measures necessary to fully implement the actions set out therein.¹⁴⁶ One way of enhancing the capacity of countries to address money-laundering is through multilateral cooperation, particularly in the realm of law enforcement. Judicial cooperation in the international context includes multilateral and bilateral cooperation on various aspects of the criminal process, including the "extradition of fugitives, mutual legal assistance, transfer of proceedings and controlled delivery."¹⁴⁷

The close work between the CND and the Financial Action Task Force (FATF), an intergovernmental body of 34 countries focused on combating money-laundering and terrorist financing, has set standards and promoted "effective implementation of legal, regulatory and operational measures for combating money-laundering, and other related threats to the stability of the international financial system."¹⁴⁸ The FATF Standards have also been revised allowing Member States to enhance their approach where high risks remain a constant threat from criminals in money-laundering proceeds from serious crimes.¹⁴⁹ Accordingly, Member States "should first identify, assess and understand the risks of money-laundering that they face, and then adopt appropriate measures to mitigate the risk".¹⁵⁰ A prominent Financial Intelligence Unit (FIU) that works closely with FATF, the Egmont Group, has compiled a number of case studies in which criminals employed a variety of methods to launder money, most commonly using a business entity to make cash deposits in which financial institutions may perceive the deposit as business as usual not knowing the proceeds are truly coming from serious criminal activity.¹⁵¹

International Framework

The instruments guiding the work of the international community on this topic are a combination of broad, international legal norms and standards, as well as technical tools and action plans.

The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988) is considered one of the first international instruments to address the issue of monetary gains from crime and also required that Member States to create policy to criminalize money-laundering.¹⁵² Article 3 of the 1988 Convention had called upon Member States to adopt measures within domestic law to criminalize an array of drug-related activities, including money-laundering.¹⁵³ Article 5 gave details to the necessary measures for confiscation and Article 6 applied to extradition of criminals conducting illegal activities internationally.¹⁵⁴ The development of the Convention was done in part by CND, illustrating its role as in setting international norms.¹⁵⁵

In response to the need for a framework to fully implement aspects of the Convention, the *Global Programme against Money-Laundering* (GPML) was established, in 1997, to counter the problem of money-laundering originating from criminal organizations trafficking narcotic drugs and from other related crimes that have expanded to become a recognized international threat to the stability and reliability of international trade and financial systems.¹⁵⁶ GPML is the overarching framework for the work of the UN Office on Drugs and Crime (UNODC) on this topic, and thus also the framework for the work of CND on the issue.¹⁵⁷

The GPML was further strengthened by the outcome of the 20th special session of the General Assembly (GA), held in 1998, which was focused on the "World Drug Problem." The outcome, entitled *Political Declaration (A/RES/S-20/2)*, is accompanied by additional documents, which in part were drafted by CND, which address measures

¹⁵⁷ UNODC, Global Programme against Money Laundering.



¹⁴⁶ United Nations, International Cooperation against the World Drug Problem, 2013, p. 1; UN Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 2009.

¹⁴⁷ United Nations, Fact Sheet No. 1: Judicial Cooperation to Promote Drug Control, 1998.

¹⁴⁸ FATF, International Standards on Combating Money Laundering and the Financing of Terrorism & Proliferation, 2012, p. 7. ¹⁴⁹ Ibid., p. 8.

¹⁵⁰ FATF, International Standards on Combating Money Laundering and the Financing of Terrorism & Proliferation, 2012, p. 8. ¹⁵¹ The Egmont Group, FIU's in Action: 100 Cases from the Egmont Group, p. 51.

¹⁵² UNODC, Money Laundering and The Financing of Terrorism: The United Nations Response.

¹⁵³ United Nations, United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

¹⁵⁴ Ibid.

¹⁵⁵ Ibid.

¹⁵⁶ UN General Assembly, *Political Declaration, Guiding Principles of Drug Demand Reduction, and Measures to Enhance International Cooperation to Counter the World Drug Problem*, 1998.

countering money-laundering.¹⁵⁸ The United Nations Office on Drugs and Crimes (UNODC) was specifically requested to continue its work within the framework of GPML and also to include any recommendations by the Financial Action Task Force on Money-Laundering (FATF).¹⁵⁹ The establishment of the FATFF was an international step towards the "the development and promotion of policies to combat money-laundering, and is essential in bringing together the policymaking power of legal and financial law enforcement experts".¹⁶⁰ FATF has also produced and continually updates International Standards on Combating Money-Laundering and the Financing of Terrorism & Proliferation which offers recommendations to Member States (2013) in combating moneylaundering, recently including counter-terrorism financing in which over 180 countries.¹⁶¹ The work of FATF can also be highlighted as a standard-setting body in countering money-laundering and the financing of terrorism embodied in the revised Forty Recommendations on money-laundering, with regard to strengthening legal and institutional frameworks in compliance with the Forty Recommendations, which calls for the ratification and implementation of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.¹⁶²

Under the United Nations Convention against Transnational Organized Crime (UNTOC) (A/RES/55/25) earnings from all serious crimes had been included within the context of money-laundering and the "conversion or transfer of property, knowing that such property is the proceeds of crime, for the purpose of concealing or disguising the illicit origin of the property" as a criminal offence.¹⁶³ Article 7 of this Convention urges each Member State to establish domestic regulatory and supervisory regimes for financial institutions, in order to counter money-laundering by keeping transparent records and reporting any suspicious monetary transactions.¹⁶⁴ Another provision from Article 7 recommends that Member States establish comprehensive policy that strengthens the link between financial regulators and law enforcement in order to combat money-laundering at the global, regional and national level.¹⁶⁵ The United Nations Convention against Corruption (UNCAC) (A/RES/55/61) is concerned with the links between corruption and other forms of crimes, in particular organized crime and economic crime, including moneylaundering.¹⁶⁶ Article 14 of this Convention details measures against money-laundering to include the recommendation of establishing FIUs such as the FATF that would serve as a center for the collection and dissemination of information in connection with the laundering of illegal proceeds and organized crime.¹⁶⁷ Additionally, UNCAC recommends establishing counter money-laundering policies to detect and monitor the flow of cash and other negotiable items across borders while ensuring that capital from reliable and transparent investments are not impeded.168

Role of the United Nations System

Under its mandate, the CND reviews and analysis the global drug control situation, with consideration to the inherent link between money-laundering and illicit drug transnational trade.¹⁶⁹ In 2009, CND reaffirmed its commitment to "strengthen the implementation of legislation for countering money-laundering, emphasizing the need to respond to the challenges posed by the links between drug trafficking and other forms of organized crime" such as money-laundering.¹⁷⁰ One decade after the twentieth special session of the General Assembly to address the world drug problem, CND adopted the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem in to continue its efforts against

¹⁷⁰ UN Commission on Narcotic Drugs, Report on the fifty-second session (14 March 2008 and 11-20 March 2009) (E/2009/28), 2009, p. 28.



¹⁵⁸ UNODC, Global Programme against Money Laundering.

¹⁵⁹ Ibid.

¹⁶⁰ FATF, The Forty Recommendations of the Financial Action Task Force of Money Laundering, 1996.

¹⁶¹ FATF, International Standards on Combating Money Laundering and the Financing of Terrorism & Proliferation, 2012, p. 7.

¹⁶² United Nations, Report of the meeting of the open-ended intergovernmental expert working group on countering moneylaundering and promoting judicial cooperation (UNODC/CND/2008/WG.2/3), 2008, p.4.

¹⁶³ UN General Assembly, United Nations Convention against Transnational Organized Crime (A/RES/55/25), 2001, p. 6.

¹⁶⁴ Ibid., p. 7.

¹⁶⁵ Ibid., p. 8.

¹⁶⁶ UNODC, United Nations Convention against Corruption (A/RES/55/61), 2004, p. 5.

¹⁶⁷ Ibid., p. 16.

¹⁶⁸ Ibid.

¹⁶⁹ UN Commission on Narcotic Drugs, Mandate and Functions, 2013.

crimes related to drug trafficking that continue to undermine "sustainable development, political stability and democratic institutions."¹⁷¹

CND recommends the creation of new, or enhancing existing legislation at the national and/or regional level in the criminalization of money-laundering derived from drug trafficking and other serious crimes.¹⁷² Other actions taken by the CND in combating money-laundering "is widening the scope of crimes to include serious crimes, giving due consideration to crimes related to the misuse of new technologies, cyberspace and electronic money transfer systems, and transnational cash smuggling".¹⁷³ Additionally, the CND called upon Member States to make money-laundering an extraditable offence and "also recommended that legal provisions in compliance with due process of law, such as banking secrecy laws, do not unnecessarily impede the effectiveness of their systems for countering money-laundering and do not constitute grounds for refusal of mutual legal assistance".¹⁷⁴

CND has also worked towards further recommending judicial cooperation by using effective existing tools and programs in the areas of "extradition, mutual legal assistance and law enforcement" while at the same time ensuring that human rights are fully respected.¹⁷⁵ Many states still face a multitude of difficulties in the implementation of existing "legal and procedural frameworks" which makes judicial cooperation that much more difficult.¹⁷⁶ CND has taken steps in promoting training and workshops to assist Member States with existing legal systems and also enhances judicial cooperation among other states.¹⁷⁷ Judicial cooperation has also been extended to include "online tools, such as the directory of designated authorities, to enable the sharing of judicial cooperation tools, including model forms, guidelines and manuals for extradition", and mutual legal assistance in cases that involve money-laundering from serious criminal activities.¹⁷⁸

The CND has worked closely with FATF and its recommendations on money-laundering which have been updated with the *International Standards on Combating Money-Laundering and the Financing of Terrorism & Proliferation*.¹⁷⁹ Standards set by FATF include the promotion of "effective implementation of legal, regulatory and operational measures for combating money-laundering, and also to include terrorist financing and other related threats to the integrity of the international financial system".¹⁸⁰ FATF has actively been making sure to promote that Member States ensure financial institution secrecy laws do not inhibit implementation of the FATF Recommendations in combating money-laundering.¹⁸¹ Additionally, due diligence of financial institutions should include the prohibition from keeping anonymous accounts or accounts in obviously fictitious names open, as well as report any suspicion of money-laundering.¹⁸² An adequate record keeping of financial institutions should also be required of all necessary records on transactions, both domestic and international, to enable them to comply swiftly with information requests from competent authorities.¹⁸³

Case Study: Money-laundering and Mexican Drug Cartels

Mexican drug cartels launder billions of dollars' worth of money every year, and are considered some of the wealthiest organized criminals in the world.¹⁸⁴ The methods employed by Mexican cartels are numerous to disguise the profits from illicit export of drugs, comprised of US\$2.8 billion in cocaine, US\$1.9 billion in marijuana, US\$0.9 billion in heroin, and US\$0.6 billion in methamphetamines for a total of US\$ 6.2 billion estimated in 2011.¹⁸⁵ The

¹⁸⁵ Realuyo, It's All about the Money: Advancing Anti-Money Laundering Efforts in the U.S. and Mexico to Combat Transnational Organized Crime, 2012, p. 4.



¹⁷¹ UN Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 2009, p. 7.

¹⁷² Ibid., p. 49.

¹⁷³ Ibid., p. 49.

¹⁷⁴ Ibid., p. 50.

¹⁷⁵ Ibid., p. 53.

¹⁷⁶ Ibid., p. 55.

¹⁷⁷ Ibid.

¹⁷⁸ Ibid., p. 56.

¹⁷⁹ UNODC, Advisory Services on Money-Laundering, 2013.

¹⁸⁰ FATF, International Standards on Combating Money Laundering and the Financing of Terrorism & Proliferation, 2012, p. 7. ¹⁸¹ Ibid., p. 14.

¹⁸² Ibid.

¹⁸³ Ibid., p. 15.

¹⁸⁴ Carrasco, Mexico's Anti-Money Laundering Challenges, 2013, p. 2.

laundering money via financial institutions is regarded to be the predominate method in which Mexican cartels launder their proceeds.¹⁸⁶ For example, cash proceeds may be deposited into a financial institution in Mexico, transferred to a foreign institution, and may be transferred a few more times to other institutions before the proceeds are used in the purchase of real estate or other investments that appear legitimate.¹⁸⁷ Another method employed by cartels is hiring teams of money-launderers who purchase a large sum of a commodity or goods and then export those goods to Mexico for resale in pesos, thus exchanging currency in the process.¹⁸⁸

Mexican authorities work closely with that of its U.S counterparts to combat money-laundering and strengthen bilateral cooperation.¹⁸⁹ Recently Mexico hosted the 28th International Drug Enforcement Conference (IDEC) in which experts on drug law enforcement met to discuss methods and strategies to combat criminal organizations and participate in other regional conferences for further bilateral and international cooperation against organized crime.¹⁹⁰ In addition, the Mexican government has set a deadline by 2016 to reform its judicial code that would promote transparency, improve skills throughout the judicial sector and transparency.¹⁹¹ New regulations that impose limits on deposits and U.S. currency exchanges have been introduced to combat money-laundering in addition to limiting the use of cash for the purchase of real estate.¹⁹² Even still challenges remain, it was revealed that between 2007 and 2008, US\$7 billion was laundered from Mexico to the United States via HSBC bank, which failed to follow or report anti-money-laundering procedures.¹⁹³ The added problem of corruption makes the combating of money-laundering even more difficult in a country where state and local law enforcement officials remain vulnerable to corruption.¹⁹⁴

Conclusion

The problem of money-laundering is closely linked to drug trafficking, corruption and transnational organized crime and, therefore, a multidisciplinary approach is required in any efforts towards countering money-laundering.¹⁹⁵ Strong domestic legal regimes are required to address the problem of money-laundering, and that such laws should complement with international standards and that national legislation needed to be more effectively implemented.¹⁹⁶ CND acknowledges that even with progress in the area of countering money-laundering, there still needs to be a reinforcement in the light of existing instruments, including the *United Nations Convention against Transnational Organized Crime* and the *United Nations Convention against Corruption* (A/RES/55/61), and in particular the GPML.¹⁹⁷

Certainly many questions remain that need to be answered for international cooperation to be fully realized. What can Member States do to fully realize and implement existing frameworks in counter money-laundering? What more can be done to improve judicial cooperation? The ongoing multilateral collaboration of Member States at the national and/or regional level which also consists of international and domestic financial institutions enough to curve money-laundering and promote judicial cooperation? If not, how can it be improved?

197 Ibid.



¹⁸⁶ Ibid., p. 8.

¹⁸⁷ Ibid., p. 8.

¹⁸⁸ Ibid., p. 10.

¹⁸⁹ Ibid., p. 20.

¹⁹⁰ United States Department of State, International Narcotics Control Strategy Report: Volume 1 Drug and Chemical Control, 2012, p. 318.

¹⁹¹ Ibid.

¹⁹² Realuyo, It's All about the Money: Advancing Anti-Money Laundering Efforts in the U.S. and Mexico to Combat Transnational Organized Crime, 2012, p. 21.

¹⁹³ Carrasco, Mexico's Anti-Money Laundering Challenges, 2013, p. 2.

¹⁹⁴ United States, International Narcotics Control Strategy Report: Volume 1 Drug and Chemical Control, 2012, p. 320.

¹⁹⁵ United Nations, Compilation of the Outcome of the Thematic Roundtable Discussion of the Commission at its Fifty-Sixth Session, 2013, p. 4.

¹⁹⁶ United Nations, Report of the meeting of the open-ended intergovernmental expert working group on countering moneylaundering and promoting judicial cooperation, 2013, p. 5.

Annotated Bibliography

The Egmont Group. (2012). 2011-2012 Annual Report. Retrieved 10 July 2013 from: http://www.egmontgroup.org/library/download/233

The Egmont Group is a non-political, operationally focused; international forum which leverages the capabilities of its membership to form a cooperative network of FIU's to exchange information on suspected money-laundering. The group has an annual report in which statistics on moneylaundering can be observed. Egmont group is considered one of the most influential FIU with 131 Member States consisting of its broad network. Additionally, this document has the latest revised FATF standards in strengthening anti-money-laundering legislation.

Financial Action Task Force. (2012). *International Standards on Combating Money-Laundering and the Financing of Terrorism & Proliferation*. Retrieved 13 July 2013 from: <u>http://www.fatf-gafi.org/media/fatf/documents/recommendations/pdfs/FATF</u> Recommendations.pdf

This document includes the revised and updated Forty Recommendations which also recommends a more focused approach in combating money-laundering but importantly legislative frameworks and models that meet contemporary issues. FATF also recommends the enhanced transparency and availability of beneficial ownership information and greater international cooperation. A risk assessment to implement legislation that was found to be lacking is also recommended by the revised report from FATF.

United Nations, Commission on Narcotic Drugs. (2013). *Compilation of the Outcome of the Thematic Roundtable Discussion of the Commission at its Fifty-Sixth Session*. Retrieved 26 June 2013 from: https://www.unodc.org/documents/commissions/CND-session57/Round-tables 56 CND.pdf

At the recent thematic roundtable discussions held at the 56th session, the Commission on Narcotic Drugs discussed the promotion of international judicial cooperation. This document discusses best methods in conducting financial investigations in money-laundering and transnational organized crime including the recommendation to add FIU's within national law enforcement for enhanced coordination. It was recommended by many Member States that attended the session to emphasize the better use of existing cooperation mechanisms and platforms such as Egmont Group of Financial Intelligence Units.

United Nations, Commission on Narcotic Drugs, Fifty-seventh session. (2009). *Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem*. Adopted at the High-level segment. Retrieved 26 June 2013 from:

http://www.unodc.org/documents/commissions/CND-Uploads/CND-52-RelatedFiles/V0984963-English.pdf

This Declaration includes recommendations to establish new or strengthening existing domestic legislative frameworks to criminalize the laundering of money derived from drug trafficking. The plan of action encourages the establishment of specialized training law enforcement and judicial personnel in techniques for countering money-laundering. Judicial cooperation in extradition and mutual legal assistance is also discussed in length to strengthen enhanced international cooperation in combating money-laundering.

United Nations, Commission on Narcotic Drugs, Fifty-sixth session. (2013). *Informal discussion notes distributed by the Chairs of the Round-table discussions on Political Declaration and Plan of Action on International Cooperation Towards an Integrated And Balanced Strategy to Counter the World Drug Problem (E/CN.7/2013/CRP.1)*. Retrieved 26 June 2013 from: <u>http://www.unodc.org/documents/commissions/CND-session56/ECN72013_CRP1_eV1381120.pdf</u>

Conventions relevant to the topic are discussed briefly introducing their role in countering moneylaundering and judicial cooperation to enhance international cooperation. It is also recognized that money-laundering and the illicit cross-border movement of cash and monetary instruments continue to pose serious challenges to economies and governments. Recommendations to exchange information at the national and international levels for identification, tracing and



interdiction of laundered and smuggled moneys; in addition to conducting joint investigations and cross-border operations are discussed.

United Nations, Open-ended intergovernmental expert working group on countering money-laundering and promoting judicial cooperation. (2008). *Report of the meeting of the open-ended intergovernmental expert working group on countering money-laundering and promoting judicial cooperation, held in Vienna from 30 June to 1 July 2008 (UNODC/CND/2008/WG2/3)*. Retrieved 26 June 2013 from:

http://www.unodc.org/documents/commissions/CND_UNGASS_EWG/CND_UNGASS_EWG_30June-2July08/UNODC-CND2008WG2-3E.pdf

Highlighted in this report was the work of such groups as Council of Europe, the Egmont Group of Financial Intelligence Units, the Financial Action Task Force on Money-Laundering (FATF), the Paris Pact initiative, and international organizations such as the World Bank as a standard for countering money-laundering and financial of terrorism. FATF style regional bodies have strengthened their legal and institutional frameworks to include a number of innovative technologies and measures, such as specialized investigative techniques. It was also mentioned that the absence of systematic and internationally recognized procedures to share assets among Member States as an impediment to international cooperation in money-laundering and confiscation cases.

United Nations Conference of the Parties to the United Nations Convention against Transnational Organized Crime, Sixth session. (2010). Provision of technical assistance to States in the implementation of the United Nations Convention against Transnational Organized Crime and the Protocols thereto: Report of the Secretariat (CTOC/COP/2012/10). Retrieved 26 June 2013 from:

http://www.unodc.org/documents/treaties/organized_crime/COP6/CTOC_COP_2012_10/CTOC_COP_2012_10_E. pdf

The Network of Prosecutors against Organized Crime (REFCO) is introduced as a forum for sharing knowledge and experience on common issues regarding organized crime and drug trafficking, such as modes of investigation and money-laundering. This network has a wide range of specialized training for public prosecutors coordinated and delivered throughout Central America, including Mexico. Examples of United Nations Office on Drugs and Crime (UNODC) on the ground in assisting African Member States in placing mentors in various subregions in effective procedures to counter money-laundering and the financing of terrorism.

United Nations Office on Drugs and Crime. (2013). An Overview of the UN Conventions and Other International Standards Concerning Anti-Money-Laundering and Countering the Finance of Terrorism. Retrieved 26 June 2013 from: http://www.imolin.org/pdf/overview_of_UN_conventions_2013.pdf

Extensive work has gone into combating money-laundering and promoting judicial cooperation and this particular document has a compilation of definitions in regards to the topic and past and present documents. Documents regarding international and national cooperation are listed in chronological order with details about legal assistance and law enforcement cooperation. The work of FIU's is also in this document presenting cases in which FIU's have played a role in information exchange and recommendations from FATF.

United Nations, General Assembly, Fifty-fifth Session. (2001). United Nations Convention against Transnational Organized Crime (A/RES/55/25). Retrieved from 25 July 2013 from: http://www.unodc.org/pdf/crime/a_res_55/res5525e.pdf

Article 7 presents measures to combat money-laundering by recommending comprehensive domestic regulatory and supervisory regime for banks and non-bank financial institutions. Additionally, implementing feasible measures to detect and monitor the movement of cash and negotiable instruments across borders. Other articles include training and technical assistance, as well as, collection, exchange and analysis of information on the nature of organized crime.

United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. (1988). Adopted as the final document of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Retrieved 29 June 2013 from: http://www.unodc.org/pdf/convention_1988_en.pdf



This convention set the international framework on which international legislation was able to establish the criminalization of money-laundering and the growing and production of drugs. Article 3 sets the offences and sanctions while Articles 4 to 6 set the consequences for breaking Article 3. Recommendations for mutual legal assistance and other forms of cooperation and training are also found in this Convention.

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III. Strengthening a Human Rights and Public Health Based Approach to Diseases Related to Drug Abuse

"Current approaches to controlling the drug problem in many parts of the world have failed. Drug supplies and violence are increasing. Community health and safety are worsening. The war on drugs is still driving the HIV/AIDS epidemic in many countries of the world... It is no longer sustainable or credible to pretend that the current reliance on drug law enforcement is effective. People struggling with drug abuse or addiction may harm themselves and their families or communities, but criminalization and social marginalization will not help them. One cannot impose health or solve drug-related social problems through a war on vulnerable people."¹⁹⁸

Introduction

The impact of drug addiction on society is enormous – having both direct and indirect health and social consequences, including: "human and financial resources lost due to abuse in the workplace; road and domestic accidents related to drug abuse; health care costs related to diseases that develop in relation to drug dependence (HIV, Hepatitis and other diseases including mental disorders); and social problems including drug-related crimes and deaths due to overdose."¹⁹⁹ In terms of drug abuse and health risks – these health risks can be even more dangerous than the "physiological effects of the drugs themselves."²⁰⁰ Injecting drug users (IDUs), are at particularly high risk for direct exposure to a variety of blood-borne bacterial and viral infections, including human immunodeficiency virus (HIV) infection; hepatitis; tuberculosis (TB); skin and soft tissue infections caused by antibiotic resistant pathogens; sexually transmitted diseases; respiratory infections such as pneumonia, diphtheria and influenza; and human T-cell lymphotropic virus infections (which can cause leukemia and lymphoma).²⁰¹

Over the last several decades, "one of the most visible negative consequences" of the use of drugs has been the spread of HIV, which causes acquired immunodeficiency syndrome (AIDS).²⁰² It is estimated that more than 10% of all HIV infections worldwide are due to the use of contaminated drug injecting equipment."²⁰³ Excluding Sub-Saharan Africa and the Caribbean, "this rate of injecting drug users rises as high as 30- 40% among those with HIV infection;" similarly, the rate of hepatitis infection in this situation is even higher than HIV.²⁰⁴

Despite the size of the problem and the enormous costs related to drug abuse, in many countries specialized services are not available or, if present, are not accessible.²⁰⁵ There are a number of obstacles for drug users to access effective services, partly due to stigma and discrimination towards those who are drug users and HIV-positive, for example.²⁰⁶ On a policy level, historically, efforts "aimed at prohibiting and punishing the use of certain drugs have driven the international approach to drug control and dominate the approach of most countries, guided as they are by the three UN drug control conventions and the dominant policy directions emanating from the associated international bodies."²⁰⁷ These policies, along with the related enforcement practices, "entrench and exacerbate systemic discrimination against people who use drugs and result in widespread, varied and serious human rights violations." The result is that in countries around the world, regardless of income status, "people who use illegal drugs are often among the most marginalized and stigmatized sectors of society," whom are "vulnerable to a wide array of human rights violations, including abusive law enforcement practices, mass incarceration, extrajudicial executions, denial of health services, and, in some countries, execution under legislation that fails to meet international human rights standards."²⁰⁸



¹⁹⁸ Kazatchkine, The twin epidemics of HIV and drug use, 2012.

¹⁹⁹ UNODC, *Reducing the adverse health and social consequences of drug abuse: a comprehensive approach: Discussion paper,* 2009.

²⁰⁰ ECDC-EMCDDA, Prevention and control of infectious diseases among people who inject drugs, 2011.

²⁰¹ Ibid.

²⁰² World Health Organization, Guide to Drug Abuse Epidemiology, 2000.

²⁰³ UNODC, Reducing the adverse health and social consequences of drug abuse: a comprehensive approach: Discussion paper, 2009.

²⁰⁴ Ibid.

²⁰⁵ World Health Organization, *Guide to Drug Abuse Epidemiology*, 2000.

²⁰⁶ Ibid.

²⁰⁷ UNODC, *Reducing the adverse health and social consequences of drug abuse: a comprehensive approach: Discussion paper,* 2009.

²⁰⁸ Ibid.

The effects of a current dominance of punitive approaches over public health and human rights-based approaches need to be noted and understood.²⁰⁹ These strategies, focused mainly on social or criminal justice aspects fail to recognize that addictions evolve in social contexts which influence the movement towards a state of compulsive drug seeking.²¹⁰ Notably, Europe stands as a region which has advanced a public health approach to addressing drug user, primarily by adapting "harm reduction," strategies within public policy and programming. Harm reduction is the dominant approach to addressing drug-related diseases which embodies human rights and public health principles, referring to "a range of pragmatic and evidence-based public health policies and practices aimed at reducing the negative consequences associated with drug use and other related risk factors such as HIV and AIDS."²¹¹ These types of interventions "exemplify human rights in action by seeking to alleviate hazards faced by the injecting drug users, where needed, without distinction and without judgment."²¹² Over the last few years the Commission on Narcotic Drugs (CND) as the lead UN entity focused on drug control, has started to explore this important topic, adopted key resolutions which highlight the need for increased funding and implementation of harm reduction services, as well as broadly, for there to be a more active discourse within the international community on integrating public health and human rights within current global drug policy.

International Framework

The framework of international law that has evolved during the last half-century in order to control the world drug problem consists of three major conventions, which combined with public health and human rights instruments provides a comprehensive framework to address this topic.

The first is the Single Convention on Narcotic Drugs (1961). The Convention states the importance of prevention of drug abuse and the timely diagnosis, treatment, assistance, rehabilitation and social reintegration of the affected individuals.²¹³ The Convention recommends the training of personnel and education of the public about problems related to drug abuse, if drug abuse becomes a serious risk.²¹⁴ By suggesting that states may offer treatment, education, after-care, rehabilitation and social reintegration as a supplement to incarceration or punishment, the human rights of those affected are emphasized.²¹⁵ The Convention on Psychotropic Substances (1971) reaffirms the concept of a human rights and public health based approach.²¹⁶ The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988) states the desire to eradicate the root causes of the world drug problem, including the illegal demand.²¹⁷ It suggests eliminating financial incentives for drug trafficking as one way to reduce the demand for psychotropic substances and narcotic drugs.²¹⁸ The term "psychotropic" refers to drugs that are psychoactive (i.e. hallucinogenic), whereas the term "narcotic" means strong sedative substances, but is often used for illicit drugs in general.²¹⁹ The Convention also underlines that measures should ensure the reduction of human suffering; prevention, treatment and rehabilitation are mentioned in this context.²²⁰ This echoes the medical principle primum non nocere, to do no harm, and this can be extrapolated to the idea of harm reduction as an evidence-based approach in drug policy.²²¹ This thought is reinforced by reference to recommendations of competent international organizations such as the World Health Organization (WHO).²²²

It is important to note the limitations that the conventions in their current configuration pose to a human rights and public health based approach. For instance, there are several instances in which preambles contain words such as "evil" when referring to illicit substances. Those wordings have received criticism for undermining the objectives

²²² United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, arts. 4-14.



²⁰⁹ Ibid., p. 10.

²¹⁰ Leshner, Addiction is a Brain Disease, and it Matters, 1997.

²¹¹ IFRC, Out of harm's way: Injecting drug users and harm reduction, 2010; Harm Reduction International, Harm Reduction: A low cost, high-impact set of interventions, 2012.

²¹² Ibid.

²¹³ Single Convention on Narcotic Drugs, 1961, art. 38(1).

²¹⁴ Ibid., paras. 2-3.

²¹⁵ Ibid., art. 36(1b)

²¹⁶ Convention on Psychotropic Substances, 1971, art. 22(1b).

²¹⁷ United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

²¹⁸ Ibid., art.14.

²¹⁹ World Health Organization, Lexicon of alcohol and drug terms published by the World Health Organization, 2013.

²²⁰ United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, arts. 4 - 14.

²²¹ Smith, Origin and Uses of Primum Non Nocere-Above All, Do No Harm! 2005.

that should be at the core of a sustainable drug policy.²²³ They might set the wrong paradigms in dealing with drug consumption by creating a discourse supporting harsh punitive policies.²²⁴ In recent years, the United Nations (UN), and more specifically the Commission, has shifted towards a discourse increasingly based on public health and human rights considerations. Relevant for the topic at hand are, inter alia: resolution 49/4, which highlights the importance of evidence-based approaches; resolution 51/12, which emphasizes the need to respect human rights in all policies; resolution 54/5, which urges Member States to rely on evidence-based and humane approaches in treating, rehabilitating and reintegrating drug consumers suffering from drug-related diseases into society; and resolution 54/13, which requests the United Nations Office on Drugs and Crime (UNODC) to continue to increase evidence-based measures to prevent HIV infection among drug consumers, especially injecting drug users (IDUs).²²⁵ Resolution 55/12 of 2012 encourages states to implement drugs-dependence treatment during or as alternative to incarceration in order to ameliorate public health.²²⁶

Role of the United Nations System

In the *World Drug Report 2008*, which reflects 100 years of international anti-drug policies, three objectives were outlined on which progress should be built. The first is a reaffirmation of the basic principles of drug policy; second, an improvement of the performance of the drug control system and third, the confrontation, containment and tackling of unintended consequences of the framework in place.²²⁷ A shift away from law enforcement and towards human rights and health considerations can be observed in the CND, as had long been demanded by non-governmental organizations (NGOs).²²⁸ In this context, the important role of NGOs has been recognized by the CND and their increased contribution has been encouraged.²²⁹

In the *Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem* (2009), Member States identified future priorities for drug control, moving further towards a human rights-based approach; states reaffirmed the importance of human rights for the topic at hand and confirmed the goal of an eventual elimination of availability and use of narcotic drugs and psychotropic substances.²³⁰ It is noted that efforts for a sustainable solution are still needed, and commitment to address adverse consequences of drug abuse for individuals and society is reaffirmed, explicitly naming HIV and other blood-borne diseases among intravenous (injecting) drug users (IDUs).²³¹ The *Plan of Action* gives specific suggestions. It calls for a comprehensive approach, emphasizing the importance of dealing with the health consequences of drug consumption and interventions based on scientific evidence. The link between human rights and a health based approach is underlined by emphasizing that there is not enough focus on human rights and dignity yet.²³² It is suggested that this can be mitigated by recognizing addiction as a chronic but treatable multifactorial health disorder that can be treated if drug users have access to health care and related services.²³³ Also, the importance of breaking through a link between criminality, disease and a poor human rights situation is outlined,



²²³ Single Convention on Narcotic Drugs, 1961.

²²⁴ Transform Drug Policy Foundation, *The War on Drugs: Threatening public health, spreading disease and death*, 2012, p. 1-2; Transform Drug Policy Foundation, *The War on Drugs: Undermining Human Rights*, 2011, pp. 1-2; Carter & Hall, *Addiction Neuroethics: The Promises and Perils of Neuroscience Research on Addiction*, 2012, pp. 229-230.

²²⁵ UN Commission on Narcotic Drugs, Resolution 49/4: Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users, 2006; UN Commission on Narcotic Drugs, Resolution 51/12: Strengthening cooperation between the United Nations Office on Drugs and Crime and other United Nations entities, 2008; UN Commission on Narcotic Drugs, Resolution 54/5: Promoting rehabilitation- and reintegration-oriented strategies in response to drug use disorders, 2011; UN Commission on Narcotic Drugs, Resolution 54/13: Achieving zero new infections of HIV among injecting and other drug users, 2011, para. 3.

²²⁶ UN Commission on Narcotic Drugs, *Resolution 55/12: Alternatives to imprisonment for certain offences as demand reduction strategies*, 2011, para. 1.

²²⁷ UNODC, World Drug Report 2008, p. 220.

²²⁸ International Drug Policy Consortium, The 2013 Commission on Narcotic Drugs Report of Proceedings, 2013, p. 30.

²²⁹ UN Commission on Narcotic Drugs, *Resolution 54/11:Improving the participatory role of civil society in addressing the world drug problem*, 2011.

²³⁰ UN Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 2009, paras. 1-2.

²³¹ Ibid., paras. 11-20.

²³² Ibid., para. 5.

²³³ Ibid., paras. 5-7.

for example by considering the provision of treatment as an alternative to incarceration or by ameliorating the health situation and social environment of prisoners.²³⁴

WHO, UNODC and the Joint United Nations Programme on HIV/AIDS (UNAIDS) partnered to publish a technical guide for states which focuses on ways in which to supervise efforts to prevent and treat HIV among IDUs and encourages high national targets to approach universal access to evidence-based care.²³⁵ Examples of methods to accomplish this include a "Comprehensive Package" that includes the advocacy of needle–syringe programs; Opioid Substitution Therapy (OST) and other evidence-based drug dependence treatment; HIV testing and counseling; and educational programs and hepatitis and tuberculosis related measures.²³⁶ UNODC has also created the International Network of Drug Dependence Treatment and Rehabilitation Resource Centers (TREATNET), a program aiming to establish models in best practice and aid local governments in capacity building, countering stigma and discrimination and basing treatment on scientific evidence.²³⁷

Diseases Related to Drug Abuse

This section explores a number of significant diseases related to drug abuse, including addiction, HIV/AIDS, and hepatitis.

Addiction

A problem in addressing addiction as a disease is the terminology used to describe addictive patterns of illicit drug consumption.²³⁸ Addiction is nowadays often defined as a "chronic, relapsing disorder" or "a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences," be it for health or social status.²³⁹ The brain is significantly altered in the course of evolving addiction, but taking large amounts of a substance does not directly result in addiction.²⁴⁰ The state of addiction is qualitatively different from ordinary consumption; the seeking of a substance is no longer voluntary when one is addicted.²⁴¹ The characterization of addiction as a brain disease is not sufficient, as it is also important to address the social contexts under which an addiction evolves and is lived with, and the environment in which interventions take place.²⁴² Defining addiction as a brain disease helps to justify the concern of the public health system with it, rather than of the criminal law.²⁴³ But the definition can also serve as a "double-edged sword" – it may justify a right to access services, yet also serve as a rationale for penal restraints or other unintended consequences,²⁴⁴ Also, this neuroscientific definition has not vet led to major innovations in treatment.²⁴⁵ If addiction is seen as pathologic (not necessarily a brain disease), then acknowledging the social aspect of this state leads to the conclusion that altering the living-conditions of the affected is necessary.²⁴⁶ This means that the social contexts have to be taken into account: Societal factors influence and encourage addiction, for instance if society sets addicts under permanent stress or does not provide them with the means to remove themselves from a risk environment.²⁴⁷

HIV/AIDS

Injecting drugs with needles is a major cause for the spread of HIV, contributing to as many as 10% of all infections worldwide, to more than 30% if Sub-Saharan Africa is excluded, and for up to 90% in Eastern Europe and Central



²³⁴ UN Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 2009, paras. 15-16.

²³⁵ WHO, et al., WHO, UNODC, UNAIDS technical guide, 2012, p. 7.

²³⁶ Ibid., p. 10.

²³⁷ UNODC, TREATNET Quality Standards for Drug Dependence Treatment and Care Services, 2012.

²³⁸ Carter & Hall, Addiction Neuroethics: The Promises and Perils of Neuroscience Research on Addiction, 2012, p. 20.

²³⁹ Leshner, Addiction is a Brain Disease, and it Matters, 1997, p.46.; NIDA, The Science of Addiction, 2010, p. 5.

²⁴⁰ Leshner, Addiction is a Brain Disease, and it Matters, 1997, p. 47.

²⁴¹ Ibid.

²⁴² Ibid., p. 46; Levy, Addiction is not a brain disease, 2013, p. 6; Berridge & Bourne, Illicit drugs, infectious disease and public health: A historical perspective, 2005, p. 195.

²⁴³ Reinarman, Addiction as accomplishment, 2005, p. 317; Carter & Hall, Addiction Neuroethics: The Promises and Perils of Neuroscience Research on Addiction, 2012, p. 263.

²⁴⁴ Ibid.

²⁴⁵ Reuter, Ten Years after the United Nations General Assembly Special Session, 2009, p. 513; Carter & Hall, Addiction Neuroethics: The Promises and Perils of Neuroscience Research on Addiction, 2012, p. 244-247.

²⁴⁶ Levy, Addiction is not a brain disease, 2013, pp. 5-6.

²⁴⁷ Ibid.

Asia.²⁴⁸ It is estimated that there are 14 million IDUs globally (other estimates between 11.2 to 22 million), of whom 1.6 million are believed to be living with HIV (estimates range from 1.2 to 3.9 million).²⁴⁹ The most reliable estimate is that 11.5 % of people who inject drugs suffer from HIV.²⁵⁰ The highest regional percentage is found in the Near and Middle East and South-West Asia with 24%, followed by Eastern and South-Eastern Europe at 14.9%.²⁵¹ The highest absolute number of IDUs lives in Eastern and South-Eastern Europe (433,800).²⁵² In Argentina, Brazil, Estonia, Indonesia, Kenya, Myanmar, Nepal and Thailand, over more than 40 % of IDUs are estimated to be HIV-positive.²⁵³

Hepatitis and Other Diseases

Another major concern with IDUs is the spread of the hepatitis virus. The hepatitis C virus (HCV) is transmitted even more easily than HIV, making it the most common blood-borne disease among IDUs sharing injecting equipment.²⁵⁴ UNODC estimates that 51.0 % of IDUs are HCV positive, 8.4 % are hepatitis B virus (HBV) positive.²⁵⁵ The highest rates of HCV prevalence are in countries with large numbers of IDUs (over 100,000).²⁵⁶ Other diseases related to drug abuse are, inter alia, tuberculosis, bacterial infections of the blood vessels and heart valves, liver and kidney damages, seizures, strokes and blood-borne viral diseases.²⁵⁷ Tuberculosis affects already marginalized and disadvantaged groups in society.²⁵⁸ Infection rates of IDUs with tuberculosis lies at 30% in Western Europe, 25% in Central Europe and well over 50% in Eastern Europe.²⁵⁹

Societal Consequences of Diseases Related to Drug Abuse

Diseases related to drug abuse have manifold consequences for society. HIV/AIDS was the sixth-likeliest cause of death in 2011.²⁶⁰ HIV spread in Eastern Europe and Central Asia (former Soviet Union) has in recent years been chiefly driven by drug injection.²⁶¹ The fact that HIV and tuberculosis are major causes of death for people in lower income segments, but not in higher ones, is noteworthy.²⁶² It suggests that diseases that are often linked with drug consumption affect the weakest segments of society.²⁶³ This in turn underlines the importance of a link between public health considerations and human rights. Equality is the basis of human rights, and diseases related to drug abuse are at the same time resulting from inequality and reinforcing it.²⁶⁴ Thus, continued inequality is also a consequence of the cycle of illicit drug abuse.²⁶⁵ While the lost years of healthy life due to disability-adjusted life years (DALYs) have slightly decreased between 1990 and 2010, the same due to opioid use disorders has increased by 73.4 %, cocaine use disorders by 28.8 % and amphetamine use disorders by 36.9 %.²⁶⁶

The contribution of drugs to the Global Burden of Disease (GBD) is probably even underestimated by the available figures.²⁶⁷ Disease related to drug abuse is a burden for public health systems.²⁶⁸ While it is estimated that well more than \$100 billion are spent each year on drug law enforcement, budgets for public health interventions are not

²⁶⁸ Keefer, et al., *The Development Impact of the Illegality of Drug Trade*, 2008, p. 16.



²⁴⁸ UNODC, Drug Use, 2013; UNAIDS, UNAIDS Report on the global AIDS epidemic 2012, 2012, p. 34.

²⁴⁹ UNODC, World Drug Report 2013, 2013, p. 5.

²⁵⁰ Ibid.

²⁵¹ Ibid., pp. 5-8.

²⁵² Ibid., p. 7.

²⁵³ Transform Drug Policy Foundation, *The War on Drugs: Threatening public health, spreading disease and death*, 2012, p. 5; National Center for HIV, STD and TB Prevention, *HIV Transmission* [Website], 2013.

 ²⁵⁴ Transform Drug Policy Foundation, *The War on Drugs: Threatening public health, spreading disease and death.*, 2012, p. 6.
²⁵⁵ UNODC, *World Drug Report 2013*, 2013, p. 8.

²⁵⁶ Ibid.

²⁵⁷ NIDA, Medical Consequences of Drug Abuse [Website]. 2012.

²⁵⁸ Transform Drug Policy Foundation, *The War on Drugs: Threatening public health, spreading disease and death.*, 2012, p. 6.

²⁵⁹ Ibid., p. 6.

²⁶⁰ Ibid., p. 5.

²⁶¹ WHO, The top 10 causes of death [Website], 2013.

²⁶² Ibid.

²⁶³ Degenhardt & Hall, *Extent of illicit drug use and dependence*, 2012, pp. 64-67.

²⁶⁴ UN General Assembly, Universal Declaration of Human Rights (A/RES/217 A (III)), 1948, art. 1.

²⁶⁵ Ibid.

²⁶⁶ Institute for Health Metrics and Evaluation, The Global Burden of Disease: Generating Evidence, Guiding Policy, 2013, p. 48.

²⁶⁷ Ibid.; Degenhardt & Hall, *Extent of illicit drug use and dependence*, 2012, p. 64-65.

equally well funded, particularly during a time of a global economic crisis.²⁶⁹ The costs that develop as a result of drug consumption not moderated by the public health system are significant.²⁷⁰ In the USA alone, they were estimated to be around \$24 billion in 2010.²⁷¹ Another consequence is economic loss due to decreased productive forces available as a result of poor health.²⁷² Furthermore, social cleavages as a result of stigma and discrimination, having a disproportionally high impact on minorities and other already-vulnerable and disadvantaged social groups have to be noted.²⁷³ It is likely, however not well-enough researched yet, that racial or ethnic minorities have difficulties in properly accessing public health services that are related to diseases caused by illicit drugs, as is the case for example in the USA.²⁷⁴ Disparities in this field ought to be a focus for further research and possible action.²⁷⁵

Factors Triggering or Reinforcing Infection with Diseases Related to Drug Abuse

This section discusses major problems that make a public health and human rights-based approach relevant. It focuses on key issues such as discrimination related to the access to health services or through the treatment by state authorities.

Deficits Affecting Public Health

UNAIDS observed in 2012 that society is far away from halving infection with HIV among IDUs.²⁷⁶ The *World Drug Report 2008* outlines one of the gravest problems of international drug policies, that the public health based approach has been obscured by the concern with public security.²⁷⁷ This "policy displacement", directing resources towards law enforcement instead of public health systems is acknowledged as one of the unintended consequences of the control system for drugs.²⁷⁸ The health system is also affected by substance displacement.²⁷⁹ Critics of punitive approaches argue that they trigger the spread of more dangerous substances that are more profitable, stronger in their effects and more dangerous to the takers' health.²⁸⁰ This has been the case for Eastern Europe and Central Asia.²⁸¹

While the public health system is frequently characterized as decisive in providing evidence-based help and harm reduction, the critics of the international drug control framework note that the punitive policies implemented work against the success of the health system and leave health professionals trapped in the middle.²⁸² Wrong policies that unintentionally increase drug-related harm are not rare.²⁸³ There is still a tension between a moral model of drug addiction and a medical model, which has negative implications for diseases related to drug abuse because it prevents universal access to proper treatment and rather triggers punitive action by states.²⁸⁴ Drug consumers often get locked up for treatment, or are deprived of access to it.²⁸⁵ The UN system acknowledges that there is a problem with many public health systems.²⁸⁶ Often, policies are implemented ad hoc, but not based on scientific evidence.²⁸⁷



²⁶⁹ Transform Drug Policy Foundation, The War on Drugs: Wasting billions and undermining economies, 2011, p. 3-5.

 ²⁷⁰ UNODC, World Drug Report 2008, 2008, p. 70; Keefer, et al., The Development Impact of the Illegality of Drug Trade, 2008, p. 16.

²⁷¹ Ibid., p. 16.

²⁷² Transform Drug Policy Foundation, The War on Drugs: Wasting billions and undermining economies, 2011, p. 5.

²⁷³ Thoumi, *The Numbers Game: Let's All Guess the Size of the Illegal Drug Industry*, 2005, p. 188; Reuter, *Ten Years after the United Nations General Assembly Special Session*, 2009, p. 515.

²⁷⁴ National Institute on Drug Abuse, Drug Use Among Racial/Ethnic Minorities Revised, 2003, pp. 160-172.

²⁷⁵ Ibid., pp. 163, 167.

²⁷⁶ Joint United Nations Programme on HIV/AIDS, UNAIDS Report on the global AIDS epidemic 2012, 2012, p. 41.

²⁷⁷ UNODC, World Drug Report 2008, 2008, p. 216-217.

²⁷⁸ Ibid., p. 216.

²⁷⁹ Ibid.

²⁸⁰ Keefer, et al., The Development Impact of the Illegality of Drug Trade, 2008, p. 15.

²⁸¹ Transform Drug Policy Foundation, The War on Drugs: Threatening public health, spreading disease and death., 2012; Transform Drug Policy Foundation, The War on Drugs: Undermining Human Rights, 2011.

²⁸² Transform Drug Policy Foundation, The War on Drugs: Threatening public health, spreading disease and death., 2012, p. 4.

²⁸³ Carter & Hall, Addiction Neuroethics: The Promises and Perils of Neuroscience Research on Addiction, 2012, p. xvi.

²⁸⁴ Ibid., pp. 229-230.

²⁸⁵ Human Rights Watch, Drug Policy and Human Rights [Website], 2013.

²⁸⁶ UN Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 2009, p. 20.

²⁸⁷ Ibid.

Critics say that there is a global stalemate in drug policy.²⁸⁸ Harm reduction, which has been identified as most effective in reducing the health-burden of drug abuse, is still marginalized by very harsh drug policies, so in most states in Asia and Africa.²⁸⁹ Needle–syringe programs, long-identified as an effective measure against the transmission of HIV and other blood-borne diseases, are only poorly available, with just a few countries offering adequate options to IDUs.²⁹⁰ The same applies for opioid substitution therapy.²⁹¹

In Chile, Kenya, Pakistan, Russia, and Uzbekistan, antiretroviral therapy is available to less than one person in a hundred HIV-positive IDUs and in most states, domestic public sector sources still have to attach priority to funding programs addressing HIV-related needs of IDUs.²⁹² Russia is a notable example of a country where methadone maintenance therapy continues to be illegal and needle and syringe programmes (NSPs) reach particularly few people, although the country accounts for high numbers of HIV-positive IDUs.²⁹³ Likewise, preventive measure for HBV and HCV remain insufficient in many low- and middle-income countries, despite strong advocacy by UN institutions.²⁹⁴ Also, policy regulations may have the unintended consequence that drugs need to be injected to achieve the wished effects, as is the case with Boltushka in Ukraine.²⁹⁵ Another of many further problems might be that discussion in the reform community is focused mainly on a narrow set of IDUs' issues that affect only a small number of people, such as safe injecting facilities.²⁹⁶

Deficits in Institutional Systems Favoring Discrimination of / Human Rights Violations Against Drug Users There exists a gap between the enunciation of human rights and their complete realization in the context of the topic.²⁹⁷ The right to health is a fundamental principle of human rights and provides a key link between health and human rights issues.²⁹⁸ In the preface to the *World Drug Report 2013*, it is noted that national legislative measures against drugs may result in human rights violations.²⁹⁹ Violations like violent abuse by police, harsh conditions, and marginalization or inhibition from treatment during incarceration happen in many states.³⁰⁰ Also the relevant UN organs need to more thoroughly recognize human rights law as a part of the framework for international drug policy, as this has not been fully realized so far.³⁰¹ The UN system has to implement what has been theoretically laid down through the human rights framework it has created.³⁰² Considering the mandate of the Commission, this could happen, inter alia, through the modification of international control measures or the reallocation of funds to an increased number of programs targeting the problems hindering the promotion of the topic at hand.³⁰³

The low regard and frequent stigmatization, violence and discrimination suffered by those with a drug-related disease have an adverse effect on access to treatment and harm reduction services.³⁰⁴ Laws prohibiting the carrying of injecting paraphernalia, and police presence near service providers, are examples of further correlations between a poor human rights situation and a bad state of private and public health in the context of drug abuse.³⁰⁵ For instance, the rather progressive Chinese drug policies that greatly expanded methadone maintenance therapy and HIV

²⁹⁷ Semaan, et al., Human Rights and HIV Prevention Among Drug Users, 2011, p. 212.



²⁸⁸ Reuter, Ten Years after the United Nations General Assembly Special Session, 2009, p. 510.

²⁸⁹ Ibid.; Stoicescu, The Global State of Harm Reduction 2012: Towards an Integrated Response, 2012, pp. 11-24.

²⁹⁰ Mathers, et al., *HIV prevention, treatment, and care services for people who inject drugs*, 2010, p. 1025.

²⁹¹ Ibid.

²⁹² Ibid., pp. 1025-1028; UNAIDS, 2012 Global Report, 2012, p. 40.

²⁹³ Reuter, Ten Years after the United Nations General Assembly Special Session, 2009, p. 512; Stoicescu, The Global State of Harm Reduction 2012: Towards an Integrated Response, 2012, p. 14; Mathers, et al., HIV prevention, treatment, and care services for people who inject drugs, 2010, p. 1026; Transform Drug Policy Foundation, The War on Drugs: Undermining Human Rights, 2011, p. 10.

²⁹⁴ Transform Drug Policy Foundation, *The War on Drugs: Threatening public health, spreading disease and death.*, 2012, p. 6.

²⁹⁵ Chintalova-Dallas, et al., Boltushka: A Homemade Amphetamine-Type Stimulant and HIV Risk in Odessa, Ukraine, 2009, p.7.

²⁹⁶ Reuter, Ten Years after the United Nations General Assembly Special Session, 2009, p. 512-513.

²⁹⁸ UN General Assembly, Universal Declaration of Human Rights (A/RES/217 Å (III)), 1948, art. 25; Transform Drug Policy Foundation, The War on Drugs: Undermining Human Rights, 2011, p. 9; Reuter, Ten Years after the United Nations General Assembly Special Session, 2009, p. 514.

²⁹⁹ UNODC, World Drug Report 2013, 2013, p. iii.

³⁰⁰ Human Rights Watch, Drug Policy and Human Rights [Website], 2013.

³⁰¹ Barrett & Nowak. The United Nations and Drug Policy: Towards a human rights based approach, 2009.

³⁰² Ibid.

³⁰³ UNODC, Commission on Narcotic Drugs. Mandate and Functions [Website], 2013.

³⁰⁴ Transform Drug Policy Foundation, *The War on Drugs: Undermining Human Rights*, 2011, p. 10.

³⁰⁵ Ibid.

prevention programs for IDUs in recent years are undermined by harsh punitive policies.³⁰⁶ This situation is comparable in Iran.³⁰⁷

Priorities for Action for a Human Rights and Public Health Based Approach

The combination of discussed deficits reinforce the spread and severity of diseases related to drug abuse for individuals and society.³⁰⁸ Consequences and deficits in institutional arrangements and support for IDUs who are at risk of acquiring, or already have acquired a disease due to their drug use, are mutually reinforcing and must therefore be addressed jointly.³⁰⁹ Too bold measures, such as legalization, are not likely to be widely accepted and are thus hard to implement, especially as reliable projections of the effects of such a policy seem to be impossible to produce.³¹⁰ Thus, evidence-based approaches that weaken and revert the reinforcing correlations between deficient public health services and human rights violations become highly important.³¹¹ In addition, a gender-perspective has to be taken into consideration: Women are disproportionally affected by punitive measures in the context of the world drug problem, despite mostly committing only low-level offences, which they are often forced to commit.³¹² Further, mothers who are IDUs and suffer from a related disease are especially stigmatized as 'bad mothers' and often deprived of their children without a consideration of individual circumstances.³¹³ Pregnant IDUs often cannot access adequate health and treatment facilities (such as opioid substitution therapy), which endangers not only them but also their unborn children.³¹⁴ There are also indications of a growing disregard for women in a drug-related criminal environment.³¹⁶

Multiple comprehensive suggestions and guidelines by UN institutions and NGOs exist that guide the way for future progress on the subject; The Comprehensive Package put forward in the *WHO*, *UNODC*, *UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision* (2012) could serve as an example for guidelines for policies addressing other diseases than HIV-related to all forms of drug abuse.³¹⁷

Conclusion

It becomes evident that the spread of diseases among drug users is mutually reinforced by deficient public health and human rights policies. Stopping the reinforcing link between personal health decline and the impacts on society, public health systems, the economy or the public finances is the challenge for future action.³¹⁸ The *leitmotif* is that a solely punitive approach has not been successful, rather it has worsened conditions³¹⁹ The costs that ineffective policies have resulted in need to be mitigated by adjusting them.³²⁰ In this context, a challenge for deliberations in the CND might be to overcome the indifference with which states view costs imposed on other states if the causing policies are viewed as crucial.³²¹ Especially as prohibitive policies falling under this category lack the expected success, new consensus-based policies are of paramount importance. Shifting the costs of diseases related to drug



³⁰⁶ Cohen & Amon, Health and Human Rights Concerns of Drug Users in Detention in Guangxi Province, China, 2008, p. 1683, 1686; Hammett, et al., 'Social evils' and harm reduction, 2008, pp.139-143; Reuter, Ten Years after the United Nations General Assembly Special Session, 2009, p. 512.

³⁰⁷ Reuter, Ten Years after the United Nations General Assembly Special Session, 2009, p. 512.

³⁰⁸ Cf. Degenhardt & Hall. Extent of illicit drug use and dependence. 2012, pp. 64-67.

³⁰⁹ UN Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 2009, p. 3.

³¹⁰ Reuter, Ten Years after the United Nations General Assembly Special Session, 2009, pp. 510-511.

³¹¹ Ibid.

³¹² Transform Drug Policy Foundation, *The War on Drugs: Promoting stigma and discrimination*, 2012, p. 8.

³¹³ Ibid., p. 9.

³¹⁴ Ibid., p. 9.

³¹⁵ Slater, *The war on drugs: time to count the costs to women*, 2013.

³¹⁶ Transform Drug Policy Foundation, The War on Drugs: Promoting stigma and discrimination, 2012, pp. 8-13.

³¹⁷ WHO, et al., WHO, UNODC, UNAIDS technical guide, 2012, p. 10.

³¹⁸ Reuter, Ten Years after the United Nations General Assembly Special Session, 2009.

³¹⁹ Transform Drug Policy Foundation, *The War on Drugs: Undermining Human Rights*, 2011; Werb, et al., *The temporal relationship between drug supply indicators: an audit of international government surveillance systems*, 2013, p. 6-7.

³²⁰ Keefer, et al., The Development Impact of the Illegality of Drug Trade, 2008, p. 18-19.

³²¹ Ibid., p. 19.

abuse away from those suffering from them and those parts of society affected directly and indirectly "and towards the organized criminals who have been the only clear winners from the prohibition policy" should be a motivation for a comprehensive public health and human rights-based approach.³²²

Further research might focus on the following questions: What roles do civil society and NGOs play in the topic? How can the CND further encourage the effective participation of NGOs in dealing with the issues at hand? How can the CND best benefit from NGOs' expertise in order to take concrete steps in the promotion of the topic? What links between sustainable development as a core element of the post-2015 process and the topic at hand can be identified? How can these links be strengthened and made fruitful? What role does harm reduction play in this process? How is the importance of differing definitions of addiction to be assessed and what is science's contribution to the political process? Are there promising strategies to improve the information of the topic to be assessed? What key questions for further research on a possible link between ethnicity or race and affection by diseases related to drug consumption should the CND identify? How can the CND promote a comprehensive approach that does not limit itself to just a few issues in relation to the topic? Is the goal of a "drug-free" world useful in relieving the suffering of those affected by diseases related to drug abuse and in solving the problems attached to the situation?

³²² Keefer, et al., The Development Impact of the Illegality of Drug Trade, 2008, p. 18-19.



Annotated Bibliography

Carter, A. and W. Hall. (2012). Addiction Neuroethics. The Promises and Perils of Neuroscience Research on Addiction. Cambridge: Cambridge University Press.

Carter and Hall give a concise overview about the problems and current tendencies in the definition of addiction. Based on current neuroscientific insights, they discuss ethical and philosophical implications for the treatment of people suffering from compulsive drug seeking. The book also gives concrete suggestions for policies based on scientific rationale and touches on problems that need to be addressed further.

Transform Drug Policy Foundation. (2012). *The War on Drugs: Threatening public health, spreading disease and death.* Count the Costs Campaign. Retrieved 29 June 2013 from: http://www.countthecosts.org/sites/default/files/Health-briefing.pdf

This document is a critical examination of the so-called "War on Drugs" after the implementation of the Single Convention on Narcotic Drugs of 1961. It focuses on how the "War on Drugs" maximizes harms to drug users and creates obstacles (related to human rights and institutions, legal rights etc.) to harm reduction by increasing the infection rate with HIV/AIDS, hepatitis and tuberculosis and discusses other wider health impacts of the "War on Drugs". It concludes that this initiative has failed and that the international drug policy framework has to be thoroughly reformed.

Human Rights Watch. (2013). *Drug Policy and Human Rights*. Retrieved 30 June 2013 from: http://www.hrw.org/node/82339

A short and concise overview about human rights abuses related to drug policy. This overview is important in understanding the correlations and mutually reinforcing effects of a "conservative" or rigid approach to fighting the consumption of illicit drugs and violations of human rights. This becomes clear for instance in the subparagraph on the undermining of the prevention of HIV/AIDS and its proper treatment. Also, concrete examples of human rights abuses are listed.

Leshner, A. (1997). Addiction is a Brain Disease, and it Matters. *Science*, 278 (Oct. 3, 1997): p. 45-47. *This article shows very concisely why common views on drug addiction reinforce or at least do not solve problems rather than address them. Strategies focusing on social or criminal justice aspects fail to recognize that addictions evolve in social contexts that influence the development of an addiction towards a state of compulsive drug seeking. This state can be described more like a chronic illness that can more likely just be treated rather than cured. Therefore, the article implicitly points towards a public health based approach that is inclusive (i.e. also human rights based), thus mitigating the side-effects drug addictions have, for instance on private and public health.*

Reuter, P. (2009). Ten Years after the United Nations General Assembly Special Session (UNGASS): assessing drug problem, policies and reform proposals. *Addiction*, 104: 510-517.

The article evaluates the current situation of demand for drugs and the policy shifts that have occurred, or respectively have not, in different countries. It also analyzes the potential of innovations that are most frequently discussed. The reasoning is that the most promising approach focuses on harm reduction treatments, as this seems to be the most effective way in dealing with the discussed problems compared to other approaches.

Semaan, S., D. Des Jarlais, K. Malinowska-Sempruch, A. Kirby & T. Sharpe. (2011). Human Rights and HIV Prevention Among Drug Users, In: *Beracochea, E., C. Weinstein & D. Evans (eds.). Rights-Based Approaches to Public Health.* New York (NY): Springer Publishing Company, p. 201-220.

The article examines how human rights considerations apply to people with substance use disorders (SUDs) and their public health. The three main focal points are prevention of SUDs, prevention and control of HIV infections among people abusing illicit drugs and drug use and imprisonment. The authors advocate an approach that qualifies USDs as mental health disorders



rather than criminal offences, thus strengthening the human rights of people with USDs, removing the stigma an improving their socio-economic integration as well as access to public health facilities.

United Nations Office on Drugs and Crime. (2008, June). *World Drug Report 2008*. Retrieved 26 July 2013 from: http://www.unodc.org/documents/wdr/WDR 2008/WDR 2008 eng web.pdf

The 2008 Report provides an overview from the perspective of the UNODC over 100 years of international drug control legislation. It makes out an improved situation and asserts the international law framework to be successful already. However, room for improvement towards the goal of a drug-free world is identified. Especially important is the acknowledgment that punitive action has often overshadowed what should be the core policy in the context of drugs, namely a public health based policy. In accordance with that, five unintended consequences of policies in place are listed.

United Nations, Commission on Narcotic Drugs, Fifty-second session. (2009). *Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem*. Adopted at the High-level segment. Retrieved 26 June 2013 from:

http://www.unodc.org/documents/commissions/CND-Uploads/CND-52-RelatedFiles/V0984963-English.pdf The document, whose effects will be reviewed by a high-level meeting in 2014, identifies future priorities and areas requiring further action. The plan of action discusses current problems and gives concrete suggestions to Member States how to tackle them. The Declaration establishes goals and targets for drug control after 2009, for instance an elimination or significant reduction of health and social risks until 2019 in clause 36 (b). Enhancing international cooperation is another core objective of this document.

United Nations Office on Drugs and Crime. (2013, May). *World Drug Report 2013*. Retrieved 30 June 2013 from: http://www.unodc.org/unodc/secured/wdr/wdr2013/World Drug Report 2013.pdf

The report is the most comprehensive up to date report available. It lists newest developments in the abuse of illicit drugs, especially relevant for this topic being the part on the impact of illicit drugs on health, with new insights like the fact that there are less people injecting drugs than previously assumed. It also offers concrete figures on developments in each world region concerning consumption and effects of drugs as well as tables and maps on drug demand and supply.

World Health Organization, et al. (2012). *WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision*. Retrieved 11 September 2013 from: http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379 eng.pdf

This document is one example for collaborative work by several UN institutions on the topic at hand. Its outline may serve as a pattern for other similar guides for Member States in best practice relating to diseases caused by drug abuse. Especially significant is the Comprehensive Package of nine measures to tackle the spread of HIV among drug consumers. The outline and discussion of it are a good example for comprehensive outlines addressing health or human rights issues.

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Chintalova-Dallas, et al. (2009). Boltushka: A Homemade Amphetamine-Type Stimulant and HIV Risk in Odessa, Ukraine. *The International journal on drug policy*, 20 (4): p. 347-351.



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Hammett, T., et al. (2008). 'Social evils' and harm reduction: the evolving policy environment for human immunodeficiency virus prevention among injection drug users in China and Vietnam. *Addiction*, 103 (1), p. 137-145.

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Rules of Procedure of the Commission on Narcotic Drugs

Introduction

- 1. These rules shall be the only rules which apply to the Commission on Narcotic Drugs (hereinafter referred to as "the Commission") and shall be considered adopted by the Commission prior to its first meeting.
- 2. For purposes of these rules, the Director, the Assistant Director(s), the Under-Secretaries-General, and the Assistant Secretaries-General, are designates and agents of the Secretary-General and Deputy Secretary-General, and are collectively referred to as the "Secretariat."
- 3. Interpretation of the rules shall be reserved exclusively to the Deputy Secretary-General or her/his designate. Such interpretation shall be in accordance with the philosophy and principles of the National Model United Nations (NMUN) and in furtherance of the educational mission of that organization.
- 4. For the purposes of these rules, "President" shall refer to the chairperson or acting chairperson of the Commission, which can be any member of the Secretariat or their designate.
- 5. The practice of striving for consensus in decision-making shall be encouraged. NMUN also acknowledges it may sometimes be necessary for a Member State to abstain or vote against a resolution it cannot support for policy reasons.

I. SESSIONS

Rule 1 - Dates of convening and adjournment

The Commission shall meet every year in regular session, commencing and closing on the dates designated by the Secretary-General.

Rule 2 - Place of sessions

The Commission shall meet at a location designated by the Secretary-General.

II. AGENDA

Rule 3 - Provisional agenda

The provisional agenda shall be drawn up by the Deputy Secretary-General and communicated to the members of the Commission at least sixty days before the opening of the session.

Rule 4 - Adoption of the agenda

The agenda provided by the Deputy Secretary-General shall be considered adopted as of the beginning of the session. The order of the agenda items shall be determined by a majority vote of those present and voting.

The vote described in this rule is a procedural vote and, as such, observers are permitted to cast a vote. For purposes of this rule, those present and voting means those Member States and observers, in attendance at the meeting during which this motion comes to a vote. Should the Commission not reach a decision by conclusion of the first night's meeting, the agenda will be automatically set in the order in which it was first communicated.



Rule 5 - Revision of the agenda

During a session, the Commission may revise the agenda by adding, deleting, deferring or amending items. Only important and urgent items shall be added to the agenda during a session. Debate on the inclusion of an item in the agenda shall be limited to three speakers in favor of, and three against, the inclusion. Additional items of an important and urgent character, proposed for inclusion in the agenda less than thirty days before the opening of a session, may be placed on the agenda if the Commission so decides by a two-thirds majority of the members present and voting. No additional item may, unless the Commission decides otherwise by a two-thirds majority of the members present and voting, be considered until a commission has reported on the question concerned.

For purposes of this rule, the determination of an item of an important and urgent character is subject to the discretion of the Deputy Secretary-General, or his or her designate, and any such determination is final. If an item is determined to be of such a character, then it requires a two-thirds vote of the Commission to be placed on the agenda. The votes described in this rule are substantive votes, and, as such, observers are not permitted to cast a vote. For purposes of this rule, —the members "present and voting" — means members (not including observers) in attendance at the session during which this motion comes to vote.

Rule 6 - Explanatory memorandum

Any item proposed for inclusion in the agenda shall be accompanied by an explanatory memorandum and, if possible, by basic documents.

III. SECRETARIAT

Rule 7 - Duties of the Secretary-General

- 1. The Secretary-General or her/his designate shall act in this capacity in all meetings of the Commission.
- 2. The Secretary-General, in cooperation with the Deputy Secretary-General, shall provide and direct the staff required by the Commission and be responsible for all the arrangements that may be necessary for its meetings.

Rule 8 - Duties of the Secretariat

The Secretariat shall receive and distribute documents of the Commission to the Members, and generally perform all other work which the Commission may require.

Rule 9 - Statements by the Secretariat

The Secretary-General or her/his designate, may make oral as well as written statements to the Commission concerning any question under consideration.

Rule 10 - Selection of the President

The Secretary-General or her/his designate shall appoint, from applications received by the Secretariat, a President who shall hold office and, *inter alia*, chair the Commission for the duration of the session, unless otherwise decided by the Secretary-General.

Rule 11 - Replacement of the President

If the President is unable to perform her/his functions, a new President shall be appointed for the unexpired term at the discretion of the Secretary-General or her/his designate.



IV. LANGUAGE

Rule 12 - Official and working language

English shall be the official and working language of the Commission during scheduled sessions (both formal and informal) of the Commission.

Rule 13 - Interpretation (oral) or translation (written)

Any representative wishing to address any body or submit a document in a language other than English shall provide interpretation or translation into English.

This rule does not affect the total speaking time allotted to those representatives wishing to address the body in a language other than English. As such, both the speech and the interpretation must be within the set time limit. The language should be the official language of the country you are representing at NMUN.

V. CONDUCT OF BUSINESS

Rule 14 - Quorum

The President may declare a meeting open and permit debate to proceed when representatives of at least one-third of the members of the Commission are present. The presence of representatives of a majority of the members of the Commission shall be required for any decision to be taken.

For purposes of this rule, members of the Commission means the total number of members (not including observers) in attendance at the first night's meeting (session).

Rule 15 - General powers of the President

In addition to exercising the powers conferred upon him or her elsewhere by these rules, the President shall declare the opening and closing of each meeting of the Commission, direct the discussions, ensure observance of these rules, accord the right to speak, put questions to vote and announce decisions. The President, subject to these rules, shall have complete control of the proceedings of the Commission and over the maintenance of order at its meetings. He or she shall rule on points of order. The President may propose to the Commission the closure of the list of speakers, a limitation on the speakers time and on the number of times the representative of each member may speak on an item, the adjournment or closure of the debate, and the suspension or adjournment of a meeting.

Included in these enumerated powers is the power to assign speaking times for all speeches incidental to motions and amendment. Further, the President is to use her/his discretion, upon the advice and at the consent of the Secretariat, to determine whether to entertain a particular motion based on the philosophy and principles of the NMUN. Such discretion should be used on a limited basis and only under circumstances where it is necessary to advance the educational mission of the Conference and is limited to entertaining motions.

Rule 16 - Authority of the Commission

The President, in the exercise of her or his functions, remains under the authority of the Commission.

Rule 17 - Voting rights on procedural matters

Unless otherwise stated, all votes pertaining to the conduct of business shall require a favorable vote by the majority of the members "present and voting" in order to pass.

For purposes of this rule, the members present and voting mean those members (including observers) in attendance at the meeting during which this rule is applied. Note that observers may vote on all procedural votes; they may, however, not vote on substantive matters (see Chapter VI). Every delegation must cast a vote in procedural votes. Further, there is no possibility to abstain or pass on procedural votes



Rule 18 - Points of order

During the discussion of any matter, a representative may rise to a point of order, and the point of order shall be immediately decided by the President in accordance with the rules of procedure. A representative may appeal against the ruling of the President. The appeal shall be immediately put to the vote, and the President's ruling shall stand unless overruled by a majority of the members present and voting. A representative rising to a point of order may not speak on the substance of the matter under discussion.

Such points of order should not under any circumstances interrupt the speech of a fellow representative. They should be used exclusively to correct an error in procedure. Any questions on order arising during a speech made by a representative should be raised at the conclusion of the speech, or can be addressed by the President, sua sponte (on her/his own accord), during the speech. For purposes of this rule, the members present and voting mean those members (including observers) in attendance at the meeting during which this motion comes to vote.

Rule 19 - Speeches

No representative may address the Commission without having previously obtained the permission of the President. The President shall call upon speakers in the order in which they signify their desire to speak. The President may call a speaker to order if his remarks are not relevant to the subject under discussion.

In line with the philosophy and principles of the NMUN, in furtherance of its educational mission, and for the purpose of facilitating debate, the Secretariat will set a time limit for all speeches which may be amended by the Commission through a vote if the President, at his or her discretion, decides to allow the Commission to decide. In no case shall the speakers time be changed during the first scheduled session of the Commission. Consequently, motions to alter the speaker's time will not be entertained by the President. The content of speeches should be pertinent to the agenda as set by the Commission.

Rule 20 - List of Speakers

Members may only be on the list of speakers once but may be added again after having spoken. During the course of a debate, the President may announce the list of speakers and, with the consent of the Commission, declare the list closed. Once the list has been closed, it can be reopened upon by a vote of the Commission. When there are no more speakers, the President shall declare the debate closed. Such closure shall have the same effect as closure by decision of the Commission.

The decision to announce the list of speakers is within the discretion of the President and should not be the subject of a motion by the Commission. A motion to close the speakers list or reopen (if the list has already been closed) is within the purview of the Commission and the President should not act on her/his own motion.

Rule 21 - Right of reply

If a remark impugns the integrity of a representative's State, the President may permit that representative to exercise her/his right of reply following the conclusion of the controversial speech, and shall determine an appropriate time limit for the reply. No ruling on this question shall be subject to appeal.

For purposes of this rule, a remark that impugns the integrity of a representative's State is one directed at the governing authority of that State and/or one that puts into question that State's sovereignty or a portion thereof. All interventions in the exercise of the right of reply shall be addressed in writing to the Secretariat and shall not be raised as a point of order or motion. The reply shall be read to the Commission by the representative only upon approval of the Secretariat, and in no case after voting has concluded on all matters relating to the agenda topic, during the discussion of which, the right arose. The right of reply will not be approved should it impugn the integrity of another State.



Rule 22 - Suspension of the meeting

During the discussion of any matter, a representative may move the suspension of the meeting, specifying a time for reconvening. Such motions shall not be debated but shall be put to a vote immediately, requiring the support of a majority of the members present and voting to pass. Delegates should not state a purpose for the suspension.

This motion should be used to suspend the meeting for lunch or at the end of the scheduled committee session time. Delegates should properly phrase this motion as "suspension of the meeting," and provide a length of time when making the motion.

Rule 23 - Adjournment of the meeting

During the discussion of any matter, a representative may move to the adjournment of the meeting. Such motions shall not be debated but shall be put to the vote immediately, requiring the support of a majority of the members present and voting to pass. After adjournment, the Commission shall reconvene at its next regularly scheduled meeting time.

As this motion, if successful, would end the meeting until the Commission's next regularly scheduled session the following year, and in accordance with the philosophy and principles of the NMUN and in furtherance of its educational mission, the President will not entertain such a motion until the end of the last meeting of the Commission.

Rule 24 - Adjournment of debate

During the discussion of any matter, a representative may move the adjournment of the debate on the item under discussion. Two representatives may speak in favor of, and two against, the motion, after which the motion shall be immediately put to the vote. The President may limit the time to be allowed to speakers under this rule.

Rule 25 - Closure of debate

A representative may at any time move the closure of debate on the item under discussion, whether or not any other representative has signified her/his wish to speak. Permission to speak on the motion shall be accorded only to two representatives opposing the closure, after which the motion shall be put to the vote immediately. Closure of debate shall require a two-thirds majority of the members present and voting. If the Commission favors the closure of debate, the Commission shall immediately move to vote on all proposals introduced under that agenda item.

Rule 26 - Order of motions

Subject to Rule 18, the motions indicated below shall have precedence in the following order over all proposals or other motions before the meeting:

- 1. To suspend the meeting;
- 2. To adjourn the meeting;
- 3. To adjourn the debate on the item under discussion;
- 4. To close the debate on the item under discussion.

Rule 27 - Proposals and amendments

Proposals and amendments shall normally be submitted in writing to the Secretariat. Any proposal or amendment that relates to the substance of any matter under discussion shall require the signature of twenty percent of the members of the Commission [sponsors].

The Secretariat may, at its discretion, approve the proposal or amendment for circulation among the delegations. As a general rule, no proposal shall be put to the vote at any meeting of the Commission unless copies of it have been



circulated to all delegations. The President may, however, permit the discussion and consideration of amendments or of motions as to procedure, even though such amendments and motions have not been circulated.

If the sponsors agree to the adoption of a proposed amendment, the proposal shall be modified accordingly and no vote shall be taken on the proposed amendment. A document modified in this manner shall be considered as the proposal pending before the Commission for all purposes, including subsequent amendments.

For purposes of this rule, all proposals shall be in the form of working papers prior to their approval by the Secretariat. Working papers will not be copied, or in any other way distributed, to the Commission by the Secretariat. The distribution of such working papers is solely the responsibility of the sponsors of the working papers. Along these lines, and in furtherance of the philosophy and principles of the NMUN and for the purpose of advancing its educational mission, representatives should not directly refer to the substance of a working paper, the proposal becomes a draft resolution during formal speeches. After approval of a working paper, the proposal becomes a draft resolution and will be copied by the Secretariat for distribution to the Commission. These draft resolutions are the collective property of the Commission and, as such, the names of the original sponsors will be removed. The copying and distribution of amendments is at the discretion of the Secretariat, but the substance of all such amendments will be made available to all representatives in some form. Should delegates wish to withdraw a working paper or draft resolution from consideration, this requires the consent of all sponsors.

Rule 28 - Withdrawal of motions

A motion may be withdrawn by its proposer at any time before voting has commenced, provided that the motion has not been amended. A motion thus withdrawn may be reintroduced by any member.

Rule 29 - Reconsideration of a topic

When a topic has been adjourned, it may not be reconsidered at the same session unless the Commission, by a twothirds majority of those present and voting, so decides. Reconsideration can only be moved by a representative who voted on the prevailing side of the original motion to adjourn. Permission to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion, after which it shall be put to the vote immediately. The President may limit the time to be allowed to speakers under this rule.

Rule 30 - Invitation to silent prayer or meditation

Immediately after the opening of the first plenary meeting and immediately preceding the closing of the final plenary meeting of each session of the General Assembly, the President shall invite the representatives to observe one minute of silence dedicated to prayer or meditation.

VI. VOTING

Rule 31 - Voting rights

Each member of the Commission shall have one vote.

This rule applies to substantive voting on amendments, draft resolutions, and portions of draft resolutions divided out by motion. As such, all references to member(s) do not include observers, who are not permitted to cast votes on substantive matters.

Rule 32 - Request for a vote

A proposal or motion before the Commission for decision shall be voted upon if any member so requests. Where no member requests a vote, the Commission may adopt proposals or motions without a vote.

For purposes of this rule, proposal means any draft resolution, an amendment thereto, or a portion of a draft resolution divided out by motion. Just prior to a vote on a particular proposal or motion, the President may ask if there are any objections to passing the proposal or motion by acclamation, or a



member may move to accept the proposal or motion by acclamation. If there are no objections to the proposal or motion, then it is adopted without a vote. Adoption by "acclamation" or "without a vote" is consistent not only with the educational mission of the conference but also the way in which the United Nations adopts a majority of its proposals.

Rule 33 - Majority required

- 1. Unless specified otherwise in these rules, decisions of the Commission shall be made by a majority of the members present and voting.
- 2. For the purpose of tabulation, the phrase "members present and voting" means members casting an affirmative or negative vote. Members which abstain from voting are considered as not voting.

All members declaring their representative States as "present and voting" during the attendance roll-call for the meeting during which the substantive voting occurs, must cast an affirmative or negative vote, and cannot abstain on substantive votes.

Rule 34 - Method of voting

1. The Commission shall normally vote by a show of placards, except that a representative may request a rollcall, which shall be taken in the English alphabetical order of the names of the members, beginning with the member whose name is randomly selected by the President. The name of each member shall be called in any roll-call, and one of its representatives shall reply "yes," "no," "abstention," or "pass."

Only those members who designate themselves as present or present and voting during the attendance rollcall, or in some other manner communicate their attendance to the President and/or Secretariat, are permitted to vote and, as such, no others will be called during a roll-call vote. Any representatives replying pass must, when requested a second time, respond with either a yes or no vote. A pass cannot be followed by a second pass for the same proposal or amendment, nor can it be followed by an abstention on that same proposal or amendment.

- 2. When the Commission votes by mechanical means, a non-recorded vote shall replace a vote by show of placards and a recorded vote shall replace a roll-call vote. A representative may request a recorded vote. In the case of a recorded vote, the Commission shall dispense with the procedure of calling out the names of the members.
- 3. The vote of each member participating in a roll-call or a recorded vote shall be inserted in the record.

Rule 35 - Explanations of vote

Representatives may make brief statements consisting solely of explanation of their votes after the voting has been completed. The representatives of a member sponsoring a proposal or motion shall not speak in explanation of vote thereon, except if it has been amended, and the member has voted against the proposal or motion.

All explanations of vote must be submitted to the President in writing before debate on the topic is closed, except where the representative is of a member sponsoring the proposal, as described in the second clause, in which case the explanation of vote must be submitted to the President in writing immediately after voting on the topic ends. Only delegates who are sponsors of a draft resolution that has been adopted with an unfriendly amendment, whom subsequently voted against the draft resolution may explain their vote.

Rule 36 - Conduct during voting

After the President has announced the commencement of voting, no representatives shall interrupt the voting except on a point of order in connection with the actual process of voting.

For purposes of this rule, there shall be no communication among delegates, and if any delegate leaves the Commission room during voting procedure, they will not be allowed back into the room until the



Commission has convened voting procedure. Should a delegate who is also serving as Head Delegate leave the room, they may reenter but they may not retake their seat and participate in the vote.

Rule 37 - Division of proposals and amendments

Immediately before a proposal or amendment comes to a vote, a representative may move that parts of a proposal or of an amendment should be voted on separately. If there are calls for multiple divisions, those shall be voted upon in an order to be set by the President where the most radical division will be voted upon first. If an objection is made to the motion for division, the request for division shall be voted upon, requiring the support of a majority of those present and voting to pass. Permission to speak on the motion for division shall be given only to two speakers in favor and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are approved shall then be put to a vote. If all operative parts of the proposal or of the amendment have been rejected, the proposal or amendment shall be considered to have been rejected as a whole.

For purposes of this rule, most radical division means the division that will remove the greatest substance from the draft resolution, but not necessarily the one that will remove the most words or clauses. The determination of which division is most radical is subject to the discretion of the Secretariat, and any such determination is final.

Rule 38 - Amendments

An amendment is a proposal that does no more than add to, delete from, or revise part of another proposal. Permission to speak on the amendment shall be given only to two speakers in favor and two speakers against.

An amendment can add, amend, or delete entire operative clauses, but cannot in any manner add, amend, delete, or otherwise affect preambular clauses or sub-clauses of operative clauses. The President may limit the time to be allowed to speakers under this rule. These speeches are substantive in nature.

Rule 39 - Voting on amendments

When an amendment is moved to a proposal, the amendment shall be voted on first. When two or more amendments are moved to a proposal, the amendment furthest removed in substance from the original proposal shall be voted on first and then the amendment next furthest removed there from, and so on until all the amendments have been put to the vote. Where, however, the adoption of one amendment necessarily implies the rejection of another amendment, the latter shall not be put to the vote. If one or more amendments are adopted, the amended proposal shall then be voted on.

For purposes of this rule, furthest removed in substance means the amendment that will have the most significant impact on the draft resolution. The determination of which amendment is furthest removed in substance is subject to the discretion of the Secretariat, and any such determination is final.

Rule 40 - Order of voting on proposals

If two or more proposals, other than amendments, relate to the same question, they shall, unless the Commission decides otherwise, be voted on in the order in which they were submitted.

Rule 41 - The President shall not vote

The President shall not vote but may designate another member of her/his delegation to vote in her/his place.

VII. CREDENTIALS

Rule 42 - Credentials

The credentials of representatives and the names of members of a delegation shall be submitted to the Secretary-General prior to the opening of a session.



Rule 43 - Authority of the General Assembly

The Commission shall be bound by the actions of the General Assembly in all credentials matters and shall take no action regarding the credentials of any member.

VII. PARTICIPATION OF NON-MEMBERS OF THE COMMISSION

Rule 44 - Participation of non-Member States

The Commission shall invite any Member of the United Nations that is not a member of the Commission and any other State, to participate in its deliberations on any matter of particular concern to that State.

A sub-committee or sessional body of the Commission shall invite any State that is not one of its own members to participate in its deliberations on any matter of particular concern to that State. A State thus invited shall not have the right to vote, but may submit proposals which may be put to the vote on request of any member of the body concerned.

If the Commission considers that the presence of a Member invited, according to this rule, is no longer necessary, it may withdraw the invitation. Delegates invited to the Commission according to this rule should also keep in mind their role and obligations in the Commission that they were originally assigned to. For educational purposes of the NMUN Conference, the Secretariat may thus ask a delegate to return to his or her committee when his or her presence in the Commission is no longer required. Delegates may request the presence of a non-member of their committee simply by informing the President that this is the desire of the body, there is no formal procedural process.

Rule 45 - Participation of national liberation movements

The Commission may invite any national liberation movement recognized by the General Assembly to participate, without the right to vote, in its deliberations on any matter of particular concern to that movement.

National liberation movements are only represented at NMUN in two ways: (1) if their delegation has been assigned explicitly the national liberation movement itself; or (b) should the Security Commission wish to hear from a representative of the movement in their deliberations, the Secretariat shall provide the appropriate representative.

Rule 46 - Participation of and consultation with specialized agencies

In accordance with the agreements concluded between the United Nations and the specialized agencies, the specialized agencies shall be entitled: a) To be represented at meetings of the Commission and its subsidiary organs; b) To participate, without the right to vote, through their representatives, in deliberations with respect to items of concern to them and to submit proposals regarding such items, which may be put to the vote at the request of any member of the Commission or of the subsidiary organ concerned.

NMUN does not assign delegations to Specialized Agencies.

Rule 47 - Participation of non-governmental organization and intergovernmental organizations

Representatives of non-governmental organizations/intergovernmental organizations accorded consultative observer status by the Economic and Social Council and other non-governmental organizations/intergovernmental organizations designated on an ad hoc or a continuing basis by the Commission on the recommendation of the Bureau, may participate, with the procedural right to vote, but not the substantive right to vote, in the deliberations of the Commission on questions within the scope of the activities of the organizations.

NMUN will assign delegations an NGO instead of a Member State upon request.

