



Death or Legalization; Uniform Policy on Illicit Drugs

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Introduction

The debate on illicit drug policy has flared up this past decade, after international reports about the use and abuse of drugs has proven the “War on Drugs” to be inefficient and counterproductive. The word “drug” itself is loaded with a negative connotation, even through the United Nations Office on Drugs and Crime (UNODC) defines the term in various usages.¹ In the context of international drug control “drug” means any substance listed in Schedule I and II.² For clarification, there are five scheduling categories based mainly on the abuse rate; Schedule I drugs have the highest potential for abuse.³

In the United Nations (UN), there is no distinction between licit and illicit drugs, since only their use can be described as licit or illicit. Therefore, illicit drugs are the ones under international control, but which are “produced, trafficked and/or consumed illicitly.”⁴ The World Health Organization (WHO) is concerned with the consequences of drug policies on the human rights of individuals all around the world. The delegates should focus on the human implications of the current international drug police regime and represent their country’s opinion in the debate.

¹ [United Nations Office on Drugs and Crime, “Information about drugs,” UNODC, 2016 \(accessed June 2016\).](#)

² Ibid.

³ [United States Drug Enforcement Administration, “Drug Scheduling,” DEA \(accessed June 2016\).](#)

⁴ [United Nations Office on Drugs and Crime,](#)

History/ Background

According to an UNOCD report, psychoactive substances have been popular as early as 4000 BCE.⁵ The first evidence of cannabis use is observed in Central Asia and North-Western China and then it spread to India (around 1500 BCE), the Middle East (around 900 BCE),



A staff of the Ant-Drug Squad in Liberia.

Europe (around 800 BCE), various areas in South-East Asia (in the second century AD), Africa (eleventh century AD) and the Americas (around the nineteenth century).⁶ Coca leaves were prominent in the Andean region (stemming out of present-day Peru and Bolivia) as early as 3000 BCE. It then reached the Americans and the Caribbean before the Spanish conquistadors

⁵ [“Information about drugs,” UNODC, 2016 \(accessed June 2016\).](#)

⁶ [United Nations Office on Drugs and Crime, “A Century of International Drug Control,” UNODC, 2008, 15 \(accessed June 2016\).](#)

⁶ Ibid, 15.



“discovered” America in the sixteenth century.⁷ Opium poppy can be traced back to 4200 BCE in Spain and later the rest of Europe while in the Middle East opium was produced starting around 3000 BCE. The substance was later introduced by Arab merchants to China and India.⁸ These psychoactive substances have been used for a wide variety of reasons: from medicinal remedies to religious rites, and military training to recreational pastime.

By the nineteenth century, large-scale opium trade in China resulted in “the world’s largest drug abuse problem” with devastating health and social consequences. The result was two Opium Wars (1839-1842, 1856-1860) during which China attempted to limit the influx of opium, while Britain and France fought for its legalization. Even though China lost both wars, the international community was shaken by China’s addiction problems. In 1906, the number of addicts reached between 21.5 and 25 million people or 5.4% to 6.3% of the Chinese population.⁹

The *Shanghai Opium Commission* (1909) marked the beginning of the international drug control regime, as countries met to discuss eliminating the opium trade in Asia.¹⁰ Austria-Hungary, China, France, Germany, Great Britain, Italy, Japan, the Netherlands, Persia (Iran), Portugal, Russia, Siam (Thailand) and the United States of America attended the Commission.¹¹ Data on production, trade-including imports, exports and government revenue- and the consumption of opium were exchanged and a number of recommendations aiming at suppressing the smoking and smuggling of opium were introduced.¹²

Individual states responded well to this common initiative. India, the largest opium exporter at the time, agreed to end exports in all areas where opium consumption was prohibited, while China and the UK publicly ended the 300 year Indian-Chinese trade war.¹³



Photo: United Nations

Attempting to move from non-binding suggestions to establish international legally binding mechanisms, the international community met in the Hague for the *International Opium Convention* (1912) (pictured above). In addition to opium and morphine, mainly covered by the Shanghai Opium Commission, heroin and cocaine became subject to various regulations.¹⁴ Disagreements started to emerge, as Persia, Russia, and the UK objected further restrictions to medical and scientific uses in order to curb cultivation. The ratification of the treaty was slow due to the lack of a specific timeframe and the two World Wars.

UN Action

As soon as the UN was formed, it resumed and intensified efforts to coordinate drug control practices initiated by the League of Nations.

⁷ Ibid, 15.

⁸ Ibid, 15, 19.

⁹ Ibid, 25.

¹⁰ Ibid, 33.

¹¹ Ibid.

¹² Ibid, 44.

¹³ Ibid, 49.

¹⁴ Ibid.



The Commission on Narcotic Drugs (CND) was formed in 1964 and its main function was to gather information from individual states concerning trade, consumption and reserve stocks of regulated substances. Each state received certification to import just enough opium and coca to satisfy only medical and scientific purposes, thus avoiding excess amounts of substances that would inevitably end up being used for non-medical purposes. Later on, the CND's powers were expanded by the General Assembly to include enforcing international drug control treaties and acting as the governing body of UNODC.¹⁵

Interest in the drug control system did not abide in the following years. By 1961, there were nine international legal agreements on narcotics with overlaying provisions and similar regulations for different drugs. To resolve this issue, the UN came up with *the Single Narcotic Convention Narcotic Drugs* (1962). This document is a landmark in the history of international drug controls. It includes definitions of the substances under control, the framework for specific operations of the drug control bodies, obligations of the states ratifying the convention, regulations on production, manufacturing, trade and consumption of the substances, as well as penalties for the violators. The spirit in the international drug control regime is captured in Article 4(c): "The parties shall take such legislative and administrative measures as may be necessary...(c)...to limit exclusively to medical and scientific purposes the production, manufacturing, export, import, distribution of, trade in, use and possession of drugs."¹⁶

From the Single International Convention of Narcotic Drugs emerged the *International Narcotics Control Board (INCB)*. It consists of

13 members of which three members are nominated by the WHO based on their medical and pharmacological experience. The role of this body is to ensure that drug supplies are used for medical and scientific purposes and that they do not end up in illicit channels. It also analyses data sent by individual governments regarding national drug control policies and makes recommendations in order to tackle illicit drug activities.



Psychotropic substances such as amphetamines and tranquilizers began to replace opium, cocaine, heroin and cannabis in the international markets. The response from the global community was the *Convention on Psychotropic Substances* (1971), which added amphetamines, hallucinogens (like LSD), painkillers and antidepressants under control. It also established four different Schedules for controlled psychotropic substances based on their capacity to get abused. The pharmaceutical industries around the world intervened in the process, since the drug trade was extremely profitable. Even with conflicting interests the convention took initiatives, such as Article 20, which urges states to take preventative measures and develop

¹⁵ [United Nations Office of Drugs and Crime, "CND," UNODC, 2016 \(accessed in June 2016\).](#)

¹⁶ United Nations Office on Drugs and Crime, *The International Drug Control Conventions* (New York: United Nations, 2013), 30.



rehabilitation and social integration programs for drug abusers.¹⁷



The results of these conventions were very positive with diversions from licit channels becoming minor, especially for Schedule I and II drugs, the most dangerous substances. At the same time, however, organized crime groups back channeled international trade through practices like illicit production, trafficking, and abuse of the controlled substances. The large profits resulted in increased levels of corruption within local and national authorities. In 1988, the *Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* was adopted by the UN to tackle this issue. While the document guarantees national sovereignty and territorial integrity, it lays down decisive provisions. Article 3 classifies any illicit production, preparation, trade, and transportation of narcotic drugs and psychedelic substances as a criminal offense and the offenders are subject to punishment according to each state's criminal law.¹⁸ Drug related money laundering or buying and transferring property through profits

obtained by illicit drug activities, is established as a criminal offense by the same article.¹⁹

Once illicit drug practices became criminal offenses, narcotics and psychedelic became associated with crime. This is seen through the creation of the *United Nations Office of Drugs and Crime* (1997), the result of a merger between the UN bodies for drug control and crime prevention. Even though it concentrates on technical assistance to states through research and analytical work, the UNODC has a strong social aspect since it attends to human trafficking, corruption, terrorism and criminal justice reform. Its field officers around the world use simple and comprehensive brochures to educate the locals with the permission of Member States and conducts annual surveys to estimate the drug abuse problems within counties and areas of interest, such as Afghanistan, Colombia, Peru and Southeast Asia.

Current Situation

Honoring the International Day Against Drug Abuse and Illicit Trafficking (June 2017), the UN Secretary-General Ban-Ki-Moon called for a global reaction to the drug problem that is effective yet humane.²⁰ By launching the "Listen First" initiative, the UN is focusing on listening to children and youth in order to prevent drug use more effectively. The Executive Director of the UNODC, Yury Fedotov also urged states to consider alternative methods to conviction or punishment for drug traffickers and drug abusers where appropriate. This marks a change in the international drug control regime, since it takes into account the human aspect and it attempts to

¹⁷ Ibid, 98.

¹⁸ Ibid, 127--131

¹⁹ Ibid.

²⁰ [UN News, "On Day Against Drug Abuse, Ban calls for 'effective, compassionate' global response," UN News, Jun. 26, 2016 \(accessed July, 2016\).](#)



ameliorate the stigma and punishment associated with drug abuse.

These statements come in light of the World Drug Report 2016, which analyzed data from the year 2014. About 1 in 20 adults or a quarter of a billion people between the ages of 15-64 used at least one drug in 2014.²¹ Out of this number, over 29 million people are estimated to suffer from drug use disorders, increasing from previous estimates of 27 million people. In addition, there were 207,400 drug-related deaths in 2014, an estimate that has remained stable in past years. A sharp increase in heroin use was documented in North America and Western Europe, thus maintaining heroin’s status as the drug that kills the most people. Cannabis remains the most commonly used drug with about 183 million people having used it in 2014. Global opium production fell by 38% in 2015, but the estimate of global opiate users has remained constant to about 17 million people. Coca bush cultivation and cocaine production have increased and with it cocaine trafficking via Africa is regaining importance.

247 million people used drugs in the past year



29 million suffer from drug use disorders but only 1 in 6 people with drug use disorders is in treatment

When comparing these numbers to the past it is important to keep the timeframe in mind. Present estimates are significantly lower than the ones observed after World War II and before the international drug control regime was established. However, the number of people producing, using and trading drugs has fluctuated over the twentieth and twenty-first centuries without much difference. If anything, the World Drug Report 2016 shows an increase in drug abuse even though all the control measures that have been placed. Some claim the drug control regime has failed so the world needs to move to decriminalizing and legalizing some drugs. Decriminalization and legalization of drugs are two different concepts. Decriminalization means that drug use is no longer considered a criminal offense and/ or is not persecuted by the government. Legalization refers to the total abolition of drug prohibition laws and the establishment of a drug use regulation system.

However, the international community as a whole persists with the drug policy for certain reason. Ideologically, freeing the use of drugs means allowing people to get addicted, which is morally wrong. The effects of drugs on human behaviors can be devastating for the individual who is using them, for their family and friends and as a result for the entire society. Drugs have social consequences which can vary from neglect of children to the destruction of communities. Also, some governments have been at times accused of working with crime organizations. Sometimes state officials work with a regime cover up drug cartels, while making huge profit.

²¹ United Nations Office of Drugs and Crime, *World Drug Report 2016* (New York: United Nations, 2016), ix.



Country Positions

African Union: African countries are most impacted by the illegal drug trade as opposed to drug consumption. The AU's Plan of Action on Drug Control (2013-2018) focuses continental cooperation, researching and addressing the health and social impacts of drugs and reducing drug trafficking in the region. Cannabis is widely trafficked through this area.

Amphetamine production is on the rise, whereas use of heroin and injecting drugs is rapidly increasing. HIV or AIDS concerns stem from illegal drug use, whereas overdosing, suicides and accidents while under the influence are grabbing attention of the Member States.

China: The state's position on drugs has been clear since the Opium Wars: drugs are a worldwide public hazard and their control is a necessary responsibility of the international community. Adamant believer of the current regime, the Chinese government strictly prohibits the use and trade of drugs and punishes the violators. In 2009, the government executed 6 convicted traffickers by firing squad. Nevertheless, drug use in China is not abiding, since in 2015 the government seized more than 11 metric tons of narcotics and estimated the annual domestic business stemming from recreational drug use to about \$82 million.



A drug seizure in China

European Union (EU): With the EU Drug Strategy 2013-2020, the EU is attempting to reduce drug demand and supply reduction through coordination of drug policies and research. This strategy attempts to curb the European opiates market, estimated at 12 billion euros and cannabis (83.9 million Europeans) and cocaine (17 million Europeans) consumption. As many as 5 EU member state and 2 European countries have taken steps to drug decriminalization and legalization: Czech Republic, Ireland, the Netherlands, Norway, Portugal and Switzerland.

Latin America: This region has been the traditional producer of drugs, especially cocaine. While in the 1970s and 1980s drug policy in Latin America was dictated by the USA, recently local governments have changed their policies. Uruguay become the first country in the world to legalize recreational marijuana in 2013. Colombia, one of the largest coca producers in the world, moves towards decriminalizing consumption and finding alternatives to incarceration for minor drug offenses. Bolivia has allowed some cultivation of coca, which is vastly used for medical purposes. Drug policy is not uniform within Latin America, since Peru is maintaining a strict, punitive drug control system.

Middle East: Firm advocates of harsh drug policies, the countries in this region have dealt with drug abuse and trafficking for millennia. The lack of data makes it impossible to track the extent of drug abuse in war-torn states, such as Iraq and Syria. In cases where data is available and shared with the international community, the trends are discouraging. Afghanistan remains the largest producer of opium in the world while Iran is one of the largest consumers. States in the region consider drugs a social taboo with governments paying little attention to root causes of addiction. Instead, they have



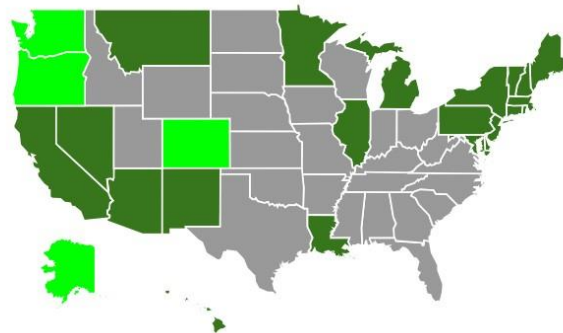
responded with ruthless punishments; hundreds of executions occur every year in Iran and Saudi Arabia, despite the international community rejecting this policy.

Russian Federation: Seeing the increases in drug trafficking and non-medical use of amphetamines, cocaine and heroin, Russia is maintaining the drug control regime. Drugs assist in the spread of HIV and hepatitis, thus affecting the population's health. They inhibit economic progress, while threatening the state's security. For all these reasons, the international drug regime should not shift toward decriminalization and legalization, in Russia's point of view. Main goals for Russia's policy on drugs is limiting supply and demand and cooperating better with neighboring countries. Even though the international community seems to move towards less drug control, it is important that such a policy is not forced, as national sovereignty is respected in the UN

United Kingdom: In 1971, the Misuse of Drugs Act was established as the main law regulating drugs in the UK. It constitutes drug possession as an offense, not drug use per se. In 2016, the Psychoactive Substances Act criminalized production, supply or possession with the intent to supply. National attention is focused on reducing supply and demand of drugs and alcohol, as well as rehabilitation. As of 2014, the most popular drug was cannabis, while illicit drug use has remained stable at around 6-8% for the past six years.

United States: The US government has taken a strong stand against drugs since 1971, when Richard Nixon initiated the "War on Drugs." George W. Bush impersonated the spirit of international drug regime when he stated "When we fight against drugs, we fight for the souls of our fellow American." Recently, the US has shifted its drug policies. Four states and the District of Columbia have legalized the

recreational use of marijuana. More states are expected to vote on the matter. The reason behind this change can be attributed to the popularity of drugs, especially marijuana and the profits they can bring to the official economy and the number of incarceration attributed to the possession of drugs.



Marijuana Legalization Status

- Medical marijuana legalized
- Marijuana legalized for recreational use
- No laws legalizing marijuana

Essential Questions

Here are some questions to consider while conducting research and debating:

- According to each country's option, should the UN move toward the decriminalization and legalization of drugs? If yes, which drugs should be decriminalized/ legalized?
- Is the international drug control regime successful or not?
- What effects on individuals would have the decriminalization/ legalization of drugs have?
- Are there any alternative measures to decriminalization and legalization?



Uniform Policy on Illicit Drugs



- What are individual states' interests in maintaining the current regime or changing it?
- How are individuals' rights around the world better protected? Through control and regulation, prohibition or legalization?