

CENMUN 2019



UNITED NATIONS OFFICE ON DRUG & CRIME

Preventing the spread of Narcotic Drugs
through border infiltration.

*27th - 29th September 2019
Centre Point School, Wardhaman Nagar
Nagpur
India*

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Letter from the Executive Board

Distinguished Delegates,

On the Behalf of Secretariat, Faculty and the Organizing Committee, we welcome you to the United Nation Office on Drug and Crime(UNODC) at CENMUN 2019. We Hope that you have Significantly prepared yourself for the intense discussion and learning experience of the conference. All of you have been allotted country based on your prowess and diplomatic potential. Ahead of the committee, we expect you to have significant knowledge on the foreign Affairs of the respective country with regards to the agenda. Know your allies, and the demography and geopolitical dynamics of your state as they will be your keys to the healthy discussion in the committee. You will find background information on the agenda in the coming pages. However please make a note that this guide is simply a means of foundation for your research work and will not be considered as the source of information in the committee, we advise you make sure to have a proper sustainable source of information of your research. We will be considering reports of UN offices Documents and State Government office Documents only as credible source of information. Over the 3 days of the conference, we expect you to display sufficient diplomatic capabilities and come up with innovative solutions to the agenda on the table. We hope that you will enjoy this experience and it will encourage you in taking a greater interest in international relations and customary international law.

For over a century, politicians were trying to resolve the issue of illicit drugs and the trafficking, but only with very limited success. Narcotics still have devastating consequences for individuals and societies around the world and fundamental reforms in national and global drug control policies are urgently needed.

If you need any help with the research or orientation of discussion, please feel free to reach out to us at any time.

Our mail id are mayank.indormeun@gmail.com and adwaitw0102@gmail.com

Please, use "CENMUN UNODC 2019" as the subject.

We look forward to meet you in person at the conference and the fruitful learning experience.

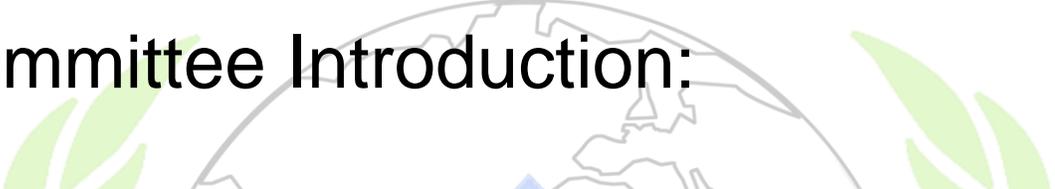
Yours faithfully,

Mayank Mehta

Adwait Waghmare.

United Nations Office on Drugs and Crime

Committee Introduction:



UNODC is a global leader in the fight against illicit drugs and international crime. Established in 1997 through a merger between the United Nations Drug Control Programme and the Centre for International Crime Prevention, UNODC operates in all regions of the world through an extensive network of field offices. UNODC relies on voluntary contributions, mainly from Governments, for 90 per cent of its budget.

UNODC is mandated to assist Member States in their struggle against illicit drugs, crime and terrorism. In the Millennium Declaration, Member States also resolved to intensify efforts to fight transnational crime in all its dimensions, to redouble the efforts to implement the commitment to counter the world drug problem and to take concerted action against international terrorism.

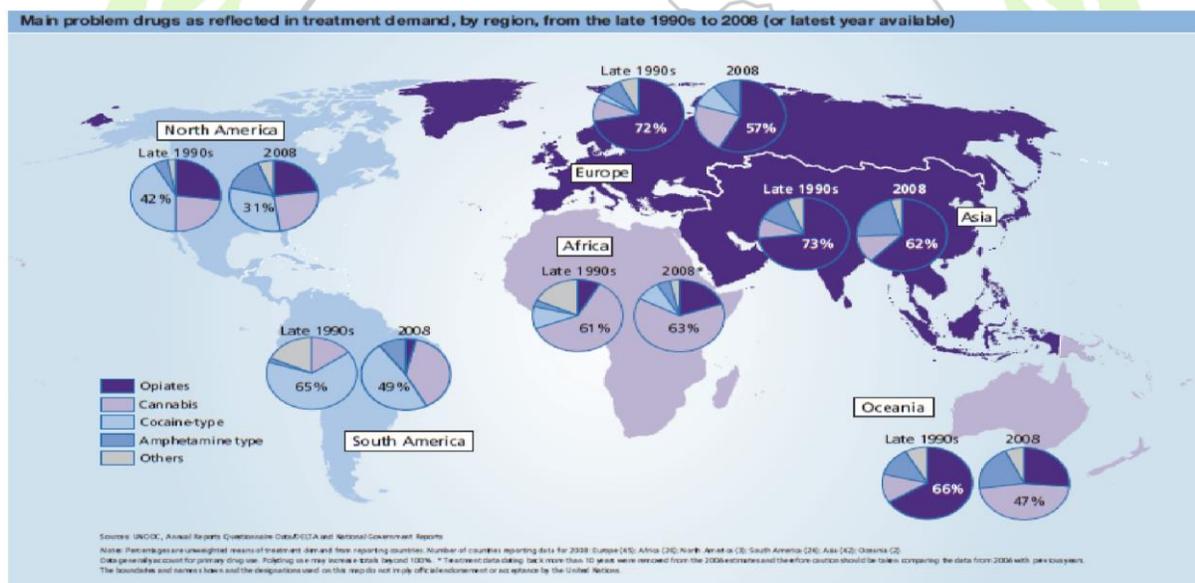
The three pillars of the UNODC work programme are:

- Field-based technical cooperation projects to enhance the capacity of Member States to counteract illicit drugs, crime and terrorism
- Research and analytical work to increase knowledge and understanding of drugs and crime issues and expand the evidence base for policy and operational decisions
- Normative work to assist States in the ratification and implementation of the relevant international treaties, the development of domestic legislation on drugs, crime and terrorism, and the provision of secretariat and substantive services to the treaty-based and governing bodies

In pursuing its objectives, UNODC makes every effort to integrate and mainstream the gender perspective, particularly in its projects for the provision of alternative livelihoods, as well as those against human trafficking.

AGENDA: Preventing the spread of narcotic drugs through border infiltration.

The Definition of the Problem



The first thing we have to realize is that it is neither the cultivation of drug crops nor the trafficking of the illicit drugs itself, which is the problem, but the criminal activity that encircles it and often crosses borders and the difficulty of reducing consumer intake. Nevertheless, it is generally believed that more important and much easier to tackle the problem at its root – combat illicit drug production and distribution – than to cope with the consequence of the illicit drug usage and trading.

While economic integration has been a growing trend for decades, the geographic scope and the speed of current economic transactions are new phenomena. In this regard, technology has been a crucial force for change. Events are proving that technology can be used in various ways, however, but not always for good. The emergence of a global crime network with a high degree of operational sophistication, the growth of the international narcotics trading routes and the increasing complexity of money laundering crimes reflect three inter-related trends affected by technology and the globalization of commerce. The illicit drug trade is now well entrenched in countries that, only a few years ago, had negligible drug-related problems. As a result, customs authorities are finding it increasingly difficult to cope simply on the basis of unilateral action.

Further important readings:

https://www.unodc.org/pdf/technical_series_1998-01-01_1.pdf

<http://www.un.org/en/ga/president/66/Issues/drugs/drugs-crime.shtml>

http://www.icmpe.org/test1/journal/issues/v2pdf/2-133_text.pdf

TYPES OF NARCOTIC DRUGS:

Narcotics are broadly classified into 4 classes, including.

1. Opioids and opioid like agents (we shall focus on this particularly but get to know the others as they are instrumental in understanding “gateway” trade):

That include codeine, morphine, tramadol and heroine (apart from the heroine, all Others are used as potential pain-killer medications for moderate to severe pain). Tramadol and morphine are among the most notable ones and advised as an adjuvant For anesthesia, post-surgical pain relief and terminal stages of cancer. Other notable Opioids include fentanyl, buprenorphine, oxycodone, hydrocodone, and propoxyphene And hydromorphone.

2. Cannabinoids include THC (tetrahydrocannabinol), hashish and marijuana:

Due to high addiction potential and risk of abuse, cannabinoids are not ideally Indicated as therapeutic pain killers. According to the 2008 reports of U.S. Department of Health and Human Services, almost 15.2 million individuals (over 12 Years of age) are actively involved in marijuana consumption. Long term Consumption for recreational purposes is associated with deficits in coordination, Memory and intellect. Apart from a high abuse factor, hallucinogens are often Coupled with adverse side effects and severe withdrawal symptoms and toxicities.

3. **Hallucinogens include PCP (Phencyclidine) and similar agents:** Once again, Like other types of narcotics, potential therapeutic benefits are overshadowed by Complications and side effects like hallucinations, flash-backs, paranoia and Delusions. This is why they are never prescribed as pain killers.

4. Stimulants include amphetamine, dextroamphetamine, methylphenidate and Methamphetamine that are prescription drugs for the management of Neuropsychiatric illnesses and issues:

Illegal CNS (central nervous system) Stimulants include methamphetamine, cocaine and Ecstasy. As the name suggests, CNS stimulants increase the release of impulses and create a temporary state of Euphoria. However, all the stimulants are associated with addiction potential, Withdrawal symptoms and anxiety, agitation and mood disorders with prolonged Consumption.

Trafficking and the impact Worldwide.



International drug routes

The end of the Cold War may have proclaimed a conclusion to specific strains, however among other unexpected impacts it similarly accelerated a huge increment in the stream of unlawful medications crosswise over customary national limits. Worldwide travel has turned out to be less demanding in an undeniably borderless world, and—although universal medication trafficking associations (DTOs) have never regarded national boundaries—newly globalized markets for tranquilizing generation and exportation, alongside changing examples of utilization in a few social orders, have enormously affected medication trafficking. So, the worldwide market for unlawful medications, and the limit of suppliers to convey to this market, is extending unyieldingly around the globe. What was once called "the American ailment" has turned into a worldwide one.

The global network initially appreciated the Asian medication exchange toward the start of the twentieth century. The Shanghai Opium Commission in 1909 was the main endeavor at controlling medication exchange the district, as nations including the United States, Great Britain, China, Japan, and Russia gathered to examine the developing trafficking of opium. From that point forward, various measures have been received by singular nations and all in all to check the illicit medication exchange. This has been particularly valid since the dispatch of the "war on drugs." regardless of these upgraded endeavors, the worldwide sedative market has in any case shown expanded development since 1980. Information accumulated by the

United Nations Office on Drugs and Crime (UNODC) demonstrate worldwide opium generation expanded by near 80 percent somewhere in the range of 1998 and 2009.

The Golden Triangle



Asian drug trafficking remains a genuine risk to both China and the United States. Keeping in mind the end goal to defy this basic risk, since 1985 China and the United States have found a way to coordinate in the ban of cross-outskirt medicate trafficking. Together, they have attempted to forestall Asian drug trafficking and in the destruction of opium poppy

Development in the Golden Triangle area that includes parts of Myanmar, Vietnam, Laos, and Thailand. Respective participation, be that as it may, has not been entirely effective, with Beijing and Washington confronting an overwhelming arrangement of difficulties with regards to cross country tranquilize trafficking. Counternarcotic participation is of great importance.

United States of America

Drug trafficking in the United States dates back to the 19th century. From opium to marijuana to cocaine, a variety of substances have been illegally imported, sold and distributed throughout U.S. history, often with devastating consequences. During the mid-1800s, Chinese immigrants arriving in California introduced Americans to opium smoking. The trading, selling, and distribution of opium spread throughout the region. Opium dens, which were designated places to buy and sell the drug, began to crop up in cities throughout California and soon spread to New York and other urban areas. Before long, Americans were experimenting with other opiates like morphine and codeine. Morphine was especially popular for use as a pain reliever during the Civil War, which caused thousands of Union and Confederate soldiers to become addicted to the drug. The Harrison Act of 1914 outlawed the use of opium and cocaine for non-medical

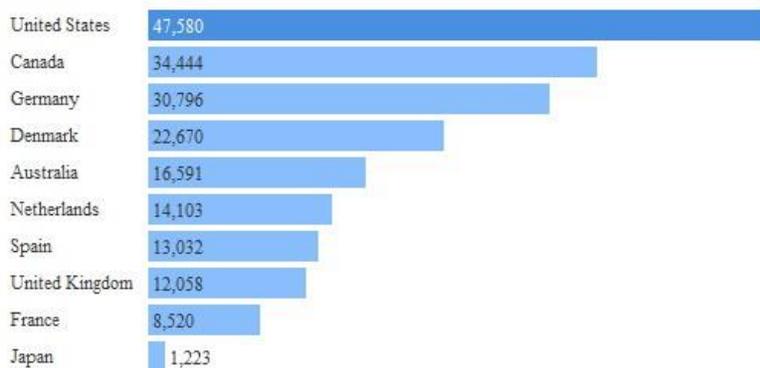
purposes, but the illicit drugs continued to circulate. In 1925, a black market for opium opened up in New York's Chinatown. At this time, there were about 200,000 heroin addicts in the United States. The distribution of opiates continued during the Jazz Era of the 1930s and 1940s. Marijuana also became a popular recreational drug in some communities during this era.

American Mafia families were found smuggling and selling unlawful drugs as early as the 1950s, notwithstanding betting and other illicit exercises. These cartels made easy for future drug trafficking operations that concentrated on drugs for their income. The Mafia's support in drug exchange was known as the "French Connection" since dealers in New York City would seize shipments of Turkish opium that touched base from Paris and Marseilles, France.

HISTORY OF PABLO ESCOBAR AND THE MEDELLIN CARTEL

In the late 1970s, the unlawful cocaine trafficking turned into a noteworthy money making opportunity all through the world. The Medellin Cartel, a sorted out gathering of medication providers and runners situated in the city of Medellin, Colombia, started working amid this time. In 1975, Colombian police seized 600 kilos of cocaine from a plane. Drug traffickers countered by murdering 40 individuals amid one end of the week in what ended up known as the "Medellin Massacre." The occasion triggered long periods of brutality that prompted deaths, kidnappings and strikes. The Medellin cartel surged in control in the 1980s. It was controlled by brothers Jorge Luis, Juan David, and Fabio Ochoa Vasquez; Pablo Escobar; Carlos Lender; George Jung; and Jose Gonzalo Rodriguez Gauche. At the pinnacle of its rule, the Medellin cartel acquired up to \$60 million daily in drug benefits. Vivaly, the U.S. and Colombian governments confirmed a reciprocal extradition arrangement in 1981. This settlement turned into a critical concern for Colombian traffickers.

Compared to the rest of the world, the U.S. has the highest level of daily doses of narcotics per million inhabitants per day.



2018: President Trump lashed out at China and Mexico for illegal opioids entering the US from the two countries — and called on Attorney General Jeff Sessions to file a federal lawsuit against unnamed pharmaceutical companies that make them. China and Mexico, the president said, are “sending their garbage and killing our people. It’s almost a form of warfare.”

Trump then asked Sessions to bring a federal lawsuit against certain companies that manufacture opioids rather than just joining state lawsuits against Big Pharma. Roughly 72,000 people in the US died of drug overdoses in 2017, most of them from opioids such as fentanyl and heroin. That's up from about 63,000 the year before. Trump has called the opioid crisis a national emergency, but the death toll has risen on his watch...

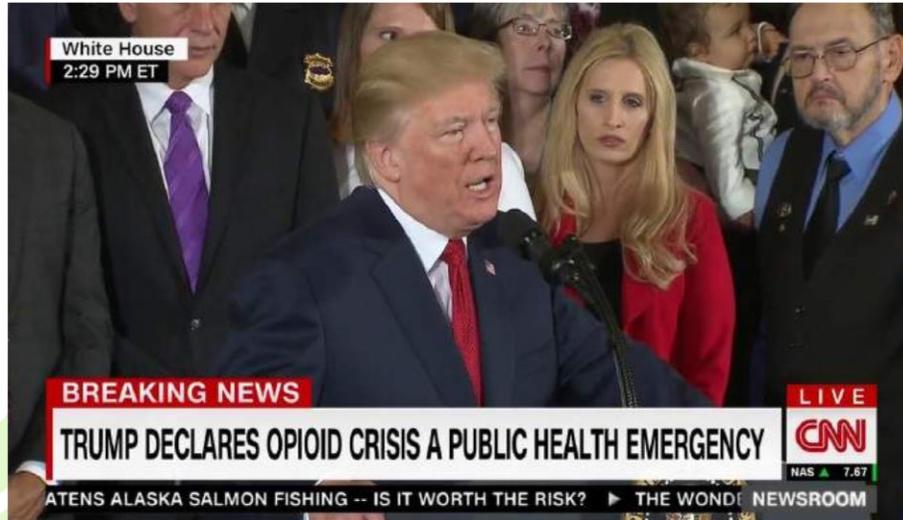
Heroin use is on the increase in the United States. Theories suggest that heroin is a cheaper replacement to the less available oxycodone.

Availability

As is true for most drugs, availability often influences use: To take alcohol as a simple example, it is readily available in the United States, with a 31% abstention rate and disorder rate being 7.4%. Egypt being a Muslim dominated country sees an abstention rate of 95% with an alcohol disorder of 0.2%.

Where is heroin coming from and how available is it? Delegates, for this you must delve deeper into what exactly is the item for exportation, where from and the rate of abuse in different countries.

- **Transportation of opiates from one place to another is a well-organized and lucrative operation.** Drug trafficking of opiates alone account for 55-56 billion dollars annually, with the profit generated lying with traffickers while they transport opiates from the areas of production to users.
- **Three areas supply most of the opiates for a large underground economy: Afghanistan, South-East Asia (mostly Myanmar) and Latin America (Mexico and Columbia).** Afghanistan accounts for almost 80-90% of the world's illicit opium production. The US gets its heroin from Mexico and Latin America with a small portion from Afghanistan operating through the European and African routes. Reports indicate heroin routes operating through India to the US.



Self-explanatory.

- **Heroin demand is spread globally: Opium**, which is primarily found in Asia has now become more readily available through markets in Iran, India and Pakistan now. **Opioid (opium, morphine, heroin and hydrocodone) use has increased throughout the world with the main increase taking place in the United States.** It is estimated that between 28.6 and 38 million people globally have used heroin and prescription pain killers in the last year. Of all the opioids, the heroine is the most popular among users, having states that can be smoked, snorted or intravenously injected into one's bloodstream through needles. When it is injected, blood-borne diseases such as **HIV** and **Hepatitis C** are spread. The purity of heroin and resumption of injection use after a period of abstinence when tolerance to the drug is at a lower threshold are what makes the drug excessively lethal.
- **The Russian Federation and Europe account for one-half of global heroin use.** The Russian Federation is estimated to have the highest national consumption. The United Kingdom, Italy, France and Germany have the highest rates of consumption in Europe. The heroin distributed in Europe and the Russian Federation is believed to come almost exclusively from Afghanistan opium. Drug consumption in the US which is 20 metric tons, is about one-fourth of that in Europe, with Latin America accounting for 5mt and Canada 1.3 MT of heroin per year.

As of October 6, 2014, the FDA has rescheduled all hydrocodone combination products from schedule III to schedule II of the Controlled Substances Act. This allows for much more restrictive prescribing practices which will limit the availability of hydrocodone for many people. Given that the Community Epidemiology Work Group (CEWG) operating under the auspices of National Institute on Drug Abuse (NIDA) has reported that heroin continues to be one of the most significant drug abuse concerns across all monitored regions of the United States, the prospect of tightening controls while there is increased heroin availability could be a very lethal combination as those with an opioid dependence turn to a cheaper and less predictable alternative.

THE EUROPEAN UNION

1. Around the world, 264 million people between the ages of 15 and 64 used an illicit drug in 2013
2. About 27 million people worldwide suffer from drug use disorders or drug dependence
3. In 2014 15% of new cases of AIDS in Europe were attributed to injecting drug use
4. An estimated 1.65 million of those who inject drugs were living with HIV in 2013
5. In April 2016 the United Nations General Assembly held a Special Session (UNGASS) on drugs

Drugs are a global problem. Production, trafficking and the use of illicit drugs do not stop at the borders. Tackling the drugs problem is a shared responsibility of countries worldwide to protect what is at the heart of the international community: the people. .

The EU Drugs Strategy 2013-2020 aims to further strengthen coordination between EU countries and its international partners. The EU's approach to cooperation with third countries on drugs focuses on specific drug trafficking routes, involving producer, transit and consumer markets. The EU conducts regular experts' dialogues on drugs with the CELAC, Central Asia, Eastern Partnership, Russia, the US and the Western Balkans. With candidate and potential candidate countries the drug related *acquires* is addressed within chapters 23 and 24 of accession negotiations. With countries from the Southern and Eastern Neighborhood, drug policy is discussed in the context of Justice and Security sub-committees.

The EU has also agreed on action plans to address drugs with a number of countries and provides assistance for a wide range of drugs-related projects in Latin America, the Caribbean and West Africa along the cocaine trafficking route, and in Afghanistan and Central Asia along the heroin route. The EU is also stepping up cooperation with the European Neighborhood Policy countries and with Russia, to address illicit drugs.

The EU funds major drug-related projects in third countries, mainly via EU Regional Programmed such as:

- COPOLAD, a regional cooperation programmer on drugs policies with Latin America
- the Cocaine Route Programmed, active in 38 countries in West Africa, Latin America and the Caribbean
- the Heroin Route Programmed, supporting the fight against trafficking from/to Afghanistan
- the Central Asia Drug Action Programmed (CADAP)
- The Border Management Programmed 8 (BOMCA)m, active in Central Asia

Drug Trafficking Routes

Cannabis

Cannabis is produced in over 176 countries. Some 54% of cannabis is grown in the Americas, 26% in Africa (Morocco is the main producer), 15% in Asia, 4% in Europe and 1% in Oceania.

Cocaine

Most cocaine in the world is produced in the Andean region (Bolivia, Colombia and Peru). West Africa is a transit and storage zone for trafficking cocaine from South America to Europe, while Latin American countries are increasingly becoming a transit and consumer countries as well.

Ecstasy / amphetamines

The Netherlands and Belgium are the main producers of ecstasy (with Poland, Estonia and Lithuania running up). The Czech Republic, Slovakia, the Netherlands and Belgium are the main producers of amphetamines. The chemicals used to manufacture synthetic drugs (precursors) originate mostly from outside the EU (China, India).

Heroin

Most heroin in the world originates from Afghanistan, Myanmar and Laos, with Afghanistan being overwhelmingly the biggest producer. Most heroin reaches Europe via Central Asia and the Balkan routes, starting in Turkey via Bulgaria, FYROM, Montenegro, Bosnia and Herzegovina and Croatia into Italy or Slovenia; via FYROM into Kosovo or Albania into

Greece. A route via Ukraine and Romania is also gaining importance.¹

AFGHANISTAN

The global trade in illicit Afghan opiates has become one of the world's greatest transnational drug and crime threats, with severe consequences for health, governance and security at national, regional and international level²s. Illicit Afghan opiates are trafficked to almost every continent in the world, with the exception of South America, and are trafficked along three broad routes: the Balkan route, the northern route and the southern route. Given the severity of the problem, UNODC and the international community have identified the analysis and monitoring of Afghan opiates as a priority. A dedicated project was established in 2008 to help monitor and achieve a better understanding of the global impact of Afghan opiates.

The Afghan Opiate Trade Project (AOTP)

The Afghan Opiate Trade Project aims to address the need for systematic, comprehensive and consolidated analytical information about trends in the global illicit Afghan opiate trade in order to support the international response to that issue. In addition to this, the project also aims to enhance the drug research capacity of those countries most affected by Afghan opiates, and increase the awareness of the data and information needs to support research on the opiate trade. The AOTP has produced a number of research reports relating to aspects of the illicit trade in Afghan opiates, and has also supported a number of countries in producing their own reports.

Drug trafficking

The following areas of Afghanistan play a role in the drug traffic:

- Production
- "Southern region" of Helmand and Kandahar provinces, on the border with Pakistan, is the most coveted areas for drug transactions. There is a traditional route from Helmand through Pakistan to Iran
- Smuggling
- Herat, in Herat Province, the Northern Alliance stronghold, which borders Iran
- Azizabad, in Badakhshan province, which has borders with Tajikistan, Pakistan, and China.

Labor practices

According to the U.S. Department of Labor's 2014 *List of Goods Produced by Child Labor or Forced Labor*, opium production is one of the sectors that rely on child labor in Afghanistan. Poppies being the source of the crude drug, children are still recruited to harvest these flowers in the country's farming fields. According to EU agencies, Afghanistan has been Europe's main heroin supplier for more than 10 years. Heroin enters Europe primarily by two major land routes: the long-standing 'Balkan route' through Turkey; and, since the mid-1990s, the

Presently with the resurgence of high output production of opium and heroin in post-Taliban Afghanistan, there is an ongoing heroin addiction epidemic in Russia which is claiming 30,000 lives each year, mostly among young people. There were two and a half million heroin addicts in Russia by 2009. Afghanistan's rugged terrain encourages

local autonomy, which, in some cases, means local leadership committed to an opium economy. The terrain makes surveillance and enforcement difficult.

CHINA

Many of the individuals involved in the international trafficking of Southeast Asian heroin are ethnic Kokand, Yunnanese, Fujianese, Cantonese, or members of other ethnic Chinese minority groups that reside outside of China. These groups reside, and are actively involved in drug trafficking in regions such as Burma, Cambodia, Canada, Hong Kong, Taiwan, Thailand, and the United States. China is of paramount importance in global cooperative efforts to prevent the diversion of precursor chemicals. With its large chemical industry, China remains a source country for legitimately produced chemicals that are diverted for production of heroin and cocaine, as well as many amphetamine-type stimulants. China and its neighbor India are the leading exporters of bulk ephedrine in the world. China produces over 100,000 metric tons of acetic anhydride each year, and imports an additional 20,000 metric tons from the United States and Singapore. China is also the second largest producer of potassium permanganate in the world.

The major drugs of choice are injectable heroin, morphine, smoke able opium, crystal methamphetamine, nimetazepam, temazepam, and MDMA. Preferences between opium and heroin/morphine, and methods of administration, differ from region to region within China. The use of heroin and opium has increased among the younger population, as income has grown and the youth have more free time. China considers crystal methamphetamine abuse second to heroin/morphine as a major drug problem. The use of MDMA has only recently become popular in China's growing urban areas.³

The *South China Morning Post* reports the rise in the use of ketamine, easy to mass-produce in illicit labs in southern China, particularly among the young. Because of its low cost, and low profit margin, drug peddlers rely on mass distribution to make money, thus increasing its penetrative power to all, including schoolchildren. The journal cites social workers saying that four people can get high by sharing just HK\$20 worth of ketamine, and estimates 80 per cent of young drug addicts take 'K'. As of 2013, there were 2,475,000 registered drug addicts in China, 1,326,000 of which were addicted to heroin, accounting for 53.6% of the addict population.

Heroin

China shares a 2000 km border with Burma, as well as smaller but significant borders with Laos and Vietnam. Chinese officials state that the majority of heroin entering China comes over the border from Burma. This heroin then transits southern China, through

Yunnan or Guangxi, to Guangdong or Fujian to the southeastern coastal areas, and then on to international markets. Heroin is transported by various overland methods to ports in China's southeastern provinces of Guangdong and Fujian.

Heroin is transported to Guangdong and to the cities of Xiamen and Fuzhou in Fujian for shipment to international drug markets. Traffickers take advantage of expanding port facilities in northeast cities, such as Qingdao, Shanghai, and Tianjin, to ship heroin via maritime routes. Increased Chinese interdiction efforts along the Burma–China border have forced some traffickers to send heroin from Burma to China's southeastern provinces by fishing trawlers. In addition to Southeast Asian heroin entering into China, Southwest Asian heroin enters northwestern China from Afghanistan, Pakistan, and Tajikistan.

Synthetic drugs

Due to the availability of the precursor chemicals, traffickers produce large amounts of crystal methamphetamine. Although much of the crystal methamphetamine is consumed locally, some are available for shipment to other markets throughout Southeast Asia. Several ports in southern China serve as transit points for crystal methamphetamine transported by containerized cargo to international drug markets.⁴

MENA (the Middle East and North Africa)

The Middle East and North Africa (MENA) states still cling to hardline drug policies, an approach that is also supported by Russia and many Asian countries. MENA countries have by and large not taken an active or vocal role in global drug discussions. Many governments do not collect or disclose data on levels of drug production, trafficking, and use. Drugs are a social taboo, with little public or government attention to the problem. In fact, the region's drug policies are most notable for extraordinarily high levels of executions of accused drug traffickers—in the hundreds per year in Saudi Arabia and Iran. This policy is increasingly rejected by the international community, even by the stringent International Narcotics Control Board. Even very small possessions of medications such as codeine can be deemed illegal in the region, such as in Dubai, and result in imprisonment or worse.

Refugees pose a new challenge for states designing policies to address drug use. Immoderate, segregated, and lacking legal economic options, some in the refugee populations may find employment in the Middle East's long established drug smuggling networks. Badly-integrated and highly marginalized diaspora communities often have small segments that become crucial vectors of international smuggling. Unfortunately, some governments in the region have responded by denying—wrongly—humanitarian non-governmental organizations' authorization to distribute crucial palliative and mental illness medications for fear that these will be diverted into the illicit economy.

In the Middle East, drug production and trafficking have long funded violent conflict. In Lebanon, for example, Hezbollah and various sectarian militias taxed the cultivation of marijuana and opium poppy in the Beak Valley beginning in the 1970s. ISIS now appears to be smuggling local weed too. Efforts to eradicate the crops and provide alternative livelihoods for the valley's poor farmers have ebbed and flowed, depending on pressures from the international community. Alternative development policies have often been cast too narrowly and have relied on questionable substitute crops such as

In addition to the existing opiate and cannabis trades, drug traffickers began to exploit new substances such as methamphetamine. This broadening repertoire indicates that Iran has become a significant source or transit destination for drugs. Turkish law-enforcement agencies seized substantially larger amounts of drugs even from the non-Iranian crime syndicates, but with 80 percent of the methamphetamine seizures involving Iranian individuals, it is hard not to conclude that Iranian nationals are overseeing the bulk of methamphetamine trafficking across Turkey.

Over the past three years, illicit drug trade from Iran to Turkey has diversified with significant quantities of methamphetamine and cannabis trafficked apart from heroin. As a result, Tehran has become the main source of methamphetamine targeting the Asia-Pacific region: According to KOM statistics, a total of 2.2 tons of heroin, 570 kg methamphetamine, and over 10 tons of cannabis were seized from Iranian nationals between 2010 and 2012.

There is no easy way to disrupt terrorist drug funding, the eternal dream of governments around the world. But interdiction can more effectively target the drugs-terrorism nexus. The first step, before all else, is to acknowledge drug challenges are on the rise in the Middle East and that repression is not stopping them.⁵

AFRICA (overall view):

Africa is perceived mainly as a transit region for drug trafficking, but it is increasingly becoming a consumer and a destination market for all types of drugs of abuse. That trend could, in part, be attributed to regional drug trafficking that has caused a supply-driven increase in the availability of different drugs. Illicit production of, trafficking in and abuse of cannabis have remained major challenges throughout many parts of Africa, with an estimated annual prevalence of cannabis use of 7.6%, twice the global average of 3.8 per cent. Africa also remains a major production and consumption region for cannabis herb and accounted for 14% of cannabis herb seizures worldwide. Increased cannabis resin seizures were also reported by Morocco for 2015. While cannabis remains the primary drug of abuse in Africa, and the drug for which most drug users seek treatment, heroin abuse is also reportedly growing in some countries in the region, mainly in East Africa. Afghan opiates are increasingly being trafficked to East and West Africa, either for local consumption or onward shipment. The modus operandi used depends on various factors, such as proximity to other markets and the level of law enforcement capabilities in the country concerned. Maritime trafficking in opiates across the Indian Ocean through East Africa seems to be on the rise and is reportedly associated with an increase in container trade in East Africa.⁶

Possible Solutions:

Decriminalization of drugs

The artificially high profits of the illicit drug market provide a great incentive for drug cartels, which lead to gang wars and crime in order to gain or retain a share of the black market for drugs. For this reason countries, and even sub national territories and cities have expressed a desire for decriminalization in the past. These countries emphasize on the rehabilitation of the offenders and the promotion of drug-related education and awareness campaigns rather than prosecution. As such, they hope to spend fewer resources on tracking down criminals and incarcerating them, by concentrating instead on public health and education initiatives, which would be tackling the roots of the problem. Decriminalization of drugs could be achieved by

subjecting the production, trade and consumption of drugs to international regulations, which would mean that certain limits and conditions would be imposed and monitored.

Rehabilitation

Countries could provide rehabilitation to drug users and prevent the consumption of drugs by strengthening their systems of public health and social services. By ensuring that treatment is widely accessible, these countries would be able to undermine the illicit drug market and reduce the negative effects that widespread drug abuse causes on society. Another measure which will prove useful is the provision of psychological treatment to abusers in order to tackle to the underlying reasons for their addiction. Further readings:

Education and Employment

By ensuring a proper education and a good work environment, states can ensure that people pursue other activities than drug cultivation. Training, internships and vocational skills can be offered to the young, unemployed or rehabilitated. Better education will also prove necessary to prevent the rise in the number of drug users, by making people understand the consequences of drug abuse and hence limit the demand for drugs. Education initiatives concerning drugs can be reinforced, along with the spreading the knowledge of the dangers of sharing hypodermic needles.

Stricter Border Controls

Another measure, which could be used to limit the international drug trade, would be stricter border controls in order to prevent the transit of drugs and its components to other states, thus reducing the supply of drugs. Cooperation among neighbor states to achieve stricter border controls is necessary and Interpol may be able to play an important role in coordinating the different states' forces.

Search and Destroy

One can't have drugs if no one produces it. Instead of promoting strategies to alter the legal status of drugs, or change the incentives of its producers, there is always the ever so slightly more confrontational way. A United Nations anti-drug task force could go in and slash and burn drugs fields, raid container ships trafficking the drugs, or even assault overland drug caravans. Maybe a harsh international law could be enacted where all drug producers worldwide will fall under the same laws. UN Special Forces could quickly descend and dispatch drug cartels in

Mexico, Afghanistan and Myanmar, putting an end to middle men, and/or producers.

Setting up a Global Drug Market

The UN could even potentially go so far as to take possession of all drug farms, destroying those it deems dangerous and planting them with less dangerous drugs. It could then create a global drug market which it can regulate, driving drug cartels out of business.

Alternative Development

Alternative development initiatives work on the assumption that reductions in opium and coca cultivation are conditional upon the general social and economic development of source areas and their integration into the nation state. As such the elimination of drug crop cultivation is often a positive externality of the process of enhancing food security, increasing household incomes and an improvement in the quality of life.

Alternative development via the introduction of substitute crops and diversified cropping patterns has disproved the myth that coca and opium offer the highest returns to small farmers. Substitution efforts in Northern Thailand have illustrated that annual profits per square meter can be increased by over 50 times by replacing opium with flowers. In the Chap are rubber has been found to accrue four times that of coca per hectare.

Further Reading Recommendations:

http://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf

<http://www.washingtonpost.com/blogs/wonkblog/wp/2013/05/29/the-mostembarrassinggraph-in-american-drug-policy/>

<http://www.newrepublic.com/article/politics/rehab>

<http://pricetheory.uchicago.edu/levitt/Papers/KuziemkoLevitt2004.pdf>

<https://www.ncjrs.gov/ondcppubs/publications/policy/99ndcs/iv-g.html>

<http://pulitzercenter.org/reporting/russia-epidemic-drug-abuse-heroin-addictintravenous-AIDSHIV>

http://www.unodc.org/documents/regional/centralasia/Illicit%20Drug%20Trends%20Report_Russia.pdf <http://www.hrw.org/news/2007/11/07/russia-drug-addiction-treatment-requires-reform>

<http://www.unodc.org/southeastasiaandpacific/index.html>

http://www.ahrn.net/library_upload/uploadfile/file2934.pdf

<http://www.humanrightsanddrugs.org/wp-content/uploads/2012/05/IJHRDP-vol-2-2012-BI.pdf> <http://www.nature.com/aps/journal/v27/n2/abs/aps200614a.html>

<http://www.theguardian.com/society/2013/may/09/chinese-factory-trade-legal-high>

http://ec.europa.eu/justice/anti-drugs/index_en.htm

http://eeas.europa.eu/drugs/index_en.htm

<http://norml.org/component/zoo/category/european-drug-policy-analysis-and-case-studies>

<http://link.springer.com/content/pdf/10.1186/1477-7517-7-4.pdf>

<http://www.unodc.org/unodc/en/frontpage/2013/August/coca-crop-cultivation-andyieldcontinue-to-decline-in-bolivia-for-second-straight-year--unodc-2012-cocamonitoringsurvey.html?ref=fs3>

<http://www.undrugcontrol.info/images/stories/documents/IDPC-advocacy-boliviajuly2011.pdf>

<http://www.undrugcontrol.info/en/un-drug-control/ungass/item/2248-statement-ofefvomorales>