MAYO COLLEGE GIRLS' SCHOOL MODEL UNITED NATIONS CONFERENCE 2017

BACKGROUND GUIDE

COMMISSION ON NARCOTIC DRUGS

Letter from the Executive Board

Hon'ble Delegates,

Greetings! I welcome you all to the **United Nations Commission on Narcotic Drugs** at MCGS MUN 2017.

We request all participant delegates to keep a few pointers in mind before reading the background guide. The background guide is divided into different sections. The first section is about the UNSC and its function and powers. The second section clearly marks the sources that will be accepted as proof/evidence in the committee. In situations where the Executive Board asks a delegate for proof/evidence to back up their statements, any source might be brought up for debate if it has institutional backing, and might even be accepted as the belief of the country. But no sources, other than those mentioned in this section will be accepted as credible.

However, research can be done and debate can continue using any source as such. Even Wikipedia is a source (yes!), but only to understand the overview of the theme and not to gather facts and figures. Delegates are advised to cross-check statements and speeches with the mentioned credible sources to be on a safe side. Many sections are followed by or include links which will help in understanding the agenda better, attaining relevant documents and guide you for further research on the issue. Delegates are requested to visit and explore these links too.

The delegates are also advised to independently research for information about the same beyond the guides and form a comprehensive understanding of the agenda.

Lastly, we would request all the delegates to put sincere efforts in preparation and research for the simulation and work hard to make it a fruitful learning experience for all. Feel free to contact me via email if you have any queries or doubts.

Regards,

Hisham Ahmed Rizvi
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Contents

Things to know.....

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How to Research?

Following is a suggested pattern for researching (if required):

1. Researching and understanding the United Nations and the Committee/Council being simulated – Its Mandate, including understanding historical work done on the agenda.
2. Research on the allotted country. Understanding its polity, economy, culture, history etc.
3. Comprehending the Foreign Policy of the allotted country. It includes understanding the ideology and principles adopted by the country on the agenda. It further includes studying past actions taken by the country on the agenda and other related issues –specifically analysing their causes and consequences.
4. Reading the background guide thoroughly.
5. Researching further upon the agenda using the footnotes and links given in the guide and from other sources such as academic papers, institutional reports, national reports, news articles, blogs etc.
6. Understanding policies adopted by different blocs of countries (example: NATO, EU etc.) and major countries involved in the agenda. Including their position, ideology and adopted past actions.
7. Characterizing the agenda into sub-topics and preparing speeches and statements on them. It is the same as preparing topics for the moderated caucuses and their content.
8. Preparing a list of possible solutions and actions the UNSC can adopt on the issue as per your country's policies.
9. Assemble proof/evidence for any important piece of information/allegation you are going to use in committee
10. Keeping your research updated using various news sources, especially news websites given in the proof/evidence section.

Note: This is not by any means an exhaustive list. It is only indicative of what all can be done by delegates to refine their research.

About UN Commission on Narcotic Drugs

The Commission on Narcotic Drugs (CND) and the Commission on Crime Prevention and Criminal Justice (CCPCJ) are policymaking bodies within the United Nations system and guide international action against drugs and crime. The CND and CCPCJ are functional commissions of the United Nations Economic and Social Council (ECOSOC) and Governing Bodies of the United Nations Office on Drugs and Crime (UNODC). Their resolutions and decisions provide guidance in their respective areas to Member States and the UNODC. The thematic areas covered by the CND and CCPCJ are also dealt with by the General Assembly, in particular its Third Committee, which deals with Social, Humanitarian and Cultural Affairs, and its Fifth Committee, which deals with budgetary matters relating to the governing bodies functions.

More information

- Rules of Procedure
- Delegates' Handbook
- Elections and membership
- Joint meetings of the Commissions
- Treaties

The Commission on Narcotic Drugs (CND) reviews and analyzes the global drug situation, considering the interrelated issues of prevention of drug abuse, rehabilitation of drug users and supply and trafficking in illicit drugs. It takes action through resolutions and decisions.

Functional Commission of the Economic and Social Council

The Commission was established by the Economic and Social Council as one of its functional commissions on 16 February 1946 (resolution 9(I)). The Commission assists the Council in supervising the application of the international drug control treaties. It also advises the Council on all matters pertaining to the control of narcotic drugs, psychotropic substances and their precursors.

Normative Functions

The CND has important normative functions under the international drug control conventions. It is authorized to consider all matters pertaining to the aims of the Conventions and see to their implementation. As a treaty organ under the Single Convention on Narcotic Drugs (1961) and the Convention on Psychotropic Substances (1971) the Commission decides, on the basis of recommendations by the World Health Organization (WHO), to place narcotic drugs and psychotropic substances under international control. The Commission may also decide to remove or modify international control measures over drugs, psychotropic substances or precursors.

Note: The President's decision on all matters relating to the Rules of Procedure shall be final. Furthermore, the President will, at the start of the meeting, convey to all delegates the relevant deviations in the ROP that they must take note of for this meeting.

Proof/Evidence in Council

Evidence or proof is from the following sources will be accepted as credible in the committee:

1. News Sources
    a. **REUTERS** – Any Reuters' article which clearly makes mention of the fact stated or is in contradiction of the fact being stated by another delegate in council can be used to substantiate arguments in the committee. (http://www.reuters.com/)
    b. **State operated News Agencies** – These reports can be used in the support of or against the State that owns the News Agency. These reports, if credible or substantial enough,
    can be used in support of or against any country as such but in that situation, they can be denied by any other country in the council. Some examples are
        i. RIA Novosti (Russia) http://en.rian.ru/
        ii. IRNA (Iran) http://www.irna.ir/ENIndex.htm
        iii. Xinhua News Agency and CCTV (P.R. China) http://cctvnews.cntv.cn/
2. **Government Reports**: These reports can be used in a similar way as the State Operated News Agencies reports and can, in all circumstances, be denied by another country. However, a nuance is that a report that is being denied by a certain country *can still be accepted by the Executive Board as credible information*. Some examples are,
    a. **Government Websites** like the State Department of the United States of America http://www.state.gov/index.htm or the Ministry of Defense of the Russian Federation http://www.eng.mil.ru/en/index.htm
        i. **Ministry of Foreign Affairs** of various nations like India (http://www.mea.gov.in/) or People's Republic of China (http://www.fmprc.gov.cn/eng/).
        ii. **Permanent Representatives** to the United Nations Reports http://www.un.org/en/members/ (Click on any country to get the website of the Office of its Permanent Representative.)
        iii. **Multilateral Organizations** like the NATO (http://www.nato.int/cps/en/natolive/index.htm), ASEAN (http://www.aseansec.org/), OPEC (http://www.opec.org/opec_web/en/), etc.
3. **UN Reports**: All UN Reports are considered are credible information or evidence for the Executive Board of the UNGA – 1 (DISEC).
    a. **UN Bodies** like the UNSC (http://www.un.org/Docs/sc/) or UNGA (http://www.un.org/en/ga/).
    b. **UN Affiliated bodies** like the International Atomic Energy Agency (http://www.iaea.org/), World Bank (http://www.worldbank.org/), International Monetary Fund (http://www.imf.org/external/index.htm), International Committee of the Red Cross (http://www.icrc.org/eng/index.jsp), etc.
    c. **Treaty Based Bodies** like the Antarctic Treaty System (http://www.ats.aq/e/ats.htm), the International Criminal Court (http://www.icc-cpi.int/Menus/ICC)

NOTE: *Under no circumstances will sources like Wikipedia (http://www.wikipedia.org/), Amnesty International (http://www.amnesty.org/), Human Rights Watch (http://www.hrw.org/) or newspapers like the Guardian (http://www.guardian.co.uk/), Times of India (http://timesofindia.indiatimes.com/), etc. be accepted as PROOF/EVIDENCE. But they can be used for better understanding of any issue or even be brought up in debate if the information given in such sources is in line with the beliefs of a Government.*

Documents, Treaties etc. to understand

Following is the list of documents that need to be perused by all delegates before they come to the council. Please understand that you need to know the following aspects regarding each of the mentioned documents:

- **The reason** why this document exists (for e.g. the Geneva Conventions were enacted to lay down the rules of war and for the treatment of all parties concerned in the wars.)
- **The nature** of the document and the force it carries, i.e. whether it is a treaty, a convention, a doctrine, or a universally accepted custom or norm.
- **The areas** where the document can be applied or has jurisdiction on (for e.g. international humanitarian law applies only to situations of armed conflict, whereas the human rights laws applies at all times of war and peace alike.)
- **The contents** of the document at hand. You need not memorize any articles or rules of any convention or treaty, but should know what the document has to say in various situations that may arise in the council.

The delegates must have the understanding of the following:

1. **UN Charter**

The Charter of the United Nations was signed on 26 June 1945 at San Francisco by the nations represented at the United Nations Conference on International Organisation, most of them earlier allies in the Second World War. The allies began being referred to as the 'United Nations' towards the end of that war. The Charter came into force on October 24 1945. Since that time all members joining have had to declare themselves bound by both documents - though practice has demonstrated on too many occasions that that declaration has not been taken too seriously. Once again, a written constitution is one thing, actual behaviour is another.

http://www.un.org/en/documents/charter/
http://research.un.org/en/docs/charter

2. **Geneva Conventions**

The Geneva Conventions comprise four treaties, and three additional protocols, that establish the standards of international law for the humanitarian treatment of war. The singular term Geneva Convention usually denotes the agreements of 1949, negotiated in the aftermath of the Second World War (1939–45), which updated the terms of the first three treaties (1864, 1906, 1929), and added a fourth treaty. The Geneva Conventions extensively defined the basic, wartime rights of prisoners (civil and military); established protections for the wounded; and established protections for the civilians in and around a war-zone. Moreover, the Geneva Convention also defines the rights and protections afforded to non-combatants, yet, because the Geneva Conventions are about people in war, the articles do not address warfare proper — the use of weapons of war — which is the subject of the Hague Conventions (First Hague Conference, 1899; Second Hague Conference 1907), and the bio–chemical warfare Geneva Protocol (Protocol for the

Prohibition of the Use in War of Asphyxiating, Poisonous or other Gases, and of Bacteriological Methods of Warfare, 1925).
http://en.wikipedia.org/wiki/Geneva_Conventions
https://www.icrc.org/en/war-and-law/treaties-customary-law/geneva-conventions

3. **Customary International Law / Customary International Humanitarian Law**
Customary international law consists of rules that come from "a general practice accepted as law" and exist independent of treaty law. Customary IHL is of crucial importance in today's armed conflicts because it fills gaps left by treaty law and so strengthens the protection offered to victims.
https://www.icrc.org/en/war-and-law/treaties-customary-law/customary-law
https://www.icrc.org/customary-ihl/eng/docs/Home
http://www.law.cornell.edu/wex/customary_international_law

4. **The concept of 'jus cogens' or peremptory norms**
And so on…

Please note: This is not an exhaustive list! There are many more sources that you may find very useful as a delegate within committee proceedings. Feel free to research on them and use them as part of your arguments in the committee.

AGENDA:

Addressing the World Drug Problem

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Introduction

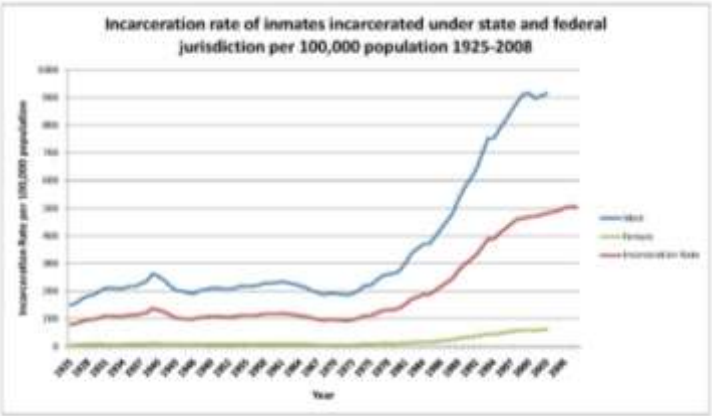
Illicit drug use has been an abrupt and growing issue since the inception of modern drugs at the start of the 19th century. Internationally, the temperance movement, which had begun in the late eighteenth century, gained prominence in the late nineteenth century, advocating the legal prohibition of alcohol and other drugs. The temperance movement argued against drug and alcohol use on the grounds that it was morally irresponsible and caused violence, indolence, poverty and social decay.

Influenced by temperance activists, US President Theodore Roosevelt convened an international opium conference in Shanghai in 1909, which was followed by another conference in The Hague in 1911, which led to the International Opium Convention. This convention became the foundation for later international treaties and conventions on drug use.

The 1914 Harrison Narcotic Act banned the production and sale of opiates and cocaine in the United States, the first prohibitionist legislation (although in form it was a revenue act, requiring the registration of, and payment of special taxes by, producers, distributors and suppliers of opiates and cocaine). In practice, it led to the arrest of thousands of doctors, pharmacists and addicts. The Harrison Act did not explicitly prohibit the prescription of heroin for medical purposes, but in 1919 the US Supreme Court ruled that the prescription of narcotics was a violation of the 'good faith practice of medicine', and therefore a criminal offence under the Act.

Several European countries have since relaxed their laws (or law enforcement) about possession offences, sometimes just for cannabis. But other European countries continue with a predominantly prohibitionist legal system. Sweden claims to have achieved relatively low levels of drug use with a firm prohibitionist approach, which includes compulsory treatment of drug users, and considerable public resourcing of drug rehabilitation and education programs, after an earlier period of liberalization.

The United Nations World Drug Report 2010 estimated "that between 155 and 250 million people, or 3.5% to 5.7% of the population aged 15-64, had used illicit substances at least once in the previous year. Cannabis users comprise the largest number of illicit drug users (129-190 million people). Amphetamine-type stimulants are the second most commonly used illicit drugs, followed by opiates and cocaine."



Basic Terms

Drug

This is a term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare. In pharmacology, it means any chemical agent that alters the biochemical or physiological processes of tissues or organisms.

Licit/illicit drugs

The United Nations drug control conventions do not recognize a distinction between licit and illicit drug, they describe only use to be licit or illicit. Here, the term illicit drug is used to describe drugs which are under international control (and which may or may not have licit medical purposes) but which are produced, trafficked and/or consumed illicitly.

Opiates

Opiates is the generic name given to a group which includes naturally occurring drugs derived from the opium poppy such as opium, morphine and codeine, semi-synthetic substances such as heroin. Opiates depress the central nervous system and are used therapeutically as analgesics (painkillers), as cough suppressants and against diarrhea; in non-medical usage as euphoriants and as a means of reducing anxiety, boredom, physical or emotional pain. Heroin is often the opiate preferred by consumers because it is relatively potent, easily dissolved in water for injecting and penetrates the blood-brain barrier more quickly than morphine. Effects may last from 4-6 hours. Heroin can also be snorted, smoked or inhaled by the method known as "chasing the dragon" whereby it is heated on foil and the fumes inhaled. Some of the most severe effects of heroin abuse stem less from the drug itself than from unhygienic injecting practices which cause hepatitis, HIV and AIDS and the wider diffusion of these diseases by sexual contact. It is generally believed that injecting heroin users are more severely dependent than inhalers, partly because injection is the least safe but most cost-effective way of using an illicit drug. It is also possible to take more of the drug by injection - inhalers tend to fall asleep before they reach the point of overdose. Switching between different routes is quite common, however, and may well be prompted by health considerations.

Other Central Nervous System Depressants

This category includes barbiturates, non-barbiturate depressants and benzodiazepines; they are also referred to as sedative-hypnotics. They can be used therapeutically as anesthetics, anticonvulsants, in the treatment of tension and anxiety, insomnia and some psychiatric illnesses. The first major type of drug in this group to be manufactured was the barbiturate group, synthetic pharmaceuticals which since the 1960s have largely been replaced therapeutically by benzodiazepines such as diazepam (Valium). Benzodiazepines and non-barbiturate sedatives such as methaqualone appear regularly on the illicit market and are used for sedation and for pleasurable intoxication, often in combination with alcohol.

Central Nervous System Stimulants

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Central nervous system stimulants include naturally occurring plants such as coca (Erythroxylum coca), khat and betel nuts (which are not under international control), products extracted from the leaf of the coca bush - coca paste, cocaine hydrochloride and crack cocaine - and wholly synthetic substances in the form of amphetamine and amphetamine-type compounds. Cocaine has some therapeutic value as a local anesthetic, while some synthetic stimulants are used as anorectics (slimming pills), in the treatment of narcolepsy and of children suffering from attention deficit disorder. The non-medical reasons for using these substances include elevating mood, to overcome fatigue and to improve performance. The effects of cocaine last from a few minutes to less than an hour, whereas the effects of amphetamine-type stimulants (ATS) may last several hours. Cocaine (hydrochloride) can be injected, but more commonly it is snorted, whereas crack cocaine is usually smoked. ATS can be taken orally, injected, smoked or snorted.

Hallucinogens

Hallucinogens include naturally occurring substances such as psilocybin (from the Psilocybe mexicana mushroom), mescaline (from the peyote cactus); semi-synthetics such as lysergic acid diethylamide, (LSD) and synthetics such as phencyclidine (PCP). Apart from some traditional uses and for rare therapeutic use in psychiatry, hallucinogens are taken illicitly for their mind-altering or 'psychedelic' effects. Even in small doses LSD causes perceptual distortions of time and place, visual hallucinations and synesthesia (a merging of the senses such that sounds are "seen" and colors are "heard"). In comparison to the powerful sensory distortions, the physiological after-effects are relatively slight, but may include dizziness, disorientation, anxiety, depression and distressing flashbacks. PCP produces euphoria but this is unlike that of opiates or stimulants; use is often accompanied by feelings of unreality, distortions of time and space, self- damaging behavior and belligerent paranoia. Hallucinogens are usually taken orally. Repeated administration reduces the effect of the drug but physical dependence is not known to occur. Effects last up to 12 hours.

Cannabis

Cannabis has by far the highest rates of prevalence globally. It is mainly consumed as marijuana (the dried flowering tops of the Cannabis sativa plant), as hashish (resin from the plant), or as an oil extracted from the resin. These preparations are generally smoked, often mixed with tobacco in a cigarette or "joint", but they can also be swallowed. Cannabis is a sedative, but it also has hallucinogenic effects, which may last up to several hours. The principal psychoactive ingredient is delta-9-tetrahydrocannabinol (THC), but there exist a wide variety of THC levels within the various strains of cannabis now grown. Cannabis is soluble in fat, metabolizes very slowly and - since the brain is largely made up of fatty substances - it remains in the body for up to one month after consumption. When smoked, the drug is absorbed quickly into the bloodstream and reaches the brain within seconds. Depending on the quantity and frequency of consumption, cannabis may impair motor coordination, shorten attention span, and modify perceptions of time and space. In low doses it has a relaxing and mood enhancing effect but in higher doses and/or in certain individuals it can cause anxiety, panic or paranoia. Smoking the drug carries a similar and possibly aggravated

series of risks to those associated with cigarette smoking and respiratory cancers, bronchial and cardiovascular problems and the increased likelihood of fetal and neonatal complications.

Effects of drug use

In contrast to prescription drugs, illegal drugs are not manufactured in controlled environments under strict standards of quality. In other words, you never know what quality and quantity you are really getting, or with what cheaper poison an unscrupulous dealer may have diluted the drug.

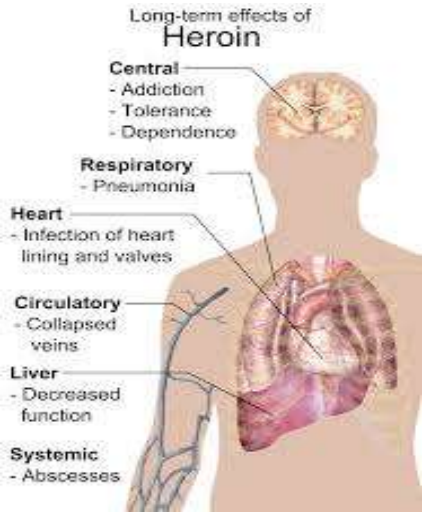
Some of the side effects of illegal drugs could actually limit your ability to have the 'good time' you might have thought the drug was going to provide. The side-effects multiply, compound and can cause permanent damage the more frequently you take the drugs. Side effects include:

- Confusion
- Anxiety
- Paranoia
- panic attacks
- nausea
- shaking
- headache
- schizophrenic and psychotic behavior
- potentially permanent damage to brain, liver, kidneys and heart

The highly addictive characteristics of drugs such as heroin, cocaine and various amphetamine compounds may take away any control you have over the continuation of self- inflicted damage. The cost of feeding an inevitable addiction that regular use will cause, may mean you find yourself involved in serious crime, facing a lengthy jail term, and dealing with serious health problems including permanent mental illness, the risks of communicable diseases like HIV/AIDS, and overdosing. You might also lose the support of your family and friends along the way.

Illegal drugs fall under 3 categories:

- Depressants
- Stimulants
- Hallucinogens



Global Scenario: Illicit Drug Use Worldwide

The composition and spread of illicit drug use varies across country borders and drug types. Abuse of cannabis (marijuana) is particularly rampant in Western Europe and Central America. The image below from the Unites Nations Office on Drugs and Crime (UNODC) depicts illicit cannabis use worldwide.

Despite the greater prevalence of drug abuse in certain countries over others, every member country of the UNODC has a role to play in combating the spread of the substance. This is largely due to the role of "drug routes", which are patterns of geographic drug flow. These indicate the role of illicit drug traffickers in each country as one or more of the following- a producer of narcotic materials, a processor of the chemical and narcotic materials, a distributor of the illicit drugs, or a consumer of the final drug products. The following map from the United States Central Intelligence Agency (CIA) depicts the flow of drug routes worldwide.

The two regions with highest narcotic material production are Latin America (including countries such as Mexico, Venezuela, Colombia, Ecuador, Peru, Bolivia, etc.) and central South Asia (including Afghanistan, Myanmar, Thailand, Vietnam, etc.). The presence of opiates is highest in Eastern Europe and Russia, while cocaine abuse is rampant in North America. Even countries that are not major drug producers may serve as "transit" countries through which drugs are trafficked but not consumed.

The joint cooperation of member countries in the CND is largely influenced by their longstanding diplomatic relationships, and the means by which drug use is limited. For example, one of the most widely considered control methods for illicit drug use is the limitation on trade of chemical products that are used in making synthetic drugs.[1] The likelihood of two countries jointly adopting a resolution to control the trade of certain chemical products is based largely on the trade relations between the two countries. If the countries share pre-existing trade agreements, they are more likely to collaborate on finding joint solutions to illicit drug trade. This is an important concept in United Nations negotiations known as "foreign policy".

Delegates are advised to learn about their country's major trade relations with other countries, so as to gain clearer insight into which trade routes they have greater influence over. There are certain trading blocs, such as ASEAN (Association of Southeast Asian Nations) which have pre- existing trade relations in geographically close regions (in this case, Southeast Asia). Effective trade control is most likely to take place within such trading blocs, and can be strengthened further if delegates are able to negotiate trade controls outside of their own trading blocs.

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[1] "World Drug Report 2014", UNODC, http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf.

Excerpt from World Drug Report 2016

As part of the research, we would like the delegates to read through this excerpt from the World Drug Report 2016 which best highlights the issues at hand in a very lucid and concise manner. We encourage the delegates to read the full report here.

The reason for giving this part of the report directly is that we found it wiser to let you read from the original source rather than paraphrasing it for you and in the process limiting your learning curve.

The excerpt follows from the next page.

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UNODC
United Nations Office on Drugs and Crime

UNODC Research

WORLD DRUG REPORT 2016

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EX SUM

EXECUTIVE SUMMARY

"We reiterate our commitment to strengthen our efforts in addressing and countering emerging and persistent challenges and threats of all aspects of the world drug problem … and we recommend the following: … promote, as appropriate, the use and analysis of relevant, reliable and objective data … to improve the implementation of comprehensive, integrated and balanced national drug control strategies, policies and programmes … and encourage the sharing of best practices and lessons learned."

Outcome document of the special session of the General Assembly on the world drug problem, entitled "Our joint commitment to effectively addressing and countering the world drug problem"

The *World Drug Report 2016* is published in the wake of the landmark moment in global drug policy, the special session of the General Assembly on the world drug problem. Chapter I provides a global overview of the supply of and demand for opiates, cocaine, cannabis, amphetamine-type stimulants (ATS) and new psychoactive substances (NPS), as well as their impact on health. It also reviews the scientific evidence on polydrug use, treatment demand for cannabis and developments since the legalization of cannabis for recreational use in some parts of the world. Chapter II focuses on the mechanisms of the interaction between the world drug problem and all aspects of sustainable development through the lens of the Sustainable Development Goals.

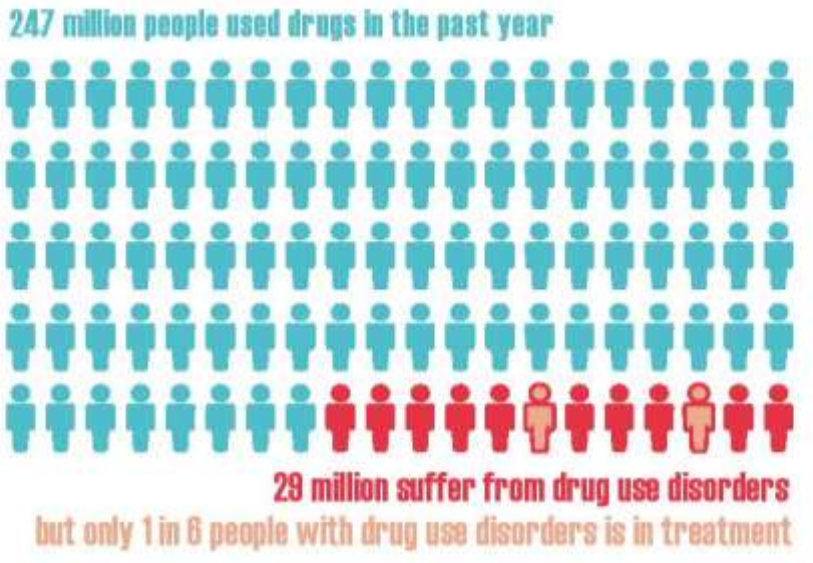
Drug use and its health consequences

It is estimated that 1 in 20 adults, or a quarter of a billion people between the ages of 15 and 64 years, used at least one drug in 2014. Roughly the equivalent of the combined populations of France, Germany, Italy and the United Kingdom, though a substantial amount, it is one that does not seem to have grown over the past four years in proportion to the global population. Nevertheless, as over 29 million people who use drugs are estimated to suffer from drug use disorders, and of those, 12 million are people who inject drugs (PWID), of whom 14.0 per cent are living with HIV, the impact of drug use in terms of its consequences on health continues to be devastating.

With an estimated 207,400 drug-related deaths in 2014, corresponding to 43.5 deaths per million people aged 15-64, the number of drug-related deaths worldwide has also remained stable, although unacceptable and preventable. Overdose deaths contribute to between roughly a third and a half of all drug-related deaths, which are attributable in most cases to opioids. The time period shortly after release from prison is associated with a substantially

Prevalence of injecting drug use, 2014 or latest available year

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

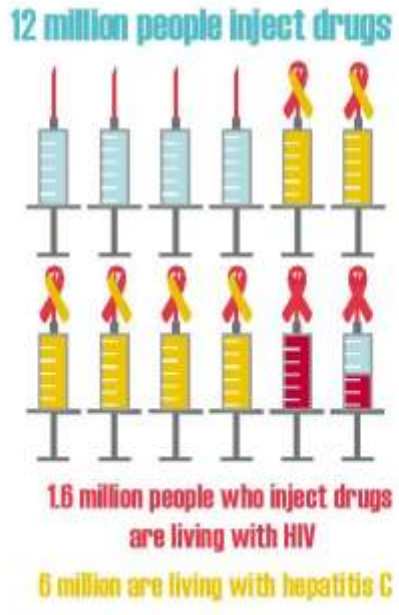


increased risk of death from drug-related causes (primarily as a result of drug overdoses), with a mortality rate much higher than from all causes among the general population.

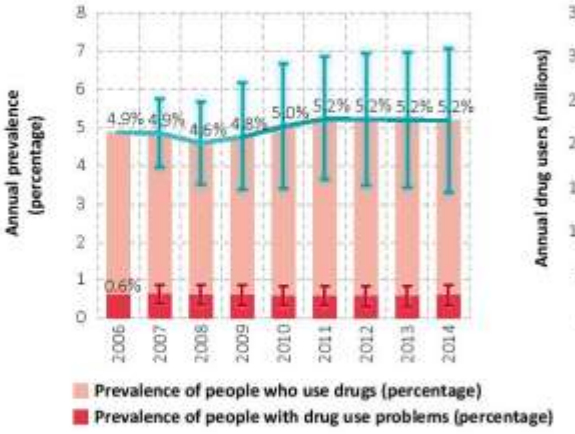
In many countries, prisons remain a high-risk environment for infectious diseases, which is a significant concern for prison health. A number of studies report high levels of drug use in prison, including the use of opiates and injecting drug use. In addition, the prevalence of HIV, hepatitis and tuberculosis among persons held in prison can be substantially higher than among the general population. However, despite the high-risk environment and scientific evidence for effective health interventions, there are significant gaps in prevention and treatment services in many prisons around the world.

PWID experience some of the most severe health-related harms associated with unsafe drug use, overall poor health outcomes, including a high risk of non-fatal and fatal overdoses, and a greater chance of premature death. One in seven PWID is living with HIV, and one in two with hepatitis C. PWID are a key at-risk population for HIV and hepatitis, with almost a third of new HIV infections outside sub-Saharan Africa occurring among PWID. Moreover, studies have found people who inject stimulants to engage in more risky sexual behaviours, resulting in a higher risk of HIV infection than for those injecting opiates.

Cannabis remains the most commonly used drug at the global level, with an estimated 183 million people having used the drug in 2014, while amphetamines remain the second most commonly used drug. With an estimated 33 million users, the use of opiates and prescription opioids is less common, but opioids remain major drugs of potential harm and health consequences. The fact that a sharp increase in heroin use has been documented in some markets (particularly North America) where it was previously declining, shows that heroin remains one of the major drugs of public health concern.

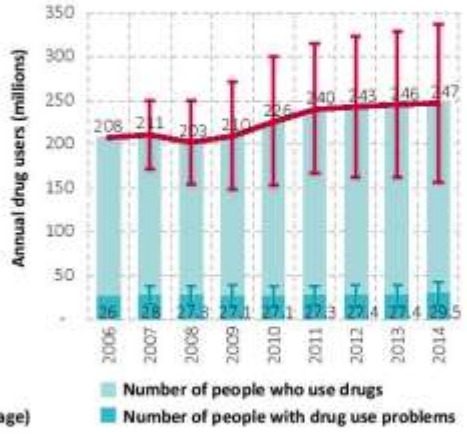


Global trends in the estimated prevalence of drug use, 2006-2014



Source: Responses to the annual report questionnaire.
Note: Estimated percentage of adults (ages 15-64) who used drugs in the past year.

Global trends in the estimated number of people who use drugs, 2006-2014



Source: Responses to the annual report questionnaire.
Note: Estimates are for adults (ages 15-64), based on past-year use.

As an overall trend at the global level, the use of cannabis has remained stable over the past three years. In some subregions, however, particularly North America and Western and Central Europe, cannabis use has increased. After a period of stability, since 2010 cocaine use has also been rising, mainly because of an increase in cocaine use in South America. On the other hand, the use of amphetamines appears to be stable, but that may underplay the situation in subregions, specifically East and South-East Asia, where recent information on the extent of drug use is unavailable.

Making the global picture of drug use more blurred is the fact that many people who use drugs, both occasionally and regularly, tend to be polydrug users who use more than one substance concurrently or sequentially. For example, the non-medical use of prescription drugs, synthetic stimulants and NPS in lieu of or in combination with more conventional drugs clouds the distinction between users of a particular drug, presenting an interlinked or cyclical epidemic of drug use and related health consequences in recent years.

Treatment related to cannabis use has been increasing in many regions over the past decade. In Europe, an increase in the numbers in treatment for cannabis use has been observed in several countries, despite a decline in the number of frequent (monthly) users. The proportion of people seeking treatment for the first time for cannabis use disorders remains high globally, with nearly half of the people treated for cannabis use disorders being first-time entrants. Changes in patterns of the people in treatment for cannabis use may be attributed to a number of factors, including practices in referrals by the criminal justice system and an expansion in the provision of treatment for cannabis in some countries. While there is some evidence that higher potency cannabis is now more widely available in Europe and the United States, how this might translate into greater harm for cannabis users is not clearly understood.

On average, younger people are seeking treatment for cannabis and amphetamines use disorders more than for other drugs. This reflects the trends in increasing use of cannabis and amphetamines and the resulting increase in people seeking treatment for disorders related to the use of cannabis and amphetamines. People in treatment for opioid- or cocaine-related disorders are typically in their thirties, and, in many subregions, this reflects an ageing cohort of users in treatment and an overall decrease in the proportion of treatment demand.

Overall, men are three times more likely than women to use cannabis, cocaine or amphetamines, whereas women are more likely than men to engage in the non-medical use of opioids and tranquilizers. Gender disparities in drug use are more attributable to opportunities to use drugs in a social environment than to either gender being more or less susceptible or vulnerable to the use of drugs. Moreover, while in most surveys the prevalence of drug use among young people is reportedly higher than among adults, the gender divide in drug use is narrower among young people than among adults.

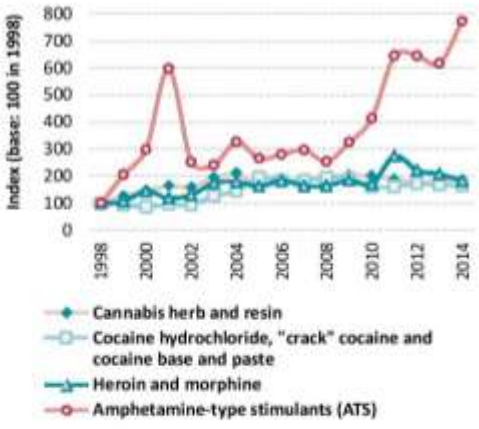
DRUG SUPPLY AND MARKETS

The most widely cultivated drug crop continues to be cannabis, which was reported by 129 countries over the period 2009-2014, far more than the 49 countries that reported opium poppy cultivation (mostly located in Asia and the Americas) and the 7 countries that reported coca cultivation (located in the Americas). Leaving aside the disparity in their respective numbers of cultivating countries, opium poppy cultivation has been decreasing in the past year while coca cultivation has been rising.

Cannabis also continues to be the most trafficked drug worldwide, while there has been a large increase in seizures of synthetic drugs. Although there were 234 substances under international control in 2014 (244 in January 2016), the bulk of trafficking (based on reported drug seizures, which reflect both law enforcement activity and drug flows) was concentrated on a far smaller number of substances. Cannabis in its various forms was intercepted in 95 per cent of reporting countries in 2014 and accounted for over half of the 2.2 million drug seizure cases reported to the United Nations Office on Drugs and Crime (UNODC) that year, followed by ATS, opioids and coca-related substances.

In all countries, more men (90 per cent of the total, on average) than women are brought into formal contact with the criminal justice system for trafficking in drugs or for possession of drugs for personal use. However, the reporting of gender-disaggregated data has improved over the years and shows an increased number of women arrested for drug-related offences in absolute terms. Nevertheless, the proportion of women in drug-related arrests, while fluctuating, showed a downward trend over the 1998-2014 period, particularly for drug trafficking-related offences.

Trends in the quantities of drugs seized worldwide, 1998-2014



Source: Responses to the annual report questionnaire.

Drug supply via the Internet, including via the anonymous online marketplace, the "dark net", may have increased in recent years. This raises concerns in terms of the potential of the "dark net" to attract new populations of users by facilitating access to drugs in both developed and developing countries.

Opiates

Primarily carried out in South-West Asia and, to a lesser extent, in South-East Asia and Latin America, global opium production in 2015 fell by 38 per cent from the previous year to some 4,770 tons, i.e., to the levels of the late 1990s. The decrease was primarily a consequence of a decline in opium production in Afghanistan (a decrease of 48 per cent from the previous year), mainly as a result of poor yields in the country's southern provinces. However, at 183,000 hectares, Afghanistan still accounted for almost two thirds of the global area under illicit opium poppy cultivation, which decreased by 11 per cent from the previous year to around 281,000 hectares.

UNODC estimates indicate that the global number of opiate users (i.e., users of opium, morphine and heroin) has changed little in recent years and that opiates continued to affect some 17 million people in 2014. It seems unlikely that the sharp decline in opium production in 2015 will lead to major shortages in the global heroin market given the high opium production levels of previous years. The build-up or depletion of previous years' opium inventories may be used to offset annual changes in production and maintain the supply of heroin to user markets. It may take a period of sustained decline in opium production for the repercussions to be felt in the heroin market.

Indeed, the global opiate market appears to be stable despite important regional changes. There are indications that heroin use may be undergoing a resurgence in some countries where it was previously declining. Heroin use increased in North America in the past decade, which resulted in an increase in the level of heroin-related deaths. Long-term trends, in contrast, have been stable or declining in Western and Central Europe since the late 1990s. There are early signs, however, of a surge in the heroin market, with an increase in the availability and use of heroin in some markets in Europe, as well as a major increase in the size of individual seizure cases of heroin destined for Europe. Meanwhile, based on trend perceptions reported to UNODC, the use of opioids may have grown in Africa. Overall opiate use in Asia is reported by experts to have remained largely unchanged over the period 1998-2014, whereas opiate use in Oceania has declined.

The global interception rate for opiates doubled from the period 1980-1997 (particularly after the special session of the General Assembly on the world drug problem in 1998) to the 2009-2014 period. The largest amount of opiates

Main trafficking flows of heroin

Source: UNODC, responses to annual report questionnaire and individual drug seizure database.

Notes: The trafficking routes represented on this map should be considered broadly indicative and based on data analyses rather than definitive route outlines. Such analyses are based on data related to official drug seizures along the trafficking route as well as official country reports and responses to annual report questionnaires. Routes may deviate to other countries that lie along the routes and there are numerous secondary flows that may not be reflected. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined.

seized takes place in South-West Asia, followed by Europe. Accounting for 75 per cent of global opium seizures, 61 per cent of global morphine seizures and 17 per cent of global heroin seizures, the largest aggregated opiate seizures worldwide in 2014 were reported by the Islamic Republic of Iran.

The so-called "Balkan route", which supplies Western and Central Europe with Afghan opiates, through Iran (Islamic Republic of) and Turkey via South-Eastern Europe, continues to be the most important conduit for heroin trafficking. However, the so-called "southern route" (through Pakistan or the Islamic Republic of Iran by sea to the Gulf region, Africa (particularly East Africa), South Asia and, to a lesser extent, South-East Asia, the Oceania region and North America), has grown in importance. Meanwhile, opiate trafficking on the so-called "northern route", from Afghanistan to neighbouring States in Central Asia, the Russian Federation and other countries of the Commonwealth of Independent States, has started to undergo a resurgence after the decline in the period 2008-2012, while trafficking out of the Golden Triangle is on the increase, mainly due to rising levels of opium production in Myanmar after 2006. Moreover, heroin trafficking in the Americas continues to increase, with heroin and morphine seizures rising from an average of 4 tons over the period 1998-2008 to 7 tons per year over the period 2009-2014, in line with reported increases in opium production in Latin America over those periods.

Cocaine

Although global coca bush cultivation in 2014 increased by 10 per cent from the previous year, the actual area under coca bush cultivation was the second smallest since the late 1980s. Global cocaine manufacture was slightly higher than in the previous year but still 24-27 per cent lower than the peak in 2007, and thus basically back to the levels reported in the late 1990s. At the same time, there are indications that the increase in global cocaine manufacture observed in 2014 was not a one-off event and may have continued in 2015.

Cocaine trafficking via Africa may be regaining importance, and there are signs of increases in the trafficking of cocaine to Asia, particularly to East and South-East Asia and the Middle East, as cocaine seizures in Asia tripled from an average of 0.45 tons per year over the period 1998-2008 to 1.5 tons per year over the period 2009-2014. In Oceania, the cocaine market appears to be stabilizing, following rapid growth over the past decade.

Despite these regional fluctuations, the annual prevalence of cocaine use remained largely stable at the global level over the period 1998-2014, fluctuating at between 0.3 and 0.4 per cent of the population aged 15-64. However, as the population has grown, the number of cocaine users has increased, from some 14 million in 1998 to 18.8 million in 2014. Meanwhile, it is likely that there has been a decline in per capita consumption of cocaine, prompted by a decline in the amount of cocaine available for con-

Main trafficking flows of cocaine

Source: UNODC, responses to annual report questionnaire and individual drug seizure database.

Notes: The trafficking routes represented on this map should be considered broadly indicative and based on data analyses rather than definitive route outlines. Such analyses are based on data related to official drug seizures along the trafficking route as well as official country reports and responses to annual report questionnaires. Routes may deviate to other countries that lie along the routes and there are numerous secondary flows that may not be reflected. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined.

sumption over the period 2007-2014, mainly linked to a drop in cocaine production in the Andean region. In parallel, the number of heavy cocaine users in North America has declined. This points to an overall shrinking of the cocaine market, although the number of (recreational rather than regular) cocaine users in several emerging markets continues to rise.

Cannabis

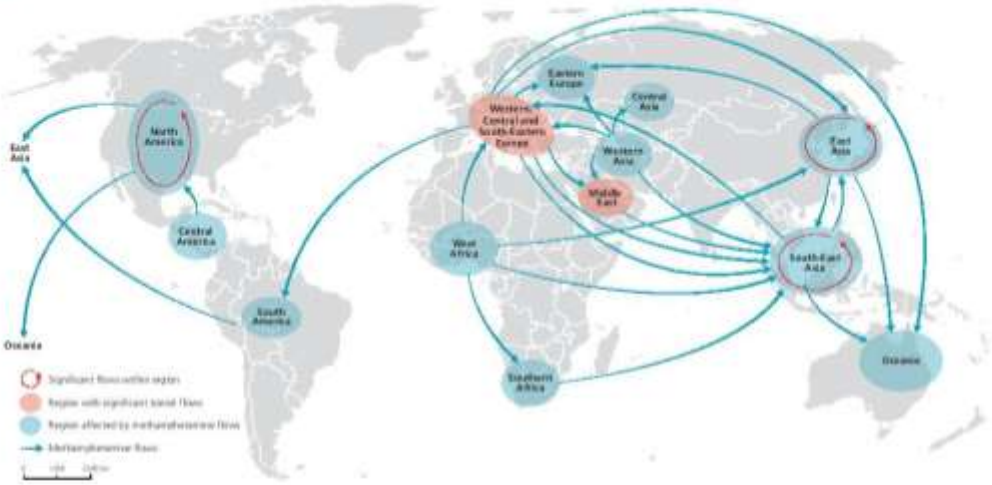
Despite major changes in some regions, global cannabis consumption has remained somewhat stable in recent years. In 2014, some 3.8 per cent of the global population had used cannabis in the past year, a proportion that has remained stable since 1998. Given the global population growth, this has gone in parallel with an increase in the total number of cannabis users since 1998. The Americas, followed by Africa, remain the main production and consumption regions for cannabis herb, with about three quarters of all cannabis herb seizures worldwide taking place in the Americas in 2014, the largest amounts in North America, while Africa accounted for 14 per cent of all cannabis herb seizures and Europe for 5 per cent. On the other hand, Europe, North Africa and the Near and Middle East remain the principal markets for cannabis resin, the majority of which continues to be produced in Morocco and Afghanistan, as reflected in information provided by Member States on the sources of cannabis resin seized. Accounting for 40 per cent of the total, the largest amounts of cannabis resin seized in 2014 took place once again in Western and Central Europe.

In the United States, although outcome measures such as the burden on the health and criminal justice systems need to continue to be monitored regularly, recent data from the states that have legalized marijuana for recreational use show an increase in cannabis use, as well as in public health and public safety indicators (cannabis-related emergency room visits, hospitalizations, traffic accidents and related deaths), while cannabis-related arrests, court cases and criminal justice system referrals into treatment have declined.

Synthetics: amphetamine-type stimulants and new psychoactive substances

After three years of relative stability, ATS seizures reached a new peak of more than 170 tons in 2014. Since 2009, global amphetamine seizures have fluctuated annually between about 20 and 46 tons, while "ecstasy" seizures more than doubled in 2014, to 9 tons, compared with the annual averages of 4-5 tons since 2009. For the past few years, methamphetamine seizures have accounted for the largest share of global ATS seizures annually, but, although methamphetamine is a feature of ATS markets worldwide, it is particularly dominant in East and South-East Asia and North America. Since 2009, those subregions together have annually accounted for most global methamphetamine seizures. Compared with other subregions, North

Interregional trafficking flows of methamphetamine, 2011-2014



Source: UNODC, responses to annual report questionnaire.

Note: The origins of the flow arrows do not necessarily indicate the source/manufacture of methamphetamine. These arrows represent the flows as perceived by recipient countries. Flow arrows represent the direction of methamphetamine trafficking and are not an indication of the quantity trafficked. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined.

America has consistently reported the largest amount of methamphetamine seizures each year, whereas between 2009 and 2014, methamphetamine seizures reported in East and South-East Asia almost quadrupled.

In Oceania, strong increases in methamphetamine seizures have been recorded since 2012. There is a growing number of users of crystalline methamphetamine in the region, as well as increased frequency of use among certain user groups, an increase in methamphetamine purity and a decline in purity-adjusted prices, all of which could aggravate the negative impact on the health of individuals and on society in general.

Large amounts of amphetamine tablets labelled with the brand name "Captagon" were reported to have been seized in the Middle East between March 2014 and November 2015. In 2013 and 2014, amphetamine seizures reported in the Middle East were mostly perceived to have originated in Lebanon and the Syrian Arab Republic. Over the same period, some countries reporting amphetamine seizures in the Middle East found that these were intended for trafficking onward to other destinations within the region.

The NPS market continues to be characterized by the large number of new substances being reported. Although data collection for 2015 is still in progress, 75 new substances have been reported to UNODC for the first time, compared with a total of only 66 new substances reported in 2014. Between 2012 and 2014, most substances reported for the first time belonged to the group of synthetic cannabinoids, but the data reported for 2015 so far show a different pattern: firstly, almost as many synthetic cathinones (20) were reported for the first time as were synthetic cannabinoids (21); secondly, a wide range of substances (21) not belonging to any of the major groups identified in previous years were reported for the first time, which included synthetic opioids (e.g., fentanyl derivatives) and sedatives (e.g., benzodiazepines).

Significant quantities of NPS seized have been reported over the past few years. The global market for synthetic NPS continues to be dominated by synthetic cannabinoids (seizures of 32 tons), with North America (specifically the United States with 26.5 tons of seizures) accounting for the largest quantities seized worldwide in 2014, out of the global total of 34 tons (excluding plant-based NPS and ketamine). However, global seizures of synthetic cathinones have been steadily increasing since they were first reported in 2010, with seizures tripling to 1.3 tons in 2014 from the previous year.

UNODC monitoring of NPS since 2008 has so far shown a rather dynamic supply situation with elements of persistence (a small number of substances emerge, spread and stay for several years) and change (a considerable number of substances appear for a short time or only locally).

THE WORLD DRUG PROBLEM AND SUSTAINABLE DEVELOPMENT

"We welcome the 2030 Agenda for Sustainable Development, and we note that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing."

Outcome document of the special session of the General Assembly on the world drug problem, entitled "Our joint commitment to effectively addressing and countering the world drug problem"

The world drug problem is intertwined with all aspects of sustainable development. The analysis of the drug problem, and the response thereto, through the lens of the Sustainable Development Goals reveals the mechanisms of this interaction. All areas of sustainable development, as identified in the 17 Sustainable Development Goals, shape the nature and dynamic of the drug problem. At the same time, the impact of the drug problem, and the response thereto, on development can be observed at the individual, community and national levels. In analysing those linkages, the 17 Sustainable Development Goals have been divided into five broad areas: social development, economic development, environmental sustainability, peaceful, just and inclusive societies, and partnership.

Social development

Sustainable Development Goal 10. Reduce inequality within and among countries

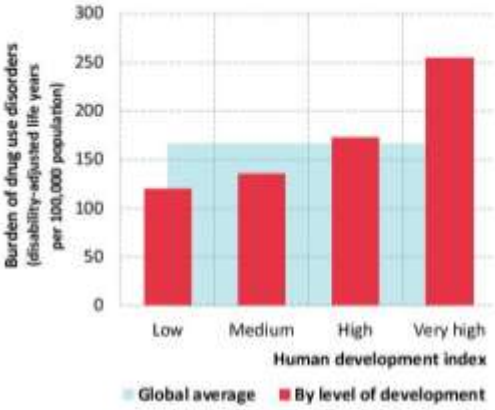
The failure to accept or understand that drug dependence is a health condition feeds the cycle of marginalization that often affects people with drug use disorders, making their recovery and social integration more challenging. Furthermore, stigmatizing attitudes towards people who use drugs, which may extend to staff in health-care services, can affect the delivery of effective treatment to those who most need it.

Health

Sustainable Development Goal 3. Ensure healthy lives and promote well-being for all at all ages

The Global Burden of Disease Study indicates that opioids, cocaine, amphetamines and cannabis together accounted for almost 12 million life years lost due to premature death or disability in 2013, of which more than 8

The health impact of drug use increases with development



Sources: Human development index from the United Nations Development Programme (UNDP); data on burden of disease (disability-adjusted life years) are from the Institute for Health Metrics and Evaluation, University of Washington, GBD Compare, 2015. Available from http://vizhub.healthdata.org/gbd-compare.

million were linked to opioid use disorders. One of the risk factors for the negative health impact of drugs stems from their mode of administration. Injecting drug use, in particular, carries a much greater risk of overdose and infection, including the transmission of blood-borne viruses, such as HIV and hepatitis C, than does smoking, swallowing, snorting or inhaling drugs. Drug use may have repercussions on the health of society in general as PWID may become a group through which sexually transmitted diseases are passed on to other subgroups and the general population. Some studies also corroborate the hypothesis that the use of certain stimulants (whether injected or not) may also influence sexual behaviour itself, thereby increasing the likelihood of high-risk behaviour and sexual transmission — a pattern that raises concern particularly in the case of specific at-risk groups such as men who have sex with men.

Among its targets, Sustainable Development Goal 3 explicitly includes strengthening "the prevention and treatment of substance abuse, including narcotic drug abuse". Drug policies based on scientific evidence can, through measures such as prevention and treatment, mitigate the negative health impact of drug use. But when policies are not appropriately tuned to the principles of the international drug control conventions, they can undermine the accessibility of controlled drugs for both medical and research purposes. Three quarters of the global population still have little or no access to medicines containing narcotic drugs and have inadequate access to treatment for moderate to severe pain. The importance of the accessibility of essential medicines, which typically include controlled drugs such as morphine, codeine, diazepam and phenobarbital, has

The world drug problem and sustainable development: a complex relationship

been recognized in target 3.b of the Sustainable Development Goals.

Women, girls and youth

Drug use undermines the aspect of sustainable development related to gender equality and the empowerment of women and girls. There are marked differences between male and female drug users in terms of preferred drugs and drug-related vulnerabilities. Coupled with the fact that users of several drug types are predominantly male, this leads to a danger that the entire continuum of care may fail to cater adequately for the needs of female drug users, who also have a lack of access to such services.

Sustainable Development Goal 5. Achieve gender equality and empower all women and girls

Women affected by drug dependence and HIV are more vulnerable and more stigmatized than men. They suffer from co-occurring mental health disorders to a greater extent than men, and they are more likely to have been victims of violence and abuse. Women often also bear a heavy burden of violence and deprivation associated with the drug dependence of family members, hindering the achievement of the sustainable development target of eliminating all forms of violence against all women and girls. Female offenders and prisoners, especially those with drug use disorders, face particular hardship as, in many instances, criminal justice systems are not yet equipped for the special needs of women.

Drug use often affects people during their most productive years. When youth become trapped in a cycle of drug use, and even in the drug trade itself, as opposed to being engaged in legitimate employment and educational opportunities, distinct barriers are effectively raised to the development of individuals and communities.

Economic development

Sustainable Development Goal 1. End poverty in all its forms everywhere

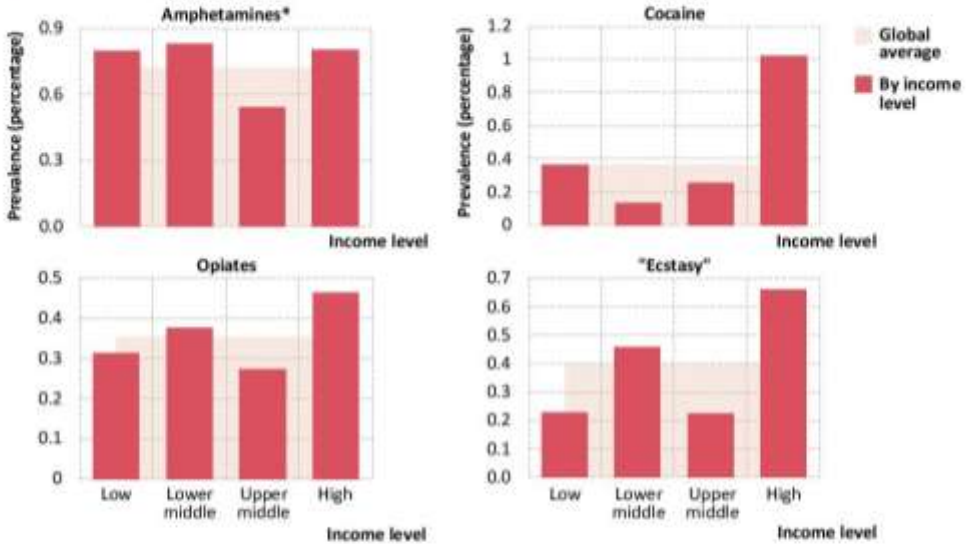
The toll taken by the drug problem may vary in size and shape across countries, both developed and developing, but in one way or another it affects all. Vulnerability to drugs, be it in terms of cultivation, production, trafficking or use, exists in countries at all levels of development.

The relationship between economic development and drugs is particularly evident in the case of the illicit cultivation of drug crops. In rural areas, socioeconomic elements such as poverty and a lack of sustainable livelihoods are important risk factors leading farmers to engage in illicit cultivation. They are also manifestations of poor levels of development which, alongside other development issues linked to security and governance, are enabling elements of large-scale illicit cultivation.

Higher socioeconomic groups have a greater propensity to initiate drug use than lower socioeconomic groups, but it is the lower socioeconomic groups that pay the higher price as they are more likely to become drug dependent

Poverty also has strong links with drug use, albeit in a complex and mutually reinforcing manner. Indeed, the brunt of the drug use problem is borne by people who are poor in relation to the societies in which they live, as can be seen in stark terms in the wealthier countries. More broadly, there is a strong association between social and

The impact of income on drug use depends on the type of drug



Source: World Bank (for income levels) and UNODC estimates based on responses to the annual report questionnaire and other official sources (for drug use data).

* *Including prescription stimulants.*

economic disadvantage and drug use disorders. This pattern can also be seen when looking at different reflections of marginalization and social exclusion, such as unemployment and low levels of education.

Beyond development, a multitude of factors, including geographic location, play a role in shaping the drug problem in a given country. Proximity to a drug-producing area or a major drug trafficking route can, for example, explain the above-average rates of opiate use in the Near and Middle East and South-West Asia, and use of cocaine, including "crack" cocaine, in South America and West Africa. A breakdown of national data on people who use drugs, based on income level, shows, however, that "high-income" countries tend to have a higher prevalence of past-year drug use across the drug categories. Drugs that can command a relatively high price, and ultimately higher profits for traffickers, find an easier foothold in countries with relatively higher levels of per capita income. In the case of substances such as cocaine and heroin, the level of economic development contributes to the formation of consumer markets that are large in terms of both number of users and total revenue.

Different levels of socioeconomic well-being within individual countries also have an effect on the type of drugs used. For example, in the United States, the association between drug use and unemployment is much stronger in the case of "crack" cocaine than other types of cocaine.

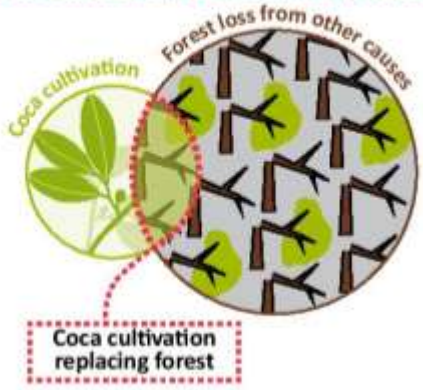
Drug markets tend to be influenced by local idiosyncrasies in both developed and developing countries, but sizeable markets for certain substances, notably cocaine and synthetic substances, have taken hold in developed countries before subsequently expanding to developing countries. Prime examples are the emergence of "ecstasy" and other hallucinogens in North America and Europe, as well as the ongoing proliferation of the consumption of NPS in Europe, Japan and North America. The relationship between development and the drug problem thus needs to be viewed in dynamic terms.

Environmental sustainability

Sustainable Development Goal target 15.5. Take urgent and significant action to reduce the degradation of natural habitats, halt the loss of biodiversity and, by 2020, protect and prevent the extinction of threatened species

Illicit crop cultivation often occurs in forested areas and contributes to deforestation when it results in the clearing of woodland. Moreover, illicit crop cultivation frequently takes place in biodiversity hotspots hosting a large number of species with a limited habitat, some of which are protected areas. It tends to occur close to the agricultural frontier, which demarcates the border between pristine forest and developed areas, and can result in the clearing of forests. Although empirical evidence and rigorous analysis do not support the claim that illicit cultivation is the

Coca cultivation and deforestation in perspective



major driver of deforestation, research does suggest that a lack of rural development drives the phenomenon. Analysis has shown, moreover, that drug trafficking can have a direct impact on deforestation through the construction of infrastructure such as landing strips and illegal roads, as well as indirectly through the privatization of public land to create "narco-estates". When eradication induces a displacement of the location of drug crops it may result in deforestation as farmers react to eradication initiatives and seek places out of the reach of law enforcement.

The disposal of chemicals used in the illicit manufacture of cocaine and opiates can also have negative consequences on the environment, contributing to pollution and health hazards in rural communities. In the case of synthetic drugs, the consequences in urban settings not only pose health risks but may also have an impact on the urban and industrial environment.

Peaceful, just and inclusive societies

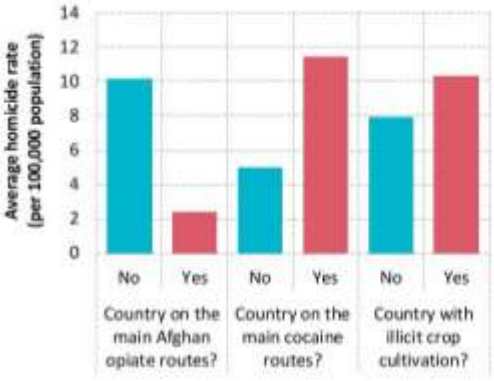
Violence, rule of law, corruption, illicit financial flows

Sustainable Development Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Among the targets associated with Sustainable Development Goal 16, those related to reducing violence, strengthening the rule of law and access to justice, and fighting organized crime, economic crime (corruption and bribery) and illicit financial flows, all have significant links with the world drug problem and the response to it.

Different stages of the drug problem result in different manifestations of violence. Drug use may lead to violence

Globally, there is no clear-cut relationship between drug supply and violence



Source: *UNODC Homicide Statistics* (2015). Available at www.unodc.org/unodc/en/data-and-analysis/homicide.html.

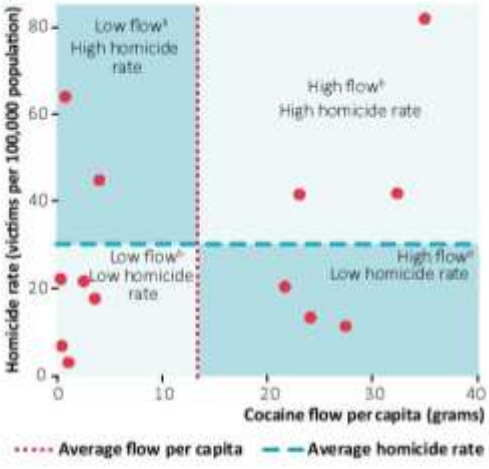
related to the psychoactive effects of drugs, as well as to crime committed in order to obtain funds for purchasing drugs. The intensity of drug-related violence is greatest, however, when associated with drug trafficking (systemic violence), as the example of Latin America shows. The traumatic effects of violence can also increase vulnerability to drug use.

Yet drug trafficking and production do not necessarily produce violence, as illustrated by the low levels of homicide in transit countries affected by the opiate trafficking routes in Asia. Characteristics of the market and drug trafficking organizations may explain variations: market competition can generate violence in illicit markets, while differences in the internal structure of trafficking networks, which may be characterized by varying degrees of cohesiveness and hierarchy, can also play a role.

The profits associated with the drug trade are a key motivation for non-State armed groups, including terrorist organizations, to engage in or facilitate drug trafficking. In a number of countries, resources generated in illicit markets such as drug markets have played a role in complicating and extending armed conflicts, often increasing their overall lethality. In general, the drug trade flourishes where State presence is weak, where the rule of law is unevenly applied and where opportunities for corruption exist. At the same time, the wealth and power of drug trafficking organizations provide them with resources to buy protection from law enforcement agents, from politicians and the business sector, thereby reinforcing corruption.

Profit is generated across the entire chain of drug production and distribution, but it is at the final stage that it tends to be highest. A recent UNODC study estimated that almost half of the profit made along the major heroin trafficking route from Afghanistan to Europe was gener-

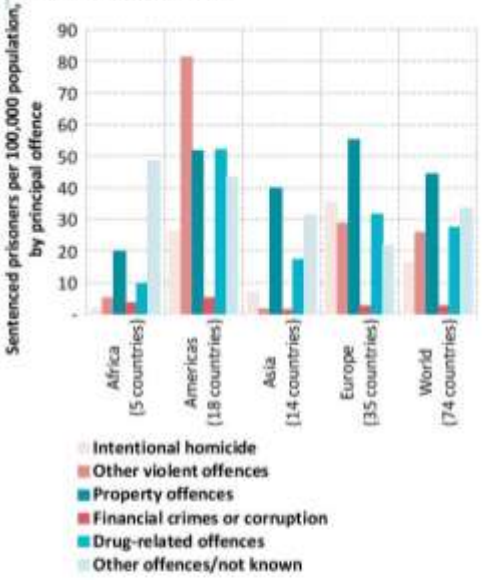
The connection between drug trafficking and violence in Latin American countries[a] is not an automatic one



Sources: Estimates of the flow of cocaine based on United States, Office of National Drug Control Policy, "Cocaine Smuggling in 2010", January 2012; homicide data from UNODC Homicide Statistics (2016). Available at www.unodc.org/unodc/en/data-and-analysis/homicide.html.

a Data were available for 13 countries.
b All flows are expressed per capita.

Almost one in five sentenced prisoners is serving time for a drug offence



Source: Note by the Secretariat on world crime trends and emerging issues and responses in the field of crime prevention and criminal justice (E/CN.15/2016/10).

ated in the four largest European consumer markets: France, Germany, Italy and the United Kingdom. Nevertheless, the size of the illicit economy associated with drugs, relative to the licit economy, tends to be higher in drug-producing countries, partly because of their relatively smaller economies. This is particularly pronounced in the case of Afghanistan, where, according to UNODC estimates, the total value of the illicit opiate economy was $2.8 billion in 2014 — equivalent to 13 per cent of the country's gross domestic product (GDP). The laundering of such illegal proceeds occurs through many different channels, from small, decentralized techniques such as the use of money orders or remittances, to sophisticated uses of front businesses. These forms of illicit financial flows are essential for the survival of criminal groups and constitute a major threat to sustainable development.

Partnership

Sustainable Development Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development

Sustainable Development Goal 17 has a strong link with the principles of international cooperation and shared responsibility, embedded in the drug control conventions. But when analysed together, donor development assistance and donor assistance in drug-related sectors show opposing trends: official development assistance has increased overall, whereas assistance in drug-related sectors has actually decreased significantly since 2008.

How do drug interventions impact sustainable development?

Drug supply and demand reduction efforts

Efforts to eliminate illicit crop cultivation can impact the income source and employment opportunities of farmers and farm labourers. Research has also shown that such efforts have positive development outcomes in the affected communities only if they include development measures to ensure alternative livelihoods and restore security and rule of law. Examples in Colombia and Peru have shown that effective alternative development programmes can weaken the population's ties with armed groups and drug trafficking.

Law enforcement interventions aim to restore the rule of law, the cornerstone of governance and sustainable development, and can also influence the availability of drugs in illicit markets, not only by reducing supply through interdiction but also by increasing the risk for traffickers, which raises the price of drugs in consumer markets. However, enforcement activities by authorities can also generate violence, particularly when they affect the internal and

external structure of illegal markets. Research suggests that targeting enforcement and policing on both the protagonists and the elements in the drug trafficking chain that generate the greatest profit and the most violence can be particularly effective in reducing violence. On the other hand, strategies that focus on rapidly disrupting drug trafficking organizations and reducing violence in the short term can sometimes lead to more violence.

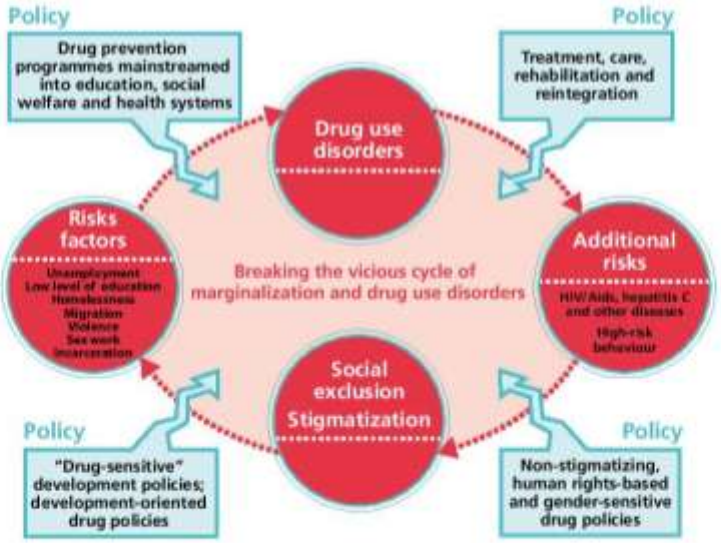
Prevention, early intervention treatment, care, recovery, rehabilitation and social integration measures, and the entire continuum of care for people who use drugs, when based on scientific evidence, reduce drug use and thus its impact on public health, which is one of the most important components of the well-being of society. Some of the above measures have also been shown to decrease a range of other risky behaviours such as aggressiveness and truancy. The benefits affect both people who use drugs themselves and society in general, and such efforts have proved effective in preventing, for example, HIV and viral hepatitis.

Drug demand reduction interventions are effective when they rely on evidence-based measures, including those aimed at minimizing the adverse public health and social consequences of drug use, such as appropriate needle and syringe programmes, opiate substitution therapy, antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use. Compulsory confinement in drug treatment centres, on the other hand, often worsens the already problematic lives of people who use drugs and people with drug dependence, particularly the youngest and most vulnerable.

Criminal justice systems and the costs of drug policies

As in the case of law enforcement operations in general, when operations are implemented by impartial, transparent and efficient institutions in compliance with human rights standards, they promote the rule of law and equal justice. But when law enforcement operations go against those principles, incentives may be created for indiscriminate repression and for the violation of citizen rights.

On the basis of limited available data, globally more than three quarters of all those held in prison for drug-related offences have been convicted for drug trafficking and less than a quarter for offences related to personal consumption. There are differences across jurisdictions in terms of definitions, prosecutorial discretion or types and severity of sanctions for drug offences. In some regions, countries exercise more punitive approaches, which may result in incarceration, when dealing with people apprehended for minor drug offences, such as possession of small quantities of drugs for personal consumption. On the other hand, several countries have chosen to limit punishment by adopting alternative measures to incarceration or punishment in minor personal consumption cases without aggravating circumstances (for example, fines, warnings, probation or counselling). The excessive use of imprisonment for drug-related offences of a minor nature is ineffective in reducing recidivism and overburdens criminal justice systems, preventing them from efficiently coping with more serious crime. The provision of evidence-based treatment and care services to drug-using offenders, as an alternative to incarceration, has been shown to substantially increase recovery and reduce recidivism.



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Cost of drug policies

Many of the costs arising both directly and indirectly from the drug problem can be quantified in monetary terms. Several economic studies have done so, and their results show that the cost ranged between 0.07 and 1.7 per cent of GDP of the countries studied. Moreover, the majority of countries studied registered a high percentage of overall costs attributable to drug demand and supply reduction interventions (such as prevention, treatment and law enforcement), as opposed to productivity losses and any other indirect costs. It is important to bear in mind that, although those economic studies generally take into account a wide variety of costs, which arise directly and indirectly out of the drug problem, this is usually limited to costs that can be quantified in monetary terms. The non-tangible costs, such as loss of life and impaired quality of life, are frequently not quantified, and when quantified it is usually with reference to a non-monetary metric, such as years of life lost or years lived with a disability. While such studies can be very useful in assessing the economic toll taken on society because of drugs, other considerations also need to come into play when assessing the impact of the world drug problem and in devising policy responses.

Impact of development on the world drug problem

Development can reduce the vulnerability of farmers to engaging in illicit cultivation and production and can bring sustainable reduction in drug cultivation. However, if development interventions are not sensitive to the vulnerabilities of communities to specific drug issues, they may inadvertently trigger dynamics that increase illicit cultivation, as shown by the example of large development programmes in the early 1960s and 1970s in the Andean region.

Initiatives that facilitate trade and ease trade barriers are employed to promote economic development, but globalization may also have ramifications for drug trafficking. By fostering the expansion of trade and global transportation networks, trade openness can also facilitate the cooperation and the formation of alliances among criminal organizations across different countries and, in some cases, reduce the opportunity for law enforcement agencies to monitor international trade.

The geographical spread of the use of certain drugs, such as cocaine and synthetic drugs, is less concentrated today than it was in the past, while Europe, North America and Oceania are increasingly affected by the consumption of NPS. At the same time, rapid economic growth is taking place in large parts of the world where certain drugs are still virtually unknown. It is therefore crucial to bear in mind the potential ramifications of development on drug use, and the experience of developed countries can be enlightening in this regard.

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