



# United Nations Office on Drugs and Crime (UNODC)

Chairs:

*Yonit Vareika and Benjamin Chelsky*

ATIDMUN 2019

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## Chair Letters:

Hello everyone! My name is Yonit Vareika, and I'm so happy to welcome you to ATIDMUN 2019! I'm grateful to be given the opportunity to be your chairperson, and to help you grow in MUN. I can't wait to see you debate our very interesting topics, proposing solutions to them and hopefully passing two meaningful resolutions.

All the sixteen conferences I attended have given me an incredible platform to meet new and interesting people from all over the world and learn about so many countries and issues. My first Outstanding Delegate award was actually in UNODC committee, and apart from that I've been a delegate in regular committees seven times, been a Security Council delegate twice, participated in a crisis as a delegate three times and so far chaired twice and have been a part of a secretariat once. I also represented BuzzFeedNews in a committee in one of my conferences.

I just finished high-school and I'm on my way to be drafted into the military. I love to sing, play the violin, criticize almost every TV series, musical, movie or music I consume, and my favorite band is Queen (don't ask for a favorite Queen member, though. They are all my faves!). I also adore Benedict Cumberbatch and Doctor Who. Fun fact: I once used a picture of my cat for my opening speech.

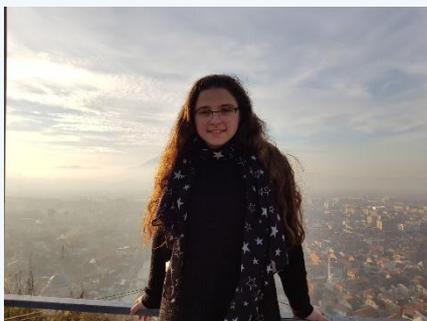
If you need help or just want to talk, you can always send me an email or dm on Instagram:

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Looking forward to seeing you all!

Yonit :)



Dear Delegates,

My name is Benjamin Chelsky and I am currently in 12th grade learning at Yachad Modiin, and I am honoured to chair the UNODC committee at AtidMUN 2019.

I started participating in MUN three years ago and have so far took part in over 25 conferences, while chairing in almost 10. Additionally, I led a MUN course at the U.S embassy over the summer. MUN is such an important platform that gives us the ability to debate such controversial topics, especially a topic regarding psychoactive substances, which as teenagers is very relevant to us, not only from our point of view but also understand, and debate for the other side.

I hope you all take advantage of these two days and learn and have as much fun as possible.

Feel free to contact me on any question or issue.

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## **Introduction to the committee:**

“The UNODC (United Nations Office on Drugs and Crime) is the 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.

The UNODC is mandated to assist Member States in their struggle against illicit drugs, crime and 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”

[“UNODC website”](#)

# Topic 1: The Role of Prisons in the Rehabilitation of Criminals

## Background to the issue

*“A large number of prison systems around the world are at a stage of crisis, the serious effects of which harm prisoners, their families and societies as a whole. The reality in many prisons tends to be not only far from international standards, but also risks undermining the ultimate purpose of a sentence of imprisonment: the protection of a society from crime.”*

(UNODC’s paper from 2015 on Addressing the Global Prison Crisis)

### *The Rationale of Prisons*

In prisons, criminals are deprived of liberty and kept under involuntary restraint confinement or custody is a prisoner. The reasons people who commit crimes are sent to prisons are primarily:

1. Deterrence - Keeping people away from everything they know and love as well as denying them some of their freedoms is bound to make people think twice before choosing to commit a certain crime.
2. Removal from society - People who commit crimes have targeted themselves as dangerous. In order to shield innocent people from known criminals, it is crucial to distance them from the rest of society for as long as needed.
3. Crime and punishment - in order to reduce a certain behavior or practice society norms deem as wrong, punishments are given proportionally to those who have taken actions considered wrong. For this reason, the result of committing a serious crime is being sent to prison.
4. Rehabilitation - the process of re-educating and retraining those who commit crime. The basic idea of rehabilitation through imprisonment is that a person who has been incarcerated will never want to be sent back to prison after they have been set free. It is hoped that an inmate’s experiences while locked up will leave such a lasting impression that a former prisoner will do whatever it takes to avoid a second term. The goal of rehabilitation is to reintegrate offenders back into society.

Rehabilitation programs usually involve education programs, work programs, counseling for the inmates and reintegration to society programs. A special type of rehabilitation program focuses on a dialogue about the incident. Different aspects of rehabilitation will be discussed in further detail in the “Current Situation” section.

### *Different Types of Prisons*

Usually prisons differ by the level of security they impose on their prisoners, in accordance to the level of threat the prisoner poses. For example, if someone committed a white-collar offense (a light offense) - he'll be put into minimum security prison, while a convicted murderer will be put in a high security prison.

Apart from different levels of security, there are different prisons for inmates with special needs. These are:

*Juvenile Prison* - An individual under the age of 18 is considered a juvenile. Anyone who is not of a legal age is never locked up in a general prison with adults. They are instead placed in a facility that is designed exclusively for juveniles.

*Psychiatric Prison* - Lawbreakers who are deemed to be mentally unfit for general prisons are sent to psychiatric prisons that are designed with resemblances to hospitals. Once there, the inmates, or patients, receive psychiatric help for their mental disorders.

*Military Prison* - Militaries have their own prison facilities that are used specifically for military personnel who have broken laws that affect national security, or to house prisoners of war.

### *International Laws and Regulations*

Over the years, several treaties and papers related to the problem have been signed by the UN and experts.

1. *United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules)* - The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) were adopted by the United Nations General Assembly on 17 December 2015 after a five-year revision process. Although not legally binding, the Minimum Standards provide guidelines for international and domestic law for citizens held in prisons and other forms of custody.

Part I contains Rules of General Application. It contains standards which elaborate on what is generally accepted as proper principle and practice in the treatment of prisoners and the management of penal institutions.

Part II contains rules applicable to different categories of prisoners including those pre-sentence. It contains a number of guiding principles on the matters of the treatment (rehabilitation) of prisoners, classification and individualization, privileges, work, education and recreation, social relations and after-care.

A link to a short guide of the rules is in section "Suggested Reading".

2. *The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders* - is a set of 70 rules focused on the treatment of female offenders and prisoners adopted by the United Nations General Assembly on 22 December 2010. It is the first set of rules tailored to the treatment of women prisoners. It supplements existing international standards on the treatment of prisoners, particularly the Standard Minimum Rules for the Treatment of Prisoners, which applies to all prisoners regardless of gender.

Since historically, prisons and prison regimes have almost invariably been designed for the majority male prison population, there was no guide to lawmakers directed at women. The Bangkok rules help policy makers in meeting the special needs of women prisoners. The rules cover a variety of issues, including admission procedures, healthcare, humane treatment, search procedures and children who accompany their mothers into prison.

A link to a short guide of the rules is in section “Suggested Reading”.

3. *UN Rules for the Protection of Juveniles deprived of their Liberty (the Havana Rules)* - The UN Rules for the Protection of Juveniles Deprived of their Liberty apply to deprivations of liberty on the basis of the children's welfare and health. The document contains 87 rules, and similar to the case of the Bangkok rules, the Havana Rules provide special attention to minors, without contradicting the Mandala Rules. They discuss the importance of imprisonment as a last resort for minors, secrecy for the juvenile of their offences, facilities specially designed for minors where staff do not carry weapons, access to education as long as the Juveniles are at the age of school and parents' knowledge in cases of illness, injury and death.
4. *The Istanbul statement on the use and effects of solitary confinement* - Was passed on 9 December 2007 by 24 experts, to address the increasing use of solitary confinement and its harmful effects. The text calls states to limit the use of solitary confinement to very exceptional cases, for as short a time as possible, and only as a last resort.

Other international guidelines are the UN Convention on the Rights of the Child, UN Convention against Torture, and WHO Declaration on Prison Health as Part of Public Health. Delegates should be familiar with them.

## Current Situation

### *Types of Rehabilitation Programs*

*Parole:* Parole is the early release of a prisoner after they have served a period of their sentence in prison in exchange for fulfilling certain conditions, like gaining employment, refraining from drug and alcohol use, and refraining from contacting the parolee's victims (if any). Parolees are also often subjected to regularly check in with a parole officer who ensures that the parolee behaves according to their conditions of release. The supporters of parole believe that by offering early release in exchange for good behavior, parole is meant to make the transition from incarceration to freedom easier. Many countries have parole policies, each unique to their country, including Canada, Israel, Italy, and the UK.

*Educational programs:* A plethora of different educational programs exist across the globe, but all adhere to the same principle: they aim at providing a solid educational platform to inmates, be that functional skills such as computer skills, basic math and reading skills, vocational trade, or in some cases - a university degree. A special program even promotes reading books in an exchange for a sentence reduction. When discussing educational programs, it is important to note that inmates who participated in such programs are 43% less likely to commit a crime and return to incarceration within three years than those who did not. Moreover, the level of violence of prisoners reduces "to zero", according to an article by the New York Times, and if prisoners receive a degree - they are most likely to never set foot in a prison again.

*Work programs:* while in prison, inmates might have the opportunity to participate in prison work programs. Those who do generally have an easier time getting work once they are released. The work programs involve skills which are valuable when re-entering the workforce, such as punctuality, responsibility, deadlines and accountability. The work the prisoners do might be selling goods they produce (like in the US or the special International Labor Organization program in Ethiopia) or working for companies (Like in the US). Research is very positive about the work programs: in the US, it was found that more than 85% of those participating in the prison work programs haven't returned to prison during the follow ups periods, and more than 10% of participants maintained consistent employment.

*Restorative justice:* Restorative justice is an approach to justice in which the response to a crime is to organize a meeting between the victim and the offender, sometimes with representatives of the wider community. The goal of the approach is for them to share their experience of what happened, to discuss who was harmed by the crime and how, and to create a consensus for what the offender can do to repair the harm from the offense. Some of the positive outcomes of

restorative justice are a greater ability to return to work, resume normal daily activities, and prevent sleep deprivation in cases where it applies. Restorative justice has also proven to cause a lower perceived likelihood of another offense, increased sense of security, greater feelings of trust in others, reduced anger towards the offender; greater sympathy for the offender and the offender's supporters, and reduced anxiety and increased feelings of self-confidence. Since Restorative Justice requires the consent of the offender, there were no recorded cases of offenders verbally or violently abusing victims.

#### *Poor Living Conditions in Prison*

Living conditions in a prison are among the most important factors determining a prisoner's self-esteem and dignity. Prisoners who experience humane conditions will be more willing and able to respond to rehabilitative programmes. On the other hand, those who experience prison as a punishment and mistreatment are likely to return to society shattered and in a worse state of physical and mental health than when they entered. Humane prison conditions also reduce the prevalence of violence in prisons.

Ensuring humane prison conditions that are in line with international and regional standards for the treatment of prisoners is key to the establishment of fair and effective criminal justice systems, but many countries still lack them.

*Prison overcrowding:* prison overcrowding is considered to be one of the biggest contributing factors to lack of humane conditions over the world. According to the World Prison brief, the number of prisoners exceeds official prison capacity in at least 120 countries, from which at least 50 exceed official capacity by 150% and more, the worst being Uganda (312%), Guatemala (358%), Bolivia (364%), Haiti (454%) and The Philippines (463%).

Prison overcrowding undermines the ability of prison systems to meet basic human needs, such as healthcare, food, and accommodation. It reduces the effectiveness of rehabilitation programs, educational and vocational training, and recreational activities. This, alongside other related problems, can also cause or exacerbate mental health problems, and increase rates of violence, self-harm and suicide. It is important to note that prison overcrowding is a problem of the criminal justice policies, not of increased crime rates, but if crime rates increase - it should not be ignored.

*Solitary confinement:* Solitary confinement is a form of imprisonment distinguished by living in single cells with little or no contact to other inmates, strict measures to control contraband, and the use of additional security measures and equipment. Excessive use of solitary confinement in prisons around the world is becoming an increasing concern. Research shows that among the symptoms

of long solitary confinements are memory loss, fear, anxiety, anger, mood disorders such as depression, cognitive disturbances, perceptual distortions, paranoia, psychosis, self-harm and suicide. Some of these symptoms happen due to changes in the brain, which may be irreversible later.

The UN Basic Principles for the Treatment of Prisoners state that efforts to abolish solitary confinement as a punishment, or to restrict its use, should be undertaken and encouraged. Nonetheless, it should never be performed on children, pregnant women, women with infants and breastfeeding mothers. The Istanbul Statement on the use and effects of solitary confinement explicitly recommends that solitary confinement should not be applied to death row and life-sentenced prisoners.

Some of the countries who use solitary confinement are: The USA, [Egypt](#), [Iran](#) and [Russia](#).

*Poor health conditions:* despite international law which states that everyone should enjoy healthcare, even those deprived of their liberty, still many prisoners receive a poor level of medical care, in comparison to those who are free. Mental and physical health of prisoners may decrease while in prison, and prisoners can develop health problems while in prison as a result of poor hygiene and prison conditions and poor control of infectious diseases within the facilities.

Some diseases thrive in prisons: Tuberculosis is found 81 more times in European prisons than in the general population, and HIV infections are much higher in prisons than outside due to causes such as high rates of drug dependency and dangerous practices such as needle sharing.

Women have particular health needs. Women in prison are disproportionately likely to be victims of sexual abuse, to experience poor mental health, and to have alcohol and drug dependency problems. Women are also more likely to develop mental health problems while in prison and are more likely to self-harm or attempt suicide than male prisoners.

Regarding drug dependency, between 16%-79% of prisoners arrive with drug addictions. This holds a great problem for public health in the prisons and preventing reoffending. Moreover, it contributes to the infection of HIV throughout the prison.

Prisons have an un-proportionally large number of people who suffer from mental health or behavioral problems than the general population. In many countries, people with mental health problems who have not committed a crime, or who have committed a minor offence, are sent to prison rather than given appropriate care. Note that according to the revised UN Standard Minimum Rules for the Treatment of Prisoners, people with severe mental health problems should be treated, not incarcerated.

Countries with inhumane health conditions in their prisons: [Egypt](#), [Russia](#), and [Nigeria](#).

*Alternatives to Prisons*

Apart from problems inside the prison itself, incarceration negatively affects the family of the offender, by losing a source of income or their children. There is also a chance that by incarceration, the offender is at risk of being drawn further into crime and released prisoners commonly have difficulty finding work and earning a legal income. As a result, most countries have high recidivism rates. In the United States, 67.8% of released prisoners are rearrested within three years and 76.6% are rearrested within five years.

Due to that, countries thought of ways to punish criminals but not incarcerate them. The alternatives to imprisonment are types of punishment or treatment other than time in prison that can be given to a person who is convicted of committing a crime.

There are two popular types of alternatives to imprisonment:

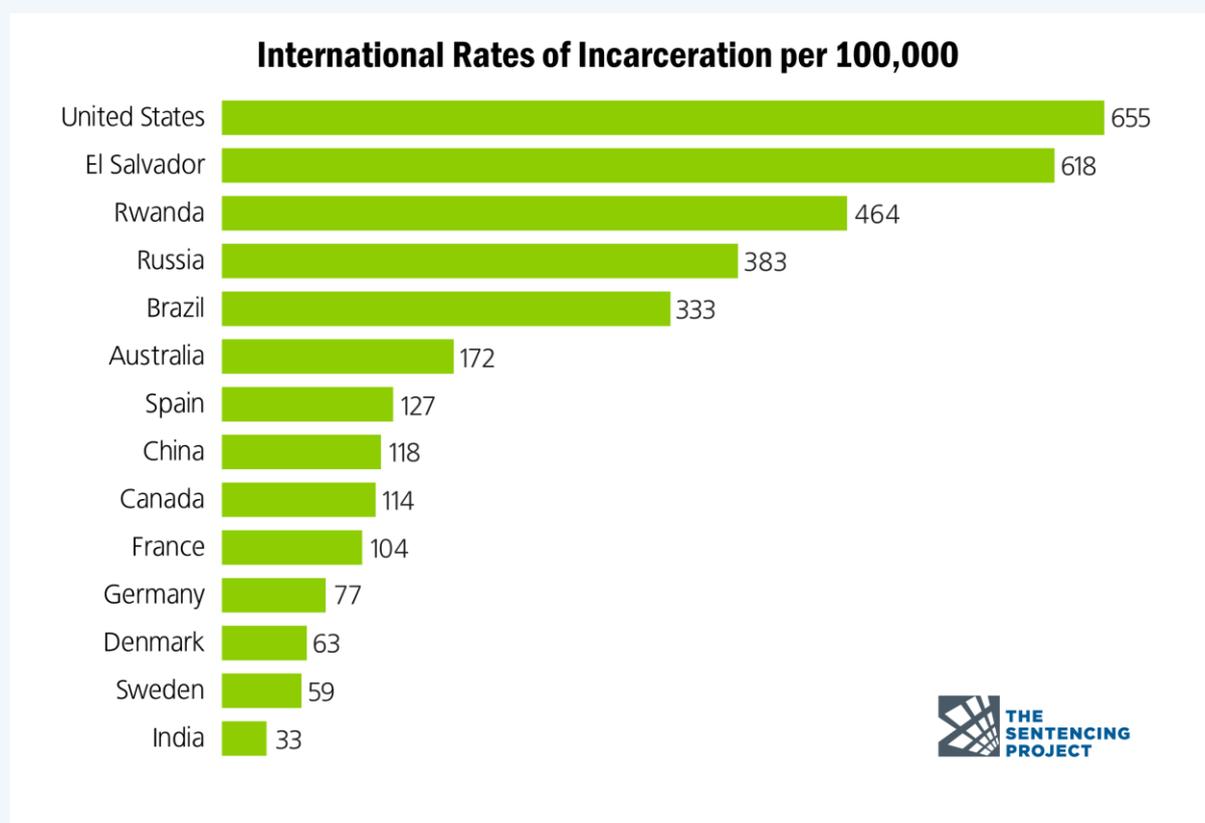
*Periodic detention:* Periodic detention or weekend detention is a type of custodial sentence under which the offender is held in a special prison for periodic detention between Friday and Sunday evenings each week, but is at liberty at other times. The idea began in the State of New South Wales, Australia in 1971 and was praised for allowing offenders to continue working, maintain family relationships, and avoid associating with more dangerous criminals in traditional prisons. It was also considerably less expensive to administer.

But the criticism for the system says it is "a minor inconvenience" for offenders and because offenders come together, it can still potentially reinforce criminogenic behaviors in criminals.

*Electronic tagging:* Parole and probation officers can monitor offenders in the community using electronic monitoring, usually using radio frequency (RF) or global positioning system (GPS) monitoring.

The use of ankle bracelets, or other electronic monitoring devices, has proven to be effective in research studies and possibly deter crime, but its critics claim it to be "highly flawed", since false positive alerts overwhelm corrections officials, 'tamper-proof' devices can be circumvented, and technical glitches interfere with users' ability to hold down a job. Despite that, the use of electronic tagging is on the rise.

The Netherlands is known for its effective use of electronic tagging. Through that, and by successful rehabilitation programs, the country has closed 20 prisons between 2013 and 2017 alone.

*Case Study I - The USA*

Global incarceration rates. The USA is leading the chart. (source: [The Sentencing Project](#))

The United States is infamous for their jailing system. The US has the most prisoners and the worst prison rate in the world. As stated before in this study guide, 67.8% of released prisoners are rearrested within three years and 76.6% are rearrested within five years. For many parole is not an option, either because the judge sentenced the prisoner to go to jail without the possibility of a parole, or because it is simply not allowed in the state of the prisoner. Many crimes require mandatory minimum sentencing periods, like with drug related offenses. That is why about half of the inmates in federal prisons are serving time for non-violent drug offenses. Apart from that, the USA is a leading country in the use of solitary confinement. It is estimated that between 80,000 and 100,000 people around the country are being held under such inhumane conditions.

That being said, some US states carry out rehabilitation programs. Some offer inmates work-related programs, which we have discussed before. The problem with those programs is the fact that prisoners can only make around 1.15\$, which causes many to label it as modern slavery.

*Case Study II - The Philippines*

A picture of a jail in the Philippines (source: [The Independent](#))

The Philippines is also infamous for its jailing system. According to the World Prison Brief, the occupancy of jails in the country is more than 460%, the highest in the world. Apart from overcrowding, prisons in the Philippines also suffer from lack of sanitation - according to an April 2015 Commission on Human Rights report, toilet facilities in Filipino jails “either do not exist or are poorly maintained” and cause an "odious stench". According to a different report by the Human Rights Watch, “the Philippines fail to meet the minimum United Nations standards for such facilities, including inadequate amounts of food, poor nutrition, and unsanitary conditions”. These conditions mean illnesses, such as tuberculosis, skin infections, diarrhea and sepsis are rife. The Philippines also fails to meet basic human rights: they use Torture and other forms of ill-treatment, despite having signed the Convention against Torture, and the Human Rights Watch stated that “Detention facilities also lack adequate medical care for detainees, particularly pregnant women”.

While the Philippine government launched initial steps to address these problems back in 2013, it has also declared a War on Drugs, and since trial can take even decades to be completed and bail is not an option for drug related crimes, it is not to be expected that any of the numbers will drop soon.

*Case Study III - Norway*

A prison cell in Norway (source: Business Insider)

With a recidivism rate of 20% and a prison rate of 63 prisoners for every 100,000 people living in the country, Norway is known for one of the best prison systems in the world. Norway is a strong supporter of the rehabilitative approach, and that can be seen everywhere throughout their prison system. For starters, Norway offers hotel-like prisons, even to the worst of criminals. Their prisons are equipped with television screens, comfortable beds, internet access, even sharp objects in the kitchen and no bars on the windows. The only punishment the inmates get is taking away their freedom. Norway also focuses greatly on vocational training: in their prisons can be found woodworking, assembly workshops, and even a recording studio, all in purpose to prepare inmates for life outside of prison.

The Norwegian system is backed with science: according to a 2007 report on recidivism released by the US Department of Justice, strict incarceration actually increases offender recidivism, while facilities that incorporate "cognitive-behavioral programs rooted in social learning theory" are the most effective at keeping ex-cons out of jail.

But it does raise the question: doesn't it encourage people to commit crimes, if they know they'll have a better life in prison than on the outside?

### *International Programs*

UNODC - the UNODC has been involved in the matter for several years now, and has published guiding handbooks for policy makers, legislators, sentencing authorities and prison officials to help change policy. Furthermore, the UNODC has been involved with programs, both in the regional and the country level, which include independent assessments, legal reform, policy advice, institution building, capacity building, training of criminal justice officials, mentors (short and long term) and awareness raising.

Apart from that, between 2015 and 2017, the UNODC launched a special program called the UNODC Strategy on Addressing the Global Prison Crisis, which worked with more than 60 countries. This program focused on reducing the scope of imprisonment, improving prison conditions, and supporting social reintegration of offenders upon release. You can read the report on the program in the “Suggested Reading” section.

*World Prison Brief* - is an online database providing free access to information on prison systems around the world. The project was launched in the year 2000 and is managed by the University of London. The programme, which involves collaboration with research partners, civil society organisations and policy makers, aims to inform and promote debate and policy reform. Link to the project is in the “Suggested Reading” section.

## Questions to Consider

1. What is the prison situation in your country?
2. Does your country support alternatives to imprisonment? What sort of alternatives?
3. What sort of rehabilitation programs does your country offer its citizens?
4. How can we ensure that the alternatives to imprisonment and the rehabilitation programs won't cause an increase in crime rates?
5. Would better prison facilities actually encourage crime rates to rise? How can we ensure that they'll still be in line with the rationale of prisons?

## Suggested Reading

[World Prison Brief](#)

[United Nations Standard Minimum Rules for the Treatment of Prisoners \(the Mandela Rules\) \(short guide\)](#)

[The Bangkok Rules \(short guide\)](#)

[Addressing the Global Prison Crisis - UNODC](#)

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## Topic 2: Reducing the Spread of Psychoactive Substances

### Introduction

The War on Drugs has been a long, worldwide struggle, and has had an enormous effect on people all over the world. However, with changing attitudes in society towards the methods, reasons, and means of reduction of psychoactive substances, it must be asked whether the current penalties enforced on offenders should be reconsidered on a global scale. Therefore, the United Nations Office on Drugs and Crime will meet on the 20-21<sup>th</sup> of November, 2019, in order to discuss whether increasing jail time for soft drug offenders is the right solution for the issue.

### Background to the issue

The spread and abuse of Psychoactive Substances is a problem that has plagued the globe since the Stone Age, and has risen up dramatically in the past century. Many countries have attempted to tackle this issue within their borders, and action by the global community has been taken in the past, yet this problem remains intact worldwide. The term “psychoactive drugs” is an umbrella term which encompasses categories of substances. The common denominator of the drugs is their ability to affect behavior, mood, consciousness, cognition and perception, through the changes they make in the way our brains function, which is done by affecting the central nervous system. Substances can be used one of two ways; medicinally and recreationally.

Psychoactive Substances can be divided into 4 categories based on their effect and purpose:

#### *Anxiolytics*

Also known as Anti-Anxiety Agents, Anxiolytics are substances that affect an individual's anxiety levels (either increase or decrease them). Anxiolytics are mainly used for medical purposes and are used to treat anxiety and its related physical and psychological symptoms.

#### *Empathogens–entactogens*

Empathogens are substances that affect an individual's emotions and openness, they “make” an individual more sympathetic or empathetic.

*Stimulants*

Stimulants, also known as Uppers, are a substance that increase activity in the user and often are invigorating and pleasurable. sometimes a prescription substance, Stimulants are used both as a performance enhancing drug and as a recreational drug.

Examples for Stimulant substances are Amphetamines (used to treat ADHD), Cocaine, and Methamphetamines.

*Depressants*

Depressants, also known as “downers”, are substances that lower your neurotransmission level, and usually have the side effects of pain relief, sedation, euphoria, and ataxia (lack of muscle coordination) among other things.

Two types of common Depressants are Opioids and Cannabis.

Due to the progress made in the pharmaceutical world, the production of powerful psychoactive pharmaceuticals has been made available, which when prescribed appropriately and taken in the manner approved, they improve the quality of life of those with specific medical conditions, such as acute pain, palliative care, epilepsy, insomnia, dependence on opioids and acute anxiety. However, if used inappropriately, these medications can have serious consequences for health and can lead to dependence, addiction and also death. Both Depressants and Stimulants have been the subject of harsh domestic interventions by governments, as they are seen as the main problem of drug distribution and misuse. Nevertheless, every type of substance noted previously has been the subject of abuse and has led to a number of fatalities and other forms of criminal behavior. In order to protect mankind, three major drug control treaties were created:

- The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (adopted in 1988), which includes legislative and administrative measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals.
- The Convention on Psychotropic Substances of 1971, which established an international system of control for the use of psychotropic substances.
- The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, which was aimed at combating the use of illicit drugs by coordinated international action.

## Past solutions

### *Harsher Punishments\Government Crackdowns*

One way to reduce the spread of psychoactive substances is to increase the governmental and international efforts through the use of police forces and the legal system. This means using the laws that have already been set on drugs and enforcing\harshening them.

One of the first international efforts in this area is the Single Convention on Narcotic Drugs. Passed by the U.N in 1961, its goal was to prohibit production and supply of specific drugs (the list of drugs prohibited is constantly updated by the Commission on Narcotic Drugs (CND) and the World Health Organization (WHO)). Currently 186 state parties have signed this treaty.

Another instance of this mentality was the War on Drugs, led by the U.S government in the 1970s and 80's. The war on drugs was first coined by former U.S President Richard Nixon in 1971 when he declared that drug abuse was "public enemy number one". The war on drugs was a campaign to use drug prohibition to combat drug abuse.

Former U.S President Ronald Reagan signed the Comprehensive Crime Control Act of 1984, which heavily increases the sentence for possessing Marijuana, while he also established the mandatory minimum sentences for drug offences. The drug policy alliance estimates that the U.S spends 51 billion USD on the initiatives created by the war on drugs.

Another more recent example would be The Psychoactive substances act of 2016 which is a United Kingdom law that makes it illegal to produce, sell, and distribute newer psychoactive substances.

There is a growing consensus nowadays that the war on drugs was a failure and should be ended immediately. Critics of the war on drugs argue that it only focuses on stopping the supply of the drugs and that the demand for the drugs still exists. If there is still demand for the drugs then people will find ways to get them. An example for this would be that in the 80s the US government banned the chemicals used to make Crystal Meth. While this did hurt the bigger dealers of the drug, what happened was that much smaller groups of individuals started making meth, since there was a higher demand resulting in bigger profits, and so even though the chemicals were banned Crystal Meth usage wasn't impacted as intended.

Another issue with the War on Drugs is the reported racism that happened towards minorities in the US, especially relating to non-violent crimes. A report by the Brookings Institution stated that because of the effects of the War on Drugs black teens are 3.6 times more likely to be arrested for selling drugs over white teens. Currently African Americans constitute 34% of the prison population while only being 13% of the population in the US.

### *Decriminalization*

On the other hand, there are many who argue that the correct way to reduce the spread of harmful psychoactive substances is to legalize the non-harmful ones. The most commonly used psychoactive substance deemed safe to legalize is Cannabis.

Cannabis, often being referred to as a gateway drug, (a habit-forming drug that, while not itself addictive, may lead to the use of other addictive and more harmful drugs), was highly criminalized and demonized in the 1970s and 80s with Former US President Ronald Reagan saying in 1980 that “Marijuana... is probably the most dangerous drug in the United States and we haven't even begun to find out all the ill effects.”

This sentiment is still held today in many countries with Cannabis being completely illegal in 125 countries. Yet research in many countries show that Cannabis isn't as harmful as previously thought and that by legalizing it we can reduce crime, reduce prison populations, and allow people to use psychoactive substances for medical and recreational means in a safe way. Countries like Uruguay and Canada have already completely legalized Cannabis and in The Netherlands you can buy Cannabis over the counter in many stores.

Groups like the Law Enforcement Action Partnership (LEAP) says that past prohibitions, such as the war on drugs, are ineffective and have only harmed the public and that a system of regulation rather than prohibition is a more effective public policy.

A popular opinion in the UK, shared by the United Kingdom's own Advisory Council on the Misuse of Drugs (ACMD) state that the Psychoactive Substances Act of 2016 is unworkable, restricts the progress of medical research and treads on many people social liberties. Alex O'Bryan who works at the Beckley Foundation says that this act makes it impossible to research new medicine without committing a serious drug offense.

## **Current situation**

### *The Opioid Crisis*

The misuse of prescription drugs, especially opioids, is currently a major crisis worldwide and especially in the US. The medicament predicament started in the late 1990 when new opioid drugs such as Oxycontin were heavily marketed and promoted. While the pharmaceutical companies

assured the medical community that these drugs would not be addictive, the result of those new drugs is clear to see, in 2004 Oxycontin had become a leading abused drug in the United States. In October 2017 President Trump declared the Opioid crisis a public health emergency. According to the CDC more than 130 people die a day due to opioid overdoses and in 2018 the UNODC stated that 34 million people misuse opioids, including heroin, worldwide.

In 2018 the 61st session of the Commission on Narcotic Drugs (CND) was called to try and tackle this issue. Resulting from this session the CND created a plan whose goal was to: Predict, Prevent, and Protect, using methods such as Early warning and trend analysis, prevention and treatment programmes, and strengthening international counter-narcotic capacities.

In 2018 the Trump Administration unveiled its plan to Stop Opioid Abuse, a three part plan aiming to confront the driving forces behind the opioid crisis in America:

Part 1 of the plan aims to educate Americans about the dangers of opioid misuse.

Part 2 aims to cut down the supply of illicit drugs.

Part 3 aims to help those struggling already with addiction.

## Current solutions

### *Criminalization*

Today many governments take the road of criminalization and penalties of drug usage as a means to attempt to strike the spread of Psychoactive drugs in their country. The main goal of this method is to create a deterrent that will cease the misuse of drugs in the general populace. While having good intentions, as seen in previous similar attempts this method eventually ends up being more harmful than helpful. In most cases, instead of lowering the usage of psychoactive drugs within the population, criminalization has only led to an increase in demand of the drug and a vast increase in prisoners locked up for un-proportional mandatory minimums for non-violent offences of drug abuse. Harsher criminalization of substances also leads to a growth in underground black market trade and illegal activity, resulting in the exact opposite of what it set out to do.

### *Rehabilitation*

Rehabilitation is the programme of helping victims of drug abuse and addiction overcome their addictions and stop the usage of drugs. Many prisoners and non-prosecuted users alike find themselves in rehabilitation centres after a dangerous incident of drug misuse or were sent there by family and friends or by authorities respectively. The method of rehabilitation has been

criticized for being ineffective, though studies show that rehabilitation centers have helped many drug abusers overcome their addictions. The main problem with rehabilitation is fraud and failure due to unqualified employees working in said centres. Many rehabilitation centers fail to help their clients due to a lack of experience, skills and qualifications. While inefficient rehabilitation centers may seem like a small and insignificant issue, the false promise of rehabilitation leads to an increase in overdose and drug related deaths. Faulty rehab centers contribute to the issue by not solving it, and commercializing otherwise.

### *Decriminalization*

As previously mentioned, some countries have used the means of decriminalization of some psychoactive substances. Most of these cases have come out as successful and efficient, lowering prison populations and regulating said substances as opposed to their unregulated use beforehand. While the idea of decriminalization hover over many countries, the mentality of demonizing substance is still very prominent in a lot of countries, especially countries suffering from epidemics of psychoactive substance. It is also a common belief that “one drug leads to the other” (this claim is supported by the opioid epidemic), leading countries to believe that legalizing certain drugs will only increase its usage and the usage of other, illicit drugs.

## Summary

As outlined in the previous sections of this guide, there is a lack of uniformity on this issue in the global community – in some countries, drugs are illegal, in some countries they are decriminalized, in some they are legal for medical use and in some they are legal for any use. The penalties and penalty methods differ greatly as well. There is a chance for each and every one of you to change this reality, and create a new one. Be it harsher or softer punishments, legalization or more regulation, you have been trusted with the power to make the world better. We hope you succeed in your mission.

May luck be forever on your side.

## Questions to consider

1. What type Psychoactive Substance does your country have a problem with?
2. What is your country's policy regarding that substance?
3. Does your country legalise Cannabis?

4. Where are the Psychoactive Substances in your country coming from?
5. Has your country done any major initiatives against psychoactive substances?

## Suggested Reading

- <https://www.unodc.org/wdr2018/>  
The World Drug Report is an excellent source to find a lot of the worldwide statistics and information on this topic. While a bit confusing at first the site includes: The report itself (Along with a summary of it), Interactive maps and tables, data for specific regions or countries, and much more.
- <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>  
Overdose Death rate statistics.  
Please note that the National Institute on Drug Abuse is a great website that should be used in order to research information on psychoactive substances.
- [https://www.unodc.org/pdf/opioids-crisis/UNODC\\_Opioid-Strategy-Flyer\\_WEB.pdf](https://www.unodc.org/pdf/opioids-crisis/UNODC_Opioid-Strategy-Flyer_WEB.pdf)  
The CND flyer describing its plan on how to tackle the opioid crisis.

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