



BMUN LXXII



UNITED NATIONS OFFICE ON DRUGS AND CRIME



LETTER FROM THE CHAIR

Hey Delegates,

Welcome to BMUN 72's United Nations Office on Drugs and Crime! My name is Edgar Bojorquez and I have the great honor to be a co-Head Chair for UNODC this year alongside Josh D'Amato. Some info about myself: I am a fourth year Political Science student. With that said it goes without saying that I have a great fascination with the ongoing in the world. Berkeley has only helped grow my interest in the topic. When I'm not in the library, I can be found working out or if the weather is particularly nice, hiking along the fire trails. That doesn't mean I don't enjoy a relaxing day on the Glade with an interesting book in hand.

This year I have the great privilege of being joined by my amazing Vice Chairs: Nadia Kazempoor, Ruby Chan-Frey, and Ethan (E) Harrison.

Nadia is a senior studying Political Science and Middle Eastern Languages and Culture at Berkeley. She also has the honor of serving as this year's Secretary General for BMUN 72! Although she is unfortunately not going to be present in committee with you all, she is still so excited to hear about the amazing things you all will accomplish during debate! Her best advice is to take this as a real learning opportunity — a time to hone in on your critical thinking skills and contribute to real world issues with practical and effective solutions.

Ruby is a junior at UC Berkeley from Oakland, CA majoring in Legal Studies. This will be her second year with BMUN. Outside of BMUN, she works with grassroots political campaigns and decarceration organizations in the Bay Area and Washington DC, and is part of Asian Pacific American Pre-Law Scholars at Cal. In her free time, she plays for the club lacrosse team and is part of Cal's Lion Dance team, and enjoys art history and museums whenever she has time. She looks forward to meeting y'all!

E is a freshman majoring in Electrical Engineering and Computer Science with a huge passion for the intersection of machine learning and education! With four years of MUN experience under his belt, E is super excited to help chair this committee and learn even more from all of you during conference. E is also a member of ANova, a student-led organization that provides CS education to Middle and High schools in the local East Bay Area. Outside of school, E loves to go to the beach, play the guitar, and solve crossword puzzles (if you want to join his NYT mini crossword leaderboard, just ask!) E would love to answer any questions you have about college or MUN, and hopes you have a fantastic time during BMUN :)

Before you begin researching the topic, I just wanted to take a moment of your time to share the goals we wish to accomplish during this committee. In UNODC, you will be challenged to think about how the use of drugs affects the working class, from production, to transportation, to usage. In order to provide you with

some context, here's a quick introduction to the topics of the conference: Topic A focuses on drug trafficking in the Mediterranean region, in particular the trafficking of captagon: a stimulant originally made for the treatment of certain conditions like attention deficit disorders, has now been utilized by parties in Syria to fund their civil war. Topic B focuses on the criminalization and over-prosecution of drug use and the effects that the criminalization of drug use has on the working class in a myriad of factors, from health to the effect of a criminal record on an individual. Therefore, our goal as a committee is to carefully analyze the issues at hand, and the underlying issues that have led to the abuse and stigma of drug use, as well as any possible solutions to the issue.

As a dias, our utmost priority is to provide an educational experience for every delegate who comes to our conference. We wish to provide you with an opportunity to get out of your comfort zone and to explore interesting topics in an engaging way. With that, I would like to end this letter with an appreciation to you all for choosing UNODC as your committee for BMUN LXXII.

If you have any questions or concerns pertaining to the conference, I encourage you to reach out to our committee email: unodcbmun72@bmun.org I wish you all the best in preparation for the conference, and look forward to seeing all of you at this conference.

You got this!



Edgar Bojorquez

Head Chair for UNODC

Email: ebojorquez@bmun.org



TOPIC A: THE CAPTAGON CRISIS: COUNTERING DRUG TRAFFICKING IN THE MEDITERRANEAN

DEFINITIONS

- ◇ **Alawi minority:** Alawites are an ethno-religious group that are ancestrally tied to the Nusayri Mountain range in northwest Syria. They follow Alawism, which is a religious sect of Shi'ism that split in the ninth century. They believe in the divinity trinity of Ali, Mohammad, and Salman al-Farisi (MinorityRights).
- ◇ **Amphetamine-type stimulants:** They are stimulants that lead to a sped-up body sedation. Production of these stimulants occurs all around the world but more so in Asia, North America, Oceania, and Southern Africa (DEA).
- ◇ **Baathism:** A nationalist ideology that supports the creation of a united Arab state through vanguardism and finds religion as a repressive tool. Prominent Baathists include Saddam Hussein and Basher al-Assad (Britannica).
- ◇ **Crime-Conflict Nexus:** Result of the United Nations' action in 2015 to connect over twenty experts in the crime and conflict field to create hypotheses on crime and conflict, interpret and create policy, and identify knowledge gaps (UNU).
- ◇ **Drug schedule:** Refers to the classification of drugs into five categories based on their use, abuse, and potential, with Schedule I having the highest potential for abuse and Schedule V having the lowest (DEA).

- ◇ **Haram:** The Arabic term for forbidden (Practical Law).
- ◇ **Narcotics:** Also known as opioids, narcotics are substances that are targeted to relieve pain and relieve the senses. Common ones include morphine, OxyContin, Vicodin, and fentanyl (DEA).
- ◇ **Interdicted:** The act of stopping, intercepting, or preventing the trade of illegal drugs (US Department of State).
- ◇ **Production point:** Refers to the location where an illicit drug was manufactured (UNODC).
- ◇ **Salafist Organizations:** Organizations like Al Qaeda and Al-Gama'a al-Islamiyya that support the implementation of sharia in the Muslim world (Wikipedia).
- ◇ **Sectarian:** A conflict between two or more groups based on political, cultural, or religious differences (Cambridge).
- ◇ **Smuggling facility:** The methods or infrastructure used to transport illegal drugs, taking the form of hidden compartments, tunnels, safe houses, airstrips, and more (US Department of Justice).
- ◇ **Transit nation:** Nations that illegal drugs pass through in the trafficking process (Encyclopedia).

KEY EVENTS

- 1961 – Fenethylamine is synthesized as part of an investigational program into the effects of theophylline derivatives; a patent was introduced one year later, though it was never approved as a pharmaceutical in the United States
- 1981 – Fenethylamine is classified into a medical Schedule and made illegal
- February, 1982 – Hafez al-Assad orders the oppression of a Muslim uprising in Hama, an event that later became a rallying cry for the Arab Spring in 2011
- 1984 – Illicit captagon trafficking noted for the first time by Interpol
- 2000 – Bashar al-Assad assumes the presidency
- 2004 – Formation of al-Qaeda splinter group in Iraq, succeeded by the Islamic State in Iraq (ISI) in 2006, which has come to be known as ISIL (the Islamic State in Iraq and the Levant) (“ISIS Fast Facts.”)
- 2006 – conclusion of Israel–Hezbollah War, a time when there was a marked increase in captagon seizures throughout MENA
- December 2010 – Arab Spring begins in Tunisia, with a self-immolation in protest of corruption acting as the nucleation point for a broader swarm of protests (Laub)
- July 2011 – Defectors from Assad’s army form the Free Syrian Army; around mid-2011, the regime also released groups of Islamist militants from prisons to discredit the rebellion – ultimately leading to the formation of new extremist groups (e.g. Ahrar al-Sham); Same year as a NATO intervention in Libya which ultimately created more chaos, weakening the strategic power of

- 2013 – emergence of Captagon trafficking in North Africa (D, check D’s citation number 22 for the original)
- 2014 – ISIL attempts (and fails) a siege on Kobani, a Kurdish town near the Turkish border
- September 2015 – Russia enters the conflict directly through the deployment of the Air Force
- August 2016 – Turkey deployed military along the border-region, rolling back ISIL forces, and in alliance with Syrian-Arab and Turkmen fighters, blocked the Kurds from “linking up two cantons in a contiguous territory” making it a region of high strategic value (Laub)
- December 2016 – Final rebel enclave of Eastern Aleppo captured by the regime, following “prolonged siege and bombardment”
- 2018 – Turkish forces occupied Afrin in Northwest Syria, pulling Syrian Democratic Forces (SDF) fighters from fighting ISIL
- October 2019 – Turkey initiates an invasion of northern Syria, pushing back Kurdish groups from border regions; as a NATO ally, the US “abruptly pulled back some of its forces in 2019”; the Turkish incursion led to SDF forces, in an act of desperation, allowing regime soldiers to re-enter previously held Kurdish areas, along with their Russian allies (Laub)
- February 2020 – Syrian government forces killed Turkish troops in direct combat for the first time, spurring retaliation on regime targets
- 2020 – Ceasefire in the Idlib province of Syria agreed upon between Russian President Putin and Turkish President Erdogan
- 2021 – New York Times investigation of Fourth Armored Division of the Syrian Army & Captagon made public
- February 2023 – 7.8-magnitude earthquake impacts the region at the border of Turkey and Syria. International sanctions as well as government restrictions hinders the delivery of aid to areas of the rebel-held Northwest that depend greatly on humanitarian aid.

TOPIC BACKGROUND

What is Captagon?

Origin as a Pharmaceutical

First produced in Germany in the 1960s, Captagon was the brand name of a stimulant that was primarily prescribed to treat patients with attention deficit

disorders, narcolepsy, and other conditions (“What Is Captagon, the Addictive Drug Mass-Produced in Syria?”). The active ingredient in Captagon tablets is fenethylamine, an amphetamine-type stimulant (ATS) associated with activity in the central nervous system. ATS acts on human physiology to increase alertness, concentration ability, and physical performance. It

also provides a feeling of well-being and appetite suppression, due to similar amphetamine structure and chemical resemblance to natural neurotransmitters like dopamine and adrenaline. As a widely embraced treatment, fenethylamine was largely used for treatment until the 1970s when increased research of the drug's negative side effects and addictive qualities became prominent. The harmful side effects of the long term use of fenethylamine include extreme depression, lethargy, sleep deprivation, occasional palpitation, heart and blood vessel toxicity, and malnutrition (Katselou, et al.).

Fenethylamine alone is a dangerous drug as indicated by its drug schedule classification. Since 1981, the United States has listed fenethylamine on Schedule I of the Controlled Substance Act—the most restrictive level—meaning that the drug is no longer recognized to contain therapeutic benefits outweighing the risks of use, even in extreme cases (Drug Enforcement Admin). When the UN included fenethylamine as Schedule II of the Convention of Psychotropic Substances in 1986, most countries discontinued the use of Captagon; according to the International Narcotic Control Board, no country had produced fenethylamine since 2009. However, although official production may have ceased, it did not stop certain entities from smuggling remaining stocks out of Eastern Europe to the Middle East (“What Is Captagon...”). Additionally, an illicit version of the drug continued to be produced within Eastern Europe and eventually the Arab region.

Nicknamed “the drug of jihad” or the “poor man’s cocaine,” the illicit version, or captagon, contains a mix of fenethylamine, caffeine, and other fillers (Gebaily). (Note: The drug was patented as “Captagon” with a capital letter, but the illicit version is usually referred to by the lowercase, “captagon.” This is an

implicit designation that not all illegal drugs marketed under the same name come formulated with the same proportions and thus, technically speaking, cannot bear the same name). Moreover, filler ingredients—inactive substances to aid in measurement purposes of the active medicine—can induce dangerous physiological interactions, by which the combinations with a stimulant can worsen the side effects; for instance, ephedrine is sometimes used as a filler and is a pharmaceutical known to have therapeutic effects; however, with a stimulant like fenethylamine, the drug possesses the potential for dangerous hypertensive effects (Katselou, et al.).

Captagon: Therapeutic or Dangerous?

Captagon is popular for recreational use in the Middle East/North Africa (MENA) region. Moreover, most captagon consumption occurs in wealthy Arab Gulf states with Saudi Arabia as the main consumer. Despite the commitment of Saudi authorities to eradicate the drug problem, they are hindered from obscuring the full extent of the issue due to embarrassment over upholding their conservative Islamic ideals. Essentially, the use of captagon is a national shame to Saudis. Some authors speculate that reasoning behind captagon consumption in the Gulf range from the socially conservative society’s failure to produce adequate legal outlets to the ban on alcohol to the relatively high amount of disposable income in the region. Moreover, the pill form can be associated with medicine which is permissible under Islamic law, as opposed to liquor or other drugs. In addition to MENA countries penalizing traffickers and producers of captagon, those using the drug also face the bars of stigma and demonization that associate drug use with social outcasts and the mentally ill.

On the other end of captagon’s use, many fighters,

non-specific to their 'side' in the Syrian conflict, are under the influence of ATS, as suggested by anecdotal evidence. According to researchers, it is unlikely there is an institutional use regime within the different affiliations of fighters. Still, it is undeniable that individual fighters in Syria have utilized captagon as a battle enhancement. In various interviews and discussions, there is no mention of Hezbollah fighters using captagon. In fact, as part of its institutional acceptance of the captagon trade, Hezbollah's spiritual authorities explicitly prohibited providing the drug to other Shia Muslims (Kravitz and Nichols 37). Despite cultural and religious principles barring restrictions on drug use, captagon usage, and by extension, illicit economies of trafficking, continue to arise amid the Syrian conflict and pose a serious threat to peace and development in the region.

Manufacturing and the Move to Syria

In the wake of Captagon's international drug scheduling, counterfeit tablets were produced in factories and laboratories across Eastern Europe. The historic hubs of captagon production include Serbia, Slovenia, Montenegro, Turkey, Lebanon, and most notably, Bulgaria. In the late 1990s, the decline in demand for ATS shifted large-scale production of captagon in Bulgarian factories to smaller-scale, mobile laboratories in the Middle East; today, captagon is almost exclusively produced in Syria (Rose and Söderholm 6).

In July 2020, Italian port officials seized 84 million tablets of captagon aboard three cargo ships from Syria—one of the largest single drug busts in history. Valued at USD 1.1 billion, the shipment of synthetic narcotics was erroneously linked to Islamic State (IS) (Guy, et al.) Apart from the apparent role of drug use among combatants, the movement and illicit traf-

ficking of drugs have impacted the trajectory of the Syrian conflict itself with societal and individual costs paying for this lucrative industry. Since 2018, when the Syrian state re-consolidated control over much of the country, narcotics trafficking in the nation has become more pervasive. The crime conflict nexus connects war economy activities with the interest of conflict actors, augmenting criminal activity as fuel for war. To apply this concept to the Syrian War, armed groups strive to uncover measures to finance their activities through effective monetization of their territory and thus, they exploit gaps in the local economy. These revenue-seeking factions have drawn revenue from extractive tax regimes and tariffs levied on the movement of people, commodities, and illicit goods, including narcotics. Prior to the consolidation of territorial control by the Assad regime, anti-state armed groups mainly engaged with drug trafficking; however, with a turn in power, Assad and his regional allies have cemented their role as the prime beneficiaries of the narcotics trade (Hawwash).

Although large quantities of amphetamine and captagon tablets are seized every year within the Arabian peninsula, many issues continue to plague the effective suppression of the drug trade. Aside from the obvious role of the conflict itself in fueling the trade, the component of the narcotic poses a serious threat of its own. Recall that pills marketed as captagon contain filler ingredients in addition to the active ingredient of fenethylline. In various MENA countries, anti-drug officials seize all amphetamine-type stimulants (ATS), whether powdered or liquid, regardless if the active ingredient is fenethylline or some other type of stimulant. Therefore, in conjunction with the unregulated nature of the illicit drug market, samples from these drug seizures often present little fenethylline, if any, and are formed largely by filler ingredients. In Syria, captagon pills are produced from a

cocktail of more common substances like caffeine, amphetamine, and theophyllines with a distinction between low-quality yellow pills and higher-quality white pills. The potency of the formula drives the value and affects street price and accessibility. Additionally, the substitutes for fenethylamine represent a broader commitment from illicit producers to accurately reproduce the effects of the original formulation of Captagon. Mixtures in the pills have further variations and are marketed as special “drug cocktails.” Essentially, these compounds make using captagon especially dangerous as the drugs can contain active ingredients as diverse as viagra and fentanyl (Alhazmi, et al.)

Trafficking

Methods

The growing reach of the captagon trade in the Mediterranean has caused a “diversification of smuggling routes,” and thus methods, in recent years (Salim). There are major challenges presented in the detection of captagon, as evidenced by the litany of reports detailing a variety of successful smuggling methods: “Since 2015, the authorities have found captagon in the private jet of a Saudi prince, hidden in oil filters for trucks and machines for making tiles, mixed in with shipments of grapes and oranges, and stuffed inside plastic potatoes hidden in a shipment of real potatoes. Smugglers have buried the drugs with coffee and spices to confuse sniffer dogs and sealed them inside of lead bars and giant rocks to block scanners” (Hubbard and Saad). More recently, smugglers have favored a method of captagon concealment in illicit industrial and agricultural cargo, such as in cans of green beans or shipments of flour (Al Jazeera). Further smuggling methods include the use of multiple

crossing spots, the attachment of drugs to drones, which are then flown over borders, and the packing of drugs onto donkeys trained to cross borders without human aid (Hubbard and Saad).

As is the case with similar illicit substances, small quantities of captagon are consumed en route to its intended destination. This method of trafficking involving the consumption of illicit drugs along a supply line is known as “leakage,” as products “leak” into local and transit communities. While captagon leakage presents clear issues to impacted communities, it provides investigators with a useful tool: metrics. Reports of captagon abuse, as with tracking the path of any illicit drug, can help piece together an understanding of the supply route of a drug, “as well as the extent to which a nation is involved (i.e. purely a transit nation vs. a production point)” (Kravitz and Nichols).

Another factor to consider concerning captagon trafficking methods is the potential link between the Assad regime of Syria and the drug trade. A large percentage of captagon shipments depart from Latakia, Syria, a government-controlled port located on the Mediterranean sea. At border checkpoints, captagon smugglers sometimes “stop by Syrian Army posts before approaching the border.” According to Lieutenant General Ahmad Sarhan Al-Faqeh, Jordanian army commander stationed along the Syrian border, “There is clear involvement,” (Hubbard and Saad). In efforts to curtail and expose the trafficking of captagon in the Mediterranean, law enforcement bodies often receive little help from Syrian officials.

Routes

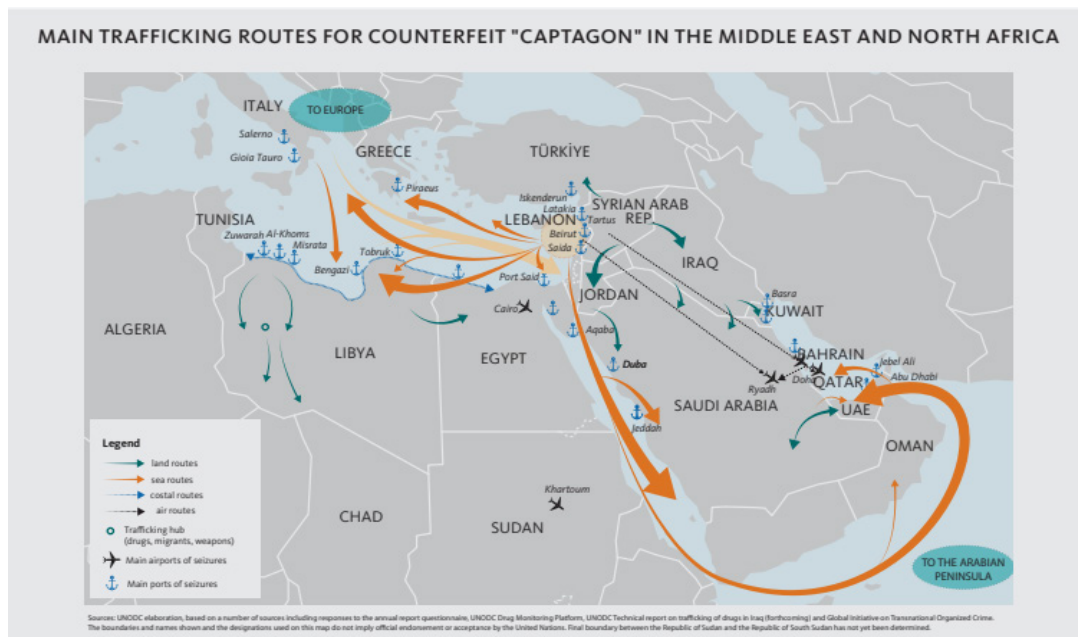
Mentioned above, the diversification of smuggling routes has been a recent development of the captagon

trade in the Mediterranean. Overland routes to the Gulf via Jordan and Lebanon remain highly important to sustaining and strengthening the trafficking of the drug.

However, despite the established nature of this smuggling route, overland shipments can limit the number of pills transported at once due to volume and clandestine constraints that increase the probability of the discovery of drugs, such as captagon, during a search. To solve this problem, alternative routes are explored. One of the main driving forces of the trade's growth in the past few years is the Mediterranean Sea via the land routes of Syria and Lebanon. Maritime routes provide the benefit of the transport of "larger volumes of drugs" (Salim). Coupled with the instability produced by the Syrian civil war and the potential to encounter risky border crossings on land, smugglers have looked to sea routes for the transportation of large quantities of captagon. Sea routes contribute an additional advantage, as smugglers benefit also from "the immense flow of goods... and the resulting

lack of systematic container checks at ports" (Salim). Today, a common maritime smuggling route sees the transportation of captagon from "the Mediterranean ports of Beirut, Tartous, and Latakia to the Persian Gulf through the Red and Arabian Seas" (Salim).

Aside from the subject of landed or non-landed transportation, smuggling routes via non-using countries have become increasingly prominent. To confuse international investigators, smugglers establish "decoy stops" in countries that do not rely significantly on the captagon trade but are still points of convenience. For example, Captagon has been discovered inside shipments headed for China. New patterns of smuggling that use "re-routing" strategies have emerged as a result of increased Gulf customs security in the Levant, a large area in the Eastern Mediterranean region of West Asia. These strategies include the use of transit ports in Southern Europe and North Africa to "conceal shipments' origins, sometimes in collaboration with local criminal networks" (Salim).



Impact on Society and Health

Captagon is most popular within countries located on the Arabian Peninsula and North Africa, with three quarters of drug-related patients in Saudi Arabia suffering from amphetamine abuse—the vast majority from captagon. Prevalent captagon use has been reported by authorities in Kuwait, Saudi Arabia, and Qatar by wealthy young adults in those countries. Further, hundreds of millions of pills have been seized in Greece, Italy, and Saudi Arabia whose origins can be traced back to a government-controlled port in Syria (Hubbard and Saad). Although the initial rush provided by captagon increases alertness, concentration, and physical ability, long-term usage of the drug has been shown to cause side effects such as depression, insomnia, palpitations, malnutrition, and heart attacks among others. (Katselou, et al.) Beyond its direct health effects and lethality in the case of overdose, the establishment of the captagon

trade in the MENA has made it easier for groups to smuggle more dangerous drugs, such as methamphetamines. It has become a dangerous and unfortunately common good, affecting those up and down the socioeconomic ladder; it has also grown to prop up the Syrian regime, acting as the “most important source of foreign currency”, according to Jihad Yazigi, the editor of the Syria Report, a publication that tracks Syria’s economy (Hubbard and Saad). More often than not, the profits of an illicit market go to benefit smugglers and warlords, rather than being recycled into the economy. As the illicit economies of the originally intended destinations become saturated, leakage tends to proliferate further and further upstream in the trafficking network. For example, Jordan was initially just a country that the Syrian captagon had to pass through to reach its major market in Saudi Arabia; now, it intakes as much as one-fifth of the drugs exported from Syria (Hubbard and Saad).

CRIMINAL POLICY

As previously mentioned in the origins of the drug, captagon is classified as a Schedule II narcotic by both the U.S. Drug Enforcement Administration (DEA) and the UNODC 1971 Convention of Psychotropic Substances. This is a result of captagon containing fenethylamine, a derivative of the phenethylamine family, a family that also includes narcotics such as amphetamines (“What Is Captagon...”). While multiple legal medications include substances from the phenethylamine family (Adderall, Dextroamphetamine, Vyvanse), captagon’s prevalence as a narcotic

used in smuggling and drug abuse in the Middle East has led to most countries outside of the crisis discontinuing the use of fenethylamine.

In attempts to limit the trade and smuggling of captagon, the International Narcotics Control Board (INCB), a UN monitoring body that implements international drug control conventions, began Operation Missing Links in 2017 to target the captagon precursor market (Projects Prism and Cohesion). Operation Missing Links extends another of the

INCB's frameworks known as Project Prism, operating since 2003 to deal with matters regarding the illicit trade and manufacturing of synthetic drugs. Thirty-seven countries and territories participated in Operation Missing Links, with three nations responsible for 65 seizures of the captagon drug. As a result of this operation, the INCB was capable of identifying the precursor chemicals (APAAN and P-2-P methyl glycidic acid) used in the manufacturing of fake captagon tablets: a huge success in identifying and limiting the trafficking of captagon (INCB).

One method in which countries of the gulf can increase anti-drug enforcement and expertise is to expand upon their relationships with international policing organizations such as INTERPOL and EUROPOL who can provide forums, experience, and

coordination on a larger scale (Kravitz and Nichols). Still, forensic accounting has become more and more difficult over time, as smugglers have increased their sophistication. Typically, names are faked and searching through shipment manifests and recipients leads to exposure of seemingly endless shell corporations. These issues of using forensic accounting are not specific to a lack of skilled accountants anywhere, but rather a similar outcome from a plethora of global law enforcement agencies, such as those in Greece and Italy. Another possible way to address the situation is to discourage the use of captagon in Saudi Arabia by making the connection between the drug and Hezbollah more evident. As well, general education on drug use, rehabilitation, and treatment should be explored (Kravitz and Nichols).

KEY ACTORS

Key Actors within Syria

Assad Family

The Assad family officially came into power in Syria in 1971, when Syrian Air Force commander and Ministry of Defense Hafez al-Assad seized rule following decades of coups in the nation. Following the death of Hafez in 2000, his son, Bashar al-Assad, was groomed into power ("Bashar Al-Assad."). Despite first appearing to be a new leader who supported reform and modernization from his father's regime, Bashar began imposing a stricter authoritarian government that undermined key Syrian institutions

(Quilliam). Since 2011, Syria has been in the midst of civil war as pro-democracy protests escalated into full-blown conflict.

Syria's captagon trade crisis has given Bashar al-Assad considerable leverage against his Arab neighbors, as these bordering nations continue to bargain with the Assad family to stop the flow of captagon from Syria. As a result, the Assad regime's main goal has been to make limited efforts to reduce the captagon trade in return for considerable money towards reconstructing Syria's war-torn state and less pressure from Western sanctions (Chehayeb).

Free Syrian Army (FSA)

The Free Syrian Army was formed by regional defectors in the summer of 2011 to oppose the Assad regime (Lister). The FSA is composed of local militias that often acted with uncoordinated operations with sometimes competing interests. This represents just how complex the situation and regional allegiances are. As time has progressed, the FSA's ideologies have become more diversified among members. This with other factors has led to the diminishing influence of the FSA (BBC).

Syrian National Coalition (SNC), later, the National Coalition

The Syrian Coalition (SNC), later known as the National Coalition, was formed in November of 2012 during a series of opposition-led meetings in Doha, Qatar ("National Coalition for Syrian Revolutionary and Opposition Forces"). The coalition was composed of a collection of various opposition groups present throughout the Syrian resistance, and their primary purpose was to unify the opposition in an attempt to gain more international recognition and support. The goal of the coalition was to form a provisional government in Syria to govern the country following the fall of the Assad regime ("The Structure and Organization of the Syrian Opposition").

Jabhat al-Nusra (JN), later, the Jabhat Fateh al-Sham (JFS)

In January 2012, Jabhat al-Nusra (JN) announced itself as the official al-Qaeda affiliate in Syria, rivaling ISIS as an intelligent and strategic actor in the region. JN was a military, religious, and political organization engaged in an armed campaign against the Syrian government. As well as being a Salafist organization,

JN pursues its aims via a more subtle and insidious methodology such as leveraging elite military force to gain allies among the Syrian armed oppositions and sponsoring local governments in ungoverned Syrian areas (Cafarella). In 2016, JN rebranded itself to Jabhat Fateh al-Sham (JFS) and claimed to no longer be an affiliate of al-Qaeda. Through the name change, the organization maintained informal ties to al-Qaeda while still being able to disavow formal linkage for strategic convenience (for example, when it sought collaboration with groups cautious of the al-Qaeda label) (Wright, et al.).

The Kurds and the Kurdish People's Protection Units (YPG)

The Kurds or Kurdish people are an Iranic ethnic group who primarily live in Kurdistan, a geographical area spanning southeastern Turkey, northwestern Iran, northern Iraq, and northern Syria (Wikipedia). Formed in 2011, the People's Defense Units (YPG) is a militant group consisting mainly of ethnic Kurds from northern Syria. The YPG is the primary component of the Syrian Democratic Forces (SDF). Allied with and supplied by the United States, the YPG/SDF expanded its influence during the US-led coalition against the Islamic State; the area controlled by the SDF now accounts for one quarter of Syria (Perry). Turkey has designated the YPG as a terrorist group as it believes the YPG to be closely allied to the Kurdistan Workers' Party (PKK) in Turkey; the PKK is designated as a terrorist group by Turkey, the EU, and the US (Reuters). US and NATO support of the YPG has created tension with Turkey, a fellow NATO member.

Syrian Democratic Forces (SDF)

The Syrian Democratic Forces, otherwise known as

the SDF, was founded in 2015 as a product of both Kurdish and Arab militias. The primary goal of the Syrian Democratic Forces is to gain self-governance in the northeast region of the country. Although the SDF has many enemies, they have proved to be a tactical ally for the United States, as U.S. forces provided arms to the militia in 2017 in order to catalyze the capture of ISIL's capital, Raqqa ("Who Are the Syrian Democratic Forces?"). As such, the SDF has often-times been credited as the militant-group responsible for aiding the United States in defeating the Islamic State (Mellen).

Non-regional State Actors

Russia

Russia has long had an alliance with the Assad regime in Damascus, using their friendship as a bargaining chip for the West in the Middle East. As a result, Russia has exercised considerable control in the nation, stationing 5,000 troops in the country as well as providing a source of humanitarian and economic aid to the country during its time of civil war. However, Russia has begun to back away from Syria. Due to the ongoing conflict in Ukraine, Russia has begun to revert troops from the Middle East to assist in their ongoing assault along their borders, and humanitarian aid has decreased considerably following the end of most conflict in Syria's civil war. Most importantly, the economic assistance Russia has provided to Syria has essentially ceased, indicating that Syria may have to resort to more dire actions to acquire funds, not excluding the increased smuggling of captagon (Smagin).

Despite Russia's intentions of maintaining Middle Eastern influence, many of its actions also involve re-

ducing tensions between Syria and other Arab League nations. In regards to the captagon crisis, Russian envoys met in 2023 with Jordan's foreign minister to discuss accusations of smuggling done by both Iranian militias and Hezbollah in Southern Syria. Acting as a facilitator between Jordan and Syria, Russia is still trying to balance increased tensions with the currently positive relations they have with the Assad regime, not wanting to step on the toes of Assad's captagon trade. As critics of Russia's actions regarding the captagon trade have noted: "They [Russians] know where the drug factories are in Daraa. If Russia wanted to stop the smuggling operations, it would be able to do so in 48 hours" (Christou).

United States, the United Kingdom, and France

The United States, United Kingdom, and France supported the Syrian rebel forces following a series of terrorist attacks in their countries, which the Islamic State claimed responsibility for. The backing provided by the Western nations include training, military equipment, and support in ground operations, while air strikes have been deployed in counterterrorism campaigns against the Islamic State (Laub). The United States' involvement in Syria focuses more on building strategic relationships in the region to further counterterrorism activities; therefore, direct military strategies are not employed against the Assad regime to disrupt captagon trade. Still, the U.S. aims to provide support to regional law enforcement to target trafficking networks, employ sanctions, and build local counter-narcotics infrastructure to indirectly exert pressure upon the government in Syria (Report to Congress on A Written Strategy to Disrupt and Dismantle Narcotics Production and Trafficking and Affiliated Networks).

Regional Actors

Iran & Hezbollah

It is common for the illicit drug trade and politics to intersect, as states, including many in the Middle East, utilize the sale of narcotics as a bargaining chip for their political agendas. As such, there is officially no involvement from Iran or Hezbollah in the captagon crisis. However, the reality is not as simple. Although Iranian officials have repeatedly denied their participation in the illicit drug trade, there have been ample reports of suspicious transactions of Iranian-made weapons in the Latakia Port, the center of the Syrian drug trade (Alhajj).

In contrast, Hezbollah has not been as discrete in their involvement, though they still officially decline their role in the crisis. Hezbollah is one of the primary groups managing the operation of captagon trade in Syria, primarily in Lebanon-Syria border villages. (Carnegie Mellon). In more recent times, the Captagon trade has given Hezbollah a new income during the war in Israel and Gaza, as Hezbollah attacks U.S. troops in an attempt to support Hamas (Rogin). The phenomenon we see here is not an uncommon occurrence—the production and distribution of narcotics are more often than not used to fund widespread military operations and exacerbate wars.

Turkey

The country of Turkey has been long involved within the realm of drug trafficking within the Mediterranean region. The country's police force, the Turkish National Police, is the country's leading force in proactively countering the illicit trafficking of drugs and any other drug-related crime. More specifically, the Jandarma branch, which is responsible for more

rural areas, is significant in conducting investigations and seizures. The Turkish National Police's Organized Crime and Anti-Drug Department additionally oversees the investigation of drug-related crimes (U.S. Department of State).

Despite the implementation of these departments to counteract illicit drug trade, Turkey has been consistently linked to the captagon trade as trafficking surged in the early 2000s when the drug market shifted from the Balkans to the Levant. Turkey's geographical proximity to the Balkans and the trading networks that exist in the region have made the country desirable for traffickers. Data for the years of 2022 and 2023 show that smugglers have been trying to use Turkey to transport their products. This increase in drug-related activity within the country of Turkey occurred as a result of a wave of multiple seizures along ports south of Europe between 2019 and 2021, thus forcing many smugglers to change their tactics and alter their routes to go through the nation of Turkey as a form of a "land bridge" instead of the Mediterranean (Kachmar).

However, in light of this growing activity, many smugglers were intercepted in 2022 in Turkish cities close to the Turkish-Syrian border. Moreover, the country was able to seize its largest captagon shipment of 12.3 million pills at the Ambarli Port in recent years. Traffickers' increasing utilization of Turkey as a transit route to smuggle captagon has drawn attention to the potential for new markets in Europe to smugglers as well (Kachmar).

Gulf States (Saudi Arabia, Qatar, and the UAE)

From other countries such as Syria and Lebanon, the Gulf States serve as routes for smugglers to pass their shipments along via land and air, hidden among

other products or in commercial vehicles. In Saudi Arabia, captagon smuggling forced the country to enforce a temporary ban on fruit and vegetable imports from the country of Lebanon because of previous seizures of captagon pills within such shipments. For instance, in April of 2021, officials in the port city of Jeddah uncovered over 5 million pills hidden within pomegranates. Saudi officials released a statement charging Lebanon for the crime because of the government's hostile relationship toward Hezbollah, a key player in Lebanese politics. Many speculate that this blame was not placed on Syria due to regional political relationships needing to be maintained. However, these claims have not revealed additional

evidence to support them. As the highest consumer of Captagon, Saudi Arabia is in a position to influence the dismantling of the captagon trade empire. Despite futile efforts, the trade of captagon into Saudi Arabia has only increased in recent years with officials confiscating more than 46 million pills from shipments containing flour at the port of Riyadh Dry. There are very few laws in place that actively deploy against the use of captagon within the region, it is imperative to consider the regional and political history of the Gulf States in regards to the topic and their relationship with Syria to determine their stance on the topic (Arab Center Washington D.C.).

PAST UN ACTION AND INTERNATIONAL COOPERATION

Resolutions

UN Security Council Resolution 2254: "Roadmap for Peace Process in Syria"

On December 18, 2015, the Security Council unanimously adopted Resolution 2254 which endorses the road map for the peace process in Syria. Members set a timetable for UN-facilitated talks between the government and opposition members as well as outlining a nationwide ceasefire to begin on the potential onset of the parties reaching towards a political transition. Despite optimistic pursuits toward stability, no real progress has been made in implementing the resolution (United Nations). The Syrian opposition has continually urged international actors to implement Resolution 2254, stressing the negative impacts

of the Syrian conflict on global peace and security (Tamo). On May 1, 2023, foreign ministers of Syria, Egypt, Iraq, Saudi Arabia, and Jordan returned to the context of the roadmap developed in the Resolution to address the drug trade. One of these measures included tightening border control with Jordan and Iraq to mitigate smuggling routes (Al-Khalidi).

UNODC's Regional Framework for the Arab States 2023-2028

The Regional Framework for the Arab States outlines the UNODC's commitment and plans to contribute to peace and security, human rights, and development through safety measures against drugs, crime, corruption, and terrorism. The Framework draws cooperation between the UNODC, 18 participating Member States, and the League of Arab States (LAS)

(UNODC). The UNODC is currently engaged with programs within the region to combat illicit drug trafficking such as supporting selected national drug control law enforcement and customs authorities, strengthening regional drug enforcement through meetings, workshops, and training events, and developing the capacity of national criminal justice systems in investigating, prosecuting, and convicting traffickers (UNODC).

Agreements, Treaties, and Other Non-UN Action

International Narcotics Control Board (INCB)

Established in 1968 following the Single Convention on Narcotic Drugs (1961), the International Narcotics Board (INCB) is the independent and quasi-judicial monitoring body for the implementation of the UN's international drug control conventions. The INCB deals with a multitude of avenues related to the manufacture, trade, and distribution of drugs and works with governments to ensure provisions of international drug control treaties are being adequately carried out. Additionally, the INCB secretariat conducts training programs for drug control administrators, specifically focusing on those within developing nations with weak legal systems (INCB). Using data over the last 15 years, the INCB compiled a document that addresses recommendations regarding successful implementation by governments with sections including legislation and control measures, multilateral mechanisms, investigations, seizures,

industry cooperation, training and capacity-building, and substance and country specific contexts (INCB).

European Union Sanctions

Since the start of violent repression by the Assad regime in 2011, the European Union (EU) introduced sanctions on Syria to not only target supporters and members of the Assad regime but also sectors of the economy fueling the war. On April 24, 2023, the EU added 25 individuals and 8 entities to the framework of EU restrictive measures regarding the situation in Syria. The Council addressed the stream of revenue flowing from the illegal drug market and its contribution to maintaining policies of repression against the civilian population. These designations targeted individuals and entities complicit in the production and trafficking of narcotics, especially captagon. These individuals included members of the Assad family, leaders and members of regime-affiliated militias, and business executives sharing close ties with the Assad family. Entities included private security companies with operations in Syria that act as shell companies for regime-affiliated militia and Russian engineering and construction companies controlled by the Syrian Ministry of Petroleum and Mineral Resources. With that decision, the list of individuals and entities subject to sanctions concerning the Syrian conflict rises to 322 persons and 81 entities who are liable to an assets freeze and a travel ban. In addition to sanctions by the EU, other countries such as the United States and the United Kingdom have also placed top Syrian officials and relatives of Assad on sanctions lists (Lenzu).

QUESTIONS TO CONSIDER

1. What role has the pandemic played in changing sociocultural factors influencing the perception of using narcotics, like captagon?
2. List and explain two to three legal and ethical challenges countries face when attempting to curb narcotic trafficking and consumption.
3. How might climate change and the increased risk of natural disasters affect and reshape major trafficking routes? Likewise, how would counter-narcotics efforts be affected?
4. What impact, if any, could international climate policy have on illicit narcotics? How?
5. Can further technological advancements, such as surveillance and cybersecurity, alter the way captagon is traded, tracked, and intercepted within and beyond the Middle East?

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TOPIC B: NARCOTICS ABUSE AND OVER-PROSECUTION IN WORKING-CLASS COMMUNITIES

TOPIC BACKGROUND

Definition & Classification of Narcotics

The term “narcotic” originally referred to a variety of substances with numbing, relieving, or paralyzing properties. Although many people understand “narcotics” as referring to all drugs, the term carries multiple implications across different countries in legal and medical contexts. According to the United Nations, the 1961 Single Convention on Narcotic Drugs (see Past UN Action) seeks to control over 116 drugs that it classifies as narcotic including plant-based products (like opium) and its derivatives morphine, codeine, and heroin, synthetic narcotics such as methadone and pethidine, and cannabis, coca, and cocaine (United Nations).

The 1961 Convention divides drugs into four groups, or schedules, defined according to their dependence potential, abuse liability, and therapeutic usefulness. Each schedule entails different levels of control measures and aims to unify international efforts to address the drug issues pertaining to particular nations. These drug schedules are as follows:

- **Schedule I** drugs contain substances with addictive properties and present a serious risk of abuse. The degree of control is very strict and is subject to all measures of control applicable to drugs under the Convention. Some examples include cannabis and its derivatives, cocaine, heroin, morphine, and opium.
- **Schedule II** drugs are substances used normal-

ly for medical purposes and given the lowest risk of abuse. Some examples of listed Schedule II drugs include codeine, dihydrocodeine, and propiram.

- **Schedule III** drugs involve preparations of substances listed in Schedule II as well as preparations of cocaine. In regards to the degree of control, the UN is mainly lenient with the World Health Organization (WHO) claiming that these preparations present no risk of abuse.
- **Schedule IV** drugs are made with the most dangerous substances that are listed in Schedule I and are particularly harmful and possess extremely limited medical or therapeutic value. The Convention holds stringent control on Schedule IV drugs which is translated into a complete ban on the production, manufacture, import, trade, and possession or use of any of these drugs. Some exceptions include amounts that are deemed necessary for medical and scientific research (European Union).

History of Narcotics Abuse

The modern issues and benefits concerning drug use result from a history of scientific and medical progress. In 1806, German pharmacist F.W.A Serturmer extracted morphine from crude opium. Morphine was the first addictive ingredient isolated from a natural product and its use became increasingly widespread as it revolutionized pain control. In 1827, morphine was introduced commercially and became the drug of use. Even with physicians embracing opioid drug use and its administration to help patients, many began to recognize its harmful consequences to individuals as well as society at large. During the American Civil War, morphine addiction

reached epidemic levels; additionally, a similar effect of morphine use was observed in France and Germany during the Franco-Prussian War with soldiers coming home and being unable to function without the drug. Drug use increased especially during times of warfare with soldiers using stimulants like cocaine and amphetamines on the basis that it increased alertness and suppressed appetite. However, these medical grounds for drug use during both World Wars were futile and had more to do with mood-altering effects as opposed to the science of improving physical and mental performance (Rasmussen). As morphine addiction grew during the period, Eduard Levenstein, a German physician, contributed significant research to the studies of drug addiction. In 1875, he identified key elements in opiate addiction such as the fixation on the drug even when the user's life situation was deteriorating and the phenomenon of withdrawal syndrome and relapse. Around this period, medical research continued to explore new fields including communicable diseases, the immune system, auto-intoxication, and biochemistry and pharmacology. Moreover, in relation to drug use, researchers in the United States and abroad attempted to apply those contemporary approaches to studying illicit drug abuse, addiction, and its treatment. In this early stage of research, many physicians were optimistic about the success of medical treatment to cure addiction. However, this soon turned out not to be the case.

During the late half of the 19th century, drug abuse became widespread and greatly profitable, prompting Britain to go to war with China to keep opium trade routes open, also known as the Opium Wars. Additionally, other drugs were being introduced to the global stage like cocaine which was isolated in 1884 and became another widespread drug of abuse. Heroin and other opiates were synthesized and marketed as nonaddictive alternatives to morphine but

later proved to be highly addictive. With the increase of extensive drug use during World War I, a growing fear of drug abuse started to arise in the United States, especially concerning morphine, heroin, opium, and cocaine. Government officials pushed for restrictive legislation on easy access to those drugs which led to the Harrison Anti-Narcotics Act of 1914—a six-year federal effort to control the distribution of opiates and cocaine. Not only the United States but also other countries saw rapidly rising levels of drug use during World War I. With increased chemical and drug development in the 20th century, more drugs with abuse potential became available including LSD, methamphetamine, and synthetic opiates, contributing to a growing tide of addiction (Harrer)(Patterson, et al.).

The widespread use of drugs and their potential for subsequent abuse, especially their popularity among working class communities, varies by country.

Drug abuse among these populations is influenced by a multitude of factors such as economic, social, religious, and cultural means. For instance, in the United States, the unprecedented rise in the extent of illicit drug use grew in the 1960s with immigration groups carrying over habits of drug use, social and political turmoil caused by the Vietnam War and Civil Rights movement, and demographic changes as the “baby boom” generation approached maturity. Despite different historical contributors to drug abuse internationally, global trends in efforts to reduce and eliminate drug use share a resemblance: government efforts are continually marred by harsh resistance and little success (Musto).

Criminalization of Drug Use and Over-prosecution

By the beginning of the 20th century, the global drug trade had reached unprecedented levels of organization and scale, with the Chinese opium epidemic affecting almost a quarter of its male population. Tax revenue from the import and export of opium contributed sizable amounts to trading nations’ wealth, with British India deriving 14% of its income from opium alone. Still, anti-drug sentiment was strong enough to bring together the Shanghai Opium Commission in 1909, the first international conference on narcotic drugs. Three years later, the first international convention on drugs, the Opium Convention of The Hague, was signed in an attempt to decrease narcotic drug trade (Pietschmann, et al.). This would mark the start of a century of efforts by governments and intergovernmental organizations to combat the spread of drugs through legislative means, and set the precedent for treating drug abuse as a criminal justice issue as opposed to a public health crisis.

While international conventions on drug control focused upon restricting the manufacturing and transporting of drugs to legal means for medical purposes. Thus, international policy and legislature called for the prosecution and extradition of drug traffickers, launderers, and those involved in the illicit production and distribution of narcotics. The punishment for those using the drugs, however, had not been firmly established; after all, in some nations, traditional medicine and indigenous cultural practices had historically involved the usage of certain forms of narcotics. The 1961 Single Convention on Narcotic Drugs, signed by 183 parties, is “tough on illegal production and trafficking, [but] gives governments a high degree of flexibility in dealing with local drug abuse problems”. However, following Nixon’s declaration of the War on Drugs in the United States and the explosion in drug production, trafficking, and

consumption facilitated by highly-organized drug cartels, the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances took a new and controversial stance, calling for governments to address the “possession, purchase or cultivation of .. drugs... for personal

consumption” as a criminal offense in Article 3, §2 (Pietschmann, et al.). Following this, countries have established greatly varying legal consequences for illicit drug possession and usage, ranging from mandatory rehabilitation, minimum time in prison, to the death penalty.

CURRENT SITUATION

Past Policies’ Consequences Today

A major consequence of control policies seen in UN conventions, which restrict the availability of controlled medicines, is the lack of care and resulting harm due to strict enforcement. Looking at users dependent on opioids, who often do not use illegal drugs, one can see a frequent denial of effective treatment and the implementation of lacking alternatives, such as opioid substitution treatment (OST). The enforcement of drug prohibition has also caused users to turn to the black market, which offers an “increased risk of mortality and morbidity” due to a vast disparity among substance purity (Dillion). The use of illegal substances also has a high tendency to be stigmatized, which may discourage the seeking of help, worsen mental health, and cause a lack of proper, sustained attention from healthcare providers towards people who use them.

Furthermore, past drug policy has led to a myriad of consequences beyond the individual. Through a broader lens, restricting access to opioids has led to a difficult environment to conduct proper research on medical use, resulting in a lack of public knowledge

of the health effects of opioids (Dillion, 46). Increased police activity to enforce drug policy in specific neighborhoods has led to a negative impact on the attendance of community services by community members. Additionally, contact “between the police and ‘suspects of drug law offenders’ leads to a higher risk of a violation of rights and physical harm”. Finally, barriers to sufficient services in detention can increase the spread of infectious diseases via drug use (Dillion).

Many social and economic related consequences intersect as a result of past drug policy. The high-profit margins of the illegal drug market “attract and finance organized crime groups” and encourage the establishment of routes for the trafficking of other illegal substances and even people. These networks foster an environment of “high levels of violence, criminal motivation, and risk-taking” (Dillion, 36). The expensive and recurring cost of illegal drug use causes people to commit associated crimes in their communities for the purpose of financing drug use.

Past drug policy has had grave effects on the criminal records and imprisonment of people who use illegal

substances. A criminal record can severely restrict one's future employment opportunities, at the added risk of "stigmatization and social exclusion" in the workplace. These restrictions extend beyond labor and can have a negative impact on access to housing and education. Circling back to the notion of the effects of drug policy on the community, people incarcerated for a long period of time in facilities hundreds of miles away from their communities can induce "shattered ties with individual social support networks" (Dillion, 41).

Consequences of Over-Prosecution

In many countries, the "war on drugs" has led to the over-prosecution of low-level offenders who serve lengthy sentences for not only their involvement in the trafficking trade but also for the use and possession of narcotics. In 2013, the UNODC conducted a study on drug offenses and found that offenses related to drug possession comprise more than eight out of ten total global drug-related offenses. These offenses are 83% of total global drug-related offenses with the vast majority of traffickers in prison being low-level offenders. Countless research has indicated that punishment has a limited impact on reducing illicit drug use. Essentially, countries that impose severe penalties have no upper hand in deterring drug use in communities with less severe sanctions. Moreover, there is a high rate of relapse to drug use, drug overdose, and recidivism among those dependent on drugs after they are released from prison, especially without a means of recovery and care efforts following sentences.

In relation to the drug epidemic in the United States, the Pew Charitable Trusts examined data from 2014 on the relationship between state drug imprisonment rates and indicators of state drug problems

(self-reported drug use, drug overdose deaths, and drug arrests), and they found no statistically significant correlation. Additionally, the percentage of "high-level suppliers" or "importers" represents only 11% of federal drug offenders with over half of those sentences for federal crimes being lower-level actors like street dealers, couriers, and mules. Therefore, although federal sentencing has placed some kingpins and other serious drug offenders behind bars, lower-level offenders also endure lengthy imprisonment which has underlying economic and social consequences. Essentially, penalties of over-prosecuting different levels of drug offenders do not match the expected roles (Pew).

Prison administrators face a serious challenge of their own when prisons are filled with those serving sentences for drug-related offenses. Studies have shown that 40% to 80% of people in prison have a drug problem and drug use among offenders entering prison is increasing. Stringent drug laws have resulted in sharp increases in prisoners who are detained before trial and serve their sentences in accommodation which is often inadequate in terms of space and facilities. For instance, a research project conducted in East Africa found that having a rehabilitation provision within prison facilities is difficult to achieve in an environment where inmates abuse drugs and substances following trends of indiscipline and infractions. Beyond apparent overcrowding, over-incarceration of drug-related offenders can lead to prisons becoming effective vehicles for spreading drug use through users establishing social relationships with one another. Additionally, many individuals in prisons face the threat of growing health concerns as failure to provide healthcare and harm-reduction programs for drug-injecting users can result in transmission of diseases such as HIV and hepatitis C. Due to a lack of funds in prisons around the world,

sterile injection equipment is limited which leads to a higher prevalence of these diseases. Researchers estimate that only 60 out of 10,000 prisons worldwide contain a provision of needles and syringes. There is also a growing black market inside prisons where drugs are smuggled in by visitors and businesses that come to the prison, or during trips to court. In many countries, corrupt law enforcement leads to staff involvement in the selling of drugs to prisoners. For instance in Guatemala, illegal drug sales and use are widespread in prisons (Penal Reform International).

Impacts on Society and Health

Family and Community

One of the main impacts of drug use falls on the primary institution of the family, and its extension to the community. According to a study conducted by the UN Research Institute for Social Development (UNRISD) and the United Nations University, illicit drug abuse corresponds more strongly with the disintegration of the family than with poverty. Family factors that lead to or increase substance abuse include prolonged or traumatic parental absence, harsh discipline, failure to communicate, and parental use of drugs. Additionally, economic levels play a role in vulnerability to drug use, especially irregular income and unemployment (UNODC).

Health

The effects of drug use on individual health are apparent and affect millions of people each day. Although not all drug use is associated with death, many are still related to fatal health consequences. Many individuals who suffer from substance use disorders experience a multitude of adverse effects and are at risk of numerous medical conditions including

hypertension, congestive heart failure, lower back pain, arthritis, pneumonia, and chronic obstructive pulmonary disease (UNODC). Within working class communities, individuals are often introduced to drugs through legal channels. Many jobs are labor-intensive and physically demanding, leading to work-related injuries that are addressed with pain medications. Financial and environmental stressors, as well as chronic pain, motivates the continued usage of narcotic painkillers and subsequent fall into addiction (The Right Step) (Kaliszewski).

Environment

Environmental damage in producing illicit drugs is attributed to the clearing of forests, growing of crops as monocultures, processing of harvested plants into drugs, and the use of environmentally dangerous chemicals. For instance, in Andean countries, coca cultivation caused the deforestation of 700,000 hectares in the Amazon region. This has only increased with the booming demand in coca production, which contributes to more forest loss in recent years than timber extraction, colonization, and cattle ranching. In Southeast Asia, farmers utilize slash-and-burn agriculture—the cutting down and burning of existing vegetation before new seeds are sown—for opium poppy cultivation which denudes the land, destroys topsoil, and silts up rivers. Additionally, the improper disposal of toxic wastes created during the process of turning the plant material into a consumable drug negatively impacts the environment as tons of toxic chemicals are flushed down waterways each year (UNODC).

Moreover, the illegal drug economy relies heavily on the labor of the working class. Similar economic conditions extend to locales across the globe from inner streets of the United States to poppy fields in Afghan-

istan. Many communities with high unemployment rates condition young, despairing workers to accept risky, low wage jobs, especially those offered by the drug industry. For instance, in Mexico, researchers estimate that the drug trade is the fourth-largest em-

ployer in the country with working class individuals virtually forced into the labor due to their strenuous economic conditions (Singer, et al.).

PAST UN ACTION AND INTERNATIONAL COOPERATION

Single Convention on Narcotic Drugs of 1961

The 1961 Convention is considered a major achievement of international drug control because it consolidated all previous conventions and streamlined the international drug control machinery. Expanded and strengthened by the 1972 Protocol, the 1961 Convention established harsh control on the cultivation of opium poppy, coca bush, cannabis plant, and their products. The Convention lists control over 141 narcotic drugs, many of which are natural products including opium and its derivatives, morphine, codeine, and heroin. However, it also exercises its control over synthetic drugs such as methadone, pethidine, cannabis, and coca leaf.

The parties in favor of the 1961 Convention follow certain protocols to limit the production, manufacture, export, import, distribution and stocks of trade in and use of the controlled drugs (e.g. for medical and scientific purposes). Moreover, governments are required to document the production and distribution of controlled substances by providing estimates and statistical returns to the International Narcotic Control Board on the specificity of the drugs in order for the controlled substances to be licensed and supervised. This control system of estimates covers

all States, regardless of whether they are parties to the 1961 Convention or not (INCB) (UNODC).

To address the abuse of narcotics, the 1972 Protocol expanded upon Article 38 “Treatment of Drug Addicts” to encompass all “Measures against the Abuse of Drugs”. This amendment required governments to not only provide treatment and rehabilitation for existing drug users, but to also establish preventative measures against addiction from the outset. Furthermore, alternatives to the incarceration of drug users are proposed, with Article 36 stating that “when abusers of drugs have committed such offenses, the Parties may provide, either as an alternative to conviction or punishment, or in addition to conviction or punishment, that such abusers shall undergo measures of treatment, education, after-care, rehabilitation and social reintegration...” (Pietschmann, et al.).

UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

Despite the systematic restrictions placed on the production, manufacturing, and export/import of narcotics, there are, of course, many other avenues in which these drugs become susceptible to widespread

access and potential for subsequent abuse. One of these illegal routes is drug trafficking, an issue that pervades communities all over the world. The 1988 Convention emerged from the political and sociological developments in the 1970s and 1980s that increased the demand for cannabis, cocaine, and heroin as recreational drugs in more developed nations. Specifically, this demand triggered an increase in illicit production and trafficking, an industry that became dominated by criminal groups and led to the introduction of the 1988 Convention.

The 1988 Convention outlines measures against drug trafficking with provisions centering around issues of money laundering and diversion of precursor chemicals. Other initiatives rely on international corporations including extradition of drug traffickers, controlled deliveries, transfer of proceedings, sanctions, and mutual legal assistance (UN Treaty Collection) (UN).

UNODC's Annual Drug Report: Examining the World Drug Report 2023

In the UNODC's latest publication of its annual drug report, the Office revealed the growing number of drug users, a 23% increase compared to the previous decade. Additionally, in the same time frame, the number of people suffering from drug-use disorders increased by 45% which translated to 39.5 million people globally. Despite these significant margins, research showed that only 20% of people suffering from a drug-related disorder were receiving treatment for drug use.

In the modern era of drug use, the cost-effective and easy production of synthetic drugs has radically transformed the illicit global drug market with results consisting of more fatalities. For instance, in 2021 alone, most of the nearly 90,000 opioid-related overdose

deaths in North America were attributed to illegally manufactured fentanyl. Additionally, with the rise of social media and the internet at the onset of the 21st century, the dark web poses a serious threat to the restriction of narcotic drugs. According to Alan Edwards, an expert on combating serious organized crime, this internet underworld allows amateur chemists to share and improve synthesis methods. Therefore, governments and international organizations would constantly need to update legislation to deal with each and every compound which would be extremely difficult. The compounds of these new drugs are typically mixed with traditional medicine that heighten the effects but still keep them under the enforcement radar. A traditional route of rule of law would be nearly impossible to address this subtle production method. Therefore, the UNODC has called for an approach that incorporates decriminalization and legislation with safer government-provided alternatives in tandem with medical services

Additionally, in regards to enforcement, researchers have highlighted the importance of a government's responsibility to protect the communities it represents from harm. Essentially, stringent punishments—like the death penalty for drug-related offenses carried out in some jurisdictions—seem to only escalate an already hardline “war on drugs” approach. By enforcing prohibition and increasing criminalization, demand would only increase and make the drug market more profitable for criminals. On the other hand, some countries have adopted more decriminalization strategies and regulations for health and social services as a means to undermine criminal markets (Trevelyan). Overall, it is vital to recognize that certain policies in one country may not meet the needs of a community in another country. Therefore, countries should explore possible measures that address specific contingencies in a region or

bloc that apply to their situation.

Vienna NGO Committee on Drugs

The Vienna NGO Committee on Drugs (VNGOC) is a forum for Non-Governmental Agencies and the UN Commission on Narcotic Drugs (CND), the International Narcotics Control Board (INCB), and the United Nations Office on Drugs and Crime

(UNODC) to communicate and collaborate on drug policy. Its members include 374 organizations from 101 countries. The VNGOC provides a platform for information sharing regarding global narcotics policy, as well as a forum for international cooperation and discussion with groups keenly interested in preserving the sanctity of human rights, fairness, and diversity (Vienna NGO).

CASE STUDIES

Case Study 1: The Philippines

When former Philippine President Rodrigo Duterte took office in June of 2016, he carried out a relentless “war on drugs” that led to the deaths of over 12,000 Filipinos, most of whom were urban poor. Human rights organizations attribute at least 6,000 of the killings to the Philippine National Police. Moreover, these institutions have found that police are falsifying evidence in order to justify these unlawful killings. In Duterte’s 22-year tenure as mayor of Davao City and into his campaign presidency, large-scale extrajudicial violence as a crime solution, especially in relation to the drug issues has been a marker of his political career (Conde). However, when current Philippine President Ferdinand “Bongbong” Marcos Jr. ran for election in 2022, audiences were persuaded by his platform which included a more compassionate and holistic approach to the “war on drugs.” As a result, he won a landslide in elections on May 9, 2022, with over 30 million Filipinos in support of his campaign. In relation to the drug issue in the Philippines, Marcos Jr. emphasized rehabilitation for drug users and initiatives to eliminate poverty, the

root cause of the drug problem. However, the nation’s population tells a different story as Duterte’s violent history seems to prevail (Reagan).

Extracting accurate figures on the extent of drug abuse in the Philippines has been difficult for international actors due to the unreliability of the Philippine government. On the onset of the Philippines’ “war on drugs,” Duterte noted three million drug addicts using shabu, a concerning variant of methamphetamine, but official statistics suggest that they are much lower at 1.8 million drug users. Additionally, drug abuse is apparent on the streets of poorer regions where working-class individuals endure long shifts in awful conditions. In these communities, shabu is normalized to aid in sleep deprivation.

Although the drug issue and the government’s attempts to “suppress” it have been an increasingly serious threat to human rights, local media criticizing the government’s actions have come under increasing pressure with lawsuits or revocation of broadcasting licenses. President Marcos Jr. has ordered the suspension of the Bureau of Corrections Director-General

Gerald Bantag who was alleged to have ordered investigations on the killings of journalists in the country. Many media outlets have been targeted by the government such as the Philippine Daily Inquirer, broadcaster ABS-CBN, and online outlet Rappler—all of whom have conducted investigations on the war on drugs.

Since Duterte's regime, Marcos Jr. has taken the operations underground, meaning killings are committed by contractors instead of the police. This makes it difficult for "nightcrawlers," local freelance photographers, to report on the deaths since corpses are not left on the streets. Joel Ariate Jr. a researcher in state-sponsored violence at the Third World Center at the University of Philippines, believes the underlying issue of unlawful killings of drug users is business, an underground economy where police have a stake and there exists limited government control. The Philippines has shown itself up to reform in other areas where cultural and social stigmas hinder change, but drug law reform has not been seriously proposed (Simons).

Case Study 2: Portugal

From 1933 to 1974, the Second Republic, an authoritarian regime, ruled Portugal with an iron fist, enforcing conservative principles. When the end of the dictatorship occurred, an entire generation of Portuguese people indulged in freedoms that had been denied to them under the regime including drugs. These drugs were brought by soldiers returning back to the nation from newly liberated African colonies and bringing back cannabis, as well as individuals on the black market importing heroin and cocaine. Because the Portuguese people had been deprived of social liberties for a long period of time, the use of drugs became encouraged with heroin becoming the

main drug of choice. By the 1990s, nearly one percent of Portuguese citizens were addicted to heroin, and Lisbon carried the moniker of the "heroin capital of Europe." However, in response to this epidemic, Portuguese officials created a plan that no one expected: they decriminalized all drug use.

One of the architects of Portugal's drug policy, Dr. João Castel-Branco Goulão, and his team believed that policies and programs that focused on treating addicts and preparing them for reintegration with society should be at the forefront of their efforts to combat the drug problem. In addition, the government assigned a task force of doctors, judges, and mental and social healthcare workers. Underpinned by the nuanced understanding of human addiction, Dr. Goulão wanted the addiction epidemic to be understood as medical in nature and not an issue of law and order. Therefore, instead of jail sentences, Portuguese citizens who were apprehended with drugs were offered therapy. Additionally, if a citizen refused to accept the decision that a panel of psychologists, social workers, and legal advisors suggest, the citizen would not face criminal punishment.

Unsurprisingly, Portugal's plan of decriminalization of drug use was not widely accepted at first. Many believed that decriminalizing drug possession would increase the number of drug tourists in the nation and exacerbate the drug issue. However, in 2009, a report by Washington, DC's Cato Institute revealed that the effects of Portuguese drug laws exceeded expectations: illegal drug use by teenagers decreased, rates of HIV infections by sharing contaminated needles decreased, the number of people seeking treatment for substance abuse more than doubled, and HIV infections and fatalities caused by heroin and other drugs declined by more than 50% (Lautieri, et al.) (Bajekal and Fonseca).

Although Portugal's progressive approach does have its success, decriminalization is still part of a larger issue. For instance, in 2007, Portugal faced a financial crisis that led to program cuts which sent ripple effects through rehabilitation and recovery efforts. Drug users in treatment declined from 1,150 to 352 (From 2015 to 2021) as funding from programs

dropped from USD 82.7 million to USD 17.4 million. Additionally, overdose rates are at a 12-year high and have doubled in Lisbon since 2019 (Shea). Moreover, there is still debate about the efficacy of this approach in other countries due to a multitude of factors like different models of government or population size.

QUESTIONS TO CONSIDER

1. How does your country's penal code address drug possession and usage? How does the severity of punishment reflect historical, cultural, or current perspectives on drug use in the country?
2. What factors in your country or region differentiate the effects narcotics have on the working population as opposed to other demographics?
3. Are there any unique programs implemented in your country to reduce narcotics abuse? What about policies for reducing or increasing incarceration for drug-related offenses?
4. What role does your country play in the global drug trade, if any? Does its role in production, manufacturing, or distribution affect federal drug policy?
5. In relation to the two radically different approaches to the drug issue presented in the case studies, why might Portugal's decriminalization approach not be applicable in the Philippines?

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