

UNODC STUDY GUIDE

Letter from the EB

Dear Delegates, Welcome to your first step in preparing yourself for CHMUN 2019! On behalf of ourselves and the Secretariat, we would like to extend our warmest greetings to you, and hope that this finds you well.

Our issues at hand are highly topical and relevant to today's world. Clearly, current affairs and news will be crucial in your research. However, academic writings and data-led reports will also be highly relevant, and can provide useful insights into the topics. The countries you represent all have an interest in solving both issues, though your approach to this will invariably differ.

This study guide should be seen as a springboard, giving out the necessary contextual, legal and structural base knowledge. It will be up to you to find out more about your country's positions regarding the topics and craft a coherent stance to take forward in order to resolve the issue. We wish you the best of luck in the seen devours, and hope that you will work hard.

- Executive Board



UNODC STUDY GUIDE

Intro to Committee

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

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

The three pillars of the UNODC work programme are:

- Field-based technical cooperation projects to enhance the capacity of Member States to counteract illicit drugs, crime and terrorism
- Research and analytical work to increase knowledge and understanding of drugs and crime

issues and expand the evidence base for policy and operational decisions

- Normative work to assist States in the ratification and implementation of the relevant international treaties, the development of domestic legislation on drugs, crime and terrorism, and the provision of secretariat and substantive services to the treaty-based and governing bodies

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

Intro to First Agenda

1. NRA and Gun Violence

The National Rifle Association used its influence over a Congressman to codify language that prevents the Centers for Disease Control and Prevention (CDC) from funding research into gun violence, which kills and injures tens of thousands of people in the US each year.

Research on gun violence is not inherently political. However, its results can inform policy changes to protect public health, potentially including restrictions on gun access.

UNODC STUDY GUIDE

And this has made gun violence research a target for the National Rifle Association (NRA), which is primarily funded by contributions, grants, royalty income, and advertising from the firearms industry.

2. History:

During the 1990s, the NRA used its influence over NRA member and Arkansas Rep. Jay Dickey to insert an amendment into the federal spending bill that has effectively prevented the Centers for Disease Control and Prevention (CDC) from funding any research on gun violence.

In 1993, a CDC-funded study in the *New England Journal of Medicine* found that firearms kept at home increased the risk of homicide by someone in the household, rather than offering protection. Soon after this article was published, the NRA launched a targeted campaign to eliminate “anti-gun propaganda” within the National Center for Injury Prevention and Control at the CDC. Study author Dr. Arthur Kellerman remembers receiving a note from the research coordinator for the NRA’s Institute for Legislative Action: “It said something to the effect of, ‘Dear Art: With publication of your last study, you have graduated from the public health file to your own, named file at the NRA headquarters.’”

In 1996, Dickey, a lifelong NRA member and self-described “point man” for the NRA, inserted this provision into the federal spending bill that targeted the CDC’s \$2.6 million in annual funding to study gun violence: “None of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control.” As a result, the National Center for Injury Control and Prevention, the research arm that had produced the 1993 study, was disbanded.

The NRA moved quickly to quash similar research at other agencies. In 2009, the NIH’s National Institute on Alcohol Abuse and Alcoholism funded a study that examined whether carrying a gun increases or decreases the risk of firearm assault. In 2012, Congress extended the CDC language to all Department of Health and Human Services agencies, including the NIH.

The NRA has taken credit for blocking government gun violence research. In 2011, the organization said, “These junk science studies and others like them are designed to provide ammunition for the gun control lobby by advancing the false notion that legal gun ownership is a danger to the public health instead of an inalienable right.”

UNODC STUDY GUIDE

But even as the NRA doubled down on its quest to stop research on the gun violence epidemic, the namesake of the Dickey amendment changed his mind about the policy decision he had helped create. In 2015, the former member of Congress told the Huffington Post, “I wish we had started the proper research and kept it going all this time. I have regrets.”

3. Current Situation:

In the meantime, the NRA continues to spend over \$3 million in lobbying and over \$1 million in political contributions annually, pushing for policies that promote gun ownership while research into the public health consequences of that ownership is stalled. The suppression of all federal gun violence research has meant that, for over two decades, there has been very little scientific study of basic questions about gun violence, even as 93 Americans are killed by guns every day.

4. Solutions:

Reform advocates are engaged in a valuable discussion about gun reforms that can be achieved by executive action. We must pursue these solutions to the fullest extent of the law, including by redefining anyone “engaged in the business” of dealing in firearms to include the vast majority

of gun sales outside of family-to-family exchanges. This will extend requirements — not only for background checks, but all federal gun rules — to cover all of those sales. This includes:

- Requiring background checks. We will bring the vast majority of private sales, including at gun shows and online, under the existing background check umbrella.
- Reporting on multiple purchases. We will extend the existing requirement to report bulk sales to nearly all gun sales. And I’ll extend existing reporting requirements on the mass purchase of certain rifles from the southwestern Border States to all 50 states.

There are more solutions that we expect you come up with as more are still present.

UNODC STUDY GUIDE

Intro to Second Agenda

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

1.1 Opium (Intro and History):

A plant whose existence has first been reported by the ancients Sumerians (4000 BC) and which has since been the source material of many narcotics such as morphine, heroin and opium. In recent years there has been significant changes in the primary source areas of opium. Its production in Southeast Asia declined dramatically, while opium production in Southwest Asia expanded. In 1991, Afghanistan became the world's primary opium producer, surpassing Myanmar, formerly the world leader in opium production. The decrease in opium production from Myanmar is the result of several years of

unfavorable growing conditions and new government policies of forced eradication. Afghan opium production increased during the same time frame, with a notable decrease in 2001 allegedly as a result of the Taliban's fatwa against heroin production. Heroin, the major illicit product of opium poppy, is mainly trafficked from Afghanistan to the Russian Federation and Europe via either the Balkan and Northern routes. The Northern route takes drugs from Afghanistan into Central Asia towards the Russian Federation, whereby via Tajikistan both large, well-organized groups and small entrepreneurs engage in trafficking, with the drug typically changing hands multiple times before reaching the consumers. The Balkan route travels by land from the Islamic Republic of Iran, sometimes using Pakistan as an intermediary, via Turkey and through South-East Europe towards its European customers, often using the Netherlands as another redistribution point. Drug traffickers on this route tend to be nationals from the source or transit countries, passing their goods on to transportation professionals at various stages of the journey into Europe. Nationals tend to control the local drug markets.

UNODC STUDY GUIDE

1.2 Marijuana (Intro and History)

Marijuana has roots as far back as 2737 B.C. It has been referenced in ancient Chinese medicine, and soon spread from China to India, North Africa, and Europe by 500 A.D. historically reported medicinal uses included treating rheumatism, gout, and malaria.

Recreational use became popular in India and among the Muslim population, leading to the development and popularization of hashish (concentrated psychoactive resins from the cannabis plant). In 1545, Spanish explorers brought the plant to North America. By 1611, it was introduced in Jamestown and it quickly became a staple commercial crop. By 1890, cotton replaced hemp (marijuana) as the major cash crop, and marijuana effectively fell off the market. When alcohol was outlawed in the 1920s, there was a big resurgence in marijuana use. At the time, smoking marijuana was legal and not considered a social threat. Marijuana clubs began popping up in major cities. It was even listed in the United States Pharmacopeia from 1850 until 1942, used to treat a wide variety of ailments, including labor pains, nausea, and rheumatism. In the

1930's, the U.S. Federal Bureau of Narcotics (now the Bureau of Narcotics and Dangerous Drugs) began a campaign to reframe the image of marijuana from a recreational fun and medicinal substance to that of an irresistible, addicting one that would lead straight into narcotics addiction.

Beat poets in the 1950s and college rebel "hippies" in the 1960s were the image of marijuana users during their eras.

In 1970, the Controlled Substances Act designated marijuana as a Schedule I drug, meaning that it has: The highest potential for abuse.

No accepted medical use.

International trade in marijuana and hashish was first placed under controls during the International Opium Convention of 1925. By the late 1960s most countries had enforced restrictions on trafficking and using marijuana and hashish and had imposed generally severe penalties for their illegal possession, sale, or supply. Beginning in the 1970s, some countries and jurisdictions reduced the penalty for the possession of small quantities. The Netherlands is a notable example; the government there decided to

UNODC STUDY GUIDE

tolerate the sale of small amounts of marijuana. Other European countries also began debating the decriminalization of so-called “soft drugs,” including marijuana. In the United States, several states passed legislation in the late 1970s and early '80s to fund research on or to legalize the medicinal use of marijuana, though some of these statutes were later repealed or lapsed. Renewed decriminalization efforts in the 1990s led to the legalization of medicinal marijuana in more than a dozen states, including Alaska, Arizona, California, Colorado, Nevada, Oregon, and Washington. In 2001, however, the U.S. Supreme Court ruled against the use of marijuana for medical purposes. Later that year Canada passed legislation easing restrictions on medicinal marijuana. That country's new regulations included licensing marijuana growers to produce the drug for individuals with terminal illnesses or chronic diseases. In 2009 U.S. Attorney General Eric Holder issued a new set of guidelines for federal prosecutors in states where the medical use of marijuana was legalized. The policy shift mandated that federal resources were to be focused primarily on prosecuting illegal use and trafficking of marijuana, thereby rendering cases

of medical use, in which those individuals in possession of the drug are clearly in compliance with state laws, less prone to excessive legal investigation.

In addition to the legalization of medical marijuana, many states in the late 20th and early 21st centuries passed decriminalization laws that imposed penalties other than jail time for possession of a modest amount of marijuana, often imposing a civil fine as punishment instead. In 2012 the U.S. states of Colorado and Washington became the first in which citizens voted in favor of legalizing the recreational use of marijuana

2. Current Institutional Framework

Currently the main treaties and conventions that regulate drug cultivation, trafficking and consumption are the 1961 Single Convention of Narcotic Drugs, which prohibits the production and supply of certain drugs with cannabis, coca and opium-like effects; the 1971 Convention on Psychotropic Substances, which banned many newly discovered psychotropic; and the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, which

UNODC STUDY GUIDE

provides additional enforcement measures. The UN has established International Standards on Drug Use Prevention.

For further readings:

https://www.unodc.org/pdf/convention_1961_en.pdf

https://www.unodc.org/pdf/convention_1971_en.pdf

https://www.unodc.org/pdf/convention_1988_en.pdf

3. The Afghan Opiate Trade Project (AOTP)

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

4. UNODC's Action

UNODC's approach to the drugs issue is multi-faceted and encompasses the most diverse aspects of the subject, with orchestrated and specific actions in the areas of health, education and public safety, among others. On one side, in order to contribute to demand reduction, UNODC implements projects for prevention, treatment and rehabilitation of addicted subjects, as well as for preventing transmission of the HIV virus associated with drug use. On the other side, seeking to reduce supply, it promotes programmes to combat money laundering associated with the illegal drugs market, to monitor illicit crops and to strengthen governments' capacity to intercept and restrain drug trafficking.

In order to advance this work, UNODC undertakes efforts in promoting studies and analyses on drug production, traffic and consumption, in order to offer grounds for the implementation by the countries of interventions that are adequate to each national context. UNODC also offers legal assistance to countries for the implementation of UN's conventions and treaties for drug control, with the necessary

UNODC STUDY GUIDE

adaptations to national legislations.

On the prevention area, UNODC promotes the construction of strategies directed towards information and knowledge to allow people, particularly the young, to develop their capabilities and to have the opportunity to make decisions that favor their quality of life.

On the issue of treatment, UNODC seeks to improve the quality of the responses to abuse and dependence on drugs through international cooperation and information interchange between different countries. The main global initiative in this direction is Treatnet.

UNODC promotes within different countries the development of strategies of attention to drug use, based on scientific evidence, using an approach that prioritizes respect to human rights and the real needs of the services' users in their clinical, motivational and social aspects.

UNODC publishes annually the World Drug Report, which gathers the main data and trends analyses on production, traffic and consumption of illegal drugs worldwide. The data are compiled by UNODC from

questionnaires sent to the Member States and compose a reference document to guide global policies on drugs.

4.1 Youth and Drugs

The programmers designed to prevent the inadequate use of drugs are always considered the most important intervention and have as their priority target the youth. UNODC's work in this area is based on principles that call for the establishment of community-based action, with wide incentive to the participation of the youth; activities of extended perspective regarding different types of substances, with focus on people and social interactions; and the guarantee that other groups that can influence the youth's life conditions are considered in the programmers developed.

UNODC has been working on the identification and dissemination of good practices and reference documents, with the contribution of community and youth institutions, through two projects: the Global Youth Network and the Global Initiative on Primary Prevention of Substance Abuse.

With the help of the youth, members

UNODC STUDY GUIDE

of academic institutions, professionals working in the area and other UN agencies, UNODC has been identifying what works better for prevention. Towards this end, the participation of the youth in this process contributes to more effective and lasting results.

5. GENERAL SOLUTIONS

1. Decriminalization of drugs

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

which would mean that certain limits and conditions would be imposed and monitored.

2. Rehabilitation

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

3. Search and Destroy

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

UNODC STUDY GUIDE

where all drug producers worldwide will fall under the same laws. UN Special Forces could quickly descend and dispatch drug cartels in Mexico, Afghanistan and Myanmar, putting an end to middle men, and/or producers.

There are more solutions that we expect you come up with as more are still present.



UNODC STUDY GUIDE

Here are some useful hints on how to get prepared for the CHMUN conference:

Do some research, the first step after you have been assigned your country and committee will be to do some research in order to prepare for the conference. These are areas you should look into:

1. The structure and history of UN
2. Your assigned member state
3. Your member state's role in the committee
4. Your agenda topics

Central Questions that should guide your Research

1. What sort of government does your country have?
2. What types of ideologies (political, religious or other) influence your country's government?
3. Which domestic issues might influence your country's foreign policy
4. Where is your country located and how does its geography affect its political relationships?
5. Which countries share a border with your country
6. Which countries are considered as enemies of your country
7. etc.

Questions Any Resolution Must Answer:

1. To what extent should member states pursue a trans-national strategy in combatting problems caused by drug trafficking?
2. How can the international supply of drugs be reduced?
3. How can the international demand for drugs be reduced?
4. What can be done to counter negative effects of the War on Drugs on healthcare, the environment, and vulnerable communities?
5. How can member states cooperate to battle illegal trans-national organizations that deal in the production, trafficking, and distribution of drugs?

UNODC STUDY GUIDE

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