United Nations Commission on Narcotic Drugs
Background Guide

The Commission on Narcotic Drugs was established in 1946 by the United Nations Economic and Social Council to influence drug control policy by advising other bodies, deciding how various substances, and approving the budget of the Fund of the United Nations International Drug Control Programme, which accounts for over 90 per cent of the resources available to the United Nations for drug control. The General Assembly has the right to modify Commission’s decisions except their scheduling decisions which can only be amended by ECOSOC. The Commission consists of 53 states, serving 4-year terms, with the following distribution of seats among regions: eleven for African States, eleven for Asian States, ten for Latin American and Caribbean States, seven for Eastern European States, fourteen for Western European and other States, and one seat to rotate between the Asian, and the Latin American and Caribbean States every four years.

I. Addressing the Link between Drug Trafficking and Terrorist Finance Networks

The issue of global terrorist networks and their use of the black market to fund their operations has been an issue of significant international importance for decades. Becoming increasingly clear after the Cold War though the links found between opium production and terrorist networks in central Asia, the use of these drug networks has become a significant source of income for terrorist networks including Al-Qaeda and ISIS, using the funds to purchase weapons and materials, and smuggling networks to transport these same weapons back to them.\(^1\) Because of the truly global networks that drug trafficking and terrorist networks command, the issue is often difficult for a single country to address, and with growing rates of addiction across the world, the issue not only poses a threat to global peace and security, but global health as well.

The connection between the drug trade and terrorism has been a particular concern in Africa in recent years with significant recent increases in the demand for illicit drugs including cocaine, marijuana, and khat.\(^2\) This growth in countries that often do not have the resources for strict enforcement has helped to stabilize and increase the amount of capital that terrorist networks have to continue their activities. Al-Shabaab in particular receives much of its predatory income from trafficking heroin from Asia, while Al-Qaeda in the Islamic Maghreb

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1 Khan, Kashif J. “Cutting the Link Between Illegal Drugs and Terrorists.” Cutting the Link Between Illegal Drugs and Terrorists - GlobalECCO, Global Ecc.
2 Rotberg, Robert. “The War on Drugs is Fueling Islamist Terrorism”. Newsweek.
AQIM has been entering the trafficking market in Mali, Mauritania, Niger, and Burkina Faso.\textsuperscript{3} This growing demand is in addition to the already 27 million people who suffer from drug addiction and the approximant 247 million people between the ages of 15 and 64 years of age that had used an illicit substance in 2013 around the globe.\textsuperscript{4}

The United Nations has already taken many steps to address the issue of drug trafficking by terrorist networks. In March of 2017, the United Nations Commission on Narcotic Drugs passed Resolution 60/I,\textsuperscript{5} which reaffirmed its commitment to the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. The resolution further recalled some of the other efforts that the United Nations has made in the past to address the link between drug trafficking and terrorist finance networks. These included steps to aid nations with their reporting mechanisms, increase research measures on the subject, and provide technical assistance to member states.\textsuperscript{6} The resolution further laid the groundwork for a comprehensive solution to the problem; however, significant work remains to fully address the underlying issues.

Perhaps the most significant challenge to addressing the link between drug trafficking and terrorist networks is international coordination and communication. The recent 2017 World Drug Report found that a significant factor in with the connection between illicit drug traffickers and terrorist organizations is that there is a dearth of information that can actually be gathered by the United Nations Commission on Narcotic Drugs.\textsuperscript{7} Because states often withhold information or are unable to collect it themselves, the true scope of the links between terrorist networks and drug trafficking are virtually unknown, making the task of addressing the issue to stop the flow of cash used to plan and execute terrorist attacks around the world increasingly challenging for the international community.\textsuperscript{8} With the inability to effectively study and understand the full scope of the issue, developing effective solutions is hindered, allowing these networks to grow, expand, and continue their threat to the health and safety of people around the world. Furthermore, the report also found that corruption has also contributed to the difficulties of addressing these issues.\textsuperscript{9}

The United Nations Commission on Narcotic Drugs recognizes a need to address the link between terrorist organizations like AL-Qaeda and ISIS and the illicit drug trade, however, due to a number of challenges, this issue has been difficult to effectively address. The financing

\textsuperscript{3} Rotberg, Robert. “The War on Drugs is Fueling Islamist Terrorism”. Newsweek.


\textsuperscript{5} United Nations Commission on Narcotic Drugs, “Resolution 60 I”, 2017.

\textsuperscript{6} Ibid.


\textsuperscript{8} Ibid.

\textsuperscript{9} Ibid.
between these two groups has led to a large and easy money making enterprise that is easily overlooked by authorities and individual state actions. If this issue is to be resolved, the international community has to work together and target the many linkages of association between illegal drug traffickers and terrorist organizations.

Questions to Consider: What mechanisms has your state employed to combat the illicit drug trade and/or combat terrorist organization’s finances? What international steps are necessary for improving the overall united effort to fight global terrorist and illicit drug organizations? Have previous policies by either the international community or those of your state negatively impacted the situation, is so then what policy changes have to be made?

II. Improving Access to Addiction Resources in Developing Countries

Across the globe, an estimated 246 million people, or 5% of adults, used an illicit drug in 2013. Though the most popular types of drugs used vary from country to country, drug addiction is quickly becoming a global epidemic; affecting every country and region of the world. Because of the significant health concerns that arise out of a failure to treat drug addiction around the world, it is essential that the United Nation address the growing addiction epidemic as a way to better manage the spillover effect of drug use, including the spread of disease, crime, sustained poverty, and even terrorism.

The issue of addiction and addiction treatment is often multifaceted, with many interconnecting challenges for the individual, community, and nation as a whole. One particular, and obvious issue, is the lack of access that many individuals suffering from addiction face in terms of treatment options. Because of the significant cost of treatment facilities, and often priorities placed on other issues, in many countries and remote regions within them, the resources needed to address addiction simply does not exist. Furthermore, the types of treatment practiced in a society also affect the popularity of addiction resources across the globe. In 2016, The United Nations Office on Drugs and Crime set forth the “International Standards for the Treatment of Drug Use Disorders – Draft for Field Testing” to establish a common ground for the international community in its fight to provide proper addiction resources for those suffering from addiction. Still, however, the treatment approaches of facilities vary from country to country, with many societies taking a more religiously-focused approach to the handling of addiction recovery. While many countries, particularly those in

11 Ibid.
Europe, have highly-developed treatment programs, the world as a whole lacks accessibility to treatment with a global average of only 1.7 beds per 100,000 individuals at treatment centers.

Lack of access to treatment facilities, however, is not the only challenge facing those who need addiction treatment. The global stigma of drug addiction also often prevents many individuals from seeking treatment or help, as well as severe criminal punishments for drug users. In many parts of the world, drug users are often punished with long jail terms, and even the death penalty.\textsuperscript{13} This is particularly common across Asia in which countries like China, Vietnam, Thailand, Singapore, Indonesia, and most notably the Philippines, where drug users are often targeted for death by vigilantly groups under government support.\textsuperscript{14} The use of strict punishments in lieu of treat is also common throughout Africa and the Middle East, where both Iran and Saudi Arabia have gained reputations for their severe punishment of drug users.\textsuperscript{15} This threat of imprisonment and even death constitutes a considerable challenge for those suffering from addiction and contributes to fear, further use, and the increasing stigmatization of users. This global stigmatization of drug addiction has additional life-threatening consequences. The alarming rates of disease among addictive users are often regarded as a direct consequence of stigmatization. An estimated 10-15 percent of injection drug users in North African and Middle Eastern countries are infected with HIV,\textsuperscript{16} with a rate of nearly 25% in Pakistan alone.\textsuperscript{17} These high rates of communicable and preventable diseases put further strain on national health care systems and directly contribute to the 200,000+ drug-related deaths each year.\textsuperscript{18}

In addition to political and cultural barriers to treatment, geography also continues an important challenge to improving access the addiction treatment, with a significant gap existing between the resources available to urban and rural dwellers. China is a particularly relevant example for this issue. With many of Asia’s drug rehabilitation centers are located in China, where urban areas are more developed and reach a larger population,\textsuperscript{19} many in lesser developed areas of China and of other Asian countries are often prevented from receiving treatment due to lack of access and ability to reach these facilities. The geographic disparity is similar in Africa, with South Africa having the third-highest treatment rate of any African nation surveyed.\textsuperscript{20} Because of South Africa’s high GDP per capita compared to the rest of the African continent,\textsuperscript{21} the country has greater access to recovery resources than many of its fellow

\begin{footnotesize}
\begin{enumerate}
\item Ibid.
\item Ibid.
\item Ibid.
\item United Nations Office on Drugs and Crime, World Drug Report 2016 (United Nations publication, Sales No. E.16.XI.7)
\item Ibid.
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African nations. This trend exists worldwide, noting that New Zealand, Australia, and Iceland, all highly-developed Western nations, have the highest treatment rates in the world.²²

The type of treatment around also comes in a variety of forms, depending on the country or region. In El Salvador, a majority-Catholic nation, a mainly “faith-based treatment” model is used,²³ which has been proven to be largely ineffective by researchers. Meanwhile, treatment in the Middle East largely focuses on detox and does not address the psychological causes of addiction.²⁴ In 2001, Portugal experimented with their addiction treatments by decriminalizing drug use. Instead, the Portuguese government started offering treatment as an alternative to jail time. Though an unpopular approach, Portugal decreased its HIV infections from drug use by 50 percent²⁵ and its illegal drug use by children from 14.1 percent to 10.6 percent in 2006.²⁶ Though these statistics imply that decriminalization of drugs is one solution to the issue of treatment, this approach cannot suggest an answer for the issues faced by the United Nations and the international community as a whole. No single treatment method works for every single country, due to differences in religion, society, and overall culture of its people. The United Nations, while striving to protect the rights of nations to form their own policies, encourages countries to “adhere to...international ethical standards,” while developing intervention “activities.”²⁷

In a world where 5% of adults have used an illicit drug in the past year,²⁸ it is vital for drug addiction resources to be made available to all people, even those barred by economic or geographic reasons. A one-size-fits-all solution is impossible on the international level and the UNCND must recognize the stigmatizations of drug use that are present in all nations on Earth. To ensure a brighter future for those suffering from addiction, their families, and communities, it is necessary for countries to join together in a common goal to help those that struggle with addiction.

Questions to consider: What can the United Nations do to address the stigma surrounding drug use in different countries in the face of strong societal or cultural opposition to drug use? How can access to treatment be improved in rural regions? What other treatment options exist for those struggling with addiction, specifically in developing nations?

²³ Elsevier, “Global Public Health Objectives Need to Address Substance Abuse in Developing Countries,” Elsevier, 14 Aug, 2014
²⁵ Desert Hope, “How Other Countries Deal with Addiction and Treatment,” American Addiction Centers, 2017
²⁶ Ibid.
²⁸ Ibid.