
Sophia Model United Nations 2024



UNODC

A letter from the Executive Board.

Greetings delegates,

The Executive Board of The United Nations Office on Drugs and Crime (UNODC) extends its warmest regards to all participants.

As experienced delegates who have attended numerous Model United Nations conferences, we recognize the importance of the background guide as a valuable tool for research. We believe that the purpose of the background guide is to aid in research rather than provide all the answers on a silver platter.

While we acknowledge that the background guide can serve as a starting point or reference for your study, we encourage delegates to conduct further research and delve deeper into the topic at hand. We believe that MUN conferences are not just about acquiring knowledge, but also about expressing ideas, gaining a broader perspective, and comprehending the complex issues that our world faces today. This comprehensive background guide aims to provide you with sufficient information to familiarise yourselves with the agenda "Tackling Afghanistan's Narcotics Challenge and the Drug Epidemic." However, it is crucial to understand that this guide is just the beginning of your research journey and should not be considered the final word on the subject.

With that said, we emphasise the importance of conducting extensive research and preparing diligently to ensure meaningful discussions and productive debates during the conference. We encourage all delegates to approach the conference with an open mind, a spirit of diplomacy, and a commitment to finding viable solutions to the challenges posed by drug trafficking in Afghanistan .

Thank you,

The Executive Board

General Guidelines

1. In this conference over 3 days, we will be following the UNA-USA format of Model UN in general, however we may deviate from the same according to the discretion of the Executive Board to increase the level of debate if deemed necessary. Having said the same, certain parts of this format shall be omitted keeping in mind the essence of simplification of the process of debate in the online platform.
2. The rules of procedure shall be explained in a briefing session before the start of the committee.
3. There will not be a requirement for position papers to be submitted.
4. This committee will function as a Non-Crisis committee throughout the duration of the MUN.

Procedure (UNA –USA Procedure)

Rules of procedure refer to the formal conduct delegates are expected to maintain during the conference. It is essential to adhere to the rules and maintain decorum for the smooth flow of the committee. For this conference, we will be adhering to the UNA-USA rules of procedure (RoP).

Begin formal session

The first motion that's raised to start the conference is the motion "to begin formal session". Without this, the committee doesn't begin.

How to raise it:

The delegate of "your allotted country" raises a motion to begin a formal session.

Setting the Agenda

The second motion that's raised, is the motion to "set the agenda", this is done to have discussions based on a main topic.

How to raise it:

The delegate of "your allotted country" raises a motion to set the agenda as "Agenda of the committee".

Roll call

When your allotted country is called upon during the roll call, you have two options either say "present and voting" or simply say "present".

(Note: If a delegate says "present and voting", they cannot abstain from voting on the resolution at the end of committee.)

How to raise it:

The delegate of "your allotted country" raises a motion to begin a roll call.

General Speaker's list

Committee generally begins formal debate by establishing the 'GSL' (General Speaker's list). It serves the purpose of allowing a delegate to express their country's stance on the agenda. A GSL is non-exhaustive (i.e. it doesn't have a total time period the way moderated caucus's do.)

How to raise it:

The delegate of "your allotted country" raises a motion to establish the general speaker's list.

Moderated Caucus

This motion can be raised when the committee wants to debate on a specific topic under the agenda.

How to raise it:

The delegate of "your allotted country" raises a motion to suspend formal session/debate and move into a Moderated Caucus on "topic" for the time period of "x" minutes allotting "x" minute per speaker.

In case a delegate does not get recognised to speak, a delegate can send in your point through substantive chit.

Format of Substantive Chit:

(Substantive chit)

To: Executive board

From: Delegate of "your allocated country"

Mention the points you wanted to mention in your speech*

Unmoderated Caucus

This motion is proposed when delegates wish to discuss the status of the committee among themselves and further evaluate their next actions.

How to raise it:

The delegate of “your allotted country” raises a motion to suspend formal debate and move into an unmoderated Caucus for the time period of “x” minutes.

Points

Point of Parliamentary Inquiry

This point is raised by a delegate to clarify anything regarding the rules of procedure or to know the status of the committee (For example: to know which delegate is speaking next/ if the EB is accepting more speakers)

How to raise it:

The delegate of “your allocated country” raises a point of a parliamentary inquiry.

Point of Personal Privilege

This point is raised by a delegate to address a personal issue. (For example: to ask another delegate to repeat a point they made in their speech/to be excused from the committee)

How to raise it:

The delegate of “your allocated country” raises a point of personal privilege.

Point of Order

This point can be raised by a delegate to point out logical fallacies or factual inaccuracies in the speeches of other delegates.

How to raise it:

The delegate of “your allocated country” raises a point of order, Factual inaccuracy/ Logical Fallacy (either one);

After you're recognised for the point order -

Steps to raise a Point Of Order (POOs)

Step 1: Quote - or mention the sentence the delegate quoted in their speech which you feel is logically flawed or factually inaccurate.

Step 2: Give the reason why it's logically flawed or factually inaccurate based on logic or sources.

Step 3: Let the EB decide whether the point stands or not.

Keep in Mind

Please refrain from raising POOs on issues regarding statistical issues. For example, if source A mentions “12 million people have been displaced from their territory.”; and source B contradicts the statement with “12.01 million people have been displaced.”; such point of orders based on factual inaccuracies are noted, but won’t be marked upon as much as other Point of Orders are marked.

Point of Information

This is raised when a delegate wants to ask questions about another delegate's speech.

How to raise it:

The delegate of “your allocated country” raises a point of information.

If you asked a question and are still not satisfied with the answer, you can raise a follow-up question right after the delegate answers.

How to raise it:

The delegate of “your allocated country” wants to raise a follow-up question.

(Note: This point can be denied if the Chairperson feels so)

If a delegate wants to ask a question through chit, you can use this format:

Point of information:

To: Delegate of “country you want to question”

Via: Executive Board

From: Delegate of “your allotted country” state the question

Resolution

1. The delegate of "your allotted country" would like to raise a motion to introduce the resolution titled RESOLUTION NAME.
2. The delegate of "your allotted country" would like to raise a motion to move into the amendment session for the resolution RESOLUTION NAME.
3. The delegate of "your allotted country" would like to raise a motion to table the RESOLUTION NAME for the voting procedure.

Resolution Format (Name of the resolution)

Sponsors:

Signatories:

Topic: XYZ

Committee Name,

Preambulatory Clauses:

1. Every preambulatory clause should end with a comma (,).
2. Full stops should not be used anywhere within the document.

Operative Clauses:

1. Every operative clause should end with a semicolon (;).
 2. Every sub-clause in a resolution should end with a comma (,) unless it is the last sub-clause of the main clause, which should end with a semicolon (;).
 3. Every main clause, before starting with a sub-clause, should have a colon (:).
 4. A full stop should be placed at the end of the resolution.
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Voting

Procedural Voting

For any motion to pass, it requires a simple majority. Example: In a committee, if there are 20 people. A delegate raises a motion, and for it to pass, it requires the votes of half the committee + 1 to pass a motion (i.e. it requires 11 votes to pass).

Voting on a Resolution

The Security Council voting on resolutions is governed by the following rules:

1. To pass a resolution in the Security Council, there must be nine affirmative votes, of all those who vote for or against, and do not abstain.
2. All Council resolutions must have nine “yes” votes without a “no” vote from a veto power.
3. In general, to be adopted, a draft resolution on a non-procedural matter must have the affirmative vote of nine members of the Council, including the concurring votes of the five permanent members (China, France, Russian Federation, the United Kingdom, and the United States).

It is important to note that specific conferences may have their own rules of procedure that differ from other conferences. Therefore, it is important to familiarise oneself with the specific rules of procedure for the conference being attended.

Press Conference

The intended purpose of a Press Conference is to test the depth of research and knowledge of a delegate on matters related to their country. In a press conference, questions may be posed on foreign policy, the agenda, or controversial choices or activities committed by nations in violation of international law.

Background Guide: Tackling Afghanistan's Narcotics Challenge and the Drug Epidemic

I. Introduction

The illicit drug situation in Afghanistan and its neighbouring regions presents a complex and multifaceted challenge, deeply intertwined with the socio-political fabric of the region. Afghanistan has long been a focal point in the global narcotics trade, primarily due to its significant opium poppy cultivation, which accounted for approximately 85% of global opium production as of 2020. This pervasive issue has only been exacerbated under the current Taliban regime, which, despite initial pledges to curb drug production, has seen a resurgence in both opium and methamphetamine manufacturing.

The resurgence of the drug trade under the Taliban's rule can be attributed to a myriad of factors, including economic desperation, lack of alternative livelihoods, and the collapse of state structures that previously enforced drug control measures. The illicit drug economy not only fuels local insurgencies but also has far-reaching impacts on global health and security, making it a critical area of concern for policymakers and international stakeholders.

By delving into the intricacies of drug production, distribution, and the socio-political dynamics at play, this guide seeks to equip readers with a nuanced understanding of the challenges and potential strategies for addressing the drug crisis in Afghanistan and its neighbouring regions.

Drug trafficking is a complex and multifaceted global issue that poses severe consequences for individuals, communities, and nations worldwide. The illicit drug trade has far-reaching impacts on public health, socio-economic development, security, and human rights. Among the regions significantly affected by drug trafficking is Afghanistan, which faces unique challenges due to its geographical location, porous borders, and the presence of diverse transnational criminal networks operating within its boundaries.

The United Nations Office on Drugs and Crime (UNODC), as a leading global authority on drug control and crime prevention, recognizes the urgent need to address the problem of drug trafficking while upholding human rights standards.

Acknowledging the interconnections between drug trafficking and human rights violations, the UNODC actively promotes international cooperation, dialogue, and collaboration to combat drug trafficking in Afghanistan.

The primary objective of this comprehensive background guide, from the perspective of the UNODC, is to provide delegates with a comprehensive understanding of the intricate dynamics surrounding drug trafficking in Afghanistan . It aims to shed light on the profound human rights implications arising from this illicit trade and offers a platform for exploring potential solutions. By identifying the main challenges faced by the region and suggesting viable measures to combat drug trafficking, the guide aims to facilitate productive discussions within the committee sessions while ensuring the protection and promotion of human rights principles.

This background guide serves as a foundational resource for delegates, offering an in-depth exploration of the issue of drug trafficking in Afghanistan from the perspective of the UNODC. It provides a framework for delegates to engage in informed discussions, propose effective strategies, and collaborate on sustainable solutions. By upholding human rights principles, promoting evidence-based approaches, and fostering international cooperation, the United Nations Office on Drugs and Crime aims to combat drug trafficking in Afghanistan while safeguarding the well-being and dignity of all individuals affected by this pervasive issue.

II. Overview of Drug Trafficking in Afghanistan

A. Current Situation

Afghanistan is facing a significant drug problem, with drug production and trafficking posing a major challenge to the region. Here are some key points to consider:

Drug Production

The Golden Triangle region, which spans parts of Myanmar, Laos, and Thailand, is a major global hub for opium poppy cultivation and heroin production.

Despite efforts to reduce cultivation, opium production in the region has experienced fluctuations in recent years, with Afghanistan being one of the largest opium producers in the world.

Synthetic drugs, particularly methamphetamine, are also manufactured in clandestine laboratories across the region, contributing to the illicit drug supply.

Drug Trafficking Routes

Afghanistan's geographical location makes it a crucial transit region for drug trafficking.

Illicit drugs, including heroin, methamphetamine, and synthetic opioids, are trafficked through various routes, utilising both maritime and overland transportation networks.

Maritime routes exploit the region's extensive coastlines, with drug shipments often concealed in cargo containers or transported via small boats. Overland routes utilise cross-border highways and porous land borders, allowing traffickers to move drugs between countries.

The trafficking of drugs via major highways out of Afghanistan remains high. Along the Balkan Route from Pakistan, Iran, and Turkey to Europe, heroin and meth continue to flow in large quantities, supplying markets throughout and outside Afghanistan's immediate region.

Demand and Consumption

Afghanistan has experienced an increase in drug demand and consumption in recent years. Methamphetamine, commonly known as "meth" or "ice," has become the primary illicit drug of choice in many countries within the region due to its affordability and availability. Heroin and synthetic opioids, such as fentanyl and its analogs, also contribute to the drug market, albeit to a lesser extent.

The largest share of Afghan income from opiates is accrued by the manufacture and international export (\$1.7 to \$2.5 billion in 2021). The domestic use market (\$43 million in 2021) and the income made by farmers (\$425 million in 2021) are much smaller. Non-state actors have benefited from opiates.

Emerging Drug Trends

The drug market in Afghanistan is continuously evolving, and new trends have emerged in recent years. Poly-drug use, where individuals consume multiple substances simultaneously or sequentially, has become more prevalent. The region has also witnessed an increase in the use of new psychoactive substances (NPS) or "designer drugs," which mimic the effects of controlled substances but often evade legal restrictions. There are already signs of synthetic opioid use in Afghanistan, where pills known as "Tablet K" have been found that contain tramadol.

Poly-drug Use

Poly-drug use poses unique challenges for public health and drug treatment services, as it increases the risk of adverse drug interactions, overdose, and other health complications. Effective prevention and harm reduction strategies are necessary to address this emerging trend. In April 2022, Afghanistan's de-facto authorities banned all cultivation of opium poppy under strict new laws. Opium is the essential ingredient for manufacturing the street drug heroin, and the class of medical prescription opioids which millions rely on for pain medication worldwide. Afghanistan's drug problem is complex and multifaceted, requiring a comprehensive and coordinated response from governments, law enforcement agencies, and public health organisations. Addressing drug production, trafficking, and consumption will require a range of interventions, including prevention, treatment, and harm reduction strategies.

New Psychoactive Substances (NPS)

New Psychoactive Substances (NPS), also known as "designer drugs," are a significant concern in Afghanistan's drug market. These substances are chemically engineered to produce psychoactive effects similar to controlled drugs, while often circumventing legal restrictions. NPS can be synthetic compounds created from scratch or modifications of existing drugs, and their chemical structures are frequently altered to exploit legal loopholes, making it challenging for regulatory authorities to keep pace with their emergence. There are three categories of NPS:

Synthetic Cannabinoids: These substances are designed to mimic the effects of cannabis. They are sprayed onto plant material and sold as herbal smoking blends or in liquid form for vaporizers. Synthetic cannabinoids can have more potent and unpredictable effects compared to natural cannabis, leading to a higher risk of adverse reactions.

Synthetic Cathinones: Commonly referred to as "bath salts," synthetic cathinones are stimulant substances designed to mimic the effects of amphetamines or MDMA (ecstasy). They are typically sold as white powders or crystals and may be labelled as plant food, jewellery cleaner, or other innocuous products. Synthetic cathinones can induce euphoria, increased energy, and heightened sociability, but they also carry a risk of severe adverse effects, including agitation, paranoia, and even life-threatening medical complications.

Novel Opioids: These are synthetic substances designed to mimic the effects of opioids such as heroin or prescription painkillers. Novel opioids often have chemical structures that differ from traditional opioids, allowing them to evade legal restrictions. These substances pose significant risks of overdose and dependence, as their potency can vary greatly, making it challenging for users to estimate safe doses.

Most black holes form from the remnants of a large star that dies in a supernova explosion. Similarly, NPS are often chemically related to established psychoactive substances like cannabis sativa and catha edulis. The misuse and abuse of these substances represents an emerging and ongoing public health and safety threat in many countries, including the United States and Afghanistan .

Challenges and Risks: The rapid proliferation of NPS poses significant challenges for drug regulation and control measures. Manufacturers continuously modify the chemical structures of NPS to stay one step ahead of existing laws, exploiting legal loopholes and making it difficult for authorities to effectively regulate these substances. This cat-and-mouse game between regulators and manufacturers contributes to the constant emergence of new NPS, making it crucial to have adaptive regulatory frameworks that can respond to these dynamic trends. NPS also present unique risks due to their varying potency and unpredictable effects. Users may be unaware of the actual chemical composition and dosage, increasing the likelihood of harmful reactions, including severe intoxication, psychosis, and even fatalities. Furthermore, limited information and research on the long-term health effects of NPS make it challenging to develop appropriate prevention and treatment strategies.

To effectively address the risks associated with NPS in Afghanistan , comprehensive approaches are needed:

a) **Robust Regulatory Frameworks:** Governments should establish or strengthen legislative frameworks that explicitly prohibit the production, distribution, and sale of NPS. These frameworks should be flexible enough to encompass current and future NPS variations. International cooperation and information sharing are crucial in developing harmonised regulatory standards.

b) **Timely Monitoring Systems:** Implementing effective monitoring systems to identify new substances and trends is essential. Early detection allows for timely regulatory responses and the development of targeted prevention and harm reduction initiatives.

c) **Public Awareness Campaigns:** Educating the public about the risks associated with NPS is paramount. Awareness campaigns should provide accurate and up-to-date information on the dangers, potential effects, and legal status of NPS. They should also promote harm reduction strategies and encourage individuals to seek help from healthcare professionals or addiction treatment services.

d) **Treatment and Support Services:** Accessible and evidence-based treatment services should be available to individuals affected by NPS use. This includes counselling, harm reduction programs, and specialised treatment for substance use disorders. Support systems should be developed to address the unique challenges posed by NPS and provide comprehensive care to those in need.

It is important to note that NPS are often chemically related to established psychoactive substances like cannabis sativa and catha edulis. The misuse and abuse of these substances represents an emerging and ongoing public health and safety threat in many countries, including the United States and Afghanistan . The global occurrence of NPS poses major concerns and challenges for law enforcement agencies, but also for public health, due to constant diversification and growth. Therefore, it is crucial to implement comprehensive approaches to address the risks associated with NPS.

Transnational criminal networks and organised crime groups play a significant role in the drug trade in Afghanistan . Their involvement in drug trafficking is driven by the potential for high profits and the region's vulnerabilities, including weak governance, corruption, and inadequate border control systems. These criminal networks exploit these weaknesses to facilitate various stages of the drug trafficking chain, such as production, transportation, and distribution. Additionally, the convergence of drug trafficking with other criminal activities exacerbates the security challenges faced by the region.

One prominent criminal group that holds a significant share in Afghanistan 's drug market is the Golden Triangle Drug Trade Network. The Golden Triangle, encompassing parts of Myanmar, Laos, and Thailand, is a well-known region for drug production and trafficking. The Golden Triangle Drug Trade Network is a sophisticated and highly organised criminal network involved in the production, processing, and distribution of illicit drugs, particularly opium, heroin, methamphetamine, and synthetic opioids.

This criminal group operates across borders, utilising extensive networks and connections within and beyond Afghanistan .

The network comprises various interconnected criminal syndicates, each specialising in different aspects of the drug trade. These groups cooperate and collaborate to ensure a smooth flow of drugs throughout the supply chain. The network engages in activities such as cultivation and harvesting of opium poppy, processing of opium into heroin, manufacturing of methamphetamine, and transportation of drugs across borders. The Golden Triangle Drug Trade Network capitalises on vulnerabilities within the region to carry out its operations. These vulnerabilities include weak governance, corruption, porous borders, and limited law enforcement capacity. By taking advantage of these factors, the network can establish drug production facilities in remote areas, evade detection during transportation, and bribe officials to facilitate the movement of drugs.

In addition to drug trafficking, the Golden Triangle Drug Trade Network is involved in various other criminal activities, further complicating the security landscape in the region. These activities include human trafficking, particularly for forced labour and sexual exploitation, arms smuggling, and money laundering. The convergence of these illicit activities enables the network to expand its influence and increase its profits while exploiting vulnerable populations and undermining regional security.

The activities of the Golden Triangle Drug Trade Network have significant regional and global implications. The network's drug production and trafficking contribute to the proliferation of illicit drugs within Afghanistan and beyond, fuelling drug addiction, organised crime, and social instability. The profits generated from these activities are often reinvested into other criminal enterprises, exacerbating the region's security challenges. Transnational criminal networks and organised crime groups involved in drug trafficking pose a significant threat to national and international security.

CASE STUDY: THE METHAMPHETAMINE AND EPHEDRINE INDUSTRY IN AFGHANISTAN

Though less discussed than the poppy trade, the methamphetamine industry has also intensified in Afghanistan. Recent satellite imagery revealed an expansion of the Abdul Wadood bazaar, southwest Afghanistan's major meth hub, and more than 250 mounds (or an estimated 11,886 cubic metres) of ephedra. Seizures inside and outside the country point to a sharp increase in methamphetamine manufacture in Afghanistan during the last few years. An analysis of significant individual drug seizures shows that an increasing percentage of methamphetamine seized in neighbouring countries originated in Afghanistan between the periods 2014-2018 and 2019-2021. This indicates that Afghan traffickers were able to capture an increasing share of the methamphetamine market in the region and beyond.

Seizures within Afghanistan also reflect the expansion of the methamphetamine market. In 2020, methamphetamine seizures made up a notable share of total weight of seized drugs in many provinces.

In most Asian countries, methamphetamine manufacture largely relies on synthetic pseudoephedrine or ephedrine as precursors. But most reports from Afghanistan suggest there has been a shift from imported over-the-counter (OTC) pseudoephedrine preparations to the ephedra plant, which grows wild in the country. By 2018, most of the methamphetamine in Afghanistan was reportedly produced using ephedra.

This highlights the potential for methamphetamine to become a substitute for opiates – and vice versa – in response to changes in the market.

Ephedra has grown wild in the mountains of central Afghanistan for centuries, faring best at an altitude of over 2,500 metres. Those that harvest the crop ascend the mountains, navigate the rocky outcrops where the plant grows and cut new growth with a sickle before loading it into bags and making the return journey for onward sale or use. The situation began to change in 2016 with the arrival of traders, many from south-western Afghanistan, who set up stalls during the harvest season in some of the mountainside villages in districts such as Baghran, in northern Helmand, and Taywara, in the central province of Ghor, and were looking to purchase the ephedra crop.

These traders were aware that the ephedrine in the crop could be extracted and used to make methamphetamine. They would purchase the fresh crop from the villagers, dry it outdoors over a period of 25 days and then ship it for sale on a wholesale

market that had been established in the barren terrain of the desert lands of the Bakwa district in Farah province. Interviews with traders and transporters in Taywara and Bakwa reveal that a single trader might purchase and transport as

much as 15 tonnes of ephedra. Over time, this network of purchasers and transporters appears to have expanded to other districts in Ghor, as well as to provinces such as Ghazni and Wardak.

In Bakwa, the process of making methamphetamine from pseudoephedrine extracted from over-the-counter medicines, such as cough syrups and decongestants, was complicated and expensive, limiting the number of people involved and the profits made. At that time, methamphetamine traders faced two major challenges. First, expensive and large quantities of over-the-counter medicines had to be imported from neighbouring Iran or Pakistan. Second, the extraction process required a more than rudimentary knowledge of chemistry, uncommon among the rural population of south-western Afghanistan. Typically, the entire chemical process would occur under the auspices of one cook, or *ustad*, in a single building. The move to plant-based production in Bakwa appears to have changed this, creating a two-tiered production system, with separate laboratories for extracting ephedrine from ephedra plants and for making methamphetamine from the ephedrine. Ephedrine, known locally as ‘F’, can be extracted using a relatively simple and low-cost method. Many in Bakwa have become involved in this activity, creating a cottage industry and providing an additional source of income.

In addition to these relatively small operations, more specialised processing facilities, known locally as ‘factories’, also appear to have emerged across the district of Bakwa. These are mostly found in old abandoned compounds, but in some cases are purpose built and are typically run by local ephedrine traders, some of whom were, or are, also involved in the opium trade.

The growing synthetic drug industry apparently makes a significant contribution to the economy of Afghanistan. It appears that synthetic drugs could contribute up to EUR 46.8 million (USD 55.4 million) to the local economy in wages. If the potential amount of ephedrine produced in Bakwa were converted into methamphetamine locally, the industry could be worth an estimated EUR 203 million (USD 240 million) in Bakwa alone. Based on what is known about the ‘taxes’ charged by local groups on the transportation of ephedra crops from the central highlands and the production output assessments of ephedrine and methamphetamine in Bakwa, EUR 3.5 million (USD 4.2 million) per annum in taxes could potentially be paid to the Taliban.

C. Drug trafficking in Afghanistan has profound socioeconomic impacts, including public health consequences and social and family disruption.

Public Health Consequences

The availability and abuse of illicit drugs contribute to the escalation of drug addiction and substance abuse disorders within communities. Individuals struggling with drug addiction face numerous health risks, including physical and mental health issues, overdoses, and even fatalities. The abuse of drugs also increases the burden on healthcare systems, as resources are allocated to address drug-related health problems.

Moreover, the use of injected drugs without proper hygiene practices poses a significant risk of contracting infectious diseases. Sharing contaminated needles and syringes among drug users contributes to the spread of blood-borne infections, such as HIV/AIDS and hepatitis B and C. These diseases not only affect individuals directly involved in drug use but can also spread to the general population through unsafe practices and unprotected sexual intercourse.

To mitigate these public health consequences, comprehensive harm reduction strategies should be implemented. This includes increasing access to clean needles and syringes, promoting safer drug consumption practices, and providing drug addiction treatment and rehabilitation services. Public health campaigns should focus on raising awareness about the risks associated with drug use and providing information on harm reduction measures, including safe injection practices and the importance of seeking treatment.

Social and Family Disruption

The socioeconomic impact of drug trafficking extends to the disruption of social structures and families. Drug addiction can strain relationships within families and communities, leading to conflicts, breakdowns in communication, and alienation. Families affected by drug addiction often experience financial difficulties as resources are diverted to support drug habits. This can result in a cycle of poverty, limited educational opportunities, and compromised living conditions, perpetuating the socioeconomic marginalisation of affected individuals and families. Communities affected by drug trafficking may experience increased crime rates and decreased social cohesion. Drug-related crimes, such as theft, burglary, and violence, can threaten community safety and security, further exacerbating social and economic challenges. Addressing the socioeconomic impact requires a multifaceted approach that includes providing support and resources for affected families, community engagement initiatives, and efforts to improve social and economic opportunities for marginalised populations.

According to UNODC, drug abuse and trafficking have apparent "benefits" and costs. The abuse of psychoactive substances is associated with many harmful effects on both physical and mental health, according to PMC. The economic cost of drug abuse in the United States was estimated at \$193 billion in 2007, according to The White House. The North Korean regime allegedly used the Bamboo Union to participate in drug trafficking activities, according to JSTOR. A comprehensive public health approach should address substance use disorders as public health problems instead of criminal justice issues, according to PMC. A variety of factors contribute to drug use and other problem outcomes, both individual and environmental, according to NDARC.

III. ILLICIT DRUGS SITUATION IN THE REGIONS NEIGHBOURING AFGHANISTAN

This analysis provides an in-depth examination of the illicit drug situation in regions neighbouring Afghanistan, focusing on cultivation, trafficking, drug abuse, and the responses facilitated by the Office on Drugs and Crime (ODC). Dated November 2002, this report offers valuable insights into the dynamics of drug-related activities and the cooperative efforts to combat them, although it is not an official United Nations publication.

In Central Asia, the cultivation of opium is a significant concern, primarily driven by the production originating from Afghanistan. Despite a notable reduction in cultivation following the imposition of the opium poppy ban in Afghanistan, a resurgence was observed in 2002. This region remains vulnerable to increased cultivation due to favourable climatic conditions and historical knowledge of opium poppy farming, particularly in Kyrgyzstan. Conversely, the Islamic Republic of Iran, which had extensive opium poppy cultivation prior to the revolution, eradicated the practice by 1980. However, Iran continues to be a major transit country for Afghan drugs, leading to substantial internal drug abuse problems despite severe anti-drug policies and significant government expenditure on drug control.

In Pakistan, government efforts and international funding have significantly reduced opium poppy cultivation. Nonetheless, there are ongoing concerns about potential resurgence in certain areas, prompting continued eradication initiatives. The trafficking of drugs through Central Asia has increased, with the region becoming a key route for Afghan drugs destined for Russia and beyond. This is exacerbated by porous borders and the establishment of clandestine laboratories within Afghanistan. The increase in heroin production within Afghanistan has further intensified trafficking through Central Asia.

Iran faces severe challenges as a major transit corridor for Afghan opiates destined for Europe and the Middle East. Despite significant seizures by Iranian authorities, large volumes continue to transit through the country, contributing to internal drug issues and enforcement challenges. This report highlights the alarming drug abuse problem in Iran, where a shift in government priorities towards demand reduction activities is observed. Iran remains a significant consumer of Afghan opiates, reflecting the complex nature of the drug problem in the region.

Regional cooperation is identified as crucial in combating drug trafficking and production. Efforts include shared intelligence, coordinated operations, and joint training programs for law enforcement agencies. The response of the ODC has been instrumental in monitoring drug trends, providing technical assistance, and supporting regional cooperation initiatives. Surveys and reports produced by the ODC offer critical data necessary for formulating effective drug control policies.

Key statistics presented reveal the fluctuating opium production in Afghanistan from 1980 to 2002, with peaks during the Taliban period and reductions following the opium poppy ban. Additionally, there has been a substantial increase in heroin seizures in Central Asia, particularly in Tajikistan, and significant drug seizures in Iran from 1996 to 2001, reflecting the ongoing challenges in controlling drug trafficking.

IV. Human Rights Implications

Drug trafficking has significant implications for the right to health, which is recognized and protected under international human rights law. Several international treaties, articles, and case law provide a legal framework for understanding the right to health and its application in the context of drug trafficking.

International Covenant on Economic, Social and Cultural Rights (ICESCR): Article 12 of the ICESCR recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. States parties to the ICESCR are obligated to take steps to prevent, treat, and control epidemic diseases, including those related to drug abuse. The Committee on Economic, Social and Cultural Rights, in its General Comment No. 14, further elaborates on the right to health and emphasises the importance of access to essential medicines and healthcare services.

Convention on the Rights of the Child (CRC): The CRC, in Article 24, recognizes the right of every child to the enjoyment of the highest attainable standard of health. Children affected by drug abuse and drug-related diseases should receive appropriate assistance and support, including access to healthcare, prevention programs, and rehabilitation services. States parties are obliged to protect children from the illicit use of drugs and take measures to prevent drug trafficking that may harm the health of children.

Case Law:

Ximenes-Lopes v. Brazil: In this case, the Inter-American Court of Human Rights held that the state's failure to provide adequate treatment for drug addiction violated the right to health under the American Convention on Human Rights. The court emphasised the state's obligation to ensure access to healthcare services and treatment for individuals affected by drug abuse, as well as the need to address the underlying causes of drug addiction.

Drug trafficking is governed by several international drug control treaties, including the Single Convention on Narcotic Drugs of 1961 (as amended in 1972), the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The 1988 Convention extends the control regime to precursors and focuses on establishing measures to combat illicit drug trafficking and related money-laundering, as well as strengthening the framework of international cooperation in criminal matters, including extradition and mutual legal assistance. The United Nations, through the United Nations System Task Force on Transnational Organized Crime and Drug Trafficking, advocates a rebalancing of the international policy on drugs, to increase the focus on public health, prevention, treatment and care, economic, social and cultural measures.

Drug trafficking is often associated with other forms of crime, such as money laundering or corruption, and trafficking routes can also be used by criminal networks to transport other illicit products. As criminals devise ever-more creative ways of disguising illegal drugs for transport, law enforcement faces challenges.

Harm Reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. It is a public health strategy that was developed initially for adults with substance abuse problems for whom abstinence was not feasible. Harm reduction approaches prioritise reducing the negative consequences of drug use, such as the transmission of diseases and overdose deaths, while respecting human rights. Harm reduction is part of the continuum of care and is effective in addressing the public health epidemic involving substance use as well as infectious disease and other harms associated with drug use. Harm reduction services can include measures such as needle and syringe exchange programs, opioid substitution therapy, and access to evidence-based treatment and rehabilitation services.

1. International Drug Control Conventions recognize the importance of providing adequate treatment, rehabilitation, and social reintegration programs for individuals affected by drug abuse. The Single Convention on Narcotic Drugs (1961) emphasises the need for states to provide medical care, including drug dependence treatment and rehabilitation services. The Convention on Psychotropic Substances (1971) acknowledges the importance of balancing control measures with the availability of psychotropic substances for medical and scientific purposes and recognizes the need for individuals dependent on psychotropic substances to have access to adequate treatment and rehabilitation services.

2. The World Health Organization (WHO) Guidelines highlight the importance of harm reduction measures, such as needle and syringe exchange programs and opioid substitution therapy, in prison settings. They also provide evidence-based recommendations on the use of opioid substitution therapy and other pharmacological treatments for drug dependence.

3. Case law has also recognized the harm reduction approach as a legitimate and effective means of protecting public health and respecting human rights. For example, the Supreme Court of Canada ruled that the government's denial of a safe injection site for drug users violated their rights to life, liberty, and security of the person protected under the Canadian Charter of Rights and Freedoms. The European Court of Human Rights affirmed that the denial of opioid substitution therapy to a person with opioid dependence violated their right to be free from inhuman or degrading treatment under the European Convention on Human Rights.

4. Harm reduction is a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction strategies aim to reduce the negative consequences of drug use and improve the health and wellbeing of individuals who use drugs, including during active drug use. Harm reduction recognizes that interventions and policies designed to serve people who use drugs should reflect specific individual and community needs.

C. Human Trafficking and Exploitation: There is a clear connection between drug trafficking and human trafficking. Drug trafficking networks often exploit vulnerable individuals, particularly those in marginalised communities, for the purposes of human trafficking. This exploitation can involve forced labour, including in drug production or distribution, as well as sexual exploitation. Addressing drug trafficking requires addressing the issue of human trafficking and implementing measures to protect the rights of victims and prevent further exploitation.

1. United Nations Convention against Transnational Organized Crime (UNTOC) and Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children:

a. Article 3(a) of the UNTOC defines trafficking in persons as the recruitment, transportation, transfer, harbouring, or receipt of persons by means of threat, use of force or other forms of coercion, abduction, fraud, deception, abuse of power, or giving or receiving payments to achieve the consent of a person having control over another person for the purpose of exploitation.

b. Article 5 of the Protocol to Prevent, Suppress and Punish Trafficking in Persons provides a comprehensive definition of trafficking in persons and emphasises the need to protect and assist victims, including through measures to ensure their physical, psychological, and social recovery.

2. International Labour Organization (ILO) Conventions:

a. ILO Convention No. 29 on Forced Labour: This Convention prohibits all forms of forced or compulsory labour, including forced labour that may be associated with drug trafficking activities. It requires member states to take measures to prevent and suppress forced labour, provide remedies for victims, and ensure that relevant laws are effectively enforced.

b. ILO Convention No. 105 on the Abolition of Forced Labour: This Convention calls for the suppression and abolition of forced labour, including situations connected to drug trafficking. It requires member states to take effective measures to prevent and eliminate forced labour, and to provide appropriate penalties for its violation.

D. Extrajudicial Killings and Impunity: The issue of extrajudicial killings is a concerning aspect of combating drug trafficking. In some instances, law enforcement agencies may resort to extrajudicial measures in their efforts to tackle drug trafficking, which can lead to human rights abuses and violations. It is essential to emphasise the importance of accountability and the prevention of extrajudicial killings. Law enforcement agencies should operate within the framework of the law, ensuring that human rights are respected and protected throughout the process.

1. Universal Declaration of Human Rights (UDHR):

- Article 3: This article enshrines the right to life, stating that everyone has the right to life, liberty, and security of person. It emphasises that no one shall be arbitrarily deprived of their life.
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- Article 5: This article prohibits torture, cruel, inhuman, or degrading treatment or punishment. Extrajudicial killings would fall under this prohibition.

2. International Covenant on Civil and Political Rights (ICCPR):

- Article 6: This article recognizes the inherent right to life and provides detailed protections for the right to life, including the prohibition of arbitrary deprivation of life.
- Article 7: This article prohibits torture, cruel, inhuman, or degrading treatment or punishment. It emphasises the right to physical and mental integrity.

3. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT):

- Article 2: This article explicitly defines and prohibits torture, including acts committed by public officials or with their consent or acquiescence. Extrajudicial killings may amount to torture under certain circumstances.

E. Rights of Drug Offenders: Drug offenders also possess certain human rights that must be upheld. This includes the right to a fair trial, which includes guarantees such as the presumption of innocence, the right to legal representation, and a prompt and impartial judicial process. Alternatives to incarceration, such as rehabilitation programs or community-based sentencing, should be considered as a means to address drug offences while protecting the rights and dignity of individuals involved in the drug trade. It is important to strike a balance between addressing drug trafficking and ensuring the fair treatment and rights of drug offenders.

1. Universal Declaration of Human Rights (UDHR):

- Article 11: Everyone charged with a criminal offence has the right to be presumed innocent until proven guilty according to law. This right includes the right to a fair and public hearing by an independent and impartial tribunal.
- Article 10: Everyone is entitled to full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of their rights and obligations and of any criminal charge against them.

2. International Covenant on Civil and Political Rights (ICCPR):

- Article 14: This article enshrines the right to a fair trial, including the presumption of innocence, the right to be informed promptly and in detail of the charges, the right to adequate time and facilities for the preparation of a defence, and the right to legal representation.
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3. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT):

- Article 15: This article prohibits the use of statements obtained through torture or cruel, inhuman, or degrading treatment as evidence in any proceedings.

4. International Standards on Drug Control:

- United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules): These rules provide guidance on the treatment of prisoners, including drug offenders, and emphasise the need to respect their rights and dignity. They promote the use of alternatives to imprisonment and rehabilitation programs as appropriate measures for addressing drug offences.

V. Regional Cooperation and Initiatives

A. Information Sharing and Intelligence Cooperation: Information sharing and intelligence cooperation among Afghanistan play a crucial role in countering drug trafficking. The exchange of timely and accurate information on drug-related activities, criminal networks, and emerging trends enables countries to enhance their law enforcement efforts and implement targeted strategies. Successful regional initiatives and mechanisms in this regard include:

- ASEAN Narcotics Cooperation Center (ASEAN-NARCO): Established in 2000, this centre serves as a platform for information exchange and joint operations among ASEAN member states. It facilitates cooperation in intelligence sharing, capacity building, and the development of common strategies to combat drug trafficking.
 - Mekong MOU on Drug Control: This cooperative framework involves Cambodia, China, Laos, Myanmar, Thailand, and Vietnam. It focuses on enhancing information sharing, joint investigations, and border control measures to disrupt drug trafficking routes in the Mekong sub-region.
 - Triangular Initiative: This initiative involves the cooperation between the governments of Afghanistan, Iran, and Pakistan to combat the illicit drug trade, particularly in the opium and heroin markets. It emphasises intelligence sharing, joint operations, and capacity-building efforts to address drug production, trafficking, and consumption.
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B. Strengthening Border Controls: Enhancing border controls is vital to prevent the illicit movement of drugs across Afghanistan. Strategies to strengthen border controls include:

- **Deployment of Advanced Technology:** Utilising advanced technology such as surveillance systems, biometric identification, and drug detection equipment can enhance the detection and interdiction of drugs at border checkpoints. This includes the use of scanning devices, sniffer dogs, and chemical analysis tools.
- **Interagency Cooperation:** Establishing effective coordination and cooperation among various law enforcement agencies, border control units, customs authorities, and intelligence agencies is crucial. Joint task forces, information-sharing platforms, and regular communication channels can facilitate seamless cooperation and intelligence-led operations.
- **Capacity-building Efforts:** Providing training programs, technical assistance, and resources to border control personnel can enhance their skills in identifying drug trafficking methods, recognizing concealment techniques, and conducting effective inspections. Capacity-building initiatives should also focus on enhancing investigative techniques, intelligence analysis, and risk assessment capabilities.

C. Alternative Development Programs: Addressing the root causes of drug trafficking requires comprehensive strategies that go beyond law enforcement measures. Alternative development programs aim to provide viable alternatives to illicit drug cultivation and production by focusing on:

- **Poverty Alleviation:** Addressing poverty and socio-economic inequalities can help reduce the vulnerability of communities to drug cultivation and trafficking. This includes initiatives to improve access to education, healthcare, infrastructure, and basic services.
- **Sustainable Livelihoods:** Promoting sustainable livelihood options, such as agriculture diversification, vocational training, and the development of rural industries, can offer alternative income sources to communities engaged in drug-related activities.
- **Economic Opportunities:** Creating opportunities for legal employment, entrepreneurship, and trade can discourage individuals from engaging in the drug trade. This includes support for micro-enterprises, market access, and investment in industries with high growth potential.

D. Demand Reduction and Rehabilitation: In addition to supply-side measures, addressing drug abuse and addiction is crucial in combating drug trafficking. Demand reduction strategies focus on:

- **Public Awareness Campaigns:** Promoting public awareness and education about the risks and consequences of drug abuse can contribute to changing attitudes and behaviours.
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- These campaigns should provide accurate information, target different demographics, and involve key stakeholders such as schools, communities, and the media.
 - **Prevention Programs:** Implementing evidence-based prevention programs in schools, workplaces, and communities can help reduce drug experimentation and initiation. Prevention efforts should include life skills training, peer support programs, and early intervention initiatives.
 - **Comprehensive Rehabilitation Services:** Accessible and effective rehabilitation services are essential to support individuals struggling with drug addiction. This includes a range of interventions, such as detoxification, counselling, psychotherapy, and social reintegration programs. Rehabilitation services should prioritise individual needs, respect human rights, and ensure long-term support for recovery.

VI. Conclusion

Dear Delegates,

The background guide has highlighted several key points regarding the issue of drug trafficking in Afghanistan and its impact on various aspects. It has emphasised the need for a comprehensive approach to combat drug trafficking while safeguarding human rights. Here is a summary of the key points discussed:

1. **Socio-economic Impact:** Drug trafficking in Afghanistan has profound socio-economic consequences, including public health risks, social disruption, violence, and hampered economic development. Vulnerable groups are disproportionately affected, worsening existing inequalities and marginalisation.
2. **Role of Organized Crime:** Transnational criminal networks and organised crime groups play a significant role in the drug trade, exploiting vulnerabilities in governance, corruption, and border control systems. The convergence of drug trafficking with other criminal activities further complicates the security landscape.
3. **Human Rights Implications:** Drug trafficking poses significant human rights challenges. It affects the right to health, contributes to human trafficking and exploitation, raises concerns about extrajudicial killings and impunity, and necessitates attention to the rights of drug offenders.

The background guide has emphasised the importance of adopting a comprehensive approach to address drug trafficking in Afghanistan. It encourages delegates to consider the proposed measures and collaborate in developing effective strategies.

Here are some key areas for consideration:

- **Information sharing and intelligence cooperation:** Strengthening regional cooperation and sharing timely and accurate information is crucial in countering drug trafficking. Successful regional initiatives and mechanisms, such as ASEAN-NARCO and the Mekong MOU on Drug Control, serve as examples.
 - **Strengthening border controls:** Enhancing border controls through the use of advanced technology, interagency cooperation, and capacity-building efforts can help prevent the illicit movement of drugs across borders.
 - **Alternative development programs:** Addressing the root causes of drug trafficking requires a focus on poverty alleviation, sustainable livelihoods, and economic opportunities. Alternative development programs can provide viable alternatives to illicit drug cultivation and production.
 - **Demand reduction and rehabilitation:** Prioritising demand reduction strategies, such as public awareness campaigns, prevention programs, and comprehensive rehabilitation services, is crucial in combating drug abuse and addiction.
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It is essential for delegates to collaborate, exchange ideas, and develop comprehensive strategies that strike a balance between addressing drug trafficking and safeguarding human rights. By considering these measures, delegates can contribute to effective and sustainable solutions to this pressing issue in Afghanistan .

The United Nations encourages delegates to approach this topic with dedication and a commitment to upholding human rights. We look forward to a productive and diplomatic meeting, where delegates can work together to develop meaningful resolutions that address the multifaceted challenges posed by drug trafficking in Afghanistan .

Thank you,

The Executive Board of the United Nations Office on Drugs and Crime

QARMA (Questions A Resolution Must Answer)

1. What measures can be implemented to enhance regional cooperation and information sharing among Afghanistan and neighbouring countries to effectively combat drug trafficking?
 2. How can border controls be strengthened in Afghanistan to prevent the smuggling of illicit drugs and disrupt transnational criminal networks involved in drug trafficking?
 3. What strategies and initiatives can be adopted to address the root causes of drug trafficking in Afghanistan such as poverty, lack of economic opportunities, and social marginalisation?
 4. How can demand reduction efforts be strengthened in the region through public awareness campaigns, prevention programs, and comprehensive rehabilitation services for drug users?
 5. What steps can be taken to ensure that the rights of drug offenders are protected, including the right to a fair trial, access to legal representation, and consideration of alternatives to incarceration?
 6. How can international cooperation and support be mobilised to assist Afghanistan and neighbouring countries in combating drug trafficking, including capacity-building efforts, technical assistance, and financial resources?
 7. What strategies can be implemented to address emerging drug trends, such as the use of new psychoactive substances (NPS) or designer drugs, and prevent their proliferation in the region?
 8. How can the United Nations collaborate with regional organisations, such as the Association of South East Asian Nations (ASEAN), to develop a comprehensive and coordinated approach to combating drug trafficking while upholding human rights standards?
 9. What measures can be implemented to address the socioeconomic impact of drug trafficking, including its effects on public health, economic development, and vulnerable groups in Afghanistan ?
 10. How can the United Nations ensure the implementation and monitoring of effective policies and strategies to combat drug trafficking in Afghanistan , including the establishment of reporting mechanisms and evaluation of progress?
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