

Contemporary Security Council,
Economic & Social Council (ECOSOC)

Drug Trafficking



Introduction

Drug trafficking is a global illicit trade involving the cultivation, manufacture, distribution and sale of substances that are subject to drug prohibition laws. The United Nations Office on Drugs and Crime (UNODC) continuously monitors and researches global illicit drug markets in order to gain a more comprehensive understanding of them and how they work. (UNODC; <http://www.unodc.org/unodc/en/drug-trafficking/index.html>)

Drug trafficking is one of the most difficult issues to address in the world today. Issues of state sovereignty directly impact what the international community can and cannot do to address the growing problem of illegal drug trafficking. While the origins of these drugs are, for the most part, the tilled fields of only a few countries, the drugs are then processed and distributed across the globe at an alarming rate. The international community is limited in its ability to prevent the **cultivation** of these plants and their **processing into the dangerous drugs** that they become, though as discussed below it might be possible to create incentives for UN member-states to step up their efforts within their own borders.

The world's countries working together can address **the spread of these drugs across borders** and around the globe; **disrupt the financing** of these operations; and take measures to **hold accountable the major distributors** of illicit drugs.

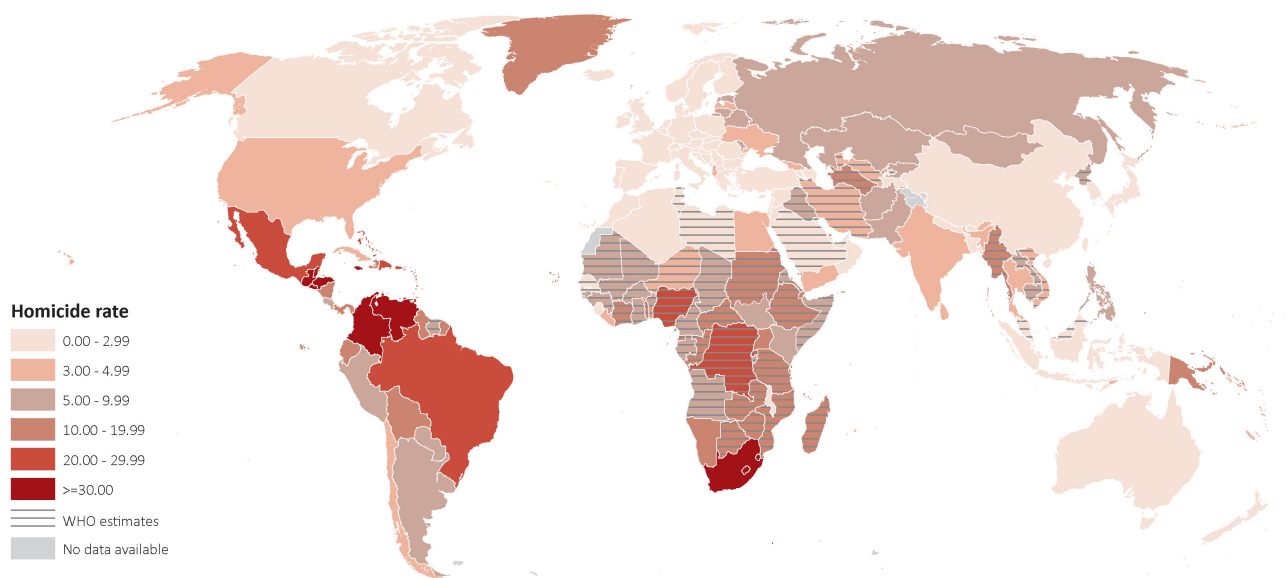
Among the biggest concerns about the international drug trade is not just the trafficking of the drugs but the **violence associated with drug trafficking**. The violence occurs on an interpersonal level, in the form of gang-versus-gang killings, but also involves organized drug syndicates using larger-scale organized violence to intimidate local populations and repel sovereign states' attempts to disrupt their trafficking operations.

As you can see from looking at the map on the next page, the countries with the highest murder rates in the world tend to be located in known drug-trafficking corridors where transit of illicit drugs is commonplace. According to UNODC's *Global Study on Homicide 2013* (<https://www.unodc.org/gsh/en/index.html>), almost half the world's murders occurred in countries that host just 11 percent of the world's population. The Americas have overtaken Africa as the region with the highest rate of killings (http://www.huffingtonpost.com/2014/04/10/worlds-highest-murder-rates_n_5125188.html); though this does not mean that drug-related violence is not a problem in other regions, it does mean that the UN Security Council may be especially concerned with the acute crisis of drug-related violence in Latin America, including Mexico, Central and South America. Whether it be

Latin America, Sub-Saharan Africa, Central and South Asia, Southeast Asia, or elsewhere, **drug-related violence creates a threat to global peace and security.**

The drug trade is also closely related to **challenges to economic development and human development.** Here the question of cultivation and drug production looms large. Although it is difficult to prevent states from allowing the cultivation of specifically opium and coca, incentives can be made to give these states alternative economic solutions. For **Bolivia** and **Afghanistan** in particular, the cultivation of coca and opium respectively is responsible for a major portion of the countries' income. If the international community is to expect these farmers to discontinue their lifestyle, there must be viable alternatives on the table—both as a means of these farmers making a living in the short-to-medium term, and as a piece in the larger puzzle of sustainable development for the national economies of drug-producing countries.

Homicide Rates Compared by Country (UNODC)



Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Homicide rates, by country or territory (2012 or latest year), United Nations Office on Drugs and Crime, Global Study on Homicide 2013.

The remainder of this guide will examine in greater detail the history of the drug trade, specific aspects of the contemporary patterns of transnational drug trafficking, the actions thus far by the United Nations, and opportunities for the Security Council and ECOSOC to make positive contributions toward solutions to the problems associated with the drug trade.

History of the Drug Trade

Illegal drug trafficking has been an issue of global importance since the early 19th century. The Qing dynasty (in China) had outlawed the use and sale of opium and a robust illegal market had developed. The first major violent conflict over the issue of drug trade broke out in 1839 between the Qing dynasty and the United Kingdom. Although opium had been outlawed, the merchants from the United Kingdom wanted to continue to participate in its trade. The “First Opium War” lasted three years and claimed over 10,000 lives. A similar second war was fought in 1858. Both wars ended in “reparations” being paid to Britain in the form of opium.

As the use of opium and other drugs derived from opium increased throughout the world, countries began to restrict and regulate access to the drugs. As things developed certain derivatives of opium and later coca were made legal while others were deemed illegal. Because of this illegal markets developed for those drugs made illegal. The two most significant and well-established illegal markets are opium and its derivatives, originating in southeast Asia as well as Afghanistan, and the coca market from the highlands of central South America.

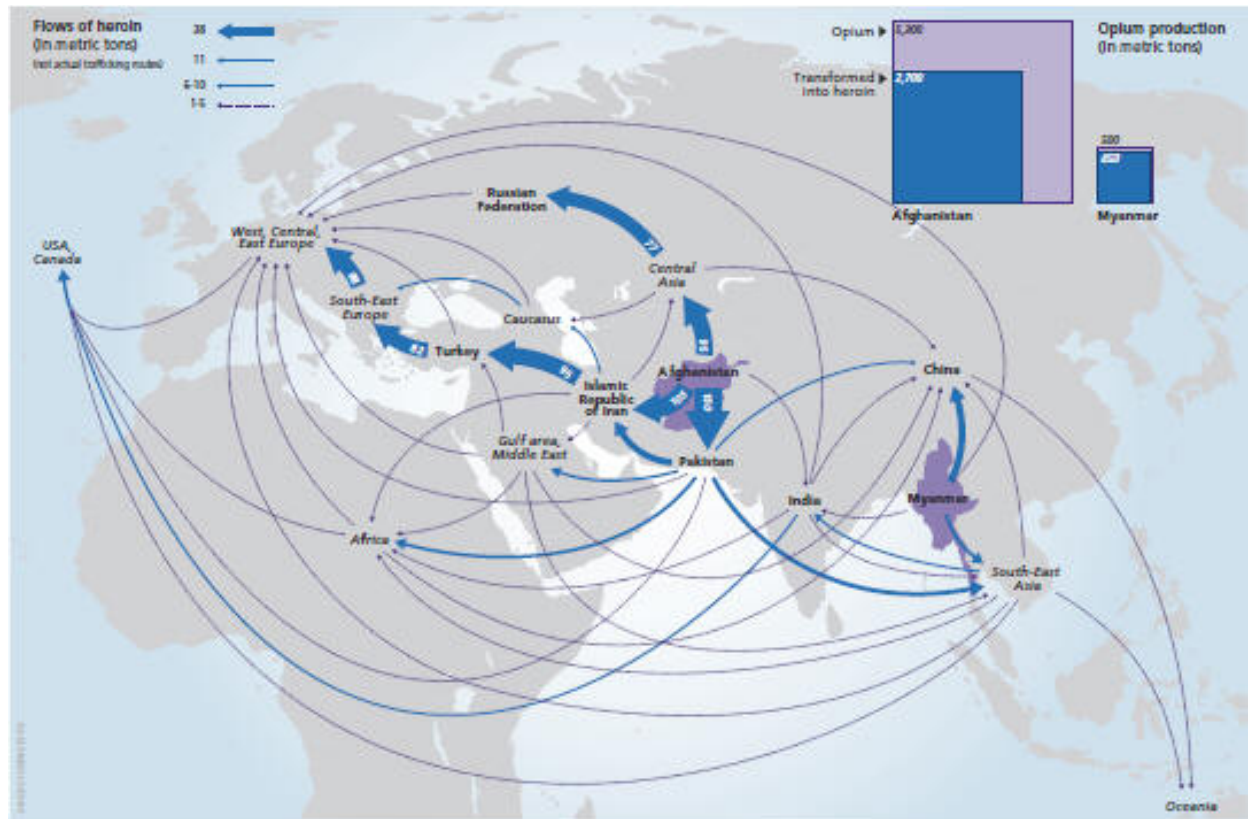
The Opium/Heroin Trade

At current levels, world heroin consumption (340 tons) and seizures represent an annual flow of 430-450 tons of heroin into the global heroin market. Of that total, opium from **Myanmar** and the **Lao People's Democratic Republic (Laos)** yields some 50 tons, while the rest, some 380 tons of heroin and morphine, is produced exclusively from Afghan opium. While approximately 5 tons are consumed and seized in Afghanistan, the remaining bulk of 375 tons is trafficked worldwide via routes flowing into and through the countries neighboring Afghanistan.

The Balkan and northern routes are the main heroin trafficking corridors linking **Afghanistan** to the huge markets of the Russian Federation and Western Europe. The Balkan route traverses the Islamic Republic of Iran (often via Pakistan), Turkey, Greece and Bulgaria across South-East Europe to the Western European market, with an annual market value of some \$20 billion. The northern route runs mainly through Tajikistan and Kyrgyzstan (or Uzbekistan or Turkmenistan) to Kazakhstan and the Russian Federation. The size of that market is estimated to total \$13 billion per year.

In 2008, global heroin seizures reached a record level of 73.7 metric tons. Most of the heroin was seized in the Near and Middle East and South-West Asia (39 per cent of the global total), South-East Europe (24 per cent) and Western and Central Europe (10 per cent). The global increase in heroin seizures over the period 2006-2008 was driven mainly by continued burgeoning seizures in the Islamic Republic of Iran and Turkey. In 2008, those two countries accounted for more than half of global heroin seizures and registered, for the third consecutive

year, the highest and second highest seizures worldwide, respectively. (UN World Drug Report 2010)



Please note the major opium-producing countries and the routes by which opium products (most prominently heroin) are trafficked across borders.

The Coca Trade

In 2007 and 2008, **cocaine** was used by some 16 to 17 million people worldwide, similar to the number of global opiate users. North America accounted for more than 40 per cent of global cocaine consumption (the total was estimated at around 470 tons), while the 27 European Union and four European Free Trade Association countries accounted for more than a quarter of total consumption. These two regions account for more than 80 per cent of the total value of the global cocaine market, which was estimated at \$88 billion in 2008.

UNODC / ICSHES / FO

UNODC / ICSHES / FO

500 km

Legend: Countries that reported seizures on land

- 2005
- 2006
- 2007
- 2008
- 2009

Map Labels: Morocco, Algeria, Mauritania, Mali, Niger, Senegal, The Gambia, Guinea-Bissau, Guinea, Sierra Leone, Liberia, Côte d'Ivoire, Burkina Faso, Ghana, Togo, Benin, Nigeria, Cape Verde

Seizure Values (kg): 1,884, 2,252, 3,000, 1,300, 1,500, 120, 500, 630, 830, 3,100, 1,250, 1,200, 635, 674, 116, 170, 703, 3,210, 3,700, 2,500, 160, 388, 274, 1,900, 360, 840, 588

*Only seizures above 100 kg are displayed

Legend: Countries that reported seizures on land (grey). Years: 2005 (light teal), 2006 (medium teal), 2007 (darker teal), 2008 (dark teal), 2009 (darkest teal).

Seizure Data (Year, Quantity in kg):

Country	Year	Quantity (kg)
Senegal	2007	3,700
Senegal	2006	3,000
Senegal	2005	2,252
Sierra Leone	2008	3,210
Sierra Leone	2007	3,100
Sierra Leone	2006	1,500
Sierra Leone	2005	1,300
Guinea	2007	1,250
Guinea	2006	1,200
Guinea	2005	830
Guinea	2006	674
Guinea	2007	635
Guinea	2008	703
Guinea	2009	170
Guinea-Bissau	2007	116
Sierra Leone	2009	370
Liberia	2008	2,500
Sierra Leone	2006	500
Cape Verde	2005	120
Mali	2006	1,884
Benin	2007	274
Benin	2006	360
Benin	2005	1,900
Ghana	2007	388
Ghana	2006	588
Ghana	2005	150
Côte d'Ivoire	2007	1,900
Côte d'Ivoire	2006	840
Nigeria	2007	360
Nigeria	2006	840
Nigeria	2005	840

*Only seizures above 100 kg are displayed

Major cocaine seizures (in kg), West Africa (Source: UNODC)

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Major cocaine seizures (in kg), West Africa (Source: UNODC)

The United Nations and Drug Trafficking

The United Nations has had three major conventions to address the issues of drug trafficking. Each expanded on the accomplishments of the other and are as follows:

The 1961 Single Convention On Narcotic Drugs

Member States had three principal objectives in mind when drafting the 1961 Convention: the merging of all existing multilateral treaties in the field; the streamlining of control machinery (the functions of two existing bodies, the Drug Supervisory Body and the Permanent Central Board, were merged into the International Narcotics Control Board); and the extension of the existing control system to include cultivation of plants grown as the raw material of narcotic drugs. The overall aims of control measures remained, namely the provision of adequate supplies of narcotic drugs for medical and scientific purposes and of measures to prevent diversion into the illicit market.

The 1961 Convention exercises control over more than 116 narcotic drugs. They include mainly plant-based products such as opium and its derivatives morphine, codeine and heroin, but also synthetic narcotics such as methadone and pethidine, as well as cannabis, coca and cocaine. The Convention divides drugs into four groups, or schedules, in order to enforce a greater or lesser degree of control for the various substances and compounds. Opium smoking and eating, coca leaf chewing, cannabis resin smoking and the non-medical use of cannabis are prohibited. The 1972 Protocol to this Convention calls for increased efforts to prevent illicit production of, traffic in and use of narcotics. It also highlights the need to provide treatment and rehabilitation services to drug abusers.

The 1971 Convention On Psychotropic Substances

Growing concern over the harmful effects of psychotropic substances such as amphetamine-type drugs, sedative-hypnotic agents and hallucinogens led to the elaboration of the Convention on Psychotropic Substances. This extended the international drug control system to include hallucinogens such as LSD (lysergic acid diethylamide) and mescaline; stimulants such as amphetamine and methamphetamine, and sedative hypnotics such as barbiturates. The Convention categorizes the substances into four schedules according to their dependence creating properties and abuse potential balanced against their varying therapeutic values. Special provisions concerning abuse prevention are aimed at ensuring early identification, treatment, education, after-care rehabilitation and social reintegration of dependent persons. The Commission on Narcotic Drugs and the International Narcotics Control Board were also given particular responsibilities in the control of drugs covered by this Convention.

United Nations Convention Against Illicit Traffic In Narcotic Drugs And Psychotropic Substances, 1988

The 1988 Convention complements the other drug control treaties, both of which were primarily directed at the control of licit activities. It was formulated specifically to deal with the growing problem of international trafficking which had only been dealt with marginally by earlier international legal instruments. The Convention includes money-laundering and illicit traffic in precursor and essential chemicals within the ambit of drug trafficking activities and calls on parties to introduce these as criminal offences in their national legislation. Its objective is to create and consolidate international cooperation between law enforcement bodies such as customs, police and judicial authorities and to provide them with the legal guidelines a) to interdict illicit trafficking effectively, b) to arrest and try drug traffickers, and c) to deprive them of their ill-gotten gains. It also intensifies efforts against the illicit production and manufacture of narcotic and psychotropic drugs by calling for strict monitoring of the chemicals often used in illicit production.

The three conventions attribute important functions to the Commission on Narcotic Drugs and to the International Narcotics Control Board:

The **Commission on Narcotic Drugs**, composed of 53 Member States elected by the Economic and Social Council for a four-year term, is the central policy-making body with regard to drug-related matters, including the monitoring of the global trends of illicit drug trafficking and abuse. This functional commission of the Economic and Social Council adopts and recommends for adoption by the Council or to the General Assembly through the Council, resolutions on new concerted measures or agreed policies to better address the drug phenomenon. It decides whether new substances should be included in one of the schedules of the conventions and if changes or deletions in the schedules are required.

The **International Narcotics Control Board** is a permanent and independent body, consisting of 13 members, who are elected for a five-year term by the Economic and Social Council on the basis of their competence and serve in their personal capacity. The Board monitors the implementation of the conventions and, where appropriate, makes recommendations to States. It also administers the statistical control of drugs on the basis of data supplied by Governments and assesses world requirements of licit drugs with a view to the adaptation of production to those requirements. It gathers information on illicit trafficking, and submits an annual report on developments in the world situation to the Commission on Narcotic Drugs and to the Economic and Social Council.

UNODC has an important role in assisting these bodies in performing their treaty-based functions, and in assisting States Parties in the implementation of their obligations under the international drug control treaties.

The focus of the UN on drug trafficking has been tackled through regional and state divisions in the UNODC. The following are recent Security Council resolutions giving the current thought-process on drug trafficking in the United Nations:

SC Resolution 2195 (2014) – Drug Trafficking as a Threat to International Security

Drug trafficking is often linked to transnational crime, especially as a means for terrorists to profit from such trade. Security Council Resolution 2195 “stresses the importance of strengthening transregional and international cooperation on a basis of a common and shared responsibility to counter the world drug problem and related criminal activities.” Although the resolution is generally more focused on combating terrorism, the resolution highlights the necessity of a break between terrorists and transnational organized crime.

See the original resolution here: [http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/2195%20\(2014\)](http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/2195%20(2014))

SC Resolution 2203 (2015) – Drug Trafficking Contributing to Instability in Guinea-Bissau

Furthering SC Resolution 2195, Security Council Resolution 2203 connects transnational organized crime in the way of drug trafficking to the instability of the state of Guinea-Bissau. The Security Council expressed its concern about the transnational drug trafficking and organized crime, seeing it as a threat to the peace and security of both the state itself as well as the region. The resolution emphasizes “the need to tackle the problem of drug trafficking in the countries of origin, transit and final destination on a basis of a common and shared responsibility.” The situation in Guinea-Bissau demonstrates the necessity to better combat drug trafficking in the region.

See the original resolution here: [http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/2203%20\(2015\)](http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/2203%20(2015))



UN organs other than the Security Council have taken action in this area of concern as well. Nearly 20 years ago, the **General Assembly** held a special session on “**The World Drug Problem**” and produced findings that may be of interest; for example, the trouble with the eradication of illegal crops is discussed, along with the need for alternatives: <http://www.un.org/ga/20special/featur/crop.htm> Just one year ago, ECOSOC remained possessed of this issue, as indicated here: <http://www.un.org/press/en/2014/ecosoc6644.doc.htm>.

Progress has been made in some places; for example, **Thailand’s** efforts to apply “supply side alternative development” through crop substitution, along with programs to improve education and health care in rural communities. An enormous decline in opium cultivation was achieved, from 17,920 hectares of opium-producing land in the 1960s to an insignificant level in

2001. Diminished opium cultivation was accompanied by increased income, showing the importance of efforts to address root causes, such as poverty.

Thailand's successful programs might serve as models for national campaigns to replace drug cultivation with other agricultural products. However, even if Thailand is considered a source of "best practices" for the eradication and replacement of illicit crops, many challenges remain: how best to transmit this information to drug-producing states; how to empower states to implement alternative-crop replacement strategies; how to fund efforts for widespread crop replacement without the displacement of farmers from traditional lands and without ruining their lifestyle and means of making a living; how to prevent the "balloon effect"—i.e., eradicating cultivation of illicit plants in one country, only to have the operations popping up in a neighboring country; and so on. For one very useful analysis from Germany see:

<http://www.giz.de/fachexpertise/downloads/giz2013-en-alternative-development.pdf>

ECOSOC in July 2014 hosted a **High Level Panel discussion entitled**, "Sustainable Development and the World Drug Problem: Challenges and Opportunities." The "concept note" document (<http://esango.un.org/event/documents/ecosoc-15july2014-finalconceptnote.pdf>) that outlines the substantive issues discussed by the panel notes:

Sustainable reductions in illicit crop cultivation have been best obtained with a combination of alternative development and eradication programmes and when alternative development programmes have been designed within broader development frameworks. Sustained reductions have been achieved in illicit crop cultivation in States where development-oriented drug control was undertaken through a proper sequencing of alternative development, eradication and law enforcement and where key stakeholders were involved in all phases of project design.

When it comes to the recipe for national campaigns for eradication of illicit crops, UN experts have a sense of what the ingredients are, and these ingredients might be emphasized in resolutions intended to encourage positive change in countries where drug production is commonplace and widespread.

For more detailed treatment, delegates may consult an older **working paper** (ca. 2007) associated with the UN General Assembly's Special Session (UNGASS) on the World Drug Problem. <http://www.encode.org/info/IMG/pdf/UNODCreport.pdf> You might note that the language is not finalized in this document, but it is loaded with useful data and facts with regard to the drug trade. And next year, the General Assembly will undertake another massive effort:

The UN General Assembly will hold a Special Session (UNGASS) on drugs in 2016. This Special Session will be an important milestone in achieving the goals set in the policy document of 2009 "Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem", which defined action to be taken by Member States as well as goals to be achieved by 2019. <http://www.unodc.org/ungass2016/en/about.html>

Questions for Delegates to Consider with regard to Drug Trafficking

General Questions for all Delegates

- Is your country deeply connected to the world drug problem? If so, how so? Is your country a producer of drugs that are then trafficked elsewhere? Is your country a transit state, through which illicit drug shipments often pass? Is there widespread violence inside your country that is connected to the drug trade? Is your country a safe haven for organized crime rings that participate in the drug trade? Is your country a prominent consumer of drugs? What is your country doing with respect to these problems?
- What may be done on an international level to disrupt the transnational shipment of illicit drugs? Is the current level of multilateral cooperation in this area sufficient, or are improvements needed? What sorts of improvements do you recommend—and what sorts of measures would your state oppose? Should disruption of drug trafficking be the priority, or should something else—like eliminating drug production, for example, or reducing illicit consumption of drugs?

Questions for Security Council delegates:

- When it comes to violence—especially organized violence—related to the drug trade, what is the extent of the problem, and where is it most acute? If the Council can agree that drug-related violence is a threat to global peace and security, what might the Council do about it?
- In addition to methods designed to counteract violence, should the Council see this problem as having deep roots – root causes like poverty, inequality, cultural tradition and practices, corruption, etc.? If so, what measures should the Security Council recommend as part of a resolution meant to address the threat that drug trafficking poses?
- If the Security Council sees as important the interdiction of drug shipments and the disruption of the financing of the drug trade, what can and should the Council do about these problems? How can the Security Council use its special powers to address these issues in ways that, say, ECOSOC or the General Assembly are incapable of?

Questions for ECOSOC delegates:

- What if anything is the relationship of the drug trade to development? You might consider here economic development of nations in general; sustainable development; and human development.
- What sorts of challenges does the transnational drug trade for the development of individual countries? For regional development? For developing countries as a group?
- What are some elements or ingredients of a plan to promote alternative forms of agricultural activity in drug-producing countries? What is involved beyond simply the eradication of crops?
- What special issues might be considered when considering the “world drug problem” with respect to women, children/youth, and indigenous peoples? As we move forward with recommendations for sustainable development plans, how might these issues be addressed?

Resources

UN General Assembly Special Session on the World Drug Problem 2016

<http://www.unodc.org/ungass2016/>

Drug Trafficking (UNODC)

<http://www.unodc.org/unodc/en/drug-trafficking/index.html>

Alternative Development (UNODC)

<http://www.unodc.org/unodc/en/alternative-development/overview.html>

Youth Initiative regarding Prevention of Drug Abuse (UNODC)

<http://www.unodc.org/unodc/en/prevention/youth-initiative.html>

Background paper on UNGASS 2016 (International Drug Policy Consortium)

<http://idpc.net/policy-advocacy/the-un-general-assembly-special-session-on-drugs-ungass-2016>

Mexico: Drug trafficking and violence (*New York Times*)

http://topics.nytimes.com/top/news/international/countriesandterritories/mexico/drug_trafficking/index.html

Guatemala: Drug Trafficking and Violence (International Crisis Group)

<http://www.crisisgroup.org/en/regions/latin-america-caribbean/guatemala/139-guatemala-drug-trafficking-and-violence.aspx>

Glossary of Terms

Cannabis: Cannabis has by far the highest rates of prevalence globally. It is mainly consumed as marijuana (the dried flowering tops of the *Cannabis sativa* plant), as hashish (resin from the plant), or as an oil extracted from the resin. These preparations are generally smoked, often mixed with tobacco in a cigarette or "joint", but they can also be swallowed. Cannabis is a sedative, but it also has hallucinogenic effects which may last up to several hours. The principal psychoactive ingredient is delta-9-tetrahydrocannabinol (THC), but there exists a wide variety of THC levels within the various strains of cannabis now grown. Cannabis is soluble in fat, metabolizes very slowly and - since the brain is largely made up of fatty substances—it remains

in the body for up to one month after consumption. When smoked, the drug is absorbed quickly into the bloodstream and reaches the brain within seconds. Depending on the quantity and frequency of consumption, cannabis may impair motor coordination, shorten attention span, and modify perceptions of time and space. In low doses it has a relaxing and mood enhancing effect but in higher doses and/or in certain individuals it can cause anxiety, panic or paranoia. Smoking the drug carries a similar, and possibly aggravated series of risks to those associated with cigarette smoking and respiratory cancers, bronchial and cardiovascular problems and the increased likelihood of fetal and neonatal complications.

Central Nervous System Stimulants: Include naturally occurring plants such as coca (*Erythroxylum coca*), khat and betel nuts (which are not under international control), products extracted from the leaf of the coca bush—coca paste, cocaine hydrochloride and crack cocaine - and wholly synthetic substances in the form of amphetamine and amphetamine-type compounds. Cocaine has some therapeutic value as a local anesthetic, while some synthetic stimulants are used as anorectics (slimming pills), in the treatment of narcolepsy and of children suffering from attention deficit disorder. The non-medical reasons for using these substances include to elevate mood, to overcome fatigue and to improve performance. The effects of cocaine last from a few minutes to less than an hour, whereas the effects of amphetamine-type stimulants (ATS) may last several hours. Cocaine (hydrochloride) can be injected, but more commonly it is snorted, whereas crack cocaine is usually smoked. ATS can be taken orally, injected, smoked or snorted.

Drug: This is a term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare. In pharmacology, it means any chemical agent that alters the biochemical or physiological processes of tissues or organisms. In the context of international drug control, "drug" means any of the substances listed in Schedule I and II of the 1961 Single Convention on Narcotic Drugs, whether natural or synthetic.

Hallucinogens: Include naturally occurring substances such as psilocybin (from the *Psilocybe mexicana* mushroom), mescaline (from the peyote cactus); semi-synthetics such as lysergic acid diethylamide, (LSD) and synthetics such as phencyclidine (PCP). Apart from some traditional uses and for rare therapeutic use in psychiatry, hallucinogens are taken illicitly for their mind-altering or 'psychedelic' effects. Even in small doses LSD causes perceptual distortions of time and place, visual hallucinations and synesthesia (a merging of the senses such that sounds are "seen" and colors are "heard"). In comparison to the powerful sensory distortions, the physiological after-effects are relatively slight, but may include dizziness, disorientation, anxiety, depression and distressing flashbacks. PCP produces euphoria but this is unlike that of opiates or stimulants; use is often accompanied by feelings of unreality, distortions of time and space, self-damaging behavior and belligerent paranoia. Hallucinogens are usually taken orally. Repeated administration reduces the effect of the drug but physical dependence is not known to occur. Effects last up to 12 hours.

Licit/illicit drugs: The United Nations drug control conventions do not recognize a distinction between licit and illicit drug; they describe only use to be licit or illicit. Here, the term illicit drugs is used to describe drugs which are under international control (and which may or

may not have licit medical purposes) but which are produced, trafficked and/or consumed illicitly. Note however that when discussing crop cultivation in countries where the plant in question may be considered illicit, it is common for documents to refer to the cultivation (or eradication) of illicit crops.

Other Central Nervous System Depressant: Includes barbiturates, nonbarbiturate depressants and benzodiazepines; they are also referred to as sedative-hypnotics. They can be used therapeutically as anesthetics, anticonvulsants, in the treatment of tension and anxiety, insomnia and some psychiatric illnesses. The first major type of drug in this group to be manufactured was the barbiturate group, synthetic pharmaceuticals which since the 1960s have largely been replaced therapeutically by benzodiazepines such as diazepam (Valium). Benzodiazepines and non-barbiturate sedatives such as methaqualone appear regularly on the illicit market and are used for sedation and for pleasurable intoxication, often in combination with alcohol.

Barbiturates are powerful CNS depressants; they can cause excessive drowsiness and thereby put the user at risk if driving or operating machinery. Abuse may lead to respiratory problems such as bronchitis and emphysema and at high doses can cause unconsciousness or death through respiratory failure. Sudden withdrawal can also cause death. One of the greatest dangers of the barbiturate group is that as physical tolerance increases, the proportional difference between an effective dose and a lethal dose decreases. For this reason the barbiturate user is especially vulnerable to overdose.

Sources: www.unodc.org; www.cia.org;
<http://www.druglibrary.org/schaffer/history/om/om15.htm>