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DEVELOPMENT OF INTERNATIONAL COOPERATION IN THE FIGHT AGAINST ILLEGAL DRUG TRAFFICKING

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Abstract. Illicit drug trafficking has acquired a global scale in recent decades, significantly impacting the socio-psychological atmosphere in society and negatively affecting the economy, politics, and law and order. The article is devoted to the search for political instruments to counter the international drug business. It highlights the leading role of the UN, interregional organizations, and international cooperation programs in the fight against drug trafficking. The article also examines the problem of the spread of drug addiction among some young people and the efforts to combat it, addressing the country's stance on this pressing issue. The experience of foreign countries in this area, along with the prevention and intervention measures aimed at reducing drug addiction in the population, are also discussed. It is concluded that addressing the drug problem is a common and shared responsibility of states, which requires effective and enhanced international cooperation, as well as an integrated, interdisciplinary, mutually reinforcing and balanced approach through supply and demand reduction strategies.

Keywords: UN conventions, anti-drug policy, drugs, drug trafficking, drug business, drug addiction, struggle, harm, crime, smuggling, proposals

Introduction

The problem of the spread of drug addiction, abuse of narcotic drugs and psychotropic substances is relevant in almost all countries of the world. Illicit drug trafficking has reached a global scale in recent decades and has a very serious impact on the socio-psychological atmosphere in society, negatively affecting the economy, politics and law and order.

The primary objective of international conventions regarding control of narcotic drugs and psychotropic substances is to meet legitimate health needs while simultaneously preventing the inclusion of dangerous substances in illicit trafficking.

The article examines the history of the formation and current state of international legal regulations concerning the legal circulation of narcotic drugs and psychotropic substances.

Materials and methods

Modern international law includes a comprehensive system of legal acts aimed at drug control, including efforts to combat the illegal distribution of narcotics. At the same time, the process of formation of such a system, its main elements and implementation mechanisms was ambiguous both in political aspects and in implementation. International cooperation in the field of drug control has a relatively recent history.

Until the end of the 19th century, in developed countries, the free distribution of narcotic drugs and trade of narcotic drugs were largely regarded as more or less legal activities and were not considered dangerous. At that time, they were not seen as an international issue.

Interest in the problem of drug addiction began to appear only at the turn of the 19th and 20th centuries, when the intensive growth of drug use in developed countries, including among representatives of the highest circles of society, gradually developed in a number of these countries into the category of a major social problem [1].

The issue was worsened by both the legal and illegal export of opium (from Asia), morphine, heroin, and cocaine (from Europe) to China, and the smuggling of hashish into Egypt (from other countries in the eastern Mediterranean). Thus, by the beginning of the 20th century, a sharp increase in non-medical drug use required the adoption of some restrictive measures, including on an international scale.

In 1909, the Shanghai Opium Commission was formed, with the primary goal of finding a common ground between leading states to combat non-medical drug use, and their production and distribution. Commission members (among them the USA, Switzerland, England, Germany, Italy, etc.) expressed their willingness to accept and implement a single international act that could coordinate the efforts of states [2].

Based on the results of the activities of the Shanghai Opium Commission, as well as on the basis of agreements reached within the framework of bilateral consultations, the first multilateral treaty for organizing an international drug control system, the Hague Convention, was concluded in 1912. In accordance with the Hague Convention, the production, sale and use of drugs must be regulated by national law and limited exclusively to medical purposes.

The provisions of the Hague Convention were also aimed at preventing the supply of unwanted shipments of narcotic drugs to importing countries and controlling the export of opium to countries that restrict its import. The convention provided that states would take appropriate measures to prohibit the export and import of smokable opium. Following the Convention, participating countries adopted regulations providing for liability for the illegal production, distribution and storage of narcotic drugs.

In the United States, for instance, a law was passed in 1909 (even on the eve of the Shanghai International Conference on Combating the Opium Trade) prohibiting the import of drugs in excess of the amount needed to meet the needs of medicine. In 1914, a well-known regulatory act, the so-called Harrison Law, was adopted, establishing the jurisdiction of federal courts for this type of crime.

The law came into force in 1915, but the necessary measures to implement it were taken only in 1919. It should be noted that the United States was one of the most active supporters of international cooperation, since its own situation with drug addiction was simply catastrophic. By 1920, according to the estimates of American experts, there was one drug addict for every 400 residents in the United States [3].

This was enough to stir up American public opinion. Therefore, federal measures to combat drug addiction were

supplemented, although not systematically, by state legislation.

Between February 1, 1919 and May 13, 1921, the Public Health Act was in force in the State of New York, regulating the sale of cocaine, opium and their derivatives and establishing control over the distribution of these substances. Similar laws were issued in France (1916), (in addition to the law on poisonous substances of July 10, 1845), Switzerland (1918), England (1920) and Germany, and others.

On February 18, 1923, a law was published in Italy aimed at combating the distribution and consumption of drugs. According to this law, selling drugs without appropriate permission or supplying them to the population in any other way was punishable by imprisonment for 2 to 6 months along with a fine of up to 4000 lire [4].

Punishment was increased for individuals who had access to alcohol and distributed it illegally, as well as for those who sold drugs to minors. Additionally, the court was required to publish a notice about each convicted person at the location where the crime was committed. In this way, punitive measures were combined with corresponding preventive efforts by the justice authorities.

Regarding the Hague Convention of 1912, it is important to note its universal nature, as it was open to all states for signature, even those that did not participate in the international conference. However, by the end of the World War I, the convention was signed by only 41 states, and only 16 states ratified it, [5] while the number of drug addicts in various countries around the world tended to increase.

At the same time, weak national control systems in some exporting countries have partially hindered the prevention of illicit opium exports to countries with drug abuse problems. In general, it should be noted that the development of mandatory norms regarding the non-proliferation of narcotic drugs did not bring tangible results

and could not stop the expanding drug smuggling. The situation was worsened by the World War I.

This led to a sharp rise in non-medical drug use. By the 1920s, doctors, criminologists, and other experts were warning about the alarming spread of drug addiction. Drug smuggling operations grew increasingly widespread, and authorities uncovered a large number of clandestine narcotics factories. Illegal production was most heavily concentrated in—or near the borders of—countries with abundant raw materials, particularly opium [6].

All this led to the development and signing of 9 more international legal acts, addressing various aspects of this problem. In particular, at the international opium conference held in Geneva in February 1925, the International Opium Convention was signed.

In the preamble, as well as in Article 22 of this document, one of the main tasks of the parties to the agreement was to organize the fight against drug smuggling. The solution to this problem was to be facilitated by the newly introduced system of licensing and registration of foreign trade transactions with drugs.

Article 24 and 25 of the Convention granted the newly created the Central Opium Committee to take certain measures in relation to countries that, according to the committee, could become centers of drug trafficking. Article 6 established the procedure for exercising control over persons involved in the production of drugs and over the premises in which they are produced.

In addition, such persons (institutions) were required to maintain strict records of the drugs produced. Article 22 specified statistical information that parties to the convention must report to the committee, including data on the illegal trade in narcotic drugs. The 1925 Convention introduced a system for the sale of narcotic drugs under licenses, registration of drug transactions entered into by states, and also provided for

a system for calculating drug consumption. However, the convention was not legally binding on states.

The ineffectiveness of such control has affected the results of the fight against the illicit distribution of narcotic drugs in a number of countries. According to estimates that are far from accurate, approximately 100 tons of drugs were smuggled through various illegal trade channels during 1925-1929 [7].

The International Convention of 1931 was also aimed at implementing the principle of restricting the production and trade in drugs [5]. The world's demand for drugs for medical purposes was determined based on data regarding medical drug consumption in the most developed countries. The Convention somewhat expanded and supplemented the general provisions of the 1925 Convention. Thus, Article 17 of the 1931 Convention required managers of drug production enterprises to submit quarterly reports indicating:

- the amount of raw materials or drugs obtained at the enterprise;
- the amount of morphine that can be obtained from opium entered into production;
- the amount of raw materials used and manufactured products for the reporting quarter.

The adoption of these conventions to a certain extent strengthened control over drug trafficking, but domestic forms and methods of control remained far from perfect. Information about confiscated opium smuggling in a number of Asian countries is quite convincing. For example, in 1934, opium was seized from the illegal market in India (6377 kg), Hong Kong (3185 kg), Korea (1089 kg), Iran (2204 kg), Indochina (28,000 kg). [9].

The 1936 Convention for the Suppression of Illicit Traffic in Drugs attempted to require contracting parties to establish criminal liability for persons who facilitate the illicit distribution of drugs. It specifically provided for punishment for

organizing conspiracies to deliberately participate in the illegal drug trade.

However, the Convention did not become universal: some countries, not wanting to bind themselves to the obligations of the Convention, not only did not ratify it but also refused to sign it. The effectiveness of domestic systems and international cooperation in the field of drug control declined significantly in a number of states during the Second World War.

Thus, the system of international drug control that had developed by the 1940s allowed, to a certain extent, for the regulation of drug production and distribution. At the same time, a number of shortcomings reduced its effectiveness.

There was a lack of coherence in the desire of states to create a strict drug control mechanism, which led to the simultaneous operation of many conventions, treaties and protocols concluded by that time. This significantly complicated the functioning of the entire system of international regulation of drug trafficking.

A fairly large number of narcotic drugs and drug-containing substances, as well as the raw materials used in their production, remained outside the scope of international legal regulation. In addition, a number of provisions of existing international agreements were outdated, while the rapid growth of the illegal drug trade has become a serious problem for some countries.

The need to improve the international legal system for drug control became especially acute after the end of the Second World War. The main role in the process of revising existing treaties and developing an international universal agreement on drug control, as well as all subsequent treaties, belonged to the United Nations.

On October 3, 1946, the UN Economic and Social Council approved the draft Protocol on Amendments to Previous International Drug Treaties and submitted it to the UN General Assembly for consideration. On December 14, 1946, after

going through the appropriate procedure at the UN, this Protocol, briefly referred to as the Narcotics Protocol, came into force [10].

About 20 types of narcotic drugs were placed under international control. On February 16 of the same year, the UN Economic and Social Council established the Commission on Narcotic Drugs. The commission should:

a) assist the Council in the exercise of powers to supervise the application of international conventions and agreements relating to narcotic drugs as may be assumed or entrusted by the Council;

b) perform the functions which, in accordance with international agreements concerning narcotic drugs, have been entrusted to the Advisory Committee of the League of Nations on the Trade in Opium and Other Dangerous Drugs and which the Council may deem fit to assume and continue to perform;

c) give opinions to the Council on all issues related to the control of narcotic drugs, and, if necessary, draw up draft international conventions. The Commission was also called upon to cooperate closely with the Permanent Central Opium Committee (PCOC) and the Narcotic Drugs Control Authority established under the 1925 and 1931 conventions.

Previous conventions did not provide for the establishment of international control over synthetic substances that can cause drug addiction. At the initiative of the Commission on Narcotic Drugs, on November 19, 1948, during the third session of the UN General Assembly, the Protocol [11] was signed, extending international control to narcotic drugs not covered by the 1931 Convention.

In accordance with its provisions, countries were obliged to inform the United Nations about any substance whose use could lead to abuse.

While the 1948 Protocol extended the international control regime to drugs derived from opium and coca leaves, the 1953 Protocol for the first time introduced

control over raw materials (opium poppy). It provided:

- limiting the production and supply of opium to the quantities necessary for medical and scientific purposes;

- preventing the diversion of opium through illegal channels during the production stage;

- prohibition of the use of opium for any purposes other than medical and scientific;

- establishment of some control measures over the production of opium from poppy straw.

The 1953 Protocol contained provisions that were absent in previously adopted agreements and conventions on the control of processed drugs.

Despite these measures, the production and non-medical use of drugs continued to increase, which became a growing concern for the general public. States were forced to form special government commissions to study the problem of drug addiction. From January 24 to March 25, 1961, a regular conference was held in New York with the aim of developing a new international multilateral treaty on narcotic drugs [1].

The need to develop a new convention was explained by the fact that some provisions of previously adopted conventions were outdated, and drug addiction, mainly in capitalist countries, not only did not disappear but turned into a problem requiring exceptional attention due to the growing number of people abusing drugs by various means. By the time of the 1961 conference, international drug control was carried out by four bodies. The Commission on Narcotic Drugs was in charge of general control and had to develop a general policy in this regard.

The Committee of Experts on Noxious Drugs of the World Health Organization exercised international control over the distribution of narcotic drugs and dealt with the medical aspects of drug addiction [13].

The Permanent Central Opium Committee and the Narcotic Drugs Control Authority were specialized

supervisory bodies that worked closely with each other. They also accumulated government statistics on drugs, controlled the international drug trade, and calculated their needs for states. The Committee of Experts on Noxious Drugs at the World Health Organization dealt with the medical side of drug addiction and was called upon to resolve issues of international control over the distribution of narcotic drugs, including synthetic ones.

The 1961 conference adopted the Single Convention on Narcotic Drugs and a number of resolutions: on technical assistance to interested countries in the fight against illicit drug trafficking, on methods of treating drug addicts, on simplifying the apparatus of international control, on cooperation of states with the international criminal police organization, etc. The Convention also introduced the division of narcotic drugs into four groups according to the degree of their danger and, in accordance with this, provided for measures of international and domestic control over the consumption and circulation of these drugs [14].

With the adoption of the 1961 Convention, a comprehensive international legal framework for drug control on a global scale was created. As already noted, this Convention not only repealed the provisions of several previously existing international legal acts in this area, replacing them with common approaches, but also created the prerequisites for the further development of international cooperation in combating drug trafficking [15].

Based on the 1961 Convention, a number of acts were later adopted, which to this day form the basis of international cooperation in the fight against illicit trafficking in drugs and psychotropic substances.

Research results

Research results show that drug addiction and the misuse of narcotics

and psychotropic substances pose a pressing challenge in nearly every country worldwide. Over recent decades, illegal drug trafficking has expanded into a global issue, significantly disrupting the social and psychological well-being of communities. Its detrimental effects extend to economic stability, political systems, and public safety.

Analysis of research results

An analysis of research findings reveals that the fundamental aim of international conventions governing narcotic drugs and psychotropic substances is to balance legitimate medical and scientific needs with stringent controls to prevent diversion into illegal channels.

This article explores the historical development and contemporary framework of international legal regulations concerning the lawful production, distribution, and use of controlled substances. It examines how evolving policies seek to reconcile accessibility for essential medical purposes with robust mechanisms to combat illicit trafficking and abuse.

Conclusion

In conclusion, it should be noted that the development of the international legal framework for combating drug trafficking occurred non-linearly. It traces periods of the general desire of states to consolidate efforts in the fight against the drug threat, and certain periods when countries reduced their activity in the international sphere to solve these problems.

At the same time, the initial stage of cooperation was the development of common standards and concepts that are fundamental in the area under consideration.

Subsequent developments mainly concerned information exchange, and the most recent stage has involved examples of joint operations by law enforcement agencies from various states to block drug supply channels and detain individuals involved in the illegal drug trade.

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