

COMMITTEE GUIDE

UNODC



UNITED NATIONS OFFICE OF DRUGS AND CRIME

Mariana Roldán and Juan David Cano

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Presidents' Letter

Dear Delegates,

It is with great pleasure that we present ourselves to you. We are Mariana Roldán and Juan David Cano, both students from Colegio Bennett. It is because of fate and all your hard work and bravery that we find ourselves all gathered under the umbrella of one same committee!

UNODC is one of the only UN committees whose jurisdiction includes not only narcotics and its trafficking but also corruption, organised crime, terrorism, crime prevention, and criminal justice. Be it your first model or one of many, we hope to make your UN experience flourish this year and to help you reach your well-sought potential.

As past delegates ourselves, we are well aware of the nerves and anxiety a model can cause. We hope that with our support and your dedication we can work together in making an effort towards the building of our future. This incredible world we currently find ourselves immersed in is a first step in the development of our knowledge, abilities, and mission, as we strive to make our world a better place.

As delegates, you will undertake the role and responsibilities of being a country's ambassador and representative where you will have the opportunity to learn and embody their specific beliefs regarding the topics we have assigned to you. In UNODC, you will be faced with life-changing decisions regarding international criminal and justice laws and we trust you will uphold the utmost severity while doing so. We believe it is wholly within your capabilities to do an outstanding job, regardless of the country you will have to represent. Your abilities as delegates aside, you will always have our unconditional support throughout your whole journey in this 2023 Model United Nations experience.

Please don't shy away from reaching out to us to help you resolve any queries regarding your position as a delegate or about our debate topics. Both before and throughout the model we are both more than happy and willing to be of any assistance, so please do not hesitate in asking for our guidance.

It is equally vital that you as delegates meet the expectations that have been assigned to you upon deciding to join this model. We trust that you will complete all the expected tasks responsibly and on time. As presidents, we have one vital piece of advice that will help serve you not only in this model but in the many more that are sure to come. The preparation you undertake before the actual debate is essential in defining your overall experience as a delegate. We ask you to keep that in mind. We know that you will all do an outstanding job and trust in your abilities!

Your presidents,

Mariana Roldan and Juan David Cano (UNODC Chair)

unodc@ccbcali.edu.co

Topic 1: *The rise in illegal drug production and distribution in Europe*

I. History/Context

Europe has historically been known as one of the world's largest and most active international hubs for illegal drug consumption. However, the proper development of a conscience regarding alcoholism and addiction - and the distinction between the two - was late to come, and only officially established in the early 20th century. With the recognition of these conditions came the prospected course of plans which were formulated to try and improve the situation. For many countries, the concept behind the two terms vary and are deeply influenced by the perspective of their own respective cultures, which in turn affect the treatment and “punishment” they warrant. Within cultures, these concepts either shift or maintain themselves throughout the passage of time, and so can be compared with their modern day counterparts.

Global Context and Preventative Strategies

Acknowledging all the perspectives mentioned above, it is important to understand the processes through which different countries have gone regarding the abuse of substances in a historical context in order to be able to make a worthwhile analysis of our modern-day circumstances. The acknowledgment of addiction as a disease was not always inherently related to substance abuse, therefore the severity of the condition was not always reflected in the treatment and perception of addicts. Depending on the culture and ideologies of a certain country, addiction was either highly criminalised or simply not seen as an issue. Nowadays, many European countries have maintained a drug liberalisation approach to the situation, however, the journey towards accepting the latter as a valid strategy was not necessarily easy.

In Poland, for example, records show that towards the mid-nineteen hundreds, while conditions such as “alcoholism” were viewed as a source of harm towards the individual's health, they were not necessarily viewed as a disease. Instead, “drunkenness” was regarded more as a concern of morality than it was of health by both the state and the church,



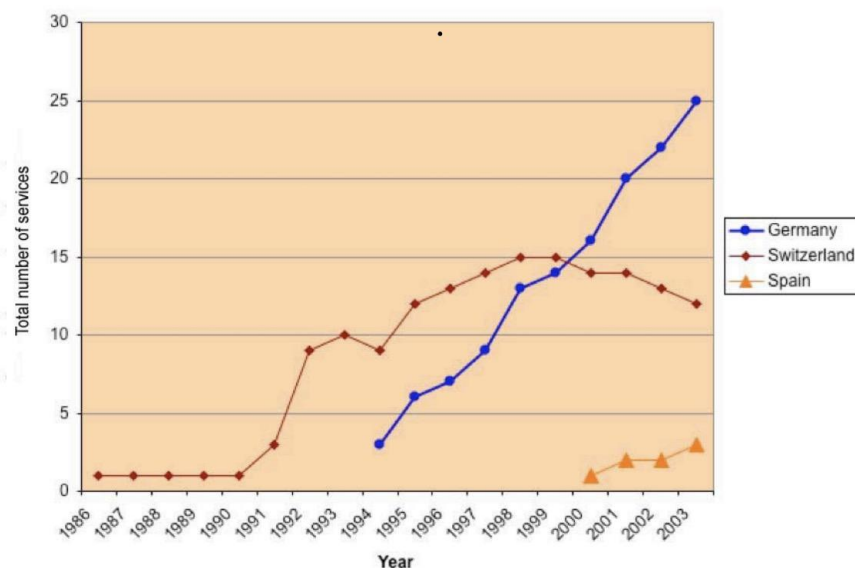
consequently instigating moments of prohibition within the country. When the problems failed to cease, the concept of alcoholism as we understand it today began to take hold within the country, sparking efforts of rehabilitation within the Polish community. It is then that we see one of the first efforts towards decriminalisation as a solution against addiction, with the establishment of “public sobering-up stations” as opposed to incarceration for public intoxication. In comparison to alcohol, there was very little precaution taken towards addictions dealing with drugs, limiting itself to the registration of suspected drug abusers - most of which corresponded to a youth movement that had begun at the time - and a prohibition regarding the consumption of tobacco while driving. (Berridge, 2014).

Italy had a different approach to the problem. From 1948 to 1972, under the guidance of five different political administrations, the country established 20 substance related laws, nine to do with drugs other than alcohol, eight regarding alcohol and three with respect to tobacco. (Berridge, 2014) Despite this, however, many Italian states depended on the revenue generated by their own alcohol and tobacco monopolies, even going as far as to establish the promotion of the recovery of these two industrial sectors as a way to revive their war-stricken economy. Because of this, the substance policies regarding alcohol and tobacco related mainly to the taxation and exportation of the products. This led to a harsher anti-drugs regime than the one briefly observed in countries such as Poland. In addition to laws, there was an abundance of questions and debates examining drugs, beginning with the analysis of new synthetic drugs such as Dolatin, whose main purpose was purely medicinal as a painkiller.

This sparked the regulation of more and more substances, specifically the regulation of barbiturates - defined as “*group of sedative-hypnotic medications used for treating seizure disorder, neonatal withdrawal, insomnia, preoperative anxiety, and anaesthesia purposes,*”. (USA National Institutes of Health) - in 1951, and not necessarily because of their recreational use, but because of their presence in numerous amounts of suicides throughout the country. Many called for the separation of such substances from what they referred to as “luxury poisons” such as cocaine, mainly because addiction was yet to be considered a grave problem. These thoughts promptly faded into the background with Italy’s establishment as a major hub in the international drug trade, mainly dealing its products into countries such as the US. All these concerns were brought to light in the United Nations, where many worried

about the laxity of police control regarding the substances and the slothful rate at which dealers were apprehended. It was only in 1954 that a major law was passed emphasising the regulation of trade, and production and use of narcotics. This law was accompanied by the establishment of a specialised Central Narcotics Bureau, officially taking a more affirmative stance in the criminalisation of drugs, and consequently starting the task of compiling a list of substances or preparations with narcotic effect, taking into account international conventions. Later on, in 1962, a ministerial decree nurtured the creation of special centres for “social diseases”, amongst which was included the “toxicosis from narcotics and psychoactive substances”. (Berridge, 2014)

Figure 1 : Development of number of supervised drug consumption rooms in Switzerland, Germany and Spain between 1986 and 2003



Sources: For Switzerland: Benninghoff et al., 2003; Spreyermann & Willen, 2003; R Hämmig (personal communication). For Germany: Poschadel et al., 2003. For Spain: Ministerio del Interior, 2002; Anoro et al., 2003b; El Correo Español y El Diario Vasco 02/12/2003. Consumption rooms in the Netherlands not included because of lack of data.

Europe’s approach to the dangers presented by drugs shifted considerably in the 1980’s when the HIV/AIDS epidemic seemed to be closely related to heroin use and injection sites. It is here that the panic and anxiety brought with it a need to educate and try to improve the situation by offering peer education, health promotion, outreach, the provision of clean injection equipment and opioid substitution treatment.

This movement carried on into the 1990’s, when the idea of supervised consumption rooms available near known drug markets started to spread. However, many people worried that

these spaces would increase drug use and criminal rates, but these opinions were countered by arguments that stated that having accessibility to these kinds of spaces would help reduce morbidity and mortality rates when it comes to illegal substance abuse. Supervised consumption rooms aimed to provide clean injection kits and spaces to those mainly pertaining to marginalised communities such as homelessness and poverty - over all risky and unsanitary environments - who could otherwise not consume under ideal conditions. The main idea behind these rooms was not to end, eliminate or eradicate, but to prevent.

The first supervised consumption room was opened in 1986 in Berne, Switzerland and in the following years similar places popped up in countries such as Germany, the Netherlands, Spain, Norway, Luxembourg, Denmark, Greece and France. Most of these facilities share a few common characteristics, such as certain prerequisites that have to be met, like proof of local residency and identification to verify they reach a minimal age. These facilities tend to either work nearby or hand in hand with local homeless shelters or drug user attention centres, although they may work independently. This all translates into the twenty first century, where many advances have been made and perspectives have been changed.

II. Current Situation

As mentioned previously, the European continent is notorious for its numbers in regards to the consumption of illegal substances. However, recent trends have shown an increment in the production and distribution of these substances on the continent as well, something that had previously not been a subject of worry. The emergence of new addictive substances, along with a rise in consumption numbers, demand more organised and government-supported rehabilitation and prevention strategies, some of which continue to maintain and improve on the initial strategies that originated in the twentieth century.

It is important to have an understanding of the numbers that dominate European substance abuse trends before delving into the recent developments in the circulation and manufacturing of illicit substances.

ILLICIT DRUGS MARKETS

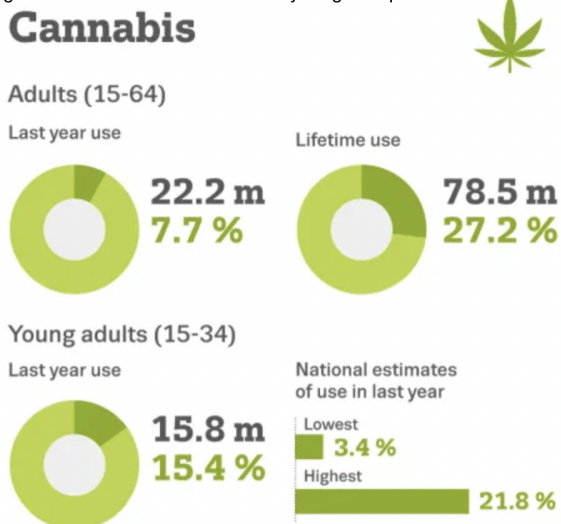
Among the illicit drug market's increasing variety, three main drugs have managed to consistently dominate European consumption: cocaine, heroin, and cannabis. As of 2022, it was estimated by the European Monitoring Centre for Drugs and Addiction, that around 27.2% of all European adults, or 78.5 million people, between the ages of 15-64 have reportedly consumed cannabis at least once in their lifetime. This was followed by 4.8% of the population, or 13.8 million people, who have consumed cocaine, and 0.33%, or 1 million people, who have consumed heroin and other opioids. While the statistics for opioids might seem less of a problem in comparison to other substances, it was also recorded that opioids were found in 76% of all fatal drug overdoses in 2019.

Cannabis

It is also important to note that cannabis is currently one of the most decriminalised drugs on the market, especially in Europe, where the grand majority of countries have legalised its use in a medicinal context, whilst a significant number of them have begun a process of limited decriminalisation. The market for legalised medicinal cannabis alone has produced a

surprising amount of revenue, with its approximate value being registered as €380 million in 2021. (Saarsteiner, 2022) A great example of the potential that the medicinal cannabis market possesses can be seen in Germany, arguably one of the most advanced markets in the business, where it is estimated to bring in revenues of over €7 billion by 2027. The overall market is estimated by some to see growth of over 500% over the next three years.

Figure 2: Stats on Cannabis use in young European adults



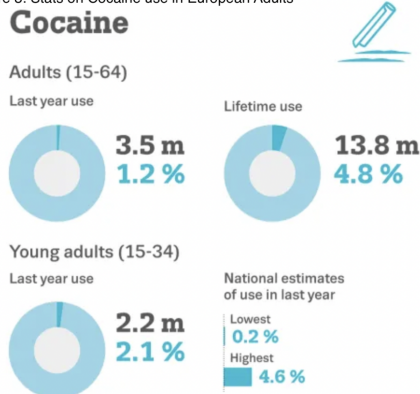
On the other hand, the market for illicit cannabis production accounts for around 38% for the retail market for illicit drugs in the EU, with around 22 million users spending nearly €9 billion each year. (EUROPOL, 2022) As a whole, a great majority of European countries have legalised the use of cannabis in medicinal use, however very few have started to actually legalise the recreational use of the substance, most of them sticking to decriminalisation with some of the few exceptions being Luxembourg, which had begun its journey towards limited legalisation in 2021.

Drug decriminalisation is “the act of removing criminal sanctions against certain activities, including possession of drugs for personal use” (ACLU Washington, 2023)

Drug legalisation is defined by ACLU Washington as the “act of permitting by law use of a substance”

Cocaine

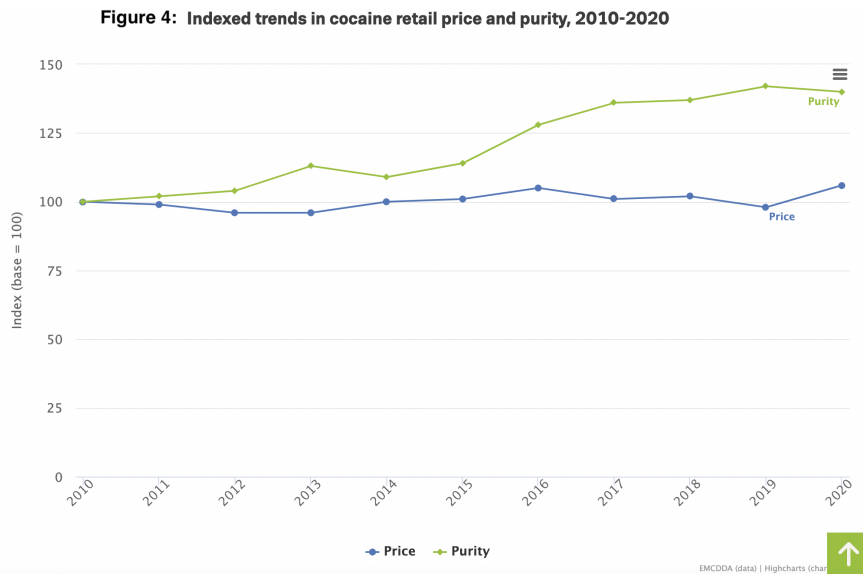
Figure 3: Stats on Cocaine use in European Adults



A demand-based estimate of the European cocaine retail market placed its value at EUR 10.5 billion in 2020. This represents about a third of the total illicit market in drugs, making cocaine the second-largest market (after cannabis), and suggests a large increase since the previous estimate for 2017. (EUROPOL, 2022) Recently, market indicators have begun to suggest a worrying increment in the cocaine market as its consumption reaches all-time

high levels, and as the market continues to expand throughout Europe. Historically, the cocaine market was seen mostly rooted in a concentrated number of western and southern European countries; however, as purity levels of the substance rises, and prices vary between decreases and stability, consumption is on route to follow a trend of steady increment.

The affordability of drugs is measured in a way that takes into account the uncut purity of the substance and one gram of product. The importance of a set measuring system of drug affordability is reflected in the ease it allows the market to be studied, as it was stated in an



article released by EUROPOL in 2022, “Affordability allows a more sophisticated comparison of retail drug markets across countries and over time. Based on EMCDDA retail price and purity data for 16 European countries reporting sufficient

information, and which together make up approximately 60 % of the total EU population, 1 gram of cocaine became on average 38 % more affordable between 2015 and 2020”.

Heroin

While opioids are not necessarily foreign to Europe, heroin remains the most commonly used variation of the drug throughout the continent. This is in contrast to other countries in the world, such as the USA, where synthetic options, such as fentanyl, have taken over the country with a newly-established consumption epidemic. While heroin is classified as a semi-synthetic drug, it still depends heavily on the cultivation of the poppy seed, a type of plant native to Middle Eastern countries, in particular countries such as Afghanistan. As Taliban rule in the country begins to prohibit the cultivation of such crops, the demand for a new opioid replacement rises, calling for experimentation and diversification in the European drug trade.

Heroin and other opioids

High-risk opioid users

1.0 million

510 000

opioid users received substitution treatment in 2019

Drug treatment requests

Principal drug in about 26 % of all drug treatment requests in the European Union



Fatal overdoses

Opioids were found in 76 % of fatal overdoses

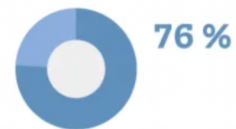


Figure 5: Stats on Heroin and Opioid use in European adults

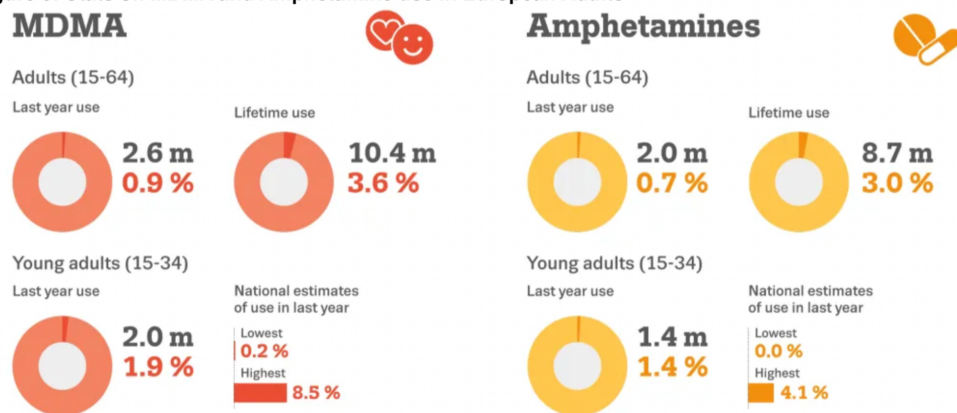


Whilst undergoing a process of diversification, the European drug trade's reach has risen as the production of new synthetic drugs grows in countries such as Germany, Belgium and the Czech Republic. Drugs such as methamphetamine and heroin, respectively synthetic and semi-synthetic substances, have seen a dramatic increment in their production not only in the east, as was previously the standard, but also in the west of the continent. The increment in drug production remains limited to its synthetic variants as more and more illegal laboratories in Europe produce huge amounts of amphetamine, methamphetamine and other synthetic drugs for local consumption and for export outside Europe.

While most chemicals and ingredients needed to produce the substances are imported from outside of Europe, mainly from South American and Asian countries, European cartels have begun strengthening their ties with their foreign counterparts in an attempt to reduce the costs needed for the production and distribution of their products. More than 350 labs for synthetic drugs were detected and dismantled in 2020 in Europe, with most of them originating in Belgium and the Netherlands, as was previously stated, and in other countries such as the Czech Republic, Poland, Germany.

As was stated in the European Monitoring Centre for Drugs and Addiction, in 2022 0.9%, or 2.6 million people, of the European population between the ages of 15-64 consumed some sort of MDMA and 0.7%, or 2 million people, have consumed amphetamines. The increment in their consumption is largely due to the increment of their consumption and their status as synthetic drugs, as is mirrored in other synthetic substances such as methamphetamines.

Figure 6: Stats on MDMA and Amphetamine use in European Adults



In an effort to try and decrease this heavy substance abuse, countries such as the Netherlands and Germany have continued the road towards the liberalisation of “softer” drugs such as cannabis, and the opening of supervised consumption and or injection sites to try and prevent deaths by overdose. This has sparked highly controversial debate in more conservative countries such as Great Britain, where the criminalisation of drugs is still highly prevalent.

PREVENTATIVE STRATEGIES

Supervised Consumption Sites

Following the start of a new era, new shifts were made in the drug industry in Europe. The supervised consumption sites developed more structure and consistency. As the years passed, three main models of supervised consumption sites were formed, those being integrated, specialised and mobile facilities. Most of these spaces provided a survival-oriented service, with the inclusion of food rations, clothing and showers for those living on the streets, as well as their typical substance abuse monitoring. They focus their efforts on providing clean injection materials, intervention in case of emergencies, drug counselling and observation after drug consumption.

An organisational overview of 62 drug consumption facilities in seven European countries (Woods, 2014) showed that approximately seven spaces for supervised injection (in between one and thirteen) and four places for inhaled drugs are usually included in modern facilities, and include a nearly daily service with about 8 hours of service per day. Daily visitors varied from 200 to 400, and were usually referred by the police or by other treatment facilities.

As previously stated, the main goal behind the creation of these spaces was to promote “healthy” injection procedures and decrease risky syringe-sharing habits, which all increase the possibilities of contracting immune deficiency conditions such as HIV and AIDS, as well as the ever present risk of overdose and death. Many consumption sites continue to adapt to drug consumption trends that have developed over the years, as seen in consumption sites that broaden their horizons towards more inhaled smoked drug services in areas where drugs such as crack cocaine smoking and other inhalable drugs are more predominant than injected substances.

The adaptability developed by consumption sites leads to another main point in the battle against substance abuse in Europe - the decriminalisation of drugs as a strategy to disincentivise new populations from consuming in the first place.

Drug Liberalisation

The outlook countries have on the best approach to dealing with substance abuse varies greatly from culture to culture, with many countries such as Armenia, Russia, and the United Kingdom maintaining firm positions against drugs and their possession or supply. This includes withholding their support for any drug-liberalisation movements such as the ones that have been introduced in other European countries such as the Netherlands, Germany and Portugal.

Drug liberalisation is defined as *“a drug policy process of decriminalising or legalising the use or sale of prohibited drugs”* (ACLU Washington, 2023) but still calls for a clarification of the difference between legalisation and decriminalisation. Drug decriminalisation is *“the act of removing criminal sanctions against certain activities, including possession of drugs for personal use”* (ACLU Washington, 2023) which basically translates to maintaining the illegal status of drugs, but removing criminal repercussions upon being caught with any illicit substance. This differs from the term of drug legalisation which is defined by ACLU Washington as the *“act of permitting by law use of a substance”*. The implementation of legalisation usually implies some sort of legal supply and normally varies from medical prescriptions to regulated cannabis shops. This, however, doesn't mean that limits can not be installed. Limits can include, but are not limited to, a minimum age to purchase the now legal substances and some sort of certification or licence to sell these substances.

Portugal became the first country to decriminalise drugs in 2001, replacing prison sentences with therapy sessions as a consequence for those who were discovered to be consuming drugs. It was closely followed by countries such as Estonia, Luxembourg, and even surpassed by the Netherlands who has decriminalised small amounts of certain substances since 1972. Many countries followed the trend of liberalisation, debating the pros and cons of this way to tackle the problem, as well as comparing the advantages and disadvantages of decriminalisation compared to legalisation.

Opioid Substitution Programmes

As defined by the United Nations Office on Drugs and Crime, “*Opioid substitution treatment (OST) is a form of health care for heroin and other opiate-dependent people using prescribed opioid agonists, which have some properties similar or identical to the ones of heroin and morphine on the brain and which alleviate withdrawal symptoms and block the craving for illicit opiates.*” OST consists of two core elements: pharmacological and physiological. The pharmacological aspect involves substituting illegal opioids with a medically prescribed replacement opioid such as methadone or buprenorphine. The psychosocial component, on the other hand, assists individuals in stabilising their lives while using the replacement opioid and making positive lifestyle changes, with the ultimate aim of recovering from drug use. The ultimate aim of OST is for the individual to completely abstain from using illegal opioids in the long run, helping to reduce various negative outcomes of excessive opioid use such as drug-related injection complications, transmission of blood-borne viruses (BBV) and premature mortality.

CONSEQUENCES OF SUBSTANCE ABUSE IN EUROPE

Despite the numerous preventative and combative strategies enforced and designed to help battle the current drug epidemic in Europe, the epidemic manages to persevere thanks to the high availability of highly potent and “pure” substances. It is also equally true that large seizures of drugs being trafficked into Europe through international shipping containers remain consistent. That being said, the consequences of widespread drug abuse and European drug production, specifically synthetic drugs and cannabis, remain especially potent. It is critical to the analysis of the European drug market that the consequences brought on by its functionality also be equally observed.

Health Risks

Traditional illicit drugs, such as cocaine, heroin and cannabis, have been on the market long enough for health professionals and health care advocates to know of their effects on a person's health. Most of these effects lie within the range of acute and chronic harms and, consequently, become a major contributor to the global health burden. With the rise of new, synthetic drugs, many healthcare professionals do not have enough information about their

possible effects on the human body. Consumers may tend to view new stimulants and substances in a similar light to those they have already used, given their physical similarities and availability on the market, thus making them more prone to consume them as alternatives. Most of the time, however, they are most likely unaware of the actual stimulant or even mixture of stimulants they are consuming. As concluded by the European Monitoring Centre of Drugs and Drug Addiction, “ *Developments in this area mean that people who use drugs may be at greater risk of adverse health outcomes, including poisonings, acute and chronic mental health problems, infectious diseases and deaths, through consuming, possibly unknowingly, higher-potency or more-novel substances and engaging in high-risk behaviours.*”

Historically, one of the most known consequences of drug abuse, especially those related to injected substances, is the spread of autoimmune diseases such as viral hepatitis B and C (HVB and HCV) and the human immunodeficiency virus (HIV). While it is true that there has been a decline in the prevalence of injected drug abuse, there is still an alarmingly disproportionate amount of harm inflicted by injected drugs, given their high risk levels of overdose, mortality, and contraction of blood-borne diseases. Although it remains true that heroin is the most widespread substance that is consumed via injection, thanks to the diversification of the market, there has been an increment in the use of other drugs, mostly stimulants and medicines, either alone or in combination with heroin or other opioids (European Monitoring Centre for Drugs and Drug Addiction, 2023). This comes with new terrifying risks, some examples being the increased risk of vascular damage or the acquisition of a bacterial infection thanks to the injection of a poorly dissolved synthetic stimulant, medicine or crack cocaine. Additionally, polydrug injection has been shown to increase the risk of drug overdose and morbidity.

Mental Health

It is undeniable that there exists an intricate relationship between substance use and mental health disorders, and it is important to highlight that this connection is complex due to genetic, neural, and environmental factors. Taking this into account, there are several scenarios in which substance abuse and mental disorders can be related to each other. The first scenario is that psychiatric disorders, other than substance-use disorders, can increase

the risk of drug use as a consequence of the "self-medication hypothesis", which suggests that an addiction disorder might arise as individuals attempt to cope with problems related to their mental health disorder. This could lead to a long-term substance issue, or substance use might decrease once the underlying mental health problem is appropriately addressed. Conversely, a mental health disorder could elevate the risk of heavy substance use, potentially resulting in a substance-use disorder that persists even after the mental health condition is treated or subsides.

Substance-use disorders can also trigger the emergence of psychiatric disorders, and these co-occurring disorders may follow independent courses. For example, cannabis use in susceptible adolescents could contribute to the development of a separate psychosis, specifically highlighted in the relationship between cannabis use and the development of schizophrenia in early adulthood. On a similar note, temporary psychiatric disorders can arise as a consequence of substance intoxication or withdrawal, known to us as substance-induced disorders. This could include anything from depression and anxiety to irritability, volatile moods and hallucinations. All in all, the relationship between specific mental health disorders (e.g., depression, psychosis, post-traumatic stress disorder) and substances (e.g., alcohol, cannabis, opioids, stimulants) varies in nature. It is because of this that it is important that the acknowledgement of the challenge of identifying comorbid psychiatric conditions be enforced, as substance-abuse effects can mimic symptoms of other mental health disorders.

III. Key points of the debate

- The increment of the production and distribution of new synthetic drugs in European countries
- Drug liberalisation - Decriminalisation or legalisation? In favour or against?
- Supervised consumption sites
- Social side effects of incremented substance abuse
- Alternate solution for drug liberalisation
- Dangers of synthetic drugs and how to prevent the spread of their popularity



IV. Guiding questions

1. Does your country currently have a drug crisis, be it consumption or production-wise? If so, which drugs are the most prevalent?
2. If your country produces illicit drugs, what other countries are affected by its distribution?
3. How is your country affected by the illicit drug trade? (i.e. homelessness, organised crime, overdoses, etc.)
4. What has your country done to help aid the overconsumption of drugs?
5. What are your country's current drug policies?
6. Has your country begun the decriminalisation of certain drugs? If so, which ones?
7. Is your country against the decriminalisation of drugs? If so, why or why not?
8. Are there currently any supervised consumption sites within your country?

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Topic 2: *The Future of Penal Systems: Punishment or Reformation?*

I. History/Context

Throughout the centuries of human civilization, punishment was always used as a deterrent for criminal behaviour and as the penalty for the disruption of order. Retribution and vengeance were established as the pillars of the emerging nations' penal systems. As the world started to evolve and develop, crimes adjusted to a more globalised society, and penal systems had to adapt to these changes. As new types of crime emerged, new action was implemented through the establishment of laws and places where criminals could be kept under guard.

The penal system started its official development around the 16th century when small houses were adapted to house minor offenders in hopes of their rehabilitation. Prisons were places in which the government housed debtors, people awaiting their trial, and those who were awaiting their sentence of death or banishment. Later, the incarceration itself was thought to be enough punishment for some crimes. The idea rapidly spread, and it was eventually accepted as an appropriate method of punishing convicted criminals. In the 19th century in the USA, for example, prisoners were permitted to work together, but only in silence. At the end of the 19th century, prison reformers successfully advocated for: segregation of criminals by type of crime, age, and sex; rewards for good behaviour; an end to indeterminate sentencing; vocational training; and parole (Coyle, 2023).

Prisons would become the focus of various problems including a rise in the level of diseases amongst the prison population and corruption, leading to reforms, and restorations over time. Sentences also played a conspicuous role in the development of the earliest judicial and penal systems. Historically, there were many factors involved in the sentence of the convicts, such as religion, morals, ethics, and other beliefs. Religion was always tightly intertwined with law and criminology, being the basis of what was perceived as good and wrong. The moral codes and commandments set out by these religions served as the early textbooks for law, and also established punishments for transgressions. Religious authorities often had considerable power in the control of laws and the enforcement of punishment.



The first, large-scale prison reform established in the United States happened in the early to mid-19th century. Prisons started to become crowded, overpopulated, diseased and dangerous, making change imperative. Different approaches were taken by different prisons to deal with their prisoners. The “Auburn System” was developed in New York at Auburn State Prison and Sing Sing Correctional Facility. The reformers believed that the penitentiary could serve as a model for family and education, so sought a system that was more rehabilitative than harshly punitive (Thorsteinson, 2017). It used the “Silent” system, where prisoners could work together but were prohibited to talk with each other. The “Pennsylvania System”, on the other hand, emphasised instead the redemptive and hygienic values of permanent solitary confinement with each prisoner working alone at different artisan jobs. These various systems proved to have their advantages, and their complications. However, another casualty of the penal systems was on the rise.

As societies became more secular, the breach between governments and religious bodies increased. In many countries, there was a strong transformation from the marginalised society moved by fear, to the stable and growing force that we have today. Countries such as the United States cut any possibility of an official state religion with the First Amendment to the United States Constitution, ratified in 1791, which prohibits the establishment of an official state religion and guarantees the free exercise of religion. Similarly, in France, the 1905 French Law on the Separation of the Churches and the State effectively severed the ties between the Catholic Church and the French government. A community with little to no relationship with religion might come across as liberating, but it is a double-edged sword. Religion was no longer an impediment for a person to commit multiple crimes, and numerous other offences such as blasphemy, apostasy, and witchcraft were no longer regarded as crimes. Divine punishment started to lose credibility, and thus the laws that were in the hands of the church before were disregarded.

However, this was not the case for many Middle-Eastern and North African countries which up to this date continue to have state religion that governs their laws. Countries such as Saudi Arabia, Algeria, Iran, Iraq, Syria, Afghanistan, Qatar, and Morocco have Islam as their official religion. Zambia and Greece hold onto Christianity as their official religion (Greece most specifically Eastern Orthodoxy). Cambodia and Myanmar have Buddhism as their official religion. While there are few countries that hold tightly to their relationship with

religion nowadays, there are some important religious states in the 21st century. This allows in some cases the state to interfere with the population in order to safeguard the religious values, no matter the cost or the punishment. This link shows the countries that have state religions: <https://www.worlddata.info/religions/state-religions.php>. This link show the countries with no official state religion: <https://www.worldatlas.com/articles/countries-without-a-state-religion.html>

THE FIGHT AGAINST RECIDIVISM

One of the most fundamental concepts in the penal system has become recidivism which, according to the National Institute of Justice, refers to a person's relapse into criminal behaviour, often after the person receives sanctions or undergoes intervention for a previous crime. It is one of the most important features in the criminal system, being presented as one of the core topics in rehabilitation, incapacitation, and specific deterrence. Furthermore, recidivism works as a measurement to prove the effectiveness of a criminal facility, aiming to study the differences between publicly and privately managed prisons. This is the ultimate purpose of prisons, the prevention of recidivism.

During the 20th and 21st centuries, crime has undergone significant shifts worldwide due to diverse socio-economic and geopolitical factors. The rapid industrialization and urbanisation that took place in the 20th century saw a surge in multiple crimes, such as organised crime and property offences. In the United States, according to the Bureau of Justice of the United States, the crime rate surged by approximately 80% between 1960 and 1991. It was during this time that the United States saw its peak in crime rates. Australia had its burglary peak in 1995 when the crime rate per 1,000 households reached almost 120. The following chart shows the prison population in the UK between 1900 and 2020. The rate of recidivism in the UK is between 23% and 32%.



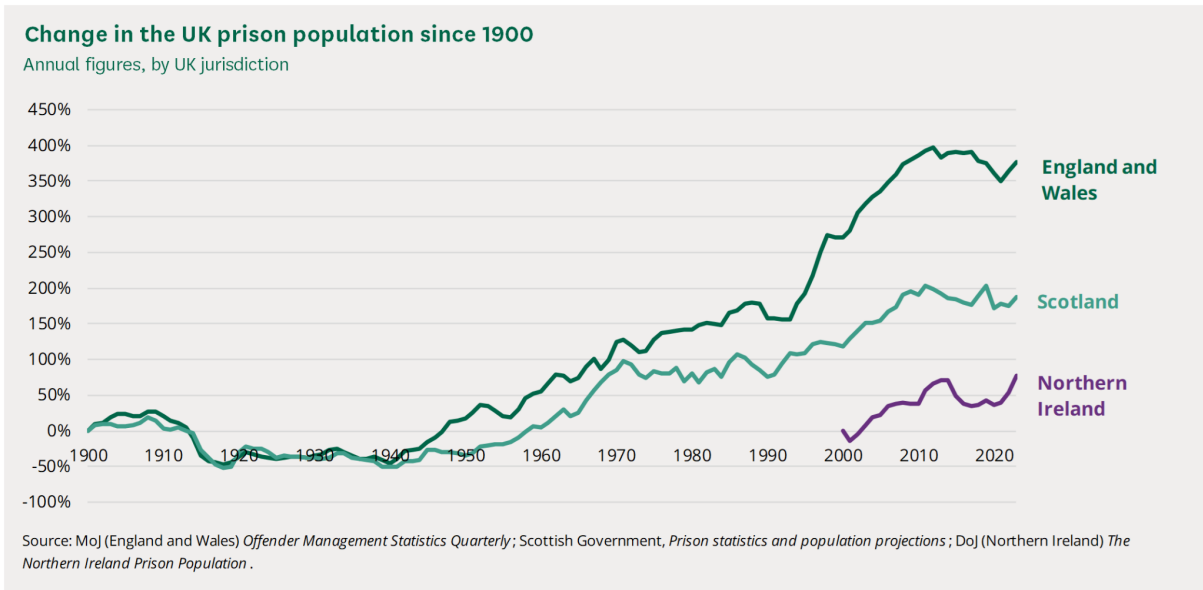


Figure 1: Change in the UK prison population

The graph in figure 1 demonstrates how the number of prisoners had been steadily rising up to the pandemic, whilst the graph in figure 2 shows that the level of recidivism has been steadily declining. This tells us that although the UK has managed to lower the rate of recidivism, the overall crime rate is not mirroring this trend.

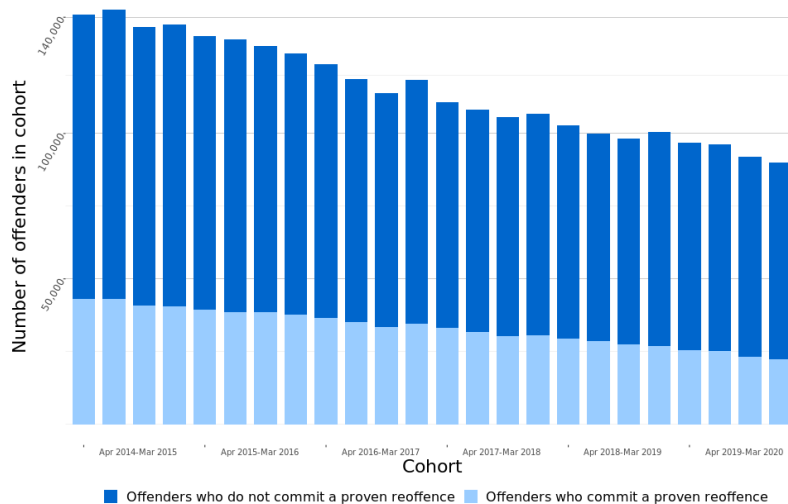


Figure 2: Change in the UK recidivism rate

Worldwide governments started focusing on fighting back against recidivism as the global crime trend escalated exceedingly in the early 1990s. The 21st century arrived with rapid globalisation, population growth, and new challenges for developing economies, which meant that these nations struggled in the enforcement of their laws. Meanwhile, developed economies, such as those of the United Kingdom and the United States, saw a stabilisation in their crime rates from the early 2000s after a time of elevated rates in the previous decades. While it seems that crime rates are lowering slowly in some places, crime is still a major concern in the world, and recidivism can be up to 50% in many countries.

II. Current Situation

Prison systems around the world are a fundamental part of penal and judicial systems. They provide a place to house individuals guilty of crimes and felonies. They are regarded in our society as the ultimate penalty for breaking the law, and are a reflection of our societal views on crime and the correct approach to crime and punishment. Penal systems around the world serve multiple purposes including retribution, rehabilitation, deterrence, and protection. These purposes vary in importance as the regions and culture change. Nonetheless, the effectiveness and humanity of various penal systems have become an exhaustive debate of endless scrutiny due to the wide variety of conditions the criminals might face. It is nearly impossible to place a rightful precedent without considering the approaches and challenges each penal system has. Ultimately, it is necessary to choose a path to follow, be it restorative or rehabilitative.

The world has seen a rise in the number of prisoners, and generally prisons are always full or even overflowing. You can see the rate of incarceration for different countries in the following link:

<https://worldpopulationreview.com/country-rankings/incarceration-rates-by-country>.

However, high rates of prisoners does not necessarily mean that crime rates decrease. In many countries prisons are overcrowded and a great strain is put upon their resources due to the burgeoning prison population. In some prisons, the prisoners are neglected or mistreated, and their human rights are not upheld. In some countries, the trend is to emphasise punitive measures, triggering retribution and deterrence, while in other regions

the emphasis is more toward rehabilitation. There are countless debates around the world about the success and efficacy of these different approaches.

OVERCROWDED AND UNSANITARY CONDITIONS, THE BIGGEST THREAT FOR MENTAL HEALTH

Many governments around the world do not consider the well-being of prisoners as one of their priorities in the penal system. It may seem reasonable to think that prisoner welfare should not be a priority, as they are paying for their crimes, but these so-called privileges are important to assure a proficient rehabilitation and a good environment in the prisons. It has been demonstrated that the stress and anxiety occasioned by prisons are one of the factors that cause inmates to become aggressive and non-compliant. Little to no access to decent healthcare and mental health support has been shown to cause recidivism. *“In addition to improving the lives of those living in prison, our results suggest that efforts to enhance prison healthcare may assist in reducing inmate misconduct. The combination of mental and physical conditions appears to be particularly problematic for misconduct.”* (Semenza and Grosholz, 2019).

The United States has earned the title of the world's leader in incarceration, as it locks up more people per capita than any other nation. By the end of 2020, there were more than 1.8 million incarcerated Americans. Each year, more than 600,000 individuals are released from state and federal prisons. Another nine million are released from local jails. Within three years of their release, two out of three former prisoners are rearrested and more than 50% are incarcerated again (Harvard Political Review, 2021). The American system isn't well organised to accomplish the steps to enable a country without recidivism. There are little to no opportunities for American convicts to re-enter society. The lack of job opportunities, housing, food, and clothing, mean many ex-convicts recur to crime to find a livelihood. This is why many prisons in The United States face high numbers of prisoners.

Another country that has acquired a reputation for its strict penal policies is El Salvador. The Central American country has declared a war on crime under President Nayib Bukele, who has built a mega prison, the Terrorism Confinement Centre, with the capacity to hold 40,000 inmates. At the time of writing it holds more than 12,000 suspected gang members, whilst



more than 64,000 suspected gang members have been arrested in the last year with the



arrival of Bukele’s anti-crime drive. Human rights organisations have criticised the project as they argue that thousands of innocent civilians have been arrested without a legitimate warrant, and are now

Figure 3: Thousands of prisoners in El Salvador’s prisons

exposed to inhumane treatment and overcrowded facilities. According to Human Rights Watch (HRW), in another of El Salvador’s prisons, *“El Salvador’s La Esperanza prison was built for 10,000 inmates but, due to massive overcrowding, now holds more than 33,000 inmates currently – one of the world’s largest prison populations”* (2023). This is why the mega prison was built; the idea is that it will be impossible to escape from, and prisoners will not be able to easily smuggle illicit objects into the facility such as cell phones or computers. Prisoners in the mega prison have no access to rehabilitation resources. Despite all the criticism, Bukele claims that his system is working as crime rates have dipped to an all-time historic low.

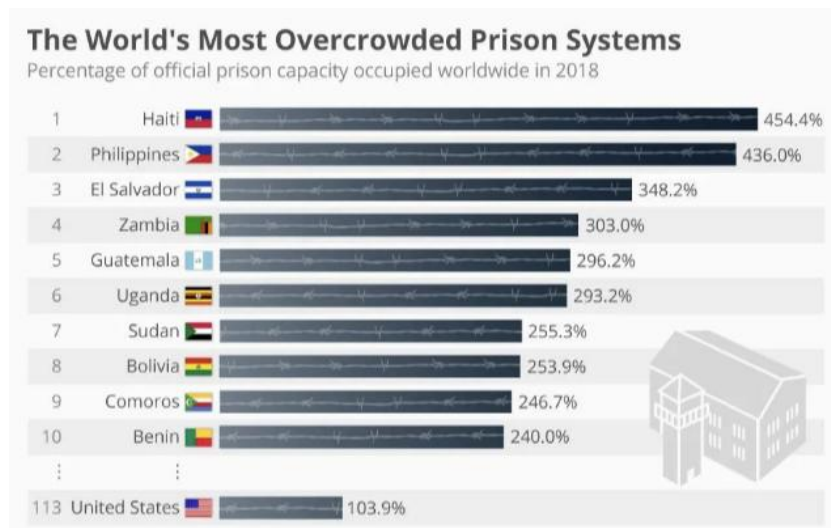


Figure 4: The world’s overcrowded prisons

It is essential to provide a healthy environment for inmates if the desired outcome is to rehabilitate and reintroduce the ex-convict to society. However, this can't be achieved with the elevated percentage of overcrowding in the 121 countries and territories operating above their official prison capacity. Out of these, Haiti and The Philippines top the list with percentages of 454,4% and 430,0% prison overcrowding. You can see the list of the 10 most overcrowded prison systems here: <https://www.worldatlas.com/articles/the-world-s-10-most-overcrowded-prison-systems.htm>

PUNITIVE PENAL SYSTEMS IN ACTION

As well as El Salvador mentioned above, numerous Middle Eastern and Northern African countries have penal systems oriented toward retribution, where they place emphasis on punishment to achieve a “safer” society. One example of such a system is Iran, which is recognized for its “morality police”. An example of the religious and moral overtones of a country’s legal system is the statement by Iran's judiciary chief that *“the removal of the mandatory veil is against the country's law and will be strictly dealt with.”* (Ejei, 2023) The Guidance Police (or morality police as they are popularly known) were withdrawn from the streets of Tehran after a nationwide protest about the death of Masha Amini almost a year ago, when she was held in police custody for not covering her hair properly in public. The Guidance police have recently been reinstated, and Iranian police vans now patrol the country in search of women wearing the hijab “incorrectly”. According to The Guardian, *“Saeed Montazer al-Mahdi, the Iranian police spokesperson, told Tasnim News that car and foot patrols would be conducted to respond to those who, according to him, have ‘extraordinary clothing’ and ‘still insist on breaking the norms.’”* (Wintour & editor, 2023)

Iran’s judiciary chief, Mohseni Ejei assured that *‘this ‘category’ of crime is different from “individual mistakes and sins” with the ‘role of enemy obvious in it,’ adding that ‘measures’ will be taken soon in coordination with other institutions. ‘prepared to deal with those who destroy public order,’* (AA, 2023). While Ejei did not provide concrete information about the measures taken, some reports show some of the methods that will be used. Currently, the Iranian parliament is debating whether to introduce new laws that impose fines or close shops and cafes that serve women who are not wearing the hijab in an approved way. Some

women have been denied the chance to take university exams, while recently a religious court ordered a woman to wash corpses for burial as punishment for not wearing a headscarf.

Iran is not the only country to continue using a “morality police”. In other countries such as Saudi Arabia, Indonesia, and Afghanistan there is an active morality force that is given power and recognition by the government. The Saudi force



Figure 5: Woman collapses after being lashed for having sexual intercourse outside marriage

faced an erosion of power in

2016 at the hands of Crown Prince Mohammed bin Salman, which caused discontent among the more conservative groups, but general acceptance within the public who are now eager to see the new, less sexist face of Saudi Arabia. These new flexibilities have allowed women to drive, attend sports events and concerts alongside men, and obtain passports without the approval of a male guardian (France24, 2022). The Indonesian Wilayatul Hisbah, commonly known as Sharia police, only has jurisdiction over Muslims in the semi-autonomous Aceh Province. As in Iran, Indonesians in the Aceh Province must wear loose-fitting clothes and headscarves, although dress violations can't lead to detention. However, other violations of Islamic law in this province regularly result in imprisonment or public caning.

As the Taliban regained control of Afghanistan in 2021, the Ministry for the Propagation of Virtue and the Prevention of Vice was re-established. This ministry enforces a draconian interpretation of Islamic law and, likewise, the punishment. According to the Council of



Figure 6: Man and woman publicly lashed in Afghanistan

Foreign Relations (CFR), some of the reinstated policies include that “Women must cover their faces and be accompanied by men when travelling more than forty-five miles

(seventy-two kilometres). Individual officers crack down on playing music and wearing western-style dress, though neither is formally forbidden.” (2023). These restrictions recall the Taliban’s previous rule when alleged violators underwent beatings, amputations, and public executions. for their crimes. Mullah Nooruddin Turabi, now in charge of prisons, told AP News that *“Cutting off of hands is very necessary for security”* . (Gannon, 2021)

One particular punishment that defies the concept of a rehabilitative penal system is the death penalty or capital punishment. It remains as a subject of substantial scrutiny and international discourse thanks to its severity. This is a legal practice in which a convicted criminal is sentenced to death as punishment for particularly grave offences. These offences might range from drug-related to terrorism and murder-related crimes. While 112 countries have abolished the death penalty by the end of 2022, countries such as the United States, China, Saudi Arabia, Egypt, Japan, Iran, India, Afghanistan, UAE and Iraq still consider the death penalty to be legal. In 2022, the global number of confirmed executions increased by an alarming 53%, the highest record since 2017. This is largely due to some countries in the Middle East and North Africa, which increased from 520 in 2021 to 825 in 2022 (Amnesty International, 2023).

REHABILITATIVE PENAL SYSTEMS IN ACTION

Norway is one example of an efficient rehabilitative penal system. The Norwegian strategy focuses on reducing recidivism through visionary rehabilitation strategies. Norway’s government started questioning the main reason for sending someone to prison - retribution, or rehabilitation. The country believes that the privation of freedom is punishment enough. This is how the Scandinavian country managed to have the lowest rate of recidivism in the world, scoring 20% after two years. For comparison, countries such as The United Kingdom and France have 59% (2000) and 40% (2004) consecutively recidivism rates in the same year span (World Population Review, nd). Inmates in Norway’s maximum security Halden Prison can participate in activities such as yoga classes, which in the words of the prison governor, Are Hoidal, *“calms them, we don't want anger and violence in this place. We want calm and peaceful inmates.”* Residents in the Halden Prison spend their time playing volleyball and doing leisure activities together, which enable the guards to interact with the prisoners and motivate them. According to a BBC report, each place at Halden

Prison costs about £98,000 per year. In comparison, the average annual cost of a prison place in England in Wales is now about £40,000, or £59,000 in a Category A, or high security prison.



Figure 7: The humaneness of Norway's prisons

Are Hoidal first started working in the Norwegian correctional system in the early 1980s, when the prison experience was altogether different. The culture of the prisons was similar to that of present-day United States prisons, where “revenge” continues to rule as the main principle in penitentiaries. The focus was simply to guard the prisoners, and recidivism was around 60-70%, very similar to American

levels. After a rigorous series of reforms to shift the focus to rehabilitation, prisoners who used to spend most of the day locked up were granted daily training and educational programmes. Finally, the role of the prison guards was completely overhauled. Guards became “prison officers” and started acting as role models, coaches, and mentors for the prisoners, whilst still making sure the inmate served their sentences.

CONCLUSION

To conclude, it is important to state that there is not only one reason for imprisoning a criminal, and both the punitive and the rehabilitative systems have their own advantages and disadvantages. The rehabilitative system offers a more humane prospect of reintegrating criminals into society, however, this does not come at an easy cost. The punitive system gives a somewhat immediate solution, but it only leads to more problems in the long run. All countries need to regularly re-evaluate their penal systems, and plan long-term solutions for the problem of overcrowded prisons and recidivism amongst ex-prisoners. Any changes should take into account the human rights that every citizen is entitled to.

III. Key points of the debate

- The link between religion and penal systems
- The use of the death penalty as a punishment
- The dangers of recidivism and how to combat it
- The management of and solutions for overcrowded prisons
- The possible benefits and drawbacks of a rehabilitative penal system
- The severity of punishment depending on the crime
- The rights that a prisoner should have inside the penitentiary centre

IV. Guiding questions

1. What criminal justice system does your country follow? Does it work efficiently?
2. What are the rates of imprisonment in your country? How does your country deal with the incarcerated population?
3. What is the maximum sentence in your country for a particular crime, and how does this affect the crime rates in your country?
4. Has your country been criticised for the treatment given to prisoners or the response to crime, or does it uphold prisoners' human rights?
5. Is your country focused on the restoration and rehabilitation of criminals, or on punishment? Why does it choose to follow this ideology?

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