

EXPERIENCE OF FOREIGN COUNTRIES IN COMBATING ILLEGAL TURNOVER OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES

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ANNOTATION

The article is devoted to a comparative analysis of systems for combating offenses in the field of trafficking in narcotic drugs and psychotropic substances at the international level. This article discusses the problems of detecting and preventing offenses, as well as control over the circulation of narcotic drugs and psychotropic substances in various countries of the world. Analyzed the characteristic features of the approach to overcoming the current situation in the field of drug use, the use of various methods of counteracting this negative phenomenon in the process of suppressing illegal actions. Revealed and substantiated the need for joint use of methods to combat the global problem of all mankind. On the basis of the study, the author proposes to pay attention to the world experience in the prevention of offenses. The purpose of this work is to analyze the advantages and disadvantages of individual legal institutions of foreign criminal law and predict the consequences of their application in the Republic of Uzbekistan.

Keywords. narcotics, psychotropic substances, illicit trafficking, drug statistics, foreign criminal law, drug consumption, drug legalization.

In the context of the mutual integration of national legal systems, the increase in the number of international meetings and the intensification of the activities of international organizations, one of the ways to improve the national criminal legislation began to recognize the reception of the institutions of foreign criminal law.

In order to increase the efficiency of legal regulation and fight against certain types of crimes, the legislator increasingly refers to the experience of foreign states.

Controlling any social object means influencing the behavior of people. The possibility of direct influence on their behavior is limited, first of all, by the framework of the "legal" sovereignty of the individual, the scope of which is outlined by the content and boundaries of subjective rights and freedoms.

Positive law, defining the scope and boundaries of the latter, outlines the sphere of "self-supremacy" of a member of society, within which he is independent both from other members and from public authorities¹.

Going beyond these boundaries of state administration inevitably entails a reaction of the executive authority to the unlawful behavior of a participant in administrative and legal relations.

In the modern world, there are a number of global problems negatively affecting society. And it's not a secret for anyone that one of them is the abuse of narcotic substances by a person.

¹ Shmaliy O.V. The effectiveness of executive power as a legal category: monograph / M. Vuzovskaya book. 2011.P. 12-13.

Today, the situation with regard to the use of drugs is as follows: according to the UN World Health Organization, more than 200 million people around the world take drugs at least once a year².

In recent years, it is the restrictive anti-drug policy that has begun to be applied in most countries of the world, including in most countries of Western Europe and the United States. This is due to the fact that almost all countries have joined the Single Convention on Narcotic Drugs (New York, March 30, 1961), which regulates the circulation of opiates, cocaine and cannabinoids.

Many countries of the world have also joined the Convention on Psychotropic Substances (Vienna, February 21, 1971), which deals with the circulation of psychostimulants and certain types of psychotropic substances. The adopted international conventions on drug trafficking reflect the long-term experience of many countries of the world in their more or less successful attempts to control the drug situation.

How did the adoption of these international conventions affect the world practice in combating the current drug situation, and is it worth paying attention to the experience of various countries in the control of drug trafficking?

A number of Scandinavian countries, the USA, possesses the most developed complexes of measures to combat drug addiction etc. Since the Scandinavian countries, according to the UN, are recognized as the healthiest, their social policy, including ways to solve the drug problem, deserves consideration that is more detailed. For example, the famous Swedish model.

Of course, the main drug trafficking routes do not pass through Sweden, the difference in income of the population is not great, which reduces the level of social differentiation, the level of unemployment, including youth unemployment, is below the European average. These social factors reduce the risk of drug use.

Unlike most European countries, the most problematic drugs in Sweden are not heroin, but amphetamines³. Despite progress in reducing the use of amphetamines, the continued high level of amphetamine use is of greatest concern in this country.

The national project to combat drug addiction was adopted by the Swedish government in 2011 and was designed for four years.

Its goals are:

- active implementation of preventive measures aimed at reducing the level of drug use among children, with the wide involvement of civil society, public organizations, as well as parents in solving this problem;
- effective overcoming of drug addiction and further restriction of access to narcotic and narcotic substances;
- providing drug addicts with access to highly qualified medical care in any region of the country;
- wide use of international experience in the fight against drugs.

The project provides for an increased focus on reducing the demand for drugs among the population through the implementation of more coordinated measures at the local, regional and

² UNODC World Drug Report 2020.

³ <https://sencanada.ca/content/sen/committee/371/ille/library/gerald-e.htm>.

national levels. For this purpose, the government has appointed a National Anti-Drugs Project Coordinator.

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The government provided additional resources to develop local prevention policies, including grants that could be used to develop prevention measures, including hiring local coordinators. As a result, most municipalities in Sweden now have coordinators who fulfill their responsibilities based on the Swedish public health model and drug prevention measures based on the integrated society model.

The coordinators have become agents helping to mobilize society at all levels to achieve one goal: reducing drug use and maximizing the vision of a drug-free society.

In addition, by the appointment of coordinators, the Swedish government has achieved another very important result: abstract political measures have become "personified". This was lacking in Swedish politics prior to the adoption of the project.

In general, I would like to note that for the implementation of the measures envisaged by the plan, the Swedish government annually allocates about 260 million Swedish kronor (almost 40 million US dollars) to prevent drug trafficking and reduce demand). three times more funds than the average in the countries of the European Union. This indicator confirms the purposefulness and seriousness of the government's intentions in the fight against a socially dangerous "enemy".

Prevention of drug addiction is of great importance in Sweden⁴. The whole range of measures is divided into three types:

Primary prevention is preventative, its goal is to prevent drug use altogether. In primary prevention, information is the main control method - detailed and constructive. It is necessary to convey knowledge to society and thereby destroy all myths about the safety of drug addiction. In addition, it is necessary to set a positive example for the younger generation, to create a guideline for correct behavior.

The greatest importance is given to secondary prevention. It consists in identifying new drug addicts and in the intervention that can stop further drug use. In this stage of prevention, the main fight against the problem develops.

Tertiary prevention is already the direct treatment of drug addicts.

As the maximum manifestation of punishment with insignificant deviations from the line of the law, a vacationer can be imprisoned for 6 months. An insignificant deviation is understood as a situation when a person was caught in a state of relaxation or simply had drugs with him that would contribute to this relaxation.

⁴ <https://www.issup.net/knowledge-share/country-profiles/sweden>

If the resting person has committed a more serious offense before the strict face of the law, then he will inevitably face imprisonment from 2 to 10 years. But here we are already talking about the distribution of narcotic drugs. This speaks of the severity of the Swedish law.

Society itself is another powerful weapon in the fight against drug addiction. So, in Sweden, public organizations are very strong, which set as their goal the pursuit of a consistent restrictive anti-drug and anti-alcohol policy. Most of the organizations are currently focusing on the fight against drugs. So, for example, since 1969. in Sweden, the Union of Public Organizations "For a Drug-Free Society" operates.

The Drug-Free Society believes that: The decisive force is not only the police or doctors, but society as well. Their many years of experience say that as soon as the voice of the people falls silent, all power structures begin to inactive. In the fight against drug addiction, in order to obtain tangible results, the unity of all methods is important - universal knowledge plus real legal measures of restraint. And these measures, sometimes harsh, are dictated by love. This is the essence of true humanism - the public activists are sure.

The work of the Drug-Free Society itself remains of paramount importance in tightening Sweden's anti-drug policy.

Analysis of US criminal law⁵ (both federal and individual states) shows that, traditionally positioning itself as the most humane and human rights-protecting country, the United States has much more stringent legislation than Russian legislation.

The US National Drug Control Strategy views drug use as complex and long-term, recognizing the enormous impact of drug use on national health and safety.

Countermeasures against drug addiction in the United States include:

Testing students for drug use.

Non-punitive student testing is used as a preventative program. If testing is successful, information about this is communicated only to the student's parents and the special counselor. The child is invited to undergo a consultation or, if necessary, treatment. Test results are not used to punish students and are never reported to law enforcement.

Nationwide anti-drug media campaign.

The campaign is carried out through paid placement of advertising information. With her idea of "Be above influence," she appeals to each adolescent's sense of individuality to counteract the negative messages of popular culture and "debunk" the idea of drug use. The key partner in this work is the mass media. The messages promoted during the media campaign through television, magazines and newspapers, radio, and the Internet support broader social ideas aimed at countering drug trafficking.

Drug Courts

In the United States, drug courts have become an alternative way of administering punishment, and are designed specifically to work with persons who have committed minor drug-related offenses. The drug courts provide the most comprehensive and effective control over drug-using criminals. As an alternative to imprisonment, they offer drug offenders effective treatment, drug testing, public surveillance, and structured monitoring.

⁵ https://en.wikipedia.org/wiki/Criminal_law_of_the_United_States.

In addition to the traditional court participants, a so-called “assessor” is not a physician but licensed to assess the defendant's readiness to participate in the treatment program and subsequent integration into society.

Drug Free Community Program.

The Drug Free Community Program brings together various members to tackle drug problems at the local level. Funded by small federal grants, such associations encourage local leaders, health professionals, law enforcement officials, educators, church officials, and others to come up with solutions to counteract drug abuse at the local level. These associations first formulate the drug problem specific to their inhabitants, and then propose solutions to counter these problems.

Screening, Brief Intervention and Referral to Treatment

It is a prevention and treatment program used in health care settings to identify and help people with drug problems. Implemented in hospitals, hospitals and university campuses throughout the country.

Most of the people whose problem of addiction has already reached a level that can be diagnosed remains unknown to doctors. These people are often unaware of the extent of their addiction problem and do not seek treatment. The medical community, together with the US government, developed this program. If a problem is found, a qualified healthcare professional will immediately intervene briefly.

Recovery access.

After completing the treatment program, those who have asked for help can use the Access to Recovery program, which is designed to provide a specific person with access to the most suitable treatment program for him with the help of the so-called “Training vouchers”.

Many addicts face barriers on their way to treatment, such as providing care for their children while they are in a rehabilitation program, transportation problems that prevent them from reaching retraining areas. The Access to Recovery Voucher, in particular, supports such services as childcare, transportation, and assistance to the rehabilitated by persons who have already successfully completed rehabilitation. ATR focuses on the personality of the person being rehabilitated, specializing rehabilitation programs according to the basic needs of the client.

Anonymous trust points and rehabilitation centers.

In large American cities, there are networks of anonymous trust points that provide pre-medical advice to patients and their relatives.

In addition to anonymous trust points, anti-drug prevention is carried out by various rehabilitation centers - specialized clinics in which drug addicts live from one to three years, acquire a new profession, and restore lost labor skills. At the rehabilitation centers, enterprises, subsidiary farms, and arts and crafts are created. All this allows the patient to rationally change the previously established categories of values, break with the former criminal environment, and form an attitude towards a healthy lifestyle in the future. By the time the patient's stay in the rehabilitation center is completed, they are looking for a place of work and housing.

Programs for the prevention of drug addiction among young people are distinguished by a wide range of areas of work that provide a solution to the problem of deviance (a characteristic of behavior that does not coincide with social norms and values accepted in society) in the youth environment as a whole.

Programs aimed at peers, parents, communities in which young people live, play an important role. Since the opinion of the youth environment has a great influence on the behavior of minors, programs have been developed aimed at "personal youth".

Usually, an adult coordinator is included in such a program, organizing a discussion of various issues and problems that arise in adolescents, for example, when choosing alternatives to intoxicating substances, creating a healthy climate in the group, developing communication skills, etc.

The United States has quite strict legislation against drug users, so in accordance with the Drug Possession Penalty Act of 1986, Art. 21 Title 21 USC⁶ stipulates that a person who knowingly and illegally owns a drug is liable for civil liability in the form of a fine of up to \$ 10,000 for each violation.

In addition, if the violation is committed repeatedly, then the perpetrator can be sentenced to imprisonment for a term of 15 days to two years and a fine (2.5-10 thousand dollars), with aggravating circumstances - to imprisonment from 90 days up to 3 years and a fine (5 - 25 thousand dollars). Punishments can be imposed at the same time - both a fine and imprisonment.

As for the distribution of drugs, the institution of "drug-free zones" around schools and other children's institutions has been established at the federal level. The US Schoolyard Act provides for harsher penalties for selling drugs in close proximity to playgrounds (up to 1,000 feet) or within 100 feet of where children congregate. In this case, the term of imprisonment is doubled. In addition, under the US Drug Abuse Control Act of 1986 under the age of 18 by drug dealers, the term of imprisonment is doubled (upon the first involvement of minors in their business). With the repeated involvement of minors, the term is tripled. Likewise, responsibility for the sale of drugs to persons under the age of 21 is progressing.

For the sale of controlled substances near schools to a person under the age of 19, the 1977 US Marijuana Act⁷ provides for liability in the form of imprisonment for up to 25 years.

Summarizing all of the above, we can draw the following conclusions. International studies show that the Swedish population is particularly health conscious. Sweden's achievements are further proof that each state is responsible for the size of the drug problem in its country.

The problem of illegal distribution of drugs and their non-medical consumption cannot be solved by police methods alone without unification of national legislation in this area, constant exchange of information, and establishment of trusting relations with society.

Control is needed not only for drug trafficking, but also for people who use drugs. It is very important to provide society with a system of values, as, for example, in Sweden, a "drug-free society" was raised to the level of a national idea. At the state level, as practice shows, this is achievable.

It is important to remember that legislation has an important, but not the most important, role in the fight against drugs. The most effective will be those measures that affect the causes of the problem directly, i.e. reform the system of criminal justice, provide it with personnel and finances, improve the system of prevention.

⁶ <https://www.congress.gov/bill/99th-congress/senate-bill/2878>.

⁷ <https://www.druglibrary.org/special/anderson/highinamerica.htm>.

In many developed countries today there is a system of legal, medical, social and other support for the rehabilitation of drug addicts at the same time as a powerful propaganda campaign against drugs.

For more than 30 years, drug courts have been functioning there, involuntary (alternative) treatment of drug addiction offenders has been organized, compulsory periodic testing of students for drug use is in force in almost all states, a widespread ban on smoking in public places is established by law economic sanctions against smokers.

A comparative analysis of criminal legislation shows that in the United States there are more stringent requirements for the recognition of an offender as insane, in comparison with the Criminal Code of the Republic of Uzbekistan, more serious penalties are provided for similar criminal and administrative offenses.

In the legislation of most states, the death penalty is retained as a criminal punishment. According to American law, when a person commits several offenses, the criminal punishment provided for each of them is summed up.

In the Republic of Uzbekistan, in a similar situation, the principle of absorption of a shorter term for a larger one is used:

- repressive or prohibitive policies;
- liberal or non-prohibitive incentive policy;
- restrictive or prohibitive-restrictive policies.

The purpose of the repressive strategy of anti-drug policy is to form an active civil position of rejection of drugs and drug trafficking in order to completely eradicate this negative social phenomenon. In accordance with this, the ideology of the repressive strategy is as follows:

- a drug addict poses a social danger;
- drug addiction is incurable and the use of medical measures is not enough;
- strict measures of social control over drug trafficking (both legal and illegal) are needed.

In conclusion, I would like to note that the study of the experience of combating illicit trafficking in narcotic drugs and psychotropic substances indicates the need to improve the current criminal legislation and study the methods of reception of foreign criminal law institutions.

The legislator's inaction is currently not justified. In this connection, it is necessary to seriously consider the possibility of introducing treatment for drug addicts as an alternative to serving a sentence and establishing criminal liability for the consumption of narcotic drugs, new potentially dangerous psychoactive substances.

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