Position Paper

COUNTRY: Republic of Iraq

TOPIC: The usage of appearance and performance enhancing drugs and sports: their interconnection

COMMITEE: United Nations Office on Drugs and Crime

**Topic Backround**

Iraq is a growing transit and consumer country for illicit drugs, particularly diverted pharmaceutical and other synthetic drugs. The upsurge in trafficking has contributed to growing rates of substance abuse. The Iraqi government is beginning to recognize this threat and has expressed its willingness to enhance currently insufficient services to prevent and treat substance abuse. Given the deterioration in the security environment during 2014, however, the government’s efforts were limited and secondary to the focus on internal security and public order.

**Current Condition**

The Iraqi government is increasingly aware of the need to counter illicit trafficking and substance abuse. The Ministry of Interior’s Port of Entry Directorate and Directorate of Border Enforcement and the Ministry of Finance’s General Directorate of Customs share responsibility for deterring and interdicting contraband across Iraq’s borders. The Iraqi government has achieved limited successes in seizing drug shipments at the borders, but has rarely investigated the sources of the narcotics or arrested and prosecuted top leaders of drug trafficking enterprises.

Iraq’s current drug laws are in need of reform, as the vast majority of laws date from the 1960s and do not reflect advances in law enforcement or treatment. Personal use can carry sentences from three to 15 years and trafficking can draw a life sentence or the death penalty. Convicted drug users can request treatment in lieu of incarceration, but treatment capacities would be grossly inadequate if this option were routinely implemented. Iraq is in the process of passing legislation to establish a National Commission for Drugs within the Ministry of Health (MOH) to lead government-wide efforts to combat trafficking and reduce illicit drug use. A primary feature of the proposed law would require licenses and other regulations on pharmacists, to prevent widespread diversion of otherwise licit pharmaceuticals. The law would also regulate import and export permits on precursor chemicals used to manufacture narcotics and psychotropic substances, and provide courts with additional leeway to forgo harsh penalties on users who voluntarily opt to undergo treatment. The legislation has been drafted and is being reviewed by Iraqi parliamentary committees. Delays are expected in passing this new legislation due to the emergency security situation. If passed, the new law would be a critical step in reforming the legal framework on trafficking and substance abuse.

**Iraq's preventions and treatments against APED's usage**

Treatment centers offering interventions for substance abusers are limited to large cities, including general or government psychiatric hospitals in Basrah, Diwaniyah, Karbala, Baghdad, Sulaymaniyah, Erbil, and Dahuk. No single treatment center in Iraq currently offers inpatient, outpatient, residential, and rehabilitation services for substance abuse. The MOH and the Kurdistan Regional Government’s Ministry of Health are expanding infrastructure to include specialized units in existing hospitals for substance abuse treatment and care.

The MOH also intends to fund training programs for paramedical professionals, physicians, psychologists, and psychiatrists, and has plans to reduce demand for illegal drugs through youth-oriented media campaigns and brochures for various age groups. Iraqi civil society organizations have developed anti-drug coalitions, which include members from the Iraqi government, community and religious leaders, and local citizens to develop and implement grassroots level strategies for reducing substance abuse. Iraqi civil society organizations have also established outreach drop-in centers that identify and motivate clients into treatment, provide initial interventions, support client aftercare groups, and facilitate the social reintegration for recovering persons. While the MOH has ambitious plans to expand substance abuse treatment and training, budgetary constraints and competing MOH priorities may limit near-term outcomes.

**Connection of sports and the use of APED**

The consensus seems to be that performance-enhancing drug use, particularly steroids and human growth hormone, has increased over the past quarter century, and public perception may be that a large percentage of athletes use performance-enhancing drugs. For example human growth hormone (hGH) has been used by sports competitors for performance-enhancement since the 1970s. Research, however, suggests that a relatively small percentage of athletes in fact use performance-enhancing drugs. Recently, the use of hGH by professional athletes has received attention in the media from players in the National Football League to Major League Baseball. The reason this drug has been popular among athletes is because it is difficult to detect. ​The most recent NCAA study found that only 1.2% of college athletes had used steroids in the past year. A small percentage of students also reported using amphetamines (4.1%) and ephedrine (2.5%) in the previous year, but only 9.7% of those who used amphetamines and 27.3% of those who used ephedrine stated that the main reason they did so was to improve the athletic performance. There were differences across sports in terms of performance-enhancing drug use, but rates were still low among sports where one might think its use is relatively prevalent. For example, prevalence rates among baseball and football players were 2.3%, compared to 0.8% for track and field athletes and 0.3% for tennis players. Some smaller studies conducted in single universities have found higher prevalence rates of performance-enhancing drug use among college athletes than nonathletes, but overall it appears that a relatively small percentage of college athletes report using such drugs.