



**United Nations Office on Drugs and
Crime**

Emory National Model UN Conference

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Letter from the Chair

Dear Delegates,

We are embarking on solving an important issue that has terrorized our respective nations. The drug crisis has been steadily growing and increasing in severity over the past few years. It is up to us as delegates to handle this situation. Looks like we have our work cut out for us.

My name is Michelle Belenkiy and I am your UNODC Chair. I am originally from Brooklyn, New York but I promise not to be the typical mean New Yorker (“Hey, I’m walkin’ here!”). I am a freshman majoring in Political Science on the pre-law track here at Emory University. I am a devoted Model UN-er for Emory’s travel team and hope to continue through the rest of my college career.

As we began planning this committee, we wanted to ensure that we could embody the creativity and joy of Model UN amongst the delegates and staff alike. However, this committee deals with very serious topics, and we expect every delegate to exercise maturity, grace and diplomacy.

I hope you all take this committee as an opportunity to show your innovative abilities as well as your deep understanding of the many complexities of this issue. While I encourage delegates to have a lot of fun in this committee (because who wants a boring committee!), I want to once again reinstate how serious this topic is. No disrespect will be tolerated! I absolutely cannot wait to meet you all! I am so excited to be in this committee with you!

Sincerely,

Michelle

Committee Sensitivity Statement

Dear Delegates,

You are expected to retain decorum throughout the committee and treat these issues with the seriousness they call for. Any appeal to or use of discrimination and harassment will not be tolerated. Undiplomatic behavior towards fellow delegates, including bullying, disrespect, personal insults, and harassment, will also not be tolerated.

ENMUNC and UNODC seek to maintain a fair and balanced environment that allows delegates to shine and showcase their talents. As such, using pre-written or similarly deceptive tactics to gain an unfair advantage will not be tolerated. The use of AI in writing working papers in our committee, will not be tolerated by the dais or ENMUNC as an organization. Plagiarism of any kind is unacceptable at this conference.

If issues arise with the conduct of a delegation or individual, feel free to reach out to me at michelle.belenkiy@emory.edu or the Under Secretary General of the General Assembly, Nayan Mallubhotla at nayan.mallubhotla@emory.edu

Background

I. Introduction to the UNODC

The United Nations Office on Drugs and Crime (UNODC) was established in 1997. With its headquarters located in Vienna, Austria, UNODC focuses on drug and crime prevention, such as illicit drug production, trafficking, drug-related crime, and rehabilitation, as well as corruption and terrorism. This office was created to facilitate effective coordination of efforts to control and prevent crimes related to substance abuse.¹

In terms of organization, UNODC is headed by the Office of the Executive Director (OED) and the Independent Evaluation Section (IES), which conducts utilization-focused evaluations in UNODC's work fields and provides the results to inform future decision-making. Under the OED are four divisions, each headed by a Director who reports back to the Executive Director: Divisions for Operations (DO), Division for Treaty Affairs (DTA), Division for Policy Analysis and Public Affairs (DPA), and Division for Management (DM).²

Drug use is the use of illegal substances or recently legalized substances that are harmful or preventative to one's health. It essentially means that the consumption, imbibement, or administration of substances, whether legal or illegal, have the potential to alter one's physiological or psychological state. This includes prescription medications, over-the-counter drugs, narcotics, hallucinogens, stimulants, and recreational substances. Drug use may be recreational, medicinal, or culturally ingrained, but it becomes a matter of concern when it poses risks to individual health, public safety, and social well-being. In this committee, the prevention

¹ <https://www.unodc.org/>

² <https://www.unodc.org/unodc/es/evaluation/the-independent-evaluation-section.html>

of drug use will call for educational, rehabilitative, and policy measures aimed at minimizing the negative consequences associated with substance use and abuse.

There are historical and cultural connections to the use of certain drugs that are important to underscore. Throughout history, many communities have embraced the use of psychoactive substances for medicinal, religious, and recreational purposes. Please ensure to take such into account when creating your solutions. The 19th century witnessed the rise of the opium trade, leading to conflicts like the Opium Wars and the establishment of international agreements to control opium.

These conflicts became a pretext for colonization and left lasting consequences for the people of China until today. In addition, the League of Nations initiated efforts at international drug control with the 1925 International Opium Convention. As mentioned in the previous paragraphs, The United Nations Office on Drugs and Crime (UNODC) was established in 1997, and conventions like the Single Convention on Narcotic Drugs (1961) laid the foundation for a unified global response.³ In more recent decades we have seen a shift from a punitive approach to a recognition of drug use as a public health issue, emphasizing prevention, harm reduction, and rehabilitation.⁴

Despite these efforts, the issue of drug regulation remains complex. There are constantly new challenges, such as synthetic drugs and changing abuse patterns, which necessitate global cooperation and adaptable policies.



³ <https://>
⁴ <http://>

II. International Framework

The UNODC has two crime-related and three drug-related treaties that delegates who are in this committee should be aware of. Additionally, the Commission on Narcotic Drugs (CND), was established by ECOSOC to assist it in supervising the application of the international drug control treaties; the General Assembly later expanded its mandate to function as UNODC's governing body. Its agenda consists of two segments: a normative segment for discharging treaty-based functions and an operational segment for exercising its role as UNODC's governing body. The CND convenes annually to adopt resolutions and at the end of the year to consider budgetary and administrative matters and additionally holds regular inter-sessional meetings to provide policy guidance to UNODC. The UNODC internationally cooperates with the help of the nations listed in this committee and with the organizations listed above.⁵

UNODC's work is based around five normative areas of activity:⁶

- a. Countering terrorism, which involves aiding member states in implementing international legal instruments against terrorism, fostering cooperation amongst member states, and assisting in enhancing the capacity of national criminal justice systems to prevent and counteract terrorism.⁷
- b. Enhancing the capacities of member states to combat threats from transnational organized crime which is achieved by supporting Member States in ratifying and implementing the UN Convention against Transnational Organized Crime and its protocols. Additionally, efforts include collecting and disseminating data, disaggregated by sex, for policy analysis, and combating trafficking in weapons, drugs, and humans.⁸
- c. Addressing corruption and its devastating impact on societies is accomplished through the promotion of good governance, integrity, and transparency. Assistance to Member

⁵ <https://www.unodc.org/unodc/en/commissions/CND/index.html>

⁶ <http://www.unodc.org/>

⁷ https://www.unodc.org/documents/brussels/UN_Convention_Against_Corruption.pdf

⁸ https://www.unodc.org/documents/brussels/UN_Convention_Against_Corruption.pdf

States includes ratifying and implementing the UN Convention against Corruption and developing domestic legislation to combat corruption.⁹

- d. Strengthening crime prevention and establishing effective criminal justice systems involves promoting the rule of law and reinforcing human rights. Implementation of the UN Standards and Norms in Crime Prevention and Criminal Justice is prioritized, along with support for UN standards that advocate for crime prevention strategies and criminal justice systems focused on specific challenges such as violence against women and children.¹⁰
- e. Supporting member states in implementing a balanced, comprehensive, and evidence-based approach to the global drug problem, addressing both supply and demand, entails assisting in the implementation of the three major international drug control treaties. This support extends to developing policies consistent with these treaties, implementing drug use prevention strategies, and providing assistance for drug dependence treatment and rehabilitation.¹¹

⁹ https://www.unodc.org/documents/brussels/UN_Convention_Against_Corruption.pdf

¹⁰ https://www.unodc.org/documents/brussels/UN_Convention_Against_Corruption.pdf

¹¹ https://www.unodc.org/documents/brussels/UN_Convention_Against_Corruption.pdf



III. International Past Action

UNODC, which is partnered with the World Health Organization (WHO), has published the second edition of "International Standards on Drug Use Prevention".¹² This sets the standards and guidelines for countries to optionally develop and improve their own evidence-based drug prevention programs. This evidence is gathered from working with families, schools, and communities. These standards summarize the available scientific evidence and describe policies that have been found to result in positive prevention outcomes; countries can then use the standards described to produce similar results. Three sectors outlined are Family, School & Education, and Law Enforcement.

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<https://www.who.int/publications/i/item/international-standards-for-drug-use-prevention-second-edition-2018>

The UNODC Drug Dependence Treatment and Rehabilitation¹³ unit receives support from numerous countries and organizations, such as the United States, Canada, France, the OPEC Fund for International Development, and the UN-One Fund Vietnam, to name a few. Cooperation and collaboration with various United Nations Agencies also allow the treatment and rehabilitation unit to support Member States in providing treatment for those whose lives have been affected by drug use. One notable example, as mentioned previously, is the UNODC-WHO Programme on Drug Dependence Treatment and Care¹⁴, which was launched in 2009 and aims to support drug treatment-related assessment, capacity building on evidence-based drug dependence treatment and care, and advocacy-related activities and policies.

Proposed Solutions

In terms of people suffering from drug abuse disorders in contact with the justice system, delegates are encouraged to follow similar principles to the "Alternatives to Conviction or Punishment" UNODC handbook¹⁵ that provides rationales, principles, and existing interventions to offer alternatives to conviction or punishment. Delegates may also encourage collaboration, especially between the health and justice sectors, to ensure affordable access to treatment and care facilities for those in prison settings who desperately need them.

To address the rising cocaine market, consider targeting countries where coca bush is illicitly cultivated and develop drug-supply reduction strategies encompassing economic development and alternative livelihoods. Reducing the supply, number of countries, and sites where cocaine is being produced can affect the demand for the drug and prevent the continuation of the rise of the market. Additionally, redirecting and reinforcing law enforcement resources to maritime and container trafficking may also reduce the amount of cocaine being transported

¹³ <https://www.unodc.org/unodc/en/drug-prevention-and-treatment/index.html>

¹⁴ <https://www.unodc.org/unodc/en/treatment-and-care/our-projects.html>

¹⁵

https://syntheticdrugs.unodc.org/uploads/syntheticdrugs/res/library/treatment_html/Alternatives_to_Conviction_or_Punishment_treatment_and_care_for_people_with_drug_use_disorders_in_contact_with_the_criminal_justice_system_joint_UNODC-WHO.pdf

between countries. Tackling demand prevention is the most effective way to bring down the market, and investing in evidence-based prevention and research into treating cocaine dependence are a couple of ways of doing so.¹⁶

Although the COVID-19 pandemic and its lockdown periods have now elapsed, their effects on drug use remain. Similar prevention tactics may be utilized to overcome these residual effects and stop another rise in the overall drug market should another pandemic arise in the future.

For the broader topic of women and adolescents who are affected by drug abuse, consider the use of social media, specifically disseminating prevention messages on platforms that adolescents are likely to access often. Promote prevention and treatment that are backed by evidence and prioritize the mental health of those affected with resources such as mental health screenings and family therapy. Providing a safe space for adolescents to confront and share their experiences with drug abuse can allow them to seek the assistance they need to overcome said abuse.

These strategies can extend to women as well, although resources and facilities should focus on removing the stigma around women experiencing drug abuse and creating gender-sensitive safe spaces for them to seek treatment as well. Although those with drug use disorders of less severity may be imprisoned, following the principle of equity, equal standards of healthcare and drug use treatment and rehabilitation that are available to the community need to be ensured within the prison system free of charge and without debt. It is important to note that these evidence-based treatments and rehabilitation efforts are meant to be alternatives to punishing or convicting people suffering from drug use disorders.

¹⁶ https://www.unodc.org/res/wdr2022/MS/WDR22_Booklet_1.pdf

Topic: Prevention of Drug Use

Many countries implement programs aimed at preventing drug abuse and reducing substance dependency. Many of these prevention initiatives adhere to strategies and standards outlined by the World Health Organization (WHO). These initiatives employ scientific evidence to assist marginalized groups, particularly youth groups. Member states in this committee are encouraged to use other UN, government, or NGO solutions in their solutions. Prevention serves as the initial step in minimizing the impact and prevalence of drug use within communities. These programs encompass various structures, including family, social, and community structures, with a specific emphasis on life skills defined as "positive and adaptive behaviors that enable individuals to overcome obstacles,"¹⁷ as stated by the UNODC.

The World Health Organization underscores the importance of life skills in drug prevention, highlighting their role in fostering positive actions in the face of adversity. It is specifically in youth prevention and community engagement that we see the use of life skills as a driver of preventative policy initiatives. The UNODC Youth Initiative¹⁸ is dedicated to connecting and empowering young individuals by providing a secure platform for sharing experiences within the community. Supporting prevention programs can significantly impact the future of youth.

Given the paramount importance of child development, prevention involves identifying hazards and contributing factors to drug use. Recognizing the vulnerability of youth to risky behaviors that may escalate into drug use, prevention programs allocate resources to reach the entire community. These initiatives promote strategies that enhance community awareness of the dangers associated with drug abuse.

¹⁷ <https://www.unodc.org/unodc/en/prevention/prevention-standards.html>

¹⁸ <https://www.unodc.org/unodc/en/prevention/youth-initiative.html>

It is also important to understand substance abuse is used for economic operation (in terms of drug trafficking) and is a basis for many communities to be financially stable. Many families depend on trafficking to afford food and necessities. It is your job as a delegate to address both the effects of diminishing the drug industry on this critical population and the root causes of their dependence on the economics of the drug industry.

Treatment

The Convention on Psychotropic Substances (1971)¹⁹ marked a significant milestone in international drug control by establishing a new and comprehensive system for regulating psychotropic substances, which are substances that are known for being dangerous or illicit in nature. This convention was a response to the expanding spectrum of drug abuse, addressing concerns about substances with psychoactive properties beyond previously regulated narcotics. Its innovative approach introduced controls based on two key criteria: a) the potential for abuse and b) therapeutic value. By incorporating these criteria, the convention sought to strike a balance between preventing the misuse of psychotropic substances and ensuring access to those with recognized medical benefits.

Together with the Convention on Psychotropic Substances, the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)²⁰ emerged as a critical instrument in the global fight against drug trafficking. This comprehensive convention not only outlines many measures to combat the illicit trade in narcotics and psychotropic substances but also emphasizes international cooperation. It facilitates this collaboration through mechanisms such as the extradition of drug traffickers and controlled deliveries, underscoring the need for coordinated efforts to address the transnational nature of drug-related crimes.



¹⁹ https://www.unodc.org/pdf/convention_1971_en.pdf

²⁰ https://www.unodc.org/pdf/convention_1988_en.pdf

One noteworthy outcome of these drug control conventions is the recognition that individuals undergoing drug dependence treatment should be afforded the "same right as any other chronic disease treatment," as stated by the WHO and UNODC²¹. Essentially, a human being should be considered in the same vein as a human being, whether they have an addiction or not. They should not be discriminated against nor treated any differently from any other person with a chronic illness. This shift in perspective acknowledges the medical nature of drug dependence and advocates for equitable access to treatment services. As delegates engage in discussions, it is strongly recommended that they thoroughly review the provisions laid out in these conventions and their associated protocols and ensure that all human rights are preserved through their resolutions. A nuanced understanding of these legal frameworks is essential for informed deliberations on global drug control and the promotion of effective policies addressing both health and security concerns.

Rehabilitation

The UNODC Drug Dependence Treatment and Rehabilitation²² unit has partners such as Canada, Italy, Spain, United Arab Emirates, etc. Collaborations and sponsors positively impact those who are facing drug use disorders. UNODC aims to raise awareness, promote disorder and rehabilitation treatment, and measure the effectiveness of treatments. Rehabilitation is a key component to addressing the drug crisis and should be thought about no less than prevention methods.

Additionally, the UNODC Drug Dependence Treatment and Rehabilitation unit is working on three global projects that provide drug dependence treatment for low and middle-income countries. These three projects include:

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<https://www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf>

²² <https://www.unodc.org/unodc/en/drug-prevention-and-treatment/index.html>

1. The UNODC-WHO Programme on Drug Dependence Treatment and Care ²³
2. The OFID-UNODC Programme to prevent HIV/AIDS through Treatnet Phase II.²⁴
3. Programme on the prevention of illicit drug use and treatment of drug use disorders for children/adolescents at risk. ²⁵

Rehabilitation is an essential component of combating drug dependence and addiction. With the aid of donors and partners, organizations can gain resources to effectively treat individuals who have faced the negative impacts of drug abuse.

Current State: Challenges and Obstacles

A. Issues in Acquiring Justice

According to the World Drug Report, although 36.3 million people who used drugs suffered from drug use disorders, only one in eight people in need were able to or had access to treatment.²⁶ Drug use disorders are complex, multifactorial health disorders that are best treated through responses in the health system; as such, parties to the International Drug Control Conventions²⁷, such as those outlined throughout this paper, have committed to provide measures such as prevention, treatment, rehabilitation, and social integration.

²³ <https://www.unodc.org/unodc/en/treatment-and-care/our-projects.html>

²⁴ <https://www.unodc.org/southeasterneurope/en/glo/j71.html>

²⁵

<https://www.unodc.org/unodc/en/drug-prevention-and-treatment/children/children-prevention-treatment-gl-42.html>

²⁶

https://www.unodc.org/unodc/press/releases/2021/June/unodc-world-drug-report-2021_-pandemic-effects-ramp-up-drug-risks--as-youth-underestimate-cannabis-dangers.html

²⁷

https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf

Many people suffering from drug use disorders have interacted with the criminal justice system at some point in their lives, and the opposite also applies. The estimated total of people in prison is a million globally; 3.23 million of them are involved with the criminal justice system for possession of drugs for personal use, and 470,000 people are estimated to be in prison for the same reason.²⁸



Prison overcrowding increases the health risks associated with imprisonment. Although people with severe mental health disorders shall not be detained in prison, in line with the Mandela rules, higher rates of these disorders (including drug use disorders) are repeatedly identified in studies. Rates of problematic drug and alcohol use are more prevalent among female prisoners than male prisoners.

B. Covid-19

While COVID-19 is no longer a public health emergency, its effects on public health and drug patterns are still prominent. Most notably, the 2022 World Drug Report states that the pandemic may have affected the patterns of drug use (and created more cyclical patterns) more than the number of people who used them.²⁹ Initial UNODC findings are confirmed by new data that drug use and markets remained resilient during the pandemic's restrictions; any changes were temporary and largely waned when restrictions were lifted. Some countries in North America and Europe saw overall increases in drug consumption, especially among people who were already using them, most notably during the first lockdown.³⁰

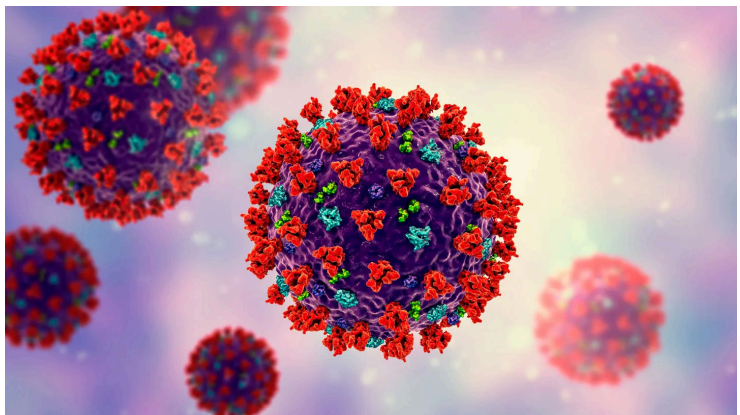
²⁸ <https://www.penalreform.org/global-prison-trends-2023/drug-policies/>

²⁹ https://www.unodc.org/res/wdr2022/MS/WDR22_Booklet_1.pdf

³⁰ https://www.unodc.org/res/wdr2022/MS/WDR22_Booklet_2.pdf

For example, school surveys in the United States reported historical decreases in drug use among young respondents in 2020 and 2022, which coincided with the pandemic and thus, school lockdowns.³¹ Alternatively, mental health factors attributed to the pandemic's isolation recommendations, such as anxiety, stress, and uncertainty, also contributed to changes in drug use patterns. Limited and impacted access to treatment services was another source of drug use pattern changes.

Local dynamics in the impact of drug use during COVID-19 also changed; methamphetamine users in Vietnam displayed patterns of group use, such as sharing smoking equipment.³² Chinese citizens also substituted their drug of choice for locally produced substances that were easier to obtain during the pandemic. Additionally, temporary decreases in drug use at recreational venues were observed, particularly that of MDMA. In some countries, this decrease in availability also caused an increase in the frequency and severity of withdrawal symptoms and experiences. Although the pandemic limited interactions between drug users, this did not hinder usage and may have encouraged it in alternative ways instead.



C. Women and Children

Women were somewhat selective about the types of drugs they tend to use, as opposed to adolescents, who were shown to use any type of drugs. While men were more likely than women to use most drugs, women were more likely to engage in the nonmedical use of amphetamines,

³¹

<https://nida.nih.gov/news-events/news-releases/2022/12/most-reported-substance-use-among-adolescents-held-steady-in-2022>

³² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8799429/>

pharmaceutical stimulants, and opioids; this was most likely due to greater vulnerability to the reinforcing effects of stimulants and various societal factors. Additionally, women were seen to face more vulnerabilities than men. While men would display external behavioral problems, such as conduct, women were more prone to internal problems, such as depression or anxiety. These internal problems were seen as both the cause and effect of drug use in women. Women also face more drug-related vulnerabilities that are gender-specific, such as suffering from gender-based violence from others also under the influence and other problems related to pregnancy and breastfeeding.



Although the highest levels of drug use can be seen at later ages, adolescents (ages roughly 2- 7 years old) can be at critical risk of drug use initiation through exposure in their environment.³³ Most prominently, all regions surveyed were shown to display adolescents as having

the highest rates of cannabis use, even higher than the entire population of productive age (ages 25-64). It can then be expected for the current generation of adolescents to experience an increase in drug use as they grow older.³⁴

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https://www.samhsa.gov/data/sites/default/files/WebFiles_TEDS_SR142_AgeatInit_07-10-14/TEDS-SR142-AgeatInit-2014.pdf

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https://www.samhsa.gov/data/sites/default/files/WebFiles_TEDS_SR142_AgeatInit_07-10-14/TEDS-SR142-AgeatInit-2014.pdf

Collaboration and the Task Ahead

This is a safe and neutral environment. When discussing sensitive topics, it is of utmost importance that this topic is treated with maturity. I also expect the utmost respect from each of the delegates for one another.

Questions to Consider

The most prevalent conflict in this committee is the fight against substance abuse and the safety of our people. It is up to delegates to decide how they want to tackle this challenge but below are suggestions for other issues to consider as well.

1. What are some ways to tackle the issue of people already in addiction?
2. How will members of the committee deal with the risks that come of drug trafficking across borders?
3. What are some main ways to tackle the drug crisis in youth?
4. How will the delegates maintain national sovereignty while being active in fixing the issue?

Delegates must be collaborative and respectful!

Country Positions

Austria

Brazil

Bulgaria

Canada

Chile

China

Colombia

Cuba

Czech Republic

DR Congo

Egypt

El-Salvador

Germany

Hungary

Indonesia

Italy

Japan

Libya

Mexico

Morocco

Pakistan

Peru

Poland

Qatar

South Africa

Sudan

Switzerland

Turkey

UK

USA

Venezuela

I'm greatly looking forward to working with all of you!