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UNODC
UNITED NATIONS OFFICE ON DRUGS AND CRIME

BACKGROUND GUIDE

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Dear Delegates,

My name is Ellen Coady, and I am extremely excited to be one of the Secretary-Generals of HCMUN IV and one of your co-chairs for the United Nations Office on Drugs and Crime. This is my third year on staff at HCMUN and my second year as chair of the UNODC. I am in grade twelve and have been enthusiastically participating in Model UN since grade ten. I have extensive experience with specialized assemblies and am passionate about effective justice and judicial reform. I have faith that you will bring vivacity and professionalism to your attempts to address the issues presented in this background guide.

My name is Schehrezade Yousafzai and I am honoured to be your co-chair for the United Nations Office on Drugs and Crime. This is my second year on the HCMUN team, having previously worked as a crisis analyst. I am in grade ten and have been a member of the Model United Nations team since the start of grade nine. I have lots of experience with general assemblies and I am excited to see how you as delegates will solve each problem at hand.

We will be discussing two topics over the course of the day: sexual crimes in areas of armed conflict and the opioid epidemic. These issues appear to be quickly escalating in severity due to recent stressors, such as the impact of fentanyl on opioid use. The two issues presented in the background guide affect different demographics and do not affect each country equally. Thus, each country will have a differing stance and level of interest regarding the issue and varying levels of resources available to address the issue.

Aside from what is presented in the background guide, we highly recommend that you do additional research, including issues which stem from the larger overall topics presented in the background guide. This background guide provides a summary of each topic and additional resources you may use to help further your research.

It is not mandatory to submit a position paper. However, we highly recommend writing one as it helps to give you a greater understanding of your country's stance and helps you to collect your thoughts while researching. It is mandatory to submit a position paper to be eligible for an award. Position papers must be submitted by March 1st, 2018 to ecoady@havergal.on.ca.

We are eagerly awaiting meeting everyone and seeing the innovative solutions that you will bring to this committee. If you have any questions, whether they are regarding this committee or MUN in general, please do not hesitate to contact ecoady@havergal.on.ca or syousafzai@havergal.on.ca.

Best of luck!

Ellen Coady and Schehrezade Yousafzai
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HCMUN IV

Committee Overview

The United Nations Office on Drugs and Crime works to tackle issues primarily relating to drugs, crime and terrorism. This include sub-topics such as justice and prison reform, HIV/AIDS, terrorism prevention, as well as providing research and policy analysis, normative work, and technical assistance. The goal of the UNODC is to prevent and address threats to peace, security and development.

Topic #1: Sexual Crimes in Areas of Armed Conflict

Introduction

Violence against women and girls is one of the most prevalent human rights violations in the world. It has no social, economic, or national boundaries, and worldwide, it is estimated that one in three women will experience physical or sexual abuse in her lifetime.¹ Sexual violence is defined as any attempt to obtain a sexual act by violence or coercion, an act to traffic a person or acts directed against a person's sexuality, regardless of their relationship to the victim. Further, the term "conflict-related sexual violence" refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict.² Aside from physical force, coercion can include psychological intimidation, blackmail or other threats. For example, this could include the threat of physical harm, of being dismissed from a job, or of not obtaining a job that is sought. It may also occur when the victim is unable to give consent. For example, if the victim is inebriated, drugged, asleep or mentally incapable of understanding the situation, they cannot consent.³ Whether it occurs with an intimate partner, family, within the community, or during times of conflict, sexual violence is a violation of basic human rights.⁴

Sexual Violence in Areas of Conflict

In areas of instability and armed conflict, there are increased rates of sexual violence. Sexual violence in areas of armed conflict is not a new phenomenon. However, the work of organizations to find justice for the victims by increasing awareness has resulted in increased attention on the issue. In areas of armed conflict, women and children are most targeted by acts of sexual violence as

¹ "Gender-based violence." United Nations Population Fund. Accessed December 2, 2017. <http://www.unfpa.org/gender-based-violence>.

² United Nations. "Report of the Secretary-General on Conflict-Related Sexual Violence." Accessed December 4, 2017. <https://www.un.org/en/events/elimination-of-sexual-violence-in-conflict/pdf/1494280398.pdf>.

³ World Health Organization. "Chapter 6: Sexual Violence." Accessed December 5, 2017. http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf.

⁴ "Sexual violence." World Health Organization. Accessed November 30, 2017. http://www.who.int/reproductivehealth/topics/violence/sexual_violence/en/.

it is used to exert the power of enemy countries, and to tear the social fabric of and inflict shame and humiliation upon the target country.⁵ Sexual violence is also used as biological warfare to deliberately infect women with HIV, AIDS, and other STIs, so that they may infect other members of the target community.⁶

The impacts of sexual violence do not cease to occur when conflict has ended in the community, they continue to plague the nation even after. As mentioned, consequences may include, but are not limited to, unwanted pregnancies for victims, STIs (both curable and incurable), unsafe abortions, traumatic fistula, and widespread stigmatization.⁷ Further, meeting the needs of survivors with adequate medical care, psychological support, economic assistance, and legal redress, requires a plethora of resources that most post-conflict countries do not have.⁸

Sexual violence often leads to “Gender-based violence” and “violence against women”, as women are the most targeted demographic when it comes to acts of sexual violence. These terms are often used interchangeably as most gender-based violence is inflicted by men on women and girls. However, it is important to note that the “gender-based” aspect of the concept accentuates the fact that violence against women is an expression of power inequalities between women and men. Gender-based violence also implies that the violence directed against a woman is because she is a woman.⁹

An ambiguous and complex issue related to sexual violence in areas of armed conflict is that when a person accused of sexual violence is brought to court, it is questioned what is defined as an act of sexual violence.¹⁰ Is cat calling or unwanted sexual attention sexual violence? Or only more recognized crimes such as rape or human trafficking?

Current Situation

Sexual violence in areas of conflict poses a severe threat to women and children in a number of conflict and post-conflict states . On April 13, 2015, UN Secretary-General Ban Ki-moon made public a report on conflict-related sexual violence throughout 2014 in 19 countries. The report covers a multitude of countries in conflict including Afghanistan, the Central African Republic, Colombia, the Democratic Republic of the Congo, Iraq, Libya, Mali, Myanmar, Nigeria, Somalia, South Sudan, Syria, and Yemen. The report also lists post-conflict countries including Bosnia and Herzegovina, Côte d'Ivoire, Liberia, Nepal, and Sri Lanka.¹¹ Currently, the women in these war-torn countries are being victimized by various acts of sexual violence, including groping and repeated

⁵ "Sexual violence in armed conflict." International Committee of the Red Cross. January 26, 2017. Accessed December 2, 2017. <https://www.icrc.org/en/international-review/sexual-violence-armed-conflict>.

⁶ "Rwanda, genocide, Hutu, Tutsi, mass execution, ethnic cleansing, massacre, human rights, victim remembrance, education, Africa." United Nations. Accessed December 14, 2017. <http://www.un.org/en/preventgenocide/rwanda/about/bgsexualviolence.shtml>.

⁷ Ibid

⁸ Ibid

⁹ "What is gender-based violence?" EIGE. July 14, 2015. Accessed December 7, 2017. <http://eige.europa.eu/gender-based-violence/what-is-gender-based-violence>.

¹⁰ Ibid

¹¹ "UN: Sexual Violence a 'Tactic of War'." Human Rights Watch. April 14, 2015. Accessed December 10, 2017. <https://www.hrw.org/news/2015/04/14/un-sexual-violence-tactic-war>.

rape perpetrated by military and police personnel.¹² To date, no armed group members has been arrested or tried for committing acts of sexual slavery or rape.¹³

Issues in Infrastructure

The previously mentioned report described challenges due to poor monitoring, limited support systems, and lack of accountability. In the report, the Secretary-General urged the Security Council to provide more attention to sexual violence, particularly through monitoring and field visits to conflict-affected countries, and to take preventative measures and steps to ensure accountability, such as through sanctions and referrals to the International Criminal Court. The report also encourages government support and protection of independent voices, including those of women's organizations, journalists, and human rights defenders, and encourages the governments to improve delivery of comprehensive health, economic, legal, and reintegration services.¹⁴ However, this report does not address the sexual exploitation and abuse of civilians by peacekeepers. For example, the report details widespread sexual violence and reports of forced marriage in Somalia, citing cases involving the national army, allied militia, the police, and armed group Al-Shabaab. Despite this, the report lists no recommendations concerning African Union Troops that were found to be committing acts of sexual exploitation and abuse¹⁵.

A persistent challenge is the lack of reporting of sexual violence in areas of armed conflict due to stigma, the risk of retaliation, the lack of access for monitors, inadequate means for safe reporting, and weak government response. Chronic instability, combined with impunity, discriminatory cultural practices, and access constraints also contribute to the under-reporting of cases of sexual violence.¹⁶ As well, in certain countries, the limited presence of women in law enforcement contributes to the lack of reporting of sexual violence.¹⁷ Current sexual violence issues are also exacerbated by the proliferation of small arms and light weapons which are, in return, fueling the conflicts that house sexual violence¹⁸. Pervasive impunity has normalized extreme patterns of violence as national institutes are unable to effectively prosecute rape accusations. Further, the weakness in the formal justice system has forced many states in conflict to rely on traditional mechanisms, which generally do not regard rape as a grave crime. Countries routinely settle cases using antiquated methods such as ordering victims to marry the perpetrators.¹⁹

¹² "Sexual Violence against Rohingya Women and Girls in Burma." Human Rights Watch. November 16, 2017. Accessed December 31, 2017. <https://www.hrw.org/report/2017/11/16/all-my-body-was-pain/sexual-violence-against-rohingya-women-and-girls-burma>.

¹³ "They Said We Are Their Slaves." Human Rights Watch. October 20, 2017. Accessed December 20, 2017. <https://www.hrw.org/report/2017/10/05/they-said-we-are-their-slaves/sexual-violence-armed-groups-central-african>.

¹⁴ "UN: Sexual Violence a 'Tactic of War'." Human Rights Watch. April 14, 2015. Accessed December 10, 2017. <https://www.hrw.org/news/2015/04/14/un-sexual-violence-tactic-war>.

¹⁵ Ibid

¹⁶ Ibid

¹⁷ Ibid

¹⁸ Ibid

¹⁹ United Nations. "Report of the Secretary-General on Conflict-Related Sexual Violence." Accessed December 4, 2017. <https://www.un.org/en/events/elimination-of-sexual-violence-in-conflict/pdf/1494280398.pdf>.

Grossly inadequate access to victim services and other related non-government bodies (NGOs) is a constant problem in conflict and post-conflict countries. National legal frameworks and other social/cultural normalities can exacerbate these problems, for example, in Afghanistan, victims of sexual violence can be prosecuted for “moral crimes” and are at risk of murder through “honour killings”.²⁰

Today, there are a number of countries in a state of political instability and it should be no surprise that they house countless reports of gender-based violence. However, the previously mentioned report by the Secretary-General lacks accuracy in numbers. Organizations report figures on sexual violence in areas of armed conflict, however, these reports typically grossly under-report instances of sexual violence.²¹ In recent years, documentation of wartime sexual violence has improved, leading to a deeper understanding of how prevalent sexual violence is in areas of armed conflict.²²

It is important to for all member states to acknowledge that prevention efforts, protection measures, and service provisions will not make an impact unless they are designed in conjunction with the people that they are meant to assist; women’s participation and leadership in programming and planning are essential elements that must be considered when attempting to resolve this issue.²³ Women’s meaningful participation in peacekeeping efforts, including in conflict resolution processes, is the only way the issue can truly be resolved.

Current International Response

Despite international recognition of this grave issue, sexual violence continues to plague war-stricken countries and without intervention, these patterns will continue.²⁴ United Nations bodies, such as the UNODC, the World Health Organization (WHO), the Office of the High Commissioner for Human Rights (OHCHR), and many NGOs have raised awareness for sexual violence in areas of conflict but nothing can be done if the governments of these states in conflict do not truly recognize the issue. In 2013, the Federal Government of Somalia signed a joint communique with the UN’s Special Representative on Sexual Violence in Conflict pledging to address the issue “in a comprehensive manner and as a matter of priority.”²⁵ However, it has yet to prove itself able and willing to take serious measures to prevent security force personnel and others from committing sexual violence or to hold perpetrators accountable.²⁶ Moreover, the reason many

²⁰ ““They Said We Are Their Slaves”.” Human Rights Watch. October 20, 2017. Accessed December 20, 2017.

<https://www.hrw.org/report/2017/10/05/they-said-we-are-their-slaves/sexual-violence-armed-groups-central-african>.

²¹ Gaggioli, Gloria. "Sexual violence in armed conflicts: A violation of international humanitarian law and human rights law." Red Cross. Accessed December 24, 2017. file:///C:/Users/owner/Downloads/irrc-894-gaggioli.pdf.

²² "Chapter 7 – Complex Emergencies." Complex Emergencies - Ciottone's Disaster Medicine (Second Edition) - Chapter 7. Accessed November 29, 2017. <http://www.sciencedirect.com/science/article/pii/B9780323286657000078>.

²³ Ibid

²⁴ "Countering Sexual Violence in Conflict." Council on Foreign Relations. Accessed December 12, 2017.

<https://www.cfr.org/blog/countering-sexual-violence-conflict>.

²⁵ ““Here, Rape is Normal” | A Five-Point Plan to Curtail Sexual Violence in Somalia.” Human Rights Watch. August 04, 2016.

Accessed December 18, 2018. <https://www.hrw.org/report/2014/02/13/here-rape-normal/five-point-plan-curtail-sexual-violence-somalia>.

²⁶ Ibid

of these states fall into a state of conflict is that their governments are corrupt or ineffective, rendering them useless to make changes regarding laws on sexual violence.²⁷ In certain countries, the lack of sexual violence laws results in child rape victims being persecuted for adultery.²⁸ However, even in countries that have adopted laws on sexual violence, impunity still remains. For example, in 2006, the Democratic People's Republic of the Congo (DRC) created a "progressive and far-reaching" law on sexual violence. Despite this new legal apparatus to combat sexual violence, no real justice has been served for victims of sexual violence; in 2008 only 27 soldiers were convicted of committing crimes of sexual violence out of the nearly 9000 reported cases.²⁹ Countries such as the DRC face serious issues of weak laws, disorganized infrastructure, and high levels of corruption. As well, high ranking military commanders are rarely held accountable for their role in promoting sexual violence.³⁰

Past and Present UN Involvement

The earliest records of the United Nations taking action on the subject of sexual violence in areas of armed conflict are from 1969 when the Commission on the Status of Women began to consider where special protection should be applied to particularly vulnerable groups, namely women and children, during armed conflicts and emergency situations. Proceeding this action, the Economic and Social Council (ECOSOC) asked the UN General Assembly (GA) to adopt a declaration regarding the topic.³¹ The GA responded by implementing a Declaration on the Protection of Women and Children in Emergency and Armed Conflicts in 1974. The declaration outlines the important role that women play "in society, in the family, and in particular the upbringing of children" and the corresponding need to accord them special protection.³² The declaration also urges states to comply with their obligations under international instruments, including the 1949 Geneva Conventions, that offer important guarantees of protection for women and children.

Today, the United Nations Office on Drugs and Crime (UNODC) is a part of the "UN Action against Sexual Violence in Conflict".³³ This UN action unites the work of 13 UN bodies with the goal of ending sexual violence in areas of conflict. The action also represents a concentrated effort by the UN to improve coordination and accountability, amplify programming and advocacy, and support national efforts to prevent conflict-related sexual violence and respond effectively to victims' needs. The UN action has three main pillars: country-level action, advocating for action, and learning by doing. The first pillar describes the need to support joint strategy development and

²⁷ "Countering Sexual Violence in Conflict." Council on Foreign Relations. Accessed December 12, 2017. <https://www.cfr.org/blog/countering-sexual-violence-conflict>.

²⁸ United Nations Educational, Scientific and Cultural Organization. "The response of the international community to sexual violence in conflict-affected states." Accessed December 7, 2017. <http://unesdoc.unesco.org/images/0019/001907/190705e.pdf>.

²⁹ Ibid

³⁰ Ibid

³¹ "Women2000." United Nations. Accessed December 28, 2017. <http://www.un.org/womenwatch/daw/public/w2apr98.htm>.

³² Ibid

³³ "United Nations Office on Drugs and Crime." Interagency coordination. Accessed December 12, 2017. <https://www.unodc.org/unodc/en/justice-and-prison-reform/interagency.html>.

programming by UN Country Teams and Peacekeeping Operations, including building operational and technical capacity. The second pillar advocates for the need to raise public awareness and generate a political will to address sexual violence. The final pillar recognizes a need to create a knowledge hub regarding the scale of sexual violence occurring in conflict and to develop effective responses by the UN and partners.³⁴

Furthermore, the UNODC has supported the New Partnership for Africa's Development (NEPAD). The initiative aims to outline the protection of women and children, including from sexual violence. Assistance by the UNODC in this initiative has been focused on strengthening criminal justice systems and responses to violence against women and girls. In late 2015, an initiative sponsored by the UNODC in Ethiopia aimed to provide rehabilitation and reintegration services to at least 50 vulnerable children per year. It focuses on education, vocational training, care and psychological assistance. The UNODC has further helped many African countries by adjusting their judicial branches. The UNODC has developed training programs and procedural manuals on the appropriate handling of sexual violence cases, drafted alternative laws on measures to individuals, provided legal advisory services and policy advice on justice for children and violence against children, and much more.³⁵

Guiding Questions

1. What is the minimum threshold of gravity to consider an act as "Sexual Violence"?
2. How can delegates bring visibility to sexual violence as a criminal act in armed conflicts?
3. How can the international community intervene in this issue without infringing on other nation's sovereignty?
4. How can delegates understand the needs and wants of sexual violence victims and how can they incorporate these victims when visioning a new infrastructure to combat sexual violence in areas of armed conflict?
5. In the current situation, how can delegates encourage women to bring their claims of sexual violence to light?
6. How can delegates ensure the safety of victims who come forward with accusations of rape?

Delegate Resources

1. "UN: Sexual Violence a 'Tactic of War'." Human Rights Watch. April 14, 2015. Accessed December 10, 2017. <https://www.hrw.org/news/2015/04/14/un-sexual-violence-tactic-war>.
2. United Nations. "Report of the Secretary-General on Conflict-Related Sexual Violence." Accessed December 4, 2017. <https://www.un.org/en/events/elimination-of-sexual-violence-in-conflict/pdf/1494280398.pdf>.

³⁴ Ibid

³⁵ United Nations Office on Drugs and Crime. "UNODC's support for the New Partnership for Africa's Development (NEPAD)." Accessed December 31, 2017. <http://www.un.org/en/africa/osaa/pdf/unsystemfolder/2016/unodc2016.pdf>.

3. "Gender-based violence." United Nations Population Fund. Accessed December 31, 2017. <http://www.unfpa.org/gender-based-violence>.
4. "Fight against Sexual Violence in Conflict Reaches 'New Juncture', Security Council Told | Meetings Coverage and Press Releases." United Nations. Accessed January 07, 2018. <https://www.un.org/press/en/2015/sc11862.doc.htm>.

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- "Rwanda, genocide, Hutu, Tutsi, mass execution, ethnic cleansing, massacre, human rights, victim remembrance, education, Africa." United Nations. Accessed December 14, 2017. <http://www.un.org/en/preventgenocide/rwanda/about/bgsexualviolence.shtml>.
- "Sexual violence." World Health Organization. Accessed November 30, 2017. http://www.who.int/reproductivehealth/topics/violence/sexual_violence/en/.
- "Sexual Violence against Rohingya Women and Girls in Burma." Human Rights Watch. November 16, 2017. Accessed December 31, 2017. <https://www.hrw.org/report/2017/11/16/all-my-body-was-pain/sexual-violence-against-rohingya-women-and-girls-burma>.

- "Sexual violence in armed conflict." International Committee of the Red Cross. January 26, 2017. Accessed December 2, 2017. <https://www.icrc.org/en/international-review/sexual-violence-armed-conflict>.
- "They Said We Are Their Slaves." Human Rights Watch. October 20, 2017. Accessed December 20, 2017. <https://www.hrw.org/report/2017/10/05/they-said-we-are-their-slaves/sexual-violence-armed-groups-central-african>.
- "UN: Sexual Violence a 'Tactic of War'." Human Rights Watch. April 14, 2015. Accessed December 10, 2017. <https://www.hrw.org/news/2015/04/14/un-sexual-violence-tactic-war>.
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- "Women2000." United Nations. Accessed December 28, 2017. <http://www.un.org/womenwatch/daw/public/w2apr98.htm>.
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Topic #2: The Opioid Epidemic

Introduction

The opioid crisis is a problem which has become increasingly prevalent worldwide in recent years, a fact that is contrary to the mainstream media view which tends to imply that the opioid epidemic only plagues Canadians and Americans.

Opioids are a class of drugs which includes illicit drugs, such as heroin, and prescription medicine, such as oxycodone, hydrocodone, codeine, morphine, fentanyl, and others³⁶. Opioid medications bind to receptors in the brain and spinal cord, disrupting pain signals. Opioids elevate levels of dopamine, a feel-good hormone, in the brain's reward areas, producing intense feelings of euphoria.³⁷ As the brain becomes fixated on the drug, the body builds up a tolerance and it then takes a larger amount of the drug to produce the same feeling or the user becomes unable to generate the same feeling, even with a large amount of the drug, leading to drug dependence and addiction. Further, long-term effects of abusing opioids include liver damage, brain damage, respiratory depression, and eventually death³⁸. Additionally, many users inject opioids, a harmful action. Many opioid abusers grind up tablets and mix them with water or alcohol to inject them into their bloodstream. The body is not designed to cope with powder floating through the bloodstream, so these injections often lead to heart problems, long-term infections, and pulmonary embolisms³⁹. As well, if the injection site becomes infected, it can cause gangrene, and if the wound gets infected, it can cause a life-threatening blood infection.⁴⁰ Opioids, including heroin, are one of the most damaging drugs in terms of health. A significant portion of the premature deaths are related to the use of opioids. As well, opioid use disorders account for the heaviest burden of disease attributable to drug use disorders⁴¹. In 2015, 70% of the global burden of disease attributable to drug use disorders was attributed to opioids.⁴²

Current Situation

The UNODC 2017 Drug Report describes the diversification of the opioid market. The opioid market contains a combination of internationally controlled substances, such as heroin, and prescription medicines that are either diverted from the legal market or produced as counterfeit

³⁶ "Opioid Crisis Fast Facts." CNN. October 29, 2017. Accessed December 19, 2017. <http://www.cnn.com/2017/09/18/health/opioid-crisis-fast-facts/index.html>.

³⁷ Ibid

³⁸ Ibid

³⁹ "The Effects of Opiate Use." DrugAbuse.com. May 11, 2017. Accessed December 19, 2017. <https://drugabuse.com/library/the-effects-of-opiate-use/>.

⁴⁰ Ibid

⁴¹ Ibid

⁴² United Nations Office on Drugs and Crime. "GLOBAL OVERVIEW OF DRUG DEMAND AND SUPPLY." Accessed December 22, 2017. https://www.unodc.org/wdr2017/field/Booklet_2_HEALTH.pdf.

medicines on a large scale.⁴³ These counterfeit medicines are made to look like pharmaceuticals, but in reality contain fentanyl and fentanyl analogues, as well as many non-opioid substances.⁴⁴ The number of synthetic opiate (opioid) abusers in 2017 is estimated at about 35.1 million people, 17.7 million of whom are also estimated to have abused drugs derived from opium plants (opiates), such as heroin and opium⁴⁵. Opioid abuse remains a concern in many countries, especially the United States of America, where an increase in heroin use and an increase in the prevalence of fentanyl, has resulted in an increase in opioid-related morbidity and mortality.⁴⁶ Opioids continue to remain a large concern in South-West and Central Asia and in Eastern and South-Eastern Europe. In South-Eastern Europe, nearly three-fifths of those in drug treatment are in treatment for opioid use disorders. As well, in Asia, half of the people in drug treatment are receiving treatment for opioid use disorders.⁴⁷ Moreover, many countries have reported an increasing number of people entering treatment for opioid disorders. Information on treatment statistics is showing an increasing trend in opioid use in North and South America, Eastern Europe, and South-Eastern Europe⁴⁸.

In order to address the opioid epidemic, a medication has been produced to help reverse the effects of an overdose. The drug, naloxone, is sometimes called a “save shot” or a “rescue shot” because of its ability to save someone from a drug overdose. Naloxone comes in three different formulations, an injectable form (which requires professional training), a semi-injectable version called Evzio, and a pre-packed nasal spray called Narcan. It has been implemented in hospitals and by emergency medical technicians, but there is currently a movement to expand access to the public.⁴⁹ Naloxone is extremely effective and begins working quickly (depending on the dosage and potency of the drug taken). For more powerful opioids such as fentanyl, it may take several doses to counteract the overdose. Naloxone is not addictive and has few side effects. However, the cost of naloxone is steadily rising, making the drug increasingly accessible. The increase in price has also resulted in hospitals conserving dosages and training fewer people on naloxone administration.⁵⁰

The Fentanyl Crisis

Fentanyl, a World Health Organization essential medicine, is a synthetic opioid used in cancer pain relief and surgical anesthesia. Fentanyl has been deemed by public health officials as the “third wave” of the opioid epidemic.⁵¹ Legally administered fentanyl is approximately 100 times more potent than morphine, however, most street fentanyl is not diverted from pharmacies or

⁴³ United Nations Office on Drugs and Crime. "GLOBAL OVERVIEW OF DRUG DEMAND AND SUPPLY." Accessed December 22, 2017. https://www.unodc.org/wdr2017/field/Booklet_2_HEALTH.pdf.

⁴⁴ Ibid

⁴⁵ Ibid

⁴⁶ Ibid

⁴⁷ Ibid

⁴⁸ Ibid

⁴⁹ Kounang, Nadia. "What Is Naloxone?." CNN. Accessed December 23, 2017. <http://www.cnn.com/2016/04/28/health/what-is-naloxone-narcan-opioid-overdose/index.html>.

⁵⁰ Modern Health Care. "Should the cost of naloxone be determined by its public health impact?." Accessed December 24, 2017. <http://www.modernhealthcare.com/article/20160901/NEWS/160839965>.

⁵¹ Kounang, Nadia. "This is fentanyl: A visual guide." CNN. Accessed December 25, 2017. <http://www.cnn.com/2017/10/24/health/fentanyl-visual-guide/index.html>.

hospitals. Rather, chemical variations of legal fentanyl (fentanyl analogues) are illegally created in clandestine labs⁵². For example, the chemical difference between fentanyl and carfentanil (a fentanyl analog) results in carfentanil being 10,000 times more powerful than morphine⁵³. The threat that comes with this is that even the smallest traces of these analogues can instantly kill someone. Illicit drug makers change the chemical composition of the opioid in order to try and evade the law as if they are caught with the drug, it is not chemically identical to fentanyl.⁵⁴ As well, as illicit drugs are unregulated it is usually impossible for people to know if the drugs they purchase from a dealer contain fentanyl. According to the US law enforcement, most illicit fentanyl is coming from China, where weak regulations and poor monitoring have created an environment where underground labs can thrive⁵⁵. Policy-makers are struggling to develop an effective response to the fentanyl crisis, and the high overdose rates make it imperative that a solution is found soon.

Tramadol and Developing Countries

While in more privileged countries the opioid crisis seems to be centered around drugs like fentanyl, in many less privileged countries the crisis is centered on tramadol. Tramadol is an addictive synthetic painkiller that some studies say is as powerful as morphine. In fact, the drug is so strong that when given as an extract to mice standing on a hot plate, the extract decreased their ability to recognize pain. Tramadol abuse and addiction is quickly spreading, especially in the developing world, due to a lack of regulation.⁵⁶

Tramadol was originally introduced to the public as a drug with all the benefits of common prescription narcotics without the addictive qualities.⁵⁷ As a result, Tramadol, for many years, was widely prescribed by doctors as a safer alternative to narcotics for pain treatment. The difference between narcotics and opioids is subtle, but opioids are natural or synthetically made drugs that function metabolically in the body, such as opium derivatives derived from poppy plants, while narcotics is more often used as a legal term, classifying drugs that blur the senses and produce euphoria, including cocaine and other non-opiates.

In countries with high rates of tramadol use, many citizens take double or triple the recommended safe dosage and may feed tramadol to their farm animals. This dependency is rooted in the low cost of imports paired with a lack of regulation and low awareness of the harmful effects of tramadol use. Tramadol dependency extends across Africa, the Middle East, Eastern Europe, and parts of Asia.⁵⁸ Recent events related to tramadol use include the Egyptian government's tramadol crackdown in communities, including the cab driver community, the confiscation by Saudi

⁵² Ibid

⁵³ Ibid

⁵⁴ Ibid

⁵⁵ Ibid

⁵⁶ Scheck, Justin. "Tramadol: The Opioid Crisis for the Rest of the World." *The Wall Street Journal*. Accessed December 23, 2017. <https://www.wsj.com/articles/tramadol-the-opioid-crisis-for-the-rest-of-the-world-1476887401>.

⁵⁷ Tramadol: The most dangerous drug in the world (2016, October 26). In Iodine. Retrieved December 15, 2018, from <https://blog.iodine.com/tramadol-the-most-dangerous-drug-in-the-world-5500450d6cc6>

⁵⁸ Ibid

officials of several thousand pills smuggled in a shipment of frozen meat, and the rise of tramadol abuse among Ukrainian street children.⁵⁹

Tramadol is also slowly hitting the developed world. In the United States, the Federal Substance Abuse and Mental Health Services Administration reported that emergency-room visits related to tramadol misuse had tripled from 2005 to 2011. Moreover, in Northern Ireland, more people are overdosing on tramadol than heroin⁶⁰.

Key Issues and Considerations

Rising rates of opioid use are largely due to the lack of regulatory policies. In countries with extremely high rates of opioid abuse, like the United States, this rate can be attributed to the high rate of 1 of opioids legally prescribed to patients. American patients are prescribed opioids for almost every instance of acute pain. In a study pertaining to American and Japanese doctors, it was shown that of the 461 Japanese doctors surveyed, only 50% said they prescribe opioids for patients with acute pain. 97% of the 198 American doctors who participated in the study said they prescribe opioids for acute pain.⁶¹ The results of this survey echo the views of each country and their place in the opioid epidemic. In the developed world, Japan prescribes fewer opioids because of strict regulatory policies and the stigma around addiction. As well, the opioid epidemic is not nearly as prevalent in Japan than in other countries that have more lax restrictions on opioid medications. Furthermore, in 2015, the UNODC released an interactive map which showed which drug had the largest rate of treatment for each country. While a number of North American, European and Asian countries were revealed to seek treatment for opioids the most, Japan was one of the few countries that did not have a large opioid problem⁶².

Additionally, countries have difficulty combating the opioid epidemic because of border control. In Canada, for example, it is extremely easy to deliver opioids into the country with no suspicion. Suppliers from around the world send illicit drugs, typically fentanyl, hidden inside silica-desiccant packets, the type normally sent when shipping goods such as electronics. Suppliers go to many lengths to keep the opioids hidden, however, at the Canadian border guards are prohibited by law to open packages weighing less than 30 grams without the consent of the recipient.⁶³

Furthermore, opioids such as tramadol have become so prevalent due to the lack of awareness. For decades, the International Narcotics Control Board (INCB) has regulated trade for nearly every opioid on the market. It published quotas for how much a country can produce, export, or import. However, the agency does not regulate tramadol as a result of the assumption that

⁵⁹ Ibid

⁶⁰ Ibid

⁶¹ Nilsen, Ella. "Why it's so much easier to get an opioid prescription in the US than in Europe or Japan." Vox. Accessed January 26, 2017. <https://www.vox.com/policy-and-politics/2017/8/8/16049952/opioid-prescription-us-europe-japan>.

⁶² Griffiths, Sarah. "Drug map reveals the substances YOUR country is addicted to: Scotland is hooked on cocaine, Iceland smokes the most cannabis and opiates are rife in the US Read more: <http://www.dailymail.co.uk/scie>." Daily Mail. Accessed December 28, 2017. <http://www.dailymail.co.uk/sciencetech/article-3333877/Drug-map-reveals-substances-country-addicted-Scotland-hooked-cocaine-Iceland-smokes-cannabis-opiates-rife-US.html>.

⁶³ Bracken, Amber. "How Canada got addicted to fentanyl." The Globe and Mail. Accessed December 14, 2017. <https://www.theglobeandmail.com/news/investigations/a-killer-high-how-canada-got-addicted-tofentanyl/article29570025/>.

tramadol is not prone to abuse.⁶⁴ International regulators say that they now realize the dangers of tramadol but decline to control it due to a weakness in their system. When a drug comes under INCB regulation, it can become difficult for doctors in developing countries with disorganized health care systems to obtain them for legitimate use. Since tramadol is not INCB controlled, it is the only opioid that is available in parts of Cameroon and other developing nations for people with cancer and post-surgical pain.⁶⁵

Past and Present UN Intervention

In March 2016, a meeting between the UNODC and the WHO was held in Vienna, Austria to examine and discuss the draft of the S-O-S Multi-site Study and Implementation Protocol on Community Management of Opioid Overdose.⁶⁶ The proposal promoted access to naloxone, a medication that reverses the effects of opioids, and access to training for first responders in handling overdose cases. Universal coverage of opioid overdose management strategies is recommended by the UNODC to its member states. "Universal Coverage" can be defined by the three targets discussed in the 90-90-90 SOS initiative: 90% of the relevant target population will have received training in overdose risk and emergency management, 90% of those trained will have been given a supply of naloxone, and 90% of those who have been given a naloxone supply will be carrying the naloxone on them or will have it close at hand.⁶⁷

Moreover, in 2009, the UNODC and the WHO launched a joint programme on Drug Dependence Treatment and Care. The programme was set to lead a collaborative global effort for improving coverage and quality of treatment and care services for drug use disorders in low and middle-income countries. It was meant to send a strong message to policymakers regarding the need to develop services that address drug use disorders in a pragmatic, science-based and humanitarian way, replacing stigma and discrimination with knowledge, care, recovery opportunities, and reintegration.⁶⁸ Many opioid overdose cases can be easily avoidable through the provision of services such as needle and syringe programmes, overdose prevention, opiate substitution therapy, and other evidence-based drug dependence programs that scientific evidence has proved to be effective.⁶⁹

⁶⁴ Ibid

⁶⁵ Scheck, Justin. "Tramadol: The Opioid Crisis for the Rest of the World." *The Wall Street Journal*. Accessed December 23, 2017. <https://www.wsj.com/articles/tramadol-the-opioid-crisis-for-the-rest-of-the-world-1476887401>.

⁶⁶ United Nations Office on Drugs and Crime. "Joint UNODC/WHO initiative addresses public health impact of community management of opioid overdose." Accessed December 28, 2017. <https://www.unodc.org/unodc/en/frontpage/2017/March/joint-unodc-who-initiative-addresses-public-health-impact-of-community-management-of-opioid-overdose.html>.

⁶⁷ Ibid

⁶⁸ Ibid

⁶⁹ United Nations Office on Drugs and Crime. "World Drug Report 2016." Accessed December 6, 2017. https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf.

Guiding Questions

1. What problems has your country faced in the past relating to the opioid crisis? How have they handled it? What do they think is the optimal way to address this issue?
2. Can your country further the past work of the UNODC? How so?
3. What measures should be taken to help combat this epidemic? Should the UNODC recommend a set of international laws to address this issue?
4. How can nations help each other to combat the opioid epidemic? How can nations help themselves combat the epidemic?
5. Should countries prescribe fewer opioid medications to their patients, even if it means patients will experience more pain?

Delegate Resources

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