

Model United Nations at UCSD presents
On Saturday April 25th, and Sunday April 26th, 2015

United Nations

Office on Drugs and Crime



TritonMUN XI



Introduction

Honorable Delegates,

My name is Shunichi Ito, and I am currently a first year International Studies major here at the University of California San Diego. This is my first year in Model United Nations, and I plan to continue throughout my 4 years in UCSD. In the past, I was part of the dais in Triton MUN, our fall home conference, and have attended Santa Barbara Intercollegiate MUN.

Model UN has especially been important in my college education, as it coincides with my study as an International Studies major. With the world becoming more interconnected by the day, the global perspective is a valuable skill that will be absolutely necessary in the future.

In my free time here at UCSD, I enjoy cooking food for myself and friends, play frisbee, and blow some jazz on my saxophone. As a native New Jersian, I can say the weather here is absolutely wonderful, and I try to take advantage of it as much as I can by taking walks by the cliffs, or enjoying the sunsets.

I am looking forward to working with all of you during committee, as I am sure you will all come up with creative and innovative answers to the global issue of synthetic drugs. During discussion, I highly encourage purposeful solutions that are specific and specialized. I also recommend research on the different synthetic drugs, precursors, and prevalence percentages that are relevant to each country. I hope for an excellent and thought-provoking discussion, and again am very excited to work with every one of you.

Sincerely your chair,

Shunichi Ito

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Meet Your Vice Chair!

Hi everyone, welcome to the UC San Diego MUN Conference. My name is Lexie De Stefano and I am a senior at UC San Diego. I am a Political Science Major, with an emphasis in International Relations and concentrations in Latin America and Europe, along with a business minor. This is my second year with Model United Nations, and I could not be happier with my experience. Being on the Crisis Staff for the last home conference was a blast, and I cannot wait to work with you all.

I currently work as a Teaching Assistant through the business school for a Product Marketing & Management class, and absolutely love working with my professor and students. If any of you have questions about college, feel free to ask! I am also an English tutor for the International Center here at UCSD, and have had experience working with Panhellenic as a part of the Board of Directors. I studied abroad my junior year in Buenos Aires, Argentina, and had the opportunity to travel around the Southern Cone. This past summer I interned for the Bureau of Western Hemisphere Affairs through the State Department and worked for the U.S. Embassy in Santo Domingo, Dominican Republic.

I am excited to see what everyone has to offer, and am especially looking for enthusiasm, creative ideas (within reason), and problem-solving/conflict resolution skills.

Sincerely your Vice Chair,

Lexie De Stefano

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Topic A: Fighting Drug Cartels in the Americas

I. Background

Drug cartels have arisen as an increasingly concerning problem for the future of the Americas, as well as one of the most prominent issues present on an international level today. Individuals involve themselves in the drug trade for many reasons: tradition, attempting to escape from poverty, and generating revenue for rebellious activities (including but not limited to cartel actions that promote anti-government sentiment.)¹ The trafficking of drugs has proven to be a lucrative business, with the increasing levels of involvement from corrupt government officials in their distribution. The UN stated that its approximate estimation for profits in the drug trade to be around \$150 billion in the Americas alone, which accounts for slightly less than 5% of GDP.² According to the last consensus taken in 2003, worldwide revenue generated by drug-related activities is approximately \$320 billion³. Drug trafficking initially consisted of transporting drugs via airplane, however, with more advanced technology and updated detection procedures, it is no longer as common. Currently, the most common method of transportation is by land through Central American countries, across Mexico, and eventually over the U.S. border. Even when drug lords are captured, the supply and demand does not diminish and the sales continue on as new distributors emerge and replace the previous drug dealers. Consequently there are many debates regarding the development of a new course of action in order to successfully abolish cartels and the distribution of psychoactive substances throughout the

¹ Mares, David R. *Drug Wars and Coffeehouses: The Political Economy of the International Drug Trade*. Washington, D.C.: CQ, 2006. Print. 71

² Insulza, Jose M. "The Drug Problem in the Americas: Studies." (n.d.): n. pag. *Organization of American States*. Web. 22 Nov. 2014

³Ibid.



Americas.

The battle against drug trafficking is difficult to view in terms of simply delineated black and white boundaries. Instead, many individuals who are involved in the process disguise their dealings through what appear to be legitimate fronts for the money laundering processes.⁴ Therefore, it is hard to distinguish who specifically is involved in the various transactions, causing much confusion. Additionally, governments have begun to intensify controls on their financial systems, and therefore, cartels and drug dealers are resorting to using paper currency in order to complete sales.⁵ The United States has spent millions combatting this phenomenon in countries such as Colombia, Mexico, and Afghanistan, but the largest consumption network paradoxically lies within the United States.⁶

On a broader scale, there are cartels or organized drug trafficking groups around the globe. North America and Europe are willing to pay the highest prices for drug consumption when compared to other continents therefore incentivizing much of the production worldwide. The quantity of drugs sold over various continents is similar, however, with skyrocketing prices in North America and Europe, drug sales reflect much more profitability. Central and South America along with the Caribbean are major producers and transit zones, with cartels and individual sellers/distributors in each country. The Middle East has vast cartel involvement, with one of the most prominent being the Israeli Crime Syndicate.⁷ The Mexican Sinaloa Cartel has targeted Australia as a new profitable market, but the continent does not have any major cartels

⁴ Insulza, Jose M. "The Drug Problem in the Americas: Studies." (n.d.): n. pag. *Organization of American States*. Web. 22 Nov. 2014.

⁵Ibid.

⁶ Mares, David R. *Drug Wars and Coffeehouses: The Political Economy of the International Drug Trade*. Washington, D.C.: CQ, 2006. Print. 79.

⁷Ibid.



originating there (Burnett).⁸ The same goes for Europe; although there is high demand for drugs, there are no major cartels that are purely European. Once again, there is high Mexican cartel involvement throughout Europe, as some of the most profitable prices can be negotiated there.⁹ Africa also has high Sinaloa Cartel involvement since frequent shipments will arrive to western Africa and then make their way to Europe.¹⁰ Afghan narco-cartels linked to the Taliban and other terrorist groups have a large presence in Asia as they produce large amounts of opium and sell it in Asia.¹¹ These sales typically finance guerilla groups such as the Taliban.

The fight against Mexican drug cartels intensified in 2006, when President Calderón initiated a rigorous battle against cartel drug dispersal.¹² It escalated into a conflict of unparalleled heights and its scope currently affects not only Mexico, but also countries across North America, Central America, South America, and the Caribbean. Colombia, another huge trafficking country, has had its main cartels, the Medellín and Cali Cartels, destroyed. Despite this, hundreds of smaller cartels are active in this country, many of which interact with the Mexican cartels.¹³

⁸ Burnett, John. "Mexican Drug Cartel Targets Australia." *NPR*. NPR, 2 Mar. 2012. Web. 27 Nov. 2014.

⁹ Tegel, Simon, and Ioan Grillo. "Mexican Drug Cartels Expand Reach in Peru." *www.nbcnews.com*. NBC News, 9 Sept. 2014. Web. 28 Nov. 2014.

¹⁰ Savage, Charlie, and Thom Shanker. "U.S. Drug War Expands to Africa, a Newer Hub for Cartels." *The New York Times*. The New York Times, 21 July 2012. Web. 30 Nov. 2014.

¹¹ Oppel, Richard A. "U.N. Sees Afghan Drug Cartels Emerging." *The New York Times*. The New York Times, 01 Sept. 2009. Web. 30 Nov. 2014.

¹² Lee, Brianna. "Mexico's Drug War." *Council on Foreign Relations*. Council on Foreign Relations, Mar. 2014. Web. 21 Nov. 2014.

¹³ "The Colombian Cartels." *PBS*. PBS, n.d. Web. 22 Nov. 2014.



II. United Nations Involvement

The United Nations has a vibrant presence in Latin America in order to combat issues such as inequality, poverty, education, prevention of domestic violence and gender violence, along with actions to reduce cartel involvement in Latin American society and infrastructures. The United Nations Office on Drugs and Crime has detailed reports regarding various drugs and the progress made to eliminate their production. They began this operation in order to monitor the exact amount of drugs available in problem countries and to measure if the quantity has decreased over time, which would render the policies in place as effective.¹⁴ The main countries monitored by this report consist of Colombia and Peru, as they are the largest cocaine producers globally. In Colombia, government records display proof that various regions were sprayed in order to eliminate coca crops in that particular area, with additional progress by manual eradication. Similar reports exist for Peru, which also has a supplemental government program in place that forces the extermination of coca in certain areas, while others are performed voluntarily.¹⁵ In Colombia, UNODOC along with the government surveyed coca leaf farmers as to where their specific crop yields would head for production; specific Bolivian and Peruvian regions grow coca leaves for purposes related to high elevation levels and consume the leaves for non-drug purposes, whereas in Colombia without proximity to a mountain range requiring assistance adjusting to high altitudes, usually the leaves are destined for cocaine production.¹⁶ Results of a similar survey performed once again in 2013 in Colombia reveal that drug producers

¹⁴2006. Auckland: National Research Bureau, 2007. *Coca Cultivation in the Andean Region*. United Nations Office on Drugs and Crime. Web. 3 Jan. 2015.

¹⁵*Ibid.*

¹⁶*Ibid.*



continue to grow coca in 23 of the 32 provinces (known as departments) within the country.¹⁷

Overall levels of coca production decreased, as 13 departments decreased in production levels, while 7 unfortunately continued to increase. 56% of the coca crop in 2013 was cultivated in 3 provinces: Nariño, Norte de Santander, and Putamayo, with indigenous involvement within coca production at 13%.¹⁸ In Bolivia, 2 main reasons exist for the continual eradication of coca leaves. The first consists of government and UN programs designed to reduce levels of coca production in the country. The second concerns the abandonment of coca plants in the province of Yungas de la Paz, which occurred because of old crops no longer able to produce.¹⁹

One of the most important reports released by the United Nations is the call for peace within Mexico. The UN asked the Mexican army to contemplate renouncing the war against drugs in order to reduce violence caused by drug-related actions, individuals, and organizations such as cartels.²⁰ According to this report, it claims that the disappearance of so many individuals cannot be attributed to only the drug cartels, instead the Ministry of Defense must accept partial blame.²¹

¹⁷ Colombia: Coca Cultivation Survey." *Colombia: Coca Cultivation Survey*. United Nations Office on Drugs and Crime, 2013. Web. 5 Jan. 2015.

¹⁸Ibid.

¹⁹ "Estado Plurinacional De Bolivia: Monitoreo De Cultivos De Coca 2013." *Estado Plurinacional De Bolivia: Monitoreo De Cultivos De Coca 2013*. United Nations Office on Drugs and Crime, 2013. Web. 5 Jan. 2015.

²⁰ Wyler, Grace. "UN Tells Mexico To Withdraw Army From War Against Drug Cartels." *Business Insider*. Business Insider, Inc, 01 Apr. 2011. Web. 04 Jan. 2015.

²¹Ibid.



III. Bloc Positions

Western Bloc

The United States is beginning to legalize marijuana in various states. As a consequence, Mexican drug sales may decrease overtime as producers and distributors emerge legally within the country's borders. Legal sales will displace illegal sales, causing Mexican cartels to turn to production of hard drugs that remain illegal within the U.S. (OAS). The same goes for the Netherlands, where the country legalized marijuana.

Africa

The African bloc was not involved in cartel drug trade until recently. The Colombian cartels and Mexican cartels realized that Africa's proximity to Europe could prove advantageous if exploited properly. Consequently, these cartels collaborate with local gangs already in place in Africa in order to transfer drugs to Europe.²² Certain countries have been especially hard hit with enticing offers to cooperate with the Latin American cartels, including Guinea- Bissau which officials declared as the first "narco-state." The western coast of Africa has also been nicknamed the "Coke Coast" in place of the "Gold Coast," which portrays the prevalence of drug cartels emerging on this continent.²³

Latin America

The Latin American Bloc is most prominently involved in drug production, distribution, and transit of drugs. Combined together, the profits made by Colombian and Mexican cartels add

²² Brice, Arthur. "Latin American Drug Cartels Find Home in West Africa." *CNN*. Cable News Network, 21 Sept. 2009. Web. 05 Jan. 2015.

²³ Ibid.



to \$4.6 billion USD in revenue.²⁴ The Andean region that borders Chile, Argentina, Bolivia, and Peru serves as an ideal location for the production of numerous psychoactive substances. Colombia is the number one producer of cocaine internationally, which has been calculated to be worth approximately \$10 billion USD.²⁵ Colombia increased defense spending in order to decrease drug-related activity by \$12 billion USD, which is the most out of any Latin American country.²⁶

Mexico has an especially long and treacherous relationship with the various drug cartels. For the past century, Mexico has effectively had a government that acted as an authoritarian regime without much input from the non-affluent denizens. The current regime addresses cartels and drug related issues differently than before, which consequently led to the beginning of the chaos associated with Mexico's attack on drugs today. After the degeneration of Colombian cartels in the 1980s, Mexico's role as a drug transit country due to its prime location shifted to the emergence of a great production and distribution country with intensive networks to increase quantities that cross the border and are consumed internally.²⁷ Calderon's war against drugs has increased cartel activity and volatility to unprecedented levels, creating the turmoil visible today. Prominent cartels active in Mexico include the Sinaloa Cartel, Zeta Cartel, Juarez Cartel, and the Tijuana Cartel.²⁸

²⁴ Badkar, Mamta. "11 Shocking Facts About Colombia's \$10 Billion Drug Industry." *Business Insider*. Business Insider, Inc, 22 Apr. 2011. Web. 03 Jan. 2015.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Lee, Brianna. "Mexico's Drug War." *Council on Foreign Relations*. Council on Foreign Relations, Mar. 2014. Web. 21 Nov. 2014.

²⁸ Ibid.



IV. Questions to Consider

1. The legalization of marijuana has set a precedent in Uruguay. What are the possible effects (or the effects currently occurring) of this progressive policy? Are there any benefits or disadvantages that can be applied to the United States or other regions within the Americas?
2. Based on historical evidence, has the capture of main cartel leaders or major drug traffickers made an impact on the quantity of drugs sold? The safety of residents within production countries, transit countries, or consumption countries? Should this evidence be taken into account when making decisions regarding the reduction of cartel activity?
3. Which UN policies or initiatives have had the largest impact on cartel activity? (Both positive and negative outcomes should be addressed.)
4. Oftentimes developed countries such as Europe and the United States do not take into account that consumption/demand can affect the incentives for suppliers to produce. Although controversial, how should developed nations address internal consumption? Some choose to blockade the borders, however, this decision is not as effective as policymakers had hoped. How else could this phenomenon be addressed?
5. What are different ways to reduce drug consumption internationally (think multiple continents). Should different stages of the drug process be targeted separately or as a whole (ex. production, transit, distribution, consumption).
6. Should all cartels and countries be targeted the same? Explain. Even in a transit country vs. production country?
7. Should countries that mainly produce one drug be targeted the same way as another in order to reduce production



V. Suggested Sites

http://www.cicad.oas.org/drogas/elinforme/informeDrogas2013/laEconomicaNarcotrafico_ENG.pdf

- The Economics of Drug Trafficking

<http://www.cfr.org/mexico/mexicos-drug-war/p13689> - A discussion on Mexico's drug war

<http://www.cepal.org/en> - Economic Commission for Latin America and the Caribbean

<http://www.un.org/apps/news/region.asp?Region=2> - UN News Centre for the Americas

<http://www.latinamerica.undp.org> - UN Development Program in Latin America and the Caribbean

http://www.unodc.org/pdf/andean/Andean_full_report.pdf - Coca Cultivation in the Andean Region



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Lee, Brianna. "Mexico's Drug War." *Council on Foreign Relations*. Council on Foreign Relations, Mar. 2014. Web. 21 Nov. 2014. <<http://www.cfr.org/mexico/mexicos-drug-war/p13689>>.

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Tegel, Simon, and Ioan Grillo. "Mexican Drug Cartels Expand Reach in Peru." *www.nbcnews.com*. NBC News, 9 Sept. 2014. Web. 28 Nov. 2014.



<<http://www.nbcnews.com/news/latino/mexican-drug-cartels-expand-reach-peru-n198941>>.

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<<http://www.pbs.org/wgbh/pages/frontline/shows/drugs/business/inside/colombian.html>>

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Topic B: Production and Distribution of Synthetic Drugs

I. Background

While levels of abuse in drugs such as cocaine, heroin, and opium have been either stabilizing or decreasing, the use of synthetic drugs has been steadily increasing around the globe. Specifically, these drugs are replacing preexisting illegal drugs because of their accessibility and sometimes-stronger potency. Synthetic drugs, as defined by the UNODC are “a drug with properties and effects similar to a known hallucinogen or narcotic but having a slightly altered chemical structure, especially such a drug created to evade restrictions against illegal substances.”²⁹ The chemicals directly stimulates the body’s nervous system, increasing heart rate and blood flow, while inducing hallucinations, paranoia, violent behavior, vomiting, or suicidal thoughts. Many times known as synthetic marijuana, bath salts, MDMA, or “ecstasy”, these drugs may be sold at drug paraphernalia shops, smoke shops, gas stations, convenience stores, or online. Synthetic drugs are categorized in to two groups, Amphetamine-type stimulants (ATS) and New psychoactive substance (NPS).

The UNODC define ATS as a “group of substances comprised of synthetic stimulants, including amphetamine, methamphetamine, methcathinone, and ecstasy-type substances.”³⁰ ATS give the users a euphoric experience, providing focus and relieving fatigue, which is associated with the addictive effects. Though the production and abuse of ATS has been continuing since the 1960’s, in the last decade, the statistics for ATS use has jumped dramatically, from seizures

²⁹“Global Synthetic Drug Assessment.” UNODC. United Nations, 1 Jan. 2014. Web. 30 Nov. 2014.

³⁰Ibid.



increasing 80% to 135 tons from 2010 to 2012³¹. Out of the 180 million drug abusers in the late 1990's, 29 million of them were ATS abusers, a number larger than both users of cocaine and opiates combined³². In 2011, the UNODC claimed that ATS are used second most frequently in the world after marijuana, exceeding the number of abuse in cocaine and heroine. The UNODC now estimates that 13.7 million to 57.9 million people have used ATS at least once in 2009³³. Since 2010, ATS seizures has risen by about 80%, and in 2012, more than 135 tons of ATS have been seized worldwide³⁴. With the increasing amount of ATS in the global drug market, the prevalence percentages of use of ATS in certain countries are reflecting the increase market of the drugs, especially in Europe, East/South-East Asia, and Africa.

Production of ATS occurs in many countries and continents, however; production is most frequent in South/West Africa, North America, East/South-East Asia, and Europe. Manufactures of ATS are not geographically limited, and unlike drugs such as cocaine or heroin, makers can usually create these drugs anywhere, and relocate with ease. Ingredients are flexible as well, and if certain precursor chemicals are banned or in short supply, makers can easily substitute it with other chemicals, hence why banning different precursor ingredients may not have too much of an effect.

The NPS, known as legal highs, are defined by the UNODC as “substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a

³¹"Global Synthetic Drug Assessment." UNODC. United Nations, 1 Jan. 2014. Web. 30 Nov. 2014.

³²"Systematic Review of Treatment for Amphetamine-related Disorders." World Health Organization. World Health Organization, 1 Jan. 2001. Web. 30 Nov. 2014.

³³"Global Synthetic Drug Assessment." UNODC. United Nations, 1 Jan. 2014. Web. 30 Nov. 2014.

³⁴Ibid.



public health threat.”³⁵. NPS are not new substances but rather drugs that were recently made available to the public, as many NPS were first created in the 1970’s. Some well know NPS are synthetic cannabinoids, Khat (now under control in the UK and Netherlands), and Ketamine, (largely manufactured in China). From 2008-2013, the UNODC has identified 348 new NPS, which is only a fraction of what is available, considering limited information from only 94 countries that have reported existence of NPS in their borders³⁶. 234 psychoactive substances are currently under the 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychedelic Substances, however; no NPS were added to the international schedule since 2009³⁷.

The synthetic drug market was previously dominated by ATS, but currently NPS are flooding the market and are exponentially gaining popularity as a legal alternative to internally controlled substances. NPS are especially worrisome to the international community because of their abundance, lack of information, and limited control can lead to exploitation of trade from criminal organizations. NPS are also a dangerous public health risk, considering little research has been done on the effects and toxicity of the drugs, especially in a long-term use. NPS also contain unfamiliar chemical and molecular compounds that make it hard for medical officials to expect and treat the effects of these drugs.

These synthetic drugs, especially “ecstasy” and MDMA, are commonly used by youth in nightclubs and raves to prolong their energy and increase their sensitivity to the music that is being played. Synthetic marijuana is frequently used by the youth of the United States, whom do not understand what they are smoking is nothing like natural cannabis, and end up being sent to the hospital after experiencing life-threatening side effects. The dangers of synthetic marijuana

³⁵ "Global Synthetic Drug Assessment." UNODC. United Nations, 1 Jan. 2014. Web. 30 Nov. 2014.

³⁶"The Challenges of New Psychoactive Substances." UNODC. United Nations, 1 Jan. 2013. Web. 30 Nov. 2014.

³⁷Ibid.



have recently been commonly seen in Japan, sold under the name 脱糞ドラッグ (dappou drug). Because of the increasing amount of civilian casualties from individuals driving under the influence of the drug, Japan changed the drug's name to 危険ドラッグ (kiken drug), which translates to danger drug, in an attempt to deter people from purchasing the product. The affordability and easy consumption as a result from its pill/tablet form, make it especially appealing to the youth.



II. United Nations Involvement

There have been several international efforts to try to create a system between countries that would increase the trade of information in order to enact further and more effective prevention of both NPS and ATS. Currently, the most important resource that the UNODC needs is information about synthetic drugs that each country can provide. In 2008, the UNODC Global Synthetics Monitoring: Analyses, Reporting and Trends Program (SMART) was created, which “enhances the capacity of Member States in priority regions to generate, manage, analyze, report and use synthetic drug information to design effective policy and programmed interventions.”³⁸ SMART provides member countries an accessible online data collection, as well as regional reports and assessments that nations can use to their benefit. It also contains an UNODC Early Warning Advisory on NPS, which provides regularly updated data on current NPS trends.

There have been multiple UN Drug Control Conventions, specifically in 1961, 1972, and 1988. Under various schedules, new regulations on drugs both synthetic and natural were made to better control their trade and use. The conventions also increased inter-communication with the World Health Organization, allowing it to gain more amending power of the schedules according to the changing trends of usage and trafficking of different drugs. Countries are also required to provide statistical data pertaining to these drugs inside of their borders regularly, to carry out the resolutions of the Conventions, and to promote scientific and medical usage of these drugs. Not to mention, the convention sets limits to the amount of drugs that can be sold on the market, imported, or used for medical/scientific purposes through licenses.

To increase monitoring of local drug trends, in 2009 General Assembly the UN Economic and Social Council (ECOSOC) supported the “adoption by the United Nations Office on Drugs

³⁸“Global Smart Update.” UNODC. United Nations, 12 Sept. 2014. Web. 30 Nov. 2014.



and Crime of a regional approach for programming based on consultation and partnership at the national and regional levels and focused on ensuring that the Office responds in a sustainable and coherent manner to the priorities of Member States.”³⁹ By doing so, the ECOSOC promoted regional monitoring systems, as seen in the European Union. The EU Early Warning System, which collects data on synthetic drugs from each of its member nations, puts together a comprehensive report on the health and social risks, criminal activity, control measures, precursors, and etc.

Other than information based actions taken by the UN, in a statement, the delegate of Sri Lanka, Palita T. B. Kohana, claimed that with technological advancements making the production of synthetic drugs easier, international efforts must also be made towards poverty alleviation and developmental programs. With the global and local drug trade closely tied to the socio-economic environment, the international community needs to also focus on humanitarian advancement to rein in synthetic and natural drugs.

³⁹“Resolution 2009/23 Support for the Development and Implementation of the Regional Programmes of the United Nations Office on Drugs and Crime.” *UNODC*. 8 Dec. 2008. Web. 1 Jan. 2015.



III. Bloc Positions

Africa

Both the West Africa region and South Africa have a large ATS presence, being one of the largest suppliers of ATS in the world. Also NPS such as Khat is starting to emerge from the area, especially in the East Africa region. African states should focus on data collection of drug trends and statistics on usage, for detailed information in this area is very limited. States should also focus on implementing control through law enforcement on both precursor chemicals and synthetic drugs.

East and South East Asia

The NPS market is the largest here with it being sold as “ecstasy” on ATS markets. Also ATS seizures in the area have risen from 13 tons back in 2008 to 40 tons in 2014⁴⁰. The production of Methamphetamine is extremely high especially in China, where 19.1 % of ATS users in this block reside⁴¹. Also Japan and Thailand are major importers of synthetic drugs from the Africa region, and the prevalence rate of use is very high. Japan recently has also been having an increase in civilian deaths from people under the influence of synthetic marijuana getting into car accidents. Thailand has the largest share of people treated for methamphetamine with 88% of the people in drug treatment receiving care because of it. States in this area should focus on the drug trade and small drug laboratories.

Oceania

Australia and Malaysia have large prevalence rates of ATS usage, much of the supply being smuggled from Africa. In Australia, 22.6% of the people in drug treatment are treated for

⁴⁰Global Synthetic Drug Assessment." UNODC. United Nations, 1 Jan. 2014. Web. 30 Nov. 2014.

⁴¹Ibid.



amphetamine, the second largest rate under cannabis at 43.2%⁴². Australia also has the second largest amount of dismantled methamphetamine labs in East and South East Asia, Oceania, and the Pacific at 24%. Methamphetamine seizures in Indonesia have also increased more than double from 2008 to 2012, from .7 tons to 2.1 tons⁴³. This area should focus on the drug trade that is supplying the drugs to them.

Europe

The use of Amphetamines is highest in Europe, with 65% of all ATS seizures occurring there⁴⁴. Dismantling of various labs is relatively low, however; the Czech Republic has an extremely high number of 1222 labs dismantled between 2009 and 2012⁴⁵. Yet Europe has medium to industrial sized synthetic drug laboratories, even with relatively low dismantling, the volume of production of drugs can be high. Unique from other areas, some of Europe's prevalence rates for the use of drugs are going down. In Britain, the use of mephedrone went from 51% in 2010 to 19.5% in 2011⁴⁶. 31 of the European countries have also put methadone under national control by mid 2013⁴⁷. This area should focus on furthering the EU Early Warning System, which identified 73 new NPS, and creating legislative control over synthetic drugs. Khat, a NPS, is already under national control in both the UK and the Netherlands⁴⁸.

Americas

North America has the largest and most diverse NPS market, with the amount of NPS reported quadrupling between 2010-2013. The United States also has the largest number of

⁴²Ibid.

⁴³Ibid.

⁴⁴Ibid.

⁴⁵Ibid.

⁴⁶Ibid.

⁴⁷Ibid.

⁴⁸Ibid.



methamphetamine labs in the world. Mexico also provides the United states with methamphetamine, however; usage of synthetic drugs are low in Mexico and the rest of Central and South America, where marijuana and cocaine dominate the drug market. In 2011, only 9% of the people treated for drugs were methamphetamine users, while cannabis accounted for 56.7 % and cocaine was 29.1%⁴⁹. The seizure of ATS in this region has fluctuated every year between 90-240 kg in the last 5 years⁵⁰. Ecstasy is the more prevalent synthetic drug used in South America, especially in Brazil which 47% of the seizures for “ecstasy” occurred, and 22% Argentina⁵¹.

⁴⁹Ibid.

⁵⁰Ibid.

⁵¹Ibid.



IV. Questions to Consider

1. One of the main problems is that many of the African states do not have sufficient data on the synthetic drugs in their country, how can this be resolved?
2. Since the trends for synthetic drugs are constantly changing, what are the recent patterns of the drugs? Consider where they are concentrated, what types, new precursors, etc.
3. Are there any regional information or monitoring systems that can be implemented on an international scale or uniquely to a specific area?
4. By looking at the flow of trade of the drugs, what countries must coordinate in order to mitigate the problem of synthetic drugs?
5. What are the demographics and prevalence rates of the use of the synthetic drugs? How can this information be used to better our understanding and create possible solutions?
6. How can doctors and hospitals keep up with the ever-changing ingredients and variety of synthetic drugs?
7. Since synthetic drugs are not geographically limited and can be made anywhere, what are some strategies that can be used to counteract the drug labs?



V. Suggested Sites

<http://www.unodc.org>- United Nations Office on Drugs and Crime

<http://www.who.int/en/> - World Health Organization

<http://www.nytimes.com> - New York Times

http://www.unodc.org/documents/scientific/2014_Global_Synthetic_Drugs_Assessment_web.pdf - Assessment on Global Drug Trade

<http://www.un.org/press/en/2009/gashc3948.doc.htm> - Success in the Drug War

<https://www.unodc.org/southeastasiaandpacific/en/smart.html> - Pacific Drug Trade

http://www.unodc.org/documents/scientific/SMART_A5_4p_WEB.pdf - Synthetic Drug

Monitoring



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