



UN OFFICE ON DRUGS AND CRIME

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DIRECTOR'S LETTER

Dear Delegates,

Welcome to the United Nations Office of Drugs and Crime (UNODC) at PACMUN 2019! My name is Hannah Bahram Pour and I am honored to be serving as your director for this conference. I am a current senior at Woodinville High School, and this will be my fourth time staffing for MUN Northwest and my second time staffing PACMUN. I am lucky enough to be joined by my wonderful Chair Spencer Bispham and my amazing Assistant Director Hannah Walker.

The UNODC is a very unique committee that oversees some of the world's most important issues involving illicit drugs and international crime. Currently the UNODC works on assisting the member states in counteracting organized crime, corruption, criminal justice inequity, drug abuse, terrorism, and more. As a dais, we have selected two very important topics to be discussed: Medical Black Markets and Regulation of Psychotropic Drugs. These two topics are very relevant to the functioning and safety of our society and will be the source of thought-provoking and fruitful debate throughout the conference.

In regards to our first topic, medical black markets are of grave importance as they affect both developed and developing countries alike. As illicit trading systems designed to avoid government regulation, medical black markets continue to grow every year. Many rely on these markets because of financial burden, government overregulation, and more. But nonetheless, these black markets continue to put many in danger. It is imperative to find a solution that addresses economic, health, and moral points.

The second topic, regulation of psychotropic drugs is also of significance because of its commonality and controversy throughout the world. Psychotropic drugs are more common than many may think because many of them are prescribed for mental health purposes. But many are traded illegally, have dangerous side effects, and have been argued to not serve a real medical purpose.

As the topics debated in the UNODC are both complex and intellectually stimulating, we recommend researching your country's stance on these topics past what is included in this guide. If you have any questions, please do not hesitate to reach out to us at unodc@pacificmun.com. Without further ado, it is my privilege to welcome you to the UNODC at PACMUN 2019, I look forward to meeting you all!

Yours Always,

Hannah Bahram Pour

Director | United Nations Office on Drugs and Crime

Pacific Model United Nations 2019



COMMITTEE OVERVIEW

Welcome to the United Nations Office on Drugs and Crime (UNODC) for Pacific Model United Nations 2019. The UNODC was founded in 1997 and works to combat transnational crime, terrorist activity, and issues concerning illicit drugs. The committee accomplishes this by centering their work around three main pillars. The first of these pillars focuses on research to better understand crime and drug issues. By gathering and analyzing this evidence, UNODC can create a well-established basis for new directives and policies. The second pillar is based on technical cooperation field operations that function to give member states the ability to oppose crime, terrorism, and illicit drugs. Finally, the third pillar focuses on helping member states create and implement laws, treaties, and services that would serve to combat crime, terrorism, and drugs. This work is essential to improving global security and the lives of people across the globe.

As these issues are transnational, UNODC stresses the importance of cooperation of member states in combating these problems that affect the world at the international, national, and individual levels. Therefore, delegates should be prepared to collaborate and compromise with other delegates while maintaining the ideologies and values of their own countries. This will be essential to forming effective solutions. Therefore, good research, an open mindset, and creativity will be the keys to success in committee.

To be eligible for awards, delegates must prepare a position paper for each topic. Delegates should write position papers that include a brief description of the topic and its relevance, their country's stance on the topic, past domestic and UN action, and the current state of the issue. Most importantly, the papers should include actionable and specific potential solutions that the delegate hopes to discuss in committee. Each position paper should not exceed a single page in length and should also include a bibliography, although the bibliography is not included in the page limit. **Position papers must be submitted by November 10th, 2019 at 11:59 PM PST to the committee's email address: unodc@pacificmun.com.**



TOPIC A

Medical Black Markets

TOPIC INTRODUCTION

As the global dependency on technology has increased, so has the rate of drug abuse worldwide. The Internet has made it easier than ever for large and small scale drug operations to work through medical black markets, both online and in real life. These markets contribute to not only the sale and distribution of illegal drugs, but prescription drugs as well. Countries in Europe and the Americas have seen particularly large increases in the abuse of prescription painkillers, such as oxycodone and codeine. These drugs, among others, have contributed to the spread of HIV/AIDS, hepatitis, and cancer all over the world. In attempts to cut off medical black markets, many countries have tightened security and increased legal penalties for drug-related crimes. These blunt-force tactics have seen little success, and it is now imperative that the UNODC finds a solution that will do more than imprison the world's population.

When creating such a solution, it is important to consider the factors that allow medical black markets to exist. Delegates need to consider conditions specific to their countries that promote drug use, such as poverty, organized crime, and financial stability. According to the latest available UNODC report, about 5.3% of the world's population uses drugs, which means that medical black market operators have more potential customers than ever before. In order to save the lives of millions of citizens, countries in the UNODC must be prepared to work together to create a solution that will end the illegal medical black markets' circulation of narcotics.

HISTORY

Black markets first began to gain popularity during World War II in Great Britain; the activities of the German U-boats in the Atlantic made it difficult for trading and large amounts of food to flow into the country. The British government had no choice but to implement food rationing to prevent hunger, but the government never rationed items like cigarettes and

alcohol because they were in such short supply. The desire for these luxury items is what introduced the concept of black markets to the western world.

Over many years, black markets have continued to increase in demand, with medical black markets now becoming a multibillion dollar industry. Throughout history, the popularity of these underground economies have fluctuated depending on inflation rates and restrictions imposed by the government. For example, the United States saw little to no black markets until Prohibition from 1920-1933, restricting the sale of alcohol. During Prohibition, black markets for alcohol flourished all across the United States.

In the 1900s, organ harvesting and medicine was first introduced to the black market, creating the first medical black market. Today, organs have become one of the most expensive items sold on the medical black market. Organ donation first became possible in the 1950s as a result of the work of Dr. Joseph Murray; making organs in high demand. It is estimated that nearly eighteen people die every day while waiting for an organ from registered donors. Unfortunately, selling organs on the black market leaves room for many illegal and harmful ways for those organs to be obtained.

Medicine is also commonly sold on the medical black market. The biggest health issue with medicine on the black market is that most of it is counterfeit. In recent years, counterfeit medicine has put many in harm's way. It wasn't until 2013 that the World Health Organization (WHO) began to collect data to surveil the effects of counterfeit drugs, they found that in 2014 and 2015 over a thousand people were hospitalized in the Democratic Republic of the Congo for consuming counterfeit medicine. Medical black markets continue to be a critical issue worldwide as it affects many in both developed and developing countries.

PAST UN ACTION

A variety of United Nations committees and intergovernmental organizations have attempted to shut down or mitigate the effects of medical black markets. The International Narcotics Control Board was founded in 1961 as a combination of the Permanent Central Narcotics Board and the Drug Supervisory Board. This independent board works alongside the United Nations, specifically the World Health Organization (WHO), to end the illegal trafficking of medicine in the black market.

In particular, the WHO has had a strong focus on working against the illegal trafficking of organs in the medical black market. After completing a study conducted on issues with organ and tissue transplant, the WHO published resolution WHA57.18. The purpose of this resolution was to, “take measures to protect the poorest and vulnerable groups from “transplant tourism” and the sale of tissues and organs”, where “transplant tourism” refers to the practice where the rich visit less developed countries in order to find a possible organ donor. This resolution succeed in its mission of laying down a standard and outline to stop the trafficking of vital organs.

The WHO continued to work on organ trafficking in medical black markets after the publishing of WHA57.18 by initiating the Clinical Procedure Unit of the WHO's Department of Essential Health Technologies. This unit worked on gathering information on the international organ trade and synthesizing it to create multiple strategies to unsuccessfully stop the organ trade. Additionally, the unit works to standardize medical practice and procedures concerning organ transplants and transportation.

In greater relation to the falsified medicine commonly traded on the medical black market, the UNODC launched the “Guide to Good Legislative Practices on Combating Falsified Medical Product-Related Crime”. This project was launched at the 28th Commission on Crime Prevention and Criminal Justice to stop organized crime surrounding the transfer of falsified medical products on the black market. The purpose of the project was to recognize the “weak and inconsistent” regulations that currently surround the medical black market among different nations.

All these past UN actions target only the individual aspects of medical black markets. Today, the UN still lacks an approach that targets medical black markets as a whole or the roots of these black markets to prevent their proliferation.

CURRENT SITUATION

Medical black markets are increasing in popularity, and fully developed countries are largely contributing to this issue. In 2018, BBC reported that there were over 200 million Euros worth of prescription drugs in circulation in the UK alone, all of which were stolen or resold from certified doctors. Sedative drugs, specifically variants of sleeping pills and benzodiazepines, were what was and continues to entice customers. Many delegates may also

be familiar with the opioid epidemic in the United States; the country has been facing widespread addiction since the mid-2000s. More than 133,000 people have overdosed on painkillers like oxycontin, hydrocodone, codeine, morphine, and others. To further complicate things, these drugs and others have started to become laced with fentanyl, a synthetic opioid that is nearly 100 times stronger than morphine and deadly in small amounts. Marijuana has also become particularly of interest; even after being legalized in November 2016, the illegal sales of the drug are remarkably high.

Large pharmaceutical companies, notoriously in the United States, sometimes charge large prices for many everyday medications. As an example, a vial of insulin costs on average \$30 USD in Canada, while almost \$230 USD in the US. This pushes Americans to look for cheaper alternatives for prescribed medication and even forces some to emigrate. The increase of the price of prescription drugs plagues many nations in Latin America, Africa, and Asia as well.

There are many reasons people buy drugs from black markets. Some are looking to manage their pain for less money, which is what leads to theft from medical professionals. Others are fueling addictions or looking for a more intense high, both of which are caused by larger issues. Because of this, countries look at not only their crime, poverty, and addiction statistics but also the way the governments' relationships with big businesses, their health/mental care, and their education in order to cut down on the sales of illegal prescription drugs. In the US, the House of Representatives have introduced the Bipartisan Opioids and Heroin Task Force in order to hold large pharmaceutical companies accountable, but a solid result has yet to be seen that applies all around the world.

CASE STUDIES

CASE STUDY 1: NEPAL AND INDIA

Nepal, a country with no health insurance system and an aging population, has been facing an epidemic of organ disease for years. In highest demand are kidneys. The need for kidneys demand the black market attempts to meet, illicitly obtaining around 7,000 kidneys each year. Every year this illegal trade obtains profits between 514 million and 1 billion dollars. Kavre is a small Nepalese district that has been named as the “ground zero” for black market organ trade and is even referred to as the “kidney bank of

Nepal.” In most cases, it is poverty that leads a person to illegally give away their kidney in Kavre as the organ traffickers typically promise a large sum of money in return. However, this payment rarely gets paid in full. A lack of awareness, knowledge, and education also makes these people easy targets for organ traffickers.

In many cases, the kidney transplants are often performed across the border in India where there are bigger hospitals, more doctors, and a similarly high demand for kidneys. With open borders and no travel restrictions, the process is fairly easy for traffickers. The Indian hospitals also accept Nepalese documents and with easy access forged documents, the organ traffickers have been able to take advantage of this system for many years.

The Nepalese police are having a difficult time putting an end to this illegal trade due to frequent movement of trafficking rings and the continued expansion of organized crime surrounding organ trafficking. There is a powerful financial incentive to become involved in the organ trade, as for many young men, it promises a large profit in rural areas where other jobs may be hard to come by and have limited pay. Another obstacle in finding a solution to this issue is that social stigmas and threats from traffickers may scare victims of this crime from speaking up.

CASE STUDY 2: VENEZUELA

The nation of Venezuela is facing an 85 percent shortage of medicine as their entire health care system is on the brink of collapse. Hospitals lack necessary supplies, even basic necessities like gloves, and doctors have been fleeing the country by the thousands in search of better opportunities. This shortage has resulted in Venezuelans searching the black market for their needed medications. Often these medicines are smuggled from Colombia or Brazil and are often expired and extremely expensive.

This crisis has also led to the creation of “medical flea markets” where medications are often sold by vendors alongside fruits and vegetables. Venezuelans come to these markets searching for anything from antibiotics to contraceptives to anticonvulsants. These drugs pose health risks as they have not been maintained at the proper temperatures and their packaging are typically damaged and dirty. Still, many Venezuelans believe these black market medications to be their only option. The Venezuelan government has been refusing to accept any kind of humanitarian aid. They even have blocked shipments of donated medical supplies and drugs.

In this case, the demand for medical black markets is largely fueled by a lack of supply of medication, which increases the normally moderate demand. The inconsistency in being able to obtain medication also promotes hoarding, as Venezuelans are uncertain of when they will be able to access their medication again. This further decreases supply, increasing demand, and creating a vicious cycle of price inflation and making the counterfeit and trafficked medication industry an extremely lucrative one.

BLOC POSITIONS

North American and European Bloc: Australia, Austria, Belarus, Bulgaria, Canada, Finland, France, Germany, Greece, Italy, Portugal, Russia, Spain, United Kingdom, United States

Compared to other regions, Europe and North America have not been as heavily impacted by medical black markets due to better health regulation in most nations. That being said, there are still a few cases of pharmaceutical black markets as well as illegal organ trading seen throughout the regions, largely in rural or developing areas. Some people in these countries have been forced to turn to the black market for prescription medicines as the prices of these drugs increase to unaffordable levels. Facebook and other social media sites are often utilized within these markets as users will make desperate posts offering to trade drugs to get their needed medication. Additionally, organ trafficking has slowly been on the rise in Europe as some Europeans in countries like Spain, Italy, Greece, and Russia opt to illegally sell their kidneys or bone marrow in the face of poverty, making poverty the main driver of medical black markets.

Latin American Bloc: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Ecuador, Guatemala, Mexico, Venezuela

The most pressing issue regarding medical black markets in Latin America is the growing prevalence of markets selling counterfeit and/or stolen drugs. According to the Pharmaceutical Security Institute, the Latin American region ranks second in the world for the highest prevalence of counterfeit drugs, which also grows black markets in general. In nations such as Mexico, there have been increases in robberies from pharmacies and hospitals in order to supply these growing black markets. This region continues to face struggles against drug trafficking, cartels, and organized crime, which has allowed black markets to continue to expand. In many

cases, such as that of Venezuela, a lack of effective government action also enables the continuation of such markets as people are forced to turn to the black market out of either financial need or unavailability of their medications.

African Bloc: Algeria, Egypt, Eritrea, Ethiopia, Kenya, Morocco, Senegal, South Africa

Less than two percent of drugs consumed within African countries are produced within the continent. Additionally, the majority of Africans are not able to access locally-produced medications and are often unable to afford imported drugs. African public health facilities are facing chronic shortages of many necessary medications and other resources. This scarce availability and the expensive cost of drugs has led to the development of medical black markets across the African continent. INTERPOL has called Africa the heart of “the biggest black market in the world.” Between 2013 and 2017, 42% of the reports of falsified medications received by WHO came from Sub-Saharan Africa. With the continuance of poverty and inadequate health care systems and governance, Africa has not seen much improvement regarding these black markets, and likely will not until these core issues are tackled.

Asian and Middle Eastern Bloc: Afghanistan, China, DPRK, India, Indonesia, Iran, Iraq, Japan, Malaysia, Myanmar, Nepal, Philippines, Singapore, Thailand, Turkey, UAE

Illegal organ trade has been on the rise across many Asian and Middle Eastern countries such as China, Nepal, Iraq, and India. Many of these nations face a huge shortage of donor organs. For example, China's donor rates are among the lowest in the world at 0.6 donations per one million people. On the other hand, demand for donor organs continues to rise across the Asian and Middle Eastern regions. This growing demand has resulted in thriving black markets for organ trade. These black markets are fueled by poor people desperate to make money along with sick people desperate to find a healthy organ. Many of these countries lack either law enforcement or the laws and regulations needed to make progress towards ending these illegal organ trades. The continuing prevalence of poverty as well as the shortage of organs also allow the black markets to continue to flourish.

GUIDING QUESTIONS

1. What contributes to the success (or lack of) to your countries medical black markets?
2. Does your government play a role in reducing prescription drug abuse?
3. Does your country believe it is important for corporations to have some responsibility for their medications being resold? If so, what should their role be?
4. Has your country passed legislation against medical black markets?
5. Do your countries' law enforcement agencies help combat markets? Is their work effectively?

FURTHER RESEARCH

1. This link goes to a PDF published by the UNODC titled, "Confronting unintended consequences: Drug Control and the Criminal Black Market". This document goes over what causes people to use medical black markets and possible dangers of the market; it then goes into solutions that are applicable for all countries.
[HTTPS://WWW.UNODC.ORG/DOCUMENTS/WDR/WDR_2009/WDR2009_2.1.PDF](https://www.unodc.org/documents/wdr/wdr_2009/wdr2009_2.1.pdf)
2. This website goes to an article published by the United Nations that focuses on the counterfeit medicine sold in medical black markets. The article also goes to describe how counterfeit medicine affects different regions of the world.
[HTTPS://NEWS.UN.ORG/EN/STORY/2006/11/199652-UN-HEALTH-AGENCY-STEPS-WAR-MULTI-BILLION-DOLLAR-COUNTERFEIT-MEDICINE-MARKET](https://news.un.org/en/story/2006/11/199652-un-health-agency-steps-war-multi-billion-dollar-counterfeit-medicine-market)
3. This link goes to a podcast and article that describes the byproduct left behind by fraudulent medicine that is sold in black markets. The podcast and article are produced by the World Health Organization (WHO) and address how fraudulent medicine affects all regions while also including viable and recent statistics.
[HTTPS://WWW.NPR.ORG/SECTIONS/GOATSANDSODA/2017/11/29/567229552/BAD-DRUGS-ARE-A-MAJOR-GLOBAL-PROBLEM-WHO-REPORTS](https://www.npr.org/sections/goatsandsoda/2017/11/29/567229552/bad-drugs-are-a-major-global-problem-who-reports)

4. Another important aspect of medical black markets is the organ trade. This link goes to an extensive PDF that describes the origins of the organ trade and lead up to where the organ trade has arrived now. This PDF also includes the WHO's standards for what qualifies as safe and justifiable organ transplant.

[HTTPS://WWW.AJKD.ORG/ARTICLE/S0272-6386\(09\)01177-9/PDF](https://www.ajkd.org/article/S0272-6386(09)01177-9/PDF)

5. This link investigates the selling of healthcare information on the medical black market in all the different regions of the world. The article goes to predict the rise of spreading healthcare information and how it will affect those in both developed and developing countries.

[HTTPS://WWW.PRNEWswire.COM/NEWS-RELEASES/BIG-DATA-ANALYTICS-IN-HEALTHCARE-MARKET-WORTH-67-82-BN-BY-2025-AT-19-1-CAGR-SAYS-AMR-892512681.HTML](https://www.prnewswire.com/news-releases/big-data-analytics-in-healthcare-market-worth-67-82-bn-by-2025-at-19-1-cagr-says-amr-892512681.html)

TOPIC B

Regulation of Psychotropic Drugs

TOPIC INTRODUCTION

Psychotropic drugs are defined as drugs that affect a person's emotions, mind, and behavior. These medicines alter the chemical levels of the brain which results in a change in emotions and behavior. There are many forms of psychotropic drugs and they vary in legality throughout the world. The most common forms of psychotropic drugs are typically the medicines used to treat mental illness, ADHD, anxiety, and more. These include Xanax, Adderall, Prozac, and pain relievers, among many other prescription medications. These medications can typically be classified as antidepressants, anti-anxiety medications, stimulants, antipsychotics, pain relievers, and mood stabilizers. Each of these drugs affect people in different ways and each has a multitude of possible side effects such as fatigue, trouble sleeping, cardiac problems, and more.

Prescribed psychotropic drugs are meant to manage and minimize the symptoms of mental illness, but they can easily become dangerous. Some of these medications have high abuse potential and people can easily become addicted. When misused, especially by people not prescribed these medications, psychotropic drugs can have extremely negative effects. In recent years, the misuse of psychotropic drugs has become increasingly

more prevalent and widespread, with dire consequences. Therefore, it has become necessary to reach global consensus on how these drugs should be regulated. Legality of and access to psychotropic drugs varies widely throughout the world, so open discussion and compromise will be vital to finding a solution to this pressing issue.

HISTORY

Psychotropic drugs have been used for hundreds of purposes since the 1300s. The Aztecs originally used psychotropic drugs such as peyote in order to communicate with spirits in times of need. The Aztecs of Pre-Columbian Mexico believed in the great power of the cactus and the “magical” hallucinations that it would induce. To this day, peyote continues to hold a significant meaning to indigenous cultures. In the 1990 United States Supreme Court decision of *Employment Division v. Smith* 494 U.S. 872, the Native American Church preserved their right to use peyote in their religious ceremonies.

Today, psychotropic drugs are more commonly used for treatment for those with mental illnesses. The use of psychotropic drugs to treat the mentally ill began in 1937 with the discovery of antihistamines by Daniel Bovet. Antihistamines were a key part of psychotropic drugs for their symptoms (such as drowsiness and fatigue), causing a revolution in the care and treatment of mental illnesses such as depression, schizophrenia, and more.

It wasn't until the late 1950s that the first antidepressants were put on the market for day-to-day use. For many, the release of these antidepressants controlled the damaging symptoms and allowed them to lead a normal life. This eventually caused the rise of psychiatric treatment through psychotropic drugs in the 60s.

Many continue to use psychotropic drugs today in order to treat mental illnesses, for recreational purposes, or religious purposes. However, when not used correctly or regulated, psychotropic drugs can be a danger to the user and those around them. These dangers can range from increasing the risk of suicide, mania, hallucinations, heart attacks, and more.



PAST UN ACTION

The UNODC and the United Nations itself have addressed the topic of regulation on psychotropic drugs for many years. The UN's overall work towards regulation is centered around three international drug control conventions.

The first action towards regulation of drugs was the Single Convention on Narcotic Drugs in 1961. Although this convention didn't directly apply to psychotropic substances, it was nonetheless a large step towards regulation of psychotropic drugs. Through international coordination, this convention achieved its means of introducing the world to the necessity of controlling illicit trafficking of drugs. The convention was also successful by expanding the definition of what drugs need to be controlled by the UN. Before the convention only opium, morphine, cocaine, heroin, and surprisingly, coca (a plant that can be processed into cocaine) were internationally controlled. But after the convention, the regulation of drugs also expanded to psychotropic drugs, specifically marijuana. However, it failed in differentiating between the addictiveness and potential for harm of the drugs and lacked delineation between which classes of drugs were more important to monitor than others.

Additionally, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances in 1988 worked towards addressing the issues of recreational demands of drugs. It came into force just as demand for drugs for recreational use soared, creating a million-dollar business of illicit drug trafficking. The convention largely condemned the prohibition established in the 1961 convention, claiming prohibition led to the increase of recreational usage of narcotic and psychotropic substances. But most countries later chose to repeal this statement in 2003, making this convention the least impactful today.

But despite these resolutions, the United Nations' most well-known and powerful work towards the regulation of psychotropic drugs is the Convention on Psychotropic Substances in Vienna in 1971. This convention established international drug control for psychotropic drugs. This convention was also the first to discuss how the use of psychotropic substances can lead to lower morale within communities. Overall, this convention's main focus was on limiting the use of psychotropic drugs to medical and scientific purposes only and prohibiting recreational use.

The topics discussed in these conventions are still relevant today as the world considers often-controversial attempts to regulate recreational psychotropic drug use.

CURRENT SITUATION

Scientists have linked social media, the news, and even air pollution as causes of mental illness, and as the world population continues to expand the numbers of those afflicted grow as well. The tactics used to treat conditions like bipolar disorder, depression, and anxiety used to be ineffective, but now the effects of common cures are under examination as well. Psychotropic drugs have become increasingly popular in the medical world, and in each respective government, the debate rages on how much, if at all, they should be used.

Psychotropic drugs work by altering the brain's chemical activity, forcing it to behave abnormally to achieve the desired effect. Xanax, for example, is one of the more common drugs used to treat anxiety. It works by slowing down memory, breathing, emotions, and logical thought and increases the amount of gamma-Aminobutyric acid in the brain. There are many other drugs that perform similarly, and some that alter other areas of the brain as well.

The reason why so many people are hesitant to make medication more available is the side effects. Again, citing Xanax, its effects take hold within 30 minutes and it is known to cause withdrawal from regular users and drowsiness. Other drugs have different downsides, including dizziness, fatigue, restless leg syndrome, abnormal dreams, epilepsy, and delirium. The United States has been struggling with mass shootings since Columbine High School in 1999, and recently there has been a claim that psychotropic medications are to blame. A report by the American Psychiatric Association says that "There is no instrument that is specifically useful or validated for identifying potential school shooters or mass murderers", but also that at least 27 international regulatory agencies have been advised to be cautious of mania, violence, and other behaviors when administering medication.

Other countries also face a variety of issues. For example, in China, e-retailers are known to sell fake over-the-counter drugs online. This can cause serious problems for those who actually need the medication. In recent news, a bill has been submitted which would force virtual sellers to abide by the same laws as local retailers. It also says that drugs such as vaccines, narcotics,

and psychotropic drugs cannot be sold online. In a country with rigorous educational and societal standards, this unique approach to psychotropic drugs is claimed to be necessary by the Chinese government. But to this day there is no solution that addresses all the unique issues faced by individual governments, that can also apply worldwide.

CASE STUDIES

CASE STUDY 1: PORTUGAL

The Portuguese drug crisis developed alarmingly quickly. In 1974, the country opened to the world following 40 years of authoritarian rule, and readily embraced new markets. As a result, drugs quickly entered the country as heroin smuggled from India and Pakistan found its way across Portuguese borders. The newly independent nation was not prepared to and did not have the means to control the influx of heroin and lacked an understanding of the risks these drugs posed.

By the 1990s, Portugal faced a nationwide heroin crisis that affected citizens of all classes. One out of every 100 Portuguese were addicted to heroin and the country had the highest rate of HIV in the European Union. Initially, the Portuguese government enacted harsh legal policies and by the end of the decade, the nation's prisons had accumulated a large number of heroin-addicted inmates. However, in 2001, Portugal changed their approach and became the first nation in the world to decriminalize the consumption of any and all drugs.

Since this decision, overall drug use among 15 to 24-year olds in Portugal has dropped significantly. The rate of deaths resulting from drug use is now five times lower than the average in the European Union. Additionally, Portugal's HIV rate of infection in 2015 was 4.2 new cases per million- a sharp decrease from 2000's 104.2 new cases per million. There are three guidelines that make up Portugal's drug policy; the first being there is no such thing as a hard or a soft drug. Instead they categorize drug use as a healthy relationship with drugs or an unhealthy relationship with drugs. Secondly, a person's unhealthy relationship with drugs is often an indicator of unhealthy relationships with others, the world, or themselves. The final belief is that the complete eradication of drugs is an unattainable goal. While drug dealers are still sent to prison, if someone in Portugal is discovered to have less than a

ten-day supply of any drug, they are sent to a local commission. There, they are educated on treatment options and available medical services. The government is also considering the idea of opening supervised injection sites in cities like Lisbon.

CASE STUDY 2: THE UNITED STATES

Antidepressants are one of the most prescribed medications in the United States of America. In the US, over 11% of people over the age of 12 take some form of antidepressant. As the prescription of these drugs becomes increasingly common, both addiction to and dependence on antidepressants have become problematic for many Americans. In recent years, long-term use of antidepressants has become overwhelming, as almost 16 million Americans have been using their prescribed antidepressants for five years or more. This rate is more than three times what it was in 2000. Antidepressants were originally intended for short-term use, six to nine months at the most. Therefore, now that people have been taking these drugs for years, some unforeseen consequences have emerged.

Antidepressants are not typically addictive drugs in the way that other drugs like opioids are, so many patients are not warned or concerned about withdrawal symptoms. However, many of these long-term users of antidepressants have reported dizziness, fatigue, and other withdrawal symptoms upon trying to quit. In a recent survey of 250 users, around half said that they were unable to quit taking their medication due to these symptoms.

This issue has brought attention to the regulations surrounding the prescription of antidepressants and other prescription psychotropic drugs in the United States. Upon approval, a drug can be prescribed as a physician deems fit. Many people are put on antidepressants in a brief primary care visit, despite not presenting with clear symptoms of clinical depression. If the drug appears to have even a slight impact, patients and doctors are often reluctant to stop the prescription. Additionally, less than one third of Americans on antidepressants have had an appointment or a visit with a mental health professional. Without consistent monitoring or updates to prescriptions, it is much more likely that an issue of dependence or addiction to antidepressants could arise.



BLOC POSITIONS

High Use of Psychotropic Drugs: Australia, Austria, Belarus, Bulgaria, Canada, China, Finland, France, Germany, Greece, Italy, Japan, Portugal, Russia, South Africa, Spain, UAE, United Kingdom, United States

The majority of the nations in this bloc have highly developed economies, governments, and legal systems. These countries also typically have some form of healthcare and pharmaceutical system developed. Therefore, they have the finances and resources that make prescription psychotropic drug use much more common and readily available. However, the continued prevalence of mental health conditions in people in these countries, especially younger people, is cause for alarm. One out of every five Americans with a mental health condition report having an unmet need regarding their issues, which can result in self-medication to manage symptoms. On a related note, the healthcare systems in these countries are not always effectively making use of psychotropic drugs. Often times these medications are over-prescribed or patients are not fully aware of the effects of the drugs, causing abuse of these prescription drugs to become more prevalent. This raises the question of how the nations in this bloc can utilize their plethora of medical and financial resources to better regulate psychotropic drugs both in their own countries and around the world.

Countries with Minimal Access to Psychotropic Drugs: Afghanistan, Algeria, Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, DPRK, Ecuador, Egypt, Eritrea, Ethiopia, Guatemala, India, Indonesia, Iran, Iraq, Kenya, Malaysia, Mexico, Morocco, Myanmar, Nepal, Philippines, Senegal, Singapore, Thailand, Turkey, Venezuela

In comparison to the other bloc, these nations do not typically have the resources for established psychotropic drug regulation. In the majority of developing nations, there is a severe lack of mental health care, including regulated access to needed prescription medication. The reason for this issue varies country to country but is often the result of lack of coherent policy, poor health-care infrastructure, governmental corruption, or monetary constraints. A major concern for these nations is increasing the reliability, safety, and consistency of access to psychotropic drugs in order to improve mental health care but to also regulate how these psychotropic drugs are being utilized within their countries once access becomes reliable for hospitals and patients.

GUIDING QUESTIONS

1. How big of an impact will the regulation of psychotropic drugs have on your country?
2. Are there specific populations in your country who should be prioritized in receiving these drugs?
3. Are there specific groups that should not be allowed access to this medicine?
4. Is there any piece of legislature in your country that prevents people from abusing these drugs?
5. Do parts of your country's society promote the usage of psychotropic medication?

FURTHER RESEARCH

1. This link lists all the different psychotropic drugs that are prescribed day by day. This is to help understand how common psychotropic drugs can be and the different purposes they may serve.
https://www.healthpartners.com/ucm/groups/public/@HP/@PUBLIC/DOCUMENTS/DOCUMENTS/ENTRY_194823.PDF
2. This link is a descriptive source that begins with the history of psychotropic drugs and the different purposes they serve. The source then goes on to describe all the different subtopics under psychotropic drugs. This link is especially helpful to any delegate looking for a rundown on what psychotropics are and how they affect people.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690138/>
3. This article published by the Citizens Commission on Human Rights goes into the negative side effects of psychotropic drugs when abused. The article may appear brief but it is an effective summary of the negative effects of those medicines.
<https://www.cchr.org/quick-facts/psychiatric-drugs-side-effects.html>
4. This article goes into even more extensive detail on the side effects of psychotropic drugs, such as a variety of expert testimonies. The article also includes statistics about deaths occurring from psychotropic drugs.

[HTTPS://WWW.THEGUARDIAN.COM/SOCIETY/2015/MAY/12/PSYCHIATRIC-DRUGS-MORE-HARM-THAN-GOOD-EXPERT](https://www.theguardian.com/society/2015/may/12/psychiatric-drugs-more-harm-than-good-expert)

5. This link is from the World Health Organization (WHO) and it lists all the different psychotropic substances that are under international control. The link also has a variety of options that will take delegates to documents and resolutions from the United Nations Convention on Psychotropic Drugs.

[HTTPS://WWW.WHO.INT/MEDICINES/AREAS/QUALITY SAFETY/SUB UNDER INT CONTROL/EN/](https://www.who.int/medicines/areas/quality_safety/sub_under_int_control/en/)

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