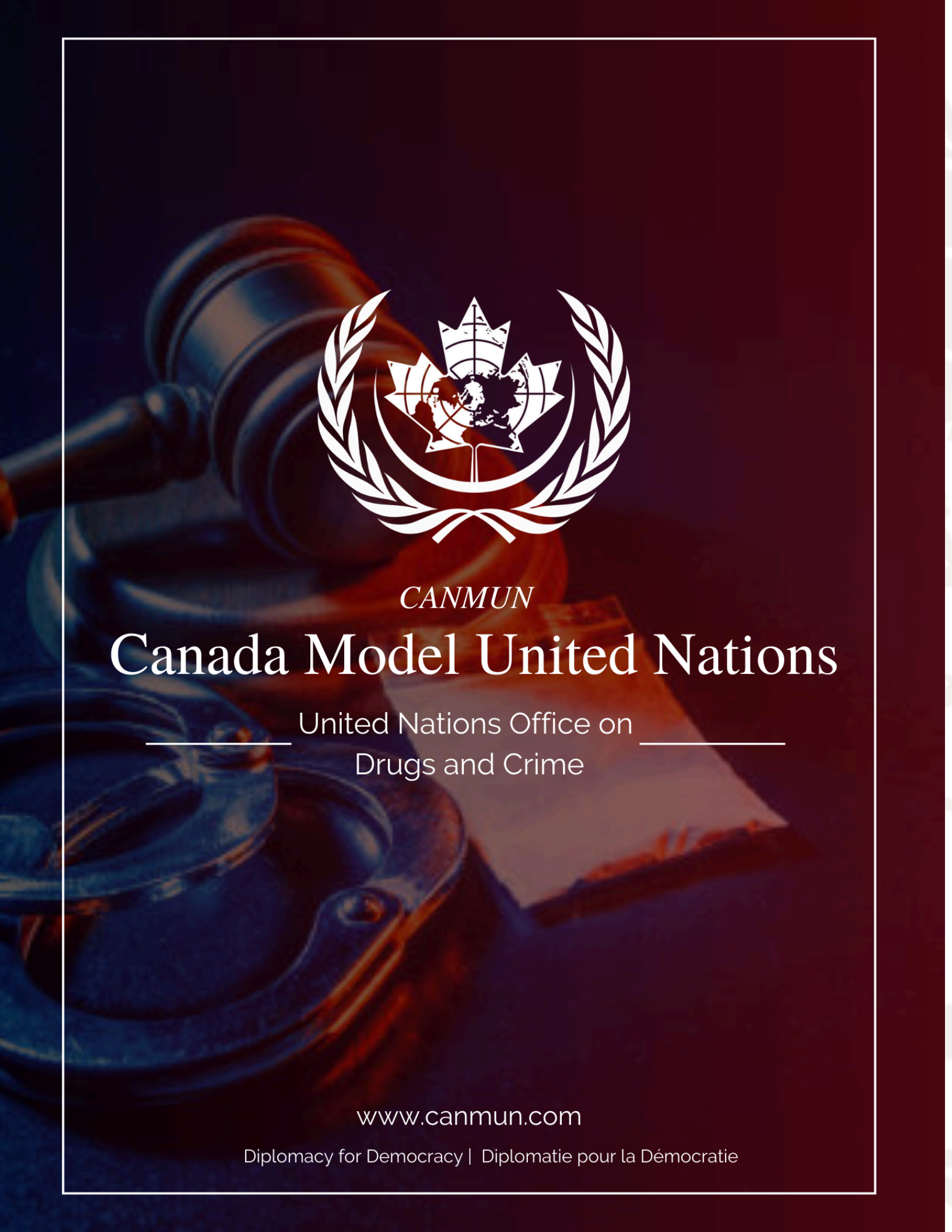

CANMUN

Canada Model United Nations

United Nations Office on Drugs and Crime

www.canmun.com

Diplomacy for Democracy | Diplomatie pour la Démocratie

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CANMUN Code of Conduct

Introduction

The conduct of attending delegates at the 2024 Canadian Model United Nations (hereby referred to as "CANMUN 2024" or "the conference") reflects on their institution and the conference. To ensure a safe, professional and fun conference for all those in attendance, including but not limited to delegates, faculty advisors, conference staff and hotel staff, the following Code of Conduct has been formulated. Please ensure that you thoroughly read through this document, as all attendees are expected to abide by these policies during the duration of the conference (including but not limited to committee sessions, conference socials, committee breaks, and the opening and closing ceremonies) and, by extension, during any events or activities organized in the context of the conference. All delegates have indicated their acceptance of, and agreement to abide by, the terms of the Code of Conduct in their completion of registration at CANMUN 2024.

Harassment and Discrimination

1. All conference participants are expected to be respectful of each other. Harassment of any form will not be tolerated, which includes, but is not limited to, discrimination based on ethnicity, national origin, race, colour, religion, age, mental and physical disability, socio-economic status, gender identity, gender expression, sex and sexual orientation.
2. Harassment and Discrimination through any medium must be refrained from by participants, which includes but is not limited to:
    a. In-person harassment, such as speech, gestures, sounds, phrases, touching etc.,
    b. Digital mediums such as social media, text messages, email, phone calls, etc.,
    c. Written mediums such as notes, written speeches, directives, etc.,
3. The secretariat of CANMUN 2024 reserves the right to determine what constitutes bullying and other inappropriate behaviour towards any individual and/or group.
4. The engagement of behaviour that constitutes physical violence and/or the threat of violence against any individual and/or group, including sexual violence and harassment is strictly forbidden, and may include, but is not limited to, the following:
    a. Indecent and/or unwelcome suggestive comments about one's appearance,
    b. Nonconsensual sexual contact and/or behaviour among individuals or a group of individuals,
    c. The sexual contact or behaviour between delegates and staff is strictly forbidden;
5. Cultural appropriation is prohibited. This includes, but is not limited to, attire, accents, etc. that belong to a certain cultural, religious, or ethnic community.
6. Reported actions of harassment will thoroughly be investigated and the Secretariat reserves the right to take action (if deemed necessary).

Responsibilities and Liabilities

1. The valuables and possessions of delegates, and the safeguarding thereof, falls under the responsibility of the delegates. Neither Sheraton Centre Toronto Hotel nor CANMUN 2024 and its staff shall be held liable for losses arising due to theft or negligence.
2. Delegates are responsible for the damages they cause to Sheraton Centre Toronto Hotel or its property, the possessions of other delegates, staff, faculty advisors, or other hotel guests.
3. CANMUN 2024, Sheraton Centre Toronto Hotel, and their respective staffs, shall not be liable towards any injury to persons, or damages or losses to property that may occur during the conference or due to a failure to comply to the rules governing said conference, including but not limited to, this Code of Conduct, Hotel rules and applicable laws, statutes and regulations.
4. Delegates are expected to present Conference identification upon request to Hotel and Conference staff.
5. Delegates must abide by Hotel rules while on Hotel premises. In particular, delegates are to refrain from the harassment of Hotel staff and other guests.

Abiding to the Laws of the City of Toronto, Province of Ontario, and Canada

1. Delegates, staff and other participants are required to abide by Ontario and Canadian laws, as well as Toronto by-laws at all times. Of particular note are laws referring to:
    a. Theft;
    b. Sexual Violence;
    c. Possession of firearms and other weapons;
    d. Trafficking and use of illegal drugs;
    e. Public disturbances or nuisance alarms, ex. The triggering of an alarm when an emergency does not exist;
2. The legal drinking age in Ontario is 19 years of age. All participants found engaging in illegal activities may be expelled from the Conference and held criminally liable, regardless of legal drinking age of the delegate's residence.
3. All conference venues are non-smoking facilities (including cigarettes, e-cigarettes, and vapes).

Dress Code

1. All participants of CANMUN 2024 are expected to wear western business attire. Delegates, staff and other participants not maintaining an appropriate standard of dress will be asked to change their clothing to fit the dress code. If you need any exceptions to be made, or have questions about the dress code, please contact the Equity team via email, canmunequity@gmail.com.

Illness Policy

1. In light of the recent pandemic, we ask that delegates displaying symptoms of COVID-19, RSV, the Flu, or any other infectious illness to stay home, as to maintain the wellbeing and health of delegates, staff and guests.
2. In the event that you have recently (within one week of the first day of the conference) been in close contact with a positive case of COVID-19 and are not displaying COVID-19 symptoms, please use a rapid test and self-monitor for symptoms before and during the conference.

3. If at any time during the conference you begin to experience symptoms of any illness or feel unwell, **please inform your faculty advisor or a staff member, utilise personal protective gear (such as wearing a mask), and use a rapid test where possible.**
4. If you feel that your wellbeing is threatened/if you are concerned or uncomfortable, please inform a staff member or contact the Equity team via email, canmunequity@gmail.com.
5. CANMUN 2024 nor its agents accept responsibility for the effects of any illness contracted during the conference. Ultimately, it is the responsibility of the individual to monitor the health and wellbeing of themselves, despite the measures put in place.

2SLGBTQIA+ Protection Policy

1. Any homophobia and/or transphobia will not be tolerated. This includes purposeful misgendering, discrimination, outing and/or use of transphobic /homophobic hate speech. All delegates are expected to treat other delegates with respect and refer to them with their preferred pronouns. If you personally feel uncomfortable as a result of the listed events above or due to similar events, please let us know in the form below.

How to Report

If you have a violation of the Code of Conduct to report, here are the following resources/procedures you can use to get in contact with a committee staff/secretariat member.

1. Communicate with a staff member responsible for you/your delegate's committee. They can be contacted via email.
2. Email the equity team at canmunequity@gmail.com. The equity team will get back to delegates in 1-3 business days for concerns before the event takes place, and will respond to delegates on the day of receipt during the conference.

Additionally, if you have any questions about the code of conduct before or during the conference, please email canmunequity@gmail.com. The Secretariat reserves the right to discipline attendees for not adhering to/violating any of the above stipulations. Disciplinary measures include, but are not limited to, suspension or expulsion from committee, removal from the conference/conference venue, disqualification from awards and/or disqualification from future events.

Director's Letter

Most Esteemed Delegates,

It is with great pleasure and excitement that I welcome you to CANMUN 2024! My name is Yuqing Zhou (she/her), and I am ecstatic to be serving as your director for the United Nations Office on Drugs and Crime (UNODC) online committee.

I live in Montreal, Quebec, Canada (so yes, I speak French fluently!). I started MUN a few years ago, and immediately fell in love with it after my debut as a Specialized Agency delegate at SSUNS 2021. I love debating as much as socializing during conferences. When I'm not spending my weekend doing a MUN conference, you can find me practicing the piano since I'm also a part-time student at Conservatoire de musique de Montréal, preparing for concerts, doing chemistry homework, trying not to fall asleep in class, and consuming caffeine ;)

I would like to remind you that a friendly and diplomatic ambiance is expected during conference sessions as well as during breaks. The dais and the CANMUN secretariat team reiterate that delegates should treat each other with respect in order to create an equitable environment. Moreover, the topics that this committee will be covering include drug abuse and illicit drug use. If you or someone else feels uncomfortable talking about this subject at any time during the conference, please reach out to me or to the secretariat team. If you or someone around you need help regarding mental health or drug consumption, please seek help from a professional.

I sincerely hope you will enjoy this committee and learn something new after the conference. I'm looking forward to seeing you all online!

Sincerely,

Yuqing Zhou

Introduction

The United Nations Office on Drugs and Crime (UNODC) is a United Nations office that aims to establish concrete measures and networks to target the trafficking and abuse of illicit drugs and to address global issues such as crime prevention, international terrorism, and political corruption. For over 2 decades, the UNODC has been promoting transnational programmes that encourage global collaboration to tackle the threats to the well-being of individuals and corruption-related problems in drug trafficking zones. Despite the continuous efforts of the UNODC, other organizations and agencies, the fight against drug-related issues is far from ending. A few reasons why it is extremely hard to put an end to this issue are, first of all, drug trafficking and abuse involve almost every country, and secondly, the solutions that are adopted have major impacts on the other aspects of society, such as gender equality and equity. In this committee, delegates representing different countries will first have further discussions on drug trafficking and abuse of illicit drugs (Topic 1). They will draft Resolutions to find concrete solutions to this threatening global issue. To be more equipped to find a measure to solve the problem while protecting the equity of individuals, delegates will also need to deal with the current consequences caused by the War on Drugs (Topic 2), an effort of the US to limit drug trafficking, whose benefits are debatable.

Established in 1997, the United Nations Office on Drugs and Crime (UNODC) has the mandate of fighting drug abuse and drug-related crimes on a global scale. It has approximately 500 staff members worldwide and 20 field offices that cover over 150 countries. The particular aspect of UNODC is that not only does it implement measures and programmes to eliminate illicit drug use, it also puts in place the United Nations lead programme on terrorism and international crime. Responsible for both monitoring illicit drug use and preventing terrorism, the UNODC has been committed to “achieving health, security and justice for all by tackling these threats [drugs, organized crime, corruption, and terrorism] and promoting peace and sustainable well-being as deterrents to them”[8] (UNODC).

Some past efforts and treaties made by the UNODC to regulate drug use and prevent drug abuse includes:

- The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 protocole.[9] This Convention aims to coordinate international efforts and actions to combat drug abuse. First, it limits the possession, manufacture, fabrication, distribution, and use of drugs exclusively to medical and scientific purposes. Secondly, it calls upon an international effort to eliminate drug trafficking.
- The Convention on Psychotropic Substances of 1971.[10] It seeks for an international control system over psychotropic drugs (which are drugs that change the mood, behaviour, and cognition of the person once consumed[11]) and synthetic drugs.

- The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, which is another convention that calls for an international collaboration to reduce and eliminate drug trafficking.[12]

Throughout the years, the UNODC has worked to educate people about the dangers of drug abuse. It has also taken actions to solve the issue of illicit drug use. For example, to fight against illicit drug production, it has implemented alternatives for areas where illicit drugs are cultivated. It promotes the participation and the effort of not only governmental authorities, but also organizations, communities, and individuals.[13]

To sum up, the UNODC uses the following steps to address drug trafficking:

1) Coordination: It is important to render the campaign on a global level to fully investigate drug trafficking, and identifying and prosecuting the groups that are behind the crimes.
2) Education: The campaign raises awareness about organized crimes and drug abuse in the goal that citizens have ample knowledge about this concerning issue and can potentially commit concrete actions to fight against this problem.
3) Assistance. Developing countries or countries that are hugely impacted by drug trafficking need the help of others to solve this problem.

Topic A: Drug Trafficking

Topics to Consider

Drug Trafficking

Drug trafficking is the global illicit trade of drugs that also includes cultivating, manufacturing, distributing, importing, exporting, selling, and seizing illicit drugs, which could be cannabis, cocaine, heroin, methamphetamine, illegally made fentanyl, etc.[1] It is often associated with other crimes, such as money laundering, terrorism, and corruption. As boundaries between countries become more porous with time because of globalization, there are more and more illicit drug trade routes used by dealers or couriers of drugs. Therefore, law enforcement faces challenges in detecting concealed illegal drugs that are being transported.

At current levels, there's an annual flow of 430-450 tons of heroin in the global heroin market; 50 tons of heroin are from Myanmar and Lao People's Democratic Republic while the rest (more than 380 tons of heroin and morphine) is produced in Afghanistan. Of the drugs produced from Afghan opium, about 5 tons are consumed and seized in Afghanistan annually, and the rest, which is roughly 375 tons of opium, is trafficked worldwide via routes going by neighbouring countries of Afghanistan (such as Iran, Pakistan, Turkmenistan, Uzbekistan, and Tajikistan).[2]

Drug Consumption

In 2021, one in every 17 people aged 15-64 in the world - meaning 296 million people - had used a drug in the past 12 months, 23% more than a decade earlier. The findings in the 2023 World Drug Report show that cannabis continues to be the most used drug. In 2021, it is estimated that there were 219 million cannabis users worldwide, 70% of them being men. According to statistics (of 2021), there are more men consuming drugs than women. Apart from the consumption of cannabis, 36 million people had used amphetamines, 22 million had used cocaine, and 20 million had used what is commonly called "ecstasy", "molly", or "mandy" (which is in fact 3,4-Methylenedioxymethamphetamine, a drug that causes hallucinations after its consumption).

Drug Cultivation and Seizures

It is expected that the number of abused consumption of amphetamine-type stimulants (ATS) is likely to increase in the years to come due to the fact that ATS markets are harder to track since many of the raw materials to make ATS are legal and available. The global cultivation of coca bush went up by 35% between 2020 and 2021, making a total area of 315 200 hectares of coca bush in 2021; opium poppy cultivation augments by 28%

between 2021 and 2022, reaching an opium poppy cultivation area of 315 800 hectares in 2022. As for the quantity of drugs seized, there is a huge increase in seizures of ATS, rendering the problem worrisome.[1][2]

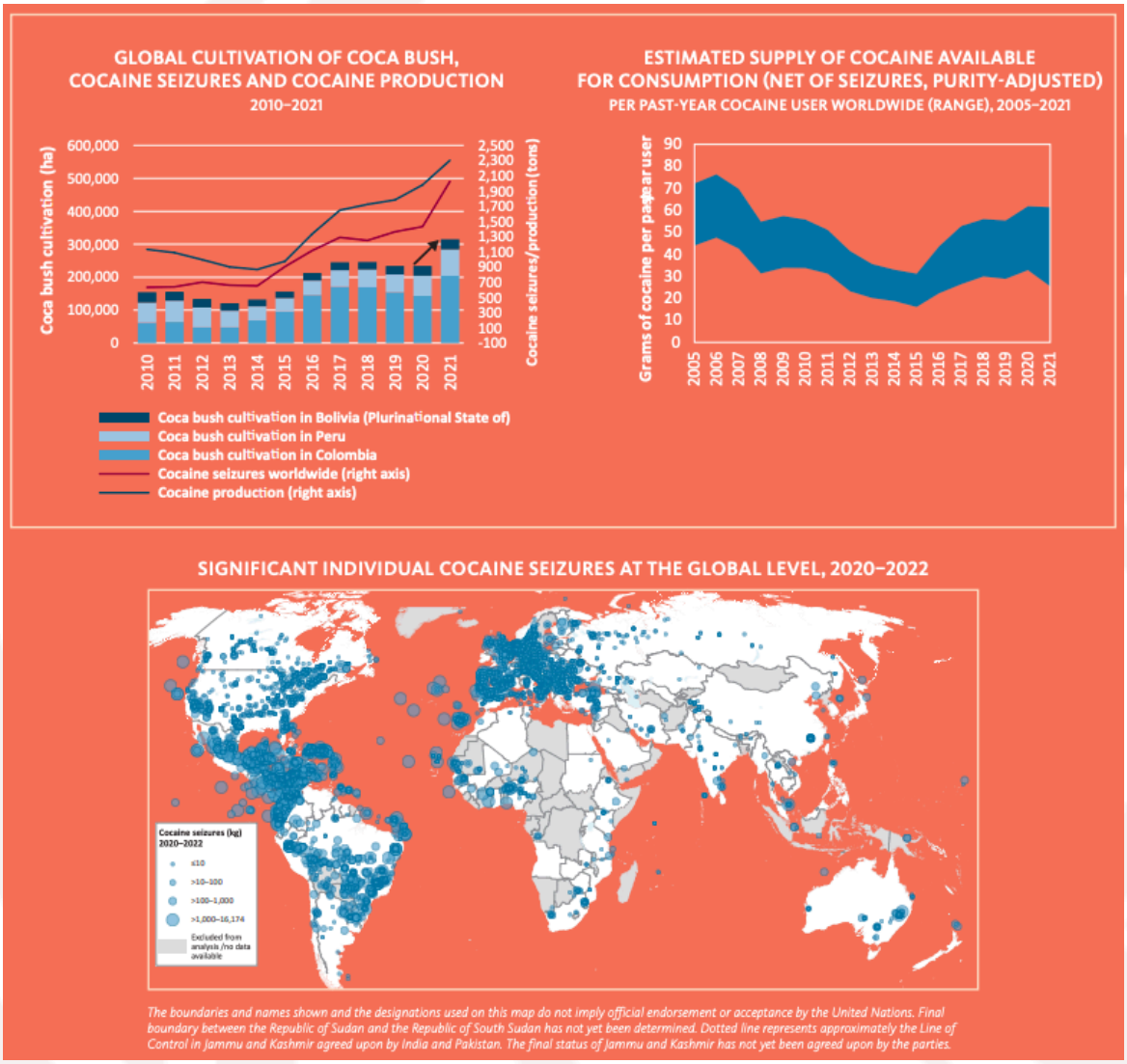

Image 1: Cocaine cultivation, production, consumption and seizures.

Apart from the circulation of "natural" illicit drugs (such as cocaine, cannabis, etc.) on the global black market, the surge of synthetic drugs makes seizures more difficult and increases the risks of overdose deaths. Synthetic drugs, also called new psychoactive substances (NPS)[3], are made of man-made chemicals rather than natural ingredients to mimic the effects of plant-based drugs such as cannabis[4]. Synthetic drugs include substances such as Spice, isotonitazene, Molly, and K2[5]. New psychoactive substances continue to appear on the diversifying market for drugs, and they are mostly mixtures of controlled drugs. This means that they can contain substances like prescription medicine, alcohol, food colorants or even substances that are not meant to be consumed by humans (such as fuel, poison, etc.). Verifying and seizing synthetic drugs could be hard because their label is usually one of the many substances that they contain. Moreover, they can just look like a "normal pill", and most of the time, even the users themselves that consume the drug that they purchased aren't aware of the ingredients that the drug contains. This is extremely dangerous because first, it could have a reaction with other drugs or medication, and secondly, it increases the risk of overdose death because the greater the number of biologically

active substances that are present in an individual's body, the more dangerous it is. Therefore, the emergence of synthetic drugs renders illegal markets for drugs even more harmful.

Treatment and Therapy

In addition to the drugs mentioned above that are known for their illegal seizures and consumption, there is also the problem of the misuse of prescription drugs that's affecting the global health problem. However, the situation is not hopeless. The UNODC, working along with the World Health Organization (WHO), advocates universal access to drug therapy. Drug addiction is a treatable health condition, and with the right system and help, a person can make a healthy recovery and no longer be drug dependent. Unfortunately, many developing countries still don't have adequate resources and services to access drug therapy. In fact, in the last few years, there has been a significant inequality between developed countries and developing countries: while cocaine consumption has dramatically decreased in the United States and heroin and cocaine markets are stable in the developed world, there has been a boom in heroin use in Eastern Africa, a sudden increase of cocaine consumption in West Africa and South America, and on top of that, in the Middle East and Southeast Asia, there has been a surge of the abuse of synthetic drugs. Moreover, findings show that most "poor countries" are the main locations of supply and trafficking of illegal drugs. Therefore, one of the threatening issues in drug trafficking is the tendency for the consumption of illicit drugs to shift from developed to developing countries, causing major inequality issues. UNODC estimates that there are between 155 and 250 million people globally that used illicit drugs at least once. Of these people, there are around 16-38 million users who inject drugs and/or are considered dependent on drugs. The lack of data and inspection in many countries could mean that there are more illicit drug seizures and uses than what has been documented. Globally, only 12%-30% of dependent users had received treatments in the last year, meaning that between 11 and 33.5 million users did not receive any aid or treatment. Half of the people who inject drugs are living with hepatitis C, 12% living with HIV, and 11% living with both HIV and hepatitis C. In fact, the UNODC states in the 2023 World Drug Report that "prevention and access to evidence-informed treatment and HIV and Hepatitis services must be stepped up; otherwise, drug-related challenges will leave more people behind"[6]. More details on the relations between HIV and drug trafficking will be discussed in the second topic.

Economic Impact

Last but not least, drug abuse has negative impacts on the economy of a country. Drug trafficking and abuse contributes to the loss of productivity due to addiction, rehabilitation, and incarceration. Moreover, According to the last estimate done in the United States in 2007, around $193 billion was lost related to drug abuse. This includes around $120 billion of lost productivity, meaning the labor participation costs due to drug treatment, incarceration, premature deaths, etc; $11 billion allocated to healthcare, such as treatment and therapy; and over $61 billion in criminal justice costs spent in investigation, incarceration, prosecution, etc.[7]

Drug Trafficking During Pandemic

The COVID-19 pandemic and its related measures that had been implemented affected drug use, drug supply, and drug cultivation. Drugs are trafficked clandestinely within legally traded goods and their consumption usually takes place in clubs and bars where people gather together. But since the COVID-19 pandemic forced governments to implement measures of social distancing and quarantine and there had been less delivery and distribution of goods in the daily routine of citizens, there have been some disruptions in the market early in the pandemic (2019 and the beginning of 2020). However, by 2021, COVID measures had been loosened, and organized crime groups and drug dealers had found ways to adapt to the situation, therefore, drug markets stayed resilient overall. In fact, drug trafficking continues at the same pace as before, if not, at an even higher rate. In 2020, several seizures of more than 10 tons of cocaine were recorded in Western Europe.

The COVID-19 pandemic increased the use of maritime routes and private aircraft in drug trafficking instead of trafficking by land. The pandemic also changed the use of drugs: due to the shutdowns of public gatherings, MDMA and cocaine were used less. However, because of the increased level of stress, changes in financial situation, and the impacts on mental health that COVID-19 had, there was an increase in the use of cannabis as well as misuse of pharmaceutical drugs such as benzodiazepines (a depressant that's prescribed to treat anxiety, insomnia, and seizures).

Moreover, lockdowns aggravated inaccessibility to services and treatments all over the globe. According to the statistics recorded in the World Drug Report of 2021, treatments for opioid use disorders were disrupted in 45% of countries, leading to an increase in the number of overdose deaths in the countries that already had an opioid crisis.

Overall, drug supply and trafficking stayed unaffected by the pandemic. Harvests in Myanmar and Peru and the use of family labour (such as women and children) in Afghanistan maintained a stable opium production. Cannabis trafficking continued throughout the COVID pandemic at an alarmingly increased rate.

In addition, the COVID-19 pandemic also changed the way that users purchase illicit drugs. There has been an increase in purchases done on e-commerce and online. Some of the illicit substances were sold on the clear web, and a fraction of other transactions were done on darknet markets. This has been observed in some countries, including Romania, China, New Zealand, etc.

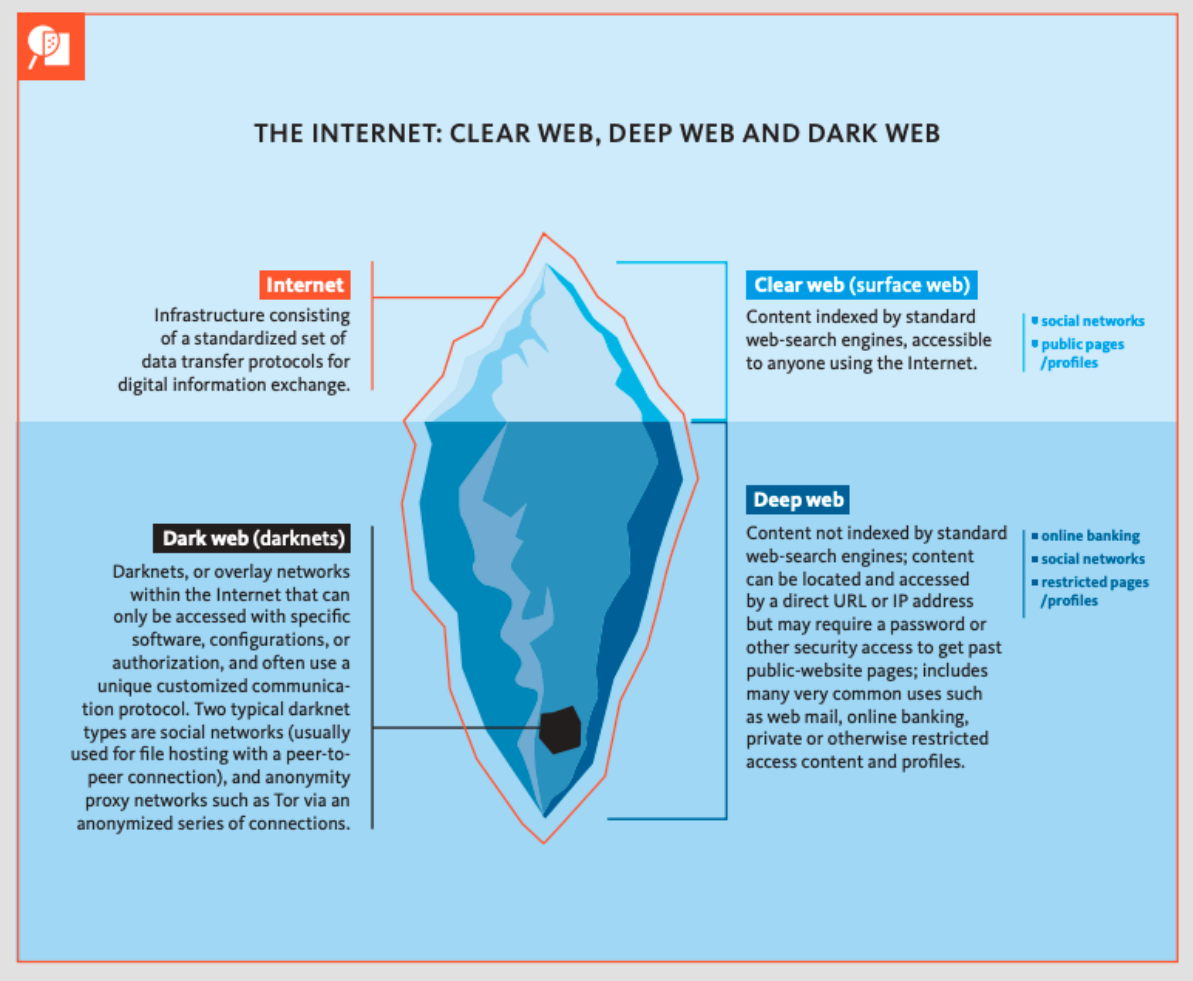

Image 2: Dark webs on Internet are usually where the purchase of illicit drugs are done online.

High-Risk Substance Use Among Youth

Statistics show that the majority of adults who have a substance use disorder started using substances during their teen and young adult years. High-risk substance use is defined as "any use by the adolescents of substances with a high risk of adverse outcomes (i.e., injury, criminal justice involvement, school dropout, loss of life)". It can be any abuse and misuse of prescription drugs, consumption of illicit drugs mentioned earlier, and the use of injection drugs that could possibly cause infections of blood-borne diseases such as HIV and hepatitis.[14]

Questions to Consider

1. In general, has COVID-19 improved or worsened the issue of drug trafficking? In which ways? How to make sure that the negative impacts that COVID has on the problem of illicit drugs won't continue?
2. How to reduce drug manufacturing (especially cannabis) after the increase in the cultivation of illicit drugs during the pandemic?
3. How to target darknet markets?
4. How to make sure that the services and treatments won't shut down if there were to be another lockdown in the future?

5. The COVID-19 pandemic led to an increased number of deaths by overdose. What are some ways to solve this life-threatening problem?
6. Is there any intervention that organizations can undertake to prevent drug use in public spaces (for example, in clubs, bars, etc.) ?
7. Is there a way to eliminate illicit drug trafficking from its roots?
8. Drug use at a teenage age presents a huge problem currently. How to prevent the illegal use of drugs by teenagers?
9. What changes need to be brought to drug therapy institutions in the hopes of reducing the number of users dependent on drugs? How to prevent high-risk substance use in teens?

Topic B: War on Drugs and Arising Problems

Historical Overview

In 1971, U.S. President of that time Richard Nixon declared that drug abuse was “public enemy number one”. It is this year that the War on Drugs started. It had objectives of combating illegal drug use by greatly increasing penalties, enforcement, and incarceration for drug offenders.[15] This effort was mainly in the United States and to decrease the consumption of illegal drugs, the US government increased federal funding for drug-control agencies and therapy and treatment efforts. In 1973, the Drug Enforcement Administration was created to aid the federal government to control drug abuse.

In the 1970s, the War on Drugs didn't take up a huge part of the federal government’s law-enforcement efforts. This changed in the 1980s, when Ronald Reagan became the President of the US (in 1981). Reagan expanded this program and in his point of view, a main element to achieve success in this project is to focus on criminal punishment. This is the reason why during his Presidency, there has been an increased number of incarcerations for drug offenses (including nonviolent ones). According to statistics, incarcerations have risen from 50 000 in 1980 to 400 000 in 1997. It is worth noting that in the early 1980s, there was a crack epidemic that arose. The use of crack cocaine[16] (produced by the conversion of cocaine under a form that could be smoked) was popularized due to its affordability and the fact that it gives users euphoric effects right away. Among other areas, African American communities suffered the most because of this epidemic as there had been many addictions and deaths caused by the drug. In addition to the devastating effects led by the drug itself on the African American community, since this drug epidemic occurred during the presidency of Ronald Reagan who carried out strictly the mandate of the War on Drugs, the then-President implemented Bills and Acts to lower crimes related to this drug. One of them that raised voices declaring it being unjust states that possessing five grams of crack leads automatically to a five-year sentence whilst it takes up to possessing five hundred grams of powder cocaine to be sentenced that same number of years. Because of the numerous laws legislated by the federal government, the prison population doubled. Since around 80% of crack cocaine users were African American, in 1989, one in every four African American young males aged from 20 to 29 was either incarcerated, on probation or on parole. The ratio rose to one in three by 1995. Many say that the War on Drugs led to the increase of unequal incarceration of Black drug offenders that are nonviolent and that it was a racist institution. The idea of the War on Drugs was based on the idea that harsher punishment including more severe penalties and more incarcerations as well as more implementations of federal legislations can prevent people from using or selling drugs. However, its effects are debated.

In 2014, the UNODC issued a document (fact sheet) titled "The Drug War: Fueling the HIV/AIDS Pandemic"[17] that criticized the devastating effects that the War on Drugs has had on the public health of some populations. The Global Commission on Drug Policy has stated in June 2012 that "The war on drugs has failed, and millions of new HIV infections and AIDS deaths can be averted if action is taken now."[18] Since some people consume drugs via injection, criminalization and incarceration such established by the policies of the war on drugs restrict access to sterile syringes. In the fear of being caught by the police, some people inject drugs in unsafe ways. This leads to the risk of the spread of HIV (human immunodeficiency virus) infections. In fact, through a survey carried out by the Centers for Disease Control and Prevention (CDC), around one third of people who inject drugs had been reached by an HIV intervention. Not only does criminalization cause more dangerous injections of drugs that lead to the spread of HIV, it also creates barriers to drug therapy and HIV treatment. To avoid the interference of authority, many people don't test themselves for HIV and don't seek help even if they have contracted the virus.

Topics to Consider

Access to Painkillers

Patients with severe pain in poorer countries don't have access to pain medication.[19] In fact, in 2023, the World Health Organization (WHO) published a new report titled "Left behind in pain"[20] on global disparities when it comes to access to morphine for medical purposes. Studies show that in 2019, only 4 standard doses of pain medication every day per 1 million habitants are accessible for countries in West and Central Africa. On the other hand, North America has access to around 32,000 doses per day for the same number of people. Patients who suffer from chronic pain or any form of severe pain (most typically caused by cancer) in low- or middle-income countries suffer because of this unequal access to proper medication.[21]

Africa isn't the only continent that doesn't have access to enough drugs for medical purposes. For all the low- and middle-income countries, the availability and accessibility of pharmaceutical drugs for each person is less than 1% of a person from a high-income country. This is highly problematic considering that 84% of the world population consists of inhabitants living in low- or middle-income countries.

Behind the hidden inequity in global health where the richist 10% of the countries possess 90% of distributed morphine-equivalent opioids, there are many causes and reasons. One of them is the barriers presented by legislated requirements on restricting the importation of drugs. In regions like Southeast-Asia and Africa, a lot of restrictions have been legislated by the government to limit illicit drug use. However, this creates many barriers to import drugs for medical use. The regulatory controls are so many that the pharmaceutical industry finds that

morphine isn't worth manufacturing, which leads to a lower number of circulation of available drugs for patients in need. In other words, although legislative requirements are used in the purpose of fighting against illicit drug abuse, it can also limit access to painkiller drugs (such as morphine) and could be problematic since some patients depend on them. Instead of focusing on implementing more policies to reduce the circulation of morphine-related drugs, the effort should be put in ways to address the underlying causes of abuse, such as the lack of administration in healthcare facilities when it comes to the utilization of those drugs.

Another cause of this inequality is the lack of resources that support the optimal use of opioid drugs in hospitals in regions like South-East Asia, Africa, Eastern Mediterranean, and Western Pacific. To facilitate access to the use of morphine, a hospital should be equipped (for example, with security safes) and have enough funding for certain medication to aid the use of certain painkillers (such as anti-nausea products and naloxone). However, these services that are necessary to assure a good quality of care are lacking in the regions named earlier. Therefore, not only do low-income countries lack supply of morphine, they also don't have enough services and infrastructures that allow a safe and high-quality use of the drugs.

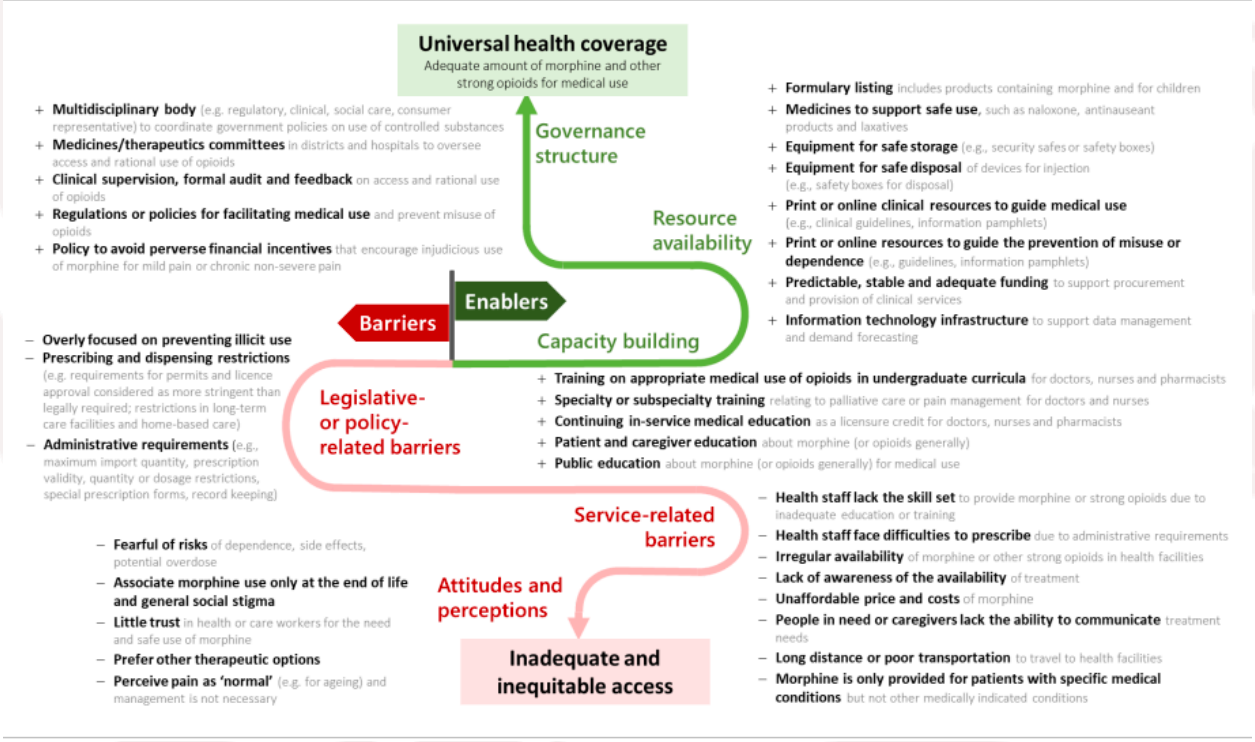

Image 3: Barriers influencing and restricting access to morphine for medical use in certain regions, notably low-income countries.

To solve this inequality, not only should delegates reflect on ways to render medical opioids more accessible and distributed more equally, they should also include in their Resolution clauses on how to regulate the circulation of drugs for and only for medical use and avoid misuse of opioids.

Discrimination and Inaccessibility to Treatment

Here, the topic can be interpreted in two ways: 1) discrimination related to the accessibility to drug treatment, and 2) discrimination related to the accessibility to general health care service. In the first case, only a fraction of people struggling with addiction seek help (such as going to therapies or to treatment centers). First, there is far from being enough resources for all the people in need of help. In 2018, about 21.2 million people, aged 12 and older, which is equivalent to 1 in every 13 people in the age group, needed substance abuse treatment.[22] However, there aren't enough facilities and resources that are put in place. It's often required to wait for months, even years to have access to a psychologist (in the public sector) in many regions in the world. There are also other reasons that people go untreated, such as financial barriers. In most developed countries, insurance can cover the cost of treatment. But statistics show that in 2016, 27.6 million people aged 0 to 64 aren't insured. This could be caused by factors such as the high cost of insurance. Even people who have insurance don't always have their treatment covered. For example, insurance doesn't cover some medication-assisted treatment (MAT) for opioid addiction. Socioeconomic status also plays a role in the unequal access and the completion of drug treatment. In fact, statistics show that black people and Hispanics are less likely to complete addiction treatment, mainly due to higher unemployment and unstable housing among these groups.[22] In addition, the geographic limitations of treatment centers can also cause problems for certain areas. For example, most health care facilities are in more populated cities, leaving rural areas far from treatment places.

In the second case, the discrimination is based on stereotypes and bias. Unfortunately, it isn't uncommon that, for example, a family doctor refuses to give general health care services and prescribe a drug to a patient with addiction, saying that individuals with drug addiction can abuse the prescribed drugs, or that the person is merely seeking for more drugs to keep in their possession for addiction purposes.[23] People struggling with addiction often find it difficult to make doctors believe them when they experience an illness that necessitates some medication.

Fentanyl Overdose

In recent years, the amount of fentanyl that has been seized increased drastically. Overall, the number of seizures is more than 20 times of the amount seized in 2015. Amongst the regions that are involved in fentanyl trafficking, North America has the most seizures.

Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic.[24] It is usually 100 times stronger than morphine, rendering its lethal dose very small compared to other drugs. Because of this, fentanyl and its analogues are the main causes of overdose deaths in North America. This drug is often incorporated in pills that are sold under the names of other drugs; therefore,

most overdose deaths occur without the victim knowing that it was actually fentanyl that they consumed. According to statistics, almost 50,000 people died from fentanyl overdose in the United States in 2019.[25]

Questions to Consider

1. Is legislating laws restricting access to drugs helpful to prevent illicit drug abuse whilst making sure that there's an equitable distribution of legal drugs (for medical purposes)? If not, what should be done instead?
2. What do we want to keep in mind when it comes to establishing, implementing, and maintaining policies that fight against drug abuse?
3. How to render treatment more accessible to a larger population across the globe? This should not only include drug addiction treatment but also mental health and HIV/AIDS treatment.
4. What could be done regarding inaccessibility and discrimination concerning access to painkillers on a global scale?
5. The legislations during the Presidency of Reagan in the War on Drugs were considered too strict and many think that the negative impacts it had outweighed the positive ones. One of the things criticized the most was criminalisation. Is it possible to find a "balance" between the consequences for not respecting the law and making sure that the policies don't exacerbate the current drug problem?
6. Drug abuse not only has impacts on the individual's mental health, it is also harmful for one's physical health. A lot of drug users have HIV/AIDS, but don't receive enough help. What could be done concerning this issue?
7. Substance abuse can lead to unemployment, but also can be caused by it. How do we break the vicious cycle of drug addiction in workplaces?

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