UNITED NATION COMMISSION ON NARCOTIC DRUGS

(UNCND)

STUDY GUIDE

LETTER FROM THE EXECUTIVE BOARD

Greetings, delegates!

We are proud to welcome you to the simulation of the **United Nations Commission on Narcotic Drugs (hereinafter referred to as 'UNCND')** . The quality of debate as well as general proceedings in committee depends on the level of contribution that each of you put forth, and if that is to be certified, then reading this background guide is a must.

In this committee, we expect you to pack a fairly significant knowledge of your country in general as well as domestic and international policies that your country has adopted over the years into your arsenal. Bearing in mind allies, adversaries and the general geopolitical scenario unfolding all over the world will go a long way in determining the key players in the committee. Since our agenda revolves around, "**Pre-emptive measures to tackle the growth of illicit drug consumption among children with special emphasis on misuse of prescription drugs"** it is expected that delegates have a fundamental knowledge about related concepts and key terms as well as their implications in the current global scenario. This agenda has been strategically chosen, bearing in mind the impact that it has on the international community. Having said that**, this background guide shall only serve as the first step towards your research and it is encouraged to further expand your realm of knowledge and understanding of the agenda** by delving into the topics and sub topics mentioned in the guide and the references that have been provided for further research. This guide will in no way, hold up as a viable source in committee and is only addressed to be the pioneering point of your research. Over the course of the conference, we expect each delegate to display the bearings of a true diplomat, respect the opinion of other delegates even in times of conflicting views and most importantly, come up with innovative and feasible ideas for the agenda being discussed.

Irrespective of whether this is your first time as a delegate or one of many conferences; we look forward to rigorous and passionate debate in the days to come. Feel free to contact the Executive Board in case of any doubts/query.

Good Luck!

Ayushman Sinha
Chairperson
sinha.ayushman8@gmail.com

Prakrit Patro
Vice- Chairperson
patroprakrit2002@gmail.com

United Nations Commission on Narcotic Drugs

- **COMMITTEE DETAILS**

1) The Commission on Narcotic Drugs (CND) was established by Economic and Social Council (ECOSOC) resolution 9(I) in 1946, to assist the ECOSOC in supervising the application of the international drug control treaties.

2) In 1991, the General Assembly (GA) expanded the mandate of the CND to enable it to function as the governing body of the UNODC.

3) ECOSOC resolution 999/30 requested the CND to structure its agenda with two distinct segments: a normative segment for discharging treaty-based and normative functions; and an operational segment for exercising the role as the governing body of UNODC.

- **Functions**

1) UNCND, through UNODC, collects analyzes and reports data on drug trafficking trends including - arrest, seizures, price and purity of illicit drugs submitted by the Member States through the Annual Reports Questionnaires (ARQ).

2) The same mechanism it also collects and reports data on the illicit manufacture of controlled substances including data on clandestine laboratories.

3) UNODC also supports the Member States in developing the capacity to collect internationally comparable data on drug trafficking.

4) UNCND advocates access to drug prevention, treatment, care and rehabilitation services based on scientific evidence, which speaks for the recognition of drug use disorders, in particular drug dependence, as a multi-factorial health disorder.

5) **In December 2016, the Prevention, Treatment and Rehabilitation Section of UNODC organized an event that was unique by its scale and scope: the Scientific Consultation on Prevention of Drug Use and Treatment of Drug Use Disorders.**

Normative Functions

The CND has important normative functions under the international drug control conventions. It is authorized to consider all matters pertaining to the aims of the Conventions and see to their implementation. As a treaty organ under the Single Convention on Narcotic Drugs (1961) and the Convention on Psychotropic Substances (1971) the Commission decides, on the basis of recommendations by the World Health Organization (WHO), to place narcotic drugs and psychotropic substances under international control. Pursuant to the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988) the Commission decides, upon the

recommendation of the International Narcotics Control Board (INCB), to place precursor chemicals frequently used for the manufacture of illicit drugs under international control. The Commission may also decide to remove or modify international control measures over drugs, psychotropic substances or precursors.

Governing Body Of The UNODC Drug Programme

The mandates of the Commission were further expanded in 1991. The Commission functions as a governing body: It approves the budget of the Fund of the United Nations International Drug Control Programme, which is administered by the United Nations Office on Drugs and Crime (UNODC) and finances measures to combat the world drug problem.

Monitoring Political Commitments On Drug Control

The Commission monitors the commitments enshrined in the 2009 Political Declaration and Plan of Action and conducts the follow-up to the General Assembly Special Session on the world drug problem (UNGASS).

- **Power and control**

Under **Article 8** of the **Single Convention on Narcotic Drugs**, the Commission's powers are to:

● Amend the Schedules;

● Call the attention of the International Narcotics Control Board to any matters which may be relevant to the functions of the Board;

● Make recommendations for the implementation of the aims and provisions of the Single Convention, including programmes of scientific research and the exchange of information of a scientific or technical nature; and

● Draw the attention of non-parties to decisions and recommendations which it adopts under the Single Convention,

- **Article 17** of the **Convention on Psychotropic Substances**, the Commission has the power to amend the Schedules by a two-thirds vote and "may consider all matters pertaining to the aims of this Convention and to the implementation of its provisions, and may make recommendations relating thereto"

Pre-emptive measures to tackle the growth of illicit drug consumption among children with special emphasis on misuse of prescription drugs

Background

The teenage years are typically a period of experimentation, regardless of parenting skills and influence. Cannabis is the most common illegal drug used by teenagers, with around one in five having tried it at least once.

Parents typically worry about their child becoming dependent on drugs, such as methamphetamines (speed and ice), ecstasy, heroin and cocaine. However, the more likely threat to any teenager's health is the use of legal drugs such as alcohol and tobacco.

A brief study talks about reasons why children take drugs:

Young people use drugs for similar reasons that adults do – to change how they feel because they want to feel better or different. Other reasons may include:

- socialising with friends, peer pressure or the need to feel part of a group
- relaxation or fun
- boredom
- curiosity, experimentation or wanting to take risks
- to escape from psychological or physiological pain.

Types of drugs

Type of narcotics drugs:

1. **Opioids and opioid like agents (we shall focus on this particularly but get to know the others as they are instrumental in understanding "gateway" trade):**

i) that include **codeine**, **morphine**, **tramadol** and **heroine** (apart from the heroine, all others are used as potential pain-killer medications for moderate to severe pain).

ii) **Tramadol** and **morphine** are among the most notable ones and advised as an adjuvant for anesthesia, post-surgical pain relief and terminal stages of cancer

iii) Other notable opioids include **fentanyl, buprenorphine, oxycodone, hydrocodone, propoxyphene and hydromorphone.**

2. **Cannabinoids include THC (tetrahydrocannabinol), hashish and marijuana:**

i) Due to high addiction potential and risk of abuse, cannabinoids are not ideally indicated as therapeutic pain killers.

ii) **According to the 2008 reports** of U.S.Department of Health and Human Services, almost 15.2 million individuals (over 12years of age) are actively involved in marijuana consumption.

iii) Long term consumption for recreational purposes is associated with **deficits in coordination**, **memory** and **intellect**.

iv) Apart from a high abuse factor**, hallucinogens** are often coupled with adverse side effects and severe withdrawal symptoms and **toxicities**.

3. **Hallucinogens include PCP (Phencyclidine) and similar agents:** Once again, like other types of narcotics, potential therapeutic benefits are overshadowed by complications and side effects like hallucinations, flash-backs, paranoia and delusions. This is why they are never prescribed as pain killers.

4. **Stimulants include amphetamine, dextroamphetamine, methylphenidate and methamphetamine that are prescription drugs for the management of neuropsychiatric illnesses and issues:**

i) Illegal CNS (central nervous system) stimulants include methamphetamine, cocaine and Ecstasy. As the name suggests, CNS stimulants increase the release of impulses and create a temporary state of euphoria.

ii) However, all the stimulants are associated with addiction potential, withdrawal symptoms and anxiety, agitation and mood disorders with prolonged consumption.

Opioids :

- **What are Opioids?**

Opioids are a group of drugs that are used for treating pain. They are derived from opium which comes from the poppy plant.

OPIOID USE AND ADDICTION:

Generally, opioid addiction is treated with the help of other opioids like **NALTREXONE , BUPRENORPHINE, METHADONE.**

1)Most opioids attacks is not due to usage of illegal drugs but the usage of prescription drugs like Oxycontin, Codeine, Percocet, or Tramadol.(as prescribed by a physician etc). if they're stopped from doing so , a person may face attacks and withdrawal symptoms like diarohhaea.

2) Pharmacists and physicians should be aware that once they give their patients a second prescription of opioids, this doubles the risk of their patients' opioid use one year later.

3) Providing a multi-modular approach (counseling, physical therapy, medication, and coping strategies to accept pain)

4) Providing a combination of different therapies not only for pain treatment but management would help patients *accept pain*. This is something that should be considered in current health-care systems.

SHORT TERM VERSUS LONG TERM EFFECTS:

1) When you take opioids repeatedly over time, your body slows its production of endorphins.
2) One reason opioid addiction is so common is that people who develop tolerance may feel driven to increase their doses so they can keep feeling good.
3) Some opioid users who believe they need an increased supply turn, at this point, to illegally obtained opioids or heroin. Some illegally obtained drugs, such as fentanyl (Actiq, Duragesic, Fentora), are laced with contaminants, or much more powerful opioids.

OPOIODS USE AND ITS EFFECTS:

- A number of additional factors — genetic, psychological and environmental — play a role in addiction, which can happen quickly or after many years of opioid use.
- Poverty
- Unemployment
- The family history of substance abuse
- Personal history of substance abuse
- Young age
- History of criminal activity or legal problems including DUIs
- Regular contact with high-risk people or high-risk environments
- Problems with past employers, family members and friends (mental disorder)
- Risk-taking or thrill-seeking behavior
- Heavy tobacco use
- History of severe depression or anxiety
- Stressful circumstances

- Prior drug or alcohol rehabilitation

Important International Conventions and Instruments

1. The Single Convention on Narcotic Drugs of 1961 is an international treaty to prohibit production and supply of specific drugs and of drugs with similar effects except under licence for specific purposes, such as medical treatment and research.

2. The Convention on Psychotropic Substances of 1971 is a United Nations treaty designed to control psychoactive drugs such as amphetamine-type stimulants, barbiturates, benzodiazepines, and psychedelics signed in Vienna, Austria on 21 February 1971.

3. United Nations **Convention** against Illicit Traffic in Narcotic **Drugs** and **Psychotropic Substances**, **1988**. This **Convention** provides comprehensive measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals.

4. Political declaration and Plan of Action 2009 , International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted at the high-level segment in 2009, includes measures to enhance international cooperation, identifies problems and areas requiring further action, as well as goals and targets in countering the world drug problem.

5. UNGASS 2016 , The United Nations General Assembly held a Special Session on the World Drug Problem in 2016 (UNGASS 2016) and adopted an outcome document (A/RES/S-30/1).

Misuse of prescription or pharmaceutical drugs:

Misuse of prescription drugs means taking a medication in a manner or dose other than prescribed; taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., to get high). The term *nonmedical use* of prescription drugs also refers to these categories of misuse. The three classes of medication most commonly misused are:

- opioids—usually prescribed to treat pain
- central nervous system [CNS] depressants (this category includes tranquilizers, sedatives, and hypnotics)—used to treat anxiety and sleep disorders

- stimulants—most often prescribed to treat attention-deficit hyperactivity disorder (ADHD)

Prescription drug misuse can have serious medical consequences. Increases in prescription drug misuse[1] over the last 15 years are reflected in increased emergency room visits, overdose deaths associated with prescription drugs[2–5], and treatment admissions for prescription drug use disorders, the most severe form of which is an addiction. Overdose deaths involving prescription opioids were five times higher in 2016 than in 1999.[6]

A brief review of what has been done

1) Use of Prescription Monitoring Programs: Prescription monitoring programs are data collection systems that determine the number of physicians who prescribe opioids for each patient and the number of pharmacies where opioids are dispensed for that patient. Prescription monitoring programs are administered on a state-by-state basis and are currently operational in 33 states, and are at various stages of implementation in 7 more states. Prescription monitoring programs collect information on the prescriber, pharmacy, product name, concentration, dose, and amount of medicine dispensed. Although the data are limited, they so far suggest that such programs reduce abuse practices. Prescription monitoring program threshold reports can be used to limit the prescribing of opioids to "doctor-shoppers" and "pharmacy-shoppers." Once a patient reaches the determined threshold, action can be taken, including notifying all the physicians who have prescribed an opioid to the patient, limiting the number of pharmacies used by the patient to one, notifying the patient of the knowledge of the suspicious activity, and if appropriate, referring the patient to law enforcement for investigation.

2) Preventing Inappropriate Prescribing and Medical Errors: An important aspect of risk minimization relevant to opioids is detecting inappropriate prescribing of opioids and medical errors, including incorrect patient selection (opioid-naive patients), off-label use, an incorrect indication (eg, "as needed" use of extended-release formulations), incorrect dosage, and conversion errors. This could be accomplished by establishing algorithms that identify mismatches between diagnoses and medication/dose. The purpose of such measures should not be to prosecute prescribers (unless, of course, the unlawful behavior is clearly proved), but to educate prescribers who made honest errors in safe opioid prescribing practices and ultimately help them to avoid malpractice lawsuits. Setting up systems in prescribers' offices, such as electronic prescribing, may promote safe opioid prescribing and reduce medical errors.

3) Checking Patients' Photo Identification at the Pharmacy: Pharmacists may require that photo identification be presented by patients when they are picking up their opioid prescriptions at the pharmacy, because an increasing number of cases of abuse have involved identity theft. This could be achieved by mandating that the patient's identification is checked before accepting a claim for prescription opioid medication. Some states, such as Virginia, are currently considering passing a bill that will require individuals to present a photo identification to pick up prescriptions for controlled substances.To reduce insurance fraud, the Government Accountability Office also

recommends that insurers remove deceased patients and physicians from their systems.

Relevant Questions for Research

1) What is the source or channel through which children get access to such drugs?
2) Why the governments should take relevant steps to stop the sale of licit, yet harmful substances near educational institutions?
3) Are the present international instruments enough steps to solve the present drug problem?
4) With respect to prescription drugs, how to solve the issue? (an idea or a solution will be encouraged).
5) What is your country's stance on the issue?

Research Links

1. https://www.unodc.org/unodc/en/data-and-analysis/aotp.html
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4106581/
3. https://www.ncbi.nlm.nih.gov/books/NBK458653/
4. https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis
5. https://www.affirmhealth.com/blog/opioid-prescribing-guidelines-a-state-by-state-overview
6. http://www.drugs.ie/resourcesfiles/ResearchDocs/Europe/Research/2017/Emcdda.pdf
7. http://www.drugconsumptionroom-international.org/
8. http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en#panel4
9. http://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf
10. https://www.dea.gov/press-releases/2017/10/23/dea-releases-2017-national-drug-threat-assessment
11. http://healthclarity.wolterskluwer.com/opioid-addiction.html
12. https://www.deadiversion.usdoj.gov/mtgs/pharm_train/conf_2016/april_2016/presentations_2016/harper-avila.pdf
13. https://fromtheparapet.wordpress.com/2018/06/20/khun-sa-opium-warlord/ (**)
14. https://www.interpol.int/Crime-areas/Drugs/Drugs
15. https://www.unodc.org/documents/data-and-analysis/Studies/IFF_report_2015_final_web.pdf
16. http://theconversation.com/what-the-us-can-learn-from-other-countries-in-dealing-with-pain-and-the-opioid-crisis-97491
17. https://recoverybrands.com/drug-treatment-trends/
18. https://www.businessinsider.com/taliban-control-of-heroin-drug-production-trafficking-in-afghanistan-2017-10
19. https://www.theguardian.com/news/2018/jan/09/how-the-heroin-trade-explains-the-us-uk-failure-in-afghanistan
20. https://www.nola.com/health/index.ssf/2018/04/african_americans_opiate_death.html
21. https://thediplomat.com/2018/01/tramadol-the-dangerous-opioid-from-india/

22. https://www.incb.org/documents/Publications/AnnualReports/AR2016/English/AR2016_E_ChapterIII-Africa.pdf
23. http://mcn.gov.af/Content/files/Afghanistan-inter-provincial-opiate-trafficking-dynamics.pdf
24. https://www.unodc.org/documents/data-and-analysis/Studies/Afghan_opiate_trafficking_southern_route_web.pdf