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# United Nations

## Commission on Narcotic Drugs (UNCND)

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The governing body of United Nations  
on Drugs and Crime (UNODC).

**Agenda-: Deterrence of illicit access to and usage of  
prescription narcotics and drugs amidst the pandemic.**

### **1. Preface:**

The Executive Board cordially welcomes all the delegates to the three day simulation of The United Nations Commission on Narcotic Drugs.

The following document will only serve as a background guide and delegates are requested to not restrict their research to this handbook. At the end of this particular guide links to documents and pdf(s) are attached to assist the member state representatives with their research.

### **2. Points to be kept in mind:**

- a) Usage of the allotted country's official website would be appreciated.
- b) Wikipedia should be used only as a basis to begin owing to the credibility.
- c) Delegates are advised to research in line and in adherence with their allotted country's foreign policies.
- d) By virtue of the committee's nomenclature the deliberations require immense amount of negotiations with policies and hence it would be

beneficial if delegates make themselves aware about the major policies of the stake holders

### **3. About the Commission, UNCND:**

The CND has 53 member States that are elected by ECOSOC and is chaired by a Bureau, including one member per Regional Group. The CND adopted the 2019 Ministerial Declaration to accelerate the implementation of joint commitments to address and counter the world drug problem. The CND holds regular session, reconvened sessions, intersessional meetings, as well as informal consultations and special events. For the regular session and the reconvened session of the CND pre- and in-session documentation, as well as a report are prepared. The CND has five subsidiary bodies: Heads of National Drug Law Enforcement Agencies in Europe, Latin America and the Caribbean, Asia and the Pacific and Africa, as well as the Sub commission in the near and Middle East. The CND Secretariat publishes annually updated publications relating to the international drug control conventions, as well as brochures on recent issues. As functional Commissions of the Economic and Social Council, the Commissions contribute to the work of the ECOSOC and the General Assembly of the United Nations. The Commissions actively contributes to the implementation of the 2030 Sustainable Development Agenda, as sustainable development and the mandates of the Commissions are strongly interrelated and mutually reinforcing.

#### i) Historical virtue of existence:

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. In 1991, the [General Assembly](#) (GA) expanded the mandate of the CND to enable it to function as the governing body of the [UNODC](#). ECOSOC resolution [1999/30](#) 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.

#### ii) Meetings and sessions:

The CND meets annually when it considers and adopts a range of decisions and resolutions. Intersessional meetings of the CND are regularly convened to provide policy guidance to UNODC. Towards the end of each year, the CND meets at a reconvened session to consider budgetary and administrative matters as the governing body of the United Nations drug programme.

#### iii) The latest decision and declaration:

At the [ministerial segment](#) of its 62nd session in 2019, the Commission adopted the [2019 Ministerial Declaration](#) on strengthening actions at the national, regional

and international levels to accelerate the implementation of joint commitments made to jointly address and counter the world drug problem. In the Declaration, Member States resolved to review in the Commission in 2029 the progress made in implementing the policy commitments, with a mid-term review in 2024. The Commission works on the [follow-up](#) to the 2019 Ministerial Declaration, with a view to accelerating the implementation of all international drug policy commitments.

#### iv) The mandate of the commissions

The CND reviews and analyzes the global drug situation, considering supply and demand reduction. It takes action through resolutions and decisions. The CND is mandated to decide on the scope of control of substances under the three international drug control conventions (1961, 1971 and 1988 Conventions)

### **4. About instrumental international conventions:**

The Commission on Narcotic Drugs is mandated to decide on the scope of control of substances under the three [International Drug Control Conventions](#), namely:

- i) the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol;
- ii) the Convention on Psychotropic Substances of 1971; and
- iii) The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

States parties to these conventions are required to ensure that the respective mandatory control measures are applied to substances listed in the [schedules for the 1961 Convention, the schedules of the 1971 Convention and the tables for the 1988 Convention](#) which are annexed to these conventions. During its sessions, the Commission on Narcotic Drugs decides on proposals to add substances to, or to transfer or delete substances from the schedules/tables. The schedules/tables entail different levels of control measures.

### **5. First hand prevention of access to and usage of drugs:**

#### i) Among youth works

Drug use prevention programmes are effective when they respond to the needs of a community, involve all the relevant sectors and are based on scientific evidence; effective programmes should also incorporate strong monitoring and evaluation components. Such programmes are also cost effective. It has been shown that, for every dollar spent, good programmes for the prevention of drug use among youth can save up to 10 dollars.

#### ii) In and among families:

Evidence-based family skills training programmes have been found to be the most effective way to prevent substance use among

children and adolescents. These programmes target the whole family and offer skills-building for parents on monitoring and supervision of children's activities, communication and setting age appropriate limits.

iii) In and around schools:

Schools have been an important setting for UNODC to reach many children and adolescents with prevention activities. Evidence-based drug education based on life skills that offer personal, social, resistance and communication skills, as well as information about the short-term effects of drugs through a series of sessions offered by trained teachers.

iv) In the workplace:

UNODC has many years of experience in working with employers and employees together to develop and implement policies against substance abuse in the workplace. Such policies are designed to promote the health of employees by preventing substance abuse and assisting those with a drug dependence problem.

v) Monitoring and Evaluation:

For practitioners who want to improve the monitoring and evaluation of their programmes for the prevention of substance and drug abuse, we provide some useful guidelines and training materials.

**6. Statement on drug dependence, treatment and care by Former UNODC Executive Director, Yury Fedotov:**

For the commission, in all our work but especially in our health-related initiatives, it is essential to focus on the human dimension - the men, women and children affected by drug use and dependence, and all of the consequences for health and society that illicit drugs can have. It is our goal to overcome the prevailing stigma with regard to drug use disorders. This means looking beyond the statistics and seeing not "the addict not the drug user not the patient, but the human being who needs our help.

**7. Prescription Drugs and their non-medical usage:**

- i) The growing non-medical use of prescription drugs is a global health concern. Such usage can be defined as the taking of prescription drugs, whether obtained by prescription or otherwise, other than in the manner or for the reasons or time period prescribed, or by a person for whom the drug was not prescribed. The real scale of the problem is unknown, due partly to lack of data on the non-medical use of prescription drugs, and partly to the existence of many gaps in the monitoring of their legal use for medical purposes as prescribed by health-care professionals (which creates opportunities for the diversion of these drugs to people to whom they were not prescribed). Most studies on and

monitoring instruments for substance abuse pertains to the use of illegal drugs, or alcohol and tobacco. However, the non-medical use of prescription drugs is a unique category of substance use in number of ways and requires attention at different levels.

Advances in the pharmaceutical industry have led to the production of powerful psychoactive medications, which when prescribed appropriately and taken in the manner intended; improve the quality of life of those with specific medical conditions, such as acute pain, palliative care, epilepsy, dependence on opioids and acute anxiety. However, when used inappropriately, these medications can have serious consequences for health and can lead to dependence. In recognition of the problems that may be caused by the inappropriate use of such medication, their use has been regulated by three major drug control treaties.

- ii) Increased non-medical use creates a greater demand for prescription medications, leading to new sources of diversion from medical to non-medical use or to the production of counterfeit drugs (United States, Office of National Drug Control Policy, 2008). In its 2006 report, the International Narcotics Control Board (INCB) noted that medications containing narcotic or psychotropic drugs are becoming the drugs of choice for many users, and that drug traffickers are responding to the demand through increased diversion and the production of counterfeit drugs. Prescription drugs can be obtained for non-medical purposes by various means. These include:

- Obtaining prescriptions or prescription drugs from family and friends
- Over prescribing by physicians
- Multiple prescriptions through a doctor
- Forged prescriptions
- Illegal online pharmacies
- Theft and burglary (from hospitals, residences, pharmacies)
- Unscrupulous physicians selling drugs

- iii) How do young people procure prescription drugs: (considering the fact that the Model UN conference primarily involves school and high school students)

Young people rarely obtain prescription drugs using methods commonly associated with the diversion of pharmaceutical products from normal channels, such as pharmacy theft, prescription fraud, or visiting numerous doctors to obtain multiple prescriptions (doctor shopping). It is much more common for adolescents to obtain prescription drugs from peers, friends or family members. According to the SAHMSA National Survey on Drug Use and Health 2008 (United States), 55.9 per cent of persons aged 12 or over took prescription drugs from a friend or relative and 81.7 per cent of those medications were prescribed to the friends or relatives by only one physician (see section 6). However, the variety of ways in which young persons are able to

acquire or purchase prescription drugs is a source of concern (DEA, 2008). Law enforcement officers report that in some cases, particularly with regard to the stimulant Ritalin, teenagers who have legitimate prescriptions sell the drug or give it away. Young people also acquire prescription drugs by stealing them, either from relatives and other individuals who have legitimate prescriptions, or from school medicine dispensaries.

iv) \*\*\* As much as the illicit access to and usage of prescription narcotics is an internationally acknowledged issue, ensuring that prescription drugs are available to those who need them is also an imperative

- a) The prevention of the non-medical use of prescription drugs needs to meet the constraint that the drugs are available to those who need them. Policies that meet the twin constraints of prevention and availability could be established and implemented at different levels. A number of options exist. A comprehensive policy would choose the most appropriate options for each country, taking into account the particular needs of the country in terms of both medications and its human, structural and financial resources. At a general level, any policy that is formulated should address the issue of the financial incentives given by pharmaceutical companies for practitioners to prescribe, rather than try to use other approaches. A possible way to simplify policy might be to distinguish between high-risk low-value and high-risk high-value medications. High-risk low-value medications are those that have intoxicating, sedating or euphoric qualities, have a rapid onset of effect, and are prescribed at high dosages, whereas they have low therapeutic value and in many cases could be replaced by satisfactory alternatives. It might be beneficial to restrict the use of such drugs or delete them from the list of prescription drugs altogether (Dobbin, 2010).
- b) The situation is more complex with regard to high-risk high-value drugs. Such drugs are clinically important for treating specific illnesses, yet can produce dependence, often have an intoxicating effect, and can contribute to severe morbidity and mortality. They are often used for non-medical purposes and diverted, and are associated with criminal activities that are either pursued to obtain them or engaged in while under their influence. High-risk high-value drugs include opioids, benzodiazepines, and other sedatives, and precursor drugs (e.g., ephedrine, which is used to produce methamphetamine). The use of high-risk high-value drugs should be closely monitored at different levels by physicians, pharmacists, and other appropriate authorities. They are discussed in more detail below (based on a presentation by Malcom Dobbin, 2010).

- c) Finally, the consequences of advances in drug formulation need to be considered. There now exist products that contain large amounts of controlled substances and that are designed to be delivered over a period of several hours or even days. New approaches need to be developed to assess the potential for abuse of these products, the characteristics that they have when they are abused, and what might be done to minimize the effects of abuse. It is particularly important to ensure that such formulations are designed to have characteristics that will deter abuse, such as a physical or pharmacological barrier that prevents access to the whole amount of the drug at once. However, it is important to note that altering dosages or the formulation (tablet, capsule, modified release, matrix formulation or other) can affect the prevalence of use, route of use and harms associated with use (Sheridan et al., 2008). Hence, care must be taken when designing formulations to deter abuse. For example, removing one benzodiazepine from the market can result in users switching to other similar prescription drugs and continuing to inject (Fountain et al., 1998 in Sheridan et al., 2008)

## **8. Concluding note:**

The non-medical use of prescription drugs is a unique and complex issue. Due to a lack of epidemiological data, the exact extent of the problem worldwide remains unknown. On the one hand, data from North America and Australia show that as their availability increases, prescription drugs are rapidly becoming the non-medical drugs of choice for many segments of society. Treatment data from Africa, Asia, Europe and South America also show that the non-medical use of prescription drugs is a significant problem. On the other hand, governments cannot simply make these substances illicit, because for many people worldwide they are necessary for achieving and maintaining a good quality of daily life. Taking these contrasting desiderata into account, governments in both developed and developing countries can and should begin to take action to address the non-medical use of controlled prescription drugs. UNODC can provide assistance to governments, e.g. through the Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme, which assists governments in key regions to generate, analyse and report data on synthetic drugs, including prescription medicines. This could be achieved in a number of ways:

- Collecting basic epidemiological data, on an ongoing basis, regarding the extent and patterns of non-medical use of prescription drugs and their consequences;
- Establishing a medication management system that ensures that medication is available to those who need it, while monitoring for and preventing possible diversion at all different levels: production, storage, health-care (prescribing physicians and pharmacists), patients, and the Internet;
- Raising awareness among policymakers and clinicians, parents, young people, and teachers;

- Training health-care professionals on an ongoing basis on how to prevent recognize and manage the non-medical use of prescription drugs and related consequences;
- Taking an official stance by addressing the issue of non-medical use of controlled prescription drugs directly in drugs legislation;
  - Researching whether and how to tailor prevention and treatment efforts for the non-medical use of prescription drugs;
  - Researching how to treat poly substance users and those with a co-morbid illness;
  - Doing further research on the risk and protective factors for the non-medical use of prescription drugs, with particular attention to specific risk populations, such as young people, women, older adults and health professionals;
  - Providing clear guidelines to physicians on good practices for prescribing the use of strong psychoactive medication, including both initiation and time limits;
  - Using systems of supervised daily dosing for strong psychoactive medication when appropriate;
  - Providing incentives for medical practitioners to not overprescribe strong psychoactive medication;
    - Providing disincentives for the over prescription of strong psychoactive medication.

## **9. Links for further research and guidance**

- a) Rules of procedure <https://www.un.org/en/model-United-nations/rules-procedure>
- b) Positioning and classification of UN bodies and agencies [https://www.un.org/en/pdfs/english\\_un\\_system\\_chart\\_11x8.5\\_4c\\_en\\_web.pdf](https://www.un.org/en/pdfs/english_un_system_chart_11x8.5_4c_en_web.pdf)
- c) Official website of the UN Commission on Narcotic Drugs <https://www.unodc.org/unodc/en/commissions/CND/index.html>
- d) Report of the 63<sup>rd</sup> session <http://undocs.org/E/2020/28>
- e) 2019 ministerial declaration [https://www.unodc.org/documents/hlr//19-V1905795\\_E\\_ebook.pdf](https://www.unodc.org/documents/hlr//19-V1905795_E_ebook.pdf)

## **10. Culminating suggestions and recommendations:**

- i) All the member state representatives (delegates) are requested to consider this as a very generic document merely serving the need to prepare a base of your research and not be about it.



Kindly apply your own analytical skills and put in efforts to comprehend each and everything that is mentioned, beginning with data to proposed potential solutions to the aforementioned issues.

- ii) It is also important to keep in mind throughout, the fact that **we will be deliberating upon the issue in light of the global pandemic as** mentioned in the verbatim of the agenda. **The factoid that we're in the middle of a global epidemic alters circumstances, which consequently leads to countering unprecedented issues like symptoms serving as a basis to procure drugs and taking narcotics which halt sense in the pretext of treating the disease.**
- iii) The delegates are requested no to put forward plagiarised solutions from documents but resolutions which are economically feasible and logistically viable.

The paperwork and documentation for the commission will either be a commission report or a ministerial declaration or a resolution which will be deliberated upon in the culminating sessions of the commission. Following is the link to the latest CND resolution.

[https://www.unodc.org/documents/commissions/CND/Drug\\_Resolutions/2020-2029/2020/Resolution\\_63\\_1.pdf](https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2020-2029/2020/Resolution_63_1.pdf)

We hope this handbook serves as the basis of research for the delegates. We look forward to a fruitful conference.

If need be, delegates can contact the executive board members at:

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