



STUDY GUIDE

EKMUN 2025

UNODC

Topic A: Preventing youths' involvement in gangs and drugs

Topic B: The opioid crisis: its challenges and responses



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Dear Delegates,

As the Secretary-General of EKMUN'2025, it is my greatest honor to welcome you to this year's conference. Soon, we will come together to engage in discussions that mirror the complexity and importance of real-world diplomacy. Each one of you brings a unique perspective, a distinct voice, and an ambition to create change and it is exactly this diversity that makes Model United Nations such a powerful experience.

Over the upcoming days, you will find yourself not only debating international matters but also stepping into the shoes of world leaders, policymakers, and diplomats. The preparation, dedication, and curiosity you bring to this conference will shape not just your experience, but the overall atmosphere of cooperation and respect that defines EKMUN'2025

Throughout this conference, you will not only have the opportunity to discuss global issues but also to develop essential skills such as critical thinking, teamwork, and negotiation. Remember that Model United Nations is not just about reaching resolutions it is about understanding perspectives, fostering respect, and finding common ground among differences.

I strongly encourage each one of you to be bold, respectful, and solution-oriented during your sessions. Let this conference be a place where your voices are heard, and your ideas make an impact.

I wish you all productive debates and unforgettable memories.

Warm regards,

Ayliz Çolak

Secretary-General of EKMUN'2025

Dear Delegates,

I am Defne Sila Vural, 23 years old and I graduated from Gazi University English Language Teaching department. I am so honored that I will be with such unique, brilliant young brains, which are you. I sincerely welcome every one of you EKMUN'25 and UNODC committee.

As USG of UNODC committee, I would like to inform you about our agendas, which are Preventing Youths' Involvement in Gangs and Drugs and The Opioid Crisis: Its Challenges and Responses. Though illicit drug use falls, according to the EUDA (no5, 2025) 12-17 ages are more into using pharmaceutical drugs, especially opioid types. As you all can guess that, this situation triggers everything just like domino stones; gambling, violence mental health problems and most importantly overdose deaths among teens. Also, you easily can see that both of our agendas are related to each other.

As delegates, you are waited to search and work deeply and in a meticulous way. Your solutions, findings and priceless critical thinking and brainstorming are going to show us the light at the end of the tunnel. I am very excited to see your draft papers, your passion during the debates and cleverest ways to exchange your ideas.

We are all here to support you and I assure that we will be there to solve your problems. Make your researches, collect your ideas and get ready for debates rigorously. Do not estimate your ideas, because you are the one who will shape the future, hence you and your thoughts are important. If you have any considerations or questions, do not hesitate to contact me.

Good Luck and Best Regards

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INTRODUCTION TO THE COMMITTEE

The United Nations Office on Drugs and Crime (UNODC) plays a vital role in addressing some of the most complex and transnational threats facing the global community today. From organized crime and terrorism to corruption, drug trafficking, and human trafficking, UNODC operates at the intersection of security, development, and human rights. As one of the central policies and technical assistance bodies within the UN system, it assists Member States in confronting these challenges through international cooperation, legal frameworks, and capacity-building. For delegates participating in a Model United Nations simulation, understanding the committee's mandate, scope, operations, and current relevance is essential for realistic and impactful diplomacy.

Established in 1997 through a merger between the United Nations International Drug Control Program and the Centre for International Crime Prevention, UNODC was created to better coordinate the global response to growing threats linked to illicit drugs and organized crime. Rather than being a legislative or enforcement body itself, UNODC functions as a secretariat office within the UN Secretariat. It supports the implementation of key international treaties and conventions, including the United Nations Convention against Transnational Organized Crime (UNTOC, 2000), the United Nations Convention against Corruption (UNCAC, 2003), and three major drug control treaties. These instruments form the backbone of global efforts to combat crime and regulate controlled substances, and UNODC acts as both a technical advisor and a convener of states to ensure effective implementation (EliteIAS, 2024).

UNODC's mandate is both broad and ambitious. It is tasked with supporting Member States in areas such as drug prevention, treatment, and rehabilitation; criminal justice reform; corruption prevention; counter-terrorism; border security; cybercrime; and the trafficking of humans, firearms, and wildlife. Importantly, the agency's work is directly aligned with several of the United Nations Sustainable Development Goals (SDGs), particularly Goal 16: Peace, Justice, and Strong Institutions. Through these efforts, UNODC not only addresses the symptoms of global crime but also tackles the systemic weaknesses—such as weak institutions and widespread corruption—that allow these problems to flourish (UNODC, n.d.).

Operationally, UNODC is not a legislative or enforcement body. It does not create binding law, nor does it have the capacity to arrest or sanction individuals or states. Instead, it provides normative guidance, technical assistance, and capacity-building to Member States. It helps

countries draft and reform laws, trains law enforcement and judiciary officials, supports anti-corruption bodies, and facilitates cross-border cooperation in criminal investigations. Its influence lies in its ability to convene states around shared goals and provide them with the tools to implement global norms effectively. For instance, through the Mechanism for the Review of Implementation of the UNTOC and the UNCAC Implementation Review Mechanism, UNODC evaluates how well states are meeting their treaty obligations and offers targeted support to improve compliance (UNODC, n.d.).

UNODC works through commissions such as the Commission on Narcotic Drugs (CND) and the Commission on Crime Prevention and Criminal Justice (CCPCJ), which set broad strategic direction and develop soft-law standards and resolutions. These bodies, along with conferences of States Parties to treaties like UNTOC and UNCAC, allow for continual dialogue, review, and the development of global best practices. While resolutions passed by these bodies are not binding under international law, they often serve as important political commitments and policy guidance for member governments (MillenniumIndicators.un.org, n.d.).

One of the unique aspects of UNODC is the breadth of its partnerships. It collaborates with other UN bodies, national governments, NGOs, academic institutions, and regional organizations. It also supports field offices in over 80 countries, making it one of the most operationally present entities in the UN system. Despite this reach, UNODC's operations are constrained by limited resources, voluntary funding from member states, and the political sensitivities surrounding many of the issues it tackles. Drug policy, for instance, remains a deeply divisive topic globally, with ongoing debates around decriminalization, harm reduction, and medical cannabis (UNODC, 2023).

Today, the relevance of UNODC's work continues to grow. Synthetic drugs such as methamphetamine and fentanyl are reshaping global drug markets. According to the *World Drug Report 2023*, the production and trafficking of synthetic substances has expanded rapidly, particularly in regions where governance is weak, and conflict persists. The UNODC warns that these trends—coupled with global instability, armed conflict, and climate-related displacement—are creating fertile ground for organized crime to flourish (Serbia.UN.org, 2023). In Southeast Asia, for example, methamphetamine seizures reached a record high in 2024, with over 230 tons seized evidence of the increasing scale of the synthetic drug market (AP News, 2024).

Beyond drugs, transnational organized crime continues to evolve. Traffickers exploit online platforms to coordinate illicit activities and launder money through cryptocurrencies and offshore accounts. Environmental crimes—such as illegal logging, mining, and wildlife trafficking—are increasingly linked with armed groups and corruption. In a 2024 report, UNODC emphasized that environmental crime is among the fastest-growing forms of transnational crime and that its impact is often underestimated (The Guardian, 2024). Cybercrime has also emerged as a top priority for the agency, particularly as critical infrastructure and financial systems face growing threats.

Corruption remains a core concern for UNODC. It not only enables criminal networks but also undermines trust in governance, weakens rule of law, and impedes development. While UNCAC provides a framework for anti-corruption efforts, implementation is inconsistent. Many developing countries lack the institutional capacity to detect, investigate, and prosecute high-level corruption cases. Through training, peer reviews, and legal advisory services, UNODC supports countries in closing these gaps, but progress remains slow in many parts of the world (UNODC, 2023).

In a Model United Nations setting, simulating the work of UNODC offers delegates an opportunity to grapple with highly technical and politically sensitive topics. Unlike crisis committees or purely political forums, UNODC requires delegates to balance legal frameworks, national sovereignty, development concerns, and human rights. Delegates must propose evidence-based, practical solutions that respect international law while accounting for each country's political and institutional realities. Moreover, the committee's work frequently involves cross-cutting issues: how corruption fuels drug trafficking, how weak border security allows human trafficking to persist, or how cybercrime and terrorism intersect.

Understanding the mandate and limitations of UNODC is essential to drafting strong and realistic resolutions. Delegates must recognize that UNODC does not impose sanctions, launch prosecutions, or create binding law. Instead, its power lies in its ability to coordinate, inform, and assist. Effective resolutions in this committee should therefore focus on mechanisms for cooperation, funding, legal harmonization, technical assistance, and data-sharing. Delegates should also be prepared to consider how issues of gender, public health, and social equity intersect with security and criminal justice policy—particularly in areas like drug treatment, trafficking prevention, and prison reform.

In conclusion, the United Nations Office on Drugs and Crime stands at the heart of global efforts to promote justice, security, and development. Through legal frameworks, technical support, and multilateral cooperation, it works to address some of the most urgent challenges facing the international community. In a Model UN context, engaging with UNODC means thinking broadly, acting collaboratively, and designing policies that are not only ambitious but also implementable. It is a committee that demands both technical understanding and diplomatic sensitivity—and in return, offers a unique platform to tackle some of the most complex and impactful issues of our time.

THE NEXUS OF VULNERABILITY AND TRANSNATIONAL CRIME: A DEVELOPMENTAL APPROACH TO PREVENTING YOUTH INVOLVEMENT IN GANGS AND DRUGS

I Topic Introduction: Framing the Mandate for Resilience

The involvement of children and young adults in organized crime, particularly youth gangs and illicit drug supply networks, represents a profound challenge to global security and human development. Addressing this issue is central to the realization of the 2030 Agenda for Sustainable Development, specifically Sustainable Development Goal (SDG) 16, which calls for the promotion of peaceful and inclusive societies, access to justice for all, and effective, accountable, and inclusive institutions (UNODC n.d.)¹. The United Nations Office on Drugs and Crime (UNODC) recognizes that youth populations are uniquely vulnerable to drug use, crime, violence, and victimization, including sexual exploitation and gang-related crime. This vulnerability is often compounded by poverty, marginalization, and the erosion of local support systems (UNODC n.d.)¹.

I.A The Developmental Prevention Paradigm

The fundamental approach promoted by the UNODC in tackling this issue is **developmental or early prevention** (UNODC n.d.)¹. This paradigm shifts the focus away from reactive law enforcement measures toward proactively investing in the healthy development of children and young people. Developmental prevention aims to mobilize individuals, families, schools,

and communities to address the underlying socio-economic and psychological conditions that give rise to antisocial behavior and crime *before* offenses occur (UNODC n.d.)¹. Developmental prevention initiatives target different levels of the human ecology. This involves focusing on core supports such as effective parenting and early child support, implementing anti-bullying programs in schools, and providing comprehensive individual and social skills training (UNODC n.d.)¹. Recognizing that crime often stems from deep-rooted social inequalities and a lack of opportunities, these initiatives are essential for equipping young individuals with the psychological and social resources needed to build resilience against criminal influences (FFL/LLC, 2025)².

I.B Youth as Agents of Change and the Multi-Sectoral Imperative

While acknowledging the deep vulnerability of young people, the UNODC framework also emphasizes that, by virtue of their energy, age, and learning abilities, youth are key agents of change in creating a better future (UNODC n.d.)¹. Prevention efforts must therefore move beyond simply protecting youth to actively empowering them. Carefully targeted projects involve youth, especially those in marginalized communities, in decision-making processes, education, skills training, entrepreneurship, and job creation (UNODC n.d.)¹. Activities like sport-based learning build resilience by providing concrete, constructive alternative lifestyles to drug and gang involvement (UNODC n.d.)¹. This holistic perspective necessitates a **multi-sectoral approach** to youth crime prevention. The Economic and Social Council (ECOSOC), in its resolution of July 2016, emphasized that policies must bring together actors from law enforcement, social services, education, and community organizations to address the varying and complex needs of young people (UNODC n.d.)¹. The failure to coordinate efforts across these domains often results in fragmented responses that miss the interconnected root causes of vulnerability.

I.C Key Terminology: Defining the Nexus

The discussion requires a clear definition of the phenomena under review:

- **Youth Gangs:** These are organized groups of young individuals, typically comprising at least three members, who engage in delinquent behavior and foster values that support their criminal activities (Tobin,2024)⁴. Gangs are not homogenous;

they range significantly in structure and cohesiveness, from loosely organized street groups engaging in minor delinquency to highly structured "super-gangs" involved in severe criminal activities, including sophisticated drug trafficking operations and violent crimes (Tobin,2024)⁴. The common thread is the provision of a sense of belonging, protection, or financial survival, often filling voids left by inadequate community support systems (FFL/LLC,2025)².

- **The Gang-Drug Nexus:** This describes the critical functional relationship where young people become integrated into the logistics and supply chains of the illicit drug trade. Organized crime groups and established gangs often prefer to recruit children and young adults for drug trafficking activities for two primary, calculated reasons: the first is that youth may be seeking excitement or a means to identify with local groups, and the second is that criminal networks deliberately use younger perpetrators to carry out acts to avoid detection and prosecution of senior members (UNODC,2018,b.4)⁵. This strategic exploitation links localized youth vulnerability directly to the mandates of transnational organized crime control.

II. History of the Topic: Evolution of Youth Crime and Substance Abuse

Understanding the current landscape of youth gang and drug involvement requires tracing its origins from social phenomena born of deprivation to its evolution into a key component of transnational organized crime (TOC). The history focuses on the convergence of social disadvantage with criminal opportunity in the modern era.

II.A Initial Causes: Urbanization and Social Disorganization

Youth gangs are not a modern invention; their origins can be traced back to the early periods of mass urbanization and rapid industrial growth. In the United States, gangs appeared as early as 1783, flourishing in the 1800s in major cities like New York and Philadelphia as population shifts and immigration reached peak levels (Curry & Decker,1998)⁷. Historically, they emerged as a collective response to urban conditions, often growing out of difficulties encountered by immigrant youth facing social and cultural adjustment in conditions of

extreme poverty (Curry & Decker,1998)⁷. This historical pattern established that the problem is rooted in social disorganization and economic disparity. Core risk factors that lead to gang involvement include poverty, lack of school connectedness, exposure to violence, community disorganization, and the availability of drugs and firearms (Youth gov. n.d.)⁸. The visibility and violence of gangs have historically been characterized by an "ebb and flow" pattern, peaking during periods of rapid societal change and crisis, underscoring that global instability continues to create environments ripe for recruitment (Curry & Decker,1998)⁷.

II.B The Rise of the Gang-Drug Nexus (1980s to Modern Era)

A critical shift occurred in the late twentieth century, particularly in the 1980s, which redefined youth gangs from territorial social clubs into increasingly sophisticated criminal enterprises. This period saw a dramatic increase in youth gang violence coinciding with the rise of the crack cocaine epidemic (Howell & Decker,1995)⁹. This convergence transformed the nature of gang activity, amplifying the public perception that youth gangs were inextricably linked to drugs and violent crime (Howell & Decker,1995)⁹. The connection to drug trafficking made gangs more dangerous due to increased access to more lethal weapons and greater mobility (Tobin,2024)⁴. Criminological analysis of this period became necessary to distinguish between traditional street gangs and organizations primarily driven by drug distribution, which often developed intricate hierarchies and greater criminal professionalism (Tobin,2024)⁴. The drug trade, by its nature, is inherently violent, and its enforcement by transnational criminal enterprises generates high social costs, including the deterioration of family and community life (Rotman,2000)¹⁰. This evolution confirms that addressing youth involvement requires not just addressing local social factors but disrupting the global illicit economies that exploit these vulnerable populations.

II.C Defining the Root Causes: A Multi-Domain Risk Assessment

The causes of youth involvement in drugs and gangs are systemic, manifesting across multiple spheres of a young person's life. Successful prevention demands interventions that simultaneously address risks across these domains. The following table summarizes key factors that drive vulnerability:

Table V: Multi-Domain Risk Factors for Youth Gang and Drug Involvement

Domain	Risk Factor Examples	Consequence of Risk
Individual	Delinquency, alcohol and soft drug use, male gender, aggressiveness, psychological risk factors (low self-control, impulsivity), victimization (Youth gov. n.d.) ⁸	Higher probability of chronic substance use and involvement in violent behavior (Higginson&Benier&Shenderovic&Bedford&Mazerolle&Murray,2018) ¹¹
Family	Parental criminality, child maltreatment, low levels of parental monitoring, parent-child separation, negative family environment	Lack of structured support, early exposure to violence and criminal role models (Youth gov. n.d.) ⁸

	s (Youth gov. n.d.) ⁸	
Peer/School	Delinquent siblings and peers, peer gang membership, academic failure, lack of school connectedness, truancy and school dropout (Youth gov. n.d.) ⁸	Loss of protective factors found in educational environments; socialization into anti-social behaviors (Youth gov. n.d.) ⁸
Community	Poverty, community disorganization, availability of drugs and firearms, exposure to violence and racial prejudice (FFL/LLC, 2025) ² .	Environment where gangs fill the void left by absent legitimate support systems; recruitment for financial survival (FFL/LLC, 2025) ² .

The prevalence of these risk factors necessitates a developmental approach that provides protective factors—such as functional family therapy, targeted social skills training, and stable community resources—to counter the pull of gang affiliation (FFL/LLC, 2025)².

III. The Current Situation: Data, Dynamics, and the Status Quo Debate

The contemporary drug and crime landscape are characterized by increasing global prevalence of drug use, rapid shifts toward high-lethality synthetic substances, and the calculated, strategic exploitation of youth by highly adaptive transnational organized crime groups.

III.A. Contemporary Global Prevalence and Dynamics of Youth Drug Use

Global drug prevalence is escalating, confirming that illicit trade is growing steadily and rapidly. As of 2023, approximately 316 million people worldwide had used drugs in the past year. This increase is happening at a rate that **outpaces global population growth**, signaling a higher prevalence of drug use across populations (UNODC,2025)¹³. Youth are disproportionately affected by the highest-risk drug categories. Drug use among young people aged 15 to 16 is a critical public health concern, resulting in significantly higher rates of healthy years of life lost. For young men aged 15 to 19, the proportion of healthy life years lost due to drug use disorders is **22% higher** than in older male demographics, while young women in the same age bracket show an 18% higher rate (UNODC,2025)¹³. Moreover, males aged 15–19 have a 68% higher probability of dying from drug use disorders than women aged 20 and older (UNODC,2025)¹³.

A comparison of prevalence rates highlights the extreme vulnerability of adolescents to certain substances, particularly synthetic drugs:

Table VI: Comparative Drug Use Prevalence (Youth vs. General Population, 2023 Estimates)

Substance	Prevalence (15-16 Years Old)	Prevalence (General Population 15-64)	Comparative Risk (15-16)
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Cannabis	4.4%	4.6%	Similar overall, but higher than adults in Western and Central Europe (UNODC,2025) ¹³ .
Amphetamines	1.0%	0.6%	39% higher prevalence among youth (UNODC,2025) ¹³ .
"Ecstasy"	0.5%	0.4%	20% higher prevalence among youth (UNODC,2025) ¹³ .
Cocaine	0.7%	0.5%	29% higher prevalence among youth. Prevalence is near parity with the general population in Western and Central Europe (UNODC,2025) ¹³ .

These figures demonstrate that for synthetic drugs and cocaine, the risk of use is highest during adolescence. While there have been positive signs in some high-income countries where adolescent drug use has declined (e.g., a decrease in lifetime prevalence from 19% to 14% in European surveys between 2015 and 2024), this trend may be partially offset by the rise of other problematic behaviors, such as the problematic use of social media, which increased from 38% to 47% in the same period (UNODC,2025)¹³.

III.B. The Threat of Synthetic Drugs and Organized Crime Recruitment

The synthetic drug market drives much of the growth and instability in illicit trade. Seizures of amphetamine-type stimulants (ATS) broke records in 2023, accounting for nearly half of all synthetic drug seizures worldwide (UNODC,2025)¹³. Synthetic opioids remain a major challenge, characterized by the concerning emergence of substances like nitazenes. Regional threats include the continuing upward trend of methamphetamine in South-East Asia and the massive flow of "Captagon" originating in the Syrian Arab Republic into the Near and Middle East (UNODC,2025)¹³. These growing supply networks are fuelled by global instability and regional crises, which in turn are inflamed by the illicit trade itself, creating a vicious cycle (UNODC,2025)¹³. Young people deprived of basic necessities and living in fragile environments are highly susceptible to recruitment (UNODC, 2025?)¹⁴. Critically, organized

criminal groups (OCGs) are increasingly using digital platforms for recruitment, targeting vulnerable youth through coded language, memes, and gamified tasks. This strategic grooming often results in the engagement of young people in "**Violence-as-a-Service**" (**VaaS**), where violent acts, such as assaults or killings, are outsourced for a fee. This is a calculated operational decision by OCGs to shield their leadership, capitalize on vulnerabilities, and exploit the perception that young perpetrators may face lighter sentences (Europol,2025)⁶. This evolution signifies that youth crime prevention is now intrinsically linked to countering transnational cyber-enabled organized crime.

III.C. Pros and Cons of the Status Quo

The current response landscape presents both established, evidence-based frameworks and critical implementation gaps.

Advantages: Evidence-Based Resilience Building

- **Framework Alignment:** The UNODC continues to promote the implementation of its International Standards on Drug Use Prevention through ambitious new programs. The **CHAMPS initiative** (launched 2024/2025) exemplifies a future-oriented paradigm shift, focusing policymakers on child developmental needs and aiming to help "pathfinding countries" build comprehensive, evidence-based prevention systems (UNODC,2025,Jan)¹⁵.
- **Effective Programmatic Interventions:** The application of developmental principles has yielded documented success. The *Line Up Live Up* program, for example, utilizes sport-based interventions to strengthen youth resilience by teaching critical life skills, such as resisting social pressures and communicating effectively. This has been successfully deployed in multiple countries across Central Asia, Africa, and the Middle East, demonstrating the efficacy of targeted, non-punitive methods (UNODC n.d.)¹.
- **Active Youth Empowerment:** The emphasis on engaging youth in decision-making, skills training (including through sports), entrepreneurship, and job creation

provides crucial alternatives to gang affiliation, proactively building protective factors in marginalized communities (UNODC n.d.)¹.

Disadvantages: Systemic Gaps and Implementation Hurdles

- **Incomplete System Implementation:** Despite robust international standards, a major systemic drawback is that **no country to date has fully implemented an evidence-based prevention system** according to the UNODC/WHO Prevention Standards (UNODC,2022, b.1)¹⁶. This demonstrates a widespread failure in securing the sufficient funds, coverage, and long-term commitment necessary to build a whole prevention system within a country (UNODC,2022, b.1)¹⁶.
- **Reintegration Failure:** For youth already involved in gangs, the path to desistance is fraught with extreme difficulty. Individuals choosing to leave face the pervasive fear of physical harm (retaliation), the challenge of grieving lost social ties, and severe limitations in securing legitimate employment or education (FFT,LLC,2025)². Without comprehensive support—including family involvement and employment opportunities—youth often become entrenched in cycles of crime and recidivism (FFT,LLC,2025)².
- **Resource and Access Disparities:** The lack of access to prevention and treatment resources exacerbates the problem, making already marginalized populations more likely to engage in harmful drug use and suffer from related disorders (UNODC,2025?)¹⁴.

III.D. Framing the Debate: The Dichotomy of Intervention Strategies

Delegates must confront the fundamental ideological and practical tension between two primary intervention models: the security-focused law enforcement response, and the human-rights-based developmental response. The success of future resolutions hinges on the effective harmonization of these approaches.

Table VII: Framing the Policy Debate: Developmental vs. Security Approaches

Policy Block/Approach	Primary Objective and Core Philosophy	Implementation Challenges and Limitations
Developmental and Rehabilitative Model	<p>Prevention, diversion, and human rights. Views the young offender primarily through the lens of developmental immaturity, favoring treatment and rehabilitation over retribution (Scott&Steinberg,2007)¹⁹.</p> <p>Upholds the principle that deprivation of liberty should be a measure of last resort (UNGA,2024)²¹.</p>	<p>Requires massive, sustained, multi-sectoral investment over a long-time horizon. Challenges in extending juvenile treatment standards (e.g., under age 21) across varying national legal systems (UNODC,2022, b.1)¹⁶.</p>
Security and Enforcement Model	<p>Deterrence, accountability, and containment of violent crime. Treats serious youth-related offenses as “adult time for adult crime” (Scott&Steinberg,2007)¹⁹.</p> <p>Focuses on disrupting OCG logistics and removing dangerous elements.</p>	<p>Punitive measures risk criminalizing normal adolescent development and may increase recidivism rates by further marginalizing vulnerable youth (Scott&Steinberg,2007)¹⁹. Fails to address root causes, potentially feeding the OCG recruitment pipeline (UNODC,2025?)¹⁴.</p>

The challenge for Member States is clear: while law enforcement must immediately disrupt the strategic exploitation of youth through models like VaaS, this disruption must be coupled with robust, rights-based developmental policies, promoting alternatives like diversion and restorative justice, in line with established UN norms (UNGA,2024)²¹. Failure to merge these two strategies creates a policy gap that OCGs readily exploit.

IV. Past Actions by the UNODC and Relevant Bodies

The UN system has developed a comprehensive normative and programmatic architecture to guide Member States in preventing youth involvement in crime, emphasizing early intervention and justice reform.

IV.A. Foundational Norms and Guidelines

The UNODC's work in youth crime prevention is guided by foundational standards and norms adopted by the General Assembly (GA) and the Economic and Social Council (ECOSOC) (UNODC n.d.)²⁴.

- **United Nations Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines) (GA resolution 45/112):** These guidelines serve as the primary framework for juvenile delinquency prevention. They promote positive social measures, emphasizing the importance of family, education, social policy, and fair justice administration (UNODC n.d.)¹.
- **United Nations Guidelines for the Prevention of Crime (ECOSOC resolution 2002/13):** These guidelines reinforce the necessity of implementing strategies and measures that actively reduce the risk of crime by influencing their multiple causes through multi-sectoral engagement (UNODC n.d.)³.
- **The Doha Declaration (Endorsed by GA resolution 70/174):** Adopted at the 13th UN Congress on Crime Prevention and Criminal Justice, this declaration stresses the fundamental role of **youth participation** in the design and implementation of crime prevention efforts and calls specifically for innovative approaches to address the localized impact of gang-related violence (UNODC n.d.)¹.
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IV.B. Key General Assembly and ECOSOC Resolutions

Recent resolutions reflect the international community's growing focus on the intersection of developmental issues, justice reform, and sophisticated organized crime:

- **GA Resolution 79/188: Preventing and countering violence against children by organized criminal groups and terrorist groups in the field of crime prevention**

and criminal justice: This recent landmark resolution explicitly mandates Member States to develop comprehensive crime prevention and justice system policies specifically aimed at preventing the involvement of children in OCGs (UNGA,2024)²¹. It strongly encourages the use of **alternative measures to detention**, such as diversion and restorative justice, and requires adherence to the principle that the deprivation of liberty for children should only be used as a measure of last resort and for the shortest appropriate period (UNGA,2024)²¹.

- **ECOSOC Resolution 2016/18: Mainstreaming holistic approaches to youth crime prevention:** This resolution formally emphasized the necessity of a holistic and multi-sectoral approach, advocating for the development of prevention policies that are adaptable to the varying needs of young people (UNODC n.d.)¹.
- **GA Resolution 74/170: Integrating sport into youth crime prevention and criminal justice strategies:** This provides the normative foundation for using sport and sport-based learning as a mechanism for strengthening youth resilience and providing positive social and individual skills training (UNODC n.d.)¹.

IV.C. UNODC Technical Assistance and Programming

The UNODC supports Member States through targeted technical cooperation and capacity building, translating normative frameworks into practical action:

- **The CHAMPS Initiative:** Launched in 2024/2025, the CHAMPS (Child Protection and Community Resilience) framework is designed to help Member States align existing services with the UNODC/WHO Prevention Standards. It represents a significant commitment to implementing a complete, evidence-based prevention system. Early implementation efforts in countries like Egypt and Brazil demonstrate a focus on multi-sectoral steering and targeting child developmental needs (UNODC,2025,Jan)¹⁵.
- **The *Line Up Live Up* Programme:** A successful, evidence-based initiative operationalized under the Doha Declaration Global Programme. This program utilizes sport coaches and teachers to deliver structured, interactive exercises that build crucial life skills in vulnerable youth, fostering resilience against delinquency (UNODC n.d.)¹. It was deployed in fourteen countries until 2021, showcasing a scalable model for practical intervention.

- **Generation Justice (GenJust) Initiative:** Launched in 2024, GenJust aims to empower youth participation in the high-level policy discussions of the Commission on Crime Prevention and Criminal Justice and subsequent Crime Congresses (UNODC, 2025)²⁶. This initiative, which includes a Youth Network and regional consultations, ensures that youth voices and recommendations—based on surveys of hundreds of young people—directly inform policy discussions at the highest levels of the UN system (UNODC, 2025)²⁶.

IV.D. Relevant Actions by Other International and Regional Bodies

International instruments and regional organizations play a crucial role in complementing UNODC mandates, particularly in addressing the transnational dimensions of the challenge:

- **The United Nations Convention against Transnational Organized Crime (UNTOC):** UNTOC and its protocols provide the legal architecture for combating the organized crime groups that exploit youth. The **Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children**, is particularly relevant, recognizing that many forms of youth gang involvement amount to exploitation and trafficking (Wiki n.d.)²⁷.
- **Europol Operational Taskforce GRIMM:** Regional law enforcement bodies, such as Europol, have launched coordinated actions (e.g., OTF GRIMM) to specifically combat the emerging trend of "Violence-as-a-Service." Led by Sweden, this taskforce unites eight European nations to tackle the digital recruitment and calculated use of young perpetrators by OCGs, demonstrating a necessary security-focused response to the modern tactics of organized crime (Europol, 2025)⁶.
- **Organization of American States (OAS) and SICA:** In regions severely affected by gang violence, such as Latin America and the Caribbean, regional bodies coordinate efforts to develop comprehensive anti-gang plans and prevention strategies (OAS,2010)²⁸. The OAS supports hemispheric efforts focusing on strengthening government and NGO capacity to discourage youth from joining gangs and providing viable rehabilitation and integration options for those who leave (OAS,2010)²⁸.

V. Conclusions and Recommendations for Action

The evidence demonstrates that preventing youth involvement in gangs and drugs requires a shift from viewing this issue solely as a security matter to recognizing it as a critical developmental and public health challenge driven by systemic vulnerability and exploited by adaptive transnational organized crime.

The analysis of the status quo reveals a significant opportunity: the UN system possesses robust, evidence-based norms and developmental frameworks (Riyadh Guidelines, CHAMPS, GA 79/188). However, the critical failure point remains the fragmented implementation and inadequate funding of the comprehensive, long-term prevention systems mandated by these standards (UNODC,2022,b.1)¹⁶.

Future resolutions must prioritize mechanisms that effectively bridge the gap between security needs and developmental imperatives. Specifically, recommendations for Member States and the UNODC should focus on:

- **Mandatory Investment in Prevention Infrastructure:** Member States must move beyond pilot projects and commit sufficient, long-term fiscal resources to implement the UNODC/WHO International Standards on Drug Use Prevention at scale, particularly targeting early childhood and adolescent development domains (UNODC,2022,b.1)¹⁶.
- **Institutionalizing the Developmental Justice Model:** Policies must adhere strictly to GA 79/188 by mandating the use of diversion, restorative justice, and alternatives to detention. Furthermore, Member States should explore extending the specialized treatment standards for juveniles to young adults (up to age 21), acknowledging developmental immaturity and maximizing opportunities for rehabilitation over punitive measures (UNODC,2013)²⁰.
- **Integrated Cyber-Developmental Strategies:** To counter the "Violence-as-a-Service" model and digital recruitment tactics, resolutions must promote cooperation between specialized law enforcement units (e.g., modeled after Europol's OTF GRIMM) and social services, specifically for identifying and intervening with digitally exploited youth. This integration requires a balance where security operations inform preventative measures, but all interventions maintain a rights-based, developmental focus on the youth victimized by OCGs (Europol,2025)⁶.

- **Strengthening Reintegration Pathways:** Addressing the challenges of desistance requires dedicated funding for community-based support systems that provide housing, skills training, psychosocial support, and job creation, specifically tailored to counter the threat of gang retaliation and the stigma of criminal records (FFT/LLC,2025)². These pathways are essential to breaking the cycle of recidivism and ensuring the long-term success of developmental prevention.

Country Stances: Agenda I: Preventing Youth Involvement in Gangs and Drugs

Country / Organization	Key Policy Philosophy	Main Position and Action Plan
Canada	Developmental Justice and Rehabilitation	The Youth Criminal Justice Act (YCJA) prioritizes rehabilitation and reintegration. Focuses funding on individualized case management, housing, and mental health services for vulnerable youth.
United Kingdom (UK)	"Child First" and Public Health Model	Pioneers the "whole-system" model using Violence Reduction Units (VRUs) . Views violence as a health issue and focuses on cross-sectoral collaboration to address root causes and counter exploitation.
Russian Federation	Security-Oriented, Punitive	Views combating organized crime as essential for national security. Favors strict, punitive measures and high deterrence against juvenile offenders to maintain public order and stability.
Brazil	Institutionalizing Evidence-Based Prevention	Supports UNODC's CHAMPS initiative, aiming to move beyond fragmented pilot projects and institutionalize national, multi-disciplinary prevention systems as a budgetary priority.
European Union (EU/Europol)	TCO Disruption and Intelligence-Driven	Identifies the exploitation of youth for " Violence-as-a-Service " (VaaS) as a critical threat. Uses intelligence-led projects like Safe Futures to dismantle digital recruitment platforms.
Mexico	TCO Dismantlement and Social Counter-Incentives	Seeks aggressive cross-border cooperation to dismantle cartel infrastructure. Prioritizes scaling up employment and education programs to offer viable protective factors against recruitment.

China, People's Republic of	Strict National Control and Stability	Prioritizes maintaining social stability and internal security through strict control. Supports comprehensive security measures against TCOs and enhanced border stability.
South Africa	Addressing Socio-Economic Root Causes	Advocates for developmental prevention models that directly address structural risk factors like high youth unemployment and poverty in the Global South. Calls for equitable global funding for youth development.

Guiding Questions for Agenda I: Preventing Youth Involvement in Gangs and Drugs

I. Developmental Justice and Accountability

- How can laws balance juvenile diversion mandates with accountability for severe, organized crime acts like VaaS?
- Should the UNODC recommend extending juvenile treatment standards (e.g., up to age 21) to young adults in crime, recognizing their developmental immaturity?
- What non-custodial alternatives (diversion, restorative justice) should UNODC prioritize and fund to effectively combat drug-related youth crime?
- Since no country fully implements UN prevention standards, what financing and accountability are needed to shift Member States from fragmented projects to sustained national prevention systems?
- How must traditional prevention programs (like sports) be adapted to counter the growing threat of online recruitment, where TCOs exploit digital platforms for criminal grooming?
- What specialized, cross-sectoral training is vital for police, educators, and social workers to identify and intervene against the digital exploitation of youth for VaaS?
- What comprehensive strategies are required to address the profound barriers to youth desistance, including the pervasive fear of retaliation and the stigma limiting legitimate employment?

- How can governments collaborate with NGOs and the private sector to prioritize job creation and stable housing, offering tangible protective alternatives to gang affiliation?

THE OPIOID CRISIS: STRUCTURAL CHALLENGES AND INTEGRATED POLICY RESPONSES

I. Executive Summary and Foundational Concepts

I.A. Overview and Global Scale of the Crisis

The current opioid crisis represents the most globally devastating cycle of opioid-related harm in modern history, primarily driven by the proliferation of highly potent synthetic substances (UNODC n.d.). This crisis is characterized by chronic and cyclical devastation, impacting public health, security, and socio-economic stability across numerous regions. The sheer scale of opioid use and associated mortality defines its urgency. Globally, an estimated 60 million people used opioids in 2021 (WHO,2023)². This prevalence translates directly into catastrophic mortality rates, as opioids account for over two-thirds (69 percent) of all drug overdose deaths worldwide (PI,facts&stats n.d.)³. Addressing this challenge requires a coordinated, comprehensive, and multidisciplinary response that acknowledges both the long-term historical roots of the epidemic and the rapidly evolving nature of the modern illicit drug market (UNODC n.d.)¹.

I.B. Defining Opioid Use Disorder (OUD) and Public Health Framing

A foundational understanding of the crisis rests upon recognizing drug dependence as a health condition rather than solely a criminal failing. The World Health Organization (WHO) defines opioid dependence as a disorder of regulation of opioid use resulting from repeated or continuous exposure to these substances (WHO,2023)². The core characteristic of this dependence is a strong internal drive to use opioids, manifesting as an impaired ability to

control use, increasing priority given to use over other activities, and persistence of use despite documented harm or negative consequences (WHO,2023)². International bodies, including the UN Office on Drugs and Crime (UNODC) and WHO, advocate for recognition of drug dependence as a preventable and treatable multifactorial health disorder (WHO n.d.)⁴. This public health and human rights approach emphasize the significant social advantages of investing in evidence-based treatment, such as lowering health-related costs, improving security, and contributing substantially to social cohesion and development (WHO n.d.)⁴. For individuals dependent on opioids, physiological features such as increased tolerance to the drug's effects or withdrawal symptoms following cessation may also be present (WHO,2023)².

I.C. Pharmaceutical and Illicit Opioid Classification

A critical element in analyzing the crisis is the precise classification of the chemical substances involved, as the evolution of the epidemic is defined by the shift in the dominant drug type. Opioids are chemically classified based on their origin and synthesis methods (CDCP,2024)⁶:

- **Natural Opioids:** These substances are naturally occurring, extracted directly from the seed pod of certain varieties of the poppy plant. Examples include morphine and codeine (CDCP,2024)⁶.
- **Semi-Synthetic Opioids:** These are natural opioids that have been chemically modified in a laboratory. Common prescription drugs in this category include oxycodone, hydrocodone, hydromorphone, and oxymorphone (CDCP,2024)⁶.
- **Synthetic Opioids:** These are entirely synthesized in a laboratory and act on the same neural targets as natural opioids to produce analgesic effects (DEA,2020)⁷. This category includes methadone (prescribed for pain or Medication for Opioid Use Disorder, MOUD) and, critically, fentanyl and tramadol (CDCP,2024)⁶. Synthetic opioids, particularly illicit fentanyl, currently represent the greatest public health and security threat due to their hyper-potency and ease of clandestine manufacture.

II. The Evolutionary Trajectory of the Crisis: The Three Waves Paradigm

The opioid crisis in North America is best understood through a three-wave paradigm, where each phase represents a response to regulatory and market pressures, escalating the risk profile of opioid use. This progression highlights how structural failures to match supply restriction with demand treatment drove the crisis from a pharmaceutical problem to a synthetic drug security emergency (Cicarrone,2023)⁸.

II.A. Wave 1: The Era of Over-Prescription (1990s)

The genesis of the epidemic began in the 1990s with a sharp increase in the prescribing of opioids (CDCP,2025)⁹. The motivation was, in part, an ethical push for better chronic pain management (Acker,2020)¹¹. However, this trend was aggressively exploited by pharmaceutical manufacturers who marketed chronic opioid therapy, sometimes separating it from intensive medical involvement and encouraging prescription for moderate and chronic pain, even for patients showing early signs of addiction (Acker,2020)¹¹. This widespread, medically-sanctioned over-prescription generated a large population dependent on or addicted to opioid medications (Cicarrone,2023)⁸. Consequently, the first wave of overdose deaths, starting around 1999, was driven primarily by prescription opioids, including natural and semi-synthetic opioids and methadone (CDCP,2025)⁹.

II.B. Wave 2: The Shift to Illicit Heroin (Post-2010)

As awareness grew regarding prescription risks, regulations tightened, leading to a decline in the availability of diverted prescription opioids (CDCP,2025)⁹. This created a large, established user base seeking alternatives in the illicit market. Around 2010, this demand shifted toward heroin (FCC,2025)¹⁰. The market responded to this demand transfer: the retail price for heroin, an illegal opioid, began to decline substantially, coinciding with a reliable supply of low-cost heroin resulting from a shift in the predominant source from South America to Mexico (CRS,2022)¹². The spike in heroin-involved deaths marked the second wave of the crisis, beginning around 2010. By 2015, heroin surpassed prescription medications as the leading opioid involved in overdose fatalities (CRS,2022)¹². This phase demonstrates a critical flaw in initial policy responses: restricting the supply of prescription opioids without concurrently establishing massive, accessible treatment capacity for the newly

created OUD population merely transferred the addiction burden to a more dangerous, unregulated illicit market. A supply reduction strategy that fails to aggressively increase treatment options risks accelerating the crisis into higher-risk categories (NASEM,2017)¹³.

II.C. Wave 3: The Dominance of Illicit Synthetic Opioids (Post-2013/2016)

The third and most lethal wave began with the introduction of illicit synthetic opioids, primarily non-pharmaceutical fentanyl (INPF) (CRS,2022)¹². The lethality escalated rapidly; by 2016, synthetic opioids surpassed both heroin and prescription drugs as the leading type of opioid involved in US overdose deaths (CRS,2022)¹². Fentanyl is a highly potent substance, approximately 50 times stronger than heroin (CRS,2022)¹², and 100 times stronger than morphine (DEA n.d.)¹⁴. Its dominance stems from its low production cost and potency, which allows drug trafficking organizations (TCOs) to dramatically increase the potency of their products (DEA n.d.)¹⁴. TCOs began mixing fentanyl into other illicit drugs, including heroin, cocaine, and methamphetamine, or pressing it into counterfeit tablets designed to mimic legitimate pharmaceutical medications (WHO,2023)². The extreme danger in this practice is the user's ignorance: many individuals who test positive for fentanyl and its analogues are unaware that they consumed the substance (WHO,2023)². This transition was accelerated by economic market forces that sought to satisfy the existing demand for powerful, affordable opioids, demonstrating that the root problem is chronic dependence, and neglecting treatment ensured the crisis would escalate in lethality as market innovation pursued hyper-potent synthetic supply (NASEM,2017)¹³.

Table I summarizes the chronological progression and causative factors of the crisis:

Table I: Chronology and Characteristics of the Opioid Crisis Waves (North America)

Wave	Approximate Start	Primary Drug Driving Mortality	Causative Factor	Key Policy Implications
First Wave	1990s	Prescription Opioids	Aggressive pharmaceutical marketing & over-prescription (FCC,2025) ¹⁰	Need for stricter prescribing guidelines (e.g., CDC guidelines) and PDMPs (CDCP,2025) ¹⁵
Second Wave	2010	Heroin	Market shift: Decreased prescription access concurrent with increased, low-cost heroin supply (CRS,2022) ¹² .	Highlighted the need for accessible treatment (MAT); failure of substitution occurred (NASEM,2017) ¹³ .
Third Wave	2013-2016	Illicit Synthetic Opioids (Fentanyl)	Hyper-potency, clandestine manufacturing, and admixture into all illicit drug markets (WHO,2023) ² .	Requires a focus shift from drug weight interdiction to precursor control and chemical scheduling (INCB n.d.) ¹⁶ .

III. Current Global Challenges and Epidemiological Snapshot

III.A. The Fentanyl Threat Paradigm: Lethality and Trafficking

Fentanyl poses unique challenges due to its extreme potency and low logistical footprint. As a Schedule II controlled substance used pharmaceutically to treat severe pain, its illicit counterpart is primarily manufactured in foreign clandestine labs, often using precursor chemicals sourced from China and smuggled into the United States via Mexico (CRS,2022)¹². The most defining challenge is the narrow margin between an effective dose and a lethal dose. Depending on a person's body size, tolerance, and past usage, a dose as small as two milligrams of fentanyl can be lethal (DEA n.d.)¹⁴. Furthermore, illicit production lacks quality control, leading to vast inconsistencies in dosage. DEA analysis of counterfeit pills found that the fentanyl content ranged from 0.02 to 5.1 milligrams per tablet, and 42% of pills tested contained at least 2 mg of fentanyl (DEA n.d.)¹⁴. Drug trafficking organizations exploit fentanyl's potency and low cost, distributing it by the kilogram, with one kilogram possessing the potential to kill 500,000 people (DEA n.d.)¹⁴. This hyper-potency and ease of concealment make fentanyl interdiction an unprecedented challenge for border control and law enforcement (CBP,2025)¹⁷.

III.B. Global Heterogeneity and Emerging Threats

The opioid overdose epidemic is not monolithic; it exhibits significant geographical variations driven by local supply chains and available synthetic compounds (PI,facts&stats n.d.)³. In **North America** (United States and Canada), the crisis is overwhelmingly dominated by illicit fentanyl (PI,facts&stats n.d.)³. Canada, for example, reported 49,105 apparent opioid toxicity deaths between January 2016 and June 2024, with fentanyl responsible for 75% of recent opioid-overdose deaths (PI,facts&stats n.d.)³. Provisional data for the United States for the period ending in 2024 shows that opioids—chiefly fentanyl—account for almost 68% of all overdose fatalities (PI,facts&stats n.d.)³. In contrast, opioid harms in **North Africa, West Africa, the Near and Middle East, and South-West Asia** are predominantly driven by the use of the synthetic opioid **tramadol** (UNODC n.d.)¹. In Africa, for instance, admissions for opioid use disorder treatment in South Africa increased by 3.9% between 2012 and 2017 (PI,facts&stats n.d.)³. **Europe** faces challenges posed by both established opioid markets (heroin) and emerging potent synthetics. It is estimated that at least 7,400 overdose deaths occurred in the European Union in 2023 (EUDA n.d.)¹⁸. Crucially, the detection of **nitazenes**—a class of synthetic opioids that can be even more powerful than fentanyl—has increased in Europe (PI,facts&stats n.d.)³. Between June 2023 and May 2024, 179 deaths in

England and Wales were confirmed to have involved one or more nitazenes (PI,facts&stats n.d.)³. This chemical fluidity, where criminal entities rapidly introduce new compounds like nitazenes to replace or bypass-controlled substances, demonstrates the "whack-a-mole" problem inherent in controlling synthetic drugs (UNANCA,2025)¹⁹. A compounding global challenge is the prevalence of **poly-drug use**. Fatal overdoses frequently involve opioids combined with other substances, such as benzodiazepines, stimulants (methamphetamine and cocaine), and alcohol, complicating emergency response and increasing mortality risk (PI,facts&stats n.d.)³.

Table II: Global Opioid Burden and Regional Dynamics

Metric/Region	Global Estimate/Key Statistic	Primary Opioid Driver	Source
Global Opioid Users (2020)	61.3 Million (Doubled since 2010) (PI,facts&stats n.d.) ³ .	Heroin (illicit) and prescription opioids (WHO,2023) ²	UNODC/WHO (WHO,2023) ²
North America (US/Canada)	Fentanyl 75% of recent deaths in Canada (PI,facts&stats n.d.) ³ .	Fentanyl (Illicit, Non-Pharmaceutical) (PI,facts&stats n.d.) ³ .	Regional Statistics (PI,facts&stats n.d.) ³ .
Africa/Middle East	Admissions for OUD treatment increasing (e.g., South Africa) (PI,facts&stats n.d.) ³ .	Tramadol (UNODC n.d.) ¹ .	UNODC/WHO (UNODC n.d.) ¹
Europe (Emerging	7,400+ overdose deaths (EU 2023 Est.) (EUDA n.d.) ¹⁸ ; 179 deaths	Heroin, Methadone, and emerging Nitazenes	EUDA/ONS (PI,facts&stats n.d.) ³ .

Threat)	involved Nitazenes (2023/2024 UK) (PI,facts&stats n.d.) ³ .	(PI,facts&stats n.d.) ³ .	
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A critical, often overlooked aspect of the current challenge is the manifestation of the crisis along socio-demographic fault lines. The data show growing racial disparities in overdose deaths. For example, between 2016 and 2020, overdose deaths among non-Hispanic Black Marylanders rose by 64.5 percent, compared to a 15.3 percent increase in the non-Hispanic white community (MDH,2023)²⁰. This suggests that mortality is heavily influenced by social determinants of health (SDOH), specifically highlighting structural barriers that limit equitable access to life-saving resources, such as buprenorphine for OUD treatment, in marginalized communities (MDH,2023)²⁰. Therefore, any successful response must explicitly target health equity and remove these systemic barriers.

IV. Public Health Responses and Demand Reduction

The core strategy for addressing the demand side of the crisis must be the rapid expansion of evidence-based medical interventions and harm reduction measures.

IV.A. Medication-Assisted Treatment (MAT) and MOUD

Medication for Opioid Use Disorder (MOUD), typically delivered through Medication-Assisted Treatment (MAT), is clinically proven to be the most effective intervention (YESNM n.d.)²². Research confirms that combining medication (such as methadone or buprenorphine) with counseling and behavioral therapies successfully treats OUD (YESNM n.d.)²². This approach significantly improves patient survival rates, increases retention in treatment, decreases illicit opiate use and related criminal activity, and improves birth outcomes for pregnant women with OUD (YESNM n.d.)²². However, a massive treatment gap persists: globally, less than 10% of people who require OUD treatment are receiving it (WHO,2023)². Given that millions of individuals require evidence-based care, the enormity of the crisis necessitates an immediate and massive expansion of treatment capacity (NASEM,2017)¹³. While MOUD is vital, its implementation must address potential drawbacks. MAT

medications are powerful and require close medical supervision at certified facilities (NCTN n.d.)²³. Risks include potential misuse or abuse, undesirable side effects, and the psychological risk of trading one addiction for another (NCTN n.d.)²³. Therefore, MOUD must be administered within a comprehensive clinical framework, integrated with behavioral therapies, and subject to robust regulatory oversight, ensuring patient safety and maximizing long-term recovery retention (YESNM n.d.)²².

IV.B. Harm Reduction and Life-Saving Interventions

Harm reduction strategies focus on saving lives and reducing negative consequences associated with drug use. The primary intervention in the age of fentanyl is the widespread deployment of naloxone. Naloxone is an opioid antagonist medication that can temporarily reverse an opioid overdose if administered quickly (WHO,2023)². WHO explicitly recommends making naloxone available to people likely to witness an opioid overdose, coupled with training in management (WHO,2023)². First responders, in cases of suspected opioid overdose, must prioritize airway management, assisting ventilation, and administering naloxone (WHO,2023)². Because illicit fentanyl creates an environment where accidental, instantaneous lethality is a constant threat (due to inconsistent dosing and contamination), naloxone's availability is an indispensable immediate response, providing the necessary bridge to sustained OUD treatment (DEA n.d.)¹⁴. Furthermore, legislative reforms such as **911 Good Samaritan Laws** are crucial components of harm reduction. These laws provide limited immunity from drug-related criminal charges for people experiencing an overdose or for bystanders who call for emergency assistance (CDCP,2025)¹⁵. By reducing the fear of legal consequences, these laws encourage timely reporting and intervention, directly mitigating fatal outcomes (CDCP,2025)¹⁵.

IV.C. Prevention and Healthcare Integration

Long-term stability requires comprehensive prevention strategies integrated across multiple sectors. In healthcare, promoting and supporting rigorous guidelines, such as the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain, is essential for reducing the risk of iatrogenic OUD (CDCP,2025)¹⁵. Prescription Drug Monitoring Programs (PDMPs) are key

state-level interventions used to improve prescribing practices, inform clinical decisions, and protect patients at high risk of overdose (CDCP,2025)¹⁵. A critical area for intervention is the criminal justice system. Individuals with OUD involved in the justice system represent a high-risk population for relapse and overdose death upon release. Therefore, expanding services within correctional settings—including targeted naloxone distribution, overdose education, and the provision of MOUD in jails and prisons—is a necessary public health strategy to enhance continuity of care and reduce post-incarceration mortality (CDCP,2025)¹⁵.

V. Security Responses, Supply Control, and International Governance

The nature of illicit synthetic drugs requires a coordinated security response aimed at disrupting global supply chains, though law enforcement agencies widely recognize that they "can't arrest their way out of the problem" alone (ICE,2025)²⁴.

V.A. Law Enforcement Limitations and the Strategic Pivot

Supply reduction efforts, particularly those targeting highly potent and easily concealable synthetic opioids, must be highly strategic. Federal agencies such as Homeland Security Investigations (HSI) and Customs and Border Protection (CBP) prioritize the investigation, disruption, and dismantling of transnational criminal organizations (TCOs) that illicitly manufacture and introduce fentanyl and other dangerous opioids (CBP,2025)¹⁷. The focus must pivot from large-volume drug seizures to targeting the chemical inputs and manufacturing infrastructure (CBP,2025)¹⁷. Priorities include interdicting illicit, non-pharmaceutical fentanyl (INPF) and its analogues, precursor chemicals, and the equipment used in manufacturing (CRS,2022)¹². It must be stressed that a strictly enforced supply reduction strategy risks causing substantial harm to individuals with OUD unless treatment opportunities are simultaneously and aggressively increased (NASEM,2017)¹³. This requires a "whole of government" approach where law enforcement and public health objectives are perfectly aligned (ICE,2025)²⁴.

V.B. International Governance and the UN Drug Control Framework

International action against illicit opioids is grounded in the United Nations drug control framework, which aims to limit drug production and use exclusively for medical and scientific purposes (UN n.d.)²⁶.

- **Single Convention on Narcotic Drugs (1961, amended 1972):** This treaty controls traditional narcotic drugs, ensuring their availability for medical use while establishing measures to prevent diversion into illicit channels (UN n.d.)²⁶.
- **Convention on Psychotropic Substances (1971):** This treaty established international controls for synthetic drugs, regulating them based on their potential for illicit use versus their therapeutic value (UN n.d.)²⁶.
- **Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988):** This treaty provided pragmatic measures against drug trafficking, crucially including provisions for the control and prevention of the diversion of precursor chemicals (UN n.d.)²⁶.

V.C. Precursor Chemical Control and Global Scheduling (INCB/CND Role)

Given the highly synthetic nature of the third wave, controlling precursor chemicals is paramount. The International Narcotics Control Board (INCB) plays the central role in monitoring government control over precursors and initiating the international scheduling procedure under the 1988 Convention (UN n.d.)¹⁶. The INCB conducts an assessment and makes a scheduling recommendation to the Commission on Narcotic Drugs (CND) (UN n.d.)¹⁶. This assessment carefully considers the extent of licit use, the possibility of using alternate substances, the frequency of use in illicit drug manufacture, and whether the illicit end product creates severe public health or social problems (UN n.d.)¹⁶. The crisis dictates that this governance mechanism must adapt rapidly to chemical evasion. The process is lengthy: the CND must vote on the INCB recommendation (requiring a two-thirds majority), and decisions only enter into force 180 days after communication (UN n.d.)¹⁶. This time lag

allows TCOs, leveraging the ease of synthetic chemistry, to rapidly adjust formulas to bypass existing schedules, creating new, potent analogues (UN n.d.)¹⁶. In response, the CND has encouraged INCB and governments to consider controlling derivatives and related chemicals that may be readily converted to a scheduled substance (UN n.d.)¹⁶. Recent actions reflect this urgency: in November 2023, the INCB recommended the scheduling of 18 precursors (including two for fentanyl), and the CND followed this recommendation, implementing international control in December 2024 (UN n.d.)¹⁶. The global proliferation of synthetic opioids fundamentally shifts the nature of the drug problem. The ease of manufacturing and transporting these substances elevates the crisis beyond a simple public health emergency, transforming it into a major security challenge that destabilizes communities, fuels corruption, and undermines the rule of law (UNANCA,2025)¹⁹. This mandates coordinated international action involving high-level bodies to disrupt trafficking networks and mitigate geopolitical consequences (UNANCA,2025)¹⁹.

VI. Synthesis, Policy Dilemmas, and Recommendations

VI.A. The Public Health vs. Security Nexus: Achieving Balance

The fundamental policy dilemma in the opioid crisis is the necessity of integrating security and public health measures. The historical progression of the crisis demonstrates that pursuing a strictly punitive or supply-focused approach without simultaneously addressing the underlying disease of addiction will inevitably worsen public health outcomes by forcing users into contact with progressively riskier and more potent substances (NASEM,2017)¹³. The severity of the fentanyl crisis is a direct consequence of failing to achieve this balance during the transition phases. Successfully addressing the current challenges requires a translational, integrated approach that combines advancements in neuroscience, pharmacology, epidemiology, prevention, and treatment services (Pardo&Reuter,2020)²¹. Interventions must be holistic, spanning healthcare, justice, education, and social service systems to develop an integrated "learning system" of care guided by data and committed to addressing social determinants of health (Pardo&Reuter,2020)²¹.

VI.B. Actionable Recommendations for International Policy and Implementation

Based on the analysis of the crisis trajectory and the structural challenges posed by synthetic opioids, the following actionable recommendations are necessary for international consortia and national strategy teams:

1. ☉ Close the Treatment Gap through Regulatory Reform (Public Health Focus)

- **Universal MOUD Access:** National and international policies must mandate and finance strategies to achieve universal, equitable access to evidence-based treatment, particularly MOUD, for all individuals diagnosed with OUD (NASEM,2017)¹³. Efforts must specifically target resource expansion in marginalized communities to address documented disparities in care access (e.g., expanding buprenorphine access) (MDH,2023)²⁰.
- **Harm Reduction Legalization:** All jurisdictions must adopt and rigorously enforce 911 Good Samaritan Laws to ensure that fear of legal prosecution does not impede life-saving interventions by victims or bystanders during an overdose (CDCP,2025)¹⁵.

2. Strengthen Anticipatory Chemical Control (Security/Governance Focus)

- **Accelerated and Proactive Scheduling:** The INCB and CND procedures must be accelerated to reduce the time lag inherent in international control measures (INCB n.d.)¹⁶. This should involve increasing technical and scientific capacity to support anticipatory or class-wide scheduling measures that preemptively control chemical derivatives that TCOs could readily convert into illicit opioids (INCB n.d.)¹⁶.
- **Enhanced Technical Assistance:** UNODC, WHO, and regional organizations must strengthen specialized, targeted technical assistance, including financial aid and technological know-how, to requesting countries (especially low/middle-income and transit countries) (UNGA,2022)³¹. This assistance should prioritize capacity building for

monitoring emerging synthetic drug trends (like Nitazenes in Europe or Tramadol in Africa) and for chemical interdiction in supply chain pathways (UNODC n.d.)¹.

3. Implement an Integrated "Learning System" Approach (Synthesis Focus)

- **Coordinate Security and Health Funding:** A unified governmental strategy must be established where critical supply reduction actions—such as the disruption of TCO trafficking routes—trigger immediate and compensatory allocation of health resources to demand reduction (treatment capacity) in the affected communities (NASEM,2017)¹³.
- **Continuous Epidemiological Monitoring:** Investment must be prioritized for epidemiological monitoring and early warning systems (through UNODC and WHO) to track rapidly emerging psychoactive substances and their regional flows, allowing national governments to customize responses based on the primary drug driver (e.g., fentanyl in North America versus tramadol in the Middle East) (PI,facts&stats n.d.)³.

Final Expert Conclusion

The current opioid crisis demands that international stakeholders move beyond siloed, sequential responses. The persistent challenge lies in the hyper-potency, low logistical threshold, and chemical fluidity of synthetic drugs, which allow criminal innovation to continuously outpace regulatory governance. The integrated solution is structural: establishing a unified policy framework where security actions targeting TCOs and precursor chemicals are inextricably linked to the aggressive, equitable expansion of evidence-based health interventions. Only through this cohesive public health and security paradigm can the catastrophic mortality rates be mitigated and sustainable recovery achieved.

Country Stances: Agenda II: The Opioid Crisis: Structural Challenges and Integrated Policy Responses

Country / Organization	Key Policy Philosophy	Main Position and Action Plan
United States (US)	System Integration and Global Supply Interdiction	Employs a dual strategy: aggressive global supply reduction (precursor control) combined with expanded public health interventions (MOUD, naloxone). Pushes for international class-wide scheduling reform .
Canada	Public Health and Harm Reduction	Strongly champions evidence-based public health strategies. Advocates for universal access to MOUD and naloxone distribution , ensuring supply reduction is proportionally matched by treatment access.
Russian Federation	Ideological Prohibition and Abstinence-Only Treatment	Legally prohibits Opioid Substitution Treatment (OST/MOUD) . Relies on abstinence-based approaches and punitive measures, rejecting harm reduction principles for drug users.
United Kingdom (UK)	Early Warning and Flexible Chemical Control	Highly concerned about novel synthetic opioids (e.g., Nitazenes). Supports rapid international intelligence sharing and calls for anticipatory control measures, like class-wide scheduling , by INCB/CND.
India	Chemical Governance and Regulatory Compliance	Focuses on preventing the illicit diversion of precursor chemicals from its major chemical industry. Commits to strengthening national surveillance and compliance capacity with UNODC support.
China, People's Republic of	Precursor Chemical Control and Bilateral Cooperation	Renewed anti-drug cooperation with the US. Focuses on placing specific Fentanyl precursors under national control to disrupt the manufacturing and shipping supply chains.
South Africa	Equitable Technical Assistance for Regional Threats	Stresses that the crisis varies regionally (e.g., Tramadol in West Africa). Calls for UNODC/WHO to distribute technical and financial assistance equitably to address diverse regional threats in the Global South.
World Health Organization (WHO)	Promoting Access to Essential Medicines	Focuses on ensuring adequate availability of essential opioid medicines for pain relief (1961 Single Convention) while strictly preventing diversion. Strongly advocates for scaling MOUD and naloxone.

Agenda II: The Opioid Crisis: Structural Challenges and Integrated Policy Responses

- How can UN policy ensure security operations against fentanyl TCOs are instantly synchronized with aggressive expansion of MOUD and harm reduction services (like naloxone)?
- To close the global treatment gap (less than 10% treated), what legal reforms must ensure equitable MOUD access, especially addressing racial disparities in marginalized communities?
- What measures can mandate MOUD, overdose education, and naloxone distribution within correctional settings to reduce high post-incarceration overdose mortality rates?
- How can the CND and INCB accelerate the scheduling of new precursors and implement anticipatory controls to counter TCOs' strategy of creating unscheduled fentanyl analogues?
- What UNODC assistance is required to boost forensic testing capacity and information sharing regarding fentanyl mixed into non-opioid drugs like cocaine, which causes unsuspecting fatalities?
- How can UNODC and WHO equitably distribute assistance to prevent the tramadol crisis (Africa/Middle East) from escalating further while continuing to combat fentanyl in North America?
- What policy tools can enforce the 1961 Single Convention to ensure adequate availability of essential opioid pain medicines while strictly preventing their diversion in low-income nations?

POSSIBLE CONSIDERATIONS

Agenda I: Preventing Youth Involvement in Gangs and Drugs

For this agenda, Member States must grapple with the fundamental tension between protecting vulnerable youth through a developmental framework and meeting public demands for security and accountability concerning serious organized crime.

1. The Policy Dilemma of Accountability vs. Development

The primary conflict lies in determining how the justice system should respond to youth engaged in organized criminal activities, such as "Violence-as-a-Service" (VaaS), where young people are strategically exploited by organized criminal groups (OCGs) (UNODC n.d.)¹.

- **The Juvenile Justice Threshold:** The **General Assembly Resolution 79/188** firmly mandates that deprivation of liberty for children should be a **measure of last resort** and promotes alternative measures such as diversion and restorative justice (FFT/LLC,2025)². However, youth involvement in severe crimes (e.g., drug trafficking, violent extortion (UNODC n.d.)¹) often generates public and political pressure for a "security-first" or punitive approach (Europol,2025)³. Delegates must determine where to draw the line: how can the justice system protect youth from exploitation while simultaneously ensuring accountability for acts committed under the direction of organized crime?
- **Extending the Developmental Approach:** While the Convention on the Rights of the Child (CRC) applies to those under 18, there is a recognized legal and scientific argument that specialized treatment standards should extend to **young adults (up to age 21)**, reflecting ongoing brain development and diminished maturity (Howell&Decker,1999)⁴. A key consideration is whether the UNODC should formally promote the extension of specialized juvenile justice principles to young adults, particularly those entangled in OCGs who may be less culpable than senior adult members (Europol,2025)³.

2. Bridging the Implementation Gap of Prevention Standards

The UNODC has established robust normative frameworks, including the **Riyadh Guidelines** and the **CHAMPS** initiative, which promote comprehensive, evidence-based prevention systems (UNODC,2022)⁵. However, a significant structural challenge is that no country has yet fully implemented these UNODC/WHO Prevention Standards (Colins&Kesteloot&Vandaele,2019)⁶.

- **Sustained Funding vs. Fragmentation:** Developmental prevention requires long-term, sustained funding across multiple sectors—education, social services, and community engagement (UNODC,2022)⁵. Delegates must explore financing mechanisms and accountability structures to compel Member States to move beyond fragmented, short-term pilot projects and invest in **sufficient funds, coverage, and time** required to build resilient, national-scale prevention systems (Colins&Kesteloot&Vandaele,2019)⁶.
- **Integrating Digital Resilience:** As OCGs increasingly use social media and coded language to recruit vulnerable youth for VaaS and other digitally enabled crimes (UNODC n.d.)¹, traditional, place-based prevention models are becoming insufficient. Resolutions must consider how educational systems, and social workers can be trained and equipped to build "digital resilience" in youth, countering online grooming and recruitment efforts, and how this new cyber-focused prevention must be integrated with law enforcement surveillance (UNODC n.d.)¹.

3. Addressing Desistance and Reintegration Barriers

The path away from gang involvement (desistance) is critically challenged by the lack of viable alternatives and the threat of retaliation (Scott&Steinberg,2007)⁷.

- **Creating Safe Pathways:** Youth attempting to leave a gang affiliation face pervasive challenges: fear of physical harm, the need to grieve lost social ties, and severe limitations in securing legitimate education or employment (UNODC,2013)⁸. Policies

must address the structural barriers that lead to high rates of recidivism (Scott&Steinberg,2007)⁷. Considerations should focus on drafting recommendations for specialized, community-based desistance programs that provide immediate protective measures, psychosocial support, vocational training, and family-based intervention (e.g., Functional Family Therapy, where applicable) (Scott&Steinberg,2007)⁷.

Agenda II: The Opioid Crisis: Structural Challenges and Integrated Policy Responses

The response to the opioid crisis is currently defined by a race against the chemical innovation of organized crime. Delegates must focus on achieving a necessary balance between public health urgency and global security strategy.

1. The Public Health vs. Security Synchronization

The history of the opioid crisis (Waves 1-3) demonstrates that restricting supply without concurrently increasing treatment capacity shifts dependence to more potent and illicit substances (UNGA,2024)⁹. The current challenge is to avoid this trap in the fentanyl era.

- **The Whole-of-Government Mandate:** While law enforcement (e.g., HSI, CBP) must prioritize dismantling transnational criminal organizations (TCOs) that traffic illicit fentanyl and precursors (OJJDP,2018)¹⁰, this security action alone will cause harm unless public health measures are seamlessly integrated (UNGA,2024)⁹.
- Delegates must establish mechanisms that mandate the **simultaneous scale-up of evidence-based treatment (MOUD) and harm reduction (naloxone distribution, Good Samaritan Laws)** commensurate with every major law enforcement operation targeting supply, ensuring that interventions are always guided by a translational, integrated public health approach (UNGA,2024)⁹.
- **Addressing Health Equity:** Overdose deaths disproportionately impact marginalized populations (e.g., documented racial disparities in access to life-saving medications like buprenorphine (UODC,2025)¹³). Resolutions must explicitly address the structural barriers that restrict equitable access to OUD treatment, requiring Member

States to integrate the pursuit of health equity into all national anti-opioid strategies (UNGA,2024)¹².

2. Closing the Chemical Governance Loophole

The extreme chemical fluidity of synthetic opioids (fentanyl, nitazenes) allows TCOs to rapidly introduce new analogues faster than the current international drug control framework can schedule them (PI,facts&stats n.d.)¹⁴.

- **Accelerating International Control:** The process of internationally scheduling precursor chemicals under the 1988 Convention—where the **INCB** assesses the substance and the **CND** votes, followed by a 180-day implementation delay—is too slow to keep pace with illicit synthetic chemistry (CRS,2022)¹⁶. A crucial consideration is how the **CND** can expedite the process, potentially through supporting the **INCB's** consideration of controlling chemical derivatives that can be readily converted into illicit opioids (as invited by **CND** resolution 65/3) (CRS,2022)¹⁶.
- **Anticipating New Threats:** Given the emergence of hyper-potent nitazenes in Europe (NASEM,2017)¹⁷, the focus must shift to anticipatory control. Resolutions should encourage greater international investment in **early warning systems** and **forensic capacity building** to identify novel psychoactive substances (NPS) and their precursors *before* they saturate illicit markets, allowing Member States to implement national control measures proactively (CDCP,2025)¹⁸.

3. Ensuring Global and Regional Preparedness

While the North American crisis dominates global attention, other regions face severe, yet distinct, opioid threats (e.g., tramadol in Africa and the Middle East) (MDH,2023)¹⁹.

- **Equitable Technical Assistance:** The General Assembly has committed to strengthening specialized, targeted technical assistance, including financial aid and technological know-how, to all requesting countries (CDCP,2025)¹⁸. Delegates must address how the UNODC and WHO can ensure that this assistance is adequately and equitably distributed to target specific regional threats (e.g., the capacity to manage **tramadol** diversion and abuse in Africa (MDH,2023)¹⁹), rather than focusing resources

exclusively on fentanyl-related issues, thereby preventing the global spread of synthetic opioid crises in low and middle-income countries (MDH,2023)¹⁹.

- **Continuity of Care in Fragile Settings:** The opioid crisis exacerbates global instability (Pardo&Reuter,2020)²⁰. Consideration must be given to developing resilience plans to ensure that essential OUD treatment and naloxone distribution systems remain functional and accessible in conflict-affected or fragile environments, where the risks of relapse and fatal overdose are highest (UNGA,2022)²¹.

Final Conclusion

Distinguished Delegates,

As you finalize your preparation, this Study Guide emphasizes the gravity and interconnectedness of the challenges facing the UNODC: the exploitation of youth by organized crime and the surge of the global synthetic opioid crisis. These agendas are inseparable; they reflect a cruel reality where vulnerable populations become targets in criminal structures that thrive on violence and addiction.

You are challenged to adopt a whole-of-society perspective that transcends traditional silos of security and public health. For the youth agenda, success depends on your ability to move beyond punitive measures. We urge you to formulate resolutions that enforce a robust developmental framework, ensuring long-term investment in prevention systems and creating genuine, secure pathways for desistance that can successfully compete with the financial and social pull of gangs. You must address the growing digital exploitation of youth, including the rise of "Violence-as-a-Service" (VaaS). Similarly, your response to the opioid crisis demands proportionality and integration. Your resolutions must establish a unified mandate to ensure that aggressive supply reduction efforts—essential for disrupting transnational criminal organizations—are simultaneously matched by the equitable, universal expansion of evidence-based treatment, particularly Medication for Opioid Use Disorder (MOUD), and harm reduction measures. Furthermore, you must address the critical failure of our international control mechanisms to keep pace with chemical innovation, proposing reforms that anticipate future threats like nitazenes.

The solutions devised in this committee must prioritize health equity and reflect the principle that every human life holds equal value. Delegates, the quality of your debate and the ingenuity of your resolutions will determine the effectiveness of the global response. We expect you to be guided by human rights, grounded in scientific evidence, and prepared to collaborate fiercely to achieve a just and resilient outcome.

We look forward to witnessing your commitment to action.

Defne Sıla Vural - USG of UNODC

Taylan Emir Tav - Committee Chair

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