

**Committee:** United Nations Office on Drugs and Crime

**Issue:** Responding to the rise of new psychoactive substances

**Student Officer:** Christine Savorgianaki

**Position:** President

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## PERSONAL INTRODUCTION

My name is Christine Savorgianaki and I will be serving as the President of the UNODC at the 2<sup>nd</sup> ACGMUN Conference. I am currently a 12<sup>th</sup> Grade student at Dionysos High School with this session being my third time chairing and my seventh conference overall.

The United Nations Office on Drugs and Crime is mostly focused on combating crime, drugs and terrorists, but it can be quite understated in conferences. Most delegates when choosing a committee will not have as a first choice an Office of the United Nations. That is definitely the wrong way to go about choosing your position. Let me assure you that we have some very interesting topics and not just that, but they are mostly topics that directly affect our lives. For example, the rise of new psychoactive substances is a problem affecting the global community day by day, as they are non-regulated drugs that can cause many deaths and societal destruction. Prison reform is very important as well, given the fact that penitentiary systems are in dire need of change. Lastly, violence in the Northern Triangle is a crisis that could grow into a global-scale crisis, should we not deal with it now.

As I hope you can see, the UNODC might not seem as the most interesting committee at first, but because of the complexity of these issues, it might prove to be one of the most challenging committees you will ever have to prepare for in your MUN careers. I hope that this Study Guide helps you in your research and if you have any further questions please do not hesitate to contact me ([xrisavor@yahoo.gr](mailto:xrisavor@yahoo.gr)). I am sure that with your efforts and our help we will have a great time filled with everything you look for in an MUN Conference, debating, broadening your horizons and of course having fun! I sincerely hope that you will come to love our committee as we do, and rest assured that my fellow Deputy Presidents and I will do everything in our power to make this one of the most enjoyable sessions you will ever attend.

Best regards,  
Christine Savorgianaki

## TOPIC INTRODUCTION

With the turn of the 21<sup>st</sup> century, a lot of countries started to notice a (sometimes) rapid increase in the numbers of new psychoactive substances emerging in the black market. Demand for substances such as ketamine and synthetic cannabinoids is constantly rising with more States making the decision to regulate new psychoactive substances (NPS). The concept behind the production of NPS is to create substances that have similar effects to known, illicit drugs in a way that doesn't connect them to the aforementioned drugs so that they aren't regulated by any convention. It is widely believed that NPS can be more dangerous than «traditional drugs», in the sense that we don't really know their potential as there hasn't been any widespread research by any State and/or independent organisation. Aside from the patient's psychological dependency on them, other physiological problems might occur (cardiovascular problems, hypertension and various types of cancer) that might not be immediately diagnosed by the doctors as a «by-product» of drug abuse, resulting in the patient's mistreatment and potential death.

The most well-known drugs in this category are Ketamine, Phenethylamines, Piperazines, Synthetic cannabinoids and cathinones and other plant-based substances. While synthetic cannabinoids produce effects relative to those of THC, synthetic cathinones and piperazines have been long considered 'the legal form of MDMA' and have been particularly widespread in Europe (most commonly found in Germany and the Netherlands). The legal status of ketamine has been a long debated issue because while its use as a recreational drug is well known, people in veterinary medicine strongly oppose the ban as it has proven to be a very potent anesthetic for animals. Lastly, the most commonly known of the piperazines, BZP, was originally developed as an anti-depressant but was later banned on the grounds of having similar effects to amphetamines.

The disturbing truth is that NPS have similar effects to «traditional drugs» when it comes to communities and societies but there are still no measures on a global scale to counteract these situations. By not banning these substances, the percentage of people using them is only going to grow annually, making it even more difficult to implement measures in the future. The main reason behind the lack of global prohibitions on the use and distribution of NPS is the lack of scientific evidence to prove the magnitude of the situation and the malicious effects it has on a regional and global level. This does not go to say that there hasn't been any research, only that for such measures to be taken there needs to be research funded by the UN and/or other global agencies and for modifications to be made in the pre-existing conventions (in case drafting a new one is not a possibility).

## DEFINITION OF KEY TERMS

### Psychoactive substances

Psychoactive substances are substances that, when taken in or administered into one's system, affect mental processes, e.g. cognition or affect. This term and its equivalent, psychotropic drug are the most neutral and descriptive term for the whole class of substances, licit and illicit, of interest to drug policy. 'Psychoactive' does not necessarily imply dependence-producing, and in common parlance, the term is often left unstated, as in 'drug use' or 'substance abuse'.<sup>1</sup>

### Ketamine

Ketamine is an injectable and short-acting anesthetic, closely related to the internationally controlled drug phencyclidine. It is commonly referred to as "K", "special K", "vitamin K" and "cat valium".<sup>2</sup>

### Amphetamines

The term is used to commonly define stimulant-type drugs that are chemically related to the parent compound amphetamine. They stimulate the central nervous system, resulting in elevated blood pressure, heart rate, and other metabolic functions.<sup>3</sup>

### Synthetic cannabinoids

Synthetic cannabinoids refer to a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material so they can be smoked (herbal incense) or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices (liquid incense).<sup>4</sup>

### Synthetic cathinones

Synthetic cathinones, more commonly known as "bath salts," are synthetic (human-made) drugs chemically related to cathinone, a stimulant found in the khat plant. Khat is a shrub grown in East Africa and southern Arabia, and people sometimes chew its leaves for their mild stimulant effects. Synthetic variants of cathinone can be much stronger than the natural product and, in some cases, very dangerous.<sup>5</sup>

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<sup>1</sup> "Psychoactive substances." *WHO*, World Health Organization

<sup>2</sup> "The challenge of new psychoactive substances." *United Nations Office on Drugs and Crime*, United Nations Office on Drugs and Crime

<sup>3</sup> "Define Amphetamines." *Amphetamines.com*

<sup>4</sup> "Synthetic Cannabinoids." *NIDA*, National Institute on Drug Abuse

<sup>5</sup> "Synthetic Cannabinoids." *NIDA*, National Institute on Drug Abuse

## BACKGROUND INFORMATION

### The emergence of new psychoactive substances

Ever since the early 1950s there has been a widespread use of narcotic drugs which led to the 1961 Single Convention on Narcotic Drugs, making illegal the use of cocaine, heroin and marijuana among others but more importantly, the UN adopted the 1971 Convention on Psychotropic Substances. The 1971 Convention was signed and ratified by 183 state parties of the UN and banned drugs such as LSD, MDMA, Methamphetamines and Phencyclidine. This ban caused the emergence of NPS as a “legal alternative” to the aforementioned illegal substances so as to escape international drug control. Many of the substances in the NPS category were first developed as anesthetics (e.g. ketamine) or for other medicinal purposes and were later withdrawn from hospitals due to their addicting nature and side effects on patients. Please note that the terms “legal” and “illegal” refer to international restrictions, and not regional or national. Certain substances may be banned in several states but not be under the UN Conventions.

### Ketamine

Probably the most well known NPS that is not yet under international control is Ketamine. It was first developed as an anesthetic and was mostly used in veterinary medicine (giving it the name “cat valium”). It is closely related to phencyclidine (also called PCP or “angel dust”, controlled under Schedule II of the 1971 Convention) and in the ‘70s ketamine was marketed as an alternative to PCP (PCP was withdrawn from medicinal use due to hallucinogenic effects). Ketamine is often found to be sold as “ecstasy” in illicit Amphetamine-Type Stimulants (ATS) markets and can cause hypertension and pulmonary edema. It is currently not under international control due to protests from professionals in veterinary medicine that use it as an anesthetic, but countries such as the USA and the UK have introduced a ban concerning non-medical use (Schedule III and Class B respectively), making the un-prescribed use of ketamine illegal.

### Synthetic cannabinoids

Cannabis is widely believed to be the most used drug on a global scale, so it should come as no surprise that it has emerged in the markets in a new, synthetic and (technically) legal form. Often called “spice” or “designer drugs” they are substances manufactured in labs and then sprayed on plants or made into liquid form (to be vaporized) and subsequently sold as alternatives to cannabis. As of recent they have been banned in many States but as is the case with most recreational drugs, the ban is not effective and these substances are still sold in plain sight in places such as “herbal markets” and “head shops”.

## Global situation and response

New psychoactive substances became the topic of discussion on a global scale only recently, mostly after the 2012 UNODC questionnaire on NPS. On that questionnaire, 70 out of 80 countries to have completed it reported the emergence of NPS in their ATS markets, proving that the rise of new psychoactive substances is a global issue and not something concentrated in certain regions. While these substances are not under the control of the Conventions yet, the World Health Organization and the Commission on Narcotic Drugs have reviewed some (e.g. ketamine and BZP) but to this day they haven't been added to any of the Schedules yet.

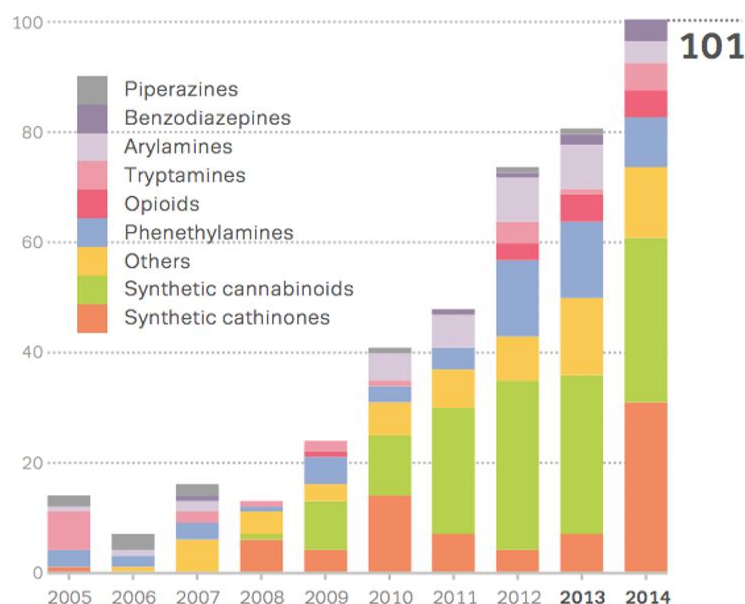
Europe has seen the greatest rise in NPS consumption, more than any other continent. Germany was one of the first European countries to notice the distribution of such products in the ATS markets and as such, the European Union decided to establish the "Early Warning System"(EWS) in 1997. There were 101 new psychoactive substances reported to the EWS in 2014 alone. That should give a measure for the intensity of the crisis we are facing. Unfortunately, Europe is not the only one affected by the NPS crisis. In Asia, the most prominent substances are ketamine and plant-based substance, as there are plants with psychedelic properties naturally occurring in the Asian continent (e.g. Kratom). Following Europe and Asia are the Americas with the countries of South America having NPS in their illicit drug markets for a long time before their global emergence. Once again, the most highly consumed NPS in this region is ketamine followed by piperazines (BZP mostly) and plant-based substances (Salvia divinorum is easily found there, as it is indigenous to Mexico).



#1 Global emergence of new psychoactive substances (up to July 2017)<sup>1</sup>

### Evolution of New Psychoactive Substances through the years

In order to understand the evolution of NPS, we have to first look at the history of “traditional” psychoactive substances and how they came to be. One of the most common psychotropic drugs is MDMA, often referred to as “ecstasy”, the substance most NPS claim to be an alternative for. It was developed as a pharmaceutical agent in 1914, but it was never formally introduced to the pharmaceutical market. After its worldwide spread as a recreational drug and its subsequent ban, many started formulating alternative forms using various phenethylamines compounds and subsequently marketed as “Ecstasy”. Afterwards, during the 1980s, there was another class of synthetic drugs being made, the so-called “piperazines”, or more specifically, their derivatives. These were failed pharmaceuticals and not something originally made specifically for recreational use. The first of these was 1-benzylpiperazine (BZP), a substance that circulated for a little in the USA but that was most used in New Zealand. BZP and other piperazines’ use and production became very common as they were under no restrictions from any State and they had similar effects to the much-coveted “ecstasy”. It is now regulated under the 1971 Convention. The turn of the new millennium saw many of these substances getting noticed by the States and started the process of making them illegal. Unfortunately, as has been mentioned before, there have not been any major measures taken on an international level but the UN and EU have made different case studies on various substances, and they are on the way of being banned.



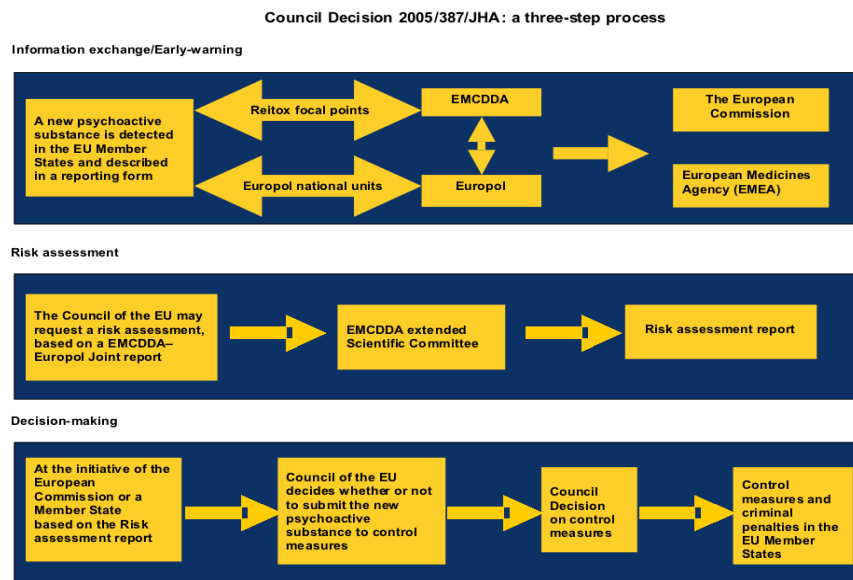
#2 Numbers of NPS reported to the EU Early Warning System 2005-2014<sup>1</sup>

## MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

### European Union (EU)

As mentioned earlier, the European Union has established the Early Warning System since 1997. Comprised of the 28 EU Member States, Turkey and Norway, it serves as the primary way (alongside Europol) of detection of new psychoactive substances emerging in the illicit ATS markets. The European Monitoring Center on Drugs and Drug Addiction (EMCDDA) makes risk assessments on various new substances and submits them annually to the European Council so that they can take appropriate legal action. Their reports and risk assessments on these new substances are of great interest and they can help in understanding the scientific aspect of NPS, something very important when drafting policies in your resolutions.

### A three step approach



#3 The EU's three-step approach to detect and assess new drugs<sup>1</sup>

Furthermore, the most prominent drug in the European illicit drug markets is “Spice” (or synthetic cannabinoids) with 1.6 tonnes of it being seized in 2013. EU Member States have started taking action with (former member) UK passing the “Psychoactive Substances Act of 2016”, whose aim is to restrict the production, sale and supply of NPS that were formally not under national or international control.

### Canada

In 2014 in order to increase awareness about NPS, the Royal Canadian Mounted Police (RCMP) Federal Coordination Centre hosted a panel discussion for several federal government departments and members of the law enforcement community. Canada is also a member on Project ION (International Operations on NPS), whose aim is to promote the sharing of operational intelligence about the



domestic and international movement of NPS.

### **United States of America (USA)**

The USA has ketamine under national control as a part of Schedule III of the United States Controlled Substances Act. They have established the “Drug Abuse Warning Network” (DAWN), a network that monitors drug-related entries into hospitals in order to gather data on the effects of certain substances and publish an annual report on the estimates of drug-related hospital cases. The first report on synthetic cannabinoids from this network revealed that an estimated 11,406 visits of the approximately 2,300,000 emergency department visits that involved drug use in 2010 were specifically linked to synthetic cannabinoids.<sup>6</sup>

### **Australia**

In Australia, drug laws and bans depend on the territory and as such, laws regarding NPS are in various levels of effect throughout the country. In places such as Queensland, New South Wales, South Australia and Victoria, a so-called «blanket ban» has been introduced that bans the possession or sale of «any substance that has a psychoactive effect other than alcohol, tobacco and food»<sup>7</sup>.

### **United Nations Office on Drugs and Crime (UNODC)**

The United Nations Office on Drugs and Crime is the organization that is the most involved in this issue. The Commission on Narcotic Drugs (CND) has passed resolutions (such as 59/8) concerning measures against NPS and has actively kept track of the situation, drafting reports on new substances and proposing their introduction in the 1971 Convention. Furthermore, the UNODC using the Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme and the resolutions from the CND has launched the Early Warning Advisory on NPS, which provides information on NPS to the general public.

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<sup>6</sup> “Drug Abuse Warning Network (DAWN).” Drug Abuse Warning Network (DAWN) | SAMHDA, Substance Abuse and Mental Health Data Archive

<sup>7</sup> “ADF - Drug Facts - New Psychoactive Substances.” ADF - Alcohol & Drug Foundation, Alcohol and Drug Foundation



## TIMELINE OF EVENTS

Date	Description of event
1961	Convention on Narcotic Drugs
1971	Convention on Psychotropic Substances
1997	Establishment of the European Monitoring Center for Drugs and Drug Addiction
1997	Establishment of the UNODC (then known as the Office for Drug Control and Crime prevention)
2008	Establishment of the Global SMART (Synthetics Monitoring: Analyses, Reporting and Trends) Programme
2012	United Nations Office on Drugs and Crime Questionnaire on New Psychoactive Substances
2015	European Monitoring Centre on Drugs and Drug Addiction

## RELEVANT RESOLUTIONS, TREATIES AND EVENTS

### 1961 Convention on Narcotic Drugs

The first Convention made by the United Nations in order to try and regulate drug trafficking as well as drug use, distribution and possession. This Convention banned substances such as cocaine, heroin, cannabis and morphine but not psychoactive substances.

### 1971 Convention on Psychotropic Substances

This Convention is the one that actually took care of regulating psychoactive substances such as LSD, MDMA and Amphetamines

### EMCDDA Report on NPS 2015

This report provides an update on new psychoactive substances (NPS) in Europe for 2014. It highlights recent developments, including the growth of the market over the past few years, as illustrated by seizures by law enforcement and

other indicators, as well as the growing number of serious harms that are being reported as a result.<sup>8</sup>

#### Resolution 59/8 and Resolution 60/4

Resolutions by the CND on New Psychoactive Substances, potential measures to regulate them and adverse health effects caused by their consumption.

#### PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

Generally the UN have tried to control drug production and sales through the 1961 and 1971 conventions and through various other resolutions stated in the relevant resolutions paragraph. The EU has the EWS in place in order to stay informed on any new substances emerging on the ATS markets.

As a response to the synthetic drug problem, the United Nations Office on Drugs and Crime (UNODC) launched the Global SMART Program in 2008. The program aims at enhancing the capacity of Member States in priority regions by providing technical support to laboratory personnel, law enforcement and research officers, to generate and use synthetic drug information for effective policy design and program interventions.<sup>9</sup> In East and South-East Asia, the program is being implemented with the partner governments of Brunei Darussalam, Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam. In 2011, SMART began operations in Latin America where, in cooperation with its implementing partner the Inter-American Drug Abuse Control Commission (CICAD).<sup>10</sup>

When it comes to national responses, most countries use an individual listing system to control narcotic or psychoactive substances. A number of countries have extended drug control legislation beyond the individual list of substances, by introducing analogue and generic legislation. To account for the rapid emergence of NPS, many countries have introduced alternative ways to speed up their ordinary legislative procedure, through temporary or rapid procedures:

- Temporary (emergency) bans: an accelerated procedure to quickly introduce temporary restrictions on NPS for a limited period of time (usually for a year), while the legislative process is completed/or a rigorous assessment of the risks is conducted and a final decision to control the substance is made. If there is no

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<sup>8</sup> "New Psychoactive Substances in Europe. An Update from the EU Early Warning System (March 2015)." EMCDDA, 1 Mar. 2015.

<sup>9</sup> Ciupagea, Adrian. "United Nations Office on Drugs and Crime." *Smart-New*, UNODC.

<sup>10</sup> Ciupagea, Adrian. "United Nations Office on Drugs and Crime." *Smart-New*, UNODC.

decision to control the substance, the temporary ban expires.

- Rapid procedure: an accelerated procedure to place NPS under national control. Unlike the temporary (emergency) procedure, control measures taken under the rapid procedure are permanent, i.e. they do not expire after a certain period of time.<sup>11</sup>

## POSSIBLE SOLUTIONS

This is a topic that allows you great liberty when it comes to establishing measures to counteract the rise of NPS as all states have some legal framework against narcotic substances. A good first move would be to instruct the induction of specific substances into the 1971 Convention as well as fund research programs into the effects of NPS as that would effectively cut into their production and distribution. State police would have specific legislation to enforce and thus would be more efficient in the battle against NPS. If the induction of NPS to the conventions is not possible, you could draft legal plans wherein you would outline the measures that need to be taken on an international level, always acknowledging the sovereignty of each Member State and their right to draft their own legislature. That is extremely important to remember, as the UN doesn't force their legislation on any Member State, unless the Security Council specifically instructs it. You could also explicitly state measures that could be taken in order to regulate the production of NPS and tackle the issue before the new substances reach the ATS markets of various nations.

Requesting more risk assessments to be carried out from the World Health Organization in order to gather evidence as to why a substance is harmful and should be regulated would make your resolution more efficient as it would not only promote the ways in which to end NPS circulation and production, but it would also promote research. As stated previously, research is extremely important when it comes to this topic because we have little to no actual data on how these substances affect the human bodies, their side effects and how deadly they can be.

Furthermore, you could request the aid of NGOs to tackle the social aspect of the issue, eliminate stigma and help the rehabilitation of former addicts. It is important that first and foremost the UN want to help the people affected by different phenomena and as such helping addicts on their road to rehabilitation and helping them naturalize into society once more should be one of the main points in your resolution.

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<sup>11</sup> "Legal Responses to NPS." *Legal Responses*, UNODC.

Finally, as with the risk assessment clause above, the trading of information between States could save lives. It would be wise to request the aid of Member States in battling this phenomenon by promoting international cooperation and global information sharing regarding NPS statistics and analyses with other States and UN Agencies.

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