



GATORMUN XXIII

**The United Nations Office on Drugs and Crime
Background Guide**

Giovanna Santana

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Letter from the Director:

Dear Delegates,

Welcome to GatorMUN! My name is Giovanna Santana, and I will be serving as your Committee Director this year. I am so glad you are here! Here is a little bit more about me: I am a second-year Behavioral and Cognitive Neuroscience major on the pre-med track. I chose to direct this committee because I started doing research on drugs this year, and ended up realizing how big of an issue (mentally and physically) they can be. I am thrilled to take part in fostering meaningful discussions on the intricate challenges surrounding drugs and crime!

This year, the UN Office on Drugs and Crime (UNODC) will focus on two topics: Enhancing Rehabilitation and Reintegration for Opioid Dependence and Disrupting Illicit Opioid Trafficking Networks. These problems are closely related to international humanitarian challenges, and as delegates, it will be your responsibility to examine the policies of your nations, suggest creative solutions, and support fair, progressive discourse. I implore you to put the human factor front and center while handling these difficult subjects, taking into account how these crises affect people that are already at risk.

This background guide is a fundamental resource to help you prepare. To acquire a more complex grasp of the problems at hand, I advise you to make full use of it and add to your studies. Be ready to have intelligent, polite, and solution-focused conversations.

The dais is here to support you, so please do not hesitate to reach out with any questions or concerns during your preparation. I eagerly look forward to meeting each of you. Go Gators!

Sincerely,

Giovanna Santana

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Rules of Procedure

Quorum

A majority of voting members answering to the roll at each session shall constitute a quorum for that session. This means that half plus one of all voting members are present. Quorum will be assumed consistent unless questioned through a Point of Order. Delegates may request to be noted as "Present" or "Present and Voting."

Motion to Suspend the Rules for the Purpose of a Moderated Caucus

This motion must include three specifications

- Length of the Caucus
- Speaking Time
- Reason for the Caucus

During a moderated caucus, delegates will be called on to speak by the Committee Director. Delegates will raise their placards to be recognized. Delegates must maintain the same degree of decorum throughout a Moderated Caucus as in formal debate. This motion requires a simple majority to pass.

Motion to Suspend the Rules for the Purpose of an Unmoderated Caucus

This motion must include the length of the Caucus. During an unmoderated caucus, delegates may get up from their seats and talk amongst themselves. This motion requires a simple majority to pass. The length of an unmoderated caucus in a Crisis committee should not exceed fifteen minutes.

Motion to Suspend the Meeting

This motion is in order if there is a scheduled break in debate to be observed. (ie. Lunch!) This motion requires a simple majority vote. The Committee Director may refuse to entertain this motion at their discretion.

Motion to Adjourn the Meeting

This motion is in order at the end of the last committee session. It signifies the closing of the committee until next year's conference.

Points of Order

Points of Order will only be recognized for the following items:

- To recognize errors in voting, tabulation, or procedure
- To question relevance of debate to the current Topic
- To question a quorum.

A Point of Order may interrupt a speaker if necessary and it is to be used sparingly.

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Points of Inquiry

When there is no discussion on the floor, a delegate may direct a question to the Committee Director. Any question directed to another delegate may only be asked immediately after the delegate has finished speaking on a substantive matter. A delegate that declines to respond to a question after a formal speech forfeits any further questioning time.

Points of Personal Privilege

Points of personal privilege are used to request information or clarification and conduct all other business of the body except Motions or Points specifically mentioned in the Rules of Procedure. Please note: The Director may refuse to recognize Points of Order, Points of Inquiry or Points of Personal Privilege if the Committee Director believes the decorum and restraint inherent in the exercise has been violated, or if the point is deemed dilatory in nature.

Rights of Reply

At the Committee Director's discretion, any member nation or observer may be granted a Right of Reply to answer serious insults directed at the dignity of the delegate present. The Director has the ABSOLUTE AUTHORITY to accept or reject Rights of Reply, and the decision IS NOT SUBJECT TO APPEAL. Delegates who feel they are being treated unfairly may take their complaint to any member of the Secretariat.

Directives

Directives act as a replacement for Draft Resolutions when in Crisis committees, and are the actions that the body decides to take as a whole. Directives are not required to contain operative or preambulatory clauses. A directive should contain:

- The name(s) of the author(s)
- A title
- A number of signatories/sponsors signatures' necessary to
- introduce, determined by the Director

A simple majority vote is required to introduce a directive, and multiple directives may be introduced at once. Press releases produced on behalf of the body must also be voted on as Directives.

Friendly Amendments

Friendly Amendments are any changes to a formally introduced Directive that all Sponsors agree to in writing. The Committee Director must approve the Friendly Amendment and confirm each Sponsor's agreement both verbally and in writing.

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Unfriendly Amendments

Unfriendly Amendments are any substantive changes to a formally introduced Directive that are not agreed to by all of the Sponsors of the Directive. In order to introduce an Unfriendly Amendment, the Unfriendly Amendment must be the number equivalent to 1/3 of Quorum confirmed signatories. The Committee Director has the authority to discern between substantive and non-substantive Unfriendly amendment proposals.

Plagiarism

GatorMUN maintains a zero-tolerance policy in regards to plagiarism. Delegates found to have used the ideas of others without properly citing those individuals, organizations, or documents will have their credentials revoked for the duration of the GatorMUN conference. This is a very serious offense.

Crisis Notes

A crisis note is an action taken by an individual in a Crisis committee. Crisis notes do not need to be introduced or voted on, and should be given to the Crisis Staff by sending the notes to a designated pickup point in each room. A crisis note should both be addressed to crisis and have the delegate's position on both the inside and outside of the note.

Motion to Enter Voting Procedure

Once this motion passes, and the committee enters Voting Procedure, no occupants of the committee room may exit the Committee Room, and no individual may enter the Committee Room from the outside. A member of the Dias will secure all doors.

- No talking, passing notes, or communicating of any kind will be tolerated during voting procedures.
- Each Directive will be read to the body and voted upon in the order which they were introduced. Any Proposed Unfriendly Amendments to each Directive will be read to the body and voted upon before the main body of the Directive as a whole is put to a vote.
- Delegates who requested to be noted as "Present and Voting" are unable to abstain during voting procedure. Abstentions will not be counted in the tallying of a majority. For example, 5 yes votes, 4 no votes, and 7 abstentions means that the Directive passes.
- The Committee will adopt Directives and Unfriendly Amendments to Directives if these documents pass with a simple majority. Specialized committees should refer to their background-guides or Committee Directors for information concerning specific voting procedures.

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Roll Call Voting

A counted placard vote will be considered sufficient unless any delegate to the committee motions for a Roll Call Vote. If a Roll Call Vote is requested, the committee must comply. All delegates must vote: "For," "Against," "Abstain," or "Pass." During a Roll Call vote, any delegate who answers, "Pass," reserves his/her vote until the Committee Director has exhausted the Roll. However, once the Committee Director returns to "Passing" Delegates, they must vote: "For" or "Against."

Accepting by Acclamation

This motion may be stated when the Committee Director asks for points or motions. If a Roll Call Vote is requested, the motion to Accept by Acclamation is voided. If a delegate believes a Directive will pass without opposition, he or she may move to accept the Directive by acclamation. The motion passes unless a single delegate shows opposition. An abstention is not considered opposition. Should the motion fail, the committee will move directly into a Roll Call Vote.

Tech Policy

Technology will not be allowed throughout the course of the committee. Delegates are prohibited from using their technology inside the committee room. However, they are encouraged to do research before and during assigned breaks.

Introduction to Committee

The United Nations Office on Drugs and Crime (UNODC) is a specialized UN body established in 1997 to address global challenges related to illicit drugs, transnational organized crime, corruption, and terrorism. Its mission is to make the world safer from drugs, crime, and insecurity by assisting Member States in strengthening justice systems, implementing international treaties, and promoting health-centered approaches to drug policy. UNODC plays a crucial role in developing evidence-based strategies, supporting capacity building, and fostering international cooperation to confront these cross-border threats. By working closely with governments, civil society, and other UN agencies, UNODC upholds global stability, security, and sustainable development. Within this committee, delegates are tasked with crafting innovative and collaborative solutions to pressing issues such as rehabilitation for opioid dependence or trafficking prevention, ensuring that responses are not only effective but also rooted in human rights and international law.

Topic A: Enhancing Rehabilitation and Reintegration for Opioid Dependence

The twenty-first-century opioid crisis is simultaneously a public-health emergency, a human-rights challenge, and an economic burden that dwarfs most other non-communicable conditions. According to the UN Office on Drugs and Crime (UNODC), roughly 60 million people worldwide used opioids in 2023, and opioids now account for two-thirds of all drug-related deaths, with synthetic analogues such as fentanyl driving a steep, geographically diffuse rise in mortality. The 2024 *World Drug Report* warns that “the harms of the world drug problem continue to mount amid unprecedented expansions in both supply and demand,” highlighting record seizures of fentanyl precursors on every inhabited continent. Behind those statistics lie families fractured by preventable loss, hospitals overrun by overdose emergencies, and communities struggling with escalating homelessness, poverty, and violence. The economic repercussions are equally stark. A 2021 analysis in the U.S. Centers for Disease Control and Prevention’s peer-reviewed series estimated the combined cost of opioid use disorder (OUD) and fatal overdose in the United States alone at US\$1trillion per year, once lost productivity, health-care utilisation, child-welfare spending, and criminal-justice expenses are tallied; comparable per-capita impacts have been documented in Canada, Australia, and several EU member states. For low- and middle-income countries (LMICs), even a fraction of that burden can destabilise already fragile health budgets, diverting resources from immunisation, maternal care, and chronic-disease control.

Drivers of the Crisis

The crisis is fuelled by a confluence of upstream and downstream determinants. Medical-system factors include the aggressive late-twentieth-century marketing of extended-release opioid analgesics, lax early regulatory oversight, and a fee-for-service payment structure that incentivised quick pharmacologic fixes over time-intensive multimodal pain management. Illicit-market dynamics have since taken centre stage: transnational crime networks exploit inexpensive precursor chemicals, porous supply chains, and encrypted e-commerce to flood markets with ever-more-potent fentanyl derivatives, sometimes pressed into counterfeit benzodiazepine or ADHD tablets that reach adolescents via social media.



Structural inequalities (poverty, racial discrimination, forced displacement, unstable housing) both increase susceptibility to opioid initiation and heighten relapse risk. Finally, under-resourced mental-health systems leave trauma, depression, and anxiety untreated, both precipitating use and undermining recovery.

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The Current Normative Frameworks and Its Gaps

On paper, the international community possesses a robust scaffolding of standards. The WHO's February 2025 guideline update on opioid dependence treatment and overdose prevention reiterates that opioid-agonist maintenance therapy (OAMT) with methadone or buprenorphine, offered in conjunction with psychosocial support, is the single most evidence-based intervention for a wide range of outcomes (retention in care, viral-hepatitis prevention, all-cause mortality). The World Health Organization UNODC and WHO jointly publish *International Standards for the Treatment of Drug Use Disorders*, while the International Covenant on Economic, Social and Cultural Rights (ICESCR) enshrines access to essential medicines—including methadone—under the right to health.

Yet implementation lags. Fewer than 20 % of people with OUD worldwide receive any formal treatment, and the proportion shrinks to single digits in many LMICs. Even high-income jurisdictions struggle with waiting lists, geographic mal-distribution of clinics, and insurance restrictions that force patients to cycle in and out of detox without sustained maintenance therapy.

Rehabilitation, Harm Reduction, and Overdose Prevention

Co-occurring psychiatric disorders are the rule rather than the exception; epidemiologic surveys place lifetime depression or anxiety prevalence above 50 % among people with OUD. Separate, siloed systems perpetuate “treatment ping-pong,” whereby patients bounce between addiction units, emergency departments, and psychiatric clinics, often abandoning care altogether.

Integrated-care blueprints exist.

Collaborative-care trials in Australia pair addiction specialists with primary-care teams and tele-psychiatrists, delivering cognitive-behavioural therapy (CBT), trauma-informed counseling, and pharmacologic management within a single visit. A January 2025 U.S. federal rule authorising audio-only telemedicine induction of buprenorphine promises to extend such integrated services to remote settings and people lacking smartphones. Federal Register Delegates should explore regulatory pathways to embed mental-health screening tools in routine primary-care workflows, establish shared electronic medical records that respect confidentiality, and finance cross-disciplinary training.



Evidence amassed over two decades underscores the life-saving potential of harm-reduction services. Supervised consumption sites (SCS) in Toronto, Vancouver, Lisbon, and Sydney have each reduced overdose deaths by 30–50 % in catchment areas and increased linkage to treatment without raising crime or drug initiation.

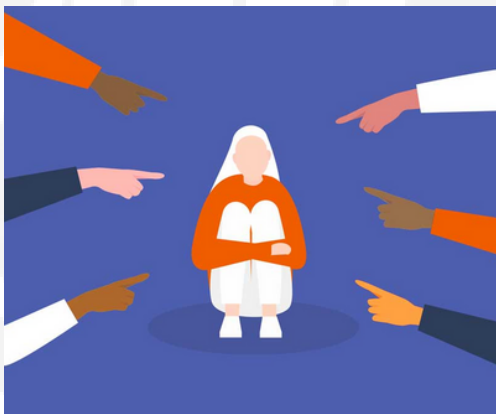
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Naloxone distribution is another cornerstone: every dollar spent on take-home kits yields at least seven dollars in medical-cost savings by averting overdose-related intensive-care admissions. Scaling such programmes demands legal reforms (decriminalisation of possession of paraphernalia), reliable procurement channels for naloxone, and collaboration with grassroots organisations trusted by people who use drugs.

Stigma and Discrimination

Stigma remains a pervasive barrier that transcends income levels. Structural stigma is codified in punitive policies that criminalise personal-use possession, restrict OAMT to tightly regulated “last-resort” facilities, or bar individuals with drug convictions from public housing. Interpersonal stigma manifests as discriminatory hiring or ostracism in clinical settings; internalised stigma corrodes self-esteem and deters help-seeking.

Empirical studies show that contact-based anti-stigma campaigns, which foreground the voices of people in sustained recovery, shift public attitudes more effectively than abstract messaging. Language matters: “person who uses opioids” rather than “addict,” “medication-based recovery” rather than “replacement therapy.” Delegates should consider codifying such language guidelines in public-sector style manuals and press-releases, tying media grants or advertising licences to compliance.



Long-Term Reintegration: Education, Employment, Housing

Detoxification without durable social support is a revolving door. Longitudinal data from Sweden and Massachusetts demonstrate that individuals who secure stable employment within six months of treatment have relapse rates less than half those of unemployed peers. Policy levers include “Recovery-Friendly Employer” certifications, wage

subsidies, and tax credits for businesses hiring people in recovery; micro-enterprise seed grants for peer-run cafés, recycling cooperatives, or agri-tech ventures; and tuition waivers for vocational and digital-skills programmes.

Housing is equally pivotal. Graduated housing ladders (medical respite beds, transitional sober-living apartments, and permanent supportive housing) provide platforms for stability. Partnerships with social-impact investors have financed “housing first” pilots that link rent payments to treatment milestones while preserving tenant autonomy.

Technology, Data, and Innovation

Long-acting injectable buprenorphine (monthly) and depot naltrexone (quarterly) reduce diversion risk and improve adherence. Artificial-intelligence chatbots deliver 24/7 relapse-prevention coaching, while blockchain pilots trace prescription opioids from factory to pharmacy, flagging anomalies that may indicate diversion.

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Yet digital divides and privacy concerns loom large; ethical governance frameworks must accompany any technological scale-up.

Robust monitoring systems are essential. National dashboards that integrate real-time overdose surveillance, treatment-capacity indicators, and reintegration metrics can guide resource allocation. Standardised outcome measures: twelve-month retention, quality-adjusted life-years gained, post-treatment employment rates, enable cross-country benchmarking.

Financing the Response

Scaling evidence-based OUD services worldwide is not cheap, but it is far less costly than inaction. Even a conservative global cost of US \$15 billion per year for universal coverage of opioid agonist maintenance therapy (OAMT), psychosocial support, and naloxone distribution pales beside the estimated US \$1 trillion annual economic burden of untreated OUD in the United States alone. Beyond financial losses, untreated OUD drives soaring health-care expenditures, lost productivity, criminal justice costs, and immeasurable human suffering. By contrast, investment in evidence-based interventions has been shown to pay for itself many times over through reductions in overdose deaths, improvements in employment, and strengthened community stability.

Financing options are diverse and adaptable to local contexts. Governments can earmark revenues from opioid litigation settlements, ensuring that compensation from industry misconduct directly funds recovery and prevention. Similarly, targeted levies on opioid manufacturers' profits could create a sustainable revenue stream, aligning financial accountability with public health needs. For low- and middle-income countries, innovative strategies such as debt-for-health swaps can redirect repayment obligations toward lifesaving treatment infrastructure. Social-impact bonds and blended finance models, meanwhile, can mobilize private capital by tying returns to measurable outcomes such as reduced relapse rates, increased treatment retention, or lower mortality. These approaches not only spread risk but also incentivize accountability and results.



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Questions to Consider:

1. How can countries expand access to opioid agonist maintenance therapy (OAMT) given financial, geographic, and stigma barriers?
2. Should the UN encourage universal standards for OUD treatment, or should guidelines remain flexible to local contexts?
3. What financing models (e.g., opioid settlement funds, social-impact bonds, debt-for-health swaps) are most realistic for low- and middle-income countries?
4. How can governments address the co-occurrence of psychiatric disorders with opioid dependence in an integrated care framework?
5. What role should harm-reduction services (supervised consumption sites, naloxone distribution, needle-exchange programs) play, and how can they be expanded despite political resistance?
6. How should stigma—both structural and interpersonal—be tackled at the policy and community level?
7. What reintegration policies (employment support, recovery-friendly workplaces, housing ladders, education grants) have the highest evidence of success?
8. How can new technologies (AI, blockchain, telehealth) improve treatment access and monitoring while balancing privacy concerns?

Key Terms

- Opioid Agonist Maintenance Therapy (OAMT)
- Methadone / Buprenorphine
- Harm Reduction (Naloxone distribution, Supervised Consumption Sites)
- Integrated Care Models
- Stigma (structural, interpersonal, internalized)
- Recovery-Friendly Employment
- Housing First Model
- Debt-for-Health Swaps
- Social-Impact Bonds
- Blockchain for Supply Chain Tracking
- INCB GRIDS Programme / GRIDS Intelli

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Topic B: Disrupting Illicit Opioid Trafficking Networks

Illicit trafficking is the oxygen that keeps today's opioid crisis burning. The UN Office on Drugs and Crime (UNODC) *World Drug Report 2025* warns that record seizures of fentanyl precursors on every inhabited continent demonstrate "an expanding and remarkably agile illicit supply chain" that now underwrites two-thirds of the world's 120,000 annual opioid-related deaths. The report attributes the rise to synthetic opioids that can be produced anywhere, shipped everywhere, and sold for pennies a dose, over the darknet, on social media, and through postal consignments that fit in a padded envelope. Behind these grim statistics are sophisticated criminal networks exploiting gaps in border security, laboratory regulation, and financial oversight, revealing that supply-side disruption must accompany treatment and prevention if the global epidemic is to be contained.

The Architecture of Modern Trafficking Networks

Unlike the vertically integrated heroin cartels of the 1990s, today's fentanyl trade is modular and transnational. Chemical brokers in southern China, India, and Vietnam export kilogram quantities of piperidone (4-AP), NPP, and other controlled precursors to pill-press "kitchens" in Mexico's Golden Triangle or clandestine garages on the EU's Schengen fringe. A single 25-kilogram drum yields ten million counterfeit tablets. One U.S. indictment unsealed in November 2024 charged Hubei Aoks Bio-Tech Co. Ltd. and its directors shipping multi-tonne precursor loads alongside xylazine ("tranq") to clients on four continents, illustrating both the scale and reach of chemical middlemen.



Cartels and synthetic-drug "start-ups" then rely on third-party logistics firms, mis-declared cargo, and global express-courier services to move products. During Operation Artemis (May–August 2024), U.S. Customs and Border Protection (CBP) "jump teams" deployed to maritime and air-cargo ports made over 900 seizures, intercepting more than 13,000 lb of fentanyl precursors, enough to

manufacture nearly two billion lethal doses. U.S. Customs and Border Protection U.S.

Department of Homeland Security Similar interagency "surge" operations in Canada, Australia, and Spain have exposed identical logistics patterns: legitimate enterprises—freight forwarders, chemical wholesalers, crypto-payment processors—act, knowingly or not, as facilitators.

Border Vulnerabilities and Smart Surveillance

Average physical-container inspection rates remain below two percent worldwide. Because fentanyl is lethal in milligrams, traffickers can conceal profit-making quantities in shoe boxes or sealed machine parts. New sensor suites, dual-energy X-ray tomography, Raman and FT-IR spectrometry portals, AI-filtered cargo manifests, and canine units trained on trace piperidone improve detection but require sustained investment and data-sharing.

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Joint task forces such as the U.S.-Mexico “FENTEX 360” pilot demonstrate that embedding customs, coast-guard, and financial-intelligence officers in a single analytic cell can reduce maritime fentanyl loads by double-digit percentages within months. Yet many lower-income transit states lack scanning equipment, forensic labs, or access to global precursor-licensing databases, highlighting the necessity of technical-assistance windows in any international resolution.

Regulating Precursors and Rapidly Evolving Analogues

International control of precursor chemicals proceeds under the 1988 Vienna Convention, but chemists tweak molecules faster than schedules can be updated. The International Narcotics Control Board (INCB) now lists 33 fentanyl precursors; its GRIDS Programme trains customs and postal inspectors to spot new analogues and runs the GRIDS Intelli real-time alert platform that flags suspect shipments. In March 2025 the UN Commission on Narcotic Drugs (CND) added four nitazene opioids to strict international control, bringing the tally of controlled nitazenes to ten, yet regional scheduling gaps persist and some designer precursors remain legal. Delegates must therefore weigh a mechanism for “dynamic scheduling,” rapid e-licensing of legitimate trade, and a global blockchain ledger of precursor movements that triggers alerts when consignments deviate from declared routes.

Existing Co-operation Frameworks: What Works, What Doesn’t

Several multilateral tools already exist and have demonstrated tangible impact. For instance, the INCB GRIDS Programme has trained more than 2,500 officers across 60 countries, equipping frontline officials with the knowledge to recognize suspicious consignments and trace precursor flows. The UNODC-WCO Container Control Programme, now active in 90 ports worldwide, has embedded risk-profiling units that routinely intercept illicit shipments—most notably seizing 1.3 tonnes of fentanyl precursors in 2024 alone. More recently, GRIDS Intelli, launched in January 2025, has transformed the speed of intelligence sharing by pushing suspicious-parcel alerts to 60 national focal points in less than an hour, reducing the window traffickers can exploit.



Despite these advances, critical gaps undermine global efficacy. Participation in such mechanisms remains voluntary, leaving entire regions underrepresented and creating weak links that traffickers readily exploit. Data standards are uneven: some jurisdictions submit detailed manifests in machine-readable formats, while others rely

on inconsistent or incomplete records, complicating cross-border risk analysis. Many postal administrations and customs services also struggle with outdated infrastructure—unable to integrate API-based alerts into legacy scanners or adapt quickly to new data-sharing protocols.

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Legal frameworks further lag behind evolving trafficking routes. Extradition treaties often fail to cover emerging synthetic opioids or precursor offences, and major exporting countries sometimes deny requests by citing dual criminality gaps—arguing that acts criminalized abroad are not offences under their own law. This creates safe havens for traffickers and stalls international investigations. Without harmonized definitions, updated mutual legal assistance treaties, and broader ratification of conventions, law enforcement agencies remain constrained in their pursuit of transnational networks.

Persistent Gaps and Opportunities for Delegates

Verification of precursor shipments remains weak; darknet-market takedowns operate on a “whack-a-mole” cycle; and forensic laboratories in much of sub-Saharan Africa and South-East Asia lack the reagents to confirm fentanyl analogues. Political tensions also hinder mutual legal assistance across certain corridors. Delegates therefore have an opportunity to propose:

- A binding rapid-notification protocol requiring chemical exporters to upload shipment data to a shared ledger accessible to importing and transit states within 24 hours;
- Joint maritime interdiction task forces with fusion centres that combine AIS vessel tracking, trade-finance data, and chemical-licence registries;
- A UN-administered revolving trust fund for mobile spectrometry labs, canine units, and post-seizure laboratory upgrades in low-resource states;
- A compliance scoreboard (similar to FATF grey-/black-listing) to incentivise adoption of precursor-control and crypto-AML standards;
- Public-private partnerships with express-courier, e-commerce, and crypto-exchange sectors to flag suspicious consignments or wallet addresses in real time.

Questions to Consider

1. Should moral rights and copyrights be standardized globally? If so, how?
2. What elements of moral rights should be extended to protect artists?
3. Is AI-generated art “transformative”?
4. How can AI generated art increase transparency and attribute or recognize referenced artists?
5. How can UNESCO balance the promotion of scientific advancement while protecting the interests of human creativity and culture?

Key Terms

- UNODC-WCO Container Control Programme
- FENTEX 360 (joint task force model)
- Dynamic Scheduling
- Precursor Chemicals (e.g., 4-AP, NPP, nitazenes)
- Extradition Dual Criminality Gaps
- Darknet Marketplaces
- Public-Private Partnerships (couriers, e-commerce, crypto-exchanges)

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