

# CAIMUN 2018

CANADA INTERNATIONAL MODEL UNITED NATIONS



UNODC

## Backgrounder

Topic A: The Fentanyl Crisis



# CANADA INTERNATIONAL MODEL UNITED NATIONS 2018

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Dear Delegates,

My name is Dillon Ramlochun, and I am excited and honoured to welcome you to this year's United Nations Office on Drugs and Crime (UNODC) at CAIMUN 2018. My fellow staff members, Sameer Esmail and Celina Chen, and I are looking forward to a chance to share with you our passion and love for global affairs, politics, and diplomacy from our years participating in Model United Nations. Whether you are a beginner delegate or a tenured one, we can't wait to welcome you to our committee and hope you have a wonderful experienced filled with memories at CAIMUN this year.

The first topic we will be tackling as a committee is that of the fentanyl crisis. Improper use of opioids have plagued us humans ever since their synthesis/discovery, and the problem has only grown worse as more potent ones have been created over the past century. In particular, fentanyl is troublesome because of its widespread, medical application - making it widely produced - and because of its high potency. It's no surprise then that the drug entered the streets/black market, and since then, has killed countless around the world - and if not killed, permanently affected for the worse. As delegates, it is important that you find a way to tackle not only the aftereffects of fentanyl use on its victims, but also the profitable trade of importing, cutting, and selling fentanyl.

The second topic is money laundering and the financing of terrorism, and this involves numerous items. From human trafficking to charity schemes that later provide money for terrorist organizations, as a committee, there is much to deal with. The problem for delegates and world leaders alike is detection of these schemes while navigating myriad laws, often differing drastically from nation to nation, regarding financial crime, and also the protection of citizens' privacy. Further, terrorist organizations have perfected the use of shell companies, offshore bank facades, and others that allow for the cleansing of money so to speak. As delegates, it is important to work together to come to a diplomatic solution that allows for global cooperation in this matter.

Being my last high school Model United Nations conference, I hope that I will be able to share the lessons I've learned over the years and also impart upon you the passion and love for this great opportunity that we are given to practice our diplomatic and speaking skills alike.

Once again, on behalf of my fellow staff members, I'd like to welcome you to CAIMUN 2018's UNODC, and let you know how excited we are to get to know you all over the upcoming weekend.

Sincerely,

Dillon Ramlochun  
Director of UNODC

## Committee Description

The United Nations Office on Drugs and Crime (UNODC) is an international agency that works to combat illicit drugs and crime around the world. The agency operates with its headquarters in Vienna, along with 21 field offices and two liaison offices in Brussels and New York City. The UNODC was first established in 1997 through a merger between the United Nations Drug Control Programme and the Centre for International Crime Prevention, with a mandate to assist member states in their struggle against illicit drugs, crime, and terrorism. Some of the specific issues the UNODC addresses include terrorism, drug abuse, corruption, and organized crime and trafficking. In order to address such issues, the committee bases its work off three main pillars: Field-based technical cooperation projects, research and analytical work, and normative work to assist states in fighting crime, terrorism, and drugs. Funding for the research, projects, and campaigns usually come through voluntary contributions, primarily from governments, which make up approximately 90% of the committee's budget.

## Introduction

Drug overdoses have claimed millions of lives over the years, but recently, an alarming trend has emerged within the fray: a sharp increase in opioid-related deaths. Most people are familiar with them, after all, morphine, an opioid, is notoriously depicted in many novels and movies for its debilitating, addictive effects. As a result, it is surprising to some that morphine isn't the chief culprit behind today's problems, but instead, this title is becoming more and more so fentanyl's, and fentanyl's alone.

Fentanyl and its analogues are powerful, synthetic opioid analgesics that have been widely used in the medical world since the 1960s. The most potent of the common opioids, fentanyl is approved for use in humans and is about 100 times stronger than morphine (Carfentanil, an analogue developed for veterinary use, is 10,000 times the strength of morphine). It's no surprise then that ever since being first synthesized in 1959, there have been international efforts made to regulate its use – with the specific aim of preventing its entrance into the illicit drug market. Still, despite these efforts as early as 1964, substances laced with fentanyl began spreading on the streets and quickly became notorious for the high frequency of overdoses associated with it. Unfortunately, due to a variety of factors, it seems that this problem has reappeared in full form, and perhaps, even more.

This is perhaps also a good time to state the modern definition of an opioid: all substances, both natural and synthetic, that bind to opioid receptors in the brain (including antagonists).<sup>1</sup> Tackling substance abuse in general is challenging as it is, but the opioid problem adds a whole new layer of complexity.

Opioids being analgesics, they have been firmly established in medical practices for nearly half a century, with application in the treatment of cancer, arthritis, and many other chronic conditions. In fact, the very chemical properties that make opioids like fentanyl such effective pain-relievers is also what results in such high dependency.

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1 <https://en.wikipedia.org/wiki/Opiate>

The fact that opioids are essential to modern medicine – making them easily accessible and widely available – is concerning, but even more so is the ease with which they can be synthesized, distributed, and sold. In our modern, globalized world, our heart's material desire is often just a click away, and it might be shocking that for some, the same can be said for the materials and equipment needed to manufacture/synthesize opioids like fentanyl. Easily made, opioids being cut into other drugs like heroin, or even counterfeit prescription drugs has become a common trade tactic. Incredibly addictive, even a dose weighing merely milligrams can leave an unknowing victim addicted.

The issue's scope is not limited to the supply of opioids, but also the resulting irreversible effects on consumers. The need for treatment and rehabilitation plans for those addicted to drugs like fentanyl cannot be overlooked. Drug addiction affects more than just health, and as such, these rehabilitation plans cannot forego the need for social reintegration.

The intricacy of the situation cannot be understated, and being a truly global crisis, it is in the interest of all countries to come together to establish more comprehensive, effective international controls that take into account the ever-evolving developments in the manufacturing/distribution of fentanyl. Beginning with the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988) that first established the international strategy against illicit drugs trade in general, delegates will be tasked with adapting the ideas of the past to fit the problems of the now, specifically, those presented by fentanyl and its analogues.

## Timeline

1914

Harrison Narcotics Tax Act of 1914 criminalized non-clinical use of opioids in the United States.

1959

Fentanyl first synthesized by Paul Janssen and his newly formed company Janssen Pharmaceutica.<sup>2</sup>

1960

A salt formed by the combination of fentanyl with citric acid is used as a general anaesthetic called Sublimaze.<sup>3</sup>

1961

Single Convention on Narcotic Drugs treaty addressing synthetic opioids is made.

1968

US Food and Drug Administration (FDA) approves the use of fentanyl as an anaesthetic in a 1:50 ratio with other substances known as Innovar in the US and Thalamonal elsewhere.<sup>4</sup>

1970

Controlled Substances Act of 1970 reduces the harshness of the Harrison Act.

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<sup>2</sup> <https://en.wikipedia.org/wiki/Fentanyl#History>

<sup>3</sup> Ibid

<sup>4</sup> [http://www.jpain.org/article/S1526-5900\(14\)00905-5/fulltext#sec10](http://www.jpain.org/article/S1526-5900(14)00905-5/fulltext#sec10)

1972

First death as a result of fentanyl overdose in the US.<sup>5</sup>

1972

Protocol Amending the Single Convention on Narcotic Drugs made to address education and aftercare relating to opioids.

1981

First year Janssen Pharmaceutica loses patent and marketing exclusivity leading to a 10-fold increase in sales.<sup>6</sup>

1984

Flavoured lollipop containing fentanyl citrate along with other fillers called Oralet presented to Janssen Pharmaceutica as a licensing opportunity as the first quick-acting formulation of fentanyl for use with chronic pain.<sup>7</sup>

1990s

Janssen Pharmaceutica develops the “Duragesic Patch” which allows for the administration of fentanyl transdermally.<sup>8</sup>

1993

Oralet is approved after discussion about the potential of unintentional overdoses because of its ease of consumption.<sup>9</sup>

2009

FDA approves Onsolis, a drug containing fentanyl used for pain management in cancer patients tolerant towards opioids.<sup>10</sup>

2010

Canada’s most recent revision of its guidelines for “Safe and Effective Use of Opioids” released.<sup>11</sup>

2011

FDA implements risk evaluation and mitigation strategy entitled the “TIRF REMS Access Program” for all TIRF (Transmucosal Immediate-Release Fentanyl) products.<sup>12</sup>

2011

Supreme Court of Canada gives landmark decision ordering federal government to stop interfering with Vancouver’s controversial Insite clinic – providing a safe, drug injection site with medical surveillance.<sup>13</sup>

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5 Ibid

6 Ibid

7 Ibid

8 Ibid

9 Ibid

10 Ibid

11 [http://nationalpaincentre.mcmaster.ca/documents/opioid\\_guideline\\_part\\_b\\_v5\\_6.pdf](http://nationalpaincentre.mcmaster.ca/documents/opioid_guideline_part_b_v5_6.pdf)

12 Ibid

13 <https://www.theglobeandmail.com/news/british-columbia/supreme-court-ruling-opens-doors-to-drug-injection->

2012

OxyContin, the highly addictive, top selling, long-acting opioid drug, removed from market by Purdue and replaced with OxyNEO – a tamper-free alternative difficult to crush, snort, or inject.<sup>14</sup>

2014

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reports that non-controlled fentanyl derivatives and a range of other potent synthetic opioids are being increasingly reported on the illicit market through the EU Early Warning System.<sup>15</sup>

2015

DEA issues alert in the United States about fentanyl after 700 overdoses linked to the drug in late 2013 and 2014.<sup>16</sup>

2015

China bans more than 100 synthetic chemicals including some fentanyl products.<sup>17</sup>

2015

EMCDDA reports that fentanyl represented 60 percent of all seizures in Europe of new synthetic opioids.<sup>18</sup>

2016

CDC issues revised guidelines for “Prescribing Opioids for Chronic Pain”.<sup>19</sup>

2016

CDC report reveals a 426 percent increase in fentanyl or other synthetic opioids being turned up in police raids.<sup>20</sup>

2017

U.S. – China Economic and Security Review Commission report cites China as the main supplier of fentanyl to North America.<sup>21</sup>

2017

U.S. President Donald Trump declares opioids a public health emergency before visit to China and meeting with President Xi Jinping.<sup>22</sup>

2017

China’s Food and Drug Administration (MPS) bans the manufacturing and sale of carfentanyl,

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clinics-across-canada/article4182250/

14 <https://www.theglobeandmail.com/news/investigations/a-killer-high-how-canada-got-addicted-tofentanyl/article29570025/>

15 [http://www.emcdda.europa.eu/news/2014/3\\_en](http://www.emcdda.europa.eu/news/2014/3_en)

16 <https://news.vice.com/article/americas-new-deadliest-drug-fentanyl>

17 <https://www.cnn.com/2017/02/16/health/fentanyl-china-ban-opioids/index.html>

18 <https://euobserver.com/justice/138137>

19 <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

20 [https://www.cdc.gov/mmwr/volumes/65/wr/mm6533a2.htm?s\\_cid=mm6533a2\\_e](https://www.cdc.gov/mmwr/volumes/65/wr/mm6533a2.htm?s_cid=mm6533a2_e)

21 [https://www.uscc.gov/sites/default/files/Research/USCC%20Staff%20Report\\_Fentanyl-China%E2%80%99s%20Deadly%20Export%20to%20the%20United%20States020117.pdf](https://www.uscc.gov/sites/default/files/Research/USCC%20Staff%20Report_Fentanyl-China%E2%80%99s%20Deadly%20Export%20to%20the%20United%20States020117.pdf)

22 <https://www.nytimes.com/2017/11/03/world/asia/china-opioid-fentanyl-trump.html>

furanyl fentanyl, acrylfentanyl, and valeryl fentanyl.<sup>23</sup>

## Historical Analysis

Opioids are one of the world's oldest drugs, and the uses for it today – medical, recreational, and religious – predate the common era.<sup>24</sup> Incredibly potent, there have been attempts to regulate both clinical, and non-clinical use of opioids since the 20th century. Since 1914, when the United States became one of the first to criminalize non-clinical use, the use of opioids in this manner has been rated zero on the scale of approval of nearly every social institution.<sup>25</sup>

Morphine was first isolated from the opium poppy plant in 1804 by German scientist Friedrich Sertürner. One of the first opioids, it quickly became the most popular pain medication. However, through armed conflicts like the two World Wars, morphine's innate dangers became well known to scientists. In the 1920s, chemists began looking for new compounds that could provide the same pain relief as opioids like morphine, but without the dependency and other negative drawbacks that came with it. In the 1930s, German scientists as part of Adolf Hitler's strides towards independence developed pethidine and methadone that eliminated the need to import raw opium for medication.<sup>26</sup> These were the first synthetic opioids, and sparked a period of research and discovery that led to the creation of fentanyl and its analogues.

## Chemistry/Biology of Fentanyl

First synthesized in 1959 by Paul Janssen, fentanyl belongs to a class of potent opioid analgesics, the 4-anilidopiperidines. Fentanyl selectively binds to the  $\mu$ -opioid receptors<sup>27</sup> of the Central Nervous System (CNS), mimicking the effects of endogenous opiates – natural substances produced by the CNS that inhibit pain signal transmission and produce feelings of euphoria like that from opioids.<sup>28</sup>

The analgesic properties of fentanyl are the direct result of its binding with  $\mu$ -opioid receptors, preventing the release of neurotransmitters – which carry out pain signal transmission – through the inhibition of intracellular compounds. However, it is also due to the relative location of the  $\mu$ -opioid receptors in the brain (found in many layers of the cerebral cortex, including the frontal lobe that controls emotion)<sup>29</sup> that dopamine levels can be increased in reward areas, resulting in euphoria and relaxation, and ultimately, dependency/addiction.<sup>30</sup>

Some of the danger associated with fentanyl is again the result of the location of  $\mu$ -opioid receptors in the brain. Also located in the brain stem – which controls breathing rate – high doses of fentanyl can cause breathing to stop completely. Most of fentanyl's symptoms/signs can also be explained this way.

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23 Ibid

24 <https://en.wikipedia.org/wiki/Opioid>

25 Ibid

26 <http://cordantsolutions.com/history-synthetic-opioids/>

27 <https://pubchem.ncbi.nlm.nih.gov/compound/fentanyl#section=Top>

28 <https://en.wikipedia.org/wiki/Endorphins>

29 <http://serendip.brynmawr.edu/bb/kinser/Structure1.html>

30 <https://www.drugabuse.gov/publications/drugfacts/fentanyl>

Still, the greatest factor in fentanyl's overall danger is its potency at small dosages. The estimated lethal dose of fentanyl in humans is just two milligrams.<sup>31</sup> And in cases where poly-substance use was involved (use of more than three different substances indiscriminately), a mere seven nanogram per milliliter blood concentration was reported as fatal.<sup>32</sup>

Treatment of a fentanyl overdose – most often resulting in respiratory depression – is reversible by naloxone, nalmefene, and other opioid antagonists. These opioid antagonists rapidly block the effects of opioids, especially overdose. Withdrawal symptoms can also be precipitated through the administration of these antagonists, so usage/dosage is carefully measured during treatment of dependent patients.<sup>33</sup>

## Fentanyl in Medicine

Fentanyl entered medical use as a general anaesthetic under the trade name Sublimaze in the 1960s. From there, it became introduced in many Western European countries as an intravenous analgesic in combination with many other sedatives. Fentanyl could only be used in small amounts due to its potency, so a satisfactory combination was developed that involved mixing itself and another drug together – labeled Neuroleptanesthesia.<sup>34</sup>

Moving past intravenous delivery, the 1980s saw the first transdermal drug delivery patches. Quickly, a patch containing fentanyl was developed, named Duragesic – the most accessible fentanyl solution available today. In 2004, its last year of patent life, sales exceeded \$2.4 billion, showing the huge necessity and demand for pharmaceutical fentanyl.<sup>35</sup>

Transmucosal delivery options were soon explored, and in 1984, Oralet, a “child friendly” sweetened, red lollipop-like product was developed and brought to market after approval by the FDA in 1993.<sup>36</sup>

Clinical studies of Oralet led to research into the application of oral transmucosal fentanyl citrate (OTFC) in patients with cancer being treated with severe pain. After nearly nine years of study, an OTFC unit named Actiq was approved by the FDA in 1998 for out-of-hospital use.<sup>37</sup> Further research eventually led to numerous options for fentanyl delivery, including but not limited to: nasal, buccal, and sublingual transmucosal products.<sup>38</sup>

## Mortality and Misuse of Fentanyl

Deaths first occurred as a result of fentanyl overdose shortly after its approval for use in anesthesia in 1972. As methods of administration continued to increase over the years, fentanyl deaths continued to rise as a result of patient misuse, inappropriate prescription, and illicit use/abuse of prescriptions.<sup>39</sup>

31 <http://www.emcdda.europa.eu/publications/drug-profiles/fentanyl>

32 Ibid

33 <https://pubchem.ncbi.nlm.nih.gov/compound/fentanyl#section=Interactions>

34 [http://www.jpain.org/article/S1526-5900\(14\)00905-5/fulltext#sec3](http://www.jpain.org/article/S1526-5900(14)00905-5/fulltext#sec3)

35 Ibid

36 Ibid

37 Ibid

38 Ibid

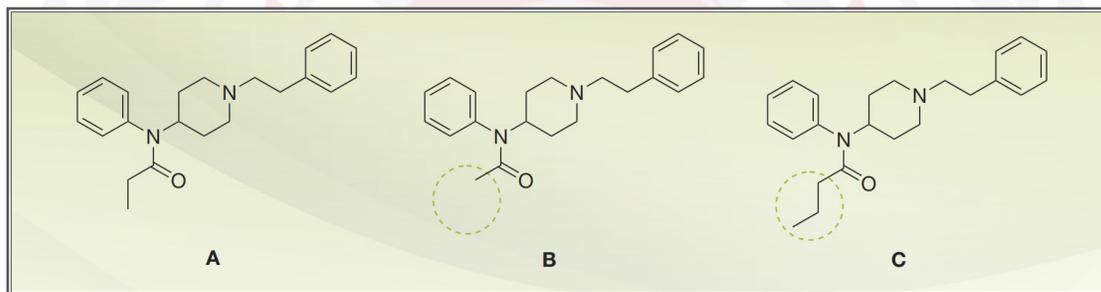
39 Ibid

Clandestine laboratories producing/selling fentanyl and its analogues first appeared in 1979, and since then, overdose deaths attributed to these operations have steadily risen.<sup>40</sup>

## Current Situation

It would seem to most that the fentanyl crisis is a static one; simply place fentanyl and its analogues under stringent, international control and the problem should be more than mitigated. However, the fentanyl crisis is truly a dynamic one, and as a result, has been a challenge for policymakers and international bodies to tackle alike.

The problem isn't the result of currently known fentanyl products, but rather, the thousands of analogues that will be created in the coming years by making minute changes to fentanyl's chemical structure. In just the period between 2012 and 2016 alone, 17 new fentanyl analogues were reported to the UNODC Early Warning Advisory from countries in East Asia, Europe, and North America.<sup>41</sup>



*An illustration of the small changes in chemical structure that result in two new fentanyl analogues  
(A) Fentanyl, (B) Acetylfentanyl, (C) Butyrfentanyl*

[[https://www.unodc.org/documents/scientific/Global\\_SMART\\_Update\\_17\\_web.pdf](https://www.unodc.org/documents/scientific/Global_SMART_Update_17_web.pdf)]

## Manufacturing and Trafficking

For the mass scale manufacturing of fentanyl to take place, the business must be lucrative, and indeed, it is. It is estimated that approximately one kilogram of pure fentanyl powder costs manufacturers between \$3000 and \$4000 US dollars.<sup>42</sup> Yet, because of its extreme potency, that kilogram of powder can be cut and split until profits amount to about \$1.3 million.<sup>43</sup>

The business is lucrative, and even better for illicit manufacturers, the materials needed for it are also readily accessible. No sophisticated laboratory skills are required for its synthesis and the apparatus required can be purchased online from vendors – almost like ordering from Amazon.<sup>44</sup> The most common synthesis method is the Siegfried method – first developed in the 1980s – that can be applied relatively easily in a facility as unsophisticated as a household kitchen.<sup>45</sup> It's unsurprising then that data reported to the UNODC regarding dismantled, illicit fentanyl

40 Ibid

41 [https://www.unodc.org/documents/scientific/Global\\_SMART\\_Update\\_17\\_web.pdf](https://www.unodc.org/documents/scientific/Global_SMART_Update_17_web.pdf)

42 <https://news.vice.com/article/americas-new-deadliest-drug-fentanyl>

43 Ibid

44 [https://www.unodc.org/documents/scientific/Global\\_SMART\\_Update\\_17\\_web.pdf](https://www.unodc.org/documents/scientific/Global_SMART_Update_17_web.pdf)

45 Ibid

manufacturing practices are chiefly “kitchen laboratories.”<sup>46</sup>

Currently, raw fentanyl is sourced mainly from China and Mexico. In fact, purchasing the drug has become so accessible, especially from China, that anyone can make an account on a forum like EC21 or WeiKu and make a transaction conducted in English with guaranteed delivery after simply entering in a shipping address and credit-card number.<sup>47</sup>

China has taken steps towards preventing itself from being the primary source of fentanyl around the world. As of March 1st in 2017, China banned the manufacturing and selling of carfentanil, furanyl fentanyl, acrylfentanyl, and valerylfentanyl. Still, regulations and policy surrounding chemical production are weak in China, and with an industry as big as it is there, it will be incredibly difficult to make effective policy to combat the manufacturing of fentanyl. This problem is only worsened by the fact that Chinese regulators have struggled with the speed at which chemists have been producing new fentanyl analogues (as discussed earlier) – easily circumventing the nation’s current list of 23 banned analogues.<sup>48</sup>

Detection of trafficked fentanyl is made extremely difficult because of its relative potency. Often, fentanyl and its analogues are only present in trace amounts in shipped product, meaning that without forensic laboratory testing, identification is inconsistent and unreliable. Also because of its potency, fentanyl can be shipped in extremely small packages compared to other drugs typically trafficked. In fact, often times they can completely bypass Canadian Border Services Agency’s inspections because packages weighing less than 30 grams require the permission of the supplier to be opened.<sup>49</sup> Small and easy to hide, packages of fentanyl have been found by border security agents in items ranging from iPhone boxes to the innards of car parts.

## Risks

In general, fentanyl can be safely administered under clinical supervision, especially in hospital settings. The problems arise when the doses or methods of delivery are altered by consumers. As described earlier, just a two-milligram blood concentration of fentanyl is fatal, and in clandestine operations that rely on non-precision equipment to measure doses, it is no mystery as to why overdoses are so common. A study focusing on rural Australia found that the chief factors exacerbating overdose rates were unsafe preparation and administration methods as well as misinformation circulating among peers about the drug.<sup>50</sup>

The preparation of illicitly manufactured fentanyl is concerning due to its lack of quality control and amateur chemist work, but even more concerning are the methods found to be common place to divide batches of the drug. One of the more common approaches, large amounts of fentanyl are brought into solution before being divided into single doses by volume.<sup>51</sup> Clearly inaccurate, there is great opportunity for human error and inconsistency to occur in both the calculation and measurement of the portions.

46 Ibid

47 <https://www.theglobeandmail.com/news/national/how-fentanyl-is-getting-through-canadas-border/article29547443/>

48 <https://www.nytimes.com/2017/11/08/world/asia/china-opioid-trump.html>

49 Ibid

50 [https://www.unodc.org/documents/scientific/Global\\_SMART\\_Update\\_17\\_web.pdf](https://www.unodc.org/documents/scientific/Global_SMART_Update_17_web.pdf)

51 Ibid

Resulting in doses of undefined potency, those experimenting with powerful opioids, especially fentanyl, are at great risk, but the problems don't stop there. Fentanyl has been showing up at an alarming rate in the drugs of unknowing consumers. From 2012 to 2017, a 2000% increase in the percent of heroin testing positive for fentanyl in any amount was observed by Health Canada.

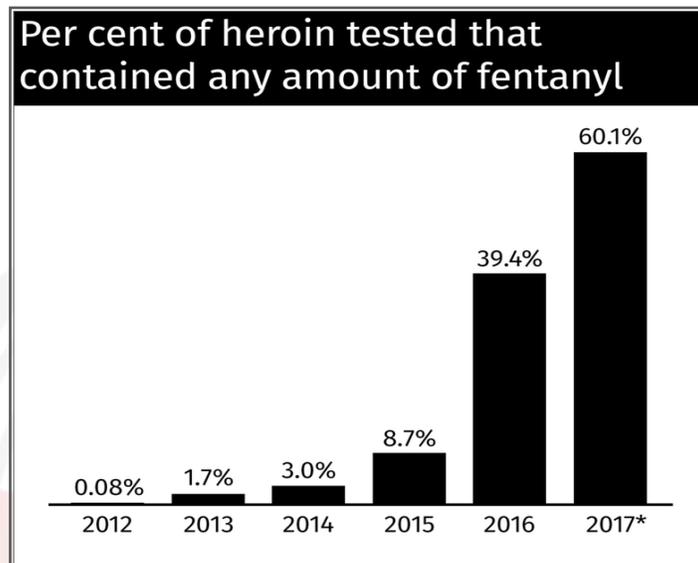


Figure 2: Less than 1% of 2,337 heroin samples test positive for fentanyl in 2012 compared to 60.1% of 3,337 heroin samples in 2017 [http://www.cbc.ca/news/health/shocking-rise-of-fentanyl-in-seized-street-drugs-1.4393906]

And it's not just in heroin that fentanyl has been showing up, but in an array of drugs present on the streets, from MDMA to cocaine.

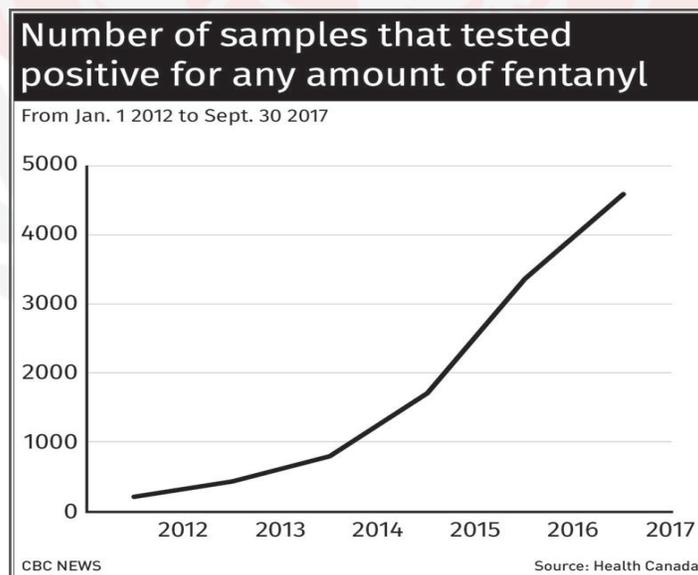


Figure 3: 217 street drug samples test positive for fentanyl in 2012 compared to 4,568 in 2017 – a 2,005% increase. [http://www.cbc.ca/news/health/shocking-rise-of-fentanyl-in-seized-street-drugs-1.4393906]

The numbers are staggering, and it is no surprise that the increased presence of fentanyl has directly correlated with an exponentially increasing death toll related to opioid overdose. More recently, rumours that marijuana laced with fentanyl appearing on streets arose. But in reality, Health Canada has found no fentanyl in any marijuana samples tested between 2012 and

2017.<sup>52</sup> Intuitively, marijuana is also inexpensive compared to fentanyl, making clandestinely lacing it with the more expensive drug illogical.

The USA Drug Enforcement Administration has also recently released safety alerts to law enforcement officers after numerous cases where handling of hazardous fentanyl and its analogues has resulted in accidental inhalation or absorption through skin or mucous. As well, it's not just in recreational drugs that fentanyl is showing up, but also in counterfeit pharmaceutical prescriptions. The risk is great for those knowingly consuming fentanyl, but even greater for those unknowing.

## UN/International Involvement

### Single Convention on Narcotic Drugs, 1961

An international treaty, its major effect was updating the Paris Convention of 1931 to include synthetic opioids invented during the 30 year stretch, and add mechanisms to more easily include new ones.<sup>53</sup> With more than 185 state parties (including nearly all member states of the United Nations) as of 2015, the Single Convention is still very relevant today.<sup>54</sup> The treaty established four schedules of controlled substances that are still widely used, quoted:

- “Schedule I:
  - Limitation to medical and scientific purposes of all phases of narcotics trade (manufacture, domestic trade, both wholesale and retail, and international trade) in, and of the possession and use of, drugs;
  - Requirement of governmental authorization (licensing or state ownership) of participation in any phase of the narcotics trade and of a specific authorization (import and export authorization) of each individual international transaction;
  - Obligation of all participants in the narcotics trade to keep detailed records of their transactions in drugs;
  - Requirement of a medical prescription for the supply or dispensation of drugs to individuals;
  - A system of limiting the quantities of drugs available, by manufacture or import or both, in each country and territory, to those needed for medical and scientific purposes.
- Schedule II:
  - Governments are thus not bound to prevent the accumulation of drugs in Schedule II in the possession of retail distributors, in excess of the quantities required for the normal conduct of business;
  - Medical prescriptions for the supply or dispensation of these drugs to individuals are not obligatory;
  - Such drugs are also exempted from the provision – which in fact is no more than a suggestion – concerning the use of official prescription forms in the shape of counterfoil books issued by the competent governmental authorities or by authorized professional associations;

<sup>52</sup> <http://www.cbc.ca/news/health/shocking-rise-of-fentanyl-in-seized-street-drugs-1.4393906>

<sup>53</sup> [https://en.wikipedia.org/wiki/Single\\_Convention\\_on\\_Narcotic\\_Drugs](https://en.wikipedia.org/wiki/Single_Convention_on_Narcotic_Drugs)

<sup>54</sup> Ibid

- Parties to the Single Convention need not require that the label under which a drug in Schedule II is offered for sale in the retail trade show the exact content by weight or percentage.
- Schedule III:
  - Government authorizations are not required for each import or export of preparations in Schedule III. The import certificate and export authorization system laid down in Article 31, paragraphs 4 to 15, which governs the international transactions in drugs and their preparations, does not apply to the preparations in Schedule III;
  - The only estimates and statistical returns that a Party need furnish to the INCB in reference to Schedule III preparations are estimates of the quantities of drugs to be utilized for the compounding of preparations in Schedule III, and information on the amounts of drugs actually so used.
- Schedule IV:
  - Particularly dangerous properties;
  - The drugs in Schedule IV shall also be included in Schedule I and subject to all measures of control applicable to drugs in the latter Schedule;
  - A Party shall, if in its opinion the prevailing conditions in its country render it the most appropriate means of protecting the public health and welfare, prohibit the production, manufacture, export and import of, trade in, possession or use of any such drug except for amounts which may be necessary for medical and scientific research only, including clinical trials therewith to be conducted under or subject to the direct supervision and control of the Party.”<sup>55</sup>

The treaty gave the UN Economic and Social Council’s Commission on Narcotic Drugs the power to make modifications to the drugs listed under each “schedule as defined by the Single Convention in accordance with the World Health Organization’s recommendations and findings.”<sup>56</sup> Meanwhile, the UNODC was tasked with delegation of day-to-day monitoring of situations in each country and working with national authorities to ensure compliance with the treaty.<sup>57</sup> Most synthetic opioids, including fentanyl and its derivatives/analogues were placed under the “Schedule I” classification.<sup>58</sup>

United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances One of the “big three” drug control treaties currently in force, the main purpose of this convention was to provide additional legal mechanisms for the enforcement of the Single Convention of 1961 (also one of the big three).<sup>59</sup> Entering into force in 1990, there are 189 Parties to the convention as of 2014, including most United Nations member states.<sup>60</sup>

The need for an update to the 1961 treaty was chiefly the result of social developments in the 1970s and 1980s. With drugs becoming ever more socially accepted for recreational use, a staggering increase in illicit drug production was observed and resulted in a multi-billion dollar business dominated by criminal organizations.<sup>61</sup>

<sup>55</sup> Ibid

<sup>56</sup> Ibid

<sup>57</sup> Ibid

<sup>58</sup> Ibid

<sup>59</sup> [https://en.wikipedia.org/wiki/United\\_Nations\\_Convention\\_Against\\_Illicit\\_Traffic\\_in\\_Narcotic\\_Drugs\\_and\\_Psychotropic\\_Substances](https://en.wikipedia.org/wiki/United_Nations_Convention_Against_Illicit_Traffic_in_Narcotic_Drugs_and_Psychotropic_Substances)

<sup>60</sup> Ibid

<sup>61</sup> Ibid

The treaty especially focused on combating organized crime through international cooperation in tracing/seizing drug-related assets.<sup>62</sup> As well, it raised the idea that nations could be required to ban the possession of drugs for personal use. One of the first treaties to target users rather than drug manufacturers and traffickers, it implied the need of responsibility both on consumer countries' end as well as that of the producer countries.<sup>63</sup>

Unsurprisingly, the convention was met with many constitutional challenges, and even faced a proposed repeal in 2003 by a European Parliament committee.<sup>64</sup>

### UNODC Early Warning Advisory (EWA)

Launched in June of 2013, the EWA was a reaction to the ever-increasing number of new psychoactive substances (NPS) at a global level.<sup>65</sup> Seeking to improve the ability of member states to deal with illicit synthetic drugs, the EWA provides monitoring, analysis, and reporting of trends on NPS to all participants for more effective policy response.<sup>66</sup>

### TIRF REMS Access Program

Developed in 2011 by the US Food and Drug Administration, the program was developed to ensure safe use/access to TIRF ( Transmucosal Immediate-Release Fentanyl Medicines) after several overdoses involving Actiq and Oralet fentanyl delivery products.<sup>67</sup>

Designed to mitigate risk from misuse, abuse, addiction, overdose, and complications due to medication errors<sup>68</sup>, the program outlined four major steps needing to be taken:

1. "Prescribing and dispensing TIRF medicines only to appropriate (opioid tolerant) patients
2. Preventing inappropriate conversion between fentanyl products
3. Preventing accidental exposure to children and others for whom TIRF medicines were not prescribed
4. Educating prescribers, pharmacists, and patients on the potential for misuse, abuse, addiction, and overdose with TIRF medicines"<sup>69</sup>

The TIRF REMS Access Program's scope does not include fentanyl and its analogues produced/manufactured in clandestine operations.

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62 Ibid

63 Ibid

64 Ibid

65 <https://www.unodc.org/LSS/Page/About>

66 Ibid

67 [http://www.jpain.org/article/S1526-5900\(14\)00905-5/fulltext#sec3](http://www.jpain.org/article/S1526-5900(14)00905-5/fulltext#sec3)

68 Ibid

69 Ibid

# Potential Solutions

## Supervised Drug Injection Sites

Fatalities as a result of unsafe usage of illicit recreational drugs have been a constant in society for many years, and one approach has been setting up legally-sanctioned sites that provide medical supervision and a hygienic, stress-free environment for the consumption of these very drugs.

A harm reduction approach, these sites make sterile injection equipment, information, treatment, and medical staff available.<sup>70</sup> Generally effective, Australia's Sydney Medically Supervised Injecting Centre (MSIC) has managed 2,426 overdose-related events over a nine-year period without a single fatality.<sup>71</sup> More locally, Vancouver's own Insite injection site has managed 336 of these events since 2007 with a perfect record.<sup>72</sup> It is to be noted that Insite and Australia's MSIC are two of the few sites globally that allow naloxone (see chemistry/biology of fentanyl) to be administered on site. In many other cases, for example Germany, naloxone can only be administered by doctors – potentially reducing effectiveness.

The validity of these injection sites is best illustrated by the expected lives saved per annum as a result of their work. Germany has 25 Drug Consumption Rooms, and calculations made by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) estimate that for every 500,000 injections made, ten fatalities are expected to be averted because of these injection sites.<sup>73</sup> Relating to Canada, the Canadian Expert Advisory Committee of 2008 that was tasked with reviewing the effectiveness of Insite found that approximately 1.08 lives are saved by the facility each year – which amounts to approximately 1 fatality averted for every 146,000 injections.<sup>74</sup>

These sites have also been stringently evaluated for their cost-effectiveness. The findings of the Canadian Expert Advisory Committee showed that, based on Insite's per annum operation cost of \$3 million Canadian dollars, cost-benefit ratios for each dollar spent ranged from 1.5 to 4.02 benefit.<sup>75</sup> In Australia, the Sydney MSIC costs around \$2.7 million to operate, and according to Drug-Free Australia, is as effective as 400 government-funded rehabilitation places.<sup>76</sup> However, mathematical modeling can only be so accurate, and questions remain about the efficiency of having sites like Insite operational.

Key to the success of these sites is the general attitude towards them, and their impact on the community. The Committee mentioned previously that evaluated Insite found that health professionals, local police, the local community, and the public had views ranging from neutral to positive of the service, with opposition decreasing over time.<sup>77</sup> The Sydney MSIC's evaluation in 2010 found that 78% and 70% of residents and business operators respectively showed support

70 [https://en.wikipedia.org/wiki/Supervised\\_injection\\_site](https://en.wikipedia.org/wiki/Supervised_injection_site)

71 Ibid

72 Ibid

73 Ibid

74 Ibid

75 Ibid

76 Ibid

77 Ibid

for its presence.<sup>78</sup> Although, a 2010 petition to the Australian Parliament by 63 business owners in the immediate area surround MSIC wished for the facility to be moved for adversely affecting their business – potentially invalidating the original evaluation’s findings.<sup>79</sup> Furthermore, both the evaluation of the Sydney MSIC and Vancouver’s Insite has shown no evidence pointing towards increased drug dealing, petty crime in the area, or a “honey-pot effect” of drawing users and drug dealers closer to the area.<sup>80</sup> Again though, the evidence cannot disprove the concern that sites like these could be adversely influencing current non-users. Another positive benefit that has been observed as a result of these sites is a reduction of public injection. The evaluation of the Sydney MSIC found that 49% of its clients would resort to public injection if closed (amounting to about 191,673 public injection).<sup>81</sup> As well, observations by the Expert Advisory Committee observed a reduction in public injecting before and after the opening of Insite.<sup>82</sup> As usual, these statistics are contested by the fact that both in Australia and Canada, there had been a decrease in needles distributed from local pharmacies regardless of their operation – for a variety of reasons.

There are many other measures of effectiveness of injection sites that remain inconclusive. For example, the evaluators found the MSIC had made no discernable impact on overdoses at the community level or in hospital emergency wards.<sup>83</sup> As well, overdose rates were found to be nearly 32 times higher than the client’s own recorded overdose history when using the MSIC facilities – speculated to be a result of feeling more comfortable in taking risk.<sup>84</sup>

Ultimately, Supervised Injection Sites do appear to have some benefits, but far from conclusive, it is impossible to build a comprehensive solution around the use of these facilities.

## Bloc Positions

Unlike most issues in the world today, the stance of most countries in the world are similar – prevent fentanyl from entering the nation and poisoning the population. However, it’s the way that this should be achieved in addition to the countries chiefly responsible that is controversial and heavily debated.

### China

Globally accused of being the leading source of fentanyl product, China denies this claim while strengthening policy making to prevent its world-leading chemical industry from participating in illicit practices. Open to bans on the manufacturing and selling of fentanyl analogues, China seeks better mechanisms for the quick identification of these newly created substances. With its control of internet, China will seek to crack down on forums and other social media platforms that facilitate the selling of fentanyl product, while encouraging other nations to do the same.

### USA and Canada

The major victims of the fentanyl crisis, the governments of both countries have recognized fentanyl as a problem needing to be addressed immediately. Falling victim to the accessibility

78 Ibid

79 Ibid

80 Ibid

81 Ibid

82 Ibid

83 Ibid

84 Ibid

of fentanyl from China and the ease of shipment, this bloc will look at solutions centered around border control favourably. Generally progressive, a major emphasis will also be placed on rehabilitation in this bloc – especially considering that Canada is one of the only nations in the world currently with a safe injection site operational. This bloc accuses China for being the primary source of fentanyl, and continues to call for China to take further steps to limit illicit activity within the nation.

## Europe

While the fentanyl crisis has only recently come into focus in North America, Europe has been dealing with the problem for decades. Lack of strong border control within Europe has caused trafficking of fentanyl and its analogues to become a major issue. With multiple nations already having implemented safe injection sites, this bloc will look towards more permanent solutions that solve the problem at its core – especially with the EMCDDA's conclusion that it cannot definitively call injection sites either harmful or beneficial.

## Discussion Questions

1. What updates need to be made to the “big three” international drug control treaties? Which mechanisms are working and which aren't?
2. How will member states tackle the accessibility of fentanyl? What legal ramifications need to be held in consideration while discussing the accessibility of fentanyl online? How can the necessary apparatus and materials for production be made less accessible?
3. Regarding identification of fentanyl, how will problems involving the weight of packages and their ability to be examined be addressed considering fentanyl's typical shipment size? Is stricter border control the answer? How will policing need to change?
4. What should member states do with regards to safe injection sites? Are they worth it, effective, and nondetrimental? Will they truly make an impact on the problem or just mask the issue?
5. What steps need to be taken by countries known to be sources of raw fentanyl? How can the UNODC and the United Nations assist them? How can other member states assist them?
6. How will member states educate the population about the dangers of fentanyl? How can fentanyl be prevented from entering other recreational drugs? Can “pocket tests” for fentanyl in recreational drugs become more accessible so that unknowing consumption will be eliminated?
7. What is needed to be done in terms of social reintegration for potential victims? How can nations better accommodate those rehabilitated?

## Further Resources

- UNODC Global SMART Update 2017 vol. 17: [https://www.unodc.org/documents/scientific/Global\\_SMART\\_Update\\_17\\_web.pdf](https://www.unodc.org/documents/scientific/Global_SMART_Update_17_web.pdf)
- UNODC Recommendations for identification and analysis of fentanyl: [https://www.unodc.org/documents/scientific/Recommended\\_methods\\_for\\_the\\_identification\\_and\\_analysis\\_of\\_Fentanyl.pdf](https://www.unodc.org/documents/scientific/Recommended_methods_for_the_identification_and_analysis_of_Fentanyl.pdf)
- UNODC World Drug Report 2017: <http://www.unodc.org/wdr2017/>
- EMCDDA - Fentanyl in Europe study: [http://www.emcdda.europa.eu/attachements.cfm/att\\_191974\\_EN\\_TD3112230ENN\\_Fentanyl.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_191974_EN_TD3112230ENN_Fentanyl.pdf)