**EGMUN 2015**

# **Proliferating and detecting new psychosomatic substances and designer drugs**

Commission on Narcotic Drugs
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Since ancient times, humans have been fascinated with ways to alter consciousness, and have gone to great lengths to reach a "higher" ground. From naturally occurring substances such as opium and betel nuts, to synthetic drugs like LSD, people have long experimented with mind-altering substances. This long history of experimentation with psychoactive substances even pre-dates the existence of the word "drug."

**DEFINITION OF KEY TERMS:
Designer Drug:** a synthetic analogue of a legally restricted or prohibited drug, devised to circumvent drug laws.
**Physchosomatic:** Refers to the influence of the mind or psychological functioning of the brain on the physiologic functions of the body relative to bodily disorders or disease and the reciprocal impact of disease on psychological functioning.These drugs can be several hundred times stronger than the drugs they are designed to imitate. The narcotic analogs can cause symptoms such as those seen in Parkinson's disease-uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage.

Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia.

As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

Designer drug abuse is booming and more synthetic substances are entering the market at an alarming rate, according to the [2013 World Drug Report](http://www.unodc.org/wdr/) released by the United Nations Office on Drugs and Crime (UNDOC).

While traditional illicit substances like heroin and cocaine are becoming less popular globally, more citizens are turning to mostly legal, New Psychoactive Substances (NPS). The number of NPS known by the UNDOC increased from 166 in 2009 to 251 by the middle of 2012. Now, there are better known NPS than traditional substances under international control.

**GENERAL OVERVIEW**

The global market for synthetic drugs, continues to be dominated by methamphetamine, with East and South-East Asia accounting for the largest seizures reported worldwide. The market for methamphetamine is becoming increasingly diversified. In addition to the established and growing market for methamphetamine in East and South-East Asia, there are also indications of increased use in parts of North America and Europe. Seizure data for “ecstasy” and its precursor chemicals point to the growing availability of “ecstasy” in East and South East Asia.

#### **1920s–1930s**

Following the passage of the second [International Opium Convention](https://en.wikipedia.org/wiki/International_Opium_Convention) in 1925, which specifically banned [morphine](https://en.wikipedia.org/wiki/Morphine), the [diacetyl](https://en.wikipedia.org/wiki/Acetyl) [ester](https://en.wikipedia.org/wiki/Ester) of morphine, [heroin](https://en.wikipedia.org/wiki/Heroin), and a number of alternative esters of morphine quickly started to be manufactured and sold. The most notable of these were [dibenzoylmorphine](https://en.wikipedia.org/wiki/Dibenzoylmorphine) and [acetylpropionylmorphine](https://en.wikipedia.org/wiki/Acetylpropionylmorphine), which have virtually identical effects to heroin but were not covered by the Opium Convention. This then led the Health Committee of the [League of Nations](https://en.wikipedia.org/wiki/League_of_Nations) to pass several resolutions attempting to bring these new drugs under control, ultimately leading in 1930 to the first broad analogues provisions extending legal control to all esters of morphine, oxycodone, and hydromorphone.

#### **1960s–1970s**

During the 1960s and 1970s, a number of new synthetic hallucinogens were introduced, with a notable example being the sale of highly potent tablets of DOM in San Francisco in 1967. There was little scope to prosecute people over drug analogues at this time, with new compounds instead being added to the controlled drug schedules one by one as they became a problem.

#### **1980s-early 1990s**

The modern use of the term designer drug was coined in the 1980s to refer to various synthetic [opioid](https://en.wikipedia.org/wiki/Opioid) drugs, based mostly on the [fentanyl](https://en.wikipedia.org/wiki/Fentanyl) molecule (such as [α-methylfentanyl](https://en.wikipedia.org/wiki/Alphamethylfentanyl)). The term gained widespread popularity when [MDMA](https://en.wikipedia.org/wiki/Methylenedioxymethamphetamine) (ecstasy) experienced a popularity boom in the mid-1980s. When the term was coined in the 1980s, a wide range of [narcotics](https://en.wikipedia.org/wiki/Narcotics) were being sold as heroin on the black market. Many were based on fentanyl or [meperidine](https://en.wikipedia.org/wiki/Meperidine). One, [MPPP](https://en.wikipedia.org/wiki/MPPP), was found in some cases to contain an impurity called [MPTP](https://en.wikipedia.org/wiki/MPTP), which caused brain damage that could result in a syndrome identical to full-blown [Parkinson's disease](https://en.wikipedia.org/wiki/Parkinson%27s_disease), from only a single dose. The late 1980s and early 1990s also saw the re-emergence of [methamphetamine](https://en.wikipedia.org/wiki/Methamphetamine) in the United States as a widespread public health issue, leading to increasing controls on precursor chemicals in an attempt to cut down on domestic manufacture of the drug. This led to several alternative stimulant drugs emerging, the most notable ones being[methcathinone](https://en.wikipedia.org/wiki/Methcathinone) and [4-methylaminorex](https://en.wikipedia.org/wiki/4-methylaminorex), but, despite attracting enough attention from authorities to provoke legal scheduling of these compounds, their distribution was relatively limited in extent and methamphetamine continued to dominate the illicit synthetic stimulant market overall.

#### **Late 1990s-2004**

In the late 1990s and early 2000s, there was a huge explosion in designer drugs being sold over the internet. The term and concept of "research chemicals" was coined by some marketers of designer drugs (in particular, of [psychedelic drugs](https://en.wikipedia.org/wiki/Psychedelic_drug) in the [tryptamine](https://en.wikipedia.org/wiki/Tryptamine) and [phenethylamine](https://en.wikipedia.org/wiki/Phenethylamine) family). The idea was that, by selling the chemicals as for "scientific research" rather than human consumption, the [intent](https://en.wikipedia.org/wiki/Mens_rea) clause of the U.S. [analogue drug](https://en.wikipedia.org/wiki/Analogue_drug) laws would be avoided. Most substances that were sold as "research chemicals" in this period of time are hallucinogens and bear a chemical resemblance to drugs such as [psilocybin](https://en.wikipedia.org/wiki/Psilocybin) and [mescaline](https://en.wikipedia.org/wiki/Mescaline). As with other hallucinogens, these substances are often taken for the purposes of facilitating [spiritual](https://en.wikipedia.org/wiki/Spirituality) [processes](https://en.wikipedia.org/wiki/Entheogen), [mental reflection](https://en.wikipedia.org/wiki/Psychedelic_drug) or [recreation](https://en.wikipedia.org/wiki/Recreational_drug). Some research chemicals on the market were not psychoactive, but can be used as [precursors](https://en.wiktionary.org/wiki/Precursor) in the [synthesis](https://en.wikipedia.org/wiki/Chemical_synthesis) of other potentially psychoactive substances. The late 1990s and early 2000s also saw the first widespread use of novel [anabolic steroids](https://en.wikipedia.org/wiki/Anabolic_steroid) by athletes in competition. Steroids had been banned by the [International Olympic Committee](https://en.wikipedia.org/wiki/International_Olympic_Committee) since 1976, but due to the large number of different anabolic agents available for human and veterinary use, the ability of laboratories to test for all available drugs had always lagged behind the ability of athletes to find new compounds to use.

#### **2005–2015**

While through recent history most designer drugs had been either opioids, hallucinogens, or anabolic steroids, the range of possible compounds is limited only by the scientific and patent literature, and recent years have been characterised by a broadening of the range of compounds sold as designer drugs. These have included a wide variety of designer stimulants such as [geranamine](https://en.wikipedia.org/wiki/Geranamine), [mephedrone](https://en.wikipedia.org/wiki/Mephedrone), [MDPV](https://en.wikipedia.org/wiki/MDPV) and [desoxypipradrol](https://en.wikipedia.org/wiki/Desoxypipradrol), several designer sedatives such as [methylmethaqualone](https://en.wikipedia.org/wiki/Methylmethaqualone) and [premazepam](https://en.wikipedia.org/wiki/Premazepam), and designer analogues of [sildenafil](https://en.wikipedia.org/wiki/Sildenafil) (Viagra), which have been reported as active compounds in "herbal" aphrodisiac products. Mephedrone and the cathinones marked somewhat of a turning point for designer drugs, turning them from little known, ineffective substances sold in [head shops](https://en.wikipedia.org/wiki/Head_shops) to powerful substances able to compete with classical drugs on the black market. Mephedrone especially experienced a somewhat meteoric rise in popularity in 2009[[25]](https://en.wikipedia.org/wiki/Designer_drug#cite_note-Measham-25) and the resulting media panic resulted in its prohibition in multiple countries, including, unusually, China.

**MAJOR PARTIES/ COUNTRIES INVOLVED**

 **The International Narcotics Control Board (INCB)**: is the independent and quasi-judicial control organ for the implementation of the United Nations drug conventions.

**UNODC:** The United Nations Office on Drugs and Crime is a [United Nations](https://en.wikipedia.org/wiki/United_Nations) office that was established in 1997 as the Office for Drug Control and Crime Prevention by combining the United Nations International Drug Control Program (UNDCP) and the Crime Prevention and Criminal Justice Division in the [United Nations Office at Vienna](https://en.wikipedia.org/wiki/United_Nations_Office_at_Vienna). UNODC was established to assist the UN in better addressing a coordinated, comprehensive response to the interrelated issues of illicit trafficking in and abuse of [drugs](https://en.wikipedia.org/wiki/Drug), crime prevention and criminal justice, [international terrorism](https://en.wikipedia.org/wiki/International_terrorism), and [political corruption](https://en.wikipedia.org/wiki/Political_corruption).

# **The Most Drug Addicted Countries**

* **Mexico - Meth, 3.9% per capita**

Mexico’s meth addiction is one of the leading drug problems in the world. The country is infamous for its numerous and lucrative drug cartels, and is a major exporter of various drugs. Mexico is a powerhouse in terms of meth production, and the number of addicts is rapidly growing in accordance with this: in 2012, a survey indicated that in excess of 360,000 of the population had used meth at least once.

* **Brazil - Oxi, 4.29% per capita**

Oxi comprises a mixture of cocaine paste, gasoline, calcium oxide and kerosene that is both highly hallucinogenic and highly addictive. The drug’s name comes from the shortening of ‘’oxidado’’, or ‘‘rust’’, and its popularity in Brazil has ostensibly stemmed from its being both cheaper and more powerful than cocaine. Given that the main production point for oxi is Brazil, it seems sadly unlikely that the epidemic of oxi will wane any time in the near future.

* **Canada - Marijuana, 6.4% per capita**

 Pot use is widespread in the country, with British Columbia alone reporting 44.3% of its population as having used cannabis at least once. It must be noted, however, that use of pot has decreased significantly over the last decade, with the 2004 statistic of 44.5% of Canadians having used pot coming down to 39.4% by 2011. However, the age of initiation to the drug has remained almost exactly the same – a concerning average of around fifteen years old.

* **Afghanistan - heroin, 6.9% per capita**

 The country is the world’s largest producer of poppy opium, from which the drug is made. Surveys conducted between 2009 and 2012 have shown that at least 350,000 Afghans are addicted to heroin, which is an astounding increase of 75% since 2005. Another statistic indicates that up to 50% of opium-using parents also give the drug to their children. An estimated one million Afghans are addicted to heroin, which amounts to about 8% of the overall population.

* **Iran - Heroin, 5% at 17 metric tons**
Iran’s problem with heroin is an epidemic of epic proportions. There is little the country can do about it, given the tiny amount of money allotted to Iran for tackling drug abuse, the budget for the UN drug office in the country has amounted to just over $13 million over the space of four years. However, heroin has become more difficult to access in Iran in recent years.

Better Iranian border control has reduced ease of trafficking.

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| **Possible Solutions** |

#### International drug control conventions have to be upheld to prevent drug-related suffering.

* INCB (International Narcotics Control Board) recommends various possible solutions to tackle these issues, including education of health professionals, tighter controls on storage and distribution, as well as raising public awareness about the health risks.

#### International community must be proactive to counter diversion and trafficking of precursors.

* Respect state's rights and allow new approaches to be tried.

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| *Keep Up The Good Work!* |

Read more

* https://en.wikipedia.org/wiki/Designer\_drug
* <http://america.aljazeera.com/watch/shows/techknow/blog/2014/3/12/need-to-know-designerdrugs.html>
* <http://www.un.org/press/en/2009/gashc3948.doc.htm>
* <http://www.telegraph.co.uk/news/worldnews/southamerica/colombia/10107158/World-needs-new-ways-to-tackle-drugs-trade-says-Colombian-president.html>
* https://www.unodc.org/lpo-brazil/en/frontpage/2013/03/05-jife-precisamos-deter-o-abuso-e-a-proliferacao-sem-precedentes-das-drogas-legais.html
* <http://www.brookings.edu/research/articles/2012/08/drugs-crime-felbabbrown>
* <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4422150/>
* <http://www.drugfree.org/join-together/designer-drugs-are-alarming-public-health-problem-united-nations/>
* http://www.unodc.org/documents/wdr2015/WDR15\_ATS\_NPS.pdf