



The Victoria School

Model of the United Nations XIII



UNODC

United Nations Office on Drugs and Crime

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Level of the committee:

- Novice

Language:

- English

Requirements:

- Opening speech: One per topic (1:00-1:30 min)

Topics:

Topic A:

Countering the problem of falsified medical products

Case study: Falsified Avastin and Sutent in East Africa

Tema B:

Addressing HIV and AIDS in prisons

Case study: Ukraine

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Welcome to UNODC

Dear delegates,

We are very pleased to preside this unique committee and welcome all of you to the United Nations Office on Drugs and Crime, on the 13th edition of TVSMUN. We are looking forward to meeting all of you and watching you perform at the best of your abilities. We invite you to take this opportunity as a chance to learn and as an advantage to improve on your communication skills. We are all here to learn so feel free to participate and expose your ideas to make this committee a place where everyone can learn from, in a safe environment full of respect and tolerance. We are very excited to have all of you in the committee and we hope you will have a great time. If you have any doubts or questions, please do not hesitate to contact us.

Laura Bonilla, president of UNODC

Expectations: How the topics will be handled

“The first ingredient of political stability is an informed citizen. The first ingredient of economic progress is a skilled worker. And the first ingredient of social justice is an enlightened society. Education is thus the key to global peace and prosperity” Kofi Anan

This committee pretends that all of you develop and present coherent arguments and focus on the foreign policy of the country that you are representing. In order to achieve better performance during the United Nations Model Conference (UN), we

encourage participants to engage in interactive discussions that seek conciliation and consensus. We expect Delegates to be tolerant and show courtesy towards the other Delegates, Faculty Advisers (professors) guests and members of the Secretariat, and also to use this opportunity for improving skills in public speaking, diplomacy, writing, and for enhancing critical thinking.

Topic A. Falsified medical products. This is a new and interesting topic for Model United Nations conferences that covers crime prevention, criminal justice and other aspects of the rule of law. Falsifying medical products is cataloged as an organized crime, one of the most interesting forms of criminal behavior, which functions as a criminal enterprise that profits from illicit activities that are often in great public demand, such as trafficking in drugs, firearms and even persons.

Organized crime affects the achievement of the Sustainable Development Goals in a number of direct ways, however, in this committee we will focus on:

- How it hampers the promotion of well-being for all and insurance of healthy lives for all (Goal 3), as a consequence of increased narcotic drug usage because of drug trafficking as well as the production and trafficking of falsified medical products.

Topic B: Addressing HIV and AIDS, Initiated by UNODC, the "[HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions](#)" is a current program which is rarely implemented in prisons.

We expect the committee to discuss the prison population with HIV and AIDS especially in the countries with a hard drugs regulation, where the political, legal

and regulatory barriers to introducing programs in prisons is a boundary, as in Ukraine, and how those laws and policies do not help to control the HIV expansion.

We have a great challenge finding a consensus about the topic and achieve a good deal for every country.

About UNODC

The United Nations Office on Drugs and Crime is a United Nations committee which is a global leader in the fight against illicit drugs and international crime. It was established in 1997. It implements measures that reflect the three international conventions on drug control and the conventions against transnational organized crime and corruption. UNODC's work is based on three major areas: health, justice and public safety. In the health area, UNODC works to guarantee universal access to health services as a fundamental human right, regardless of social conditions or legal situations. In the justice area, UNODC works for the maintenance and development of the rule of law, assisting countries, through the implementation of relevant international legal instruments. And in the public safety area, UNODC works to extend countries' capacity to offer a response to crime.

UNODC has national and regional field offices that cover over 150 countries. Working directly with governments and non-governmental organizations, the field teams develop and implement drug control and crime prevention programmes, always adapted to the local necessities of the countries involved. UNODC supports

Member States to reach a comprehensive, integrated and balanced approach to addressing and countering the world drug problem.

Topic A: Context

Falsified medical products pose a considerable public health threat as they can fail to cure, may harm and even kill patients. These threats to public health have led the international community to call for a stronger and more coordinated response. Compounding this public health risk is the fact that the supply chain for medicines operates at a global level, and therefore, a concerted effort at the international level is required to effectively detect and combat the introduction of falsified medical products along this supply chain.

Falsification of medical products threatens the right to live. It is imperative that initiatives are undertaken in cooperation with each other to combat falsified medical product-related crime and, in particular, the organized criminal activities that facilitate falsified medical products reaching vulnerable consumers.

Topic A: Approach

The 20th session of the Commission on Crime Prevention and Criminal Justice (CCPCJ) adopted resolution 20/6 on falsified medical products due to the concern regarding the involvement of organized crime in the trafficking of falsified medical products. At the same time, resolution 20/6 highlights the potential utility of the United Nations Convention against Transnational Organized Crime (UNTOC) for which UNODC is the guardian, in re-enforcing international cooperation in the fight

against trafficking, through, its provisions, *inter alia*, on mutual legal assistance, extradition and seizing, freezing and forfeiture of the instrumentalities and proceeds of crime.

Resolution 20/6 contains nine action points among which paragraph nine requests that UNODC, in cooperation with other United Nations bodies and international organizations, such as the International Narcotics Control Board (INCB), the World Health Organization (WHO), the World Customs Organization (WCO) and the International Criminal Police Organization (ICPO/INTERPOL), as well as relevant regional organizations and mechanisms, national regulatory agencies for medicines and, where appropriate, the private sector, civil society organizations and professional associations, assist Member States in building capacity to disrupt and dismantle the organized criminal networks engaged in all stages of the illicit supply chain, in particular distribution and trafficking, to better utilize the experiences, technical expertise and resources of each organization and to create synergies with interested partners.

Topic A - Case study

UNODC recognizes that falsified medical products are most likely to be found where access to a affordable, quality, safe and effective medical products is constrained, standards of governance are low or the tools and technical capacity to ensure good practices in manufacturing, quality control and distribution are limited. Falsified

products are thus less likely to emerge where there is a well-regulated supply chain for medical products.

UNODCs point of view in this conflict is more than healthwise, it is given a criminal focus related with, manufacturing, supply chain and consumption of this illicit medicine. It is related to organized transnational crime.

Falsified Avastin (bevacizumab) and Sutent (sunitinib malate) circulating in East Africa

In July 2017 falsified versions of Avastin (bevacizumab) and Sutent (sunitinib malate) were seized by the National Drug Authority, Uganda. Both products were being distributed in the vicinity of various cancer treatment centres in Kampala, Uganda.

Avastin, is a medicine used to treat different types of cancer and this falsified version of Avastin is being presented in plastic bottles containing blue/grey tablets. The genuine version of Avastin is supplied only as an injection for intravenous use.

Sutent, is a medicine used for the treatment especially for pancreatic cancer and same as in Avastin, the falsified product for Sutent is presented in plastic bottles containing blue/gray tablets. While genuine Sutent is only available as gelatin capsules.

UNODC requests increased vigilance within the supply chains of countries likely to be affected by these falsified products. Increased vigilance should include hospitals, clinics, health centres, wholesalers, distributors, pharmacies and any other suppliers of medical products.

Topic A - Questions and investigation topics

- WHO
- CCPCJ
- UNTOC
- ICPO
- Combating Falsified Medical Product-Related Crime, a guide to good legislative practices. (UN treaty)
- UNODC Guide to Good Legislative Practices on Combating Falsified Medical Product-Related Crime
- Does your delegation have a mechanism for pharmaceutical regulation? Is it effective?
- Does your delegation have a specific regulation to prevent the distribution of falsified or counterfeit medicine?
- Has there been any problem with falsified medicines in your country? What was its impact on healthcare cost?

Tema A - QARMAS

- Is it possible to abolish the problem of falsified medical products?
- What can your country and the international community do to achieve the goal of defeating the falsification and trafficking of medical products?
- What regulations should each country have in order to eradicate this issue?

- Should there be some penalizations to countries that don't fight this issue? If so, which penalizations should the UNODC take into account?
 - Should other countries that aren't directly involved, accept and establish the plan of abolishing the falsification of medical products?
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Tema A - fuentes recomendadas

https://www.unodc.org/documents/AnnualReport/Annual-Report_2018.pdf

<https://www.unodc.org/documents/treaties/publications/19->

00741_Guide_Falsified_Medical_Products_ebook.pdf

<https://www.unodc.org/unodc/en/fraudulentmedicines/introduction.html>

<https://www.ncbi.nlm.nih.gov/pubmed/25734637>

<https://www.reuters.com/article/us-avastin-drug-fake/fake-avastin-shows-little-protection-of-drug-supply-idUSBRE82B0YY20120312>

<https://www.sanofi.com/en/our-responsibility/falsified-medicines-a-criminal-activity-that-endangers-the-life-of-patients>

Topic B: Context

According to the UN, more than 10.2 million people are held in penal institutions throughout the world. Nearly all prisoners will return to their communities, many within a few months to a year. Health in prisons and other closed settings is thus

closely connected to the health of the wider society, especially as it relates to communicable diseases. Globally, prisons are characterized by relatively high prevalence of HIV, hepatitis B virus (HBV), hepatitis C virus (HCV) and tuberculosis (TB), as well as elevated risks of contracting such diseases and diminished access to health services.

In some settings, the HIV burden among people living in prisons may be up to 50 times higher than in the general population. HIV transmission in prison is often through the multi-use of equipment among people who inject drugs; consensual or coerced unsafe sexual practices; unsafe skin piercing and tattooing practices; multi-use of shaving razors, blood brotherhood rituals and the improper sterilization or reuse of medical or dental instruments. HIV in prison may also be transmitted from mothers living with HIV to their infants during pregnancy or delivery.

Topic B: Approach

The [UNODC global HIV programme](#) supports countries to achieve universal access to comprehensive HIV prevention, treatment, care and support services for people who use drugs and for people in prisons.

UNODC supports governments and civil society organisations to implement large-scale and wide-ranging evidence-informed and human rights-based interventions. Our work is aligned to the [Sustainable Development Goals](#) (SDGs) in particular SDG target 3.3 (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other

communicable diseases) and the [UNAIDS Fast-Track Strategy 2016-2021](#) that calls for a 75 per cent reduction of new HIV infections including among people who inject drugs by 2020, according to the UNAIDS official statistics.

Topic B - Case study

“There is still a soviet-era gulag system in Ukraine that punishes drug users rather than helping them. In prison, people continue to use drugs, they share needles, which is why the HIV epidemic is concentrated among prisoners.” Pavlo Skala, Associate Director at the NGO Alliance for Public Health (APH).

Initiated by UNODC, the UNODC/ILO/UNDP/WHO/UNAIDS policy brief entitled "HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions" was developed. Injecting drug use has been documented in at least 158 countries, where it continues to drive the AIDS epidemic globally. During natural disasters, conflict or other emergency situations, access to HIV prevention, treatment, care and support services for people who inject drugs can be severely disrupted or interrupted altogether. When people who inject drugs are internally and externally displaced due to disasters, conflicts or emergency situations, they may face stigma and discrimination associated with drug taking and their displacement or refugee status. Avert studies show that Ukraine has the second-largest HIV epidemic in Eastern Europe and Central Asia, accounting for 9% of new infections in the region in 2016.¹ In 2018, 240,000 people were living with HIV. AIDS-related deaths have fallen from 14,000 in 2010 to 6,100 in 2019. Annual new HIV infections in Ukraine have risen from 9,500 in 2010 to 12,000 in 2018. Although the infection rate began slowing again in 2014, suggesting prevention

measures were having some effect, it appears to have stalled. It is also worth noting that the 2017 figure does not include new infections in the non-government controlled areas of Donetsk and Luhansk.

According to a UNAIDS study, in 2017, Ukraine committed to the UNAIDS 90-90-90 Fast-Track targets. Progress as of the end of 2018 was that 71% of people living with HIV were aware of their status, of whom 73% were on treatment. Of those on treatment, 93% were virally suppressed. Overall, this equates to 52% of all people living with HIV in Ukraine on treatment and 48% being virally suppressed.

Ukraine's HIV epidemic is mixed, with around 1% of the general population living with HIV and significantly higher HIV prevalence among certain population groups. When the epidemic first began in Ukraine, it mainly affected people – predominantly men – who inject drugs. But since 2008, sexual transmission of HIV has been driving the epidemic, with sexual partners of people from key populations particularly at risk, who may then transmit to other sexual partners. According to the United States national library of medicine, it is estimated that around 73% of new transmissions are the result of sexual transmission. It is also estimated that between 0.8 and 1.2% of the adult population inject drugs. This equates to approximately 346,000 people, of whom 75% are men and 25% are women.

Studies made by Avert demonstrated that in 2017, injecting drug use accounted for around 25% of all new HIV infections in Ukraine.¹⁴ A total of 3,728 people were infected with HIV by sharing needles and other injecting equipment in 2016, although encouragingly this figure has halved from 2010, when 6,934 people were infected with HIV through this route. In Ukraine, people who inject drugs who have been to prison have a significantly higher HIV prevalence than people who inject drugs but have not been to prison (28% vs 13%). Additionally, previously-

incarcerated people who inject drugs reported 3.9 more injections per month and had a 1.5 times greater chance of sharing syringes than injecting drug users who had not been in prison.

Topic B - Questions and investigation topics

- Prison drug use
 - Injected drugs
 - HIV and AIDS
 - Needle and syringe programmes (NSPs)
 - Opioid substitution therapy (OST) and other evidence based drug dependence treatment
 - HIV testing and counselling (HTC)
 - Antiretroviral therapy (ART)
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Topic B - QARMAS

- Is it possible to completely eradicate HIV? What can your delegation and the international community do in order to achieve said goal?
- What policies should each country apply to reach the SDGs 3.3 goal?
- In many countries, drug trafficking and consumption is highly penalized. How can these penalizations help the prevention of HIV in the prison population, if one of the ways it is transmitted is the drug injection?

- Should certain countries, accept and introduce the UNODC plan for addressing HIV and AIDS, in spite of their policy of non-drug acceptance?
 - Is it possible for each country to achieve the UNAIDS 90 90 90 target goal?
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Topic B - Recommended websites

<https://www.unodc.org/unodc/en/hiv-aids/>

<https://www.avert.org/professionals/hiv-social-issues/>

https://www.unodc.org/documents/AnnualReport/Annual-Report_2018.pdf

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<https://www.avert.org/professionals/hiv-social-issues/>

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Retrieved from <https://www.reuters.com/article/us-avastin-drug-fake/fake-avastin-shows-little-protection-of-drug-supply-idUSBRE82B0YY20120312>

HIV and AIDS in Ukraine. (2019, October 1). Retrieved from

<https://www.avert.org/professionals/hiv-around-world/eastern-europe-central-asia/ukraine>

Berkrot, B. (2012, March 12). Fake Avastin shows little protection of drug supply. Retrieved from <https://www.reuters.com/article/us-avastin-drug-fake/fake-avastin-shows-little-protection-of-drug-supply-idUSBRE82B0YY20120312>

Mackey, T. K., Cuomo, R., Guerra, C., & Liang, B. A. (2015, May). After counterfeit Avastin®--what have we learned and what can be done? Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25734637>

Alexander.sauer. (n.d.). United Nations Office on Drugs and Crime. Retrieved from <https://www.unodc.org/unodc/en/fraudulentmedicines/introduction.html>

UNODC official website. (2018) Taken from: https://www.unodc.org/documents/AnnualReport/Annual-Report_2018.pdf

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