



# UNODC

EXECUTIVE SUMMARY

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# TOPIC A:

## THE CAPTAGON CRISIS: COUNTERING DRUG TRAFFICKING IN THE MEDITERRANEAN

Captagon, a stimulant medication approved over five decades ago, once deemed of therapeutic value, was prohibited worldwide in the 1980s after recognizing the active ingredient's highly addictive nature. Despite its illegality, it has emerged as a scourge on public health in the Middle East and a catalyst for a complex web of crime. Stimulant pharmaceuticals are well known today for treating conditions ranging from chronic fatigue syndrome and narcolepsy to attention deficit & hyperactivity disorder. Beyond medicinal uses, stimulants are synonymous with study- and party-drugs. Captagon has taken a much more nefarious role: a drug of war. There is strong evidence that captagon use is rampant in the eastern Mediterranean, particularly the Arabian Peninsula. While captagon's rise strongly resembles the rise of narcostates in South America, there is one crucial difference: reports of soldiers on the front lines of conflict engaging in the rampant use of synthetic stimulants marketed as captagon. Horrifically, there is anecdotal reporting that fighters not only experience the effects typical to a stimulant but transform into insomniacs impervious to injury. These reports are highly exaggerated and proven to be fallacious, and yet they continue to draw new users to the drug.

Given the decades of rampant global drug abuse, why is amphetamine abuse, specifically of captagon, so urgent and alarming? While captagon started as a pharmaceutical, deemed by various national and international health agencies to have therapeutic benefits in certain individuals, it is no longer legal due to its potential for abuse and addiction. Its name is simply a moniker for an illicit stimulant drug sold as a tablet resembling the legal captagon tablets from the '60s. The implication is that the pills, like many (if not all) illicitly manufactured drugs, are impure. Although the anonymous compounds formulated into tablets can, by themselves, have effect profiles

identical to the original captagon formulation, illicit drug manufacturers care more about the bottom line (one of the things I found most shocking in my research was just how similarities there are between legal and illegal organizations—economics pays no regard to criminality). ‘Captagon’ tablets can end up containing unique combinations of compounds—drugs unknown to the user interacting in novel ways, creating uniquely unpredictable, unsafe outcomes. Further alarming is captagon’s role in the long-sustained conflict in Syria. Over the past decade, investigative reporting has revealed stronger and stronger evidence that the captagon manufacturing & trafficking network has strong ties to the Assad Regime and Hezbollah. After captagon was initially banned, legal supply ended, but demand continued relatively unhindered, especially relative to the use of other illicit compounds in the region. The breakdown of government capacity and reduction in revenue streams made captagon a valuable revenue source—without an upper limit, as the drug spreads from market to market—propping up an authoritarian regime.

I became interested in this topic in 2021 when the New York Times published “On Syria’s Ruins, a Drug Empire Flourishes.” It was and still is, astonishing that the problem had become so rampant with so little coverage in American media. In addition to that, I was in MUN throughout high school and have been a part of BMUN since my first year at Berkeley. Yet, I’d only ever been a delegate or chaired in Bloc A committees, usually restricting myself to SPECPOL or DISEC. I think both committees are fascinating and have the potential to explore a universe of events and concepts, but my academic interests have massively shifted over the course of time. I went from pursuing a degree in political economy to one in chemical biology. While I still hold a deep-rooted interest in government and its role in people’s lives, I have become more interested in the chemistry of very (very) small things that we interact with, ingest, or imbibe daily. While you don’t need to worry about your chemistry knowledge for this committee (I promise we will not be discussing chemistry, much to my chagrin), in the real world it turns out to be quite crucial in drug control. From the FDA & DEA to UNODC & INTERPOL, understanding the mechanisms of drug action and the necessary precursor compounds for manufacturing can lead to more thoughtful policies. What drew me to making that connection was watching “Dopesick,” about the opioid epidemic in America and more specifically, Purdue Pharma’s role in that crisis. I felt impassioned as I learned more about how the malicious effects of oxycontin had been evident to pharmaceutical executives early in its tenure as a prescription pain medication; effects that ripped through families and communities, and grew into a major epidemic of international concern.

Assuming you end up on this committee, I encourage you to delve not only into the news and relevant academic literature but also to watch relevant television or read some books! Many fascinating docu-series and books detail the epidemics of various drugs (there is a BBC documentary on captagon in the Middle East, which I’d encourage you to watch), and the rise & fall of narcostates (one note: captagon, unlike oxycontin and the opioid epidemic, is not a case of corporate mis-marketing to encourage overprescription. Although the opioid epidemic is undoubtedly an interesting, albeit shattering, case study of drug abuse, it is less applicable to Topic A). By itself, the history of South America in the past century is a fascinatingly complex topic,

accentuating the intricate relationship between drug trafficking and state politics—something incredibly relevant here and from which you may glean valuable insights. A final note: because this topic involves the conflict in Syria, it can be easy to feel overwhelmed when researching. I'd suggest initially researching drug trafficking before trying to understand the role of the Assad regime. You do not need to have or develop an intricate understanding of the Syrian conflict. Rather, you should emphasize understanding how to conceptually apply the crime-conflict nexus to the context of Syria, particularly in relation to the trafficking and use of captagon. You should then be able to use this understanding to consider more thoughtful and effective drug enforcement strategies.



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# TOPIC B:

## NARCOTICS ABUSE AND OVER PROSECUTION IN WORKING CLASS COMMUNITIES

As we grapple with the determinants and effects of narcotics abuse, it's imperative to interrogate our notions of criminality. The term "criminality," particularly regarding drug use and possession, can perpetuate cycles of social disadvantage and unnecessarily inflate prison populations. The core to a fruitful discussion of Topic B will be to understand the alarming link between determinants of health and the legal risks entailed with narcotic use; there will be an emphasis on underscoring the association between socioeconomic factors and disparate outcomes. For example, you may already be aware of the racially discriminatory consequences of mandatory minimum laws in the United States: laws requiring judges to impose a minimum term of imprisonment with little to no discretion for sentencing based on individual circumstances. The extent of mandatory minimums throughout U.S. history has ranged. Still, it has been on an entirely expansive trend since the 1980s, with the beginning of the "War on Drugs." Mandatory minimums disproportionately affect minority & low-income communities, and because there is little room for judicial- or prosecutorial- discretion, punishment often does not fit the crime.

As alluded to above, we'll also be considering what it means for drug use to be criminalized and explore the paradigm shift from criminalization to treatment. Our focus will be on synthetic narcotics. Although quite similar to their natural analogues & derivatives, synthetic drugs are typically more potent (and can also have a longer duration of action), meaning that detoxification and treatment often require specialized care (e.g. detox facilities). Hence, treatment accessibility disparities will only grow the socioeconomic schisms seeded by criminal law.

I hope for Topic B to be an exciting discussion about global public health approach-

es to skyrocketing rates of drug use and mortality—numbers that have only grown in recent years due to a multitude of factors, ranging from the COVID-19 pandemic to a rise in the frequency of natural disasters (related to climate change). As with Topic A, there is a wide breadth of resources, besides academic literature & research, for you to begin thinking about the topic. Many books and articles about narcotics use, criminalization, and legalization exist. Depending on your country, it may be more or less challenging to find specific and relevant demographics for a multitude of reasons, not in the least due to sociocultural perceptions of drugs. My final recommendation would be to avoid getting bogged down in the nitty-gritty details of drug treatment. We look forward to facilitating discussion that includes actionable solutions at the international level.



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