

**INTER
MUN**
2024



UNITED NATIONS



WORLD HEALTH ORGANIZATION

BACKGROUND

“THE GLOBAL FENTANYL CRISIS”

WELCOME

Greetings delegate,

Welcome to the World Health Organization of the 2024 Jesuit School System's Model United Nations (INTERMUN) presented by Instituto Cultural Tampico.

The Committee Chair expresses profound gratitude for your esteemed participation in our committee and your keen interest in the selected topic to discuss this year. With grand desire we hope this experience will be beneficial for your learning, leading and working aptitudes, as we expect it to be a pleasant experience.

The topic that the Chair chose this year is The Global Fentanyl Crisis.

The Chair truly acknowledges your interest in this current and pertinent topic. We recognize the impact Fentanyl is having in society and its health, thus leading us to choose this problematic.

We once again extend our sincere appreciation for your invaluable contribution to this committee. We extend our best wishes and deepest thanks.

Sincerely

- The Chair of the World Health Organization.

President: Valeria Ruiz Velasco Yenny
Secretary: Andrea Ponce de León Amador
Moderator: Alina Faride Vite Castillo

TABLE OF CONTENTS

HISTORY OF THE COMMITTEE

INTRODUCTION

HISTORICAL BACKGROUND

OBJECTIVE

COUNTRIES' BACKGROUND

BIBLIOGRAPHY

HISTORY OF THE COMMITTEE

Right after the end of World War II, when diplomats met to form the United Nations in 1945, one of the things they discussed was setting up a global health organization. They started to take measures in order to create a new established committee.

The World Health Organization, or WHO, is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring, and assessing health trends.

The World Health Organization (WHO), established in 1948 by the United Nations, aims to improve public health conditions through international cooperation and focuses on achieving the highest level of health, encompassing physical, mental, and social well-being.

The organization's priorities during the year 2022, were aimed at:

- First, to support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes. The pandemic has demonstrated that we must elevate protecting and promoting health as top priority, with significantly increased investment in countries, and at WHO.
- To support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage. That means restoring, expanding, and sustaining access to essential health services, especially for health promotion and disease prevention, and reducing out-of-pocket spending.
- Urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected, and coordinated globally by WHO.
- The fourth priority is to harness the power of science, research innovation, data, and digital technologies as critical enablers of the other priorities – for health promotion and disease prevention, for early diagnosis and case management, and for the prevention, early detection, and rapid response to epidemics and pandemics

- And finally the last priority is to urgently strengthen WHO as the leading and directing authority on global health, at the center of the global health architecture.

The WHO has many achievements under its belt. Perhaps the most famous of these is the eradication of smallpox, which was declared to be complete on 9 December 1979 after a long campaign. This was no easy feat, as vaccination campaigns need coordinated action to reach as many people as possible.

Four other tropical diseases - leprosy, river blindness, chagas disease and filariasis are on its hit list. It believes that within 10 years all four can be removed as public health dangers - given a little additional investment.

Pulling funding from the WHO during a pandemic, whatever the concerns over its performance, is only likely to stifle the global response to COVID-19 and will make achieving SDG3 impossible. After all, which other agency would take its place if we did not have the WHO?

INTRODUCTION

Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It is a major contributor to fatal and nonfatal overdoses in the U.S.

There are two types of fentanyl: pharmaceutical fentanyl and illegally made fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer.

However, most recent cases of fentanyl-related overdose are linked to illegally made fentanyl, which is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

The illegally used fentanyl most often associated with recent overdoses is made in labs. This synthetic fentanyl is sold illegally as a powder, dropped onto blotter paper, put in eye droppers and nasal sprays, or made into pills that look like other prescription opioids.

Some drug dealers are mixing fentanyl with other drugs, such as heroin, cocaine, methamphetamine, and MDMA. This is because it takes very little to produce a high with fentanyl, making it a cheaper option. This is especially risky when people taking drugs don't realize they might contain fentanyl as a cheap but dangerous additive. They might be taking stronger opioids than their bodies are used to and can be more likely to overdose. To learn more about the mixture of fentanyl into other drugs, visit the Drug Enforcement Administration's Drug Facts on fentanyl.

Recent years have seen a sharp rise in opioid-related overdose deaths/hospitalizations mainly in North America, and to a certain extent in Europe. Epidemics of overdose deaths associated with powerful synthetic opioids such as fentanyl are not new.

The magnitude and tragic impact of the opioid crisis in North America have made global headlines, but this is not the only region where opioids have become a concern.

Overdose deaths from fentanyl are on the rise, nearly doubling annually, even as OD rates for other drugs have decreased. Many such deaths are users who did not know they ingested fentanyl, and most die from asphyxiation due to the drug's respiratory depressive effect.

HISTORICAL BACKGROUND

Fentanyl and other opioids are fueling the worst drug crisis in the history of the United States. More than 1,500 Americans per week die from taking some type of opioid, making the drug by far the leading cause of fatal overdoses in the country. In recent years, the crisis has become defined by illicit fentanyl, an extremely lethal synthetic opioid. Illegal fentanyl supplies are largely produced in China and Mexico and then smuggled into the United States.

Analysts say the opioid epidemic started with the overprescription of legal pain medications in the 1990s, but it has intensified in recent years due to influxes of cheap heroin, fentanyl, and other synthetic opioids supplied by foreign drug cartels. The crisis has become a scourge on the economy, a threat to national security, and a major foreign policy challenge.

Overdoses involving synthetic opioids, primarily fentanyl, are the leading cause of U.S. deaths in people ages eighteen to forty-five. In 2021, the overall death toll surged to 80,411, more than ten times the number of U.S. military service members killed in the post-9/11 wars in Iraq and Afghanistan. A study by researchers at the May Clinic and Yale University found that deaths from fentanyl alone nearly tripled from 2016 to 2021.

The opioid epidemic is taking a heavy toll on the U.S. economy, according to many reports. One of the most staggering and widely cited estimates, by the U.S. Congress Joint Economic Committee (JEC), found that the opioid epidemic cost the United States nearly \$1.5 trillion in 2020, or 7 percent of gross domestic product (GDP) that year, an increase of about one-third since the cost was last measured in 2017. The JEC projected this increase would continue given the rise in fatal overdoses.

Since 2000, more than a million people in the United States have died of drug overdoses, the majority of which were due to opioids. Fentanyl and other synthetic opioids have been driving the crisis in recent years, with the COVID-19 pandemic exacerbating the public's abuse of the drug.

Where Does Fentanyl Come From?

Most fentanyl in the United States is smuggled across the border with Mexico, U.S. officials say. Smugglers send it across in vehicles or with pedestrians, who can travel with small, easily concealable amounts of the drugs because of its high potency compared to other illicit narcotics. The median weight seized is just 1.2 kilograms (2.6 pounds), which contains more than fifty thousand lethal doses. By December 2023, at least 12,245 kilograms (27,000 pounds) had been intercepted at the southern U.S. border this year.

China was the dominant source of fentanyl coming into the United States, but the flow has significantly decreased since authorities banned production of all fentanyl variants in 2019. However, China is still the leading manufacturer of fentanyl ingredients, known as precursor chemicals. Most of the fentanyl smuggled into the United States from Mexico is made from chemicals from China.

Mexican drug cartels are the leaders in fentanyl production. Two organizations, the Sinaloa Cartel, and the Jalisco New Generation Cartel, manage most of the production and distribution networks, often depending on American citizens to smuggle fentanyl across the border. Between 2017 and 2021, 86 percent of fentanyl traffickers were American citizens.

In October 2023, the Sinaloa Cartel looked to publicly signal that it was moving away from fentanyl trafficking amid an intensifying crackdown on its operations by U.S. and Mexican authorities. As one of two major suppliers, this would be a significant shift, but it remains unclear how genuine or effective Sinaloa's transition will be.

Fentanyl and Analogues Around the World

Fentanyl addiction is a scourge that's sweeping the United States. This dangerous synthetic opioid, 50 times stronger than heroin, is exported from Mexico by drug cartels. With fentanyl, the cartels no longer needed to grow opium or rely on rural communities to produce it. Fentanyl is lightweight, discreet and easy to produce and transport. It can be passed off as a harmless pill, which explains the high number of deaths from overdoses. Just one fentanyl tablet can kill – and it's doing so increasingly frequently around the American continent.

Africa, North Africa and the Middle East. The use of tramadol is perceived to boost energy and improve mood. Typically, it is consumed with other substances, such as alcohol, energy drinks and other mind-altering drugs (e.g. cannabis and inhalants). However, WHO studies show that the drug can produce physical dependence, with this dependence particularly when it is used daily for more than a few weeks.

Overdose deaths caused by opioids in the United States have reached epidemic levels due to counterfeit pills (containing varying amounts of fentanyl and fentanyl analogues), adulterated heroin and other non-opioid drugs. Opioid overdose deaths quadrupled from 8,050 cases in 1999 to 33,091 cases in 2015 and doubled in 2016 to over 60,000 cases. Furthermore, the United States National Center for Health Statistics (NCHS) indicated that more than 55 per cent (27,000 cases) of opioid overdose deaths involved synthetic opioids in the 12-month period ending November 2017. The rise in opioid overdose deaths started with increased prescribing of opioids in the 1990s, followed with rapid

increases in overdose deaths involving heroin from 2010 and significant increases in overdose deaths involving synthetic opioids (fentanyl and analogues) from 2013.

According to the Canadian National Report on apparent opioid-related deaths, the opioid crisis has affected every part of the country, but there are clear differences in death rates and the substances involved across provinces and territories. In 2016, there were 2,946 apparent opioid-related deaths in Canada and another 3,998 were reported in 2017, corresponding to an annual death rate of 10.9 per 100,000 population in 2017. Most of the opioid related deaths in 2017 occurred in the province of British Columbia with 1,470 cases, followed by Ontario (1,263) and Alberta (759). The majority of opioid related deaths involved fentanyl or fentanyl analogues and 92 per cent were accidental (unintentional). Most accidental apparent opioid-related deaths occurred among males (76 per cent) and among individuals between 30 and 39 years (27 per cent).

Recently, in Japan, a country with low opioid use, several cases of intoxication with fentanyl analogues have been reported. A fatal intoxication was reported due to the use of acetyl fentanyl. This marks the first report of synthetic opioid insufflation rather than intravenous administration. According to the forensic autopsy report, the death was classified as an accident.

The first emergence of new synthetic opioids was recorded in Europe in 2009. Although the use of heroin and morphine continues to be the predominant problem, an increased number of new synthetic opioids as well as attributable intoxications and fatalities have been reported from Western and Central Europe. Most of these adverse events were reported among high-risk opioid users. Opioid related products have been seized in various forms (e.g. powders, tablets, liquids) and more recently as nasal sprays containing acrylfentanyl, furanylfentanyl, 4-fluoroisobutyrfentanyl, tetrahydrofuranyl fentanyl and carfentanil.

- 38 substances reported since 2009, including 28 fentanyl derivatives.
- 13 substances reported for the first time in 2017, including 10 fentanyl derivatives.
- November 2015 to February 2017: 23 deaths attributed to furanylfentanyl (Estonia, Finland, Germany, Sweden, United Kingdom and Norway).
- April to December 2016: 47 deaths attributed to acrylfentanyl (Sweden, Estonia and Denmark).

A report published by the Australian Institute for Health and Welfare on opioid use and its associated harms showed that between 2007–08 and 2016–17, there was a 25 per cent rise in the rate of hospitalisations due to opioid poisoning. In 2016, opioid deaths accounted for 62 per cent of all drug induced deaths. From 2007 to 2016, the rate of opioid deaths increased by 62 per cent,

from 2.9 to 4.7 deaths per 100,000 population. This was driven by an increase in accidental opioid deaths and in pharmaceutical opioid deaths. In 2016, non-medical use of opioids of respondents aged 14 and older was at 10.5 per cent for life-time use and 3.7 per cent for past-year use, compared to the use in 2007 with 5.8 percent and 2.8 percent respectively. Data from wastewater analysis also shows an increase of fentanyl use. A comparison of data from April 2017 and April 2018, indicates that population-weighted averages for fentanyl use in regional sites more than doubled. There are indications of non-medical use of fentanyl in New Zealand, both intentionally and through fentanyl sold as heroin or heroin laced with fentanyl. The New Zealand Police reported some fentanyl seizures that were made through interdiction in international mail. The drug checking service “KnowYourStuffNZ”, detected fentanyl at a music festival in February 2018, which was sold as a white powder presumed to be heroin. To enable an assessment of the prevalence of use of fentanyl, the substance has been added to the wastewater pilot programme of the New Zealand Police in May 2018.

The challenge of the non-medical use of synthetic opioids is not limited to the ongoing opioid overdose deaths in North America but has extended to a global crisis. UNODC is leading the interagency response to the crisis with a multi-pronged Integrated Strategy. The initiative combines early warning and trend analysis with national forensic and counter narcotic capacity building, international law enforcement operations, prevention and treatment as well as activities to promote use and access to opioids for medical and scientific purposes, while preventing misuse and diversion. The strategy seeks to work with a wide range of United Nations partners, including the World Health Organization (WHO), the International Narcotics Control Board (INCB) and other international and regional organizations, academia and civil society.

The WHO Expert Committee on Drug Dependence (ECDD) critically reviewed tramadol in 2018 and expressed concern about the increasing evidence of tramadol abuse in a number of countries in diverse regions, in particular the widespread abuse of tramadol in many low- and middle-income countries. The ECDD further acknowledged the evidence of public health risks associated with tramadol abuse, which warranted consideration of scheduling. However, tramadol was not recommended for scheduling to the Commission on Narcotic Drugs due to possible adverse impacts in accessing this medication, especially in countries where tramadol may be the only available opioid analgesic or in crisis situations where there is very limited or no access at all to other opioids. Tramadol has been considered for critical review by the ECDD five times: in 1992, 2000, 2002, 2006 and 2014 and pre-reviewed in 2017.

Opioids Antecedents

In the 1970s and 1980s, products containing fentanyl and its analogues appeared on the illicit drug market in North America and Europe and became notorious for accidental overdoses.

While then, the sharp rise in overdoses was attributed to heroin, the current crisis is mainly attributed to clandestinely manufactured fentanyl, fentanyl analogues and tramadol. The perennial danger of opioids can also be seen in international drug control with almost half (46 per cent) of all substances currently under international control belonging to the group of opioids.

From 1990 to 2003, opioid-related fatal poisoning rates increased by 529% from 1.4 per 100,000 in 1990 to 8.8 per 100,000 in 2003.

The proportion of total poisoning deaths associated with opioids rose from 28% in 1990 to 69% in 2003.

OBJECTIVE

The Committee Chair is truly anxious to observe your outstanding participation in the committee. The Fentanyl Crisis is just as a severe problem as the opioid crisis was. Nations are required to find a solution by their individual contributions to find a resolution for this problematic situation that threatens the lives of millions of persons.

We would like delegates to do a profound research about the theme. This committee chair thinks Fentanyl is not a National problem, but a United Nations problem to face. If Fentanyl and its illegal distribution continues, the amount of demises due to fentanyl overdose will escalate to a disturbing level.

Focusing on the detrimental impacts on the fulfillment of health and safety, the aim of international efforts concerning fentanyl is to enhance collaboration among nations in formulating and implementing effective measures to address the challenges associated with the distribution and abuse of fentanyl.

Delegates must find a solution in which every country contributes in order to stop the trafficking of Fentanyl and different opioids. We trust Delegates will be able to find a global perspective of the issue to find its origin, as well as its consequences. That way, the World Health Organization will be able to resolve the conclusion of the alarming fever of Fentanyl.

With this goal in mind, we encourage delegates to actively participate in active discussions, and broaden their perspectives throughout our deliberations. Through this process, we aspire to cultivate in each delegate a sense of responsibility towards the greater world and a commitment to positive change.

-The Chair of the World Health Organization.

COUNTRIES' BACKGROUNDS

Republic of India

While Mexico and China are the primary source countries for fentanyl and fentanyl-related substances trafficked directly into the United States, India is emerging as a source for finished fentanyl powder and fentanyl precursor chemicals. In 2017, the DEA provided information to India's Directorate of Revenue Intelligence, resulting in the takedown of an illicit fentanyl laboratory in Indore, India in 2018.

DEA reporting indicates an Indian national associated with the Sinaloa Cartel initially supplied the organization with fentanyl precursor chemicals, NPP and ANPP, after which a Chinese national also affiliated with the Sinaloa Cartel would synthesize the fentanyl and traffic it from India to Mexico. Between February and March 2018, the India- and China-based suspects shifted their production from China to India, likely due in part to China's regulation of ANPP and NPP. The organization likely transferred their production to India due to difficulties obtaining precursor chemicals in China and the increasing pressure from Chinese authorities on fentanyl manufacturing operations.

In December 2018, the Mumbai Anti-Narcotics Cell (ANC) seized approximately 100 kilograms of the fentanyl precursor NPP and arrested four Indian nationals in Mumbai, India.

State of Palestine

Following the December 2008 Israeli offensive, a United Nations survey of Gaza residents found increases in risk taking behavior, including a significant rise in cases of drug addiction.¹ One drug associated with this trend is Tramadol, first developed in Germany during the 1970s and introduced in the 1990s as a centrally acting analgesic with properties similar to codeine and morphine and which is widely prescribed as a pain killer.² Although illegal without a prescription in some regions, Tramadol is relatively easy to obtain in Gaza, either with fake prescriptions from pharmacies or on the black market.

The growing problem in schools and the Palestine community mirrors the rest of the country with the abuse of fentanyl. Middle and high schoolers at Palestine ISD are being taught about the dangers of the drug by law enforcement and former students. The school district hopes that this will spark conversations about what they call a serious problem in the community and save lives.

The unique socioeconomic context, characterized by political and economic tensions, has created conditions facilitating the spread of illicit drug use among Palestinians. The study results show that high-risk drug users in Palestine represent 1.8% of the male population above the age of 15. Eighty percent of high-risk drug users started using drugs, mainly marijuana and hashish, at the age of 17. Most of these high-risk drug users are living in the North and South of the West Bank as well as Gaza. Furthermore, it found that of the 26,500 high-risk drug users, 1,188 injected drugs, of which 81% started using drugs before turning 18 years old.

The increasing prevalence of illicit drug use relates to the increasing exposure to new types of addictive substances and to the booming opportunities for income generation through drug smuggling and trading. Among the high-risk drug users, 4.2% are injecting drug users. In Gaza, cocaine is mostly injected by the high-risk drug users, while in the South and Center of the West Bank heroin is. Most surprisingly, the study shows that there is a significant prevalence of marijuana or hashish but also, and mainly, the use of antidepressants and painkillers in high doses (methadone, morphine, phencyclidine, barbiturates, benzodiazepines, etc.) in the West Bank and East Jerusalem.

People's Republic of China

Currently, China remains the primary source of fentanyl and fentanyl-related substances trafficked through international mail and express consignment operations.

Chinese President Xi Jinping agreed to restart cooperation in a handful of areas, including drug trafficking, when he and U.S. President Joe Biden met outside San Francisco in November. The agreements were a small step forward in a relationship strained by major differences on issues ranging from trade and technology to Taiwan and human rights.

The U.S. wants China to do more to curb the export of chemicals that it says are processed into fentanyl, largely in Mexico, before the final product is smuggled into the United States.

Effective May 1, 2019, China officially controlled all forms of fentanyl as a class of drugs. This fulfilled the commitment that President Xi made during the G-20 Summit. The implementation of the new measure includes investigations of known fentanyl manufacturing areas, stricter control of internet sites advertising fentanyl, stricter enforcement of shipping regulations, and the creation of special teams to investigate leads on fentanyl trafficking. These new restrictions have the potential to severely limit fentanyl production and trafficking from China. This could alter China's position as a supplier to both the United States and Mexico.

Federal Republic of Germany

German authorities seized the precursors used to produce fentanyl, as well as o-, m-, and para-fluorofentanyl, while a large seizure of para-fluorofentanyl in the form of tablets, capsules and powders was made by authorities in the Netherlands.

Germany has documented worryingly high levels of fentanyl use among opioid users, evidenced by elevated numbers of fentanyl-related deaths. Germany is the most populous country and the largest economy in the European Union. As such, Germany has attracted the attention of researchers who study the impact of opioids in parts of the world beyond the United States. The differences between healthcare systems in Germany and the United States might explain the discrepancy.

Overall, the number of Germans addicted to opioids from 2000 to 2016 did not dramatically increase, but the number of opioid-related overdoses in America skyrocketed by over 300% during that same timeframe. Meanwhile, Germany did not experience an upward trend in overdoses. For example, the number of opioid-related fatalities in Germany was 1,394 in 2007 and 1,333 in 2016, the year in which about 63,000 Americans suffered a fatal opioid overdose.

Nevertheless, Germany is second only to the United States by volume of opioid prescriptions. In both countries, opioids are still prescribed for chronic pain. Even still, while the United States leads the world in opioid overdoses, Germany is following the European tendency of minimizing the harmful effects which opioids inflict on society.

United States of America

Fentanyl and other opioids are fueling the worst drug crisis in the history of the United States. More than 1,500 Americans per week die from taking some type of opioid, making the drug by far the leading cause of fatal overdoses in the country.

In recent years, the crisis has become defined by illicit fentanyl, an extremely lethal synthetic opioid. Illegal fentanyl supplies are largely produced in China and Mexico and then smuggled into the United States.

Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It is a major contributor to fatal and nonfatal overdoses in the U.S.

Pharmaceutical fentanyl is a synthetic opioid approved for treating severe pain, typically advanced cancer pain.¹ It is 50 to 100 times more potent than morphine. It is prescribed in the form of transdermal patches or lozenges and can be diverted for misuse and abuse in the United States. However, most recent cases of fentanyl-related harm, overdose, and death in the U.S. are linked to illegally made fentanyl.² It is sold through illegal drug markets for its heroin-like effect. It is often mixed with heroin and/or cocaine as a combination product—with or without the user's knowledge—to increase its euphoric effects.

Republic of Singapore

A drug 50 times more potent than heroin that has caused hundreds of thousands of deaths in North America has reached Singapore's shores for the first time.

The Central Narcotics Bureau (CNB) announced on Mar 6 that it had seized 200 vials of fentanyl after anomalies were detected in a parcel from Vietnam that was declared as medicine.

Immigration and Checkpoints Authority officers had uncovered the vials containing a total of about 20 mg of fentanyl, a Class A controlled drug in Singapore.

In October 2022, Singapore reportedly executed one person, bringing the total number of people executed in the city-state between March–October 2022 to 11. While the details of the reported 11th execution have not been made public, the 10 people who were executed earlier in the year were all sentenced to death after being convicted of drug trafficking. They were mostly of an ethnic minority background or Malaysian citizens.

Kingdom of Spain

The increased use and availability of fentanyl in Spain are cause for concern. Even when used as prescribed, fentanyl can cause serious harm, and misuse can lead to tragic consequences.

Despite the more controlled medical use of fentanyl in Spain, the risk of illegal use and addiction remains. It is important for healthcare providers to closely monitor patients taking fentanyl and for individuals to understand the risks associated with its use.

In 2019/2020, the drugs with the highest use prevalence among the Spanish population aged 15-64 years in the last 12 months are alcohol, tobacco followed by prescribed and non-prescribed hypnotosedatives, cannabis and cocaine. The age of initiation of use remains stable.

The Spanish Agency of Medicines and Medical Devices (AEMPS) and the Ministry of Health have issued warnings about the risk of abuse and addiction associated with fentanyl. These agencies continue to monitor the situation and are working to prevent misuse and addiction.

The rise in fentanyl use in Spain, largely attributed to its expanded medical use, is a complex issue. While the drug has important medical applications, its potency and addictive potential make it a significant public health concern.

As fentanyl use continues to increase, it is essential for healthcare providers, patients, and the public to be aware of the risks associated with this powerful opioid. Ongoing research, education, and prevention efforts are needed to address this growing concern.

United Mexican States

The synthetic opioid is 50 times stronger than heroin and is making the paramedics' job much harder.

The Mexican border city finds itself in the grip of a full-blown drug epidemic. But the country's president, Andrés Manuel Lopez Obrador, has played down the extent of the problem.

"We don't produce fentanyl here. We don't consume fentanyl here," he said last year. Following that controversial claim, he has promised to introduce new legislation to Congress to ban the consumption of fentanyl and other synthetic opioids. Those working on Tijuana's frontlines fear that may be too little, too late.

Although Mexico is a major trafficking hub for the highly potent synthetic opioid, it has so far avoided a consumption epidemic within its own borders.

In February of 2023, the University of California, Los Angeles, announced that researchers there had found that 68% of the 40 Mexican pharmacies visited in four northern Mexico cities sold Oxycodone, Xanax or Adderall, and that 27% of those pharmacies were selling fake pills.

Republic of Colombia

Rising use, low production costs and logistical advantages could eventually lead drug producers to focus on fentanyl instead of cocaine, a high-ranking Colombian police official said, but for now cocaine remains that country's top drug export.

Rocketing consumption of synthetic drug fentanyl in the U.S. has led some - including Colombia's President Gustavo Petro - to forecast declines in cocaine production in the Andean country, the world's leading producer.

Cocaine finances left-wing guerrillas and criminal gangs, fueling the country's internal armed conflict of almost six decades, which has left more than 450,000 dead.

In Colombia, media attention on Fentanyl has mostly been focused on its use as an ingredient in other synthetic drugs, such as the drug Tusibi, sometimes also called "Pink Cocaine" or "Tusi" — a drug cocktail that usually contains ketamine, MDMA, caffeine, coloring, sweetener and sometimes benzodiazepines, oxycodone, fluoxetine and other opiate derivatives.

Tusi has become increasingly popular in Latin America, even outside of Colombia, and the exact composition of the drug varies widely from dealer to dealer. But recently, traces of Fentanyl have been making their way into the drug as well — including among samples tested at the recent music festival “Estéreo Picnic” in Bogotá.

Kingdom of the Netherlands

Each year, more than 600,000 people in the Netherlands are prescribed an opioid, says Marcel Bouvy, Professor of Pharmaceutical Care at Utrecht University. And that’s only the patients who obtain these painkillers from the pharmacist, not including hospital use.

In Europe, including the Netherlands, the medical use of opioids (mainly oxycodone) has also increased since 2009, but an increase in proxies for opioid misuse has not yet been described.

In August, the Dutch National Information Center on Poisoning published its annual report, which included recent statistics for opioid overdoses in 2017. The number of people using oxycodone in the Netherlands has risen fivefold, from 75,000 in 2007 to 372,000 in 2016, and opioid overdoses rose nearly sevenfold — from 43 in 2008 to 280 in 2017. In the first half of 2018 alone, 215 overdoses were recorded. Fentanyl use, although on the rise, does not play an important role in the Dutch drug scene.

Swiss Confederation

The number of opioid-related calls made to Tox Info Suisse, the national poisoning hotline, increased by 177% between 2000 and 2019, wrote [External link](#) the federal technology institute ETH Zurich on Monday. However, at 3.9 calls registered per 100,000 inhabitants, this number remains limited.

During the same period, sales of opioids almost doubled, from 14,300 units sold per 100,000 inhabitants to 27,400. The study warned that the increase was bigger for stronger products – for example, oxycodone, which now accounts for over a third of emergency calls to Tox Info and almost a quarter of all sales.

Illicit usage of the highly potent fentanyl – the major driver of the opioid crisis in the US, Canada and Australia – is less clear. While it is the third most sold opioid in Switzerland, demand may be largely driven by care homes, which use it as part of end-stage cancer management treatments, researchers said.

BIBLIOGRAPHY

1. Fentanyl. (s. f.). DEA. <https://www.dea.gov/factsheets/fentanyl>
2. Fentanyl DrugFacts | National Institute on Drug Abuse. (2023, 3 march). National Institute on Drug Abuse. <https://nida.nih.gov/publications/drugfacts/fentanyl>
3. Fentanyl Facts. (s. f.). <https://www.cdc.gov/stopoverdose/fentanyl/index.html>
4. Fernandez, W. G., Hackman, H., McKeown, L., Anderson, T. D., & Hume, B. (2006). Trends in opioid-related fatal overdoses in Massachusetts, 1990–2003. *Journal of Substance Abuse Treatment*, 31(2), 151-156. <https://doi.org/10.1016/j.jsat.2006.04.008>
5. Hanson, M. (2022, 3 may). Fentanyl Abuse Statistics - NCDAS. NCDAS. <https://drugabusestatistics.org/fentanyl-abuse-statistics/>
6. Klobucista, C. (2023a, december 22). Fentanyl and the U.S. opioid epidemic. Council on Foreign Relations. <https://www.cfr.org/backgrounder/fentanyl-and-us-opioid-epidemic#:~:text=Summary,public%27s%20abuse%20of%20the%20drug.>
7. Klobucista, C. (2023b, december 22). Fentanyl and the U.S. opioid epidemic. Council on Foreign Relations. <https://www.cfr.org/backgrounder/fentanyl-and-us-opioid-epidemic#:~:text=Fentanyl%20and%20other%20opioids%20are,fatal%20overdoses%20in%20the%20country>
8. Palomo, C. (2023, 9 june). Fentanyl as a global threat. FIIAPP. <https://www.fiiapp.org/en/noticias/fentanyl-as-a-global-threat/>
9. The global network behind the fentanyl crisis. (s. f.). Financial Times. <https://ig.ft.com/fentanyl-crisis/>
10. Understanding the global opioid crisis. (s. f.). United Nations Office on Drugs and Crime. Recuperado 16 de december de 2022, de https://www.unodc.org/documents/scientific/Global_SMART_21_web_new.pdf
11. Yousif, B. N. (2023, 17 september). How the fentanyl crisis' fourth wave has hit every corner of the US. BBC News. <https://www.bbc.com/news/world-us-canada-66826895>
12. Adinolfi, I. (s. f.). Parliamentary question | Europe's escalating fentanyl crisis | E-003085/2023 | European Parliament. © European Union, 2023 - Source: European Parliament. https://www.europarl.europa.eu/doceo/document/E-9-2023-003085_EN.html#:~:text=Fentanyl%20is%20100%20times%20more,11.8%20%25%20and%206.3%20%25%20respectively.
13. Ap, K. M. /. (2024, 30 enero). U.S. and China Launch Talks to Stem Flow of Fentanyl, in Rare Sign of Cooperation. TIME. <https://time.com/6589991/us-china-fentanyl/>
14. Yerby, N., & Yerby, N. (2023, 6 noviembre). Research compares opioid addiction in Germany and the United States. Addiction Center. <https://www.addictioncenter.com/news/2020/02/opioid-addiction-germany-united-states.>
15. Fentanyl Facts. (s. f.). <https://www.cdc.gov/stopoverdose/fentanyl/index.html#:~:text=Fentanyl%20is%20a%20synthetic%20opioid,nonfatal%20overdoses%20in%20the%20U.S.&text=There%20are%20two%20types%20of,Both%20are%20considered%20synthetic%20opioids.>
16. Fentanyl | Opioids | CDC. (s. f.). <https://www.cdc.gov/opioids/basics/fentanyl.html>
17. Klobucista, C. (2023, 22 diciembre). Fentanyl and the U.S. Opioid Epidemic. Council

- On Foreign Relations.
<https://www.cfr.org/backgrounder/fentanyl-and-us-opioid-epidemic>
18. Klobucista, C. (2023, 22 diciembre). Fentanyl and the U.S. Opioid Epidemic. Council On Foreign Relations.
<https://www.cfr.org/backgrounder/fentanyl-and-us-opioid-epidemic>
19. Lai, G., & Lai, G. (2023, 7 diciembre). Singapore executes its war on drugs | East Asia Forum. East Asia Forum.
<https://eastasiaforum.org/2022/10/21/singapore-executes-its-war-on-drugs/>
20. Swissinfo.Ch. (2024, 28 enero). Opioid abuse on the rise in Switzerland. SWI swissinfo.ch.
<https://www.swissinfo.ch/eng/society/opioid-abuse-on-the-rise-in-switzerland/47708970#:~:text=Illicit%20usage%20of%20the%20highly,cancer%20management%20treatments%2C%20researchers%20said.>
21. Netherlands Not Immune to the Dangers of Opioid Misuse. (2019, 4 enero). Commonwealth Fund.
<https://www.commonwealthfund.org/publications/newsletter-article/2019/jan/netherlands-not-immune-dangers-opioid-misuse>
22. Joining forces to prevent an opioid epidemic in the Netherlands | NWO. (2021, 3 agosto). NWO.
<https://www.nwo.nl/en/cases/joining-forces-prevent-opioid-epidemic-netherlands>
23. Collins, J. (2023, 8 mayo). The Spectre of Fentanyl in Colombia raises fears of a new crisis. Medium.
<https://medium.com/pirate-wire-services/the-spectre-of-fentanyl-in-colombia-raises-fears-of-a-new-crisis-6ad22f54044b>
24. Cuvillier, L., & Comin, M. (2023, 22 septiembre). Reporters - How deadly drug fentanyl became a gold mine for Mexican cartels. France 24.
<https://www.france24.com/en/tv-shows/reporters/20230922-how-deadly-drug-fentanyl-became-a-gold-mine-for-mexican-cartel>
25. Mexico raids and closes 31 pharmacies in Ensenada that were selling fentanyl-laced pills | AP News. (2023, 8 diciembre). AP News.
<https://apnews.com/article/mexico-fentanyl-ensenada-pharmacies-raids-88461569ff1c8a56281992be434bec28>
26. Grant, B. W. (2024, 7 febrero). «People will keep dying»: Fentanyl crisis grips Mexico's border cities. BBC News.
<https://www.bbc.com/news/world-latin-america-68101263>
27. Neill, C. (2023, 18 septiembre). Fentanyl Use Increases in Spain | English-Speaking Healthcare Association Spain. English-Speaking Healthcare Association Spain.
<https://eshaspain.org/fentanyl-use-increases-in-spain/>