NORCALMUN 2025

WHO TOPIC GUIDE

HEAD CHAIR: HIMA DUGGINENI
VICE CHAIR: PRITHVI SUKUMAR
VICE CHAIR: AARUSH KALEDHONKAR

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Chair Bios:

Head Chair: Hima Duggineni

Hey everyone! My name is Hima Duggineni, and I am a senior at Foothill High School. This is my fourth year in MUN and it's truly one of my favorite experiences ever. Outside of school, I really enjoy listening to music, hiking, and hanging out with friends. I'm so excited to be the head chair for this committee and look forward to hearing everyone's ideas. Please feel free to contact me at himasri.duggineni@gmail.com with any questions or concerns!

Vice Chair: Prithvi Sukumar

Hey, my name is Prithvi Sukumar, and I'm your vice chair. I'm a junior at Foothill, and this is my 4th year in MUN. Outside of MUN, I enjoy spending time with friends, playing sports, going on random outdoor adventures, listening to music, and cooking. I'm looking forward to meeting you guys, and I can't wait for committee. Please reach out to me at prithvisukumar12@gmail.com with any questions.

Vice Chair: Aarush Kaledhonkar

My name is Aarush Kaledhonkar and I'm excited to serve as your chair for this committee! I'm currently a junior with a deep interest in global affairs, political philosophy and finance, and I've been involved in MUN for the last couple years. Outside of MUN, I've had the opportunity to work as a researcher for the third largest political party in the United States, and I run a startup club at Foothill. Looking forward to a thoughtful committee. Feel free to reach out at aarush.kaledhonkar@gmail.com

Topic A: Illicit Drug Trade

Introduction

Illicit drug trade, or more simply known as illegal drug trade or drug trafficking is a global black market centered around the cultivation, manufacturing, distribution and sale of substances prohibited by the law, except under a few regulated circumstances. This trade usually involves a variety of drugs including cannabis, cocaine, heroin and an increasing amount of synthetic drugs like methamphetamine and fentanyl.

The scale of the global illicit drug trade is significant. Estimates in 2014, ranged between $426 billion and $652 billion, making up 1% of all global trade at the time. Trade happens through complex international networks that include growers, producers, transporters, suppliers, and dealers. This not only makes it harder to figure out who to crack down upon, but also undermines stability in economies, governments, and communities worldwide.

Historically, restrictions on drugs began in the 18th and 19th centuries, mostly due to negative social and economic impacts. As governments increased regulation, major criminal organizations adapted to control every stage of the process and created methods to evade law enforcement. Drug trafficking is also now closely linked with other crimes, such as money laundering, corruption, illegal arms trading, and the trafficking of wildlife.

Drug trafficking remains a complex issue; it inflicts harm on individuals, as well as communities, and even governments on an international level, with law enforcement agencies, facing continued difficulties in detecting concealed substances and keeping up with newer and newer synthetic drugs being developed.

History of Drug Trade

Illicit drug trade, surprisingly, has quite ancient roots, with evidence of drug use and trade stretching back thousands of years ago. Drugs like opium and cannabis were often used for medicinal and spiritual purposes in ancient societies such as Sumeria, Egypt, Greece, India and China as early as 3,000 BCE.

The early history of illicit drug trade revolves around opium, which was used in ancient civilizations. In the 7th century AD, opium drug trade became widespread, especially between India and China. Later, during the British occupation of India, Western traders, in the 18th and 19th centuries, led an effort to gain influence in China through illegal opium trade, which led to a massive addiction crisis and the Opium Wars between China and Britain.

Drug trade is often associated with colonialism and globalism, specifically imperialism, due to colonial powers like Britain legalizing opium trade for massive profits, with opium comprising a significant portion of many colonies' economies. As medical understanding increased in the Western world, cocaine and opium-based products began being used for medicinal purposes and often unregulated, in Europe and the United States.

As awareness of addiction and social harm grew, and government intervention in general in the mid 20th century, Western governments began imposing restrictions such as the Harrison Narcotics Act of 1914 in the United States, and various bans following in Europe and Asia. These policies made production, distribution and sale of certain drugs illegal, leading to the creation of black market networks.

The late 20th century saw the emergence of marijuana, rather than opium, as a trafficked substance, particularly in the United States, and the Marijuana Tax Act of 1937 criminalized cannabis, further fueling illicit trade.

After the second World War and globalization, former legal trade networks in agricultural regions, like in Sinaloa or Northern Columbia, adapted to global prohibition on drugs, by converting their logistics to smuggling drugs such as marijuana, cocaine and eventually heroin and synthetic drugs.

By the 1960s and 1970s, large organized cartels that spanned multiple nations have developed, especially in Latin America, and increased their influence in Europe and North America by taking advantage of the growing demand. This era saw figures like US President Richard Nixon and the general conservative community declare a “War on Drugs” and increased globalist and international cooperation to combat the issue. And while temporarily successful, it has had a limited effect due to innovation by traffickers and continued demand for substance.

Current Global Situation

As of right now, the issue surrounding illicit drug trade and trafficking is only increasing and becoming more dangerous. Drug use is on a rise as organized crime groups are actively pushing for it. For example, cocaine trafficking has recently expanded into markets in Asia, Africa, and Western Europe with 25 million users in 2023. Unfortunately, the supply of cocaine has been allowing for there to be so many different trading hubs. In fact, certain traffickers also participate in violence while fighting to make revenue. Cocaine use is easily linked to heart disease and developmental issues, so the distribution of it needs to cease.

Synthetic drugs also have a very large presence in today’s trade of narcotics. They are made in abundance in almost any area and require less expenses as they do not depend on certain agricultural conditions. The trafficking of synthetic drugs is leading to overdoses and seizures within the human population. Examples of these drugs are fentanyl and methamphetamine, and

they are becoming extremely popular and circulated around the world. This specific issue is currently spreading into Europe and Asia, slowly causing more damage.

Organized crime groups are also expanding their trafficking routes to become more strategic against law enforcement and have greater reach. Instead of just traveling on land, maritime routes have been in greater use lately. Cartels have been using boats to smuggle cargo with drugs and transport them across several countries. The evolution of technology has also allowed this market to thrive in secretive transactions and make payments without getting in too much trouble.

International Action + Solutions

In order to reduce the use of illicit drugs and their trade, the UN has tried to generally spread awareness, improve rehabilitation resources, and strengthen enforcement against trafficking. The Single Convention on Narcotic Drugs of 1961 and the Convention on Psychotropic Substances of 1971 both tried to discuss international collaboration to build the legal; systems of multiple countries. The government gained a little bit of control, but it wasn't enough. The International Narcotics Control Board added regulations in terms of legal production, but it didn't address the main issue of underground black markets.

In 1987, the UNODC tried to establish June 26th as International Day against Drug Abuse and Illegal Trafficking. Establishing these kinds of days helps to spread awareness about drugs and collect data from different organizations. World Drug Day has been helpful in informing citizens of the consequences of drugs. Many countries' organizations, like the United States' SAMHSA, have tried to increase rehabilitation programs for people who need to get help.

Rehabilitation is a crucial step in moving towards a positive transformation and stepping away from narcotics. If the demand decreases, the whole industry will soon fall.

Challenges

While stricter law enforcement and varied approaches have good intentions, the government of every country is facing several issues in maintaining this power. Unfortunately, the high demand for narcotics is not decreasing. Instead, it is on a steady incline and this demand is the reason for increased supply. Additionally, many law enforcement members already face corruption within the systems. In many countries, the police, politicians, etc. are being bribed into allowing criminal behavior. The consistent corruption is only weakening law enforcement's ability to regulate trafficking. Finally, as society progresses, drug traffickers are innovating new and improved methods to perform their practices. Whether this is new kinds of drugs or routes, unfortunately, they are only evolving and it is hard to keep up with.

Questions to Consider (pick 4)

1. Does criminalizing drugs discriminate against certain cultures or religions?
2. Does criminalizing drugs infringe on free market trade and capitalism?
3. Are minorities disproportionately affected by substance abuse?
4. What is the government's current role in drug trade regulation?

Topic B: Healthcare in Aging Populations

Introduction

The aging population is a global phenomenon, with several consequences for the healthcare systems. In countries like the United States, the share of people aged 65 or older is rising quickly, with projections even suggesting more of an increase in the coming decades. This shift is driven by the decision to age as a large cohort, for example, baby boomers, but also by longer life expectancies. As people age, they continue to experience complex chronic health conditions, physical and cognitive decline, as well as social challenges like isolation. Older adults often require healthcare services that are continuous, coordinated, and tailored to their specific needs, far beyond just treating diseases. For example, most older adults have multiple chronic conditions, nearly 88% have at least one chronic disease, and about 60% have two or more, which means healthcare costs are driven up, and so are taxes. Current health systems lack structure, but also lack financial backing and an experienced workforce to meet the needs of older adults. Some key terms include:

-Aging Population: Refers to the increasing proportion of older individuals, typically defined as people 65 years old or above, within a population due to higher life expectancy and declining birth rates.

-Chronic Diseases: Long-lasting diseases or conditions that usually require ongoing medical attention, like diabetes, heart disease, arthritis, or dementia. Older adults are more likely to have multiple chronic diseases.

-Long-Term Care: A range of medical, nursing, and social services provided over an extended period, who have lost some or most of their capacity for self-care due to chronic illness, disability, or aging

-Multimorbidity: The co-existence of two or more chronic diseases in adults, which complicates healthcare delivery

-Social Determinants of Healthcare: Non-medical factors such as income, education, housing, and social support that influence access to healthcare

Current Global Situation

- With the rising population of the elderly, and the decreasing rate of senior care doctors as well as awareness, healthcare for seniors grows exponentially harder. Many elderly end up extremely weak due to poor health choices they have made earlier in their lives, and most seniors are affected by diseases associated with old age, such as Parkinson's, Alzheimer's, and heart problems. Adding on, many seniors placed in special care, such as homes in the USA, don't have enough financial or healthcare stability, nor family to assist them, leading them further away from the care they need. Supplying hospitals with the machines and tools they need to treat these issues is very difficult as well as many hospitals worldwide cannot treat their older patients. Seeing this problem, many shifted focus from providing materials and equipment to hospitals, to investing their time in decreasing the likelihood of the elderly individuals ending up in poor shape. Initiatives in many countries have been made to try and mitigate the increasing need for more and more technology that might not currently be available, fostering a more concrete and safe approach to elderly care and specialty.

Past International Policies

- In 2016, the WHO adopted plans to try and increase elderly health awareness and kickstart projects to make environments and living conditions for the seniors better to try and improve their health. The Global Plan was only initiated from 2016 to 2020, but was extended to 2030. The plan helped countries increase promotion and disease-preventive strategies. The plan emphasized a need to decrease ageism, as well as there was a surfacing notion that older people are burdens to society, leading to discrimination.

Case Studies and Statistics-

-The population of the elderly is expected to double by 2050, going from 761 million to 1.6 billion

-Projections estimate rapid increases in dementia cases in the elderly by 2025. Going up to 150 million people worldwide.

-Huge populations countries such as China, have huge increases in the elderly population. About 39% of the population of China will be seniors by 2050, following recent trends and projections.

Questions to Consider (pick 4)

-What policies does your country have in place to include the elderly and senior citizens in healthcare and help assist them so they can get the help they need?

-How can we decrease ageism and discrimination toward the elderly?

-How can seniors without familial support get the help they need?

-Should developed countries help assist developing countries in their endeavours to increase senior healthcare availability?

-What can the UN and the WHO do to increase funds and money to pull off plans?

-How can policies be formed to exist for longer periods? (Policies might be subject to change due to problems from inflation, new diseases, etc.)

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Tech Policy-

This committee is **unmod tech only.** You may bring computers, but you are only allowed to use them during unmoderated caucuses.