

Topic 1: Regulating the Rise of Synthetic Opioids in Global Markets

United Nations Office on Drugs and Crime

I. Introduction

The synthetic opioid crisis represents one of the most devastating public health emergencies of the 21st century, fundamentally reshaping global drug markets. Unlike plant-based narcotics requiring specific geographic conditions, synthetic opioids like fentanyl and nitazenes can be manufactured anywhere using readily available precursor chemicals. This accessibility, combined with their extreme potency—often thousands of times stronger than morphine—has created an unprecedented global catastrophe.

The scale is staggering. According to the World Health Organization, approximately 600,000 deaths worldwide were attributed to drug use in 2019, with opioids factoring into 80% of cases. In North America, synthetic opioids now account for the majority of overdose deaths, with fentanyl implicated in two-thirds of fatalities. The crisis has expanded globally, with European countries reporting sharp increases in nitazene-related deaths.

The modern landscape emerged from legitimate pharmaceutical research but has been co-opted by criminal organizations. Fentanyl, developed in 1958, became the template for countless analogues designed to circumvent international controls. Nitazenes, originally researched in the 1950s-1960s but never marketed due to safety concerns, have resurged since 2019 and are often more potent than fentanyl, potentially resistant to naloxone reversal.

II. Key Terms

Synthetic Opioids: Man-made substances producing morphine-like effects through chemical synthesis rather than natural extraction. Can be produced anywhere with basic equipment, making geographic controls ineffective.

Fentanyl and Analogues: Originally for medical use, now widely diverted. Fentanyl is 50-100 times more potent than morphine, while analogues like carfentanil can be 10,000 times more potent

Nitazenes: Synthetic opioids from the 1950s-1960s, more potent than fentanyl with potential naloxone resistance and detection difficulties.

Precursor Chemicals: Required for synthesis, including "designer precursors" molecularly modified to circumvent regulations. Key fentanyl precursors include 4-ANPP, NPP, 4-piperidone, and 1-boc-4-piperidone.

Darknet Markets: Encrypted platforms facilitating anonymous transactions using cryptocurrencies, becoming major distribution channels for synthetic opioids.

Global Coalition to Address Synthetic Drug Threats: Multilateral initiative launched in 2023 bringing together 150+ countries to coordinate responses through three working groups.

III. Past International Actions

The international legal framework builds upon foundational 20th-century treaties. The Single Convention (1961) created unified drug control systems initially focused on plant-based substances. The 1971 Convention extended controls to synthetic drugs, while the 1988 Convention introduced revolutionary precursor chemical control provisions.

Major developments include the 2017 scheduling of fentanyl precursors 4-ANPP and NPP, China's 2019 class-wide fentanyl controls covering all molecular variants, and the 2021 expansion of UNODC's Opioid Strategy into a comprehensive Synthetic Drug Strategy. The INCB GRIDS Programme, launched in 2019, provides rapid international interdiction capabilities.

The Global Coalition, launched by the US in 2023, represents the most comprehensive multilateral response, mobilizing 150+ countries and organizations. First-year achievements include reported 10% reduction in US overdose deaths and expanded international precursor controls.

IV. Timeline of Key Events

1958	First synthesis of fentanyl
1961	Single Convention on Narcotic Drugs
1971	Convention on Psychotropic Substances
1988	UN Convention Against Illicit Traffic in Narcotic Drugs
1990s	Early fentanyl analogues in illicit markets
2006-2007	First fentanyl overdose crisis in the U.S.
2013-2014	Explosion of fentanyl deaths in North America
2013-2014	International scheduling of fentanyl precursors

2017	International scheduling of fentanyl precursors
2018	UNODC launches Opioid Strategy
2019	China bans all fentanyl analogues
2023	U.S. launches Global Coalition to Address Synthetic Drug Threats
2025	Nitazenes dominate Baltic drug deaths

V. Current Situation

Overdose mortality continues reaching unprecedented levels. England recorded 179 nitazene deaths between June 2023-May 2024. Baltic states report nitazenes in over 50% of drug-induced deaths in 2023. Wastewater surveillance confirms protonitazene presence across multiple US states.

Manufacturing has evolved from centralized to distributed networks across jurisdictions. Chinese companies supply majority precursors while final synthesis occurs in Mexico, Central America, and countries closer to end markets. Technological innovations include one-pot synthesis, mobile laboratories, and quality control ensuring consistent potency. Digital marketplaces dominate distribution, with darknet platforms facilitating direct manufacturer-to-consumer sales using encrypted communications and cryptocurrency. COVID-19 accelerated online sales as traditional networks were disrupted.

VI. Major Parties Involved

United States of America: The United States continues to represent the epicentre of the global synthetic-opioid crisis, although provisional health indicators demonstrate notable improvement in 2024– 2025. According to Centres for Disease Control and Prevention (CDC) estimates, total overdose deaths declined by approximately 27 percent in 2024, with opioid- and fentanyl-related deaths also decreasing, albeit unevenly across regions. Federal strategy has coupled public health interventions—such as the expansion of naloxone availability and medication-assisted treatment—with aggressive supply-side enforcement targeting precursor chemicals and logistical distribution networks.

Mexico: Mexico functions primarily as a manufacturing and transit hub for fentanyl and related functional groups synthesized from imported precursors. The Sinaloa and Jalisco New Generation Cartel (CJNG) organizations remain central to production and international distribution. Since 2023, legislative and administrative reforms have tightened the Federal Law on Chemical Precursors, while bilateral cooperation with the United States has resulted in joint actions targeting laboratories, financiers, and intermediary brokers. U.S. financial-intelligence advisories have documented procurement typologies in which Mexico-based transnational criminal organizations source chemical inputs and equipment through suppliers and intermediaries linked to the People's Republic of China.

Netherlands: Although the Netherlands is not a producer of synthetic opioids, it functions as a major entry and distribution hub within Europe, particularly via the Port of Rotterdam. Dutch customs authorities consistently report large-scale seizures of maritime narcotics shipments—principally cocaine but also relevant to synthetic concealment methods and trafficking logistics. The government has invested in layered risk-management systems in coordination with EU partners (Europol, EMPACT, and the Maritime Analysis and Operations Centre–Narcotics [MAOC-N]) and private-sector operators under the European Ports Alliance. National policy seeks to balance supply-reduction measures—

including customs operations, financial tracking, and port security—with public-health approaches informed by longstanding experience with MDMA markets and early-warning systems for novel synthetics such as nitazenes.

Spain: Spain operates as a major European maritime gateway for narcotics flows rather than a producer of synthetic opioids. The country's strategic importance derives from trafficking routes through the Strait of Gibraltar and containerized flows into ports such as Algeciras. Domestic consumption patterns remain comparatively less fentanyl-oriented than in North America; however, the European Monitoring Centre for Drugs and Drug Addiction (EUDA) has noted the rising threat of high-potency nitazenes across the continent. Spain participates actively in EU early-warning systems and maritime enforcement through Europol and MAOC-N taskings.

VII. Key topics to Debate

- Should the global community shift from the current substance-by-substance scheduling model toward class-wide or emergency scheduling mechanisms to keep pace with rapidly evolving synthetic opioids?
- How can countries strike an effective balance between law enforcement crackdowns on illicit opioid production and the need to expand public health measures such as treatment, harm reduction, and naloxone distribution?
- To what extent should precursor chemical controls be tightened, and how can governments achieve this without disrupting legitimate pharmaceutical and industrial commerce?
- Can digital technologies such as AI-driven detection tools, blockchain tracking, and mobile health platforms be reliably deployed to counter criminal use while remaining accessible for legitimate public benefit?
- What strategies can be employed to enhance global capacity building, particularly in developing or low-capacity states that lack the infrastructure to respond to synthetic opioid threats?

- Should international responses prioritize dismantling supply chains or addressing socioeconomic conditions—such as poverty, inequality, and mental health gaps—that drive demand for opioids?
- How can international cooperation with private sector actors, including pharmaceutical companies and digital platforms, be strengthened to close loopholes exploited in opioid production and trafficking?
- In what ways can regional frameworks (such as EU-wide intelligence sharing or Latin American cooperation mechanisms) complement global treaties in creating a more adaptive and resilient system of control?

VIII. Bibliography

United Nations Office for Disarmament Affairs. 1972. Biological Weapons Convention (BWC). United Nations. [jative and Johns Hopkins Center for Health Security. https://www.ghsindex.org/](https://www.ghsindex.org/)

United Nations Security Council. 2004. Resolution 1540 (2004). United Nations. [jative and Johns Hopkins Center for Health Security. https://www.ghsindex.org/](https://www.ghsindex.org/)

World Health Organization. 2005. International Health Regulations (2005). WHO. [jative and Johns Hopkins Center for Health Security. https://www.ghsindex.org/](https://www.ghsindex.org/)

United Nations Office on Drugs and Crime. 2000. United Nations Convention Against Transnational Organized Crime (UNTOC). UNODC. [jative and Johns Hopkins Center for Health Security. https://www.ghsindex.org/](https://www.ghsindex.org/)

United Nations Office on Drugs and Crime. 2000–2003. Palermo Protocols. UNODC. [jative and Johns Hopkins Center for Health Security. https://www.ghsindex.org/](https://www.ghsindex.org/)

Global Health Security Index. 2019. GHS Index. Nuclear Threat Initiative and Johns Hopkins Center for Health Security. [Nuclear Threat Initiative and Johns Hopkins Center for Health Security. https://www.ghsindex.org/](https://www.ghsindex.org/)

United Nations Office on Drugs and Crime. 2017. UNODC Opioid Strategy. UNODC. [Nuclear Threat Initiative and Johns Hopkins Center for Health Security. https://www.ghsindex.org/](https://www.ghsindex.org/)

United Nations Office on Drugs and Crime. 2021. Synthetic Drug Strategy. UNODC. [Nuclear Threat Initiative and Johns Hopkins Center for Health Security. https://www.ghsindex.org/](https://www.ghsindex.org/)

