

AFTrain'25

Yusuf Ziya Öner Science High School Model United Nations Conference

UNODC

Agenda Item: Strengthening Public Healthcare in Regions Influenced by Cartel Operations

Under Secretary General:
Doruk Sapmaz

Academic Assistant:
Esmanur Çapraz

Table Of Contents

1. Welcoming Letters

- 1.1 Letter from the Secretary General**
- 1.2 Letter from the Under-Secretary General**
- 1.3 Letter from the Academic Assistant**

2. Introduction to the committee

- 2.1 History of the committee**
- 2.2 Functions & Goals of UNODC**

3. Introduction to the agenda item

- 3.1 Historical background of cartel Influence in Latin America**
- 3.2 Regional Impacts Of Cartels on Local Areas**
- 3.3 Key Statistics on Cartel Activity**

4. Limited Access to Medical Infrastructure

5. Drug-related Diseases and Addiction Treatments

6. Current Landscape of Cartel Operations in Latin America and Other Regions

7. Past UNODC Actions Related to Cartels and Healthcare

8. Questions to be addressed

9. References and Bibliography

1. Welcoming Letters

1.1 Letter From the Secretaries-General

Distinguished delegates,

It is with profound honor and an enduring sense of purpose that we extend our warmest welcome to you all for AFTRAIN'25. As the Secretaries General, we are genuinely honored to see this conference once again gather bright young minds who share a belief in dialogue, diplomacy, and cooperation.

First and foremost, gratitude must be extended to our dedicated academic and organization teams. Without their unwavering efforts, the vision we aim to share with our generation would have never come to life.

We live in a time when global knots grow more complex every day, yet it is also a time filled with opportunities. The work you will do here represents what diplomacy truly means, the ability to seek solutions, wind up those complications and connect them across tough conditions.

On behalf of the Secretariat, we wish you an inspiring and memorable experience. Let us bow our heads, the king is back!

Kind regards,

Kaan Muştu & Ömer T. Demirel

Co-Secretaries-General

1.2 Letter From the Under-Secretary General

Dear delegates, distinguished executive team and honourable participants,

It is an honor to welcome you all to Antalya Yusuf Ziya Öner Fen Lisesi Model United Nations Train Conference. It was somewhat a dream of mine to make a committee based on cartel activities due to it being such an intriguing matter.

My name is Doruk Sapmaz. I'm a high school graduate at the moment studying to be able to study at the Middle Eastern Technical University. My wish is that all of you are going to study upon this guide and I give my promises that this guide has all of the necessary information for you to be able to perform perfectly in this committee. Like any other MUN conference i strongly advise everybody to do their research according to their countries' politics.

Last but not least I would like to thank the Executive Team for giving me a chance to make this conference and also my Acamidec Assistant, my prodigy, Esmanur Çapraz for her effort to make this committee perfectly it really has been a pleasure to work with you, my sister.

I can't wait for the opportunity to meet all of you in person, if you have any questions about the guide or the procedure I will be leaving my contact information below, feel free to contact me at any time.

Sincerely,

Doruk Sapmaz

+90 0530 011 47 01

dorukdoam@gmail.com

1.3 Letter From the Academic Assistant

Distinguished delegates, distinguished academic team, and fellow participants;

It is such a great honor and privilege for me to be serving you as the Academic Assistant of the UNODC Committee. My name is Esmanur Capraz, and I am currently a student at Antalya Erünal Social Sciences High School.

I strongly believe that this study guide has been carefully prepared to support you throughout the committee, and to help you better understand the agenda of the UNODC. I expect all delegates to thoroughly review this guide and come to the committee well prepared, with sufficient knowledge of the policies and perspectives of the country they will be representing.

I would like to express my sincere gratitude to our Executive Team for their great efforts for this conference, as well as to our Under Secretary-General, Doruk Sapmaz, for his leadership and support throughout this whole process. It has truly been a pleasure to work alongside him.

Should you have any questions, concerns, or need academic guidance at any point, please do not hesitate to reach out. I am always happy to assist you. I am very much looking forward to meeting each of you and sharing an unforgettable conference experience together.

Best regards,

Esmanur Capraz
Academic Assistant of the UNODC

2. Introduction to the Committee

The United Nations Office on Drugs and Crime (UNODC) is the main body of the United Nations, which is carrying out its work in the field of combating drugs, organized crime, terrorism, and corruption.

Headquartered in Vienna, UNODC operates regional offices in many regions of the world. The committee's mission focuses not only on the security needs of states but also on the vulnerabilities of societies in terms of health, development, and human rights. UNODC states its mission as follows: ***"To contribute to global peace, security, human rights and development by making the world safer from drugs, crime, terrorism and corruption."***

UNODC's approach is mainly to support the implementation of international agreements while also conducting field projects for member states to build their own capacities. Stronger institutional frameworks and more successful strategies against organized crime and drug trafficking are promoted by the organization in close collaboration with national governments, law enforcement, and civil society. Through these partnerships, UNODC assists nations in creating sustainable solutions that tackle the underlying social and economic roots of these problems in addition to their criminal components. Regular publications of the organization such as the *World Drug Report* and the *Global Report on Trafficking in Persons* are one of its ways of contributing to global policymaking by providing reliable data to both governments and researchers.

2.1 History of the Committee

The history of UNODC begins in the middle of the 20th century, when the international community started to see the necessity for a coordinated response to the increasing complex global crime and drug-related issues in post-Cold War era. As a result of this increased awareness, the United Nations established specialized structures to improve international collaboration and create a unified legal framework against such threats. The origins of the committee were two separate entities; the United Nations Fund for Drug Abuse Control ([UNFDAC](#)) and the United

Nations Centre for International Crime Prevention. While CICP worked on enhancing criminal justice systems and encouraging Member States to adopt effective crime prevention measures, UNFDAC was in charge of dealing with issues pertaining to drug production, trafficking, and abuse. The United Nations merged these two bodies in 1997, forming what is now known as UNODC.

Over time, the Office's role grew past drug enforcement to tackle issues such as human smuggling, bribery, extremism, or Transactional criminal operations. It evolved into one of the United Nations' body that combines on-the-ground work, analysis, all in line with UN Sustainable Development Goal 16, *"Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels."*

2.2 Functions of the committee

The United Nations Office on Drugs and Crime (UNODC) gives its contributions to universal peace and security and human rights by helping the world free itself from drugs, crime, corruption, and terrorism.

UNODC supplies technical assistance for research purposes and conventional support to its Member States so as to help them develop and execute comprehensive, solutions that are based on strong evidence to the intricate and interconnected threats that they face at national, regional, and global levels.

The efforts for these actions orbit around ensuring the protection of people and our planet from crime exploitation via inclusive and sustainable human rights-based goals. This committee advances justice and health, both psychologically and physically to establish resilient societies and refine everyday life for beings, families, and communities around the globe.

3. Introduction to the Agenda Item

Public healthcare in regions affected by cartel operations deals with deep-rooted strains, far more than just poor management. Across parts of Latin America, clinics and hospitals operate amid chaos caused by armed groups; they see rising trauma cases while coping with broken supply chains or missing staff. Clinics are sometimes threatened for money, care gets delayed, and trust erodes. The UNODC notes cartels often steer how local services run, especially where the government isn't able to reach. This means the government must view health not merely as treatment delivery but as an issue tied to power gaps, shadow authorities, and instability.

Improving public health services in areas affected by cartels requires spotting ways cartels interfere with care, which involves looking at past causes behind such interference. Solutions must be according to boosting the government's ability to act effectively. Communities need stronger defenses against violence, patients' requirements to reach clinics without fear are the challenges connected closely to unfair conditions across society. They also relate to broken trust among residents, which leads to lasting impacts of crime-driven rule that affect people's lives years later.

In addressing this agenda item, delegates are expected to examine how drug networks weaken unstable medical systems yet also offer realistic, evidence-based solutions to strengthen them. Short-term solutions shouldn't dominate; instead, strategies should encourage sustainable change. Key obstacles require reviewing, including hurdles to treatment access, threats to healthcare workers and dangers facing clinics, together with persistent disparities in health outcomes, keeping in mind contexts vary by region.

3.1 Historical Background of Cartel Influence in Latin America

The rise of cartels in Latin America unfolded gradually, shaped by shifts in global commerce, political dynamics and widespread inequality. Beginning in the late twentieth century, major trafficking operations expanded quickly, supported by high international demand especially from the United States and

European regions for narcotics. Scholars including [Peter Reuter](#) and [Vanda Felbab-Brown](#) suggest that fragmenting dominant criminal groups caused greater instability; conditions deteriorated further once governments began deploying armed responses during the nineties.

In the 2000s, unstable authorities and patchy law enforcement alongside rampant graft allowed drug networks to embed themselves in regional economies as well as public bodies. As noted by the [Inter-American Commission on Human Rights](#), in certain regions armed groups nearly supplanted state control, altering daily habits, travel patterns, and access to services. This affected health infrastructure straight away, not just because clinics were attacked during territorial clashes but also since healthcare workers left high-risk areas.

3.2 Regional Impacts of Cartels on Local Areas

a) The Impacts on Public Health

Medical services are most likely to weaken where cartels operate. According to Pan American Health Organization's ([PAHO](#)) reports, as the regional health agency of the Americas that monitors public health systems and provides technical support across member states, health workers are occasionally threatened, which reduces the number of staff in regions with few clinics. When violence happens, treatment centers might close briefly, this cuts off urgent and regular care. Also, people living near cartel activity are more likely to skip doctor visits because they're afraid to leave their area.

UNODC notes higher levels of drug dependence in areas run by cartels, along with more overdoses, due to trafficking patterns and vulnerable groups. Because of ongoing conflict and unrest, governments invest less in basic services, which worsens gaps in prenatal care, childhood malnutrition, and access to vaccines.

b) Physiological and Social Impacts

Living under cartel influence leads to long-term psychological effects on individuals and communities. Research published in *The Lancet*

connects persistent violence with elevated rates of depression, anxiety, and Post-traumatic stress disorder ([PTSD](#)), alongside rising behavioral problems among youth. The constant presence of armed factions promotes what specialists describe as a "culture of learned fear," causing residents to adjust daily routines, including visits to health centers, schools, or workplaces to avoid high-risk zones.

Families caught in forced migration, often triggered by gang clashes, lose touch with steady medical care, support circles, or income sources. Trust in authorities weakens too; according to the [Inter-American Development Bank](#), people under illegal rule show less civic involvement and minimal contact with official bodies, weakening health campaigns even more. Emotional strain then feeds into broken systems, and those same broken systems deepen emotional strain.

c) Physical and Structural Impacts

Cartel activity causes widespread physical harm through direct violence, accidental injuries, and unsafe environments. According to PAHO and various national public health ministries, firearm-related injuries surge in regions with active criminal conflicts, placing significant strain on emergency medical services. The breakdown of roads, ambulances, clinics, or community hubs slows down medical help reaching people, particularly in remote regions.

The presence of cartels disrupts access to medical supplies. Due to forced payments, shipping paths are interrupted, causing hospitals to lose vital shipments. At the same time, health centers may face illegal charges or be compelled to care for gang members without consent. Such systemic issues fuel ongoing chaos: poor security damages health infrastructure, which weakens government response and hampers local recovery.

3.3 Key Statics on Cartel Activity

(Figure 1: Narcotics trafficking flows and operational zones in Mexico.)

TRACKING CARTELS Narcotics Trafficking Flows and Operational Zones in Mexico

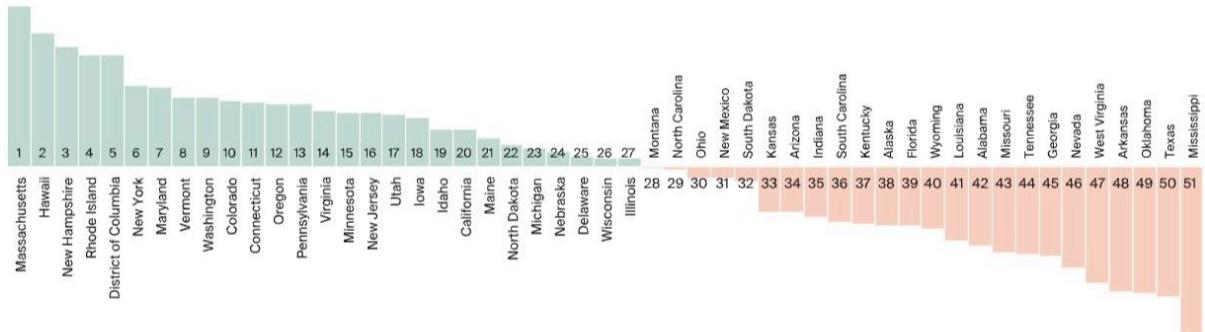


This map displays where top drug cartels are active in Mexico, along with their access spots into the nation plus paths leading toward the U.S. Color intensity reflects how many groups operate in each zone, whereas yellow arrows mark key trafficking corridors. The information underscores Mexico's pivotal position in narcotics distribution and its significance within international smuggling networks.

(Figure 3: U.S. state health system performance ranking for 2025.)

Massachusetts, Hawaii, and New Hampshire top the overall rankings on health system performance for 2025.

Overall Rankings for 2025 Scorecard on State Health System Performance

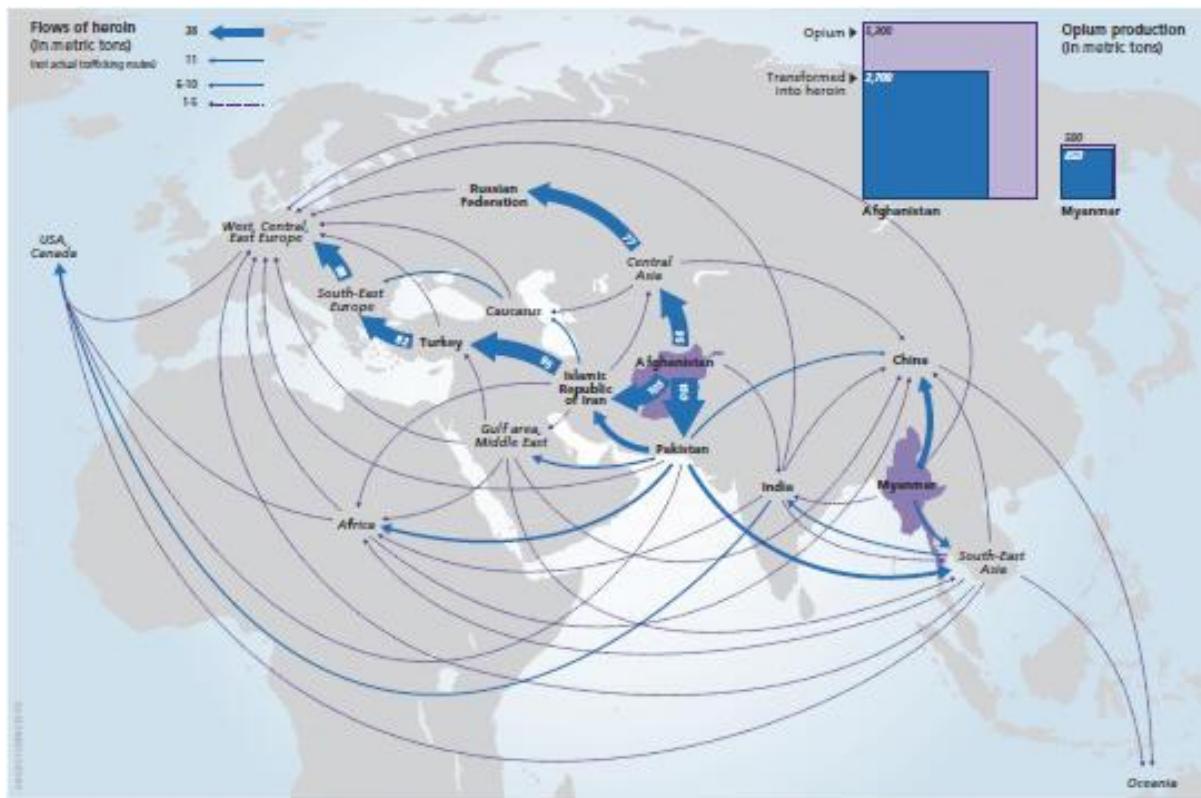


Notes: Overall rankings are based on a composite score of access to care, care quality, efficient use of services, outcomes, income disparity, and racial equity. States are arranged in rank order based on overall rankings. Bar height corresponds to overall performance score, aggregated from performance in each of six performance domains. Green bars indicate better than average performance; orange bars indicate lower than average performance.

Source: David C. Radley, Kristen Kolb, and Sara R. Collins, 2025 Scorecard on State Health System Performance: *Fragile Progress, Continuing Disparities* (Commonwealth Fund, June 2025). <https://doi.org/10.26099/w0ns-ae34>

This chart lists how well each U.S. state's health system performed in 2025. Performance was measured using factors including access to care, treatment quality, efficient use of resources also overall health results. Massachusetts, Hawaii, and New Hampshire appear at the top due to strong outcomes; by contrast, Southern states tend to rank lower.

(Figure 3: Global heroin trafficking routes and opium production distribution.)



This graph displays how heroin moves from major producing nations like Afghanistan and Myanmar toward other regions. Although thick lines mark heavy shipments, thinner ones stand for smaller flows. It points out Afghanistan's key part in making heroin worldwide. Also shown is that the path between Europe and Central Asia ranks as one of the most used corridors.

4. Limited Access to Medical Infrastructure

Stable health services continue to face challenges across numerous developing nations. Some places have clinics, yet they often miss essential tools for routine treatments instead, reliance falls on distant support. Especially in isolated countryside locations, reaching working facilities might require entire days of travel; therefore, patients wait too long before seeking help. Consequently, curable illnesses get worse, leading to preventable deaths. Regions such as Sub-Saharan Africa, the Andes, isolated Afghan communities, or distant corners of Southeast Asia face harsh terrain that limits consistent healthcare access. A further significant challenge involves insufficient skilled medical staff. While some stay, others choose cities or move overseas due to improved job settings. As a result, distant locations face severe staffing gaps, leaving those who remain

burdened with little backup. In places such as rural Ethiopia, highland Pakistan, parts of the Sahel, and inland Amazon areas, health posts commonly operate with far fewer workers than required. Research from eastern Africa and specific zones in South Asia indicates vital gear, including testing devices, oxygen systems, or elementary surgery kits, is often old-fashioned or missing altogether at local clinics.

The lack of infrastructure grows due to irregular upkeep. Despite available tools, outdated systems, unstable power supply, or absent trained workers often cause equipment failure. Such issues occur in Nigeria, Nepal, Yemen, Papua New Guinea, along with several Pacific Islands, where energy shortages, flooding, or conflict disrupt basic medical aid. As a result, recurring problems emerge: treatment remains limited, trust in local clinics declines, public wellness gradually deteriorates. Over time, conditions arise where reaching care becomes harder, belief in hospitals weakens, area-wide health outcomes continue declining.

5. Drug Related Diseases and Addiction Treatments

Drug-related diseases represent a major share of worldwide health concerns, particularly among people who inject drugs or use them over extended times. Typical conditions connected to substance dependence include Hepatitis C (HCV); also, HIV/AIDS; drug-resistant tuberculosis appears frequently. Bacterial infections affecting heart valves occur too, while chronic respiratory disorders such as COPD arise due to tobacco smoke or illicit drug inhalation. These conditions depend not just on medical factors but also on broader forces; such as income level, social status, laws, and healthcare systems, that limit care options and slow down lasting healing.

Hepatitis C spreads easily among those injecting drugs, mainly because clean syringes aren't always available while used ones get shared often. Instead of improving, the virus may lead to severe liver damage, including cancer or complete organ failure without proper care. Treatment mostly relies on modern antiviral medicines, these fix over 90% of cases when applied correctly. Still, despite good results, reach remains limited where costs are high, public delivery is slow, or policies restrict benefits. Also, overall recovery in populations suffers due to poor screening paired with stigma that delays check-ups.

HIV/AIDS often connects with drug injection, mainly because of shared needles and weak prevention in care plans. Managing HIV requires antiretroviral therapy (ART), which reduces transmission, decreases sickness, yet prevents new cases. However, barriers like laws that punish drug users, worries about arrest, bias in medical care, along with scarce local harm-reduction support weaken ART access. Because of this, vulnerable groups frequently go without treatment or get diagnosed late, fueling personal health decline plus ongoing transmission.

Drug-resistant TB is a serious issue, especially for people who lack stable housing, proper nutrition, or struggle with addiction. Resistance often develops when patients don't complete their initial treatment, something more likely if life circumstances make consistent care hard to maintain. Managing resistant strains means longer treatments using less common drugs like bedaquiline, linezolid, or fluoroquinolones; however, these medicines carry strong side effects and high prices. Because of this, numerous public health programs limit availability, so at-risk groups face greater harm.

A mounting number of medical reports point to higher rates of infectious heart valve disease in individuals using injected substances. Bacteria typically reach the blood through unclean needles, then settle on heart valves. Treatment usually involves weeks of IV antibiotics, or surgery to replace damaged valves if needed. Still, many face barriers getting such operations; certain clinics hesitate to operate on those still struggling with drug use, fearing poor recovery or repeat infections. Without coordinated care that includes support for addiction, lasting recovery becomes much harder.

Long-term breathing of tobacco, meth, heroin, or crack often leads to lung problems like COPD and ongoing airway swelling. While medicines such as bronchodilators, steroid inhalers, or extra oxygen may help patients feel better, many still don't receive them. Lack of access stems from poverty, unstable insurance, or focusing on emergencies rather than prevention in low-income areas.

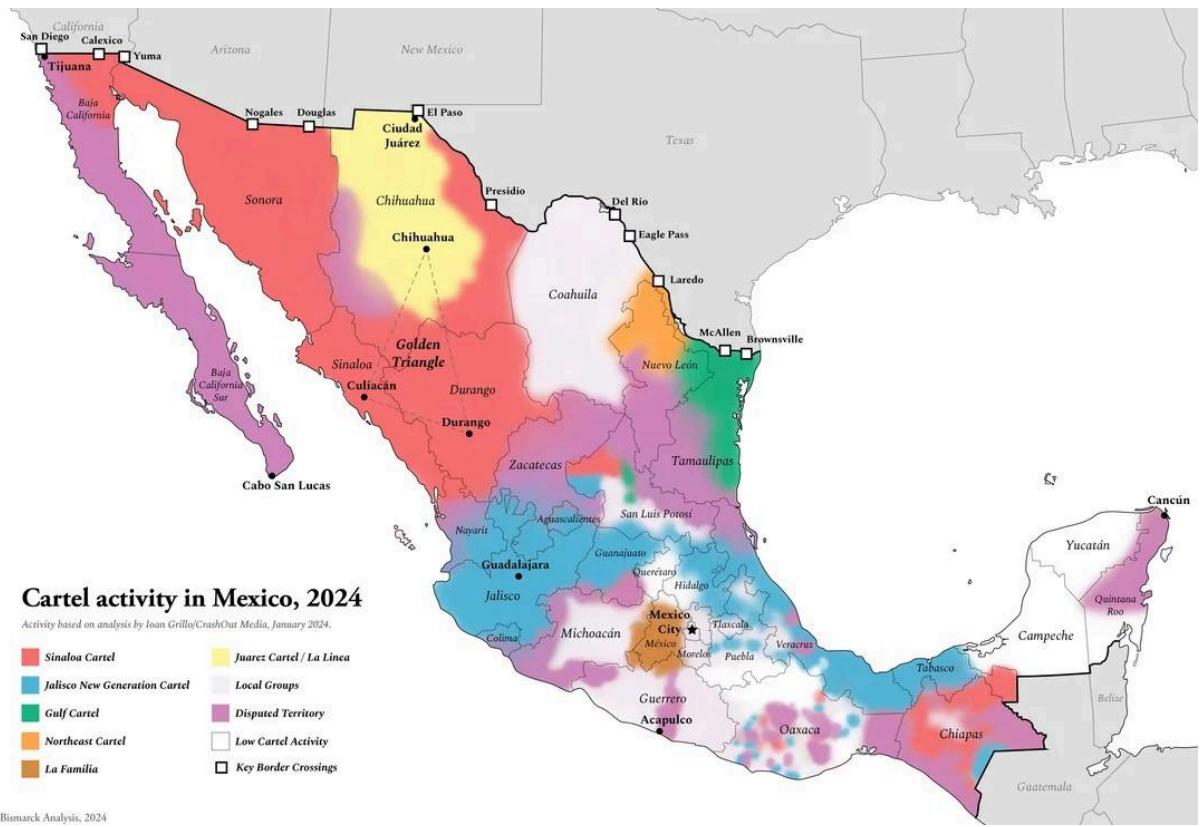
Certain diseases prove that medicine-related sickness isn't only about chemical effects in the body; instead, it connects to unjust structures blocking quick, correct care. Due to lack of funds, strict drug rules, biased treatment

centers, or poor community backing, recovery slows, worsening preventable health divides. Handling these cases calls for unified healthcare actions: expanding affordable treatments, strengthening prevention plans, detecting problems earlier, and clearing systemic barriers most felt by people who use substances.

6. Current Landscape of Cartel Operations in Latin America and Other Regions

Globallly, cartel related operations have been evolving far beyond traditional drug trafficking into complex, adaptive, and highly diversified transnational criminal enterprises that dominate the production, transportation, and distribution of illicit drugs for some time now. While it s evolution it also is expanding into a variety of parallel criminal activites including human trafficking, smuggling migrants and extortion kidnapping; moreover, money laundering through legal and illegal financial systems. These cartels have evolved so much through history that in some governments they can be part of the government through illegal ways or even protesting, They have their influence into Africa, Asia, and Europe through partnerships with local criminal networks and strategic transit hubs, despite national governments and international actors responding with financial sanctions, intelligence sharing, militarized counter-narcotics campaigns, terrorist designations, and regional cooperation initiatives that, while disruptive, have failed to completely contain the cartels' adaptability, resilience, and growing global reach.

Here are some maps for some further research:





7. Past UNODC Actions Related to Cartels and Healthcare

The United Nations Office on Drugs and Crime (UNODC) dealt with cartel interference in healthcare using legal tools, policy advice, support programs, along with global collaboration efforts. When criminal groups began moving from drug trade into fake medicines, bribery within health agencies, also disruptions in medicine distribution, UNODC started highlighting how dangerous these actions were for public well-being and government security. A

key move came when the organization backed major treaties, especially the UN Convention against Transnational Organized Crime (UNTOC), which set up core rules to fight cross-border crime by making offenses out of illegal financial flows, graft, plus group membership in illicit networks. Although this treaty created a crucial starting point for tackling operations that harm health services either directly or indirectly, results have remained weak due to uneven adoption among nations and lack of clauses focused solely on medical-sector violations. Across numerous regions, local laws haven't properly turned those international duties into actionable penalties, creating loopholes criminals still take advantage of.

In combination with standard guidelines, UNODC launched several skill-enhancing efforts, offering direct support to help countries spot illegal drug flows while reducing misconduct in medical sectors. Instead of relying solely on regulations, it used workshops, practical guides, and joint work with bodies like WHO to highlight risks tied to fake medicines and underground networks run by crime syndicates. Still, many actions covered only narrow areas and struggled to last. A large number operated as brief interventions funded from outside sources, lacking ongoing monitoring or embedding into local structures. Consequently, gains in oversight and legal enforcement tended to fade quickly, especially in nations where powerful cartels hold sway over health governance.

UNODC stepped up when cartels began exploiting healthcare systems amid global health emergencies, especially seen in the COVID-19 outbreak. It released assessments pointing to illegal groups taking advantage of shortages in masks, vaccines, or urgent care items; yet actions mostly followed events instead of stopping them early. While such work helped countries recognize risks better while sharing intelligence more openly at times, coordination struggled to keep pace due to fast-changing crisis conditions across regions. Moreover, guidance from UNODC lacked enforceable authority, implementation depended entirely on national choices without obligation.

The poor results of earlier UNODC efforts stem mainly from systemic and political barriers. Since it holds no power to enforce rules independently, the organization relies completely on countries' readiness and ability to act, so progress stalls when state commitment is low. Where drug cartels have infiltrated medical services via bribery, threats, or running their own clinics,

authorities frequently fail to challenge them due to weak institutions, or unwillingness. Moreover, organized crime tied to health sits between two domains: disease control and legal punishment, which causes disjointed reactions, along with shaky cooperation across government departments, police bodies, and global partners.

Although UNODC's prior efforts helped spot dangers from cartels in health sectors and set global standards, lasting change remains rare. Policy gaps plus stronger criminal networks have weakened real-world impact. So moving forward, coordinated strategies, with clear rules and patient needs at the core, must guide new interventions.

8. Questions to be addressed

1. What mechanisms should governments and international organizations strengthen to ensure the safety of healthcare workers in regions heavily affected by cartel activity?
2. What methods can be used to enhance data collection, monitoring, and reporting on health impacts along major drug-trafficking corridors?
3. What approaches could be taken to expand access to reliable and affordable healthcare services in communities affected by drug trafficking and organized crime?
4. What are the new techniques that can be found to battle with the health problems?
5. How can new healthcare centers be established globally under one new comission?

9. References and Bibliography

<https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report.html>

<https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html?hl=tr-TR>

<https://www.unodc.org/unodc/drug-trafficking/index.html?hl=tr-TR>

<https://globalinitiative.net/analysis/world-atlas-of-illicit-flows/>

<https://www.iadb.org/en/who-we-are/topics/health/sector-framework-health>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8216408/?hl=tr-TR>

<https://www.paho.org/en/news/30-4-2025-new-paho-report-reveals-14-countries-americas-face-health-worker-shortages?hl=tr-TR>

<https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2024.html?hl=tr-TR>

<https://www.dea.gov/cartels>

<https://home.treasury.gov/news/press-releases/sb0339>