I. Introduction

On June 26, 2018, the United Nations Office on Drugs and Crime (UNODC) released its annual World Drug Report to the global community. This extensive study, divided into 5 separate subcategories, strives to provide a global overview of the latest trends in the supply, demand, and consequences of drug use. The study has several notable aims that are primarily geared towards: examining current trends in the cultivation, production and the consumption of controlled substances, analyzing the extent of drug use across different geographic profiles and age groups, and determining policy implications based on the data acquired. The report details a number of staggering statistics, but none more impacting than the root cause for debate: 275 million people worldwide consumed a controlled substance during 2016, coupled with an estimated death count of 450,000 for that year alone. Cannabis continues to be the world’s most commonly used drug with a total consumer base of approximately 192 million in 2016, followed by opioids and amphetamines with around 34 million users. Of the aforementioned 450,000 deaths, over 167,740 of them are directly associated to an overdose, encompassing more than ⅓ of such occurrences. The global community agrees that the substance abuse epidemic is a pressing matter, but there remains dissention regarding how this should be addressed.

II. Overview of Current Drug Markets

A. Opioids
Opioids are a class of plant based drugs, directly harvested from the opium poppy plant, or *papaver somniferum*. Opioids are often used as pain medications because of their high concentration of chemicals that relax the body and thus relieve discomfort. Prescription opioids are used mostly to treat moderate to severe pain symptoms. The troubling nature of Opioids is the fact that the total global opium production saw a categorical increase of 65% from 2016 to 2017, and reached around 10,500 tons of opium. The number is the highest estimate recorded by UNODC since it started monitoring global opium production in the early 2000’s. While the UNODC acknowledges it is near impossible to identify a sole root cause for the exponential increase in opium, they found that the total area for poppy plant cultivation increased internationally by close to 1,037,842.6 acres. (For reference, this acreage is around the total area covered by the Grand Canyon National Park). On a similar note, Afghanistan accounted for more than ¾ of the estimated global area under illicit opium poppy cultivation in 2017, a troublesome reality that has reached record level. Because of the replenished supply of poppy plants in the last year, opium prices fell in Afghanistan by 47%, from December 2016 to December 2017. The positive increase in supply, compared to a relatively unchanging demand for the product, led to opioids becoming much more prevalent at a lower cost, and becoming available to a larger consumer base. Opioids are highly addictive and are responsible for the majority of drug related deaths in the world. Because doctors today are acutely aware of opioid risks, dosage increases and prescription renewals are highly difficult to obtain. Historically, there have been numerous concerns on how the addictive properties of opioids have apparently contributed to the blatant undertreatment of disorders that are largely considered to be appropriate for opioid therapy, including cancer pain, pain at the end-of-life, and acute pain. Thus, opioid users who believe they need an increased supply turn to illegally obtained alternatives. An array of treatments for

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5. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2771159/
addiction have developed, but nevertheless, healthcare provider education on Naloxone opioid therapy and management are dramatically underutilised and often compromised by industry bias.

B. Cannabis

Cannabis comes from the plant *cannabis sativa*. The drug was the most commonly used drug in 2017, with 6.5% of adults aged 16 to 59 having used it in the last year (around 2.1 million people). One of its most attractive qualities is that it can be grown in almost any climate, and is increasingly cultivated by means of indoor hydroponic technology. The main ingredient in cannabis / marijuana is called delta-9 tetrahydrocannabinol, also known as THC. The recent legalizations of recreational marijuana across some parts of the globe have skewed data sets that were originally used to determine the rates at which marijuana was being consumed. For example, in Uruguay, it is now legal to purchase up to 480 grams per person of cannabis every year through several outlets, such as pharmacies, cannabis clubs or individual cultivation. The UNODC has stated that, for the time being, it may be unrealistic to make an assertion that supports or denies the positive effects of the legalization of marijuana on public health. In regards to geographic distribution, the largest quantity of cannabis herb seized in 2016 was reported in the Americas. North America accounted for 39% of the global total, and South & Central America with 23%. The next largest seizure amounts reported for regions was Africa (17%), Asia (14%), Europe (6%) and Oceania (0.2%), once again recognizing that the increase in percentages of usage may be due to states now permitting dispensing of marijuana for medicinal and recreational cannabis. The U.S. Food and Drug Administration is one of many international organizations yet to approve "medical marijuana." Marijuana impairs short-term memory and judgment and distorts

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6 https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio
7 https://www.drugwise.org.uk/which-drugs-are-used-most/
8 http://learnaboutmarijuanawa.org/factsheets/whatiscannabis.htm
perception, therefore, it can impair performance in school or at work and make it dangerous to drive. It also affects brain systems that are still maturing through young adulthood, so regular use by teens may have negative and long-lasting effects on their cognitive development, putting them at a competitive disadvantage and possibly interfering with their well-being in other ways. Furthermore, contrary to popular belief, marijuana can be addictive, and its use during adolescence may catalyze other forms of usage problems or make addiction more likely.⁹

C. Nicotine

*Nicotina Tabacum*, the active ingredient in the Tobacco leaf, is popularly considered the least harmful of the psychoactives, with its sale and possession legalized in most countries, though highly regulated. Besides popular belief, Tobacco use is the leading preventable cause of mortality in the world with more than 480,000 deaths occurring annually (including deaths from secondhand smoke) in the United States alone. Its detrimental health effects do not derive directly from the substance, but from related diseases, including cancer, respiratory issues, and vascular disease. As well, differential rates of smoking and use of other tobacco products is a significant contributor to health disparities among some of the most vulnerable people in our society. The past years have seen a substantial increase in teenage nicotine addiction due to the emergence of Electronic Nicotine product brands such as *Juul* and *Mylé*.¹⁰ E-cigarettes resemble pens or flash drives, are extremely easy to conceal, and have around twenty cigarettes worth of nicotine in each pod. Furthermore, its sales and advertisements are not as highly regulated as those for regular cigarettes and have caused underage usage to be dangerously common. Nicotine is in fact as addictive as cocaine and tolerance increases with the amount consumed, hence people require higher doses to enjoy the same initial effects. One of the benefits of e-cigarettes, according to the

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⁹ [https://www.drugabuse.gov/publications/research-reports/marijuana/letter-director](https://www.drugabuse.gov/publications/research-reports/marijuana/letter-director)

industry, is that the devices can help people quit their use of tobacco products, yet with one in every 10 girls and every 5 boys aged 13-15 years using tobacco\textsuperscript{11} or engaging in some kind of nicotine vaping, the lack of effective legislation and control over electric nicotine products is undoubtedly inspiring a new generation of addicts.

\textbf{D. Heroin}

Heroin is an opioid drug made from morphine, a natural substance taken from the seed pod of the various opium poppy plants grown in Southeast and Southwest Asia, Mexico, and Colombia. Although heroin use in the general population is rather low, the numbers of people starting to use heroin have been steadily rising since 2007.\textsuperscript{12} The Centers for Disease Control and Prevention counted 10,574 heroin overdose deaths in 2014, which represents more than a fivefold increase of the heroin death rate from 2002 to 2014.\textsuperscript{13} The rise of heroin addiction is directly intertwined with the ineffectiveness of opioid prescriptions. The underprescription and lack of effective regulation of pharmaceuticals ignite a shift from misuse of prescription pain relievers to heroin as a readily available, cheaper alternative. Another area of concern is the rapid increase of disease with the increase of heroin addiction. Heroin use increases the risk of being exposed to HIV, viral hepatitis, and other infectious agents through contact with infected blood or body fluids that result from the sharing of syringes and injection paraphernalia that have been used by infected individuals. Injection drug users are by far the highest-risk group for acquiring hepatitis C (HVC) infection. Of all the new hepatitis C patients in 2010, 53\% were injection heroin users.

\textbf{E. Cocaine}

The prevalence of cocaine is, of course, as a street drug, where it appears as white and crystalline powder. Recreational cocaine use today is on an exponential rise after a period of relative progress. Today, cocaine is a Schedule II drug that is characterized as having a high potential abuse threshold but, in limited cases, can be prescribed for legitimate medical uses, such as local anesthesia for some eye, ear, and throat surgeries.\textsuperscript{14} Recent upward trends in cultivation have largely been driven by changes in coca cultivation in Colombia, where the

\textsuperscript{12} https://www.drugabuse.gov/publications/research-reports/heroin/overview
\textsuperscript{13} https://medlineplus.gov/heroin.html
\textsuperscript{14} https://www.drugabuse.gov/publications/research-reports/cocaine/what-cocaine
cultivation area decreased by 70% over the period 2000–2013 only to then triple in size from 2013 to 2016. With 360,773.9 acres under coca cultivation in 2016, Colombia accounts for over 68% of the planet’s production capacity. According to the National Survey on Drug Use and Health (NSDUH), cocaine use has remained relatively stable since 2009. In 2014, there were an estimated 1.5 million current (past-month) cocaine users aged 12 or older (0.6 percent of the population). Adults aged 18 to 25 years have a higher rate of current cocaine use than any other age group, with 1.4 percent of young adults reporting past-month cocaine use.15

III. Prevention

Drug abuse behavior is considered an outcome of genetic and biochemical characteristics, learning experiences, psychosocial antecedents, and the cultural context in which it unfolds.16 The complexity of this phenomenon has caused researchers of all realms to investigate the various precedents for its mass proliferation. Since there is no single or generic set of variables that explain individual substance misuse, disagreement and ineffectiveness of methods to approach these are largely accountable for the mass psychoactive crisis of our time. According to the Advisory Council for Misuse of Drugs, societies deprived of basic needs and disarrayed communities have a higher probability for drug misuse casualties. Around 20% of people on welfare in America reported the use of some kind of illicit drug, essentially implying that a civilian with an annual salary of less than $20,000 is about one-third less likely to recover from a cocaine addiction than someone with a salary over $70,000.17 These statistics elucidate the retreatist theory of addiction, its implications, and the effects societal precedents have on abuse frequency. The retreatist theory establishes drug addiction as an outcome of the relinquishment by certain individuals of socially-acceptable goals such as low employment opportunities, weak social bonds, psychological discomfort, and lack of community resources.18 Thus, the social and

17 https://www.dualdiagnosis.org/drug-addiction/economic-status/
18 http://devianceanddruguse.blogspot.com
psychological soil of poverty favours destructive drug use and detriments how one assesses the balance between short-term rewards and longer-term harm.

Considering the failure of conventional culture to halt drug abuse, an array of preventative education campaigns have developed in the past decade with varying efficacies. In 1982, Nancy Reagan launched the massive Just Say No campaign in unison with the American War on Drugs. The initiative centered around promoting inflexibility, intolerance, deterrence, and criminal stigmatization of psychoactive disorders and has been widely criticized for its lack of acknowledgement to the complexity of addiction. Critics argue that limiting education to “just saying no” obscures the necessity for interpersonal skills, the overall psychological and biological constituents of the issue, and the underlying factors, thus promoting a dangerous narrative towards our youth. The campaign is considered to have been highly ineffective, since nearly half a million people are in the penal system due to drug offenses post-Reagan era and it suffered racially and economically disproportional targets. Yet, besides the debated effects of the campaign, it undeniably raised notable awareness and pioneered the creation of new education based programs, since the proportion of North Americans that saw drugs as the World’s most plaguing issue jumping to 64% in 1989 after Reagan.

According to the National Institute on Drug Abuse, prevention programs should be research based, enhance protective factors and reverse or reduce risk factors, as well as be targeted towards specific sects of the community, specifically, those at higher risks, such as Britain’s Lifebuoy Help a Child Reach 5 campaign did in the 1900’s. Yet besides the effectiveness of education based attempts, the ramifications of television and media coverage are also pertinent in the dissipation of addiction. Even though nicotine and drug related advertisement are majorly banned or severely regulated around the world, comprehensive bans

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20 [https://www.history.com/topics/1980s/just-say-no](https://www.history.com/topics/1980s/just-say-no)
can make it impossible to effectively substitute other forms of advertising leading to actual falls in consumption. Top tobacco companies spent around 96 percent of their $8.49 billion cigarette marketing budget on point-of-sale marketing in 2018.\textsuperscript{22} As well, prescription drug direct-to-consumer advertisements are legal in the United States and New Zealand. The sleep aids, narcotics, and other effective drugs often prescribed and advertised on television are addictive and allow for big pharmaceutical companies to profit at the expense of the risk of the consumer.

Besides the major repercussions of advertisement, drug exposure is most substantial in today’s pop culture. Music, movies, television, and social media are all notorious for overselling the benefits of alcohol and drugs and failing to enhance the negative consequences that occur with usage, what provides a possible factor for why initiation of drug addiction occurs typically during late teenage years and early adulthood.\textsuperscript{23} Education, awareness, and minimization of exposure define the most generally accepted and utilized model to tackle the current epidemic. Yet, even though many advocate for educational prevention as the best strategy towards addiction, others argue that more drastic approaches need to be taken at the federal level.

\textbf{IV. Drug Liberalization}

The dominant approach towards the treatment of substance abuse is evidently treating addiction as a criminal threat rather than a public health issue. After the prominent rise of Opium popularity in the late 1960’s, the United States declared their notorious \textit{War on Drugs}, which focused mainly on pandemic criminalization and offensive approaches towards addiction. Besides their implementation of the federal Drug Enforcement Administration (DEA) and numerous attempts at interdiction, the demand for cocaine in the United States increased by as much as 700 percent in just six years from 1978 to 1984\textsuperscript{24}. Furthermore, the federal government has recently contributed more than 58 billion dollars annually\textsuperscript{25} to continue the promotion of Reagan and Nixon’s policies. However, in 2018, the United States is still one of many countries menaced by the most threatening Opioid and fentanyl crisis in history, with a drug crime

\begin{itemize}
\item \textsuperscript{22} \url{https://truthinitiative.org/news/what-do-tobacco-advertising-restrictions-look-today}
\item \textsuperscript{23} \url{https://www.un.org/youthenvoy/substance-abuse/}
\item \textsuperscript{24} \url{http://www.drugpolicy.org/issues/drug-war-statistics}
\item \textsuperscript{25} \url{https://www.unodc.org/wdr2018/}
\end{itemize}
incarceration rate for possession only of 85.4%. Others, such as the Philippines, Saudi Arabia, Malaysia, and Iran have followed along the American footsteps in taking even more drastic punitive measures towards substance abuse, characterized by large-scale extrajudicial violence, mass incarcerations, and the deaths of thousands of civilians.

The lack of substantial results in the reduction of substance abuse rates with criminal oriented policies has put into question prohibition’s iron law and catalyzed certain policymakers to seek more progressive approaches towards the issue. Richard Cowan’s iron law of prohibition argues that iatrogenic progression towards increasingly potent drugs will be curtailed only through evidence-based harm reduction and demand reduction policies that acknowledge the structural determinants of health. The phenomenon is largely supported by the occurrences of The Age of Alcohol Prohibition in the 1920’s, when attempts for the complete eradication of alcohol lead America to a massive shift towards black market production, supply, and distribution of more potent substances such as Spirits and Moonshines. To many, the current Opioid and substance abuse crisis mirrors the occurrences of the 1920’s: increased prohibition and criminalization will continue to effectuate increased intensity and consumption. Though more conservative countries regard legalization and decriminalization as extremely radical, more tolerant countries have reached considerable achievements in diminishing outbreaks with policies based on Cowan’s arguments. Fourteen years ago in Portugal, an estimated 3% of the population suffered from heroin addiction and their rate of HIV infection was the highest in the entire European Union. In response, Portugal imitated Uruguay by decriminalizing all drugs in 2001 and has managed to

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28 Iatrogenic: relating to illness caused by medical examination or treatment
cut addiction rates in half, currently possessing 3 drug overdose deaths for every 1,000,000 citizens, while the EU’s average is a considerably high 17.3 deaths. 

Advocates for decriminalization state that by handing cases of substance abuse and addiction to counselors, psychologists and social workers instead of police and prison wardens, the rebellious notion of drug use changes to regarding it as a disease, consequently allowing civilians to get help from the state without entering the penal system.

Besides Portugal’s admirable recovery and successes with gradual decriminalization and legalization in the Netherlands, the recurring argument is that decriminalization would incentivise individuals with a biological predisposition towards addiction to experiment with drugs more, since they will not fear legal prosecution. As well, such advocates decree that these radical changes in policy would ignite a federal lack of resources to handle the influx of new addicts and send a confusing message of partial endorsement for the impressionable youth. Considering the social, economic, and cultural repercussions that drug policies pose, disagreements on how to approach the current global addiction crisis will continue to intensify.

V. Timeline of Global Approaches

<table>
<thead>
<tr>
<th>Key Events</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Pharmacy Act</td>
<td>Controls the purchase of arsenic, cyanide</td>
</tr>
<tr>
<td>1868 United Kingdom</td>
<td>opium, and prussic acid.</td>
</tr>
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| **Pure Food and Drug Act**  
1906 United States of America | Prevents the manufacture, sale, or transportation of adulterated, misbranded or poisonous foods, drugs, medicines, and liquors through federal regulation by the FDA. |
|---|---|
| **The Opium Exclusion Act**  
1909 United States of America | First federal drug prohibition law in the US. Decrees importation of opioids illegal. |
| **The International Opium Convention**  
1912 The Hague | First international drug control treaty which legalized unauthorized usage of opioids. |
| **The 1932 Convention**  
1932 Geneva, Switzerland | Further defines and amends the international policies and terms agreed upon in the 1912 convention. |
| **The Paris Protocol**  
1948 | Prohibits manufacture of drugs chemically similar to illegal psychoactives. |
| **USA declares War on Drugs**  
June 18, 1971 | Declares drugs a public enemy and increases focus on criminal punishment over treatment for addiction. |
| **Uruguay becomes first country to decriminalize all drugs**  
1974 Uruguay | Diminishes criminal penalties for minimum quantities of illicit substances intended solely for personal use. Manufacture and sale remain illegal. |
| **“Just Say No” movement**  
1984 | Advertising campaign that formed part of the U.S. "War on Drugs" to discourage children from engaging in illegal recreational drug use by proposing different ways of “saying no.” |
| **United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances**  
1988 | Establishes international control measures to ensure that psychoactive substances are available for medical and scientific purposes, while preventing them from being diverted into illegal channels. |
<table>
<thead>
<tr>
<th>Event Description</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td><strong>The European Monitoring Centre for Drugs and Drug Addiction</strong>&lt;br&gt;1993 The European Union</td>
<td>Provides the EU and its Member States with a factual overview of European drug problems and a solid evidence base to offer policymakers the data for informed drug laws and strategies.</td>
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<tr>
<td><strong>The Dutch Opium Act</strong>&lt;br&gt;1996 The Netherlands</td>
<td>Distinguishes Type I from Type II drugs and opts against prosecution of cannabis and hashish dealers, under certain conditions. Implements and regulates “coffee shops.”</td>
</tr>
<tr>
<td><strong>Establishment of the UNODC and the first World Drug Report</strong>&lt;br&gt;1997</td>
<td>Annual publication that analyzes market trends, compiling detailed statistics on drug markets to help solve issues needing intervention by government agencies around the world.</td>
</tr>
<tr>
<td><strong>United Nations GA Special Session on Drugs</strong>&lt;br&gt;June 8 to 10, 1998</td>
<td>Proposes and implements a new 10 year global approach to control the drug epidemic.</td>
</tr>
<tr>
<td><strong>Portugal decriminalized use of drugs</strong>&lt;br&gt;July 2001</td>
<td>Submits those caught with illicit substances to civil fines rather than the penal system.</td>
</tr>
<tr>
<td><strong>Mexico declares War on Drugs</strong>&lt;br&gt;December 11, 2006</td>
<td>Opt against drug-related violence, drug production, and trafficking that had expanded at an accelerated rate since the 1980s. Emphasizes criminal intervention and mass incarcerations of major cartel leaders, abusers, and distributors.</td>
</tr>
<tr>
<td><strong>Russia appeals to UN security council</strong>&lt;br&gt;2012</td>
<td>Suggests to the UN Security Council to treat drugs as a threat to international security.</td>
</tr>
<tr>
<td><strong>Philippines declares war on Drugs</strong>&lt;br&gt;July 1, 2016</td>
<td>Aims at &quot;the neutralization of illegal drug personalities nationwide.&quot; Urges members of the public to kill suspected criminals and drug addicts.</td>
</tr>
<tr>
<td>FDA threatens to ban Juul and other flavored E-cigarettes</td>
<td>Adresses teen nicotine epidemic by sending 1,100 warnings to retailers, including 7-Eleven and Walgreens stores, along with 131 fines for selling e-cigarettes to minors.</td>
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<tr>
<td>--------------------------------------------------------</td>
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</tr>
<tr>
<td>Canada passes the Cannabis Act</td>
<td>Legalises the recreational use and government regulated sales and taxation of marijuana. First North American country to do this nationwide.</td>
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### VI. Key terms

1. **Psychoactive substance misuse**: Defined by the World Health Organization as the maladaptive pattern of use of a substance despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by the use. The use of the substance is for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications.

2. **Psychoactives**: Chemical substance that changes brain function and results in alterations in perception, mood, consciousness, cognition, or behavior.

3. **Decriminalization**: Loosening of criminal penalties imposed for personal drug use while the manufacturing and sale of the substance remain illegal. The production and sale of the drug at hand remain unregulated by the state. This does not mean freedom to intake such drugs; those caught using the substance face civil fines, such as rehabilitiation and community service instead of criminal charges.

4. **Legalization**: The lifting or abolishment of laws banning the possession and personal use of a substance. In contrast to decriminalization, legalization allows the government to regulate and tax the use and sales of the substance.

5. **Iron law of prohibition**: Richard Cowen’s theory that decrees that the implementation of substantial barriers and costs to the illicit drug supply chain creates direct pressure to minimise volume while maximising profit and potency.
6. **Deprivation**: Damaging lack of material benefits considered to be basic necessities in a society.

**VII. Guide Questions**

1. To what extent has the current substance abuse epidemic affected your delegation and what past measures have you employed to assuage its effects? How effective have these measures proven to be? What improvements or new methods can you implement?

2. **What is your delegations’ legal definition of “drug”**? How tolerant are your delegation’s current policies towards illicit drugs? Should addiction and possession be regarded and addressed as a criminal threat or a public health issue?

3. How can the increase in land used to cultivate plant based substances be mitigated, appropriated and/or controlled to reduce the expansion of illicit drug production?

4. What innovative ways can your delegation provide to address newer methods of drug selling and distribution?

5. Emphasizing the economic, medical and social impacts of substance abuse, what are some possible treatment and prevention methods that your delegation can introduce to the international community?

6. What role does the Pharmaceutical industry play in the proliferation of substance abuse? What role should they play? Taking this into consideration, what effective reform, regulations or legislation should be taken to control pharmaceutical prescription substance abuse and its repercussions?

**VIII. Useful Resources**

IX. Message from the Dais

Hello delegates! Thank you for your interest in this multifaceted and riveting committee. We hope this guide will provide a broader exposition on the various aspects of substance abuse and previous international approaches at mitigating this crisis. We have included a timeline and additional resources you may refer to for supplementary information, yet we greatly encourage you to perform your own thorough research and present new aspects, topics, and perspectives we may have not discussed. Use the questions as a guide for the drafting of your position papers, yet do not hesitate on going beyond the established parameters. As well, stay tuned to the news! Since this is a recent issue, events occurring until the start of committee may be referred to in position papers, speeches, and plans. We will be very vigilant of policies and the viability of your solutions, so make sure to come well prepared.

Position papers are due Tuesday November 6, 2018 at 11:59pm and must be sent to the committee email. Taking into consideration the large size of the committee, the dais will not favor any extensions, so please try your best to prepare on time. The document should be two pages long (Pictures and references may be included on a separate page disregarding the established limit), have 1.5 spacing, Times New Roman, size 12 font, and normal one inch margins. As well, they must be sent as a PDF or Word Document; Google Docs will NOT be accepted. Pictures and graphs must be kept to a minimum size and should not coincide with your writing. Please be very mindful of the guidelines and the due date, since late points and format
points will be deducted regardless of content. If you have any questions at all, please feel free to email us. We are extremely excited for committee and cannot wait to hear your innovative solutions and debate!

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