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# *LMUN 2026*

A Background Guide for:  
**United Nations Office of Drug and Crime**



# **LMUN 2026**

**UNODC - Marijuana: Public Health vs Organized Crime**

**Chair: Emma Holman**

**Co-chair: Paulina Castro**



## **Letters from the Chairs**

My name is Emma Holman. I am 17 years old and a junior student at Lincoln School. I will be chairing the United Nations Office on Drugs and Crime committee for the 2026 Lincoln School MUN. I have extensive experience in MUNs, given that I have gone to several conferences, both nationally and globally. I hope you find excitement in strong debate and conversation about current global issues. I am looking forward to hearing all the different perspectives on such an important global topic.

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Hi! My name is Paulina Castro. I am currently in tenth grade at Lincoln School. I am 16 years old. I have been going to MUNs since I was in sixth grade. I have even been part of a couple of international conferences. I started as a page until now, and I will be your co-chair for the United Nations Office on Drugs and Crime committee for the 2026 Lincoln School Model United Nations. I am thrilled to be co-chair of a committee that will talk about such an important topic, and I hope you all come with the same excitement I have. If you have any questions, please don't hesitate to ask. I will be more than happy to help with anything you need.

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Tentatively, your chairs



## **Topic Introduction**

The debate over marijuana is mainly focused on the intersection between protecting health and fighting organized crime. On one hand, there is the incredibly wide use and spread of marijuana whether it is used medically, recreationally, or in an illegal way, it can have a great amount of effects on a person's health, including their mental health. On the other hand, making this drug illegal or implementing policies that limit it greatly usually causes the majority of the market to fall into the hands of criminal networks. These groups usually benefit from different parts of the process of marijuana such as cultivation and distribution. The causes and effects are complicated to look at. The effects on mental health and other health areas could lead to harsh policies and could generate crime greatly, but could also lower mental health problems. While legalizing it could reduce a large part of crime, it could also make it a lot easier for individuals to get addicted and end up in a very bad place. It is important to look at both sides of what could happen in both scenarios during the debate, as there are a lot of variables that will affect the final decision.

Historically marijuana has been controlled under different international treaties that have limited its use in medicine and science. But in the past few decades, there have been many countries that have questioned this approach and have wanted to legalize this drug or remove strict regulation. This was after the popular noticing that marijuana could offer some benefits to society and that keeping it illegal was an immense trigger for organized crime. Uruguay was the first country to establish a system that legalized marijuana; the goal was to eliminate drug trafficking and to support the health of people who had gotten addicted. This policy model has equal benefits and difficulties. Some concerning risks of this model include: kids being exposed to this drug from a younger age, risks to public health, and also the idea that criminal networks could find other products to continue their existing illegal business.

Marijuana regulations are substantially relevant on a global scale, considering the growing international movement to legalize and decriminalize the drug. This current trend in many countries poses an interesting legal landscape challenge for international drug control frameworks, especially for the United Nations Conventions that consider marijuana a controlled substance. The gap between the legalization and the criminalization of marijuana keeps growing, creating complicated disparities that can lead to more trafficking of the drug, and in consequence, weaken international cooperation. These growing inconsistencies can delay public



health responses and benefits. This will complicate law enforcement efforts and create international legal grey areas that can be exploited and manipulated by criminal groups. International legal frameworks need to be reassessed to properly balance the global disparities with the issue of allowing the drug to have public health benefits, but also be realistic with the criminal issue that inevitably surrounds marijuana.

The global assessment of this issue allows delegates to consider various key questions. How can nations adapt to a controlled legalization of the drug while respecting existing international drug control treaties? What would be the implications for countries that decide to criminalize marijuana while others legalize it? How can member states support balancing public health benefits with social concerns towards the legalization of the substance? Should recreational and medical marijuana be assessed separately under international law? What scientific evidence supports or contradicts the health benefits that come from the consumption of marijuana? These questions will support delegates on a path to global cooperation and understanding about marijuana.

### **Key Terms**

- **Dispensary:** a facility that prepares and sells medical marijuana (Oxford Languages “Dispensary”).
- **Tetrahydrocannabinol (THC):** a crystalline compound that is the main active ingredient of cannabis (Oxford Languages, “Tetrahydrocannabinol”).
- **Cannabidiol (CBD):** a compound found in the cannabis plant, used medicinally for pain relief and as a dietary supplement (Oxford Languages, “Cannabidiol”)
- **Criminalization:** The action of turning an activity into a criminal offense by making it illegal. (Oxford Languages, “Criminalization”)
- **Addiction:** the fact or condition of being addicted to a particular substance, thing, or activity. (Oxford Languages, “Addiction”)
- **International Drug Control Treaties:** Agreements between countries that set global rules for controlling the production, trade, and use of drugs, while allowing some medical and scientific uses. (The International Drug Control Convention, UNDOCS, <https://docs.un.org/en/st/CND/1> )



- **Cartels:** Powerful criminal organizations that control the production and illegal trade of drugs through violence and corruption. (Oxford Languages, “Cartels”)
- **Corruption:** The misuse of power by government officials or organizations for personal gain, often involving bribery or favoritism. (Oxford Languages, “Corruption”)
- **Money Laundering:** The process of hiding the illegal origin of money by moving it through banks or businesses to make it appear legal. (Oxford Languages, “Money Laundering”)
- **Epidemiology:** The study of how diseases and health problems spread in populations, used to understand patterns of drug use and addiction. (Oxford Languages, “Epidemiology”)
- **Toxicology:** The science that studies the harmful effects of substances, including drugs, on the human body and the environment.(Oxford Languages, “Toxicology”)
- **Mandate:** An official order or authority given to an organization or person to carry out specific actions or responsibilities. (Oxford Languages, “Mandate”)
- **Jurisdiction:** The legal power or authority a government or court has to make decisions and enforce laws in a certain area or over certain people. (Oxford Languages, “Jurisdiction”)

### **Historical Context**

Marijuana has been a used drug for centuries, but it didn’t begin to face regulation until the early 20th century. The 1925 International Opium Convention and the 1961 Single Convention on Narcotic Drugs put cannabis under strict regulation and unacceptable medical use, highlighting the international pressure to label it as dangerous. A key influencer in the global drug policy was the United States, being a huge promoter of prohibition on the drug. International frameworks shaped drug regulation policies across the American continent. These frameworks were extremely relevant in Latin America, where, in the future, it would be the capital of drug production and transportation.

In 1971, U.S. President Richard Nixon declared the “War on Drugs”, which escalated enormously under President Ronald Reagan's term during the 1980s. The strategies used to fight this “war” were targeted by focusing on the criminalization of the drug, zero tolerance, and strict, militarized enforcement. This went on to create a foreign policy export, which had a huge impact



on Latin America. Colombia became a battlefield due to the rise of cocaine cartels, huge cartels that also trafficked large amounts of marijuana. Mexico became a transit country for the drug to reach the United States, which increased anti-drug operations, which inevitably increased violence and political corruption in the country. The United States and Canada enforced strict laws to crack down on marijuana consumption and trafficking. These efforts by the U.S. and Canada created a link for marijuana to organized crime, although the most brutal acts of violence were usually linked to harder drugs, like heroin and cocaine.

The War on Drugs created high social costs: mass incarceration, human rights abuses, corruption, and an escalation of drug violence. By the 1990s-2010s, countries began to identify alternative approaches to the consumption of marijuana, with some even legalizing it. Canada began paving the way for broader reforms by legalizing marijuana in 2001. In 2009, Mexico began decriminalizing the possession of small quantities of drugs for personal use. In a 1994 Constitutional Court ruling, Colombia also allowed the personal possession of small amounts of marijuana. The first country in the world to legalize recreational cannabis completely was Uruguay in 2013. This was done under President José Mujica with intentions to benefit public health and reduce the public harm of the substance. This period marked the beginning of human rights and public health discussions regarding the criminalization of the drug. The main concern is that the criminalization of marijuana mostly harmed marginalized communities and did not effectively reduce drug abuse or trafficking.

A wave of marijuana policy reforms began with the recognition of the medical benefits of the drug and the failures of criminalization. Canada became the first G7 nation to completely legalize recreational cannabis in 2018. U.S. federal law classifies marijuana as a Schedule I drug, but over 20 states have been able to legalize its recreational use, and many others have legalized it for medical purposes. Its legalization in the United States was heavily led by racial justice concerns and the economic benefits it could have on the country. Argentina and Colombia began to expand public access to medical marijuana and began efforts to further decriminalize the drug. Other countries still heavily criminalize marijuana, but countries like Brazil still allow certain CBD medications. Violence related to narco-trafficking still negatively impacts several Latin American countries, like Mexico and Colombia. “Transit” countries are also impacted by the trafficking of drugs, raising questions about the complicated impacts that marijuana has on communities.



At the present day, America is found divided on the legal standards for marijuana. Public health advocates argue that harm reduction strategies are effective and necessary to safely adapt marijuana as a public health tool. Advocates for the criminalization of marijuana strongly warn the public about the drug's risks, focusing on the negative effects it can have on the youth and claiming legal frameworks need to comply with their international legal obligations under the UN drug conventions. The UNODC's role with these complicated divisions is to relieve the tension between nations and promote evidence-based drug policies, while still allowing countries to have national sovereignty.

### **Committee Background**

The United Nations Office on Drugs and Crime (UNODC) was established in 1997. It was created as a result of the merging of the United Nations Centre for International Crime Prevention and the United Nations International Drug Control Programme. This merger was done because they began to notice that the job of the two institutions would be better done together. The main role of the UNODC within the United Nations (UN) is to assist member states in the fight against illicit drugs, transnational organized crime, and terrorism. The UNODC has made many significant contributions by serving as the keeper of key international conventions, providing technical and legislative assistance to member states, and conducting crucial research to inform global policy on drugs, crime, corruption, and terrorism.

### **Current Situation**

The recent UNODC World Drug Report shows that global drug use is at a historic high, considering that about 292 million people use illicit drugs. Cannabis remains the most used drug worldwide, with about 228 million users. Taking this into account, it can be noticed that any change in cannabis policy would have a massive impact on both public health and organized crime.

Very recent research has focused specifically on health risks for young users of the drug. A large study published in late October found that teens who start using cannabis before age 15 but also use it frequently are significantly more likely to need medical attention for depression, anxiety, suicidal distress and respiratory problems in the future.



Meanwhile, the organized crime environment remains clear. On December 5th 2025, the US Drug Enforcement Administration (DEA) announced that 15 alleged members of a multi-state trafficking organization were heavily accused of conspiracy to distribute 1,000kg of marijuana and launder proceeds across multiple states. Authorities confiscated around 1,850 cannabis plants and about 207 pounds of marijuana, as well as other drugs. Nearly \$550,000 in cash and around 50 firearms.

Some key challenges that come up from these recent events include the following: protecting youth from early and heavy use while deciding how strictly to regulate adult access, also taking into account the amount of organized crime; a healthy system's capacity to respond to cannabis use disorder and mental health impacts; and, finally, cross-border crime as trafficking organizations operate across multiple countries with very different cannabis laws. These challenges, along with others, force countries to choose what they want to do and how they want to act in relation to this topic. Between a health-centered approach and a crime-centered approach, or maybe even a mix of both.

Many external factors may affect how different countries look at the situation. The impact COVID-19 left, as well as its ongoing economic instability, has left many communities with higher stress and fewer opportunities, both of which may end in the consumption or involvement in some kind of drug market. UNODC highlights that criminal groups target people in a state of crisis or in a vulnerable position.

Right now, UNODC provides global data and assists different countries in implementing drug control conventions; they also help strengthen criminal justice and border control responses to trafficking.

### **Bloc Formations**

- **Pro Legalization Bloc:** The Pro-legalization bloc in the Americas would be composed of countries that promote the decriminalization of cannabis and marijuana. These countries would support the regulation of global cannabis markets and the protection of the global public. This bloc, through harm reduction strategies and public health-focused approaches, would focus on reducing organized crime and illegal drug trafficking. This bloc would most likely be led by countries like Canada and Uruguay, which were first in



the legalization of the recreational and medical use of marijuana. Supporters of this bloc include the United States, Mexico, and Colombia, which have been progressing towards the decriminalization of marijuana. All solutions would ensure quality control, age restriction, and public awareness programs. Working together, this bloc would seek strong legal regulation to ensure the safe, free consumption of cannabis and marijuana.

- **Anti-Legalization Bloc:** Countries in the Americas that are against the legalization and decriminalization of the drug would be composed of nations that strongly prioritize public safety and treaty compliance. Nations joining this bloc are concerned that the legalization of marijuana will lead to and promote the growth of illicit markets. Another strong concern is that the consumption of marijuana and cannabis could grow among the young public. Countries believe that the rapid legalization of marijuana will overwhelm law enforcement and federal enforcement, which are not yet prepared to deal with market regulations. Countries that join this bloc maintain conservative drug policies and want to eradicate organized crime and its negative effects on citizens. Paraguay, for example, is a major cultivator that is motivated to crack down on the illegal distribution of the drug and plant. Together, all these countries would support an extremely cautious approach to the full legalization of marijuana.

Relevant information:

1. Canada: One of the first nations to legalize recreational cannabis and marijuana, additionally making it one of the first countries with experience regulating the cannabis market. Canada supports the full legalization of marijuana, but supported with strong and consistent regulation. Was motivated to legalize the drug and plant, mostly based on a public health model with strong quality control and age limits. Canada is most likely to support international cooperation to address security and safety standards.
2. United States: In the United States, some states have allowed the recreational use of marijuana, though it is classified as illegal at the federal level. Domestic support for the decriminalization of the drug has grown, but the federal law still views cannabis as a controlled substance. However, it does support the legalization in medical contexts and even in some recreational contexts. The United States may not be as flexible on existing UN drug treaties reforms due to drug trafficking and public safety concerns.



3. Paraguay: Paraguay is one of the largest producers and distributors of marijuana in the American continent, though said production and cultivation are illicit and not meant for local consumption. Is a strong opponent of legalization, especially for recreational purposes. Paraguay is focused on combating illegal cultivation to promote local security and control. Paraguay prioritizes complete eradication due to great concerns for its public protection and safety.
4. Uruguay: First nation in the world to legalize recreational marijuana in 2013. Uruguay is a strong advocate for national sovereignty and autonomy when it comes to marijuana related laws and regulations. Supports the use of state-controlled production and distribution to promote control and security by reducing the growth of illicit markets and organized crime. Uruguay highlights that some UN drug policies are outdated. Uruguay is a strong and present advocate for human rights issues rooted in the distribution and consumption of marijuana.
5. Mexico: Mexico has been progressing with its marijuana and cannabis frameworks. Recently, the Supreme Court has ruled that the total prohibition of marijuana is unconstitutional. Since then, Mexico has been supportive of the legalization and decriminalization of the drug, though reforms have yet to evolve. Said reforms to decriminalize the drug are motivated by security concerns relating to high levels of organized crime. Mexico pushes for more flexible UN reforms concerning the drug and plant.

### **Possible Solutions**

1. **International Dialogue on Compliance:** The UNODC and the INCB should collaborate annually to hold an international convention. The convention should include member states that have introduced the legalization of marijuana to clarify their strategies for international compliance. Previously mentioned member states should also report on the impacts their communities have seen when interacting with legal regulations towards the drug. The profound dialogue on the effects of cannabis legalization creates the opportunity to address the legal tensions created by legalizing marijuana without any punitive or immediate measures. Member states are allowed to learn from one another



and create stronger legal frameworks. This global discussion and collaboration between pro-legalization states promotes transparency and removes isolation.

2. **Harm Reduction Policies:** Member states of the committee could emphasize the need for global harm reduction policies that protect civilians from problems rooted in the distribution and consumption of cannabis and marijuana. Countries can advocate for the need for social awareness programs that address the health issues deriving from consumption, addiction, and dependence on the drug. The support for rehabilitation programs should be strong to permit negatively affected civilians to rejoin society. Public health should be central when implementing legal cannabis policies.
3. **Global Research and Data:** Delegates may promote the global collection and analysis of data. Both positive and negative results found in independent national research should be shared on a global scale. This allows for all countries to progress on their marijuana and cannabis policies based on strong and regional data. Supporting the use of scientific studies to address concerns over the drug also ensures that policy and regulatory decisions are grounded in real evidence and existing cases.

### **Questions a Resolution Must Answer**

1. What overall objective should the resolution establish for the UNODC's marijuana related work in relation to public health and organized crime?
2. What are the main dangers if in the five to ten years the UN and its member states do not set up any actions to combat marijuana?
3. In what way should the resolution modify or expand the current UN drug conversations and cannabis related UNODC rulings?
4. What particular actions should be taken to lessen the criminal influence over marijuana, trafficking and associated financial flows?
5. What specific public health initiatives should be taken in order to prevent and treat cannabis related harm?
6. How will the resolution guarantee implementation, oversight and protection from human rights to prevent corruption and violence?



## **Case Studies**

### **Case study 1: Parkinson's disease**

There have been several cases that have shown the benefits that cannabis can have on Parkinson's disease (PD) patients. Specifically, a Brazilian study followed a 77-year-old man who had late-stage Parkinson's disease. The study showed how the patient's symptoms and affected motor skills were improved after using cannabis oil. The patient consumed five drops of cannabis oil twice daily for a period of three months. Within one week, researchers claimed the patient began seeing and feeling the benefits of cannabis oil consumption. The continued improvement of the patient's symptoms resulted in a positive reduction of his usage of prescribed drugs. The case reported a specific improvement in his motor and non-motor body functions. The advanced PD patients' health improved overall following the administration of full-spectrum rich cannabis oil, which contained all compounds of the cannabis plant and trace amounts of THC. Furthermore, PD patients worldwide have begun recognizing the benefits that cannabis products can have on their overall physical well-being. The significant recovery documented in the 77-year-old Brazilian man and several other similar cases worldwide gives significant insight into the medical benefits that come from the consumption of cannabis products.

### **Case study 2: chemotherapy-induced nausea**

Cannabis based medications are extremely effective in supporting a cancer patient going through chemotherapy. Specifically, the use of cannabis based medicine, such as Dronabinol and Cesamet, effectively fight chemotherapy induced vomit and nausea (CINV) in cancer patients. Said medications are given when cancer patients' CINV symptoms are not responsive to conventional antiemetics. These medications imitate THC, which activates the brain receptors to suppress nausea symptoms and vomit reflexes.

### **Case study 3: Morocco**

For many, many years, Morocco has been one of the worlds larger producers of cannabis resin, they supply Europe as well as parts of Africa through small smuggling routes, which are dominated by organized crime networks. UN and Moroccan surveys in the 2000s showed very large cultivation areas in the Rif region, where cannabis became a very important source of income for traffickers. To reduce criminal control and bring the sector into the formal economy,



Morocco legalized cannabis for medical and industrial use in 2021-2022 and created a regulator. By 2025, about 5,000 farms had joined the legal scheme, and licensed production reached about 4,200 tonnes of cannabis for legal and medical industrial products. Nonetheless, the illegal market still dominates. The International Ministry reported that there are still about 27,100 hectares of illegal cannabis fields versus 5,800 hectares licensed legally. Farmers and analysts say profits are still much higher in the black market. Complex licensing, limited processing capacity, and the ban on recreational use all keep many growers tied to criminal buyers.

#### **Case study 4: Netherlands**

Since the 1970s, the Netherlands has tolerated retail cannabis sales in licensed "coffee shops" that can sell small amounts to adults under very strict conditions. However, large-scale cultivation and wholesale supply have always remained illegal, which forces coffee shops to buy products from an unregulated "backdoor" market often linked to criminal networks, money laundering, and violence. A study made by Trimbos Institute in 2024 that tested cannabis from different coffee shops reported finding heavy metals and harmful bacteria in a significant amount of samples. This shows that relying on an illegal supplier affects the safety of the product, enhances organized crime, and also affects public health. In response to all of this, the Dutch government launched the Controlled Cannabis Supply Chain Experiment. On April 7th, 2025, the experimental phase began in about 10 municipalities, and 80 coffee shops are now allowed to sell cannabis only from up to ten licensed, quality-controlled growers, while authorities closely monitor impacts on crime and health over the next couple of years.

#### **Topics to Discuss**

1. **Economic growth:** Delegates can discuss the positive or negative implications that can come with state or independently controlled legal marijuana and cannabis production. Legalization of the drug can create new tax revenue for producer countries and create a locally controlled market. Local farmers in rural areas could benefit from the legal cultivation of a new plant, promoting employment and development opportunities. Existing illegal cultivations could be supported by governments to move into sustainable



and legal farming of marijuana and cannabis. Once marginalized communities could flourish economically.

2. **Varied Regulatory Models:** Member states have vastly different regulatory models. Delegates should discuss each model to reach new perspectives and create international treaties that align with most nations' frameworks. The variety of regulation models allows the flexibility of examples of countries that have attempted the eradication of illicit markets through vastly different approaches. Comparing all frameworks allows delegates to discuss and evaluate tax systems, quality control procedures, and public health protection.
3. **Reforming the Existing International Framework:** The United Nations Office on Drugs and Crime operates under the 1961 Single Convention on Narcotic Drugs, a convention that prohibits the use of cannabis if it is not for medical reasons. In theory, all member countries who have allowed the legalization of recreational marijuana are in “violation” of international law. Some could argue that there is an international need to reform the existing convention. Others may argue that said reform could open the door to other much more problematic drugs being legalized.
4. **Public Health Benefits:** When contemplating the benefits of legalization or normalization of cannabis use, it is inevitable to consider how it can benefit societies overall wellbeing. Populations that struggle with CINV, chronic pain, epilepsy, muscle spasms and many other health issues could be massively supported by implementing the use of cannabis paired with regular medications.
5. **Potency and Access:** A key point to mention in the debate is the specific regulations that marijuana faces based on the potency of each individual “product” being distributed or sold. It should be explored what potency levels are too dangerous or harmful, and what potency levels are actually safe to use or to release into the public's demand. It is necessary that countries prioritize harm reduction policies when legalizing the drug.



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