# UNODC

United Nations
Office on Drugs and
Crime





**Committee:** United Nations Office on Drugs and Crime (UNODC)

**Topic:** Addressing Infants Born with Neonatal Abstinence Syndrome (NAS)

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Hello delegates! Welcome to the SPIS Model of the United Nations. We are entirely happy for you to go through this amazing experience. We hope you have fun while learning and working to solve real-world problems through debate skills.

We are eager to see how you all have fun debating this topic in this assembly.

If you have any questions, feel free to contact us at: <a href="mailto:spismunpaseo@sanpatricio.edu.mx">spismunpaseo@sanpatricio.edu.mx</a>

Sincerely, Diego Palomo.

### I. COMMITTEE BACKGROUND

The United Nations Office on Drugs and Crime (UNODC) is a global leader in the fight against lawless medicines and transnational crime, as well as being charged with enforcing the United Nations' flagship counter-terrorism program. UNODC was established in 1997 and is made up of around 500 staff worldwide. It's headquartered in Vienna and operates 20 field services, as well as liaison services in New York and Brussels. UNODC's work is to educate people around the world about the troubles of medicine abuse and to strengthen transnational interventions against the production and trafficking of lawless medicines and medicine-related crime.



To achieve these objectives, UNODC has launched a series of enterprises, including druthers to lawless medicine civilization, monitoring of lawless crops, and the perpetuation of anti-money laundering systems. UNODC also contributes to perfecting crime forestallment and assists in felonious justice reform to strengthen the rule

of law, promote stable and feasible felonious justice systems, and combat the growing pitfalls of transnational systematized crime and corruption. In 2002, the General Assembly approved an expanded program of conditioning for the Terrorism Prevention Branch of UNODC. Conditioning concentrates on furnishing backing to states that request it for the ratification and operation of the 18 universal legal instruments against terrorism.

## II. HISTORY OF THE TOPIC

An enormous amount of families have been suffering through a horrible situation in their lives, which is the Neonatal Abstinence Syndrome. This is a disease caused by active consumption from a woman who is pregnant. The drugs may vary, they include: alcohol, cocaine, amphetamines, barbiturates, opioids, and narcotics. This syndrome can cause many complications for the baby when born such as low birthweight, jaundice (when a baby's eyes and skin are yellow), Seizures, and even a sudden infant death syndrome (an unexplained death of a baby younger than 1 year old).

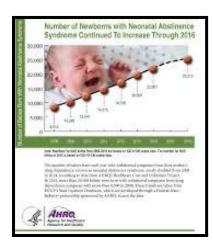


The first case of NAS (Neonatal Abstinence Syndrome) was reported in 1875 and was called Congenital Morphinism. In 2012 the syndrome had already reached a total of 30 per 1,000 hospital live births had been diagnosed

with the syndrome. This caused an increase in the amount of healthcare expenses annually. NAS has been a problem since their first diagnosis, and the number of babies born with this syndrome is rising rapidly. Reports say that it has been mostly caused by the misinformation about the medical condition and the unstopped consumption of drugs in the whole world. Each year the percentage of babies born with this condition has increased by 0.5 percent which on a big scale is a giant increase of it.

### **III. CURRENT ISSUES**

The United States of America has been recognized many times by its immense statistics about drug consumption, and this has dramatically affected the number of babies born with NAS. The mean of babies born with NAS between the years 1958 and 2019 in the USA has been proven to be about 833 per year. This quantity is extremely high, and the rise of this number has also drastically affected the economy of the country. According to a study, the number of hospital admissions involving Neonatal Abstinence Syndrome (NAS) in the United States increased more than fourfold between 2003 and 2012. In 2012, NAS cost nearly \$316 million in the United States. A more recent study found that the incidence of NAS is on a constant rise, with the number of cases rising from 21,732 in 2012 to 32,128 in 2016. The study also revealed that hospital charges for NAS have tripled over the last 7 years to \$2.5 billion in 2016.



Some other cases of NAS worldwide are:

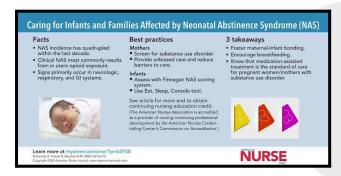
Since overpopulation has begun to be a crisis for India, so has the rate of babies born with NAS. The country's overpopulation has decreased the resources to treat this type of syndrome and has also caused the seeking of money through the sale of drugs, causing this symptom.

South Sudan has been facing a war for a couple of years. This has caused the economy of the country to decrease in a really short amount of time, and the economic decrease has also been a major factor in the increase in the commerce of drugs. This has also contributed to the urgency to use low-quality medical equipment.

It is important to note that NAS has a significant impact on the health and well-being of newborns and their families, and the economic burden is only one aspect of the problem. If you have any further questions, please let me know.

## IV. UN ACTIONS AND RESOLUTION

The UN Office on Drugs and Crime (UNODC) convened an online technical consultation with 43 physicians and academic experts from 14 countries and six specialized UN agencies to study the impact of prenatal exposure to synthetic drugs, particularly synthetic opioids, on infant children.



The consultation, held on February 1–3, 2022, focused on the health, social, educational, and legal challenges of infants born after neonatal exposure to synthetic opioids. Participants

recognized gaps in the guidelines available to health providers for addressing the needs of newborn abstinence syndrome infants and recommended multidisciplinary interventions to fill these gaps.

### V. ESSENTIAL QUESTIONS

- 1. What are the primary causes and risk factors associated with Neonatal Abstinence Syndrome (NAS)?
- 2. How can healthcare professionals effectively identify and diagnose NAS in newborns?
- 3. What are the immediate medical interventions required to address NAS in infants?
- 4. How can a multidisciplinary approach be implemented to support infants with NAS and their families?
- 5. What long-term developmental and health outcomes should be monitored in infants affected by NAS?
- 6. What educational and support programs can be established for parents/caregivers of infants with NAS?
- 7. How can community resources and public health initiatives contribute to preventing NAS?
- 8. What strategies can be employed to reduce stigma and promote understanding around NAS?
- 9. How does prenatal substance use contribute to the development of NAS, and what preventative measures can be implemented?
- 10. In what ways can policymakers and healthcare providers collaborate to improve the overall management of NAS cases?

### VI. CONCLUSION

The actions taken to address this crisis were able to reduce the problem just enough to prevent an even worse crisis. Still, this wasn't enough to stop it entirely, the crisis has been increasing exponentially. Families all over the world are suffering due to this situation, and people are urged for a cure or a way to avoid Neonatal Abstinence Syndrome. These kids are passing through a variety of different symptoms. They need attention and help to pass through this type of situation.

# VII. REFERENCES

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