**FORUM:** Commission on Crime Prevention and Criminal Justice

**QUESTION OF:** Fraudulent medicines

**SUBMITTED BY:** France

THE COMMISSION ON CRIME PREVENTION AND CRIMINAL JUSTICE,

*Noting* the disproportionate distribution of counterfeit medications between developed and developing nations, with a focus on the African and Asian continents, where at times up to 70% of medications have been reported as fake,

*Taking note* of the seventy-five billion dollar-per-year industry of counterfeit drugs, including the possibility of up to ten percent of medicines in circulation being fraudulent,

*Reaffirming* the Medicrime Convention, ratified by thirteen nations and signed by fifteen, which provides international legal doctrine as guidance for implementing laws on the State level,

*Observing* that the impact of lowered or less effective dosages creates antimicrobial and antiviral resistant bacteria, causing pandemics on an epic scale,

*Having examined* the most common drugs trafficked and found that HIV/AIDS medications, antibiotics, weight loss pills, and erectile dysfunction medication are the most common fraudulent medicines,

1. Expresses hope for the use of education to draw attention to fraudulent medicines in developed countries, with programs such as “Fight the Fakes”, created by the Federation of Pharmaceutical Manufacturers and Associations, and requests implementation in areas where malaria is widespread, such as the Democratic Republic of the Congo, Angola, and Côte d'Ivoire;
2. Supports the use of drug testing after their delivery by MiniLabs, created by the Global Pharma Health Fund to serve as a mobile laboratory, with the aim of assuring the quality of medicines by testing random shipments of pharmaceuticals with disintegration and chromatographic tests;
3. Draws the attention of portable vibrational spectroscopy to compare known chemical makeups with the components of an unknown substance, and thus dosages and ingredients can be verified by:
   1. using TruScan and microPHAZIR analyzers
   2. understanding that the cost averages roughly $70,000 per device and thus are generally far too expensive for the average medical clinic and thus:
      1. requests subsidies provided by the World Health Organization (WHO), United Nations Office on Drugs and Crime (UNODC), and various NGOs such as the Bill and Melinda Gates Foundation
      2. provides for a new UN Commission on Fraudulent Medicines which provides spectroscopy to individual countries;
4. Considers it desirable to identify safe medicines by securing the supply chain with automated track and trace systems consisting of a three-phase Discover, Develop, and Implement plan, with the specifics including:
   1. the Discovery phase, which:
      1. sets out a definite agreement between the pharmacy and the supplier for exact shipment arrival dates and locations
      2. gathers data from audit questionnaires about specific dosages and the number of medications required
   2. the Development phase, which:
      1. customizes the functionality of medications and test efficiency
      2. reviews quality control every two weeks in order to ensure that extra counterfeit measures do not need to be taken
   3. the Implement phase, which:
      1. trains manufacturing staff on how to properly log delivered shipments
      2. documents all deliveries and, more importantly, their sources;
5. Enhances and expands the Quality of Medicines Program (which currently works in Southeast Asia and the Horn of Africa), to sub-Saharan Africa and South America to create local preparedness plans for counterfeit medicines and address anti-microbic resistance;
6. Requests the international use of Sproxil labels, which scratch off and can be read with a smartphone to verify or deny the authenticity of specific medications, which has already been proven successful in Nigeria, India, and Kenya.