

VANCOUVER MODEL UNITED NATIONS

The 12th Annual Conference • February 1-3, 2013

BACKGROUND GUIDE

Social, Humanitarian, and Cultural Committee





VANCOUVER MODEL UNITED NATIONS

The 12th Annual Conference ♦ February 1-3, 2013

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Dear Delegates,

My name is Tascha and I am honoured to serve as the Director of the Social, Cultural and Humanitarian Affairs Committee at VMUN this year. I am a student at Prince of Wales Secondary School with a deep interest in social and humanitarian issues around the world. Hopefully, I can provide you with a fair bit of background on our topics, and I'll leave it up to you to decide how to change the world!

The topics that will be discussed at SOCHUM this year are both very controversial, requiring a fair bit of research, contemplation, and deliberation in order to properly address them. International drug control has risen as a prominent topic among regional, national, and international communities; and as the United Nations assigned this issue to SOCHUM, it is time to revisit this issue at this time of great importance. Billions of dollars are spent every year by nations around the world on drug control, but as the jails become filled and people's health remains at risk, it is evident that much more needs to be done, and drug control needs to be handled more effectively. Perhaps the international strategy needs to be revamped altogether – that is for you to decide.

Our second topic is on the rights of the Romani people. If you have never heard of them before, you already know why the topic is so pertinent – their problems are ignored. While many of them live in horrible conditions and face what many are not afraid to call 'persecution', they are predominantly neglected by the international community and little is done to improve their lives. Surviving a history of penury and severe discrimination that persists until this day, they truly deserve our full attention.

I, along with the rest of my dais, wish you all the best of luck in your preparations for this conference. If you ever need any help with research or have any questions, please do not hesitate for a single moment to contact me. I look forward to seeing you all at the conference!

Best regards,

Tascha Shahriari-Parsa
Director, Social, Cultural and Humanitarian Affairs Committee

Position Paper Policy

What is a Position Paper?

A *position paper* is a brief overview of a country's stance on the topics being discussed by a particular committee. Though there is no specific format the position paper must follow, it should include a description of your positions your country holds on the issues on the agenda, relevant actions that your country has taken, and potential solutions that your country would support.

At Vancouver Model United Nations, delegates should write a position paper for each of the committee's topics. Each position paper should not exceed one page, and should all be combined into a single document per delegate.

For the Social, Humanitarian, and Cultural Committee, position papers are *optional* but recommended.

Formatting

Position papers should:

- Include the name of the delegate, his/her country, and the committee
- Be in a standard font (e.g. Times New Roman) with a 12-point font size and 1-inch document margins
- Not include illustrations, diagrams, decorations, national symbols, watermarks, or page borders
- Include citations and a bibliography, in any format, giving due credit to the sources used in research (not included in the 1-page limit)

Due Dates and Submission Procedure

All position papers must be submitted by midnight on Friday, January 18, 2013, two weeks prior to the conference.

Once your position paper is complete, please save the file as your last name, your first name and send it as an attachment in an email, to your committee's email address, with the subject heading as your last name, your first name — Position Paper. Please do not add any other attachments to the email or write anything else in the body.

Both your position papers should be combined into a single PDF or Word document file; position papers submitted in another format will not be accepted.

Each position paper will be manually reviewed and considered for the Best Position Paper award.

The email address for this committee is sochum@vmun.com.

Topic A: International Drug Control

Overview

“The only difference between people and animals is that people do drugs.”

—Alfred Burger

Drugs: a word that we hear far too often. Certain drugs, such as a life-saving medicine or even the mild caffeine in a cup of coffee, can have beneficial effects, but there is, of course, a darker side to drugs as well — they can be detrimental to a person’s health, possibly even causing death. For this reason, governments around the world have banned many drugs which are harmful to human health; unfortunately, despite the illegality of these drugs, their use continues and drug-related deaths have risen.

In 2010, it was estimated that 5% of the world’s population used an illicit drug.¹ In Canada, about 22% of youth aged 15-24 use cannabis, and about 5% use other illegal drugs: cocaine/crack, speed, ecstasy, heroin, and/or hallucinogens.² Merely by use, illegal drugs kill about 200,000 people every year,³ not to mention the hundreds of thousands of deaths associated with drug violence. Aside from the deaths attributed to drug use and trafficking, the economic and social effects of drug trafficking and the immeasurable number of lives that are harmed indirectly by the drug trade are also cause for concern.

In light of the current proliferation of the drug trade and the failures of tactics used in the past, many people around the world are calling for reform in drug laws and asking policy makers to think and act differently. The answer isn’t certain – some believe in legalization, others believe in prevention, and many believe that the answer lies in evidence-based policies. No matter what the answer is though, it is obvious that intellectual discussions on drug policy must be held to reach a collective goal — to reduce the lives lost by drug overdose and health consequences, and to end the violence caused by the drug trade.

Timeline

5,000–3,400 BCE	Opium is most likely used for the first time, by the Sumerians in Mesopotamia.
4,000 BCE	The first clear evidence of the consumption of wine appears in Egyptian pictographs from this time.
2,000 BCE	The first act of drug prohibition is made as an Egyptian priest writes to his student: “I, thy superior, forbid thee to go to the taverns. Thou art degraded like beasts.”

¹http://www.unodc.org/documents/data-and-analysis/WDR2012/WDR_2012_web_small.pdf

²<http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/stat/index-eng.php>

³http://www.unodc.org/documents/data-and-analysis/WDR2012/WDR_2012_web_small.pdf

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1839	The First Opium War, fought between Great Britain and China, begins.
1909	The Opium Commission, the very first international conference on drugs, meets in Shanghai.
1912	The first international treaty is passed on drug control in The Hague.
1925	The Geneva Opium Conventions are established and add cannabis to the discussion.
1931	The Geneva Narcotics Manufacturing and Distribution Limitation Convention limits the production of illicit drugs and addresses their trade.
1936	The Geneva Trafficking Convention calls for legal punishments for drug traffickers.
1946	The United Nations is formed and the Commission on Narcotic Drugs is established.
1961	The Single Convention on Narcotic Drugs, perhaps the most important convention to date, is founded.
1971	The Convention on Psychotropic Substances address new synthetic drugs.
1988	The Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances addresses the issue of nations without proper legal systems in place to tackle drug trafficking.
1991	The United Nations International Drug Control Program (UNDCP) is established.
2002	The United Nations Office on Drugs and Crime (UNODC) forms in 2002, replacing UNDCP.
2012	The President of Guatemala calls for debate on drug legalization, provoking new discussions about drug policy around the world.

Historical Analysis

The prohibition of drugs began in the 19th and 20th centuries, mainly at first over opium, and then later on with other drugs such as cannabis, cocaine, LSD and MDMA.⁴ In the 19th century, opium use became very common, with few legal restraints. People were generally unaware of addiction and substance abuse despite how common they were; indeed, most users of opium during that time were white middle-class housewives and, ironically, people working in the medical profession.⁵

Two Opium Wars took place from 1839 to 1842 and from 1856 to 1860, fought between China and the British Empire over trade and diplomatic relations surrounding the drug. For decades leading up to the wars, opium had been traded from Britain to China, and many users became dependent on the substance. When China banned opium in 1799, dependant users still sought the substance; therefore, the British circumvented the ban and began to smuggle the drug into China. Eventually, these tensions flared into conflict, with the British emerging victorious and gaining the right to freely transport their opium to China. Years later, in 1907, the two nations signed a “ten year agree-

⁴<http://www.sidmun.com/docs/sidmunxviii/SIDMUNDISEC.pdf>

⁵<http://www.parl.gc.ca/Content/SEN/Committee/371/ille/library/history-e.htm>

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ment,” which stipulated that British opium exports would be decreased by 10% each year. This is considered to be the first successful opium accord, and portended the introduction of many further drug prohibition laws.⁶

Two years later, the International Opium Commission met in Shanghai as a result of a completely separate issue. When the United States of America took power over the Philippines in 1898, they discovered an opium monopoly run by the government. Though they were able to deplete it to some extent, the opium trade largely continued, necessitating the need for the Shanghai conference. The meeting was comprised of diplomats rather than medical experts; therefore, an attempt to address issues regarding addiction and treatment failed. The conference merely resulted in a set of non-binding recommendations; however, it became historically significant, as the first international conference on the subject of drugs.⁷

About one century ago in The Hague, Netherlands, the first international treaty was passed on drug control. At the Shanghai conference, the United States insisted on holding a convention in the near future to discuss further measures and take action upon what had been discussed in Shanghai. After continued pressure by the US, 12 countries agreed to meet near the end of 1911 at the Hague to establish a proper treaty on drug control.⁸ The convention concluded with six chapters, including not only opium but also morphine, heroin, and cocaine. Although it was not comprehensive, it served as an excellent starting point for drug policy.⁹

The next significant piece of drug legislation were the 1925 Geneva Opium Conventions, which came about again at the insistence of the United States. The first of these conventions, held in November 1924, restricted opium markets in opium-producing nations. The second convention, held in February 1925, focused on a wider range of drugs, including the newcomer, cannabis.¹⁰

Two conventions followed in the 1930s. The first of these was the 1931 Geneva Narcotics Manufacturing and Distribution Limitation Convention, which focused on limiting the production and trade of cocaine, heroin, and morphine. The second was the 1936 Geneva Trafficking Convention, which attempted to establish a means to legally punish drug traffickers and curtail drug trafficking by banning the production, manufacture, and trade of opium, heroine, morphine, cocaine, and cannabis for purposes other than medical or scientific. Many countries opposed this idea and wished to focus only on drug trafficking, and the convention did not gain widespread support. Nevertheless, it was a significant landmark of drug policy as it was the first to focus on criminal punishment as opposed to mere regulation.

Current Situation

n.b. For a more detailed review of the problems with drugs and drug trafficking in the status quo,

⁶<http://www.parl.gc.ca/Content/SEN/Committee/371/ille/library/history-e.htm>

⁷http://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf

⁸<http://www.parl.gc.ca/Content/SEN/Committee/371/ille/library/history-e.htm#B>. The 1912 Hague International Opium Convention

⁹<http://www.unodc.org/unodc/en/frontpage/the-1912-hague-international-opium-convention.html>

¹⁰<http://www.parl.gc.ca/Content/SEN/Committee/371/ille/library/history-e.htm#B>. The 1912 Hague International Opium Convention

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refer to the supplement to this backgrounder, entitled Key Issues associated with Drug Trafficking. There are two problems with drugs and drug trafficking that make it such a critical issue: its adverse health effects and the violence it sparks.

Many illegal drugs induce a dependence — when a person develops a longing or physical need for the substance — in their users. Dependant users will usually find it difficult to manage their use of the drug, continue using it even when aware of injurious repercussions, develop increased tolerance (higher doses are required to attain the same effect), place higher priorities on their drug use than other responsibilities, and in many cases, experience great difficulty with withdrawal.¹¹ Without even consideration for the negative health effects associated with drug use, dependence itself is a very significant issue, as drugs cost money and those who are dependant are essentially forced to spend a significant portion of their income on drugs. It is especially for this reason that substance abuse is much more common in impoverished economic settings: those who establish drug dependence or addictions often find themselves struggling.

In the case of drugs administered via injection, there is a high risk of blood contamination by needles or syringes, making blood-transmittable viruses like HIV, Hepatitis B, and Hepatitis C prevalent in frequent users. Internationally, of this group, 18.9% have HIV/AIDS, and 46.7% have Hepatitis C. Excluding data from sub-Saharan Africa, a third of all new HIV infections in 2010 came from drug injections.¹² Furthermore, every illicit drug comes with its own risks and associated health problems.

Moreover, there is a strong correlation between drug use and criminal activity,¹³¹⁴¹⁵ as an example, consider the chart below, which displays the results of a survey of illicit drug users:

	Shoplift	Break and Enter
No illicit use	29%	6%
Marijuana	35%	~8%
Marijuana and other drugs	56%	~18%
Drugs other than marijuana	62%	24%

(In Goode, 1999)¹⁶

Violence and drugs are linked in four different ways. Firstly, the drug may induce violent or irrational behaviour in the user. Secondly, drugs can indirectly cause violence by impelling the user to commit violent acts such as theft in order to acquire the money for drugs. Thirdly, drug trafficking, a lucrative but illegal business, sparks violence among competing dealers and, on a larger scale, between rival drug cartels. This violence generated by the drug trade has spin-off effects. It sucks up valuable resources from a government's criminal justice budget and decreases the funds available to combat other crimes; moreover, it fuels a demand for small arms, which then leads to

¹¹http://www.who.int/topics/substance_abuse/en/

¹²http://www.unodc.org/documents/data-and-analysis/WDR2012/WDR_2012_web_small.pdf

¹³<https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=96668>

¹⁴<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.1989.tb00786.x/abstract>

¹⁵<http://onlinelibrary.wiley.com/doi/10.1002/bsl.2370090303/abstract>

¹⁶<http://www.umsl.edu/~keelr/180/drgcrime.html>

more violence.

UN Involvement

The spawn of the United Nations in 1946 indicated what would soon play a notable role in drug policy. At this point, the Economic and Social Council (ECOSOC) launched the Commission on Narcotic Drugs (CND), responsible for overseeing international drug control treaties and updating ECOSOC about the control of narcotic drugs and psychoactive substances.¹⁷

At the time, many nations, especially the United States, wanted to focus more on direct drug prohibition than other issues such as treatment and prevention. The USSR, on the other hand, was interested in addressing the underlying socioeconomic factors that provoked substance abuse. Around the same time, the World Health Organization (WHO) took on the responsibility of compiling a list of drugs that should be criminalized, as well as a classification system.¹⁸

Perhaps the most important point in the history of drug policy was the Single Convention on Narcotic Drugs in 1961. At this convention, there were many separate blocs of nations: the Organic States Group, which comprised of drug producers that opposed stringent controls; the Manufacturing States Group, with the United States at the forefront, that called for strict controls on illegal drug trafficking and production; the Strict Control Group, encompassing nations that neither produced nor manufactured drugs and merely advocated stricter laws to reduce substance abuse and addiction; the Weak Control Group, led by the Soviet Union and their allies, which felt that drug control should be kept as an internal issue without legislation from an international body; and the Neutral Group, a large group of nations that did not hold strong views.

In the end, the convention resulted in a compromise, addressing prohibition more than any other accord to date while still not being overly strict. One key aspect of the convention was classification: all drugs were classified into four groups called schedules. Schedule I and IV included drugs such as opium, heroin, cocaine, and cannabis, and were subject to stricter regulations than drugs in Schedules II and III, which consisted mostly of codeine-based drugs. The convention also called for an end to the recreational use of opium and cannabis use within the next 25 years. Additionally, the convention created merged several international drug control bodies to form the International Narcotics Control Board (INCB), intended to supervise the progression of the convention's action plans and operate a reporting system that nations would submit to. The main criticism of the convention is that it is incomplete: delegates tended to focus only on prohibition without giving much consideration to socioeconomic factors, demand, prevention, and substance abuse.

The Convention on Psychotropic Substances was signed ten years later in 1971 as a result of increasing illicit drug use throughout the world, especially with the emergence of synthetic drugs such as amphetamines, LSD, and ecstasy. The convention, which labelled drug addiction as “a serious evil for the individual...fraught with social and economic danger to mankind,” was quite similar to the Single Convention on Narcotic Drugs from a decade earlier, but was much less stringent.

¹⁷<http://www.unodc.org/unodc/commissions/CND/01-its-mandate-and-functions.html>

¹⁸<http://www.parl.gc.ca/Content/SEN/Committee/371/ille/library/history-e.htm#H>. The 1948 Paris Protocol

Many nations did not have proper legal systems in place to combat illicit drug trafficking; therefore, the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was held in 1988 to address this issue. The convention addressed four main elements: the “prevention and reduction of illicit demand,” “control of supply,” “suppression of illicit trafficking,” and “treatment and rehabilitation.”

The United Nations International Drug Control Program (UNDCP) was established in 1991, which was fused into the United Nations Office on Drugs and Crime (UNODC) in 2002. The UNODC’s mandate includes helping to reduce drug trafficking, researching illicit drugs and crime, and providing assistance to member states in implementing international treaties.¹⁹

Possible Solutions and Controversies

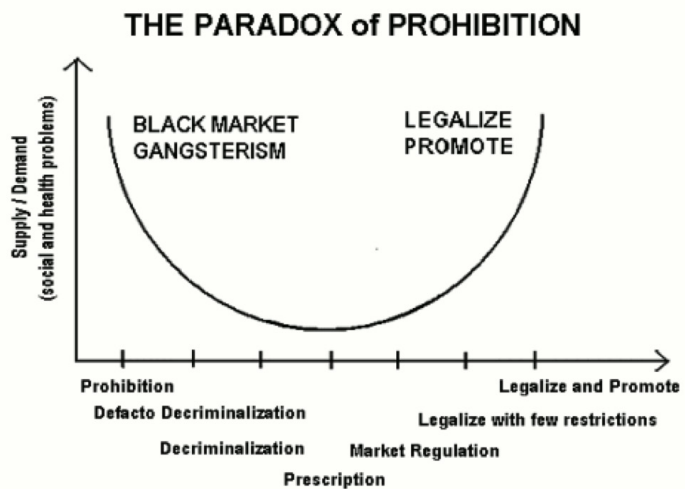
A successful solution must include the three main objectives of drug policy, which are to reduce the harmful use of substances, the negative health effects of substances to the individual, and drug-related detriments to society (such as violence, crime, corruption, and costs). With that said, there are many possible ways to address the above, and this committee must debate which is the most effective.

Prohibition

Prohibition (through criminalization) has been the general direction of drug policy for the last century. The rationale behind prohibition is simple: it should be illegal to produce, consume, or sell substances as harmful as drugs.

This, of course, assumes that banning a substance decreases its demand and loosening restrictions will increase demand, which is not necessarily true. For example, eleven American states de-penalized marijuana in the 1970s without any increase in consumption. Several locations in Australia have done the same with similar results. The Netherlands currently has lower per-capita cannabis use than the United States, even though they have a de facto system in place compared to America’s stringent criminalization. Spain does not criminally prosecute users of recreational drugs, and usage has decreased.

Another key issue with drug prohibition is drug-related violence. As noted by Paul Goldstein, “the vast majority of victims of systematic violence are those who use drugs, sell drugs, or are otherwise engaged in some aspect of the drug business.”²⁰ In an illegal market, the only available solution to resolve disputes is violence; in fact, the illicit drug trade “depends on violence for social control —



¹⁹<http://www.unodc.org/unodc/en/about-unodc/index.html?ref=menutop>

²⁰<http://www.drugpolicy.org/docUploads/nexus.pdf>

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of markets, of dealers and of customers.”²¹ This is contrary to legally regulated markets, like those of alcohol or pharmaceuticals, where there are legal authorities to resolve issues and ensure fair competition.

This, in itself, is a crucial issue. Under prohibition, a rise in drug violence seems almost inevitable. In the case of competition, for examples, gangs will resort to violence to defend their territory, customers, and other valuable resources, as they have no legal means of doing so. Additionally, the black market can lead to high levels of corruption between drug trafficking organizations and law enforcement, judiciaries, and government officials.

Furthermore, with unregulated production come health and safety issues. Many drugs are mixed with other harmful substances, and customers can never be entirely sure of what they are purchasing. HIV and other diseases transmitted through injection are also more common when drugs are sold through a criminalized market, as people typically do not feel comfortable acquiring clean needles to safely inject drugs that are illegal in the first place.

Another important issue with prohibition is the incarceration cycle dilemma. Hypothetically, a non-violent drug offender who is tried in his youth and put in jail is effectively deprived of an education, leaving him with few career skills and in dire straits once he is released from prison. It is quite possible, therefore, that his need to survive will compel him to resort back to criminal activities upon being released.

The United States of America is a notable example of a country that has implemented drug prohibition. The United States Drug Enforcement Administration was established 1973 to combat domestic drug trafficking. Unfortunately, the US strategy was quite ineffective as residents quickly found new sources to obtain their doses of illegal substances, leading to a rise in the contraband trade of drugs from Latin America, most notably Mexico. This led to the start of the “war on drugs”, a campaign spearheaded by the US government to stem drug trafficking through the use of military aid and intervention. In 2009, there were 1,663,582 arrests from drug law violations including 6,177 incarcerations.²² However, in recent years, many important figures have decried the war on drugs as a failure.²³ Nevertheless, the United States has and continues to play a significant role in shaping international drug control policy.

Legalization

Recently, legalization of drugs has risen to the forefront of discussion especially in the Americas, beginning with Guatemalan President Otto Perez Molina’s call for debate on drug legalization in February 2012. When Molina proposed the idea during a Central American conference held in Guatemala City, Panama and Honduras outright rejected the idea, while El Salvador seemed uncomfortable with it.²⁴ Contrarily, some states showed full support, including Costa Rica, which noted:

²¹http://oldfraser.lexi.net/publications/books/drug_papers/UDerickson.pdf

²²<http://www.drugsense.org/cms/wodclock>

²³<http://www.guardian.co.uk/world/2012/apr/07/war-drugs-latin-american-leaders>

²⁴<http://www.openbriefing.org/thinktank/publications/rehabilitatingthewarondrugs/>

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How much have we paid here in Central America in deaths, kidnappings, extortion? Central America has to ask whether it is time that we raise this issue at the Security Council of United Nations.²⁵

The Guatemalan call for debate on drug legalization is the first initiative of its kind in Central America and is a great first step towards drug policy reform. Even though nothing specific has been yet established, it is a stride in the direction of an effective, rational, and humanitarian-conscious strategy, which the Drug Policy Alliance, a non-profit organization stationed in New York City that seeks to end the war on drugs, has called “significant” and “remarkable.”²⁶

Even more recently, Uruguay has stated that it plans on legalizing drugs and taking control over cannabis sales in the nation. The rate of cannabis use in Uruguay is 5.6%, lower than that of the United States but still higher than the world average. The illicit cannabis business in Uruguay is worth somewhere between \$35–75 million; therefore, by legalizing and supplying the drug, the government aspires to diminish the income of drug traffickers and use revenues to improve health services. Additionally, the government plans to make cannabis cheap enough to dissuade users from using more harmful drugs like cocaine. However, it is important to note that Uruguay’s plans do violate current UN conventions on drug prohibition.²⁷

The Full Spectrum of Possibilities

Prohibition and legalization as discussed previously are just two examples of possible solutions. In total, there are eight commonly discussed models:

- *Free market legalization.* The antithesis to criminalization, this model would establish a white market for the sale of drugs. There would be no restrictions, and those in the business would have the right to freely advertise to boost sales.
- *Legalization with product restrictions.* In this model, restrictions and specifications would be imposed on drug packaging, marketing, and method of distribution, similar to how prescription drugs, alcohol, and tobacco are currently sold. For example, advertising and promoting the drugs might be banned, the packaging might have to meet certain specifications, etc. The location of the retail stores as well as days and hours of operation would also be subject to regulation in addition to with the strength, formulation, and price of the drug.
- *Market regulation.* In addition to the legalization and product restrictions as described above, market regulation imposes additional constraints on purchasers such as age, degree of intoxication, volume of substance, registration, and proof of residency. Some of these requirements, such as age and level of intoxication, are currently in place for alcohol, but there is potential for even more regulation in the case of drugs. For example, a health care worker could use certain criteria to consider the implications of a substance user, who would then be registered and enrolled in a training program and allowed to use substances in certain, designated places. Moreover, customers not meeting certain criteria could be banned from

²⁵http://stopthedrugwar.org/chronicle/2012/mar/25/central_american_presidents_hold

²⁶*Ibid.*

²⁷<http://www.economist.com/node/21557804>

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purchase altogether.

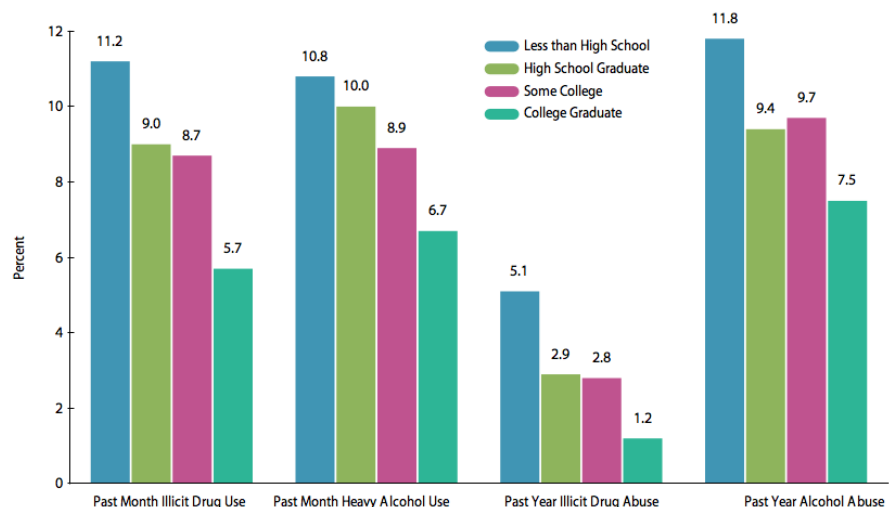
- *Prescription-only availability.* In this model, illegal drugs like heroin and cocaine could be prescribed by physicians. This would allow addicts to receive controlled doses and give dependent users the opportunity to gradually overcome their problems.
- *Decriminalization.* Technically, decriminalization only means a lack of criminalization, and is not to be confused with legalization (which entails how the drugs will be legally available). In this model, those who merely use drugs will not face charges or criminal prosecution; however, dealers, producers, and others who make profits from the drug trade can be prosecuted. As such, drugs are not regulated, posing an increased risk to users.
- *De facto decriminalization.* In this model, laws that criminalize drug use are intentionally ignored, but are not actually struck down; in other words, though it will remain a crime to use drugs, no one would actually be charged.
- *De-penalization.* In this model, the laws surrounding drug use are kept, but the punishments are reduced. For example, instead of throwing non-violent drug offenders in jail, alternative punishments such as treatment or fines might be imposed.
- *Criminalization.* This is the system in place around the world right now, where laws are in place to criminally prosecute and punish those caught possessing or trafficking drugs. Common punishments include charges, fines, incarceration, and a criminal record.

Addressing Socioeconomic Factors

Other than legal system of illicit drugs, there are a number of other factors that lead to increased substance use. Many believe that the key to reducing illicit drug consumption is prevention, which can be achieved by addressing these factors. First of all, one must ask: what are the main factors that influence substance abuse?

The socioeconomic model is a model that recognizes the relationships between an individual and his environment, and explains factors that determine health behaviour and, in this case, substance abuse. The socioeconomic model is split into five groups. The first one is that of the individual –

this covers everything that relates directly to you, like your genes or your personal will power. The second group is interpersonal, or relationships — how the people around you like your friends and family influence you. Thirdly is organizational — this relates to programs, companies, organizations, and things



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like the media that would influence you. Fourth is community, which is often combined with organizational, but generally refers to the relationships and interactions between organizations. Finally, the fifth level is public policy, or society, which relates to all legislation that governments pass and how they chose to address health through public policy.

Some major socioeconomic factors of substance abuse include poverty (economic status), exposure to violence, childhood abuse, education, lifestyle of family and friends, family conflict, bullying, association with drug-using peers, public discussion (advertisements, media, etc.), norms and popularity, neighbourhood disorganization, and so on and so forth. As an example, the graph on the right shows a correlation between level of education and substance abuse.²⁸ One clear way to diminish substance abuse, then, is to address these underlying socioeconomic factors.



Education is a notable example of a socioeconomic factor that affects drug control and should be addressed. If members of our society learn about the injurious implications of substance abuse in their youth through education, it is much less likely that they will fall into the traps themselves. Other routes such as poverty eradication, community strengthening, use of media, and reduction of depression in teenagers have proven to be very effective as well in preventing illicit substance use. In essence, a person's socioeconomic factors incite them to use illicit substances, and it is integral to understand these factors and tackle them.

Legal Drugs

The issue of drug control does not purely lie with illicit drugs. Tobacco, for example, can be considered just as dangerous as many illegal substances. When addressing drug control, it is important to keep in mind policy decisions that affect legal substances as well. Preventative measures are usually especially helpful for reduction of legal substances, as well as portrayal in the media and addiction-support facilities. Pharmaceutical/prescription drugs are also abused very often, and it may be a good idea to think about how their non-medical usage can be reduced as well.

Discussion Questions

1. What kind of drug policy is in place in your country, and how effective has it been in the past?
2. How does national sovereignty play a role in making decisions about international drug control policies?

²⁸<http://www.samhsa.gov/data/work2k7/work.htm>

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3. How has your nation been affected by the production, trade, and usage of drugs?
4. What are some solutions to reduce drug trafficking?
5. What kind of policy decisions could suppress drug-related violence?
6. What are some ways to prevent substance abuse and addiction, and reduce demand for illicit drugs?
7. Does your nation support military means to combat drug trafficking?
8. How can an international body like SOCHUM influence other nations to make better drug policy decisions?

Additional Resources

<http://www.unodc.org>

United Nations Office on Drugs and Crime

<http://www.unodc.org/unodc/data-and-analysis/WDR.html>

World Drug Reports

http://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf

A Century of International Drug Control

<http://www.whitehouse.gov/ondcp>

USA Office of National Drug Control Policy

<http://www.drugpolicy.org/docUploads/nexus.pdf>

Paul Goldstein's *The Drug/Violence Nexus*

http://oldfraser.lexi.net/publications/books/drug_papers/UDerickson.pdf

Drugs, Violence, and Health

<http://www.abovetheinfluence.com/>

Above the Influence

<http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/learn-renseigne/index-eng.php>

Health Canada — Learn about Drugs

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Topic B: The Rights of the Romani People

Overview

After nearly a thousand years of prejudice, discrimination, and persecution against them, it is amazing that Romani people still exist today. When they first arrived in Europe, many hundreds of years ago, they were treated brutally. They were soon forced to split and disperse throughout Europe where they fell into poverty and became easy targets for extreme racism.

Recently, there have been some efforts to integrate Romani people into European society; however, many continue to live in abject poverty, face harsh discrimination and a lack of basic human rights. The callous discrimination that the Romani people face prevents them from receiving proper education, employment opportunities, and social services.

Despite the harsh treatment that they receive, the voices of the Romani people are rarely heard and so they continue to suffer. “For many Roma it’s an unexplainable sadness that we feel,” says Julia Lovell, a Roma Activist. “And I think that’s because we do have a lot of pain as people...it hurts ... it’s a very difficult life.”¹ Because the persecution that the Romani feel occurs in Europe, usually a sanctuary for those seeking a home where their rights will not be threatened, they have little hope of seeking asylum elsewhere in the world.

Historical Analysis

The origins of the Romani people has always been ambiguous, but in recent years questions regarding their origins have come close to being answered. The beginning of the Romani line is muddled in their tales and traditions,² but the Romani people are believed to have originated in what is now known as Northern India. In the 10th and 11th centuries, they left the area and fled to Europe. The explanation for their collective departure is disputed – some believe they were musicians sent as a gift to the king of Persia, others believe they might have been a class of warriors. The true motive remains unknown, but they left India and made their way to Afghanistan, Turkey, and Greece; and soon, they scattered all around Europe.³

When they arrived in Europe, they were not welcomed. Christianity had established the fixed idea that light symbolized purity and goodness and dark was the sign of evil. Due to their relatively darker skin, of the Romani people were assumed to be evil. In addition, the church considered their culture to be inferior and unacceptable. Additionally, due to the unknown origins of their language, many evil myths were perpetrated that left the Romani people facing even more discrimination.⁴

In Romania, the Romani people became slaves until the abolishment of slavery in 1864. During this time, those who were enslaved were beaten, traded, and degraded, as if they weren’t human.

¹http://www.nfb.ca/film/opre_roma_gypsies_in_canada/

²<http://politicalandscaping.wordpress.com/gypsy-persecution-from-12th-century-balkans-to-conservative-britain/>

³<http://www.chgs.umn.edu/histories/victims/romaSinti/gypsies.html>

⁴*Ibid.*

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They were deprived of many rights, including the control over their own marriage.⁵ Abuse, rape, and murder were extremely common.⁶ Nevertheless, the Romani people played an important part in society as gold washers, bear trainers, woodcarvers, blacksmiths, musicians, and much more.⁷

In most of Europe, the Romani people were forced into conditions just as adverse and were essentially exiled from living within the larger European society. Many areas even had laws prohibiting the Romani people from staying longer than 24 or 48 hours, and some had restrictions on the number of family members who could stay in a camp at one time. Because of this, Romani wandered through Europe, never settling. Soon, their nomadic life became an integral part of their existence. The Romani people who were once united as one became split off into factions as they scattered around Europe.⁸

In many places the gypsies were considered to be Muslim spies, and extreme stereotypes persisted. “Evil gypsies” were heard of in fairy tales, and they were considered no more than thieves and infernal supporters. In the 17th century, France made it illegal to be a Gypsy, while the Emperor of the Ottoman Empire called for the death of all Romani males and to cut off the ears of the females. Around Britain and the rest of Europe, the Romani people were being deported, especially to America.

Socialist Period

During the era of the Soviet Union, the different socialist governments treated the Roma differently, but many focused on assimilating the Romani people into the rest of society. Czechoslovakia and Poland prohibited nomads (people who move around from place to place) in 1958 and 1964 respectively, with extreme consequences including shooting horses, obstructing caravans, and outlawing congregation between nomads. In many nations, the habitats of the Romani people were destroyed and replaced with new buildings, scattering the Roma even further. In Hungary, for example, a housing development initiative was undertaken which demolished 2100 Romani territories which were called “shanty towns”.⁹

Some of the most inhumane acts of persecution against the Romani people took place in Czechoslovakia. Beginning in the 1970s, the government began a campaign to reduce the Roma population by restricting their birth rates. In the tough economic times, many were paid by government officials to become sterilized, and others were sterilized secretly without their consent when undergoing abortion or Cesarean section. So many Romani women were sterilized, that in 1987 they made up 36.6% of Czechoslovakia’s sterilized population, even though they only constituted 2-3% of the general population. The government was condemned by many human rights organizations

⁵<http://www.culturalsurvival.org/publications/cultural-survival-quarterly/albania/persecution-and-politicization-roma-gypsies-eastern>

⁶<http://politicalandscaping.wordpress.com/gypsy-persecution-from-12th-century-balkans-to-conservative-britain/>

⁷<http://www.culturalsurvival.org/publications/cultural-survival-quarterly/albania/persecution-and-politicization-roma-gypsies-eastern>

⁸http://www.nfb.ca/film/opre_roma_gypsies_in_canada/

⁹<http://www.culturalsurvival.org/publications/cultural-survival-quarterly/albania/persecution-and-politicization-roma-gypsies-eastern>

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for their efforts to eradicate the Romani population through forced sterilizations.¹⁰

The assimilation process that took place in many nations restricted the human rights of countless Romani people. In Bulgaria, for example, many Roma people were forced to change their names. In the 1970s, Rom music was outlawed from the media and public performances. In the 1980s, the Romani language was prohibited in public places. Fines, and even jail sentences, were issued if anyone broke the rules. Many Romani people continued to maintain their culture and play their music in private settings, including through an underground cassette trade.

The Holocaust

When people think about the Holocaust, they immediately remember the genocide committed by the Nazis against the Jews. Rarely, however, do people consider the 600,000 Romani people who were murdered – 1/5 of their total population.¹¹ The Roma were considered “racially inferior,” and it was believed that they had what was called “hereditary defect offspring” – criminality built into their genes. The Romani people were considered to have “lives unworthy of life,” and it was believed that they held alien blood.

Like the Jews, they were treated brutally and murdered in Nazi concentration camps. The Romani people faced unfair imprisonment, forced labour, and genocide.¹² It is believed that nearly the entire Romani populations of Croatia, Estonia, Lithuania, Luxembourg, and the Netherlands were eradicated.¹³ Unfortunately, the persecution of the Romani peoples during the holocaust is seldom discussed .

Current Situation

The hostile prejudice against the Romani people that began when they first arrived in Europe persists to this day. Around the world, they are stereotyped as thieves and liars, making them a common target for racism and mistreatment. They are denied rights to housing, health care and education, and suffer from forced evictions, police brutality, and frequent violent attacks from racists. Romani children are often placed in “special schools,” where they are maltreated and their intellectual growth is limited.¹⁴

Education is a key issue. The Romani children of Slovakia, for example, are regularly deprived of proper education. The nation has “special schools” for children with disabilities, but Romani people are often placed in these schools without justification. It is estimated that about 80% of all children in these “special schools” are Romani children, even though the Romani people constitute less than 2% of the nation’s population.¹⁵

¹⁰*Ibid.*

¹¹<http://www.culturalsurvival.org/publications/cultural-survival-quarterly/albania/persecution-and-politicization-roma-gypsies-eastern>

¹²<http://www.usmmm.org/wlc/en/article.php?ModuleId=10005219>

¹³<http://www.webcitation.org/query?url=http://www.geocities.com/~Patrin/lewy.htm&date=2009-10-26+00:37:05>

¹⁴<http://www.amnesty.org/en/news-and-updates/feature-stories/europes-roma-community-still-facing-massive-discrimination-20090408#czech>

¹⁵*Ibid.*

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Housing is also a big issue, as Roma people are often subject to forced evictions, insecure land ownerships, and insufficient housing options.¹⁶ Shelter is unanimously recognized as one of the fundamental rights, but the Roma people are often denied this basic right. Many organizations have denounced the poor living conditions of the Romani people and the lack of government intervention to solve the problem. Poor housing conditions trap Romani people in the cycle of poverty. Many Romani settlements lack basic public utilities and services, and often consist of tents or camps that are not fit for living. In addition, the Romani people are often harassed and forcefully evicted.¹⁷

Many Romani settlement lands are legally disputed, and in the case of those that are considered illegal, Romani people are consistently forced to leave and migrate from one place to another. Many organizations believe these Romani lands should be legalized. The UN High Commission for Refugees stated that “one of the pressing problems of Roma community, including the Roma IDPs, is the unresolved status of settlements. We therefore propose legalization of the mentioned settlements, based on adequate urban plans and in accordance with the housing action plan, after which the legalization of individual buildings could commence.”¹⁸

Health care is another significant issue for many Romani people. Because of discrimination and towards Romani people, they often receive terrible treatment in medical centers such as hospitals.¹⁹ Additionally, there is often a lack of proper knowledge about health in Romani communities; therefore, preventative measures are often neglected.²⁰

Education, housing, and health are merely examples as social prejudice is ubiquitous against the Roma people in Europe. Many Romani people live in abject poverty with unemployment and a lack of education. Cuts in welfare and education during the European fiscal crisis are making conditions even worse, and many Romani people are forced to become thieves, beggars, or prostitutes because of the poverty and the racism around them. In some countries such as the Czech Republic and Italy, the racism is so rampant that it can be compared to the racism that took place against African Americans in nations like the United States of America years ago. Although their voices are rarely heard, the Romani people have the potential to be labelled the most vulnerable and the most abused ethnicity around Europe.

Case Study: Czech Republic

One nation where the discrimination against the Romani people is still evident is the Czech Republic. Forced sterilization that took place in the Soviet period continues to this day, but health officials have never been held criminally accountable. Additionally, many Romani children do not receive education,²¹ and most Romani children are not integrated into regular school systems. Moreover, not a single Roma has been a Member of Parliament or on the Supreme Court in the Czech Republic.²²

¹⁶<http://www.osce.org/odihr/23336>

¹⁷http://www.feantsa.org/files/freshstart/Transnational_Exchanges/Housing%20Rights%20Watch/roma_issue_en.pdf

¹⁸<http://www.osce.org/odihr/23336>

¹⁹<http://jtech.bmj.com/content/54/11/864.full>

²⁰<http://www.romadecade.org/files/downloads/Health%20Resources/Mediating%20Romani%20Health.pdf>

²¹*Ibid.*

²²<http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/>

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In the Czech Republic, racism has escalated in many circumstances: Molotov cocktails are frequently thrown into Romani houses, and hand on hand violence continuously occurs. There have even been groups marching through Romani neighbourhoods with torches and hateful chants. Large scale protests have taken place against the Roma people, and even anti-Roma political parties exist. A law was put in place in the Czech Republic in 2009 that outlaws ethnic-based employment, and another is in place against housing discrimination, but Romani people continue to face discrimination in both employment and access to housing. Many restaurants and bars have also refused to serve Roma people. Meanwhile, the Czech government has done little to respond to any of the prejudice and violence in the nation. Even the US. Department of State mentions at the beginning of its Country Report on Human Rights for the Czech Republic: “During the year societal discrimination against the country’s Romani population was a serious problem, and human rights observers criticized the government’s efforts to overcome it as inadequate.”²³

Case Study: Hungary

Hungary is another example of a nation where anti-Roma prejudice is prevalent. In recent years, the efforts of violent extreme right-winged groups against the Romani people have increase as the access to employment and basic services has decreased for the Roma. Excessive force – including verbal and physical abuse – by the police has been common against the Romani people. Research conducted in 2008 by the Hungarian Helsinki Committee (an NGO human rights group) found that Romani people were three times more likely to be stopped for an identification check, even though they were no more likely to commit criminal acts than non-Roma.²⁴

Education is also an issue in Hungary, as a national survey found that 70% of Roma had 8 or less years of education. Moreover, only 26% had training for an occupation, 5% had finished secondary school, and 1% held a college degree, and a large portion of Romani children are arbitrarily placed into schools or classes for those with mental disabilities.²⁵

Similar to the Czech Republic, the Hungarian anti-Roma extremists play a significant role in the lack of human rights that has become common. Marches have taken place with these far-right groups establishing fear in Romani communities. NGOs continue to condemn the actions, saying the government that has “failed to protect the local Roma minority against racist provocation.” While living in fear of violent attacks, Roma live in substantially worse housing conditions than non-Roma, and about 85% of those of working age are unemployed.

The Refugee Predicament

Europe has always been a safe haven for those seeking refuge from persecution in Africa, Latin America, or Asia; however, as the Romani people already reside in Europe it is near impossible for them to seek refugee status and asylum in other countries.

Most nations consider an application from a citizen of a member state of the EU to be “bogus”. Most nations ignore the fact that Persecution can happen in any nation, including EU member states.

²³ *Ibid.*

²⁴ *Ibid.*

²⁵ *Ibid.*

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In 2009, 2,426 refugee claimants arrived from Hungary to Canada. In that year, 3 were accepted.²⁶ Canada is not the only example; countries around the world have similar policies. As such, many Romani people have little hope of escaping their desperate situations.

UN Involvement

The United Nations itself has done very little to address the issues surrounding the rights of Romani people. Because the Romani people are scattered oppressed, their voices are rarely heard.

Within the United Nations, the International Convention on the Elimination of All Forms of Racial Discrimination was adopted in 1965 in an attempt to eradicate discrimination.

It asks member states “not to sponsor, defend or support racial discrimination by any persons or organizations,” while criminalizing and condemning racial hatred and discrimination.²⁷ The convention also allows for individual complaints, and in the last few years several of these complaints have been in regards to the Romani people. For example, there were several villages in Slovakia that had established laws prohibiting Romani people from residing near other village residents.²⁸ In another case, the Serbian government banned Romani people from certain public places.²⁹

The UN Committee on the Elimination of Discrimination against Women criticized the Czech government for the “uninformed and involuntary sterilization of Roma women and the lack of urgent Government action” that took place in their nation, and called upon the Czech Republic to “take urgent action...with regard to involuntary or coercive sterilization, and adopt without delay legislative changes with regard to sterilization.” The issue of forced sterilization in the Czech Republic has been somewhat decreasing in importance, but it is still a human rights concern that deserves significant attention.³⁰

In addition, the European Union has taken some measures to address the rights of the Roma people. One particular example is the EU Framework for National Roma Integration Strategies, which has called for improvements in four areas: education, employment, health and housing. In accordance with the framework, EU governments were asked to submit national Roma strategies by the end of 2011. These documents state how each nation will address the issues surrounding Roma people.³¹

Possible Solutions and Controversies

The underlying issues of the problem are clear, but the solutions are a little more difficult. Whether by educating the European masses, or by instituting harsher punishments for discrimination, the racism and hate that the Romani people experience must be eradicated if they are ever to fit into European society. The hate towards the Romani people is a tremendous issue, as it not only leaves the Romani people feeling alienated from society, but also breeds poverty, resentment, and violent

²⁶<http://www.cdp-hrc.uottawa.ca/projects/refugee-forum/projects/documents/REFUGEEESTATSCOMPREHENSIVE1999-2011.pdf>

²⁷<http://www2.ohchr.org/english/law/cerd.htm>

²⁸[http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/464937c637ce5c0ec12569d20033a961?Opendocument](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/464937c637ce5c0ec12569d20033a961?Opendocument)

²⁹http://www.bayefsky.com/pdf/serbia_t5_cerd_29_2003.pdf

³⁰<http://www.errc.org/article/un-presses-czech-republic-on-coercive-sterilisation-of-romani-women/2626>

³¹<http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=1011&furtherNews=yes>

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attacks. Therefore, eliminating the discrimination against the Romani people is imperative.

In addition to the fight against discrimination, facilities and programs must be created to ensure that the Romani people have access to employment opportunities health services, and increasing access to housing. If their basic needs are not met, the Romani people will continue to suffer in the cycle of poverty.

In addition, the refugee predicament requires a solution. Because most nations have refugee policy that restricts refugees from EU member nations, it is difficult for the Romani people to seek asylum when fleeing persecution. As such, governments of nations around the world need become more objective and assess every scenario individually without making assumptions.

Discussion Questions

1. How can discrimination against the Romani people be reduced?
2. What is the relevance of the history of the Romani people, and what are the historical implications on present policy decisions?
3. In what ways could Romani people be integrated into society without asking them to give up their culture?
4. What is your country's refugee policy towards Romani people or those fleeing Europe?
5. Do Romani people live in your country? If so, how are they treated?
6. What might be the role of an international body like the United Nations to protect the rights of the Romani people?
7. How might policy decisions and actions vary in different regions?

Additional Resources

http://www.nfb.ca/film/opre_roma_gypsies_in_canada/

A documentary on Roma people in Canada

<http://www.theglobeandmail.com/commentary/no-real-refuge-in-canada-for-some-refugees/article4265006/>

Roma people and Canadian refugee policy

<http://www.ushmm.org/wlc/en/article.php?ModuleId=10005219>

The persecution of the Romani People during the Holocaust

<http://www2.ohchr.org/english/law/cerd.htm>

The International Convention on the Elimination of All Forms of Racial Discrimination

http://fra.europa.eu/fraWebsite/material/pub/general/report_romaconf_sweden_031207_en.pdf

A report of the Romani Women's Rights Conference, held December 2007 in Sweden

<http://www.un.org/apps/news/story.asp?NewsID=42606&Cr=+Roma+&Cr1=>

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UN Human Rights Experts Urge States to Confront Hatred and Violence against Roma

http://ec.europa.eu/justice/discrimination/roma/index_en.htm

The EU and Roma

http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/122100.pdf

EU Framework for National Roma Integration Strategies up to 2020

https://www.youtube.com/watch?v=7STl4MSS5Cs&feature=player_embedded

The documentary “Gypsy Child Thieves” (*n.b.* Although this can be insightful, there are extremely racist, hateful and derogatory comments; please observe critically.)

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