ZENITH

MARMARAMUN'26

WHO

Agenda Item

Combating Health and Safety Threats Posed by Drugs and Sedatives Used in Sexual Assaults

Board Member
HANNE GÜL YILDIRIM

Board Member
ROYA AL HARİRİ

Strive For Perfection

10th Anniversary

Table of Contents

1. **Introduction to the committee: WHO**
2. **Introduction to the Agenda Item: Combating Health and Safety Threats Posed by Drugs and Sedatives Used in Sexual Assaults**
3. **Historical Background**
   - **3.1.** Evolution of DFSA
   - **3.2.** Root Causes & Risk Factors
   - **3.3.** Physical and Psychological Health Impacts
4. **Current Status**
   - **4.1.** Global Statistics and Trends
   - **4.2.** Underreporting and Systemic Challenges
   - **4.3.** Evaluating Legal and Policy Frameworks
5. **Previous Actions**
   - **5.1.** WHO initiatives
   - **5.2.** International-level responses
   - **5.3.** National-level case studies
6. **Key Terminology**
7. **Conclusion**
8. **Questions To Be Addressed**
9. **Further Reading**
10. **References**

Letter From the Secretary General

Dear Participants,

On behalf of the Secretariat and Organization Team, it is my great pleasure to welcome you to MarmaraMUN'26 Zenith. Following last year's pursuit of perfection, we now gather at the Zenith, the highest point, symbolizing our collective ambition in the 10th year anniversary of MarmaraMUN Society. As the Secretary General of the MarmaraMUN'26 Zenith and the Club President of the MarmaraMUN Society I am very pleased to host you at our university'

Zenith means the highest point, it comes from astronomy, where it describes the highest point in an arc traveled by a star or a planet or another celestial body. The sun reaches its Zenith when it is as high in the sky as it is going to go on that day. MarmaraMUN always represent the highest point, now we are putting a milestone for the MUN Community. You will gain experience from the best of the business in our country, almost every single one of our board members have secretariat experiences and they contributed to the community for years. This statement also goes for our organization team and its members. You will debate, meet qualified people and of course, have fun.

Our carefully selected committees and agendas promise an exceptional academic experience. I invite you to speak with courage, think openly, and engage with respect. Every single individual present in the conference is hand-picked from 1500+ applicants, so make it count and use the opportunity wisely. At the end of the day MarmaraMUN'26 Zenith is where ideas rise, friendships form, and legacies begin.

Welcome to MarmaraMUN'26 Zenith and be prepared to strive for perfection.

Sincerely,
Korcan Musa KARAŞAHİN
Secretary General of MarmaraMUN'26 Zenith

1. Introduction To The Committee: WHO

Within the United Nations system, the World Health Organization (WHO) is in charge of organizing and coordinating international health initiatives. The World Health Organization was founded on April 7, 1948, which is now recognized every year as World Health Day. Its headquarters are in Geneva, Switzerland, and it has over 150 field offices and six regional offices.

According to the WHO's Constitution, its objective is "the attainment by all peoples of the highest possible level of health." Here, health refers to a condition of total physical, mental, and social well-being rather than just the absence of illness or disability.

WHO collaborates with each Member State to ensure that health is accessible to everyone. It works with committed personnel in 149 national offices who support the planning, execution, and oversight of health initiatives and advise ministries of health and other sectors on matters related to public health.

In order to enhance crucial prevention, treatment, and health care services, WHO also collaborates closely with other UN agencies, non-governmental groups, foundations, the corporate sector, and impacted communities. It encourages nations to collaborate and enables exchange in order to find answers to shared problems by serving as a knowledge broker.

Improving housing, working conditions, sanitation, nutrition, and other aspects of health is one of the WHO's main responsibilities. More precisely, it helps national governments improve their healthcare services, establishes administrative and technical services related to health (such as epidemiological and statistical services), conducts research in the field of global health, develops international health standards, encourages greater collaboration among scientists, health professionals, and health groups, and promotes an informed public opinion on all health-related issues.

Good health care is needed at all stages of life. That's why universal health coverage (UHC) is vital to WHO's efforts to ensure access to health as a human right. WHO programmes and partnerships emphasize:

- access to primary and preventative health care;
- ensuring access to the medicines and health products that people need;
- sustainable financing and financial protection for people and communities;
- workforce training and labour protection for health workers.

2. Introduction to the Agenda Item: *Combating Health and Safety Threats Posed by Drugs and Sedatives Used in Sexual Assaults*

The weaponization of drugs is one of the most subtle risks to global public health and human rights. Drug-Facilitated Sexual Assault (DFSA) has developed into a complex global safety issue from a localized criminal issue. Perpetrators successfully deprive victims of their autonomy, memory, and capacity to pursue prompt justice by employing sedatives, hypnotics, and dissociative anesthetics.

The pharmacological diversity of the chemicals involved is a challenge. While medications like Gamma-Hydroxybutyrate (GHB) and Flunitrazepam (Rohypnol) are commonly mentioned, identification is becoming more challenging due to a rising gray market of synthetic analogs and diverted medicinal products like ketamine and benzodiazepines.

These substances may pose serious threats for respiratory depression, coma, or fatal interactions with alcohol. Additionally, within 12 to 24 hours, rapid metabolization frequently leaves no forensic trace, resulting in evidence vacuums that discourage reporting and reduce conviction rates.

No country can address this problem on its own because these substances are frequently produced lawfully for medicinal purposes but smuggled illegally across international borders. The global community must ensure a difficult balance between making sure that patients who

actually require these drugs can have them and implementing strict Track and Trace procedures in place to stop them from ending up in those who should not have them.
This committee's responsibility is to do more than just condemn. The 1971 Convention on Psychotropic Substances is one example of an international framework that we must evaluate to see if it is strong enough to deal with the rapid appearance of new psychoactive substances (NPS).

It is very challenging to pinpoint the precise number of victims of drug-facilitated sexual assault globally. The full scale remains unknown to WHO since these crimes frequently involve victim-blaming, memory loss (amnesia), and a lack of standardized forensic reporting. Up to 20% of adult women in several European nations may have been sexually assaulted at some point in their lives, according to surveys. A large percentage involves incapacitation, even though not all are drug-facilitated. About 12% of women and 2% of men in the US have experienced rape while under the influence of drugs or alcohol at some time in their lives, according to RAINN and the CDC. Higher risks for students are consistently found in studies. Since starting college, 3% of male students and 11% of female students report having experienced sexual assault while intoxicated. DFSA suggested that the assailants are men, who mostly know victims before the assault. Also, A comprehensive literature search was performed in PubMed, including articles containing relevant information on this type of crime and prevention measures. The results obtained show that these crimes are committed mainly in nightlife situations and during weekends.

Less than 12% of victims are thought to report these incidents to the police, frequently because they are confused about what happened or are afraid that their voluntary substance use will make them untrustworthy. Furthermore, many victims might not even be aware of an assault until much later, if at all, because these medicines disrupt the way the brain encodes memories.

Strengthening the regulation of chemical precursors and pharmaceutical distribution, purchasing rapid-testing kits and non-invasive detection techniques for public areas, and standardizing the Sexual Assault Forensic Exam (SAFE) procedures worldwide to guarantee drug tests are carried out prior to substances leaving the victim's system are some possible solutions.

In order to strengthen victim-centric healthcare responses, disrupt the illegal supply chains that transform medicine into a weapon, and harmonize forensic standards, delegates must collaborate.

3. Historical Background

3.1. Evolution of DFSA

Drug Facilitated Sexual Assault (DFSA) involves the administration of substances by a perpetrator aimed at incapacitating a victim and hindering their memory and physical resistance. Alcohol has long been the commonly used substance in this regard; however, the rise of DFSA became highly alarming in the latter part of the 21st century due to the availability of incapacitating drugs. Alcohol remains the most prevalent substance due to its legality, affordability, and social acceptance. Its role in DFSA is significant because its excessive consumption results in a state where one's judgement and memory become impaired without requiring illegal procurement. As a result, many DFSA cases involve voluntary or involuntary alcohol consumption, sometimes combined with other substances.

In the 1980s and 1990s, attention shifted toward pharmaceutical sedatives like flunitrazepam (Rohypnol). These types of drugs became prevalent due to their sedative and amnesic effects, causing victims to lose consciousness or experience memory gaps. Initially developed for proper medical use, these drugs have since been used in many cases of DFSA as they have been diverted from pharmaceutical medical supply chains through theft and illegal resale. To prevent their misuse, some countries, such as the United States and several European nations, have introduced strict laws and bans on specific formulations.

Additionally, in the same period, gamma-hydroxybutyrate (GHB) and ketamine also rose to prominence as DFSA drugs. They have rapid effects and possess the qualities of being colorless or odorless, thus harder to identify when mixed in beverages. GHB, in particular, can be synthesized from precursor chemicals, allowing for small-scale illicit production, while ketamine is often diverted from veterinary or medical sources. These types of club drugs gained popularity in nightlife environments across countries such as the United States, the United Kingdom, and parts of Western Europe.

In more recent years, the issue continues to evolve further due to the development of novel and synthetic psychoactive substances (NPS). Such subtsnaces are often engineered in such a way that their effects resemble those of controlled substances while avoiding legal classification. They are frequently distributed through online marketplaces and cross-border supply chains, making regulation more difficult. Their constantly changing chemical composition presents ongoing challenges for detection, law enforcement, and public health responses.

Overall, the evolution of DFSA reflects a shift from primarily alcohol-related incidents to a multi-substance global issue, shaped by pharmaceutical access, illicit drug markets, and technological developments. This progression highlights the need for coordinated legal, medical, and regulatory responses.

The main categories of substances associated with DFSA, their effects, and access pathways are summarized below:

Substance Type	Examples	Effects	Access	Risk Factors in DFSA

Alcohol	Beer, spirits, wine	Impaired judgment, reduced coordination, memory loss at high doses	Legal purchase	Most prevalent globally, socially accepted, difficult to distinguish misuse
Benzodiazepines	Rohypnol (flunitrazepam), diazepam	Sedation, muscle relaxation, anterograde amnesia	Prescription systems, diversion, illegal resale	Easy to conceal, strong memory impairment effects
Club Drugs	GHB, ketamine	Rapid sedation, loss of consciousness, dissociation	Illicit markets, small-scale production, diversion (medical/veterinary)	Colorless, odorless, difficult to detect in drinks
Synthetic / NPS	Synthetic depressants, designer drugs	Varies (similar to sedatives or hallucinogens)	Online black markets, cross-border distribution	Hard to regulate, constantly evolving composition

3.2. Root Causes & Risk Factors

The continuing prevalence of DFSA can be attributed to various social, environmental, and systematic factors that are often associated with the accessibility and nature of the drug itself.

A primary contributing factor to DFSA is the widespread accessibility of drugs, which fall into one of three categories:

- Legal Substances
- Pharmaceutical drugs
- Illegal and synthetic drugs

Alcohol, being legal and socially acceptable, continues to be the most accessible and widely used substance. It is normalized in social settings such as nightlife venues, universities, and public events, which creates environments where intoxication is common, lowering awareness and increasing vulnerability.

Pharmaceutical drugs, particularly benzodiazepines and other sedatives, present another significant risk due to their dual role as legitimate medications and potential tools for misuse. Although these medications may be prescribed, there are still chances of diversion through reselling and unauthorized distribution. In some regions, gaps in prescription monitoring and regulation have allowed these drugs to remain relatively accessible.

Illicit substances such as GHB and ketamine further contribute to DFSA risk due to their ease of concealment and administration. These drugs are commonly available in clubs and bars where detection mechanisms are not easily available. Furthermore, the use of the internet and encryption technology has facilitated discreet online purchase and distributions of these dangerous drugs.

Environmental factors also play a significant role. The occurrence of incidents of DFSA happens when there is overcrowding and poor supervision as well as where intoxication levels are high. In such settings, opportunities for supervision are limited, and practices such as leaving drinks unattended or accepting drinks from unfamiliar individuals increase vulnerability.

Victim blaming, stigmatization, and ignorance about the subject are some of the cultural and societal factors that make DFSA a persistent problem. This has contributed to systemic underreporting and hindered the development of effective policy responses.

Lastly, institutional gaps exist, such as the limited training of law enforcement and healthcare professionals in DFSA cases, as well as insufficient coordination between the medical and legal systems. These gaps have allowed the issue to persist. Together, these factors demonstrate that DFSA is not only a matter of individual criminal behavior but also a broader challenge involving substance access, regulatory systems, and social environments.

3.3. Physical and Psychological Health Impacts

Drug-Facilitated Sexual Assault has significant and wide-ranging impacts on victims, many of which are directly influenced by the pharmacological effects of the substances used.

From a physical health perspective, the effects vary depending on the type of substance involved. Alcohol and sedative drugs such as benzodiazepines can cause impaired coordination, dizziness, nausea, and loss of consciousness, while substances like GHB and ketamine may lead to rapid sedation, respiratory depression, and, in severe cases, overdose. Combined effects of several substances, especially the one of depressant medications in conjunction with alcohol, poses even higher risks.

One of the most important physiological effects associated with drug administration before sexual assault is anterograde amnesia. This implies that victims are unlikely to remember events preceding the consumption of such drugs as benzodiazepines and GHB. In such cases, Victims may only become aware of the assault hours later, often with limited or fragmented memory.

The psychological consequences are usually intense and persistent. The affected individual might suffer frompost-traumatic stress disorder (PTSD), anxiety, depression, and feelings of shame or self-blame. As far as the pharmacological impacts on the victims, memory loss can lead to further aggravation due to their doubts about the events, making it harder for the victim to process everything.

In the long term, DFSA can affect a victim's social functioning and sense of safety, particularly in environments associated with the incident, such as nightlife or public gatherings. The combination of physical effects, psychological trauma, and potential social stigma underscores the need for comprehensive responses that include medical care, mental health support, and victim-centered services.

4. Current Situation

4.1. Global Statistics and Trends

The prevalence rate for Drug-Facilitated Sexual Assault (DFSA) around the world may be hard to define due to various reasons. Firstly, cases of DFSA tend to go underreported and even when they are reported, it is not always possible to confirm which substances were involved. Despite this, existing research gives us a clear picture of some important trends.

In most regions of the world, alcohol is the most widespread substance used during assaults. Research conducted in the United States and the United Kingdom has shown that the presence of alcohol in sexual assault incidents accounts for approximately 50%-70% of the total number of cases. The main reason why alcohol is chosen as the preferred method for committing sexual assaults lies in its availability, acceptance among peers, as well as its ability to affect decision-making and cause memory loss when consumed heavily.

Meanwhile, rohypnol, GHB, and ketamine remain used by perpetrators; however, less often than alcohol and other substances mentioned above. Their impact, however, is significant because of their strong sedative and memory-impairing effects. Even in smaller numbers, these drugs play a critical role in DFSA due to how effectively they incapacitate victims.

In some areas like Europe and North America, data on DFSA is more accessible because of stronger reporting systems. On the other hand, in some areas like Asia, Africa, and Middle East, information on DFSA is scarce. This does not mean that DFSA is infrequent in those areas but rather the lack of data could be because of cultural stigma and ineffective reporting process.

There have been concerns over the increasing number of DFSA related cases with the introduction of synthetic and novel psychoactive substances (NPS). In addition to NPS, DFSA cases have also increased in nightlife scenes, festivals, and tourism spots.

On the whole, it can be concluded that there are limited figures concerning DFSA, but whatever little data is there shows that DFSA is a common phenomenon and an ever-evolving crime.

4.2. Underreporting and Systemic Challenges

As previously stated, one of the biggest challenges faced when it come to this issue is that many cases go unreported. Such instances make it very hard for authorities to estimate how widespread the problem is and formulate proper strategies. A key reason for this is the effect of the substances used on the victim's brain. For example, the drugs often used during DFSA can lead to memory loss. Victims may not even recall that an incident occurred until some time after it has taken place. At which point, the drug is no longer present in their system.

However, social reasons also exist for the underreporting of DFSA incidents which include:

- Fear of not being believed
- Concern about social stigma or judgment
- Feelings of shame or self-blame

In some countries, the situation is even more complex. In cases where the consumption of alcoholic beverages or drugs is socially or legally sensitive, victims fear getting penalized themselves, further dissuading them from reporting the act. There are several issues within the system that impede the resolution of DFSA cases. For instance, the limited access to advanced forensic testing, particularly for substances that leave the body quickly, as well as a lack of adequate training for police and healthcare professionals in identifying DFSA cases. In addition, the lack of clarity and standardization regarding how to deal with such events creates more difficulties, with poor coordination among various agencies making any intervention efforts much less effective.

In addition, the emergence of online drug trafficking sites has allowed for easier acquisition of certain drugs, whereas the monitoring system falls behind in its capabilities to detect them. Together, these factors contribute to a cycle where DFSA remains both underreported and difficult to prosecute, limiting the effectiveness of current responses.

4.3. Evaluating Legal and Policy Frameworks

Various legal and policy interventions for DFSA exist in different parts of the world, but they all fit into a few common categories. Although such interventions have played an important role in advancing the cause, they may lack the scope or effectiveness required for DFSA cases.

1. **Criminal Law Frameworks**

   Most countries rely on their laws against sexual offenses and general criminal law to deal with DFSA, with some mentioning incapacitation or intoxication. Countries like the United States, the United Kingdom, and Canada have passed legislation recognizing that an individual cannot give informed consent when they are under the influence of incapcitating substances.

   Such legislations are successful in creating a sense of responsibility among people and providing a definition for consent. However, their effectiveness in DFSA cases is often limited by evidentiary challenges, particularly when victims experience memory loss or when substances are no longer detectable. As a result, prosecutions can be difficult, and conviction rates remain relatively low compared to reported incidents.

2. **Drug Control and Pharmaceutical Regulation**

A further effective measure would be regulation of the common substances employed for DFSA, which include benzodiazepines, GHB, and ketamine. In many countries, these substances have been listed as controlled drugs. For instance, the substance Rohypnol has either been prohibited or strictly regulated in certain areas.

Although such regulations have proved effective in minimizing accessibility to dangerous substances in the legal drug market, their effectiveness is hindered by drug substitution and black markets, where offenders can resort to using other substances and even purchasing drugs from underground sources. Some of these substances also have medicinal applications, making regulation difficult.

3. **Public Health and Awareness Initiatives**

In recent times, DFSA has received considerable attention in the area of public health, with awareness campaigns and education efforts being carried out in this regard. This also includes activities that help the public learn about the safe consumption of alcohol and issues of consent. Awareness campaigns have proved successful in bringing attention to DFSA and motivating individuals to prevent this form of sexual assault. However, their success is often hampered due to poor implementation strategies, lack of funding, and problems in evaluating their performance.

4. **Forensic and Healthcare Response Systems**

Many countries have introduced protocols within healthcare systems to improve the identification and documentation of DFSA cases. These include toxicology tests, collection methods, and proper training for medical practitioners. These protocols have a major role in helping to address issues faced by the victims and in building strong cases through the law. Nevertheless, these processes encounter difficulties, such as the unavailability of testing facilities, particularly in

developing countries, and the urgency required during evidence collection since some of these substances are expelled from the body rapidly.

5. **International Guidelines and Cooperation**

International organizations, including the WHO, have set out guidelines for dealing with sexual violence and other public health problems. The strategies put forth focus on integration of various approaches that include prevention, legislation, and care for victims. Although useful in fostering international standards and collaboration, these approaches are voluntary and rely on their enforcement at the national level. This has caused differences among nations concerning how they respond to issues regarding DFSA.

5. Previous Actions

5.1. WHO initiatives

Instead of concentrating only on the criminal justice aspect, the WHO also considers the consequences for public health, clinical care standards, and forensic procedures. WHO's major purpose is to establish global standards for how healthcare systems respond to survivors. Responding to Intimate Partner Violence and Sexual Violence against Women (2013) is a key policy manual. The guidelines in this manual are an unprecedented effort to equip healthcare providers with evidence-based guidance as to how to respond to intimate partner violence and sexual violence. It promotes first-line support (LIVES: Listen, Inquire, Validate, Enhance safety, Support), which is especially important for DFSA survivors who frequently experience confusion and memory loss. The Clinical Handbook for Health Care (2014), published in conjunction with UN Women and UNFPA, offers practical measures for clinicians. It emphasizes the significance of rapid care, including emergency contraception and STI prophylaxis, regardless of the survivor's capacity to recall the event. The World Health Organization advocates standardized forensic medical examinations. It promotes informed consent and a

survivor-centered approach, ensuring that evidence collection is done with consideration and within the limited period these substances are in the system.

The WHO assists the Commission on Narcotic Drugs (CND) on scheduling substances. The CND meets annually and adopts a range of decisions and resolutions. Intersessional meetings are convened throughout the year. Towards the end of each year, the Commission meets at a reconvened session to consider budgetary and administrative matters as the governing body of the United Nations drug programme. The Expert Committee on Drug Dependence (ECDD) frequently analyzes psychoactive drugs. By suggesting that some sedatives be subject to greater international supervision under the 1971 Convention on Psychotropic Substances, the WHO restricts their legal availability and monitors global illicit trade. The WHO is monitoring the emergence of new psychoactive substances, which are commonly used as inexpensive and undetectable substitutes to classic date rape pharmaceuticals.

The World Health Organization aims to alter how society and medical professionals view drug-related assault. The Caring for Women Subjected to Violence Curriculum (2019) educates healthcare providers to recognize drug-induced incapacitation and address the self-blame and stigma experienced by survivors of DFSA.

While the media emphasizes on spiking, the WHO repeatedly highlights that alcohol is the most commonly used substance to enable sexual assault. Its Global Strategy to Reduce the Harmful Use of Alcohol intersects with sexual violence prevention, addressing contexts where intoxication is taken advantage of.

WHO actively engages in the UNiTE to End Violence Against Women campaign. It collaborates closely with the United Nations Office on Drugs and Crime (UNODC) to eliminate the gap between pharmaceutical treatments and legal sedative legislation.

5.2. International-level responses

Three United Nations treaties regulate the main international reaction to the use of sedatives in sexual assaults. The foundation of law is formed by the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit

Traffic. However, thereremains a big international policy gap. Rather than drug-facilitated assault as a violation of human rights, these treaties were intended to address drug trafficking as a financial crime. As a result, the UN Office on Drugs and Crime is now working toward Resolution 52/8, which explicitly warns Member States to keep an eye out for misuse of pharmaceutical products. In order to prevent sedatives like ketamine and benzodiazepines from being diverted from hospitals to the streets, this changes the global focus from strictly banning pharmaceuticals to monitoring their legal supply chain. However, the World Health Organization has consistently opposed the Commission on Narcotic Drugs' attempts to impose severe international regulations on ketamine, claiming that the health risk of losing a surgical anesthetic is greater than the DFSA's safety risk.

DFSA is a global obstacle to gender equality, according to the UN Commission on the Status of Women (CSW). Global Forensic Standardization is being pushed as a solution. The absence of synchronized toxicological windows currently makes it difficult for a victim to pursue justice. The worldwide community is supporting the Early Evidence procedure since drugs like GHB are naturally occurring in the human body and metabolize in 6–12 hours. In order to ensure that evidence gathered in one jurisdiction fulfills the evidentiary requirements of international human rights courts, the WHO is running a global drive to train healthcare professionals in clinical forensic medicine.

The private sector has joined governments in the global reaction. Pharmaceutical companies are under constant pressure through the International Narcotics Control Board (INCB) to alter the physical characteristics of high-risk sedatives. This involves adding chromogenic dyes, which alter a drink's color, or bittering chemicals, which block ingestion. A global Standard of Care for the hospitality sector is being developed by the International Nightlife Alliance and a number of UN-affiliated NGOs. This includes the Bystander Intervention Training, which is being standardized internationally so that students in Istanbul or tourists in Paris receive the same form of security from qualified venue personnel.

In Europe and North America, innovations including drug-detecting straws, coasters, and nail polish (like undercover colors) are frequently advertised. However, these are pricey and

frequently out of reach for low-income workers or students in underdeveloped nations. According to the UN Commission on the Status of Women, using victim-led technology perpetuates socioeconomic inequalities. People in poverty are disproportionately at risk if safety is an item of commerce. The global approach is moving toward environmental design that requires CCTV in high-risk zones worldwide and standardizes transparent glassware in bars.

In certain cultures, reporting a DFSA means admitting to drinking alcohol or being at a bar, which could be against the law or detrimental to the victim's social standing. The goal of the UN Women Safe Cities Initiative is to separate the moral circumstances of the victim's intoxication from the assault report. This includes setting up safe reporting channels so that victims may obtain medical attention and toxicological testing without having to deal with local legal penalties for using drugs or alcohol.

The micro-trafficking of sedatives is not being blocked by traditional border procedures, a.k.a. Border Protection and Customs. In response to this problem, INTERPOL's Project Mayag focuses on the illegal Darknet sale of synthetic sedatives. International cooperation now requires Postal Service integration and AI-driven international mail scanning, as these substances are frequently transported in small, unremarkable packages rather than in massive shipping containers.

5.3. National-level case studies

United Kingdom

Due to an increase in issues of both drink-spiking and needle-spiking in the UK, a thorough national investigation into the classification of these crimes was conducted.

However, because spiking was not a specific, stated crime and was frequently covered by generic poisoning statutes, there are challenges in pursuing cases. In order to enhance reporting and data collection, the UK government updated the legislation to specifically designate spiking as a crime.

Also, people who feel insecure could discreetly notify staff members through the "Ask for Angela" initiative in bars and clubs. Additionally, police departments were given quick testing kits to collect evidence within the limited 12- to 24-hour toxicological window.

Kenya

In order to address DFSA in emerging healthcare infrastructures where forensic resources may be few, Kenya offers case studies. The problem is that victim-blaming and unreported sexual violence have become common when drugs are involved.

In order to ensure a chain of custody for forensic evidence, Kenya trained police, attorneys, and medical professionals in partnership with NGOs such as Physicians for Human Rights. Additionally, the government treated sexual assault as a medical emergency rather than merely a legal one by incorporating the DFSA response into routine HIV/AIDS preventive kits.

India

India's response centers on the development of its forensic labs and the increasing usage of designer benzodiazepines. The shift from typical alcohol-facilitated assault to the use of odorless, tasteless club drugs like ketamine is the primary problem. To find traces of sedatives in blood and hair samples, India has made investments in sophisticated chromatography-mass spectrometry (GC-MS).

Furthermore, the Supreme Court of India has issued guidelines stating that consent becomes invalid when intoxication, whether voluntary or involuntary, prevents one from resisting.

Spain

Spain is a pioneer in community-based prevention, concentrating on the actual surroundings (such as nightclubs and festivals) where these dangers arise. One of the primary problems is the elevated rate of both drink-spiking and a more recent occurrence called needle-spiking in popular tourist destinations. Puntos Violetas, or Purple Points, are secure areas set up at music festivals

and nightlife spots where victims may report an incident, get emergency medical attention, and obtain psychological support without having to leave the venue. Reagent kits have been tested in some areas at On-Site testing locations, enabling partygoers to quickly check their beverages for GHB or ketamine.

Additionally, there is a national protocol in place whereby bar and secırity personnel are educated to recognize signs of chemical submission and are permitted to contact a specialized medical-police immediate response team.

South Africa

A crucial case study on forensic nursing is prıvided by South Africa; this paradigm can be modified for nations with overburdened physician-led ERs. The problem is that there is a lack of medical professionals with training in gathering forensic evidence, along with an incredibly high incidence of sexual assault. South Africa has led the way in using competent nurses to oversee the clinical response through the SANE Programs (Sexual Assault Nurse Examiners). They take care of everything from recording injuries to giving HIV Post-Exposure Prophylaxis (PEP). Thuthuzela Care Centers (TCCs) are centralized facilities in public hospitals that offer trauma-informed medical care, forensic evidence gathering, and legal support.

Canada

Data collection and targeted prevention are made easier by Canada's particular legal and medical framework, which clearly distinguishes between various forms of drug-facilitated assault.

The problem is the "grey area" where victims have willingly used drugs or alcohol but are subsequently singled out by predators due to their incapacity.

The Canadian framework makes a distinction between Opportunistic DFSA (targeting someone who is already intoxicated) and Proactive DFSA (drugging a victim without their knowledge). The Good Samaritan Drug Overdose Act encourages witnesses to report spiking cases without fear of being punished for their own drug usage by offering legal protection to those who call for medical assistance after an overdose.

Türkiye

Drug-Facilitated Sexual Assault appeared to be a major systemic failure in Türkiye in the early 2010s. Suspected drug victims frequently encountered a disjointed referral chain. After reporting to the local police station, a victim is usually transferred to a state hospital for a general examination before being referred to the Council of Forensic Medicine for specialized toxicology. Common date rape sedatives, like benzodiazepines, GHB, and ketamine, frequently leave the system in 6 to 12 hours due to their incredibly short metabolic half-lives. The biological evidence of the sedative had been digested and expelled by the time a victim reached a forensic specialist due to bureaucratic delays in the old Turkish system, resulting in a negative toxicology report even though a crime had been committed.

In order to address this, Türkiye started putting the Sexual Assault Crisis Center (SACC) model into practice, especially in large cities and university hospitals. This paradigm reflects a change from a legal-first strategy to an integrated health-first strategy, which is a fundamental guideline of the World Health Organization.

6. Key Terminology

Commission on Narcotic Drugs(CND): Primary policy-making body of the UN drug control system that is responsible for keeping an eye on the world's drug situation and determining which substances should be subject to international regulation.

The International Narcotics Control Board (INCB): An impartial, quasi-judicial oversight organization that guarantees adherence to UN drug treaties. INCB strikes a balance between minimizing illicit diversion and ensuring that medications are available for medicinal use.

United Nations Office on Drugs and Crime (UNODC): The main UN organization tasked with combating illegal drugs, international crime, and terrorism.

New Psychoactive chemicals (NPS): Often referred to as legal highs, these chemicals are made to imitate the effects of illegal narcotics while evading current drug regulations.

INTERPOL: The International Criminal Police Organization. It serves as a conduit for intelligence sharing on cross-border drug trafficking and promotes international police collaboration and criminal control.

The 1971 Convention on Psychotropic Substances: Served as a UN agreement intended to regulate psychoactive substances such as LSD, amphetamines, and barbiturates. It was developed in response to the increase in synthetic drug usage that was not addressed by earlier accords.

Sedatives: A class of medications that slow down brain activity, such as benzodiazepines. They are frequently abused in recreational settings or for illegal purposes, despite being used medicinally to treat anxiety or insomnia.

Micro-trafficking: Small-scale drug sales, usually on the streets or in local communities. Even while the individual quantities are modest, the large number of transactions poses serious problems for urban security.

Darknet: The encrypted section of the internet that search engines do not index. The anonymous sale of illegal goods, such as drugs and NPS, is a common use for it.

Drug-Facilitated Sexual Assault (DFSA): A sexual offense in which the victim is unable to give consent due to drug or alcohol-driven incapacitation, either voluntarily or involuntarily.

Spiking: The practice of adding drugs or alcohol to someone's drink (or, more lately, by injection) without that person's knowledge or consent, usually in order to assist sexual assault or theft.

Sexual Assault Forensic Exam (SAFE): A medical-legal examination carried out by a "SANE" (Sexual Assault Nurse Examiner) to gather DNA evidence and treat assault survivors.

Universal Health Coverage(UHC): The idea behind UHC is that everyone should be able to get all the high-quality medical care they require, whenever and wherever they need it, without facing financial hardship.

7. Conclusion

Drug-Facilitated Sexual Assault is a crucial connection of criminal justice, human rights, and public health. As this guide explains, the development of synthetic pharmaceuticals and the spread of sedatives have created a complicated worldwide environment where conventional safety precautions frequently fail. Systemic obstacles, such as societal stigma and the quick metabolic clearance of these chemicals, sometimes hinder prompt medical and legal intervention, increasing the physical and psychological distress inflicted upon survivors.

In addition to the therapeutic reaction to these attacks, the World Health Organization faces challenges in proactive pharmaceutical control and international forensic protocol standardization. A multifaceted strategy is needed to combat this menace, including strengthening international legal frameworks, improving healthcare provider training, and initiating extensive public awareness efforts that shift the duty of prevention from the individual to the group.

It is recommended that delegates approach this committee with a dedication to both creativity and compassion. The resolutions that are being developed here must go beyond simple condemnation and offer practical, cooperative solutions that put survivor care first, increase diagnostic accessibility, and eventually eliminate the circumstances that let these crimes continue in secret. The WHO is expected by the international community to be at the forefront of a response that is as advanced and resilient as the threats we confront.

8. Questions To Be Addressed

1. In order to guarantee both the preservation of forensic evidence and the physical recovery of suspected DFSA victims, what standardized guidelines should be established for healthcare providers?

2. To gain a better understanding of the epidemiological scope of the situation, how can member states enhance the reporting and monitoring of assaults associated with sedatives?

3. In what ways do these sedatives' amnesic qualities prevent the sufferer from pursuing timely medical or legal action?

4. What are the main barriers to the early identification of knockout medications in a patient's system in the present medical diagnostic procedures?

5. How can the distribution of medical-grade sedatives be tightened without limiting access for patients who genuinely require them for anesthesia, anxiety or insomnia?

6. In order to lower the total amount of high-risk medications in society, how can the WHO encourage pharmaceutical companies to investigate and provide non-sedative alternatives for common illnesses?

7. What safeguards can be implemented to stop sedatives from leaking into the black market from the legal medical supply chain?

8. How can educational modules that address the unique physiology of date rape drugs be implemented into health curricula at universities and secondary schools?

9. What effects does the absence of specialized SANE (Sexual Assault Nurse Examiner) programs have on recovery, and what are the long-term mental health consequences for DFSA survivors?

10. How can the WHO encourage the creation of quick-response, more reasonably priced testing kits that can identify medications that metabolize quickly after ingestion?

9. Further Readings

WHO & UNODC – Forensic Analysis of Drugs Facilitating Sexual Assault and Other Criminal Acts: **Technical guide on DFSA substances, detection, and forensic challenges**
https://www.unodc.org/documents/scientific/forensic_analys_of_drugs_facilitating_sexual_assault_and_other_criminal_acts.pdf

WHO (Referenced Definition) – Sexual Violence as a Public Health Issue: **Defines sexual violence broadly and explains its global health implications**
https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf

WHO-Referenced Research – DFSA as a Form of Sexual Violence: **Explains DFSA within WHO's framework of sexual violence and public health concern**
https://pmc.ncbi.nlm.nih.gov/articles/PMC12877744/

10. References

ScienceDirect: *A global epidemiological perspective on the toxicology of drug-facilitated sexual assault*
https://www.sciencedirect.com/science/article/abs/pii/S1752928X17300197

ScienceDirect: *Prevention of Drug-Facilitated Sexual Assault* https://www.sciencedirect.com/science/article/abs/pii/S2445424921000078

Guidelines Review Committee. (2013, June 16). *Responding to intimate partner violence and sexual violence against women*. https://www.who.int/publications/i/item/9789241548595

The Commission on Narcotic Drugs. (n.d.). United Nations : Office on Drugs and Crime. https://www.unodc.org/unodc/en/commissions/CND/

Sexual and Reproductive Health and Research (SRH). (2021, November 25). *Caring for women subjected to violence: a WHO curriculum for training health-care providers, revised edition, 2021*. https://www.who.int/publications/i/item/9789240039803

https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Resolutions/res_52_8.pdf

Ooms, G. I., Usman, M. A., Reed, T., Van Den Ham, H. A., & Mantel-Teeuwisse, A. K. (2024). The impact of scheduling ketamine as an internationally controlled substance on anaesthesia care in Sub-Saharan Africa: a case study and key informant interviews. *BMC Health Services Research*, *24*(1), 598. https://doi.org/10.1186/s12913-024-11040-w

Guidelines for the Forensic analysis of drugs facilitating sexual assault and other criminal acts. (n.d.). United Nations : Office on Drugs and Crime. https://www.unodc.org/unodc/en/scientists/guidelines-for-the-forensic-analysis-of-drugs-facilitating-sexual-assault-and-other-criminal-acts_new.html

Project Mayag. (n.d.). https://www.interpol.int/Crimes/Drug-trafficking/Drugs-projects/Project-Mayag

World Drug Report 2025. (n.d.). United Nations : Office on Drugs and Crime. https://www.unodc.org/unodc/data-and-analysis/world-drug-report-2025.html

Sexual assaults facilitated by drugs or alcohol – European Sources Online. (n.d.). https://www.europeansources.info/record/sexual-assaults-facilitated-by-drugs-or-alcohol-2/?hl=tr-TR