World Health Assembly

Research Report
The Question of:
Preventing and countering addiction to prescription drugs.

Introduction

During the past 120 years there has been a revolution in therapeutics. Many new medicines have been discovered and developed. Generally, this is a great thing. However, just because a doctor prescribes a pill or other medicine doesn't mean that it is safe for everyone. As the number of issued prescriptions rises, so do the rates of people misusing prescription drugs.

Prescription drug abuse has emerged as one of the world's fastest-growing drug problem. Although prescription drugs have been used effectively and appropriately for decades, deaths from prescription pain medicine in particular have reached epidemic proportions. In a survey conducted in 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) found that 18.9 million Americans aged 12 and older misused prescription drugs in the past year.

If you become addicted to a prescription drug, you may compulsively use it, even when it causes you harm. Some prescription drugs are more addictive than others. Most addictive drugs affect your brain's reward system by flooding it with dopamine. This results in a pleasurable "high" that can motivate you to take the drug again. Over time, you might become dependent on the drug to feel "good" or "normal." You might also develop a tolerance to the drug. This can push you to take larger doses.

The delegates of the World Health Assembly are to focus on strengthening provider and consumer education, tracking and monitoring prescription drug abuse, improving data collection on drug overdose fatalities, reclassifying drugs to make them more difficult to prescribe and obtain, and enforcing stricter penalties for individuals who operate scam pain clinics and sell pain pills illegitimately. A multifaceted approach to combating prescription drug abuse is vital in writing this resolution.

The Committee

The first World Health Assembly (WHA) conference was convened in 1948, two months after the World Health Organization (WHO) was founded. The WHA works as the brain of the WHO, meaning it is the decision-making body. Its main function is to determine the policies of the organization and it is the highest health policy setting body. The WHO realized it would be difficult to develop hardworking and fast programmes for all health matters requiring international attention during the first year of its existence, and thus accorded high priority to the first WHA for making some key decisions.

The WHA follows the standard rules of procedure, which means it is not an ad-hoc committee. In our conference, we will discuss issues related to major health problems and crises which concern an enormous number of people around the world. Furthermore, in our MUN committee, we are not to be concerned with financial clarifications, as long as proposals stay reasonable.

Key Terms

Drug Addiction
Addiction is a chronic brain disease that often happens again. It causes compulsive drug seeking and use despite harmful effects on the addicted person and the people around that person. The abuse of (prescription) drugs produces adverse psychological, physical, economic and social ramifications.
For most people, the first decision to take prescription drugs is voluntary. But over time, changes in the brain caused by repeated drug abuse affect a person's self-control and ability to make autonomous decisions. While this is going on, the person continues to have intense impulses to take more drugs.

Prescription drug
A pharmaceutical drug that legally requires a medical prescription to be dispensed.

Prescription Opioids
Opioids are often used as medicines because they contain chemicals that relax the body and can relieve pain. Prescription opioids are used mostly to treat moderate to severe pain. Opioids can also make people feel very relaxed and "high" - which is why they are sometimes used for non-medical reasons. Heroin is one of the world's most dangerous opioids.

Prescription Stimulants
Prescription stimulants are medicines generally used to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy—uncontrollable episodes of deep sleep. They increase alertness, attention, and energy.

Medical prescription
Federal law divides medicines into two main classes: Prescription medicines and over-the-counter medicines. Dangerous, powerful, or habit-forming medicines to be used under a health care provider's supervision can be sold only by prescription. The prescription must be written by a physician or a dentist. Otherwise the pharmacist is not allowed to prepare and fill it.

Over-the-counter medicines
These are medicines sold directly to a consumer without a prescription from a healthcare professional, as opposed to prescription drugs, which may be sold only to consumers possessing a valid prescription. In many countries, OTC drugs are selected by a regulatory agency to ensure that they are ingredients that are safe and effective when used without a physician's care. OTC drugs are usually regulated by active pharmaceutical ingredients (APIs). By regulating APIs instead of specific drug formulations, governments allow manufacturers freedom to formulate ingredients, or combinations of ingredients, into proprietary mixtures.

The 1912 Hague Opium Convention
On 23 January 1912, the International Opium Convention was signed in the Hague by representatives from China, France, Germany, Italy, Japan, the Netherlands, Iran, Portugal, Russia, Thailand, the UK and the British overseas territories (including British India). Three years later, it was implemented in five countries. The Convention gained, however, near-universal adherence after 1919 when all the countries signing the Peace Treaties of Versailles also became a party to the International Opium Convention. Thus by the mid-1920s close to 60 countries had - de jure - signed and ratified the Hague treaty and this number increased to 67 by 1949.

General Overview

Prescription drug misuse can have serious medical consequences. Increases in prescription drug misuse over the last 15 years are reflected in increased emergency room visits, overdose deaths associated with prescription drugs, and treatment admissions for prescription drug use disorders, the most severe form of which is an addiction.

Recreational use of prescription drugs is a serious problem with mostly teens and young adults, but with older adults as well, especially when combined with excessive alcohol usage. National studies show that a teen is more likely to have abused a prescription drug than an illegal street drug. One of the reasons for this fact, is that many teens think that prescription drugs are safer than street drugs because they were prescribed by a doctor. However, taking these drugs for non-medical use can be just as dangerous and addictive as taking illegal street drugs, if not more dangerous. Medicines are taken only under the care of a doctor, because there are very serious health risks in taking prescription drugs. And even when a doctor has prescribed the drug the patients have to be closely monitored to avoid addiction or other problems. In any way it is extremely dangerous to take any pill that you are uncertain about or was not prescribed for you. Additionally, all people can have a different reaction to drugs due to the differences in each person's body chemistry. A drug that was okay for one person could be very risky, even fatal, for someone else. Prescription drugs are only safe for individuals who actually have the prescriptions for themselves.

Some people fear that they may become addicted to medications prescribed for medical conditions, such as painkillers prescribed after surgery. As stated, prescription drug abuse can happen at any age, but commonly begins in teens or young adults. Risk factors for prescription drug abuse include:

- Past or present addictions to other substances, including alcohol and tobacco
- Family history of substance abuse problems
- Certain pre-existing psychiatric conditions
- Exposure to peer pressure or a social environment where drug use is a common occurrence
- Easier access to prescription drugs, such as having prescription medications in the home medicine cabinet
- Lack of knowledge about prescription drugs and their potential harm

Prescription drugs that are taken for recreational use include the following major categories:

1. Depressants: Often referred to as central nervous system (brain and spinal cord) depressants, these drugs slow brain function. They include sedatives (used to make a person calm and drowsy) and tranquillizers (intended to reduce tension or anxiety), such as Xanax, Valium and hypnotics as Ambien.

2. Opioids and morphine derivatives: Generally referred to as painkillers, these drugs contain opium or opium-like substances and are used to relieve pain, for example medications containing oxycodone (Oxycontin and Percocet) and hydrocodone (Norco).

3. Stimulants: A class of drugs intended to increase energy and alertness but which also increase blood pressure, heart rate and breathing, such as Ritalin, Concerta, Adderall XR, Dexedrine. It is used to treat attention-deficit/hyperactivity disorder and certain sleep disorders.

4. Antidepressants: Psychiatric drugs that are supposed to handle depression.

Statistics

Young adults (age 18 to 25) are the biggest abusers of prescription (Rx) opioid pain relievers, ADHD stimulants, and anti-anxiety drugs. They do it for all kinds of reasons, including to get high or because they think Rx stimulants will help them study better.

It is estimated that between 26.4 million and 36 million people abuse opioids worldwide,1 with an estimated 2.1 million people in the United States suffering from substance use disorders related to prescription opioid pain relievers in 2012 and an estimated 467,000 addicted to heroin. The consequences of this abuse have been devastating and are on the rise. For example, the number of unintentional overdose deaths from prescription pain relievers has soared in the United States, more than quadrupling since 1999. There is also growing evidence to suggest a relationship between increased non-medical use of opioid analgesics and heroin abuse in the United States.

Several factors are likely to have contributed to the severity of the current prescription drug abuse problem. They include drastic increases in the number of prescriptions written and dispensed, greater social acceptability for using medications for different purposes, and aggressive marketing by pharmaceutical companies. These factors together have helped create the broad "environmental availability" of prescription medications in general and opioid analgesics in particular.

The number of prescriptions for opioids (like hydrocodone and oxycodone products) have escalated from around 76 million in 1991 to nearly 207 million in 2013, with the United States their biggest consumer globally, accounting for almost 100 per cent of the world total for hydrocodone (e.g., Vicodin) and 81 percent for oxycodone (e.g., Percocet). This greater availability of prescribed drugs has been accompanied by alarming increases in the negative consequences related to their abuse.

Symptoms of Addiction

Drug-seeking behaviours are the primary warning signs of prescription drug abuse. These behaviours include: Frequent requests to refill the drugs from physicians, the patient losing prescriptions and requesting replacements regularly, consuming prescriptions a lot faster than indicated.

Several other behaviour patterns often accompany the emergence of prescription drug addiction. They should also be considered signs of a progressing addictive disease process: Noticeable mood swings corresponding to availability or absence of prescription drugs, changing sleep patterns, an increase in alcohol consumption.

An addiction to other drugs or alcohol can also coexist with prescription drug abuse. Many people have been found to mix alcohol with prescription medications to accentuate the feeling of euphoria. This mixture is often referred to as a cocktail. The risk of overdose in this situation is quite high.

Treatment

The two most used categories of drug addiction treatment are behavioural treatments (for instance contingency management and cognitive-behavioural therapy) and medications. Behavioural treatments focus mainly on changing unhealthy patterns of thinking and behaviour with patients, and teaching strategies to manage cravings and register signs and avoid situations that could lead to a possible relapse, and in some cases even providing incentives for abstinence. Individual, family, or group counselling as well can help patients improve their personal relationships and their ability to function at work and in the community.

Major Parties Involved

Patients

It is obvious that the patients play a huge role in this issue. Often, the initial decision to use a drug abusively is voluntary. There are several ways that patients can prevent prescription drug abuse.

- When visiting the doctor, provide a complete medical history and a description of the reason for the visit to ensure that the doctor understands the complaint and can adjust his prescription on this information.
- If a doctor prescribes medicine, follow the directions for use carefully and learn about the effects that the drug could have, especially during the first few days during which the body is adapting to the medication.
- Be aware of potential interactions with other drugs.
- Do not increase or decrease doses or abruptly stop taking a drug without consulting a healthcare provider first.
- Never use another person's prescription.

Pharmacists

Pharmacists play a role in preventing prescription drug misuse and abuse by:

- Explaining how to take a medication appropriately.
- Providing clear information about the effects the medication may have.
- Providing advice about any possible drug interactions.

They can also help prevent prescription fraud or diversion by looking for false or altered prescriptions.

Healthcare providers

Health care providers are in a unique position not only to prescribe needed medications appropriately but also:

- Identify prescription drug abuse when it exists.
- Help the patient recognise the problem.
- Set goals for recovery, and seek appropriate treatment when necessary.

USA

Prescription drug abuse is a serious and growing problem in the United States. The 2016 National Study on Drug Use and Health reported that an estimated 28.6 million Americans age 12 and overused illicit drugs during the month prior to the study. That means roughly 1 in 10 people struggle with some level of substance use, including addiction to prescription drugs. Furthermore, The USA makes up 5 per cent of the world's population and consumes approximately 80 per cent of the world's prescription opioid drugs.

Timeline of Events

1899 Aspirin was introduced into medical practice due to its effectiveness, Bayer Company of Germany originally promotes it to doctors. This is the first safe and effective medicine that is not addictive.

1900 Opium, morphine, heroin and cocaine in wide use in over-the-counter medicines made by a pharmacist or a manufacturer (known as patent medicines).

1912 Hague Opium Convention Treaty in China. The United States signs international agreement to limit the spread and use of narcotics.

1930s Law enforcement leads to diminished abuse of cocaine, opiates and marijuana.

1990s Prescription of opioids starts to rise

2000 The rise of the Internet to fill prescriptions or receive controlled substances is a growing problem. Illegitimate rogue websites are filling orders for controlled substances without a prescription. ‘

2007 It is the responsibility of the pharmacist to be confident that the prescription presented to her/him is authentic and that the medicine being prescribed is used in acceptable medical ways.
Non-medical use of medicines is now greater than the abuse of cocaine, hallucinogens and inhalants. Among adults 26 or older, 6.3 per cent reported non-medical use of prescription medicines in 2005. In children 12 or older, 2.2 million reported non-medical use of prescription medicines, mainly pain relievers and tranquillizing medicines.

Previous attempts to solve the issue

Pain Contracts

Some doctors now require patients to sign pain contracts. These contracts must be read and agreed to by the patient, or the doctor will not prescribe the pain-relieving drugs they need.

The contract lays out the important points a patient must agree to, including statements like:

I will not attempt to obtain drugs from any other source, I will not sell the drugs prescribed for me, I will agree to undergo screening tests to measure whether I am abusing pain drugs during the time I take them.

A final statement says that if they violate any of the points, the doctor will stop prescribing the meds for them, or will dismiss them from their practice. It's one reason patients may be blackballed or blacklisted.

The use of these pain contracts is a point of contention among doctors, as they feel that asking patients to sign such a contract violates doctor-patient trust. Those who use them anyway may appear to feel a bit embarrassed about asking their patients to sign these agreements, but they do use them because they feel their patients need to know the problems that may develop through the use of the drugs and to protect themselves from legal problems.

Urine Tests

One way a doctor can tell if his or her patient has either taken too much of an opioid drug or has been compounding the drug with other substances—including other drugs, marijuana, or alcohol—is to administer a urine test.

If other substances than the prescribed drug are found in a patient's urine, the doctor may dismiss the patient, or simply refuse to write a new pain drug prescription.

Statewide Databases

More than three dozen states and seven provinces in Canada have established databases to help track opioid and narcotic drug prescriptions.

These databases track doctors' prescription-writing, pharmacy prescription-dispensing, and patients' prescription filling.

When a patient sees his doctor, and the possibility exists for writing him a pain-relieving drug prescription, then the doctor will be able to access the database to be sure that patient is not attempting to "doctor shop:" amassing more prescription drugs than he is legally or medically entitled to, or which can be of danger to him if he overdoses.

While many patients are upset that such a database violates their privacy, this kind of tool has been proven to come in quite convenient:

Doctors will be able to more confidently prescribe drugs for appropriate patients, at appropriate times, with less fear that they can get in legal trouble.

Many patients continue to take pain-relieving drugs when they think they are dependent on them, even when they are not. Patients who are capable of being weaned off these drugs will be compelled to do so, even when they think it's impossible. Doctors will have complete information about their patients' pain drug history, including prescriptions written by other doctors, prior to their relationship with the patient.

The Future

Drug abuse is a chronic public health problem, affecting all levels of society, with potentially irreversible consequences. Drug abuse may affect a person's relationships, employment status, educational opportunities, status in society, and general health and wellness. However, drug abuse and addiction may be preventable. In the future, the utopia would be a world in which no one abuses prescripted drugs, people are educated in the use of drugs, and the consequences of drug abuse are clearly conveyed to everyone.

Important Decisions a Resolution Must Take

Because prescription drugs are safe and effective when used properly and are broadly marketed to the public, the notion that they are also harmful and addictive when abused can be a difficult one to convey. Thus, focused research is essential to discover targeted communication strategies that effectively address this problem. Reaching this goal may be significantly more complex and nuanced than developing and deploying effective programs for the prevention of abuse of illegal drugs, but good prevention messages based on scientific evidence will be difficult to ignore.

Further Reading

http://www.who.int/topics/substance_abuse/en/
https://www.webmd.com/mental-health/addiction/prescription-drug-addiction-risk#1
https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/how-can-prescription-drug-misuse-be-prevented
https://www.livescience.com/36486-prescription-drug-abuse-solutions.html

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http://www.unodc.org/wdr2018/en/interactive-map.html
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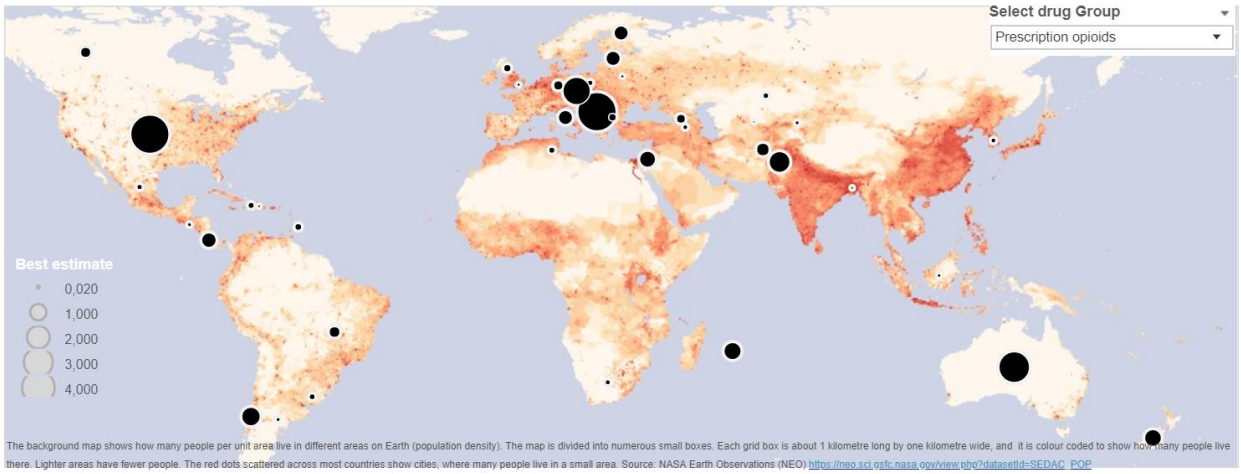
https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/how-can-prescription-drug-addiction-be-treated

LEMUN

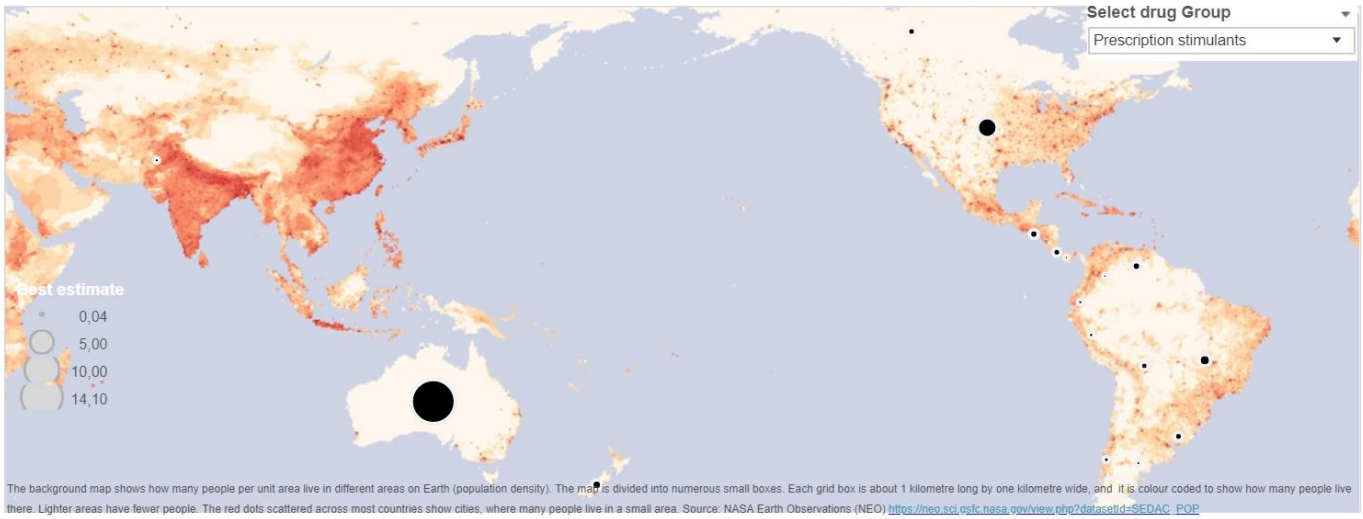
Annual prevalence of use of drugs in 2016 (or latest year available)



The background map shows how many people per unit area live in different areas on Earth (population density). The map is divided into numerous small boxes. Each grid box is about 1 kilometre long by one kilometre wide, and it is colour coded to show how many people live there. Lighter areas have fewer people. The red dots scattered across most countries show cities, where many people live in a small area. Source: NASA Earth Observations (NEO) https://neo.sci.gsfc.nasa.gov/view.php?datasetId=SEDAC_POP

Country	Method	Year	Adjustment	Age Group	Source	Comments	Low	Best	High
Afghanistan	HHS	2009		15-64	UNODC/ Govt. source		0,460	0,550	0,630
Argentina	HHS	2011		16-65	ARQ/Government			0,060	
Armenia		2007		15-64	Government source			0,080	
Australia	HHS	2013		14+	Government source			3,280	
Bangladesh	HHS	2003	a, e	15-64	ARQ			0,030	
Barbados		2006		15-64	UNODC Estimate		0,120	0,160	0,210
Belarus	R	2007	h,g	15-64	UNODC Estimate		0,010	0,040	0,070
Brazil	HHS	2005	e	12-65	ARQ			0,400	

Annual prevalence of use of drugs in 2016 (or latest year available)



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Country	Method	Year	Adjustment	Age Group	Source	Comments	Low	Best	High
Argentina	HHS	2017		15 - 64	ARQ			0,09	
Australia	HHS	2013	z**	14+	ARQ			14,10	
Bolivia (Plurinational State of)	HHS	2013	z**	12-65	ARQ			0,26	