



WORLD HEALTH ORGANIZATION



Index

1. Welcome letter	2
2.1 Historical Background	3
2.2 Organization	3
3. Topic A: Evaluation of the Impact of Psychoactive Drugs in Medications, and its Repercussions on People’s Health.	4
3.1 Introduction	4
3.2 Historical Background	6
3.2 Current Situation	8
3.2 Guiding Questions	10
3.2 Recommendations	11
3.2 Useful Links	12
3.2 Glossary	12
4. Country List	13
5. References	14

1. Welcome letter

“In a world challenged by multiple crises at the same time, global agencies working better together in supporting countries to turn around the impact on health and human capital is of paramount importance.” Dr Mamta Murthi, Vice President, Human Development, World Bank.

Dear delegates, The world is in constant cultural, social and economic change and it is currently facing a lot of complex geopolitical situations such as the disruption of peace by issues including internal or international conflicts, poverty, among all other kinds of situations that interrupt human rights from being accomplished. Such as the right to life and health.

Health, as one of the basic and fundamental rights, must be a priority for the International Community; the main objective of this commission is that all nations may reach the highest attainable standard of health, defined in its Constitution as a state of complete physical, mental and social well-being, and not merely the absence of a disease.

Even though the United Nations have been working for universal health compliance and protection, new problems and difficulties constantly emerge in the world, and right now, after a period of many changes, such as the COVID-19 pandemic, many of these efforts remain ineffective.

Due to the situation mentioned above, we Mateo and Daniela welcome you to the World Health Organization (WHO). We expect you to be fully prepared and perform satisfactorily on the seeking of progress in the implementation of equalitarian health, wellness, and the recognition of all the members who are part of it: the whole world.

Sincerely,

Mateo Giraldo Estrada
President
321 3575669

Daniela Menco Alzate
President
316 8249770

Commission email: who@ccbenv.edu.co

2. Introduction to the Committee

2.1 Historical Background

During the creation of the United Nations organization in 1945, representatives from Brazil and China suggested the creation of an international health organization and a conference call to draft its structure. Therefore, taking into account a correct creation process to conclude with an effective and collective enough organization to solve all health calamities in the international community, first a committee was created to function as a draft, and then the basis of the WHO organization was created and founded in 1948.

2.2 Organization

In terms of WHO's organization, it consists of the Secretariat, Member States, and the World Health Assembly.

- Secretariat: It refers to the experts, staff, and field workers at the Geneva headquarters, the 6 Regional Offices, and other stations located across more than 150 nations.
- Member States: every Member State is assisted by WHO in achieving the highest level of health for all people. The international staff offers guidance on public health issues to ministries of health and other sectors, as well as assistance with the development, implementation, and evaluation of health programs.
- World Health Assembly: is the highest governing body of WHO. Delegations from all Member States participate, and it focuses on a particular health agenda created by the Executive Board, to set priorities and plot a course for advancements in global health. The assembly takes place annually in Geneva, Switzerland.

3. Topic A: Evaluation of the Impact of Psychoactive Drugs in Medications, and its Repercussions on People's Health.

3.1 Introduction

Psychoactive medications are substances that modify brain function, resulting in emotion, thinking, perception, and/or behavioral changes. Psychoactive medications can be used for a variety of goals, including medicinal, ritualistic, and recreational ones. Cocaine,

LSD, alcohol, tobacco, codeine, and morphine are all examples of psychoactive drugs, many of which are used to relieve pain, such as codeine or morphine, which are legally authorized pharmaceuticals.

Many psychoactive medications are either banned or prohibited from being produced, distributed, sold, or used for non-medical purposes outside of officially sanctioned channels. They have different degrees of availability restrictions based on their health concerns and therapeutic efficacy. Those drugs can be categorized according to a hierarchy of schedules at both the national and international levels. Some international drug conventions concerned with the control of the production and distribution of psychoactive drugs are:

- The 1961 Single Convention on Narcotic Drugs, amended by a 1972 Protocol.
- The 1971 Convention on Psychotropic Substances.
- The 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Psychoactive Drug Classification:

Psychoactives are classified into many classes based on their pharmacological effects.

- Stimulants: excite the brain and promote alertness and wakefulness, such as caffeine, nicotine, cocaine, and amphetamines like Adderall.
- Depressants: medications that relax the brain, lessen anxiety, and make you sleepy, such as heroin and opiates like codeine.
- Anxiolytics: have a calming effect and inhibit anxiety, like benzodiazepines such as diazepam, barbiturates, opioids, and antidepressant medications.
- Euphoriants: drugs that induce euphoria, or intense emotions of well-being and happiness, such as the club drug MDMA (ecstasy), amphetamines, ethanol, and opioids such as morphine.
- Hallucinogens: Drugs that might create hallucinations and other perceptual irregularities, they also cause subjective alterations in thoughts, emotions, and consciousness, such as LSD, ecstasy, ketamine and salvia.
- Empathogens: substances that cause feelings of empathy or sympathy for others, such as amphetamines and MDMA.

Psychoactive medicines generally work by altering brain chemistry, which can result in changes in a person's mood, thinking, perception, and/or behavior. Each medicine has a distinct effect on one or more neurotransmitter receptors in the brain. In general, they function as either agonists or antagonists.

- Agonists: medications that boost the action of certain neurotransmitters. They may work by increasing neurotransmitter production, decreasing synaptic reuptake, or mimicking their activity by attaching to neurotransmitter receptors.
- Antagonists: medications that inhibit the activity of particular neurotransmitters. They may function by interfering with neurotransmitter synthesis, or by inhibiting neurotransmitter receptors so that neurotransmitters cannot connect to them.

The use of psychoactive drugs without medical supervision carries serious health hazards, and can lead to the development of drug use disorders. Untreated drug use problems increase morbidity and mortality risks for individuals, cause significant suffering, and impede personal, family, social, educational, occupational, or other critical areas of functioning. Drug use disorders have large societal costs due to lost productivity, premature death, increased health-care expenditures, and other costs linked with criminal justice, social welfare, and social implications.

About 500,000 deaths worldwide are linked to drug usage. Overdoses account for more than 30% of these deaths, which have an opioid connection in excess of 70%. Approximately 115,000 individuals died from opioid overdoses in 2017, according to estimates from the WHO. Opioid overdoses that do not result in death are much more frequent than overdoses that do. The number of opioid overdoses has increased recently in a number of nations, in part because more people are using opioids to treat their chronic pain, and more extremely strong opioids are becoming available on the black market.

3.2 Historical Background

The history of medicines is very broad, and it is not known with certainty who was the first to discover them. Throughout the years they have been used to cure or improve people's illnesses; especially plants have been the basis to obtain healing properties. Perhaps, myths have obscured the beginnings of drugs and medicine as well as their early history. The use of therapeutic herbs predates both ancient people and human civilization. Plants have played a significant role in maintaining human health and welfare. Since "drug" is derived from the

French term "drogue," which means dry herb, it is clear that the earliest drugs were derived from plant sources. The earliest people employed many unusual methods to heal illnesses, relying on plants, animal products, and minerals, with plants receiving preference. Although there are significant differences between the ancient medical systems of the world, such as Chinese Medicine, Ayurveda, and Greek Medicine, they all agree that disease is caused by an imbalance among the components of the body, and that the goal of treatment is to restore the balance using herbs.

These are some historical backgrounds of various drugs that are used in the medical field:

- Morphine (1827): was derived from opium. Although morphine is considered an addictive pain reliever, some doctors feel that the benefits far outweigh the drawbacks. Morphine's discovery and widespread use opened the door for a new generation of over-the-counter and prescription pain relievers that we use today.
- Codeine (1832): Although codeine can be extracted directly from opium, the majority of it is derived from morphine, another opium derivative. Is a narcotic pain reliever and cough suppressant that works similarly to morphine and hydrocodone.
- Aspirin (1899): It was first synthesized from acetylsalicylic acid. As a blood thinner, it prevents heart disease and stroke, in addition to relieving pain.
- Methamphetamine (1919): is a highly addictive stimulant medicine that was created in 1919 for therapeutic use, but went on the market in 1938. It enables people to function continuously and stay alert while requiring less sleep. They are produced as pills, powders, or ice-like crystals.
- Fentanyl (1959): strong synthetic opioid medication authorized by the FDA for use as an analgesic (pain reliever) and anesthetic. As an analgesic, it is approximately 100 times stronger than morphine and 50 times stronger than heroin.
- Tramadol (1962): opioid pain reliever that is taken orally. Is most commonly used to treat moderate pain, such as dental care, osteoporosis, and neuropathy, in both acute and chronic contexts. It is also licensed for the treatment of cancer pain for periods of less than three months. It is a completely synthetic medication.

- Benzodiazepines (1995): medications that slow your brain activity and your nervous system. It tells your brain to release the GABA (gamma-aminobutyric acid), a neurotransmitter. It is used as an amnestic, anxiolytic, hypnotic and sedative medicine.
- Oxycontin (1996): brand name for the generic opioid oxycodone hydrochloride, an opiate agonist. It is used to treat moderate to severe pain caused by injuries, bursitis, dislocation, fractures, neuralgia, arthritis, and lower back and cancer pain.

National drug policies are bound by international law commitments. The three important accords influencing international drug legislation are:

- The 1961 United Nations Single Convention on Narcotic Drugs.
- The UN Convention on Psychotropic Substances of 1971.
- The United Nations Convention on the Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

The United Nations drug control conventions are legally binding agreements that require governments to prohibit the distribution of banned drugs for non-medical or scientific purposes. This is a major impediment to national drug policy reform. The goal of these treaties is to create internationally applicable control measures that ensure psychoactive substances are used for medicinal and scientific reasons, while preventing their diversion into criminal channels.¹

Within the UN system, WHO has played an essential role in addressing the global drug problem. WHO activities to combat the global drug problem can be classified into the following categories:

- Prevention of drug use and reduction of vulnerability and risks;
- Treatment and care of people with drug use disorders;
- Prevention and management of the harms associated with drug use;
- Access to controlled medicines;
- monitoring and evaluation.

¹ The compilation of these three conventions is called “The International Drug Control Conventions”, to have more information about its contents, see: [The International Drug Control Conventions](#)

In addition, each country has its own national laws and regulations regarding the use of drugs in the manufacture, distribution, and use of drugs in pharmaceuticals.

The UN General Assembly's Thirty-First Special Session (UNGASS), in April 2016, reviewed progress in implementing the 2009 Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem, which included supply reduction and public health measures.

3.2 Current Situation

According to a research made by the UNODC (United Nations Office of Drugs and Crime), around 284 million persons aged 15 to 64 took drugs globally in 2020, a 26% rise over the preceding decade. Young people are consuming more drugs than prior generations, with use levels in many countries being greater than in previous generations. People under the age of 35 make up a significant majority of those being treated for drug use disorders in Africa and Latin America.

The use of psychoactive substances by children and adolescents is a significant global public health issue that has an impact on the health of individuals, families, and the community at large. It has been shown that 66.1% and 65% of people had used psychoactive substances at some point in their lives.

Europe:

The market for new psychoactive substances is distinguished by the huge number of substances that have appeared in this field, as well as the fact that new compounds are discovered each year. This phrase encompasses a wide range of substance kinds that are not regulated by international drug control treaties, while some may be subject to national regulatory measures. In 2021, EU Member States captured a record 8.5 tonnes of novel psychoactive drugs.

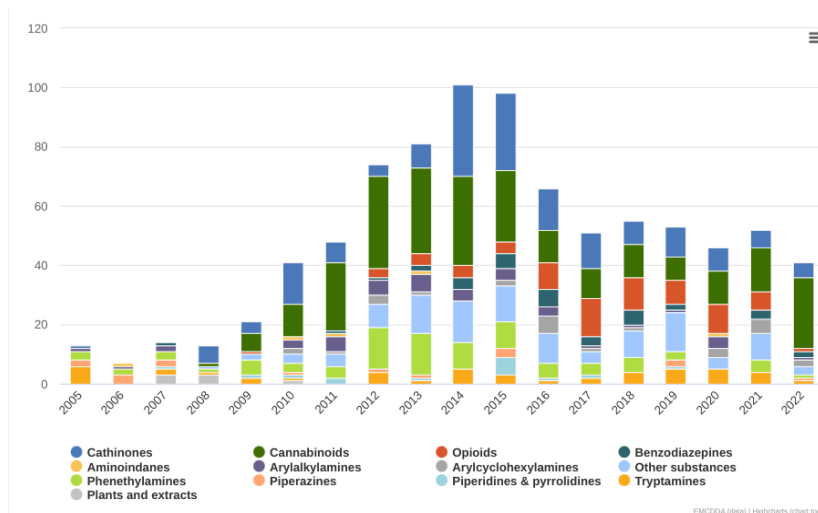


Figure 1

Number of new psychoactive substances reported for the first time to the EU Early Warning System, by category, 2005–2022 (European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 2023)

East and Southeast Asia

Through the Global SMART Programme¹¹ and Mekong MOU on Drug Control¹², the UNODC is collaborating closely with Thailand and other nations in the region to monitor the drug situation, to offer guidance on cooperation, detection, precursor chemical control, and to design public health strategies. However, the most important action is to support countries in working together on joint and border operations.

Africa:

The African Union continues to advocate for a multi-sectoral, balanced, and integrated approach to drug control through the African Union Plan of Action on Drug Control and Crime Prevention (2019-2023), taking into account global challenges relating to drugs, such as health, socioeconomic well-being, crime, terrorism, and security in our Member States. (African Union, 2019)

America:

Due to the fact that the majority of the research in the report employs data from North America, there are few studies on drug use in the Latin American and the Caribbean region, and data gathering techniques are inconsistent.

However, multiple significant facts point to one conclusion that is imminent: drug abuse is a serious public health issue that has to be addressed right away. Inequalities in

development, a lack of access to healthcare, and the isolation of some groups of the population from society are the three main causes of the issue. Consequently, a public health strategy must concentrate on: sustainable growth. the provision of healthcare as a fundamental human right. promoting social inclusion initiatives for vulnerable populations who are very susceptible to drug abuse and dependence. Drug usage has serious social and health repercussions that need to be addressed right now.

WHO's Response:

These have been some of the actions taken by WHO in order to control the abuse of psychoactive drugs and their effects on people's health:

- Assisting nations in their initiatives to assure the appropriate use of opioids, their best possible availability for medical uses, and the reduction of their misuse and non-medical use. Also, a certain number of fentanyl analogues have been placed under international control, which implies that their distribution is subject to strict restriction.
- Helping countries to evaluate changes in drug use and related harm, in order to better grasp the impact of opioid dependence and overdose.
- Recommending that naloxone be made available to anyone who is likely to witness an opioid overdose, as well as training in opioid overdose management. First responders should focus on airway care, aiding breathing, and delivering naloxone in cases of suspected opioid overdose.

3.2 Guiding Questions

1. What types of psychoactive drugs are the most common ones present in your delegation, and how has it affected factors such as people's health, the government and the economy?
2. Regarding your delegation's foreign policy, is it generally in favor of the access, use and distribution of psychoactive drugs? If so, how has it dealt with overdose cases, and how has it ensured that all people receive appropriate treatment?
3. Is your delegation part of any action plan, or does it plan to create one to prevent the

misuse of psychoactive drugs in medicines? Does your delegation consider that the current action plans have not worked properly?; what would your delegation do to improve them?

4. Does your delegation think that a replacement for psychotic medications should be sought, even though they help stabilize certain patient conditions? In your delegation, what is the most widely used drug in pharmaceuticals; and what impact has it brought to the country?

3.2 Recommendations

Although this can be a broad topic, the most important thing is that you understand the differences between the types of drugs and their functions. On this basis, we want to focus on psychoactive drugs, which are the ones that have been misused lately for recreational purposes. It is important to take into consideration that many of them play an important role in medicine, and help patients to treat certain conditions. That is why they cannot be completely inhibited, but a way should be sought to limit them, either in their use, production or distribution. When evaluating the impact they have on people's health, do not only focus on the physical and mental conditions in which they find themselves, but also hopefully look beyond; observe what happens to the pharmaceutical companies, the government or even the economy of a country. This impact requires solutions, which can only be found if all the factors that can be affected are brought together for the benefit of all. We hope that you will research not only information from your own delegation, but also from other countries, so that you can begin to generate more support and validity in your arguments, as to whether you are for or against the problem, and how the international community responds to them.

3.2 Useful Links

- *Monitoring Centre for Drugs and Drug Addiction. (2023). European Drug Report 2023: Trends and Developments. emcdda. Retrieved August 31, 2023, from https://www.emcdda.europa.eu/publications/european-drug-report/2023_en*
- *World Drug Report 2023. UNODC. Retrieved August 31, 2023, from <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2023.html>*

- *UNODC. (2009). Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the. UNODC. Retrieved August 31, 2023, from <https://www.unodc.org/documents/ungass2016/V0984963-English.pdf>*
- *World Health Organization. (n.d.). 45th Expert Committee on Drug Dependence documents. World Health Organization (WHO). Retrieved August 31, 2023, from <https://www.who.int/groups/who-expert-committee-on-drug-dependene/45th-ecdd-documents>*
- *UNODC. (2013). The International Drug Control Conventions: REVISED EDITION 2013. UNODC. Retrieved September 1, 2023, from https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf*

3.2 Glossary

- **Naloxone:** is a medicine that is used to quickly reverse an opioid overdose. is an opioid antagonist, which means it binds to opioid receptors and has the ability to reverse and prevent the actions of other opioids. Is a short-term therapy for opioid overdose, with short-term effects. As a result, it is vital to seek medical attention as quickly as possible after delivering or receiving naloxone.
- **Neurotransmitter receptor:** A neurotransmitter-activated membrane receptor protein that allows communication with other cells via chemical signals.
- **Overdose:** is when you consume an excessive amount of a substance or medicine. It is crucial to remember that not all overdoses are fatal or life-threatening; however, if an overdose is suspected or has happened, medical help should always be sought.
- **Substance abuse:** consumption of alcohol and illegal drugs, as well as other psychoactive substances, that are harmful or dangerous. The adverse effects on people's health that illicit drug usage has on society are one of its most significant effects. Additionally, drug usage costs individuals, families, and society a significant amount of money.

4. Country List

- I. Bolivarian Republic of Venezuela
- II. Democratic Republic of the Congo
- III. Dominican Republic
- IV. Federal Republic of Somalia
- V. Federative Republic of Brazil
- VI. French Republic
- VII. Hellenic Republic
- VIII. Islamic Republic of Afghanistan
- IX. Italian Republic
- X. Kingdom of Saudi Arabia
- XI. Kingdom of Spain
- XII. People's Republic of China
- XIII. Republic of Colombia
- XIV. Republic of Germany
- XV. Republic of South Sudan
- XVI. Republic of the Union of Myanmar
- XVII. Republic of Türkiye
- XVIII. Russian Federation
- XIX. State of Libya
- XX. Syrian Arab Republic
- XXI. The Republic of South Africa
- XXII. The State of Eritrea

- XXIII. Ukraine
- XXIV. United Kingdom of Great Britain and Northern Ireland
- XXV. United States of America

5. References

- American Addiction Centers. (2023, June 1). Tramadol Facts, History, and Statistics | Dangers and Legality. DrugAbuse.com. Retrieved September 1, 2023, from <https://drugabuse.com/opioids/tramadol/history-statistics/>
- Cleveland Clinic. (2023, January 3). Benzodiazepines: What They Are, Uses, Side Effects & Risks. Cleveland Clinic. Retrieved September 1, 2023, from <https://my.clevelandclinic.org/health/treatments/24570-benzodiazepines-benzos>
- DEA United States Drugs Enforcement Administration. (n.d.). Fentanyl. DEA.gov. Retrieved September 1, 2023, from <https://www.dea.gov/factsheets/fentanyl>
- HRB National Drugs Library. (2020). Synthetic drugs in East and Southeast Asia. Latest developments and challenges. - Drugs and Alcohol. The HRB National Drugs Library. Retrieved September 1, 2023, from <https://www.drugsandalcohol.ie/32008/>
- International Drug Policy Consortium. (2020, August 7). African Union Plan of Action on Drug Control and Crime Prevention (2019-2023). International Drug Policy Consortium. Retrieved September 1, 2023, from <https://idpc.net/publications/2020/08/african-union-plan-of-action-on-drug-control-a>
- Medicaid.gov. (2023). Access to Care. Medicaid. Retrieved August 31, 2023, from <https://www.medicaid.gov/medicaid/access-care/index.html>
- Neurotransmitter Receptor. (2017). ScienceDirect. <https://www.sciencedirect.com/topics/medicine-and-dentistry/neurotransmitter-receptor>
- Substance Abuse and Mental Health Services Administration. (2023, April 25). What is Naloxone? SAMHSA. Retrieved September 1, 2023, from

<https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxon>

- UNODC. (2013). The International Drug Control Conventions: REVISED EDITION 2013. UNODC. Retrieved September 1, 2023, from https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf
- UNODC Early Warning Advisory on New Psychoactive Substances. (n.d.). Global SMART Programme. UNODC. Retrieved September 1, 2023, from <https://www.unodc.org/LSS/Page/NPS/GlobalSmart>
- UNODC Regional Office for Southeast Asia and the Pacific. (n.d.). Mekong MOU on Drug control. UNODC. Retrieved September 1, 2023, from <https://www.unodc.org/roseap/en/what-we-do/toc/mou.html>
- UNODC Early Warning Advisory on New Psychoactive Substances. (n.d.). Global SMART Programme. UNODC. Retrieved September 1, 2023, from <https://www.unodc.org/LSS/Page/NPS/GlobalSmart>
- UNODC Regional Office for Southeast Asia and the Pacific. (n.d.). Mekong MOU on Drug control. UNODC. Retrieved September 1, 2023, from <https://www.unodc.org/roseap/en/what-we-do/toc/mou.html>