

Forum:	Social, Humanitarian & Cultural Committee (GA3)
Issue:	Strengthening healthcare systems to prevent opioid addiction
Student Officer:	Jason Patsatzis
Position:	Chair

PERSONAL INTRODUCTION

Dear delegates,

Before I welcome you to the 11th PSMUN Conference, I would like to introduce myself. My name is Jason Patsatzis, I am 17 years old, and I attend the Deutsche Schule Athen and this year I am honored to serve as a Chair in the Social, Humanitarian, and Cultural Committee (GA3). This will mark my 4th year of MUN, and particularly this conference, my tenth time chairing.

I sincerely hope that you are looking forward to this conference as much as I am. Today I get to serve as the chair of the committee and have the utmost honor of being able to share the excitement and joy this committee has always given me. The GA3 committee offers delegates a chance to discuss and vote on effective humanitarian measures, wishing to tackle modern issues of society. Whether it revolves around opioid addiction, indigenous people, or even protection from forcible evictions, delegates need to be able to come up with multidimensional solutions.

This year's agenda of the Social, Humanitarian and Cultural Committee (GA3) provides us with an opportunity to debate and discuss solutions regarding the effects of cultural relativism on indigenous people, the right to adequate housing and the protection from forcible evictions as well as the strengthening of healthcare systems in a modern economy in order to prevent opioid addiction. Both issues of humanitarian, economic, and social concern, provide delegates with a chance to gain a deeper knowledge of current global issues, which have tormented our society for decades.

Even though this study guide will guide you down the right path to find solutions for the issue at hand, you shall not base entirely your resolutions and research on this guide, considering the scope of issues discussed. This guide will provide you with solutions that may constitute a footing for the clauses, which you will draft. I personally urge all delegates to go outside of the frame of solutions that is provided within the guide and with your own research come up with effective solutions.

For any questions, please don't hesitate to contact me at my email address: jasonptz155@gmail.com

I look forward to meeting you all in March,

Your Chair, Jason Patsatzis

TOPIC INTRODUCTION

Opioid drugs have existed for many decades, with traces of heroin going back to the 1960s, yet still each year 500,000 people lose their lives due to extreme drug abuse with 70% of deaths resulting from heavy and constant opioid use. As of right now in the United States of America over 2.35 million people suffer from opioid use disorders (OUD), with a dramatic percentage presenting severe health issues, related to opioid abuse. From a global aspect in 2019, over 60 million people reported having used or using opioids. Each day the world is faced with more than 130 deaths per day, caused by opioid overdoses.

At the first glance, when taking these statistical data into consideration, there is a clear distinction and conclusion to be made, and that is that Opioids are deadly. Yet, behind those numbers lies a story far more disturbing, which is the story of how opioids managed to become one of the most prescribed drugs worldwide, yet, one of the most addictive ones as well. However, the overall rise in opioid-related drug overdoses puts a burden on the already outpaced healthcare systems, which have been detrimentally affected by the Covid-19 pandemic. Opioid-related incidents cost hospitals over 2 billion dollars on an annual basis.

In today's world patients suffering from OUD cannot be admitted to hospitals nor receive the help they need, due to sheer mounting pressure that has been put on our global healthcare systems by Covid-19. Yet, tackling and preventing opioid addiction doesn't only depend on the healthcare system's response, rather it also depends on changing the drugs we use as well as how often we prescribe; all of these are small steps that could help not only avoid future cases but also help the ones in need. Black Markets have formed, in order to serve the opioid need of many, however as a result due to the increasingly high demand, and pressure by government agencies to tackle such markets, knock-off counterfeit chemicals are used as substitutes, making many illegal narcotics even more fatal. Overall, the issue doesn't just call for a more

Impact of the Opioid Epidemic on the U.S. Healthcare System



Figure 1: The real impact of Opioid Addiction on US Healthcare

“How Illicit Drug Use Affects Business and the Economy.” National Archives and Records Administration, National Archives and Records Administration, obamawhitehouse.archives.gov/ondcp/ondcp-factsheets/how-illicit-drug-use-affects-business-and-t

organized and structured response by healthcare officials, rather a reform in the rogue pharmaceutical industry, which creates drug addiction issues in the first place.

Generally, the history of Opioid addiction and the resulting war against all opium products is a complex one, yet, crucial for the deeper understanding of the topic at hand, since the same patterns noticed in decade-long history can still be noticed today. Strengthening healthcare systems is, however, one of the vital steps that need to be taken if we truly wish to tackle the issue at hand.

DEFINITION OF KEY TERMS

Opioids

Opioids are drugs, which are naturally produced by opium poppies. Their effect on the human brain includes relief of pain and many more. They are prescription medication, yet, they often end in black markets in the form of heroin or other pills, which are usually counterfeit. The most commonly used ones are OxyContin and Fentanyl, which are both highly addictive.

Opioid Use Disorder (OUD)

Opioid Use Disorder is a relapsing illness and usually a chronic one, which revolves around the abuse of all opioid drugs. The disorder is directly associated with higher mortality rates and lower life expectancies.

Medicine for Opioid Use Disorder (MOUD)

Patients suffering from OUD are usually treated with substitute narcotics like methadone which reduce the risk of an overdose, and have proved to help patients both recover and useless. MOUD is used in hospitals and in the few rehabilitation institutes in existence.

Healthcare System

A Healthcare System is a system consisting of institutions, people, and resources all involved in delivering health care to individuals. Strong and functional healthcare systems are vital for an economy and a high-quality standard of living.

Addiction

As defined by the National Health Service (NHS) "Addiction is defined as not having control over doing, taking or using something to the point where it could be harmful for you". Addiction is not limited to just drugs, narcotics, or even gambling, everything which fits under the aforementioned category can be classified as one.¹

Prescription Drug

Prescription Drugs are drugs that can only be acquired through a written prescription of a physician. Prescription drugs, due to the fact that they cannot be legally obtained

¹ NHS Choices, NHS, www.nhs.uk/live-well/healthy-body/addiction-what-is-it/

by anyone (due to the need for prescription), are usually in great demand in underground black markets.

Opioid Crisis

The Opioid Crisis started in 1999 and ended in 2016, with over 453,000 Americans losing their lives due to opioid overdoses. During this time period, multiple lawsuits against pharmaceutical companies were made and compensatory sums reached 50 billion dollars.

Drug Overdose

A drug overdose is when a person consumes too much of a substance, causing them to overdose. Drug Overdoses are extremely dangerous and usually fatal for the victim.

Drug Abuse Prevention

Drug Abuse Prevention can be defined as the process preventing or limiting the use of a narcotic substance. Prevention efforts usually focus on the individual, or his environment.

Counterfeit Medicine

Counterfeit Medicine is a drug made by someone else rather than the original genuine manufacturer. Such medicine usually is lower grade and is made by hazardous chemicals, which haven't been approved for human consumption. Counterfeit medicine also infringes all trademark laws.

Rehabilitation

As defined by the World Health Organization "Rehabilitation is a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment". Usually it tries to improve a person's functioning through supporting them and addressing any possible underlying conditions.

BACKGROUND INFORMATION

The History of Opioids

Opium has existed since the dawn of human history, with the cultivation of the opium poppy being a product of utmost historical and agricultural significance. From 3400 BC even until 330 BC, opium was cultivated and used as medicine due to its natural painkiller properties. Around 1500, opium products became extremely popular amongst traders, due to the extreme hallucinations it produced, when consumed. As a result, opium was beginning to shift from being a strictly medical substance to being a recreational one. Until the 20th Century opium was used for both medical and recreational purposes.

Regarding medicine, opium was mostly given to the ones who had insomnia or any sort of extreme physical pain (hence it was also used by soldiers worldwide). In the following years, opium poppies would be used for the production of multiple drugs. One of the drugs produced during that period, which was originally intended to be used as medicine, was heroin. By taking today's data into consideration, the idea that one of the deadliest narcotics was used as medicine sounds completely absurd, well truth be told heroin was used as a medicine, and more specifically as a cough syrup, and it did a good job at healing the patient of any coughing symptoms, however, it also got them extremely addicted. Moreover, by that time in history, opioids due to their rampant use began to experience extreme commercialization, which led to opioids and opium imports being taxed and even regulated through multiple acts and legislations.

The turning point can be traced to the beginning of the 20th century, where at this point patients are starting to develop serious addictions to both legal and illegal drugs, such as heroin. Recreational of the drug was starting to overpower its medical use, with individuals engaging in acts of opium smoking, which led to an overall rise of addiction and mortality rates.

THE OPIOID EPIDEMIC BY THE NUMBERS

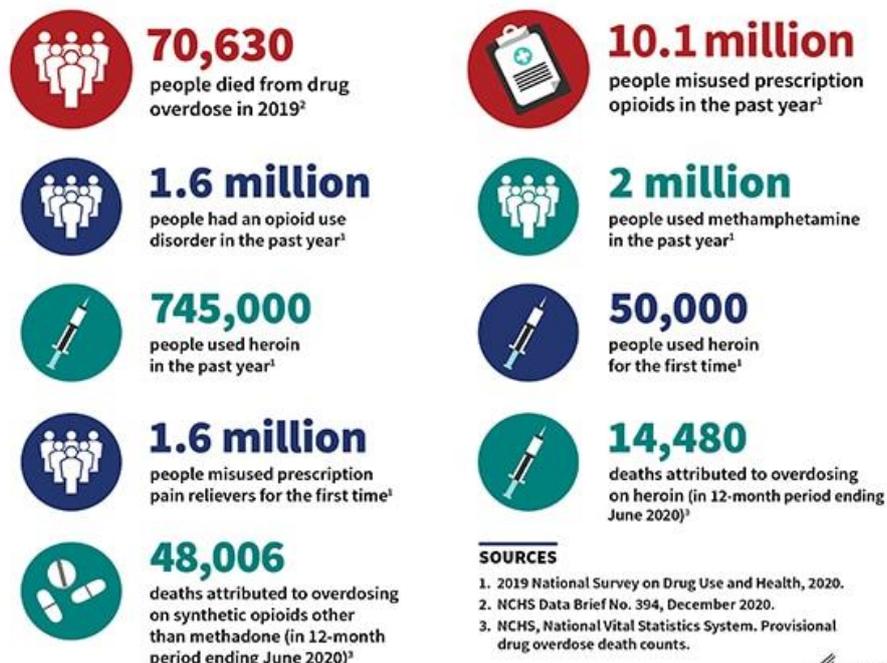


Figure 2: Image depicts Opioid related statistics

<https://www.hhs.gov/opioids/about-the-epidemic/index.html>

As a result, in 1905 opium smoking was banned and governments worldwide scramble to lower the alarmingly high heroin addiction rates. This was achieved by completely banning the recreational usage of the substance, which, however, as it will be analyzed later, created tremendous demand in black markets. Reports dating back to the US

civil war claim that due to nurses constantly injecting injured soldiers with morphine, many of them even after the war had ended, simply could not return to their normal lives, since many had “contracted” the opium habit. Morphine went from a world-renown medicine to a narcotic which fueled the US’s first major Opioid epidemic.

Towards the end of the 20th century reaching into the 21th century, opioids started to become the world’s favorite drug yet again. In 1980 multiple pharmaceutical companies decided to promote OxyContin, a new opium-based medicine, which cured any sort of pain and allowed for the patient to recover in a completely painless state. Well, this was how pharmaceutical companies presented OxyContin and various other drugs, however, the only thing they did not mention was that the medicine had extreme addictive properties. This marked the beginning of the new modern Opioid Era, the so-called “Opioid Crisis”.

Opioid Crisis – Opioids in a modern society

Oxycontin was approved for commercial use in December of 1995, however, a question which even until today remains unanswered is how these agencies manage to completely disregard the drug’s addictive side effects. The answer to that question still remains unknown, and even after multiple lawsuits against pharmaceutical firms, the only clear conclusion is that we overprescribe opioids. Today, strong painkillers (OxyContin, Oxycodone) are common prescription drugs in many nations, however most notably in the US. Such drugs, which are produced and manufactured by US pharmaceuticals, are extremely strong painkillers, which are intended to be prescribed in extreme cases of pain.

As it can be noticed in the figure above, opium consumption is and has always been extreme in the United States of America. However, before the Opioid Crisis is understood, what shall be taken into consideration and kept in mind, are the circumstances which allowed for Opioids to overtake.

Pharmaceutical Industry – Gateway to the Opioid Crisis

The Pharmaceutical Industry was the one most responsible for the Opioid Crisis, with lawsuits against companies like Purdue Pharma (Inventor of OxyContin) still going on until today. OxyContin has 160mg of oxycodone per tablet, whereas other commercial painkillers only include 5 or even a mere 2.5mg of oxycodone. The distinction here is pretty clear, OxyContin was no normal painkiller, rather its high oxycodone concentration is what makes it so effective as a painkiller and a recreational substance.

However, when Purdue Pharma discovered and patented the drug in 1996, even though the company itself knew of its hazardous side effects it decided to still promote the drug as a very safe and effective painkiller, which can heal almost if not everything. Nevertheless, this couldn’t be further from the reality, which was that only 4-5 days of usage, patients develop a dramatically high

risk of becoming addicted. This Information was classified by the company in question, which moved on to the present and excessively persuaded doctors and health institutions to promote the drug and prescribe it as often as possible.

At this point, it is legally unclear whether bribery was involved or not, however, taking into consideration that the Food and Drug Administration of the US (FDA) approved the drug after supposedly conducting careful and elaborate testing, respectfully doubts that bribery was not involved. At this point in the beginning of the 21st century, OxyContin and other opioids would be prescribed for almost any sort of pain, whether it was arthritis or someone who underwent an organ transplant it made no difference whatsoever. Doctors would prescribe the drug like it was candy. By 2010, it had generated 2.3 billion dollars in sales, which goes to show the extend of the drugs appeal. However, seeing the detrimental rise in addiction rates as well a drug overdose resulting from opium, officials were forced to step down on its excessive consumption, which only managed to create a black market. At this stage in the history of the so called "Opioid Crisis", corruption would start to become apparent, doctors and pharmacies who would only accept cash, would falsify prescriptions, and sell the drugs to addicts and dealers rather than patients. In this time period, opioids switched from being drugs to being narcotics. Black markets formed and opioid pills often referred to as "Percs" (abbreviation of the famous opioid painkiller Percocet) were sold at extremely low prices.

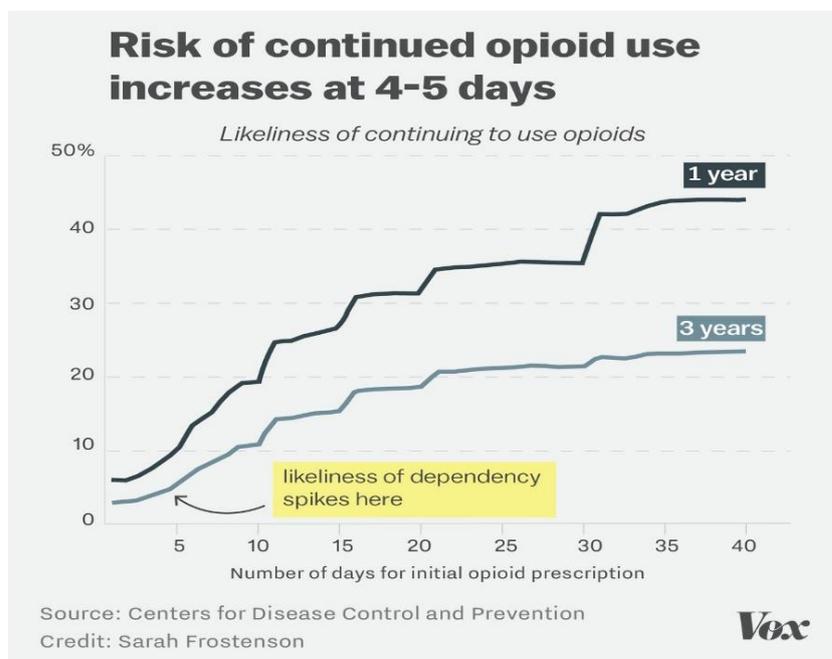


Figure 3: Chart depicting the increased addiction risk after using opioid substances

<https://www.vox.com/2017/3/18/14954626/one-simple-way-to-curb-opioid-overuse-prescribe-them-for-3-days-or-less>

Most of the times pills that were presented to addicts as fentanyl, oxycontin, or Xanax were in reality counterfeit pills, laced with other cheaper chemicals. The reason behind the influx of so many counterfeit drugs lied behind the fact that many governments thought that by banning the chemicals used for the production of such drugs, they would limit the supply and therefore, demand. However, unfortunately, this decision caused way more harm than good. Black Markets were able to effectively adapt and in order to bypass custom policies, illicit narcotic producers switched to lower-grade, substitute chemicals which even though didn't differ much from the original substances used to create these drugs, the substitute ones completely amplified the risks of overdose as well as death.

As a direct result even after the banning of such chemical, drugs especially like fentanyl were enabled to take almost double the lives over the next few years. At this point, the world is facing an opioid crisis, and the ones responsible for it are pharmaceuticals companies which decided to leave ethics behind and prioritize the maximization of profits. Today opioid substances are the basis of the international drug market, with narcotics like Morphine, OxyContin, Adderall, Fentanyl, Vicodin, and Percocet being extremely sought after in underground black markets, fueled by toxic substitute chemicals. Opium as mentioned before has always played a historical economic significance, however, now more than ever its effect on our society is beginning to show, and the statistics do not lie. Be opium oppies cultivated in Thailand and Afghanistan, used for making heroin, or fake pills produced in China and the US, the opioid market is a deadly and a large one.

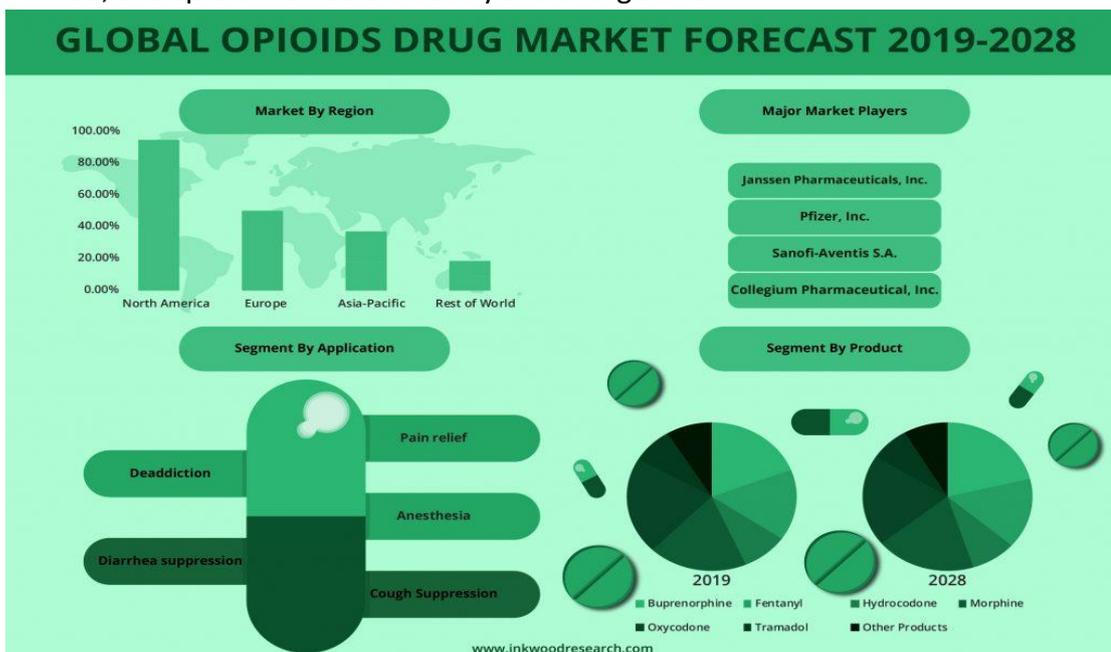


Figure 4: Global Opioid Share

<https://inkwoodresearch.com/reports/opioids-drugs-market/>

All in all, the current Opioid Crisis we are living in is nothing more than the excessive need of the pharmaceutical industry to maximize profits on behalf of human health. Since what started as a simple pain killer patent ended up causing a whole nation to suffer from an opioid pandemic the world has never seen before. Opioids are deadly and so were the actions taken by these companies which knowingly cost millions of human lives, by realizing such medicine to the general public. Even though many major companies were faced with lawsuits, the people responsible for the opioid crisis have never been faced with justice and no changes have been, whatsoever, in order to prevent something similar from repeating in the near future.

As of right now, the USA's FDA continues to approve medicines of questionable quality and safety, whereas pharmaceuticals still continue pressing doctors into prescribing their products. Companies like Novartis have gone as far as bribing doctors and other staff members in hospitals in order to prescribe their medications. In layman's terms, corruption plays an instrumental role in the issue at hand and so do the pharmaceutical companies which continuously take advantage of the legal loopholes in their industry.

Healthcare Systems

Healthcare has been the one affected the most since it had to deal with the aftermath of an issue created. Healthcare has experienced multiple waves of opioid incidents since the beginning of the crisis in the 1990s, however, in the past few years' hospitals have been severely outpaced by rising opioid cases. However, now more than ever, our healthcare systems are not only tested to their breaking point by opioid waves, but also the Covid-19 pandemic has severely complicated the situation inside of hospitals and other institutions.

Covid-19

In light of the pandemic, hospitals were called upon to adapt to the situation and assign all their resources towards fighting the pandemic. Despite their efforts, healthcare was unable to cope with the pandemic's rising cases worldwide, thus, lockdown measures forced multiple patients to remain in their houses, devoid of any help. This was detrimental for opioid addicts, who sought happiness during times of quarantine in drug abuse. Yet, the worst part is that patients suffering from OUD were not able to get the help they were in desperate need of, due to hospitals being too focused on fighting the pandemic. With hospitals being filled to the brim with Covid-19 patients and having to overwork their staff just to cope with the pandemic, it is obvious that they were unable to provide the help needed to any other patients, including addicts. This seriously affected the residents of multiple member states, who were left hopeless with no institutions to reach out to for help. In simple terms,

the Covid-19 pandemic helped outline two major issues with the first being that we need to revise the way our hospitals' function and pace with rising amounts of patients, and the second being that there are no institutions rather than hospitals offering help to addicts.

Overworked healthcare institutions were unprepared for the pandemic, but also unprepared to provide any sort of help to patients who were not suffering from coronavirus. In some nations with fewer Covid cases, institutions were able to cope and equally provide help. However, nations like Italy, China, Spain, and the USA which were detrimentally affected by the pandemic, we're unable to do so. However, despite the effect of Covid-19 on healthcare systems, many problems have arisen in the past few years, which again makes critically question the functionality of these systems.

Social stigma

ODD Patients are more than often victims of social stigmatization and unfortunately, this stigma follows them when they also decide to seek help for their issues. It has been reported on multiple occasions that patients have been rejected treatment or general service in such institutions since they don't suffer from an actual "illness", instead they are characterized as "addicts". This phenomenon has been noticed in nations that have been strongly affected by the opioid crisis, with a prime example being the US. However, this stigmatization following these people around is completely detrimental to their psychological health, and in most cases encourages further substance abuse.

The negative attitude of professionals towards such people as well therapeutic processes like MOUD, which effectively help tackle OUD can be noticed. MOUD, as already mentioned, is a treatment for Opioid Use Disorder (OUD) which by providing the patient with Methadone, Buprenorphine, and naltrexone, which are scientifically safer options in comparison to the commercially available opioids, offer the patient a chance to become socially functional again, as well as slowly yet effectively move away from their past of drug use. Yet again MOUD is seen negatively in many healthcare institutions, simply many believe that by providing an addict with more drugs, you simply fuel his addictions, which is completely false.

The general stigma, especially in healthcare, comes from a general great lack of training. In many nations, a mere low number of professionals have been sufficiently trained to prescribe MOUD, yet the ones who do, are seen in a negative light by their co-workers. Stigma is a large obstacle when it comes to tackling the issue at hand, since it doesn't allow for the patient to seek help nor to ask for it. Stigma regarding opioids and their users not only deprives

users of social freedom and social rights but rather also hinders efforts when it comes to rehabilitation and other therapies. Stigma and lack of overall education spread false stereotypes, with one of the most famous ones being that a user needs to completely be deprived of his substances in order to be able to recover or that medicine should be a last resort. In this case, both claims couldn't be false and further from the reality. Stigma plays a major role in the way our society treats such people; however, it also influences the healthcare sector.

Vulnerability & Ignorance

Another issue of the current healthcare systems is that they are simply vulnerable. Pharmaceuticals which altogether consist of billions of dollars in net worth are simply entitled to doing whatever they wish to do. This not only includes controlling prices, creation of cartels, and oligopolies in markets, it also includes the fact that pharmaceuticals can have any sort of drug they produced approved and then afterward distributed to the public with zero to no concern about public health. Due to their large capital through bribes, they are able to influence the healthcare sector into promoting products, which like in the case of OxyContin or even Percocet were completely detrimental for human health. This shows not only the vulnerability of the healthcare sector when it comes to influential pharmaceutical firms but also the corrupt and vague structure of such systems, which allows for opioids to be overprescribed and for millions to suffer as a result.

Governments simply in most cases do not intervene and simply allow for the billion dollars companies to influence markets, by simply controlling the drugs prescribed. Pharmaceuticals profit of people's pain, yet even until today no legal actions have been taken, and people's suffering has been simply bought back with money, something these companies can spare. In addition to the above, healthcare systems lack specialists in OUD recovery, as well as access to any treatment whatsoever.

It is not uncommon that in multiple nations, people do not have access to MOUD treatments options, or specialists who can prescribe such medicine. The healthcare systems we have implemented are vulnerable to pharmaceuticals, social stigma, as well as the overall lack of experience, training, and specialization. All of the above allow for the opioid crisis to keep tormenting societies as a whole and ripping apart nations both socially and economically.

Economic Effects

The Opioid Crisis has had tremendous economic effects, due to a variety of reasons. Yet most notably the opioid crisis has cost governments worldwide millions if not billions. The tackling of the opioid crisis has been costly, yet still mostly ineffective. Nations have spent billions on strengthening police forces in order to prevent chemicals used for the production of opioids, as well as narcotics from entering their nations. In addition to the above, many

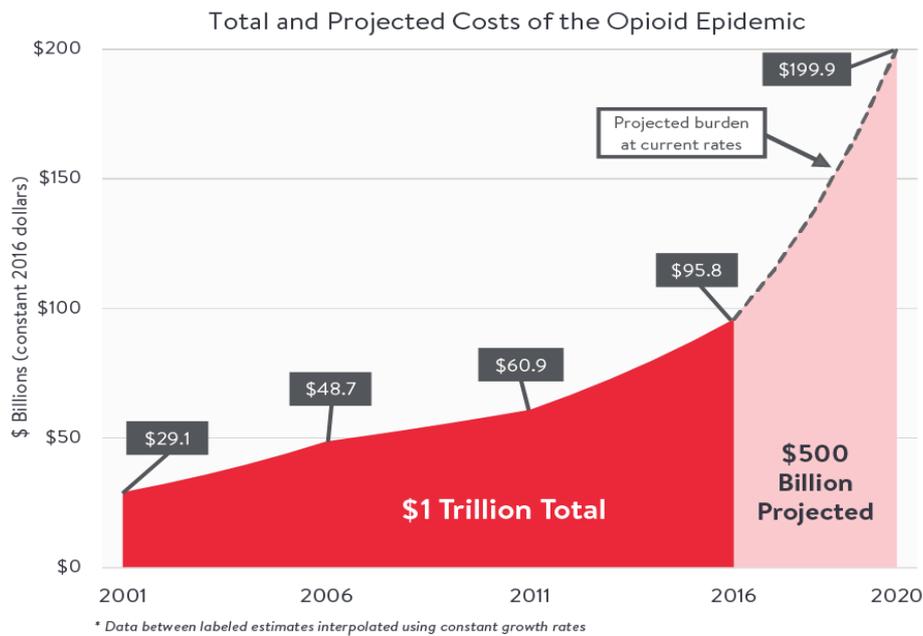


Figure 5: Cost of the Opioid Epidemic

<https://altarum.org/news/economic-toll-opioid-crisis-us-exceeded-1-trillion-2001>.

nations have spent millions on rehabilitation facilities, which treat patients with the MOUD treatment, yet most of the capital spent goes towards protective measures, rather than measures preventing patients from becoming addicted. Lost productivity due to the side effects of substance abuse, as well as absenteeism can tremendously affect an economy, especially in the manufacturing sector, since when a nation is deprived of its labor force, supply has to drop, whereas demand remains at the same level. As a result, prices dramatically rise, and the standard of living drops, as people are unable to afford the things they used to. As it can be imagined, this is the worst-case scenario for any economy, and especially the ones extremely dependent on their labor forces, thus drug addiction can be extremely detrimental to any developing economy.

Again, as it can be noticed in the graph above, opioid addiction is costly both socially and economically, costing nations in the last two decades over 1 trillion US dollars. Economically speaking, patients suffering from OUD cannot be

economically functional, meaning that they cannot work nor provide to the society economically, hence the economy begins to lose work force, and as direct result capital. The epidemic of opioids has been a financial disaster and it yet even after costing governments over 1 trillion, this issue has still not been effectively tackled. Even after resulting in the severe downgrading of multiple cities which became havens for opioid narcotics, and even after the multiple lawsuits filed against pharmaceuticals, states do not recognize that their own healthcare and pharmaceuticals are the root of the issue at hand.

Strengthening healthcare is not enough. Healthcare systems need to undergo a full reform and revision if we wish to tackle all of the above. The Opioid pandemic has simply changed multiple aspects of the world we live in, however, if we truly wish to see economic growth, narcotics such as opioids and their markets shall be tackled. However, at this point it is vital to mention, that since most political figures are stakeholders in big pharmaceutical companies, governments fear reacting, under the impression that by limiting the influence of such companies, their net worth will shrink and hence their economies which are crucially dependent on them will suffer from possible recessions.

Social Effect

Concluding, the Opioid Crisis has torn societies apart, not economically rather socially. Once responsible fathers and mothers, who provided for their families, became addicted to opioids, thus, completely destroying families. Additionally, the addiction to narcotics is a clear hazard not to all the factors mentioned above, rather to democracy and social equality itself, since patients struggling with OUD are often victims of abuse, disregard, and exploitation. As a result, a large proportion of OUD patients are unable to be socially active, nor care for their families, rather they only help prosper underground black markets and drug rings, just in order to be able to afford one more dosage. A situation truly catastrophic for societies, which is met by a pure lack of interest.

Even before the beginning of this crisis, even back in the 1960s and 50s governments would still take no action to try and care for heroin addicts, by reintegrating them into society. They were simply abandoned by the state that was supposed to protect them. Today, they are abandoned not only by the state but also by the healthcare systems, which simply decided to look the other way. Health and Protection is a right of everyone, and all of us should be applicable for it. However, it is simply ironic to say that we live in a democratic state, or a state which provides, when Opioid Use Disorder patients are simply left out on the streets, and when stigma carried around, does not allow them to seek help or even a job to financially survive.

Conclusion

The issue at hand revolves around both economic, social, and humanitarian aspects. However, what shall be understood is that the issue of opioid addiction and strengthening healthcare systems is complex. What was once an issue created by the excessive influence of pharmaceuticals, is now an issue of addiction and black markets. However, the over prescription and overconsumption of opioids still exist, and for that, the healthcare systems are to blame. All of these sections provide different insights into the issue and shall be taken into consideration. However, at this point in time, the world is dealing with the aftermath of the opioid crisis, which as mentioned started long ago.

MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

United Nations Office on Drugs and Crime (UNODC)

The United Nations Office on Drugs and Crime is one of the most involved NGOs when it comes to the issue discussed. More specifically UNODC through the collection of intel mostly on how illicit narcotics enter nations, member states are enabled to impose measures tackling smuggling of illicit drugs. The UNODC has contributed and played an instrumental role in tackling the Afghan route, which is the route used by smugglers to smuggle heroin from Afghanistan into European turf.

Overall, it also plays an advisory role, by proposing measures nations should impose. However, when it comes to healthcare, the UNODC is not allowed by its mandate to intervene, when it comes to domestic healthcare systems. Generally, NGOs cannot really intervene with domestic healthcare systems, since their role is strictly informing and advising. Therefore, their interference would be a violation of their mandate.

Afghanistan

Afghanistan has served in the past few decades as the world's largest heroin producer. The climate in Afghanistan allows for the cultivation of opium poppies, which are later used by local drug rings and terrorist groups, in order to produce heroin. Afghanistan's regime and lack of legislation as well as corruption have shaped it into a heroin production powerhouse, and through the infamous Afghan route tons of heroin are smuggled in Europe each year. The nation's involvement in the issue is critical since Afghan heroin is the one fueling opioid epidemics globally.

Thailand

Likewise, Thailand is another central opium poppy cultivation center, where again drug rings and criminal organizations cultivate opium and through hidden illicit laboratories produce heroin, which they later smuggle to all parts of Asia. Thailand's involvement on the issue is very similar to the one of Afghanistan, the same goes for

its policy. Thailand functions as an Asia heroin center, however, it shall be kept in mind that the only opioid produced there is heroin.

Mexico

Similar to Thailand, Mexican criminal organizations have supplied the US with opioids like heroin. In a nation whose climate is very prosperous for opium production, local cartels cultivate the opium poppies, which again in hidden laboratories is turned into the end product of heroin. Mexican drug rings smuggle heroin through the Pacific Ocean into cities like Miami and Los Angeles. Mexico's policy on the issue is similar to the one of Thailand and Afghanistan. Shall be noted again that even though Mexico is infamous for producing a vast variety of narcotics, its largest export happens to be heroin. It shall be noted that Columbia also shares a similar role, being another large heroin producer.

United States of America

Undoubtedly the nation with the most involvement on the issue, the United States of America is the one which has been affected the most by the issue at hand. The United States of America is both one of the largest consumers and also the largest producer of opioid pills. Its huge pharmaceutical industry is the one to blame for the opioid crisis which has tormented the nation since the 1990s. In the United States of America, black markets have been formed due to the severe demand for opioids. This demand is met by drug rings trafficking heroin into the nation, or by local criminal organizations which provide the addicts with counterfeit opioid pills, which are laced with substitute lower grade chemicals.

Overall, the United States has taken draconian measures in order to tackle the influx of narcotics into their nations. However, no measures have been taken by the nation in order to limit the power and influence of its pharmaceutical industry, nor has it taken any measures reforming the healthcare system, which is to blame for the current situation. The USA's policy on the issue is complex since pharmaceuticals are very prosperous for its economy, hence the USA is very hesitant when it comes to taking action against these companies. This is why by drawing attention to drug smugglers and blaming them for the opioid crisis, they can draw attention away from the pharma industry. The USA's Food and Drug Administration (FDA) is the one usually responsible for approving drugs and other products, yet the FDA has completely failed in preventing opioids from being approved, even though they contained enormous concentrations of opium per milligram.

Generally, it is safe to say that the USA's government bodies like the FDA are greatly influenced by pharmaceutical companies, which is an issue that shall be tackled. It is completely unreasonable and an overall hazard to democracy to allow for companies to influence the way a society functions.

Germany

European Nations are not majorly involved in the issue; however, they are mostly affected by the influx of opioids into their nations, with the most commonly consumed opioid being heroin, which is smuggled into Europe directly from Afghanistan. Nations like Germany have proposed initiatives tackling the smuggling of such narcotics. In addition to the above, they have introduced strict measures when it comes to prescribing opioids, in order to avoid a similar crisis.

However, it shall be noted that in many nations like Germany, healthcare is free, and many social programs exist which help patients with OUD recover. Germany, like most European nations, is entirely in favor of reforms in healthcare systems to avoid addiction. Furthermore, they are also entirely in favor of introducing new means of treatment and creating even more rehabilitation facilities, in order to cure the social stigma. Germany is a representative nation of the European Union's view on the issue since Germany is the largest drug producer in Europe.

TIMELINE OF EVENTS

Date of Event	Description of event
3400 BC	Opium Cultivation is mentioned for the first time in history.
330 BC	People of Persia and India are introduced to opium by Alexander the Great.
1300	Opium is said to be used by soldiers, in order to remain concentrated during fights and not let injuries distract them, a principle which would be noticed later on.
1799	Opium Purchasing and Trading is banned for the first time in China.
1827	The first production of Morphine officially begins in Germany.
18 th of March, 1839	First Opium War between China and England
1840	Opium Trade between England and the US marks the first taxation of opioids.
1856	France and England engage in conflicts with China, marking the Second Opium War.
1857	Opium Act of 1857 was introduced, which aimed at regulating cultivation and manufacturing of Opium.

1874	Researcher C.R Wright is the first one to synthesize heroin, by boiling morphine.
1890	US Congress commercialized Opium by introducing legislations, which would impose taxes on such products.
1898	Heroin is commercially introduced.
1903	Populations begin to experience heroin addiction.
1905	US Congress decides to ban Opium smoking as a result.
1 st February, 1909	The International Opium Commission is created and convenes in Shanghai, China.
1925	Following the ban on heroin, black markets are formed in New York City's Chinatown.
1930s	Heroin is smuggled from China in the US.
1936	Convention for the suppression of illicit traffic in dangerous drugs
1942-1945	During World War 2 opium is used to fuel soldiers, as well used on war prisoner in order to get information out of them.
1948-1972	US Heroin Market begins to thrive in New York under the extreme demand of heroin.
1953	Opium Protocol was created which aimed at reducing the cultivation and distribution of opium.
1972	Heroin begins to be exported from Asia's Golden Triangle.
1978	US agencies, in an attempt to limit the production of Mexican Heroin, begin to spray opium fields in Mexico with agent orange.
1995	Asia becomes the largest opioid production center yielding 2,500 tons of heroin annually.
1998	Fentanyl, another deadly opioid, is approved for commercial distribution.
November 1996	Nigeria, Columbia, China, and Mexico are recognized as exporters and producers of opioids.
January, 2002	OxyContin is created and patented, now ready for commercial distribution.

January, 2003	Purdue Pharma is issued a warning letter by the FDA about the false and misleading advertisement of OxyContin.
2010	New formulation of OxyContin is approved.
2013	Fentanyl and other synthetic opioids begin to rise, and so do overdose rates all across the world.
April, 2014	Treatments for opioid overdoses are approved by the FDA.
2015	Overdose deaths triple, reaching 33,000 deaths annually.
26 th April, 2016	Oxycodone, another addictive opioid, is approved.
2016	Centre for Disease Control (CDC) introduces guidelines, which aimed at prescribing non-opioid therapies, or by prescribing lower dosages of short-acting opioids. However, these guidelines would be completely ignored.
2016	Former President Barrack Obama asks that the US Congress provides over 1 billion US Dollars in order to combat the domestic opioid epidemic.
2017	Opioids claim 49,000 lives annually, with 130 American dying from an opioid overdose on a daily basis.
2018	Former President Donald Trump signs the Support for Patients and Community Act, which aimed at supporting patients suffering from OUD.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

War on Drugs

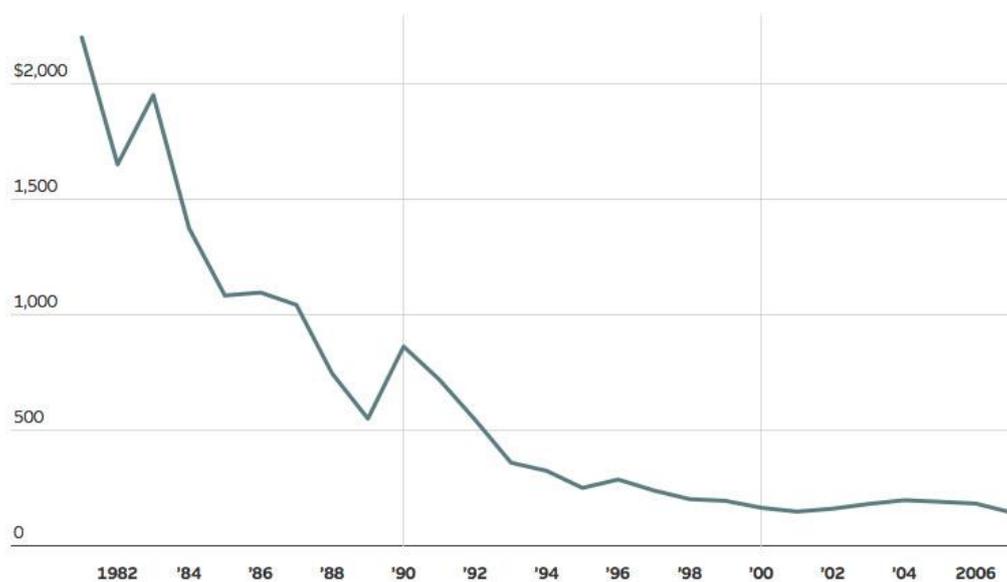
The War on Drugs was an international campaign, which was initially led by the United States of America. The War on Drugs aimed at effectively tackling the international drug trade as well as preventing the abuse of substances. Through operations in multiple nations like Columbia, Mexico, etc. the War on Drugs has tried to tackle the illicit production of opioids like heroin. Overall, more than one trillion US dollars have been invested into the fight against narcotics, however, the results do not reflect the amount of money spent. The War on Drugs is considered by many to be ineffective since it simply focused on tackling trade and foreign narcotic production, rather than tackling smuggling routes and enforcing societal changes in the healthcare sector.

Generally, the War on Drugs has been negatively viewed by the public due to the extreme and yet ineffective measures it took.

As an additional result, the War on Drugs has negatively affected the US criminal justice system, as well as endorsed drug-related violence worldwide. Yet, the most ironic part is that the US fails to acknowledge that in order to solve their drug issue, demand needs to be lowered, not supply. It shall be noted that the United States of America is one of the largest opioid consumers globally.

Moreover, the rising addiction and usage rates in the US also further indicate the ineffectiveness of the War on Drugs. However, what shall be taken into consideration is that due to the so-called Balloon Effect, tackling one drug market will simply force the international trade to shift somewhere. This can be attributed to the fact that the drug market is so lucrative. This results in constant shifts, which make these markets even harder to tackle, yet despite all of these constant shifts, markets still remain stable, due to the extraordinary number of suppliers and demand, which can always be met by some supplier if another one gets compromised.

Median bulk price of heroin per pure gram



Source: Office of National Drug Control Policy

Figure 6: Median price of heroin through the years

www.vox.com/2016/5/8/18089368/war-on-drugs-marijuana-cocaine-heroin-meth

Concluding, as seen above the stable heroin prices only justify the aforementioned and emphasize the fact that tackling the drug markets is not easy. However, it also leads us to the simple conclusion which is that if we cannot tackle the supply of opioids and other narcotics, then, we can try to tackle the demand.

[ECOSOC Resolution 2006/32 & CND Resolution 62/4](#)

These two resolutions were introduced by the UN's Economic and Social Council and the Commission on Narcotic Drugs, and both aimed to limit international opium supply through cooperation with nations like Afghanistan. However, due to them attracting zero to no attention by any member states, these resolutions simply served as of right now as decorations, never to see the light of global attention again.

POSSIBLE SOLUTIONS

[Tackling of Smuggling Routes](#)

A reasonable first step that shall be taken when trying to tackle the issue at hand is the tackling of any smuggling routes. These routes not only fuel local markets with even more narcotics, but they also smuggle chemicals into nations that contribute to the production of counterfeit opioid pills. In addition to the above, routes, like the Afghan Route, bring tons of heroin into Europe, and are the sole suppliers of heroin in such states, thus, tackling them would effectively decrease supply and as a result substance use. Routes like the Afghan Route can simply be tackled through stricter border patrols. Opium-producing nations like Mexico, Thailand, and Afghanistan need to be involved in international efforts, which would aim at lowering opium production as well as hindering the distribution and production of opioid narcotics like heroin.

[Reform of current Rehabilitation Facilities](#)

Current Rehabilitation facilities existing in multiple nations are desperately understaffed and underfunded leading to severe oppressive regimes inside of such facilities, with patients having to survive in prison-like conditions. Rehabilitation centers should not encourage the social stigma of OUD as well as any forms of social discrimination towards patients. By reforming such centers, it can be ensured that patients are guided towards the right direction, through correct treatments administered by professionals. New staff needs to be hired and all professionals working in such centers should be adequately trained in order to tackle any possible issues which may arise. The stigma of rehabilitation facilities should become a thing of the past, and patients should be encouraged to visit such centers if they are suffering from possible addiction. Such facilities are of vital importance in order to ensure social and humanitarian protection of such people, but also a truly equal society where others are not left out.

[Investing in Healthcare](#)

Many member states, due to lack of funds, have completely undermined healthcare in their nations, which resultantly led to hospitals becoming drug centers themselves, where doctors in exchange for cash would falsify prescriptions. Healthcare facilities should be safe for patients to seek help and treatments and likewise to the previous solution mentioned all staff should be met with adequate training. Financially

investing in healthcare is not only important for the tackling of the society, but also for the economic growth of many nations, since better health is completely tied to better productivity. Healthcare should not be vulnerable to pharmaceutical scandals, and as a last result staff should be led to selling illicit substances, hence, it goes without saying that for the tackling of overall substance abuse, a financial strengthening of healthcare is mandatory.

Overseeing Mechanisms

After the opioid crisis of the 1990s healthcare is not able to allow for a similar crisis to reoccur, hence, there should be careful testing when it comes to new medicines entering the market, especially regarding drugs that can have possible side effects. Overseeing governmental or even global mechanisms are crucial in order to ensure that no scandals are taking place, as well as limit the influence of pharmaceuticals on healthcare. These mechanisms will ensure the well-functioning of our healthcare systems, as well as ensure that they are no longer vulnerable. Mechanisms in form of agencies, or even databases can ensure some form of control over such institutes.

Switching to non-opioid drugs

Opioids are deadly and can only further assist in rising addiction rates, hence, one of the most important solutions to the issue would be to simply avoid using opium-based medicine, by rather switching to non-opium drugs. Introducing measures partially encouraging a switch to non-opium-based medicine (through financial motives) could be applicable to the issue at hand.

Legislation

Companies under normal circumstances should be held accountable for the actions they take, even if these actions cause worldwide narcotic pandemics, the ones responsible should be held accountable. However, in the case of modern legislative systems, this is not the case. Companies are simply able to fight off any possible lawsuits due to their unprecedented high capital which allows them to afford all sorts of legal protection. Pharmaceuticals should not be able to influence the healthcare sector in the way they do, nor should they be able to completely control markets and medicine used. These legal rabbit holes allowing companies to constantly avoid legal action should be effectively tackled. Legislative measures are of great importance if we truly wish to prevent another opioid crisis from taking place. Hospitals need to stop overprescribing opioids and pharmaceuticals need to stop preventing them, this can be achieved through specific legislation and guidelines.

Infrastructure (Building Rehabilitation Facilities)

It is not uncommon that a nation may completely lack any rehabilitation facilities or even available treatment for Opioid Use Disorder. As a result, patients are forced to survive on their own with no one to whom to seek help from. Rehabilitation facilities need to be accessible to everyone since it is a fundamental human right to have access

to health. Rehabilitation facilities are the ones specialized in dealing with issues of addiction, hence their existence in a healthcare system is of vital importance if a nation wishes to lower both use rates and addiction rates. By creating credible and trustworthy facilities, patients can be relieved of any social stigma, which could prove to be instrumental when it comes to strengthening healthcare.

Stigma & Social Awareness

When it comes to addiction and disorders like OUD or even anything revolving around these things, a social stigma is apparent. People do not want to be associated with working close to addicts, with being an addict, or even knowing one, as a result being an OUD patient, instantly marks you negatively and people tend to view such people differently since they are preoccupied with false stereotypes regarding addicts. Social awareness is unfortunately scarce when it comes to the issue, with extreme amounts of discrimination towards such people being noticeable both inside and outside of the healthcare sector. People simply tie the idea of being addicted to narcotics, to being a criminal, a thief, or even a drug dealer themselves, as a result, addicts are denied care or help. This is a clear violation of human rights, simply because you cannot refuse a patient healthcare, just because he suffers from addiction, nor allow healthcare workers to be socially biased when it comes to treating such patients. Overall, this calls upon social awareness. People should be informed of the dangers of addiction as well as on how to actually help someone suffering from it. By understanding the issue at hand and comprehending how it could simply be anyone, who could fall victim to the addictive properties of opioids, we can truly help such people remove all social stigma of their minds and allow themselves not only to be socially functional but also safely seek help when they need it.

BIBLIOGRAPHY

Al Jazeera. "US Judge Rejects Sweeping Purdue Pharma Opioid Settlement." *Drugs News* | Al Jazeera, Al Jazeera, 17 Dec. 2021, www.aljazeera.com/news/2021/12/17/us-judge-rejects-sweeping-purdue-pharma-opioid-settlement.

Assistant Secretary of Public Affairs (ASPA). "What Is the U.S. Opioid Epidemic?" *HHS.gov*, <https://plus.google.com/+HHS>, www.hhs.gov/opioids/about-the-epidemic/index.html.

Background - Oxycontin Diversion and Abuse, www.justice.gov/archive/ndic/pubs/651/backgrnd.htm.

Beckman, Abigail. "Millions in Opioid Crisis Settlement Dollars Could Reach El Paso County. Is It Enough to Stop the Rise in Heroin and Fentanyl Deaths?" *Colorado Public*

Radio, Colorado Public Radio, 15 Dec. 2021, www.cpr.org/2021/12/15/opioid-crisis-settlement-el-paso-county-coroner/ .

Bertha K. Madras, N. Jia Ahmad. "Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies to Address Key Barriers within the Treatment System." *National Academy of Medicine*, 29 Apr. 2020, nam.edu/improving-access-to-evidence-based-medical-treatment-for-opioid-use-disorder-strategies-to-address-key-barriers-within-the-treatment-system/ .

Bloomberg.com, Bloomberg, www.bloomberg.com/news/features/2021-09-01/sackler-family-exits-bankruptcy-trial-over-purdue-pharma-s-oxycontin .

Butanis, Benjamin. "Signs of Opioid Abuse." *Johns Hopkins Medicine, Based in Baltimore, Maryland*, 27 Aug. 2018, www.hopkinsmedicine.org/opioids/signs-of-opioid-abuse.html .

Center for Drug Evaluation and Research. "Opioid Timeline." *U.S. Food and Drug Administration, FDA*, www.fda.gov/drugs/information-drug-class/timeline-selected-fda-activities-and-significant-events-addressing-opioid-misuse-and-abuse .

"Counterfeit Medicine." *European Medicines Agency*, www.ema.europa.eu/en/glossary/counterfeit-medicine .

"Decrease Opioid Misuse Archives." *NQIIC*, quality.allianthealth.org/topic/decrease-opioid-misuse/ .

DeWeerd, Sarah. "Tracing the US Opioid Crisis to Its Roots." *Nature News*, Nature Publishing Group, 11 Sept. 2019, www.nature.com/articles/d41586-019-02686-2 .

Dualdiagnosis.org, dualdiagnosis.org/infographics/history-of-the-opioid-epidemic/ .

Dutton, Gail. "How Pharma and Academia Are Tackling the Opioid Epidemic." *BioSpace*, BioSpace, 17 Dec. 2021, www.biospace.com/article/how-pharma-and-academia-are-tackling-the-opioid-epidemic/ .

"Economic Burden of Illness in Opioid Use Disorder (OUD) and Medication-Assisted Treatments." *AJMC*, www.ajmc.com/view/economic-burden-of-illness-in-opioid-use-disorder-oud-and-medication-assisted-treatments .

"Economic Toll of Opioid Crisis in U.S. Exceeded \$1 Trillion since 2001." *Altarum*, 14 Sept. 2020, altarum.org/news/economic-toll-opioid-crisis-us-exceeded-1-trillion-2001 .

Ellis, Mary Ellen. "Drug Overdose: Definition, Treatment, Prevention, and More." *Healthline*, Healthline Media, 25 Feb. 2020, www.healthline.com/health/drug-overdose#risk-factors .

Fentanyl: The next Wave of the Opioid Crisis, www.govinfo.gov/content/pkg/CHRG-115hhrg25507/html/CHRG-115hhrg25507.htm .

Frostenson, Sarah. "The Risk of a Single 5-Day Opioid Prescription, in One Chart." *Vox*, Vox, 18 Mar. 2017, www.vox.com/2017/3/18/14954626/one-simple-way-to-curb-opioid-overuse-prescribe-them-for-3-days-or-less .

"Global Opioids Drugs Market: Growth, Opportunity, Analysis, Share, Size." *Inkwood Research*, 11 May 2020, inkwoodresearch.com/reports/opioids-drugs-market/ .

"HHS 5-Point Strategy to Combat the Opioid Crisis." *HHS 5-Point Strategy to Combat the Opioid Crisis | National Rural Health Resource Center*, 1 June 2018, www.ruralcenter.org/resource-library/hhs-5-point-strategy-to-combat-the-opioid-crisis .

Hirsch, Ronald. "The Opioid Epidemic: It's Time to Place Blame Where It Belongs." *Missouri Medicine*, Journal of the Missouri State Medical Association, 2017, www.ncbi.nlm.nih.gov/pmc/articles/PMC6140023/ .

"History of the Opioid Crisis." *Opium Throughtout History*, cbn.nic.in/html/opiumhistory1.htm .

"How Healthcare Providers Are Fighting the Opioid Epidemic on the Front." *Premier*, 19 Dec. 2021, www.premierinc.com/newsroom/blog/how-healthcare-providers-are-fighting-the-opioid-epidemic-on-the-front-lines .

"How Illicit Drug Use Affects Business and the Economy." *National Archives and Records Administration*, National Archives and Records Administration, obamawhitehouse.archives.gov/ondcp/ondcp-fact-sheets/how-illicit-drug-use-affects-business-and-the-economy .

Integrating Public Health and Health Care Strategies to ... journals.lww.com/jphmp/Fulltext/2019/05000/Integrating_Public_Health_and_Health_Care.2.aspx .

"Is Covid-19 Fueling the next Opioid Epidemic?" *The Recovery Village Drug and Alcohol Rehab*, The Recovery Village Drug and Alcohol Rehab, 5 Feb. 2021, www.therecoveryvillage.com/professionals/blog/covid-fueling-next-opioid-epidemic/ .

Little, Becky. "How Civil War Medicine Led to America's First Opioid Crisis." *History.com*, A&E Television Networks, 7 Dec. 2021, www.history.com/news/civil-war-medicine-opioid-addiction .

Marks, Jonathan H. "Lessons from Corporate Influence in the Opioid Epidemic: Toward a Norm of Separation." *Journal of Bioethical Inquiry*, Springer Singapore, June 2020, www.ncbi.nlm.nih.gov/pmc/articles/PMC7357445/ .

Mara Laderman. "For Hospitals, a Blueprint for Fighting the Opioid Epidemic: Health Affairs Blog." *Health Affairs*, 20 Dec. 2019, www.healthaffairs.org/doi/10.1377/hblog20191217.727229/full/ .

“Moud Toolkit.” *National Drug Court Institute - NDCI.org*, 12 May 2021, www.ndci.org/resource/training/medication-assisted-treatment/moud-toolkit/ .

National Institute on Drug Abuse. “Opioid Overdose Crisis.” *National Institute on Drug Abuse*, 1 July 2021, www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis .

NHS Choices, NHS, www.nhs.uk/live-well/healthy-body/addiction-what-is-it/ .

“Opioid Crisis.” *Official Web Site of the U.S. Health Resources & Services Administration*, 30 Nov. 2020, www.hrsa.gov/opioids .

The Opioid Crisis: Hospital Prevention and Response. carilion.com/sites/default/files/2019-07/Essential_Hospitals_Opioid-Brief_OCR.pdf .

“Opioid Overdose.” *World Health Organization*, World Health Organization, www.who.int/news-room/fact-sheets/detail/opioid-overdose .

“Prescription Drug Definition & Meaning.” *Merriam-Webster*, Merriam-Webster, www.merriam-webster.com/dictionary/prescription%20drug .

“Rehabilitation.” *World Health Organization*, World Health Organization, www.who.int/news-room/fact-sheets/detail/rehabilitation .

Stoicea N;Costa A;Periel L;Uribe A;Weaver T;Bergese SD; “Current Perspectives on the Opioid Crisis in the US Healthcare System: A Comprehensive Literature Review.” *Medicine*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/31096439/ .

“Substance Abuse Prevention.” *Wikipedia*, Wikimedia Foundation, 23 Nov. 2021, en.wikipedia.org/wiki/Substance_abuse_prevention .

“A Timeline of the Opioid Epidemic.” *Leidos*, www.leidos.com/insights/timeline-opioid-epidemic .

Van Zee, Art. “The Promotion and Marketing of Oxycontin: Commercial Triumph, Public Health Tragedy.” *American Journal of Public Health*, American Public Health Association, Feb. 2009, www.ncbi.nlm.nih.gov/pmc/articles/PMC2622774/ .

Lopez, German. “The War on Drugs, Explained.” *Vox*, Vox, 8 May 2016, www.vox.com/2016/5/8/18089368/war-on-drugs-marijuana-cocaine-heroin-meth .

ECOSOC Resolution 2006/48 Committee of Experts on ... - Un. www.un.org/en/ecosoc/docs/2006/resolution%202006-48.pdf .

Resolution 62/8 Supporting the International Narcotics ... www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2019/CND_Resolution_62_8.pdf .