

Committee: World Health Organization (WHO)



Topic: Substance abuse and dependence.

Substance abuse and dependence refer to any continued pathological use of a medication non-medically indicated drug (called drugs of abuse), or toxin. Substance abuse is any pattern of substance use that results in repeated adverse social consequences related to drug taking- for example, interpersonal conflicts, failure to meet work, family school obligations or legal problems.

Substance dependence, commonly known as addiction, is characterized by physiological and behavioral symptoms related to substance use. These symptoms include the need for increasing amounts of the substance to maintain desired effects, withdrawal if drug taking ceases, and a great deal of time spent in activities related to substance use. Substance abuse is more likely to be diagnosed among those who have just begun taking drugs and is often an early symptom of substance dependence. However, substance dependence can appear without substance abuse, and substance abuse can persist for extended periods of time without a transition to substance dependence.

INTRODUCTION.

The World Health Organization (WHO) was created on April 7th, 1948. It is composed by five permanent members (United States of America, Russian Federation, United Kingdom of Great Britain and Northern Ireland, People's Republic of China and French Republic). Other 194 member's states take part of this committee. WHO is responsible of making the World Health Report, which is an international publication on health, and also an international world health survey.



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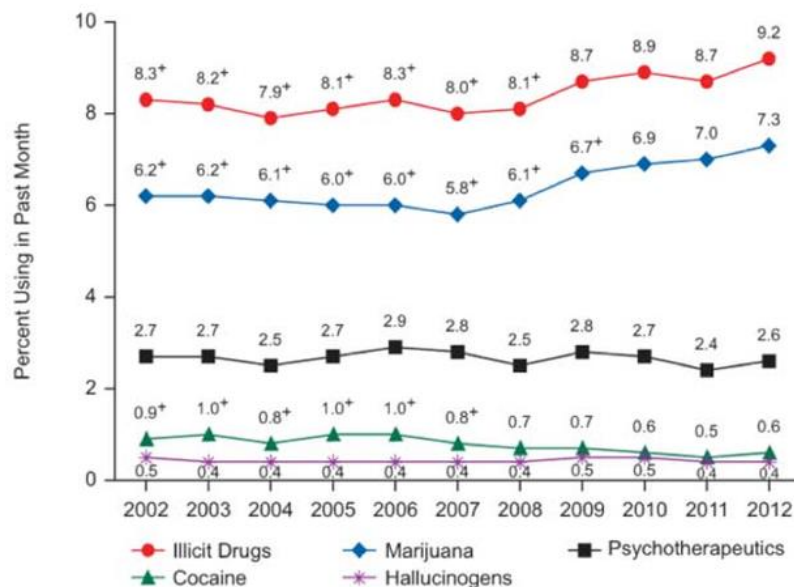
In 50 years since its first meeting (in 1949), the WHO Expert Committee on Drug Dependence has played a central role in the international drug control system. Its main task is

to carry out medical and scientific evaluations of the abuse liability of dependence producing drugs falling within the terms of the 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances.

Humans have used drugs of one sort or another for thousands of years. Wine was used at least from the time of the early Egyptians; narcotics from 4000 B.C.; and medicinal use of marijuana has been dated to 2737 B.C. in China. But not until the 19th century A.D. were the active substances in drugs extracted. There followed a time when some of these newly discovered substances – morphine, laudanum, cocaine – were completely unregulated and prescribed freely by physicians for a wide variety of food. They were available in patent medicines and sold by traveling tinkers, in drugstores, or through the mail. During the American Civil War, morphine was used freely, and wounded veterans returned home with their kits of morphine and hypodermic needles. Opium dens flourished. By the early 1900's there were an estimated 250, 000 addicts in the United States.

The causes of substance dependence are not well established, but three factors are believed to contribute to substance-related disorders: genetic factor, psychopathology and social learning. In genetic epidemiological studies of alcoholism, the probability of identical twins both exhibiting alcohol dependence was significantly greater than with fraternal twins, thus suggesting a genetic component in alcoholism. It is unclear, however, whether the genetic factor is related to alcoholism directly or whether it is linked to other psychiatric disorders that are known to be associated with substance abuse.

These and other findings suggest substance use may be a way to relieve the symptoms of a psychological disorder. In this model, unless the underlying pathology is treated, attempts to permanently stop substance dependence are ineffective. A third factor related to substance dependence is social environment. In this model, drug-taking is essentially a socially learned behavior. Local social norms determine the likelihood that a person is exposed to the substance and whether continued use is reinforced.



Substance abuse and dependence are disorders that affect all population groups although specific patterns of abuse and dependence vary with age, gender, culture and socioeconomic status. According to data from the National Longitudinal Alcohol

Epidemiologic Survey, 13.3% of a survey group of Americans exhibited symptoms of alcohol dependence during their lifetime, and 4.4% exhibited symptoms of alcohol dependence during the 12 months. According to the 1997 National Household Survey on Drug Abuse, 6.4% of those surveyed had used an illicit drug in the past month.

CURRENT SITUATION.

The UNODC strategy for 2012 - 2015 sets out the overall strategic direction and scope of the Office's work. As such it is a broad description of our various mandates, and the results that Member States would like for us to achieve.

The Strategy identifies seven sub-programmes covering the five thematic areas of UNODC's work along with two cross-sectional sub-programmes.

The rate for adults who have never married was **nearly four times** the rate for adults who were widowed.



The sub programmes are:

1. Countering transnational organized crime, illicit trafficking and illicit drug trafficking
2. Countering corruption
3. Terrorism prevention
4. Justice
5. Prevention, treatment and reintegration, and alternative development

6. Research, trend analysis and forensics

7. Policy support

First there must be a differentiation on substance abuse and substance dependency, although they are linked, they are completely diverse concepts. Aside from the obvious response to each problem, it is more complex than it seems; to spend a great amount of money to combat the harmful effects of drugs and alcohol. There should be also many resources for prevention and treatment. The most common substances that are abused include alcohol, tobacco, cocaine, heroin, MDMA (ecstasy), inhalants, LSD, methamphetamine, marijuana, steroids and prescribed medications. In order to stop this, all delegations must have this concern as a task to eradicate soon.

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