

Crime Prevention and Criminal Justice

Tackling the global spread of opioids



Forum	CCPCJ
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Introduction

Opioids are substances that derive from natural substances found in the opium plant. They act on opioid receptors in the brain, which produces morphine-like side effects, that leads to pain relief. The most common include morphine, oxycodone, hydrocodone, and methadone. Opioids are a class of drugs used to reduce pain thus prescribed by doctors in certain cases. However, opioids can also be used to increase euphoria and thus are of addictive nature leading to high risks of overdose and death. Non-medical uses of opioids occur either through ingestion of tablets or capsules, or inhaling powder through the nose, or even injecting opioid through needles in the veins, raising risks of infection such as hepatitis or HIV. There is a positive correlation between the medical and non-medical users of opioids such that, many of the consumers of illegal “street” opioids reported having started with prescription opioids. Due to the high cost of buying drugs illegally, an individual with an opioid use problem may encounter financial challenges. As a result, they may steal cash, personal items, or opioid prescriptions from others. As the addiction worsens, problems with family, friends, and other facets of life might become more severe, and the affected individual may not be able to maintain a job. According to the UNODC World Drug Report, 284 million people aged between 16 and 65 were using opioids world-wide in 2020, a 26% increase compared to the previous decade. Additionally, the proportion of young people who fall victim to drug abuse is rapidly increasing. In 2020, opioids were responsible for 75% of world overdoses.

Beyond the rise in mortality rates, the opioid crisis has social repercussions. In recent years, there has been an increase in the number of people entering foster care, thefts, other



crimes connected to opiate use, and new hepatitis C infections. Numerous state resources are already under stress due to these opiate usage issues. For instance, in Fayette County, Kentucky, the police department has had to divert funds from other services to cover the cost of naloxone, an opioid reversal medicine, to fulfil demand. By increasing accessibility to and utilization of medication-assisted treatment (MAT), the most effective treatment for an opioid use disorder (OUD), the effects of the opioid epidemic can be lessened. Currently, only 23% of publicly supported treatment programs use MAT, and only 24% of patients with an OUD receive therapy during the first 10 years. Only 34% of people who receive treatment in a facility that provides MAT do so, which suggests that less than 10% of people with an OUD also receive MAT (National Survey of Substance Abuse Treatment Services tabulations).

Definition of Key Terms

Opioids

Opioids are substances that derive from natural substances found in the opium plant and act on opioid receptors in the brain, produce morphine-like side effects, leading to pain relief.

HIV

Acquired immunodeficiency syndrome, a condition in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive.

UNODC World Drug Report

The Report includes sections on clinical trials involving psychedelics and medical cannabis use, drug use in humanitarian settings, innovations in drug treatment and other services, and drugs and conflict. It also includes a special chapter on drug trafficking and crimes that have an impact on the environment in the Amazon Basin.

Opiate addiction

A person relying on opioid use to prevent withdrawal symptoms.

Mesolimbic pathway

Transports dopamine through the various brain parts and is believed to participate in reward, desire, and the placebo effect.

Substance use disorder (SUD)



Treatable mental disorders that affect a person's brain and behaviour, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. An OUD is an example of a substance use disorder.

General Overview

United States

Between 1990 and 2016, an estimated number of 453,300 Americans have died because of opioid overdose. The “opioid crisis”, as previously stated, has theorized to have been caused by over-prescription of opioids. In fact, in most cases, opioids which are prescribed to alleviate post-surgical pain or to handle trauma continue to be used after the necessary conditions by 4.3% of patients, raising an important question on the medical use of opioids and its risks and possible consequences. This misuse or abuse of opioids post medical prescription, caused by their over-prescription by unqualified doctors to either ease pain or cause a feeling of euphoria, has thus proven to be the early stages of an opiate addiction as tolerance to the drug increase and creates a dependence on it. There is, however, a widespread desire among American healthcare providers to prescribe pills as a solution to physical problems, while a better solution would be altering human behaviour and transitioning to a healthier lifestyle including diets, exercise, and stress management to reduce symptoms. Furthermore, opioids are relatively cheap and affordable while other interventions such as physical therapy may be costlier and thus alienated.

Between 1991 and 2011, painkiller prescriptions in the U.S. tripled from 76 million to 219 million per year, and as of 2016 more than 289 million prescriptions were written for opioid drugs per year. An increase in admissions to drug misuse treatment centres and an increase in opioid-related mortality are mirrored by an increase in the prescription of opioid painkillers. This serves as an example of how legal clinical prescriptions for painkillers are being diverted through an illegal market, resulting in abuse, addiction, and death. The amount rose along with the potency of the opioids. Drugs more potent than morphine were



prescribed to one in six drug users by 2002; by 2012, that number had increased to one in three. Oxycodone and hydrocodone are the opioids that are most frequently prescribed.

The opioid epidemic has been described as a “uniquely American problem”. The reason for this is that the US government and the structure of the American healthcare system, in which those not qualifiable for government programs must receive private insurance, is more inclined to favour the use of opioids which is cheaper than alternative therapies. In fact, according to Judith Feinberg, a professor at the West Virginia University School of Medicine, “Most insurance, especially for poor people, won’t pay for anything but a pill”. Prescription rates in the US are also 40% higher than those in similarly economically developed countries like Germany or Canada. As prescription of opioids increased between 2001 and 2010, the prescription of non-opioid pain relievers such as aspirins decreased from 38% to 29%, despite no change in demand for pain relief medication. As a result, differing opinions have arisen on whether opioids are effective for chronic pain.

Women

The opioid pandemic has varied effects on men and women. One such example is the greater likelihood of women compared to men of receiving prescription opioids and experiencing the onset of a substance use disorder. Women are also more prone to experience chronic pain. Women receive more pain medication prescriptions than men do in cases of rape and domestic abuse. Additionally, pregnant women may take prescription opioids to ease pregnancy-related pain, particularly postpartum pain. In 2010, there were five times as many women who died from opioid painkillers as there were in 1999. Women should be informed about the medications they are taking and any potential risks of addiction to prevent the rise of opioid misuse in this population. Alternatives should also be always used, when possible, to prevent addiction.

Adolescents



Another group of persons who are susceptible to developing an opiate addiction is adolescents. Children experience the rapid growth of the Mesolimbic pathway, or reward centre, even before adolescence. Small rewards can easily satiate children thanks to this pathway's growth, which promotes learning, motivation, and appropriate behaviour. However, around adolescence, the growth peaks, and individuals begin to crave bigger, more significant rewards, including psychoactive drugs that directly connect to receptors to trigger reward signals. Additionally, the prefrontal cortex, which controls impulse control and decision-making, is underdeveloped in teenagers. Adolescents who have underdeveloped prefrontal cortex and a degraded reward system may exhibit addictive behaviours and have higher susceptibility to neurological changes that developed in an SUD. The Centres for Disease Control and Prevention estimated that in 2018, over 53 million people aged 12 years and older, misused prescription drugs.

In 2020, 4094 of opioid overdose deaths happened in teenagers between 14 and 24 years old. Teens usually use these drugs for recreational use instead of using them for pain management. For every opioid death of an adolescent there are 119 emergency visits and 22 treatment admissions related to opioid use. 500,000 teenagers were reported as non-medically prescribed users of opioid and a third of those having an SUD.

In both the prevention and treatment of teenage opioid misuse, family is frequently mentioned as a factor influencing adolescent opioid misuse behaviour. By addressing family risk factors that might be causing a teenager's substance use, family participation has been demonstrated to be beneficial in reducing adolescent substance use. Easy accessibility is one of these danger factors that is fuelling the rise in popularity of opioids. Households now have an overabundance of prescription painkillers thanks to pharmaceutical companies increased opioid recommendations in the late 1990s. Adolescents may find it easier to obtain opioids if family members

use them, have used them in the past but didn't properly dispose of them or safeguard them from harm.

Youth are more likely than adults to become addicted to opioids, and treating opioid use disorder in this population is more challenging than treating it in older people. In comparison to older adults, adolescents and young adults regularly experience shorter retention durations in OUD prescription treatments, according to a systematic assessment of the epidemiology literature. This is why it's crucial that schools put in place efficient policies and initiatives to educate young children about the risks and effects of opiate abuse. Although teenagers have substantially lower retention rates than adults, educating them about opioid addiction at an early age could help keep young people away from these drugs.

Limited treatment

There are numerous causes for the opioid epidemic's persistence. One is that there aren't enough effective therapies and treatment facilities in the country. Both tiny rural communities and large metropolis like New York City lack access to treatment services and medical facilities. The fact that only addicts in recovery can live in the housing that is available is another factor making the opioid epidemic difficult to address. Because there is a lack of available accommodation, recovered drug users might easily relapse into the situations and connections that encouraged their OUD to begin with. Jobs for recovering addicts might be challenging to find, along with housing. Finding employment is harder for those with substance use problems who have a criminal record.

Global epidemic

Sexually transmitted diseases spread through sharing needles are a major cause of opioid and prescription drug overdose deaths globally. The world-wide phenomena prompted study into the many needle types carrying STIs and a global initiative of needle exchange programs. In Europe, prescription opioids are responsible for three-quarters of overdose deaths, or 3.5% of all deaths among those aged 15 to 39. If the disease is not



stopped, some fear that it might spread globally. Teenagers in Canada, Australia, and Europe have prescription drug misuse rates comparable to those of teenagers in the United States. Surveys in Lebanon, Saudi Arabia, and some regions of China revealed that one in ten students had used prescription medications for reasons other than their health. Throughout Europe, including Spain and the United Kingdom, young people were found to use drugs non-medically at similarly high rates.

Accessibility

Opioid accessibility has been impacted globally due to concerns about the possibility of a global epidemic. Around 25.5 million people each year worldwide, including 2.5 million children, pass away without receiving any form of painkiller, with many of these deaths taking place in low- and middle-income nations. Currently there is a large disparity among countries that can provide pain alleviation medication. For instance, low-income nations like Nigeria only receive 0.2% of the number of painkillers they require from the United States, which produces or imports 30 times as much as them. Meanwhile, 90% of the world's morphine (the most common form of pain relief) is consumed by the richest 10% of people.

Major Parties Involved

China

China is the primary source of the chemicals which are then processed and manufactured into opioids by Mexican drug cartels to then be brought into the US.

United States

The Controlled Substance Act, often known as Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, created five drug schedules to govern and manage their distribution. In 2017, President Donald Trump formally proclaimed the opioid issue to be a "public health emergency." The SUPPORT Act was passed by the US federal



government in 2018, with the intention of assisting Americans in gaining access to opioid addiction treatment and assisting in reducing the quantity of opioids given. Adopting legislation that allocates money from the Department of Health and Human Services to assist the development and usage of Syringe Services Programs is one of the other initiatives. Legislators have recently begun to push for the establishment of supervised injection facilities as another strategy to combat the opioid issue.

United Nations Office of Drugs and Crime

The UNODC Opioid Strategy is a five-pillared, multi-agency approach to the opioid problem around the world. The Strategy, which is being driven by UNODC, combines the distinctive expertise located within the Office with complementary specialized knowledge throughout the UN system.

International Narcotics Control Board

A monitoring agency established by the U.N. to prevent addiction and ensure appropriate opioid availability for medical use, has written model laws limiting opioid accessibility that it encourages countries to enact.

UN involvement, Relevant Resolutions, Treaties and Events

- General Assembly Resolution on countering world drug problem, 2022 (A/RES/77/238)
- Preparations for the midterm review to be held during the sixty-seventh session of the Commission on Narcotic Drugs, in 2024 (66/1)
- Promoting alternative development as a development-oriented drug strategy, considering measures to protect the environment (65/1)

Previous Attempts to solve the Issue

Several methods for the prevention of opioid addiction have been used and suggested. One method is the creation of anti-opioid advertisements. In the 1990s,



advertisements depicting drug-seeking people purposefully slamming their arms into doors and crashing their cars, were unsuccessfully targeted at teens.

These ads were unsuccessful because they emphasized the risk of danger, pain, and death caused by opioids. While this tactic would make adults acknowledge the risks and stop using opioids, teenagers need to see that executives just use them as interchangeable customers. The makers of these ads feel that since the internet allows teenagers to view gruesome things anyway, it is perfectly acceptable to subject them to images of self-mutilation to protect their lives.

Recent developments in OUD treatment options have showed promise in the fight against this persistent health emergency. Office-based methadone maintenance, implantable and monthly injectable buprenorphine, and an extended-release injectable naltrexone are modifications to approved medication-assisted therapy (MAT).

Possible Solutions

By limiting the number of people who acquire prescription opioids and the quantity of both prescription and non-prescription opioids distributed into communities, policymakers can halt the crisis. Helping the millions of Americans who misuse opioids today demands employing harm reduction techniques and expanding access to treatment to combat the opioid crisis.

Some more specific strategies that are being currently used but could be made more efficient include PDMPs, or prescription drug monitoring programs. A PDMP, a state-wide database that contains information on every opioid prescription, has been developed in 49 states and the District of Columbia. Before writing a prescription, health care professionals can check (or are obligated to check) this database to discover if the patient has already obtained opioids from other doctors. Limits on prescribers including guidelines for prescription opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care were published by the federal government in 2016. According to these



regulations, many states have made it illegal for doctors to provide opioid prescriptions that are too strong or that last longer than a few days or weeks in certain situations. Law enforcement can also be useful in regulating "pill mills" and other unethical and illegal overprescribing practices by medical professionals can significantly reduce the amount of prescription opioids alongside with education of stakeholders; the appropriate and constrained function of opioids can be emphasized in provider education. Insurance firms can also be urged to pay for non-drug pain management techniques and to keep an eye on their own data for early indicators of opioid abuse or improper prescribing.

All considered tactics must weigh the important pain-relieving benefits of opioids against the danger of overuse. Policymakers should always be aware that they might impose too many or the wrong kinds of limitations, leaving patients needlessly battling with mismanaged pain. These strategies all tackle the root of the problem being the source of overuse of opioids, often deriving from medical prescriptions which then turn out into becoming addictions.

To solve pre-existing addictions and thus not prevent, but, rather, cure the issue can include expanding medical treatment by increasing accessibility in ways such as making it more affordable, installing hotlines, "green numbers" to call in case of desire to cure opioid addiction and abuse. In addition, subsidizing medical treatment which may be costly and, thus, unaffordable for low-income households, is also an incentive to get help alongside funding for medical treatment structures to that the community can enlarge and more people can be treated.

Lastly, ways to mitigate the issue, thus reduce its negative effects, can be to make naloxone widely available in that it reverses the effects of opioids. In addition, individuals released from prison are 40 times more likely to overdose of opioid therefore, making naloxone available to prisoners about to be released could reduce harm effectively. Lastly, clean needle availability can reduce cases of hepatitis C or HIV infection and spreading.



Needle exchange programs can also link individuals with opioid use disorder to treatment services.

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Appendix or Appendices

Possible solutions to tackle to opioid crisis: <https://www.brookings.edu/articles/how-do-we-tackle-the-opioid-crisis/>

