



Southern China International MUN

Official Background Paper

United Nations Development Program: Addressing the issue of drug use and the regulations around it in an international setting.

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1. DESCRIPTION OF THE ISSUE

1.1 History of Issue

Humans have been using drugs of different sorts for thousands of years. Wine was being used from around the time of the early Egyptians, narcotics from 4000BC; and the medical use of marijuana had been dated to 2737 BC in China¹¹. But not until the 19th century AD the active substances in drugs were extracted. Hence, since then these newly discovered substances—morphine, laudanum, cocaine—were completely unregulated and were prescribed freely by physicians for a wide variety of illness. The drugs were available in patent medicines and sold by traveling tinkers, in drugstores or through the mail¹¹. During the American Civil War, morphine was used freely, and wounded veterans returned home with their kits of morphine and hypodermic needles, the Opium dens had been flourished.

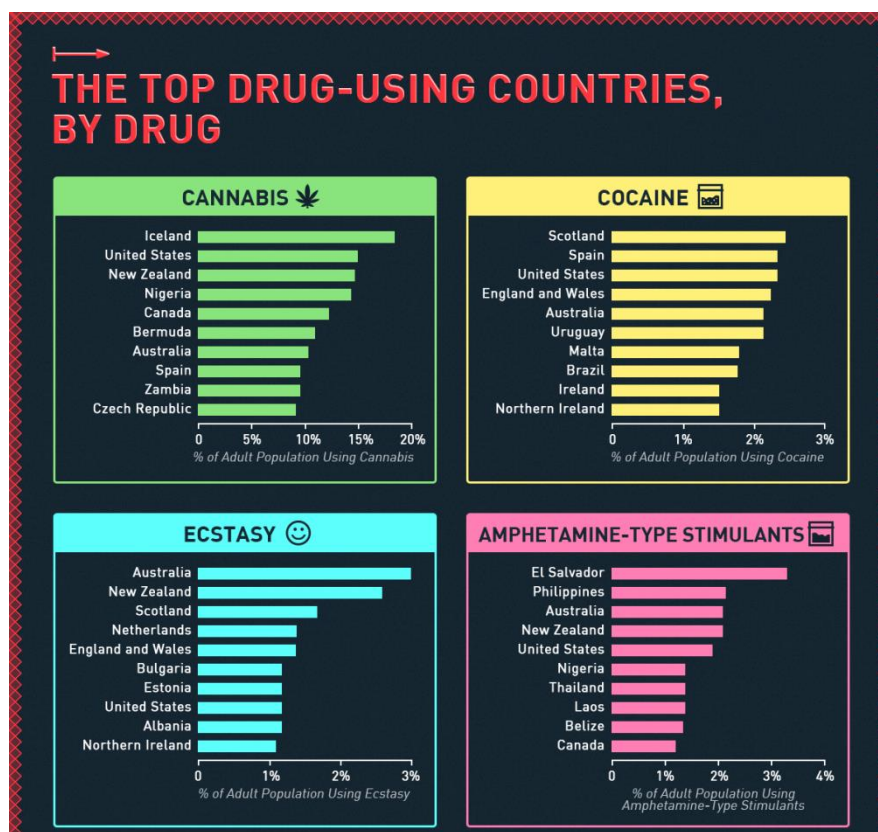
The problems of addiction were also recognised gradually. Legal measures against drug abuse in had been first established in the United States in 1875, when opium dens had been outlawed in San Fransisco. The first national drug law was the Pure Food and Drug Act of 1906, the law required accurate labelling of patent medicines containing opium and certain other drugs. In 1914 the Harrison Narcotic Act prohibited the sales of substantial doses of opiates and/or cocaine except by licensed doctors and pharmacies. Soon after heroin had become completely banned. Subsequently the Supreme Court's decision made it illegal for doctors to prescribe any type of narcotic to addicts; many doctors who prescribed maintenance doses as part of an addiction treatment plan were jailed, and soon all the attempts for treatment were abandoned¹¹. The use of narcotics and cocaine diminished by the 1920s. The spirit of temperance also led to the ban of alcohol by the Eighteenth Amendment to the Constitution in 1919, however the prohibition was repealed in 1933.

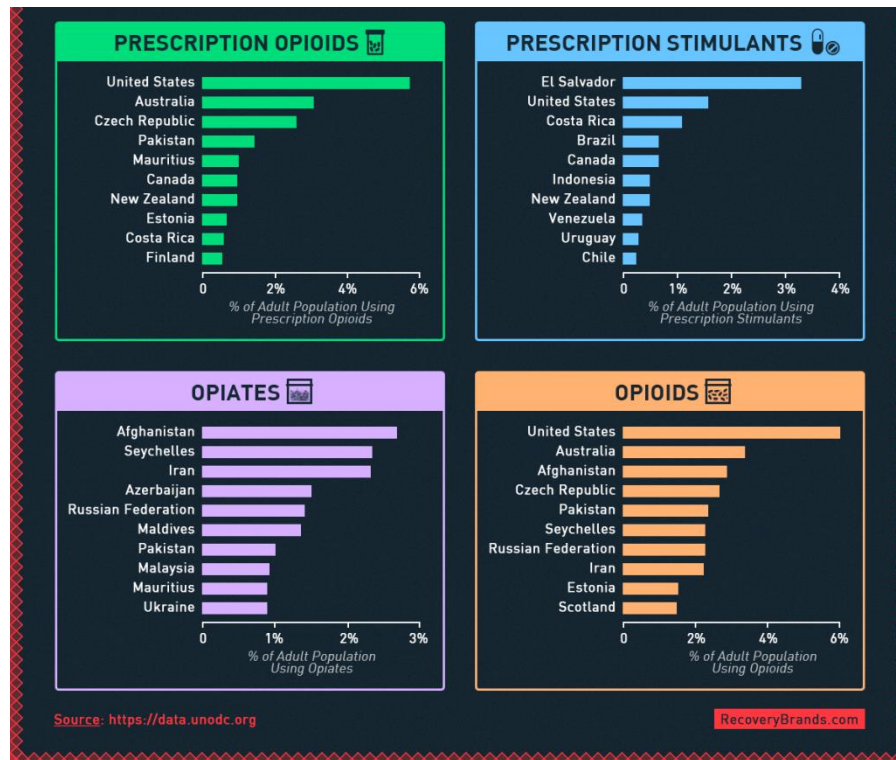
One out of twenty people or an estimate of 250 million people in total between the age to 15 to 64 had used illicit drugs in 2014, according to the World Drug Report published in 2016.

Roughly one in ten people who use illicit drugs suffer from a type of drug use disorder, which also includes drug dependence. Almost half of the population with drug dependence inject drugs and 10% of the people are currently living with HIV, and a significant number of them are infected with hepatitis C. Drug use disorders is a major global health problem in the current society. Such disorders are a serious issue for the human health, with great amount of burden on individuals and their families. There are also a lot of outcomes for the society, including lost productivity, security challenges, crime, increased health care cost, and a multitude of negative consequences. The social cost of illicit drug use is estimated to be up to 1.7% of GDP in some countries. Care for people who have drug use disorders creates a heavy burden on the public health care systems of Member States. Therefore, it is essential to improve treatment systems and make them of best quality. This would not only benefit the people affected but also their communities and the society.

The most common types of drugs known and consumed world wide are heroin, cocaine, marijuana, morphine and ecstasy, some of which do not need to be manufacture traditionally but they can also be produced through chemicals. After many years of research in the medical sector, it is evident that drug dependence is a complicated multifactorial biological and behavioural disorder. However, many scientific advances are making it possible and available to develop treatments that would help to normalise the functioning of the brain of individuals affected and support them into changing their behavior. Offering treatments based on scientific evidence is now helping millions of affected individuals to have control on their lives.

The following image shows the use of drugs in various nations:





1.2 Recent Developments

In the early times drug prevention was only limited to printing posters and leaflets to inform people about the implications of drug use, however there was little or no change in their behavior. However now, due to the scientific developments it allows us to share prevention strategies based on scientific evidence. Working with families, schools, and communities can make sure that adolescents and adults, especially the marginalised and poor can grow and be healthy and safe moving into adulthood and old age. According to statistics every one dollar spent on drug use prevention can save at least ten people in future health, social and crime expenses³.

A theory about drug use in the 21st century is the changing sentiments on drugs in the United States. Since the 1960s, the overall sentiment towards drug use has been changing, and since 2000 this sentiment has lead to more states reducing punishments and laws. It is not just the legality of drugs but also changing perspectives about whether to punish or treat ones who have been arrested for illegal drug use or sales. This has been a topic in Master of Public Health Programs and the field if addiction treatment for numerous years as we continue to try to help the people addicts to drugs and alcohol become more functioning and contributing members of society. For example a 2012 drug use survey by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that 63 percent of Americans believed that state governments moving away from mandatory prison terms for non-violent drug crimes is a good thing. This is a substantial change from 2001, when 47 percent of Americans thought mandatory prison was a good thing. In addition, 67 percent say that the government should focus more on providing treatment for people who use

illegal drugs, such as heroin and cocaine. This is compared to 26 percent who think the focus should be more on prosecuting illegal drug users.²⁵

2. EMPHASIS OF THE DISCOURSE

2.1 Right Wing Approach

Today's social conservatives can play a defining role in ending drug prohibition.¹³ Every day, the conservatives have consistently proclaimed themselves in the polls as more hostile to decriminalisation than the liberals¹³. A socially conservative turnaround on this issue would change everything.

Much has been made out of the libertarian influence on conservatism, however, the modern conservatism has always been strong with their stance on limited government and not eradicating government. Also the rock-ribbed conservatives these days are not recommending doing away with the safety net. The limited government conservatives see a critical role of the public sector. In their must-read text on conservatism, Michael Gerson and Peter Wehner wrote:

Responsible, self-governing citizens do not grow wild like blackberries, which is why a conservative political philosophy cannot be reduced to untrammelled libertarianism. Citizens are cultivated by institutions: families, religious communities, neighborhoods, and nations. Parents and spouses, churches and synagogues, teachers and coaches, and the Boy Scouts and Girl Scouts are among the foremost shapers of citizens in our republic. But government has a necessary (if limited) role in reinforcing the social norms and expectations that make the work of these civil institutions both possible and easier. That role can involve everything from enforcing civil-rights laws, to saving the elderly from indigence, to restricting the availability of addictive substances.

The implications of this approach are not only moral and cultural; they are also economic. Just as citizens must be prepared for the exercise of liberty, individuals must be given the skills and values — the social capital — that will allow them to succeed in a free economy. That is the essence of opportunity: a traditionally conservative, indeed a Lincolnian, goal. . . . The purpose of the state is to keep society safe and strong; to protect us from outsiders and from each other; to maximize freedom in a way that is consistent with security and order and that advances the common good; to provide society's "mediating institutions" the space they need to thrive; to encourage equal opportunity for all citizens; and to make a decent provision for the poorest and most vulnerable. All of this is meant

*to allow people to flourish and to advance human happiness. As Madison said, "Justice is the end of government."*¹³

And as the conservative *National Journal* noted: "Kerlikowske had paid considerable lip service, promising in his first interview as drug czar to end the "war on drugs" and, later, to promote public health solutions and a "21st century" approach. People on the enforcement side of things worried that would come at the expense of law enforcement. As it turns out, they needn't have worried." Gil Kerlikowske was a former police chief. Obama had selected Micheal Botticelli to be the new drug czar who came with a public health background. At the same time the White House had announced: "He is also in long-term recovery from addiction, celebrating more than 24 years of sobriety."⁸

2.2 Left Wing Approach

"Elimination all of the errors introduced by normative and political bias does not leave us with a complete theory of addiction. What we get is a skeptical or minimal theory, which has less explanatory power but is factually correct." This is the Liberal View on drug use and addiction, as it only permits people to nominate their own desires and values. The Liberal View has three main claims. First, "we do not know whether an addict values anything more than satisfaction of his addictive desires." Second, "we do not know whether an addict behaves autonomously when they use drugs." Third, "addictive desires are just strong, regular appetitive desires."¹²

The Liberal View does tell us a little about drug use and addiction. Flawed accounts of what drug use and addiction is have formed the basis of treatment strategies, drug laws, enforcement policy, and cultural attitudes towards drugs. Even though the Liberal View is minimal it correctly predicts aspects of addicts behaviour that is mischaracterised by the incumbent accounts¹² For example "if addictions are just strong desires, this explains why sometimes an addict acts on a (stronger) desire that compels them to abstain from their addiction. This view correctly predicts that addicts will behave in a manner that is "reasons-responsive," but that they are likely to respond to different reasons than a non-addicted person."¹²

Among the arch-liberals, Patrick Kennedy, a former Rhode Island Congressman and son of Ted Kennedy heads the Project SAM which is an Anti-Marijuana-Legalisation group and their principle is, "Our country is about to go down the wrong road, in the opposite direction of sound mental health policy".

2.3 Stance of Intergovernmental World Health Organization

The World Health Organization is one of the four treaty bodies to the International Drug Control Conventions. The main goal of the Single Convention on Narcotic Drugs (1961), further emended by the 1972 Protocol and the Convention on Psychotropic Substances (1971), is “to protect the health and welfare of humankind.” Members of the conventions considers that the “co-ordinated and universal action” is required. These conventions also predict the use of public health measures in order to prevent and reduce health and social harm because of harm of drugs. Extra special attention needs to be given to “all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved.”⁴ Volunteers and personnels should be trained for treatment, after-care, rehabilitation and social reintegration. The implementations of these conventions should aim to accomplish the “dual obligation of governments to establish a system of control that ensures the adequate availability of controlled substances for medical and scientific purposes, while simultaneously preventing abuse, diversion and trafficking.”

As a member of the United Nations system, the role of WHO is to protect individuals and societies from harm that is caused by drug use and promote public health interventions to reduce the harm. The WHO centres its focus on prevention of drug use, the treatment of drug use disorders (both harmful use and dependence) and prevention and management of related health and social conditions, and public health problems, in order to reduce health and social responsibilities caused by drug use. The World Health Organization is for a balanced and mutually reinforcing approach to the reduction of supply and demand. WHO views drug control measure as ways of protecting the health and welfare of the society.

National Institute on Drug Abuse (NIDA)

The mission of the National Institute on Drug Abuse is “to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.” Regarding this the NIDA address the most fundamental and essential questions about drug use— from detecting and responding to emerging drug abuse trends and understanding how drugs work in the brain and body, to developing and testing new approaches to treatment and prevention²². NIDA supports research training, career development, public education, public private partnerships and research dissemination efforts²². NIDA supports research to:

- Identify the biological, environmental, behavioral and social causes and consequences of drug use and addiction across the lifespan;
- Develop improved strategies to prevent drug use and its consequences;

- Develop new and improved treatments to help people with substance use disorders achieve and maintain a meaningful and sustained recovery;
- Increase the public health impact of NIDA research and programs

Some of the acts from the NIHA Legislative chronology includes:

- **1966** — P.L. 89-793, the Narcotic Addict Rehabilitation Act.²²
- **1970** — P.L. 91-513, the Comprehensive Drug Abuse Prevention and Control Act.²²
- **1972** — P.L. 92-255, the Drug Abuse Office and Treatment Act.²²
- **2011** — P.L. 112—74, the Consolidated Appropriations Act.²²
- **2015** — The Consolidated Appropriations Act.²²

Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency within the United States Department of Health and Human Services (HHS) which leads public health efforts to advance the behavioral health of the nation and to improve lives of individual living with mental and substance use disorders, and their families²³. Their vision is to “provide leadership resources — programs, policies, information and data, funding, and personnel— advance mental and substance use disorder prevention, treatment and recovery services in order to improve individual, community and public health.”

For achieving the mission SAMHSA has identifies five key areas:

1. Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services.²⁴
2. Addressing Serious Mental Illness and Serious Emotional Disturbances.²⁴
3. Advancing Prevention, Treatment, and Recovery Support Services for Substance Use.²⁴
4. Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation.²⁴
5. Strengthening Health Practitioner Training and Education.²⁴

2.4 Stance of Developed Countries

Drug use and addiction is an alarming problem worldwide. However, the issues and public health concerns related to such substances is different in developed nations compared to developing nations. As developed countries have more drug treatment and alcohol rehabilitation options available, the drugs generally are easily available despite the fact that there are severe law enforcement measures. Overall the use of drug and addiction is one of the most concerning problems faced by developed countries⁷.

United Kingdom

Drugs in the United Kingdom are considered to be addictive and dangerous, it is also called “controlled substances” and are regulated through government legislations. Until 1964 the medical treatments of dependent drug users were separated from the punishments of unregulated consumption and supply. Under this policy the use of drugs remained low; there was fairly little recreational use and few dependent consumers, who are prescribed drugs by their doctors as part of their treatment. Since 1964 drug use was decreasingly criminalised, with the framework still in place as of 2014 largely determined by the Misuse of Drugs Act.¹⁹

The following list are some of the legislations in United Kingdom for Drug use.

- 1971—Misuse of Drugs Act.
- 1985—Controlled Drugs (Penalties) Act.
- 1986—Drug Trafficking Offences Act.
- 2009—The Misuse of Drugs Act
- 2016—Psychoactive Substances Act^{19.1}

United States

In the United States, drug abuse and addiction have an annual cost of over \$161 billion, which is more expensive than the American diabetes epidemic, and is equivalent to the yearly cost of cancer-related cases. More than 1/3 of public health issues such as HIV cases and Hepatitis C are caused by intravenous drugs and needle sharing. Drug use in the US let alone is responsible to approximately 500,000 casualties every year — where 22% is caused by drivers involved in accidents under drug intoxication. Additionally, 50% of all arrest for the major crimes occurred under the influence of drugs⁷.

Use of illicit drugs in the United States has been increasing. In 2013, an estimated 24.6 million Americans, aged 12 or older, which is 9.4% of the population, had used illicit drugs in at least once in their life. The numbers up from 8.3% since 2002²⁰. This increase mostly reflects the recent rise in the use of the most commonly used illicit drugs especially marijuana. Alcoholics Anonymous (AA) has more than 120,000 groups in more than 175 countries around the world, with more than 2 million members. There are more than 14,500 specialised substance abuse treatment facilities in the United States which provide a variety of care options, including counseling, behavioral therapy, medication, case management and other forms of care²¹.

Canada

In 2012, it was determined that 18.1% of Canadians met the criteria for Alcohol Abuse or Defence at some point in their lives. The number grew to 19% in 2016. According to the United Nations, Canada is the largest producers. Of ecstasy and methamphetamines. In 2011 the global

market for cocaine, heroin and cannabis had declined, and the demand for ecstasy and meth had increased, and Canada's production rose along with it¹⁸. The positioning of the country geographically, Canada distributes a large portion of the drugs it produces to the United States. Their transportation, however, is not limited by land. 85% of Meth seized in Australia is traced back to Canada¹⁸.

Japan

Currently in Japan has some of the harshest drug laws for any advanced democracy. Anyone found with possession of cannabis in Japan for personal use could receive a maximum prison sentence of five years, and if anyone is caught growing it, they are sent to prison for up to seven years. Every year these laws are enforced against 200 people who are brutally publicly shamed before, during and after their prison sentence¹⁷. During the World War II, when Japan was defeated and occupied, the United States had imposed its own attitude towards drugs on the country. In 1948, Japan's Cannabis Control Act has been passed and the country's 25,000 cannabis farms were closed in a broad swoop¹⁷. Up to now, majority of the drug users that have been caught by the police are given a single change. They are given a suspended sentence, and if they are caught again then they are sent to prison for years¹⁷.

2.5 Stance of Developing Countries

The manufacturing of drugs traditionally is linked directly to developing nations whilst the primary consumers inhabit and purchase such substances from developed nations. Recent statistics show that people day by day in underprivileged nations are using drugs as a way for coping with the economics and social discrepancies⁶. And as such nations do not have quality infrastructure, public health care systems and treatments like the developed countries have, the outcome of the increasingly high numbers of addicts is most likely to be demanding in countries that lack in resources. According to the United Nations Office of Drugs and Crime the use of synthetic drugs such as ecstasy and meth is on demand. This could result in serious consequences for the future of the LEDCs, as these street drugs many times provide significant amount of income for developing nations⁶.

The development of the lower economically developed countries are generally perceived as a good thing, which often happens when the international market is open to such nations at the same time rate as the market of illegal drugs and substances. And because of the rapid increase in technology such as internet, and mobiles, regulation enforcement efforts have been heavily hindered despite the significant "drug busts" in nations such as Uruguay, Saudi Arabia, Afghanistan and a number of South east Asian nations. As synthetic drugs can easily be manufactured with the use of

chemicals, mostly for industrial and commercial purposes, tracking the origin of these drugs is almost impossible which also complicates legislations and control efforts.

One of the most crucial concerns related to drug abuse and addiction in developing nations is the connection between drugs and crime. LEDCs already are suffering from crime and violence related to poverty, and by the increase in use of illicit drugs is most likely to worsen the circumstances significantly. The increase in the number of individuals and groups that manufacture, transport and distribute illicit drugs would certainly lead to an increase in gang related conflict and violence between them and the government.

Afghanistan

There are two major drugs used in Afghanistan that are hashish and opium. Opium is either smoked or eaten, and hashish is only smoked. Solitary abuse of one single drug, of either hashish or opium is the common feature of drug abuse in Afghanistan¹⁵. The major cause drug abuse in Afghanistan is because of, escape of boredom and lack of work and motivation. Hashish and opium is commonly used by people of low socio-economical standard. So far drug use in Afghanistan has not created problems comparable to the ones in the West, although there is no guarantee that in the future it will not do so. Coercive measures aimed at depriving an individual of his drug of choice may involve that greater risk of drug substitution which will then be even more difficult problem to manage¹⁵.

Thailand

Thailand has become a “narcotics hub”, and the Southeast Asian country which is the most affected by drug use. Around 250,000 addicts have been detained after facing sentencing, and more than 200,000 imprisoned drug addicts are not the key dealers. The Public Health Minister, Rajata Rajatanavin said that more than 359,000 addicts have been rehabilitated in the fiscal year which ended in September 30 2013¹⁶. The United Nations Office on Drugs and Crime report indicated that opium production in the Golden Triangle (borders of Myanmar, Lao and Thailand) have tripled in the period of 2006-2014. In September 2014 the Thai junta and police had initiated a major anti-drug campaign targeting drug consumers and small drug dealers in Bangkok to fight against trafficking by lowering demand, amid slow progress of cross-border cooperation to eliminate production sites¹⁶. From 2000s onwards methamphetamines have replaced heroin to be the most common drug consumed in Thailand, and its production sites are mostly across the borders of Myanmar.

India

According to a United Nations report, one million heroin addicts are registered in India, and unofficially there are around five million. India has prepared to face the issues of drug trafficking both at a national and international level. Several measures involving innovative changes in enforcement, legal and judicial systems have been brought into effect. The introduction of death penalty for drug-related offences has become a major disincentive.¹⁴ The Narcotic Drugs and Psychotropic Substances Act, of 1985, were enacted with stringent provisions to curb this menace. The Act envisages a minimum of 10 years of imprisonment which is extendable to 20 years along with a fine of Rs. 1 lakh which is also extendable to Rs. 2 lakhs for all offenders¹⁴. Comprehensive strategies involving specific programmes to bring about the overall reduction in the use of drugs has been evolved by various government agencies and NGOs and is further supplemented through measures like education, counselling, treatment and rehabilitation programmes¹⁴.

3. POSSIBLE SOLUTIONS

3.1 In favour of developed countries

Developed Countries, even though they have enough funds, resources, and strong legislations, the problems of drug use is still very crucial. The production, transportation and distribution of drugs occurs everywhere and is open to the whole population. This raises severe health concerns. Although, many economically developed countries have tried various methods to prevent to use of drugs and addiction there still isn't any changes in behaviours of people. As in this era more adolescents get into the habit of intaking drugs it leads to serious health issues. Thus, solution to solve this issue for develop countries would be: Reinforcing legislations for tracking drug use, especially the manufacturing, transporting and distributing of drugs nationwide. Promoting and educating young students about drugs, and the health implications when consuming drugs. Having nationwide campaigns to raise awareness amongst the country about the health concerns related to drug use and addiction, these campaigns would be hosted by intergovernmental organizations such as the World Health Organization, United Nations Development Programme and Center for Disease Control and Prevention.

3.1 In favour of developing countries

Developing countries lack in a lot of funds that would be used in health care systems, scientific research and infrastructure. Thus, solutions for developing countries would be: Restrictions on the amount of drugs manufactured in the country and on the amount of consumers buy it. Having nationwide campaigns to raise awareness amongst the country about the health concerns related to drug use and addiction, these campaigns would be hosted by intergovernmental organizations such as the World Health Organization, United Nations Development Programme and

Center for Disease Control and Prevention. Allowing developed countries to provide funding through ways such as but not limited to through charity, donations in order for developing countries to use the funds for protecting the use of drugs. Governments should regulate any form of drug deals or distribution of drugs to citizens and or nation-wide, by means of recording all the drug dealers in the nation and to whom they supply the illicit drugs.

4. KEEP IN MIND THE FOLLOWING

- 1) How would developing and developed nations create an alternative of drugs so that it would not have effects on individuals?
- 2) Should developed nations provide funding for developing countries so they could invest in more scientific research for treatments against drug use diseases?
- 3) What are some ways MEDCs and LEDCs can combine in order to form regulations for monitoring the supply and demand of drugs?
- 4) Provided that your country is not directly involved in the topic and has a neutral stance, what measures would they implement in order to prevent the rising demand of drug use, and how would they fund for research in developing treatments and medication for drug use consumers?
- 5) Knowing the fact that the demand and consumption of drugs is increasing on a daily basis, should researchers create substitutes of drugs which would mean that people would still be addicted to the drug but they are just consuming its substitute.
- 6) Until now there have been numerous legislations in order to restrict the use of drugs and to transport it but it still is not having a lot of effects, hence, how would governments make their legislations more stricter and stronger so the use of drugs would reduce?

5. EVALUATION

Drug usage is an alarming issue going on globally, drugs producers keep on producing more drugs as it is very high on demand and the supply just keeps on increasing. However not everyone understands that it had very negative influence over people and causes serious health concerns and diseases such as HIV and Hepatitis C. Drug use can have a wide range of short-term and long-term, direct and indirect effects. These effects often depend on specific drugs or drugs used, how they are taken, the quantity it is taken in, a person's health and many other factors. The short-term effects can range from changes in appetite, wakefulness, heart rate, blood pressure and mood or heart attack, stroke, psychosis, overdose and even death. These health problems can also occur after just one use. The long-term effects include heart or lung disease, cancer, mental illness HIV, AIDs, hepatitis and addiction. Drug addiction on the other hand is very complex and difficult disease to overcome. There are various different drug addiction treatment options, and hence clinical

professionals need to decide how to structure rehabilitation plans so that they are suitable for individual's needs. It is essential to come up with solutions to solve the issue to drug abuse as it can have many consequences to the human body and other factors.

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