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Study Guide

UN SUBSIDIARY BODY

INTERNATIONAL NARCOTICS CONTROL BOARD

(INCB) STUDY GUIDE

Agenda Item: The Abuse of Prescription and Effective Narcotic Drugs and Global Control Mechanisms

Table Of Contents

1. Opening Letters
1.1 Letter from Secretary-General
1.2 Letter from Under-Secretary-General

2. Introduction to the Committee

3. Agenda Item: The Abuse of Prescription and Effective Narcotic Drugs and Global Control Mechanisms
3.1 Definition and Classification of Medications that Contains Narcotics
3.2 Misuse of Substances in Global Scale
3.3 Loopholes and Regulation Problems in Prescription System
3.4 Substance Production, Distribution and Infiltrating Ways to Illegal Market
3.5 International Agreements
3.6 Responsibility of Pharmaceutical Companies and Ethical Disagreements

4. Questions to be Concerned

5. Bibliography

1. Opening Letters

1.1 Letter from Secretary-General

To Our Distinguished Participants and Esteemed Delegates,

It is my greatest honor to welcome you all to first ever KoksalMUN'26. On behalf of the entire Secretariat team, I am thrilled to invite you to join us for what promises to be an inspiring and incredible conference.

We find ourselves in an era where unprecedented global challenges face us. From the intricacies of climate change to the subtleties of international security, the world does not simply need conversation; it needs cooperation, it needs innovation. This conference is intended to be an environment in which your voices matter, your solutions weigh heavily, and your diplomacy creates the future.

Remember that diplomacy begins with the courage to speak, the patience to listen and the determination to seek solutions even when challenges seem impossible.

As the Secretary General it is my privilege to say that I have such amazing friends by my side. We went through the good and bad times together. I am excited to see the outcome of our effort.

I am looking forward to witnessing the spectacular debates and resolutions that will emerge from your committees.

Best Regards,
Elvin HANCI
Secretary-General of KOKSALMUN26'

For contact, elvinhanci09@gmail.com

1.2 Letter from Under-Secretary-General

Dear Delegates,

We are pleased to welcome you all to KoksalMUN26'. I am Ali Efe, Ali Efe Yılmaz.I am the Under Secretary General of this committee. As you read you will see worldwide drug and addiction problems, prescription systems and their problems, agreements on substances and companies frauds on drugs. We will aim for a balanced system that prevents misuse and gives accessibility to patients in the best possible way. We will talk about these problems and have a great time. I am very sure that you will be pleased to participate in this conference both academically and entertainmentally. You will improve your improvisation skills with our crisis teams wonderful crises.I don't want to bore you with an unnecessarily long letter so I wish you a great conference. İf you have any further questions you can contact me with peace of mind. I am looking forward to seeing you at the conference.

Thank you.

Ali Efe Yılmaz
Under-Secretary-General of INCB

For Contact,
aeyilmaz07@outlook.com

2. Introduction to the Committee

The International Narcotics Control Board(INCB) is an independent treaty body and one of the four bodies under international drug control law(with UNODC, CND and WHO).

INCB is responsible for monitoring the control of substances according to the three United Nations drug control conventions and helping member states to implement those conventions and plays a key role in monitoring the production and trade of narcotics and psychotropics and their availability for medical purposes and deciding the precursors which will be regulated.

3. Agenda Item: The Abuse of Prescription and Effective Narcotic Drugs and Global Control Mechanisms

3.1 Definition and Classification of Medications that Contains Narcotics

a. Opioids

Opioids are a class of drugs that derive from,or mimic, natural substances that are found in the opium poppy plant. They work on opioid receptors in the brain and other organs to produce a variety of morphine-like effects,including pain relief.

Medically they are primarily used for pain relief, including anesthesia. Other medical uses include suppression of diarrhea, replacement therapy for opioid use disorder, and suppressing cough .The opioid receptor antagonist naloxone is used to reverse opioid overdose. Extremely potent opioids such as carfentanil are approved only for veterinary use. Opioids are also frequently used recreationally for their euphoric effects or to prevent withdrawal. Opioids can be fatal, and have been used, alone and in combination, in a small number of executions in the US. Side effects of opioids may include itchiness, sedation, nausea, respiratory depression, constipation and euphoria. Long-term use can cause tolerance, meaning that increased doses are required to achieve the same effect, and physical dependence, meaning that abruptly discontinuing the drug leads to unpleasant withdrawal symptoms. The euphoria attracts recreational use; frequent, escalating recreational use of opioids typically results in addiction. An overdose or concurrent use with other depressant drugs like benzodiazepines can result in death from respiratory depression.
Because opioids are addictive and may result in fatal overdose, most are controlled substances.In 2013, between 28 and 38 million people used opioids illicitly (0.6% to 0.8% of the global population between the ages of 15 and 65).By 2021, that number rose to 60 million. In 2011, an estimated 4 million people in the United States used opioids recreationally or were dependent on them. As of 2015, increased rates of recreational use and addiction are attributed to over-prescription of opioid

medications and inexpensive illicit heroin. Conversely, fears about overprescribing, exaggerated side effects, and addiction from opioids are similarly blamed for under-treatment of pain.Each year 69,000 people worldwide die of opioid overdose, and 15 million people have an opioid addiction.Non-clinical use of opium was criminalized in the United States by the Harrison Narcotics Tax Act of 1914, and by many other laws. The use of opioids was stigmatized, and it was seen as a dangerous substance, to be prescribed only as a last resort for dying patients. The Controlled Substances Act of 1970 eventually relaxed the harshness of the Harrison Act.

In the United Kingdom the 1926 report of the Departmental Committee on Morphine and Heroin Addiction under the Chairmanship of the President of the Royal College of Physicians reasserted medical control and established the "British system" of control—which lasted until the 1960s.
In the 1980s the World Health Organization published guidelines for prescribing drugs, including opioids, for different levels of pain. With little or no scientific evidence to support their claims, industry scientists and advocates suggested that people with chronic pain would be resistant to addiction.
The release of OxyContin in 1996 was accompanied by an aggressive marketing campaign promoting the use of opioids for pain relief. Increasing prescription of opioids fueled a growing black market for heroin. Between 2000 and 2014 there was an "alarming increase in heroin use across the country and an epidemic of drug overdose deaths".

As a result, health care organizations and public health groups, such as Physicians for Responsible Opioid Prescribing, have called for decreases in the prescription of opioids. In 2016, the Centers for Disease Control and Prevention (CDC) issued a new set of guidelines for the prescription of opioids "for chronic pain outside of active cancer treatment, palliative care, and end-of-life care" and the increase of opioid tapering.In 2011, the Obama administration released a white paper describing the administration's plan to deal with the opioid crisis.. The administration's concerns about addiction and accidental overdosing have been echoed by numerous other medical and government advisory groups around the world.

As of 2015, prescription drug monitoring programs exist in every state except for Missouri. These programs allow pharmacists and prescribers to access patients' prescription histories in order to identify suspicious use. However, a survey of US physicians published in 2015 found that only 53% of doctors used these programs, while 22% were not aware that the programs were available to them.The Centers for Disease Control and Prevention (CDC) was tasked with establishing and publishing a new guideline, and was heavily lobbied. In 2016, the CDC published its Guideline for Prescribing Opioids for Chronic Pain, recommending that opioids only be used when benefits for pain and function are expected to outweigh risks, and then used at the lowest effective dosage, with avoidance of concurrent opioid and benzodiazepine use whenever possible. Research suggests that the prescription of high doses of opioids

related to chronic opioid therapy (COT) can at times be prevented through state legislative guidelines and efforts by health plans that devote resources and establish shared expectations for reducing higher doses.

On 10 August 2017, Donald Trump declared the opioid crisis a (non-FEMA) national public health emergency.

Morphine and other poppy-based medicines have been identified by the World Health Organization as essential in the treatment of severe pain. As of 2002, seven countries (USA, UK, Italy, Australia, France, Spain and Japan) use 77% of the world's morphine supplies, leaving many emerging countries lacking in pain relief medication. The current system of supply of raw poppy materials to make poppy-based medicines is regulated by the International Narcotics Control Board under the provision of the 1961 Single Convention on Narcotic Drugs. The amount of raw poppy materials that each country can demand annually based on these provisions must correspond to an estimate of the country's needs taken from the national consumption within the preceding two years. In many countries, underprescription of morphine is rampant because of the high prices and the lack of training in the prescription of opiates. The World Health Organization is now working with administrations from various countries to train healthcare workers and to develop national regulations regarding drug prescription to facilitate a greater prescription of opiates.

Another idea to increase morphine availability is proposed by the ICOS, who suggest, through their proposal for Afghan Morphine, that Afghanistan could provide cheap pain relief solutions to emerging countries as part of a second-tier system of supply that would complement the current INCB regulated system by maintaining the balance and closed system that it establishes while providing finished-product morphine to people in severe pain who are unable to access opiates under the current system.It was discovered in 1953, that humans and some animals naturally produce minute amounts of morphine, codeine, and possibly some of their simpler derivatives like heroin and dihydromorphine, in addition to endogenous opioid peptides.

b. Benzodiazepines

Benzodiazepines are a class of central nerve system depressant drugs.They are prescripted for anxiety disorders,insomnia and seizures. In 1977 they were the most prescribed medication globally.After the introduction of SSRls and with other factors their usage has been decreased but they are still used frequently globally.

They are useful for alcohol dependence, seizures, anxiety disorders, panic, agitation and insomnia. In general they are well tolerated for and are safe and effective drugs in short term usage for a wide range of conditions but in long-term usage and in case of overdoses they can cause secondary effects and can cause or worsen cognitive deficits, depression and anxiety. Benzodiazepines can have serious adverse health outcomes, and these findings support clinical and regulatory efforts to reduce usage, especially in combination with non-benzodiazepine receptor agonists.Although benzodiazepines are much safer in overdose than their predecessors, the barbiturates, they can still cause problems in overdose. Taken alone, they rarely cause severe complications in overdose;statistics in England showed that benzodiazepines were responsible for 3.8% of all deaths by poisoning from a single drug. However, combining these drugs with alcohol, opiates or tricyclic antidepressants markedly raises the toxicity.In the United States, benzodiazepines are Schedule IV under the Federal Controlled Substances Act, even when not on the market (for example, flunitrazepam), with the exception of fluoralprolazam , etilozam, clonazolam, flubromazolam, and diclazepam which are placed in Scheduled I.

In Canada, possession of benzodiazepines is legal for personal use. All benzodiazepines are categorized as Schedule IV substances under the Controlled Drugs and Substances Act.In the United Kingdom, benzodiazepines are Class C controlled drugs, carrying the maximum penalty of 7 years imprisonment, an unlimited fine, or both for possession and a maximum penalty of 14 years imprisonment, an unlimited fine, or both for supplying benzodiazepines to others.
In the Netherlands, since October 1993, benzodiazepines, including formulations containing less than 20 mg of temazepam, are all placed on List 2 of the Opium Law.A prescription is needed for possession of all benzodiazepines. Temazepam formulations containing 20 mg or greater of the drug are placed on List 1, thus requiring doctors to write prescriptions in the List 1 format.
In East Asia and Southeast Asia, temazepam and nimatazepam are often heavily controlled and restricted. In certain countries, triazolam, flunitrazepam, flutoprazepam and midazolam are also restricted or controlled to certain degrees. In Hong Kong, all benzodiazepines are regulated under Schedule 1 of Hong Kong's Chapter 134 Dangerous Drugs Ordinance. Previously only brotizolam, flunitrazepam and triazolam were classed as dangerous drugs.
Internationally, benzodiazepines are categorized as Schedule IV controlled drugs, apart from flunitrazepam, which is a Schedule III drug under the Convention on Psychotropic Substances.

c. Stimulants

Stimulants are a class of psychoactive drugs that increase alertness. They are used for various purposes such as enhancing attention, motivation, cognition, mood and physical performance. Some of them occur naturally and others are synthetic. Common stimulants include caffeine, nicotine, cocaine, amphetamine/methamphetamine, methylphenidate and modafinil. They have been used to treat diseases for a very long time such as narcolepsy, ADHD, obesity, depression and fatigue. They have side effects and risks such as addiction, tolerance, withdrawal, psychosis, anxiety, insomnia, cardiovascular problems and neurotoxicity. They have very various types.

3.2 Misuse of Substances in Global Scale

By the year of 2010 %5 of the adults(230 million) were using illegal substances 27 million of them had high-risk drug use and this usage harms their health, causing psychological problems and causing social problems that put them in those dangers.In 2015, substance use disorders caused 307.400 deaths; this number is larger than the number in 1990 which is 165.000. 137.500 of deaths caused by alcohol use disorders, 122.100 of them was caused by opioid use disorders and rest of them caused by other drug use disorders. In the US drugs are categorized in 5 different categories according to the Controlled Substances Act. These categories are I,II,III, IV and V. Drugs are classified based on their potential of abuse.

Substance abuse is a term that is used for prescription medication with sedative, anxiolytic, analgesic or stimulant substances used for getting high or changing mood ignoring the possible side effects of the medication. Abuse of prescription medicines definition depends on the situation of the prescriptions, usage without a prescription,willful usage for high-like effects, way of use, usage with alcohol and presence of addiction symptoms. This definition is different and inconsistent. Chronic usage of some substances causes a change known as ‘’tolerance’’ in the central nerve system and this means it will take more substance to obtain the same effect. In some substances reduction or stopping the usage of substances may cause deprivation but this mostly depends on the substance.

In The US the usage rate of prescription drugs fastly overtaking the usage of illegal drugs. According to the NIDA(National Institute of Drug Abuse) in the year of 2010 7 million people were using prescription medication for nonmedical use. Among 12th graders nonmedical usage of prescription drugs are in second place now after cannabis. In 2011 NIDA reported that ‘’ Nearly 1 in 12 of the last graders are using Vicodin for nonmedical purposes and nearşy 1 in 20 of them is using OxyContin the same way’’ . Both of these medications contain opioids. Fentanyl is 100 times more powerful than morphine and 50 times from heroin. A survey that was made in 2017 shows that abuse of OxyContin is 2,7 percent and at the peak in 2005 it was 5,5. The abuse of hydrocodone/paracetamol combination was at its lowest since the peak in 2005(%10,5). This decrease is probably caused by public health attempts or availability issues.

Obtaining ways of prescription medicines for nonmedical uses are various; with family or friends buying in school or illegal markets or the ‘’doctor shopping’’ way which is seeing lots of doctors to find one that will prescribe the medicines. Doctors are being held responsible in an improving way for prescribing without necessary examination. Some doctors are educating themselves to sense the patients that look for medicine not treatment.

Substance addiction including prescription medications can cause mental illness like symptoms this effect can be in the time of usage or in time of deprivation. Some substances can cause effects that affect the affected person for a very long time. Deprivation of some drugs can be fatal.

There are some approved treatments for substance addiction like replacing with methadone, buprenorphine etc. for short term replacements and for long term antagonist substances like disulfiram and naltrexone etc. are being used.

3.3 Loopholes and Regulation Problems in Prescription System

Prescriptions are being supervised in most countries but this supervision seems to be not enough. Supervision's firmness and effectiveness changes from country to country, for example some countries have adopted the e-prescription system but some of the countries use the old system which is paper prescriptions.This difference between countries creates a loophole which is cross border medication procurement. Some doctors feel under pressure because of patient pleasure worries and can write unnecessary medications and in private sector finance can be a motive for writing medications. In the USA's opioid crisis these issues played a key role according to CDCP reports over-prescription turned into a major public health issue. Data transfer between countries is limited and not up to the date and some private clinics are not integrated with the supervision system. As mentioned in the previous paragraphs ''doctor shopping''. Addicts can take the same medication from different doctors or in the next level they can use different ID's. One of the biggest problems is corruption; sale of medications without prescription, fake prescriptions, doctor pharmacy cooperation…

3.4 Substance Production, Distribution and Infiltrating Ways to Illegal Market

First step of the production is discovery, drugs have been discovered in different ways throughout history in past traditional remedies and coincidence were major ways of discovery. Later this discovery gets developed and held to clinic tests for security after the development the cost of innovation gets calculated and after all this steps drug gets submitted for approval (foundation that will approve changes from country to country for example FDA for USA, MHR NICE and NHS for UK) after the approval the general production starts. Distribution steps are like this: first companies send drugs to distributors after that distributors send pharmacies and hospitals and people can access drugs from places. Infiltrating can happen in lots of ways. In manufacturing stage drugs can get stolen or the drugs that are over-manufactured get sold off-record in distribution stages drugs can get stolen from warehouses or logistic workers can abduct drugs. In the prescription stage unnecessary prescriptions, fake prescripts and reuse of prescripts. Pharmacies can sell drugs without necessary prescription or sell stocks off-record or illegal sales on the internet. Consumers can sell prescription medicines on the street or internet.

3.5 International Agreements

a. Single Convention on Narcotic Drugs(1961)

Single Convention is an international treaty that controls and regulates specific drug activities. This convention establishes INCB as well. Signed in 1961 but amended in 1972. 186 parties agreed on the treaty.The Single Convention was the first international treaty to establish a narrow system of drug control for cannabis.

The Single Convention's Schedules of drugs range from most restrictive to least restrictive, in this order: Schedule IV, Schedule I, Schedule II, Schedule III. The list of drugs initially controlled was annexed to the treaty. Article 3 states that for a drug to be placed in a Schedule, the World Health Organization must make the findings required for that Schedule, to wit:

i. Schedule I

The substance is liable to similar abuse and productive of similar ill effects as the drugs already in Schedule I or Schedule II, or is convertible into a drug.

ii. Schedule II

The substance is liable to similar abuse and productive of similar ill effects as the drugs already in Schedule I or Schedule II, or is convertible into a drug.

iii. Schedule III

The preparation, because of the substances which it contains, is not liable to abuse and cannot produce ill effects; and the drug therein is not readily recoverable.

iv. Schedule IV

The drug, which is already in Schedule I, is particularly liable to abuse and to produce ill effects, and such liability is not offset by substantial therapeutic advantages.

b. Convention on Psychotropic Substances(1971)

Convention on Psychotropic Substances is the second international drugs control convention signed because the first convention was not banning new made drugs and needed to be revised. Agreed by 184 parties.

i. Schedule I

Includes drugs claimed to create a serious risk to public health, whose therapeutic value is not currently acknowledged by the Commission on Narcotic Drugs. It includes isomers of THC, synthetic psychedelics such as LSD, and natural psychedelics like certain substituted tryptamines. ATS such as cathinone, MDA, and MDMA (ecstasy) also fall under this category.

ii. Schedule II

Includes certain ATS with therapeutic uses, such as delta-9-THC (including dronabinol, its synthetic form), amphetamine and methylphenidate.

iii. Schedule III

Includes barbiturate products with fast or average effects, which have been the object of serious abuse even though useful therapeutically, strongly sedative benzodiazepines like flunitrazepam and some analgesics like buprenorphine. The only ATS in this category is cathine.

iv. Schedule IV

Includes some weaker barbiturates like (phenobarbital) and other hypnotics, anxiolytic benzodiazepines (except flunitrazepam), and some weaker stimulants (such as modafinil and armodafinil). Over a dozen ATS are included in this category, including the substituted amphetamine phentermine.

c. Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances(1988)

The 1988 convention is the third major three drug agreement that is currently in force. It provides extra legal mechanisms for previous conventions. As of 2020 there are 191 parties to the agreement. It caused more demand for drugs and an increase in illegal manufacturing. A large part of the convention is on distribution and manufacturing. The 3rd article of the agreement may require nations to ban possessions of drugs for personal use.

In 2003, a European Parliament Committee recommended repeal the 1988 agreement and their reason was at the time that the agreement was on the force according to the convention law enforcement deployed but manufacture, usage and the trade of substances increased in the last 30 years and the previous agreements are just to restrict humans and damage countries. However the removal of the agreement was difficult and some authorities said that the convention has no removal clause if any of the signatures stay the agreement will be in force.

3.6 Responsibility of Pharmaceutical Companies and Ethical Disagreements

There have been a lot of discussions over drug marketing. There are accusations and evidence that support drug representatives influencing doctors and other medical-workers.Some groups such as No Free Lunch and AllTrials criticized this because this leads doctors to prescribe the influenced medicine even if there are much cheaper and more effective alternatives for patients.

In the US after 2013 some services collect information from drug companies about their relationship with hospitals and doctors and share them publicly on the internet.

Drug pricing is becoming a very big issue for medication systems. Some research shows that more than 1 million elderly patients are going to die early because they can't buy their prescribed medicines.

Drug fraud contains tricks that give earnings to drug companies.There are several ways for this. For example, for big cases on this matter GlaxoSmithKline's 3 billion dollar settlement for off-label promotion and not servicing security data, Pfizer's 2.3 billion dollar settlement for bribe and off-label promotion.

Nearly all of the big companies have been settled or under investigation for drug fraud.

Patents are being criticized for turning drugs into a financial warfare and reducing accessibility for required medications.

4. Questions to be Concerned

1. Is a system that both patients and pharmaceutical companies win possible? If yes, how can a system like this be obtained?

2. What steps will be taken to reduce misuse of substances while the accessibility of substances for patients increases?

3. Are there going to be a new prescription system? If not, how can the loopholes in the current system get closed?

4. How can substances get prevented in manufacturing, distribution and usage stages from infiltrating the illegal market?

5. Is there going to be a new convention or will the previous ones be revised and if will be revised how it will be?

6. Will pharmaceutical companies get punished for drug fraud? If not, how can drug fraud get eliminated?

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