

**Forum:** United Nations Office on Drugs and Crime

**Issue:** Combatting the Trafficking and Abuse of Controlled Prescription Medication

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## Introduction

Controlled prescription drugs, substances often regarded to be the very basis of modern medicine, paradoxically fuel a devastating global crisis of trafficking and abuse. According to the World Health Organization, the non-medical use of pharmaceuticals results in hundreds of thousands of deaths annually, with opioids alone accounting for over 100,000 fatalities annually. These medications, ranging from opioids, benzodiazepines, and stimulants, to numerous other psychoactive substances, are indispensable for managing pain and psychiatric disorders. However, their very efficacy makes them a lucrative and destructive commodity when diverted into illicit markets. The abuse of these substances unleashes a cascade of addiction, overdose, and profound socioeconomic damage, stretching healthcare systems and destabilizing communities.

The illicit trade in prescription drugs is propelled by a complex network of criminal exploitation, targeting vulnerabilities in legitimate supply chains through theft, fraudulent prescriptions, and unregulated online pharmacies. The United Nations Office on Drugs and Crime (UNODC) has identified this trade as an immediate priority, noting how trafficking syndicates capitalize on regulatory gaps and weak enforcement capacity across borders (UNODC). Consequently, this crisis creates an intricate challenge for global governance, forcing a delicate balance between ensuring patient access to vital treatments and preventing widespread diversion. Overly restrictive regulations in some regions deprive patients of necessary care, while permissive environments in others enable rampant illegal distribution.

Addressing this complex threat demands a holistic strategy that integrates robust law enforcement with comprehensive public health interventions. International efforts, supported by the UNODC, WHO, and national authorities, emphasize strengthening regulatory frameworks, enhancing global surveillance, and promoting the exchange of intelligence. Complementary initiatives focus on the demand side, championing prevention, treatment, and rehabilitation programs. Without such a coordinated, evidence-based response that unites global coordination with national and local action, the health, social, and economic costs of prescription medicine misuse will continue their alarming upward trajectory, endangering populations worldwide.

## Definition of Key Terms

### Controlled Prescription Medication

Medications that are legally prescribed but are regulated because of their potential for abuse, addiction, or dependence. Examples include opioids, stimulants, and sedatives.

### Trafficking

The illegal production, distribution, or sale of controlled medications across borders or within a country, often bypassing legal channels.

### Abuse or Misuse

The consumption of prescription medications in a manner not intended by a healthcare provider, including taking higher doses than prescribed, using without a prescription, or using for recreational purposes.

### Diversion

The process by which legally prescribed medications are redirected from legitimate medical channels to illicit markets.

### Addiction or Dependence

A medical condition characterized by compulsive use of substances despite harmful consequences.

Physical or psychological dependence may develop over time.

### Overdose

The ingestion of a medication in quantities greater than medically recommended, which can result in severe health consequences or death.

### Illicit Market

The unauthorized or illegal network through which controlled medications are sold, often including black markets and unregulated online pharmacies.

### Prescription Fraud

Any attempt to obtain prescription medications through illegal means, including falsifying prescriptions, doctor shopping, or identity theft.

### Public Health Intervention

Measures implemented to prevent, treat, or reduce the negative effects of prescription medication abuse, such as education programs, treatment centers, and awareness campaigns.

### Regulatory Framework

A set of national or international laws, guidelines, and policies designed to control the production, distribution, and consumption of controlled medications.

### Supply Chain Integrity

Ensuring that controlled medications are tracked and monitored from production to patient delivery to prevent diversion or theft.

## Non-Medical Use

Consumption of prescription medication without a medical need, prescription, or supervision, often associated with recreational use or self-medication.

## Pharmacovigilance

The process of monitoring the effects of medications after they have been approved for use to identify and prevent adverse effects or misuse.

## Harm Reduction

Strategies aimed at minimizing the negative health and social consequences associated with drug abuse, such as needle exchange programs or supervised consumption sites.

## Doctor Shopping

Defined as the practice of visiting multiple physicians to obtain multiple prescriptions for controlled substances.

## Iatrogenic Addiction

Addiction that inadvertently develops as a result of medical treatment, particularly through the prescription of medications like opioids.

# Background

## Global Scope of the Issues

The abuse and trafficking of controlled prescription medication has grown into a worldwide crisis. According to the United Nations Office on Drugs and Crime, millions of people consume prescription medications without medical supervision, with opioids being the most widely misused class of drugs. The misuse of these medications contributes to over 100,000 deaths annually in North America alone, largely due to overdoses. Europe and Asia are also experiencing rising rates of prescription drug misuse, particularly in countries with easy access to pharmaceuticals and weaker regulatory enforcement. This global scope highlights that prescription medication abuse is not confined to a single region or demographic but is a transnational issue requiring coordinated international response.

Prescription Drug Type	Annual Abusers (millions)	% Misuse Among Rx Abusers*	% Misuse Among Americans*
Painkillers	8.0	58.0%	2.8%
Prescription Opioids	7.6	54.9%	2.6%
Stimulants	3.9	28.3%	1.4%
Tranquilizers	3.8	27.8%	1.3%
Benzodiazepines	3.4	24.4%	1.2%
Sedatives	0.9	6.7%	0.3%
All Prescription Psychotherapeutics	13.8	100%	4.8%

\* Values may reflect overlapping misuse, as some people report misusing more than one type of prescription drug.

**Figure 1:** A chart illustrating prescription drug abuse statistics in the United States of America (NCDAS)

## Causes of Prescription Medical Abuse

Prescription drug abuse is driven by multiple factors. One major contributor is over-prescription, where patients receive medications in quantities or dosages beyond what is medically necessary. Notably, another factor is socio-economic stressors, including unemployment, poverty, and mental health disorders, which increase vulnerability to substance misuse. Additionally, the proliferation of online pharmacies and unregulated marketplaces has made it easier for individuals to acquire prescription medications without proper medical oversight. Social and cultural factors, such as the normalization of medication use for coping with stress or academic performance, further exacerbate the problem.

According to the Centers for Disease Control and Prevention (CDC), the most commonly abused drugs include opioids, benzodiazepines, and stimulants. In particular, opioid pain relievers such as oxycodone and hydrocodone have experienced a notable increase in misuse, primarily due to their highly addictive nature. Similarly, benzodiazepines, prescribed for anxiety and sleep disorders, also pose a significant risk, especially when combined with other substances, whilst stimulants, typically prescribed for Attention Deficit Hyperactivity Disorder (ADHD), are frequently misused for their stimulating effects.

## Trafficking Networks and Methods

The diversion of prescription medications from legitimate channels to illicit markets occurs through complex trafficking networks. Common methods include theft from pharmacies or hospitals, fraudulent prescriptions, doctor shopping, and illegal import or export via international mail services. Organized crime groups often exploit gaps in regulatory systems and weak enforcement to distribute medications across borders. Online markets, including dark web platforms, have created new challenges for law enforcement by facilitating anonymous transactions and encrypted communications. These networks operate on a global scale, making international cooperation essential for effective intervention.

## Health and Socioeconomic Consequences

The health impacts of prescription medication abuse are profound and vary in impact. Chronic misuse can lead to addiction, organ damage, cognitive impairment, and fatal overdoses. Mental health outcomes, including anxiety, depression, and increased risk of suicide, are commonly associated with non-medical use. Furthermore, prescription drug abuse may result in co-occurring mental health disorders. The socioeconomic consequences include increased healthcare costs, lost productivity, and higher rates of crime and incarceration. Communities heavily affected by prescription drug abuse often experience social instability and decreased quality of life, which in turn can perpetuate cycles of substance misuse. Moreover, such abuse results in significant financial burden on healthcare systems, with increased costs related to emergency room visits, hospitalisations and long term treatment. The CDC estimates the total economic burden of prescription opioid misuse in the United States, given 2023 data, is approximately \$78.5 billion annually, encompassing healthcare costs, lost productivity, and criminal justice costs. By extension, the misuse of prescription medications often catalyzes drug trafficking, theft, and fraud, contributing to a border societal impact which includes increased law enforcement and legal system costs.

## Major Parties Involved

### Australia

Australia employs a proactive domestic policy centered on harm reduction to coordinate state and federal efforts in minimizing the harms of prescription drug misuse, particularly that of opioids and benzodiazepines. Its approach is guided by the National Drug Strategy's pillars of harm reduction, demand reduction, and supply reduction. Notably, Australia has a history of early intervention, implementing a real-time prescription drug monitoring system, SafeScript, nationwide to curb the phenomenon of doctor shopping.

### Canada

Canada has adopted a stance of emphasizing harm reduction, decriminalization of small amounts of drugs, and safe supply initiatives. Canada's history mirrors the United States, with a surge in opioid prescribing leading to widespread misuse. However, its response has become distinctly public health oriented post declaration of national crisis in 2017, representing a significant shift from a traditional criminal justice based approach. Its principles of harm reduction guide its support for supervised consumption sites, widespread naloxone distribution, and pilot programs providing prescribed alternatives to the illegal drug supply.

### China (PRC)

China enforces a highly punitive stance against all forms of drug abuse and trafficking, including prescription drugs, with minimal distinction made between illicit and prescription drug misuse. The Chinese government's response has a heavy emphasis on law enforcement, compulsory detoxification, and severe penalties for trafficking led by law enforcement, including the death penalty, for trafficking.

### United Kingdom

The United Kingdom utilises a nationally coordinated approach heavily focused on reducing opioid related deaths. The National Health Service (NHS) provides structured treatment characterised by a strong emphasis on harm reduction, including widespread naloxone distribution. A shift toward tighter control of prescribing in primary care led to the establishment of a national prescription monitoring system which came into force in March of 2009.

### United States

The United States advocates a multifaceted and often reactive approach focused on curbing the opioid epidemic. The government's response and stance has been historically slow, with aggressive pharmaceutical marketing and liberal prescribing practices in the 1990s and 2000s directly fueling the crisis. Policy has since shifted to a public health emergency declaration, promoting Prescription Drug Monitoring Programs (PDMPs) and expanding access to treatment. However, the national approach continually oscillates between punitive enforcement measures and public health oriented, harm reduction strategies.

## World Health Organisation (WHO)

The WHO advocates for an approach that ensures access to essential controlled medicines for legitimate medical use while preventing misuse and dependence. It develops guidelines for the pharmacological management of substance dependence, supports member states in strengthening their regulatory systems, and promotes the Access to Controlled Medications Programme. The WHO's historical focus has been on closing the treatment gap for opioid abuse between MEDCs and LEDCs, while also addressing the emerging challenge of iatrogenic addiction.

## United Nations Office on Drugs and Crime (UNODC)

The UNODC promotes a stance centered on the three international drug control conventions, emphasising the reduction of both illicit drug supply and demand, with prescription drug abuse falling under the umbrella of “drug abuse.” As the guardian of the UN drug control treaties, its primary principles are rule of law and crime prevention, assisting countries in improving their regulatory frameworks to prevent the diversion of precursor chemicals and pharmaceuticals from legal to illegal markets. Its stance is inherently internationalist, focusing on cross border trafficking and the integrity of the global control system.

## International Narcotics Control Board (INCB)

The INCB acts as the independent quasi-judicial body for monitoring the implementation of UN drug conventions, taking a strict, regulatory stance focused on estimating and controlling the global supply of licit narcotic and psychotropic drugs. The INCB's core principle is ensuring that controlled substances are available for medical and scientific purposes while preventing their diversion and abuse. It annually reviews and approves countries' estimates of their need for controlled substances.

## Previous Attempts to Resolve the Issue

- A joint commitment to effectively addressing and countering the world drug problem, 19 April 2016 (A/RES/S-30/1)
- International cooperation to address and counter the world drug problem, 17 December 2018 (A/RES/73/192)
- Addressing and countering the world drug problem, 2021 (A/RES/76/188)
- Addressing and countering the world drug problem, 2024 (A/RES/79/191)
- Improving data collection and monitoring of the non-medical use and diversion of prescription drugs, 2021 (CND Resolution 64/4)

## Possible Solutions

Addressing the trafficking and abuse of controlled prescription medication requires a balanced approach that safeguards legitimate medical access while reducing opportunities for diversion and misuse. Delegates should consider solutions that integrate health based strategies, law enforcement coordination, and technological innovation to strengthen existing international frameworks.

One potential direction is strengthening pharmaceutical supply chain transparency. States may be urged to create or expand national prescription drug monitoring programs (PDMPs) to monitor the manufacture, movement, and dispensation of controlled medication. For instance, the establishment of an international data sharing platform, coordinated by the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO), may allow member states to report suspicious trade patterns or discrepancies in controlled medicine flows. Such a system could operate similarly to existing mechanisms for tracking precursor chemicals, except with the addition of safeguards measures to protect patient confidentiality.

An additional theoretical approach involves the enhancement of the capabilities of national regulatory authorities given the fact that numerous developing countries possess insufficient technical expertise to effectively oversee or enforce pharmaceutical regulations. Delegates might advocate for UN-sponsored training programs aimed at assisting regulatory agencies, customs personnel, and health ministries in identifying counterfeit or misappropriated prescription medications. This initiative could be further supported by the establishment of a Global Fund for Pharmaceutical Security, funded through voluntary donations, to aid low- and middle-income nations in strengthening their inspection of protocols and legal structures, as well as incentivize the execution of international and domestic policy.

Delegates may also consider enhancing education and public health promotion messages. Promoting awareness about the risks of prescription drug misuse, especially among youth and healthcare professionals, could reduce demand. For instance, the WHO may potentially work with national health ministries to implement educational programs focused on safe prescribing practices, disposal of unused medication, and early intervention for dependency.

From a legal perspective, the scheduling and classification framework's international harmonization can be used to prevent the exploitation of loopholes by traffickers. Countries could be motivated to align their national drug listings with the ones designated by the Commission on Narcotic Drugs (CND) and the International Narcotics Control Board (INCB), all the while maintaining flexibility for domestic health needs. Additionally, delegates can indicate their support for regional cooperative mechanisms such as ASEAN, the EU, or the African Union in developing shared prescription reporting and monitoring systems in order to monitor cross-border trafficking activity in an effective manner.

Moreover, public-private partnerships, particularly with pharmaceuticals and logistics groups, can be a valuable solution. Delegates can consider regulations for mandatory reporting of suspicious orders, improved labelling and traceability technologies (such as blockchain verification or RFID tracking), and stronger oversight of

online pharmacies, which are a growing source of illicit sales. The UN could facilitate the development of a global code of conduct for ethical pharmaceutical distribution, balancing access, innovation, and accountability.

Stated proposed pathways intend to pave the way for discussion rather than call for definite action. Delegate representatives are enjoined to harmonize regulation, education, and technologies that fit within the capacity and priority of their countries, at the same time enhancing worldwide cooperation against the illicit use of regulated prescription medicines.



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