

# STUDY GUIDE WHO

— BAU x MARMARA TRAIN '22



## I. Letter from the Secretary-General

Honorable Participants,

It is an honor to welcome you all to the first edition of Marmara Train Conference which will be held in 17-18 December in İstanbul, Turkey.

As Marmara Mun Society after we heal the scars that pandemic gives, we are ready again to reach the same level of perfection again. In 2021-2022 academic year, we were really disappointed about the level of conferences and delegates in Turkish Mun Society. After we demonstrate our academic level in conferences that we attend last year, as Marmara Mun Society we take it as a duty to train delegates to make MUN community competitive and catch the diplomatic atmosphere of pre-pandemic level again with the strength which comes from our 7 years of history and experience. In my ninth year, after numerous MUN experiences in different countries, It's such a point of honor for me to organize and lead such kind of an organization at the last year of my career.

In this conference, we start with planning 6 committees. Two of them will be High School level, two of them will be university level. We choose DISEC, SOCHUM and WHO committees which can be younger participants can discuss and cover agenda items better and get used to MUN procedure easily. For the University level committees which are ECOFIN, SPECPOL and UN WOMEN prepared to show Turkish Mun Community how things going on at International Level.

MarmaraMun and BAUMUN Family works harder than ever to strive for perfection with their new generation while following the light of our past. We invite you BAU X MarmaraTrain'22 for a perfect start to your MUN career.

Best Regards,

Yiğit Bilir  
*Secretary General*



## II. Letter from the Deputy Secretary-General

Honorable Participants,

As the Deputy Secretary General of BAU X MARMARA Model United Nations Conference, it is worth to state that we make difference by striving for perfection, as always. Being a big family instead of teammates allowed us to work hard and pay attention even to the smallest details to make this conference unforgettable for you. All of our agenda items are related to current issues which need to be discussed upon by intelligent people, and I strongly believe that the hope for the future is the young critical thinkers ready to make sound. In this context, I suggest all of the delegates read this helpful document carefully and make their further research before the conference. I wish a great conference by collaborating and fairly taking help from diplomacy to create a better world altogether.

Good luck,

Elif Nazlı KAFADAR

*Deputy Secretary General*

## III. Letters from the Chair Board

**Fellow participants of the WHO committee,**

First of all, it is a pleasure for me to welcome you all to BAUxMarmaraTrain. I am Bora Akar and studying as a freshman at Istanbul University, majoring in Labor Economics and Industrial Relations. In the upcoming two days of BAUxMarmaraTrain, I am more than honored to be serving you as the chair of the WHO committee, and looking forward to witnessing the heated debate between one another.

This committee debates on such an important issue as misuse of steroids regarding different types of dysmorphia. Considering the rising number of dysmorphia cases, this case becomes more than an issue. Seeing the statistics, attaching importance to such an issue is a must for any responsible human being. Unfortunately, recognition of dysmorphia by responsible organizations as a mental disorder is not enough to draw everybody's attention to raise awareness. Due to lack of awareness among the world population, people who diagnosed with dysmorphia are having really hard time to find retreatment on different place



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in the world. Expecting and hoping every member state to deliver their ideas and opinions, we are totally sure about the fact that we will be finding accurate and sufficient solutions to solve such an issue.

During these 2 days, our utmost aim is to make sure that all delegates have a fruitful and entertaining conference. In addition, we would be more than happy to earn MUN community new members to ensure the future of Turkish MUN society. Attaching importance to previous statement, even one delegate within this committee continues to attend these conferences; we will be proud and joyful to do so. I am more than sure that we, as the chairboard of WHO, will be doing our best to achieve such an accomplishment. Realizing the current status of MUN conferences after the pandemic, we are aware of the fact that it is going to be a hard challenge for us that is totally worth the struggle and hard-work.

At the end of my letter, I would like to thank academic staff of BAUMUN and MARMARAMUN clubs for their efforts. For any questions and suggestions, please do not hesitate to contact me via [boraaa.aakar@outlook.com](mailto:boraaa.aakar@outlook.com).

*Best regards,*

Bora AKAR

### **Dear delegates of WHO,**

I am Salim Can Eser and I am studying both law and economics at Bahcesehir University as a third year student. In addition, I will be serving you as the “chair” during the conference. So, I have to say that it is an honor for me to welcome you all.

I am happy to have the World Health Organization in our conference, whose importance is remembered once again in the pandemic period. Also, the fact that such a valuable and generalized topic existing in our committee is also important for the self development of all participants.

I would like to remind you that your courage to attend the conference is very important not only for us, but also for you as well. Also, I would like to state that you have taken an important step towards improving your international relations, law and debating knowledge and skill as many other skills as well.



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Last of all, I would like to thank BAUMUN and MARMARA MUN teams and the secretariat of our conference for giving us this chance.

If you have any questions or something else, do not hesitate to contact with me via:  
eser.salimcan02@gmail.com

*Salimcan Eser*

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## A. Introduction to the Committee

### 1. The Foundation and Historical Background of WHO

Working on the field of international public health, organizations such as WHO had a historical background dating back to 19<sup>th</sup> century. Opened on July 23<sup>rd</sup>, 1851, International Sanitary Conference was the earliest version of an organization that covers such needs. With the help of socioeconomic development during that era, two delegates within the committee, one being a diplomat and the other being a physician, started to find solutions for epidemic diseases like cholera. After 48 plenary sessions and many committee meetings, ISC was declared closed on January 19<sup>th</sup>, 1852. Six months of participation and debate brought an international sanitary convention that contained 137 articles of international sanitary regulations.



Four years after the first ISC to be held in the 20<sup>th</sup> century, on December 9<sup>th</sup>, 1907, the Office International d'Hygiène Publique (OIHP) was found after the Rome Agreement. The delegates within the new office were authorized to be the technical representatives of their countries. 22 years after its foundation, Permanent Committee of OIHP was supposed to have its first post war session where an expansion for OIHP was expected but it didn't happen at that time. In October 1919, at the second post-war meeting, the President of the Permanent Committee

declared that they had an informal meeting with some countries' representatives, representatives of the League of Red Cross Societies and the Secretary-General of OIHP. This was the meeting that the possible title change for OIHP to be placed under the authority of the League of Nations was discussed. After this proposal, the Permanent Committee has its general approval. During the last phases of the Second World War, in January 1945, United Nations Relief and Rehabilitation Administration (UNRRA) took over the responsibilities of OIHP in the respect of the international sanitary conventions. Therefore, OIHP was not able to exercise its functions for the rest of the war.

Brought into force in 1948, World Health Organization (WHO) inherited certain duties connected to epidemic control, drug standardization, etc. as well as it was expected to serve a wider



authorization under its constitution to promote the attainment of the highest possible level of health by everyone.

## 2. Current Status and Working Fields



After an intense struggle and cooperation to eradicate COVID-19, the WHO's importance and reliability has increased crucially because of the fact that the organization played a big role during the controlling and communication process of the pandemic. Bringing together 194 countries to confront the biggest health issues, the WHO continues to work against communicable and chronic diseases. In addition, they embrace Three Billion Targets that are aiming to:

- Ensure a billion more people benefits from universal health coverage by:
  - Accessing to primary and preventative healthcare,
  - Ensuring access to the medicines and health products that people need,
  - Sustainable financing and financial protection for people and communities,
  - Workforce training and labor protection for health workers
- Better protect a billion more people from health emergencies, building global systems that:
  - Predict, prevent and contain emerging risks,
  - Support countries and communities to respond to disease outbreaks, disasters and humanitarian crises,
  - Rapidly assess the availability, safety and efficacy of emergency health products,
  - Marshall resources and health services for fair global access to vaccines, therapeutics, diagnostics and supplies,
  - Support on-the-ground care in fragile settings to protect the most vulnerable
- Make sure a billion more people enjoy better health and well-being providing social and environmental factors such as:
  - Clean air and water,



- Safe roads,
- Healthy eating and exercise,
- Violence and injury prevention

## B. Introduction to the Agenda Item



When the cases around the world are examined, especially with the development of mass media, it will be seen that the concerns of people over their bodies increase. Although the main reasons for this issue are quite numerous, as we have stated, the development of social media and the realization of this development through visualization are the main factors causing this increase.

Even though social media is the main reason in the general perspective, other reasons for aesthetic concerns and related problems are also observed by the professionals. Other important causes can be classified as childhood traumas and sociocultural perceptions. Perceptions of beauty within the family or the discomfort that people feel from their parents' discourses when they were children can appear as childhood traumas. On the other hand, although it varies according to the different cultures, the society's perspective of beauty and the pressures on people as a result of these perspectives are important causes of psychological problems on the subject.

Generally, people feel incomplete as a result of these pressures. They find different solutions in order to solve this issue mentally. While some of these solutions are considered as healthy decisions (psychotherapy, medication and etc.), some of them may cause psychological problems as well as physical problems.

According to studies, the prevalence of body dysmorphic disorder in society is much higher than it is thought. In these studies, the incidence of this issue in the population is about %2-3, while the incidence in young adults/students rises up to %12-13. However, physical feature concerns that have not reached the level of psychological disorder are observed much more in society.

Another treatment form on the subject is drug therapy. Although this method is touted as a more precise solution, it comes with many other problems. Drugs can trigger many other health problems and also illegal ways can be preferred for accessing drugs in such health problems. On the other hand,

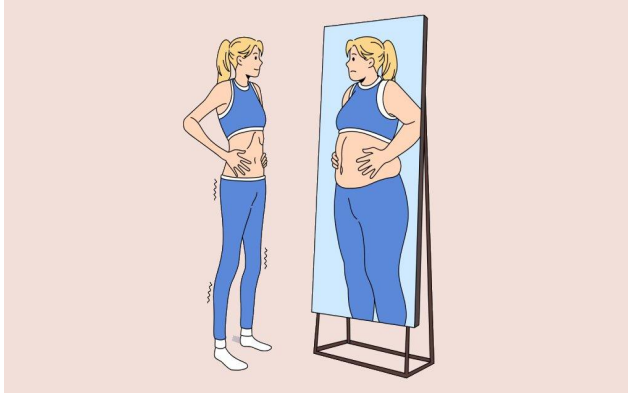




overuse of drugs or chemical nutrients in general also emerges as one of the main problems for individuals.

## 1. Key Terms/Definitions

### - **Body Dysmorphic Disorder (BDD)**



Body Dysmorphic Disorder, or body dysmorphia, is a condition where appearance of a person does not seem appropriate to him/her. The ones suffering from BDD spend a lot of time about any single piece of flaw on their look. Most common in teenagers and young adults, this disorder affects both men and women.

#### ● **Anorexia Nervosa**

Anorexia is one of the types of BDD and is an eating disorder where people try to keep their weight as low as possible. People who has this mental condition may have a distorted image of their bodies meaning that they see themselves fat even though they look skinny.

#### ● **Bigorexia**

Bigorexia, or muscle dysmorphia, is a condition where people always worry about not building enough muscles. On the contrary of anorexia, people who have bigorexia may see themselves skinny even if they have built enough muscles to look muscular enough. This disorder may lead to steroid misuses, depression, etc. if not treated immediately.

### - **Anabolic Steroids**

Anabolic steroids are simply medicines that are used to increase muscle mass and improve athletic performance. These substances can be used as performance-increasing drug whereas it can cause many undesirable effects.

### - **Illicit Drugs**

Illicit drugs are substances that may stimulate or/and inhibit ones senses. In majority of the countries, usage of such stuff is extremely illegal and the ones using them are sentenced severely.

### - **Stimulants**



Stimulants are a class of drugs that speed up messages travelling between the brain and the body.

## 2. Commonly Used Substances

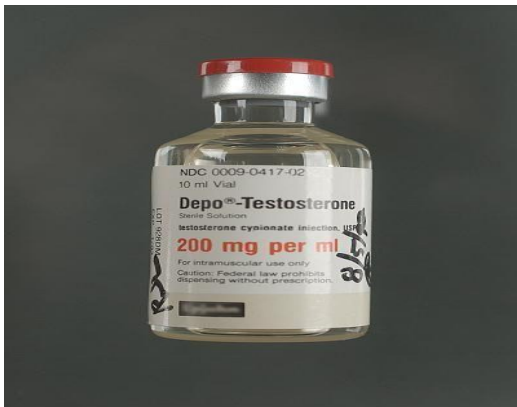
Many people around the world use chemical nutrients because they do not like their appearance. These chemical nutrients can be used to gain or lose weight, as well as to gain muscle. In addition, drugs can be used in the treatment of people who have psychological disorders. It should be noted that these drugs are usually available to buy only on prescription. Also, there are many types of medicine for every use that we mentioned.

### 2.1 Substances Used for Muscle Growth

These type of substances are actively used by many people. These substances are often used by Professional athletes to get beter at their jobs. On the other hand, there are also people who have not taken up sports as a profession and use this type of nutrients just to look good.

In addition, the uncontrolled use of these chemical nutrients/drugs is very risky. Also, it is risky for professionals that use these kind of drugs in a planned manner under the supervision of a doctor. Individuals who want to look better by using this type of drugs face with the danger of many health problems, including death.

#### i. Anabolic-Androgenic Steroids



Some athletes take a form of steroids — known as anabolic-androgenic steroids or just anabolic steroids — to increase their muscle mass and strength. The main anabolic steroid hormone produced by your body is testosterone. Testosterone has two main effects on your body:

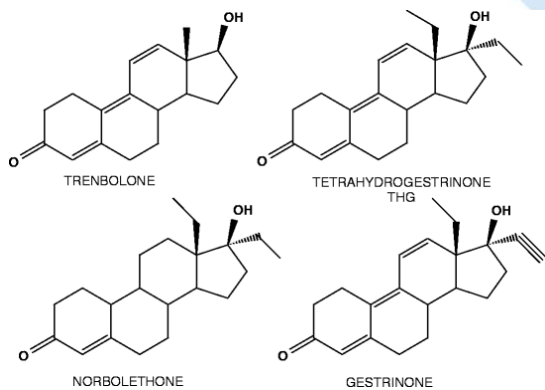
- Anabolic effects promote muscle building.
- Androgenic effects are responsible for male traits, such as facial hair and a deeper voice.

Many athletes/non-professionals take straight testosterone to boost their performance. The anabolic steroids used by athletes are often synthetic modifications of testosterone. These hormones have approved medical uses. But improving athletic performance isn't one of them.

Besides making muscles bigger, anabolic steroids may reduce the muscle damage that occurs during a hard workout, helping athletes recover from the session more quickly and enabling them to work out



harder and more frequently. Some athletes, as well as nonathletes, may like the muscular appearance they get when they take the drugs.



**Designer steroids** are particularly dangerous class of anabolic steroids. They are also synthetic steroids that have been illicitly created to be undetectable by current drug tests. They are made specifically for athletes and have no approved medical use.

**Risks of designer steroids;** many athletes take anabolic steroids at doses that are much higher than those prescribed for medical reasons. Anabolic

steroids have serious physical side effects.

**Men may develop:**

- Prominent breasts
- Shrunken testicles
- Infertility
- Prostate gland enlargement

**Women may develop:**

- A deeper voice, which may be irreversible
- An enlarged clitoris, which may be irreversible
- Increased body hair
- Baldness, which may be irreversible
- Infrequent or absent periods



**Both men and women might experience:**

- Severe acne
- Increased risk of tendinitis and tendon rupture
- Liver abnormalities and tumors
- Increased low-density lipoprotein (LDL) cholesterol (the "bad" cholesterol)
- Decreased high-density lipoprotein (HDL) cholesterol (the "good" cholesterol)
- High blood pressure (hypertension)
- Heart and blood circulation problems
- Aggressive behaviors, rage or violence
- Psychiatric disorders, such as depression
- Drug dependence
- Infections or diseases such as HIV or hepatitis if you're injecting the drugs
- Inhibited growth and development, and risk of future health problems in teenagers

Taking anabolic-androgenic steroids to enhance athletic performance is prohibited by most sports organizations — and it's illegal.

***Androstenedione;*** Androstenedione (andro) is a hormone produced by the adrenal glands, ovaries and testes. It's a hormone that's normally converted to testosterone and a form of estrogen (estradiol) in both men and women.

Andro is available legally only by prescription and is a controlled substance. Its use as a performance-enhancing drug is illegal in the United States.





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Manufacturers and bodybuilding magazines tout andro's ability to allow athletes to train harder and recover more quickly. Scientific studies that refute these claims show that supplemental androstenedione doesn't increase testosterone and that your muscles don't get stronger with andro use.

### ***Risks of androstenedione;***

Side effects of andro in men include:

- Acne
- Diminished sperm production
- Shrinking of the testicles
- Enlargement of the breasts

In women, side effects include:

- Acne
- Masculinization, such as deepening of the voice and male-pattern baldness

In both men and women, andro can damage the heart and blood vessels, increasing the risk of heart attack and stroke.

***Human growth hormone;*** Human growth hormone is a hormone that has an anabolic effect. Athletes take it to improve muscle mass and performance. However, it hasn't been shown conclusively to improve either strength or endurance. Human growth hormone is available only by prescription and is administered by injection.

***Risks of growth hormone;*** adverse effects related to human growth hormone range in severity and may include:



- Joint pain
- Muscle weakness
- Fluid retention
- Diabetes
- Vision problems
- Carpal tunnel syndrome
- Impaired glucose regulation
- Enlarged heart (cardiomegaly)
- High blood pressure (hypertension)

## 2.2 Substances Used for Weight Loss/Gain



As it can be observed from research, there are many side effects of drugs for loss and gain weight. The number and severity of these side effects vary according to the amount of use. There are many health problems related to the use of this type of drugs around the world.

Mild side effects, such as nausea, constipation and diarrhea, are common. They may lessen over time. Rarely, serious side effects can happen. That's why it's important to ask your health care provider about all treatment choices. Weight-loss/gain drugs can be expensive and aren't always paid for by insurance in most of the states.

### i. Usage of Illicit Drug for Weight Loss/Gain

These problems include not merely disordered eating but also substance use. Prior research has shown that there is a significant positive relationship between adolescents' substance use behaviors (including the use of alcohol, cigarettes, and illicit drugs such as marijuana and cocaine) and weight control attitudes and activities. Body perception and weight loss expectations have been found to heavily on individual's illicit drug use.

While herbal weight-loss supplements may bring the promise of shedding pounds using "natural" products, a new study shows that many are laden with pharmaceutical agents (lab-made drugs) —



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some of which are illegal. The researchers analyzed 81 weight-loss/gain products that had been taken by 66 patients who had come in to the hospital for treatment for poisoning. One of the patients had died.

"A wide variety of illicit, weight-reducing agents has been found in proprietary slimming products that are readily available to the public. Importantly, ingestion of these products may result in significant toxicities and even mortality," stated in the research.

According to studies, the number of banned drugs accessed for weight gain and loss is quite high. Also, according to statistics, the populations using such drugs is more likely to be rich. On the other hand, it seems like the black market has also been formed due to the demand for the use of such unnatural nutrients/drugs or foods.

Lastly, it should be underlined that for a clear understanding, the economic dimension of this illicit nutrient/drug usage is very important in terms of preventing the problem. It should also be underlined that the overuse of products that are less harmful to health but stated as illicit, should be identified.

### **ii. Pills/Medicines for Weight Loss/Gain**

We have already reviewed the status and effects of illicit drugs and chemical nutritions. When we look at prescribed drugs, we observe that they are usually given to people who are underweight, overweight or obese. Health care professionals use the Body Mass Index (BMI), a measure of your weight in relation to your height, to define overweight, obesity and underweight issues.

People who have a BMI between 25 and 30 are considered to be overweight. Obesity is defined as having a BMI of 30 or greater. You can calculate your BMI [NIH external link](#) to learn if you are overweight, have obesity, or have severe obesity, which may increase your risk of health problems. Your health care professional can assess your individual risk caused by your weight.

There are also different tiers of anorexia based on BMI ranging from mild (<17.5), moderate (16-16.99), and severe (15-15.99), to extreme (<15). A BMI below 13.5 can lead to organ failure, while a BMI below 12 can be life-threatening.

Medications don't replace physical activity or healthy eating habits as a way to lose weight. Studies show that weight management medications work best when combined with a lifestyle program. Accordingly, even taking legal drugs does not eliminate the fact of regulating your life into the healthy standards. Experts are concerned that, in some cases, the side effects of prescription medications that treat overweight and obesity may outweigh the benefits. For this reason, never take a weight management medication only to improve the way you look. In the past, some weight management medications were linked to serious health problems, and they were removed from world drug market.



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As it can be seen, it is stated that taking medication is not a solution for people living with body dysmorphic disorder. According to the opinions of doctors and experts, using these drugs due to aesthetic concerns may worsen psychological health as well as physically harmful effects.

A few examples of drug types are reviewed down below:

**Orlistat;** Available in lower dose without prescription. It is approved for Adults and children ages 12 and older. It works in your gut to reduce the amount of fat your body absorbs from the food you eat. Its common side effects are:

- Diarrhea
- Gas
- leakage of oily stools
- stomach pain



**Phentermine-topiramate;** it is for adults. A mix of two medications: phentermine, which lessens your appetite, and topiramate, which is used to treat seizures or migraine headaches. May make you less hungry or feel full sooner. Common side effects are:

- constipation
- dizziness
- dry mouth
- taste changes, especially with carbonated beverages
- tingling of your hands and feet
- trouble sleeping

**Naltrexone – bupropion;** it is for adults. A mix of two medications: naltrexone, which is used to treat alcohol and drug dependence, and bupropion, which is used to treat depression or help people quit smoking. May make you feel less hungry or full sooner. Common side effects are:





- constipation
- diarrhea
- dizziness
- dry mouth
- headache
- increased blood pressure
- increased heart rate
- insomnia
- liver damage
- nausea
- vomiting

### 3. The Historical Background

Historically, the use of chemical nutrients/drugs and dysmorphic disorder converge at the fundamental points. For this reason, in our review, we will go through the psychological history of aesthetic concerns.

Body Dysmorphic Disorder was first described in 1891 by the Italian psychiatrist **Enrico Morselli** as "dysmorphophobia".

The term comes from the Greek word dysmorphia, which means deformity or ugliness. Dysmorphia first appeared in the story of Herodotus, referring to the myth of "the ugliest girl in Sparta".

It is firstly stated in the paper which is written by Morselli in 1891 and he wrote, "as the result of some observations I have made in recent years, I propose to add two new and previously undescribed varieties to the various forms of insanity with fixed ideas, whose underlying phenomenology is essentially phobic. The two new terms I would like to put forth, following the nomenclature currently

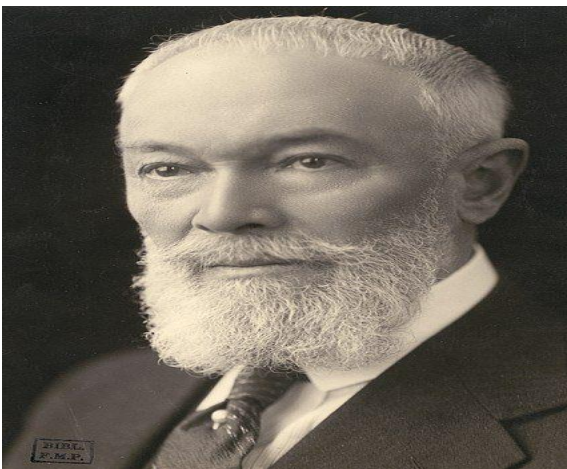
accepted by leading clinicians, are dysmorphophobia and taphephobia."

"The first condition consists of the sudden appearance and fixation in the consciousness of the idea of one's own deformity; the individual



fears that he has become deformed (dysmorphos) or might become deformed, and experiences at this thought a feeling of an inexpressible disaster... The ideas of being ugly are not, in themselves, morbid; in fact, they occur to many people in perfect mental health, awakening however only the emotions normally felt when this possibility is contemplated. “

“But, when one of these ideas occupies someone’s attention repeatedly on the same day, and aggressively and persistently returns to monopolise his attention, refusing to remit by any conscious effort; and when in particular the emotion accompanying it becomes one of fear, distress, anxiety, and anguish, compelling the individual to modify his behaviour and to act in a pre-determined and fixed way, then the psychological phenomena has gone beyond the bounds of normal, and may validly be considered to have entered the realm of psychopathology.”



Next important person for our subject is *Janet*, French psychiatrist Pierre Janet, who described a woman who was housebound for 5 years. He considered this diagnosis part of obsessive-compulsive disorder, calling it the “l’obsession de la honte du corps” (“obsessions of shame of the body”).

His description includes the first possible uses of behavioral therapy, but without a common understanding or goal negotiation.

According to the situation that Janet observed;

“This 38 years old lady presents with a ridiculous preoccupation: she believes she has a moustache. It is important to note that this patient’s mother was authoritarian and expected a lot from her daughter who is weak, shy and ashamed of herself.

He had a strict upbringing, feared criticism, and attempted suicide many times. She is now married and is in trouble with her neighbor claiming:

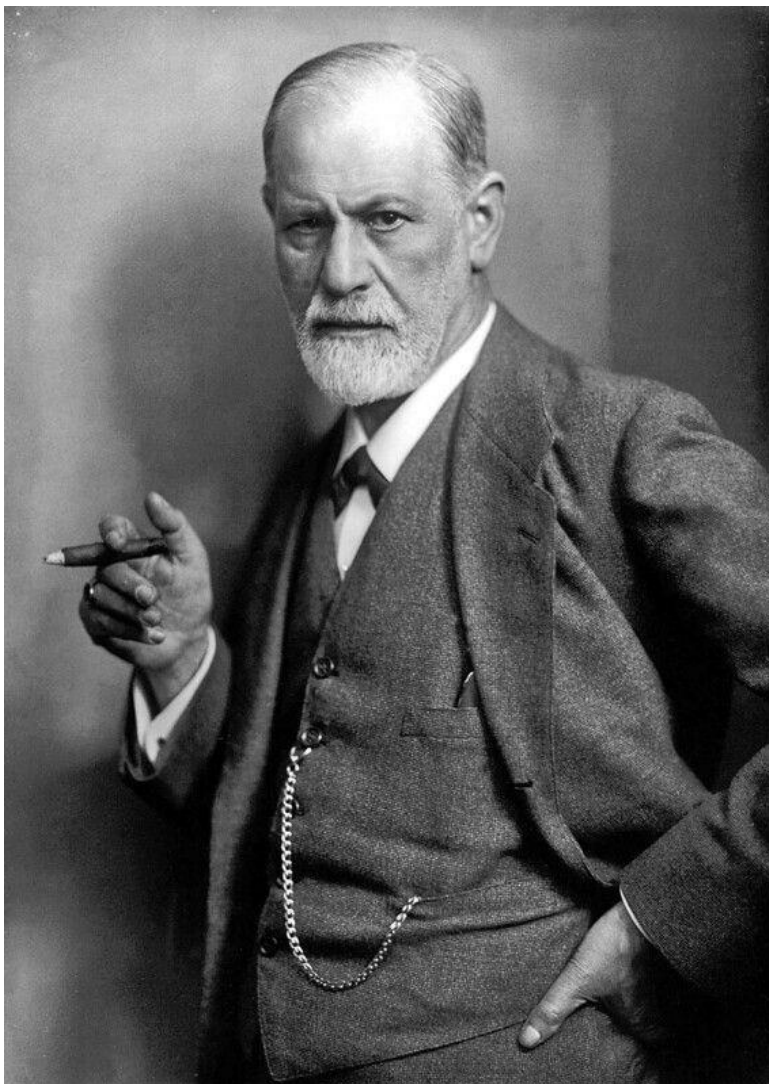
"I am afraid of my neighbors and have no strength to argue with them." "How could I approach my neighbors with that hairy face. They mock me and show that I am inferior.

These thoughts are accompanied with anxiety crisis and agitation. She also imagines her neighbours shouting “Hairy, hairy!” and becomes very distressed. This young lady has recovered rapidly, from a treatment dictated by her husband under our instruction. Treatment consisted of motivational and attention exercises to combat her shyness”.



Another popular person that exist in the history of our subject is *Sigmund Freud*. Sigmund Freud and later Brunswick described the most famous case of BDD, known as "The Wolfman," and dealt with a fictional defect in the nose. He had a recurring dream in which a white wolf was staring at him from the bare branches of a tree.

The interpretation was that his nose represented his penis and that he wanted to be castrated to become a woman. According to his analysis on the real life issue; "He neglected his daily life and work because he was engrossed, to the exclusion of all else, in the state of his nose. On the street he looked at himself in every shop window; he carried a pocket mirror, which he took out every few minutes".



"First he would powder his nose; a moment later he would inspect it and remove the powder. He would then examine the pores, to see if they were enlarging, to catch the hole, as it were, in its moment of growth and development. Then he would again powder his nose, put away the mirror, and a moment later begin the process anew. His life was centred on the little mirror in his pocket, and his fate depended on what it revealed or was about to reveal."

The maid who opened the door in her apartment was afraid of him because as she said, "He always rushed past her like a lunatic to the long mirror in the poorly lighted reception hall. He

would not sit down and wait like other patients, to be admitted to her office; he would incessantly walk up and down the small hall, taking out his mirror and examining his nose in this light and that. It was in this condition that he began his analysis."





This account has an interesting afterword, in which Wolfmann describes his analytical experience with Freud and Brunswick. As he states in his autobiography, he built his own program of behavior. According to his autobiography:

“I gathered all my strength, stopped looking in the mirror, and somehow overcame these ideas in a few days....I took a stand against psychoanalysis and made a decision of my own. Stop thinking about your nose! It was much greater success than with Freud because I rejected transference”.

In fact, the history of chemical nutrients dates back to before the emergence of the aforementioned term. therefore, in fact, although the definition of this type of disease is quite late, the presence of the definition should not be taken as the basis as it is only a scientific element in the point of the disease.

### C. Actions Taken Regarding to the Issue



World Health Organization does not have much work specifically on the matter.

However, even if it is not directly on the subject, there are studies and explanations around the concepts related to the subject.

For example, the institution has definitions and studies on drugs. According to the WHO:

*Psychoactive drugs are substances that, when taken in or administered into one's system, affect mental processes, e.g. perception, consciousness, cognition or mood and emotions. Psychoactive drugs belong to a broader category of psychoactive substances that include also alcohol and nicotine. “Psychoactive” does not necessarily imply dependence-producing, and in common parlance, the term is often left unstated, as in “drug use”, “substance use” or “substance abuse”.*

*Production, distribution, sale or non-medical use of many psychoactive drugs is either controlled or prohibited outside legally sanctioned channels by law. Psychoactive drugs have different degrees of restriction of availability, depending on their risks to health and therapeutic usefulness, and classified according to a hierarchy of schedules at both national and international levels. At the international level, there are international drug conventions concerned with the control of production and distribution of psychoactive drugs: the 1961 Single Convention on Narcotic Drugs, amended by a 1972 Protocol; the 1971 Convention on Psychotropic Substances; the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.*





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Since its creation, WHO has played a key role within the United Nations system in solving the global drug problem. WHO's work to address the global drug problem can be described in the following key dimensions:

- prevention of drug use and reduction of vulnerability and risks;
- treatment and care of people with drug use disorders;
- prevention and management of the harms associated with drug use;
- access to controlled medicines; and
- monitoring and evaluation.

Target 3.5 (Sustainable Development Goals) obliges governments to strengthen substance abuse prevention and treatment. Several other goals are also specifically relevant to drug health issues. In other parts; target 3.4, on preventing and treating noncommunicable diseases and promoting mental health; target 3.8, on achieving universal health coverage; and target 3.b, with its reference to providing access to affordable essential medicines.



In April 2016, the 30th Special Session of the United Nations General Assembly (UNGASS) adopted the 2009 Political Declaration and Plan of Action on International Cooperation for an Integrated and Balanced Strategy to Counter the World Drug Problem and assessed achievements and challenges.. In resolution S-30/1, the General Assembly adopted the outcome document of the special



session on the world drug problem entitled “Our joint commitment to effectively addressing and countering the world drug problem”. UNGASS highlighted the public health and human rights aspects of the global drug problem and transformed the overall drug policy debate to achieve a better balance between supply cuts and public health responses.



On the other hand, WHO has simplified the matter “food additives”. We can make inferences on our subject based on these definitions. According to official statements of the WHO:

*Substances that are added to food to maintain or improve the safety, freshness, taste, texture, or appearance of food are known as*

*food additives. Some food additives have been in use for centuries for preservation – such as salt (in meats such as bacon or dried fish), sugar (in marmalade), or sulfur dioxide (in wine).*

*“Many different food additives have been developed over time to meet the needs of food production, as making food on a large scale is very different from making them on a small scale at home. Additives are needed to ensure processed food remains safe and in good condition throughout its journey from factories or industrial kitchens, during transportation to warehouses and shops, and finally to consumers.”*

*“The use of food additives is only justified when their use has a technological need, does not mislead consumers, and serves a well-defined technological function, such as to preserve the nutritional quality of the food or enhance the stability of the food.”*

*“Food additives can be derived from plants, animals, or minerals, or they can be synthetic. They are added intentionally to food to perform certain technological purposes which consumers often take for granted. There are several thousand food additives used, all of which are designed to do a specific job in making food safer or more appealing. WHO, together with FAO, groups food additives into 3 broad categories based on their function.”*

*“The safety assessments completed by JECFA are used by the joint intergovernmental food standard-setting body of FAO and WHO, the Codex Alimentarius Commission, to establish levels for maximum use of additives in food and drinks. Codex standards are the reference for national standards for consumer protection, and for the international trade in food, so that consumers*



*everywhere can be confident that the food they eat meets the agreed standards for safety and quality, no matter where it was produced.”*

*“ Once a food additive has been found to be safe for use by JECFA and maximum use levels have been established in the Codex General Standard for Food Additives, national food regulations need to be implemented permitting the actual use of a food additive.”*

## 4. Major Parties Involved

### 1. The United States of America



#### i. National Institute on Drug Abuse

NIDA or National Institute on Drug Abuse is a foundation that works under National Institute on Health of USA (NIH), and embraces and remarks advancing science on drug use and addiction and to apply that knowledge to improve individual and public health. On this specific issue, NIDA focuses on the reasons and solutions for such problems as steroid misuse and dysmorphia. Presenting a research report on these issues, NIDA can be considered a reliable resource to examine the origins and see statistics of the issue. Focusing on many questions regarding the problem, NIDA is one of the main institutes that work upon this case in the US.

### 2. Canada

#### 2.1.1. The Centre for Addiction and Mental Health



CAMH or the Centre for Addiction and Mental Health is an institute that is the largest mental health teaching hospital of Canada and one of the world's leading research centers in its field. This center, just like the NIDA, brings research upon this issue to inform us upon any points that puts a question mark in the minds. In addition, this foundation offers the ones who diagnosed with such a disease as dysmorphia or else, treatment opportunities. Worldwide, organizations working upon such cases are not much that these kinds of centers are important to maintain mental health conditions. Therefore, just like the NIDA, CAMH may also be considered a reliable resource to see the statistics regarding the problem.



### 3. Brazil



There are many articles and research reports that bring up the enormous increase of the steroid users in Brazil. The results of a research which made in 2014 indicate that the prevalence of AAS varies between 2.1% and 31.6%. For example, a famous TikTok bodybuilder from Brazil, the Brazilian Hulk or Valdir Segato, has died in July 26<sup>th</sup>, 2022 due to a sudden heart attack. Valdir is not the first and probably will not be the last. Devastating number of misused steroids show us that the number of the deaths will increase rapidly.

### 5. Questions to be Addressed

- Is the amount of anabolic-androgenic steroid users negligible?
- What are the main reasons for one to suffer from dysmorphia?
- Is anabolic-androgenic steroids addictive?
- What can be done to prevent the misuse of anabolic-androgenic steroids?
- Can the World Health Organization and United Nations be more active on these matters?
- What is the statistics of anabolic-androgenic steroid users?
- Is dysmorphia a mental or physical disease?
- Are there any other possible solutions for any types of dysmorphia that is more effective?





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