



American Model United Nations

## Commission on Narcotic Drugs

CND/I/3

SUBJECT OF RESOLUTION: Expanding the Capacity of Communities to Provide Information, Treatment, Health Care and Social Services to People Living with HIV/AIDS and Other Blood-Borne Diseases in the Context of Drug Abuse and Strengthening Monitoring, Evaluation and Reporting Systems

SUBMITTED TO: The Commission on Narcotic Drugs

SUBMITTED BY: Argentina, Austria, Bolivia, Canada, China, Czech Republic, Japan, Morocco, Nigeria, Sudan, Turkey, Thailand, Uganda, Uruguay, United Kingdom, United States

### *The Commission on Narcotic Drugs*

1           *Reaffirming* past resolutions, E/CN. 49/4 (2006), E/CN. 46/2 (2003), as well as  
2 E/CN. 47/2 (2004), of the Commission on Narcotic Drugs,

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4           *Expecting* the international community and the United Nations to respond to the  
5 increasing prevalence of Human Immunodeficiency Virus Acquired Immunodeficiency  
6 Syndrome,

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8           *Alarmed* by the growing population of over 35 million people around the world  
9 who have contracted AIDS,

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11           *Recalling* the report of the International Narcotics Control Board for 1987, in  
12 which the Board stressed the need for governments to adopt measures aimed at the  
13 reduction of needle sharing among injecting drug users,

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15           *Acknowledging* the threat that HIV/AIDS poses to the success of the Millennium  
16 Development Goals of 2000, as well as the Declaration of Commitment on HIV/AIDS  
17 adopted by the General Assembly in 2001,

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19           *Taking into consideration* the sovereignty of nations in the search for the best  
20 treatment and prevention models for drug users, including social, economic, political, and  
21 cultural aspects of each member state,

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23           *Recognizing* the role that existing primary health care structures would necessarily  
24 play in these initiatives promoting integration among states and international bodies,

25  
26 *Taking into account* that governments must take greater accountability for the  
27 national response by actively promoting the inclusion of all sectors of society and  
28 vigorously working to promote HIV awareness and alleviate stigma and discrimination  
29 attached to HIV/AIDS,  
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31 1. *Encourages* Member States, in accordance with their national legislation:

32 (a) To give the utmost consideration to the development of demand reduction  
33 actions based on studies and research that demonstrates the efficacy and efficiency of  
34 drug-related education and prevention;

35 (b) To adopt drug-related health policies that facilitate prevention of drug abuse  
36 and access by drug users to different types of education and prevention for drug-related  
37 HIV/AIDS, hepatitis and other blood-borne diseases;

38 (c) To enhance efforts to promote access to health and social care for drug users  
39 without distinction of race, gender, age or income, where appropriate, to cooperate with  
40 relevant non-governmental organizations, including the World Health Organization  
41 (WHO) and United Nations AIDS programme (UNAIDS);

42 (d) To provide access, within the appropriate policies of nations, to medications,  
43 vaccines and other measures that are consistent with the international drug control treaties  
44 and have been shown to be effective in reducing the risk of HIV/AIDS among injecting  
45 drug-users under the supervision of the competent authorities or institutions;

46 (e) To build and promote awareness campaigns including the use of radio  
47 programs, youth, urban, and rural education in schools, as well as other community based  
48 initiatives;  
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50 2. *Recommends* the implementation of an educational and awareness campaign  
51 with specifics on the following issues:

52 (a) Targeted groups such as prisoners and their families, sex workers,  
53 homosexuals, ethnic minority populations, refugees and mobile populations, women,  
54 orphans, and

55 (b) Encourage varying strategies directed toward:

56 (i) Discouraging drug usage;

57 (ii) High risk injecting amongst drug user communities;

58 (iii) Reducing health risks and harms in general;

59 (iv) Strengthening community-oriented goals;

60 (c) The reallocating of funds through programs that are currently functioning to:

61 (i) Focus on research;

62 (ii) Education;

63 (iii) Treatment programs already in progress;

64 (d) Reaching the health care capacity, by maximizing efficient treatment;  
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66 3. *Calls upon* well coordinated community services to:

67 (a) Provide a comprehensive range of flexible services;

68 (b) Community outreach;

69 (c) Non Governmental Organizations (NGOs) help with testing, counseling and  
70 drug treatment;

71 (d) Services delivered through community health, and social service dividers;  
72 (e) To promote effective transportation systems to and from treatment centers;

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74 4. *Considers* the importance of monitoring, evaluation, and recalling information  
75 sharing among national bodies, providing annual reports to the Economic and Social  
76 Council in accordance with the United Nations Office on Drugs and Crime Guide to  
77 Implementing Family Skills Training Programs for Drug Abuse Prevention;

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79 5. *Further invites* more international financial support during natural emergencies  
80 when narcotic drug use rises rapidly according to each member states' availability and  
81 willingness;

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83 6. *Resolves* to be actively seized of the matter.

Passed by consensus, with 1 abstentions  
Pakistan