



American Model United Nations

CND

Report to the Economic and Social Council
on 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

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EXECUTIVE SUMMARY

The Commission on Narcotic Drugs recalls past resolutions such as E/CN.49/4 (2006), E/CN.46/2 (2003) and E/CN.47/2 (2004), as well as Millennium Development Goals and The Declaration of Commitment on HIV/AIDS of 2001. Within the context of these documents, the Commission has made the following recommendations regarding 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. In particular the Commission has addressed five main issues.

The first issue is regarding education and prevention. The Commission on Narcotic Drugs recommends that the Economic and Social Council encourages Member States to incorporate demand reduction actions, to adopt drug related health policies, and to promote cooperation with the World Health Organization as well as UNAIDS to build awareness campaigns. The Commission recommends the incorporation of treatment and health care programs and stresses that the Economic and Social Council appeal to Member States to make these programs accessible on a national level. The Commission further recommends that these programs be tailored to account for regional differences in the expansion and implementation of Needle Exchange Programs (NEP) in concert with or independent of Needle Disposal Programs (NDP).

The Commission further recommends strengthening of monitoring and reporting systems within the context of standing regional bodies that are associated with various organs of the United Nations. The Commission emphasizes that these measures along with increased promotion of efficient evaluation systems be recommended to all Member States.

CHAPTER I

Matter calling for action by the Economic and Social Council or brought to its attention

A. Draft resolutions for adoption by the Economic and Social Council

The Commission on Narcotic Drugs recommends to the Economic and Social Council the adoption of the following draft resolutions:

Draft resolution I

The Commission on Narcotic Drugs

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

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

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

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

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

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

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

Taking into account that governments must take greater accountability for the national response by actively promoting the inclusion of all sectors of society and vigorously working to promote HIV awareness and alleviate stigma and discrimination attached to HIV/AIDS,

1. *Encourages* Member States, in accordance with their national legislation:
 - (a) To give the utmost consideration to the development of demand reduction actions based on studies and research that demonstrates the efficacy and efficiency of

drug-related education and prevention;

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

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

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

(e) To build and promote awareness campaigns including the use of radio programs, youth, urban, and rural education in schools, as well as other community based initiatives;

2. *Recommends* the implementation of an educational and awareness campaign with specifics on the following issues:

(a) Targeted groups such as but not limited to incarcerated individuals and their families, sex workers, homosexuals, ethnic minority populations, refugees and mobile populations, women, orphans, and

(b) Encourage varying strategies directed toward:

(i) Discouraging drug usage;

(ii) High risk injecting amongst drug user communities;

(iii) Reducing health risks and harms in general;

(iv) Strengthening community-oriented goals;

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

(i) Focus on research;

(ii) Education;

(iii) Treatment programs already in progress;

(d) Reaching the health care capacity, by maximizing efficient treatment;

3. *Calls upon* well coordinated community services to:

(a) Provide a comprehensive range of flexible services;

(b) Community outreach;

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

(d) Services delivered through community health, and social service dividers;

(e) To promote effective transportation systems to and from treatment centers;

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

5. *Further invites* more international financial support during natural emergencies

when narcotic drug use rises rapidly according to each member states' availability and willingness;

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

Draft resolution II

The Commission on Narcotic Drugs

Reaffirming that drug abuse affects all sections of society and countries at all levels of development, and recognizing that drug demand reduction should address all sections of society, taking into account the social, economic, and political context,

Considering that according to data from the Joint United Nations Program on HIV/AIDS, 10 percent of all people with HIV/AIDS are injecting drug users and that risk-taking behavior, including the sharing of needles, syringes, and other infected equipment, is a significant route for HIV transmission,

Recalling its past resolutions, including E/CN.49/4 (2006), E/CN.47/2 (2004), and E/CN.46/2 (2002) on strengthening strategies regarding the prevention of HIV/AIDS in the context of drug abuse as well as previous reports of the International Narcotics Control Board (INCB),

Respecting the differences in cultures that determine the success of certain programs in different regions,

Noting the success of needle exchange and/or disposal programs in their efforts to promote safer habits without increasing the prevalence of illegal drugs,

1. *Recommends* the Economic and Social Council review the progress of HIV/AIDS initiatives dealing with intravenous drug use in specific Member States, and if significant improvement is shown, consider providing economic incentives to these Member States such that:

(a) these incentives be in the form of a transparent debt forgiveness based on sustained long-term debt relief in systematic credits, or if this is not applicable, similar economic benefits;

(b) economic incentive agreements be accepted and agreed upon by the original lender countries in order to respect the sovereignty of both donor Member States and of Member States receiving relief;

(c) the limiting of cases would be in consideration of existing HIV/AIDS rates through intravenous drug use in the region, nations are encouraged to provide economic incentives to nations that currently have lower rates than similar nations in the area in addition to those that make measurable, relative to the nation's social, cultural, political, and economic circumstances;

2. *Suggests* the expansion of needle exchange and/or disposal programs with the

approval of national legislatures:

(a) These programs would be implemented by the Member States who choose to be represented and opt-in to this initiative. They would analyze previous needle exchange programs and work to implement similar programs in willing countries that address provisions for availability, disposal and disinfection of needles and syringes;

(b) They would address funding for new needles, exchange with drug users and disposal of contaminated needles in order to guarantee it comes only from willing Member States;

(c) No portion of donations made by countries abstaining from participation in needle exchange programs shall be used for these programs.

CHAPTER II

Consideration of "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"

At its twentieth meetings, from 21 November through 24 November 2009, The Commission considered agenda item one.

For its consideration of this item the Commission had before it the following documents:

- (a) A/RES/55/2 United Nations Millennium Declaration (2000).
- (b) HIV and AIDS in Russia, Eastern Europe, & Central Asia" from AVERT website, www.avert.org/aids-russia.htm;
- (c) UNAIDS Practical Guidelines for Intensifying HIV Prevention (2007)

A. Deliberations

The United Nations Commission on Narcotic Drugs, in recognition of the increasing impact of HIV/AIDS and other blood-borne illnesses, proposes educational measures for the prevention of further epidemics. We recognize education as a particularly important tool as we work towards meeting the 2015 Millennium Development Goals of halting and reversing the spread of these diseases. To accomplish this, we propose the implementation of the following programs.

Regions and Member States will implement the following three educational tools depending on their need and capacity. The body first recommends experts from UNAIDS and the World Health Organization continue to provide training on the following health related issues: the sterilization of medical equipment, the treatment of HIV/AIDS patients, and the transmission of blood-borne illnesses.

The body also feels these educational centers should focus much of their attention to training and educating members' of the public on methods to prevent the transmission of HIV/AIDS and other blood-borne illnesses caused by drug use. These measures should be targeted toward the most at risk populations, focusing on young people, sex workers and prisoners.

The Commission on Narcotic Drugs strongly encourages the expansion of sensitivity training in order to reduce the negative stigma and discrimination that is attached to HIV/AIDS.

The commission would also like to promote a media campaign. The three main goals of this program would be to reduce stigma/discrimination, increase awareness, and promote the prevention of HIV/AIDS and blood borne illnesses. This will make substantive information more accessible to the public of members states, making them aware of the

programs available to them.

Representatives of the Commission on Narcotic Drugs expresses its concern for the availability and quality of health care professionals, volunteers, supplies, facilities, and technologies in areas where populations are most affected by the HIV/AIDS epidemic. The need for testing and treatment of HIV/AIDS is essential to reaching the Millennium Development Goal in combating HIV/AIDS. Additional concern has been raised to strengthen family and community based care while working in consultation with private sector relief networks.

The Commission on Narcotic Drugs recognizes the poor transportation systems in many states affected by HIV/AIDS. Therefore transportation incentives are encouraged within Member States as well as improvement of existing infrastructure and creation of new necessary infrastructure. This body believes global cooperation and collaboration is necessary in controlling the spread of HIV/AIDS especially when related to illicit narcotics use. This cooperation requires improvements to infrastructure in order to provide aid to rural and challenged economic communities.

The Commission on Narcotic Drugs understands the global necessity of counseling those afflicted with HIV/AIDS, the body proposes working at the individual level to reduce stigma and negative cultural connotations associated with HIV/AIDS. For instance in 2006, AVERT, a Non-Governmental Organization committed to averting the spread of HIV, reported only a quarter of injecting drug users in Russia were receiving treatment, despite accounting for the majority of HIV infected people.

Psychological treatment will be provided to assist those afflicted with HIV/AIDS, allowing them access to the help they need without prejudice as drug abusers who contract HIV/AIDS are faced with double the stigma and may be unwilling or unable to seek social and medical services for treatment. Additionally, certain member states have suggested national HIV/AIDS awareness campaigns within the field of health care as effective measures to promote awareness of the disease and reduce social stigma. Another way to counter social stigmas is to ensure the privacy of the user is maintained. This will also reduce anxiety and fear of HIV/AIDS within local populations. The Commission proposes that HIV/AIDS testing be available at local doctors' offices and hospitals in addition to HIV/AIDS clinics and will implement training as needed. The Commission also recognizes the expansion of mobile clinics, in areas where health care is not accessible.

General concern was expressed over the monitoring of HIV/AIDS patients to review their progress and use of treatment facilities as well as monitoring of the health care programs and facilities themselves to determine the efficiency and effectiveness of such programs. Certain representatives such as Switzerland and the Netherlands expressed the desire to view drug addictions and abuse as a health care issue before viewing addictions and abuse as a criminal issue. According to the UNAIDS Practical Guidelines for Intensifying HIV Prevention in 2007, "Policies that will have an adverse impact, worsening the epidemic, such as criminalizing the possession of needles, should be resisted." The report

also stresses the criminalization of harm reduction measures tend to drive individuals away from health information services, and has an adverse effect on preventive goals, and violates basic human rights. This report recommends that Member States review and amend legislation that creates or enforces barriers to HIV prevention including laws criminalizing or restricting access to sterile needles and syringes. For this reason, these member states have chosen to prosecute possession and use of illegal narcotics less aggressively in favor of a public health approach to the problem. These representatives believe the HIV/AIDS pandemic cannot be stopped without a comprehensive approach that takes the implications of drug use into account. Once HIV/AIDS is contracted within a drug-using community, it can spread rapidly affecting up to 90% of the entire community. Nations expressed the desire to focus on drug-abuse as a medical ailment and method to address the HIV/AIDS crisis.

It is clear that expanding initiatives to combat HIV/AIDS acquired through intravenous drug use will require substantial funding. The body recommends the Economic and Social Council researches the possible reallocation of existing funds to extend more services to those suffering from HIV/AIDS in relation to Narcotic Drug use.

The Commission also recommends the Economic and Social Council review debt relief incentives for developing countries. These incentives will reflect promises of transparency and and proper implementation of all Member States involved.

There has been a concern on how the monetary donations of individual states will be allocated through the United Nation bodies and social programs, regarding the Commission on Narcotic Drugs, the Commission has been keen on formulating fund strategies that depend entirely on the willingness and capacity of each nation to ensure sovereignty and internal national policies.

The Commission on Narcotic Drugs recommends Needle-Exchange Programs (NEP) as a measure to reduce blood borne diseases and HIV transmissions that result from intravenous drug use. NEPs can be described as the exchange of used needles and syringes for sterile replacements. As an issue of high contention the Commission on Narcotic Drugs acknowledges the importance of addressing the merits and concerns presented by NEPs. Currently 77 countries have implemented NEPs.

After its inception in Amsterdam in 1984 NEPs have been largely successful in states across the globe, specifically in North America, Europe, and Africa. Estimations have shown countries implementing NEPs have been able to significantly reduce costs for treatment of HIV/AIDS. The confidentiality of NEPs provides practical incentives for drug users to continue to exchange needles. Some states have been able to conduct the program without incurring disapproval from the community even throughout many years of active programming. The Commission stresses the importance of educating drug users on the dangers and risks affiliated with injecting drug users in concurrence with NEPs. Recognizing this, the Commission recommends that any needle exchange programs incorporate education to aid drug users.

The University of California Davis Health Systems Center released on July 26, 2001 released a comprehensive research report. Spanning from 1989 to 1999. The University of California Davis researchers surveyed 81 Canadian cities to provide statistical analysis of NEPs. According to this study HIV/AIDS infection rates increased by 5.9% per year in 53 cities without NEPs while infection rates decreased by 5.8% per year in the 29 cities with NEPs.

NEPs face international concerns because they essentially provide the means necessary for the perpetuation of abusive drug habits. Recreational users are being rewarded by NEPs by reducing their risk of contracting HIV/AIDS. However, research has shown NEPs are not correlated with an increase in illicit drug use. Some countries are concerned NEP present values that are contrary to the goals of reducing injecting drug use. The Commissions most divisive issue concerns the cultural and religious beliefs within certain Member States.

Saudi Arabia, Pakistan, United Arab Emirates, Morocco, and Yemen express their strong dissent in the matter of NEP. They believe that these programs reward drug abuse, and as such, directly violate Islamic principles. They do not wish to have these programs implemented in their countries and are opposed to funding NEP initiatives.

While NEP has proved to reduce the rate of HIV/AIDS, there has been cases where they have not been effective. Often this occurs because member states lack the proper regional centers to provide access to these programs. Often the centers were not enacted in optimal locations in addition to being poorly supplied and having a high turnover rate of insufficiently trained employees. Funding has often been a driving factor in the decision to not adopt these programs because of individual financial issues within different states.

Needle Disposal Programs (NDP) must also be addressed as a method of harm reduction strategy in the progress toward reducing the spread of HIV/AIDS through the sharing of needles among IDU. Member States are not required to have a one to one ratio for clean needles as NEP call for This program can be used more widely in that it is less expensive than NEP because clean needles will not be returned. The NDP can be more effective if they are carried out in locations that are easily accessible. These sites must provide quick and efficient disposal while providing anonymity.. Some nations support NDP because users are able to get rid of contaminated needles and are not being rewarded for usage. Nations who only support NDP would not want to be responsible for funding NEP and want insurance to this effect.

The Commission recognizes the value of UN Joint Programs reports on the progress of needle exchange or disposal programs. It must be noted that cost effective studies are extremely expensive and have experience funding shortages. For this reason, the Commission on Narcotic Drugs has little information on how to determine which method for addressing the efficacy of dirty needles such as sanitation programs or buying and supplying unused needles. It is within this area that the committee feels the need for more support so that a body of comprehensive data can be collected from a variety of states and decisions can be made based on that data. The Commission would like to recommend to

the Economic and Social Council to supply the appropriate funds to implement the necessary monitoring and evaluation for these programs. Additionally, the Commission invites NGO to aid with the implementation of these programs. The Commission stresses the necessity for the discussion on exchange, availability, disinfection, and disposal in congruence with the education section of this report. The Commission does not intend to pressure nations to integrate needle exchange and disposal programs and to provide states with the option of integrating these programs.

Finally, the Commission on Narcotic Drugs stresses the importance of a multi-faceted approach in the implementation of these programs. NEPs and NDPs should not stand alone. They should be accompanied by complementary education, prevention, and treatment programs that have been proved, through research and scientific methods, to be effective, efficient, and comprehensive. Though the Commission recognizes the efficacy of these programs, the Commission also acknowledges the varying social, cultural, political, and economic circumstances that confront the global community on a regional and national level. Thus, the Commission recommends the decision to implement NEPs and NDPs be left to individual states but the programs be monitored and evaluated on a national and international level.

Between 30.3 million and 36.1 million people in the world are infected with HIV/AIDS. These numbers are increasing. Due to the strong concern of these rising figures, there is a growing need for a global development agenda. Also falling under these concerns is the growing number of people around the world infected with other blood borne diseases. The Commission sees the need to implement all available programs. To reach the Millennium Development Goals the Commission recognizes the need for the continuation and expansion of monitoring agencies.

The Commission recognizes the benefits of implementing direct means of monitoring and evaluating. Turkey sees these direct means to be more efficient in a way that they allow the flow of funds to be better regulated. Cameroon also sees the benefits of these direct means as long as the organization that controls this monitoring and evaluating are keeping cultural concerns in consideration.

However, the body as a whole seems to have dissenting views of direct means of monitoring and evaluating, due to the concern of infringing on national sovereignty. Those nations that have voiced concerns against using a direct form of monitoring include Saudi Arabia, Venezuela, Russia, China, Japan, and Pakistan. Also concerned with the respect of sovereignty of individual nations is Uganda, Cuba, Argentina, and Jamaica.

Both Cuba and El Salvador express interest in indirect monitoring and evaluating by encouraging volunteer reporting. Thailand, El Salvador, and Democratic Republic of the Congo feel that a regional monitoring system would take cultural and social concerns into account in a way that would be beneficial in accomplishing tasks. Italy is also interested in regional monitoring groups and expanding programs dealing with other blood borne diseases.

The World Health Organization is one of the means of monitoring and evaluating that the body seems to agree on. Many nations viewed this as a beneficial option because the World Health Organization already has infrastructure in place to accomplish goals. The World Health Organization also has other developed relationships with Non-Governmental Organizations. The United States and the Czech Republic are two nations that expressed specific views on wanting to use Non-Governmental Organizations to monitor and evaluate on a community level for efficiency. The United States sees direct methods to infringe on rights of individual states and indirect means to be ineffective. Because of this, the United States recommends the World Health Organization to expand its existing role.

Another concern is with monitoring and evaluating the implementation of solution plans would be that of monetary donations of individual states. In order to address this, the commission has been interested in formulating funding strategies that depend entirely on the willingness and capacity of each nation to ensure sovereignty and internal national policies.

The body also had a dialogue on the level the monitoring systems would evaluate. Thailand, El Salvador, and The Democratic Republic of the Congo feel that a regional monitoring system would take cultural and social concerns into account in a way that would be beneficial in accomplishing tasks. Italy is also interested in regional monitoring, but for the reason that Italy suffers from more from other blood borne diseases aside from HIV/AIDS and would like to be able to focus on those concerns.

After much debate on who would facilitate the monitoring and evaluation programs, the Commission came to the conclusion that The World Health Organization (WHO) would be the most effective organization to carry out this task. This organization was chosen, due to the fact that WHO already has infrastructure to undertake these evaluation programs. The WHO also has other developed relationships with Non-Governmental Organizations. The United States and the Czech Republic are two nations that expressed specific views on wanting to use Non-Governmental Organizations to monitor and evaluate on a community level for efficiency. The United States believes that a third party evaluator would not infringe on rights of individual states, and because of this the United States sees international organization, specifically the WHO, as being a viable resource. Furthermore, the body discussed that the United Nations already has several programs that would have the ability to facilitate the monitoring and evaluation process, including the United Nations Office on Drugs and Crime (UNODC) and the United Nations Program on HIV/AIDS (UNAIDS).

A last concern about the monitoring and evaluation programs was that monetary donations of individual states would also need to be reviewed, as not all states were in congruence on what types programs they would fund. In order to address this, the Commission is interested in making sure that funding from individual states is only spent on programs that they deem effective.

This report has discussed a wide variety of ways to combat the growing number of people becoming infected with HIV/AIDS and other blood borne diseases through intravenous drug use including; education, health care, funding, needle exchange programs, monitoring, and evaluating. The body realizes the interconnectedness of the HIV/AIDS epidemic and reaffirms its commitment to comprehensive action, through the utilization of all applicable programs.

During its discussion on monitoring and evaluating the body debated the importance of statistical analysis when forming opinions. The Republic of Moldova suggests focusing on reducing the number of intravenous drug users.

During its discussions the body recognized a variety of ways monitoring and evaluating system will strengthen the overall effectiveness of programs to the rising rate of new infections.

Turkey believes monitoring these programs will be a way of ensuring the proper allocation of funds. Additionally, Cameroon notes the importance of recognizing social and cultural practices when conducting evaluations.

Many members of the Commission have voiced concerns with programs that may infringe on national sovereignty. These nations are Uganda, Cuba, Argentina, and Jamaica. The following member states do not support direct monitoring: China; Japan; Pakistan; Russia; Saudi Arabia; Sudan; and Venezuela. However, Cuba and El Salvador express interest in indirect monitoring and evaluations and encourages other states to do the same.

The following Muslim states do not support Needle Exchange Programs: Morocco; Pakistan; Saudi Arabia; Turkey; United Arab Emirates; and Yemen. We believe these programs reward drug abuse, and as such, directly violate our Islamic principles. It is important to note the resources and financial contributions of our states will not be used to fund these programs. With our non-participation noted, the Muslim community offers no further objections to the implementation of needle exchange programs.

The Republic of El Salvador would like to commend the body on passing draft resolutions pertinent to the HIV/AIDS epidemic. El Salvador has a low infection rate, with existing programs in place to continue reduction, including free HIV/AIDS testing and an emphasis on early education and prevention. The Republic of El Salvador is pleased with the recommending, by consensus, Draft resolution I and Draft resolution II in Chapter One. We appreciate the Committee taking into account social and cultural differences during the writing and amendment process. El Salvador is in agreement with the draft resolutions and thanks the body for its hard work and commitment to diplomacy.

The Canadian representatives would like to compliment and congratulate this Commission on its diplomacy and hard work. The passing of two separate draft resolutions, Draft resolution I and Draft resolution II, by consensus was an impressive statement on the hard work and cooperation in which this Commission has dedicated

itself to. The amount of debate and discussion that has been occurring has been imperative in allowing this Commission the amount of cooperation and progress that has been present. Canada would like to thank the members of this Commission on Narcotic Drugs for their hard work and the progress we have made.

The People's Republic of China would like to congratulate the Commission on passing two important draft resolutions by consensus. We commend the diplomacy and cooperation that has taken place between the member states on these issues. The People's Republic of China is impressed with the Commission's ability to work together and to maintain the sovereignty of each individual member state.

Cameroon would very much like to commend the body for all of its hard work done on the topic of the HIV/AIDS epidemic. Two draft resolutions were passed by consensus after passionate debate. At times, the debate became very heated to the point of becoming undiplomatic, mostly due to social and cultural differences on a select few subtopics, but all parties eventually reached a peaceful consensus. Cameroon appreciates all viewpoints shared and thanks the body for all of its very productive thoughtful work and dedication to diplomacy.

The Democratic Republic of Congo strongly agrees with the results on blood borne pathogens and their connection to narcotics. The Democratic Republic of Congo supported both the draft resolutions. Draft Resolution I addresses education on dirty needles and services for those affected by blood borne pathogens in a way the Democratic Republic of the Congo can fully support. Draft resolution II was even more beneficial it outlined a way for nations to receive various incentives for addressing HIV and other blood borne disease issues. The Democratic Republic of the Congo supports the consensus nature and collaboration in the Commission on Narcotic Drugs. The flow of committee was both courteous and productive. All nations were able to meet and compromise on differences, which was of great satisfaction for the Democratic Republic of the Congo.

The delegation of Finland would first wish to extend full support for the action taken by its commission. Finland believes the commission worked as efficiently as possible considering the multifaceted nature of these issues. The delegation of Finland is pleased the body has addressed both short and long term solutions. The delegation of Finland feels the Commission on Narcotic Drugs has adopted a holistic approach to addressing HIV/AIDS within the context of narcotic drug use. The commission's ability to recognize this is made clear in the precedent established for passing major draft resolutions through a consensus vote. For all of these reasons, the Finnish delegation stands behind the decisions and recommendations of the Commission on Narcotic Drugs and hopes that these suggestions are heavily considered and fully supported by the Economic and Social Council.

The United Kingdom is very pleased and proud of the work this Commission achieved during discussion of topic one. Deliberations were perhaps a bit long-winded regarding several issues; however, Her Majesty's Government was quite thrilled to adopt two draft

resolutions with consensus. These draft resolutions will provide a suitable framework to adequately address the issue of HIV/AIDS in the context of intravenous drug use. The United Kingdom again commends the work that has been done by the Commission on this topic, and seeks to continue in the spirit of consensus for the remainder of the 2009 session of the Commission on Narcotic Drugs.

CHAPTER III

Adoption of the report of the Commission

At its meeting on 23 November 2009, the draft report of the Commission was made available for consideration. The Commission considered the report, and with no amendments, adopted the report by consensus.