



American Model United Nations
Commission on Narcotic Drugs

Report to the Commission on Narcotic Drugs on Promoting comprehensive and scientific evidence-based early prevention

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1 Executive Summary

2 The Commission on Narcotic Drugs (CND) is pleased to present to the Economic and Social
3 Council its final report on the topic of promoting science-based early drug prevention. The following
4 report covers a wide variety of subtopics, ranging from law enforcement to educational and harm
5 reduction programs, that we believe will help prevent the abuse of illicit drugs.

6 The first chapter of the report includes one resolution and several additional recommendations
7 made by the body for the Economic and Social Council to take into consideration. Resolution I/1 en-
8 courages the establishment of task forces in multiple areas involved in drug abuse prevention, collab-
9 oration between member states in sharing successful prevention strategies and advises all member
10 states to enforce existing resolutions and agreements.

11 Recommendations considered the need for sustainable harm reduction programs, education,
12 international cooperation, and infrastructure and health care programs for Member States. It also
13 discusses the need for international cooperation and information sharing in an effort to stem the drug
14 crisis by preventing illicit substance abuse. Furthermore, it notes the importance of strict regulations,
15 laws and punitive measures, as well as general access reduction, as an important form of deterrence.

16 The recommendations further highlighted the need for educational access in the fight against
17 drug addiction. In addition, Member States noted that vulnerable children need to be emphasized in
18 the educational programs as they are the most likely to develop addictions to illicit narcotics. The
19 body's suggestions regarding childhood education include accessible, evidence-based programs for
20 global application, productive use of social media and further use of proven programs. Also discussed
21 is the need for the involvement of local community organizations acting as early warning indicators.
22 The body also suggests increased funding for research initiatives, monitoring and routine program
23 evaluation for effective mitigation and prevention of the drug crisis.

24 The second chapter of this report includes deliberations by the Commission on Narcotic Drugs
25 regarding several subtopics over the science-based early drug prevention. These deliberations touch
26 on international data sharing, cultural exchange programs, and discussion of international organiza-
27 tions. Additionally, it addresses reforms in the world of healthcare, such as drug monitoring programs,
28 specific programs regarding education, and the importance of religion in drug prevention.

29 **2 Matters calling for action**

30 **2.1 CND II/1**

31 *Reaffirming its commitment* to combating the negative impacts of illicit drugs, including sub-
32 stance abuse, organized crime, corruption, and terrorism,

33 *Guided by* the commission's role as advisors and monitors for all matters pertaining to narcotic
34 drug control and early prevention in the use of narcotic drugs,

35 *Recalling* the commitment implemented in the 2030 Agenda for Sustainable Development,
36 specifically Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages,

37 *Recalling* the statistics reported by the Commission on Narcotic Drugs, noting that approxi-
38 mately 316 million individuals used illicit drugs in 2023, and that over 63,000 tons of illegal substances
39 were seized along with more than 3 million drug-related crimes reported globally,

40 *Also recalling* the reports of the sixty-eighth (2024), sixty-seventh (2023), sixty-sixth (2022),
41 sixty-fifth (2020), and sixty-fourth (2019) sessions from the Commission on Narcotic Drugs,

42 *Recognizing* the increasing prevalence of substance use disorders globally, the inconsistencies
43 in drug control policies across nations, and the need for a unified global response to the ongoing drug
44 crises,

45 *Also recognizing* the recommendations from the United Nations Office on Drugs and Crime (UN-
46 ODC's) and the World Health Organization (WHO's) International Standards on Drug Use and Prevention
47 (2018),

48 *Acknowledging* existing strategies often prioritizes disciplinary measures while neglecting the
49 underlying causes of substance abuse and drug cultivation, such as environmental, psychological,
50 social, and economic inequalities,

51 *Affirming* the necessity for collaborative efforts among governments, international organiza-
52 tions, and civil society in the promotion of early prevention initiatives,

53 1. *Recommends* the establishment of multi-sectoral task forces that involve various stakehold-
54 ers, including law enforcement, healthcare providers, and community organizations. Task forces would
55 be responsible for:

56 (a) Coordinating efforts to address drug-related issues;

57 (b) Ensuring that responses are adapted to the needs of different populations;

58 (c) Addressing the development of NPS (New Psychoactive Substances) and works with
59 the UNODC's Early Warning Advisory (EWA);

60 2. *Supports* Member States to enhance collaboration and share accurate practices in address-
61 ing the complexities of drug-related issues, focusing on evidence-based treatment and prevention
62 programs;

63 3. *Encourages* the development of comprehensive national drug policies that integrate public
64 health approaches with law enforcement strategies;

65 4. *Also Encourages* Member States to engage in dialogue with civil society organizations to
66 ensure policies are inclusive of the needs of the population;

67 5. *Advises* all states to apply and enforce existing resolutions and agreements, particularly
68 those that pertain to:

69 (a) *Adopting* a system approach for prevention;

70 (b) *Implementing* early prevention systems and programs aimed at children and youth;

71 (c) *Identifying* gaps in training and education of early drug prevention measures;

72 (d) *Working with* existing organizations and programs to analyze and promote scientific
73 backed evidence for early prevention;
74 6. *Expresses its hope* for Member States' compliance with these provisions in the effort to com-
75 bat narcotic drug trafficking and prevent harm to future generations.

76 3 Youth and Education

77 The commission emphasizes the importance of improving access to primary and secondary
78 education within schools. CND suggests the implementation of state and locality specific program-
79 ming that educates the populace with culturally aware content on the dangers and effects of drug
80 abuse. Communicating to students and families that educational administrations play an active role
81 in preventing drug abuse is critical; it allows for a community-wide approach based on mutual trust
82 and cooperation. Citizens, especially the youth, will have access to various resources, equipping them
83 with the skills needed to recognize signs of drug abuse, as the health problems associated with drug
84 abuse and addiction may be lifelong. Understanding both causes and results of illicit drug cultivation
85 will promote a more educated citizen body, ensuring healthy future generations with a better under-
86 standing of drug abuse.

87 The Commission on Narcotic Drugs (CND) values the United Nations Office on Drugs and Crime's
88 (UNODC) Review of Prevention Systems (RePS) tool and Child Amplified Preventive Services (CHAMPS).
89 RePS allows governments to assess the successes and failures of their existing drug prevention sys-
90 tems, identify gaps and align policies with well-supported science-based research. The CHAMPS is a
91 service that is centrally focused on intervention for children's mental and physical health in areas where
92 drug abuse is prominent, safeguarding children and infants from the detrimental effects of exposure
93 to hard drugs; prenatal or during childhood.

94 The commission discussed the need to prevent addictions from developing in young people.
95 Many Member States agreed that this can be achieved through a variety of science-based means, es-
96 pecially through increased access to mental health resources and evidence-based usage-prevention
97 education. In addition, the CND recommends training and utilizing existing local organizations such as
98 youth councils, religious groups and local health volunteers to serve as early warning systems for signs
99 of drug abuse.

100 On the topic of mental health resources, the commission was in agreement that youth are more
101 likely to turn to illicit substances when they feel isolated from peers and/or family and experiencing
102 mental health-related issues. Member States recommend that nations implement programs seeking
103 to increase access to mental health resources for youth. This can include things such as in-school
104 mental health clinics or a school unit on healthy coping mechanisms for stressful situations. Countries
105 that have implemented in-school mental health programs, such as Canada and Slovenia, noted pos-
106 itive effects on the overall well-being of their youth. Studies show that the more supported a young
107 person feels, the less likely they are to turn to illicit substances.

108 Another resource that this commission recommends exploring further is the possibility of community-
109 based programming that seeks to allow a space for youth to find meaning and fulfillment within their
110 lives, as well as to avoid difficult home situations while building community. The definition of fulfill-
111 ment is something that varies across individuals based on their individual life experiences, beliefs, and
112 cultural needs. In acknowledgment of this, the commission recommends that these programs be im-
113 plemented by a variety of institutions, in a variety of settings, including in association with schools,
114 community centers/programs and spiritual institutions. This will allow any proposed programming to
115 have a maximized impact on youth without homogenizing programs in a way that ignores cultural
116 needs. An example of the existing success of these programs can be seen in the UNODC's Friends in
117 Focus program, which was launched earlier this year. This not only fostered youth connection but also
118 created employment opportunities for volunteers.

119 The commission further highlights the effectiveness of the Life Skills Training (LST) program as
120 an evidence-based model for adolescent drug-use prevention. LST equips children and youth with
121 essential social and emotional competencies, such as decision-making, communication, stress man-
122 agement and resistance to peer pressure, that have been shown to reduce the likelihood of substance
123 use. This program targets students across varying levels of risk and can be adapted to diverse cultural
124 and educational contexts. The commission encourages Member States and relevant UN agencies to
125 consider the integration of LST-based curricula within school and community settings as a means to
126 address underlying vulnerabilities and strengthen long-term prevention efforts.

127 Member States recommend the adoption of integrated national frameworks for early preven-

128 tion that emphasize collaboration among the sectors of health, education, youth and social affairs.
129 The frameworks advocate for programs that strengthen family bonds, promote life skills in schools,
130 engage communities and support scientific research and data collection. The key recommendations
131 include two major steps: integrating life skills education and prevention science into school curricu-
132 lum and expanding family and community based prevention programs using proven international
133 models. Evidence from international organizations such as the United Nations Office on Drugs and
134 Crime (UNODC) and the World Health Organization demonstrate that early prevention is one of the
135 most effective and sustainable approaches to reduce substance abuse. Effective prevention begins
136 in childhood and adolescence, addressing the social, emotional and environmental factors that influ-
137 ence behavior. By embracing prevention science, Member States can transition from a punitive model
138 to a proactive, health centered approach positioning themselves as regional leaders in sustainable
139 and inclusive drug policy.

140 The commission emphasizes the urgent need for promoting comprehensive and scientifically
141 grounded early prevention programs targeting Adverse Childhood Experiences (ACEs). Member States
142 recognize that exposure to ACEs, including abuse, neglect and household dysfunction, has long-term
143 impacts on physical, mental and social well-being, increasing vulnerability to substance abuse, vio-
144 lence and poor health outcomes. The commission calls for evidence-based interventions that inte-
145 grate healthcare, education and social services to identify and address ACEs early in life. Such pro-
146 grams should be inclusive, culturally sensitive and designed to strengthen family and community sup-
147 port systems, ensuring that children develop in safe and nurturing environments.

148 Member States further highlight the importance of investing in research, monitoring and data
149 collection to inform prevention strategies and evaluate program effectiveness. The commission en-
150 courages international cooperation to share best practices, develop training for professionals in health-
151 care, education and social work, and implement public awareness campaigns to reduce stigma and
152 increase community engagement. By prioritizing early prevention and addressing the root causes of
153 ACE, member States can promote resilience, reduce the long-term social and economic costs asso-
154 ciated with childhood adversity, and foster healthier, more equitable societies.

4 International Collaboration

Section 1: Handling discrepancies between science-based early prevention programs offered by developed countries compared to developing countries

The CND acknowledges a disparity between the resources available to developed Member States when compared to developing Member States, causing discrepancies that impact the quantity and quality of early prevention programs offered. Programs offered in developed countries that have shown success may face challenges related to funding, personnel and locating facilities in less developed countries. Programs that are successful in a Member State or region may be unattainable in another, considering each region's approach to drug-related activities is different. Due to this, the commission encourages the greater sharing of evidence-based research on drug use between countries to boost the quality of prevention programs offered in developing countries. The commission also recommends the creation of a framework that supports the flow of aid, specifically for the development of prevention programs, with oversight from the UNODC to ensure the proper use of funds and transparency in such programs

Section 2: Strengthening the role of regional organizations in evidence-based drug prevention methods

The CND calls for enhanced regional cooperation on prevention science through joint studies, policy dialogues and the exchange of technical expertise. Such collaboration will enable evidence-based policy making across borders and improve data comparability within regions. The commission recognizes the value in utilizing regional organizations such as the African Union (AU) and the Community of Latin American and Caribbean States (CELAC) in supporting the implementation of United Nations recommendations within their participating Member States. This level of cooperation is local enough to ensure that programs are applicable, while remaining broad enough to bring diverse opinions and sufficient resources. It will also ensure that border areas are not neglected in the battle against illicit drug use. By combining scientific rigor with community solidarity, Member States seek to create a collaborative model for early prevention that is humane, adaptive and enduring. These recommendations are consistent with the Gaborone Framework established by the AU in September 2025. Whilst more local frameworks, like the Gaborone, are effective, the committee's recommendations enhance collaboration while improving on local frameworks.

Focused on Sustainable Development Goals 3, this body is concerned with the health and well-being of people globally. Recognizing the work of Children Amplified Prevention Services, this commission favors a future-oriented framework to combat drug use among adolescents. In line with this UNODC initiative, the CND recommends a focus on frameworks for educating children across age groups and risk levels through a variety of opportunities, varying from teaching skills to intervention and psycho social services.

By working with and receiving support from the World Health Organization (WHO) and United Nations Educational, Scientific and Cultural Organization (UNESCO), evidence-based responses can be developed at the school level and the education sector response can be effectively managed. The commission recommends that Member States, UNODC, the WHO and UNESCO work together further to develop a global, unified education program that schools, families and organizations can follow as a baseline, and is available for all. Rather than educate on types of drugs and reasons to avoid them, these programs should focus on the vulnerabilities that certain groups of children face, such as mental health, abuse and substance use issues within communities.

The commission would also like to emphasize the impact social media has on the youth and therefore encourages Member States to take advantage of existing platforms to spread information on individual preventive measures. Voluntary adoption of anti-drug messaging templates that can be adapted to fit countries specific concerns would educate the youth and citizens that interact with the content.

The commission further highlights the effectiveness of the LST program as an evidence-based model for adolescent drug-use prevention. LST equips children and youth with essential social and emotional competencies, such as decision-making, communication, stress management and resistance to peer pressure, that have been shown to reduce the likelihood of substance use. This program

207 targets students across varying levels of risk and can be adapted to diverse cultural and educational
208 contexts. The commission encourages Member States and relevant UN agencies to consider the inte-
209 gration of LST-based curricula within school and community settings as a means to address underlying
210 vulnerabilities and strengthen long-term prevention efforts.

211 5 Law and Order

212 Member States also highlighted the importance that strict laws and punishments hold as a
213 method of deterrence and prevention. Member States believe that if citizens are aware of the potential
214 consequences of their actions, they will be deterred from using and abusing illicit drugs. These strict
215 laws and punishments also deter first-time offenders from repeating their criminal activity, thereby
216 lowering recidivism rates. We would like to further note that actions which go against the laws of their
217 respective States are morally unacceptable and deserving of adequate punishment.

218 The CND highlighted the importance of reducing access to illicit drugs, preventing drug abuse
219 before it starts and preventing substances from ever reaching communities through the recommen-
220 dation of measures to strengthen borders. Customs and border control between countries are en-
221 couraged, on a voluntary basis, to share information on drug trends and risks to improve the capacity
222 of Member States to prevent illicit drugs from crossing borders.

223 The CND stressed the dangers of the dark web as a platform to facilitate drug trafficking, which
224 directly contributes to higher rates of drug possession. Stricter observance and vetting of media ac-
225 tivity would directly combat the role of the dark web in the heightened drug pandemic.

226 The enforcement of maritime trade screenings remains a substantial area of concern in miti-
227 gating the impacts of the global drug trade. According to the UN Trade and Development's 2021 Review
228 of Maritime Transport, 80% of global trade is maritime trade. Imports and exports create opportunities
229 for transnational organized crime to exploit existing infrastructure for the purpose of narco-trafficking.
230 The CND recognizes the work of the International Maritime Organization (IMO) in promoting best prac-
231 tices in areas related to port security and cargo screening practices. The CND further recommends
232 states to continue technical exchanges with the IMO and to continue implementing technical capacity-
233 building measures to the best of their ability. The CND recommends states work among each other in
234 technical capacity-building programs to ensure best practices in international maritime trade to limit
235 the flow of narcotics.

236 International cooperation on narcotics screening and interception in port facilities can reduce
237 the supply of narcotics and limit the financial viability of organized criminal operations. Bilateral and
238 multilateral law enforcement partnerships can significantly strengthen substance control regimes. The
239 CND recommends that states implement cooperative measures to strengthen the ability of law en-
240 forcement to seize illicit substances and ensure proper screening practices are implemented. Intelli-
241 gence sharing and joint-exercises can augment these efforts to strengthen international law enforce-
242 ment and the legality of maritime trade.

243 Corruption remains a consistent issue in combating narcotics trafficking from maritime trade.
244 Corruption enables criminal enterprises to bypass the law, weaken the integrity of state institutions, and
245 facilitate narcotics trafficking. The CND recognizes the United Nations Convention Against Corruption
246 (UNCAC) as integral in eradicating corruption and ensuring the rule of law. To ensure that the flow of
247 controlled substances remains properly regulated, states must continue to take measures to limit the
248 extent of corruption.

249 The supply of synthetic drugs is dependent on a bottleneck that certain chemicals play in their
250 synthesis. Countries with weaker export controls have connections with chemical companies in foreign
251 states, which allows them a larger flow of potentially less monitored trade. The lack of monitoring
252 can enable the acquisition of synthetic goods for illicit use. International cooperation is required here.
253 States recommend the establishment of stronger screening regarding the inflow and outflow of these
254 chemicals when travelling overseas in compliance with the recommendations established by the IMO
255 to limit the flow of goods acquired for illicit use. The CND recommends private sector cooperation with
256 national governments to ensure the controlled and legal flow of sensitive chemical substances.

257 **6 Harm Reduction and Healthcare**

258 The commission acknowledges the impact of the use of illicit substances, on both individuals
259 and society. Therefore, the CND recommends highlighting several healthcare-centered approaches
260 that have proven successful in identifying risks before they escalate. We recommend initiatives that
261 offer grants and long-term infrastructure support to local coalitions nationwide. By empowering com-
262 munity health networks, schools and prevention teams, programs like this would reinforce early inter-
263 vention at the local level, ensuring that young people, families and at-risk groups receive resources
264 before substance use becomes addictive.

265 The commission also recommends the consideration of reforms in medical settings. Within
266 medical settings, healthcare reforms and parity legislation expand access to early screening, men-
267 tal health evaluations and substance-use treatment. These reforms ensure that substance-use con-
268 cerns are identified during routine healthcare visits, integrating prevention into everyday medical care
269 instead of relying solely on specialized treatment centers.

270 The commission also recommends Prescription Drug Monitoring Programs (PDMPs) that im-
271 prove physician oversight and detect signs of misuse at the source. By alerting providers to risky pre-
272 scription patterns early on, PDMPs help prevent opioid dependency before it develops and reduce ille-
273 gal use of them.

274 The commission believes recommending these measures, like the initiatives offering grants, re-
275 forming healthcare and improving physician oversight, show how healthcare systems can function as
276 prevention mechanisms, catching early warning signs, reducing risk factors and strengthening inter-
277 national cooperation against misuse of illicit substances.

278 **7 Special Inclusion and Employment Opportunities**

279 The CND has observed that illicit drug abuse can lead to polarization and marginalization within
280 communities. To counter this, we recommend supporting social inclusion programs globally, so we can
281 tackle this issue and create employment opportunities that further reduce harm and provide early pre-
282 vention. Providing employment opportunities can allow individuals to make long-term and meaningful
283 connections which can improve their mental health and their roles in the communities. Offering voca-
284 tional training to those affected by drug abuse is also crucial for their reintegration into society. This
285 will allow them to contribute to economic growth and recovery, as well as approach this matter early
286 which would prevent them from falling back on illicit drug abuse. The CND recalls the UNODC mission
287 to support families and communities with the goal of ensuring peaceful, healthy and prosperous lives
288 for all continuously. Social inclusion programs offer a concrete and reliable path to these sustainable
289 development and improved living standards.

290 Additionally, the CND suggests increased community awareness, which is essential for reducing
291 stigma, supporting the reintegration of individuals affected by illicit drug abuse, and addressing the
292 multi-faceted impacts of illicit drugs. The CND recommends continued coordinated efforts between
293 governments, local institutions and civil society organizations to further strengthen the effectiveness
294 and sustainability of these programs.

295 Additionally, we recognize that social inclusion can be achieved through collaboration with lo-
296 cal organizations that are already integrated into the community. These can serve as early-warning
297 detectors and positive role models. The CND proposes continued and additional collaborations with
298 youth groups, healthcare volunteers, Non-Governmental Organizations (NGOs), religious organizations
299 and other groups who are directly involved in their communities. This involves providing training with
300 partner groups, informing them about the signs of drug abuse and providing a reporting mechanism
301 for information sharing. Such a framework is the least intrusive option that maintains proper feedback.

8 Consideration of the status

Some Member States proposed forming an intelligence sharing body that would exchange information, at state discretion, to examine transnational illicit shipments and actions. Furthermore, an intelligence sharing apparatus would facilitate the spread of best practice policies. The drug trade and its prevention is a transnational issue, and states should work together to curb the actions of illegal traders. Adequate information is absolutely necessary to halting the global drug trade. Working together, Member States will investigate these issues. However, not all States would like to partake in in-depth intelligence sharing, and the extent of exchanging knowledge will be at each State's discretion.

Belgium also proposed the formation of an international data collection and data sharing body, managed nationally by each Member State, which would work jointly with law enforcement, and use chemical analysis of reported seizure and overdose cases to rapidly detect new psychoactive substances which may pose a risk to public health. This body would operate in a very similar way to the European Union (EU) early warning system.

The Kingdom of Saudi Arabia suggested facilitating cultural exchange programs between Member States to share information on methods of early prevention of drug use and abuse. Through these exchanges, young people can participate in valuable learning opportunities with other youth from around the world in a global effort to prevent drug use and abuse.

The Republic of Poland suggests that it is critical that Member States work to collaborate particularly in areas concerning law enforcement to bring about effective methods in solving the issue of early-prevention. Through organizations like International Criminal Police Organization (INTERPOL) which works to create international networks of police and other forms of law enforcement. We believe that this is a crucial element to cultivate an environment which is safe, responsible and inclusive.

The Kingdom of Saudi Arabia and the Russian Federation emphasized the importance of religious and faith-based approaches. In discussion with Canada on the topic of youth programs and specialized support in schools, there were concerns over the use of religious language. Though those Member States recognized and appreciated efforts made by other Member States to include the right to express and practice individual belief systems, the Kingdom of Saudi Arabia and the Russian Federation support the implementation of faith-based programs and teachings at local and national levels, at the discretion of each individual Member State.

Further, the Kingdom of Saudi Arabia noted past success in utilizing therapeutic communities as a means for combating drug use and the spread of these illicit substances. Within these medical facilities, community is emphasized and patients receive proper care and daily rehabilitation programs such as exercise and work activities. The patients are accessed by government-standard medical personnel on their recovery progress. The Kingdom of Saudi Arabia suggested that other Member States follow in their example in order to continue the development of cultural exchange and prevention initiatives.

Harm Reduction as a means of Scientific, Evidence based, Early prevention

The commission discussed a focus on ensuring that addiction is viewed as a health issue rather than a criminal issue. Though individual States have the right to determine their own criminal jurisdiction regarding drug use, it remains pertinent that drug users are given a pathway out of addiction.

Drug deaths in regions where resources are provided towards substance users to avoid the larger risks regarding illicit drug usage see intense reduction in things such as needle related disease transmission, overdose rates and drug related violence. It stands that viewing personal level addiction as a solely criminal issue disproportionately affects citizens in regard to their impact on society as substance users. Providing resources to substance users that place them outside of a criminal purview decreases stigma surrounding the discussion and allows users to seek aid in the same manner as any other illness which stands as preferable over incarcerating and not providing resources to the actual affliction drug users face.

Strengthening Provisions on Controlled Medications to ensure proper scientific and medical use

352 The commission discussed Member States possibly considering the enforcement of interna-
353 tional standards on drug use prevention and enhance provisions on controlled medications. It is in-
354 creasingly important that medications, prescribed by physicians, specifically controlled substances,
355 are monitored in a way that ensures that they are not being misused or used by individuals without
356 a prescription. We discussed healthcare systems in Member States adopting this notion by encour-
357 aging medical professionals licensed to prescribe to implement proper follow up visits with patients
358 prescribed controlled substances to ensure that they are taking their controlled substance medica-
359 tions as prescribed, without misusing, overusing or sharing with individuals without a prescription to
360 prevent drug dependency at the root.

361 Sustainable and Development-Oriented Drug Control Strategies for Harm Reduction

362 The commission recognized Member States concerns about the cyclical nature of drug use, ad-
363 diction, trade and production, noting how each stage reinforces the next. The commission noted broad
364 support for sustainable alternative development. The commission also acknowledged the importance
365 of harm reduction for supporting those who are breaking free from the narcotic drug involvement cy-
366 cle. Member States discussed support for those managing post-addiction consequences, such as HIV
367 and AIDS contracted through needle misuse.

368 Member States have noted the importance of social and medical support for those who are
369 already addicted to narcotic drugs. The commission noted that many Member States found these
370 programs have drastically reduced crime, overdose and the spread of other diseases in states where
371 programs have provided this to those addicted.

372 Many Member States noted that, domestically, harm reduction programs may involve needle-
373 exchanges, rehabilitation, healthcare reform and community-driven support, and these programs
374 have proven to be cost-effective and widely beneficial healthcare initiatives. They often are successful
375 in preventing the spread of disease and intervening before more intense and expensive healthcare be-
376 comes necessary. Further, the commission found that some Member States believe that community-
377 driven outreach intervention programs, peer-led support groups, and diversion programs heavily in-
378 crease the odds of lasting sobriety and often result in quality of life improvements.

379 Member States have found that these programs also help those who are addicted to recover
380 and reintegrate to their communities. The commission supports Member States for these programs
381 over punitive punishment for those addicted. The commission noted a desire among Member States
382 for a recommendation for the encouragement of the adoption of domestic programs that emphasize
383 human dignity, and focus on assisting those addicted to narcotic substances to live normal lives. The
384 commission also recognized the need to adapt to the new realities of narcotic abuse. Some Member
385 States noted that a pragmatic approach should be adopted.

386 Member states also considered the necessity of considering the role of poverty in involvement
387 with narcotic drugs. The committee discussed harm reduction targeting former users, and the impact
388 which could be had in reducing the likelihood of falling into financial hardship or poverty. Recognized
389 by the UNODC, poverty and marginalization are heavily related to involvement with substances. The
390 commission recognized that successful alternative development should account for ending the cycli-
391 cal nature of these issues through post-use harm reduction practices.

392 Member States noted that illicit drug abuse has caused polarization and marginalization among
393 communities. The commission noted that some Member States believe promoting social inclusion
394 programs and foundations globally and domestically, it is possible to tackle the issue by creating so-
395 cial inclusion and employment opportunities that further produce harm reduction. Member States
396 also noted that the restoration of the social and economic atmosphere would provide opportunities of
397 employment; and could be promoted through programs such as vocation training.

398 Additionally, the commission recognizes how the criminal justice system perpetuates the spread-
399 ing of illicit substances through overcrowding and HIV/Aids via needle reuse. This sector is intrinsically
400 linked to the health of overall communities and the prevention of illicit drug production and trafficking.
401 The recommendation of prison reform corrects the issues put forth by weak custodial systems such as
402 recidivism, promotion of addiction and the spreading of diseases, through mandatory health facilities
403 within prisons, a maximum number of prisoners, including pre-trial detainees, that are held in a cell at
404 one time, to reduce problems of overcrowding and routine training for prison personnel. The inclusion

405 of reformation in the criminal justice system supports the inclusion of all individuals affected by drug
406 trafficking issues within further prevention.

407 The commission also noted the belief among some Member States that harsh, punitive pun-
408 ishments should be used sparingly in the prevention of the spread of narcotic substances. Member
409 States made known the belief that these approaches perpetuate addiction by offering no treatment,
410 and do little to aid those already addicted to narcotic substances. Instead of these punitive meth-
411 ods, the commission also noted the use of rehabilitation services and other cost effective methods
412 highlighted earlier in this report.

413 Additionally, the commission recognizes how evidence-based prevention programs can strengthen
414 long-term community resilience. Approaches such as LST which builds youth decision-making and re-
415 sistance skills, and the Communities That Care/CHAMPs model, which helps local leaders identify and
416 reduce risk factors for drug use, offer effective frameworks other countries can adapt. The commission
417 also further discussed efforts to expand LST program infrastructure to include youth involved in gang
418 activity. Especially if involved in narcotics distribution, providing skills to youth in gang activities can
419 limit the extent of local narcotics trade in an area while incentivizing meaningful economic participa-
420 tion and development. By promoting these proven programs, Member States can enhance prevention
421 efforts, support vulnerable youth, and reduce the likelihood of future drug involvement.

422 During the deliberations of the commission, several Member States, including Malta, Iran, Russia,
423 Kenya and Slovenia, had dissenting opinions on how to handle rehabilitating drug users. Those Member
424 States came to the conclusion that it is important to have zero-tolerance towards those who illegally
425 import and distribute illicit substances and hold the belief that there can be no end to drug abuse in
426 their countries without giving those affected by drug use a path for rehabilitation and recovery. These
427 Member States stated that, when possible, those affected by drug use are provided with proper access
428 to experts and programs to rehabilitate them and give those affected a path to recovery, whether they
429 be inside or outside of the prison system.

Passed by consensus, with 0 abstention