



American Model United Nations
World Health Assembly

WHA/11/1

SUBJECT OF RESOLUTION: Public health dimension of the world drug problem

SUBMITTED TO: The World Health Assembly

The World Health Assembly,

- 1 *Recognizing* that the World Health Organization (WHO) is tasked with pursuing strategic re-
2 sponses to the world drug problem that are conducive to the advancement of public health,
- 3 *Acknowledging* that the world drug problem is a deeply rooted public health crisis causing sig-
4 nificant social and societal harm,
- 5 *Cognizant* that socioeconomic status and environmental factors influence susceptibility to drug
6 abuse,
- 7 *Informed by history* that punitive measures against substance abuse do not effectively address
8 the root causes of drug use,
- 9 *Affirming* the United Nations Declaration on the Rights of Indigenous Peoples and the Article 18
10 of the Universal Declaration of Human Rights which guarantees freedom of religion and belief,
- 11 *Guided by* the 2030 Sustainable development goals, specifically goals 4, quality education, 3,
12 good health and well-being, and 9, industry, innovation and infrastructure,
- 13 *Noting* that the nature of the world drug problem transcends the borders of Member States and
14 therefore requires international cooperation,
- 15 *Emphasizing* the value of the United Nations Office on Drugs and Crime (UNODC) and their yearly
16 World Drug Report for monitoring the state of the world drug problem, yet noting a gap in a public health
17 focused drug reporting program,
- 18 *Encourages* the need for the international community to adopt evidence-based harm reduc-
19 tion strategies, including wider access to drug treatment programs and rehabilitation services,
- 20 *Noting that* alternative options for non-restrictive rehabilitation that center around mental health,
21 notably Cognitive-Learning Theory (CLT), have been extensively evaluated through rigorous clinical tri-
22 als and have been promoted by UNODC,
- 23 *Deeply alarmed* by the emergence of the fentanyl epidemic, as one milligram could be lethal
24 to up to half a million people as reported by the Center for Disease Control (CDC),
- 25 *Affirming* the United Nations goal of addressing this problem through the Single Convention on
26 Narcotic Drugs and subsequent international drug control treaties,
- 27 *Reinforcing* the significance of harm reduction strategies like the Syringe Services Programs
28 (SSPs) or Opioid Maintenance Therapy (OMT),
- 29 *Guided by* the proven effectiveness of naloxone in reversing opioid overdose and therefore re-
30 ducing drug-related deaths,
- 31 1. *Recommends* that Member States consider pursuing more public health based approaches
32 such as those outlined in this resolution, to the diminishment of the world drug problem both interna-
33 tionally and within their nation's borders, while recognizing that the current and historic ties that this
34 issue has with many state's legal systems and the difficulty that poses in combating the problem;
- 35 2. *Supports* the continuation and expansion of international data collection and sharing of in-
36 formation on drug use and trade through the creation of an international database with a public health

37 focus known as Substance Use Resource and Guidance Exposure and Expansion (SURGEE) that not only
38 gathers information on rates of drug use, illnesses contracted through activities related to drug use,
39 and also drug related deaths, as well for Member States to disclose the public health interventions
40 that have been implemented within their nation and the effectiveness of those interventions so that
41 resources can be more effectively distributed:

42 (a) *Suggests* that Member States receive support from WHO in the collection of data as
43 needed with an emphasis on the assistance of less developed countries and zones of conflict;

44 (b) *Calls upon* Member States to implement and utilize SURGEE within their nation to the
45 best of their ability;

46 (c) *Recommends* that SURGEE partners with researchers who will assist in the evaluation
47 of the effectiveness of the public health interventions to combat drug related issues;

48 3. *Calls for* the bolstered partnership with non-governmental organizations (NGOs) such as
49 the Chicago Recovering Communities Coalition or of the joint coalition of UNODC and WHO on Drug
50 Dependence Treatment and Care for rehabilitation centers, especially those in low and middle-income
51 countries:

52 (a) *Encourages* a humanistic movement to keep recovering drug users integrated into
53 the social fabric of their environment;

54 (b) *Further encourages* the inclusion of existing rehabilitation centers which are respon-
55 sive to local cultural needs;

56 (c) *Strongly recommends* the expansion of existing substance use treatment programs
57 within Member States and the creation of new substance use treatment programs in areas and Mem-
58 ber States who are currently underserved in regards to this area;

59 4. *Firmly backs* the use of Social Cognitive Theory (SCT) as a guiding philosophy in clinics and
60 centers with creating rehabilitation actions for substance use disorder treatment plans:

61 (a) *Emphasizes* the interaction of cognitive, environmental and behavioral influences on
62 health behaviors;

63 (b) *Invites* the use of appropriate psychological therapies in SCT-friendly clinics so that
64 patients can develop personal strategies to manage triggers and cravings, and implement skills to
65 cope with thoughts that lead to drug use;

66 5. *Calls for* the expansion of social support and mental health resources for all people as a way
67 to potentially prevent individuals from beginning to use drugs as well as the strengthening of support
68 networks, should someone want to cease their drug use:

69 (a) *Recommends* that Member States work to expand and strengthen community soli-
70 darity within their nations;

71 (b) *Further recommends* mental health outreach that specifically targets men and other
72 vulnerable populations concerns that are pertinent to men's mental health as the majority of people
73 who use drugs are men and men's mental health is often overlooked;

74 (c) *Additionally recommends increased* access for women and girls with substance use
75 disorder to counseling services, particularly in areas where women lack bodily autonomy to healthcare
76 without relying on the endorsement of others;

77 (d) *Supports* outreach and community support by Member States, local governments
78 and NGOs to those who have experienced trauma or are survivors of violence of any kind to as a way
79 to address drug use within those groups;

80 6. *Prioritizes* public education on drug use and safety in all areas by discouraging youth who
81 are vulnerable to substance abuse, creating and expanding accessible counseling services and reha-
82 bilitation centers, and stepping away from abstinence-based curriculums;

83 7. *Emphasizes* the need for the proliferation of crisis-response medication and training of both
84 medical and civilian populations to treat overdoses:

85 (a) *Supports* the reversal of opioid overdoses via Opioid Overdose Reversal Medications
86 (OORMs) such as naloxone and nalmefene, which are opioid antagonists used to reverse or reduce the
87 effects of opioids;

88 (b) *Suggests* that Member States work to expand the availability to naloxone and other
89 overdose treatment and prevention resources in their health care clinics, with particular emphasis on
90 areas and communities where rates of overdose and drug related deaths are disproportionately high;

91 8. *Encourages* the promotion as well as the providing of economic opportunities that offer an
92 alternative to drug trafficking, by Member States, international bodies, and of NGOs, of voluntary erad-
93 ication of illicit drug crops and alternative development in an effort to reduce the overall supply of illicit
94 drugs:

95 (a) *Suggests* that, rather than taking a punitive approach to combating illicit substance
96 production, work to incentivize those involved with the production and trafficking of illicit substances
97 to transition to the production of "Products of Peace";

98 (b) *Encourages* Member States to work to make these "Products of Peace" profitable
99 and competitive as a way to reduce the supply of illicit substances without harming those who rely on
100 the production and distribution to support themselves, their families, and their communities;

101 9. *Recommends* the partnership with the UNODC Drugs Monitoring Platform (UNDMP) in con-
102 junction with WHO for global participation by all Member States in a data collection and tracking system
103 for people experiencing substance abuse issues;

104 10. *Suggests* that clinics and rehabilitation centers which utilize the substance abuse treatment
105 methods outlined in this resolution send data back to the UNDMP in order for the global community to
106 understand which solutions work best where;

107 11. *Encourages* Member States to provide resources for educating people on how to respond to
108 overdoses as well as resources for people to get addiction help;

109 12. *Supports* Member States in recognizing and protecting the use of psychoactive substances
110 for religious ceremonies, particularly in regard to that of indigenous groups and intangible cultural
111 heritage as cultural and social well-being is an important overall health;

112 13. *Encourages* Member States to consider additional framework to ensure that necessary med-
113 ications that are clean, effective and correct are accessible in developing nations:

114 (a) *Reaffirms* the role the World Health Organization Department of Regulation and Pre-
115 qualification plays in their efforts to offer quality medications to those in need, especially to guarantee
116 the stability of healthcare and medicinal distribution networks within developing nations;

117 (b) *Ensures* that those who turned to illicit substances in need of medical relief are
118 treated as patients and receive equal and adequate treatment;

119 (c) *Endorses* Trade-Related Aspects of Intellectual Property Rights (TRIPS) to improve
120 affordability of patented medications, particularly in least-developed countries.

Passed, Yes: 35 / No: 3 / Abstain: 15