



American Model United Nations  
World Health Assembly

WHA/II/4

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

SUBMITTED TO: The World Health Assembly

*The World Health Assembly,*

1 *Remembering* the rights established by the Universal Declaration of Human Rights,

2 *Reaffirming* Sustainable Development Goals 3, 4, and 10,

3 *Deeply concerned* by the lack of adequate access to necessary medications globally, espe-  
4 cially in developing nations,

5 *Acknowledging* that the Single Convention on Narcotics and the Synthetic Drug Strategy estab-  
6 lished the proper definitions and intentions of various narcotic drugs,

7 *Aware of* the role that active conflicts play in perpetuating drug issues in communities, including  
8 soldiers,

9 1. *Calls for* the collaboration of the World Health Assembly (WHA) and United Nations Office on  
10 Drugs and Crime's (UNODC) Drug Abuse Prevention Centre (DAPC) to highlight the use of alternative  
11 pathway programs, particularly ones aimed at adolescents;

12 2. *Recommends* greater implementation of the Equitable access to essential medicines: a  
13 framework for collective action for the access to crucial medications for developing nations such as  
14 naloxone, or Narcan, and necessary pain relief as well as ensuring the safety of these medications to  
15 prevent their compromise;

16 3. *Desires* the World Health Organization (WHO) to initiate cooperation with various United Na-  
17 tions Development Programs, such as the United Nations Development Programme (UNDP), United  
18 Nations Population Fund (UNFPA) and any willing and able Member States with an underdeveloped  
19 healthcare sector to develop and build necessary infrastructure for drug addiction relief while ensur-  
20 ing necessary medication access is preserved, such as pharmacies, hospitals, clinics and rehabilitation  
21 centers;

22 4. *Further desires* WHO to initiate cooperation with the United Nations Education, Science, and  
23 Cultural Organization (UNESCO) as well as its University Twinning and Networking program to support  
24 the education of drug rehabilitation professionals, counselors, therapists and other staff necessary for  
25 the function rehabilitation centers;

26 5. *Suggests* that all willing and able Member States design and build hygienic facilities within  
27 safe areas for the disposal and removal of drug paraphernalia such as used needles, prescription drug  
28 bottles, expired medications, tampered and/or compromised medications, tobacco, related nicotine  
29 products and any other related waste products;

30 6. *Invites* any and all willing and able Member States and non-governmental organizations to  
31 bolster funding and investment into increased framework for rehabilitation program and implemen-  
32 tation of local pharmaceutical facilities;

33 7. *Encourages* WHO to cooperate with all willing and able member states to improve the safety,  
34 efficiency of, and access to surveys for drug addiction and abuse within regions of conflict, especially  
35 within active conflict zones and within combat units;

36 8. *Supports* the expansion of counseling support for individuals within regions in which access  
37 to professional addiction therapy is limited or nonexistent, such as within conflict zones;

38 9. *Further encourages* all willing and able Member States to integrate gender-sensitive ap-  
39 proaches into substance use treatment programs, including dedicated centers for women and child-  
40 care facilities within rehabilitation centers;

41 10. *Supports* all willing and able Member States to pursue the introduction and announcement  
42 of non chemical, emotionally satiating drug alternatives and therapy, and the entertainment of this  
43 notion up to a non-bypassable threshold of resistance, so as to address the vocational rehabilitation  
44 of assistees;

45 11. *Endorses* the General Assembly Second Committee and the Economic and Social Council  
46 to consider and pursue the implementation of Vocational Training availability offered on the basis  
47 of universally recognized innate skill, so as to allow the person to further a conventionally non drug-  
48 dependent lifestyle.

Passed, Yes: 29 / No: 4 / Abstain: 19