

HMDC Presents... WHO: Sample Position Paper

HMDC Presents... Sample Position Paper: World Health Organization: Social Effects of Addiction

THIS IS A MODEL TO LEARN FROM, NOT TO COPY. We use this sample to see how one real country's facts fit into the four HMDC parts on a single page. We read it once for the ideas and a second time for the shape. Then we close it and write our own paper about our own country in our own words. Our paper must be our own work, so even if one of us is assigned Portugal, we start again from our Country Report and never reuse these sentences.

WHAT OUR CHAIRS WANT TO SEE: Harvard's December session looks at drug use and substance abuse from a social side: how addiction changes life in communities, how it harms children, poor families and people without homes, and which solutions backed by evidence build "healthier and more resilient communities." This sample keeps real people and real neighbourhoods at the centre, and it treats taxes only as a way to pay for care.

THE SAMPLE PAPER

Committee: World Health Organization (WHO) **Topic:** Social Effects of Addiction **Country:** The Portuguese Republic

Background of the Topic. The Portuguese Republic believes that addiction harms whole families and neighbourhoods, not only one person. About 331 million people used drugs in 2024, and the harm is heaviest where poverty, homelessness, poor mental health and unequal access to care meet, with refugees and displaced people especially exposed (UN News, June 26, 2026). Children carry much of this harm: in the United States, about one child in four lives with a parent who has a substance use disorder, raising the child's own risk of substance use and mental health problems (University of Michigan, March 3, 2025). In Sierra Leone, a cheap drug mixture called kush, easy for jobless young people to buy, has caused many deaths and severe mental illness (WHO Regional Office for Africa, April 19, 2024). Yet only 1 in 12 people with a drug use disorder receives treatment, and only 1 in 23 women, while about two-thirds of drug cases that reached police and courts in 2024 involved only use or possession (United Nations Office on Drugs and Crime, Last Accessed: October 2026). The root cause is clear: people with addiction meet a police officer more easily than a doctor.

UN and International Action. Portugal respects the three UN drug treaties and welcomed Commission on Narcotic Drugs resolution 67/4 (2024), which encourages naloxone (United Nations Office on Drugs and Crime, March 22, 2024), and General Assembly resolution 79/191 (2024), which invites countries to consider medication-assisted therapy and injecting-equipment programmes (UN Official Documents, December 17, 2024). Portugal supports resolution 80/117, which calls for scaling up support for harmful alcohol and substance use while reducing stigma (UN Digital Library, December 15, 2025). Community services remain fragile: harm reduction in poorer countries receives only about 6% of the money it needs each year (Harm Reduction International, December 12, 2024). After foreign aid cuts in 2025, almost 5,000 people in South Africa lost methadone treatment (Harm Reduction International, November 19, 2025), and 68% of community groups serving women who use drugs stopped outreach (UNAIDS, May 13, 2025).

Our Country's Policy. In 2001, Portugal made possession of small amounts of drugs an administrative offence instead of a crime, called decriminalisation, and sent people to health-and-social-work panels instead of courts. Afterward, the share of prisoners held for drug offences fell from 44% to 21%, HIV and drug deaths fell, and the social cost of drug use fell by 18% over 11 years (UNSW Sydney, November 2024). Funding cuts after 2008 weakened this system, proving that a law helps only when services are paid for. Portugal's non-negotiable national interest is that people with addiction are treated as patients with human rights. Its negotiable policies include clause wording and each country's freedom to choose its own drug laws.

Proposed Solutions and Expected Opposition. Portugal proposes, first, that member states widen opioid agonist treatment and give naloxone, a medicine that reverses an opioid overdose, to families and friends, reaching communities left behind, such as Native American communities in the United States, who die from overdose at about double the national rate (NPR, May 28, 2026). Second, Portugal proposes protected funding for community services for children, families and women, with part of any health tax revenue set aside for this care. Third, Portugal invites countries to send people found with small amounts of drugs to health services instead of courts, but only once treatment is ready, as Oregon's reversal shows (Brookings Institution, September 17, 2024). Portugal expects strict-control states to resist the words "harm reduction," so it will offer the wording of resolution 79/191 and frame each clause as protecting young people.

HOW THIS SAMPLE IS BUILT

1. **Building the background around people:** We followed the "WHAT OUR CHAIRS WILL FOCUS ON" section of the HMDC report and chose harms that land on communities. They are rising drug use tied to poverty and homelessness (entry 1.2), children in affected homes (entry 1.6) and the kush crisis among jobless young people (entry 1.10). Then we added the treatment gap (entry 1.3) and turned it into one plain sentence that names the root cause.
2. **Choosing UN action from the Part 2 table:** We did not list every resolution in the report. We picked the treaties, 67/4, 79/191 and 80/117, because each one speaks about treatment, overdose or stigma. Then we used entries 3.1, 3.2 and 3.3 to show how funding cuts close community services, with women hit hardest.
3. **Writing the policy from Solution 3:** Portugal's own record comes from entry 1.18, the Portugal Model. We kept the honest part about funding cuts, because a chair trusts a delegate who admits a weakness and explains the lesson.
4. **Separating interests from policies:** We wrote one firm sentence for the national interest and one flexible sentence for the negotiable policies, as a position paper should. The flexible sentence tells other delegates exactly where Portugal can make a deal.

5. **Turning report solutions into proposals:** Each proposal comes from Section B and Part 3: treatment and naloxone for the communities that still miss out (entries 1.12 and 1.22), protected community services (entries 3.2 and 3.3) and a careful health route instead of courts (entries 1.18 and 1.19). Health taxes appear only once, as a way to pay for care, because Harvard's December session is about communities, not money. Gambling and gaming are left out, because Harvard does not name them. The opposition sentence comes from "Where the Major Blocs Stand" and from entry 2.9.
6. **Checking the length:** The four parts of the paper together come to just under 600 words, inside the 450-600 word range. When our own paper runs long, we cut a second example before we cut a citation.

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