

HMDC Presents... WHO: Quick Guide

WHO: QUICK GUIDE

World Health Organization (WHO), Harvard MUN Online, December 5-6, 2026: Social Effects of Addiction

WHAT WE ARE DEBATING

Addiction does not hurt only one person. It also hurts families, schools and whole neighbourhoods. Our committee asks how drugs, alcohol and other substances change life in communities, and how we can help. The WHO cannot force countries to change their laws, so our resolutions recommend, request, encourage and fund.

WHAT OUR CHAIRS WILL FOCUS ON

Our chairs want the social side of addiction, not only money. They care most about people who cannot easily protect themselves, such as children, poor families and people without homes. They want solutions backed by evidence that make communities healthier and stronger, so our speeches should show real people and real neighbourhoods. Gambling stays in the background, and health taxes only pay for care.

FIVE NUMBERS TO REMEMBER

1. **331 million**: This many people used drugs in 2024, more than ever before. (UN News, June 26, 2026)
2. **1 in 12**: Only one in twelve people with a drug use disorder gets treatment, and for women it is one in twenty-three. (United Nations Office on Drugs and Crime, Last Accessed: October 14, 2026)
3. **2.6 million**: Alcohol causes about this many deaths every year. (World Health Organization, June 25, 2024)
4. **156,000**: Of 298,000 alcohol road crash deaths in 2019, this many came from someone else's drinking. (World Health Organization, June 28, 2024)
5. **17 million**: Nearly this many American children and teenagers live with a parent who has a substance use disorder. (University of Michigan, March 3, 2025)

WHAT THE UN HAS ALREADY DONE

1. **WHA63.13 (2010)**: The World Health Assembly agreed on a global plan, which countries may choose to follow, to reduce harmful alcohol use.
2. **A/RES/70/1 (2015)**: The Sustainable Development Goals include Target 3.5, which asks countries to prevent and treat substance abuse.

3. **CND resolution 67/4 (2024):** The Commission on Narcotic Drugs encouraged naloxone and used the words "harm reduction."
4. **A/RES/79/191 (2024):** The General Assembly invited countries to consider medicine-based treatment, clean needles and HIV prevention.
5. **A/RES/80/117 (2025):** The General Assembly set a 2030 target of 150 million more people with mental health care.

THE MAIN SOLUTIONS

1. **Expanding treatment and overdose response:** Countries give more people medical treatment and naloxone. Help: These tools have the strongest evidence, and they prevent deaths. Harm: Treatment needs trained staff and steady money, which poorer countries lack.
2. **Treating drug use as a health matter:** People who use drugs go to doctors and social workers instead of courts. Help: In Portugal, fewer people went to prison, and drug deaths and HIV fell. Harm: Oregon reversed this idea, because treatment did not grow fast enough.
3. **Supporting families and community services:** Communities run school prevention, parent support and local services. Help: These programmes protect children, the hidden victims of addiction. Harm: Many services closed when donors cut their money in 2025.
4. **Using health taxes to pay for care:** Countries tax alcohol and tobacco and spend the money on treatment. Help: Taxes reduce use and raise money at the same time. Harm: Higher prices can push some people toward illegal alcohol, which can be poisonous.

WHERE THE MAJOR BLOCS STAND

1. **The United States and Argentina:** They want strict drug laws more than health ideas, and the United States has left the WHO.
2. **The European Union:** It supports harm reduction and treatment, while it also fights drug smuggling.
3. **Russia and the strict-control group:** Russia opposes "harm reduction," but China voted for it in 2026.
4. **Latin American countries, led by Colombia:** They want health and development before punishment.
5. **The African Union:** It welcomes help with treatment and data when money comes with it.

KEY WORDS IN OUR TOPIC

1. **addiction:** When we say addiction, we mean a person keeps using something that causes serious harm, because stopping feels very hard.
2. **substance use disorder:** When we say substance use disorder, we mean the doctor's name for drug or alcohol use which damages health, family or work.
3. **harm reduction:** When we say harm reduction, we mean ways to keep people who use drugs alive and safer, even before they stop.

4. **naloxone**: When we say naloxone, we mean a medicine which brings a person back from an opioid overdose in minutes.
5. **decriminalisation**: When we say decriminalisation, we mean nobody goes to prison for using drugs, but selling drugs is still illegal.
6. **stigma**: When we say stigma, we mean shame and unkind judgement which make people hide their problem.
7. **treatment gap**: When we say treatment gap, we mean the space between how many people need treatment and how many get it.
8. **health tax**: When we say health tax, we mean an extra tax on harmful products, such as alcohol, which makes them cost more.

QUESTIONS WE CAN ASK IN DEBATE

1. Only one in twelve people with a drug use disorder gets treatment, so how will this delegation's plan reach the other eleven?
 2. Who will pay for this solution, now that the WHO has lost its largest funder?
 3. Portugal succeeded and Oregon reversed its law, so what will this delegation's country do differently?
 4. How does this plan protect children who live with a parent who has an addiction?
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