

HMDC Presents... WHO: Review Quiz

HMDC Presents... Review Quiz: World Health Organization: Social Effects of Addiction

We take this quiz after we finish reading the research report, not before. When we are done, we check our answers in the answer key at the end. For every question we missed, we go back and reread the report section the key names, so the fact becomes ours before committee. The questions follow Harvard's December focus: how addiction harms families, communities and the people least able to protect themselves, and which solutions backed by evidence help them.

PART 1: THE TOPIC

1. The report says alcohol is not only a personal choice. Which fact shows that alcohol harms people who never drank?

- A. Alcohol is illegal in most countries, so drinkers are already breaking the law.
- B. In 2019, more than half of the deaths from alcohol-related road crashes were caused by someone else's drinking.
- C. Most people with an alcohol use disorder are teenagers aged 15-19.
- D. Alcohol causes fewer deaths than illegal drugs, so it needs stricter rules to catch up.

2. The UN found a large treatment gap for drug use disorders. How does the gap differ between women and men?

- A. Women and men receive treatment at exactly the same rate.
- B. Women are more likely than men to receive treatment.
- C. About 1 in 23 women receives treatment, compared with about 1 in 9 men.
- D. The UN does not count women separately, so the difference is unknown.

3. According to the UN World Drug Report 2026, where is the harm of drug use heaviest?

- A. Only in wealthy countries with many hospitals.
- B. Where poverty, homelessness, poor mental health and unequal access to care are found, with refugees and displaced people especially exposed.
- C. Only among people older than 65.
- D. Equally in every community, whatever its income.

4. A University of Michigan study looked at children in the United States. What did it find?

- A. Almost no children live with a parent who has a substance use disorder.
- B. Children in these homes face lower risk of their own substance use.
- C. About one in four children and teenagers live with a parent who has a substance use disorder, which raises their own risk of substance use and mental health problems.
- D. The study found that addiction never passes from parents to children.

5. Portugal's decriminalisation is described as a success, while Oregon and British Columbia reversed theirs. According to the report, what made the difference?

- A. Portugal made all drugs legal to sell, and Oregon did not.
- B. Whether enough treatment services were funded and the policy was carefully designed.
- C. Portugal arrested more people for drug use after 2001.
- D. Oregon is a larger place than Portugal, so the policy could not work there.

6. Overdose deaths in the United States fell about 14% in 2025. Why does the report say the gains are uneven?

- A. Deaths rose in rural states where some patients drive more than two hours to reach treatment, and Native American communities die from overdose at about double the national rate.
- B. Deaths fell by exactly the same amount in every state and community.
- C. Naloxone stopped working in 2025.
- D. Cities lost all their treatment services while rural areas gained them.

PART 2: THE UNITED NATIONS

1. Which 2024 Commission on Narcotic Drugs resolution encourages the use of naloxone to respond to overdoses?

- A. WHA63.13, the alcohol strategy
- B. A/RES/42/112, which created June 26 as an international day
- C. CND resolution 67/4
- D. CND resolution 68/6

2. At the March 2026 Commission on Narcotic Drugs, a Norway and Finland resolution on a public health approach passed. What helped it win support?

- A. It removed every mention of health.
- B. It added a footnote saying "harm reduction is not a universally agreed concept among Member States."
- C. The United States and Argentina wrote it.
- D. It was agreed by consensus without a vote.

3. What is notable about General Assembly resolution A/RES/79/191 (2024)?

- A. It invites countries to consider measures such as medication-assisted therapy, injecting-equipment programmes and HIV prevention, while avoiding the exact phrase "harm reduction."
- B. It created June 26 as the International Day against Drug Abuse and Illicit Trafficking.
- C. It was the first UN resolution to ban all drug treatment.
- D. It ordered every country to decriminalise drug possession.

4. What did Commission on Narcotic Drugs resolution 68/6 (2025) create, and why does it matter to the WHO?

- A. A new tobacco treaty conference in Armenia, which the WHO will host alone.
- B. A ban on sales of nitazenes, which the WHO wrote by itself.
- C. A panel of 19 independent experts to prepare the 2029 drug policy review, on which the WHO has only one seat.
- D. A fund to replace the money the United States stopped paying the WHO.

5. General Assembly resolution A/RES/80/117 (2025) is the newest and broadest UN commitment touching addiction. What does it call for that helps communities directly?

- A. Closing every overdose prevention centre in the world.
- B. Ending all mental health care by 2030.
- C. Removing all drugs from international control.
- D. Scaling up support for harmful alcohol and substance use while reducing stigma, and 150 million more people with access to mental health care by 2030.

PART 3: INTERNATIONAL EFFORTS

1. Harm Reduction International measured the money spent on harm reduction in low- and middle-income countries in 2022. What did it find?

- A. Spending was higher than what was needed.
- B. Spending exactly matched what was needed.
- C. Only about US\$151 million was spent, about 6% of the US\$2.7 billion needed each year.
- D. No money at all was spent on harm reduction.

2. After the United States halted most foreign aid in January 2025, almost 5,000 people in South Africa lost methadone treatment. What lesson does the report draw?

- A. International addiction services depend on a few large donors, so countries need ways to keep services running when donors withdraw.
- B. Methadone treatment does not work, so losing it made no difference.
- C. Donor countries always replace one another quickly.
- D. Only wealthy countries need addiction services.

3. The opioid death rate in the United States is more than 10 times higher than in the European Union. What reason does the Brookings Institution give?

- A. Europe has no opioids at all.
- B. Europe arrests more people for drug use.
- C. Europe stopped collecting data on overdose deaths.
- D. Europe adopted medical treatment such as methadone and buprenorphine earlier.

4. A UNAIDS survey asked community organisations what happened after their harm reduction budgets were cut. Which result shows that women were hit hardest?

- A. Every organisation serving women gained new money.
- B. 68% of organisations serving women who use drugs stopped outreach.
- C. Women stopped using drugs, so outreach was no longer needed.
- D. The survey did not ask about women.

THINK LIKE A DELEGATE

These questions have no single correct answer. We write a few sentences for each, then compare our answer with the list of what a strong answer includes.

1. Our country supports harm reduction, but the United States and Argentina voted against it at the Commission on Narcotic Drugs in 2026. How would we write a clause that could still win a large majority, and why?

2. The United States, which gave about 18% of WHO funding, has left the WHO. If our resolution asks for more treatment and community services, who should pay for them, and why?

3. Portugal's health route worked, but Oregon's was reversed. If our country wants to send people to health services instead of courts, what must be in place first, and how would we answer neighbours who fear more crime?

ANSWER KEY

PART 1: THE TOPIC

1. **B.** Of 298,000 alcohol road crash deaths in 2019, 156,000 were caused by someone else's drinking, so alcohol harms people who never drank. (Part 1, Section A, entry 1.5)
2. **C.** The UN found only 1 in 23 women with a drug use disorder receives treatment, compared with 1 in 9 men. (Part 1, Section A, entry 1.3)
3. **B.** The World Drug Report 2026 says harm depends heavily on poverty, homelessness, poor mental health and unequal access to care, and that refugees and displaced people are especially exposed. (Part 1, Section A, entry 1.2)
4. **C.** Nearly 17 million children and teenagers in the United States, about one in four, live with a parent who has a substance use disorder, so addiction passes across generations. (Part 1, Section A, entry 1.6)
5. **B.** Portugal paired decriminalisation with heavy investment in treatment, while the Pacific Northwest failed because of poor design and missing services. (Part 1, Section B, Solution 3, entries 1.18 and 1.19)
6. **A.** Deaths rose sharply in Arizona, New Mexico and North Dakota, where some rural patients drive more than two hours to opioid treatment, and Native American communities die from overdose at about double the national rate. (Part 1, Section B, Solution 1, entry 1.22)

PART 2: THE UNITED NATIONS

1. **C.** CND resolution 67/4 (2024) encourages naloxone and uses the words "harm reduction"; resolution 68/6 created the expert panel for 2029. (Part 2, Table of Resolutions and entry 2.8)
2. **B.** The footnote let countries that dislike the term still vote for the text, which passed with 45 votes; every drug resolution went to a vote that year. (Part 2, entry 2.11)
3. **A.** A/RES/79/191 accepts the content of harm reduction but avoids the label because some countries object to it. (Part 2, entry 2.9)
4. **C.** Resolution 68/6 created the 19-member expert panel for the 2029 review, and only one member is chosen by the WHO Director-General. (Part 2, Table of Resolutions and entry 2.12)
5. **D.** A/RES/80/117 calls for scaling up support for harmful alcohol and substance use while reducing stigma, and sets a 2030 target of 150 million more people with access to mental health care. (Part 2, entry 2.10)

PART 3: INTERNATIONAL EFFORTS

1. **C.** Harm Reduction International found only US\$151 million against US\$2.7 billion needed each year, about 6%. (Part 3, entry 3.1)
2. **A.** The report says international programmes depend on a few large donors and suggests domestic budgets or health taxes to keep services alive. (Part 3, entry 3.2)
3. **D.** Brookings says Europe's lower death rate comes partly from adopting methadone and buprenorphine treatment earlier. (Part 3, entry 3.8)
4. **B.** The survey by the International Network of People who Use Drugs found 68% of organisations serving women who use drugs stopped outreach, and 62% reported more stigma and discrimination. (Part 3, entry 3.3)

THINK LIKE A DELEGATE: WHAT A STRONG ANSWER INCLUDES

1. **Winning votes on harm reduction.** A strong answer copies the wording of A/RES/79/191, naming the services (medication-assisted therapy, injecting-equipment programmes and HIV prevention) instead of the disputed label. It may add naloxone and point to CND resolution 67/4, which encourages naloxone, as a precedent, or use a footnote like the one that helped the 2026 Norway and Finland resolution pass. It also frames the clause as prevention and protecting young people to reach ASEAN countries, which favour a "zero-tolerance" approach. (Part 2, entries 2.8, 2.9 and 2.11; Where the Major Blocs Stand)
2. **Paying for treatment and community services.** A strong answer names a source of money, such as larger national budgets or part of the money from WHO "3 by 35" health taxes set aside for treatment and family support. It explains why depending on one donor is risky, using the 2025 service closures in South Africa and Uganda and the UNAIDS survey showing that community groups lost their budgets. It keeps the focus on the people who lose care when money disappears, especially women. (Part 1, entry 1.15; Part 3, entries 3.1, 3.2, 3.3 and 3.13)
3. **Building a health route that neighbourhoods trust.** A strong answer says treatment services must be funded first, as Portugal did, and explains that Oregon and British Columbia failed because treatment did not expand and public drug use was not managed. It answers the fear of crime with the New York study, where two overdose prevention centres stopped more than 700 overdoses with no significant rise in crime, and calls about homelessness-related problems fell. It also admits the limit: the study covers only two sites in one city over about one year. (Part 1, Section B, Solution 3, entries 1.18, 1.19 and 1.24)