

HMDC Presents... WHO: Part 2 (The United Nations)

HMDC Presents... World Health Organization (WHO): Social Effects of Addiction (Research Report, December 2026)

Prepared for HMDC delegates attending Harvard Model United Nations Online, December 5-6, 2026. Every fact below comes from a page that was opened and read in October 2026. Each evidence entry names its publication and date so you can always trace a fact back to its source.

WHAT OUR CHAIRS WILL FOCUS ON

Harvard explains that this committee studies the worldwide problem of drug use and substance abuse, and how it hurts health, growth and the safety of whole societies. The October session looks at money and economies, but our December session looks at the same problem from a social side: how addiction changes life in communities, and how it hurts the people who are least able to protect themselves, such as children, poor families and people without homes. Our chairs will ask us to work together and build solutions backed by evidence that lead to "healthier and more resilient communities." That means our papers and resolutions should show real people and real neighbourhoods, not only numbers about money.

Harvard Model United Nations, HMUN Online Committee Page, Last Accessed: October 2026

<https://www.harvardmun.org/who-online>

The parts of this HMDC report that match this focus most closely are Section A entries 1.2, 1.3, 1.5, 1.6 and 1.10, Solution 1 (treatment and overdose response), Solution 3 (treating drug use as a health matter instead of a crime), and Part 3 entries 3.1 to 3.3 on harm reduction and community services.

How we use this report: Harvard's December focus is drugs, alcohol and other substances, and what they do to families, communities and vulnerable groups. This report gives a lot of room to gambling, sports betting and gaming (entries 1.7, 1.8, 1.9, 1.11, 1.21 and Solution 4), and Harvard does not name these at all, so we treat them as background only and never make them the centre of a speech, a position paper or a resolution. Solution 2 (health taxes) leans toward the economic view from the October session, so we use it only as a way to pay for treatment and family support. We spend most of our preparation time on the social harms of substance use and on treatment, harm reduction and community care.

PART 2, THE UNITED NATIONS RECORD

The UN works on addiction through two separate tracks. The **health track** (WHO and the World Health Assembly) handles alcohol, tobacco, gambling, gaming and treatment. The **drug control track** (the General Assembly, the Commission on Narcotic Drugs, the International Narcotics Control Board and UNODC) handles illegal drugs under three treaties. These tracks sometimes disagree, especially about harm reduction.

Table of UN Resolutions and Major Instruments

Every symbol below was confirmed on an official UN or WHO site (un.org, digitallibrary.un.org, documents.un.org, unodc.org, who.int, apps.who.int, cdn.who.int, fctc.who.int).

Symbol / Instrument	Year	Body	What it does
Single Convention on Narcotic Drugs (amended by 1972 Protocol)	1961	UN treaty	Controls opium, cocaine, cannabis and similar drugs while keeping them available for medicine.
Convention on Psychotropic Substances	1971	UN treaty	Extends international control to synthetic drugs such as stimulants and sedatives.
UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances	1988	UN treaty	Requires countries to fight drug trafficking and money laundering.
A/RES/42/112	1987	General Assembly	Creates June 26 as the International Day against Drug Abuse and Illicit Trafficking.
A/RES/S-20/2	1998	General Assembly (special session)	Political Declaration on international drug control.
WHA56.1	2003	World Health Assembly	Adopts the WHO Framework Convention on Tobacco Control, the first global health treaty.
WHA63.13	2010	World Health Assembly	Adopts the Global Strategy to Reduce the Harmful Use of Alcohol with ten areas for national action.
A/RES/70/1	2015	General Assembly	Adopts the Sustainable Development Goals, including Target 3.5 (prevention and treatment of substance abuse) and 3.a (tobacco treaty).
A/RES/S-30/1	2016	General Assembly (UNGASS)	"Our joint commitment" outcome document on the world drug problem, adding health and human rights themes.
A/RES/73/2	2018	General Assembly	Political declaration on noncommunicable diseases, covering tobacco and harmful alcohol use.
WHA72.15	2019	World Health Assembly	Adopts ICD-11 (effective January 1, 2022), which includes gaming disorder as a diagnosis.
WHA75(11)	2022	World Health Assembly (decision)	Adopts the Global Alcohol Action Plan 2022-2030.
A/RES/77/238	2022	General Assembly	Drug policy resolution passed by a divided vote of 124 to 9 with 45

			abstentions.
CND resolution 67/4	2024	Commission on Narcotic Drugs	On preventing and responding to overdose; encourages naloxone and uses the words "harm reduction," which civil society groups called a breakthrough.
A/RES/79/191	2024	General Assembly	Drug policy resolution inviting countries to consider medication-assisted therapy, injecting-equipment programmes and HIV prevention.
CND resolution 68/6	2025	Commission on Narcotic Drugs	Creates an independent panel of 19 experts to recommend improvements to the drug control system before the 2029 review (panel announced March 12, 2026).
FCTC/COP11(9)	2025	Conference of the Parties to the WHO tobacco treaty	"Smoke- and aerosol-free United Nations": calls for a full ban on using and selling tobacco and nicotine products on all UN premises.
A/RES/80/117	2025	General Assembly	Political declaration on noncommunicable diseases and mental health, with a target of 150 million fewer tobacco users by 2030 and calls for alcohol and tobacco taxes.
CND decisions 69/1 and 69/2	2026	Commission on Narcotic Drugs	Place two nitazenes (super-strong synthetic opioids) under the strictest international control, in force from May 29, 2026.

Gap to note: there is no UN or World Health Assembly resolution specifically on gambling. This research found none.

What Is Working and What Is Not

Working: tobacco control (a binding treaty, steady decline in users), growing support for harm reduction, and a strong evidence base for opioid treatment. **Not working:** the alcohol action plan is weakly funded, health taxes have fallen behind inflation, treatment reaches very few people, and member states remain divided on drug policy.

2.1 World Health Organization, May 22, 2010: The Global Alcohol Strategy

Tagline: Setting the first global alcohol strategy Source: According to... World Health Organization, May 22, 2010 Link: <https://www.who.int/news/item/22-05-2010-wha63-adoption-of-the-global-strategy-to-reduce-the-harmful-use-of-alcohol> Fact: It states... that the World Health Assembly adopted resolution WHA63.13, a global strategy with ten areas for national action, including health services, community action, drink-driving rules, limits on availability, marketing rules, pricing policies and monitoring. This means... the WHO has had an alcohol plan for over 15 years, but it is voluntary. Delegates should ask why alcohol deaths remain at 2.6 million a year despite it.

2.2 World Health Organization, June 20, 2024: Global Alcohol Action Plan 2022-2030

Tagline: Turning strategy into an action plan Source: According to... World Health Organization, June 20, 2024 Link: <https://www.who.int/publications/i/item/9789240090101> Fact: It states... that member states endorsed a Global Alcohol Action Plan for 2022-2030 to put the 2010 strategy into practice, with six action areas: high-impact policies, advocacy, partnership, technical support, data systems and resource mobilisation. This means... the plan's deadline is 2030, so this committee is meeting at the halfway point. A resolution could review progress and ask for stronger funding.

2.3 World Health Organization, June 26, 2026: SAFER Progress Report

Tagline: Reviewing progress on alcohol policies Source: According to... World Health Organization, June 26, 2026 Link: <https://www.who.int/philippines/news/detail-global/26-06-2026-new-who-report-charts-progress-on-the-safer-alcohol-policy-initiative> Fact: It states... that WHO's SAFER initiative promotes five proven alcohol policies: limiting availability, drink-driving countermeasures, screening and treatment, marketing restrictions, and higher prices through taxes. Progress is real but uneven: all 53 European countries endorsed a regional framework, and the Western Pacific became the first WHO region to adopt SAFER as its organising framework in October 2025. However, only 9 of 135 UN country cooperation plans (7%) treated alcohol as a priority, and the report cites limited money, weak data and persistent industry interference. This means... alcohol is called "one of the most preventable, and most neglected" health threats. Delegates can push to make alcohol a priority in UN development planning and to protect policy from industry pressure.

2.4 WHO Framework Convention on Tobacco Control, Last Accessed October 14, 2026: Treaty Parties

Tagline: Showing the reach of tobacco treaty Source: According to... WHO Framework Convention on Tobacco Control Secretariat, Last Accessed: October 14, 2026 (the page shows no publication date) Link: <https://fctc.who.int/who-fctc/overview/parties> Fact: It states... that the tobacco treaty has 183 parties covering more than 90% of the world's people and entered into force on February 27, 2005. The most recent country to join was Malawi, for which the treaty took effect on August 18, 2023. This means... a binding health treaty on an addictive product is possible and nearly universal. Delegates can ask whether a similar framework convention should exist for alcohol or gambling, though many countries would resist.

2.5 WHO Regional Office for Europe, July 4, 2025: MPOWER Progress

Tagline: Measuring tobacco policy coverage worldwide Source: According to... WHO Regional Office for Europe, July 4, 2025 Link: <https://www.who.int/europe/news/item/04-07-2025-new-who-report-pushes-for-stronger-tobacco-control-policies> Fact: It states... that the WHO global tobacco report found over 6.1 billion people are covered by at least one MPOWER tobacco control measure, and 110 countries now require graphic health warnings, up from 9 in 2007. However, only about a third of people can get cost-covered help to quit, and only 15% live under best-practice tobacco taxes. Tobacco kills over 7 million people a year and costs over US\$1.4 trillion annually. This means... the tobacco model works where it is fully used, but quit services and taxes lag. These are concrete gaps a resolution can target.

2.6 World Health Organization, May 25, 2019: ICD-11 Adoption

Tagline: Recognising gaming disorder officially Source: According to... World Health Organization, May 25, 2019 Link: <https://www.who.int/news/item/25-05-2019-world-health-assembly-update> Fact: It states... that member states agreed to adopt the eleventh revision of the International Classification of Diseases (ICD-11), to come into effect on January 1, 2022. (WHO's ICD-11 guidance defines gaming disorder as loss of control over gaming that continues despite serious harm to family, school or work, usually for at least 12 months.) This means... gaming disorder is an official diagnosis in every country that uses ICD-11, so health systems can now count and treat it. Delegates can call for services for gaming and gambling disorders.

2.7 UN Digital Library, December 15, 2022: A Divided Vote on Drug Policy

Tagline: Revealing division among member states Source: According to... UN Digital Library, December 15, 2022 Link: <https://digitallibrary.un.org/record/4000190> Fact: It states... that General Assembly resolution A/RES/77/238, "Addressing and countering the world drug problem through a comprehensive, integrated and balanced approach," was adopted by a recorded vote of 124 in favour, 9 against and 45 abstentions. This means... drug policy no longer has full consensus at the UN. Delegates should expect the same split in committee between countries favouring health approaches and countries favouring strict control.

2.8 UNODC, March 22, 2024: Commission on Narcotic Drugs, 67th Session

Tagline: Adopting resolutions on overdose and recovery Source: According to... United Nations Office on Drugs and Crime, March 22, 2024 Link: <https://www.unodc.org/unodc/en/frontpage/2024/March/twenty-three-new-substances-precursors-placed-under-international-control-four-resolutions-passed-at-67th-session-of-the-commission-on-narcotic-drugs.html> Fact: It states... that the CND's largest session ever (140 member states) adopted four resolutions, including one on rehabilitation and recovery and one on preventing and responding to overdose, placed 23 new substances and precursors under international control, and held a midterm review of the 2019 Ministerial Declaration, with a final review planned for 2029. The overdose resolution (67/4) encourages naloxone and harm reduction measures. This means... the drug control system is slowly adding health language. A WHO resolution can build on 67/4 instead of starting from nothing, and 2029 is the next major review date.

2.9 UN Official Documents, December 17, 2024: Resolution 79/191

Tagline: Inviting evidence-based health measures Source: According to... UN Official Document System, December 17, 2024 Link:

<https://documents.un.org/doc/undoc/gen/n24/411/30/pdf/n2441130.pdf> Fact: It states... that

resolution A/RES/79/191 invites national authorities to consider measures that reduce the health and social harms of drug use, including medication-assisted therapy, injecting-equipment

programmes and HIV prevention, while avoiding the exact phrase "harm reduction." This means...

the General Assembly accepts the content of harm reduction but avoids the label because some countries object to it. Careful wording will matter when drafting clauses.

2.10 UN Digital Library, December 15, 2025: Resolution 80/117

Tagline: Setting 2030 targets for tobacco Source: According to... UN Digital Library, December 15,

2025 Link: https://digitallibrary.un.org/record/4097012/files/A_RES_80_117-EN.pdf Fact: It states...

that the General Assembly adopted A/RES/80/117 by 175 votes to 2, with 1 abstention. It sets a

2030 target of 150 million fewer tobacco users and 150 million more people with access to mental

health care, asks countries to consider tobacco and alcohol taxes, calls for scaling up support for

harmful alcohol and substance use while reducing stigma, and warns about social media risks such

as excessive screen time and loneliness for children. This means... this is the newest and broadest

UN commitment touching addiction. Delegates can cite its targets directly and argue that this

committee's resolution helps meet them.

2.11 International Drug Policy Consortium, March 19, 2026: Every Drug Resolution Goes to a Vote

Tagline: Showing the split at the CND Source: According to... International Drug Policy Consortium,

March 19, 2026 Link: [https://idpc.net/blog/2026/03/stubborn-progress-in-a-fractured-system-](https://idpc.net/blog/2026/03/stubborn-progress-in-a-fractured-system-reflections-on-a-cnd-in-transition)

[reflections-on-a-cnd-in-transition](https://idpc.net/blog/2026/03/stubborn-progress-in-a-fractured-system-reflections-on-a-cnd-in-transition) Fact: It states... that at the March 2026 session of the Commission

on Narcotic Drugs, every resolution went to a vote, for the second year in a row, instead of being

agreed by consensus. A Norway and Finland resolution on a public health approach that mentions

harm reduction passed with 45 votes; the United States and Argentina voted against it. To win

support, the text added a footnote saying "harm reduction is not a universally agreed concept

among Member States." The United States also opposed references to the WHO, the Sustainable

Development Goals and gender, and argued that harm reduction "contributes to the normalisation

of drug use." China, which voted against harm reduction in 2024, voted in favour this time, and

Russia lost its voting rights on the Commission for the first time. This means... the old habit of

agreeing drug policy by consensus has broken down. Delegates should expect votes on any clause

that names harm reduction, and can study the footnote as an example of compromise wording that

still lets a text pass.

2.12 UNODC, March 12, 2026: An Expert Panel for the 2029 Review

Tagline: Preparing the next global drug review Source: According to... United Nations Office on Drugs and Crime, March 12, 2026 Link:

[https://www.unodc.org/unodc/en/press/releases/2026/March/commission-on-narcotic-drugs-](https://www.unodc.org/unodc/en/press/releases/2026/March/commission-on-narcotic-drugs-establishes-expert-panel-for-2029-global-drug-policy-review.html)

[establishes-expert-panel-for-2029-global-drug-policy-review.html](https://www.unodc.org/unodc/en/press/releases/2026/March/commission-on-narcotic-drugs-establishes-expert-panel-for-2029-global-drug-policy-review.html) Fact: It states... that the Commission on Narcotic Drugs set up a panel of 19 independent experts, created by CND resolution 68/6, to write "clear, specific and actionable" recommendations for improving how the drug treaties are carried out. Ten members were chosen by the Commission, five by the UN Secretary-General, three by the International Narcotics Control Board and one by the WHO Director-General. The co-chairs are Allan Rock of Canada and Natalie Yu-Lin Morris-Sharma of Singapore. Its work feeds into the 2029 global drug policy review. This means... the WHO has only one seat out of 19 on the panel that will shape the next decade of drug policy. A WHO resolution can ask the panel to give real weight to health evidence, treatment and the social effects of addiction.

2.13 UNODC, March 13, 2026: The 69th Commission on Narcotic Drugs

Tagline: Summing up this year's drug policy session Source: According to... United Nations Office on Drugs and Crime, March 13, 2026 Link: <https://www.unodc.org/unodc/en/frontpage/2026/March/cnd-closing.html> Fact: It states... that the 69th session of the Commission on Narcotic Drugs closed in Vienna after five days, with 2,078 participants from 134 member states, 20 intergovernmental organisations, nine UN entities and 198 non-governmental organisations. Following recommendations from the WHO, it placed three new substances under international control (two nitazenes and one synthetic cannabinoid) and completed the 19-member expert panel for the 2029 review. It adopted five resolutions, including one on faster early-warning systems for new drugs and one promoting public health responses "from prevention and treatment to recovery," with better access to controlled medicines and a basis in human rights. This means... the WHO already has a formal role in drug control, because its scientific advice decides which new drugs are controlled. Delegates can build on this link and propose that the WHO help poorer countries set up the early-warning systems the Commission has called for.

2.14 NPR, January 20, 2026: The United States Leaves Without Paying

Tagline: Questioning how the United States exit works Source: According to... NPR, January 20, 2026 Link: <https://www.whro.org/2026-01-20/the-u-s-says-its-divorce-from-who-is-final-on-jan-22-does-who-agree> Fact: It states... that the United States declared its withdrawal from the WHO final on January 22, 2026, while still owing US\$278 million in dues for 2024-2025, and said it would make no payments before leaving. The WHO constitution has no withdrawal clause; the United States relies on an exception its Congress set in 1948, and a WHO legal officer said member states themselves would decide whether and when the exit takes effect, with talks expected at the Executive Board in February and the World Health Assembly in May. A leading global health law professor called leaving without paying "unlawful," and Director-General Tedros called the situation "lose-lose" and said he hoped the United States would return. This means... the WHO's largest past funder has left, and even the rules for leaving are disputed. Delegates must decide whether a resolution should invite the United States back, look for new donors, or push countries to pay for their own addiction services (see entry 3.13).

WHERE THE MAJOR BLOCS STAND

Countries do not debate this topic as 193 separate voices. Most fall into a few groups with shared views on drug control, harm reduction and health taxes, and knowing these groups helps a delegate find partners quickly. The positions below are current as of the dates of their sources.

1. The United States (with Argentina): At the March 2026 Commission on Narcotic Drugs, the United States called a vote against the harm reduction resolution and opposed references to the WHO, the Sustainable Development Goals and gender; Argentina was its only reported partner in voting. Now outside the WHO, it favours strict control and law enforcement over health-based language. Source: According to... International Drug Policy Consortium, March 19, 2026 Link: <https://idpc.net/blog/2026/03/stubborn-progress-in-a-fractured-system-reflections-on-a-cnd-in-transition>

2. The European Union: The EU calls reducing health and social harm "a central objective" of its drug policy, and its Council endorsed a new drugs strategy in March 2026 that includes overdose prevention, treatment and recovery, and alternatives to criminal punishment for people who use drugs. Expect EU members to support harm reduction wording while also pressing hard against trafficking. Source: According to... Council of the European Union, June 29, 2026 Link: <https://www.consilium.europa.eu/en/policies/eu-drugs-policy/>

3. Russia, China and the strict-control group: At the 2024 Commission on Narcotic Drugs, Russia led opposition to the words "harm reduction," read a statement backed by 40 countries criticising cannabis legalisation and calling for "a society free of drug abuse," and, together with China, voted against the harm reduction resolution. China has since shifted and voted in favour in 2026 (entry 2.11), so delegates should not assume these two powers always vote together. Source: According to... Global Initiative Against Transnational Organized Crime, April 9, 2024 Link: <https://globalinitiative.net/analysis/uncertain-future-drug-policy-commission-narcotic-drugs-united-nations/>

4. Latin American reformers, led by Colombia: In 2024 Colombia read a statement on behalf of 62 countries, including most of Europe and the Americas, calling for a review of the international drug control system and for respect for human rights, and Chile led a resolution on recovery services that passed by consensus. These countries, which have suffered decades of trafficking violence, tend to favour health and development over punishment, although Argentina now votes with the United States. Source: According to... Global Initiative Against Transnational Organized Crime, April 9, 2024 Link: <https://globalinitiative.net/analysis/uncertain-future-drug-policy-commission-narcotic-drugs-united-nations/>

5. ASEAN (South-East Asia): At their May 2026 summit in Cebu, Philippines, ASEAN leaders committed to a "zero-tolerance approach" to the illegal drug trade and to the goal of a drug-free region. Their statement did not mention treatment or rehabilitation, so health clauses are more likely to win ASEAN votes when they are framed as prevention and protection of young people. Source: According to... The Star (Malaysia), May 10, 2026 Link: <https://www.thestar.com.my/aseanplus/aseanplus-news/2026/05/10/039this-will-be-a-drug-free-region039-asean-vows-zero-tolerance-against-illicit-drugs>

6. The African Union: The AU is preparing a 2026-2030 continental plan that it says will address both "drug supply and demand reduction," with prevention, treatment and better data among its pillars (entry 3.16). African delegates are likely to welcome help with treatment services and data, and to be wary of any plan that comes without money attached. Source: According to... African Union, November 19, 2025 Link: <https://au.int/en/pressreleases/20251119/au-convenes-experts-develop-action-plan-drug-control-and-crime-prevention>