

## HMDC Presents... WHO: Part 3 (International Efforts)

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.

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## 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.

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## PART 3, INTERNATIONAL EFFORTS

### Map of the Main International Actors

- **UN bodies:** WHO (health guidance, alcohol and tobacco), UNODC (drug data, prevention and treatment programmes), the Commission on Narcotic Drugs (drug policy decisions, deciding which substances are controlled), the International Narcotics Control Board (treaty monitoring), UNAIDS (HIV among people who inject drugs).
- **Treaty bodies:** the Conference of the Parties to the WHO tobacco treaty.
- **Regional organisations:** the European Union Drugs Agency (EUDA), the Colombo Plan Drug Advisory Programme (Asia-Pacific), the Pan American Health Organization, the African Union, ASEAN.

- **Research institutions:** the Council on Foreign Relations, the RAND Corporation and the Brookings Institution study drug supply and policy; universities such as Harvard, Stanford, Brown and Glasgow study treatment, gambling and pricing.
- **International NGOs:** Harm Reduction International (London), the International Drug Policy Consortium (London), the International Network of People who Use Drugs, the Global Commission on Drug Policy (Geneva).

### **3.1 Harm Reduction International, December 12, 2024: Global State of Harm Reduction**

Tagline: Mapping harm reduction services worldwide Source: According to... Harm Reduction International, December 12, 2024 Link: <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/> Fact: It states... that 93 countries have needle and syringe programmes, 94 offer opioid substitution treatment, 34 provide take-home naloxone, and 18 have supervised drug consumption rooms. Only US\$151 million went to harm reduction in low- and middle-income countries in 2022, about 6% of the US\$2.7 billion needed each year. This means... harm reduction exists in about half the world but is badly underfunded. A resolution could set a funding goal or ask donors to close the gap.

### **3.2 Harm Reduction International, November 19, 2025: Funding Cuts**

Tagline: Documenting closures after aid cuts Source: According to... Harm Reduction International, November 19, 2025 Link: <https://hri.global/publications/global-state-of-harm-reduction-2025-update-to-key-data/> Fact: It states... that after the United States halted most foreign aid in January 2025, harm reduction services closed or shrank in several countries: in South Africa almost 5,000 people lost methadone treatment, and Uganda was left with one treatment site and one needle programme. Modelling estimates about 3,739 extra HIV infections and 6,770 extra hepatitis C infections among people who inject drugs within a year. Countries with supportive harm reduction policy rose from 108 to 112. This means... international programmes depend on a few large donors. Delegates should discuss how to make addiction services survive when donors withdraw, for example through domestic budgets or health taxes.

### **3.3 UNAIDS, May 13, 2025: Community Services Under Pressure**

Tagline: Reporting service losses for drug users Source: According to... UNAIDS, May 13, 2025 Link: [https://unaids.org/en/resources/presscentre/featurestories/2025/may/20250512\\_community-led-services](https://unaids.org/en/resources/presscentre/featurestories/2025/may/20250512_community-led-services) Fact: It states... that a survey by the International Network of People who Use Drugs found nearly half of community organisations lost between a quarter and all of their harm reduction budgets. 47% saw people go without clean syringes and naloxone, 30% saw overdose deaths rise, and 62% reported more stigma and discrimination. Of organisations serving women who use drugs, 68% stopped outreach. This means... funding cuts quickly turn into social harm: more disease, more deaths and more stigma, with women hit hardest. This supports clauses protecting community-led and women-specific services.

### **3.4 International Drug Policy Consortium, April 16, 2024: Harm Reduction at the CND**

Tagline: Marking a shift in UN language Source: According to... International Drug Policy Consortium, April 16, 2024 Link: <https://idpc.net/news/2024/04/a-groundbreaking-win-at-the-united-nations-commission-on-narcotic-drugs> Fact: It states... that a United States-led resolution at the March 2024 CND session was approved by a vote and encourages countries to use "harm reduction" measures to respond to overdoses, which civil society groups called a groundbreaking change because the term had long been blocked. This means... the fact that it needed a vote shows the issue is still divided. Delegates whose countries support harm reduction can point to this precedent; opponents may insist on "prevention, treatment and recovery" language instead.

### **3.5 Global Commission on Drug Policy, February 26, 2026: INCB Annual Report**

Tagline: Summarising the treaty watchdog's findings Source: According to... Global Commission on Drug Policy, February 26, 2026 Link: <https://globalcommissionondrugs.org/policyspotlight/annual-report-2025-incb/> Fact: It states... that the International Narcotics Control Board's 2025 report focuses on international cooperation under the three drug treaties, finds that monitoring systems help stop controlled medicines leaking into illegal markets, and notes persistent inequality in access to affordable pain-relief medicines. This means... the same treaties that restrict drugs also require that medicines like morphine be available, and many poorer countries lack them. A balanced resolution can address both addiction and fair access to essential medicines.

### **3.6 Colombo Plan, January 2025: Nitazene Health Alert**

Tagline: Warning about super-potent synthetic opioids Source: According to... Colombo Plan, January 2025 Link: [https://cfsre.org/images/content/reports/public\\_alerts/Nitazene\\_Alert\\_Jan2025\\_ColomboPlan\\_010625\\_Final.pdf](https://cfsre.org/images/content/reports/public_alerts/Nitazene_Alert_Jan2025_ColomboPlan_010625_Final.pdf) Fact: It states... that nitazenes, a family of synthetic opioids estimated at roughly 1.5 to 20 times stronger than fentanyl, have caused deaths in Australia, Brazil, Europe, New Zealand, the United Kingdom (over 179 deaths from June 2023 to May 2024), the United States, and West Africa, where they were found in Kush samples. Naloxone still works but more than one dose may be needed. This means... the drug supply is becoming more dangerous and more international. Early-warning systems and naloxone supplies are practical areas for international cooperation.

### **3.7 European Union Drugs Agency, June 2025: Drug-Induced Deaths in Europe**

Tagline: Tracking overdose deaths across Europe Source: According to... European Union Drugs Agency, June 2025 Link: [https://euda.europa.eu/publications/european-drug-report/2025/drug-induced-deaths\\_en](https://euda.europa.eu/publications/european-drug-report/2025/drug-induced-deaths_en) Fact: It states... that the EU recorded at least 7,459 overdose deaths in 2023, up from 7,145 in 2022, and that opioids were involved in about 7 in 10. Nitazenes drove sharp rises in Estonia and Latvia, and deaths among people aged 50-64 more than doubled between 2013 and 2023. This means... even wealthy regions with strong services face rising deaths. The EUDA's data system is a model that other regions could copy with WHO help.

### **3.8 Brookings Institution, December 4, 2024: Preparing Europe for a Third Wave**

Tagline: Warning Europe about synthetic opioids Source: According to... Brookings Institution, December 4, 2024 Link: <https://www.brookings.edu/articles/opioids-in-europe-preparing-for-a-third-wave/> Fact: It states... that the opioid death rate in the United States is more than 10 times higher than in the European Union, partly because Europe adopted medical treatment such as methadone and buprenorphine earlier. Europe has already lived through two waves of opioid harm, and a third wave of synthetic opioids such as fentanyls and nitazenes may be starting, especially if the supply of Afghan heroin falls. The paper recommends getting more people into treatment, expanding drug checking and overdose prevention services, collecting better data on synthetic opioids, and aiming police work at the networks that bring these drugs in. This means... Europe's lower death rate shows that early treatment and harm reduction save lives. Delegates can argue that the WHO should help other regions prepare before synthetic opioids arrive, instead of waiting for a crisis like North America's.

### **3.9 Stanford University, February 24, 2022: Stopping the Opioid Crisis From Spreading**

Tagline: Preventing a worldwide opioid pandemic Source: According to... Stanford University Center for Innovation in Global Health, February 24, 2022 Link: <https://globalhealth.stanford.edu/?p=5072> Fact: It states... that the Stanford-Lancet Commission on the North American Opioid Crisis made seven groups of recommendations, and the seventh is about stopping similar crises in other countries. It reports that opioid use has risen sharply in the Netherlands, Spain and Israel since 2002, and that a sister company of the maker of OxyContin reportedly used similar marketing in Brazil, China, Egypt and Mexico. The commission says the risk of spread is greatest where COVID-19 weakened health systems and where drug companies face little regulation. It proposes banning dangerous opioid marketing worldwide and having the WHO coordinate the delivery of low-cost generic morphine to hospitals in low-income countries. This means... a balanced resolution must do two things at once: stop aggressive marketing of addictive painkillers, and still make sure poor countries get the pain medicine they need. This links to the INCB's concern about unequal access to medicines (entry 3.5).

### **3.10 UNODC, June 24, 2026: Two Nitazenes Placed Under Control**

Tagline: Controlling new super-strong opioids Source: According to... United Nations Office on Drugs and Crime, June 24, 2026 Link: <https://www.unodc.org/LSS/Announcement/Details/3db07226-3a0e-4471-bcd7-319c487b8f34> Fact: It states... that two nitazenes, N-pyrrolidino isotonitazene and N-desethyl etonitazene, were added to Schedule I of the 1961 Single Convention by CND decisions 69/1 and 69/2, taking effect on May 29, 2026. A synthetic cannabinoid, MDMB-FUBINACA, was added to Schedule II of the 1971 Convention by decision 69/3, taking effect on November 25, 2026. This means... the UN can ban new drugs one by one, but makers keep changing the formula, as entry 1.3 shows with 118 brand-new substances in one year. Delegates can argue that control lists must be joined by early-warning systems, drug checking and naloxone, which save lives no matter which new drug appears.

### **3.11 Pan American Health Organization, November 24, 2025: The Eleventh Tobacco Treaty Conference**

Tagline: Reporting new tobacco treaty decisions Source: According to... Pan American Health Organization, November 24, 2025 Link: <https://www.paho.org/en/news/24-11-2025-global-tobacco-control-conference-concludes-decisions-environment-and-liability> Fact: It states... that the eleventh Conference of the Parties to the WHO tobacco treaty met in Geneva from November 17 to 22, 2025, with 160 parties and a record of more than 1,600 registered delegates. The treaty now has 183 parties covering 90% of the world's people. Decisions covered the environmental harm of trillions of plastic cigarette butts, legal liability of the tobacco industry, national funding for tobacco control, protection from industry interference, and a complete ban on using and selling tobacco and new nicotine products on all UN premises. The next conference will be held in Yerevan, Armenia, in 2027. This means... the tobacco treaty is a living system that meets every two years and keeps adding new rules. Delegates who want a treaty for alcohol or gambling can point to this model of regular meetings, shared decisions and protection from industry pressure.

### **3.12 World Health Organization, May 15, 2026: Nicotine Pouches and Young People**

Tagline: Warning about a fast-growing nicotine product Source: According to... World Health Organization, May 15, 2026 Link: <https://www.who.int/news/item/15-05-2026-who-warns-nicotine-pouch-brands-targeting-youth-as-sales-surge> Fact: It states... that more than 23 billion nicotine pouches were sold in 2024, over 50% more than the year before, and the market was worth nearly US\$7 billion in 2025. About 160 countries have no specific rules for these products; 16 ban them, and 32 regulate them in some way. Some brands sell pouches labelled for "beginners" and "experts," with up to 150 mg of nicotine. WHO asks countries to ban or limit flavours, ban advertising (including on social media and through influencers), check ages, require health warnings and plain packaging, limit nicotine content and tax the products. This means... new nicotine products are spreading faster than laws can keep up, and most countries have no rules at all. This gives delegates a concrete, recent list of measures to copy into a clause protecting young people.

### **3.13 Al Jazeera, January 24, 2025: The United States Leaves the WHO**

Tagline: Losing the WHO's largest funder Source: According to... Al Jazeera, January 24, 2025 Link: <https://www.aljazeera.com/amp/news/2025/1/24/united-nations-confirms-us-will-leave-world-health-organization-in-2026> Fact: It states... that the United Nations confirmed the United States would leave the WHO on January 22, 2026, one year after its formal letter. The United States provided about 18% of WHO funding, and experts warned that its exit would weaken the WHO's ability to respond to crises such as tuberculosis, HIV and pandemics. United States government staff working with the WHO were recalled. This means... this committee is meeting in the WHO's first year without its biggest donor. Any resolution that asks the WHO to do more must also explain who will pay, for example through health taxes (entry 1.15) or larger national budgets.

### **3.14 Council on Foreign Relations, November 21, 2025: How Fentanyl Reaches the United States**

Tagline: Following fentanyl across three countries Source: According to... Council on Foreign Relations, November 21, 2025 Link: <https://www.cfr.org/articles/how-does-fentanyl-reach-united-states> Fact: It states... that overdose deaths in the United States peaked at more than 111,000 a year in 2022, mostly from fentanyl, and fell to fewer than 74,000 in the 12 months ending April 2025. China banned fentanyl and all its variants in 2019, but Chinese companies still make precursor chemicals, many with legal medical uses, which Mexican criminal groups buy to make the drug. China agreed in 2024 to tighten controls on these chemicals; in March 2025 the United States placed tariffs on China, Canada and Mexico, citing fentanyl; and in November 2025 it said it would lift a 10% tariff on Chinese goods in return for China's promise to stop precursor flows. Canada supplies less than 1% of street fentanyl in the United States. This means... one drug crisis can involve several countries, and progress has depended on trade deals between powerful governments as much as on health agencies. Delegates can argue that supply control and health care must work together, and that cooperation tends to break down when trade tensions rise.

### 3.15 RAND Corporation, March 13, 2025: Cutting Off Synthetic Opioid Supply

Tagline: Planning cooperation against synthetic opioids Source: According to... RAND Corporation, March 13, 2025 Link: <https://www.rand.org/pubs/commentary/2025/03/reducing-deaths-from-fentanyl-and-other-illicit-opioids.html> Fact: It states... that nearly 87,000 Americans died of overdoses in the 12 months ending September 2024, down from 114,000 a year earlier, and that overdose is the leading cause of death for Americans aged 18 to 44. A 2022 commission made 78 recommendations, more than three dozen of them about cutting supply and international cooperation: sharing intelligence with Mexico, working with China on precursor chemicals, engaging India (which could replace China as a producer), screening parcels sent by express couriers, and working with social media companies to stop online drug sales. Most of these recommendations have not been carried out, and more than 40% of Americans know someone who died of an overdose. This means... experts expect drug production to move to new countries whenever one source is closed. Delegates from China, India, Mexico and other producing or transit countries should be ready to explain their own actions, and a resolution can ask online platforms to remove drug sales.

### 3.16 African Union, November 19, 2025: A New African Drug Plan

Tagline: Drafting Africa's next five-year drug plan 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> Fact: It states... that African Union experts met in Maputo, Mozambique, from November 18 to 20, 2025, to draft a new continental framework and action plan on drug control and crime prevention for 2026-2030. It follows a review of the 2019-2025 plan, which COVID-19 had delayed. The planned pillars include prevention, treatment, law enforcement, data systems, and advocacy and communication, together with sustainable financing and coordination at continental, regional and national levels. This means... Africa is writing its own five-year plan just as kush and other synthetic drugs spread (entries 1.10 and 3.6). Delegates can propose that the WHO support the treatment and data pillars of this plan, since those are where many African countries have the fewest services.

## Proposed and Future International Efforts

- **A World Health Assembly resolution on gambling** and a new international alliance, as proposed by the Lancet Public Health Commission (see entry 1.20).
- **WHO "3 by 35" health taxes**, asking countries to raise real prices of tobacco, alcohol and sugary drinks by half by 2035 (see entry 1.15).
- **A UN model policy on alcohol industry interference**, being developed according to the SAFER progress report (see entry 2.3).
- **The final review of the 2019 Ministerial Declaration on drugs in 2029**, prepared by a new 19-member expert panel (see entries 2.8 and 2.12).
- **The next tobacco treaty conference (COP12) in Yerevan, Armenia, in 2027** (see entry 3.11).
- **Rules for nicotine pouches and other new nicotine products**, following WHO's May 2026 recommendations (see entry 3.12).
- **Coordinated delivery of low-cost generic morphine** to hospitals in low-income countries, as proposed by the Stanford-Lancet Commission (see entry 3.9).
- **The full WHO opioid treatment guideline**, expected late 2026 or early 2027 (see entry 1.13).
- **Meeting the 2030 targets** in A/RES/80/117 and the end of the Global Alcohol Action Plan in 2030.
- **The African Union's 2026-2030 drug control plan**, now being finalised (see entry 3.16).
- **Stronger early-warning systems for new drugs**, called for by the Commission on Narcotic Drugs in March 2026 (see entry 2.13).
- **Minimum unit pricing for alcohol**, which other countries could copy from Scotland (see entry 1.23).

## KEY VOCABULARY

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1. **Addiction (dependence):** a condition where a person keeps using a substance or doing an activity even though it causes serious harm, and finds it very hard to stop.
  2. **Substance use disorder:** the medical name for a pattern of drug or alcohol use that damages a person's health, relationships or work.
  3. **Behavioural addiction:** an addiction to an activity rather than a substance, such as gambling or gaming.
  4. **Harm reduction:** policies that reduce the damage from drug use without requiring people to stop first, such as clean needles, naloxone and substitution treatment.
  5. **Naloxone:** a medicine that quickly reverses an opioid overdose.
  6. **Opioid agonist (substitution) treatment:** long-term medical treatment with methadone or buprenorphine that replaces street opioids and reduces overdose risk.
  7. **Decriminalisation:** removing criminal penalties (such as prison) for using or possessing small amounts of drugs, while the drugs stay illegal to sell.
  8. **Health tax (excise tax):** a tax on harmful products like tobacco or alcohol, meant to reduce use and raise money.
  9. **Stigma:** shame and negative judgement that make people hide their addiction and avoid help.
  10. **Treatment gap:** the difference between the number of people who need treatment and the number who receive it.
  11. **New psychoactive substances (NPS):** new drugs, often made in laboratories, designed to copy existing drugs and escape the law.
  12. **Fetal alcohol spectrum disorders (FASD):** lifelong disabilities in a child caused by alcohol use during pregnancy.
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## DISCUSSION QUESTIONS

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1. Only about 1 in 12 people with a drug use disorder receives treatment. Where should the money for treatment come from in low-income countries: donors, health taxes or national budgets?
  2. Should the WHO support "harm reduction" by name, even though some member states oppose the term? What wording could win a large majority?
  3. Portugal's decriminalisation is often described as a success, while Oregon's was reversed. What conditions must be in place before a country changes its drug laws?
  4. Gambling has no UN resolution or treaty. Should this committee create the first one, and what should it require for online and phone-based betting?
  5. Should e-cigarettes and other new nicotine products be taxed and regulated the same way as cigarettes, especially to protect children?
  6. Alcohol causes more deaths than all illegal drugs combined, yet it gets much less international attention. Why, and should there be a binding treaty on alcohol like the tobacco treaty?
  7. How can a resolution protect children and families, the "hidden victims" of addiction, through schools, child protection and family support?
  8. How should the WHO respond when the alcohol, tobacco or gambling industries try to influence health policy?
  9. The United States has left the WHO, and China changed its vote on harm reduction in 2026. How should your country build a majority in a committee where the old partnerships are shifting?
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