

HMDC Presents... WHO: Sample Draft Resolution

HMDC Presents... Sample Draft Resolution: World Health Organization: Social Effects of Addiction

THIS IS A MODEL TO LEARN FROM, NOT TO COPY. Resolutions are written during committee sessions, so we never bring a pre-written resolution into the room. We study this sample at home to learn the shape of a resolution and the kind of ideas that belong in it. Then we write every clause live, in our own words, with our bloc.

HOW A RESOLUTION IS BUILT

A resolution has two kinds of clauses. **Preambulatory clauses** come first: they explain why the committee is acting by recalling past resolutions, treaties and facts. Each one begins with an *italic* opening word or phrase, such as *Recalling* or *Deeply concerned*, and ends with a comma.

Operative clauses come second: they say what the committee will actually do. Each one is numbered, begins with a **bold** (or underlined) verb, such as **Encourages** or **Requests**, and ends with a semicolon, except the final clause, which ends with a period. Because the WHO gives advice and cannot force countries to change their laws, our operative verbs usually *recommend*, *request*, *encourage* and *invite* instead of commanding.

THE SAMPLE DRAFT RESOLUTION

Committee: World Health Organization **Topic:** Social Effects of Addiction **Sponsors:** The Portuguese Republic, the Kingdom of Norway, the Republic of Finland, the Republic of Colombia
Signatories: [signatories]

The World Health Organization,

Recalling the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971 and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, which control dangerous drugs while keeping them available for medicine,

Reaffirming Sustainable Development Goal Target 3.5 on the prevention and treatment of substance abuse, adopted in General Assembly resolution 70/1 (2015),

Welcoming Commission on Narcotic Drugs resolution 67/4 (2024), which encourages the use of naloxone to respond to overdoses, and General Assembly resolution 79/191 (2024), which invites countries to consider medication-assisted therapy, injecting-equipment programmes and HIV prevention,

Bearing in mind General Assembly resolution 80/117 (2025), which calls for scaling up support for harmful alcohol and substance use while reducing stigma,

Deeply concerned that the harm of drug use is heaviest where poverty, homelessness, poor mental health and unequal access to care meet, and that refugees and displaced people are especially exposed (UN News, June 26, 2026),

Alarmed that only 1 in 12 people with a drug use disorder receives treatment, and only 1 in 23 women (United Nations Office on Drugs and Crime, Last Accessed: October 2026), while in one member state alone about one child in four lives with a parent who has a substance use disorder (University of Michigan, March 3, 2025),

Noting with regret that harm reduction in low- and middle-income countries receives only about 6% of the money it needs each year (Harm Reduction International, December 12, 2024), and that after the 2025 aid cuts 68% of community organisations serving women who use drugs stopped outreach (UNAIDS, May 13, 2025),

1. **Encourages** member states to expand opioid agonist treatment with methadone and buprenorphine and to make naloxone available to people likely to witness an overdose, such as family members and friends, in line with WHO's updated guidance on opioid dependence;
2. **Requests** the WHO to help low-income countries put this updated guidance into practice, giving priority to the communities that treatment reaches least, including women, rural communities, minority communities and young people;
3. **Invites** member states to consider measures that reduce the health and social harms of drug use, including medication-assisted therapy, injecting-equipment programmes and HIV prevention, and to consider sending people found with small amounts of drugs to health and social services instead of courts, where national law allows and once enough treatment services are in place;
4. **Encourages** member states to protect children and families affected by addiction, and to reduce stigma, through:
 - a. Short check-ups and advice by ordinary doctors and nurses, so that problems are found early;
 - b. Peer support and mutual-help groups, which almost half of responding countries do not yet offer;
 - c. Support for children who live with a parent who has a substance use disorder;
 - d. Prevention programmes in schools and families that build life skills and support parents;
 - e. Training for health workers in respectful language, so that people seek help sooner;
5. **Calls upon** member states to link addiction services with employment, housing and education support, especially for young people in places where cheap new drug mixtures, such as kush in Sierra Leone, spread among the unemployed;
6. **Urges** member states and donors to protect community-led and women-specific services from sudden funding cuts, and to plan national budgets so that these services keep running when a donor withdraws;
7. **Recommends** that member states which raise health taxes, such as under the WHO "3 by 35" initiative, set aside part of the money for treatment, prevention and family support;

8. **Further requests** the WHO to support early-warning systems and naloxone supplies in countries with few services, so that communities are protected from new drugs such as nitazenes, including through the treatment and data pillars of the African Union's 2026-2030 drug plan;
 9. **Recommends** that the expert panel created by Commission on Narcotic Drugs resolution 68/6 give full weight to health evidence, treatment and the social effects of addiction on families and communities as it prepares for the 2029 global review.
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HOW THIS SAMPLE IS BUILT

1. **Following what our chairs will focus on:** Harvard's December session asks how addiction changes life in communities and how it harms the people least able to protect themselves. So every preambulatory clause after the treaties names people: the poor, people without homes, refugees, women and children. These facts come from entries 1.2, 1.3, 1.6, 3.1 and 3.3 of the HMDC report.
 2. **Building solutions that reach real neighbourhoods:** The operative clauses come from Solution 1 (treatment and naloxone), Solution 3 (a health route instead of courts), the Lesser Solutions list (screening, peer support, prevention, stigma, jobs and housing) and Part 3 (protecting community services from funding cuts). Health taxes appear only once, in clause 7, as a way to pay for care. Gambling and gaming are left out, because Harvard does not name them.
 3. **Counting the clauses:** This sample has 7 preambulatory clauses and 9 operative clauses, inside the 5-7 and 6-9 ranges we aim for. Clause 4 uses lettered sub-clauses, so one idea can carry several practical steps without adding new numbers.
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HOW WE MERGE AND AMEND IN COMMITTEE

1. **Merging with another bloc:** When another bloc's paper shares our main ideas, we offer to merge, keep our strongest clauses and accept their strongest clauses in return. In this sample, a strict-control bloc might trade its clause on keeping young people away from drugs for our clause on treatment. Clause 4d already speaks about prevention in schools and families, so both papers become one stronger resolution with more votes.
2. **Choosing words that can pass:** At the March 2026 Commission on Narcotic Drugs, every drug resolution went to a vote. To win support, one text added a footnote saying "harm reduction is not a universally agreed concept among Member States" (International Drug Policy Consortium, March 19, 2026). We learn from this. Clause 3 above describes the services without using the words "harm reduction," which helps more delegations accept it.
3. **Amending through the right steps:** An amendment changes a clause in a draft resolution. If every sponsor agrees with it, it is called friendly and is added at once. If any sponsor disagrees, it is called unfriendly and the committee votes on it. If our dais has not explained its amendment rules, we raise a point of parliamentary inquiry before we write an amendment.

HMDC Forensics, Harvard MUN Online, December 2026
