

HMDC Presents... WHO: Video 1 Transcripts

These are the words spoken in the two Video 1 films for WHO (The Topic). We read along while we watch, pause at each time mark, and circle any word we do not know so we can look it up together.

VIDEO 1 (EXPLAINER)

[0:00] HMDC Presents... Welcome, delegates. I'm absolutely thrilled to guide you through this explainer on the social effects of addiction. As diplomats stepping into your committee, you're about to tackle one of the most complex public health crises we face today. We've got a lot of fascinating, urgent information to cover. My goal is to build your knowledge step by step, giving you exactly the facts you need to debate effectively. So, let's get right to work. Here's our quick roadmap to help you build a clear dossier for the debate. We're gonna hit six key areas. First, defining the topic. Second, the size of harm. Third, harm to other people. Fourth, the treatment gap. Fifth, four major solutions. And finally, paying for services. Section 1, defining the topic. Before we can draft policy or solve a crisis, we absolutely must define exactly what we're talking about.

[0:49] We can basically separate our topic into two main groups. First, we have substance addictions. This is when physical elements are taken into the body. It includes things like alcohol, tobacco, and drugs. Second, we have behavioral addictions. These involve actions and compulsions, like gambling and gaming. Both of these groups cause terrible harm to individuals and their communities. Because of this, both groups require highly desirable, structured help from our public systems. Now, you might be wondering about social media. It is notably missing from formal definitions. While screen time is closely measured by health bodies to track its effects on mental well-being, it is not officially classified as a formal addiction right now. Experts currently label it as problematic use instead. As delegates, you really need to recognize this distinction. Policies for formal addictions often look very different from policies for problematic use.

[1:39] Let's move on to section 2, the size of harm. We need to look at the massive, completely undesirable scale of this problem across the globe. The numbers here are just staggering. According to World Health Organization, June 25, 2024, alcohol causes 2.6 million deaths every single year. Furthermore, drugs cause 0.6 million deaths. Stop and think about the scale of that for a second. Millions of lives cut short annually. This is a massive, entirely undesirable loss of human life. It's a tragedy that impacts every single nation represented in your committee. And the crisis is only expanding. According to UN News June 26, 2026, there were 331 million drug users in 2024.

[2:27] That represents 6.2% of all adults globally, up from 5.2% just 10 years earlier. This steady climb is a highly undesirable trend. It's creating widespread harm that traditional government policies are really struggling to contain. This danger reaches our youngest populations too. According to World Health Organization, October 6, 2025, there are a staggering 1.2 million tobacco users [Our report says: 1.2 billion] globally. Crucially, a new front has opened up. 15 million children aged 13 to 15 now vape. This highlights a deep, systemic harm to young people. They desperately need our help to protect their developing health before lifelong habits form. That brings us to section 3, harm to other people. It's a common mistake to view addiction as just a personal issue.

[3:13] But as policymakers, we have to look wider. The crucial question we have to ask is this. Who else suffers? Addiction doesn't just harm the individual user in a vacuum. The harm ripples outward. It destabilizes entire communities, burdens workplaces, stretches local medical resources, and fractures family units. Consider the danger on our streets. According to World Health Organization June 28, 2024, 156,000 road deaths were caused by someone else's drinking. These aren't just abstract statistics. They represent innocent pedestrians and drivers. It emphasizes a terrible, entirely preventable harm to innocent people who are simply going about their daily lives. The impact behind closed doors at home is just as heavy.

[3:58] According to University of Michigan March 3, 2025, nearly 17 million children live with a parent who has a substance use disorder. These kids are the hidden victims of this crisis. They experience profound instability and desperately need desirable help. Yet, they're far too often overlooked in international policy debates. And it isn't just substances. Behavioral issues like gambling shatter homes too. According to World Health Organization December 2, 2024, for every high-risk gambler, about six other people are directly affected. This is usually close family. The harm here takes the form of devastating lost savings, immense psychological stress, and completely broken relationships. Knowing all this widespread harm, we arrive at Section 4. The treatment gap.

[4:44] Here is where we spot the severe weaknesses in our current systems. Basically, there is a massive shortfall in care. According to United Nations Office on Drugs and Crime, last accessed October 2026, the general treatment gap is huge. Only one in 12 people receive the treatment they need. But for women, the systemic failure is much worse. Only one in 23 women receive treatment. This is a highly undesirable lack of help for women. It represents a critical inequality gap that your committees must work to close. Now we reach Section 5, four major solutions. Think of this as your policy arsenal. We're going to view these four options entirely neutrally, looking at the strongest arguments for and the strongest arguments against each one. The first major approach is expanding direct treatment and utilizing medicines like naloxone.

[5:34] Advocates point out a major advantage here. These are the most scientifically proven tools we have. They provide highly desirable help and can reverse fatal overdoses almost instantly. However, critics raise a strong objection regarding feasibility. This solution requires highly trained medical staff and a steady, massive flow of money. These are resources which many developing nations simply lack. A second popular strategy involves implementing health taxes, like the 3 by 35 initiative. The primary advantage here is twofold. Intentionally higher prices save lives by reducing overall consumption. And simultaneously, they generate highly desirable funding for government health programs. Yet we must impartially note the strongest objection. Exorbitant taxes can push vulnerable populations to buy cheaper, unregulated alcohol on the black market.

[6:23] This causes completely undesirable harm, as illegal alcohol is frequently poisonous and deadly. A third option shifts the paradigm entirely by treating drug use strictly as a health matter instead of a criminal one. Proponents look to Portugal. There, decriminalization brought desirable help, leading to significant drops in disease transmission and drug-related deaths. But the strongest objection points directly to recent events in Oregon. There, removing penalties led to completely undesirable outcomes. This included rampant public disorder and rising overdoses, which ultimately caused frustrated voters to demand the law be reversed. The fourth solution tackles behavioral issues by strictly regulating gambling. The main advantage is that strong government regulation limits aggressive advertising.

[7:09] This brings desirable help to protect youth from falling into early addiction. The strongest objection, however, is a technological one. Online gambling crosses digital borders effortlessly. One country cannot easily enforce its protective rules on a betting app that's hosted and operated entirely in another country. Finally, we arrive at Section 6, paying for services. As you draft your working papers, this is your final inescapable reality check. There is a fundamental economic truth you must remember in all your negotiations. Every single solution we just discussed, no matter how innovative, works only when someone actually pays for the services behind it. To prevent harm and provide desirable help, someone has to pay the massive bill. We have to fund the doctors, the community clinics, and the life-saving medicines.

[7:57] So as we wrap up this explainer, I leave you with a final provocative question that will define your success. Who will pay? Will it be international donors? Will it be citizens through new health taxes? As you step into your committee room to debate the social effects of addiction, you must find the answer. Thank you so much for learning with me today, and best of luck in your negotiations.

VIDEO 1 (CINEMATIC)

[0:00] Welcome to HMDC Presents... For this committee, we are examining the World Health Organization and the sweeping social effects of addiction. Usually, addiction is framed as an isolated medical problem inside a single person's body. But looking from the institutional perspective of the WHO reveals a different reality. Addiction operates like a contagion, radiating outward to touch families, schools, and entire national economies. Every year, alcohol causes approximately 2.6 million deaths worldwide. That is nearly 5% of all human mortality. Illicit drug use is also expanding. Over a 10-year span, the share of the global population using drugs jumped from 5.2 to 6.2%.

[0:45] The damage rarely stops with the user. Of alcohol-related road crash deaths in 2019, more than half, 156,000, were innocent bystanders killed by someone else's drinking. The generational damage is hidden inside homes. In the United States, roughly one in four children lives with a parent suffering from a substance use disorder, significantly elevating their own risk of facing addiction or the child welfare system. Behavioral disorders leave a similar wake. For every individual gambling at high risk, about six other people absorb the financial and emotional fallout. Because addiction operates as a systemic contagion, the sheer scale overwhelms individual communities. Engaging a crisis of this magnitude requires the coordinated policy framework of the WHO.

[1:32] Yet despite the vast reach of this crisis, the global medical infrastructure built to handle it is practically non-existent. Worldwide, only one in 12 people with a drug use disorder actually receives treatment. And if that patient is a woman, the odds are nearly cut in half, with only one in 23 accessing medical care. A person struggling with drug dependence is far more likely to encounter police than a doctor. Nearly six million people are processed through the global justice system for drug offenses annually, mostly for simple possession. This treatment vacuum is the core structural failure of the crisis. Delegates must figure out how to staff and finance actual medical care before any other intervention can succeed. To combat this crisis, four specific policy paths will dominate the committee floor.

[2:20] Solution one is expanding direct treatment and overdose response. We already have highly effective tools, like methadone and buprenorphine, and medications like naloxone that can reverse an opioid overdose in minutes. Solution two focuses on economic deterrence. The WHO's 3 by 35 initiative asks member states to raise the real prices of tobacco, alcohol, and sugary drinks by at least 50% over the next decade. But aggressive pricing carries a heavy trade-off. Pushing costs too high can drive vulnerable consumers into unregulated illegal markets, where adulterated drinks frequently cause lethal methanol poisoning. Excise taxes are an excellent way to raise health care revenue and lower consumption, but they will actively harm communities if they are not paired with strict surveillance of the illegal supply chain.

[3:08] Solution three targets the legal framework itself, treating drug use as a public health matter rather than a crime, widely known as decriminalization. Decades ago, Portugal decriminalized possession, seeing a massive drop in arrests and disease. But Oregon tried a similar approach, facing soaring overdoses and forcing a repeal. The difference is infrastructure. Portugal funded health panels. Oregon removed penalties without expanding rapid treatment capacity, leaving users stranded. Solution four addresses the newest frontier of addiction, regulating gambling and digital products to protect youth. With commercial gambling expanding globally, mobile betting apps and in-game casino features easily bypass national borders. These mechanics turn smartphones into pocket casinos, exposing millions of adolescents to high-risk behavioral disorders.

[3:57] Whether you are altering drug possession laws or banning online slot mechanics, legal and digital reforms only succeed when they act as funnels into a proactive, well-funded health care system. This brings us to the ultimate limitation of international diplomacy. The World Health Organization can draft expert guidance and urge cooperation. But it cannot force a sovereign nation to rewrite its laws, and it cannot print money. Behind all four of these solutions lies the exact same hidden variable, sustainable capital. Naloxone distribution networks, decriminalization health panels, and illegal market enforcement units will all instantly collapse the exact moment a major international donor withdraws or a domestic budget runs dry.

[4:45] As delegates, your challenge is to design interventions that survive in the real world. You must directly link your policy clauses to concrete revenue streams, like funneling health taxes straight into localized treatment centers. To draft a successful model UN resolution, you must anchor ambitious humanitarian goals in the ruthless financial pragmatism required to actually execute them.