

HMDC Presents... WHO: Video 2 Transcripts

These are the words spoken in the two Video 2 films for WHO (The United Nations and International Efforts). 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 2 (EXPLAINER)

[0:00] HMDC Presents... Welcome to this explainer on the social effects of addiction. Today, we're looking at the exact record of the United Nations. We'll explore what international organizations have done to help, what's actually working, and where the gaps cause real harm. As a delegate, this explainer gives you the exact facts you need to draft strong, impactful policies. Okay, let's dive into this and lay out our six-part roadmap for today. First, we'll look at the two tracks of the UN. Second, key United Nations actions. Third, what helps and what harms. Fourth, other international actors. Fifth, gaps in the system. And finally, how the UN can improve. Let's start right off with section one, the two tracks of the UN, focusing on health versus drug control.

[0:45] The United Nations literally divides this work into two distinct paths, and understanding them is a highly desirable starting point for any delegate. So the UN system is split right down the middle. Next up, we've got the health track. Led by the World Health Organization and the World Health Assembly, this side focuses on treatment, alcohol, tobacco, and gaming. On the flip side is the drug control track. Led by the General Assembly and groups like the UN Office on Drugs and Crime, they handle illegal drugs and law enforcement. And you know what? Sometimes these two tracks completely disagree on what makes for a desirable policy, especially when it comes to harm reduction. Now the drug control track actually operates strictly under three older foundational treaties. You really have to know these to understand global law.

[1:31] We have the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Traffic. Believe it or not, these three treaties still completely shape our global drug laws today. Key United Nations actions, looking specifically at precedents and resolutions. These are the exact resolutions you'll need to cite in your clauses. Let's run through the UN's exact record here. First, looking at the health track. Back in 2003, resolution WHA56.1 adopted a massive binding tobacco treaty with 183 parties. Then came a global alcohol strategy in 2010 with WHA63.13, the official recognition of gaming disorder in 2019 under WHA72.15, and a new global alcohol action plan in 2022 with WHA75(11).

[2:24] But check out the recent drug track actions. In 2024, CND 67/4 encouraged the use of naloxone, a medicine that reverses overdoses. Also in 2024, A/RES/79/191 brought health language right into drug policy. Finally, an upcoming 2025 resolution, A/RES/80/117, set some really bold targets for 2030. So slowly but surely over the years, the UN is adding desirable health language to its strict drug policies. Now, what's really interesting about this slide is this specific split, 124 to 9 with 45 abstentions. That was the highly divided vote on a major drug policy resolution back in 2022, A/RES/77/238.

[3:09] It really shows that member states are still incredibly split on what helps and what harms. Consensus is definitely breaking down. What helps and what harms? Let's evaluate current policies to see what's actually working out there. When we look at the results, it's a real mixed bag. We see some highly desirable outcomes in tobacco control, where rules are expanding and use is falling worldwide. But on the flip side, we see some seriously undesirable outcomes elsewhere. Control is mostly neglected, global targets are being completely missed, and gambling, well, it's basically ignored. So what is actually working to help people? Well, according to WHO Regional Office for Europe, July 4th, 2025, 110 countries now require graphic health warnings on tobacco.

[3:54] And according to World Health Organization, October 6th, 2025, the number of tobacco users is falling globally. That is absolutely a very desirable outcome. But let's look at what is not working. According to World Health Organization, June 26th, 2026, alcohol is treated as a priority in only 9 out of 135 UN country plans. That is a highly undesirable and honestly surprising result, considering how much harm alcohol causes globally. On top of that, we completely missed our 2025 tobacco reduction target. Plus, there is zero UN resolution on gambling. None at all. These are major gaps causing real harm. Other international actors. Let's step outside the main UN system and look at the partners on the ground who provide direct help.

[4:41] Here are the key partners jumping in to fill those gaps. According to Harm Reduction International, December 12th, 2024, and November 19th, 2025, they actively track essential services worldwide. Community groups are also under intense pressure to help, according to UNAIDS, May 13th, 2025. Regional groups play a huge role too. For example, according to Colombo Plan, January 2025, they issued an urgent alert about deadly, highly potent, synthetic opioids called nitazenes. To track threats like this, we need solid data. According to European Union Drugs Agency, June 2025, their strong data model tracks overdose deaths incredibly effectively. Finally, according to Global Commission on Drug Policy, February 26th, 2026, they closely monitor the INCB report, noting deep inequalities in who actually gets access to pain medicines.

[5:33] Gaps in the system. We really need to expose exactly where these policies fail and cause dangerous harm. This funding data is highly undesirable. Harm reduction, which basically means practical strategies to keep drug users safe and alive, gets only about 6% of the money needed globally. Think about that. The unmet need is a massive 94%. This shocking lack of funding literally blocks help from reaching the exact people who need it most. And when the money vanishes, harm happens fast. Following a major 2025 U.S. aid halt, essential services just closed up shop. People lost access to life-saving medicine. Furthermore, when budgets shrink, women lose outreach first. Leaving women without help is an incredibly undesirable result for the global community.

[6:21] Finally, we reach section six, how the UN can improve. Let's focus on the desirable, actionable solutions you can use. So the crucial point is we need solutions. Here are four clear steps you can propose to help improve the global response. Step one, protect services from sudden donor cuts. These services simply must survive. Step two, share early warnings globally, just like that Colombo Plan alert. Step three, copy Europe's data model to track deaths accurately. And step four, consider drafting the very first UN resolution on gambling, since none currently exists. Pushing for these steps are highly desirable actions for any delegate. So what will your delegation propose to close these gaps? You've seen what helps and what harms. You know the exact resolutions, and you see the massive missing funding.

[7:09] Now it's your turn to use this evidence. Draft strong clauses, find ways to fund them, and push for highly desirable outcomes. Thank you for joining this explainer, and good luck out there.

VIDEO 2 (CINEMATIC)

[0:00] Addiction spreads outward from the individual. A single disorder strains local health systems, drains family finances, and causes secondary casualties like road crashes and poverty. Welcome to HMDC Presents... I'm your host, and today we are mapping the United Nations' international efforts on addiction. Alcohol causes 2.6 million deaths every year. Illegal drugs cause another 600,000. Managing a crisis at this scale requires a globally coordinated apparatus. This diagram illustrates how the UN splits its response into two separate pathways, the health track and the drug control track. The health track is guided by the World Health Organization. This branch establishes treatment guidelines, tracks international data, and proposes public health treaties for substances like alcohol and tobacco.

[0:50] Meanwhile, the drug control track operates through bodies like the Commission on Narcotic Drugs. This side enforces three major international treaties designed to monitor legal production and suppress the illegal trafficking of narcotics. Delegates drafting new addiction policies have to navigate both tracks at once. A successful resolution balances the medical realities of addiction treatment with the strict legal frameworks of global drug control. This timeline tracks the UN's policy interventions starting in 2003. That year, the World Health Assembly adopted the Framework Convention on Tobacco Control, a binding health treaty that now has 183 parties. Seven years later, the UN attempted to address the next major substance, adopting a global strategy with 10 areas for national action to reduce the harmful use of alcohol.

[1:40] By 2019, the scope expanded to include behavioral addictions with the formal classification of gaming disorder as an official diagnosis. But the historical consensus on drug policy is fracturing. In 2012, Uruguay became the first country to legalize recreational cannabis, followed later by Canada and several U.S. states. And that's significant because those national decisions directly contradict the international drug treaties that those very countries once helped to write. In 2022, a major General Assembly resolution on the world drug problem passed with an unusually divided vote, 124 in favor, 9 against, and 45 abstentions. Despite that division, the Commission on Narcotic Drugs passed a resolution in 2024 specifically encouraging the use of overdose reversal tools like naloxone, effectively pushing health language into the drug control track.

[2:36] Most recently, a 2025 resolution set an aggressive target, reducing global tobacco users by 150 million by the year 2030. A long history of declarations shows intent. However, a treaty only improves public health if member states follow through with rigorous enforcement and reliable funding. This map highlights 110 countries in gold that currently require graphic health warnings on tobacco products. Because of strict coordinated policy, the total number of tobacco users dropped by nearly 200 million people between 2000 and 2024. Now look at the blue highlights. Out of 135 U.N. country cooperation plans, only nine treat alcohol as a priority. Alcohol policy is neglected, funding is limited, and prices are actually falling against inflation in most countries.

[3:27] Then there is gambling. The World Health Organization estimates 80 million adults have a gambling disorder, yet there is currently no U.N. or World Health Assembly resolution addressing it. Tobacco is strictly regulated and its use is falling. Alcohol and gambling lack mandatory global frameworks and their related harms are expanding. The data confirms that unregulated threats consistently outpace voluntary guidelines. Where the U.N. lacks formal mandates, regional actors and international NGOs try to fill the void. Groups like Harm Reduction International track and supply basic services like needle programs and opioid substitution. But this progress bar reveals the severe limits of that system. In 2022, funding for harm reduction in low- and middle-income countries stalled at \$151 million, barely 6% of the \$2.7 billion actually needed.

[4:21] Relying on international donors means a single foreign policy shift can instantly collapse local healthcare networks. When the United States halted most of its foreign aid in January 2025, the results were immediate. In South Africa alone, nearly 5,000 people lost access to their methadone treatment. These sudden budget contractions hit vulnerable demographics the hardest. Following those same aid cuts, 68% of community organizations serving women who use drugs were forced to stop their outreach entirely. Sourcing addiction treatment from foreign aid creates a brittle system. Without domestic investment, a shifting geopolitical landscape directly translates into rising overdose deaths and infection rates. A new U.N. resolution can secure these vulnerable networks, provided delegates focus on three specific structural directives.

[5:11] First, resolutions must protect treatment services by linking them to domestic health taxes. The World Health Organization recommends raising the price of addictive products by 50%, and earmarking that new revenue directly for local care. Second, countries need a global system to share early warnings about highly potent synthetic drugs. And third, delegates must finally draft a comprehensive framework to regulate digital and cross-border gambling. The true measure of a resolution is its ability to construct a resilient, locally funded network that protects communities carrying the heaviest cost of addiction.