



Code: GA3/1/1

Committee: General Assembly Third Committee

Topic: Addressing International Drug Control

1 *The General Assembly Third Committee,*

2
3 *Recognizing* that the proliferation of drug abuse is a public health concern affecting over 208 million people
4 worldwide,

5
6 *Reaffirming* the three International Drug Control Conventions: *Single Convention on Narcotic Drugs* of 1961,
7 *Convention on Psychotropic Substances* of 1971, *United Nations Convention against Illicit Traffic in Narcotic*
8 *Drugs and Psychotropic Substances* of 1988,

9
10 *Expressing appreciation* for target 16.3 of Sustainable Development Goal (SDG) 16 which aims to promote the rule
11 of law at the national and international levels and ensure equal justice for all and believes its inclusion is critical
12 given that crime prevention, the rule of law, good governance and sustainable development are mutually reinforcing,

13
14 *Bearing in mind* the importance of SDG 1, urging to end poverty in all of its manifestations throughout the
15 international community and enhancing the promotion of development cooperation,

16
17 *Realizing* that the demand for drugs will decrease with the promotion of the values engraved in SDGs 5 and 10,

18
19 *Commending* continued commitment to international regulatory frameworks such as the *Paris Pact*, the three
20 international drug conventions, and the *Triangular Initiative in Mitigating Illicit Drug Trafficking, Cultivation, and*
21 *Consumption Regionally and Globally*,

22
23 *Emphasizing* the importance of border security as well as regional cooperation in preventing the importation and
24 exportation of drugs in accordance to state sovereignty, as many regions and vulnerable nations act as transit
25 countries for drugs,

26
27 *Reiterating* the concern of General Assembly resolution 70/182 of 17 December 2015 that the cultivation and
28 proliferation of new synthetic substances is not controlled by the framework for the three international drug
29 conventions which necessitates domestic and multilateral innovation in security measures,

30
31 *Stressing* the shared responsibility of the international community towards addressing the drug problem, the
32 efficiency of which is contingent upon sufficient domestic and donor funding, commitment to distinguishing
33 regional nuance within international standards, and information exchange and analysis as affirmed in General
34 Assembly resolution 70/182 of 17 December 2015,

35
36 *Declaring* the importance of qualitative information in understanding the problem of illicit synthetic drugs from
37 General Assembly resolution 54/14 of 22 November 1999 to track accountability and finances associated with illicit
38 traffic of drugs,

39
40 *Taking into consideration* the plan in General Assembly resolution S-20/4 of 10 June 1998 that provides a guideline
41 to address the drug trafficking issue in the international community and aims at attaining international security,

42
43 *Noting with satisfaction* the initial successes of the *Schengen Information System* and the recommendations of
44 Commission of Narcotic Drugs resolution 52/7 of 20 March 2009 in cross border transparency and external border
45 control through the use of an efficient, large-scale information sharing system between Member States,

46
47 *Welcoming* Member States to continue to strengthen border security through campaigns to encourage individuals to
48 pursue careers within law enforcement,

49
50 *Recalling* the success of the United Nations Office on Drugs and Crime (UNODC) from 2010 to 2014, having spent
51 \$92.5 million in West Africa to strengthen judicial systems, compose legislation regarding drug trafficking, create

52 preventative education programs, combat transnational crime and terrorism on both the national and regional scale,
53 and customize program incentives based on each nation's individual needs,
54

55 *Viewing with appreciation* the successes of the *Container Control Program (CCP)* as a mechanism to address
56 international drug trafficking,
57

58 *Further recognizing* the relationship between immigration and increased cross-border drug trafficking,
59

60 1. *Requests* the United Nations Office on Drugs and Crime (UNODC) and World Customs Organization (WCO)
61 which are already active in Central Asian and South American regions, to continue and expand existing
62 programs such as the CCP by:
63

64 a. Coordinating law enforcement agencies such as Customs Police, Ombudsmen, specialized drug and
65 organized crime investigators like the International Criminal Police Organization, as well as
66 government bodies with the objective of securing and monitoring maritime traffic;
67

68 b. Creating port control units (PCUs) staffed and monitored by personnel specially trained in drug
69 detection, regional nuance, and Human Rights imperatives;
70

71 c. Adopting ContainerComm, the cost-effective secured communication system focused on information
72 collecting, sharing, and analysis;
73

74 2. *Strongly encourages* Member States to develop programs and mechanisms, both domestic and multilateral
75 among a wide variety of public and private organizations, depending on preexisting individual healthcare
76 legislation, to promote best-practice information sharing by:
77

78 a. Building upon the framework established by the Schengen Information System;
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80 b. Creating a more encompassing multilateral agreement to bolster the capability of local authorities
81 through the sharing of information;
82

83 c. Cooperating among pharmaceutical laboratories exploring innovative ways to ensure the effective
84 exchange of expertise;
85

86 d. Recommending the use of warning labels on leaflet information to be distributed, packaging to protect
87 users of narcotic drugs and psychotropic substances;
88

89 e. Further adopting Border Liaison Offices to coordinate action between national border and narcotics
90 securities;
91

92 3. *Further requests* voluntary funding and cooperation based on the framework of UNODC's funding strategy
93 from Multi Donor Trust Funds, Inter-Governmental Organizations, International Financial Institutions, and
94 private donors or entities by:
95

96 a. Recommending neighboring Member States work closely with the Association of Southeast Asian
97 Nations (ASEAN) to include more checkpoints at Member States' borders to stem the illegal flow of
98 drugs;
99

100 b. Seeking to use the Economic Community of Central African States (ECCAS), established by the
101 *Brazzaville Treaty* in 1964, in cooperation and funds to support member states in the promotion of the
102 development of tracking trade internationally to further help cease the trafficking of narcotics;
103

104 c. Supporting the collaboration of the Latin Free Trade Association to fund and create eased relations
105 between Member States;
106

- 107 4. *Supports* the 2015 Doha Declaration in addressing the root causes of drug trafficking and other crimes, which is
108 vital given the importance of a coordinated global effort to comprehensively address these issues as well as the
109 2030 Agenda, by cooperating with developmental banks such as the African Development Bank, the Asian
110 Development Bank and the Inter-American Development Bank to establish financial support systems among
111 Member States;
- 112
- 113 5. *Encourages* that Member States continue to provide annual Situation Reports such as the Programme on
114 Monitoring Information on Drug Supply Statistics and Epidemiology and that every Member State also
115 continue to submit report questionnaires to the UNODC on a bimonthly basis to help continue the collection of
116 reliable information that averages the amount of imports and exports of illicit drugs for each country;
- 117
- 118 6. *Suggests* Member States consider efforts to monitor interstate traffic in places governed by “free movement”
119 treaties such as Schengen in order to more effectively enforce existing cross border trafficking laws without
120 impeding a citizen’s right to freedom of movement within the aforementioned areas;
- 121
- 122 7. *Promotes* reducing drug abuse through methods including prevention, early intervention, as well as avoiding
123 adverse public health consequences of drug abuse;
- 124
- 125 8. *Expresses* its hope that Member States will consider the protection of women and children’s rights in response
126 to global drug trafficking;
- 127
- 128 9. *Recommends* the empowerment of women to reduce their susceptibility to illegal drug consumption, without
129 infringement on state sovereignty.



Code: GA3/1/2

Committee: General Assembly Third Committee

Topic: Addressing International Drug Control

1 *The General Assembly Third Committee,*

2
3 *Guided by the purposes and principles of the Charter of the United Nations, specifically recalling Article 1, which*
4 *states, “To maintain international peace and security, to take effective collective measures for the prevention and*
5 *removal of threats to the peace, and for the suppression of acts of aggression or other breaches of the peace, and to*
6 *bring about by peaceful means, and in conformity with the principles of justice and international law, adjustment or*
7 *settlement of international disputes or situations which might lead to a breach of the peace,”*

8
9 *Affirms that economic development of Member States is imperative to bring about awareness and improving the*
10 *quality of life, focusing on Sustainable Development Goal (SDG) 1, ending poverty, to assists suppliers with better*
11 *and alternative sources of income to strengthen member states financially and focus on social development to reduce*
12 *crime related to illicit drug trafficking,*

13
14 *Understanding the urgency of effectively implementing the 2030 Agenda for Sustainable Development, specifically*
15 *SDGs 3, 4, 6, 8, 12, and 15, which support Member States for the eradication of illicit drugs from a multilayered*
16 *approach,*

17
18 *Urging all Member States to partake in an active role in drug control regionally and internationally,*

19
20 *Recognizing the plan of action of the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and*
21 *Psychotropic Substances, and General Assembly resolution S-30/1 of 4 May 2016, which highlights coordination*
22 *between public health organizations, Civil Society, and international standards,*

23
24 *Highlighting the list of classification of drugs as defined in the 1961 United Nations Single Convention on Narcotic*
25 *Drugs,*

26
27 *Further highlighting the maintenance of this list, which is conducted by the World Health Organization (WHO), in*
28 *an effort to stay on top of drugs that may emerge in the marketplace,*

29
30 *Endorsing the drug education and disease prevention programs sponsored by the WHO that focus on enhancing the*
31 *quality and opportunity of education of civilians and security personnel,*

32
33 *Noting that those participating in drug trafficking are often participating out of economic desperation amid a dearth*
34 *of prospects or opportunities,*

35
36 *Reaffirming the works of the United Nations Office on Drug Control (UNODC) and the Financial Action Task Force*
37 *on Money Laundering (FATF),*

38
39 *Acknowledging the UNODC’s Global Program Against Money-Laundering (GPML) mandate, calling on Member*
40 *States to counter the financing of terrorism, which includes drug revenue to such organizations,*

41
42 *Further recognizes inadequate urban planning and housing policy as core influencers of economic isolation in urban*
43 *environments, such isolation causes the disempowered to resort to participation in illicit substance distribution,*
44 *consumption, and importation,*

45
46 *Affirming the necessity of global unity through improvements of Border control, Rehabilitation, Information*
47 *Sharing, Technological Advancement and Implementation, and Educational and Economic Developments (BRITE),*
48 *which all focus on reinforcing and reinventing existing programs which encourage the socio-political alliance*
49 *consisting of nations linked by their commitment in the effort of ending the scourge of drug trafficking,*

50

- 51 1. *Suggests* that Member States utilize tangible and intangible methods for the security of their national borders,
52 including, but not limited to:
53
- 54 a. Using aforementioned GPS and GIS systems or other feasible alternative methods for border
55 surveillance;
56
- 57 b. Using law enforcement at borders to monitor and prevent the distribution, transit, and receipt of drugs;
58
- 59 2. *Encourages* the implementation of increased security in airports by:
60
- 61 c. Encouraging the use of drug-detecting dogs trained to further detect the presence of illicit drugs in the
62 luggage of passengers;
63
- 64 d. Upgrading the scanning detecting system of airline security;
65
- 66 3. *Recommends* that Member States coordinate with Civil Society to focus on the treatment and rehabilitation of
67 drug users, by:
68
- 69 e. Offering the proper drugs to treat pain, while emphasizing preventative measures;
70
- 71 f. Building the infrastructure for more local clinics and rehabilitation facilities that may work in tandem
72 with each other;
73
- 74 4. *Invites* Member States to partner with the UNODC to implement programs similar to the existing Youth
75 Initiative, drawing from General Purpose funds and grants provided by the Global Drug Policy Program with
76 the purpose of creating an educational curriculum regarding the negative consequences of drug use, specifically
77 targeting children and adolescents on the topic of drugs in the form of social and traditional media campaigns;
78
- 79 5. *Urges* the United Nations Development Programme funds to provide Member States in need with funding and
80 expertise for the appropriate training for Customs officers and border guards, as determined by each Member
81 State, and technologies to combat drug trafficking at their borders internally;
82
- 83 6. *Further Recommends* that Member States, in collaboration with civil society organizations, prevent infectious
84 and noninfectious diseases by providing free-health check-ups for families in poverty, and providing citizens
85 with needles to prevent the sharing or reusing of needles and spread of disease;
86
- 87 7. *Encourages* further research about the impacts of all scheduled drugs, as defined in the 1961 *United Nations*
88 *Single Convention on Narcotic Drug*;
89
- 90 8. *Further invites* Member States to consider monitoring and, potentially regulating, tourism as a medium for
91 transit of illicit drugs and customize appropriate precautionary measures needed to prevent the occurrence of
92 illicit drug transit;
93
- 94 9. *Further invites* non-governmental organizations (NGOs), such as Doctors Without Borders, to send volunteers
95 to administer care and participate in the education of youth in an effort to educate, treat, and rehabilitate them;
96
- 97 10. *Urges* alternative development programs that focus on agricultural communities to focus on providing access to
98 technologies and aid in establishing frameworks in order to provide enhanced economic opportunities by:
99
- 100 a. Offering support in establishing a framework similar to that adopted in the Peruvian alternative
101 development projects of agricultural co-ops;
102
- 103 b. Investing in the agricultural co-ops by providing them initially with equipment and agricultural
104 supplies that would be otherwise out-of-reach;
105

- 106 11. *Reaffirms its belief* in alternative development methods in the hope eliminating illicit drug trade and
107 manufacturing leading to the end of poverty in all its forms and revitalization of global communities, such as:
108
- 109 a. Microcredit investments that provide small loans to clients by private banks or institutions that
110 specifically target those affected in poverty stricken areas including rural and urban areas;
111
 - 112 b. Microfinance opportunities that offer:
 - 113
 - 114 i. Proven loan programs, such as Kiva, a nonprofit organization which works to connect people
115 through a system of lending and repayment though optional donation of funds, grants, and
116 scholarships;
 - 117 ii. Legal resource frameworks, such as the Ministry of Planning and International Cooperation
118 (MoPIC), which has been utilized in Jordan and serves to provide new and sustainable product
119 development beyond just simple enterprise credit to meet the evolving needs of poor and low
120 income areas;
 - 121 iii. Microfinance Institutions and organization that provide an array of services including loans and
122 insurance so that they may cope with sudden expenses that may come with loss of assets and
123 illness;
 - 124 iv. Interest rates that provide long-term services on a larger scale while also providing a higher annual
125 return on investments;
126
- 127 12. *Encourages* Member States to utilize the technical and administrative expertise of the International Money-
128 Laundering Information Network (IMoLIN) in concordance with regional organizations to inform their
129 approach to combatting international money laundering by:
130
- 131 a. Increasing international participation in the global financial messaging service Society for Worldwide
132 Interbank Financial Telecommunication in order to perpetuate a cohesive and secure international
133 banking transaction system;
134
 - 135 b. Encourages Member States and Civil Society Organizations to disengage from banks and financial
136 institutions that neglect to follow IMoLIN guidelines in order to emphasize participation;
137
- 138 13. *Encourages* Member States considering the implementation of or currently employing alternative development
139 programs to focus primarily on industries employing women in order to further the empowerment of women
140 and to promote stability within families, as detailed by the International Organization of Labor’s efforts on
141 Promoting Women’s Entrepreneurship Development and Gender Equality, in order to:
142
- 143 a. Further SDG 5, which emphasizes the empowerment of women and girls;
144
 - 145 b. Promote family stability and reduction of child labor in the workforce;
146
- 147 14. *Emphasizes* the necessity of communicating directly with individuals and communities seeking alternative
148 development about their needs and desires by:
149
- 150 a. Standardizing a procedure by which Member States can request alternative development programming
151 and funds from the United Nations Development System Alternative Development Fund;
152
 - 153 b. Evaluating requests for alternative development with consideration not only for economic stability and
154 development but also for the concept of *buen vivir*, which emphasizes the cultural health of a
155 community, especially but not solely with regards to indigenous peoples, for the purpose of:
156
 - 157 i. Seeking not to restrict or eliminate cultural practices in pursuit of alternative development;
158 ii. Emphasizing the importance of alternative development plans that fit inside of pre-existing
159 cultures and practices of the communities in question;
160

161 15. *Specifies* that it is necessary for the imposition of a new industry to be accompanied by training and education
162 so that the industry has the potential to be self-sustainable and efficient, and that some of the funds allocated to
163 a community for alternative development be earmarked for training in the necessary skills.



Code: GA3/1/3

Committee: General Assembly Third Committee

Topic: Addressing International Drug Control

1 *The General Assembly Third Committee,*
2
3 *Emphasizing* that education regarding the dangers of drug use is not readily available to all Member States and
4 peoples it needs to reach,
5
6 *Addressing* that each country has unequal geographical concentrations in drug usage, illustrating its need to be
7 handled case by case,
8
9 *Taking note* that a productive method to combat the drug issue is to reach young people with effective fact based
10 drug education highlighting the Sustainable Development Goal (SDG) 3,
11
12 *Draws attention to* the SDG 5 that encourages the empowerment of women while noting that 33% of drug abusers
13 are women but are only 20% of those who receive treatment are women,
14
15 *Fully aware* that youth and women are the most influential age group in the international community because of the
16 lack of access to education on the dangers of drug use, which makes them most vulnerable to falling into the drug
17 culture,
18
19 *Noting with deep concern* that five out of six drug abusers do not have access to treatment for drug use as stated by
20 2015 World Drug Report from the United Nations Office on Drugs and Crime (UNODC),
21
22 *Acknowledging* that rehabilitation requires accessibility, so those in need of assistance through recovery resources
23 and programs are not restricted by a lack of access,
24
25 *Guided by* the success of the UNODC in West Africa,
26
27 *Taking into account* the unique situations of each Member State to customize the most effective approach to fit the
28 needs each country and region,
29
30 *Keeping in mind* the importance of having well-trained police departments, governmental agencies, and hospital
31 administration in regards to the rehabilitation and reintegration of drug abusers, back into being productive members
32 of society,
33
34 *Having considered* the use of a variety of rehabilitation methods as a treatment for drug addiction,
35
36 *Fully aware* of the widespread misconceptions central to the nature of HIV and AIDS, both on individual and
37 communal levels,
38
39 *Recalling* institutions such as the South Sudan General Medical Council that implemented the standards of General
40 Assembly resolution 70/183 of 22 December 2015 to better monitor, provide transparency and appeal to Member
41 States medical boards in order for doctors to cease any prescribing habits leading to the creation and spread of illicit
42 drug use,
43
44 *Recognizing* the difficulty for those in recovery from drug addiction to successfully reintegrate back into society,
45 due to the lack of support as well as negative stigmas surrounding drug addicts,
46
47 *Deeply concerned* with the ability of recovering addicts to successfully reintegrate back into society and the
48 workforce,
49
50 *Endorses* the National Helping Individuals with Criminal Record Re-Enter through Employment organization that
51 works to promote the hiring of drug addicts as they often find it difficult to obtain a job after rehabilitation,

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1. *Supports* the use of a variety of rehabilitation clinics organized through a network of mental health and therapeutic communities that include:
 - a. Individual or group psychotherapy which offers long term communities and rehabilitation;
 - b. Prescription of Opiate Substitution Treatment that complements the use of therapy;
 - c. The use of psychosocial treatment that is currently implemented in some Member-States which focuses on the enhancement of interpersonal relationships and personal life situations to rehabilitate individuals addicted to drugs to prevent the individuality from future relapse, such as the action plan for combatting drug abuse adopted by the Croatian government;
 - d. The use of vocational rehabilitation where individuals learn important trades and skills that will better help them reintegrate into the workforce;
 - e. Opportunities for users who are already incarcerated to educate themselves through trade school programs within prison systems;
 2. *Emphasizes* the importance of accountability internationally to establish a better form of control and monitoring of prescriptions by:
 - a. Reminding Members States of the relevance of prescription use in connection with overuse and addiction;
 - b. Calling upon support of the World Health Organization (WHO) to provide assistance to Member States to ensure the monitoring of doctors' prescription use of narcotics and antibiotics;
 - c. Commending the current call to action on the use of antibiotic prescribing that in the past resulted in the addiction or use of illicit drugs;
 - d. Promoting the prevention of addiction by training doctors on the proper and improper drug prescription use, dependent on each individual case of a patient;
 3. *Encourages* member states to increase access to HIV treatment, testing centers, and aftercare services such as Lebanon's SKOUN rehabilitation center by:
 - a. Investing human and financial resources to organizations already focused on eliminating HIV/AIDS in order to ease the pressure Member States in controlling drugs;
 - b. Providing transportation systems that link regions marked by drug abuse and its diseases to these services in order to decrease the reasons used by affected peoples for not taking advantage of the opportunity;
 - c. Developing incentives that will encourage infected peoples and their family and friends to reach out to these services like education, jobs, and food, which can also address the struggle of poor nutrition;
 4. *Expresses its hope* for UNODC and WHO to continue to provide assistance to those Member States with a lower capacity to combat the world drug problem, such as through contributing technical, research, and field assistance, including educational programs, access to rehabilitation, and initiatives for integration;
 5. *Urges* Member States to establish better accessibility to education through a structured curriculum in public schools and universities, along with harm reduction, and public service centers;

- 106 6. *Calls for* continual research to obtain statistical knowledge of areas with high drug usage and incorporate this
107 knowledge to determine placement of drug abuse clinics with continual research to be conducted by WHO with
108 the permission of a sovereign state to obtain statistical evidence;
109
- 110 7. *Further invites* Member States work with The National Institute on Drug Abuse to get educational programs to
111 both children and adults in rural areas who have restricted, or lack access to such forms of education;
112
- 113 8. *Further recommends* that Member States invest in distinguishing the different ways in which both women and
114 youth get involved in the international drug abuse problem due to the fact that women and children do not have
115 access to the same drug related educational opportunities;
116
- 117 9. *Endorses* the formation of mobile drug-abuse treatment facilities to reach areas where clinic establishment is
118 not plausible in conjunction with SDGs 3 and 10 which stress the importance for health living and the reduction
119 of inequality facilitated by the UNODC regional offices and partnered by the World Bank;
120
- 121 10. *Further requests* having extensive drug training for groups of public safety officials to recognize the signs of
122 drug flows along with providing the necessary informational resources to the public facilitated by the UNODC;
123
- 124 11. *Promotes* the prevention of addiction through the use of mental health and drug abuse clinic programs in order
125 to develop a stronger foundation for the resistance of illicit drug use in at-risk communities mirroring the
126 French Support Center for the reduction of drug related harm.



Code: GA3/1/4

Committee: General Assembly Third Committee

Topic: Addressing International Drug Control

1 *The General Assembly Third Committee,*

2
3 *Recognizing* Sustainable Development Goals (SDGs): 1, 3 and 4 in conjunction with combatting the global drug
4 problem,

5
6 *Acknowledging* the need of the international community to support developing nations in order to eradicate
7 outbreaks in countries that pose an extreme risk of illicit trafficking, as quantified in General Assembly resolution
8 67/193 of 23 April 2013,

9
10 *Having considered* United Nations (UN) prevention, monitoring, psychological and physical treatment programs led
11 and controlled by the United Nations International Policy Consortium and the United Nations Office on Drugs and
12 Crime known as the United Nations Drug Prevention, Monitoring and Treatment Program (UNDPMTMP),

13
14 *Considering* the benefits of certain prescription drugs for those affected by extreme medical illness such as cancer,
15 AIDS, and other terminal illnesses,

16
17 *Affirming* the success of mHealth, which is a far-reaching, intercontinental program making fruitful use of the latest
18 mobile technology, which eighty-three per cent of Member States have implemented so far to further Sustainable
19 Development Goals (SDGs) and improve people's health and wellbeing,

20
21 *Considering* that border communities suffer on a large scale the consequences of vulnerable borders that facilitate
22 access to psychotropic substances that bring great physical and psychological damage to present and future
23 generations,

24
25 *Recognizing* that ensuring drug recovery and rehabilitation is highly significant in a universal endeavor to reduce
26 illicit drug use as according to General Assembly resolution 30/1 of 4 May 2016,

27
28 *Noting with deep concern* borders that serve the means to connect each state and facilitate control in different areas
29 of each country, in vulnerable countries, serves as means of expansion in those that present high vulnerability, little
30 vigilance and weak infrastructures what should be a focal point for the control of illegal traffic as enumerated in
31 RAND Corporations' 2016 study,

32
33 *Having examined* the *Regional Action Plan to Address the Proliferation of Illicit Drug Trafficking, Organized*
34 *Crime, and Drug Abuse in West Africa* from 2008 until 2011 created to reduce drug abuse, illicit trafficking of
35 drugs, and transnational drug crime,

36
37 *Keeping in mind* the *Regional Action Plan to Address the Proliferation of Illicit Drug Trafficking, Organized Crime,*
38 *and Drug Abuse in West Africa* was derived from the Economic Community of West African States' (ECOWAS)
39 Political declaration on Drug Trafficking and Other Organized Crimes in West Africa and African Union,

40
41 *Alarmed by* the social stigma and discrimination drug abusers and those suffering from blood-borne diseases
42 confront,

43
44 *Alarmed by* the estimate of 208,000 deaths every year recorded in a 2016 UN World Drug Report and the number of
45 criminal cases caused by volatile substance abuse,

46
47 *Acknowledging* the threats posed by illicit drug usage, abuse, smuggling, and trade to the health, safety, and peace of
48 a functioning international society,

49

50 *Fully aware* of each Member State’s disparity in drug legislation and urging the consideration of the right to
51 individually cater any resulting decisions to their cultural and political standpoints, with the utmost respect for
52 national sovereignty
53

54 *Recognizing* the financial burden of the adoption of new, global programs of action, specifically in regard to the
55 international financial capabilities of each individual Member State,
56

57 *Understanding* that education through a universal program and social media plays a key role for the awareness of
58 the drastic effects that illegal drugs can have on a community and individual families,
59

60 *Concerned* with the lack of concrete, multilateral actions taken by the international community, particularly in
61 regard to those Member States working in conjunction with the ideas set forward by the General Assembly Third
62 Committee’s Special Session and the resulting General Assembly resolutions S - 20/4 of 10 June 1998 and S - 30/1
63 of 19 April 2016,
64

65 *Recognizing* the loss of human potential due to over-incarceration in lieu of providing necessary care for individuals
66 suffering from addiction,
67

68 *Stressing* the necessity of providing alternative after-school activities such as sports and extracurricular activities to
69 prevent youth from resorting to drug use as a means for entertainment,
70

71 *Stressing* shifting the focus on drug addicts away from a criminal issue and toward a health issue by offering
72 rehabilitating services rather than incarceration for nonviolent drug offences,
73

74 *Recognizing* that Member States should keep culture, race, religion, and societal expectations in mind when
75 providing plan of action for each child,
76

77 *Remembering* that drug planting should be solely under the control of the Member State’s government,
78

79 *Expresses its hope* for a stronger partnership between the United Nations Children’s Fund (UNICEF) and the
80 UNODC to establish community and school-based education initiatives for vulnerable groups on the dangers of
81 illicit drugs and the non-medical uses of prescription drugs including focused campaigns on a wide range of age
82 groups, specifically youth and children and informational campaigns on the relationship between intravenous drugs
83 and HIV/AIDS infections,
84

85 *Reaffirming* commitment to the actions of the *World Drug Report* and all information concentrated therein,
86

87 1. *Recommends* Member States engage with existing educational tools to utilize media relatable to today’s youth
88 in order to reach out to and empathize with students via videos to be incorporated into education at every grade
89 level to reach out to and empathize with students.
90

91 2. *Encourages* the cooperation of The Commission on Narcotic Drugs (CND), the UNODC, and United Nations
92 Development Program (UNDP), with the purpose of:
93

94 a. Improving regulation for the sale and distribution of medicinal drugs;
95

96 b. Education of young citizens and students on:
97

98 i. The potential health risks of abusing these substances;
99 ii. The availability of such substances within each Member States;
100 iii. The health risks of taking pills without a medical prescription;
101

102 3. *Encourages* the work of “The United Nations Drug Prevention, Monitoring, and Treatment Program” an all-
103 inclusive program which would:

- 104 a. Encourage the promotion of SDG 10, reduced inequalities, by all international subjects through the
105 monitoring and analyzing of prevention and treatment programs in respect to their availability and
106 affordability to the average substance abuser;
107
- 108 b. Share all gathered information to all international subjects for the information to be adopted into
109 Member States' domestic treatment and prevention systems;
110
- 111 4. *Suggests* the expansion of civil society assistance programs such as UN-endorsed "InSight Crime" which:
112
- 113 a. Provide preventive information campaigns on drug use and trafficking, programs for consumers of
114 psychotropic substances;
115
- 116 b. Promote advancement in the communities in all areas including educational assistance in order to
117 provide the necessary tools for understanding the consequences of the use and trafficking of illicit
118 substances, in accordance with SDG 4;
119
- 120 5. *Reiterates* the request that Member States contribute their due diligence to provide support to developing
121 countries, in collaboration with the UNODC, to help them implement international programs that have been
122 created to eradicate illicit drug trafficking in civil society;
123
- 124 6. *Fully supporting* international coordination, intelligence sharing, and hosting workshops pertaining to drug law
125 enforcement for regional law enforcement agencies, and collaborating with regional police forces to conduct
126 major national and international drug shipments with the respect to state sovereignty;
127
- 128 7. *Requests* the UNODC to promote these educational programs through social media outlets such as Twitter,
129 Instagram, Facebook, and Snapchat;
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- 131 8. *Further requests* that governing bodies of developing Member States promote these educational programs
132 through means available to each Member State individually;
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- 134 9. *Expresses hope* that developed Member States aid developing & fellow participating Member States that do not
135 have access to social media and the internet through:
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- 137 a. Collaboration between state and local governments of both developed and developing Member States
138 to express concerns with the illegal abuse of drugs;
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- 140 b. Encouraging developed nations to promote youth development initiatives that integrate educational
141 material regarding the consequences and risks of drug use in platforms such as television and social
142 media through advertisements and in after-school activities in low economic communities;
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- 144 10. *Requests* that the UN consider increasing the overall budget of the UNODC from its current allocation of 11.7%
145 to a potential 15% by recognizing that the purpose of this increase in funding be directing newly allocated to the
146 direct benefit of proposed committees and functions set forward in this resolution;
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- 148 11. *Suggests* that Member States adopt the UNODC's Project GLO-K01 for drug abuse prevention and a
149 compilation of Evidence-Based Family Skills Training Programmes, in order to:
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- 151 a. Delay initiation of substance abuse;
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- 153 b. Increase children's school attachment and academic achievement;
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- 155 c. Reduce affiliation with anti-social peers and increase peer pressure resistance skills;
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- 157 d. Enhance capacity building;
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- 159 e. Prevent and reduce early aggressive behavior and delinquency;

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12. *Invites* Member States to form a local institution of policy and health experts in conjunction with the World Health Organization (WHO) and Doctors Without Borders in order to create sustainable frameworks catering to the different needs of states and local communities such as:
 - a. Treatment and rehabilitation options for drug users and abusers;
 - b. Voluntary counseling for addicts and children who have parents suffering from drug abuse;
 - c. Reintegrating former drug abusers/users back into the society without certain stigmas;
 - d. Further recommending medical personnel who are bilingual and are able to communicate more effectively with patients;
 13. *Recommends* Member States enhance their respective treatment and rehabilitation centers for drug victims with the assistance of the WHO to emphasize a focus on minority groups and pregnant women;
 14. *Authorizes* care and support post-natal for children born with possible birth defects or predisposition to addiction from women who used drugs during pregnancy;
 15. *Proposes* the increase of access to treatment and for civil society information sharing via:
 - a. The expansions of regional education packages aimed to create sensitization campaigns which target specific issues regionally;
 - b. Affirming SDG 3, good health and well-being, in conjunction with SDG 10 in order to reach underserved portions of the population through the development of mobile treatment consultation facilities in order to reach remote areas with programs such as such as Brazil’s NSP program which renders clean syringes accessible in remote areas;
 - c. Issues and connects them to health programs specific to their close regions;
 - d. Promoting civil society engagement involving NGOs and other concerned entities;
 16. *Further suggests* that rehabilitation policies be the primary way to address drug usage through civil society organizations through:
 - a. Utilization of pre-existing UN programs such as mHealth that provide services specifically for drug abuse and rehabilitation in rural areas;
 - b. Increase of investments in rehabilitation programs by Member States;
 17. *Urges* the expansion of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in an effort to ensure that people who use drugs are not discriminated against while accessing healthcare, legal services, educational opportunities, employment and other social protection services, such as HIV testing and treatment;
 18. *Promotes* adherence to the United Nations SDG 3 in light of 2.1 million people becoming newly infected with HIV/AIDS every year, by:
 - a. Reaffirming our support of the AVERTing HIV and AIDS (AVERT) program in which the WHO recommends provisions of sterile needles and syringes to effectively tackle transmission via this route;
 - b. Reminding that intravenous drug use accounts for approximately 10% of HIV infections globally;
 - c. Taking note of the UNAIDS study in which women were shown to be disproportionately affected by HIV/AIDS;

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- d. Establishing reminds that sex workers of all genders are at a greater risk for HIV/AIDS transmission than non-sex workers to conceptually approach the social and personal development that focuses on understanding the obstacles that inhibit young people and their families through community capacity building by:
 - i. Expanding on partnerships the International Labor Organization’s (ILO) Youth Employment Programme as a means of combatting illicit drug trafficking by providing alternative forms of employment for young persons who might otherwise be exploited by the illicit drug market;
 - ii. Encouraging North-South and South-South cooperation, particularly in initiatives such as the CND Prevention Hub, which stresses importance of sharing best practices for drug prevention in societies, especially in youth populations, through a Mentor-Mentee relationship between Member States;
- 19. *Endorses* outreach to established community efforts, aligning with SDG 16, Peace, Justice and Strong Institutions to alleviate the negative impact of substance abuse, including the provision of further training in specialized fields by UN experts in order to strengthen the structures already in place;
- 20. *Endorses* a program similar to “Big Brother” that will provide transportation and ease of access to encourage education and wholesome activities with a designated case manager to periodically check into a child’s life and drop-in center available for periodic checkups under the UNODC through:
 - a. Quality education sponsored by states such as Japan and Romania, and organizations such as UNICEF and UNODC that, in keeping with SDG 4, youth leadership, will focus on raising awareness through the creation of seminars that focus on the detrimental effects of the drug trade for Member States in effort to battle the recruitment of youth into these illicit drug rings;
 - b. Endorsing an optional education curriculum in cooperation with UN and Member States that will be implemented in schools across the world to address anti-drug education;
 - c. Encouraging Member States to conduct mutual regional visits among technical teams of Member States to learn about each others’ drug control skills, experiences, weaknesses and strengths and share results with all Member States in keeping with SDG 17;
 - d. Educating families on drug safety and consequences through the promotion of NGOs such as Vienna NGO Committee on Drugs (VNGOC) which educates families regionally on the issue of domestic drug control;
- 21. *Endorses* the specific idea of spreading information in regard to the effects of drug use, available treatment, and opportunities to encourage citizens to become productive members of society through volunteering programs available to all without discrimination of any kind.