



Documentation of the Work of the **Commission on Narcotic
Drugs (CND)** NMUN Simulation*



NMUN·NY 2024
Session 2
1 – 5 April 2024

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Commission on Narcotic Drugs (CND)

Committee Staff

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|---------------------------|--------------------|
| Director | Karla Paola Chávez |
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| Chair | Nicholas James |

Agenda

1. Measures to Protect Children and Young People from Drug Abuse
2. Ensuring Access to Controlled Medicines in Emergencies

Resolutions adopted by the Committee

| Code | Topic | Vote (For-Against-Abstain) |
|----------------|---|--|
| CND/1/1 | Measures to Protect Children and Young People from Drug Abuse | Adopted without a recorded vote |
| CND/1/2 | Measures to Protect Children and Young People from Drug Abuse | Adopted without a recorded vote |
| CND/1/3 | Measures to Protect Children and Young People from Drug Abuse | 23 in favor, 10 against, 7 abstentions |
| CND/2/1 | Ensuring Access to Controlled Medicines in Emergencies | Adopted without a recorded vote |
| CND/2/2 | Ensuring Access to Controlled Medicines in Emergencies | Adopted without a recorded vote |
| CND/2/3 | Ensuring Access to Controlled Medicines in Emergencies | Adopted without a recorded vote |
| CND/2/4 | Ensuring Access to Controlled Medicines in Emergencies | Adopted without a recorded vote |

Summary Report

The Commission on Narcotic Drugs held its annual session to consider the following agenda items:

1. Measures to Protect Children and Young People from Drug Abuse
2. Ensuring Access to Controlled Medicines in Emergencies

The session was attended by representatives of 38 Member States. On Monday, the committee its agenda, beginning the discussion on the topic of “Measures to Protect Children and Young People from Drug Abuse.”

By Tuesday, the Dais received four proposals covering various subtopics such as educational initiatives, drug trafficking mitigation, community rehabilitation programs, and the strengthening of local law enforcement. Further discussion led to debates on creating a research database, particularly focusing on addiction treatment and ensuring updated recovery methods for all Member States. The committee's atmosphere was notably collaborative.

By Wednesday, delegates worked on proposals involving frameworks, rehabilitation programs, and community engagement, leading to the submission of three working papers by the session's end. On Thursday, three draft resolutions were approved by the Dais, representing diverse issues like coordinating drug trafficking prevention with the United Nations Office on Drugs and Crime. The body emphasized transparency, collaboration, and implementation in resolution writing, showcasing their dedication to protecting youth from drug abuse.

Late on Thursday, the committee continued its work by addressing the topic of “Ensuring Access to Controlled Medicines in Emergencies.” The committee worked swiftly, adopting four draft resolutions. This efficient handling of multiple issues illustrated the delegates' dedication and enthusiasm throughout the conference.



Code: CND/1/1

Committee: The Commission on Narcotic Drugs

Topic: Measures to Protect Children and Young People from Drug Abuse

The Commission on Narcotic Drugs,

Recognizing that The World Drug Report 2023 reflects that the global drug phenomenon continues to pose a serious challenge to public health and safety, with children and young people facing disproportionate risk to drug abuse,

Re-emphasizing the World Programme of Action for Youth policy framework (WPAY) (1995) and the Convention on the Rights of the Child stating that the well-being of our next generation is a foremost priority,

Recalling further the United Nations Office on Drugs and Crime (UNODC) Resolution 59/6, pointing out how children are highly vulnerable to personal and environmental risks associated with the usage and trafficking of illicit drugs,

Bearing in mind the 2030 Agenda for Sustainable Development, especially Goal 3.5 which focuses on the prevention and treatment of substance abuse underlining the criticality of safeguarding children and youth as a cornerstone for sustainable development,

Referring to the General Assembly Resolution 72/139 (2017), where Member States were urged to protect and promote the fundamental right to attain the highest possible standard of physical and mental health for all, especially emphasizing the vulnerable and youth,

Underlining the importance of the United Nations Convention on the Rights of the Child, particularly Article 33 which mandates comprehensive measures to shield children from the harmful impact of illicit narcotic drugs and psychotropic substances,

Reaffirming the commitment to international conventions and treaties, including the United Nations Convention against illicit traffic in Narcotic Drugs and Psychotropic Substance abuse, which calls for cooperative action to prevent and combat the illicit trade in drugs,

Acknowledging the UNODC Resolution 61/7 (2017), noting the importance of science-based and age-appropriate drug prevention programs and strategies such as the UNODC Country Partnership Programme (CPP) in order to correctly address the needs of children,

Underscoring the importance for Member States to strengthen their authority and reaffirming their sovereignty in alignment with the United Nations Charter and the principle of equal rights and self-determination of peoples, particularly in the pursuit of combating drug trafficking and abuse,

Supporting fully that Member States adhere to the framework created by the UNODC, especially the International Narcotics Control Board that addresses drug trafficking and organized crime,

Reiterating dismay that the global drug problem affects almost all countries and must hence be addressed effectively on the principle of common and shared responsibility as stated in the Commission on Narcotic Drugs (CND) Resolution 56/9,

Welcoming also the sharing of information in terms of policies and practices from one country to another, helping each other be able to gain a more comprehensive understanding of how to combat drug trafficking and the issues that are attached to it,

Appealing to Member States to be mindful of the exclusion imparted on people that drive towards the illicit use of drugs, poor health, poverty, and inequality and the importance of addressing basic human needs to prevent the illicit use of drugs,

1. *Encourages* Member States, where appropriate and following domestic and regional law, to enhance border management, strengthen coordinated border management frameworks, as well as improve border control and law enforcement agencies;
2. *Recognizes* that the principle of common and shared responsibility is the basis for guiding individual and joint actions of all Member States in combating the world drug problem:
 - a. By promoting mechanisms and financial support for cooperation and coordination on a bilateral, regional, interregional, and international level, to address the world drug problem in a universal manner;
 - b. Through providing Member States that are intensely involved in combating the supply side of global drug production and trafficking with adequate financial, logistical, and technological funding by the United Nations International Drug Control Programme;
3. *Invites* Member States to foster the exchange of information and strategies as well as implement judicial cooperation to learn from one another's best practices such as canine units, police training and in-between states collaboration:
 - a. By establishing a real-time sharing data platform among Member States to track drug trafficking trends aiming to increase seizure rates by 20 percent by 2026;
 - b. Through inviting Member States to reunite once every two years to discuss the progress made and potential issues encountered;
4. *Endorses* prioritizing domestic and sovereignty law in accordance with the United Nations Charter, with the purpose of strengthening criminal justice accountability for individuals being subject to legal prosecution in their nation of citizenship, but prioritizing leniency as towards youth as stipulated in the United Nations Convention on the Rights of the Child, involved in exploiting children and youth in the trafficking of illicit drugs;
5. *Suggests* the increase of border security personnel by 10 percent, such as the International Criminal Police Organization (INTERPOL), and enhancing their training by:
 - a. Introducing training programs for law enforcement and customs officials on the latest drug detection methods, ensuring that at least 60 percent of personnel are trained by 2026;
 - b. Upgrading their surveillance technology with more advanced systems to detect and halt drug trafficking effectively;
 - c. Resulting in prevention of illicit substances from reaching children and adolescents;

- d. Allowing for the capability of expanding INTERPOL's Operation Lionfish to multiple continents to better monitor land and sea transport of international narcotics;
6. *Requests* Member States to utilize agencies in educating law enforcement officers through trainings and discussions regarding drug trafficking and establishing interagency mobile teams:
 - a. By drawing attention to successful programs such as the Turkish International Agency for Combating Drugs and Organized Crime and Iran's UNODC Country Partnership Programme (CPP) that educate and create global consensus on how to combat drugs within the border;
 - b. Through establishing consensus while preserving sovereignty of all Member States;
7. *Invites* Member States to aid and support the CND by facilitating a cross-country network of rehabilitation centers and care packages for minors affected by drug abuse, to ensure the provision of essential services to children annually:
 - a. By encouraging Member States to collaborate closely with relevant international organizations, NGOs, and experts in the field of child welfare and substance abuse to develop comprehensive care packages tailored to the circumstances and challenges faced by minors impacted by drug addiction;
 - b. Through calling for the establishment of a task force within the CND to oversee the implementation and monitoring of these initiatives, with regular reporting on progress made in providing support to minors affected by drug abuse;
 - c. By suggesting Member States to allocate adequate funding and resources towards this initiative to ensure its success and sustainability in the long term;
8. *Affirms* Member States to carry out facultative surveys to offenders recently convicted of drug abuse, which will:
 - a. Help to understand detainees' relationship with narcotic drugs;
 - b. Analyze the ways in which criminals obtain drugs;
9. *Recommends* Member States and pharmaceutical groups to take preventative action against pharmaceutical drug abuse for children, when treating children with potentially addictive medication:
 - a. By prioritizing potentially less harmful methods of treatment and alternatives as a first measure in state medical procedures to reduce possible addiction;
 - b. Through adjusting prescriptions of pharmaceutical narcotics with preference to a reduced dosage, on a situational basis, but especially when dealing with children;
10. *Urges* Member States to actively campaign against the use of soft drugs for the youth, as they are the first introduction to more harmful drugs for many children and subsequent potential life-long addiction:
 - a. Through emphasizing the UNODC's "Super Skills" program, which equips young people with social and emotional resistance skills crucial for preventing substance use;

- b. By suggesting leveraging guides like UNODC's "Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention" as a foundational resource for equipping family members with the necessary tools to engage in early drug prevention intervention in a child's upbringing.



Code: CND/1/2

Committee: Commission on Narcotic Drugs

Topic: Measures to Protect Children and Young People from Drug Abuse

The Commission on Narcotic Drugs,

Recalling Member States' commitment to the 2030 Agenda for Sustainable Development, specifically Sustainable Development Goal 17 to provide children with a nurturing environment for the full realization of their rights and capabilities,

Emphasizing the relevance of Article 33 of the United Nations Convention on the Rights of the Child, which states that governments must take all appropriate measures to protect children from the illicit trade and use of drugs,

Guided by the 1990 United Nations Convention on the Rights of the Child and the 1991 United Nations Guidelines for the Prevention of Juvenile Delinquency which defined children's vulnerability to drug abuse and the need to protect them against drug trafficking and narcotic substances,

Recalling the right of the child to the enjoyment of the highest attainable standard of health and facilities for the treatment of illness and the rehabilitation of health, and striving to ensure that no child is deprived of their right of access to such health-care services,

Acknowledging the foundation of Article 3(5)g under the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances to give the maximum protections to children in social service facilities who are likely to become involved in drug abuse,

Noting with approval of the United Nations Children's Fund's child-centered SDG framework including individual (i.e., child outcomes), family resources and interpersonal relationships; community and neighborhood; and the enabling environment,

Aware of the International Narcotics Control Board's (INCB) efforts to monitor and support Member States' compliance with international drug control treaties,

Acknowledging that child-centered prevention interventions, policies, and systems should continue to be developed and implemented considering the needs of individuals, families, and communities as part of comprehensive and balanced national drug policies, with full respect for human rights,

Bearing in mind that children are a vulnerable population that needs special safeguards, care and protection,

Fully aware of the importance of child effects and agency to the child-centered approach that includes the two perspectives that a child is an individual with preferences while also underscoring the child's dependence on parents' behavior, resources, and actions,

Deeply concerned that children and young people in foster care lacking a family unit use drugs more regularly compared to the general population, reporting more frequent use of illicit substances,

Further recalling the EU Youth Health Strategy (2008) that focuses on improving the health of children by encouraging participation in physical activities, youth-oriented anti-tobacco and drug public health campaigns,

Emphasizing the positive impact that voluntary knowledge sharing and monetary contributions from Member States bring that is beneficial in combating the rise of drug abuse among children and young people on a global scale,

Noting the prevalence of the International Criminal Police Organization's (INTERPOL) Operation Lionfish and their goal to secure land and sea borders,

Alarmed by the lack of funding schemes in Member States to improve areas of social work and psychological well-being according to the Universal Declaration of Human Rights Article 25, to enable the ability of children and young people to gain support where they have been closely affected by the negative impacts of drug abuse,

Concerned about the absence of consistent funding for educational programs regarding drug awareness,

Recognizing that ratifying Member States are bound by the United Nations Convention Against Corruption, which identifies that corruption goes beyond criminal conduct and requires international cooperation to enact preventative measures,

Aware of the INCB 2023 Annual Report that highlights the impact emergencies have on the demand for controlled substances, such as COVID-19, and the increasing role the internet has in drug trafficking connecting to the exposure of illicit drug activity to youth,

Noting with concern the fact that some children continue to be actively involved, used, and exploited in the illicit trafficking of narcotic drugs globally and that illicit activities are likely to affect their development health, and well-being negatively,

Recalling the Commission on Narcotic Drugs Resolution 61/9 of 2018, which recognizes the necessity to protect children from illicit drug challenges using the International Standards on Drug Use Prevention and cooperating with the INCB,

Acknowledges the importance of adhering to SDG 3 Target 5, which promotes well-being for all and advocates for the prevention and treatment of substance abuse,

Aware of the findings in the United Nations Office on Drugs and Crimes (UNODC) World Drug Report 2021 that notes a 45 percent rise in drug abuse over 10 years and that every 1 percent increase in youth employment reduces drug-related crime by up to 0.8 percent,

Cognizant of the complex flow of illicit drugs in the global supply chain and its entanglement with unregulated financial transactions to hinder law enforcement activities,

Further emphasizing the publication of Schools: School-Based Education for Drug Abuse Prevention by the UNODC and the Global Youth Network to encourage education on addiction within primary and secondary schools and mitigate youth drug abuse,

Considering the need for Member States to implement a national health report system using data summaries and analyses of health topics to present new information on methods and strategies regarding health issues,

Affirming the significance and success of regularly updated publications on the programs and assessment tools utilized to report the Pilot Program of the Global Children's Program established by the UNODC,

Recalling the UNODC Children's Program GLOK42, which promotes a worldwide response to the challenges of drug use and dependence in vulnerable children and young people,

Keeping in mind the UNODC Youth Initiative, which encourages young people to become active in their schools, communities, and youth groups for substance use prevention, health promotion, and formal education opportunities through an annual Youth Forum conference for discussion,

Aware that victims of drug abuse in juvenile correctional centers are sometimes a neglected demographic in need of treatment, counseling, rehabilitation, and education,

Noting the successful development of TripApp in the European Union dedicated to mitigating the risks of drug use in children and the youth by providing transparent and trustworthy information through granting access to available databases, drug-check findings, and safer usage guidelines,

Alarmed by the prevalence of narcotics trafficking and the influence of social media on the promotion of drug culture among the youth population,

1. *Encourages* Member States to integrate early educational and intervention programs targeting children, youth, parents, guardians, and individuals within the child's immediate environment by raising awareness about the risks and consequences of illicit drugs;
2. *Further suggests* a child-centered and whole-family approach to drug rehabilitation where drug services improve outcomes for the family unit and, by extension, the community and Member States by:
 - a. Supporting cooperation between adult and youth drug treatment centers to treat the family as a unit;
 - b. Offering help to expectant mothers with a history of drug abuse through community resource centers and maternity health experts;
 - c. Advocating for multidisciplinary teams for case management to support the welfare of children and young people which would include social workers, healthcare practitioners, family counselors, mental health professionals, law enforcement, and all those involved in the family's case;
 - d. Focusing on early help and prevention for children in families affected by parental drug abuse;
 - e. Recommending that the family unit is treated jointly and taking care that children grow up in circumstances consistent with the provision of safe and effective care by:
 - i. Having regular screenings with caseworkers that assess whether the whole family approach is suitable to the situation;
 - ii. Offering alternative treatment especially if the child's safety, well-being, health, and quality of life is jeopardized by joint treatment;

3. *Invites* Member States to create community-wide partnerships centered around youth, with multi-stakeholder approaches to improve their community resources and create a safe environment where youth can engage in community change and resist drug abuse to:
 - a. Consist of members of law enforcement, to abide by local government legislation and the expression of religious organizations to influence equality throughout all regions;
 - b. Create boards to involve educators to implement connections at a community level and provide awareness to target groups of children and youth;
 - c. Promote that boards analyze community resources by regional comparisons to make them more effective and reach more youth through partnerships among Member States;
4. *Calls for* comprehensive educational programs to aid in the fight against drug abuse by:
 - a. Endorsing safe school initiatives and cohesive community programs, including various sports, social activities, or positive alternatives, especially aimed at children from precarious backgrounds to secure an environment for a flourishing childhood;
 - b. Creating rehabilitation initiatives and programs designed to educate children on the dangers of illicit drugs and how it affects them and people in their community;
5. *Encourages* Member States to partner with the World Health Organization's Strengthening Families Initiative which strives to provide families with essential resources that are necessary to have productive conversations about substance use;
6. *Urges* Member States to establish and promote economic opportunities targeted toward youth, as a means of diverting them from involvement in the drug trade by:
 - a. Implementing job training programs specifically designed for youth in at-risk communities by providing vocational training courses in high-demand industries, offering apprenticeships and mentorship programs, creating job fairs and networking events to connect youth with employers, and extending these to rural communities that often lack educational and workforce opportunities;
 - b. Collaborating with local businesses and industries to create apprenticeship and internship opportunities for youth through partnerships to offer internships and apprenticeships, provide incentives for hiring young people, and grant training subsidies;
7. *Further encourages* Member States to elevate understanding between civil sectors on the underlying issues behind drug abuse, to provide professional advice to citizens who are personally affected by this issue by:
 - a. Re-evaluating funding schemes within local council organizations, to assess the current employment strategies and improve the current system of social work employability;
 - b. Ensuring that Member States understand the necessity for all children and young people to gain free access to psychological support provided by the education system, where they may have personally experienced the negative impacts of drug abuse;
8. *Recommends* Member States to align to the UDHR Article 25 which reinforces the necessity that each individual has the fundamental right to adequate health and well-being, embedding this

article as a reminder to civil sectors that children are entitled to this as a human right to make voluntary contributions towards anti-drug initiatives benefiting children and youth, ensuring the correct appropriation of funds;

9. *Suggests* the creation of a shared database by the Member States to support and exchange information, documenting successful or failed strategies and legislations related to drug policies that the INCB will facilitate;
10. *Calls upon* Member States to cooperate with local, regional, and international law enforcement under the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and the WTO to further:
 - a. Assist in anti-drug trafficking operations and information sharing across international borders following the 2022 WTO Rules to Combat Illicit Trade in Medical Products which highlights inspection and detection of imports disguised as legal medical products;
 - b. Maintain transparent monetary and financial policies through existing payment networks such as the Society for Worldwide Interbank Financial Telecommunication in all Member States to encourage consistent international investigation, extradition, or prosecution of money laundering outlined by the 2000 UN Convention Against Transnational Organized Crime;
 - c. Possible expansion of INTERPOL's Operation Lionfish globally to be able to perpetuate the program's success by:
 - i. Opening operations concerned with local law enforcement officers coordinating together with INTERPOL near land and sea borders to intercept international drug traffickers;
 - ii. Introducing action-oriented plans that target illegal narcotics and their reach to our youth populations intending to place barriers against youth involvement in drug trafficking;
 - iii. Cooperating between Member States to consider alternative approaches, such as development and social policy efforts, alongside operations;
 - iv. Ensuring that Member States have the authority to determine whether certain policies, whether these focus on supply or demand, meet the unique needs of their populations;
11. *Advocates* for the recommendation to the Member States to prioritize drug trafficking under their jurisdiction to charge the heads of international drug operations to disincentivize youth engagement in drug trafficking;
12. *Encourages* Member States to expand UNODC's Global Action Against Trafficking in Persons, an initiative that aims to implement effective strategies for preventing trafficking in persons about the international drug trade through collaboration with local law enforcement;
13. *Endorses* the INCB to prioritize the transparency of funding received by Governments to uphold the goal of committing to international drug treaties by:

- a. Asking violating members of drug treaties to explain their apparent violations to provide appropriate remedial measures and assistance that inherently underscores transparency;
 - b. Encouraging transparency between Member States that receive voluntary contributions to support their drug rehabilitation programs to ensure that funding goes to fighting the epidemic of drug abuse among youth;
14. *Fully supports* Member States establishing and promoting a regularly updated peer-reviewed scientific journal covering drug addiction and narcotic substance topics that:
 - a. Promote multidisciplinary research on drug use and adjacent subjects, and provide a comprehensive technical report written by a network of professionals specializing in substance abuse;
 - b. Emphasize productive discussion and treatment of addictions, including drug and tobacco abuse while regularly updating prevention and recovery methods;
15. *Invites* Member States to include modular education emphasizing the objectives highlighted for junior, middle, and senior school individuals, as highlighted by the 2004 UNODC Global Youth Network *Schools* guidelines;
16. *Advises* Member States to adopt a national health information report emphasizing the link between emergency drug situations and safeguarding children and young people from substance abuse by providing comprehensive details on the current status of high-priority public health issues by:
 - a. Highlighting opportunities for contributions to emergency management through health promotion and other essential public health functions to build more resilient communities;
 - b. Outlining actions for integrating a public health approach in emergency management policies, plans, and practice, with a focus on health promotion and equity;
17. *Encourages* the UNODC to expand funds allocated towards the Youth Initiative to create further frequent and regional youth engagement regarding substance abuse such as:
 - a. Regional, monthly extensions of the annual UNODC Youth Forum which gathers young people nominated by Member States who are active in the field of drug use prevention, health promotion, and youth empowerment across the UNODC field office network of 137 physical locations spanning 98 Member States;
 - b. Offering scholarships covering primary to post-secondary education allocated from Drug Abuse Prevention Centre grants to provide young people with pathways to higher education and disincentivize young people from participating in illicit drug trade;
18. *Advises* that Member States offer legal counsel, rehabilitation, treatment, counseling, formal and vocational education specifically to victims of drug abuse in juvenile corrections centers;
19. *Recommends* Member States to implement similar programs mirroring the Canadian Youth Substance Use Prevention Program which focuses on supporting communities to build capacity and adapting the Icelandic Prevention Model which will:

- a. Encourage a collaborative approach based on the fundamental principle that the whole community needs to be involved to impact youth behaviors by:
 - i. Strengthening the support role of community members, reinforcing their capacity to offer or recommend counseling, prevention, and care services;
 - ii. Expanding avenues for youth participation in organized activities and structured recreational pursuits as well as protective factors such as supervised leisure hobbies, curfew hours, and monitored sports activities;
 - b. Focus on training and mentorship on-the-job programs for risk mitigation and overdose response workers by working closely with schools, youth populations, and marginalized groups disproportionately impacted in an anti-stigma manner;
20. *Invites* Member States to resort to a multifaceted approach that involves providing adequate support to children and their families through:
- a. The creation of telephone helplines/hotlines to help young people having or thinking they might have problems with addiction;
 - b. Professional support and therapy for both children and their families to take care of the mental health of those struggling with drug abuse and those near them;
21. *Emphasizes* the reintegration of formerly addicted children and young people in community-based rehabilitation centers founded in the de-stigmatization of substance use disorder (SUD) by:
- a. Strengthening the inclusion of progressive methods with the intent of targeting aspects of mental and physical health therapy through the use of art, group circles, or similar positive approaches;
 - b. Incorporating the Integration of public and community-based forums and informational events intended to reassess negative stereotypes and foster communication within the SUD community;
22. *Suggests* that Member States consider implementing the TripApp or similar social platform to increase accessibility to drug check findings and safer usage guidelines through effective promotion of the platforms to populations of 12-24 years old;
23. *Encourages* continuous examination of the internet's role in exasperated drug use amongst youth populations through cross-sectional studies to pinpoint addiction use through:
- a. Initiatives such as the United Nations-wide awareness-raising week in Tunis on the importance of research, mental well-being, drug prevention, and cybercrime effectively aid in targeting particularly vulnerable youth populations and were conceived as a continuation of the UNODC's exertion to provide productive dialogue that achieves solutions;
 - b. Information to identify emerging blind spots in regards to new social media pressures the youth face and establishing laws and policies in new and emerging risks to protect.



Code: CND/1/3

Committee: The Commission on Narcotic Drugs

Topic: Measures for the Protection of Children and Youth from Drug Abuse

The Commission on Narcotic Drugs,

Observing that the movement of illicit drugs is an international issue,

Reminding Member States that their collaboration is crucial when implementing policies on the important issue of protecting children and young people from drug abuse,

Emphasizing the importance of supporting Non-Governmental Organizations (NGOs) centered upon providing education to youth regarding drug abuse,

Deeply conscious of young refugees and migrants who are easily persuaded into substance abuse as identified by the United Nations Office on Drugs and Crime (UNODC) and the United Nations Children's Fund (UNICEF),

Recognizing the significant role media plays in informing the public on prevention measures through the "Promoting Prevention Strategies and Policies" CND resolution 59/6,

Noting the increased probability of adolescent drug use in households affected by substance use disorders (SUDs),

Reaffirming the rights of all youth to second chances through rehabilitation,

Considering how easily young people are influenced by their environment and believing that the best way to prevent these drug use issues is to carry out initiatives through the incorporation of local and international programs and opportunities that defend the youth against illicit drug use and gang-related subcultures,

Acknowledging with deep gratitude the role that the World Drug Report (WDR), conducted by the UNODC, plays in keeping updated information available for policymakers,

Deeply concerned with organized criminal syndicates preferring to recruit young people for drug trafficking due to the young being susceptible to the disregarding of legal consequences,

Deeply regretting that existing legislation has not been focused on a child and youth-centered approach,

Acknowledging the importance of transparency and information-sharing in promoting international cooperation on recovery and prevention and facilitating dialogue between Member States to exchange initiative ideas,

Deeply alarmed that corruption in law enforcement and judicial systems can make the prosecution of narcotic traffickers difficult,

Recognizing the importance of outlets for youth such as athletics, arts, and educational programs to help in building critical thinking skills and resilience against the influences of drug influences,

Taking Inspiration from certified Drug Overdose Prevention Programs (DOPPs) and their uses of naloxone to prevent drug overdose deaths, and the possible implementations during life-and-death situations,

Recognizing that education and training in the community help to intervene and prevent youth drug abuse,

Considering the World Health Organization (WHO) statement in their 2018 report that only one in six young people have access to mental health services such as counseling which provides a positive contribution to young lives,

Bearing in mind that culture plays a vital role in communities, especially when it comes to drug prevention, and that respectfully adhering to cultural customs in a manner that renders the most benefit and protection to communities and youth from illicit drug use as well as gang-related subcultures is optimal,

Aware of the importance of adopting a comprehensive approach to combat adolescent drug abuse,

Taking into account the importance of establishing treatment, counseling, and other services in the community as well as in prison settings and Juvenile facilities,

Emphasizing the vitality of Sustainable Development Goals (SDGs) 1, 3, and 17 as they push for health and well-being, no poverty, and global partnerships to protect the youth from the hazards related to illicit drugs,

Appreciating the Guidelines for Prevention of Juvenile Delinquency (The Riyadh Guidelines) given its emphasis for the necessity of educators and other professionals to be prepared to prevent children from abusing all substances,

Further recalling the WHO initiative “Helping Adolescents Thrive” to address the underlying mental health issues associated with drug abuse,

Having adopted the General Assembly (GA) resolution 44/25 (1989), the Convention on the Rights of the Child, stated in Article 33 that children need to be safeguarded from narcotic drugs and psychotropic substances,

Acknowledging that youth substance abuse increases the probability of having inadequate access to housing,

Deploring narcotics traffickers and the root causes of youth gaining access to narcotic substances,

Aware of the prevalence of mental health issues such as depression and anxiety in children and youth increase susceptibility to abuse drugs,

Concerned that according to the WDR, at least 1 in 8 teenagers abuse and illicit substances each year, making drug abuse a high-profile concern,

Recognizing the critical importance of implementing measures to protect children and young people from drug abuse,

Suggesting customized prevention programs, evidence-based initiatives customized for diverse age groups and communities,

Deeply concerned that poverty is a predictor of children's participation in the drug trade, and are susceptible to being used as actors in the illicit drug consumer market, as displayed by the ILO's Convention on the Worst Forms of Child Labor,

Recognizing that legislations that focus on prioritizing rehabilitation opportunities over punishment in the case of small drug-related offenses, and the security of our youth, need to be passed, in order to divert young people from the juvenile justice system,

Acknowledging the role of community leaders in mitigating drug use, as evidenced by CND resolution 60/7,

Noting with sadness that the number of youths admitted to hospitals for the cause of drug overdoses has more than doubled since 2010,

1. *Recommends* that Member States form a multi-sectoral body to coordinate drug response with representatives:
 - a. From congressional bodies, educational organizations, employment programs, rehabilitation programs, religious institutions, recreational initiatives, law enforcement, NGOs;
 - b. That work together to coordinate efforts between different areas of government and NGOs to address drug use in a unified manner;
2. *Advises* Member States to seek collaboration efforts with local leaders as well as religious leaders through the United Nations Alliance of Civilizations (UNAOC) and NGOs such as Human Rights Watch (HRW), Oxfam, including grassroots movements in order to be culturally conscious to defend the youth and communities from illicit drug use and gang-related cultures;
3. *Recommends* supporting the operation of NGOs working to ensure drug-free living environments for youth by:
 - a. Facilitating agreements between shelters and private corporations to provide sheltered youth with proper clothing, food, and facilities at manageable prices;
 - b. Encouraging the employment of trained mental health and rehabilitation professionals in rehabilitation shelters;
4. *Welcomes* a collaboration between UNODC and WHO to create a database, facilitated by the International Narcotics Control Board (INCB), that:
 - a. Focuses on research around the successes and disadvantages of innovative approaches to treatment and preventative measures to allow for transparency and cooperation among Member States;
 - b. Promotes international collaboration through facilitating efficient dialogue between Member States allowing for an exchange of ideas on evidence-based recovery and prevention methods, including the sending of delegations to help implement successful methods into Member States and their communities;

- c. Supports developing countries by allowing data to be collected through Doctors Without Borders and UNICEF to better identify aspects of the current drug crisis, allowing the government to better direct their resources;
5. *Encourages* Member States to implement legislation limiting the exposure of information that may entice drug use for youth to establish a standard of acceptable media;
6. *Invites* Member states to hold Social Media companies responsible of the liberalization of drug media they disseminate by ensuring they uphold CND resolution 59/6;
7. *Advises* Member States to implement anti-substance abuse educational frameworks that put the connection between adolescents and their guardians as the foremost priority in order to:
 - a. Strengthen the connection between children and their caretakers;
 - b. Create an encouraging and safe environment for children to learn about substance abuse;
 - c. Provide opportunities for children to learn about the effects of drugs in home environments;
8. *Invites* the incorporation of specific rehabilitation methods, such as Opioid Substitute Treatment (OST) and detoxification in Member States while pursuing educational opportunities that:
 - a. Have OST in small primary care facilities that are privatized for specific cases of fentanyl and heroin abuse with 6 months to a 1-year program to become unaddicted, and 1,5 years for adequate societal integration;
 - b. Have Transitional Housing projects that are secondary care facilities to look after OST rehabilitated youth while they begin working in the privatized industrial region, founded upon entrepreneurship programs and ideas;
 - c. Have organizations such as Doctors without Borders and UNICEF to help young people with mental health and OST treatment in less developed countries to prevent addiction to the base substances of morphine and methadone, thus allowing governments, to focus the majority of their resources on combating illicit drug trafficking and the gangs while protecting educational institutions;
9. *Recommends* the creation of a supportive environment for all children in which they are able to freely express their concerns about drug addiction, understanding the issue as a health issue rather than a criminal offense to eliminate stigmatization through:
 - a. Fostering social transformation by changing the understanding of the issue of guardians and communities by encouraging open discussions about child drug addiction and widespread campaigns;
 - b. Implementing workshops and education incentives at schools and communities to increase awareness and understanding;
10. *Implores* Member States to expand the framework of the UNODC Youth Initiative allowing the implementation of domestic programs in regard to substance abuse to provide youth engagement at all levels of society by:

- a. Extending the Youth Forum to allow Member States to introduce new opportunities that will put an end to youth substance abuse;
 - b. Introducing education, economic vocational training opportunities, recreational activities, extracurricular activities, and the teachings of the dangers of drug abuse amongst youth and community-based services that provide legal counseling and rehabilitation;
 - c. Implementing community-based services that provide legal services in the form of legal counseling, education and rehabilitation;
11. *Endorses* Member States to implement political policies that are transparent in their motives to effectively combat drug trafficking by:
- a. Establishing and promoting expert research facilities to study the current status of these drug plans in that nation, thus offering an opportunity for the citizens and/or party to issue a referendum/amendment if deemed ineffective in future elections;
 - b. Promoting whistleblower agencies to grow in the country to prevent corruption through local, regional, and start-up press institutions, being sponsored by grassroots and peoples' movements;
 - c. Supporting the directives of UNCAC including Prevention and Criminalization, thus allowing them, for example, to oversee adequate implementation of state drug policy through transparency of financing in election campaigns;
 - d. Inviting developed Member States to support LDCs in times of drug crises if, for example, specialization of the police for bugging operations is taking too long to counter the drug crisis in that region;
 - e. Proposing that other relevant underdeveloped countries join with the Region Intelligence Centers/Pacts in Central Asia (CARICC) to combat drug trade as well as encourage the development of centers in the Andean region and Southeast Asia;
12. *Invites* Member States to adopt a legislative framework on combating the rise of drug abuse among young people that will primarily focus on rehabilitation by implementing an approach that entails:
- a. Erecting community centers or using existing community centers (such as churches and recreation centers) in addition to their normal functions in order for young people to have a recreational space to provide alternate forms of expression including sports activities, arts and crafts, etc.;
 - b. Enabling access to support groups and mental health services which can be done via community-based clinics, hospitals, etc.;
 - c. Limiting the use of prescription drugs since it is known to be a gateway to the realm of drug abuse;
 - d. Facilitating this legislation by legislative experts in the CND;
13. *Urges* Member States to ratify multilateral regional partnerships which:

- a. Facilitate forums for Member States to exchange information regarding employment policies;
 - b. Increase the availability of vocational education opportunities and certification programs for youth including agriculture, construction, mechanics, and plumbing;
 - c. Connect youth to networking opportunities and companies to ensure timely employment upon completion of certification programs;
14. *Advocates* for Member States to work bilaterally to implement systems for the tracking of the drug abuse situation by:
 - a. Expanding collaboration between police forces, international organizations, and other stakeholders through shared intelligence and joint training and operations to eliminate illicit manufacturing sites;
 - b. Increasing the capacity of law enforcement agencies to improve regional information sharing for the dismantling of organized crime and better securing their borders;
 - c. Developing information forums for Member States to exchange policy recommendations and research findings surrounding drug use;
 - d. Regulating the medical advertising of the use of controlled substances to prevent it from becoming a gateway to the use of illegal drugs;
 - e. Regulating the commercial advertising of the use of nicotine and tobacco products to prevent nurturing addictions in younger populations;
 - f. Using warnings tailored to all packaging that the product consumption is detrimental to health;
15. *Recommends* Member States to hold those who sell narcotics to be prosecuted;
16. *Emphasizes* the utility of arts programs to create community and bonds while also developing confidence, collaboration, and problem-solving in our young people;
17. *Proposes* partnerships with athletic institutions from the local to international level in order to create opportunities for youth around the world which includes but is not limited to:
 - a. The International Association of Football Federation (FIFA);
 - b. The International Rugby League (IRL);
 - c. International Cricket Council (ICC);
 - d. The International Cross Country Union (ICCU);
18. *Encourages* Member States and NGOs to develop educational opportunities both within schools and extracurricular programs to create intellectually stimulating environments for youth while also providing a drug-free space to grow and learn:
 - a. Within STEM workshops;

- b. Through debate clubs;
 - c. By participating in Model United Nations Programs;
19. *Proposes* that Member States partner with both public and private sectors, to offer employment, entrepreneurship opportunities, and educational opportunities to youth exiting from rehabilitation such as:
- a. Coaching and specialized training for them to equip them with essential skills while creating clubs where youth can showcase their talents and be rewarded for their performance;
 - b. Participation in sports, music, and the arts;
20. *Suggests* Member States establish programs to distribute, promote, and educate communities on naloxone:
- a. By recruiting healthcare professionals and trained volunteers who have experience with and are willing to lead training sessions on naloxone:
 - i. Which is a life-saving opioid antagonist that blocks the effect of opioids and can restore normal breathing within 2-3 minutes of someone who stopped breathing as a result of an opioid overdose;
 - ii. Which is a pre-filled nasal spray that can be administered by anyone with minimal training according to WHO;
 - iii. Which has almost no effect on people who have not taken opioids;
 - b. Through the creation of a comprehensive naloxone education curriculum;
 - c. By developing a public program where volunteers from communities across the globe can learn about naloxone through:
 - i. Education on the opioid epidemic;
 - ii. Teaching how to recognize an opioid overdose;
 - iii. Lessons to respond to an opioid overdose;
 - iv. Lessons to administer naloxone;
 - d. Through providing complementary naloxone kits to all those to have successfully undergone rehabilitation or completed naloxone application training in respect to member states best interests;
21. *Implores* Member States to promote national campaigns that provide training to local community leaders on the negative implications of drugs for the purpose of dissemination of the local youth;
22. *Requests* that Member States provide support for NGOs, which provide education regarding substance abuse issues, building life skills, and promoting healthy lifestyles, and to support initiatives that specialize in guiding the youth into prosocial behavior through multi-year longevity counseling focused on anti-illicit drug use and gang-related subcultures;

23. *Invites* Member States to work alongside NGOs and private sectors that specialize in working with former gang members within the realm of illicit drug flow in order to persuade the youth away from those hazards;
24. *Confirms* the call for qualified counseling teams to be welcomed into schools for the purpose of providing a safe space of dialogue for young people by:
 - a. Allowing qualified psychologists, sociologists, counselors, or NGOs who are trained adults equipped with the skills and methods to provide practical and correct support and information;
 - b. Developing an online, anonymous appointment system is recommended to reduce stigma or shame amongst other students for example, as social pressure can decrease the chance for an individual coming forward to seek help on a personal issue related to drug use;
 - c. Adopting the applicable concept of recovery groups as shown in Narcotics Anonymous in the event of a large number of young people utilizing one-to-one counseling sessions, in turn, creates a comfortable space for peers to meet in group settings which can decrease the feeling of isolation through speaking with others going through similar adversities in relation to drug use or abuse;
25. *Recommends* the establishment of a comprehensive approach to support the youth population, including the establishment of rehabilitation centers to aid those struggling with addiction and providing some physical or mental activities where those youth could have the chance to be more active to reduce their propensity to abuse drugs out of frustration and depression.



Code: CND/2/1

Committee: Commission on Narcotic Drugs

Topic: Ensuring Access to Controlled Medicines in Emergencies

The Commission on Narcotic Drugs,

Guided by the right to healthcare, enshrined in Article 25 of the Universal Declaration of Human Rights of 1948,

Deeply concerned about the humanitarian crises taking place in the world, which negatively affect the possibility of the global population to access controlled medicines,

Recalling Member States' commitment to the 2030 Agenda for Sustainable Development, specifically Sustainable Development Goal 3 to "ensure healthy lives and promote well-being for all at all ages", leaving no one behind,

Aware of inconsistency in the implementation of intellectual property rights internationally in compliance with the 2001 Doha Declaration on The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) by the World Trade Organization,

Acknowledging the risk of supply chain disruptions during emergencies due to political, regional, or armed conflict and instabilities,

Keeping in mind the lack of reliable infrastructure and technology in Least Developed Countries (LDCs) which would prevent Member States from having a consistent supply of controlled medicines,

Considering the establishment of the International Narcotics Control Board (INCB) by the 1961 Convention and the Single Convention on Narcotic Drugs which seeks to establish control of the production, distribution, trade, and use of specific narcotic substances and medicines between Member States,

Recalling the Strategic Framework for Emergency Preparedness (2017), developed by World Health Organization, which acknowledges the importance of a solid healthcare system and promotes global frameworks and initiatives to provide effective responses to crises,

Recognizes the usefulness of a shared database similar in design to the 2020 Working Group Equipment Triennial Review of Reimbursement Rates National Cost Data,

Noting the work of the World Health Organization to prepare individuals to provide essential care and medication in an emergency,

Deeply conscious of the need to strengthen global health security through improved preparedness and response to future epidemics and pandemics guided by the 100 Days Mission,

1. *Calls upon* Member States, to provide supplemental controlled medicines by :
 - a. Utilizing the International Committee of the Red Cross (ICRC) and the WHO to better coordinate efforts and resources through a Member States' supply chain that can efficiently handle surplus transportations;

- b. Allowing United Nations Police (UNP) in efforts to safely secure the supply of controlled medicines across borders;
 - c. Expanding health care worker mandates to allow them to prescribe controlled medications outside of the scope of their practice during emergencies;
2. *Encourages* Member States to adopt policies supporting compulsory licensing spanning 5 years under the TRIPS agreement allowing for the productions of generics medicines or similar pharmaceutical products, especially in LDCs;
3. *Invites* Member States to implement tiered pricing system similar to the European Union trade policy in countries that lack infrastructure to manufacture enough controlled medicines supply to address public health services and emergencies;
4. *Recommends* that Member States set a target of 100 days from a pandemic threat being identified to the availability of vaccines, treatments and diagnostics on a global scale in order to:
 - a. Prevent, prepare for, detect and respond to emerging diseases to protect population health;
 - b. Accelerate development, deployment, and equitable access to safe and effective vaccines, treatments, and diagnostics and other technologies;
5. *Suggests* reviewing legislation and regulatory system with the aim of removing unduly restrictive provisions and simplifying control measures by allowing the export of controlled medicines to countries facing an emergency, even in the absence of import authorization or estimated requirements;
6. *Encourages* Member States to reduce the response time during emergencies by:
 - a. Having qualified professionals and emergency supplies stock-piled ready to deploy at any moment;
 - b. Developing early warning mechanism to exchange information on stocks and predict potential shortages;
7. *Encourages* the creation of an international database similar to the 2020 Working Group Equipment Triennial Review of Reimbursement Rates National Cost Data to:
 - a. List surplus amounts of medical equipment and technology owned by each willing Member State;
 - b. Call upon Member States to donate surplus amounts of supplies to Member States in crisis;
8. *Suggests* the development of a network between developing nations to assess the emergency vulnerability, resilience, and readiness to best prepare developing nations for emergencies by :
 - a. Drafting possible emergency scenarios for Member States with high vulnerability and low resilience to assess;
 - b. Having Member States report back possible responses utilizing current practices and infrastructure to internal Members of the Network;

9. *Urges* Member States to cooperate with WHO Emergency Medical Treatment initiative that aims to assist Member States to strengthen the development of assured medical teams and distribution of medication to prepare for emergencies through a series of training programs.



Code: CND/2/2

Committee: Commission on Narcotic Drugs

Topic: Ensuring Access to Controlled Medicines in Emergencies

The Commission on Narcotic Drugs,

Acknowledging the ramifications and negative effects of armed conflict and its substantial impact on access to medical supplies, and the imminent and long-term need for controlled medicines to be delivered to those facing a variety of crises,

Emphasizing Sustainable Development Goals (SDGs) 1, 3, and 17 addressing no poverty, good health and well-being, and global partnerships to highlight the importance of access to controlled medicines,

Affirming the United Nations' Financial Tracking Service (FTS) through the Office for Coordination of Humanitarian Affairs to collect data on humanitarian relief,

Stressing the vitality of the Central Emergency Response Fund (CERF) which collects worldwide donations into a single fund for distribution at the most crucial stage of emergencies,

Further emphasizing the inherent right of access to healthcare among developing and developed countries, aligning with the recommendations of the Universal Declaration of Human Rights (UDHR) Article 25,

Considering that the International Narcotics Control Board (INCB) has pointed out that the Single Convention imposes a dual responsibility for the control of narcotic drugs: ensuring adequate supplies of narcotic drugs for medical and scientific purposes, together with combating the illegal production, trafficking, and abuse of such substances,

Acknowledging the vulnerability of minority and rural populations in conflict zones and their continued need for humanitarian aid,

Recognizing the significant global disparity in access to basic medicines as outlined by the World Health Organization (WHO), affecting nearly 2 billion individuals worldwide, especially due to climate-related disasters, which surged over 40 percent in within the last few years,

Emphasizing the 50 percent funding gap between affected people in need and available resources for Low- and middle-income countries (LMICs), which are especially impacted by medicine shortages due to a lower purchasing power in global markets,

Acknowledging the pivotal role of the WHO in expanding safe and appropriate access to medication through initiatives such as the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property,

Affirming the findings of WHO research indicating that universal health care coverage could prevent 97 million premature deaths and extend life expectancy by 8.4 years by 2030,

Reinforcing the work of the (2018) United Nations Office on Drugs and Crime's *Technical Guidance: Increasing access and availability of controlled medicines* which created guidelines for strengthening systems, education and awareness, and supply chain management,

Further emphasizing the European Programme of Work, 2020-2025 - “United Action for Better Health” (EPW) that emphasizes the right to universal access to healthcare and effective protection against health emergencies,

1. *Encourages* Member States to utilize the WHO International Atomic Energy Agency’s (IAEA) imPACT program that aims to provide Member States with a baseline situation analysis to assist in cancer pain management;
2. *Recommends* that Member States utilize the WHO’s Early Warning, Alert and Response System (EWARS) to enhance emergency preparedness by:
 - a. Setting up an identification and monitoring system custom to the country’s vulnerabilities;
 - b. Providing tools and training initiatives to the appropriate authorities for managing crisis situations;
 - c. Utilizing the system to analyze data and identify trends on potential disease outbreaks and natural disasters;
 - d. Establishing communication channels between Member States to facilitate exchange of information and coordinate humanitarian aid responses;
3. *Advises* Member States to make efforts to ensure equity in the process of aid distribution regarding ethnic, political, religious, and other marginalized identities by:
 - a. Researching the different needs of communities regarding medical practices and any cultural differences that may be present in the medical field;
 - b. Paying particular attention to Member States that are in urgent need of assistance due to factors such as war or natural disasters;
4. *Encourages* the delivery of controlled medicines and other supplies to those in emergencies by:
 - a. Contracting with pharmaceutical companies to supply large amounts of medicines;
 - b. Storing medicines in facilities in the vicinity of Gaza;
 - c. Delivering medicines via drones, helicopter shipments, airdrops, small boat shipments, and other potential methods as soon as possible;
5. *Suggests* that all Member States use pre-existing technological measures such as the app Telehealth to disperse information to the general public about the locations and availability of essential medicines;
6. *Considers* the United Nations Office on Drugs and Crime (UNODC)’s 2018 Technical Guidance: Increasing access and availability of controlled medicines that suggests that:
 - a. Public health systems in addition to other national and local systems should share a common vision and buy-in around the issue of legitimate access to controlled medicines;
 - b. Quality health education should reflect current research evidence, be outcome-based, and be responsive to patient needs which can be achieved through basic training for professionals involved with the use of controlled medicines;

- c. Responsiveness between the chains of products, inventory control, and healthcare system for the patient are essential to effective management;
 - d. Implementing online systems such as Telehealth, ensuring equitable access to medications through digital consultations and prescriptions;
7. *Reinforcing* the EPW globally by establishing collaborative partnerships with international stakeholders and implementing initiatives aimed at addressing global challenges and fostering cross-border cooperation by:
- a. Expanding its scope to include global initiatives, leveraging existing infrastructure and expertise to address worldwide issues;
 - b. Establishing regional hubs outside of Europe, facilitating knowledge exchange and capacity.



Code: CND/2/3

Committee: Commission on Narcotic Drugs

Topic: Ensuring Access to Controlled Medicines in Emergencies

The Commission on Narcotic Drugs,

Recalling SDG Target 3.8 promising access to quality essential healthcare services and access to safe, effective, quality, and affordable essential medicines and vaccines for all,

Noting the United Nations Office for Disaster Risk Reduction's research shows that increasing global temperatures have resulted in stronger and more frequent natural disasters,

Considering the establishment of the Central Emergency Response Fund by the General Assembly,

1. *Encourages* highly developed Member States to support Member States more prone to natural disasters, regional conflicts, and other emergencies that disrupt the flow of controlled medicines by:
 - a. Participating in international humanitarian funds such as the Central Emergency Response Fund, they serve as an important humanitarian action, weaving together help and resourcefulness into a cohesive tapestry of assistance and support;
 - b. Collaborating with the WHO's Early Warning, Alert and Response (EWARS) System;
 - c. Utilizing buffer stocks of essential medicines suggested by the WHO African Region as part of the Bamako Initiative;
2. *Suggests* Member States to prepare preventative measures that can be utilized against possible climate change effects by requesting the necessary medications on a mass level in order to decrease casualties.



Code: CND/2/4

Committee: Commission on Narcotic Drugs

Topic: Ensuring Access to Controlled Medicines in Emergencies

The Commission on Narcotics Drugs,

Recognizing that communities at a disadvantage do not always receive the medical access they need,

Mindful of the contribution manufacturing entities provide to the lives of those affected in times of emergencies,

1. *Recommends* the Commission on Narcotic Drugs to promote a legislative framework in order to make sure that disadvantaged communities receive the medical care they need by :
 - a. Ensuring that infrastructure is developed to make sure that necessary transport can access the care they need;
 - b. Implementing nondiscrimination laws to make sure disadvantaged communities are not discriminated against;
 - c. Implementing and facilitating by experts identified by the CND and approved by participating Member States;
2. *Suggests* increased production rates of controlled medicines amongst manufacturing companies .