



MVMUN '2024

World Health Organisation

Secretary General's Message

Dear Delegates, Diplomats and Draftsmen of the Future,

It is our rapturous honour and privilege to have you at the 1st Edition of Medikardia x Vinimaya Model United Nations Conference, 2024.

The fundamental constructs which constitute human nature often prompt us to approach all circumstances from a binary outlook, but the reality of the situation is that the complexity of our world cannot be encompassed by a simplistic binary: black or white. When we look in between the black and white, we see a bit of grey. This is when we realise that these seemingly antithetical notions are not mutually exclusive, but are instead the building blocks to attaining multilateral integration and global synergy. That is the beauty of the grey area - when you find just the right balance between black and white, you are able to create something new, something profound, and something that can change the world.

The first edition of MVMUN celebrates this very spirit of community and fraternity, quintessentially embodying the core values enshrined in the United Nations charter: Peace, Justice, Respect, Human Rights, Tolerance and Solidarity.

We eagerly look forward to the display of passion, proficiency and pragmatism from each and every one of you, on the last weekend of May, 2024, at this event of International Affairs.

Delegates, the time to act is now. The stage is set. The spotlight glimmers. Will you rise to the occasion?

Regards,

Rtr. Navya Rao and Rtr. Sujal Prakash
Co-Secretary Generals, MVMUN '24



MVMUN '24



World Health Organisation (WHO)

Agenda: Deliberating drug addiction and the utilization of narcotics and injectable drugs in healthcare for their benefits and detrimental effects.

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Letter from the EB

Dear Delegates ,

We warmly welcome you to the World Health Organization. We are absolutely elated to be serving as the Executive Board (EB) of the MediKardia- Vinimaya Model United Nations 2024, and look forward to having you be a part of the MVMUN '24 - WHO as well, rendering these a magnificent two days. The pandemic has impacted us in ways we never imagined and everyone is slowly regaining some level of control and agency over the circumstances surrounding them. Model UN, too, had adapted to the completely remote nature of things with online conferences.

However, many elements that come with an in-person setting, lost its sheen — things like negotiation, lobbying, and directing the flow of committee. These bits were not the same and understandably so, given the nature of it. A return to an in-person setting bodes well for debate. We will always be there for you at every step, to encourage you, push your boundaries, and re-center focus when needed. We count on you, as much as you might count on us. We look forward to mutual growth, and learning, albeit within the frame of discipline and cooperation. This study guide is a mere framework for your deeper research. This study guide consists of various angles and viewpoints so that you have a good idea about the concepts associated with the agenda.

We cannot stress enough that you need to pursue your own sources, especially because the study guide will not cover your individual stances. We wish you all the best and please don't hesitate to contact us if you have doubts or even if you just want to have a casual chat about the agenda (post conference of course). In closing, we encourage all delegates to approach this WHO council session with a commitment to cooperation. Looking forward to seeing you at the First Edition of MVMUN '24!

Constitue cum ausu et flore.

With warm regards,
Bhuvin Anil - Chairperson
Samarth Sai Anand - Vice Chairperson
Saransh Munagapati - Crisis Director



Overview of Committee

The World Health Organisation (WHO), a specialised agency of the United Nations, serves as the premier global authority on public health. Established on April 7, 1948, with its headquarters in Geneva, Switzerland, the WHO is responsible for directing and coordinating international health efforts. Its mission is to ensure that all people attain the highest possible level of health, which it pursues through a broad range of initiatives, policies, and partnerships.

The WHO's mission is centered on ensuring that all people achieve the highest level of health and well-being. This encompasses not only the absence of disease but also physical, mental, and social health. To achieve its mission, the WHO engages in a range of activities, from setting international health policies to coordinating emergency responses during health crises.



The WHO is tasked with a diverse set of responsibilities, including setting international health standards, conducting research, providing technical assistance to countries, and coordinating responses to health emergencies. It plays a critical role in addressing both communicable diseases, such as HIV/AIDS, malaria, and tuberculosis, and non-communicable diseases, like cardiovascular diseases, diabetes, and cancer. The organisation also champions efforts to improve maternal and child health, mental health, and environmental health, among other priorities.

The governance structure of the WHO comprises the World Health Assembly, the Executive Board, and the Director-General. The World Health Assembly, consisting of representatives from all 194 member states, is the organisation's primary decision-making body. It meets annually to set policies, approve budgets, and determine the strategic direction of the WHO. The Executive Board, composed of 34 technically qualified members, ensures that the decisions of the Assembly are implemented effectively. The Director-General, elected by the World Health Assembly, leads the organisation and represents its public face.



The Director-General of the WHO, elected for a five-year term, provides leadership and strategic vision for the organisation. The current Director-General, Dr. Tedros Adhanom Ghebreyesus, has been at the forefront of the organisation's recent efforts to address global health challenges. Under his leadership, the WHO has emphasised the importance of universal health coverage, health equity, and preparedness for health emergencies.

In addition to its headquarters, the WHO operates through six regional offices that work with member states to address health issues specific to their regions. The organisation's work extends beyond traditional public health to encompass broader determinants of health, such as social, economic, and environmental factors.

The WHO has played a pivotal role in responding to global health crises, including the COVID-19 pandemic, the spread of infectious diseases like Ebola and Zika, the ongoing fight against non-communicable diseases like heart disease, cancer, and diabetes; natural disasters, and humanitarian emergencies. Through its work, the WHO strives to promote universal health coverage, strengthen health systems, and advance global health equity.



Brief of Agenda

Drug addiction and the responsible use of narcotics and injectable drugs in healthcare represent a complex and multifaceted issue with far-reaching implications. Narcotics, including opioids, are essential in healthcare for pain management, anaesthesia, and other treatments. However, their misuse has led to a global crisis, with rising rates of addiction, overdose deaths, and the proliferation of the illegal drug trade.

While narcotics have clear medical benefits, their misuse can have devastating consequences for individuals, families, and society at large. The challenges include increased healthcare costs, social disruption, and the spread of infectious diseases like HIV and Hepatitis C due to unsafe injection practices. Addressing these issues requires a balanced approach that mitigates the risks of addiction while ensuring that patients receive appropriate care.



Dr. Tedros Adhanom Ghebreyesus, the Director-General of the World Health Organization (WHO), drew attention to the 600,000 annual deaths linked to the non-medical use of psychoactive drugs, with many resulting from viral hepatitis, HIV, and overdose. These fatalities are devastating for the affected individuals, their families, and their communities. However, through proven strategies focused on prevention, harm reduction, and treatment, these deaths can be prevented.

Controlled substances like opioids and psychotropic medications play a crucial role in pain management, palliative care, and the treatment of mental, neurological, and substance use disorders. However, access to these medications and treatment of drug use disorders, particularly in low- and middle-income countries, remains limited. WHO will continue to highlight the barriers faced by individuals who use drugs in accessing necessary care. These barriers are exacerbated by stigma, discrimination and punitive policies which prioritize criminal sanctions over public health needs.



Important discussion points include enhancing regulations to prevent overprescribing and the diversion of controlled substances, implementing harm reduction strategies such as needle exchange programs, and encouraging treatment and rehabilitation for those with substance use disorders. Global collaboration is essential, given that the illicit drug trade and the effects of addiction extend beyond national borders.

The goal is to find solutions that prioritise public health and safety while respecting the essential role of narcotics in medical care. By fostering dialogue and collaboration, the MUN seeks to create a framework for addressing the complex issues surrounding drug addiction and healthcare's reliance on narcotics and injectable drugs.



Case Studies on Agenda

Case Study 1: The INSYS “Subsys” Scandal

REF: (USDOJ INSYS, Reuter's article on INSYS)

Background:

- Insys Pharmaceuticals' drug Subsys is a sublingual fentanyl spray, a powerful, but highly addictive, opioid painkiller.
- In 2012, Subsys was approved by the Food and Drug Administration for the treatment of persistent breakthrough pain in adult cancer patients who are already receiving, and tolerant to, around-the-clock opioid therapy.

Key Provisions:

- Usage of addictive substances : The painkiller albeit it's ease of use and potential to control pain, is a drug that contains a very addictive opioid Fentanyl



- Bioethical misconduct aided by medical professionals: Pharmaceutical companies like Insys employed tactics such as providing incentives to physicians for prescribing their medications, and by emphasising the benefits of their products, and downplaying the risks associated with them.

Impact:

- These practices contributed to the widespread prescribing and use of Subsys, despite its high potential for addiction and abuse. Every year, many people around the world end up addicted to it and ignore all warning signs related to it.

Conclusion:

- Insys's drug Subsys is a powerful opioid painkiller and is used around the world to help control pain, but the marketing schemes and bioethical misconduct of the Pharmaceutical company has led to widespread distribution and misinformation regarding the drug. Due to this, opioid addiction cases around the world have increased and non-medical uses of the drug too has become predominant.



Case Study 2: Addressing the Opioid Crisis in the Americas

(Ref:[https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(23\)00131-X/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(23)00131-X/fulltext))

Background:

The opioid crisis has become a critical public health concern in the Americas, impacting countries such as Brazil, Mexico, and the United States. The crisis is driven by multiple factors, including overprescription of opioid medications, illegal drug distribution, and the inherently addictive nature of opioids.

Case Overview:

The opioid epidemic in the Americas has led to a significant increase in opioid-related fatalities and addiction rates. The crisis is largely due to a combination of aggressive marketing by pharmaceutical companies, inadequate regulatory frameworks, and medical practices prone to overprescribing opioids. The intense potency and high risk of addiction associated with opioids like heroin, methadone, and fentanyl further complicate the situation.



Challenges:

Deficient Primary Prevention Strategies: Efforts to address the crisis have focused more on secondary and tertiary prevention, with insufficient emphasis on primary prevention to deter opioid misuse from the outset.

Inadequate Surveillance and Emergency Response: The existing monitoring and emergency response mechanisms are not robust enough to effectively manage the crisis.

Limited Supply of Treatment Medications: The restricted availability of essential medications such as methadone and naloxone hinders efforts to treat opioid addiction and prevent overdose deaths.

Recommendations:

Comprehensive Primary Prevention Programs: Develop and implement targeted educational initiatives to discourage opioid misuse and promote healthier lifestyle choices.

Enhanced Regulatory Oversight: Establish stricter controls on the prescription and distribution of opioids to reduce overuse and prevent illegal distribution.



Improved Treatment Access: Ensure a consistent and adequate supply of medications like methadone and naloxone to facilitate addiction treatment and reduce the risk of overdose fatalities.

Collaborative Research and Stakeholder Engagement: Foster partnerships among relevant stakeholders and invest in comprehensive research to better understand the dynamics of the opioid crisis and devise evidence-based interventions.

Conclusion:

To effectively address the opioid crisis in the Americas, a multifaceted approach is required, emphasising prevention, stricter regulatory measures, and improved treatment access. Through these strategies, it is possible to curb the crisis's impact and support those affected by opioid addiction in achieving recovery and long-term wellness.



Case Study 3: Upholding Evidence-Based Drug Policy in Canada

(Ref: Zlotorzynska M, Wood E, Montaner JS, Kerr T. Supervised injection sites: prejudice should not trump evidence of benefit. CMAJ. 2013 Oct 15;185(15):1303-4. doi: 10.1503/cmaj.130927. Epub 2013 Sep 16. PMID: 24043659; PMCID: PMC3796591.)

Background:

In 2011, the Supreme Court of Canada delivered a landmark decision in the case of Canada (Attorney General) v. PHS Community Services Society, extending an exemption to Insite, Canada's inaugural supervised injection site. The ruling underscored the critical role of these facilities in saving lives and highlighted the necessity of evidence-based approaches to address drug-related harm.

Key Issues:

The introduction of Bill C-65 by the federal government poses a significant obstacle to the establishment of new supervised injection sites in Canada. This legislation introduces stringent requirements that could impede the implementation of evidence-based harm reduction strategies.



Challenges:

Obstruction of Evidence-Based Approaches: The proposed legislation risks hampering the adoption of harm reduction strategies that are scientifically supported, potentially favouring punitive measures over proven evidence-based interventions.

Adverse Impact on Public Health: Bill C-65 could restrict local health authorities from implementing effective strategies for individuals who inject drugs, potentially compromising public health outcomes.

Recommendations:

The case of supervised injection sites in Canada reflects the ongoing struggle to promote evidence-based drug policies amid restrictive legislation. By emphasising the importance of scientific evidence and focusing on positive public health outcomes, stakeholders can work to ensure that drug policies are informed by the best interests of those affected by substance use disorders.



Conclusion:

Advocacy for Evidence-Based Policy: Stakeholders, including healthcare professionals, researchers, and advocacy groups, should actively advocate for drug policies grounded in robust evidence, ensuring the health and human rights of drug users remain a priority.

Engagement with Policymakers: There must be consistent engagement with policymakers and legislators to demonstrate the benefits of supervised injection sites and to emphasise the importance of evidence-based strategies in addressing drug-related issues.

Building Community Support: It is crucial to foster public support for evidence-based interventions and to dispel myths and misconceptions about supervised injection sites to mitigate resistance and encourage informed decision-making.



Case Study 4: Leveraging Prescription Drug Monitoring Programs to Combat Opioid Dispensing.

(Ref: Brady JE, Wunsch H, DiMaggio C, Lang BH, Giglio J, Li G. Prescription drug monitoring and dispensing of prescription opioids. Public Health Rep. 2014 Mar-Apr;129(2):139-47. doi: 10.1177/003335491412900207. PMID: 24587548; PMCID: PMC3904893.)

Introduction:

In recent years, the United States has experienced a surge in opioid misuse and overdose-related fatalities. To counter this escalating public health crisis, numerous states have established Prescription Drug Monitoring Programs (PDMPs), which track and regulate the distribution of prescription opioids. This case study examines the impact of PDMPs on opioid dispensing rates and the detection of aberrant prescribing patterns across the U.S.

Background:

An analysis of PDMPs from 1999 to 2008 evaluated their effectiveness in reducing opioid dispensing and identifying risky prescribing behaviours. The study focused on Morphine Milligram Equivalents (MMEs) dispensed and sought to understand whether PDMPs contribute to lowering opioid-related mortality rates.



Background:

An analysis of PDMPs from 1999 to 2008 evaluated their effectiveness in reducing opioid dispensing and identifying risky prescribing behaviours. The study focused on Morphine Milligram Equivalents (MMEs) dispensed and sought to understand whether PDMPs contribute to lowering opioid-related mortality rates.

Key Findings:

Scarcity of Research on PDMPs: The study highlighted the limited research on the effectiveness of PDMPs in monitoring and reducing aberrant prescribing practices. This knowledge gap affects the ability to determine best practices for PDMP implementation.

Influence on Prescribing Patterns: Research in Massachusetts and California revealed that frequent visits to multiple providers were often associated with higher prescription rates for short-acting opioids like oxycodone.

Shift in Prescribing Behaviour: A study in Ohio indicated that access to PDMP data resulted in a change in prescribing patterns, with 41% of patients receiving reduced opioid prescriptions.



Program Governance and Effectiveness: The study found that PDMPs managed by a state's department of health correlated with a reduction in MMEs dispensed, suggesting that governance structures play a role in program effectiveness.

Study Limitations: The research acknowledged several limitations, including possible information bias, unmeasured confounding factors, and the need to account for spatial correlations among states.

Implications for Public Health:

Informing Policy Development: The study's findings underscore the need for data-driven policies to enhance the effectiveness of PDMPs and reduce opioid misuse.

Areas for Future Research: To optimise PDMPs, further research is needed to determine which program characteristics are most effective and to address barriers to data access.

Public Health Strategy: Insights from this case study can guide public health initiatives aimed at reducing opioid misuse, combatting "doctor shopping," and minimising aberrant prescribing behaviours.



Conclusion:

This demonstrates the crucial role of Prescription Drug Monitoring Programs in overseeing opioid dispensing and regulating prescribing practices in the United States. By examining the impact of PDMPs on opioid dispensing rates and prescribing behaviour, policymakers and public health officials can design targeted interventions to mitigate the opioid crisis effectively.



International Framework

The World Health Assembly's mandate is to approve the biennial programme budget, and decide on major policy matters. The Health Assembly is the supreme decision-making body of WHO. The World Health Assembly is held usually in Geneva, in May each year, and is attended by delegations from all Member States.

WHO works worldwide to promote health, keep the world safe, and serve the vulnerable.

The goal is to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being.

For universal health coverage:

- focus on primary health care to improve access to quality essential services
- work towards sustainable financing and financial protection
- improve access to essential medicines and health products
- train the health workforce and advise on labour policies
- support people's participation in national health policies
- improve monitoring, data and information.



For health emergencies:

- prepare for emergencies by identifying, mitigating and managing risks
- prevent emergencies and support development of tools necessary during outbreaks
- detect and respond to acute health emergencies
- support delivery of essential health services in fragile settings.

For health and well-being:

- address social determinants
- promote intersectoral approaches for health
- prioritize health in all policies and healthy settings.

Through work:

- human capital across the life-course
- noncommunicable diseases prevention
- mental health promotion
- climate change in small island developing states
- antimicrobial resistance
- elimination and eradication of high-impact communicable diseases.



Sources Accepted as Evidence

1. News Sources:

REUTERS – Any Reuters article which clearly makes mention of the fact or is in contradiction of the fact being stated by a delegate in council. (<http://www.reuters.com/>)

State-operated News Agencies – These reports can be used in the support of or against the State that owns the News Agency. These reports, if credible or substantial enough, can be used in support of or against any Country as such but in that situation, they can be denied

by any other country in the council. Some examples are:

RIA Novosti (Russia) <http://en.rian.ru/>

IRNA (Iran) <http://www.irna.ir/ENIndex.htm>

BBC (United Kingdom) <http://www.bbc.co.uk/>

2. Government Reports:

These reports can be used in a similar way as the State Operated News Agencies reports and can, in all circumstances, be denied by another country. However, a nuance is that a report that is being denied by a certain country can still be accepted by the Executive Board as credible information.

Examples are:



State Department of the United States of America

(<http://www.state.gov/index.htm>)

Ministry of Defense of the Russian Federation

(<http://www.eng.mil.ru/en/index.htm>)

Ministry of Foreign Affairs of various nations like India

(<http://www.meia.gov.in/>),

People's Republic of China

(<http://www.fmprc.gov.cn/eng/>)

France

(<http://www.diplomatie.gouv.fr/en/>)

Russian Federation

(http://www.mid.ru/brp_4.nsf/main_eng)

Permanent Representatives to the United Nations:

Reports <http://www.un.org/en/members/>

(Click on any country to get the website of the Office of its Permanent Representative).

Multilateral Organizations like the

NATO (<http://www.nato.int/cps/en/natolive/index.htm>)

ASEAN (<http://www.aseansec.org/>)

OPEC (http://www.opec.org/opec_web/en/), etc.

Please note that the Xinhua (Government news agency from China will not be accepted as a credible source)



3. UN Reports:

All UN Reports are considered credible information or evidence for the Executive Board of the Security Council.

UN Bodies:

UNSC(<http://www.un.org/Docs/sc/>)

WHO (<https://www.who.int>)

GA(<http://www.un.org/en/ga/>)

HRC(<http://www.ohchr.org/EN/HRBodies/HRC/Pages/HRCIndex.aspx>), etc

UN Affiliated bodies like the:

International Atomic Energy Agency
(<http://www.iaea.org/>)

World Bank (<http://www.worldbank.org/>)

International Monetary Fund
(<http://www.imf.org/external/index.htm>)

International Committee of the Red Cross

(<http://www.icrc.org/eng/index.jsp>), etc.

a



Treaty Based Bodies like:
Antarctic Treaty System
(<http://www.ats.aq/e/ats.htm>)
International Criminal Court
(<http://www.icccpi.int/Menus/ICC>)

Under no circumstances will

Sources like:
Wikipedia (<http://www.wikipedia.org/>)
Amnesty International (<http://www.amnesty.org/>)
Human Rights Watch (<http://www.hrw.org/>)

Newspapers like:
Guardian (<http://www.guardian.co.uk/>)
Times of India (<http://timesofindia.indiatimes.com/>), etc.
be accepted.



QARMA - Questions a Resolution must Answer

1. Excessive / Lenient / Aggressive use of opioid analgesics in healthcare settings has inadvertently led many people to opioid addiction.
2. Harm-Reduction vs Pure Rehabilitation Strategies.
3. The presence of tamper resistant or abuse deterrent formulations which have a high promise for the patient.
4. Use can have a rewarding effect on people thereby increasing the potential number of drug abusers.
5. Can it reduce long term effects of drug use while trying to save people from short term effects, like drug overdose and death.



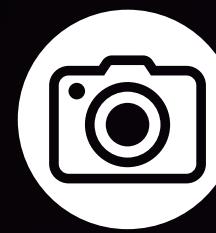
QARMA - Questions a Resolution

must Answer- Contd

1. EUUsing health care resources for this when such resources are scarce for other essential services.
2. People might feel the urge to experiment with newer drugs since some or most of them are now promoted. Potential for flooding streets with newer drugs?
3. Run and free hand of cartels and black markets in supply and procurement of these opioids.
4. Process of analysis and experiment on the opioids to conclusively prove their utilisation.
5. Necessity of requirement of opioid as a form of treatment and how this can be assessed.



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