



Indore World Summit

Study Guide (WHO)



AGENDA

Prohibition of tobacco in view of international growth

Letter from Executive Board

Dear delegates,

Team MUNIVERSITI welcomes each one of you to IWS 2022. Several of you may be attending your very first ever MUN conference, and we strongly urge you to review the study guide that has been compiled for you as a part of the conference to get a better understanding of the issue. We encourage all participants to be pragmatic in their outlook towards this conference. In order to reform policy and understand the mechanisms of global politics, it is imperative to comprehend the values and principles behind each agenda.

However, there is a lot of content available beyond this study guide too. In order to get the most out of your intellectual energy, you will need to research, collate, write down possible points of discussion, questions, and possible responses. At the same time, it is not just about speaking and presenting, but also about the ability to listen, understand viewpoints and learn new perspectives from one another. Winning should not be your motive, but instead you should be motivated by learning, since learning something means that you are the real winner, directly and/or indirectly.

Wishing all of you a great learning experience. Looking forward to having you all with us.

Best wishes.

Chairperson- Husaina Nadir

Co-chairperson- Mahek Rijhwani

Committee Overview-

INTRODUCTION

Tobacco kills up to half of its consumers. It has been noted that it kills approximately 8 million individuals every year. In excess of 7 million of those passings is the consequence of direct tobacco use while around 1.2 million are the aftereffect of non-smokers being presented to secondhand or recycled smoke.

Tobacco can likewise be destructive for non-smokers. Recycled smoke openness has also been embroiled in unfavorable well-being results, causing 1.2 million passings yearly. Almost 50% of all youngsters inhale air dirtied by tobacco smoke and 65000 kids bite the dust every year because of sicknesses connected with recycled smoke. Smoking while pregnant can prompt a few deep-rooted medical issues for children.

To address tobacco pestilence, WHO members embraced the WHO framework convention on Tobacco Control (WHO FCTC) in 2003. Presently 182 nations have endorsed this settlement. The WHO MPOWER measures are in accordance with the WHO FCTC and have been displayed to save lives and decrease costs from turned away medical services use.

The size of the human and economic misfortune that tobacco creates is unbelievable, but on the other hand, it's preventable. The tobacco business is battling to guarantee the risks of their items are disguised, however, we are retaliating.

HISTORY OF THE COMMITTEE

Founded in 1948, succeeding its first World Health Assembly, the WHO took motion to shape a Secretariat in Geneva. It turned into a given area for its preliminary years withinside the Palais des Nations, which has been the final home of the League of Nations.

As said in Chapter I of its Constitution, WHO became "to act as the directing and coordinating authority on worldwide health work." This became a far broader scope than any of the other worldwide organizations withinside the orbit of the UN.

WHO's structure and features elevated rapidly, soon after the established order of

WHO headquarters in Geneva, steps had been taken to install local offices. The first became the SouthEast Asia Regional Office, placed in New Delhi, India, in January 1949. In July 1949, a 2d workplace for the Eastern Mediterranean Region was installed in Alexandria, on the authentic Pan-Arab Health, Maritime, and Quarantine Board seat. Within WHO, the highest and the uppermost authority is the World Health Assembly, convened as soon as every year for approximately 3 weeks in May.

The Assembly consists of representatives of all member-states—around 166 nations in 1990—with one vote each, no matter the size or economic contribution. Large nations, nevertheless, certainly have a massive influence. The Regional Boards in each of the six areas have an extremely good deal of autonomy, due to the fact they're selected via way of means of the constituent nations and that they opt for the Regional Director. In reality, the regions have a tendency to comply with coverage choices of the worldwide headquarters, however, they're unfastened to enforce those in their very own way.

Between assemblies, there are conferences in step with a year of an Executive Board, composed of twelve to eighteen persons who are technically certified within-side the subject of health, however now no longer representing their very own international locations. The Executive Board prepares the schedule for the World Health Assembly and makes pointers to it on all subjects of global-wide health coverage.

MANDATE

WHO is apprehensive of the public health results of drug use in their entirety. WHO is consequently offering leadership, steerage, and a strong proof base to bolster the public health technique to counter the world drug problem. WHO's contribution makes a specialty of the subsequent areas:

Prevention and remedy of substance use disorders, the assessment and evaluation of materials by the Expert Committee on Drug Dependence, prevention and remedy of bloodborne infections (consisting of HIV and viral hepatitis) to lessen the harms associated with injecting drug use, stepped forward get entry to health services (along with access to managed medicines) in an effort to fulfil the everyday health insurance timetable and make certainly equitable access to all as a human rights principle, and provision of help to save you from injuries, violence, tobacco use, and the damaging use of alcohol.

WHO helps its Member States through collecting, analyzing, and disseminating ev-

idence-primarily based on total coverage in number one prevention, early intervention, treatment, rehabilitation, and social reintegration, as properly as via means of assisting efforts in tracking and evaluation. Within those areas, WHO offers normative guidance, applicable data, and technical aid to lessen the load of drug use and drug use-related problems at any level.

Committee Conclusion

The worldwide tobacco problem maintains to represent a severe hazard to public health and to the safety and wellness of humanity – especially children, younger human beings, and their families.

Thus in this committee, we will discuss the history, problems faced by the public due to tobacco, issues related to tobacco, measures taken in the past, and the possible solutions that could be taken in the future.

Prohibition of tobacco is necessary if we perceive international growth. In light of the scientific proof, the conference of the parties to the WHO framework convention of Tobacco Control (WHO FCTC) has presumed that a 100 percent smoke-free environment is the only main demonstrated approach to safeguard the health of individuals from the destructive impacts of tobacco smoke.



INTRODUCTION

The leaves of the plant *Nicotiana tabacum*, are dried and fermented to produce a highly addictive substance which is traditionally categorized as Tobacco. Tobacco is infamous for its highly addictive properties, which take shape because of the presence of the chemical called- Nicotine. Apart from Nicotine, tobacco contains and creates many other potentially harmful chemicals when burnt. Post harvesting, tobacco leaves are cured, aged, and processed to convert them into the forms of tobacco we see today.

FORMS OF TOBACCO-

1.Cigarettes- Cigarettes are essentially rolls of tobacco.

2.Cigars and Pipes

3.Hookahs

4.Bidis and Clove Cigarettes

People can smoke, chew, or sniff tobacco. Tobacco in every form and mode of consumption is no less harmful than others.

Upon consumption of tobacco, the nicotine from it gets easily absorbed into the consumer's blood. Consequently, nicotine stimulates the release of adrenaline, which subsequently results in an increased heart rate, blood pressure, and respiration rate.

Smoking and other forms of tobacco consumption have been directly linked to severe health hazards like cancer, chronic obstructive pulmonary disease, fertility problems, etc. among individuals. Regular consumption of tobacco brings along the threat of reduced life expectancy.

More than 80% of 1.3 billion tobacco users reside in low- and middle-income nations, which bear the brunt of the disease and death caused by tobacco use. Tobacco usage directly contributes to an increase in poverty, by diverting the household expenditure away from necessities like food and shelter to cigarettes and other related smoking equipment.

The economic repercussions of tobacco use are significant and incorporate high

clinical consumption for treating illnesses welcomed by tobacco use as well as the lost human capital as a result of morbidity and mortality linked to tobacco use. The wide-ranging consequential impacts of tobacco usage influence both national and international growth of nations, which calls for effective measures for prohibition and regulation of the use of tobacco.

HISTORY

The tobacco plant is a member of the nicotiana genus natively grown only on the lands of North and the South Americas. It is in the same family as the potato, pepper, and poisonous nightshade, a deadly plant. The history of tobacco and related products stretches back to around 6000 BC, which marks the beginning of tobacco cultivation in the Americas. Eventually, around 1 BC Indigenous American tribes started smoking tobacco at religious ceremonies and for medicinal purposes.

During 1492, dried tobacco leaves were gifted to Christopher Columbus(the explorer) by the Native Americans, which eventually led to Europeans being introduced to tobacco plants and smoking. Soon after, Europe witnessed widespread cultivation of the tobacco crop. The widespread use of tobacco in the European continent was largely attributed to the alleged therapeutic benefits of the plant. It was believed that tobacco could contribute to the cure of a myriad of diseases from headaches to cancer.

During the 1600s tobacco became prominent. So much so that it was often used as money.

At this time, some people were also beginning to understand some of the harmful effects of smoking tobacco. In 1610, Sir Francis Bacon observed that restraining tobacco consumption was more than difficult.

In 1760, Pierre Lorillard laid the foundation stone of a business to process tobacco, cigars, and snuff in New York City. The oldest tobacco manufacturer in the United States even today is P. Lorillard, which marks the commercialization of tobacco consumption.

Following this, in 1776, Tobacco was used as a means of finance during the American Revolutionary War by acting as security against the loans America took out from France.

Scientists are gradually learning more about the harmful health impacts of smoking

as well as the compounds in tobacco.

Over the forthcoming years, scientists eventually began understanding the alarmingly disturbing chemicals found within the tobacco and the dangers it could pose to the health of human civilization.

It was during 1826, that scientists discovered the presence of nicotine in tobacco products. Although nicotine was assumed to be dangerous for human health, it still started gaining fame.

Around this time cigarettes gained popularity among English soldiers, who imported tobacco-filled cigarettes from the Russian and Turkish soldiers.

In the United States, residue from the manufacturing of chewing tobacco and other tobacco products was utilized to manufacture cigarettes.

The cigarette did not become the primary manufactured and sold tobacco product until the early 1900s. A total of 3.5 billion cigarettes and 6 billion cigars were sold in 1901.

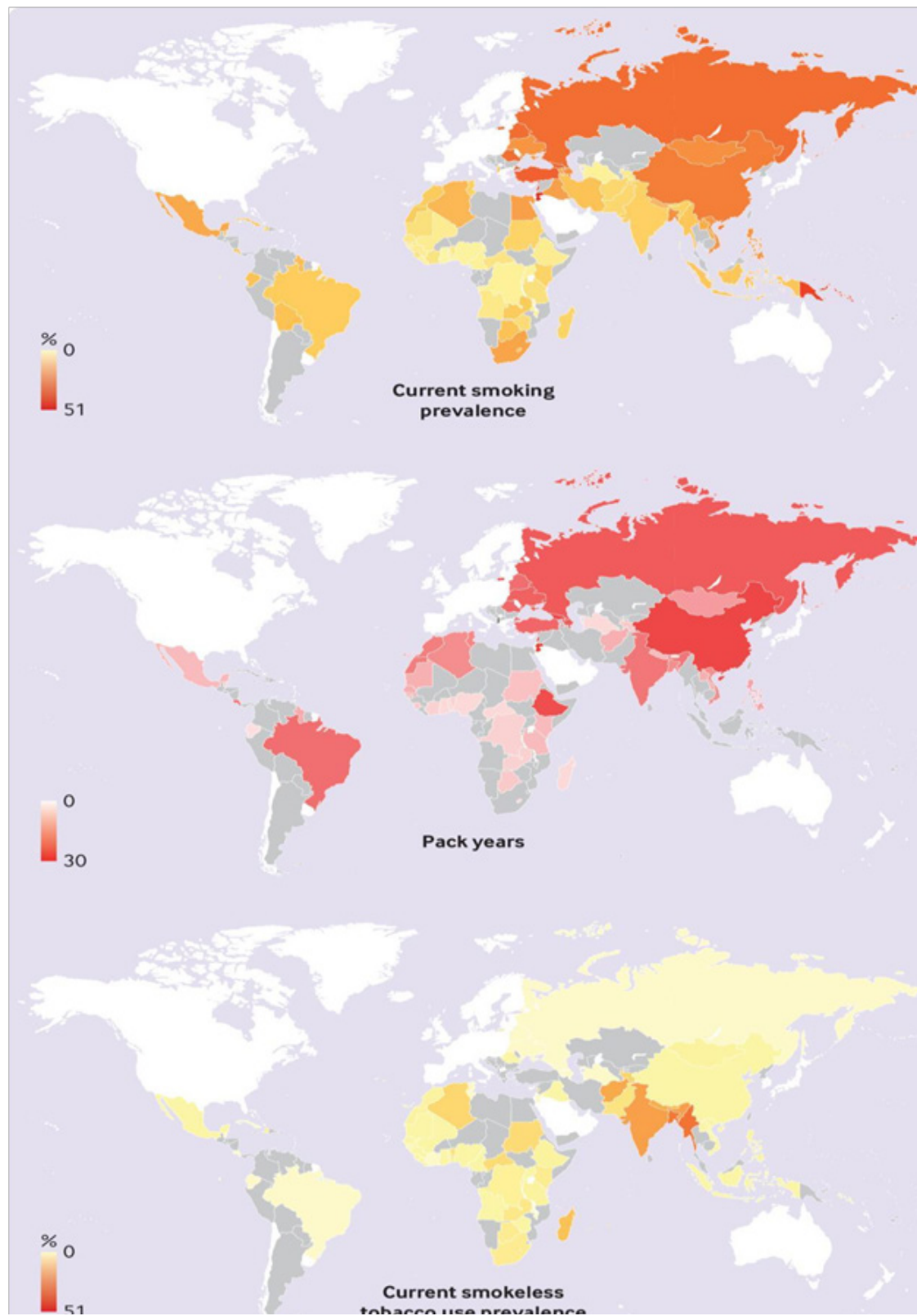
In 1902, British cigarette manufacturer Phillip Morris established a New York office to promote its products, including the infamous brand- Marlboro.

The use of cigarettes sky-rocketed during the times of world war I, when cigarettes were called- Soldiers Smoke.

Cigarette sales peaked during World War II (1939–1945), this was the time when cigarettes were included in soldiers' rations just like meals. Subsequently, more and more evidence of lung cancer being widespread due to increased smoking started taking shape around the 1950s.

In recent years, there is growing evidence of the threat tobacco poses to human health. Following the concerns raised over smoking cigarettes and consumption of tobacco nations around the world have taken actions like- imposing smoking bans.

CURRENT SCENARIO



The erstwhile 50 years have witnessed a dramatic change in stances toward and use of tobacco that has resulted in recent declines in the prevalence of lung cancer.

Researchers state that this change has been increased by public policy interventions to diminish tobacco use. The exploration literature suggests that the most potent demand-reducing influences on tobacco use have been works to increase the fiscal cost of using tobacco products primarily through taxation, smoke-free programs, comprehensive advertising bans, and paid counter-advertising campaigns.

New curatives for treating nicotine dependence and measures to liberalize access to medicinal forms of nicotine have the capability to revise the way societies address the problem of tobacco use in the future. Unfortunately, the money-spinning reality of the tobacco business has hindered public health efforts to constrain the use of tobacco products. While government regulation of tobacco products is a meritorious thing, capitalism, and not government regulation, most likely holds the topmost capability to briskly alter the worldwide epidemic of tobacco-caused complaints.

It's over to the public health community to harness the powers of capitalism to speed the development of less dangerous choices than conventional cigarettes.

Tobacco- a threat to human health?

When smoking, toxic chemicals in tobacco smoke reach your brain, heart, and other organs. Both inhalation and smoking of tobacco can facilitate the entry of harmful chemicals into the lungs of the human body. The process of respiration further spreads intrusive chemicals throughout the body.

As and when the chemicals from tobacco reach the human brain, nicotine stimulates the release of "Dopamine"- the feel-good chemical. This release can result in in-

- a. Making the consumer happy
- b. Increasing the concentration power
- c. Spiting the energy levels

Nicotine can alter the normal functioning of the human brain, causing the human body to crave more of it. The more a human smoke the more nicotine he/she craves.

Thus, consumption of tobacco converts into intertwined cycles of craving and con-

suming increased amounts of tobacco eventually leading to addiction.

Tobacco products contain different elements, posing different levels of risks to human health.

Components of tobacco and health risks associated with it-

1. Nicotine- The presence of nicotine in the blood can result in the narrowing down of arteries and veins which can subsequently-

- a. harm the human heart by making it work harder and faster
- b. slow down blood circulation, and decrease the amount of oxygen reaching different body parts.

2. Carbon Monoxide- The oxygen required by the heart to pump blood throughout the body is depleted when exposed to carbon monoxide. The airways (bronchi) widen and allow less air to enter your lungs, obstructing the flow of oxygen in the body.

3. Tar- It is the sticky component of tobacco that deposits on the lines of the lungs like soot in a chimney.

4. Phenols- Destroys the upper layer of cells on the bronchi lining protecting the body against infections.

5. Tobacco Smoke- Contains harmful chemicals like- hydrogen cyanide, formaldehyde, lead, arsenic, ammonia, etc. which are carcinogenic in nature.

How can tobacco use affect the human body-

Smoking and tobacco smoke inhalation via secondhand means can lead to severe long-term lung disorders like **Chronic Obstructive Pulmonary Disease (COPD), pneumonia, tuberculosis, asthma, etc.**

Chronic Bronchitis is another respiratory disease triggered by excessive smoking among individuals. The bronchi secrete too much mucus, leading to excessive coughing eventually blocking the airways due to mucus deposition further leading to lung infections.

Emphysema is a respiratory ailment wherein the air sacs inside the lungs break down, lowering the amount of oxygen reaching the blood.

Smoking has also been cited as one of the major causes of **Coronary Heart Disease (CHD)**, wherein the arteries aren't able to supply appropriate amounts of oxygen-rich blood to the heart. It also accounts for increased blood pressure, reduced ability to exercise, and increased probability of blood clotting, which can further lead to growing cases of **heart attacks and cardiovascular diseases**.

Due to the presence of harmful **carcinogenic chemicals** in tobacco and related products, their consumption exposes the consumer to high risks of **cancers of the Lungs, Throat and mouth, bladder, kidney, etc.**

Fertility problems in both men and women can also be traced back to smoking and tobacco consumption. Regular use of tobacco can create problems like **miscarriages and stillbirths** during pregnancies.

Other health effects that can be seen as side-effects of smoking include- increased risk of **type 2 diabetes, premature ageing of the skin, lower bone density, etc.**

Smoking damages the airways and channels of blood flow in the body, resulting in the aforementioned ailments. This damage continues to worsen as long as the consumer smokes. **Reducing the intake of harmful chemicals in tobacco and quitting smoking can keep the symptoms at bay if not cure the disease.**

How does smoking and tobacco consumption impact the health of a nation?

Tobacco consumption and secondhand smoke from smoking have been the cause of premature deaths in the past in addition to ailing the population of any nation in general.

The health hazards caused due to **smoking tobacco have impacted both the birth and death rates** of any particular population in general, **altering the regular pattern of national and international development.**

- **Economic Impact of Smoking-**

As per the estimates of the World Health Organisation (WHO), smoking causes over US\$500 billion in economic damage every calendar year. The cost accounting for tobacco can be divided into 3 categories- direct, indirect, and intangible.

The direct cost associated with tobacco consumption includes the **increasing cost of illness, ailments, and health care expenditure** engaged in the treatment of such diseases caused due to excessive smoking. According to the World Bank around 15% of healthcare expenditure in high-income countries can be traced back to smoking.

The indirect cost pertains to the cost incurred due to secondhand smoking-related health impacts and the **cost associated with reduced productivity and absenteeism** due to smoking and related ailments alongside the costs of campaigns aimed at discouraging people to smoke.

The immeasurable cost related to smoking like the **loss of life and human capital** can be categorized as intangible costs of smoking.

- **Environmental Impact of Tobacco-**

Tobacco is usually grown without rotation with other crops, making the soil and plants prone to a wide range of pests and illnesses. As a result, tobacco plants require plenty of chemicals, like pesticides, fungicides, fumigants, and growth regulators, to restrict the spread of pests or insects. Several of these compounds are extremely dangerous to both the environment and the farmer's health.

Handheld or backpack sprayers are generally employed, when applying pesticides and growth inhibitors. Not using mandatory safety gear whilst applying increases the likelihood of skin and respiratory exposure to harmful chemicals.

Since tobacco plants absorb more amounts of nitrogen, phosphate, and potassium in comparison to other commercial crops, their cultivation calls for intensive use of pesticides and fertilizers which subsequently results in **depletion of soil quality and fertility**.

Smoke from tobacco has also been one of the prominent pollutants in the air. Pollution from smoke is largely **deteriorating the quality of air** around people.

- **Benefits of Prohibition of Tobacco-**

Prohibition of Tobacco can directly impact the health-related concerns of any nation. A nation with less number of smokers will harbor and nurture a **healthier population**, leading to **increased life expectancy**.

Prohibition on smoking can drastically reduce secondhand smoke and the ailments arising from it.

Reduced smoking can also **alleviate the environmental impact and reduce the expenditure on healthcare.**

Regulations on smoking can also lead to **increased work productivity** leading to a better quality of work among individuals.

POSSIBLE SOLUTIONS

Below mentioned points can be considered as solutions to the agenda-

1. With help from the national government, ought to lay out and sufficiently store extensive tobacco control endeavors to prevent smoking.
2. Give objective data about the risks associated with cigarettes, cigars, pipes, smokeless, and other tobacco items, limit openness to secondhand smoke; and assist tobacco users to stop their consumption of it.
3. Public and private industries, as well as state, local area, and manager-based entities, ought to give powerful thorough tobacco end and treatment benefits -Including advising as well as medication to all people.
4. Focus on financing tobacco control endeavours at recommended levels.
5. Layout prerequisites that a proper portion of tobacco-created income be coordinated toward tobacco control endeavors.
6. Government should be allowed to carry out tobacco excise duties past state levels.
7. Youth tobacco education and counteraction efforts, for example, anti-smoking media crusades, and school-based mediations, should be improved and appropriately subsidized.
8. Data and facts connected with cigars, pipes, smokeless tobacco, and other

cigarette choices have to be integrated into youth and antismoking campaigns.

9. Carry out a prohibition on menthol enhancing in all tobacco items, as it has been carried out with different flavors in cigarettes.
10. Make an essential move and take mandatory action to lay out smoke-free regulations restricting smoking in all nonresidential indoor regions, including working environments, eateries, and bars. Ban smoking in local locations.
11. Effective tobacco control methods should be tried to lessen the utilization of cigars and pipes in addition to cigarettes, especially among youngsters and cigarette smokers.
12. Manage electronic cigarettes until persuasive evidence is not presented that states, that they are not addictive or hurtful.
13. Smoking and tobacco use in movies, as well as on television, should be banned, and the media industry should focus on the risks of tobacco use, especially to youngsters.

Nicotine Replacement Therapy-

Nicotine is the addictive drug in tobacco. When an individual consumes tobacco, many areas of the body become accustomed to having nicotine in them. Thus when the individual stops tobacco, they likewise quit nicotine and will probably have withdrawal side effects from it. This is on the grounds that the body needs to become accustomed to not having nicotine.

Nicotine Replacement Therapy or NRT can assist with the troublesome withdrawal side effects and desires that most people say it is their main reason for not surrendering tobacco. Utilizing NRT decreases those side effects.

Along with guidance or other help, NRT might assist with expanding the number of smokeless tobacco users who quit, as well.

Agenda analysis

As it was discovered that smoking cessation policies or restrictions have an economic impact, it also highlighted the disadvantages and unforeseen effects that they impose upon the smoking industry. Because of the nicotine, it momentarily masks tension and anxiety, which is why it is addictive. Smokers admit the very challenging phase of quitting the habit. Many smokers become hooked, putting others' and their own lives at risk for the short-term gain it brings. On the contrary, the habit is detrimental to our health, causing ailments such as lung cancer, heart disease, cancer, stroke, diabetes, and destroying our immune system. Thus, smoking restrictions have been shown to help reduce the number of people suffering from heart disease and lung cancer. As a result, fewer smoking-related ailments lower health-care expenses and save money on medical bills. The study revealed that the effective implementation of smoke-free measures helps people quit smoking. Furthermore, it leads to the reduction of cigarette and tobacco intake. This will result in less exposure to secondhand smoke and a reduction in the number of illnesses and deaths caused by smoking. Nonetheless, the negative impact of smoking on our health has a negative influence on the economy.

According to a survey by the tobacco company Philip Morris, smokers benefit a country by increasing tax income, dying young, and not taking a pension. Although smoking already has an economic impact, lowering its prevalence shown that it does not simply offer economic advantages; the study revealed that smoking cessation strategies and laws have effects. Because tobacco demand is mostly generated from consumer desire for cigarettes, decreased smoking publicity and anti-smoking regulations are two variables that influence the demand for cigarettes, and therefore the demand for tobacco. The problem harms the employment of tobacco growers and workers in the cigarette industry and raises the likelihood of illicit smuggling of smoking goods. Prohibiting smoking commercials and marketing is part of smoking cessation. While many people advocate against smoking, unintended consequences might lead to the downfall of the tobacco/smoking business. Trade liberalisation of tobacco goods lowers prices while increasing usage. It saves the smoking business from extinction, but it does not prevent individuals from being addicted to smoking since they have access and freedom.

More recommendations

The enactment of smoke-free regulations, policies, and laws helps to foster discipline among the youth that smoking is restricted because it is not morally upright to use and tolerate smoking. Restrictions on smoking in public places and private work sites have significantly reduced demand for cigarettes. As the smoke-free policies conduct reduction in demand for tobacco and cigarettes, it leads to the plummet of the smoking industry. It is still more beneficial to control smoking as many lives are at stake including non-smokers such as children. Also, in terms of the world trade production of tobacco, although the trade liberalization saves the smoking industry and its workers from demolition, it still cannot be compared to the diseases and deaths that will cost too many. It should be encouraged to restrict or even ban smoking advertisements and promotion entirely. The impact of cigarette advertising is argued by the tobacco industry as a mature industry, and advertising affects only the market share of advertised brands and has no impact on demand for cigarettes. But we disagree with this as advertising is particularly effective in increasing the numbers of smokers, especially young people. It gives the idea of having the freedom to access whatever is publicized. So, therefore, it has a positive effect on demand for cigarettes. Except for the taxation on cigarettes and the implementation of smoking bans in public places, it is also important to prevent the increasing consumption of cigarettes by refraining from giving the idea that it is okay to smoke and that it does not have any disadvantages to our health and to our economy.

What can be concluded, before you start your country specific research.

The implementation of smoking-ban and smoke-free policies in public places contributes to the global economy and secures the health of smokers and non-smokers. It benefits the economy as the enactment of anti-smoking laws and policies will help smokers in their mission to quit smoking. Subsequently, it results to public health benefits because of fewer diseases, disabilities, and deaths. The enforcement of the anti-smoking benefit policies is also for the security of non-smokers as it protects us from the exposure of second-hand smoke. Hence, the depletion of smoking-related illnesses includes savings from medical costs because of the reduced morbidity and mortality caused by smoking. The improvement of the quality of life of people also has an economic impact as it affects the enhancement of workplace productivity, cleaner air, and reduction in disasters caused by smoking. The smoking cessation interventions and policies are costly and have disadvantages to economy as it results to the plummet of the smoking industry. Governments obstruct smoking by rais-

ing the cost of smoking through taxation. Nonetheless, it also affects the smoking industry in terms of employment. Tobacco farmers, in particular, will be influenced, and smuggling of cigarettes will be inflicted. Even though smoking interventions have economic benefits, the unintended consequences of cigarette taxes occur. In conclusion, as tobacco tax increases reduce smoking consumption via higher cigarette prices, raises government revenue, saves more lives, preserves employment, and reduces tobacco farming. However, whether or not tax increases lead to loss of revenue in the smoking industry is still a subject of debate, as smuggling and tax evasion help to minimize any losses arising from taxation.

BLOC POSITION

1. South Asian and Southeast countries-

In South and Southeast Asian nations, tobacco is consumed in different structures, and smoking among women is exceptionally low. We intended to give public assessments of the prevalence and social determinants of smoking and smokeless tobacco use among people independently.

- Studying these nine countries(India, Pakistan, Nepal, Bangladesh, Maldives, Philippines, Cambodia, Indonesia, and Timor Leste). It has been shown that the commonness and kind of tobacco use among people shifted across the nations and among financial subgroups.
- Smoking pervasiveness was lower in women than men in all nations. Smoking among men was extremely high in Indonesia, Maldives, and Bangladesh. Smokeless tobacco (predominantly enjoyable) was utilized in different structures, especially in India, among all kinds of people.
- chewing tobacco was normal in Nepal, Bangladesh, Maldives, and Cambodia. Both smoking and smokeless tobacco use were related to higher age, lower education, and poverty.

Policymakers ought to consider the sort of tobacco utilization and their differentials among different populace subgroups to execute country-explicit tobacco control measures and focus on the weak groups.

2. African countries-

The five top tobacco-growing nations are Zimbabwe, Zambia, the United Republic of Tanzania, Malawi, and Mozambique. rest of the nations have few tobacco-growing regions, normally for local utilization.

- Lesotho had the most elevated pervasiveness of tobacco users in Africa starting around 2019.
- That year, 26.7 percent of Lesotho's populace consumed tobacco. Morocco followed close with 23.4, then, at that point, South Africa with a predominance of 20.3 percent.
- West African nations like Nigeria and Ghana had the least consumption rankings in Africa that year.
- Presently, around 77 million adults smoke in Africa, and this figure is supposed to accelerate consistently throughout the coming years, reaching 413 million smokers by 2100.
- A more prompt concern is that the quantity of smokers in Africa (in view of 2010 levels) is expected to ascend from 15.8% to 21.9% by 2030, **the biggest extended expansion on the globe.**

3. North and South American nations-

- Tobacco was first found by the local individuals of Mesoamerica and South America.
- Archeological finds show that people in America started consuming tobacco as far back as 12300 years ago, millennia sooner than recently reported.
- Cigarette smoking in remaining parts is the main source of preventable sickness, handicap, and demise in the US, representing in excess of 480,000 passings consistently, or around 1 out of 5 deaths.
- In 2020, almost 13 of each and every 100 U.S. adults aged 18 years or more established (12.5%) smoked cigarettes.
- This implies an expected 30.8 million adults in the US as of now smoke cigarettes.

- In excess of 16 million Americans live with a smoking-related disease.
- The complete economic expense of smoking in the US is assessed at more than \$300 billion per year. This inculcates almost \$170 billion for direct clinical care for adults and more than \$156 billion in lost efficiency because of sudden deaths and exposure to handed-down cigarette smoke.

4. Middle Eastern countries-

- Tobacco and its subsidiaries have been developed and utilized in Middle Eastern nations for roughly 500 years
- It began in Iran during the fifteenth century, as utilized spread among mariners in the Caspian Ocean, which prompted its possible spread through all of the Middle East during the next hundreds of years.
- Tobacco massively affects their economy, with More than \$240 billion in medical care spending,
- Almost \$185 billion in lost efficiency from smoking-related ailments and health problems.
- \$180 billion in lost productivity from smoking-related unexpected deaths, and, \$7 billion in lost efficiency from sudden passing from handed-down cigarette smoke exposure.

5. European nations-

- In Europe, smokeless tobacco is usually utilized in Sweden and Norway, where Swedish snus is lawfully sold and socially conceded.
- The PPACTE overview included Sweden, showing large snus utilization of 12.3%, with men detailing utilizing multiple times more habitually than women.
- Apart from these two nations, utilization has been found in nations like Albania, Austria, Bulgaria, the Czech Republic, Croatia, Britain, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Poland, Portugal, Romania, and

Spain.

- Yet, it has been seen that, with the exception of Sweden where snus use is extremely successive, smokeless tobacco use is uncommon in the other European nations.

Suggested mod caucus topics-

1. Discuss the harmful effects of tobacco on living and monetary elements.
2. Discuss the history of tobacco, and how it originated.
3. Discuss the pros and cons of measures taken by WHO so far to prohibit the use of tobacco.
4. Discuss the advantages and disadvantages of the use of Nicotine Replacement Therapy.
5. Discuss the benefits of the prohibition of tobacco.
6. Discuss the harmful effects of tobacco on the economy.
7. Discuss the deteriorating effects of tobacco and its components on the environment.
8. Analyzing MPOWER initiative by WHO steps taken to combat smoking.
9. How can the prohibition of tobacco facilitate and foster international development and growth?
10. Solutions to curb the economic and environmental impact of smoking and measures to reduce smoking among people.

Research links

1. <https://www.who.int/news-room/fact-sheets/detail/tobacco>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2509615/>
3. https://www.unodc.org/documents/ungass2016/Contributions/UN/WHO/WHO_Role_and_Mandate_to_counter_the_worlds_drug_problems_2014.pdf

4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4862676/>
5. https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm#:~:text=Smoking%20causes%20cancer%2C%20heart%20disease,immune%20system%2C%20including%20rheumatoid%20arthritis.
6. <https://www.health.gov.au/health-topics/smoking-and-tobacco/about-smoking-and-tobacco/what-are-the-effects-of-smoking-and-tobacco>
7. <https://tobaccocontrol.bmj.com/content/10/3/212>
8. <https://www.who.int/initiatives/mpower#:~:text=The%20WHO%20Framework%20Convention%20on,WHO%20introduced%20the%20MPOWER%20measures.>
9. <https://www.cleanairfund.org/news-item/5-reasons-air-pollution-is-everyones-problem/>
10. <https://www.paho.org/en/topics/tobacco-control>

- **Rules of procedure**

Roll Call

A committee meeting begins with a roll call, without which quorum cannot be established. A debate cannot begin without a quorum being established. A delegate may change his/her roll call in the next session. For example, if Delegate answers the Present in the First session, he can answer Present and vote in the next session when the roll call occurs.

During the roll call, the country names are recalled out of alphabetical order, and delegates can answer either by saying Present or Present and voting. Following are the ways a roll call can be responded in -

Present - Delegates can vote Yes, no, or abstain for a Draft Resolution when they answer the Roll Call with Present;

Present and voting - An delegate is required to vote decisively, i.e., Yes/No only if they have answered the Roll Call with a Present and voting. A Delegate cannot abstain in this case.

Abstention - The Delegate may abstain from voting if they are in doubt, or if their country supports some points but opposes others. Abstention can also be used if a delegate believes that the passage of the resolution will harm the world, even though it is unlikely to be highly specific. A delegate who responded with present and voting is not allowed to abstain during a substantive vote. An abstention counts as neither "yes" nor "no vote", and his or her vote is not included in the total vote tally.

Quorum

In order for the proceedings of a committee to proceed, quorum (also known as a minimum number of members) must be set which is one-third of the members of the committee must be present. Quorum will be assumed to be established unless a delegate's presence is specifically challenged and shown to be absent during the roll call. The Executive Board may suspend committee sessions if a quorum is not reached.

General Speakers List

After the agenda for the session has been established, a motion is raised to open the General Speaker's List or GSL. The GSL is where all types of debates take place throughout the conference, and the list remains open throughout the duration of the agenda's discussion. If a delegate wishes to speak in the GSL, he or she must notify the Executive Board by raising his or her placard when the Executive asks for Delegates desiring to speak in the GSL. Each country's name will be listed in the order in which it will deliver its speech. A GSL can have an individual speaker time of anywhere from 60-120 seconds. Following their GSL speech, a Delegate has the option of yielding his/her time to a specific Delegate, Information Points (questions) or to the Executive Board.

Speakers List will be followed for all debate on the Topic Area, except when superseded by procedural motions, amendments, or the introduction of a draft resolution. Speakers may speak generally on the Topic Area being considered and may address any draft resolution currently on the floor. Debate automatically closes when the Speakers List is exhausted.

Yield

A delegate granted the right to speak on a substantive issue may yield in one of three ways at the conclusion of his/her speech: to another delegate, to questions, or to the Director. Please note that only one yield is allowed. A delegate must declare any yield at the conclusion of his or her speech.

- Yield to another delegate. When a delegate has some time left to speak, and he/ she doesn't wish to utilize it, that delegate may elect to yield the remaining speaking time to another delegate. This can only be done with the prior consent of another delegate (taken either verbally or through chits). The delegate who has been granted the other's time may use it to make a substantive speech, but cannot further yield it.
- Yield to questions. Questioners will be selected by the Executive Board. Follow-up questions will be allowed only at the discretion of the Director. The Director will have the right to call to order any delegate whose question is, in the opinion of the Director, rhetorical and leading and not designed to elicit information. Only the speaker's answers to questions will be deducted from the speaker's remaining time.
- Yield to the EB. Such a yield should be made if the delegate does not wish his/her speech

to be subject to questions. The moderator will then move to the next speaker.

Motions

Motions are the formal term used for when one initiates an action. Motions cover a wide variety of things.

Once the floor is open, the Chairs will ask for any points or motions. If you wish to bring one to the Floor, this is what you should do:

- Raise your placard in a way that the chair can read it
- Wait until the Chair recognizes you
- Stand up and after properly addressing the Chair("Thank you, honourable Chair" or something along these lines), state what motion you wish to propose
- Chairs will generally repeat the motions and may also ask for clarification. Chairs may do this if they do not understand and may also ask for or suggest modifications to the motion that they feel might benefit the debate.

Every motion is subject to seconds, if not otherwise stated. To pass a motion at least one other nation has to second the motion brought forward. A nation cannot second its own motion. If there are no seconds, the motion automatically fails.

If a motion has a second, the Chair will ask for objections. If no objections are raised, the motion will pass without discussion or a procedural vote. In case of objections, a procedural vote will be held. The vote on a motion requires a simple majority, if not otherwise stated.

While voting upon motions, there are no abstentions. If a vote is required, everyone must vote either "Yes" or "No". If there is a draw on any vote, the vote will be retaken once. In case there are multiple motions on the Floor, the vote will be casted by their Order of Precedence. If one motion passes, the others will not be voted upon anymore. However, they may be reintroduced once the Floor is open again.

During a moderated caucus, there will be no speakers' list. The moderator will call upon speakers in the order in which they signal their desire to speak. If you want to bring in a motion for a moderated caucus, you will have to specify the duration, a speakers' time, a moderator, and the purpose of the caucus. This motion is subject to seconds and objections but is not debatable.

In an unmoderated caucus, proceedings are not bound by the Rules of Procedure. Delegates may move around the room freely and converse with other delegates. This is also the time to create blocks, develop ideas, and formulate working papers, draft resolutions, and amendments. Remember that you are required to stay in your room unless given permission to leave by a Chair.

During the course of debate, the following **points** are in order:

- **Point of Personal Privilege:** Whenever a delegate experiences personal discomfort which impairs his or her ability to participate in the proceedings, he or she may rise to a Point of Personal Privilege to request that the discomfort be corrected. While a Point of Personal Privilege in extreme case may interrupt a speaker, delegates should use this power with the utmost discretion.
- **Point of Order:** During the discussion of any matter, a delegate may rise to a Point of Order to indicate an instance of improper parliamentary procedure. The Point of Order will be immediately decided by the Director in accordance with these rules of procedure. The Director may rule out of order those points that are improper. A representative rising to a Point of Order may not speak on the substance of the matter under discussion. A Point of Order may only interrupt a speaker if the speech is not following proper parliamentary procedure.
- **Point of Parliamentary Enquiry:** When the floor is open, a delegate may rise to a Point of Parliamentary Inquiry to ask the EB a question regarding the rules of procedure. A Point of Parliamentary Inquiry may never interrupt a speaker. Delegates with substantive questions should not rise to this Point, but should rather approach the committee staff during caucus or send a note to the dais.
- **Point of information:** After a delegate gives a speech, and if the delegate yields their time to Points of Information, one Point of Information (a question) can be raised by delegates from the floor. The speaker will be allotted the remainder of his or her speaking time to address Points of Information. Points of Information are directed to the speaker and allow other delegations to ask questions in relation to speeches and resolutions.
- **Right to Reply:** A delegate whose personal or national integrity has been impugned by another delegate may submit a Right of Reply only in writing to the

committee staff. The Director will grant the Right of Reply and his or her discretion and a delegate granted a Right of Reply will not address the committee except at the request of the Director.

Draft Resolution

Once a draft resolution has been approved as stipulated above and has been copied and distributed, a delegate(s) may motion to introduce the draft resolution. The Director, time permitting, shall read the operative clauses of the draft resolution. A procedural vote is then taken to determine whether the resolution shall be introduced. Should the motion received the simple majority required to pass, the draft resolution will be considered introduced and on the floor. The Director, at his or her discretion, may answer any clarificatory points on the draft resolution. Any substantive points will be ruled out of order during this period, and the Director may end this clarificatory question-answer period' for any reason, including time constraints. More than one draft resolution may be on the floor at any one time, but at most one draft resolution may be passed per Topic Area. A draft resolution will remain on the floor until debate on that specific draft resolution is postponed or closed or a draft resolution on that Topic Area has been passed. Debate on draft resolutions proceeds according to the general Speakers List for that topic area and delegates may then refer to the draft resolution by its designated number. No delegate may refer to a draft resolution until it is formally introduced.

Amendments

All amendments need to be written and submitted to the executive board. The format for this is authors, signatories and the clause with mentioning the add, delete and replace. There are two forms of amendment, which can be raised by raising a motion for amendment and approval of the chair=

Friendly Amendments: Amendment, which is agreed upon by all the author's does not require any kind of voting

Unfriendly Amendments: Amendments that are introduced by any other need not be voted upon by the council and are directly incorporated in the resolution. You need a simple majority in order to introduce a normal amendment.

BODY of Draft Resolution

The draft resolution is written in the format of a long sentence, with the following rules:

- Draft resolution consists of clauses with the first word of each clause underlined.
- The next section, consisting of Preambulatory Clauses, describes the problem being addressed, recalls past actions taken, explains the purpose of the draft resolution, and offers support for the operative clauses that follow. Each clause in the preamble begins with an underlined word and ends with a comma.
- Operative Clauses are numbered and state the action to be taken by the body. These clauses are all with the present tense active verbs and are generally stronger words than those used in the Preamble. Each operative clause is followed by a semi-colon except the last, which ends with a period.

SAMPLE POSITION PAPER

Committee : UNDP

Country : Chad

Topic : Women in Development

Chad is concerned about gender equality concerns and is pleased that people are paying attention to this subject. We promote human rights and believe that all humans, including men and women, are created equal. We see that violence and gender discrimination would be a violation of human rights. We also think that women, like men, should be allowed a larger role in practically every facet of life.

This crisis has been resolved in practically every country, and we now need to create a safer and more secure environment. Improved environment for women and their activities As many as 70% to 80% of women are responsible for their home. However, they are in an unpleasant condition due to a lack of education, financial management, and even awareness of their rights. Which led to bigger problems such as unpaid overtime work, low education owing to forced young marriage, and other culturally based constraints that make people unhappy.

Our country may have joined and ratified human rights accords that acknowledged the Gender equality is a concept. And our government enthusiastically passed the domestic violence statute, which is yet another step toward recognising this issue.

Nonetheless, we think that there is a problem in law enforcement, which is why Chad will participate in UNDP programmes regarding gender equality, women empowerment, and advocating our position to our own people.

The government of Chad presented various remedies to this problem.

1. Creating an environment in which women are accepted and treated equally. in which case

As an example, UNDP should engage in social and cultural activities to create a “model community.” to different villages Education is one of the projects. The majority of the time, young girls are stolen away from school and compelled to work or marry owing to financial difficulties Developing an option may be night school or another flexible-in-time and free school.

2. A basic financial education. Women should seek out services or products that are effective. capable of handling them We would aid them in obtaining credit and a better and safer loan. And they should be functioning as entrepreneurs in their town or group. Which in this case In this situation, they create a new, independent employment.

