World Health Organization (WHO)
Chair Letter

DEAR DELEGATES,

Welcome to the World Health Organization (WHO) at CNYMUN 2026! As the world advances into the midst of the 21st century, it has become imperative to address the rising health concerns of an ever-growing population. The advantages of revolutionary advancements in technology must not be overlooked, and we must implement them to provide innovations in healthcare and improve the lives of others. Your chairs for this committee will be Maggie Huang and Nalan Ercanli.

ABOUT THE CHAIRS:

Maggie is a sophomore at Fayetteville-Manlius High School. She enjoys binge-watching her favorite shows and movies; reading, traveling to NYC, and playing the piano. Outside of MUN, Maggie is an active member of her school's Red Cross chapter, tennis team, and *Learn To Be* club, where she tutors students. This is her second conference as a chair, which she is beyond ecstatic about! Maggie is looking forward to an amazing conference at CNYMUN 2026!

Nalan is a junior at Fayetteville-Manlius High School. This is her third year participating within MUN! Outside of MUN, Nalan plays the cello, listens to music, goes on walks, and takes photographs! This is her first conference as a chair, but she has been to 6 other conferences, including participating in CNYMUN 2025 as a secretariat. Nalan is looking forward to a great conference at CNYMUN 2026!

ABOUT THE COMMITTEE:

Your topics for the World Health Organization at CNYMUN 2026 will be:

1. Use of AI in Healthcare
2. The Development of Alcohol Regulation Policies

The World Health Organization (WHO) is a specialized international agency of the United Nations dedicated to helping all peoples attain the highest level of health possible. Founded in 1948, WHO is headquartered in Geneva, Switzerland, where it has over 150 offices across the globe. Member-states are organized into 6 regions, each with its own regional office.[1] For its current work period, WHO is devoted to serving the vulnerable and promoting health and safety across the globe. This includes its goal of achieving the "triple-billions targets": helping 1 billion people attain universal healthcare coverage, protecting 1 billion people from health emergencies, and bettering the health and well-being of 1 billion people.[2] Through the usage of diplomacy among its 194 member-states, WHO is committed to the Sustainable Development Goals (SDGs) and promoting healthier and more productive lives.

ABOUT THE CONFERENCE:

Keeping in line with CNYMUN tradition, all committees will follow Harvard style debate, meaning delegates are prohibited from using pre-written clauses and/or resolutions during committee. Doing so will make a delegate ineligible for awards. To be eligible for awards, delegates must submit a Georgetown style position paper per each topic, meaning that each topic should be one page, single spaced, with a font size of 12 in Times New Roman. Position papers should outline the stance of your delegation and demonstrate a comprehensive understanding of your topics. The use of AI is prohibited and will result in disqualification from awards. When deciding on awards, chairs will look favorably upon delegates who have put significant effort into preparation prior to the conference, collaborate with other delegates without being overbearing, remain within the bounds of their nation's policies, and encourage other's voices to be heard. CNYMUN committees are structured using a tiered structure, designating each committee as open, intermediate, or advanced. CCPCJ is designated as an **open** committee. In turn, the Best New Delegate award will be offered to a first-time delegate in this committee.

Please share position papers prior to the start of the conference. The chairs' emails are listed below for you to contact about any research, position paper, or committee inquiries. It is recommended that all delegates share their position papers to both chair's emails, although chairs will ask for any hard copies

[1] "WHO Organizational Structure." *World Health Organization*, WHO, 2025, www.who.int/about/structure. Accessed 17 Aug. 2025.

[2] "The U.S. Government and the World Health Organization." *KFF*, 21 Jan. 2025, www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-the-world-health-organization/. Accessed 17 Aug. 2025.

of position papers at the start of committee session one if necessary.

We encourage you to scan our delegate preparation resources and award structure on www.cnymun.org. We wish you the best of luck and can't wait to see what you bring to CNYMUN 2026!

Maggie Huang
28mhuang@fmschools.org

Nalan Ercanli
27nercanli@fmschools.org

TOPIC 1: USE OF AI IN HEALTHCARE

Artificial intelligence, commonly referred to by its abbreviation AI, is arguably the most revolutionary technological advancement of the Contemporary period. From providing guidance about medical symptoms to assisting in high-stakes surgeries, AI has had an especially remarkable impact on the healthcare industry, assisting doctors in an increasingly understaffed field. Yet, despite all this, there lies much uncertainty and concerns over the implementation and overall general functioning of this technology.

In scientific terms, AI refers to the ability of intelligence machines to perform human cognitive tasks. This includes learning and recognizing patterns from large datasets, anticipating potential problems and learning how to resolve them, and to adapt to new data or information it is given.[3] There are many different subsets of AI, such as Machine Learning, which uses algorithms to allow a model to improve as it is given more and more data. In healthcare, this type of AI assists in precision medicine (using patient-specific data to recommend treatment options), analyzing a large array of patient records and medical imaging, as well as improving medical diagnostics. Natural Language Processing (NLP) is another type of AI, empowering computers with the ability to interpret and understand human language. NLP is implemented to conduct more accurate diagnostics, provide more personalized treatments, improve patient care quality, and decipher and document patient notes. NLP can be especially resourceful in places where resources are constrained due to its ability to streamline clinical services and redundant tasks.[4]

The foundations for AI were laid in 1950, when British mathematician and computer scientist Alan Turing conducted evaluations on whether machines could think. In his paper, "Computing Machinery and Intelligence", Turing ran something called the Turing Test, an experiment in which evaluated a machine's

[3]Bajwa, Junaid et al. "Artificial intelligence in healthcare: transforming the practice of medicine." *Future healthcare journal* vol. 8,2 (2021):e188-e194. doi:10.7861/fhj.2021-0095
[4]https://www.foreseemed.com/artificial-intelligence-in-healthcare#:~:text=AI%20is%20already%20reshaping%20the,management%2C%20and%20enhancing%20patient%20experience

ability to think. If a human, when isolated from the participants, was unable to tell the difference between a machine and a human, then the device would be considered to have "artificial intelligence". As AI continued to be researched, it was coined its name by Dartmouth professor John McCarthy at a conference in 1956, marking what people would consider the official birth of AI.[5]

Historically, the first instances of AI applications specifically geared towards healthcare service was in the 1970s with the creation of MYCIN, an expert system used to diagnose and prescribe antibiotics for bacterial diseases. In the 1980s, DXplain was designed at the University of Massachusetts to help clinicians with diagnostics.[6] As AI continued to be studied and applications were made, it was the start of the 21st century that saw a massive increase in the influence of AI on healthcare. This included the introduction of Electronic Health Records (EHRs), advanced diagnostic tools in reading medical imaging, and Clinical Decision Support Systems (CDSS), which aids physicians in making clinical decisions about the care of patients.[7]

As new innovative products and techniques are developed in the health field, AI has become a central player in the medical world. Medical imaging and diagnostic tools (such as screening people for diabetes) are one of the leading usages of AI in healthcare. Between 2015-2020, 58% of AI-based devices in the U.S. and Europe were approved for radiology use. AI also reduces the amount of preparation time typically associated with human diagnostics. For example, AI-based InnerEye technology was found to reduce preparation time for imaging and radiotherapy cancer treatment by 90%, drastically reducing the down time for life-saving treatments. AI can also be implemented to assist in CRISPR gene editing, helping to precisely modify and correct portions of human DNA to treat diseases.[8] Applying AI models in the healthcare field saves time, reduces costs, and can help improve the management of medical records. This not only reduces human errors but frees up time for providers to have more face-to-face interactions with patients, allowing them to devote more time to patient care. AI chatbots and virtual health assistants can provide patients with 24/7 support and monitoring, allowing people to have direct access to help at all times. The process of drug discovery can also be greatly aided by AI algorithms, allowing for accelerated drug development and more accurate predictions on how certain drugs will react in the body. For example, in February of 2022, Insilico Medicine announced the start of Phase I clinical trials for an AI-developed drug that targets Idiopathic Pulmonary Fibrosis (IPF), a chronic disease that affects the alveoli in the lungs.[9] Predictive analytics are also an important part of the advantages of AI, where it can help providers analyze patterns in patient medical records and current health data, enabling for more personalized treatments.[10]

If used to its fullest advantages, AI can transform healthcare in resource-constrained and developing areas. Populations living in rural communities are especially hard hit, where poverty and limited access to healthcare coupled with shortages of professional health workers have led to an overall decline in the standards of living. Cardiovascular diseases (CVDs) are one of the most frequent health conditions in low and middle-income countries, with over 80% of cases diagnosed there. AI can aid by improving image analysis, improve the accuracy of cardiac assessments, and quickly diagnose CVDs, potentially reducing the death rates by diagnosing patients

[5] "The Birth of Artificial Intelligence (AI) Research." *Lawrence Livermore National Laboratory*, st.llnl.gov/news/look-back/birth-artificial-intelligence-ai-research. Accessed 18 Aug. 2025.

[6] Hirani, Rahim et al. "Artificial Intelligence and Healthcare: A Journey through History, Present Innovations, and Future Possibilities." *Life (Basel, Switzerland)* vol. 14,5 557. 26 Apr. 2024, doi:10.3390/life14050557

[7] Team, Keragon. "When Was AI First Used in Healthcare? The History of AI in Healthcare." *Keragon*, 28 May 2025, www.keragon.com/blog/history-of-ai-in-healthcare#:~:text=Artificial%20Intelligence%20(AI)%20has%20been,of%20sophisticated%20deep%20learning%20models. Accessed 20 Aug. 2025.

[8] Bajwa, Junaid et al. "Artificial intelligence in healthcare: transforming the practice of medicine." *Future healthcare journal* vol. 8,2 (2021):e188-e194. doi:10.7861/fhj.2021-0095

[9] "From Start to Phase 1 in 30 Months: AI-discovered and AI-designed Anti-fibrotic Drug Enters Phase I Clinical Trial." *Insilico Medicine*, 24 Feb. 2024, insilico.com/phase1. Accessed 10 Sept. 2025.

[10] "AI in Healthcare." *Foresee Medical*, www.foreseemed.com/artificial-intelligence-in-healthcare#:~:text=AI%20is%20already%20reshaping%20the,management%2C%20and%20enhancing%20patient%20experience. Accessed 20 Aug. 2025.

earlier. This also allows for the reduction for various expenses, leading to a decrease in healthcare costs. Oncologists can also benefit; models can assess tumors faster and be trained so that if there's a shortage of radiologists, AI can take over its role and analyze scans. In emergency care centers, where many of such facilities are not up to the general standards in low-income nations (lack of a strong hospital infrastructure, quality of care, medicine, and trained professionals). AI models can help manage and allocate resources, predict mortality rates and the duration of stays in Intensive Care Unites (ICUs); and monitor patient vitals and predict potential risks, thereby lessening the stress of these spaces and allow all peoples to receive care. Lastly, developments in AI-assisted surgeries have resulted in groundbreaking transformations. Robots, such as the Da Vinci Surgical System (mimics a surgeon's hands), have become increasingly more prevalent in operating rooms, improving efficiency, precision, and outcomes. Above all, having AI work alongside surgeons can alleviate stress and burnout, reduce hospitalization times, and alleviate surgical site infections.[11]

Despite the general positive impacts that AI has had on the health field, there are still many concerns that must be addressed to ensure that its utilization will be for the better. Ethical issues, such as data privacy, security, patient safety, and accuracy, are all matters that must be tackled. For instance, Africa lacks standard AI regulations across regions, where national digital health policies and strategies for implementing AI are absent. Little trust in the government has led to the exclusion of government engagement by stakeholders, resulting in limited guidelines on AI.[12] Between 2022 and 2023 of April, South Africa experienced a 356% increase in impersonation fraud, demonstrating the urgency of resolving these critical issues.[13] Many countries have already taken measures. In the United States, the Health Insurance Portability and Accountability Act (HPA) was enacted in 1996 on the basis of protecting patient privacy, including electronic data such as EHRs.[14] In the European Union, the Global Data Protection Regulation (GDPR) regulates data privacy. Around 66% of countries across the globe have legislation regarding protection of data, including Nigeria, who passed the Nigerian Data Protection Act in 2023.[15]

Health disparities, as defined by the National Institutes of Health (NIH), are preventable health differences that impact those who experience greater health challenges. Groups that are affected include racial/ethnic minorities and those of low socioeconomic status. Health care access, quality, and the deliverance of health services are also characteristics influenced by disparities.[16] Biases are just one of the many elements that contribute to health inequities. Since most data used for AI applications are from western nations, there's a significant lack in representation of minority groups, resulting in the serious impediment of AI assistance in healthcare. There are various kinds of biases that can occur: data bias, which is when the AI application isn't trained on representative data and therefore doesn't serve the intended population well; algorithmic bias, or when the AI design itself is biased towards a certain population; and lastly usage bias, when the way in which the application is used is biased in some way. It is important for nations to consider such biases, as it can lead to discrimination, unfair treatment, and prejudices, decreasing the quality of patient care and damaging trust in a world

[11] Zuhair, Varisha et al. "Exploring the Impact of Artificial Intelligence on Global Health and Enhancing Healthcare in Developing Nations." *Journal of primary care & community health* vol. 15 (2024): 21501319241245847. doi:10.1177/21501319241245847

[12] Owoyemi, Ayomide et al. "Artificial Intelligence for Healthcare in Africa."*Frontiers in digital health* vol. 2 6. 7 Jul. 2020, doi:10.3389/fdgth.2020.00006

[13] Asiegbu, Charles, and Chinasa T. Okolo. "How AI Is Impacting Policy Processes and Outcomes in Africa." *Brookings*, 16 May 2024,www.brookings.edu/articles/how-ai-is-impacting-policy-processes-and-outcomes-in-africa/#:~:text=AI%20has%20great%20potential%20for,technical%20problems%20about%20democratic%20elections. Accessed 10 Sept. 2025.

[14] "Summary of the HIPAA Security Rule." *U.S. Department of Health and Human Services*, www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html. Accessed 20 Aug. 2025.

[15] Rudd, Jessica, and Claudia Igbrude. "A global perspective on data powering responsible AI solutions in health applications." *AI and ethics*, 1-11. 31 May. 2023, doi:10.1007/s43681-023-00302-8

[16] "What Are Health Disparities?" *National Institute on Minority Health and Health Disparities*, 13 May 2025, www.nimhd.nih.gov/about/what-are-health-disparities. Accessed 14 Sept. 2025.

where many still don't feel secure and confident about AI-assisted providers. For example, a study found that algorithms trained on data that didn't include a large range of skin tones were less accurate when diagnosing malignant moles and tumors in people of color. This clearly exemplifies the necessity in expanding the amount of diverse participants to avert potential delays in the detection, diagnosis, and treatment of diseases. Poor data collection methods can also affect AI models, possibly leading to errors and inaccurate outcomes.[17] An emphasis must also be placed on the fact that AI must, and cannot, replace human intelligence, but rather aid and assist them to improve such interactions and enhance care.

The COVID-19 pandemic exposed the vulnerabilities of the health field, exacerbating the many issues already prevalent, such as the shortage of workers and inequitable access to healthcare. As of currently, 4.5 billion people lack access to essential health services—with a healthcare worker shortage of 11 million to be expected by 2030.[18] With global interest in AI only continuously growing (the global AI market is expected to reach $45.2 billion by 2026, where ⅛ of healthcare organizations already having adopted some form of AI into their services), nations should consider the employment of AI algorithms.[19] Various regions of the world have their own policies, experiences, and potential for AI applications in healthcare. Since many developing countries in Latin America, Asia, and Africa lack sufficient healthcare systems, stable economic growth, and modern technologies, the introduction of AI into these areas is far less common. For example, in Latin America, a major factor in the lack of AI applications is due to the minimal data-intensive and information-technology capacities there that are needed to support large AI models and algorithms. There are only 9 supercomputing systems in Latin America, 8 of which are in Brazil (in comparison to China, which has 80). While internet penetration has reached 70% across the area, the stability of such access differs.[20]

Internet accessibility is a recurring issue throughout developing countries in Asia and Africa as well, with only 27% in low-income and 52% in lower-middle income countries.[21] The absence of accurate and representative data used to train AI algorithms is a matter of concern that nations should consider when debating during committee. Low digital literacy rates, lack of trust in the government, and limited regulatory guidelines are also things that should be addressed. Nations have already attempted to address these issues. In Tanzania, the Nelson Mandela African Institution of Science and Technology distributed a machine learning program called BakiShule (meaning "stay in school" in Swahili) to help educate students about AI while concurrently keeping them in the classroom (could detect reasons for dropping out).[22] Vietnam is another nation who has incorporated AI and digital literacy at all education levels into its national education strategy.[23] Education is a powerful tool in increasing awareness regarding the benefits of AI, where the expansion of STEM training can help to support AI implementations in developing and low-income states. In South Korea, the centralization of a secure and ethical data-sharing system established by administrators has been a successful approach to combatting potential data leaks and patient privacy. Its triumph can be seen in its highly-secure private cloud system used in the Seoul National University Bundang Hospital and the nation's overall appeal to foreign AI corporations.[24]

[17]Ibid.
[18] North, Madeleine. "7 Ways AI Is Transforming Healthcare." *World Economic Forum*, 13 Aug. 2025, www.weforum.org/stories/2025/08/ai-transforming-global-health/. Accessed 21 Aug. 2025.
[19] Dave, Dhaval. "The Statistical Landscape of AI Adoption in Healthcare."*Radix*, 1 Aug. 2024, radixweb.com/blog/ai-in-healthcare-statistics.Accessed 21 Aug. 2025.
[20] Regazzoni, Carlos Javier. "Health, Latin America, and the Promise of Artificial Intelligence." *Think Global Health*, 15 Nov. 2024, www.thinkglobalhealth.org/article/health-latin-america-and-promise-artificial-intelligence. Accessed 21 Aug. 2025.
[21] Schellekens, Philip, and David Skilling. "Three Reasons Why AI May Widen Global Inequality." *Center for Global Development*, 17 Oct. 2024, www.cgdev.org/blog/three-reasons-why-ai-may-widen-global-inequality. Accessed 20 Aug.2025.
[22] Nsoesie, Elaine O. "Using AI to Decolonize Health Care in Africa." *Think Global Health*, 7 May 2024, www.thinkglobalhealth.org/article/using-ai-decolonize-health-care-africa. Accessed 10 Sept. 2025.
[23] Rudd, Jessica, and Claudia Igbrude. "A global perspective on data powering responsible AI solutions in health applications." *AI and ethics*, 1-11. 31 May. 2023, doi:10.1007/s43681-023-00302-8
[24] Fathana, Rezka. "A Roadmap for Indonesia's AI-Driven Healthcare." *East Asia Forum*, 8 Aug. 2023,

Delegates should consider how AI can be discriminatory, giving wealthier nations an advantage and enabling them to dominate the AI field. These countries are much more prepared to adjust to potential disruptions (such as AI takeover in certain occupations) than developing nations, where its low-cost laborers will no longer be needed.

QUESTIONS TO CONSIDER:

1. What are possible tradeoffs to consider when implementing AI? Consider both negative and positive aspects of it, and how measures can be adopted to limit undesirable consequences.
2. What are some challenges to establishing AI in underdeveloped nations? What can be done to help countries that might not have the resources or infrastructure to develop AI themselves?
3. Who are significant stakeholders in the distribution of AI models? How can we incentivize such parties to spread its usage to countries that might otherwise not have access?
4. How can we ensure that parties can be held accountable for errors? Consider issues that exacerbate this, such as the underrepresentation of minority groups in AI datasets.
5. Trust plays an important factor in why many are still hesitant about administering AI in healthcare. What can be done to combat this issue so that this technology can be taken advantage of to its fullest extent?

HELPFUL RESOURCES:

AI for Healthcare in Africa
https://pmc.ncbi.nlm.nih.gov/articles/PMC8521850/

Benefits of Healthcare Services Using AI
https://learn.hms.harvard.edu/insights/all-insights/benefits-latest-ai-technologies-patients-and-clinicians

AI Healthcare in Asia
https://med-tech.world/news/china-worlds-first-ai-hospital-milestone-in-healthcare-innovation/#:~:text=Asia%20is%20emerging%20as%20a,influence%20global%20hospital%20management%20models

AI systems in Latin America
https://blogs.worldbank.org/en/latinamerica/inteligencia-artificial-sistemas-salud-america-latina-caribe

eastasiaforum.org/2023/08/08/a-roadmap-for-indonesias-ai-driven-healthcare/. Accessed 10 Sept. 2025.

TOPIC 2: THE DEVELOPMENT OF ALCOHOL REGULATION POLICIES

Alcohol contains ethanol, a psychoactive drug that can affect and alter human minds due to its toxicity and ability to create a dependence.[25] Trends of alcohol consumption differs throughout the globe, where it's influenced by many factors such as the age at which people first drink, the amount consumed, and how often it is consumed. Per capita, alcohol consumption trends are mixed, but there are abnormal scenarios where alcohol consumption has in fact declined. For example, according to statistics published by WHO, between 2010-2019, there was a decrease of 20.9% out of 100,000 deaths.

Alcohol, a depressant, alters the consumer's mood, feelings, and perceptions. It heightens emotions, worsening situations in which a consumer is already aggravated. Those who binge drink tend to show more aggressive behaviors. In the United Kingdom, 40% of violent incidents involved a perpetrator who was under the influence.[26]

Many reasons allude to why people drink alcohol. Some may consume it to escape personal problems and stress within their lives, others for the effect of it (the feelings they get, forgetting things and how they feel). In most cases, people drink alcohol because of peer pressure from others.[27] Increased drinking of alcohol can lead to dependence, addiction, or an Alcohol Use Disorder (AUD), which all can be harmful if not deadly to its victims.

In 2019 alone, over 2.6 million deaths resulted from alcohol consumption globally.[28] According to global statistics, over 400 million humans aged 15 and older have Alcohol Use Disorders (AUD), with about 209 million living with alcohol dependencies. Countries in the past have implemented measures to try to put an end to AUD's or dependencies on alcohol, which had mixed outcomes. In a 2020 report conducted by the WHO, alcohol was reported to have effects on all ages and genders.[29] In the report, it was made clear that high percentages of adults had consumed alcohol within the last 12 months. Those reports also had high rates of alcohol being drunk per capita, which can be extremely dangerous not only to the consumer, but to those around them as well. [30]

Harmful amounts of alcohol consumed can lead to family problems, issues related to work, financial problems, and even unemployment. In some areas, chronic drinkers may leave jobs often due to diseases caused by alcohol consumption, which then leads to having no income and financial woes. Those who have AUD's may have higher costs in regards to medical care, as hospitalization and treatment options may be very costly.[31] When people have AUD's, they have increased chances of being hospitalized in response to injuries pertaining to AUDs. Alcohol-related visits to local hospital systems can burden them, causing them to spend resources on a case that was preventable. In 2020, alcohol contributed to 7.1% of all emergency department visits in the U.S., with over 17.4% of deaths due to overdoses in the same year.[32] Alcohol misuse has also put strains on national governments, displaying the importance of integrating government officials or agencies into alcohol-limitation policies. In 2010, the abuse of alcohol cost the United States $249 billion, with over three-quarters of it stemming from binge drinking.[33]

---

[25] World Health Organization. "Alcohol." World Health Organization, 28 June 2024, www.who.int/news-room/fact-sheets/detail/alcohol.

[26] Gateway Foundation. "The Connection between Alcohol and Anger | Gateway Foundation." *Gateway Foundation*, 28 Feb. 2022, www.gatewayfoundation.org/blog/alcohol-and-anger/.

[27] Stockton, Elizabeth. "Why Do People Drink Alcohol? | 5 Reasons Why People Drink." Rrtampa.com, 15 Dec. 2021, rrtampa.com/why-people-drink/.

[28] World Health Organization. "Alcohol." World Health Organization, 28 June 2024, www.who.int/news-room/fact-sheets/detail/alcohol.

[29] "Drinkaware." Drinkaware.co.uk, 2020, www.drinkaware.co.uk/research/alcohol-facts-and-data/global-comparisons.

[30] National Institute on Alcohol Abuse and Alcoholism. "Understanding Alcohol Use Disorder." *National Institute on Alcohol Abuse and Alcoholism*, Jan. 2025, www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder.

[31] Okey, Brandon. "What Is the Economic Impact of Alcohol Consumption in the US?" Ardu Recovery, 22 Jan. 2024, www.ardurecoverycenter.com/economic-costs-of-excessive-alcohol-use/.

[32] Analysis of data from the 2020 National Emergency Department Sample. Healthcare Cost and Utilization Project (HCUP). October 2022. Agency for Healthcare Research and Quality, Rockville, MD. Available from: hcup-us.ahrq.gov/nedsoverview.jsp

[33] Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 national and state costs of excessive alcohol consumption. Am J Prev Med. 2015;49(5):e73-e79. PubMed PMID: 26477807

Placing further strain on national government efforts to provide for healthcare, alcohol consumption may lead to numerous noncommunicable diseases, including liver and heart diseases, cancers, and mental health disorders such as depression and anxiety. All these diseases have severe impacts on the consumer both physically, mentally, and financially. The consumption of alcohol increases the chance of forming cancers involving the lungs, breast, and liver. About 4.4% of cancers worldwide come from alcohol consumption.[34] A more serious result of heavy drinking is the development of Alcohol Use Disorder (AUD), a medical condition formed from a few reasons, with drinking from an early age being one of them. Underaged drinking affects the consumer in a multitude of ways. AUD's impair the ability to stop or control alcohol use, even while knowing of its consequences.[35]

Poland, a country part of the European Union, had the highest rates of death in terms of countries within the EU, at about 8.9 deaths per 100,000 people per year from alcohol. This is compared to France, who saw 3 deaths per 100,000 people in alcohol-related incidents.[36] Underaged drinking was also detailed in the previously referenced WHO report from 2020 to be a major issue in several nations. Children as young as 11 have been reported drinking in numerous countries, with some even having high rates of alcohol being drunk.[37] This can be seen in England, with around 34% of girls and 35% of boys have been reported to be drinking at that age. Underaged drinking affects these children as it could potentially lead to injuries and death, increasing their chances at developing AUDs and interfering with brain development. Children aged 15 and older were reported to have higher rates of underaged alcohol consumption, which can lead to increased risks of harmful side effects.

Current implemented solutions vary drastically per country, so there are many ideas that delegates should bear in mind when creating resolutions. Delegates can reference the restriction of the time that alcohol can be purchased along with strict ID protocols.[38] Fake IDs are a large reason as to why underage drinking occurs, which is one way people avoid regulations. Other ideas that should be taken into account include spreading awareness of the effects of underage drinking to young adults. By utilizing educational platforms and introducing such topics in schools, teenagers will be more informed when making personal choices in regards to drinking. The raising of the minimum age for consuming and purchasing alcohol should also be considered.

Despite various successes in alcohol regulatory policies, instances of policy failures should be taken into account by delegates when brainstorming solutions. For example, in Australia, the Alcohol Beverage Advertising Code (ABAC), a self-regulatory policy aimed at regulating alcohol promotion, has come up short on multiple occasions. Various reports between 2000-2018 have found consistent violation of these strategies, such as alcohol product exposure to young children. A 2012 study showed that over half of all alcohol advertising in Australia was played during children's viewing times, many of which presented products as safe, fun, and cheap to purchase.[39] This clearly demonstrates the need for government interference and uniform enforcement of laws to ensure high rates of effectiveness.

It is important to ensure safety for everyone. This committee hopes to find ways to further develop pre-existing policies and ensure that new policies are more effective. Delegates should keep in mind that everyone has different reasons as to why they drink,

---

[34] World Health Organization. "Alcohol." World Health Organization, 28 June 2024, www.who.int/news-room/fact-sheet

[35]. "Understanding Alcohol Use Disorder." *National Institute on Alcohol Abuse and Alcoholism*, 2025, www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder.

[36] "Drinkaware." *Drinkaware.co.uk*, 2020, www.drinkaware.co.uk/research/alcohol-facts-and-data/global-comparisons.

[37]"Drinkaware." Drinkaware.co.uk, 2020, www.drinkaware.co.uk/research/alcohol-facts-and-data/global-comparisons.

[38] CDC. "Preventing Excessive Alcohol Use with Proven Strategies." *Alcohol Use*, 10 May 2024, www.cdc.gov/alcohol/prevention/proven-strategies.html.

[39] "Australia: 21 Big Alcohol Self-Regulation Failures." *Movendi International*, 5 July 2019, movendi.ngo/policy-updates/2019/07/05/australia-21-big-alcohol-self-regulation-failures/. Accessed 5 Oct. 2025.

such as cultural aspects. It is crucial to a solution to end underaged drinking and allow children to fully live their childhoods without the interference of alcohol. There are many benefits in imposing such policies. Not only can it save lives by reducing the risk of people contracting noncommunicable diseases (NCDs), but nations can receive massive financial returns as well. For example, a study of 42 different countries of various socioeconomic statuses conducted by Mondevi International, an international organization aimed at alcohol prevention, found that increasing taxes on alcohol by at least 40% would increase tax revenue in those areas by 80% to USD$77 billion.[40] The implementation of regulatory laws can decrease deaths related to alcohol drinking. In Finland, a 33% decrease in alcohol taxes resulted in 22% increase in consumption that was coupled with a 17% rise in mortality rates. These deaths were especially prevalent in those of lower socioeconomic status.[41] Without proper methods, countries are putting the lives of the citizens at risk by not implementing policies and control over consumption of alcohol.

QUESTIONS TO CONSIDER:

1. What policies can be implemented to ensure alcohol usage is controlled?
2. How can the usage of alcohol within underaged individuals be stopped and regulated further?
3. What can be done to ensure pre-existing policies are being followed and are as effective as they can be to ensure safety to the consumer and to those around?
4. How can differing cultural practices be taken to account when developing regulations?

HELPFUL RESOURCES:

"Alcohol Consumptıon Data"
https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-recorded-per-capita-(15-)-consumption-(in-litres-of-pure-alcohol)-3-year-average-with-95-ci

"Graphs and Data about Alcohol"
https://www.drinkaware.co.uk/research/alcohol-facts-and-data/global-comparisons

"Alcohol General Information"
https://www.who.int/news-room/fact-sheets/detail/alcohol

[40] "Alcohol Policy Best Buys Top Investments for Health, Economy." *Movendi International*, 27 May 2018, movendi.ngo/policy-updates/2018/05/27/alcohol-policy-best-buys-top-investments-for-development-health-economy/#:~:text=Alcohol%20Policy%20Best%20Buys%20Top%20Investments%20For,in%20increased%20employment%2C%20productivity%20and%20longer%20life%E2%80%A6. Accessed 5 Oct. 2025.
[41] Ibid.