The World Health Organization

PRESIDENT RESEARCH PACKET

PRESIDENT: Hamza Shoul

Implementing Community-Based Rehabilitation for Substance Abuse in Low-Income African Countries



President's Letter:

Dear Delegates of The World Health Organization,

It is a privilege to welcome you to KAMUN'26, and specifically, the World Health Organization committee. These next few days are filled with numerous debate sessions and endless opportunities for advocacy regarding global health challenges that require clear and logical thinking from passionate delegates. The WHO is a place where solutions must be feasible, supported with evidence, and aim to help a specific set of people.

I am Hamza Sboul, a current eleventh-grader at King's Academy, and I am this year's president of the World Health Organization. This committee is rather unique because it includes a combination of science, diplomacy, and a broad concern for humanity. This year, I want to set the bar high and do more than just debate ideas; we'll work together in order to turn those ideas into realistic plans that can make a real difference in the world, so I hope you're ready!

I can't stress enough the role health plays in the stability and progress of the globe. Education, economy, and development cannot occur without a strong public health system. The resolutions we make in this conference will mirror the kind of leadership the world truly needs.

This year, we will be debating two topics: "Implementing Community-Based Rehabilitation for Substance Abuse in Low-Income African Countries." Asks you to create culturally appropriate solutions that will help those who are struggling with substance abuse. "Addressing the Rising Mental Health Crisis in Post-Pandemic Southeast Asia" will require you to find ways to fight stigma and strengthen mental health systems in Southeast Asia.

I'd like to sign off with a quote from Mahatma Gandhi that states, "It is health that is real wealth, not pieces of gold and silver." Keep this in mind as we embark on this amazing journey together: I look forward to working with every one of you!

Sincerely,

Hamza Sboul

President of The World Health Organization

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Introduction:

Substance abuse is a public health concern that's constantly growing in many low-income African countries. In fact, 6.5% of deaths in Africa are due to alcohol consumption alone, not including psychoactive substances like cannabis. Numerous factors have contributed to the increase of substance misuse in these areas, such as high unemployment, widespread poverty, and a lack of education. Sociocultural barriers like shame and stigma surrounding substance use disorders (SUDs) prevent people from seeking proper treatment, which worsens the issue, especially with restricted access to healthcare.

Treatment is complex because of dual diagnoses, as many individuals have mental health conditions alongside substance abuse. Rehabilitation centers exist mainly in large cities and are too expensive for most people to afford, leaving low-income African countries without realistic treatment options. This creates a loop where addiction remains silent and continues to affect individuals' health, local economies, safety, and productivity, ultimately limiting national development. Countries like Uganda, Tanzania, Kenya, and South Africa are witnessing a concerning surge in substance abuse, particularly in regions with limited medical care and no rehabilitation services. The trend is further illustrated by the levels of alcohol, tobacco, and other substance use across African nations (refer to Appendix A). The high costs of private treatment force many people to rely on informal recovery systems like traditional remedies, which are neither practical nor effective.

Beyond personal health, substance abuse weakens entire communities, increasing crime rates and slowing social and economic development. Minimal locally accessible treatment options mean that addressing this issue requires more than just expanding healthcare facilities—it needs a resolution that reflects the realities of affected communities. If a population is burdened with untreated addiction, the country's ability to achieve economic growth and stability is severely reduced. While some individuals can recover, the overall trend remains concerning, especially considering relapse cycles that strain public health systems. Correct interventions can help reduce addiction rates and ensure this issue does not extend beyond the health sector.

Definition of Key Terms:

Psychoactive Substance:

A chemical substance that affects the brain function, which then changes one's mood, behavior, consciousness, and perception. An overuse of these substances results in harmful long-term effects. These substances include both legal substances, such as alcohol, and illegal substances, such as heroin or promethazine.

Substance Use Disorder (SUD)

A medical condition that results in the inability to control the consumption amount of a certain substance despite knowing the harmful effects and consequences that come when taking such substances. SUDs can be mild or extremely severe depending on the person. Factors that influence it can include genetics, psychological thinking, and environmental factors.

Sociocultural Barriers:

A set of norms, or cultural beliefs that are rooted in one's environment/culture, which discourage seeking treatment for substance abuse, leading to large amounts of untreated cases.

Dual Diagnosis:

Having both a substance use disorder, coupled with a mental health condition like PTSD, anxiety, or depression. This makes treatment more complicated and requires integrated care for the subject.

Relapse Cycle:

A cycle of constant recovery followed by a return to substance use due to stress, inefficient healthcare, or external issues. This is a huge challenge when dealing with addiction management. It involves stages since it isn't one single event.

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Stigma:

Negative perceptions and discriminant attitudes towards people with substance use disorders make individuals avoid treatment-seeking and stop any prevention efforts because of fear.

Rehabilitation:

A process that restores one's physical, mental, and emotional health after substance abuse. It combines real medical care, counseling, psychological treatments, and community support.

Major Parties Involved:

World Health Organization (WHO):

The WHO provides support, global guidance, and sets international standards for substance abuse treatment all over the world. It assists in coordinating rehabilitation programs in the low-income African countries, and makes sure they are culturally-appropriate, feasible, and possible to achieve.

National Governments of African Countries:

All the low-income African countries are major parties; their governments can enforce public health rules, add good-quality rehab programs into their public health systems, along with high-quality resources. Their involvement is the most important in order to sustain a resolution in the long term.

Ministries of Health and Social Services:

They are responsible for managing the healthcare staff and infrastructure. They are the ones who train the staff and oversee treatment programs to see the demographics of the results. They can also help support those with severe dual diagnosis.

West Africa Drug Policy Network (WADPN):

Over 600 civil society organizations across West Africa work together under a shared goal to push for drug policies that are evidence-based, rights-oriented, and health-centered.

West Africa Civil Society Institute (WACSI):

A trusted capacity-building organization that supports civil society in West Africa. They facilitate and enable the establishment and functioning of the WADPN. Assisting with research, networking, and advocacy training.

Non-Governmental Organizations (NGO's):

The NGO's deliver counseling, simple programs, and community rehabilitation. They are relied on for funding, training, and expertise when the government's resources are limited

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Timeline:

Other than substances such as Alcohol and Tobacco being introduced since the 1800s, substance abuse in low-income African countries began around the urbanization period, making the 1960s the official start of this crisis.

1960-1970:

The quick urbanization and socioeconomic changes that occurred in Africa led to increased substance use in many urban centers, which is tied to economic challenges and social dislocation.

July 1996:

The Organization of African Unity (OAU) started adopting the "Declaration and Plan of Action on Drug Control, Abuse, and Illicit Drug Trafficking in Africa" during a Summit in Yaounde, Cameroon. This initiative was a huge step forward in addressing substance abuse and the misuse of drugs within the continent of Africa.

2001:

The CBR Africa Network (CAN) is the first African regional conference that gave community-based rehabilitation significant momentum after the conference, which was held in Kampala, Uganda.

2004:

A CBR conference in Malawi explored the challenges of community-based rehabilitation in developing countries, which led them to notice a need for community-based approaches.

2010:

WHO CBR guidelines were published to strengthen CBR programs, making it a strategy for community-based development that involves those with disabilities.

2016:

Launch of COSUP in Pretoria, South Africa, provided methadone treatment, counseling, and job support through the 16 drop-in centers.

April 2021:

Reports regarding substance abuse issues among students at LECSA High School in Lesotho. The Ministry of Education acknowledged the prevalence of substance abuse and the need for immediate intervention.

2022:

A situation analysis in Africa highlighted a shift from CBR to CBID, which is Community-Based Inclusive Development, meaning a more inclusive approach to rehabilitation is undergo.

February 2025:

Sierra Leone declared a national emergency because a synthetic drug named 'kush' has recently started to spread. It includes ground human bones, mixed with harmful chemicals, cannabis, and disinfectant. Making it extremely dangerous and harmful. This led to more addiction issues and social unrest.

Implications:

Substance abuse in low-income African countries has caused many consequences that go beyond individual health. The high rates of untreated substance use have weakened communities, which means the crime rate has increased, and domestic violence has suddenly surged. The youth, and specifically those aged between 10-24 years, have seen the effects of drugs and alcohol on education, reducing the development of human capital in the long run, and limiting economic growth.

Economically, addiction to these substances has made public health systems unable to handle high numbers of patients with complex dual diagnoses. The costs that come with public hospitalization, and the hundreds of other accidents that might happen, already burden governments that have a limited budget for these public health systems. The constant traditional treatment that people are using has slowed progress and leaves addicts stuck in a relapse cycle.

In terms of mental health, it was significantly affected. Individuals who have a substance use disorder develop another condition related to their mental health, like depression. The relapse cycle was found to get gradually worse over time, especially due to the poor quality of traditional treatment that's considered the norm in Africa. This leaves communities susceptible to long-term consequences, both socially and psychologically. It's an extremely difficult job to handle a patient with both mental health issues and substance abuse issues.

All the low-income African countries continue to depend on NGOs, international donors, and the WHO for guidance, large amounts of funds, and program development. However, it is not accessible all the time, and the reliance makes these countries forget the need for sustainable rehabilitation programs that prevent substance abuse without needing to constantly rely on organizations outside their government.

Communities with no rehabilitation often find themselves in a community where the youth are malevolent and unaware of their actions, while unsafe drug distribution occurs and undermines any sort of development. This situation led to countries facing emergencies such as Sierra Leone's synthetic drug use problem.

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Proposed Solutions:

- **1.** <u>Urges</u> the WHO, governments, and international donors to CBR programs to provide affordable treatment for substance abusers;
 - a. Low-income populations should be able to access these programs,
 - i. Services such as counseling, medical care, and mental health support should be available,
 - ii. Centers are obliged to provide follow-up care in order to prevent relapse cycles,
 - b. Programs host education campaigns to reduce stigma and raise awareness,
 - i. Priority goes to the youth and marginalized groups,
 - ii. Healthcare workers help design these campaigns to raise awareness,
 - c. Programs address both substance abuse and mental health issues for the sake of dual diagnosis,
 - i. Patients with both health conditions receive specialized care that is slightly different,
 - ii. Healthcare workers should be prepared to deal with a large number of dual diagnosis cases, as they are common,
 - iii. Community support groups should be available to help prevent relapse cycles and to help with reintegrating into society.

"Food for Thought":

- Why do low-income African countries still rely on traditional treatment methods rather than professional rehabilitation, despite professional rehabilitation being proven to be significantly better?
- Could NGO's and donors do more to provide Africa with sustainable funding and training, rather than just temporary short-term solutions?
- How can a government measure its long-term success of rehabilitation programs?
- How should countries address the stigma that doesn't allow addicts from seeking treatment?
- What rehab programs can be used as an affordable solution, given the limited budget of low-income African countries?

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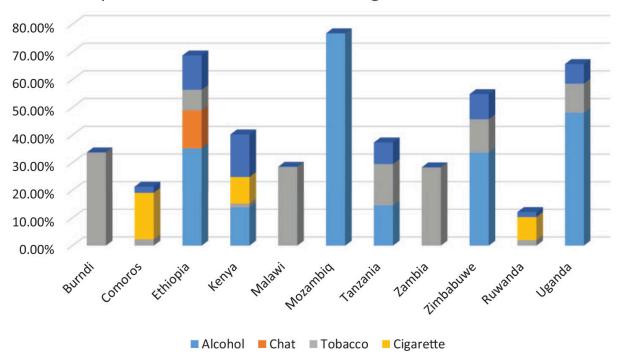
Appendix:

Appendix A

https://journals.sagepub.com/doi/10.1177/11782218221101011

Exhibits a specific substance use type in a handful of low-income African countries.

Specific Substances user coverage

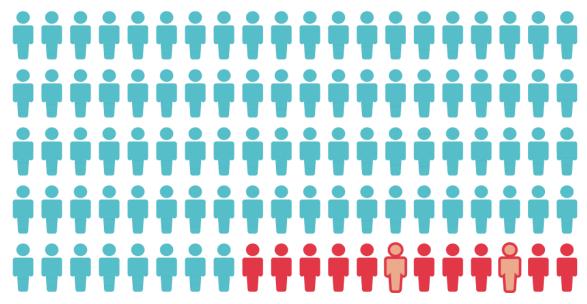


Appendix B

https://www.recoverydirect.co.za/staggering-stats-addiction-south-africa/

Displays the lack of rehabilitation awareness in South Africa alone.

247 million people used drugs in the past year



29 million suffer from drug use disorders

but only 1 in 6 people with drug use disorders is in treatment

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