

CHAIR LETTER

Hello everyone! It is our honor to welcome you to the WHO committee of HolyLand Model United Nations 2019. Our names are Noya and Lora and we will be your chairs for this conference.

In this committee we have two incredibly important and relevant topics, preventing and reducing the use of psychoactive substances and ensuring safe and legal abortions.

The WHO committee is an essential committee, as it discusses the health of citizens worldwide, and how to provide them medical assistance. Without it, millions of lives could be lost, and the general wellbeing of the human race would start to degrade.

Regarding the topic on the prevention and reduction of psychoactive drugs it is important to note the plethora of different views and actions taken by each member state of the United Nations to tackle such a massive problem. You are all encouraged to research further into not only your country's stance but also understand all the possible solutions to such a broad topic such as psychoactive substances.

Regarding the topic of ensuring safe and legal abortions, there is something that we would like to clarify about it, since it is a subject that can be sometimes be sensitive to people, we would really appreciate if you would be careful with what you say in order not to offend someone. When you are doing research, pay attention to how the legal status of abortions affects the methods that are used, also in countries that you aren't representing.

Since both topics in this committee are fairly broad, we recommend using the study guide as a base for all your research and to continue from there. By using the study guide, it can narrow down the information that is and isn't important or relevant for this specific issue.

In addition, we strongly encourage doing research on your country's history in general, as it can help you get a better understanding about your country and can be useful during the conference.

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INTRODUCTION TO THE COMMITTEE

The World Health Organization (WHO) was founded on the 7/4/1948, which is now celebrated as the annual World Health Day; in its headquarters in Geneva, Switzerland. 194 member states are working with this organization, across six regions.

The World Health Assembly is the body in WHO that oversees decision making. It is attended annually by all WHO member state delegations in Geneva, Switzerland and discusses a specific health agenda that has been decided beforehand by the Executive Board. The Executive Board is composed of 34 qualified members elected for three-year terms. The annual board meeting takes place in January, in which the members discuss and agree upon the agenda for the World Health Assembly, as well as possible resolutions that should be considered during the assembly. In May, the board holds a follow up meeting to the Health Assembly. The board's main functions are to implement the decisions and policies of the Health Assembly, as well as to advise and to generally facilitate its work.

The World Health Organization focuses on 4 different aspects of providing medical care. The first is universal health coverage, meaning that they improve access to essential medicines and health products, train the health workforce and offer information on labor policies, focus on primary health care to improve access to quality essential services, work towards sustainable financing and financial protection, support people's participation in national health policies and to improve monitoring, data and information. The second one is health emergencies, in which they prepare for health emergencies by identifying, managing and mitigating the risks, preventing emergencies and supporting the development of necessary tools during an outbreak, detecting and responding to acute health emergencies and supporting the delivery of essential health services in fragile setting. The third one is addressing health and wellbeing by promoting intersectoral approaches for health, prioritizing health in all policies and healthy setting and addressing social determinants. The fourth and final one discusses the things that are addressed through WHO's work, consisting of the promotion of mental health, antimicrobial resistance, the eradication and elimination of high impact communicable diseases, preventing noncommunicable diseases, human capital across the life course and climate change in small developing states.

TOPIC A: PREVENTING AND REDUCING THE USE OF PSYCHOACTIVE SUBSTANCES

BACKGROUND TO THE ISSUE

Psychoactive drugs refer to a broad category of substances that are capable of changing mood, behavior and perception. They alter the functioning of the brain and they affect the central nervous system. They are usually divided into two types: those that are used for therapeutic purposes and those that are used in a non-medical manner.

The most common types of prescription medication used in a non-medical context include the following: (a) opioids, such as hydrocodone, oxycodone, propoxyphene, hydromorphone, meperidine, and fentanyl; (b) other central nervous system depressants, including both barbiturates, such as pentobarbital sodium, and benzodiazepines, such as diazepam and alprazolam; and (c) central nervous stimulants, including amphetamines such as: dextroamphetamine, and amphetamine-like stimulants, such as methylphenidate.

Drugs (medical definition) are divided into five major categories, depending on their effect; narcotics, stimulants, depressants, hallucinogens and cannabis. Narcotic are drugs, such as opium or morphine) that in moderate doses dulls the senses, relieves pain, and induces profound sleep but in excessive doses they can cause stupor, coma, or convulsions. Stimulants are drugs that relieve mild depression, increase energy and activity, and include among others cocaine, amphetamines and ecstasy. Depressants are drugs that reduce tension and anxiety and include among other barbiturates. Hallucinogens are drugs that affect sensation, thinking, self-awareness, and emotion. Hallucinogens include among others LSD. Cannabis is the common hemp plant, which provides hallucinogens with some sedative properties and include among others marijuana and hashish. The legal definition of drugs by the United Nations is «any of the substances in Schedules I and II of the Single Convention on Narcotic Drugs, whether natural or synthetic» which clashes with the medical definition.

Advances in the pharmaceutical industry have led to the production of powerful psychoactive pharmaceuticals, which when prescribed appropriately and taken in the manner intended, they improve the quality of life of those with specific medical conditions, such as acute pain, palliative care, epilepsy, insomnia, dependence on opioids and acute anxiety. However, if used inappropriately, these medications can have serious consequences for health and can lead to dependence, addiction and also death. Due to the nature of these psychoactive substances, governments have tried multiple times to completely eliminate any

type of psychoactive substances with no significant result. These drugs are a threat because of their reality-altering abilities which lead to criminal behavior. In order to try to keep everything in check, three major drug control treaties were created:

- The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, which was aimed at combating the use of illicit drugs by coordinated international action.
- The Convention on Psychotropic Substances of 1971, which established an international system of control for the use of psychotropic substances.
- The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (adopted in 1988), which includes legislative and administrative measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals.

The extensive use of psychoactive substance is quite interesting considering what we know now about the harmful nature of such substances. However, their use back then is different to the way we use these substances today. For example, in cultures where drugs are used, the substances are not viewed as drugs, but as food, proven by the fact that they did not come in purified forms like today, but as plants. . It has been used for its medicinal characteristics for most of its use and it's also used today in religious practices by people in countries such as India and Africa.

There have been recent reports of decreasing trends in the use of illicit drugs and increasing trends in the use of prescription drugs in some countries, such as the United States, as mentioned by the National Survey on Drug Use and Health of 2007. It is unclear how these changing trends should be interpreted. It might be that populations are switching from using illicit drugs to using prescription drugs non-medically, or it might be that new risk populations are emerging, who primarily use prescription drugs and have never used illicit drugs.

The “Balkan route”, supplies Western and Central Europe with Afghan opiates, through Iran and Turkey via South-Eastern Europe, is the most important conduit for heroin trafficking. However, the “southern route”, which passes through Pakistan or the Islamic Republic of Iran by sea to the Gulf region, Africa, South Asia and, to South-East Asia, the Oceania region and North America, although to a lesser extent, has grown in importance. Meanwhile, opiate trafficking on the “northern route”, from Afghanistan to neighboring

States in Central Asia, the Russian Federation and other countries of the Commonwealth of Independent States, has started to grow in importance after the decline in the period 2008-2012, while trafficking out of the Golden Triangle is on the increase, mainly due to rising levels of opium production in Myanmar after 2006. Moreover, heroin trafficking in the Americas continues to increase, with heroin and morphine seizures rising from an average of 4 tons over the period 1998-2008 to 7 tons per year over the period 2009-2014, in line with reported increases in opium production in Latin America over those periods.

CURRENT SITUATION

When it comes to psychoactive substances the number one problem people have to deal with is addiction. Being addicted to these illicit narcotics is not uncommon. Treating addiction is a task that seems impossible, especially without the cooperation of the drug user. After multiple attempts on tackling drug addiction, professionals have reached a conclusion on the best way to go about helping addicted users. A combination of medication and psychotherapy has proven to be effective. The three ways medication can help combat drug addiction is that (a) it can block the euphoric effect of drugs, (b) it can cause the drug user to have unpleasant reactions to the illicit drugs and (c) giving drug users a less harmful substitute to the drug that they are addicted to, for example giving heroin addicts methadone. The role of psychotherapy in this situation is simple. It is there to help drug users to unlearn their drug taking behavior and replace their motivation to consume drugs with the motivation to engage in other healthier behaviors.

As previously mentioned, a big part of this topic is the non-medical use of prescription drugs. Many people can end up using prescribed medication in a non-medical way but there are 5 groups that are more vulnerable. These vulnerable groups are patients, young people, women, health care professionals and older adults. When it comes to people that are already suffering from something, they tend to self-medicate and a side effect of self-medication is that you can easily become dependent of said drugs and in combination with the lack of monitoring this can become lethal. Patients can also end up selling prescription medicine to friends and family in hope of helping out, yet this can easily have the opposite effect than the one intended. The next vulnerable group is young people such as teenagers. They are experiencing physical and psychological changes and thus they are left feeling lost and insecure, giving in to peer-pressure and falling into bad habits such as underage drinking and drugs. The reason why most teens believe that the non-medical use of prescription drugs is not harmful is because of how easily accessible they are. Teenagers tend to obtain said

prescription drugs by theft, prescription fraud or by buying it off of school mates or family. The reason why women are a separate vulnerable group is because just like adolescence, they are more prone to depression and peer-pressure than men. Older adults and especially elderly women, tend to self-medicate in hopes of treating their chronic pains or insomnia. Last but not least, the reason why health care professionals are a vulnerable group is because of how easily accessible medication is to them with no real need for prescriptions. No one is monitoring these people, and this is why it's so easy for them to use prescription drugs in a non-medical way or try to resell them to people with no prescriptions.

Regardless of this decrease, there is one severe side-effect of drugs consumed through injections such as heroin, that instead of decreasing it is rapidly increasing. This is about the H.I.V epidemic, which just in Europe alone, there was a 50%-90% increase in H.I.V positive patients. A way of fighting against this side-effect is the Needle and syringe programs (NSPs), which are a type of harm reduction initiative, that provides clean needles and syringes to people who inject drugs to reduce transmission of HIV and other blood borne viruses, such as hepatitis B and C. In addition to this, The World Health Organization (WHO) recommends providing 200 sterile needles and syringes per drug injector per year, in order to effectively tackle HIV transmission via this common route.

Within the borders of the European Union, it is Portugal and not the Netherlands that has the most liberal policy concerning drug legislations. The Portuguese decided to remove drug possession of small amounts from what they consider as criminal offenses, a step towards completely decriminalizing psychoactive substances. In this case, jail time was replaced with therapy, in order to provide drug addicts with health service instead. This way they completely eliminated the fear of imprisonment in drug addicts, helping them come forward and ask for help themselves. It is important to highlight that the primary goal of the decriminalization of narcotics is to reduce their consumption. On the contrary, countries such as the Philippines went with a completely different strategy from Portugal. The Philippine Drug War refers to the drug policy of the Philippine government under When President Rodrigo Duterte took office in 2016 he urged members of the public to kill suspected criminals and drug addicts. From July 1, 2016 till January 31, 2019, 5,176 drug personalities were killed in these anti-drug operations, and 170,689 people were arrested. This policy is supported by the majority of the local population, as well as by leaders or representatives of certain countries such as China, Japan and the United States. Another country that instead of decriminalizing the usage of psychoactive drugs has chosen to

completely ban them is Costa Rica, as all uses of narcotics, including personal use, are legally forbidden, however there is no punishment in their constitution.

Last but not least, another major problem we have to take into consideration is the fact that it has become easier to steal from pharmacies or fake prescriptions in order to obtain prescribed drugs. Only half of all pharmacists are trained to in identifying the non-medical use of prescribed drugs and addiction.

QUESTIONS TO CONSIDER

- Is it possible to monitor drug trafficking and the huge market for drugs on the dark web?
- If all drugs are legalized should the government take measures to discourage their use?
- Can this taboo issue break simply by not penalizing acts such as the possession, production and cultivation of narcotics for personal use?
- What other measures could be taken to prevent this massive H.I.V spread?
- Is the media a good measure to prevent young kids from being addicted and exposed to drugs?
- Should all drugs be banned including soft drugs?
- Should there be higher security at pharmacies in order to prevent theft?
- Should pharmacist go through specific trainings to spot addiction?

SUGGESTED READINGS

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TOPIC B: ENSURING SAFE AND LEGAL ABORTIONS

BACKGROUND TO THE ISSUE

Throughout history, there has always been evidence of the existence of abortions, the earliest written record of abortion being more than 4,000 years old. Pregnancy has always been accompanied by the seeking and sharing of methods for ending pregnancies.

The legal status of abortions and different methods of abortions have varied greatly since the first abortion, both for the better and for the worst.

The different types/methods of abortions throughout the years:

Since the moment that the need for abortions existed, remedies and inventions were developed in order to answer this need, going as far back to the 11th century (Riddle, 1992). Herbs such as pennyroyal, rue, Italian catnip, savory, sage, soapwort, cyperus, white and black hellebore were commonly used, either alone or mixed together to make a concoction.

As time progressed, and differences between statuses began to arise, the same happened with their methods of abortion. In the 1600s, whilst enslaved African women used the cottonwood plant in order to abort fetuses, in which many of the pregnancies were the result of rape by the save owners, colonial women opted to use the juniper bush, pennyroyal, tansy, ergot and seneca snakeroot (Klabusich, 2016).

Even once surgical abortions were created, in the 1800s, they were still extremely risky. Hospitals were uncommon, the antiseptics were unknown, and even the most esteemed doctors only had undeveloped medical educations and the maternal and infant mortality rates during childbirth were incredibly high, making procuring an abortion even riskier (National Abortion Federation, 2003).

As more and more scientific methods were developed and were dominating the medical practice and technologies that prevented infection were advancing, medical care in general was becoming a whole lot safer and effective. The sad truth was that although remarkable advancements had been made, the vast majority of women who needed abortions were still getting them from illegal practitioners without of the medical advancements, because they

had no choice. These illegal abortions remained dangerous and even deadly (National Abortion Federation, 2003).

In the US alone, around 15,000 women died from abortions, out of the estimated million illegal abortions performed yearly (Boston Women's Health Book Collective, 1998), solely because safe and legal procedure were nearly impossible to obtain for most women in the 1900s (Klabusich, 2016).

The secret world of illegal abortion was frightening and expensive. The procedures were mostly performed by illegal abortionists and doctors and others who claimed to be doctor out of self-interest, even though there were educated and skilled laywomen and doctors who performed safe and legal abortions. Unfortunately, many abortionists would turn women away if they couldn't pay the regular fee, around 1,000 dollars or more, in cash and some male abortionists demanded to have sexual relations before the abortion. (Boston Women's Health Book Collective, 1998)

In order to protect themselves, the abortionists emphasized speed, and this often came at the expense of the women's health and wellbeing. Anesthesia was rarely used as it prolonged the recovery time and almost none of the abortionists took the time and adequate precautions in order to avoid hemorrhages or infections, making some of the abortionist rough and ruthless. Women were often victims of botched or unsanitary abortions, which resulted in either death from widespread abdominal infections, sterility or being chronically and painfully ill. Another side effect was the long term enormous emotional stress. (Boston Women's Health Book Collective, 1998)

Roe v. Wade

An important landmark in abortion law is the Roe v. Wade case, January 22, 1973. In the years before Roe v. Wade, the estimates of illegal abortions ranged as high as 1.2 million per year (National Abortion Federation, 2003).

On the 22 of January 1973, the U.S Supreme court ruled that unduly restrictive state regulation of abortion is unconstitutional. In a majority opinion written by Justice Harry Blackmun, the court held that a series of Texas statutes criminalizing abortion in most instances violated a woman's constitutional right of privacy, which it found to be implicit in the liberty guarantee of the due process clause of the Fourteenth Amendment ("...nor shall

any state deprive any person of life, liberty, or property, without due process of law”) (Editors of Encyclopedia Britannica, 2016).

Even though a lot of power was left to doctors and to the governments after Roe v. Wade, it was a victory for women. The decision did not guarantee that women would be able to procure abortions whenever they wanted to, but it brought better and safer abortion services. Severe infections, fever and hemorrhaging from illegal abortions became something that no longer exists, at least for women who had access to legal abortions. In addition, it set a chain reaction of involving women when it came to abortions and helped further progress the improvement of safe abortion methods (Boston Women's Health Book Collective, 1998).

Abortions Legal Status Throughout History

Abortions legal status have fluctuated drastically throughout history, even from decade to decade. At some points during time, they were even forced upon women in order to control the population, such as was done in a few communist countries (Bulgaria during the second half of the twentieth century for example), or more commonly known as it was done in select Asian countries, such as China in the late 1970s, as part of the one child policy (Guillaume & Rossier, 2018).

The first anti-abortion laws were passed in Britain 1803 which progressively became stricter throughout the century (Boston Women's Health Book Collective, 1998). The U.S was soon to follow and began passing anti-abortion laws in the mid to late 1800s, with laws varying from state to state. One of the main reasons for this being the fact that there was concern that newly arriving immigrants would dominate the population. By 1910, all but one state had criminalized abortion, unless it was in order to save a women’s life. This was how abortion became a “physician's only” practice (National Abortion Federation, 2003).

Another reason for the criminalization of abortions was the attempt by doctors to get exclusive rights to practice medicine, by preventing “untrained” practitioners (including homeopaths, apothecaries and midwives) from competing with them for patients and patient fees. Instead of admitting that this was their goal, associations such as the American Medical Association argued that it was immoral and dangerous to have an abortion (National Abortion Federation, 2003). Before this, abortion had just existed, like pregnancy and any other female business.

The restrictions on abortions were introduced for three main reasons:

1. Abortions were dangerous and had a high mortality rate, which meant that the laws were passed in order to protect women's lives, who even still sought out for abortions (Berer, 2017). They were also passed in order control and restrict women to their traditional childbearing role, as a part of an anti-feminist backlash to the growing movements for legal rights, voluntary motherhood and other women's rights (Boston Women's Health Book Collective, 1998).
2. Abortions were considered a sin and a form of moral transgression, and the laws purpose was to punish and act as a restraint (Berer, 2017).
3. Abortion was restricted in order to protect fetal life (Berer, 2017).

Women in the US began to fight more actively for their rights in the 1960s, mostly due to inspiration from the civil rights and antiwar movements and after many speak outs and demonstrations in which rage, pain and fear were a main factor, reform gradually came. Some states liberalized abortion laws in certain circumstances, for example, pregnancy as a result of rape or incest, being under the age of 15 but the decision remained that of the doctors and hospitals (Boston Women's Health Book Collective, 1998).

Worldwide, there was no clear consensus on whether abortions were legal or not. In Europe, North America, Latin America, Africa and Asia, the majority of countries had legalized abortion, either under strict conditions or in certain circumstances. In the Middle East however, there was an almost equal split between countries who had and had not legalized abortions (Ralston & Podrebarac, 2008).

CURRENT SITUATION

Abortions are restricted by laws, cultural and religious traditions and the scarcity of medical resources, especially in developing countries. The methods used in order to obtain abortions have advanced immensely within in the last few decades, and this has a direct correlation with the legal status of abortions, which varies from each country.

Another main factor in the legal status of abortions is the Pro-Choice versus Pro-Life movement. Although this debate has existed since the dawn of time, over the past few decades, it has become more critical and serious and is affecting the countries policy regarding abortions.

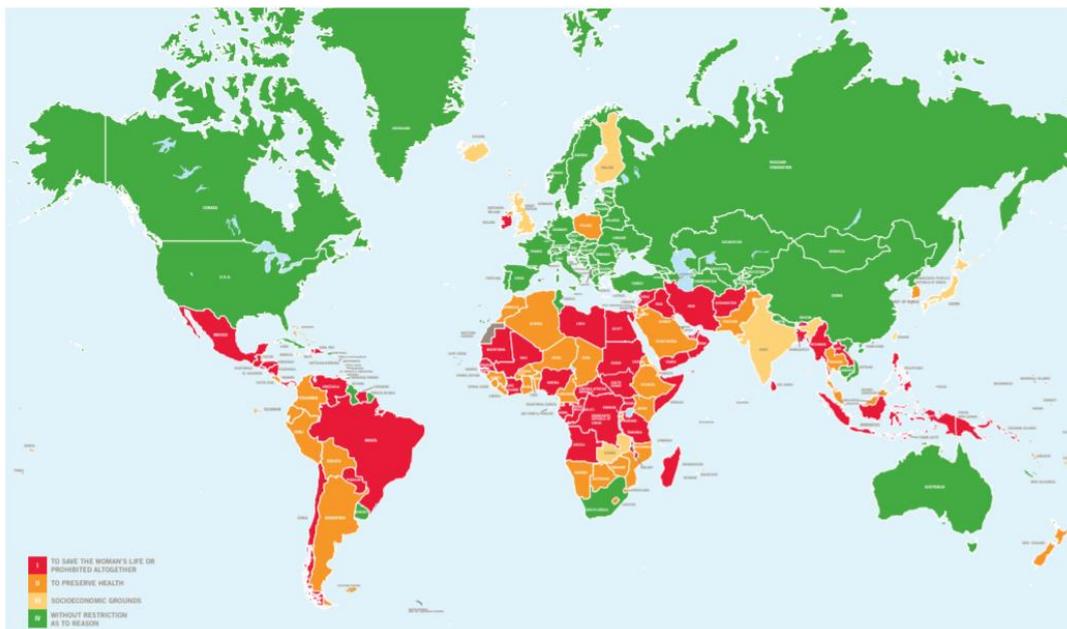
According to WHO, every year in the world there are an estimated 40-50 million abortions. This corresponds to approximately 125,000 abortions per day (Worldometers, 2019).

“Some defend access to abortion as a human right, a woman’s right, a sexual and reproductive right, and a right to health given the dangers of illegal abortions, while others condemn it in the name of the embryo’s right to life”- Agnès Guillaume & Clémentine Rossier, 2018

The legal status of abortions worldwide

There are six main grounds for allowing abortions in most countries;

1. Risk to life;
2. Rape or sexual abuse;
3. Serious fetal anomaly;
4. Risk to physical and sometimes mental health;
5. Social and economic reasons;
6. On request (Berer, 2017).



(The Center For Reproductive Rights, 2014)

The United Nations publishes a worldwide abortion report every few years. The latest report stated that abortion is legal upon request in 59 of 193 Member States. In all of but seven member states, which are South Sudan, Malta, the Dominican Republic, El Salvador, Nicaragua and Chile, abortion is legal in the purpose is to save to mother's life (United Nations Department of Economic and Social Affairs, 2014).

The region with the most restrictive abortion laws is Latin America, mostly because of it's heavily catholic religion. Six countries have completely banned it, such as Honduras, Nicaragua and El Salvador. Other countries have only legalized under strict circumstances like rape, incest or maternal health (Rodgers, 2019).

“Making abortion illegal will not lead to women having more babies. So if the goal is to bring about more lives and to protect more lives, this is not the instrument to use,” said Maria Bucur (2019), a professor of history and gender studies at Indiana University. The things said by Marua can be strengthened by a WHO report that criminalizing abortions will just make abortions less safe, instead of stopping them.

Currently, out of the 1.64 billion women of reproductive age, 6% live where abortions are completely banned and 37% live where there are no restrictions on getting an abortion. The abortion rates between the two categories are similar, as it is 37 per 1,000 in countries that ban abortion altogether or only permit it in order to save a women's life, and 34 per 1,000 in countries that allow abortion without any restrictions (Guttmacher Institute, 2018), which doesn't have that much significance in between them.

In the past decade for 33 countries have expanded the circumstance under which abortion is legally permitted (Henley, 2018).

There are still countries and states that are trying to maintain abortions illegal status, and even make the circumstances under which you can have an abortion stricter or completely banned. Alabama's governor, Kay Ivey, signed the most punitive abortion law in America, and in general on the most restrictive in the Western world. While it's aim is at doctors, by making the provision of abortions a felony that can be punishable up to 99 years, this will also affect all women seeking abortions. The only exception in this law is if the abortion is needed in order to save the mother's life (Livni, 2019). In reaction to this law, other states have begun passing anti-abortion laws, including Arkansas, Mississippi, Indiana and more

(Merelli & Campoy, 2019). This law can only be passed in 2020 and will have to be presented in front of the Supreme Court, in an attempt to overturn *Roe v. Wade*, but there is a chance that this law will pass, making Alabama find itself in the company of about half of the Muslim majority Middle Eastern countries, which also have total bans on abortions unless it is to save a women's life (Livni, 2019).

One of the most notable changes regarding legalizing abortions was the referendum in Ireland, May 2018. It was regarding repealing the eighth amendment, which recognises an equal right to life for both mother and unborn child, effectively prohibiting abortion in almost all cases. In 2017, a citizens' assembly established by the government recommended unrestricted access to abortion during early pregnancy, and the referendum, which is required because the proposal involves changing the constitution, was called upon during the beginning of 2018 (Henley, 2018).

The Trump administration announced in 2019 that the global gag rule will be further expanded. The global gag rule that prohibits foreign non-governmental organizations (NGOs) who receive U.S. global health assistance from providing legal abortion services or referrals, while also barring advocacy for abortion law reform, even if it's done with the NGO's own, non-U.S. funds. The policy allows access to abortion only in cases of rape, incest, or when a woman's life is at risk (Open Society Foundations, 2019).

Almost every death and injury from unsafe abortion is preventable, as stated by WHO. The WHO has noted that one of the first steps toward avoiding maternal deaths and injuries is for states to ensure that people have access to sex education, are able to use effective contraception, have safe and legal abortion, and are given timely care for complications. In countries with such restrictions, the law typically allows for what are known as narrow exceptions to the legislation criminalizing abortion. These exceptions might be when pregnancy results from rape or incest, in cases of severe and fatal fetal impairment, or when there is risk to the life or health of the pregnant person. Only a small percentage of abortions are due to these reasons, meaning the majority of women and girls living under these laws might be forced to undertake unsafe abortions and put their health and lives at risk.

The morality behind abortion deeply affects whether they are criminalized or not. The debate is made up many arguments, but focuses around these two mostly, is abortion

murder or is it a fundamental right? The group that agrees with the former is most commonly known as **Pro Life**, whilst the group that agrees with the latter is **Pro Choice**.

What methods are used?

Abortion is one of the safest medical procedures if done following the World Health Organization’s guidance. But it is also the cause of at least one in six maternal deaths from complications when it is unsafe (WHO,2011). WHO estimates that 22 million unsafe abortions take place each year, the vast majority of which occur in developing countries. Induced abortion is medically safe when WHO-recommended methods are used by trained persons, less safe when only one of those two criteria is met, and least safe when neither is met.

Whether the country is developed or developing seriously impacts the amount of unsafe abortions that happen, with 97% of unsafe abortions in 2003 occurring in developing countries. A 2014 study estimates that out of the 14.9% of all 2013 maternal deaths caused by abortion, more than half of them are believed to have occurred in sub- Saharan Africa (Abdullaeva, 2019). In addition, whilst only 2 unsafe abortions per women in developed countries, in which abortion is legal, occur, 36 per 1,000 unsafe abortions occur in developing countries such as East Africa and South America (Singh, Remez, Sedgh, Kwok, & Onda, 2018).

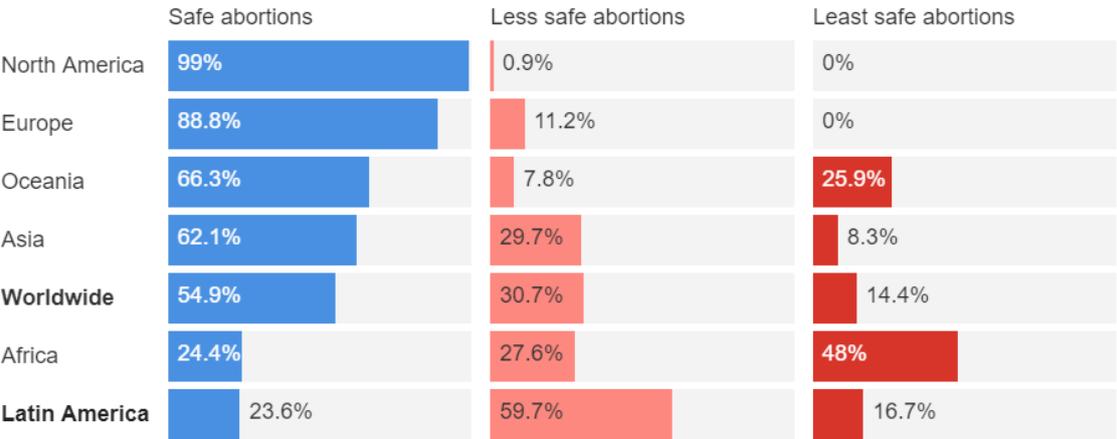


Chart: The Conversation, CC-BY-ND • Source: [The Lancet](#)

The region with the highest number of abortion related deaths is Africa, with many of the women seeking abortion from Africa undergoing unsafe procedures that put their wellbeing at risk (Guttmacher Institute, 2018).

Something that must also be considered are methods of preventing pregnancy in the first place, mostly in teenagers. This may vary from educating about sex and ways to avoid pregnancy to supplying different methods of birth control (pills, IUD, etc...) and condoms.

Unsafe Abortions

Unsafe abortions are performed by untrained people using dangerous methods, which often fail, in unsterile conditions.

The methods used for unsafe abortions include using herbs or drugs (including alcohol), physical damage (massages, falls, etc.), pushing substances (soap, bleach) or objects into the uterus (a stick, rubber tubing, wire, coat hangers). Women who have unsafe abortions can suffer from an incomplete abortion leading to septicemia (blood poisoning), infection, severe bleeding, infertility, psychological damage or death (WHO estimate that around 200 women die every day from unsafe abortions) (Abortion Rights, Unknown Year).

Safe abortions

Safe abortions are performed by trained professionals using safe, effective methods in sterile conditions.

The methods used for safe abortions include drugs, simple operations, induced labor, non-surgical or medical abortion (which can be performed up to 9 weeks into the pregnancy), Mifepristone and prostaglandin (which can be used between weeks 13 and 24).

Abortions after 24 weeks of pregnancy are extremely rare and can only be performed if there is a risk to the life of the women, evidence of severe fetal abnormality or risk of grave physical and mental injury to the women (Abortion Rights, Unknown year).

QUESTIONS TO CONSIDER

- Does your country support abortions? If so, what is your policy?
- Is there access to safe abortions in your country?

- Is your country a religious state? If so, how does that affect its stance on abortions?
- Have there been any vast changes in your countries policy regarding abortions in the past few decades?
- Will your country be affected by the global gag rule? If so, is your country dependent on U.S funding's?
- Is there access to birth control and sex education in your country? If so, how accessible is it?

SUGGESTED READINGS

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