



Economic and Social Council

Distr.: Limited
14 February 2019

Original: English

Commission on Narcotic Drugs

Sixty-second session

Vienna, 14–22 March 2019

Item 11 of the provisional agenda*

Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session

Norway: draft resolution

Promoting measures to prevent and treat viral hepatitis C among people who use drugs

The Commission on Narcotic Drugs,

Reaffirming its commitment to promoting the health, welfare and the well-being of all individuals, families, communities and society as a whole and facilitating healthy lifestyles through effective scientific evidence-based demand reduction initiatives at all levels, covering, in accordance with national legislation and the three international drug control conventions, prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of problematic drug use,

Noting with concern that the *World Drug Report 2017*¹ highlights that the number of deaths attributable to hepatitis C among people who use drugs is greater than deaths from other causes related to drug use, that viral hepatitis disproportionately impacts people who use drugs and that more than half of all people who inject drugs are living with hepatitis C,

Noting that some countries and regions have made significant progress in expanding health-related risk and harm reduction programmes, in accordance with national legislation, as well as antiviral treatment and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne infections associated with drug use, while noting, however, the lack of global progress made in reducing the transmission of HIV among people who use drugs, particularly those who inject drugs, and calling attention to the insufficient coverage of such programmes and substance use treatment programmes,

Aware that the *World Drug Report 2018*² highlights that people, including people who use drugs, in prisons and other closed settings are at a much greater risk

* [E/CN.7/2019/1](#).

¹ United Nations publication, Sales No. E.17.XI.7.

² *Ibid.*, Sales No. E.18.XI.9.



of contracting infections such as tuberculosis, HIV and hepatitis C than are the general population and that access to treatment and prevention programmes is often lacking in those settings, which can result in the rapid spread of infectious diseases,

Affirming the commitment of Member States to the targets contained in the World Health Organization global health sector strategy on viral hepatitis for the period 2016–2021³ of achieving by 2030 a 90 per cent reduction in new cases of chronic viral hepatitis B and C infections and a 65 per cent reduction in viral hepatitis B and C deaths,

Recalling its resolution 61/11 of 16 March 2018, in which it encouraged Member States, as appropriate, within their national and regional contexts, to promote, among their relevant agencies and social service sectors, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for people who use drugs and to reduce any possible discrimination, exclusion or prejudice that those people may encounter,

Recalling also the signing of the memorandum of understanding between the United Nations Office on Drugs and Crime and the World Health Organization in February 2017, which facilitates increased collaboration and coordination between those two entities in advancing efforts to address and counter the world drug problem,

Recalling further World Health Assembly resolution 69.11 of 28 May 2016, in which the Assembly recognized that universal health coverage implies that all people have access without discrimination to nationally determined sets of the needed promotive, preventive, curative, palliative and rehabilitative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population,

Concerned about the challenge posed by co-infections of HIV, tuberculosis and viral hepatitis and other health harms, and noting that according to the report of the Executive Director of the United Nations Office on Drugs and Crime on responding to the prevalence of HIV and other blood-borne diseases among drug users,⁴ among people who inject drugs and are also living with HIV, 82.4 per cent are co-infected with hepatitis C, and among those living with HIV, hepatitis C is a major cause of morbidity and mortality,

1. *Welcomes* World Health Assembly resolution 69.22 of 28 May 2016, in which the Assembly adopted the World Health Organization global health sector strategy on viral hepatitis for the period 2016–2021,³ which highlights the need to accelerate the accessibility of services for the prevention and treatment of hepatitis C;

2. *Encourages* relevant national authorities to consider including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health, individual and social consequences of problematic drug use, including appropriate medication-assisted therapy programmes, access to injecting equipment programmes, measures to encourage switching to alternative routes of administration, and antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne infections associated with drug use, and to consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings;

3. *Urges* Member States, in the context of addressing and countering the world drug problem, to strengthen their domestic and global efforts, including through

³ World Health Organization, *Sixty-Ninth World Health Assembly, Geneva, 23–28 May 2016* (WHA69/2016/REC/1), annex 8, appendix 2.

⁴ E/CN.7/2018/8.

their health systems, and to ensure continued political commitment to effectively addressing and countering viral hepatitis among people who use drugs, in particular people who inject drugs, and to strive to achieve target 3.3 of the Sustainable Development Goals (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases) and target 3.5 (Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol) and related targets;

4. *Encourages* Member States to establish a robust national system, including laboratories, for voluntary screening for hepatitis C virus infection in persons at greater risk of infection, including people who use drugs;

5. *Requests* the United Nations Office on Drugs and Crime to work closely with the World Health Organization, as the lead United Nations agency for the hepatitis response, in supporting Member States in implementing the proposed actions contained in the World Health Organization global health sector strategy on viral hepatitis for the period 2016–2021, promoting the use of the World Health Organization *Guidance on Prevention of Viral Hepatitis B and C among People Who Inject Drugs*⁵ and other relevant guidance on hepatitis treatment and testing, and addressing existing financial, structural and social barriers to scaling up programmes and treatment;

6. *Calls upon* Member States to provide non-discriminatory access to health, care and social services in prevention and primary care, and treatment programmes, in accordance with the World Health Organization *Guidelines for the Care and Treatment of Persons Diagnosed with Chronic Hepatitis C Virus Infection*,⁶ including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, and to ensure that women, including detained women, have access to adequate health services and counselling, including those services particularly needed during pregnancy;

7. *Requests* the United Nations Office on Drugs and Crime to continue to provide technical assistance to Member States, upon request, to ensure the implementation of the present resolution;

8. *Encourages* Member States to consider providing technical assistance, upon request, for these purposes through bilateral and multilateral channels;

9. *Also encourages* Member States to promote the involvement of civil society, in particular organizations or networks of people who use drugs, in all aspects of preventing, diagnosing and treating viral hepatitis;

10. *Further encourages* Member States to ensure that prevention and treatment of viral hepatitis is integrated into efforts to achieve universal health coverage, which must include access for groups at greater risk, such as people who use drugs;

11. *Requests* the United Nations Office on Drugs and Crime to continue to inform Member States, on a yearly basis, about the measures taken to prevent new viral hepatitis infections, as well as new HIV infections among people who use drugs, and about the implementation of interventions contained in the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*, published by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS;

12. *Invites* Member States and other donors to provide extrabudgetary resources for the purposes described above, in accordance with the rules and procedures of the United Nations.

⁵ World Health Organization (Geneva, 2012).

⁶ World Health Organization (Geneva, 2018).