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## Commission on Narcotic Drugs

### Sixty-second session

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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**

## Statement submitted by Médecins du Monde\*\*

The Secretary-General has received the following paper, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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**Hepatitis: No elimination without decriminalization!**  
**DECLARATION OF THE HEPATITIS COMMUNITY**

**We, members and representatives of the viral hepatitis community – a community that includes people living with viral hepatitis, doctors, nurses, social workers, researchers, public health experts, and people who use drugs – are concerned over the growing gap between the enormous impact of hepatitis B and hepatitis C over people who use drugs and their almost non-existent access to prevention, diagnosis and treatment services around the world.**

Sharing unsterile drug injecting equipment puts people at high risk of hepatitis B and hepatitis C infections. Globally it is estimated that among the 15.6 million people who currently inject drugs 52 per cent are hepatitis C antibody positive, and 9 per cent are living with chronic hepatitis B infection<sup>[1]</sup>; From a public health and human rights perspective, improving access to prevention and treatment for people who use drugs is crucial to reducing hepatitis C incidence and eliminating the epidemic, as sharing of needles, syringes and other injecting equipment is estimated to account for 23 per cent of new infections<sup>[2]</sup>.

Ensuring access to interventions such as low-threshold needle and syringe programmes, opioid substitution therapy, hepatitis C treatment and other harm reduction interventions are essential to reduce hepatitis C incidence and prevalence among people who inject drugs <sup>[3]</sup><sup>[4]</sup>, and these interventions are cost-effective <sup>[5]</sup><sup>[6]</sup>. In 2016, the Member States of the World Health Organization (WHO) adopted the first ever Global Health Sector Strategy (GHSS) on viral hepatitis<sup>[7]</sup>. It identified harm reduction as one of five core interventions needed to reach the goal of viral hepatitis elimination by 2030.

Despite the evidence and WHO recommendations, comprehensive harm reduction services are inaccessible for most people who use drugs worldwide. In 2017, among the 179 countries and territories where injecting drug use has been reported, just 86 (48 per cent) have implemented opioid substitution therapy and 93 (52 per cent) have needle and syringe programmes<sup>[8]</sup>. Furthermore, the regional and national coverage varies substantially and is most often below WHO indicators, with less than 1 per cent of people who inject drugs living in countries with high coverage of both services<sup>[8]</sup>. Even where services do exist, people who use drugs face more difficulties in accessing hepatitis C prevention and treatment due to poor access to health services, their exclusion through treatment criteria, threats of violence and abuse when disclosing status as drug users, and universal stigmatization. As a result, the hepatitis C epidemic continues to grow among people who use drugs <sup>[9]</sup>.

This lack of access to hepatitis care for people who use drugs is deeply rooted in and driven by our laws and policies which criminalize drug use, drug possession and, ultimately, people who use drugs themselves<sup>[10]</sup> <sup>[11]</sup>. Punitive drug law enforcement is a direct barrier to harm reduction services in many ways:

- The prohibition of drug paraphernalia possession impedes harm reduction service delivery and uptake;
- Many national laws impose severe and disproportionate custodial sentences for minor, non-violent drug offences (such as drug use, possession and low-level supply);
- People who use drugs are frequently incarcerated or extra-judicially detained, often leading to interruption of medical treatments, without access to prevention and other harm reduction services, and at heightened risk of hepatitis infection;
- Policies criminalizing drug use fuel stereotypes and negative assumptions of people who use drugs, ultimately reinforcing stigmatization and discrimination.

Even in countries that have integrated harm reduction into domestic public health policies, criminalization remains a glass ceiling – as the fear of arrest continues to drive people away from prevention and care services.

A number of countries, such as Portugal and Czechia, decriminalized minor drug offences years ago with significant public health benefits<sup>[12]</sup> <sup>[13]</sup>. These policy changes have proven very successful and have led to an increase of access to harm reduction and health services by people who use drugs – contributing to decreased new HIV infections, and reduced harms associated with drug use and drug dependence<sup>[14]</sup>. While our laws and policies that prohibit drugs are portrayed and defended as necessary to preserve public health and safety, the evidence overwhelmingly demonstrates that they have driven unnecessary and disproportionate human rights violations including violence, disease, discrimination, and the undermining of people’s right to health<sup>[10]</sup> <sup>[11]</sup> <sup>[12]</sup>. Growing recognition of the need for evidence-based drug policy reform has led several world leaders, public health experts, the WHO and other United Nations Agencies to recommend the decriminalization of minor, non-violent drug offences, and a strengthening of health-oriented alternatives to criminal sanctions<sup>[9]</sup> <sup>[15]</sup> <sup>[16]</sup> <sup>[17]</sup> <sup>[18]</sup> <sup>[19]</sup> <sup>[20]</sup> <sup>[21]</sup> <sup>[22]</sup>.

**We, the viral hepatitis community, whole-heartedly support member states’ commitment to the goal of eliminating viral hepatitis by 2030. In order to achieve that goal, we call on world political leaders to remove all barriers to the uptake of the full range of prevention services by people who use drugs by reforming laws, law enforcement procedures and discrimination that hinder access, including the criminalization of minor, non-violent drug offences and to adopt an approach based overwhelmingly on public health promotion, respect for human rights and evidence.**

Supporting the statement:

AIDS Foundation East West (FEW) – Canadian HIV/AIDS Legal Network – Conectas – European AIDS Treatment Group (EATG) – Eurasian Harm Reduction Association – Harm Reduction International (HRI) – Intercambios Asociacion Civil Argentina – International AIDS Society (IAS) – International HIV/AIDS Alliance – Open Society Foundation (OSF) – Release – Students for Sensible Drug Policy Australia – World Hepatitis Alliance (WHA);

Acción Semilla – AIDES – Aidsfonds – Alliance for Public Health – Association pour la lutte contre les hépatites virales – APDES – Apoyo Positivo – Asia Catalyst – Asociacion Costarricense de Estudios e Intervencion en Drogas (ACEID) – Association for Humane Drug Policies – Association Guyanaise de Réduction des Risques – Association of HIV affected women and their families «Demetra» – BrugerForeningen / The Danish Drug Users Union – Bus 31/32: Csapa & Caarud – Coalition PLUS – Correlation Network – Danish AIDS-Foundation – Drug Policy Alliance – Drug Reform Coordination Network (DRCNet) – European Network of People Who Use Drugs – FAAT Think&Do Tank – Fedito Bxl – Drugs & Addictions in Brussels – Foundation for Social Policy PREKURSOR – Georgian Community Advisory Board (GeCAB) – Georgian Network of People Who Use Drugs (GeNPUD) – Global Network of People Living with HIV (GNP+) – Groupe Sida Genève – Grupo de Ativistas em Tratamentos (GAT) – Hepatitis C Mentor and Support Group (HCMMSG) – Hepatitis Education Project – International Centre for Science in Drug Policy – International Committee on the Rights of Sex Workers in Europe (ICRSE) – International Drug Policy Consortium (IDPC) – International HIV Partnerships (IHP) – International Network for Hepatitis in Substance Users (INHSU) – International Network of People Who Use Drugs (INPUd) – International Treatment Preparedness Coalition (ITPC) – Italian League for Fighting AIDS (LILA) – ITPC MENA – Kirby Institute for Infection and Immunity – Life Quality Improvement Organisation (FLIGHT) – Mainline – Mistletoes Community Health and Right Initiatives – New Vector – Pacific Hepatitis C Network – Plateforme Stop1921 – Positive Malaysian Treatment Access & Advocacy Group (MTAAG+) – Positive Voice – Prévention

Information Lutte contre le Sida (PILS) – Romanian Association Against AIDS (ARAS) – Stephen Malloy Training & Consultancy Ltd – Treatment Action group (TAG) – Unión de Asociaciones y Entidades de Atención al Drogodependiente (UNAD) – Youth RISE –

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