



My name is Professor Sharon Lewin. I'm director of the Doherty Institute in Melbourne, Australia, and President of the International AIDS Society.

My statement today reflects on the consultation among scientists and community leaders on the current coverage of harm reduction services for HIV prevention, treatment and care, community service delivery, and people-centred human rights-based drug policies.

These approaches are vital components in meeting our global commitment to end AIDS as a public health threat by 2030 and eliminate hepatitis C among people who use drugs.

People who use drugs continue to be disproportionately impacted by HIV, viral hepatitis and other health harms, with hepatitis C being the number one cause of drug-related deaths globally.

The societal and structural reasons for this are well documented:

- The criminalization and over-policing of people who use drugs prevents them from accessing healthcare.
- Inadequate funding and implementation of harm reduction services increases the risks of overdose and HIV and viral hepatitis transmission.
- Stigma and discrimination against people who use drugs – especially for women, young people, Indigenous peoples and people in prison settings – and the denial of their human rights pushes them to the margins of society.
- The failure to consistently involve communities of people who use drugs in research, policy formulation, and the design, implementation and evaluation of harm reduction programmes renders programmes less effective.

The scientific evidence affirms that when people who use drugs have control over their own lives, they experience better health outcomes.

Our consultation confirmed that needle and syringe programmes, opioid agonist therapy and making naloxone available to prevent opioid overdose are an essential part of an integrated, person-centred, evidence-based and effective HIV and hepatitis response. With the right drug policy choices, we can achieve this while conforming to the international drug control conventions.

In countries that implement these services at scale and have strong records in protecting human rights, HIV and hepatitis C transmission rates among people who inject drugs are significantly reduced while drug use and other drug-related harms do not increase.

Harm reduction has proven to be effective even in challenging operating environments, such as conflict zones.

Scaling up the HIV and hepatitis programmes among people who use drugs requires adequate funding, robust resourcing and leadership. Punitive laws, legal policies and practices should be revised by policymakers, with meaningful engagement of the community of people who use drugs.



Promoting alternatives to conviction and punishment, including the decriminalization of drug possession for personal use, will reduce the current excessive rates of incarceration of people who use drugs and will increase their access to lifesaving services.

We therefore call upon the CND to renew its political commitment to a sustained public health response with and for people who use drugs.

To prevent the unacceptable levels of overdose mortality and cases of blood-borne infections, we recommend:

- First, to act on the evidence and continue to support more data collection, research, innovation, and community leadership.
- Second, to increase collaboration with the widest possible range of partners and stakeholders, especially those who have historically been excluded.
- Third, to capitalize on the knowledge and experience of communities of people who use drugs and fund them to design and implement evidence-based harm reduction programmes.
- And fourth, to put our human-rights obligations at the heart of our response

This way, we will truly be on our way to reduce inequalities, putting people first, leaving no one behind.