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**Commission on Narcotic Drugs****Sixty-second session**

Vienna, 14–22 March 2019

Agenda item 11

**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**

**Australia, Andorra, Armenia, Canada, Egypt, Ireland, Kenya, Mexico, New Zealand, Norway and Ukraine: revised draft resolution\***

**Promoting measures to prevent and treat viral hepatitis C attributable to drug use**

*The Commission on Narcotic Drugs,*

*Reaffirming* the commitments contained in the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol,[1] the Convention on Psychotropic Substances of 1971[2] and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,[3] in which States parties expressed concern for the health and welfare of humankind,

Reaffirming also its commitment to promoting the health, welfare and well-being of all individuals, families, communities and society as a whole, and facilitating healthy lifestyles, through effective, comprehensive, 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 drug abuse,

*Noting with concern* that the *World Drug Report 2017*<sup>1</sup> highlights that the number of deaths attributable to hepatitis C among people who use drugs is greater than the number of 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,

*Bearing in mind* the World Health Assembly Resolution 69.22 of 28 May 2016, in which the Assembly adopted the World Health Organization global health sector strategies inter alia on viral hepatitis for the period 2016–2021,<sup>3</sup> which highlights the

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\* Issued without formal editing.

<sup>1</sup> United Nations publication, Sales No. E.17.XI.7.



need to accelerate the accessibility of services for the prevention and treatment of hepatitis C,

*Recalling* also the 2019 Ministerial Declaration where the Member States note with concern persistent and emerging challenges related to the world drug problem, including the following: that the rate of transmission of HIV, HCV and other blood borne infections associated with drug use, including injecting drugs, in some countries, remains high and that drug treatment and health services continue to fall short of meeting needs, and deaths related to drug use have increased;

*Acknowledging* that some countries have made considerable progress in expanding evidence-based, comprehensive HIV and HCV interventions aimed at minimizing the adverse public health and social consequences of drug use,

*Aware* that the *World Drug Report 2018*<sup>2</sup> highlights that people, in prisons and other closed settings are at a much greater risk of contracting infections such as tuberculosis, HIV and hepatitis C than 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,

*Stressing* the commitment of Member States to the targets contained in the World Health Organization global health sector strategy towards eliminating viral hepatitis for the period 2016–2021<sup>3</sup> including 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,

*Underscoring* the need to accelerate the implementation, in accordance with national legislation, of drug policy commitments inter alia on prevention of drug abuse and treatment of drug use disorders, rehabilitation, recovery and social reintegration, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, as well as prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases,

*Recalling* the commitment to promote and strengthen regional and international cooperation in developing and implementing treatment related initiatives, enhance technical assistance and capacity building and ensure non-discriminatory access to a broad range of interventions, including psycho-social, behavioural and medication-assisted treatment, as appropriate and in accordance with national legislation, as well as to rehabilitation, social reintegration and recovery support programmes, including access to such services in prisons and after imprisonment, giving special attention to the specific needs of women, children and youth in this regard,

*Recalling* its resolution 61/11, 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 drug users and to reduce any possible discrimination, exclusion or prejudice that those people may encounter,

*Recalling also* 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,

*Noting* the Bangkok Rules of 21 December 2010, and also the Nelson Mandela Rules of 17 December 2015, which states that health care services in prisons should be organized in close relationship to the general public health administration and in a

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<sup>2</sup> Ibid., Sales No. E.18.XI.9.

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

way that ensures continuity of treatment and care including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence,

*Welcoming* preparations for the high level meeting of United Nations General Assembly of 2019 on universal health coverage and recalling 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 adverse public health as well as social consequences of drug abuse, 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 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. *Reaffirms* the need to accelerate the accessibility of services for the prevention and treatment of HCV, particularly related to drug use, in accordance with national legislation, in order to eliminate viral hepatitis as a public health threat by 2030;

2. *Invites* relevant national authorities to consider, in accordance with their national legislation and the three international drug control conventions, 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 and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, as well as consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS;

3. *Urges* Member States, in the context of addressing and countering the world drug problem, to strengthen their domestic and global efforts, including through their health systems, and to promote 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 strengthen and develop voluntary screening for HCV, including laboratories, and the use of high quality testing, including rapid tests where available for hepatitis C virus infection in persons at greater risk of infection, in accordance with national legislation, and acknowledges the efforts made by some Member States in this regard;

5. *Requests* the United Nations Office on Drugs and Crime to continue working closely with the World Health Organization, which is the lead United Nations agency for the hepatitis response, in supporting Member States in implementing the

proposed actions adapted to national priorities and legislation, contained in the World Health Organization global health sector strategy on viral hepatitis for the period 2016–2021, jointly promoting the use of the World Health Organization *Guidance on Prevention of Viral Hepatitis B and C among People Who Inject Drugs*<sup>4</sup> and other relevant guidance on hepatitis treatment and testing, and addressing existing financial, structural and social barriers to scaling up programmes and treatment;

6. *Encourages* Member States to provide non-discriminatory access to health, care and social services in prevention and primary care, and treatment programmes, taking into account the World Health Organization *Guidelines for the Care and Treatment of Persons Diagnosed with Chronic Hepatitis C Virus Infection*<sup>5</sup> as well as the International Standards for the Treatment of Drug Use Disorders developed by the United Nations Office on Drugs and Crime and the World Health Organization 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 care, including hygiene-related products and services and counselling, and including as needed during pregnancy;

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

8. *Also encourages* Member States to promote the involvement of civil society, in particular community-led organizations and initiatives, in programme design, prevention, diagnosis and treatment of viral hepatitis, according to national legislation and policies;

9. *Encourages and welcomes* Member States' actions to integrate prevention, diagnosis and treatment of viral hepatitis, in particular associated with drug use, into universal health coverage efforts, according to national context and priorities;

10. *Further encourages and welcomes* Member States' efforts to integrate prevention, diagnosis and treatment of viral hepatitis into effective, comprehensive, scientific evidence-based drug demand reduction initiatives, including measures aimed at minimizing the adverse public health and social consequences of drug abuse;

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

12. *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, as well as in prison settings, and about necessary and available funding for relevant programmes and projects of the Office, including implementation of interventions contained in the *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;

13. *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.

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<sup>4</sup> World Health Organization (Geneva, 2012).

<sup>5</sup> World Health Organization (Geneva, 2018).