

Excellencies,
Distinguished Delegates
Ladies and Gentlemen,

I am honoured to join you at the Plenary of the 64th Session of the Commission on Narcotic drugs. My statement today is the result of the consultation that brought together scientists and community leaders to review the impacts of the COVID-19 pandemic on harm reduction services.

For people who use drugs, COVID-19 has added to an already difficult situation marked by widespread violations of human rights, criminalization, disproportionate use of force by law enforcement, violence, stigma, discrimination, high prevalence of HIV and viral hepatitis and high rates of overdose.

We have known for many years the solution to these problems: fully implement harm reduction and protect and promote human rights of people who use drugs.

The evidence gathered since the beginning of the pandemic shows that:

- People who use drugs are particularly at risk of COVID infection and severe disease due to underlying health issues, stigma, social marginalization, criminalization, and higher economic and social burdens.
- In many contexts, COVID-19 prevention measures resulted in the closure or restriction of harm reduction services, as they were erroneously not considered essential services.
- Human rights violations and discrimination can be unintended consequences of COVID-19 mitigation measures.
- The pandemic exacerbated existing disparities and inequities faced by women who use drugs, especially in relation to gender-based violence, poverty, and increased their risk of acquiring HIV and HCV.
- Representatives of the community of people who use drugs were not included in the design of COVID-19-related policies.

Despite these many challenges, there are some promising responses reported since the beginning of the pandemic.

- Community-led organizations proved creative and resilient, finding solutions to protect people who use drugs
- COVID-19 revealed how vital harm reduction services are for people who use drugs. These services provide not only life-saving commodities and care, but also equally essential human and social connections.
- In over 50 countries harm reduction services were quick to innovate and adapt to more flexible models of service delivery such as simplified prescribing requirements, take-home opioid agonist therapy, access to naloxone, and integrated mobile COVID-19 and harm reduction services.

How can we move forward and "build back better"?

I would like to share with you the recommendations resulting from our consultation:

- Harm reduction services are essential public health interventions and pivotal in reaching key populations and must be maintained and scaled up
- COVID-19 adaptations in the delivery of harm reduction, particularly the expansion of take-home opioid agonist therapy and community-based, peer-supported treatment for HIV and

hepatitis C are proven to increase the acceptability and uptake of services and should remain in place.

- Greater involvement of the community of people who use drugs in the COVID-19 response planning is crucial to increase acceptability, access and retention in services. Adequate resources must be allocated to support peer-led interventions.
- Harm reduction services are a trusted source of information on COVID 19 prevention, as well as vaccination, and should be properly prepared and equipped to provide vaccination to their clients.
- Prisons should be part of local and national COVID 19 prevention and vaccination plans
Protecting the human rights of people who use drugs, reducing stigma, discrimination and inequalities is key to optimising public health outcomes during the pandemic and beyond.

Let us ensure that the learnings from the hardships of COVID-19 are not forgotten and, indeed, contribute to stronger human rights and improved health for all.