

Statement by Hepatitis Australia

United Nations Commission on Narcotic Drugs (CND66) - 17 March 2023

Agenda Item 9: Contributions by the Commission to the work of the Economic and Social Council including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.

Esteemed Members of the United Nations Commission on Narcotic Drugs,

I am honoured to address you today on behalf of Hepatitis Australia, a civil society organisation dedicated to ending the viral hepatitis epidemics and empowering affected communities, and a member of the World Hepatitis Alliance.

Viral hepatitis is a major public health concern globally, with the World Drug Report telling us that hepatitis C is the number one cause of death among people who inject drugs. However, viral hepatitis is preventable and treatable, and hepatitis C has a cure, while hepatitis B has a vaccine and effective treatment. For example by providing unrestricted access to direct acting antivirals, Australia has halved the number of people living with hepatitis C in five years.

Recalling Resolution 62/7, we note with concern that not enough has been done to prevent and treat viral hepatitis C attributable to drug use since its adoption. In order to effectively address this issue, we urge Member States to prioritise and implement the full spectrum of responses, including prevention, harm reduction, education, testing, treatment, and care and regulatory responses.

We note the World Health Assembly's approval of the Global Health Sector Strategies on HIV, viral hepatitis, and sexually transmitted infections 2022-2030 in May 2022, which highlights the need to accelerate action.

Harm reduction, in particular, must be emphasised as a key component of responses in both viral hepatitis and drug policy. Effective harm reduction strategies such as needle and syringe programs, opioid agonist therapy, and overdose prevention interventions must be prioritised and implemented in the community and in prisons. Attention to drug laws is also vital: specifically decriminalisation of possession for personal use, noting the stigma and discrimination and barriers to healthcare from criminalisation for people who use drugs.

It is crucial to take a human rights-based approach to implementation, with particular attention to the intersectional needs of Indigenous Peoples, people in prisons, people with lived experience of viral hepatitis and people who inject drugs. Racial justice and other social and structural determinants of health must also be considered in addressing the world drug situation and viral hepatitis.

We urge Member States to strengthen their domestic and global efforts, including through their health systems, to effectively address viral hepatitis. This includes promoting political commitment to achieve targets 3.3 and 3.5 of the Sustainable Development Goals, which respectively aim to end communicable diseases epidemics and strengthen the prevention and treatment of drug issues.

We have a significant opportunity to embed viral hepatitis responses within global drug policy at next year's Commission on Narcotic Drugs for the mid-point review of the 2019 Ministerial Declaration, including strengthening the United Nations Office on Drugs and Crime Strategy Outcome 5 to include viral hepatitis. We note the importance of Member States having clear guidance and technical support to integrate viral hepatitis responses into their drug policies and programs, and working across the UN system, including with the World Health Organization, to achieve this.

Despite the world not yet being on track to achieve the 2030 elimination goals, viral hepatitis elimination is possible, we have the tools, and where implementation has been prioritised we are witnessing positive outcomes, with many of these successful programs being community-led.

In conclusion, we urge the United Nations Commission on Narcotic Drugs to prioritise and integrate viral hepatitis responses as a highly effective and cost-effective strategy to save lives, and as an inherent part of evidence-based and human rights-based drug policy. Together, we can achieve Sustainable Development Goals 3.3 and 3.5 by 2030 by working in partnership and implementing the full spectrum of responses.

Thank you.