Statement delivered by Mr. G. Charanjit Sharma, Representative, India HIV/AIDS Alliance, on the occasion of the Fourth Intersessional Meeting of the 59th Commission on Narcotic Drugs

10 October 2016, Vienna, Austria

Excellences,
Ladies and gentlemen,
Dear colleagues,

My name is Charanjit Sharma and I work with the India HIV/AIDS Alliance, an organisation that implements programs for people who inject drugs, their partners and families. I am also privileged to be a part of the global Harm Reduction movement of the International HIV/AIDS Alliance and its consortium partners, the Asian Network of People who Use Drugs (ANPUD) and the Indian Drug Users Forum (IDUF).

From my experience with a range of drugs and drug related programs, access to and quality of harm reduction services still continue to be a challenge. Interventions such as needle syringe programs and opioid substitution are yet to be implemented to the scale required in many countries. While TB and Hepatitis C are major health problems among PWID and have resulted in the deaths of many of our friends, most national programs for TB, Hepatitis and HIV continue to function in silos. Overdose remains a major threat among PWID because of barriers in access to life-saving drugs like Nalaxone.

Therefore, as part of larger network of NGOs, we wish to **call upon member states** to earnestly consider the operational recommendations on prevention and treatment for HIV and drug use programming. The comprehensive package recommended by WHO and other UN bodies is evidence-based and rights-sensitive.

Harm Reduction interventions when implemented to scale, have been seen to effectively address the risks associated with drug use and HIV especially in concentrated epidemics. Member states need to ensure integration of HIV, HCV and TB services with other health and social protection services for people who use drugs.

We recommend the development of innovative service delivery mechanisms especially for hard-to-reach populations, women and those incarcerated.

We urge member states to consider incorporating SRH services, family support interventions and livelihood development to improve the quality of life for PWID and their families. We understand that a multi-sector approach requires considerable commitment and investment on the part of local governments.

We call upon governments to continue to take the lead, in partnership with civil society and community organisations to meet the goal of 'Ending AIDS as a public health threat'.

We appeal to member states to end criminalization of PUD; eliminate the death penalty for offenses and ensure proportionate sentencing. **We advocate** for the closure of all

compulsory and forced treatment centers and scale up voluntary community-based drug treatment programs that respond best to the needs of PUD.

In keeping with the spirit of meaningful involvement of PUD, **we call for** for the establishment of community committees at local and national levels. We believe that this will enhance the quality of harm reduction programs in design and implementation.

In conclusion, I take this opportunity to appeal to all member states to adopt a non-punitive approach and appreciate the many governments that continue to support evidence-based and rights-centric programs for drug use and HIV.