

# UNGASS ON DRUGS 2016:

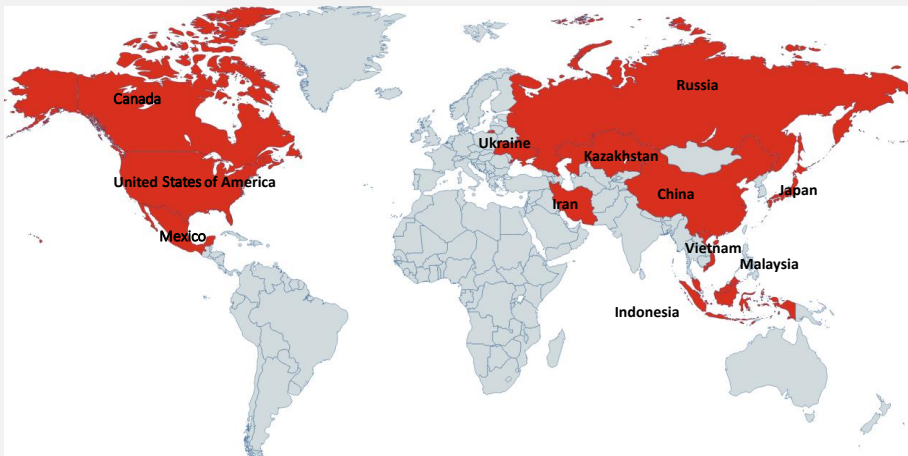
## HEPATITIS C AND THE GLOBAL DRUG POLICY DISCUSSION



<http://dpc.net/publications/2016/09/the-ungass-on-the-world-drug-problem-report-of-proceedings>

**Daniel Wolfe**  
Director, International Harm Reduction Development  
Open Society Foundations  
5th International Symposium on Hepatitis Care in Substance Users  
Oslo, September 8, 2016  
daniel.wolfe@opensocietyfoundations.org

### Highest Number of PWID With HCV



## Highest Number of PWID With HCV: Top 12

Mentions of HCV in UNGASS statements?

- ~~1. China (1,293,100)~~
- 2. United States of America (1,115,720)**
- ~~3. Russian Federation (720,000) \*\*~~
- ~~4. Vietnam (201,186)~~
- ~~5. Canada (195,151)~~
- ~~6. Mexico (157,591)~~
- ~~7. Malaysia (114,070)~~
- ~~8. Japan (107,600)~~
- ~~9. Ukraine (90,141)~~
- ~~10. Kazakhstan (78,435)~~
- ~~11. Islamic Republic of Iran (77,200)~~
- ~~12. Indonesia (67,173)~~

Source: # of PWID & HCV prevalence among them: UNODC World Drug Report 2016  
 \*\* Russia PWID figures from UNAIDS/WHO/UNODC estimate  
[http://aidsdatahub.org/sites/default/files/publication/UNAIDS\\_Dr\\_No\\_Harm\\_2016.pdf](http://aidsdatahub.org/sites/default/files/publication/UNAIDS_Dr_No_Harm_2016.pdf)

## Drug Use and HCV: Exacerbated by Imprisonment?

HIGHEST NUMBER OF PWID WITH HCV: TOP 12	HIGHEST PRISON AND DRUG DETENTION POPULATIONS: TOP 12
1. China (1,293,100)	1. United States of America (2,217,947)
2. United States of America (1,115,720)	<del>2. China (1,959,804)</del>
3. Russian Federation (720,000) **	<del>3. Russian Federation (656,633)</del>
4. Vietnam (201,186)	<b>4. Brazil (622,202)</b>
5. Canada (195,151)	<del>5. India (552,059)</del>
6. Mexico (157,591)	<del>6. Thailand (360,634)</del>
7. Malaysia (114,070)	<del>7. Mexico (255,138)</del>
8. Japan (107,600)	<del>8. Islamic Republic of Iran (225,624)**</del>
9. Ukraine (90,141)	<del>9. Turkey (187,609)</del>
10. Kazakhstan (78,435)	<del>10. Indonesia (180,347) *</del>
11. Islamic Republic of Iran (77,200)	<del>11. Vietnam (171,245)</del>
12. Indonesia (67,173)	<del>12. South Africa (159,365)</del>

Mentions of HCV in UNGASS statements?

Sources:  
 # of PWID & HCV prevalence among them: UNODC World Drug Report 2016  
 \*\* Russia PWID figures from UNAIDS/WHO/UNODC estimate  
[http://aidsdatahub.org/sites/default/files/publication/UNAIDS\\_Dr\\_No\\_Harm\\_2016.pdf](http://aidsdatahub.org/sites/default/files/publication/UNAIDS_Dr_No_Harm_2016.pdf)

Prison Populations: World Prison Brief/ Institute for Criminal Policy Research:  
<http://www.prisonstudies.org/highest-to-lowest/prison-population-total>

China Drug Detention Population: Office of the National Narcotics Control Commission. 2013 Annual Report on Drug Control in China, 2013.

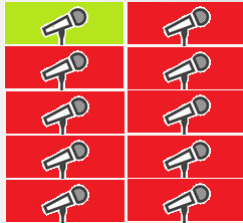
Drug detention Population, India, Thailand, Vietnam: K. Dolan, H. Worth, D. Wilson. Compulsory Treatment of drug users in Asia: designed to torture? *International Journal of Prisoner Health*. 2015, 11 (4): 255 - 268

Detainee estimates do not include those in private (non-governmental) locked facilities (e.g., Mexico, Brazil, Russian Federation, South Africa)

\*Iran and Indonesia Drug Detention numbers not available

## UNGASS Statements at a Glance

### Country Statements in General Debate (n=122)

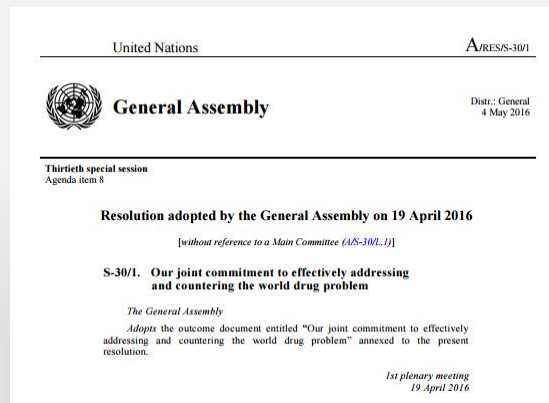


Nearly nine in ten countries said nothing

### Some Mention of HCV

- |                   |                             |
|-------------------|-----------------------------|
| 1. Montenegro     | 8. Lithuania                |
| 2. European Union | 9. United States of America |
| 3. Croatia        | 10. Brazil                  |
| 4. Georgia        | 11. Finland                 |
| 5. Malta          | 12. Tanzania                |
| 6. Germany        | 13. Monaco                  |
| 7. Czech Republic | 14. Slovenia                |

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## UNGASS RECOMMENDATIONS: WHAT COUNTRIES AGREED TO (AND WHAT THEY COULD HAVE SAID)

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“WE REITERATE OUR COMMITMENT TO ENDING, BY 2030, THE EPIDEMICS OF AIDS AND TUBERCULOSIS, AS WELL AS TO COMBATING VIRAL HEPATITIS AND OTHER COMMUNICABLE DISEASES, INTER ALIA, AMONG PEOPLE WHO USE DRUGS, INCLUDING PEOPLE WHO INJECT DRUGS.”

UNGASS 2016: A/RES/S-30/1

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## On Incarceration

### WHAT THEY SAID

“Encourage the development, adoption and implementation, with **due regard for national, constitutional, legal and administrative systems**, of alternative or additional measures with regard to conviction or punishment in cases of an appropriate nature...”

“Implement, where appropriate, measures aimed at addressing and eliminating prison overcrowding and violence...”

“Ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment...”

UNGASS 2016: A/RES/S-30/1

### WHAT THEY SHOULD HAVE SAID

Decriminalize



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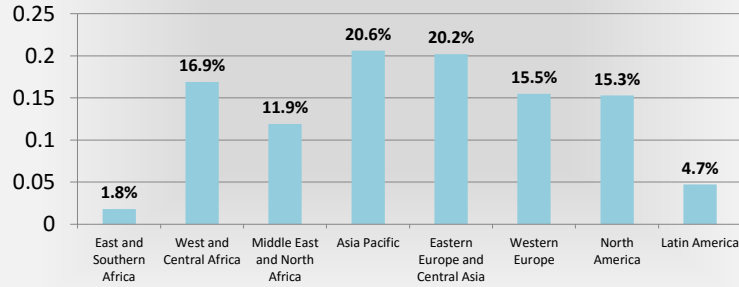
THE NEEDED CLARITY

“The most effective way of controlling infection in prisoners is to reduce mass incarceration of people who inject drugs.”

Dolan, K, Wirtz, AL, Babak, M et al. Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. *Lancet*. 2016; (published online July 14.) [http://dx.doi.org/10.1016/S0140-6736\(16\)30466-4](http://dx.doi.org/10.1016/S0140-6736(16)30466-4)

THE UGLY TRUTH

HCV Prevalence Among Prisoners



Dolan, K, Wirtz, AL, Babak, M et al. Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. *Lancet*. 2016; (published online July 14.) [http://dx.doi.org/10.1016/S0140-6736\(16\)30466-4](http://dx.doi.org/10.1016/S0140-6736(16)30466-4)

On Access to HCV Treatment for PWID

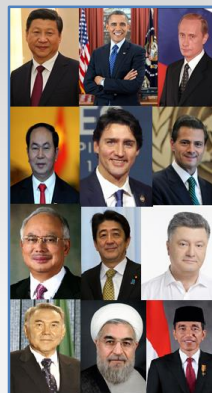
WHAT THEY SAID

“Invite relevant national authorities to consider...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 antiretroviral 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.”

UNGASS 2016: A/RES/S-30/1

WHAT THEY SHOULD HAVE SAID

Take immediate action to ensure equal access to HCV treatment for PWID



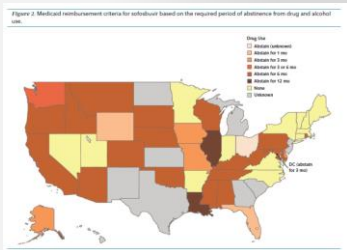
THE NEEDED CLARITY

**“Given the available data, it is unethical to withhold HCV treatment from people who use drugs. Potential life-saving therapies for the treatment of lung cancer or asthma are not withheld from current smokers. Similarly, therapies for type 2 diabetes are not withheld from those who are overweight and do not adhere to dietary recommendations. Substance use criteria are not used to restrict access to antiretroviral therapy for HIV/AIDS.”**

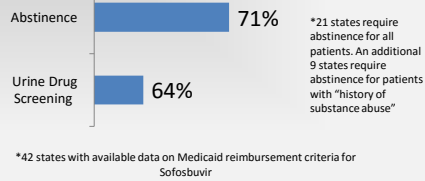
Grebelly J, Haire B, Taylor LE, et al. Excluding people who use drugs or alcohol from access to hepatitis C treatments—is this fair, given the available data? *J Hepatology* 2015; 63: 779–82

THE UGLY TRUTH

Most US States use drug use / history of drug use to exclude patients from Medicaid coverage.



State Requirements for Medicaid Sofosbuvir Reimbursement



Barua S, Greenwald R, Grebelly J, Dore GJ, Swan T, Taylor LE. Restrictions for Medicaid Reimbursement of Sofosbuvir for the Treatment of Hepatitis C Virus Infection in the United States. *Ann Intern Med.* 2015; 163:215-223

On Data

WHAT THEY SAID

“We reaffirm that targeted interventions that are based on the collection and analysis of data, including age- and gender-related data, can be particularly effective in meeting the specific needs of drug-affected populations and communities.”

UNGASS 2016: A/RES/S-30/1

WHAT THEY SHOULD HAVE SAID



We have lagged terribly and unacceptably in collection of data on PWID, and disaggregation of that data by gender

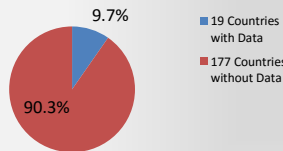
THE NEEDED CLARITY

**“Most people with HCV have not been diagnosed, since few have access to testing. Country-level information is inadequate, and often difficult to obtain or unavailable. However, accurate HCV surveillance data and epidemiological research is crucial for the development of national treatment plans.”**

J. Bouscaillou, C. Forette, K. Kaplan, N. Luhmann, J. Rizzo, T. Swan. mapCrowd Report #1 (2016): Key Findings from a Preliminary Analysis of mapCrowd Data  
[http://mapcrowd.org/public/pdf/EN\\_mapCrowd\\_Report.pdf](http://mapcrowd.org/public/pdf/EN_mapCrowd_Report.pdf)

THE UGLY TRUTH

On HCV Prevalence Among PWID in Prison Population



\*Of 196 countries surveyed in a comprehensive review of studies of prevalence and incidence, only 19 countries had HCV data on PWID in prison population.

Dolan, K. Wirtz, AL Babal, M et al. Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. *Lancet*. 2016; (published online July 14). [http://dx.doi.org/10.1016/S0140-6736\(16\)30466-4](http://dx.doi.org/10.1016/S0140-6736(16)30466-4)

Incidence of HCV Infection in PWID in Europe (Per 100 Person Years)

Countries in Grey: No Data Available



\*In a systematic literature review of 27 European Union countries, 2/3 were missing data on HCV incidence among PWID based on direct methods.

Wiesing L, Ferri M, Grady B, et al. Hepatitis C Virus Infection Epidemiology among People Who Inject Drugs in Europe: A Systematic Review of Data for Scaling Up Treatment and Prevention. *Khudyakov VE, ed. PLoS ONE*. 2014;9(7):e103345. doi:10.1371/journal.pone.0103345.

On Surveillance, Testing and Treatment

WHAT THEY SAID

“Encourage the voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent, **where consistent with national legislation**, and develop and implement outreach programmes and campaigns, involving drug users in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as to encourage drug users to seek treatment and care, and take measures to facilitate access to treatment and expand capacity.”

“Promote effective supervision of drug treatment and rehabilitation facilities by competent domestic authorities to ensure adequate quality of drug treatment and rehabilitation services and to prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with domestic legislation and applicable international law.”

UNGASS 2016: A/RES/S-30/1

WHAT THEY SHOULD HAVE SAID

We will need to work to win the trust of patients we have treated as things to be controlled rather than people in need of treatment



THE NEEDED CLARITY

**“Program implementers need to recognize how often they stand in the footprint of drug control, laying interventions over treatment systems oriented toward mistrust and containment even in the absence of any evidence that these work.”**

Elovich, R. Why Harm reduction Interventions that Should Work, Don't Work (in press, 2016)

THE UGLY TRUTH

While public health characterizes PWID as “hard to reach,” police find little difficulty. Mass drug testing, physical examinations by police, and forced treatment are the norms in many of the countries where HCV is concentrated among PWID.



Surveillance



Testing



Treatment



Elimination

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On Cost

WHAT THEY (Actually, WHO) SAID

**“About 10 million people who inject drugs now are infected with hepatitis C. Do members of the Assembly know how expensive it is to treat hepatitis C? It is very expensive; even the richest countries in the world cannot afford it.”**

Margaret Chan, Director-General World Health Organization

UNGASS 2016 General Debate WHO Statement: A/S-30/PV.1

WHAT THEY SHOULD HAVE SAID

And while we're on the subject of ending crazy approaches to drugs, what are we doing to end the crazy system that lets lifesaving hepatitis C drugs be priced more expensive than diamonds?



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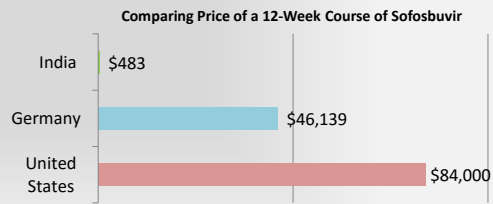


THE NEEDED CLARITY

“...Large-scale manufacture of 2 or 3 drug combinations of HCV DAAs is feasible, with minimum target prices of \$100–\$250 per 12-week treatment course.”

Hill A, Khoo S, Fortunak J, Simmons B, Ford N. Minimum Costs for Producing Hepatitis C Direct-Acting Antivirals for Use in Large-Scale Treatment Access Programs in Developing Countries. *Clinical Infectious Diseases: An Official Publication of the Infectious Diseases Society of America*. 2014;58(7):928-936.

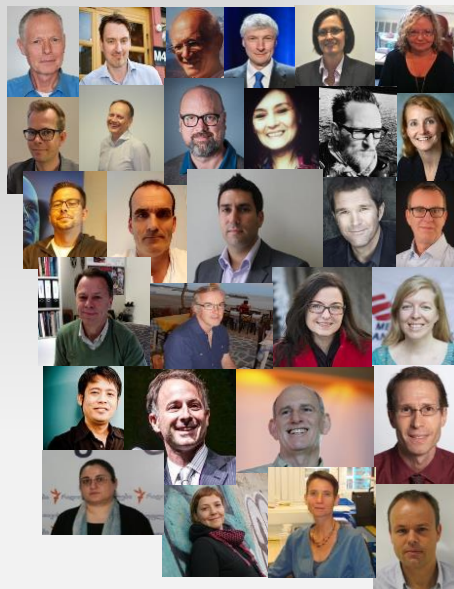
THE UGLY TRUTH



<http://www.msfaaccess.org/our-work/hepatitis-c/article/2562>

Hill A, Simmons B, Gotham D, Fortunak J. Rapid reductions in prices for generic sofosbuvir and daclatasvir to treat hepatitis C. *Journal of Virus Eradication*. 2016;2(1):28-31.

WHAT DO YOU SAY? (2019 IS COMING!)



Thank you Rana Sahar for research assistance