

Submission to the Committee on Economic, Social and Cultural Rights – 65th Session
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BULGARIA

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Reporting Organisations:



Harm Reduction International is a leading NGO dedicated to reducing the negative health, social and legal impacts of drug use and drug policy. We promote the rights of people who use drugs and their communities through research and advocacy to help achieve a world where drug policies and laws contribute to healthier, safer societies.



The **Center for Humane Policy** was created by leading experts in drug dependence and drug policy in Bulgaria. The main goals of the organization are to promote, facilitate and support the development of effective, evidence- based methods and policies in the field of public health, social care and education. The Center primarily focuses on harm reduction, selective prevention, and strengthening the movement of people who use drugs in Bulgaria.

Introduction

Harm Reduction International and the Center for Humane Policy, Bulgaria, welcome the opportunity to submit information to the Committee on Economic, Social, and Cultural Rights ahead of its review of the periodic report of Bulgaria, at its 65th Session.

Focusing on the right to health, this submission will assess the compatibility of key drug control policies and practices pursued by Bulgaria with the Country obligations under the International Covenant on Economic, Social, and Cultural Rights (CESCR), with particular attention to the availability and accessibility of harm reduction services; and the discrimination suffered by people who use drugs in their access to essential health services and social housing (as per paras. 1 and 7, List of Issues).

Harm reduction as a component of the right to health

1. Harm reduction has been recognised as a fundamental component of the right to health, as well as of the right of everyone to enjoy the benefits of scientific progress.¹ Harm reduction has been explicitly endorsed as an essential measure for people who use drugs on numerous occasions by this Committee,² as well as by the UN General Assembly,³ the Human Rights Council,⁴ the Committee on the Rights of the Child,⁵ the Committee on the Elimination of Discrimination against Women,⁶ the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health⁷ and the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment.⁸
2. The World Health Organization, UNAIDS and UNODC recognise Needle and Syringe Programs (NSPs) and Opioid Substitution Therapy (OST) as key components of an effective HIV and viral hepatitis response for injecting drug use.⁹ These interventions have also been endorsed by the UN General Assembly,¹⁰ the Economic and Social Council,¹¹ and the Commission on Narcotic Drugs (CND). The CND has highlighted the importance of these interventions to meet SDG targets to end AIDS and tuberculosis, and combat hepatitis by 2030.¹²

¹ Among others, see: Paul Hunt, 'Human rights, health, and harm reduction', 8; Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover(2010) A/65/255, para. 55; CESCR, Concluding Observations on the combined initial and second periodic reports of Thailand, UN Doc. E//C.12/THA/CO/1-2; CEDAW, Concluding Observations on the combined fourth and fifth periodic reports of Georgia (2014), UN Doc. CEDAW/C/GEO/CO/4-5, para. 31(e); Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, Mission to Poland (2010) A/HRC/14/20/Add.3, para. 86; CESCR, 2016, Concluding Observations on the sixth periodic report of Sweden. UN Doc. E/C.12/SWE/CO/6.

For more information, see: International Centre on Human Rights and Drug Policy/UNDP, International Guidelines on Human Rights and Drug Policy (Draft), Forthcoming, 32

² In E/C.12/RUS/CO/5, E/C.12/LTU/CO/2, E/C.12/EST/CO/2 and E/C.12/UKR/CO/5.

³ In its resolution 65/277.

⁴ In its resolution 12/27.

⁵ See the Committee's general comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health.

⁶ In CEDAW/C/GEO/CO/4-5 and CEDAW/C/CAN/CO/8-9.

⁷ In A/65/255.

⁸ In A/HRC/22/53.

⁹ WHO, UNODC and UNAIDS, WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users: 2012 Revision (Geneva, WHO, 2012).

¹⁰ Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS (General Assembly resolution 65/277, annex).

¹¹ Economic and Social Council resolution 2009/6.

¹² CND Resolution 60/8; Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures (2017)

3. Other key harm reduction interventions include:
 - a. Drug Consumption Rooms (also known as Safe Injecting Sites), healthcare facilities supervised by professional staff where individuals can safely consume drugs in a non-judgmental environment;¹³
 - b. Overdose prevention and reversal.¹⁴ A key instrument is naloxone, an opioid reversal medication proved to be safe, cost-effective, and life-saving.¹⁵

Background

4. Following civil society activism and rising rates of HIV amongst people who inject drugs, the first harm reduction services were introduced in Bulgaria in 1993. Services have been supported by international donors since 1998, and relied considerably on the Global Fund to fight AIDS, Tuberculosis and Malaria (hereinafter: Global Fund) between 2004 and 2017.
5. Between 1998 and 2014, with international donor support, Bulgaria made progress against public health indicators, including increased uptake of voluntary HIV testing, increased self-reported safe injecting practices and use of condoms among people who inject drugs.¹⁶ A significant proportion of Bulgaria's harm reduction services were provided by non-governmental organisations (NGOs) during this period, many of which adhered to the broader principles of harm reduction, including a rights-based, person-centred, participatory approach.¹⁷
6. A study published in 2016¹⁸

“Analysing the allocated funding of HIV prevention and treatment for people who inject drugs in eight countries in Eurasia found that Bulgaria dedicated a problematically small amount of its budget for HIV services (4%) to HIV services tailored for people who inject drugs (as a comparison, Georgia allocated 40%).”¹⁹

The study also raised concerns about increasing HIV rate among the population. The rate of HIV/AIDS-related death had increased from 0.9 per 100,000 people in 2000 to 3.8 per 100,000 people in 2012; while HIV prevalence among PWID had also increased from less than 1% to over 10% between 2004 and 2012.²⁰

¹³ Stone K, Shirley-Beavan S (2018) Global State of Harm Reduction 2018. Harm Reduction International: London, 21

¹⁴ <https://harmreduction.org/issues/overdose-prevention/>

¹⁵ <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>

¹⁶ Eurasian Harm Reduction Network (2015) The Impact of the Global Fund's Withdrawal on Harm Reduction Programs: A Case from Bulgaria. Available at: <http://www.globalfundadvocatesnetwork.org/wp-content/uploads/2015/10/EHRN-Bulgaria-global-fund-case-study-ENG.pdf>, 4

¹⁷ Eurasian Harm Reduction Network (2015) The Impact of the Global Fund's Withdrawal on Harm Reduction Programs: A Case from Bulgaria., 4

¹⁸ Benedikt C, Kelly SL, Wilson D, Wilson DP, Optima Consortium (2016) 'Allocative and implementation efficiency in HIV prevention and treatment for people who inject drugs.' Int J Drug Policy 38:73-80

¹⁹ Stone K, Shirley-Beavan S (2018) Global State of Harm Reduction 2018. Harm Reduction International: London, 58

²⁰ Eurasian Harm Reduction Network (2015) The Impact of the Global Fund's Withdrawal on Harm Reduction Programs: A Case from Bulgaria., 4

7. In May 2017, Bulgaria ceased to receive funding from the Global Fund.²¹ The withdrawal of international funding gravely impacted delivery, availability, and accessibility of harm reduction and HIV prevention services.²²
8. In Bulgaria there are at least 18,500 people who inject drugs,²³ with injecting drug use disproportionately concentrated in impoverished Roma communities.²⁴ Among this population, the HIV prevalence is estimated at 1.7% to 3%, while the prevalence of hepatitis C is reportedly between 57.8-68.5%.²⁵ The prevalence of HIV and hepatitis C amongst people who inject drugs is many times higher than the general population.²⁶

Harm reduction and the right to health in Bulgaria today

The harm reduction funding crisis

9. In 2017 Harm Reduction International and the Centre for Humane Policy published research categorising the situation in Bulgaria – impacted by both austerity and donor withdrawal - as a harm reduction funding crisis.²⁷
10. The Center for Humane Policy reports that following donor withdrawal in 2017, the Government of Bulgaria failed to fund or support harm reduction services, with the exception of a limited number of OST programmes. For the latter, the Government provides funding for the medicine (methadone), but not for the distribution services, and only few OST programmes are totally free for the clients.
11. In 2018 the Government released funding for HIV prevention activities among key populations, including needle exchange services for people who inject drugs, under the Public Procurement Act. However, a lack of legal provisions for direct social contracting to NGOs, effectively excluded NGOs from applying for this funding. As a result, only two contracts for services were signed (in Stara Zagora and Varna), and for a limited period of four months, which absorbed just 23% of the available funding.
12. At the end of 2018 a new tender (also under the Public Procurement Act) was announced by the Ministry of Health for the four main cities in the country (Sofia, Varna, Burgas and Plovdiv). Although the tender still presents some criticalities, such as an insufficient amount of funding made available, it appears to be less problematic than the previous one. The results and possible contracts' signing are expected in 2019.

²¹ Eurasian Harm Reduction Network (2015) The Impact of the Global Fund's Withdrawal on Harm Reduction Programs: A Case from Bulgaria., 5

²² Péter Sárosi, 'Bulgarian Harm Reduction Drown in Bureaucracy: Interview with Yuliya Georgieva' (Drug Reporter, 6 December 2018). Available at: <https://drogriporter.hu/en/bulgarin-harm-reduction-drown-in-bureaucracy-interview-with-yuliya-georgieva/>

²³ Degenhardt L, Peacock A, Colledge S, Leung J, Grebely J, Vickerman P, et al. (2017) 'Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review.' *Lancet Glob Health* 5(12):e1192-207.

²⁴ Péter Sárosi, 'Bulgarian Harm Reduction Drown in Bureaucracy: Interview with Yuliya Georgieva' (Drug Reporter, 6 December 2018). Available at: <https://drogriporter.hu/en/bulgarin-harm-reduction-drown-in-bureaucracy-interview-with-yuliya-georgieva/>

²⁵ Stone K, Shirley-Beavan S (2018) Global State of Harm Reduction 2018. Harm Reduction International: London, 48

²⁶ The prevalence of HIV amongst the general population is <0.1% <http://www.unaids.org/en/regionscountries/countries/bulgaria>; the prevalence of hepatitis C amongst the general population is 1.3% <https://ecdc.europa.eu/sites/portal/files/documents/HIV%20STI%20and%20viral%20hepatitis%20Bulgaria%20Sep%20and%20Nov%202016.pdf>

²⁷ Cook C (2017) Harm Reduction Investment in the European Union. Current spending, challenges and successes. Harm Reduction International: London, 15

Coverage of harm reduction interventions

13. At the end of 2018, Harm Reduction International reported on the state of harm reduction in Bulgaria; finding limited interventions with extremely low coverage. The World Health Organization recommends 300 needles per person who injects drugs per year and > 40 in every 100 persons who injects drugs provided with OST. Based on reports from national NGOs, Harm Reduction International found there were no NSPs in the country, just 31 OST sites, no drug consumption rooms and no peer-distributed naloxone. OST is available in only one prison, and on limited terms - only for prisoners receiving OST prior to incarceration.
14. With extremely low coverage of OST and long waiting lists, people who can afford it have chosen to pay for the medicine from their own pocket:
“Two-thirds of people receiving OST in the country pay a monthly fee amounting to at least one-third of the minimum national wage. Those receiving buprenorphine and a small number receiving Substitol also pay for their medication costs”²⁸
15. Civil society also reported that, following the failure of the state to ensure adequate funding, NGOs were left with no choice but to stop working on HIV prevention.²⁹

Access to public health insurance and essential medical care

16. According to the Centre for Humane Policy, most people who inject drugs do not have public health insurance. The Bulgarian centralised Social Health Insurance (SHI) system is based on personal income, and strongly relies on direct contributions made by employees for each employer. In cases where the person does not work, he/she is obliged to pay a monthly sum in order to be able to benefit from the services of the health insurance fund.
According to the latest available analysis by the OECD and the World Health Organization,

“In 2013, an estimated 12% of the population did not have SHI coverage [...]. Moreover, if citizens fail to pay three monthly contributions in the previous 36 months, they lose coverage. This especially puts vulnerable groups, such as the long-term unemployed and the poor at risk. Furthermore, some may not be aware of their eligibility to receive government funded SHI contributions. Lack of insurance is particularly prevalent among the Roma population, of which 35% have no health coverage.”³⁰
17. Because of poverty and reported discrimination in employment, people who use drugs - and especially people injecting drugs - often do not have the opportunity to pay the monthly tax to the fund, and are consequently denied public health insurance.

²⁸ Cook C (2017) Harm Reduction Investment in the European Union. Current spending, challenges and successes. Harm Reduction International: London, 15

²⁹ Péter Sárosi, ‘Bulgarian Harm Reduction Drown in Bureaucracy: Interview with Yuliya Georgieva’ (Drug Reporter, 6 December 2018). Available at: <https://drogriporter.hu/en/bulgarin-harm-reduction-drown-in-bureaucracy-interview-with-yuliya-georgieva/>

³⁰ OECD/European Observatory on Health Systems and Policies (2017), Bulgaria: Country Health Profile 2017, State of Health in the EU. OECD Publishing, Paris/European Observatory on Health Systems and Policies: Brussels. <http://dx.doi.org/10.1787/9789264283305-en>, 6

18. While theoretically everyone in Bulgaria (including people without public health insurance) is entitled to emergency assistance,³¹ because of discrimination in health settings many PWUD are too afraid to seek healthcare.
19. As a consequence, people who use drugs often do not receive essential medical care.³²

Criminalisation of drug use and the right to health

20. Drug possession (including for personal use) is a criminal offence in Bulgaria, while drug use constitutes an administrative offence punishable with fines up to 2,257 Euros.³³
21. The criminalisation of drug use and possession for personal use has a negative impact on the enjoyment of social, economic, and cultural rights, as well as on public health.³⁴ In its Concluding Observations on the Russian Federation in 2018, this Committee recognised that criminalisation of drug use drives people away from seeking medical attention when needed;³⁵ and recommended that the country considers decriminalising drug possession for personal consumption.³⁶
22. Bulgarian civil society highlights how criminalisation of drug use and possession for personal use remains a barrier to accessing harm reduction programs.³⁷
Because of the stigma and discrimination associated with drug use and its criminalization, people who use drugs often refrain from accessing these lifesaving services.
23. In addition, NSPs are not available in Bulgarian prisons, while OST provision is extremely limited.³⁸ This is despite the fact that a significant proportion of prisoners in several Bulgarian prisons have a history of drug use.³⁹ As a consequence, people who use drugs which are incarcerated lose access to essential and lifesaving harm reduction services.
The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment noted with concern, during its last visit to Bulgaria in 2017, that

“Very little was being done in the penitentiary establishments visited (apart from some initial plans to distribute sterile needles at Varna Prison and a very limited methadone programme at Sofia Prison and at the IDF on G.M. Dimitrov Boulevard in Sofia) to address the widespread drug addiction problem among prisoners and the related health issues such as hepatitis.”⁴⁰

³¹ For more information see: <http://www.nap.bg/en/page?id=535>

³² M.S. Khudyk et al., ‘Overview of Judicial Mechanisms to Support Key Populations in Five Cities: Almaty, Belci, Odessa, Sofia, and Tbilisi. Sofia case study’, p. 4. Draft report prepared under the project ‘project “Fast-track TB/HIV responses for key populations in EECA cities” (more information available here: <http://hivtbcities.org/en/>)

³³ European Monitoring Centre for Drugs and Drug Addiction (2018) Country Drug Report 2018: Bulgaria. Available at: http://www.emcdda.europa.eu/countries/drug-reports/2018/bulgaria/drug-laws-and-drug-law-offences_en

³⁴ Global Commission on Drug Policy (2016) Advancing Drug Policy Reform: A New Approach to Decriminalization, Global Commission on Drug Policy: Geneva. Available at: <http://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016-ENGLISH.pdf>

³⁵ CESCR, Concluding Observations on the sixth periodic report of the Russian Federation, UN Doc. E/C.12/RUS/CO/6 (2018). Para. 50

³⁶ CESCR, Concluding Observations on the sixth periodic report of the Russian Federation, UN Doc. E/C.12/RUS/CO/6 (2018). Para. 51(a)

³⁷ Péter Sárosi, ‘Bulgarian Harm Reduction Drown in Bureaucracy: Interview with Yuliya Georgieva’ (Drug Reporter, 6 December 2018). Available at: <https://drogriporter.hu/en/bulgarin-harm-reduction-drown-in-bureaucracy-interview-with-yuliya-georgieva/>

³⁸ Stone K, Shirley-Beavan S (2018) Global State of Harm Reduction 2018. Harm Reduction International: London, 21

³⁹ Council of Europe, “Report to the Bulgarian Government on the visit to Bulgaria carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 25 September to 6 October 2017.” CPT/Inf (2018) 5. Para. 97. Available at: <https://rm.coe.int/16807c4b74>

⁴⁰ Ibid.

The Committee also reiterated how “treatment options for prisoners in withdrawal as well as opioid agonist maintenance should be available in prison to the same extent as in the outside community”;⁴¹ and recommended that the Bulgarian Government “develop and implement a comprehensive strategy for the provision of assistance to prisoners with drug-related problems (as part of a wider national drugs strategy) including harm reduction measures.”⁴²

Discrimination in healthcare settings against people living with HIV

24. Discrimination in healthcare settings violates fundamental rights and principles, and constitutes a barrier to achieving the Sustainable Development Goals. In June 2017 12 UN Agencies – including OHCHR and WHO – produced a Joint Statement acknowledging that discrimination in healthcare setting is widespread across the world, and disproportionately impacts the most marginalised and stigmatised populations.⁴³

As a way to address the issue, the signatory UN Agencies recommend that States review and repeal “punitive laws that have been proven to have negative health outcomes and that counter established public health evidence”; including laws criminalising drug use or possession for personal use.⁴⁴

25. The Committee on Economic, Social and Cultural Rights, in its jurisprudence, has consistently recommended that States adopt a health-centred approach to drug use and drug dependence, including by implementing harm reduction programmes.⁴⁵

26. The Center for Humane Policy reports violations and discrimination endured by people living with HIV in healthcare settings, and intersectional forms of discrimination suffered by people who inject drugs. For example:

- Medical personnel reportedly lack basic knowledge of HIV and HIV transmission. As a consequence, staff in public hospitals often avoids direct contact with people living with HIV, thus denying them essential care;
- People living with HIV reported being insulted or refused admissions in public hospitals because of their health status.⁴⁶

27. Harm Reduction International and the Center for Humane Policy argue that the lack of state support for harm reduction services represents a state’s failure to ensure the progressive realisation of the right to health. This constitutes a violation of Article 12 of the International Covenant on Economic, Social and Cultural Rights as read in line with Article 2.1 of the Covenant, which significantly restricts the discretion of states to adopt retrogressive measures in this area.

⁴¹ Ibid.

⁴² Ibid.

⁴³ UNAIDS, UNHCR, UNICEF, WFP, UNDP, UNFPA, UN WOMEN, ILO, UNESCO, WHO, UN OHCHR, IOM, ‘Joint United Nations Statement on Ending Discrimination in Health Care Settings’ (27 June 2017). Available at: <https://www.who.int/gender-equity-rights/knowledge/ending-discrimination-healthcare-settings.pdf>

⁴⁴ Ibid.

⁴⁵ Among others: CESCR, Concluding Observations on the combined fifth and sixth periodic reports of the Philippines, UN Doc. E/C.12/PHL/CO/5-6 (2016), para. 54; CESCR, Concluding Observations on the combined second to fourth periodic reports of the former Yugoslav Republic of Macedonia, UN Doc. E/C.12/MKD/CO/2-4 (2016), para. 52; CESCR, Concluding Observations, Canada, UN Doc. E/C.12/CAN/CO/6, para. 50 (2016); CESCR (2015).

For more information, see: International Centre on Human Rights and Drug Policy/UNDP, International Guidelines on Human Rights and Drug Policy (Draft), Forthcoming, 32

⁴⁶ M.S. Khudyk et al., ‘Overview of Judicial Mechanisms to Support Key Populations in Five Cities: Almaty, Belci, Odessa, Sofia, and Tbilisi. Sofia case study’, p. 6. Draft report prepared under the project ‘project “Fast-track TB/HIV responses for key populations in EECA cities” (more information available here: <http://hivtbcities.org/en/>)

Right to an adequate standard of living, and prohibition of discrimination

28. Article 11 of the International Covenant on Economic, Social, and Cultural Rights recognises the right of everyone to an adequate standard of living, including the right to housing.
29. The Committee on Economic, Social and Cultural Rights has noted that non-discrimination provisions in the Covenant impose an additional obligation upon Governments to ensure evictions do not occur on discriminatory basis.⁴⁷
30. The Centre for Humane Policy reports of people who use drugs being systematically subjected to humiliations and threats, being expelled from social housing, and being denied access to shelters.⁴⁸ In Bulgaria, the right to access many social services, including housing, temporary accommodation centres, and homeless shelters, is subordinate to having an identification document (ID). According to the Center for Humane Policy, a significant number of people who use drugs does not have identification documents. In order to acquire an ID in Bulgaria, it is necessary to provide to the municipality a rent contract or a notary deed. People who use drugs who are homeless are unable to provide those documents, and are consequently denied ID. In some cases, individuals in a situation of extreme poverty sell their IDs.
31. A survey recently conducted among 151 people who use drugs in Sofia provides a snapshot of the discriminatory environment people who use drugs live in. Among others:
- 149 of them experienced have being treated in a discriminatory way by police, and 122 claimed to have been discriminated against by administration officials;
 - 64% reported discrimination in access to social security or social housing;
 - 40% reported having been denied medical help, or having being discriminated by medical staff, because of their drug use and/or ethnic origin;⁴⁹
32. Harm Reduction International and the Center for Humane Policy argue that Bulgaria is failing its obligations to progressive realise the “right of everyone to an adequate standard of living for himself and his family, including [...] housing, and to the continuous improvement of living conditions,”⁵⁰ and to ensure that such right is enjoyed without discrimination.⁵¹

Conclusion and recommendations

In light of these findings, Harm Reduction International and the Center for Humane Policy invite the Committee on Economic, Social and Cultural Rights to recommend Bulgaria:

⁴⁷ CESCR, ‘General Comment No. 7. The right to adequate housing: forced evictions.’ (20 May 1997) UN Doc. E/1998/22. Para. 10

⁴⁸ M.S. Khudyk et al., ‘Overview of Judicial Mechanisms to Support Key Populations in Five Cities: Almaty, Belci, Odessa, Sofia, and Tbilisi. Sofia case study’, p. 6. Draft report prepared under the project ‘project "Fast-track TB/HIV responses for key populations in EECA cities" (more information available here: <http://hivtbcities.org/en/>)

⁴⁹ Ibid.

All of the questions are filled in a "social" drop-in center. All of the participants are people who use drugs, and most of them are injecting drugs. Some of them are men who have sex with men, sex workers, and/or living with HIV.

Gender and ethnicity breakdown:

- Males - Roma background: 53; Bulgarian background: 49; Other: 1
- Females – Roma background: 26; Bulgarian background: 26; Other: 3

⁵⁰ UN General Assembly, *International Covenant on Economic, Social and Cultural Rights*, 16 December 1966, United Nations, Treaty Series, Vol. 993. Article 11

⁵¹ Ibid., Article 2(2)

- I. Increase coverage of life saving harm reduction interventions to WHO recommended levels of coverage in satisfaction of its obligations under the right to health, including:
 - Allocating adequate funding to essential harm reduction services, and urgently introducing appropriate legal provisions for direct social contracting mechanisms in order to make the national funding available for NGOs and thus facilitate NGO service delivery; and
 - Introducing adequate, accessible and quality harm reduction measures in prisons and detention settings.

- II. Address discrimination against people who use drugs by adopting legislative and practical measures to prevent and redress discrimination in healthcare services, including in access to harm reduction services, access to medicines, and access to national health insurance;

- III. Provide training to health professionals on the rights and needs of people who use drugs and people living with HIV;

- IV. Adopt legislative and practical measures to ensure that people who use drugs and people who live with HIV are not discriminated in their access to – and enjoyment of - health services, social security, and social housing;

- V. Consider decriminalising drug use and drug possession for personal consumption.