



In the time of COVID-19: Civil Society Statement on COVID-19 and People who use Drugs

We, as community and civil society organisations working in drug policy reform and harm reduction, urge the international community to take proactive and coordinated action to protect the health and human rights of people who use drugs in light of the COVID-19 crisis.

COVID-19 infection does not discriminate, but magnifies existing social, economic and political inequities. People who use drugs are particularly vulnerable due to criminalisation and stigma and often experience underlying health conditions, higher rates of poverty, unemployment and homelessness, as well as a lack of access to vital resources – putting them at greater risk of infection. The crisis must be an occasion to rethink the function of punishment, to reform the system and to work towards ending the war on drugs. If we are to ‘flatten the curve’, the health of the most marginalised in society must also be protected as an urgent priority.

In times of crisis, uncertainty and upheaval it is imperative that human rights act as an anchor point. Careful and vigilant attention must be paid to non-discriminatory access to health care, human dignity and transparency. Multiple governments emphasise that we are fighting a ‘war’, the use of such terminology justifying a militarised approach that allows for the suspension of rights and freedoms. History shows that extraordinary powers are routinely deployed against the most persecuted in society, who risk being scapegoated in the name of infection control. As states of emergency are declared, the international community must urge caution on the creation of a ‘new normal’ where States derogate from their obligation to serve and protect all persons.

Failure to effectively steer and manage the COVID-19 response will have disastrous consequences. The international community, including international donors, must act immediately to ensure, through policy guidelines and financial and political support, that national, regional and global responses to this pandemic take the needs of people who use drugs into account and respect the fundamental rights of all.

We therefore suggest the following recommendations:

1. Protect the right to health: During times such as these, governments have an obligation to ensure that a public health crisis does not become a human rights crisis due to lack of access to adequate health care. In the wake of COVID-19, however, there is great concern that harm reduction services are being closed, not adapting sufficiently rapidly to changing legal and health contexts and that essential resources will be diverted to the COVID-19 response at the expense of equally life-saving work. Inappropriate and restrictive regulations banning or limiting take-home doses and other supplies make complying with lockdowns and physical distancing rules extremely difficult. Harm reduction workers report unease about scarcity of resources, lack of coherent policies and programme guidelines on COVID-19, and potential disruptions to global supply chains of essential medicines and equipment, including methadone, buprenorphine, naloxone, needles and syringes, disinfectant, masks and gloves.

The international community must act swiftly to ensure States meet their international obligations to protect the right to life and health. This can be done by issuing strong political statements and clear and comprehensive technical guidance, building on WHO and [UNODC](#)¹ guidelines and national COVID-19 regulations, which unequivocally calls to:

- Declare harm reduction programmes as life-saving services that must stay open.² The closure of harm reduction centres would deprive service users from accessing life-saving interventions and ultimately lead to over-crowding of centres that remain open, increasing risk of infection.
- Immediately amend restrictive legal and regulatory policies that ban or limit take-home doses due to fear of diversion and that restrict the provision of take-home naloxone to prevent overdoses.
- Enhance service accessibility, develop and implement safety and hygiene protocols and coordinate efforts within the health system to allow for the effective distribution of resources.
- Recognise harm reduction workers as critical healthcare workers so that they can access government stocks of protective clothing.
- Protect and expand the operation of low-threshold services, including outreach, as well as provide housing and shelter for those facing housing insecurity.
- Adequately fund harm reduction services, particularly low-threshold services.

2. Ensure safe supply: Border closures and travel bans around the world will impact the future supply of unregulated substances such as heroin and cocaine. This will have a range of repercussions, including an increase in demand for opiate substitution therapy (OST). Of particular concern is that synthetic drugs such as fentanyl, which are easier to produce and transport, could replace bulkier substances such as heroin, the corollary of this being an exponential increase in overdose deaths.

In light of the above, international and regional bodies must work with member states to:

- Monitor trends of illicit drug markets to provide a rapid response to dangerous and emerging trends, such as increased risk of overdose deaths.
- Ensure increased access to OST to respond to changes in drug supply, through accelerated and flexible entry procedures.
- Deprioritise the enforcement of supply-side control in order to retain some stability in illicit drug markets and prevent market saturation of synthetic drugs.
- Respond to potential disruptions in the production of methadone and buprenorphine and step in when early signs of issues with supply chain management are detected.

3. Protect the right to be free from arbitrary detention: The COVID-19 crisis has spotlighted the public health dangers of overcrowding in prison and detention facilities which

¹ United Nations Office on Drugs and Crime (2020), *HIV prevention, treatment, care and support for people who use drugs and people in prisons*.

² Harm reduction services include needle and syringe programs, opiate substitution therapy, including heroin-assisted treatment, distribution of safer smoking equipment and naloxone and supervised consumption sites.

are traditional hotbeds for infectious diseases. According to UN data, at least 470,000 persons are incarcerated worldwide for drug use and possession only, while an additional 1.7 million people are incarcerated for other drug offences,³ many of which are non-violent. In addition, across East and South-east Asia, hundreds of thousands of people who use drugs are detained in compulsory drug detention facilities,⁴ with tens of thousands more detained in private drug treatment centres, often against their will, across Asia and Latin America.⁵ In such contexts, COVID-19 prevention measures, such as physical distancing, cannot be implemented effectively. Further restrictions on family visits and supervised releases increase isolation and stress during a time of fear, leading to an increase in violence, riots and assault.

The [UN High Commissioner for Human Rights](#)⁶ has urged governments to reduce the number of people in detention, particularly those without sufficient legal basis. In view of this, the international community must ensure States take action to:

- Decriminalise drug use and possession for personal use as promoted by the UN system and outlined in the [UN Common Position on Drugs](#).⁷
- Reduce the prison population through early release, pardons, amnesties and non-coercive alternatives to incarceration for people detained for drug-related non-violent offences, particularly those on remand, and those most-at-risk individuals, including people living with HIV, TB and COPD, as well as older people.
- Immediately release people who use drugs from compulsory drug detention centres and from private drug treatment centres that apply coercive measures, including involuntary detention.

4. Protect civil and political liberties: Many governments, as part of COVID-19 containment measures, are restricting civil liberties in unprecedented ways, through mass surveillance, including tracking mobile phone data, restricting movement and banning public assembly. Authorities such as police and army personnel are permitted to stop anyone on the street, increasing the chance of hostile interactions with people who use drugs, particularly when they need to purchase drugs or travel for healthcare appointments. The potential misuse of personal data, particularly when it comes to criminalised populations, is of acute concern. In a joint statement, [UN experts](#)⁸ have urged States, in accordance with the [Siracusa Principles](#),⁹ to exert caution when applying COVID-19 related measures and restrictions that may impinge on human rights, as well as to limit their duration and subject them to regular review. Based on this, we urge the international community to:

³ UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters (2019), *What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters*, p. 24.

⁴ International Drug Policy Consortium (2018), *10 years of drug policy in Asia: How far have we come*, p. 31.

⁵ Open Society Foundations (2016), *No Health, No Help: Abuse as drug rehabilitation in Latin America & the Caribbean*.

⁶ Office of the High Commissioner for Human Rights (25 March, 2020), *Urgent action needed to prevent COVID-19 “rampaging through places of detention” – Bachelet*.

⁷ Chief Executives Board for Coordination (18 January 2019), *Summary of deliberations, Second regular session of 2018, Manhasset, New York, 7 and 8 November 2018, Annex 1, ‘UN system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration’*

⁸ Office of the High Commissioner for Human Rights (16 March, 2020), *COVID-19: States should not abuse emergency measures to suppress human rights – UN experts*.

⁹ UN Commission on Human Rights (1984), *The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights*.

- Ensure that emergency declarations and broader extraordinary powers granted under COVID-19 responses are not used to target specific populations or deployed to silence and repress human rights defenders.
- Establish rights-based legal safeguards to govern the appropriate use and handling of personal data to protect privacy and confidentiality.
- Ensure that exorbitant fines should only be used as a last resort and personal circumstances taken into account, in the event of breaches to protective measures.

5. Protect community and civil society organisations: The COVID-19 pandemic has showed the critical role of communities in the response, as they can react quickly and reach those who are otherwise unreachable, easing the burden on the healthcare system. Furthermore, communities play important watchdog functions when it comes to government transparency and accountability. UN and donor agencies must act to:

- Protect human rights defenders, communities and civil society organisations during this crucial time, by highlighting their critical role in public statements and in their interaction with governments.
- Ensure governments do not impose disproportionate restrictions or obstructions on the work of community and civil society organisations.
- Establish mechanisms for monitoring human rights compliance, with a particular focus on populations whose rights are commonly violated.

Global problems such as the COVID-19 pandemic require global solutions. We urge the international community to take urgent action to ensure the inherent rights and dignity of people who use drugs are respected and defended in the time of COVID-19. The pandemic has laid bare the failures within our societies. Undoubtedly a serious challenge, COVID-19 must not be exploited by governments to suspend basic rights and freedoms indefinitely, but be a wake-up call to change and repair a broken system that has been overly focused on the punishment of people who use drugs, a policy that is now exacerbating the dangers of COVID-19. The failed war on drugs must end, and health and political systems must be reformed to ensure the health and wellbeing of all.

List of signatory organisations:

<u>Name</u>	<u>Organisation</u>	<u>Region/Country</u>
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2. Juan Fernández Ochoa	International Drug Policy Consortium (IDPC)	Global
3. Naomi Burke-Shyne	Harm Reduction International	Global
4. Ricki Tshepo Kgositau Kanza	Accountability International	Global
5. Daniel Joloy	Amnesty International	Global
6. Fenya Fischler	AWID	Global
7. Thomas Brigden	Elton John AIDS Foundation	Global
8. Kenzi Riboulet-Zemouli	FAAAT Think & Do Tank	Global
9. Ancella Voets	Frontline AIDS	Global

10.	John Barnes	Funders Concerned About AIDS	Global
11.	Blessina Kumar	Global Coalition of TB Activists (GCTA)	Global
12.	Katy Kydd Wright	Global Fund Advocates Network	Global
13.	Ruth Morgan Thomas	Global Network of Sex Work Projects	Global
14.	Brook K. Baker	Health GAP (Global Access Project)	Global
15.	Tess Woolfenden	Health Poverty Action	Global
16.	Edwin Bernard	HIV Justice Network	Global
17.	Òscar Parés	ICEERS Foundation	Global
18.	Lucy Stackpool-Moore	International AIDS Society	Global
19.	Raoul Fransén-dos Santos	International Civil Society Support (ICSS)	Global
20.	Livio Zilli	International Commission of Jurists	Global
21.	Martha Cameron	International Community of Women Living with HIV	Global
22.	Jason Grebely	International Network on Hepatitis in Substance Users	Global
23.	Mac Busz	Mainline	Global
24.	Stephen Leonelli	MPact Global Action for Gay Men's Health & Rights	Global
25.	Kasia Malinowska-Sempruch; Daniel Wolfe	Open Society Foundations	Global
26.	Sarah Russo	Society of Cannabis Clinicians	Global
27.	Jenny Vaughan	STOPAIDS	Global
28.	Róisín Downes	Students for Sensible Drug Policy	Global
29.	Margaret Denise Bordeaux	WHRIN	Global
30.	Dr. Maheswar Satpathy	World AIDS Forum	Global
31.	Ailish Brennan	Youth RISE	Global
32.	Jeff Acaba	APCASO	Asia Pacific
33.	Karyn Kaplan	Asia Catalyst	Asia Pacific
34.	Kay Thi Win	Asia Pacific Network of Sex Workers (APNSW)	Asia Pacific
35.	Ishita Dutta	IWRAW Asia Pacific	Asia Pacific
36.	Anke van Dam	AFEW International	Eastern Europe and Central Asia
37.	Dr. Karen Badalyan	Eurasian Key Populations Health Network	Eastern Europe and Central Asia
38.	David Subeliani	Eurasian Network of People Who Use Drugs (ENPUD)	Eastern Europe and Central Asia
39.	Yigit Aydin	Sex Workers' Rights Advocacy Network (SWAN)	Eastern Europe and Central Asia
40.	Ivanhoe Cruickshank	Caribbean Vulnerable Communities (CVC)	Latin America and Caribbean
41.	Gerardo Contreras	Catalyst: Replantenado las Américas	Latin America and Caribbean
42.	Wagner Coutinho Alves; Jessica Morales; Gabriel Mendoza; Erwing Szkol; Maricela Perdomo	Latin American Network of People who Use Drugs (LANPUD)	Latin American and Caribbean
43.	Abdelhalim El Gaddari	ITPC-MENA	Middle East and North Africa
44.	Hasan Taraif	MENANPUD	Middle East and North Africa

45.	Tom Rogers Muyunga-Mukasa	Advocacy Network Africa (AdNetA)	Sub-Saharan Africa
46.	Daughtie Ogutu	AFRICA Key Populations Experts Group	Sub-Saharan Africa
47.	Kassim Khamis Nyuni; Richard Nininahazwe	African Network of People who use Drugs (AfricaNPUD)	Sub-Saharan Africa
48.	Grace Kamau	African Sex Workers Alliance (ASWA)	Sub-Saharan Africa
49.	Dr Biziyaremye Bukiki Sylvere	ITPC West Africa	Sub-Saharan Africa
50.	Ferenc Bagyinszky	AIDS Action Europe	Western Europe
51.	Eberhard Schatz	Correlation - European Harm Reduction Network	Western Europe
52.	Ann Isabelle von Lingen	European AIDS Treatment Group	Western Europe
53.	Abdur Raheem Rejaey	Bridge Hope Health Organization (BHHO)	Afghanistan
54.	Veronica Russo	RADAUD	Argentina
55.	Mariano Fusero	RESET - Política de Drogas y Derechos Humanos	Argentina
56.	Jude Byrne	AIVL	Australia
57.	Carrie Fowlie	Alcohol Tobacco and Other Drug Association (ACT)	Australia
58.	Niki Parry	QuIVAA - Queensland Injectors Voice for Advocacy Action	Australia
59.	Marco Perduca	Science for Democracy	Belgium
60.	Diego Carballo Medrano; Jorge Castanares	Acción Andina Bolivia	Bolivia
61.	Kathryn Ledebur	Andean Information Network	Bolivia
62.	Dumiso Gatsha	Success Capital Organisation	Botswana
63.	Maria Angélica Comis	Centro de Convivência É de Lei	Brazil
64.	Henrique de Souza	Conectas Human Rights	Brazil
65.	Ingrid Farias	Escola Livre de Redução de Danos	Brazil
66.	Ingrid Farias	Rede Nacional de Feministas Antiproibicionistas	Brazil
67.	Sandra Fergutz Batista	REDUC	Brazil
68.	Taing Phoeuk	KORSANG (KSG)	Cambodia
69.	Joseph Wato	Approche Participative, Développement et Santé de Proximité (APDSP)	Cameroon
70.	Ndi Ndukong Titus	Empower Cameroon	Cameroon
71.	Ngwat Sandrine Christelle	Sustainable Impact for Development in Africa (SIDAF)	Cameroon
72.	Michael Brennan	ACW	Canada
73.	Sané Dube	Alliance for Healthier Communities	Canada
74.	Leslie McBain	BC Centre on Substance Use	Canada
75.	Laura Shaver	BCAPOM, Vandu	Canada
76.	Kevin Hollett	British Columbia Centre on Substance Use	Canada
77.	Natasha Touesnard; Matt Bonn	Canadian Association of People who Use Drugs (CAPUD)	Canada
78.	Scott Bernstein	Canadian Drug Policy Coalition	Canada
79.	Richard Elliott	Canadian HIV/AIDS Legal	Canada

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80.	Brittany Cameron	Canadian Positive People Network (CPPN)	Canada
81.	Julie Bruneau	Canadian Research Initiative on Substance Misuse (CRISM)	Canada
82.	Dr. Dan Werb	Centre on Drug Policy Evaluation	Canada
83.	Charlene Burmeister	Coalition of Substance Users of the North (CSUN)	Canada
84.	Rhiannon Thomas	COUNTERfit Harm Reduction Program - South Riverdale Community Health Centre	Canada
85.	Jenny McDougall	CSUN	Canada
86.	Martin Page	Dopamine	Canada
87.	Ryan Peck	HIV & AIDS Legal Clinic Ontario	Canada
88.	Robin Montgomery	Interagency Coalition on AIDS and Development (ICAD)	Canada
89.	Caty Redford President	KANDU	Canada
90.	Leslie McBain	Moms Stop the Harm	Canada
91.	Wendy Muckle	Ottawa Inner City Health	Canada
92.	Meenakshi Mannoe	Pivot Legal Society	Canada
93.	Glen Walker	Positive Living Niagara	Canada
94.	Shelly Bazuik	Prisoners' Legal Services	Canada
95.	Jelena Vermilion	Sex Workers' Action Program of Hamilton	Canada
96.	Amber McGrath	Span - Sex Professional Alliance of Nanaimo & Punk - Peers	Canada
97.	Meriah Main	United Network of Knowledge SPIRIT	Canada
98.	Christine Porter	The Ally Centre of Cape Breton	Canada
99.	Marjolaine Pruvost	TOMS - Table des Organismes communautaires Montréalais de lutte contre le sida	Canada
100.	Gillian Kolla	Toronto Overdose Prevention Society	Canada
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103.	Isabel Pereira Arana	Dejusticia	Colombia
104.	Adriana Muro Polo	Elementa DDHH	Colombia
105.	Claudia Marcela Vargas	Fundación IFARMA	Colombia
106.	Alejandro Lanz	Temblores Ong	Colombia
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108.	Janne Nahkuri	Finnish Association for Humane Drug Policy	Finland
109.	Jean Pasteur	AIDES	France
110.	Hakima Himmich	Coalition Plus	France
111.	Anaïs de Lenclos	STRASS - Syndicat du Travail Sexuel	France
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113. Giorgi Tabagari, Director	Tbilisi Pride	Georgia
114. Christine Kluge Haberkorn	Akzept	Germany
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116. Augustine Kumah	Centre for Adolescents and Women's Health Initiative (CAWHI)	Ghana
117. Anastasiou Christos	PeerNUPS	Greece
118. Atzemis Marioa	Positive Voice (Greek Association of PLWHIV)	Greece
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121. Héctor Ricardo Flores	Asociacion Kukulcan	Honduras
122. Sutirtha Dutta	Alliance India	India
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127. Kiran Deshmukh	National Network of Sex Workers	India
128. Ajai Sahani	Purvanchal Drug User Samiti (Uttar Pradesh Drug User Forum, UPDUF)	India
129. Meena Seshu	Sangram Sanstha	India
130. Eldred Tellis	Sankalp Rehabilitation Trust	India
131. Aarthi Pai	Sex Workers and Allies South Asia [SWASA]	India
132. Prashant Sharma	Sikkim Drug Users' Forum (SDUF)	India
133. Aditya Wardhana	Indonesia AIDS Coalition (IAC)	Indonesia
134. Sahrul Syah	Indonesian Harm Reduction Network	Indonesia
135. Andika	PKNI (Indonesian People who use Drugs Network)	Indonesia
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140. Alessio Guidotti	Italian Network of People who Use Drugs (ItanPUD)	Italy
141. Massimo Lorenzani	Lab57 – Alchemica Bologna	Italy
142. Massimo Oldrini	LILA - Italian League for Fighting AIDS	Italy
143. John Mathenge	Health options for young men on HIV/AIDS/STI's	Kenya
144. Rahab Mwaniki	KANCO	Kenya
145. Allan Maleche	KELIN - Kenya	Kenya
146. Christopher Abuor	Voices of Community Action and Leadership (VOCAL KENYA)	Kenya
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156. Zara Snapp	Instituto RIA, AC	México
157. Said Slim	Integración Social Verter A. C.	México
158. Patricia E Zuniga	La Casa del Centro /Wound Clinic	México
159. Tania Ramírez	MUCD	México
160. Angelica Ospina Escobar	Red Mexicana de Reducción de Daños - Redumex	México
161. Francisco Rosas	Vivir. Participación, Incidencia y Transparencia, A.C.	México
162. Soe Naing	Alliance Myanmar	Myanmar
163. Khaing Shwe Wah	Aye Myanmar Assoisation	Myanmar
164. Nang Pann Ei Kham	Drug Policy Advocacy Group (DPAG)	Myanmar
165. Anjay Kumar KC	Coalition of Drug Users in Nepal (CDUN)	Nepal
166. Parina Subba Limbu	Dristi Nepal	Nepal
167. Ranjit Tiwari	National Users Network of Nepal (NUNN)	Nepal
168. Bishnu Fueal Sharma; Tul Prasad Pun	Recovering Nepal	Nepal
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170. Dove Koffi	Association nigérienne de lutte contre la drogue et l'immigration illicite (ANLCDI)	Niger
171. Eghaghe James	Equal Health and Rights Access Advocacy Initiative	Nigeria
172. Diana Joseph Edem	Mistletoe Community Health and Rights Initiatives	Nigeria
173. Eghaghe James	The Nigeria Network of People Who Use Drugs (NNPUD)	Nigeria
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175. Ina Roll Spinnangr	The Association for Safer Drug Policies	Norway
176. Asghar Satti	APLHIV/DUNE-Pakistan	Pakistan
177. Malika Hussain Zafar	Nai Zindagi	Pakistan
178. Muhammad Bux	Sukaar Welfare Organization	Pakistan
179. Marisa Paredes	ODRI Intersectional Rights	Peru
180. Johann P. Nadela	IDUCare	Philippines

181. Magdalena Bartnik	PREKURSOR Foundation for Social Policy	Poland
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183. Nicoleta Dascalu	ARAS - Romanian Association Against AIDS	Romania
184. Dragos Rosca	Romanian Harm Reduction Network	Romania
185. Fatou Fall Dia	Association sénégalaise de réduction de risque chez les consommateurs de drogue	Sénégal
186. Nevena Ciric	AID+	Serbia
187. Irena Molnar	NGO Re Generation	Serbia
188. Branislav Princip	Nova +	Serbia
189. Ronny Arnephy	Drug Utilisation Response Network Seychelles (DURNS)	Seychelles
190. Janko Belin	Društvo AREAL	Slovenia
191. Lesego Tlhwale	Sex Workers Education and Advocacy Taskforce	South Africa
192. Shaun Shelly	South African Network of People who Use Drugs (SANPUD)	South Africa
193. Shaun Shelly	TB HIV Care	South Africa
194. Joaquin Gómez	ARSU (Associació Reus Som Útils)	Spain
195. Núria Calzada	Asociación Bienestar y Desarrollo (ABD)	Spain
196. Antoniu Llorc	Catalan Network of People who use Drugs (CATNPUD)	Spain
197. Ana Muñoz	Energy Control	Spain
198. Diana Baggieri	Masaje InSitu	Spain
199. Aura Roig	Metzineres	Spain
200. Tresorera	Precarias Empoderadas	Spain
201. Ariadna Prats	REDAN La Mina	Spain
202. Patricia Amiguet	REMA (Red Estatal de Mujeres Antiprohibicionistas en materia de drogas)	Spain
203. Cristina Iglesias	Verdicioastur	Spain
204. Joana Canedo	XADUD - Network of Women who use Drugs	Spain
205. Christine Sander	Brukaranhörigas Riksorganisation BARO	Sweden
206. Magnus Brahn; Niklas Eklund	Brukarföreningen Stockholm (The Stockholm Drug Users Union)	Sweden
207. Jean-Félix Savary	GREA	Switzerland
208. David Haerry	Positive Council Switzerland	Switzerland
209. Samson Karume	MRC TANZANIA	Tanzania
210. Kassim Nyuni	Zanzibar network of People who use Drugs (ZanPUD)	Tanzania
211. Bikas Gurung; Francis Joseph	Asian Network of People who Use Drugs (ANPUD)	Thailand
212. Eliane Becks Nininahazwe	HIV Stigmafighter	The Netherlands
213. Arda Karapınar	Red Ribbon Istanbul - All About HIV	Turkey
214. Kabayaga Grace	Empowered At Dusk Women's Association	Uganda

215. Natalia Kafagashova	All-Ukrainian Organization of Drug Dependent Women	Ukraine
216. Anton Basenko	Alliance for Public Health	Ukraine
217. Svitlana Moroz	Club Svitanok	Ukraine
218. Igor Medvid	HPLGBT	Ukraine
219. Nataliia Isaieva	LEGALIFE-UKRAINE	Ukraine
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223. Simon Collins	HIV i-Base	United Kingdom
224. Nathan Sparling	HIV Scotland	United Kingdom
225. Andria Efthimiou	John Mordaunt Trust	United Kingdom
226. Fiona Gilbertson	Recovering Justice	United Kingdom
227. Niamh Eastwood	Release	United Kingdom
228. Alice Welbourn	Salamander Trust	United Kingdom
229. James Nicholls	Transform Drug Policy Foundation	United Kingdom
230. Mahan Naeim	American Addiction Institute of Mind and Medicine - HRI	USA
231. Keanan McGonigle	American Medical Student Association	USA
232. Harriet Smith	Baltimore Harm Reduction Coalition	USA
233. Andrea Danger	BASAT	USA
234. Carol Leigh	BAYSWAN (Bay Area Sex Worker Advocacy Network)	USA
235. Shelly Johnson	Behavioral Healty Systems Baltimore	USA
236. William Miller Jr.	Bmore POWER	USA
237. Frank Ocana	Boulder County AIDS Project	USA
238. Chris Benjamin	Boulder County Public Health, The WORKS Program	USA
239. Jeff Singer	CASH: City Advocates in Solidarity with the Homeless	USA
240. Antoinette Young	Community Education Group	USA
241. Kassandra Frederique	Drug Policy Alliance	USA
242. Shannon Hicks	Exchange Union Drug User Union	USA
243. Wesley Saver	GLIDE	USA
244. Andrew Scott	Global Liver Institute	USA
245. Lisa Raville	Harm Reduction Action Center	USA
246. Daniel Raymond	Harm Reduction Coalition	USA
247. Niki Jones	Harm Reduction Services	USA
248. Liane Bruckstein	Harm Reduction Services	USA
249. Alan Cota	Hawaii H	USA
250. Heather Lusk	Hawaii Health & Harm Reduction Center	USA
251. Heather Lusk	Hep Free Hawaii	USA
252. Michael Ninburg	Hepatitis Education Project	USA

253. Charles King	Housing Works, Inc.	USA
254. Darby Beck	Law Enforcement Action Partnership	USA
255. Libby Guthrie	MCAVHN Care & Prevention Network	USA
256. Deanna Dunn	MEDPEARL	USA
257. Emily McCloskey	NASTAD	USA
258. Jason Sterne	National Viral Hepatitis Roundtable	USA
259. Mark Misrok	National Working Positive Coalition	USA
260. Louise Vincent	NC Survivors Union	USA
261. Achike Oranye	People Encouraging People Inc	USA
262. Erica Darragh	People for Sensible Drug Culture	USA
263. Amy Gecan	REACH Medical	USA
264. Robert Gish MD	Robert G Gish Consultants LLC	USA
265. Andrew Reynolds	San Francisco Drug Users Union	USA
266. Dr. Jill McCracken	Sex Workers Outreach Project (SWOP) Behind Bars	USA
267. Arielle McHenry	Southside Harm Reduction Services	USA
268. Kelli Dorsey	St James Infirmary	USA
269. Justine Waldman	The Reach Project Inc & Reach Medical, PLLC	USA
270. Mark Harrington	Treatment Action Group	USA
271. Andrew Spieldenner	United States People living with HIV Caucus	USA
272. Louise Vincent	Urban Survivor's Union	USA
273. Doan Thanh Tung	Lighthouse Social Enterprise	Vietnam
274. Wilson Box	Zimbabwe Civil Liberties and Drug Network	Zimbabwe

Individual Endorsements:

<u>Name</u>	<u>Country</u>
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276. Nick Stafford	Australia
277. Marceline Tou	Burkina Faso
278. Alec Butler	Canada
279. Anne Egger	Canada
280. Jamshir Bagwadia	India
281. Sandeep Kumar Gumber	India
282. Bhusan Bista	Nepal
283. Thamara Augsten	Paraguay
284. Tracy Swan	Spain
285. Marinette Sjöholm	Sweden
286. Meg Davis	Switzerland
287. Tomas Alberto Chang Pico	The Netherlands
288. Andriy Klepikov	Ukraine

289. Anton Basenko	Ukraine
290. Jason Child	United Kingdom
291. Magdalena Harris	United Kingdom
292. Danny Toub, MD	USA
293. Kerwin Kaye	USA
294. Kima Nieves	USA
295. Laura Ferguson	USA
296. Leilani Maxera	USA
297. Madeleine Evanoff	USA
298. Meredith Zoltick	USA
299. Samuel R Friedman	USA
300. Scott T. Johnson, Esq.	USA
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