Eleven years to reach the 2030 Sustainable Development Goals (SDGs). Infectious diseases are still serious health threats: 37 million people are living with HIV/AIDS in 2018 (1), 10 million people developed tuberculosis in 2017 (2), and viral hepatitis causes 1.34 million deaths annually. Higher transmission rates are found among drug users who, in many settings, lack basic rights to health care (3-6). Sharing needles and syringes among drug injection accounts alone for 23% of new infections globally (3).

Despite the efforts to prevent the initiation or continued use of drugs, many people continue to use psychoactive substances. However, harm reduction strategies, proven to be cost-effective and reducing negative consequences associated with the use of these drugs, are far from reaching most people in need. Likewise, the number of countries implementing needle and syringe programs has reduced from 80 in 2008 to 66 in 2018 (3).

Experts agree that to progress globally in eliminating HIV, TB and HCV (among drug users) it is necessary to develop integrated and clear responses that go beyond silos and rely on the role of good policies (6). Believing that parliamentarians have the capacity to change budgets, change laws, influence policies and advocate for true life improvements with their governments. UNITE-Canada Global Parliamentarians Network to End Infectious Diseases, has organized the Joint Action Policy Day 2019, in Porto Cervo, bringing together parliamentarians and other stakeholders at the table, and using the case-examples of Portugal, China, West Africa, France, Brazil, and the US, to agree on the following political recommendations:

1. **Drug use is not a criminal issue. It is a health issue! Punishment is counterproductive.** Parliamentarians have a role to play in promoting political response to end drug use criminalization and move towards legal regulation of currently illicit substances in their nations, regions and ultimately across the globe. Portugal is an example of how cost-effective decriminalization can be in reducing drug-related deaths, overdoses and HIV/AIDS among drug users. But decriminalization is not a magic bullet.

2. **If harm reduction works in your neighboring country it will work in yours!** Integrated harm reduction services comprise needle and syringe programs, opioid substitution therapy, test and treatment of HIV, hepatitis C and tuberculosis, antiretroviral therapy, condom programs, psychosocial, sexual and reproductive health services, education and communication, overdose management, psychosocial support, and livelihood development programs.

3. **Harm reduction and drugs have a shared common denominator: they must be unconditional!** If harm reduction services are introduced, they need to be focused on health determinants and based on human rights. Absence to rights of people using drugs need to be tackled with good laws, which will ultimately decrease stigma and discrimination. Members of parliament need to guarantee that civil rights and health rights of people using drugs are safeguarded.

4. **Community-based outreach and peer support needs to be proved to increase the access and uptake of harm reduction services.** Policymakers need to understand respect and value the role of peers in establishing the bridge towards the access to healthcare services, social services, and psychosocial aid for people using drugs. The recently opened mobile Drug Consumption Room in Lisbon is a step to illustrate that proximity can increase the adherence to health-related services and increases autonomy of people using drugs.

5. **People in prison used to live in the society and they will come back after their release. Go there and solve it!** Take a micro-elimination approach such “breaking down national goals into smaller goals for specific populations, for which treatment and prevention interventions can be delivered more quickly and efficiently” (14), requires a new approach, in which services are moved to outside conventional health facilities to improve the linkages to care.

6. **Actions need to be based on high-quality evidence!** Gathering data to monitor and evaluate how far we go and what adjustments are needed, is a fundamental. Thus, policies must anticipate how results will be monitored, which sources will be used and whether data is available to provide decision making with the best evidence.

7. **Assuring Universal Health Coverage!** It is important to go beyond drug users and include other key populations at high risk of being infected with hepatitis C, HIV, and TB. Do not leave anyone behind! Specific actions in drug education, as well as network and peer support in outreach strategies, at these increase empowerment and reduce stigma, thus easing the access to health services. Informed citizens are more prone to end with a mentality of users, thus ensuring universality of health-care coverage.

8. **But First, Funding!** Current funding models are not sustainable. Although international funding has a role to play, national governments are called to fill the gap and replenish harm reduction services. Funding has to guarantee community-based organizations do their work without prejudice of their autonomy. At international level is important to call attention to this issue to increase allocation of budget.

9. **New ways of doing partnerships: innovation, and diversification.** Partnerships are key to go further as it reinforces engagement and commitment towards common goals. Engaging processes supported by interventions such as law enforcement assisted diversion in countries, as well as media groups and youth groups is paramount as these are opinion makers; actually, sharing successful stories can have a considerable impact in people’s awareness.

10. **Political will, political advocacy, political leadership: people’s health and safety first!** Evidence for harm reduction is out there. Actually, it is no longer a matter of works. It is a matter of political will and leadership to propose and implement proper actions and take the lead. Local and global networks are both required.

**REFERENCES:**

5. **What is harm reduction? INHSA Website. 1996-2003.**

Political Commitment Matters in the Elimination of the Threat of HIV, HCV and TB Among People Who Use Drugs