



Statement

On the occasion of the United Nations High Level Meeting on AIDS June 2011

On behalf of our members, we call on the delegates to the United Nations High Level Meeting on AIDS to give particular attention to the continuing challenge of preventing the transmission of HIV through injecting drug use, and to make strong commitments in your final declaration to scaling up proven prevention practices targeted at injecting drug users.

Approximately 30% of new HIV infections outside of sub-Saharan Africa are caused by unsafe injecting of drugs, and there are disturbing signs that this route of transmission is an increasing threat in Africa. In many countries and regions, drug related transmission is the main driver of concentrated epidemics.

The World Health Organisation (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Office on Drugs and Crime (UNODC), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief (PEPFAR) have all explicitly endorsed a package of prevention measures that have been proven to prevent and control drug injection-driven epidemics.

Countries that have consistently and comprehensively implemented these measures have maintained low rates of HIV prevalence amongst drug injectors . typically 0% to 5%.

Some countries that have faced widespread injecting drug use, but have not implemented comprehensive prevention programmes, have experienced much higher rates . typically 30-40%, but in some sub-populations as high as 70%. The human and financial costs of these high levels of infections are unsustainable; when proven prevention measures are available, they are simply unacceptable.

Many countries (and also at times the international community) have resisted the promotion and implementation of these public health services for drug users, for fear of undermining their strong messages on drug control. In our view, this has been a major policy mistake. The provision of harm reduction programmes that provide (among other things) syringe exchanges and substitution treatment to people who use drugs can be fully integrated within drug prevention and treatment strategies without undermining the objective of reducing levels of drug abuse and addiction. Indeed, multiple scientific studies have shown no increases in drug use as the result of such programs.

The prioritisation of repressive approaches towards drug users in the last 50 years has not been successful in reducing levels of drug use, or the harms (such as HIV/AIDS) that are associated with it. The evidence is now clear . policy should be refocused on health and social programs that both reduce demand for drugs and provide treatment and care to those who do become dependent on them.

In terms of HIV/AIDS prevention policy, there should be no more equivocation. The declaration of the High Level Meeting should include a clear call for governments to give special attention to injecting drug use, and to prioritise the scale up of prevention and treatment services to drug users, as called for in the UNAIDS prevention strategy.

GBCHealth will itself pursue a programme of action on this issue focused on advocacy, and looks forward to working with colleagues in national governments and international agencies, and civil society, to drive forward action on this important aspect of the HIV/AIDS agenda.

The Global Drug Policy Commission will continue to advocate for a new approach to drug policy that prioritises public health and human rights, and facilitates the scaling up of effective HIV/AIDS prevention, treatment and care.