



NGO STATEMENT on behalf of the Eurasian Harm Reduction Network (EHRN) and the Youth R.I.S.E. regarding the Agenda Item 6 (Drug demand reduction: world situation with regard to drug abuse).

To be presented at the 53th Session of the Commission on Narcotic Drugs, Plenary Meeting, Vienna, March 11, 2010.

Presenter: Ms. Daria Ocheret, Chair of the Steering Committee of EHRN

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Thank you Mr. Chair!

First and foremost, we would like to express our deep gratitude to You, members of the Commission and the Secretariat for the contribution in the organization of 53rd Commission on Narcotic Drugs. It is a great honor to speak on behalf of the Eurasian Harm Reduction Network and the Youth R.I.S.E. at the Commission on Narcotic Drugs, and we appreciate the opportunity to address the delegates.

Today as we talk about the issues of demand reduction we would like to draw Your attention to the problems of young people who use drugs, and to the access to effective drug treatment.

The prevention only approach ignores the reality of the millions of people who are already using drugs and those who will start using drugs tomorrow, mainly young people. According to UNICEF, the age of initiation of injection drug use among young people in Eastern Europe and Southeast Asia has declined to under the age of 15.

First of all we want to rise the issue of human rights violations of young people who use drugs, which we, civil society and human rights activists are witnessing. For example in rehab centers in Cambodia young people are beaten with cables, are tortured with electrical shocks and are sexually humiliated. The human rights violations of this kind are also documented in the United States, Mexico, South Africa, Ukraine, Russian Federation and other countries.

Secondly, we would like to draw your attention to the lack of efficient drug treatment in Eastern Europe and Central Asia which is home to over 3,7 million injecting drug users and the fastest growing HIV epidemic in the world.

Untreated drug dependency in Eastern Europe and Central Asia contributes to mortality rates among young people, continuously increasing rates of HIV and hepatitis C, drug overdose and incarceration of a huge proportion of able-bodied citizens for drug possession or other non-violent crime.

Opioid substitution therapy is the safest and the most effective method of drug treatment worldwide, reducing mortality, transmission of infections, and criminality among drug users. Today, introduction of this type of treatment in Eastern Europe and Central Asia remains a political issue. The acceptance of opioid substitution therapy in a country is a sign of movement towards democracy and respect of human rights.

Though at the beginning of 2010 opioid substitution therapy was available in 25 out of 29 countries in the region, the levels of access in most of those countries remain extremely low. For example, in the countries of Central Asia access is 1% to 3% of injecting drug users, while WHO/UNODC/UNAIDS 2009 target setting guide considers anything below 20% as “low” coverage. We are deeply concerned with the situation in Uzbekistan, where the programs of substitution treatment were shut down in 2009. We are also obliged to draw the attention of the members of the Commission to the fact that in the Russian Federation opioid substitution therapy is still not available and is forbidden by law.

And last but not least is the fact that the decision making process in drug policy continues to exclude young people and people who use drugs including at CND, EHRN and Youth R.I.S.E. call countries to:

1. Prioritizing public health and human rights in their drug policies;
2. Providing diverse options of drug treatment and care, tailored to the needs of the clients, including finally removing legal and regulatory barriers to access to opioid substitution therapy;
3. Protecting the rights to privacy of young people, people who use drugs and clients of drug treatment programs;
4. Enabling the meaningful involvement of young people, drug user communities and opioid substitution therapy’s patients in design, evaluation and improvement of drug treatment program standards, quality and coverage.

Thank you Mister Chair.