

# Statement

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## **Commission on Narcotic Drugs**

### **Fifty-first Session**

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**Vienna**

**Statement by the  
Joint United Nations Programme on HIV/AIDS**

Chair, distinguished representatives, ladies and gentlemen,

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is pleased to have this opportunity to address the Commission on Narcotic Drugs to seek your support in breaking the dangerous link between injecting drug use and the HIV epidemic. As measures to control drugs and measures to control HIV are critically intertwined, the steps governments take in drug control are likely to have significant impact on progress against HIV.

In most regions of the world, unsafe injecting drug use is a major vector of HIV transmission. It has been estimated that up to 10% of all HIV infections worldwide result from injecting drug use, up to 30% if infections in Sub-Saharan Africa are excluded. Once HIV enters a community of people who inject drugs, it can move to the rest of the population if appropriate steps are not taken.

UNODC, WHO and UNAIDS recommend a comprehensive set of measures for people who use drugs that includes the following: (1) needle and syringe programmes; (2) opioid substitution therapy; (3) voluntary HIV counselling and testing; (4) anti-retroviral therapy; (5) prevention and treatment of sexually transmitted infections; (6) condom programming; (7) targeted information, education and communication; (8) hepatitis diagnosis, treatment and vaccination; and (9) tuberculosis prevention, diagnosis and treatment. The efficacy of these interventions is supported by overwhelming evidence.

Yet in spite of the fact that we know how to address the close links between HIV infection and unsafe injecting drug use, many countries fail to provide this comprehensive set of measures to drug users, who instead continue to face discrimination and other human rights violations. In 2006, fewer than 20% of people who inject drugs received some type of HIV prevention service, with coverage of less than 10% reported in Eastern Europe and Central Asia. Even fewer have access to opioid substitution therapy, needle and syringe programmes, or anti-retroviral therapy, despite the fact that people who use drugs can achieve the same levels of adherence to treatment as other patients with HIV.

In the 3:1 ratio mentioned by Mr. Costa – where enforcement receives three times the resources that prevention and treatment receive – it is clear that many countries take an approach to drug use that focuses on criminalization while neglecting a public health response. A public health response would provide treatment to people who evidence drug dependency and illness and would employ health and social interventions, which have been shown to reduce the harms associated with drug use. Instead, legal and social barriers severely impede access to such health and social interventions. For instance, many countries criminalize possession of syringes without prescriptions and continue to classify methadone and other opioid substitutes as illegal. In many countries, imprisonment and forced treatment with ineffective methods are the primary responses to drug use, with little to nothing being done about HIV. And in some countries, imprisonment is compounded by killings, rape, unwarranted use of force, arbitrary arrests, harassment, extortion, and violation of medical privacy and confidentiality.

Chair, distinguished delegates,

UNAIDS supports countries to implement a rights-based response to the HIV epidemic for two reasons: first, because it fulfills obligations under human rights law, and secondly, because it is the most effective way to address HIV. In our efforts against the epidemic, we recognize that all people, even those engaged in activities that are deemed criminal, have human rights, including people who use drugs. Even where drug use is criminalized, people

who use drugs have the rights to be free from violence and murder, to benefit from full due process before the law, to be free from discrimination and any forced treatment that violates medical ethics, and to receive comprehensive and voluntary health and social services of good quality, including for drug-related illness and for infections, such as HIV, hepatitis and tuberculosis.

In the Declaration of Commitment on HIV/AIDS (2001) and in the Political Declaration on HIV/AIDS (2006), governments have also committed themselves to an approach to HIV that is based on human rights and the full participation of those affected. In particular, they committed themselves “to intensify efforts to ensure a wide range of prevention programmes, including harm-reduction”, “to overcoming legal...or other barriers that block access to effective HIV prevention, treatment, care and support, medicines, commodities and services”, and “to intensify efforts to enact, strengthen or enforce legislation....to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights of... members of vulnerable groups”. All this in the context of committing “to scale up efforts...with full and active participation of people living with HIV, vulnerable groups.. towards the goal of universal access to...prevention, treatment, care and support by 2010”.

UNAIDS is working hard to support governments to fulfill these commitments, and much progress is being made. In this context, we ask that those engaged in drug control efforts: (1) respect and protect human rights, including the rights of people who use drugs, (2) ensure access to HIV and health and social services to people who use drugs and remove impediments to such access, and (3) allow people who use drugs or their representatives to participate in the design and delivery of HIV and harm-reduction services so that programmes will be as effective as possible.

Progress towards universal access will be reviewed at the High Level Meeting on HIV/AIDS in June where UNAIDS is also supporting the involvement of civil society as critical partners for accountability. In this regard, a representative of people who use drugs is included in the President of the General Assembly's Civil Society Task Force for the High Level Meeting. In order to provide leadership and guidance to governments in the area of HIV and drug use, UNAIDS urges the consideration by the Commission of measures to:

- Help establish a process by which States' obligations relating to drug control are clarified to ensure that they conform to human rights obligations, and indeed support the achievement of public health and human rights, including universal access to HIV prevention, treatment, care and support.
- Support States to enact and implement domestic legislation and policy in the area of drug control that will protect human rights and the public health, including of that of people who use drugs, either vulnerable to HIV or already infected.
- Finally, encourage States to use the High Level Meeting on HIV/AIDS in June and the current review based on the UNGASS on Drugs (1998) to consider and intensify their efforts to address HIV in the context of drug use, including greatly increasing voluntary and effective HIV prevention, treatment, care and support programmes for people who use drugs.

UNAIDS thanks the Commission and its valuable Cosponsor, the UN Office on Drugs and Crime, and offers its full support in any manner possible.

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