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Statement by Mr Elhadj As Sy, Deputy Executive Director, a.i. the Joint United Nations Programme on HIV/AIDS (UNAIDS)

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.

This important occasion marks the decade which has passed since the UN General Assembly's Special Session on drugs. When the General Assembly met on this issue in 1998 it was already clear that the world drug problem and the growing HIV epidemic could not be addressed in isolation from one another.

Today, it is clearer than ever that these are closely intertwined problems. And it is also clear that effective solutions are at hand.

Estimates of the number of injecting drug users, and the number of injecting drug users living with HIV, have been produced under the auspices of the Reference Group to the United Nations System on HIV and Injecting Drug Use. The most recent estimates, last year, suggested that there are around 16 million injecting drug users worldwide. Of those, around two and a half to three million are living with HIV.

HIV among injecting drug users exists in every region of the world. Outside sub-Saharan Africa, nearly a third of the total HIV epidemic can be attributed to this mode of transmission.

HIV epidemics among injecting drug users can spread extremely quickly. For example, the major epidemics of HIV among injecting drug users in some of the countries of Eastern Europe and Central Asia are relatively new phenomena – before the 1990s there was very little HIV spread in these countries. This must give us concern when we look at the evidence of the spread of drug injecting into new regions. Equally, there is a strong association between amphetamine use and the risk of sexual transmission of HIV. Breaking this nexus is vital to addressing the spread of HIV in many of the most vulnerable populations.

However, above all, we must recall that the spread of HIV among injecting drug users is preventable.

A set of measures when delivered at full scale have demonstrated effectiveness in reducing the spread and impact of HIV. Providing drug users with a full range of treatment options including drug substitution treatment, peer outreach, and sterile needle and syringe programmes are effective ways of tackling HIV. These need to be provided alongside voluntary, confidential HIV counselling and testing, condom programmes and treatment of sexually transmitted infections. And the third pillar of an effective response to HIV among drug users is access to primary healthcare and antiretroviral therapy.

A practical and proactive human rights response to HIV among injecting drug users is to ensure universal access to harm reduction. Unfortunately, that is far from the reality today. As the UN High

Commissioner for Human Rights Navi Pillay commented this week: “all too often, drug users suffer discrimination, are forced to accept treatment, marginalized and often harmed by approaches that over-emphasize criminalization and punishment while under-emphasizing harm reduction and respect for human rights”.

The HIV epidemic has demonstrated in relation to all vulnerable populations that the most effective approaches are those which involve the most vulnerable rather than seek to criminalize and further stigmatize them.

There are many countries around the world which have made significant strides forward in providing comprehensive responses to HIV among injecting drug users, including through scaling up the full set of harm reduction measures. Further support to countries in advocacy, building technical capacity, involving civil society and mobilizing resources is a key priority of the joint United Nations Programme on AIDS, UNAIDS, including our Cosponsor UNODC which has a lead role in this area, as well as other partners including WHO.

Distinguished delegates,

At its session last year the Commission called on member states represented both in the Commission and in the UNAIDS Programme Coordinating Board to better coordinate and align these complementary efforts. The UNAIDS Board has noted the importance of decreasing HIV transmission and co-infection in people who use drugs. This builds on the unanimous commitment of member states at the UN General Assembly’s AIDS Special Session in 2001 explicitly calling for “harm-reduction efforts related to drug use”.

These commitments were repeated in the General Assembly’s Political Declaration on AIDS in 2006 which set the groundwork for universal access to HIV prevention, treatment care and support.

Harm reduction should not be seen or implemented in isolation. Harm reduction is not contradictory to other valuable drug demand reduction strategies, like prevention, treatment, rehabilitation and reintegration. Harm reduction is an essential part in the chain of drug demand reduction.

Harm reduction programmes and services designed to reduce HIV transmission and impact are not in contradiction to drug control efforts. To the contrary: they are good public health and they contribute greatly to broadening access to health and social services for drug users, and through this to greater social cohesion and communal security.

I am aware of the fact that harm reduction is sometimes a controversial concept in some countries. I feel it as a responsibility of UNAIDS to assure you that harm reduction measures are not jeopardizing our efforts to reduce the drug problem.

UNAIDS, with all our Cosponsors including UNODC, remain inspired by the global commitment of all member states of the United Nations to universal access to HIV prevention, treatment, care and support.

Behind these commitments are millions of families and communities struggling with the burden of HIV. For them and for the millions struggling with drug addiction we have a moral duty to ensure they are reached with effective and inclusive programmes.

Thank you.