UNGASS on Drugs
Working Towards an End to AIDS!

The number of people dying of AIDS-related illnesses has decreased by 42 per cent since 2005. In addition, the number of new HIV transmissions has decreased by 35 per cent since 2000 due to medical advances and improved care for the most vulnerable groups, such as women in Africa, homosexual men and sex workers. However, the situation of people who use drugs has not seen any improvement in this period. Due to criminalisation of injecting drug use, discrimination and lack of funds, many countries face an enormous and unnecessary exacerbation of the HIV epidemic among people who use drugs.

Drug use and HIV: the facts.
- The estimated number of people who inject drugs is 12.7 million, among whom 13 per cent (1.7 million) are living with HIV;
- Only one in 10 people who use drugs receive treatment;
- Because of sharing used needles, the risk of transmitting HIV is 28 times higher for people who use drugs than for those who do not use drugs;
- In Eastern Europe, 40 per cent of all new HIV transmissions take place among people who use drugs and their partners.

Harm reduction among people who use drugs has been part of drug use policy in the Netherlands since the 1980s. The harm reduction strategy primarily aims to create services that are easy to access and to implement interventions to prevent infectious diseases. Because people who use drugs run the risk of contracting diseases transmitted by blood and sexually transmitted diseases (STIs), they receive information aimed at harm reduction. They can also use materials to prevent transmission, for example clean needles and condoms.

The United Nations General Assembly Special Session (UNGASS) on Drugs, to be held in April 2016, offers an excellent opportunity to take steps to develop an improved international policy. Aids Fonds calls on the Dutch Government to prioritise the global introduction of a pragmatic drug policy based on health and human rights, drawing on its domestic experience. Such a policy would significantly decrease the number of HIV transmissions among people who use drugs, and also improve their health and the health of the people close to them. For that reason, Aids Fonds calls on the Dutch Government to focus on the following three priorities during UNGASS on Drugs:

1. Stop the criminalisation of drug use

“Drug users should not be seen as criminals. A public health approach to drugs will save lives and save money.”

- Michel Sidibé, UNAIDS Executive Director and United Nations Under-Secretary-General

The criminalisation of drug use considerably fuels the AIDS epidemic in countries such as Russia and Ukraine, where a relatively large number of people inject drugs and people who use drugs face obstacles when they want to access care and prevention facilities. In many countries, syringe exchange programmes are outlawed and possessing clean needles is reason enough to be arrested. This so-called drug control dramatically affects the health of people who use drugs. Criminalisation of drug use is justified by current international agreements. However, the consequences include worsening public health, increased HIV and Hepatitis C transmissions and more people dying.

The UNGASS on Drugs 2016 offers a unique opportunity to build momentum towards decriminalising individual drug use. A growing number of countries, mainly in Latin America, which are severely hit by the war on drugs will benefit from this. These countries experience daily the effects of repressive policies which result in a situation where all parties lose.

Decriminalisation of drug use is a precondition to successfully prevent HIV as well as, for example, Hepatitis C transmission among these people. People who use drugs should have the chance to access support and care without the fear of being punished. In addition, decriminalisation of drug use will facilitate improved access to health care and result in a reduction in the number of crimes, improved public safety, and better health for people who use drugs.
Give the human rights of people who use drugs a central place, and actively involve them in policy development

“Leadership means respecting and upholding the human rights of all who are vulnerable to HIV whether sex workers, drug users or men who have sex with men”. – Kofi Annan, former United Nations Secretary-General and Chairman of the Kofi Annan Foundation

The global AIDS epidemic is both a health issue and a human rights issue. Women are particularly vulnerable, because of their unequal position in relation to men. Homosexual men face discrimination and are denied access to care. Yet human rights violations are most severe among people who use drugs: due to the criminalisation of drug use in many countries, this group is forced to live on the fringes of society.

Their extremely vulnerable position results in an unacceptably high risk of contracting HIV. The International Covenant on Economic, Social and Cultural Rights contains the right to health. States are obliged to implement this right and to exclude nobody. Consequently, people who use drugs, like all citizens, have the right to receive health care, support and protection. Stigma and discrimination should therefore not hinder their access to health care. Nevertheless, many detention centres, particularly in East Asia, still keep people who use drugs incarcerated without access to HIV and Hepatitis C treatment.

If we want to improve the situation of people who use drugs, they deserve to be involved in meetings and dialogues that affect them. The time has come to transform the paradigm and to change drug policies from law enforcement issues into health and human rights issues. This means that people who use drugs need to be actively involved in the development of new policies; that detention centres for people who use drugs should be closed; the registration of people who use drugs abolished; forced HIV testing stopped; and drug use decriminalised.

Harm reduction is considered to be an innovative and effective drug policy. In countries where harm reduction interventions are implemented, 5 per cent of injecting drug users are living with HIV. In countries where people who use drugs are punished, the percentage is 35%. Moreover, harm reduction interventions are relatively inexpensive while they reduce costs considerably. In Australia, every dollar invested in harm reduction has resulted in a reduction of health care costs of more than 21 dollar, due to the prevention of tens of thousands of new HIV and Hepatitis C transmissions.

Investment in harm reduction interventions is currently utterly inadequate all over the world. A report of the Global Commission on Drug Policy states that billions are wasted on punishing people who use drugs, whereas effective prevention and treatment programmes are available and required. Annually, 100 billion US dollars is spent on drug law enforcement, while only 0.2 billion US dollars is made available for HIV prevention and for people who use drugs. This is why governments should spend 10 per cent of their current drug policy expenses on harm reduction. No extra costs are involved – the countries’ current expenditures are just rechannelled.

What is harm reduction?

Harm reduction refers to a pragmatic strategy based on human rights and the belief that everyone has a right to support and care. It aims to limit the damage arising from risks that people who use drugs are exposed to. Harm reduction is a scientifically proven method to prevent new transmissions of infections such as HIV and Hepatitis C. Since the 1980s, the Netherlands has seen the widespread use of this strategy. Harm reduction programmes include:

- Provision of clean needles to injecting drug users
- Opioid substitution therapy
- Heroin-supported treatment programmes

This 10 per cent can be invested in health, sustainable development and human rights. The amount of money can be used globally for the prevention of HIV, Hepatitis C and tuberculosis among people who use drugs, for example by initiating addiction treatment, peer service programmes, human rights campaigns, advice, health care, HIV treatment and emergency treatment. All this will result in a reduced number of new transmissions and lower public health costs.

UNGASS offers a unique chance

For the first time in 20 years, a UNGASS on Drugs will be held. The increase in the number of people who use drugs who are living with HIV demands a pragmatic approach based on health and human rights.

The Dutch approach, as stated in the letter to parliament of 9 February 2015, also focuses on the importance of harm reduction and decriminalisation of drug use. The common EU position underlines this as well. However, neither the Netherlands nor the EU have yet to formulate any concrete targets.

If the EU and the Netherlands work on realising the above recommendations – decriminalisation of drug use, a focus on inclusion and human rights, and a ten per cent investment in harm reduction – then the AIDS epidemic among an extremely vulnerable group of people can be responded to effectively.

The Netherlands, known for its pragmatic drug policy, is currently holding the EU Presidency, which is the perfect opportunity to advocate for the Dutch approach towards drug policy at a global level during UNGASS on Drugs in April 2016.

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