STATEMENT

By: Joint United Nations Programme on HIV/AIDS (UNAIDS)

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Occasion: Commission on Narcotic Drugs 61st Session, 3rd Intersessional Meeting

Madame Chairperson, Distinguished Delegates, Members States and Partners,

As we prepare for the Ministerial Segment of the upcoming Commission on Narcotic Drugs (CND) in March 2019, this meeting is a precious opportunity to take stock of successes and progress since the 2009 Political Declaration. Today we must also take stock of the massive challenges that remain and express concern about regress in several areas.

UNAIDS is honoured to be invited to contribute to this discussion. Our mandate is to unite 11 UN organizations, including UNODC, for a coordinated, coherent and Fast-Track global response to AIDS. Our vision, endorsed by member states and reflected in 2030 Agenda, is to end AIDS as a public health threat by 2030.

The world has been responding to AIDS for over 30 years, but the SDG call – to end the AIDS epidemic, once and for all – requires a renewed sense of urgency and ensure that no one is left behind.

If we are really going to end the AIDS epidemic – which means ending new HIV infections, ending AIDS-related deaths, and ending discrimination – we must prioritize our focus on people who use drugs, as a key population that is still being left behind.

What we have learned is that to end the AIDS epidemic, we must address underlying factors of vulnerability and see health within the broader context of social inclusion, justice, and human rights.

The most effective AIDS responses – those that have been able to significantly reduce new HIV infections – have acted in parallel: scaling-up evidence-based HIV-related prevention and treatment, and using HIV as an entry point to end social exclusion, marginalisation, poverty, and inequities in access to life-saving services.

We recognise that this forum allows for a discussion far beyond AIDS and address the world drug problem. And we note efforts to ensure consistency between this meeting in Vienna and yesterday's High-Level Event on Counter-Narcotics at the UNGA in New York.

UNAIDS recognizes that the overarching purpose of drug control is first and foremost to ensure the health, well-being and security of individuals, while respecting their human rights at all times.

Honourable Delegates, people who use and inject drugs are among the populations at highest risk of exposure to HIV but remain marginalized and out of reach of health and social services.

Unfortunately, the latest global statistics show little improvement. 10.6 million people worldwide inject drugs, of whom one in eight (1.3 million) are living with HIV and more than half (5.6 million) are living with hepatitis C.

A total of 1.0 million people are living with both hepatitis C and HIV—in other words, more than 80% of people who inject drugs and who are living with HIV are living with a coinfection.

According to UNODC's 2017 *World drugs report*, annually there are 222 000 deaths due to hepatitis C and 60 000 AIDS-related deaths among people who inject drugs. Each of these infections are preventable. All of these deaths are avoidable.

The evidence for prioritizing people who inject drugs is clear. They are 22 times more likely to infected with HIV than people in the general population.

While we are seeing the number of new HIV infections going down in many populations, HIV incidence among people who use drugs continues to increase. Global new HIV infections among people who inject drugs rose by 33% from 2011 to 2015 – particularly in regions and places where harm reduction is not in place or not being implemented at scale.

The evidence on harm reduction is overwhelming. Harm reduction works—it works both as treatment and prevention. It improves the health and social well-being of people and societies. To put it in simple terms, harm reduction saves lives and makes communities safer, too.

Yet the coverage of harm reduction programmes remains woefully inadequate.

Among the 108 countries that reported data to UNAIDS in 2017, only 53 countries reported explicit references to harm reduction in national policies.

Among 140 countries that reported to UNAIDS in 2018, only 86 said that needle–syringe programmes were operational. Only forty-four of 177 reporting countries said that opioid substitution therapy programmes were operational.

Between 2010 and 2014, only 3.3% of HIV prevention funding went to programmes for people who inject drugs. This is inconsistent with their acute risk for HIV-infection. This, in spite of the fact that we know that harm reduction approaches that prioritize people's health and human rights, work and are cost-effective.

Evidence supports the need for a shift in the global approach to drug use. The UNAIDS report *Do no harm: health, human rights and people who use drugs* shows what works to reduce the impact of HIV and other harms related to drug use. Countries that have increased investment and support for harm reduction have reduced new HIV infections and improved health outcomes. For any country with a population of people who use drugs, this is essential to end AIDS and reach the SDGs.

This is not a new message from UNAIDS. But it is a message that we will continue to share.

UNAIDS and its cosponsors continue to support a people-centred, public health approach to reduce HIV, hepatitis C and other vulnerabilities among people who inject drugs. This is a comprehensive package of interventions, including needle–syringe programmes and opioid substitution therapy, and provided in a legal and policy environment that enables access to services, prevents infections and reduces deaths from AIDS-related illnesses, tuberculosis, viral hepatitis and sexually transmitted infections.

Putting in place services without changing laws and policies will not work. Legal and policy reform must be based on the evidence of what works.

Ending punitive and repressive approaches and protecting health and human rights will guarantee greater access to services for the people most in need. It will also greatly reduce the harms of drug use.

If the annual investment in harm reduction in low- and middle-income countries is increased to US$ 1.5 billion by 2020, just a fraction of the estimated US$ 100 billion spent each year to reduce the supply of and demand for narcotic drugs, we would be able to reach 90% of people who inject drugs with HIV prevention and harm reduction services.

But despite the evidence, we see signs that we are standing still, or even going in the wrong direction. Currently only 13% of needed funding for harm reduction is available. The majority comes from international funding sources, with two-thirds of the international funding coming from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund is already in transition out of middle-income countries, which is where the majority of people who use drugs live. Without greater commitment from member states, the harm reduction crisis could quickly turn into a catastrophe.

Adequate funding for harm reduction will need more the leadership from the AIDS movement. But it cannot come from AIDS movement alone. It will require a shift in funding and policy to support harm reduction as an integral component of universal health coverage.

Drug policies and programmes must be people-centred, evidence-informed and based on human rights.

Extrajudicial killings and other violence against people who use drugs must end.

Let me conclude by quoting the United Nations Secretary General from June 2018: “my own experience reinforces my strong conviction that we can chart a better path to counter the world drug problem…. I urge countries to advance prevention, treatment, rehabilitation and reintegration services; ensure access to controlled medicines while preventing diversion and abuse; promote alternatives to illicit drug cultivation; and stop trafficking and organized crime - all of which would make an immense contribution to our work to achieve the Sustainable Development Goals.”

UNAIDS remains committed to support all Member States in creating enabling drug policies and services that meet both the HIV-related needs of people who use drugs and at the same time contributing to more inclusive and productive societies.

Thank you.