EVENT BRIEF AND TIPS FOR EXD UNAIDS

POLITICAL DECLARATION AND PLAN OF ACTION ON INTERNATIONAL COOPERATION TOWARDS AN INTEGRATED AND BALANCED STRATEGY TO COUNTER THE WORLD DRUG PROBLEM

THURSDAY, 13 MARCH

Date: 11 March 2014
Time: 10.30 A.M.- 1.30 P.M. EXD remarks 5-7 Minutes
Venue: CND

Title: CND HIGH-LEVEL SEGMENT, ROUND-TABLE DISCUSSION ON DEMAND REDUCTION: REDUCING DRUG ABUSE AND DEPENDENCE THROUGH A COMPREHENSIVE APPROACH

UNAIDS focal point: Alison Crocket

EVENT FORMAT

Opening of Meeting by Chair:
Mr. Francisco de Asís Babin Vich, Head of the National Plan on Drugs of the Ministry of Health of Spain

- Opening remarks by some member states
- EXD will be called on by the Chair to deliver a formal statement on behalf of UNAIDS
- EXD can exit after delivery of remarks
I. Introduction
Thank you mister chair. It is my honour to deliver this intervention on behalf of executive director Michel Sidibe, of UNAIDS:

II. Amazing progress in AIDS response

- Mr Chair, After three decades, we have seen amazing progress.
  - Today, almost 12 million people with HIV are accessing life-saving treatment.
    - Drug regimens have been simplified
    - The price of anti retroviral drugs has dropped and
    - ART is easier to take and adhere to (even for IDUs)
  - AIDS-related deaths continue to fall (but not among IDUs)
  - Major reductions in new HIV infections in almost all parts of the world, except for two regions where transmission is dominated by injecting drug use (EECE and MENA)

- But we will not get there unless and until we reach the most marginalized with effective, compassionate services and policies.
  - calls to make the end of AIDS a goal for the post 2015 era will be pointless if we cannot halt and reverse the HIV epidemic among people who inject drugs
- And Mr Chair, the latest data does not give us hope.
  - In 2011, all UN member states agreed a bold commitment (in the UNGA HLM Declaration) to reduce HIV transmission of HIV among people who inject drugs by 50% by 2015.
  - Today I am afraid this is one of the only global targets we will miss—with grave consequences for the global AIDS response and our mutual accountability
  - We cannot prolong inhumane policies that divide people into groups that are “deserving” and “undeserving” of our help
  - We need to convince policymakers to fulfil their commitments

**Mr Chair, the magnitude of the problem as we are all aware is significant.**

- Globally, at least 158 countries reported injecting drug use and 120 countries have reported epidemics of HIV among people who inject drugs
  - 13% of them are already infected with HIV
  - More than 60% are also living with hepatitis C
- Although people who inject drugs account for only 0.2–0.5% of the world’s population, they make up approximately 5–10% of all people living with HIV
- But we are still trying to measure our progress in the dark
  - If we just take the four largest countries, representing 45% of the global injecting population, we only have data from China and Brazil
  - Without any data from Russia or the United States, it is difficult to make accurate global estimates about our progress

**Mr Chair, the time for debate is over. It is the time to act.**

- It is the mandate of UNODC to implement the WHO, UNODC and UNAIDS comprehensive package of services for people who inject drugs,
- These include nine essential services, including needle exchange and substitution therapy, that we know are effective in halting the epidemic among people who inject drugs.
We have all the data to demonstrate that, in combination with antiretroviral therapy, these services:
  - reduce HIV transmission,
  - decrease mortality,
  - reduce crime and public disorder
  - and improve quality of life.

UNODC is working with countries and many partners and stakeholders to implement this package.

However, many countries continue to neglect the evidence and UN policy, and as a result their dual epidemics of problematic drug use and HIV are still not effectively addressed.

III. Mr Chair, It is unacceptable that we are failing people who inject drugs

- In many countries, less than 1% of people living with HIV who inject drugs have access to HIV treatment.
  - In an era where HIV should be a chronic, manageable disease, this is a scandal.
- No country should neglect the commitments that they unanimously agreed to in the UNGA in 2011
- We cannot allow people who inject drugs to be punished, abused, forgotten or left behind in our goal to end AIDS

IV. This is not just a public health issue. This is also an issue of human rights.

- This is why the UNAIDS Joint Programme issued a joint statement in 2012 calling for the closure of compulsory drug detention centres
  - The very existence of such centres represent a violation of human rights
  - They threaten the health of detainees and contribute to the spread of HIV and TB
  - Despite this call, we are very concerned that several countries continue to maintain such centres
  - We in the HIV response have worked hard for decades to end mandatory HIV testing as it constitutes a serious violation of human rights. Mandatory drug testing is equally unacceptable, and as such we would call to Member States to end mandatory drug testing, it is not effective in reducing the demand for drugs, nor is it cost-effective
  - Indeed it only drives people who use drugs further underground, out of reach of lifesaving information and services
- In addition we add our voice to those who have already spoken at this session to call for an end the death penalty for drugs offences,
  - The criminalization of millions of people for minor drug offences exacerbates vulnerability to HIV infection, and does little to protect society from the health and social harms caused by drug dependence.
  - Such punitive approaches have only filled prisons around the world
    - In jails and prisons, people are even more vulnerable to infection by HIV, TB and Hep C
  - Punitive law enforcement clearly undermines the HIV response:
    - When the possession of a syringe with even trace amounts of drug is considered “drug possession”, health workers struggle to engage meaningfully with injecting drug users
Where police compensation and performance is based on the number of arrests, police often target health facilities that serve drug users to meet their quotas.

We must work towards transforming laws and law enforcement officials to become bridges to connect people who use drugs to life saving health services.

- I hope this session will finally consider an approach that:
  - treats drug dependency as an illness and not as a crime
  - that makes harm reduction available everywhere
  - and avoids prison sentences for non-violent, victimless crimes.

- Together, these steps will be a massive jump forward to end AIDS and much closer to a more just and humane world.

V. Conclusion

- So let us unite the power of the AIDS movement and the international movement for drug control.

- We may have different approaches but we have the same aims:
  - to stop the harm related to drugs
  - and to protect people who use drugs from HIV, TB and Hep C.

- Thank you