Thematic session 2: Challenge: “The rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high”

Thank you, Mr. Chair,
Excellences, Ladies and Gentlemen,

1. Let me build upon this morning’s discussion by emphasizing the critical importance of supporting the availability of services and care for people who use drugs. It is particularly essential to construct drug policies based on a harm reduction approach. This approach is aimed at reducing the risks and harms associated with drug use, benefiting both individuals and society as a whole.

The persistently high prevalence of blood-borne infections among people who use drugs remains a significant concern. Injecting drug use continues to be a major factor in the global spread of HIV, hepatitis C, and other blood-borne infectious diseases. It’s important to recognize that the transmission rates of HIV and hepatitis C are not gender-neutral. Women are more likely to be exposed to higher risks of sexual transmission of these infections, often exacerbated by factors such as sex work, increased vulnerability to abuse and a higher likelihood of being victims of physical assault or rape. Additionally, the MSM (men who have sex with men) community may also be at greater risk.

2. According to the recent UNAIDS report from this year, laws criminalizing key populations or their behaviours remain in effect worldwide. The majority of countries, totalling 145, still criminalize the use or possession of small amounts of drugs. Additionally, 168 countries criminalize some aspects of sex work, 67 countries criminalize consensual same-sex intercourse, 20 countries criminalize transgender people, and 143 countries enforce laws against HIV exposure, non-disclosure, or transmission. Notably, the prevalence of HIV is seven times higher among people who inject drugs. Despite this, adequate funding for treatment remains insufficient.

Recently, there have been some positive developments. The period from 2020 to 2022 witnessed an increased uptake in harm reduction interventions. Unfortunately, these efforts are still insufficient to meet the goals outlined in the 2030 Agenda for Sustainable Development. It is important to recognize that we have ample scientific evidence guiding us on how to proceed. This knowledge is crucial for reducing the risk and rate of transmission of HIV, hepatitis C virus, and other blood-borne infectious diseases globally.

According to the most reliable available scientific evidence, a range of effective harm reduction interventions and services can significantly decrease the risks associated with drug use, including blood-borne infectious diseases and overdoses. In the Czech Republic, several of these measures are readily available. These include needle and syringe exchange programmes, naloxone programmes, opioid agonist therapy, a pilot programme for drug consumption rooms, as well as testing for blood-borne infectious diseases and
free condom distribution programmes. We are also exploring additional measures to align our drug policy more closely with harm reduction principles. Unfortunately, many of these fundamental interventions are still lacking in most countries around the world.

We should pay extra attention to children, youth, women and people in vulnerable situations, who are at a higher risk of developing drug use and mental health disorders.

3. Ladies and gentlemen, I would conclude by emphasising that we must persist in mainstreaming harm reduction policies based on the best available scientific evidence. These policies should be incorporated into our national, regional and global strategies. Moving forward with this approach is essential to ensure the well-being of both individuals and our societies.

Thank you ladies and gentleman for your attention.