

## UNAIDS

CND Thematic Discussions - 19 October 2020  
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Thank your Chair.

Good afternoon to everyone joining this session from all parts of the world. I will be addressing challenge (b). UNAIDS thanks UNODC for the opportunity to speak on this thematic panel. We congratulate UNODC for your leadership in organising this intersessional to take stock of where we are globally on the various drug policy areas.

The UNAIDS joint programme is pleased to be working in such close collaboration with UNODC and co-sponsors to support governments and other stakeholders in securing change. Like you, we see the current COVID-19 context as a moment to step up this collaboration.

In keeping with the UN System Common Position on drug policy, UNAIDS strongly supports decriminalization of drug use and drug possession for personal use.

The UNAIDS joint programme is supporting countries, UN agencies, and other stakeholders, in highlighting the *huge* social costs of the current approach to drugs. From the evidence of our work on the ground, we are showing how current drugs policy is *helping to perpetuate the AIDS pandemic*.

As our 2020 Global AIDS Update reveals, 10% of all new HIV infections globally are among people who inject drugs. More than 12% of the estimated 14.2 million people who injected drugs globally in 2019 were living with HIV. Globally we have not reversed the trend of growing numbers of HIV infections among people who inject drugs. A person who injects drugs has a risk of acquiring HIV 29 times greater than a person who did not inject drugs. Every 4 minutes a person who injects drugs becomes HIV positive.

We would like to highlight three things which are crucial towards reducing high rates of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use.

**First; Criminalization, harm reduction and stigma** We know that criminalization, lack of harm reduction programs and stigma keep people out of reach of prevention and treatment services. This hampers efforts to help HIV positive drug users avoid spreading the virus. The impact in terms of HIV and AIDS cases, including deaths, is felt amongst the *entire population* in countries in which these policies continue to be upheld. Choosing to maintain current drug policies, is effectively choosing to *lose the fight* against AIDS. (*And viral hepatitis transmission, and tuberculosis.*)

**Second; The COVID-19 epidemic** The global COVID -19 epidemic has revealed the vulnerabilities and gaps we have in our primary health care systems and more so the lack of social protection for communities and key populations including people who use drugs. This session comes at an opportune time when we need to ask what matters most and what more can we do to reduce the high rates of transmission of HIV, hepatitis C and other blood-borne diseases associated with drug use. How can we leverage COVID -19 to strengthen health and human rights-based service delivery systems for prevention and treatment and build resilient systems for people who use drugs.

**Third; Community led programmes** The UNAIDS joint programme is advocating and supporting community-led interventions in service delivery and monitoring quality. Communities, including people who use drugs, and their families, and grassroots harm reduction groups, need to be at the centre of service delivery and we are working to bring them into the conversation about reshaping policy and practice.

We have over the years-built relationships of trust with these communities and we know that communities of people who use drugs and their families are best positioned to monitor access and quality of harm reduction and drug treatment services. They can also use this information for advocacy with the government and with funding agencies. They have been some of the most effective advocates, to decision-makers, for the decriminalization of drugs, alongside a growing number of human rights and harm reduction-oriented civil society organizations.

**For example;**

***The Russian NGO Humanitarian Action*** has partnered with Saint Petersburg to offer a needle-syringe programme through a mobile unit. Alongside this, it has provided rapid HIV testing and counselling, referral to medical treatment for HIV and tuberculosis, and naloxone distribution. Saint Petersburg is one of the only cities and regions in the Russian Federation that has reported a consistent decrease in new HIV infections, including among people who inject drugs.

**The Middle East and North Africa Harm Reduction Association** works to develop destigmatizing approaches with government officials and religious leaders.

**In Canada, Mexico and the USA,** the Listen to Mom campaign has brought together mothers' groups who advocate for the end of criminalization and harm reduction services.

This is the time for us to scale up what works , leverage the current global health and economic challenges, support members states on drug policy and put communities at the centre. We look forward to working together even more closely for this common cause.

**ENDS**