

BY: Michel Sidibé, Executive Director of UNAIDS

DATE: 10 March 2010

PLACE: Vienna International Centre, Vienna, Austria

OCCASION: Commission on Narcotic Drugs, 53rd Session

Please check against delivery

Pragmatism vs. Punishment: The Case for Harm Reduction

I want to first extend my personal gratitude to UNODC Executive Director Antonio Maria Costa for his service to UNAIDS as part of the UNAIDS family of Cosponsors. His stewardship of UNODC has served the global AIDS response well, and here I want also to pay tribute to Christian Kroll and his team who have greatly extended the capacity to provide effective technical advice and support to countries in overcoming the twin challenges of HIV and injecting drug use.

The most recent estimates suggest that there are around 16 million injecting drug users worldwide. Of those, just under 3 million are living with HIV.

In much of the world, the HIV epidemic among drug users is long-standing. But in some places it is newly emerging. In East Africa, HIV transmission due to drug use is rising. I fear that it will propel a new wave of infections and undo recent gains we have made in curbing sexual transmission of HIV.

My other concern is the HIV epidemic in Eastern Europe and Central Asia. I am sorry to report that today we are seeing a new upturn in infections in some countries of the region—a new generation of drug injectors is going through the same pattern of HIV spread as the previous generation. HIV in this region is transmitted both through the sharing of contaminated injecting equipment, and the sexual transmission of HIV between drug injectors and their sexual partners, then spreading to the partners of partners and their families.

We must focus our efforts on stopping this chain of transmission. Above all, that means making it safer for those who are use drugs. This is harm reduction, and it is an effective and important form of HIV prevention and a key component of our pledge for Universal Access to HIV prevention, treatment, care and support.

Life on the edge

Many of today's drug users live a life on the margins of society: they can be arrested, even for possessing a clean needle, and sent to prison, where the perfect environment is created for HIV and TB to spread. Or they can be confined to compulsory drug detention centres, often with no due legal process, where they are shackled and beaten in the name of drug "treatment" but with absolutely no access to any medically supervised remedies for drug dependency. This happens to tens of thousands each year, and on release, the great majority simply resume their drug use and unsafe sexual behaviours.

I ask you, how does this punitive approach stop the spread of AIDS? Answer: It does not. The vicious cycle of secrecy, social exclusion, drug use, criminalization and HIV spread must be broken.

This is why physicians and social scientists have worked so hard to create evidence-based harm reduction measures that work, helping drug users protect their health and the health of the broader community—including preventing HIV infection.

Effective harm reduction approaches include access to clean needles, opioid substitution therapy for opiate users, access to antiretroviral therapy and reducing sexual transmission of HIV from drug users to their sexual partners through condom promotion.

But current coverage of these services is appallingly low. It is shocking that the global average is fewer than 2 clean needles per month per injecting drug user, that under 13% of drug users are in opioid substitution treatment and that only 4% of injecting drug users living with HIV are on HIV treatment.¹

No new infections

All countries should aspire to no new HIV infections among injecting drug users. A decade ago this seemed an impossible reach, but today we can see it becoming a reality. We have seen new HIV infections among drug users become a rarity in the Netherlands, Lithuania, Spain, Portugal and are starting to see the same trends in Malaysia and Bangladesh.

I have just returned from Vancouver where I was privileged to see at first hand the impact of effective HIV treatment and prevention among drug users, with the pioneering work led by Professor Julio Montaner. There, too, reaching zero new HIV infections among drug users seems within grasp. Truly, this is what universal access is all about.

Moving from vicious cycle to supportive circle

Governments are waking up to the value of pragmatism over punishment. The Supreme Court of Indonesia has ruled that drug users need treatment, not criminalisation. The Government of Ukraine has made harm reduction, including substitution therapy, a part of its official policy. China now has more drug replacement clinics and needle and syringe programmes than any other country in Asia. A groundbreaking methadone maintenance treatment programme piloted in 2004 has grown to 680 clinics covering 24 provinces, and 1000 needle exchange centres reach 40,000 drug injectors every month. This is an astonishing turnaround that serves as a harm reduction model for other countries.

I recall that Russia has led that region in committing to eliminate the transmission of HIV from mother to child. I am calling on Russia today to make a similar leadership commitment in bringing new HIV infections among drug users to zero.

Breaking the vicious cycle of HIV and drug dependence demands that we build supportive relationships between people who use drugs, health authorities and law enforcement. Civil tribunals that provide counselling and support can be a more effective response to drug offences than custodial sentences, as Portugal has shown. Alternatives to imprisonment and drug courts sensitive to the needs of drug dependant users are burgeoning across the world. And countries such as the UK have seen the fruits of more effective approaches which combine the implementation of harm reduction with policing and the administration of justice geared around pragmatic and effective responses to problem drug use.

But despite the success of these models, all too often today, it is the police on the beat and the drug user in the street who are forced into a confrontation in the hand-to-hand combat of the war on drugs—and communities are the collateral damage. This endless and fruitless

¹ Mathers B, Degenhardt L, Ali H, Wiessing L, Hickman M, Mattick R, et al. HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *Lancet*, Early Online Publication, 1 March 2010.

fighting must stop. We have alternatives: focusing our efforts in confronting the very real health problems of drug dependence and problematic drug use. Science, policy and governance must come together in this positive partnership.

Finally, harsh treatment and punitive laws rob people of their dignity as human beings. UN Secretary-General Ban Ki-moon has called on Member States to ensure that people who are struggling with drug addiction be given equal access to health and social services, and asserted, “No one should be stigmatized or discriminated against because of their dependence on drugs.”

Offering our brothers and sisters who struggle with drug use a hand up, rather than a slap down, will restore faith in universal human rights that will greatly benefit our global efforts to wipe out this epidemic.

[END]

Contact: Sophie Barton-Knott | tel. +41 22 791 1697 | bartonknotts@unaids.org

UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. The Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Contributing to achieving global commitments to universal access to comprehensive interventions for HIV prevention, treatment, care and support is the number one priority for UNAIDS. Visit the UNAIDS web site at www.unaids.org