
MEETING OF THE
INTERNATIONAL NARCOTICS
CONTROL BOARD (INCB)

12 NOVEMBER 2018 | VIENNA, AUSTRIA

Honourable President Sumyai, Distinguished Members of the INCB,

UNAIDS is grateful for today's opportunity to interact with the INCB and its distinguished members. We extend our congratulations to the INCB on this auspicious 50th anniversary year of your establishment.

Each year, we read the annual reports of the INCB with great interest. And we note with appreciation your explicit references to the policies and recommendations of UNAIDS and our cosponsors regarding the INCB's important mandate, functions and recommendations.

UNAIDS mandate is to unite 11 UN organizations, including UNODC and WHO for a coordinated, 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.

UNAIDS been responding to HIV for over 22 years, since we were created in 1996. However, the call of the Sustainable Development Goals – to end the AIDS epidemic, once and for all by 2030 – requires a renewed sense of urgency. Ending AIDS requires ending new HIV infections, ending AIDS-related deaths, and ending stigma and discrimination. This demands that we stop practicing business as usual – especially in areas where it is clearly not working.

In the preamble of the 2030 agenda for Sustainable Development, all member states pledged that no one will be left behind. This is also a bold call to end business as usual, because if we are really going to end the AIDS epidemic, we must urgently prioritize the focus on people who use drugs. People who inject drugs are 22 times more likely to be infected with HIV than people in the general population. From the point of view of HIV prevention, human rights, and access to controlled narcotic drugs and psychotropic substances, this is one of the key populations that is being left behind.

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. In this respect, UNAIDS welcomes the INCB's call to end violence and extrajudicial acts against persons suspected of drug-related activities as contrary to the international drug control treaties. UNAIDS has called for the same.

From the point of view of public health and access to controlled medicines, people who use and inject drugs remain out of reach of health and social services. Of 10.6 million people worldwide who inject drugs, one in eight (or 1.3 million) are living with HIV, and more than half (5.6 million) are living with hepatitis C. A total of 1 million people are living with both hepatitis C and HIV.

According to UNODC's 2017 World Drugs Report¹, 222 000 deaths are due annually to Hepatitis C and 60 000 are AIDS-related deaths – just among people who inject drugs. Each of these infections are preventable. All of these deaths are avoidable.

¹ <https://www.unodc.org/wdr2017/en/topics.html>

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. People who inject drugs and their sexual partners account for about 25% of people newly infected with HIV outside of sub-Saharan Africa. At least 90% of people who inject drugs need to be reached with a combination of HIV prevention and harm reduction services by 2020 in order to achieve reductions in new infections of HIV and Hepatitis.

There is comprehensive and definitive evidence that high coverage of needle-syringe programmes and opioid substitution therapy services—closely linked to condom programming, HIV testing and antiretroviral therapy—have a major public health impact in places with substantial populations of people who inject drugs. Evidence also shows that these services need to be backed with structural interventions, such as positive changes in laws and law enforcement practices. Opioid substitution therapy has been found to improve access and adherence to antiretroviral therapy, reduce instances of overdosing and associated mortality, and lessen criminal activity.

If the evidence on the effectiveness of harm reduction and OST is overwhelming, why does the coverage of harm reduction programmes remain woefully inadequate? Why are OST programmes still banned or nominally implemented in many countries that need them most?

Despite the evidence that demonstrates that harm reduction and OST programmes are safe, effective and cost-effective, they are often rejected or undermined by governments that prefer punitive approaches to drug use. The criminalization of drug use drives people who inject drugs away from health and HIV services and limits HIV prevention and treatment outcomes.

Among the 108 countries that reported data to UNAIDS in 2017, only 53 countries reported explicit references to harm reduction in national policies. As a result, harm reduction services in many countries are either not available at all or are provided on such a small scale that their impact is limited. Among 140 countries that reported to UNAIDS, only 86 confirmed that needle-syringe programmes were operational. Only forty-four of 177 reporting countries said that OST programmes were operational.

Despite the potential for these interventions to contribute to healthier communities, funding for harm reduction in low- and middle-income countries (LMICs) has flat-lined over the past decade. In 2016, only US\$188 million was allocated for harm reduction in LMICs—the same amount as in 2007. This represents only 13% of the US\$1.5 billion that UNAIDS estimates is required for annually by 2020 for an effective HIV response in LMICs.

The majority of this funding comes from international funding sources, with two-thirds of all international funding for harm reduction in LMICs coming from the Global Fund to Fight AIDS, Tuberculosis and Malaria. With the Global Fund already in transition out of middle-income countries, where the majority of people who use drugs live, the HIV and harm reduction crises in many countries is poised to get even worse.

Nowhere is this more evident than here in Eastern Europe and Central Asia, where the continued spread of HIV among people who inject drugs has led to the largest HIV epidemic in the WHO European region. Today, this is the only region in the world where HIV incidence and AIDS-related mortality continues to increase. If there are not new, urgent commitments made by governments across this region to implement and scale-up evidence-based harm reduction and OST programmes, this situation will get significantly worse following the withdrawal of the Global Fund.

This is why UNAIDS continues to give focused attention and advocacy for urgent action in this area. The 2016 UNAIDS report ***Do no harm: health, human rights and people who use drugs***² shows what works to reduce the impact of HIV and other harms related to drug use. Unfortunately, the five policy recommendations and the ten operational recommendations of the Do No Harm report are still valid today, because they still not been implemented by many member states.

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. The first step 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. Creating this environment implies working towards ending the criminalization of minor non-violent drug offenses, as emphasized by WHO, numerous experts and civil society movements across the world.

These are not new messages from UNAIDS. We shared them last month with the CND intersessional. We stand ready to repeat them again at the CND Ministerial Segment in March 2019. But simply repeating the same messages will not help the world reach a different, more positive outcome. We clearly need to amplify these messages through stronger alliances with advocates, experts and a constructive dialogue with member states and, in particular, with the members of the INCB.

The INCB's scientific impartiality and independence gives you a unique role to support countries to address issues related to drugs. UNAIDS would be grateful if you would consider using your mandate to go further and speak louder than those of us who are guided by consensus among UN Member States. UNAIDS stands ready to work more closely with INCB and other UN agencies to be agents of change. Drugs and drug policy are about health, human rights, and development. Together we need to ensure that we keep the promise of Agenda 2030 to leave no one behind.

[END]

² http://www.unaids.org/sites/default/files/media_asset/donoharm_en.pdf

UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org