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**Introductory Remarks
48th Session of the Commission on Narcotic Drugs
Thematic debate on 'Preventing HIV/AIDS and other blood-borne
diseases in the context of drug abuse prevention'**

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by Dr Peter Piot

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I welcome you to this important thematic debate on 'Preventing HIV/AIDS and other blood-borne diseases in the context of drug abuse prevention'.

From the outset, I must emphasize that the AIDS pandemic is on an increasingly ominous path. It continues to globalize rapidly, from West Africa to Eastern Europe, from China and India to the Caribbean and Central America. And in country after country, the tipping point is being reached – after which AIDS no longer remains concentrated in so-called 'hot spots' but becomes a generalized explosion across the entire population. Cumulatively about 65 million people have been infected – but the pace of new infections continues to rise. Young people account for half of all new adult infections. The pandemic is increasingly feminized, with women now accounting for nearly 50% of all people living with HIV.

And, frankly, among the most dangerous and worrying developments are the epidemics that are being fueled by injecting drug use and the associated use of contaminated needles and syringes. Today, drug injecting with contaminated equipment is the major HIV transmission mode in many countries in Europe, Asia and Latin America, and is also driving HIV transmission in North Africa and the Middle East. About 10% of all new infections worldwide stem from injection drug use. If Africa is not included in the statistics this figure rises to 30% of all new infections.

The epidemics driven by drug injecting pose unique challenges to the global response to AIDS. This is first of all because injecting drug use itself is rising, in fact rising exponentially in some countries. A second challenge is that injecting drug use is the most efficient major mode of HIV transmission. Time after time we have seen that once HIV enters an injecting drug user population, large proportions are infected very rapidly, often within just six months. Worldwide, there are more than 13 million injecting drug users, with over half of them HIV-positive in some regions. Infections can then spill over to their sex partners and offspring, leading to a further expansion of the epidemic. And a third challenge is that coverage of HIV programmes for injecting drug users is at best 5% globally.

For these pressing reasons, countries and regions faced with HIV epidemics driven by injecting drug use need to develop effective HIV prevention and treatment strategies. We can only succeed on this challenge if we bring together the many lessons learned from colleagues in drug control with those learned by us in tackling HIV.

I know from experience that many countries represented here today have conflicting policies governing action on these two fronts. But I remain optimistic because ultimately the two worlds of drug control and HIV prevention have complementary agendas. Your job is to make sure that no-one takes drugs – and this ultimately also reduces the risk of HIV infection. Mine is to make sure that no-one becomes infected with HIV – and this ultimately helps communities from sliding into the state of poverty and under-development that fosters crime and drug trafficking.

Obviously, demand and supply reduction have to be at the heart of every HIV and drug use response, and I fully support that. Yet, while people are in fact continuing to inject drugs, we must do our very best to stop them becoming infected with HIV. And we must provide them with care, support and treatment – for drug addiction as well as for HIV, in the case of those living with HIV.

We have learned that comprehensive, evidence-informed strategies for dealing with

the link between drug use and HIV – and which are in line with international conventions on drug control, AIDS and human rights – can keep HIV from taking hold amongst injecting drug users. Let me reiterate upfront that I am neither talking about methods for drug control nor for the legalization of drugs.

Preventing drug use must be our first priority. However, complementary to demand reduction and supply reduction, a comprehensive approach to HIV and drug use includes:

- Treatment for drug use, including appropriate substitution treatment;
- Prevention of HIV transmission among drug users, including through outreach, HIV education and information, access to HIV testing and counseling, distribution of condoms, and access to sterile syringes and needles;
- Access to antiretroviral treatment, care and support for drug users living with HIV.

The exact programme of HIV prevention and care interventions developed by a country will depend on the status of the epidemic, dynamics of HIV transmission, the country's laws, cultural considerations, and the characteristics of the injecting drug user population, which may range from adults who are regular users to young people experimenting with drugs.

The key question is not whether we call this comprehensive approach 'harm reduction', 'risk reduction', 'minimization of drug-related harm', or a 'comprehensive demand-reduction approach to prevent the transmission of HIV among injecting drug users', or simply 'HIV prevention among drug users'. What really matters is that we save lives through proven interventions.

We must act on the understanding that there is no magic solution or quick fix to the complex challenge we are facing. None of these approaches can stand on their own. No one size fits all settings. But our overriding aim must be to save lives and so to protect families and communities.

In closing, I want to emphasize that those in charge of drug control and those in charge of public health need to work much more closely together. I confess I am disappointed by the dialogue to date – from both sides. We need far more constructive dialogue.

UNAIDS wants to do more to bring these two worlds together. We have already convened and strongly encourage policy dialogue between national drug control and HIV control agencies to develop appropriate nationally-driven solutions to reduce injecting drug use and HIV transmission.

I am extremely keen to hear your interventions – particularly your experience in reducing HIV infection in drug-using populations. Please remember to keep your interventions to no more than 5 minutes. At the end of the session, I will summarize the points that were raised.

Thank you.