

**16<sup>th</sup> International Harm Reduction Conference**  
**20 – 24 March 2005**  
**Belfast, Northern Ireland**

**Statement by**

**Dr Purnima Mane**  
**Director, Social Mobilization and Information**  
**Joint United Nations Programme on HIV/AIDS**

Hon. Angela Smith, Minister for Health for Northern Ireland

Dr. Henrietta Campbell, Chief Medical Officer

Professor Gerry Stimson, Executive Director, International Harm Reduction Association

Rob Phipps, Conference Director

John Shields and Michele Jordan, Representatives from drug user organisations

Dear Colleagues and Friends,

I would like to thank all the organizers and sponsors of 16<sup>th</sup> International Harm Reduction Conference particularly for this opportunity to address this conference on behalf of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

It is both an honour and pleasure for me to speak here today when we are at a crossroads in terms of promoting what works in responding to the HIV epidemic. We have learned a lot about what works in the last two and a half decades. We've had a problem in resourcing an evidence-informed response at a scale at which a significant difference could be made in the lives of the most vulnerable populations. Today, we have more resources and more evidence on effective programmes. Yet, we continue to struggle in ensuring that evidence-based understandings are turned into programmes on the ground to reach the most marginalized of populations.

UNAIDS, in a common United Nations effort to respond to HIV, brings together a Secretariat and 10 UN agencies. Some of our cosponsoring organizations are here with us today such as the United Nations Children's Fund, otherwise known as UNICEF, the United Nations Office on Drugs and Crime (UNODC) and the World Health Organisation.

The others include: the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank.

As stated by Dr. Peter Piot, HIV is an exceptional epidemic, requiring an exceptional response. It requires both immediate short term responses to respond to a crisis as well as longer term responses in addressing social injustice, poverty, development, gender inequality, which need to be put in place now if we are to make a difference. UNAIDS aims at leading, strengthening and supporting such an exceptional response to prevent the transmission of HIV, reduce the vulnerability of individuals and communities to HIV, provide care, support and treatment, and alleviate the impact of the epidemic. Responding to any one element of this response at the cost of another will damage our overall efforts.

In my remarks I would like to underline three key issues:

The centrality of access to HIV prevention and care for drug users.

The importance of scaling-up effective drug-related and other policies to strengthen a comprehensive response to HIV.

The importance of rights based approaches and of supporting partnerships and collaboration in this effort.

*The centrality of access to HIV prevention and care for drug users.*

Globally, it is estimated that 39 million people were living with HIV/AIDS at the end of 2004. 5 million people became infected in 2004 alone. Unlike other diseases, the HIV epidemic is far from having reached equilibrium and continues to pose new challenges every day.

As you know, injecting drugs with contaminated equipment is a key transmission route for

HIV infection in many parts of the world. There are an estimated 13 million injecting drug users worldwide, of which 8.8 million are in Eastern Europe, and Asia, 1.4 million in North America and 1 million in Latin America. In many of these regions, over 50% of the injecting drug users are HIV positive.

Being one of the most marginalized of populations, access to HIV prevention and treatment services is often impossible for injecting drug users. Coverage of HIV programmes for injecting drug users is at best 5% globally – evidence of how poorly we are doing in reaching injecting drug users.

In addition, once HIV enters a community of injecting drug users, progress of the infection into the rest of the population can also be very rapid if appropriate measures are not taken early. Injecting drug use has been the primary factor for the exponential growth of the epidemic in Eastern Europe and in several countries of the former Soviet Union. A disturbing aspect of the epidemics in these regions is their relationship to the collapse of social and political institutions and to the dramatic increase of economic difficulties and lack of opportunities, particularly for young people. This results in the vast majority of injecting drug users today being young people who are below the age of 24, and are the most affected by HIV today the world over.

There are a number of reasons why HIV spreads from injecting drug users to other populations. I don't need to tell this gathering why. The overlap with sex, for example, injecting drug use and sex work overlap in many settings. Studies of sex workers in Eastern Europe indicated that 24.6% of them were also injecting drug users.

Another reason is the diffusion of the virus from injecting drug users to the general population as a result of the high incarceration rates for injecting drug users. There are over 10 million prisoners worldwide at any given point in time and 30 million prisoners worldwide annually. Prisons constitute a closed environment where HIV transmission could be particularly high. Prisoners who would then return to society are often not able to access appropriate programs.

I'd also like to underline that HIV does not only concern injecting drug use but also other forms of drug induced risk behaviour. The use of amphetamines among young people, of alcohol, of cocaine, continues to contribute to HIV risk, particularly in Europe and the Americas.

As a result of these factors, it is estimated that 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. Injecting drug use is a major driver of the epidemic in regions like Eastern Europe, Central, South and South-East Asia and Latin America.

Yet, as stated earlier, today in most countries where injecting drug use is a significant route for HIV transmission, less than 5% of all injecting drug users are reached with HIV prevention or care services. Also, in many regions, HIV positive injecting drug user access to ARV treatment ranges from being poor to non-existent. Access to HIV prevention and treatment for injecting drug use is therefore of central importance, both from the human rights AND the public health perspectives, and at a scale where it can make a true difference.

*The importance of scaling-up effective drug related and other policies in a global, comprehensive response to HIV.*

We can no longer be satisfied with isolated pilot projects. Particularly in countries where drug use is an important factor in the spread of HIV, scaled up interventions for drug users form the basic pillar supporting an effective response to HIV.

In June 2001, the United Nations General Assembly Special Session on AIDS adopted the Declaration of Commitment on HIV/AIDS. All 189 Member States, unanimously and without reservations committed themselves to targets and objectives some of which related to injecting drug use. These included:

“National prevention targets to reduce the incidence of HIV infection among key populations,

including injecting drug users, with high or increasing rates of infection or at highest risk of new infection”.

“By 2005, ensure that a wide range of prevention programmes .....is available in all countries, particularly the most affected countries, including expanding access to essential commodities including male and female condoms and sterile injecting equipment” and ensuring the availability of “harm reduction efforts related to drug use”.

With regard to drug use, UNAIDS advocates a strategy based on 4 elements, as enshrined in the UN system position paper and other UN position documents

Firstly, the prevention of drug use. Demand and supply reduction has to be at the heart of every AIDS and drugs response.

Secondly, the treatment of drug use. This includes access to addiction treatment programs that also significantly increase uptake of HIV treatment among injecting drug users. And access to drug treatment including appropriate substitution treatment that can help avoid or reduce the use of injecting equipment.

Thirdly, the prevention of HIV transmission. This implies a comprehensive package of outreach to drug users including the provision of HIV information and education to injecting drug users and their partners, access to sterile syringes and needles, drug treatment, and appropriate substitution therapies, STI treatment, distribution of condoms, access to HIV testing and counselling and access to primary health care.

Finally, drug users must be provided with a number of HIV treatment options and particularly with access to antiretroviral treatment and to care.

It was agreed by the UN system that drug control policies should reduce and not increase the HIV risk faced by drug users. At the same time, HIV prevention activities should not inadvertently promote drug use.

It is clear that the ability to halt the epidemic requires a comprehensive package of interventions. And the United Nations system stands behind the comprehensiveness of this package.

Other efforts initiated by the UN family in the last year also take this position into consideration.

UNAIDS is currently developing a Global Strategy on HIV Prevention. The strategy aims to foster scaling up of a comprehensive response to HIV prevention. The strategy recognizes that all driving factors of the epidemic will need to be addressed, as they apply to diverse countries. The strategy will focus on reduction of risk, vulnerability, and impact, as well as developing the synergies between HIV prevention and treatment.

Equally important is the 3 by 5 initiative of the World Health Organization and UNAIDS about which you will hear more from WHO in the plenary later this evening. 3 by 5 aims to provide antiretroviral therapy to 3 million people with HIV in developing countries by the end of 2005. In 2004, 700 000 people were reached with ARV coverage. The challenge however, is more than one of just numbers. Even amongst countries that provide universal access to treatment, there has been a good deal of reticence with regard to providing injecting drug users with access to treatment, often due to concerns about adherence to treatment. Evidence shows that good case management and other adherence support measures can help HIV-infected injecting drug users adhere to treatment just as well as anyone else living with HIV. The 3 by 5 initiative is also calling for methadone to be included on the essential medicines list of the WHO and for the scaling up of comprehensive treatment opportunities to be provided to injecting drug users. 3 by 5 can be an opportunity for all of us to enhance access to treatment and to advocate for equal access for all.

*The importance of rights based approaches and of supporting partnerships and collaboration.*

UNAIDS also advocates for the response to HIV to respect, protect and fulfil human rights. We have developed a set of International Guidelines on HIV/AIDS and Human Rights in order to translate international human right norms into reality in the context of HIV. These Guidelines recommend the creation of a legal and policy environment which is conducive to the realisation of human rights for people. In the context of injecting drug use, the Guidelines clearly state that “Criminal law should not be an impediment to measures taken by States to reduce the risk of HIV transmission among injecting drug users”.

UNAIDS has always advocated for a multi sectoral response. Creative solutions can be found through a dialogue between different sectors of the government – in this case, drug control and HIV control as well as other stakeholders. UNAIDS strongly encourages such a dialogue at the national level, including with civil society, to enable countries to come up with policy solutions to deal with both drug use and HIV/AIDS.

Where do we go from here?

There are many challenges in front of us in developing the exceptional response to which I referred to earlier. Let me mention just a few:

The challenge of ensuring that no group is marginalised in the fight against HIV, in access to HIV prevention, information services and support, or in access to treatment options and to care. The most difficult groups to reach, however, are those often that are most at risk. An environment where drug users are not afraid to seek information, services and care must be provided to them if we are to ensure the success of our efforts.

The challenge of advocating for the respect of human rights and for a rights-based approach to our response. We all know that conditions where there are limits on people’s capacity to defend their autonomy, to develop a livelihood and to protect their basic rights, are conditions ripe for the spread of HIV.

The challenge of developing pragmatic and creative solutions. The key to providing a global solution to issues of HIV among injecting drug users lies in a pro-active dialogue between the different sectors of government (drug control and HIV control in this instance), civil society, and the international community. And ongoing faith that such a dialogue can (and must) happen if we break down the barriers.

Finally, the challenge of building new partnerships with governments, civil society organizations, the private sector and foundations in order to address this exceptional crisis. The success of scaling-up action against HIV largely relies on the efforts of a wide range of partners in both government and in civil society to face these challenges.

I would like to conclude by commending all of you for your work as representatives of injecting drug using communities and advocates for their voices to be heard. It is thanks to your work and tenacity that the issue of drug use in the context of HIV is on the global agenda. Developing the best legal, policy and programmatic environment to guarantee the rights of injecting drug users and to curb the epidemic among them is imperative. It is in this direction that we hope for partnerships, developed in conferences such as this one, to bring new solutions forward.

Thank you