

## STATEMENT

**By:** UNAIDS

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**Occasion:** The 61st Session of the Commission on Narcotic Drugs

Madam Chair, excellencies, civil society partners and colleagues, thank you for this opportunity to address the 61st Session of the Commission on Narcotic Drugs (CND).

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. People who use and inject drugs are among the groups at highest risk of exposure to HIV, but remain marginalized and out of reach of health and social services.

Unfortunately, since our statement during the 60th Session of CND last year, the statistics on people who use drugs have not improved. Almost 12 million people worldwide inject drugs, of whom one in eight (1.6 million) are living with HIV and more than half (6.1 million) are living with hepatitis C.

A total of 1.3 million people are living with both hepatitis C and HIV—in other words, more than 80% of people who inject drugs and who are living with HIV are living with a coinfection. According to the 2017 *World drugs report*, there are now 222 000 hepatitis C related annual deaths and 60 000 AIDS-related deaths among people who inject drugs.

People who use drugs are 24 times more likely to be living with HIV than people in the general population, and among prisoners HIV prevalence is up to five times higher.

And while we are seeing the number of new HIV infections going down in almost all population groups, incidence among people who use drugs is going up. Global new HIV infections among people who inject drugs rose by 33% from 2011 to 2015.

The evidence on harm reduction is overwhelming. Harm reduction works—it works as treatment and as prevention, and it improves the health and social well-being of people and societies. To put it in simple terms, harm reduction saves lives.

Yet the coverage of harm reduction programmes remains insufficient.

We also know that policies that criminalize and marginalize people who inject drugs are failing to reduce new HIV infections.

Of 158 countries where injecting drug use is reported, over half (78) do not offer opioid substitution therapy and more than a third (68) still do not provide needle–syringe programmes.

Between 2010 and 2014, only 3.3% of HIV prevention funds went to programmes for people who inject drugs. This in spite of the fact that we know that harm reduction approaches that prioritize people's health and human rights work and are cost-effective.

Evidence supports the need for a shift in the global approach to drug use. The UNAIDS report *Do no harm: health, human rights and people who use drugs* shows what works to reduce the impact of HIV and other harms related to drug use. Countries that have moved away from laws and policies that are harmful to people who use drugs and that have increased investment in harm reduction have reduced new HIV infections and improved health outcomes.

This is not a new message from UNAIDS. But it is a message that we will continue to share.

UNAIDS supports a people-centred, public health approach to reduce HIV, hepatitis C and other vulnerabilities among people who inject drugs. A comprehensive package of interventions, including needle-syringe programmes and opioid substitution therapy, 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.

And the social benefits exceed the treatment and prevention costs. Putting in place services without changing laws and policies will not work. Legal and policy reform must be based on evidence.

Ending punitive and repressive approaches and protecting health and human rights will guarantee greater access to services for the people most in need. It will also greatly reduce the harms of drug use. An enabling and legal environment must be accompanied by investments in evidence-informed services.

If the annual investment in harm reduction in low- and middle-income countries increases to US\$ 1.5 billion by 2020, just a fraction of the estimated US\$ 100 billion already spent each year to reduce the supply of and demand for narcotic drugs, we would be able to reach 90% of people who inject drugs with HIV prevention and harm reduction services.

As we implement the Sustainable Development Goals, harm reduction must be an integral component of universal health coverage.

Drug policies and programmes must be people-centred, evidence-informed and based on human rights. Extrajudicial killings and other violence against people who use drugs must end.

We call on all United Nations Member States to redouble their efforts to fulfil their commitments made in the 2016 Political Declaration on Ending AIDS and the Special Session of the United Nations General Assembly on the World Drug Problem outcome documents to intensify national efforts to end the AIDS epidemic and achieve the Sustainable Development Goals.

We need approaches that put people at the centre and restore dignity to people who use drugs. We cannot end the AIDS epidemic if we do not end it among people who use drugs.

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