
SIXTY-SECOND SESSION
OF THE COMMISSION
ON NARCOTIC DRUGS (CND)

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Introduction

Thank you Madam Chair, Excellencies, members of Civil Society Organisations, UN Colleagues

I am honoured to deliver this statement on behalf of UNAIDS at the ministerial segment of the sixty-second session of the Commission on Narcotic Drugs.

UNAIDS unites 11 United Nations organizations—including the United Nations Office on Drugs and Crime and the World Health Organization—for a coordinated Fast-Track global response to HIV. Our vision, endorsed by United Nations Member States and reflected in the 2030 Agenda for Sustainable Development, is to end AIDS as a public health threat by 2030.

Key to reaching that goal in the context of people who use drugs are:

- Ending the criminalization of drug use and drug possession for personal use.
- Making harm reduction programmes accessible to all people who use drugs.

People who use drugs are being left behind

UNAIDS has been at the forefront of the response to HIV for more than two decades. However, the call in the Sustainable Development Goals to end the AIDS epidemic once and for all by 2030 requires a renewed sense of urgency.

We have a vision of zero new HIV infections, zero AIDS-related deaths and zero stigma and discrimination. In the preamble of the 2030 Agenda for Sustainable Development, all United Nations Member States pledged to leave no one behind.

On 13 March 2019, UNAIDS released its new report, *Health, rights and drugs: harm reduction, decriminalization and zero discrimination for people who use drugs*. The data in the report clearly demonstrate that people who use drugs are being left behind in the AIDS response:

- New HIV infections among adults worldwide declined by 14% between 2011 and 2017, but there has been no decrease in the annual number of new HIV infections among people who inject drugs.
- Countless lives of people who use drugs have been lost to violence and overdose. Rates of viral hepatitis and tuberculosis among people who use drugs remain high.
- People who use drugs lack access to health care, harm reduction and legal services because of stigma and discrimination.

Harm reduction works

We know what works—there is compelling and comprehensive evidence that harm reduction improves the health of people who inject drugs. It is safe and cost-effective.

When comprehensive harm reduction services—including needle–syringe programmes, drug dependence treatment, overdose prevention with naloxone, and testing and treatment for HIV, tuberculosis and hepatitis B and C—are made available to people who use drugs, their health and well-being are ensured.

Criminalization doesn't work

A punitive approach to drugs has caused untold harm to people who use drugs and their families. And it has brought about wider human, economic and environmental costs.

Even where services for people who use drugs are available, criminalization of drug use discourages their uptake—where drug use and possession for personal use have been decriminalized, people take up health and harm reduction services.

And women are disproportionately affected by the criminalization of drugs, with higher rates of conviction and incarceration for drug-related offences than men.

People who use drugs need support, not incarceration.

Recommendations

As a new chapter in the response to the world drug problem begins, UNAIDS calls on countries to rapidly transform their commitments made at the 2016 United Nations High-Level Meeting on Ending AIDS and the 2016 United Nations General Assembly Special Session on the World Drug Problem into laws, policies, services and support that allow people who use drugs to live healthy and dignified lives.

UNAIDS encourages and supports countries to respect the health, human rights and dignity of all people who use drugs, to end criminalization of drug use and possession for personal use and to implement and fully fund harm reduction programmes.

UNAIDS call for building partnerships with civil society—in particular the community of people who use drugs—in order to plan, implement and evaluate policies on HIV and drugs.

All this requires determined and dedicated political will. But we cannot end the AIDS epidemic if we continue to leave people who use drugs behind.

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