

CHRISTINE STEGLING

UNAIDS | 2023

UNAIDS DEPUTY EXECUTIVE DIRECTOR SPEECH

14 MARCH 2023, STATEMENT AT THE 66TH SESSION OF
THE COMMISSION ON NARCOTIC DRUGS

Delivered by **Ms. Christine STEGLING**, UN Assistant Secretary General and UNAIDS Deputy Executive Director, Policy, Advocacy and Knowledge Branch

Thank you, Mr. Chair, excellencies, member states, civil society partners, and UN colleagues. It's a pleasure to attend CND in my new role at UNAIDS.

I would first like to commend UNODC for its invaluable and impactful contributions to the Joint UN Programme on HIV/AIDS and to the global response to HIV/AIDS.

I recognize Executive Director Ghada Waly's strong leadership of UNODC and her continued support for the UN common position on drug policy. We thank her also for serving as the current chair of UNAIDS' Committee of Cosponsoring Organizations.

I offer warm greetings to UNODC's HIV/AIDS team. We appreciate your commitment and important contributions to elevating the issues of injecting drugs and closed settings—and how they relate to our efforts to end AIDS.

In this moment—at the midpoint of the timeline by which we are to achieve the SDGs—we find ourselves off track for achieving the HIV prevention and treatment targets that must be reached by the end of 2025 if we are to end AIDS as a public health threat by 2030. This is true, in part, because we are failing to create enabling environments for delivering HIV prevention and treatment. Progress to end AIDS among key populations, including people who inject or use drugs, is markedly off course.

As the Global AIDS Strategy 2021-2026 and the 2021 UN Political Declaration on Ending HIV/AIDS both articulate, inequalities are driving, and perpetuating, AIDS and other pandemics. This is especially true for members of key populations such as people who inject and use drugs. **We cannot prevent new HIV infections, expand treatment access or end AIDS unless and until we address the inequalities faced by too many at risk for and living with HIV.**

We have long understood how structural inequalities and barriers to human rights significantly increase HIV risk and reduce access to services. In 2021, 70% of new HIV infections occurred in key populations and their sexual partners, including people who inject and use drugs.

The relative risk of acquiring HIV is 35 times higher among people who inject drugs than adults who don't inject drugs.

The fact that social injustices undermine our ability to stop AIDS and other pandemics is why UNAIDS is focused on ensuring a human rights-based approach to health. It's the right thing to do—and it saves more lives.

The same principles apply to our work on drug policy. **UNAIDS has long advocated for a people centered, human rights-based and public health approach to drug policy because the evidence shows that it works.** UNAIDS, in collaboration with other UN agencies, is committed to supporting the implementation of the 2018 UN Common Position on Drug related matters.

There are specific things we must do.

We must invest more in harm-reduction. We have an ongoing funding crisis for harm reduction in low-and middle-income countries. Government and donors have invested just 5% of the funds needed for an effective response. We need to scale up investment for harm reduction now—and focus the funding on community-led responses as they are particularly effective.

We must support community-led responses, such as peer outreach, needle and syringe exchange and overdose prevention efforts. They continue to be critical for reducing new HIV infections among people who inject and use drugs.

We must make the policy and legal environments more conducive to our work. A [legal and policy analysis of](#) 38 countries in Asia and the Pacific conducted by UNAIDS and UNDP found that 14 countries in this region have corporal or capital punishment penalties for the use or possession of drugs. Some states have condoned extrajudicial killings for drug offences. In 2021, an estimated 12% of new HIV infections in Asia and the Pacific were among people who inject drugs. The existence of criminal laws and related policing practices has a significant negative impact on the ability of communities to access harm reduction services, and it has been shown to enhance HIV risk through increased use of non-sterile injecting equipment.

We must destigmatize those who use and inject drugs. The war on drugs has created stigma against people who use drugs and led to a culture that largely views this entire community as criminals—when in fact they are friends, coworkers, family members, children and members of our communities and our churches, known and loved by many of us.

While significant work remains, there is also some very good news.

We have the means to prevent HIV transmission among people who inject and use drugs. A number of high-income countries have virtually eliminated new HIV infections among people who inject drugs by implementing a comprehensive package of harm reduction services.

For the first time since 2014, the *Global State of Harm Reduction* has found an increase in the number of countries implementing key harm reduction services.

As we have consistently said harm reduction works, harm reduction saves lives!

We must decriminalize drug use and possession for personal use. Doing so is associated with significant decreases in HIV incidence among people who inject or use drugs, including through greater access to harm reduction services and through reductions in violence, arrest or harassment by law enforcement agencies.

I want to take a moment to mention the recent legal principles developed by the International Commission of Jurists in collaboration with some of the world's foremost human rights and criminal law experts. These principles address the use of criminal law in relation to sex, reproduction, drug use, HIV, homelessness and poverty.

The principles provide an excellent analysis of international human rights law in relation to drug policy, making it clear that criminalization of drug use, drug paraphernalia or provision of drug related information are not consistent with international human rights obligations. UNAIDS was proud to help launch these principles and I urge you to take the time to review them.

Continuing to effectively address the needs of people who inject and use drugs is essential for accelerating progress against AIDS. Collectively, we must and can end AIDS by 2030—but we will only be able to do so if we are willing to successfully address the inequalities driving the pandemic, adequately fund and scale-up harm reduction services, decriminalize drug use and possession of small amounts of drugs for personal use, change the policies and laws that serve as barriers to connect people with lifesaving HIV prevention and treatment and destigmatize people who inject and use drugs. Thank you again for your partnership on our work, and your leadership on these issues.

Thank you.

