

Statement by Robin Gorna, Executive Director, International AIDS Society (IAS)

Agenda Item 4: Follow-up to the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.
53rd Commission on Narcotic Drugs
10 March 2010, Vienna, Austria

Excellencies, All protocols observed. My name is Robin Gorna. I'm making a statement on behalf of the Berkeley Foundation. I am the Executive Director of the International AIDS Society (IAS) - the world's leading independent membership association of over 14,000 HIV professionals working in 190 countries; and also the convenor of the biennial International AIDS Conference.

This July the 18th International AIDS Conference, AIDS 2010, will be held in Vienna. It is organised by a partnership of scientists, UN partners, including UNODC, government, civil society and people living with HIV.

We expect 25,000 scientists, policy makers and people with HIV, as well more than 2,000 media, from all over the world to gather in Vienna from 18-23 July. This will be a critical opportunity to share more about what must be done to scale up to achieve universal access to HIV prevention and treatment, and to focus on HIV and human rights, especially among drug using populations.

We warmly encourage officials and leaders from health, criminal justice and drug control to join this rich dialogue, to highlight their diverse experiences of confronting HIV among drug using populations. AIDS 2010 offers a unique platform for mutual learning on how to advance the objectives of the 2009 52nd CND Political Declaration and Plan of Action, as well as our Universal Access goals.

There is unambiguous evidence that several years of the 'war on drugs' and current punitive drug control policies have failed to achieve these objectives:

- The number of countries reporting injection of illicit drugs has increased over the last decade;
- 3 million of the 15.9 million people who inject drugs are infected with HIV.
- 10 percent of all HIV infections are attributable to injecting drug use; 30% of new infections outside sub-Saharan Africa.
- Unlike other regions, the HIV epidemic is expanding rapidly in Eastern Europe and Central Asia - because of drug use; HIV prevalence rates are as high as 80% among people who inject drugs in this region

Alarming, in many countries, the HIV response among people who use drugs is not fully informed by the best available science, and key interventions are not implemented. There is considerable evidence that a comprehensive package of HIV services for people who inject drugs – the 9 interventions outlined by WHO, UNODC and UNAIDS - are highly effective in reducing HIV transmission and optimizing treatment. Let me touch on three: needle-syringe programmes (NSPs), opioid substitution therapy (OST) and HIV treatment (ART).

The efficacy and effectiveness of NSPs was clearly demonstrated as early as 1997; and confirmed in a recent WHO review of more than 200 studies. A recent example: in Kyrgyzstan there was a decline in needle sharing from 68% to 14% after NSP were introduced.

WHO tells us that if OST was globally available, it could prevent up to 130,000 new HIV infections every year, reduce the spread of other diseases and decrease overdose deaths by 90%. OST also decreases criminal activity, is cost effective and increases retention in care.

ART is highly effective and can extend life to a near-normal lifespan; emerging evidence shows that where HIV treatment is scaled up, HIV transmission drops. In Vancouver, a recent study showed that scaling up ART for drug users was accompanied by a 50% reduction in HIV prevalence in that community.

Yet few countries have the level of intervention to prevent HIV or alter the course of the epidemic:

- IHRA estimates that harm reduction services reach fewer than 5% of those in need.
- Reports to WHO show that only 32 low and middle income countries have NSPs and 26 OST.
- Opioid injection is at epidemic levels in Eastern Europe, yet less than 1% of IDUs has access to OST.
- ART reaches one third of people in need, but only 4% of drug users.

The IAS therefore calls on the 53rd Commission on Narcotic Drugs –

- To remove legal and regulatory barriers to expanding harm reduction programmes including OST.
- To align drug policy with the commitments already made by member states, and with the normative guidance from WHO, UNAIDS and UNODC.
- To urge member states to implement comprehensive evidence-informed HIV prevention, treatment and care among drug using populations.
- To urgently and rapidly expand access to life-saving ART for drug users with HIV, including those in correctional settings, for individual benefit and to prevent transmission.
- To decriminalise drug users, scale up evidence-based drug dependence treatment options, including OST, and abolish ineffective compulsory drug treatment centres that violate the Universal Declaration of Human Rights.

It is important for the CND, Ministers of Justice and Ministers of Interior to pay attention to HIV. Now - more than ever before - we have the knowledge, innovative technologies, and proven tools to make progress towards universal access. Let me once again invite you to AIDS 2010. This year of universal access is a unique opportunity to make a difference. The world will be watching!