

## Leadership Statement

### Injecting drug use and HIV/AIDS

#### Preamble:

Two decades after the AIDS epidemic was first recognised, the spread of HIV infection through injecting drug use is an increasingly serious public health problem in many countries and regions of the world.

There are an estimated 13.2 million injecting drug users worldwide, 80% of them are in developing and transitional countries and in some areas up to 80% of HIV infections have resulted from contaminated injecting equipment used during injecting drug use.

This is a public health problem of catastrophic and unprecedented proportions that not only affects people who inject drugs, but also their sexual partners, children and the wider community. Controlling the epidemic among injecting drug users and their partners has enormous economic, health and social benefits for the broader community.

There is overwhelming, high quality evidence of very effective, safe and cost effective harm reduction strategies to reduce the negative health and social consequences of drug injection. It is also clear that comprehensive harm reduction services including substitution maintenance therapy provide additional entry points for scaling up ARV therapy. Experience of numerous programs and projects in all regions of the world indicate that HIV/AIDS epidemics among injecting drug users can be prevented, stabilized and even reversed by timely and vigorous harm reduction strategies.

*Harm reduction means working with people who use drugs to reduce the health and other risks they face in their day to day lives. Specifically, harm reduction programs include drug substitution treatment, availability of sterile injecting equipment and its safe disposal (needle syringe programs), peer outreach and factual information about drug use. Harm reduction must be carried out in a public health framework and one in which the health, human rights and social needs of drug users and their communities are met.*

The main barriers to effective control of HIV/AIDS in this population are marginalisation, criminalisation and repressive policies that may inadvertently increase HIV among and from injecting drug users.

Injecting drug users do not have equitable access to basic health care, and more specifically, lack equitable access to HIV/AIDS prevention and optimal treatment (including ARVs).

In many countries the implementation of effective strategies is either absent, or too little, too late. Continued failure to act can no longer be blamed on lack of information about effective policies, programs, interventions or resources. Political and social commitment including commitment of the necessary resources is urgently needed in order to avert further spreading of the epidemic among injecting drug users, their partners and the general community.

As leaders in the field, and following up on earlier declarations by international bodies (see endnotes), we commit ourselves - and urge world leaders, policy makers, opinion leaders, and communities to likewise commit themselves - to the speedy adoption and implementation of evidence based policies which ensure:

Comprehensive harm reduction approaches to prevention, care and treatment relating to HIV/AIDS associated with drug injecting,

Elimination of criminalization, stigmatization and marginalization of drug users and

Reduction in the number of drug users sent to prisons.

The ultimate goal being to ensure low prevalence of HIV among injecting drug users world wide within a generation.

We commit ourselves to the following:

#### Policies

To the removal of legal, regulatory and other obstacles to effective harm reduction policies and programs, including the eliminating criminalisation of possession of injecting equipment and of drug users.

To make healthcare and human rights principles and harm reduction policies a priority over law enforcement approaches in dealing with injecting drug use and HIV/AIDS and foster a strong partnership between law enforcement and health,

To ensure equitable access to comprehensive harm reduction programs for all who need them, including adults and children in correctional and detention centres,

To ensure honest education about drug use to all sectors of society including school children,

To urge regulatory agencies to require pharmaceutical companies and other bodies to undertake clinically relevant trials on interactions between ARVs and other drugs commonly used by injecting drug users, and urge governments to remove obstacles to such research,

To actively and meaningfully involve current drug users, people living with HIV/AIDS and their advocates at all levels of policy making and program design, implementation and monitoring.

To eliminate discrimination against and stigmatisation and marginalization of drug users and their families.

To acknowledge, and urge others to accept, that being an active drug user is not a valid criterion for denying an individual access to harm reduction and other prevention, care and treatment services including ARV.

To strongly support equitable access to and the scaling up of antiretroviral therapy through ensuring optimal drug dependence treatment for drug users of all ages and all settings, including correctional and detention facilities; this will require immediate inclusion of drugs used in substitution maintenance therapy (e.g. methadone hydrochloride) in the list of WHO/National Essential Drugs.

To ensure that there is a continuum of prevention, treatment and care for people of all ages who inject drugs, including those in correctional and detention facilities.

#### Resources

To demand that all HIV/AIDS and related resources—financial and human, government and donor, internal and external—be equitably distributed among those in need of prevention, treatment and care, including injecting drug users and their families.

To demand that resources are directed to and are received by non-government and community based organizations of drug users or those working directly with drug using populations on injecting drug use and HIV/AIDS issues.

To demand that resources for harm reduction be specifically allocated to and be part of the regular national budget of the ministry of public health and other relevant ministries and sectors.

To increase human capacity to implement regional, national and local training programmes on harm reduction approaches for all relevant workers.

To actively seek for extra funds and other necessary resources to urgently scale up HIV/AIDS prevention, care and treatment services to reach injecting drug users, so that all drug injectors have access to the means and knowledge to protect themselves from HIV infection.

#### Scaling Up: How?

To demand an immediate increase in syringe availability, drug substitution treatment (e.g. methadone), peer outreach, ARV treatment and involvement of drug injectors at all levels of policy development and programming. *At present at best 5% of injecting drug users is reached by any kind of prevention services; this should be doubled every year from 2004 for the next four years.*

## Accountability

To urge the UN system by the end of 2004 to set up baseline measures of the level of service provision and engagement for syringe availability, drug substitution treatment, outreach, ARV treatment and meaningful inclusion of drug injectors in policy development and programs. This includes correctional services, youth programmes, and all services involving drug injectors.

To ensure accountability by way of following up and reporting on the progress made during the period between the XV Bangkok AIDS conference and XVI International AIDS Conference planned for 2006 in Toronto. As an interim step, this leadership group will meet again at the 16<sup>th</sup> International Conference on the Reduction of Drug-Related Harm in 2005.

## Which Leaders?

To urge all leaders at all levels, governmental and non-governmental, to be involved in ensuring the implementation of the harm reduction policies and programs stated above. This will include politicians, policy makers, decision makers in criminal justice system, religious leaders and members of the community including youth, parents, drug users and people living with HIV/AIDS and their advocates. It is crucial that youth and drug users be given fiscal and other resources to empower them to be leaders and to ensure their meaningful involvement at all stages of policy development and program implementation in order to enable them to be more fully engaged in leadership.

To strongly advise all nations currently engaged in warfare to set up comprehensive harm reduction services including drug dependence treatment and make them equitably available to: community populations in all effected and/or occupied areas, refugee camps, other refugees and prisoners and detainees of all sorts and all ages.

## *Endnotes:*

Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, in June 2001, and more specifically paragraph 52 of the UNGASS Declaration, and the time-specific target it espouses and the objectives related to HIV/AIDS contained in the United Nations Millennium Declaration.

Commission on Narcotic Drugs resolutions 45/1 and 46/2 on strengthening strategies regarding the prevention of HIV/AIDS in the context of drug use, as well as its resolution 47/2 on prevention of HIV/AIDS among drug users.

International Narcotics Control Board report 2003 which affirmed that (a) governments need to adopt measures that may decrease the sharing of hypodermic needles among injecting drug users in order to limit the spread of HIV/AIDS and (b) drug substitution treatment does not constitute any breach of treaty provisions.

Global Health Sector Strategy for HIV/AIDS (2003-2007), which includes harm reduction as key component of a comprehensive HIV/AIDS response and its endorsement through a World Health Assembly resolution in May 2003.

Commission on Human Rights resolution 2003/47 on the protection of human rights in the context of HIV/AIDS and resolution 2004/26 on access to medication in the context of pandemics such as HIV/AIDS, tuberculosis and malaria.

The Warsaw Declaration 2003 (result of the second international policy dialogue on effective action on HIV/AIDS and injecting drug use organized by UNAIDS, Health Canada and OSI) called for expanded access to sterile injecting equipment and increased availability of a range of drug dependence treatment services, including substitution treatment.

The International Federation of Red Cross and Red Crescent Societies in updated HIV/AIDS Policy in 2001 endorsed harm reduction for injecting drug users as an appropriate strategy to prevent HIV transmission.