



On 12 December 2012, Eliot Ross Albers, from the International Network of People Who Use Drugs (INPUD) made an intervention at the UNAIDS Programme Coordinating Board (PCB) blaming UNODC in inadequate relationship with civil society networks and unwillingness to work in meaningful partnership with the community of people who use drugs.

The meaningful engagement of civil society in international decision-making is widely recognized as best practice, and has been emphasized since the inception of the United Nations.

UNODC, like all bodies under ECOSOC, is obligated under Article 71 of the UN Charter to engage civil society in its work. Yet it lacks formal policies or processes for meaningful participation, provides no support to international networks, and has demonstrated a consistent unwillingness to work in meaningful partnership. This lack of leadership and commitment is manifesting itself in a marked failure to reach the UN General Assembly target of reducing transmission of HIV among people who inject drugs by 50 per cent by 2015.

The International Network of People who Use Drugs (INPUD) has over the last three years as the peak international network for people who use, and specifically, inject drugs, set the foundations for strong, productive, and sometimes critical relationships with a number of UN agencies, WHO and UNAIDS foremost amongst them.

Investing in this building of relationships has without doubt yielded benefits in that discussion of the health and human rights issues facing people who use drugs has become an issue regularly discussed in such UN for as this PCB and in the work of other agencies that work on issues facing the key affected populations. The UNAIDS co-sponsors have agreed a harm reduction language, prioritising needle and syringe exchange and opiate substitution programmes as the core of an effective response to the HIV epidemic amongst injecting drug users.

We are however highly concerned that the one agency that has consistently failed in recent years to promote the agreed upon 9 core interventions for injecting drug users has been precisely the UN agency that is charged with leading the response to the epidemic amongst the injecting community, namely UNODC. This reluctance to embrace the language and practice of harm reduction has given comfort to those member states that remain recalcitrant on the implementation of basic, let alone comprehensive, harm reduction measures and which have, as a consequence, the highest prevalence rates amongst this population. At the same time this undermines HIV prevention efforts amongst this community.

We know we have a crisis when in a yearlong correspondence between on the one hand INPUD and the main harm reduction and drug policy NGOs, and on the other the leadership of ODC the latter consistently failed to even use the words harm reduction, still less needle and syringe exchange or opiate substitution programmes. To clarify, in letters that we have received from the office of the ED of ODC over the last year, not once have the words harm reduction, needle, syringe, or methadone appeared.

Not only has harm reduction - the approach agreed upon across the other relevant UN agencies - vanished from the lexicon of ODC, but it has been replaced by a language that flouts that agreed upon in favour of one that subsumes HIV prevention amongst PWID into an ill-defined, non-evidenced drug dependence treatment. The latter is not the same as opiate substitution programmes, which have proven efficacy, but rather implies abstinence based programmes which have no such proven efficacy as HIV prevention measures amongst PWID. In a similar vein high ranking ODC officials and statements have called for male circumcision for injecting drug users, whilst making no mention of NSP & OST, notably on World AIDS Day last week. MC has no utility whatsoever when it comes to preventing HIV amongst people who use, let alone inject drugs. Nonetheless, it is occurring with increasing frequency in ODC discourse and is both scientifically unfounded and politically dangerous.

Whilst other UN agencies have come to see drug use within a medical, and health, paradigm, ODC continues to be locked into an optic through which it views drug use as a crime. Whilst other UN agencies have commissioned reports which have called for the decriminalisation of drug use and for enabling legal environments, not least of all as tools for combatting the epidemic amongst injecting drug users, ODC's current leadership has instead promoted those countries that most vigorously enforce the criminalisation, not just of people who inject drugs, but also of the harm reduction measures that are proven to reduce the prevalence rate amongst the injecting community.

All of the above and the wholly unacceptable lack of engagement with INPUD as the global network of people who use drugs, let alone our meaningful participation in policy development, combine to make for a compelling case to pass the lead on the health of my community from ODC to a UNAIDS co-sponsor that unequivocally and unashamedly calls for and promotes the agreed upon package of harm reduction measures that at least give people who inject drugs a fighting chance of staying alive and not contracting HIV and other blood borne viruses. The time for marked change has come as without strong leadership, an unequivocal commitment to the core interventions for PWID and the meaningful participation of people who use drugs, there is no chance of reaching the UNGASS target of "reducing transmission of HIV among people who inject drugs by 50% by 2015".

Dr Eliot Ross Albers, PhD

Executive Director

International Network of People who Use Drugs