

## **HRC Intersessional panel discussion on human rights challenges in addressing and countering all aspects of the world drug problem 5 February 2024**

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Thank you chair and thank you for the invitation to join today. Excellencies, member states, civil society partners, and UN colleagues, good morning.

May I first take this opportunity to congratulate the Office of the High Commissioner for Human Rights on an excellent and timely report.

For over four decades the world has been responding to the global AIDS pandemic. The response has, in many ways, been impressive. Significant global investment and combined government and community efforts leading to a 38% decline in new infections and 52% decline in AIDS related deaths since 2010. Yet these gains hide significant inequalities. Not everyone has benefitted from these successes.

People who use drugs are being left behind in the HIV response. In 2022, the relative risk of acquiring HIV was 14 times higher for people who inject drugs than for the rest of the adult population.

If we look nationally, HIV prevalence among people who inject drugs ranges from 0% to 51%, antiretroviral coverage ranges from 25% to 90.6%. The enormity of the inequalities here demonstrates both that HIV can be prevented, and treatment provided for people who inject drugs, and that we are failing in many cases to do just that.

These inequalities are driven by structural barriers, stigma, discrimination, lack of financing and investment in HIV programmes for key populations, including harm reduction and structural responses. Ending AIDS as a public health threat by 2030 means ending AIDS for all populations and communities. However, to do that requires a radical change in our approach to drug policy. The recommendations in the High Commissioner's report outline many of the essential elements of that change.

First, drug prohibition has failed. Punitive drug laws and law enforcement practices create significant barriers for people who inject drugs to access a range of benefits and services, including but not limited to harm reduction services. Criminalization reflects but also exacerbates and perpetuates societal stigma and discrimination beyond legal sanctions. In eight of the 14 countries that reported data to UNAIDS, more than 10% of people who inject drugs avoided healthcare services due to the stigma and discrimination they faced.

And yet, 145 countries around the world still criminalize the use or possession of small amounts of drugs. Decriminalization of drug use is critical to guaranteeing access to HIV services and the report emphasizes that effectively designed and implemented decriminalization is essential to ensure the right to health of people who inject drugs.

Harm reduction programmes, particularly needle and syringe programmes and opioid agonist therapy are crucial in the HIV response, demonstrating time and again their efficacy in reducing HIV incidence. However, these programmes are underfunded and unavailable to the majority of people who inject drugs.

Over 80 countries globally have either needle and syringe programmes or opioid agonist treatment, or both. However, in 2019 UNAIDS reported that only 1% of people who inject drugs live in countries with the recommended coverage of both services, a number that has not substantially changed in the past five years.

Women who inject drugs experience double the risk of acquiring HIV due to gender norms, inequalities, sexual violence and engagement in unsafe sex work. Data from 16 countries reporting to UNAIDS showed that the median HIV prevalence among men who inject drugs was 9%, while it was nearly double (15%) among women who inject drugs.

Addressing stigma, discrimination and gender inequality involves removing obstructive policies and laws and investing in programmes designed to enhance HIV initiatives for women who inject drugs. And I welcome the reports' recommendation in adopt gender-sensitive drug policies that respond to the specific needs of women.

To meet the above needs we need to rebalance investment in drug policy towards health-based approaches. Across 45 countries reporting funding data for programmes for people who inject drugs, actual spending only amounted to 7% of the estimated resource needs. Even for that small amount, almost 70% of those funds came from international donors rather than domestic resources.

Finally, the core of a human-rights approach is participation. Organisations led by people who use drugs must be not just included in, but leading the response.

A 2021 study found that peer involvement in harm reduction services led to reduced HIV incidence and prevalence, increased service access, acceptability and quality, changed risk behaviours and reduced stigma and discrimination.

And yet, 45% of countries reporting to UNAIDS said they do not involve people who inject drugs in HIV decision-making processes – rendering them key population group that is the most excluded from HIV-decision making.

Despite positive progress like decriminalization of drug use in some countries, implementation of harm reduction programs, and involvement of civil society in drug policy, there's much work ahead. It is work that must take place across Vienna, Geneva and New York with human rights serving as the foundations of our work in every UN, parliamentary and community forum. I commend the High Commissioner for Human Rights once again for an excellent report and urge everyone here to incorporate its findings in your discussions wherever they may occur.

Thank you.