

25 February 2009

Her Excellency Ms Selma Ashipala-Musavyi  
Permanent Representative of Namibia to the United Nations at Vienna  
Chairperson of the 52<sup>nd</sup> Session of the Commission on Narcotic Drugs  
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Your Excellency,

As the President and Executive Director of the International AIDS Society (IAS), we are writing to express concern about the absence of language on ***harm reduction*** in the draft outcome documents to be adopted by the 52<sup>nd</sup> session of the Commission on Narcotic Drugs in March 2009 (notably the political declaration and its annex). The International AIDS Society is world's leading independent association of HIV professionals with over 11,000 members from 183 countries; and the custodian of the International AIDS Conference to be held in Vienna in 2010.

We believe you have the obligation to acknowledge that the past decade of continued research on, and implementation of, ***harm reduction*** programmes targeting injecting drug users has taught us much, and has saved lives. Its omission in the draft outcomes documents borders on denialism, and publically ignores the millions of dollars in research, programming and global advocacy invested over the past decade in this crucial area.

In particular, we urge you to amend your official documents to include the following:

1. The comprehensive set of medical and social support activities known as ***harm reduction*** are evidence-based and save lives;
2. CND supports harm reduction services as essential for achievement of the UN goal of universal access to comprehensive HIV prevention, treatment, care and support by 2010, and to Millenium Development Goals.
3. CND calls on member states to provide for the availability and accessibility of controlled medicines (notably opioids for pain relief and

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substitution therapy for heroin-addicted drug users) as integral to HIV treatment, care and support, including harm reduction.

As you are aware, harm reduction<sup>1</sup> is a comprehensive package of interventions critical for HIV prevention, treatment and care for injecting drug users. Opioid substitution therapy, using methadone or buprenorphine, is an essential element of harm reduction and has been endorsed by WHO, UNAIDS, UNODC, The Global Fund to Fight AIDS, Tuberculosis and Malaria, and countless researchers and health care professionals as one of the most effective interventions for the treatment of opioid dependence.

In considering its review of progress, we want to stress the Commission note the following:

**1. Harm Reduction is Evidence Based, Saves lives, and reduces dependency on illegal drugs**

Research demonstrates that comprehensive harm reduction programmes for injecting drug users results in reduction of overall rates of death; reduction of risk of overdose; increased retention in drug treatment programmes; reduction in heroin use in patients; reduction or cessation of illicit drug use; reduction of risk of transmission of blood-borne infections; substantial reduction of involvement in criminal activity; improvement in psychological and physical health; improvement in re-integration into the workforce and education system;

Successful harm reduction programmes across the globe result in improvement in social functioning; reduction in complications for pregnant women and their unborn children; and leads to substantial costs savings in health care and criminal justice and as well as improved contact of injecting drug users with the primary health care system. Importantly, there is no evidence of overall increased use of illicit drugs in the community, as a result of opioid substitution therapy.

**2. Harm Reduction is Essential for Achievement of the UN's HIV-specific Universal Access Goals**

The Declaration of Commitment from the 2001 UN General Assembly Special Session on HIV/AIDS, and the Political Declaration from the 2006 High Level Meeting on HIV/AIDS reaffirmed and committed to intensifying efforts to ensure harm reduction efforts related to drug use. Member states further committed to the goal of universal access to comprehensive HIV prevention, treatment, care and support by 2010.

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<sup>1</sup> UNODC, WHO and UNAIDS recommend a comprehensive set of measures for people who use drugs that includes the following: needle and syringe programmes; opioid substitution therapy; voluntary counseling and testing; anti-retroviral therapy; prevention and treatment of sexually transmitted infections; condom programming; targeted information, education and communication; hepatitis diagnosis, treatment and vaccination; and tuberculosis prevention, diagnosis and treatment.

There are 16 million injecting drug users in 148 countries worldwide and 3 million are living with HIV. Injecting drug use represents a substantial public health challenge and an emergency that now accounts for ten percent of HIV infections worldwide and one in three new HIV infections outside of sub-Saharan Africa.

While in many regions of the world HIV prevalence is stable or declining, injecting drug use contributes to rapid acceleration of the HIV epidemic in key communities and regions, including in Eastern Europe and Central Asia, due to inadequate supply and limited access to harm reduction services.

Achieving universal access to HIV prevention, treatment and care by 2010 for people who use drugs will not be possible without dramatically expanding access to comprehensive harm reduction services including opioid substitution therapy. Criminalization and legal barriers against access to opioid substitution therapy are counter productive and undermine efforts to reduce or eliminate demand for illicit drugs.

### **3. Controlled Medicines are Integral to harm reduction and HIV Treatment, Care and Support**

Methadone and buprenorphine are essential drugs – both significant in HIV treatment, care and support for use as substitution therapy, and for palliative care. In July 2005, following a rigorous review process, the WHO Expert Committee on the Use of Essential Drugs consisting of experienced scientists and clinicians from all regions of the world added methadone and buprenorphine to its Model List of Essential Medicines.

Opioid substitution therapy is one of the most effective proven interventions; the scientific evidence is compelling, abundant and supported by international best practice accrued in the treatment of drug dependence for decades. However, harm reduction services and opioid substitution therapy remain out of reach for the vast majority of vulnerable individuals and communities in need.

Palliative care<sup>2</sup> is a vital part of a comprehensive package of HIV care that supports both the patient and the family. Access to palliative care medicines, including opioids for pain management, is an integral component of universal access to HIV treatment, care and support. It is important for those suffering from symptoms of AIDS, from diagnosis to

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<sup>2</sup> WHO defines palliative care as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.

the end of life. Lack of access to essential palliative care medicines is cruel, inhumane and unethical treatment of people living with HIV.

Lack of access to medicines controlled under the international drug control conventions, for pain management and symptom control, is one of the major barriers to scaling up palliative care. Studies have identified common barriers that impede availability and accessibility of controlled medicines for pain. In many countries, drug control regulations or enforcement practices impose unnecessary restrictions that limit access to morphine and other controlled medicines. Excessive and burdensome procedures for procurement, safekeeping, and prescription of these medications and systemic discouragement of healthcare workers from prescribing them for fear of law enforcement scrutiny all contribute to denying millions of people living with HIV and other chronic illness from a basic standard of care.

We urge that the language in the political declaration and annex be strengthened to emphasize that access to controlled medicines is essential to attainment of the right to the highest standard of health and achievement of the goal of universal access to comprehensive HIV prevention, treatment, care and support by 2010.

We strongly urge that national drug control laws and public health authorities recognize the essential and indispensable nature of narcotic and psychotropic drugs for the relief of pain and suffering; and guarantee adequate availability of those medicines for legitimate medical uses, including opioid analgesics and opioids for substance dependence programmes; while preventing abuse and diversion.

The International AIDS Society is gravely concerned that despite the overwhelming evidence and tremendous benefits of harm reduction and opioid substitution therapy, legal barriers remain and political will is lacking among CND member states to harmonize drug control policy with public health safety.

The 52<sup>nd</sup> session of the Commission on Narcotic Drugs presents an historic opportunity at this stage of the global response to HIV to provide the necessary leadership and guidance through the Political Declaration, in order for member states to ensure coherence of international drug laws and policy with scientific evidence, public health and human rights. This has clearly been an area of neglect by the CND over the past decade. The forthcoming ten year drug strategy must acknowledge the scientific evidence-base and international best practice on harm reduction, access to controlled medicines, HIV and injection drug use.

We urge you to send a strong message to the world with clear and specific language that calls for ***harm reduction*** services, and recognizes the critical role of opioid substitution therapy. By doing this, you will promote Vienna 2009

outcome documents as an urgently needed framework for revision of drug policy and control efforts globally, particularly for your member states in Eastern Europe and Central Asia where the HIV epidemic is primarily driven by injecting drug use.

The final declaration will send an important message to member states and policy makers and provide a tool for advocacy that can be utilized by health professionals and public-health advocates in calling for urgent action.

We express support for successful deliberations at the forthcoming 52<sup>nd</sup> Session of the Commission on Narcotic Drugs, and hope that you personally Madame Chair, and CND member states, will live up to their international obligations and recognize that ***harm reduction saves lives***. Under your leadership, drug control and public health could begin working closer, in harmony, and with mutually attainable goals.

Yours Sincerely,



Julio Montaner  
President



Craig McClure  
Executive Director