

November 5, 2009

Michel Sidibe  
Executive Director, UNAIDS  
20, Avenue Appia  
CH-1211 Geneva 27  
Switzerland  
[sidibem@unaids.org](mailto:sidibem@unaids.org)

Dear Mr. Sidibe:

On behalf of advocates for harm reduction and the human rights of people who use drugs in Eastern Europe and Central Asia, we are writing to express our strong concern about comments you made during the opening plenary of the third Eastern European and Central Asia AIDS Conference (EECAAC), to request clarification on UNAIDS' approach on human rights and drug use, and to offer some constructive suggestions on how you might incorporate sound human rights principles into your messages and work in a region where the epidemic is highly concentrated among people who inject drugs.

Given that you shared a podium with the most senior Russian officials at the conference and addressed a plenary attended by representatives from multiple other governments in the region, we were particularly concerned with three elements of your speech: your statement that the UN is "completely against drug use and legalization of drugs;" your urging of each country in the region to "define within its legislation the harm reduction package it needs, just like China has done with great success;" and your repeated praise of the leadership and progress of the Russian government in the fight against AIDS. These statements seem to contradict previous remarks you and other colleagues at UNAIDS have made, and to work at cross purposes with your important effort to end punitive laws, policies, and practices that block effective responses to HIV/AIDS.

UN "completely against drug use and legalization of drugs"

We have been encouraged by UNAIDS' ongoing work with the Human Rights and Law team in the UNAIDS secretariat, UNDP, and the UNAIDS Reference Group on HIV and Human Rights to develop a clear position on the impact of criminal laws on HIV among people who use drugs and other marginalized groups. Such a position should clearly distinguish between legalization of drugs and decriminalization, whereby governments refrain from imposing criminal penalties or incarceration for drug use, possession of drugs for personal use, and possession of injection equipment. You have previously taken a public position in favor of decriminalization (for example in remarks made at the time of the 2009 International Conference on the Reduction of Drug-Related Harm in Bangkok and on transforming the Asia-Pacific AIDS response), as have the Secretary-General of the United Nations, the Executive Director of the Global Fund to Fight AIDS, TB and Malaria, and the UN Special Rapporteur on the Right to Health.

By using your speech at EECAAC to oppose legalization without any reference to the harmful impacts of criminalization, you sent the message that UNAIDS was not concerned with human rights violations associated with the over-criminalization of drug users common to the region. These include lengthy prison sentences for simple possession of drugs, police raids on methadone clinics and detention of patients without cause, use of painful withdrawal symptoms to coerce confessions, and forced drug testing and treatment without due process. It is important that you use your leadership role and access to senior officials to articulate the harmful effects of these policies and practices, and to emphasize that they fuel HIV among drug users by impeding their access to health services.

In addition, your statement that "the United Nations is completely against drug use" is to our knowledge without basis in UN policy and seems inconsistent with the philosophy of harm reduction that you alluded to in your speech. Harm reduction recognizes that many people either cannot or will not stop using drugs and therefore seeks to minimize the harms related to drug use.

It prioritizes protection of the dignity and health of people who use drugs over efforts to prohibit all drug use. By contrast, your statement comes dangerously close to stigmatizing all people who use drugs as a population that the United Nations is “against.” Asserting the UN’s total opposition to drug use also seems to be in tension with the important comment in your speech that drug users should “not be treated like criminals.” Rather than mixed messages, it would be important, particularly in a country where harm reduction has suffered such serious setbacks in recent months, to clearly and unequivocally convey UNAIDS’ support for a harm reduction approach.

#### Each country to define harm reduction “within its legislation”

As you briefly noted, those attempting to access harm reduction face multiple legal barriers. These barriers in Eastern Europe and Central Asia include, among others, registration of drug users by name by health providers and sharing of this information with law enforcement, and harassment, entrapment, and extortion of money from clients of needle exchange and methadone programs by police. In Russia, of course, a major legal barrier is also found in the government’s equation of methadone and buprenorphine treatment with drug trafficking, and their ban on these medications. To speak in Russia and urge each country to define, “within its legislation, the harm reduction package it needs” sounded like an endorsement of legal barriers rather than a challenge to them. Unqualified deference to existing legislation undermines the important function of UNAIDS to highlight the adverse human rights and public health impact of restrictive laws, and hinders the efforts of other UN agencies and civil society to reform these laws on the ground. In future speeches in the region, and communications with officials there and elsewhere, we urge you to articulate the need and urgency for legal reform aligned with HIV prevention and treatment for people who use drugs.

While China’s progress in methadone treatment is striking and important, we would also strongly caution against referring to that country’s “great success” in defining its harm reduction package. The Chinese intern some 330,000 drug users in compulsory detoxification and forced labor facilities, where many have no access to ART or HIV prevention, despite high HIV prevalence.

#### Russia’s “leadership role”

Your remarks at EECAAC repeatedly saluted Russia’s leadership on AIDS. While we recognize the appropriateness of thanking the hosts of the conference, you must be aware that the Russian government recently broke its promise, made at the last EECAAC, to assist civil society organizations that had been supported by the Global Fund to provide harm reduction and HIV prevention services. Before the conference and again immediately prior to your speech, Gennady Onishchenko, whom you hailed as “the engine of Russia’s progress on AIDS,” stated categorically that Russia opposes methadone and buprenorphine treatment and discourages the approach. Given the fact that the UNAIDS Programme Coordinating Board has called upon Member States to implement harm reduction measures that include needle exchange and substitution treatment, a more appropriate message would have been to challenge the Russian government to reconsider its position on harm reduction and to emphasize the overwhelming scientific evidence in favor of interventions such as needle exchange, substitution treatment, and treatment for hepatitis C co-infection. Failing to specify these interventions weakens UNAIDS’ public health authority and leaves the unfortunate impression that UNAIDS is ill-equipped to confront the current inadequate HIV response of Russia and many countries in this region.

We would welcome clarification of UNAIDS’ position on the issues raised above, and are eager to work with you, the Human Rights and Law team at the UNAIDS Secretariat, UNDP, and the UNAIDS Reference Group on HIV and Human Rights to advance UNAIDS’ stated commitment to evidence-informed and human rights approaches to HIV among people who use drugs. Indeed, the day after your speech, the Senior Human Rights and Law Advisor of UNAIDS unambiguously described the hostile legal and policy climate that impedes HIV responses in Eastern Europe and Central Asia, and discussed UNAIDS’ effort to end laws that criminalize vulnerable groups. This speech was a source of hope, but we and many other attendees were left with the sense that the approach was not supported by UNAIDS at the highest levels.

We urge you to use future speeches to emphasize the importance of a nuanced rather than overly punitive approach to drug control, to publicly challenge laws, policies and practices that violate basic principles of human rights and public health, and to press governments, as well as praise them, for work to fight AIDS in a region where the epidemic is concentrated among people who inject drugs. Otherwise, UNAIDS high-level participation could have the devastating consequence of moving us further from universal access rather than accelerating our progress.

Sincerely,

Dasha Ocheret and Shona Schonning, Eurasian Harm Reduction Network  
Daniel Wolfe, Jonathan Cohen, and Kasia Malinowska-Sempruch, Open Society Institute  
Anya Sarang, Andrey Rylkov Foundation  
Olga Belyaeva, Ukrainian OST Patients Association  
Peter Sarosi, Hungarian Civil Liberties Union  
Gregory Vergus, International Treatment Preparedness Coalition in Eastern Europe and Central Asia  
Richard Elliott, Canadian HIV/AIDS Legal Network

cc: UNAIDS Reference Group on HIV and Human Rights