
HIV/AIDS at the 48th U.N. Commission on Narcotic Drugs (CND): A Human Rights Watch Brief

The Commission on Narcotic Drugs (CND) is the central agency in the United Nations system responsible for setting international drug policy. At its 48th session from March 7-14, 2005 in Vienna, the Commission will focus on HIV/AIDS. This year the U.N. Office on Drugs and Crime (UNODC) chairs the consortium of U.N. agencies that makes up the Joint U.N. Programme on HIV/AIDS (UNAIDS), making the Commission's focus on HIV/AIDS particularly timely.

Human Rights Watch monitors human rights developments in over sixty countries worldwide. Our HIV/AIDS Program was established in 2001.

Illicit drug use and HIV/AIDS

Of the approximately five million new HIV infections in 2004, an estimated 10 percent stemmed from injection drug use. In some countries, such as Russia, injection drug use accounts for up to 75 percent of reported HIV cases. HIV/AIDS among injection drug users is spread chiefly through the sharing of blood-contaminated syringes. This makes it critically important for drug users to have access to non-injected drug opiate substitutes (such as methadone and buprenorphine), as well as sterile injection equipment, until such time as they can stop using drugs. This is especially true given the chronic and relapsing nature of drug addiction and the worldwide scarcity of effective drug treatment.

Needle exchange and opiate substitution therapy, often referred to as "harm reduction," are proven to prevent HIV/AIDS among injection drug users without increasing drug use or causing other side effects. Both are endorsed by leading medical authorities, including the World Health Organization. However, governments around the world either fail to provide—or in some cases actively impede—both needle exchange and substitution therapy. Despite some States' arguments to the contrary, international drug conventions permit the establishment of these services. Such interference with proven HIV prevention infringes the right to highest attainable standard of health, recognized in several international treaties.

The United States pressures the U.N. to oppose needle exchange, even though it is proven effective and endorsed by the World Health Organization.

Diplomatic pressure by the United States

In 2004, the United States exerted diplomatic pressure on UNODC to oppose needle exchange and other harm reduction services.

Conservative lawmakers in the U.S. spearheaded this attack because they oppose any type of HIV prevention approach that does not enforce “abstinence,” be it from sex or drugs. Afraid of alienating its largest donor, UNODC Executive Director Antonio Maria Costa wrote to the U.S. State Department in November 2004 and promised to review all UNODC statements, both printed and electronic, containing the term “harm reduction.” On the specific issue of needle exchange, Costa stated that “taking our guidance from the conventions, CND and INCB [International Narcotics Control Board], we neither endorse needle exchange as a solution for drug abuse, nor support public statements advocating such practices.”¹

Subsequently, UNODC staff were instructed to “ensure that references to harm reduction and needle/syringe exchange are avoided in UNODC documents, publications and statements.” An Asia-Pacific drug control program sponsored primarily by the United States, Japan and Australia, issued a notice to all member countries reiterating its opposition to harm reduction. In February 2005, conservative members of the U.S. Congress called for hearings on U.S. support of harm reduction, calling it “harm maintenance.”

No time to back down

Drug users face violations of their human rights on a daily basis. In numerous reports, Human Rights Watch has documented arbitrary arrest, extortion by police, beatings, detention without trial, and disproportionately long sentences handed down to drug users for possession of small amounts of narcotics for personal use. In some cases, severe “crackdowns” against drugs have led to extrajudicial execution and indiscriminate “blacklisting” of drug suspects. But the impact of drug enforcement on drug users’ ability to protect themselves from HIV/AIDS often goes unnoticed. As the central counter-narcotics agency in the U.N. system, the CND should stand up for drug policies that emphasize human rights and public health, not punishment and death.

CND delegates should stand up for the health and human rights of drug users.

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¹ This statement was evasive, as needle exchange is not generally understood as a “solution for drug abuse” but as a method of HIV prevention.