

March 1, 2005

## An Open Letter to the delegates of the Forty-eighth session of the Commission on Narcotic Drugs (CND)

In a year when the United Nations Office on Drugs and Crime (UNODC) is chair of the governing body of the UN's Joint Programme on HIV/AIDS (UNAIDS), we write to express concern about U.S. efforts to force a UNODC retreat from support of syringe exchange and other measures proven to contain the spread of HIV among drug users. Injection drug use accounts for the majority of HIV infections in dozens of countries in Asia and the former Soviet Union, including Russia, China, all of Central Asia, and much of Southeast Asia. In most countries outside Africa, the largest number of new infections now occurs among injection drug users. As UNODC director Antonio Maria Costa noted at the July 2004 International AIDS Conference, effective responses to injection driven AIDS epidemics require expanded HIV prevention, including syringe exchange, rather than policies that accelerate HIV infections through widespread and indiscriminate imprisonment.

Unfortunately, recent events suggest that UNODC—under pressure from the United States—is being asked to withdraw support from proven HIV prevention strategies at precisely the moment when increased commitment to measures such as syringe exchange and opiate substitution treatment is needed. It is particularly alarming that the silencing of UNODC is occurring in a year when the agency is chair of UNAIDS' Committee of Co-sponsoring Organizations and in a year when HIV prevention is a focus of thematic debate at the 48<sup>th</sup> meeting of the CND. Among the events that have particularly heightened our concern are:

- Mr. Costa, who last year expressed support for positive changes in the Russian criminal code, expansion of syringe exchange in countries facing injection driven epidemics and other measures to reduce drug-related harm, has apparently been rebuked by the U.S. State Department. Following a meeting with Robert Charles, U.S. Assistant Secretary for International Narcotics and Law Enforcement Affairs, Mr. Costa pledged to review all UNODC electronic and printed documents for references to “harm reduction” and to be “even more vigilant in the future.”
- In Southeast Asia, UNODC has suspended a program that sought reduce drug users' vulnerability to HIV prevention through approaches that emphasized public health and drug users' human rights, rather than punishment.
- Even syringe exchange, affirmed as an effective and essential part of HIV prevention by UNAIDS, WHO, and UN member nations, has become politically unpalatable. A November e-mail from a senior UNODC staff member asked junior staff to “to ensure that references to harm reduction and needle/syringe exchange are avoided in UNODC documents, publications and statements.”

We recognize that UNODC is dependent on contributions from donor nations, and that the U.S. is the single largest donor to UN drug control. At the same time, the lives of hundreds of thousands depend on sound, scientific approaches to HIV prevention. Numerous studies, including U.S. government studies, have found that strategies such as syringe exchange and methadone maintenance demonstrably diminish HIV transmission and other health risks. The fact that U.S. delegates declare the evidence in support of syringe exchange “unconvincing,” as they did in last year’s CND session, should not be allowed to determine the course of the UN drug control and HIV prevention efforts, which are inextricably and essentially linked. Nor should UNODC—a co-sponsor of UNAIDS, and an agency with an essential role to play in the course of the HIV epidemic—be asked to refrain from public statements about needle exchange simply because they do not fall within the realm of what the U.S. deems acceptable.

Strategies that attempt solely to achieve abstinence from drug use do not constitute an acceptable alternative to programs, such as syringe exchange, that help active drug users protect themselves from HIV/AIDS. Experience has shown that “zero tolerance” drug control efforts can have the effect of driving injection drug users underground and away from drug treatment and other health services. This is particularly true where, as in many countries, counter-narcotics efforts lead to false arrest, beatings and extortion by police, prolonged detention without trial, forced drug treatment, disproportionate incarceration in cruel conditions and, in some cases, extrajudicial execution. Programs such as syringe exchange and opiate substitution, by contrast, both prevent HIV infection and can provide a bridge to other health services. Restricting these programs is a blatant infringement of drug users’ human right to health.

As you gather this year to debate HIV/AIDS prevention and drug abuse, we respectfully urge you to support syringe exchange, opiate substitution treatment and other harm reduction approaches demonstrated to reduce HIV risk; to affirm the human rights of drug users to health and health services; and to reject efforts to overrule science and tie the hands of those working on the front lines. No less than the future of the HIV epidemic is at stake.

cc: Joint United Nations Programme on HIV/AIDS  
World Health Organization  
Office of the High Commissioner for Human Rights  
International Narcotics Control Board

The following organizations and individuals have signed this letter as of March 1, 2005:

#### Organizations by region

##### **Asia**

AIZHIXING Institute of Health Education, Beijing, China

Asian Harm Reduction Network (AHRN), Chiang Mai, Thailand

Asia Pacific Rainbow, New Delhi, India

Australian Drug Foundation, Melbourne, Australia

Australian Injecting and Illicit Drug Users League, Darlinghurst, Australia

Blue Diamond Society, Kathmandu, Nepal

Burnet Institute, Melbourne, Australia and Yangon, Myanmar

The Centre for Harm Reduction, Macfarlane Burnet Institute for Medical Research & Public Health, Melbourne, Australia

Community Health, Rehabilitation, Education & Awareness (CREA), Dhaka, Bangladesh

Drug Action Committee of the City of Greater Geelong, Victoria, Australia

Family Drug Support, Willoughby, Australia

Health and Development Networks (HDN), Chiang Mai, Thailand

ILGLAW – Asia, New Delhi, India

Lawyers Collective HIV/AIDS Unit, New Delhi, India

Malaysian AIDS Council, Kuala Lumpur, Malaysia

Malaysian Harm Reduction Working Group, Kuala Lumpur, Malaysia

Northern Sydney Central Coast Health, Sydney, Australia

Pinoy Plus Association, Manila, Philippines

RISE, Peshawar, Pakistan

Thai AIDS Treatment Action Group (TTAG), Bangkok, Thailand

Thai Drug Users' Network (TDN), Bangkok, Thailand

Turning Point Alcohol and Drug Centre, Melbourne, Australia

VIVAIDS Inc., Fitzroy, Australia

WartaAIDS, Jakarta, Indonesia

Western Australian Substance Users Association, Bunbury, Australia

Yayasan Spiritia, Jakarta, Indonesia

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AfriCASO: African Council of Aids Service Organization, Dakar, Senegal

Kenya AIDS NGOs Consortium (KANCO), Nairobi, Kenya

Sheryl's Orphans Children Home, Nairobi, Kenya

UNDP/Kinshasa, Kinshasa, Democratic Republic of Congo

### **Europe/Central Asia**

Abraço—Associação de Apoio a Pessoas Infectadas e Afectadas pelo VIH /SIDA, Lisbon, Portugal

Act Up—Paris, Paris, France

Action Against AIDS Germany, Tübingen, Germany

Actions Traitements, Paris, France

AGIHAS (PLWHA Support group), Riga, Latvia

AIDES NGO, Pantin Cedex, France

AIDS Action Europe, Amsterdam, Netherlands

AIDS Foundation East-West (AFEW), Moscow, Russia

Aids-Hilfe Bonn e. V., Bonn, Germany

AKZEPT E.V.—Bundesverband für akzeptierende Drogenarbeit und humane Drogenpolitik, Berlin, Germany

Amsterdam Institute for Addiction Research (AIAR), Amsterdam, Netherlands

A.N.O., Prague, Czech Republic

Associazione Mastropietro & Co., Turin, Italy

Associazione Nazionale Italiana Lotta AIDS (A.L.A.), Milano, Italy

Blupoint Drug Counselling Centre, Budapest, Hungary

Bremen Institute for Drug Research, Bremen, Germany

CA Odysseus, Bratislava, Slovakia

Center for Interdisciplinary Research on Women and Gender (ZFG), Oldenburg, Germany

Central and Eastern European Harm Reduction Network, Vilnius, Lithuania

The Centre for Research on Drugs and Health Behaviour, Imperial College, United Kingdom

Charitable Foundation "Rehabilitation Center of Drug Addicts "Virtus", Dnipropetrovsk, Ukraine

The Chrysalis Drug Project, Hertford, United Kingdom

Coalition on Vulnerable Population "I Can Live", Vilnius, Lithuania

Community Organization of People Living with HIV & AIDS, Moscow, Russia

Convictus Eesti, Tallinn, Estonia

Cranstoun Drug Services, London, United Kingdom

DIA+LOGS NGO, Support centre for those affected by HIV/AIDS, Riga, Latvia

Die Deutsche Gesellschaft für Suchtmedizin (vorm DGDS) e.V., Hamburg, Germany

DroBeL - Drogenberatung Lehrte e. V., Lehrte, Germany

Drogenberatung e.V., Bielefeld, Germany

Drogprevenció Alapítvány, Budapest, Hungary

Dublin AIDS Alliance Ltd., Dublin, Ireland

Equal to Equal, Almaty, Kazakhstan

Estima Associação, Leiria, Portugal

Északi Támpont Egyesület, Budapest, Hungary

European AIDS Treatment Group, Brussels, Belgium

European Coalition for Just and Effective Drug Policies (ENCOD), Antwerp, Belgium

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Helsinki Foundation for Human Rights, Warsaw, Poland

Hemp Seed Association, Budapest, Hungary

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NGO TRUST, Skopje, Macedonia

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PASSAGE, Skopje, Macedonia

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Quest for Quality, Amsterdam, Netherlands

REFORM, Drug Policy Interest Group, Essex, United Kingdom

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SIDA STUDI, Barcelona, Spain

SignPost Forth Valley, Stirling, Scotland

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Fundación para Estudio e Investigación de la Mujer. Buenos Aires, Argentina

HUMANAR, Curitiba, Brazil

Intercambios Asociación Civil, Buenos Aires, Argentina

International Women Aids Caucus, Buenos Aires, Argentina

LACCASO - Latin American and Caribbean Council of AIDS Service Organizations, Caracas, Venezuela

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Persepolis Harm Reduction NGO, Tehran, Iran

Persia+, UNDP GIPA Programme, Tehran, Iran

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Access Works! Harm Reduction Services, Minneapolis, MN, USA

Act Up—East Bay, Oakland, CA, USA

Advocates for Recovery Through Medicine, Connecticut Chapter, New London, CT, USA

After Hours Project, Inc., Brooklyn, NY, USA

AIDS Foundation of Chicago, Chicago, IL, USA

AIDS Project Los Angeles, Los Angeles, CA, USA

AIDS Treatment Data Network, New York, NY, USA

American Academy of HIV Medicine, Washington DC, USA

American Foundation for AIDS Research, Washington DC, USA

ARC International, Ottawa, Ontario, Canada

Canadian Harm Reduction Network, Toronto, Ontario, Canada

Canadian HIV/AIDS Legal Network, Montreal, Quebec, Canada

Center for Health and Gender Equity (CHANGE), Takoma Park, MD, USA

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CitiWide Harm Reduction, Bronx, NY, USA

Drug Overdose Prevention & Education Project, San Francisco, CA, USA

DrugSense, Irvine, CA, USA

Exponents, New York, NY, USA

Foundation for Integrative AIDS Research (FIAR), Brooklyn, NY, USA

Gay Men's Health Crisis, New York, NY, USA

Global AIDS Alliance, Washington DC, USA

Harm Reduction Coalition, New York, NY, USA

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Health GAP (Global Access Project), New York, NY, USA

HIV Advocacy Council of Oregon and SW Washington, Portland, OR, USA

HIV Resource Center, Roseburg Risk Reduction, Roseburg, OR, USA

Housing Works, Inc., New York, NY, USA

Human Rights Watch, New York, NY, USA

International Antiprohibitionist League, New York, NY, USA and Rome, Italy

International Center for Advancement of Addiction Treatment, Baron Edmond de Rothschild Chemical Dependency Institute of Beth Israel Medical Center, New York, NY, USA

International Council of AIDS Service Organizations (ICASO), Toronto, Ontario, Canada

International Foundation for Alternative Research in AIDS (IFARA), Portland, OR, USA

International Gay and Lesbian Human Rights Commission, New York, NY, USA

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The New York Academy of Medicine, New York, NY, USA

Open Society Institute, New York, NY, USA

Physicians for Human Rights, Washington, DC, USA

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