

Mr Yury Fedotov
Executive Director
UN Office on Drugs and Crime (UNODC)
Vienna International Centre
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BY POST AND EMAIL

9 December 2011

Dear Mr Fedotov

Official position of UNODC on HIV prevention for people who inject drugs and in prisons

We are writing to you as organisations working in the field of HIV/AIDS and drug policies to seek clarity on the official position of the UN Office on Drugs and Crime on HIV prevention in the context of injecting drug use and in prisons.

This question is central to the role of UNODC as the lead co-sponsor within UNAIDS on these issues, and to your own role as the head of the Office.

Upon taking office you announced that UNODC would focus on public health and a human rights-based approach.¹ On World AIDS Day 2010 you announced that access to HIV prevention interventions is a right for people who use drugs, but failed to outline what those interventions were.² The same is apparent in your 2011 World AIDS Day statement.³

To date, you have yet to make firm public commitments to specific HIV prevention interventions, namely needle and syringe programmes and opioid substitution therapy. When asked about the latter in an interview in March 2010, you said “Many countries actively promote this concept. Others take exception to it. In this case the UNODC, as an organ of the UN called upon to serve member states and find mutual understanding between them, cannot adopt a position of its own”.⁴

This, in our view, is incorrect. As the lead co-sponsor for these issues within UNAIDS, UNODC has a responsibility to actively and unequivocally promote the agreed package of HIV prevention interventions agreed by the governing body of UNAIDS, the Programme Co-ordinating Board. Indeed, these interventions have been endorsed also by the UN Commission on Narcotic Drugs.⁵ UNODC’s support for needle and syringe programmes and opioid substitution therapy prior to your appointment was clearly stated, so your non-committal position runs the risk of undermining that clarity.

We continue to value the work of UNODC teams on the ground in relation to HIV. But a lack of leadership from the highest levels within UNODC headquarters is potentially very damaging as governments continue to look to the UN for guidance moving forward.

We therefore seek your clarification on the following specific questions:

1. Does the UN Office on Drugs and Crime, and do you as its Executive Director, continue to fully support the WHO, UNODC, UNAIDS *Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*⁶, which includes needle and syringe programmes and opioid substitution therapy, and which was endorsed by the Commission on Narcotic Drugs in 2011?
2. What do you mean by a commitment to promote public health and a human rights-based approach in the work of the UNODC? In particular, do you agree with the UN Committee on Economic Social and Cultural Rights and the current and former UN Special Rapporteurs on the right to health, that access to sterile injecting equipment and opioid substitution therapy are components of the right to the highest attainable standard of health for people who inject drugs or are opiate dependent?
3. In light of the above, and as methadone and buprenorphine are on the WHO model essential medicines list, do you agree that these medications must be available and accessible to those who need them at country level? Do you agree that laws criminalising or banning such substances for medical purposes should be amended?
4. Do you support the provision of needle and syringe programmes and the provision of opioid substitution therapy in prisons?
5. Will you agree to issue a public statement supporting the nine core interventions as set out in the WHO, UNODC, UNAIDS *Technical Guide*, in particular needle and syringe programmes and opioid substitution therapy, at the next UN Commission on Narcotic Drugs?

We would appreciate your clarification of the current position of the leadership of the Office on these core issues. The work of UNODC is central to the HIV/AIDS response. There can be no ambiguity when it comes to our collective efforts to reach zero new infections.

We look forward to your reply.

Yours



Rick Lines
Executive Director
Harm Reduction International

(Please reply to rick.lines@ihra.net or to the address above)

On behalf of (cont'd...)

On behalf of:

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Holly Catania
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**International Doctors for Healthy Drug
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Ruth Birgin
**Women's Harm Reduction International
Network**

cc.

Mr. Michel Sidibé, Executive Director, UNAIDS
Permanent Mission of the Republic of Poland in Geneva (Chair, UNAIDS Programme Coordinating Board, for distribution to PCB members)
Permanent Mission of Brazil in Vienna
Permanent Mission of Norway in Vienna
Permanent Mission of The Netherlands in Vienna
Permanent Mission of Australia in Vienna

References

¹ <http://www.unodc.org/unodc/en/press/releases/2010/September/new-un-drugs-and-crime-chief-to-focus-on-public-health-and-rights-based-approach.html>

² http://www.unodc.org/documents/southerncone/noticias/2010/12/20101201_UNODC_EXD_MSG_en.pdf

³ <http://www.unodc.org/unodc/en/hiv-aids/2011-12-01.html>

⁴ <http://www.harm-reduction.org/library/2121-interview-with-unodcs-head-yury-fedotov.html> Interview with Evgeny Zakharov, 24 March 2011, at 18:00 mins)

⁵ Resolution 54/13, 'Achieving zero new infections of HIV among injecting and other drug users': *Requests the United Nations Office on Drugs and Crime, within its existing mandates and resources, to continue its focused efforts to scale up evidence-based interventions to prevent HIV infection among people who use drugs, in particular injecting drug users, in full compliance with the international drug control conventions and in accordance with national legislation, taking into account all relevant General Assembly resolutions and, when applicable, the WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*

⁶ http://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf

⁷ See for example, UN Committee on Economic Social and Cultural Rights, *Concluding Observations: Russian Federation*, UN Doc No E/C.12/RUS/CO/5, 20 May 2011, para 29 *The Committee remains concerned about the spread of drug addiction, including by way of injection, which is the main factor for the growing epidemic of HIV/AIDS, hepatitis C and tuberculosis in the Russian Federation. The Committee also remains concerned about the continued ban on the medical use of methadone and buprenorphine for treatment of drug dependence and the fact that the Government does not support opioid substitution therapy (OST) and needle and syringe programs which are strongly recommended by WHO/UNAIDS, UNODC, and other international organizations, as effective measures for prevention of HIV/AIDS among injecting drug users (art. 12). The Committee urges the State party to apply a human rights-based approach to drug users so that they do not forfeit their basic right to health. The Committee strongly recommends the State party to provide clear legal grounds and other support for the internationally recognized measures for HIV prevention among injecting drug users, in particular the opioid substitution therapy (OST) with use of methadone and buprenorphine, as well as needle and syringe programs and overdose prevention programs.*