

# Warsaw Declaration on HIV/AIDS and injection drug use adopted

**Explosive epidemics of HIV among injection drug users are occurring in both developing and developed countries. Globally, it is estimated that 10 percent of HIV infections are attributable to injection drug use,<sup>1</sup> but this proportion is increasing, and is much higher in many countries. Effective interventions exist to prevent the spread of HIV among injection drug users, but in most countries they are being adopted too slowly, or not at all. On 14 November 2003, the Warsaw Declaration: A Framework for Effective Action on HIV/ADS and Injection Drug Use, was adopted at the 2<sup>nd</sup> International Policy Dialogue on HIV/AIDS. Its purpose is to provide a framework for – finally – “mounting an effective response that will slow and eventually stop the HIV/AIDS epidemic among injecting drug users worldwide.”<sup>2</sup>**

The Policy Dialogue was hosted by the government of Poland, and sponsored by the Joint United Nations Programme on HIV/AIDS (UNAIDS), Health Canada, the Open Society Institute, and the Canadian International Development Agency. Invited participants included people responsible for HIV/AIDS and people responsible for injection drug use (IDU) from transitional countries such as Poland, Tajikistan, and Ukraine; from developing countries such as Brazil, Indonesia, and Thailand; from industrialized countries such as Canada, Switzerland, and the United Kingdom; and from four international agencies – the World Health Organization (WHO), UNAIDS, the United Nations Office on Drugs and Crime, and the United Nations Development Program. A few non-governmental organizations (the Dutch National Interest Group of Drug Users, the Canadian HIV/AIDS Legal Network, and the Monar Krakow Drugs Project) also participated.

Background papers prepared for the meeting provided a synthesis of the international epidemiology and burden of disease of IDU and HIV/AIDS, and of the evidence base for development of policies and programs to reduce the risks, harms, and costs of IDU and HIV/AIDS. The papers show that IDU, a risk factor for acquiring HIV infection through the sharing of injection equipment, is now a global phenomenon. According to the WHO, 134 countries, regions, or territories reported IDU in 1999, and of these 114 (84 percent) reported HIV among injection drug users. In 1992, by comparison, 80 countries reported IDU, with 52 (65 percent) reporting HIV among injection drug users.<sup>3</sup> In other words, HIV epidemics around the world are increasingly being fuelled by the diffusion of IDU. IDU is the major mode of HIV transmission in Eastern and Western Europe, Central Asia, East Asia, North Africa, the Middle East, North America, and parts of South America. The most affected regions to date

HIV epidemics around the world are increasingly being fuelled by the diffusion of injection drug use.

have been Southern and Eastern Europe, Central Asia, East Asia, North America, and Latin America. Explosive epidemics have occurred among injection drug users in each of these regions.<sup>4</sup>

The papers also show that different types of interventions to reduce the risks, harms, and costs of HIV/AIDS and injection drug use are in place in various regions of the world. Some have been proven effective, based on existing empirical evidence, while others have showed promise. But hardly anywhere are these interventions implemented quickly enough or scaled up appropriately. As a result, crucial opportunities to slow the HIV

and hepatitis C epidemics are being lost, and the enormous financial and human costs continue to build around the globe.

Participants at the Policy Dialogue concluded that “continued failure to act can no longer be blamed on the absence of effective policies, programmes, interventions or resources,” and called for increased political commitment.<sup>5</sup>

The Warsaw Declaration, reproduced below, should be used by governments worldwide as a framework for effective action on HIV/AIDS and IDU; and by community advocates as an additional tool to hold governments accountable for their failure to act.

– Ralf Jürgens

Ralf Jürgens is the Executive Director of the Canadian HIV/AIDS Legal Network. He was one of three NGO representatives at the Policy Dialogue. Ralf can be reached at [ralfj@aidslaw.ca](mailto:ralfj@aidslaw.ca).

<sup>1</sup> *Drug Abuse & HIV/AIDS: A Devastating Combination*. Geneva: United Nations International Drug Control Programme and Joint Programme on HIV/AIDS, 2000.

<sup>2</sup> The Warsaw Declaration: A Framework for Effective Action on HIV/AIDS and Injecting Drug Use. Warsaw: 2<sup>nd</sup> International Policy Dialogue on HIV/AIDS, 2003.

<sup>3</sup> J Rehm, B Fischer, E Haydon (eds). *Reducing the Risks, Harms and Costs of HIV/AIDS and Injection Drug Use: A Synthesis of the Evidence Base for Development of Policies and Programs*. 2<sup>nd</sup> International Policy Dialogue on HIV/AIDS, Conference Paper 4. Ottawa: Health Canada (International Affairs Directorate), 2003, at 5.

<sup>4</sup> D Riley. *An Overview of Harm Reduction Programs and Policies around the World – Rationale, Key Features and Examples of Best Practice*. 2<sup>nd</sup> International Policy Dialogue on HIV/AIDS, Conference Paper 3. Ottawa: Health Canada (International Affairs Directorate), 2003, at 4.

<sup>5</sup> *Supra*, note 2.

# **The Warsaw Declaration: A Framework for Effective Action on HIV/AIDS and Injecting Drug Use**

**2<sup>nd</sup> International Policy Dialogue on HIV/AIDS**

**Held in Warsaw, Poland**

**November 12–14, 2003**

*The Policy Dialogue was hosted by the Government of Poland  
and sponsored by UNAIDS, Health Canada, The Open Society Institute,  
and the Canadian International Development Agency.*

## **Preamble:**

Two decades after the AIDS epidemic was first recognized, the spread of HIV infection through injecting drug use is an increasingly serious public health problem in many countries and regions of the world. Abundant, high-quality evidence of effective, safe and cost-effective harm reduction strategies exists, yet in many countries, the implementation of such strategies is still “too little and too late.”

Continued failure to act can no longer be blamed on the absence of effective policies, programmes, interventions or resources. Political and social commitment, including commitment of the necessary resources, is what will make the difference between success and failure.

## **Purpose:**

The purpose of this declaration is to provide a framework for mounting an effective response that will slow and eventually stop the HIV/AIDS epidemic among injecting drug users worldwide.

## **Context:**

The HIV/AIDS pandemic constitutes an unprecedented global crisis, and HIV continues to spread worldwide. At

the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in 2001, all member states of the United Nations adopted a Declaration of Commitment that sets goals and targets for an expanded response to the epidemic. Included are commitments related to reducing HIV transmission among identifiable groups at highest risk (such as injecting drug users) through the provision of a wide range of programmes, including information, education and communication aimed at reducing risk-taking behaviour; expanded access to essential commodities including male and female condoms and sterile injecting equipment; and harm reduction efforts related to drug use.<sup>1</sup> The Declaration also calls on countries to enact, strengthen or enforce laws and regulations that protect against discrimination of people living with HIV/AIDS and members of vulnerable groups.

Transmission of HIV through the injection of drugs and the subsequent development of HIV-related illness in injecting drug users are significant contributors to increased morbidity, premature mortality, health care costs, economic losses and social disruption in industrialized, transitional and developing countries. In some countries,

injecting drug use accounts for over half of all HIV transmissions. Worldwide, an estimated ten per cent of HIV/AIDS is attributed to injecting drug use, and this proportion is progressively increasing. In addition to the costs and negative consequences for injecting drug users, the potential for injecting drug use to play a pivotal role in the dissemination of HIV to the general population in some regions of the world, especially Central and Eastern Europe and Central, South and South-East Asia, is of concern.

Different types of interventions to reduce the risks, harms and costs of HIV/AIDS and injecting drug use are in place in various regions of the world. Some are promising, while others have already been proven effective, based on existing empirical evidence. Both should be part of comprehensive programmes of HIV/AIDS prevention, care, treatment and support designed to address HIV/AIDS and injecting drug use.

All of the prevention strategies needed to reduce the HIV infection rate among injecting drug users are entirely consistent with the international drug treaties,<sup>2,3</sup> have been endorsed by the UN General Assembly, the World Health Assembly, and several high-level UN Commissions, and are included in the operational plans of the World Health Organization (WHO) and the UN Office on Drugs and Crime (UNODC).

Decisive policy action at the regional and national levels is needed as the basis for an effective response to HIV/AIDS and injecting drug use. Such a response will also help to address the spread and consequences of hepatitis C. The following guiding principles and policy objectives are intended as the foundation for such policy action. They flow from and build upon the UNGASS Declaration of Commitment, the UNAIDS Global Strategy Framework on HIV/AIDS, the WHO Global Health Sector Strategy on HIV/AIDS, and the global priorities outlined in the UNAIDS Report from the XIV International AIDS Conference, Barcelona 2002. They are also informed by specially commissioned papers reviewing the evidence on reducing the risks, harms and costs of HIV/AIDS and injecting drug use and proposing policy approaches.<sup>4</sup>

## Guiding Principles:

1. **Pragmatic Focus.** The need for an urgent response requires that the scope of policy action be clearly defined and pragmatically focused on factors that reduce the immediate risks and harms of HIV transmitted through injecting drug use. The challenging issue of overall prevention and control of drug use must be
2. **Intersectoral Action.** Effective policy action must involve many sectors, recognizing the health factors, the legal framework and law enforcement practices, and the cultural, social and economic environments in which HIV/AIDS and injecting drug use emerge.
3. **Comprehensive Response.** The most effective policy response will include objectives and interventions that comprehensively address the range of factors that contribute to the risks, harms and costs of HIV/AIDS and injecting drug use. This will include actions to reduce the risk of infection, to reduce vulnerability to infection created by factors such as stigma, discrimination and social exclusion, to ensure equitable access to HIV/AIDS treatment and care (including antiretroviral therapy), to reduce the negative impact of HIV on those infected and affected, as well as their communities, and to evaluate interventions.
4. **Broad Involvement.** Input about policy objectives and actions to accomplish them should involve all levels of government, civil society organizations in sectors concerned with HIV/AIDS and injecting drug use, including non-governmental and community-based organizations, people living with HIV/AIDS, previous and current injecting drug users, researchers and professional organizations. To this end, responses should incorporate specific strategies for engagement and community development with this vulnerable population.
5. **Evidence Based.** Policy development must be informed by empirical evidence about reducing the risks, harms and costs of HIV/AIDS and injecting drug use.
6. **Awareness and Advocacy.** Informed individuals and groups, including people living with HIV/AIDS and injecting drug users, have key roles to play in stimulating and facilitating decisive policy action, recognizing that individuals working in the health, social services and law enforcement fields, other key interest groups and the general public need accurate information about

balanced by a primary and immediate focus on reducing HIV transmission through injecting drug use. Harmonization of drug policies and strategies with HIV/AIDS policies is essential in order to achieve this balance. The harm reduction framework provides for a continuum of approaches, ranging from needle exchange programs and substitution therapies to abstinence from drugs.

the risks, costs and harms of HIV/AIDS and injecting drug use, and effective responses to these issues.

### Policy Objectives:

1. Protect the health and well-being of injecting drug users, their families and their broader communities by achieving control of HIV infection associated with injecting drug use.
2. Improve the health and social conditions of injecting drug users, in order to reduce their vulnerability to HIV/AIDS, and improve their capacity and support for adopting safer injecting practices, reducing injection frequency or entering drug dependence treatment programmes.
3. Reduce HIV transmission among those who inject drugs through strategies which decrease the use of contaminated injecting equipment and increase the adoption of safer injecting practices; and are delivered through sustained high-coverage programmes of information, education and communication aimed at reducing risk-taking behaviour; expanded access to sterile injecting equipment; and increased availability of a range of drug dependence treatment services, including substitution treatment and rehabilitation programmes.
4. Reduce the proportion of the population of drug users who inject drugs, through access to appropriate and effective education, information to promote changes in the route of administration, and prevention and treatment programmes related to both HIV/AIDS and injecting drug use.
5. Ensure that injecting drug users in the highest risk and most marginalized situations, including those in penal institutions and among those engaging in sex work, have equal access to HIV/AIDS and injecting drug use risk reduction, prevention, care, treatment and support opportunities that address their unique needs.
6. Reduce transmission of HIV between injecting drug users and their sexual partners, with a particular focus on injecting drug users who engage in sex work or whose partners engage in sex work.

7. Reduce mother-to-child transmission among current and former drug using women who have HIV infection and are pregnant, as well as among pregnant partners of HIV-positive male drug users, who decide to carry their pregnancies to term.
8. Provide access to comprehensive HIV/AIDS treatment and care, including antiretroviral treatment for injecting drug users who have HIV/AIDS.
9. Ensure that drug control laws and their interpretation and enforcement are complementary to HIV/AIDS strategies and do not hinder HIV/AIDS prevention measures among injecting drug users, increase the risk of HIV infection faced by drug users, or hinder drug users' access to care, treatment and support.
10. Increase empirical evidence to guide the development and delivery of policies and interventions addressing HIV and injecting drug use, including actions to fill major gaps in the evidence base and to address the varying needs and priorities of developing, transitional and industrialized countries.

Note: The following notes are part of the Warsaw Declaration and have therefore not been edited to conform with the house style of the Canadian HIV/AIDS Legal Network.

<sup>1</sup> The principles of 'harm reduction' as defined in documents published by the UN Office of Drugs and Crime, the World Health Organization, and the Joint United Nations Programme on HIV/AIDS refer to activities aimed at reducing the health and social consequences of injecting drug use: reaching out to injecting drug users, discouraging the sharing of contaminated injecting equipment by providing sterile injecting equipment and disinfectant materials, and providing a range of drug dependence treatment including substitution treatment. These principles, which are part of the principles for preventing HIV infection among drug users compiled by the World Health Organization in cooperation with UNAIDS and the Council of Europe in 1998, should not be viewed in isolation from overall national drug strategies or national AIDS programmes. They are, however, valuable in guiding national policies and programmes as regards the specific goal of reducing HIV transmission among injecting drug users.

<sup>2</sup> These treaties are: The 1961 Single Convention on Narcotic Drugs; the 1971 Convention on Psychotropic Substances; and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

<sup>3</sup> See also "Impact and Implications of the International Drug Control Treaties on IDU and HIV/AIDS prevention and Policy", by Robin Room, in *Reducing the Risks, Harms and Costs of HIV/AIDS and Injecting drug use: A Synthesis of the Evidence Base for Development of Policies and Programs* (Conference Paper #4), Jurgen Rehm, Benedikt Fischer, Emma Haydon, eds.

<sup>4</sup> *Developing and Implementing National Policies on HIV/AIDS and Injecting drug use: A Framework and Guide for Action* (Conference Paper #2), Diane McAmmond. *An Overview of Harm Reduction Programs and Policies Around the World: Rationale, Key Features and Examples of Best Practice.*, (Conference Paper #3), Diane Riley. *Reducing the Risks, Harms and Costs of HIV/AIDS and Injecting drug use: A Synthesis of the Evidence Base for Development of Policies and Programs* (Conference Paper #4), Jurgen Rehm, Benedikt Fischer, Emma Haydon, eds.