



Harm Reduction Coalition

Remarks delivered by Allan Clear, Executive Director, Harm Reduction Coalition, at the civil society hearing during the United Nations High-Level Meeting on AIDS Wednesday, May 31, 2006.

Good morning distinguished delegates. My name is Allan Clear and I work for the Harm Reduction Coalition. I'm honored to speak before you and to articulate the needs and aspirations of drug users.

All too often, the triumph of ideology over public health dictates the nature – and failures – of how governments deal with HIV epidemics in marginalized groups. For example, despite the overwhelming evidence of the effectiveness of syringe exchange, the U.S. Federal government refuses to fund syringe exchange programs, both domestically and internationally. Many members of the United States delegation give explicit and tacit support to banning funds for the single most effective method to prevent HIV among drug injectors. The United States aggressively exports its official position on syringe exchange through funding restrictions and interventions in international conventions and policy statements. Such actions parallel efforts by the United States that emphasize abstinence from sex and criteria that funding recipients pledge their opposition to prostitution

We must first be explicit when talking of marginal groups and vulnerable populations. We are referring specifically to drug injectors, non injection drug users who are also at high risk for HIV infection, sex workers, men who have sex with men, migrants, people of transgendered experience, other sexual minorities and prisoners. These are groups rendered vulnerable to HIV through political repression and structural violence, marginalized by social stigma and cultural persecution.

We cannot address HIV in vulnerable populations without tackling the central role that government policy, national laws and international conventions, and donor funding priorities play in creating and maintaining vulnerability to HIV. And again, we must be explicit: I refer specifically to legal frameworks that criminalize marginalized populations and effectively sanction violence and stigma towards members of these groups. I refer to health ministry and donor policies that reject effective HIV prevention for drug injectors – particularly sterile syringes and opioid substitution therapies. I refer to ideological criteria imposed by the U.S. government on recipients of funds for HIV prevention programs working with sex workers. I refer to the failures of donors and governments to extend HIV care and treatment to prisoners, migrants, and stigmatized groups. And I refer to the extra judicial murder of drug users and sex workers, and the denial of medical care, housing and family stability.

Injection drug use is global and drives the HIV epidemic in Central and Eastern Europe, Central and South East Asia and South America. It is a travesty that only 35,000 HIV-positive drug injectors in developing and transitional countries receive antiretroviral treatment. 30,000 of these injectors are living in Brazil. It is a travesty that some countries such as Russia vehemently

refuses drug users access to methadone or buprenorphine treatment, despite inclusion of these medications on WHO's Model List of Essential Medicines. And it will be a travesty if member countries retreat from the 2001 Declaration of Commitment by ratifying a document that never references drug use, sterile injection equipment or harm reduction.

We must affirm that all marginalized populations have the right to effective, evidence-based HIV prevention including condoms and sterile syringes. These groups, no less than any other, have the right to the highest attainable standard of physical and mental health.

We have evidence of strategies that are feasible and work. To make it simple, what is needed is to

- Reaffirm that access to sterile injection equipment, condoms, methadone and buprenorphine are essential components of HIV prevention and care.
- Ensure that drug users and all marginalized populations have equitable access to prevention, medical care, and antiretroviral treatment through establishing country-level and global targets and monitoring.
- Support meaningful involvement of drug users at all levels of planning and policy, with funding for drug user networks and organizing.
- End mass imprisonment, disenfranchisement, and human rights violations of drug users.

I urge the delegates of UNGASS to strengthen the Political Declaration by explicitly and forcefully committing to making these goals a reality in language and action.