



ЕВРАЗИЙСКАЯ СЕТЬ ЛЮДЕЙ, УПОТРЕБЛЯЮЩИХ НАРКОТИКИ
EURASIAN NETWORK OF PEOPLE WHO USE DRUGS

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Mr Michel Sidibé
Executive Director
UNAIDS

Dear Michel,

The Eurasian Network of People who Use Drugs (ENPUD), established in 2010, is a community of men and women who use drugs or have experience using drugs and their supporters, who seek to actively participate in decision-making processes that affect our lives. We are writing you to express alarm that critical issues raised in the Thematic on PWUD are not included in the proposed Decision Points on the agenda in this week's meeting and to demand that the NGO Delegation put these issues in the Decision Points, as proposed earlier this year.

We were pleased that a thematic segment from the 35th Program Coordinating Board meeting was devoted to problems of people who use drugs. Many of our members actively participated in the segment, "Halving HIV transmission among people who inject drugs." We deeply appreciated the NGO delegation's proposed decision points on funding harm reduction, and decriminalization, which are essential in our region. We were shocked and disheartened to see that these essential points were not incorporated into the DP's advanced by the Bureau.

In Eastern Europe and Central Asia (EECA) there are an estimated 3.7 million people inject drugs (PWID), and up to one quarter of us are living with HIV. The fact that we are treated like criminals for our medical condition and that we lack access to the services we need has been the major driver of the HIV epidemic in EECA. In our region, 79% of all HIV infections are among PWID. PWID living with HIV have unacceptably high mortality due to tuberculosis (TB), hepatitis C virus (HCV), and drug overdose. The EECA region has had four-fold increase in AIDS-related deaths between 2001 and 2009 while in other parts of the world it is decreasing. This is an outrage!

The criminalization of people who use drugs (PWUD) fuels stigma and vulnerability. Systematic human rights violations take place in the name of drug control. We face torture and ill treatment by the police, mass incarceration, arbitrary and prolonged detention, as well as the denial of essential medicines and basic healthcare services. We are often afraid to healthcare services or denied access outright. In some countries we can't even return used needles to harm reduction services because we could be arrested for being in possession of the tiny a tiny amount of drug left in the used syringe. Existing drug enforcement practices increase the exposure of PWUD to drug-related harms and undermine the regional response to HIV, TB, viral hepatitis and other public health issues.

Harm Reduction remains shamefully underfunded in most EECA countries. It has been estimated that only 10%¹ of us have access to harm reduction services. Access to opioid substitution therapy (OST) remains below 5% in most EECA countries,² is banned completely in Russia and Uzbekistan and is available to less than 1% of PWID in the region overall.³ This



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falls far short of the 40%⁴ recommended by WHO. The problem of inadequate funding is expected to get worse. About 78% harm reduction funds in our region come from international sources and many of our middle income countries will soon be cut off from support from the Global Fund. We know that can lead to disaster. In Romania, only 3 years after the end Global Fund financing led to the closure of harm reduction services the percent of new HIV infections that were reported to be among PWID grew from only 3% to 30%. In the EECA region, the consequences of lack of investment in community-based services for people who use drugs will not only impact prevention efforts but treatment programming as well since, for key populations, community-led support services along the continuum of care from testing to achievement of zero viral load are essential (as noted by the WHO in its new Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations.)

The inclusion of decision points on funding of harm reduction services and on decriminalization will help us and our supporters (including UNAIDS) to advocate for positive change in our region. Without decriminalizing us and without funding the services we need the EECA region will never even get close to achieving 90/90/90 targets. We want help our region reach this target and we know you do to. Mr. Sidibe, please show your commitment to addressing the epidemic in EECA by supporting the inclusion of decision points on decriminalization and funding harm reduction in the DP's being tabled in regard to the PWUD thematic at this week's meeting.

¹ Mathers BM, Degenhardt L, Ali H, Wiessing L, Hickman M, Mattick RP, et al. HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *Lancet*. 2010;375(9719):1014-28.

² Regional Committee for Europe 64th Session Progress Reports: Copenhagen: 2014. P. 3

³ The Gap Report. UNAIDS. 2014, P 110

⁴ WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. WHO. 2012 p. 63