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Subject:	Statement on the occasion of intersessional meeting of the 68th Session of the Commission on Narcotic Drugs (Vienna, 30 September - 2 October 2025) - Thematic session 3: "High Rates of Transmission of HIV, hepatitis C virus and other blood-borne diseases associated with drug use"

Delegations will find in the Annex the above-mentioned statement as expressed on behalf of the EU and its Member States at the intersessional meeting of the 68th Session of the Commission on Narcotic Drugs (CND) (Vienna, 30 September - 2 October 2025).



European Union

EU Statement on

Thematic session 3: “High Rates of Transmission of HIV, hepatitis C virus and other blood-borne diseases associated with drug use”

Intersessional meeting

**68th Session of the Commission on Narcotic Drugs
United Nations Office on Drugs and Crime**

Vienna, 30 September – 2 October 2025

Distinguished Chair, Excellencies, Ladies and Gentlemen,

I have the honour to speak on behalf of the European Union and its Member States. Albania, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Norway, Republic of Moldova, Serbia and Ukraine align themselves with this statement.

The **persistently high prevalence of blood-borne infections amongst people who use drugs** is a pressing concern. According to the World Drug Report 2025, approximately 14 million individuals injected drugs in the world in 2023. Injecting drugs entails a substantially elevated risk of HIV and hepatitis B & C transmission. Globally, about 1.7 million individuals who inject drugs live with HIV, and the relative risk of acquiring HIV is 14 times higher for those who inject drugs than in the wider population. Furthermore, 6.9 million individuals who inject drugs live with hepatitis C. In 2023, an estimated 520,000 people injected drugs in the European Union. While the total number of HIV notifications in the EU linked to injecting drug use declined to 980 in 2023 (1088 in 2022), the notification rate of 2.18 per million population remained at pre-COVID-19 pandemic levels. According to the UNAIDS Global AIDS Update 2025¹, the use of punitive laws against people who inject drugs and the scarcity of harm reduction services continues to expose these people to a very high risk of acquiring HIV.

¹ 2025 Global AIDS Update — AIDS, Crisis and the Power to Transform, page 80.

The periodic updates on our progress towards achieving the **Sustainable Development Goals (SDGs)** of the **2030 Agenda** and the UNAIDS targets show that in the EU, the UNAIDS 95-95-95 testing and treatment targets were not yet reached. An estimated 92% of all people living with HIV knew their status, 93% of people living with HIV were on treatment, and 93% of people on treatment had achieved viral load suppression. In terms of the SDGs target of a 75% reduction in new infections the EU has observed only a 34% reduction in new infections since 2010. Many EU Member States have struggled to meet SDGs targets on HIV for people who inject drugs, particularly with respect to goals on early diagnosis, treatment access and viral suppression. In particular there is one transmission mode where we stay far behind the goals that Member States have subscribed to, namely, HIV and viral hepatitis transmission due to unsafe drug use. This situation underscores the need for scaling up access to low-threshold, integrated and stigma-free prevention, treatment and care services for persons who use drugs.

Prevention, awareness and education, easy test access, early diagnosis and access to evidence-based preventive and curative care for people with HIV and viral hepatitis must be stepped up; otherwise, drug-related challenges will leave more people behind. In order to be successful, we believe that countries need to implement a comprehensive package of services for persons who use drugs. This should include targeted HIV and hepatitis prevention, including HIV Pre-Exposure Prophylaxis (PrEP) and Post-exposure prophylaxis (PEP) for populations at risk, an increase in testing, and accompanying care and support programmes as well as addressing legal barriers that prevent people who use drugs from accessing services. We need to put a special effort in ensuring pharmaceutical treatment and in providing risk and harm reduction measures with enough scientific evidence supporting their effectiveness in decreasing the transmission of infectious diseases, such as the implementation of needle and syringe programmes to prevent blood-borne infections among people who inject drugs, taking into account national needs and national legislation.

Once again, we have to state that we have solid knowledge of the evidence-based interventions that can reduce the transmission of blood-borne and other infectious diseases associated with drug use. I will give but one example of the tools that can help countries in adapting their policies: this is the **guidance on Prevention and control of infectious diseases among people who inject drugs**, published by the European Centre for Disease Prevention and Control (ECDC) and the EU Drug Agency (EUDA). This guidance supports the implementation of tailored community-based prevention, testing and treatment services.

We should pay special attention to **persons in vulnerable situations**, such as people in prison and compulsory care settings and after release, persons displaced by humanitarian emergencies, women and men who engage in sex work and prostitution, people experiencing homelessness, those suffering from a mental disorder and any others who face barriers in accessing services. Furthermore, women face unique challenges, including limited access to treatment for women who use drugs and a higher likelihood of being introduced to drug use by male partners. This can increase their risk of infections, as well as risk for developing a drug use disorder. To counter these serious challenges, we must adopt a gender mainstreaming approach across our efforts and work towards reducing the stigma surrounding HIV and viral hepatitis.

We would also like to highlight the specific need for harm reduction activities aimed at addressing the harms caused by injection, **in particular preventing the transmission of hepatitis B and C and HIV among other drug-related infectious diseases**.

In response to the high rates of transmission of HIV, hepatitis C, and other blood-borne diseases associated with drug use, the **EU has prioritised prevention and harm reduction measures for nearly 20 years as part of its HIV/AIDS policy** that contribute towards reaching health-related Sustainable Development Goals. Since 2023, over 20 million euro have been allocated to boost community-based health interventions for persons in vulnerable situations, like people who use drugs, as well as to address vaccine-preventable diseases, including those linked to drug use.

Allow me **to conclude** by saying that evidence-based information is available on interventions that are cost-effective and respectful of human rights to decrease the transmission of infectious diseases associated to drug use. To achieve favourable outcomes, we all need to create a non-discriminatory legal and social environment and provide a comprehensive package of information and services for people who use drugs in order to decrease the spread of infectious diseases associated to drug use.

Thank you, Mr. Chair.