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SAVES
LIVES

| EVERY 4 MINUTES 

| 1 PERSON WHO INJECTS DRUGS 

| BECOMES INFECTED WITH HIV 

HIV AND PEOPLE WHO INJECT DRUGS

People who use and inject drugs are among the groups at highest risk of exposure to HIV, but remain marginalized and out of reach of health and social services.

People who inject drugs need urgent access to harm reduction interventions, including needle–syringe programmes and opioid substitution therapy. There is irrefutable evidence that new HIV infections drop sharply when people who inject drugs have access to harm reduction and other public health programmes.

People who inject drugs, including people in prisons and other closed settings, need access to harm reduction services to prevent HIV infection, including needle–syringe programmes, opioid substitution therapy, antiretroviral therapy and nalaxone.

Evidence shows that harm reduction approaches such as needle-syringe programmes reduce the health, social and economic harms of drug use to individuals, communities and societies. They do not cause increases in drug use.

UNAIDS is calling for the global adoption of a people-centred, public health and human rights-based approach to drug use and for alternatives to the criminalization and incarceration of people who use drugs.

HIV AMONG PEOPLE WHO INJECT DRUGS **A RISING EPIDEMIC**

People who inject drugs are around
28 times more likely to be living with HIV
than the general population



13%

(1.6 million) of the 12 million people worldwide who
inject drugs are living with HIV

50%

(6.1 million) of people who inject drugs are living
with hepatitis C

**NEW HIV INFECTIONS AMONG
PEOPLE WHO INJECT DRUGS ROSE
BY 33% FROM 2011 TO 2015**



ALMOST ONE THIRD OF GLOBAL HIV INFECTIONS OUTSIDE OF SUB-SAHARAN AFRICA ARE CAUSED BY INJECTING DRUG USE

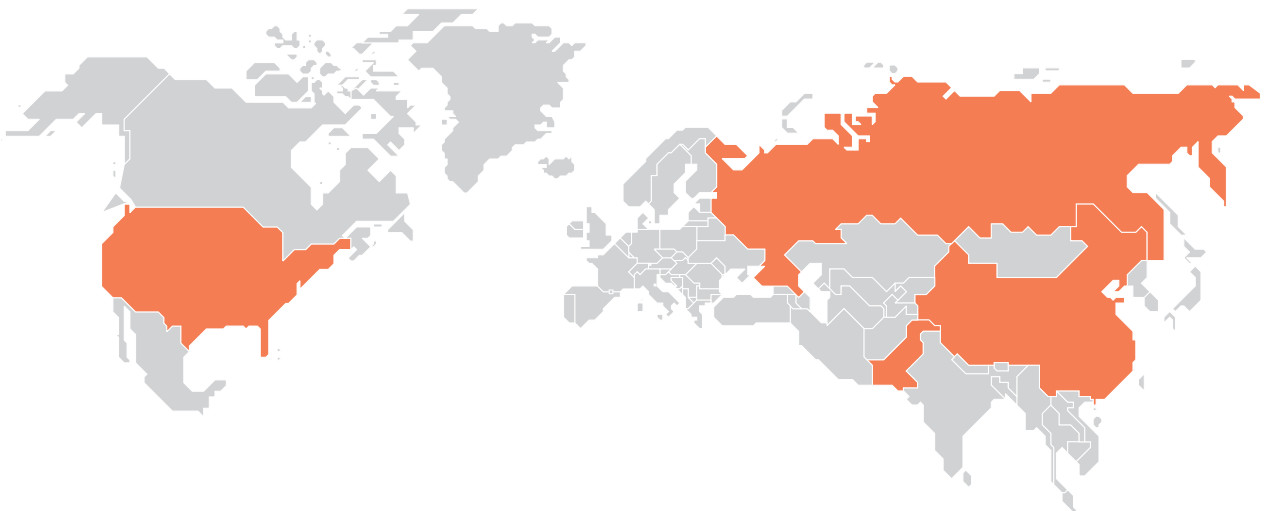
150 000

More than 150 000 people who inject drugs became newly infected with HIV in 2015



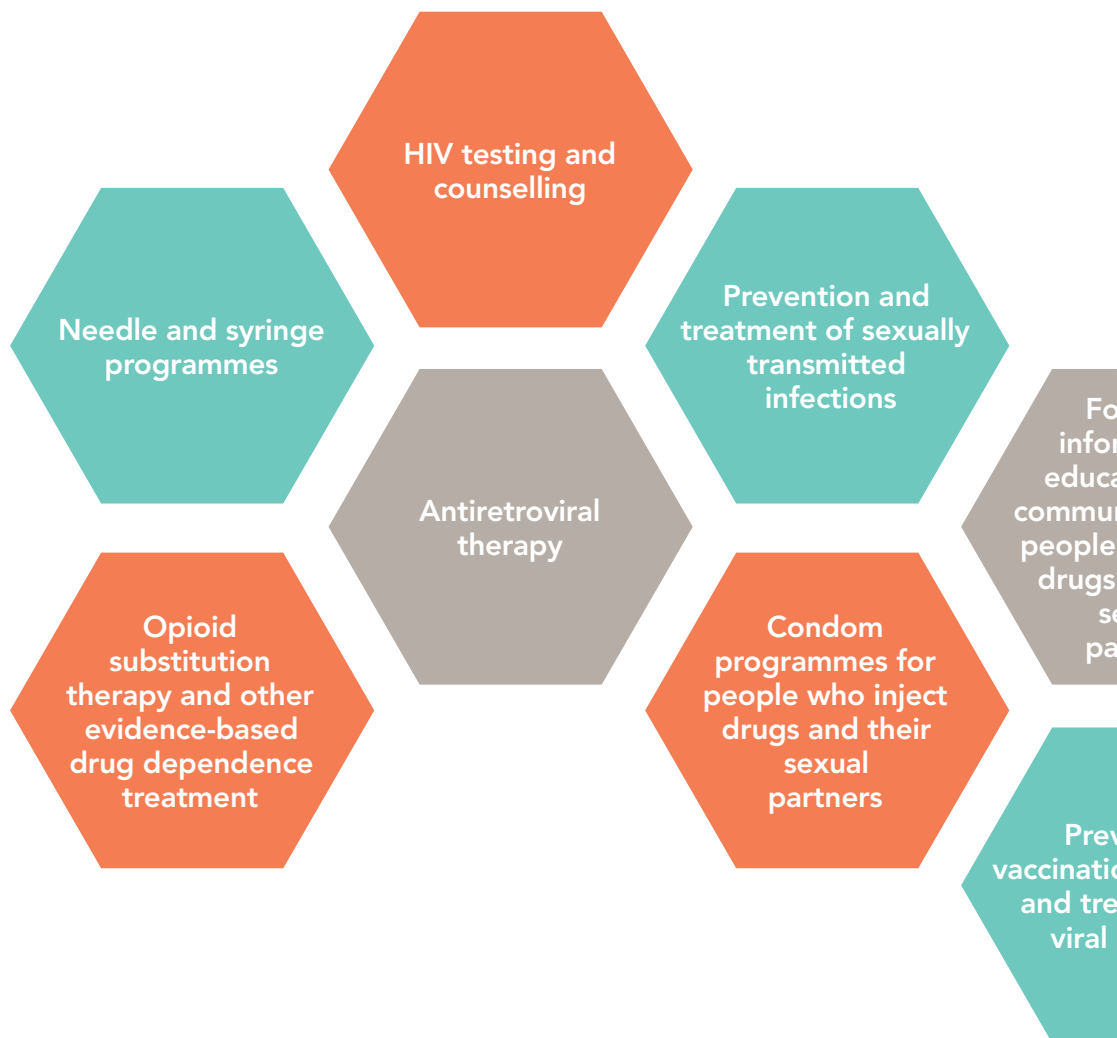
IN 2015, 60 000 PEOPLE WHO INJECT DRUGS DIED OF AIDS-RELATED ILLNESSES

Four countries account for around half of all people who inject drugs globally—China, Pakistan, the Russian Federation and the United States of America



GLOBAL COMMITMENTS

TO PROTECT THE HEALTH AND HUMAN RIGHTS OF PEOPLE WHO INJECT DRUGS



Sustainable Development Goal 3: good health and well-being

- ▶ Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

United Nations General Assembly Special Session on the World Drug Problem

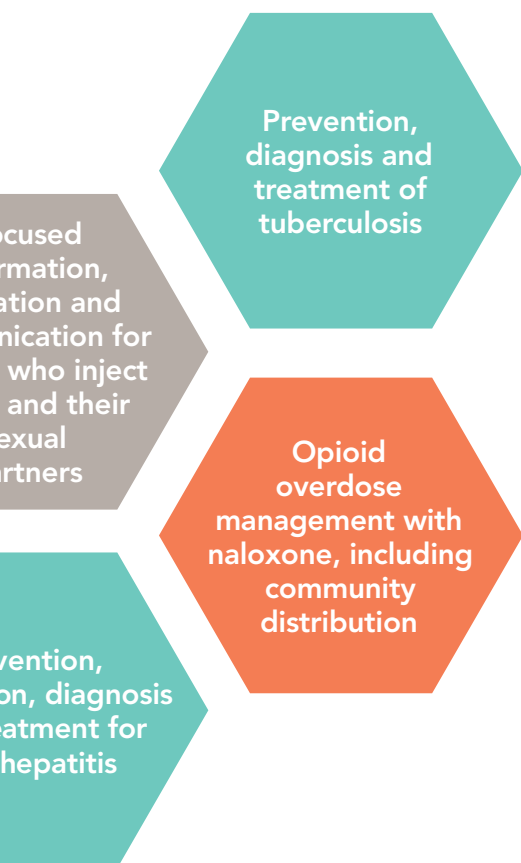
Resolution containing outcome document entitled “Our joint commitment to effectively addressing and countering the world drug problem”, April 2016.

- ▶ **Operational recommendations on demand reduction and related measures, including prevention and treatment, as well as other health-related issues**

Treatment of drug use disorders, rehabilitation, recovery and social reintegration; prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases.

Invite relevant national authorities to consider, in accordance with their national legislation and the three international drug control conventions, including in national prevention, treatment, care, recovery,

rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, as well as consider ensuring access to such interventions, including in treatment and outreach services, prisons and other



custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS.

2016 United Nations Political Declaration on Ending AIDS

43: Note that some countries and regions have made significant progress in expanding health-related risk and harm

The comprehensive package for HIV prevention and reducing other harms associated with drug use

The first nine of these interventions are from: Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva: World Health Organization, United Nations Office on Drugs and Crime and Joint United Nations Programme on HIV/ AIDS; 2012. The tenth intervention was recommended in: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2014 (updated 2016).

reduction programmes, in accordance with national legislation, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, yet note the lack of global progress made in reducing transmission of HIV among people who use drugs, particularly those who inject drugs, and call attention to the insufficient coverage of such programmes and substance use treatment programmes that improve adherence to HIV drug treatment services, as appropriate in the context of national programmes, the marginalization and discrimination against people who use

drugs through the application of restrictive laws, particularly those who inject drugs which hamper access to HIV-related services, and in that regard, consider ensuring access to such interventions including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the WHO, UNODC and UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, and note with concern that gender-based and age-based stigma and discrimination often act as additional barriers for women and for young people who use drugs, particularly those who inject drugs, to access services;

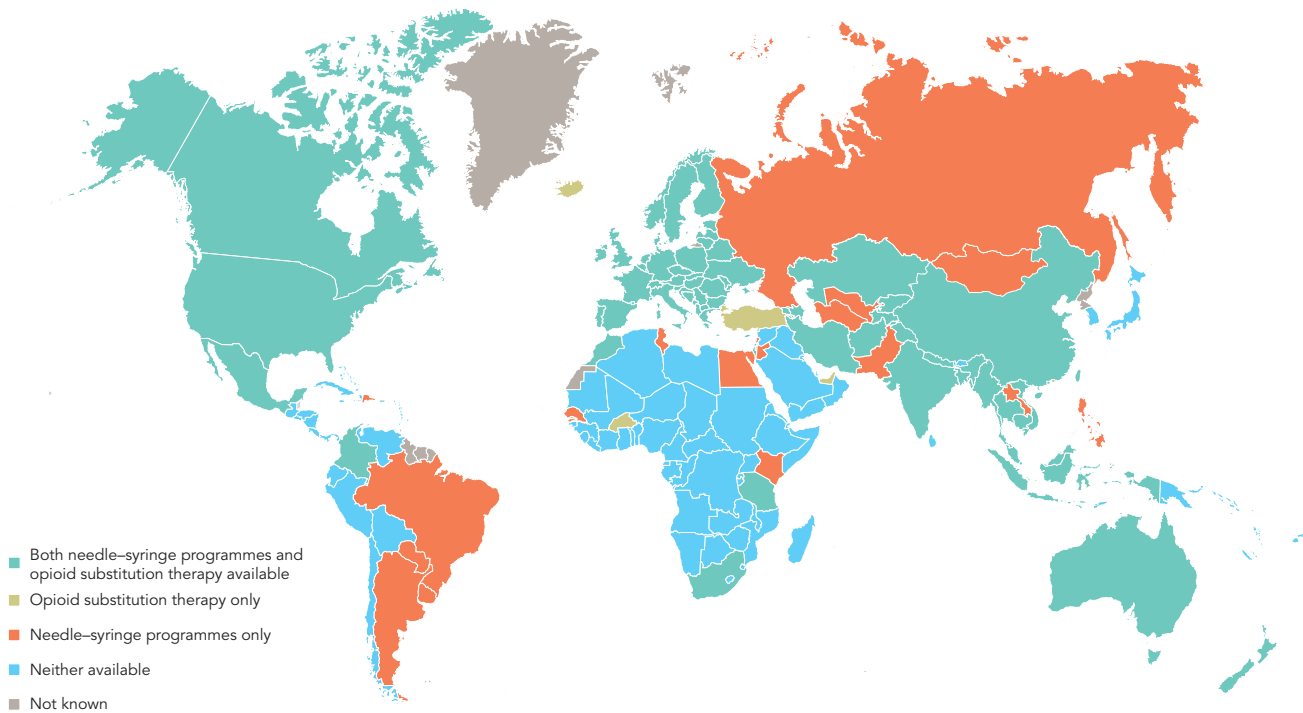
60 (a): Commit to 90-90-90 treatment targets,² and to ensuring that 30 million people living with HIV access treatment by 2020;

60 (b): Commit to using multiple strategies and modalities, including, when possible, voluntary, confidential, fully-informed and safe community-based testing, according to national context, to reaching the millions of people who do not know their status;

60 (h): Commit to reduce the high rates of HIV and hepatitis B and C co-infection and ensure that by 2020, efforts are made to reduce by 30% new cases of chronic viral hepatitis B and C infections, and have 5 million people receiving hepatitis B treatment and to have treated 3 million people with chronic hepatitis C infection, also taking into account the linkages to and lessons learnt from the AIDS response such as the promotion and protection of human rights, reduction of stigma and discrimination, community engagement, stronger integration of HIV and hepatitis B and C service delivery, efforts towards guaranteeing access to affordable medicines and effective prevention interventions particularly for vulnerable populations and populations that epidemiological evidence shows are at higher risk of infection;

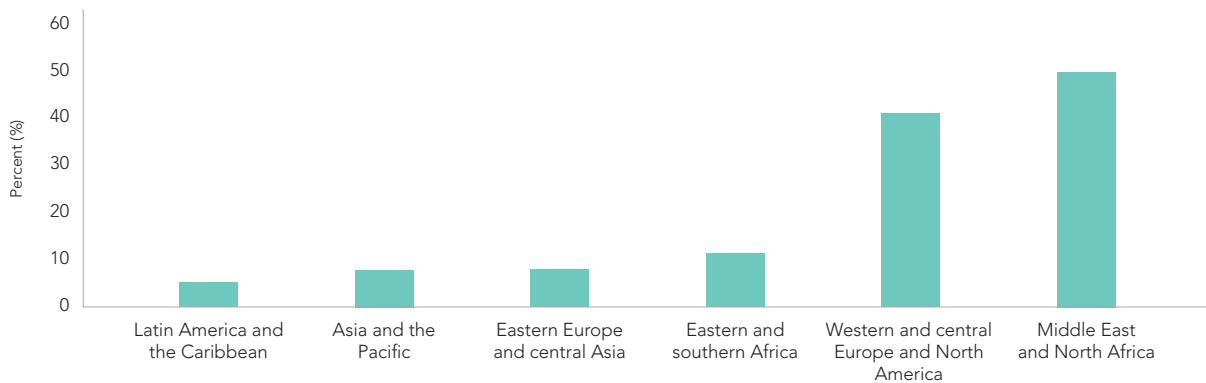
62 (f): Encourage Member States with high HIV incidence to taking all appropriate steps to ensure that 90% of those at risk of HIV infection are reached by comprehensive prevention services.

Availability of needle-syringe programmes and opioid substitution therapy, 2014

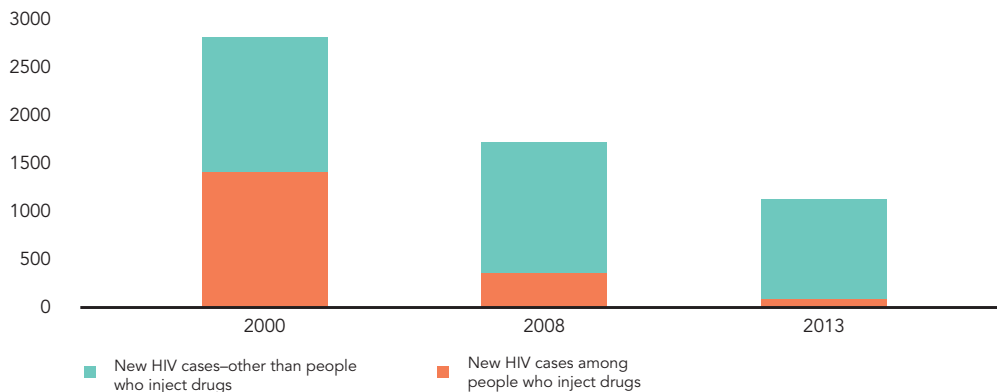


Source: The global state of harm reduction 2014. London: Harm Reduction International; 2016

Median percent of people with opioid dependence receiving opioid substitution therapy, 2015



Numbers of people newly diagnosed with HIV in Portugal since the increase of harm reduction efforts and the decriminalization of drug use 2000-2013



Sources: Domosławski A. Drug policy in Portugal: the benefits of decriminalizing drug use. Warsaw: Open Society Foundations; 2011.

Relatório anual 2013: a situação do país em matéria de drogas e toxicodependências [Annual report 2013: state of the country in drugs and drug addiction]. Lisbon: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências.

UNAIDS FIVE POLICY RECOMMENDATIONS

1
RECOGNIZE THAT THE OVERARCHING PURPOSE OF DRUG CONTROL IS FIRST AND FOREMOST TO ENSURE THE HEALTH, WELL-BEING AND SECURITY OF INDIVIDUALS, WHILE RESPECTING THEIR AGENCY AND HUMAN RIGHTS AT ALL TIMES.

2
ENSURE ACCOUNTABILITY FOR THE DELIVERY OF HEALTH SERVICES FOR PEOPLE WHO USE DRUGS BY INCLUDING PUBLIC HEALTH AND HUMAN RIGHTS PILLARS IN THE FRAMEWORK OF THE UNGASS OUTCOME DOCUMENT THAT INCORPORATE CLEAR OBJECTIVES FOR REDUCING NEW HIV INFECTIONS AND PROTECT AND PROMOTE THE RIGHTS OF PEOPLE WHO INJECT DRUGS.

3
COMMIT TO FULLY IMPLEMENT HARM REDUCTION AND HIV SERVICES, AS OUTLINED IN THE WORLD HEALTH ORGANIZATION'S CONSOLIDATED GUIDELINES ON HIV PREVENTION, DIAGNOSIS, TREATMENT AND CARE FOR KEY POPULATIONS. COMMIT TO TREATING PEOPLE WHO USE DRUGS WITH SUPPORT AND CARE, RATHER THAN PUNISHMENT.

4
UNAIDS BELIEVES THAT THIS OBJECTIVE CAN BE ACHIEVED ONLY BY IMPLEMENTING ALTERNATIVES TO CRIMINALIZATION, SUCH AS DECRIMINALIZATION AND STOPPING INCARCERATION OF PEOPLE FOR THE CONSUMPTION AND POSSESSION OF DRUGS FOR PERSONAL USE.

5
ENSURE INTEGRATION OF HIV SERVICES WITH OTHER HEALTH AND SOCIAL PROTECTION SERVICES FOR PEOPLE WHO USE DRUGS.

UNAIDS TEN OPERATIONAL RECOMMENDATIONS

1.

Ensure that all people who inject drugs, including people in prisons and other closed settings, have access to harm reduction services to prevent HIV infection, including needle–syringe programmes, opioid substitution therapy and antiretroviral therapy.

2.

Ensure that all people who inject drugs and are living with HIV have access to life-saving antiretroviral therapy and other health services to manage tuberculosis, viral hepatitis and sexually transmitted infections. In addition, ensure adequate availability and access to opioids for medical use to reduce pain and suffering.

3.

Ensure that all people who use drugs have access to non-coercive and evidence-informed drug dependence treatment consistent with international human rights standards and the Principles of Drug Dependence Treatment articulated by the United Nations Office on Drugs and Crime and the World Health Organization. All forms of compulsory drug and HIV testing and drug treatment should be replaced with voluntary schemes. The use of compulsory detention centres for people who use drugs should cease, and existing centres should be closed.

4.

Adapt and reform laws to ensure people who use drugs do not face punitive sanctions for the use of drugs or possession of drugs for personal use. Countries should consider taking a range of measures, including alternatives to criminalization, incarceration, penalization and other penalties based solely on drug use or possession of drugs for personal use. These measures include decriminalization, steps to reduce incarceration, removal of administrative penalties and depenalization.

5.

Ensure that the human rights of people who use drugs are not violated, by providing access to justice (including through legal services), prevention, treatment and other social services. Adopt smart policing measures to encourage people to access public health services.

6.

Recognize that stigma and discrimination impede access to HIV prevention, treatment and other health and development services, and ensure that all people who use drugs are not discriminated against while accessing health, legal, education, employment and other social protection services.

7.

Recognize that incarcerating people in prisons increases their risk of drug use, HIV infection and other health conditions and take steps to ensure that harm reduction and other health services are available in prisons in parallel with efforts to reduce the number of people being incarcerated for non-violent drug offences.

8.

Ensure widespread availability of naloxone among health workers, first responders, prison staff, enforcement officials and family members as a life-saving public health measure to enable timely and effective prevention of deaths from opioid overdose among people who use drugs.

9.

Support and empower community and civil society organizations, including organizations and networks of people who use drugs, in the design and delivery of HIV, health and social protection services.

10.

Undertake a rebalancing of investments in drug control to ensure that the resources needed for public health services are fully funded, including harm reduction for HIV infection, antiretroviral therapy, drug dependence treatment and treatment for hepatitis, tuberculosis and other health conditions.



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