



UNODC

United Nations Office on Drugs and Crime

ENDING AIDS BY 2030 FOR AND WITH PEOPLE WHO USE DRUGS



ON THE FAST-TRACK TO END AIDS
for people
who use drugs
and people
in prisons



UNODC is the UNAIDS convening agency for HIV prevention, treatment and care for people who use drugs. Together with national and international partners, UNODC supports countries in their efforts towards ending AIDS by 2030 through:

...❖ **ADVOCACY:**

- Supporting reform, development and implementation of effective legislation and policies to facilitate access to evidence-informed HIV services.
- Reducing stigma and discrimination, and promoting human rights and evidence-based public health-centred approaches to drug use and HIV.

...❖ **TECHNICAL ASSISTANCE:** Supporting the development and implementation of comprehensive evidence-informed gender- and age-responsive strategies and programmes.

...❖ **PARTNERSHIPS:** Brokering multisectoral alliances between drug control, justice, law enforcement, health, civil society organizations (CSOs) and community-based organizations (CBOs).

FACTS AND FIGURES **AT A GLANCE**



11.3 million people¹
inject drugs (2017)



People who inject drugs are **22 times²** more likely to acquire HIV than adults in the general population

1.4 million people¹
who inject drugs are **living with HIV**



8%³
estimated prevalence of **tuberculosis** among people who inject drugs



5.6 million people who inject drugs are living with **hepatitis C (49.3%)¹**

82.4%¹
of people who inject drugs and live with HIV are **co-infected with hepatitis C**



UNODC SUPPORTS HIGH PRIORITY COUNTRIES FOR HIV AND PEOPLE WHO USE DRUGS

¹World Drug Report 2019, UNODC, wdr.unodc.org/wdr2019.

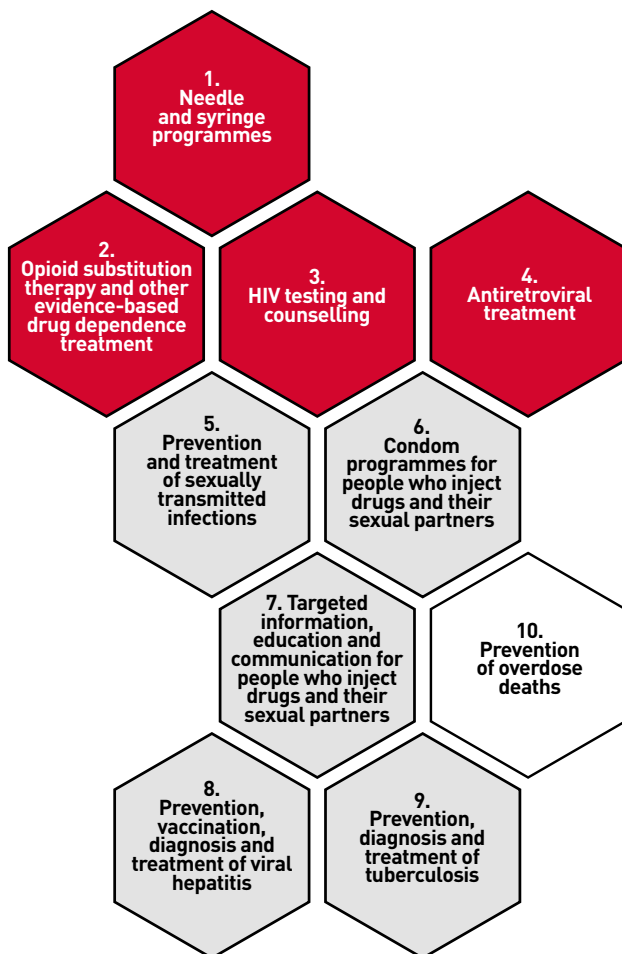
²UNAIDS Data 2019 - https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf.

³World Drug Report 2017, UNODC, www.unodc.org/wdr2017.

Challenges and vulnerabilities:⁴

- ❖ **Less than 1%** of all people who inject drugs live in countries with high coverage of both needle and syringe programmes and opioid substitution therapy.
- ❖ Needle and syringe programmes operate in **93 of the 179 countries** and territories where injecting drug use is known to occur.
- ❖ Only **33 needles** or **syringes** are distributed per year per person to people who inject drugs (as opposed to the target of 200 per year).
- ❖ Opioid substitution therapy is implemented in **86 of the 179 countries** and territories where injecting drug use is known to occur.
- ❖ **Only 16%** of all people who inject drugs have access to **opioid substitution therapy** (as opposed to the target of 40% coverage).

HIV PREVENTION, TREATMENT AND CARE FOR PEOPLE WHO INJECT DRUGS⁵



⁴Sarah Larney et al., "Global, regional and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review", *Lancet Global Health*, (2017).

⁵WHO, UNODC, UNAIDS *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*, 2012 revision, (Geneva, WHO, 2012).

People who use drugs have multiple vulnerabilities to HIV, tuberculosis, hepatitis and other infectious diseases

- ❖ Sharing drug injecting equipment is at least three times more likely to transmit HIV than sexual intercourse.²
- ❖ Stimulant drug use, non-injecting and injecting, has been associated with sexual transmission of HIV, particularly among men who have sex with men and sex workers.
- ❖ People who use drugs are highly stigmatized and discriminated against, and are often unable or unwilling to access HIV services for fear of arrest or harassment.
- ❖ People who use drugs are overrepresented in prisons with low access to HIV services.
- ❖ Lack of predictable, sustainable funding for HIV harm reduction services for people who inject drugs.

- ❖ Countries that have adopted a human-rights based, gender-responsive and health-oriented approach to drug use, including harm reduction for HIV,⁵ are delivering better health outcomes for people who inject drugs.
- ❖ Countries that have adopted alternatives to incarceration for people who inject drugs, coupled with adequate coverage of harm reduction services,⁵ have been credited with a steady decrease in the number of new HIV infections among this group.
- ❖ The involvement of the community of people who use drugs in the development, implementation and evaluation of HIV policies and programmes is essential to ensure their efficient access to HIV services.
- ❖ Greater national ownership including adequate domestic funding, social contracting and efficient allocation of resources to respond to the HIV epidemic among people who use drugs is crucial towards ending AIDS by 2030.

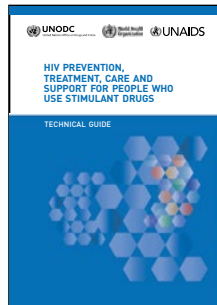
The Commission on Narcotic Drugs, the UNAIDS Programme Coordinating Board, the United Nations Economic and Social Council and the General Assembly endorsed the WHO/UNODC/UNAIDS comprehensive package for people who inject drugs.

The need for a comprehensive HIV response among people who use drugs was reflected in the commitments made by Member States at the 2016 United Nations General Assembly Special Session on the World Drug Problem and at the 2016 High-Level Meeting on Ending AIDS.

BRIDGING THE GAPS IN THE HIV RESPONSE FOR PEOPLE WHO INJECT DRUGS

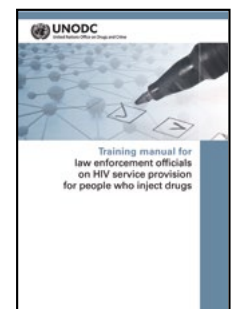
HIV PREVENTION, TREATMENT, CARE AND SUPPORT FOR PEOPLE WHO USE STIMULANT DRUGS

- ❖ Since the beginning of the HIV epidemic, the focus on HIV prevention, treatment and care among people who use drugs has concentrated on the needs of people who inject drugs. However, data show that there are HIV-related risks associated with the use of non-injecting stimulant drugs, as well as with the unsafe injection of drugs such as cocaine, amphetamine-type stimulants and new psychoactive substances.
- ❖ Use of stimulant drugs has also been linked to higher risk of HIV transmission through unsafe sexual behaviour in certain subsets of key populations.
- ❖ UNODC supports countries in developing and implementing comprehensive strategies to address HIV among people who use stimulant drugs.
- ❖ Technical assistance and capacity-building programmes are available in all UNODC high-priority countries.



PROMOTING STRATEGIC ALLIANCES

- ❖ Law enforcement policies and practices play a critical role in ensuring that people who use drugs access essential HIV services.
- ❖ The UNODC capacity-building programme aims to increase collaboration between law enforcement organizations and CSOs in the context of HIV and drugs.
- ❖ A training guide for police on HIV service provision for people who inject drugs is widely accessible through the UNODC **eLearning platform**.

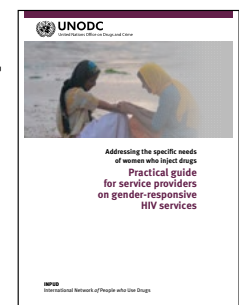


ENGAGEMENT WITH CIVIL SOCIETY AND COMMUNITY-BASED ORGANIZATIONS

- ❖ UNODC values the unique expertise that CSOs and networks of people who use drugs bring and engages them in all aspects of the HIV response.
- ❖ Through the *UNODC-CSO Group on Drug Use and HIV*, UNODC involves CSOs in addressing relevant programming issues related to the Global HIV Programme.
- ❖ UNODC provides support to CSOs and CBOs at national, regional or global levels to build their capacity and implement strategic activities.
- ❖ UNODC facilitates the inclusion of CSOs in nationally led processes.

PROMOTING ACCESS TO HIV HARM REDUCTION SERVICES FOR WOMEN WHO USE DRUGS

- ❖ Women who use drugs face a range of gender-specific barriers to accessing HIV services including stigma, discrimination, gender-based violence and lack of gender-responsive services.
- ❖ UNODC supports countries to address the needs of women who use drugs in the community and in prisons.
- ❖ Capacity-building programmes for managers, service providers, health-care workers and outreach workers are available in all UNODC high-priority countries.



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