



HIV AND PEOPLE WHO USE DRUGS

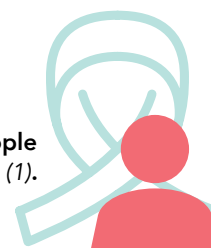
HUMAN RIGHTS FACT SHEET SERIES

2021

OVERVIEW

People who use and inject drugs are among the groups at highest risk of acquiring HIV, yet remain marginalized and unable to access health and social services.

In 2019,
10%
of all new HIV
infections
were among people
who inject drugs (1).



Evidence shows that new HIV infections drop sharply when drug use and possession for personal use is decriminalized and people who inject drugs have access to harm reduction and other public health programmes, and stigma, discrimination and marginalization are reduced (2).

People who inject drugs, including people in prisons and other closed settings, have a right to equal enjoyment of the highest attainable standard of health, including the right to harm reduction services to prevent HIV and other bloodborne infections, including needle-syringe programmes (NSPs), opioid substitution therapy (OST), antiretroviral treatment and overdose prevention and management (2, 3, 4).



Women make up a small but significant proportion of people who inject drugs, usually between

10% AND 30% (5).



Data indicate that women who inject drugs are more likely than male peers to be living with HIV and face higher rates of conviction/incarceration, yet they face particular challenges in accessing harm reduction services tailored to their needs and higher levels of stigma and discrimination (2).

Punitive drug control laws, policies and law enforcement practices have been shown to be among the largest obstacles to health care in many countries, along with financing and political will (6, 7). A rights-based approach to drug policy, including decriminalization of drug use and possession for personal use and reducing stigma and discrimination can improve access to health care, harm reduction and legal services and reduces broader inequalities.

THE DATA

More than
**ONE
MILLION**

people who inject drugs
are living with HIV (8).



In 2019, the risk of acquiring HIV was

29 times higher

for people who inject drugs than for the rest of the population (1).

Prevalence of hepatitis C is also high. Modelling suggests that **43%** of new hepatitis C infections could be prevented between 2018 and 2030 if risk of transmission through injecting drug use is removed (9).

10% of new HIV infections

in 2019 were among people who inject drugs. In some regions, such as Asia and the Pacific, eastern Europe and central Asia, Middle East and North Africa and western and central Europe and North America this proportion is even higher (1).



New HIV infections among people of all ages worldwide declined by **23%** between 2010–2019, but there is no evidence of a change in global incidence among people who inject drugs—and in some regions incidence has increased (1, 10).

Although some countries have dramatically reduced new HIV infections through effective harm reduction including needle and syringe programmes and opioid substitution therapy, **less than 1%** of people who inject drugs live in countries with the UN-recommended levels of coverage of needles, syringes and opioid substitution therapy (2).

Among people who inject drugs, on average

38.1%

do not know their HIV status (1).



Less than half of men who inject drugs were able to access at least two HIV prevention services in the past three months in 10 of 14 reporting countries (1).



Rates of intimate partner and gender-based violence are up to five times higher among women who inject drugs compared with women who do not inject drugs (11).



Approximately **11 million people** are in prison on any one day. 2.2 million are in prison, sentenced for drug-related crimes, 22% of whom are serving a sentence for drug possession (12, 13).




Lack of consistently available and robust data on prevention, testing and treatment hinder efforts to improve service access for people who inject drugs.

LINKING RIGHTS AND HEALTH OUTCOMES



Criminalization of drug use and harsh punishments (such as incarceration) discourage uptake of HIV services, drive users underground and lead to unsafe practices (14).



Czechia, Netherlands, Portugal and Switzerland are among a handful of countries that have decriminalized drug use and possession for personal use or have diversion policies in place. They have also financially invested in harm reduction. The number of new HIV diagnoses among people who inject drugs in these countries is low (15). For example, in both Czechia and the Netherlands the annual number of new cases has been under twelve in the years 2009–2018.

A systematic study in 2017 found that

MORE THAN 80% of published studies found criminalization to have a negative effect on HIV prevention and treatment.

Decriminalization of drug use and possession for personal use is associated with significant decreases in HIV incidence among people who inject drugs, including through greater access to harm reduction services, reductions in violence and arrest or harassment by law enforcement agencies (6).

A 2019 systematic review found that repressive policing of drug use was associated with HIV infection, needle sharing and avoidance of harm reduction programmes (7).



GLOBAL AIDS SOCIETAL ENABLER TARGETS 2025

Less than 10% of countries criminalize drug use and possession of small amounts of drugs.

Less than 10% of people who use drugs report experiencing stigma and discrimination.

Less than 10% of people who use drugs lack mechanisms for people living with HIV and key populations to report abuse and discrimination and seek redress.

Less than 10% of people who use drugs lack access to legal services.

Less than 10% of health workers and law enforcement officers report negative attitudes toward people who use drugs.

Less than 10% of people who use drugs experience physical or sexual violence.

INTERNATIONAL RIGHTS OBLIGATIONS, STANDARDS AND RECOMMENDATIONS



INTERNATIONAL DRUG CONVENTIONS

are subject to and must be interpreted in line with international human rights obligations (16).



Criminalization of drug use and possession for personal use affects the realization of the right to health (3, 17, 18).

United Nations (UN) human rights bodies and experts and all UN agencies have recommended decriminalization of possession of drugs for personal use as a key element in fulfilling the right to health and reducing HIV incidence (19–23). The World Health Organization (WHO) specifically called for the decriminalization of drug use and possession for personal use as a key element in reducing HIV incidence among people who inject drugs (4, 14, 24–26).

States should refrain from conditioning welfare benefits on drug testing which is unreasonable and disproportionate. States should cease the practice of random drug tests in schools, which are ineffective and a breach of the right to privacy (3, 41).

People who use drugs have a right to access the comprehensive package of HIV



and harm reduction services, as developed by WHO, United Nations Office on Drugs and Crime (UNODC) and UNAIDS, **including needle and syringe programmes, opioid substitution therapy and naloxone to prevent overdose** (2). This has been endorsed at various times by the UN General Assembly (27), the Commission on Narcotic Drugs (28, 29) and the Economic and Social Council (30). It is necessary for the enjoyment of the right to health (31, 32), the right to life (33), to non-discrimination (19) and to ensure that people who use drugs may equally benefit from scientific progress and its applications (34). UN agencies have also recommended the provision of safe consumption rooms (2).

States have an obligation to protect people who use drugs from discrimination and stigma (19).

People who use drugs have a right to participate in the development, implementation and monitoring of any policy or intervention that affects them (35). The UN General Assembly has made it clear that communities should be enabled to play this role (36).

States have an obligation, under the rights to health, life and enjoyment of scientific advances, to take legislative and other appropriate measures to ensure that scientific knowledge and technologies and their applications—including evidence-based, scientifically proven interventions to treat drug dependence, to prevent overdose and to prevent, treat and control HIV, hepatitis C and other diseases—are physically available and financially accessible without discrimination (3, 37–39).

Compulsory drug treatment, rehabilitation and detention centres



have been found to breach international human rights obligations, including the right to health, freedom from arbitrary arrest and detention and to be free from torture and cruel, inhuman and degrading treatment. **Human rights bodies, experts and UN agencies have called for their immediate closure** (37, 42–44).

The death penalty should not be used for drug offences. International law states that if countries have not abolished the death penalty, it should be reserved only for the most serious crimes involving intentional killing (3, 33).

States should provide gender-responsive interventions that incorporate the needs of women into their design and implementation, including addressing the sexual and reproductive health needs of women who use drugs (2).



Treatment should be voluntary, non-discriminatory, acceptable, of good quality and accessible, including in prisons at

a standard equivalent to that in the community (3, 40).

KEY RESOURCES FOR FURTHER INFORMATION

- International Centre on Human Rights and Drug Policy, UNAIDS, WHO, United Nations Development Programme (UNDP), [International Guidelines on Human Rights and Drug Policy, 2019](#)
- UNAIDS, [Health, Rights and Drugs: Harm Reduction, Decriminalization and Zero Discrimination for People Who Use Drugs, 2019](#)
- [Global Commission on HIV and the Law, Risks, Rights & Health, 2012 and 2018 Supplement](#)
- UN Chief Executives Board for Coordination, [United Nations System Common Position Supporting the Implementation of the International Drug Control Policy through Effective Inter-Agency Collaboration, 2018](#)
- West African Commission on Drugs, [Model Drug Law for West Africa: A Tool for Policymakers, 2018](#)
- International Network of People Who Use Drugs (INPUD), [Drug Decriminalisation: Progress or Political Red Herring? 2021](#)

This policy brief is produced by UNAIDS as a reference on HIV human rights and people who use drugs. It does not include all recommendations and policies relevant to the issue covered. Please refer to the key resources listed above for further information.

REFERENCES

1. UNAIDS. Seizing the moment: tackling entrenched inequalities to end epidemics—global AIDS update. Geneva: UNAIDS; 2020.
2. UNAIDS. Health, rights and drugs — harm reduction, decriminalization and zero discrimination for people who use drugs. Geneva: UNAIDS; 2019.
3. International Centre for Human Rights and Drug Policy, UNAIDS, WHO, UNDP. International guidelines on human rights and drug policy. New York: UNDP; 2019.
4. WHO. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: WHO; 2016.
5. UNODC. World drug report 2018. Vienna: UNODC, 2018.
6. DeBeck K, Cheng T, Montaner JS, Beyrer C, Elliott R, Sherman S, et al. HIV and the criminalization of drug use among people who inject drugs: a systematic review. *Lancet HIV*. 2017;4(8):e357–e374.
7. Baker P, Beletsky L, Avalos L, Venegas C, Rivera C, Strathdee SA. Policing practices and HIV risk among people who inject drugs — a systematic literature review. *Lancet preprint*. 2019.
8. UNODC. World drug report 2019. Vienna: UNODC, 2019.
9. Trickey A, Fraser H, Lim AG, et al. The contribution of injection drug use to hepatitis C virus transmission globally, regionally, and at country level: a modelling study [published correction appears in *Lancet Gastroenterol Hepatol*. 2019 Jun;4(6):e5]. *Lancet Gastroenterol Hepatol*. 2019;4(6):435-444.
10. UNAIDS. Key Population Atlas (<https://kpatlas.unaids.org/dashboard>, accessed 8 May 2021).
11. El-Bassel N, Wechsberg WM, Shaw SA. Dual HIV risk and vulnerabilities among women who use or inject drugs: no single prevention strategy is the answer. *Curr Opin HIV AIDS*. 2012;7(4):326-31.
12. UNODC. World drug report 2020. Vienna: UNODC, 2020.
13. Institute for Criminal Policy Research. World prison population list. London: Institute for Criminal Policy Research; 2018.
14. Global Commission on HIV and the Law. Risks, rights & health. New York: UNDP; 2012 and Supplement 2018.
15. European Centre for Disease Prevention and Control, WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2018–2017 data. Copenhagen: WHO Regional Office for Europe; 2018.
16. See for example: UN General Assembly. Resolution 73/192: International cooperation to address and counter the world drug problem (A/RES/73/192), 2018.
17. UN Human Rights Council. Study on the impact of the world drug problem on the enjoyment of human rights (A/HRC/30/65, paras. 30, 50), 2015.
18. UN Human Rights Council. Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights (A/HRC/39/39), 2018.
19. UNAIDS, UNHCR, UNICEF, WFP, UNDP, UNFPA, et al. Joint United Nations statement on ending discrimination in health care settings. 2017.
20. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the third periodic report of Senegal (E/C.12/SEN/CO/3, para. 40), 2019.
21. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the combined fifth and sixth periodic reports of the Philippines (E/C.12/PHL/CO/5-6), 2016.

REFERENCES

22. UN General Assembly. Right of everyone to the enjoyment of the highest attainable standard of physical and mental health (A/65/255)
23. United Nations System Chief Executives Board for Coordination. Summary of deliberations (CEB/2018/2, annex 1), 2019. Critical Public Health, 25(4), 386-397.
24. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the 6th periodic report of Bulgaria (E/C.12/BGR/CO/R.6, para. 47), 2019.
25. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the third periodic report of Estonia (E/C.12/EST/CO/3, para. 45(a)), 2019.
26. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the fifth periodic report of Mauritius (E/C.12/MUS/CO/5, para. 54(b)), 2019.
27. UN General Assembly. Resolution 65/277: political declaration on HIV/AIDS: intensifying our efforts to eliminate HIV/AIDS (A/RES/65/277, para. 59(h)), 2011.
28. International Narcotics Control Board (INCB). Report of the International Narcotics Control Board for 2017. Vienna: INCB; 2018.
29. INCB. Report of the International Narcotics Control Board for 2016. Vienna: INCB; 2017.
30. UN Economic and Social Council. Resolution 2009/6: Joint United Nations Programme on HIV/AIDS (UNAIDS)
31. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the combined 8th and 9th periodic reports of Canada (CEDAW/C/CAN/CO/8-9), 2016.
32. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the sixth periodic report of Sweden (E/C.12/SWE/CO/6, paras. 41, 42), 2016.
33. UN Human Rights Committee. General comment No. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life (CCPR/C/GC/36, paras. 3, 26), 2018.
34. UN Committee on Economic, Social and Cultural Rights. Consideration of reports submitted by States parties under articles 16 and 17 of the Covenant: concluding observations of the Committee on Economic, Social and Cultural Rights: Mauritius (E/C.12/MUS/CO/4, para. 27), 2010.
35. Office of the High Commissioner for Human Rights (OHCHR). Guidelines for States on the effective implementation of the right to participate in public affairs. Geneva: OHCHR; 2018.
36. UN General Assembly. Resolution S-30/1: Our joint commitment to effectively addressing and countering the world drug problem (A/RES/S-30/1, preamble, para. 1(q)), 2016.
37. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the combined fourth to sixth periodic reports of Belarus (E/C.12/BLR/CO/4-6, para. 15), 2013.
38. UN Human Rights Council. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Addendum: Mission to Poland (A/HRC/14/20/Add.3), 2010.
39. United Nations Committee on Economic, Social and Cultural Rights. General comment No. 25 on science and economic, social and cultural rights (article 15 (1) (b), (2), (3) and (4)). (E/C.12/GC/25), 2020.
40. UN Committee on Economic, Social and Cultural Rights. General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) (E/C.12/2000/4, para. 12), 2000.
41. UNODC. International standards on drug use prevention. Second updated edition. Vienna: UNODC; 2018.
42. UN Committee against Torture. Concluding observations on the fifth periodic report of China (CAT/C/CHN/CO/5, paras. 26, 42, 43), 2016.
43. UN Human Rights Council. Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez (A/HRC/22/53), 2013.
44. ILO, OHCHR, UNDP, UNESCO, UNFPA, UNHCR, et al. Joint statement: compulsory drug detention and rehabilitation centres, 2012.