



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:

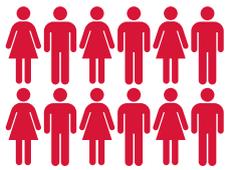
... ADVOCACY:

- 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 GLANCE¹



12 million people
inject drugs (2015)



People who inject drugs are **24 times** more likely to acquire HIV than adults in the general population²

1.6 million people
who inject drugs are
living with HIV (13%)

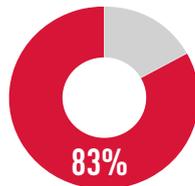


33% increase in
new HIV infections
among people who inject
drugs between 2011 to 2015



6.1 million
people who inject drugs
are living with
hepatitis C
(over 50%)

83% 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**



8%
estimated
prevalence of
tuberculosis
among people
who inject drugs

¹UNODC World Drug Report 2017 www.unodc.org/wdr2017

²Prevention Gap Report, UNAIDS 2016 http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf.

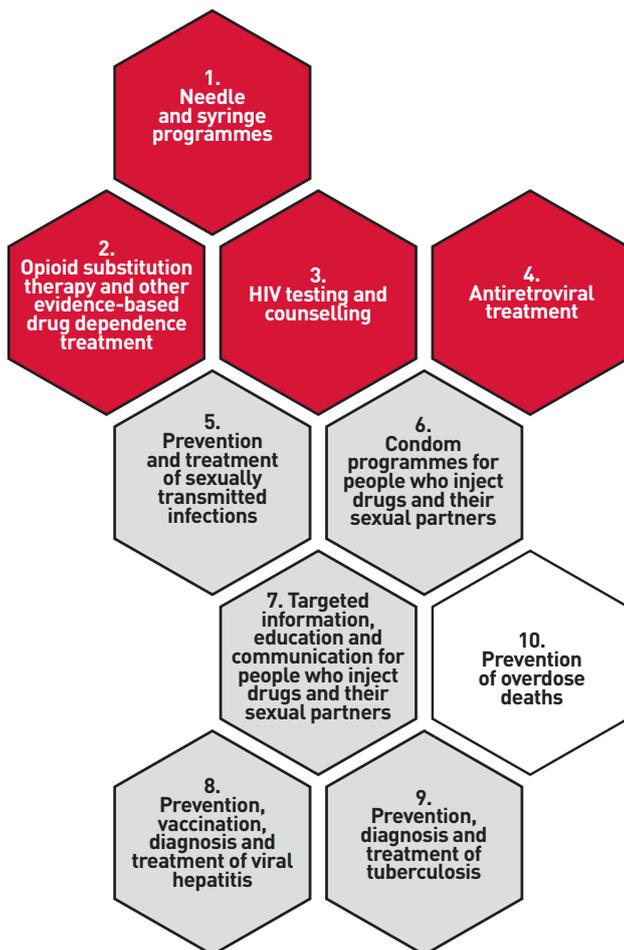
Challenges and vulnerabilities:³

- ❖ **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).

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, 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.

HIV PREVENTION, TREATMENT AND CARE FOR PEOPLE WHO INJECT DRUGS⁴



- ❖ Countries that have adopted a human-rights based, gender-responsive and health-oriented approach to drug use, including harm reduction for HIV, 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, 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.

³ "Global, regional and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review." Sarah Larney et al. *Lancet Global Health*, 2017.

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



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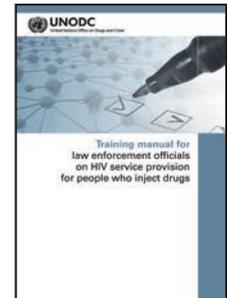
BRIDGING THE GAPS IN THE HIV RESPONSE FOR PEOPLE WHO INJECT DRUGS

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

- ❖ Women who use drugs face a range of gender-specific barriers to access 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.
- ❖ A training package on *Addressing specific needs of women who inject drugs* for HIV service providers has been made available.
- ❖ Capacity-building programmes for managers, service providers, health-care workers and outreach workers 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.
- ❖ To support collaboration between law enforcement organizations and CSOs in the context of HIV and drugs, UNODC trained over 2,100 law enforcement officers and representatives of CSOs, and networks of people who use drugs in 21 high priority countries.
- ❖ 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 small grants 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.



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