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.

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).

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

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

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

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).

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).
INTERNATIONAL RIGHTS OBLIGATIONS, STANDARDS AND RECOMMENDATIONS

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

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).

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).

States have an obligation 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).

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).

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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).

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).

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

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).
KEY RESOURCES FOR FURTHER INFORMATION

- 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


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).


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.


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.


42. UN Committee against Torture. Concluding observations on the fifth periodic report of China (CAT/C/CHN/CO/5, paras. 26, 42, 43), 2016.
