



UNAIDS 2015 | REFERENCE

# A PUBLIC HEALTH AND RIGHTS APPROACH TO DRUGS



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## A PUBLIC HEALTH AND RIGHTS APPROACH TO DRUGS

### UNAIDS RECOMMENDATIONS FOR THE UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON THE WORLD DRUG PROBLEM

The United Nations General Assembly Special Session (UNGASS) on the World Drug Problem in April 2016 provides a unique opportunity to review the impact of the existing international drug control system on the health and well-being of mankind. The development and implementation of drug control policies have a significant impact on health and rights. Addressing HIV among people who inject drugs is one of the major avenues to end the AIDS epidemic by 2030.

UNAIDS welcomes the stronger health and rights approach that is emerging in current drug control debates in the context of the 2016 UNGASS on the World Drug Problem. This trend needs to be translated into concrete operational and measurable commitments by Member States.

### HEALTH, RIGHTS, HIV AND DRUGS

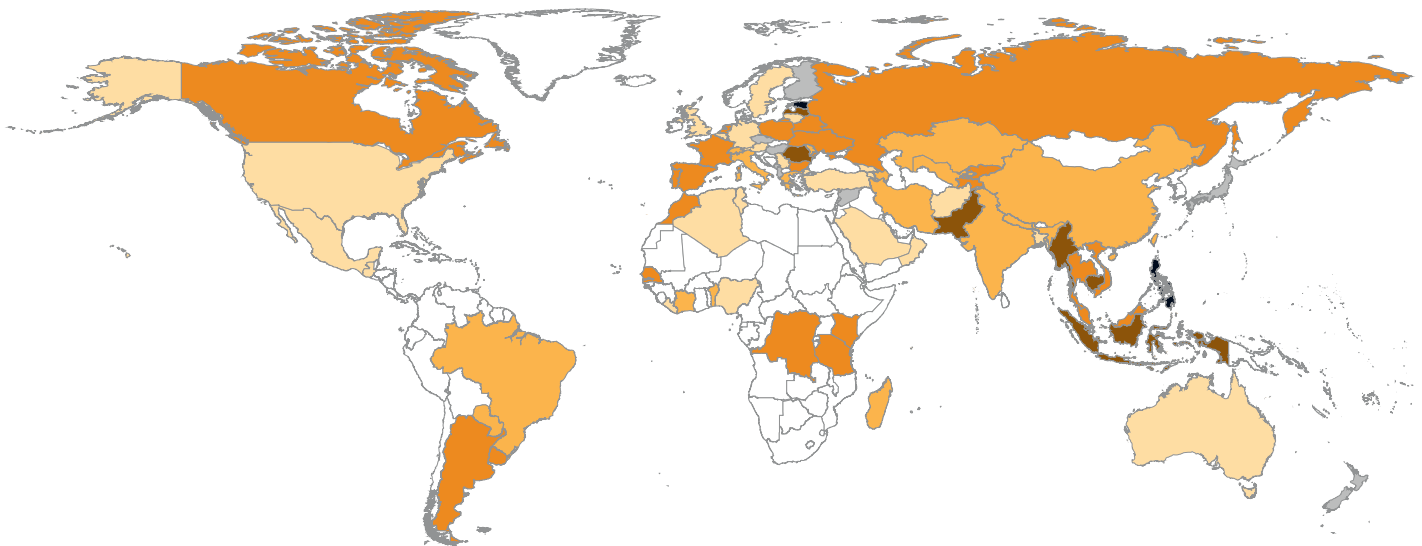
There are more than 12 million people who inject drugs worldwide—and they live across more than 93 countries; an additional 63 countries report injection drug use but do not have estimates of the size of this population. The joint UNODC, WHO, World Bank, UNAIDS estimates indicate that around 13% of people who inject drugs—1.7 million people—are living with HIV (1). People who inject drugs are 28 times more likely to acquire HIV than others in the general population (2). In 2014, an estimated 110 000 people who inject drugs were newly infected with HIV and people who inject drugs account for approximately 30% of all new HIV infections occurring outside of sub-Saharan Africa (3).

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. Property crimes are reduced, public security is increased and there are improved health outcomes for people who inject drugs. Alternatives to criminalization and incarceration facilitate access to health services and enable drug use to be treated as a health condition rather than as a crime. Public health programmes can be fully funded for a fraction of the current investments in the criminal justice system related to drug offenses and they will produce significantly higher health and social benefits.

For many reasons, there has been slow progress towards the United Nations Political Declaration on HIV/AIDS 2011 global target of reducing new HIV infections among people who inject drugs by 50%. UNAIDS estimates that between 2010 and 2014, there was a mere 10% reduction in new HIV infections among people who inject drugs.

Figure 1

HIV prevalence among injecting drug users by country, 2005–2014



Source: GARPR 2015, Most recent of reported data.

**HIV prevalence (%)**



People who use drugs continue to face punitive legal environments, a variety of human rights abuses and poor access to harm reduction services, including needle and syringe programmes (NSP) and opioid substitution therapy (OST). In 2014, only 80 of 192 reporting countries provided OST, and only 90 countries offered NSP (4). Only one-third of countries that did report the provision of OST indicate acceptable coverage (greater than 40%) (5). In 2010, 86% of people living with HIV who inject drugs were not

on antiretroviral therapy (6). Less than half of people who inject drugs report using a condom the last time they had sex, underscoring the level of risk that sexual transmission poses to the wider population (3) and women who inject drugs not only have higher risks of infection and poorer access to services than men, but they also face gender-related stigma (7,8,9).

The emergence of HIV epidemics via sexual transmission among users of stimulant drugs in Latin America and South-East Asia is also of concern. HIV risk rises among people who inject amphetamine-type stimulants and cocaine (10).

An estimated 56-90% of people who inject drugs will be incarcerated at some point during their lives, placing them in conditions of heightened infection risk due to shared injecting equipment, unprotected sex and overcrowding (11). Harm reduction services are scarce (and often entirely unavailable) in prison settings; instead of protecting people, prison conditions actually foster risk for sexually transmitted infections, HIV, viral hepatitis and tuberculosis among people who use drugs.

Even where opioids are needed for medical purposes, four out of five people are denied access. Naloxone - an inexpensive life-saving medicine that can prevent deaths from opioid overdose - is not widely made available. Investments for public health programmes also remain grossly inadequate: only 7% of the required investments to end the AIDS epidemic among people who inject drugs we provided as of 2010 (12).

The majority of countries are leaving behind people who inject drugs. Many national policy frameworks for drug control focus unduly on repression and punishment of drug users rather than on public health approaches and efforts to protect and promote human rights.

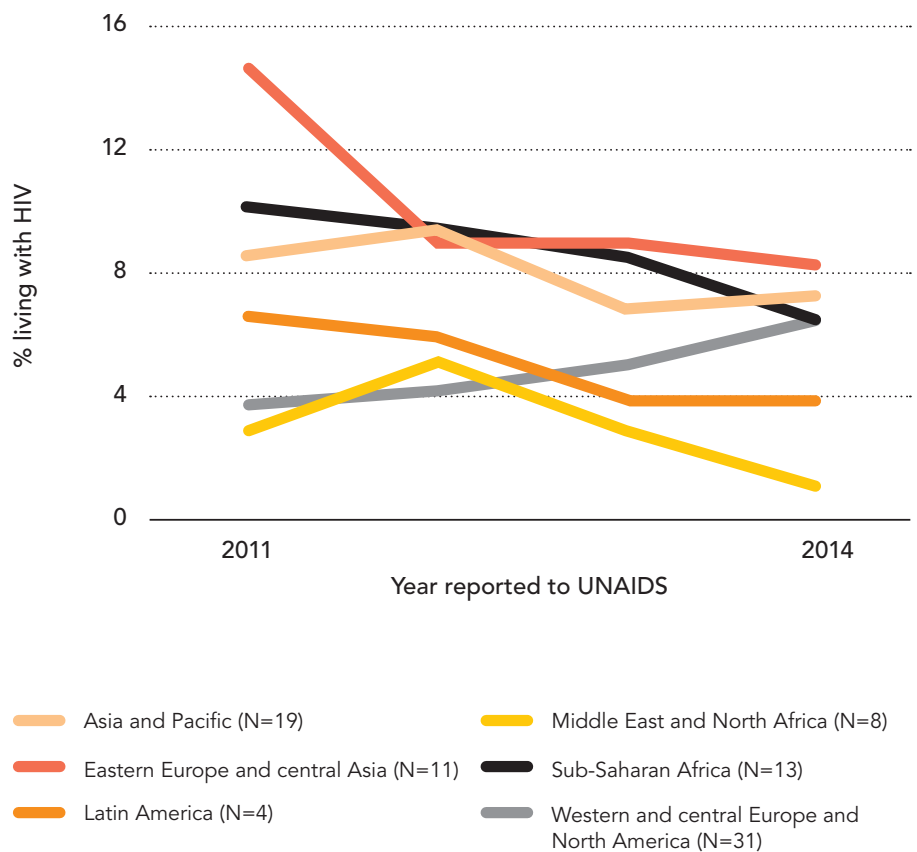
However, positive experiences from countries that have implemented rapid and comprehensive public health responses to emerging HIV epidemics related to drug use show success in maintaining low rates of HIV infection among people who inject drugs. This is the case for countries like Portugal, Switzerland and the Netherlands.

More recently, among those countries with the largest numbers of people who inject drugs, four (China, Malaysia, Ukraine and Viet Nam) have taken steps to increase harm reduction service coverage in recent years. China's expansion of OST has been associated with a sharp reduction (from 43.9% in 2003 to 7.7% in 2013) in the proportion of newly diagnosed HIV cases resulting from injecting drug use. Similarly, the Islamic Republic of Iran has been a global leader in providing OST in prison settings, with the

number of individuals reached by such services rising from a few hundred in 2004 to more than 41 000 in 2014. The Republic of Moldova also makes a comprehensive package of prevention services available in prisons, and Kyrgyzstan has implemented a programme to train and sensitize law enforcement officials to ensure the smooth and effective operation of harm reduction programmes (13). In Australia, the calculated return on investment for harm reduction programmes implemented there was 1:21, averting 32 000 new HIV infections, 90 000 hepatitis C infections and AU\$ 1.28 billion in direct health costs (14).

Figure 2

Regional trends of median HIV prevalence among people who inject drugs, 2011-2014

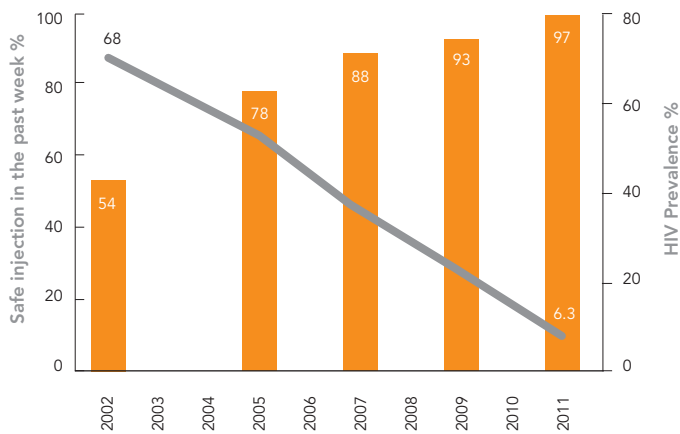


Source: GARPR 2015.

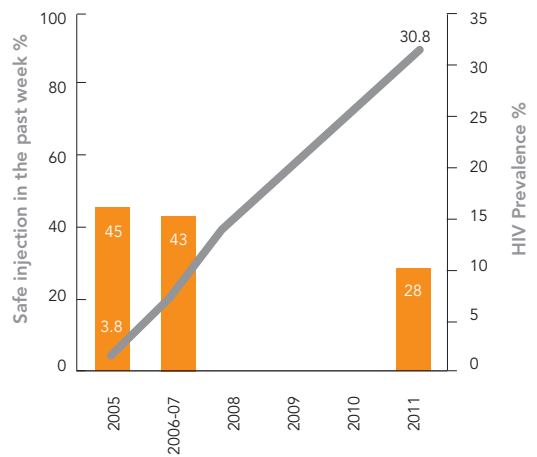
Figure 3

Correlation between safe injecting practices and HIV prevalence among people who inject drugs in selected countries

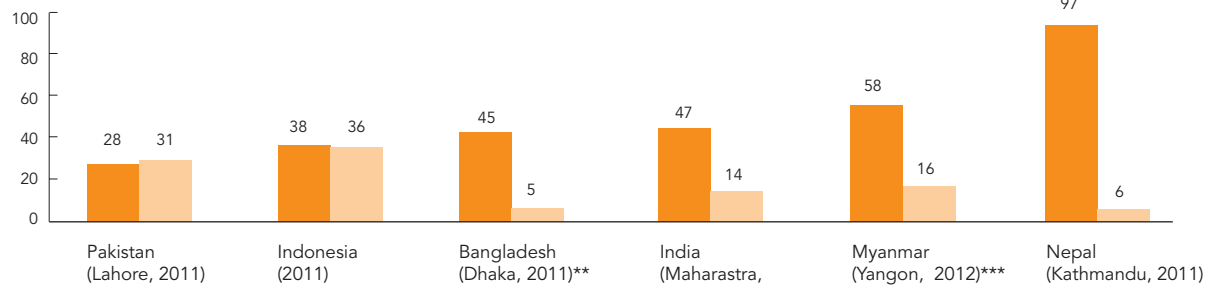
**Nepal, Kathmandu (2002–2011)**



**Pakistan, Lahore (2005–2011)**



Safe injecting practice HIV Prevalence



Consistent use of sterile injecting equipment\* HIV prevalence

\* Duration of consistent use of sterile injecting equipment varies from last week to last 6 months;

\*\* Behavioral data for 2006–07, never used used-needles and syringes;

\*\*\* Behavioral data for 2008

Source: HIV and AIDS Data Hub for Asia Pacific ([www.aidsdatahub.org](http://www.aidsdatahub.org)), based on national HIV sentinel surveillance surveys and integrated biobehavioural surveys reported in global AIDS response progress reports from 2012.

## THE WAY FORWARD

The Sustainable Development Goals make it imperative that people who inject drugs are not left behind. A people-centred, public health and human rights-based drug control framework is a key priority to meet this challenge, as well as changes in how Member States and the international community collectively respond to drug control. Leadership at the UNGASS needs to be accompanied by a real commitment and concrete steps at national level to reform legislation, redirect investment, and strengthen policies and programmes towards public health outcomes. The UNGASS will be a decisive moment.

UNAIDS calls upon Member States to promote the inclusion of the following recommendations, actions and targets in the UNGASS outcome document.

## 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 *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations (15)*.
4. Commit to treating people who use drugs with support and care, rather than punishment. UNAIDS believes that this objective can only be achieved by implementing alternatives to criminalization, such as decriminalization and stopping incarceration of people for 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.

## 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 and syringe programmes, opioid substitution therapy and antiretroviral medicines.
2. Ensure that all people who inject drugs and are living with HIV have access to lifesaving 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 towards reducing pain and suffering.
3. Ensure that all people who use drugs have access to non-coercive and evidence informed drug dependence treatment that is consistent with international human rights standards and the UNODC and WHO *Principles of drug dependence treatment* (16). 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 also should cease, and existing centres should be closed.
4. Adapt and reform laws to ensure that 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 solely based on drug use or possession of drugs for personal use. These measures include decriminalization, steps to reduce incarceration or removal of administrative penalties and de-penalization.
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.

### 2020 UNAIDS TARGETS

- Commit to reducing new HIV infections among people who inject drugs by 75% compared to the 2010 base line.
- Ensure that 90% of people who inject drugs have access to combination HIV prevention services.
- Ensure 90% of people living with HIV who inject drugs know their HIV status, 90% of people who know their status are receiving treatment and 90% of people who inject drugs and are on HIV treatment have suppressed viral loads.
- Ensure 90% of people who inject drugs report no discrimination, especially in health, education and workplace settings.

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