

GLOBAL AIDS TARGETS 2025 FOR PEOPLE WHO USE DRUGS: Where are we now?

OVERVIEW

In 2019, UNAIDS published *Health, rights and drugs: harm reduction, decriminalization and zero discrimination for people who use drugs* which laid out the irrefutable evidence that people who use drugs were being left behind in the HIV response (1).¹ The report demonstrated how the war on drugs was failing in its efforts to reduce the supply and demand of illicit substances, while at the same time causing untold harm to the health and well-being of people who use drugs.

In 2024, five years later, the data show that people who inject drugs are still being left behind in the response. In 2022, the global median HIV prevalence among people who inject drugs was 5% across 50 reporting countries, seven times higher than among the rest of the adult population (aged 15–49 years). This figure hides significant geographical and population-based disparities. Among reporting countries, HIV prevalence ranged from 0% to 51% (2). Among the 16 countries with gender disaggregated data, the reported median HIV prevalence among men who inject drugs was 9%, while it was nearly double (15%) among women who inject drugs (2).

There is some good news: the *Global AIDS Strategy 2021–2026: end inequalities. end AIDS* contains, for the first time, targets on law reform, reduction in stigma and discrimination, and community leadership in the response. In 2023, a United Nations Human Rights Council resolution on drug policy included explicit support for harm reduction and decriminalization for people who use drugs.

In a few countries we are also seeing governments, in partnership with organizations led by people who use drugs, scaling-up health-based approaches to drug policy, demonstrating the positive changes that can result and proving that change is possible and within reach.

¹ UNAIDS uses both the terms “people who use drugs” and “people who inject drugs”. The Global AIDS Strategy targets focus on people who inject drugs as a key population within the HIV response. However, many of the societal barriers to health care services, including HIV services, faced by people who inject drugs also affect by the broader population of people who use drugs. The term people who use drugs it therefore utilized when it applies to the broader population, and the term people who inject drugs is used when the data or other information provided applies only, or primarily, to people who inject drugs.

However, these examples are few and far between. There is a discrepancy between the global commitments at the UN General Assembly and Human Rights Council, and national action. We need an honest discussion on what is and is not working in the current approach, and the importance and urgency of a radical shift. Punitive drug laws and policies create barriers for people who use drugs to access HIV-related services, including but not limited to harm reduction services. These barriers are exacerbated for those experiencing intersecting forms of discrimination, for example on the basis of race, gender, age or migrant status.

While criminalization of drug possession for personal use persists, and as long as harm reduction services remain unavailable and underfunded, it will not be possible to end AIDS as a public health threat. Despite an abundance of evidence on the critical importance of a health-based approach, punitive and coercive policies and practices continue to dominate global drug policy. In 2019 less than 1% of people who inject drugs lived in countries that reported achieving recommended coverage of both needle and syringe programmes and opioid agonist maintenance therapy. Since then no additional country has reported achieving this level of coverage (2). Possession of drugs for personal use continues to be criminalized in 143 countries. In many cases people who inject drugs remain invisible, with very little data on access to services or experiences of stigma, discrimination or violence. This makes it difficult to effectively plan and implement programmes or monitor progress. A significant and urgent shift from a punitive approach to a public health and human rights-based approach to drug policy is needed.

UNAIDS estimates that to meet 2030 targets, the resources needed for prevention programmes amount to US\$ 2.7 billion for interventions serving people who inject drugs in lower- and middle-income countries, 89% of which would be needed in middle income countries (3). A further US\$ 3.1 billion (11% of total estimated resource needs for the HIV response) per year is needed for enablers, including: programmes addressing human rights; policy dialogue; reduction of stigma, discrimination and gender-based violence; and HIV related legal services (4).


The *Global AIDS Strategy 2021–2026* outlines what must be done if AIDS is to be ended as a public health threat by 2030. Specifically, it summarizes the evidence based, critical shift needed to implement an effective public health approach for people who use drugs (5). The strategy therefore includes specific targets for people who inject drugs, including in relation to combination prevention, testing and treatment, societal enablers and community led responses. These targets are aligned with the WHO evidence-based and prioritized package of interventions for people who inject drugs (6) (7). This fact sheet serves as a reminder of these global commitments and provides an update on progress, as well as recommendations on what needs to be done to improve progress.


GLOBAL AIDS STRATEGY 2025 TARGETS FOR PEOPLE WHO USE DRUGS

To end AIDS as a public threat by 2030, the [Global AIDS Strategy 2021–2026](#) sets specific targets by 2025 in relation to people who inject drugs.


Targets set for 2025 to end AIDS as a public health as they relate to people who inject drugs.


Overall

TARGET 




Reduce annual numbers of AIDS RELATED DEATHS to fewer than **250 000**.

PROGRESS 





In 2022,
630 000
[480 000 – 880 000] deaths were AIDS RELATED (8).




In 2019, nearly **half a million people** died from drug-related or drug-use causes, with **15%** of these deaths ATTRIBUTED TO HIV (9, 10).


Societal enablers

TARGET 




Less than **10%** OF COUNTRIES criminalize possession of small amounts of drugs.

PROGRESS 




At least **145 COUNTRIES** criminalize the possession of small amounts of drugs (11).




Forty-six COUNTRIES report implementing compulsory detention (10).

Thirty-four countries retain the death penalty in law for DRUG OFFENCES (12, 13).

TARGET 

Less than **10%** of PEOPLE LIVING WITH HIV and key populations experience stigma and discrimination.


PROGRESS 

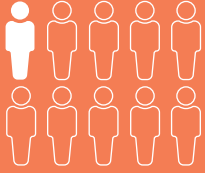


A median of **30%** of people who inject drugs across five reporting countries say they have experienced STIGMA and DISCRIMINATION in the past six months (2).

In 8 of 14 countries that recently reported data to UNAIDS, more than **10%** of people who inject drugs avoided accessing health care services due to STIGMA and DISCRIMINATION in the past 12 months (2).

Societal enablers

TARGET 



Less than **10%** of PEOPLE FROM KEY POPULATIONS experience physical or sexual violence.

PROGRESS 

A median of **28%** of people who inject drugs across eight reporting countries EXPERIENCED VIOLENCE in the past 12 months (2).



Prevention

TARGET 




95% of PEOPLE AT RISK OF HIV INFECTION use appropriate, prioritized, person centred and effective combination prevention options.

PROGRESS 

Across 20 reporting countries, a median of only **37%** of people who inject drugs were reported as RECEIVING AT LEAST TWO HIV PREVENTION SERVICES in the past three months (2).




TARGET 

Of the number of people who inject drugs, **90%** used a STERILE SYRINGE AND NEEDLE AT LAST INJECTION.

PROGRESS 

Since 2018, only **12 of 28 reporting countries** achieved the **90% TARGET ON COVERAGE OF SAFE INJECTING PRACTICES** (2).



TARGET 

More than **90%** of people who inject drugs have access to STERILE NEEDLES AND SYRINGES, with countries providing 200 needles and syringes per person who injects drugs per year.

PROGRESS 


NEEDLE AND SYRINGE PROGRAMMES


were reported to be operational in **92** countries (13). Since 2018, **only five** reported providing the recommended number of more than 200 needles and syringes distributed per person who injects drugs per year **out of 44 reporting countries** (2).



A UNAIDS analysis found that globally, **less than a quarter (22%)** of people (aged 15– 64) who inject drugs live in countries with **RECOMMENDED NEEDLE AND SYRINGE COVERAGE** (2, 14, 15).

Prevention

TARGET 



More than **50%** of people who are **opioid dependent** have access to **OPIOID AGONIST MAINTENANCE THERAPY (OAMT)**.

PROGRESS 

OPIOID AGONIST MAINTENANCE THERAPY was reported to be operational in **88** countries in 2023 (13), but mostly on a **small scale and often in the context of counterproductive law enforcement practices**.




OPIOID AGONIST MAINTENANCE THERAPY reached **less than 10%** of **people who inject drugs** in 6 of 11 reporting countries in Asia and the Pacific and in 7 of 11 reporting countries in eastern Europe and central Asia, regions where injecting drug use is an important driver of national HIV epidemics (2).



Since 2018, **ONLY 3 COUNTRIES** have reported achieving the 2025 target of reaching at least half of the people who inject drugs with OAMT out of 35 reporting countries (2). A UNAIDS analysis found that globally **LESS THAN 1% (0.5%)** of people who inject drugs globally (aged 15-64) **live in countries with recommended OAMT coverage** (2, 14, 15).

90% of people who inject drugs have access to **COMPREHENSIVE HARM REDUCTION SERVICES** integrating or linked to hepatitis C, HIV and mental health services.



Insufficient data available.

Testing and treatment

TARGET 




95% of people who inject drugs **KNOW THEIR HIV STATUS**.


PROGRESS  

A median of **61%** of people **who inject drugs** either have **TAKEN AN HIV TEST AND RECEIVED THE RESULTS** in the past 12 months or had **previously tested positive for HIV** (out of 48 reporting countries) (2).



Testing and treatment

TARGET 




95% of people who inject drugs who know their HIV status ARE ON TREATMENT.

PROGRESS 

Antiretroviral coverage is low among people who inject drugs, with a reported global median of **69%**, ranging from **25% TO 91%** across 22 reporting countries (2).



95% of people who inject drugs who are on HIV TREATMENT ARE VIRALLY SUPPRESSED.



Insufficient data available.

Community led service delivery and advocacy²

TARGET 



30% of TESTING AND TREATMENT SERVICES to be delivered by community-led organizations.

Insufficient data available.

TARGET 



60% of the PROGRAMMES SUPPORTING the achievement of societal enablers to be delivered by community-led organizations.

Insufficient data available.

TARGET 

80% of SERVICE DELIVERY FOR HIV PREVENTION PROGRAMMES for key populations and women to be delivered by community-, key population- and women-led organizations

Insufficient data available.

² For definitions on community-led organisations and service delivery see: UNAIDS. Community-Led AIDS Responses: Final Report based on the recommendations of the multi-stakeholder task team. Available at https://www.unaids.org/sites/default/files/media_asset/community-led-aids-responses_en.pdf

UNAIDS RECOMMENDATIONS

The recommendations made in the 2019 report [Health, rights and drugs: harm reduction, decriminalization, and zero discrimination for people who use drugs \(1\)](#) are just as, if not more, relevant today, as we see from the available global data presented above, the continuing high levels of stigma, violence and criminalisation, and unacceptably low coverage of harm reduction services essential for HIV prevention. UNAIDS reaffirms these recommendations in their entirety, with specific attention to the following recommendations:

Fully implement comprehensive harm reduction and HIV services—including, as needed, needle–syringe programmes, opioid agonist maintenance therapy, naloxone and safe consumption rooms—on a scale that can be easily, voluntarily and confidentially accessed by all people who use drugs, including those in prisons and in other closed settings



Protect and promote the human rights of people who use drugs by treating them with dignity, providing equal access to health and social services, and by decriminalizing drug use/ consumption and the possession, purchase and cultivation of drugs for personal use.



Take action to eliminate the multiple intersecting forms of stigma and discrimination experienced by people who use drugs, including while accessing health, legal, education, employment and social protection services, or when interacting with law enforcement.



Undertake a rebalancing of investments in drug control to ensure sufficient funding for human rights programmes and health services, including the comprehensive package of harm reduction and HIV services, community led responses and social enablers.



Include, support, fund and empower community-led and civil society organizations—especially organizations and networks led by people who use drugs—in all aspects of the design, implementation and monitoring and evaluation of drug policies and programmes, as well as in the design and delivery of HIV, health and social protection services.



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