Turning the **HIV** tide for people who use drugs

Exclusion is not an option

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**HIV and drug use: facts at a glance**

- Fastest growing HIV epidemic in the world
- Nearly 10 per cent of global HIV infections are due to unsafe injecting drug use, up to 30 per cent if sub-Saharan Africa is excluded¹
- An estimated 15 to 16 million people, in 151 countries, inject drugs
- An estimated 3 million are infected with HIV²
- Two thirds of HIV infected people who inject drugs live in Eastern-Europe, East and South-East Asia and Latin America
- An estimated 33 million people use amphetamine-type stimulants³
- An estimated 16 million people use cocaine

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1. UNAIDS (2008)
HIV and drug use: vulnerabilities and challenges

People who use drugs have multiple vulnerabilities to HIV, tuberculosis, hepatitis and other infectious diseases. For example:

- Sharing of drug injecting equipment can be three times more likely to transmit HIV than sexual intercourse.
- Stimulant drug use, both non-injecting and injecting, has been associated with sexual transmission of HIV. In particular:
  - Amphetamine-type stimulants are associated with high levels of HIV infections among men who have sex with men.
  - Crack cocaine is associated with sexual transmission of HIV among sex workers.
- People who use drugs are highly stigmatized, even by many health-care workers.
- People who use drugs are often unable or unwilling to access HIV services for fear of discrimination and harassment.
- Donors account for the largest share (92 per cent) of all spending on people who inject drugs. In 2012, the estimated domestic investment accounted for only 8 per cent.

What works?

- Human rights, gender and public health considerations must be at the centre of illicit drugs and criminal justice laws, policies and practices to stop stigma and discrimination against people who use drugs.
- Meaningful involvement of people who use drugs in the HIV response is critical.
- Greater national ownership of the AIDS responses; including adequate allocation of domestic resources to respond to the epidemic, particularly for those who are most at risk.

Globally

Only 8 per cent of all people who inject drugs have access to opioid substitution therapy.

Only two needle syringes are distributed per month per person who injects drugs.

Only 4 per cent of all people who inject drugs have access to antiretroviral treatment.
Partnering with Civil Society

UNODC values the unique perspectives that civil society organizations (CSOs) bring and engages with them in all aspects of the HIV response.

For example, UNODC:

→ Facilitates the inclusion of CSOs in nationally-led processes.
→ Engages CSOs in the overall development and implementation of the HIV programme. For instance, UNODC ensures active participation of CSOs in project steering committees, in scaling up services, as well as in various forums addressing relevant policy, strategy and programming issues.
→ Ensures access of CSOs to capacity-building opportunities.
→ Makes resources available to CSOs to increase access to evidence-based HIV services. In 2012, about 200 CSOs, at local, national and regional levels, benefited from grants and other forms of financial support.

The comprehensive packages\(^4\) for HIV prevention, treatment and care among people who inject drugs:

**FOR PEOPLE WHO INJECT DRUGS**

- Needle and syringe programmes
- Opioid substitution therapy and other evidence-based drug dependence treatment
- HIV testing and counselling
- Antiretroviral treatment
- Prevention and treatment of sexually transmitted infections
- Condom programmes for people who inject drugs and their sexual partners
- Targeted information, education and communication for people who inject drugs and their sexual partners
- Prevention, vaccination, diagnosis and treatment of viral hepatitis
- Prevention, diagnosis and treatment of tuberculosis

UNODC: responding to HIV and drug use

UNODC is the UNAIDS convening agency for HIV prevention, treatment and care for people who use drugs. Together with other co-sponsors of UNAIDS, national and international partners, including civil society organizations, UNODC assists countries to achieve universal access to comprehensive HIV services for people who use drugs.

UNODC provides technical assistance in priority countries in Eastern Europe and Central Asia, South and South-East Asia, Middle East, Latin America and the Caribbean and Africa, in the form of:

- Targeted advocacy to reduce stigma and discrimination and to promote human rights-based, gender and age responsive and public health centred approaches to drug use and HIV
- Support in reviewing, adapting, developing and implementing effective legislation and policies, facilitating evidence-informed HIV interventions
- Support in developing and implementing comprehensive evidence-informed strategies and programmes
- Assistance in ensuring equitable access to HIV services for women drug users by addressing their special needs and implementing tailor-made services on the ground

You want to know more?

Key recommended UNODC documents on HIV and people who use drugs:

- WHO, UNODC, UNAIDS. 2012, Technical guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users.
- UNODC. 2009, From coercion to cohesion: Treating drug dependence through health care, not punishment.

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