HIV AND PEOPLE WHO USE DRUGS

HUMAN RIGHTS FACT SHEET SERIES 2024

OVERVIEW

People who use drugs[1] are among the groups at highest risk of acquiring HIV, but they remain marginalized and experience significant barriers in accessing health and social services.

Structural and social inequities, including criminalization and the stigma and discrimination it engenders, poverty and marginalization shape the experiences of people who use drugs, limiting provision of and access to the comprehensive package of harm reduction services. This leads to a situation in which, in 2022, **the relative risk of acquiring HIV was estimated to be 14 times higher for people who inject drugs than for the rest of the adult population** aged 15–49 years *(1)*.

Evidence shows that the number of new HIV infections drops sharply when drug use and possession for personal use are decriminalized and people who inject drugs have access to prevention services, including the comprehensive package of harm reduction services and other public health programmes, and stigma, discrimination and marginalization are reduced *(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 a lack of political will and financing for harm reduction services *(6, 7)*. A rights-based approach to drug policy, including decriminalization of drug use and possession for personal use and reduction of stigma and discrimination, can improve access to health care, harm reduction and legal services and reduce broader inequalities.

People who use 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, such as needle–syringe programmes, opioid agonist maintenance therapy, hepatitis C testing and treatment, antiretroviral therapy, condoms, pre-exposure prophylaxis (PrEP), and overdose prevention and management *(2–4)*.

Globally, **more than three-quarters of people who used drugs in 2022 were men. About one in five people who inject drugs are women. Women who use drugs are more likely than their male peers to be living with HIV,** face higher rates of conviction and incarceration if arrested, face particular challenges in accessing harm reduction services tailored to their needs, and experience higher levels of stigma and discrimination *(5)*.

[1] This fact sheet uses the term "people who use drugs" where the research, norms or standards refer to people who use drugs more generally, in recognition that the links between drug use and HIV are not solely related to injecting drug use. The term "people who inject drugs" is used where the data, research, recommendations or targets relate only to people who inject drugs.

UNAIDS

THE DATA

In 2023, the global median HIV prevalence among people who inject drugs was 5% (range 0–32%, 47 reporting countries), which is much higher than the estimated HIV prevalence of 0.7% among the total global adult population aged 15–49 years *(8)*.

The global median HIV prevalence in 2023 in countries with disaggregated data was **9%** among men who inject drugs and **15%** among women who inject drugs (17 reporting countries) *(8)*.

In 2022, **8%** of new HIV infections were among people who inject drugs. In two regions (Asia and the Pacific and eastern Europe and central Asia), this proportion was even higher *(1)*.

In 2019, the World Health Organization (WHO) estimated that 583 511 deaths were attributable to drug use annually, with more than 250 000 attributable to hepatitis C and more than **50 000 to HIV** *(9)*.

The global prevalence of **hepatitis C among people who inject drugs was 49% in 2022** *(5)*.

Globally, the coverage and use of combination HIV and hepatitis C virus prevention among people who inject drugs was low in 2023, **with a median of 39% of people who inject drugs receiving at least two prevention services in the past three months** (22 reporting countries) *(8)*.

Since 2019, only three of 35 reporting countries reported distributing more than the recommended 200 needles per person per year, and only two of 26 reporting countries reported achieving 50% coverage of opioid agonist maintenance therapy. **No country reported achieving both targets** *(8)*.

Among 34 reporting countries, **less than 1% of total HIV spending** was allocated to programmes for people who inject drugs, with over three-quarters of this funding coming from international sources *(8)*.

Although **some countries have dramatically reduced the number of new HIV infections through effective harm reduction**, UNAIDS analysis of country reports on harm reduction services found that less than a quarter (22%) of people aged 15–64 years globally who inject drugs live in countries that reported meeting the United Nations target of distributing 200 needles and syringes per person, and less than 1% live in countries that reported meeting the United Nations target of 50% of people who inject drugs accessing opioid agonist maintenance therapy *(8, 11, 12, 13)*.

In 2024, 152 countries criminalized possession of small amounts of drugs *(15)*.

In 2023, a median of 28% of people who inject drugs reported experiencing violence in the past 12 months (13 reporting countries) *(8)*. A 2019 systematic review found the prevalence of intimate partner violence among women who had used opioids was 36–94% in their lifetime and 32–75% in the past year *(10)*.

In 2024, there were approximately 11 million people in prisons and other closed settings on any one day *(13)*. In 2022, approximately **2.7 million people faced prosecution for drug-related offences**, with more than 1.6 million people being convicted worldwide *(5)*. Data from Penal Reform International indicate that **HIV prevalence in prisons and other closed settings is higher in countries that criminalize drug use compared with those that do not** *(14)*.

A median of **40% of people who inject drugs reported experiencing stigma and discrimination** in the past six months (nine reporting countries). A median of 17% people who inject drugs reported avoiding accessing health-care services due to stigma and discrimination in the past 12 months in 2023 (19 reporting countries) *(8)*.

LINKING RIGHTS AND HEALTH OUTCOMES

Criminalization of drug use and harsh punishments such as incarceration discourage uptake of HIV services, including harm reduction, drive people who use drugs underground, and lead to unsafe practices *(6, 7, 16)*.

Colombia, Czechia, Ghana, the Netherlands, Portugal and Switzerland are among a small number of countries that have decriminalized drug use and possession for personal use or have policies to divert people from courts or incarceration. Some countries have invested financially in harm reduction. The number of new HIV diagnoses among people who inject drugs in many of these countries is low. For example, in both the Netherlands and Switzerland, the annual number of people who acquired HIV through injecting drug use was less than 10 in 2013–2022 *(17)*.

A 2017 systematic review found that **80%** of published studies showed criminalization to have a negative effect on HIV prevention and treatment.

Criminalization of drug use and possession for personal use is associated with higher rates of needle sharing, lower engagement with needle–syringe programmes, and higher HIV incidence and prevalence *(6)*.

A 2019 systematic review found that repressive policing of drug use was associated with higher HIV incidence, higher rates of needle sharing, and avoidance of harm reduction programmes *(7)*.

GLOBAL AIDS SOCIETAL ENABLER TARGETS 2025

Less than 10% of countries criminalize possession of small amounts of drugs.

Less than 10% of people who inject drugs report experiencing stigma and discrimination.

Less than 10% of countries lack mechanisms for people living with HIV and people from key populations to report abuse and discrimination and seek redress.

Less than 10% of people who inject drugs lack access to legal services.

Less than 10% of health workers and law enforcement officers report negative attitudes towards people who inject drugs.

Less than 10% of people who inject drugs experience physical or sexual violence.

INTERNATIONAL RIGHTS, OBLIGATIONS, STANDARDS AND RECOMMENDATIONS

INTERNATIONAL DRUG CONVENTIONS

are subject to and must be interpreted in line with international human rights obligations *(18–20)*.

Criminalization of drug use and possession for personal use affects the realization of the right to health *(3, 20)*.

United Nations human rights bodies and experts and all United Nations agencies have recommended **decriminalization of possession and cultivation of drugs for personal use as a key element in fulfilling the right to health and reducing HIV incidence** *(21–26)*. WHO has specifically called for countries to review punitive laws and legislation and work towards the decriminalization of use and possession of drugs as a key element in reducing HIV incidence among people who inject drugs *(4, 16, 27, 28)*.

People who use drugs have a right to access the comprehensive package of HIV and harm reduction services, as developed by UNAIDS, the United Nations Office on Drugs and Crime and WHO, **including needle–syringe programmes, opioid agonist maintenance therapy, condoms, PrEP, treatment and naloxone to prevent overdose** *(2)*. This has been endorsed at various times by the United Nations General Assembly *(29)*, the Commission on Narcotic Drugs *(30)* and the Economic and Social Council *(31)*, with the Human Rights Council repeatedly endorsing it in the context of HIV and the right to health *(19, 32)*. It is necessary for the enjoyment of the rights to health *(24)*, to life *(33)* and to non-discrimination *(21)*, and to ensure people who use drugs can benefit equally from scientific progress and its applications *(24)*. United Nations agencies have also noted the importance of safe consumption rooms *(2)*.

Harm reduction services should be designed to meet the needs of different populations, including on the basis of **gender, race and indigeneity**, and to be responsive to experiences of gender-based violence *(24, 34)*.

States have an obligation to protect people who use drugs from discrimination and stigma *(21, 32, 35)*.

People who use drugs have a right to participate in the development, implementation and monitoring of any policy or intervention that affects them *(36)*. The United Nations General Assembly has made it clear that communities should be enabled to play this role *(37)*.

States have an obligation, under the rights to health, life and enjoyment of scientific advances, to take legislative and other appropriate measures to ensure 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, 22, 24)*.

Treatment should be voluntary, non-discriminatory, acceptable, of good quality and accessible,

including in prisons and other closed settings, at a standard equivalent to that in the community *(3, 38)*.

The Working Group on Arbitrary Detention has made it clear that court-mandated treatment, including as an alternative to incarceration, cannot be considered voluntary *(39)*.

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, 40)*.

Compulsory drug treatment, rehabilitation and detention centres have been found to breach international human rights obligations, including the rights to health, to freedom from arbitrary arrest and detention, and to be free from torture and cruel, inhuman and degrading treatment. Human rights bodies, experts and United Nations agencies have called for their immediate closure *(20, 39, 41, 42)*.

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)*.

THE DEATH PENALTY SHOULD NOT BE USED FOR DRUG OFFENCES.

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, 34)*.

KEY RESOURCES FOR FURTHER INFORMATION

- University of Essex International Centre on Human Rights and Drug Policy, UNAIDS, WHO, UNDP International guidelines on human rights and drug policy, 2019.
- INPUD, WHO, UNODC Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people who inject drugs, 2023.
- UNAIDS Health, rights and drugs: harm reduction, decriminalization and zero discrimination for people who use drugs, 2019.
- Global Commission on HIV and the Law HIV and the law: risks, rights and health, 2012.
- Global Commission on HIV and the Law HIV and the law: risks, rights and health—2018 supplement, 2018.
- United Nations 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 Drug decriminalisation: progress or political red herring?, 2021.
- UNODC Addressing gender-based violence against women and people of diverse gender identity and expression who use drugs, 2023.

This fact sheet 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 issues covered. Please refer to the key resources listed above for further information.

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