

As representatives of civil society and community-led organisations working on drug policy and harm reduction, we are writing to you today to urge you to uphold the rights of people who use drugs and harm reduction in the new UNAIDS Strategy.

People who use drugs live in almost every country in the world<sup>i</sup>. They are our family, friends, and neighbours. In 2018 around 269 million people used drugs, up 30 per cent from 2009, and 11 million injected drugs. Of the 11 million, half are living with hepatitis C, and 1.4 million with HIV<sup>ii</sup>.

The risk of acquiring HIV for people who inject drugs is 29 times higher than for people who do not<sup>iii</sup>. While the incidence of HIV infection globally declined by 23% between 2010 and 2019, HIV infections among people who inject drugs increased in some regions<sup>iv</sup>. In 2019, only 62% of people who inject drugs were aware of their HIV status<sup>v</sup>. Well below the ambitious 90-90-90 target.

Harm reduction interventions— such as needle and syringe programmes and opioid substitution therapy — are proven to be cost-effective and cost-saving<sup>vi</sup>, protect against HIV, hepatitis C and TB<sup>vii</sup>, save lives, contribute to healthier communities and are crucial in the COVID-19 response.

Despite the fact that 87 countries around the world include harm reduction in national policy documents<sup>viii</sup>, the provision of harm reduction interventions is critically low, with only one percent of people who inject drugs living in countries with high coverage<sup>ix</sup>. The harm reduction response to stimulant use remains underdeveloped<sup>x</sup> and naloxone, despite being increasingly deployed in the countries most affected by the opioid crisis, is not always placed in the hands of those who need it most, people who use drugs and their peers<sup>xi</sup>. Women who use drugs, who account for one third of all people who use drugs, are consistently reported to have less access to harm reduction services and to be at higher risk of HIV and hepatitis C infection than men who use drugs<sup>xii</sup>. Moreover, there is a systemic lack of youth-focused harm reduction services, while many services exclude vulnerable young people under the age of 18 by implementing age restrictions or requiring parental consent.<sup>xiii</sup>

It is clear that people who use drugs, and especially women and young people who use drugs, are being left behind in the HIV response. This is due to a lack of political will and commitment from national governments driven by stigma, discrimination and criminalisation. A 2017 systematic review confirmed that criminalisation of drug use has a negative effect on HIV prevention and treatment. Of the 105 studies reviewed, 80% indicated that criminalisation was a significant barrier to an effective HIV response<sup>xiv</sup>.

This lack of political commitment translates into a lack of investment. Harm Reduction International research shows that in 2016, harm reduction funding in low- and middle-income countries was a mere 13 percent of the USD 1.5 billion that UNAIDS estimated is needed to prevent HIV among people who use drugs by 2020<sup>xv</sup>. Of the USD 166 million allocated to harm reduction, a very small amount was directed towards advocacy (including for decriminalisation), community-led service delivery and community mobilisation.

Therefore, as representatives of civil society and community-led organisations working on drug policy and harm reduction, we urge you to make sure that the new UNAIDS Strategy:

1. Focuses on **implementation and scale-up of services for key populations, including people who inject drugs**. This will require collection of disaggregated data on population size estimates, HIV prevalence, HIV incidence and coverage of harm reduction services for people using drugs, including women who use drugs in every country.

2. **Prioritises work in regions and countries with the highest burden of the epidemic among people who inject drugs.** The response needs to follow the epidemic, so donors invest in the response where it is needed most.
3. **Puts communities and civil society at the front and centre of the HIV response.** Active participation of people who inject drugs in the planning, decision making and delivery of the response will ensure that services are effective, evidence-based and deliver the greatest impact.
4. **Sets evidence-based, data-driven, realistic and time-bound goals and targets that will catalyse change.** These must include targets on implementation, coverage, accountability and financing of harm reduction services as defined in the WHO Key Populations Consolidated Guidelines; targets on human rights of people who use drugs and an enabling environment, including ending stigma, discrimination and criminalisation and community mobilisation.
5. **Implements the commitment to ensure that at least 30% of all service delivery is community-led** (including community lead and peer outreach, community-led monitoring of services), by adopting and operationalising community-endorsed definitions of community-led responses and organisations.
6. **Creates community feedback mechanism** to improve coherence and consistency across the global and national UN offices to ensure they fulfil their role and mandate. UN offices should be active in brokering constructive relationships between governments and communities.

It is crucial that the goals and targets relating to key populations, including people who inject drugs, are fully implemented. This will require the Joint Programme to work closely with the Global Fund, other donors and governments to fund harm reduction services in all countries that require support. In order to achieve this, it is pivotal that international donors do not withdraw from countries without concrete and sustainable domestic plans for continuation of funding for harm reduction.

We call on you to work with UNAIDS to create a clear process for prioritising which countries are eligible for HIV funding, and which populations/interventions are prioritised within countries based on actual needs, not on country income status or lack of official data. This process must be transparent, inclusive, human rights-based, accountable and include meaningful consultation with key affected community and civil society groups, who need to be part of the decision-making process from the start.

Now, more than ever, we need your leadership to be strong, bold and unrelenting in ensuring that key populations, including people who inject drugs, are prioritised in the new UNAIDS Strategy; harm reduction services are available, scaled-up and fully funded to meet the HIV prevention and health needs of people who use drugs wherever needed; communities, including community-led services, and civil society are at the front and centre of the HIV response; and barriers to services, including criminalisation, stigma, discrimination, punitive laws and policies, are removed.

The new UNAIDS strategy will have profound implications - either by compounding or alleviating the political invisibility of people who use drugs. We need you to show a commitment to people who use drugs in your engagement in the Strategy process. We will not end AIDS if we keep leaving people who inject drugs behind.

#### **Signatories:**

1. AFEW International
2. African Network of People who Use Drugs (AfricaNPUD)
3. Alliance for Public Health Ukraine (APH)
4. Asian Network of People who Use Drugs (ANPUD)
5. Centre on Drug Policy Evaluation (CDPE)

6. Correlation- European Harm Reduction Network
7. Drug Policy Network South East Europe
8. Eurasian Harm Reduction Association (EHRA)
9. Eurasian Network of People who Use Drugs (ENPUD)
10. European Network of People who Use Drugs (EuroNPUD)
11. Frontline AIDS
12. Harm Reduction Australia
13. Harm Reduction International (HRI)
14. Indian Drug Users Forum (IDUF)
15. Intercambios Civil Association Argentina
16. International Drug Policy Network (IDPC)
17. International Network of People who Use Drugs (INPUD)
18. L'Association de Lutte Contre le Sida (ALCS)
19. Lambeth Service User Council (LSUC)
20. Latin American Network of People who Use Drugs (LANPUD)
21. LBH Masyarakat Indonesia
22. Mainline
23. Médecins du Monde France
24. Metzineres. Environments of Shelter for Womxn Who Use Drugs Surviving Violence
25. Rumah Cemara Indonesia
26. StoptheDrugWar.org
27. Students for Sensible Drug Policy (SSDP)
28. Teméride Corporation Colombia
29. The Middle East and Africa Harm Reduction Association (MENAHR)
30. Ukrainian Network of People who Use Drugs (VOLNA)
31. Ukrainian Network of Women who Use Drugs (UNWUD)
32. Women and Harm Reduction International Network (WHRIN)
33. Youth R.I.S.E

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<sup>i</sup> Larney S et al (2017) Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review', *The Lancet Global Health*, Volume 5, No. 12, e1208–e1220

<sup>ii</sup> UNODC (2020) *World Drug Report 2020*. Vienna

<sup>iii</sup> UNAIDS (2020) *Seizing the Moment. Global AIDS Update 2020*. Geneva

<sup>iv</sup> People who inject drugs account for an estimated 10% of global infections, including 48% of new HIV infections in Eastern Europe and Central Asia, 43% in the Middle East and North Africa, and 17% in Asia and the Pacific. UNAIDS (2020) *UNAIDS Data 2020*. Geneva

<sup>v</sup> UNAIDS (2020), *UNAIDS Global AIDS Monitoring 2020*. Geneva

<sup>vi</sup> Harm Reduction International (2020), *Making the investment case: Cost-effectiveness evidence for harm reduction*. London

<sup>vii</sup> UNAIDS (2019) *Health, Rights and Drugs - Harm reduction, decriminalization and zero discrimination for people who use drugs*. Geneva

<sup>viii</sup> Stone, K. and Shirley-Beavan, S. for Harm Reduction International (2018) *Global State of Harm Reduction 2018*. London

<sup>ix</sup> Larney S et al (2017) Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review, *The Lancet Global Health*, Volume 5, No. 12, e1208–e1220

<sup>x</sup> Harm Reduction International, CoACT (2019) *Harm Reduction for Stimulant Use*, Briefing Paper. London

<sup>xi</sup> Stone, K. and Shirley-Beavan, S. for Harm Reduction International (2018) *Global State of Harm Reduction 2018*. London

<sup>xii</sup> Harm Reduction International (2018) *Global State of Harm Reduction 2018 Briefing – Women and Harm Reduction*. London.

<sup>xiii</sup> World Health Organization (2015) *A Technical Brief - HIV and Young People Who Inject Drugs*. Geneva.

<sup>xiv</sup> Kora DeBeck et al (2017), *HIV and the criminalisation of drug use among people who inject drugs: a systematic review*, *The Lancet HIV*, Volume 4, Issue 8, E357 – E374

<sup>xv</sup> Cook C & Davies C (2018) *The Lost Decade: Neglect for harm reduction funding and the health crisis among people who use drugs*. Harm Reduction International. London