**UNAIDS Submission to the Office of the High Commissioner for Human Rights**

**Report on human rights challenges in addressing and countering all aspects of the world drug problem, pursuant to HRC resolution 52/24**

The Secretariat of the Joint United Nations Programme on HIV/AIDS (UNAIDS)[[1]](#footnote-2) welcomes the opportunity to make this submission.

**A human rights-based approach to drug policy is critical if we are to end AIDS by 2030**

People who use drugs are disproportionately affected by the HIV pandemic and are being left behind in the response. Criminalizing, coercive and/or discriminatory approaches to drug policy that were previously used and continue to be in too many countries, increase the risk of acquiring HIV for people who use drugs, and reduce access to life-saving HIV and drug treatment. It is only through a human rights and health-based approach, as recognized, in the *United Nations common position supporting the implementation of the drug control policy through effective inter-agency collaboration*, that we can reduce these inequalities and hope to end AIDS as a public health threat for people who inject drugs by 2030.

The injection of drugs carries a high risk of HIV and viral hepatitis transmission if sterile injecting equipment is not easily accessible and injecting equipment is shared among users. Easy access to sterile equipment (NSP) and/or Opioid Agonist Management Therapy (OAMT) can further enable individuals to protect themselves from acquiring HIV. However, between 2017 and 2021, no country reported achieving the WHO recommended coverage of both NSP and OAMT programming.[[2]](#footnote-3) Where such programmes do exist, stigma, discrimination, criminalization and violence prevent people who inject drugs from accessing programmes safely.

As a result of this lack of available and/or accessible services:

* In 2021, 10% of all new HIV infections globally were among people who inject drugs; outside of sub-Saharan Africa this rose to 18%. In the Middle East and North Africa, and Eastern Europe and Central Asia people who inject drugs shouldered 30% and 39% of new HIV infections respectively.
* In 2021, people who inject drugs faced a 35 times higher risk of acquiring HIV than the rest of the adult population;
* In 2022, compared with adults in the general population, HIV prevalence was seven times higher among people who inject drugs.
* According to a recent systematic review, the estimated prevalence of HIV among people who inject drugs ranged from about 5% in western Europe and North America, to 15–17% in Asia, to over 30% in eastern Europe and Latin America.[[3]](#footnote-4) HIV prevalence is especially high among women who inject drugs, due in part to gender norms and inequalities, the added vulnerability to sexual violence and other violence,[[4]](#footnote-5) and engagement in unsafe sex work. In 2022, the median HIV prevalence among men who inject drugs was 9%, while it was nearly double (15%) among women who inject 85 drugs (16 reporting countries). Data for Europe show HIV prevalence is much higher among sex workers who inject drugs and among transgender sex workers than among non-injecting and cisgender female sex workers.[[5]](#footnote-6) Global median HIV prevalence among sex workers is about 2.5% (85 reporting countries), but prevalence is close to 30% in eastern and southern Africa (13 reporting countries).
* Data reported to UNAIDS between 2017 and 2021 indicates that 1 in 11 people who inject drugs are living with HIV.
* While globally the annual number of new infections has fallen by 30% between 2010 and 2021 among adults age 15-49, global incidence among people who inject drugs has remained high but relatively stable.[[6]](#footnote-7)
* In terms of knowledge of status, in 2021 globally 85% of people living HIV with knew their HIV status, however among people who inject drugs, in median less than 63% of people who inject drugs either had taken an HIV test and received the results in the past 12 months or had previously tested positive for HIV.[[7]](#footnote-8)
* ARV coverage is lower among people who inject drugs compared with the rest of the general population. In 2022 69% of people living with HIV who inject drugs are accessing ARVs compared to76% overall.

Recognising the extent of these inequalities and the impact of the structural barriers on health outcomes, the [Global AIDS Strategy 2021-2026](https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026) contains agreed targets for people who inject drugs that are the minimum necessary to end AIDS as public health threat by 2030. This includes targets on HIV prevention, testing and treatment, as well as the broader social determinants of health (referred to as ‘societal enablers’) that are critical to reducing inequalities in the AIDS response and ensuring health services are accessible.[[8]](#footnote-9) These societal enabler targets require countries to take action relating to stigma, discrimination, violence, criminal laws, gender-based violence and gender inequalities. Modelling by UNAIDS and Avenir Health has shown that failure to achieve these societal enabler targets could result in 2.5 million additional HIV infections and 1.7 million additional AIDS related deaths by 2030.

An intersectional approach is also required. A review of recent surveys found that a median 3.6% of sex workers and 1.8% of gay men and other men who have sex with men injected drugs, compared to 0.2% in the adult global population (aged 15 to 64 years).[[9]](#footnote-10) According to Harm Reduction International’s latest report, community and civil society actors report that women who use drugs face consistently greater barriers to harm reduction services than men.[[10]](#footnote-11)

**Access to Harm Reduction Services**

The provision of harm reduction services has consistently reduced morbidity and mortality among people who use drugs. The foundation of a rights-based public health approach to drug use, [WHO defines harm reduction as](https://www.who.int/publications/i/item/9789240052390) a [comprehensive package of evidence-based interventions](https://www.who.int/publications/i/item/978924150437), including but not limited to, NSPs, OAMT and naloxone for overdose management. It has been endorsed by the UN General Assembly,[[11]](#footnote-12) the Economic and Social Council,[[12]](#footnote-13) and Commission on Narcotic Drugs[[13]](#footnote-14) as well as the Human Rights Council.[[14]](#footnote-15) [Numerous treaty bodies](https://www.humanrights-drugpolicy.org/#filter-cite_ref_126) have stated that States are legally obligated to provide harm reduction services under the right to health as well as the right to life.

To prevent HIV transmission, [WHO recommends](https://www.who.int/publications/i/item/978924150437) states provide at least 200 needles and syringes per person who injects drugs each year. Out of the 54 countries that have reported data through GAM in recent years (2017-2021) only 6 reported to have reached the recommended coverage.[[15]](#footnote-16) The Global AIDS Strategy includes a target that 90% of people who inject drugs used a clean needle on their last injection. Of the 54 countries reporting on this indicator 2017-2021, only, 18 countries reached the target. [[16]](#footnote-17)

UNAIDS also has a target of 50% of people who are opioid dependent accessing OAMT. Of 40 countries reporting on this indicator in 2017-2021 only 6 countries reported reaching the target. [[17]](#footnote-18) OAMT was reported to be operational in 87 countries in 2022 but mostly on a small scale and often in the context of counterproductive law enforcement practices.[[18]](#footnote-19)

In 2022 no country reported providing both the recommended number of needles and syringes and OAMT.

Uganda introduced opioid agonist therapy services nationwide in 2021.[[19]](#footnote-20) Algeria, Egypt and Pakistan also approved opioid agonist therapy in 2021–2022, and Viet Nam approved scale-up of its take-home methadone programme.[[20]](#footnote-21) [[21]](#footnote-22) In Estonia, widened access to harm reduction services saw a 97% reduction in new diagnoses among people who inject drugs between 2007 and 2016.[[22]](#footnote-23)

Malaysia, Mauritius and Seychelles have achieved the 2025 target of reaching at least half of people who inject drugs with opioid agonist maintenance therapy. At the global level, however, there has been little change in the availability of opioid agonist maintenance therapy, with coverage still extremely low in all but a few countries. With some important exceptions, opioid agonist maintenance therapy reached less than 10% of people who inject drugs in six of 11 reporting countries in Asia and the Pacific and in seven of 11 reporting countries in eastern Europe and central Asia, regions where injecting drug use is an important driver of national HIV epidemics. Seventy per cent of the estimated global need for opioid agonist maintenance therapy is in Asia and the Pacific.

People in prison are five times more likely to be living with HIV than adults in the general population. In prisons the situation is worse, between 2017 and 2022 only 8 countries reported having needle and syringe programmes in prisons, while 28 provided opioid agonist therapy to prisoners and other incarcerated people.[[23]](#footnote-24) These programmes are mostly small with limited coverage. Many of these services rely heavily on donor funding and support. They are also unevenly distributed across prisons and tend to be poorly linked to national HIV, public health or occupational health and safety programmes.[[24]](#footnote-25) [[25]](#footnote-26) [[26]](#footnote-27)

There are positive examples. In 2020, Kenya implemented its first prison-based opioid agonist therapy site for women, men, staff and surrounding communities. In 2021, HIV prevention programmes, including condom distribution, were operating in prisons across Kazakhstan. Ukraine launched a small prison-based opioid agonist therapy programme in 2021 and was treating 72 people in six institutions as of September 2021, with plans underway to expand the programme. [[27]](#footnote-28) Canada has implemented needle exchange programmes in [11 federal correctional](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.publicsafety.gc.ca%2Fcnt%2Ftrnsprnc%2Fbrfng-mtrls%2Fprlmntry-bndrs%2F20200831%2F016%2Findex-en.aspx&data=05%7C01%7CChristieE%40unaids.org%7Cdb9486589b744d7dba4208db5b826815%7Cc2e1cf9be1b644eb8021428c292d3eb5%7C0%7C0%7C638204387865944935%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=7iGqYzhL8Ki8yPwUCOBwX3qwYcwKJ04Gcjty1LOVBrI%3D&reserved=0) institutions, including five women’s institutions. In the Republic of Moldova, as of 2023, all prisons offer harm reduction services.[[28]](#footnote-29)

**Enabling legal environments**

Even where harm reduction services are available, structural barriers prevent many from safely accessing them. Punitive drug control laws, policies and law enforcement practices have been shown to be among the largest obstacles to health care in many countries.

A systematic study in 2017 found that more than 80% of published studies found criminalization to have a negative effect on HIV prevention and treatment. Decriminalization of drug use and possession for personal use is associated with significant decreases in HIV incidence among people who inject drugs, including through greater access to harm reduction services, reductions in violence and arrest or harassment by law enforcement agencies.[[29]](#footnote-30) A 2020 systematic review found that repressive policing of drug use was associated with HIV infection, needle sharing and avoidance of harm reduction programmes.[[30]](#footnote-31) There also is evidence linking the criminalization of drug use with increased internal stigma and violence, poorer access to services and negative effect on HIV prevention and treatment for people who use drugs.[[31]](#footnote-32) [[32]](#footnote-33)

Decriminalization of drug use and possession of personal use is a key element in a human rights-based approach to drug policy and critical to a successful HIV response. [A number of UN human rights bodies](https://www.humanrights-drugpolicy.org/#filter-cite_ref_94) have recommended the decriminalization of drug use and possession for personal use as an important step towards fulfilling the right to health. The [World Health Organization](https://www.who.int/publications/i/item/9789240052390) in 2022 in its HIV guidelines for key populations, reiterated its recommendation that possession of drugs for personal use be decriminalized as a critical element in the HIV response for people who use drugs.[[33]](#footnote-34)

The Global AIDS Strategy set a target that by 2025 less than 10% of countries will criminalize possession of small amounts of drugs. In 2021, of 128 countries with available data, 115 reported still criminalizing the possession of small amounts of drugs for personal use. [[34]](#footnote-35)

Decriminalisation of drug use and possession for personal use is critical for ensuring access to HIV services. However, where criminal sanctions are replaced with significant fines or other severe administrative penalties, or where thresholds for personal use of drugs are too low, the impact can be similar to that of criminalisation.[[35]](#footnote-36)

Of particular concern is the continued use of compulsory drug detention centres, a practice that has repeatedly been found to violate human rights.[[36]](#footnote-37) More general laws, such as vagrancy laws or petty offence laws have also been utilized to target people from key populations, with similar impacts to the more specific criminal laws. The African Court of Human Rights recently released an advisory position calling for the removal of petty offences laws given their discriminatory impact.[[37]](#footnote-38)

If we are to end AIDS as a public health threat for people who inject drugs, countries must decriminalize drug use and possession for personal use and avoid administrative penalties that have the same harmful impact as criminal laws.

**Stigma, discrimination and violence**

[Stigma and discrimination in healthcare settings](https://www.unaids.org/en/resources/documents/2021/07-hiv-human-rights-factsheet-stigma-discrmination) undermines access to services for people who use drugs.[[38]](#footnote-39) [[39]](#footnote-40) Stigma is reinforced by criminal laws, policing and other structural barriers that perpetuate violence, exploitation and a climate of fear. Recent survey data reported that more than 10% of respondents avoided accessing health-care services due to stigma and discrimination in eight of 14 for reporting countries for people who inject drugs and seven of 12 for transgender people.[[40]](#footnote-41) [[41]](#footnote-42) This undermines efforts to provide condoms and harm reduction services and to prevent the spread of HIV.[[42]](#footnote-43) [[43]](#footnote-44)

In committing to the Global AIDS Strategy, countries and all stakeholders agreed to the following targets for people who use drugs regarding stigma and discrimination:

* Less than 10% of people who use drugs report experiencing stigma and discrimination.
* Less than 10 % of health workers and law enforcement officers report negative attitudes toward people who use drugs.
* Less than 10% of people who use drugs experience physical or sexual violence.[[44]](#footnote-45)

Only 4 countries have reported data on the experience of discrimination in 2021.[[45]](#footnote-46) Among those a median of 47% of people who inject drugs experienced stigma and discrimination in the past six months.

Among the seven countries that report in 2021 to UNAIDS, in the median, one in six people who inject drugs reported experiencing violence in the past 12 months.[[46]](#footnote-47)

Women who inject drugs face high levels of physical and sexual violence, which contributes to their high risk of HIV, but they are often ignored by harm reduction programmes.[[47]](#footnote-48)

Despite the evidence on the importance of taking action on the societal enablers, particularly HIV-related stigma and discrimination, until recently, there have been significant gaps in action and funding. For this reason, the [Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination](https://www.unaids.org/en/topic/global-partnership-discrimination) (the Global Partnership) was formed in 2018 to harness the combined power of governments, civil society, bilateral and multilateral donors, academia and the United Nations to eliminate HIV-related stigma and discrimination and to inspire countries to take action to remove critical barriers to HIV services.[[48]](#footnote-49) Given the interrelated nature of the 10-10-10 targets, the Global Partnership is a vehicle for action across all societal enablers, not just stigma and discrimination.

Co-led by UNAIDS, UNDP, UNWomen, GNP+, the PCB NGO Delegation, and the Global Fund for HIV, Tuberculosis and Malaria, the Global Partnership has increased coordinated technical assistance and leveraged synergies of action to support country efforts to end stigma and discrimination across six settings: healthcare, justice, education, workplace, humanitarian and community. As of 17 May 2023, 35 countries have joined. In Cote d’Ivoire for example, the Global Partnership is supporting the drafting of decrees for the implementation of the new legislation on illicit drugs, in relation to the integration of harm reduction into the health pyramid. Also, in Thailand, a new Narcotics Code was passed by the Thai Parliament and enacted by royal endorsement which helped pave the way for increased access to harm reduction services.

The Global Partnership supported and leveraged the GNP+-led #MoreThan campaign to garner country, community and donor support, reaching more than 119,000 people through social media. The campaign included a dedicated webinar on International Drug Users’ Remembrance Day advocating for No More Loss and highlighting what it takes for countries and communities to discover what made so many individuals #more than a casualty of the drug war. This advocacy was sustained with the #NotaCriminal global campaign to advance the decriminalization agenda.

**A community-led response**

For decades, affected communities have been driving the global HIV response forward. Community-led organizations (CLOs) raise awareness of obstructive laws and practices, pinpoint missed opportunities, reach marginalized communities and lead by example. Community-led monitoring systems are a valuable resource, leveraging the knowledge and networks of community organizations to strengthen the performance and accountability of HIV programmes.[[49]](#footnote-50) A 2021 rapid review of peer involvement of people who use drugs in harm reduction services found reported outcomes that included reduced HIV incidence and prevalence, increased service access, acceptability and quality, changed risk behaviours and reduced stigma and discrimination.[[50]](#footnote-51)

As part of the 2021 Political Declaration, states reaffirmed, and committed to, the Greater Involvement of People Living with HIV/AIDS principle (GIPA principle) and to empowering communities of people living with, at risk of and affected by HIV to play a critical leadership role in the response. The Global AIDS Strategy set targets for 30% of testing and treatment services and 80% of prevention services be delivered by CLOs, and 60% of programmes for the societal enablers be led by CLOs.

Across countries with available data for 2019-2021, organizations led by people who inject drugs reached 25% of the reported people who inject drugs reached. They also provided 19% of the reported needles and syringes distributed in the previous 12 months across 17 of the 35 countries with available data between 2019-2021. However of the 18 countries reporting on the number of people receiving OAT, none was provided by organizations led by people who inject drugs.

As the term reflects, community-led organisations must be at the centre of the HIV response, not simply organizations that are based in the community but not led by communities themselvese. UNAIDS has formally adopted a definition of community-led organisations, developed in strong partnership with communities: “Community-led organizations, groups and networks engaged in the AIDS response, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups, and networks engaged in the AIDS response are self-determining and autonomous, and not influenced by government, commercial, or donor agendas.”[[51]](#footnote-52) The new definition was presented to the UNAIDS Programme Coordinating Board (PCB) after a two-year consultative process that brought together 11 governments, representing each region of the world, and 11 civil society representatives. The UN and donors have an important role to play for enabling civic space for civil society. The UNAIDS PCB includes five seats for community representation, with representatives chosen by the communities themselves. Within the UN, the UNAIDS governance model is unique and should be replicated across the UN. Similarly, the Global Partnership also includes the Global Network of People Living with HIV and the PCB NGO delegation as co-coordinators, and community-led organisations are members of country level teams.

**Recommendations for a human rights-based approach to drug policy in relation to HIV:**

1. **Implement the full comprehensive package of harm reduction services in line with guidance from WHO, UNODC and UNAIDS.**
2. **Remove laws criminalizing the possession of drug for personal use and ensure administrative approaches are not punitive.**
3. **End all forms of compulsory drug treatment.**
4. **Include, support and empower communities led by people who use drugs in all aspects of the design, implementation and monitoring and evaluation of drug policies and programmes.**
5. **Ensure the collection of comprehensive data on access to harm reduction services and broader sexual and reproductive health services, experiences of stigma, discrimination and violence, disaggregated by gender, in partnership with organisations led by people who inject drugs.**

1. UNAIDS works to support countries, communities, and other stakeholders to remove human rights barriers and improve societal enablers such as laws, policies, reduction of stigma and discrimination and violence, gender norms and inequalities, and promote the health and wellbeing women and girls, and men and boys, trans and other gender diverse persons in all their diversity in order to end AIDS as a public health threat by 2030. [↑](#footnote-ref-2)
2. See below for the statistics on this point. [↑](#footnote-ref-3)
3. Degenhardt L, Webb P, Colledge-Frisby S, et al. Epidemiology of injecting drug use, prevalence of injecting-related harm, and exposure to behavioural and environmental risks among people who inject drugs: a systematic review. Lancet Glob Health. 2023;11(5):e659–e672 [↑](#footnote-ref-4)
4. Folch C, Casabona J, Majó X, et al. Women who inject drugs and violence: Need for an integrated response. Adicciones. 2021;33(4):299–306 [↑](#footnote-ref-5)
5. Stengaard AR, Combs L, Supervie V, et al. HIV seroprevalence in five key populations in Europe: a systematic literature review, 2009 to 2019. Euro Surveill. 2021;26(47):2100044 [↑](#footnote-ref-6)
6. UNAIDS Evidence Review [↑](#footnote-ref-7)
7. Except as otherwise indicated, all data above is UNAIDS data. New data for this paragraph will be available mid July 2023 [↑](#footnote-ref-8)
8. The 10 Sustainable Development Goals which are explicitly linked to this Strategy are SDG 1 No Poverty; SDG 2 Zero Hunger; SDG 3 Good Health and Well-Being; SDG 4 Quality Education; SDG 5 Gender Equality; SDG 8 Decent Work and Economic Growth; SDG 10 Reduced Inequalities; SDG 11 Sustainable Cities and Communities; SDG 16 Peace, Justice and Strong Institutions; and SDG 17 Partnerships for the Goals. [↑](#footnote-ref-9)
9. UNAIDS Global AIDS Update: In Danger. July 2022. P 117 [↑](#footnote-ref-10)
10. Harm Reduction International. The Global State of Harm Reduction 2022, p26. [↑](#footnote-ref-11)
11. UN General Assembly, Resolution 70/284: “Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, UN Doc. A/RES/70/284 (2021), para. 36. [↑](#footnote-ref-12)
12. Economic and Social Council, Resolution 2009/6: Joint United Nations Programme on HIV/AIDS (UNAIDS) (2009), para. 19. [↑](#footnote-ref-13)
13. Commission on Narcotic Drugs, Resolution 60/8: Promoting Measures to Prevent HIV and Other Blood-Borne Diseases Associated with the Use of Drugs and Increasing Financing for the Global HIV/AIDS Response and for Drug Use Prevention and Other Drug Demand Reduction Measures (2017), paras. 1, 3; see also Sustainable Development Goal 3.5. [↑](#footnote-ref-14)
14. Human Rights Council Resolution 52/24 Contribution of the Human Rights Council with regard to the human rights implications of drug policy. 17 April 2023 A/HRC/RES/52/24. [↑](#footnote-ref-15)
15. Bangladesh, China, India, Kyrgyzstan, Myanmar and New Zealand, new data available mid July 2023 [↑](#footnote-ref-16)
16. New data available mid July 2023 [↑](#footnote-ref-17)
17. Denmark, Ireland, Malaysia, Malta, Mauritius, Seychelles, new data available mid-July 2023. [↑](#footnote-ref-18)
18. UNAIDS National Commitments and Policy Instrument. https://lawsandpolicies.unaids.org [↑](#footnote-ref-19)
19. Global state of harm reduction: 2021 update [Internet]. Harm Reduction International; 2021 (https://www.hri.global/global-state-of-harm-reduction-2021). [↑](#footnote-ref-20)
20. Algeria: Addressing the Needs of People who Inject Drugs. In: UNODC.org [Internet]. 7 June 2022. Vienna: UNODC; c2022 (https://www.unodc.org/romena/en/Stories/2022/June/algeria\_-addressing-theneeds-of-people-who-inject-drugs.html). [↑](#footnote-ref-21)
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25. World drug report 2019. Booklet 2. Vienna: UNODC; 2019 [↑](#footnote-ref-26)
26. The Joint WHO–ILO–UNAIDS policy guidelines on improving health workers’ access to HIV and TB prevention, treatment, care and support services: a guidance note. Geneva: WHO, ILO, UNAIDS; 2011 (https://www.ilo.org/wcmsp5/groups/public/---ed\_protect/---protrav/---ilo\_aids/documents/publication/wcms\_149714.pdf). [↑](#footnote-ref-27)
27. UNAIDS Global AIDS Update: In Danger. July 2022. p126 [↑](#footnote-ref-28)
28. <https://www.unaids.org/en/resources/presscentre/featurestories/2023/may/20230505_moldova-expands-harm-reduction-services-prisons> [↑](#footnote-ref-29)
29. DeBeck K, Cheng T, Montaner JS, Beyrer C, Elliott R, Sherman S, et al. HIV and the criminalization of drug use among people who inject drugs: a systematic review. Lancet HIV. 2017;4(8):e357–e374. [↑](#footnote-ref-30)
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31. DeBeck K, Cheng T, Montaner JS, Beyrer C, Elliott R, Sherman S et al. HIV and criminalization of drug use among people who inject drugs: a systematic review. Lancet HIV. 2017;4(8):e357-e374 [↑](#footnote-ref-32)
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34. UNAIDS National Commitments and Policy Instrument. <https://lawsandpolicies.unaids.org> Updated data available in mid July 2023 [↑](#footnote-ref-35)
35. International Network of People who Use Drugs. Drug decriminalisation: Progress or political red herring? London, March 2021. [↑](#footnote-ref-36)
36. Working Group on Arbitrary Detention. Study on arbitrary detention relating to drug policies. OHCHR. Geneva, 2021. p.12. Available at [OHCHR | Study on arbitrary detention relating to drug policies](https://www.ohchr.org/EN/Issues/Detention/Pages/Detention-and-drug-policies.aspx) [↑](#footnote-ref-37)
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39. Measuring HIV-related stigma and discrimination in health care settings in Thailand. Report of a pilot: developing tools and methods to measure HIV-related stigma and discrimination in health care settings in Thailand. International Health Policy Program, Ministry of Public Health, Thailand; 2014. [↑](#footnote-ref-40)
40. UNAIDS Global AIDS Update: In Danger. July 2022. Page 78. [↑](#footnote-ref-41)
41. Updated data will be available in mid July 2023 [↑](#footnote-ref-42)
42. DeBeck K, Cheng T, Montaner JS, Beyrer C, Elliott R, Sherman S et al. HIV and the criminalization of drug use

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44. Updated data available mid July 2023 [↑](#footnote-ref-45)
45. 2022 was the first year countries were asked to report on stigma, discrimination and violence for key populations, thus the low number. [↑](#footnote-ref-46)
46. UNAIDS Global AIDS Update: In Danger. July 2022 [↑](#footnote-ref-47)
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48. The Global Partnership is co-convened by heads of agencies of the Global Network of People living with HIV (GNP+), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), and the United Nations Development Programme (UNDP), and with leadership and technical support of the nongovernmental organization delegation to the UNAIDS Programme Coordinating Board (PCB). In September 2021, the Global Fund formally joined as co-convener of the Global Partnership. This will strengthen coordination and increase the scale of technical assistance and investments to eliminate HIV-related stigma and discrimination, including in the 28 countries that have joined the Global Partnership. [↑](#footnote-ref-49)
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