



UNAIDS Urges Scaling Up of Evidence-Based Services to Address the Transmission of HIV and Viral Hepatitis Among People Who Use Drugs

Only 1% of people who inject drugs have access to recommended harm reduction services.

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At the 67th meeting of the United Nations Commission on Narcotic Drugs taking place in Vienna, UNAIDS has called for the urgent scaling up of services to prevent new HIV and viral hepatitis infections among people who use drugs. [Addressing delegates](#) in her [video message](#), UNAIDS Executive Director, Winnie Byanyima, commended some countries for making progress in implementing evidence-based programmes but called for bolder action.

“Gathered here are leaders whose decisions can save and transform lives, tackle social exclusion, and protect public health for everyone. As leaders you can deliver on the shared pledge to end AIDS as a public health threat by 2030 – if all people can secure the HIV prevention, testing, treatment and care services they need. To end AIDS we need to ensure that no one is excluded,” said Ms Byanyima.

Since the [2019 Ministerial Declaration of the United Nations Commission on Narcotic Drugs \(CND\)](#) there has been some progress in a rebalancing of drug policy towards public health. Several countries have moved towards a more public health-based approach to drug use, with some, such as Ghana, decriminalizing all personal drug use. UNAIDS is supporting Brazil in engaging transgender women in harm reduction programming.

The context of the COVID-19 response led some countries to increase the availability of take-home doses of opioid agonist maintenance therapy, such as in Vietnam. Communities have been central to progress in programmes and policy reforms; in Kenya, Tanzania and Uganda peer groups have been instrumental in delivering harm reduction interventions, law enforcement training sessions and awareness-raising initiatives, including women-centred harm reduction services in Kenya.

But progress remains piecemeal. Services such as needle-syringe programmes, and opioid agonist maintenance therapy, crucial for reducing HIV and other health risks among people who inject drugs, only exist in around 50% of countries. In 2019, UNAIDS reported that only 1% of people who

inject drugs had access to recommended harm reduction services, and since then no additional country has reported achieving recommended levels of coverage.

Too often, laws and policies continue to exacerbate exclusion, and people who use drugs are today seven times more likely to be living with HIV than other adults. Drug possession for personal use is still criminalized in 145 countries – with 34 countries retaining the death penalty. The stigma, and outright fear, that this exacerbates is driving people away from vital health services.

Attending the meeting in Vienna, UNAIDS Deputy Executive Director, Christine Stegling said, “We know that drug prohibition has failed. Punitive drug laws and law enforcement practices create significant barriers for people who inject drugs to access a range of services, increasing their risk of acquiring HIV and reducing their access to services. To protect public health, we need to decriminalize possession of drugs for personal use, we need to significantly scale up harm reduction service provision, and we need to make sure that communities of people who use drugs are adequately resourced and in the lead in the response.”

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