HIV AND PEOPLE WHO INJECT DRUGS

OVERVIEW

People who inject drugs are disproportionally affected by HIV *(1)*. People who inject drugs who are living with or at risk of HIV include men, women, people in prisons, and people from other key populations, such as sex workers, gay men and other men who have sex with men, and transgender people. In 2022, the relative risk of acquiring HIV was 14 times higher for people who inject drugs than for people in the overall adult population *(2)*.

Since 2019, only two of 26 reporting countries (Malaysia, Seychelles) have reported achieving the 2025 target of 50% use of opioid agonist maintenance therapy among people who inject drugs.[1] Since 2019, among the 35 countries that reported the number of needles and syringes distributed per person who injects drugs per year by needle–syringe programmes, only three countries reported achieving the recommended more than 200 needles and syringes distributed per person who injects drugs per year. In the same period, only 11 of the 27 reporting countries achieved the 90% target on coverage of safe injecting practices.

1 Unless otherwise specified, the source for all quantitative data in this factsheet is Global AIDS Monitoring, 2024 (https://aidsinfo.unaids.org/) or UNAIDS epidemiological estimates, 2024 (https://aidsinfo. unaids.org/).

Criminalization of possession of drugs for personal use, violence, and stigma and discrimination remain significant barriers to achieving social justice and realizing human rights for people who inject drugs. They are also barriers to the provision and access of prevention, testing and treatment services, and to the ability of people who use drugs to protect their health and well-being *(3–6)*. The United Nations General Assembly, the United Nations Human Rights Council and the United Nations Commission on Narcotic Drugs have all recognized the importance of harm reduction in addressing public health threats and realizing the right to health and have called for countries to consider alternatives to incarceration, conviction and punishment *(7, 8)*.

Punitive drug laws and policies continue to dominate global drug policy. This undermines progress towards the Global AIDS Strategy targets in relation to people who inject drugs. At least 153 countries criminalize the possession of small amounts of drugs *(9)*, and 34 countries retain the death penalty in law for drug-related offences *(10)*. A total of 31 countries reported that compulsory detention or compulsory rehabilitation in a closed facility is applied, despite continued international calls for the closure of such facilities *(11)*. Civil society in 59 countries reported that alternatives to incarceration have a similar punitive effect to incarceration. A median of 40% of people who inject drugs across nine reporting countries say they have experienced stigma and discrimination in the past six months. In 15 of 19 countries that recently reported data to UNAIDS, more than 10% of people who inject drugs avoided accessing health-care services due to stigma and discrimination. A median of 28% of people who inject drugs across 13 reporting countries experienced violence in the past 12 months.

Punitive laws and policies, harmful gender norms and stereotypes, violence, gender inequalities, marginalization, over-incarceration and other barriers to accessing services combine to amplify the risk of HIV acquisition for women and people of diverse gender identity and expression who use drugs. Women who inject drugs are often not in a position to negotiate safe injecting practices; may be more exposed to sexual transmission through sex work if they are unable to negotiate safer sexual practices; may face abuse from law enforcement officers and intimate partners; and may experience physical or sexual violence *(12)*. Drug use is often seen as contrary to the socially normative roles of women as mothers, partners and caretakers, leaving women who use drugs experiencing a range of specific harms, including loss of custody of their children *(12)*. There are well-documented bidirectional associations between gender-based violence and HIV among women who use drugs *(13)*. These associations are under-addressed in policy and programming. Women often report being unable to realize their rights to services for sexual and reproductive health, gender-based violence, mental health, antenatal and postnatal care, antiretroviral therapy and prevention of vertical HIV transmission, or to access police protection in cases of violence *(14)*.

Even where harm reduction and needle–syringe programmes exist, young people face restrictions to access services and report that often the programmes do not meet the specific needs of young people who use drugs *(15)*. Structural factors and the vulnerabilities of youth—such as power imbalances in relationships, evolving identity and capacity, restricted access to sexual and reproductive health, effective prevention interventions, and alienation from the school system, family and friends—reduce young people's access to prevention, harm reduction and reproductive health services, and put them at higher risk of HIV, sexually transmitted infections and viral hepatitis *(16)*.

KEY MESSAGES

- Coverage of harm reduction programmes, including needles and syringes, opioid agonist maintenance therapy and overdose prevention, remains far too low. Urgent action is needed to scale up funding and implementation of harm reduction services and accessible HIV testing and treatment services in line with national population size estimates, and in collaboration with organizations led by people who use drugs.

- The removal of criminal and harmful laws or administrative sanctions for possession of drugs for personal use can significantly improve access for people who use drugs to the support and services that can help them protect their health. Such laws, together with multiple and intersecting forms of stigma and discrimination, including those faced by women and other people from key populations who use drugs, combine to reduce access to HIV prevention services, including harm reduction; increase the risk of acquiring HIV; and create barriers to HIV testing and treatment *(17)*.

- Networks led by people who use drugs continue to lead in advocacy for the expansion of harm reduction services and the removal of criminal sanctions for personal use and possession. With their first-hand understanding of local drug use patterns and practices, such networks have been instrumental in ensuring sterile injecting equipment, naloxone and other commodities are available when and where they are needed through peer-led services. These networks have proposed ways to increase the quality of opioid agonist maintenance therapy, and pioneered innovative new strategies, including harm reduction interventions addressing the needs of people who use drugs and service provision adaptations in humanitarian settings.

- Successful programmes demonstrate how high-quality community-led harm reduction programmes can have an impact on HIV among people who inject drugs. For example, in a 2022 study among people who inject drugs in Kenya, participation in opioid agonist maintenance therapy programmes was associated with uptake of antiretroviral therapy and viral suppression. Moreover, needle–syringe programmes provided key linkages for people who were seeking opioid agonist treatment *(18)*.

- Harm reduction programmes face significant funding gaps despite their proved cost-effectiveness. UNAIDS estimates that to meet 2030 targets, the annual resources needed by 2025 for prevention programmes amount to US$ 2.7 billion for interventions for people who inject drugs in lower- and middle-income countries, 89% of which would be needed in middle-income countries. Among the 34 countries that reported their latest expenditure data on interventions for people who inject drugs to Global AIDS Monitoring, 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. To increase the reach of harm reduction services in line with WHO guidelines *(19)* and to increase the sustainability of such services, countries must significantly scale up funding for harm reduction and other health and social services, including redirecting funds away from law enforcement and incarceration, and ensure social contracting mechanisms are in place to fund community-led harm reduction service providers.

KEY DATA

Size estimate

There is a lack of data in relation to population sizes in countries, rendering people who inject drugs invisible and making it difficult to provide adequate service coverage. A total of 93 countries have ever reported population size estimates for people who inject drugs. Among these, only 15 refer to national estimates derived by probabilistic methods within the past five years.
Men are five times more likely than women to inject drugs (based on limited data from 18 countries), but women who inject drugs are 1.2 times more likely than men who inject drugs to be living with HIV (based on data from 58 countries) *(20)*.

HIV incidence

In 2022, the relative risk of acquiring HIV was 14 times higher for people who inject drugs than people in the wider population globally. Annual numbers of new HIV infections among people who inject drugs decreased by 24% between 2010 and 2022.

HIV prevalence

The global median prevalence of HIV among people who inject drugs is 5.0%, ranging from 0% to 32% (47 reporting countries), which is much higher than the prevalence of 0.7% among the total global adult population aged 15–49 years.

Among the 17 countries that report sex disaggregation, the global median prevalence of HIV is 8.5% among men who inject drugs and 15% among women who inject drugs.

HIV services

The coverage and use of combination HIV prevention among people who inject drugs was low globally, with a reported median of 39% receiving at least two prevention services in the past three months (22 reporting countries).

Since 2019, among the 35 countries that reported the number of needles and syringes distributed per person who injects drugs per year by needle–syringe programmes, only three (Bangladesh, China, Myanmar) reported achieving the recommended more than 200 needles and syringes distributed per person who injects drugs per year. In the same period, only 11 of the 27 reporting countries achieved the 90% target on coverage of safe injecting practices.

Use of opioid agonist maintenance therapy among people who inject drugs does not reach the 50% target by 2025 in any region. Among reporting countries, regional medians were far below the target in Asia and the Pacific (9.4%, nine reporting countries), eastern Europe and central Asia (7.8%, nine reporting countries) and western and central Africa (6.5%, two reporting countries).

Antiretroviral coverage is low among people who inject drugs, with a global median of 65%, ranging from 14% to 91% (18 reporting countries).

A median of 92% of men who inject drugs and 92% of women who inject drugs reported safe injecting practices at last injection (11 reporting countries).
Use of opioid agonist maintenance therapy shows a big difference depending on gender. From the nine reporting countries with gender-disaggregated data for the same year, coverage is 9.4% for men and 3.4% for women.

People who inject drugs may also belong to other key populations, and programmes should factor in their intersecting needs *(21)*.

Laws and policies

As of June 2023, 152 countries criminalized possession of small amounts of drugs *(22)*.

Punitive drug laws and policies, including around parental rights of people who use drugs, impede access to HIV and sexual and reproductive health and rights services *(23)*.

Sexual and reproductive health services

Women who use drugs face a number of barriers to their access to sexual and reproductive health services. They have limited access to contraception and antenatal and postnatal care, and poor access to antiretroviral therapy and prevention of vertical HIV transmission services *(24)*.

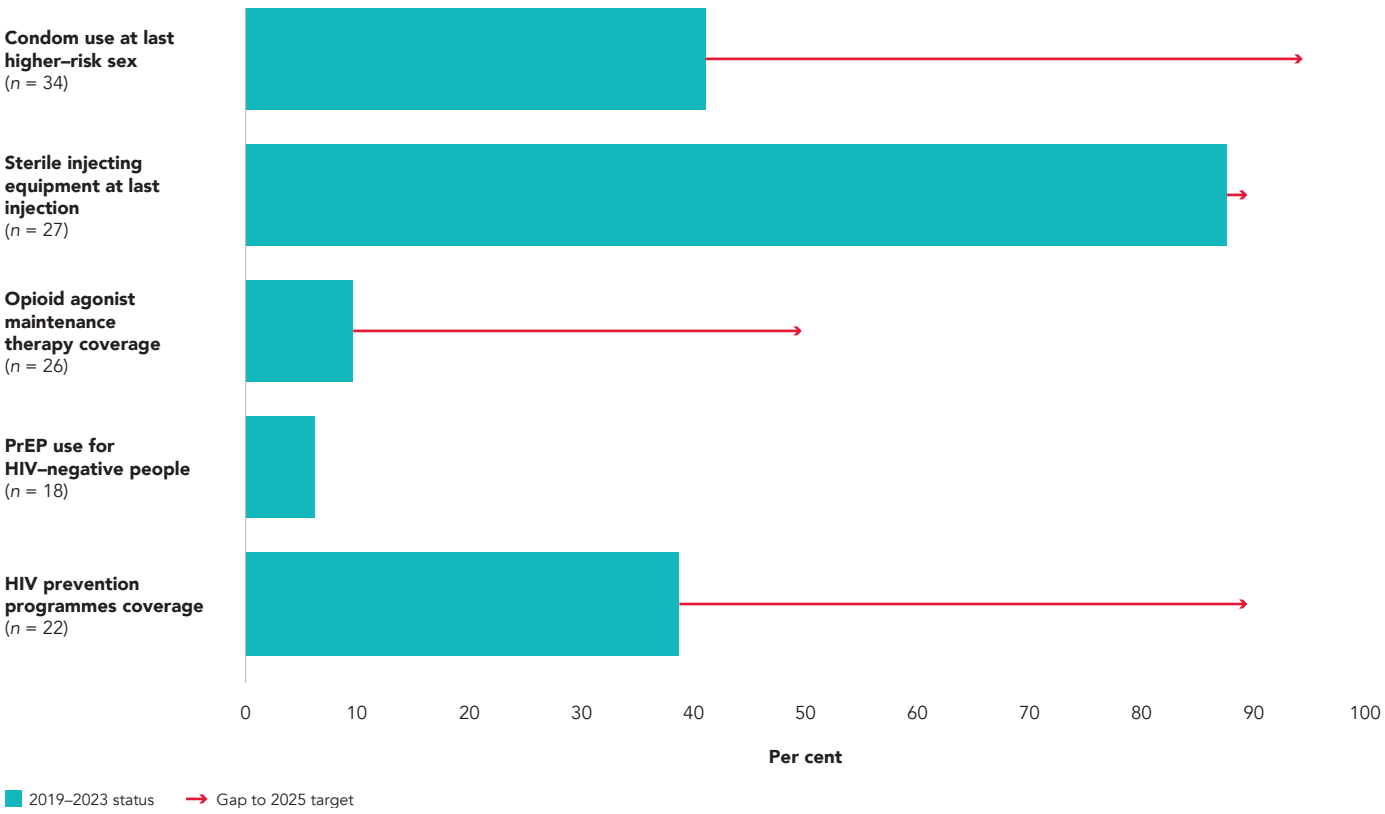
Stigma and discrimination

A median of 40% of people who inject drugs have experienced stigma and discrimination in the past six months (nine reporting countries). A median of 17% people who inject drugs have avoided accessing health-care services due to stigma and discrimination in the past 12 months (19 reporting countries).

Violence

A median of 28% people who inject drugs have experienced violence in the past 12 months (13 reporting countries).

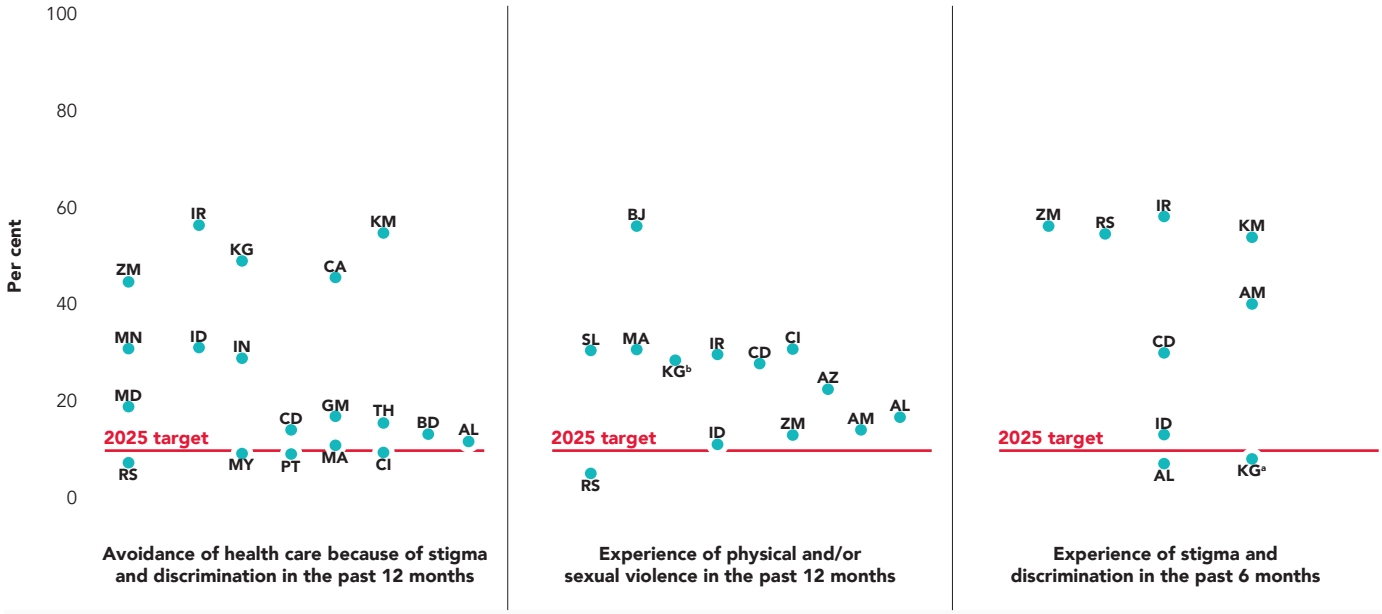
Figure 1
Gap to achieve combination prevention targets among people who inject drugs, by intervention, global, 2019–2023



Source: Global AIDS Monitoring, 2020–2024 (https://aidsinfo.unaids.org/); UNAIDS special analysis, 2024.
Note: The methods used are described under the section "Calculation of pre-exposure prophylaxis (PrEP) coverage for HIV-negative people" in the Annex.
The graph shows median coverage among countries reporting except for PrEP use.
2025 targets are global. Coverage of interventions can be underestimated due to the lack of reporting from some countries.
"HIV prevention programmes coverage" refers to people from key populations who reported receiving at least two prevention services in the past three months. Possible prevention services received for sex workers include condoms and lubricants, counselling on condom use and safer sex, and testing for sexually transmitted infections. Condom use at last higher-risk sex does not take into account people taking PrEP and therefore may be underestimated. The use of a clean needle the last time a person has injected tends to come from surveys, which are typically conducted in areas that have services available and thus may not be nationally representative.
PrEP targets were calculated based on the number of people who would most benefit from PrEP use, those with greatest vulnerability to HIV exposure within each key population. Reported numbers of PrEP users include all users regardless of vulnerability.

Figure 2

Experience of sexual and/or physical violence, stigma and discrimination, and avoidance of health care among people who inject drugs, reporting countries, 2019–2023



AL: Albania
AM: Armenia
AZ: Azerbaijan
BD: Bangladesh
BJ: Benin
BO: Bolivia
KH: Cambodia
CA: Canada
KM: Comoros
CI: Côte d'Ivoire
CD: Democratic Republic of the Congo
GM: Gambia
GH: Ghana
HT: Haiti
IN: India
ID: Indonesia
IR: Islamic Republic of Iran
KG: Kyrgyzstan
MY: Malaysia
MN: Mongolia
ME: Montenegro
MA: Morocco
NI: Nicaragua
PH: Philippines
PT: Portugal
MD: Republic of Moldova
RS: Serbia
SL: Sierra Leone
TH: Thailand
UA: Ukraine
VN: Viet Nam
ZM: Zambia
ZW: Zimbabwe

Source: Global AIDS Monitoring, 2020–2024 (https://aidsinfo.unaids.org/).
Note: [a] In the past 12 months [b] Ever

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For additional information and data on HIV and people who inject drugs, see:

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