

## Key Affected Populations People Who Inject Drugs (PWID) - Factsheet

### Epidemiology

The 2012 UNAIDS report on the global AIDS epidemic states that people who inject drugs (PWID) are at least 22 times more likely to be living with an HIV infection than the general population of 49 countries with available data. In some countries, the HIV prevalence of PWID is up to 50 times higher than that of the general population. Recent reports show that China, Russia and the USA have the largest populations of PWID living with HIV.<sup>1</sup>

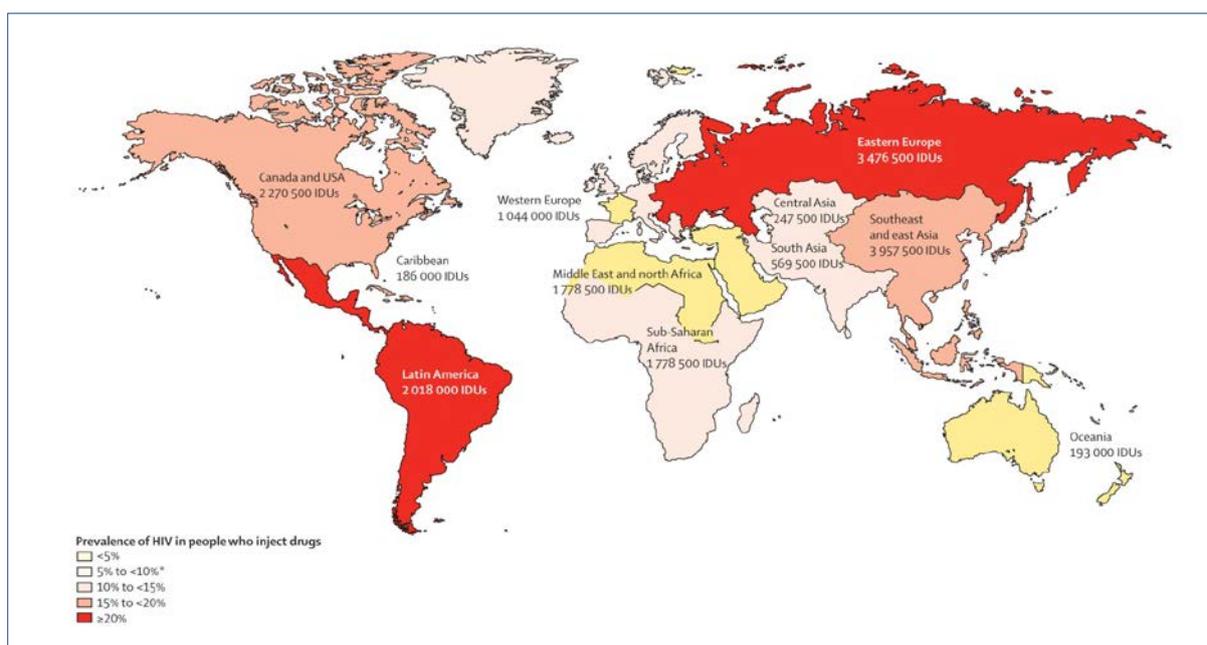


Figure 1 - Estimated numbers of PWID and regional prevalence of HIV in people who inject drugs, 2010<sup>2</sup>

At least 158 countries and territories have documented injecting drug use. Yet many countries have failed to provide data on the HIV prevalence of drug-using populations, thus creating urgency for the gathering of data. Marginalisation and discrimination against PWID has led to the negation of their needs and their exclusion from national AIDS strategies, and this should be rectified in order to prevent the spread of HIV.<sup>3</sup>

One of the core reasons for the correlation between PWID and HIV is the sharing of needles. For numerous users around the world, sterile needles are not available; drug apparatus laws in certain countries forbid the distribution of syringes if not used for medical purposes.<sup>4</sup> Where the possession of needles is illegal, the sharing of equipment is common and injecting drug use increases the spread of the virus.<sup>5</sup> For example, in Russia, higher rates of

needle sharing have been associated with arrests for drug offences.<sup>6</sup> Moreover, a lack of awareness about the risks of needle sharing due to inadequate prevention efforts can lead to an increase in HIV.

Sex work and injecting drug use often tend to be interconnected. Individuals who fall into both groups become increasingly vulnerable to HIV infection.<sup>7</sup> Sexual partners of injecting drug users constitute a channel of HIV transmission between PWID and the general population.

## Human Rights

Over the past few years, the global war on drugs has led to a spike in the HIV epidemic among PWID and their sexual partners. Aggressive drug law enforcement practices, that target the drug market, drive drug-using individuals away from public health services and into environments where they are prone to contracting HIV. It has been noted that some law enforcement officials torture and harass drug users, confiscate clean syringes and arrest PWID for the possession of syringes, which in turn leads to the sharing of needles.<sup>8</sup>

In 148 countries  
there are  
approximately 16  
million people who  
inject drugs

Drug-using populations are rendered silent by policies in many countries, leaving them vulnerable to arbitrary detention, forced labour and torture. Even in some areas where the possession of syringes is legal, PWID undergo physical abuse by law enforcement officials. For example, in Thailand, law enforcement officials have beaten and arrested PWID close to needle-exchange services under suspicion of being in possession of used and sterile syringes.<sup>9</sup>

In many countries, PWID are imprisoned, and prison conditions for this population are often abusive and destructive. The needs of PWID are often overlooked. Sri Lanka is one of many countries that does not have any programmes preventing the transmission of HIV in prisons. This illustrates the need for prisoners to have access to counselling, safe sex education, awareness programmes concerning injecting drugs and sterile syringes.<sup>10</sup> The government of Malawi provides a leading example of best practices. There, authorities have ensured that prisoners are not subjected to mandatory testing, segregation or isolation based on their HIV status. PWID are provided with appropriate counselling, HIV prevention interventions, support and antiretroviral (ARV) treatment during detention.<sup>11</sup>

Instead of receiving access to services and care, PWID in many countries are kept in drug detention centres. These centres are not only a violation of human rights, but have also proven to be ineffective with a high rate of relapse and increased risk of HIV among detainees.<sup>12</sup> In addition, PWID who seek health care often face discrimination and abuse. It is essential that the state fulfils its obligation to prevent mistreatment of PWID by doctors, social workers, health care professionals, public officials and those working in drug detention centres.<sup>13</sup>

## Access to Service & Care

At the UN High Level Meeting on AIDS in June 2011, member states committed to working towards reducing transmission of HIV among PWID by 50% by 2015. To make progress, critical and urgent changes are needed, among them, sustained implementation of harm reduction interventions. Harm reduction is a comprehensive package of interventions widely recognized around the world as an evidence-based approach to HIV prevention, treatment and care for PWID. It includes opioid substitution therapy (OST). As of 2010, data reveals that OST coverage has only reached 6-12% of PWID on a global scale with a wide gap between regions depending on wealth distribution.<sup>14</sup> Harm reduction methods have been proven to respect human rights of PWID, decrease the spread of HIV and encourage more people to receive treatment.<sup>15</sup>

Approximately **3 million** of the estimated 16 million PWID globally are living with HIV

In addition to the expansion of harm reduction services, greater attention must be paid to preventing sexual transmission of HIV from injecting drug users to their sexual partners.

In 2013 UNAIDS released a report that outlines the minimal coverage of HIV preventative services for PWID and other key affected populations.<sup>16</sup>

## Funding

Many governments contribute to the funding of drug detention centres in their own countries and internationally. More than 350,000 individuals detained in Vietnam, China, Cambodia and Lao PDR are identified as “drug users” and are held in these centres for up to five years. They are forced to perform military drills, chant slogans and work as a method of “therapy”.<sup>17</sup>

Among PWID who are living with HIV, approximately **75% are co-infected with Viral Hepatitis C**

Funding must be redirected from compulsory drug detention centres to harm reduction programmes. Funding related to PWID poses a particular challenge due to the controversy surrounding drug use. Numerous countries, such as Armenia, receive grant funding for harm reduction services from the Global Fund in order to fight HIV, but support is scheduled to be terminated in 2015.<sup>18</sup> In order to ensure the sustainability of funding for programmes of public health and support towards injecting drug users, it is vital that countries recognize the

importance of these efforts and recognize the rights of PWID.

In prisons across the world, HIV prevalence tends to be higher than in the general population. Most prisons do not receive sufficient funding from governments in order to provide adequate health care services, such as harm reduction programmes and ARV treatment, to prisoners. In countries where ARV drugs are abundantly available, complications within prison systems have been making it difficult for HIV-positive individuals to receive continuous treatment.<sup>19</sup>

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- <sup>1</sup> UNAIDS, "Global Report, UNAIDS report on the global AIDS epidemic 2012", p. 34, [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120\\_UNAIDS\\_Global\\_Report\\_2012\\_with\\_annexes\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf).
- <sup>2</sup> Beyrer, et al. *Time to act: a call for comprehensive responses to HIV in people who use drugs*. *Lancet*, July 2010
- <sup>3</sup> UNAIDS, "Global Report, UNAIDS report on the global AIDS epidemic 2012", p. 41, [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120\\_UNAIDS\\_Global\\_Report\\_2012\\_with\\_annexes\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf).
- <sup>4</sup> UNAIDS, "Global Report, UNAIDS report on the global AIDS epidemic 2012", p. 41, [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120\\_UNAIDS\\_Global\\_Report\\_2012\\_with\\_annexes\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf).
- <sup>5</sup> Avert, "How is HIV passed on?", 2014 Feb. <http://www.avert.org/hiv.htm>.
- <sup>6</sup> Avert, "Injecting Drug Users and HIV/AIDS, Why do people share needles?" 2014 Feb, <http://www.avert.org/hiv-injecting-drug-users.htm>.
- <sup>7</sup> Avert, "Injecting Drug Users and HIV/AIDS, Drug users and sex work", 2014 Feb, <http://www.avert.org/hiv-injecting-drug-users.htm>.
- <sup>8</sup> Global Commission on Drugs, "The War on Drugs and HIV/AIDS how the Criminalization of Drug Use Fuels the Global Pandemic", 2012 June, p. 4, 5 [http://www.globalcommissionondrugs.org/wp-content/themes/gcdp\\_v1/pdf/GCDP\\_HIV-AIDS\\_2012\\_REFERENCE.pdf](http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/GCDP_HIV-AIDS_2012_REFERENCE.pdf).
- <sup>9</sup> Avert, "Injecting Drug Users and HIV/AIDS, Injecting drugs and marginalization", 2014 Feb, <http://www.avert.org/hiv-injecting-drug-users.htm>.
- <sup>10</sup> Centre for Policy Alternatives, "A Critique: HIV/AIDS and the Legal and Policy Framework in Sri Lanka", 2013 August, p.28.
- <sup>11</sup> Centre for Policy Alternatives, "A Critique: HIV/AIDS and the Legal and Policy Framework in Sri Lanka", 2013 August, p.29.
- <sup>12</sup> Human Rights Watch, "Drug Detention Centers Offer Torture, Not Treatment", 2012 July, 24, <http://www.hrw.org/news/2012/07/24/drug-detention-centers-offer-torture-not-treatment>.
- <sup>13</sup> OHCHR, United Nations General Assembly, "Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment", Juan E. Mendez, 2013 Feb, 1, p.6, [http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53\\_English.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf).
- <sup>14</sup> IHRA, "The Global State of Harm Reduction, Towards An Integrated Response, Opioid Substitution Therapy", 2012, p.19, [http://www.ihra.net/files/2012/07/24/GlobalState2012\\_Web.pdf](http://www.ihra.net/files/2012/07/24/GlobalState2012_Web.pdf).
- <sup>15</sup> UNODC, "Innovative community based drug treatment pilot makes inroads in Cambodia", 2012 Feb 8, <http://www.unodc.org/southeastasiaandpacific/en/2012/02/cbt-cambodia/story.html>.
- <sup>16</sup> UNAIDS, "Global Report, UNAIDS report on the global AIDS epidemic 2013", p. 33, [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS\\_Global\\_Report\\_2013\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf).
- <sup>17</sup> Human Rights Watch, "Drug Detention Centers Offer Torture, Not Treatment", 2012 July, 24, <http://www.hrw.org/news/2012/07/24/drug-detention-centers-offer-torture-not-treatment>.
- <sup>18</sup> UNAIDS, "Global Report, UNAIDS report on the global AIDS epidemic 2013", p. 36, [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS\\_Global\\_Report\\_2013\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf).
- <sup>19</sup> Avert, "Prisoners and HIV/AIDS", 2014 Feb, <http://www.avert.org/prisoners-hiv-aids.htm>.