

HIV and drugs: a common, common-sense agenda for 2016



2016 is set to be a historic year for people living with and affected by HIV and people who use drugs. The UN General Assembly Special Session (UNGASS) on drugs (April 19–21, 2016; New York, NY, USA), provides a rare occasion to review critically the global drug-control system and to advance alternatives that are balanced, evidence-informed, fair, public health-oriented, and rooted in human rights. The UN Secretary-General Ban Ki-moon urged that the Special Session “considers all options”.¹ The UN High-Level Meeting on AIDS (June 8–10, 2016; New York, NY, USA) offers an opportunity to commit to concrete steps to fast-track the response to ending the AIDS epidemic, including progressive approaches to drugs policy.

Evidence of disproportionately high rates of HIV among people who inject drugs has been apparent since the beginning of the AIDS epidemic, and evidence of a higher burden of the disease among some people who use drugs by other means (mainly those who smoke stimulants) has become apparent. Individuals who inject drugs are 28 times more likely to acquire HIV than are the general population.² Outside sub-Saharan Africa, 30% of new cases of HIV infection are in people who inject drugs, and in some countries, more than 90% of individuals who inject drugs are also living with hepatitis C.³

Punitive laws, policies, and practices obstruct access to life-saving harm-reduction services—eg, sterile needles and syringes, opioid substitution therapy, voluntary HIV testing, antiretroviral therapy, and naloxone for overdose management and reversal. Legal approaches that criminalise and dehumanise people who use drugs constitute the primary drivers of both the HIV and hepatitis C epidemics amongst this community. Harm reduction works in preventing new HIV infections among people who inject drugs, but it is not routinely accessible;⁴ chemsex (the use of psychoactive substances to extend sexual activities) presents continued challenges to harm reduction.⁵

In 2016, we call on the international community to join the AIDS and drug-law reform movements to advance a six-point agenda to ensure aligned policy on AIDS, drugs, human rights, public health, and criminal justice (panel).

The international community has embraced the target of ending AIDS as a public health threat by 2030. This goal will only be reached by adopting public health

and human rights-based approaches to all policies and programmes relating to drug use. Now is the time to work together to ensure that this six-point agenda is reflected in the outcome documents of the 2016 UN meetings on drugs and AIDS and to ensure that we stop leaving people who use drugs behind in our efforts to ensure health, human rights, and wellbeing for all.

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We declare no competing interests.

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- 1 United Nations. Ban Ki-moon: statement—Secretary-General's remarks at special event on the International Day Against Drug Abuse and Illicit Trafficking. June 26, 2013. <http://www.un.org/sg/statements/index.asp?nid=6935> (accessed Jan 15, 2016).

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Panel: A progressive policy agenda for public health and drug use

- Put the health, wellbeing, human rights, dignity, and security of people who use drugs at the centre of international and national drug policy.
- Ensure that drug policy is informed by evidence of what works, in particular in relation to access to integrated harm reduction, which includes services for HIV, tuberculosis, viral hepatitis, and sexually-transmitted infections, in addition to non-coercive drug treatment, as outlined in UN guidance.⁶ Holistic, people-centred services—tailored to the needs and realities of specific groups of people who use drugs (eg, women, men who have sex with men, prisoners, young people)—need to be accessible and included in all universal health coverage packages.
- Treat people who use drugs as rights holders, who should neither be criminalised nor viewed as having a disorder purely on the basis of their drug use. Alternatives to criminalisation are needed—eg, decriminalisation, and stopping the incarceration of people for consumption and possession of drugs for personal use. Further, compulsory drug and HIV testing and drug treatment need to be replaced with voluntary schemes, including by providing access to community-based drug treatment and other harm-reduction services.
- Promote and protect the human rights of people who use drugs, including through renewed efforts at eliminating discrimination in health care, criminal justice, education, employment, legal services, and social protection settings, and through access to justice programmes.
- Actively empower and support drug users and people living with HIV, and organisations working with these populations, to participate effectively in the governance and delivery of health and other services intended for people who use or inject drugs—eg, by supporting the establishment and adequate financing of such organisations, and by ensuring the representation of these organisations in bodies such as national AIDS councils.
- Significantly ramp up investments in harm-reduction programmes, including by redeploying resources from often ineffective punitive approaches, in the context of implementing the Sustainable Development Goals on health, equality, inclusion, and justice.

- 2 UNAIDS. Global AIDS response progress reporting, 2014. Geneva: UNAIDS, 2014.
- 3 Médecins du Monde, International Network of People who use Drugs. Nobody left behind: the importance of integrating people who inject drugs into HCV treatment programs—arguments from a public health and human rights perspective. 2014. <http://www.inpud.net/201406-MDM-policy-VHC-en-NobodyLeftBehind.pdf> (accessed Jan 15, 2016).
- 4 UNAIDS. A public health and rights approach to drugs. 2015. http://www.unaids.org/sites/default/files/media_asset/JC2803_drugs_en.pdf (accessed Jan 1, 2016).
- 5 Bourne A, Reid D, Hickson F, Torres-Rueda S, Steinberg S, Weatherburn P. “Chemsex” and harm reduction need among gay men in South London. *Int J Drug Policy* 2015; **26**: 1171–76.
- 6 WHO. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization, 2014.