

# Action for Universal Access 2010:

## Myths

## Realities



### HIV and People Who Use Drugs

#### Issue Statement

The target of universal access by 2010 will not be realized unless concerted action is taken to ensure that HIV services and policies address the needs of injecting drug users (IDUs) and those of their sexual partners.

#### Key Messages

- While approximately 30 percent of new HIV infections outside of sub-Saharan Africa are due to injecting drug use, less than five percent of people who inject drugs have access to HIV prevention and treatment services.
- The recent Report of the Secretary-General<sup>1</sup> noted that most IDUs lack meaningful access to HIV-prevention services. Needle and syringe exchange programmes have not been scaled up adequately in any developing country with an injection-driven HIV epidemic, despite clear evidence of the efficacy of such services.
- Sexual health services do not reach out adequately to drug users, with prevention messages that will enable them to protect themselves and their sexual partners from HIV, nor are the drug-using population enlisted in efforts to reduce HIV transmission.
- IDUs are disproportionately less likely to receive antiretroviral therapy than other populations. Access to ART is frequently limited by explicit policies barring treatment of active drug users, despite scientific evidence that drug users are just as adherent to ART as other populations with appropriate support.
- Access to HIV prevention and treatment services for drug users is particularly limited in prisons, where governments control health care access, and where HIV prevalence is usually several times higher than in the rest of the community.
- Opiate Substitution Therapy, such as methadone and buprenorphine, are proven interventions that reduce HIV transmission and improve health outcomes. However, they are unavailable to most people who need them. Barriers to access include programs kept in perpetual pilot status, limitations preventing physicians from changing doses, and use of treatment cessation as punishment.

#### Background: Myths vs. Realities – The Road to Universal Access

The **myth** is that people who use drugs should have their human rights respected and have access to the highest attainable standard of health, consistent with the commitments in the 2001 and 2006 declarations on HIV and AIDS. The reality is that many countries are failing to meet their legal obligations and commitments regarding this vulnerable population.

- Drug users will not access health care if they fear persecution, arrest or discrimination that are part of the “war on drugs” campaigns in many countries; these campaigns against “social evils” drive marginalized groups further underground and create an environment that impedes access to lifesaving education, treatment and prevention services.

1. United Nations General Assembly. *Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: Midway to the Millennium Development Goals. Report of the Secretary-General.* 1 April 2008.

- Because drug use is illegal in most countries, drug users are disproportionately represented in prison populations, where evidence-based harm reduction measures such as needle/syringe exchange, OST, ART and HIV education are even more inaccessible.
- Though methadone and buprenorphine are proven to reduce HIV transmission, promote adherence to ART, improve quality of life, and reduce crime, they are available to fewer than 2 percent of people in need in developing/transitional countries with injection-driven epidemics.

### **The Role of Civil Society**

The involvement of drug user groups is essential to reaching people who use drugs with prevention, treatment and care services and, ultimately, to achieving universal access goals. Governments and UN agencies must see drug users as key partners in planning and implementing effective HIV interventions.

#### **Recommendations**

- Human rights protection for people who use drugs must be enforced to ensure access to HIV prevention, treatment and care services. No service will be effective if people are afraid to use it.
- More resources must be allocated to address services for people who use drugs.
- Drug laws and policies should be reviewed to ensure humane treatment of drug users. Drug use should be addressed as a public health issue rather than as a criminal justice issue.
- Health facilities should integrate drug dependence and treatment services into HIV services and staff should be trained to deliver those services without discrimination against drug users.

This paper was prepared under the auspices of the Civil Society Task Force for the 2008 UN High Level Meeting on AIDS.

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