



The International Network of People who Use Drugs' (INPUD) response to the WHO's *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations*

INPUD welcomes the World Health Organisation's *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations*' recommendations for the provision of naloxone to those who use opiates and their communities, and additionally welcomes the call for decriminalisation of behaviours of key populations, specifically the decriminalisation of drug use and of people who use currently illegal drugs.

Recommendation for naloxone provision

"People likely to witness an opioid overdose should have access to naloxone and be instructed in its use for emergency management of suspected opioid overdose"

One of the principal risks associated with opiate use, especially with injecting opiate use, is the risk of overdose. Opiate overdoses can occur for many reasons. Due to prohibition, it is impossible to know with certainty the composition – and therefore the purity – of drugs that are bought and sold in a black market context. In addition, people using opiates after a period of abstaining from use will have a lower tolerance, which can also lead to overdose when opiates are used again; this is especially common following release from incarceration (prison, pre-trial detention, drug detention centres, and other closed settings). Risk of overdose can be exacerbated by taking other sedative drugs, such as benzodiazepines and alcohol.

Though the majority of overdoses take place with another person present, people can be unwilling to call an ambulance due to concern surrounding police involvement and the possibility of harassment, arrest, and imprisonment, or due to the cost of the ambulance and healthcare in some regions. Again, due to prohibition – the criminalisation of people who use drugs and the stigma that surrounds drug use – deaths from overdose are all too common. The UNODC estimates that there are 183,000 deaths from overdose annually.

These fatal overdoses are preventable. There can be a considerable period of time (sometimes as long as a few hours) to reverse the effects of overdose from opiate use, to resuscitate, and to prevent death from overdose. Naloxone is a safe drug that is easy to use, that reverses opiate overdose in minutes, and that significantly reduces the risk of mortality from overdose. The fact that in safe drug consumption rooms, there has yet to be a death from overdose globally, speaks for itself: naloxone saves lives.

INPUD welcomes the WHO's new recommendation to provide those who are likely to witness an opiate overdose in the community with naloxone. First witnesses and responders to opiate overdoses are most likely to be peers – i.e. people who use drugs, especially opiates – and so this should be regarded as a recommendation for the peer distribution, possession, and administration of naloxone. The World Health Organisation recommend:

- People who are likely to witness opiate overdose have access to naloxone and know how to use it.
- Naloxone should be administered via the most appropriate route (intramuscular, intranasal, intravenous, or subcutaneous), based on the administrator's skill, the context, and on what naloxone formulation is available.
- First-responders need to focus on assisting ventilation and giving naloxone.
- After administration of naloxone and resuscitation, consciousness and breathing should be closely observed.

Providing naloxone alone is not enough and there is a considerable disparity between the realities on-the-ground and the guidance as provided by the WHO: naloxone needs to be provided in a context of broader harm reduction measures (as recommended by the WHO). These include: education on rescue-breathing and education on naloxone administration (this should be peer-education, as recommended as best practice by the WHO). The monitoring of an affected person's consciousness and breathing following naloxone administration is also imperative. The importance of the inclusion of naloxone in advocacy also needs to be stressed.

Recommendation for critical enablers and the decriminalisation of drug use

"Countries should work toward decriminalization of behaviours such as drug use/injecting, sex work, same-sex activity and nonconforming gender identities, and toward elimination of the unjust application of civil law and regulations against people who use/inject drugs, sex workers, men who have sex with men and transgender people"

The so-called war on drugs is, in reality, a war on people who use drugs. Prohibition drives many of the harms that can be associated with drug use. It creates a black market that funds organised crime and violence, and creates a context in which people who buy, sell, and use drugs have little to no idea as to the purity of their drugs or dangerous contaminants that may be present. Prohibition feeds stigma, social exclusion, and justifies ongoing opposition to harm reduction services. People who use drugs can rarely rely on the same provision of healthcare, services, and authoritative protection which most members of society enjoy.



Prohibition legally sanctions gross human rights violations of people who use drugs, who are subject to invasions of their bodily integrity, incarceration, forced 'treatment' in drug detention centres, and violence in their communities and at the hands of the state and the police, including execution and torture.

Criminalisation, violence, stigma, discrimination, incarceration, and opposition to harm reduction all provide substantial barriers to prevention and treatment initiatives for blood-borne infections such as HIV and hepatitis B and C. INPUD welcomes the World Health Organisation's stressing of the importance of the provision of critical enablers, without which HIV interventions cannot be successful.

"Critical enablers'... means strategies, activities and approaches that aim to improve the accessibility, acceptability, uptake, equitable coverage, quality, effectiveness and efficiency of HIV interventions and services"

INPUD welcomes the WHO's call to work towards the decriminalisation of the injection of drugs, as well as the decriminalisation of other use of drugs. INPUD welcomes the recommendations that countries should work towards the decriminalisation of the possession and use of needles and injecting paraphernalia, towards the provision of harm reduction services such as needle and syringe programmes and opiate substitution therapy, as well as the recommendation that states ban the compulsory detention of people who use drugs. The WHO's nuanced focus on the variability of risk within each key population is also welcome, as is their emphasis on those who could be considered to be members of more than one key population. INPUD moreover welcomes the WHO's stress on community organising and empowerment, meaningful participation, access to justice, putting an end to stigma and discrimination, focussing on training and sensitising health workers, and their attention to ending violence experienced by key populations.

Universality of recommendations

Though INPUD welcomes the WHO's recommendations, we stress that the guidance is normative, and so should be regarded as universal. High-income countries are not exempt. In the vast majority of countries, including high-income countries, drug use and possession remain criminalised, and there are significant barriers to harm reduction. The repressive and detrimental legislative frameworks of prohibition are what drive such high levels of harms associated with drug use, including overdoses, fatalities, and transmission of blood-borne infections, most notably HIV and hepatitis C.