No Fix Without Us

Strengthening and sustaining the HIV response among people who use drugs

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1.0 What is this about?

All governments have adopted the goal of ending the AIDS epidemic as a public health threat by 2030 as one of the Sustainable Development Goals. As that deadline approaches, governments, funders, and international organisations are discussing what a "sustainable" response to HIV looks like in the longer term—both globally and at the country level. How do we preserve the gains that have been made? How do we continue reducing new HIV infections and HIV-related deaths? How can we mitigate the risk of a resurgence of the HIV epidemic? How can we sustain the response in the long term?

These questions are especially urgent as sustainability is already under threat. Recent shifts in global funding, particularly the abrupt withdrawal of US foreign aid, are undermining the very systems that have proven effective in the HIV response. Findings from INPUD's rapid assessment—The Human Cost of Policy Shifts: The Fallout of US Foreign Aid Cuts on Harm Reduction Programming and People who Use Drugs—reveal widespread service disruptions, organisational closures, and the collapse of community-led harm reduction networks, especially in low- and middle-income countries such as Tanzania, Kenya, Indonesia, Ukraine, and Nigeria. These cuts have left people who use drugs without essential services like outreach, needle and syringe programmes, HIV testing, overdose prevention, and opioid agonist treatment. This places us at increased risk of HIV, hepatitis C, and preventable deaths. Without urgent action to replace lost funding and prioritise community-led approaches, the sustainability of HIV responses for people who use drugs is in serious jeopardy. The longer this damage to community-led responses lasts, the more ground is lost in preventing new HIV infections, and the more lives are lost. As a result, the more it will cost to rebuild this community capacity as organisations fail and services are shuttered.

In this context, it is more critical than ever to ensure that people who use drugs are not left out of conversations about what comes next. We must act now to make sure we are part of those discussions. This brief is intended to support drug user advocates, as well as those concerned about the health and human rights of people who use drugs, in engaging with those processes and forums. This brief identifies **essential elements** of a successful and sustainable response to HIV, along with some key opportunities to advocate for them. It was developed by INPUD based on previous analyses and an online community consultation held in November 2024.

2.0 Why does this matter?

Almost all countries have endorsed a Global AIDS Strategy to achieve the goal of ending AIDS as a public health threat.[1] It includes targets to reach by this year (2025) related to:

i. preventing new HIV infections;
ii. getting people diagnosed and treated effectively with HIV medications; and
iii. reducing the inequalities that contribute to new infections and limit access to HIV services.

It also includes targets for scaling up the role of community-led organisations in all these areas.[2] There has been major progress toward achieving these targets; however, it is uneven, both around the world and within countries. Some countries and some people—especially among "key populations" such as people who use drugs—are being left behind.

Globally, **funding for HIV research and services has never matched the need**. Over the last decade, funding for the global HIV response has declined as governments and donors respond to other demands. The lack of funding has been particularly pronounced when it comes to addressing HIV among people who use drugs. For example, the most recent analysis reports that, in 2022, funding for harm reduction programmes accounted for less than 1% of total HIV funding, and harm reduction funding in low- and middle-income countries from both domestic and international sources accounted for only 6% of what is needed.[3] Given that people who use drugs face much higher risk of HIV and that a significant proportion of new HIV infections is linked to unsafe injection drug use and the lack of access to comprehensive harm reduction services, this funding gap undermines an effective and sustainable HIV response.

Furthermore, in many settings, governments have not created a truly **"enabling environment"** for HIV prevention and treatment efforts to be as effective as possible. Societal factors such as gender inequality and gender-based violence, HIV-related stigma and discrimination (including against people who use drugs), as well as laws, policies, and practices that criminalise "key populations" or otherwise harm us by creating barriers to services, are limiting progress in reducing new infections and improving access to HIV treatment. Laws, policies, and other measures that protect and promote our safety and rights are essential for people who use drugs to be able and willing to access harm reduction and other services without fear of discrimination, abuse, or punishment.[4]

After decades of research and on-the-ground experience, we know what works to reduce new infections and HIV-related deaths, including among people who use drugs. But the current HIV response is inadequate to meet existing targets, let alone achieve longer-lasting control of the pandemic. In many places, we need major changes in funding, policies, and programmes if we are to succeed in ending AIDS as a public health threat and keeping it that way. This brief identifies those essential changes. These need to be reflected in countries' national long-term plans, funders' decisions about what to fund in the years ahead, and in the collective global response.

- Some countries are developing **"sustainability roadmaps"** for how they will achieve the globally agreed targets and sustain the impact of their national HIV response in the longer term. These roadmaps should identify the transformative changes needed in five areas—political leadership, laws and policies, financing, health services, and systems—to make this happen.
- Key **funders in the HIV response**, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), are revisiting how they allocate grants and what to prioritise for funding within varying country contexts in order to have a sustainable, longer-term impact in controlling the epidemic.[5]
- UNAIDS is developing the **next Global AIDS Strategy** that will include new global targets and be aimed at ensuring the longer-term sustainability of the HIV response.[6]

In planning for a sustainable HIV response now and beyond 2030, there is a risk that, yet again, people who use drugs will be left behind, and that the changes needed to protect and promote our health will be ignored or sidelined. This would continue to undermine the goal of achieving and sustaining an effective response to the ongoing HIV pandemic. People who use drugs play an essential role in the HIV response. If the response is to be sustainable, we must be meaningfully engaged in shaping and implementing it.

Without us, there will be no end to the pandemic.

3.0 Essential elements of a sustainable HIV response

3.1 Enabling laws and policies

- ✔ **Decriminalise us**: Abolish any criminal, administrative, or similar prohibition on the use of drugs and on the possession, purchase, or cultivation of drugs for personal use. Clear the criminal records of those who have been previously convicted or otherwise punished under such laws that are abolished. Such measures are in line with the goal of removing punitive laws, as set out in the Global AIDS Strategy and the 2021 Political Declaration on HIV/AIDS adopted by the UN General Assembly.[7]

- ✔ **Enable harm reduction**: Abolish any criminal, administrative, or similar prohibition on the provision of harm reduction services needed by people who use drugs to reduce the risk of HIV infection and other harms, including opioid agonist treatment, sterile drug use equipment, and drug consumption. Ensure that any law prohibiting "incitement" or "encouragement" of drug use does not restrict the possession or distribution of harm reduction equipment, goods, or information. If needed in a given setting, create a clear legal framework authorising and protecting the provision of harm reduction services. Issue binding directives to law enforcement personnel prohibiting the confiscation of drug use equipment.

- ✔ **Protect against abuse**: Create mechanisms to hold law enforcement accountable for human rights violations against us, including arbitrary detention and abusive treatment such as withholding medications, using withdrawal from drugs as an interrogation technique, assault, and other forms of torture or cruel, inhuman, or degrading treatment. Abolish and prohibit coerced or involuntary "treatment" or other health interventions for, or based on, a person's drug use; these impede engagement in HIV care and access to evidence-based treatment for problematic drug use. Adopt and enforce standards for quality of care and respect for human rights in the provision of voluntary, evidence-based drug dependence treatment services, by both public and private providers.

- ✔ **Protect privacy and relationships**: Abolish drug user registries where they exist; these are used to discriminate against us and therefore serve as another barrier to care. Abolish any law, policy, or practice that makes drug use alone the rationale for removing children from their parents' custody or that seeks to punish someone for using drugs during pregnancy.

- ✔ **Protect against discrimination**: Adopt laws or amend existing laws to protect us against unjust discrimination in settings such as employment, services (including health services), housing, and social assistance programmes that are based simply on the use of drugs or our real or perceived health status (e.g., drug dependence).

3.2 Harm reduction and other health services

- ✔ **Embed harm reduction**: Explicitly include harm reduction services in policies and plans for achieving universal health coverage (UHC)—specifically including needle and syringe programmes (NSPs), opioid agonist treatment (OAT), and naloxone for overdose management.[8] Integrate harm reduction services into broader health services and systems, including primary health care, and include organisations of people who use drugs among those delivering such services.

- ✔ **Include us in health care**: Enable enrolment in public health insurance schemes with minimal registration requirements, recognising that the most marginalised may be unable or unwilling to provide details such as a fixed address. Legislate strong protections for the confidentiality of personal health information provided or recorded in any health insurance scheme, including information about substance use or use of harm reduction services. If there are any, ensure that premiums for coverage under a national health insurance scheme are waived for those unable to afford them. Prohibit discrimination: under public and private health insurance schemes, coverage must apply regardless of whether injury or illness is related to substance use.[9]

- ✔ **Ensure equitable access**: People use different drugs and in different ways. For services to be effective, they need to be accessible without discrimination and delivered in ways that meet the needs of diverse populations of people who use drugs—such as women, racialised people, Indigenous people, LGBTQI+ people, young people, people with disabilities, people experiencing poverty or homelessness, migrants, etc. To increase equitable access, implement differentiated approaches to harm reduction and other drug use-related services, and integrate these into other health and social services used by diverse populations (e.g., sexual and reproductive health services, mental health services, housing, youth-oriented services, etc.). In addition, ensure that people in prisons and other closed settings have access to health services, including harm reduction services, equivalent to services available in the community.

3.3 Adequate financing

- ✔ **Redirect funds**: Decriminalisation will save significant resources no longer used for policing, prosecuting, and punishing people. Governments should reallocate these resources to expand access to harm reduction services and HIV treatment for people who use drugs and/or to improve our access to other health services, housing, social assistance, and other social services that help protect and promote health and well-being.

- ✔ **Dedicate funding**: Within their HIV funding, drug strategies, and other relevant funding streams, governments should allocate dedicated funding for harm reduction services and for access to HIV treatment for people who use drugs.

- ✔ **Be transparent**: Governments and international funders need to monitor and report on an ongoing basis on how and to what extent they are funding interventions to respond to HIV among people who use drugs. These include specific harm reduction services, measures to

facilitate access to HIV treatment, and initiatives to protect and promote human rights (including through changing laws, policies, and practices as described above).

3.4 Strong, engaged communities

- ✔ **Respect us**: Governments should remove legal or policy barriers to the formation of community-led organisations by and for people who use drugs, as well as to the voluntary legal registration of our organisations.
- ✔ **Involve us**: Given our expertise—including based on our lived experience—governments, funders, and international organisations should meaningfully involve and support organisations led by people who use drugs in (i) changing laws and policies to enable an effective response to HIV and (ii) developing, implementing, and monitoring HIV-related programmes and services. Governments should ensure they have legal mechanisms for providing funding, with transparency and accountability, to organisations of people who use drugs for these purposes ("social contracting"). To ensure equitable coverage and quality of health services, organisations of people who use drugs must be meaningfully involved in efforts to achieve universal health coverage (UHC).
- ✔ **Fund us**: In line with the global AIDS goal of strengthening community-led responses,[10] governments and funders should allocate dedicated funding, including core funding, within their HIV funding, drug strategies, and other relevant funding streams, for drug user organisations to (i) provide HIV services (including harm reduction and other HIV prevention programmes, testing services, and treatment support); (ii) engage in community-led monitoring (CLM) of services; (iii) implement programmes to challenge stigma and discrimination against us; and (iv) advocate for our human rights, including the necessary changes to law and policy as set out above.

4.0 Advancing these essential elements of sustainability

Governments, funders, and communities all have key roles to play in ensuring these essential elements of an effective, sustainable response to HIV are in place. People who use drugs and our organisations need to advocate in various places and processes to ensure these essential elements are part of responses by governments and funders, both nationally and internationally. This brief looks at three such current priorities for advocacy as global and national plans for sustaining the HIV response beyond 2030 take shape.

4.1 National-level advocacy, including "sustainability roadmaps"

All countries need to plan for sustaining their HIV response over the longer term and ending AIDS as a public health threat. In all countries, people who use drugs must be meaningfully involved in all stages of developing, implementing, and monitoring that national plan.

UNAIDS has developed a **sustainability framework** and process to guide countries in developing national **roadmaps** aimed at reaching the goal of ending AIDS as a public health threat and sustaining that achievement in the long term.[11] More than 30 countries are developing such roadmaps with UNAIDS support; the framework can be used by and for any country. The framework identifies five inter-related components of a sustainable HIV response (see Figure 1). The essential elements for an effective, sustainable HIV response among people who use drugs, as identified above, should be integrated into the relevant components of countries' sustainability roadmaps (or other national plans).

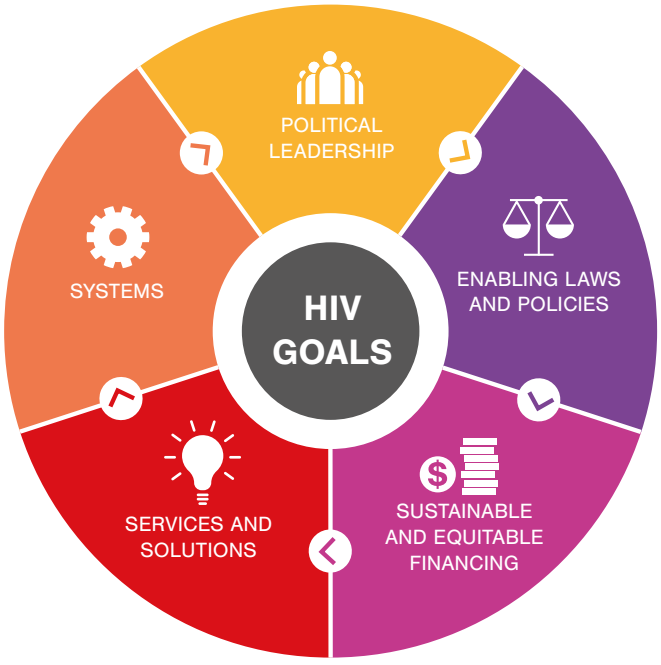


Figure 1. HIV goals

The process begins with a systematic assessment of the country's current HIV response in each of these five areas, identifying gaps and challenges to sustainability, as well as opportunities for change. Based on this, the first part of the roadmap (Part A) should identify **high-level outcomes** (i.e., what conditions need to exist in order to sustain the HIV response) and the **"transformational" changes** needed in the country to achieve those outcomes—in other words, ***what*** needs to happen.

The second part of the roadmap (Part B) should provide details of ***how*** this will (or should) happen. It will identify the actions that will be taken to achieve the changes and high-level outcomes, define the timeline for taking these actions, and describe roles and responsibilities for implementing them, as well as the resources needed. There should also be a plan for monitoring and evaluating implementation and a plan for minimising various risks that could block or delay implementation. The roadmap will be updated as needed and as situations evolve.

People who use drugs must be meaningfully involved in all stages of developing, implementing, and monitoring a country's sustainability roadmap. At a minimum, this means engaging with the working group leading the process and participating in national dialogue(s) held to shape the roadmap. More specifically, community organisations of people who use drugs need to advocate that:

- ✔ the essential elements above are part of the assessment of their country's current approach to HIV;
- ✔ they are used to set high-level outcomes and identify needed changes (in roadmap Part A); and
- ✔ the implementation plan includes concrete actions for achieving these changes and high-level outcomes, and the implementation of these actions is monitored (in roadmap Part B).

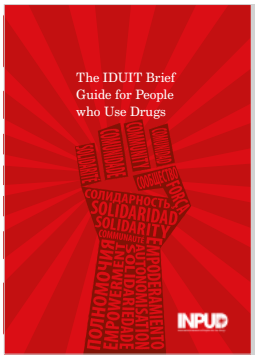
Even if a country is not going through the process of developing a "sustainability roadmap," there will still be processes in the next year(s) to update the national strategic plan on HIV. These need to include discussions on how to sustain a long-term response to HIV. People who use drugs must be involved, and it is key to advocate for the inclusion of the essential elements of a sustainable HIV response identified in this brief.

> "So far, Kenya's sustainability roadmap has not really considered the voices of people who use drugs. And the roadmap is still silent on non-negotiable elements such as needle and syringe programs, opioid agonist therapy, and naloxone, and the community-led response is still largely missing. The names of key populations representatives are listed in the document as among the contributors to the roadmap, but really their views and their input were not clearly documented or included. There will be no sustainability of the HIV response if there is no mention of harm reduction and no involvement of people who use drugs, including substantive evidence that our contribution matters." **Ahmed Said, Regional Coordinator, Africa Network of People who Use Drugs (AfricaNPUD)**

Advocates in each country will know their national context best and will be best placed to decide which elements are strategic to prioritise in these discussions. There are several resources that can

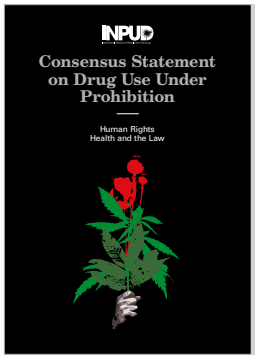
help advocates make the case for harm reduction services, for legal and policy reforms, and for supporting organisations of people who use drugs. These include:

The Injection Drug User Implementation Tool (IDUIT) - Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs: Practical Guidance for Collaborative Interventions



The IDUIT Brief Guide for People who Use Drugs

Our Rights, Every Body's Rights: Technical Assistance Module for Drug User-led Advocacy (INPUD, 2022)



Consensus Statement on Drug Use Under Prohibition (INPUD, 2015)

4.2 Funders

Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund has a key role to play in achieving and sustaining an effective HIV response among people who use drugs. This aspect of the response has been, and remains, highly dependent on this funding source. As of 2022, many countries had no identifiable domestic funding of harm reduction programmes, and the Global Fund accounted for 73% of all donor funding for harm reduction.[12]

The Global Fund is also a major funder, especially in middle-income countries, of "community-focussed programs". These are programmes focussed on preventing and treating HIV among "key and vulnerable populations," on reducing human rights- and gender-related barriers to services, and strengthening community organisations.[13] The same analysis also found that funding civil society organisations directly (i.e., as "Principal Recipients" of a grant) is a good investment, with a high "absorption rate" (meaning the grant monies have been used to implement the funded activities).[14] The Global Fund can and should take further steps in keeping with its stated commitment to "engage in efforts to create pooled funding mechanisms with partners to support civil society legitimacy and advocacy; and contribute to efforts that seek to assess, analyze and reform laws and policies that impede access to services" among key and vulnerable populations."[15]

Given its vital role, the Global Fund can and should contribute to a sustainable response to HIV among people who use drugs by taking the following steps:

- ✔ Make it a condition of a grant that a percentage of the funds is conditional upon the country also financing evidence-based HIV services—including harm reduction services for people who use drugs as a key population (also known as a "co-financing requirement").
- ✔ Create a dedicated funding stream, in addition to country or multi-country grants, for community-led organisations of people who use drugs (and other key populations), especially since it will remain a challenge in many countries for our organisations to receive domestic funding.
- ✔ Sustain funding specifically for advocacy for harm reduction and for legal and policy changes needed to remove barriers to HIV prevention and treatment for people who use drugs.
- ✔ Analyse the extent to which Global Fund grants are funding community-led organisations, including those of people who use drugs, in order to monitor progress in meeting agreed-upon targets for strengthening communities' response to HIV.
- ✔ Even when a country transitions out of being generally eligible for HIV funding from the Global Fund, allow community-led organisations within that country to be eligible for grants for harm reduction services and for advocacy for harm reduction, for legal and policy reform, and for defending and promoting the human rights of people who use drugs, if they can demonstrate there is no realistic possibility of domestic funding for these activities.

Bilateral donors

As reflected above, the response to HIV is not sustainable without adequate financing. In low- and middle-income countries (LMICs), harm reduction and community-led responses for people who use drugs are particularly dependent on support from the Global Fund. There is great uncertainty about the future of funding for HIV services under the United States President's Emergency Plan for AIDS Relief (PEPFAR). In addition, donor support for the Robert Carr Fund for civil society networks (RCF) has recently been dwindling, despite this being a proven mechanism for funding the community-led organisations, which are essential to a sustainable response to HIV. This makes it all the more important not only for governments to mobilise domestic resources but also for other bilateral donors committed to human rights and to evidence-based interventions to step up. In particular, we call on other donors, as well as governments in their domestic funding, to:

- ✔ Increase their commitments to funding the HIV response, including support for addressing HIV among people who use drugs.
- ✔ Dedicate multi-year funding for: harm reduction services; community-led organisations of people who use drugs (and other key populations); and advocacy for harm reduction, as well as for legal and policy changes needed to remove barriers to HIV prevention and treatment for people who use drugs and to protect our human rights.
- ✔ Commit funding that supports the core costs of civil society organisations, including organisations by and for people who use drugs.

✔ Track their funding over time, including for purposes of monitoring progress in meeting agreed-upon targets for strengthening communities' response to HIV.

4.3 Global AIDS Strategy

The current *Global AIDS Strategy 2021-2026* set targets for countries to achieve by 2025 related to preventing new HIV infections, improving access to HIV testing and effective antiretroviral treatment, and creating a more enabling environment by addressing violence, inequalities, and harmful laws that undermine HIV prevention and treatment efforts. It also includes targets for scaling up the role of community-led organisations in all these areas.

UNAIDS has recently completed a mid-term review of the current strategy, and a global task team—including a representative from INPUD—is developing updated targets for 2030. These updated targets will inform the next *Global AIDS Strategy 2026-2031*, alongside the "sustainability framework" described above. That strategy should guide the world's efforts to achieve the "end of AIDS as a public health threat" by 2030 and be a foundation for how the world sustains the HIV response beyond 2030.

So far, the response to HIV among people who use drugs has been inadequate to achieve the goal. If the response is to be strengthened, and then sustained beyond 2030, it is essential that organisations of people who use drugs in every region to collectively advocate for the new Global AIDS Strategy to reflect the essential elements identified above. There will be three key moments for drug user organisations to engage in advocacy during the process of developing the new global strategy:

- A **multi-stakeholder consultation in April/May 2025** will inform an outline of the new strategy;
- The next **meeting of the UNAIDS Programme Coordinating Board (PCB) in June 2025**, where this outline will be discussed;
- A **second multistakeholder consultation in September-October 2025** to finalise the strategy, which will then be presented for adoption to the UNAIDS PCB at its meeting in December 2025.

In developing the new Global AIDS Strategy and in implementing that strategy, it is essential that UNAIDS demonstrate a commitment to putting key populations and communities at the centre of the response. This must include meaningfully including and engaging with people who use drugs, as well as defending our human rights.

> "Even though the Global AIDS Strategy sets HIV prevention and treatment, harm reduction efforts—which are essential to reaching those targets—have always been significantly underfunded. Criminalised communities such as people who use drugs have always faced barriers in accessing services or being meaningfully involved by governments. The Global AIDS Strategy must recognise the need for drug policy reform and the importance of drug user-led advocacy for the sustainability of the HIV response beyond 2030." **Bikas Gurung, Regional Coordinator, Network of Asian People who Use Drugs (NAPUD)**

Check the UNAIDS webpage for updates as the process of developing the new Global AIDS Strategy unfolds: https://www.unaids.org/en/2026-2031-global-aids-strategy.

If you would like more information about how your drug user organisation can be involved in advocating for a Global AIDS Strategy that includes people who use drugs, contact Aditia Taslim, INPUD Advocacy Lead, at AditiaTaslim@inpud.net.

5.0 Looking ahead, acting now

INPUD will continue to actively engage at the global level with governments, funders, and international organisations to advocate for the inclusion of people who use drugs, as well as for the funding, services, and legal and policy reforms we need. INPUD will also support its member networks, and national and local drug user organisations, in their advocacy at regional and country levels to ensure the voices of people who use drugs are heard as countries plan their national responses.

We know the essential elements of a sustainable response; they are set out in this brief. Community advocates need to take them forward, and decision-makers need to take heed. There is no sustainable response to HIV, and there will be no end to AIDS as a public health threat without addressing HIV among people who use drugs, with and through the meaningful involvement of people who use drugs.

Notes

1. *Global AIDS Strategy 2021-2026 – End Inequalities. End AIDS*.
2. Community-led responses are defined as "actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them": *Community-led AIDS responses: Final report based on the recommendations of the multistakeholder task team* (UNAIDS, 2022).
3. Harm Reduction International. *The Global State of Harm Reduction 2024* (London, 2024).
4. *HIV Response Sustainability Primer* (UNAIDS, 2024), online via https://sustainability.unaids.org/.
5. *Global Fund Sustainability, Transition and Co-financing Policy*, GF/B52/DP04 (November 2024).
6. UNAIDS. "Draft recommendations: The 2030 targets" (20 December 2024).
7. The international community has endorsed the global target of less than 10% of countries having punitive legal and policy environments that deny or limit access to service; this includes decriminalising possession of small amounts of drugs: *Global AIDS Strategy 2021-2026 – End Inequalities. End AIDS*; UN General Assembly. *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*, Resolution A/75/L.95 (2021).
8. UHC should strive to ensure access to the full package of interventions recommended by WHO: see *Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people who inject drugs: Policy brief* (2023). In addition, UHC should ensure access to such harm reduction interventions as drug consumption rooms and programmes to provide a regulated, safe supply of substances (in lieu of potentially toxic substances from the unregulated, criminalised market).
9. INPUD. *What does Universal Health Coverage mean for People who Use Drugs: A Technical Brief* (2019).
10. The international community has endorsed the goal that community-led organisations deliver 30% of HIV testing and treatment services, 80% of HIV prevention services, and 60% of programmes aimed at ending inequalities (achieving the "societal enablers" targets): *Global AIDS Strategy 2021-2026 – End Inequalities. End AIDS*; UN General Assembly. *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*, Resolution A/75/L.95 (2021).
11. *HIV Response Sustainability Primer* (UNAIDS, 2024), online via https://sustainability.unaids.org/. More than 30 countries, most of them in sub-Saharan Africa and a few in Asia and Latin America, are developing these sustainability roadmaps.
12. Harm Reduction International. *The Global State of Harm Reduction 2024* (London, 2024).
13. amfAR. Issue Brief: *Supporting Community-Focused Programming: New Data Highlight the Global Fund's Key Role.* December 2024.
14. Ibid.
15. Global Fund to Fight AIDS, Tuberculosis and Malaria. *Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy (2023-2028)*, p. 33.

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs.

INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs and its impact on the drug-using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national, and regional levels.

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