Sharing needles to inject drugs, and HIV

**FAST FACTS**

- Sharing a needle or syringe to inject any substance (including steroids, hormones or silicone) puts you at risk of HIV and other infections found in the blood, like hepatitis C. You’re at risk whether you’re injecting under the skin only or directly into your bloodstream.

- Sharing needles and syringes is not the only risk. Sharing water to clean injecting equipment, reusing containers to dissolve drugs, and reusing filters can also transmit HIV.

- To reduce HIV risk, avoid shared needles and other injecting equipment, use a new or disinfected container, clean water and a new filter each time you prepare drugs.

If you inject drugs, make sure you know how to do it safely to protect yourself and others from HIV and other infections.

**How do you get HIV from injecting drugs?**

During an injection, some blood goes into the needle and syringe. A needle and syringe that someone living with HIV has used can contain blood with the virus in it after the injection. If you then use the same injecting equipment, you are likely to inject HIV-infected blood directly into your bloodstream.

**Can I get HIV from any type of injecting?**

Yes.
Sharing a needle or syringe for any use, including injecting drugs under the skin (skin popping), steroids, hormones or silicone, can put you at risk of HIV and other infections found in the blood like hepatitis C.

You can get HIV from injecting into a vein (intravenous injecting). You can also get HIV from injecting into the fat under the skin (subcutaneous injecting) and injecting directly into a muscle (intramuscular injection).

There are many ways you could get HIV from injecting drugs and the equipment used to inject drugs, including:

- preparing drugs with syringes that contain infected blood
- sharing water used to flush blood out of a needle and syringe
- reusing bottle caps, spoons, or other containers (‘cookers’) to dissolve drugs into water and to heat drug solutions
- reusing filters - normally small pieces of cotton or cigarette filters – used to filter out particles that could block the needle during an injection
- unsafe disposal of used needles or syringes.

If I use drugs, how can I reduce my risk of HIV?

If you inject drugs, avoid sharing needles, syringes or other injecting equipment like spoons or swabs, as this exposes you to HIV and other viruses found in the blood like hepatitis C.

In some countries, used needles can be exchanged for clean ones at pharmacies and needle exchanges. If you take heroin and share needles, you could consider joining a methadone or buprenorphine programme to reduce your risk of HIV. These opioid substitutes are swallowed as a liquid, reducing your risk of HIV as well as helping you to manage your drug addiction. A doctor or healthcare professional can advise you about the availability of needle exchanges and methadone/buprenorphine programmes in your area.

Another option may be to take pre-exposure prophylaxis (PrEP). This is when you take HIV treatment before possible exposure to HIV (such as injecting drugs) to prevent infection. It’s now recommended for people who inject drugs, although it’s only available in certain countries.

There are other things you can do to reduce your risk of HIV from injecting drugs:

- use sterile water to prepare drugs (for example, boiled water)
- use a new or disinfected container (‘cooker’) and a new filter (‘cotton’) each time you prepare drugs
- before you inject, clean the area of your body you’re going to inject into with a new alcohol swab
- safely dispose of needles and syringes after one use so you don’t use them again, and other people aren’t at risk of accidental exposure.

If you are having a tattoo or piercing, make sure that a clean, sterilised needle is used.
What should I do if I have injected unsafely?

If you think you have shared needles with someone who has HIV (or any other bloodborne virus) make sure you get tested as soon as possible.

If you are sexually active, use a condom until you get your test results. If you are HIV-positive but don’t yet know it, and you don’t use a condom, you may pass on HIV onto your partner.

You may also be able to get post-exposure prophylaxis (PEP). Taken within 72 hours of possible exposure, PEP can stop HIV from spreading in your body. However, it is not available everywhere. Your healthcare professional will be able to talk you through your options.

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Every contribution helps, no matter how small.

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Sources:
Aidsmap ‘Why is injecting drug use a risk for HIV transmission?’ (accessed March 2019)
WHO (2015) 'Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV'
WHO (2014) 'Guidelines on post-exposure prophylaxis for HIV and the use of co-trimoxazole prophylaxis for HIV-related infections

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