How do you get HIV from injecting drugs?

Blood stays in needles and syringes after an injection.

If these have been used by someone living with HIV the blood can contain the virus.

Using the same equipment means you risk injecting infected blood directly into your bloodstream.

The more blood in the syringe, the longer it takes HIV to die.

Can I get HIV from any type of injecting?

Yes! You can get HIV by sharing a needle or syringe to inject into:

- veins (intravenous injecting)
- fat under the skin (subcutaneous injecting)
- muscle (intramuscular injection).

Sharing a needle or syringe to inject any substance, including steroids, hormones or silicone, can put you at risk of HIV and other infections found in the blood like hepatitis C.

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

- Don’t share needles, syringes or other injecting equipment like spoons or swabs.

Avoid sharing water to clean injecting equipment, reusing containers to dissolve drugs, and reusing filters as this can also transmit HIV.

Depending on where you are, you may be able to get new needles, syringes and other equipment from needle exchange sites or pharmacies.

What is harm reduction?

Harm reduction services and treatment reduce your risk of getting HIV and can reduce the harm caused to you by drug use. They include:

- needle and syringe programmes (NSP)
- opioid substitution therapy (OST)
- supervised injection sites (SIS).

These services all reduce your risk of getting HIV from injecting drugs.

The harm reduction services available to you will vary from country to country. In some places no harm reduction services are available.
Supervised injection sites

This is a location where you can inject safely, with medical staff present. This reduces:

- the chance of harm or HIV when injecting
- the risk of overdose.

However, these are not available in all countries.

Extra services
- providing other injecting equipment
- medical care
- HIV/STI/pregnancy testing
- free condoms
- opioid substitution therapy (OST).

Some NSPs have an age restriction, so you won’t be able to get equipment if you are under 18 or 21.

Opioid substitution therapy (OST)

OST could benefit anyone who uses opioids such as heroin.
- Treatment involves replacing the opiate you have been using with a prescribed opiate.
- Helps reduce or prevent withdrawal symptoms allowing you to manage your addiction.
- During treatment the dose of the medicine may be gradually reduced with the aim of stopping altogether.

Benefits of OST

- Your risk of HIV infection and other harm is reduced, as you use oral OST instead of injecting.
- Reduces withdrawal symptoms.
- Improves mental and physical health.
- No need to buy street drugs.
- Helps you access other healthcare services such as HIV care.

OST medicines

<table>
<thead>
<tr>
<th></th>
<th>Methadone</th>
<th>Buprenorphine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use</strong></td>
<td>Most common</td>
<td>Second most common</td>
</tr>
<tr>
<td><strong>Form</strong></td>
<td>A syrup or pill</td>
<td>A pill taken under the tongue</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Taken once a day</td>
<td>Taken once a day or every other day</td>
</tr>
<tr>
<td><strong>Dosage and withdrawal symptoms</strong></td>
<td>Dosage is started low and gradually increased – it may take a few weeks to get to the correct dose which prevents all withdrawal symptoms. You may have some, or partial, withdrawal symptoms until the correct dose is found.</td>
<td>The dose will usually be increased on the second and third days of treatment, by which time you should not be feeling any withdrawal symptoms.</td>
</tr>
<tr>
<td><strong>Effective at keeping people in treatment?</strong></td>
<td>Very effective</td>
<td>Less effective than methadone</td>
</tr>
<tr>
<td><strong>Effective at keeping people off heroin?</strong></td>
<td>Very effective</td>
<td>Very effective</td>
</tr>
<tr>
<td><strong>Safe in pregnancy and after childbirth?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Sedative effect</strong></td>
<td>More sedating than buprenorphine</td>
<td>Less sedating than methadone so you may feel more clear-headed</td>
</tr>
<tr>
<td><strong>Withdrawal symptoms from treatment</strong></td>
<td>Stronger</td>
<td>Milder</td>
</tr>
</tbody>
</table>

**Remember**

- You are more likely to succeed in staying off heroin if you have support and counselling in addition to taking buprenorphine or methadone.
- Length of treatment varies from several months to years, with some people continuing treatment long-term.
- You should not take any street drugs or much alcohol during treatment.
- Always take treatment as prescribed and do not miss doses.
- Prescribed OST medication may interfere with other medical treatment – for example some medication used to treat tuberculosis (TB) and epilepsy and some antidepressants.