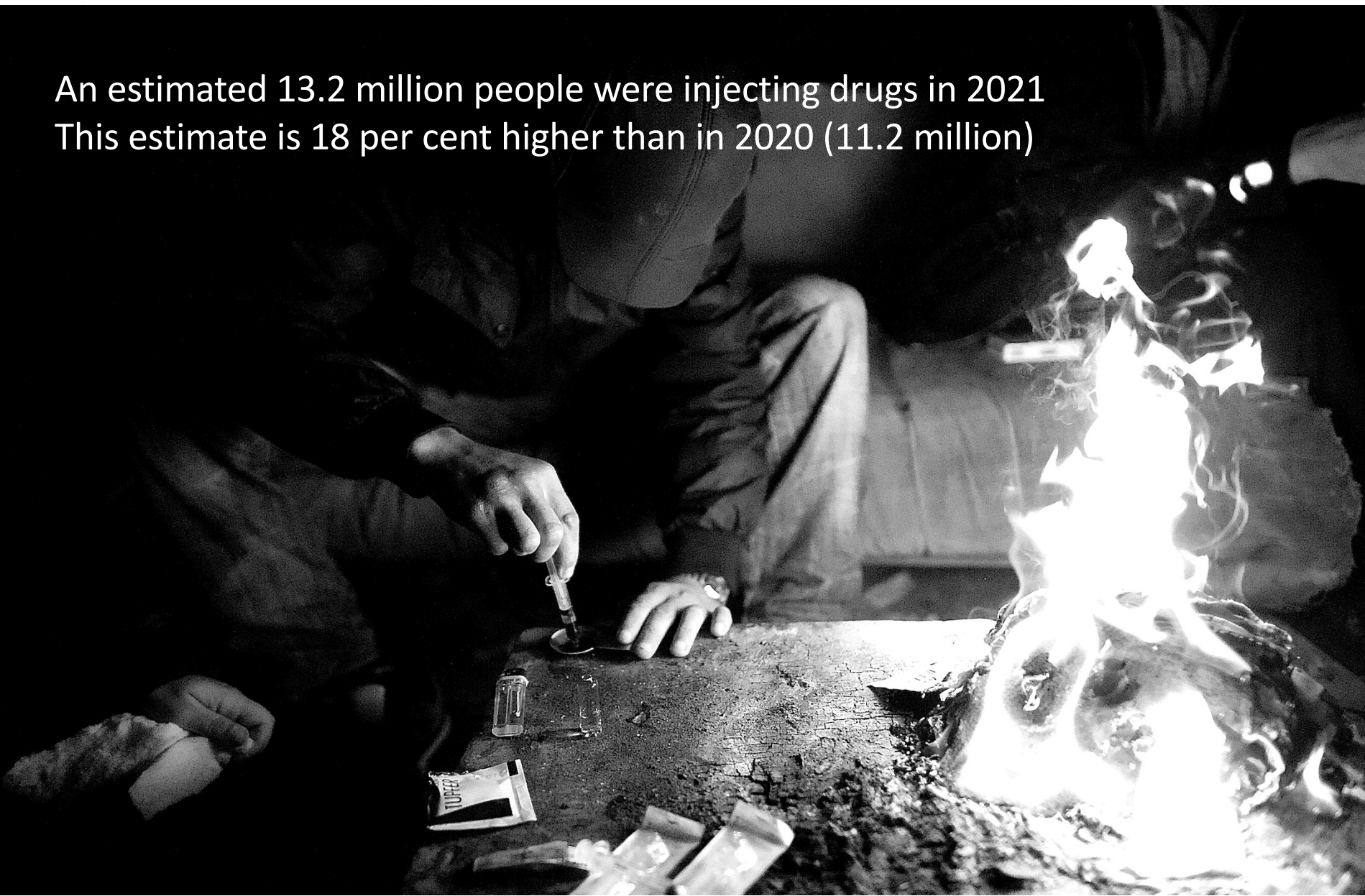


# HIV and HepC among People who inject drugs, a focus on LDSS

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- Global context
- Put NSP in perspective
- What is a LDSS
- WHO recommendations

An estimated 13.2 million people were injecting drugs in 2021  
This estimate is 18 per cent higher than in 2020 (11.2 million)



# Public health – infectious diseases - HIV

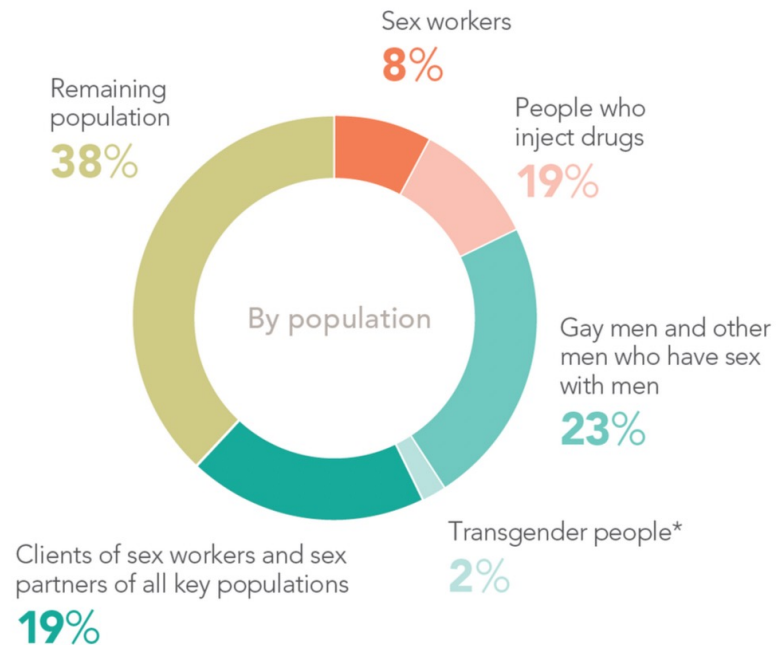
*New HIV infections among adults worldwide declined by 14% between 2011 and 2017, but there has been no decrease in the annual number of new HIV infections among people who inject drugs.*

## HEALTH, RIGHTS AND DRUGS

HARM REDUCTION, DECRIMINALIZATION AND ZERO DISCRIMINATION FOR PEOPLE WHO USE DRUGS



## Distribution of new HIV infections by population, global, 2019

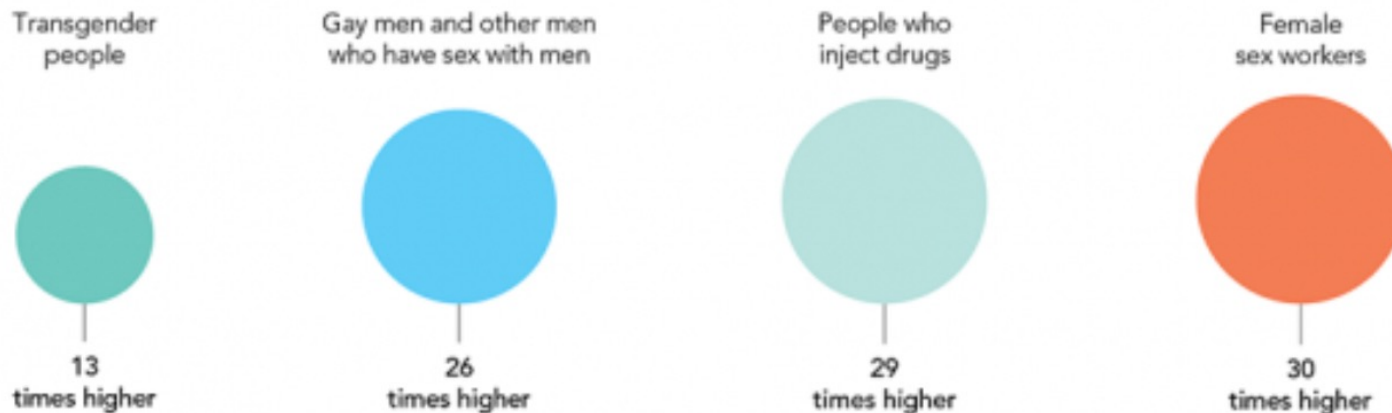


**Source:** UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>); UNAIDS special analysis, 2020.

\* Data only included from Asia and the Pacific, the Caribbean, eastern Europe and central Asia, Latin America, and western and central Europe and North America.

# Public health – infectious diseases - HIV

**Relative risk of acquiring HIV infection compared to the rest of the population, 2019**



Source: UNAIDS 2020 estimates.

# Public health - infectious diseases - Hepatitis C

Nearly a quarter of the world's new Hepatitis C infections occur among people who inject drugs (PWID): lack of access to sterile needles, syringes and other injection equipment renders them highly vulnerable to Hepatitis C. Worldwide, more than 50% of the 15.6 million PWID are Hepatitis C antibody positive.





NSP is part of a bigger frame..



HEALTH, HUMAN RIGHTS  
AND PEOPLE WHO USE DRUGS









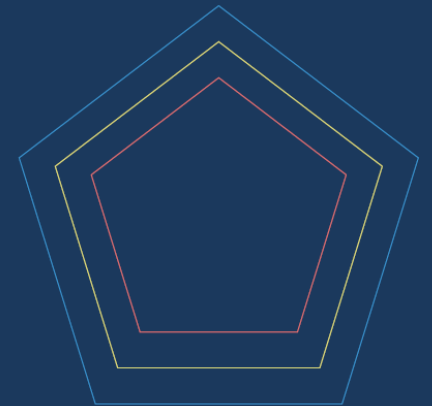


“..At the time of writing there is extremely low coverage of the evidence-based package of NSPs and OAMT. As a direct result, people who inject drugs are disproportionately affected by HIV and viral hepatitis.

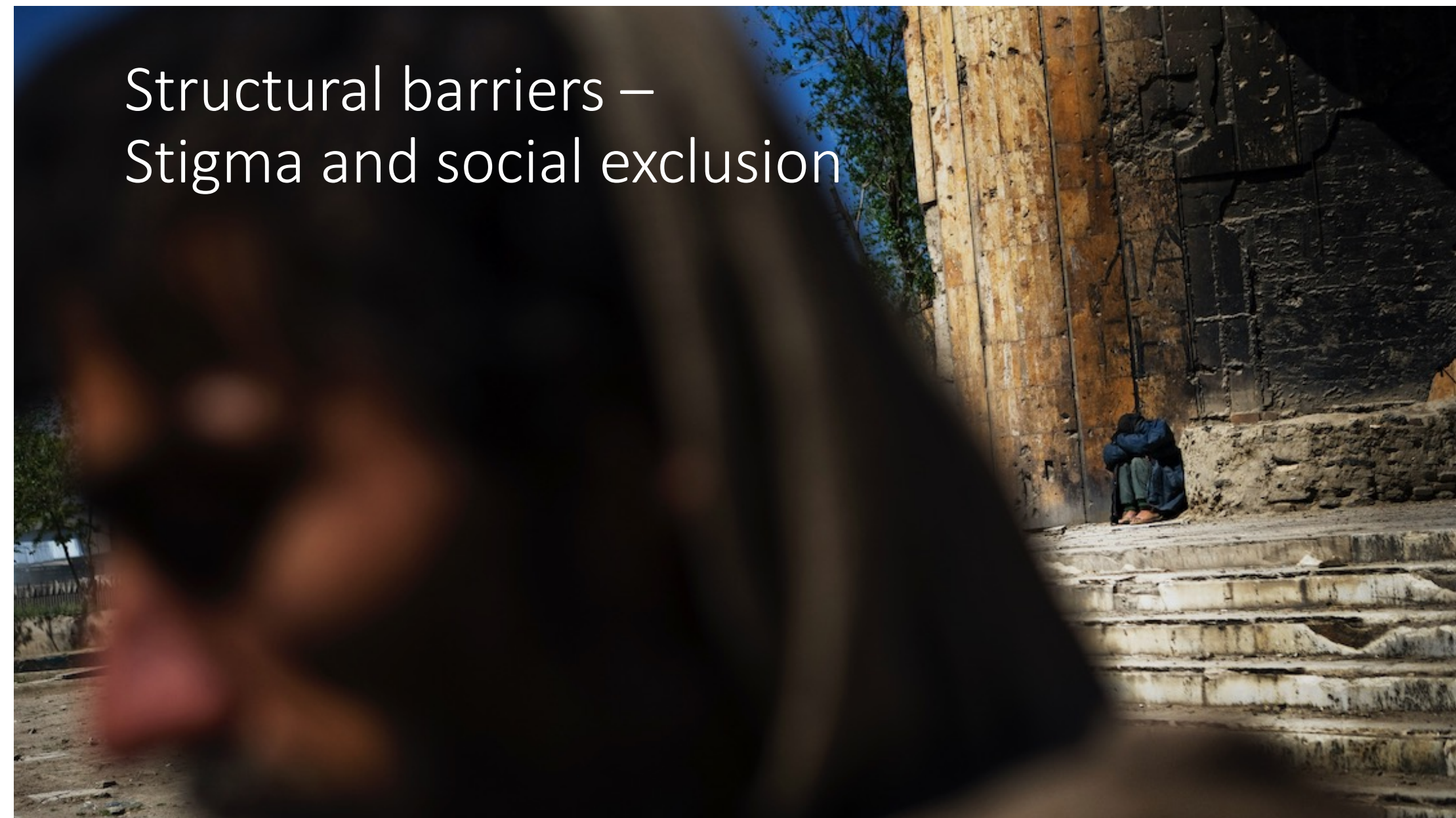
[..]

NSPs have the greatest impact in preventing the transmission of HIV and other bloodborne infections, including HCV associated with injecting drug use..”

**Consolidated guidelines on HIV,  
viral hepatitis and STI prevention,  
diagnosis, treatment and care for  
key populations**



# Structural barriers – Stigma and social exclusion



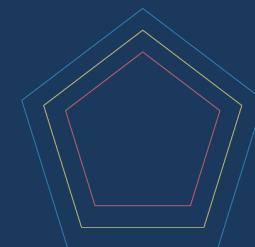












# Needle/syringe programme

## Needle/syringe programmes

- **Reduce transmission of HIV and viral hepatitis**
- do not increase injecting drug use
- do not lead to discarded syringes in the community
- Improve the health of people who inject drugs

## Service delivery can be via

- community based organisations
- hospitals or pharmacies
- Vending machines
- Secondary distribution

### WHO recommendation

All individuals from key populations who inject drugs should have access to sterile injecting equipment through needle and syringe programmes (*strong recommendation, low certainty of evidence*)

# Low dead space syringes

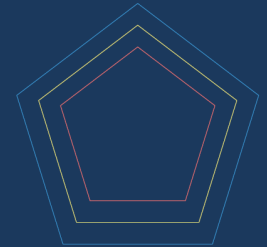
## WHO recommendation

It is suggested that needle and syringe programmes also provide low dead-space syringes (LDSS), along with information about their preventive advantage over conventional syringes (this recommendation is conditional on local acceptability and resource availability)

High dead space (HDS) syringe with HDS needle	HDS syringe with low dead space (LDS) needle	LDS insulin syringe with permanently attached needle
Mean dead space 99 $\mu$ l (range 51–158 $\mu$ l)	Mean dead space 21 $\mu$ l (range 10–54 $\mu$ l)	Mean dead space 3 $\mu$ l (range 1–9 $\mu$ l)

Zule, W.A., Latypov, A., Otiashvili, D. *et al.* Feasibility of needle and syringe programs in Tajikistan distributing low dead space needles. *Harm Reduct J* **15**, 44 (2018).

<https://doi.org/10.1186/s12954-018-0249-3>





Thank you

