

Harm reduction programs can prevent HIV and viral hepatitis infections in people who inject drugs

14.8

million people inject drugs worldwide

2.3 million of these people are living with HIV

5.8 million of these people are living with hepatitis C

These life-threatening chronic diseases are preventable

Harm reduction programs are often non-existent or difficult to access

Political will is lacking in many countries, and there is limited evidence showing how effective comprehensive harm reduction programs are, which may deter funding for its implementation.

The best approach is to combine needle/syringe programs & opioid agonist therapy

Together, they are even more effective to stop the spread of HIV and viral hepatitis.

There is no one-size-fits-all approach to implementing these programs but evidence points to key considerations and recommendations.

Considerations

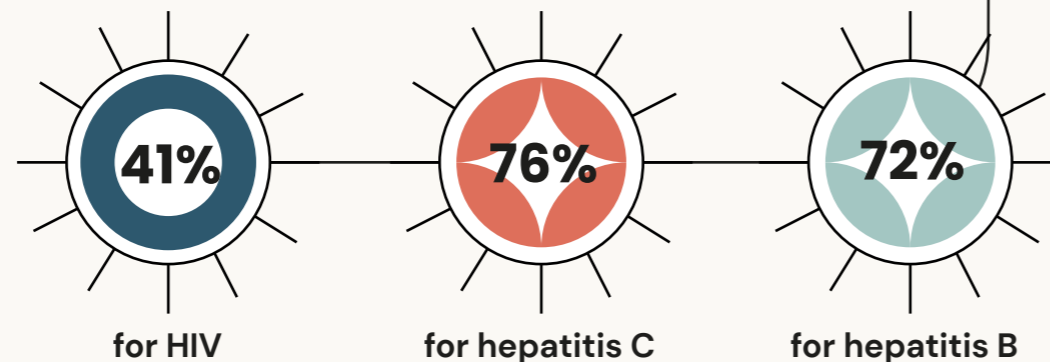
- Provide political will and consistent funding
- Involve and center the community
- Use data for tracking and evaluation
- Approach drug use pragmatically and person-centered, not moralistically

Recommendations

- Make both opioid agonist therapy and needle and syringe programs accessible
- Implement a one-stop shop prevention and care model with minimal entry requirements
- Provide holistic care and support
- Provide harm reduction to underserved populations via outreach services

Our rigorous international research in the Netherlands, Australia and Canada shows that these programs work.

Combined harm reduction programs reduce the risk of infection by:



*van Santen DK, Lodi S, Dietze P, van den Boom W, Hayashi K, Dong H, Cui Z, Maher L, Hickman M, Boyd A, Prins M. Comprehensive needle and syringe program and opioid agonist therapy reduce HIV and hepatitis c virus acquisition among people who inject drugs in different settings: A pooled analysis of emulated trials. *Addiction*. 2023 Jan 29.

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