



RISK FACTORS

for HIV & Hepatitis Transmission



UNSAFE NEEDLE DISPOSAL

The chances of contracting HIV increases when a HIV-negative person shares injecting equipment with someone living with HIV. This is because the injecting equipment may have blood and other biofluids remaining, which carry the virus. The chances of contracting HIV through shared injecting equipment ranges from 0.63% to 2.4% with any single incidence. Depending on temperature and other factors, the virus can survive in discarded equipment for up to 6 weeks.



UNPROTECTED SEX

Many young people engage in sexual intercourse with different partners, without using protection (e.g. condoms and other barrier methods). These actions place them at risk of transmission of Blood Borne Viruses (BBVs) including HIV, Hep C and other sexually transmitted diseases (STDs). In addition, some groups of young people and adolescents (e.g. men who have sex with men, injecting drug users, and young sex workers) are more likely to engage in high risk sexual practices, particularly when combining drugs and sex.

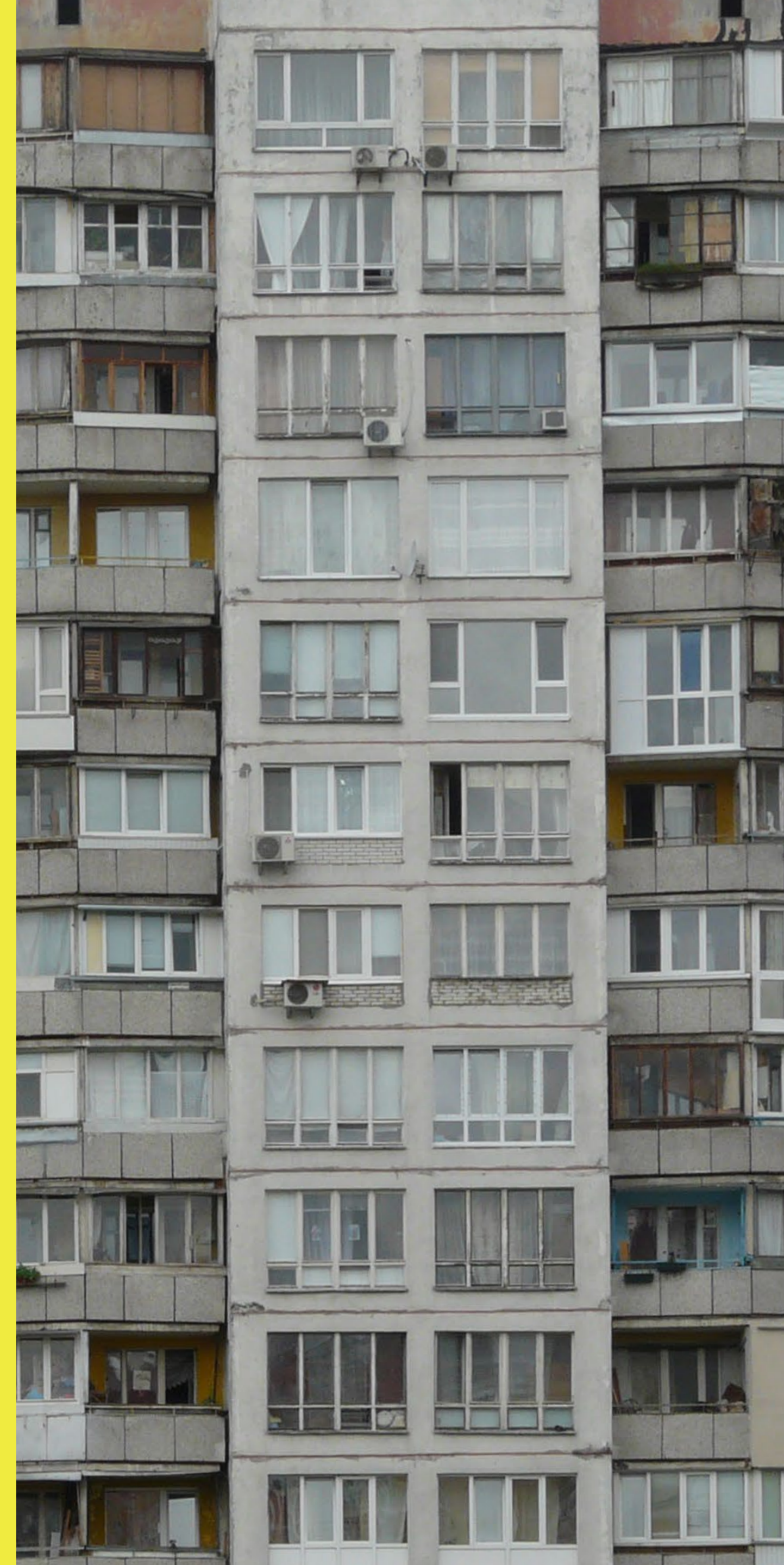
Substance use also increases the risk of contracting HIV and Hepatitis via sexual intercourse. When people are under the influence of psychoactive substances, including drugs or alcohol they are more likely to have longer and riskier oral, anal or vaginal sex: such as having sex without a condom with multiple partners without Antiretroviral (ARV) medicines to prevent or manage HIV (incl. Pre exposure prophylaxis or 'PrEP').



DIFFICULT SOCIOECONOMIC STATUS

Young people are more likely to be disadvantaged and find themselves in difficult life situations. This includes minority ethnic communities such as Roma, and those seeking refuge; those from difficult families and low income backgrounds including homeless youth, young people in foster care, young drug users and incarcerated youth; and sexual and gender minorities such as young LGBTQI people.

These youth often lack basic education on the prevention of HIV/Hep C and B and they often lack access to adequate housing and appropriate facilities to stay healthy and engage in employment. These vulnerable young people may be marginalised or legally invisible, which means that they do not have legal status or identity documents, they might also not have access to the educational systems and/or support services appropriate for their social and economic needs.



GUIDELINES

to improve health for young people

Based on the work of our youth activists we created these guidelines to support and protect young people at risk of preventable health burdens.

The guidelines aim to increase the quality of interventions currently available in terms of services, as other prevention efforts that already exist. This includes improvements in design, support and provision of formal (school based) and informal (out of school) education on high risk sexual behaviors. This includes HIV and HEP B/C prevention efforts such as testing and early treatment options for the most at-risk young people:



C

Increase the number of education programs outside of regular schooling system (informal education), that includes harm reduction as a part of community capacity building. Including fact based sexual education classes, inclusive of the behaviours and needs of higher risk groups. They should enhance the level of understanding and knowledge of Blood Borne Viruses (BBVs) such as HIV and Hep B/C and other sexually transmitted diseases, decreasing incidence and overall prevalence of such viruses.

Advocate for evidence-based harm reduction programs, especially targeted to young people who inject drugs. Failure to provide these interventions increases risks of HIV and HEP B/C transmission, as young people at risk are more likely to share injecting equipment as well as engage in high risk sexual practices.

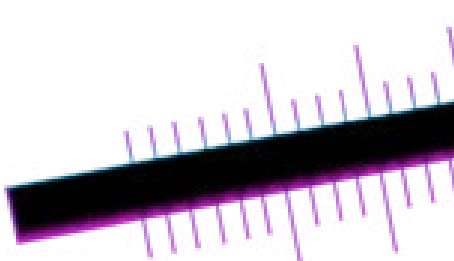
Disseminate the information on high-risk sexual behaviours in altered states. Advice and free provisions of appropriate use of barrier methods (e.g. condom/dental dam) in all sexual encounters.

Testing services for HIV/Hepatitis C and B should be available for teenagers aged 15 and over without their parents' consent, as a public health intervention. They should be anonymous and available for free, with attention to specific, targeted environments, such as mobile and rapid testing points to meet the needs for at risk youth.

PROMOTE VOLUNTARY CONFIDENTIAL COUNSELING.

Advocate for evidence-based harm reduction services, including low-threshold treatment (programs that make minimal demands on the patient, offering services without attempting to control their intake of drugs, and providing counseling only if requested) for HIV/Hepatitis C and B. They should be available for free for youth at risk aged 15 and over.

B



**PROMOTE AND PROVIDE TESTING
ON HIV/HEP C AND B,
AT LEAST ONCE A YEAR
OR MORE OFTEN IF REQUIRED**

Promote behavioural change interventions which encourage disposing of needles safely after one use. Using a sharps container, or other methods such as needle and syringe exchange programs (NSPs) to reduce chances of needlestick injuries. Outreach teams should collect discarded injecting equipment in public, or at least provide containers to young people injecting drugs to collect them themselves and among their community.

Advocate for funding and provision of drug treatment tailored to needs of vulnerable young people, especially opioid substitution therapy (OST).

Advocate for the increased availability and awareness of Pre and Post Exposure HIV Prophylaxis (PREP/PEP) for high risk youth, as well as for outreach teams and medical staff to increase availability and access to reduce risk and promote the right to health

HPV VACCINATION

Advocate and promote hepatitis B vaccination for the young people at risk to be available.

Advocate and promote for HPV vaccination that should be available for boys and girls, as HPV infection is most common in people in their late teens and early 20s

Make basic hygiene services available to young people at risk, such as showers and laundry options, as well as clothes and other things they might need to promote health and economic participation

