People who inject drugs support the use of detachable low dead space syringes, NIHR-funded research has found.

Evidence suggests that low dead space syringes with detachable needles could reduce the chance of spreading infections among people who inject drugs, if syringes are re-used or shared.

However, it was not known whether people who inject drugs would be willing to switch.

Working with the Bristol Drugs Project and Developing Health and Independence in Bath, the research team interviewed 23 people who inject drugs, and 13 volunteers and professionals who work with them.

What they said...

“I don’t want to get infections ... Because I can be quite lax on thinking this stuff at the time... Yeah definitely, lower the risk of transferring infections... You get the thinking of ... if I get an illness I will deal with it later.”

“Less waste is obvious isn’t it, no-one wants to waste anything in life, but drugs since it is our obsession it’s the most important thing.”

- Needle exchange service users

“It’s a really helpful intervention... I don’t [just] have to talk about diseases and viruses and stuff, but these syringes here, you get absolutely all your drug.”

- Needle exchange staff
How should needle exchanges implement these findings?

A targeted intervention in needle exchanges with training, education, persuasion and eventual restriction is likely to smooth the transition to detachable low dead space syringes (LDSS), including:

- helping people who inject drugs understand why changing to detachable LDSS is important and overcoming reluctance to change
- ensuring the syringes are available to try, and providing support
- encouraging people who inject drugs to understand the benefits of switching from high dead space syringes
- developing new habits and preferences

Training staff on:
- the benefits of LDSS
- how to identify people who may benefit from them
- how to encourage behaviour change

Education for people who inject drugs, tailored to their individual needs, to cover:
- the benefits of LDSS, including less wasted drug and lower risk of infection
- reassurance that the injecting process and experience will not be affected
- encouraging appropriate rinsing methods for those known to re-use or share equipment

Persuasion and restriction

Gradual introduction was preferred over replacing equipment without warning or support for service users’ autonomy. Monitoring is required to identify adverse events and long term outcomes.

Needle exchanges should value and report negative feedback to manufacturers to facilitate improvements in syringe design.

Once most service users receive information and new equipment to try, old syringes can be phased out.

About this research

This project was a collaboration between CLAHRC West and the NIHR Health Protection Research Unit in Evaluation of Interventions.


What is NIHR CLAHRC West?

NIHR CLAHRC West works with partner organisations, including the NHS, local authorities and universities, to conduct applied health research and implement research evidence, to improve health and healthcare across the West.

Find out more

clahrc-west.nihr.ac.uk/lowdeadspacesyringes/

0117 342 1262 | clahrcwest@nihr.ac.uk