Acceptability of low dead space detachable syringes among people who inject drugs and recommendations for their introduction: a qualitative study in the South West of England

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Background

• Sharing and re-using injecting equipment is a risk factor for passing Blood-Borne Viruses (BBV) between people who inject drugs

• 24.4% people surveyed (n=81) had used a needle or syringe that had already been used by someone else in the last year (Bristol Drugs Project Unlinked Anonymous Survey, 2014)

• Factors associated with risk of passing infections when sharing needle or syringe:
  • Amount of virus
  • Quantity of blood
  • Time and temperature
  
  Size of dead space in needle/syringe
Background

Detachable compared to fixed syringes

- High vs low dead space (HDSS vs LDSS)
- Transfer more blood if re-used
- Hepatitis C and HIV survive for longer
- Use associated with greater BBV prevalence

Detachable / HDSS

Fixed (1ml) / LDSS
Rationale

- Increasing use of LDSS could decrease BBV prevalence

- WHO and NICE recommend needle and syringe programmes offer LDSS

- NEW Detachable LDSS (Total Dose)
  - Available in most commonly used sizes
  - Not yet widely distributed

- Recommendations
  - NSP should supply injecting equipment suited to service users needs
  - Introduction of detachable LDSS should be informed by an understanding of the acceptability of these syringes
  - Service users should be involved in deciding how new syringes are introduced
Objectives

1. To explore the views of people who inject drugs and professionals and volunteers who work with them on the acceptability of detachable LDSS

2. To determine need for public health intervention and develop evidence-based recommendations for the introduction of detachable LDSS
Methods

• Semi-structured one-to-one interviews in Bath and Bristol
• Collaboration with Bristol Drugs Project and Developing Health and Independence in Bath
• Purposeful sampling approach
• Topic guide exploring:
  • Experiences of different types of syringes
  • How injecting equipment is chosen
  • Facilitators, barriers and processes of changing injecting equipment
  • Attitudes towards detachable LDSS using a sorting task
• PWID received £10 as reimbursement for their time
• Framework analysis (Gale et al. 2013)
Participants

- 13 Professionals and volunteers
  - Engagement workers
  - Volunteers
  - Needle exchange managers
  - Pharmacists

- 23 People who inject drugs
  - Drug use
  - Equipment preferences
  - Age, gender, housing status
Theme 1.
Injection practice decision making

- Initiation from peers
- Type of drug & injection site
- Availability of & awareness of alternatives
- Ability to inject without problems
- Habit & preference
- Visibility
Theme 2.
Behaviour change

• Willingness to change

*If it aint broke, don’t fix it* and (...) the truth is there is a lot of *habit* involved in this whole thing you know, so I don’t really wanna change it.

Service user Interview 2

• Barriers to change

  • Focus on present rather than prevention of future problems

*The first thought in their head is [not], “I might catch hep if I use that needle.” It’s, “I’m gonna get my gear.”*

Staff Interview 8
Theme 3.
Acceptability of detachable LDSS (1)

• Anticipated responses:
  • Initial annoyance → Accustomed
    *In the beginning you will get a few complaints, that’s what I would imagine.*
    Service user Interview 13
  • Willing to try them → Accepted
    *I mean once I try it, if nothing feels different, then I would be happy*
    Service user Interview 13
  • No response / PWID may not notice change
    *As long as it’s going to work with, the same and whatnot I shouldn’t think that anyone’s gonna really even notice.*
    Service user Interview 8
Theme 3.
Acceptability of detachable LDSS (2)

• Sorting task features
  • Less wasted drugs
  • Lower risk of transferring infections
  • Better value for money
  • Easier to share drugs accurately in a group
  • No need for flushing
  • Range of barrel and needles
  • Same experience of the drug
  • As easy to find a vein
Theme 3. 
Acceptability of detachable LDSS(3)

• Most important features
  • Less wasted drugs

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.

Service user Interview 2

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

Staff Interview 9

• Lower risk of transferring infections

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

Service user Interview 20
Theme 3. Acceptability of detachable LDSS (4)

- Preference for gradual introduction
- Try the new equipment alongside usual equipment
  - Experience the benefits
  - Trusting relationship
  - Autonomy support

*If you just did replace (...) all of them, (...) some people might not get on with them, (...) but if they’ve got a few and they’ve still got their normal ones then they would see a difference if they’re better.*

Service user Interview 18
Recommendations for implementation

1. **Training for NSP staff**
   - Beneficial features of detachable LDSS
   - How to identify the intervention target
   - How to encourage a change in equipment

2. **Education for PWID**
   - Verbal and written information
   - Beneficial features of detachable LDSS

3. **Persuasion and restriction**
   - Gradual introduction
   - Opportunity to try new equipment

4. **Monitoring of adverse events and long term outcomes**

(Capability, Opportunity, Motivation – Behaviour model Michie et al. 2014)
Conclusions

• Detachable LDSS are likely to be acceptable to people who inject drugs

• Implementation recommendations:
  • Training
  • Education
  • Persuasion and restriction
  • Monitoring

• Evaluation of the implementation of detachable LDSS is needed to understand the acceptability in practice

Materials to support implementation are being development
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