

EXPLORING COMMUNITY VALUES AND PREFERENCES OF LOW-DEAD SPACE NEEDLES AND SYRINGES AMONG PEOPLE WHO INJECT DRUGS IN OYO STATE, NIGERIA.

Authors:

Folorunsho J¹, Dunkley Y², Okonkwo O¹, Isumafe B¹, Eruchalu K¹, Lawani C¹, Hatzold K³

¹Society for Family Health, ²LSHTM, ³Population Services International

Background:

Nigeria faces a burden of hepatitis C and HIV among People Who Inject Drugs (PWID). Low Dead Space Syringes/Needles (LDSS/N) can reduce blood-borne virus transmission, yet national programs like in Nigeria may predominantly offer High Dead Space Syringes/Needles. PWID preferences are not considered in product selection. This study explored factors associated with community values/preferences for LDSS/N to inform programmatic distribution in Oyo State, Nigeria.

Methods:

Through the Unitaids funded HepC3P study (Nov 24-Jan 25), two community peers facilitated 2 Focus Group Discussions (FGDs) with single gender groups (purposely recruited through the Needle and Syringe Programme). Pilots were conducted to develop inductive codes aligning with a predefined framework (needle preferences, syringe preferences and associated factors). Participants were presented with 9 LDSS/N, including detachable and fixed-needle syringes. Thematic analysis was conducted using NVivo. Findings were validated at a Reflective Learning Workshop with 2 PWID, 5 NSP staff, and 6 state stakeholders.

Results:

19 FGD participants (10 males, 9 females) were aged 29–56 years with 1–18 years of drug-use. Participants preferred LDSS/N citing lower infection risk, ease of use, and discreet design. The 13mm 30G needle and 2ml detachable syringe were most preferred for comfort and reduced pain. There were differences by gender: females prioritized syringe colour (blue) due to its concealability; males, reporting longer-histories of injecting drug use and poly-drug use, preferred larger syringes. Concerns about law enforcement dominated, yet shaped preferences differently. Most preferred detachable needles to better conceal usage from authorities, while others preferred smaller syringes for the same (1ml-fixed needle). Participants reported difficulties in obtaining sterile injecting equipment due to perceived stigma, leading to reuse.

Conclusion:

Security concerns shaped PWID needle preferences, although manifested as different preferences for LDSS/N. LDSS/N promises a vital contribution to harm reduction but must be informed through community preferences.

Disclosure of Interest Statement:

Investigators received funding from Unitaids through PATH and Population Services International.