

EXPLORING COMMUNITY VALUES AND PREFERENCES OF LOW-DEAD SPACE NEEDLES AND SYRINGES AMONG PEOPLE WHO INJECT DRUGS IN JOHANNESBURG, SOUTH AFRICA

Authors:

Goeieman DS¹, Somana AC², Moleane K², Williams EM², Maferetlhane FK², Motswagae K², Mbambo MM², Shezi S², Manyuchi AE², Scheibe A³ Hatzold K⁴

¹Division of Clinical Associates, Department of Family Medicine and Primary Care (DFMPC), School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, ² ANOVA Health Institute, ³ Community Oriented Primary Care (COPC) Research Unit, Department of Family Medicine, Faculty of Health Sciences, University of Pretoria, ⁴ Population Services International, South Africa.

Background:

The risk of blood born infections can be lowered using low dead space syringes and needles (LDSS/N). In South Africa, needle and syringe programmes (NSPs) only offer one type of non-detachable LDSS/N and people who inject drugs (PWID) preferences were not considered in product selection. We aimed to explore factors associated with community values/preferences for LDSS/N to inform programmatic distribution.

Methods:

Peer educators recruited PWID in Johannesburg for this qualitative study. Three focus group discussions (FGDs) were held (N=25, 14 males, 11 females) in February 2025. FGDs explored injecting practices and preferences of five different LDSS/N types. Discussions were recorded, transcribed and thematically analysed using NVivo. Findings were validated at a Reflective Learning Workshop with stakeholders, including PWID.

Results:

The average age of participants was 29 years. Heroin was the most injected drug, with some participants also injecting methamphetamine. Most injecting was done in veins of the arm and neck often by fellow users called “doctors”. Good needle quality (“strong and sharp”) and lasting graduation lines on syringes (for accurate measurement) were highly valued. Most participants preferred non-detachable 1ml syringes similar to the ones currently used. Unblocking needles was perceived to be easier with detachable needles, but fewer people used these. No clear differences in preferences were identified between genders. Participants also highlighted the need to enhance needle disposal to avoid community backlash. Proof of NSP participation was mentioned as a solution to prevent police harassment.

Conclusion:

High risk injecting practices were commonly reported. LDSS/N preferences related to reusing equipment, injection by “doctors” and measuring doses. Injecting harms could be reduced through increasing volumes of LDSS/N and shifting community norms around safer injecting. LDSS/N promises a vital contribution to harm reduction but must be informed through community preferences.

Disclosure of Interest Statement:

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