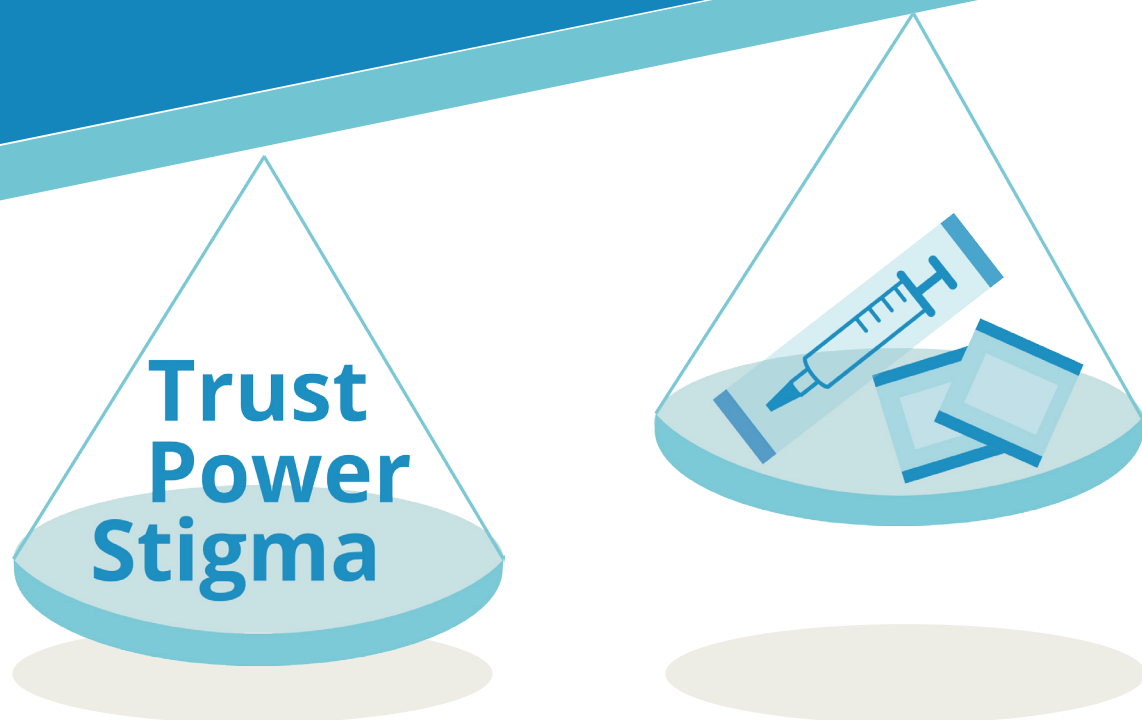


Something to think about: injecting in the real world

There are multiple reasons why someone who injects drugs may not feel able to access new, sterile injecting equipment.



Sometimes people who inject drugs may be part of social networks where they are unable to exercise full control over the circumstances in which they inject. For example, in some intimate or familial relationships, voicing an expectation that each person will use their own sterile equipment may be interpreted as implying a lack of trust, making a person uncomfortable or unwilling to jeopardise their relationships in this way.

In other situations, there may be a power imbalance between people who inject together which prevents the person with less power in the relationship from demanding that each person use their own, new equipment. This might be the case, for example, in a relationship between an older man with years of injecting experience and a younger woman who has injected for only a year or two and relies on her partner to purchase and prepare the drugs.

Some people may never have learnt to inject themselves, and rely on others to do it for them. In this case, they are dependent on the person injecting them to be willing to prepare the injections using new equipment, and the experienced injector may be unable or unwilling to do so. In prison, the extremely limited access to injecting equipment means that people who inject drugs in this environment inevitably do so with used equipment.

It is helpful if you acknowledge patients' best intentions while recognising the reality of their lived constraints.

For example, Needle and Syringe Programs may have uneven distribution, particularly in rural and regional areas. This, combined with stigma and discrimination that some drug users experience when accessing equipment, and the potential that their confidentiality may be breached and they will be identified as someone who injects drugs, can leave people reluctant to use services.



People may also be reluctant to access NSPs if they feel their eligibility for OAT may be threatened, for example if their access points for both OAT and sterile equipment are co-located.

If, however, your patient is able to and comfortable accessing their local Needle and Syringe Program, you could advise them to, where possible, stock up with more injecting equipment than they think they might need (“so there’s always some spares, for you or anyone else who might need them”). Patients may also find it useful to make contact with their state-based peer organisation to access advice and support from people who understand and can relate to their circumstances.