

FACTORS ASSOCIATED WITH SKIN AND SOFT TISSUE INFECTIONS AMONGST PEOPLE WHO INJECT DRUGS: AN ANALYSIS OF DATA FROM TWO UNITED KINGDOM SURVEYS TO INFORM TARGETED RESPONSES

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Background: People who inject drugs (PWID) are at high risk of a range of infections, including skin and soft tissue infections (SSTIs) and blood borne viruses (BBVs), that have related risks. If not treated promptly, SSTI can lead to serious complications and place a considerable burden on healthcare services. We use data from two surveys, with different methodologies, to assess SSTI prevalence and associated risk factors among PWID to inform the effective intervention implementation.

Methods: Data from two surveys of PWID were analysed: a national surveillance survey focused on BBV with limited SSTIs data (n=2,874; 2017-18) and an in-depth survey on SSTIs (n=455; 2018-19) recruiting in London. Multivariable logistic regression was used to ascertain the factors associated with self-reported SSTI.

Results: Both samples reported high prevalence of SSTIs: 52% of PWID in the national surveillance survey reported SSTIs within the preceding 12 months, and 65% of the London sample reported ever having an SSTI. The factors associated with SSTIs in both surveys were similar: older age; female gender; increasing number of years injecting; increasing number of attempts required to inject into the vein; reusing/sharing needles and syringes, and injecting into the hands, feet, groin or neck.

Conclusions: SSTIs are concerning common among UK PWID, with strong evidence of a relationship with venous access difficulty. The two surveys used different approaches but found similar associations, indicating that the simple SSTI measure used in surveillance corresponds with the findings from in-depth questioning, and that the in-depth survey findings are generalisable. Together they demonstrate a need to improve service provision. To stem the UK's increase in SSTIs and related complications, it is crucial that interventions attend to the underlying causes of venous damage among PWID, and that the provision of harm reduction interventions to reduce the risks for SSTIs and BBVs are improved.

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