

## **VENOUS DISEASE, LEG ULCERS AND DEEP-VEIN THROMBOSIS AMONG PEOPLE WHO INJECT DRUGS IN THE UK: PREVALENCE AND ASSOCIATED FACTORS.**

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**Background:** People who inject drugs (PWID) are vulnerable to a range of harms including blood-borne viral infections, overdoses and vascular problems. The extent of vascular problems, such as, venous disease, leg ulcers and deep-vein thrombosis (DVT), has rarely been studied, even though these can cause considerable illness and disability amongst PWID. We assess the prevalence of vascular problems and examine associated factors.

**Methods:** Questionnaire data from the community recruited Care & Prevent study of PWID in London was used. Participants were asked about venous disease and leg ulcers using pictorial questions, and if they had been diagnosed with a DVT. Associations between outcomes and demographic and drug use information were explored using bivariate and multivariate analyses.

**Results:** The participants (N=455) mean age was 45.7 years (range 21-68); 25% female and 78% ever homeless. Most common main drugs injected were heroin-crack combinations (50%) and heroin alone (44%). Ever having venous disease was reported by 13% (n=57), leg ulcers by 10% (n=46) and DVT by 23% (n=105). Of those experiencing venous disease, 37% (n=21) reported living with this for >5 years and 16% (n=9) being hospitalised. Among those experiencing leg ulcers, 24% (n=11) reported a severe episode and 37% (n=17) being hospitalised. All three outcomes were associated with injection into multiple body locations. Venous disease was also associated with an increasing proportion of life as homeless and not cleaning injection sites; leg ulcers with income source; and DVT with injecting heroin-crack combinations.

**Conclusion:** Vascular problems are common and associated with injection into multiple body locations, indicating these are related to the venous access problems that arise among PWID because of the barriers to safe injection. Considering the associated healthcare costs, distress and disability, interventions are needed to reduce their occurrence, including removing the barriers to safe injection, and to improve care access.

**Disclosure of Interest Statement:** *Dr Scott works as a pharmacist prescriber for Turning Point, a drug and alcohol treatment provider. She works in a different location to the ones where we collected data and has no clinical role for any participants. There are no other interests to disclose.*