Injecting-related injuries and diseases among a sample of people who inject drugs in Australia

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The Difference is Research

Background

IRIDa are both common among PWIDb and neglected in the literature.

Systemic bacterial infections are particularly fatal; however, all IRID types contribute to morbidity and a decreased quality of life.

Certain risk factors have been found to be associated with various types of IRID, yet it is not understood how these harms cluster together.

- ^a IRID: Injecting-related injuries and diseases
- ^b PWID: People who inject drugs

Aims

- 1. Using data from the 2019 Illicit Drug Reporting Survey, examine the proportion of PWID reporting IRID-
- 2. Determine clusters of PWID based on IRID presentation.
- 3. Determine characteristics associated with clusters.

Methods

Aim 1: Past month...

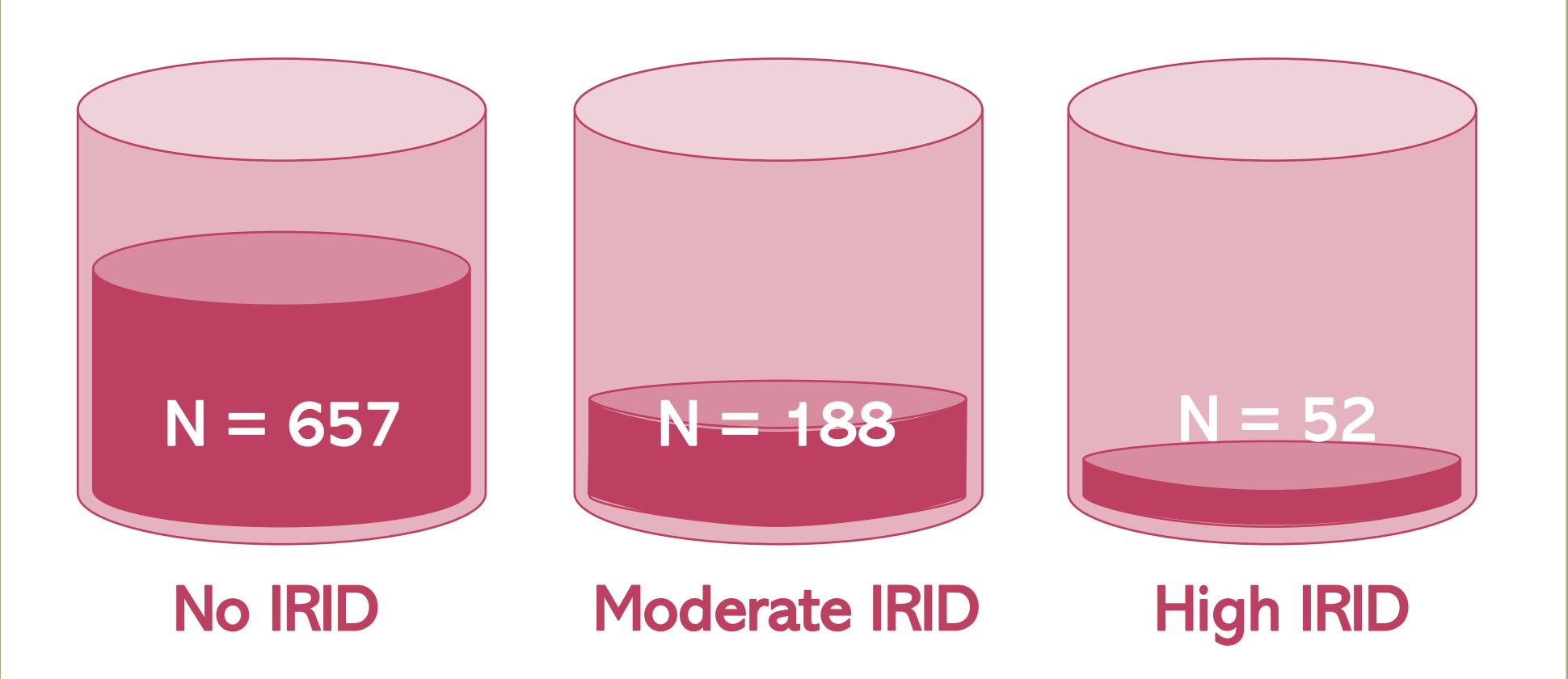
- Skin and soft tissue infections
- Thrombophlebitis
- Deep vein thrombosis
- Endocarditis
- Artery injection

- Nerve damage
- Osteomyelitis
- Septic arthritis
- Sepsis

Aim 2: Latent class analysis

Aim 3: Class-weighted multinomial logistic regression analysis

There were three conceptually distinct classes, pointing to a spectrum of IRID severity



Results



- 1. 34% reported at least one IRID in the previous month.
- 2. Reporting recent

thrombophlebitis

distinguished the PWID in the moderate IRID group from those in the high IRID group.

3. Re-using one's own

needle in the past month was associated with an increased risk of being in the moderate (vs. no) and high (vs. moderate) IRID groups.

Implications

Covering every injection with a new needle is vital to reduce harms among PWID.

There is a need to improve public health messaging about prevention and management of clotting disorders in this population.

Expanding clinical capabilities of low-threshold services to detect and treat IRID might be an important response strategy to reduce cost, morbidity and mortality associated with

these harms. Full text article published in Drug and Alcohol Dependence here

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