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Use of alcohol swabs to clean injecting sites amongst people who regularly inject drugs in Australia

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Soft tissue infections are common amongst people who inject drugs

- Abscesses, cellulitis
- Current/past month prevalence 6-32%
- Complications: endocarditis, sepsis
- Impact on quality of life:
  - Pain
  - Embarrassment (odour, appearance)
  - Stigma and discrimination when accessing care

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Swabbing injecting sites with alcohol wipes reduces soft-tissue infections

- Often included in equipment distributed by needle and syringe programs (NSP)

- But little attention is given to injecting hygiene in most harm reduction settings
  - HIV, hepatitis C, overdose prevention are priorities

Aims

1. Prevalence of swab use prior to injecting;
2. Correlates of not using swab; and
3. Reasons for not swabbing.

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Design: cross-sectional study of people who inject drugs across Australia

- Recruited from NSPs in capital cities in each state
- Injected drugs at least monthly in the past 6 months
- Structured interview on drug use and related issues

Sample characteristics (n=852)

Male	67%
Indigenous	19%
Median age (IQR)	43 37-50)
Median years of injecting (IQR)	23 16-30)
Drug injected most often	
Heroin	37%
Crystal methamphetamine	36%
Pharmaceutical opioids	21%
Other forms of methamphetamine	4%
Other	2%

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Substantial minority reported infrequent use of alcohol swabs

- 28% (n=240) ‘never’ or ‘almost never’ swabbed injecting sites prior to injection

- 26% (n=218) did not swab prior to last injection

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Older PWID more frequently used swabs

- More likely to use swabs:
  - Older
  - Longer duration of injecting

- Not associated:
  - Sex
  - Indigenous status

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Not swabbing clusters with other injecting risk behaviours

- Non-swabbers more likely to report:
  - Distributive needle sharing
  - Receptive needle sharing
  - Re-use of own needle

- No association with injecting site location

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Not swabbing more common among people injecting methamphetamine

	Did not swab (%)	Adjusted OR (95% CI)
Heroin	22	-
Pharmaceutical opioids	23	1.2 (0.8 – 1.8)
Crystal methamphetamine	34	1.8 (1.2 – 2.5)
Other amphetamine	8	0.2 (0.1 – 1.0)
Other	11	0.4 (0.1 – 2.0)

Among non-swabbers, seemed to be a lack of awareness of injecting hygiene

- Two-thirds of non-swabbers just “don’t bother”

- Other themes:
  - In a hurry
  - Already clean
  - Small number perceived it as harmful
    - Possible that some are using after injecting – “it stings”, “it burns and is painful”

Need for increased awareness of injecting hygiene in preventing soft tissue infections

- Substantial minority infrequently or never clean injecting sites
- Not a deliberate omission – just not seen as important or a priority

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Focus on younger/recent initiates and users of crystal methamphetamine

- Overlap between these two groups in Australia
- Crystal methamphetamine associated with binge drug use
  - Increases likelihood of a range of injecting and sexual risk behaviours

Needle and syringe programs can promote the use of swabs and injecting hygiene

- Injecting hygiene receives relatively less attention than other harm reduction needs

- Improving injecting hygiene likely to have highly salient impacts on vein health and skin health – can help to build trust and relationships

Supervised injecting sites also encourage hygienic injecting

- Increase access to nurses and health education officers
- Longer engagement increases opportunity for rapport building
- These supportive environments can be habit forming, and promote sage injecting both onsite and outside of facilities.

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Summary

- More than half of the sample swab
- A significant proportion could benefit from swab promotion
- NSPs and peer-run educational messaging could enhance reach of swab promotion
- Increased evidence for increased structural interventions

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Thank you

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