

David McKell and Dr Lucy Burns
National Drug and Alcohol Research Centre

Introduction

The Illicit Drug Reporting System (IDRS) is a national monitoring system which aims to identify emerging trends among 'people who inject drugs' (PWID) by monitoring the price, purity and availability of illicit substances, and the associated social and health related consequences.

Of ongoing concern (particularly among those in the health sectors) is the use and reuse of needles and injecting equipment, and the resulting damage to veins, chest infection and transmission of blood borne viral infection (BBVI) – all of which pose a particular health risk to PWID's.

This poster aims to highlight the incidence of injecting risk amongst this user group.

Demographics

In 2013, 151 participants were interviewed for the IDRS survey. 60% were male and the average age was 40 years (range 23-63 years).

95% were English speaking and 27% were either Aboriginal or Torres Strait Islanders. A significant majority were unemployed (95%) and 61% were currently in drug treatment.

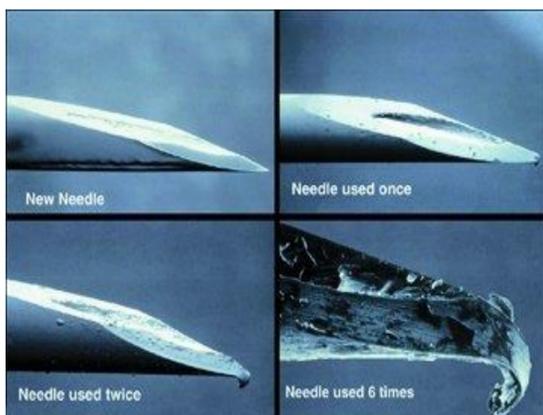
Aim

- To identify the level of injecting risk behaviour among PWID participants in New South Wales, particularly the use and reuse of needles, and injecting equipment.
- To highlight the injecting risk behaviour of the current sample population against previous user groups.

Method

- The sample was analysed using SPSS.
- 151 PWID participants were recruited through Needle and Syringe Programs (NSP), 'harm minimisation' programs and through their own social networks (such as word of mouth) to participate in a face-to-face interview.
- Participants were asked to report their injecting behaviours, their use and reuse of injecting equipment, their health status and any complications as a result of their injecting habits.
- Key Experts (KE's) from within the Health and Law Enforcement fields were consulted about the latest findings.

Single-use needle used multiple times under a microscope



Source: Google Images

Key Findings

Oxycodone Injection

The level of users injecting oxycodone in NSW was identified as being statistically significant ($p < 0.05$) when compared with the national average.

Dirty Hit

Less participants reported a 'dirty hit'; that is, an injection that made them feel sick when compared to the national average. This was identified as being a statistically significant ($p < 0.05$).

Proportion of injection-related issues

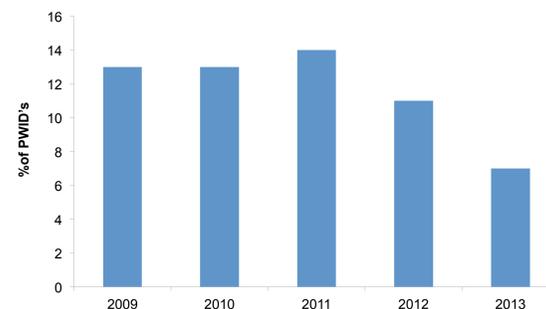
	National N=		NSW n=149
	2012	2013	2013
Overdose	5	5	3
Dirty hit	20	20	9
Abscess / Infection	8	9	6
Prominent scarring / bruising	39	41	49
Difficult injecting	34	37	46
Thrombosis	5	6	5

Source: 2013 IDRS survey

Needle Reuse

The percentage of PWID participants using a needle after someone else in the month prior to interview was consistent throughout 2009-2011, but has since shown signs of a downward trend.

Percentage of participants who used the same needle after someone else (month prior to interview)



Source: 2013 IDRS survey

Injecting risk behaviour

	National N=923		NSW n=151
	2012	2013	2013
Borrowed a needle (%)	7↓	7	7
Lent a needle (%)	14	15	12
Shared injecting equipment* (%)	25	24	29
Reused own needle (%)	47	48	42
Reused own injecting equipment (%)	62	62	47
Injecting equipment reused# (%)	N=573	N=904	n=151
Spoons	88	56	81
Filters	11	7	23
Tourniquets	43	27	48
Water	13	8	34
Swabs	4	2	8
Wheel filters	6	4	0

Source: 2013 IDRS survey

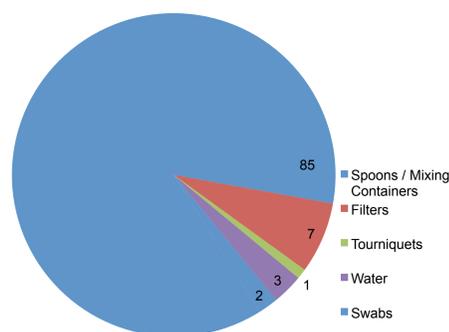
* Includes spoons, water, tourniquets and filters; and excludes needles

Among those who reused injected equipment

'Borrowed' = Used a needle after somebody else

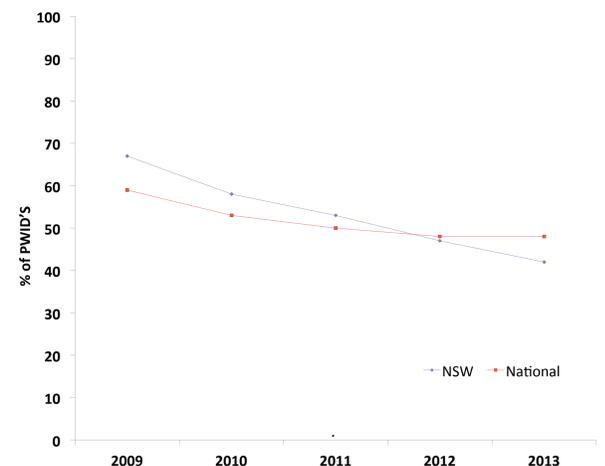
'Lent' = Used a needle before somebody else

Equipment used after someone else



Source: 2013 IDRS survey

Total % of individuals reusing their own needles



Source: 2013 IDRS survey

Conclusion

Despite the availability of injecting equipment, there are those who continue to use, reuse and share needles and injecting equipment, increasing the possibility of BBVI and vein damage. Additionally, there are those who ignore safer injecting practices. For example, the use of wheel filters, as some PWID's believe the effect of the substances they are using will be diminished as a result.

Those in the health sector share a common concern, particularly in regards to the injection of pharmaceutical pills. Ineffective or incorrect preparation is resulting in greater vein damage, the formation of abscesses, transmission of disease, and chest and lung infection caused by undissolved pill particles and ingredients.

Furthermore, the emergence of relatively unknown substances, like Fentanyl, a potent synthetic opioid, has health workers uncertain about how to provide safe injecting advice.

Law and health experts suggest improved regulation of pharmaceutical substances would help prevent legally available medications being on-sold into illegal markets. The increased scrutiny would allow both agencies to track and monitor the sale, use and distribution of these substances, reducing the level of risk to PWID's.

In any case, the injecting risk behaviours of PWID's and consequential health implications remains an important and worthy area of future research.

Acknowledgments

Thank you to IDRS participants and the service providers who assisted. Principal investigator Dr Lucy Burns, national IDRS program coordinators Natasha Sindich and Jennifer Stafford, and the Department of Health and Ageing. The IDRS Project is supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund.

Contact

David McKell
National Drug and Alcohol Research Centre
University of New South Wales
T: 02 9385 0407
E: d.mckell@unsw.edu.au
W: <http://ndarc.med.unsw.edu.au>

