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HEALTHCARE SEEKING FOR SKIN AND SOFT TISSUE INFECTIONS AMONG PEOPLE WHO INJECT DRUGS IN SCOTLAND: THE IMPORTANCE OF ENCOURAGEMENT FROM THIRD PARTIES

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BACKGROUND

Bacterial skin and soft tissue infections (SSTI) are a health issue for people who inject drugs (PWID). SSTI are a common reason for PWID to present to accident and emergency (A&E) and require subsequent hospitalisation (Kerr, Wood et al. 2005, Hope, Hickman et al. 2014). However, many PWID delay seeking healthcare for SSTI (Hope, Kimber et al. 2008, Pollini, Gallardo et al. 2010, Hope, Ncube et al. 2015). This poster will explore their healthcare seeking behaviours for SSTI.

METHODOLOGY

During October 2015 and January 2016, in-depth qualitative interviews were conducted with 22 PWID who were current injectors and had a SSTI (either abscess, cellulitis or necrotising fasciitis) within the past year. Recruitment sites included a drug treatment service and a pharmacy operating a needle exchange/ methadone clinic based in NHS Lothian and NHS Greater Glasgow & Clyde (NHS GG&C). Photographs were used to help identify the nature of the SSTI experienced (some of which are illustrated – see Figure 1). Framework analysis was used to analyse the transcripts. Ethical approval for the research was obtained from NHS West of Scotland Research Ethics Committee and University of the West of Scotland Ethics Committee. Informed consent was provided prior to the interview, participants were assured of confidentiality and were given pseudonyms. Participants were provided with a £25 shopping voucher.

RESULTS

Sample characteristics

The sample included 14 and 8 participants interviewed in the NHS Lothian Health Board Region and NHS GCC Health Board Region respectively. Table 1 summarises the participant characteristics. Between the 22 participants a total of 23 abscesses, 3 cellulitis infections and 2 necrotising fasciitis infections had been experienced in the past year. The body sites of these infections included the arm, legs, groin and toe.

Table 1. Participant characteristics (N=22)

Demographic	N	%
Male	15	(68)
Female	7	(32)
Age (years)		
Range	21-61	
Mean, St. Dev	38.72, 77.37	
Median, IQR	36.50, 9	
Time since onset injecting (years)		
Range	5-43	
Mean	17.68, 9.20	
Median	15.5, 13.5	
Drug injected (past 6 months)		
Heroin	22	(100)
Cocaine	8	(36)
Heroin and Cocaine	3	(14)
Legal Highs	3	(14)
Crack	2	(9)
Amphetamine	2	(9)
Benzodiazepines	1	(4)
Drug injected most often (past 6 months)		
Heroin	18	(82)
Cocaine	2	(9)
Other ^a	2	(9)
Injected daily or more (past 6 months)	18	(82)
Homeless in past 6 months	13	(59%)

^aOther – Legal High and Heroin taken equally

Four categories of healthcare seeking were identified:

- 1) seeking healthcare under the PWIDs' own volition whether directly or indirectly after seeking advice from a third party
- 2) after third party proactive instigation on the behalf of the PWID
- 3) coincidentally sought healthcare or
- 4) deliberately avoiding healthcare

THE THIRD PARTIES

The third parties that encouraged healthcare seeking typically included family/friends, drug workers and pharmacists. The third parties were either intentionally asked for their advice on the SSTI or the third party needed to proactively instigate healthcare seeking on the behalf of the PWID. For some participants this ensured that healthcare was received sooner rather than later as illustrated by Caroline who had phoned both her drug worker and then her GP for her two day old abscess:

"probably would have left it and left it and left it until it got really bad and then went tae...aye... Hoping it would go away itself. I'm bad at that... They [A&E] told me that I'd caught it in time." (Caroline, Female, 27 years old)

or that emergency treatment was received by Bobby. Whilst Bobby was collecting his methadone at the pharmacy, the pharmacist insisted on phoning NHS24 on his behalf – however, Bobby had not kept the appointment that was arranged and only attended A&E when NHS24 had contacted him the following day. Bobby subsequently received emergency treatment for an untreated abscess and DVT. He acknowledged that the pharmacist:

"... went beyond her call a' duty I would say definitely". (Bobby, Male, 32 years old)

Reasons given for avoiding, delaying or being reluctant to seek healthcare included: the nature of dependence, fear of bad news such as amputation, stigma of being an injecting drug user, to avoid disclosure of their injecting status, off-putting previous experiences of seeking healthcare and waiting times.

CONCLUSION

Third parties such as friends/family, drug workers and pharmacists can be important for encouraging timely healthcare seeking for SSTI. Educational interventions that raise awareness for SSTI and its symptoms among frontline workers in injecting equipment provision and addiction services, and family/friends, may be needed.

Figure 1. Example photographs used to determine which SSTI was experienced.



Note: photographs A and B have been provided with kind permission by Alison Coull and have been consented by the photographed individual for use in research and teaching, photograph C has been taken from a public domain website.

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