

Cessation of groin injecting behaviour among patients on oral opioid substitution treatment

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- Chronic venous disease;
- femoral vein;
- heroin;
- injecting;
- ultrasonography

ABSTRACT

Aims To identify factors that might influence cessation of groin injecting (GI) among patients receiving oral opioid substitution treatment (OST).

Design A cross-sectional survey.

Setting Drug treatment centres in South East England.

Participants Groin injectors (GIs) attending an ultrasound 'health-check' clinic.

Measurements Clinical data and ultrasound images; comparing 65 patients who had injected drugs in the femoral vein (fv) in the previous month (current GIs) with 49 former groin injectors (former GIs).

Findings Most of the 114 clinic attendees were men (69.3%) and white European (95.6%). Mean age, duration of GI and time in treatment were 36.4 years, 54.8 months and 20.5 months, respectively. Former GIs were significantly older ($P < 0.001$) and had been injecting ($P < 0.05$) and in treatment ($P < 0.05$) for longer than current GIs. History of deep vein thrombosis (DVT, $P < 0.05$) and septicaemia ($P < 0.05$); moderate/severe chronic venous disease (CVD, $P < 0.01$); and 'very severe' fv damage on ultrasonography ($P < 0.05$) were more common among former GIs. A logistic regression model correcting for the effects of covariants revealed age (B 0.08; Wald 7.1; $P < 0.01$) and severity of venous disease (B 1.1; Wald 4.1; $P < 0.05$) as the strongest predictors of behaviour change.

Conclusions GI cessation is associated with longer time in treatment, increasing age and the presence of CVD and severely damaged fv. GI appears to be an intractable behaviour that often persists despite OST and severe health complications. Persistent GI should prompt a review of whether OST is optimized and whether other interventions are needed to promote behaviour change prior to the development of serious harm.