

# Groin Injecting in Northern Ireland: Views of the Experts by Experience

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## 1. Introduction

Workers in Low Threshold Services at Extern compiled the questionnaire and this was peer reviewed by academic colleagues at the Drug and Alcohol Network (DARN @QUB). The questionnaire was administered to 19 individuals at 3 sites in N. Ireland, including by staff working for the Simon Community and for the Community Addiction Team in the South Eastern Health and Social Care Trust. The aim of the questionnaire was to better understand the nature and reasons for groin injecting in NI. This was prompted by the publication of the Unlinked Anonymous Monitoring (UAM) Survey of HIV and viral hepatitis among PWID (PHE, 2020) which found that *'the proportion reporting injecting into their groin in the last month was as follows: England, 35%, Wales, 44% and Northern Ireland, 52%'* (PHE 2020,p16). Anecdotally, this was confirmed by drugs workers noticing an increased demand for needles and syringes commonly used for groin injecting and increased discards of this same equipment by council employees in Belfast. It may also have been linked to a noticeable increase in injectors attending needle exchange services who are reporting cocaine injecting.

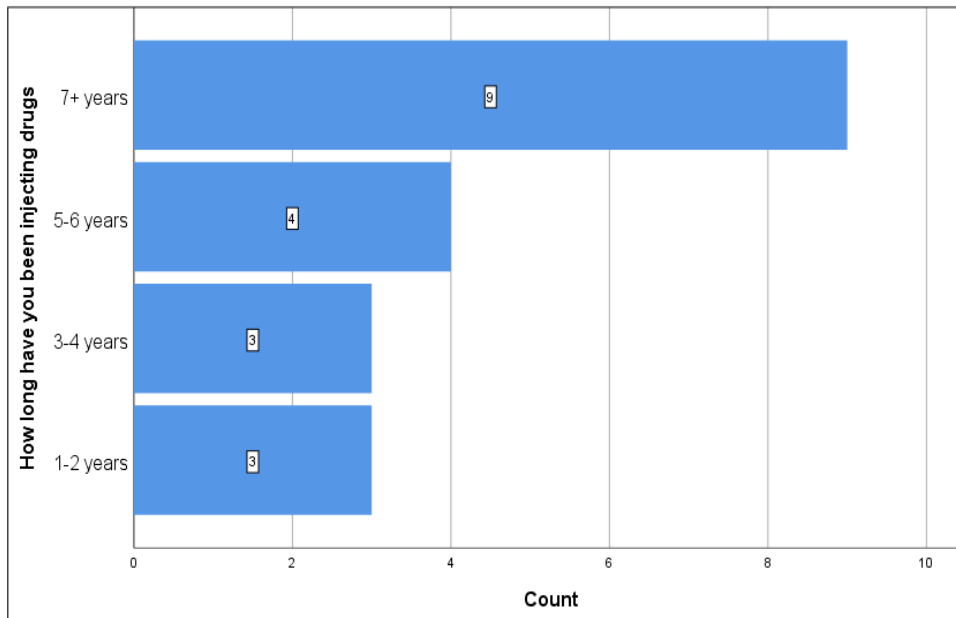
## 2. Findings

Nineteen respondents completed the questionnaire; 68% n=13 male and 32% n=6 female. The average age was 30.6 years (std-8.52); the youngest respondent was 18 years and the oldest was recorded as 53 years.

All respondents were regular IV drug users. The mean length of IV drug use was 9.9 years (std =8.4) with minimum number of years injecting reported at 2 years and a maximum of 36 years.

When the data was recoded into specific time frames, the majority (n=9) stated that they had been using drugs intravenously for over seven years ( see fig 1.)

**Fig One : Length of time – General IV Drug Use**



The majority of the cohort, 90% injected heroin and 63% injected cocaine on a regular basis. Twenty-six percent injected heroin and cocaine in combination and 21% used crack via IV methods (see table 1).

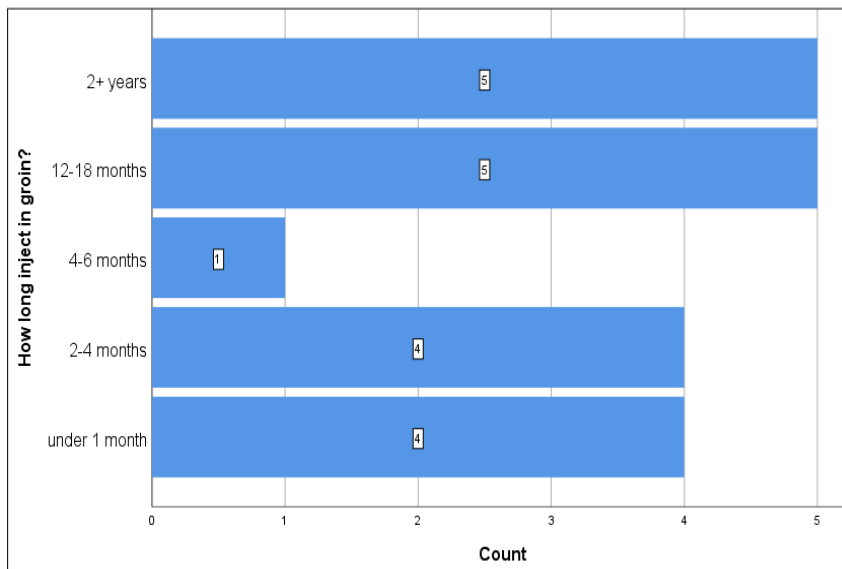
**Table One. Drugs Injected on a regular basis**

	Yes	No	Total
<b>Heroin</b>	17 90%	2 10%	19 100%
<b>Cocaine</b>	12 63.2%	7 36.8%	19 100%
<b>Heroin and Cocaine</b>	5 26.3	14 73.7%	19 100%
<b>Crack</b>	4 21.1%	15 78.9%	19 100%

All respondents reported groin injecting. The average time of groin injecting was 2 years and four months (std =33.2). The minimum time using groin injecting was reported as one month and the maximum time recorded was 10 years.

When the data was recoded into time periods, the majority n=10 stated that they had used groin injecting for a year or more. It was also clear that almost half of the cohort (n=8) had just recently commenced groin injecting ( see fig 2) .

**Fig 2. Length of Time – groin injecting**



Respondents provided information in relation to why they commenced groin injecting and most (n=17) replied that they could not access to sites in other parts of the body due to collapsed veins.

*“I cant get access to veins in my arms or feet and was frustrated and experiencing sickness”.*

Two respondents referred to advice given by peers that the groin provided a ‘good hit’ and they were advised that ‘it was better’ than injecting in other sites.

Qualitative commentary also indicated that the majority (n=10) were *shown by friends* how to locate a vein in the groin area, whilst (n=6) indicated that peers/ friends / family had injected them.

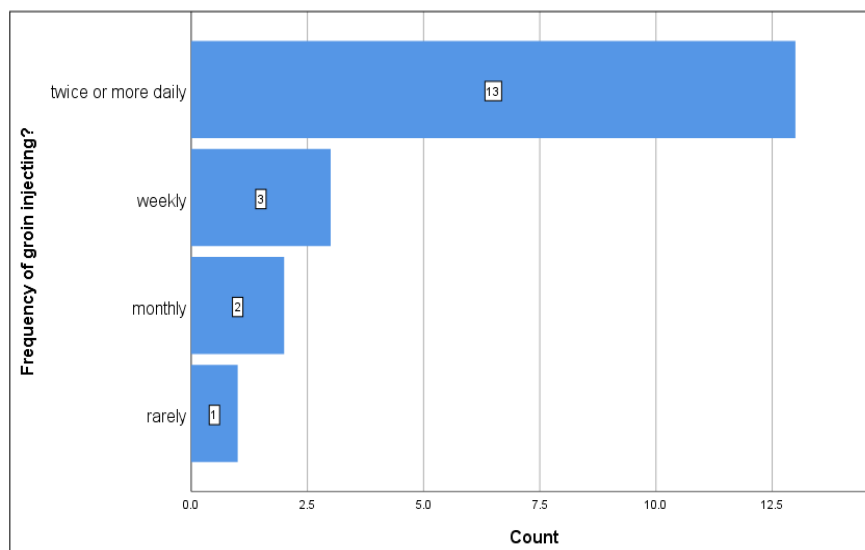
*“Granny showed me ...she’s been a nurse for \*\* years ...she wasn’t happy but she wanted me to be safe”.*

Two respondents highlighted that they had tried it themselves and were successful.

*“Easy,,,put it in a syringe and hoked about for vein”.*

Respondents were asked to report on the frequency of their groin injecting and the majority 68% (n=13) stated that this happened on at least two occasions on a daily basis (see figure 3).

**Fig 3. Groin Injecting - Frequency**



The majority 42% (n=8) also chose to inject into both groins, with 31% (n=6) using the left groin and 27% (n=5) choosing the right groin area.

In addition, over 50% of respondents (n=10) indicated a number of problems with groin injecting. Three people referred to 'mis-hits' when injecting Cocaine with subsequent 'pain, burning and numbness'. Seven respondents indicated a myriad of multiple serious physical health problems because of groin injecting, including losing or almost losing a limb, blood clots, septicaemia, liver damage, cellulitis and DVT.

84% (n=16) stated that they would like to receive assistance from staff at the needle exchange in relation to safer groin injecting.

Respondents were asked to provide commentary on additional issues and six people answered the question. One stated that she wished to begin her substitute prescribing as soon as possible and two people advised others 'not to use heroin'. Three respondents underlined that they regretted using the groin for injecting and that they strongly advised others against IV use in this area.

*"advise strongly against groin injecting to any peer"*

*"I wish I'd never started groin injecting"*

*"If I could go back to injecting in arm it would be better".*

### **3. Conclusions**

- All respondents reported groin injecting. The average time of groin injecting was 2 years and four months (std =33.2).
- The majority (n=10) stated that they had injected into the groin for at least one year and almost half of the cohort (n=8) had just started to groin inject.
- Most had been shown how to inject by their peers (n=10).
- The majority of the cohort (n=13) used groin injecting more than twice daily.

- Over fifty percent of the cohort indicated a number of problems because of groin injecting, including losing or almost losing a limb, blood clots, septicaemia, liver damage, cellulitis and pain from 'mishits' when injecting cocaine.
- Almost all respondents (n=16) stated that they would like to receive assistance from staff based in substance use services in relation to safer groin injecting.

#### **4. Recommendations**

- Organisations should utilise peer knowledge to influence injecting behaviour positively.
- Workers should be accepting of groin injecting rather than risk the perpetuation of a 'shame culture' and alienate an already excluded group.
- There should be provision of specialist training for those working with groin injectors. This should focus not only on meeting the needs of current injectors but also on delaying/preventing the onset of groin injecting.
- There should be specific training for workers on cocaine and crack injecting.
- Ways to assist injectors more safely access their groin(s) such as ultrasound scan or vein viewing device should be explored.
- The provision of tourniquets to facilitate injecting in the arms should be explored.

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