## **Research Based Abstract Template**

Submissions must not exceed 300 words (excluding title & authors), an extra 50 words are given **only** to submissions who answer the optional point. The document **must not** be password protected or saved as read only as this may result in your abstract failing to upload successfully. Use Arial 11 point type only. Please structure your submission using the subheadings below, using the subheadings that work best for your abstract, remove the additional subheading not being used e.g. If you are using *Key Findings* – remove the *Results* subheading.

## Experiences of food insecurity and social and material deprivation among people who inject drugs.

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**Introduction:** To be food secure is to have physical, social and economic access to adequate food to support a healthy life. Food security is an important social determinant of health. Food insecurity is highly prevalent among people who inject drugs. Many systemic determinants associated with food insecurity, such as poverty, gender inequality, disability and homelessness, are also associated with injecting drug use. Understanding how experiences of food insecurity intersect with the lived experiences of people who inject drugs may provide insight into the special needs of this population.

**Method:** A phenomenologically-oriented description methodology was used to investigate qualitative, social and psychological aspects of food insecurity experiences among people who inject drugs. Ten participants of the Melbourne Injecting Drug User Cohort Study, (SuperMIX) identified as food insecure, shared their experiences through semi structured interviews. Data were analysed thematically, guided by the six-step process described by Braun and Clarke.

**Key Findings:** Identified themes encompassed two dimensions: 1) Barriers to Food Security; and 2) Food Insecure as a Barrier to Health. Barriers to food security included a lack of adequate housing conditions and demands (both financial and non-financial) relating to drug use. Food insecure barriers to health included poverty- related stigma, mental ill-health and isolation from community.

**Discussions and Conclusions:** The experiences shared by participants emphasise the importance of a supportive environment (or lack thereof) in the characterisation of food insecurity. Our study highlights how people who inject drugs navigate considerable material, social and psychological poverty. The findings of this study suggest that future interventions which cultivate stable and supportive living situations necessary for food security may improve the ability of people who inject drugs to take greater agency over their wellbeing.

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