



Gender-specific associations between psychological distress and injecting risk behaviours among people who inject drugs in Montreal, Canada



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Disclosures

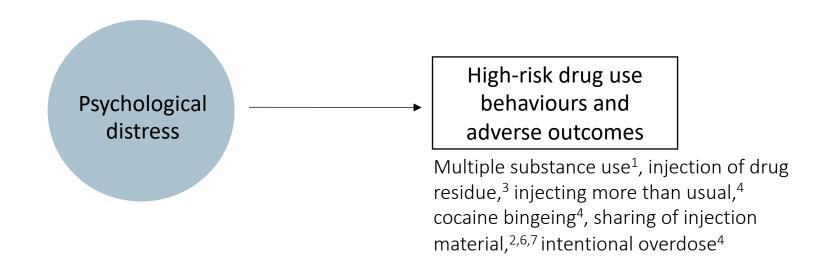
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All disclosures are unrelated to the current work

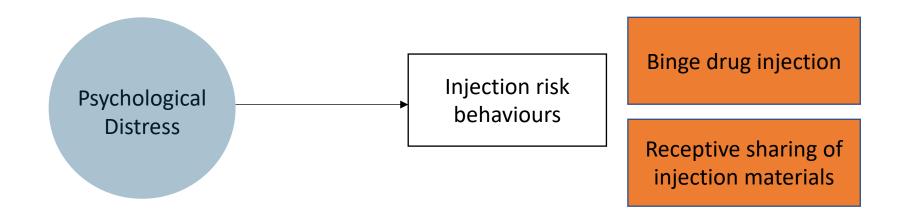


Background

- There is a need to better understand the contribution of mental health to drug-related harms
- Several studies document high levels of psychological distress among people who inject drugs



Objectives



+ Gender lens to evaluate presence of effect modification

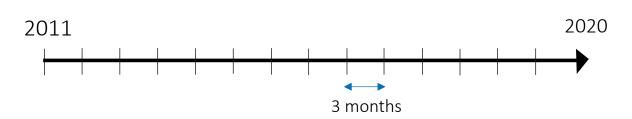


Data source

COHORTE H • E • P • C • O Recherche · Personnes utilisant des substances · Santé

Recruitment:

Combination of street-level strategies and community program referrals



Eligibility: drug injection in the past 6 months, age ≥18

Detailed sociodemographic and behavioural questionnaire administered by trained interviewers



Measures

Exposure

- **Kessler psychological distress scale** (K10), a measure of non-specific distress which assesses frequency of 10 symptoms in the past month
 - Five response options ranging from "none of the time" (scored 1) to "all of the time" (scored 5)
 - Responses are summed to obtain a score ranging from 10 to 50.
 - Continuous score used



Measures

Outcomes

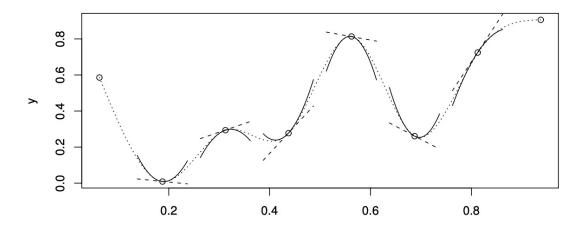
- 1. Receptive sharing: using needle-syringes or ancillary injection equipment (e.g. cookers, filters) previously used by someone else to inject.
- 2. Binge drug injection: participants asked whether they had injected large quantities of drugs, without stopping, over a limited period of time, until they ran out or could no longer physically continue consuming

Past 3 months



Analyses

- Generalized additive models with cubic splines to estimate potentially non-linear relationships between the K10 score and outcomes of interest
- Random intercepts to account for repeat observations





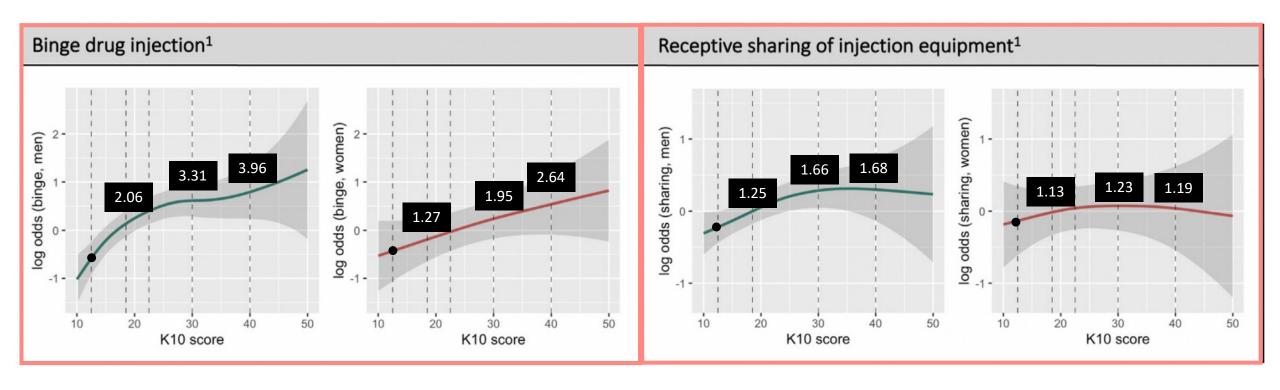
Sample

- 805 individuals
- 8158 observations
- 82% male
- 90% Caucasian

Baseline characteristics

	Women (N=144)	Men (N=660)
Age (median [Q1-Q3])	35 (27-43)	42 (33-49)
Opioid agonist treatment	44%	30%
Unstable housing	25%	45%
Incarceration	12%	21%
Recent victimization	31%	21%
Lifetime sex work	58%	20%
K10 score (median [Q1-Q3])	27 (20-32)	22 (16-29)
Score ≥30 (severe distress)	37%	24%

Results of generalized additive models



¹Adjusted for variables suggested by a directed acyclic graph: age, past-month stimulant injection, recent: housing stability, income stability, victimization, opioid agonist treatment, injection with a sex partner, sex work (yes/no, among women).



Discussion

- Gender-based differences may be due to:
 - differences propensity to risk-taking or coping styles in the presence of distress
 - lower agency among women (whose access to drugs and "decision" to share is often determined by male partners)
- Limitation: temporality not ensured
 - Outcomes assessed for the past 3 months; distress for the past month

Implications

- Screening for psychological distress within community services may be useful and would not require specialist assessment
 - Linkage to specialized care / peers
 - Risk counseling, distribution of naloxone / materials

- *Strategies/future research need to reflect gender-based differences*
 - + consider risk manifesting within the context of sexual partnerships





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Research paper

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