

Health Services Access and Harm Reduction Practices Among Women Who Use Image and Performance Enhancing Drugs: Findings from a Large International Sample

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Introduction: Women who use image and performance enhancing drugs (IPEDs) experience unique health risks to their male counterparts (e.g., voice deepening), yet existing harm reduction guidance is largely for men. Although a small number of qualitative studies exist, there is no quantitative data regarding how women who use IPEDs navigate healthcare systems, or how their harm reduction practices compare with those of men. This study aimed to investigate gender-based differences in healthcare access and IPED-related harm-reduction practices in a large international sample.

Methods: Data for this study were sourced from the 2024 Global Drug Survey (GDS) and included 1366 men and 134 women. Descriptive statistics were used to explore socio-demographic information. Chi-square analyses were used to explore gender-based differences in barriers to healthcare access and harm reduction practices.

Results: 3.7% ($n = 5$) of women reported difficulties engaging with healthcare. Women experienced significantly fewer difficulties than men accessing GPs, hospitals and pharmacies (all χ^2 s > 2.96 , all $ps \leq .05$). GPs were the service with which both men (17.2%, $n = 235$) and women (3.0%, $n = 4$) most frequently reported difficulty. Men were significantly more likely than women to report using laboratory testing to check product purity (13.0% vs. 3.7%; $\chi^2(1) = 9.70$, $p = .002$). No significant gender differences were observed for home test kit use (7.0% vs. 3.0%; $\chi^2(1) = 3.11$, $p = .07$).

Conclusions: Women reported fewer difficulties than men when accessing health services, and there were no gender differences in whether participants had checked the purity of their AAS. Despite comparable or easier access to care, women face a deficit of gender-specific harm reduction support, underscoring the need for women-centred AAS interventions.

Implications: Women-specific harm reduction resources, improved drug checking access, and collaborative partnerships are needed to address gaps in IPED-related care.

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