

## **Women Who Inject Drugs At The Uniting Sydney Medically Supervised Injecting Centre: Twenty Year Trends In Service Access And Non-Fatal Overdose**

Roxburgh A<sup>1,2,3,4</sup>, Jauncey M<sup>2,3,5</sup>, Bartlett M<sup>5</sup>, Day C<sup>2,5</sup>, Nielsen S,<sup>1,3,4</sup> Latimer J<sup>5</sup>, Dietze P<sup>1,3,4,6</sup>

<sup>1</sup>*Harm and Risk Reduction Program, Burnet Institute, Melbourne, Australia,* <sup>2</sup>*Discipline of Addiction Medicine, the Central Clinical School, Sydney Medical School, the Faculty of Medicine and Health, University of Sydney, Sydney, Australia,* <sup>3</sup>*National Drug and Alcohol Research Centre, UNSW, Sydney, Australia,* <sup>4</sup>*Monash Addiction Research Centre, Monash University, Melbourne, Australia,* <sup>5</sup>*Uniting Medically Supervised Injecting Centre, Sydney, Australia,* <sup>6</sup>*National Drug Research Institute, Curtin University, Perth, Australia*

Presenters email: [amanda.roxburgh@burnet.edu.au](mailto:amanda.roxburgh@burnet.edu.au)

**Background:** International research shows women who inject drugs experience significantly higher drug-related harms including greater rates of risky injecting practices and higher rates of HIV than men. Supervised injecting facilities (SIFs), designed to reduce these risks, are traditionally male-dominated environments. Little is known about how women access SIFs and whether there are differences in drugs injected and overdose rates. The current study presents patterns of injecting and overdose onsite among women accessing the Sydney Medically Supervised Injecting Centre (MSIC).

**Methods:** Retrospective analysis of quarterly visits stratified by gender and drugs injected at the MSIC, 2001-2021. Rates of quarterly opioid overdoses per 100 opioid injecting visits.

**Results:** Women made up 25% of the clients attending MSIC during the period. Visits predominantly involved opioids (between 49-90% of all female visits), changing from heroin (range 42%-83%) to pharmaceutical opioids (range 46%-69%) between 2009-2014, returning to heroin (range 36%-57%) between 2015-2021. An increasing percentage of visits involved methamphetamine injecting (13% in 2014/Q1 to 48% in 2021/Q2), outnumbering those for heroin (41% in 2021/Q2). Opioid overdose rates doubled between 2001-2017 (from 1.5 to 3.8 per 100 visits) declining to 1.4 per 100 visits in 2021/Q2. In comparison, a larger percentage of male visits involved methamphetamine (52%) in 2021/Q2, with heroin comprising 32%. The percentage of male visits (15% in 2021/Q2) involving pharmaceutical opioids was almost double that of female visits (9%). Interestingly, rates/trends of overdose were similar among males and females until 2018/Q3 when overdoses among males continued to increase.

**Conclusion:** Early analysis shows nuanced differences in drugs women inject at the MSIC, with greater proportions of visits for heroin, and fewer for pharmaceutical opioids. Overdose rates were similar for women and men. Understanding the clinical profiles and whether overdose risks change over time among women will prove important in delivering targeted services that are more responsive to the needs of women attending the MSIC.

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