## INCREASES IN CRACK INJECTION AND ASSOCIATED RISK FACTORS AMONG PEOPLE WHO INJECT PSYCHOACTIVE DRUGS (PWID) IN ENGLAND AND WALES

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**Background:** Crack injection among PWID has been associated with increased engagement in high-risk injecting behaviors and an elevated risk of skin and soft tissue infections (SSTI) and blood borne virus (BBV) acquisition. Here we used national surveillance data to assess the prevalence of crack injection among PWID over time, and factors associated with its use.

**Methods:** Data were analyzed from the annual Unlinked Anonymous Monitoring Survey of PWID, where participants recruited from drug services self-completed a questionnaire and provided a biological sample. We included participants from England and Wales who had injected any psychoactive drug in the previous month (current injectors). The proportion reporting crack injection over time was assessed (2008 vs. 2018). We investigated factors associated with crack injection in 2018 using multivariable logistic regression.

**Results:** The proportion of current injectors reporting crack injection in the past month has increased over the last decade, from 36% (605/1703) in 2008 to 61% (850/1402) in 2018. In 2018, crack injection was more frequently reported by males than females (adjusted odds ratio (AOR) 2.47, 95% CI 1.73-3.53) and was strongly associated with heroin injection (AOR 6.30, 2.90-13.7). Crack injection was also independently associated with last month needle/syringe sharing (AOR 1.66, 1.11-2.48), groin injection in the last month (AOR 1.57, 1.13-2.17), ever participation in transactional sex (AOR 2.08, 1.30-3.33) and being hepatitis C antibody positive (AOR 1.65, 1.20-2.25).

**Conclusion:** The prevalence of crack injection has almost doubled in the past decade among current PWID in England and Wales. PWID reporting last month crack injection are more likely to engage in risk behaviors such as groin injection, needle/syringe sharing and transactional sex, which is concerning as these behaviors increase the risk of BBV and SSTI acquisition. It is essential that harm reduction adapts to support the specific needs of this growing population of stimulant injectors.

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