

LIFE CHAOS, SOCIAL SUPPORT, AND ASSOCIATED FACTORS AMONG PEOPLE WHO INJECT DRUGS IN QUÉBEC, CANADA

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Background: Chaotic life circumstances and inadequate social support may increase risk of drug-related harms and impede navigation of health services. We examined correlates of life chaos (LC) and social support (SS) among people who inject drugs (PWID) in Québec, Canada.

Methods: Data were from the Virtual Cascade of Care Cohort (VCCC). Eligible participants (aged ≥ 18 , lifetime injection drug use, past six-month illicit drug/heavy alcohol use) were recruited via community-based harm reduction organisations in three cities (04.2018–01.2019). Interviewer-administered questionnaires captured psychometrically validated measures of LC and SS (range: 1-5) and sociodemographic, health service, and substance use indicators. Participants rated their global health on the EQ-VAS (dichotomized at median) and reported whether they had gone without healthcare due to competing needs (past year).

Multivariable linear regression models were estimated to identify factors associated with LC and SS. LC (Cronbach alpha=0.63, mean=3.27) and SS (Cronbach alpha=0.85, mean=3.45) were moderately correlated (Pearson's $r=-0.29$) and analysed separately.

Results: 196 participants completed the questionnaire (75% men, median age 43 [IQR:34-52], 57% past-month injection). LC was positively associated with non-male gender ($a\beta=0.37$, 95%CI [0.13,0.61]), past-year homelessness ($a\beta=0.39$ [0.17,0.61]), past-month daily injection ($a\beta=0.30$ [0.05,0.55]), past-month stimulant use ($a\beta=0.41$ [0.16,0.67]), and positive screen on the Alcohol Use Disorders Identification Test (AUDIT-C ≥ 4) ($a\beta=0.28$ [0.06,0.49]) ($R^2=0.22$). SS was inversely associated with age ($a\beta=-0.02$ [-0.03,-0.01]), past-month stimulant use ($a\beta=-0.29$ [-0.57,0.00]), and past three-month overdose ($a\beta=-0.56$ [-0.99,-0.13]) ($R^2=0.04$). Both LC and SS were independently associated with unmet medical needs (LC: $a\beta=0.42$ [0.23,0.61], SS: $a\beta=-0.31$ [-0.54,-0.08]) and LC with global health ($a\beta=-0.23$ [-0.42,-0.05]).

Conclusion: LC and SS were differentially associated with known determinants of health among PWID, but both associated with perceived unmet medical needs. Investments in primary health care, housing, treatments for alcohol and stimulant use, and interventions directly promoting social support may improve quality of life in this population.

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