

## **USE OF MULTIPLE NEEDLES/SYRINGES PER INJECTING EPISODE: POTENTIAL PARAMETER INCLUSION WITHIN MEASURES OF COVERAGE**

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**Introduction and Aims:** Recent work by McCormack et al. (2016) showed that including measures of syringe stockpiling improves the measure of individual level syringe coverage originally devised by Bluthenthal et al (2007). We explore whether including the use of multiple sterile syringes per injecting episode into measures of syringe coverage further improves these measures.

**Design and Methods:** We used a sample of 838 PWID survey participants from the 2015 Illicit Drug Reporting System. Along with syringe coverage questions, the 2015 survey recorded the number of sterile syringes used on average per injecting episode. We constructed three measures of coverage: the original Bluthenthal measure (excluding stockpiling and multiple syringes), the McCormack measure (including stockpiling but excluding multiple syringes), and a new measure that included both stockpiling and multiple syringes. The extent of insufficient coverage (new equipment for <100% of injecting episodes) was calculated and the ability of the measures to discriminate key risk behaviours was examined using ROC curve analysis.

**Results:** 134 (16%) participants reported needing multiple syringes per injecting episode. Using the Bluthenthal measure, 28% of participants were insufficiently covered in the month prior to interview. This reduced to 20% under the McCormack measure, but reduced to only 24% using the new measure ROC curve analysis suggesting that the new measure was no better at predicting selected injecting risk behaviours than the existing measures.

**Conclusions:** Though a number of participants report the need for multiple-syringes, the effect this had on levels of coverage appeared relatively small. Furthermore, the new measure was no superior to previous coverage measures in predicting risk behaviours.

**Discussion Section** There will be facilitated discussion relating to the most recent survey findings and the use of the IDRS data to answer clinical and policy-relevant questions. Symposium attendees will be encouraged to offer thoughts and ask questions regarding the data collected.

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