**HAZARDOUS ALCOHOL USE AND CONCOMITANT BLOOD-BORNE VIRUS INFECTION IN A LOCAL URBAN POPULATION OF PEOPLE WHO INJECT DRUGS: IMPLICATIONS FOR APPROACHES TO HARM REDUCTION.**

Peach E1, Francis P2, Cogger S1, Morris M2, Stoove M1, Hellard M1, 3,4, Elmore K2, O’Keefe D1, Higgs P1,5, Dietze P1, 3.

1 Centre for Population Health, Burnet Institute, Melbourne, 2 North Richmond Community Health Centre, Melbourne, 3 Australia Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, 4 Infectious Diseases Unit, Alfred Hospital, Melbourne, 5 Curtin University, National Drug Research Institute, Faculty of Health Sciences, Melbourne.

**Introduction:** Heavy alcohol use is a significant risk factor for chronic liver disease, liver failure and hepatocellular carcinoma. People who inject drugs (PWID) in Australia frequently report higher levels of alcohol use than the general population. PWID also have significantly higher rates of blood-borne virus (BBV) infection, which, with the co-occurrence of hazardous drinking has been found to have a compounded effect on disease progression. We aimed to assess the prevalence of hazardous levels of alcohol consumption and co-occurrence with BBVs in a population of PWID based around one of Melbourne’s busiest street drug markets and needle syringe programs.

**Methods:** Cross-sectional bio-behavioural study of 128 PWID from the area. Hazardous drinking was defined as an AUDIT-C score ≥4 or reporting consumption of ≥6 drinks on at least one occasion in the past month.

**Results:** Forty-eight (38%) participants had abstained from alcohol in the previous month. Fifty-nine (46%) had used alcohol at hazardous levels, and of these 92% had serological evidence of at least one BBV (hepatitis C; 91%, hepatitis B; 53%, HIV; 8%). Eighteen (31%) reported receptive sharing of needles/ injecting equipment in the previous three months, and 17 (29%) reported currently receiving opioid substitution therapy (OST). PWID drinking at hazardous levels were less likely to report receiving OST, after adjusting for socio-demographic factors (AOR=0.40; p=0.018).

**Conclusion:** High levels of hazardous alcohol use and concomitant BBV infection and injecting risk behaviours were evident in this population. Our results suggests a comprehensive, rather than disease or substance specific approach is required to prevent health risks related to BBV transmission and alcohol use in this population.

**Disclosure of Interest Statement:** North Richmond Community Health Centre provided funding for the study. PD and MH received funding from Gilead sciences for research unrelated to this work.  PD and MH are recipients of NHMRC Fellowship Research. PD is also the recipient of funds from an untied educational grant from Reckitt Benckiser awarded to the National Drug and Alcohol Research Centre used in the post-marketing surveillance of Suboxone in Australia. The Burnet Institute gratefully acknowledges the contribution to this work of the Victorian Operational Infrastructure Support Program.