

# SOCIAL AND STRUCTURAL DETERMINANTS OF INJECTING-RELATED BACTERIAL AND FUNGAL INFECTIONS AMONG PEOPLE WHO INJECT DRUGS: QUALITATIVE SYSTEMATIC REVIEW AND THEMATIC SYNTHESIS

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## Background:

Injecting-related bacterial and fungal infections are common among people who inject drugs. Learning from efforts to prevent other drug-related harms (including HIV and overdose), we sought to identify social and structural factors contributing to injecting-related infections.

## Methods:

We searched five databases (PubMed, EMBASE, Scopus, CINAHL, PsycINFO) from January 1, 2000 to February 18, 2021 to identify studies on injecting-related infections that present qualitative data among people who inject drugs. We performed thematic synthesis in a two-stage analytic process. First, we identified descriptive themes across included studies. We then consolidated descriptive themes into conceptual categories to identify (higher order) analytic themes. We used an iterative, deductive-inductive approach informed by Rhodes' "risk environment" framework.

## Results:

After screening 4,841 abstracts and 631 full-text reports, we identified 25 studies with qualitative data (18 qualitative-only and seven mixed-methods) on injecting-related infections. Studies were conducted in USA, Canada, UK, Mexico, and Kyrgyzstan. We identified nine descriptive themes organized into three analytic themes. The first analytic theme, "1. *structural production of risk*", focused on macro-environmental influences including discrimination, criminalization, mandated abstinence, and austerity politics. Associated descriptive themes were: "1a. *local drug supply*"; "1b. *(un)safe spaces*"; "1c. *health care policies and practices*"; and "1d. *harm reduction services*". The second analytic theme, "2. *intersectional risk environment*", explored heterogeneous effects of the risk environment among people at the intersections of multiple social locations: "2a. *gender and substance use*"; "2b. *race and substance use*"; and "2c. *physical ability and substance use*". The third analytic theme, "3. *practices of care among people who use drugs*", focused on agency and individual-environment interactions promoting health: "3a. *mutual care*" and "3b. *self-care*".

## Conclusion:

Injecting-related bacterial and fungal infections are shaped by social and structural factors, including discrimination and prohibition. Interventions to reduce suffering and death from injecting-related infections should prioritize modifying these factors.

## Disclosure of Interest Statement:

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