

Call for Abstracts

Abstract Example 1 - Four key parts of a social science research abstract (quantitative and qualitative):

1. **Introduction/Objective:** Why do we care about the problem? What practical, scientific, or theoretical gap is your research filling?
2. **Methods/Approach:** What did you actually do to get your results? (e.g. analyzed three policies, interviewed 17 students, surveyed 300 health professionals)
3. **Results/Findings:** As a result of completing the above procedure, what did you learn? Please specify your main findings.
4. **Conclusion/implications:** What are the larger implications of your findings, especially for the problem/gap identified in step 1? How does this work add to the body of knowledge on the topic?

An example of this type of abstract:

The injection of methadone syrup in New South Wales: Patterns of use and increased harm after partial banning of injecting equipment.

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Objective: To describe methadone injectors and the risk practices associated with injecting methadone in New South Wales, Australia. To assess the impact on injecting drug use and risk behaviour of the withdrawal of methadone injecting equipment from government funded needle and syringe programs.

Method: Cross-sectional survey of two hundred and six (N=206) people who had injected methadone at least once in the previous month. Participants were from Central Sydney, West Sydney and rural New South Wales.

Results: Of participants who had injected both methadone and other drugs in the previous month (n=162), significantly more reused their methadone injecting equipment compared with those who reused their other drug injecting equipment (60% vs 28%, $p < 0.01$). There was no significant difference in terms of sharing injecting equipment, with 19% reporting sharing methadone injecting equipment and 14% sharing other drug injecting equipment, however, women were more likely than men to share methadone injecting equipment. Over half of the participants had accessed diverted methadone and a substantial minority reported the use of public spaces for injecting methadone.

Conclusions: Our results suggest that the current policy has led to increased reuse of equipment for injecting methadone. A range of other possible policy options, such as increasing oral doses and implementing trials of injected methadone, may assist to reduce the prevalence of methadone syrup injection and related harms.