



The impact of opioid agonist treatment on hospitalisations for injecting-related diseases: a retrospective data linkage study

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BACKGROUND

Injecting-related bacterial and fungal infections are common among people who inject drugs (PWID) and there is evidence that they are increasing in prevalence¹.

AIMS

Opioid agonist treatment (OAT) reduces injecting frequency and blood borne virus transmission. Therefore, we aimed to examine the impact of OAT on hospitalisations for injecting-related diseases.

METHOD

We conducted a retrospective state-wide cohort study using linked, routinely collected, administrative health data. The cohort included individuals on OAT between 1 Aug 2001 and 31 Dec 2017.

RESULTS

There were 19,834 recorded diagnoses for injecting-related diseases; skin and soft tissue infections (SSTI) were the most common (n=13,588).

IMPLICATIONS

Improving OAT coverage and retention may be an effective prevention strategy for injecting-related diseases; however, more evidence is needed to understand the external risk factors (e.g., increased methamphetamine injection and antibiotic resistant bacteria) that are contributing to this increasing trend over time.

Reference: ¹ Lewer, Harris & Hope (2017)

INCIDENCE RATE RATIOS (vs. Time out of OAT)

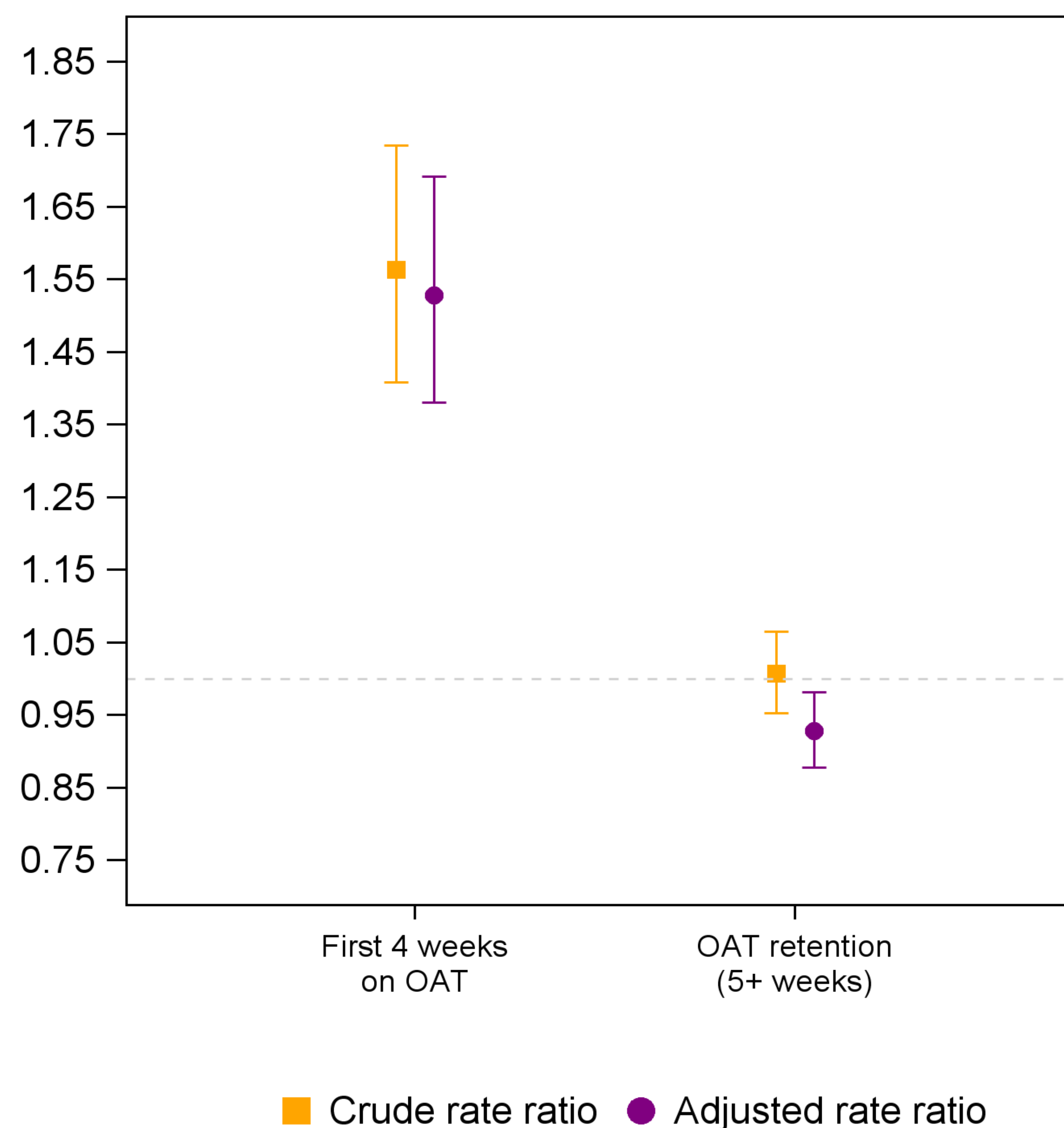


Figure left. The risk of hospitalisations for injecting-related diseases was **decreased** when retained on OAT, compared to time out of OAT.

Total cohort N	47163
Female %	32.4
Age at cohort entry	32
Injecting-related disease %	18.0
Deaths %	3.5

Table above. There were 8,510 individuals who recorded a hospitalization for an injecting-related disease.

OUTCOMES

- Any injecting-related diseases
- SSTI
- Endocarditis
- Sepsis
- Septic arthritis
- Osteomyelitis
- Venous disease
- Other bacterial diseases

Figure right. Hospitalisations for injecting-related diseases appear to be **increasing** over time.

