HOSPITAL SEPARATIONS FOR INJECTING-RELATED INJURIES AND DISEASES AMONG PEOPLE PRESCRIBED OPIOID AGONIST TREATMENT IN NEW SOUTH WALES: A RETROSPECTIVE DATA LINKAGE STUDY

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Background:
Opioid agonist treatment (OAT) has demonstrated to be protective against drug-related mortality. Among people who inject drugs, this is partially due to less frequent injecting while in treatment. Non-viral injecting-related injuries and diseases (IRID) are expensive contributors to morbidity in this population and highly correlated with frequent injecting. We conducted a retrospective cohort study using linked administrative health data in New South Wales (NSW) to determine the incidence rate of IRID hospital separations in and out of OAT.

Methods:
The cohort comprised patients on OAT in NSW between August 2001 and December 2017. The linked data resource included treatment, hospital, mental health, and custodial information. Incidence rates of IRID hospital separations were calculated by treatment status and adjusted for demographic, clinical and incarceration history.

Results:
Of the 47,163 patients in the cohort, 11,569 presented with an IRID hospital separation in the study period. Over 25,000 IRID hospital separations were recorded, the majority being skin and soft tissue infections. The two weeks preceding OAT showed a significantly elevated risk of IRID hospital separations when compared to being in treatment. This effect was largely driven by bacterial infection-related separations and decreased when only compared to the first four weeks of OAT. Being in treatment for more than 28 days was protective of presenting with serious infections (such as endocarditis, sepsis, and septic arthritis).

Conclusion:
Our findings suggest that those presenting to hospital with injecting-related harms are subsequently engaging in OAT. There is also evidence to suggest that, in the first four weeks of treatment, people may be more likely to access health care for their IRID. Finally, our findings demonstrate that engagement in OAT reduces the risk of systemic bacterial infections. Long-term engagement in OAT appears to be a critical harm reduction strategy for people at risk of injecting related harms.

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