

TRENDS IN THE BURDEN AND COST OF INJECTING-RELATED HOSPITALISATIONS DUE TO LIMB- AND VASCULAR-RELATED COMPLICATIONS IN ENGLAND 2014-2023

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Background:

Injecting drug use can result in limb-related complications spanning infections of varying severity and vascular injuries, potentially requiring major and multiple surgical interventions with life and limb threat. We aimed to estimate the cost and burden of these complications, alongside the proportion attributable to injecting drug use, using National Health Service (NHS) data in England.

Methods:

We used NHS Hospital Episode Statistics database for 2014-2023, with diagnostic and operative codes to define limb-related complications. These hospital episodes were stratified by those with and without drug codes used as a proxy for injecting drug use. NHS cost data were applied to the hospital episode data using the NHS Healthcare Resource Group (HRG) 4+ Local Payment Grouper software.

Results:

Overall, 3,161,312 adults were hospitalised with a diagnosis or operation for limb-related complications (55% male, median age 67), contributing 5,111,599 hospital spells: 1.7% among people with drug use-related codes (73% male, median age 41). When restricting to those aged 15-64 years, the estimated cost of these 1,498,462 limb-related hospitalisations was £13.6 billion. 46,660 (3.1%) had drug use-related codes, costed at £795.5 million (5.5%) overall, with annual costs increasing from £43.4 million to £105.6 million over 2014-2023. Age-stratified median costs per spell were higher for drug-related hospitalisations compared to non-drug-related hospitalisations: £4144 vs £1973 (age 15-35), £4866 vs £2219 (age 36-50), and £6294 vs £3009 (age 51-64).

Conclusion:

Assuming 2023's annual costs of £105.6 million for these drug-related complications over the next 10 years, this would cost the NHS over £1 billion. However, these costs have been increasing and are likely an underestimate due to under-recording of drug-use. Greater recognition of these avoidable complications and associated costs (financial and human) is required, with urgency given to effective harm reduction interventions, ideally in the community to enable prevention, but also during hospitalisation.

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