

## The impact of imprisonment on hospitalisations with injecting-related injuries and diseases: a longitudinal cohort study

Samantha Colledge-Frisby<sup>1,2,3</sup>, Rebecca Winter<sup>2,4,5</sup>, Ashleigh Stewart<sup>2</sup>, Michael Curtis<sup>1,2</sup>, Michael Livingston<sup>1,2</sup>, Tony Butler<sup>6</sup>, Campbell Aitken<sup>2</sup>, Stuart Kinner<sup>7</sup>, Paul Dietze<sup>1,2</sup> & Mark Stoové<sup>2,4</sup>

<sup>1</sup>National Drug Research Institute, Curtin University, Melbourne, Australia, <sup>2</sup>Burnet Institute, Melbourne, Australia, <sup>3</sup>National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia, <sup>4</sup>Monash School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia, <sup>5</sup>St Vincent's Hospital, Melbourne, Australia, <sup>6</sup>School of Population Health, University of New South Wales, Sydney, Australia, <sup>7</sup>Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia

Presenter's email: s.colledge@curtin.edu.au

**Introduction:** In Australia, people who inject drugs in prison have no access to sterile injecting equipment and are less likely to engage in hygienic injecting practices than in the community. That said, limited access to drugs means that injecting frequency often reduces while incarcerated. Therefore, it is unclear whether the risk of injecting-related injuries and diseases (IRID) increases for people while imprisoned. This study aimed to examine the incidence rate of IRID during and following imprisonment.

**Method:** Data come from 400 men participating in the Prison and Transition Health (PATH) study who injected drugs at least monthly prior to imprisonment. Participants completed up to four surveys which were linked to state-wide hospital admissions and corrections data, 2013–19. We estimated the crude incidence rate of hospitalisations for IRID per 1000 person-years (PY) overall, in and out of prison, and stratified by participants who reported injecting during their most recent sentence.

**Results:** 82 participants were admitted 127 times with an IRID diagnosis (13.0% of all hospitalisations). Most were for skin and soft tissue infections (76.4%) and 28.3% were for an invasive infection (admissions were not mutually exclusive). IRID incidence rate was 56.9 per 1000 py (95%CI=47.0-66.8) overall, and 66.3 (95%CI=47.9-84.6) and 52.1 (95%CI=40.5-63.8) during time in and out of prison, respectively. Among people reporting injecting drug use at their current or most recent sentence, overall incidence of IRID was 60.8 per 1000 PY (95%CI=45.1-76.4) and higher during time imprisoned (67.8 [95%CI=41.8-93.9]) than time in the community (56.0 [95%CI=36.6-75.4]).

**Discussions and Conclusions:** Participants in this cohort have previously reported injecting far less frequently while in prison than in the community. Despite this, incidence of IRID among this cohort was high and appeared elevated during time in prison.

**Implications for Policy:** These data provide evidence in support of enhanced harm reduction measures in prison settings in Australia.

**Disclosure of Interest Statement:** None to declare.