

The impact of OAT on hospitalisations for injecting-related diseases

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Non-viral injecting-related diseases

- Skin and soft tissue infections
- Endocarditis
- Septic arthritis
- Osteomyelitis
- Sepsis/bacteremia
- Venous infections/diseases



Increasing trends



Opioid agonist treatment

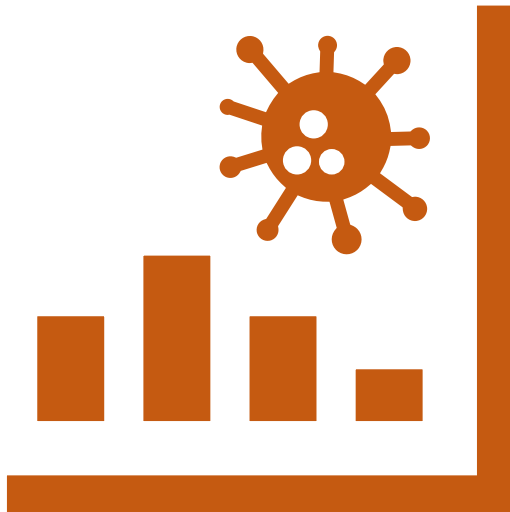


- Injecting frequency
- Blood borne viruses
- Mortality
- Rehospitalisation

Aims

1. Estimate **crude incidence rates** of hospitalisations for injecting-related diseases
2. Examine impact of **OAT** on hospitalisations

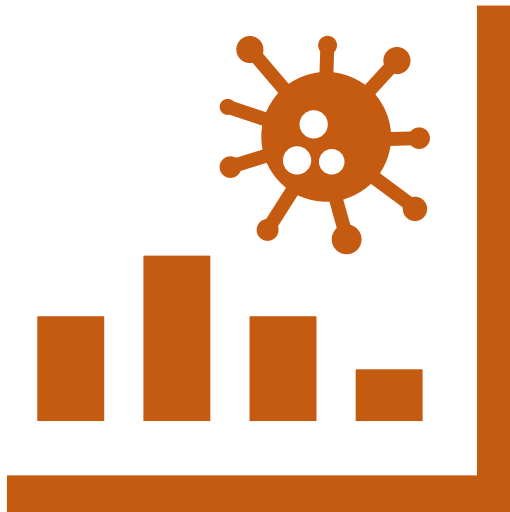
Methodology



Linked datasets 2001 - 2017

- ERRCD: OAT treatment
- APDC: Hospital
- ROD: Custodial
- MH-AMB: Mental health
- RBDM: Mortality

Methodology



Data analysis

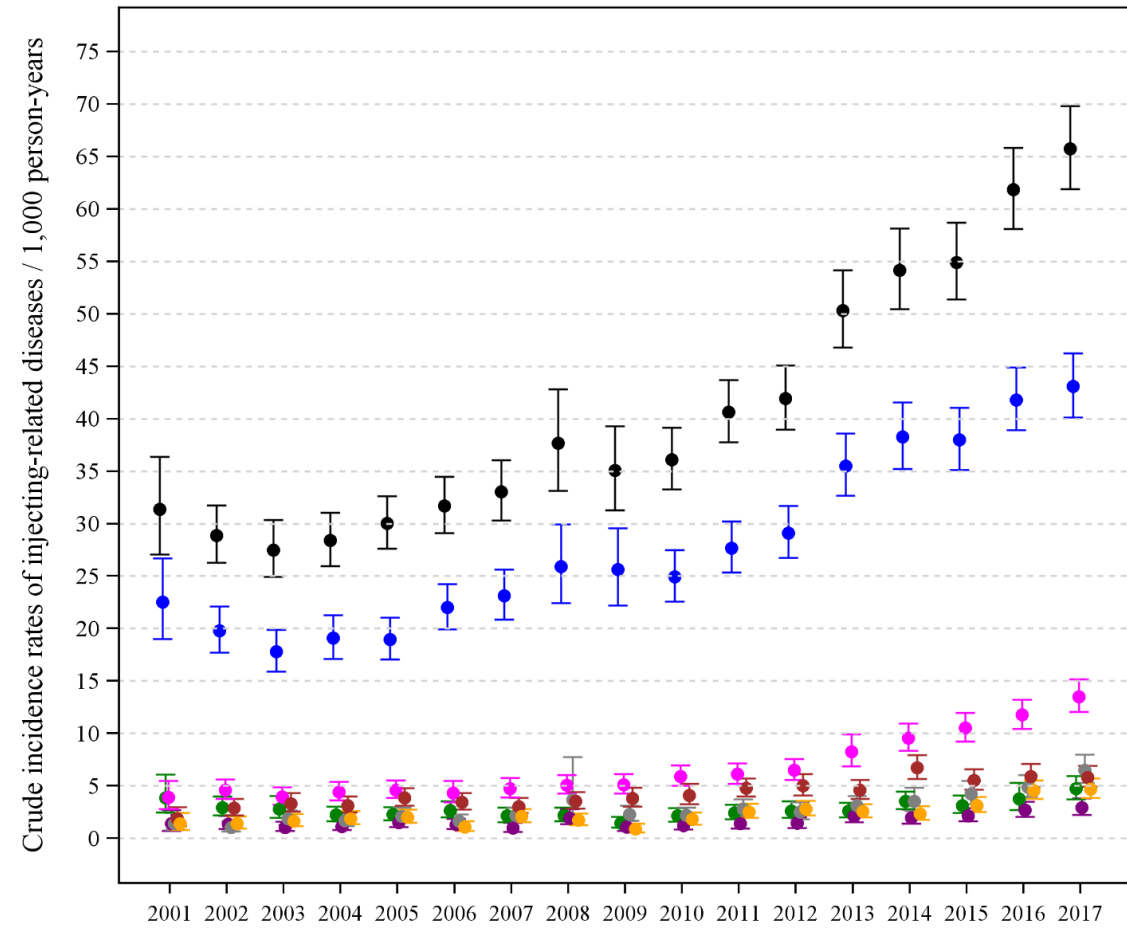
- SAS program
- Long dataset
- Discrete observation periods
- OAT
 - 1-4 weeks
 - 4+ weeks
 - Out of OAT
- Time-varying confounder variables
- IRD count / 1,000 PY
- GEE modelling

Results



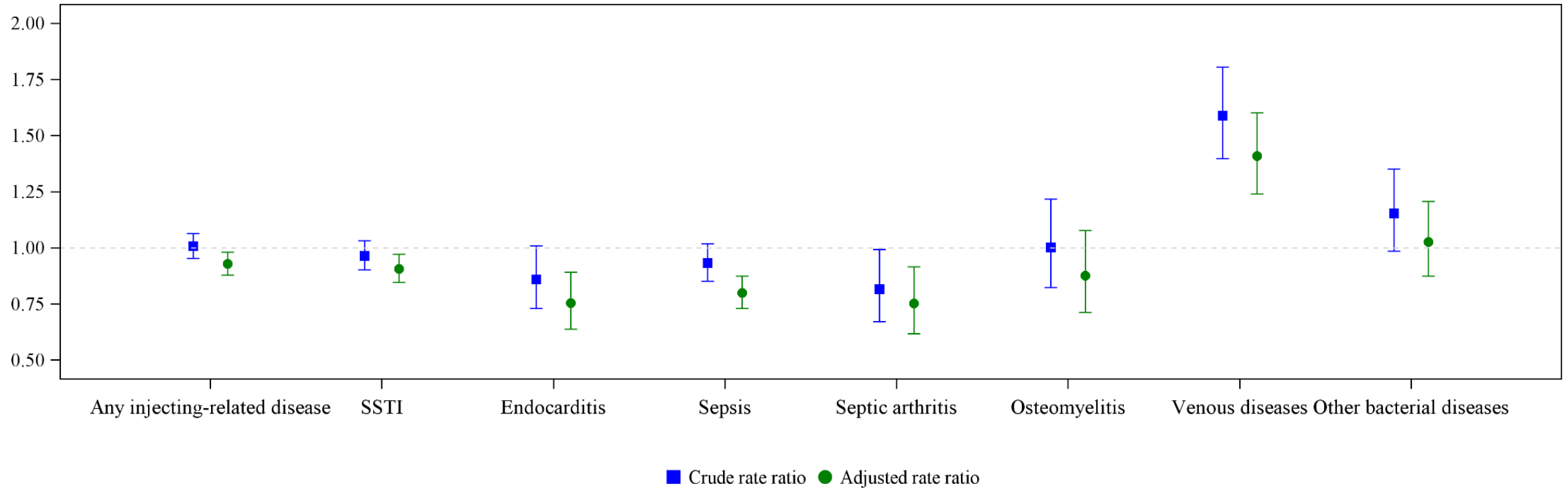
Characteristics	Sample N=47 163 n (%)	Hospitalisations N=345 547 n (%)
Women	15 280 (32.4)	
Age at entry (Median [IQR])	32 (26-39)	
Indigenous	5585 (11.8)	
Any injecting-related disease	8510 (18.0)	19,834 (5.7)
Skin and soft tissue infections	6420 (13.6)	13,588 (3.9)
Sepsis	2289 (4.9)	3,166 (0.9)
Venous infections/diseases	1252 (2.7)	2,004 (0.6)
Endocarditis	713 (1.5)	1,314 (0.4)

Trends

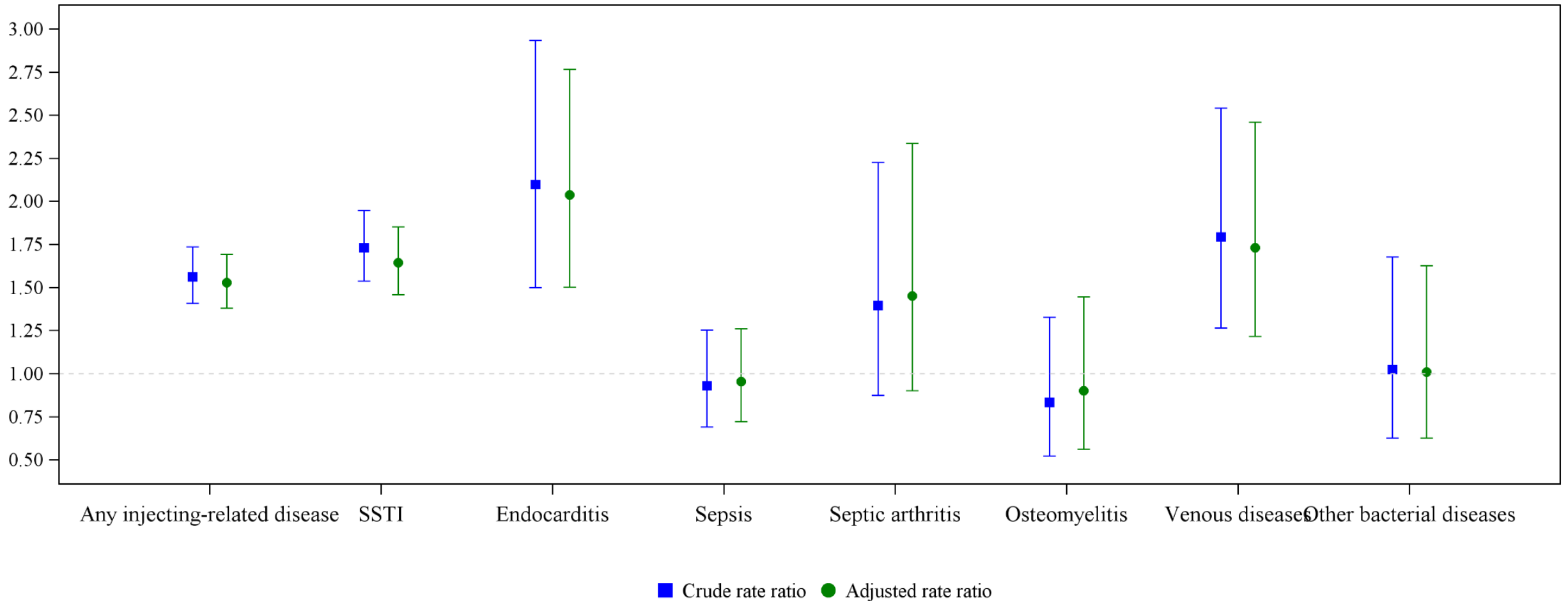


- Any injecting-related diseases
- SSTI
- Sepsis
- Septic arthritis
- Osteomyelitis
- Venous disease
- Other bacterial diseases
- Endocarditis

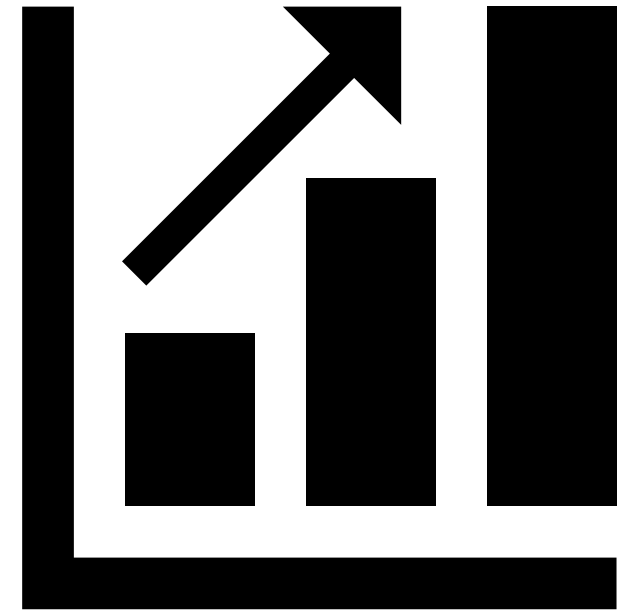
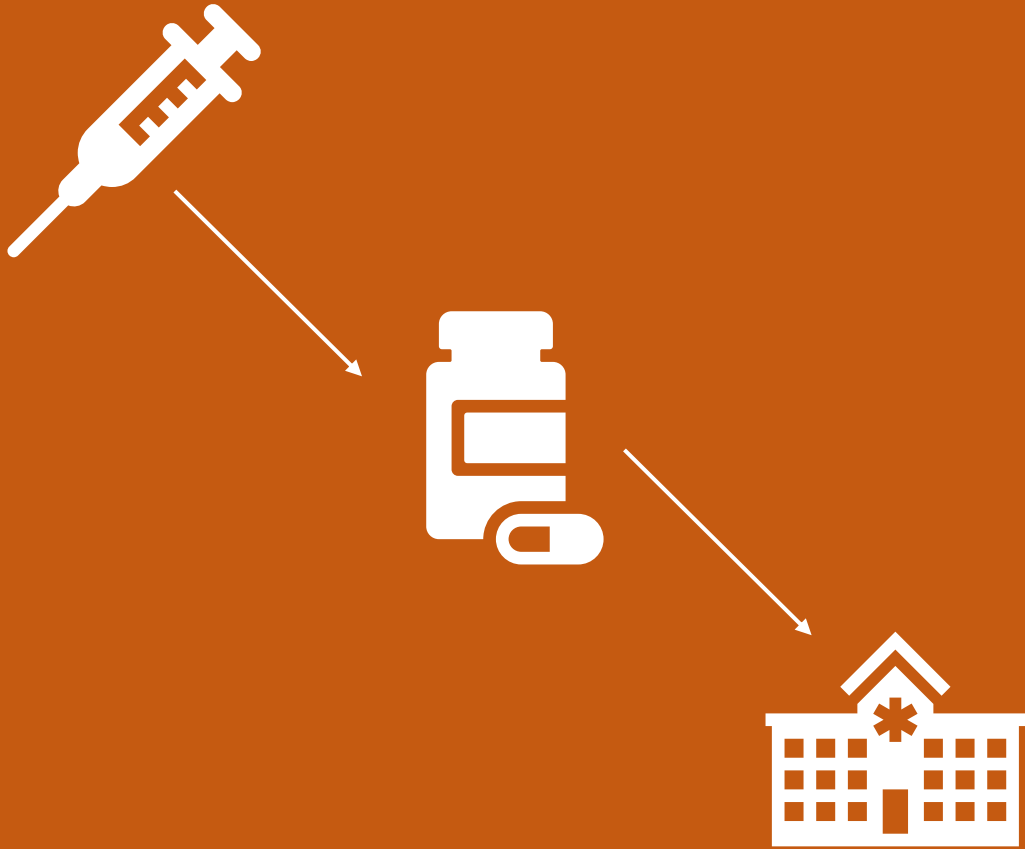
Risk ratios: Retention on OAT vs. Out of OAT



Risk ratios: First 4 weeks OAT vs. Out of OAT



Implications



Acknowledgements

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