



## PREVALENCE AND FACTORS ASSOCIATED WITH HOSPITALISATION FOR DRUG-RELATED CAUSES AMONG PEOPLE WHO INJECT DRUGS: THE ETHOS ENGAGE STUDY

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# Background/Aims

**Background:** Health harms of injecting drug use can necessitate medical intervention in hospital settings. Skin and soft tissue infections (SSTIs) disproportionately affect people who inject drugs (PWID) and are among the main reasons for inpatient hospitalisation among this group.

## **Aims:**

*Evaluate the prevalence and factors associated with **hospitalisation** for:*

- (1) **Skin and soft tissue infections (abscess and/or cellulitis)***
- (2) **Drug-only causes***

# Methods



ETHOS ENGAGE

## **ETHOS Engage**- observational cohort study

***Location:*** OAT clinics, drug and alcohol treatment, NSP sites

***Campaign days:*** Wave 1, May 2018 – September 2019 (25 sites)

Wave 2, November 2019 – June 2021 (21 sites)

### ***Inclusion criteria:***

- ☒ 18 years of age or older;
- ☒ Written informed consent;
- ☒ History of injecting drug use;
- ☒ Recent injecting drug use (previous 6 months) OR currently receiving OAT

### ***Exclusion criteria:***

- ☐ Women who are pregnant

# Methods: ETHOS Engage Campaign days

## 4. Participant Survey

Demographics  
Injecting history  
Hospitalisation



## 5. Clinical Assessment

Consultation with clinic nurse

## 1. Study Enrolment

Informed consent

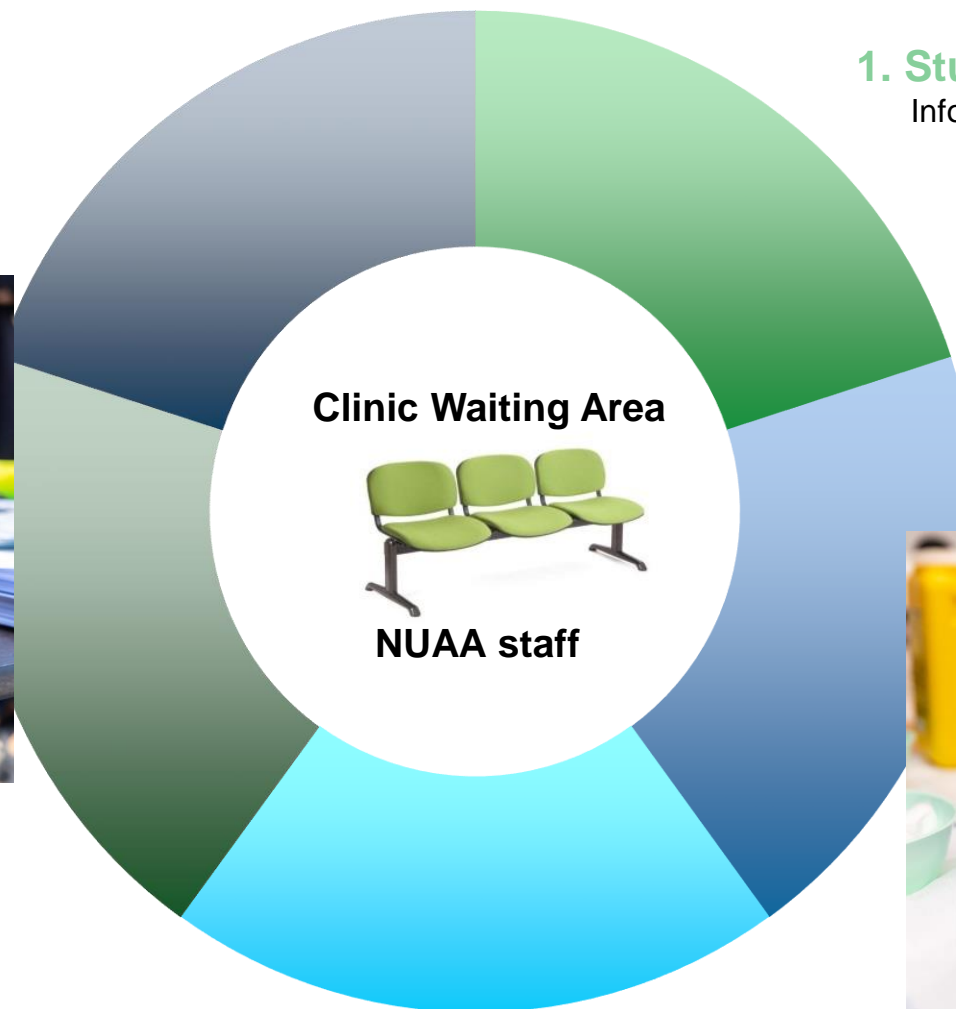
## 2. Point-of-care testing

Current HCV infection



## 3. Fibroscan

Liver health assessment



Clinic Waiting Area



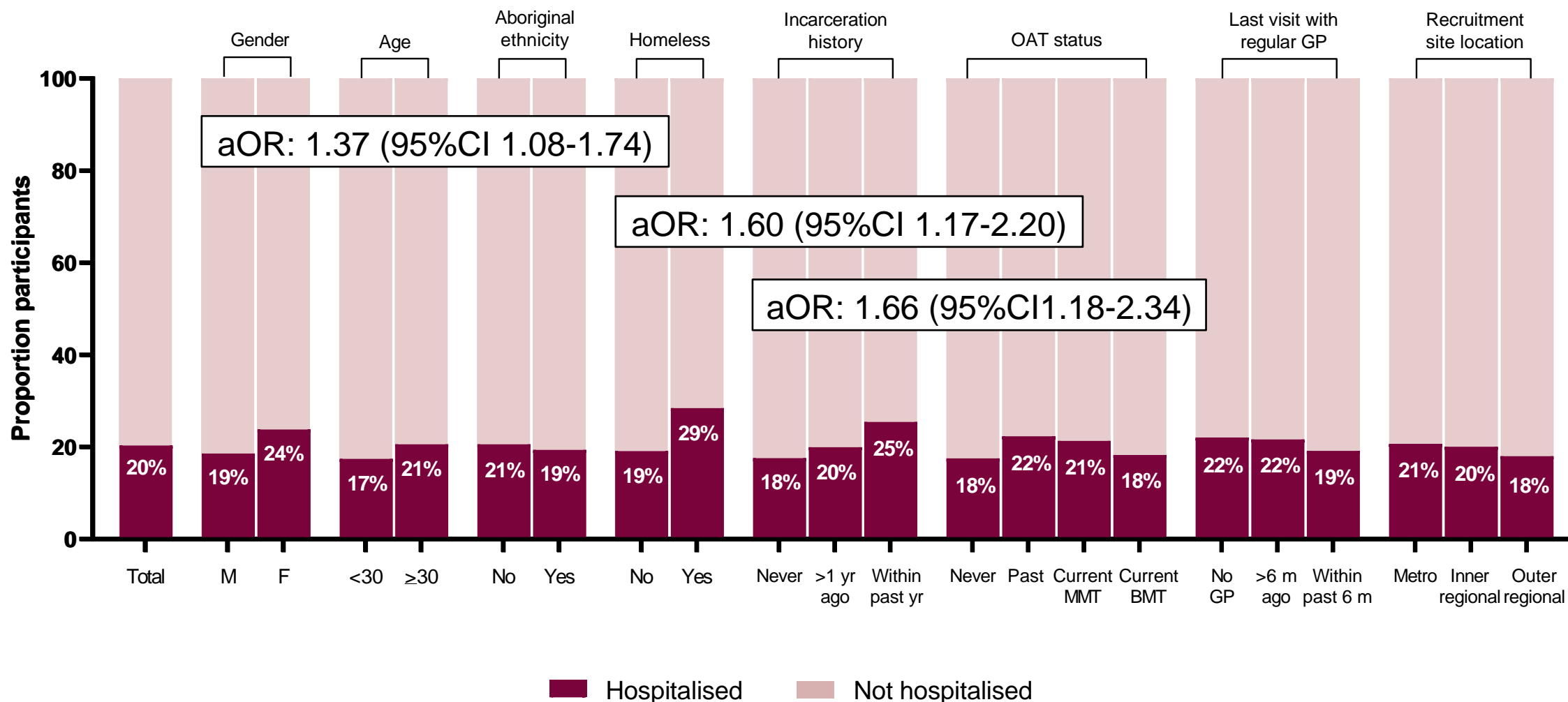
NUAA staff

# Results: participant characteristics

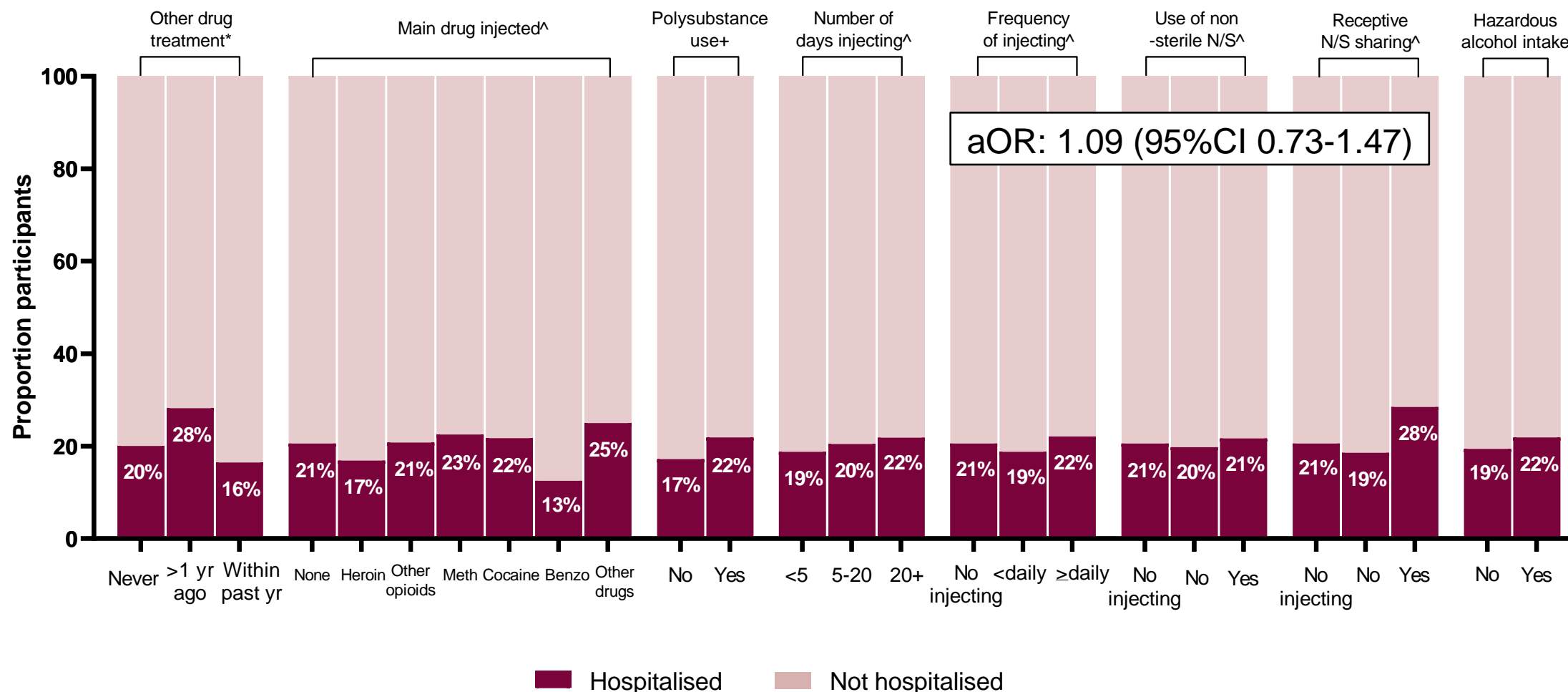
- 1,851 participants eligible for analysis
  - **Wave 1:** N=1,100; **Wave 2:** N=751
  - Mean age 43 (SD 0.2), 67% male, 23% Indigenous ethnicity
- 242 (13%) currently **homeless**
- 1,284 (69%) history of **incarceration**
  - 369 (20%) within past year
- 763 (42%) currently receiving **opioid substitution therapy**
- 1,308 (71%) **regular GP**
  - 1,068 (58%) visit within past 6 months



# Results: SSTI hospitalisation and associated factors



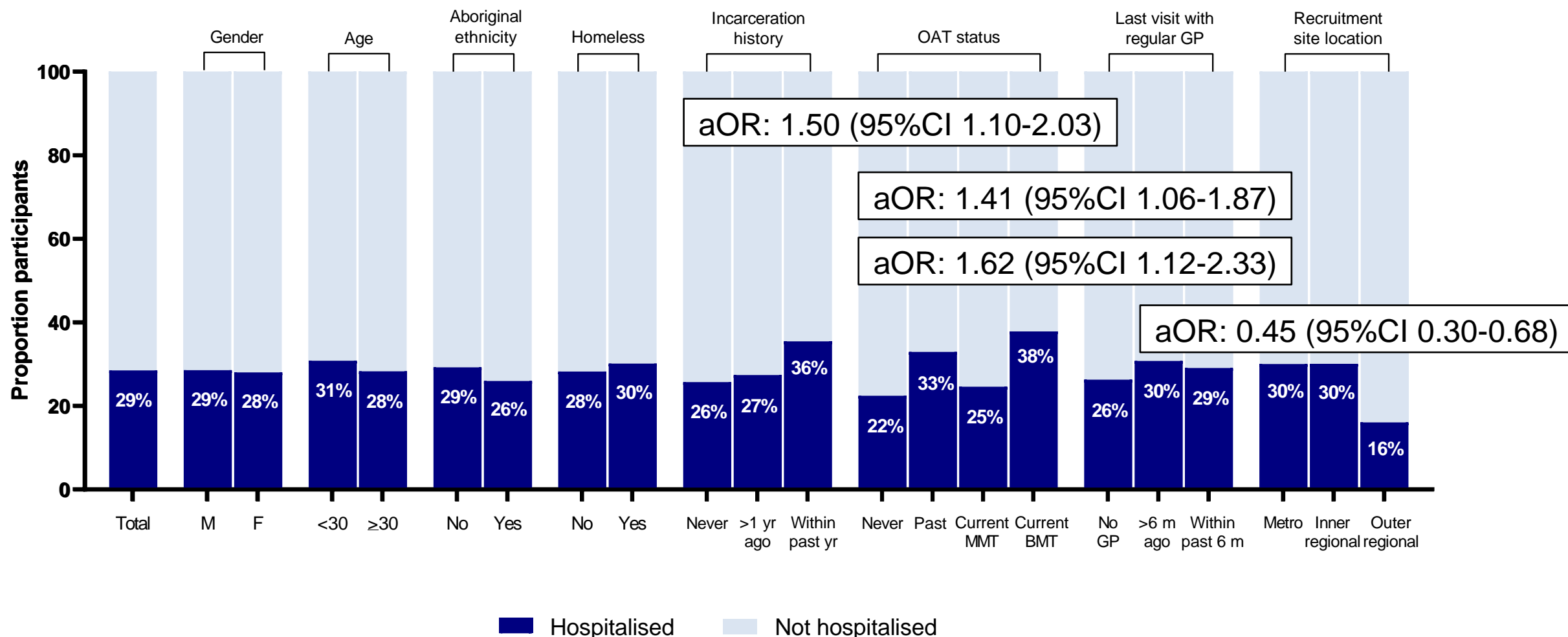
# Results: SSTI hospitalisation and associated factors, ctd.



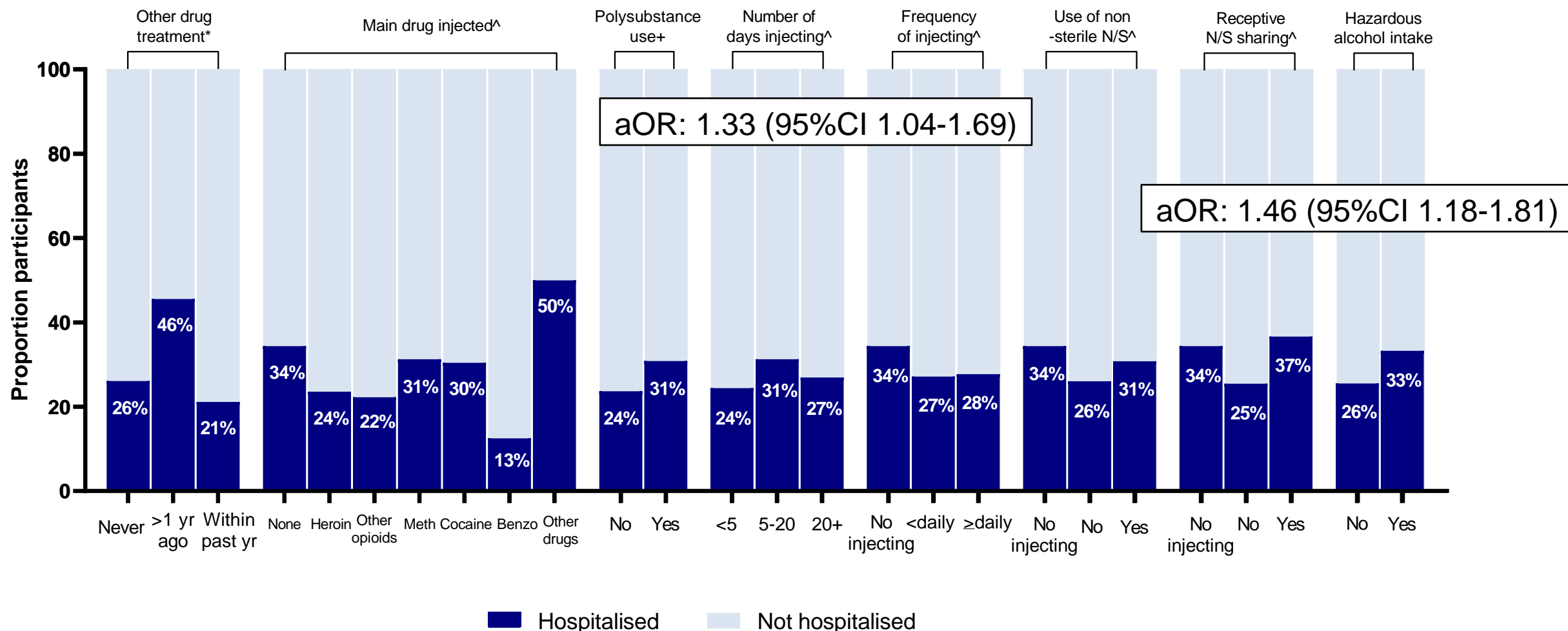
Abbreviations: yr: year; N/S: needle/syringe; \*includes assessment, detox, counselling and/or rehabilitation from specialized drug treatment agency; ^in past month; +in past 6 months

NB: main drug injected, number of days injecting, use of non-sterile N/S, and receptive N/S sharing excluded from adjusted analyses due to collinearity with injecting frequency

# Results: drug-only hospitalisation and associated factors



# Results: drug-only hospitalisation and associated factors, ctd.



Abbreviations: yr: year; N/S: needle/syringe; \*includes assessment, detox, counselling and/or rehabilitation from specialized drug treatment agency; ^in past month; +in past 6 months

NB: main drug injected, number of days injecting, use of non-sterile N/S, and receptive N/S sharing excluded from adjusted analyses due to collinearity with injecting frequency

# Main points/Conclusions

- In this sample, 20% and 29% were hospitalised for SSTIs and drug-only causes
- **Female gender** and **homelessness** are associated with SSTI hospitalisation
- **Past OAT, current receipt of buprenorphine, polysubstance use, hazardous alcohol intake**, and **regionality** are associated with hospitalisation for drug-only causes
- **Recent incarceration** may be a more general risk factor for hospitalisation among PWID
- Need to enhance capacity of low-threshold services to screen for and treat SSTIs before escalation to severe infection (e.g., wound care clinics in NSPs)
  - Females and people experiencing homelessness are priority groups for intervention

# Further information

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