

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

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Background:

Health consequences of injecting drug use often necessitate medical management in hospital settings. Injecting-related skin and soft tissue infections (SSTIs) are a common reason for hospitalisation of people who inject drugs (PWID) and contribute considerable burden to healthcare systems. This study assessed the prevalence and factors associated with drug-related hospitalisation among PWID.

Methods:

ETHOS Engage is an observational study of PWID engaged in harm reduction services in Australia. Participants completed a self-administered questionnaire at baseline. Logistic regression models were used to identify factors associated with hospitalisation in the preceding year for (1) any drug-related cause, and (2) SSTIs (abscess and/or cellulitis) specifically.

Results:

Among 1,443 participants enrolled between May 2018 – September 2019, 1,100 reported injecting drug use in the past six months (65% male; 63% aged ≥ 40 years; 40% receiving opioid agonist treatment [OAT]). Past-year hospitalisation for drug-related causes was reported by 39% (n=433) of participants. Participants who were female (adjusted odds ratio [aOR] 1.41; 1.07-1.85), recently incarcerated (aOR 1.49; 1.02-2.19), injected cocaine (past 6 months; aOR 2.34; 1.53-3.57), received OAT >1 year ago (vs.

never; aOR 1.49; 1.06-2.11) or had hazardous alcohol use (AUDIT-C; aOR 1.36; 1.05-1.77) were more likely to be hospitalised for drug use. Drug-related hospitalisation was less likely among participants injecting heroin (past 6 months; aOR 0.66; 0.50-0.87) or recruited from outer regional areas (aOR 0.59; 0.39-0.91). Past-year hospitalisation for SSTIs was reported by 21% (n=228) of participants and was more likely among females (aOR 1.75; 1.27-2.42) and participants with recent incarceration (aOR 1.89; 1.20-2.97). Injecting frequency was not associated with likelihood of SSTI-related hospitalisation (<weekly vs. daily injecting in past month; aOR 1.11; 0.66-1.85).

Conclusions:

Drug-related hospitalisation is common among PWID. Interventions to prevent drug-related harms and subsequent hospitalisation should be targeted towards groups at higher risk of drug-related hospitalisation, including female PWID.

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