Increase in heroin deaths and risk of mortality on and off methadone substitution treatment in primary care

EMCDDA 30th September 2016

Ena Lynn



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Heroin	29	47	67	80	91	114	72	63	64	86	91
Poly drugs	11 (38%)	30 (64%)	40 (60%)	56 (70%)	66 (73)	75 (65%)	43 (59%)	53 (80%)	55 (86%)	62 (72%)	72 (78%)
Not alone	12 (41%)	28 (60%)	41 (61%)	43 (54%)	57 (63%)	77 (67%)	42 (58%)	34 (52%)	38 (59%)	36 (42%)	46 (50%)
Injecting	22 (76%)	30 (64%)	44 (66%)	41 (51%)	43 (47%)	51 (44%)	39 (53%)	35 (53%)	28 (44%)	42 (49%)	43 (47%)



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(4170)	(0070)	(0170)	(3470)	(0370)	(0770)	(3070)	(3270)	(3370)	(4270)	(3070)
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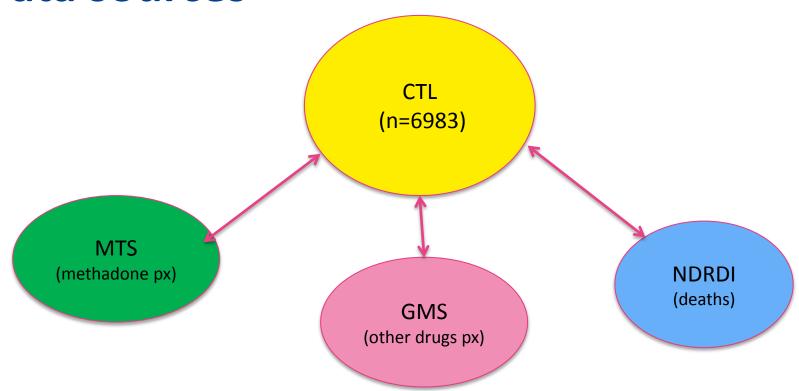
Risk of mortality on and off methadone substitution treatment in primary care

EMCDDA 30th September 2016

Ena Lynn



Data sources





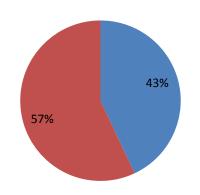


Characteristics of cases who received methadone included in study n= 6,983

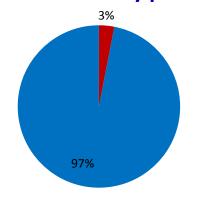
3 out of 4 were male



57%: 29yrs or younger



3% Died in study period



1 in 2 Received ≥5 treatment episodes

Median of 83 days for tx period

3 in 5 Median dose of 60 to 120mg





Mortality - Results

- 37% deaths due to poisoning
- Higher mortality among those whose methadone consumption was not supervised
- Persons off treatment were 3 times more likely to die than those on treatment
- Shortest median length of treatment episode among those who died
- Risk of mortality highest in 1st month off treatment





Editorial comment

The National Irish cohort study

- strengthens evidence on the hazards of leaving opioid substitution treatment (OST)
- and the dangers of short duration treatment
- and provides the first piece of evidence for future synthesis of the effect of supervised consumption on mortality risk in people on OST.





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