

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

EMCDDA

30th September 2016

Ena Lynn

Heroin-related deaths NDRDI

	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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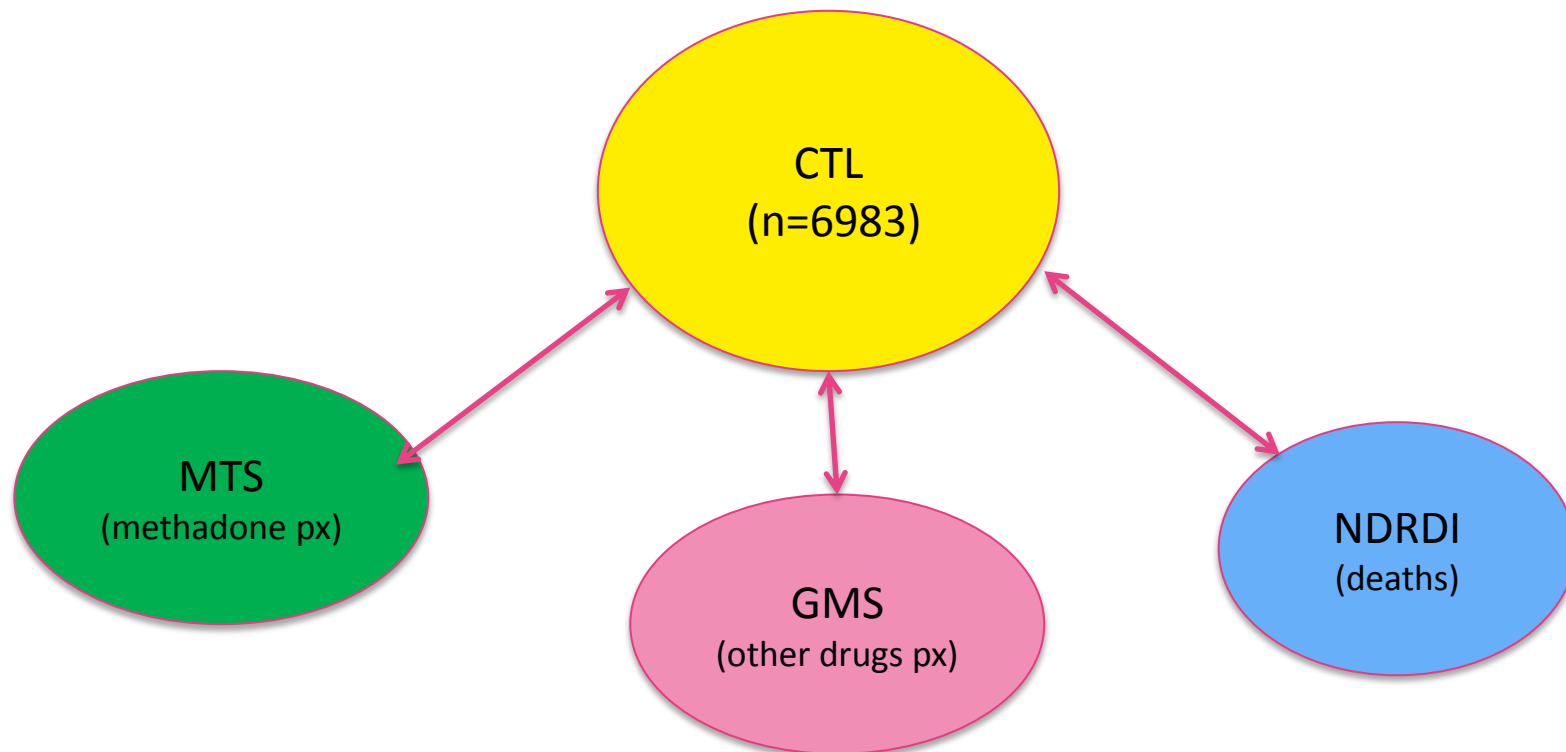
Risk of mortality on and off methadone substitution treatment in primary care

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Data sources

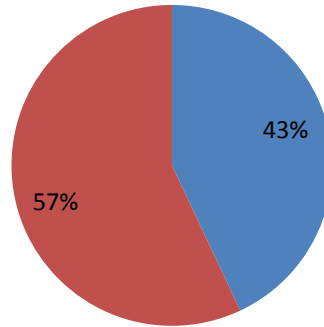


Characteristics of cases who received methadone included in study n= 6,983

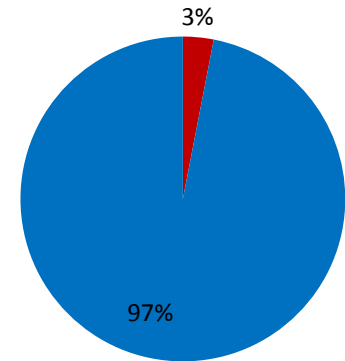
3 out of 4 were male



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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