

Monitoring overall mortality among people who are using drugs in Europe: A good practice example for international cooperation via the REITOX network

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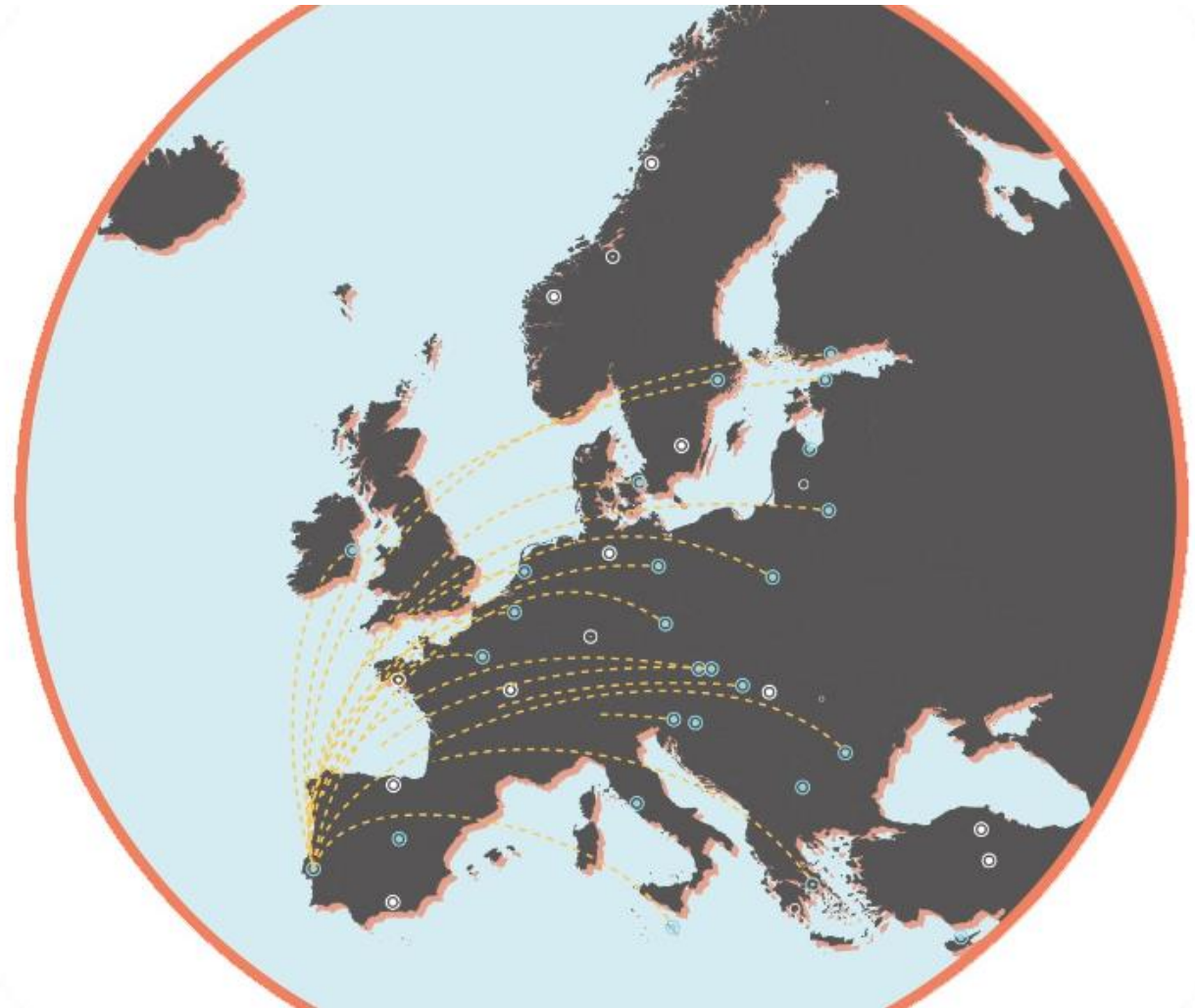
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The Addiction Competence Centre of the Austrian National Public Health Institute is the Austrian focal point for the EMCDDA.

The Austrian National Public Health Institute is a member of the European Information Network on Drugs and Drug Addiction (REITOX).

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Disclosure of Interest

There are no conflicts of interest to declare.



Background

Consultant study on cohort studies among people who are using drugs in the EU and the EMCDDA affiliates Norway and Turkey

- Commissioned by the EMCDDA
- Carried out in 2020-2022 by Tanja Schwarz and Martin Busch (GOEG)

Work packages:

(1) Review and mapping of recent mortality cohort studies among PWUD

(2) Revision and piloting of Standard Table 18 (ST18)

- ST18: Overall mortality and causes of death among cohorts of PWUD recruited in treatment services

Overall aim: to enhance comparability of results across Europe, to support the implementation of mortality cohort studies, and inform policy making

Methods

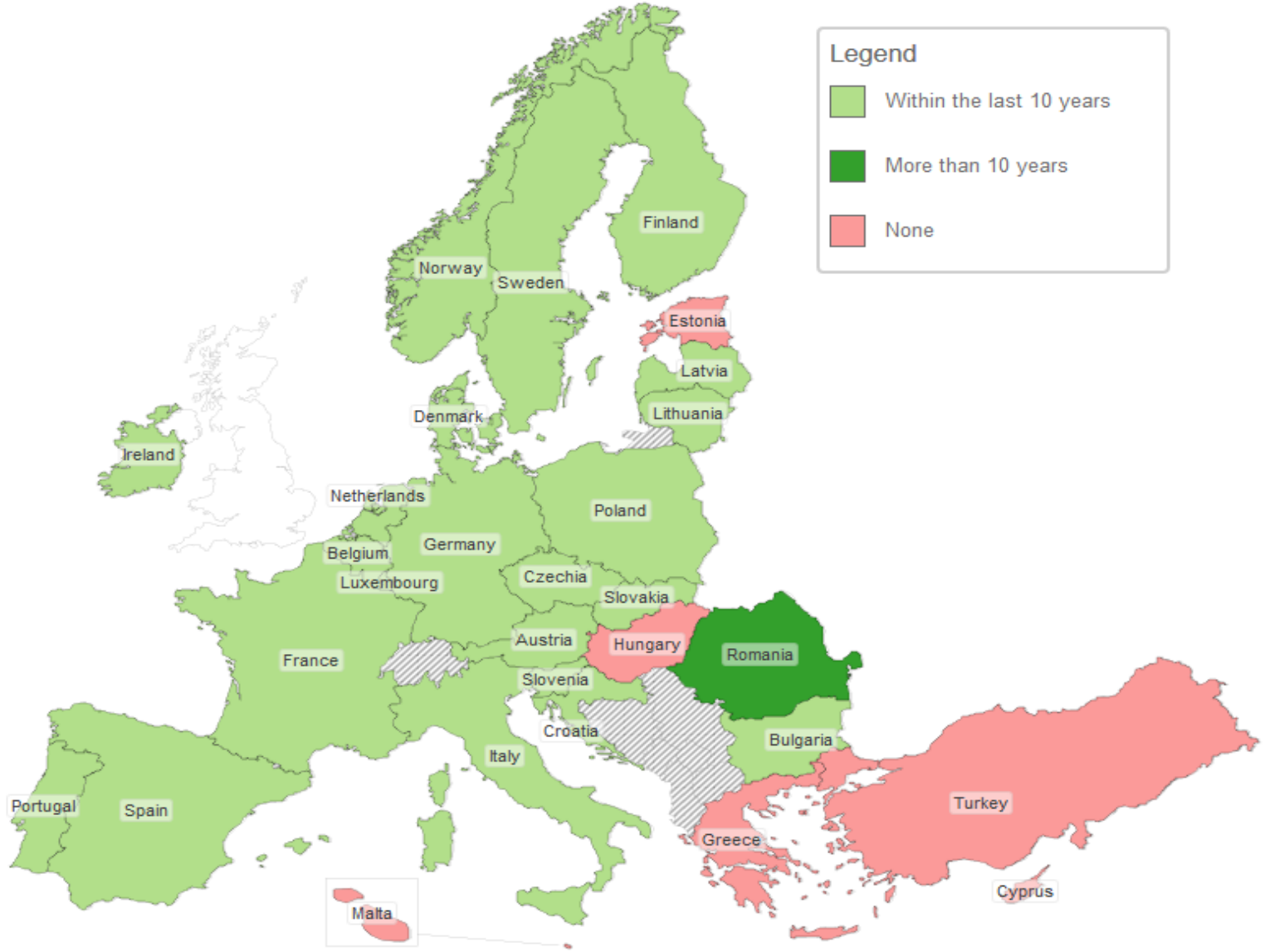
Review and mapping (2020-2021)

- Systematic literature search
 - ⇒ In Medline via Ovid (5.2.2020), comprising both MESH-terms and keywords
- Contributions via questionnaires from national cohort specialists and REITOX Focal Points
- Information provided in the standard annual reporting to the EMCDDA

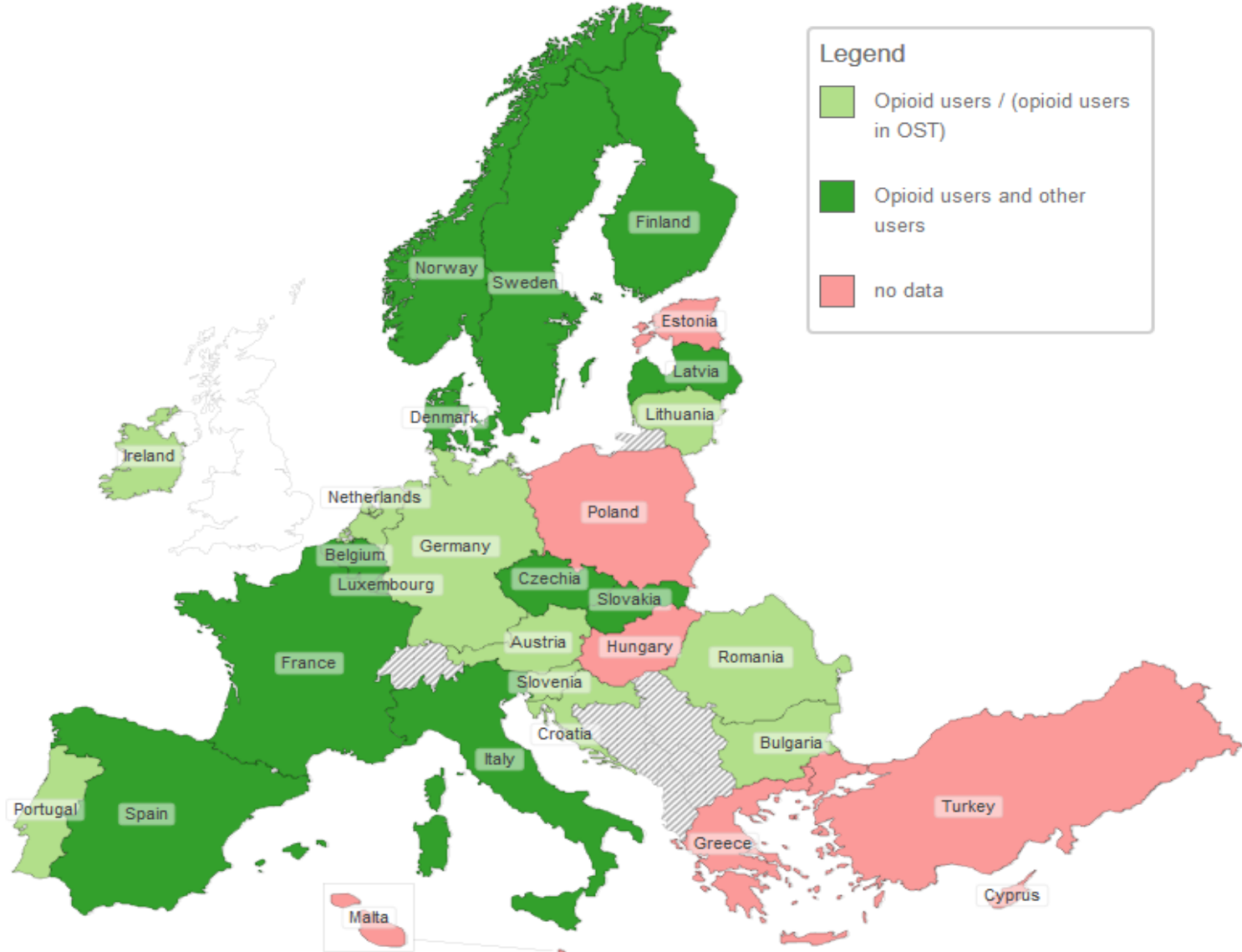
Results: Review and mapping

- 25 countries responded, of which 22 reported published and unpublished studies conducted within the last ten years
- 6 **running cohort studies** and one large multisite study in the Czech Republic, Norway and Denmark
- 4 countries report concrete plans for **new cohort studies**

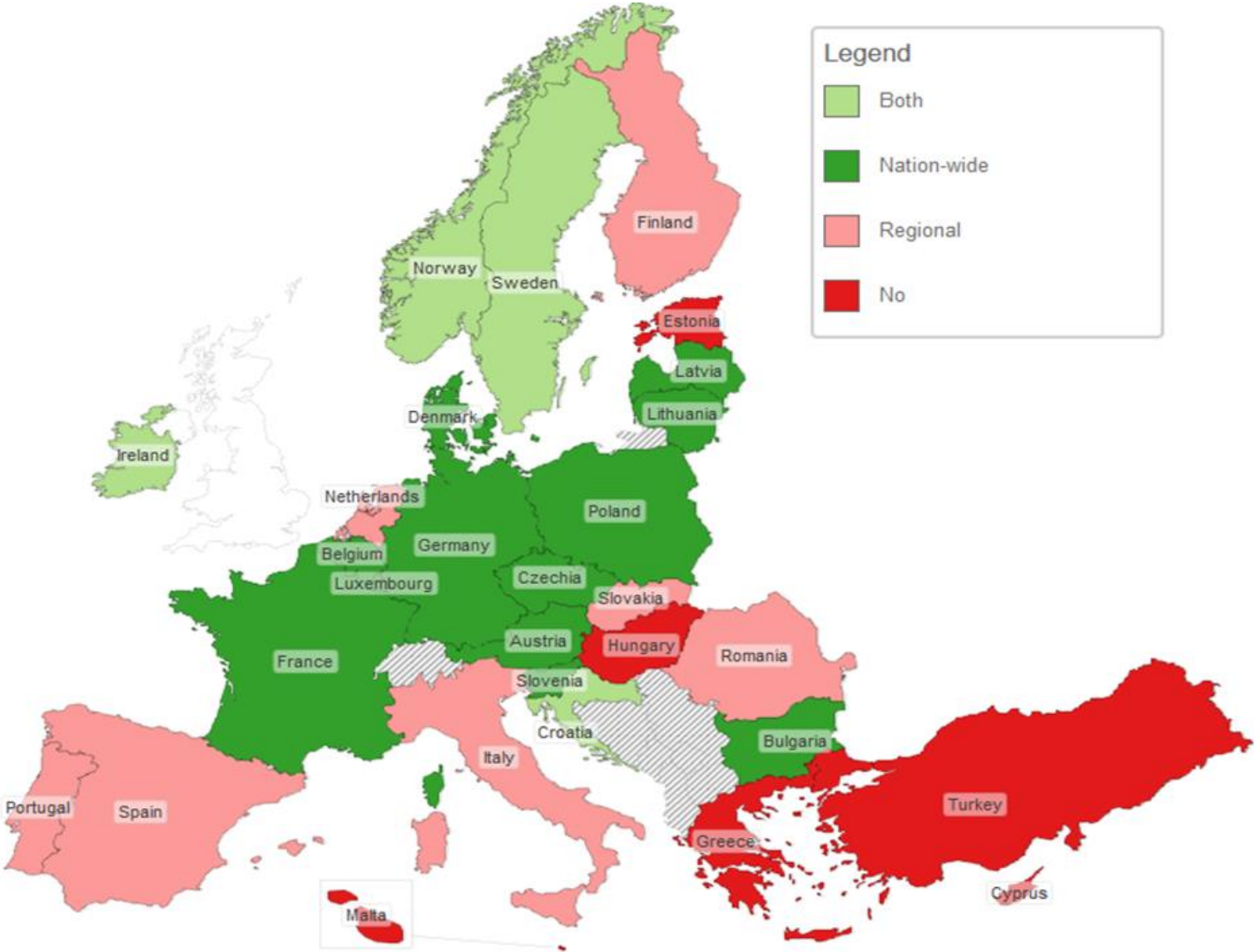
Countries with studies conducted within the last 10 years or earlier



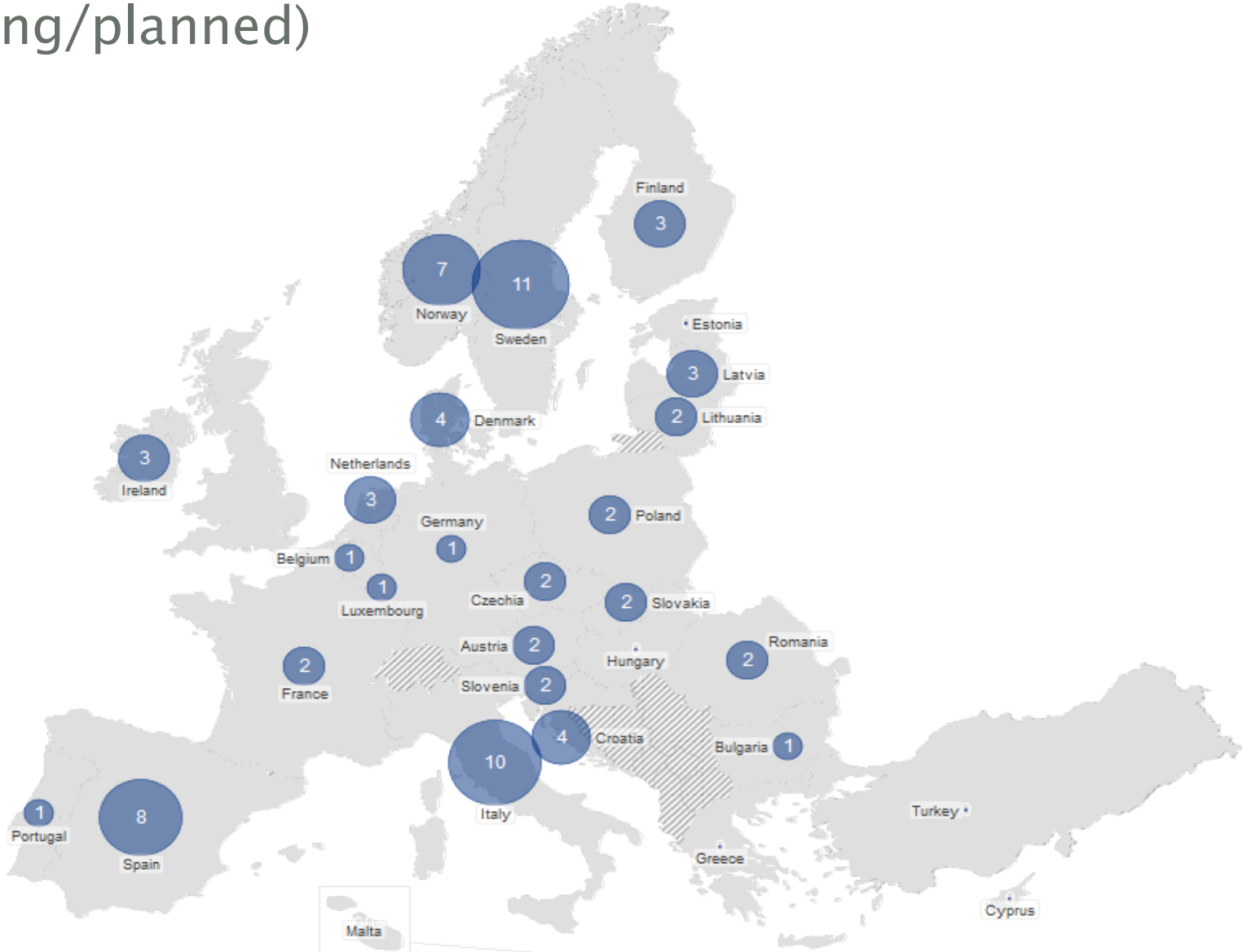
Persons enrolled in the studies



Coverage of national and regional mortality cohort studies



Number of mortality cohort studies in the EU 2011-2021 (incl. running/planned)



Results: Review and mapping

- **Large heterogeneity of studies** in extent of follow-up, included populations, sample sizes, person-years (PY) and other variables
 - Crude mortality rates ranged from 2.3 per 1,000 PY in Spain to 28.8 per 1,000 PY in Latvia
 - Standard mortality ratios ranged from 3.4 in psychiatric patients in Poland to 39.4 in street-recruited female IDUs in Norway
 - Main causes of deaths included overdose, HIV/AIDS, other infections, cancer and cardiovascular disease
- **Different approaches** to examine mortality
 - E.g., percentage frequency of mortality and/or annual percentage change of mortality rates, Cox regression analyses and/or proportional hazard modelling, ...
 - Cause of death not always coded consistently

Conclusions and way forward

- Many countries affiliated to the EMCDDA report insights from mortality cohort studies, but their **use could be expanded** to include the remaining countries
- High excess risk of mortality compared to the general population
- The large **variety of measures** to investigate mortality risks calls for a more **standardised reporting** of mortality data
 - ⇒ Revision and piloting of Standard Table 18 (ST18)
- **Update** of the review and mapping of cohort studies (2020-2021)
- Development of a **web-based resource** based on the documents produced
 - ⇒ EMCDDA web-repository of resources and references for policy makers and interested researchers

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