

Mortality cohort studies among problem drug users in Poland

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The goals of the study

- to estimate mortality rate among problem drug users
- to identify risk factors of deaths related to problem drug use
- to formulate recommendations for mortality prevention addressed to problem drug using population

Definition of problem drug use

- Regular, frequent drug use and experiencing serious drug related problems
 - All drugs included
 - Problems as one of definition criteria
- Justification:
 - Data available – individual data from residential treatment only, lack of information on types of drugs used (the ICD diagnose only)
 - Dominating patterns of drug use – polydrug use
 - Research traditions
 - Demand from policy makers and professionals

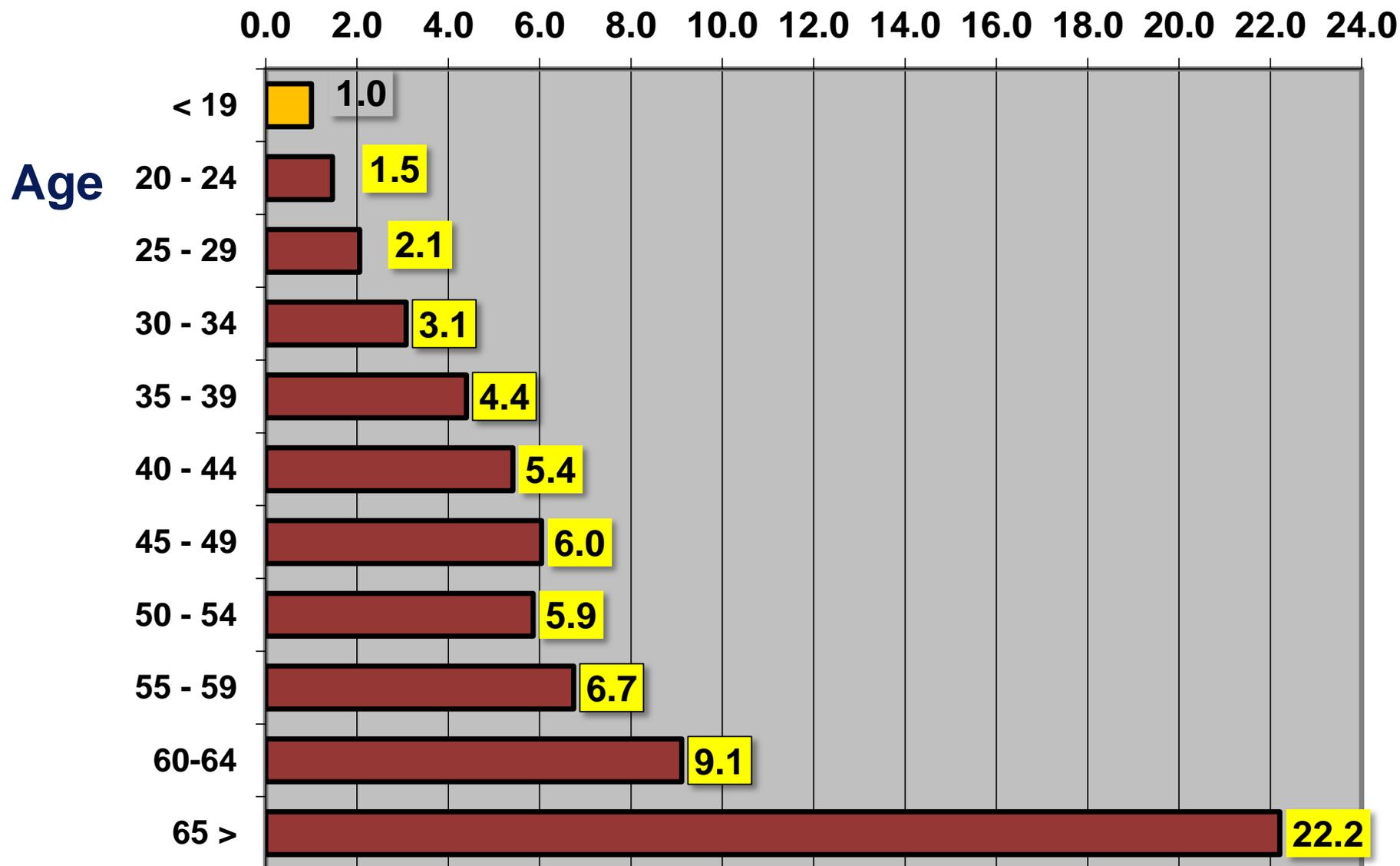
Method

- Data collection procedure
 - Preparing data base of treated drug users – eliminating double counting in 12 years period
 - Checking vital status using national electronic population register
- Analyses:
 - Crude mortality rate, standardized mortality ratio, potential years of life lost, Kaplan-Meier survival analysis and Cox regression
- Population
 - Drug users treated in 2000-2011 in residential drug addiction treatment in whole country
- Follow up period: 2000-2013

Research materials

- Size of initial group – 96 135
 - Vital status identified – 74 192 (77.2%)
 - Vital status unidentified – 21 943 (22.8%)
- Number of person-years – 560 523
- Number of deaths – 5 727 (7.7%)
- Crude mortality rate (CMR) – 10.2 per 1000 person/years
- Standardized mortality ratio (SMR) – 3.3 (95% CI: 3.2 – 3.4)

Factors of mortality (Cox regression model)

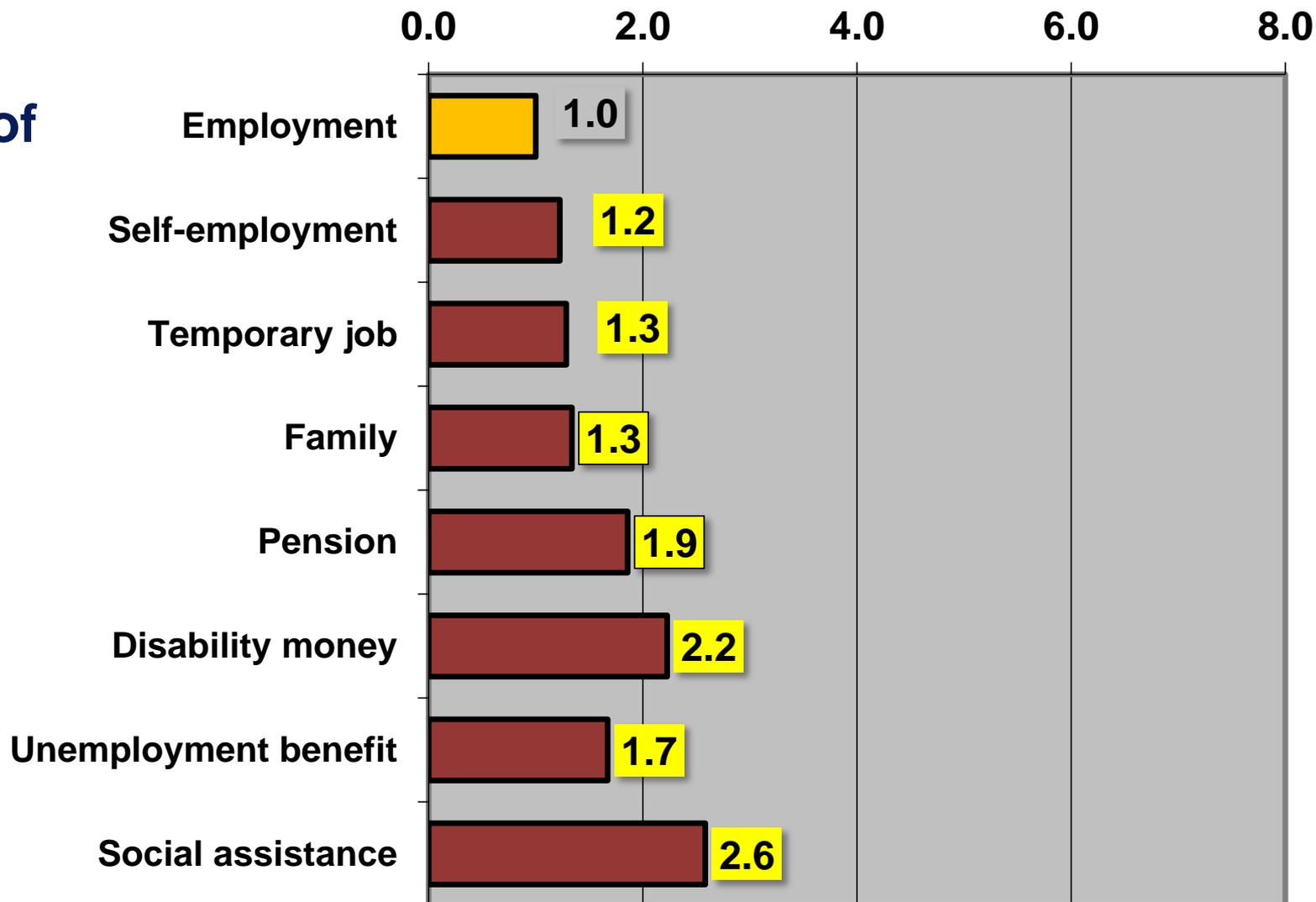


Factors of mortality (Cox regression model) – cont.

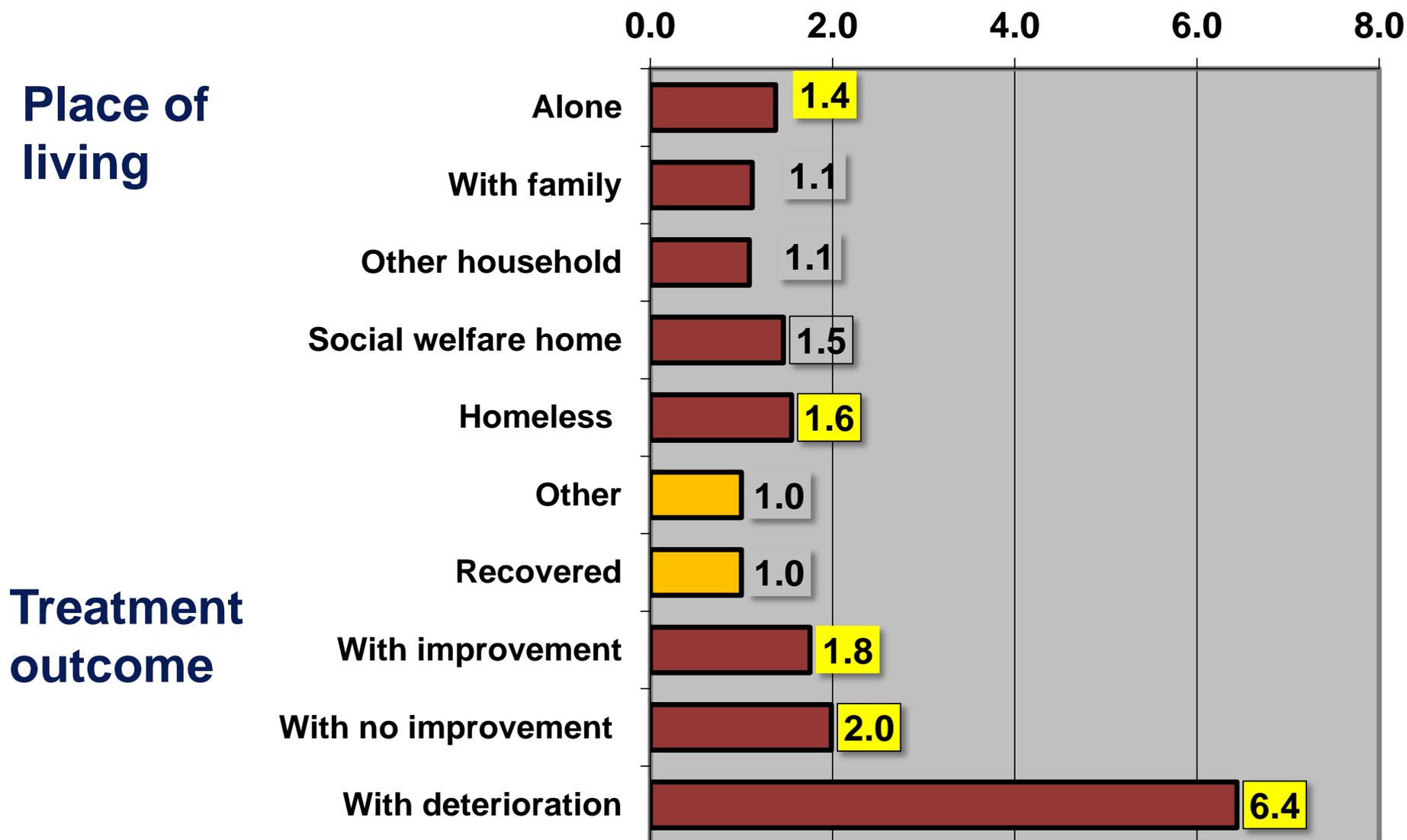


Factors of mortality (Cox regression model) – cont.

Source of income



Factors of mortality (Cox regression model) – con.



Conclusions

- High risk of death for:
 - males
 - low educated
 - not employed
 - living alone or homeless
 - discharged from treatment without complete success
- These group should be matter of concern and interventions
- Further analysis needed to explore complicated structures of relationships

Restrictions and limitations

- Relatively high share of cases with unidentified vital status
 - ID code (initials, date of birth, gender) not always stable and unique
 - Data quality in treatment data base and population register not perfect
- Limited scope of information available in
 - treatment data base
 - national register of deaths
- Data protection issues – causes of deaths unavailable yet