Austrian Mortality Cohort Study 2023

Martin Busch & Tanja Schwarz

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EMCDDA DRD hybrid meeting 2023

Addiction Competence Centre of the Austrian National Public Health Institute REITOX Focal Point Austria





Preconditions and preparatory efforts

- Everyone undergoing opioid agonist treatment (OAT) in Austria must be notified by the medical officer supervising OAT to the OAT-registry.
- The notification is possible by unique identification of the patient in the population registry only
- In Austria there is a system of bPKs which are unique identifiers for persons in different areas e.g., bPK health, bPK statistics ...
- The OAT-data are **pseudonymised** (encryption of the bPK-health) and stored in the OAT-Statistic Register
 - Personal data on sex and year of birth only
 - Treatment-related data on e.g., medication prescribed, start/end of treatment period, attending physician, ...
- Data on OAT in Austria are available in this form for the years 1987 to 2022
- The Austrian General Mortality Register (GMR) includes full personal information of all death cases and underlying cause of death
- 2016 Change of the Austrian Narcotic Substances Act (SMG) in 2016 created the **legal framework** to link the OAT-Statistic Register with the GMR

Austrian mortality cohort studies

<u>2017</u>

- Patients who started OAT from 1.1.2002 to 31.12.2016
- 24,892 OAT-patients followed 197,739 person years

• 1,526 death cases

- Busch, Martin; Anzenberger, Judith; Uhl, Alfred (2019): Mortalität von Menschen mit Opioidabhängigkeit. Suchtmedizin, 21 (6).
 <u>https://www.ecomed-suchtmedizin.de/archiv/suchtmedizin-band-21-nr-6-2019</u>
- Busch, Martin; Anzenberger, Judith (2019): Mortality during and after opioid substitution treatment in Austria 2002 to 2016. Lisbon Addictions 2019, 23. Oktober 2019, Lissabon. <u>https://jasmin.goeg.at/id/eprint/1058</u>

2023 – Work in progress

- Patients who started OAT from 1. 1. 2002 to 31. 12. 2021
- 35,030 OAT-patients
- 3,511 death cases



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Questions of interest

- Crude mortality rate, standard mortality ratio, cause-specific mortality
- Critical periods (risk episodes) of mortality e.g., risk at onset and cessation of OAT
- Risk episodes will be compared by age group, sex and OAT medication (if sample sizes in the subgroups are large enough), namely
 - Slow-release oral morphine (SROM)
 - Buprenorphine
 - Buprenorphine/naloxone
 - Methadone and levomethadone
- Change of (cause-specific) mortality over time

Many thanks for your attention!

Dr. Martin Busch

Head of Department Addiction Competence Centre of the Austrian National Public Health Institute REITOX Focal Point Austria

Gesundheit Österreich GmbH

Stubenring 6 1010 Vienna M: +43 676 848 191 462 martin.busch@goeg.at

www.goeg.at

