

Methadone linked to lower death rates among convicted offenders with opioid dependence

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Among convicted offenders, receiving methadone is associated with lower rates of death from external and non-external causes, according to new research published this week in *PLOS Medicine* by Angela Russolillo

of Simon Fraser University, Canada, and colleagues.

Deaths caused by opioids are rising acutely throughout North America and individuals with criminal histories experience high rates of opioid dependence and [premature mortality](#). In this new study, researchers analyzed population-level data spanning 1998 to 2015 on 14,530 people with criminal convictions who had been prescribed methadone in British Columbia, Canada. The data included prescriptions, convictions, and deaths; researchers were able to compare overall and cause-specific mortality rates between periods when methadone was and was not dispensed.

The overall all-cause mortality rate was 11.2 per 1000 person-years. Participants were significantly less likely to die from both non-external (adjusted hazard ratio [AHR] 0.27; 95% CI 0.23-0.33) and external (AHR 0.41; 95% CI 0.33- 0.51) causes during periods when they were dispensed methadone, even after controlling for socio-demographic, criminological, and health-related factors. Death due to infectious diseases was 5 times lower (AHR 0.20, 95% CI 0.13-0.30) and deaths due to overdoses were nearly 3 times lower (AHR 0.39, 95% CI 0.30-0.50) during medicated periods. It is unclear whether the results of this study are generalizable to jurisdictions without universal healthcare or to non-offender populations.

"Achieving higher rates of [methadone] adherence may reduce overdose deaths and other causes of mortality among offenders and similarly marginalized populations," the authors say. "Our findings warrant examination in other study centers in response to the crisis of opioid-involved deaths."

In an accompanying Perspective, Wayne Hall of the University of Queensland, Australia and Michael Farrell of the University of New South Wales, Australia, write that there are a number of good public

health reasons for expanding methadone-assisted treatment for [opioid dependence](#). "If the US government wants to reduce the unconscionable toll that opioid [overdose deaths](#) is taking among its citizens, then it needs to adopt the effective public health approaches advocated by expert committees and Commissions," they say. This should include increasing access to [methadone](#) and buprenorphine-assisted treatment and maximizing their uptake by funding educational programs to reduce the stigma of addiction that discourages treatment seeking."

More information: Russolillo A, Moniruzzaman A, Somers JM (2018) Methadone maintenance treatment and mortality in people with criminal convictions: A population-based retrospective cohort study from Canada. *PLoS Med* 15(7): e1002625. doi.org/10.1371/journal.pmed.1002625

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