

# High Mortality in SUT Patients, particularly among women, and regional variations in mortality risks

## Mortality following substance use disorder treatment: population-based record-linkage retrospective cohort design

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## Background

- Chile has one of the highest alcohol consumption in the continent<sup>[1]</sup>
- In 2016, led in high school cocaine, coca paste, and marijuana use<sup>[2]</sup>
- Over 170% growth in drug-related mortality, 2000 vs 2019<sup>[3]</sup>
- In 2020, 6% of Chileans (12-64) had a problematic substance (alcohol & drug) use<sup>[4]</sup>
- In Chile, the government funds substance use treatments (SUT) for all with public health insurance (~81% of the population)<sup>[5]</sup>
- There is limited information regarding short-term, medium-term, and long-term mortality risks
- Analyzing mortality among administrative regions may reveal disparities in post-treatment outcomes
- Regional data can inform policy and resource allocation

## Objectives

To describe the standardized mortality ratios (SMRs) for all adult patients in publicly funded SUT within 2010-2022, along with regional specificities

## Methods

**Design:** a population-based retrospective cohort of adults enrolled in Chilean SUT programs (18-65) with national mortality data (2010-2020).

**Analysis plan.** We calculated SMRs by comparing the observed deaths vs. the expected within regions, age groups (18-29, 30-44, 45-59 & 60-65), periods (annually), and across sexes. Stratum-specific population estimates were obtained from the Ministry of Health's mortality data, supplemented by population projections from the National Institute of Statistics' open data portal<sup>[6]</sup>. Regional data on cocaine, marijuana, and hazardous alcohol use were obtained from the 2020 Chile National Drug Study by the National Drug and Alcohol Prevention and Rehabilitation Service. 95% confidence intervals (CIs) were calculated using Vandenbroucke's method<sup>[7]</sup>.

## Preliminary Results

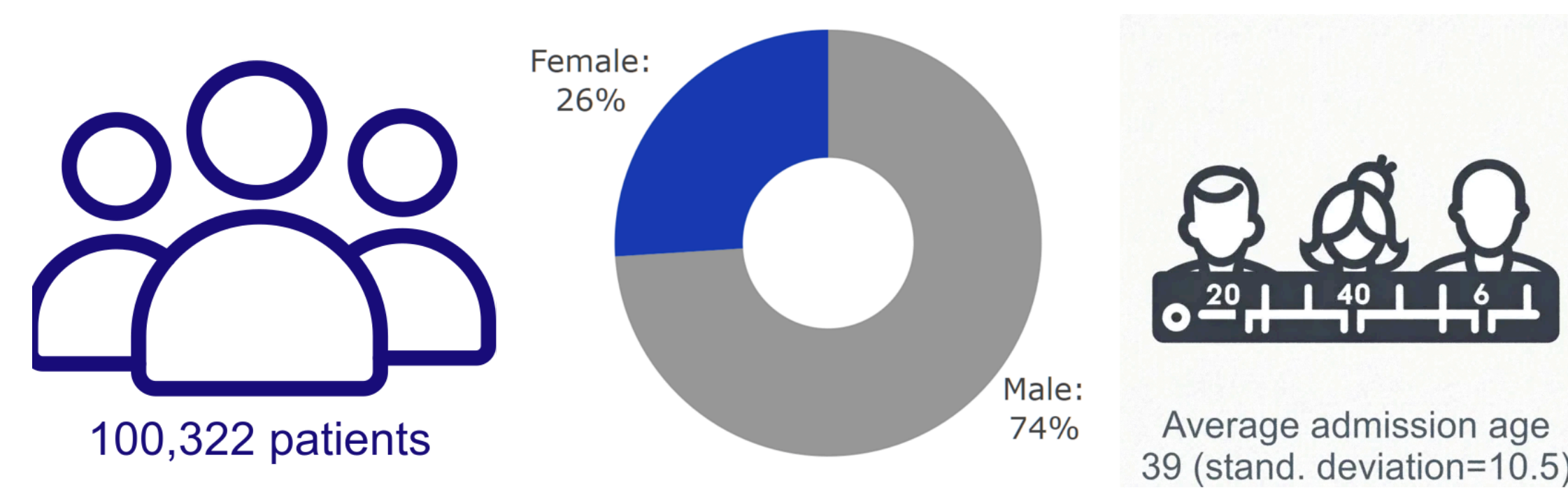


Figure 1: Characteristics of SUT patients

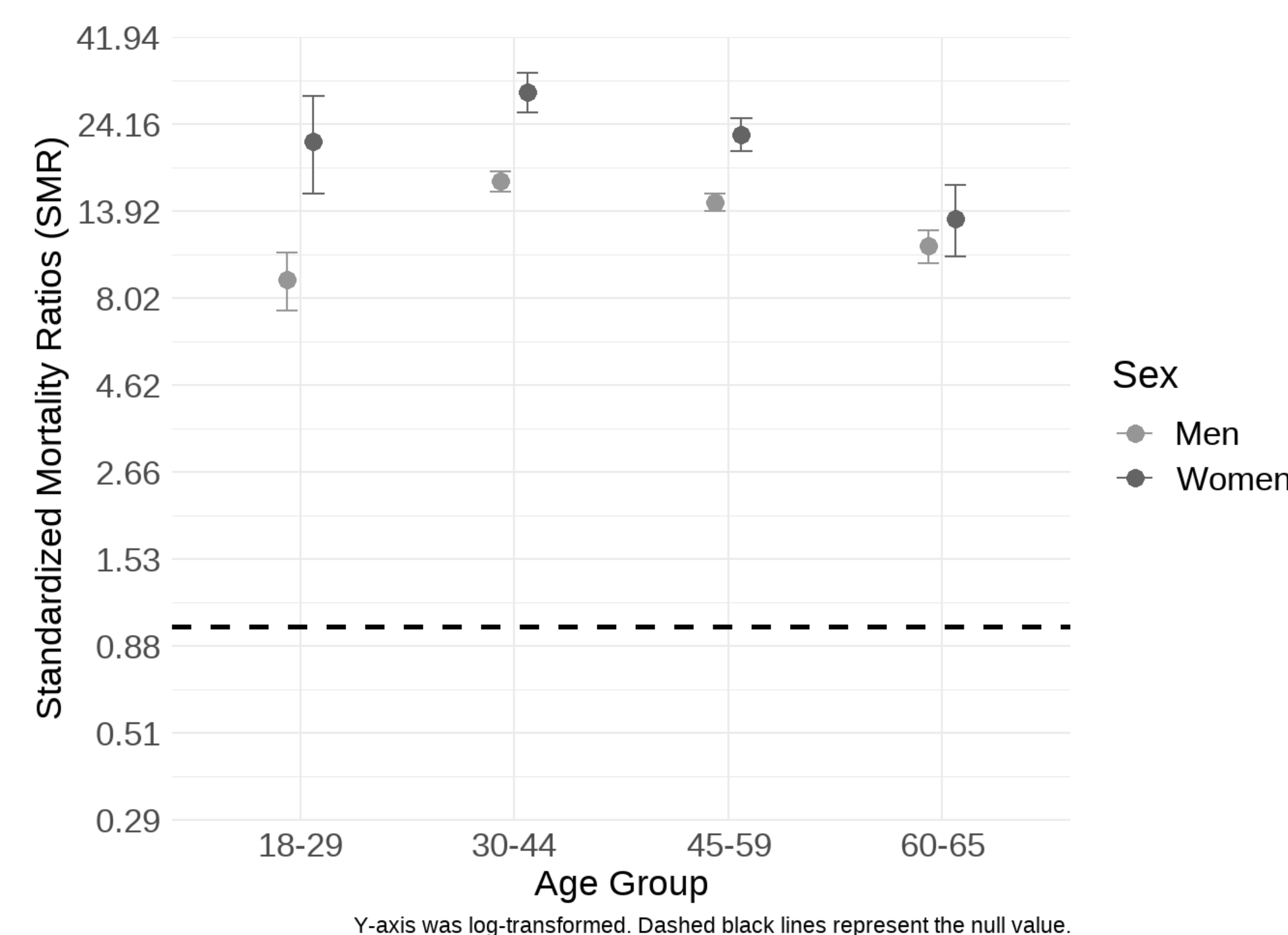


Figure 2: Standardized mortality ratios for people in SUT, by age group and sex

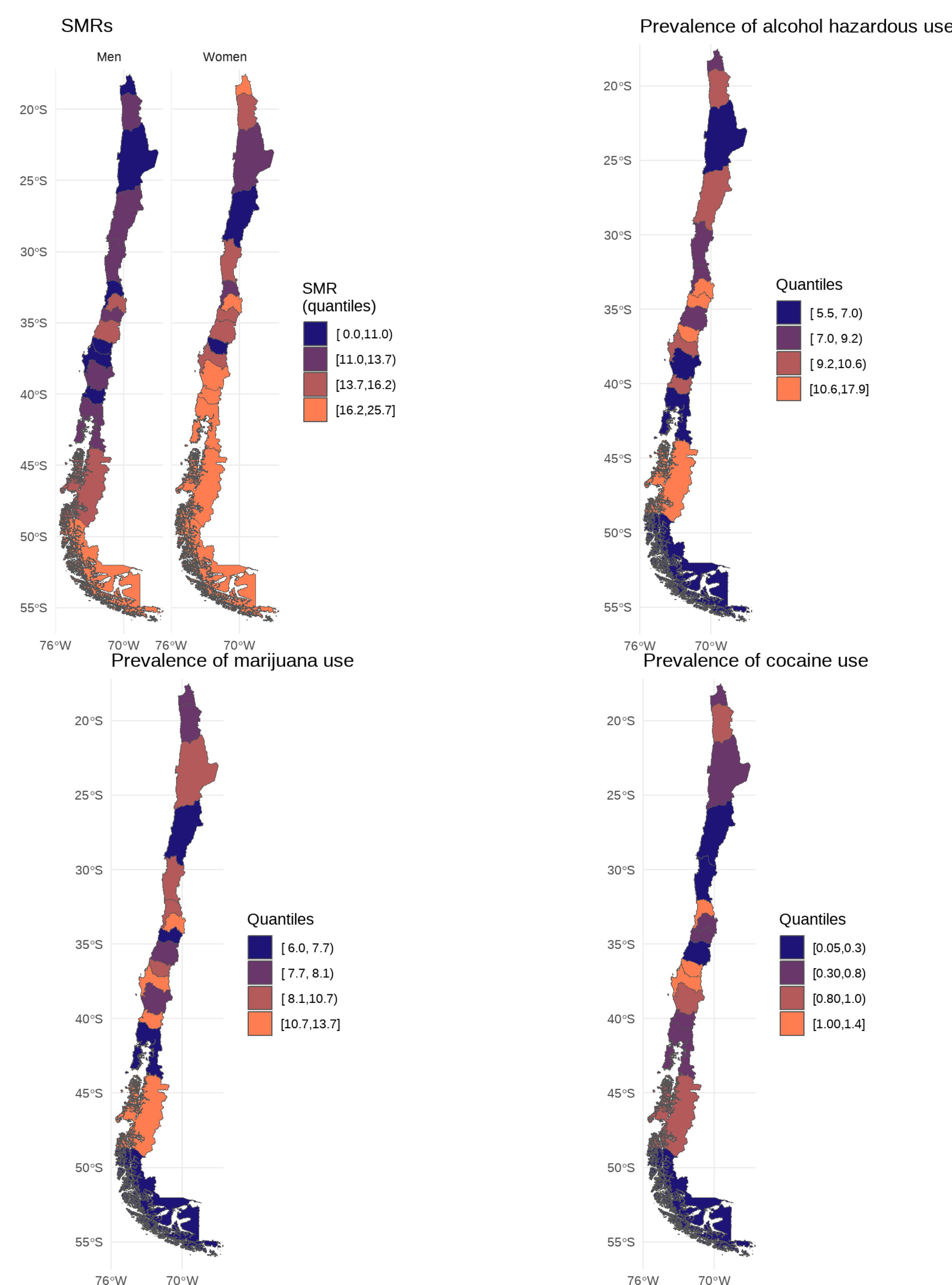


Figure 3: Regional data in quartiles

The SMR in the SUT population was 15.5 (95%CI 15.0, 16.1) times higher than expected based on the general population. Women aged between 30-44 had a mortality risk up to 29.6 times (95%CI 26.0, 33.5) higher than expected.

Regions with high SMRs for men also have high SMRs for women. There were also regional variations in mortality risks post-SUT, but the regional prevalence of problematic substance use does not appear to be related to SMRs.

## Discussion

- High cumulative mortality risk in SUT patients vs. general population
- Higher risk particularly among women
- Largest sex gap at younger ages
- Further exploration of substance use's contribution to elevated risk
- Mortality risks were higher in areas influenced by ethnic and cultural barriers, discrimination, or geographical isolation, which hinder access to treatment

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