



# 0806 Meeting Summary

**Date:** 6 Aug 2025

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## 1. Cohort & Time-Period Clarification

- **Cohort:** Opioid-dependent **clients** identified via OAT prescriptions (2015–2022).
- **Assumption:** Dependence persists for 2 years after last prescription.
  - Replace “polydrug” with “**opioid + cocaine dependence**” for precision.
  - 在报告里请一律把 “clients” 换成 “opioid-dependent individuals” 或 “opioid-dependent people” 。
- Retain the Age Distribution and do not display the Treatment Interval Statistics. That is not the formal situation.

## 2. Trends in Cocaine and opioid Exposure over time

Data source: Cocaine flag taken from any SDMD/DAISY record.

### Chart Display

Current: Two line graphs (absolute number of people).

**Trend Interpretation:** The proportion of cocaine use has slightly increased since 2015-2016; The proportion of heroin use has slightly declined.

**Data limitation:** This only reflects the population that has received OAT treatment and does not include those who visited the doctor solely due to cocaine problems.

报告里要明确：

- 纳入标准 = 过去 2 年内曾接受过 OAT（未必现在仍在用药）
- 换句话说，队列里有些人 当前仍在 OAT，有些人 已停药但仍在 2 年 “依赖期” 内。

**Next:** Fan redrew the stacked bar chart (showing the proportion of "opioid only" vs. "opioid + cocaine" each year).

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### 3. Key Outcomes & Analyses

Outcome	Status	Next Steps
Drug-related deaths	Model built (Poisson)	<ul style="list-style-type: none"><li>· Calculate the event rates of drug-related deaths/all-cause deaths/non-fatal overdoses by year (2015-2022) (per 1,000 person-years) with 95 % CI.</li><li>· Re-run after exponentiating coefficients → interpret HRs.</li></ul>
All-cause mortality	To be added	Follow same workflow as above.
Non-fatal overdose (NFO)	To be added	Treat as <b>outcome</b> , not covariate.
Cardiovascular deaths	New flag needed	Andreas will create ICD-10 based flag; include as outcome.

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### 4. Covariates & Data Handling

Variable	Groups	Notes
NHS Board	3 regions + “Missing”	Remove individuals with missing NHS-board data (~35 people).
Accommodation	<ul style="list-style-type: none"><li>· Homeless</li><li>· Missing</li><li>· Owner/Rented</li><li>· Other (supported, temporary, prison)</li></ul>	<ul style="list-style-type: none"><li>· <b>Prison</b> → merge into “Other” (data incomplete).</li></ul>
Year	2015–2022	Add to model as <b>confounder</b> (factor).

务必在报告开头用一句话说明：“文中所有年份均为英国财政年度，即每年 4 月 1 日至次年 3 月 31 日”。

. For the system Financial year 2015 (or could write it as 2015/16 if it is easier for you), is between 1st of April 2015 till 31st of March 2016.

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## 5. Model & Reporting Checklist

- **Model choice:** Poisson regression (primary); Negative-binomial as **sensitivity** if over-dispersion.
- **Crude associations:** First, run the Poisson model with only exposure → obtain the rough HR. Gradually add covariates and observe the changes in HR after adjustment.
- **Interactions:** Test 2-way if time permits.
- **Plots:**
  - 每个结局做 两条趋势线（线图或带状图）：
    - 蓝色线 = 仅阿片暴露组
    - 橙色线 = 阿片+可卡因暴露组
  - X 轴：财政年度
  - Y 轴：事件率（每 1000 人年）+ 95 % CI 阴影带
- **Terminology:** Use **HR** consistently.

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## 6. Timeline & Follow-ups

- **Draft due:** 15 Aug 2025.
- **Meetings:**
  - End of next week (pre-submission check).

- 21 Aug (feedback review before holidays).
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## 7. To-Do List

1. Re-run Poisson models with **year** as covariate.
2. Generate **trend plots** for all three outcomes (event rates + CI).
3. Create new cardiovascular-death outcome flag.
4. Remove individuals with missing NHS-board data.
5. Consolidate accommodation categories.