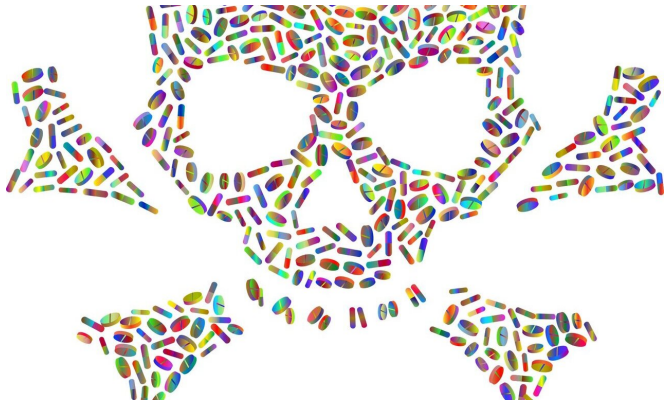


# Deaths caused by extramedical use of opioids preventable

7 January 2020, by Morgaine Wallace-Steele



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A review of more than 100 studies from around the world has shown that people who use opioids for extramedical reasons have significantly higher rates of mortality.

People who use opioids for extramedical reasons have significantly higher rates of mortality—much of which is preventable, according to a new [review](#) by researchers from The National Drug and Alcohol Research Centre (NDARC) at UNSW Sydney.

The review of 124 studies from around the world shows the need for overdose prevention and to incorporate interventions to prevent and treat infectious diseases and noncommunicable diseases.

"There is an urgent need to scale up combination interventions across a myriad of health issues to ensure that people who use extramedical opioids no longer face elevated mortality risks for health outcomes," said lead author Dr. Sarah Larney.

"This includes interventions to reduce injuries, improve mental health, and quit smoking."

## Opioid Agonist Treatment (OAT)

Opioid agonist treatment (OAT) is associated with significantly reduced mortality across a range of causes, including drug-related deaths, suicides, and injuries.

"OAT also reduces overdoses and incidence of HIV and HCV infection, contact with the criminal justice system, and has many other broader public health benefits," said Dr. Larney.

"However, OAT is often not accessible for many people, even those in [high income countries](#)."

## Naloxone

Increased access to naloxone in the community is also needed to enable acute management of overdoses.

"Take-home naloxone programs are effective in reducing mortality, and widespread naloxone distribution may affect population overdose deaths," said Dr. Larney.

## Treatment for HIV and HCV

The review highlights that excess mortality was due to HIV infection and viral hepatitis.

"Current treatments for HIV infection prolong life, and new hepatitis C therapies provide a cure, preventing liver [disease](#) that can be fatal. However, [poor access](#) to treatment in many countries will mean that [high mortality rates](#) will remain," said Dr. Larney.

## Smoking cessation

The review highlighted excess [mortality](#) from diseases related to smoking like cardiovascular disease, respiratory disease, and cancer.

"Smoking cessation programs have been trialed in OAT settings, with nicotine-replacement therapies being superior to placebo and adjunctive behavioural therapies having no additional effect on abstinence at follow-up. However, absolute rates of sustained smoking cessation are low," said Dr. Larney.

"There is a need to improve access to and effectiveness of smoking cessation intervention in this population."

**More information:** Sarah Larney et al. All-Cause and Cause-Specific Mortality Among People Using Extramedical Opioids, *JAMA Psychiatry* (2019).

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