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[▶ Estimation of life expectancy and the expected years of life lost among heroin users in the era of opioid substitution treatment \(OST\) in Taiwan.](#)

Chang K.C., Lu T.H., Lee K.Y. et al.

Drug and Alcohol Dependence: 2015, 153, p. 152–158.

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After adjusting for other influences, heroin users diagnosed as dependent at a psychiatric centre in Taiwan who started opioid substitution treatment lived nearly eight years longer than those who did not enter treatment. However, the treated group were more likely to commit suicide, usually associated with a history of depression.

SUMMARY Opioid substitution treatment including methadone and buprenorphine maintenance has been implemented in Taiwan since 2006. This study aimed to estimate the life expectancy and expected years of life lost among heroin users who were versus were not engaged in this treatment.

The details of 1283 heroin users diagnosed as opioid dependent at a psychiatric centre from 2006 to 2008 were linked to Taiwan's National Mortality Registry until the end of 2011. Among them, 983 went on to start opioid substitution treatment at the centre's clinics, while 300 did not. Survival rates were calculated and extrapolated to 50 years from diagnosis to estimate average life expectancy in both sets of heroin users. Then expected years of life lost for both sets were estimated by subtracting their life expectancies from those of people in the general population of similar age and sex. Standardised mortality ratios were calculated as the observed number of deaths among the heroin users divided by the expected number of deaths, calculated on the basis of how many people in the Taiwan general population of similar age and sex died (or died from the same causes) in the same years.

After extrapolation to 50 years, for heroin users who entered substitution treatment estimated average life expectancy from the time of diagnosis at the centre was 27.4 years, and expected years of life lost compared to the general population, 10.6 years. Corresponding figures for those who did not enter treatment were 20.2 and 18.4 years. Per 1000 person-years, death rates from all causes during 2006 to 2011 for the treatment and non-treatment groups of heroin users were 15.5 and 23.9 respectively, 7.5 times and about 10 times the rate among matched people in the general population. But for deaths due to suicide in particular, in the treatment group (among whom most of the deceased had been treated for depression) death rates were 16 times greater than among matched people in the general population, but only 3 times greater in the non-treatment group.

The authors concluded that among heroin users who were diagnosed at the psychiatric centre, entering opioid substitution treatment saved 7.8 years of life more than not entering treatment. Effective suicide prevention programmes could enhance the treatment's life-saving effect, especially among patients also suffering depressive disorders.

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