

Austrian Mortality Cohort Study 2023

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EMCDDA DRD hybrid meeting 2023

Addiction Competence Centre of the Austrian National
Public Health Institute REITOX Focal Point Austria

Gesundheit Österreich
GmbH 

Preconditions and preparatory efforts

- **Everyone** undergoing opioid agonist treatment (OAT) in Austria must be **notified by the medical officer supervising OAT** to the OAT-registry.
- The notification is possible by **unique identification** of the patient in the **population registry** only
- In Austria there is a system of **bPKs which are unique identifiers** for persons in different areas e.g., bPK health, bPK statistics ...
- The OAT-data are **pseudonymised** (encryption of the bPK-health) and stored in the **OAT-Statistic Register**
 - Personal data on sex and year of birth only
 - Treatment-related data on e.g., medication prescribed, start/end of treatment period, attending physician, ...
- Data on OAT in Austria are available in this form for the years **1987 to 2022**
- The Austrian General Mortality Register (GMR) includes full personal information of **all death cases and underlying cause of death**
- 2016 Change of the Austrian Narcotic Substances Act (SMG) in 2016 created the **legal framework** to link the OAT-Statistic Register with the GMR

Austrian mortality cohort studies

2017

- Patients who started OAT from 1. 1. 2002 to 31. 12. 2016
- 24,892 OAT-patients followed 197,739 person years
- 1,526 death cases
 - Busch, Martin; Anzenberger, Judith; Uhl, Alfred (2019): Mortalität von Menschen mit Opioidabhängigkeit. Suchtmedizin, 21 (6). <https://www.ecomed-suchtmedizin.de/archiv/suchtmedizin-band-21-nr-6-2019>
 - Busch, Martin; Anzenberger, Judith (2019): Mortality during and after opioid substitution treatment in Austria 2002 to 2016. Lisbon Addictions 2019, 23. Oktober 2019, Lissabon. <https://jasmin.goeg.at/id/eprint/1058>

2023 – Work in progress

- Patients who started OAT from 1. 1. 2002 to 31. 12. 2021
- 35,030 OAT-patients
- 3,511 death cases

New

Questions of interest

- Crude mortality rate, standard mortality ratio, cause-specific mortality
- Critical periods (risk episodes) of mortality e.g., risk at onset and cessation of OAT
- Risk episodes will be compared by age group, sex and OAT medication (if sample sizes in the subgroups are large enough), namely
 - Slow-release oral morphine (SROM)
 - Buprenorphine
 - Buprenorphine/naloxone
 - Methadone and levomethadone
- Change of (cause-specific) mortality over time

Many thanks for your attention!

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