Modelling the impact of opioid agonist treatment on suiciderelated deaths among people with opioid use disorder (OUD)

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Introduction

- People with OUD 8x risk of suicide vs general population
- Suicide prevention strategies do not address
 OUD population needs
- Issues of Overdose & Suicide often conflated or misclassified
- OAT halves suicide in individuals, but no previous studies have estimated the population-level impact

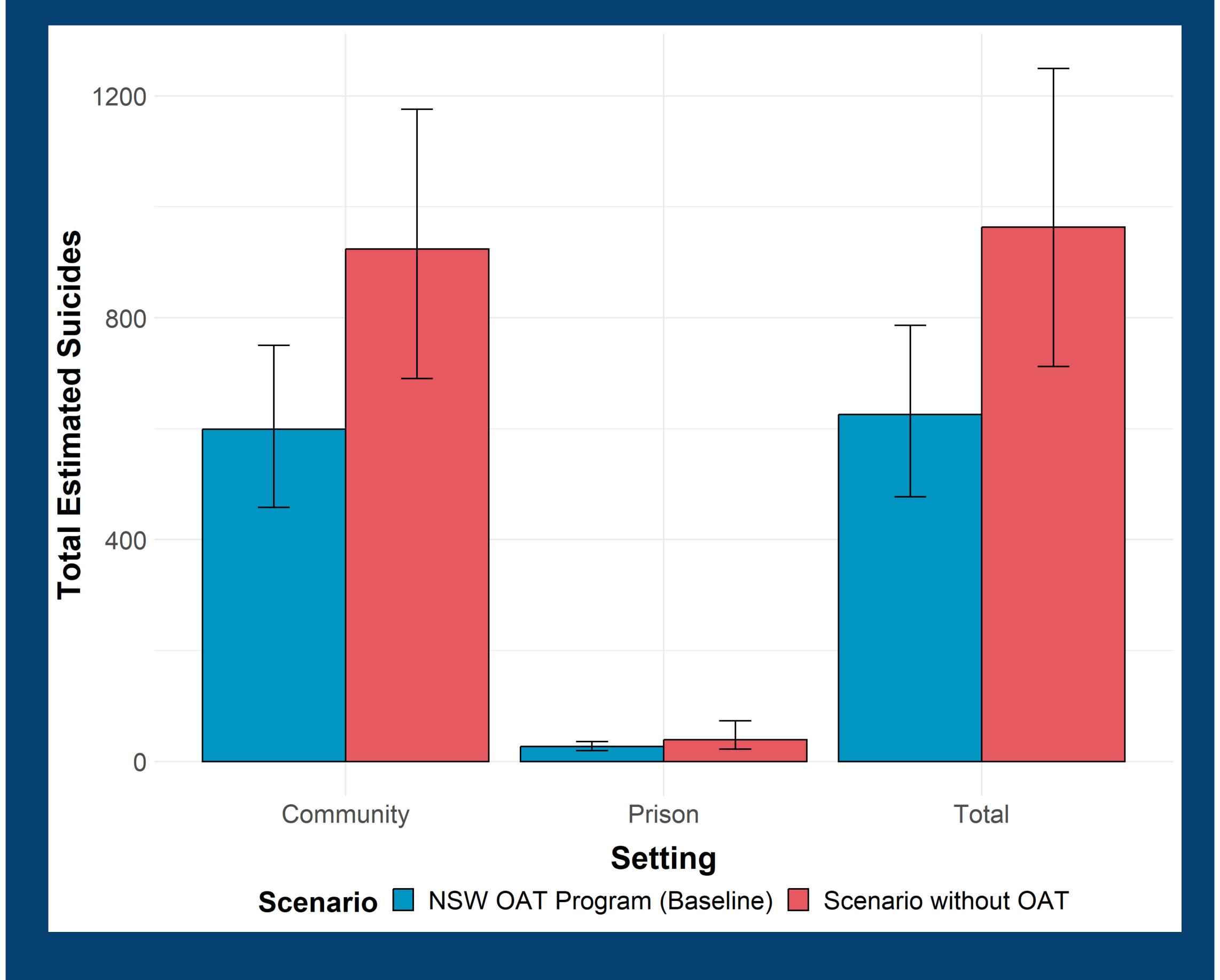
Objective

 Evaluate the NSW OAT program's population level impact on suicide prevention, by comparing real-world outcomes against a scenario without OAT using mathematical modelling

Methods

- Cohort: ~ 49,000 individuals who have ever received OAT 2000-2017, via the Opioid Agonist Treatment & Safety (OATS) Cohort
- **Data Sources:** Administrative data from state-wide databases on:
 - Healthcare Utilisation Records: Including detail on each OAT treatment episode
- Incarceration data
- Mortality: Date & Cause(s) of Death

The high-coverage Opioid Agonist
Treatment Program in New South
Wales prevented 338 suicides
(35% reduction) among people
with OUD from 2001-2021

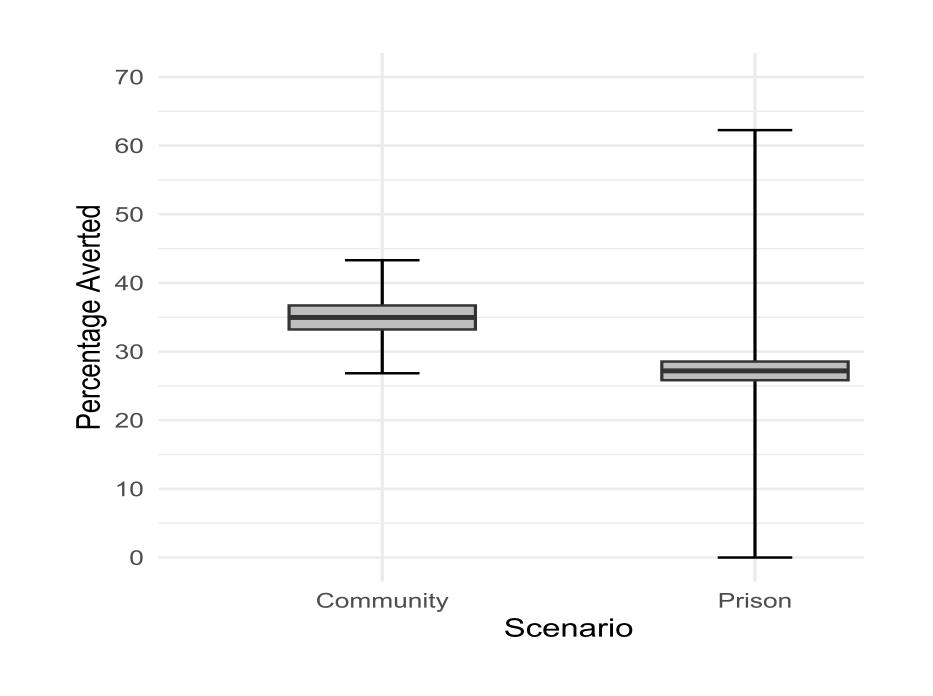


Dynamic Mathematical Modelling

- Analyzed OATS data for key model parameters (e.g. suicide risk while on versus off OAT in community./prison
- Expanded our model the impact of the NSW OAT program on overdose related death
- Simulated the ongoing OAT program (baseline/status quo) from 2001-2020, estimating suicides by OAT status/setting. Compared to projected number of suicides in No OAT Scenario

Results

The OAT program in NSW averted 338 suicides from 2001 to 2020, reducing the total from 963 (without OAT) to 626 (with OAT)



Conclusions

- The NSW OAT program reduced suicides among people with OUD by 35%, 2001 to 2020, contributing to a 2% reduction for NSW population & 7% towards the UN & WHO's 2030 suicide reduction targets for this setting
- Given low coverage of OAT globally, results
 support expanding OAT access for people with
 OUD as part of global suicide prevention
 strategies

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