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Letter to Editor

Alcohol Use among Persons on Methadone Treatment

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None reported.

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Alcohol Use among Persons on Methadone Treatment

We read with interest Dr Varshney et al.'s article on brief interventions for alcohol use among persons on maintenance treatment published ahead-of-print on August 11, 2015. [1] While alcohol is found in the majority of drug-related deaths that involve illicit drugs, around the globe, [2 3] maintenance therapy with methadone (MMT), or buprenorphine, reduces morbidity and mortality among people who use opiates.[4] Although one common clinical challenge is comorbid alcohol use and opioid use disorder, with guidelines often recommending withholding methadone in this context given the potential for fatal overdose due to drug interactions,[5] alcohol's impact on the health outcomes of MMT patients has been "overlooked and underestimated".[6] Therefore, we examined the impact of heavy alcohol use on mortality among MMT patients.

Methods

We derived data from open, community-recruited prospective cohorts of people who use drugs in Vancouver, Canada: the Vancouver Injection Drug Users Study (VIDUS) and the AIDS Care Cohort to evaluate Exposure to Survival Services (ACCESS). As described elsewhere, through snowball sampling and street outreach, VIDUS enrols HIV-seronegative adults who inject drugs, and ACCES enrols HIV-seropositive adults who use illicit drugs other than cannabis.[3] Bi-annual follow-up procedures include interviewer-administered, harmonized questionnaires eliciting demographic, behavioural and other information. Participants received a $30 CDN stipend at each interview. As in a previous study, dates and causes of death of our participants were ascertained through a confidential data linkage with a provincial registry.[3] The University of British Columbia/Providence Healthcare Research Ethics Board approved both studies.

We included participants who: (1) were recruited between December 1, 2005 and May 31, 2014 and had at least one follow-up visit; (2) reported "on MMT" in last six months at baseline and (3) a history of injection drug use at baseline. For those who initiated MMT during follow-up, we considered their first response of "on MMT" as their baseline response.

The primary explanatory variable was the National Institute on Alcohol Abuse and Alcoholism (NIAAA)-defined heavy alcohol use in the past six months, treated as a time-varying variable. [5] The primary outcomes of interest were all-cause mortality and overdose (OD) mortality. Extended Cox regression analysis examined the bivariate association between heavy alcohol use and the time to death.

Results

A total of 1139 participants were included in this analysis (702/ 61.6% males) and followed for a median of 73.4 months (interquartile range [IQR] = 36.3-97.9). The median age at baseline was 42.18 years (IQR = 35.5-48.3), and 85 (7.5%) reported heavy alcohol use at baseline. In total, 140 (12.3%) participants died during follow-up, and 21 (1.8%) died due to OD. In regression analyses, heavy alcohol use was not significantly associated with all-cause mortality [hazard ratio (HR) = 0.97; 95% confidence interval (CI) = 0.56 – 1.67], or OD mortality (HR =1.51; 95% CI = 0.45 – 5.11), respectively. The associations remained insignificant when accounting for being in- and out- of MMT.

Discussion

In this study, heavy drinking did not appear to predict all-cause and OD mortality among people in MMT. In a recent analysis, binge alcohol use was identified as an independent predictor of death among a community-recruited cohort of people who inject drugs, after adjusting for MMT enrolment.[7] While this aligns well with previous literature, the measure of alcohol use was

different from the present study (binge use vs. NIAAA-defined heavy alcohol use). Further, other work has suggested that MMT may also decrease the initiation of heavy drinking, further underlining the beneficial effects of opioid maintenance treatment on the health of people with opioid use disorders.[5] These findings could help inform future investigations into the role of heavy alcohol use, as described by the prospective study from India, [1] in the context of maintenance therapy.

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