Review of: "Mortality Risk for Individuals With Cocaine Use Disorders: Clients and Non-Clients of Public Treatment Centres for Drug Addiction"

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Potential competing interests: No potential competing interests to declare.

Mortality Risk for Individuals with Cocaine Use Disorders: Clients and Non-Clients of Public Treatment Centres for Drug Addiction

This study examined the mortality risk of individuals with cocaine use disorders (CUD) who did and did not access public addiction treatment services (PATS). The author provides valuable insights into the mortality risk associated with CUD and emphasizes the need for comprehensive and accessible treatment services to improve outcomes for individuals with this disorder. The study investigates the role of sociodemographic factors, such as gender, ethnicity, and age, in mortality risk, utilizing a large cohort of individuals with CUD, allowing for robust statistical analysis and generalizable findings. The manuscript is well-written and organized, presenting the findings in a clear and concise manner. The study also examines the potential impact of the COVID-19 pandemic on mortality rates.

Key Findings:

- The overall crude mortality rate (CMR) was 4.5 per 1,000 person-years, with higher rates for females and those who never accessed PATS.
- Standardized mortality ratios (SMRs) were elevated for both groups, with the highest SMRs observed for overdose, suicide, and transport accidents.
- Individuals who never accessed PATS had significantly higher SMRs for overdose, suicide, and transport accidents compared to PATS clients.
- Multivariate analysis revealed higher incidence rate ratios for females, non-natives, individuals aged 35 years or older, and those reporting alcohol or opioid use at first admission.

Implications:

- The findings highlight the elevated mortality risk associated with CUD and the importance of early intervention and treatment.
- Strategies to facilitate access to PATS and reduce barriers to treatment are crucial for improving outcomes for individuals with CUD.

- Tailored interventions addressing specific risk factors, such as gender, ethnicity, age, and co-occurring substance use, are needed to effectively reduce mortality in this population.

Scope for improvement:

- The study was conducted in a specific region of Italy and may not be generalizable to other populations.
- Data on specific cocaine use patterns and routes of administration were limited.
- The study relied on retrospective data collection, which may be subject to recall bias.

Future Research:

- Further research is needed to identify effective interventions for reducing mortality risk in individuals with CUD, particularly those who do not access PATS.
- Longitudinal studies are needed to track long-term outcomes and identify factors associated with successful recovery.
- Additional research is needed to explore the impact of specific cocaine use patterns and routes of administration on mortality risk.