

## Supplementary Online Content

Santo T Jr, Clark B, Hickman M, et al. Association of opioid agonist treatment with all-cause mortality and specific causes of death among people with opioid dependence: a systematic review and meta-analysis. *JAMA Psychiatr*. Published online June 2, 2021. doi:10.1001/jamapsychiatry.2021.0976

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eReferences

This supplementary material has been provided by the authors to give readers additional information about their work.

**eTable 1: GATHER checklist**

Item #	Checklist item	Section Reported
<b>Objectives and funding</b>		
1	Define the indicator(s), populations (including age, sex, and geographic entities), and time period(s) for which estimates were made.	Introduction (pg1)
2	List the funding sources for the work.	Article Information (pg 12)
<b>Data Inputs</b>		
<i>For all data inputs from multiple sources that are synthesized as part of the study:</i>		
3	Describe how the data were identified and how the data were accessed.	Methods (pg 2-3), eTable 4-5
4	Specify the inclusion and exclusion criteria. Identify all ad-hoc exclusions.	eAppendix, eTable3
5	Provide information on all included data sources and their main characteristics. For each data source used, report reference information or contact name/institution, population represented, data collection method, year(s) of data collection, sex and age range, diagnostic criteria or measurement method, and sample size, as relevant.	Results (pg3-10), eTables 6-14
6	Identify and describe any categories of input data that have potentially important biases (e.g., based on characteristics listed in item 5).	Methods (pg 2-3), eAppendix, eFigures 37-49
<i>For data inputs that contribute to the analysis but were not synthesized as part of the study:</i>		
7	Describe and give sources for any other data inputs.	eAppendix, eTable5
<i>For all data inputs:</i>		
8	Provide all data inputs in a file format from which data can be efficiently extracted (e.g., a spreadsheet rather than a PDF), including all relevant meta-data listed in item 5. For any data inputs that cannot be shared because of ethical or legal reasons, such as third-party ownership, provide a contact name or the name of the institution that retains the right to the data.	eTable 6
<b>Data analysis</b>		
9	Provide a conceptual overview of the data analysis method. A diagram may be helpful.	Methods (pg 2-3), eAppendix
10	Provide a detailed description of all steps of the analysis, including mathematical formulae. This should cover, as relevant, data cleaning, data pre-processing, data adjustments and weighting of data sources, and mathematical or statistical model(s).	Methods (pg2-3), eAppendix
11	Describe how candidate models were evaluated and how the final model(s) were selected.	Methods (pg 2-3), eAppendix, eFigure46-49
12	Provide the results of an evaluation of model performance, if done, as well as the results of any relevant sensitivity analysis.	N/A, eFigure 46-49
13	Describe methods for calculating uncertainty of the estimates. State which sources of uncertainty were, and were not, accounted for in the uncertainty analysis.	Methods (pg 2-3)
14	State how analytic or statistical source code used to generate estimates can be accessed.	Methods (pg 2-3)
<b>Results and Discussion</b>		
15	Provide published estimates in a file format from which data can be efficiently extracted.	Tables 1-4, eFigures 2-36, eTables 16-20
16	Report a quantitative measure of uncertainty of the estimates (e.g. uncertainty intervals).	Tables 1-4
17	Interpret results in light of existing evidence. If updating a previous set of estimates, describe the reasons for changes in estimates.	Discussion (pg 10-13)
18	Discuss limitations of the estimates. Include a discussion of any modelling assumptions or data limitations that affect interpretation of the estimates.	Discussion (Limitations, pg 13)

**eTable 2: PRISMA checklist**

Section/topic	#	Checklist item	Reported Section
<b>TITLE</b>			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Title (pg1)
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Abstract (pg1)
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known.	Introduction (pg2)
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Introduction (pg2)
<b>METHODS</b>			
Protocol and registration	5	Indicate if a review protocol exists, where it can be accessed, and, if available, provide registration information including registration number.	Methods (pg 2-3)
Eligibility criteria	6	Specify study characteristics and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Methods (pg 2-3), eTable 4-5
Information sources	7	Describe all information sources in search and date last searched.	Methods (pg 2-3), eAppendix
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	eAppendix
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Methods (pg 2-3), eFigure3, eTable3
Data collection process	10	Describe method of data extraction (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Methods (pg 2-3), Results (pg3)
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Methods (pg 2-3), eTable 4-5
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	Methods (pg 2-3), eAppendix, eFigures 37-49
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	Methods (pg. 2)
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I <sup>2</sup> ) for each meta-analysis.	Methods (pg 2-3), eTable 4-5
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	Methods (pg 2-3), eAppendix, eFigures 37-49
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	Methods (pg 2-3), Table 1, eFigures 46-49

Section/topic	#	Checklist item	Reported Section
<b>RESULTS</b>			
Study selection	17	Give no. studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	eFigure3
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Results (pg3-10), eTables 6-14
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Methods (pg 2-3), eAppendix, eFigures 37-49
Results of individual studies	20	For all outcomes, present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals	Table 1-3, Results (pg 3-10)
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	Tables 1-3, eFigures 2-36, eTables 16-20
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	Methods (pg 2-3), eAppendix, eFigures 37-49
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	Methods (pg 2-3), eAppendix, eFigures 37-49
<b>DISCUSSION</b>			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups	Discussion (pg 10-13)
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	Discussion (Limitations, pg 13)
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Discussion (pg 10-13)
<b>FUNDING</b>			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	Article Information (pg 12)

## eAppendix: Peer Reviewed Literature Search

### Database searches

Medline			
Group		Search terms	
		MeSH	Non MeSH
#1	Opiate Substitution Treatment	Opiate Substitution Treatment	<i>(opiod OR opiate) adj (substitut* OR maint*) adj (treatment OR therapy))</i>
		Substance Abuse Treatment	<i>Methadone</i>
		Buprenorphine	<i>LAAM</i>
		Methadone	<i>Substance Abuse Treatment</i>
		Methadyl Acetate	<i>Dextropropoxyphene</i>
			<i>Naltrexone</i>
			<i>Buprenorphine Methadone</i>
			<i>(opiate OR opiod OR heroin) adj (treatment OR substitut* OR replacement OR maint*)</i>
			<i>BMT or MMT</i>
			<i>Suboxone</i>
			<i>Subutex</i>
#2	Mortality	Mortality	<i>Mortal*</i>
		Cause of Death	<i>Fatal*</i>
		Fatal Outcome	<i>Death*</i>
		Mortality, Premature	<i>Die*</i>
#3	Cohorts Studies	Cohort Studies	<i>Cohort</i>
		Follow-Up Studies	<i>Longitudinal</i>
		Longitudinal Studies	<i>Prospective</i>
		Prospective Studies	<i>Follow-up</i>
		Retrospective Studies	<i>Retrospective</i>
		Clinical Trial	<i>Rate</i>
			<i>RCT</i>
#1 AND #2 AND #3			

Embase		
Group	Search terms	
	EMTREE	Non Emtree
#1 Opioid Substitution Treatment	Drug dependence treatment Methadone treatment Opiate substitution treatment Methadone Buprenorphine Buprenorphine plus naloxone Methadone plus naloxone	<i>(opiod OR opiate) adj2 (substitut* OR maint*) adj2 (treatment OR therapy)) Methadone Methadyl Acetate OR LAAM Substance Abuse Treatment Buprenorphine Naltrexone Dextropropoxyphene Methadone (opiate OR opiod OR heroin) adj (treatment OR substitut* OR replacement OR maint*) BMT or MMT Suboxone Subutex</i>
#2 Mortality	Mortality Death Accidental death "Cause of death" Sudden death	<i>Mortal* Fatal* Death* Die*</i>
#3 Cohorts Studies	Cohort analysis Follow up Longitudinal study Prospective study Retrospective study "Clinical trial (topic)"	<i>Cohort Longitudinal Prospective Follow-up Retrospective Rate RCT</i>
#1 AND #2 AND #3		

**Limits:** Humans



PsycINFO			
Group		Search terms	
		THESAURUS	Non THESAURUS
#1	Opioid Substitution Treatment	Maintenance Therapy Methadone Buprenorphine Methadone Maintenance "Substance Use Treatment"	<i>(opiod OR opiate) adj2 (substitut* OR maint*) adj2 (treatment OR therapy) Methadone Methadyl Acetate OR LAAM</i>
			<i>Substance Abuse Treatment</i>
			<i>Buprenorphine</i>
			<i>Naltrexone</i>
			<i>Dextropropoxyphene</i>
			<i>Methadone</i>
			<i>(opiate OR opioid OR heroin) adj (treatment OR substitut* OR replacement OR maint*)</i>
			<i>BMT or MMT Suboxone Subutex</i>
#2	Mortality	"Death and Dying" Mortality Rate Sudden Death	<i>Mortal* Fatal* Death* Die*</i>
#3	Cohorts Studies	Cohort Analysis Followup Studies Longitudinal studies Prospective studies Retrospective studies Clinical Trials	<i>Cohort Longitudinal Prospective Follow-up Retrospective Rate RCT</i>
#1 AND #2 AND #3			

## Additional hand searches

- Mattick 2009 Cochrane review
  - Mattick, R. P., Breen, C., Kimber, J., & Davoli, M. (2009). Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane database of systematic reviews*, (3).
- Mattick 2014 Cochrane review
  - Mattick, R. P., Breen, C., Kimber, J., & Davoli, M. (2014). Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane database of systematic reviews*, (2).
- Search through Cochrane Reviews website
  - Topic: tobacco, drugs, & alcohol
- Moore 2019 review
  - Moore, K. E., Roberts, W., Reid, H. H., Smith, K. M., Oberleitner, L. M., & McKee, S. A. (2019). Effectiveness of medication assisted treatment for opioid use in prison and jail settings: *A meta-analysis and systematic review*. *Journal of substance abuse treatment*, 99, 32-43.
- Search through Clinical registries (see **eTable 4** for details)
  - Completed & ongoing studies

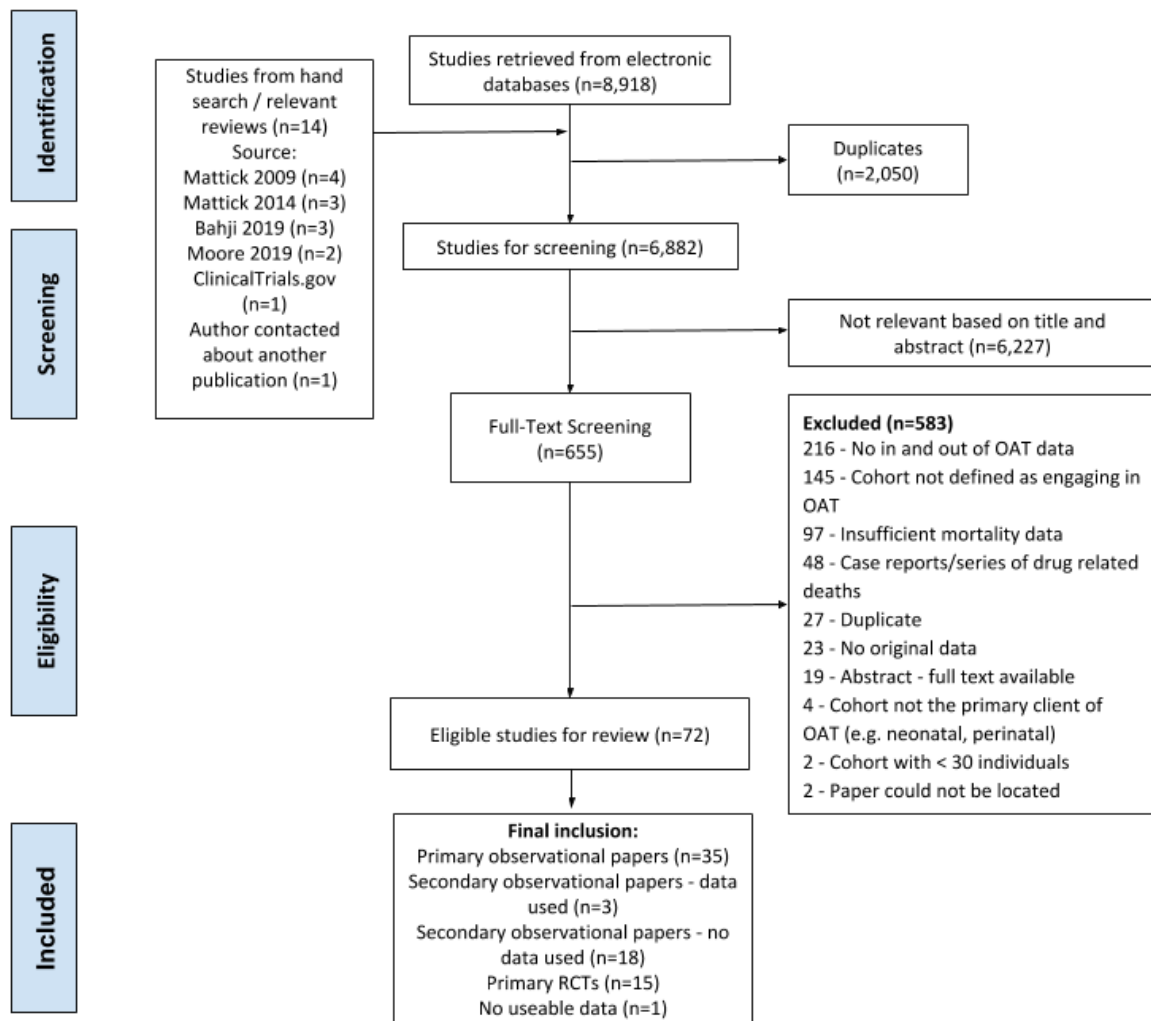
## **Prespecified exclusion criteria**

The prespecified exclusion criteria were as follows:

- No data in humans or no original research (e.g. reviews, editorials, protocols)
- Study designs other than observational cohort studies or RCTs (e.g. case-control studies, cross sectional surveys, case reports, case series, qualitative research)
- Study not focused on people with opioid dependence
- Treatment unknown or other than methadone or buprenorphine maintenance (e.g. methadone detoxification, opioid antagonist therapy, therapeutic community)
- No all cause or cause-specific mortality as outcome or no deaths over follow-up
- Insufficient data to compute mortality rates during periods in and out of treatment

For cohorts where several papers were located, we used data from non-overlapping follow-up periods from each report whenever possible or selected the publication with the longest follow-up.

**eFigure 1: PRISMA flow diagram**



**eTable 3: List of studies excluded at full text review stage and reasons for exclusion**

	Excluded reference	Exclusion Reason
1.	Aalto, M.; Visapaa, J. P.; Halme, J. T.; Fabritius, C.; Salaspuro, M. (2011). Effectiveness of buprenorphine maintenance treatment as compared to a syringe exchange program among buprenorphine misusing opioid-dependent patients. <i>Nordic Journal of Psychiatry</i> , 65(4), 238-43.	No/insufficient mortality data
2.	Abdel-Mawgoud, M.; al-Haddad, M. K. (1996). Heroin addiction in Bahrain: 15 years experience. <i>Addiction</i> , 91(12), 1859-64.	Review
3.	Accurso, A. J.; Rastegar, D. A.; Ghazarian, S. R.; Fingerhood, M. I. (2015). Impact of hepatitis C status on 20-year mortality of patients with substance use disorders. <i>Addiction science &amp; clinical practice</i> , 1020.	Cohort not defined as engaging in opioid agonist treatment
4.	Alexandridis, Apostolos Alexander (2019). Longitudinal cohort studies of addiction treatment initiation and opioid overdose prevention efforts in North Carolina. Dissertation Abstracts International: Section B: The Sciences and Engineering, 80 No Pagination Specified.	No/insufficient mortality data
5.	Ali, R.; Auriacombe, M.; Casas, M.; Cottler, L.; Farrell, M.; Kleiber, D.; Kreuzer, A.; Ogborne, A.; Rehm, J.; Ward, P. (1999). Report of the external panel on the evaluation of the Swiss scientific studies of medically prescribed narcotics to drug addicts. <i>Sucht</i> , 45(3), 160-170.	No original data
6.	Alim, T.; Richardson, F.; Settles-Reaves, B.; Kumari, S.; Akinfiresoye, E.; Chapman, E.; Bland, W.; Johnson, M. (2017). Buprenorphine integrated care delivery project: Correlates of mental health screening and primary care outcomes. <i>Neuropsychopharmacology</i> , 43 (Supplement 1)S256-S257.	No/insufficient mortality data
7.	Anonymous, (1996). Observational analysis of German injecting drug users (IDU): survival with and without methadone maintenance treatment. German AIDS Study Group GASG/IdKF. <i>European journal of medical research</i> , 1(4), 209-214.	Paper could not be located
8.	Anonymous, (2011). Risk of death during and after opiate substitution treatment. <i>Australian Journal of Pharmacy</i> , 92(1090), 78.	Abstract - full text available
9.	Anonymous, (2016). 12th Congress of European Opiate Addiction Treatment Association, EUROPAD 2016. Heroin Addiction and Related Clinical Problems. Conference: 12th Congress of European Opiate Addiction Treatment Association, EUROPAD, 18(3 Supplement 1), .	No original data
10.	Apelt, S.; Scherbaum, N.; Golz, J.; Backmund, M.; Soyka, M. (2013). Safety, effectiveness and tolerance of buprenorphine-naloxone in the treatment of opioid dependence: Results from a nationwide non-interventional study in routine care. <i>Pharmacopsychiatry</i> , 46(3), 94-107.	No/insufficient mortality data
11.	Arendt, Mikkel; Munk-Jorgensen, Povl; Sher, Leo; Jensen, Signe O. (2011). Mortality among individuals with cannabis, cocaine, amphetamine, MDMA, and opioid use disorders: A nationwide follow-up study of Danish substance users in treatment. <i>Drug and Alcohol Dependence</i> , 114(43892), 134-139.	No in/out treatment data available
12.	Asharani, P. V.; Wen, T. J.; Karuvelil, M. Z.; Cheong, A.; Cheok, C.; Kandasami, G. (2019). Unnatural death among treatment seeking substance users in Singapore: A retrospective study. <i>International Journal of Environmental Research and Public Health</i> , 16 (15) (no pagination)(2743), .	Cohort not defined as engaging in opioid agonist treatment
13.	Auriacombe, M.; Apelt, S. M.; Scherbaum, N.; Mankabady, B. (2017). The association between buprenorphine/naloxone and all-cause mortality in the United Kingdom (UK): An interim report. <i>Value in Health</i> , 20 (9)A716.	No in/out treatment data available
14.	Baghazal, A. A.; Tariko, L.; Shikely, K.; Patta, S.; Omar, B.; Musyoki, H.; Bertrand, S.; Abdallah, S. (2016). Preliminary experience with medically assisted therapy for people who inject drugs in Mombasa County, Kenya. <i>Journal of the International AIDS Society</i> , 19 (Supplement 5)51.	No/insufficient mortality data for OAT group
15.	Bahji, A.; Cheng, B.; Gray, S.; Stuart, H. (2019). Reduction in mortality risk with opioid agonist therapy: a systematic review and meta-analysis. <i>Acta Psychiatrica Scandinavica</i> , 140(4), 313-339.	Review

Excluded reference		Exclusion Reason
16.	Bandiera, F. C.; Anteneh, B.; Le, T.; Delucchi, K.; Guydish, J. (2015). Tobacco-related mortality among persons with mental health and substance abuse problems. <i>PLoS ONE [Electronic Resource]</i> , 10(3), e0120581.	Cohort not defined as engaging in opioid agonist treatment
17.	Bansback, Nick; Guh, Daphne; Oviedo-Joekes, Eugenia; Brissette, Suzanne; Harrison, Scott; Janmohamed, Amin; Krausz, Michael; MacDonald, Scott; Marsh, David C.; Schechter, Martin T.; Anis, Aslam H. (2018). Cost-effectiveness of hydromorphone for severe opioid use disorder: Findings from the SALOME randomized clinical trial. <i>Addiction</i> , 113(7), 1264-1273.	No/insufficient mortality data for OAT group
18.	Bargagli, Anna Maria; Sperati, A.; Davoli, M.; Forastiere, F.; Perucci, C. (2001). Mortality among problem drug users in Rome: An 18-year follow-up study, 1980-97. <i>Addiction</i> , 96(10), 1455-1463.	No in/out treatment data available
19.	Bargagli, A. M.; Hickman, M.; Davoli, M.; Perucci, C. A.; Schifano, P.; Buster, M.; Brugal, T.; Vicente, J. (2006). Drug-related mortality and its impact on adult mortality in eight European countries. <i>European Journal of Public Health</i> , 16(2), 198-202.	No in/out treatment data available
20.	Barnett, Paul G. (1999). The cost-effectiveness of methadone maintenance as a health care intervention. <i>Addiction</i> , 94(4), 479-488.	Review
21.	Barocas, J. A.; Morgan, J. R.; Fiellin, D. A.; Schackman, B. R.; Eftekhari Yazdi, G.; Stein, M. D.; Freedberg, K. A.; Linas, B. P. (2019). Cost-effectiveness of integrating buprenorphine-naloxone treatment for opioid use disorder into clinical care for persons with HIV/hepatitis C co-infection who inject opioids. <i>International Journal of Drug Policy</i> , 72160-168.	No original data
22.	Barr, Harriet L.; Antes, Derry; Ottenberg, Donald J.; Rosen, Alvin (1984). Mortality of treated alcoholics and drug addicts: The benefits of abstinence. <i>Journal of Studies on Alcohol</i> , 45(5), 440-452.	Cohort not defined as engaging in opioid agonist treatment
23.	Bart, G.; Wyman, Z.; Wang, Q.; Hodges, J. S.; Karim, R.; Bart, B. A. (2017). Methadone and the QTc Interval: Paucity of Clinically Significant Factors in a Retrospective Cohort. <i>Journal of Addiction Medicine</i> , 11(6), 489-493.	No/insufficient mortality data for OAT group
24.	Bartu, Anne; Freeman, Nerelie C.; Gawthorne, Geoff S.; Codde, James P.; Holman, C. (2004). Mortality in a cohort of opiate and amphetamine users in Perth, Western Australia. <i>Addiction</i> , 99(1), 53-60.	No in/out treatment data available
25.	Basu, Debasish; Mattoo, Surendra K.; Malhotra, Anil; Gupta, Nitin; Malhotra, Rama (2000). A longitudinal study of male buprenorphine addicts attending an addiction clinic in India. <i>Addiction</i> , 95(9), 1363-1372.	No in/out treatment data available
26.	Bauer, Susanne M.; Loipl, Rita; Jagsch, Reinhold; Gruber, Diego; Risser, Daniele; Thau, Kenneth; Fischer, Gabriele (2008). Mortality in opioid-maintained patients after release from an addiction clinic. <i>European Addiction Research</i> , 14(2), 82-91.	No in/out treatment data available
27.	Bazazi, A. R.; Culbert, G.; Kamarulzaman, A.; Altice, F. (2018). High mortality unaffected by within-prison methadone among men with hiv leaving prison. <i>Journal of Addiction Medicine</i> , 12 (3)E11.	Conference abstract - have full text
28.	Bech, A. B.; Clausen, T.; Waal, H.; Saltyte Benth, J.; Skeie, I. (2019). Mortality and causes of death among patients with opioid use disorder receiving opioid agonist treatment: a national register study. <i>BMC health services research</i> , 19(1), 440.	Case reports/case series of drug-related deaths
29.	Beijer, Ulla; Andreasson, Sven; Agren, Gunnar; Fugelstad, Anna (2011). Mortality and causes of death among homeless women and men in Stockholm. <i>Scandinavian journal of public health</i> , 39(2), 121-127.	Cohort not defined as engaging in opioid agonist treatment
30.	Bell, J.; Butler, B. (2008). Health care utilization and morbidity associated with methadone and buprenorphine treatment. <i>Heroin Addiction and Related Clinical Problems</i> , 10(2), 21-26.	No original data
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112.	Darke, S.; Ross, J.; Williamson, A.; Teesson, M. (2005). The impact of borderline personality disorder on 12-month outcomes for the treatment of heroin dependence. <i>Addiction</i> , 100(8), 1121-1130.	No/insufficient mortality data for OAT group

	<b>Excluded reference</b>	<b>Exclusion Reason</b>
113.	Darke, S.; Ross, J.; Teesson, M. (2007). The Australian Treatment Outcome Study (ATOS): what have we learnt about treatment for heroin dependence?. <i>Drug &amp; Alcohol Review</i> , 26(1), 49-54.	No original data
114.	Darke, Shane; Mills, Katherine L.; Ross, Joanne; Teesson, Maree (2011). Rates and correlates of mortality amongst heroin users: Findings from the Australian Treatment Outcome Study (ATOS), 2001-2009. <i>Drug and Alcohol Dependence</i> , 115(3), 190-195.	No in/out treatment data available
115.	Darke, Shane; Marel, Christina; Mills, Katherine L.; Ross, Joanne; Slade, Tim; Teesson, Maree (2016). Years of potential life lost amongst heroin users in the Australian Treatment Outcome Study cohort, 2001-2015. <i>Drug and Alcohol Dependence</i> , 162206-210.	No in/out treatment data available
116.	Darke, S.; Farrell, M.; Dufrou, J.; Larance, B.; Lappin, J. (2019). Circumstances of death of opioid users being treated with naltrexone. <i>Addiction (Abingdon, England)</i> , 114(11), 2000-2007.	Case reports/case series of drug-related deaths
117.	Dasgupta, N.; Funk, M. J.; Proescholdbell, S.; Hirsch, A.; Ribisl, K. M.; Marshall, S. (2016). Cohort study of the impact of high-dose opioid analgesics on overdose mortality. <i>Pain Medicine (United States)</i> , 17(1), 85-98.	Cohort not defined as engaging in opioid agonist treatment
118.	Davison, J. W.; Sweeney, M. L.; Bush, K. R.; Correale, T. M. D.; Calsyn, D. A.; Reoux, J. P.; Sloan, K. L.; Kivlahan, D. R. (2006). Outpatient treatment engagement and abstinence rates following inpatient opioid detoxification. <i>Journal of Addictive Diseases</i> , 25(4), 27-35.	Cohort not defined as engaging in opioid agonist treatment
119.	Davoli, M.; Perucci, C. A.; Forastiere, F.; Doyle, P.; Rapiti, E.; Zaccarelli, M.; Abeni, D. D. (1993). Risk factors for overdose mortality: a case-control study within a cohort of intravenous drug users. <i>International Journal of Epidemiology</i> , 22(2), 273-7.	Cohort not defined as engaging in opioid agonist treatment
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121.	de Bernardis, E.; Busa, L. (2014). Can the buprenorphine-naloxone association outperform buprenorphine alone?. <i>Heroin Addiction and Related Clinical Problems</i> , 16(1), 63-64.	No original data
122.	de Dios, Marcel A.; Cano, Miguel Angel; Vaughan, Ellen L.; McNeel, Morgan M.; Childress, Sarah; Niaura, Raymond (2019). Nicotine maintenance for smokers in methadone treatment: A new direction. <i>Addiction Research &amp; Theory</i> , 27(4), 269-276.	No original data
123.	Degenhardt, L.; Larney, S.; Kimber, J.; Gisev, N.; Farrell, M.; Dobbins, T.; Weatherburn, D. J.; Gibson, A.; Mattick, R.; Butler, T.; Burns, L. (2014). The impact of opioid substitution therapy on mortality post-release from prison: A retrospective data linkage study. <i>Pharmacoepidemiology and Drug Safety</i> , 1)346.	Abstract - full text available
124.	Degenhardt, Louisa; Larney, Sarah; Randall, Deborah; Burns, Lucy; Hall, Wayne (2014). Causes of death in a cohort treated for opioid dependence between 1985 and 2005. <i>Addiction</i> , 109(1), 90-99.	No in/out treatment data available
125.	Degenhardt, L.; Larney, S.; Kimber, J.; Gisev, N.; Farrell, M.; Dobbins, T.; Weatherburn, D. J.; Gibson, A.; Mattick, R.; Butler, T.; Burns, L. (2015). The impact of opioid substitution therapy on mortality post-release from prison. <i>Drug and Alcohol Dependence</i> , 146e260.	Abstract - full text available
126.	De Giovanni, N.; Fucci, N. (2013). The role of methadone in fatalities. <i>Forensic Toxicology</i> , 31(2), 347-350.	Case reports/case series of drug-related deaths
127.	De Gottardi, A.; Hilleret, M.; Gelez, P.; La Mura, V.; Guillaud, O.; Majno, P.; Hadengue, A.; Morel, P.; Zarski, J.; Fontana, M.; Moradpour, D.; Mentha, G.; Boillot, O.; Leroy, V.; Giostra, E.; Dumortier, J. (2010). Injection drug use before and after liver transplantation: A retrospective multicenter analysis on incidence and outcome. <i>Clinical Transplantation</i> , 24(4), 564-571.	Cohort with less than 30 individuals
128.	Deheul, S.; Plancke, L.; Bordet, R.; Gautier, S. (2011). Is the mortality of drug users in France under-estimated? A survey of the nord-pas de Calais region. <i>Fundamental and Clinical Pharmacology</i> , 1)44.	Case reports/case series of drug-related deaths
129.	de la Fuente, Luis; Molist, Gemma; Espelt, Albert; Barrio, Gregorio; Guitart, Anna; Bravo, Maria J.; Brugal, M. (2014). Mortality risk factors and excess mortality in a cohort of cocaine users admitted to drug treatment in Spain. <i>Journal of Substance Abuse Treatment</i> , 46(2), 219-226.	Cohort not defined as engaging in opioid agonist treatment

	Excluded reference	Exclusion Reason
130.	DeLorenze, Gerald N.; Weisner, Constance; Tsai, Ai-Lin; Satre, Derek D.; Quesenberry, Charles P., Jr. (2011). Excess mortality among HIV-infected patients diagnosed with substance use dependence or abuse receiving care in a fully integrated medical care program. <i>Alcoholism: Clinical and Experimental Research</i> , 35(2), 203-210.	Cohort not defined as engaging in opioid agonist treatment
131.	Delorme, J.; Chenaf, C.; Kabore, J. L.; Pereira, B.; Mulliez, A.; Tremey, A.; Brousse, G.; Zenut, M.; Laporte, C.; Authier, N. (2016). Incidence of high dosage buprenorphine and methadone shopping behavior in a retrospective cohort of opioid-maintained patients in France. <i>Drug &amp; Alcohol Dependence</i> , 16299-106.	No in/out treatment data available
132.	Desai, N. (2012). Review of six years of buprenorphine treatment in an addiction program. <i>American Journal on Addictions</i> , 21 (4)392-393.	No in/out treatment data available
133.	Des Jarlais, D. C.; Friedman, S. R.; Sotheran, J. L.; Wenston, J.; Marmor, M.; Yancovitz, S. R.; Frank, B.; Beatrice, S.; Mildvan, D. (1994). Continuity and change within an HIV epidemic. Injecting drug users in New York City, 1984 through 1992. <i>JAMA</i> , 271(2), 121-7.	Cohort not defined as engaging in opioid agonist treatment
134.	Devlin, J.; Duprey, M.; Roberts, R.; Jacobson, J.; Wakeman, S.; Moreno, J. (2018). Epidemiology, opioid exposure, and outcomes for ICU patients admitted with known opioid use disorder. <i>Critical Care Medicine</i> , 46 (Supplement 1)214.	No/insufficient mortality data for OAT group
135.	Dines, A. M.; Dargan, P. I.; Archer, J. R. H.; Hovda, K. E.; Heyerdahl, F.; Yates, C.; Giraudon, I.; Wood, D. M. (2017). Patterns of use of licensed medicines in Emergency Department acute recreational drug toxicity presentations reported to the European Drug Emergencies Network Plus (Euro-DEN Plus). <i>Clinical Toxicology</i> , 55 (5)450.	Cohort not defined as engaging in opioid agonist treatment
136.	Dooley, J.; Gerber-Finn, L.; Antone, I.; Guilfoyle, J.; Blakelock, B.; Balfour-Boehm, J.; Hopman, W. M.; Jumah, N.; Kelly, L. (2016). Buprenorphine-naloxone use in pregnancy for treatment of opioid dependence: Retrospective cohort study of 30 patients. <i>Canadian Family Physician</i> , 62(4), e194-e200.	No/insufficient mortality data for OAT group
137.	D'Orban, P. T. (1973). Female narcotic addicts: a follow-up study of criminal and addiction careers. <i>British Medical Journal</i> , 4(5888), 345-7.	Cohort not defined as engaging in opioid agonist treatment
138.	d' Orban, P. T. (1974). A follow-up study of female narcotic addicts: variables related to outcome. <i>The British journal of psychiatry : the journal of mental science</i> , 125(0), 28-33.	Cohort not defined as engaging in opioid agonist treatment
139.	D'Orban, P. (1974). A follow-up study of female narcotic addicts: Variables related to outcome. <i>The British Journal of Psychiatry</i> , 12528-33.	Cohort not defined as engaging in opioid agonist treatment
140.	Druce, H.; Lowrie, R.; Ritchie, C.; Morrison, D.; Sainsbury, C. A. R.; Jones, G. C. (2017). Diabetes and opiate replacement therapy (ORT): A retrospective cohort study of health care usage and clinical outcomes. <i>Diabetologia</i> , 60 (1 Supplement 1)S345.	No in/out treatment data available
141.	Duburque, C.; Canva, V.; Auriacombe, M.; Djomboue, P.; Hernout, B.; Lucidarme, D.; Harbonnier, J. (2015). A 3 year follow-up of HCV infection in opioid use disorder patients in treatment. <i>Drug and Alcohol Dependence</i> , 156e60.	No in/out treatment data available
142.	Dundas, P.; English, S.; Bailey, L.; Mukhopadhy, A.; Vijayan, B.; Fraser, A.; McLeman, L. (2015). Real life experience of direct acting anti-viral therapy for hepatitis C infection in north east of Scotland. <i>Hepatology</i> , 1)753A.	No in/out treatment data available
143.	Dvoriak, Sergii; Karachevsky, Andrey; Chhatre, Sumedha; Booth, Robert; Metzger, David; Schumacher, Joseph; Chychula, Nina; Pecoraro, Anna; Woody, George (2014). Methadone maintenance for HIV positive and HIV negative patients in Kyiv: Acceptability and treatment response. <i>Drug and Alcohol Dependence</i> , 13762-67.	No in/out treatment data available
144.	Eastwood, B.; Strang, J.; Marsden, J. (2017). Effectiveness of treatment for opioid use disorder: A national, five-year, prospective, observational study in England. <i>Drug &amp; Alcohol Dependence</i> , 176139-147.	No/insufficient mortality data for OAT group
145.	Eibl, Joseph K.; Gomes, Tara; Martins, Diana; Camacho, Ximena; Juurlink, David N.; Mamdani, Muhammad M.; Dhalla, Irfan A.; Marsh, David C. (2015). Evaluating the effectiveness of first-time methadone maintenance therapy across Northern, Rural, and Urban regions of Ontario, Canada. <i>Journal of Addiction Medicine</i> , 9(6), 440-446.	No in/out treatment data available
146.	Eibl, J. K.; Wilton, A. S.; Franklyn, A. M.; Kurdyak, P.; Marsh, D. C. (2019). Evaluating the Impact of Prescribed Versus Nonprescribed Benzodiazepine Use in Methadone	No/insufficient mortality data for OAT group

	Excluded reference	Exclusion Reason
	Maintenance Therapy: Results From a Population-based Retrospective Cohort Study. <i>Journal of Addiction Medicine</i> , 13(3), 182-187.	
147.	Elias, H. (1990). Treatment of drug dependence by substitution in the doctor's office. [German]. <i>Fortschritte der Medizin</i> , 108(13), 50-54.	No in/out treatment data available
148.	Elias, H. (1990). [Substitute drug-assisted treatment of drug dependent patients in general practice]. <i>Fortschritte der Medizin</i> , 108(13), 256-8.	Duplicate
149.	Elias, H. (1990). Substitute drug-assisted treatment of drug dependent patients in general practice. [German]. <i>Fortschritte der Medizin</i> , 108(13), 256-258.	Duplicate
150.	Elmer, J.; Lynch, M. J.; Kristan, J.; Morgan, P.; Gerstel, S. J.; Callaway, C. W.; Rittenberger, J. C.; Dezfulian, C.; Doshi, A. A.; Guyette, F. X. (2015). Recreational drug overdose-related cardiac arrests: Break on through to the other side. <i>Resuscitation</i> , 89(C), 177-181.	Case reports/case series of drug-related deaths
151.	Emmanuelli, Julien; Desenclos, Jean-Claude (2005). Harm reduction interventions, behaviours and associated health outcomes in France, 1996-2003. <i>Addiction</i> , 100(11), 1690-1700.	No original data
152.	Ernst, E.; Bartu, A.; Popescu, A.; Ileutt, K. F.; Hansson, R.; Plumley, N. (2002). Methadone-related deaths in Western Australia 1993-99. <i>Australian &amp; New Zealand Journal of Public Health</i> , 26(4), 364-70.	Case reports/case series of drug-related deaths
153.	Esteban, J., Gimeno, C., Barril, J., Aragonés, A., Climent, J. M., & de la Cruz Pellín, M. (2003). Survival study of opioid addicts in relation to its adherence to methadone maintenance treatment. <i>Drug and alcohol dependence</i> , 70(2), 193-200. <a href="https://doi.org/10.1016/s0376-8716(03)00002-4">https://doi.org/10.1016/s0376-8716(03)00002-4</a>	No in/out treatment data available
154.	Ettner, Susan L.; Huang, David; Evans, Elizabeth; Ash, Danielle Rose; Hardy, Mary; Jourabchi, Mickel; Hser, Yih-Ing (2006). Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment "Pay for Itself"? <i>Health Services Research</i> , 41(1), 192-213.	No/insufficient mortality data for OAT group
155.	Evans, E.; Kelleghan, A.; Li, L.; Min, J.; Huang, D.; Urada, D.; Hser, Y. I.; Nosyk, B. (2015). Gender differences in mortality among treated opioid dependent patients. <i>Drug and Alcohol Dependence</i> , 155228-235.	No in/out treatment data available
156.	Fang, S. Y.; Huang, N.; Tsay, J. H.; Chang, S. H.; Chen, C. Y. (2018). Excess mortality in children born to opioid-addicted parents: A national register study in Taiwan. <i>Drug &amp; Alcohol Dependence</i> , 183118-126.	Cohort not the primary client of treatment (e.g., neonatal/perinatal)
157.	Fareed, Ayman; Casarella, Jennifer; Amar, Richard; Vayalapalli, Sreedevi; Drexler, Karen (2009). Benefits of retention in methadone maintenance and chronic medical conditions as risk factors for premature death among older heroin addicts. <i>Journal of Psychiatric Practice</i> , 15(3), 227-234.	No in/out treatment data available
158.	Fareed, Ayman; Vayalapalli, Sreedevi; Byrd-Sellers, Johnita; Casarella, Jennifer; Drexler, Karen (2011). Safety and efficacy of long-term buprenorphine maintenance treatment. <i>Addictive Disorders &amp; Their Treatment</i> , 10(3), 123-130.	No in/out treatment data available
159.	Fareed, Ayman; Vayalapalli, Sreedevi; Scheinberg, Kelly; Gale, Robin; Casarella, Jennifer; Drexler, Karen (2013). QTc interval prolongation for patients in methadone maintenance treatment: A five years follow-up study. <i>The American journal of drug and alcohol abuse</i> , 39(4), 235-240.	No in/out treatment data available
160.	Fareed, A.; Patil, D.; Scheinberg, K.; Blackinton Gale, R.; Vayalapalli, S.; Casarella, J.; Drexler, K. (2013). Comparison of QTc interval prolongation for patients in methadone versus buprenorphine maintenance treatment: a 5-year follow-up. <i>Journal of Addictive Diseases</i> , 32(3), 244-51.	No in/out treatment data available
161.	Farrell, Michael; Marsden, John (2008). Acute risk of drug-related death among newly released prisoners in England and Wales. <i>Addiction</i> , 103(2), 251-255.	Cohort not defined as engaging in opioid agonist treatment
162.	Farsi, D.; Mirafzal, A.; Hassanian-Moghaddam, H.; Azizi, Z.; Jamshidnejad, N.; Zehtabchi, S. (2014). The correlation between prolonged corrected QT interval with the frequency of respiratory arrest, endotracheal intubation, and mortality in acute methadone overdose. <i>Cardiovascular Toxicology</i> , 14(4), 358-67.	Case reports/case series of drug-related deaths

	<b>Excluded reference</b>	<b>Exclusion Reason</b>
163.	Faul, M.; Bohm, M.; Alexander, C. (2017). Methadone Prescribing and Overdose and the Association with Medicaid Preferred Drug List Policies - United States, 2007-2014. <i>MMWR - Morbidity &amp; Mortality Weekly Report</i> , 66(12), 320-323.	Cohort not defined as engaging in opioid agonist treatment
164.	Favrod-Coune, T.; Baroudi, M.; Casillas, A.; Rieder, J. P.; Getaz, L.; Barro, J.; Gaspoz, J. M.; Broers, B.; Wolff, H. (2013). Opioid substitution treatment in pretrial prison detention: a case study from Geneva, Switzerland. <i>Swiss Medical Weekly</i> , 143w13898.	No/insufficient mortality data for OAT group
165.	Ferri, M.; Bargagli, A. M.; Faggiano, F.; Belleudi, V.; Salamina, G.; Vigna-Taglianti, F.; Davoli, M.; Perucci, C. A. (2007). Mortality of drug users attending public treatment centers in Italy 1998-2001: a cohort study. [Italian]. <i>Epidemiologia e prevenzione</i> , 31(5), 276-282.	No in/out treatment data available
166.	Ferri, M.; Bargagli, A. M.; Faggiano, F.; Belleudi, V.; Salamina, G.; Vigna-Taglianti, F.; Davoli, M.; Perucci, C. A.; Gruppo di studio, VEdeTTE (2007). [Mortality of drug users attending public treatment centers in Italy 1998-2001: a cohort study]. <i>Epidemiologia e prevenzione</i> , 31(5), 276-82.	Duplicate
167.	Fhima, A.; Henrion, R.; Lowenstein, W.; Charpak, Y. (2001). Two-year follow-up of an opioid-user cohort treated with high-dose buprenorphine (Subutex). Results of the SPESUB study. [French]. <i>Annales de Medecine Interne</i> , 152(3 SUPPL.), 1S26-1S36.	No in/out treatment data available
168.	Fhima, A.; Henrion, R.; Lowenstein, W.; Charpak, Y. (2001). Two-year follow-up of an opioid-user cohort treated with high-dose buprenorphine (Subutex). [French]. <i>Annales de Medecine Interne</i> , 152 Suppl 3IS26-36.	Duplicate
169.	Fhima, A.; Henrion, R.; Lowenstein, W.; Charpak, Y. (2001). [Two-year follow-up of an opioid-user cohort treated with high-dose buprenorphine (Subutex)]. <i>Annales de Medecine Interne</i> , 152 Suppl 3IS26-36.	Duplicate
170.	Filippovych, S.; Burgay, O. (2015). Development of treatment model for HIV/HCV co-infected OST patients as the basis for scaling up access to HCV treatment for key populations in Ukraine. <i>Journal of Viral Hepatitis</i> , 2)89.	No in/out treatment data available
171.	Fine, D. R.; Chang, Y.; Triant, V.; Baggett, T. P.; Metlay, J. (2019). Predictors of mortality in patients treated with buprenorphine for opioid use disorder. <i>Journal of General Internal Medicine</i> , 34 (2 Supplement)S322.	Abstract - full text available
172.	Fischer, Benedikt; Rehm, Jurgen; Patra, Jayadeep; Cruz, Michelle Firestone (2006). Changes in illicit opioid use across Canada. <i>Canadian Medical Association Journal</i> , 175(11), 1385-1387.	Cohort not defined as engaging in opioid agonist treatment
173.	Fogh, K. (2010). Leg ulcers in intravenous drug addicts: Clinical characteristics, complications and challenges. <i>Wound Repair and Regeneration</i> , 18 (2)A45.	Cohort not defined as engaging in opioid agonist treatment
174.	Fox, Lindsay M.; Hoffman, Robert S.; Vlahov, David; Manini, Alex F. (2018). Risk factors for severe respiratory depression from prescription opioid overdose. <i>Addiction</i> , 113(1), 59-66.	Case reports/case series of drug-related deaths
175.	Franklyn, Alexandra M.; Eibl, Joseph K.; Gauthier, Graham; Pellegrini, David; Lightfoot, Nancy E.; Marsh, David C. (2017). The impact of benzodiazepine use in patients enrolled in opioid agonist therapy in Northern and rural Ontario. <i>Harm Reduction Journal</i> Vol 14 2017, ArtID 6, 14.	No/insufficient mortality data for OAT group
176.	Fridell, Mats; Hesse, M. (2006). Psychiatric severity and mortality in substance abusers a 15-year follow-up of drug users. <i>Addictive Behaviors</i> , 31(4), 559-565.	Cohort not defined as engaging in opioid agonist treatment
177.	Friedmann, P. D.; Wilson, D.; Hoskinson, R., Jr.; Poshkus, M.; Clarke, J. G. (2018). Initiation of extended release naltrexone (XR-NTX) for opioid use disorder prior to release from prison. <i>Journal of Substance Abuse Treatment</i> , 8545-48.	Cohort not defined as engaging in opioid agonist treatment
178.	Fugelstad, Anna; Anell, A.; Rajs, J.; Agren, G. (1997). Mortality and causes and manner of death among drug addicts in Stockholm during the period 1981-1992. <i>Acta Psychiatrica Scandinavica</i> , 96(3), 169-175.	No in/out treatment data available
179.	Fugelstad, Anna; Thiblin, Ingmar; Johansson, Lars Age; Agren, Gunnar; Sidorchuk, Anna (2019). Opioid-related deaths and previous care for drug use and pain relief in Sweden. <i>Drug and Alcohol Dependence</i> , 201253-259.	Case reports/case series of drug-related deaths

	Excluded reference	Exclusion Reason
180.	Fulton-Kehoe, D.; Sullivan, M.; Turner, J.; Garg, R.; Bauer, A.; Wickizer, T.; Franklin, G. (2015). Opioid poisonings in Washington state medicaid: Trends, dosing, and guidelines. <i>Journal of Pain</i> , 1)S83.	Case reports/case series of drug-related deaths
181.	Gao, Lu; Dimitropoulou, Polyxeni; Robertson, J.; McTaggart, Stuart; Bennie, Marion; Bird, Sheila M. (2016). Risk-factors for methadone-specific deaths in Scotland's methadone-prescription clients between 2009 and 2013. <i>Drug and Alcohol Dependence</i> , 167214-223.	No in/out treatment data available
182.	Gao, Lu; Robertson, J.; Bird, Sheila M. (2019). Non drug-related and opioid-specific causes of 3262 deaths in Scotland's methadone-prescription clients, 2009-2015. <i>Drug and Alcohol Dependence</i> , 197262-270.	No in/out treatment data available
183.	Gerlach, K. K.; Velej, K.; Schnoll, S. (2018). Btod rems program surveillance findings: Buprenorphine and benzodiazepine concomitant use. <i>Journal of Addiction Medicine</i> , 12 (3)E4.	Cohort not defined as engaging in opioid agonist treatment
184.	Gertner, Alex K.; Grabert, Brigid; Domino, Marisa Elena; Cuddeback, Gary S.; Morrissey, Joseph P. (2019). The effect of referral to expedited Medicaid on substance use treatment utilization among people with serious mental illness released from prison. <i>Journal of Substance Abuse Treatment</i> , 9942248.	Cohort not defined as engaging in opioid agonist treatment
185.	Gibson, Amy; Randall, Deborah; Degenhardt, Louisa (2011). The increasing mortality burden of liver disease among opioid-dependent people: Cohort study. <i>Addiction</i> , 106(12), 2186-2192.	No in/out treatment data available
186.	Giraudon, Isabelle; Vicente, Julian; Matias, Joao; Mounteney, Jane; Griffiths, Paul (2012). Reducing drug related mortality in Europe - A seemingly intractable public health issue. <i>Adicciones</i> , 24(1), 44046.	No original data
187.	Gisev, N.; Larney, S.; Gibson, A.; Kimber, J.; Burns, L.; Butler, T.; Mattick, R.; Weatherburn, D.; Degenhardt, L. (2015). The effect of treatment and retention with opioid substitution therapy in reducing crime among opioid-dependent people. <i>Pharmacoepidemiology and Drug Safety</i> , 1)28-29.	Abstract - full text available
188.	Gisev, Natasa; Shanahan, Marian; Weatherburn, Don J.; Mattick, Richard P.; Larney, Sarah; Burns, Lucy; Degenhardt, Louisa (2015). A cost-effectiveness analysis of opioid substitution therapy upon prison release in reducing mortality among people with a history of opioid dependence. <i>Addiction</i> , 110(12), 1975-1984.	No in/out treatment data available
189.	Gisev, N.; Shanahan, M.; Weatherburn, D. J.; Mattick, R. P.; Larney, S.; Burns, L.; Degenhardt, L. (2015). A cost-effectiveness analysis of opioid substitution therapy upon release in reducing mortality among prisoners with a history of opioid dependence. <i>Pharmacoepidemiology and Drug Safety</i> , 1)481-482.	Abstract - full text available
190.	Gisev, N.; Bharat, C.; Larney, S.; Dobbins, T.; Weatherburn, D.; Hickman, M.; Farrell, M.; Degenhardt, L. (2019). The effect of entry and retention in opioid agonist treatment on contact with the criminal justice system among opioid-dependent people: a retrospective cohort study. <i>The Lancet Public Health</i> , 4(7), e334-e342.	No in/out treatment data available
191.	Gjersing, L.; Bretteville-Jensen, A. L. (2014). Gender differences in mortality and risk factors in a 13-year cohort study of street-recruited injecting drug users. <i>BMC public health</i> , 14440.	No in/out treatment data available
192.	Gjersing, Linn; Bretteville-Jensen, Anne Line (2015). Are overdoses treated by ambulance services an opportunity for additional interventions? A prospective cohort study. <i>Addiction</i> , 110(11), 1767-1774.	No in/out treatment data available
193.	Gjersing, Linn; Bretteville-Jensen, Anne Line (2018). Patterns of substance use and mortality risk in a cohort of 'hard-to-reach' polysubstance users. <i>Addiction</i> , 113(4), 729-739.	No in/out treatment data available
194.	Gladstone, E. J.; Smolina, K.; Weymann, D.; Rutherford, K.; Morgan, S. G. (2015). Geographic variations in prescription opioid dispensations and deaths among women and men in British Columbia, Canada. <i>Medical Care</i> , 53(11), 954-959.	Case reports/case series of drug-related deaths
195.	Glaizal, M.; Gazin, V.; Aymard, I.; Messina-Gourlot, C.; Richard, N.; Mallaret, M.; Saviuc, P.; de Haro, L. (2012). Suicidal poisonings with methadone in France: results of a two year national survey by the Toxicovigilance network. <i>Clinical Toxicology: The Official Journal of the American Academy of Clinical Toxicology &amp; European Association of Poisons Centres &amp; Clinical Toxicologists</i> , 50(9), 841-6.	Case reports/case series of drug-related deaths



	<b>Excluded reference</b>	<b>Exclusion Reason</b>
196.	Glynn, R. W.; Lynn, E.; Griffin, E.; Fitzgerald, M.; Ward, M. (2017). Self-harm, methadone use and drug-related deaths amongst those registered as being of no fixed abode or homeless in Ireland. <i>Irish Medical Journal</i> , 110(9), 631.	Cohort not defined as engaging in opioid agonist treatment
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199.	Gordon, Alistair M. (1978). Drugs and delinquency: A four year follow-up of drug clinic patients. <i>The British Journal of Psychiatry</i> , 13221-26.	No in/out treatment data available
200.	Gordon, Alistair M. (1983). Drugs and delinquency: A ten year follow-up of drug clinic patients. <i>The British Journal of Psychiatry</i> , 142169-173.	No in/out treatment data available
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202.	Gottfredsson, M.; Tyrfngsson, T.; Runarsdottir, V.; Bergmann, O. M.; Bjornsson, E. S.; Johannsson, B.; Sigurdardottir, B.; Fridriksdottir, R. H.; Love, A.; Love, T. J.; Sigmundsdottir, G.; Heimisdottir, M.; Olafsson, S. (2017). Treatment as prevention for hepatitis C (trap hepc). A real-world experience from the first 12 months of a nationwide elimination program in iceland. <i>Open Forum Infectious Diseases</i> , 4 (Supplement 1)S42.	No in/out treatment data available
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204.	Grebely, J.; Dalgard, O.; Conway, B.; Cunningham, E.; Bruggmann, P.; Hajarizadeh, B.; Amin, J.; Marks, P.; Quiene, S.; Applegate, T. L.; Swan, T.; Byrne, J.; Lacalamita, M.; Dunlop, A. J.; Bruneau, J.; Hellard, M. E.; Matthews, G. V.; Powis, J.; Shaw, D.; Thurnheer, C. M.; Weltman, M.; Kronborg, I.; Cooper, C.; Feld, J. J.; Fraser, C.; Litwin, A.; Dillon, J.; Read, P.; Gane, E.; Dore, G. J. (2017). Efficacy and safety of sofosbuvir/velpatasvir in people with chronic hepatitis C virus infection and recent injecting drug use: The SIMPLIFY study. <i>Journal of Hepatology</i> , 66 (1 Supplement 1)S513.	Abstract - full text available
205.	Grebely, J.; Dalgard, O.; Conway, B.; Cunningham, E. B.; Bruggmann, P.; Hajarizadeh, B.; Amin, J.; Bruneau, J.; Hellard, M.; Litwin, A. H.; Marks, P.; Quiene, S.; Siriragavan, S.; Applegate, T. L.; Swan, T.; Byrne, J.; Lacalamita, M.; Dunlop, A.; Matthews, G. V.; Powis, J.; Shaw, D.; Thurnheer, M. C.; Weltman, M.; Kronborg, I.; Cooper, C.; Feld, J. J.; Fraser, C.; Dillon, J. F.; Read, P.; Gane, E.; Dore, G. J.; Simplify Study Group (2018). Sofosbuvir and velpatasvir for hepatitis C virus infection in people with recent injection drug use (SIMPLIFY): an open-label, single-arm, phase 4, multicentre trial. <i>The Lancet. Gastroenterology &amp; Hepatology</i> , 3(3), 153-161.	No/insufficient mortality data for OAT group
206.	Grebely, J.; Conway, B.; Cunningham, E. B.; Fraser, C.; Moriggia, A.; Gane, E.; Stedman, C.; Cooper, C.; Castro, E.; Schmid, P.; Petoumenos, K.; Hajarizadeh, B.; Marks, P.; Erratt, A.; Dalgard, O.; Lacombe, K.; Feld, J. J.; Bruneau, J.; Daulouede, J. P.; Powis, J.; Bruggmann, P.; Matthews, G. V.; Kronborg, I.; Shaw, D.; Dunlop, A.; Hellard, M.; Applegate, T. L.; Crawford, S.; Dore, G. J.; D. Feat Study Group (2018). Paritaprevir, ritonavir, ombitasvir, and dasabuvir with and without ribavirin in people with HCV genotype 1 and recent injecting drug use or receiving opioid substitution therapy. <i>International Journal of Drug Policy</i> , 6294-103.	No in/out treatment data available
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210.	Gronbladh, Leif; Gunne, Lars (1989). Methadone-assisted rehabilitation of Swedish heroin addicts. <i>Drug and Alcohol Dependence</i> , 24(1), 31-37.	No/insufficient mortality data for OAT group
211.	Gronbladh, L.; Ohlund, L. S. (2010). Adherence and social antecedents in relation to outcome in methadone maintenance treatment (MMT). <i>Heroin Addiction and Related Clinical Problems</i> , 12(2), 433-44.	No/insufficient mortality data for OAT group
212.	Groth, A. (1975). [Mortality and attempted suicide among young hospitalized addicts]. <i>Ugeskrift for Laeger</i> , 137(39), 2295-300.	Cohort not defined as engaging in opioid agonist treatment
213.	Gunne, L. (2009). Swedish use and misuse of the Dole & Nyswander treatment. <i>Heroin Addiction and Related Clinical Problems</i> , 11(2), 440-48.	No original data
214.	Gutierrez, E.; Saiz, P. A.; Garcia, N.; Fernandez, P.; Gonzalez, M. P.; Fernandez, J. J.; Bobes, J. (2001). Evolution of the severity of addiction after two years of treatment in heroin addicts. [Spanish]. <i>Adicciones</i> , 13(1), 51-60.	No in/out treatment data available
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216.	Haastrup, Soren; Jepsen, P. (1984). Seven year follow-up of 300 young drug abusers. <i>Acta Psychiatrica Scandinavica</i> , 70(5), 503-509.	No in/out treatment data available
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218.	Haggerty, Kevin P.; Fleming, Charles B.; Catalano, Richard F.; Petrie, Renee S.; Rubin, Ronald J.; Grassley, Mary H. (2008). Ten years later: Locating and interviewing children of drug abusers. <i>Evaluation and Program Planning</i> , 31(1), 440-75.	Cohort not defined as engaging in opioid agonist treatment
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Excluded reference		Exclusion Reason
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233.	Hjorthor, A. B.; Andersen, L. B.; Hetmar, O.; Jepsen, P. W. (1994). HIV-positive drug addicts treated at the Copenhagen City Drug Dependency Clinic 1986-1992. [Danish]. <i>Ugeskrift for Laeger</i> , 156(20), 3028-3032.	No in/out treatment data available
234.	Hjorthor, A. B.; Andersen, L. B.; Hetmar, O.; Jepsen, P. W. (1994). [HIV-positive drug addicts treated at the Copenhagen City Drug Dependency Clinic 1986-1992]. <i>Ugeskrift for Laeger</i> , 156(20), 3028-32.	Duplicate
235.	Hodgins, S.; Larm, P.; Molero-Samuleson, Y.; Tengstrom, A.; Larsson, A. (2009). Multiple adverse outcomes over 30 years following adolescent substance misuse treatment. <i>Acta Psychiatrica Scandinavica</i> , 119(6), 484-93.	Cohort not defined as engaging in opioid agonist treatment
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241.	Hser, Y. I.; Anglin, D.; Powers, K. (1993). A 24-year follow-up of California narcotics addicts. <i>Archives of General Psychiatry</i> , 50(7), 577-84.	Cohort not defined as engaging in opioid agonist treatment
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243.	Hser, Yih-Ing; Hoffman, Valerie; Grella, Christine E.; Anglin, M. (2001). A 33-year follow-up of narcotics addicts. <i>Archives of General Psychiatry</i> , 58(5), 503-508.	Cohort not defined as engaging in opioid agonist treatment
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245.	Hser, Y. I.; Evans, E.; Huang, D.; Weiss, R.; Saxon, A.; Carroll, K. M.; Woody, G.; Liu, D.; Wakim, P.; Matthews, A. G.; Hatch-Maillette, M.; Jelstrom, E.; Wiest, K.; McLaughlin, P.; Ling, W. (2016). Long-term outcomes after randomization to buprenorphine/naloxone versus methadone in a multi-site trial. <i>Addiction</i> , 111(4), 695-705.	No in/out treatment data available

	<b>Excluded reference</b>	<b>Exclusion Reason</b>
246.	Huber, M.; Stahelin, C.; Castro Batanjer, E.; Bregenzer, A.; Schoeni-Affolter, F.; Aubert, V.; Barth, J.; Battegay, M.; Bernasconi, E.; Boni, J.; Bucher, H. C.; Burton-Jeangros, C.; Calmy, A.; Cavassini, M.; Egger, M.; Elzi, L.; Fehr, J.; Fellay, J.; Furrer, H.; Fux, C. A.; Gorgievski, M.; Gunthard, H.; Haerry, D.; Hasse, H.; Hirsch, H. H.; Hosli, I.; Kahlert, C.; Kaiser, L.; Keiser, O.; Klimkait, T.; Kovari, H.; Kouyos, R.; Ledergerber, B.; Martinetti, G.; Martinez de Tejada, B.; Metzner, K.; Muller, N.; Nadal, D.; Pantaleo, G.; Rauch, A.; Regenass, S.; Rickenbach, M.; Rudin, C.; Schmid, P.; Schultze, D.; Schoni-Affolter, F.; Schupbach, J.; Speck, R.; Staehelin, C.; Tarr, P.; Telenti, A.; Trkola, A.; Vernazza, P.; Weber, R.; Yerly, S. (2015). Influence of noninjecting and injecting drug use on mortality, retention in the cohort, and antiretroviral therapy, in participants in the Swiss HIV Cohort Study. <i>HIV Medicine</i> , 16(3), 137-151.	No in/out treatment data available
247.	Hurt, Richard D.; Offord, Kenneth P.; Croghan, Ivana T.; Gomez-Dahl, Leigh; Kottke, Thomas E.; Morse, Robert M.; Melton, L. (1996). Mortality following inpatient addictions treatment: Role of tobacco use in a community-based cohort. <i>JAMA: Journal of the American Medical Association</i> , 275(14), 1097-1103.	Cohort not defined as engaging in opioid agonist treatment
248.	Jackson, C. T.; Covell, N. H.; Drake, R. E.; Essock, S. M. (2007). Relationship between diabetes and mortality among persons with co-occurring psychotic and substance use disorders. <i>Psychiatric Services</i> , 58(2), 270-2.	Cohort not defined as engaging in opioid agonist treatment
249.	Janjua, N.; Islam, N.; Wong, J.; Yoshida, E. M.; Ramji, A.; Samji, H.; Butt, Z. A.; Chong, M.; Cook, D.; Alvarez, M.; Tyndall, M.; Kraiden, M. (2017). Are DAAs reducing barriers for HIV co-infected and people who inject drugs? A population based cohort study. <i>Journal of Hepatology</i> , 66 (1 Supplement 1)S726-S727.	Cohort not defined as engaging in opioid agonist treatment
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251.	Jerkeman, A.; Westin, J.; Lagging, M.; Norkrans, G.; Lidman, C.; Frimand, J.; Simonsberg, C.; Kakko, J.; Widell, A.; Bjorkman, P. (2014). Chronic hepatitis C in Swedish subjects receiving opiate substitution therapy-Factors associated with advanced fibrosis. <i>Scandinavian Journal of Infectious Diseases</i> , 46340-347.	No/insufficient mortality data for OAT group
252.	Jerkeman, A.; Norkrans, G.; Lidman, C.; Westin, J.; Lagging, M.; Frimand, J.; Simonsberg, C.; Kakko, J.; Widell, A.; Bjorkman, P. (2014). Treatment for chronic hepatitis C in a cohort of opiate substitution therapy recipients in three Swedish cities - completion rates and efficacy. <i>European Journal of Gastroenterology &amp; Hepatology</i> , 26(5), 523-31.	No in/out treatment data available
253.	Jerkeman, Anna; Hakansson, Anders; Rylance, Rebecca; Wagner, Philippe; Alanko Blome, Marianne; Bjorkman, Per (2017). Death from liver disease in a cohort of injecting opioid users in a Swedish city in relation to registration for opioid substitution therapy. <i>Drug and alcohol review</i> , 36(3), 424-431.	No in/out treatment data available
254.	Jimenez Trevino, L.; Saiz Martinez, P. A.; Gutierrez Cienfuegos, E.; Bascaran Fernandez, M. T.; Carreno Rendueles, E.; Gonzalez-Quiros Menendez de Luarca, M.; Gonzalez Garcia-Portilla, M. P.; Bobes Garcia, J. (2000). A cross-sectional evaluation after fifteen years of a sample of opioid addicts in Asturias. [Spanish]. <i>Adicciones</i> , 12(4), 507-513.	No in/out treatment data available
255.	Jimenez-Trevino, Luis; Saiz, Pilar A.; Garcia-Portilla, M.; Diaz-Mesa, Eva M.; Sanchez-Lasheras, Fernando; Buron, Patricia; Casares, M.; Marina, Pedro; Gutierrez, Eduardo; Bobes, Julio (2011). A 25-year follow-up of patients admitted to methadone treatment for the first time: Mortality and gender differences. <i>Addictive Behaviors</i> , 36(12), 1184-1190.	No in/out treatment data available
256.	Joe, G. W.; Lehman, W.; Simpson, D. D. (1982). Addict death rates during a four-year posttreatment follow-up. <i>American journal of public health</i> , 72(7), 703-9.	No in/out treatment data available
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258.	Jones, Andrew; Pierce, Matthias; Sutton, Matt; Mason, Thomas; Millar, Tim (2018). Does paying service providers by results improve recovery outcomes for drug misusers in treatment in England?. <i>Addiction</i> , 113(2), 279-286.	No in/out treatment data available

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259.	Jongbloed, K.; Zhang, H.; Thomas, V.; Pearce, M.; Christian, W.; Schechter, M. T.; Spittal, P. M. (2014). The cedar project: Predictors of mortality among young aboriginal people who use drugs in British Columbia. <i>Canadian Journal of Infectious Diseases and Medical Microbiology</i> , SA)31A.	No in/out treatment data available
260.	Kalkman, G. A.; Kramers, C.; van Dongen, R. T.; van den Brink, W.; Schellekens, A. (2019). Trends in use and misuse of opioids in the Netherlands: a retrospective, multi-source database study. <i>The Lancet Public Health</i> , 4(10), e498-e505.	Cohort not defined as engaging in opioid agonist treatment
261.	Kamien, J. B., Branstetter, S. A., & Amass, L. (2008). Buprenorphine-naloxone versus methadone maintenance therapy: A randomised double-blind trial with opioid-dependent patients. <i>Heroin Addict Relat Clin Probl</i> , 10(4), 5-18.	No in/out treatment data available
262.	Kastelic, A.; Rihtar, T. K. (2007). Agonist opioid treatment in prisons. <i>Heroin Addiction and Related Clinical Problems</i> , 9(4), 21-30.	No original data
263.	Katz, M.; Link, A. R.; Sherman, S.; Wang, B.; Grossman, E. (2018). A secondary analysis of hospitalized smokers who use opioids: Demographics, comorbidities, and cessation strategies. <i>Journal of General Internal Medicine</i> , 33 (2 Supplement 1)101.	Cohort not defined as engaging in opioid agonist treatment
264.	Kauhanen, J.; Tiihonen, J. (2017). Health risks of drugs in Finland - can the risks be managed?. <i>Duodecim</i> , 133(1), 34-42.	No in/out treatment data available
265.	Kawasaki, Sarah; Francis, Erica; Mills, Sara; Buchberger, Glenn; Hogentogler, Ruth; Kraschnewski, Jennifer (2019). Multi-model implementation of evidence-based care in the treatment of opioid use disorder in Pennsylvania. <i>Journal of Substance Abuse Treatment</i> , 10658-64.	No/insufficient mortality data for OAT group
266.	Keenan, E.; Dorman, A.; O'Connor, J. (1993). Six year follow up of forty five pregnant opiate addicts. <i>Irish Journal of Medical Science</i> , 162(7), 252-5.	No in/out treatment data available
267.	Kelty, Erin; Hulse, Gary (2012). Examination of mortality rates in a retrospective cohort of patients treated with oral or implant naltrexone for problematic opiate use. <i>Addiction</i> , 107(10), 1817-1824.	Cohort not defined as engaging in opioid agonist treatment
268.	Kelty, E.; Hulse, G. (2017). Fatal and non-fatal opioid overdose in opioid dependent patients treated with methadone, buprenorphine or implant naltrexone. <i>International Journal of Drug Policy</i> , 4654-60.	No/insufficient mortality data for OAT group
269.	Kelty, E.; Dobbins, T.; Hulse, G. (2017). Incidence of cancer and cancer related mortality in opiate dependent patients treated with methadone, buprenorphine or implant naltrexone as compared with non-opiate using controls. <i>Heroin Addiction and Related Clinical Problems</i> , 19(3), 65-72.	No in/out treatment data available
270.	Kelty, E.; Hulse, G. (2018). Morbidity and mortality in opioid dependent patients after entering an opioid pharmacotherapy compared with a cohort of non-dependent controls. <i>Journal of Public Health</i> , 40(2), 409-414.	No in/out treatment data available
271.	Kerr, Thomas; Marsh, David; Li, Kathy; Montaner, Julio; Wood, Evan (2005). Factors associated with methadone maintenance therapy use among a cohort of polysubstance using injection drug users in Vancouver. <i>Drug and Alcohol Dependence</i> , 80(3), 329-335.	No in/out treatment data available
272.	Khue, P. M.; Tham, N. T.; Thanh Mai, D. T.; Thuc, P. V.; Thuc, V. M.; Han, P. V.; Lindan, C. (2017). A longitudinal and case-control study of dropout among drug users in methadone maintenance treatment in Haiphong, Vietnam. <i>Harm Reduction Journal</i> , 14(1), 59.	No/insufficient mortality data for OAT group
273.	Kielland, K. B.; Amundsen, E. J.; Dalgard, O. (2013). Hepatitis C treatment uptake in a Norwegian cohort of people who inject drugs. <i>Suchtmedizin in Forschung und Praxis</i> , 15 (4)264-265.	Cohort not defined as engaging in opioid agonist treatment
274.	Kimber, J.; Copeland, L.; Hickman, M.; Macleod, J.; McKenzie, J.; De Angelis, D.; Robertson, J. R. (2010). Survival and cessation in injecting drug users: prospective observational study of outcomes and effect of opiate substitution treatment. <i>Bmj</i> , 341c3172.	No in/out treatment data available
275.	Kimmel, S.; Walley, A. Y.; Berson, D.; Larochelle, M. (2019). Medications for Opioid Use Disorder Following Injection Drug-associated Endocarditis. <i>Journal of Addiction Medicine</i> , 13 (3)E12.	No in/out treatment data available
276.	Klein, Audrey A.; Seppala, Marvin D. (2019). Medication-assisted treatment for opioid use disorder within a 12-step based treatment center: Feasibility and initial results. <i>Journal of Substance Abuse Treatment</i> , 10451-63.	No/insufficient mortality data for OAT group

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277.	Klimas, J.; O'Reilly, M.; Egan, M.; Tobin, H.; Bury, G. (2014). Urban overdose hotspots: a 12-month prospective study in Dublin ambulance services. <i>American Journal of Emergency Medicine</i> , 32(10), 1168-73.	Case reports/case series of drug-related deaths
278.	Klimas, J.; Keane, A.; Cullen, W.; O'Kelly, F.; Bury, G. (2016). Seventeen year mortality in a cohort of patients attending opioid agonist treatment in Ireland. Commentary on methadone-maintained patients in primary care have higher rates of chronic disease (OToole et al., <i>European Journal of General Practice</i> 2014;20:275-80). <i>European Journal of General Practice</i> , 22(1), 64-65.	No in/out treatment data available
279.	Klimas, J.; Dong, H.; Dobrer, S.; Milloy, M. J.; Kerr, T.; Wood, E.; Hayashi, K. (2017). Alcohol Use among Persons on Methadone Treatment. <i>Addictive Disorders and their Treatment</i> , 16(1), 36-37.	No in/out treatment data available
280.	Kline-Simon, A. H.; Chi, F. W.; Mertens, J. R.; Weisner, C. (2017). Trajectories of remission and mortality over 13 years after intake to substance use treatment. <i>American Journal of Drug and Alcohol Abuse</i> , 43(5), 583-590.	Cohort not defined as engaging in opioid agonist treatment
281.	Klobucar, I.; Potocnjak, I.; Dumancic, J.; Stemberger, K.; Cupic, M.; Kokotovic, T.; Kucijan, Z.; Degoricija, V. (2019). Acute poisonings in Croatia: differences in epidemiology, associated comorbidities and final outcomes-a single-centre 15-year follow-up. <i>Clinical Toxicology</i> , 57(3), 181-188.	Case reports/case series of drug-related deaths
282.	Knobel, H.; Vallecillo, G.; Guelar, A.; Pedrol, E.; Soler, A.; Carmona, A.; Saballs, P.; Gonzalez, A.; Gimeno, J. L.; Colomes, J. L. (2004). Simplified therapy with zidovudine, lamivudine, and abacavir for very nonadherent, treatment-failing patients. <i>HIV Clinical Trials</i> , 5(2), 65-73.	No in/out treatment data available
283.	Knudsen, Hannah K.; Havens, Jennifer R.; Lofwall, Michelle R.; Studts, Jamie L.; Walsh, Sharon L. (2017). Buprenorphine physician supply: Relationship with state-level prescription opioid mortality. <i>Drug and Alcohol Dependence</i> , 173(Suppl 1), S55-S64.	Cohort not defined as engaging in opioid agonist treatment
284.	Kohli, R.; Lo, Y.; Howard, A. A.; Buono, D.; Floris-Moore, M.; Klein, R. S.; Schoenbaum, E. E. (2005). Mortality in an urban cohort of HIV-infected and at-risk drug users in the era of highly active antiretroviral therapy. <i>Clinical Infectious Diseases</i> , 41(6), 864-72.	No in/out treatment data available
285.	Kornor, H.; Waal, H.; Ali, R. L. (2006). Abstinence-orientated buprenorphine replacement therapy for young adults in out-patient counselling. <i>Drug &amp; Alcohol Review</i> , 25(2), 123-30.	Cohort not defined as engaging in opioid agonist treatment
286.	Koustenis, K. R.; Koutli, E.; Kranidioti, H.; Antonakaki, P.; Pantsas, P.; Anagnostou, O.; Deutsch, M.; Manolakopoulos, S. (2019). Adherence to Follow-up of People Who Inject Drugs (Pwid) after the Successful Treatment of Chronic Hepatitis C with Direct-Acting Antivirals (Daa). <i>Gastroenterology</i> , 156 (6 Supplement 1)S-1346.	No in/out treatment data available
287.	Krebs, E.; Urada, D.; Evans, E.; Huang, D.; Hser, Y. I.; Nosyk, B. (2017). The costs of crime during and after publicly funded treatment for opioid use disorders: a population-level study for the state of California. <i>Addiction</i> , 112(5), 838-851.	No/insufficient mortality data for OAT group
288.	Kyrychenko, T. (2018). Antiretroviral therapy retention times and predictors of retention to care among HIV-infected patients in Ukraine. <i>Journal of the International AIDS Society</i> , 21 (Supplement 8)69.	Cohort not defined as engaging in opioid agonist treatment
289.	Lam, S. K.; To, W. K.; Duthie, S. J.; Ma, H. K. (1992). Narcotic addiction in pregnancy with adverse maternal and perinatal outcome. <i>Australian &amp; New Zealand Journal of Obstetrics &amp; Gynaecology</i> , 32(3), 216-21.	Cohort not the primary client of treatment (e.g., neonatal/perinatal)
290.	Lam, Tai Hing; Li, Zhi Bin; Ho, Sai Yin; Chan, Wai Man; Ho, Kin Sang; Tham, May Ked; Cowling, Benjamin J.; Schooling, C.; Leung, Gabriel M. (2007). Smoking, quitting and mortality in an elderly cohort of 56,000 Hong Kong Chinese. <i>Tobacco Control: An International Journal</i> , 16(3), 182-189.	Cohort not defined as engaging in opioid agonist treatment
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292.	Larm, P.; Hodgins, S.; Larsson, A.; Samuelson, Y. M.; Tengstrom, A. (2008). Long-term outcomes of adolescents treated for substance misuse. <i>Drug &amp; Alcohol Dependence</i> , 96(43862), 79-89.	Cohort not defined as engaging in opioid agonist treatment

	<b>Excluded reference</b>	<b>Exclusion Reason</b>
293.	Larney, Sarah; Randall, Deborah; Gibson, Amy; Degenhardt, Louisa (2013). The contributions of viral hepatitis and alcohol to liver-related deaths in opioid-dependent people. <i>Drug and Alcohol Dependence</i> , 131(3), 252-257.	No in/out treatment data available
294.	Larney, Sarah; Bohnert, Amy S.; Ganoczy, Dara; Ilgen, Mark A.; Hickman, Matthew; Blow, Fred C.; Degenhardt, Louisa (2015). Mortality among older adults with opioid use disorders in the Veteran's Health Administration, 2000-2011. <i>Drug and Alcohol Dependence</i> , 14732-37.	No in/out treatment data available
295.	Larney, Sarah; Grebely, Jason; Falster, Michael; Swart, Alexander; Amin, Janaki; Degenhardt, Louisa; Burns, Lucinda; Vajdic, Claire M. (2015). Opioid substitution therapy is associated with increased detection of hepatitis C virus infection: A 15-year observational cohort study. <i>Drug and Alcohol Dependence</i> , 148213-216.	No/insufficient mortality data for OAT group
296.	Larney, S.; Gisev, N.; Farrell, M.; Dobbins, T.; Burns, L.; Gibson, A.; Kimber, J.; Degenhardt, L. (2015). Opioid substitution therapy as a strategy to reduce deaths in prison: Retrospective cohort study. <i>Drug and Alcohol Dependence</i> , 146e168.	Abstract - full text available
297.	Larochelle, M.; Bernson, D.; Land, T.; Stopka, T.; Walley, A. Y. (2017). Mortality after nonfatal opioid overdose: Medications for opioid use disorder are associated with lower risk. <i>Journal of General Internal Medicine</i> , 32 (2 Supplement 1)S250.	Abstract - full text available
298.	Lavignasse, P.; Lowenstein, W.; Batel, P.; Constant, M. V.; Jourdain, J. J.; Kopp, P.; Reynaud-Maurupt, C.; Riff, B.; Videau, B.; Mucchielli, A. (2002). Economic and social effects of high-dose buprenorphine substitution therapy. Six-month results. <i>Annales de Medecine Interne</i> , 153(3 Suppl), 1S20-6.	No/insufficient mortality data for OAT group
299.	Lee, S.; Doyon, S.; Klein-Schwartz, W. (2011). Comparison of toxicity of nonmedical use of buprenorphine and methadone. <i>Clinical Toxicology</i> , 49 (6)523-524.	Case reports/case series of drug-related deaths
300.	Lee, S.; Klein-Schwartz, W.; Welsh, C.; Doyon, S. (2013). Medical outcomes associated with nonmedical use of methadone and buprenorphine. <i>Journal of Emergency Medicine</i> , 45(2), 199-205.	Case reports/case series of drug-related deaths
301.	Lee, C. T.; Chen, V. C.; Tan, H. K.; Chou, S. Y.; Wu, K. H.; Chan, C. H.; Gossop, M. (2013). Suicide and other-cause mortality among heroin users in Taiwan: a prospective study. <i>Addictive Behaviors</i> , 38(10), 2619-23.	No in/out treatment data available
302.	Lee, Samantha C.; Klein-Schwartz, Wendy; Doyon, Suzanne; Welsh, Christopher (2014). Comparison of toxicity associated with nonmedical use of benzodiazepines with buprenorphine or methadone. <i>Drug and Alcohol Dependence</i> , 138118-123.	Case reports/case series of drug-related deaths
303.	Lee, J. D.; Friedmann, P. D.; Kinlock, T. W.; Nunes, E. V.; Boney, T. Y.; Hoskinson, R. A.; Wilson, D.; McDonald, R.; Rotrosen, J.; Gourevitch, M. N.; Gordon, M.; Fishman, M.; Chen, D. T.; Bonnie, R. J.; Cornish, J. W.; Murphy, S. M.; O'Brien, C. P. (2016). Extended-release naltrexone to prevent opioid relapse in criminal justice offenders. <i>New England Journal of Medicine</i> , 374(13), 1232-1242.	Cohort not defined as engaging in opioid agonist treatment
304.	Lejeune, C.; Ropert, J. C.; Montamat, S.; Floch-Tudal, C.; Mazy, F.; Wijkhuisen, N.; Froment, H. (1997). Medicosocial outcome in 59 infants born to drug-addicted mothers. [French]. <i>Journal de Gynecologie Obstetrique et Biologie de la Reproduction</i> , 26(4), 395-404.	Cohort not the primary client of treatment (e.g., neonatal/perinatal)
305.	Lejeune, C.; Ropert, J. C.; Montamat, S.; Floch-Tudal, C.; Mazy, F.; Wijkhuisen, N.; Froment, H. (1997). [Medical-social outcome of 59 infants born to addicted mothers]. <i>Journal de Gynecologie, Obstetrique et Biologie de la Reproduction</i> , 26(4), 395-404.	Cohort not the primary client of treatment (e.g., neonatal/perinatal)
306.	Lev, R.; Petro, S.; Lee, A.; Lee, O.; Lucas, J.; Castillo, E. M.; Egnatios, J.; Vilke, G. M. (2015). Methadone related deaths compared to all prescription related deaths. <i>Forensic Science International</i> , 257347-352.	Case reports/case series of drug-related deaths
307.	Levy, Barry S. (1972). Five years after: A follow-up of 50 narcotic addicts. <i>The American journal of psychiatry</i> , 128(7), 868-872.	No/insufficient mortality data for OAT group
308.	Levy, R. B.; Nissly, T.; Hooker, S. (2019). Predictors of retention in a primary-care-based MAT Program for opioid use disorder. <i>Journal of Addiction Medicine</i> , 13 (3)E15.	No/insufficient mortality data for OAT group
309.	Liao, D. L.; Chen, P. C.; Chen, C. H.; Hsieh, C. J.; Huang, Y. F.; Shih, W. Y.; Cheng, J. J. (2013). Higher methadone doses are associated with lower mortality in patients of opioid dependence in Taiwan. <i>Journal of Psychiatric Research</i> , 47(10), 1530-4.	No in/out treatment data available

	<b>Excluded reference</b>	<b>Exclusion Reason</b>
310.	Lin, C. K.; Hung, C. C.; Peng, C. Y.; Chao, E.; Lee, T. S. (2015). Factors associated with methadone treatment duration: a Cox regression analysis. PLoS ONE [Electronic Resource], 10(4), e0123687.	Duplicate
311.	Lin, C. K.; Hung, C. C.; Peng, C. Y.; Chao, E.; Lee, T. S. H. (2015). Factors associated with methadone treatment duration: A Cox regression analysis. PLoS ONE, 10 (4) (no pagination)(e0123687), .	No in/out treatment data available
312.	Lin, L. A.; Peltzman, T.; McCarthy, J. F.; Oliva, E. M.; Trafton, J. A.; Bohnert, A. S. B. (2019). Changing Trends in Opioid Overdose Deaths and Prescription Opioid Receipt Among Veterans. American Journal of Preventive Medicine, 57(1), 106-110.	Cohort not defined as engaging in opioid agonist treatment
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314.	Lindblad, R.; Hu, L.; Campanella, M.; Kondapaka, R.; Rosa, C.; Allen, C.; Van Paul, V. (2012). Estimating death rates in substance use disorder clinical trials. Clinical Trials, 9 (4)506.	Cohort not defined as engaging in opioid agonist treatment
315.	Lindblad, Robert; Hu, Lian; Oden, Neal; Wakim, Paul; Rosa, Carmen; VanVeldhuisen, Paul (2016). Mortality rates among substance use disorder participants in clinical trials: Pooled analysis of twenty-two clinical trials within the National Drug Abuse Treatment Clinical Trials Network. Journal of Substance Abuse Treatment, 7073-80.	No in/out treatment data available
316.	Ling, W.; Charuvastra, C.; Collins, J. F.; Batki, S.; Brown, L. S., Jr.; Kintaudi, P.; Wesson, D. R.; McNicholas, L.; Tusel, D. J.; Malkerneker, U.; Renner, J. A., Jr.; Santos, E.; Casadonte, P.; Fye, C.; Stine, S.; Wang, R. I.; Segal, D. (1998). Buprenorphine maintenance treatment of opiate dependence: a multicenter, randomized clinical trial. Addiction, 93(4), 475-86.	No in/out treatment data available
317.	Liu, E. W.; Wang, S. J.; Liu, Y.; Liu, W.; Chen, Z. S.; Li, X. Y.; A, L. Y.; Wu, Z. Y. (2011). [Mortality of HIV infected clients treated with methadone maintenance treatment in Yili Kazakh autonomous prefecture]. Chung-Hua Yu Fang i Hsueh Tsa Chih [Chinese Journal of Preventive Medicine], 45(11), 979-84.	Duplicate
318.	Liu, E. W.; Wang, S. J.; Liu, Y.; Liu, W.; Chen, Z. S.; Li, X. Y.; A, L. Y.; Wu, Z. Y. (2011). [Mortality of HIV infected clients treated with methadone maintenance treatment in Yili Kazakh autonomous prefecture]. [Chinese]. Zhonghua yu fang yi xue za zhi [Chinese journal of preventive medicine], 45(11), 979-984.	No in/out treatment data available
319.	Lloyd, Belinda; Barratt, Monica J.; Ferris, Jason; Best, David; Lubman, Dan I. (2013). Factors influencing mortality among alcohol and drug treatment clients in Victoria, Australia: The role of demographic and substance use characteristics. Australian and New Zealand Journal of Psychiatry, 47(9), 859-867.	Cohort not defined as engaging in opioid agonist treatment
320.	Lloyd, B.; Zahnow, R.; Barratt, M. J.; Best, D.; Lubman, D. I.; Ferris, J. (2017). Exploring mortality among drug treatment clients: The relationship between treatment type and mortality. Journal of Substance Abuse Treatment, 8222-28.	Cohort not defined as engaging in opioid agonist treatment
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322.	Lovrecic, B.; Semerl, J. S.; Tavcar, R.; Maremmani, I. (2011). Sociodemographic and clinical differences among deceased and surviving cohort members of opioid maintenance therapy. Heroin Addiction and Related Clinical Problems, 13(3), 39-48.	No in/out treatment data available
323.	Lovrecic, B. (2016). Overdoses and other drug related deaths: Comparison between outpatient treatment registered and not-registered patients. Heroin Addiction and Related Clinical Problems, 18 (3 Supplement 1)37.	No in/out treatment data available
324.	Lovrecic, M. (2016). Suicide mortality in illicit drug users: Comparison between outpatient treatment registered and not-registered patients. Heroin Addiction and Related Clinical Problems, 18 (3 Supplement 1)37.	No in/out treatment data available
325.	Lovrecic, M.; Lovrecic, B.; Semerl, J. S.; Maremmani, I.; Maremmani, A. G. I. (2016). The filing of addicted patients at addiction units is correlated with a reduction in mortality due to illicit opioids, but also to prescribed opioids and other substances of abuse. Heroin Addiction and Related Clinical Problems, 18(3), 15-22.	Case reports/case series of drug-related deaths



	<b>Excluded reference</b>	<b>Exclusion Reason</b>
326.	Lowder, E. M.; Amlung, J.; Ray, B. R. (2020). Individual and county-level variation in outcomes following non-fatal opioid-involved overdose. <i>Journal of epidemiology and community health</i> , 9.	Cohort not defined as engaging in opioid agonist treatment
327.	Lucas, Gregory M.; Beauchamp, Geetha; Aramrattana, Apinun; Shao, Yiming; Liu, Wei; Fu, Liping; Jackson, J.; Celentano, David D.; Richardson, Paul; Metzger, David (2012). Short-term safety of buprenorphine/naloxone in hiv-seronegative opioid-dependent chinese and thai drug injectors enrolled in hiv prevention trials network 058. <i>International Journal of Drug Policy</i> , 23(2), 162-165.	No/insufficient mortality data for OAT group
328.	Lucas, G. M.; Mullen, B. A.; Galai, N.; Moore, R. D.; Cook, K.; McCaul, M. E.; Glass, S.; Oursler, K. K.; Rand, C. (2013). Directly administered antiretroviral therapy for HIV-infected individuals in opioid treatment programs: results from a randomized clinical trial. <i>PLoS ONE [Electronic Resource]</i> , 8(7), e68286.	No in/out treatment data available
329.	Macias, J.; Morano, L. E.; Tellez, F.; Granados, R.; Rivero-Juarez, A.; Palacios, R.; Rios, M. J.; Merino, D.; Perez-Perez, M.; Collado, A.; Figueruela, B.; Morano, A.; Freyre-Carrillo, C.; Martin, J. M.; Rivero, A.; Garcia, F.; Pineda, J. A. (2019). Response to direct-acting antiviral therapy among ongoing drug users and people receiving opioid substitution therapy. <i>Journal of Hepatology</i> , 71(1), 45-51.	No in/out treatment data available
330.	MacLeod, John; Whittaker, Anne; Robertson, J. (1998). Changes in opiate treatment during attendance at a community drug service-Findings from a clinical audit. <i>Drug and alcohol review</i> , 17(1), 19-25.	No in/out treatment data available
331.	Macleod, J.; Steer, C.; Tilling, K.; Cornish, R.; Marsden, J.; Millar, T.; Strang, J.; Hickman, M. (2019). Prescription of benzodiazepines, z-drugs, and gabapentinoids and mortality risk in people receiving opioid agonist treatment: Observational study based on the UK Clinical Practice Research Datalink and Office for National Statistics death records. <i>PLoS Medicine</i> , 16 (11) (no pagination)(e1002965), .	Duplicate
332.	Madruga, A.; Escribano, Juan Jose Avila; Treceno, M.; Paniagua, C.; Perez, J. (1998). Retrospective and follow-up analysis on opiate dependent patients, attending from 1985 to 1990. <i>Psiquis: Revista de Psiquiatria, Psicologia y Psicomatica</i> , 19(1), 31-36.	Paper could not be located
333.	Mamakwa, S.; Kahan, M.; Kanate, D.; Kirlaw, M.; Folk, D.; Cirone, S.; Rea, S.; Parsons, P.; Edwards, C.; Gordon, J.; Main, F.; Kelly, L. (2017). Evaluation of 6 remote First Nations community-based buprenorphine programs in northwestern Ontario: Retrospective study. <i>Canadian Family Physician</i> , 63(2), 137-145.	No/insufficient mortality data for OAT group
334.	Marks, L.; Schwarz, E.; Liss, D.; Satish, M.; Warren, D. K.; Stephen, L.; Durkin, M. (2019). A comparison of medication assisted therapy treatment strategies for opioid use disorder in persons who inject drugs and are hospitalized with serious infections. <i>Open Forum Infectious Diseases</i> , 6 (Supplement 2)S126.	No/insufficient mortality data for OAT group
335.	Marmor, M.; Alcabes, P.; Titus, S.; Frenkel, K.; Krasinski, K.; Penn, A.; Pero, R. W. (1997). Low serum thiol levels predict shorter times-to-death among HIV-infected injecting drug users. <i>Aids</i> , 11(11), 1389-93.	No in/out treatment data available
336.	Marra, F.; Boyle, A.; Peters, E.; Morris, J.; Priest, M.; McDonald, N.; Barclay, S. (2019). Real world outcomes for Genotype 3 patients treated with glecaprevir/pibrentasvir: Real world outcomes from an unselected cohort. <i>Journal of Hepatology</i> , 70 (1 Supplement)e230-e231.	No in/out treatment data available
337.	Marsden, J.; Stillwell, G.; Jones, H.; Cooper, A.; Eastwood, B.; Farrell, M.; Lowden, T.; Maddalena, N.; Metcalf, C.; Shaw, J.; Hickman, M. (2016). Does exposure to opioid substitution treatment at prison release reduce the risk of death? A prospective, observational study in England. <i>The Lancet</i> , 388 (SPEC.ISS 1)11.	Abstract - full text available
338.	Marsden, John; Stillwell, Garry; James, Kirsty; Shearer, James; Byford, Sarah; Hellier, Jennifer; Kelleher, Michael; Kelly, Joanna; Murphy, Caroline; Mitcheson, Luke (2019). Efficacy and cost-effectiveness of an adjunctive personalised psychosocial intervention in treatment-resistant maintenance opioid agonist therapy: A pragmatic, open-label, randomised controlled trial. <i>The Lancet Psychiatry</i> , 6(5), 391-402.	No in/out treatment data available
339.	Martell, B. A.; Arnsten, J. H.; Krantz, M. J.; Gourevitch, M. N. (2005). Impact of methadone treatment on cardiac repolarization and conduction in opioid users. <i>American Journal of Cardiology</i> , 95(7), 915-918.	No in/out treatment data available

Excluded reference		Exclusion Reason
340.	Martin, C.; Pehrsson, P.; Osterberg, A.; Sonnerborg, A.; Hansson, P. (1999). Pain in ambulatory HIV-infected patients with and without intravenous drug use. <i>European Journal of Pain</i> , 3(2), 157-164.	Cohort not defined as engaging in opioid agonist treatment
341.	Marzo, J. N.; Rotily, M.; Meroueh, F.; Varastet, M.; Hunault, C.; Obradovic, I.; Zin, A. (2009). Maintenance therapy and 3-year outcome of opioid-dependent prisoners: a prospective study in France (2003-06). <i>Addiction</i> , 104(7), 1233-40.	No in/out treatment data available
342.	Maughan, B. C.; Becker, E. A. (2019). Drug-related mortality after discharge from treatment: A record-linkage study of substance abuse clients in Texas, 2006-2012. <i>Drug and Alcohol Dependence</i> , 204 (no pagination)(107473), .	No in/out treatment data available
343.	Maxwell, S. (2002). Optimizing long-term response to methadone maintenance treatment: A 152-week follow-up using higher-dose methadone. <i>Journal of Addictive Diseases</i> , 21(3), 44166.	No/insufficient mortality data for OAT group
344.	Maxwell, Jane Carlisle; Pullum, Thomas W.; Tannert, Karen (2005). Deaths of clients in methadone treatment in Texas: 1994-2002. <i>Drug and Alcohol Dependence</i> , 78(1), 73-81.	Case reports/case series of drug-related deaths
345.	Maynard, Charles; Cox, Gary B.; Krupski, Antoinette; Stark, Kenneth (2000). Utilization of services by persons discharged from involuntary chemical dependency treatment. <i>Journal of Addictive Diseases</i> , 19(2), 83-93.	Cohort not defined as engaging in opioid agonist treatment
346.	McCowan, C.; Kidd, B.; Fahey, T. (2009). Factors associated with mortality in Scottish patients receiving methadone in primary care: retrospective cohort study. <i>BMJ: British Medical Journal</i> , 338(7710), No Pagination Specified.	No in/out treatment data available
347.	McLellan, A.; Skipper, Gregory S.; Campbell, Michael; DuPont, Robert L. (2008). Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. <i>BMJ: British Medical Journal</i> , 337(7679), No Pagination Specified.	Cohort not defined as engaging in opioid agonist treatment
348.	Mega, J.; Lougee, M.; Gaines, E.; Hermerding-Lim, M. (2019). Low-threshold street outreach buprenorphine for homeless patients with opioid use disorder. <i>Journal of Addiction Medicine</i> , 13 (3)E33-E34.	No in/out treatment data available
349.	Merrall, Elizabeth L.; Bird, Sheila M.; Hutchinson, Sharon J. (2012). Mortality of those who attended drug services in Scotland 1996-2006: Record-linkage study. <i>International Journal of Drug Policy</i> , 23(1), 24-32.	No in/out treatment data available
350.	Merrall, Elizabeth; Bird, Sheila; Hutchinson, Sharon (2013). A record linkage study of hospital episodes for drug treatment clients in Scotland, 1996-2006. <i>Addiction Research &amp; Theory</i> , 21(1), 52-61.	No in/out treatment data available
351.	Merrall, E. L.; Bird, S. M.; Hutchinson, S. J. (2013). A record-linkage study of drug-related death and suicide after hospital discharge among drug-treatment clients in Scotland, 1996-2006. <i>Addiction</i> , 108(2), 377-84.	No in/out treatment data available
352.	Metcalfe, R.; Proctor, G.; Schofield, J.; Thomson, E. (2017). Cause & predictors of mortality in an HIV/hepatitis-c-coinfected cohort in Scotland. <i>Topics in Antiviral Medicine</i> , 25 (1 Supplement 1)218s.	Cohort not defined as engaging in opioid agonist treatment
353.	Metcalfe, R.; Martin, T.; Glover, C.; Peters, S. E.; Priyadarshi, S. (2018). A high mortality rate amongst HIV-infected homeless people who inject drugs: Reviewing cause of death and engagement with services. <i>HIV Medicine</i> , 19 (Supplement 2)S42.	Case reports/case series of drug-related deaths
354.	Michel, L.; Giorgi, R.; Villes, V.; Poizot-Martin, I.; Dellamonica, P.; Spire, B.; Protopopescu, C.; Carrieri, M. P. (2009). Withdrawal symptoms as a predictor of mortality in patients HIV-infected through drug use and receiving highly active antiretroviral therapy (HAART). <i>Drug and Alcohol Dependence</i> , 99(43891), 96-104.	No in/out treatment data available
355.	Midgard, H.; Hajarizadeh, B.; Cunningham, E. B.; Conway, B.; Backmund, M.; Bruggmann, P.; Bruneau, J.; Bourgeois, S.; Dunlop, A.; Foster, G. R.; Hellard, M.; Robaey, G.; Thurnheer, M. C.; Weltman, M.; Amin, J.; Marks, P. S.; Quiene, S.; Dore, G. J.; Dalgard, O.; Grebely, J. (2017). Changes in risk behaviours during and following treatment for hepatitis C virus infection among people who inject drugs: The ACTIVATE study. <i>International Journal of Drug Policy</i> , 47230-238.	Cohort not defined as engaging in opioid agonist treatment
356.	Midgard, H.; Kjersti, U.; Oystein, B.; Foshaug, T.; Wusthoff, L. E. C.; Dalgard, O. (2019). The hepatitis C cascade of care and treatment outcomes among people who inject drugs in a Norwegian low-threshold setting: A real life experience. <i>Journal of Hepatology</i> , 70 (1 Supplement)e41.	Cohort not defined as engaging in opioid agonist treatment

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357.	Mientjes, G. H.; Van Ameijden, E. J.; Van den Hoek, A. J. A. R.; Coutinho, R. A. (1992). Increasing morbidity without rise in non-AIDS mortality among HIV-infected intravenous drug users in Amsterdam. <i>Aids</i> , 6(2), 207-212.	Cohort not defined as engaging in opioid agonist treatment
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422.	Pierce, M.; Millar, T.; Robertson, T.; Bird, S. (2018). Ageing opioid users' increased risk of methadone-specific death in the UK. <i>International Journal of Drug Policy</i> , 55, 121-127.	No in/out treatment data available
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424.	Pombo, S.; Felix Da Costa, N. (2018). On the long-term status of treatment-seeking, heroin addicted patients: A 22-year follow-up study on mortality and drug use in Portugal. <i>Heroin Addiction and Related Clinical Problems</i> , 20(1), 21-30.	No in/out treatment data available
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442.	Riblet, N. B.; Kenneally, L.; Shiner, B.; Watts, B. V. (2019). Health Care Processes Contributing to Suicide Risk in Veterans During and After Residential Substance Abuse Treatment. <i>Journal of Dual Diagnosis</i> , 15(4), 217-225.	Cohort not defined as engaging in opioid agonist treatment
443.	Rich, J. D.; Holmes, L.; Salas, C.; Macalino, G.; Davis, D.; Ryczek, J.; Flanigan, T. (2001). Successful linkage of medical care and community services for HIV-positive offenders being released from prison. <i>Journal of Urban Health</i> , 78(2), 279-89.	Cohort not defined as engaging in opioid agonist treatment
444.	Riggins, Daniel P.; Cunningham, Chinazo O.; Ning, Yuming; Fox, Aaron D. (2017). Recent incarceration and buprenorphine maintenance treatment outcomes among human immunodeficiency virus-positive patients. <i>Substance abuse</i> , 38(3), 297-302.	No/insufficient mortality data for OAT group
445.	Risser, Daniele; Honigschnabl, Selma; Stichenwirth, Martin; Pfufl, Susanne; Sebald, Dieter; Kaff, Alfred; Bauer, Georg (2001). Mortality of opiate users in Vienna, Austria. <i>Drug and Alcohol Dependence</i> , 64(3), 251-256.	No in/out treatment data available
446.	Rivas, I.; Sanvisens, A.; Faure, E.; Fuster, D.; Trinidad, M.; Rubio, M.; Muga, R. (2015). Early mortality after entering a methadone treatment program in Badalona, Spain. <i>Drug and Alcohol Dependence</i> , 156e191.	No in/out treatment data available
447.	Rivero-Juarez, A.; Tellez, F.; Castano, M.; Merino, D.; Espinosa, N.; Santos, J.; Macias, J.; Paniagua-Garcia, M.; Zapata-Lopez, A.; Collado, A.; Gomez-Vidal, A.; Stachowski, J. P.; Munoz-Medina, L.; Fernandez-Fuertes, E.; Rivero, A. (2018). Daa implementation rate in HIV/HCV patients in Spain: 2 years of unrestricted access. <i>Topics in Antiviral Medicine</i> , 26 (Supplement 1)258s.	No in/out treatment data available
448.	Robertson, J. R.; Ronald, P. J. M.; Raab, G. M.; Ross, A. J.; Parpia, T. (1994). Deaths, HIV infection, abstinence, and other outcomes in a cohort of injecting drug users followed up for 10 years. <i>British Medical Journal</i> , 309(6951), 369-372.	No in/out treatment data available
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450.	Rosca, Paula; Haklai, Ziona; Goldberger, Nehama; Zohar, Peres; Margolis, Anatoly; Ponizovsky, Alexander M. (2012). Mortality and causes of death among users of methadone maintenance treatment in Israel, 1999-2008. <i>Drug and Alcohol Dependence</i> , 125(43862), 160-163.	No in/out treatment data available
451.	Rosca, P.; Neumark, Y. (2018). Infectious diseases among omt patients in Israel-results of a historical cohort study and the new treatment policy. <i>Heroin Addiction and Related Clinical Problems</i> , 20 (Supplement 1)43-44.	No in/out treatment data available
452.	Rosenthal, E. S.; Karchmer, A. W.; Theisen-Toupal, J.; Castillo, R. A.; Rowley, C. F. (2016). Suboptimal Addiction Interventions for Patients Hospitalized with Injection Drug Use-Associated Infective Endocarditis. <i>American Journal of Medicine</i> , 129(5), 481-485.	Cohort not defined as engaging in opioid agonist treatment
453.	Rosenthal, E. S.; Nussdorf, L.; D'Amore, A.; Brokus, C.; Silk, R.; Eyasu, R.; Mathur, P.; Bijole, P.; Jones, M.; Kier, R.; Sternberg, D.; Masur, H.; Kottlil, S.; Kattakuzhy, S. (2019). High rates of experienced and witnessed opioid overdose in PWID receiving HCV treatment: Data from the anchor study. <i>Open Forum Infectious Diseases</i> , 6 (Supplement 2)S83.	No in/out treatment data available



	<b>Excluded reference</b>	<b>Exclusion Reason</b>
454.	Ruadze, E.; Todadze, K. (2016). Retention in Georgia opioid substitution therapy program and associated factors. <i>Harm Reduction Journal</i> , 13(1), 35.	No/insufficient mortality data for OAT group
455.	Russolillo, A.; Moniruzzaman, A.; Somers, J. M. (2019). Association of Methadone Treatment With Substance-Related Hospital Admissions Among a Population in Canada With a History of Criminal Convictions. <i>JAMA Network Open</i> , 2(3), e190595.	No/insufficient mortality data for OAT group
456.	Saitz, R.; Gaeta, J.; Cheng, D. M.; Richardson, J. M.; Larson, M. J.; Samet, J. H. (2007). Risk of mortality during four years after substance detoxification in urban adults. <i>Journal of Urban Health</i> , 84(2), 272-82.	Cohort not defined as engaging in opioid agonist treatment
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458.	Samji, H.; O'Brien, N.; Wang, H.; Shen, A.; Palmer, A. K.; Montaner, J. S.; Hogg, R. S. (2011). Correlates of HIV treatment interruption in a cohort of HIV-positive individuals in British Columbia, Canada. <i>Canadian Journal of Infectious Diseases and Medical Microbiology</i> , SB)39B-40B.	Cohort not defined as engaging in opioid agonist treatment
459.	Sanvisens, A.; Fuster, D.; Serra, I.; Tor, J.; Tural, C.; Rey-Joly, C.; Muga, R. (2011). Estimated liver fibrosis and its impact on all-cause mortality of HCV Monoinfected and HCV/HIV-coinfected drug users. <i>Current HIV Research</i> , 9(4), 256-262.	Cohort not defined as engaging in opioid agonist treatment
460.	Sanvisens, Arantza; Vallecillo, Gabriel; Bolao, Ferran; Rivas, Inmaculada; Fonseca, Francina; Fuster, Daniel; Torrens, Marta; Perez-Hoyos, Santiago; Pujol, Ramon; Tor, Jordi; Muga, Roberto (2014). Temporal trends in the survival of drug and alcohol abusers according to the primary drug of admission to treatment in Spain. <i>Drug and Alcohol Dependence</i> , 136115-120.	Cohort not defined as engaging in opioid agonist treatment
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462.	Satre, Derek D.; Chi, Felicia W.; Mertens, Jennifer R.; Weisner, Constance M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. <i>Journal of Studies on Alcohol and Drugs</i> , 73(3), 459-468.	Cohort not defined as engaging in opioid agonist treatment
463.	Saxon, A. J.; Hser, Y. I.; Woody, G.; Ling, W. (2013). Medication-assisted treatment for opioid addiction: Methadone and buprenorphine. <i>Journal of Food and Drug Analysis</i> , 21(4 SUPPL.), S69-S72.	No original data
464.	Schackman, B. R.; Teixeira, P. A.; Beeder, A. B. (2007). Offers of hepatitis C care do not lead to treatment. <i>Journal of Urban Health</i> , 84(3), 455-8.	Cohort not defined as engaging in opioid agonist treatment
465.	Scherbaum, N.; Specka, M.; Hauptmann, G.; Gastpar, M. (2002). Does maintenance treatment reduce the mortality rate of opioid addicts?. [German]. <i>Fortschritte der Neurologie Psychiatrie</i> , 70(9), 455-461.	Duplicate
466.	Schiff, D. M.; Nielsen, T.; Terplan, M.; Hood, M.; Bernson, D.; Diop, H.; Bharel, M.; Wilens, T. E.; LaRochelle, M.; Walley, A. Y.; Land, T. (2018). Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. <i>Obstetrics &amp; Gynecology</i> , 132(2), 466-474.	No in/out treatment data available
467.	Schmid, Petra; Uhlmann, Carmen (2019). Open doors of a psychiatric intensive care unit with addiction patients: A 3-year Follow up study. <i>Fortschritte der Neurologie, Psychiatrie</i> , 87(9), 493-498.	No/insufficient mortality data for OAT group
468.	Schuckit, M. A. (2016). Treatment of opioid-use disorders. <i>New England Journal of Medicine</i> , 375(4), 357-368.	Review
469.	Schwartz, Robert P.; Brooner, Robert K.; Montoya, Ivan D.; Currens, Marian; Hayes, Michael (1999). A 12-year follow-up of a methadone medical maintenance program. <i>The American Journal on Addictions</i> , 8(4), 293-299.	Cohort with less than 30 individuals
470.	Schwartz, Robert P.; Gryczynski, Jan; O'Grady, Kevin E.; Sharfstein, Joshua M.; Warren, Gregory; Olsen, Yngvild; Mitchell, Shannon G.; Jaffe, Jerome H. (2013). Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009. <i>American journal of public health</i> , 103(5), 917-922.	Case reports/case series of drug-related deaths

Excluded reference		Exclusion Reason
471.	Schwartz, R. P.; Kelly, S. M.; Mitchell, S. G.; O'Grady, K. E.; Sharma, A.; Jaffe, J. H. (2020). Methadone treatment of arrestees: A randomized clinical trial. <i>Drug and Alcohol Dependence</i> , 206 (no pagination)(107680), .	Cohort not defined as engaging in opioid agonist treatment
472.	Scordato, M. (1982). [1967-82, an evaluation of the Swedish experience with maintenance methadone therapy of morphine addicts]. <i>Minerva Medica</i> , 73(47), 3353-8.	No in/out treatment data available
473.	Scott, C. K.; Dennis, M. L.; Laudet, A.; Funk, R. R.; Simeone, R. S. (2011). Surviving drug addiction: the effect of treatment and abstinence on mortality. <i>American journal of public health</i> , 101(4), 737-44.	Cohort not defined as engaging in opioid agonist treatment
474.	Seewald, R.; Bruce, R. D.; Elam, R.; Tio, R.; Lorenz, S.; Friedmann, P.; Rabin, D.; Garger, Y. B.; Bonilla Jr, V.; Perlman, D. C. (2013). Effectiveness and feasibility study of routine HIV rapid testing in an urban methadone maintenance treatment program. <i>American Journal of Drug and Alcohol Abuse</i> , 39(4), 247-251.	No/insufficient mortality data for OAT group
475.	Segest, Erling; Mygind, Ole; Bay, Hans (1989). The allocation of drug addicts to different types of treatment: An evaluation and a two-year follow-up. <i>The American journal of drug and alcohol abuse</i> , 15(1), 41-53.	No in/out treatment data available
476.	Segest, Erling; Mygind, Ole; Bay, Hans (1990). The influence of prolonged stable methadone maintenance treatment on mortality and employment: An 8-year follow-up. <i>International Journal of the Addictions</i> , 25(1), 53-63.	No in/out treatment data available
477.	Selling, Daniel; Lee, David; Solimo, Angela; Venters, Homer (2015). A Road Not Taken: Substance abuse programming in the New York City jail system. <i>Journal of Correctional Health Care</i> , 21(1), 44142.	Cohort not defined as engaging in opioid agonist treatment
478.	Sells, S. B.; Chatham, L. R.; Retka, R. L. (1972). A study of differential death rates and causes of death among 9276 opiate addicts during 1970-1971. <i>Contemporary Drug Problems</i> , 1(4), 665-706.	No in/out treatment data available
479.	Selwyn, P. A.; Feingold, A. R.; Hartel, D.; Schoenbaum, E. E.; Alderman, M. H.; Klein, R. S.; Friedland, G. H. (1988). Increased risk of bacterial pneumonia in HIV-infected intravenous drug users without AIDS. <i>Aids</i> , 2(4), 267-72.	No in/out treatment data available
480.	Selwyn, P. A.; Alcabes, P.; Hartel, D.; Buono, D.; Schoenbaum, E. E.; Klein, R. S.; Davenny, K.; Friedland, G. H. (1992). Clinical manifestations and predictors of disease progression in drug users with human immunodeficiency virus infection. <i>New England Journal of Medicine</i> , 327(24), 1697-703.	No in/out treatment data available
481.	Seymour, Alison; Black, Majorie; Jay, Jane; Cooper, Gail; Weir, Christopher; Oliver, John (2003). The role of methadone in drug-related deaths in the west of Scotland. <i>Addiction</i> , 98(7), 995-1002.	Case reports/case series of drug-related deaths
482.	Shah, Nina; Lathrop, Sarah L.; Landen, Michael G. (2005). Unintentional methadone-related overdose death in New Mexico (USA) and implications for surveillance, 1998-2002. <i>Addiction</i> , 100(2), 176-188.	Case reports/case series of drug-related deaths
483.	Shah, A.; Atreja, N.; Duncan, M.; Tai, K.; Gore, M. (2017). Health care utilization and costs associated with pharmacological therapy versus nonpharmacological therapy for opioid dependence. <i>Journal of Managed Care and Specialty Pharmacy</i> , 23 (10-A SUPPL.)S42.	No/insufficient mortality data for OAT group
484.	Shah, A.; Atreja, N.; Tai, K. S.; Gore, M.; Duncan, M. (2018). Health care utilization and costs associated with opioid dependence treatments. <i>American Journal on Addictions</i> , 27 (4)321-322.	No/insufficient mortality data for OAT group
485.	Shah, A.; Atreja, N.; Tai, K. S.; Gore, M.; Duncan, M. (2018). Health care utilization and costs associated with pharmacological vs. non-pharmacological therapy for opioid dependence. <i>American Journal on Addictions</i> , 27 (4)326-327.	No/insufficient mortality data for OAT group
486.	Shannon, K.; Kerr, T.; Lai, C.; Ishida, T.; Wood, E.; Montaner, J. S.; Hogg, R. S.; Tyndall, M. W. (2005). Nonadherence to antiretroviral therapy among a community with endemic rates of injection drug use. <i>Journal of the International Association of Physicians in AIDS Care: JIAPAC</i> , 4(3), 66-72.	Cohort not defined as engaging in opioid agonist treatment
487.	Singh, J.; Dalal, P. K.; Arya, A.; Agarwal, M.; Sinha, P. K. (2018). A follow up study of opioid injecting drug users registered in opioid substitution therapy center-after three years. <i>Indian Journal of Psychiatry</i> , 60 (5 Supplement 1)S84.	No in/out treatment data available
488.	Singhal, N.; Sanger, N.; Samaan, Z. (2018). Changes in polysubstance use among patients on methadone for opioid use disorder. <i>Journal of Addiction Medicine</i> , 12 (3)E5.	No/insufficient mortality data for OAT group

Excluded reference		Exclusion Reason
489.	Skeie, I.; Brekke, M.; Lindbaek, M.; Waal, H. (2008). Somatic health among heroin addicts before and during opioid maintenance treatment: a retrospective cohort study. <i>BMC public health</i> , 843.	No/insufficient mortality data for OAT group
490.	Skidmore, C. A.; Robertson, J. R.; Robertson, A. A.; Elton, R. A. (1990). After the epidemic: follow up study of HIV seroprevalence and changing patterns of drug use. <i>Bmj</i> , 300(6719), 219-23.	Cohort not defined as engaging in opioid agonist treatment
491.	Skinner, Martie L.; Haggerty, Kevin P.; Fleming, Charles B.; Catalano, Richard F.; Gaine, Randy R. (2011). Opiate-addicted parents in methadone treatment: Long-term recovery, health, and family relationships. <i>Journal of Addictive Diseases</i> , 30(1), 17-26.	No in/out treatment data available
492.	Smart, Reginald G. (1974). The probable value of heroin maintenance for Canadian narcotic addicts. <i>Canada's Mental Health</i> , 22(3), 440-46.	No original data
493.	Smart, Reginald G.; Mann, Robert; Suurvali, Helen (1997). Do increased levels of drug abuse treatment lead to fewer drug-related problems?. <i>The American journal of drug and alcohol abuse</i> , 23(3), 421-429.	Cohort not defined as engaging in opioid agonist treatment
494.	Smink, B.; Ruiters, B.; Luthof, K.; de Gier, J.; Uges, D.; Egberts, A. (2005). Drug use and the severity of a traffic accident. <i>Accident Analysis and Prevention</i> , 37(3), 427-433.	Cohort not defined as engaging in opioid agonist treatment
495.	Smyth, Bobby P.; Barry, Joe; Lane, Alison; Cotter, Mary; O'Neill, Mary; Quinn, Caroline; Keenan, Eamon (2005). In-patient treatment of opiate dependence: medium-term follow-up outcomes. <i>The British Journal of Psychiatry</i> , 187(4), 360-365.	Cohort not defined as engaging in opioid agonist treatment
496.	Smyth, B. P.; Barry, J.; Keenan, E.; Ducray, K. (2010). Lapse and relapse following inpatient treatment of opiate dependence. <i>Irish Medical Journal</i> , 103(6), 176-9.	Cohort not defined as engaging in opioid agonist treatment
497.	Smyth, Bobby P.; Fagan, John; Kernan, Kathy (2012). Outcome of heroin-dependent adolescents presenting for opiate substitution treatment. <i>Journal of Substance Abuse Treatment</i> , 42(1), 35-44.	No/insufficient mortality data for OAT group
498.	Socias, M. E.; Wood, E.; Lake, S.; Nolan, S.; Fairbairn, N.; Hayashi, K.; Shulha, H. P.; Liu, S.; Kerr, T.; Milloy, M. J. (2018). High-intensity cannabis use is associated with retention in opioid agonist treatment: a longitudinal analysis. <i>Addiction</i> , 113(12), 2250-2258.	No/insufficient mortality data for OAT group
499.	Soyka, Michael; Apelt, Sabine M.; Lieb, Martin; Wittchen, Hans-Ulrich (2006). One-year Mortality Rates of Patients Receiving Methadone and Buprenorphine Maintenance Therapy: A Nationally Representative Cohort Study in 2694 Patients. <i>Journal of Clinical Psychopharmacology</i> , 26(6), 657-660.	No in/out treatment data available
500.	Soyka, Michael; Trader, Anna; Klotsche, Jens; Backmund, Markus; Buhlinger, Gerhard; Rehm, Jurgen; Wittchen, Hans-Ulrich (2011). Six-year mortality rates of patients in methadone and buprenorphine maintenance therapy: Results from a nationally representative cohort study. <i>Journal of Clinical Psychopharmacology</i> , 31(5), 678-680.	No in/out treatment data available
501.	Soyka, M.; Trader, A.; Klotsche, J.; Backmund, M.; Buhlinger, G.; Rehm, J. T.; Wittchen, H. U. (2011). Mortality in long-term opioid maintenance treatment in Germany: Frequency, causes and predictors. [German]. <i>Suchtmedizin in Forschung und Praxis</i> , 13(5), 247-252.	Duplicate
502.	Soyka, Michael; Trader, Anna; Klotsche, Jens; Haberthur, Annina; Buhlinger, Gerhard; Rehm, Jurgen; Wittchen, Hans-Ulrich (2012). Criminal behavior in opioid-dependent patients before and during maintenance therapy: 6-year follow-up of a nationally representative cohort sample. <i>Journal of forensic sciences</i> , 57(6), 1524-1530.	No in/out treatment data available
503.	Soyka, Michael; Strehle, Jens; Rehm, Jurgen; Buhlinger, Gerhard; Wittchen, Hans-Ulrich (2017). Six-year outcome of opioid maintenance treatment in heroin-dependent patients: Results from a naturalistic study in a nationally representative sample. <i>European Addiction Research</i> , 23(2), 97-105.	No in/out treatment data available
504.	Stang, Hans J. (1977). Three-year follow-up of 100 vagrant adolescent drug abusers in Oslo. <i>Acta Psychiatrica Scandinavica</i> , 55(5), 381-390.	No in/out treatment data available
505.	Stankiewicz, B.; Montalvo, C. (2018). Buprenorphine retention in outpatient mental health: Comparing primary care and mental health outcomes in a large urban safety net hospital. <i>American Journal on Addictions</i> , 27 (4)293.	No/insufficient mortality data for OAT group

	<b>Excluded reference</b>	<b>Exclusion Reason</b>
506.	Stenbacka, M.; Leifman, A.; Romelsjo, A. (1998). The impact of methadone on consumption of inpatient care and mortality, with special reference to HIV status. <i>Substance use &amp; misuse</i> , 33(14), 2819-34.	No in/out treatment data available
507.	Stevenson, Erin (2014). Examining chronic non-cancer pain among a sample of individuals in opioid treatment programs. <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> , 75(5-A(E)), No Pagination Specified.	No/insufficient mortality data for OAT group
508.	Stewart, Duncan; Gossop, Michael; Marsden, John (2002). Reductions in non-fatal overdose after drug misuse treatment: Results from the National Treatment Outcome Research Study (NTORS). <i>Journal of Substance Abuse Treatment</i> , 22(1), 44075.	No/insufficient mortality data for OAT group
509.	Stillwell, G.; Jones, H.; Shaw, J.; Farrell, M.; Marsden, J. (2017). An evaluation of opioid substitution treatment in prison on risk of mortality in period immediately after prison: Does leaving prison on OST reduce the risk of death?. <i>Drug and Alcohol Dependence</i> , 171e197.	Abstract - full text available
510.	Stimson, G. V.; Oppenheimer, E.; Thorley, A. (1978). Seven-year follow-up of heroin addicts: drug use and outcome. <i>British Medical Journal</i> , 1(6121), 1190-2.	No in/out treatment data available
511.	Stoklosa, T.; Haber, P.; Gounder, P.; Youssef, H. (2017). Hepatitis C and liver disease in opioid treatment program patients. <i>Journal of Gastroenterology and Hepatology (Australia)</i> , 32 (Supplement 2)81.	No/insufficient mortality data for OAT group
512.	Stone, Andrew C.; Carroll, Jennifer J.; Rich, Josiah D.; Green, Traci C. (2018). Methadone maintenance treatment among patients exposed to illicit fentanyl in Rhode Island: Safety, dose, retention, and relapse at 6 months. <i>Drug and Alcohol Dependence</i> , 19294-97.	No in/out treatment data available
513.	Stone, A. C.; Carroll, J. J.; Rich, J.; Green, T. C. (2018). Methadone maintenance treatment for fentanyl use; Dose, retention in treatment and relapse. <i>Journal of Addiction Medicine</i> , 12 (3)E17-E18.	Abstract - full text available
514.	Stone, A. C.; Carroll, J. J.; Rich, J. D.; Green, T. C. (2019). Fentanyl use and outcomes in a methadone treatment program: 1-year follow-up. <i>Journal of Addiction Medicine</i> , 13 (3)E28.	No in/out treatment data available
515.	Storbjork, Jessica; Ullman, Sara (2012). A prospective study of mortality up to eight years after starting treatment for alcohol and drug problems in Stockholm county: 2000-2008. <i>Addiction Research &amp; Theory</i> , 20(5), 402-413.	Cohort not defined as engaging in opioid agonist treatment
516.	Strang, John; McCambridge, Jim; Best, David; Beswick, Tracy; Bearn, Jenny; Rees, Sian; Gossop, Michael (2003). Loss of tolerance and overdose mortality after inpatient opiate detoxification: Follow up study. <i>BMJ: British Medical Journal</i> , 326(7396), 959-960.	Cohort not defined as engaging in opioid agonist treatment
517.	Strang, J.; Manning, V.; Mayet, S.; Best, D.; Titherington, E.; Santana, L.; Offor, E.; Semmler, C. (2008). Overdose training and take-home naloxone for opiate users: Prospective cohort study of impact on knowledge and attitudes and subsequent management of overdoses. <i>Addiction</i> , 103(10), 1648-1657.	No/insufficient mortality data for OAT group
518.	Sullivan, M.; Mannelli, P.; Yu, M.; Nangia, N.; Graham, C.; Webster, I.; Andrew Tompkins, D.; Kosten, T.; Akerman, S.; Silverman, B. (2018). Outpatient transition to extended-release naltrexone in patients with opioid-use disorder. <i>American Journal on Addictions</i> , 27 (4)323.	Cohort not defined as engaging in opioid agonist treatment
519.	Sutlovic, D.; Kljucic, Z.; Sliskovic, L.; Susnjar, H.; Viskovic, I.; Definis-Gojanovic, M. (2018). Methadone Maintenance Treatment: A 15-year Retrospective Study in Split-Dalmatia County, Croatia. <i>Therapeutic Drug Monitoring</i> , 40(4), 486-494.	No in/out treatment data available
520.	Swart, A.; Burns, L.; Mao, L.; Grulich, A. E.; Amin, J.; O'Connell, D. L.; Meagher, N. S.; Randall, D. A.; Degenhardt, L.; Vajdic, C. M. (2012). The importance of blood-borne viruses in elevated cancer risk among opioid-dependent people: A population-based cohort study. <i>BMJ Open</i> , 2 (5) (no pagination)(e001755), .	No in/out treatment data available
521.	Tait, R. J.; Hulse, G. K. (2008). Hospital morbidity associated with the natural history of heroin use. <i>Journal of Opioid Management</i> , 4(5), 321-327.	No/insufficient mortality data for OAT group
522.	Tait, R. J.; Ngo, H. T.; Hulse, G. K. (2008). Mortality in heroin users 3 years after naltrexone implant or methadone maintenance treatment. <i>Journal of Substance Abuse Treatment</i> , 35(2), 116-24.	No in/out treatment data available
523.	Tait, J.; Stephens, B. P.; Evans, M.; Cleary, S.; Dillon, J. F. (2013). People who inject drugs (PWID): Difficult to get into services, easy to cure. <i>Hepatology</i> , 1)1102A-1103A.	No in/out treatment data available

	<b>Excluded reference</b>	<b>Exclusion Reason</b>
524.	Takeda, M.; Katzman, J. G.; Balasch, M. M.; Greenberg, N. (2018). Take-home naloxone for patients with opioid use disorder-successful opioid reversals. <i>Journal of Addiction Medicine</i> , 12 (3)E23.	No/insufficient mortality data for OAT group
525.	Tamraz, B.; Reisner, L.; French, A. L.; King, S. T.; Fischl, M. A.; Ofotokun, I.; Kashuba, A.; Milam, J.; Murphy, K.; Augenbraun, M.; Liu, C.; Finley, P. R.; Aouizerat, B.; Cocohoba, J.; Gange, S.; Bacchetti, P.; Greenblatt, R. M. (2019). Association between Use of Methadone, Other Central Nervous System Depressants, and QTc Interval-Prolonging Medications and Risk of Mortality in a Large Cohort of Women Living with or at Risk for Human Immunodeficiency Virus Infection. <i>Pharmacotherapy</i> , 39(9), 899-911.	Cohort not defined as engaging in opioid agonist treatment
526.	Teoh, J.; Yee, A.; Danaee, M. (2018). Predictors of retention and mortality among patients on methadone maintenance therapy. <i>Heroin Addiction and Related Clinical Problems</i> , 20(4), 19-28.	No/insufficient mortality data for OAT group
527.	Termorshuizen, F.; Krol, A.; Prins, M.; van Ameijden, E. J. (2005). Long-term outcome of chronic drug use: the Amsterdam Cohort Study among Drug Users. <i>American Journal of Epidemiology</i> , 161(3), 271-9.	Cohort not defined as engaging in opioid agonist treatment
528.	Thakarar, K.; Rokas, K. E.; Lucas, F. L.; Powers, S.; Andrews, E.; DeMatteo, C.; Mooney, D.; Sorg, M. H.; Valenti, A.; Cohen, M. (2019). Mortality, morbidity, and cardiac surgery in Injection Drug Use (IDU)-associated versus non-IDU infective endocarditis: The need to expand substance use disorder treatment and harm reduction services. <i>PLoS ONE</i> , 14 (11) (no pagination)(e0225460), .	No in/out treatment data available
529.	Thomas, D. B.; Whysner, J. A.; Newmann, M. C. (1979). The phase III clinical evaluation of LAAM: I. Comparative epidemiology of mortality in LAAM and methadone. <i>NIDA Research Monograph</i> , 27289-295b.	No in/out treatment data available
530.	Thomas, D.; Elizabeth, A.; Patrick, P.; Bruno, M. (2018). Report from the Paris supervised injection site: Is it this facility, the recent harm reduction approach towards drug use, safe?. <i>Annals of Intensive Care. Conference: French Intensive Care Society, International Congress Reanimation</i> , 8(1 Supplement 1), .	Cohort not defined as engaging in opioid agonist treatment
531.	Thorpe, L. E.; Frederick, M.; Pitt, J.; Cheng, I.; Watts, D. H.; Buschur, S.; Green, K.; Zorrilla, C.; Landesman, S. H.; Hershow, R. C. (2004). Effect of hard-drug use on CD4 cell percentage, HIV RNA level, and progression to AIDS-defining class C events among HIV-infected women. <i>Journal of Acquired Immune Deficiency Syndromes: JAIDS</i> , 37(3), 1423-30.	Cohort not defined as engaging in opioid agonist treatment
532.	Thylstrup, Birgitte; Bloomfield, Kim; Hesse, Morten (2018). Incremental predictive validity of the Addiction Severity Index psychiatric composite score in a consecutive cohort of patients in residential treatment for drug use disorders. <i>Addictive Behaviors</i> , 76201-207.	Cohort not defined as engaging in opioid agonist treatment
533.	Thylstrup, B.; Seid, A. K.; Tjagvad, C.; Hesse, M. (2020). Incidence and predictors of drug overdoses among a cohort of >10,000 patients treated for substance use disorder. <i>Drug and Alcohol Dependence</i> , 206 (no pagination)(107714), .	No in/out treatment data available
534.	Truszkowska, E.; McCarron, P.; Konovalov, P.; Galander, T.; Lyons, S.; Keenan, E.; Smyth, B. P. (2015). Case-control study of risks and causes of death amongst opioid dependent patients on methadone maintenance treatment. <i>Canadian Journal of Addiction</i> , 6(3), 18-26.	No in/out treatment data available
535.	Tyndall, M. W.; Craib, K. J.; Currie, S.; Li, K.; O'Shaughnessy, M. V.; Schechter, M. T. (2001). Impact of HIV infection on mortality in a cohort of injection drug users. <i>Journal of Acquired Immune Deficiency Syndromes: JAIDS</i> , 28(4), 351-7.	Cohort not defined as engaging in opioid agonist treatment
536.	Uchtenhagen, A.; Gutzwiller, F.; Dobler-Mikola, A.; Steffen, T.; Blattler, R.; Dreifuss, R.; Gschwend, P.; Kaufmann, B.; Kressig, M. M.; Lory, B. N.; Pfeifer, S.; Nyman, A. S.; Schmidlin, C.; Wulschleger, S.; Ernst, M.; Stocker, C.; Metzler, V.; Gasser, M.; Knierim-Keul, C.; Kummerle, U.; Ryser, H.; Schmied, M.; Stierli, M.; Brenneisen, R.; Christen, S.; Frei, A.; Dinkel, R.; Greiner, R. A.; Mehnert, A.; Fluck, C.; Geistlich, S.; Hammig, R.; Hug, I.; Kilhas, M.; Rabasa, J.; Seidenberg, A.; Uehlinger, C.; Basel, J.; Bern, K. I.; Freiburg, P.; Olten, H.; Thun, P. H.; Zug, Z.; Gallen, M. S. H. I. St; Solothurn, G.; Winterthur, I.; Zurcher, H.; Uster, O.; Horgen, D. B. B.; Biel, S.; Luzern, D. I.; Genf, P.; Oberschongrun, S. (1998). Economic evaluation in a trial of medically controlled prescription of narcotics to dependent users (PROVE). [German]. <i>Sozial- und Praventivmedizin</i> , 43(4), 185-194.	No in/out treatment data available

	<b>Excluded reference</b>	<b>Exclusion Reason</b>
537.	Uosukainen, Hanna; Kauhanen, Jussi; Bell, J.; Ronkainen, Kimmo; Tiihonen, Jari; Fohr, Jaana; Onyeka, Ifeoma N.; Korhonen, Maarit J. (2013). Mortality among clients seeking treatment for buprenorphine abuse in Finland. <i>Drug and Alcohol Dependence</i> , 133(2), 391-397.	No in/out treatment data available
538.	Uosukainen, Hanna; Kauhanen, Jussi; Bell, J.; Ronkainen, Kimmo; Tiihonen, Jari; Fohr, Jaana; Onyeka, Ifeoma N.; Korhonen, Maarit J. (2014). "Mortality among clients seeking treatment for buprenorphine abuse in Finland": Corrigendum. <i>Drug and Alcohol Dependence</i> , 142361.	No in/out treatment data available
539.	Vaillant, George E. (1966). A twelve-year follow-up of New York narcotic addicts: I. The relation of treatment to outcome. <i>The American journal of psychiatry</i> , 122(7), 727-737.	Cohort not defined as engaging in opioid agonist treatment
540.	Vaillant, George E. (1973). A 20-year follow-up of New York narcotic addicts. <i>Archives of General Psychiatry</i> , 29(2), 237-241.	Cohort not defined as engaging in opioid agonist treatment
541.	Vajdic, C. M.; Marashi Pour, S.; Olivier, J.; Swart, A.; O'Connell, D. L.; Falster, M. O.; Meagher, N. S.; Mao, L.; Grulich, A. E.; Randall, D. A.; Amin, J.; Burns, L.; Degenhardt, L. (2015). The impact of blood-borne viruses on cause-specific mortality among opioid dependent people: An Australian population-based cohort study. <i>Drug &amp; Alcohol Dependence</i> , 152264-71.	No in/out treatment data available
542.	Valcarce Pardeiro, N.; Alvarez, H.; Santalla, J.; Garcia, J. F.; Rodriguez, I.; Marino, A. (2018). Collaborative approach to improve adherence and retention in care among illicit drug users with HIV/AIDS. <i>European Journal of Hospital Pharmacy</i> , 25 (Supplement 1)A84-A85.	Cohort not defined as engaging in opioid agonist treatment
543.	van Ameijden, E. J.; Krol, A.; Vlahov, D.; Flynn, C.; van Haastrecht, H. J.; Coutinho, R. A. (1999). Pre-AIDS mortality and morbidity among injection drug users in Amsterdam and Baltimore: an ecological comparison. <i>Substance use &amp; misuse</i> , 34(6), 845-65.	Cohort not defined as engaging in opioid agonist treatment
544.	van Ameijden, E.; Langendam, M.; Coutinho, R. (1999). Dose-effect relationship between overdose mortality and prescribed methadone dosage in low-threshold maintenance programs. <i>Addictive Behaviors</i> , 24(4), 559-563.	No in/out treatment data available
545.	van Ameijden, E. J.; Coutinho, R. A. (2001). Large decline in injecting drug use in Amsterdam, 1986-1998: explanatory mechanisms and determinants of injecting transitions. <i>Journal of Epidemiology &amp; Community Health</i> , 55(5), 356-63.	Cohort not defined as engaging in opioid agonist treatment
546.	van Haastrecht, H. J.; van Ameijden, E. J.; van den Hoek, J. A.; Mientjes, G. H.; Bax, J. S.; Coutinho, R. A. (1996). Predictors of mortality in the Amsterdam cohort of human immunodeficiency virus (HIV)-positive and HIV-negative drug users. <i>American Journal of Epidemiology</i> , 143(4), 380-91.	No in/out treatment data available
547.	VanVeldhuisen, P.; Hu, L.; Lindblad, R.; Oden, N.; Wakim, P.; Rosa, C. (2017). Mortality rates among substance use disorder participants in clinical trials: Pooled analysis of 22 NIDA CTN studies. <i>Drug and Alcohol Dependence</i> , 171e206.	Duplicate of Lindbald et al. 2016
548.	Vest, Bridgette Helms (2014). Substance abuse cessation for Veterans coping with mental illness. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 74(9-B(E)), No Pagination Specified.	Cohort not defined as engaging in opioid agonist treatment
549.	Vlahov, D.; Wang, C. I.; Galai, N.; Bareta, J.; Mehta, S. H.; Strathdee, S. A.; Nelson, K. E. (2004). Mortality risk among new onset injection drug users. <i>Addiction</i> , 99(8), 946-954.	No in/out treatment data available
550.	Vlahov, D.; Galai, N.; Safaeian, M.; Galea, S.; Kirk, G. D.; Lucas, G. M.; Sterling, T. R. (2005). Effectiveness of highly active antiretroviral therapy among injection drug users with late-stage human immunodeficiency virus infection. <i>American Journal of Epidemiology</i> , 161(11), 999-1012.	No in/out treatment data available
551.	Wachsman, M. (2019). Mathematically modeling attrition from buprenorphine/naloxone treatment: Finding the lost. <i>American Journal on Addictions</i> , 28 (3)211-212.	No/insufficient mortality data for OAT group
552.	Wakeman, S. E.; Rich, J. D. (2015). Substance use disorders and avoidable mortality after prison. <i>The Lancet Psychiatry</i> , 2(5), 369-370.	No original data
553.	Walley, A. Y.; Cheng, D. M.; Quinn, E. K.; Blokhina, E.; Gnatienco, N.; Chaisson, C. E.; Krupitsky, E.; Coffin, P. O.; Samet, J. H. (2017). Fatal and non-fatal overdose after narcology hospital discharge among Russians living with HIV/AIDS who inject drugs. <i>International Journal of Drug Policy</i> , 39114-120.	Cohort not defined as engaging in opioid agonist treatment

	<b>Excluded reference</b>	<b>Exclusion Reason</b>
554.	Wang, C.; Vlahov, D.; Galai, N.; Baretta, J.; Strathdee, S. A.; Nelson, K. E.; Sterling, T. R. (2004). Mortality in HIV-seropositive versus -seronegative persons in the era of highly active antiretroviral therapy: implications for when to initiate therapy. <i>Journal of Infectious Diseases</i> , 190(6), 1046-54.	Cohort not defined as engaging in opioid agonist treatment
555.	Wang, C.; Vlahov, D.; Galai, N.; Cole, S. R.; Baretta, J.; Pollini, R.; Mehta, S. H.; Nelson, K. E.; Galea, S. (2005). The effect of HIV infection on overdose mortality. <i>Aids</i> , 19(9), 935-42.	No in/out treatment data available
556.	Watterson, Olive; Simpson, D.; Sells, S. (1975). Death rates and causes of death among opioid addicts in community drug treatment programs during 1970-1973. <i>The American journal of drug and alcohol abuse</i> , 2(1), 99-111.	No in/out treatment data available
557.	Weaver, T.; Metrebian, N.; Hellier, J.; Pilling, S.; Charles, V.; Little, N.; Poovendran, D.; Mitcheson, L.; Ryan, F.; Bowden-Jones, O.; Dunn, J.; Gasper, A.; Finch, E.; Strang, J. (2014). Use of contingency management incentives to improve completion of hepatitis B vaccination in people undergoing treatment for heroin dependence: A cluster randomised trial. <i>The Lancet</i> , 384(9938), 153-163.	No in/out treatment data available
558.	Webber, M. P.; Schoenbaum, E. E.; Gourevitch, M. N.; Buono, D.; Chang, C. J.; Klein, R. S. (1998). Temporal trends in the progression of human immunodeficiency virus disease in a cohort of drug users. <i>Epidemiology</i> , 9(6), 613-7.	No in/out treatment data available
559.	Webber, Mayris P.; Schoenbaum, Ellie E.; Gourevitch, Marc N.; Bouno, Donna; Klein, Robert S. (1999). A prospective study of HIV disease progression in female and male drug users. <i>Aids</i> , 13(2), 257-262.	No in/out treatment data available
560.	Weiner, S. G.; Baker, O.; Bernson, D.; Schuur, J. D. (2017). One-year mortality of opioid overdose victims who received naloxone by emergency medical services. <i>Annals of Emergency Medicine</i> , 70 (4 Supplement 1)S158.	Cohort not defined as engaging in opioid agonist treatment
561.	Weiner, S. G.; Baker, O.; Bernson, D.; Schuur, J. D. (2020). One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose. <i>Annals of Emergency Medicine</i> , 75(1), 13-17.	Cohort not defined as engaging in opioid agonist treatment
562.	Weintraub, E. (2018). TELE-BUP: Prescribing buprenorphine to patients in underserved areas using tele-medicine. <i>Heroin Addiction and Related Clinical Problems</i> , 20 (Supplement 1)27.	No/insufficient mortality data for OAT group
563.	Westermeyer, Joseph (1979). Medical and nonmedical treatment for narcotic addicts: A comparative study from Asia. <i>Journal of Nervous and Mental Disease</i> , 167(4), 205-211.	Cohort not defined as engaging in opioid agonist treatment
564.	White, S. R.; Bird, S. M.; Merrall, E. L.; Hutchinson, S. J. (2015). Drugs-Related Death Soon after Hospital-Discharge among Drug Treatment Clients in Scotland: Record Linkage, Validation, and Investigation of Risk-Factors. <i>PLoS ONE [Electronic Resource]</i> , 10(11), e0141073.	No in/out treatment data available
565.	Wiepert, G. D.; Bewley, T. H.; d'Orban, P. T. (1978). Outcomes of 575 British opiate addicts entering treatment between 1968 and 1975. <i>Bulletin on Narcotics</i> , 30(1), 21-32.	No in/out treatment data available
566.	Willems, R.; Gouda, A. S.; Jaffal, K.; Buisine, A.; Labat, L.; Megarbane, B. (2019). Opioid overdoses admitted to the intensive care unit over a 10-year period: Clinical features and opioids involved. <i>Clinical Toxicology</i> , 57 (6)437.	Case reports/case series of drug-related deaths
567.	Williams, A. R.; Samples, H.; Crystal, S.; Olfson, M. (2020). Acute Care, Prescription Opioid Use, and Overdose Following Discontinuation of Long-Term Buprenorphine Treatment for Opioid Use Disorder. <i>The American journal of psychiatry</i> , 177(2), 117-124.	No/insufficient mortality data for OAT group
568.	Willis, J.; Osbourne, A. (1978). What happens to heroin addicts? A follow-up study. <i>British Journal of Addiction</i> , 73(2), 189-198.	No in/out treatment data available
569.	Winograd, R. P.; Wood, C. A.; Stringfellow, E. J.; Presnall, N.; Duello, A.; Horn, P.; Rudder, T. (2020). Implementation and evaluation of Missouri's Medication First treatment approach for opioid use disorder in publicly-funded substance use treatment programs. <i>Journal of Substance Abuse Treatment</i> , 108(), 55-64.	No/insufficient mortality data for OAT group
570.	Wittchen, H. U.; Apelt, S. M.; Soyka, M.; Gastpar, M.; Backmund, M.; Golz, J.; Kraus, M. R.; Tretter, F.; Schafer, M.; Siegert, J.; Scherbaum, N.; Rehm, J.; Buhringer, G. (2008). Feasibility and outcome of substitution treatment of heroin-dependent patients in specialized substitution centers and primary care facilities in Germany: a naturalistic study in 2694 patients. <i>Drug &amp; Alcohol Dependence</i> , 95(3), 245-57.	No in/out treatment data available

Excluded reference		Exclusion Reason
571.	Wittchen, H. U.; Buhringer, G.; Rehm, J. T.; Soyka, M.; Trader, A.; Mark, K.; Trautmann, S. (2011). The 6-years course and outcome of opioid maintenance treatment of 1.624 patients in the German substitution system. [German]. <i>Suchtmedizin in Forschung und Praxis</i> , 13(5), 232-246.	No/insufficient mortality data for OAT group
572.	Wolff, H.; Favrod-Coune, T.; Baroudi, M.; Pierre Rieder, J.; Getaz, L.; Barro, J.; Gaspoz, J. M. T.; Broers, B. (2012). Substitution treatment for all dependent opioid users is possible in jail: A case study of Switzerland. <i>Journal of General Internal Medicine</i> , 2)S304-S305.	No in/out treatment data available
573.	Wood, E.; Hogg, R. S.; Kerr, T.; Palepu, A.; Zhang, R.; Montaner, J. S. G. (2005). Impact of accessing methadone on the time to initiating HIV treatment among antiretroviral-naive HIV-infected injection drug users. <i>Aids</i> , 19(8), 837-839.	No/insufficient mortality data for OAT group
574.	Woody, George E.; Kane, Vince; Lewis, Kimberly; Thompson, Richard (2007). Premature deaths after discharge from methadone maintenance: A replication. <i>Journal of Addiction Medicine</i> , 1(4), 180-185.	No in/out treatment data available
575.	Wright, N. M.; French, C.; Allgar, V. (2014). The safe implementation of a prison-based methadone maintenance programme: 7 year time-series analysis of primary care prescribing data. <i>BMC family practice</i> , 1564.	No in/out treatment data available
576.	Yule, A. M.; Carrellas, N. W.; DiSalvo, M.; Lyons, R. M.; McKowen, J. W.; Nargiso, J. E.; Bergman, B. G.; Kelly, J. F.; Wilens, T. E. (2019). Risk Factors for Overdose in Young People Who Received Substance Use Disorder Treatment. <i>American Journal on Addictions</i> , 28(5), 382-389.	No in/out treatment data available
577.	Zador, D. A.; Sunjic, S. D. (2002). Methadone-related deaths and mortality rate during induction into methadone maintenance, New South Wales, 1996. <i>Drug &amp; Alcohol Review</i> , 21(2), 131-6.	No in/out treatment data available
578.	Zanis, D. A.; McLellan, A. T.; Alterman, A. I.; Cnaan, R. A. (1996). Efficacy of enhanced outreach counseling to reenroll high-risk drug users 1 year after discharge from treatment. <i>American Journal of Psychiatry</i> , 153(8), 1095-6.	No in/out treatment data available
579.	Zanis, D. A.; Woody, G. E. (1998). One-year mortality rates following methadone treatment discharge. <i>Drug &amp; Alcohol Dependence</i> , 52(3), 257-60.	No in/out treatment data available
580.	Zhao, Min; Hao, Wei; Yang, Desen; Zhang, Yalin; Li, Lingjiang (2001). A prospective study of factors related to relapse in heroin addicts. <i>Chinese Journal of Clinical Psychology</i> , 9(2), 81-83, 89.	No in/out treatment data available
581.	Zhao, Y.; Shi, C. X.; McGoogan, J. M.; Rou, K.; Zhang, F.; Wu, Z. (2013). Methadone maintenance treatment and mortality in HIV-positive people who inject opioids in China. <i>Bulletin of the World Health Organization</i> , 91(2), 93-101.	No in/out treatment data available
582.	Zhao, Yan; Shi, Cynthia X.; McGoogan, Jennifer M.; Rou, Keming; Zhang, Fujie; Wu, Zunyou (2015). Predictors of accessing antiretroviral therapy among HIV-positive drug users in China's National Methadone Maintenance Treatment Programme. <i>Addiction</i> , 110(Suppl 1), 40-50.	No/insufficient mortality data for OAT group
583.	Zhao, Yan; Zhang, Mingjie; Shi, Cynthia X.; Huang, Jie; Zhang, Fujie; Rou, Keming; Wu, Zunyou (2017). Mortality and virological failure among HIV-infected people who inject drugs on antiretroviral treatment in China: An observational cohort study. <i>Drug and Alcohol Dependence</i> , 170189-197.	No in/out treatment data available





**eTable 4: Cause of death categories**

	ICD-9	ICD-10	Sources
<b>All injury and poisoning</b>	304, 305.2-305.9, E800-E869, E880-E929, E950-E999	F11-F16, F19, F55, V00-X99, Y00-Y39, Y85-Y87, Y89	CHO injury and poisoning indicator ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm</a> ) - NB: F codes added to ICD-10 to include drug related deaths in circumstances of dependence (likewise 300 codes for ICD-9) and to encapsulate all deaths in subcategories below
Drug-induced deaths	304, 305.2-305.9, E850-E858, E950.0-E950.5, E962.0, E980.0-E980.5	F11- F16, F19, F55, X40- X44, X60-X64, X85, Y10-Y14	ABS definitions of drug induced deaths ( <a href="http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3321.0.55.001ExpJanatory%20Notes11991-2001?OpenDocument">http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3321.0.55.001ExpJanatory%20Notes11991-2001?OpenDocument</a> )
Accidental drug-induced deaths	304, E850-E858	F11-F16, F19, F55, X40-X44	ICD10 codes from: Barker B and Degenhardt L. Accidental drug-induced deaths in Australia 1997-2001. NDARC Technical Report No. 163. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
Accidental opioid deaths	304.0, 304.7, E850.0-E850.2	F11; F19 & F11; X42 & T40.0-T40.4 or T40.6; X44 & T40.0-T40.4 or T40.6; F19 & T40.0-T40.4 or T40.6	Barker B and Degenhardt L. Accidental drug-induced deaths in Australia 1997-2001. NDARC Technical Report No. 163. Sydney, National Drug and Alcohol Research Centre, University of New South Wales. Added E850.2 in the ICD9 definition – Accidental poisoning by other opiates and related narcotics.
<b>Suicide</b>	E950-E959	X60- X84, Y87.0	CHO suicide indicator ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm</a> )
<b>Violence</b>	E960-E969	X85-Y09, Y87.1	CHO violence indicator ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_avm.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_avm.htm</a> )
<b>Motor vehicle and transport accidents</b>	E810-E825, E929.0	V01-V99	CHO motor vehicle crash injury indicator ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm</a> ) and CHO unintentional injuries indicators ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_avm.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_avm.htm</a> ) - NB: modified to only the ICD-10 chapter 'Transport Accidents' including all codes in this chapter
<b>Falls/fires/burns/drownings</b>	E880-E886, E888; E890-E899; E910	W00-W19, W65-W74, X00-X09	CHO unintentional injuries indicators ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_avm.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_avm.htm</a> )
<b>All liver-related</b>	070, 155, 570, 571, 572-573	B15–B19, B94.2, C22, I85.0, K70–K77, O98.4, P35.3	Amin J, Law M, Bartlett M, Kaldor J, Dore G. Causes of death after diagnosis of hepatitis B or hepatitis C infection: a large community-based linkage study. Lancet 2006; 368: 938–45. Added obstetric and neonatal hepatitis codes from CHO viral hepatitis indicator.

	ICD-9	ICD-10	Sources
			- NB: I85.0 (Oesophageal varices with bleeding) added
Viral hepatitis	070	B15-B19, B94.2, I85.0, O98.4, P35.3	CHO potentially avoidable mortality table ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_avm.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_avm.htm</a> ) and diagnosis table ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm</a> ) - NB: I85.0 (Oesophageal varices with bleeding) added
<b>All alcohol-related</b>	291, 303.0, 303.9, 305.0, 357.5, 425.5, 535.3, 571.0-571.3, E860.0-E860.2	E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K86.0, R78.0, X45, X65, Y15	ABS alcohol-induced deaths indicator in 3303.0 - Causes of Death, Australia, 2006 ( <a href="http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/3303.0Appendix32006?opendocument&amp;tabname=Notes&amp;prodno=3303.0&amp;issue=2006&amp;num=&amp;view=">http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/3303.0Appendix32006?opendocument&amp;tabname=Notes&amp;prodno=3303.0&amp;issue=2006&amp;num=&amp;view=</a> ) ICD9 translation assisted by Chikritzhs et al 2002 'Alcohol-related codes: Mapping ICD-9 to ICD-10' Technical Report from NDRI and Dept of Health, Western Australia ( <a href="http://espace.lis.curtin.edu.au/archive/00000406/01/T128_ICD9-ICD10.pdf">http://espace.lis.curtin.edu.au/archive/00000406/01/T128_ICD9-ICD10.pdf</a> )
<b>Cancer</b>	140-208	C00-C97	CHO indicator for cancer ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm</a> )
<b>Cardiovascular disease</b>	390-459	I00-I99, G45, G46	CHO cardiovascular disease indicator ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm</a> )
<b>Chronic respiratory disease</b>	491, 492, 493, 496	J41-J46	CHO chronic respiratory disease indicator ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm</a> )
<b>Digestive disorders (including chronic liver disease)</b>	531-534, 540-543, 550-553, 571.4-571.9, 574-577	K25-K28, K35-K38, K40-K46, K73, K74, K80-K83, K85-K86, K91.5	CHO potentially avoidable mortality table ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_avm.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_avm.htm</a> )
<b>HIV-related</b>	042-044, 279.10	B20-B24	ABS definition in 3303.0 - Causes of Death, Australia, 2006, explanatory notes point 42 ( <a href="http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12006?OpenDocument">http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12006?OpenDocument</a> )
<b>Influenza and pneumonia</b>	480-487	J10-J18	CHO indicator ( <a href="http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm">http://www.health.nsw.gov.au/public-health/chorep/toc/app_icd_diag.htm</a> )
<b>Injection-related injuries and diseases (including osteomyelitis)</b>	1128, 11281, 421*, 424*, 038*, 4151, 41512, 4229, 42292, 449*, 7855*, 7907*, 9959, 99590-2, 7300*-7302*	B376, I33*-I37*, I38, I39*, A40*, A41*, I269, I400, R572, R651, R659, M86*, M899*, I80*, L97*, L988,	Janjua NZ, Islam N, Kuo M, et al. Identifying injection drug use and estimating population size of people who inject drugs using healthcare

	ICD-9	ICD-10	Sources
	7309*, 0400*, 324*, 326*, 451*, 5672, 56722, 56731, 56738, 5695*, 5720*, 5901*, 681*, 682*, 7071*, 7078*, 7079*, 7098*, 7236*, 72886, 7293, 72930, 72939, 7854*, 7300*-7302*, 7309*	M793*, A480, G06*, G09, K630, K650, K750, L02*, L03*, M5402, M726*, N10, R02	administrative datasets. <i>The International journal on drug policy</i> 2018; <b>55</b> : 31-9.
Endocarditis	1128, 11281, 421*, 424*	B376, I33*-I37*, I38, I39*	Janjua NZ, Islam N, Kuo M, et al. Identifying injection drug use and estimating population size of people who inject drugs using healthcare administrative datasets. <i>The International journal on drug policy</i> 2018; <b>55</b> : 31-9.
Bacteraemia or sepsis	038*, 4151, 41512, 4229, 42292, 449*, 7855*, 7907*, 9959, 99590-2	A40*, A41*, I269, I400, R572, R651, R659	Janjua NZ, Islam N, Kuo M, et al. Identifying injection drug use and estimating population size of people who inject drugs using healthcare administrative datasets. <i>The International journal on drug policy</i> 2018; <b>55</b> : 31-9.
Skin or soft tissue infections	0400*, 324*, 326*, 451*, 5672, 56722, 56731, 56738, 5695*, 5720*, 5901*, 681*, 682*, 7071*, 7078*, 7079*, 7098*, 7236*, 72886, 7293, 72930, 72939, 7854*	I80*, L97*, L988, M793*, A480, G06*, G09, K630, K650, K750, L02*, L03*, M5402, M726*, N10, R02	Janjua NZ, Islam N, Kuo M, et al. Identifying injection drug use and estimating population size of people who inject drugs using healthcare administrative datasets. <i>The International journal on drug policy</i> 2018; <b>55</b> : 31-9.

**eTable 5: Variables**

Demographic and study details	
Author; PubYear; LitType	Publication details
Country; Area; Area_Spec	Geographical details
Studytype; RCT	Study design e.g. RCT, retrospective cohort
Subpopulation	If the study was restricted to a particular group among people with OUD e.g. HIV+
Recruitment_setting; Recruitment_other	How were participants recruited?
OAT_avail; OAT_availspecify	OAT drug used in the study
OATsites	Whether the study was single or multi-site
OUD_define	How opioid use disorder was defined
Linkage	Was this a linkage study?
Data_sources	What data sources were used?
Deathverify; Deathverify_other	How were deaths verified?
RCT_groups	For RCTs – what were the comparison groups?
Elig_notes	Eligibility criteria
Datestart; Dateend	Study years
Subgroups; Subgroups_select; Subgroups_specify	Indicates whether relevant data is available stratified by subgroups
FU_dur; FU_durM; FU_durMed; FU_durSD; FU_durRange	Details reported for follow up duration for group involved in OAT
FU_loss; FU_loss%	n/% lost to follow up for group involved in OAT
FU_dur_overall; FU_durM_overall; FU_durMed_overall; FU_durSD_overall; FU_durRange_overall	Details reported for follow up duration for whole sample if not all were involved in OAT
FU_loss_overall; FU_loss%_overall	n/% lost to follow up for whole sample if not all were involved in OAT
FU_dur_comp; FU_durM_comp; FU_durMed_comp; FU_durSD_comp; FU_durRange_comp	Details reported for follow up duration for comparator group
FU_loss_comp; FU_loss%_comp	n/% lost to follow up for comparator group
N; N_overall; N_comp	Total N in OAT group, total cohort and comparator group
M; M_overall; M_comp	Number of males in OAT group, total cohort and comparator group
M%; M%_overall; M%_comp	% males in OAT group, total cohort and comparator group
F; F_overall; F_comp	Number of females in OAT group, total cohort and comparator group
F%; F%_overall; F%_comp	% females in OAT group, total cohort and comparator group
age; age_unit; age_SD; age_min; age_max	Age details as reported for sample engaged in OAT
age_overall; age_unit_overall; age_SD_overall; age_min_overall; age_max_overall	Age details as reported for total cohort if not all were involved in OAT
age_comp; age_unit_comp; age_SD_comp; age_min_comp; age_max_comp	Age details as reported for comparator group
homestable_n; homestable_%; homeunstab_n; homeunstab_%	n/% with stable/unstable housing situations as reported
primOp; primOp_n; primOp_%	Primary opioid used
OUage_unit; OU_age; OUage_SD; OUage_IQR	Age commenced opioid use
Inj_n; Inj_%; Inj_curr	n/% reporting current injection drug use & definition of current
od_define; odhxLT_n; odhxLT_%; odhxRec_n; odhxRec_%; odhx_recency	n/% with recent or lifetime history of overdose – with definitions of overdose and recency
DxHIV; DxHIV_n; DxHIV_%; DxHIV_test	Whether whole sample is HIV+ or n/% diagnosed HIV+ and verification test if specified
DxHCV; DxHCV_n; DxHCV_%; DxHCV_test	Whether whole sample is HCV+ or n/% diagnosed HCV+ and verification test if specified
DxSUD; DxSUD_n; DxSUD_%	Whether whole sample has co-morbid substance use disorder or n/% with co-morbid substance use disorder
DxPsy	Whether sample all has a psychiatric co-morbidity
DxPsy1; DxPsy1_n; DxPsy1_%	n%/specification for first psychiatric co-morbidity reported on

DxPsy2; DxPsy2_n; DxPsy2_%	n%/specification for second psychiatric co-morbidity reported on
DxMed	Whether sample all has a medical co-morbidity
DxMed1; DxMed1_n; DxMed1_%	n%/specification for first medical co-morbidity reported on
DxMed2; DxMed2_n; DxMed2_%	n%/specification for second medical co-morbidity reported on
Prison; Prison_n; Prison_%	Whether the whole cohort was in prison or n/% who were
Sexwk; Sexwk_n; Sexwk_%	Whether the whole cohort was engaged in sex work or the n/% who were
MMT_dose; BMT_dose	Average dose of methadone and/or buprenorphine
MMT_prov; BMT_prov; OAT_prov	Treatment provider for methadone, buprenorphine and/or overall OAT
MMT_ingest; BMT_ingest	Ingestion/intake details for methadone and/or buprenorphine
MMT_naivecoh; BMT_naivecoh; OAT_naivecoh	Whether sample engaged in methadone, buprenorphine and/or OAT overall was previously treatment naive
MMT_takeaway; BMT_takeaway; OAT_takeaway	Whether takeaway doses were available for methadone, buprenorphine and/or OAT overall
MMT_dur; BMT_dur; OAT_dur; MMT_durIQR; BMT_durIQR; OAT_durIQR	Median treatment duration (and interquartile range) for methadone, buprenorphine and/or OAT overall
MMT_OutTx; BMT_OutTx; OAT_OutTx	Definition of in and out of treatment for methadone, buprenorphine and/or OAT overall
ConcurTx; ConcurTx_specify	Whether another treatment was provided concurrently and if so which
TxLocate_Community; TxLocate_Prison; TxLocate_PostPris; TxLocate_Hospital	Location/circumstance of treatment – community, prison, post-release or hospital
<b>In and out of treatment mortality data</b>	
inTx_py	person years in treatment
inTx_deaths	number of deaths in treatment
inTx_allCMR; inout_unit; inout_unitother	Crude Mortality Rate in treatment (all-cause); & associated unit
inTx_allSMR	Standardized Mortality Rate in treatment
inTx_missing_n; inTx_missing_notes	number for whom in treatment data is missing
outTx_py	person years out of treatment
outTx_deaths	number of deaths out of treatment
outTx_allCMR	Crude Mortality Rate out of treatment
outTx_allSMR	Standardised Mortality Rate out of treatment
outTx_missing_n; outTx_missing_notes	number for whom out of treatment data is missing
InjPois_define	definition of 'All injury and poisoning' deaths
Drug_define	definition of 'Drug-induced deaths'
AccDrug_define	definition of 'Accidental drug-induced deaths'
AccOp_define	definition of 'Accidental opioid deaths'
Suic_define	definition of 'Suicide'
Viol_define	definition of 'Violence' deaths
Cardio_define	definition of 'Cardiovascular disease' deaths
Liver_define	definition of 'All-liver-related' deaths
VirHep_define	definition of 'Viral hepatitis' deaths
Alc_define	definition of 'All alcohol-related' deaths
Canc_define	definition of 'Cancer' deaths
HIV_define	definition of 'HIV-related' deaths
CRD_define	definition of 'Chronic respiratory disease' deaths
Digest_define	definition of 'Digestive disorders' deaths
Flu_define	definition of 'Influenza and pneumonia' deaths
Inject_define	definition of 'Injection-related injuries and diseases' deaths
Endo_define	definition of 'Endocarditis' deaths
Seps_define	definition of 'Bacteraemia or sepsis' deaths
Skin_define	definition of 'Skin or soft tissue infections' deaths
MVA_define	definition of 'Motor vehicle and transport accidents' deaths
Fall_define	definition of 'Falls/Fires/Burns/Drownings' deaths
inTx_XXXX_n	number of deaths in treatment for each CoD
outTx_XXXX_n	number of deaths out of treatment for each CoD
G1_inTx_py	person years in treatment on methadone
G1_inTx_deaths	number of deaths in treatment on methadone
G1_inTx_allCMR	Crude Mortality Rate in treatment (all-cause) & associated unit
G1_inTx_allSMR	Standardised Mortality Rate in treatment on methadone

G1_inTx_missing_n; G1_inTx_missing_notes	number for whom in treatment (methadone) data is missing
G1_outTx_py	person years in treatment on methadone
G1_outTx_deaths	number of deaths in treatment on methadone
G1_outTx_allCMR	Crude Mortality Rate out of methadone treatment
G1_outTx_allSMR	Standardised Mortality Rate out of methadone treatment
G1_outTx_missing_n; G1_outTx_missing_notes	number for whom out of treatment data is missing
G1_inTx_XXXX_n	number of deaths in methadone treatment for each CoD
G1_outTx_XXXX_n	number of deaths out of methadone treatment for each CoD
G2_inTx_py	person years in treatment on buprenorphine
G2_inTx_deaths	number of deaths in treatment on buprenorphine
G2_inTx_allCMR	Crude Mortality Rate in treatment with buprenorphine
G2_inTx_allSMR	Standardised Mortality Rate in treatment with buprenorphine
G2_inTx_missing_n; G2_inTx_missing_notes	number for whom in treatment (buprenorphine) data is missing
G2_outTx_py	person years out of buprenorphine treatment
G2_outTx_deaths	number of deaths out of buprenorphine treatment
G2_outTx_allCMR	Crude Mortality Rate out of buprenorphine treatment
G2_outTx_allSMR	Standardised Mortality Rate out of buprenorphine treatment
G2_outTx_missing_n; G2_outTx_missing_notes	number for whom out of treatment (buprenorphine) data is missing
G2_inTx_XXXX_n	number of deaths in buprenorphine treatment for each CoD
G2_outTx_XXXX_n	number of deaths out of buprenorphine treatment for each CoD
G3_specify	specification of 'other' OAT type for which in/out data is available
G3_inTx_py	person years in 'other' treatment
G3_inTx_deaths	number of deaths in 'other' treatment
G3_inTx_allCMR	Crude Mortality Rate in 'other' treatment
G3_inTx_allSMR	Standardised Mortality Rate in 'other' treatment
G3_inTx_missing_n; G3_inTx_missing_notes	number for whom in 'other' treatment data is missing
G3_outTx_py	person years out of 'other' treatment
G3_outTx_deaths	number of deaths out of 'other' treatment
G3_outTx_allCMR	Crude Mortality Rate out of 'other' treatment
G3_outTx_allSMR	Standardised Mortality Rate out of 'other' treatment
G3_outTx_missing_n; G3_outTx_missing_notes	number for whom out of 'other' treatment is missing
G3_inTx_XXXX_n	number of deaths in 'other' treatment for each CoD category
G3_outTx_XXXX_n	number of deaths out of 'other' treatment for each CoD category
<b>In and out of treatment mortality data by time period (4 week/remainder) – each variable collected for overall/any OAT, methadone only, buprenorphine only and other specified OAT type</b>	
inTxstart4_py	person years in first four weeks of treatment
inTxstart4_deaths	number of deaths in first four weeks of treatment
start4_unit; start4_unitother	unit if CMRs/SMRs are reported
inTxstart4_allCMR	Crude Mortality Rate for first four weeks in treatment
inTxstart4_allSMR	Standardised Mortality Rate for first four weeks in treatment
inTxremainder4_py	person years in remainder of time in treatment
inTxremainder4_deaths	number of deaths in remainder of time in treatment
inTxremainder4_allCMR	Crude Mortality Rate for remainder of time in treatment
inTxremainder4_allSMR	Standardised Mortality Rate for remainder of time in treatment
outTxstart4_py	person years in first four weeks out of treatment
outTxstart4_deaths	number of deaths in first four weeks out of treatment
outTxstart4_allCMR	Crude Mortality Rate for first four weeks out of treatment
outTxstart4_allSMR	Standardised Mortality Rate for first four weeks out of treatment
outTxremainder4_py	person years in first four weeks out of treatment
outTxremainder4_deaths	number of deaths in first four weeks out of treatment
outTxremainder4_allCMR	Crude Mortality Rate for first four weeks out of treatment
outTxremainder4_allSMR	Standardised Mortality Rate for first four weeks out of treatment
inTxstart4_XXXX_n	number of deaths during first four weeks of treatment for each CoD category
inTxremainder4_XXXX_n	number of deaths during remainder of time in treatment for each CoD category

outTxstart4_XXXX_n	number of deaths during first four weeks out of treatment for each CoD category
outTxremainder4_XXXX_n	number of deaths during remainder of time out of treatment for each CoD category
<b>In and out of treatment mortality data by time period (other) – each variable collected for overall/any OAT, methadone only and buprenorphine only</b>	
startother_define	definition of start/remainder periods
inTxstartother_py	person years in 'start' period in treatment
inTxstartother_deaths	number of deaths in 'start' period in treatment
inTxremainderother_py	person years in 'remainder' period in treatment
inTxremainderother_deaths	number of deaths in 'remainder' period in treatment
outTxstartother_py	person years in 'start' period out of treatment
outTxstartother_deaths	number of deaths in 'start' period out of treatment
outTxremainderother_py	person years in 'remainder' period out of treatment
outTxremainderother_deaths	number of deaths in 'remainder' period out of treatment
inTxstartother_XXXX_n	number of deaths during 'start' period in treatment for each CoD category
inTxremainderother_XXXX_n	number of deaths during 'remainder' period in treatment for each CoD category
outTxstartother_XXXX_n	number of deaths during 'start' period out of treatment for each CoD category
outTxremainderother_XXXX_n	number of deaths during 'remainder' period out of treatment for each CoD category
<b>In and out of treatment mortality stratified by client and treatment features</b>	
male_inTx_py	person years in treatment for males
male_inTx_deaths	number of deaths in treatment for males
male_outTx_py	person years out of treatment for males
male_outTx_deaths	number of deaths out of treatment for males
female_inTx_py	person years in treatment for females
female_inTx_deaths	number of deaths in treatment for females
female_outTx_py	person years out of treatment for females
female_outTx_deaths	number of deaths out of treatment for females
und35_inTx_py	person years in treatment for those under 35 at baseline
und35_inTx_deaths	number of deaths in treatment for those under 35 at baseline
und35_outTx_py	person years out of treatment for those under 35 at baseline
und35_outTx_deaths	number of deaths out of treatment for those under 35 at baseline
35over_inTx_py	person years in treatment for those 35 and over at baseline
35over_inTx_deaths	number of deaths in treatment for those 35 and over at baseline
35over_outTx_py	person years out of treatment for those 35 and over at baseline
35over_outTx_deaths	number of deaths out of treatment for those 35 and over at baseline
PWID_inTx_py	person years in treatment for people who inject drugs
PWID_inTx_deaths	number of deaths in treatment for people who inject drugs
PWID_outTx_py	person years out of treatment for people who inject drugs
PWID_outTx_deaths	number of deaths out of treatment for people who inject drugs
nonPWID_inTx_py	person years in treatment for people who do not inject drugs
nonPWID_inTx_deaths	number of deaths in treatment for people who do not inject drugs
nonPWID_outTx_py	person years out of treatment for people who do not inject drugs
nonPWID_outTx_deaths	number of deaths out of treatment for people who do not inject drugs
HIVpos_inTx_py	person years in treatment for people who are HIV-positive
HIVpos_inTx_deaths	number of deaths in treatment for people who are HIV-positive
HIVpos_outTx_py	person years out of treatment for people who are HIV-positive
HIVpos_outTx_deaths	number of deaths out of treatment for people who are HIV-positive
HCVpos_inTx_py	person years in treatment for people who are HCV-positive
HCVpos_inTx_deaths	number of deaths in treatment for people who are HCV-positive
HCVpos_outTx_py	person years out of treatment for people who are HCV-positive
HCVpos_outTx_deaths	number of deaths out of treatment for people who are HCV-positive
spec_inTx_py	person years in treatment with a specialist
spec_inTx_deaths	number of deaths in treatment with a specialist
spec_outTx_py	person years out of treatment with a specialist
spec_outTx_deaths	number of deaths out of treatment with a specialist



nonspec_inTx_py	person years in treatment with a GP/mixed/other provider
nonspec_inTx_deaths	number of deaths in treatment with a GP/mixed/other provider
nonspec_outTx_py	person years out of treatment with a GP/mixed/other provider
nonspec_outTx_deaths	number of deaths out of treatment with a GP/mixed/other provider
<b>Mortality data for randomised controlled trials</b>	
ComparType; ComparType_Other; ComparType_Notes	Details about comparator to OAT
Cmp_inTx_py	person years of follow-up in OAT group
Cmp_inTx_deaths	deaths in OAT group
Cmp_inTx_allCMR; Cmp_unit; Cmp_unitother	Crude Mortality Rate for OAT group including specification of unit for CMRs and SMRs
Cmp_inTx_allSMR	Standardised Mortality Rate for OAT group
Cmp_inTx_missingn; Cmp_inTx_missingNotes	n for whom outcome data is missing in OAT group
Cmp_outTx_py	person years of follow-up in comparator group
Cmp_outTx_deaths	deaths in comparator group
Cmp_outTx_allCMR	Crude Mortality Rate for comparator group
Cmp_outTx_allSMR	Standardised Mortality Rate for comparator group
Cmp_outTx_missingn; Cmp_outTx_missingNotes	n for whom outcome data is missing in the comparator group
Cmp_inTx_XXXX_n	number of deaths in OAT group for each CoD category
Cmp_outTx_XXXX_n	number of deaths in comparator group for each CoD category
Cmp_start_define	definition of start and remainder time periods e.g. first four weeks & remainder
Cmp_inTxStart_py	person years in 'start' period for OAT group
Cmp_inTxStart_deaths	number of deaths in 'start' period for OAT group
Cmp_inTxStart_XXXX_n	number of deaths during 'start' period for each CoD category in the OAT group
Cmp_inTxRem_py	person years in 'remainder' period for OAT group
Cmp_inTxRem_deaths	number of deaths during 'remainder' period for OAT group
Cmp_inTxRem_XXXX_n	number of deaths during 'remainder' period for each CoD category in the OAT group
Cmp_outTxStart_py	person years in 'start' period for comparator group
Cmp_outTxStart_deaths	number of deaths in 'start' period for comparator group
Cmp_outTxStart_XXXX_n	number of deaths during 'start' period for each CoD category in the comparator group
Cmp_outTxRem_py	person years in 'remainder' period for comparator group
Cmp_outTxRem_deaths	number of deaths during 'remainder' period for comparator group
Cmp_outTxRem_XXXX_n	number of deaths during 'remainder' period for each CoD category in the comparator group

eTable 6: Key extracted and used data

Study (Author, ref)	Years of cohort observation	Country	N	All-Cause Deaths				Drug-Induced Deaths				
				N deaths in treatment		N person-years in treatment		N deaths out of treatment		N person-years out of treatment		
Abrahamsson 2017	2005-2012	Sweden	4501	194		14550		163		6888		
Appel 2000	1966-1976	United States	1544	93		6130		83		2355		
Bakker 2017	1994-2015	England	278	15		1289		26		892		
Bazazi 2018	2010-2014	Malaysia	214	42		606.3		19		259.4		
Bukten 2019	1997-2009	Norway	7843	378		29172		319		11345		
Buster 2002	1986-1998	Netherlands	5200					160		29172		
Chang 2015 <sup>A</sup>	2006-2011	Taiwan	983	16		2861		52		1535		
Cousins 2011 <sup>A</sup>	1993-2004	Scotland	3162	61		4067.99		79		4313.24		
Cousins 2016 <sup>A</sup>	2004-2010	Ireland	6983	115		22647.9		98		6247.4		
Davoli 2007	1998-2001	Italy	10258					7		5751.28		
Degenhardt 2009 <sup>A</sup>	1985-2006	Australia	42676	1223		202337.09		2580		223660.69		
Digiusto 2004	-	Australia	1244	0		267.6		2		19.7		
Dupouy 2017 <sup>A</sup>	2007-2013	France	713	4		1401.97		25		1817.56		
Durand 2020 <sup>A</sup>	2010-2015	Ireland	2899	107		11874.75		45		1426.01		
Evans 2015	2006-2010	United States	32322	163		25277		868		51380		
Fellows-Smith 2011	1998-2000	Australia	2520 <sup>#</sup>	14		1922		23		3096		
Fugelstad 2007	1988-2000	Sweden	848	77		3353.9		108		2170.6		
Gearing 1974	1964-1971	United States	801	110		14473.68		33		1170.21		
Gronbladh 1990	1967-1988	Sweden	281	16		1085.4767		80		1407.1		
Hickman 2018 <sup>A</sup>	1998-2014	UK	11033	132		14384.548		384		25713.947		
Huang 2011	2007-2008	Taiwan	1982	3		1244.6		28		719.2		
Huang 2013 <sup>A</sup>	2006-2008	Taiwan	1616	13		550.62		13		208.84		
Kelty 2019 <sup>A</sup>	2001-2010	Australia	5116	87		14989.8		177		19187.6		
Kimber 2015 <sup>A</sup>	2001-2010*	Australia	46531	481		83485.8		1211		119691.12		
Degenhardt 2014 <sup>A</sup>	2000-2012	Australia	16453	By OAT post-release:	63	15438.57	355	18504.67	15	15438.57	101	18504.67

Study (Author, ref)	Years of cohort observation	Country	N	All-Cause Deaths				Drug-Induced Deaths				
				N deaths in treatment		N person- years in treatment	N deaths out of treatment	N person- years out of treatment	N deaths in treatment	N person- years in treatment	N deaths out of treatment	N person- years out of treatment
				By OAT in prison:	156	17405.68	262	16537.55	29	17405.68	87	16537.55
<b>Larney 2014</b>	2000-2012	Australia	16453	11		16440	40	14548	0	16440	6	14548
<b>Larochelle 2018</b>	2012-2015	United States	17568	43		2255.83	764	15025.83				
<b>Liu 2013</b>	2004-2011	China	306786	1527		190646.4	4046	282058.7				
<b>Marsden 2017<sup>A</sup></b>	2010-2016	England	12260	81		7263	79	5869	47	7263	55	5869
<b>Morozova 2013<sup>A</sup></b>	2011-2012	Ukraine	110	6		13.35	3	12.208				
<b>Muga 2014<sup>A</sup></b>	1992-2010	Spain	1678	299		9685.1	142	5439.2				
<b>Pavarin 2017<sup>A</sup></b>	2001-2013**	Italy	2232	36		5080.84	77	11242.21	7	5080.84	24	11242.21
<b>Pearce 2020<sup>A</sup></b>	1996-2018	Canada	55347	2197		202315.36	4833	198501.82	460	202315.36	1837	198501.82
<b>Pierce 2016</b>	2005-2009	England	151983						712	272280	787	170666
<b>Reece 2010</b>	2000-2007	Australia	2518 <sup>#</sup>	3		1118.54	40	6911.48	3	1118.54	13	6911.48
<b>Scherbaum 2002</b>	1988-1996	Germany	244	18		1114	14	172				
<b>Weber 1990</b>	1984-	Switzerland	297	7		168.67	33	371.225	0	168.67	12	371.225

**eTable 7: Characteristics of eligible randomised controlled trials and observational studies that reported on the impact of opioid agonist treatment (OAT) on mortality**

Randomised controlled trials													
Study	Years	Country	Geographic area	Recruitment setting	Type of OAT (comparator)	Treatment provider	Follow Up Length (planned)	% LTFU	N OAT	N Comparator	% women	Mean age at baseline	% PWID
Gordon 2014 <sup>43</sup>	2008-2012	USA	Prison clinics	Maryland prisons	Buprenorphine (counselling)	Mixed	3–6 months	B: 39; C: 29	104	107	B: 31; C: 29	39	NR
Gruber 2008 <sup>44</sup> A	1995-1997	USA	Single clinic	Hospital (outpatient clinic)	Methadone (detoxification)	NR	6 months	M: 50; C: 62	72	39	M: 46; C: 26	M: 41; C: 43	NR
Gunne 1981 <sup>26</sup>	1973-1979	Sweden	National	OAT clinic	Methadone (waitlist)	Psychiatrist	2 years <sup>B</sup>	Me: 0; C: 12	17	17	M: 35; C: 12	M: 23; C: 23	100
Kakko 2003 <sup>45</sup>	2000-2001	Sweden	Single clinic	Drug treatment clinic	Buprenorphine (detoxification, placebo)	NR	1 year	B: 25; C: 100	20	20	B: 25; C: 70	B: 29; C: 32	98
Kinlock 2009 <sup>46</sup>	2003-2006	USA	Single clinic	Prison	Methadone (counselling)	NR	12 months	M: 0; C: 7	71	140	0	M: 34; C: 41	NR
Krook 2002 <sup>47</sup>	2000	Norway	Single clinic	Waitlist for OAT clinic	Buprenorphine (placebo)	Mixed	3 months	B: 7; C: 6	55	51	B: 35; C: 33	B: 38; C: 38	NR
Lee 2018 <sup>48</sup>	2014-2017	USA	8 community sites	Inpatient detox, community	Buprenorphine (injectable naltrexone)	Mixed	9 months	B: 14; C: 19	287	283	B: 72; C: 31	B: 34; C: 34	63
Ling 2010 <sup>49</sup>	2007-2008	USA	18 community sites	Community treatment centres	Buprenorphine (placebo)	Physician	6 months	B: 34; C: 69	108	55	B: 33; C: 27	B: 36; C: 39	NR
Metzger 2015 <sup>50</sup>	2007-2011	China, Thailand	City/Jurisdictional	Drug and HIV treatment, community	Buprenorphine (detoxification)	NR	2 years	B: 5; C: 6	623	627	B: 8; C: 8	B: 33; C: 34 (median)	100
Newman 1979 <sup>51</sup>	1972-1975	Hong Kong	Single clinic	OAT clinic	Methadone (detoxification)	Mixed	3 years	OAT: 44; C: 98	50	50	0	OAT: 38; C: 38	38
Rich 2015 <sup>52</sup>	2011-2015	USA	Prison clinic	Prison (Rhode Island)	Methadone (forced withdrawal)	NR	1-26 weeks	M: 4; C: 20	114	109	M: 24; C: 21	M: 33; C: 36	NR
Schottenfeld 2008 <sup>53</sup>	2003-2005	Malaysia	Single clinic	Community	Buprenorphine (detox, placebo/naltrexone)	NR	6 months	B: 18; C: 37	44	82	NR	B: 36; C: 38	41
Strain 1993 <sup>54</sup> A	1988-1990	USA	Single clinic	OAT Clinic	Methadone (detoxification)	NR	6 months	NR	166	81	M: 31; C: 28	M (20mg): 33; M (50mg): 35; C: 33	100
Tanum 2017 <sup>55</sup>	2012-2015	Norway	5 addiction clinics	Outpatient clinics and detox units	Buprenorphine (injectable naltrexone)	NR	3 months	B: 19; C: 29	79	80	B: 32; C: 24	B: 36; C: 36	86
Yancovitz 1991 <sup>56</sup>	1989	USA	Single Clinic (NYC)	Waitlist for OAT clinic	Methadone (waitlist)	Mixed	1 month	M: 28; C: 43	149	152	M: 19; C: 22	M: 35; C: 34	NR
Observational studies													
Study	Years	Country	Geographic area	Recruitment setting	Type of OAT	Treatment provider	Mean follow up years		N		% women	Mean age at baseline	% PWID
Abrahamsson 2017 <sup>57</sup>	2005-2012	Sweden	National	National Registry	Unspecified OAT	Psychiatrist	5		4501		26	34 (median)	NR
Ledberg 2017 <sup>58</sup> A	2006-2013	Sweden	State: Stockholm County	Registry	Methadone	NR	5 (median)		441		24	41	NR
Appel 2000 <sup>59</sup>	1966-1976	USA	City: Greater New York City	OAT Clinic	Methadone	NR	NR		1544		NR	NR	NR
Bakker 2017 <sup>60</sup>	1994-2015	England	Single clinic (inner London)	General practice	Unspecified OAT	GP	NR		278		31	NR	NR
Bazazi 2018 <sup>20</sup>	2010-2014	Malaysia	City: Kajang Prison	Prison	Methadone	NR	12 months		291		0	39	95

<b>Bukten 2019</b> <sup>61</sup>	1997-2009	Norway	National	National registry	Unspecified OAT	Addiction medicine specialist	NR	7843	29	36	NR
<b>Buster 2002</b> <sup>62</sup>	1986-1998	Netherlands	City: Amsterdam	Registry	Methadone	NR	NR	5200	23	30	NR
<b>Chang 2015</b> <sup>63 A</sup>	2006-2011	Taiwan	National	OAT clinic	Methadone	Psychiatrist	NR	983	12	38	91
<b>Cousins 2011</b> <sup>64 A</sup>	1993-2004	Scotland	City: Tayside	Registry	Methadone	GP	4 (median)	3162	35	31	NR
<b>Cousins 2016</b> <sup>40 A</sup>	2004-2010	Ireland	National	Registry	Methadone	Mixed	1577 days (median)	6983	31	29	NR
<b>Davoli 2007</b> <sup>65</sup>	1998-2001	Italy	National	Public Treatment Centres	Methadone	NR	NR	10258	20	32	72
<b>Degenhardt 2009</b> <sup>66 A</sup>	1985-2006	Australia	State: NSW	Registry	Methadone, Buprenorphine	Mixed	9 (median)	42676	NR	NR	NR
<b>Digiusto 2004</b> <sup>67</sup>	-	Australia	National	OAT and GP clinics, hospitals	Methadone, Buprenorphine, LAAM	Mixed	-	1244	35	31	NR
<b>Dupouy 2017</b> <sup>68 A</sup>	2007-2013	France	National	Registry	Buprenorphine	Mixed	5	713	25	33	NR
<b>Durand 2020</b> <sup>69 A</sup>	2010-2015	Ireland	City: Dublin	Registry	Methadone	Mixed	6 (median)	2899	32	34	NR
<b>Evans 2015</b> <sup>70</sup>	2006-2010	USA	State: California	Registry	Methadone	NR	3 (median)	32322	36	35	55
<b>Fellows-Smith 2011</b> <sup>71</sup>	1998-2000	Australia	State: Western Australia	Single clinic and community OAT	Methadone	Mixed	NR	2520 <sup>c</sup>	NR	31	NR
<b>Fugelstad 2007</b> <sup>72</sup>	1988-2000	Sweden	City: Stockholm	OAT clinic	Methadone	Specialist	NR	848	NR	35	NR
<b>Gearing 1974</b> <sup>73</sup>	1964-1971	USA	State: New York	OAT clinic	Methadone	Specialist	Cohort 1 62mths; Cohort 2 18mths	3850	15	27	NR
<b>Gronbladh 1990</b> <sup>74</sup>	1967-1988	Sweden	Single clinic	OAT clinic	Methadone	Specialist	NR	281	29	NR	NR
<b>Hickman 2018</b> <sup>75 A</sup>	1998-2014	UK	National	Registry	Methadone, Buprenorphine	GP	NR	11033	32	NR	NR
<b>Huang 2011</b> <sup>21</sup>	2007-2008	Taiwan	National	Prison	Methadone	Mixed	NR	1982	10	37 (median)	NR
<b>Huang 2013</b> <sup>76 A</sup>	2006-2008	Taiwan	City: Yunlin	MMT programs at hospitals	Methadone	Addiction medicine specialist	15 weeks (median)	1616	15	36	100
<b>Kelty 2019</b> <sup>77 A</sup>	2001-2010	Australia	State: Western Australia	Registry	Methadone, Buprenorphine	NR	M: 6; Be: 5	8226	34	32	NR
<b>Kimber 2015</b> <sup>78 A</sup>	2001-2010 <sup>D</sup>	Australia	State: NSW	Registry	Methadone, Buprenorphine	Mixed	8	46531	33	29	NR
<b>Degenhardt 2014</b> <sup>18 A</sup>	2000-2012	Australia	State: NSW	Registry	Methadone, Buprenorphine	Mixed	6	16453	21	30 (median)	NR
<b>Larney 2014</b> <sup>17</sup>	2000-2012	Australia	State: NSW	Registry	Methadone, Buprenorphine	Mixed	NR	16715	21	30 (median)	NR
<b>Langendam 2001</b> <sup>79 E</sup>	1985-1996	Netherlands	City: Amsterdam	OAT and other clinics	Methadone	Mixed	NR	827	40	31	NR
<b>Larochelle 2018</b> <sup>80</sup>	2012-2015	USA	State: Massachusetts	Registry	Unspecified OAT	Mixed	12 months	17568	38	NR	NR
<b>Liu 2013</b> <sup>81</sup>	2004-2011	China	National	OAT clinic	Methadone	Clinic staff (unspecified)	NR	306786	16	NR	64

<b>Marsden 2017</b> <sup>19A</sup>	2010-2016	England	National	Prison	Unspecified OAT	NR	12 months (study period)	OAT: 6662; C: 5598	OAT: 24; C: 19	OAT: 35; C: 35	65
<b>Morozova 2013</b> <sup>82A</sup>	2011-2012	Ukraine	National: Two sites * 3 hospitals	Hospital (outpatient clinic)	Methadone	NR	90 days (study period)	M: 57; C: 53	M: 18; C: 21	36 (median)	NR
<b>Muga 2014</b> <sup>83A</sup>	1992-2010	Spain	Single clinic	OAT clinic	Methadone	Addiction medicine specialist	9	1678	17	32	NR
<b>Pavarin 2017</b> <sup>84A</sup>	2001-2013	Italy	State: Emilia Romagna	Registry	Unspecified OAT	NR	7	2232	23	30	NR
<b>Pearce 2020</b> <sup>25A</sup>	1996-2018	Canada	State: British Columbia	Registry	Methadone, Buprenorphine	Mixed	NR	55347	34	36	41
<b>Pierce 2016</b> <sup>85</sup>	2005-2009	England	National	Registry	Unspecified OAT	Mixed	3	151983	31	33 (median)	NR
<b>Reece 2010</b> <sup>86</sup>	2000-2007	Australia	Single clinic	OAT clinic	Buprenorphine	GP	3	2518 <sup>c</sup>	27	33	NR
<b>Scherbaum 2002</b> <sup>87</sup>	1988-1996	Germany	State: North Rhine-Westphalia	OAT clinic	Methadone	Mixed	NR	244	22	32	NR
<b>Weber 1990</b> <sup>88</sup>	1984-1990	Switzerland	Single clinic	Hospital (outpatient clinic)	Methadone	Mixed	16 months	297	36	OAT: 36; C: 36	46

**Table Notes** Shaded rows indicate secondary paper(s) from which some data has been used in sub-analyses. Secondary papers are listed directly below the corresponding primary paper. <sup>A</sup> Authors sent additional information. <sup>B</sup> Using two-year follow-up data. <sup>C</sup> Methadone or Buprenorphine patients only (i.e., only OAT data used). <sup>D</sup> Used 2006-2010 data to avoid overlap with Degenhardt 2009. <sup>E</sup> Although eligible, no data from this study could be used in pooled quantitative syntheses. **PWID**: people who inject drugs. **NR** – not reported. **LFTU** – lost to follow-up. **OAT** – opioid agonist treatment. **Rx** – treatment. **M** – methadone; **B** – buprenorphine; **C** – comparator group

**eTable 8: List of all eligible observational studies (shading indicates a secondary publication)**

Study (Author, ref)	Years of cohort observation	Country	Sample description	N	N deaths	N person-years	Inclusion Status
<b>Abrahamsson 2017</b>	2005-2012	Sweden	Swedish residents with opiate dependence prescribed and dispensed methadone or buprenorphine for OMT between 2005-2012.	4501	356	21438	Primary – observational
<b>Ledberg 2017<sup>A</sup></b>	2006-2013	Sweden	Methadone maintenance therapy initiators in Stockholm county between 2006-2011 as identified using Lakemedelsregistret (nation-wide official registry of prescription drugs sold in pharmacies).	441	67	2419	Secondary – some data used
<b>Appel 2000</b>	1966-1976	United States	Methadone maintenance treatment patients in New York City admitted in 1966-7 (population) or 1972 (random sample).	1544	176	8485	Primary – observational
<b>Joseph 1985</b>	1975-1977	United States	Patients who entered methadone treatment in the New York area in either 1966-7 or 1972.	1545	176	-	Secondary – no data used
<b>Bakker 2017</b>	1994-2015	England	Patients treated for opiate dependence at Lisson Grove Health Centre in central London between 1994-2014 as identified through EMIS database	278	41	2181	Primary - observational
<b>Bazazi 2018</b>	2010-2014	Malaysia	HIV+ males allocated to receive methadone maintenance treatment or not in prison and followed post-release.	214	61	8656	Primary – observational
<b>Bukten 2019</b>	1997-2009	Norway	All patients included in OMT in Norway in the period 01.01.1997–31.12.2009 linked to data from the Norwegian Cause of death registry in the same period.	7843	697	40520	Primary - observational
<b>Clausen 2008</b>	1997-2003	Norway	People who were opioid dependent who applied and were accepted for OMT in Norway between 1997-2003.	3789	213	10934	Secondary – no data used
<b>Clausen 2009</b>	1997-2003	Norway	People who were opioid dependent who applied and were accepted for OMT in Norway between 1997-2003.	3789	213	10934	Secondary – no data used
<b>Haarr 2007</b>	1997-2006	Norway	Patients of the first author's general practice prescribed OAT for abuse of opioids (via injection) from 1/8/1997 - 1/8/2006, commencing treatment by 1/5/2006.	146	11	574	Secondary – no data used
<b>Buster 2002</b>	1986-1998	Netherlands	Clients currently receiving or recently left methadone treatment who were born and residing in Amsterdam.	5200	68 (overdose)	29600	Primary - observational
<b>Chang 2015<sup>A</sup></b>	2006-2011	Taiwan	Opioid dependent patients receiving OST in the Jianan Psychiatric Centre with either methadone or buprenorphine between 2006-2008.	983	68	4396	Primary - observational
<b>Cousins 2011<sup>A</sup></b>	1993-2004	Scotland	People residing in Tayside, Scotland, who were registered with a GP and were prescribed and dispensed liquid methadone.	3162	184	14597	Primary - observational
<b>Cousins 2016<sup>A</sup></b>	2004-2010	Ireland	People aged 16-65 registered on the Central Treatment List (CTL) who were prescribed and dispensed at least one prescription for methadone in primary care during the study period.	6983	213	28895	Primary - observational
<b>Davoli 2007</b>	1998-2001	Italy	Heroin users entering treatment, including MMT, at public treatment centres within the National Health Service.	10258	41	13122	Primary - observational
<b>Degenhardt 2009<sup>A</sup></b>	1985-2006	Australia	Clients administered methadone or buprenorphine as opioid replacement therapy between 1985-2006 as identified using NSW PHDAS	42676	3803	425998	Primary - observational

Study (Author, ref)	Years of cohort observation	Country	Sample description	N	N deaths	N person-years	Inclusion Status
<b>Bell 1992</b>	1988-1989	Australia	Individuals seeking entry to methadone maintenance treatment whose applications were assessed at Westmead hospital who were either admitted to or rejected from the program in 1986-7 and were later followed up.	321	6	463	Secondary – no data used
<b>Caplehorn 1994</b>	1987-1991	Australia	Patients with a history of opioid addiction admitted into methadone maintenance in the Parramatta programme prior to July 1 1979.	307	47	4254	Secondary – no data used
<b>Caplehorn 1996</b>	Pre-1979 - 1991	Australia	Opiate addicted patients aged 20-40 and admitted to methadone maintenance in the Parramatta programme prior to July 1 1979.	296	42	3797	Secondary – no data used
<b>Degenhardt 2015</b>	1998-2000	Australia	Patients in WA being treated with oral naltrexone and all patients of methadone programs in WA and NSW	14791	219	25545	Secondary – no data used
<b>Digiusto 2004</b>	-	Australia	Participants in trials of pharmacotherapies for opioid dependence conducted under the Australian National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD) project.	1244	2	287	Primary - observational
<b>Dupouy 2017 <sup>A</sup></b>	2007-2013	France	Subjects, in a representative sample of those covered by the French Health Insurance System, with a dispensation of buprenorphine or buprenorphine-naloxone 2007-2011 and no OAT exposure in the year prior.	713	29	3220	Primary - observational
<b>Durand 2020 <sup>A</sup></b>	2010-2015	Ireland	Patients who were registered on the national register (Central Treatment List) and prescribed and dispensed at least one prescription for methadone in specialist addiction services in Dublin Southwest and Kildare during the study period.	2899	152	13301	Primary – observational
<b>Evans 2015</b>	2006-2010	United States	All individuals first enrolled in publicly funded pharmacological treatment for opioid dependence in California 2006-2010.	32322	1031	76657	Primary - observational
<b>Fellows-Smith 2011</b>	1998-2000	Australia	Patients who were dependent on opioids and received either RODS-naltrexone treatment or methadone treatment in Western Australia.	2520 <sup>D</sup>	17	1573	Primary - observational
<b>Fugelstad 2007</b>	1988-2000	Sweden	All individuals who had applied for or had participated in the methadone programme in Stockholm in 1988-2000.	848	185	5525	Primary – observational
<b>Fugelstad 1995</b>	1986-1990	Sweden	All known HIV-positive injection drug users in the Stockholm area during 1986-1990.	472	69	1793	Secondary – no data used
<b>Fugelstad 1998</b>	1986-1993	Sweden	Patients treated at Serafens (a compulsory care centre) 1986-88 who reported their main drug of abuse as being intravenous heroin.	101	40	505	Secondary – no data used
<b>Gearing 1974</b>	1964-1971	United States	Patients admitted to Methadone Maintenance Treatment Program (up to 200 separate Tx programs through NY – data from Tx agencies as well as official sources i.e. registries) in New York City.	801	143	15644	Primary - observational
<b>Concool 1979</b>	1969-1976	United States	Persons admitted for the first time to Mount Sinai Methadone Maintenance and Aftercare Treatment Program 1969-1976.	1156	45	2308	Secondary – no data used
<b>Cushman 1977</b>	1966-1976	United States	All patients with a history of opioid dependence admitted to St Luke's Clinic in New York City from 1966 to 1976 and administered at least one dose of methadone.	547	39	1952	Secondary – no data used



Study (Author, ref)	Years of cohort observation	Country	Sample description	N	N deaths	N person-years	Inclusion Status
<b>Gronbladh 1990</b>	1967-1988	Sweden	Heroin users in Sweden, some of whom spent time in a methadone treatment program whilst others remained untreated.	281	96	2493	Primary - observational
<b>Hickman 2018<sup>A</sup></b>	1998-2014	UK	GP practices in the UK reporting to the CPRD. 49,279 patients who received 1+ prescriptions of methadone or buprenorphine Jan 1 1998 – Nov 20 2017 (additional data received).	11033	587	30410	Primary - observational
<b>Cornish 2010</b>	1990-2005	England	Primary care patients diagnosed with substance misuse and prescribed methadone or buprenorphine between 1990-2005.	5577	178	17732	Secondary – no data used
<b>Macleod 2019</b>	1998-2014	UK	Primary care patients within the CPRD receiving methadone or buprenorphine interpreted as being OAT, during the study period.	12118	657	36126	Secondary – no data used
<b>Huang 2011</b>	2007-2008	Taiwan	Prisoners granted amnesty and released from prison on 16 July 2007 with a history of drug use. We have restricted to those who entered MMT at some point in the study.	1982	31	1964	Primary – observational
<b>Huang 2013<sup>A</sup></b>	2006-2008	Taiwan	People who use inject heroin voluntarily seeking methadone treatment in the Yunlin catchment area.	1616	26	760	Primary – observational
<b>Kelty 2019<sup>A</sup></b>	2001-2010	Australia	Patients treated with implant naltrexone, methadone, or buprenorphine for the first time between 2001 and 2010 in Western Australia.	5116	264	34177	Primary - observational
<b>Kimber 2015<sup>A</sup></b>	2001-2010 <sup>B</sup>	Australia	People with opioid dependence who started a treatment episode of opioid substitution in NSW 1985-2010.	46531	1600	190233	Primary – observational
<b>Degenhardt 2014<sup>A</sup></b>	2000-2012	Australia	Prisoners who are opioid dependent released at least once between 2000-2012 entering OST between 1985-2010 as identified through PHDAS and NSW Department of Corrective Services.	16453	1050	33943	Secondary – data used in prison sub-analysis
<b>Dolan 2005</b>	1997-2002	Australia	Male heroin users that participated in the RCT of NSW prison-based MMT in 1997-1998 and were followed-up between 1998 and 2002.	382	17	1573	Secondary – no data used
<b>Larney 2014</b>	2000-2012	Australia	Opioid dependent people who had been incarcerated at least once 2000-2012 followed during periods of incarceration in NSW across this time.	16715	51	30988	Secondary – data used in prison sub-analysis
<b>Gibson 2008</b>	1996-2006	Australia	Opioid dependent individuals recruited to randomised trials of buprenorphine and methadone who were then followed up after the trials.	405	30	3394	Secondary – no data used
<b>Langendam 2001<sup>E</sup></b>	1985-1996	Netherlands	People who use heroin within Amsterdam Cohort Study	827	150	4961	Primary – no data used
<b>Larochelle 2018</b>	2012-2015	United States	Massachusetts adults without cancer who survived an opioid overdose between 2012 and 2014	17568	807	17282	Primary - observational
<b>Liu 2013</b>	2004-2011	China	Clients enrolled in China's MMT program between 2004-2011	306786	5573	472705	Primary - observational
<b>Marsden 2017<sup>A</sup></b>	2010-2016	England	Prisoners diagnosed with opioid use disorder in 39 adult prisons in England	12260	160	13115	Primary - observational
<b>Morozova 2013<sup>A</sup></b>	2011-2012	Ukraine	Patients with pulmonary tuberculosis being treated in hospitals, some of whom received MMT.	110	9	26	Primary - observational

Study (Author, ref)	Years of cohort observation	Country	Sample description	N	N deaths	N person-years	Inclusion Status
<b>Muga 2014</b> <sup>A</sup>	1992-2010	Spain	Opioid dependent patients admitted to a methadone treatment program in the North of Spain between 1992 and 2010.	1678	441	15124	Primary - observational
<b>Pavarin 2017</b> <sup>A</sup>	2001-2013 <sup>C</sup>	Italy	Residents of the Local Health Unit of Forlì (Emilia Romagna region), who engaged with a drug abuse treatment service run by the National Health Service for problems caused primarily by heroin abuse	2232	113	16323	Primary – observational
<b>Pearce 2020</b> <sup>A</sup>	1996-2018	Canada	All OAT recipients with at least one OAT dispensation in PharmaNet during the study period.	55347	7030	400817	Primary - observational
<b>Nosyk 2015</b>	1996-2010	Canada	HIV positive people in British Columbia with either a history of opioid substitution therapy prior to initial HAART receipt or an indication of injection drug use before HIV infection.	1727	493	9913	Secondary – no data used
<b>Russolillo 2018</b>	1998-2015	Canada	Individuals in British Columbia with a history of conviction who filled a methadone prescription between 1998 and 2015	14530	1275	114244	Secondary – no data used
<b>Pierce 2016</b>	2005-2009	England	Adults treated for opioid dependence during April 2005 to March 2009 based on the English National Drug Treatment Monitoring System	151983	1499	442950	Primary - observational
<b>Reece 2010</b>	2000-2007	Australia	Patients treated at a clinic with buprenorphine between 2000-2007 identified through Dangerous Drugs Unit of Queensland Health	2518 <sup>#</sup>	43	8030	Primary - observational
<b>Scherbaum 2002</b>	1988-1996	Germany	Patients enrolled in a multicentre trial for methadone maintenance therapy in North Rhine-Westphalia with a history of being addicted to opioids and at least two previous failures with abstinence-oriented treatments	244	32	1286	Primary - observational
<b>Weber 1990</b>	1984-	Switzerland	HIV-positive former or current injection drug misusers, some of whom were enrolled in a methadone maintenance treatment program.	297	40	540	Primary - observational

<sup>A</sup> Additional data supplied by authors. <sup>B</sup> Restricted to 2006-2010 for overall main analyses to avoid overlap with Degenhardt 2009. <sup>C</sup> Additional data received restricted to March 2001 to avoid any potential overlap with Davoli 2007.

<sup>D</sup> Methadone or Buprenorphine data used from this cohort (i.e., OAT data only). <sup>E</sup> Met inclusion criteria but no data eligible for analysis. In and out of treatment outcomes report causes of death as natural only. Author no longer able to access archived data to provide specific causes.

**eTable 9: List of included RCTs**

Study	Years	Country	OAT group	Comparator group	Sample	N OAT	N comp	N deaths OAT	N deaths comp
<b>Gordon 2014</b>	2008-2012	USA	Buprenorphine-naloxone	Counselling	Opioid dependent individuals in Maryland prisons with a minimum of 3-6 months left incarcerated.	104	107	0	0
<b>Gruber 2008<sup>A</sup></b>	1995-1997	USA	Methadone (minimal counselling, standard counselling)	Detoxification (21-day)	Heroin dependent patients recruited from a public hospital's 21-day outpatient methadone detoxification program. Part of a clinical trial investigating tuberculosis prevention in injection drug users.	72	39	0	0
<b>Gunne 1981</b>	1973-1979	Sweden	Methadone	Waitlist control	Opioid dependent adults (20-24 years old) who inject drugs who were referred to the national Swedish MMT programme.	17	17	0	2
<b>Kakko 2003</b>	2000-2001	Sweden	Buprenorphine	Detoxification followed by placebo	Individuals seeking medically assisted heroin withdrawal who met criteria for opiate dependence but not for methadone maintenance treatment.	20	20	0	4
<b>Kinlock 2009</b>	2003-2006	USA	Methadone	Counselling (Counselling only, and Counselling + Transfer)	Male prisoners with pre-incarceration heroin dependence. Methadone and counselling group were offered MMT within prison and continued into community upon release. Individuals in the counselling and transfer group were only transferred into MMT in the community upon their release.	71	140	1	8
<b>Krook 2002</b>	2000	Norway	Buprenorphine	Placebo	Opioid dependent patients on a waiting list for medication assisted rehabilitation in Oslo who were recruited to a randomised trial comparing Subutex and placebo as an interim therapy.	55	51	0	0
<b>Lee 2018</b>	2014-2017	USA	Buprenorphine-naloxone	Extended-release naltrexone	Patients with opioid use disorder recruited through community treatment centres, where they mainly presented for inpatient detoxification.	287	283	4	3
<b>Ling 2010</b>	2007-2008	USA	Buprenorphine (implant)	Placebo (implant)	Opioid dependent adults recruited from community addiction clinics that were willing to be randomised in to 2:1 trial for either buprenorphine or placebo implant.	108	55	0	0
<b>Metzger 2015</b>	2007-2011	China & Thailand	Buprenorphine-naloxone	Detoxification (assisted by buprenorphine-naloxone)	Opioid dependent adults who inject drugs who were HIV-negative and recruited to an RCT.	623	627	8	9
<b>Newman 1979</b>	1972-1975	Hong Kong	Methadone	Detoxification followed by placebo	Heroin addicts in a double-blind study that were admitted into hospital for stabilisation on 60mg on methadone for two weeks prior to randomisation.	50	50	3	0

Study	Years	Country	OAT group	Comparator group	Sample	N OAT	N comp	N deaths OAT	N deaths comp
<b>Rich 2015</b>	2011-2015	USA	Methadone	Withdrawal	Prisoners who were enrolled in community methadone maintenance treatment at time of incarceration and had one week to 6 months left.	114	109	0	1
<b>Schottenfeld 2008</b>	2003-2005	Malaysia	Buprenorphine	Detoxification followed by naltrexone or placebo with counselling	Opioid dependent individuals recruited from the community.	44	82	0	0
<b>Strain 1993</b> <sup>A</sup>	1988-1990	USA	Methadone (20mg, 50mg)	Detox (0mg)	Opioid dependents patients in a methadone treatment research clinic treated one for at least 5 weeks prior to randomisation to a stable dose.	166	81	0	0
<b>Tanum 2017</b>	2012-2015	Norway	Buprenorphine-naloxone	Extended-release naltrexone	Newly detoxified opioid dependent individuals from urban addiction clinics.	79	80	0	0
<b>Yancovitz 1991</b>	1989	USA	Methadone (interim clinic)	Control (waitlist)	Heroin dependent individuals on the waitlist to the Beth Israel Methadone maintenance program were recruited to the interim clinic.	149	152	0	2

<sup>A</sup> Additional data supplied by authors.

**eTable 10: Features of OAT in included primary observational studies**

Study (Author, ref)	Treatment setting	Type of OAT provided (M, B, O)	Comparator (no Rx, detox, TAU, antagonist)	M methadone dose	M buprenorphine dose	Other treatments provided? (yes/no)
Abrahamsson 2017	Community	Unspecified OAT	-	-	-	No
Ledberg 2017 <sup>A, B</sup>	Community	Methadone	-	-	-	No
Appel 2000	Community, Hospital	Methadone	-	-	N/A	No
Bakker 2017	Community	Unspecified OAT	-	-	-	No
Bazazi 2018	Prison, Post-release	Methadone	-	61mg	N/A	Yes
Bukten 2019	Community	Unspecified OAT	-	100mg	18mg	Yes
Buster 2002	Community	Methadone	-	-	N/A	No
Chang 2015 <sup>A</sup>	Community	Methadone	-	-	-	No
Cousins 2011 <sup>A</sup>	Community	Methadone	-	-	N/A	No
Cousins 2016 <sup>A</sup>	Community	Methadone	-	-	N/A	No
Davoli 2007	Community	Methadone	No MMT (detox, therapeutic community, psychosocial)	-	N/A	Yes
Degenhardt 2009 <sup>A</sup>	Community	Unspecified OAT	-	-	-	No
Digiusto 2004	Community	Methadone, Buprenorphine, LAAM	Naltrexone	-	-	No
Dupouy 2017 <sup>A</sup>	Community	Buprenorphine	-	N/A	-	Yes
Durand 2020 <sup>A</sup>	Community, Prison, Post-release	Methadone	-	-	N/A	No
Evans 2015	Community	Methadone	Detox	-	N/A	No
Fellows-Smith 2011	Community	Methadone	Naltrexone (oral) <sup>D</sup>	60-80mg recommended daily dose	N/A	No
Fugelstad 2007	Community	Methadone	-	-	N/A	Yes
Gearing 1974	Community	Methadone	-	-	N/A	Yes
Gronbladh 1990	Community	Methadone	-	-	N/A	No
Hickman 2018 <sup>A</sup>	Community	Methadone, Buprenorphine	-	65mg	8mg	No
Huang 2011	Post-release	Methadone	-	-	N/A	No
Huang 2013 <sup>A</sup>	Community	Methadone	-	48mg	N/A	No
Kelty 2019 <sup>A</sup>	Community	Methadone, Buprenorphine	Naltrexone (implant)	-	-	No
Kimber 2015 <sup>A</sup>	Community	Methadone,	-	-	-	No

Study (Author, ref)	Treatment setting	Type of OAT provided (M, B, O)	Comparator (no Rx, detox, TAU, antagonist)	M methadone dose	M buprenorphine dose	Other treatments provided? (yes/no)
		Buprenorphine				
<b>Degenhardt 2014</b> <sup>A, B</sup>	Post-release	Unspecified OAT	-	-	-	No
<b>Larney 2014</b> <sup>B</sup>	Prison	Unspecified OAT	-	-	-	No
<b>Langendam 2001</b>	Community & prison	Methadone	-	-	-	No
<b>Larochelle 2018</b>	Community	Unspecified OAT	Naltrexone	-	-	No
<b>Liu 2013</b>	Community	Methadone	-	<50mg <sup>C</sup>	N/A	No
<b>Marsden 2017</b> <sup>A</sup>	Prison, post-release	Unspecified OAT	-	40mg <sup>C</sup>	-	No
<b>Morozova 2013</b> <sup>A</sup>	Hospital	Methadone	TAU (detox if prescribed by drug addiction specialist)	81mg	N/A	Yes
<b>Muga 2014</b> <sup>A</sup>	Community	Methadone	-	-	N/A	Yes
<b>Pavarin 2017</b> <sup>A</sup>	Community	Unspecified OAT	No OAT (no treatment, detox, therapeutic community, psychosocial)	-	-	No
<b>Pearce 2020</b> <sup>A</sup>	Community	Methadone, Buprenorphine	-	-	-	No
<b>Pierce 2016</b>	Community	Unspecified OAT	-	-	-	Yes
<b>Reece 2010</b>	Community	Buprenorphine	-	N/A	-	No
<b>Scherbaum 2002</b>	Community	Methadone	-	47mg	N/A	Yes
<b>Weber 1990</b>	Hospital	Methadone	No MMT (former and persisting injecting drug misusers)	-	N/A	Yes

<sup>A</sup> Additional data supplied by authors. <sup>B</sup> Secondary (overlap in data) but some data used in sub-analyses. <sup>C</sup> Median. <sup>D</sup> Methadone patient data only included in analyses.

**eTable 11: Features of OAT in included RCTs**

Study (Author, ref)	Treatment setting	Type of OAT provided	Comparator (no Rx, detox, TAU, antagonist)	Mean methadone dose	Mean buprenorphine dose	Other treatments provided?
Gordon 2014	Prison	Buprenorphine	Counselling	N/A	-	Yes
Gruber 2008 <sup>A</sup>	Hospital	Methadone	Detoxification	60-90mg	N/A	Yes
Gunne 1981	Community	Methadone	Waitlist	-	N/A	No
Kakko 2003	Community, Hospital	Buprenorphine	Detox followed by placebo	N/A	16 mg	Yes
Kinlock 2009	Prison	Methadone	Counselling	60mg	N/A	Yes
Krook 2002	Community	Buprenorphine	Placebo	-	16mg	No
Lee 2018	Community	Buprenorphine	Naltrexone (injectable)	N/A	16mg <sup>C</sup>	No
Ling 2010	Community	Buprenorphine <sup>B</sup>	Placebo <sup>B</sup>	N/A	80mg	Yes
Metzger 2015	Community	Buprenorphine	Detoxification	N/A	-	Yes
Newman 1979	Community	Methadone	Detoxification	97mg	N/A	No
Rich 2015	Prison	Methadone	Withdrawal	98mg	N/A	No
Schottenfeld 2008	Community	Buprenorphine	Naltrexone (oral)	N/A	8mg <sup>D</sup>	Yes
Strain 1993 <sup>A</sup>	Community	Methadone	Detoxification	Group 1:20mg Group 2: 50mg	N/A	Yes
Tanum 2017	Hospital	Buprenorphine	Naltrexone	N/A	16mg	Yes
Yancovitz 1991	Community	Methadone	Waitlist	80mg	N/A	No

<sup>A</sup>Additional data supplied by authors <sup>B</sup>Implants. <sup>C</sup>Median. <sup>D</sup>Patients received two 8mg of buprenorphine every Monday and Wednesday, and three 8mg every Friday. If withdrawal symptoms were present, dosage was increased.

**eTable 12: Characteristics of included primary observational studies**

Study (Author, ref)	Years	Country	Opioid dependence definition	Treatment naïve?	Subpopulation	Method of assessing mortality	Method of assessing time in and out of treatment
Abrahamsson 2017	2005-2012	Sweden	Documented opioid dependence for at least one year, and prescribed/dispensed methadone and buprenorphine by licensed psychiatrists	NR	None	National/state death registry	OAT discontinuation defined as a case of more than 90-day prescription-free period following the most recent prescription.
*Ledberg 2017 <sup>A</sup>	2006-2013	Sweden	NR	NR	None	National/state death registry	Prescription histories were used to track time in and out of treatment. Discrepancies between the number of doses collected and the time point of next methadone purchase were flagged for further investigation if the period was greater than 14 days.
Appel 2000	1966-1976	United States	NR	NR	None	National/state death registry	NR
Bakker 2017	1994-2015	England	Patients on OST at a general practice	NR	None	National/state death registry	OAT duration calculated in months from date of first consultation until last day that GP prescribed for or until 10 <sup>th</sup> June 2014.
Bazazi 2018	2010-2014	Malaysia	Opioid dependence in 12 months prior to incarceration by Rapid Opioid Dependence Screen and confirmation with clinician-administered assessment of DSM-IV criteria in the MINI	NR	HIV+, Prison	National/state death registry	NR (NB: person-time calculated according study groups: methadone, no methadone)
Bukten 2019	1997-2009	Norway	Opioid dependence	NR	None	National/state death registry	National opioid maintenance registry that includes treatment start and stop dates. These dates used to define pre-treatment, in-treatment and post-treatment periods where patients can contribute to multiple observation periods.
Buster 2002	1986-1998	Netherlands	NR	No	None	Coroner's reports for unnatural deaths	Out of treatment time classified in full calendar weeks with no methadone prescription registered. Observations censored one year after leaving treatment. Overdose fatalities occurring during treatment or within 3 days after last prescription were considered cases within treatment.
Chang 2015 <sup>A</sup>	2006-2011	Taiwan	Diagnosed opioid dependence by qualified psychiatrists according to DSM-IV criteria	NR	None	National/state death registry	OAT duration calculated from national system, where out of treatment time was consecutive periods of 2 weeks without any treatment or 1 month without receiving any prescription. Some cases are defined as immediate out of treatment if incarcerated.
Cousins 2011 <sup>A</sup>	1993-2004	Scotland	NR	NR	None	National/state death registry	If patient did not receive a new prescription within 3 days after the end of previous prescription, this patient is then considered to have ceased treatment. Cases occurring within 3 days of final days of coverage were considered in treatment events.
Cousins 2016 <sup>A</sup>	2004-2010	Ireland	NR	NR	None	National/state death registry	OAT duration based on coverage of prescriptions. If a new prescription was received within 3 days of the end of the previous prescription's coverage, considered as continuous treatment. If a new prescription was not received within 3 days, this was considered off treatment.
Davoli 2007	1998-2001	Italy	Dependent heroin users	NR	None	National/state death registry	Out of treatment defined from the second day of absence of pharmacological treatment
Degenhardt 2009 <sup>A</sup>	1985-2006	Australia	NR	NR	None	National/state death registry	New treatment episodes defined as one commencing 7 or more days after the end of a previous episode. A change in medication type did not of itself, constitute a new episode. Deaths occurring in the 6 days following treatment were classified as in treatment.
Digiusto 2004	-	Australia	Majority are assessed opioid dependent (DSM-IV) at entry	No (23% on MMT already)	None	Reporting of serious and adverse events within clinical trials	End of treatment period taken to be the last date on which medication was administered, including one takeaway dose where applicable.
Dupouy 2017 <sup>A</sup>	2007-2013	France	NR	NR	None	National/state death registry	A period of more than 35 days between two reimbursements was considered as treatment interruption (prescription maximum is 28 days)
Durand 2020 <sup>A</sup>	2010-2015	Ireland	NR	NR	None	National/state death registry	OAT duration defined as continuous daily supply with tolerance for up to 7 days of interrupted supply. Out of treatment was classified when the patients left the treatment on a voluntary and permanent basis or after 7 days after the end of coverage of a prescription.
Evans 2015	2006-2010	United States	Opioid dependence	NR	None	National/state death registry	Discharge records are filed when appointments are missed without notification for >=14 consecutive days for MMT. Successive OAT episodes less than 14 days were merged.
Fellows-Smith 2011	1998-2000	Australia	Opioid dependence	No	None	National/state death registry	Out of treatment includes discharges from treatment (includes voluntary and involuntary, wherein the latter from breaking treatment rules)
Fugelstad 2007	1988-2000	Sweden	NR	NR	None	Medical Examiner's Office	NR
Gearing 1974	1964-1971	United States	'Hard-core' heroin addict	NR	None	National/state death registry	NR
Gronbladh 1990	1967-1988	Sweden	NR	NR	None	National/state death registry	NR



Study (Author, ref)	Years	Country	Opioid dependence definition	Treatment naïve?	Subpopulation	Method of assessing mortality	Method of assessing time in and out of treatment
Hickman 2018 <sup>A</sup>	1998-2014	UK	Patients who received one or more prescriptions of methadone or buprenorphine (excluding those for pain relief)	NR	None	GP Clinics	Time on treatment was calculated from periods of continuous prescription. New treatment episodes were categorised when there were gaps of at least 28 days from the expected date of completion of one prescription to the start of the next.
Huang 2011	2007-2008	Taiwan	History of drug use and injecting heroin	NR	Amnestied Prisoners	National/state death registry	Dropouts are patients who were absent and stopped taking the medication for at least 14 days (not due to re-incarceration). Individuals in this study could re-enrol in MMT on multiple occasions if they dropped out.
Huang 2013 <sup>A</sup>	2006-2008	Taiwan	DSM-IV opioid dependence	NR	None	National/state death registry	Treatment status measured at the end of follow up where patients were counted as on treatment if their last methadone prescription was within 14 days of death or end of study.
Kelty 2019 <sup>A</sup>	2001-2010	Australia	Opioid use disorder	NR	None	National/state death registry	On treatment time commenced on day 29 (after the induction period of first 28 days of treatment as this is considered a time of high risk) and continued until ceased treatment, death, or 31 <sup>st</sup> Dec 2012.
Kimber 2015 <sup>A</sup>	2001-2010	Australia	Individuals recorded in the Pharmaceutical Drugs of Addiction System (database) as having received opioid substitution treatment from 2001-2010.	NR	None	National/state death registry	First 6 days following a treatment episode as classified as part of that treatment episode. Accordingly, to qualify as an out of treatment period, there must be at least 7 consecutive days on which treatment was not received.
Degenhardt 2014* <sup>A</sup>	2000-2012	Australia	Receipt of first recorded and eligible opioid substitution treatment episode	No	Post-release	National/state death registry	New episodes commence after 7 days or more following a discharge from a previous treatment episode. If there are less than 7 days between changes in medication (methadone to buprenorphine or vice versa), this was considered as a continuous treatment episode.
Larney 2014*	2000-2012	Australia	Individuals recorded in the Pharmaceutical Drugs of Addiction System as having received opioid substitution at some point in 1986-2010	No	Prison	National/state death registry	New episodes commence after 7 days or more following a discharge from a previous treatment episode. If there are less than 7 days between changes in medication (methadone to buprenorphine or vice versa), this was considered as a continuous treatment episode.
Langedam 2001	1985-1996	Netherlands	NR	NR	None	National/state death registry	Data from the Central Methadone Register in Amsterdam which includes methadone prescription and dispensation records. This was available on a weekly or daily basis through the follow up period.
Larochelle 2018	2012-2015	United States	Opioid use disorder	NR	None	National/state death registry	Medical claim for, or record of treatment with, methadone. Monitored at monthly intervals.
Liu 2013	2004-2011	China	Heroin users	NR	None	Active follow-up by local CDC and methadone clinic staff	Discontinuation of methadone treatment for more than 30 days was defined as a treatment break.
Marsden 2017 <sup>A</sup>	2010-2016	England	Diagnosis of opioid use disorder	NR	Prison	National/state death registry	OST exposure at release was determined by whether prisoners met threshold of >20 mg for methadone and >2mg for buprenorphine at release.
Morozova 2013 <sup>A</sup>	2011-2012	Ukraine	ICD-10 opioid dependence	NR	Tuberculosis	Hospital (where treatment takes place)	NR
Muga 2014 <sup>A</sup>	1992-2010	Spain	DSM-IV opioid dependence	NR	None	National/state death registry	Patients are considered out of treatment after 30 days without picking up their medication. Typically, patients would collect their medication every week at the municipal centre.
Pavarin 2017 <sup>A</sup>	2000-2013	Italy	Individuals seeking treatment for problems caused primarily by heroin abuse	NR	None	National/state death registry	In treatment duration was calculated from admission and discharge dates. Periods of less than 7 days between treatment episodes were combined to form an overall treatment episode.
Pearce 2020 <sup>A</sup>	1996-2018	Canada	Opioid use disorder	NR	None	National/state death registry	On treatment time is any continuous period of dispensed medication with no interruptions in doses lasting at least 5 days for methadone and slow-release oral morphine, and 3 days for injectable OAT. Deaths occurring at least one day after OAT prescribed/dispensed were classified as off treatment.
Pierce 2016	2005-2009	England	Individuals in the national system that records treatment delivery of psychoactive substance-related problems. Details include self-report illicit drug injecting status and self-report of additional problematic psychoactive substances.	NR	None	National/state death registry	Treatment time for each episode calculated from dates of admission and discharge. Out of treatment started the day after a treatment episode ends and continues until the day before the next episode begins or the end of follow-up. In treatment period was extended to death date if death occurred within 14 days of a treatment episode.
Reece 2010	2000-2007	Australia	NR	NR	None	National/state death registry	Treatment time calculated from dates of admission, discharge, or censorship. Multiple treatment episodes were totalled.
Scherbaum 2002	1988-1996	Germany	Long history of opioid dependency with at least two failed abstinence-oriented treatment	NR	None	NR	NR
Weber 1990	1984-1986	Switzerland	People who inject drugs	NR	None	NR	NR

**eTable 13: Characteristics of included RCTs**

Study (Author, ref)	Years	Country	Comparator	Opioid dependence definition	OAT treatment naïve?	Subpopulation (HIV, HCV, Prison, None)	Method of assessing mortality
<b>Gordon 2014</b>	2008-2012	United States	Counselling	DSM-IV opioid dependence, physiological dependence or enrolled in OAT the year before incarceration	No	Prison	Serious and adverse events recorded in clinical trials.
<b>Gruber 2008</b> <sup>A</sup>	1995-1997	United States	Detoxification	DSM-III-R diagnosis of opioid dependence	NR	Latent TB Infection	Serious and adverse events recorded in clinical trials.
<b>Gunne 1981</b>	1973-1979	Sweden	Waitlist control	Minimum 4 years compulsive intravenous misuse of opiates as documented by hospital records, and withdrawal signs and urinary opioid excretion measurable on admission to the clinic	NR	None	Tracing treatment clinics, social workers, criminality registers, social security information, etc.
<b>Kakko 2003</b>	2000-2001	Sweden	Detox followed by placebo	DSM-IV opioid dependence	NR	None	Serious and adverse events recorded in clinical trials.
<b>Kinlock 2009</b>	2003-2006	United States	Counselling	DSM-IV criteria of heroin dependence at time of incarceration and physiologically dependent during year prior to incarceration	No	Prison	Serious and adverse events recorded in clinical trials.
<b>Krook 2002</b>	2000	Norway	Placebo	DSM-IV opioid dependence	No (previous OAT – 14)	None	Serious and adverse events recorded in clinical trials.
<b>Lee 2018</b>	2014-2017	United States	Naltrexone (injectable)	DSM-5 opioid use disorder	NR	None	Serious and adverse events recorded in clinical trials.
<b>Ling 2010</b>	2007-2008	United States	Placebo (implant)	DSM-IV opioid dependence	No	None	Serious and adverse events recorded in clinical trials.
<b>Metzger 2015</b>	2007-2011	China, Thailand	Detoxification	DSM-IV opioid dependence	NR	None	Serious and adverse events recorded in clinical trials.
<b>Newman 1979</b>	1972-1975	Hong Kong	Detoxification	Documented history of addiction and current addiction as determined by 3 consecutive positive urine tests for morphine	NR	None	Serious and adverse events recorded in clinical trials.
<b>Rich 2015</b>	2011-2015	United States	Withdrawal	Enrolment in Rhode Island MMT programme at time of incarceration	No	Prison	Serious and adverse events recorded in clinical trials.
<b>Schottenfeld 2008</b>	2003-2005?	Malaysia	Naltrexone (oral)	DSM-IV opioid dependence	NR	None	Serious and adverse events recorded in clinical trials.
<b>Strain 1993</b> <sup>A</sup>	1988-1990	United States	Detoxification	History of intravenous opioid dependence, urine sample positive for opioids, and physical examination consistent with acute and chronic needle use	No	None	Serious and adverse events recorded in clinical trials.
<b>Tanum 2017</b>	2012-2015	Norway	Naltrexone	DSM-IV opioid dependence	NR	None	Serious and adverse events recorded in clinical trials.
<b>Yancovitz 1991</b>	1989	United States	Waitlist	NR	NR	None	Serious and adverse events recorded in clinical trials.

<sup>A</sup>Additional data supplied by authors.

eTable 14: Characteristics of participants in included primary observational studies

Study (Author, ref)	N	% HIV+	% HCV+	% SUD	% mental disorders	% other physical health problems	% homeless or unstable housing	% prison history	% sex work history
Abrahamsson 2017	4501	NR	NR	NR	Received inpatient psychiatric treatment – 8	NR	NR	NR	NR
Ledberg 2017* <sup>A</sup>	441	NR	NR	NR	NR	NR	NR	NR	NR
Appel 2000	1544	NR	NR	NR	NR	NR	NR	NR	NR
Bakker 2017	278	3	57	NR	Psychiatric illness – 25	NR	NR	Criminal records – 72	Women – 40
Bazazi 2018	291	100	NR	NR	NR	NR	NR	100	NR
Bukten 2019	7843	NR	NR	NR	NR	NR	NR	NR	NR
Buster 2002	5200	NR	NR	NR	NR	NR	NR	NR	NR
Chang 2015 <sup>A</sup>	983	18	91	23	NR	HBV antigen positive – 18 Syphilis antibody positive – 4	NR	NR	NR
Cousins 2011 <sup>A</sup>	3162	NR	NR	NR	Psychiatric admissions – 33	NR	NR	NR	NR
Cousins 2016 <sup>A</sup>	6983	NR	NR	NR	NR	NR	NR	NR	NR
Davoli 2007	10258	8	NR	NR	Psychiatric comorbidity – 13	NR	NR	NR	NR
Degenhardt 2009 <sup>A</sup>	42676	NR	NR	NR	NR	NR	NR	NR	NR
Digiusto 2004	1244	NR	NR	NR	NR	NR	NR	NR	NR
Dupouy 2017 <sup>A</sup>	713	1	NR	10	Hospitalisation for psychiatric disorder – 4	NR	NR	NR	NR
Durand 2020 <sup>A</sup>	2899	NR	NR	NR	Mental/behavioural disorder – 66	Digestive system diseases – 34 Respiratory diseases – 24	NR	NR	NR
Evans 2015	32322	NR	13	NR	Mental illness – 23	Disability – 16	NR	NR	NR
Fellows-Smith 2011	2520	NR	NR	NR	NR	NR	NR	NR	NR
Fugelstad 2007	848	NR	NR	NR	NR	NR	NR	NR	NR
Gearing 1974	3850	NR	NR	NR	NR	NR	NR	NR	NR
Gronbladh 1990	281	NR	NR	NR	NR	NR	NR	NR	NR
Hickman 2018 <sup>A</sup>	11033	NR	NR	19	Self-harm history – 2	NR	2	6	NR
Huang 2011	1982	15	NR	NR	NR	NR	NR	100	NR
Huang 2013 <sup>A</sup>	1616	18	77	Alcohol use disorder – 20	Psychiatric Rx history – 11	Cardiovascular disease – 6 Respiratory – 2	NR	NR	NR
Kelty 2019 <sup>A</sup>	8226	NR	53	NR	NR	NR	NR	NR	NR
Kimber 2015 <sup>A</sup>	46531	NR	NR	NR	NR	NR	NR	37	NR
Degenhardt 2014* <sup>A</sup>	16453	NR	NR	NR	NR	NR	NR	100	NR
Larney 2014*	16715	NR	NR	NR	NR	NR	NR	100	NR
Langendam 2001	827	27	NR	NR	NR	NR	NR	NR	NR
Larochelle 2018	17568	NR	NR	NR	Anxiety – 17 Depression – 21	NR	NR	NR	NR
Liu 2013	306786	6	NR	NR	NR	NR	NR	NR	NR
Marsden 2017 <sup>A</sup>	12260	NR	NR	Problematic alcohol use – 31	NR	NR	NR	NR	NR
Morozova 2013 <sup>A</sup>	110	68	NR	NR	NR	Pulmonary tuberculosis – 100	NR	NR	NR
Muga 2014 <sup>A</sup>	1678	54	74	NR	Mood disorders – 46	NR	NR	NR	NR
Pavarin 2017 <sup>A</sup>	2234	5	35	NR	NR	NR	NR	NR	NR
Pearce 2020 <sup>A</sup>	55347	2	3	Concurrent SUD – 64	MH disorder – 64	Chronic pain – 54	NR	NR	NR
Pierce 2016	151983	NR	NR	NR	NR	NR	NR	NR	NR
Reece 2010	2518	NR	NR	NR	NR	NR	NR	NR	NR
Scherbaum 2002	244	NR	NR	NR	Unspecified – 70	NR	NR	NR	NR
Weber 1990	297	100	NR	NR	NR	NR	NR	NR	NR

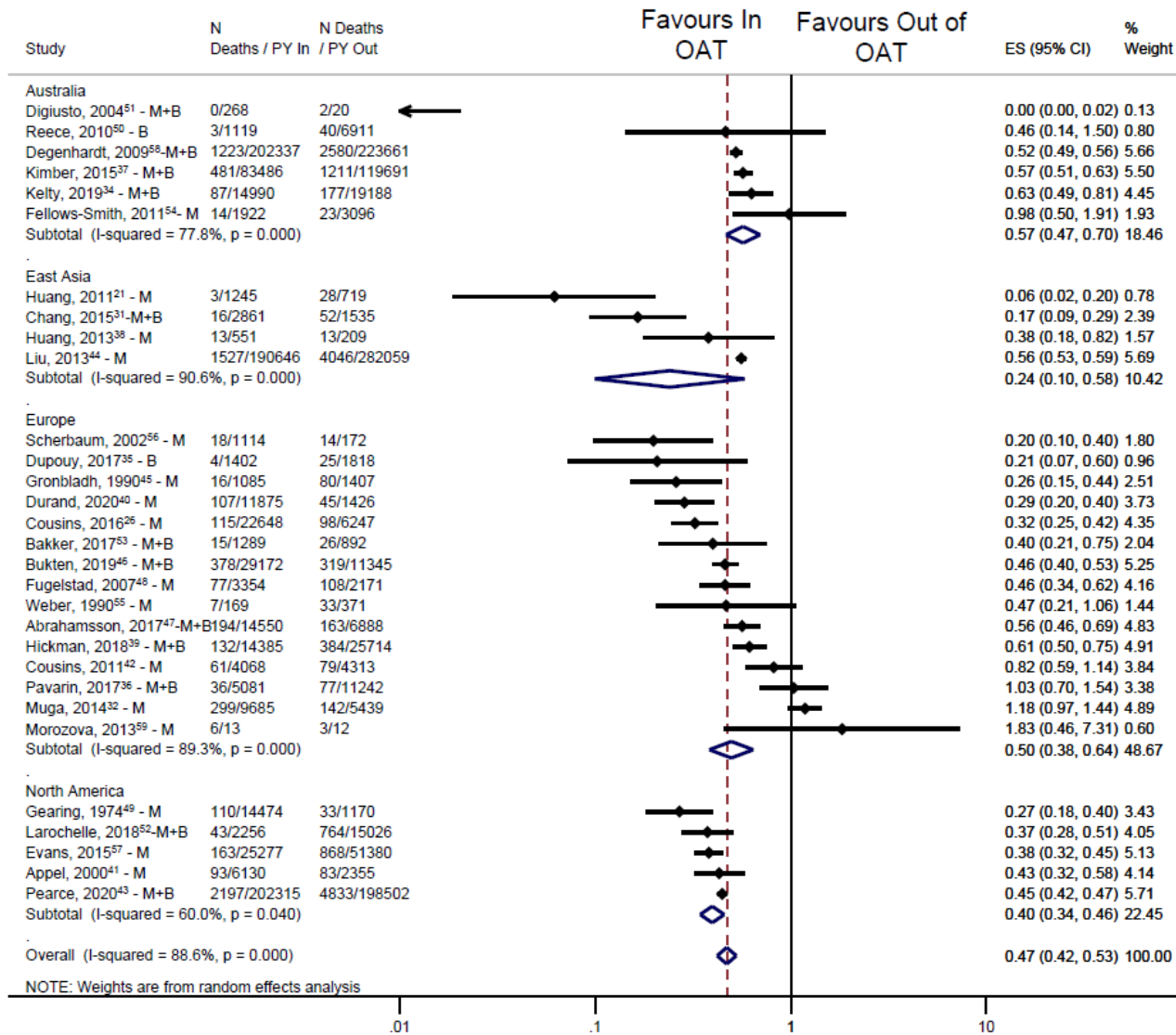
<sup>A</sup>Additional data supplied by authors.

**eTable 15: Characteristics of participants in included RCTs**

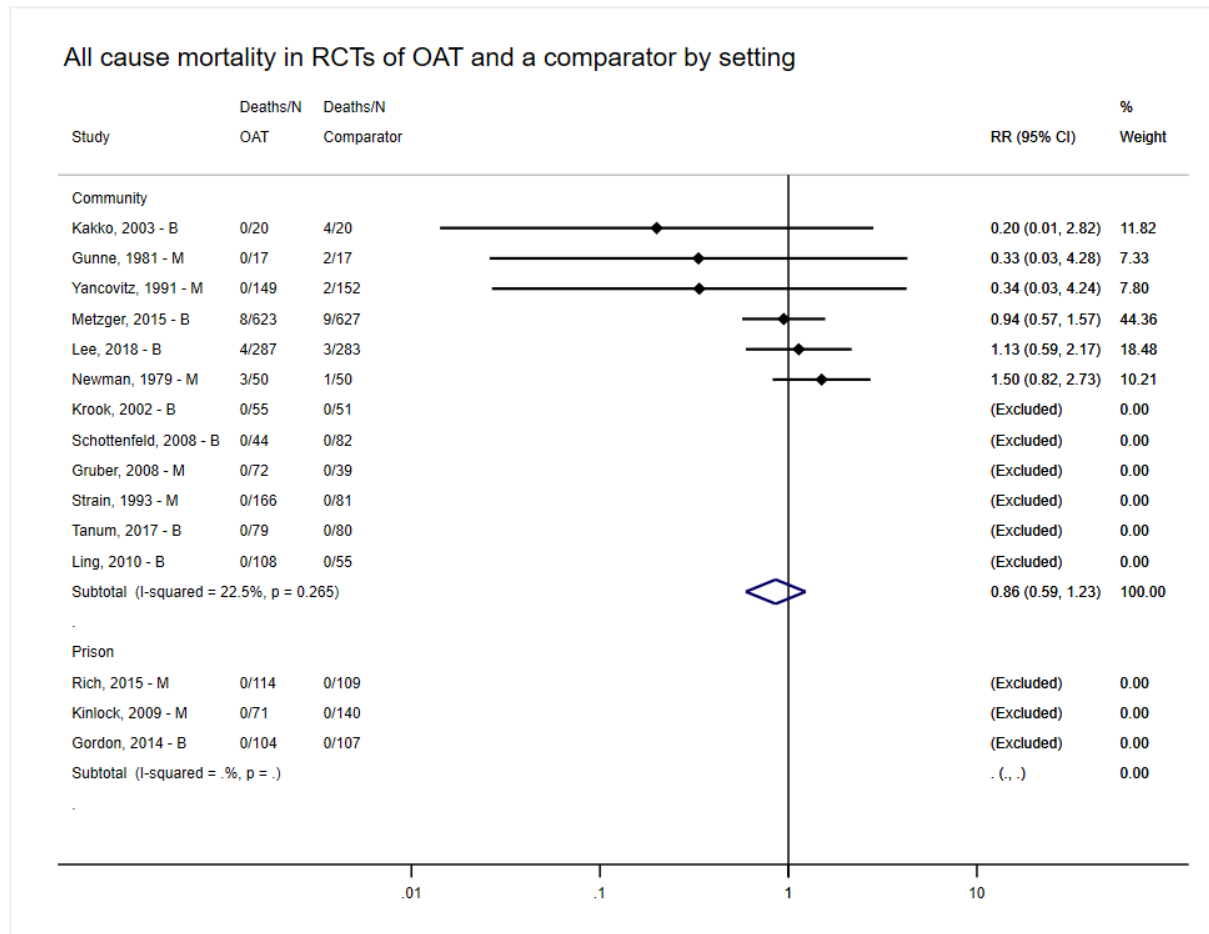
Study (Author, ref)	N	% HIV+	% HCV+	%SUD	% with mental disorders	% with other physical health problems	% homeless or unstable housing	% prison history	% sex work history
Gordon 2014	211	NR	NR	NR	NR	NR	NR	100	NR
Gruber 2008 <sup>A</sup>	111	NR	NR	12	Major depression – 31	Latent TB infection – 100	NR	NR	NR
Gunne 1981	34	NR	NR	NR	NR	NR	NR	NR	NR
Kakko 2003	40	3	75	0	Psychosis/any major psychiatric condition – 0	Hepatitis B – 35	NR	NR	NR
Kinlock 2009	211	NR	NR	NR	NR	NR	NR	100	NR
Krook 2002	106	NR	NR	100	NR	NR	NR	NR	NR
Lee 2018	570	NR	NR	0	History of psychiatric disorders – 67	Any serious medical condition – 0	NR	NR	NR
Ling 2010	163	0	NR	0	History of psychosis – 0	NR	NR	NR	NR
Metzger 2015	1251	0	NR	NR	NR	NR	NR	NR	NR
Newman 1979	100	NR	NR	NR	Psychosis/major psychiatric illness – 0	TB and peptic ulcer – 100	NR	NR	NR
Rich 2015	87	26	38	0	NR	Hepatitis B – 2 Pulmonary tuberculosis – 17	NR	100	NR
Schottenfeld 2008	247	NR	NR	NR	Any major mental illness - 0	Any chronic illness – 0	NR	NR	NR
Strain 1993 <sup>A</sup>	159	3	54	0	Any serious psychiatric condition – 0	Any serious somatic illness – 0	NR	NR	NR
Tanum 2017	301	3	53	NR	NR	NR	NR	NR	NR
Yancovitz 1991	111	NR	NR	12	Major depression – 31	Latent TB infection – 100	NR	NR	NR

<sup>A</sup>Additional data supplied by authors.

**eFigure 2: All-Cause Mortality in OAT Compared to Out of OAT**



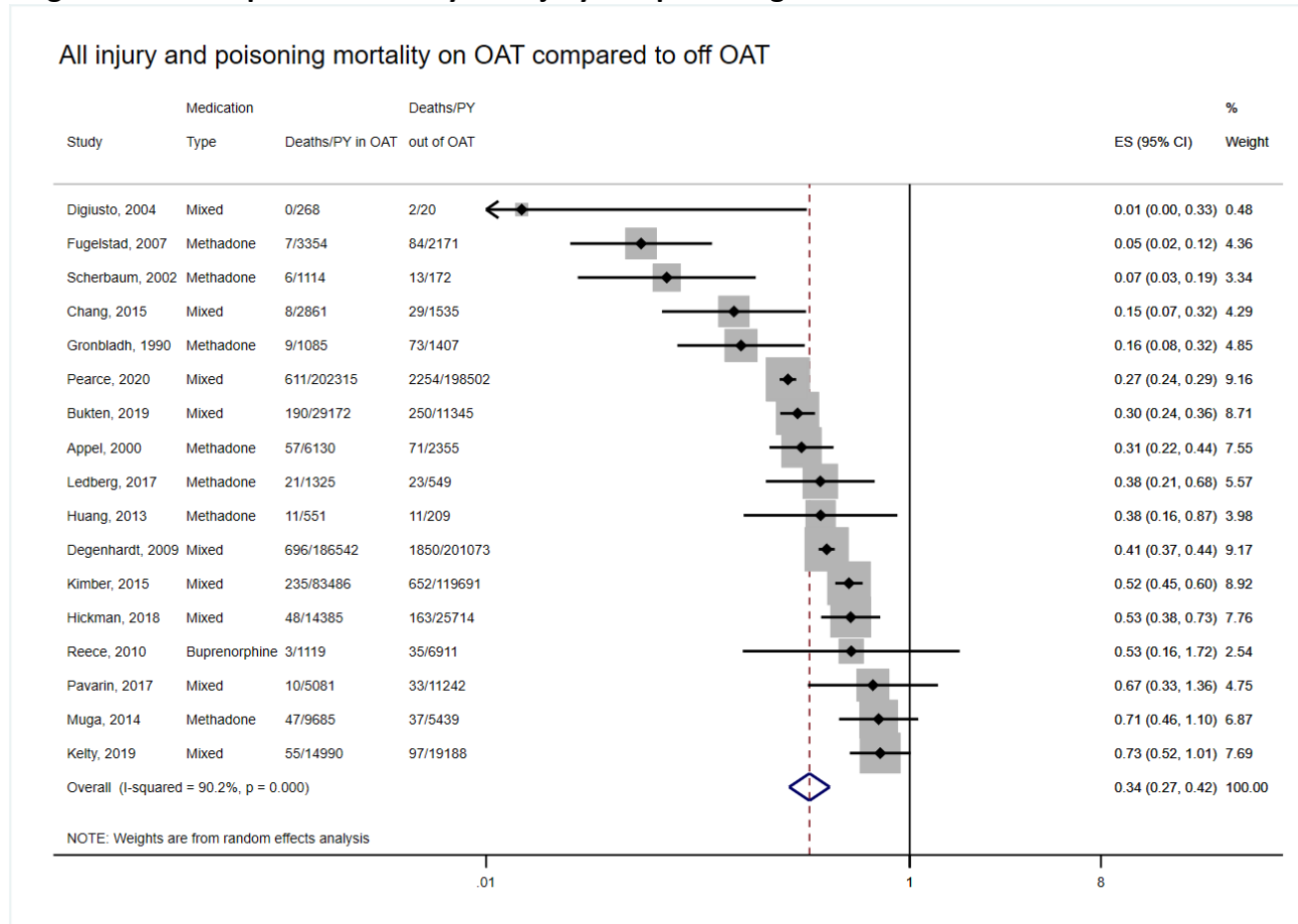
**eFigure 3: All Cause Mortality in and out of OAT in RCTs**



**eTable 16: Meta-regression of potential sources of heterogeneity in the pooled all-cause crude mortality rate ratio (in vs. out of OAT)**

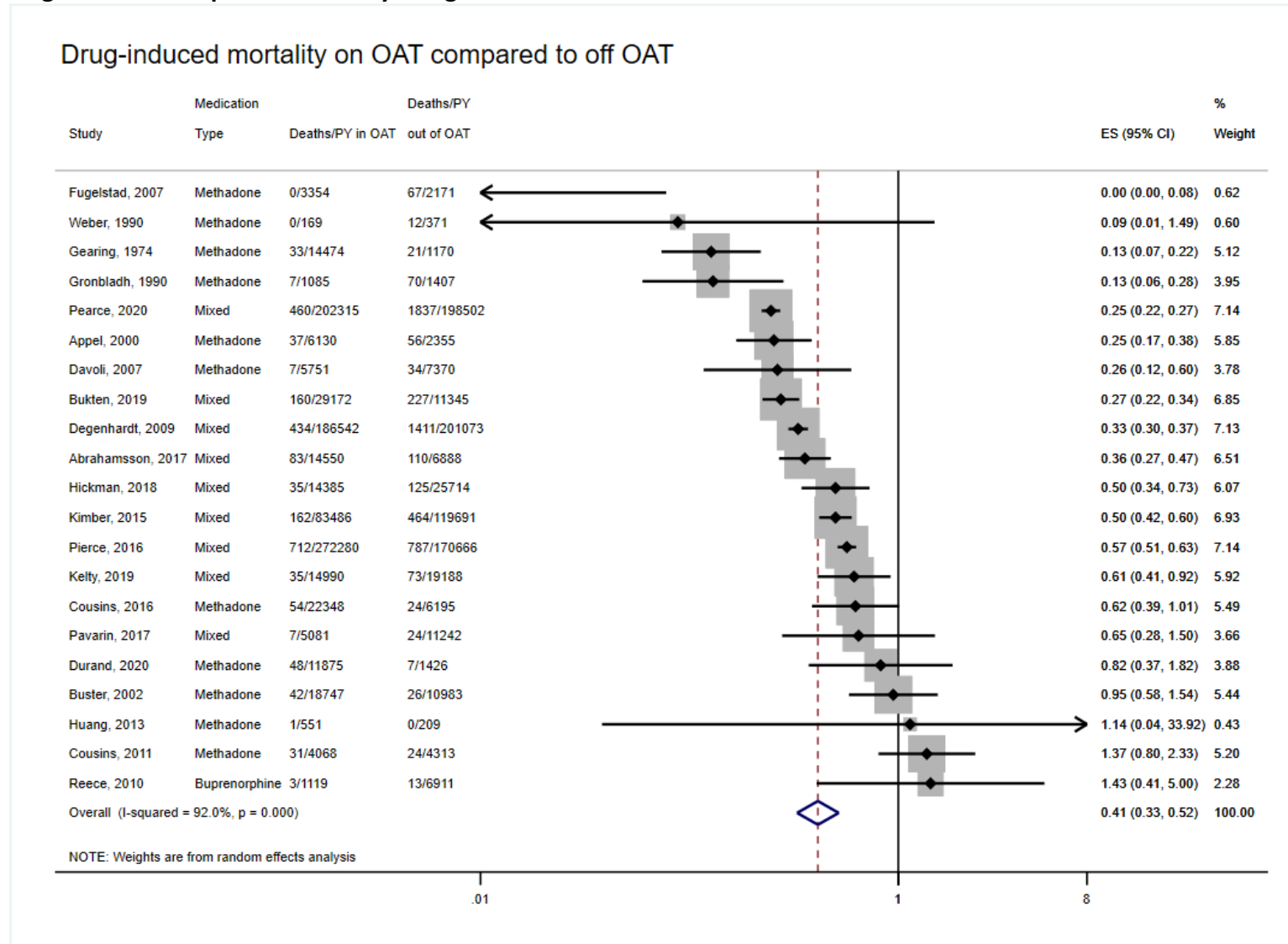
	<b>N studies</b>	<b>Coefficient (SE)</b>	<b>Adj. R<sup>2</sup></b>	<b>P</b>
<b>Cohort characteristics at baseline</b>				
% injecting	6	.9882901(.0121986)	-4.26%	0.394
% women	25	1.008945(.0199953)	-7.34%	0.657
Mean/median age	24	.9594928(.0535743)	1.07%	0.467
% HIV positive	11	1.009127(.0087951)	-2.66%	0.324
% HCV Positive	8	.9969695(.0079878)	-19.12%	0.718
<b>Study characteristics</b>				
Year of follow-up completion	27	1.009268(.0095595)	1.02%	0.339
Sample size	30	1.000001(2.02e-06)	-6.52%	0.634
Person-years of follow-up	30	1.000001(8.74e-07)	-5.79%	0.537
Length of follow-up (years)	19	1.028529(.0354897)	1.39%	0.426

**eFigure 4: Cause-specific mortality: all injury and poisoning**



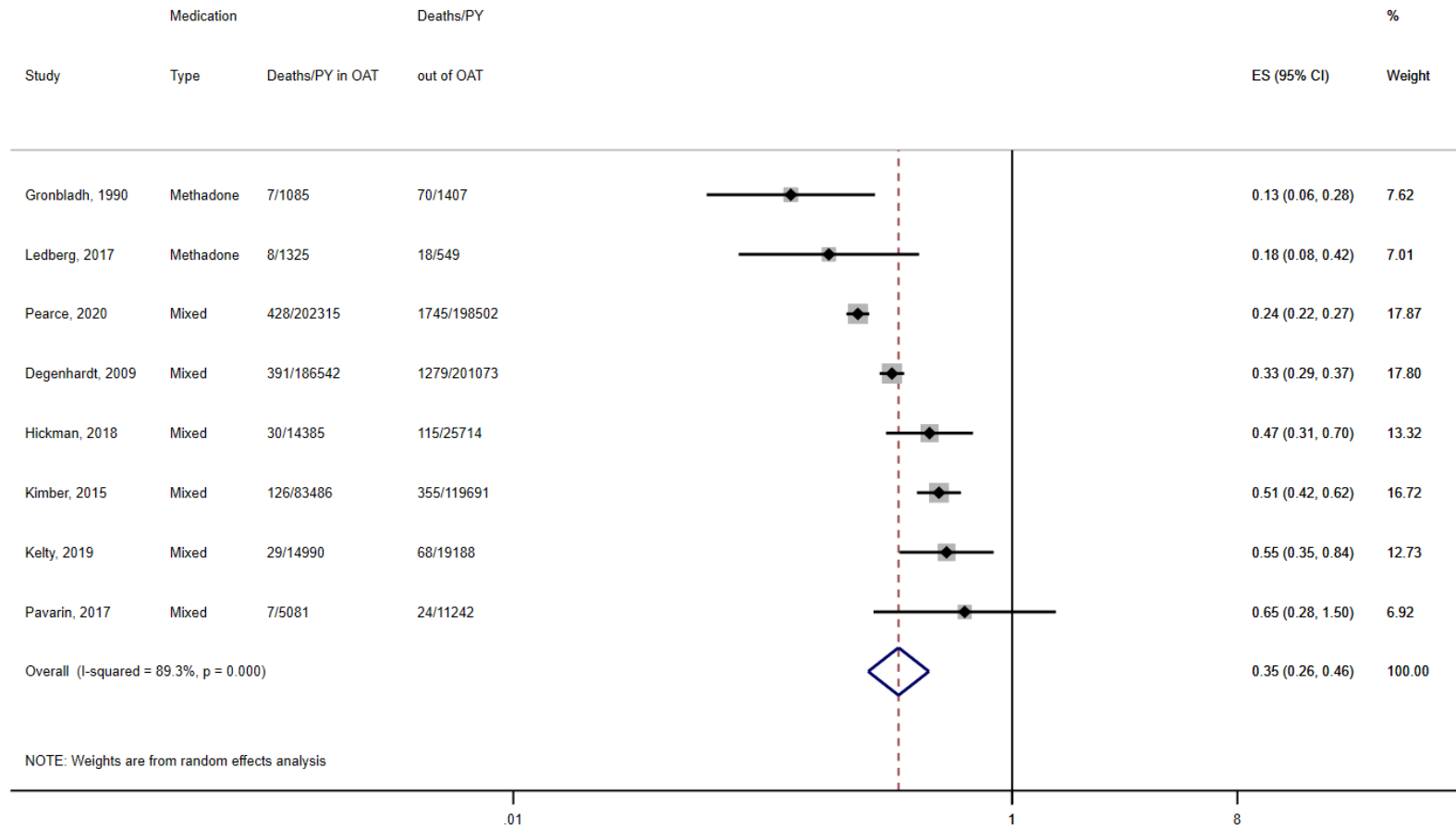


eFigure 5: Cause-specific mortality: drug-induced

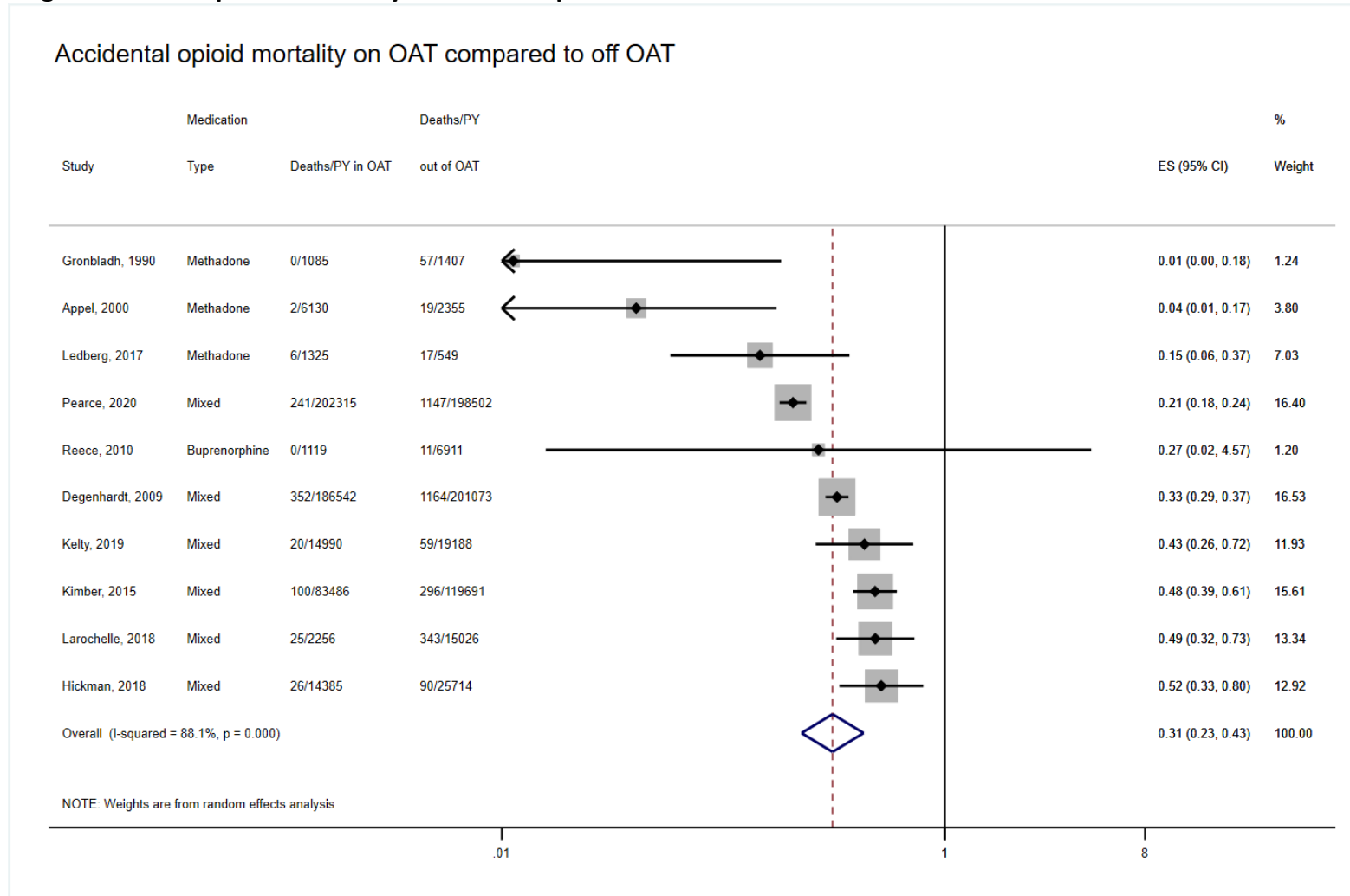


**eFigure 6: Cause-specific mortality: accidental drug-induced**

Accidental drug-induced mortality on OAT compared to off OAT

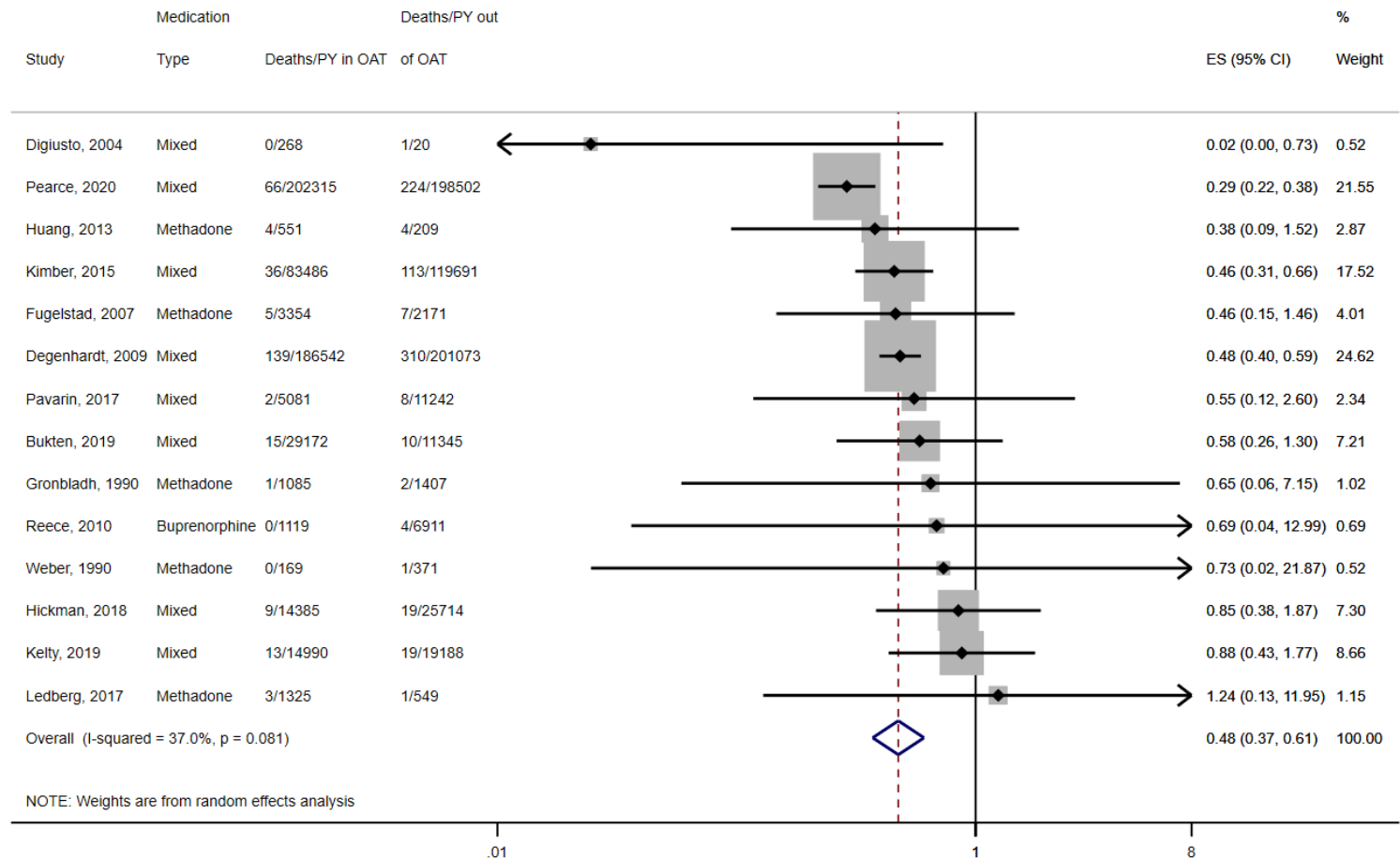


**eFigure 7: Cause-specific mortality: accidental opioid**



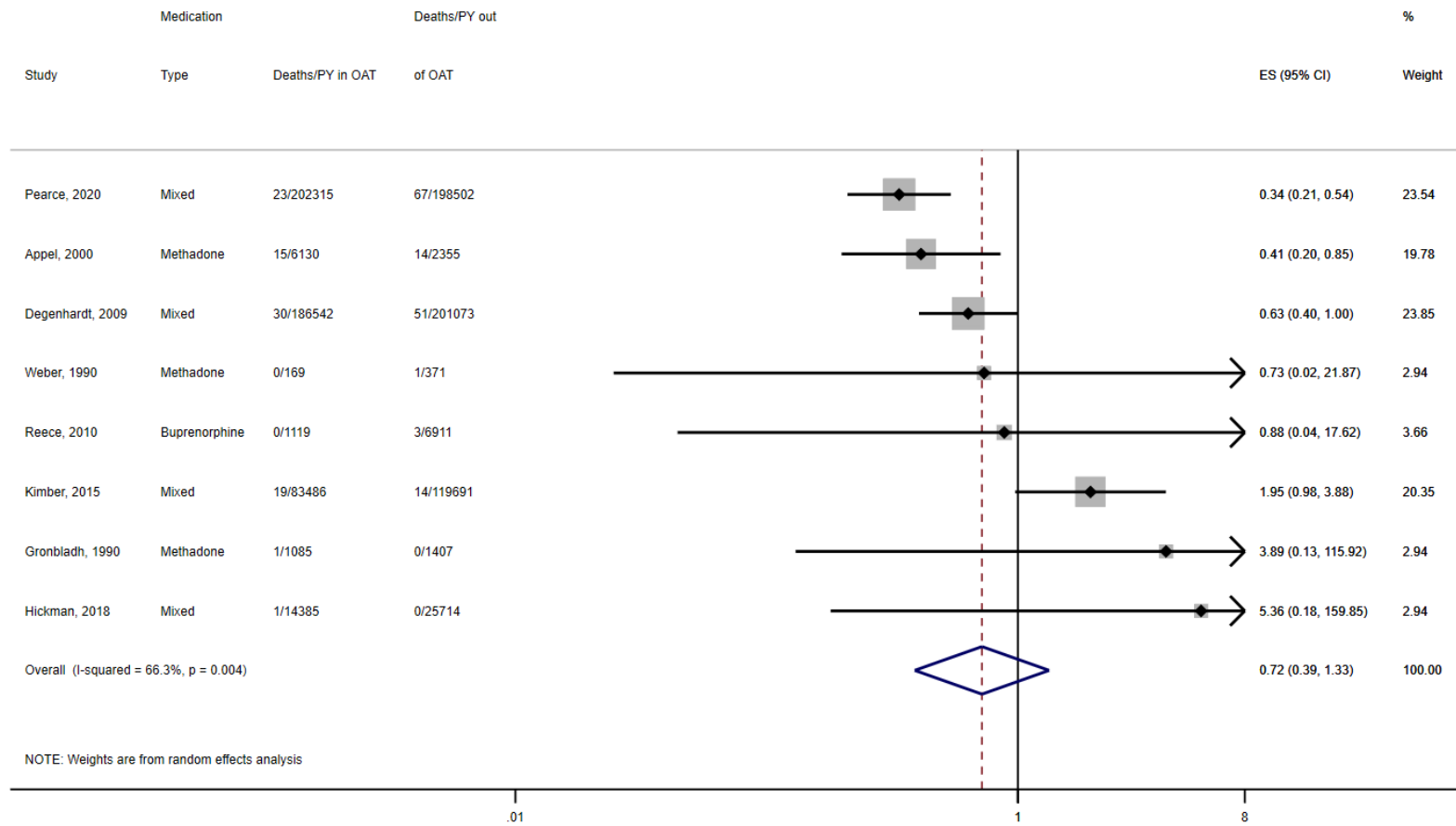
**eFigure 8: Cause-specific mortality: suicide**

**Suicide mortality on OAT compared to off OAT**

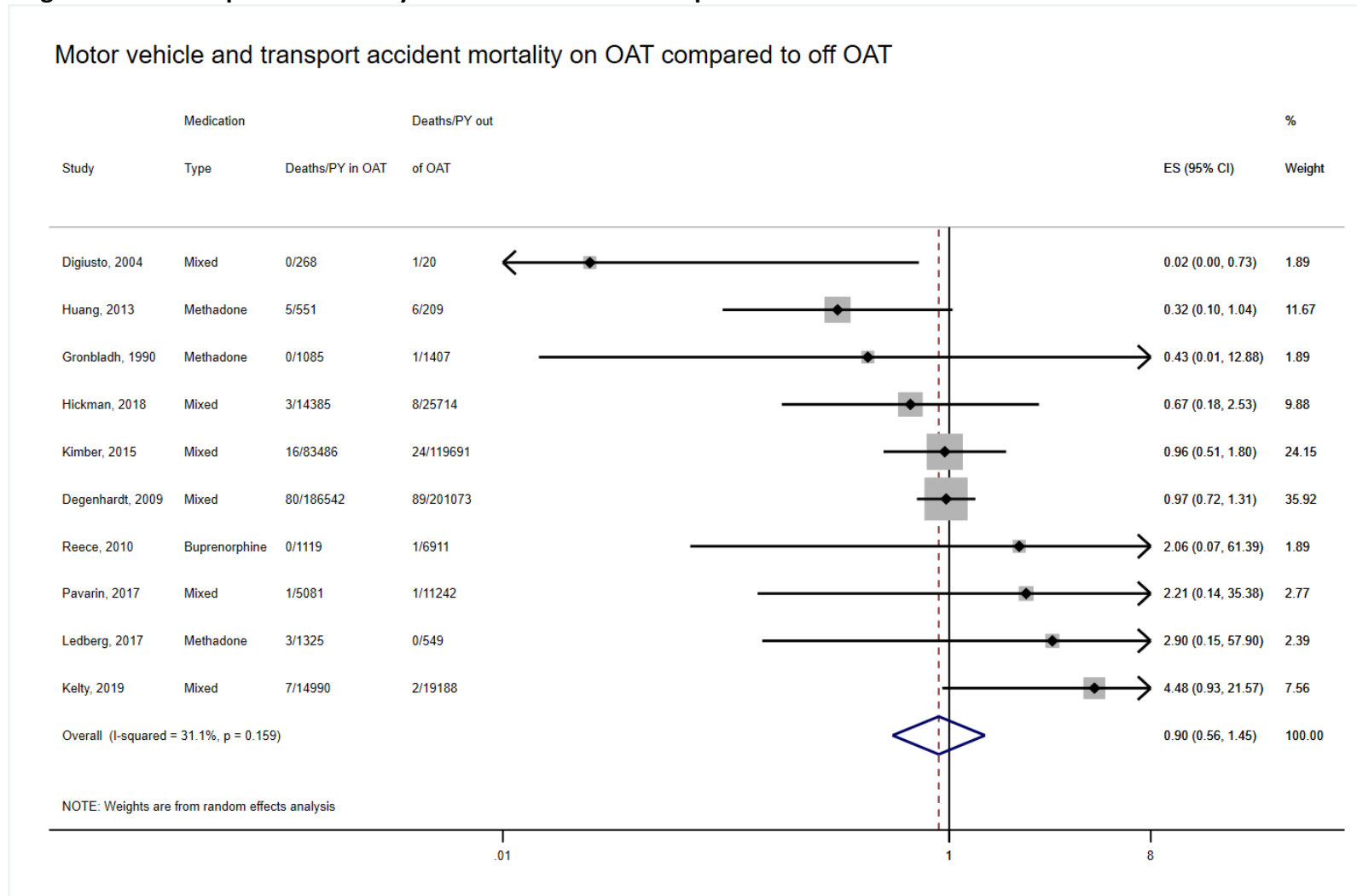


**eFigure 9: Cause-specific mortality: violence**

Violent deaths on OAT compared to off OAT

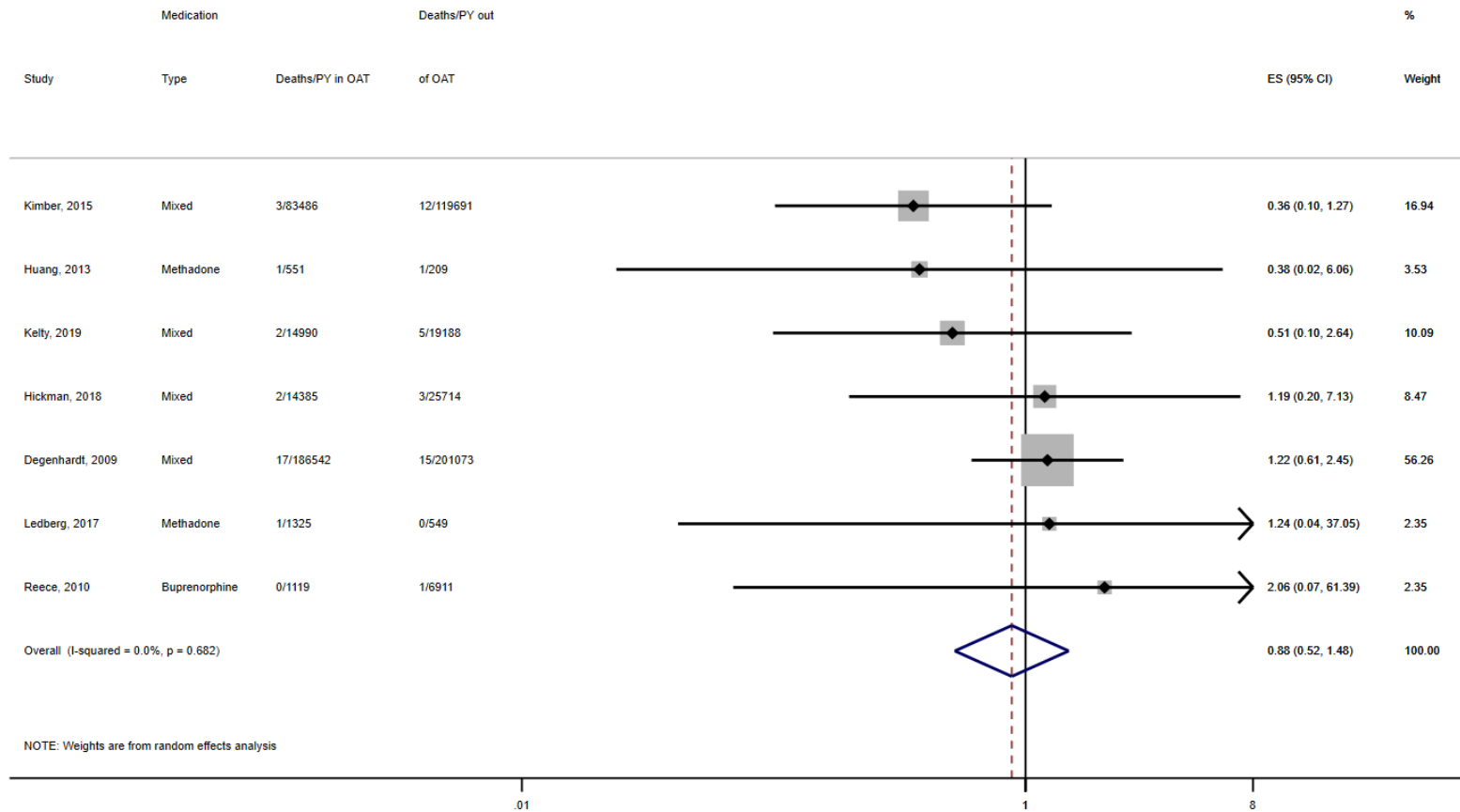


**eFigure 10: Cause-specific mortality: motor vehicle and transport accidents**

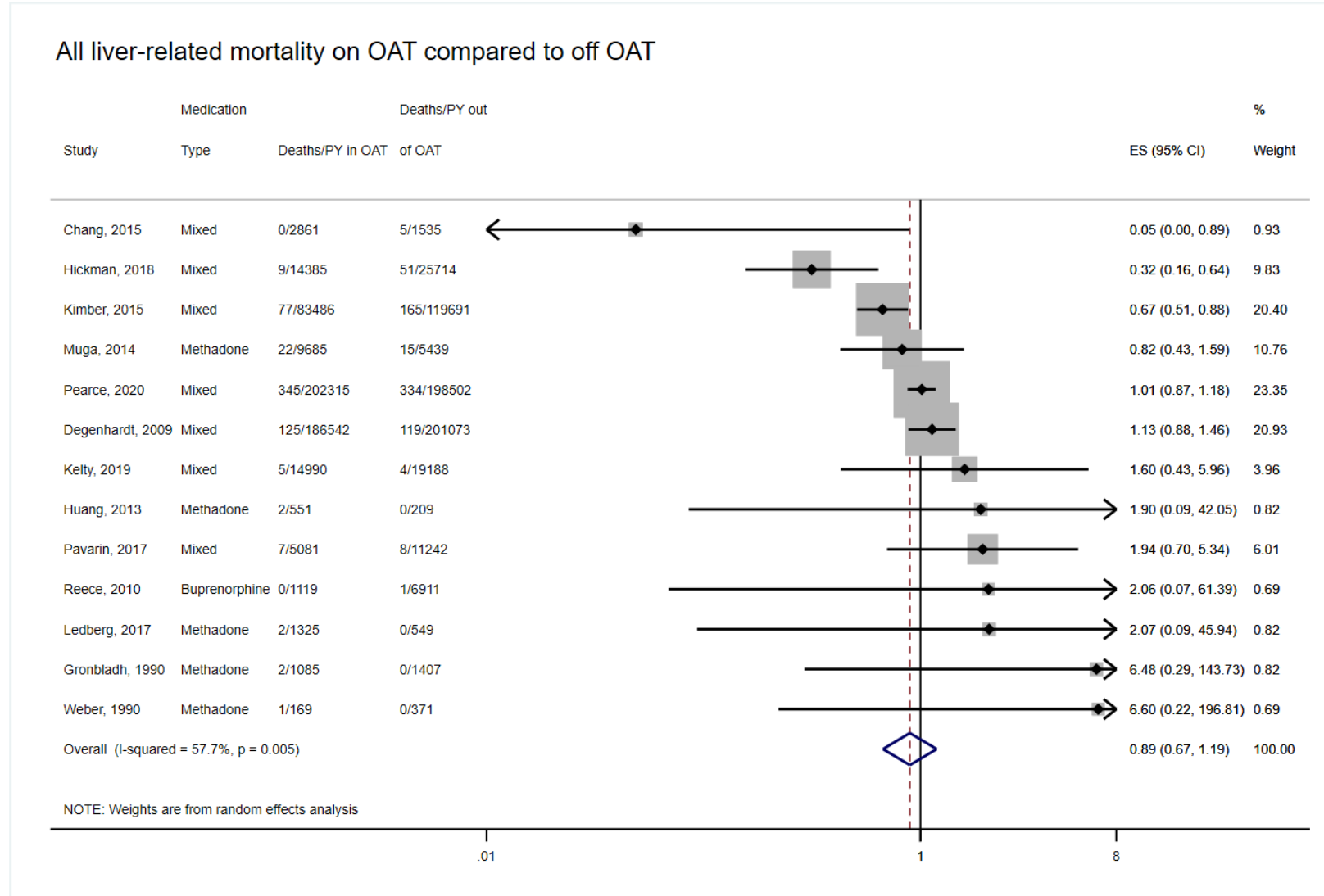


**eFigure 11: Cause-specific mortality: falls, fires, burns drownings**

Falls etc mortality on OAT compared to off OAT



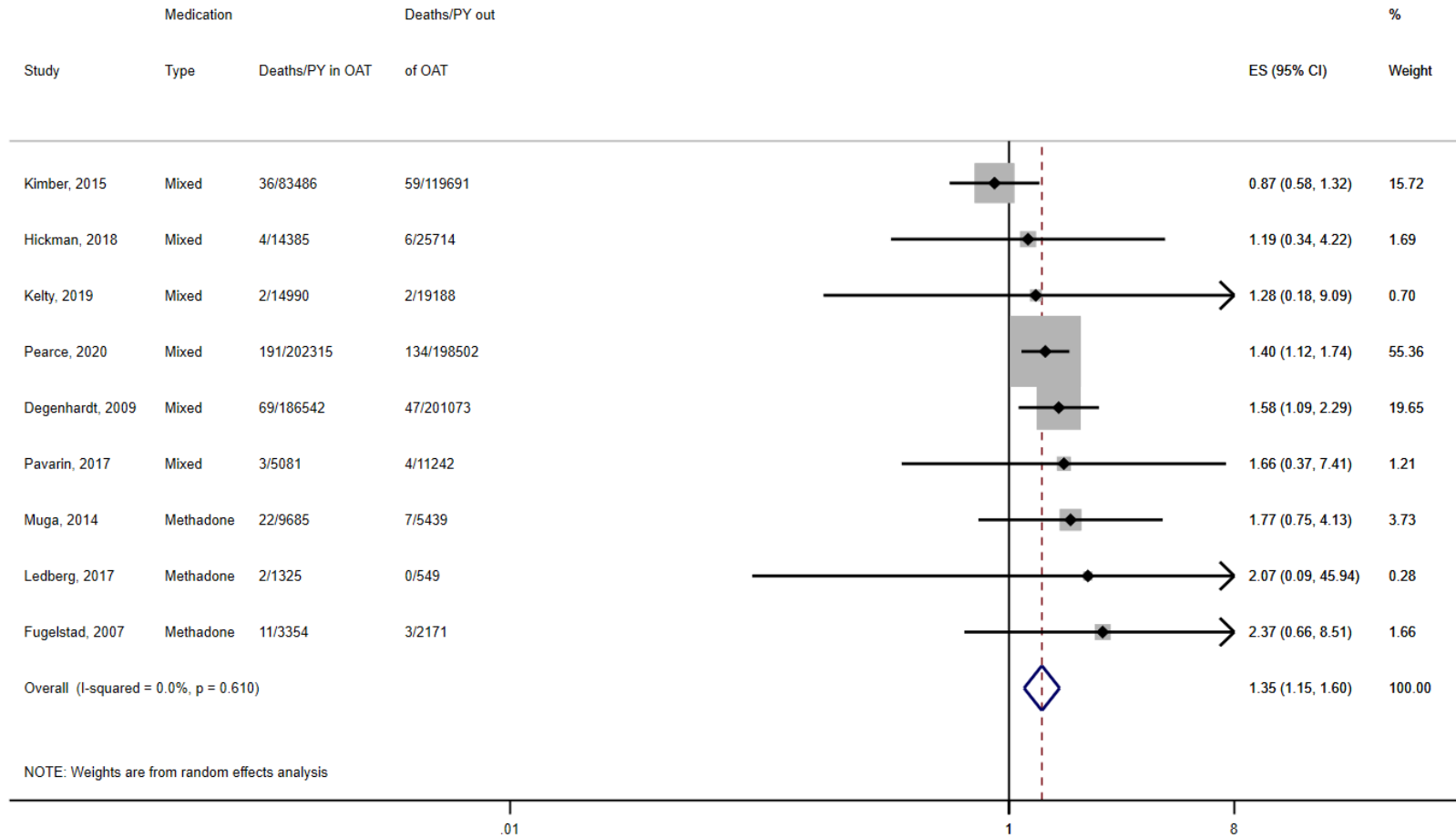
**eFigure 12: Cause-specific mortality: all liver-related**



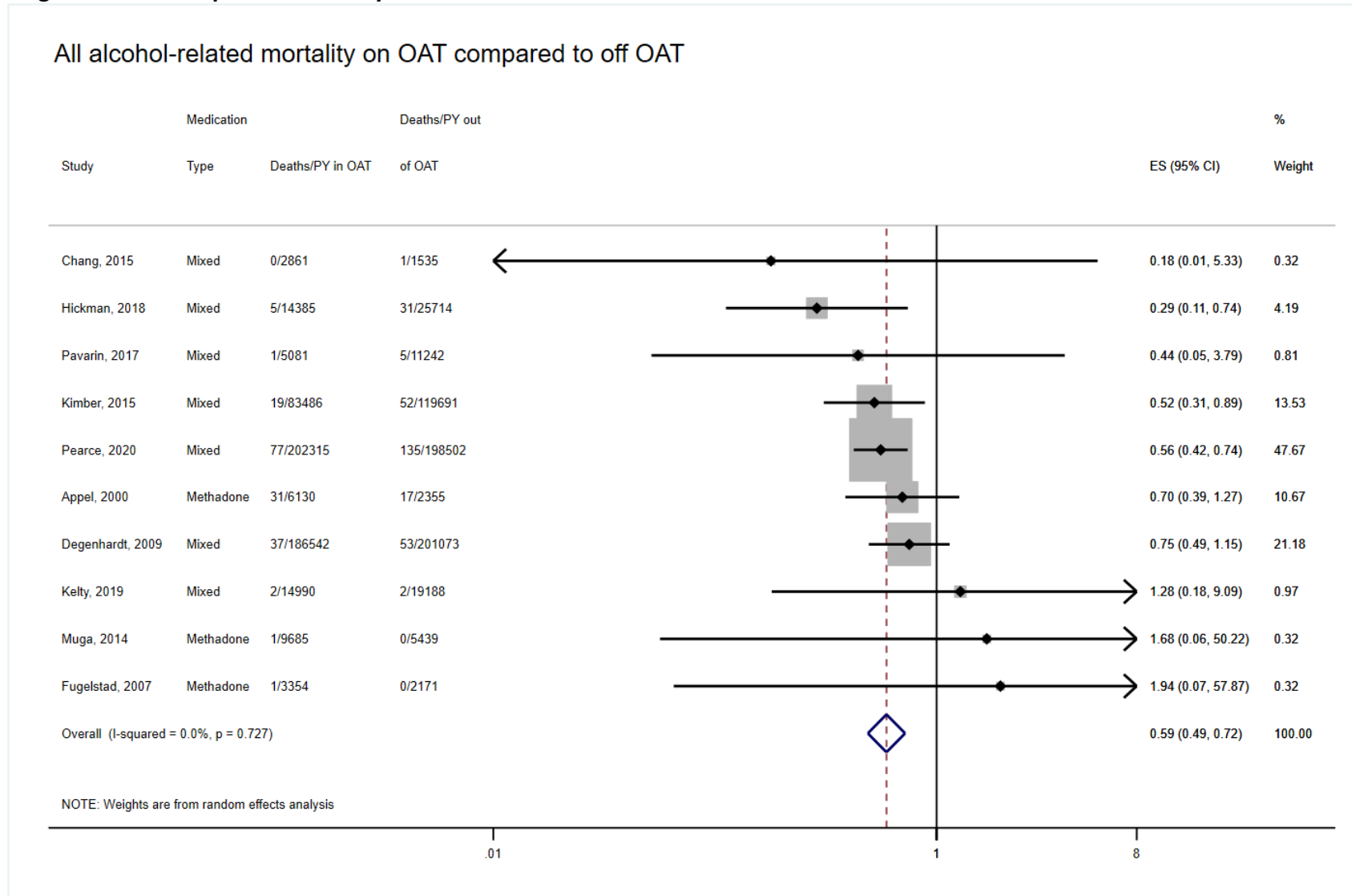


**eFigure 13: Cause-specific mortality: viral hepatitis**

Viral hepatitis mortality on compared to off OAT

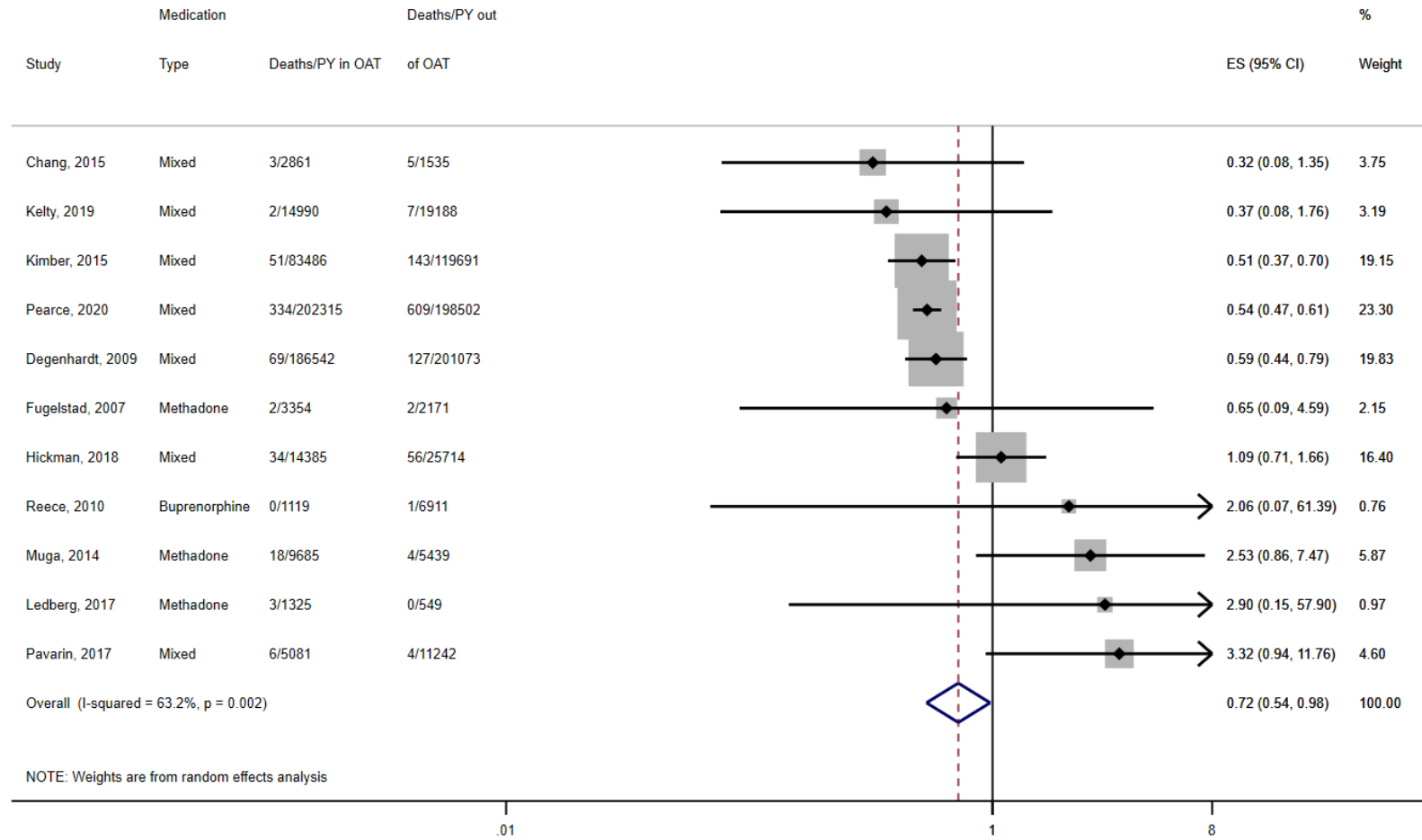


**eFigure 14: Cause-specific mortality: all alcohol related**



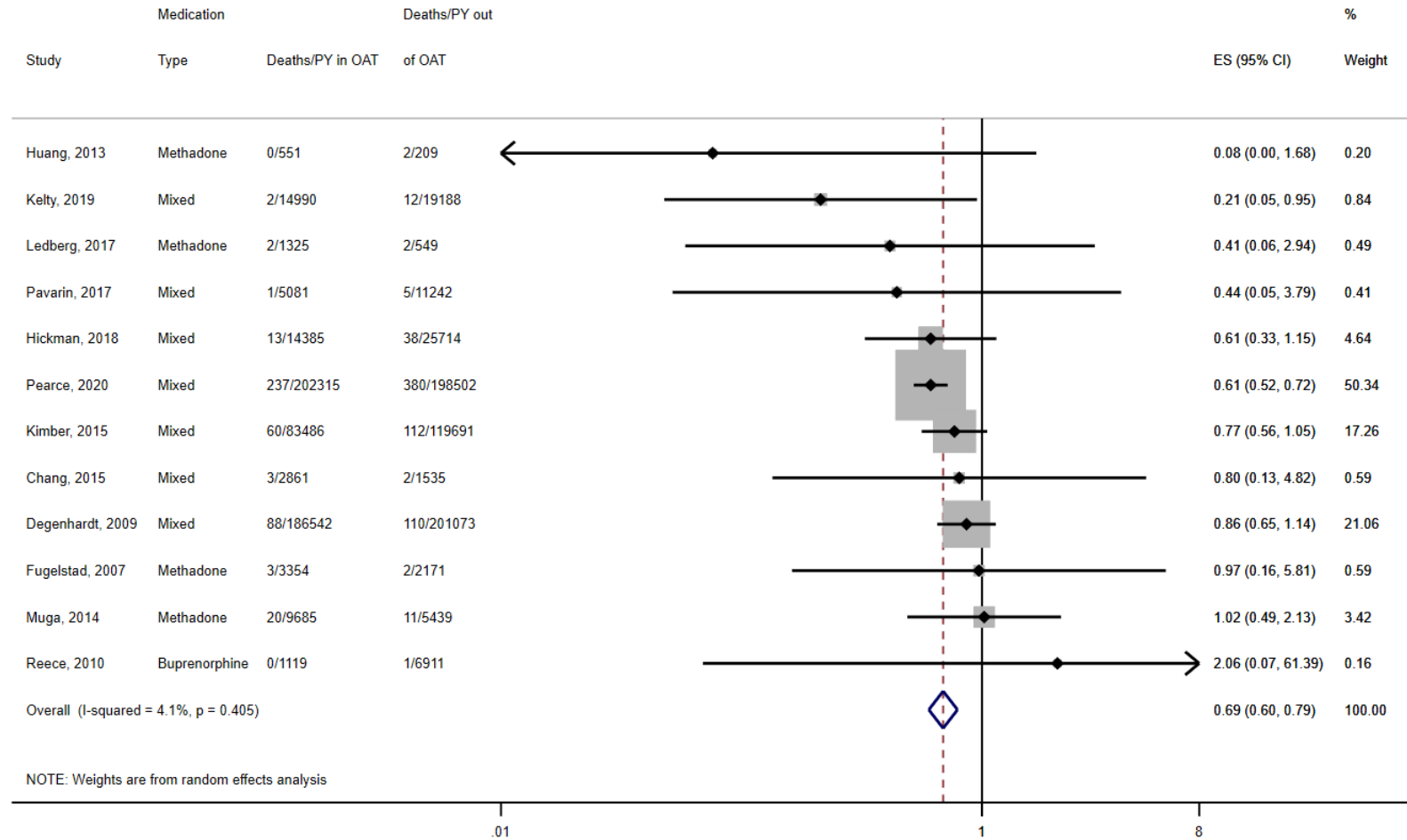
**eFigure 15: Cause-specific mortality: cancer**

Cancer mortality on OAT compared to off OAT



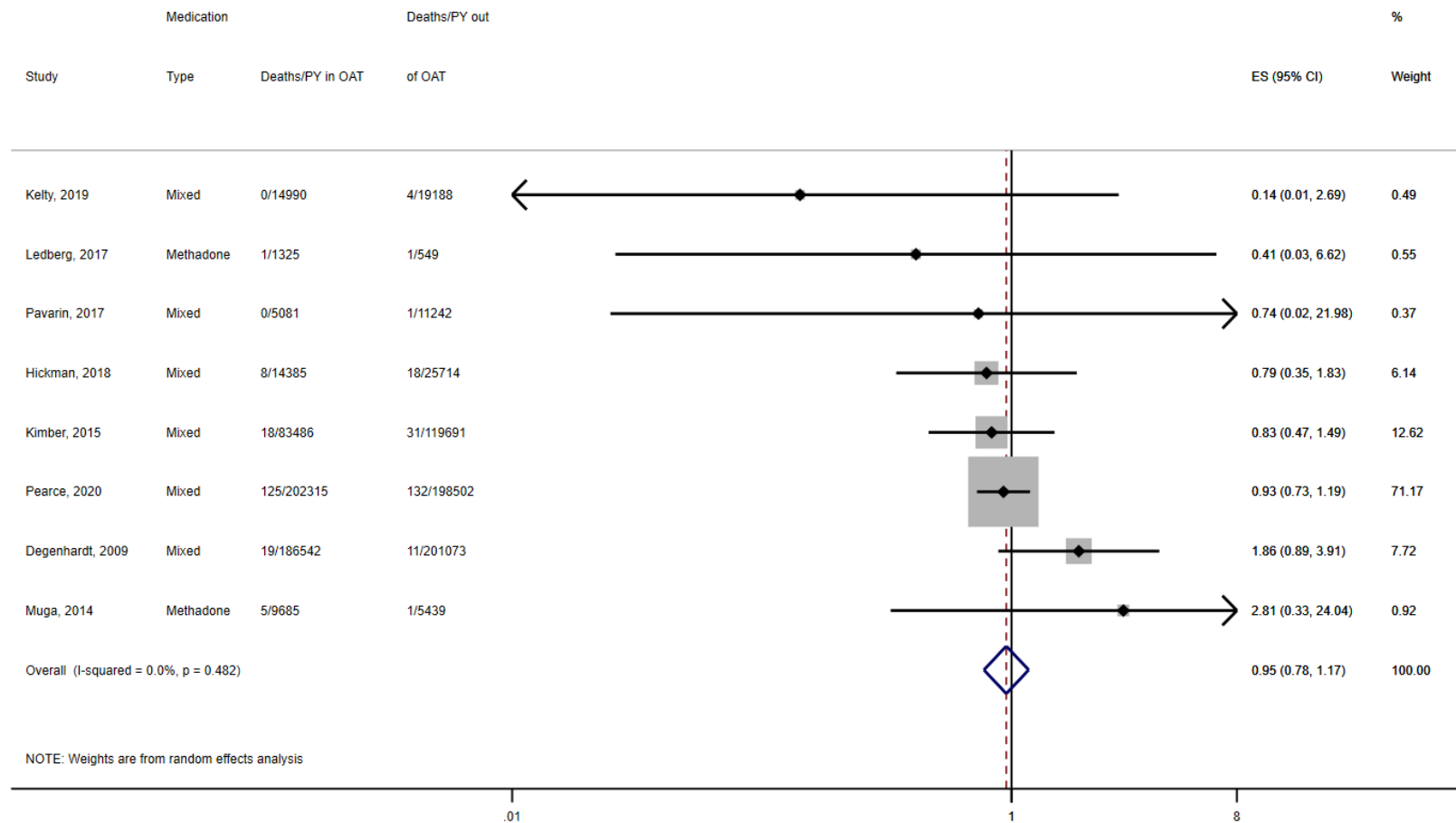
**eFigure 16: Cause-specific mortality: cardiovascular disease**

Cardiovascular disease mortality on OAT compared to off OAT

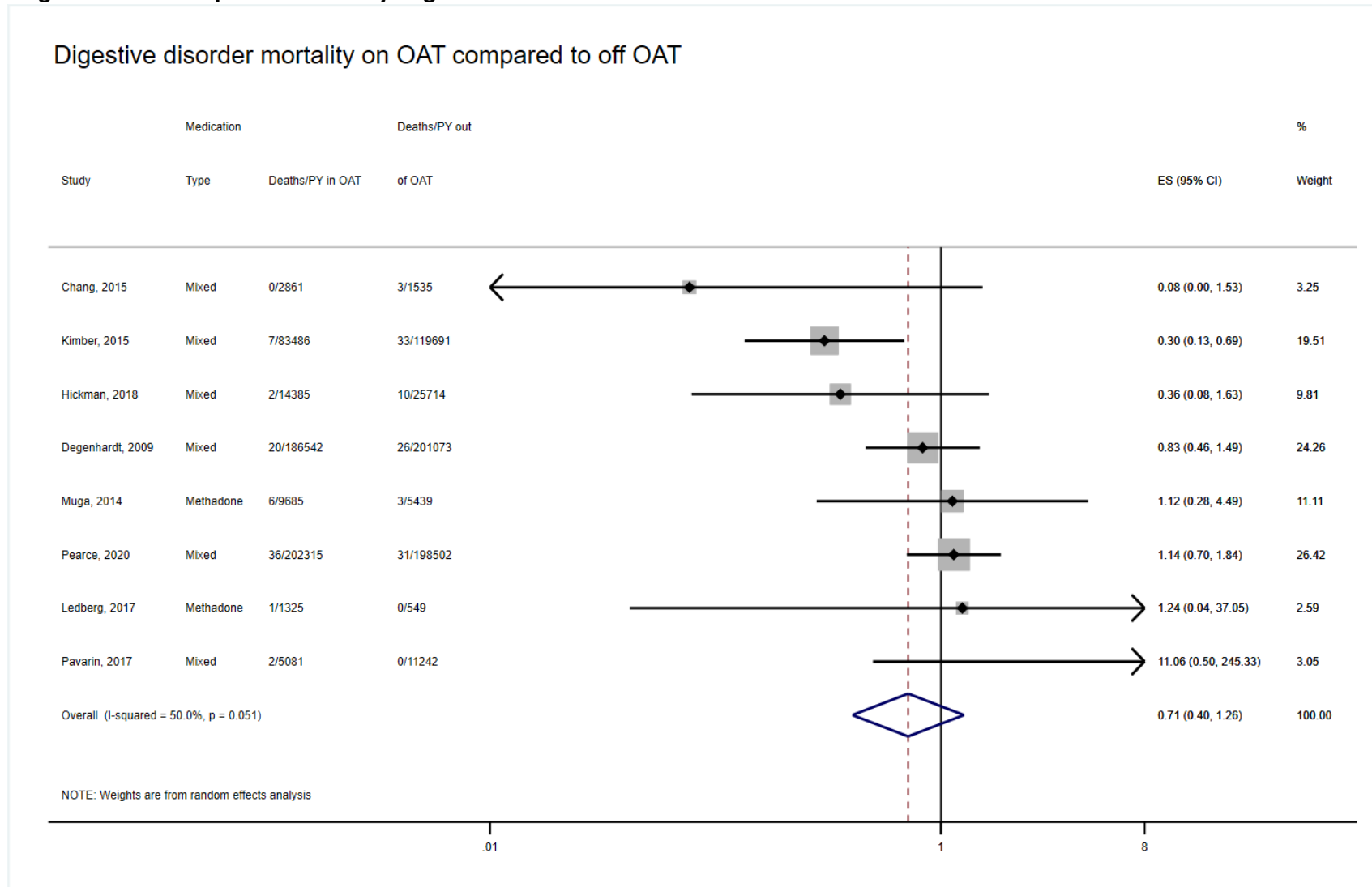


**eFigure 17: Cause-specific mortality: chronic respiratory disease**

Chronic respiratory disease mortality on OAT compared to off OAT

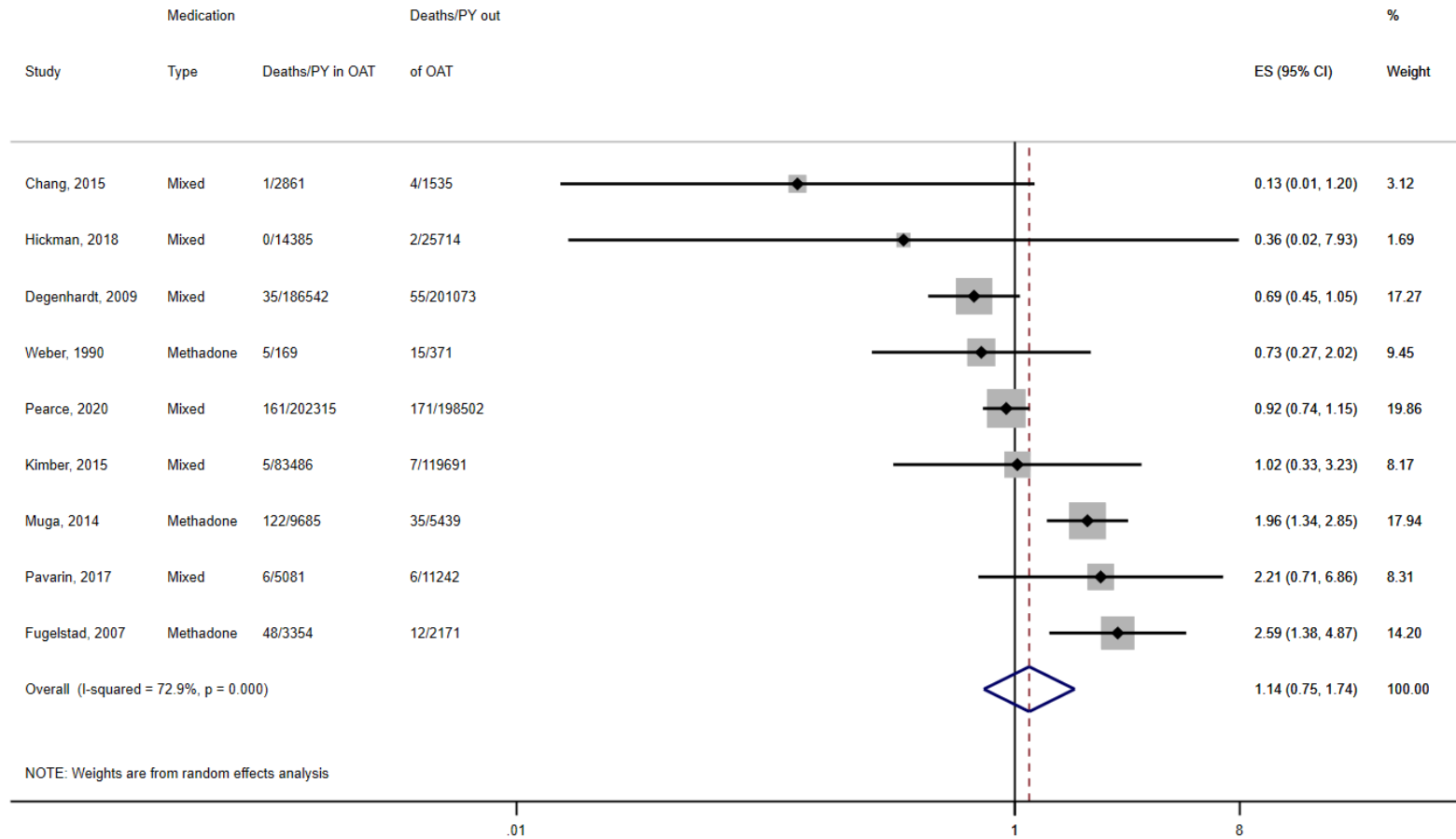


**eFigure 18: Cause-specific mortality: digestive disorders**

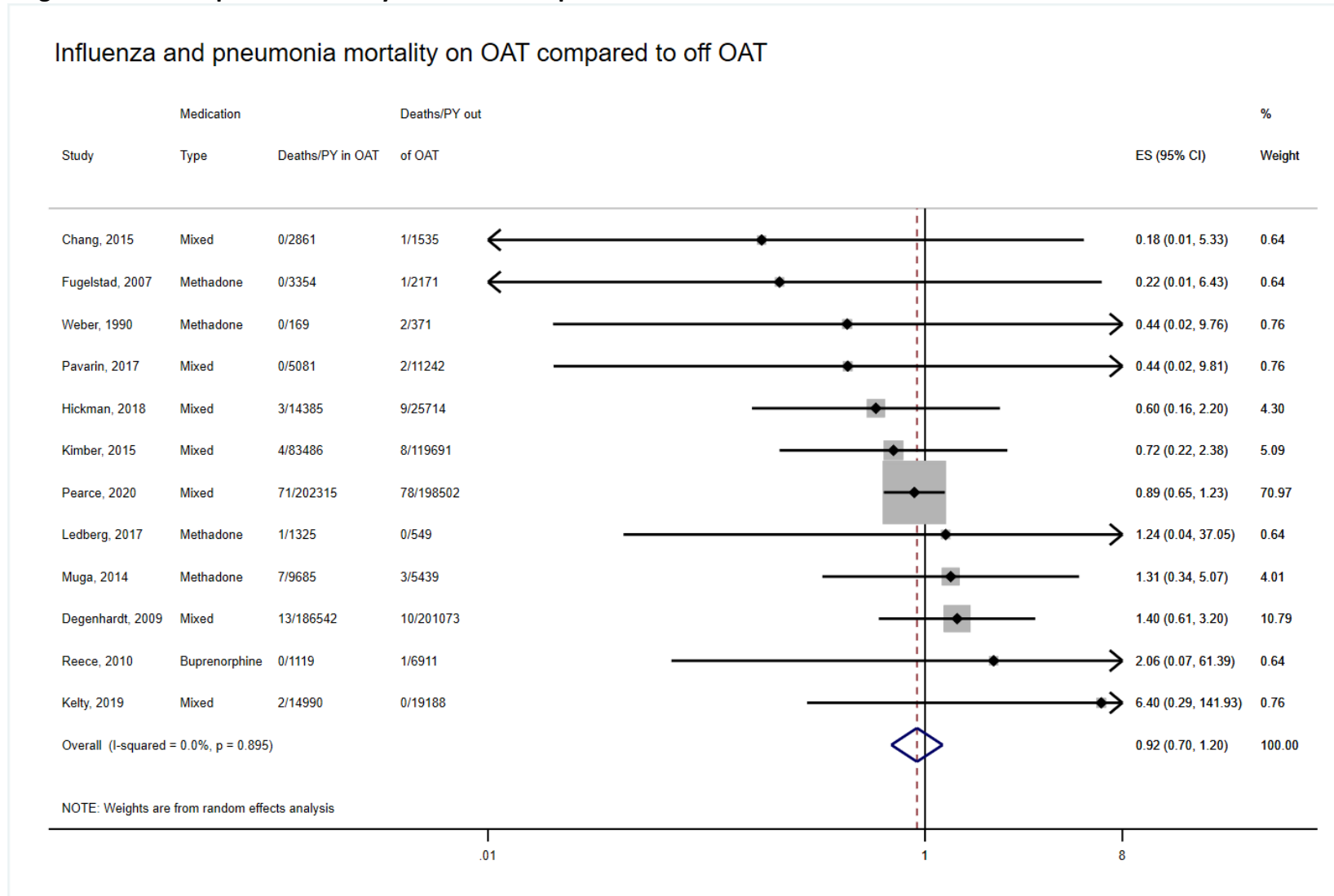


**eFigure 19: Cause-specific mortality: HIV-related**

HIV-related mortality on OAT compared to off OAT

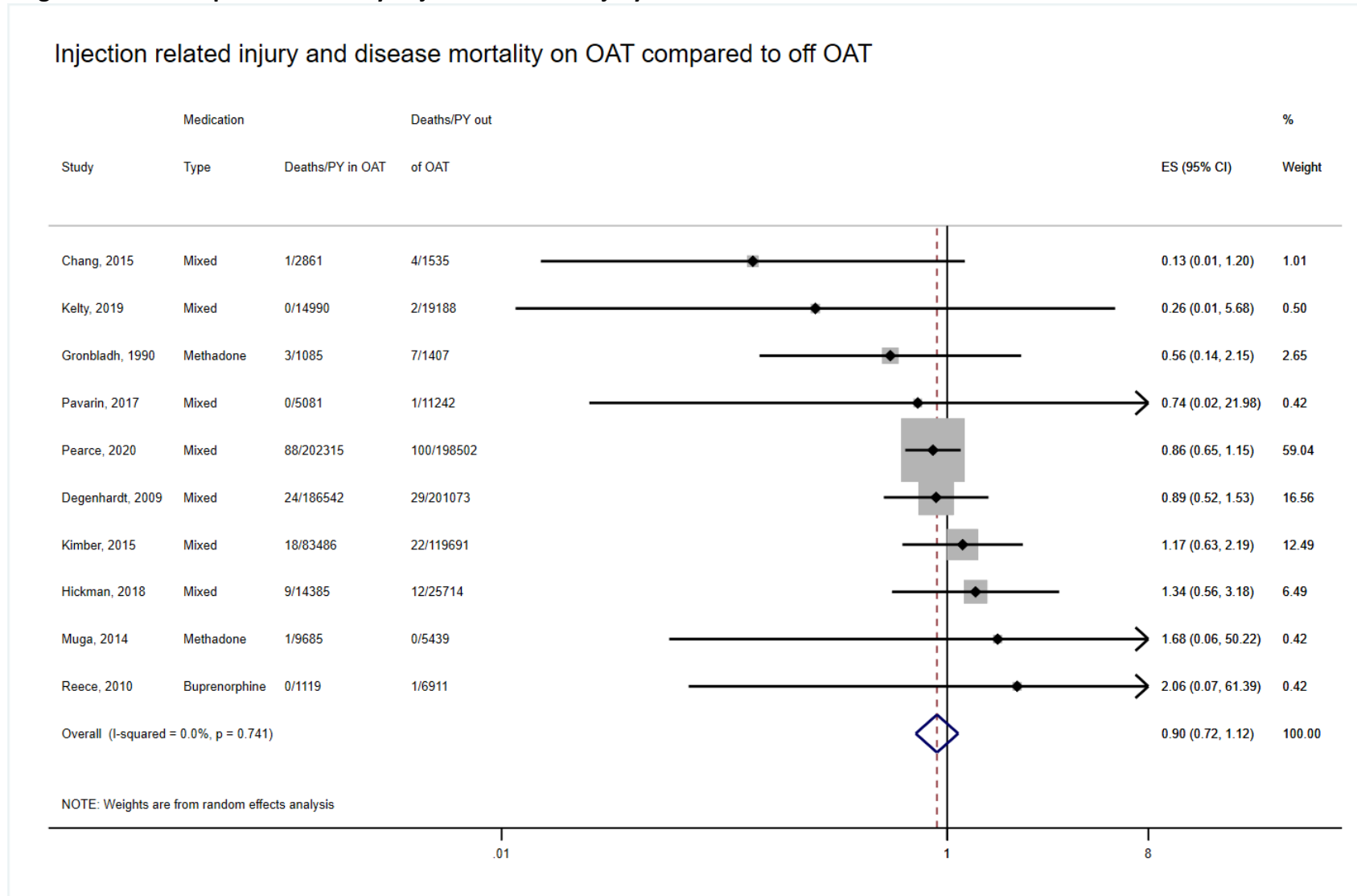


**eFigure 20: Cause-specific mortality: influenza and pneumonia**



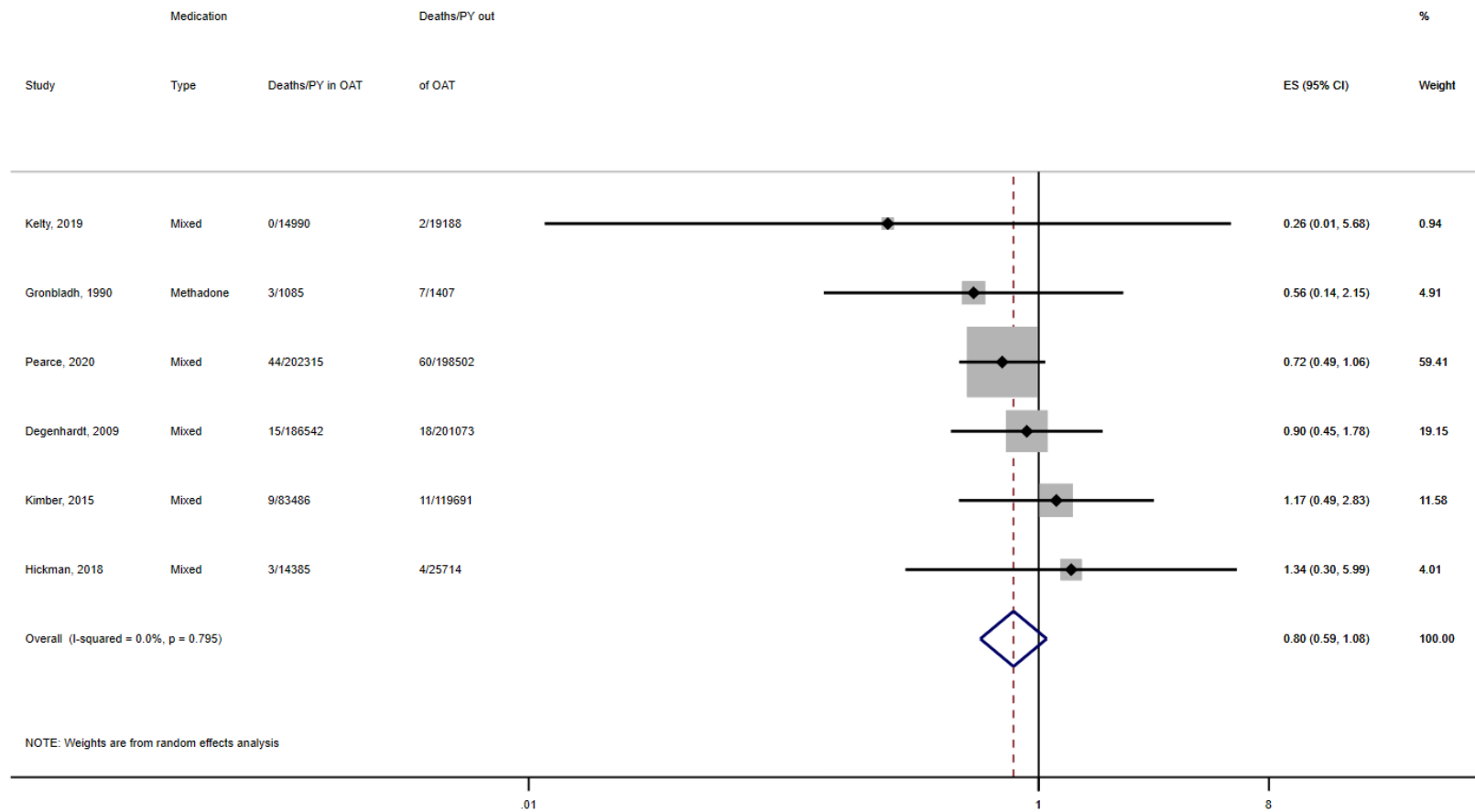


**eFigure 21: Cause-specific mortality: injection related injury and disease**



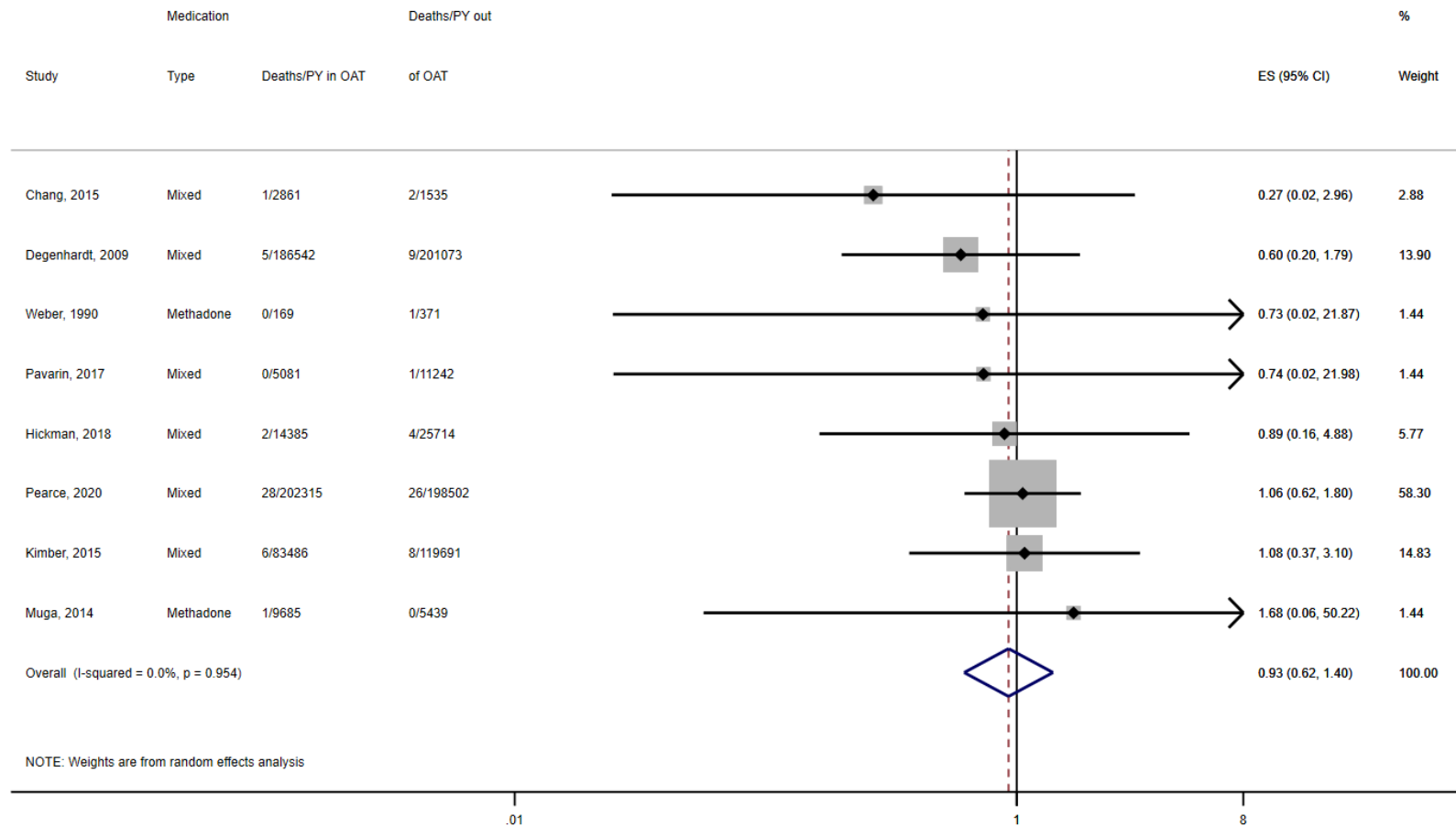
**eFigure 22: Cause-specific mortality: endocarditis**

Endocarditis mortality on OAT compared to off OAT

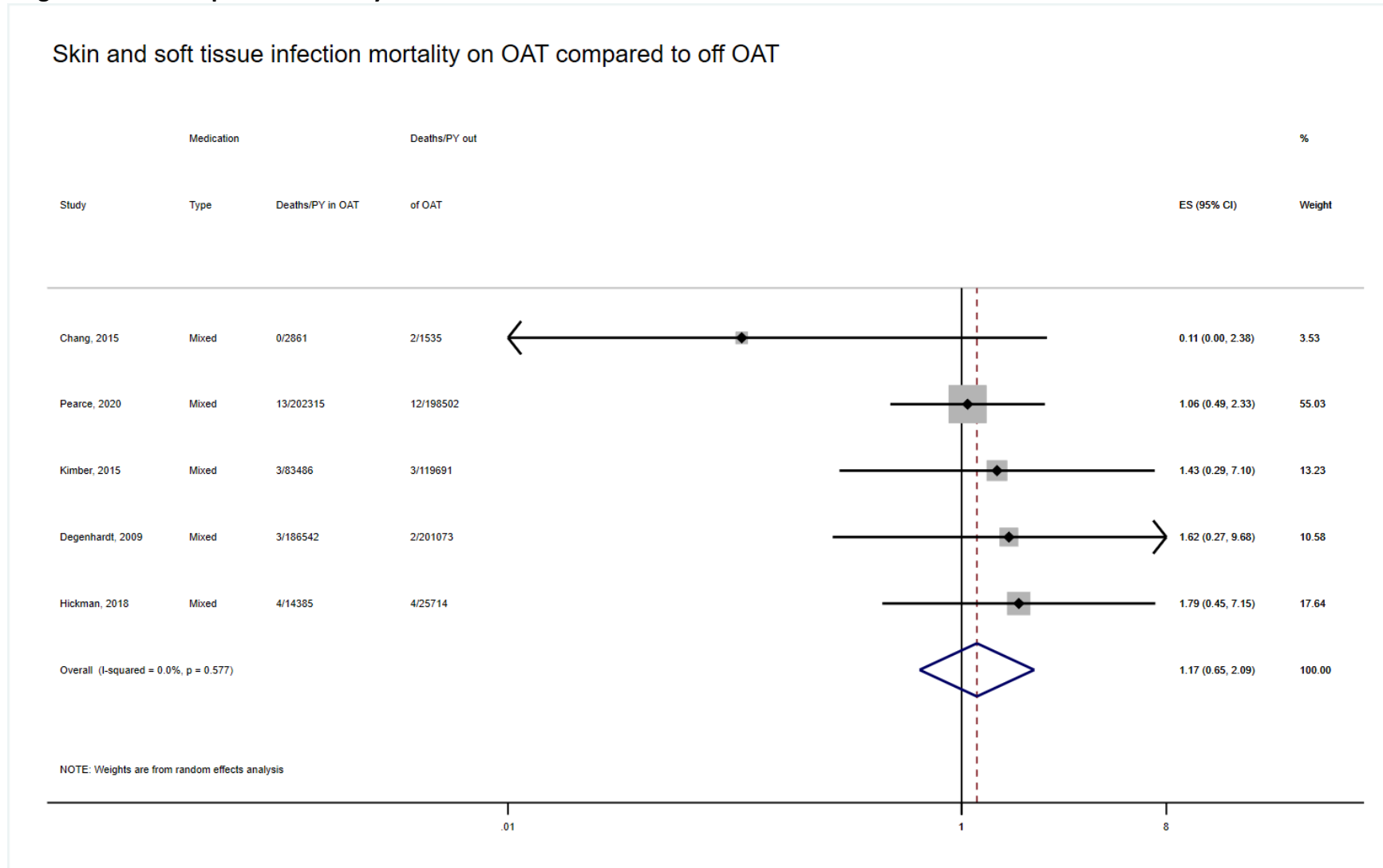


**eFigure 23: Cause-specific mortality: bacteraemia and sepsis**

Bacteraemia and sepsis mortality on OAT compared to off OAT



**eFigure 24: Cause-specific mortality: skin and soft tissue infections**

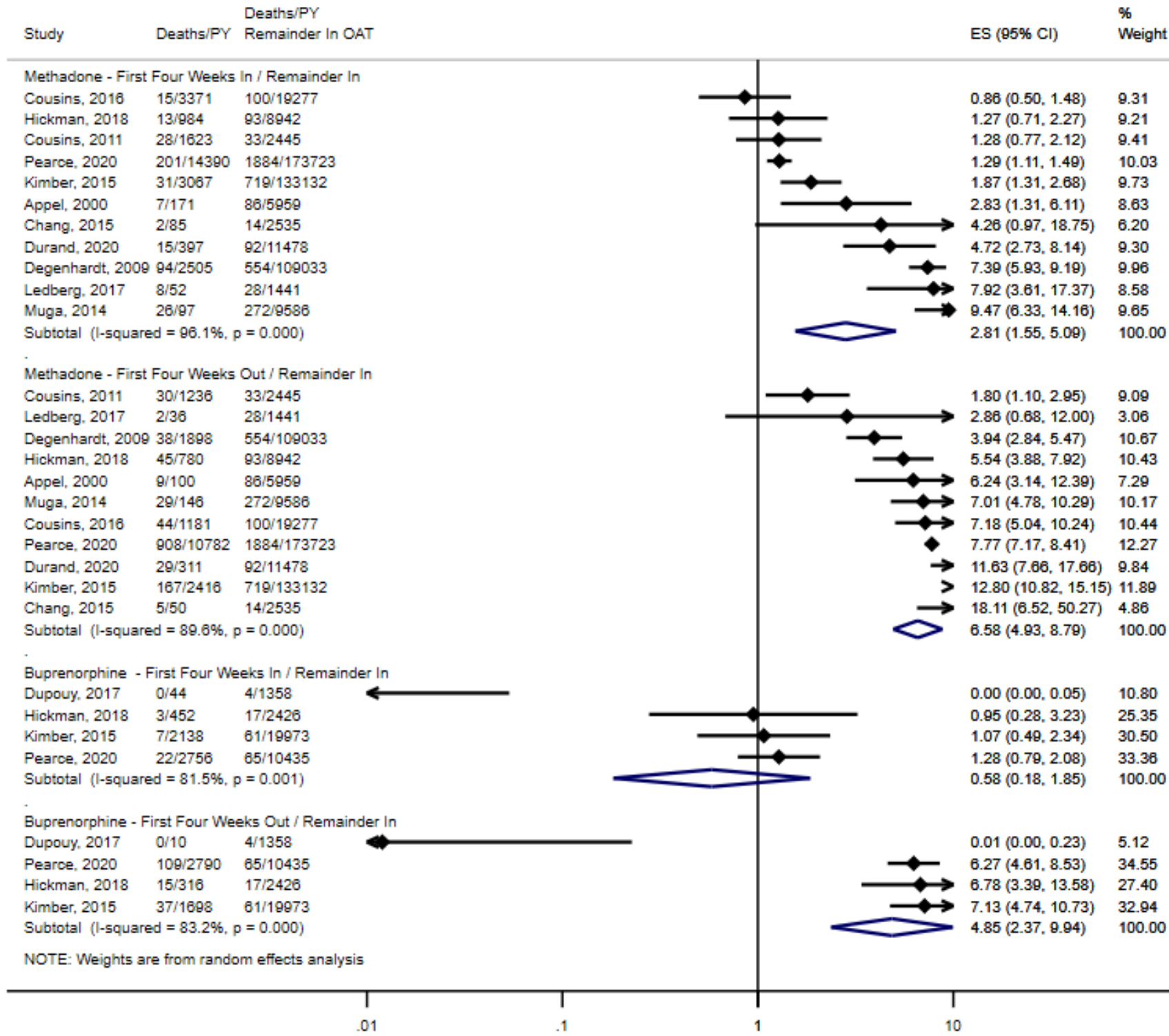


**eTable 17: Findings from observational studies on the pooled cause-specific mortality rates, and mortality rate ratios in people receiving OAT, by specific time periods in and out of treatment**

	References	N cohorts	N people	In treatment								Out of treatment								Rate ratio first 4 weeks in/ remainder in	I <sup>2</sup> %	Rate ratio first 4 weeks out/remainder in	I <sup>2</sup> %	Rate ratio remainder out/ remainder in	I <sup>2</sup> %
				First four weeks in OAT				Remainder in OAT				First four weeks out of OAT				Remainder out of OAT									
				Deaths	PY	Pooled CMR per 1,000PY (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR per 1,000PY (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR per 1,000PY (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR per 1,000PY (95%CI)	I <sup>2</sup> %						
<b>All-cause</b>	21,25,40,58,59,63,64,66,68,69,75,78,83,84	14	175,213	497	34,390	23.98(13.80, 41.67)	96.4	4,305	533,327	3.99 (6.68, 12.09)	98.6	1,486	26,453	54.19 (37.65, 78.01)	95.9	8,162	576,841	16.85 (13.30, 21.35)	98.7	1.92 (1.10, 3.35)	95.2	6.01 (4.32, 8.36)	92.0	1.81 (1.50, 2.18)	92.3
<b>All injury and poisoning</b>	25,58,63,66,75,78,83,84	8	157,930	219	28,552	13.48 (6.27, 28.89)	95.5	1,457	492,811	3.31 (2.82, 3.88)	81.3	651	23,461	23.11 (14.49, 36.86)	91.9	4,390	562,954	8.05 (6.39, 10.13)	97.5	1.24 (0.53, 2.92)	95.0	6.95 (4.31, 11.20)	89.8	2.36 (1.87, 2.97)	88.2
Drug-induced deaths	25,40,58,61,63,64,66,69,75,78,84	11 <sup>A</sup>	177,139	212	32,434	7.03 (3.61, 13.69)	93.9	1,193	542,509	2.99 (2.19, 4.07)	95.7	508	25,074	19.27 (11.66, 31.87)	92.5	3,658	571,918	7.74 (5.54, 10.82)	98.6	1.41 (0.61, 3.23)	95.0	6.72 (3.92, 11.53)	91.3	2.78 (2.10, 3.69)	90.7
Accidental drug-induced deaths	25,58,63,66,75,78,84	7 <sup>A</sup>	156,252	172	26,431	8.74 (3.42, 22.35)	96.2	818	481,051	1.70 (1.45, 1.99)	66.7	448	23,256	14.26 (8.36, 24.31)	91.4	3,088	556,103	5.46 (3.81, 7.84)	98.6	1.96 (0.63, 6.08)	96.4	8.46 (5.60, 12.77)	79.5	2.89 (2.11, 3.94)	89.7
Accidental opioid deaths	25,58,63,66,75,78,84	7 <sup>B</sup>	156,252	139	26,431	6.64 (2.20, 20.04)	96.3	586	476,153	1.27 (1.07, 1.50)	64.9	317	23,024	11.78 (7.96, 17.42)	82.0	2,397	545,093	5.15 (3.66, 7.24)	98.1	4.34 (1.65, 11.43)	93.7	8.95 (5.23, 15.31)	86.9	3.26 (2.23, 4.77)	91.5
Suicide	58,63,66,75,78,84	6 <sup>A</sup>	100,905	17	8,096	2.81 (0.57, 13.90)	72.1	172	296,038	0.58 (0.44, 0.76)	38.5	25	9,284	2.72 (1.84, 4.03)	0.0	426	371,308	0.97 (0.71, 1.34)	78.7	*		*		2.03 (1.70, 2.43)	0.0
Violence	25,58,63,66,75,78,84	7 <sup>C</sup>	156,252	1	5,871	0.17 (0.02, 1.21)		72	474,879	0.16 (0.11, 0.22)	38.7	34	21,840	0.72 (0.13, 4.11)	77.4	98	520,014	0.18 (0.13, 0.26)	64.3	*		*		*	
Motor vehicle and transport accidents	58,59,66,75,78,84	6 <sup>D</sup>	101,466	4	6,904	0.60 (0.23, 1.60)	0.0	99	296,038	0.36 (0.18, 0.74)	78.9	10	9,284	1.08 (0.58, 2.01)	0.0	112	370,791	0.26 (0.16, 0.43)	70.8	*		*		0.43 (0.13, 1.44)	85.9
Falls/fires/burns/drownings	58,59,66,75,78,84	6 <sup>E</sup>	101,466	0	-	-	-	23	291,140	0.11 (0.04, 0.26)	60.6	-	-	-	-	30	359,781	0.09 (0.06, 0.12)	0.0	*		*		*	
<b>Injection-related injuries and diseases</b>	58,63,66,75,78,83,84	7 <sup>F</sup>	102,583	2	5,963	1.36 (0.02, 79.90)	88.4	51	299,452	0.23 (0.10, 0.52)	85.2	11	9,284	1.44 (0.57, 3.63)	56.6	57	372,270	0.29 (0.11, 0.75)	90.5	*		*		3.49 (0.43, 28.40)	95.2
Endocarditis	58,63,66,75,78,84	6 <sup>G</sup>	100,905	0	-	-	-	27	289,866	0.10 (0.06, 0.17)	35.2	6	9,284	0.80 (0.28, 2.26)	35.8	27	359,781	0.08 (0.05, 0.11)	0.0	*		*		*	
Bacteraemia or sepsis	25,58,63,66,75,78,84	7 <sup>H</sup>	156,252	2	5,963	1.36 (0.02, 79.90)	88.4	12	289,866	0.06 (0.02, 0.17)	68.9	4	9,284	0.47 (0.18, 1.24)	0.0	20	372,270	0.11 (0.04, 0.35)	82.5	*		*		*	
Skin or soft tissue infections	25,58,63,66,75,78,84	7 <sup>I</sup>	156,252	0	-	-	-	10	289,866	0.06 (0.01, 0.34)	87.9	1	1,874	0.53 (0.08, 3.79)	0.0	10	361,260	0.08 (0.01, 0.61)	90.6	*		*		*	

**Table Notes:** \*Rate ratios are suppressed where at least half of the studies reported 0 deaths for one of the time periods involved; **The following studies recorded 0 deaths for the given category and so were only included in N cohorts and N people but did not contribute to the pooled analysis** – <sup>A</sup>Chang 2015; <sup>B</sup>Chang 2015, Pavarin 2017; <sup>C</sup>Chang 2015, Ledberg 2017, Pavarin 2017; <sup>D</sup>Appel 2000; <sup>E</sup>Pavarin 2017, Appel 2000; <sup>F</sup>Ledberg 2017; <sup>G</sup>Chang 2015, Ledberg 2017, Pavarin 2017; <sup>H</sup>Ledberg 2017, Pearce 2020; <sup>I</sup>Ledberg 2017, Pavarin 2017, Pearce 2020. **OAT** – opioid agonist treatment. **CMR** – crude mortality rate.

### C. All cause mortality by time period on or off methadone or buprenorphine

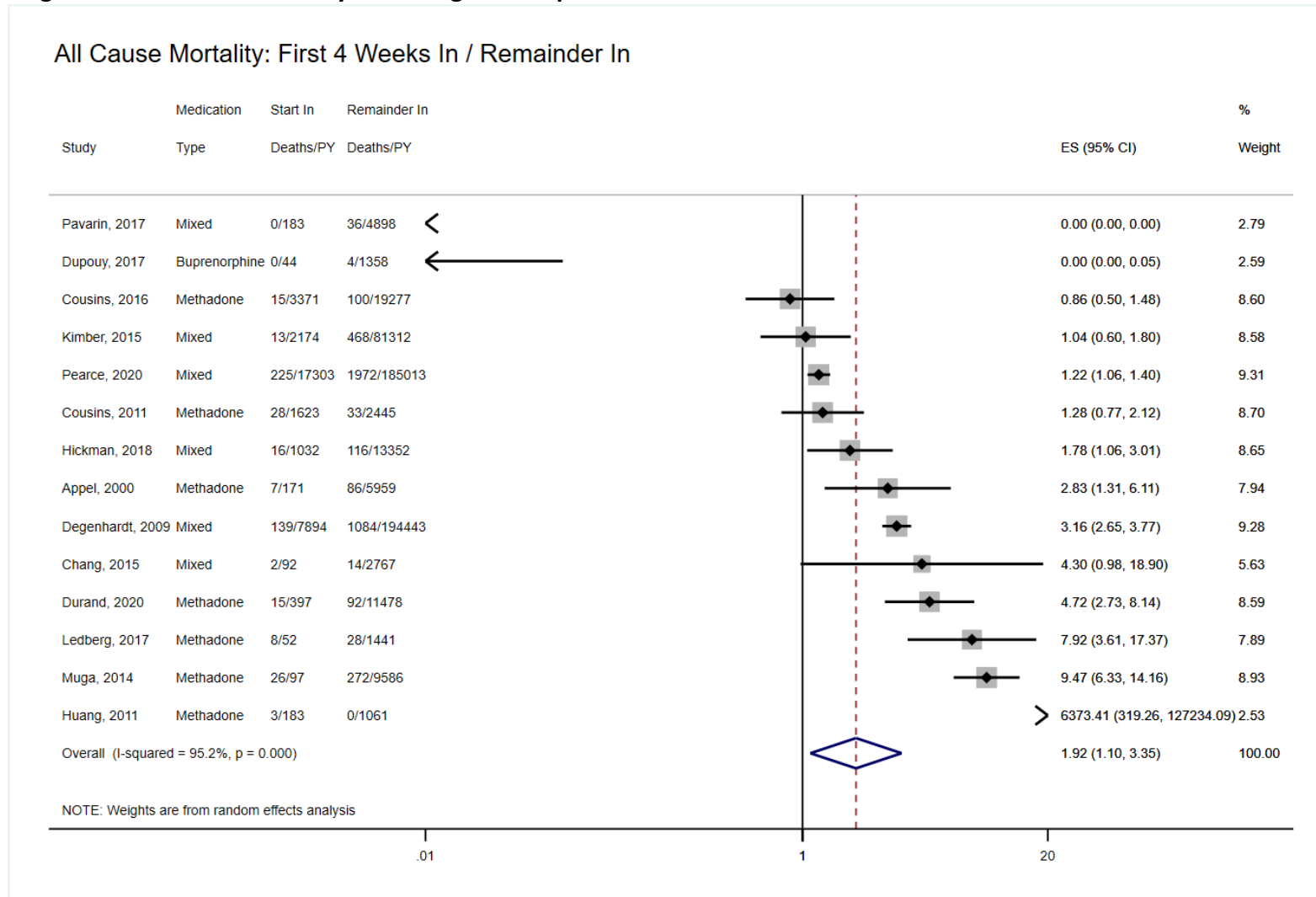


eTable 18: Additional causes of death by time period in or out of OAT

	Refs	N cohorts	N people	In treatment								Out of treatment								Rate ratio first 4 weeks in/remainder in	I <sup>2</sup>	Rate ratio first 4 weeks out/remainder in	I <sup>2</sup>	Rate ratio remainder out/remainder in	I <sup>2</sup>
				First four weeks				Remainder				First four weeks				Remainder									
				Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup>	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup>	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup>	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup>						
<b>All liver-related</b>	<sup>1-7</sup>	7	102,583	8	9,128	1.67 (0.43, 6.49)	70.5%	234	305,624	1.00 (0.64, 1.56)	86.1%	58	9,430	9.14 (2.61, 32.06)	94.5%	303	377,533	1.14 (0.70, 1.88)	92.7%	0.15 (0.01, 2.29)	92.4%	1.32 (0.25, 6.98)	94.8%	1.32 (0.57, 3.03)	91.9%
Viral Hepatitis	<sup>1-7</sup>	<sup>7a</sup>	102,583	6	9,128	1.42 (0.29, 6.97)	73.3%	130	305,624	0.58 (0.27, 1.24)	92.2%	25	9,430	3.50 (0.73, 16.76)	89.4%	98	376,054	0.30 (0.20, 0.45)	65.1%	0.22 (0.01, 4.27)	91.9%	0.78 (0.08, 7.17)	93.1%	0.49 (0.25, 0.95)	70.5%
All alcohol-related	<sup>1-8</sup>	<sup>8b</sup>	157,930	0	-	-	-	63	304,350	0.21 (0.17, 0.27)	0.0%	40	22,992	1.86 (0.88, 3.92)	69.2%	237	557,065	0.49 (0.31, 0.78)	89.4%	0.00 (0.00, 0.00)	77.7%	5.44 (0.12, 257.11)	96.6%	13.76 (1.51, 125.60)	97.0%
Cancer	<sup>1-8</sup>	8	157,930	65	24,353	3.79 (1.48, 9.72)	78.6%	453	493,403	1.08 (0.62, 1.90)	95.3%	184	23,137	8.73 (4.63, 16.44)	90.9%	764	562,328	1.06 (0.54, 2.06)	98.0%	0.12 (0.02, 0.88)	95.1%	1.42 (0.50, 4.07)	94.0%	0.93 (0.58, 1.51)	86.5%
Cardiovascular disease	<sup>1-8</sup>	8	157,930	27	25,537	2.42 (0.51, 11.44)	89.5%	397	493,403	0.87 (0.56, 1.34)	90.6%	89	23,370	4.05 (2.03, 8.08)	78.3%	570	562,845	1.05 (0.64, 1.71)	95.0%	0.19 (0.03, 1.38)	92.9%	2.18 (0.85, 5.55)	84.2%	1.31 (1.15, 1.49)	0.0%
Chronic respiratory disease	<sup>1-8</sup>	<sup>8A</sup>	157,930	17	24,256	1.25 (0.33, 4.81)	74.7%	159	484,464	0.31 (0.14, 0.71)	93.8%	33	16,733	2.01 (1.43, 2.82)	0.0%	162	561,366	0.28 (0.13, 0.59)	91.9%	0.27 (0.01, 7.23)	95.4%	0.07 (0.00, 1.86)	96.6%	2.35 (0.88, 6.32)	88.5%
Digestive disorders	<sup>1-7</sup>	7	102,583	1	5,871	0.17 (0.02, 1.21)	0.0%	37	305,624	0.22 (0.10, 0.49)	78.0%	10	9,485	2.63 (0.62, 11.11)	79.4%	65	366,523	0.27 (0.14, 0.52)	80.3%	0.00 (0.00, 0.10)	90.0%	2.98 (0.24, 37.13)	90.8%	0.43 (0.04, 4.03)	94.2%
HIV-related	<sup>1-8</sup>	<sup>8B</sup>	157,930	22	23,271	2.37 (0.05, 114.16)	98.5%	307	478,777	0.62 (0.12, 3.08)	99.3%	42	20,167	5.40 (0.91, 32.13)	94.7%	238	562,328	0.49 (0.18, 1.34)	97.5%	0.05 (0.00, 0.57)	95.7%	0.29 (0.04, 2.15)	94.7%	1.58 (0.71, 3.52)	90.8%
Influenza and pneumonia	<sup>1-7</sup>	7	102,583	5	5,968	3.30 (0.04, 257.30)	95.9%	23	300,726	0.16 (0.06, 0.43)	80.0%	4	7,556	1.26 (0.18, 8.81)	72.7%	29	377,533	0.15 (0.06, 0.37)	78.9%	0.04 (0.00, 7.94)	96.6%	0.24 (0.00, 13.38)	93.2%	4.41 (0.45, 43.32)	92.4%

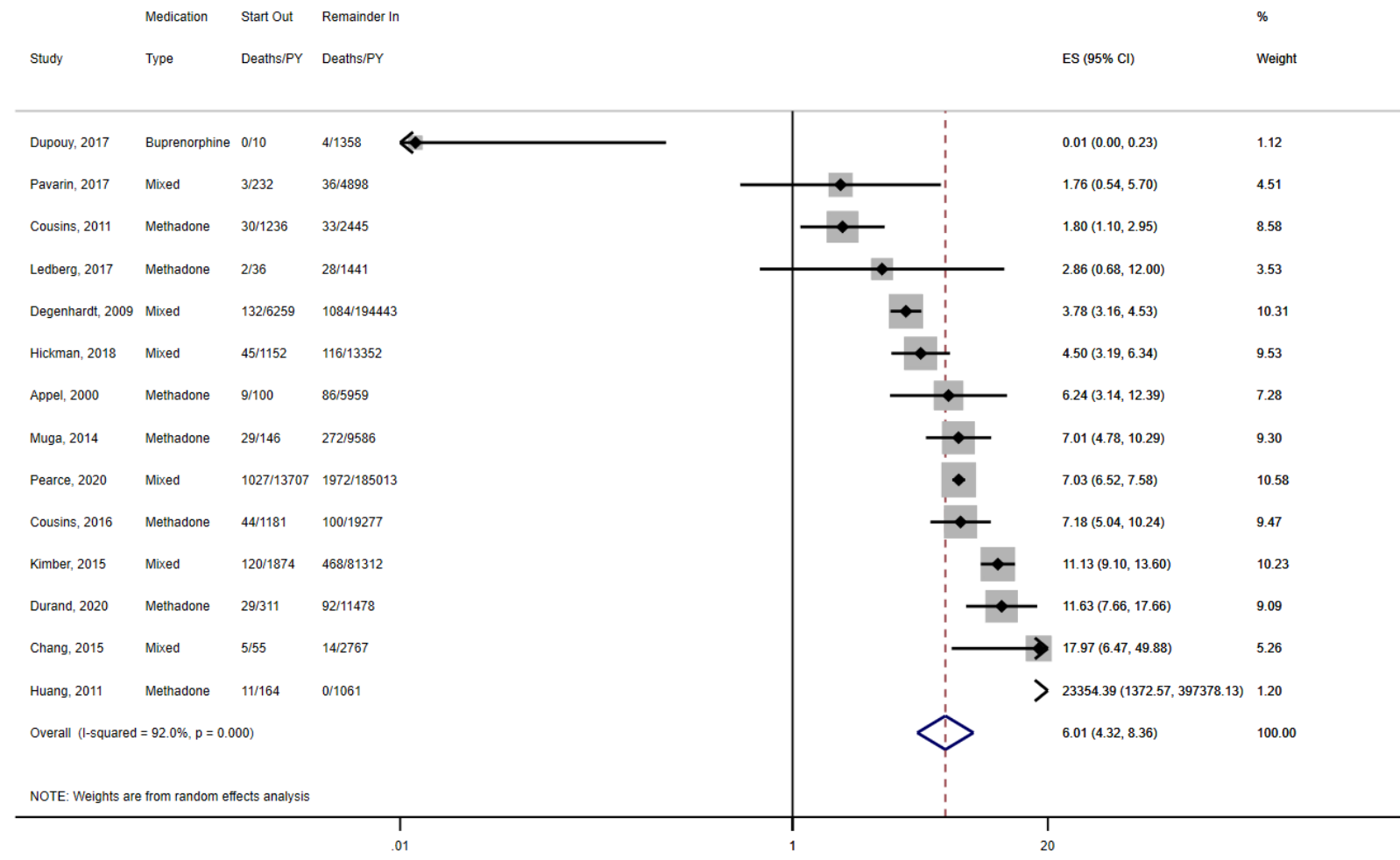
The following studies recorded 0 deaths for the given category and so were only included in N cohorts and N people but did not contribute to the analysis: <sup>A</sup>Chang 2015; <sup>B</sup>Ledberg 2017.

**eFigure 26: All-cause mortality according to time period in and out of OAT**



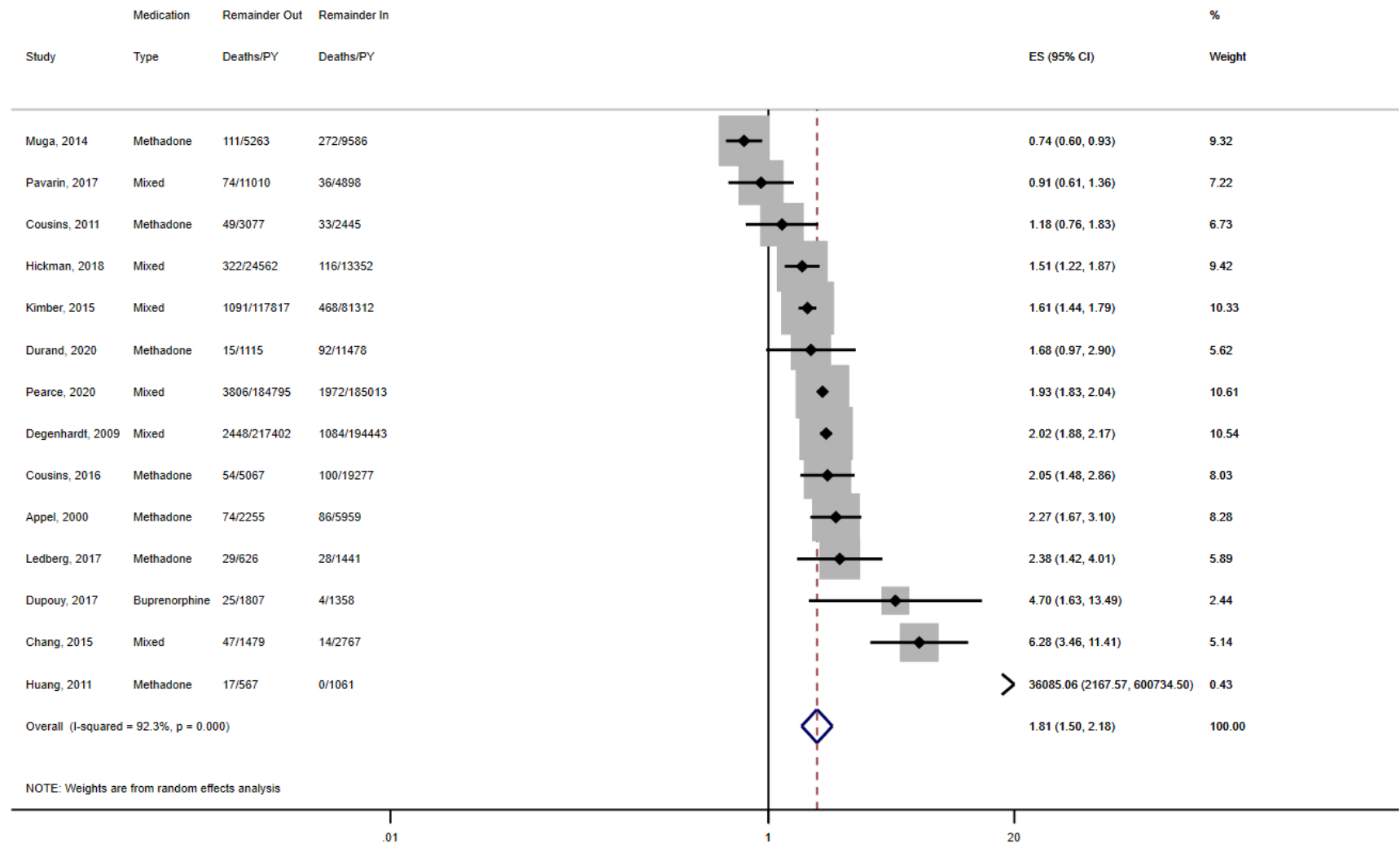


### All Cause Mortality: First 4 Weeks Out / Remainder In

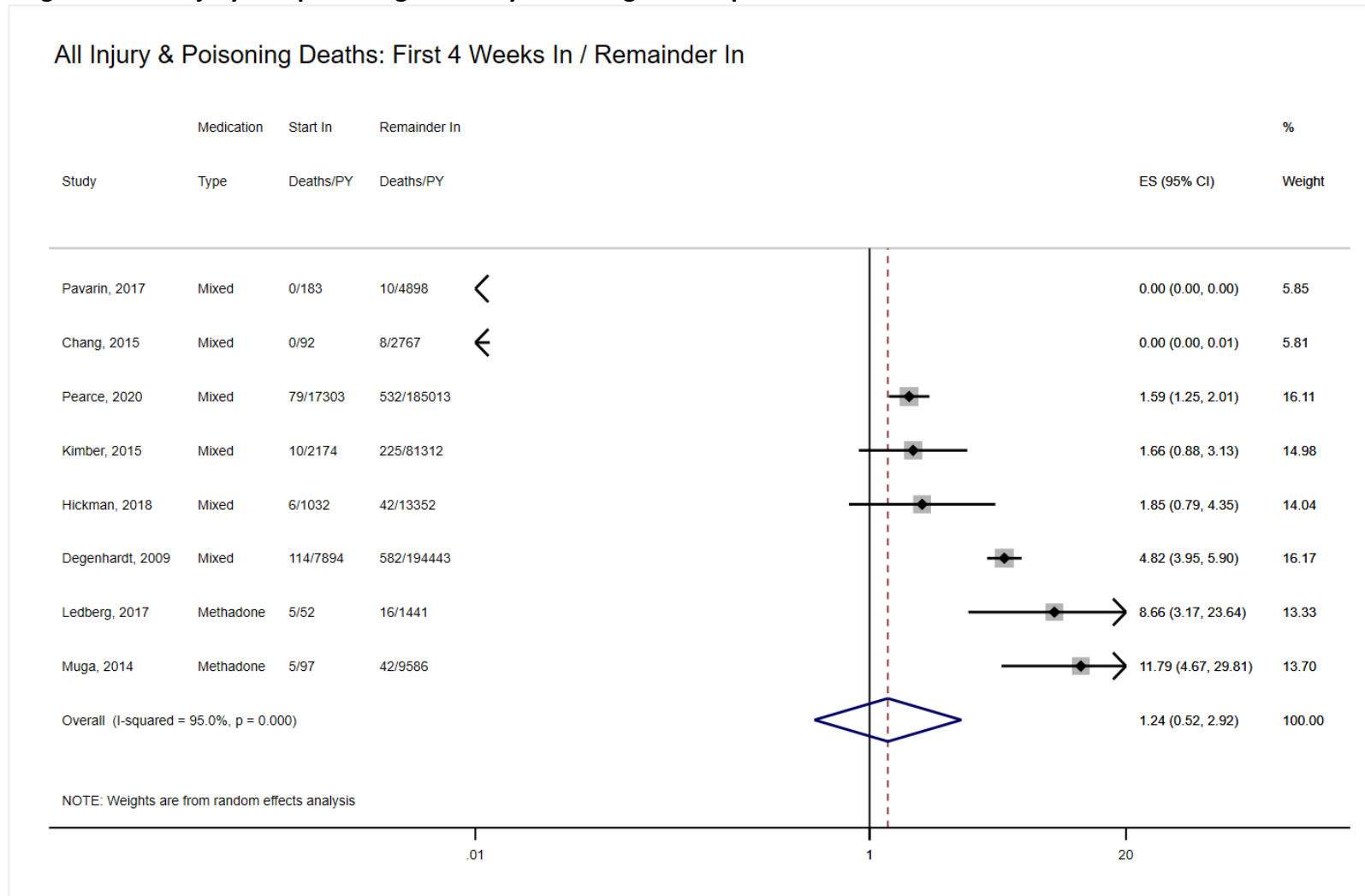


NOTE: Weights are from random effects analysis

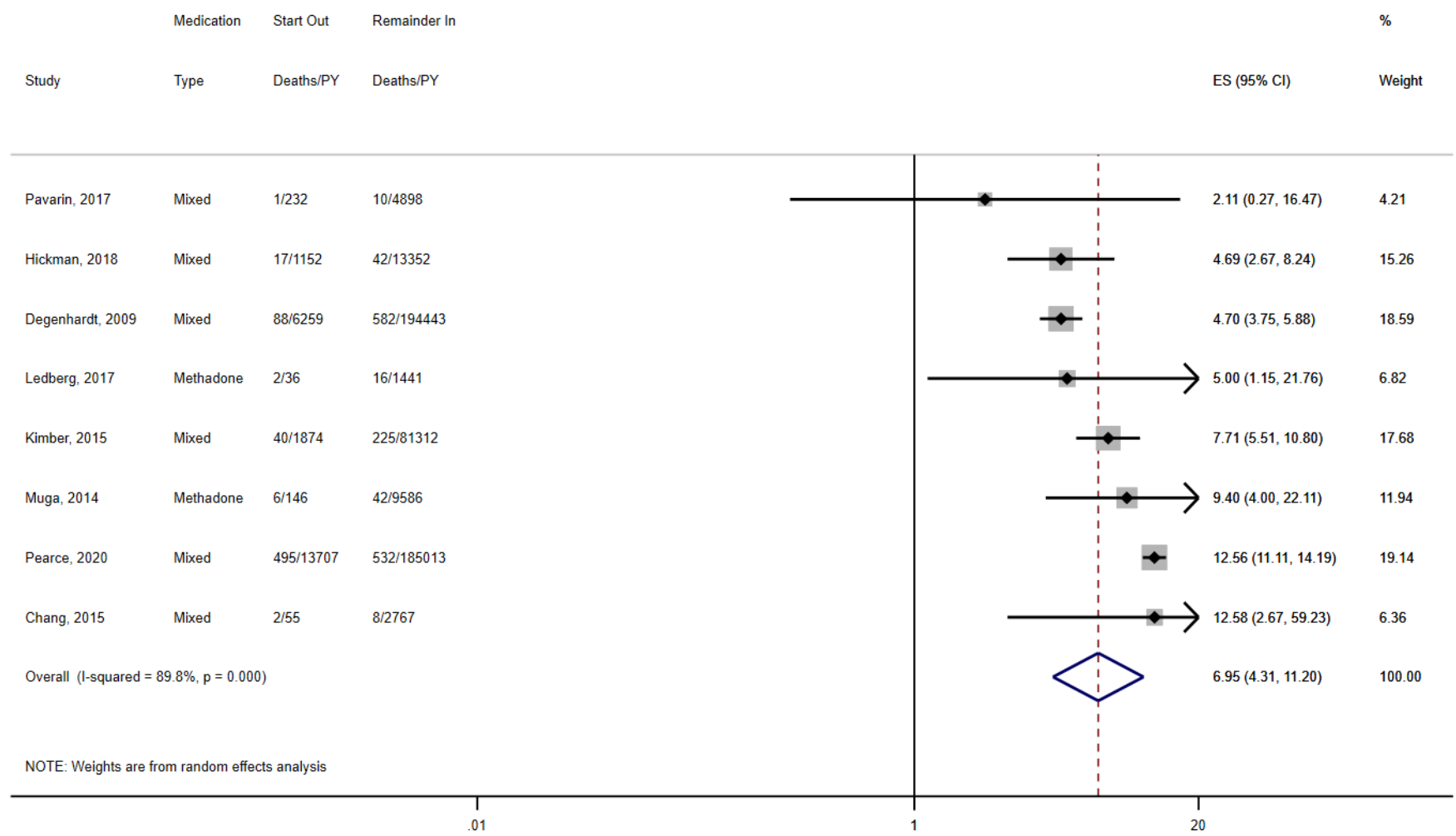
### All Cause Mortality: Remainder Out / Remainder In



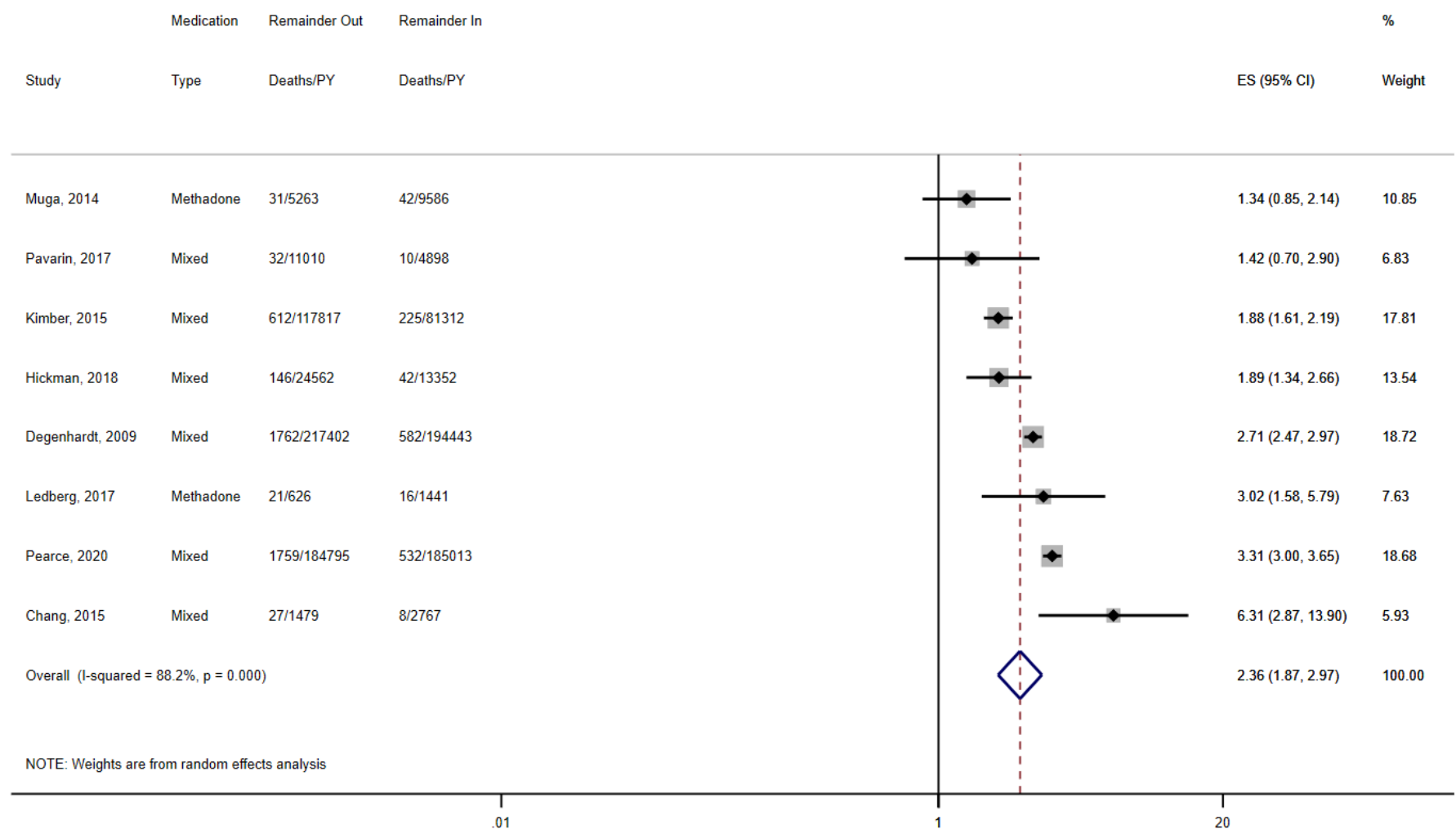
**eFigure 27: All injury and poisoning mortality according to time period in and out of OAT**



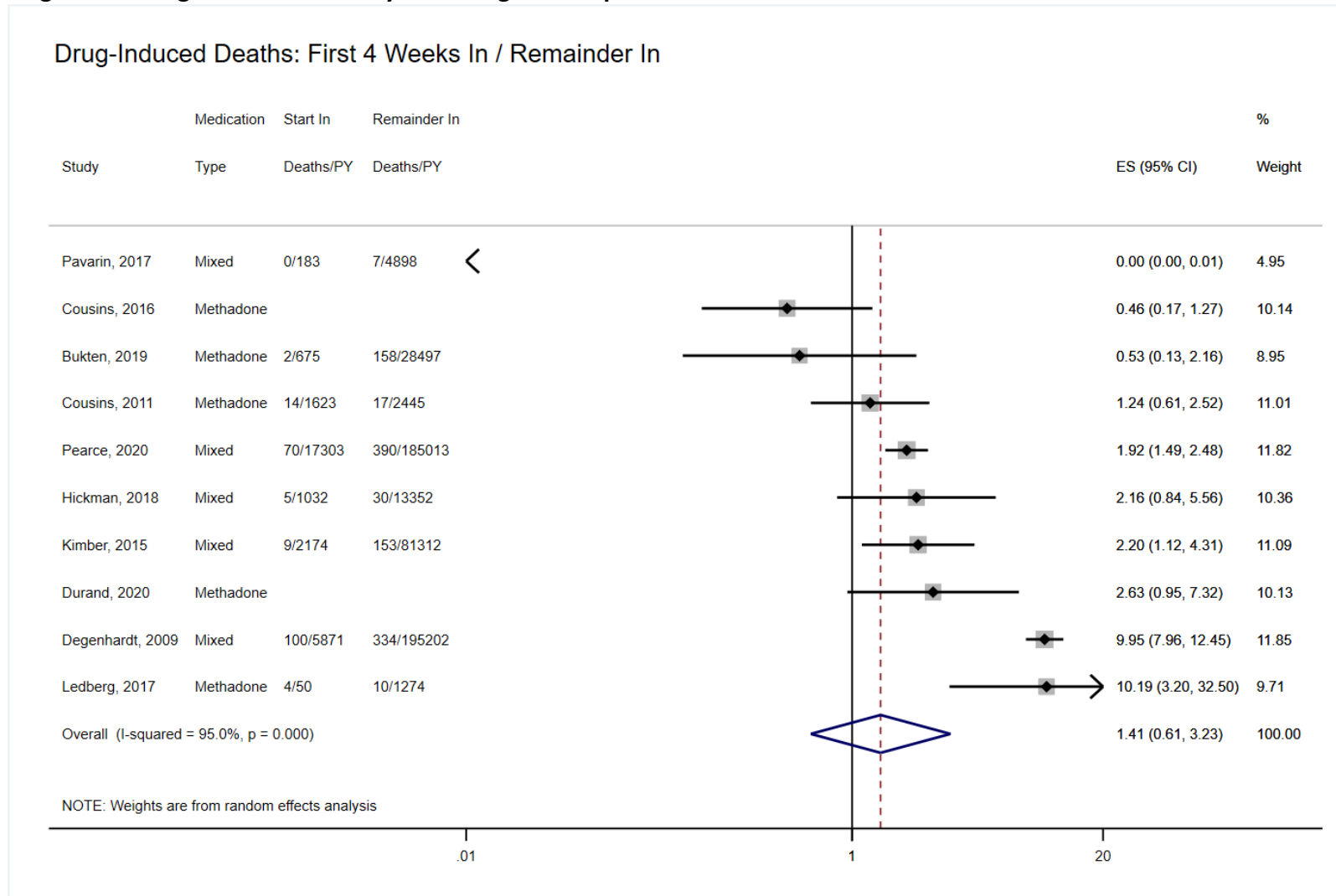
### All Injury & Poisoning Deaths: First 4 Weeks Out / Remainder In



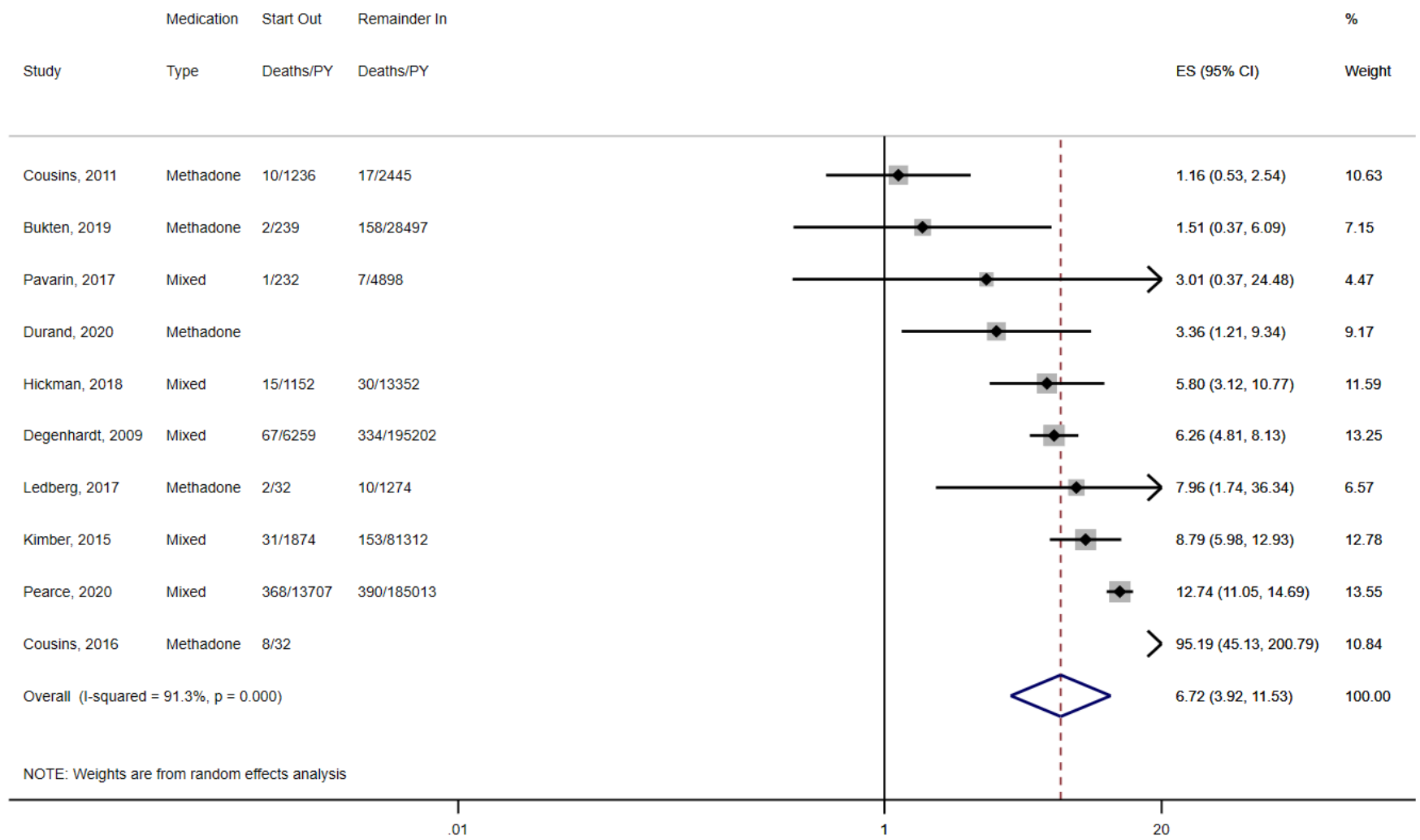
### All Injury & Poisoning Deaths: Remainder Out / Remainder In



**eFigure 28: Drug-induced mortality according to time period in and out of OAT**

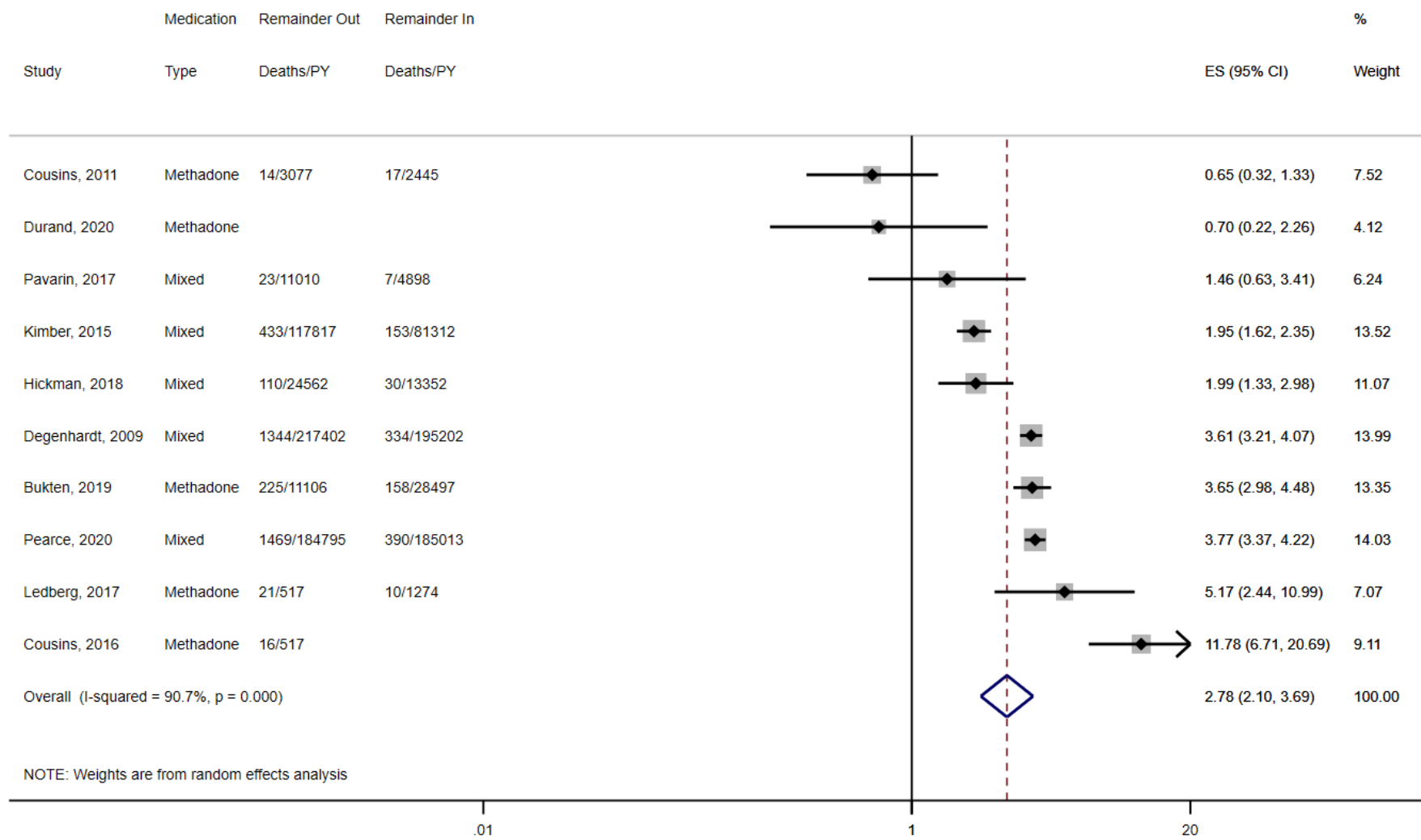


### Drug-Induced Deaths: First 4 Weeks Out / Remainder In



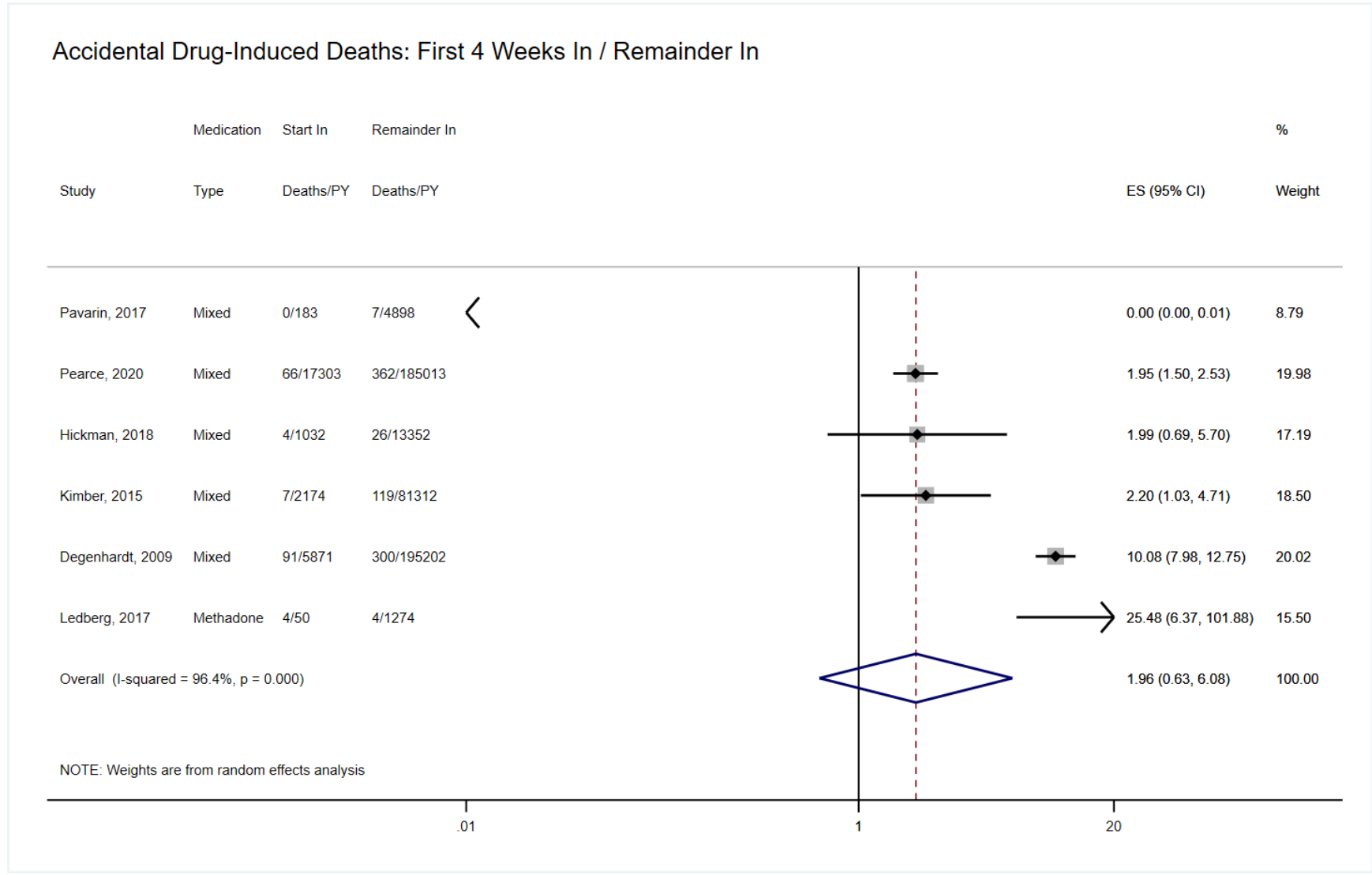
NOTE: Weights are from random effects analysis

### Drug-Induced Deaths: Remainder Out / Remainder In

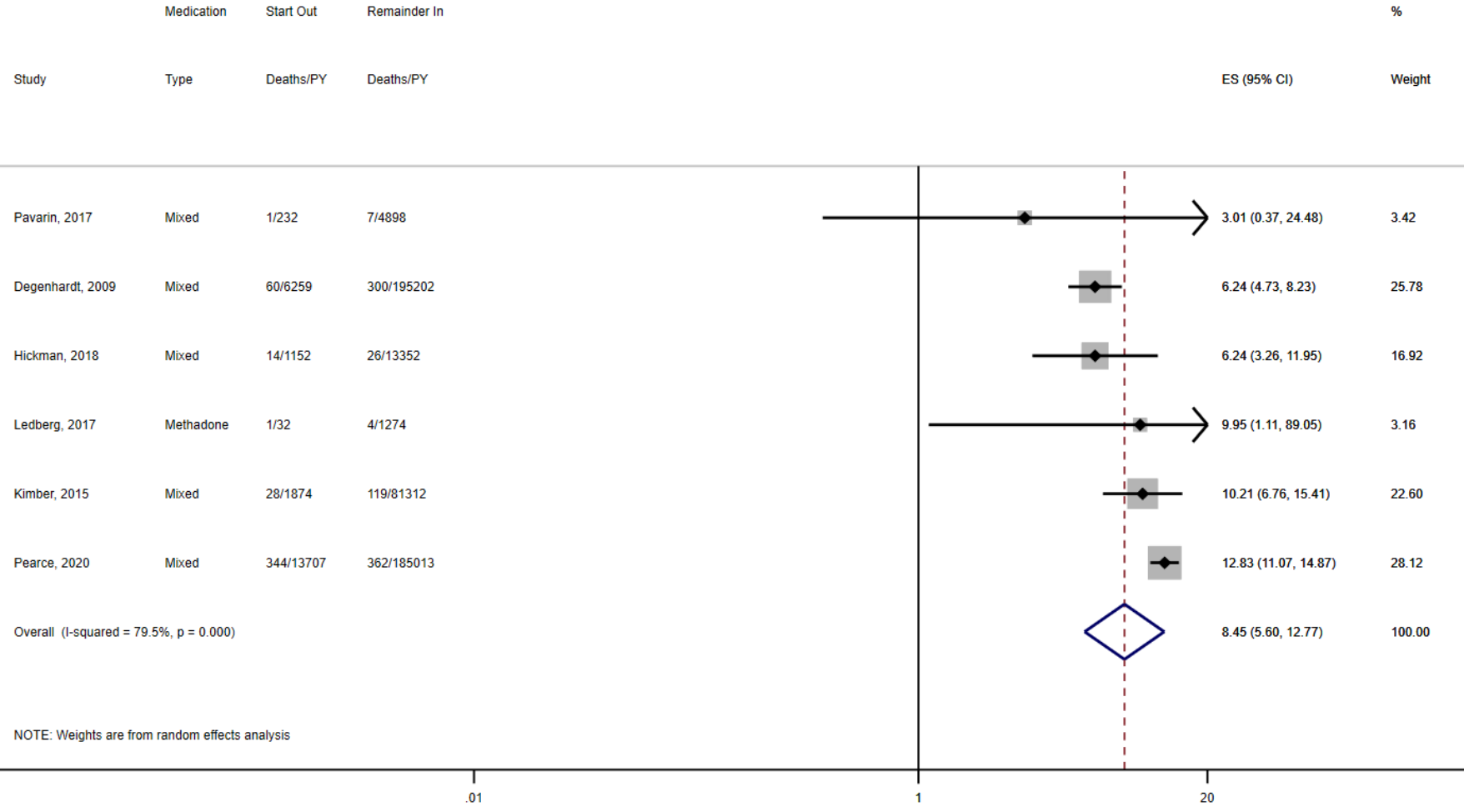




**eFigure 29: Accidental drug-induced mortality according to time period in and out of OAT**

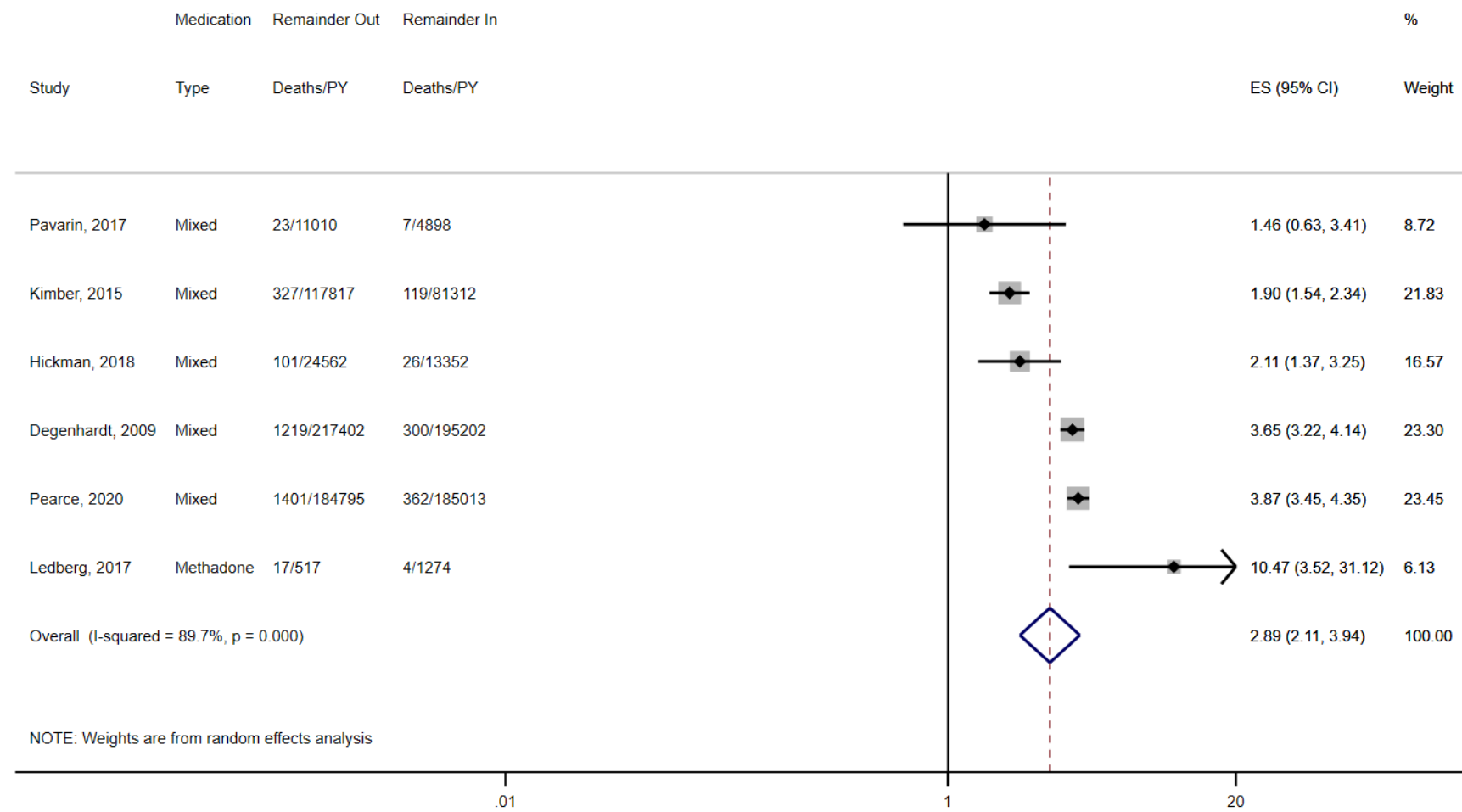


### Accidental Drug-Induced Deaths: First 4 Weeks Out / Remainder In



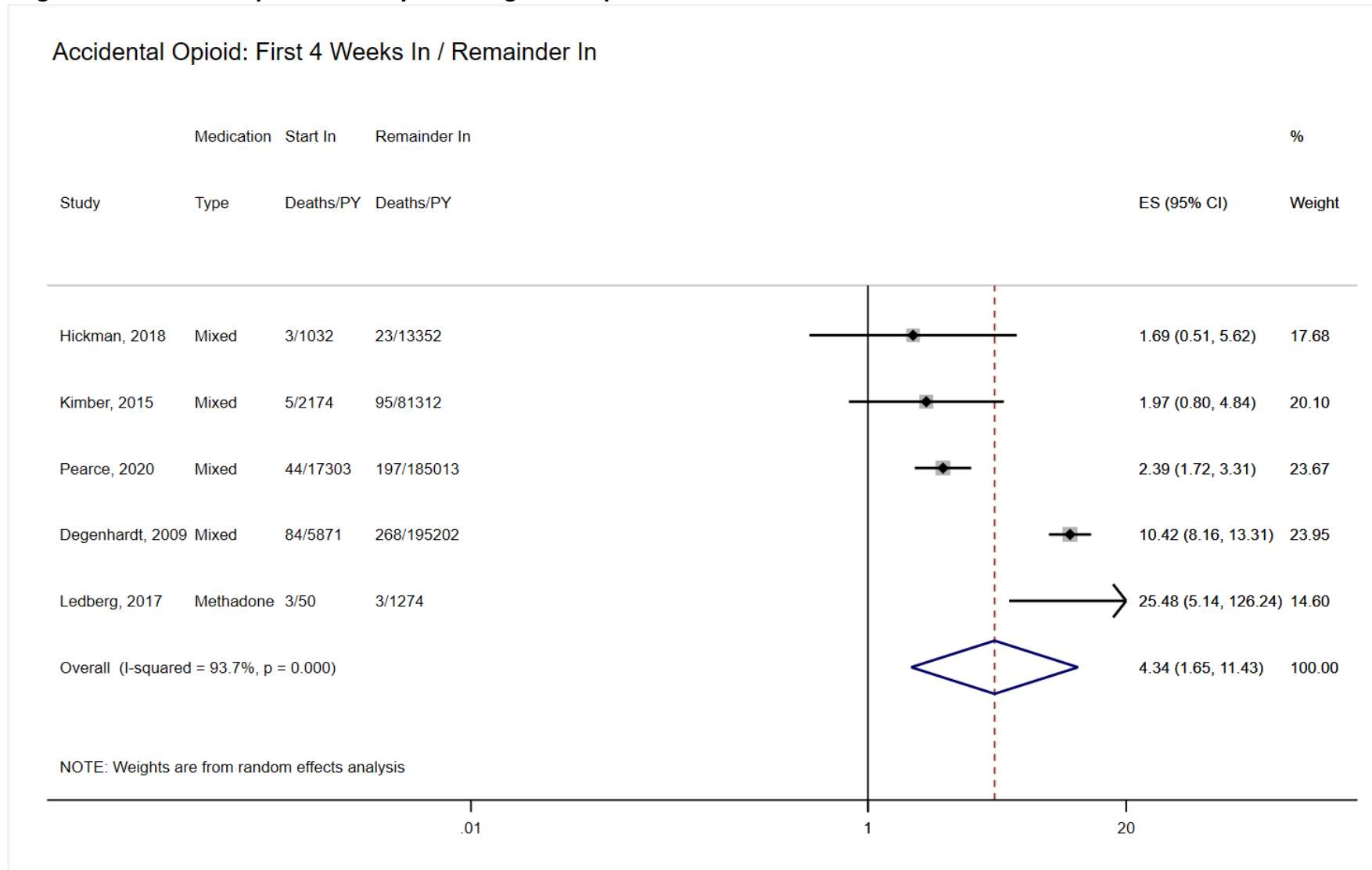
NOTE: Weights are from random effects analysis

### Accidental Drug-Induced Deaths: Remainder Out / Remainder In

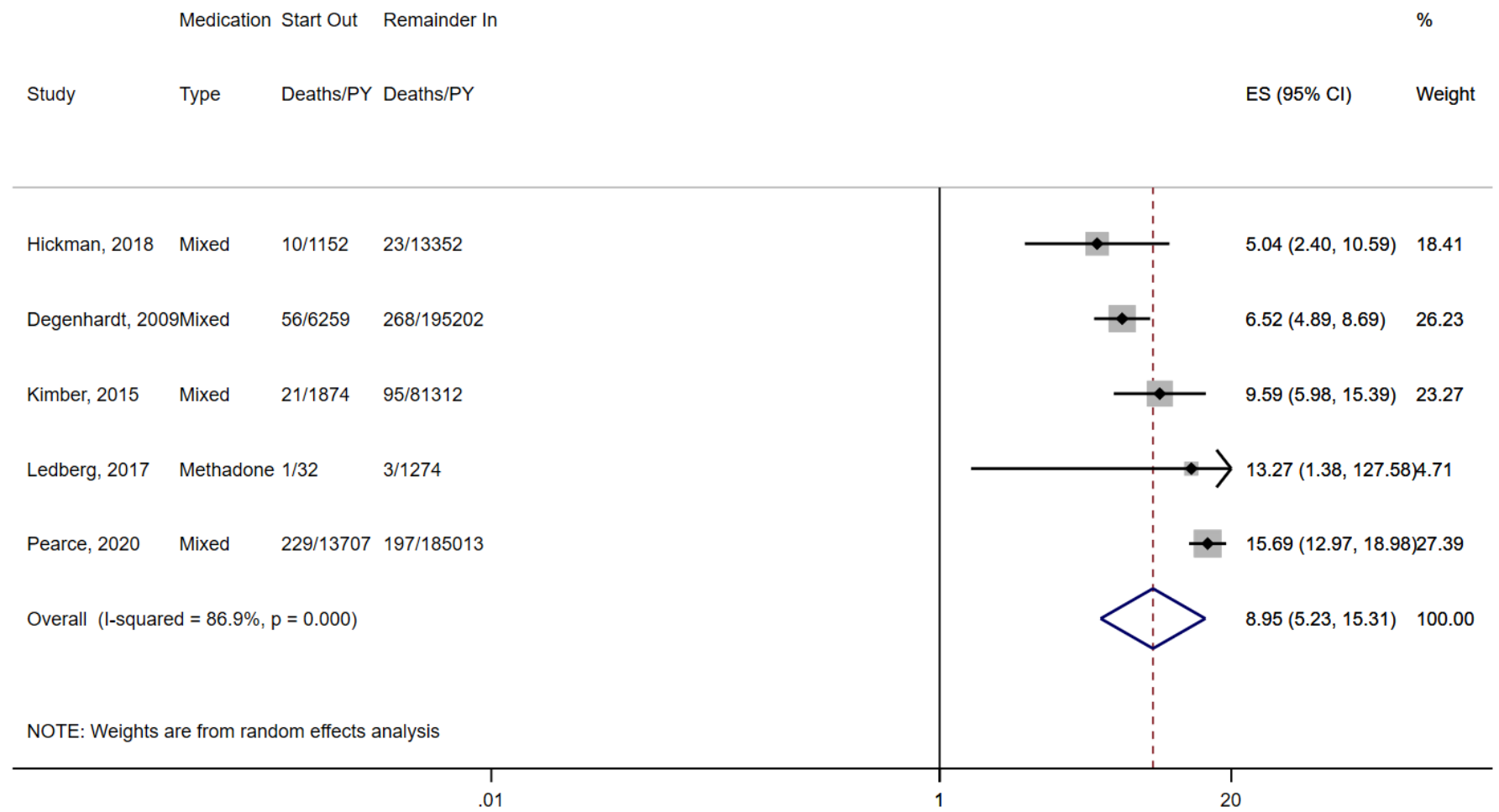


NOTE: Weights are from random effects analysis

**eFigure 30: Accidental opioid mortality according to time period in and out of OAT**

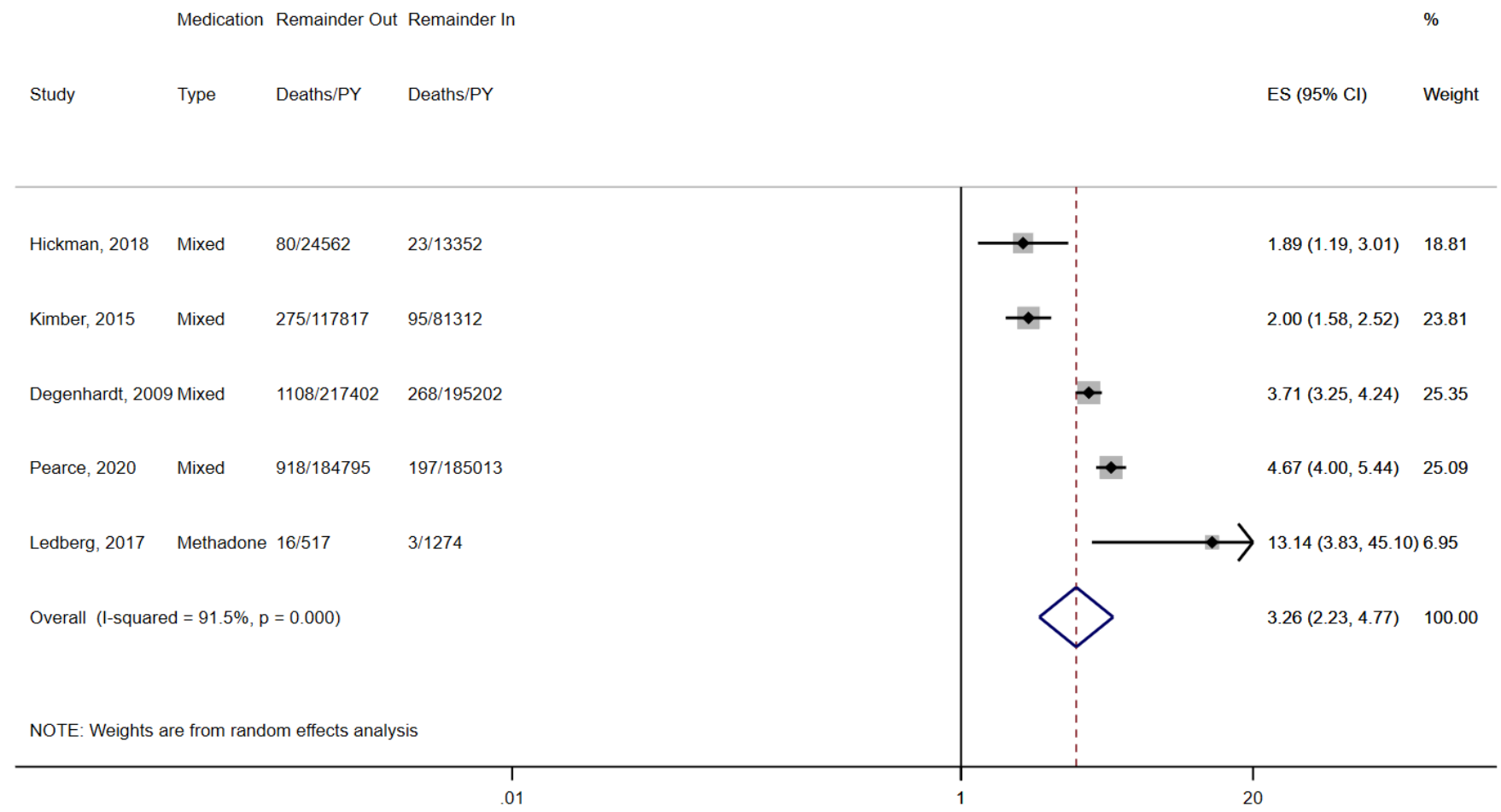


### Accidental Opioid: First 4 Weeks Out / Remainder In



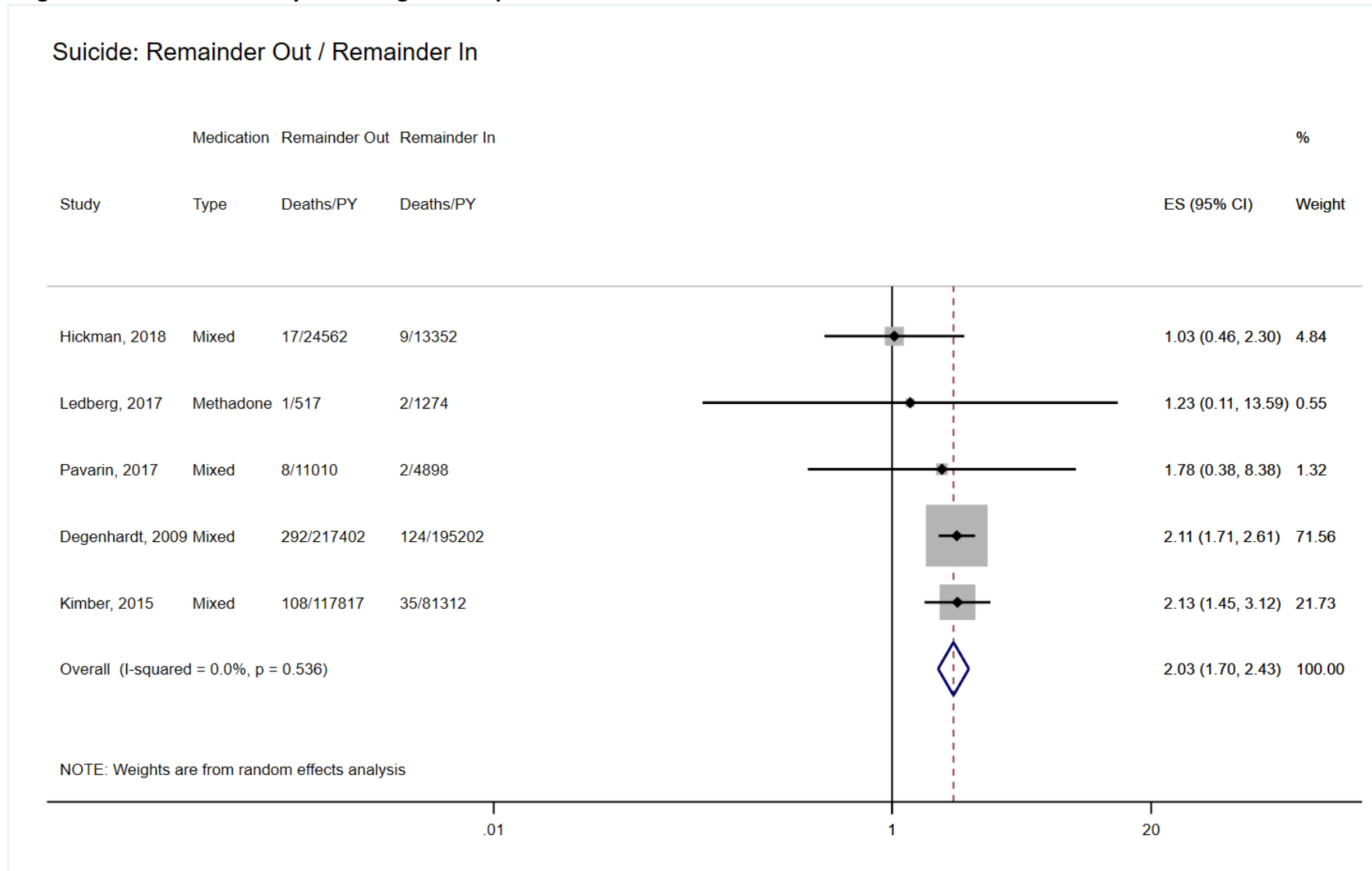
NOTE: Weights are from random effects analysis

### Accidental Opioid: Remainder Out / Remainder In

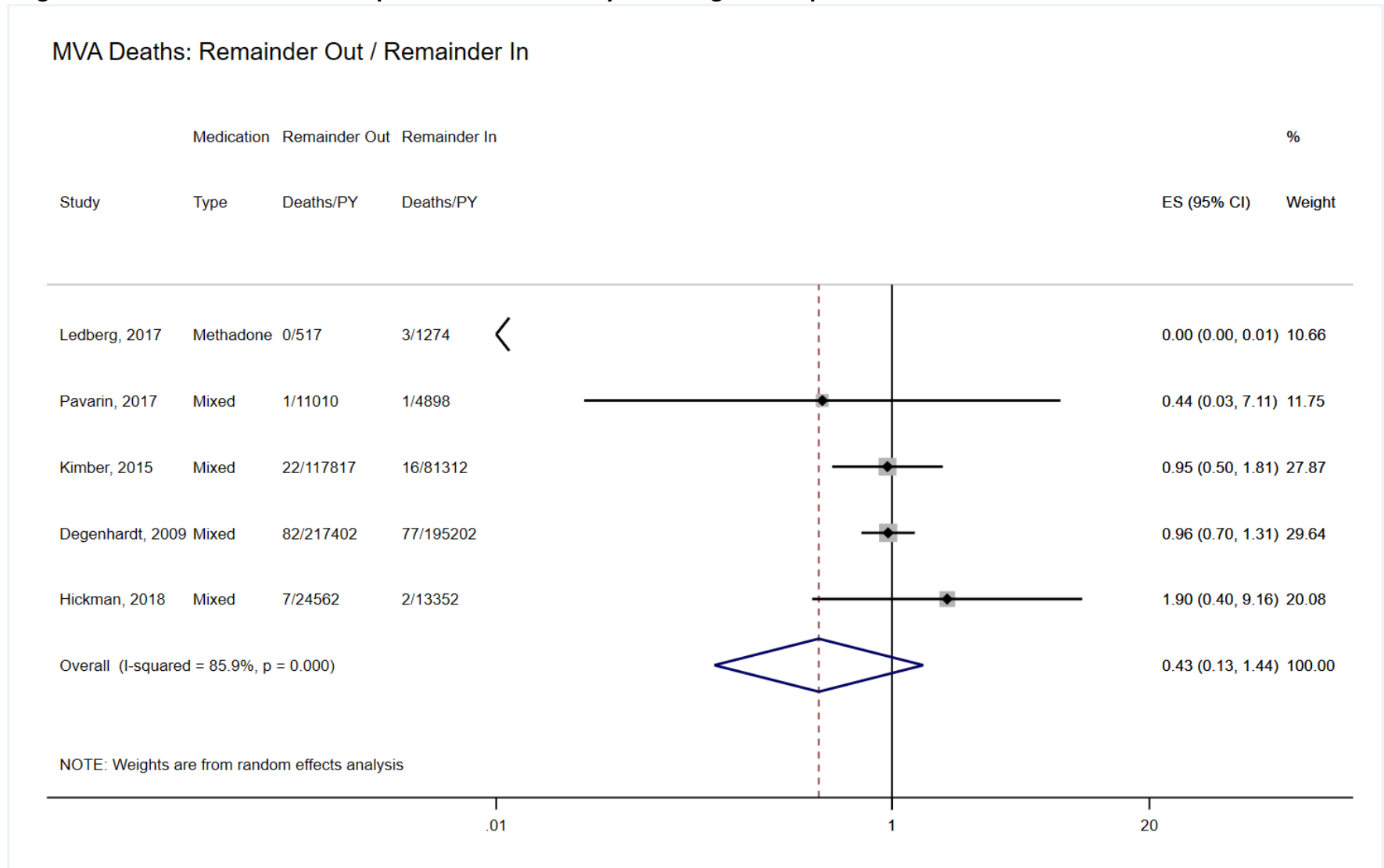


NOTE: Weights are from random effects analysis

**eFigure 31: Suicide mortality according to time period in and out of OAT**

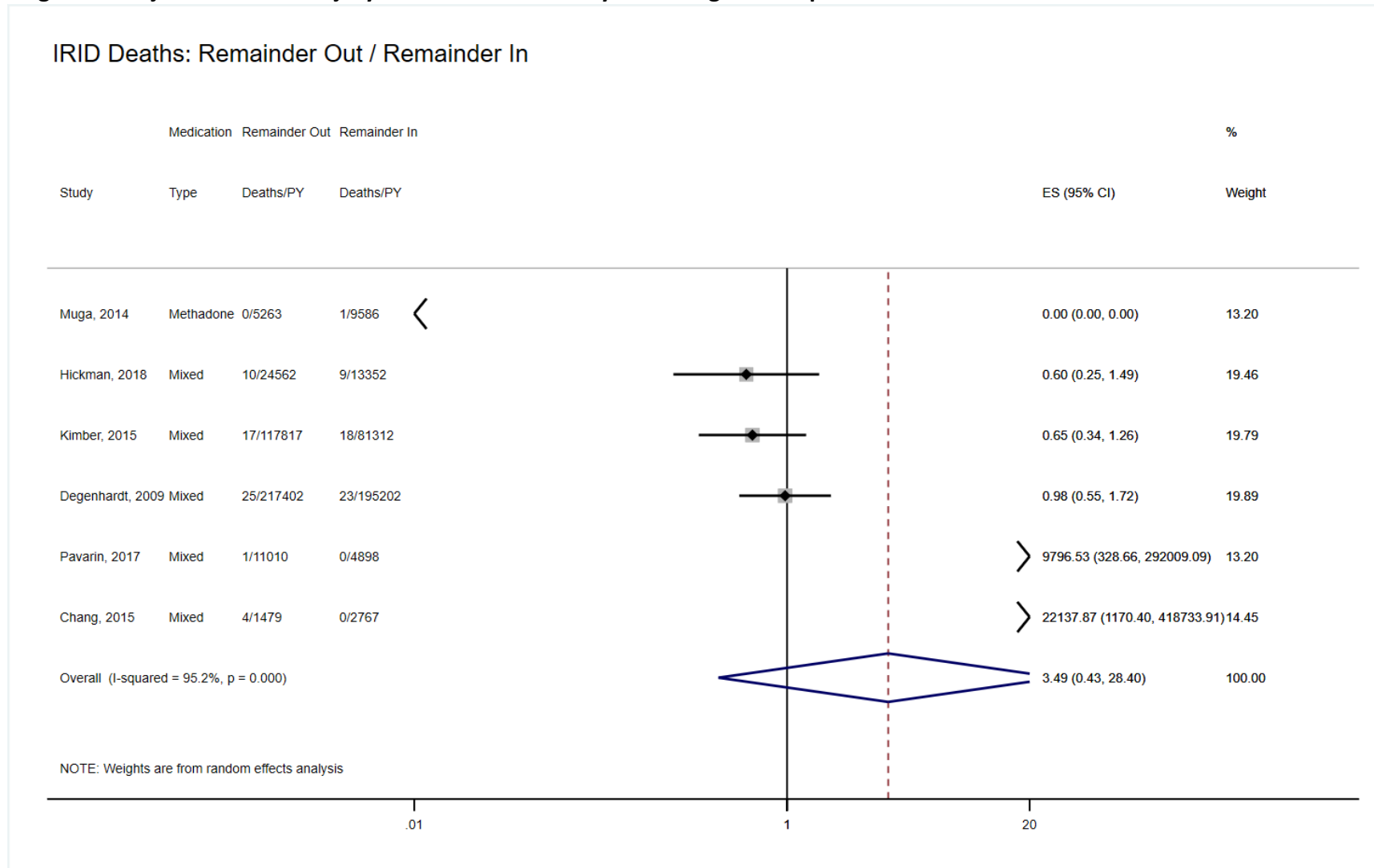


**eFigure 32: Motor vehicle and transport accident mortality according to time period in and out of OAT**





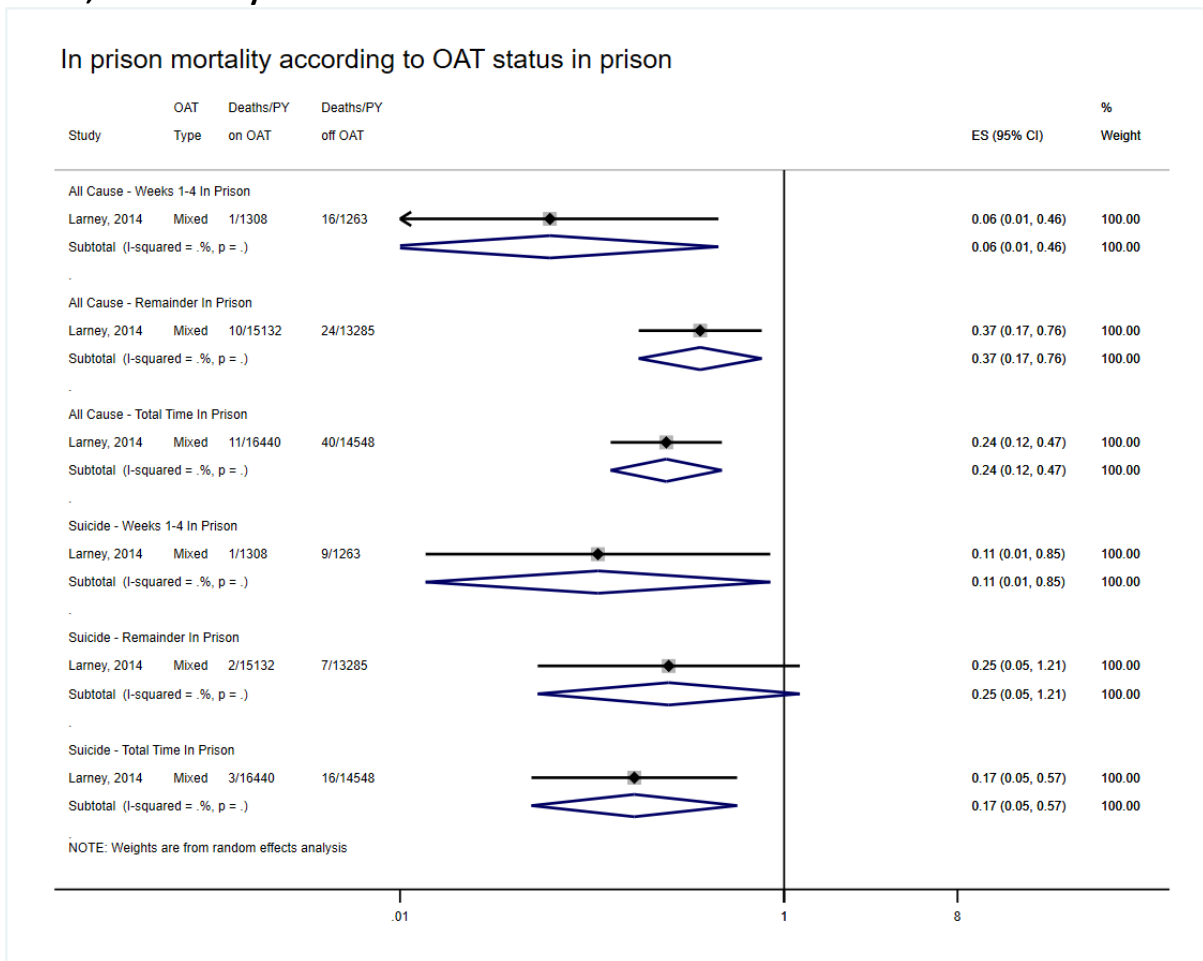
**eFigure 33: Injection-related injury and disease mortality according to time period in and out of OAT**



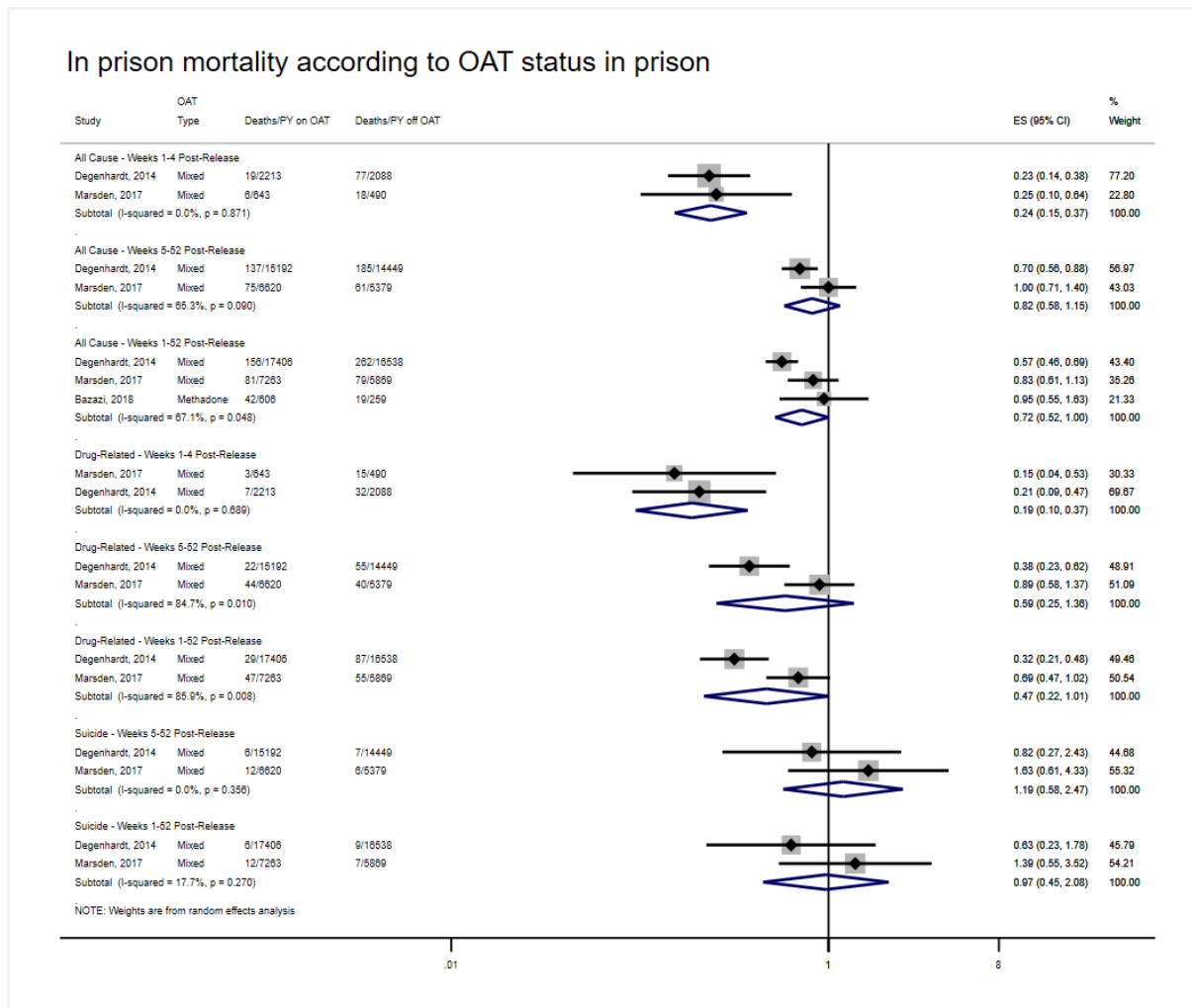
**eTable 19: Pooled all-cause and drug-induced mortality rates in people receiving OAT, by time in and out of treatment (first two weeks in and out of OAT)**

	References	N cohorts	N people	In treatment								Out of treatment								Rate ratio first 4 weeks in/remainder in	I <sup>2</sup> %	Rate ratio first 4 weeks out/remainder in	I <sup>2</sup> %	Rate ratio remainder out/remainder in	I <sup>2</sup> %
				First two weeks in				Remainder in				First two weeks out				Remainder out									
				Deaths	PY	Pooled CMR per 1,000PY (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR per 1,000PY (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR per 1,000PY (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR per 1,000PY (95%CI)	I <sup>2</sup> %						
<b>All-cause</b>	<sup>6,9-12</sup>	4	89,824	147	7,434	13.43 (5.54, 32.54)	91.8	1,732	272,000	6.95 (4.40, 10.98)	98.5	94	4,223	25.98 (15.86, 42.58)	74.3	2,903	237,031	16.02 (8.32, 30.84)	99.1	1.95 (0.77, 4.94)	92.1	4.12 (2.33, 7.30)	77.8	2.10 (1.97, 2.23)	0.0
Drug-induced deaths	<sup>9,11,12</sup>	3	20,026	18	3,673	3.75 (1.37, 10.28)	59.2	475	66,847	3.01 (1.52, 5.95)	95.6	29	2,139	3.03 (1.02, 8.97)	41.4	384	26,227	5.77 (1.28, 26.06)	98.5	1.28 (0.38, 4.32)	69.4	0.04 (0.00, 4.85)	96.4	1.98 (0.93, 4.24)	90.4

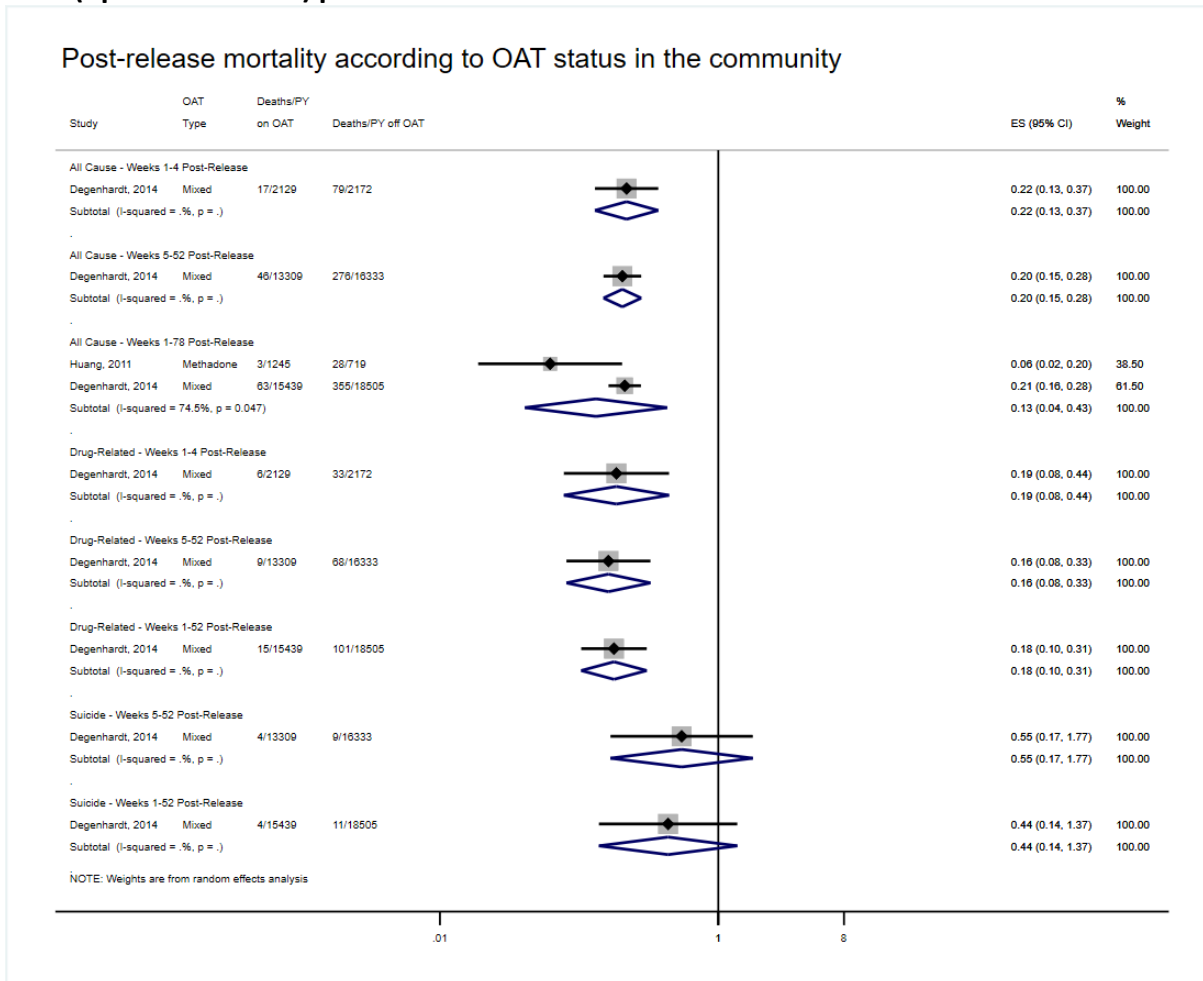
**eFigure 34: All-cause and cause-specific mortality during incarceration according to OAT status, stratified by the first four weeks and remainder of time in incarceration**



**eFigure 35: All-cause and cause-specific mortality post-release according to OAT status in incarceration, stratified by the first four weeks and remainder of time (up to 1 year) post-release from incarceration**



**eFigure 36: All-cause and cause-specific mortality post-release from incarceration according to OAT status post-release, stratified by the first four weeks and remainder of time (up to 18 months) post-release from incarceration**



**eTable 20: Additional pooled cause-specific rates in people receiving OAT, by time during incarceration and post-release from incarceration**

	Refs	N cohorts	N people	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Rate Ratio (in OAT/out of OAT)	I <sup>2</sup> %
<b>Mortality during incarceration</b>													
						<b>Time spent in OAT during incarceration</b>		<b>Time spent out of OAT during incarceration</b>		<b>Rate Ratio</b>			
Unnatural causes - First 4 weeks of incarceration	13	1	16,715	1	1,279	0.78 (0.11, 5.55)	-	12	1,094	10.97 (6.23, 19.32)	-	0.07 (0.01, 0.55)	-
Violence - First 4 weeks of incarceration	13	1	16,715	0	1,279	-	-	0	1,094	-	-	-	-
Natural causes – First 4 weeks of incarceration	13	1	16,715	0	1,279	-	-	2	1,094	1.83 (0.46, 7.31)	-	*	-
Unnatural causes - Remainder of incarceration	13	1	16,715	4	14,098	0.28 (0.11, 0.76)	-	15	11,368	1.32 (0.80, 2.19)	-	0.07 (0.02, 0.21)	-
Violence - Remainder of incarceration	13	1	16,715	2	14,098	0.14 (0.04, 0.57)	-	0	11,368	-	-	*	-
Natural causes - Remainder of incarceration	13	1	16,715	5	14,098	0.35 (0.15, 0.85)	-	4	11,368	0.35 (0.13, 0.94)	-	0.00 (0.00, 0.00)	-
Unnatural causes - Total incarceration	13	1	16,715	5	15,377	0.33 (0.14, 0.78)	-	27	12,462	2.17 (1.49, 3.16)	-	0.15 (0.06, 0.39)	-
Violence - Total incarceration	13	1	16,715	2	15,377	0.13 (0.03, 0.52)	-	0	12,462	-	-	*	-
Natural causes – Total incarceration	13	1	16,715	5	15,377	0.33 (0.14, 0.78)	-	6	12,462	0.48 (0.22, 1.07)	-	0.68 (0.21, 2.21)	-
<b>Mortality post-release from incarceration</b>													
						<b>Left incarceration on OAT</b>		<b>Left incarceration not on OAT</b>		<b>Rate Ratio</b>			
All injury and poisoning - First 4 weeks post-release	14	1	16,453	11	2,213	4.97 (2.75, 8.97)	-	37	2,088	17.72 (12.84, 24.46)	-	0.28 (0.14, 0.55)	-
Accidental drug-induced - First 4 weeks post-release	14	1	16,453	7	2,213	3.16 (1.51, 6.64)	-	31	2,088	14.85 (10.44, 21.11)	-	0.21 (0.09, 0.48)	-
Accidental opioid - First 4 weeks post-release	14	1	16,453	7	2,213	3.16 (1.51, 6.63)	-	31	2,088	14.85 (10.44, 21.11)	-	0.21 (0.09, 0.48)	-
Violence - First 4 weeks post-release	14	1	16,453	0	2,213	-	-	0	2,088	-	-	-	-
Motor vehicle and transport accidents - First 4 weeks post-release	14	1	16,453	1	2,213	0.45 (0.06, 3.21)	-	1	2,088	0.48 (0.07, 3.40)	-	0.94 (0.06, 15.08)	-
Falls, fires, burns & drownings - First 4 weeks post-release	14	1	16,453	2	2,213	0.90 (0.23, 3.61)	-	1	2,088	0.48 (0.07, 3.40)	-	1.89 (0.17, 20.81)	-
All liver-related - First 4 weeks post-release	14	1	16,453	1	2,213	0.45 (0.06, 3.21)	-	1	2,088	0.48 (0.07, 3.40)	-	0.94 (0.06, 15.08)	-
Viral hepatitis - First 4 weeks post-release	14	1	16,453	1	2,213	0.45 (0.06, 3.21)	-	1	2,088	0.48 (0.07, 3.40)	-	0.94 (0.06, 15.08)	-
All alcohol related - First 4 weeks post-release	14	1	16,453	1	2,213	0.45 (0.06, 3.21)	-	1	2,088	0.48 (0.07, 3.40)	-	0.94 (0.06, 15.08)	-
Cancer - First 4 weeks post-release	14	1	16,453	1	2,213	0.45 (0.06, 3.21)	-	0	2,088	-	-	*	-
Cardiovascular disease - First 4 weeks post-release	14	1	16,453	0	2,213	-	-	0	2,088	-	-	-	-
Chronic respiratory disease - First 4 weeks post-release	14	1	16,453	0	2,213	-	-	0	2,088	-	-	-	-

	Refs	N cohorts	N people	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Rate Ratio (in OAT/out of OAT)	I <sup>2</sup> %
Digestive disorders - First 4 weeks post-release	14	1	16,453	0	2,213	-	-	0	2,088	-	-	-	-
HIV-related - First 4 weeks post-release	14	1	16,453	1	2,213	0.45 (0.06, 3.21)	-	1	2,088	0.48 (0.07, 3.40)	-	0.94 (0.06, 15.08)	-
Influenza & pneumonia - First 4 weeks post-release	14	1	16,453	0	2,213	-	-	0	2,088	-	-	-	-
Injection related injuries and diseases - First 4 weeks post-release	14	1	16,453	0	2,213	-	-	0	2,088	-	-	-	-
Endocarditis - First 4 weeks post-release	14	1	16,453	0	2,213	-	-	0	2,088	-	-	-	-
Bacteraemia and sepsis - First 4 weeks post-release	14	1	16,453	0	2,213	-	-	0	2,088	-	-	-	-
Skin or soft tissue infections - First 4 weeks post-release	14	1	16,453	0	2,213	-	-	0	2,088	-	-	-	-
All injury and poisoning - Remainder post-release	14	1	16,453	38	15,192	2.50 (1.82, 3.44)	-	76	14,449	5.26 (4.20, 6.59)	-	0.48 (0.32, 0.70)	-
Accidental drug-induced - Remainder post-release	14	1	16,453	19	15,192	1.25 (0.80, 1.96)	-	53	14,449	3.67 (2.80, 4.80)	-	0.34 (0.20, 0.58)	-
Accidental opioid - Remainder post-release	14	1	16,453	16	15,192	1.05 (0.65, 1.72)	-	43	14,449	2.98 (2.21, 4.01)	-	0.35 (0.20, 0.63)	-
Violence - Remainder post-release	14	1	16,453	5	15,192	0.33 (0.14, 0.79)	-	4	14,449	0.28 (0.10, 0.74)	-	1.19 (0.32, 4.43)	-
Motor vehicle and transport accidents - Remainder post-release	14	1	16,453	5	15,192	0.33 (0.14, 0.79)	-	5	14,449	0.34 (0.14, 0.83)	-	0.95 (0.28, 3.29)	-
Falls, fires, burns & drownings - Remainder post-release	14	1	16,453	0		-	-	2	14,449	0.14 (0.03, 0.55)	-	*	-
All liver-related - Remainder post-release	14	1	16,453	3	15,192	0.20 (0.06, 0.61)	-	2	14,449	0.14 (0.03, 0.55)	-	1.43 (0.24, 8.54)	-
Viral hepatitis - Remainder post-release	14	1	16,453	1	15,192	0.07 (0.01, 0.47)	-	0		-	-	*	-
All alcohol related - Remainder post-release	14	1	16,453	1	15,192	0.07 (0.01, 0.47)	-	1	14,449	0.07 (0.01, 0.49)	-	0.95 (0.06, 15.21)	-
Cancer - Remainder post-release	14	1	16,453	7	15,192	0.46 (0.22, 0.97)	-	5	14,449	0.35 (0.14, 0.83)	-	1.33 (0.42, 4.20)	-
Cardiovascular disease - Remainder post-release	14	1	16,453	5	15,192	0.33 (0.14, 0.79)	-	4	14,449	0.28 (0.10, 0.74)	-	1.19 (0.32, 4.43)	-
Chronic respiratory disease - Remainder post-release	14	1	16,453	1	15,192	0.07 (0.01, 0.47)	-	1	14,449	0.07 (0.01, 0.49)	-	0.95 (0.06, 15.21)	-
Digestive disorders - Remainder post-release	14	1	16,453	1	15,192	0.07 (0.01, 0.47)	-	1	14,449	0.07 (0.01, 0.49)	-	0.95 (0.06, 15.21)	-
HIV-related - Remainder post-release	14	1	16,453	1	15,192	0.07 (0.01, 0.47)	-	0		-	-	*	-
Influenza & pneumonia - Remainder post-release	14	1	16,453	0		-	-	1	14,449	0.07 (0.01, 0.49)	-	0.00 (0.00, 0.00)	-

	Refs	N cohorts	N people	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Rate Ratio (in OAT/out of OAT)	I <sup>2</sup> %
Injection related injuries and diseases - Remainder post-release	14	1	16,453	2	15,192	0.13 (0.03, 0.53)	-	2	14,449	0.14 (0.03, 0.55)	-	0.95 (0.13, 6.75)	-
Endocarditis - Remainder post-release	14	1	16,453	2	15,192	0.13 (0.03, 0.53)	-	2	14,449	0.14 (0.03, 0.55)	-	0.95 (0.13, 6.75)	-
Bacteraemia and sepsis - Remainder post-release	14	1	16,453	0		-	-	0		-	-	-	-
Skin or soft tissue infections - Remainder post-release	14	1	16,453	0		-	-	0		-	-	-	-
All injury and poisoning – Total-time post-release	14	1	16,453	49	17,406	2.82 (2.12, 3.72)	-	113	16,538	6.83 (5.68, 8.22)	-	0.41 (0.29, 0.58)	-
Accidental drug-induced - Total-time post-release	14	1	16,453	26	17,406	1.49 (1.02, 2.19)	-	84	16,538	5.08 (4.10, 6.29)	-	0.29 (0.19, 0.46)	-
Accidental opioid - Total-time post-release	14	1	16,453	23	17,406	1.32 (0.88, 1.99)	-	74	16,538	4.47 (3.56, 5.62)	-	0.30 (0.18, 0.47)	-
Violence - Total-time post-release	14	1	16,453	5	17,406	0.29 (0.12, 0.69)	-	4	16,538	0.24 (0.09, 0.64)	-	1.19 (0.32, 4.42)	-
Motor vehicle and transport accidents - Total-time post-release	14	1	16,453	6	17,406	0.34 (0.15, 0.77)	-	6	16,538	0.36 (0.16, 0.81)	-	0.95 (0.31, 2.95)	-
Falls, fires, burns & drownings - Total-time post-release	14	1	16,453	2	17,406	0.11 (0.03, 0.46)	-	3	16,538	0.18 (0.06, 0.56)	-	0.63 (0.11, 3.79)	-
All liver-related - Total-time post-release	14	1	16,453	4	17,406	0.23 (0.09, 0.61)	-	3	16,538	0.18 (0.06, 0.56)	-	1.27 (0.28, 5.66)	-
Viral hepatitis - Total-time post-release	14	1	16,453	2	17,406	0.11 (0.03, 0.46)	-	1	16,538	0.06 (0.01, 0.43)	-	1.90 (0.17, 20.96)	-
All alcohol related - Total-time post-release	14	1	16,453	2	17,406	0.11 (0.03, 0.46)	-	2	16,538	0.12 (0.03, 0.48)	-	0.95 (0.13, 6.74)	-
Cancer - Total-time post-release	14	1	16,453	8	17,406	0.46 (0.23, 0.92)	-	5	16,538	0.30 (0.13, 0.73)	-	1.52 (0.50, 4.65)	-
Cardiovascular disease - Total-time post-release	14	1	16,453	5	17,406	0.29 (0.12, 0.69)	-	4	16,538	0.24 (0.09, 0.64)	-	1.19 (0.32, 4.42)	-
Chronic respiratory disease - Total-time post-release	14	1	16,453	1	17,406	0.06 (0.01, 0.41)	-	1	16,538	0.06 (0.01, 0.43)	-	0.95 (0.06, 15.19)	-
Digestive disorders - Total-time post-release	14	1	16,453	1	17,406	0.06 (0.01, 0.41)	-	1	16,538	0.06 (0.01, 0.43)	-	0.95 (0.06, 15.19)	-
HIV-related - Total-time post-release	14	1	16,453	2	17,406	0.11 (0.03, 0.46)	-	1	16,538	0.06 (0.01, 0.43)	-	1.90 (0.17, 20.96)	-
Influenza & pneumonia - Total-time post-release	14	1	16,453	0	17,406	-	-	1	16,538	0.06 (0.01, 0.43)	-	*	-



	Refs	N cohorts	N people	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Rate Ratio (in OAT/out of OAT)	I <sup>2</sup> %
Injection related injuries and diseases - Total-time post-release	14	1	16,453	2	17,406	0.11 (0.03, 0.46)	-	2	16,538	0.12 (0.03, 0.48)	-	0.95 (0.13, 6.74)	-
Endocarditis - Total-time post-release	14	1	16,453	2	17,406	0.11 (0.03, 0.46)	-	2	16,538	0.12 (0.03, 0.48)	-	0.95 (0.13, 6.74)	-
Bacteraemia and sepsis - Total-time post-release	14	1	16,453	0	17,406	-	-	0	16,538	-	-	-	-
Skin or soft tissue infections - Total-time post-release	14	1	16,453	0	17,406	-	-	0	16,538	-	-	-	-
<b>Mortality post-release from incarceration</b>													
				<b>Time spent in OAT post-release</b>				<b>Time spent out of OAT post-release</b>				<b>Rate Ratio</b>	
All injury and poisoning - First 4 weeks post-release	14	1	16,453	9	2,129	4.23 (2.19, 8.12)	-	39	2,172	17.96 (13.11, 24.58)	-	0.24 (0.11, 0.49)	-
Accidental drug-induced - First 4 weeks post-release	14	1	16,453	6	2,129	2.82 (1.27, 6.27)	-	32	2,172	14.73 (10.42, 20.83)	-	0.19 (0.08, 0.46)	-
Accidental opioid - First 4 weeks post-release	14	1	16,453	6	2,129	2.82 (1.27, 6.27)	-	32	2,172	14.73 (10.42, 20.83)	-	0.19 (0.08, 0.46)	-
Violence - First 4 weeks post-release	14	1	16,453	0	2,129	-	-	0	2,172	-	-	-	-
Motor vehicle and transport accidents - First 4 weeks post-release	14	1	16,453	1	2,129	0.47 (0.07, 3.33)	-	1	2,172	0.46 (0.06, 3.27)	-	1.02 (0.06, 16.31)	-
Falls, fires, burns & drownings - First 4 weeks post-release	14	1	16,453	1	2,129	0.47 (0.07, 3.33)	-	2	2,172	0.92 (0.23, 3.68)	-	0.51 (0.05, 5.63)	-
All liver-related - First 4 weeks post-release	14	1	16,453	0	2,129	-	-	2	2,172	0.92 (0.23, 3.68)	-	*	-
Viral hepatitis - First 4 weeks post-release	14	1	16,453	0	2,129	-	-	2	2,172	0.92 (0.23, 3.68)	-	*	-
All alcohol related - First 4 weeks post-release	14	1	16,453	1	2,129	0.47 (0.07, 3.33)	-	1	2,172	0.46 (0.06, 3.27)	-	1.02 (0.06, 16.31)	-
Cancer - First 4 weeks post-release	14	1	16,453	1	2,129	0.47 (0.07, 3.33)	-	0	2,172	-	-	*	-
Cardiovascular disease - First 4 weeks post-release	14	1	16,453	0	2,129	-	-	0	2,172	-	-	-	-
Chronic respiratory disease - First 4 weeks post-release	14	1	16,453	0	2,129	-	-	0	2,172	-	-	-	-
Digestive disorders - First 4 weeks post-release	14	1	16,453	0	2,129	-	-	0	2,172	-	-	-	-
HIV-related - First 4 weeks post-release	14	1	16,453	1	2,129	0.47 (0.06, 3.33)	-	1	2,172	0.46 (0.06, 3.27)	-	1.02 (0.06, 16.31)	-
Influenza & pneumonia - First 4 weeks post-release	14	1	16,453	0	2,129	-	-	0	2,172	-	-	-	-
Injection related injuries and diseases - First 4 weeks post-release	14	1	16,453	0	2,129	-	-	0	2,172	-	-	-	-
Endocarditis - First 4 weeks post-release	14	1	16,453	0	2,129	-	-	0	2,172	-	-	-	-
Bacteraemia and sepsis - First 4 weeks post-release	14	1	16,453	0	2,129	-	-	0	2,172	-	-	-	-
Skin or soft tissue infections - First 4 weeks post-release	14	1	16,453	0	2,129	-	-	0	2,172	-	-	-	-
All injury and poisoning - Remainder post-release	14	1	16,453	19	13,309	1.43 (0.91, 2.24)	-	95	16,333	5.82 (4.76, 7.11)	-	0.25 (0.15, 0.40)	-

	Refs	N cohorts	N people	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Rate Ratio (in OAT/out of OAT)	I <sup>2</sup> %
Accidental drug-induced - Remainder post-release	14	1	16,453	7	13,309	0.53 (0.25, 1.10)	-	65	16,333	3.98 (3.12, 5.08)	-	0.13 (0.06, 0.29)	-
Accidental opioid - Remainder post-release	14	1	16,453	6	13,309	0.45 (0.20, 1.00)	-	53	16,333	3.25 (2.48, 4.25)	-	0.14 (0.06, 0.32)	-
Violence - Remainder post-release	14	1	16,453	3	13,309	0.23 (0.07, 0.70)	-	6	16,333	0.37 (0.17, 0.82)	-	0.61 (0.15, 2.45)	-
Motor vehicle and transport accidents - Remainder post-release	14	1	16,453	3	13,309	0.23 (0.07, 0.70)	-	7	16,333	0.43 (0.20, 0.90)	-	0.53 (0.14, 2.03)	-
Falls, fires, burns & drownings - Remainder post-release	14	1	16,453	0	13,309	-	-	2	16,333	0.12 (0.03, 0.49)	-	*	-
All liver-related - Remainder post-release	14	1	16,453	0	13,309	-	-	5	16,333	0.31 (0.13, 0.74)	-	*	-
Viral hepatitis - Remainder post-release	14	1	16,453	0	13,309	-	-	1	16,333	0.06 (0.01, 0.43)	-	*	-
All alcohol related - Remainder post-release	14	1	16,453	0	13,309	-	-	2	16,333	0.12 (0.03, 0.49)	-	0.00 (0.00, 0.00)	-
Cancer - Remainder post-release	14	1	16,453	3	13,309	0.23 (0.07, 0.70)	-	9	16,333	0.55 (0.29, 1.06)	-	0.41 (0.11, 1.51)	-
Cardiovascular disease - Remainder post-release	14	1	16,453	2	13,309	0.15 (0.04, 0.60)	-	7	16,333	0.43 (0.20, 0.90)	-	0.35 (0.07, 1.69)	-
Chronic respiratory disease - Remainder post-release	14	1	16,453	1	13,309	0.08 (0.01, 0.53)	-	1	16,333	0.06 (0.01, 0.43)	-	1.23 (0.08, 19.62)	-
Digestive disorders - Remainder post-release	14	1	16,453	0	13,309	-	-	2	16,333	0.12 (0.03, 0.49)	-	*	-
HIV-related - Remainder post-release	14	1	16,453	0	13,309	-	-	1	16,333	0.06 (0.01, 0.43)	-	*	-
Influenza & pneumonia - Remainder post-release	14	1	16,453	0	13,309	-	-	1	16,333	0.06 (0.01, 0.43)	-	*	-
Injection related injuries and diseases - Remainder post-release	14	1	16,453	1	13,309	0.08 (0.01, 0.53)	-	3	16,333	0.18 (0.06, 0.57)	-	0.41 (0.04, 3.93)	-
Endocarditis - Remainder post-release	14	1	16,453	1	13,309	0.08 (0.01, 0.53)	-	3	16,333	0.18 (0.06, 0.57)	-	0.41 (0.04, 3.93)	-
Bacteraemia and sepsis - Remainder post-release	14	1	16,453	0	13,309	-	-	0	16,333	-	-	-	-
Skin or soft tissue infections - Remainder post-release	14	1	16,453	0	13,309	-	-	0	16,333	-	-	-	-

	Refs	N cohorts	N people	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Rate Ratio (in OAT/out of OAT)	I <sup>2</sup> %
All injury and poisoning – Total-time post-release	<sup>14</sup>	1	16,453	28	15,439	1.81 (1.25, 2.63)	-	134	18,505	7.24 (6.11, 8.58)	-	0.25 (0.17, 0.38)	-
Accidental drug-induced - Total-time post-release	<sup>14</sup>	1	16,453	13	15,439	0.84 (0.49, 1.45)	-	97	18,505	5.24 (4.29, 6.40)	-	0.16 (0.09, 0.29)	-
Accidental opioid - Total-time post-release	<sup>14</sup>	1	16,453	12	15,439	0.78 (0.44, 1.37)	-	85	18,505	4.59 (3.71, 5.68)	-	0.17 (0.09, 0.31)	-
Violence - Total-time post-release	<sup>14</sup>	1	16,453	3	15,439	0.19 (0.06, 0.60)	-	6	18,505	0.32 (0.15, 0.72)	-	0.60 (0.15, 2.40)	-
Motor vehicle and transport accidents - Total-time post-release	<sup>14</sup>	1	16,453	4	15,439	0.26 (0.10, 0.69)	-	8	18,505	0.43 (0.22, 0.86)	-	0.60 (0.18, 1.99)	-
Falls, fires, burns & drownings - Total-time post-release	<sup>14</sup>	1	16,453	1	15,439	0.06 (0.01, 0.46)	-	4	18,505	0.22 (0.08, 0.58)	-	0.30 (0.03, 2.68)	-
All liver-related - Total-time post-release	<sup>14</sup>	1	16,453	0	15,439	-	-	7	18,505	0.38 (0.18, 0.79)	-	*	-
Viral hepatitis - Total-time post-release	<sup>14</sup>	1	16,453	0	15,439	-	-	3	18,505	0.16 (0.05, 0.50)	-	*	-
All alcohol related - Total-time post-release	<sup>14</sup>	1	16,453	1	15,439	0.06 (0.01, 0.46)	-	3	18,505	0.16 (0.05, 0.50)	-	0.40 (0.04, 3.84)	-
Cancer - Total-time post-release	<sup>14</sup>	1	16,453	4	15,439	0.26 (0.10, 0.69)	-	9	18,505	0.49 (0.25, 0.93)	-	0.53 (0.16, 1.73)	-
Cardiovascular disease - Total-time post-release	<sup>14</sup>	1	16,453	2	15,439	0.13 (0.03, 0.52)	-	7	18,505	0.38 (0.18, 0.79)	-	0.34 (0.07, 1.65)	-
Chronic respiratory disease - Total-time post-release	<sup>14</sup>	1	16,453	1	15,439	0.06 (0.01, 0.46)	-	1	18,505	0.05 (0.01, 0.38)	-	1.20 (0.07, 19.16)	-
Digestive disorders - Total-time post-release	<sup>14</sup>	1	16,453	0	15,439	-	-	2	18,505	0.11 (0.03, 0.43)	-	*	-
HIV-related - Total-time post-release	<sup>14</sup>	1	16,453	1	15,439	0.06 (0.01, 0.46)	-	2	18,505	0.11 (0.03, 0.43)	-	0.60 (0.05, 6.61)	-
Influenza & pneumonia - Total-time post-release	<sup>14</sup>	1	16,453	0	15,439	-	-	1	18,505	0.05 (0.01, 0.38)	-	*	-
Injection related injuries and diseases - Total-time post-release	<sup>14</sup>	1	16,453	1	15,439	0.06 (0.01, 0.46)	-	3	18,505	0.16 (0.05, 0.50)	-	0.40 (0.04, 3.84)	-
Endocarditis - Total-time post-release	<sup>14</sup>	1	16,453	1	15,439	0.06 (0.01, 0.46)	-	3	18,505	0.16 (0.05, 0.50)	-	0.40 (0.04, 3.84)	-
Bacteraemia and sepsis - Total-time post-release	<sup>14</sup>	1	16,453	0	15,439	-	-	0	18,505	-	-	-	-

	Refs	N cohorts	N people	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Deaths	PY	Pooled CMR (95%CI)	I <sup>2</sup> %	Rate Ratio (in OAT/out of OAT)	I <sup>2</sup> %
Skin or soft tissue infections - Total-time post-release	<sup>14</sup>	1	16,453	0	15,439	-	-	0	18,505	-	-	-	-

**Table Notes:** "First 4 weeks" refers to the first 4 weeks in or out of incarceration; "remainder" refers to remainder of time in incarceration or post-release; "Total time" refers to total time spent in incarceration, or total time post-release up to 12 months post-release from incarceration. \* Rate ratios are suppressed where at least half of the studies reported 0 deaths for one of the time periods involved.

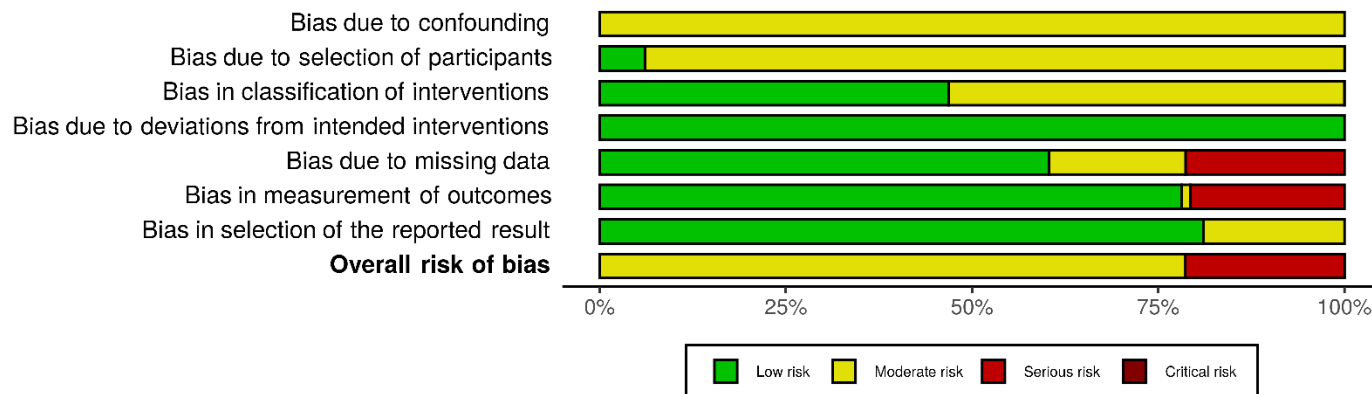
**eFigure 37: ROBINS-I for community-based observational studies used in analyses**

Study	Risk of bias domains							Overall
	D1	D2	D3	D4	D5	D6	D7	
Abrahamsson, 2017	-	-	-	+	+	+	+	-
Appel, 2000	-	-	-	+	X	X	+	X
Bakker, 2017	-	-	-	+	+	+	+	-
Bukten, 2019	-	+	-	+	+	+	+	-
Buster, 2002	-	-	-	+	+	+	+	-
Chang, 2015	-	-	-	+	+	+	+	-
Cousins, 2011	-	-	-	+	+	+	+	-
Cousins, 2016	-	-	-	+	+	+	+	-
Davoli, 2007	-	-	-	+	-	-	+	-
Degenhardt, 2009	-	-	+	+	+	+	+	-
Digiusto, 2004	-	-	X	+	-	X	+	X
Dupouy, 2017	-	-	-	+	+	+	+	-
Durand, 2020	-	-	-	+	+	+	+	-
Evans, 2015	-	+	+	+	+	+	+	-
Fellows-Smith, 2011	-	+	-	+	+	+	+	-
Fugelstad, 2007	-	+	-	+	+	+	+	-
Gearing, 1974	-	-	-	+	-	-	+	-
Gronbladh, 1990	-	+	-	+	+	+	+	-
Hickman, 2018	-	-	-	+	+	+	+	-
Huang, 2013	-	-	+	+	+	+	+	-
Kelty, 2019	-	-	-	+	+	+	+	-
Kimber, 2015	-	-	+	+	+	+	+	-
Larochelle, 2018	-	+	-	+	+	+	+	-
Ledberg, 2017	-	-	+	+	+	+	+	-
Liu, 2013	-	-	-	+	X	X	+	X
Morozova, 2013	-	!	X	+	+	-	+	!
Muga, 2014	-	-	-	+	+	+	+	-
Pavarin, 2017	-	-	-	+	X	+	+	X
Pearce, 2020	-	-	+	+	-	+	+	-
Pierce, 2016	-	-	-	+	+	+	-	-
Reece, 2010	-	-	-	+	+	+	+	-
Scherbaum, 2002	-	-	-	+	X	X	+	X
Weber, 1990	-	-	-	+	X	X	+	X

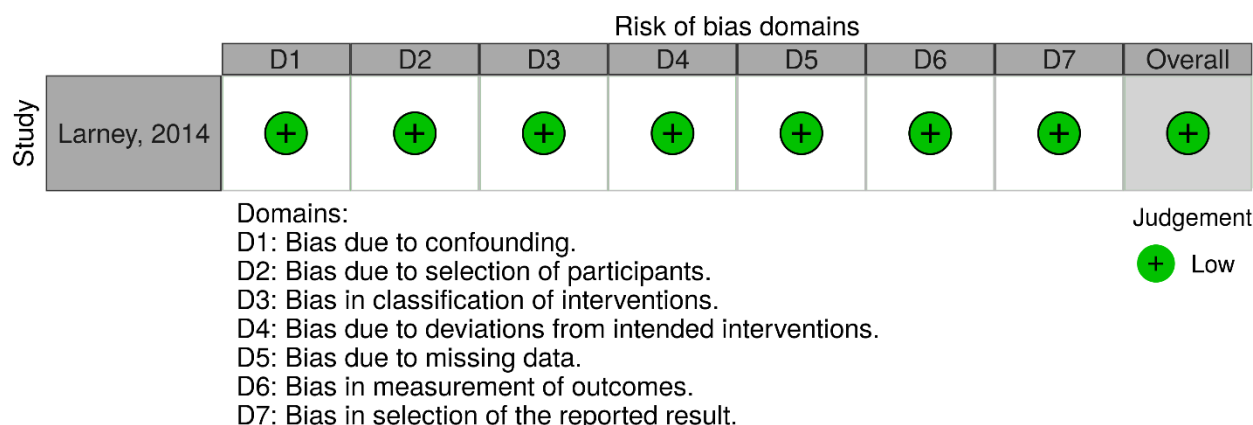
Domains:  
D1: Bias due to confounding.  
D2: Bias due to selection of participants.  
D3: Bias in classification of interventions.  
D4: Bias due to deviations from intended interventions.  
D5: Bias due to missing data.  
D6: Bias in measurement of outcomes.  
D7: Bias in selection of the reported result.

Judgement  
 Critical  
 Serious  
 Moderate  
 Low

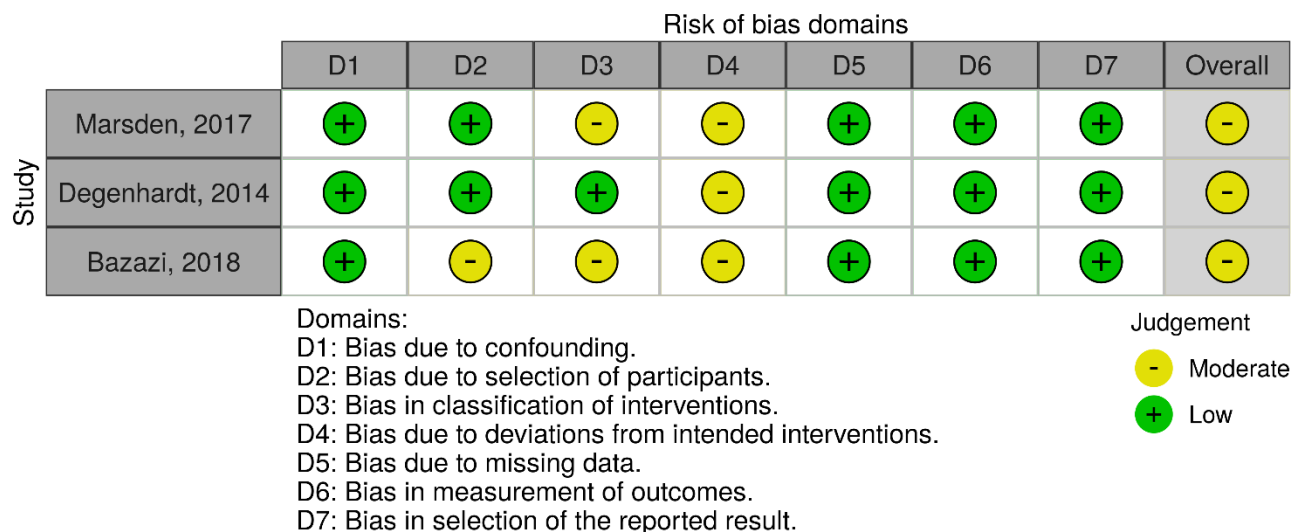
**eFigure 38: ROBINS-I for community-based observational studies – pooled domain scores weighted by person years contributed by each study**



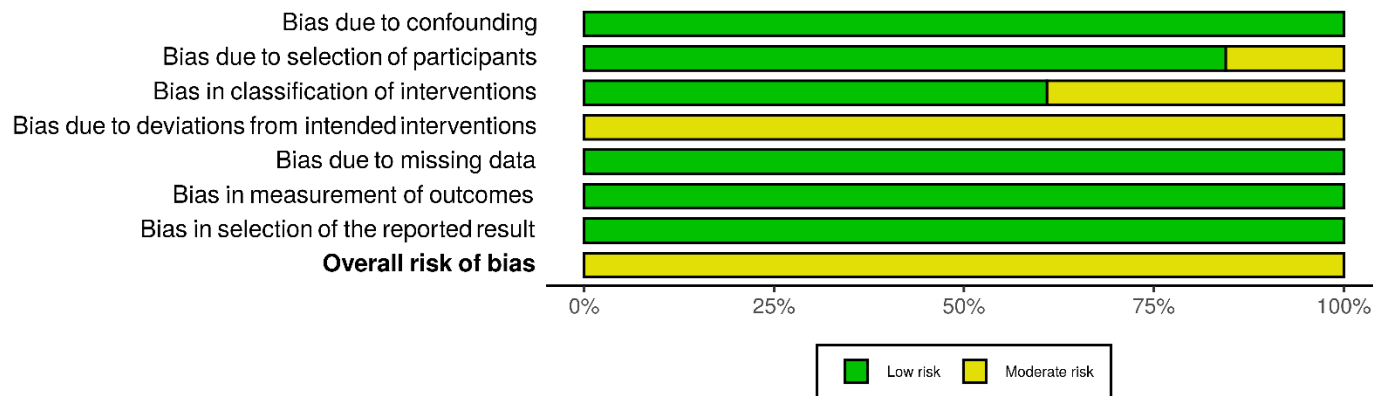
**eFigure 39: ROBINS-I for studies used in analyses of the impact of OAT provided during incarceration on mortality during incarceration**



**eFigure 40: ROBINS-I for studies used in analyses of the impact of OAT provided during incarceration upon post-release mortality**



**eFigure 41: ROBINS-I for studies of OAT impact during incarceration – pooled domain scores weighted by person years contributed by each study**



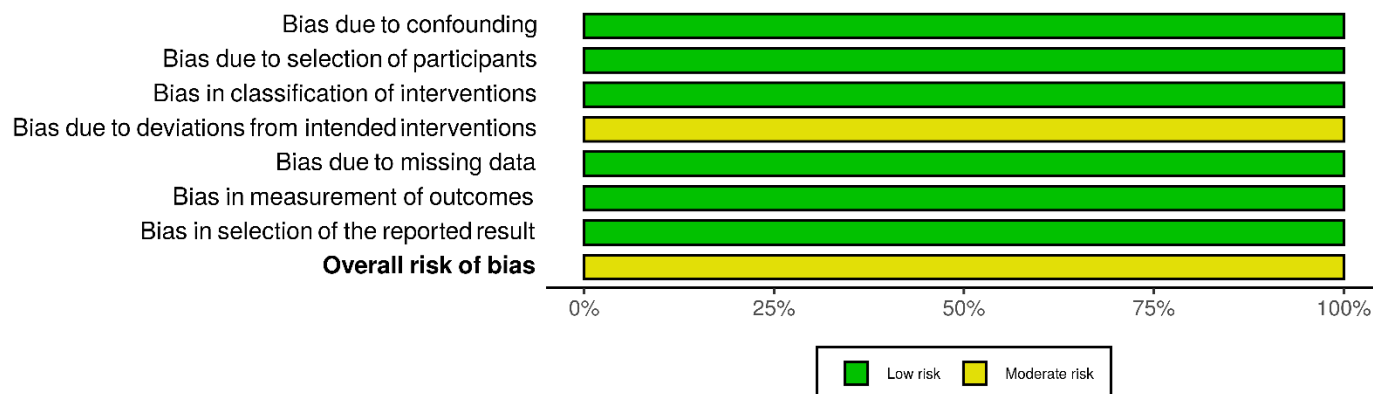
**eFigure 42: ROBINS-I for studies used in analyses of the effect of post-release OAT on mortality**

Study	Risk of bias domains							Overall
	D1	D2	D3	D4	D5	D6	D7	
Degenhardt, 2014	+	+	+	-	+	+	+	-
Huang, 2011	+	+	+	-	+	+	+	-

Domains:  
 D1: Bias due to confounding.  
 D2: Bias due to selection of participants.  
 D3: Bias in classification of interventions.  
 D4: Bias due to deviations from intended interventions.  
 D5: Bias due to missing data.  
 D6: Bias in measurement of outcomes.  
 D7: Bias in selection of the reported result.

Judgement  
 - Moderate  
 + Low

**eFigure 43: ROBINS-I for of OAT impact post-release – pooled domain scores weighted by person years contributed by each study**



**eTable 21: Summary of studies that adjusted for confounding in observational studies of the impact of OAT on mortality**

Study	N people	OAT setting	Adjusted for confounding?	Variables included	Bivariate association of OAT with all-cause mortality	Adjusted association of OAT with all-cause mortality
Abrahamsson 2017 <sup>15</sup>	4,501	Community OAT	Yes	Gender, age, inpatient treatment for a) non-fatal overdose, b) psychiatric disorders, and c) suicide attempt, benzodiazepine treatment, Z-drug treatment, pregabalin treatment.	HR 0.56 (0.45, 0.69)	AHR 0.55 (0.44, 0.68)
Ledberg 2017 <sup>3 A, B</sup>	441	Community OAT	Yes	Gender, age, year of treatment entry.	NR	AHR 0.47 (0.29, 0.77)
Appel 2000 <sup>16</sup>	1,544	Community OAT	No	--	--	--
Bakker 2017 <sup>17</sup>	278	Community OAT	No	--	--	--
Bazazi 2018 <sup>18</sup>	291	Released from incarceration on OAT	Yes	Age, marital status, ethnicity, employment, education, prison sentence, dependence severity, injecting history, HIV symptoms, study randomisation phase.	HR 1.32 (0.58, 3.03)	AHR 1.07 (0.44, 2.61)
Bukten 2019 <sup>12</sup>	7,843	Community OAT	No	--	--	--
Buster 2002 <sup>9</sup>	5,200	Community OAT	No	--	--	--
Chang 2015 <sup>1 A</sup>	983	Community OAT	No	--	--	--
Cousins 2011 <sup>19 A</sup>	3,162	Community OAT	Yes	Gender, age, social class, comorbidity, methadone dose, no. MMT episodes, psychiatric admission, benzodiazepine prescription, urine drug tests, "overuse" of methadone.	HR 1.19 (0.70, 2.04) <i>(drug-related only)</i>	NA <i>(drug-related only)</i>
Cousins 2016 <sup>11 A</sup>	6,983	Community OAT	Yes	Time period of treatment, sex, age, no. of treatment episodes, methadone dose, supervised consumption, median comorbidity score, co-prescriptions.	RR 0.32 (0.18, 0.57)	ARR 0.27 (0.16, 0.47)
Davoli 2007 <sup>20</sup>	10,258	Community OAT	Yes	Age, gender, psychiatric comorbidity, HIV status, previous non-fatal overdose, route of administration, length of use.	HR 0.09 (0.04, 0.19) <i>(overdose only)</i>	AHR 0.09 (0.04, 0.19) <i>(overdose only)</i>
Degenhardt 2009 <sup>6 A</sup>	42,676	Community OAT	No	--	--	--
Digiusto 2004 <sup>21</sup>	1,244	Community OAT	No	--	--	--
Dupouy 2017 <sup>22 A</sup>	713	Community OAT	Yes	Age, sex, Charlson co-morbidity index, psychiatric diagnoses recorded as chronic diseases or during a hospitalisation, dispensed psychoactive medications, socio-economic covariates (ecologic estimator of social deprivation, the status of the beneficiary, and universal insurance coverage).	HR 0.03 (0.01, 0.09)	AHR 0.03 (0.01, 0.09)
Durand 2020 <sup>23 A</sup>	2,899	Community OAT	Yes	Gender, age, incarceration history, methadone dose, mental disorders, disease categories.	RR 0.57 (0.38, 0.97)	ARR 0.49 (0.29, 0.83)
Evans 2015 <sup>10</sup>	32,322	Community OAT	Yes	Primary drug, age, gender, race/ethnicity, disability, labour force status, Med-Cal beneficiary, mentally ill, hepatitis C status, tuberculosis status, hospitalisation in past 30 days, HIV testing status, educational attainment, years from first primary drug use to first treatment episode, criminal justice system involvement, secondary drug type.	--	AHR 0.27 (0.23, 0.32)
Fellows-Smith 2011 <sup>24</sup>	2,520	Community OAT	No	--	--	--
Fugelstad 2007 <sup>25</sup>	848	Community OAT	No	--	--	--
Gearing 1974 <sup>26</sup>	3,850	Community OAT	No	--	--	--
Gronbladh 1990 <sup>27</sup>	281	Community OAT	No	--	--	--
Hickman 2018 <sup>7 A</sup>	11,033	Community OAT	Yes	Sex, age, calendar year, comorbidity score, geographical region, benzodiazepine co-prescription, gabapentinoid co-prescription, number of OAT patients per GP practice, number of GPs prescribing per practice, history of recorded self-harm, overdose poisoning, alcohol problems, imprisonment or homelessness. Propensity scores based on the probability of being prescribed buprenorphine were incorporated into models as inverse probability weights.	IRR 0.45 (0.37, 0.55)	AIRR 0.36 (0.31, 0.41)
Huang 2011 <sup>28</sup>	1,982	OAT post-release	Yes	Age, gender, area of residence, HIV status prior to release.	--	AHR 0.07 (0.02, 0.21)
Huang 2013 <sup>29 A</sup>	1,616	Community OAT	Yes	Sex, age, living with a partner, education, cardiovascular disease, pneumonia/bronchitis/asthma, diabetes, HBV antigen, HCV antibody, HIV antibody, syphilis antibody, psychiatric treatment, multiple illicit substance use, alcohol disorder, previous drug overdose, previous suicide attempts, methadone dose, duration of heroin use	HR 0.32 (0.14, 0.72)	AHR 0.32 (0.13, 0.80)
Kelty 2019 <sup>30 A</sup>	8,226	Community OAT	No	--	--	--
Kimber 2015 <sup>5 A, C</sup>	46,531	Community OAT	No	--	--	--



Study	N people	OAT setting	Adjusted for confounding?	Variables included	Bivariate association of OAT with all-cause mortality	Adjusted association of OAT with all-cause mortality
Degenhardt 2014 <sup>14 A, B</sup>	16,453	Released from incarceration on OAT OAT post-release	Yes	Gender; Age; Indigenous status; juvenile offending history; length of prison episode; no. prior prison episodes; prior property offence; prior drug offence; prior violent offence	<b>First 4 weeks post-release:</b> HR 0.32 (0.21, 0.50)	<b>AHR 0.06 (0.01, 0.30)<sup>E</sup></b>
Larney 2014 <sup>13 B</sup>	16,715	OAT during incarceration	Yes	Gender, Indigenous status, age, incarceration history (number & duration), offending history (drug, property and violent offences)	HR 0.25 (0.13, 0.48)	AHR 0.26 (0.13, 0.5)
Langendam 2001 <sup>31 D</sup>	827	Community OAT	No	--	--	--
Larochelle 2018 <sup>32</sup>	17,568	Community OAT	Yes	Age, sex, anxiety diagnosis, depression diagnosis, receipt of methadone, buprenorphine, opioid and benzodiazepine prescriptions in the 12 months before index nonfatal opioid overdose, benzodiazepine prescriptions, detoxification episode and short- and long-term residential treatments.	--	M-AHR 0.37 (0.24, 0.59) B-AHR 0.35 (0.23, 0.53)
Liu 2013 <sup>33</sup>	306,786	Community OAT	Yes	Age, gender, marital status, education, ethnicity, route of administration, needle sharing, methadone dose, HIV status.	HR 0.53 (0.50, 0.56)	AHR 0.56 (0.53, 0.59)
Marsden 2017 <sup>34 A</sup>	12,260	Released from incarceration on OAT	Yes	Age, injection drug use, self-reported problem alcohol use, non-medical benzodiazepine use, cocaine use, demographic and clinical co-variables, prison transfer, community treatment.	HR 0.25 (0.10, 0.60)	AHR 0.25 (0.09, 0.64)
Morozova 2013 <sup>35 A</sup>	110	Hospital	No	--	--	--
Muga 2014 <sup>2 A</sup>	1,678	Community OAT	No	--	--	--
Pavarin 2017 <sup>4 A</sup>	2,232	Community OAT	No	--	--	--
Pearce 2020 <sup>8 A</sup>	55,347	Community OAT	Yes	Age, sex, medication type (buprenorphine/naloxone only, methadone only), OAT period	HR 0.45 (0.43, 0.49)	AHR 0.40 (0.34, 0.46)
Pierce 2016 <sup>36</sup>	151,983	Community OAT	Yes	Age, gender, patient-reported injecting status, patient-reported problematic use of alcohol, benzodiazepines, crack cocaine, cocaine powder, amphetamines; referred from the criminal justice system.	HR 0.64 (0.58, 0.71) <i>(drug-related only)</i>	AHR 0.58 (0.52, 0.64) <i>(drug-related only)</i>
Reece 2010 <sup>37</sup>	2,518	Community OAT	No	--	--	--
Scherbaum 2002 <sup>38</sup>	244	Community OAT	No	--	--	--
Weber 1990 <sup>39</sup>	297	Community OAT	No	--	--	--

**Table notes:** <sup>A</sup> Authors sent additional information. <sup>B</sup> Secondary paper (overlap in data) but data used in sub-analyses. Shaded rows indicate secondary paper(s) to the one directly above them. <sup>C</sup> Used 2006-2010 data to avoid overlap with Degenhardt 2009. <sup>D</sup> Although eligible, no data from this study could be used in pooled quantitative syntheses. <sup>E</sup> There was an interaction with time since release with the protective effect extremely marked in first few days and then decaying to no impact. **HR:** hazard ratio. **AHR:** adjusted hazard ratio. **NR:** not reported. **NA:** not reported as not significant in univariate analyses. **RR:** relative risk. **ARR:** adjusted relative risk. **IRR:** Hickman. **AIRR:** Hickman. **M:** methadone. **B:** buprenorphine. **PWID:** people who inject drugs. **LFTU:** lost to follow-up. **OAT:** opioid agonist treatment. **Rx:** treatment.

**eFigure 44: ROB-2 for RCTs**

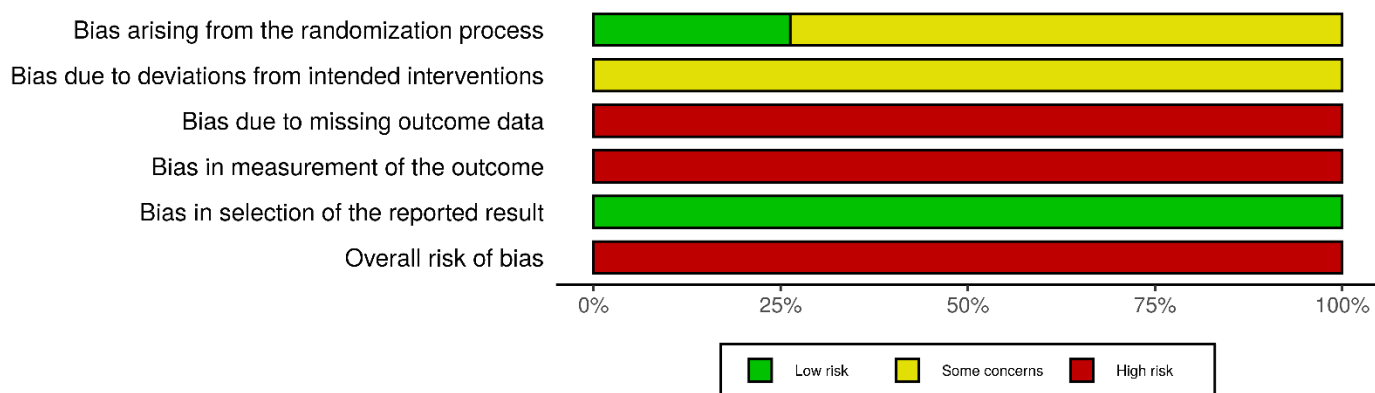
Study	Risk of bias domains					Overall
	D1	D2	D3	D4	D5	
Gordon, 2014	-	-	+	+	+	-
Gruber, 2008	+	-	X	X	+	X
Gunne, 1981	-	-	X	X	+	X
Kakko, 2003	-	-	X	X	+	X
Kinlock, 2009	+	-	+	+	+	-
Krook, 2002	+	-	X	X	+	X
Lee, 2018	+	-	X	X	+	X
Ling, 2010	-	-	X	X	+	X
Metzger, 2015	-	-	X	X	+	X
Newman, 1979	-	-	X	X	+	X
Rich, 2015	+	-	-	-	+	-
Schottenfeld, 2008	+	-	X	X	+	X
Strain, 1993	-	-	X	X	+	X
Tanum, 2017	+	-	X	X	+	X
Yancovitz, 1991	+	-	X	X	+	X

Domains:  
 D1: Bias arising from the randomization process.  
 D2: Bias due to deviations from intended intervention.  
 D3: Bias due to missing outcome data.  
 D4: Bias in measurement of the outcome.  
 D5: Bias in selection of the reported result.

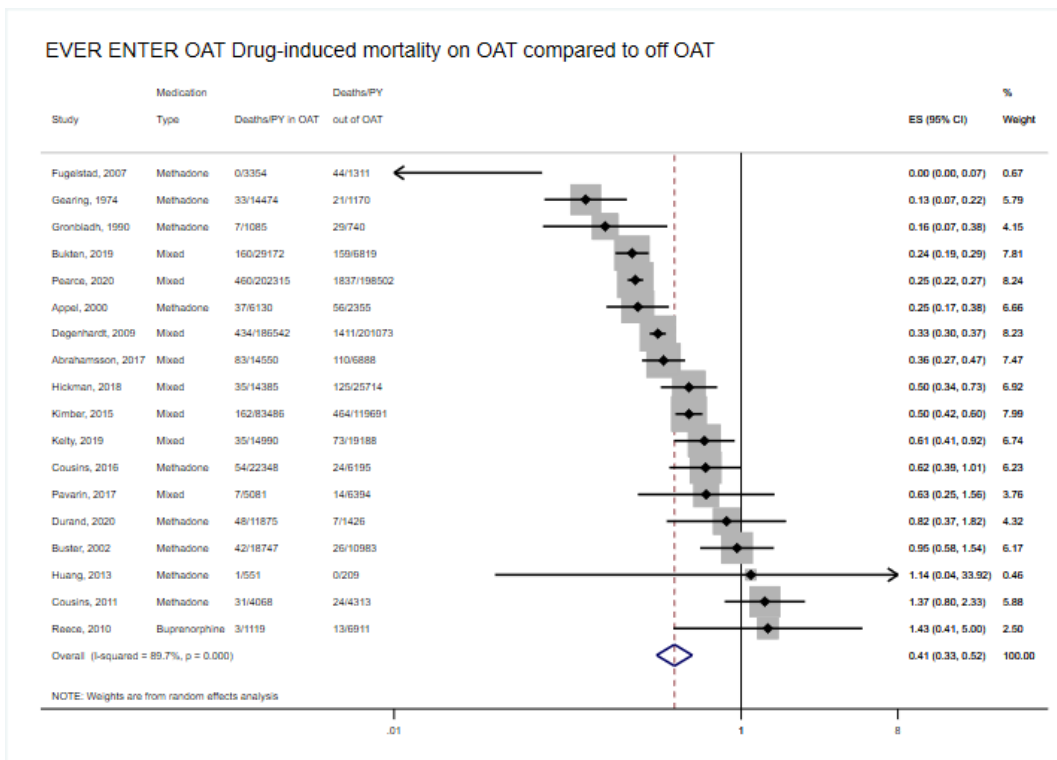
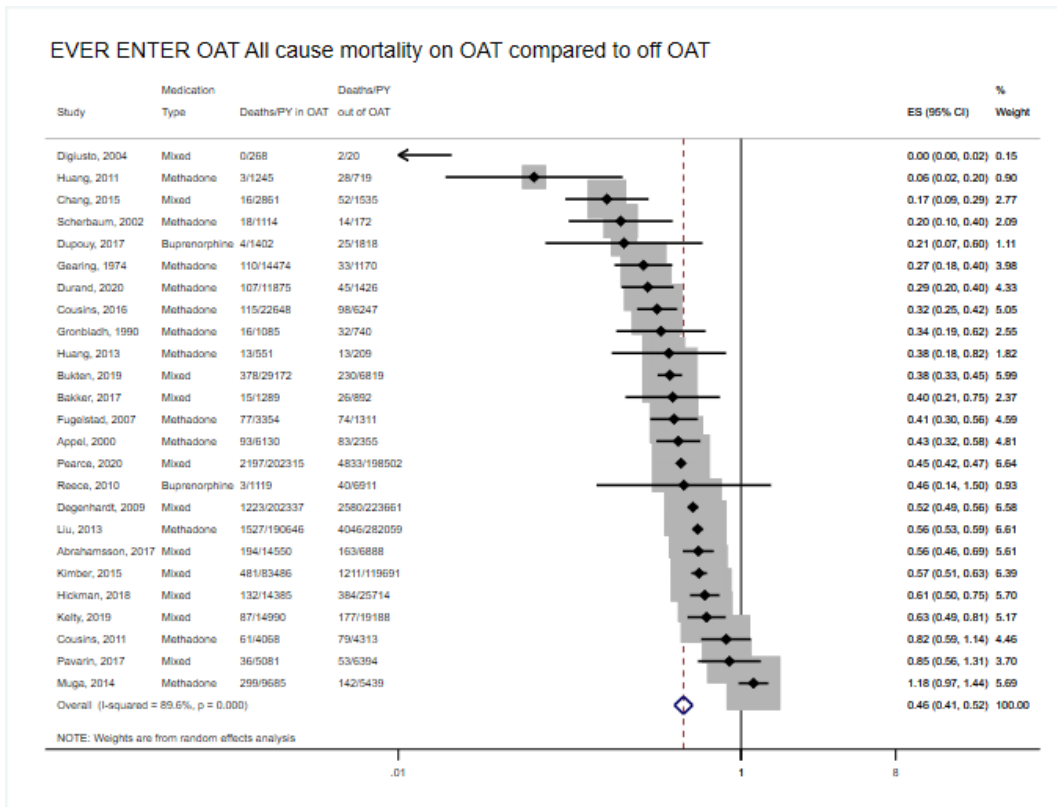
Judgement  
 X High  
 - Some concerns  
 + Low

**eFigure 45: ROB-2 RCTs – pooled domain scores weighted by contribution of each study to pooled**

**mortality estimate**

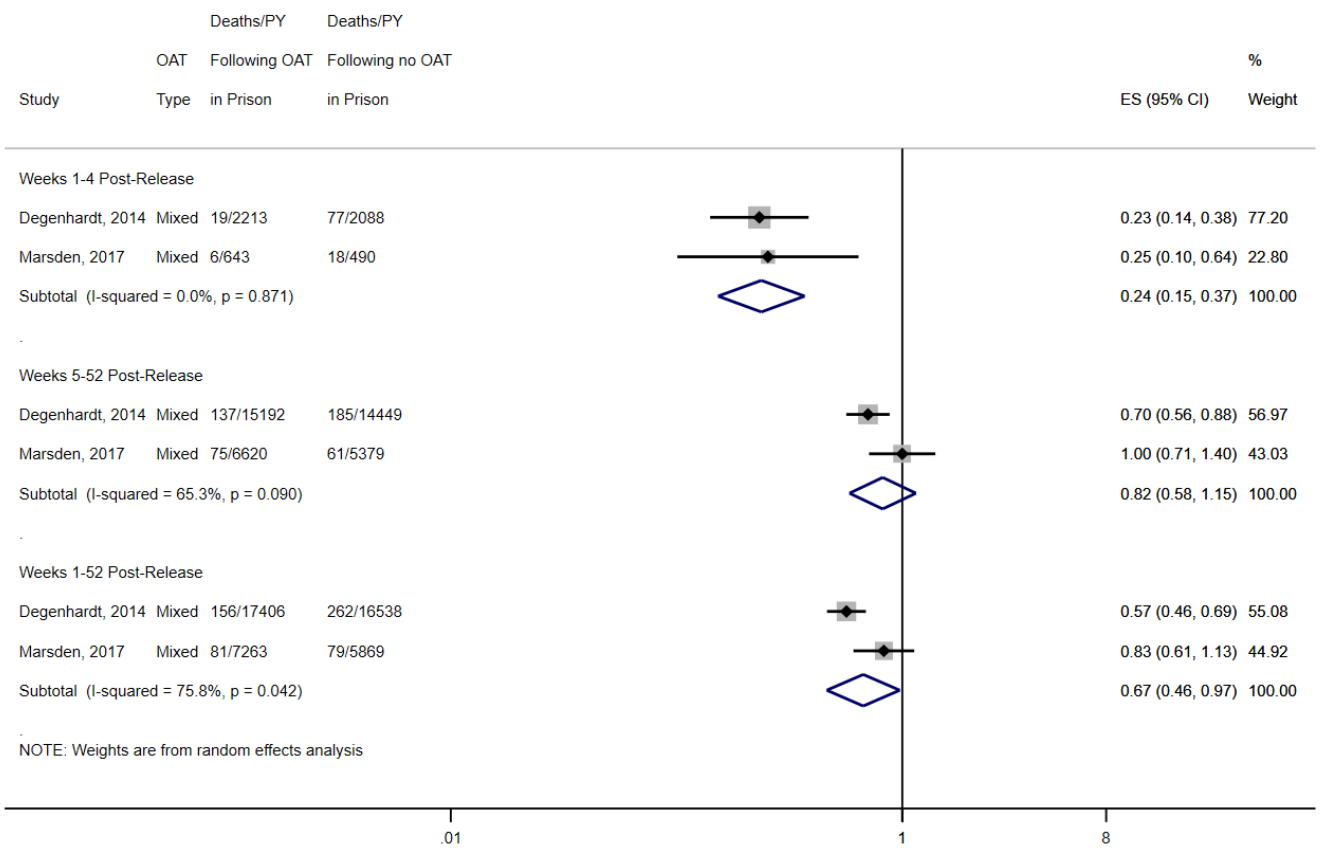


**eFigure 46: Sensitivity analysis restricted to those who ever enter OAT**

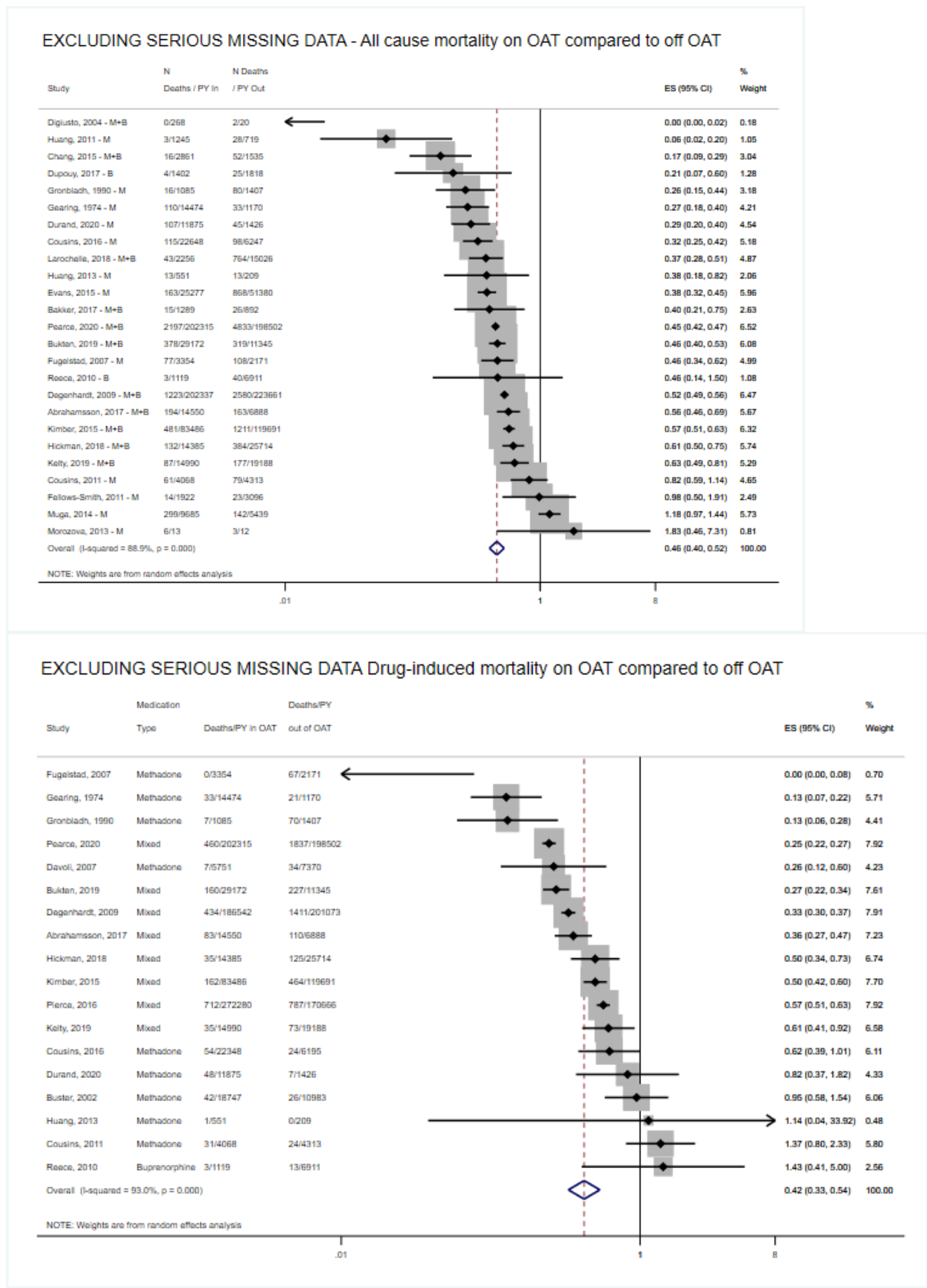


**eFigure 47: Sensitivity analysis for studies of OAT post-release from incarceration**

All cause mortality in the first year post-release following OAT in prison compared to no OAT in prison

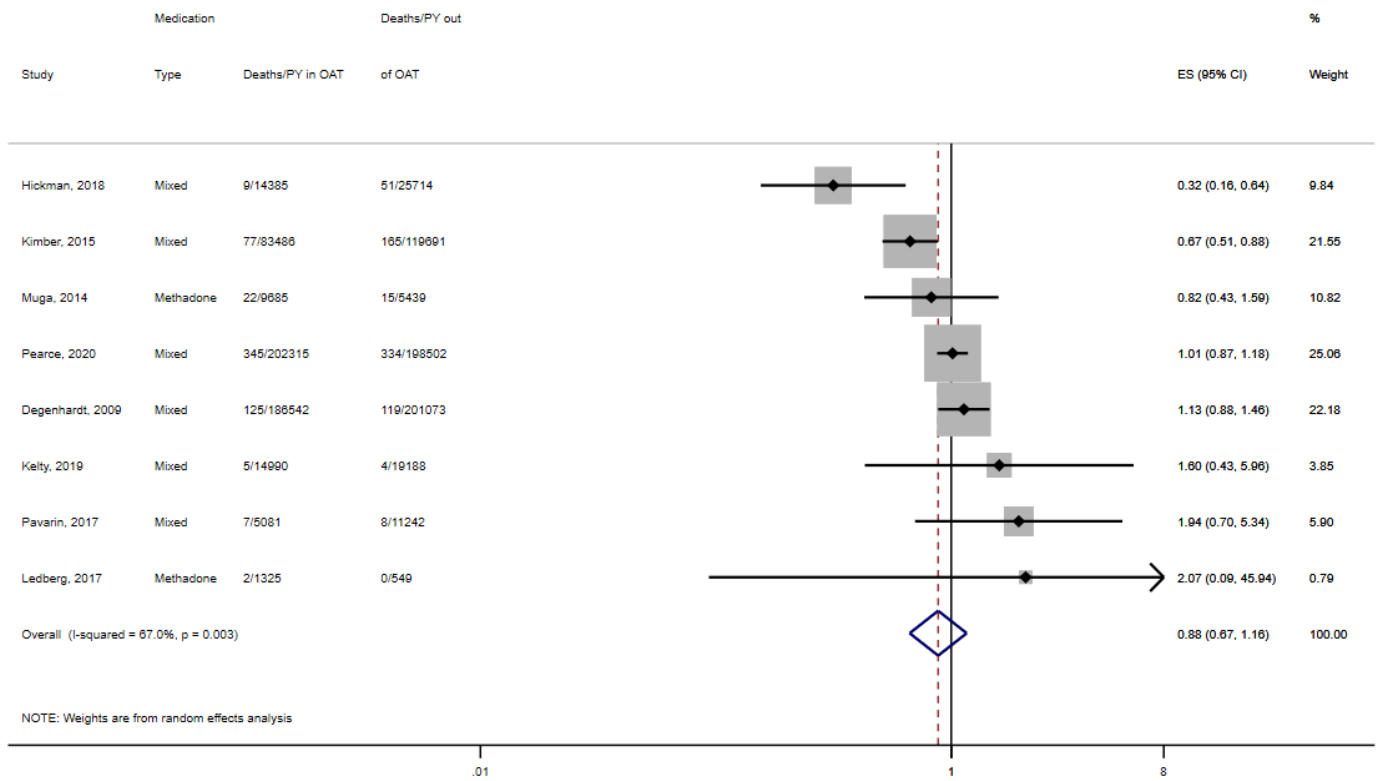


**eFigure 48: Sensitivity analysis excluding studies with serious risk of bias due to missing data**

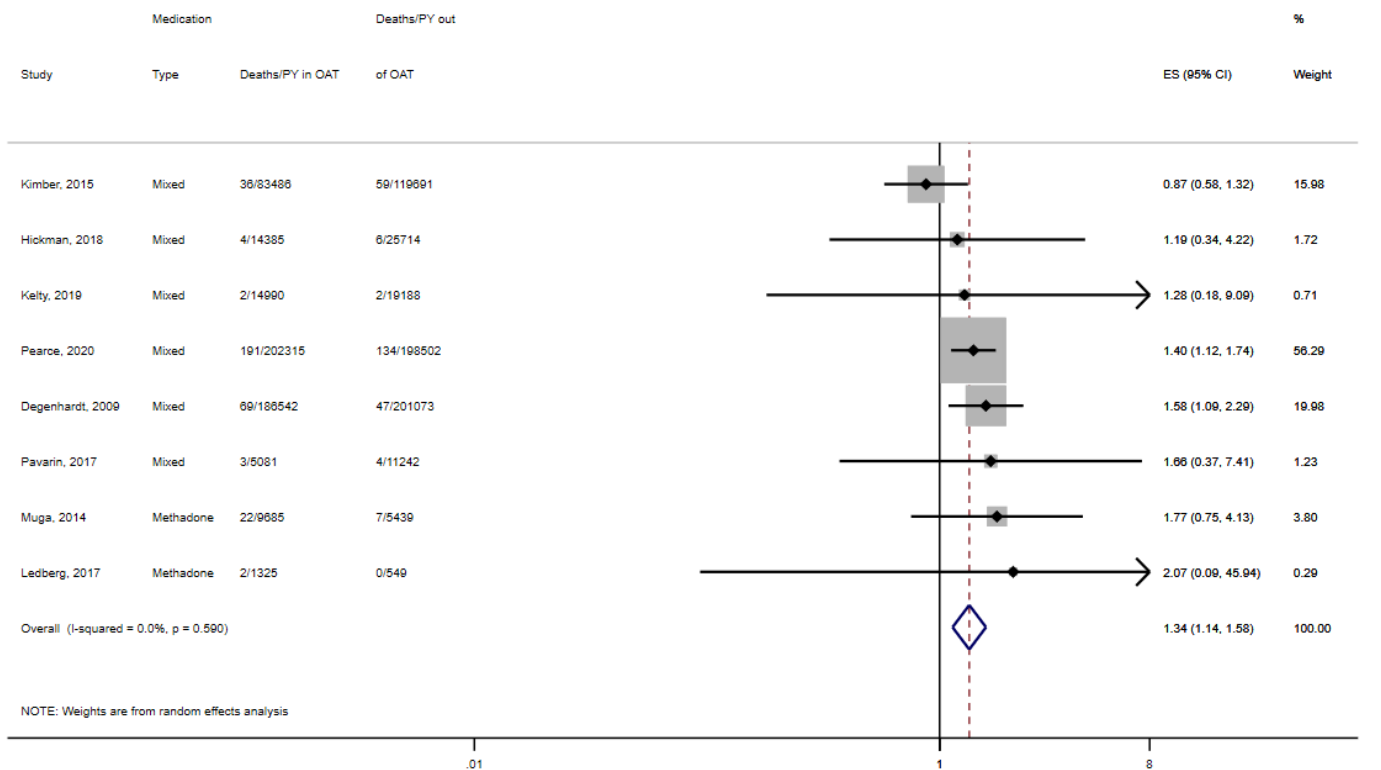


**eFigure 49: Sensitivity analysis- All liver-related and viral hepatitis RRs restricted to the same cohorts**

**RESTRICTED RERUN All liver-related mortality on OAT compared to off OAT**



**RESTRICTED RERUN Viral hepatitis mortality on compared to off OAT**



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