

Mortality Analyses

NW HIDTA/DASA Drug Court Evaluation Alcohol and Drug Abuse Institute University of Washington

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ISSUE

In some prior studies we have found elevated mortality rates for persons receiving chemical dependency treatment, particularly in cases where histories of use were long and levels of use high. Since mortality data are cheap and easily obtained, and the analyses easy and quickly done, and since the results can reveal important information about the general status of groups of clients, we have recommended elsewhere that mortality rates should routinely be checked in studies of chemically dependent persons. Accordingly we wished to examine death rates in these drug court populations which have such different risk characteristics from those found in other client groups from DASA.

We would also have liked to examine birth rates. Accessing these data is more difficult, and, in particular, requires knowing the mothers' maiden names. We are not aware of this data element being available in any of our data sources.

METHODS

Offenders were categorized by year of referral or entry into each court, and the data collected by matching against the mortality data collected annually by the Department of Health. We used the data set released in the fall of 1999, which includes relatively complete data through 1998.

The time between referral/admission to the drug courts and death or the end of the data set was calculated for each person and converted into years. These values were summed across subjects for each annual cohort within courts, divided into the number of deaths for that cohort, and multiplied by 1000, yielding a rate of deaths per year per thousand for each cohort within each court. These are reported in the "# Deaths /1000/year" column in the table.

RESULTS

Because the numbers of deaths are low, and the sample sizes small (for this purpose), the yearly rates fluctuate a great deal. Mortality rates for these drug court participants are below those for the general population (which are roughly in range of 8.9 to 9.1), but the drug court participants are younger than the general population (which should mean a lower mortality rate), and we did not adjust for age. Overall the death rates are comparable for King and Pierce counties, and possibly lower for Spokane. King and Spokane counties show much lower numbers of deaths in 1998 than for the other years, and we might guess that their data for that year are incomplete (which might partially explain Spokane's lower rate).

The conclusion from these analyses is that the counties do not differ greatly in death rates, either from each other or from the general population.

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KING COUNTY

Year entered	N	All deaths	Death after discharge	Death between entry and discharge	#Deaths/1000 /year
1994	311	14	13	1	11.0
1995	798	19	16	3	6.8
1996	752	13	10	3	6.9
1997	1016	15	15	0	9.4
1998	915	1	1	0	2.3
Total	3792	62	55	7	7.8

PIERCE COUNTY

Year entered	N	All deaths	Death after discharge	Death between entry and discharge	#Deaths/1000
1994	184	3	3	0	3.6
1995	671	13	13	0	5.3
1996	243	8	6	2	13.9
1997	349	2	2	0	3.7
1998	384	5	3	2	24.3
Total	2115	31	27	4	6.8

SPOKANE COUNTY

Year entered	N	All deaths	Death after discharge	Death between entry and discharge	#Deaths/1000
1994					-----
1995					-----
1996	494	5	4	1	4.0
1997	609	6	6	0	6.7
1998	636	0	0	0	0.0
Total	2341	11	10	1	4.5