Overdose deaths in justice-involved young people: a whole-population retrospective cohort study

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Background:

- Justice-involved young people have multiple, and complex mental health needs¹
- Little evidence on risk of death in justice-involved young people
 - Few studies, small samples, selection bias
 - Leading causes differ: US violence²; Aus Overdose³
 - Gender differences observed
 - No study examined broader contact (orders or charges)

Aims:

• Examine the rate and predictors of overdose death among justice-involved young people

Methods:

- Figure 1 presents the study design
- Determined overdose death from ICD-10-AM codes
- Crude mortality rates were calculated overall, separately by intent, and by prescribed versus illicit drug overdose

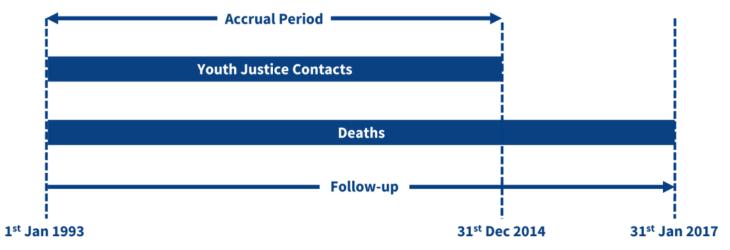
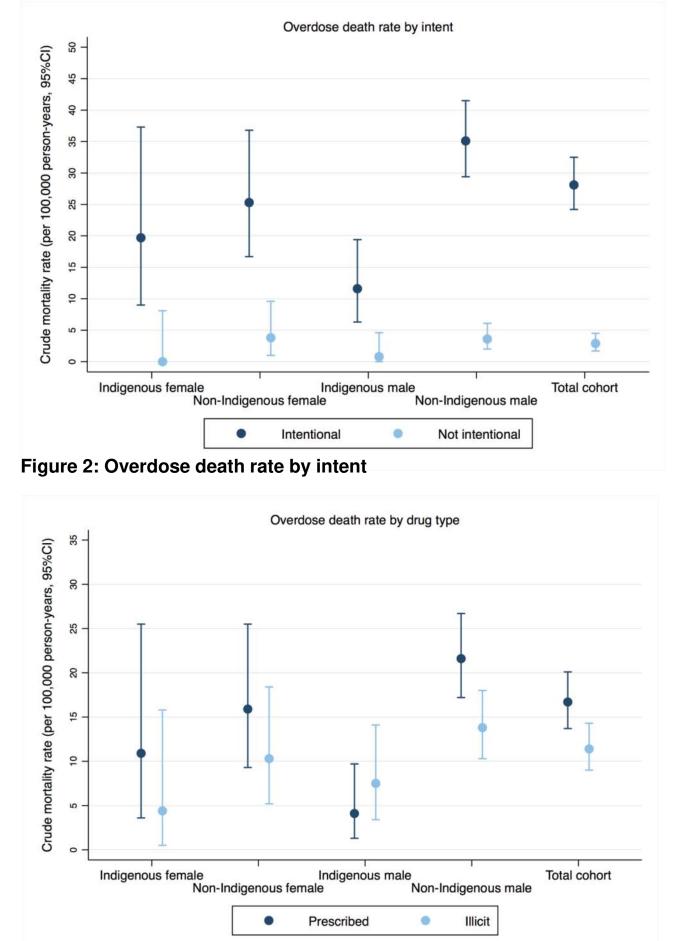


Figure 1: Study design

Table 1. Characteristics of participants by sex and Indigenous status

	Indigenous		Non-Indigenous		
	Female	Male	Female	Male	All
	(N=3,743)	(N=9,034)	(N=8,254)	(N=27,932)	(N=48,963)
	%	%	%	%	%
Age at first contact with					
Youth Justice					
Under 15	43.6	45.8	28.2	24.2	30.4
15 or over	56.4	54.2	71.8	75.8	69.6
Order history group					
Detention	17.7	31.3	8.2	12.5	15.6
Order without detention	30.3	32.4	18.5	26.4	26.5
Charge without order	52.0	36.3	73.4	61.2	57.9
Died	2.3	3.4	1.9	3.2	3.0



Results:

- 48,963 young people had 529,107 youth justice contacts
- Majority (58%) had finalised charges but no orders or detention
 - Only 16% had 1+ detentions (Table 1)
- 1,452 deaths overall, 204 (14%) overdose deaths
- 91% were recorded as intentional (Figure 2)
- 54% were due to prescription drugs (Figure 3)

Conclusions:

- Justice-involved young people are at increased risk of preventable overdose death
- Risk differs across subgroups; a one-size fits all approach to prevention unlikely to be efficient or effective
- Contact with the Youth Justice System is an opportunity to identify mental illness and substance use problems, initiate treatment, and ensure continuity of care

References: 1. Fazel et al. J Am Acad Child Adolesc Psychiatry 2008; 47(9): 1010-19. **2.** Teplin et al. Pediatrics 2005; 115(6): 1586-93. **3.** Coffey et al. BMJ 2003; 326(7398): 1064-66.

Figure 3: Overdose death rate by drug type

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