

**EMBARGOED FOR RELEASE until June 7, 2018 – 5:00 PM (ET)**

**Contacts:** Tracy Hampton • (312) 339-9067 • [thampton@nasw.org](mailto:thampton@nasw.org)  
Christine Feheley • (202) 640-4638 • [cfeheley@asn-online.org](mailto:cfeheley@asn-online.org)

## **IN KIDNEY DISEASE PATIENTS, ILLICIT DRUG USE LINKED WITH DISEASE PROGRESSION AND EARLY DEATH**

### **Highlights**

- Among individuals with chronic kidney disease, hard illicit drug use was associated with higher risks of kidney disease progression and early death.
- Tobacco smoking was associated with a higher risk of early death.
- Alcohol drinking was associated with a lower risk of early death.

**Washington, DC (June 7, 2018)** — In a study of patients with chronic kidney disease (CKD), persistent substance use—especially of hard illicit drugs—was linked with higher risks of CKD progression and early death. The findings appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN).

CKD is common in the United States, and affected patients are at higher risk for poor health outcomes such as end-stage kidney disease, cardiovascular disease, and premature death. Identifying the lifestyle factors that contribute to worsening kidney function and death is important for helping patients improve their health. A team led by Jiang He, MD, PhD and Joshua Bundy, PhD, MPH (Tulane University School of Public Health and Tropical Medicine) investigated whether these factors might include tobacco, alcohol, and illicit drug use.

The researchers examined information from the Chronic Renal Insufficiency Cohort Study, a prospective longitudinal cohort study among 3939 participants with CKD in the United States. Self-reported information on tobacco smoking, alcohol drinking, marijuana use, and hard illicit drug (cocaine, heroin, or methamphetamine) use was obtained at the start of the study and at annual follow-up visits.

Over a median follow-up of 5.5-years, 1287 participants experienced CKD progression and 1001 died. Baseline proportions of tobacco smoking, alcohol drinking, marijuana use, and hard illicit drug use were 13%, 20%, 33%, and 12%, respectively.

Among the major findings:

- Compared with non-smoking throughout follow-up, persistent tobacco smoking was linked with an 86% higher risk of dying.

- Compared with non-drinking throughout follow-up, persistent alcohol drinking was linked with a 27% lower risk of dying.
- Compared with non-use of marijuana throughout follow-up, persistent marijuana use was not significantly linked with risk CKD progression or dying.
- Compared with non-use of hard illicit drug use throughout follow-up, persistent drug use was linked with a 25% higher risk for CKD progression and a 41% higher risk of dying.

“The US is in the midst of an opioid epidemic, which has led to increases in the use and abuse of heroin. Additionally, efforts for the decriminalization and legalization of illicit drugs, especially marijuana, are gaining traction—for example, more than half of US states currently allow medicinal and/or recreational use of marijuana,” said Dr. He. “It is important to try to quantify the long-term health consequences of substance use, especially among vulnerable populations such as patients with chronic conditions like CKD, who are at high risk for poor health outcomes.”

Study co-authors include Lydia Bazzano, MD, PhD, Dawei Xie, PhD, Janet Cohan, MSN, Jacqueline Dolata, MBA, Jeffrey C. Fink, MD, MS, Chi-yuan Hsu, MD, MSc, Kenneth Jamerson, MD, James Lash, MD, Gail Makos, MSN, Susan Steigerwalt, MD, Xue Wang, MS, Katherine T. Mills, PhD, MSPH, Jing Chen, MD, and the CRIC Study Investigators.

Disclosures: The authors reported no financial disclosures.

The article, entitled “Self-reported Tobacco, Alcohol, and Illicit Drug Use and Progression of Chronic Kidney Disease,” will appear online at <http://cjasn.asnjournals.org/> on June 7, 2018, doi: 10.2215/CJN.11121017.

*The content of this article does not reflect the views or opinions of The American Society of Nephrology (ASN). Responsibility for the information and views expressed therein lies entirely with the author(s). ASN does not offer medical advice. All content in ASN publications is for informational purposes only, and is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This content should not be used during a medical emergency or for the diagnosis or treatment of any medical condition. Please consult your doctor or other qualified health care provider if you have any questions about a medical condition, or before taking any drug, changing your diet or commencing or discontinuing any course of treatment. Do not ignore or delay obtaining professional medical advice because of information accessed through ASN. Call 911 or your doctor for all medical emergencies.*

*Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has more than 18,000 members representing 112 countries. For more information, please visit [www.asn-online.org](http://www.asn-online.org) or contact the society at 202-640-4660.*

###

The American Society of Nephrology®, ASN®, Kidney Week®, CJASN®, JASN®, NephSAP®, and ASN Kidney News® are registered trademarks of ASN

Tweet: In kidney disease patients, illicit drug use linked with disease progression and early death.

Facebook: In a study of patients with chronic kidney disease (CKD), persistent substance use—especially of hard illicit drugs—was linked with increased risks of CKD progression and early death. The findings appear in the *Clinical Journal of the American Society of Nephrology*.

Keith Brannon, Associate Director of Public Relations  
504-862-8789, cell 504-621-2724, alt. 832-252-9093  
[kbrannon@tulane.edu](mailto:kbrannon@tulane.edu)

Carolyn Scofield, Media & Communications Specialist  
504-247-1443, cell 407-342-8809  
[cscofiel@tulane.edu](mailto:cscofiel@tulane.edu)