Changing Trends in Opioid Overdose Deaths and Prescription Opioid Receipt among Veterans

Purpose
In this study, the researchers provided insight into the increase in opioid overdose mortality among Veterans to inform overdose prevention, assessing trends across the categories of opioids and the receipt of prescriptions for opioid analgesics.

Background
Reducing Veteran overdose mortality is a key priority of the Veterans Health Administration (VHA). Over the past 25 years, opioid overdose mortality initially increased due to commonly prescribed analgesics. In response, initiatives have led to substantial reductions in opioid prescribing. However, the rate of overall opioid overdose mortality has remained high.

Methods
Researchers studied cohorts (2010 through 2016) of Veterans receiving VHA care, linked with mortality statistics from the National Death Index database. Opioid-related overdose deaths were identified and categorized by natural/semisynthetic opioids, methadone, synthetic opioids other than methadone, heroin, and multiple opioids. Opioid prescribing trends were analyzed using prescription fill data obtained from the VHA’s Corporate Data Warehouse.

Findings
Over the study period from 2010 to 2016, 6,485 Veterans died from any opioid overdose. The data reveal an increase in opioid overdose rate from 14.47 per 100,000 person years in 2010 to 21.08 in 2016, driven by increases in overdoses from illicit opioids, specifically heroin and synthetic opioids. This dramatic increase was concurrent with significant reductions in receipt of prescription opioids across all opioid overdose categories.

Discussion
Substantial reductions in the receipt of prescribed opioid analgesics were found among those who overdosed—only about one quarter of patients filled prescription opioids within 3 months before death. Overdose prevention must expand beyond patients actively receiving prescription opioids, to also address new trends in the use of heroin and non-methadone synthetic opioids. Additionally, medication assisted treatment for patients with opioid use disorders should be expanded, with telemedicine approaches potentially being a solution to barriers in access.

Citation