

Addressing the Opioid Epidemic in the Veterans Health Administration

Julie Gochnour, MD

Governor's Working Group on Veterans,
Service Members, and Their Families

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Overview

- Epidemiology of the epidemic in the Veteran population
- Interventions
 - Opioid safety initiative
 - Interdisciplinary pain committee
 - Opioid education and naloxone distribution (OEND)
 - Substance use disorder treatment
 - Adjunctive treatment for chronic pain conditions
 - Psychotherapy for chronic pain

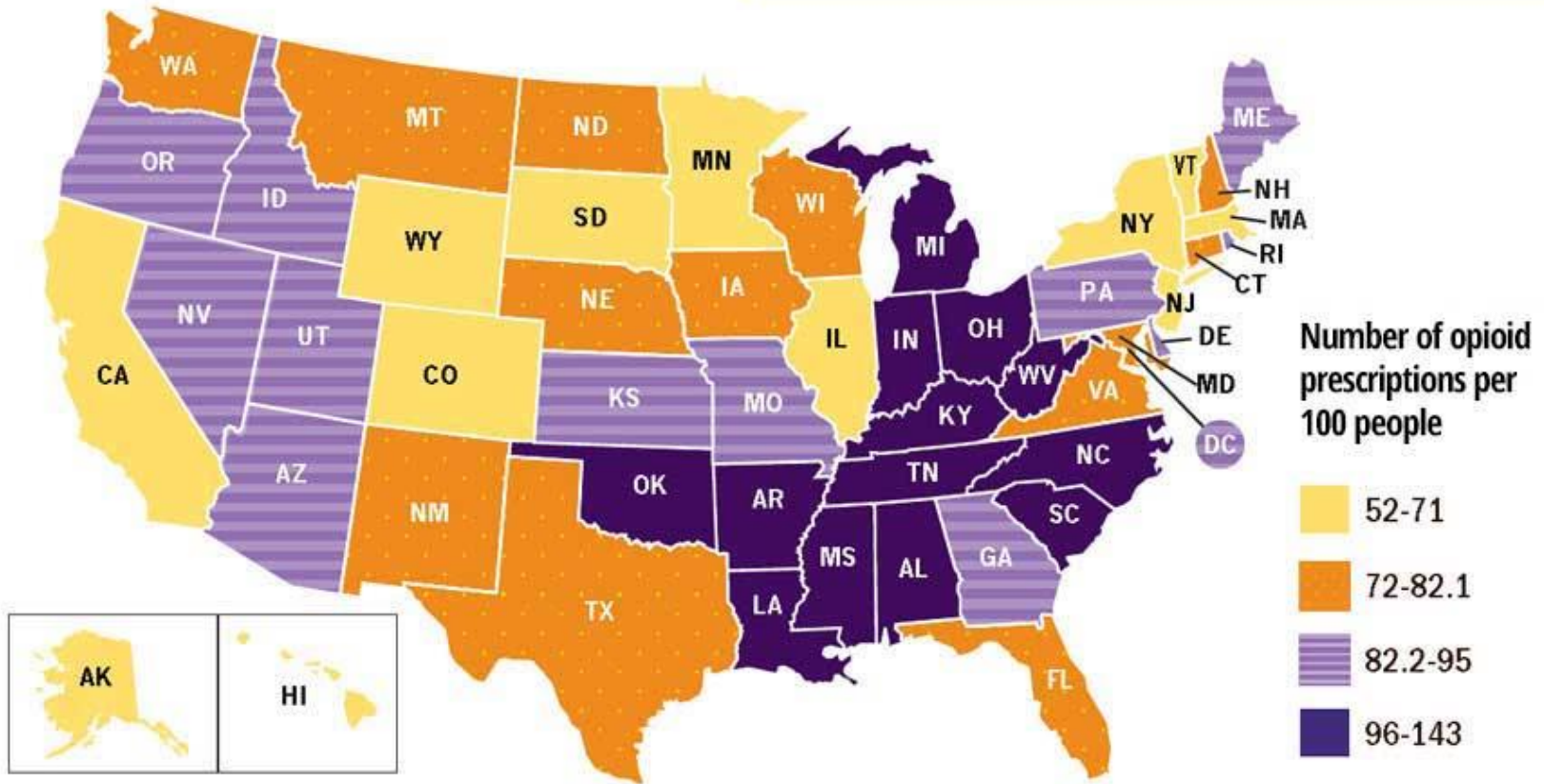
Epidemiology

- Rates of prescription opioid misuse in the military tripled from 3.8% in 2005 to 11.1% in 2008.¹
- 23% of all OEF/OIF/OND veterans and 35% of those with TBI received any opioid medications.²
 - Most received 26-30 MEQ daily.
 - Median days used was 30-40 days.
 - Factors associated with chronic use: young age, male, white, married, rural, PTSD/MDD diagnosis, tobacco use disorder, back pain.

1. Bray, R.M., & Hourani, L.L. (2007). Substance use trends among active duty military personnel: findings from the United States Department of Defense Health Related Behavior Surveys, 1980-2005. *Addiction* 102:1092-1101.

2. Hudson, et al. Pharmacoepidemiologic analyses of opioid use among OEF/OIF/OND veterans. *00* (2017) 1–7.

Some states have more opioid prescriptions per person than others.



SOURCE: IMS, National Prescription Audit (NPA™), 2012.

Epidemiology

- Durham VAMC 2010 Q1:
 - 6231 unique veterans prescribed opiates.
 - 870 unique veterans prescribed opiates + benzodiazepine with at least one overlapping prescription.
- Durham VAMC 2015 Q1:
 - 8267 unique veterans prescribed opiates.
 - 778 unique veterans prescribed opiates + benzodiazepine with at least one overlapping prescription.

INTERVENTIONS

Opioid Safety Initiative

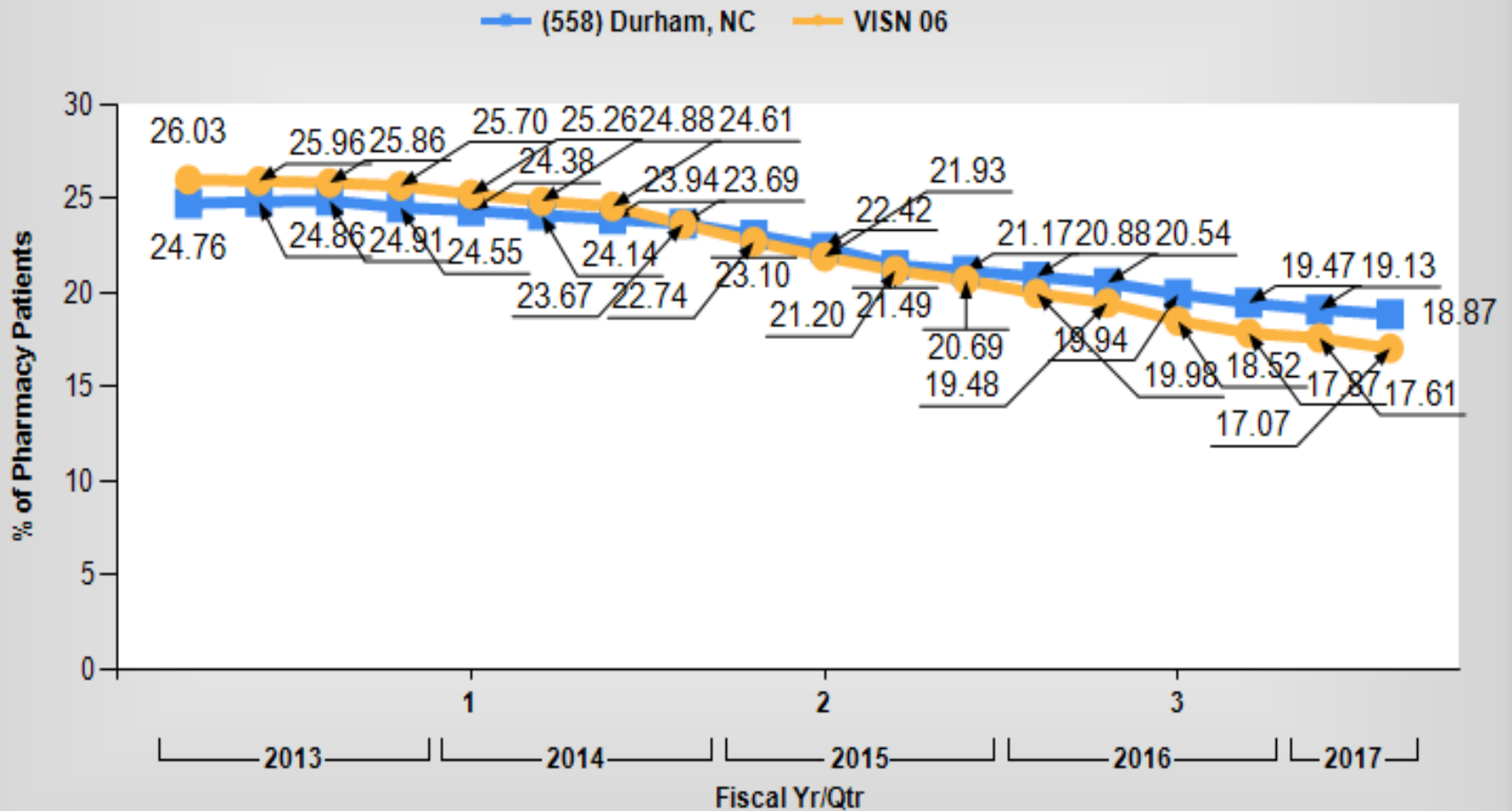
- Implemented in 2013 at the VA National Level.
- Built around a computerized “dashboard” tool that aggregates electronic medical record data allowing for data gathering and provision of feedback at facility and provider level.
- Allows providers to identify Veterans on their treatment panel prescribed opiates, high doses, and concurrent benzodiazepines.
- Resulted in decreasing trends across VA facilities in:
 - High dose prescribing (>100 MEQ)
 - Patients receiving opiate prescriptions
 - Patients receiving concurrent opiates + benzodiazepines

Opioid Safety Initiative at Durham VAMC

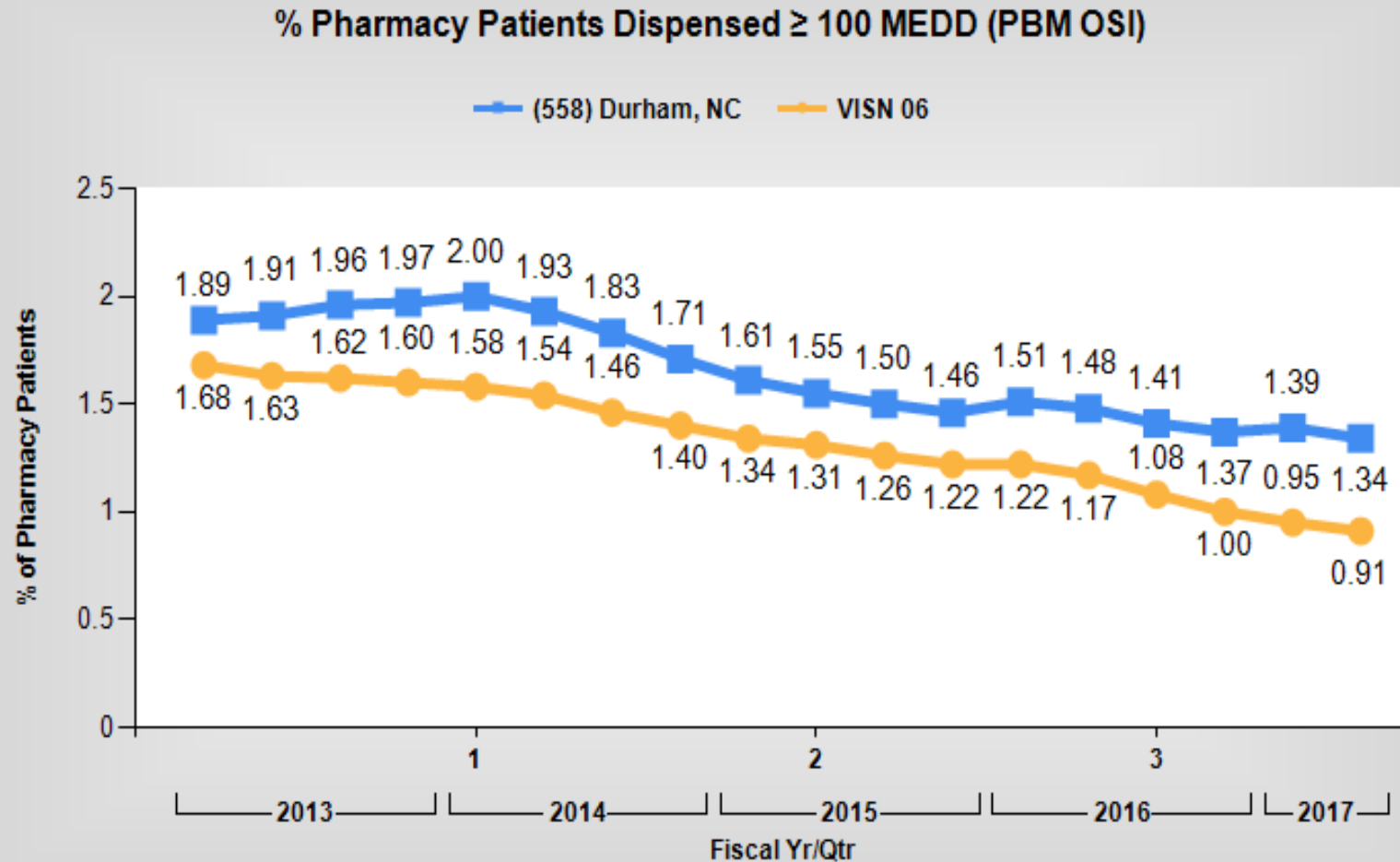
- Increased provider and patient awareness of risks
- Opioid safety agreements annually
- Promotes urine drug screening
- Promotes use of PMDB (prescription monitoring databases)
- Provides group and individual patient education on risks of chronic opiate use

OSI data : % patients prescribed opiates

% Pharmacy Patients Dispensed Opioids

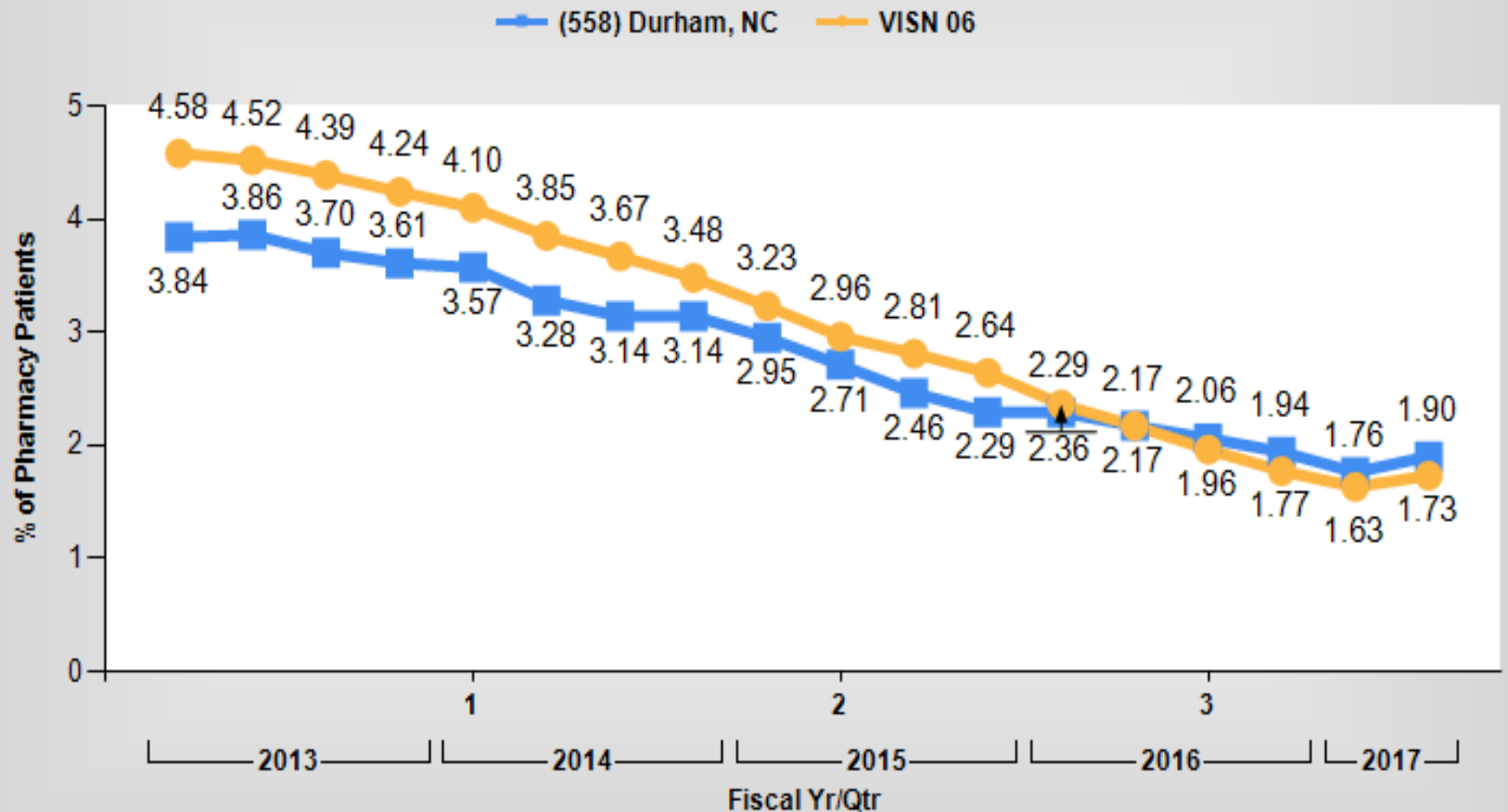


OSI data : high dose opiates prescribed



OSI data : concurrent opiates + benzos

% Pharmacy Patients Dispensed Overlapping Opioid + Benzo



Pain committee

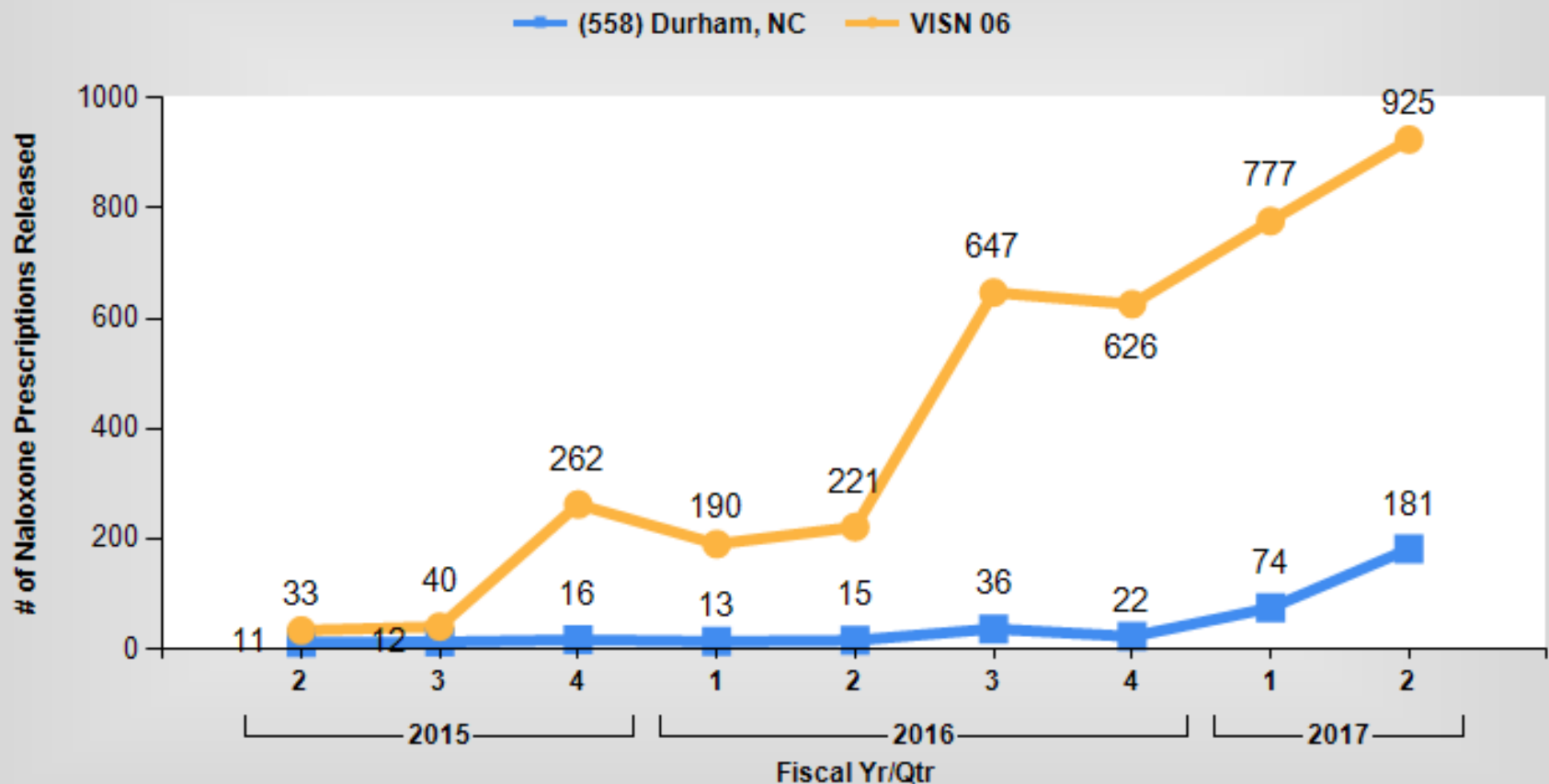
- Interdisciplinary team of MDs, pharmacists, nurses, and psychologists.
- Working together to identify and describe the problems surrounding pain management, opioid epidemic, and design and implementation of interventions.

OEND

- Implemented in 2014 by VA National
- VA's version of Project Lazarus
- Identify patients with risk factors for opioid overdose
- Provide education directly to patients and families on harm reduction
- Provide naloxone doses directly to patients and families to reverse overdoses

OEND data: # kits prescribed

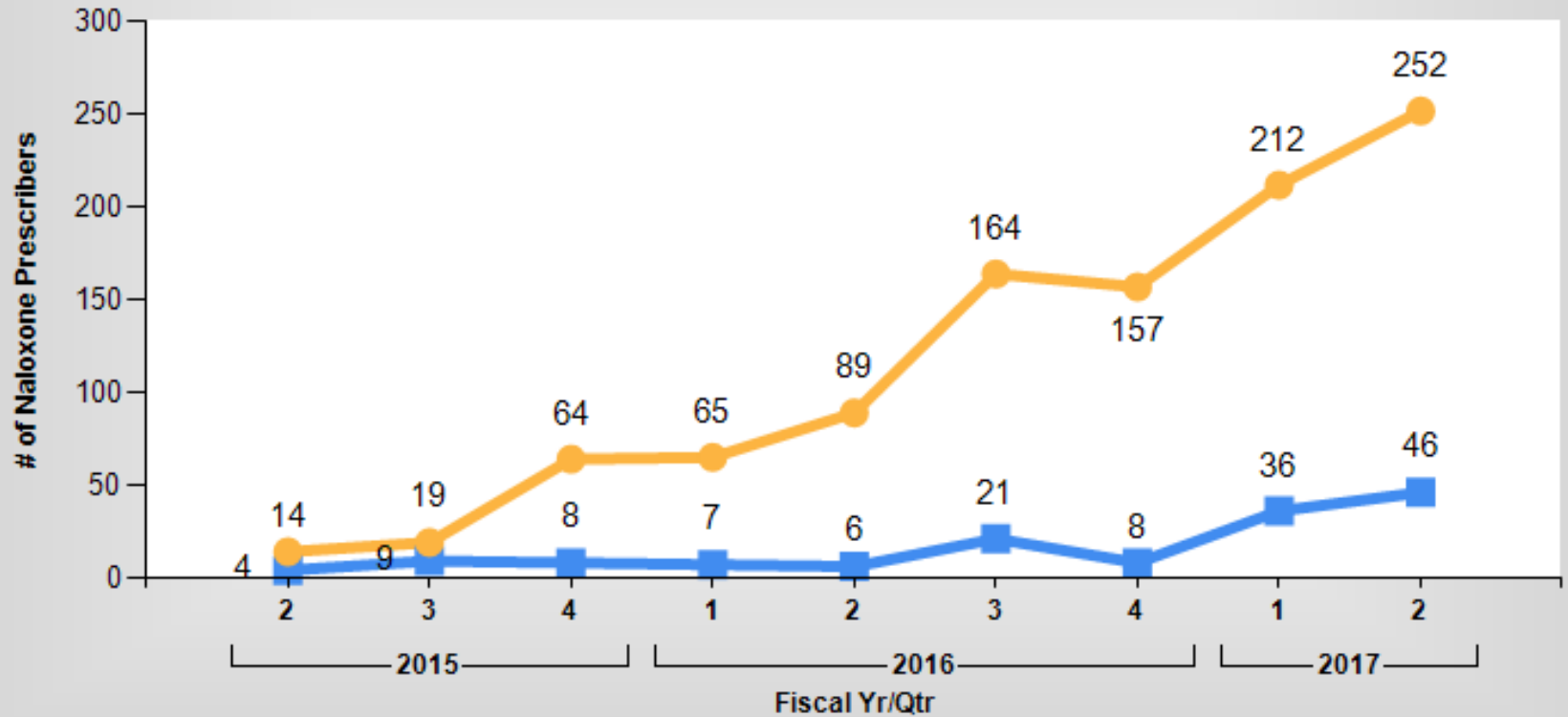
Naloxone Prescriptions Released by Quarter



OEND Data: # of naloxone prescribers

Naloxone Prescribers by Quarter

(558) Durham, NC VISN 06



OEND National Data

- Through fiscal year 2016, VHA dispensed 45,178 naloxone prescriptions written by 5693 prescribers to 39,328 patients who were primarily prescribed opioids or had opioid use disorder.
- As of February 2, 2016, there were 172 spontaneously reported opioid overdose reversals with the use of VHA naloxone prescriptions.

Substance Use Disorder (SUD) treatment at Durham VAMC + community clinics

- Medication Assisted Therapy (MAT) for Opioid Use Disorder
 - Buprenorphine/naloxone (Suboxone)
 - Depot Naltrexone (Vivitrol)
 - 5 MD prescribers, at least one at each clinic setting
- Psychosocial Treatment
 - Intensive Outpatient Program
 - Standard Outpatient Program
 - Contingency Management
 - Referral for residential treatment
- NVCC/Veteran's Choice for Methadone Maintenance Therapy
- Located at clinics in Durham, Raleigh, and Greenville as well as all medical centers within our VISN.

Adjunctive treatments

- Increasingly available with implementation of CHOICE program
 - Physical Therapy
 - Acupuncture

Psychotherapy

- Chronic pain management groups
 - Incorporate Cognitive Behavioral Therapy for Pain and Acceptance and Commitment Therapy elements.
 - Available in pain clinic, ambulatory care, and mental health/SUD clinics.

Summary

- High rates of prescription opiate misuse and use disorders in Veteran populations.
- Historically high rates of opiate prescriptions, opiates co-prescribed with benzodiazepines, and high doses of opiates prescribed to Veterans.
- The VA is taking multiple multidisciplinary approaches to address the problem including the Opioid Safety Initiative, Interdisciplinary Pain Committee, OEND, engagement in SUD treatment, and increasing access to adjunctive treatments for chronic pain.