



Few Disparities in Medical Treatment for Opioid Use Disorder after Non-Fatal Overdose, but Room for Improvement

CITATION: Essien U, Sileanu F, Zhao X, Liebschutz J, Thorpe C, Good C, Mor M, Radomski T, Hausmann L, Fine M, and Gellad W. [Racial/Ethnic Differences in the Medical Treatment of Opioid Use Disorders within the VA Healthcare System Following Non-Fatal Opioid Overdose](#). *Journal of General Internal Medicine*. January 21, 2020; ePub ahead of print.

BACKGROUND:

Recent evidence suggests that interventions to reduce the harms of opioid misuse, addiction, and overdose are markedly underused, including low rates of prescribing medications for opioid use disorder (MOUD). More concerning – and based on studies performed outside VA – among patients with non-fatal opioid overdoses, few receive MOUD, and opioid prescribing patterns frequently remain unchanged. This retrospective study assessed the association between race and ethnicity and patterns of opioid prescribing before and after a non-fatal opioid overdose – and also assessed the receipt of MOUD (i.e., buprenorphine, methadone, and naltrexone) following such events among a national cohort of VA patients. Using VA data, investigators identified 16,210 Veterans who were prescribed ≥ 1 opioid from July 1, 2010 to September 30, 2015 and who had a non-fatal opioid overdose. Investigators then examined the: 1) proportion of patients who received opioid fills, 2) mean number of days receiving an opioid, and 3) proportion of patients who received at least one day of high-dose opioid (>120 morphine milligram equivalents) in the 30 days before and 30 days after the overdose. They also examined receipt of a prescription for MOUD within 30 days after the index overdose.

FINDINGS:

- Among VA patients with a non-fatal opioid overdose, receipt of an opioid prescription decreased by 16-21 percentage points in the 30 days after overdose, but remained high, with no significant differences across racial and ethnic groups. After overdose, the frequency of receiving opioids was reduced by 18.3, 16.4, and 20.6 percentage points in whites, blacks, and Hispanics, respectively.
- Overall, MOUD prescribing in VA was very low in all racial groups in the 30 days after overdose, though statistically significantly higher in black and Hispanic patients. After overdose, 526 (3%) patients received MOUDs (3% white, 5% black, and 6% Hispanic). Blacks and Hispanics had significantly larger odds of receiving MOUDs than whites.

IMPLICATIONS:

- Findings demonstrate an opportunity to improve the quality of care for all patients with opioid use disorder, particularly in the vulnerable period around a non-fatal overdose event.

LIMITATIONS:

- Investigators examined overdoses from 2011 until 2015, and opioid and MOUD prescribing have both changed since that time due to increasing patient and provider recognition of the opioid crisis – and programs and policies to address it.
- Despite adjustment for baseline sociodemographic and clinical factors, the potential for unmeasured confounding of the relationship between race/ethnicity and post-overdose treatment is possible given the observational design of this study.

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