Medicaid patients continue high prescription opioid use after overdose

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Despite receiving medical attention for an overdose, patients in Pennsylvania Medicaid continued to have persistently high prescription opioid use, with only slight increases in use of medication-assisted treatment, according to a study published by *JAMA*.

For every fatal opioid overdose, there are approximately 30 nonfatal overdoses. Nonfatal overdoses that receive medical attention represent intervention opportunities for clinicians to mitigate risk by reducing opioid prescribing or advocating addiction treatment. Studies evaluating commercially insured patients suggest these potential interventions are underutilized. Julie M. Donohue, Ph.D., of the University of Pittsburgh Graduate School of Public Health, and colleagues used 2008-2013 claims data for all Pennsylvania Medicaid enrollees ages 12 to 64 years with a heroin or prescription opioid overdose to compare prescription opioid use, duration of opioid use, and rates of medication-assisted treatment (MAT; buprenorphine, methadone, or naltrexone) before and after an overdose event.

The analysis included 6,013 patients with an overdose event (2,068 with a heroin overdose and 3,945 with a prescription opioid overdose). The researchers found that any filled opioid prescription decreased after overdose from 43.2 percent to 39.7 percent after heroin overdose, and from 66.1 percent before to 59.6 percent after prescription opioid overdose. The percentage of enrollees with 90 days or more duration of prescription opioids decreased in the heroin group (from 10.5 percent to 9 percent) and the prescription opioid group (from 32.5 percent to 28.3

percent). MAT increased after heroin overdose from 29.5 percent to 33 percent and after prescription opioid overdose from 13.5 percent to 15.1 percent.

The authors write that these findings indicate "a relatively weak health system response to a life-threatening event. Several interventions have been shown to reduce overdose risk, including trigger notifications to clinicians for patients treated for overdose and emergency department-initiated naloxone education and distribution."

Study limitations include the focus on one state and the use of claims data, which may underestimate opioid use by only tracking prescriptions filled.

More information: *JAMA* (2017). jamanetwork.com/journals/jama/…1001/jama.2017.7818

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