

# Care following opioid overdoses in West Virginia falls short

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Only a small fraction of people who had non-fatal opioid overdoses in West Virginia received treatment in the aftermath, a new study led by researchers at the Johns Hopkins Bloomberg School of Public Health

suggests. The finding, the authors say, represents a missed opportunity to prevent future fatal overdoses in a state that leads the nation in these deaths.

West Virginia's overdose death rate is currently four times the national average. However, study leads Brendan Saloner, Ph.D., assistant professor in the Bloomberg School's departments of Health Policy and Management and Mental Health, and Neel Koyawala, a medical student at the Johns Hopkins University School of Medicine, say it's unclear what happens to people who are at the greatest risk of suffering a fatal overdose: those who overdose and survive.

The paper was published online Jan. 28 in the *Journal of General Internal Medicine*.

The researchers report that only about 10 percent of those who experienced a non-fatal overdose received recommended treatment afterward, including medications for opioid use disorder such as buprenorphine, follow-up visits to [health](#) care providers for opioid use disorder, and mental health counseling. When they looked at the data month over month, they saw that office visits for opioid use disorder spiked in the month following an overdose. However, after that, they leveled off to pre-overdose trends. At 12 months post-overdose, only 7.3 percent of these individuals were taking buprenorphine.

"A non-fatal opioid overdose is a significant life event, and it represents an opportunity for the health care system to step in to help prevent future deaths," says Saloner. "Our findings indicate that many people are missing the lifesaving opportunity to start treatment."

For the study, the researchers collected West Virginia Medicaid claims data for individuals enrolled under the Affordable Care Act expansion between 2014 and 2016. The research team identified opioid overdoses

in the claims data using diagnosis codes for opioid poisoning. They then searched for codes for opioid use disorder and counseling specific to addiction, diagnoses for mental health [disorders](#) and drug prescriptions in the six months prior to overdose and the 12 months following.

They identified 301 people who had a non-fatal opioid overdose during this time frame. This group of individuals was 60 percent male and 91 percent non-Hispanic white with a mean age of 34.5 years. More than half had a diagnosis of depression, anxiety disorder, bipolar disorder or schizophrenia, but overdoses were not followed by improved mental health medication treatment.

Overdoses did not substantially lead to improved mental health treatment or treatment for opioid use disorder. Those in the study were less likely to receive mental health counseling in the 12 months following an overdose than they were in the three months prior to an overdose.

"It's important not only to connect people with care at the point of overdose but to follow them over time," says Koyawala, who is also a trainee at the Center for Mental Health and Addiction Policy Research in the Bloomberg School's Department of Health Policy and Management. "Looking at these data, it's clear that's not happening for the vast majority of patients who experience an opioid overdose."

Saloner adds that this situation isn't unique to West Virginia. Other studies suggest that providing recommended treatment after an opioid overdose is a nearly universal problem across the country.

However, Koyawala says, a variety of policy changes could help patients receive the care they need. "It's important not to take these findings as a reflection of how things have to be," he says. "There's a lot that can be done to improve both people's opioid use disorder and co-existing psychiatric conditions."

For example, some states have achieved promising results with pilot studies in which more comprehensive care programs start right in the hospital emergency room while patients are being treated for non-fatal overdoses. Other effective programs are helping to reduce the stigma that often stymies effective treatment by using peer counselors—former patients with [opioid](#) addictions who can help current patients with a personal perspective.

"Our key message is that we can be better and we must be better. There is no choice, really," says Saloner. "There's a lot of talk about how we need to get serious on this issue and get death rates to go down. But if people aren't getting appropriate [treatment](#) in the aftermath of an [overdose](#), we're setting many up for failure."

**More information:** Neel Koyawala et al, Changes in Outpatient Services and Medication Use Following a Non-fatal Opioid Overdose in the West Virginia Medicaid Program, *Journal of General Internal Medicine* (2019). [DOI: 10.1007/s11606-018-4817-8](https://doi.org/10.1007/s11606-018-4817-8)

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