



**DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington, DC 20420**

**IL 10-2014-12
Reply to: 10P4**

May 13, 2014

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

**IMPLEMENTATION OF OPIOID OVERDOSE EDUCATION AND NALOXONE
DISTRIBUTION (OEND) TO REDUCE RISK OF OPIOID-RELATED DEATH**

1. Drug poisoning deaths related to opioid analgesics (e.g., oxycodone, methadone, morphine) more than quadrupled in the U.S. population from 1999 to 2010, increasing from 4,030 to 16,651. Among VA patients, the rate of overdose mortality associated with non-synthetic opioids (e.g., hydrocodone) and methadone increased significantly between 2001 and 2009. In fiscal year 2011, 667 VA patients who were seen within the previous 2 years died of a documented opioid overdose; an additional 920 died of an overdose on an unspecified drug that may have involved opioids. In fiscal year 2013, there were 17,124 VA patients with encounters for opioid poisoning as indicated by International Classification of Diseases, Ninth Revision (ICD-9) diagnosis and E codes for poisoning, accidental poisoning, adverse events in therapeutic use with opioids.
2. VA is actively engaged in promoting safe and effective practices in the management of pain. In partnering with Veterans, VA is focused on exploring all options to manage the chronic pain experienced by so many Veterans. It is clear, however, that overdoses of medications, including opioid medications, present a significant public health concern. In addition, Veterans who have misused opioids in the past, prescribed and non-prescribed, are at risk for opioid overdoses as well. In an effort to prevent fatal and non-fatal opioid overdoses, VA will begin to offer overdose education and naloxone distribution (OEND) to at risk Veterans. The Medical Advisory Panel (MAP) and Veterans Integrated Service Network (VISN) Pharmacist Executives (VPE) Committees will review and approve "Recommendations for Issuing Naloxone Kits for the VA Overdose Education and Naloxone Distribution (OEND) Program". The recommendations will include guidance on identifying Veterans at risk of an opioid overdose and will be posted on <http://www.pbm.va.gov>.
3. Naloxone is a highly effective treatment for opioid overdose. If administered properly at the time of overdose, naloxone reverses overdose symptoms and saves lives. Within public health programs, OEND models targeting high-risk persons and their significant others have reduced overdose rates in targeted populations and communities. These OEND models provide persons at risk of overdose and their significant others with education on preventing, recognizing, and responding to an opioid overdose, along with a naloxone kit with instructions for safe administration. Studies of initial use of OEND targeting persons with opioid use disorders or opioid misuse demonstrated significant reductions in mortality as well as cost-effectiveness.

Based on this success, programs additionally targeting high-risk patients receiving opioid medication have been developed.

4. VA providers should consider providing OEND to Veterans who are at significant risk of opioid overdose. Clinical judgment about risk/benefit and patient-centered care involving Veterans and their significant others in shared decision-making should guide decisions on provision of OEND.

5. Kits for intranasal and intramuscular OEND will be made available via the VA National Formulary process. The kits will be dispensed primarily by VA's Consolidated Mail Outpatient Pharmacies (CMOPs). Details on kit components and patient education inserts for these kits will be available on the Pharmacy Benefits Management (PBM) Services intranet Web site at: <https://vaww.cmopnational.va.gov/cmop/PBM/Clinical%20Guidance/Forms/AllItems.aspx>.
NOTE: *This is an internal VA Web site that is not available to the public.*

6. Educational, informational and implementation resources are available to all VA staff via the OEND SharePoint. The link to this SharePoint is: <https://vaww.cmopnational.va.gov/CR/MentalHealth/OEND/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

a. Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Overdose Prevention toolkit contains additional materials to facilitate implementation and education at: <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742>.

b. Some existing community OEND programs can be located at: <http://hopeandrecovery.org/locations/>.

7. Prescription of OEND kits, documented overdose, and overdose mortality will be tracked nationally to evaluate program implementation and effectiveness. We encourage clinicians to document identified opioid poisonings and overdoses in the medical record using ICD-9 and eventually ICD-10 codes. Information on coding of opioid overdose is available on the OEND SharePoint.

8. Questions about this Information Letter may be directed to Michael Valentino, Chief Consultant, Pharmacy Benefits Management Services at, 202-461-7360 (regarding kits and prescription fulfillment issues) or Daniel Kivlahan, National Program Director, Addictive Disorders, Mental Health Services at, 206-768-5483 (regarding substance misuse, overdose risk assessment, etc.).

9. References:

a. Warner, M, Chen L. H., Mkuc D. M., Anderson R. N., & Miniño A. M.. (2013). Number of deaths from poisoning, drug poisoning, and drug poisoning involving opioid analgesics—United States, 1999-2010. *Center for Disease Control and Prevention Morbidity and Mortality Weekly Report, March 29, 2013, 62(12), 234.*

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b. Bohnert, A.S.B., Ilgen, M.A., Trafton, J.A., Kerns, R.D., Eisenberg, A., Ganoczy, D., & Blow, F.C. (in press). Trends and regional variation in opioid overdose mortality among Veterans Health Administration patients, fiscal year 2001 to 2009. *Clinical Journal of Pain*.

c. Walley, A.Y., Xuan, Z., Hackman, H.H., Quinn, E., Doe-Simkins, M., Sorensen-Alawad, A., Ruiz, S., & Ozonoff, A. (2013). Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: Interrupted time series analysis. *British Medical Journal*, 346, f174.

d. Albert, S., Brason II, F.W., Sanford, C.K., Dasgupta, N., Graham, J., & Lovette, B. (2011). Project Lazarus: Community-based overdose prevention in rural North Carolina. *Pain Medicine*, 12, 2:S77-S85.

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