

# The American Opioid Epidemic in Special Populations: Five Examples

The United States is in the midst of an unprecedented crisis of prescription and illicit opioid misuse, use disorder, and overdose. Although the crisis has affected large swaths of the U.S. population, it has impacted certain segments of the population with an extra level of intensity—justice-involved populations, rural populations, veterans, adolescents and young adults, and people who inject drugs. Research has clearly shown that solutions for the opioid overdose epidemic are not one size fits all, and special attention should be paid to these populations that may be suffering unduly.

The discussion paper “The American Opioid Epidemic in Special Populations: Five Examples” focuses on these five identified populations and, for each, reviews why the population is an important area of focus, current barriers encountered in accessing care, promising approaches in supporting this population, and high-impact research and action priorities.

## The Importance of Veterans

The prevalence of opioid use disorder (OUD) among Veterans Health Administration (VA)-treated veterans is almost seven times that of the commercially insured, and veterans are more likely than the general population to have risk factors for OUD and overdose. Veterans - deployed and non-deployed alike - are at heightened risk of misusing prescription opioids to treat service-related injuries. Veterans experience many of the same barriers to OUD treatment as the general population, including stigma from multiple sources and geographic challenges. Fortunately, those veterans treated in the VA system do benefit from some of its unique attributes. For example, substance use disorder (SUD) treatment is part of the medical benefits of every enrolled veteran and VA SUD treatment programs must offer OUD medication (at a minimum, either buprenorphine or methadone) and treatment of co-occurring mental conditions.

**Among veterans, pain is often complicated by high rates of mental illness, including SUDs, which increases the risk of misusing opioids to treat pain, depression, and serious mental illness.**

## Promising Approaches for Veterans

- Leveraging electronic health record data to develop decision-support tools, as the VA has done with the Stratification Tool for Opioid Risk Mitigation (STORM), STORM assists clinicians in identifying veterans at risk of opioid-related adverse events, implementing risk-mitigation strategies like urine drug testing and naloxone prescribing, offering non-opioid pain management options like exercise, and offering medication for OUD
- Increasing education for VA providers, including through the VA's Medication Addiction Treatment initiative, which provides education to VA providers across the country
- Improving the safety and effectiveness of medications for opioid use disorder (MOUD) through initiatives such as the Psychotropic Drug Safety initiative, which provides informatics tools and leadership consultation to enhance MOUD safety and effectiveness
- Using Academic Detailing to provide peer-to-peer education for prescribers, as a means to decrease unnecessary or inappropriate opioid, benzodiazepine, or combined prescribing
- Increasing funding for treatment with MOUD, as the VA is doing through specific efforts supported by the VA Quality Enhancement Research Initiative

## Research and Action Priorities for Veterans

- Expanding access to and improving processes for the administration of MOUD for veterans in primary care settings
- Strengthening collaborations between the Department of Defense and the VA to improve OUD prevention and treatment for transitioning veterans, particularly those with service-related painful conditions
- Piloting telehealth programs that can reach veterans in rural areas
- Advancing interactive and effective provider education tools to improve evidence-based OUD care delivery

**SOURCE:** Blanco, C., M. M. Ali, A. Beswick, K. Drexler, C. Hoffman, C. M. Jones, T. R. A. Wiley, and A. Coukell. 2020. The American Opioid Epidemic in Special Populations: Five Examples. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202010b>

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