Do state policies affect rates of high-risk opioid prescribing?

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THE ISSUE

Multiple state policies such as prescription drug monitoring programs, pain clinic laws, and limits on the duration of initial prescriptions have been implemented to reduce clinically unnecessary opioid prescribing. Studies show that many policies do decrease some opioid prescribing, but evidence is scant about whether the policies are affecting high-risk prescribing practices associated with poor clinical outcomes.

STUDY FOCUS

Using national pharmacy claims from 2007 to 2018, the OPTIC team identified high-risk initial opioid prescribing, defined as >7 days' supply; >90 average daily morphine milligram equivalents (MME--a numerical standard against which most opioids can be compared); or concurrent opioid and benzodiazepine prescriptions. The team explored whether state policies were associated with decreases in high-risk prescribing.

KEY FINDINGS

- Mandatory PDMPs and initial prescription duration limits were associated with reductions in initial prescriptions >7 days, which dropped from 24% in 2007 to 15% in 2018. But no other policies affected this outcome.

- Decline in initial prescriptions with daily MME >90, from 13% in 2007 to 2% in 2018, was consistently associated with pain clinic laws but not with the other policies that the team assessed.

- The rate of initial opioid prescriptions that were concurrent with a benzodiazepine prescription changed little from 2007 to 2009 overall, but there was a significant reduction in states that implemented pain clinic laws.

IMPLICATIONS FOR POLICY

Mandatory PDMPs, pain clinic laws, and limits on the duration of initial prescriptions are all effective, but they decrease different kinds of high-risk opioid prescribing. Policymakers who are considering new policies should think through how they can target the policy to have the greatest effect on the outcome(s) they most want to achieve.

Stein, B. D., Sheng, F., Taylor, E. A., Dick, A. W., Sorbero, M., & Pacula, R. L. (2022). The effect of state policies on rates of high-risk prescribing of an initial opioid analgesic. *Drug and Alcohol Dependence*, 231, 109232.