Drug monitoring programs reduce opioid deaths, study finds

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The implementation of state prescription drug monitoring programs was associated with the prevention of approximately one opioid-related overdose death every two hours on average nationwide, according to a new Vanderbilt-led study released June 22 in the journal *Health Affairs*.

States with the most robust programs saw the greatest reduction in overdose deaths: these states monitored and tracked a greater number of substances with abuse potential and updated their data more frequently (at least weekly).

Over the last two decades, the sales of prescriptions for opioids like oxycodone and hydrocodone have quadrupled. From 1999 to 2014, more than 165,000 people died in the U.S. from overdoses related to prescription opioids, according to the Centers for Disease Control and Prevention.

In response to the epidemic, many states created prescription drug monitoring programs to monitor high-risk patients and provider behaviors. Today, 49 states—all but Missouri—have such programs, but there have been conflicting data about the programs' effectiveness.

In this study, "Implementation of Prescription Drug Monitoring Programs Associated with Reductions in Opioid-Related Death Rates," the authors analyzed mortality data and data on states' prescription drug monitoring programs from 1999 to 2013 to test if programs were effective in reducing the number of opioid-related overdose deaths.
Researchers' analysis revealed that states with the most robust programs saw reductions of 1.55 fewer deaths per 100,000 population compared to states without such monitoring programs.

"Today, opioid overdose deaths are more common than deaths from car crashes. Our study provides support that prescription drug monitoring programs are part of what needs to be a comprehensive approach to the prescription opioid epidemic," said lead author Stephen W. Patrick, M.D., MPH, M.S., assistant professor of Pediatrics and Health Policy in the Division of Neonatology at Monroe Carell Jr. Children's Hospital at Vanderbilt.

"This work is important not only because it demonstrates that prescription drug monitoring programs can save lives, but also because it shows that there are specific actions that states can take to strengthen their programs," said Melinda Buntin, Ph.D., professor and chair of the Department of Health Policy at Vanderbilt University and senior author of the study.

Vanderbilt researchers worked with Timothy F. Jones, M.D., state epidemiologist for the Tennessee Department of Health, who oversees opioid-related research and analyses of the state's prescription drug monitoring data. Tennessee implemented its monitoring program in December 2006.

"Tennessee is one of the states most severely affected by the opioid epidemic," said Jones. "The opioid epidemic affects all segments of our society. It is not limited to one part of the state or one social group. It affects all of us—our friends, families, co-workers, people that we would never expect to be involved. All of us have a role to play in combatting it."

The study authors estimate that if Missouri implemented a monitoring
program and other states enhanced existing programs with more robust features, there would be more than 600 fewer overdose deaths nationwide in 2016, or about two deaths prevented each day.

"Congress is currently considering legislation to bolster the U.S. public health response to the opioid epidemic. Our findings suggest that investments in upgraded prescription drug monitoring programs will pay dividends in lives saved," said Patrick.

Provided by Vanderbilt University Medical Center

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