

State opioid laws appear to have no impact on prescribing for 1 vulnerable population

June 23 2016

A new study by researchers from The Dartmouth Institute of Health Policy and Clinical Practice and UCLA School of Law found state laws aimed at curbing prescription opioid abuse have had no measurable effect on opioid use by a vulnerable population with high rates of use.

Responding to a fourfold rise in death rates between 2006 and 2012, states collectively enacted 81 laws restricting prescribing and dispensing of prescription opioids. Jill Horwitz, PhD, JD, said "states hoped passing a range of laws might help. So they are enacting small fixes—forbidding patients from "doctor-shopping," and requiring doctors to use tamper-resistant prescription forms. They are also implementing major efforts such as prescription drug monitoring programs (PDMPs)—online databases that allow law enforcement and clinicians to monitor prescriptions."

The researchers analyzed the effects of these laws on prescription [opioid](#) use in a national [population](#) of 2.2 million disabled Medicare beneficiaries ages 21 to 64. Their analysis revealed no significant association between state laws and hazardous prescribing patterns, such as, very high daily opioid doses (equal to 120 mg or more of morphine) and rate of nonfatal overdose. States introducing multiple laws (three or more from 2006-2012) experienced lower growth in the population receiving opioids chronically, or from multiple prescribers, but the impact was small and not statistically significant.

"We studied a particularly vulnerable population, disabled Medicare

beneficiaries. They have higher rates of opioid use, poverty and complex medical conditions compared to the general U.S. population," said Dartmouth Institute Professor Ellen Meara, PhD, the study's lead author. "Because of their high rate of death from prescription opioid overdose, they could have benefited from effective regulation." (In 2008, death rates from prescription opioid overdose in the study sample were nearly 10 times the U.S. rate: 46.6 versus 4.8 per 100,000.)

"However, the laws appear weak and slow relative to the epidemic they aim to curb," Meara said.

Laws strengthened since 2012 may have a bigger impact. Since 2012, 20 states have begun to require prescribers to consult the PDMP before prescribing controlled substances to new patients. The authors plan to examine that next.

"Successful prescription opioid regulation should strike the hard balance between controlling misuse and fostering compassionate pain management. Clinicians need to carefully consider their role in prescription opioid misuse and overdose," said Nancy Morden, MD, senior author and primary care physician.

"Opioid abuse is a growing threat to public health; prescription drug monitoring programs (PDMPs) and other laws are costly," Meara added. "Our findings indicate they don't do much to curb opioid abuse or overdose, at least in this vulnerable population. States might invest more resources in evaluating the effectiveness of legislation."

More information: Ellen Meara et al, State Legal Restrictions and Prescription-Opioid Use among Disabled Adults, *New England Journal of Medicine* (2016). [DOI: 10.1056/NEJMs1514387](https://doi.org/10.1056/NEJMs1514387)

Provided by The Dartmouth Institute for Health Policy & Clinical Practice

Citation: State opioid laws appear to have no impact on prescribing for 1 vulnerable population (2016, June 23) retrieved 8 May 2024 from <https://medicalxpress.com/news/2016-06-state-opioid-laws-impact-vulnerable.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.