

# State opioid monitoring programs are not created equal

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Credit: University of Michigan

States that have struggled with opioid abuse might want to take a look at prescription drug monitoring programs in Kentucky, New Mexico, Tennessee and New York—states that have significantly reduced opioid

dosages, according to a new University of Michigan study.

While most states currently have prescription drug [monitoring](#) programs, not all are created equal, says Rebecca Haffajee, assistant professor of health management policy at the U-M School of Public Health and lead author of a study that examines prescription drug monitoring programs in all 50 states.

The study, published in *Health Affairs*, shows that Kentucky, New Mexico, Tennessee and New York all have robust prescription drug monitoring programs that have significantly reduced [opioid](#) dosages and the number of opioid fills. Kentucky has exhibited the most dramatic and consistent decreases along all outcomes—20-40 percent relative reductions in high opioid dosages (over 100 mg morphine milligram equivalents daily).

"For states that haven't implemented robust features and want to reduce the dosages of opioids prescribed, they might consider modeling their programs after some of these robust programs—particularly Kentucky's, because that's where we saw the greatest reductions," Haffajee said.

"But we would caution that any reductions in opioid prescriptions or dosages must be accompanied by careful clinical oversight—such as supervised tapers and referral to addiction treatment when indicated—so that patients don't suffer potential unintended consequences of reductions in their prescription opioid supply."

Haffajee and colleagues reviewed prescription drug monitoring program laws to identify states that had at least eight of 10 features that facilitate prescribers' access to comprehensive and timely data. These features included mandates that prescribers check the monitoring database, weekly updates of dispensing data, mandatory (or automated) registration for prescribers, and allowing prescribers to designate

delegates to check the prescription drug monitoring program registry.

"We felt that that there was synergy between many of the program features, so to look at just one feature, as some studies have done, and then attribute any findings to that one feature seemed to be missing the overall picture of the programs," Haffajee said. "We thought it was important to look at the programs holistically."

After identifying Kentucky, New Mexico, Tennessee and New York as intervention states with robust programs, researchers selected neighboring comparison states that had similar outcome trends before the implementation of the programs. The study looked at adults with commercial insurance, who account for more than half of opioid prescriptions in many [states](#).

"Every state has a prescription drug monitoring program except for Missouri, but many still lack robust [features](#)," Haffajee said. "If a state implements a robust prescription [drug](#) monitoring [program](#), it will probably reduce the proportion of commercially insured adults who receive opioid prescriptions, as well as the strength of those [prescriptions](#)."

Other authors of the study included J. Frank Wharam and Fang Zhang, professors of population medicine at Harvard University and the Harvard Pilgrim Health Care Institute; Michelle Mello, professor of law and health research and policy at Stanford University; Alan Zaslavsky, professor of health care policy at Harvard; and Marc Larochelle, assistant professor of medicine at Boston Medical Center.

**More information:** Rebecca L. Haffajee et al. Four States With Robust Prescription Drug Monitoring Programs Reduced Opioid Dosages, *Health Affairs* (2018). [DOI: 10.1377/hlthaff.2017.1321](https://doi.org/10.1377/hlthaff.2017.1321)

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