

Opioids and tranquilizers still frequently prescribed to patients with alcohol use disorder in NY

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Prescribing rates of opioids and tranquilizers to people undergoing treatment for alcohol abuse in New York remains high, despite public efforts to curb prescribing practices, according to a new University at Buffalo-led study.

The report, published this year in the *Journal of General Internal*

Medicine, found that in the five years following the implementation of New York State's Internet System for Tracking Over-Prescribing (I-STOP) program in 2013, [opioid](#) prescribing rates to people with [alcohol use disorder](#) slightly fell from 25% to 21% of patients. Prescribing rates of benzodiazepine (also known as tranquilizers), as well as the combination of opioids and benzodiazepine, to this population remained the same at nearly 10% and 3% of patients, respectively.

Rates of prescription were the highest among patients who were female, white or lived in rural regions. Prescribing rates in New York were the highest in the Capital region and were lowest in the state's Metropolitan region.

"Individuals with co-occurring [alcohol](#) use disorder and opioid use disorder report high rates of benzodiazepine use. These findings are disconcerting given the synergistic effects of sedating substances such as alcohol and benzodiazepines and the effects of opioids on [respiratory depression](#)," says lead investigator David Jacobs, PharmD, Ph.D., assistant professor of pharmacy practice in the UB School of Pharmacy and Pharmaceutical Sciences.

"Novel approaches are required to reduce opioid and benzodiazepine prescribing to those with alcohol use disorder to prevent overdoses and, ultimately, death. Information regarding prescribing patterns for these substances could help policymakers in addressing the increased risk of death from their co-use."

Alcohol use disorder impacts nearly 17 million people in the United States and is linked to a higher risk of misusing substances, including opioids and benzodiazepines. Past reports have found that more than 20% of opioid- and benzodiazepine-related deaths involved alcohol, says Jacobs.

Over the past decade, [opioid misuse](#) has led to most U.S. states adopting prescription monitoring programs to detect high-risk prescribing and drug-seeking behavior. Opioid prescriptions in New York have declined overall following the implementation of I-STOP, and this has extended to patients with alcohol use disorder, says Jacobs.

The researchers analyzed data from the New York State Office of Addiction Services and Supports and New York State Department of Health Medicaid Data Warehouse. Annual prescribing rates between 2005–12 were compared with rates from 2013–18, the periods separated by the enactment of I-STOP in 2013. More than 148,000 subjects were included in this study.

More information: David M. Jacobs et al, Trends in Prescribing Opioids, Benzodiazepines, and Both Among Adults with Alcohol Use Disorder in New York State, *Journal of General Internal Medicine* (2022). [DOI: 10.1007/s11606-022-07682-3](https://doi.org/10.1007/s11606-022-07682-3)

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