

Easier access to opioid painkillers may reduce opioid-related deaths

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Buprenorphine. Credit: Pixabay/CC0 Public Domain

Increasing access to prescription opioid painkillers may reduce opioid overdose deaths in the United States, according to a new Rutgers study.

"When access to prescription opioids is heavily restricted, people will seek out opioids that are unregulated," said Grant Victor, an assistant professor in the Rutgers School of Social Work and lead author of the study published in the *Journal of Substance Use and Addiction Treatment*. "The opposite may also be true; our findings suggest that restoring easier access to [opioid pain medications](#) may protect against fatal overdoses."

America's opioid crisis has evolved across several waves, with each increasingly fatal. Wave one, which began in the 1990s, was associated with [overdose deaths](#) because of the misuse of opioid medications.

A policy implemented during the initial wave was the creation of prescription drug monitoring programs (PDMPs), state-based initiatives that track controlled substance prescribing. While the policy made it more difficult to access prescription opioids and rates of prescribing did decrease, it had the unintended consequence of pushing people toward off-market opioids, raising the risk of accidental death, said Victor.

This led to wave two of the crisis, a surge in heroin-related deaths, beginning around 2010, followed by wave three (which started in 2013), fueled by synthetic opioids such as fentanyl.

To measure trends and sociodemographic disparities in access to buprenorphine—a common treatment for opioid use disorder—and opioid painkillers, the researchers examined toxicology data, death records, and available PDMPs from 2,682 accidental overdose deaths that occurred from 2016 to 2021 in Indianapolis, Indiana.

The researchers found fewer than half of all decedents (43.3%) had a PDMP record of any kind, meaning they didn't even try to access [prescription opioids](#). Of the 10.6% that had been prescribed buprenorphine, most (64.7%) were prescribed treatment more than 30 days prior to death, suggesting they were not actively seeking treatment.

Victor and collaborators also found racial disparities in buprenorphine and opioid prescription trends, with dispersal for Blacks significantly lower than whites (7.3% and 21.9% versus 92.7% and 77.7%, respectively).

"Buprenorphine uptake is associated with significantly reduced rates of nonfatal and fatal overdose," the researchers wrote. "Despite these positive treatment outcomes, several barriers remain to the widespread uptake of [medications for opioid use disorder] in the United States," such as stigma and cost.

"For these reasons, a lack of adequate buprenorphine prescribing, combined with reductions in the availability of opioid analgesics, have left individuals contending with [[opioid use disorder](#)] at an elevated risk of [overdose](#)," they concluded.

Given these trends and past research, Victor said it is time to re-evaluate policies that make it nearly impossible to obtain [opioid](#) prescriptions, even for those with a legitimate need.

"A big reason that we have such a problem with addiction in this country is because people can't access legitimate pain medication," he said. "Our findings support a change in policy."

More information: Grant Victor et al, Buprenorphine and opioid analgesics: Dispensation and discontinuity among accidental overdose fatalities in the Indianapolis metropolitan area, 2016–2021, *Journal of Substance Use and Addiction Treatment* (2023). [DOI: 10.1016/j.josat.2023.209053](https://doi.org/10.1016/j.josat.2023.209053)

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