



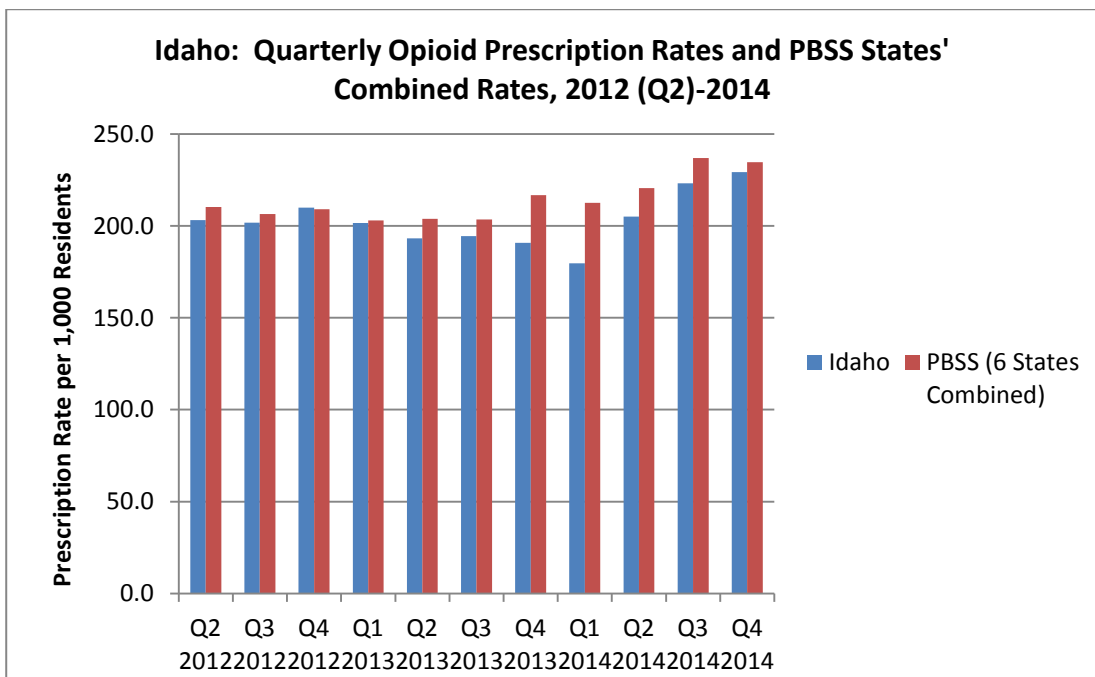
PBSS Data Brief

Patient Risk Measures for Controlled Substance Prescriptions in Idaho, 2012-2014

Summary: The drug overdose death rate in Idaho increased from 11.9 per 100,000 residents in 2012 to 13.4 in 2013. Of the 207 deaths reported in 2013, 66 (32%) involved prescription opioids. Based on information from the Idaho Prescription Monitoring Program, prescription rates in Idaho for opioids rose somewhat from 2013 to 2104, while remaining below the combined rates for six other states participating in the Prescription Behavior Surveillance System (PBSS, Figure 1). Mean daily dosages for some major opioids showed modest declines from 2012 to 2014 (Figure 2). Rates of multiple provider episodes, a measure of risk for drug misuse, abuse and overdose (sometimes referred to as possible doctor or pharmacy shopping) fluctuated during this period (Figure 3).

Figure 1. From Q2 of 2012 through 2014, quarterly prescription rates for opioids in Idaho were somewhat below the combined rates for six other PBSS states (shown as rate per 1,000 residents). From 2012 to 2014, the annual opioid prescription rate per 1,000 residents in Idaho rose slightly, from 817 to 837 (data not shown). In 2014, the annual prescription rates for Idaho compared to the PBSS states' combined rates were lower for opioids (837 and 905, respectively), stimulants (213 and 251, respectively) and benzodiazepines (334 and 521, respectively) (data not shown).

Idaho's PDMP
Idaho's Prescription Drug Monitoring Program, housed in the Idaho Board of Pharmacy, is one of 11 PDMPs currently participating in PBSS. For further information, please visit http://bop.idaho.gov/



About PBSS
The Prescription Behavior Surveillance System (PBSS) provides epidemiological analyses of de-identified data from state prescription drug monitoring programs to help target and evaluate interventions aimed at reducing prescription drug abuse and diversion. For further information, see the PBSS webpage at http://www.pdmpexcellence.org/.

Figure 2: From 2012 to 2014, mean daily dosage per prescription by quarter declined steadily for fentanyl LA (long acting), morphine LA, and methadone. Daily dosages are in morphine milligram equivalents (MMEs).⁴ The percentage of patients receiving more than 100 MMEs daily from all opioids prescribed, a risk factor for overdose, declined from 12.3% in 2012 to 10.3% in 2014, while the mean daily dosage measured annually for any opioid fell from 67.0 MME in 2012 to 64.2 in 2014 (data not shown).

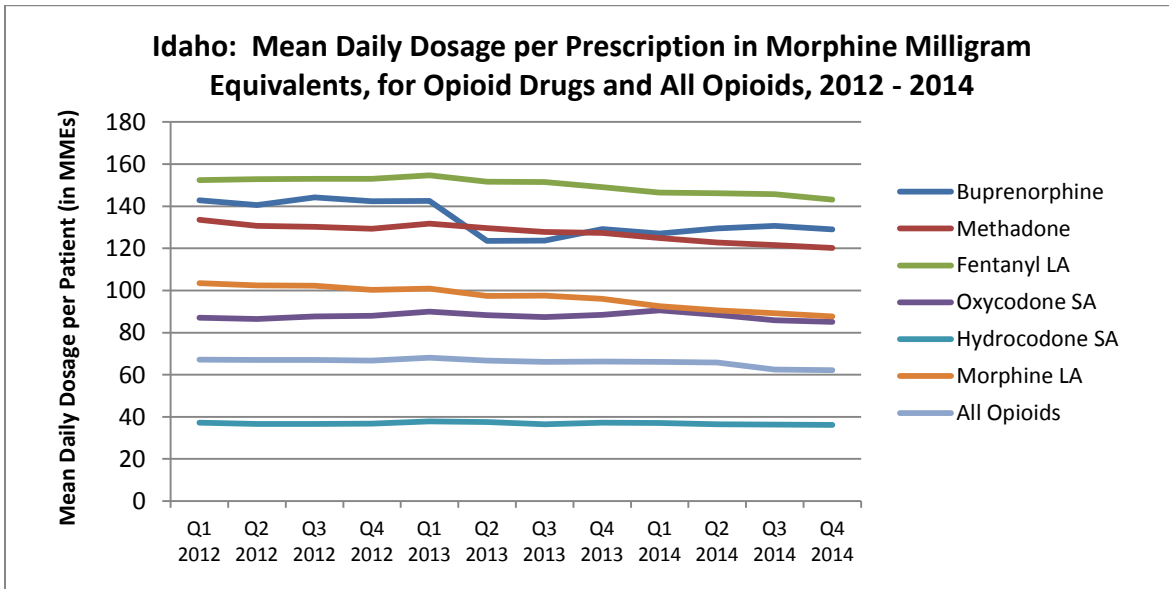
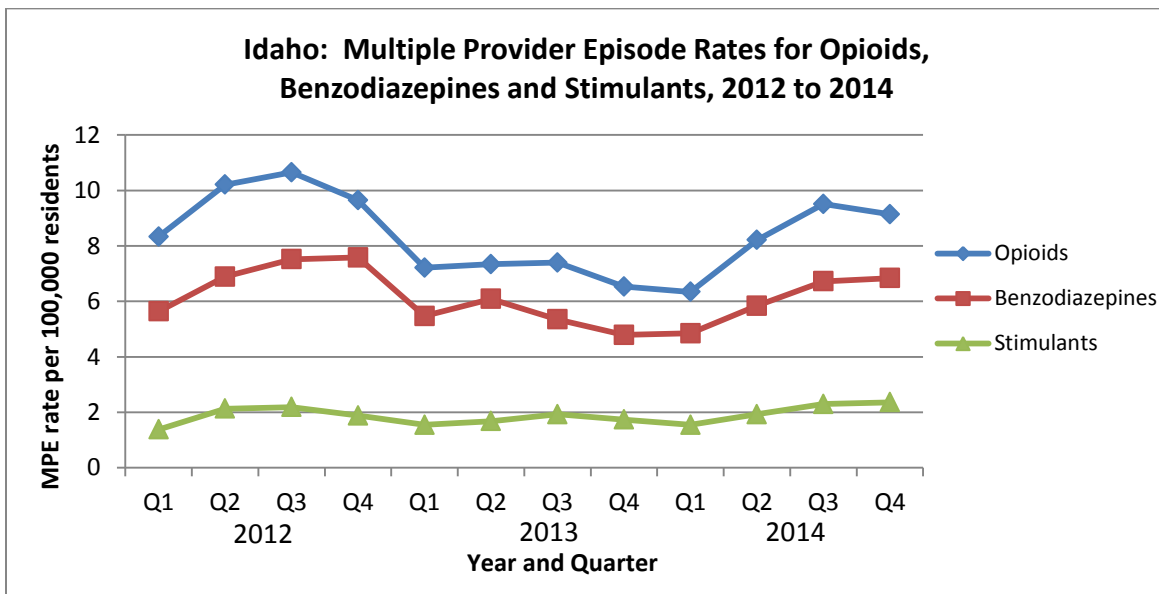


Figure 3. For the period from 2012 to 2014, quarterly multiple provider episode (MPE) rates⁵ in Idaho fluctuated with no clear trend. However, rates were consistently higher for opioids than for benzodiazepines and stimulants.



This Data Brief is a joint publication of PBSS, Brandeis University and the Idaho PDMP. It can be accessed online at <http://www.pdmpexcellence.org/content/prescription-behavior-surveillance-system-0>.

Endnotes

¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Accessed at <http://wonder.cdc.gov/mcdicd10.html> on Apr 6, 2015.

² For information on the Prescription Behavior Surveillance System, see the PBSS webpage at www.pdmpexcellence.org.

³ PBSS states included are DE, FL, LA, ME, OH, and WV. PBSS states, and therefore their combined prescription rates, are not necessarily representative of the U.S. as a whole. Rates shown are through 2014, the most recent full year of data available for PBSS states combined.

⁴ Daily morphine milligram equivalents (MMEs) is the daily dosage of morphine that would provide an equal amount of analgesia as the daily dosage of the opioid. Some patient populations (e.g., those prescribed fentanyl LA) may consist primarily of opioid-tolerant cancer patients in which cases mean daily dosages > 100 MME for the population do not necessarily indicate higher risk prescribing. Please see PBSS webpage for additional methodological details.

⁵ A multiple provider episode is defined for this report as use of 5 or more prescribers and 5 or more pharmacies within 3 months. Rates are calculated by drug class for those receiving a prescription in the drug class and are averaged over 4 quarters to obtain an annual rate. Note that the threshold used here was assigned by PBSS for the purpose of obtaining population estimates only; an individual engaged in multiple provider episodes is not necessarily engaged in doctor/pharmacy shopping.