Department of Health

Data to Action

Opioid Prescribing in New York State

June 2024

Curbing the Opioid Crisis

An opioid prescription for pain relief is one possible gateway to an opioid use disorder.
New York is making significant progress in reducing new high-risk exposures to opioid prescriptions among residents.

Introduction

When used properly, opioids can provide benefits to the patient suffering from pain. However, there are inherent risks to the use of these medications such as unintended overdose, substance use disorder, and negative societal impacts. Overuse and overprescribing of opioids beginning in the 1990's contributed to their misuse and abuse and has had significant impact on the current state of the opioid crisis. Historically, overdose deaths involving opioids in New York State reached an all-time high in 2022 with 5,388 opioid-related overdose deaths that year.

State and federal regulators have employed various strategies in response to the opioid crisis and its impacts. In New York State, such efforts have included legislative action to enhance the monitoring and control of opioid prescription medication. This included measures to increase the use of the Prescription Monitoring Program Registry (PMP), the mandate of electronic prescribing, the limitation of initial opioid prescriptions for the treatment of acute pain, the requirement for a written treatment plan when prescribing opioid medications in cases of long-term opioid use and chronic pain, and a provision requiring providers to prescribe an opioid antagonist yearly when certain risk factors are present.

The Centers for Disease Control and Prevention's (CDC) *Clinical Guideline for Prescribing Opioids for Pain* issued in 2022 focuses on strategies for mitigating risks when prescribing opioids including an emphasis on the use of nonpharmacologic and nonopioid therapies, using the lowest effective opioid dose and duration of treatment, carefully weighing risks and benefits, using immediate-release opioids, and reviewing the patient's history for opioid use and misuse.[1] These guidelines were supported by studies indicating that in primary care patients who were prescribed between a 4- and 7-day supply of an opioid analgesic, fewer than one in five required additional opioid prescriptions after completion of the supply provided with the initial fill.[2,3] Long-term opioid therapy carries risks beyond substance use disorder and overdose. Extended use is associated with significant medical concerns such as: serious fractures, sleep-related breathing issues, increased sensitivity to pain, weakened immune system, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay.

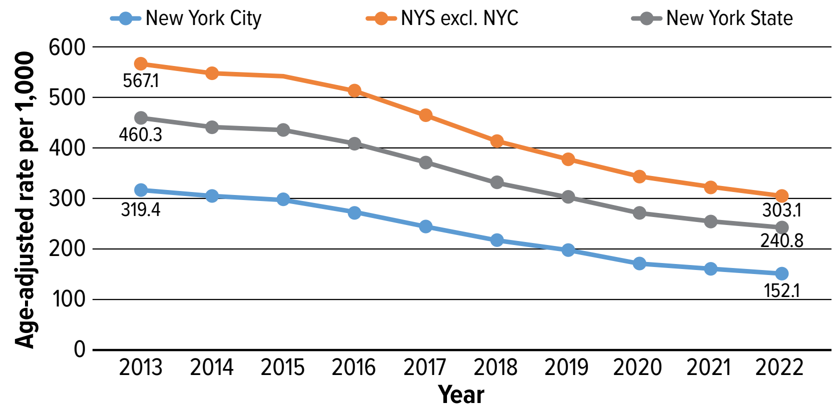
New York State providers continue to make strides in practice improvements and implement new preventative measures to reduce the risk of overdose and substance use disorder within their communities.

Successes Within New York State

Opioid Prescribing Practices are Improving in New York State

In New York State, the number of filled opioid analgesic prescriptions declined from more than 9 million in 2013 to under 6 million in 2022 – a 42.1% decrease over 10 years **(Table 1)**. From 2013 to 2022, the age-adjusted rate per 1,000 population of opioid analgesic prescriptions decreased from 460.3 to 240.8. Reductions were observed in both New York City (NYC) and New York State (NYS) excluding NYC; however, rates were consistently higher outside NYC. In 2022, the rate was about twice as high for NYS excluding NYC (303.1 per 1,000) than for NYC (152.1 per 1,000) **(Figure 1)**.

Figure 1: Opioid analgesics prescriptions, age-adjusted rate per 1,000 population, by region, New York State, 2013-2022



These data exclude buprenorphine prescriptions for the treatment of opioid use disorder (OUD).
Data source: New York State Prescription Monitoring Program Data as of May 2023.

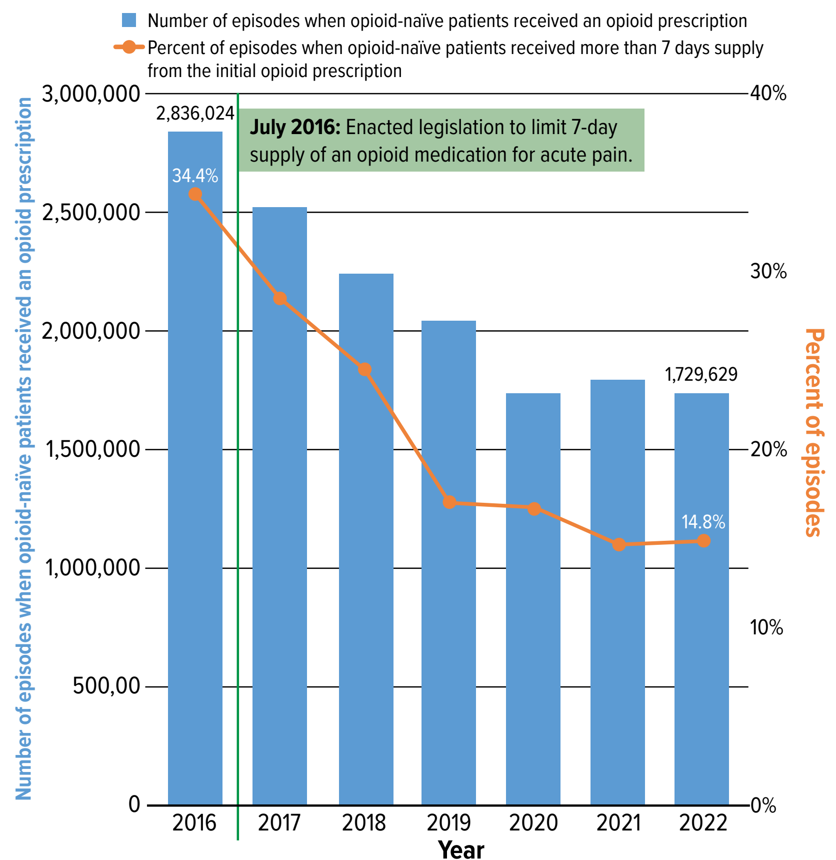
Achievements in the Reduction of New Exposure to Opioid Prescriptions

Significant progress was made in reducing the prescribing of opioids to opioid-naive patients. Opioid-naïve was defined as patients with no opioid prescription in the last 45 days. In 2022, there were 39% fewer episodes of opioid-naïve patients receiving an opioid prescription, compared to 2016, a decrease in 1,106,395 prescriptions overall as shown in **Figure 2**.

Successful Legislation Within New York State

To reduce opioid overprescribing in New York State, new legislation limiting the initial opioid prescribing to a 7-day supply for acute pain was enacted in July 2016. Following this, the number of episodes when an opioid-naïve patient received more than a 7-day supply of an opioid from the initial prescription reduced 74% from 974,577 episodes in 2016 to 255,984 in 2022 **(Table 2)**. This trend is further illustrated in Figure 2, which shows a consistent downward trajectory in the percentage of initial prescriptions exceeding a 7-day supply for opioid-naive patients, dropping from 34.4% in 2016 to just 14.8% in 2022.

Figure 2: Number of prescription episodes to opioid-naïve patients and percentage when more than a 7-day supply was given from the initial opioid prescription, New York State, 2016-2022

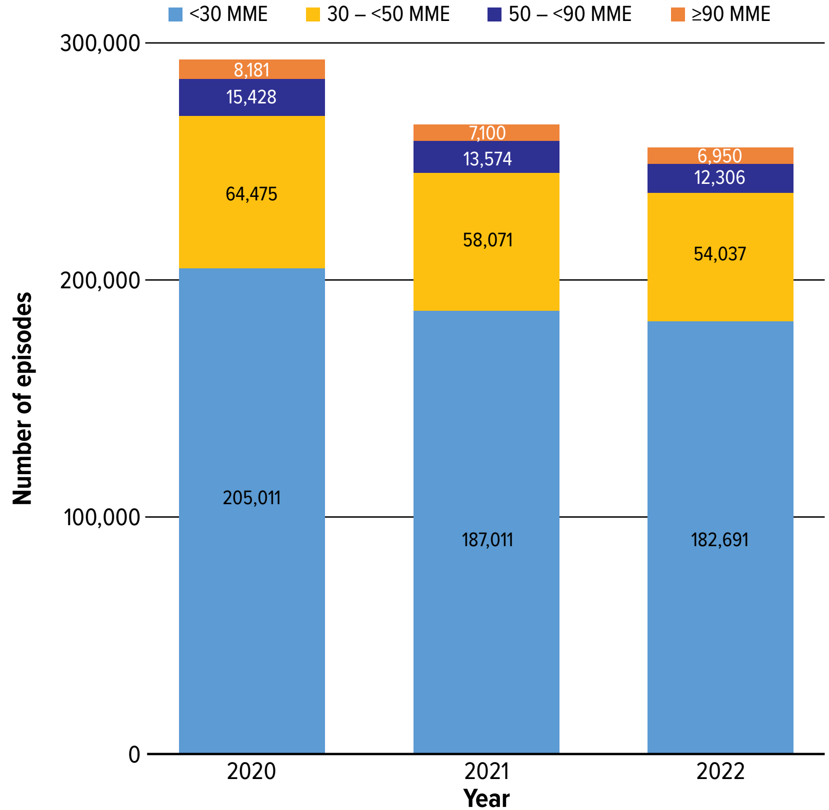


These data exclude buprenorphine prescriptions for the treatment of opioid use disorder (OUD).
Opioid-naïve was defined as patients with no opioid prescription in the last 45 days.
Data source: New York State Prescription Monitoring Program Data as of May 2023.

Fewer New Patients Are Receiving High Doses of Opioids

Opioid analgesics prescribed in higher dosages, ≥90 morphine milligram equivalents (MME), are associated with higher risks of overdose and death.[1] When opioid-naïve patients received more than a 7-day supply from the initial opioid prescription, less than 3% were prescriptions with a daily dosage of 90 MME or higher. The number of initial prescriptions with high MME reduced 15% from 8,181 prescriptions in 2020 to 6,950 in 2022 **(Figure 3)**.

Figure 3: Number of episodes when an opioid-naïve patient received more than a 7-day supply from the initial opioid prescription, by MME group, New York State, 2020-2022



These data exclude buprenorphine prescriptions for the treatment of opioid use disorder (OUD).
Opioid-naïve was defined as patients with no opioid prescription in the last 45 days.
MME: morphine milligram equivalents
Data source: New York State Prescription Monitoring Program Data as of May 2023.

Recommended Actions and Resources

Healthcare Providers

- Follow Centers for Disease Control and Prevention's recommendations for prescribing opioids, including alternative non-pharmacologic pain management therapies.
  — CDC Guideline Recommendations and Guiding Principles
- Provide patients with educational materials on CDC recommendations for pain treatment.
  — CDC Patients' Frequently Asked Questions

NEW YORK STATE REQUIREMENTS
Prescription Monitoring Program Continue to consult the NYS Prescription Monitoring Program Registry (PMP) before prescribing any schedule II, III, or IV controlled substance as required by law. Highly recommend checking the PMP before prescribing schedule V controlled substances as well. • NYS Prescription Monitoring Program (PMP) Requirements
7-Day Limit to Initial Opioid Prescribing Limit initial opioid prescriptions for acute pain to no more than a 7-day supply. • Frequently Asked Questions Limited Initial Opioid Prescribing • Legislation to Limit Opioid Prescribing to a 7-Day Supply for Acute Pain
Mandatory Opioid Prescriber Education This course work or training must be completed once every three years, and an attestation confirming completion made to the Department. • Mandatory Prescriber Education Guidance
Annual Opioid Antagonist Prescription Requirement Co-prescribe an opioid antagonist with the 1st opioid prescription to a patient each year. • Legislation for Annual Opioid Antagonist Prescription Requirement
Mandatory Electronic Prescribing Utilize electronic prescribing for opioid prescriptions. • Electronic Prescribing (ny.gov)
Written Treatment Plan Maintain a written treatment plan for patients on opioid therapy for longer than 3 months. • Written Treatment Plan for Chronic Pain (ny.gov)

State and Local Health Departments

- Provide educational guidance documents to providers on best practices for treating acute and chronic pain.
  — CDC's Clinical Practice Guideline for Prescribing Opioids for Pain
- Encourage collaboration amongst state and community partners such as the New York State Department of Health (NYSDOH) and school and community outreach coordinators – to improve coordinated responses and identify pathways to sustained follow-up care.

Pharmacies

- Continue to provide required educational materials.
  — Important Facts about Controlled Substance Prescription Medications
- Educate patients on navigating access limitations.

Community and Family Members

- Review educational materials on alternatives to opioid analgesics and opioid safety.
- Carefully follow dosage instructions for opioid prescription medications. Use opioids only as directed by your health care provider.
- Become familiar with where to obtain and how to administer naloxone.
  — Harm Reduction Order Form
- Understand the protections of “The Good Samaritan Law”.
  — NYS 911 Good Samaritan Law Fact Sheet (English)
  — NYS 911 Good Samaritan Law Fact Sheet (Spanish)

Opioid Trends and Data

- New York State Department of Health Opioid Annual Report.
  — NYS Opioid Annual Data Report 2023

Methodology

Data Source

The Prescription Monitoring Program (PMP), maintained by the NYSDOH’s Bureau of Narcotic Enforcement, collects information on controlled substances in schedules II-V dispensed in outpatient settings. The data presented include prescriptions of Schedule II, III and IV opioid analgesics written to New York State residents and reported to the NYS PMP. The demographic characteristics included age and county of residence. If the patient had more than one address, the patient was counted in the county of the last reported residence.

Definitions

Opioid analgesic prescriptions: Includes prescriptions of Schedule II, III and IV opioid analgesics written and dispensed to New York State residents.

Opioid naïve patient: Patients with no opioid prescription for pain in last 45 days.

Rate calculations: For NYSDOH population estimates, US Census Bureau intercensal population estimates 2013-2022, were used. The age-adjusted rates were calculated using Census 2000 US standard population with appropriate age distributions.

Exclusions

1) Prescriptions for out-of-state patients
2) Prescriptions for patients without a valid NY ZIP code
3) Buprenorphine prescriptions for the treatment of opioid use disorder
4) Veterinary prescription records
5) Prescriptions for patients not in outpatient settings

Appendix

Table 1: Opioid analgesics prescription, age-adjusted rate per 1,000 population, by region, 2013-2022

Year	New York City (NYC)		New York State excl. NYC		New York State	
	Number	Age-adjusted rate per 1,000 population	Number	Age-adjusted rate per 1,000 population	Number	Age-adjusted rate per 1,000 population
2013	2,830,515	319.4	6,983,209	567.1	9,823,709	460.3
2014	2,718,403	303.2	6,782,409	544.8	9,504,509	440.5
2015	2,704,874	298.4	6,784,693	541.6	9,492,882	436.6
2016	2,502,948	273.7	6,484,924	510.5	8,990,918	408.8
2017	2,273,353	247.2	6,008,737	466.4	8,284,879	373.1
2018	2,022,510	218.7	5,403,887	413.0	7,428,382	330.9
2019	1,838,137	197.9	5,007,605	378.0	6,847,492	302.3
2020	1,595,486	170.9	4,586,547	343.2	6,183,393	271.1
2021	1,557,961	161.5	4,437,074	321.7	5,996,300	254.9
2022	1,462,127	152.1	4,226,719	303.1	5,692,618	240.8

These data exclude buprenorphine prescriptions for treatment of opioid use disorder (OUD).
Data source: New York State Prescription Monitoring Program Data as of May 2023.

Table 2: Episodes when opioid-naïve patient received more than a 7-day supply from the initial opioid prescription, by region, New York State, 2016 and 2022

	2016	2022	Reduction	% Reduction
Number of episodes when opioid-naïve patients received more than 7 days from the initial opioid prescription				
NYS excl. NYC	641,603	181,219	460,384	72%
New York City	332,782	74,680	258,102	78%
New York State	974,577	255,984	718,593	74%
Number of episodes when opioid-naïve patients received an opioid prescription				
NYS excl. NYC	1,900,884	1,189,691	711,193	37%
New York City	934,661	539,543	395,118	42%
New York State	2,836,024	1,729,629	1,106,395	39%
Percentage of episodes when opioid-naïve patients received more than 7 days from the initial opioid prescription				
NYS excl. NYC	33.8	15.2	18.6	55%
New York City	35.6	13.8	21.8	61%
New York State	34.4	14.8	19.6	57%

These data exclude buprenorphine prescriptions for treatment of opioid use disorder (OUD).
Opioid-naïve was defined as patients with no opioid prescription in last 45 days.
Data source: New York State Prescription Monitoring Program Data as of May 2023.

References

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