

# Controlled Substance Prescription Histories for Opioid-Related Accidental Fatalities in 2015

## Vermont Prescription Monitoring System

### Background

Vermont requires the monitoring of controlled substance prescriptions. This information is collected via the Vermont Prescription Monitoring System (VPMS) and is used to understand controlled substance prescribing in Vermont. This brief examines the controlled substance prescription histories for 68 of the 75 persons who were opioid-related accidental fatalities (ORAF) in 2015<sup>1</sup>.

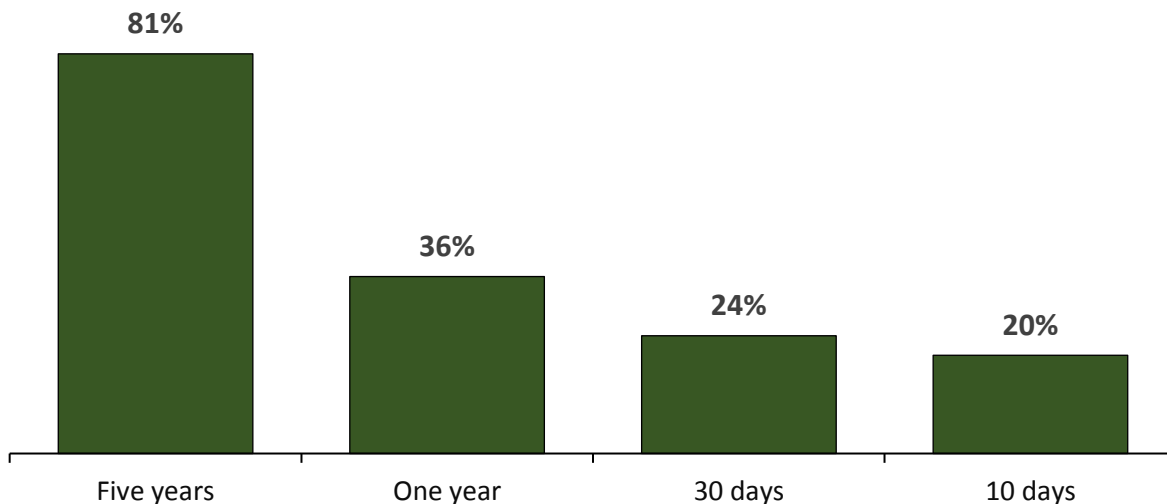
### High Dose Analgesic Opioids

Analgesic opioids are opioid medications used for the treatment of pain, and do not include opioid medications used in Medication-Assisted Treatment (MAT) of substance use disorders. More information on MAT is available from the [Substance Abuse and Mental Health Service Administration](#).

According to the Centers for Disease Control and Prevention, individuals with analgesic opioid prescriptions with morphine milligram equivalents (MME) of 90 or greater are considered at higher risk for dependence, abuse, and overdose.

Eighty-one percent of ORAF in Vermont received an analgesic opioid prescription(s) totaling 90 daily MME or greater at some point in the past five years (2010-2015). Within one year of fatality, 36% filled a prescription or prescriptions for 90 daily MME or greater, 24% did so within 30 days of fatality, and 20% did so within 10 days of fatality.

Percent of ORAF Who Received a High Dose Analgesic Opioid Prescription in Time Frame Before Death



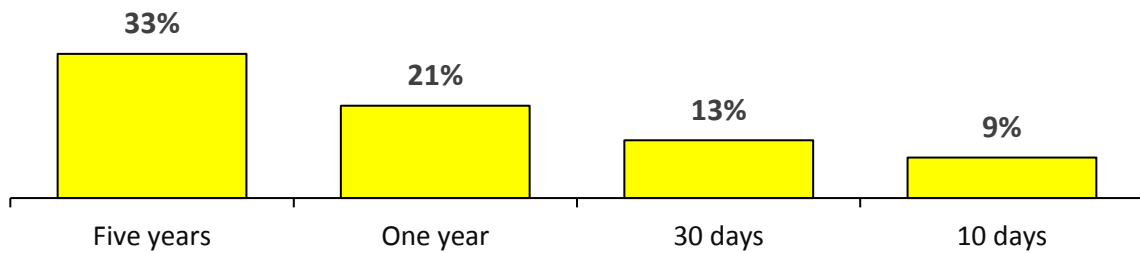
<sup>1</sup> Prescription analysis includes only those prescriptions dispensed by a Vermont-licensed pharmacy. Data is retained for a maximum of six years.

## Overlapping Prescriptions

Overlapping analgesic opioid and benzodiazepine prescriptions are also identified by the CDC as particularly problematic due to the increased risk of accidental overdose.

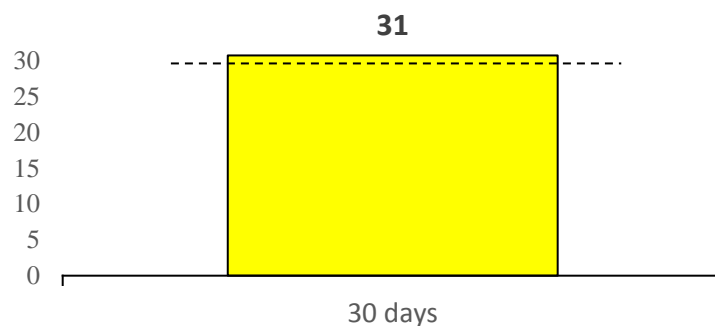
Overlapping analgesic opioid-benzodiazepine prescriptions were dispensed to 33% of ORAF at some point in the past five years. Twenty-one percent received overlapping prescriptions in the year prior to fatality, 13% received overlapping prescriptions within 30 days of fatality, and 9% within 10 days of fatality.

**Percent of ORAF With Overlapping Analgesic Opioid/Benzodiazepine Prescriptions in Time Frame Before Death**



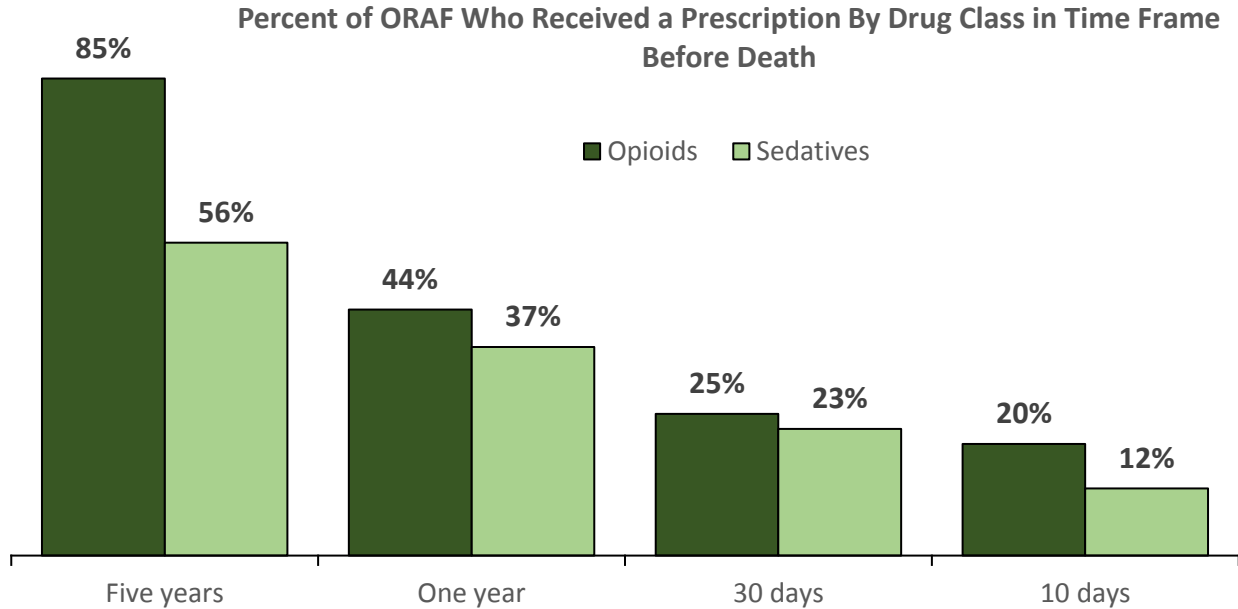
In addition, among ORAF individuals who received both analgesic opioids and benzodiazepine prescriptions 30 days prior to fatality, an average of 31 days of overlapping prescriptions was prescribed.

**Number of Days of Overlapping Analgesic Opioids/Benzodiazepines Prescribed Per ORAF Who Received Prescriptions in Both Classes 30 Days Before Fatality**



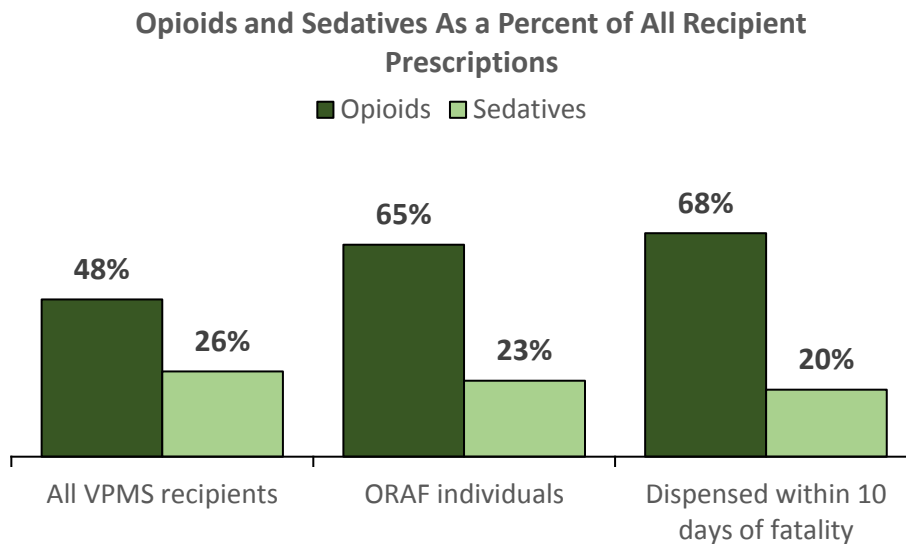
## Individuals

VPMS indicates that over four out of five ORAF received opioid prescriptions at some point in the last five years. Forty-four percent filled an opioid prescription within one year of death, 25% within 30 days of death, and 20% within 10 days of death. More than half of ORAF received sedative prescriptions in the past five years.

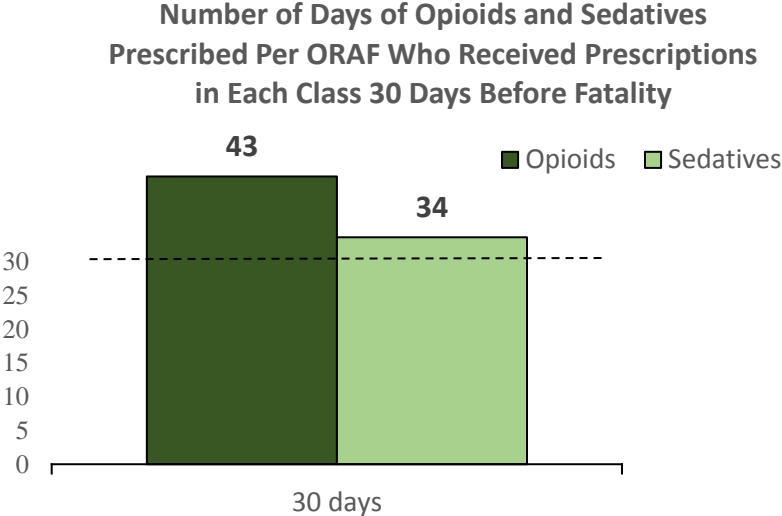


## Prescriptions

Opioids were nearly two-thirds of all controlled substances dispensed to ORAF individuals (65%). This proportion is even higher for prescriptions filled by ORAF individuals within 10 days of fatality, which means that these prescriptions were most likely active at the time of death. This is significantly different from the whole of prescriptions in VPMS, where approximately half of all prescriptions were opioids.



Among ORAF who received an opioid prescription in the year prior to fatality, an average of 261 days' supply was dispensed in that year. An average of 201 days of sedatives, 172 days of stimulants, and 215 days of other controlled substances (most commonly hypnotic sedatives, such as zolpidem) were prescribed in the year prior to fatality, per patient who received that drug type during that year. On average, more than 30 days' supply was dispensed to ORAF who filled prescriptions for opioids and sedatives within 10 and 30 days of fatality.



**Prescribers**

A total of 365 providers wrote prescriptions to 68 of the ORAF. On average, each of these ORAF received prescriptions from 5 providers. Of these providers, 23 wrote prescriptions that were filled within 10 days of death by 19 ORAF individuals.

**References**

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

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