

# Prescriptions for Opioids in Mississippi: Numbers, Rates and Trend Analyses, 2012-2017



Epidemiological  
Report  
8/9/2019

## KEY FINDINGS

Between 2012 and 2017, the number of prescriptions for opioids was alarmingly high in Mississippi. During each of these years, there were more opioid prescriptions dispensed in Mississippi than there were people living in the state.

Although the overall trend in prescribing opioids showed a downward movement during the study period, the number of prescriptions for stronger opioids such as oxycodone, morphine, and fentanyl increased. Compared to 2012, there were 190,341 more oxycodone prescriptions in 2017.

The number of prescriptions for opioids used as addiction-treatment medications spiked since 2012, a finding suggestive of an increased number of opioid use disorders in Mississippi.

**Background:** Nationally, there were 70,237 drug overdose deaths in 2017, of which 67.8% (47,600) involved opioids.<sup>1</sup> During the same year, a total of 346 drug overdose deaths were reported in Mississippi. Opioids, including prescription opioids, illicit fentanyl, heroin, and methadone, were involved in 180 (52.0%) cases.<sup>2</sup> As an escalating public health crisis, the opioid epidemic requires statewide efforts to track prescription practices and establish evidence-based preventive measures. A comprehensive and population-level source, prescription monitoring program (PMP) data is emerging as one of the most-effective tools for monitoring the epidemic of opioid misuse.

**Objectives:** We used Mississippi PMP data to determine the statewide number and rate of prescriptions for opioid analgesics and other opioids during 2017. In addition, we evaluated trends in the prescription of major opioid categories and individual opioid analgesics between 2012 and 2017. Data analyses included only opioid prescriptions dispensed to Mississippi residents. Such prescriptions were prescribed by Mississippi and non-Mississippi health care providers.

**Opioids:** Opioids are natural or synthetic substances with morphine-like properties that can cause analgesia and a sense of euphoria. These substances are mainly prescribed for their pain-relieving effect but other clinical uses include maintenance during opioid-addiction treatment, cough and diarrhea suppression, management of acute pulmonary edema, and adjunctive therapy in anesthesia. All opioids have a potential for abuse and could lead to tolerance (the need of increasingly higher doses to achieve analgesia or pleasurable effects), physical dependence (withdrawal symptoms after the abrupt discontinuation of drug use), and psychological dependence (addiction). Different opioid substances exhibit variations in their analgesic efficacy and potential for abuse.

**Major Drug Categories:** For this analysis, all controlled substances within the PMP database were identified and categorized. Opioids were further subdivided into opioid analgesics (pain relievers), addiction-treatment medications, and opioid-containing antitussive formulations (cough suppressant medications) to evaluate whether distribution and trends varied across major opioid categories or according to clinical usage.

Figure 1. Opioids: Major Categories

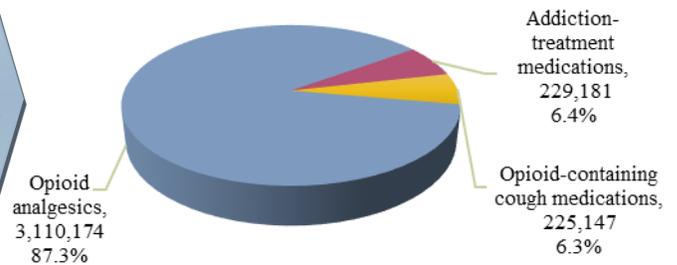


## Major Opioid Categories

**Numbers and Rates:** During 2017, opioid analgesics were the most prescribed opioid category in Mississippi, accounting for 87.3% of all opioid prescriptions (Figure 2). Addiction-treatment medications, including Suboxone or generic buprenorphine, accounted for 6.4% of all opioid prescriptions. Since prescribers can issue refills for buprenorphine and Suboxone, the total count of such prescriptions includes both prescriptions and refills. Cough medicines containing hydrocodone or codeine accounted for 6.3% of the total opioid prescriptions. On average, for every 100 Mississippi residents in 2017, there were 104.2 prescriptions for opioid analgesics, 7.7 buprenorphine prescriptions, and 7.5 prescriptions for opioid-containing cough medications (Figure 3).

Opioid addiction treatment includes detoxification and maintenance therapy. Methadone and buprenorphine are two opioids approved for such treatment. Methadone used as an addiction treatment medication can only be dispensed by certified addiction medicine specialists to patients treated in specially designated methadone treatment facilities. Methadone used as an analgesic, however, can be prescribed by any medical provider. Since methadone treatment facilities are excluded from PMP reporting requirements, all prescriptions for methadone in the database were excluded from the category of addiction-treatment medications, but such prescriptions were included in the group of opioid analgesics.

**Figure 2. Prescriptions for Major Opioid Categories Number and Percentage in MS, 2017**



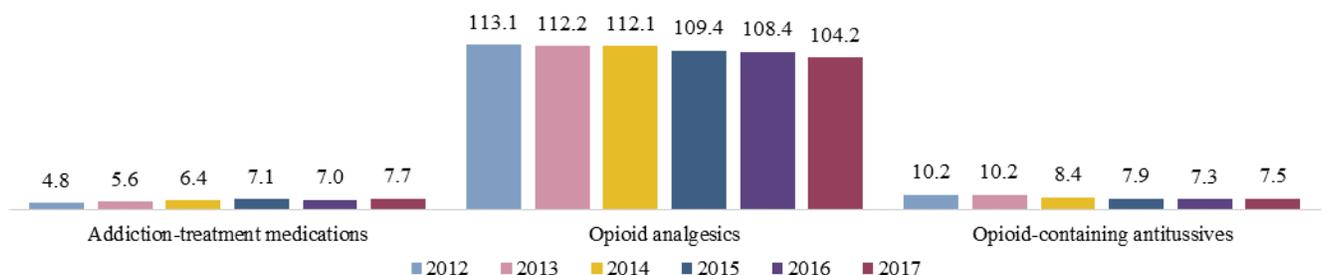
**Trend Analysis:** The overall number of prescriptions for opioid substances increased from 2012 to 2013, but this number decreased afterwards. In addition, the major groups of opioid categories demonstrated different trends (Table 1 and Figure 3).

- The number of prescriptions for opioid analgesics exhibited a downward movement, decreasing cumulatively by 7.9% between 2012 and 2017.
- The number of prescriptions for opioid-containing cough medicines decreased between 2012 and 2016, but this number increased slightly between 2016 and 2017.
- The number of prescriptions for addiction-treatment medications (buprenorphine) steadily increased during the study period, except for a minuscule decrease of less than one percentage point, from 2015 to 2016. While further research is needed, the significant uptrend in the number of prescriptions for buprenorphine may signify a spike in the prevalence of opioid use disorders in Mississippi.

**Table 1. Major Opioid Categories: Number of Prescriptions in MS, 2012-2017**

Drug Classification Description	2012	2013	2014	2015	2016	2017	% Change 2012-2017
Opioid analgesics	3,375,323	3,356,430	3,356,455	3,274,480	3,238,334	3,110,174	-7.9%
Addiction-treatment medications	144,047	167,885	191,451	212,020	210,500	229,181	59.1%
Opioid-containing antitussives	303,312	305,151	252,346	235,963	217,092	225,147	-25.8%
All opioid-containing substances	3,822,682	3,829,466	3,800,252	3,722,463	3,665,926	3,564,502	-6.8%

**Figure 3. Prescriptions for Major Opioid Categories in MS, 2012-2017 Rate per 100 Persons**



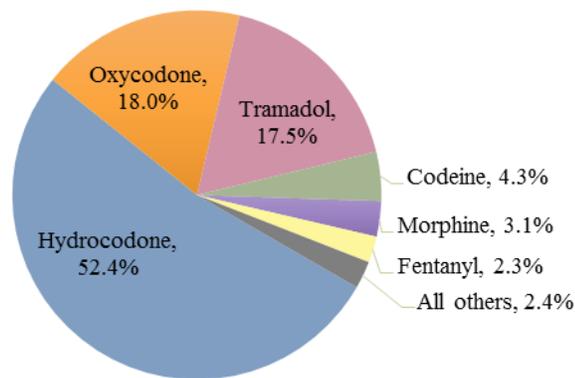
## Top Prescribed Opioid Analgesics: Numbers and Trends

**Analgesic Potency:** Opioids vary in their analgesic potency (the power of the medication to achieve the desired effect) and potential for addiction. Morphine milligram equivalents (MME) are used to estimate the analgesic potency of opioids, while the potential for addiction is evaluated by drug schedule classes. The morphine milligram equivalent for hydrocodone and morphine equals one. The value is higher than one for oxycodone (1.5 MME). The equivalent value for fentanyl, however, is significantly higher (7.2 MME), reflecting the tremendous strength and danger of this opioid. In contrast, tramadol and codeine are less potent analgesics with MME of less than one.

**Addiction Liability:** The Drug Enforcement Agency (DEA) classifies controlled substances into five schedules based on their addiction potential: no medical use (I), high addiction potential (II), moderate addiction potential (III), and low abuse potential (IV and V). Hydrocodone, oxycodone, morphine, and fentanyl are schedule II with high abuse potential. Tramadol is schedule IV and the different codeine formulations vary in their schedules from II to V.

**Distribution:** During 2017, hydrocodone was the leading prescribed opioid analgesic, accounting for 52.4% of all prescriptions, followed by oxycodone (18.0%), tramadol (17.5%), codeine (4.3%), morphine (3.1%), and fentanyl (2.3%). All other opioid prescriptions accounted for 2.4% of all prescribed opioid analgesics in 2017 (Figure 4).

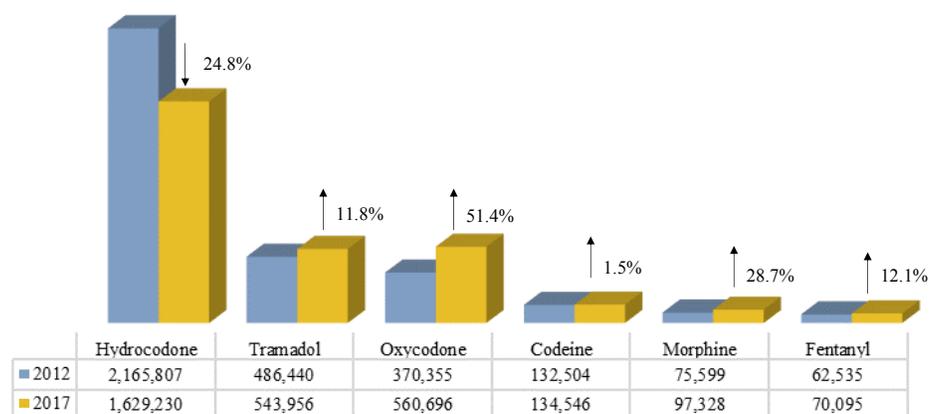
**Figure 4. Prescriptions for Opioid Analgesics in MS, 2017  
Percentage Distribution**



**Trends of Major Opioid Analgesics:** When analyzed individually, not all opioid analgesics followed the same positive trend of the group as a whole. In fact, the slight recent decrease in the total number of opioid analgesics prescribed is masking or hiding a considerable increase in the prescription of several strong opioids such as oxycodone, fentanyl, and morphine (Figure 5). Compared to 2012, in 2017 the number of prescriptions for hydrocodone declined by 24.8%. At the same time, the number of prescriptions for several strong opioid pain relievers increased considerably: fentanyl by 12.1%, morphine by 28.7%, and oxycodone by 51.4%. The number of prescriptions for the weaker opioids, tramadol and codeine, increased by 11.8% and 1.5%, respectively.

**Alarming Findings:** During 2012, oxycodone prescriptions accounted for 11.0% of all opioid prescriptions. Five years later, in the midst of a nationwide prevention campaign, the number of prescriptions for this potent opioid increased to 18.0% of all opioid prescriptions in our state. Such a spike is indicative of high demand for strong opioids and worrisome prescribing practices in Mississippi.

**Figure 5. Prescriptions for Major Opioid Analgesics in MS  
Numbers and Percentage Change, 2012 and 2017**



## Opioid Analgesics: Numbers of Prescriptions and Annual Change, from 2012 through 2017

### HYDROCODONE (MME = 1 and Schedule = II)

	2012	2013	2014	2015	2016	2017
Prescriptions	2,165,807	2,131,681	2,020,974	1,805,863	1,746,082	1,629,230
Change		-1.6%	-5.2%	-10.6%	-3.3%	-6.7%

Nationwide, hydrocodone is the most prescribed opioid since this drug is relatively inexpensive. In 2014, DEA moved hydrocodone from schedule III to schedule II, which has imposed stricter prescribing regulations and resulted in decreasing rates.<sup>3</sup>

### TRAMADOL (MME = 0.1 and Schedule= IV)

	2012	2013	2014	2015	2016	2017
Prescriptions	486,440	484,118	521,093	555,560	557,563	543,956
Change		-0.5%	7.6%	6.6%	0.4%	-2.4%

The number of prescriptions for tramadol demonstrated some variations but the overall trend was up until 2016. Tramadol is a weaker analgesic and is considered to be an opioid with a low potential for addiction. Nevertheless, dependence may occur.

### OXYCODONE (MME = 1.5 and Schedule II)

	2012	2013	2014	2015	2016	2017
Prescriptions	370,355	392,206	449,243	518,832	541,424	560,696
Change		5.9%	14.5%	15.5%	4.4%	3.6%

Both, hydrocodone and oxycodone have a high abuse potential. Oxycodone tends to have fewer side effects and cause higher euphoric experiences than hydrocodone. For these reasons, oxycodone is the preferred opioid among opioid-dependent patients.<sup>4</sup>

### CODEINE (MME = 0.15 and Schedule = II, III, IV or V)

	2012	2013	2014	2015	2016	2017
Prescriptions	132,504	127,066	126,016	145,657	143,123	134,546
Change		-4.1%	-0.8%	15.6%	-1.7%	-6.0%

The number of prescriptions for codeine, a less potent analgesic than morphine, declined from 2012 to 2014, but this number increased by 15.6% from 2014 and 2015. During the last two years of the study period, prescriptions for codeine declined again.

### MORPHINE (MME = 1 and Schedule = II)

	2012	2013	2014	2015	2016	2017
Prescriptions	75,599	76,593	83,828	90,404	94,454	97,328
Change		1.3%	9.4%	7.8%	4.5%	3.0%

Morphine is used for severe and/or difficult to control pain (e.g., cancer-related or post-surgical pain). Morphine prescriptions demonstrated a steady uptrend. In 2017, there were 21,729 more prescriptions for morphine compared to 2012.

### FENTANYL (MME = 7.2 and Schedule = II)

	2012	2013	2014	2015	2016	2017
Prescriptions	62,535	64,106	68,860	72,166	71,549	70,095
Change		2.5%	7.4%	4.8%	-0.9%	-2.0%

From 2012 to 2015, fentanyl prescriptions raised at a steady rate. Fentanyl is a very potent opioid and its abuse is a serious public health concern. Beginning 2016, there has been a minuscule but encouraging down movement in fentanyl prescribing.

### METHADONE (MME = 3 and Schedule = II)

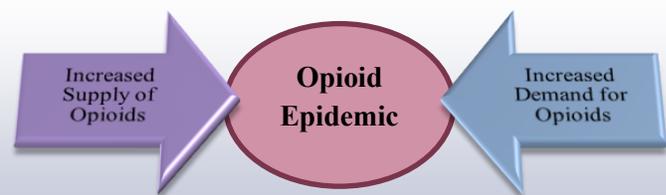
	2012	2013	2014	2015	2016	2017
Prescriptions	20,024	20,886	22,183	20,490	17,967	15,080
Change		4.3%	6.2%	-7.6%	-12.3%	-16.1%

While methadone is not commonly used as a pain reliever, the number of prescriptions for this opioid showed an uptrend from 2012 to 2014, but this trend reversed in 2015. Caution should be exercised when methadone is prescribed as a pain reliever.

## PUBLIC HEALTH PREVENTION STRATEGIES

1. Maintaining a comprehensive data surveillance system incorporating such sources as the prescription monitoring program as well as mortality and hospital discharge data.
2. Guiding statewide preventive policies addressing prescribing practices, educational strategies, and chronic pain treatment.
3. Engaging the Mississippi medical professionals: Mississippi physicians and other health care providers should lead the statewide efforts for combating this escalating public health crisis by following three main tracks of prevention:
  - ⇒ Non-medical use of opioids: Limiting the non-medical use of opioid analgesics by identifying patients at risk for opioid drug misuse through systematic utilization of the state web-based PMP data system.
  - ⇒ Iatrogenic opioid addiction: Preventing the development of addiction among patients with chronic pain conditions by minimizing opioid prescriptions and considering alternative forms of chronic pain management.
  - ⇒ Mental health and drug abuse: Actively screening patients with chronic pain conditions for underlying mental health and substance use disorders and exploring mental health treatment options for such patients.
4. Establishing achievable goals and performance measures such as a reduction in the number of opioid prescriptions and an increased utilization of Mississippi PMP data by healthcare providers.
5. Mobilizing communities to build supportive networks for people with substance use disorders and their families.
6. Expanding addiction treatment programs and access to mental health care for those in need.

**The vicious cycle of the opioid epidemic:** Successful prevention strategies are based on understanding the underlying causes and driving factors of the opioid epidemic. The skyrocketing use of opioid analgesics has two sides interlocked in a vicious cycle: increased demand and increased supply. The two sides of the problem should be targeted simultaneously.



**The Mississippi Drug Epidemic Surveillance System** is a collaborative effort between the Office of State Health Officer, the Office of Health Data Operations & Research, the Public Health Pharmacy, and the Office of Epidemiology. The project's mission is to use evidence-based research methods to evaluate the scope of the opioid epidemic in Mississippi and build statewide surveillance systems utilizing different data sources. For more information and to view reports, please visit: [https://www.msdh.ms.gov/msdhsite/\\_static/31,0,382,740.html](https://www.msdh.ms.gov/msdhsite/_static/31,0,382,740.html).

**Acknowledgements:** This project was supported by Grant No. 2017-PM-BX-K036 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

**Authors:** Manuela Staneva, MPH; Meg Pearson, Pharm D, MS; Thomas Dobbs, MD, MPH, Paul Byers, MD

**Suggested citation:** Staneva M, Pearson M, Dobbs T, Byers P. Prescriptions for Opioids in Mississippi: Numbers, Rates and Trend Analyses, 2012-2017 Mississippi State Department of Health. 8/9/2019. Jackson, Mississippi.

### References:

1. Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. *MMWR Morb Mortal Wkly Rep.* ePub: 21 December 2018.
2. Staneva M, Dobbs T, Jefferson T, Pepper S, Pearson M, Byers P. Drug Overdose Deaths in Mississippi, 2011–2017. Mississippi State Department of Health. 1/22/2019. Jackson, MS
3. Jones CM, Lurie PG, Throckmorton DC. Effect of US Drug Enforcement Administration's Rescheduling of Hydrocodone Combination Analgesic Products on Opioid Analgesic Prescribing. *JAMA Intern Med.* 2016;176(3):399–402. doi:10.1001/jamainternmed.2015.7799.
4. Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. Factors influencing the selection of hydrocodone and oxycodone as primary opioids in substance abusers seeking treatment in the United States. *Pain* (2013) 154:2639–2648.