

THE MISSISSIPPI OPIOID EPIDEMIC: DATA BRIEF

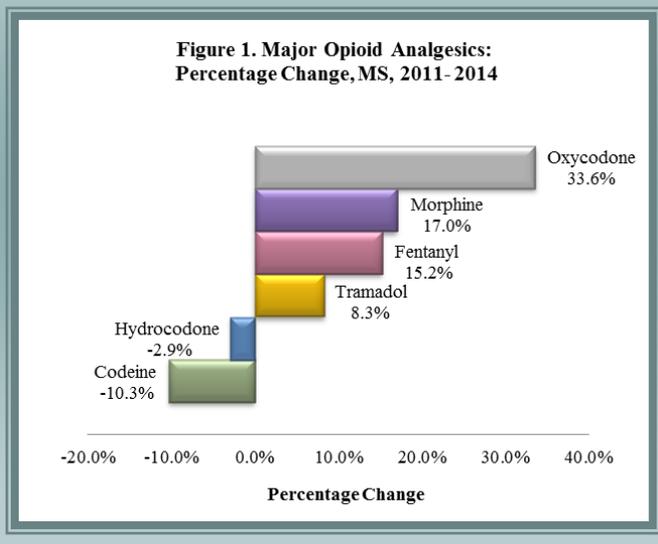


PRESCRIPTIONS FOR OPIOID ANALGESICS

The **Prescription Monitoring Program (PMP)** is a statewide electronic database designed to collect information on the prescription of controlled substances. These data are used to inform the public and medical professionals about current trends in prescription drug use as well as to prevent the illegitimate use of controlled substances.

Numbers and Rates: During 2014, there were 7.2 million prescriptions dispensed for controlled substances, of which 3.3 million were for opioid analgesics according to the Mississippi PMP data. On average, for every Mississippi resident there were 2.4 prescriptions dispensed for controlled substances and 1.1 prescriptions for opioid analgesics during 2014.

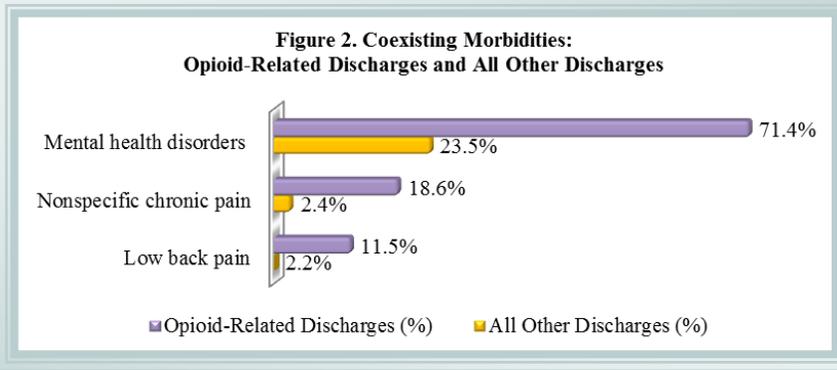
Trend Analysis: After an initial increase between 2011 and 2012 by 3.7%, the number of prescriptions for opioid analgesics in the state exhibited a slight downward trend, decreasing by an average annual rate of less than 1.0% since 2012. When analyzed individually, not all opioid analgesics followed the same positive trend of the group as a whole. In fact, the slight recent decrease in the total number of prescribed opioids may be masking or hiding a considerable increase in the prescription of several strong opioids such as oxycodone by 33.6%, morphine by 17.0%, and fentanyl by 15.2% (Figure 1).



COEXISTING MORBIDITIES

Hospital Discharge Data (HDD) are an important data source with profound implications for public health research and state health planning. These data are derived from administrative claims and contain information regarding patient demographics, payment sources, medical diagnoses, and performed procedures.

Analysis of the 2010-2011 Mississippi HDD revealed that patients hospitalized with an opioid use disorder had a high prevalence of mental health disorders and chronic non-cancer-related pain. Compared to all other hospitalizations, patients hospitalized with a diagnosis of opioid misuse were more likely to have a coexisting diagnosis of mental health disorders (71.4% versus 23.5%), nonspecific chronic pain (18.6% versus 2.4%), and low back pain (11.5% versus 2.2%) (Figure 2).



OPIOID OVERDOSE DEATHS

Vital Statistics are data compiled from records of vital events such as births and deaths. These data are routinely and widely used to monitor health outcomes. In this report, unintentional and intentional opioid-related deaths were analyzed with the Centers for Disease Control and Prevention's coding algorithm for drug overdose fatalities.¹ Our findings demonstrated a recent upward trend in Mississippi's opioid overdose deaths, which nearly doubled from 76 cases in 2011 to 146 cases in 2015. Further analysis of the 2015 data uncovered that heroin was involved in 24.0% (35 cases) of all opioid-related overdose deaths.

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References: 1. Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:1445–1452.