Changes in Opioid Agonist Treatment Initiation Following Prescription Drug Monitoring Program Implementation: A Time Series Analysis

Louisa Picco¹, Ting Xia¹, J Simon Bell²-³, Christopher Pearce⁴, Rachelle Buchbinder³, Dan I Lubman¹,⁵, Suzanne Nielsen¹

¹Monash Addiction Research Centre, Eastern Health Clinical School, Monash University, Melbourne, Australia, ²Centre for Medicine Use and Safety, Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, Melbourne, Australia. ³School of Public Health and Preventive Medicine, Monash University, Melbourne, Victoria, Australia, ⁴Outcome Health, Melbourne, Australia, ⁵Turning Point, Eastern Health Clinical School, Monash University, Melbourne, Australia

Presenter’s email: louisa.picco@monash.edu

Introduction: Opioid agonist treatment (OAT) is an effective, evidence-based treatments for opioid use disorder, however is often not initiated or treatment is delayed due to various treatment barriers. Little is known about how opioid policies including prescription drug monitoring programs (PDMP) impact OAT initiation. This study examined the impact of PDMP implementation on OAT initiation, in Victoria, Australia.

Methods: General practice data from 464 practices in Victoria, Australia were used. OAT initiation was defined as a new OAT prescription between April 1 2017 and December 31 2020, with no previous OAT prescriptions in the year prior to initiation. Interrupted time series analyses were used to compare outcomes before and after PDMP implementation. Logistic regression was used to examine differences in patients’ characteristics associated with OAT initiation compared in the pre- and post-PDMP time periods.

Results: In total, 1600 people initiated OAT, 946 before and 664 after PDMP implementation. No significant immediate (step) or longer term (slope) changes in the rates of OAT initiation were identified following PDMP implementation, after the adjustment of seasonality. A high opioid dose (>100mg OME) in the six months prior to OAT initiation was the only significant characteristic associated with reduced odds of OAT initiation post-PDMP implementation (OR=0.29; 0.23-0.37).

Discussion and Conclusions: PDMP implementation did not have a significant impact on OAT initiation. These findings suggest additional clinical initiatives that support OAT initiation are required to ensure PDMPs meet their intended target of reducing opioid-related harms.

Disclosure of Interest Statement: The study was funded through an NHMRC Ideas Grant (#2002193). LP, RB and DL are funded by an NHMRC Investigator Grants (#2016909, #1194483 and #1196892). JSB is the recipient of a NHMRC Dementia Leadership Fellowship (#1140298).

LP, TX, CP and RB report no conflicts. SN has received untied educational grants to study pharmaceutical opioid related harm from Seqirus, and is a named investigator on an implementation trial of buprenorphine depot funded by Indivior (no funding received by SN personally or through her institution), both unrelated to this work. DL has received funding for investigator sponsored studies related to depot buprenorphine from Camurus, unrelated to this work. JSB has received grant funding or consulting funds GlaxoSmithKline Supported Studies Programme, Amgen, and several aged care provider organisations unrelated to this work. All grants and consulting funds were paid to the employing institution.