**Opioid Prescribing Increasing Nationally, Varies Widely by State**

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**SACRAMENTO —** The rate of opioid use varies considerably from state to state, with some of the highest rates found in Indiana and Maine, and the lowest in California and Minnesota. Federal prescription claims data show.

That variation is inexplicable medically, and suggests that either opioids are being used too liberally in some states, not enough in others, or both, Dr. Judy T. Zerzan said in a poster presentation at the annual research meeting of the American Academy of Health. Medicaid and Medicare prescribing figures from the start of 1996 to the end of 2002 show that nationwide, the increase in prescribing of opioids since the mid-1990s has been great. Furthermore, that increase coincides with efforts aimed at improving the treatment of pain, noted Dr. Zerzan of the division of general internal medicine at the University of Washington, Seattle.

Over the 7 years of the study, opioid prescribing nationally increased a mean of 24% per year. That figure compares with a mean annual increase of just 12% for an index known as the “market basket” that is used to measure general prescribing, according to the figures. But the increase in opioid prescribing has not been exactly uniform. For example, only two-thirds of the states had an increase in the prescribing of opioids. And some had a greater relative increase than others, Dr. Zerzan said. Moreover, her study found that 10 states had prescribing at the rate of 87-200 defined daily doses per 1,000 Medicaid beneficiaries per day in 2002, while 8 states had prescribing at a rate of 0.39 defined daily doses per 1,000 Medicaid beneficiaries per day. The rest had rates that fell in between the two.

“Defined daily dose” is a construct developed by the World Health Organization that states a standardized dose rate for different drugs. The 10 states with the highest rate were Alaska, Indiana, Louisiana, Maine, Maryland, Missouri, Mississippi, Montana, North Carolina, and West Virginia.

The eight states with the lowest rate were California, Minnesota, New Jersey, New Mexico, New York, Pennsylvania, Tennessee, and Vermont. Among the possible explanations for the variation in use are differing state prescription benefit policies, marketing of the drugs, and, in some states, different regional differences and physician attitudes toward opioids vary by region, Dr. Zerzan said.