



MA Prescription Monitoring Program County-Level Data Measures (Calendar Year 2020 Quarter 4 and CY2021 Quarter 1)

Massachusetts Department of Public Health, Bureau of Health Professions Licensure April 2021

The Department of Public Health's (DPH) Prescription Drug Monitoring Program (PMP) serves as a repository of data for all prescription drugs dispensed statewide, including those prescriptions that are sought after for illicit and non-medical use and thus represent the highest potential for abuse (federal Schedules II – V, including certain narcotics, stimulants and sedatives). The PMP also enables prescribers and dispensers to access a patient's prescription history and can be used as a clinical decision-making tool, allowing the provider to have a holistic view of the patient's medications.

When interpreting PMP county-level data, it is important to emphasize that increases or decreases in a single measure may not indicate an increase or decrease in prescription misuse or abuse. Put simply, use does not always equate to abuse. There are many factors that might explain an unusually high rate of prescribing in a given area. For instance, an area which contains a large number of residents in long-term care facilities may result in a high rate of opioid prescribing.

These datasets inform critical discussions about opioid prescribing, provide an important baseline to better inform future policy decisions and allow the state and stakeholders to more meaningfully measure whether policy initiatives are effective.

Effective October 6, 2014, all hydrocodone combination drug (HCD) products (e.g., Vicodin) were reclassified from Schedule III to Schedule II. This reclassification during the last quarter of 2014 makes comparisons over time difficult to interpret. Beginning with CY 2015 data, reports of Schedule II products will include all HCD prescriptions.

Individuals with activity of concern "thresholds" for this report are based on a 3-month time period. MDPH has previously released annual county-level reports that provide thresholds based on a 12-month time period. Although the numbers (or rates) generated may appear to be comparable, they represent different time periods and are **NOT** an apples-to-apples comparison. The results are only comparable when the thresholds (e.g., 4 different providers and 4 different pharmacies), time interval (e.g. over a three-month period), and drug products analyzed (e.g. Schedule II opioids) are the same. Meaning, the total number (or rates) of individuals who received Schedule II-V opioid prescriptions from 4 or more providers and had them filled at 4 or more pharmacies in a 3-month period cannot and should not be compared with the total number of individuals (or rates) who received Schedule II-V opioid prescriptions from 4 or more providers and had them filled at 4 or more pharmacies in a 12-month period.

MA Prescription Monitoring Program: October – December 2020 and January – March 2021

October - December 2020 (Quarter 4)

County (County classifications are by patient zip code; patient state must also = MA)	Census Population*	Total Schedule II Opioid Prescriptions	Total Number of Schedule II Opioid Solid Dosage Units	Individuals Receiving Schedule II Opioid Prescription	% of Individuals Receiving Schedule II Opioid Prescription (of total population)	Individuals with Activity of Concern	Rate of Individuals with Activity of Concern (per 1,000)
Barnstable	216,629	20,834	1,055,147	9,015	4.2	11	1.2
Berkshire	126,398	11,552	587,298	4,956	3.9	<5	NR
Bristol	571,424	56,839	3,369,261	22,732	4.0	13	0.6
Dukes	17,404	1,321	71,050	631	3.6	0	0.0
Essex	796,916	58,061	2,891,843	26,818	3.4	11	0.4
Franklin	71,169	7,396	432,792	2,905	4.1	<5	NR
Hampden	470,869	44,344	2,479,644	18,958	4.0	15	0.8
Hampshire	163,997	13,627	828,034	5,473	3.3	6	1.1
Middlesex	1,626,553	82,446	4,066,107	40,815	2.5	20	0.5
Nantucket	11,416	846	37,273	403	3.5	0	0.0
Norfolk	715,271	43,524	2,294,162	20,337	2.8	16	0.8
Plymouth	527,689	42,879	2,390,944	19,431	3.7	7	0.4
Suffolk	809,594	38,229	2,142,722	17,591	2.2	15	0.9
Worcester	839,053	65,328	3,802,852	28,171	3.4	19	0.7
MA	6,964,382	487,226	26,449,129	218,236	3.1	137	0.6

Note 1: Individuals with activity of concern "thresholds" for this report are based ONLY on a 3-month time period; see notes on previous page; CY2020-Q4

Note 2: Counts greater than 0 but less than 5 are not reported. Rates based on these small values also are not reported (NR).

Note 3: Rates of individuals with activity of concern are based on the population of individuals who have received one or more Schedule II opioid prescriptions during the specified time period.

Note 4: Totals for all counties combined exclude a small number of prescription records that could not be assigned a county due to inaccurate zip code/city town information reported to the program.

Note 5: The total sum for the "Number of Individuals Receiving Schedule II Opioid Prescription" will be slightly different than the sum presented for the state in Figure 2 due to a small number of double counting of individuals moving from one county to another during the specified time period.

Note 6: PMP data are preliminary and subject to updates. The MA PMP database is continuously updated to allow for prescription record correction data submitted by pharmacies. This data were extracted on 04/13/2021; Release Date: April 2021.

Note 7: Beginning in 3rd quarter of 2016 the Department of Veteran's Affairs (VA) facilities began submitting data to the MA PMP.

Note 8: Population estimates used for years following the decennial census were developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health.

January - March 2021 (Quarter 1)

County (County classifications are by patient zip code; patient state must also = MA)	Census Population*	Total Schedule II Opioid Prescriptions	Total Number of Schedule II Opioid Solid Dosage Units	Individuals Receiving Schedule II Opioid Prescription	% of Individuals Receiving Schedule II Opioid Prescription (of total population)	Individuals with Activity of Concern	Rate of Individuals with Activity of Concern (per 1,000)
Barnstable	216,629	19,398	981,459	8,618	4.0	7	0.8
Berkshire	126,398	11,023	560,312	4,862	3.8	<5	NR
Bristol	571,424	54,289	3,208,132	21,966	3.8	13	0.6
Dukes	17,404	1,171	64,383	564	3.2	0	0
Essex	796,916	54,453	2,697,733	25,453	3.2	9	0.4
Franklin	71,169	7,020	406,408	2,859	4.0	<5	NR
Hampden	470,869	42,017	2,329,607	18,539	3.9	8	0.4
Hampshire	163,997	13,079	780,379	5,428	3.3	<5	NR
Middlesex	1,626,553	78,043	3,807,415	39,089	2.4	23	0.6
Nantucket	11,416	756	35,607	347	3.0	0	0
Norfolk	715,271	40,910	2,150,312	19,504	2.7	12	0.6
Plymouth	527,689	40,228	2,243,581	18,199	3.4	8	0.4
Suffolk	809,594	36,489	2,026,128	17,158	2.1	16	0.9
Worcester	839,053	61,286	3,552,653	26,999	3.2	9	0.3
MA	6,964,382	460,162	24,844,108	209,585	3.0	109	0.5

Note 1: Individuals with activity of concern "thresholds" for this report are based ONLY on a 3-month time period; see notes on previous page; CY2021-Q1

Note 2: Counts greater than 0 but less than 5 are not reported. Rates based on these small values also are not reported (NR).

Note 3: Rates of individuals with activity of concern are based on the population of individuals who have received one or more Schedule II opioid prescriptions during the specified time period.

Note 4: Totals for all counties combined exclude a small number of prescription records that could not be assigned a county due to inaccurate zip code/city town information reported to the program.

Note 5: The total sum for the "Number of Individuals Receiving Schedule II Opioid Prescription" will be slightly different than the sum presented for the state in Figure 2 due to a small number of double counting of individuals moving from one county to another during the specified time period.

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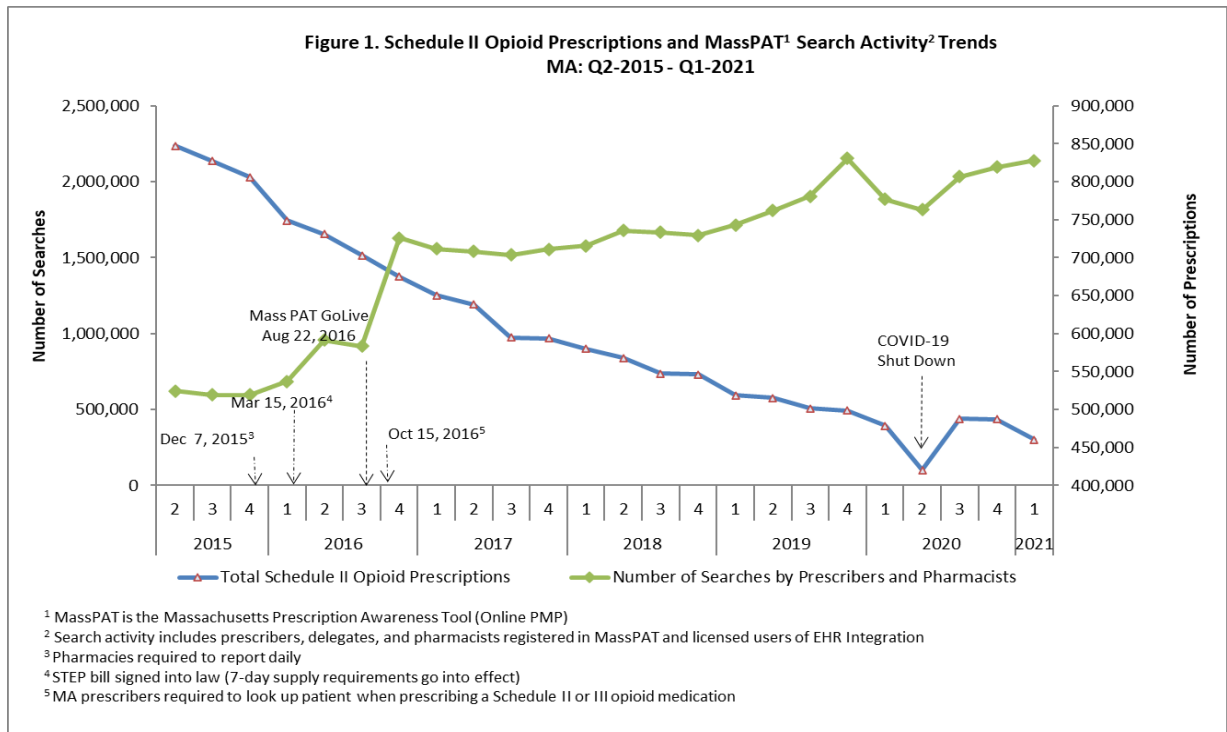
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Note 8: Population estimates used for years following the decennial census were developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health.

MA Prescription Monitoring Program Data

Trend Analyses for Schedule II Opioids Only

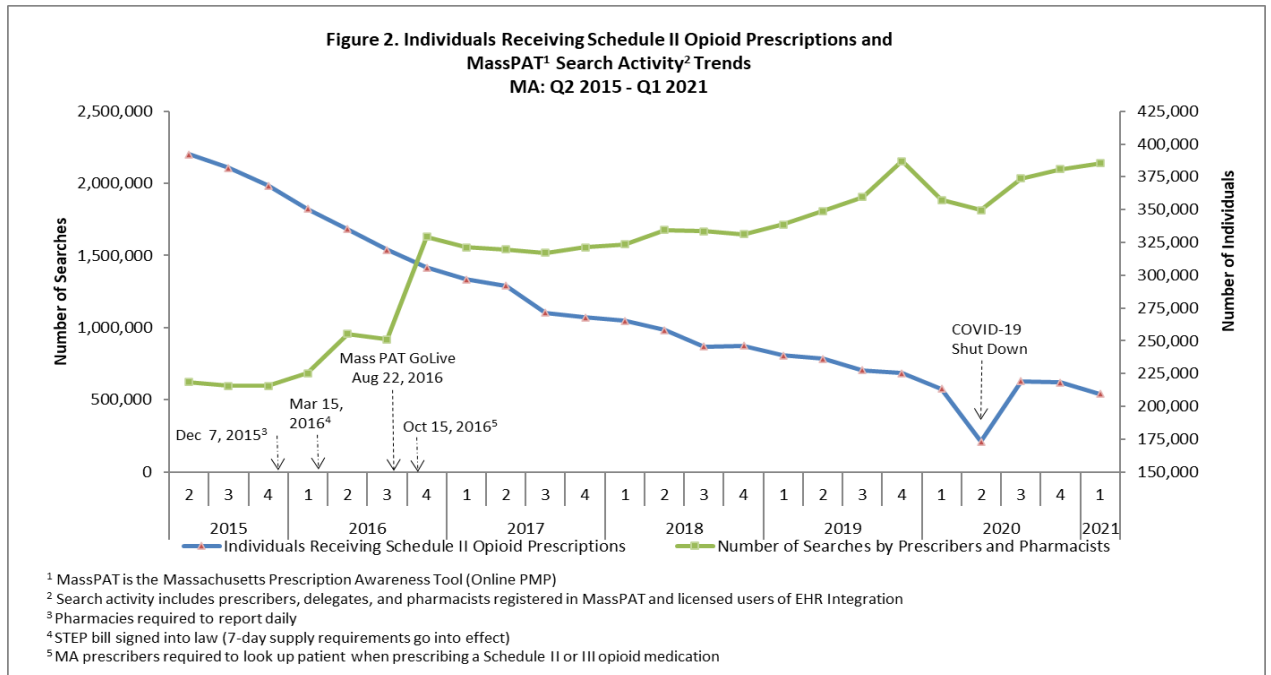
- In the 4th Quarter of 2020, there were approximately 487,000 Schedule II opioid prescriptions reported to the MA PMP; this is a small decrease from the previous quarter and just over a 42% decrease from the 1st Quarter of 2015. (n = 841,990 Schedule II opioid prescriptions).
- In the 1st Quarter of 2021, there were approximately 460,000 Schedule II opioid prescriptions reported to the MA PMP; this is a small decrease from the previous quarter and just over a 45% decrease from the 1st Quarter of 2015. (n = 841,990 Schedule II opioid prescriptions).



Note:

- PMP data are subject to updates. The MA PMP database is continuously updated to allow for prescription record correction data submitted by pharmacies. The data for CY2020 Q4 and CY2021 Q1 were extracted on 04/13/2020.
- Some discrepancies were identified in search counts reported by data vendor. Reports prior to Q2 CY23 were inflated due to overrepresenting the number of Gateway (i.e., Integration) searches. Archived PMP reports going back to Q3 CY 2018 (beginning of Gateway or Integrated searches) are now updated to reflect the accurate counts. (Dated: March 2024)

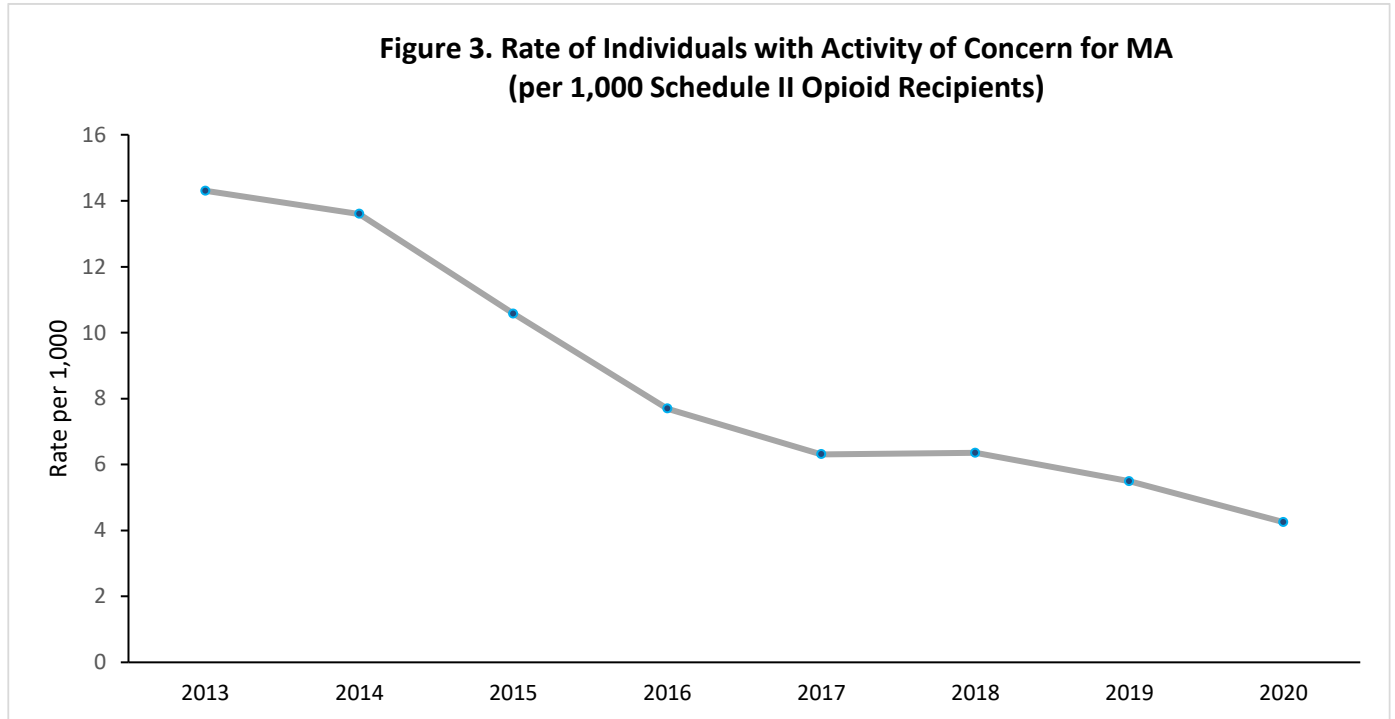
- Just over 218,000 individuals in MA received prescriptions for Schedule II opioids in the 4th Quarter of 2020; this is a slight decrease from the previous quarter (about 1,000 individuals) and over a 44% decrease from the 1st Quarter of 2015 (n = 390,532).
- Just over 209,000 individuals in MA received prescriptions for Schedule II opioids in the 1st Quarter of 2021; this is a slight decrease from the previous quarter (about 9,000 individuals) and over a 46% decrease from the 1st Quarter of 2015 (n = 390,532).



Note:

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- The rate of individuals with activity of concern (also referred to as multiple provider episodes) decreased from 14.3 to 4.2 per 1,000 individuals between CY 2013 and CY 2020, a 70% reduction in activity of concern. Between CY 2019 and CY 2020 the rates of individuals with activity of concern decreased from 5.5 to 4.2 per 1,000 patients.



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Source

- Prescription Drug Monitoring Program, Bureau of Health Professions Licensure, MDPH