Opioid Analgesics in New York City: Prescriber Practices

- In 2008 and 2009, non-medical use of prescription opioids in the past 12 months – without a prescription or use with a prescription but in a manner other than prescribed – was reported by 4% (263,000) of New Yorkers aged 12 years and older. The highest rate of prescription opioid misuse was among 18- to 25-year-olds (9% or 85,000 young adults).¹
- Opioid analgesic prescriptions filled by New York City (NYC) residents increased by 22% from 1,661,465 in 2008 to 2,029,156 in 2010.²
- Oxycodone accounted for nearly half (49%) of all opioid analgesic prescriptions filled in 2010; hydrocodone accounted for 38%.²

Oxycodone prescriptions increased 51% from 2008 to 2010 in NYC

Opioid analgesic prescriptions²

- From 2008 to 2010 there were more than 5.5 million opioid analgesic prescriptions filled by NYC residents for oxycodone, fentanyl, morphine, meperidine, methadone, hydromorphone, and hydrocodone.
- In 2010, 722,000 New Yorkers filled more than 2 million opioid analgesic prescriptions for a median of three prescriptions per person.
- Prescriptions were filled at 4,300 pharmacies in 2010; 7% of all prescriptions filled by NYC residents were filled in pharmacies outside of NYC. Staten Island had the highest rate of prescriptions filled of the five boroughs.
- Nearly three quarters (72%) of prescribers in 2010 were physicians; the remainder were dentists (16%), physician assistants (6%) and nurse practitioners (6%).

Rate of opioid analgesic prescriptions filled by borough in 2010

Data Sources

¹NSDUH: The National Survey on Drug Use and Health (NSDUH) conducted annually by the Substance Abuse and Mental Health Services Administration [SAMHSA] includes a representative sample of NYC residents aged 12 years and older. Two-year averages are presented.
²NYS PDMP: The Prescription Drug Monitoring Program (PDMP) managed by the New York State Department of Health collects data from drug dispensers on schedule II-V controlled substances. Data from 2008 to 2010 on schedule II and select schedule III opioid analgesics are presented here.

Methods:
The analyses in this report are restricted to include schedule II opioid analgesics (excluding codeine-cII) and hydrocodone, a schedule III opioid analgesic. Prescribers listed as veterinarians (1%) were removed from analyses.

Prescriber Classifications:
Prescribers were classified into four categories: “rare”, “occasional”, “frequent” and “very frequent”. The classifications were based on the distribution of prescribing practices, subdivided to reflect minimum number of prescriptions per year.

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Prescribing frequency for opioid analgesics in 2010

- Nearly half (49%) of prescribers were “rare” opioid prescribers, writing one to three opioid prescriptions per year and accounting for only 2% of all opioid analgesic prescriptions. Rare prescribers wrote prescriptions for 4% of all NYC patients who filled an opioid analgesic prescription (an average of 1.2 prescriptions per patient).
- “Occasional” prescribers (36% of all prescribers) wrote 15% of opioid prescriptions – four to 49 per year – to 22% (189,381) of patients (an average of 1.6 prescriptions per patient).
- “Frequent” prescribers (14% of all prescribers) wrote 51% of prescriptions – 50 to 529 prescriptions per year – to 55% (462,574) of patients (an average of 2.3 prescriptions per patient).
- The top 1% “very frequent” prescribers wrote 31% of prescriptions (636,444) – 530 to 10,185 per year – to 19% (157,836) of patients (an average of four prescriptions per patient).
- Among “very frequent” prescribers, oxycodone prescriptions increased by 86% from 2008 to 2010, compared with a 51% increase overall.
- On average, very frequent prescribers wrote 1,159 prescriptions per year, compared with rare prescribers who prescribed on average one prescription per year.

Payment methods for opioid analgesic prescriptions in 2010

- More than half (49%) of opioid prescriptions were paid for with commercial insurance and one in five (21%) by Medicaid.

**Data limitations:** Prescriber sub-specialty and practice setting were not available, so it is unknown whether prescribers were, for example, palliative care specialists (who might be expected to care for many patients at the end of life and potentially in need of opioids) or primary care physicians. In addition, patient diagnosis was unavailable, so the reason opioids were prescribed could not be determined.

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**Percent of patients and prescriptions by prescribing frequency in New York City, 2010**

![Percent_of_patients_and_prescriptions_by_prescribing_frequency_in_New_York_City_2010.png](attachment://Percent_of_patients_and_prescriptions_by_prescribing_frequency_in_New_York_City_2010.png)

Source: NYS Prescription Drug Monitoring Program,

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**Payment methods for opioid analgesic prescriptions in 2010**

![Opioid_prescription_payment_methods_NYC_2010.png](attachment://Opioid_prescription_payment_methods_NYC_2010.png)

Source: NYS Prescription Drug Monitoring Program.

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**MORE New York City Health Data and Publications**

- For more information on drug use, check out the following Health Department resources: Help to Stop Using; Vital Signs: Illicit Drug Use in New York City; Drugs in NYC Epi Data Brief; Opioid Analgesic Epi Data Brief
- Visit EpiQuery – the Health Department’s online, interactive health data system at [www.nyc.gov/health/EpiQuery](http://www.nyc.gov/health/EpiQuery)