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

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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.

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