

Effects of Opioid Crisis Policy in the United States

Backwards Design Concept

Problem Framing

The problem this project seeks to address is the assessing the effectiveness of policy on the opioid crisis in America. Throughout the past years, America has seen a sharp increase in opioid usage, addiction, and related fatalities. It is important to assess the effects of policy implementation to ensure that we are iteratively approaching positive change within our society. Without reflective assessment, policies have subjective influence, are prone to politicization, and may not be effective in addressing the problem at hand. In this assessment we will both seek to understand the effectiveness of policy implementation as well as establish a framework for future policy assessment.

Question Definition

The two questions we seek to answer within our analysis of policies directed at the opioid crisis are: 1. What is the effect of opioid drug prescription regulation on the volume of opioids prescribed? 2. What is the effect of opioid drug prescription regulation on the number of opioid related deaths?

In these questions we find two output variables: the volume of opioids prescribed (shipments) and opioid related deaths. We will seek to understand the effect of policy on these two variables.

Policy Outlines:

- Florida (2010): In 2010, Florida was home to 98 of the 100 U.S. physicians who dispensed the highest quantities of oxycodone directly from their offices. In February 2010, the Drug Enforcement Administration and various Florida law enforcement agencies began to work together in Operation Pill Nation. Operation Pill Nation was an endeavor to crack down on rogue pain clinics and 'pill mills' which were distributing opioids in large

quantities. There were a series of policy evolutions here but they are referenced as having occurred in February of 2010. Additional milestones of interest are the declaration of a public health emergency by the Florida Surgeon General, the prohibition of physician dispensing of Schedule II and III drugs, and the implementation of the Prescription Drug Monitoring Program (PDMP).

- Texas (2007): Texas Medical Board adopted regulations for the treatment of pain with controlled substances which included:
 - Performing a patient evaluation before prescribing opioids including a review of prescription history.
 - Obtaining informed consent from the patient for opioid treatment.
 - Conducting periodic reviews of the patient's progress with a complete medical record of treatment.
- Washington (2012): In 2012, Washington State enacted regulations for the prescribing of opioids which included requirements that must be met prior to the prescription of opioids to a patient:
 - For stable patients involving non-escalating doses (daily) of 40mg per day or less. Annual review of the patient's treatment required.
 - For patients who would receive 120mg per day, a mandatory consultation is required.
 - If there is a prescription above the consultation threshold, a consultation with a pain management specialist is required.
 - The physician must document all consultations.
 - Prescription above the 120mg is not recommended for patients demonstrating improvement in function or without first obtaining a consultation with a pain management specialist.

Answer Proposal

Required Data

Data Sourcing