What Do Sugary Beverage Taxes and Opioid Prescription Regulations Have In Common?

By Chuck Dinerstein, MD, MBA — March 12, 2020

The answer to that question: They both purport to improve health outcomes by harnessing the state’s regulatory authority for taxation or prescribing behavior. However, neither has shown to produce any health benefit. A new study shows that Florida physicians follow the rules, but not whether the rules help patients.

In July of 2018, the Florida legislature, acting as physicians, not as the near majority of lawyers that they are, restricted opioid prescriptions for acute pain to three days, with a seven-day extension for documented exceptions. The researchers used pharmacy prescription claims from a single health plan before and after the legislation to measure its effects. From 54,409 individual opioid prescriptions, the research focused on the “opioid naïve,” those without a prescription within six months, a total of 8375 patients.

- Before the law’s enactment, 5.5 patients/1000 enrollees began opioids, after the number decreased to 4.5 patients/1000. That is 5 to 10 patients fewer.
Before the law’s enactment, the average days supplied were 5.4 days/prescription, it dropped to 4.2 days/prescription immediately after adoption, and by the time the study was completed, met the statutory limit of 3 days.

The researchers rightly conclude that the law reduced prescribing behavior. How could it not? It is the law, and in a world of e-prescribing, there is no option to override the system’s limits. It is like being surprised that everyone is driving at 30 miles per hour after you change the engines so they cannot go faster.

But like the tax on sugary beverages, that decrease purchases, did the new rules change health outcomes? Was there a decline in these patients becoming addicted, or more to the point, did the patients have significant pain relief, or did they grin and bear it? Those real outcomes are not reported, while the surrogates of, less prescribing, are put forward as proof of benefit. I suppose the authors can be forgiven; there is not a physician in the group; they are primarily PharmD’s.

The law also requires the 83,000 Florida physicians to take a 2-hour course on opioid prescribing as a condition of licensure renewal every two-years. The class costs 25-75 dollars, so physicians are looking at out-of-pocket expenses of roughly $2 million, but not to worry it will be written off as a business expense or annoyance. I guess in some ways we should be happy that the cities invoking a sugary beverage tax did not require all of its citizens to undergo a mandatory 2-hour course on proper beverage consumption.

The Florida law is “feel-good,” “look what I did for you” legislation. All smoke and mirrors and little substance. We should hold our leaders to higher standards, at least requiring them to demonstrate over time the efficacy of their regulations. I would suspect that we will see a report of the health outcomes from opioid restriction just a few days before or after the report on how the tax on sugary beverages impacted the health of the citizens being taxed.