

PRESCRIPTION DRUG OVERDOSE PREVENTION *in* **UTAH**



THE STATE RESPONSE:

- ▶ The state health agency established a workgroup in 2005 to define the problem and identify important unanswered questions and immediate measures to prevent further overdose deaths. The two dozen or so workgroup members ranged from family physicians to representatives of the state workers compensation fund to a number of related health department programs.
- ▶ In 2007, the Utah legislature funded the two-year Pain Medication Management and Education Program. Strategies included a statewide media campaign (Use Only as Directed), provider education, development of Utah's "Clinical Guidelines on Prescribing Opioids for Treatment of Pain," community medication "take-back" events, improvements to Utah's prescription drug monitoring program and targeted law enforcement efforts.
- ▶ In 2009, the Utah Pharmaceutical Drug Crime Project was established. The project's criminal justice component targets the sources of pharmaceutical drug diversion, and its public awareness/education component focuses on the safe use, storage and disposal of prescription drugs via the Use Only as Directed campaign.
- ▶ Legislation passed in 2010 requires controlled substance prescribers to register to use the Utah Controlled Substances Database (UCSD), take a tutorial, pass a test on UCSD use and controlled substance prescribing, and, beginning in 2014, to take a four-hour educational class upon renewing or applying for a controlled substances license.
- ▶ In 2014, the legislature passed (1) a good Samaritan law, enabling bystanders to report an overdose without fearing criminal prosecution for illegal possession of a controlled substance or illicit drug; and (2) a law (HB 119) permitting physicians to prescribe naloxone—an opioid "antidote"—to third parties, and permitting third parties to administer the antidote, without legal liability.
 - To assess the impact of HB 119, the Emergency Administration of Opiate Antagonist Act, the Utah Injury and Violence Prevention Program is developing an evaluation plan for the law, supported by technical assistance from the Safe States Alliance, the American Public Health Association, and CDC.
- ▶ Authorities added accidental drug overdose deaths to the state surveillance program for the National Violent Death Reporting System to ensure ongoing monitoring of the deaths—a new approach that earned Utah the Safe States Innovative Initiative of the Year award in 2012.
- ▶ The Utah Pharmaceutical Drug Community Project, chaired by the Utah Department of health, is leading the development of a comprehensive state plan addressing prescription drug abuse/misuse/overdose through public awareness, prescriber education, access to substance abuse treatment and community resources, criminal justice and public health surveillance. Project participants include state Emergency Medical Services representatives, local law enforcement agencies, the Utah Poison Control Center, the state attorney's general office and many others.

SUCCESSES

- ▶ In 2008, Utah documented its first decrease in prescription drug deaths in over a decade, down to 278 from 313 in 2007. This trend has continued with the number of deaths dropping to 250 in 2012.
- ▶ From 2007 to 2012, Utah's adult prescription pain medication death rate decreased significantly, from 17.6 to 12.7 deaths per 100,000 adults, respectively.

THE PROBLEM:

- ▶ According to data from the Utah medical examiner, 79 people in Utah died from prescription drug overdose in 1991, compared with 323 in 2012.
- ▶ In 2003, Utah's prescription drug death rate surpassed its motor vehicle death rate, making prescription drug overdose the leading cause of injury death in the state. This trend continues in 2012, with the prescription drug death rate exceeding the motor vehicle death rate by 80 deaths.
- ▶ In 2013, Utah ranked the 8th highest state for number of prescription drug overdose deaths.
- ▶ Prescription pain medications—mainly methadone, oxycodone, hydrocodone and fentanyl—were the drugs most commonly associated with drug overdose deaths.

"I've learned, once you have momentum going, you have to keep it going. . . The problem can increase dramatically, without a concerted, collaborative effort. Not just one strategy or approach, nor one agency alone can solve this complicated public health problem."

"It is important to remove the stigma from prescription drug abuse, so people know this can affect anyone. It's not people using illicit drugs; it can be your neighbor, teacher, mom, uncle, grandfather."

— Anna Fondario, MPH, Injury Epidemiologist,
Violence and Injury Prevention Program
Utah Department of Health