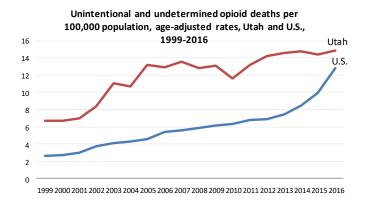
Reducing Prescription Drug Misuse, Abuse and Overdose

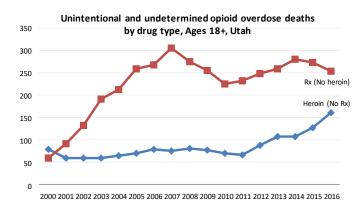
Workgroup Co-chairs: Anna Fondario, Ivy Melton-Sales

Data Updates

The rate of opioid deaths has been consistently and significantly higher than the U.S., which has been increasing since 1999. Drug poisoning is the leading cause of injury death in Utah and opioids are one of the main contributors to drug poisoning rates in Utah.

There were 2.2 million opioid prescriptions dispensed in 2016 and through several concurrent efforts, an observed decrease in prescription opioid deaths has been seen in Utah since 2014. However, the increase in deaths related to heroin and other illicit opioids is concerning.





Goals, Objectives, Measures, and Strategies

Goal: Decrease high risk prescribing by 20% from 2015 to 2019.

Objective: Increase provider education and training, including tools and resources, to positively change prescribing behavior.

Measure: Rate of opioid prescriptions dispensed per 1,000 population

Baseline: 796.8 opioid prescriptions per 1,000 population in 2015

Target: 637.5 opioid prescriptions per 1,000 population in 2019

Current Measure: 639.5 opioid prescriptions per 1,000 population in 2016

Strategy: At least two health systems will implement a provider intervention and provide educational materials in at least three high burden areas.

Accomplishments:

High burden areas identified, resource mapping of Utah Health Systems, data slide deck for partners (May 2017)

Objective: Increase awareness and utility of clinical risk indicators and dashboards.

Measure: Percent of opioid prescriptions with a daily MME > 90

Baseline: 12.0% opioid prescriptions dispensed with a daily MME > 90 in 2015

Target: 9.6% opioid prescriptions dispensed with a daily MME > 90 in 2019

Current Measure: 10.3% opioid prescriptions dispensed with a daily MME > 90 in 2016

Strategies: Increase provider utilization of the controlled substance database in at least one health system by March 2018.

Accomplishments:

- Clinical Risk Indicator Dashboard went live November 2017
- Community Dashboard anticipated to go live by December 2017

Goals, Objectives, Measures, and Strategies (continued)

Goal: Decrease opioid overdoses by 10% from 2015 to 2019.

Objective: Improve timeliness of data, surveillance, and evaluation efforts.

Measure: Rate of undetermined / unintentional drug overdose deaths involving opioids per 100,000 population

<u>Baseline</u>: 13.6 undetermined / unintentional drug overdose deaths involving opioids per 100,000 population in 2015

<u>Target</u>: 12.3 undetermined / unintentional drug overdose deaths involving opioids per 100,000 population in 2019 <u>Current Measure</u>: 13.9 undetermined / unintentional drug overdose deaths involving opioid per 100,000 population in 2016

Strategy: Identify gaps in current data collection efforts and explore opportunities to address gaps by October 2017.

Strategy: Increase frequency of surveillance reports in three high-burden areas by March 2018.

Accomplishments:

- Charter developed for Opioid Fatality Review Team
- Data table of prescription drug overdoses on the Utah Department of Health Violence and Injury Prevention website updated (http://health.utah.gov/vipp/data/prescription-drug-overdoses.html)

Objective: Promote public awareness of opioid risks, signs of an overdose, safe storage, safe disposal, and naloxone.

Measure: Rate of drug overdose hospitalizations involving opioids per 10,000 population, acute care hospitals only including all opioids including heroin, unintentional, or undetermined

Baseline: 1.9 hospitalizations per 10,000 population in 2015

Target: 1.7 hospitalizations per 10,000 population in 2019

Current Measure: 1.9 hospitalizations per 10,000 population in 2016

Strategy: Reduce community norms favorable to misuse and abuse in at least three high-burden areas through public awareness messages and efforts by March 2018.

Strategy: Target at least three high-burden areas to promote existing public awareness messages by March 2018.

Strategy: Develop an opioid abuse, misuse, and overdose prevention social media plan and publish three social media posts each week with targeted boosts in at least three high-burden areas by July 2017.

Accomplishments:

- Decrease in percent of Utah students (grades 8, 10, 12) who used prescription drugs without a prescription in the
 past 30 days from 2015 to 2017 observed in Southeast, Tooele, TriCounty, and Weber-Morgan local health districts
- Drop box locations and overdose outreach provider information posted on respective websites (http://useonlyasdirected.org/ and https://naloxone.utah.gov/outreach-providers)
- Disseminated the following materials:
 - English "Signs of an Overdose" pocketcard 10,707
 - Spanish "Signs of an Overdose" pocketcard 850
 - Use Only As Directed brochure 6,943
 - Stop the Opidemic brochure 13,865
 - * Naloxone brochure 20,100
 - * Opioid stickers 172,000
 - Posters 568
 - * Bags, pens, notepads 264
- The following events were held:
 - National Public Health Week Suicide and Opioid Addiction are Preventable 4/5/2017: 513 people reached
 - * National Take Back Day 4/28/2017: 930 people reached statewide
 - * Talk to Your Pharmacist month 5/1/2017: 2,767 people reached
 - * International Opioid Awareness Day 8/31/2017: 682 people reached
 - * Utah Opioid, Management, Diversion, and Heroin Summit 9/7/2017: 223 people reached
 - * Take Back Event Post 10/28/2017: 1,575 people reached

Goal: Increase access to naloxone by 50% from 2015 to 2019.

Objective: Increase pharmacy-based naloxone access and education.

Measure: Percentage of pharmacies participating in Utah's Statewide Standing Order

Baseline: 0% of pharmacies participating in Utah's Statewide Standing Order in 2015

Target: 50% of pharmacies participating in Utah's Statewide Standing Order in 2019

Current Measure: 33.4% of pharmacies participating in Utah's Statewide Standing order in 2017

Strategy: Increase pharmacy participation in the Talk to Your Pharmacist month campaign.

Strategy: Increase pharmacy participation in Utah's Statewide Standing Order.

Accomplishments:

- Pharmacy locator map posted on naloxone.utah.gov website (https://naloxone.utah.gov/locations)
- Update on the Overdose Outreach Pilot Program provided (September 2017 http://www.health.utah.gov/vipp/pdf/RxDrugs/OpiateOverdoseOutreachPilotProgramLegislativeFactsheet.pdf)

Objective: Increase community-based naloxone access and education.

Measure: Number of naloxone doses dispensed through Utah's Statewide Standing Order or by enrolled Opiate Overdose Outreach Providers

<u>Baseline</u>: 0 naloxone doses dispensed through Utah's Statewide Standing Order or by enrolled Opiate Overdose Outreach Providers in 2015

<u>Target</u>: 10,000 naloxone doses dispensed through Utah's Statewide Standing Order or by enrolled Opiate Overdose Outreach Providers in 2019

<u>Current Measure</u>: 7,044 naloxone doses dispensed through Utah's Statewide Standing Order or by enrolled Opiate Overdose Outreach Providers in 2017

Strategy: Increase availability, access, training, and dissemination of naloxone in three high burden areas by July 2017.

Accomplishments:

- High burden areas identified, list of overdoes outreach providers available at naloxone.utah.gov
- Several educational events held and materials distributed (see above)

Goal: Increase availability of treatment and recovery services by 10% from 2015 to 2019.

Objective: Increase the number of individuals accessing public substance abuse disorder treatment.

Measure: Number of individuals served in public substance abuse disorder treatment

Baseline: 15,049 individuals served in public substance abuse disorder treatment in 2015

Target: 16,550 individuals served in public substance abuse disorder treatment in 2019

Current Measure: 14,729 individuals served in public substance abuse disorder treatment in 2016

Strategy: Identify treatment resources, gaps, and barriers in three high-burden areas and provide recommendations to increase access to treatment by October 2017.

Strategy: Increase the number of medication-assisted treatment training opportunities and providers receiving the training in three high-burden communities by March 2018.

Accomplishments:

Information on existing resources gathered

Available Services/Resources

Prescription Drug Deaths

Stop the Opidemic

http://www.opidemic.org/

Use Only As Directed campaign

http://www.useonlyasdirected.org

Utah Department of Health: Naloxone

http://naloxone.utah.gov/

Utah Department of Health Violence and Injury Prevention Program

http://www.health.utah.gov/vipp/topics/prescription-drug-overdoses/

Utah Division of Substance Abuse and Mental Health Utah Department of Human Services

http://www.dsamh.utah.gov

Utah Poison Control Center http://poisoncontrol.utah.edu

National Institutes of Health: National Institute on Drug

Abuse

http://drugabuse.gov

Partnership for a Drug-Free America

http://www.drugfree.org

Office of National Drug Control Policy

http://www.whitehouse.gov/ondcp

Information on addiction resources and tools

https://www.drugrehab.com/addiction/prescriptions/

Illicit Substance Use/Disorder

UTAH:

Edward G. Callister Foundation, Referral and Information Services: (801) 587-HOPE (4673) or toll free (866) 633-HOPE. The service is designed to provide referral and educational resources with respect to substance abuse.

Mental health and substance abuse services in Utah are also provided through Community Mental Health and Substance Abuse programs and the Utah State Hospital. One responsibility of the Utah Department of Human Services, Division of Substance Abuse and Mental Health (DSAMH) is to ensure that prevention/treatment services for substance abuse and mental health are available throughout the state.

Utah Department of Human Services Division of Substance Abuse and Mental Health 195 North 1950 West Salt Lake City, Utah 84116

Phone: 801-538-3939 Fax: 801-538-9892

http://www.dsamh.utah.gov

NATIONAL:

The U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration's (SAMHSA) National Drug and Treatment Referral Routing Service provides a toll-free telephone number for alcohol and drug information/treatment referral assistance. The number is 1-800-662-HELP (4357).

National Institute of Drug Abuse http://www.nida.nih.gov/NIDAHome.html