

# Reducing Prescription Drug Misuse, Abuse and Overdose

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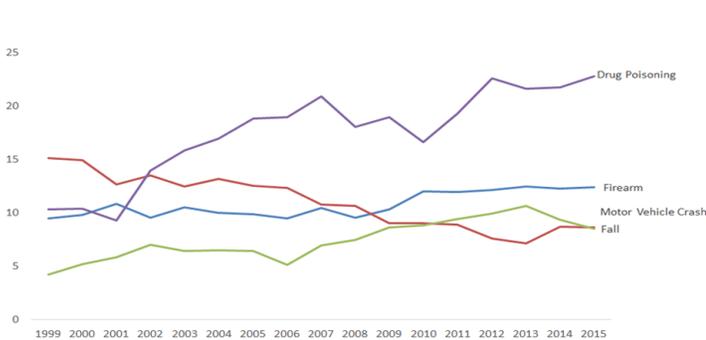
## Background

Data shows that the rate of deaths per 100,000 from drug poisoning has been increasing since 1999. Drug poisoning is the leading cause of injury death in Utah.

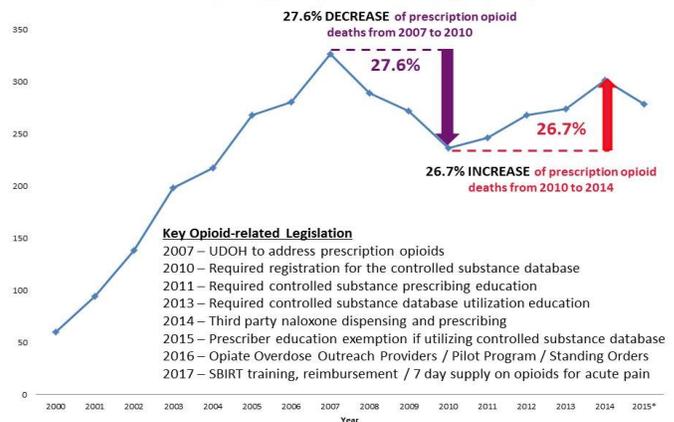
Prescription opioid deaths are one of the main contributors to the drug poisoning rates.

In Utah there were 2.6 million opioid prescriptions dispensed in 2015; that is enough for every Utah adult to have a bottle of pills. Utah is the 15th highest in the nation for high-dose opioid prescribing.

Rate of deaths per 100,000 population by injury type, Utah 1999-2015



Number of occurrent prescription opioid deaths by year, Utah, 2000-2015



## Goals, Objectives, Measures, and Strategies

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

**Objective:** Decrease high risk prescribing by 10% from 2015 to 2019.

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

**Baseline:** 888.5 opioid prescriptions per 1,000 population in 2015

**Target:** 800.0 opioid prescriptions per 1,000 population in 2019

**Strategy:** Increase safe prescribing and dispensing practices in health systems in at least three high-burden areas by March 2018.

**Strategy:** Provide educational materials on opioid risks, signs of an overdose, and naloxone to patients who are at increased risk of opioid overdoses in at least three high-burden areas by March 2018.

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

**Baseline:** 15.9% opioid prescriptions dispensed with a daily MME > 90 in 2015

**Target:** 14.3% opioid prescriptions dispensed with a daily MME > 90 in 2019\*

**Strategy:** Increase provider utilization and education of the controlled substance database in at least three high-burden areas by March 2018.

**Goal:** Improve timeliness of data, surveillance, and evaluation efforts.

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

## Goals, Objectives, Measures, and Strategies (continued)

**Measure:** Rate of drug overdose deaths involving opioids per 100,000 population

Baseline: 15.8 drug overdose deaths involving opioids per 100,000 population in 2015

Target: 14.2 drug overdose deaths involving opioids per 100,000 population in 2019

*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.

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

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

**Measure:** Rate of drug overdose emergency department (ED) visits/hospitalizations involving opioids per 10,000 population

Baseline: 1.6 drug overdose ED visits/1.0 drug overdose hospitalizations involving opioids per 10,000 population in 2014

Target: 1.4 drug overdose ED visits/0.88 drug overdose hospitalizations involving opioids per 10,000 population in 2019

*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.

**Goal:** Increase availability of and access to physical and behavioral health services, treatment, and resources.

**Objective:** Increase opioid use disorder treatment by 50% from 2015 to 2019. Increase access to naloxone by 50% from 2015 to 2019.

**Measure:** Number of opioid treatment providers

Baseline: 14 opioid treatment providers in 2016

Target: 20 opioid treatment providers in 2019

*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.

*Strategy:* Explore implementation of community-based treatment and support services (housing, healthcare, job training, treatment and mental health support) for low level offenders in at least one high burden area by March 2018.

**Measure:** Number of counties with Overdose Outreach Providers implementing harm reduction strategies (syringe exchange, overdose education and naloxone distribution)

Baseline: 0 counties with Overdose Outreach Providers implementing harm reduction strategies

Target: 16 counties with Overdose Outreach Providers implementing harm reduction strategies

*Strategy:* Increase harm reduction strategies in three high burden areas by March 2018.