

Utah Health Status Update:

Prescription Medication Overdose Deaths in Utah

November 2008

Utah Department of Health

Unintentional fatalities due to prescription medications are an increasing problem in Utah and the United States. The annual number of prescription-related drug overdose deaths began to increase substantially in 2001 and the increase has continued through 2007. In 2007, the number of deaths related to non-illicit medications (which includes both over-the-counter and prescription drugs) was 317, a slight increase from 307 in 2006. Prescription medication overdose deaths are the leading cause of injury death in Utah and one of the leading causes of death for 25–54 year olds in Utah.

Most medication-related deaths are due to prescription pain medications, such as oxycodone, hydrocodone, methadone and fentanyl. In 2007, the Medical Examiner investigated 467 overdose deaths related to drugs of any type. Of these, 62 decedents had strictly illicit drugs appear on the toxicology results while 317 had strictly non-illicit drugs in the toxicology results and 67 decedents had a combination of illicit and non-illicit drugs. The mean age of people who died from a drug overdose in 2007 was 40 years old. The mean age of people who died strictly of non-illicit drugs was higher (39.5 yrs) than those who died of illicit drugs (34.9 yrs). The individuals who died of strictly illicit drugs in 2007 were more frequently male (79%) than those who died of strictly non-illicit drugs (56% male). Deaths from only non-illicit drugs occurred in 11 of the 12 health districts showing that this is both an urban and rural problem and that it is impacting most counties across the state.

This Health Status Update presents information from an investigation of deaths from prescription pain medications using information from linking death records with records of prescriptions collected in the Controlled Substances Database (CSDB) maintained by the Division of Occupational and Professional Licensing.

Figure 2 illustrates the percentage of total deaths identified as being opioid poisonings

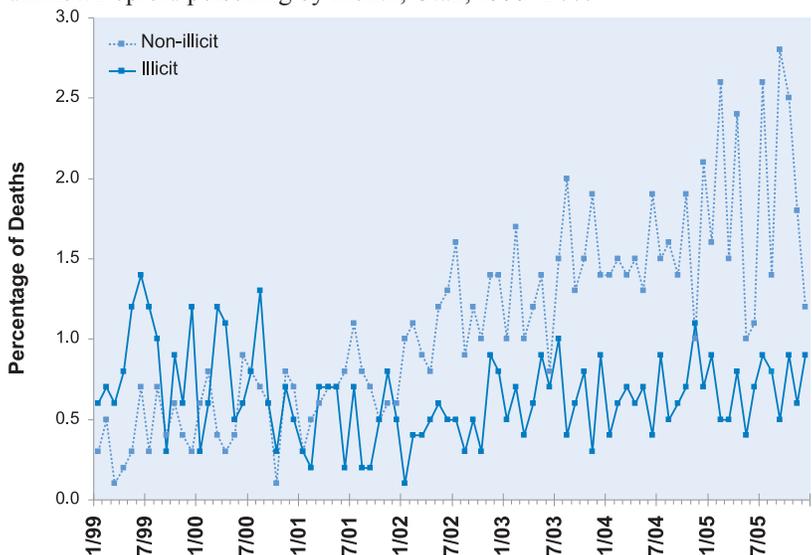
Non-illicit Drug Overdose Deaths

Figure 1. Number of non-illicit drug overdose deaths recorded in the Medical Examiner Database, Utah, 1991–2007



Opioid Poisoning Deaths

Figure 2. Percentage of total deaths that were due to accidental and unknown opioid poisoning by month, Utah, 1999–2005



of accidental or unknown intent. The dark blue solid line represents accidental and unknown intent poisonings where illicit drugs were found on toxicology and the light blue dashed line represents the same category of deaths where no illicit drugs were found on toxicology. It is evident that opioid poisonings of accidental and unknown intent where illicit drugs were found on toxicology have remained relatively stable over this seven year period. In contrast, the number of opioid

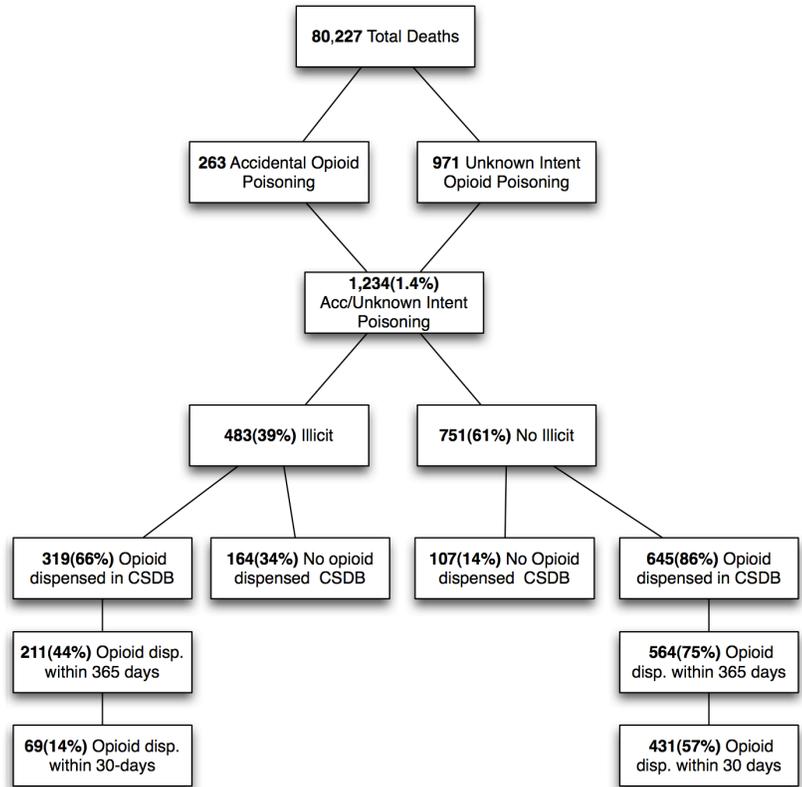
poisoning deaths where no illicit drugs were found on toxicology has been steadily increasing since 2001.

During the years of this investigation (1999 to 2004) there was a total of 80,227 deaths of Utah residents. Of those deaths, 263 were identified as accidental opioid poisonings and 971 were identified as opioid poisoning with undetermined intent resulting in 1,234 apparently non-intentional opioid poisonings. In 483 (39%) of the accidental and unknown opioid poisoning deaths illegal substances (e.g., cocaine, methamphetamine, marijuana) were found during toxicology examination, and in 751 (61%) no illegal substances were found. Based on the linkage of death records to the controlled substance prescription records contained in the CSDB, 69 of the 483 (14%) opioid deaths (accidental and undetermined intent) with illicit drug use had at least one opioid dispensed where the supply would have ended within 30 days of death if the drug was used as prescribed. In comparison, 431 of 751 (57%) of the deaths involving only non-illicit medications based on toxicology results had at least one opioid dispensed where the supply would have ended within 30 days of death.

These results indicate that a substantial proportion of the individuals who died of prescription pain medication overdose were receiving at least one of the implicated opioids by prescription from a health care provider. Those deaths represent an opportunity for prevention by better educating both patients and health care providers about the risks from these medications. These results also suggest that a substantial proportion of decedents obtained the implicated medications by some other means. Different interventions will be needed to prevent those deaths.

Legal Access to Opioid Poisoning Deaths

Figure 3. Breakdown of accidental and unknown opioid poisoning deaths and evidence of legal access to opioid medications, Utah, 1999–2004



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For additional information about this topic, contact the Prescription Pain Medication Program, (801) 538-6542 or (801) 538-6386, website: health.utah.gov/prescription or useonlyasdirected.org, FAX (801) 538-9923, email: erjohnso@utah.gov or rrolfs@utah.gov; or the Office of Public Health Assessment, Utah Department of Health, Box 142101, Salt Lake City, UT 84114-2101, (801) 538-6108, FAX (801) 538-9346, email: phdata@utah.gov