

## CDC PREVENTION FOR STATES WORKPLAN

*Purpose:* In response to CDC's Prescription Drug Overdose Prevention for States Funding Opportunity Announcement, the UDOH VIPP is participating as a state experiencing a high rate of drug overdose deaths ranking 4<sup>th</sup> in the nation. The overall goals of the proposals are to: 1) enhance and maximize the Utah Controlled Substance Database as a public health tool, 2) implement community-level interventions, 3) evaluate the implementation and impact of prescription drug-related policies, 4) develop and implement innovative rapid response projects.

*Outcomes:* It is expected that the proposed goals, objectives, and activities will have the intended effect of reducing prescription drug misuse, abuse, and overdose deaths in Utah. As a result of implementing the activities proposed, we expect to impact the following long-term outcomes:

- Decrease the rate of opioid abuse,
- Increase opioid use disorder treatment,
- Decrease drug overdose death rates for both opioids and heroin, and
- Improve health outcomes in Utah "hot spots".

*Background:* Utah has the 4<sup>th</sup> highest age-adjusted drug overdose death rate in the U.S. and deaths from drug poisoning have outpaced deaths due to firearms, falls, and motor vehicle crashes. A study from 2002 to 2010 found that primary care providers were the most frequent prescribers and the most often associated with opioid fatalities. Prescription opioid therapy, chronic non-cancer pain, high dose prescription opioids, and multiple prescriptions from multiple providers and pharmacies have been implicated as risk factors for Utah overdose deaths.

In recent years, key legislation has helped Utah address the prescription drug abuse problem. In 2010, controlled substance prescribers were required to register to use the Utah Controlled Substance Database, take a tutorial, and pass a test when applying for or renewing their license. Most recently, in 2014, a Good Samaritan Law enabling bystanders to report an overdose without fearing criminal prosecution and a law permitting third-party dispensing and administering of naloxone passed. During last year's legislative session, Utah's Controlled Substance Database Act was amended requiring pharmacists to provide dispensing information real-time or within 24 hours to the Utah Controlled Substance Database (CSD), Utah's prescription drug monitoring program.

Utah's previous experience has proven that prescription opioid deaths are preventable through targeted interventions, stakeholder coordination, and a comprehensive, multi-agency approach. The UDOH continues to innovate and address prescription drug misuse, abuse, and overdose deaths by developing and disseminating CSD reports on prescriber behaviors and trends, implementing community-level interventions, evaluating effective legislative policies, such as naloxone access laws, Good Samaritan laws, and real-time reporting laws, and developing innovative rapid response projects to counter emerging threats.

### **Goal 1: Enhance and maximize the Utah Controlled Substance Database as a public health tool.**

*Activities Goal 1:* 1) increase capacity to store and analyze CSD data 2) increase the number of data systems linked to CSD 3) increase number of CSD public health surveillance reports 4) increase and improve proactive reporting.

### **Goal 2: Implement community –level interventions.**

*Activities Goal 2:* 1) Identify and provide technical assistance to high-burden communities and counties. 2) Enhance uptake of evidence- based opioid prescribing guidelines.

### **Goal 3: Evaluate the implementation and impact of prescription drug related policies.**

*Activities Goal 3:* 1) Maintain and facilitate an evaluation team with multi-agency representation 2) implement the Emergency Administration of Opiate Antagonist Act and the Overdose Reporting Amendments evaluation plans. 3) Develop a plan to evaluate provisions in the Controlled Substance Database Act requiring real-time or 24-hour data submission.

### **Goal 4: Develop and implement rapid response projects.**

*Activities Goal 4:* 1) Develop and implement a multi-disciplinary team led by state law enforcement and public health to advance an innovative prevention approach to PDO.