

Opiate Overdose Outreach Pilot Program

Legislative ReportSeptember 1, 2017

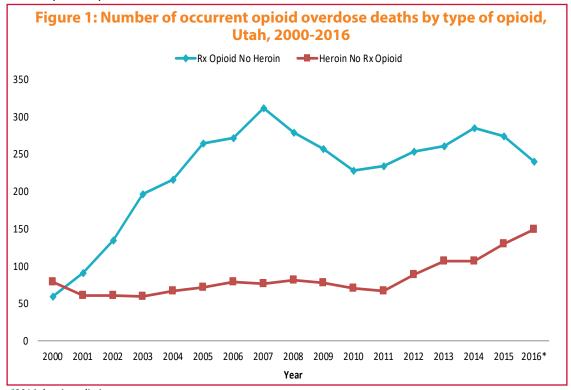
During the 2016 General Session, the Utah State Legislature passed the Opiate Overdose Response Act which included the following House Bills (HB):

- HB 192: Opiate Overdose Outreach Pilot Program (Sponsored by Representative McKell) created the Opiate Overdose Outreach Pilot Program within the Utah Department of Health and authorized the department to make grants through the program to persons that are in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.
- HB 238: Overdose Outreach Providers (Sponsored by Representative Spackman Moss) authorized an overdose outreach provider to furnish an opiate antagonist without civil liability and required an overdose outreach provider to furnish instruction on how to recognize and response appropriately to an opiate-related drug overdose event.
- HB 240: Standing Orders (Sponsored by Representative Eliason) authorized the use of a standing prescription drug order issued by a physician to dispense an opioid antagonist.

According to Utah Code 26-55-107(8) the Utah Department of Health (UDOH) shall report to the Legislature's Social Services Appropriations Subcommittee no later than September 1 of each year on the outcomes of the Opiate Overdose Outreach Pilot Program.

The expected outcome of the Opiate Overdose Outreach Pilot Program is to reduce opioid overdose deaths.

While the number of prescription opioid overdose deaths decreased 12.4% from 2015 (n=274) to 2016 (n=240), the number of heroin overdose deaths increased by 15.5% (2015 n=129; 2016 n=149) (**Figure 1**). Together, a 2.0% decrease in the number of overall opioid related deaths was observed from 2015 (n=414) to 2016 (n=406).



*2016 data is preliminary.



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Outcomes

Opiate Overdose Outreach Pilot Program (January 1, 2017 – June 30, 2017)

- \$236,037 awarded to 17 law enforcement agencies, five local health departments, and nine direct service agencies
- 3,111 naloxone kits purchased
- 1,967 naloxone kits disseminated
- 1,599 individuals received naloxone kits
- 46 lives known to be saved

Overdose Outreach Providers (January 1, 2017 – June 30, 2017)

Several overdose outreach providers did not receive funding through the Opiate Overdose Outreach Pilot Program but voluntarily participated in naloxone distribution efforts. These agencies reported to the UDOH the following results:

- 1,244 naloxone kits purchased
- 1,183 naloxone kits disseminated
- 648 individuals received naloxone kits
- 25 lives known to be saved

Standing Orders

- 150 pharmacies currently participating
- 140 naloxone kits dispensed between December 8, 2016 and December 31, 2016

Naloxone Educational Resources

In 2016, the UDOH developed a public eduation campaign, Stop the Opidemic (<u>www.opidemic.org</u>). As part of that campaign, the following naloxone specific materials were developed.

- More than 267,000 views of the Naloxone awareness video
- 19,750 brochures disseminated
- 12,357 overdose prevention Pocketcards disseminated

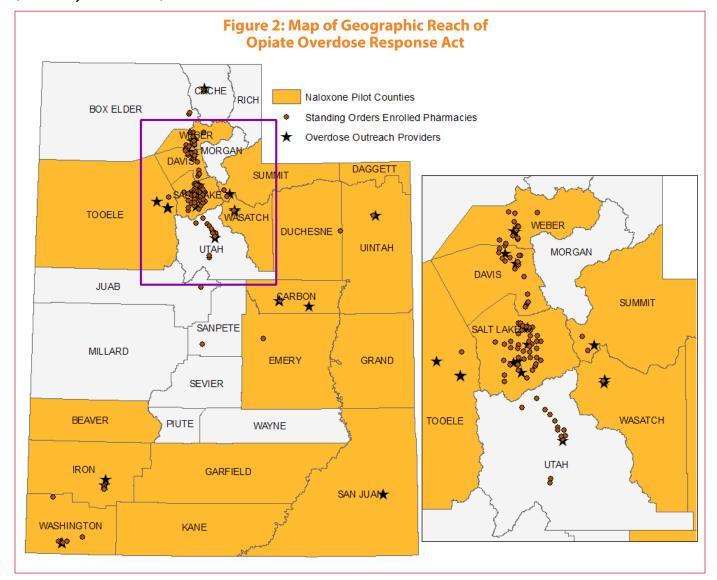
Also in 2016, the UDOH developed and launched a Naloxone website targeted to:

- General public
- Prescribers
- Pharmacists
- First responders
- Outreach providers

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Figure 2 shows the Utah counties that benefited from the Opiate Overdose Pilot Program, the distribution of opiate overdose outreach providers which voluntarily enrolled with the UDOH, and the distribution of pharmacies which participate in the Utah statewide standing order for naloxone (voluntary enrollment).





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Grants

The UDOH Violence and Injury Prevention Program released two Requests for Proposals (RFP) to contract with qualified opiate overdose outreach providers to provide access to naloxone and provide training on the proper administration of naloxone for individuals who are at risk for an opiate-related drug overdose event, as well as their family or friends.

Opiate Overdose Outreach Providers

Eligible grantees included organizations in a position to assist an individual at increased risk of experiencing an opiate-related drug overdose event and included the following:

- · Law enforcement agencies
- Local health departments
- · Local substance abuse or mental health authorities
- Substance abuse treatment, recovery, or support services
- Homeless services
- Naloxone training services
- Schools
- Harm reduction services

Reporting Requirements

Contracts with each of the grantees were processed with the following reporting requirements. The grantee shall submit an interim and final report to the UDOH and will include:

- The amount of opiate antagonist purchased and dispensed by the grantee during the reporting period.
- The number of individuals to whom the opiate antagonist was dispensed by the grantee.
- The number of lives known to have been saved during the reporting period as a result of the opiate antagonist dispensed by the grantee.
- The manner of which the grantee shall record, preserve, and make available for audit by the department, the annual report requirements listed above.

Rulemaking

The UDOH Violence and Injury Prevention Program filed an emergency rule with the Utah Department of Administrative Services to establish procedures and application processes pursuant to Title 26, Chapter 55 for the UDOH by July 1 to provide funds to pay for the purchase of an opiate antagonist or to pay for the cost of providing training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event. The emergency rule was published in the July 15, 2016, issue (Vol. 2016, No. 14) of the Utah State Bulletin.

A permanent rule was filed with the Utah Department of Administrative Services to replace the 120-day emergency rule and was published in the September 15, 2016 issue (Vol. 2016, No. 18) of the Utah State Bulletin.