

Opiate Overdose Program

Legislative Report September 1, 2020

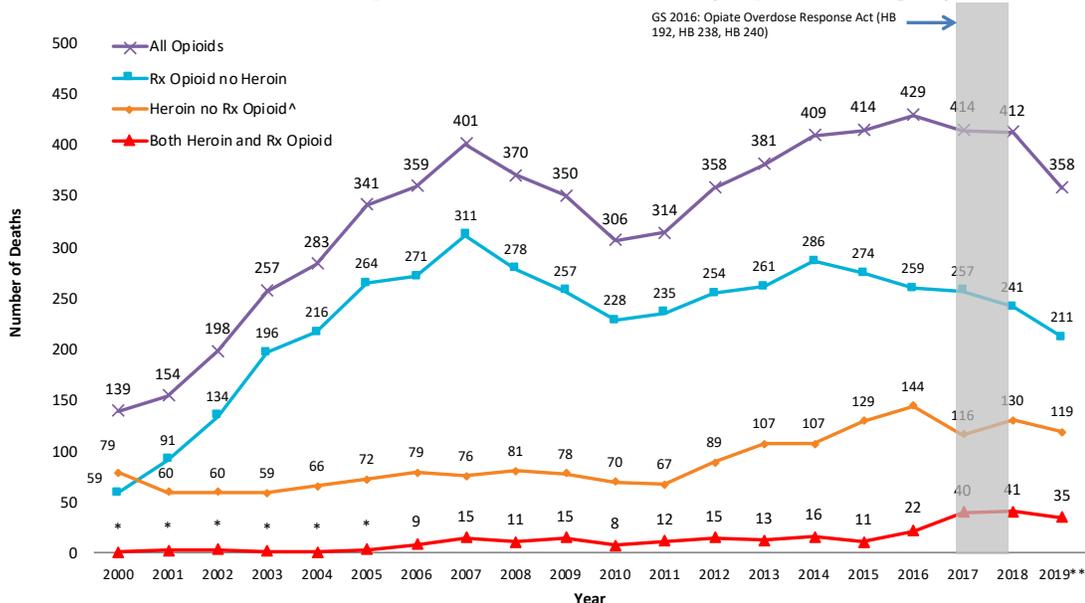
From 2018 to 2019, there has been an observed decrease in the number of opioid related deaths in Utah. The number of prescription opioid overdose deaths excluding heroin decreased by 17.2%, the number of heroin overdose deaths excluding prescription opioids decreased by 6.4% and the number of deaths involving both prescription opioids and heroin decreased by 32.5% (**Figure 1**).

During the 2016 General Session, the Utah State Legislature passed the Opiate Overdose Response Act which included the following House Bills (HB) (**Figure 1**):

- **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 respond 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.

The Opiate Overdose Pilot Program was implemented by the Utah Department of Health (UDOH) from July 1, 2016 to June 30, 2017 with one-time funding of \$250,000. The expected outcome of the Opiate Overdose Outreach Pilot Program was to reduce opioid overdose deaths; prescription opioid deaths excluding heroin decreased 17.5% and heroin deaths excluding prescription opioids decreased 27.0%. Deaths involving both groups increased 57.9% (**Figure 1**). Additional program outcomes from this one-time pilot project can be found in the Opiate Overdose Pilot Program Report at the end of the report.

Figure 1: Number of occurrent opioid overdose deaths by opioid category, Utah, 2000-2019



*Data is suppressed, counts are < 5.

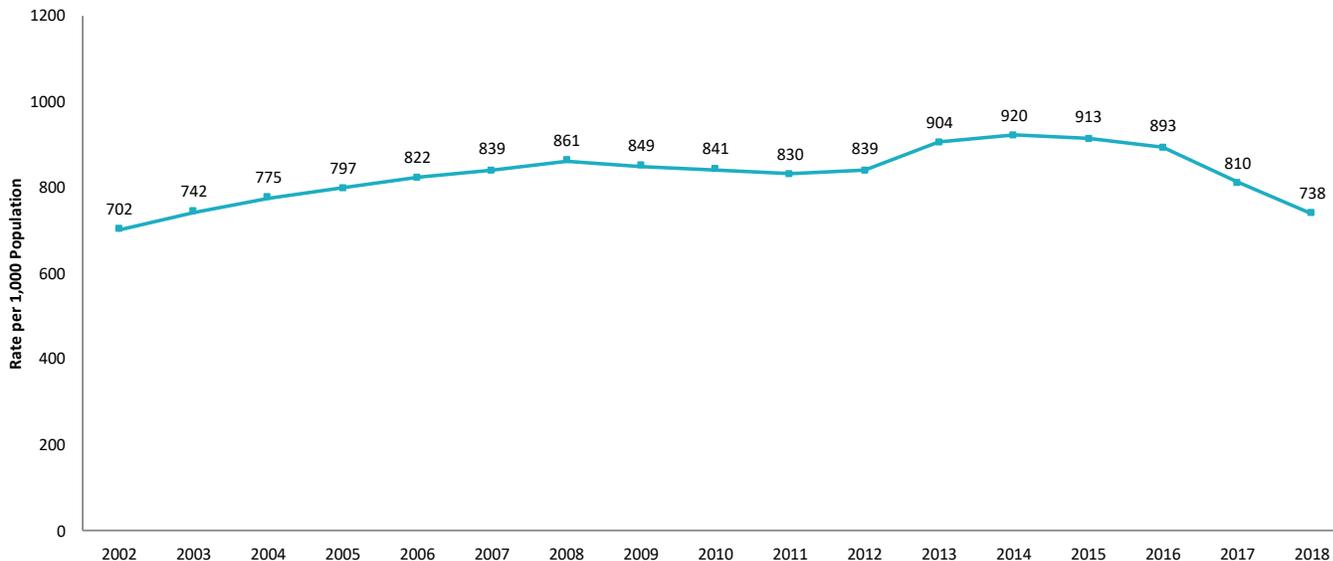
**Counts from 2019 are preliminary and subject to change as additional toxicology results become available.

Data Source: 2000-2015 Utah Violent Death Reporting System, 2016-2019 Utah Death Certificate Database.

[^]Category "Heroin no Rx Opioid" does not include illicit synthetic opioids.

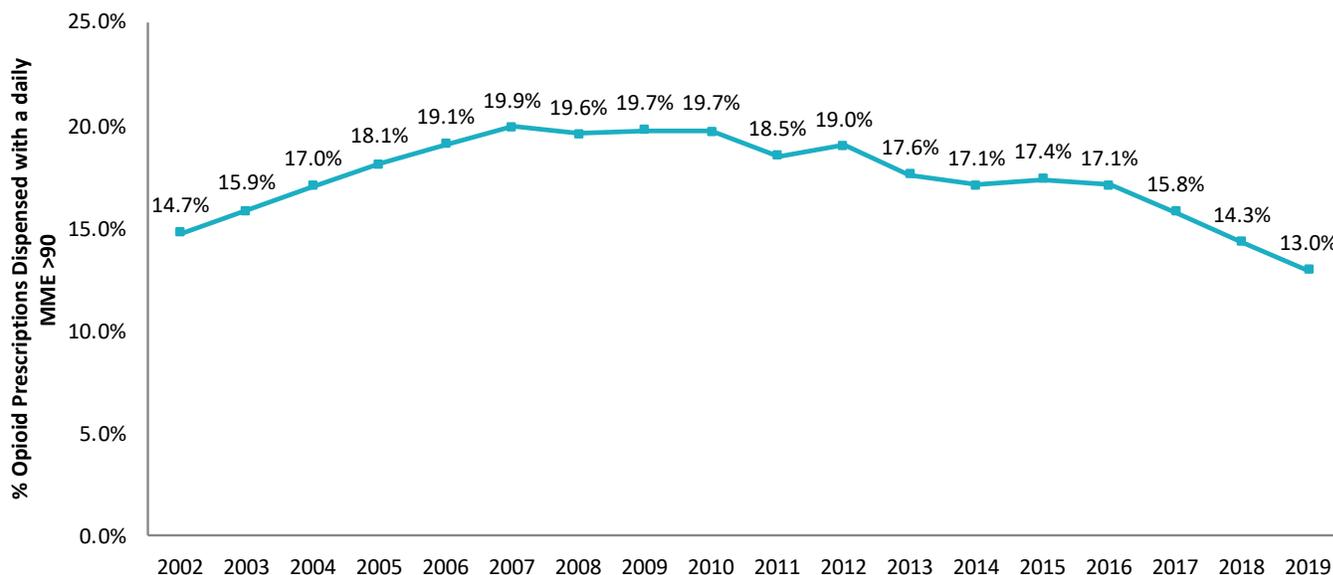
The rate of opioid prescriptions has been declining since 2014. There are still 736 are opioid prescriptions dispensed per 1,000 Utah population (**Figure 2**).

Figure 2: Rate of Opioid Prescriptions Dispensed per 1,000 Population, Utah, 2002-2018



Opioids dispensed with daily MME (Morphine Milligram Equivalents) greater than 90 have been declining since 2015, with 13.0% or 277,078 prescriptions in 2019 (**Figure 3**).

Figure 3: Percent of Opioid Prescriptions Dispensed with daily MME >90, Utah, 2002-2019



Since implementation of the Opiate Overdose Pilot Program from July 1, 2016 to June 30, 2017, the UDOH has had limited funding to meet the naloxone demand around the state. Currently, the UDOH has the capacity to purchase 504 kits per quarter, or 168 kits per month, for targeted naloxone distribution to people at high risk of experiencing or witnessing an overdose. Targeted naloxone distribution is an evidence-based strategy recognized by the CDC with various approaches to distributing naloxone including community distribution program through Overdose Outreach Providers, co-prescription of naloxone, equipping first responders, and standing orders.

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Targeted Naloxone Distribution Efforts

With limited funding, staff at the UDOH purchase and disseminate naloxone kits across the state. These efforts are making a difference and saving lives. Results of these efforts include:

5,037
naloxone kits
disseminated

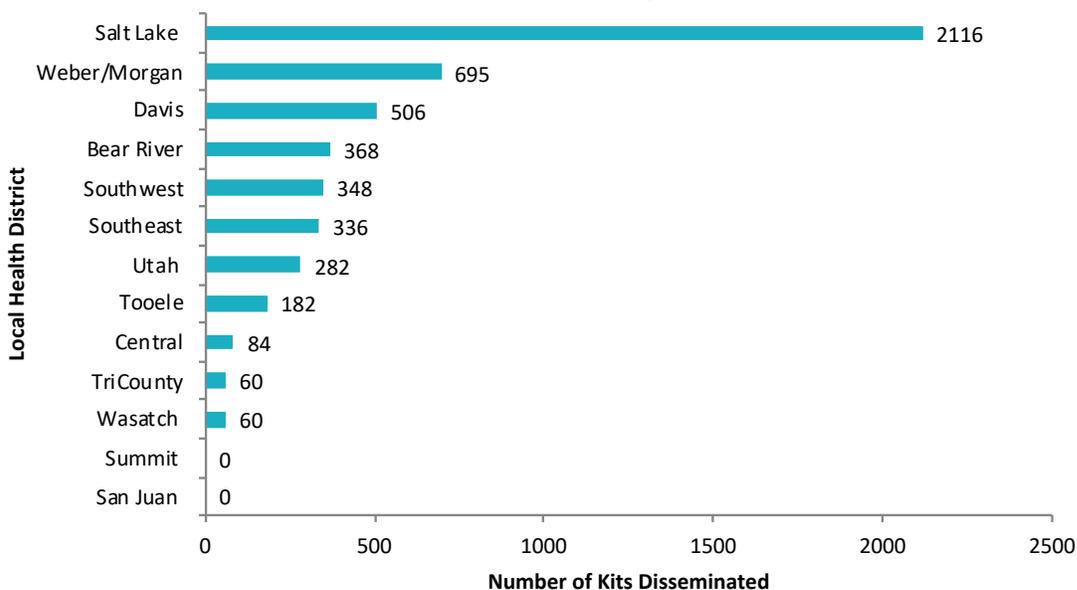
20
known opioid
overdose
reversals

1.75
average doses of
naloxone used per
reversal

Overdose Outreach Providers (Data from May 1, 2018 – May 24, 2019)

Through an open application for individuals and organizations interested in receiving Narcan® nasal spray, 5,037 naloxone kits have been purchased and disseminated across Utah (Figure 4).ⁱⁱ

Figure 4: Number of naloxone kits disseminated by local health district, Utah, 2019



Standing Order (Data from January 1, 2019 – December 31, 2019)

- 200 pharmacies enrolled
- 2,587 naloxone doses dispensed

(Table 1)

Table 1: Number of naloxone doses disseminated through Utah's Standing Order for Naloxone by geographic location and type of naloxone, Utah, 2019

Naloxone Type	Urban	Rural/Frontier	Total
Nasal Spray	1708	719	2427
Pre-filled Luer-lock Syringe	64	32	96
Auto-injector	8	2	10
Vial	43	11	54
Total	1823	764	2587

Naloxone Training and Educational Resources

The following naloxone materials were viewed, downloaded, or distributed as part of the Stop the Opioid media campaign (www.opidemic.org):

- Overdose PSA (youtu.be/MNODSb9y4n4)
 - 268,143 views
- Naloxone PSA (youtu.be/AcFnsLLpodk)
 - 797,881 views

The following number of opioid educational resources were disseminated in 2019 (**Table 2**).

Table 2: Number of opioid related materials disseminated, Utah, 2018

Material	Number Disseminated
Pill Bottle Sticker	644,050
Opioid Overdose Prevention Pamphlet	50,295
Overdose Prevention Pocketcards (English and Spanish)	11,545
Stop the Opioid Brochure	1,280
Naloxone Brochure	7,302
Use Only As Directed Brochure	2,975
Posters	1,563
Total	719,010

In partnership with the University of Utah Poison Control Center, a “Naloxone for Opioid Overdose 101” training was developed for the public, first responders, and public safety officers. Participants receive a certificate of completion at the end of the training. The training can be accessed at naloxone.utah.gov/n-training.

Syringe Services Programs

- Syringe Exchange Programs provide direct services to people who use drugs by supplying them with overdose prevention education and response.
- Often people who use drugs are the most likely to help reverse an overdose with using naloxone.
- Utah Syringe Exchange Programs are required by law to provide overdose prevention education and referrals to access naloxone with every participant encounter.
- There were 11,409 encounters with 1714 unique participants in 2019.
- Syringe exchange programs also distribute naloxone and provide education and support on its proper use and collect overdose reversal information from syringe exchange participants.
- In 2019, Syringe Exchange Programs distributed 2,149 naloxone kits and received 77 overdose reversal reports.

FY17 Opiate Overdose Outreach Pilot Program Report

The Opiate Overdose Outreach Pilot Program was implemented by the UDOH from July 1, 2016 to June 30, 2017 with one-time funding of \$250,000.

Outcomes (January 1, 2017 – June 30, 2017)

- \$236,037 awarded to 17 law enforcement agencies, five local health departments, and nine direct service agencies
- 3,821 naloxone kits purchased
- 2,671 naloxone kits disseminated
- 1,971 individuals received naloxone kits
- 54 lives known to be saved

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Grants

The UDOH released two Requests for Proposals (RFP) to contract with qualified opiate overdose outreach providers for the Opiate Overdose Outreach Pilot Project. Funds were provided to purchase 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 for the pilot program 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 pilot program grantees were processed with the following reporting requirements. Each grantee was required to submit the following to the UDOH:

- The amount of opiate antagonist purchased and dispensed by the grantee during the reporting period.
- The number of individuals who received naloxone from 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.

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, 2016 to provide funds to pay for the purchase of naloxone 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.

i Centers for Disease Control and Prevention. Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2018. Accessed August 26, 2019 from <http://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

i Funds are from State of Utah General Funds allocated to the Utah Department of Health Violence and Injury Prevention Program for opioid overdose prevention efforts and federal funds from the Utah of Substance Abuse and Mental Health.

Data Source: Utah Department of Health Violence and Injury Prevention Program Naloxone Tracking System