# Utah Opioid Overdose Fatality Review Hot Spots Report

**March 2019**

UTAH DEPARTMENT OF HEALTH
Violence & Injury Prevention Program

A major priority of the Utah Opioid Overdose Fatality Review Committee (OFRC) is to identify "hot spots" throughout the state in order to tailor prevention recommendations to the unique traits and needs of the area. Hot spots are Utah Small Areas that have significantly higher rates of opioid overdose deaths when compared to rates in other small areas and the state overall. Due to time constraints, the OFRC narrowed the focus of this report to one rural and one urban Utah Small Area with the highest burden of opioid overdose deaths.

Utah small areas are determined by population size, political boundaries of cities and towns, and economic similarity. Dividing the state into small areas allows for more meaningful analysis by reducing areas to the smallest unit where there is enough data to be reliable and the area is similar.

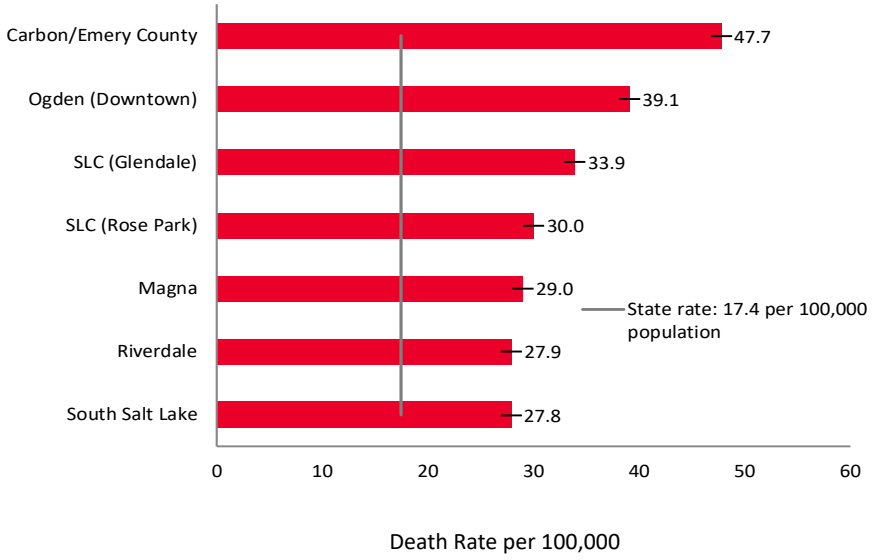
Toward the end of 2018, the Utah Department of Health revised the small area designations, bringing the total from 62 to 99 Utah Small Areas. At the time of the OFRC review, the old small area boundaries were still in place; accordingly, this report is based on the previous small area boundaries.[1]

## Hot Spots[2]

The Carbon/Emery County small area is considered rural/frontier and is within the Southeastern Utah Health District. This small area had a significantly higher rate of opioid overdose death when compared to most other small areas, and the state as a whole. The overdose death rate between 2014 and 2016 was 47.7 per 100,000 population, compared to the state rate of 17.4 per 100,000 population (**Figure 1**).

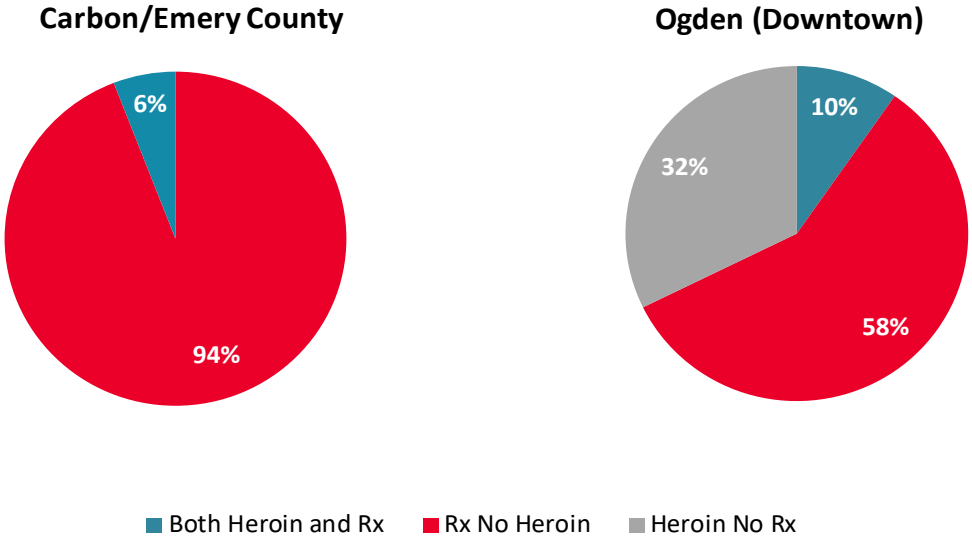
The Ogden (Downtown) small area is considered urbanand located within the Weber-Morgan Local Health District boundaries. This small area had a significantly higher rate of opioid overdose deaths when compared to most other small areas, and the state as a whole. The overdose death rate between 2014 and 2016 was 39.1 per 100,000 population (**Figure 1**).

**Figure 1. Highest opioid overdose death rates among Utah residents aged 18+, by Utah Small Area, 2014-2016**



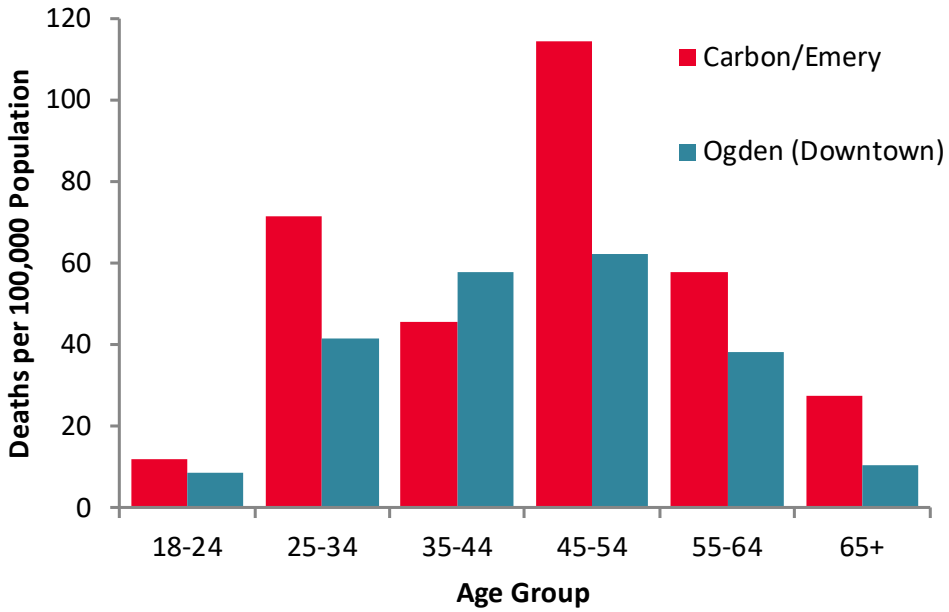
The majority of opioid overdose deaths in the Carbon/Emery County resulted from prescription opioids, followed by heroin (94% and 6%, respectively). In Ogden (Downtown), the majority of opioid overdose deaths were attributed to prescription opioids (58%), followed by heroin (32%) and deaths that involved both prescription opioids and heroin (10%) (**Figure 2**).

**Figure 2. Opioid overdose deaths among Utah adults aged 18+ by opioid type, Utah Small Area, 2014-2016**




Adults between 45-54 years of age had higher rates of opioid overdose deaths than other age groups in both Carbon/Emery County and Ogden (Downtown) (114.2 per 100,000 population and 62.3 per 100,000, respectively) (**Figure 3**).

**Figure 3: Opioid overdose deaths by Age group, Carbon/Emery County and Ogden (Downtown) Utah Small Areas, 2014-2016**



# Opioid Overdose Fatality Review Committee

In response to the growing opioid epidemic, the Utah Department of Health (UDOH) Violence and Injury Prevention Program (VIPP) established the Opioid Overdose Fatality Review Committee (OFRC). The primary purpose of the OFRC is to establish effective strategies for preventing and responding to opioid overdose. The committee is made up of representatives of many agencies uch as the Utah Office of the Medical Examiner, Utah Department of Corrections, Attorney General's Office, Utah Division of Occupational and Professional Licensing, Utah Department of Human Services, University of Utah Medical Center, and Utah Poison Control Center. The OFRC meets regularly to review opioid overdose deaths and make recommendations to prevent future deaths.

# Recommendations

Based on fatality reviews in two opioid overdose hot spots in Utah, the OFRC recommends:

**Criminal Justice Personnel** (prison, jail, or other detention facility):

- Begin Medication Assisted Treatment (MAT) services while inmates are still incarcerated in order to reduce recidivism and relapse after release.
- Establish universal, best-practice guidance on "safe exit" from incarceration for individuals and their families. This guidance should address tolerance changes following detention, how to access and use naloxone, treatment and support resources, and how to successfully transition to treatment.
- Establish community peer-support advocate/liaison programs to provide follow-up and support after release, in order to encourage help-seeking behaviors and facilitate successful transition to treatment for substance use disorder (SUD).

**First Responders:**

- Implement a policy for emergency medical services/law enforcement personnel to leave naloxone (and develop an educational brochure) on scene for high-risk individuals (e.g. those indiviudals who refuse transport/frequent overdose call-outs).The Salt Lake City Fire Department is currently doing this.

**Healthcare Providers:**

- Use the Utah Clinical Guidelines for Prescribing Opioids for the Treatment of Pain (guidelines to improve prescriber behavior such as co-prescribing naloxone, practicing conservative opioid prescribing, avoiding potentially fatal drug combinations, and other guidelines).
- Develop/employ universal risk assessment such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify; reduce, and prevent problematic use, abuse, and dependence on opioids and provide naloxone and follow-up services when high-risk patients are identified.
- Develop and implement universal post-surgical safety planning and safe pain management (could include follow-up services, home healthcare, home visiting, peer outreach, communication with chronic pain treatment provider, monitoring regular pain medication regimen and post-surgical pain).
- Develop guidance on best prescribing practices of opioids for patients with traumatic brain injuries (TBIs).
- Distribute naloxone at the time of discharge for any patient hospitalized or treated for an opioid overdose.
- Establish guidelines to facilitate a "warm hand-off" to treatment programs following treatment or hospitalization for overdose.
- Improve patient and prescriber education on the increased risk of fatal respiratory depression/sleep apnea for obese patients who are or may be prescribed opioids.

**Timely and thorough review of fatality data can inform prevention efforts statewide.**

**Outreach and Education:**

- Increase/continue bystander education on recognizing signs and symptoms of overdose and how/when to access and use naloxone
- Continue/increase public education on the increased risk of overdose when combining opioids with alcohol and/or other medications (e.g., Rx/OTC sleep aids, muscle relaxers, anxiety medications, allergy medications, etc.)
- Continue/expand public awareness education regarding the importance of safe storage and the dangers of sharing opioids
- Improve education and awareness of the Good Samaritan Law  Overdose Reporting Amendments with both law enforcement and at-risk communities, regarding the practical applications and protections guaranteed under the law, in order to increase public buy-in.
- Organize community treatment resources into a centralized system (e.g., community resource hub/"One-stop-shop") in order to minimize trauma and encourage help-seeking behaviors
- Improve outreach, education and support for family members/caregivers of those with SUD

**Legislative/Policy:**

- Implement legislation requiring prescribers to perform a review of the Controlled Substance Database (CSD) before prescribing opioids to identify and prevent doctor-shopping and other drug seeking behaviors, and refer to proper treatment
- Increase the number of MAT certified physicians, especially in rural areas, including outreach to physicians who have waivers but are unwilling to provide treatment
- Seek funding to develop needed infrastructure for critical substance abuse and mental health interventions and treatments, especially in rural local health departments and local mental health authority districts
- Add questions regarding substance abuse and addiction to the Domestic Violence Lethality Assessment Protocol (LAP) used by law enforcement and provide information on treatment resources if these aggravating factors are identified

# References

1 Utah Small Area Boundary Maps (2017). Utah Department of Health, Center for Health Data and Informatics, Indicator-Based Information System for Public Health website: https://ibis.health.utah.gov/query/SA_Maps.html
2 Utah Department of Health, Violence and Injury Prevention Program, Utah Violent Death Reporting System