

Utah Opioid Overdose Fatality Review Recent Release Report

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UTAH DEPARTMENT OF
HEALTH
Violence & Injury Prevention Program



People with opioid use disorder who were recently released from an institution, such as a correctional facility or a medical/mental healthcare facility, have likely experienced a period of abstinence from opioids. These individuals who use opioids after a recent release are at increased risk of opioid overdose due to changes in their body's tolerance to the drug.

The topic of recent release from an institution was prioritized by the Opioid Overdose Fatality Review Committee (OFRC). Cases were chosen based on the following criteria:

- the fatality must have occurred within one month of the decedent being released from, or admitted to, an institutional setting; and
- the decedent must have spent one or more nights in the institution; this does not include cases where the decedent was arrested and released on the same day, or when the decedent died while in the institution.

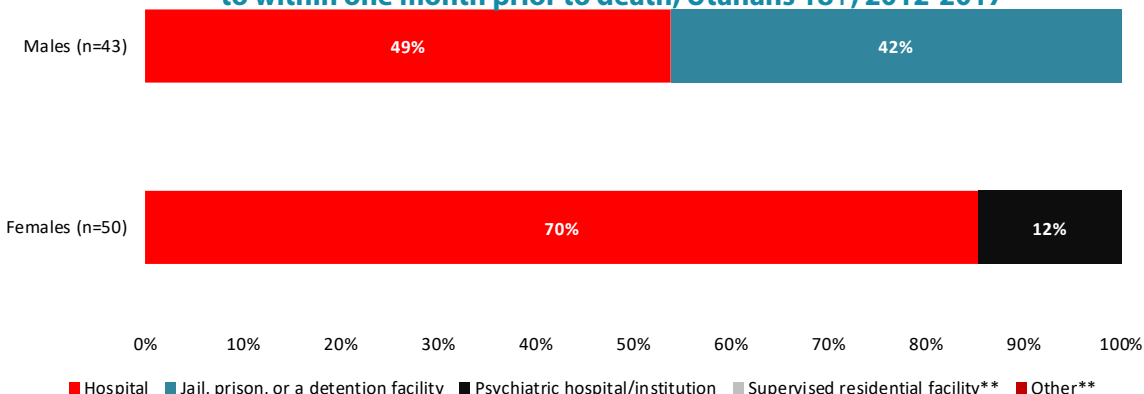
The cases chosen involved releases from the following institution types:

- jail, prison, or detention facility;
- hospital, psychiatric hospital (or in the psychiatric ward of a non-psychiatric hospital);
- long-term residential healthcare facility (e.g. nursing home);
- supervised residential facility related to alcohol or substance abuse treatment (e.g. residential treatment facility, sober houses, or group home); and
- supervised residential facility not related to alcohol or substance abuse treatment (e.g. halfway houses or work-release homes).

Utah Statistics¹

The majority of recent release opioid overdose deaths occurred after release from a hospital or jail. Females were 2.4 times more likely to have been released from a hospital than from other institutional settings prior to death when compared to males (odds ratio 2.4, p-value <0.05) (Figure 1).

Figure 1: Institutional settings from which decedent was released or admitted to within one month prior to death, Utahans 18+, 2012-2017



**The estimate has been suppressed because the observed number of events is very small and not appropriate for publication.

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When broken down by age group, the majority of deaths among males occurred between the ages of 25 and 34 years, while the majority of deaths among females occurred between the ages of 45 and 54 years (Figure 2). The majority of these deaths did not involve the mixing of prescription opioids and illicit opioids. Prescription opioids were most commonly involved in overdose fatalities among decedents who were released from a hospital, while illicit substances were most commonly involved among decedents who were released from jail or prison (Figure 3).

Figure 2: Opioid Overdose Deaths among Utahns 18+ recently released from or admitted to an institution within one month prior to death, by age-group, 2014-2017

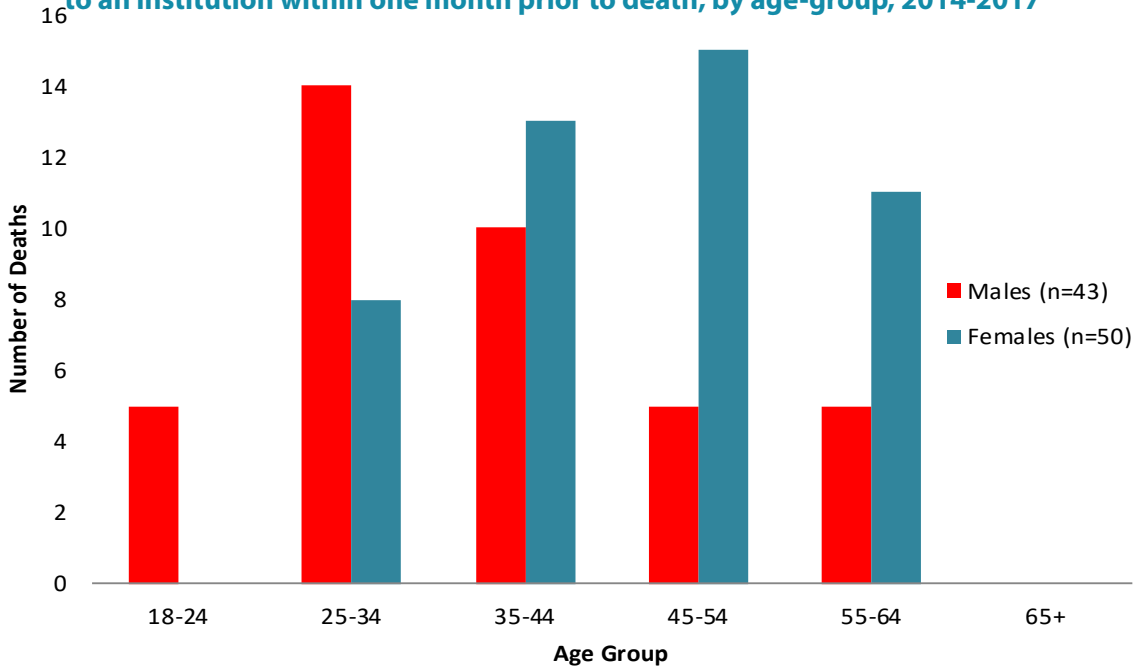
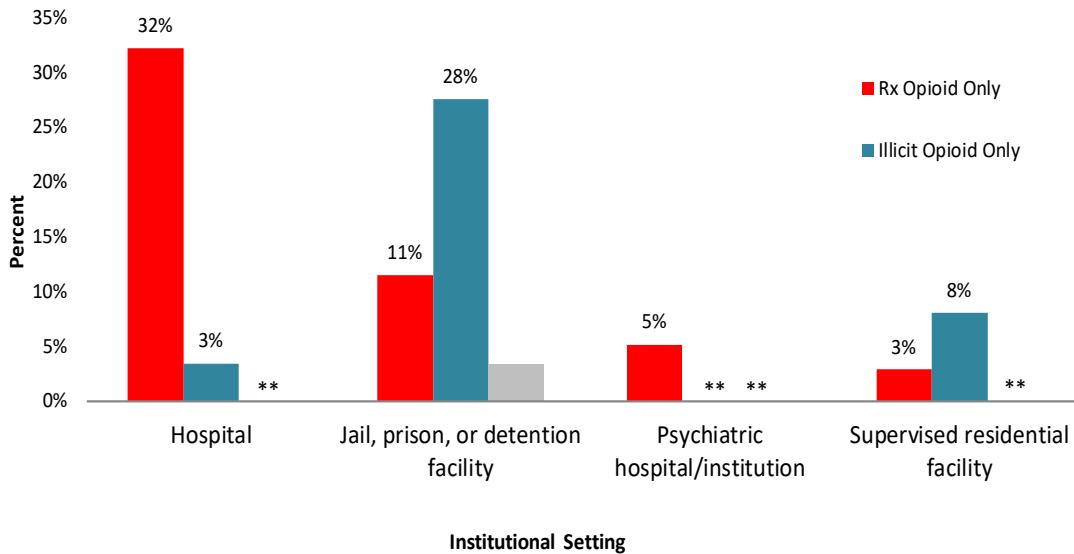


Figure 3. Institutional settings from which decedent was released or admitted within one month prior to death, by type of opioid, Utah, 2014-2017



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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 includes representatives of many agencies such 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 in Utah and make recommendations to prevent future deaths.

Recommendations

Following the OFRC review of opioid overdose deaths among Utahns who were recently released from an institution, the following recommendations were made:

Criminal Justice

Prior to release from incarceration (prison, jail, or other detention facility):

- Provide risk assessment and referral services to inmates who experience substance use disorder (SUD) at release to encourage successful reintegration and reduce recidivism and relapse.
- 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 transition to treatment successfully.
- Begin Medication Assisted Treatment (MAT) services while inmates are still incarcerated in order to reduce recidivism and relapse after release.
- Expand hepatitis C virus testing and treatment to affected inmates in Utah jails. This is already provided at the Utah State Prison and may provide another avenue of intervention and treatment for substance use disorder.

Other criminal justice recommendations:

- 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.
- Work with mental health/drug courts to provide overdose prevention and naloxone education; including during drug court orientation.

First Responders:

- Implement a statewide policy requiring emergency medical services/law enforcement personnel to leave naloxone (and brochure) on scene for high-risk individuals (e.g., those refusing transport/frequent overdose call-outs).

Healthcare Providers:

Before release from hospitalization for a mental health crisis:

- Establish a peer follow-up protocol in hospitals/treatment centers following a discharge for a mental health crisis.
- Screen for substance use disorder and provide referrals to appropriate substance use disorder treatment to patients receiving mental health treatment.

Before and/or after surgery or other medical procedures:

- Implement a universal pre-surgical mental health and substance abuse screening to identify patients at high risk for opioid overdose and develop appropriate post-surgical safety planning and pain management protocols. Safety planning may include naloxone access and use, supervision for the first 24 to 72 hrs (depending on risk level), follow-up services, home healthcare, home visiting, and peer outreach.
- Provide post-surgical safety planning and modification of opioid dosage (accounting for malabsorption) for surgical patients with a previous gastric bypass surgery, identified during pre-surgical risk assessment.
- Provide a pulse oximeter and oxygen for any post-surgical patient who suffers from diagnosed respiratory disease, cardiopulmonary disease, or sleep apnea and has been prescribed opioids at the time of discharge.
- Provide inpatient post-surgical care for patients with a history of substance use disorder.
- Do not prescribe methadone following surgery.
- Promote 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, etc.).

It is necessary and appropriate to review and analyze available information related to overdose deaths.

Other Recommendations related to opioids overdose deaths include:

Healthcare Providers:

- Develop policies to improve coordination of treatment services for patients at risk of an opioid overdose, identified through emergency medical services or the emergency department.
- Develop and implement universal post-surgical safety planning and pain management which may include follow-up services, home healthcare, home visiting, peer outreach, communication with chronic pain treatment providers, and monitoring regular pain medication regimen and post-surgical pain.
- Monitor opioid prescriptions that are filled at pharmacies and dispense naloxone and provide education if appropriate. Ensure pharmacy technicians also understand and distribute naloxone.

Outreach and Education:

- Provide education and resources to methadone clinics for patients and family members or caregivers regarding signs and symptoms of an opioid overdose and how to administer naloxone; especially among patients who are allowed "take-home" doses.
- Improve education and awareness of the Good Samaritan Law, 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.
- Offer naloxone and information on treatment resources at hotels in areas at high-risk for individuals who misuse opioids. Work with law enforcement to identify these hotels/areas.
- Encourage overdose prevention education and access to naloxone in both homeless and domestic violence shelters.
- Improve grief and loss outreach; and expand services and resources, among family and friends following overdose fatality.

Legislation and Policy:

- Increase the number of Medication-Assisted Treatment 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 and mental health authority districts.
- Expand the SafeUT program to provide crisis services to the general population.

References

- 1 Utah Department of Health, Violence and Injury Prevention Program, Utah Violent Death Reporting System.