

# Prescription Opioid Deaths in Utah, 2011

### Introduction

• An average of 23 Utahns die as a result of prescription opioids each month. Commonly prescribed opioids include oxycodone, hydrocodone, methadone, and morphine.

Prescription opioid

deaths outnumbered

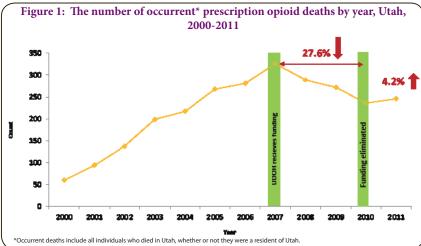
motor vehicle crash deaths

in 2007.<sup>1, 2, 3</sup>

 The number of prescription opioid deaths increased
 4.2% from 2010 to 2011 after funding for the Prescription
 Pain Medication Program was

eliminated (**Figure 1**).<sup>1</sup>

• The number of opioid-related calls to the Utah Poison Control Center decreased 12.8% from 2007 to 2011.



### **Utah Trends**

The 2006-2010 Utah prescription opioid death rate is 14.3 per 100,000 adults.

The prescription opioid death rate decreased significantly from 2007 to 2010 (16.8 and 11.5 per 100,000 adults) (**Table 1**). 1,2

Seeing my daughter struggle with prescription drug addiction is heartbreaking. But what's even more painful, is the effect it has on her children's lives... my grandchildren.

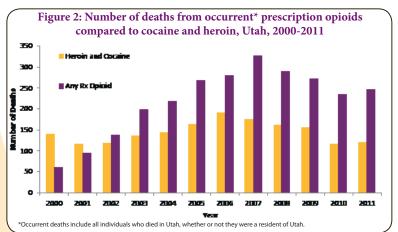


Table 1:	Count and	rate of	poisoning	deaths in	Utah, 2006-2011

Year	Occurrent* Poisoning Deaths				Rx Opioid Death Rate per 100,000 UT Residents 18+	95% Confidence Interval
2006	417	309	281	273	15.1	(13.4 - 17.0)
2007	478	371	326	313	16.8	(15.0 - 18.7)
2008	430	322	289	280	14.7	(13.0 - 16.5)
2009	420	306	272	265	13.7	(12.1 - 15.4)
2010	369	278	236	226	11.5	(10.0 - 13.1)
2011	444	308	246	+	+	+

\*Occurrent deaths include individuals who were fatally injured in Utah, whether or not they were a resident of Utah. †Utah resident status not available to report counts and rates.

Since 2002, prescription opioids have been responsible for more drug deaths in Utah than all other drug categories, such as benzodiazepines, over-the-counter medications, or illicit drugs. Prescription opioid deaths outnumbered those from heroin and cocaine combined since 2002 (Figure 2).<sup>1</sup>

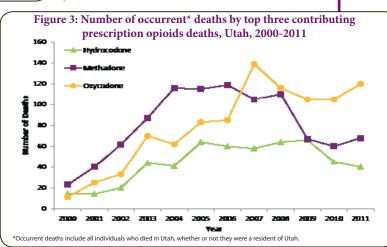


Approximately 60% of prescription drug opioid deaths involved more than one prescription medication.

In 2007, deaths from oxycodone drugs surpassed deaths from methadone. These drugs remain the most common prescription opioid involved in overdose deaths (Figure 3).<sup>1</sup>

Prescriptions for hydrocodone and methadone increased 14.3% and 45.4% (respectively) while prescriptions for oxycodone (111.1%) more than doubled from 2000 to 2011.4

Deaths from oxycodone drugs, such as OxyContin and Percocet, were involved in 48.4% of all prescription opioid deaths in 2011. Methadone was involved in 27.6% of all prescription opioid deaths.<sup>1</sup>



## Age and Sex

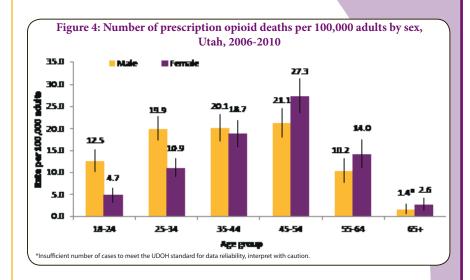
Overall, adult males had a significantly higher prescription opioid death rate compared to adult females (15.6 and 13.0 per 100,000 adults) (Figure 4).<sup>1,2</sup> Males 18 to 24 and 25 to 34 years of age had significantly higher prescription opioid death rates compared to females of the same age groups (Figure 4).<sup>1,2</sup> After the age of 45 years, more females die as a result of prescription opioids compared to males.<sup>1,2</sup>

### **Location of Injury**

The majority of adult prescription opioid deaths occurred at a home or an apartment (92.3%). The second most common location was a hotel or motel (2.6%).<sup>2</sup>

The following small areas had significantly higher prescription opioid death rates compared to the state (14.3 per 100,000 adults):<sup>2</sup>

- Carbon/Emery Counties (36.0 per 100,000 adults)
- South Salt Lake (29.3 per 100,000 adults)
- South Utah County (26.8 per 100,000 adults)
- Riverdale (25.7 per 100,000 adults)



# **Prescription Opioid Death Circumstances**

In Utah, the top five circumstances observed in prescription opioid deaths were:<sup>2</sup>

- 71.1% substance abuse problem<sup>‡</sup>
- 60.1% physical health problem
- 60.0% diagnosed mental illness
- 16.4% history of alcohol abuse
- 12.0% intimate partner problem

‡A circumstance in which the individual was noted as using illegal drugs, abusing prescription medications, or regularly using inhalants at the time of death, even if the addiction or abuse is not specifically mentioned.

# **Prevention Tips**

 Never take a prescription pain medication that is not prescribed to you or take it more often or in higher doses than prescribed.



- Never share your prescription pain medications with anyone.
- Store prescription pain medications out of reach with the label attached and with the child-resistant cap secured.
- Keep track of how many prescription pain pills are in your bottle so you are immediately aware if any are missing.
- Dispose of all unused and expired prescription pain medications properly. If possible, take your unused prescriptions to a permanent collection site or drop-off event. If you can't find a drop-off site, dispose of your medications by following the guidelines at <a href="https://www.useonlyasdirected.org">www.useonlyasdirected.org</a>.
- For other tips on safe use, storage, and disposal of medications, visit www.useonlyasdirected.org.

### Resources

- Utah Poison Control Center <a href="http://uuhsc.utah.edu/poison">http://uuhsc.utah.edu/poison</a> 1-800-222-1222
- Use Only As Directed campaign www.useonlyasdirected.org

### References

- 1. Utah Department of Health Violence and Injury Prevention Program, Prescription Pain Medication Program Database
- 2. Utah Department of Health Violence and Injury Prevention Program, Utah Violent Death Reporting System, 2006-2010
- 3. Utah Department of Health Office of Public Health Statistics, Indicator-Based Information System for Public Health
- 4. Division of Occupational and Professional Licensing, Controlled Substance Database
- 5. Utah Poison Control Center

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Dary Jank Utah Department of Health If your life has been affected by prescription drug overdose or addiction, the Utah Department of Health wants to hear from you. Share your story with the Utah Health Story Bank at www.health.utah.gov/bhp/sb/.

#### **Our Mission**

VIPP is a trusted and comprehensive resource for data and technical assistance related to violence and injury. This information helps promote partnerships and programs to prevent injuries and improve public health.

(801) 538-6864 vipp@utah.gov www.health.utah.gov/vipp