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Utah's Opioid Crisis

There is an opioid crisis sweeping the nation. No doubt you've seen it on the tv, in the newspaper, or whatever digital medium you might see news on. Individuals and families are becoming affected at alarming rates nationwide, and Utah has certainly not escaped. It is important to discuss treatment solutions, or a lack there of; and alternatives like medical marijuana. At risk communities are affected by this problem, its national policy, and Utah's state policy.

In fact, the numbers in this epidemic speak for themselves. In an article from the CNN Library from August of this year, they say, "In 2017, an estimated 1.7 million individuals in the United States suffered from substance use disorders related to prescription opioid pain relievers and 652,000 suffered from a heroin use disorder (CNN Library)". It's important also to understand what is meant by an opioid pain reliever. Opioid pain relievers are legal prescriptions ranging from "painkillers like morphine, oxycodone, or hydrocodone prescribed by doctors for acute or chronic pain (CNN Library)", but also include drugs like heroin and more recently, fentanyl. According to a report from the Substances Abuse and Mental Health Services Administration over 11 million people misused opioid prescriptions in 2017 (SAMSHA). People at risk for substance abuse problems, when prescribed such medications are at high risk for addiction. A study from the Journal of the American Medical Association suggest that when compared with trends from the 1960s that, "more recent users were older (mean age, 22.9 years) men and women living in less urban areas (75.2%) who were introduced to opioids through prescription drugs (75.0%) (Cicero)".

As this study shows, three quarters of all people addicted to opioids started through legitimate prescriptions, but still find themselves as the same place as heroin users.

Recently there have been reactions across the country to this problem ranging from lawsuits to new treatment options. One big lawsuit against a pharmaceutical company has posed the question about where the rewarded money will go. In an article from Steven Johnson from the Modern Health journal, he discusses worries that the money will not actually go to fund the treatment needed for the victims, much in the way tobacco companies escaped a similar issue (Johnson). Across the country there is a lack of treatment options for people who need help with addiction. From a report from Rita Rubin in JAMA found that, “An analysis of data from 3142 US counties found that overall, 46.4% of them lacked a publicly available health care professional who could prescribe any of the 3 medications used to treat OUD (buprenorphine, methadone, and naltrexone) in 2017 (Rubin). Nationwide we are lacking the resources to help at risk communities with such an issue. One proposed solution from Rubin’s article is the use of telemedicine, or physician’s being able to meet with patients in areas lacking resources over the phone. However, this has been met with certainly regulatory issues. Rubin refers specifically to the situation with the:

federal law called the Ryan Haight Act of 2008. By emphasizing that patients must be examined in person before receiving prescriptions for controlled substances, the law aimed to shut down online pill mills. But it also seemed to put the kibosh on prescribing buprenorphine for OUD via telemedicine, except in certain cases, such as if patients were being treated at a facility run by a federal agency. (Rubin)

Simultaneously, Utah follows recent trends in this epidemic shared with the rest of the nation, more so than most states. In an article from November 2016, the Utah Business Journal provides a very interesting graphic about how the opioid epidemic is affecting our state (see page

5). It presents intriguing statistics, for example: Utah being 4th in the nation for drug poisonings between 2012-2014 (Utah Business). It also says that 32% of all adults in Utah over 18, had been prescribed an opioid pain medication in the last year (Utah Business). Nearly a third of adults being prescribed potentially addictive medicine can be a problem for our at-risk communities.

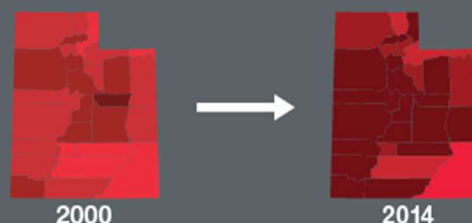
Furthermore, changes in policies have a direct impact on the communities affected around the state. As noted from the graphic on page 3, Since funding ended in 2010 there has been a 27% increase in prescription opioid deaths, while the numbers were down 28% with more funding pre 2010 (Utah Business). Recent policy changes have more potentially positive impact, however. If this above study is to be believed, more funding can change outcomes greatly. In a press release from September of 2019, the Utah Business journal says, “Salt Lake County is one of six communities across the nation that has been awarded a two-year, \$600,000 grant from the US Bureau of Justice Assistance. The money will support coordinated, cross-sector responses to prevent and reduce opioid overdose deaths, including illicit fentanyl.” This will also come with more data gathering to help target and help at risk communities (Press Release). This money will go to funding treatment options in the Salt Lake Community, and lack of resources and funding has been showing to increase overall opioid deaths.

On the other hand, there is another additional policy change potentially coming to Utah, and that is Medical Marijuana. Medical Marijuana is a topic of much debate, but one side of the debate hopes that access to alternatives to opioid pain relievers can help reduce part of the problem Utah is facing. This has come to Utah under a bill called Proposition 2. In an article by German Lopez in Vox he writes, “Utah’s Proposition 2 allows patients to obtain medical marijuana cards via a doctor’s office for certain qualifying conditions, such as HIV/AIDS, cancer, chronic pain (if someone is at risk for opioid painkiller addiction or overdose), and multiple sclerosis (Lopez) ”.

The relevant take away being that doctors could determine that someone being at risk for opioid painkiller addiction or overdose is a qualify condition for an alternative treatment. It appears for now there are compromises and objections to the bill from within the state, notably from the LDS church (Lopez) How the medical marijuana policy proceeds in Utah's future remains to be seen, but for a time it looks like another possible step in the direction of helping potentially opioid dependent individuals.

Accordingly, people at risk of addiction are affected nationwide by this epidemic, its consequences, and its national and Utah state policies. Utah has spent much of the last 10 years being in the top of statistics for opioid related deaths and abuse. Options have been floated nationwide from pharmaceutical manufactures paying for treatment, to telemedicine for under serviced areas, and statewide solutions like additional funding and alternative treatments. Utah specific statistics have shown that with increased funding, deaths have gone down. The marijuana debate will continue to rage on nationwide and especially in Utah, but potentially not getting people started on deadly painkillers seems like a good start. Once marijuana treatments are more common, hopefully data will become more available as to their efficacy in this arena. For now, our best bet is for more funding of medical and professional services for our most at risk citizens.

Utah's Opioid Crisis



From 2000 to 2014, Utah has experienced a nearly **400 percent** increase in deaths from the misuse and abuse of prescription drugs.

These maps illustrate the increase in concentration of opioid drug overdose deaths per 100,000 in Utah's counties.

24 Every month in Utah, 24 individuals die from prescription drug overdoses.

32% In 2014, 32 percent of Utah adults aged 18 years and older had been prescribed an opioid pain medication in the last 12 months.

Most Utahns who die from a drug-related death suffer from chronic pain and take prescribed medications.

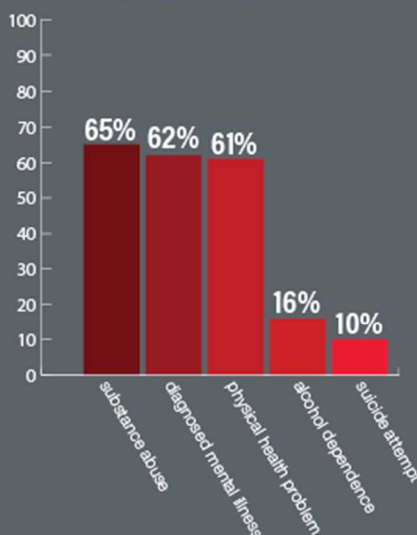
No. 4 Utah ranked 4th in the U.S. for drug poisoning deaths from 2012-2014, which have outpaced deaths due to firearms, falls and motor vehicle crashes.

59% The majority (59 percent) of deaths from prescription pain medications involved oxycodone; however, the risk of death is significantly higher when methadone is involved.

Southeast Utah: Among Utah's local health districts, Southeast Utah (Carbon, Emery and Grand Counties) had a significantly higher prescription opioid death rate compared to the state.

Utah Small Areas that have higher prescription opioid death rates compared to the state include:
Carbon/Emery Counties
Ogden (Downtown)
Taylorsville (East)/Murray (West)

In Utah, the top five circumstances observed in opioid deaths were:



↓ 28% Utah saw a 28 percent decrease in prescription opioid deaths from 2007 to 2010, when the Utah Department of Health received state funding to address this issue.

↑ 27% Since that funding expired, there has been a nearly 27 percent increase in these deaths. Evidence supports that a sustainable, comprehensive public health approach will result in significant decreases in preventable drug overdose deaths and save at least 50 lives each year in Utah.

Source: Utah Department of Health, Prescription Drug Overdoses: <http://www.health.utah.gov/vipp/topics/prescription-drug-overdoses/>

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