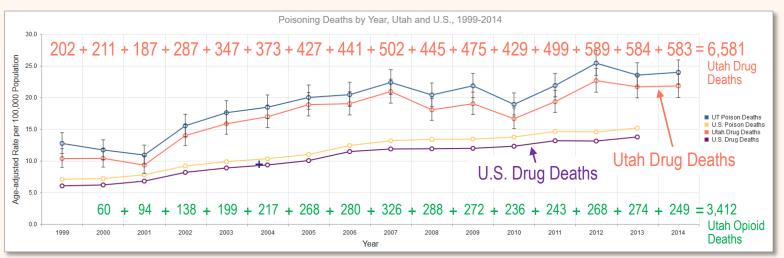


Prescription Drug Deaths:

Diagnosing the problem, prescribing solutions

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Office of Legislative Research and General Counsel
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Symptoms



- Drug deaths have increased dramatically
- Utah rate higher than U.S.
- Opioids account for large percentage of deaths



Causes – Opioids

Prescribers

- Increasing prescriptions, amount per prescription, days supply, cumulative dose, and morphine equivalent
- Prescribing more than needed
- Lack of education/awareness
- Pill mills

Patients

- Drug seeking
- Sharing



Response Options

(not comprehensive)

Prescribers

- Education
- Use of controlled substance database
- E-prescribing
- Prescribing guidelines

Patients

- Education use, disposal
- Treatment

Insurers

- Utilization review
- Incentives
- Lock-in



Response Options

(not comprehensive)

- Controlled substance database
 - Accessibility
 - Integration
 - Real-time
 - Interstate
 - Analytics
 - Alerts automatic and customized
 - Serialized prescription forms



A. Opiate overdose response

- 1. Standing orders for naloxone (HB 240, Eliason)
- 2. DOH grants for naloxone or training (HB 192, MCKell)
- 3. Furnish naloxone & train by outreach (HB 238, Moss)
- 4. Education for disease testing & substance use treatment; needle exchange (HB 308, Eliason)
- 5. Urge DOH, DHS, & DPS to direct appropriate resources to reduce overdose deaths (HCR 4, Moss)



- B. Controlled substance database (CSD)
 - 6. Opioid data from CSD to prescriber and dispenser EHR systems (HB 239, McKell)
 - 7. Urge CMS to allow reporting of methadone Rx info for opioid treatment to CSD (HCR 9, Redd)
 - 8. Probation and parole officer access to CSD without warrant_(SB 54, Weiler)
 - 9. Add ED overdose and convictions for CS DUI, possession, use, etc. to CS (HB 114, Ward)





(continued)

- 10. DOPL notify 3rd party of CS dispensing at patient's consent request (HB 150, Daw)
- 11. Medical Examiner notify DOPL of prescribed CS deaths (HB 149, DaW)

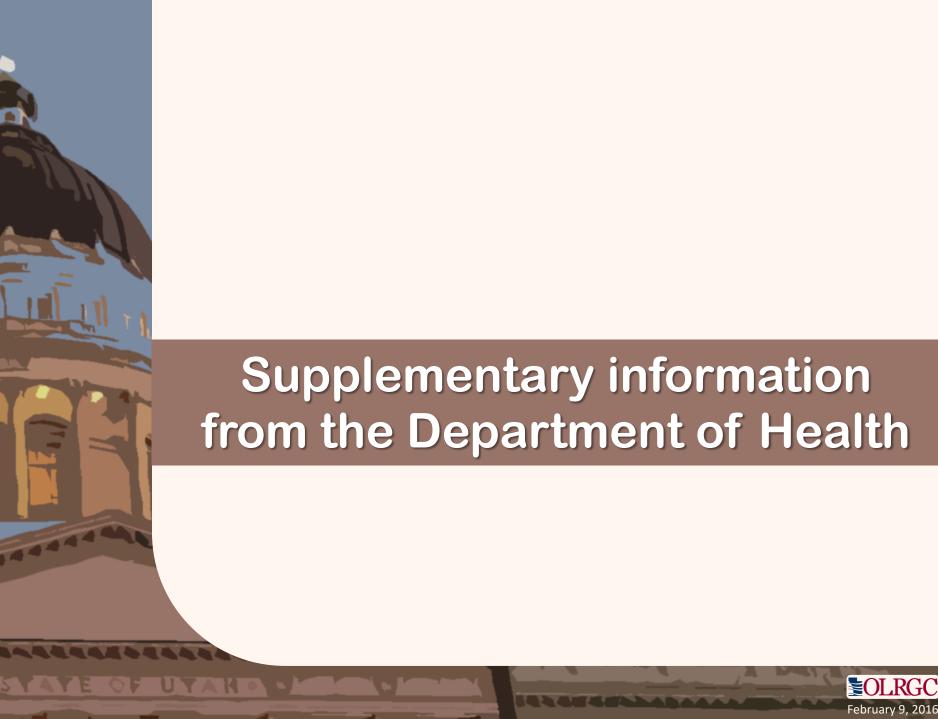


C. Other

- 12. Insurers may audit substance use treatment providers for fraud; illegal to pay premium of another for personal benefit (HB 259, Hutchings)
- 13. Urge rescheduling of marijuana from Schedule I to Schedule II (SCR 11, Shiozawa)



- D. Requests (not numbered)
 - Rescue Medication in Schools (Urquhart)
 - Methadone Treatment Amendments (Redd)
 - Prescription Take-back Amendments (Shiozawa)
 - Joint Resolution on Outdated Prescription
 Repository (Snow)
 - Prescription Drug Abuse Amendments
 (L. Christensen)
 - Drug Screening Amendments (Spendlove)

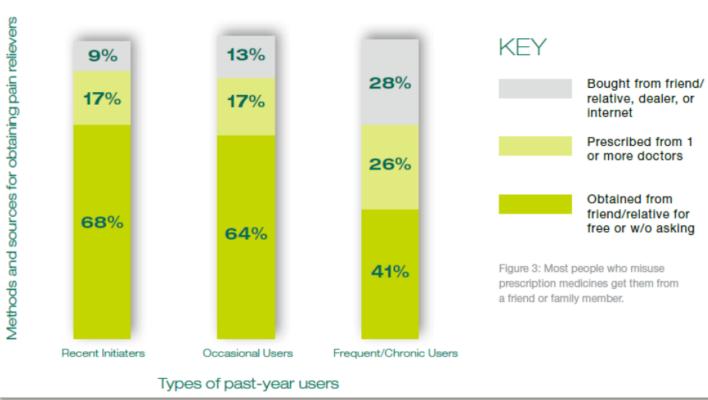


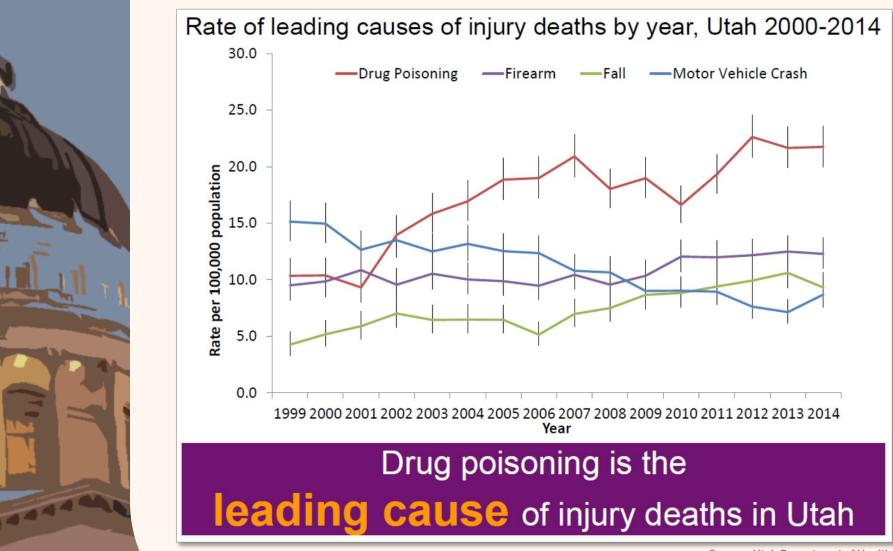
RATES OF OPIOID OVERDOSE DEATHS, SALES AND TREATMENT ADMISSIONS, US 1999 - 2010 Opioid Sales KG/10,000 7 -Opioid Deaths/100,000 Opioid Treatment Admissions/10,000 6 5 -4 -3 -2 -1 0 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010



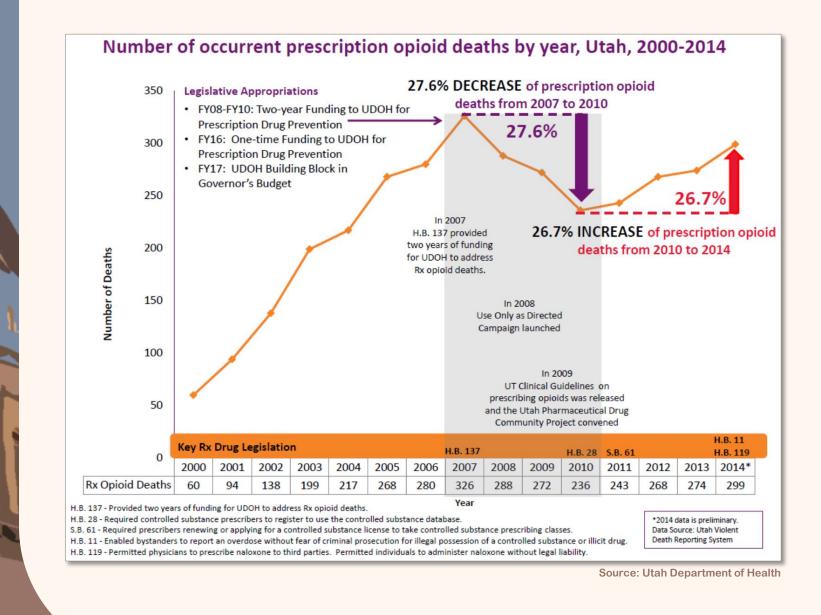
STATES WITH THE LARGEST SALES OF OPIOID PAINKILLERS ALSO HAVE THE HIGHEST MORTALITY RATES 1 in 25 adults receive treatment of chronic pain with opioid pain Kg of NPR used per 1M Age-adjusted rate per 100,000 relievers. 3.7 - 5.96.0 - 7.29.5 - 12.37.3 - 8.4 12.4 - 14.8 14.9 - 27.0 Figure 1: States with highest rates of drug overdose fatalities also reported higher sales of opioid pain relievers. Source: Utah Department of Health

HOW DIFFERENT MISUSERS OF PAIN RELIEVERS GET THEIR DRUGS











Questions or Comments?

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