



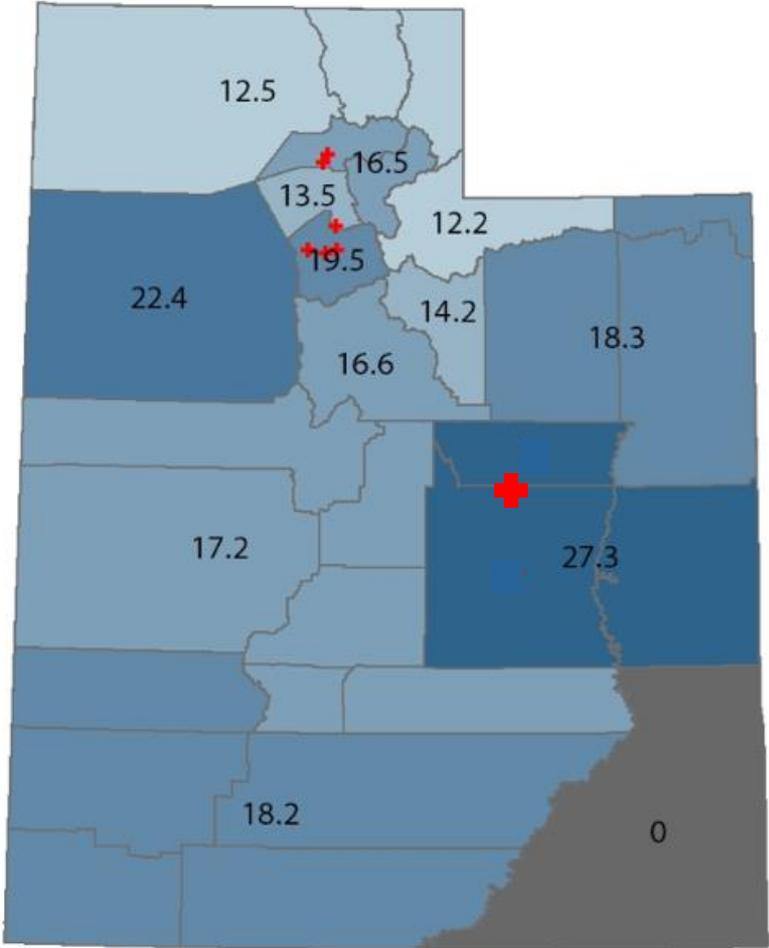
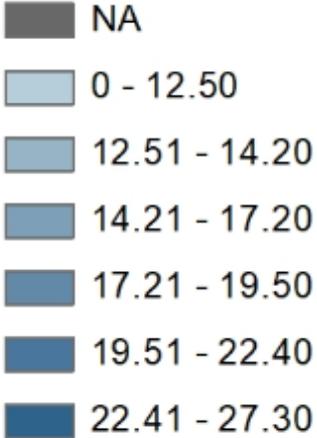
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INFORMED DECISIONS™

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Opioid Overdose Death Rate per 100,000 Population by Local Health District, Age 18+



Project Overview

Objectives

- Develop a comprehensive inventory of Medication-Assisted Treatment (MAT) programs in Utah.
- Facilitate discussion groups to identify barriers to accessing and providing treatment.
- Provide the legislature and other stakeholders with information and data to make informed decisions about medication-assisted treatment for individuals with opioid use disorder (OUD).

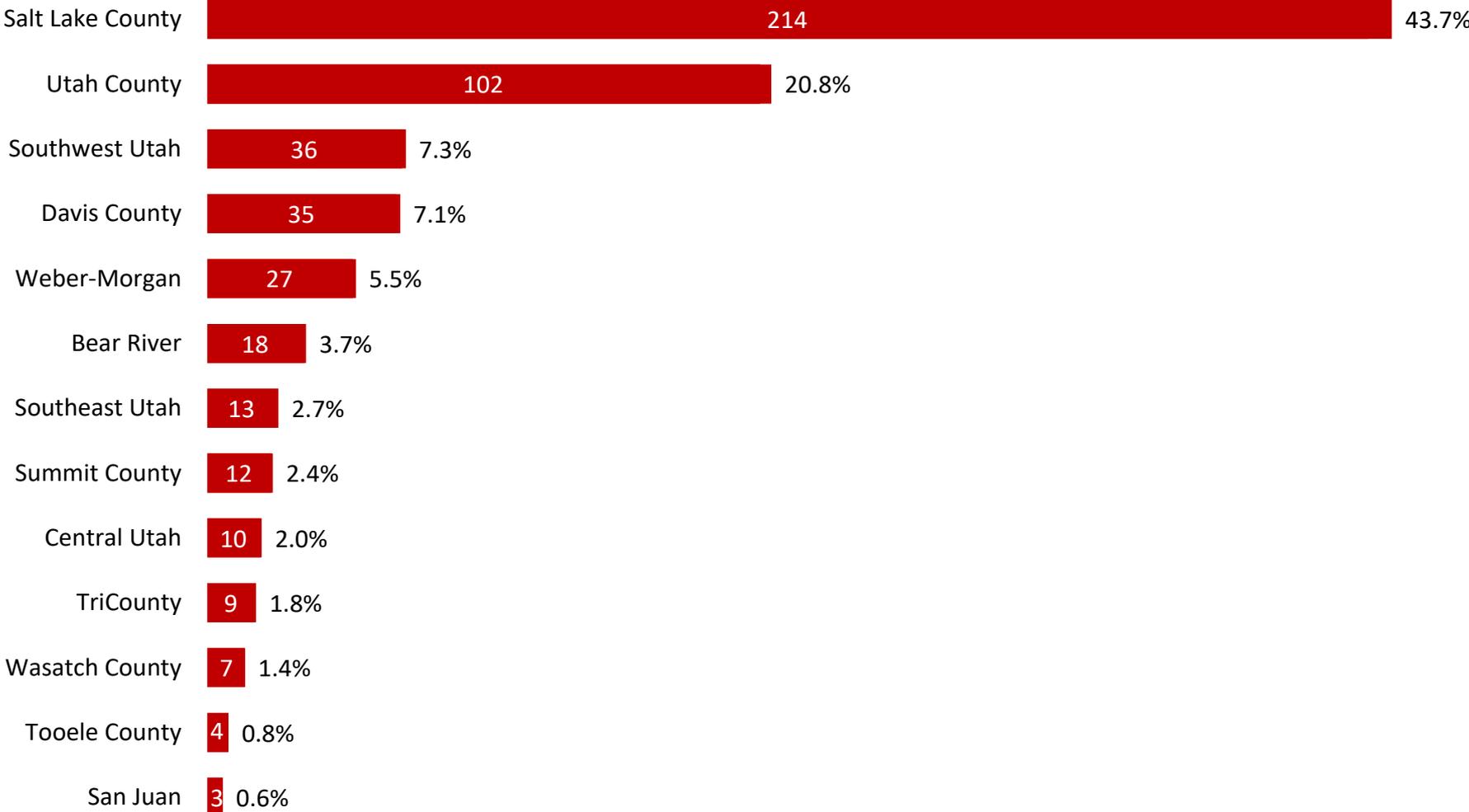
Inventory

MAT: Programs or locations that appear to offer both psychosocial therapy and FDA-approved medication at the same location.

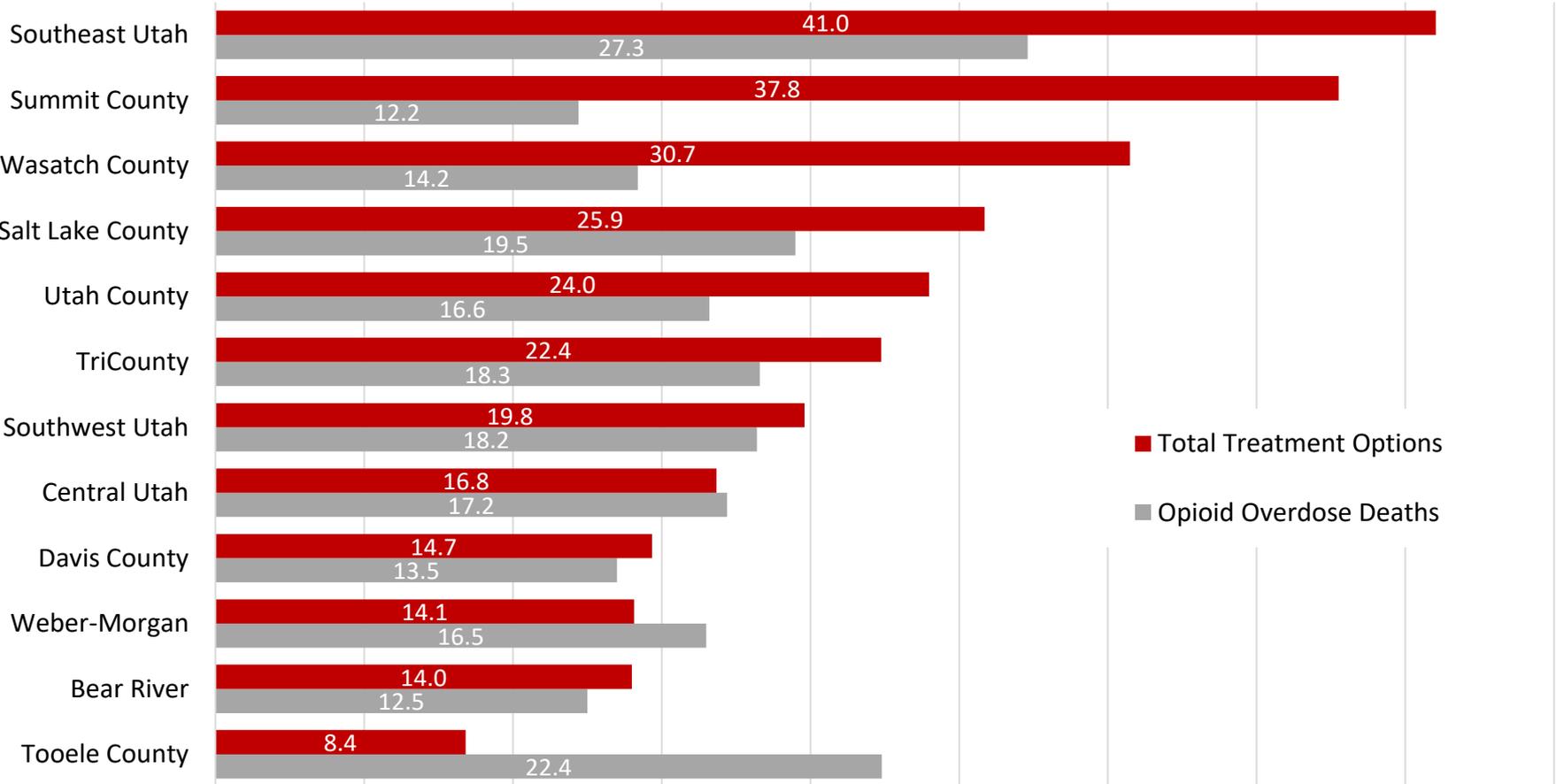
OTP: Programs that are licensed by DSAMH to provide methadone onsite. They can also provide other FDA-approved medications for opioid use disorders.

OBOT: Programs or locations that have a DATA-waivered prescribers, but it is unknown whether psychosocial therapy is offered onsite or through referral.

Total Medication Treatment Options by Local Health District, 2019



Total Opioid Overdose Deaths vs. Medication Treatment Options by Local Health District, 2019 (Per 100,000 Population Age 18+)



■ Total Treatment Options
■ Opioid Overdose Deaths

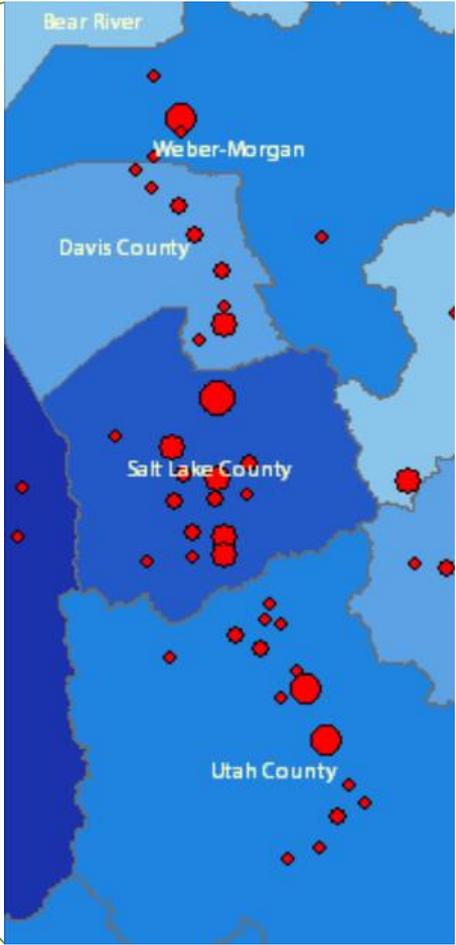
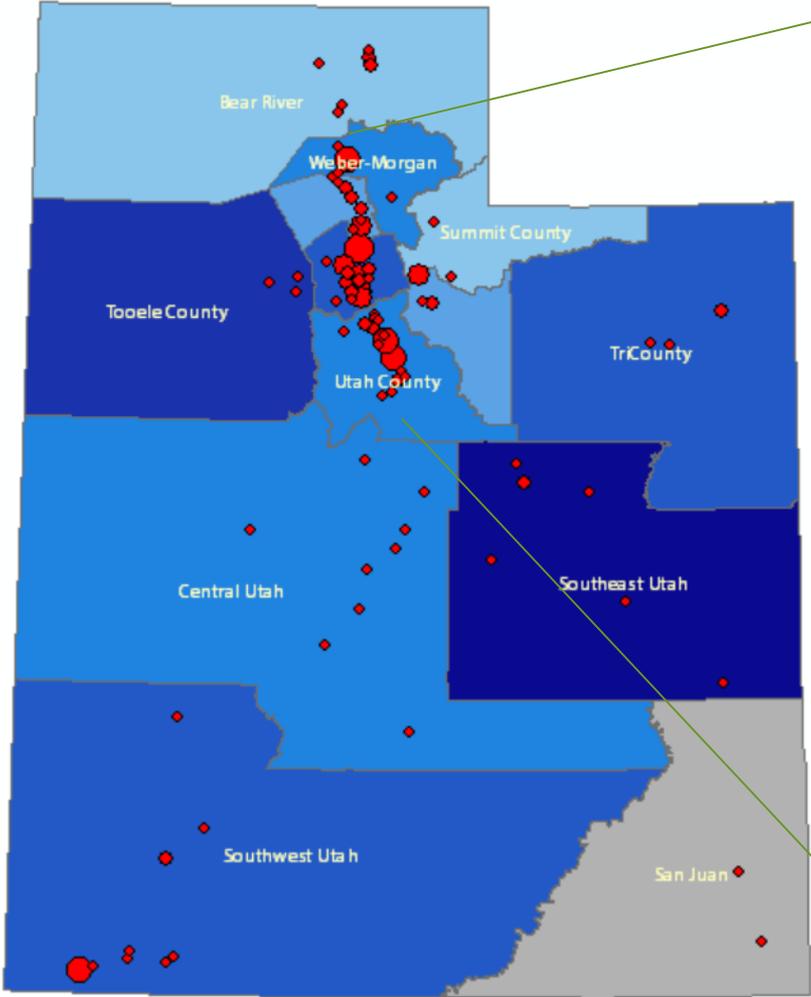
Distribution of Medication Treatment Options Compared to Opioid Overdose Death Rates by Local Health District, 2019

Total Programs

- 1 - 3
- 4 - 9
- 10 - 18
- 19 - 37
- 38 - 118

Opioid Overdose By Health District

- NA
- 0.01 - 12.50
- 12.51 - 14.20
- 14.21 - 17.20
- 17.21 - 19.50
- 19.51 - 22.40
- 22.41 - 27.30



Discussion Group Findings

Barriers to Accessing Care

- Stigma.
- Limited opportunity to engage individuals with OUD in MAT.
- Wide-scale adoption and awareness of MAT is relatively new.
- Gaps in available programs and support services.
- Cost and health care coverage limitations.
- Intersecting with the correctional system.

Discussion Group Findings

Challenges with Providing Care

- Stigma.
- Individualized approaches to treatment.
- Data sharing.
- Consistent, sufficient, and long-term funding.
- Varying perspectives on the best approaches to treatment.

Considerations for Improvement

- Provide educational opportunities.
- Improve treatment access.
- Promote integrated primary care and behavioral health services.
- Encourage system-wide coordination.
- Increase long-term, sustainable funding.

Next steps

- Future research.
- Report finalization, publication, and distribution.
- Continued investment in evidence-based programming.

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