Exploring the Unknown: Utah’s Prescription Drug Policy Evaluation Experience

2015 Annual Safe States Meeting
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Learning Objectives

To share:

• Utah’s evaluation planning process as it relates to the CDC Policy Evaluation Framework.
• The elements of the Utah Emergency Administration of Opiate Antagonist Act evaluation plan.
• Experiences, barriers, challenges and successes of Utah’s prescription drug policy evaluations.
Utah Data

• Prescription drug overdose deaths has been a growing problem in Utah.
• In the past decade, Utah has experienced a more than 400% increase in deaths associated with misuse and abuse of prescription drugs.

Drug poisoning is the number ONE cause of injury deaths in Utah.
The rate of deaths by selected indicators, Utah 1999-2012

Rate per 100,000 population

Year

Drug Poisoning
Firearm
Fall
Motor Vehicle Crash
Number of illicit drug deaths by selected drug, Utah 2000-2013

- Cocaine
- Heroin
- Methamphetamine
Emergency Administration of Opiate Antagonist Act

2014 Utah Legislation…

AUTHORIZES

- Third party prescribing and dispensing of naloxone

CREATE

- Immunity from criminal, civil, and health care liability for prescribing, dispensing, and administering naloxone to treat a suspected overdose

REQUIRES

- Prescribers and dispensers to advise a person to seek medical evaluation after experiencing a drug overdose and taking naloxone

Opioid overdoses can be reversible through the timely administration of naloxone.
At the beginning of every evaluation

I know our project works

No, you don't
Evaluation Goals

- Document and inform implementation of the policy (third party prescribing and dispensing of naloxone)
- Demonstrate impacts and value of the law
- Inform an evidence base to reduce drug overdose mortality rates

CDC Evaluation Framework
### Naloxone Policy Evaluation Questions

<table>
<thead>
<tr>
<th>Policy Areas / Target Populations</th>
<th>Prescribers / Providers</th>
<th>Family / Friends</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third Party Prescribing</td>
<td>Did third party prescribing and dispensing increase?</td>
<td>Did family and friends obtain naloxone prescriptions for others from their healthcare providers?</td>
<td></td>
</tr>
</tbody>
</table>
| Seek Medical Attention           | Do prescribers / providers advise patients, family, or friends to seek medical after a drug overdose and taking naloxone? | Were family and friends educated on:  
• signs and symptoms of an overdose,  
• how to administer naloxone, and  
• when to seek medical attention? | Were patients educated on seeking medical treatment after experiencing an overdose and using naloxone? |
| Immunity                         |                         |                  | What effect did the policy have on decreasing opioid overdose deaths? |
PDO: Boost For State Prevention

Expanding and maximizing the CSD as a public health surveillance tool

Support policy evaluation activities through multi-agency collaboration

Evaluate policy implementation activities and create lessons learned

PDO: Boost For State Prevention
This is our evaluator. Every time she collects data it will help us remember what we said we were going to do in the first place.
Decrease the burden of prescription drug abuse, misuse, and overdose in Utah.

Public Awareness and Education

Primary Prevention and Education

Criminal Justice

Patient Education and Provider Training

Data and Evaluation

Access to Treatment

Naloxone
Information on Naloxone Law

What is Naloxone?

How is Naloxone administered?

How do I get Naloxone?
YOU ARE AT HIGH RISK FOR AN OVERDOSE IF YOU:

- Are taking high doses of opioids for long-term management of chronic pain.
- Have a history of substance abuse or a previous non-fatal overdose.
- Have lowered opioid tolerance as a result of completing a detoxification program or recently being released from incarceration.
- Are using a combination of opioids and other drugs such as alcohol and benzodiazepines (Klonopin, Valium, Xanax).
- Are unfamiliar with the strength and dosage of prescription opioids and the purity of street drugs like heroin.
- Are alone when using drugs.
- Smoke cigarettes or have a respiratory illness, kidney or liver disease, cardiac illness, or HIV/AIDS.

The Utah State Legislature passed two laws in 2014 to help reduce drug overdose deaths.

**Good Samaritan Law (House Bill 11)**
Enables bystanders to report an overdose without fear of criminal prosecution for illegal possession of a controlled substance or illicit drug.

**Naloxone Law (House Bill 119)**
Permits physicians to prescribe naloxone to third parties (someone who is usually a caregiver or a potential bystander to a person at risk for an overdose). Permits individuals to administer naloxone without legal liability.

**Resources**
Use Only As Directed useonlyasdirected.org

Call 2-1-1 for local services and treatment centers or visit findtreatment.samhsa.gov

YOU CAN PREVENT DEATH FROM AN OVERDOSE

**Recognize Overdose Warning Signs:**
- Very limp body and very pale face
- Blue lips or blue fingertips
- No response when you yell his/her name or rub hard in the middle of the chest (sternal rub)
- Slowed breathing (less than 1 breath every 5 seconds) or no breathing
- Making choking sounds or a gurgling, snoring noise

If you see or hear any one of these behaviors, call 9-1-1 or get medical help immediately!

WHAT TO DO AFTER CALLING 9-1-1

1. Try to wake the person.
   Yell his/her name and rub hard in the middle of the chest (sternal rub).

2. Try rescue breathing.
   - Make sure nothing is in his/her mouth.
   - Tilt his/her head back, lift chin, and pinch nose shut.
   - Give 1 slow breath every 5 seconds until he/she starts breathing.

3. Administer naloxone, if available.

4. Prevent choking. Put the person on his/her side.

5. Don’t leave. Stay until an ambulance arrives.

WHAT IS NALOXONE?

Naloxone (Narcan) is a drug that can reverse overdoses from heroin or prescription opioids such as oxycodone, hydrocodone, methadone, morphine, and fentanyl.

There is no potential for abuse and side effects are rare; however, a person may experience abrupt withdrawal symptoms.

**How long does it take to work?**
Naloxone may work immediately or may take up to five minutes. The effects of naloxone can last 30-90 minutes, so more than one dose may be needed.

REMEMBER, NALOXONE WORKS FOR OPIOIDS ONLY!

HOW IS NALOXONE ADMINISTERED?

Naloxone may be injected into the muscle or sprayed into the nose.

**Intramuscular administration:**
Inject 1cc/mL in large muscle.

**Intranasal administration:**
Screw parts together. Use one full vial. Spray half in each nostril.

If you are at risk for an opioid overdose or care for someone who is at risk, talk to your doctor or pharmacist about getting a prescription for naloxone.

Call 9-1-1, get medical help, or call the Utah Poison Control Center.

1-800-222-1222

(Image courtesy of Prescribe to Prevent)
The ZONE for all things Naloxone...

NEWS

- March 2014: Naloxone legislation
- July 2014:

Subscribe

Patient or Family

Provider

Pharmacist

First Responders

Ask a Question
Preliminary Survey Results

<table>
<thead>
<tr>
<th>Pharmacy Survey</th>
<th>Provider Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 73% heard of naloxone strategies</td>
<td>• 54% heard of naloxone strategies</td>
</tr>
<tr>
<td>• 40% aware of Utah’s law</td>
<td>• 21% aware of Utah’s law</td>
</tr>
<tr>
<td>• 60% have never filled a naloxone prescription</td>
<td>• 87% have never prescribed naloxone</td>
</tr>
<tr>
<td>• 18% stock naloxone kits</td>
<td>• 79% indicated that they would not prescribe to third parties</td>
</tr>
</tbody>
</table>
### Preliminary Provider Survey Results

Please rate your agreement with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Pharmacist Rating Average</th>
<th>Provider Rating Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid dependence is a behavioral problem, not a disease.</td>
<td>2.24</td>
<td>2.21</td>
</tr>
<tr>
<td>Naloxone is an important treatment option for opioid dependent patients.</td>
<td>3.51</td>
<td>3.22</td>
</tr>
<tr>
<td>Teamwork between physicians and pharmacists is optimal for treating opioid dependent patients with naloxone.</td>
<td>3.65</td>
<td>3.43</td>
</tr>
<tr>
<td>Naloxone is safe for patients.</td>
<td>3.25</td>
<td>3.20</td>
</tr>
<tr>
<td>The naloxone law is relevant in my profession.</td>
<td>3.34</td>
<td>3.02</td>
</tr>
</tbody>
</table>
We have a board meeting coming up and could use a little input from the evaluation team.

Sorry, we're not scheduled to provide input until year 3.

freshspectrum.com
Thank You

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