UTAH PREVENTION

utah department of human services
SUBSTANCE ABUSE AND MENTAL HEALTH

Prescription Drug Abuse and Consequences in Utah

November 2016

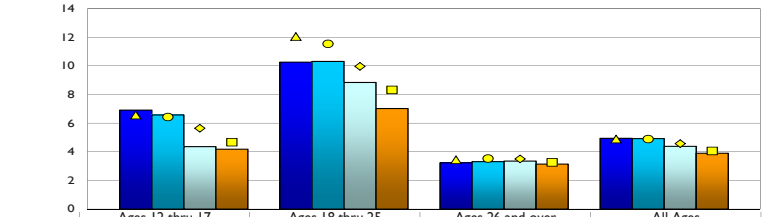
Background

Utah has a tradition of leading the nation with some of the lowest rates of substance use, but this has not necessarily been the case when it comes to the misuse and abuse or prescription drugs. Until recently, rates of prescription drugs misuse and abuse of by both Utah adults and youth have consistently rivaled and sometimes exceeded those of their national counterparts. Because prescription drugs can be obtained legally, people may underestimate the potential dangerousness of using these substances in a manner other than as directed by a doctor. Perhaps most troubling are data related to prescription drug overdoses. The state has experienced a dramatic increase in the rates of drug poisoning overdose deaths and emergency department encounters since the year 2000, initially reaching a peak in 2007. While a decline in overdose deaths was observed from 2007 to 2010, overdose deaths have again been on the rise since 2010. Continued monitoring of these data and an emphasis on prevention efforts to reduce prescription drug misuse and abuse remains an important task for the substance abuse and health promotion fields in our state.

Non-Medical Prescription Drug Consumption

Rates of non-medical use of prescription drugs in Utah have been uncharacteristically similar to, or even exceeded national rates over the past decade and a half. Non-medical refers to the use of prescription drugs without a prescription, without a doctor "telling you to," or "only for the experience or feeling that they caused." In looking at data from the National Survey on Drug Use and Health (NSDUH) which measures non-medical use of prescription pain relievers in the past year, Utah rates of prescription pain reliever use have been very similar to national rates over the past decade, and according to recent data, this continues to be the case for Utah adults over 25 (see Figure 1). However, recent data provides reason for optimism as use rates in Utah have recently begun to separate favorably from the national rate for younger Utahns. Specifically, among 12-17 year olds, Utah rates dropped below the national rate in 2012 and have remained lower through 2014. Use rates among 18-25 year olds are also lower than the nation, continuing a decade long trend for this age group. The Utah Student Health and Risk Prevention (SHARP) survey provides youth data regarding both lifetime and past 30 day non-medical use of three specific types of prescription drugs. The data from the SHARP show that past 30 day non-medical use of prescription drugs by Utah youth is very uncommon. For example, less than two percent of 12th graders indicated use of prescription: a) narcotics (pain killers), b) stimulants, or c) sedatives in 2015. Comparisons of use rates among Utah's 12th graders to a national sample from the Monitoring the Future survey also reveals that use rates in Utah are lower than the nation across all three prescription drug types.

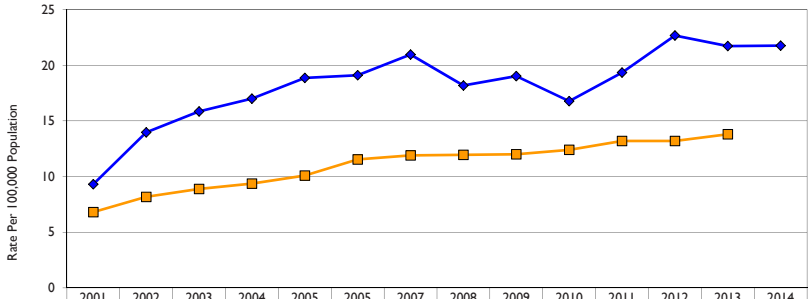
Figure 1. Percentage of Respondents Indicating Non-medical Use of Pain Relievers in the Past Year, Utah vs. U.S. (2008-2014)



	Ages 12 thru 17	Ages 18 thru 25	Ages 26 and over	All Ages
UT 2008	6.9	10.3	3.2	4.9
UT 2010	6.6	10.3	3.3	4.9
UT 2012	4.4	8.8	3.4	4.4
UT 2014	4.2	7.0	3.1	3.9
U.S. 2008	6.6	12.1	3.4	4.9
U.S. 2010	6.4	11.5	3.5	4.9
U.S. 2012	5.6	10.0	3.5	4.6
U.S. 2014	4.7	8.3	3.3	4.1

Source: National Survey on Drug Use and Health

Figure 2. Rate (Age Adjusted) of Drug Poisoning Deaths per 100,000 Population, Utah vs. U.S. (2001-2014)



	2001	2002	2003	2004	2005	2005	2007	2008	2009	2010	2011	2012	2013	2014
UT	9.3	14.0	15.9	17.0	18.9	19.1	21.0	18.2	19.0	16.8	19.3	22.7	21.7	21.8
U.S.	6.8	8.2	8.9	9.4	10.1	11.5	11.9	12.0	12.0	12.4	13.2	13.2	13.8	N/A

Sources: Utah - Utah Department of Health Indicator Based Information System; US - National Vital Statistics System

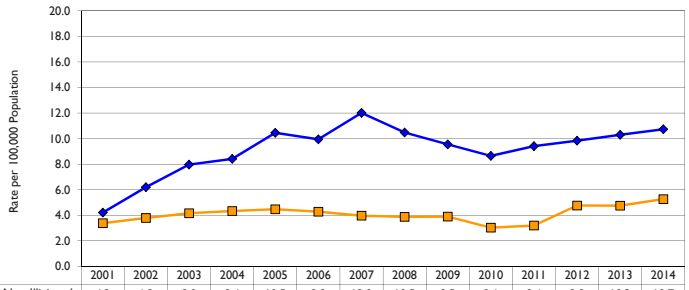
Prescription Drug Use Consequences

The misuse and abuse of prescription drugs can lead to a variety of negative consequences including drug dependence, and injury or death related to overdose. As seen in Figure 2, Utah has consistently had a higher rate of drug poisoning deaths than the nation. In 2013, there were 585 drug poisoning deaths in Utah resulting in a mortality rate 57% higher than the national rate (21.7 deaths per 100,000 population in Utah vs. 13.8 for the nation). Figure 3 presents a more detailed look at the rate of unintentional (non-suicide) drug poisoning deaths in Utah associated with non-illicit (legal) drugs only and illicit (illegal) drugs only from 2001-2014. As seen in the figure, rates of non-illicit drug deaths have increased dramatically relative to illicit drug deaths since 2001. The rate of non-illicit drug deaths peaked in 2007 when there were 312 fatalities from non-illicit drugs only (rate of 12.0 per 100,000 population). Despite a hopeful decline from 2007 to 2010, the rate (and number) of non-illicit drug deaths has been steadily climbing once again since 2010. In 2014, there were 316 non-illicit drug only fatalities (rate of 10.7 per 100,000 population), surpassing the number of deaths in 2007.

Of course, not all drug overdoses result in death. A much larger number of individuals end up in emergency rooms across the state for drug overdoses, and similar to the drug poisoning mortality data, emergency department encounter (ED) data highlight the epidemic rise in drug overdoses that has plagued Utah over the past decade and a half. From 2001-2014, there was an average of approximately 3,000 drug overdose ED visits per year, reaching a high of nearly 3,400 ED visits (rate of 125.5 per 100,000 population) in 2007. There was a small decline from 2007 to 2010, but an increasing trend since 2010, mirroring the non-illicit drug death trends.

Drug poisonings and overdoses do not affect all groups of individuals within our state equally. An examination of drug poisoning deaths in Utah from 2012-2014 revealed that nearly 60% of drug poisoning fatalities involved males. While it may not be surprising that males represent the majority of the fatalities, females are certainly not immune to drug poisoning overdoses. In fact, the majority of drug poisoning emergency department encounters during that same time period involved females rather than males (58% vs. 42%, respectively). While this finding seems paradoxical at first glance, the data may suggest that females are more likely to seek, and/or receive care for drug overdoses than males. In terms of age, drug poisoning deaths primarily involved individuals between the ages of 20 and 59, with similar proportions involving individuals in the 20-29, 30-39, 40-49 and 50-59 age groups (each group accounts for approximately 20-25% of drug poisoning deaths). Given that no single age group is predominantly associated with drug poisoning fatalities, it is likely that there are a variety of reasons or circumstances for overdose deaths rather than a single causal path that explains most of the deaths. For example, we know that older adults are more likely to have valid prescriptions to address medical issues than younger individuals. As such, recreational use of prescription drugs might account for a higher proportion of drug overdose fatalities that involve young adults, while misuse of validly obtained prescription drugs (e.g., taking higher doses or more often than prescribed by a doctor) might account for a higher proportion of deaths in older adults. As more information is gleaned regarding the causes and circumstances for drug overdose deaths in Utah, prevention and health promotion professionals will be better able to reduce this tragic epidemic.

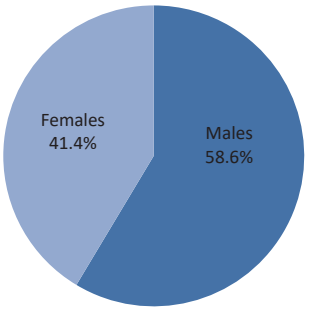
Figure 3. Rate of Accidental or Undetermined Intent Drug Poisoning Deaths per 100,000 Population by Drug Category (2001-2014)



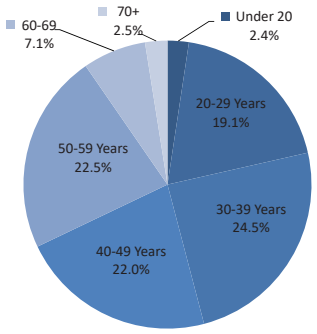
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Non-Illicit only	4.2	6.2	8.0	8.4	10.5	9.9	12.0	10.5	9.5	8.6	9.4	9.8	10.3	10.7
Illicit only	3.4	3.8	4.2	4.3	4.5	4.3	4.0	3.9	3.9	3.0	3.2	4.8	4.8	5.3

Source: Office Utah Department of Health - Office of the Medical Examiner Data

% of Drug Poisoning Deaths by Gender



% of Drug Poisoning Deaths by Age Group (2012-2014)



Drug Poisoning Mortality and Morbidity Trends in Utah at a Glance

Year	Drug Poisoning Deaths[1]		Drug Poisoning ED Encounters[1]		Non-illicit Drugs (Only) Deaths[2]	
	#	Rate*	#	Rate*	#	Rate*
2001	187	9.3	2,542	100.7	96	4.2
2002	287	14.0	2,432	95.7	144	6.2
2003	348	15.9	2,523	99.1	188	8.0
2004	374	17.0	2,711	105.4	202	8.4
2005	426	18.9	2,752	105.8	257	10.5
2006	443	19.1	3,051	114.9	251	9.9
2007	503	21.0	3,386	125.5	312	12.0
2008	448	18.2	3,290	119.8	280	10.5
2009	476	19.0	3,239	116.1	260	9.5
2010	432	16.8	3,129	111.5	240	8.6
2011	500	19.3	3,193	112.8	265	9.4
2012	590	22.7	3,270	113.3	281	9.8
2013	585	21.7	3,332	114.6	299	10.3
2014	583	21.8	3,176	107.1	316	10.7

*Age adjusted rate per 100,000 population (Non-illicit drug death rate not age adjusted)

[1]Data source: Utah Department of Health, Indicator Based Information System

[2]Data source: Office of the Medical Examiner Data via Utah Department of Health, Violence and Injury Prevention Program