HB 137 Final Report

Prescription Pain Medication Program
Utah Department of Health

November 15, 2009

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I. Introduction

During the 2007 General Session, the Utah State Legislature passed House Bill 137, Pain Medication Management and Education. The bill established a two-year program in the Utah Department of Health to reduce deaths and other harm from prescription opiates utilized for chronic pain.

The Prescription Pain Medication Program has been established in the Utah Department of Health in collaboration with the Utah Attorney General Office, the Labor Commission, and the Division of Occupational and Professional Licensure (DOPL). A Steering Committee was established to provide oversight of the program. In addition, an Advisory Committee with several active workgroups on specific issues was established to help coordinate with related initiatives and programs.

The Program goals were to:

- Reduce the number of deaths due to prescribable medications by 15% by 2009 by educating providers, patients, insurers, and the public.
- Improve understanding of occurrence of deaths related to prescription pain medications and understanding of prescribing patterns and other risk factors that increase risk of death.
- Provide recommendations regarding use of the CSD to identify risks and potentially to prevent deaths due to prescription pain medications.

The Program outcomes were:

- Saw a 12.6% reduction in the number of deaths due to prescribable medications from 317 deaths in 2008 to 277 in 2009
- Collected data to help increase our understanding of risk factors of drug overdose deaths. Analysis will take place in 2010.
- Published *Utah Guidelines on Prescribing Opioids*

Funds were contributed by the Labor Commission, University of Utah's Research Center for Excellence in Public Health Informatics, and the Worker's Compensation Fund of Utah resulting in a first year budget of $500,000. For Fiscal Year 2009, funds were contributed by Division of Substance Abuse and Mental Health, Labor Commission, and Commission of Criminal and Juvenile Justice resulting in a budget of nearly $526,000.

II. Executive Summary

Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain
Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain were published and made available to providers in March 2009. These guidelines were developed by a consensus panel after a review of existing evidence- based guidelines and common recommendations were found. The guidelines consist of a set of recommendations for acute pain and chronic pain as well as over 20 tools for providers to use in their practice.

They are available at: useonlyasdirected.org or health.utah.gov/prescription. A postcard was sent to inform all Utah control substances licensees about the guidelines and how to obtain them.

Provider Education
Our contract deliverables with HealthInsight for Provider Education were met. The contract included small group trainings, large group presentations, and mass mailings. HealthInsight will continue tracking the participants of the presentation to monitor "adoption" of the guidelines into their practice. A final report on all of their follow-up monitoring will be presented to UDOH in December 2009. Between August 2008 and June 2009, 581 medical providers and 136 additional participants attended learning sessions.

Six practices for safer opioid prescribing comprised the core educational component:
1) start low, go slow (methadone 5 mg bid for most patients); 2) obtain sleep studies for patients on >100mg/day morphine equivalent or >50mg methadone; 3) obtain EKGs for patients on methadone >50mg/day or when combining with other QT prolonging drugs; 4) avoid opioids in combination with benzodiazepines and sleep aids; 5) avoid long-acting opioid for acute pain; and 6) educate patients and families.

Session participants completed a self-reported survey querying changes in behaviors regarding the six practices at 0, 2, and 6 months. Of eligible participants, 25% completed the 6 month survey. Results are interim as data collection is ongoing.

By the 6-month survey, the percentage of respondents who had fully adopted the six practices were: 1) 52%; 2) 32%; 3) 53.3%; 4) 72%; 5) 84%; 6) 48%.

Statewide Media Campaign
A Statewide Media Campaign ran from May 2008 to May 2009 with the slogan *Use Only As Directed*. The campaign generated a total of $298,561 value in publicity from news coverage. TV and radio spots have aired throughout Utah. Collateral materials in the form of bookmarks, posters, clings (re-usable stickers), informational pamphlets, and newspaper ads have been developed and distributed throughout the state. A lot of press coverage was generated as well as many interviews with the press on the topic of prescription drug safety. The website, useonlyasdirected.org, has been an effective way to provide the general public with detailed information, receiving around 90 hits per day. A follow-up, randomized telephone survey found the following results:

- Forty-eight percent (48%) of Utah residents recall seeing the campaign's television commercial.
    - The majority (62%) who saw the commercial saw it more than 5 times.
- Fifty-one percent (51%) said that the media messages made them less likely to take Rx medications not prescribed to them.
- Fifty-two percent (52%) said that the media messages they saw made them less likely to share their Rx medications.
- Nearly one-third (29%) reported that their understanding of the dangers of prescription pain medication changed during the past year.
- Only 16% of respondents recognized the campaign slogan *Use Only As Directed*.

The website will continue and has been purchased for the next 7 years. There is a possibility of other Prescription Safety groups in Utah continuing to use the slogan *Use Only As Directed*.

Research Initiatives
Throughout FY 09, weekly meetings were held by the Prescription Pain Medication Program's IT and Research Team to identify research initiatives.

One research initiative was a study designed to identify risk factors related to unintentional overdose deaths in Utah. A questionnaire was developed to collect information on all drug overdose deaths under jurisdiction of the Utah Office of the Medical Examiner (OME) by interviewing next of kin of decedents. In 2008, 82% of drug overdose deaths in Utah involved prescription pain medications. Interviews are being conducted from October 26, 2008-October 26, 2009 and a report will be available February 2009.

Other research will include looking at emergency department visits related to overdoses of prescription medication, prescribing patterns among providers, looking at deaths by provider specialty, and investigating rates of death by opioid. In FY08, infrastructure to enable analysis of the Controlled Substance Database was established, including an agreement with Department of Commerce, a secure server, and technical approach to linkage of the database to Medical examiner and death certificate data. Initial results of those analyses are included in this report.

The number of non-illicit drug overdose deaths decreased by 12.6% in 2008 from 2007. In 2008, the average age of people who died strictly of non-illicit drugs was 40.3 yrs with 52% being male. These deaths occurred in 22 of the 29 counties across the state showing that the problem impacts both rural and urban communities.

Collaboration
Utah convened a steering committee and advisory committee with over 100 participants representing the partners and stakeholders involved in this important issue. The advisory committee was divided further into work groups that met on the topics of: patient and community education, provider behavior change, guideline recommendations, guideline tools, and data/research.

Conclusion
Utah is using a multi-pronged approach to address problems related to prescription opioid use by educating physicians, patients, and the general public in order to increase knowledge about potential dangers of Rx pain medication. By collaborating with local and state organizations, the materials have been well-accepted and dispersed throughout the state. The lessons learned as a result of this program will be useful both at the state level, as well as nationally.

III. 2007-2009 Milestones

2007

July

- Utah State Legislature passed House Bill 137 appropriating funding to the Utah Department of Health (UDOH) to establish a program to reduce deaths and other harm from prescription opiates.

September

- Convened Advisory Committee of over 50 individuals (meets quarterly, open to public)

October

- Convened Steering Committee of 11 individuals (meets monthly)
- Convened Patient and Community Education Work Group (meets monthly)
- Convened Policy, Insurance, Incentives Work Group (met monthly through April)

November

- Convened Data, Research, and Evaluation Work Group (meets as needed)
- Issued report on findings of analysis of Controlled Substances Database (linked with Medical Examiner and Death Certificate data).
- Memorandum of Understanding signed between DOPL and UDOH for access of Controlled Substances Database
- RFP (Request For Proposal) sent out for Media Campaign contract

December

- Media Campaign contract awarded to Vanguard Media

2008

January

- Baseline survey conducted for Media Campaign
- Applied for and received grant from Utah Commission for Criminal and Juvenile Justice for educating general public

February

- Focus groups conducted to provide feedback on Media Campaign logo and TV spots
- One-year plan for Media Campaign established
- Awarded contract for presentations to general public with producers of Happy Valley

March

- "Use Only As Directed" campaign logo created
- IRB submitted for research using CSD and ER data

April

- Radio and TV spot developed
- Completed literature review of existing guidelines
- IRB submitted for research of risk factors of those who die from prescription-related overdose (done by interviewing family members of decedents)

May

- Data from CSD sent through secure line to UDOH server

- Held “Use Only As Directed” campaign kick-off at the Capitol
- TV spot aired
- Convened Guidelines Expert Panel to develop Recommendations for guidelines

June
- Radio spot aired
- Cancelled contract with producers of Happy Valley
- Awarded contract for physician education to HealthInsight

July
- Convened Guidelines Tool Panel to select tools to include in guidelines
- Finalized guideline recommendations from Guidelines Expert Panel
- Began distributing collateral material for “Use Only As Directed” campaign

August
- Began physician education/small group presentations
- Hired research analyst for CSD data
- Hired research coordinator for risk factor study

September
- Developed questionnaire for Next of Kin to those who died of overdose

October
- Prescription Safety Awareness week declared by Governor Huntsman
- Initiated conducting interviews of Next of Kin for OME project

November
- Guidelines put out for public comment (45 days)

2009

January
- Presented Public Education Campaign and Research findings at American Academy of Pain Medicine National Conference
- Presented Guideline Development Process and Public Education Campaign at CDC STIPDA “State Strategies for Preventing Prescription Drug Overdoses”
- Submitted a grant to evaluate impact of Guidelines

February
- TV spot aired
- Advisory Committee membership exceeds 100

March
- Guidelines published (Press release)

April
- Conducted follow up survey on Use Only As Directed
- 2008 Medical Examiner data showed reduction in overdose deaths (Press release)

June
- Completed Public Education contract
- Report on preliminary results for OME project

August
- Completed Master Patient Index for the UDOH copy of Controlled Substances Database

October
- Submitted recommendations on Controlled Substances Database to legislation
- Distributed info on Utah’s program at Alliance of State Pain Initiatives Conference

December
- Completed Physician Education contract
- Published results from 2008 BRFSS in MMWR

IV. Program Progress Reports

A. Utah Clinical Guidelines on Prescribing Opioids

As part of the legislative mandate for HB 137, the Prescription Pain Medication Program was asked to create Utah guidelines on the proper prescribing of opioids.

Purpose and Target audience
The guidelines provide recommendations for the use of opioids for management of pain that are intended to balance the benefits of use against the risks to the individual and society and to be useful to practitioners. The target audience is all clinicians who prescribe opioids in their practice.

Recommendation Development Process
The guideline recommendation panel met in person on four occasions between May and July 2008. The purpose of the first meeting was to provide panel members with copies of the selected, high-scoring guidelines and to present the purpose and plan for developing the guidelines. Prior to the second meeting, panel members were asked to review the four guidelines for commonalities. The recommendations that were supported by multiple guidelines created the basis of the first draft of the recommendations used by the Guideline Recommendation Panel. Consideration was given to adopting one of the existing evidence-based guidelines outright, but the panel felt that no single guideline represented sufficiently what was desired of the Utah guidelines. The panel voted to include two (2) additional sets of guidelines that had not met the inclusion criteria for consideration while drafting the recommendations. In total, content for the Utah guidelines was drawn from six (6) guidelines. The key topics to be developed into specific recommendations were posted on a website where the guideline recommendation panelists posted comments and edited the text. The panelists' postings were the basis on which content was selected from the chosen guidelines. This content was then used to create a draft of actual recommendation statements and supporting paragraphs. At the third meeting, a straw poll was taken on the recommendation draft. Through discussion and rewording, consensus on content was achieved for all of the recommendations discussed over the course of the two meetings. Outside the meetings, non-content editing of the recommendations and supporting statements was performed, based on the panel's discussions, to create the final draft of the recommendations and supporting information.

Tool Development Process
The Guideline Implementation and Tools Panel met in person on two occasions between July and August 2008. Prior to the first meeting, a book was compiled that included all tools that were identified in the forty (40) guidelines. Sample tools were solicited from panel members as well. In total, the workbook contained forty-seven (47) tools. At the first meeting, the panel reviewed the draft recommendations and discussed whether any specific recommendations were impossible or burdensome to implement. Panel members were each given a book containing all the tools. In between the first and second meeting, panel members reviewed and graded each tool according to usefulness and whether or not it should be included in the guidelines. Votes and rating were tallied prior to the second meeting. Tools that received an average rating of below two (2) were eliminated. At the second meeting, the remaining tools were discussed and it was determined which of the remaining tools should be included, modified, or eliminated.

Completion and Distribution
Following the final panel meetings, Utah Department of Health staff formally drafted the complete guidelines document. The guidelines were published in March 2009. They were distributed through HealthInsight, who we have contracted with to conduct provider education. A postcard was sent to all controlled substances licensees in the State of Utah (~12,000 practitioners) to inform them of the guidelines and how to request a hard copy or print their own copy from the website. Not including the number of guidelines that individuals have printed off on their own, 908

copies of the complete guidelines have been distributed as well as 1,904 copies of the summary guidelines.

Summary of Recommendations

Opioid Treatment for Acute Pain
1) Opioid medications should only be used for treatment of acute pain when the severity of the pain warrants that choice and after consideration of other non-opioid pain medications.
2) When opioid medications are prescribed for treatment of acute pain, the number dispensed should be no more than the number of doses needed based on usual duration of pain for that condition.
3) When opioid medications are prescribed for treatment of acute pain, the patient should be counseled to store the medications securely, not share with others, and to dispose of properly when the pain has resolved to avoid their use for non-medical purposes.

Opioid Treatment for Chronic Pain
1) A comprehensive evaluation should be conducted before initiating opioid treatment.
2) Consideration, including adequate therapeutic trials, should be given to alternatives to opioid treatment before initiating opioid treatment.
3) The provider should consider and screen for risk of abuse or addiction prior to initiating treatment.
4) A treatment plan should be established that includes measurable goals for reduction of pain and improvement of function.
5) The patient should be informed of the risks and benefits and any conditions for continuation of opioid treatment, ideally in a written and signed treatment contract and plan.
6) Opioid treatment for chronic pain should be initiated as a treatment trial, usually using short-acting opioid medications.
7) Regular visits with evaluation of progress against goals should be scheduled during the period when the dose of opioids is being adjusted (titration period).
8) Once a stable dose has been established (maintenance period), regular monitoring should be conducted at face-to-face visits during which analgesia, activity, adverse effects, and aberrant behaviors are monitored.
9) An opioid treatment trial should be discontinued if the goals are not met and opioid treatment should be discontinued at any point if adverse effects outweigh benefits or if dangerous or illegal behaviors are demonstrated.
10) Clinicians should consider consultation for complex pain conditions, patients with serious co-morbidities including mental illness, patients who have a history or evidence of current drug addiction or abuse, or when the provider is not confident of his or her abilities to manage the treatment.
11) Methadone should only be prescribed by clinicians who are familiar with its risks and appropriate use.

B. Provider Education

HealthInsight was awarded the contract for provider education based on their extensive background in provider behavior change in Utah and their status as Utah's Quality Improvement organization. The HealthInsight Provider Education Intervention has been done through community-based meetings in both rural and urban communities to discuss safe pain medication use and prescribing habits. Meetings were conducted with primary care providers in 11 rural communities and 22 Wasatch Front communities. HealthInsight also conducted 17 presentations to larger physician audiences. HealthInsight also organized the publication of information on safe prescribing of opioids in various newsletters (see table below).

Articles	
Publication Name	Date Published
UMA Bulletin	Dec-08
UMA Bulletin	Apr-09
UMA Bulletin	Jun-09
QualityInsight	May-09
Utah Academy of Physician Assistants	Apr-09
Utah Academy of Family Practice Physicians	Jun-09
Utah Pharmacists Association	Jun-09 (WEB)

Recruitment
HealthInsight used existing relationships with primary care practices and rural hospitals to schedule presentations during regularly scheduled physician meetings. Previous experiences with physicians have shown that attendance is highest when the educational sessions are made a part of regularly scheduled physician meetings.

Large group meetings were scheduled as presentations during grand rounds, web cast grand rounds and physician conferences or large physician groups (e.g. Intermountain and University of Utah, described in more detail below).

Interaction/content delivery methods
The educational sessions were presented by a team comprising one pain expert, a primary care provider and a HealthInsight clinic facilitator.

At the educational sessions attendees were provided with:

- Comparison data available on the practice, community, state or national level; including death rates
- Guidelines and a tool box of resources including patient education forms
- Advice on how to use the DOPL Controlled Substances Database to identify problematic patients or their overall prescribing patterns, e.g.
    - Identifying patients with possible unsafe combinations of medications
    - Examining overall pattern of prescribing against “average” patterns
    - Identifying patients for whom prescribing might be altered given the guidelines presented and calling them in for visits, adjusting treatment
- Referral options for addicts, mentally ill and long term users
- Information on the how to access further assistance from HealthInsight
- Offer access to peer experts for follow-up questions via email or telephone

Immediately after the sessions, providers were asked to complete a survey. A second and third, online survey was available to them at 2 months and 6 months after the session. Completion of the surveys resulted in additional CME credits. The survey asked whether they have implemented systems changes or other improvement activities based on this topic (and the types and nature of these changes and activities); whether they have used the patient education materials and whether they have accessed and used the Controlled Substances Database.

Feedback on the education session and materials was systematically collected and reviewed to improve the product.

Data Collection system
HealthInsight utilized an online survey company to create a survey that providers could access 24/7 via the web. HealthInsight will provide UDOH with a report on presentation penetration, satisfaction with training, intent to change behavior, and engagement in implementing care process changes in December due to the fact that the final survey takes place six months after the presentation.

Data Analysis
HealthInsight will submit a final report to document the completed work including: time and extent of intervention with each provider location, feedback from providers, lessons learned to be considered for incorporation into future project phases, and any significant deviations from predicted to actual budget.

HealthInsight analytic staff will coordinate with UDOH Prescription Pain Medication Program (PPMP) to investigate changes in pain medication morbidity and mortality in the state over time. The rural intervention communities may be able to be compared to rural communities where the intervention does not take place, if there are any. Due to the limited number of annual cases in each community it is not expected that statistically significant reductions in mortality directly attributed to this arm of the PPMP project will be detectible in the first year of the project. Use of emergency department discharge data may increase the ability to detect a decrease in risk due to the increased number of events included (non-fatal overdose events)

HealthInsight met their target for setting up, scheduling, and executing the physician education sessions (see **Table 1,** below).

Results
Between August 2008 and June 2009, 581 medical providers and 136 additional participants attended learning sessions.

Six practices for safer opioid prescribing comprised the core educational component:
1) start low, go slow (methadone 5 mg bid for most patients); 2) obtain sleep studies for patients on >100mg/day morphine equivalent or >50mg methadone; 3) obtain EKGs for patients on methadone >50mg/day or when combining with other QT prolonging drugs; 4) avoid opioids in combination with benzodiazepines and sleep aids; 5) avoid long-acting opioid for acute pain; and 6) educate patients and families.

Session participants completed a self-reported survey querying changes in behaviors regarding the six practices at 0, 2, and 6 months. Of eligible participants, 25% completed the 6 month survey. Results are interim as data collection is ongoing.

By the 6-month survey, the percentage of respondents who had fully adopted the six practices were: 1) 52%; 2) 32%; 3) 53.3%; 4) 72%; 5) 84%; 6) 48%.

For a complete review of the preliminary survey results go to:
http://health.utah.gov/prescription/html/advisory_committee.html and select “HealthInsight Final Report” under “other resources: June 2009”.

The table below shows the location and the number of attendees of each presentation.

Provider Education Meeting Detail												
Rural Req= 10	Urban Req=20	Other Req= 12	Presentation Location	City	Date	# Doctors (MD, PA,NP,Psych. Etc.)	# Other (Pharm., DDS, EMT, CRNA, RN, Student, Etc.)	# Completed Survey 1	# Completed Survey 2	# Completed Survey 3	# Completed CSDB Exercise	# Adopted Guidelines
1			Sevier Valley Medical Center	Richfield	8/7/2008	7	2	7	4	3	3	4
	1		Utah Academy Family Physicians	Midvale	8/28/2008	8		3	2	2	1	2
		1	Medicaid Chronic Pain Group	Salt Lake City	9/16/2008	6	4					
	1		St. Marks Family Medicine	Salt Lake City	9/18/2008	12		12				
1			Four Corners Behavior Health	Price	9/23/2008	10	10	11	4	2	2	3
1			Gunnison Valley Hospital	Gunnison	9/25/2008	9		7	3	1	1	3
		1	Lakeview Hospital-Grand Rounds	Bountiful	10/2/2008	16		6	1			1
	1		Exodus Healthcare	West Valley	10/17/2008	11	3	14	8	5	6	7
1			Sanpete Valley Hospital	Mt. Pleasant	10/22/2008	7		7	6	2	5	5
1			Allen Memorial Hospital	Moab	10/23/2008	6	2	6	3	2	1	3
		1	UMA Women's Conference	Salt Lake City	10/23/2008	36		22			5	
	1		Health Clinics of Utah	Salt Lake City	10/30/2008	10	14	9	1	1		1
	1		Davis Hospital & Medical Center	Layton	10/31/2008	19		18	4	4	3	4
1			Mountain West Hospital	Tooele	11/4/2008	20		19	12	6	10	9
		1	Salt Lake Regional Medical Center	Salt Lake City	11/5/2008	30	27					
1			Central Valley Hospital	Nephi	11/7/2008	7		7	1	1	2	1
		1	SL County Medical Society	Ogden	11/18/2008	79		46			2	
		1	IHC Learning Day	Salt Lake City	11/21/2008	15	10					
	1		Mountainlands Clinic	Provo	12/3/2008	10	1	9	6		4	4
1			Heber Valley Medical Center	Heber	12/15/2008	8	1	8	3		1	3

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	1		Central Utah - Payson	Payson	1/21/2009	5	3	7	3		2	2
		1	U of U - Greenwood	Midvale	1/21/2009	23	6	18			5	
	1		Central Utah - Provo	Provo	1/23/2009	5	2	7	3		2	3
	1		Central Utah - Provo	Provo	1/27/2009	4	7	6	3			3
	1		Intermountain South Sandy Clinic	Sandy	2/9/2009	4	5	5	4		4	4
1			Castleview Hospital	Price	3/3/2009	5	4	7				
1			E. Carbon Medical Center	E. Carbon	3/4/2009	1	8	6				
1			Bear River Clinic	Tremonton	4/1/2009	7	9	7			1	
			IMC Central Region:			39		34	7		4	6
	1		Cottonwood FP, Internal Medicine, Medical Towers	Salt Lake City	4/23/2009	12						
	1		Taylorsville, Holladay Clinic, Holladay Pediatrics	Salt Lake City	4/23/2009	11						
	1		Salt Lake Workmed, Internal Medicine Associates, Intermountain So. Sandy, Hillcrest Clinic, Instacare, IMC OB/Gyn	Salt Lake City	4/23/2009	16						
		1	IMC Clinical Learning Day	Logan	4/24/2009	16	2	10				
	1		Salt Lake Clinic	Salt Lake City	4/28/2009	23	1	19	4		1	3
		1	IMC Clinical Learning Day	Salt Lake City	5/15/2009	41						
	1		IMC Layton	Layton	5/20/2009	8		2				
	1		BYU Health Center	Provo	5/20/2009	10	6	12			5	
	1		Intermountain Memorial Clinic	Salt Lake City	5/20/2009	7	2	6				
	1		Olympus Clinic	Salt Lake City	5/26/2009	5						
	1		U of U Neuro Psychiatric Institute	Salt Lake City	5/26/2009	9		9				
	1		Intermountain Bountiful Clinic	Bountiful	5/27/2009	4	7					

	1		Utah County Medical Associates	Payson	6/12/2009							
		1	U of U Greenwood	Midvale	6/24/2009							
		1	IHC DRMC CME Lecture Series	Cedar City	6/26/2009							
	1		Davis Family Clinic	Layton	7/14/2009							
		1	Mountain View Hospital	Payson	8/12/2009							
		1	PA Conference	Snowbird	8/14/2009							
		1	Orthopedic Society Meeting	Deer Valley	9/25/2009							
		1	IHC Northern Region Learning Session	Layton	10/9/2009							
		1	American Fork Hospital	Am. Fork	10/13/2009							
		1	Intermtn. Dept. of Medicine	SLC	10/23-24/09							
11	**22**	**17**	**Totals:**			**581**	**136**	**366**	**82**	**29**	**70**	**71**

C. Statewide Media Campaign

Vanguard Media Group was awarded the contract to develop the Prescription Pain Medication Program Media Campaign. Through bi-weekly meetings with Vanguard and the Prescription Pain Medication Program, much progress was made toward educating the general public about the dangers of prescription pain medication and how to use these medications safely. The campaign slogan that was selected was *Use Only As Directed.*

Production of Television Spot

During January and February of 2008, focus groups were conducted to determine which ad concepts would have the best impact on the general public. Vanguard Media Group identified the ad concept that was later used to produce the television spot, “Long Nap.” The script for "Long Nap" was taken and refined by Vanguard Media Group, then reviewed and approved by the Prescription Pain Medication Program. The 30 second television spot was then produced during the month of April.

2008 Television Air Schedule

In April 2008, Vanguard Media Group worked with local television stations to identify the station that would provide the strongest air schedule for the campaign. After receiving and reviewing the proposals from each television station, Vanguard Media Group recommended spending $25k with KSL-TV (Channel 5) and $20k with KSTU (Fox 13). The air schedule began on May 5, 2008 and continued through the end of May 2008. The following breakdown highlights the final elements (reach and frequency) that were delivered.

KSL-TV ($25k)

The following information outlines the results from the completion of the air schedule in May 2008. KSL fulfilled their negotiated and contracted responsibilities.

• KSL ran 66 of the 71 bonus spots as part of the added value element of the contract, which aired during the specified programming.

• KSL ran the 30 second television spot on Weather Plus during the month of May 2008

• The booth space at the KSL Family Fair was used to place a chalk outline of a body and a large sticker highlighting that prescription drugs killed more people last year than motor vehicle crashes.

• The tile ad was placed on the Web site under the KSL-TV tab and linked users to the campaign Web site. KSL reported that there were more than 62,500 views to the KSL TV web-page where the tile ad was placed.

• The rotating banner ads did run on KSL.com, totaling 52,236 impressions during the month of May, with a total of 73 click-throughs (0.14% click-through rate).

The total reach and frequency for the air schedule on KSL, without including the bonus television spots, came to 49.4% (Reach) with a frequency of 2.4 times that each person saw the spot. When the bonus spots are added in to the schedule, the numbers are 64.2% reach and a frequency of 2.8. This indicates that about 426,638 people between the ages of 35- 54 saw the television spot a total of 2.8 times during the month of May. These numbers indicate that KSL-TV fulfilled their end of the contract.

KSTU TV ($20k)
The following information outlines the results of the television air schedule that ran on KSTU (Fox 13).

• Fox 13 ran 38 bonus spots using the 15 second television commercial. There were 87 paid television spots that ran during the flight.

• A television segment on Fox 13's Good Day Utah aired on June 9, 2008 at 7 a.m. aired on a local Spanish television station.

The final report from KSTU combined the added value schedule along with the paid schedule. The numbers were reported as follows for the target audience of Adults 35- 54: Reach – 33.9%; Frequency: 6.1. Using the numbers, it is calculated that about 225,000 saw the television spot 6.1 times. These numbers indicate that KSTU fulfilled their end of the contract.

The television spot was also translated into Spanish and aired for a time on a local Spanish television station.

2009 TV Air Schedule:

In late November 2008, Vanguard Media Group reviewed proposals from local television stations, and recommended dividing out the schedule among KTVX (Channel 4), KJZZ (Channel 14) and Comcast (cable). The air schedule began on January 18, 2009 and continued through early-April 2009. The following breakdown highlights the elements promised in the contract and the final elements (reach and frequency) that were delivered.

KTVX/CW30 ($25k)

- KTVX/CW30 ran $25,000 in bonus spots as part of the added value element of the contract, which aired during the specified programming.
- The Good Things Utah segment aired on February 18, 2009.
- Tile ads were placed on both ABC4.com and CW30.com.
- Billboards ran during the scheduled flight weeks as negotiated.
- The Squeeze Plays ran on CW30 following the weekend movies as negotiated.

The total reach and frequency for the air schedule on KTVX/CW30, including the bonus television spots, came to 93.7 (Reach) with a frequency of 5.6 times. This indicates that about 646,800 people between the ages of 35-54 saw the television spot a total of 5.6 times during the flight times. These numbers indicate that KTVX/CW30 fulfilled their end of the contract.

KJZZ ($15k)

The following information outlines the results of the television air schedule and movie theater schedule that ran on KJZZ and at the Megaplex theaters respectively.

- KJZZ ran a total of 370 spots during the scheduled flight dates.
- Total value of the $10,000 air schedule was $24,585.
- Movie theater spots ran as negotiated.
- Traveling displays were rotated throughout various Megaplex Theaters in Salt Lake County.

The final report from KJZZ showed that they met their contracted obligations by running all of the spot times within the negotiated flight dates.

Comcast Cable Media Overview

A schedule was placed on Comcast to run in conjunction with the flight dates for the 2009 television air schedule. The numbers on cable are tracked differently than on broadcast television, but Comcast committed to and ran a 200% matching schedule. Therefore, the $12,000 paid air schedule was supported by a $24,000 added value schedule, meaning the investment was $12,000 and the returned value was $36,000. This included cross channel promotions with healthy living information on Comcast and the television spot made available on the "OnDemand" portion of their services.

Production of Radio Spot

Using information acquired during focus groups, the concept that best fit to the key messages and worked for a radio spot was "Poison Control Center." Following the initial development of a detailed script, the script was forwarded to Barbara Crouch, director of the Utah Poison Control Center, to assure that the spot sounded realistic. Following her review, the radio spot was produced and ready for use by the launch of the campaign on May 1, 2008. The radio spot can be listened to by accessing the useonlyasdirected.org website.

Radio Air Schedule

KSL Radio (102.7 FM and 1160 AM) $7,500

The following information outlines the results from the completion of the radio air schedule which ran in July 2008. KSL Radio fulfilled their negotiated and contracted responsibilities.

- KSL ran a 74% match in bonus spots (equal to 26 bonus spots), which is what was contracted on this portion of the added value. These spots also aired during the specified programming and within the contracted period.
- The rotating banner ads ran throughout KSL.com, totaling 35,000 impressions during the month of schedule, with a total of 92 click-throughs (0.26% click-through rate), which is more than twice the national average for click-through rates (0.1%).
- An e-mail blast was sent to 230,000 subscribers on Thursday, July 10, 2008, which provided information about the campaign and linked people to the website.
- Bookmarks were also provided to KSL Radio, who distributed them at their booth during the 24th of July Parade, as well as other KSL Radio remotes and events.

The radio spot, Poison Control Center, aired a total of 61 times. The total reach and frequency for the radio air schedule on KSL, including the bonus radio spots, came to 21% (Reach) with a frequency of 5.1 times. This indicates that about 101,000 people between the ages of 35- 54 heard the radio spot a total of 5.1 times during the two-week air schedule. These numbers indicate that KSL Radio fulfilled their end of the contract.

KSFI Radio (100.3 FM) $7,500

The following information outlines the results from the completion of the radio air schedule which ran in July and August 2008. FM100 fulfilled their negotiated and contracted responsibilities.

- FM100 ran 111 spots as part of the negotiated bonus schedule, which was contracted on this portion of the added value. These spots also aired during the specified programming and within the contracted period.
- The rotating banner ads ran throughout FM100.com, totaling 14,500 impressions during the month of schedule, however click-throughs were not able to be tracked for this.
- An e-mail blast was sent to 32,000 subscribers on Wednesday, July 23, 2008, which provided information about the campaign and linked people to the Web site.

The radio spot, Poison Control Center, aired a total of 218 times. The total reach and frequency for the radio air schedule on FM100, including the bonus radio spots, came to 19.1% (Reach) with a frequency of 9.1 times. This indicates that about 96,600 people between the ages of 35- 54 heard the radio spot a total of 9.1 times during the six-week air schedule. These numbers indicate that FM100 fulfilled their end of the contract.

Media Relations

Overall, the *Use Only As Directed* media campaign generated a total of $298,561 value in publicity based on a contract for $300,000 with Vanguard Media Group. During 2008, Vanguard Media Group generated more than $104,000 in publicity for the *Use Only As Directed* campaign. In 2009, a total of more than $194,000 in publicity for the *Use Only As Directed* campaign was generated. For 2009, the publicity value for television news coverage was $100,037.25 and print coverage was $94,561.10. (Note: The news or publicity value is calculated at three times the advertising value as it is seen as more credible than a paid advertisement.)

The campaign initially kicked off on May 1, 2008, with a press event at the State Capitol building. In attendance were the four primary television stations (KUTV, KTVX, KSL and KSTU), the two major statewide newspapers (Salt Lake Tribune and Deseret News), the Standard Examiner (Davis and Weber County), along with KCPW (Radio). Prior to the event, a press kit was developed, which resembled a prescription pain medication bottle with a label appropriate to the campaign. A backdrop banner was also produced with the new logo. Each of the television stations, except for KTVX (Channel 4) ran a news segment about the start of the campaign. The press kit was also mailed to the Spectrum (St. George), Univision (Spanish), and The Daily Herald (Provo). This generated a story in the Spanish Fork Press and the St. George Spectrum shortly thereafter.

Shortly after the kick-off press event, KSL's editorial board published an editorial about the need for such a campaign and praised UDOH for addressing the issue. Other opportunities were pursued by Vanguard Media Group to work with local media outlets to generate stories that support the campaign's efforts. This included a segment on Fox 13's Good Day Utah morning news, which featured discussion about the "Use Only As Directed" campaign, the problems that Utah is experiencing, and the need for such a campaign. Another opportunity to speak with the media occurred on June 25 with Rebecca Cressman on FM100. A television segment on Good Things Utah also took place, and footage was later used on a news story about disposing of Rx pain medications.

Two story angles account for the majority of news coverage in relation to the campaign on 2009, and included the release of the guidelines in March 2009 and the distribution of the news release about Utah seeing a decrease in prescription drug overdose deaths from 2007 to 2008. The latter story was picked up by every major television outlet in Utah, including an NBC affiliate station in Idaho (KPVI) and a Fox News affiliate in Denver, Colorado (KDVR). The major print media outlets in Utah also picked up the story along with some of the more rural papers in Utah.

Other stories that were pitched and coordinated as part of the media relations budget for 2009 included a segment on Good Things Utah, which featured a Program representative, and graduated into a news story that ran during the 5:00 p.m. news two days later. Another story was pitched and coordinated with Jed Boal at KSL relating to the Utah Poison Control Center and the numbers they were seeing in calls related to prescription pain medications. The Deseret News also ran a very large Sunday Edition story on prescription pain medications, telling the story of multiple people at various stages of recovery from their prescription pain medication addiction. Readers of the article were directed to the Program's website: www.useonlyasdirected.org.

Periodically, the Program issued news releases and media advisories related to different aspects of its work. The following is a list of news releases and media advisories issued by the Utah

Department of Health Office of Public Information for the Program during FY 2008 and 2009:

- July 31, 2007 – News Release – "New Campaign Aims at Fighting Pain Medication Abuse"
- April 30, 2008 – Media Advisory – "UDOH to Unveil Campaign to Reduce Overdose Deaths"
- May 1, 2008 – News Release – "Plain & Simple: Use Only As Directed"
- October 2, 2008 – News Release – "UDOH, Partners to Look for Clues in Rx Drug Deaths"
- October 20, 2008 – Media Advisory – "Gov. Huntsman Declares Prescription Safety Awareness Week"
- November, 19, 2008 – Media Advisory – "UDOH Seeks Input on Guidelines for Prescribing Pain Meds" March 26, 2009 – News Release – "UDOH Finalizes Guidelines for Prescribing Pain Meds"
- June 2, 2009 – News Release – "State Sees Dip in Rx Drug Deaths in 2008"

Website Development

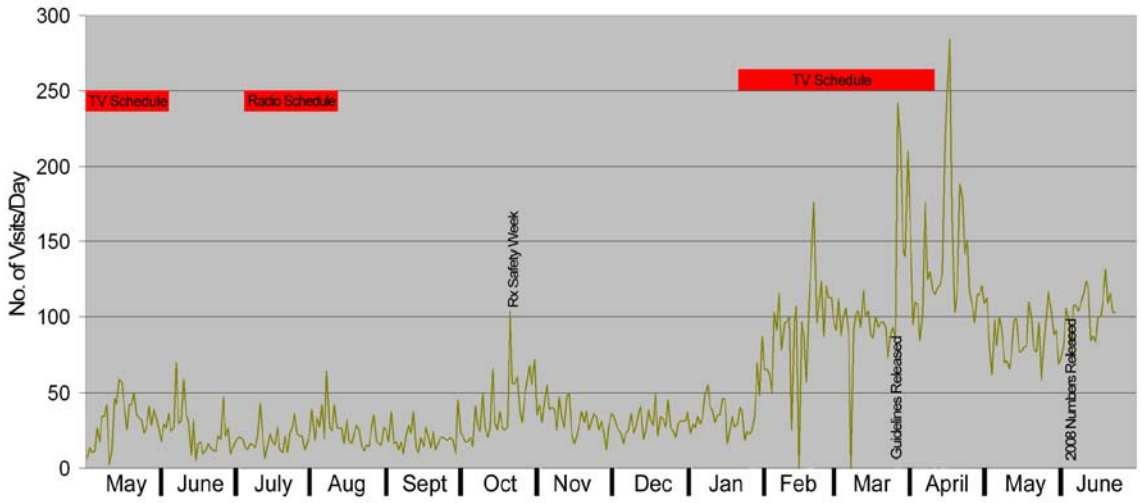
The website, www.useonlyasdirected.org, went live on May 7, 2008. During the first three weeks, we requested feedback from the Advisory Committee and the Patient and Community Education Workgroup for improvements to the website. Changes were made based on feedback received.

The website was programmed with a Web-based Content Management System that allows those with a username and password to access the control center of the site and update as needed. As needed, Vanguard Media Group made updates to design portions of the Web site not able to be completed using the CMS.

An e-mail account was established using Xmission (info@useonlyasdirected.org) to allow users of the website to submit questions or comments. Those e-mails are forwarded to the state-based email account: useonlyasdirected@utah.gov.

Visitors to the website have been tracked since the launch of the campaign. The statistics show that the majority of people entered the URL directly (www.useonlyasdirected.org), while others came from Google, Bing, Yahoo and health.utah.gov. Over the life of the website, hits per day increased in conjunction with events and media stories regarding the Program (Figure 1: Visits to www.useonlyasdirected.org from May 2008 to Sept. 2009).

Website Hits for Useonlyasdirected.org from May 2008 through June 2009



During 2009, $1,000 was allocated from the radio air schedule to add the radio spot audio to the homepage of the Web site.

The website has served as a mechanism for tracking public awareness of the campaign. At various points throughout the campaign, peaks in website visits were associated with the release of the Guidelines, media stories on various topics, and the media air schedules.

Collateral Materials

A bookmark, poster, traveling display, PowerPoint template and informational card were designed, produced, and distributed throughout the state to local county substance abuse coordinators, pharmacies, doctor's offices, provider educators, law enforcement, aging services, and others. They were made available to anyone who requested them for the purpose of educating the public, patients, or doctors on the potential dangers of prescription pain medication. A floor decal was also produced and used at the KSL Family Fair booth and the Days of '47 Parade in conjunction with a chalk outline of a body. In total, 80,000 bookmarks were printed and distributed; 30,000 informational cards were printed and distributed; 10,000 posters were printed and approximately 7900 were distributed; 5,000 window clings were printed and approximately 2500 were distributed (see Appendix – Educational Materials Tracking for a breakdown of where materials were sent, and amount of respective materials distributed; see Appendix - Traveling Display Tracking for a details of when and where the traveling display was set-up).

Other items distributed by the Program included copies of the PowerPoint template, a number of Microsoft PowerPoint presentations containing information on research and work done by the Program, CD/DVD copies of the television commercial and radio spot, and a fact sheet about prescription pain medication misuse/abuse in Utah.

Although many of the collateral materials were designed and produced as part of the 2008 contract, some of the work associated with preparing materials that were distributed to some of the health districts, namely the traveling displays, were associated with the 2009 contract budget. Additionally, Vanguard Media Group worked with the Program to layout the opioid prescribing guidelines. The layout included the full and summary versions of the guidelines, and overseeing the design, placement, and coordination for printing.

Campaign Awareness Week
Prescription Safety Week took place from October 20-October 26, 2008, and was announced by an official proclamation from Governor Jon Huntsman, declaring the week Prescription Safety Week. Traveling displays were set up in high traffic areas in Salt Lake City and educational materials were distributed at pharmacies, doctor's offices, and conferences. Editorial board visits took place in early October with KSL, Deseret News, and Salt Lake Tribune, requesting that a story be run during Prescription Safety Week. Recordings of the radio spot were sent to all major radio stations requesting PSA's during that week. In coordination with the Salt Lake City Mayor's Coalition on Alcohol, Tobacco, and Other Drugs, a public forum was held at the Salt Lake City and County Building. The forum was taped and re-played locally on Channel 17.

Campaign Impact/Effectiveness:

Follow Up Public Opinion Survey

A telephone-based public opinion survey was developed as a means of evaluating the *Use Only As Directed* public awareness campaign and obtaining additional information for future efforts. In June 2009, a public opinion survey (follow-up) was executed to evaluate changes in perceptions and opinions relating to prescription pain medications in Utah. The survey instrument was developed using questions from an initial survey implemented in February 2008 (initial survey). Some questions were eliminated, while others were added. Questions kept from the initial survey

were not changed in the follow-up to assure comparability between the question and results between the surveys. The survey was also reviewed by the Patient and Community Education Work Group, which led to the addition of several more questions to the survey.

The main objective of the post-campaign public opinion survey was to evaluate any changes in public awareness, opinions, and behaviors related to prescription pain medications in Utah over the course of the campaign. The initial survey conducted in February 2008 provided baseline data for comparison.

To achieve this objective for the follow-up survey, 410 telephone interviews were conducted with Utah residents, and sought to provide a representative sample of the population of Utah as a whole. The survey questioned respondents from 20 of the 29 Utah counties.
Specific objectives for the public opinion survey included:

- Identify the changes in level of awareness Utah residents have about the dangers, risks, and prevalence of misuse/abuse of prescription pain medications among Utah residents since the initial public opinion survey conducted in February 2008.
- Evaluate what caused changes in opinion about prescription pain medications.
- Establish an understanding of the use of prescription pain medications in Utah, where people store and dispose of their medications, and sharing of prescription pain medications for use in future efforts.
- Identify the recall ability of Utah residents in relation to elements of the public awareness campaign.

Research Methodology

Survey Design and Development

The questions from the initial public opinion survey were reviewed and pertinent questions were included in the follow-up survey; also, additional questions were drafted for the follow-up public opinion survey. Once the initial survey draft was completed, it was sent to members of the Team and discussed in the Education Workgroup. Feedback and revisions were made accordingly and the survey was then finalized and programmed for data collection.

Sampling Procedures

A comprehensive database of Utah residents was used to develop a random sample of the primary target audience for the research. The primary target audience consisted of male and female residents of Utah, age 18 and older. The number of interviews conducted allowed for an accurate extrapolation of responses to the entire population of the state, with a 95% confidence level and a +/- 4.84% margin of error. The number of respondents surveyed represents the population distribution across the state of Utah. In all likelihood, the survey samples for the initial and follow-up surveys were different. Meaning that those surveyed at follow-up were not the same people surveyed during the initial survey.

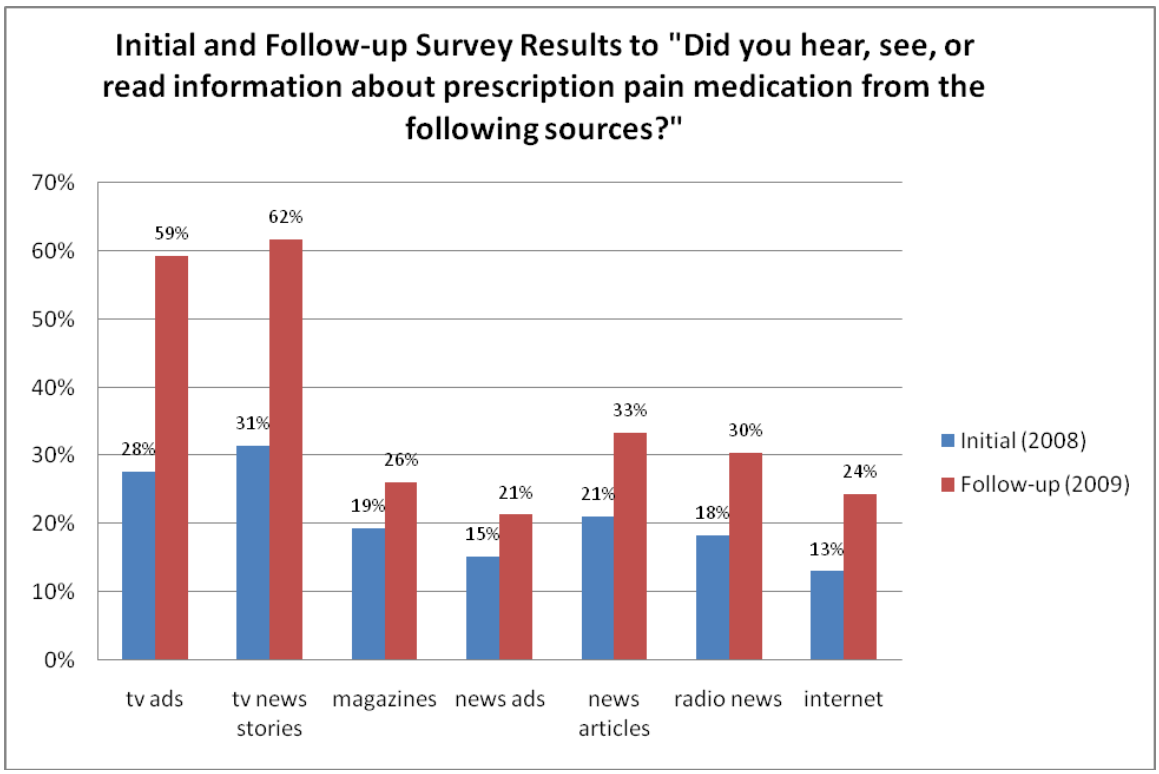
Results

From before the public awareness campaign began to its conclusion, there were several encouraging results uncovered by the survey. Highlights of the follow-up survey findings include:

- Forty-eight percent (48%) of Utah residents recall seeing the campaign's television commercial.
    - The majority (62%) who saw the commercial saw it more than 5 times.
- Fifty-one percent (51%) said that the media messages made them less likely to take Rx medications not prescribed to them.

- Fifty-two percent (52%) said that the media messages they saw made them less likely to share their Rx medications.
- Nearly one-third (29%) reported that their understanding of the dangers of prescription pain medication changed during the past year.
- Only 16% of respondents recognized the campaign slogan *Use Only As Directed*.

The Program has not been the only organization in Utah generating media messages about prescription pain medications; however it is useful to compare exposure to media messages related to safe use of prescription pain medication before and after the media campaign to find out whether there were changes during the life of the campaign. There were large increases in exposure to media messages through several sources. The sources producing the largest increases in exposure to media messages from initial to follow-up were “TV ads” and “TV news stories,” with each of those categories increasing by 31%.



*All respondents on the follow-up survey were asked specifically about seeing media messages from each of the different sources. However, on the initial survey only those who responded "Yes" to the general question, “Do you recall hearing, seeing, or reading any advertisements about safely using prescription pain medications?” were asked about the specific sources.

Just over half (51%) of respondents reported that the media messages made them less likely to take prescription pain medications not prescribed to them, and 52% reported that the media messages made them less likely to share their prescription pain medications. The majority of respondents (90%) did not feel that the media messages exaggerated the dangers of prescription pain medication misuse.

Those questions that were identical on the initial and follow-up were compared using chi-square to test whether the proportion of “Yes” and “No” responses varied from initial to follow-up. The questions with a significant association ($p<0.05$) between response and time of survey are reported below (Table 1).

Table 1. Survey variables w/significant differences from initial to follow-up (based on chi-square tests).		
	% Responding "Yes"	
Question	Initial	Follow-up
Do you consider pain medications prescribed by a doctor to be safe?	75.2	82.8
Do you feel that most Utahns take their prescription pain medications EXACTLY as prescribed by a doctor?	39.4	30.0
Have you ever taken a prescription pain medication that was not prescribed to you?	18.9	12.5
Do you feel that prescription pain medications are misused?	94.8	97.7
Do you know someone who has misused or abused a prescription pain medication?	55.1	65.8
Have you seen information about the dangers of prescription pain medication at your doctor's office?	44.4	36.6
Have you seen information about the dangers of prescription pain medication at your pharmacy?	42.4	33.2

While the results regarding exposure to media messages about safe use of prescription pain medications were encouraging, some survey results did not match with what we anticipated. Particularly, a significantly smaller proportion of respondents reported seeing information about the dangers of prescription pain medication at their doctor's office or pharmacy compared to the initial survey. Also, the fact that significantly fewer respondents reported ever having taken prescriptions not prescribed to them may indicate that fewer people are willing to admit to that behavior (which may be due to campaign messaging against that behavior).

A common source of prescription misuse in Utah, and throughout the USA, is obtaining meds from a friend or family member[1]. In the initial survey, 17% of respondents had ever shared a prescription pain medication with a friend, family member, or loved one. On the follow-up survey, 13% had ever shared a prescription pain medication. While the results are not what we would expect, the differences in proportion from pre to post test were not statistically significant.

Two questions regarding use of medications not prescribed to the person using them were added to the follow-up survey. The first was whether or not the respondent would share prescription pain medications with a family member or friend who needed them, with 19% responding "yes." However, most respondents (89%) felt it was wrong to take prescription pain medications not prescribed to them. The second question regarding sharing of medications asked whether the respondent would accept a prescription pain medication from a friend, with 18% responding in the affirmative. Additionally, 10% felt it was safe to share prescription pain medications with friends, family, or loved ones on the follow-up survey, with no significant difference from the initial survey.

Most people were aware that consumption of alcohol should be avoided when taking prescription pain medications (n=262, 78%). However, very few (n=10, 3%) were able to specifically name any of the other substances that are recommended to be avoided when taking prescription pain medications (e.g. anti-anxiety medications and sleep-aids). Avoiding alcohol, anti-anxiety medications, and sleep medications was included as part of the public education campaign.

The majority (95%) of respondents felt that prescription pain medications are misused (no significant change from the initial survey (93%)). Nearly 2/3 (65%) of respondents reported

[1] Substance Abuse and Mental Health Services Administration, Office of Applied Studies (2008). *Results from the 2007 national survey on drug use and health: national findings.* NSDUH Series H-34, DHHS Publication No. SMA 08-4343. Rockville, MD; Available at http://www.oas.samhsa.gov/NSDUH/2k7NSDUH/2k7results.cfm#2.16

knowing someone who has misused or abused prescription pain medication, a significant change compared to the initial survey responses (55%).

Over 1/7 (15.6%) of respondents reported being familiar with useonlyasdirected.org, and 2% had ever visited the website. However, this was not significantly higher than the recognition of a decoy site that we had listed to weed out those who responded "yes" to all. Of those familiar with the website, most (35%) did not remember where they learned about it, while 24% learned about it through the TV commercial.

A key message for the public education efforts of the Program was in regards to keeping prescription pain medications locked in a safe place. Therefore, respondents were asked where they kept prescription pain medications. The tables below detail the responses for this question from both the pre and post surveys (Table 2).

Table 2. Pre and Post Campaign Survey Results: Where do you keep your Rx pain medications?				
	Pre (2008)		Post (2009)	
	N	%	N	%
Medicine Cabinet	146	35%	113	28%
Don't Have Prescription Pain Medications	75	18%	106	26%
Out of Reach/Safe Place/High Up	13	3%	58	14%
Bathroom	30	7%	40	10%
Kitchen	56	14%	36	9%
Locked Cupboard	54	13%	29	7%
Bedroom	22	5%	26	6%
Drawer	22	5%	16	4%
In a Safe	7	2%	12	3%
Purse/Handbag	6	2%	8	2%
Other	9	2%	8	2%
Disposed of Them	*	*	2	1%
Don't Know	3	1%	1	0%

The number of respondents who were familiar with how to dispose of expired prescription pain medications remained unchanged from pre and post survey at less than half (43%). However, 18% of respondents reported that as a result of the media messages they disposed of their leftover medications.

Among those who had ever kept leftover prescription medication, the most common reason for keeping the medication was that the individual simply didn't bother disposing of it (32%). Table 3 provides a complete description of the responses collected on reasons for keeping leftover prescription medication. Failing to dispose properly of these medications increases the likelihood of misuse/abuse in the community, and is an issue that needs to continue to be addressed.

Table 3. June 2008 Results: Reason for keeping leftover prescription medication.		
	N	%
Simply Didn't Bother Disposing of It	65	32%
Future Need	64	31%
In Case of an Emergency	31	15%
Didn't See Need of Disposing	15	7%
Money, Save on Future Cost, Valuable	12	6%
Other	10	5%

Didn't Know How to Dispose of Them	7	3%
Don't Know	1	1%

The campaign targeted adults between the ages of 25-54, who account for the majority of prescription overdose deaths in Utah, with the average age of death being 40 years (http://health.utah.gov/prescription). However, when respondents were asked which age group had the most deaths, the group most often (45%) mentioned was young-adults (20-34 years).

Less than ¾ (65%) of respondents felt that most doctors prescribe appropriate amounts of pain medication, with the majority of those believing that doctors prescribe too much (74%), compared to those who felt that doctors prescribe too little (5%).

Due to truncated data on two open-ended questions from the follow-up survey, 100 respondents were contacted a second time and asked again about ways their understanding about prescription pain medication changed in the past year, and about what influenced the change. Tables 4 and 5 highlight the results from those questions. The most common change in understanding was in regards to being more aware of the dangers of prescription pain medication (25%), and the most common factor influencing a change in understanding of prescription pain medications was from knowing someone who had a problem with prescription pain medication (28%).

Table 5. June 2009: In what ways has your understanding about prescription pain medications changed in the past year?

	(N) %
More Aware of the Dangers of Pain Meds	(27) 25%
Understand More About Prescription Pain Meds in General	(16) 15%
More Aware of the Abuse of Pain Meds	(10) 9%
I Don't Want to Use Them / Should Get Rid of Them	(8) 7%
People Dying / Suffering from Prescription Pain Meds	(7) 7%
More Aware of the Addictive Nature	(7) 7%
The Problem is Growing	(6) 6%

Table 6. June 2009: What influenced the change?

	(N) %
Knew Someone Who Had a Problem with Pain Meds	(30) 28%
Television Commercials/News	(17) 16%
Advertisements/News [in general]	(13) 12%
Doctor/Physician Talked to Me	(6) 6%
Personal Education	(6) 6%
Guy Who Goes to Sleep and Dies Advertisement	(4) 4%
Read Article (Newspaper, Magazine, Internet)	(4) 4%

The pre and post surveys were most helpful in identifying increases in awareness of risks due to exposure to media messages, increases in exposure to media messages over the life of the campaign, exposure to the Program's TV commercial, and awareness created by media messages regarding safe use of prescription pain medications.

D. Research Progress

Progress has been made during the past year. UDOH and DOPL have worked actively to establish a partnership and technical environment to support the analyses needed to meet the legislative direction of HB 137 and provide adequate security for the sensitive data contained in the CSD. A MOU was signed November, 2007. However, it took several months to determine an adequate technical environment for transferring the sensitive data from DOPL to UDOH and several more months for the actual transfer of data to occur. We received the complete data sets in May, 2008. Once the data was transferred, a team of programmers has had to clean the data in order to make it usable. This has been a great deal of work due to the large number of records in the database and the fact that only limited quality checks are performed on the data as received in the CSD.

During 2008, we have put together a Research Team with a strong skill set. Substantial progress has been made on essential steps needed before the research results can be produced. This has included linking the prescription data across individuals (developing a master patient index) and organizing the large database for efficient analysis. Now, with a finalized master patient index for the Controlled Substance Database linked to Emergency Department data, Death Certificate data, Medical Examiner data, we are ready to analyze and get results for the following research topics:

Prescribing practices by practitioner specialty
Relationship between dose of morphine equivalence and death
Incidence rates of death by type of prescription

E. Research Initiatives

Throughout FY 08, meetings were held by the Prescription Pain Medication Program's IT and Research Team to identify research initiatives that will provide the most useful information toward addressing this problem and preventing future deaths. As noted below, a substantial proportion of decedents had received a prescription for a controlled substance that contributed to their death. However, for a substantial proportion of decedents, the source of the medications and other factors contributing to death were not known from existing data. To address that information gap a new research project was designed to examine risk factors associated with overdose deaths involving prescriptions. This research will take place at the Office of the Medical Examiner. Other research will include looking at emergency department visits related to overdoses of prescription medication. We are developing a systematic way of identifying the cases of interest through Death Certificate and Medical Examiner data. We have brought together a team of talented individuals to work on this topic.

Risk Factor Study

On October 26, 2008 we began a study to look at risk factors for prescription opioid deaths. This prospective study will collect information on all deaths under the jurisdiction of the Utah Medical Examiner for which drug poisoning (overdose) is suspected or determined as cause of death. The Office of the Medical Examiner is authorized under Section 26-4-7 of the Utah Code to investigate deaths resulting from poisoning or overdose of drugs.

Our investigation includes:

- A standard medical examiner toxicological assay on each decedent
- Review of vital statistics and medical records (available through the Utah Department of Health)
- Interviews with the decedent's next of kin conducted by trained researchers
- Review of relevant medical records during the year prior to death

A prospective case series study was designed to collect information on all deaths under the jurisdiction of the Utah Office of the Medical Examiner (OME) for which drug poisoning/toxicity (overdose) was suspected as a cause of death for a period of one year (beginning October 26, 2008). The vast majority of overdose deaths in Utah are related to prescription pain medications. Therefore, a key goal for the study is to identify risk factors related to prescription pain medication overdose death in Utah.

The Utah Department of Health (UDOH) teamed with researchers from the University of Utah to appoint and train interviewers to conduct telephone-based interviews on behalf of the OME, using a standardized questionnaire form, with next-of-kin and other close family members and/or friends of decedents to collect data for the study.

This study received approval by the Utah Department of Health Institutional Review Board. The study was patterned after a previous study of suicide using a similar methodology. While the primary focus of the study is prescription-related overdose deaths, the study was designed to collect information on all drug overdose deaths (illicit and non-illicit) as well as all deaths where suicide is suspected as the manner of death.

A preliminary analysis based on four months of data, collected on cases with dates of death from October 26, 2008 through Feb. 28, 2009, was conducted in June, 2009 and a report on the results was subsequently drafted. Interviews were conducted on 253 cases with dates of death between Oct. 26, 2008 and Feb. 28, 2009. Multiple interviews were conducted for 33 of the 253 cases, resulting in data from 286 separate interviews. In order to focus on the purposes of the Program, suicide and natural cause-of-death cases were excluded from the analysis. This resulted in 139 cases remaining for analysis.

*Note that the following highlights may include suspected suicide deaths that did not involve drugs, but were later deemed to be "undetermined" cause of death by the Medical Examiner. Also, the highlights include both illicit and nonillicit drug overdose deaths.

Highlights of the preliminary analysis include:

- Unintentional drug overdose deaths (including illicit drug overdose deaths) in Utah were slightly more common among the male population (56.1%), and among those between the ages of 25 and 54 years (75.5%), matching the profile of unintentional prescription drug overdose deaths in Utah in past years.

- More than half (51.1%) of the decedents were unemployed in the last two months of life and 1/3 (32.4%) had no health insurance at the time of death, which is higher than the general population in Utah who lack health insurance (10.7%) according to recent estimates (UDOH, 2009). Further investigation of socio-economic status and any role it may play in unintentional drug overdose in Utah is needed.

- It has been hypothesized that religion may play a role in prescription drug overdose death in Utah, in particular those of the predominant LDS faith. The preliminary results show that the proportion of LDS decedents in this study (51.8%) was less than the proportion

among the general population in Utah (approximately 60%) according to recent reports (Associated Press, 2008; Pew Forum on Religion & Public Life, 2008).

- A history of substance abuse was common among persons who died of unintentional drug overdose, with 76.6% having at least one indicator for a history of substance abuse. Additional analyses are needed, but this will be important for guiding interventions and the overall approach to this problem. Particularly telling is the fact that over 50% of accidental/undetermined (A/U) deaths had ever received treatment for substance abuse.

- A history of pain was common among the A/U deaths investigated. In the majority (n=109, 78.4%) of cases respondents reported that the decedent suffered from pain. Of those, 89 (81.7%) reported that the pain was chronic. Back pain was the most common (n=42, 30.2%) cause of pain reported. Additional analyses will explore further the interactions between pain and substance abuse, but based on these preliminary findings appropriate treatment and management of pain appears to be of particular importance in addressing this issue.

- Of 109 (78.4%) decedents who reportedly suffered from pain, 87 (79.8%) reportedly took prescription pain medication for the condition which caused pain. Further, 47 (34.1%) respondents reported that the decedent experienced inadequate pain relief in the last two months of life, with 22 (46.8%) of those reporting that inadequate pain relief was also a significant crisis for the decedent in the last two weeks of life.

- Of the 98 decedents who used prescription pain medications for pain in the past year, 78 (79.6%) had used prescription pain medications within one month prior to death. In the future these data will be compared to CSDB data to assess accuracy of reported use of medication. Also, indicators for non-medical use of prescription pain medication will be analyzed and reported.

- Symptoms related to sleep apnea experienced by decedent during the last two months of life included snoring unusually loud (n=52, 38.0%), having trouble breathing during sleep (n=43, 31.4%), and stop breathing for periods of time while asleep (n=21, 15.3%). Actual diagnosis of sleep apnea was reported in 19 (13.9%) decedents. Based on these findings it appears sleep apnea may be under-diagnosed among unintentional overdose deaths.

- As reported previously (Caravatti, Grey, Nangle, Rolfs, & Peterson-Porucznik, 2005), obesity again appeared to be a possible risk factor, with the rate of obesity found among the study population (41.7%) greater than the rate of obesity among the general population in Utah (23.1%) (Centers for Disease Control and Prevention, 2008).

A strength of this study is the high response rate among those who were contacted for interview. For cases from the first four months of the study period, there were just four cases where someone declined participating in the interview when contacted by an interviewer. Additionally, of the A/U cases identified as study candidates, interviews were conducted for 85.3% of the cases. Lack of ability to contact interviewee (e.g., no contact information available, incorrect/erroneous contact information, no answer even after multiple attempts at various times of the day) was the main reason for not completing a higher percent of interviews for cases from the first four months of the study period. As of August 19, 2009 a total of 448 interviews had been conducted for the study, with 314 of those interviews being conducted for cases deemed suspected or confirmed drug overdose.

Interviews continue to be conducted and further analysis of the data collected will be conducted to provide a more complete description of the study population, as well as provide more insight and evidence into potential risk factors related to unintentional overdose deaths in Utah.

Emergency Department Research
During FY08, the majority of our research concentrated on deaths due to overdose of prescription pain medication. We now intend to look more closely at emergency department (ED) encounters. The goal for this part of the research is to better understand the magnitude and importance of non-fatal overdoses as a consequence of prescription opioid use and abuse. Our primary research questions are:

- How many individuals visit the ED for opioid overdoses?
- What percentage of these individuals has had multiple ED visits for opioid overdoses?
- What percentage of these individuals end up dying from prescription overdose?
- How many individuals who died from prescription overdose had visited the ED for an overdose before death (potential value as warning sign and point of intervention)?
- How many individuals that visited the ED for opioid overdose had a valid prescription at the time of the encounter?

Developing a Case Definition
There is no nationwide, systematic way of measuring deaths due to opioid overdose. Some of the inherent difficulties in comparing Utah to other states are due to the differences between case definitions. Some states may differ on whether they count suicide cases that result from prescription opioid overdose. Others may differ on whether they exclude or include deaths that have prescription opioids in combination with illicit drugs. Research that UDOH has conducted up until now has been based on using a combination of the data we obtain from the Medical Examiner (ME) and from Death Certificates (DC) to determine the number of cases. We have excluded suicides as well as cases that have prescription opioids in combination with illicit drugs in the numbers that we have reported yearly. We are currently in the process of creating a way to systematically pull the cases we are interested in from the ME and DC data. This will make for a much stronger analyses since it will be automated rather than coded by hand each year.

F. Research Findings

Background information
Unintentional fatalities due to prescription medications are an increasing problem in United States and Utah. Over the past few years, the Utah Medical Examiner noted an increase in the number of deaths occurring due to overdose of prescription opioid medications that are typically used for pain management. Epidemiologic studies of data collected by the Office of the Medical Examiner, as well as from emergency department encounters and controlled substances dispensing confirmed the increases and uncovered an alarming problem.

During the years 1997–2004 deaths attributed to poisoning by drugs increased 128% in Utah from 174 to 397. Deaths of Utah residents from non-illicit drug poisoning (unintentional or intent not determined) have increased from about 50 deaths per year in 1999 to over 250 in 2006. The increase was mostly due to the higher number of deaths from prescription opiate pain medications, including methadone, oxycodone, hydrocodone, and fentanyl.

Methadone was the most common drug identified by the Utah medical examiner as causing or contributing to accidental deaths, accounting for a disproportionate number of deaths compared to its frequency of use. Methadone was the single drug most often associated with overdose death and had the highest prescription adjusted mortality rate (PAMR) with an average of 150 deaths for every 100,000 prescriptions during the study period (range: 89 deaths/100,000 prescriptions in 1998 to 224 deaths/100,000 prescriptions in 2004). From 1997–2004, population-adjusted methadone prescriptions increased 727%. This increase in the methadone prescription rate was for treatment of pain and not addiction therapy.

The numbers of prescriptions for four of the primary drugs of concern with respect to fatal drug overdose have increased at a greater rate than the growth of the Utah population. The population-adjusted relative increase in prescribing for methadone and fentanyl exceeded 700% while oxycodone nearly tripled.

For the years 1999–2003, unintentional deaths due to prescription medications were the fourth-leading cause of death in 25–54 year olds in Utah. Notably, while deaths of unintentional or undetermined intent caused by prescribable narcotics nearly tripled, cases of self-inflicted harm from narcotics remained stable from 1991–2003.

In 2006, methadone was implicated in 30% of non-illicit drug-related deaths, oxycodone in 21%, hydrocodone in 18%, and fentanyl in 9% of deaths associated with non-illicit drug overdose. The average age at death for deaths due to overdose of non-illicit drugs was 42 years old, with the ages ranging from 16 to 80 years old. Rates of death were slightly higher for males (51.3%) than females. At least one death occurred in 24 out of the 29 counties in Utah, suggesting that the problem spans both the urban and rural population.

Research combining Medical Examiner's data and data from the CSD from 1997-2004 found that 50% of individuals who died of an overdose of methadone had a valid prescription at the time of death. This is informative in showing that there are two distinct populations: individuals with a valid prescription and individuals who found prescription opioids from some other source. To prevent future deaths of individuals with a valid prescription, the approach may be teaching proper use and warning against deviating from the directions given by their doctors, whereas to prevent deaths of individuals who are getting prescription drug from other sources, the approach may be to decrease availability of these drugs (for example, by educating others to lock up or dispose of their leftover medication).

A national report found that among young adults aged 18 to 25 who used prescription pain relievers non-medically in the past year, over half (53.0 percent) reported that they obtained the medication from a friend or relative for free. (National Survey on Drug Use and Health, 2006, retrieved on October 14, 2007 from http://www.oas.samhsa.gov/2k6/getPain/getPain.htm)

Recreational use of prescription drugs is increasing. In 2003, approximately 15 million Americans reported using a prescription drug for non-medical reasons at least once during the year. Approximately 6.3 million Americans reported current non-medical use of prescription drugs. (Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2004)

Abuse of prescription pain killers in the last year now ranks second, following marijuana, as the nation's most prevalent illegal drug problem. Even more foreboding is the fact that the number of new abusers of prescription drugs is equal to the number of new abusers of marijuana. Much of this abuse appears to be fueled by the relative ease of access to prescription drugs. Approximately 60 percent of people who abuse prescription pain killers indicate that they got their prescription drugs from a friend or relative for free. (Office of National Drug Control Policy, 2007, retrieved on October 17, 2007 from http://www.whitehousedrugpolicy.gov/news/press07/022007.html)

Preliminary results from the linked CSD-Vital Statistics database analysis

For the years 1999-2004, the CSD includes 22,215,471 records of filled prescriptions. This represents 2,339,058 unique individuals that filled at least one controlled substance prescription. During the same time period, there were 1,920 drug poisoning deaths identified using death certificates. We analyzed the demographics of the decedents and present summary results in Table 1. Intentionality status of the decedents is determined by the medical examiner or certifying official and is captured on the death certificate. Fatal drug overdose is a problem of middle-aged adults, with an average age of 38.8 years. The majority (67%) of drug poisoning where intent was accidental or undetermined were male. The greatest number of deaths occurred in the urban

counties of the Wasatch Front where the largest proportion of the population lives, but when death rates are used to account for the population distribution (number of deaths per 100,000 population) this problem was seen to have affected frontier, rural and urban areas of the state similarly.

We linked the Medical Examiner Database to the de-duplicated CSD in order to determine what proportion of the poisoning decedents had ever filled a prescription for the implicated drug and what proportion had a valid prescription at the time of death or within certain time intervals of death. Among accidental drug poisoning deaths, 40% (101/251) of decedents had received an opioid prescription that would have lasted to within 30 days of death, and 74% (185/251) had ever received an opioid prescription. Among drug poisoning deaths of undetermined intent, 41% (393/967) of decedents had received an opioid prescription that would have lasted to within 30 days of death, and 75% (729/967) of decedents had ever received a prescription for an opioid drug. Decedents with undetermined intent, who had filled prescriptions tended to be older (38.6 years compared to 36.5 years; p=0.0059) than those for whom we found no evidence of prescription. A greater proportion of decedents of unknown intent from non-urban Utah counties had evidence of a prescription (83%) than decedents of unknown intent from urban Utah counties (73%; p=0.0181). No such differences were seen among decedents of accidental intent.

Current Findings

The number of non-illicit drug overdose deaths decreased in 2008 by 12.6% (see Figure 1.). In 2007, the number of deaths related to non-illicit drugs was 317. This was the leading cause of injury death in Utah and one of the leading causes of death for 25-54 year olds in Utah.

Figure 1.

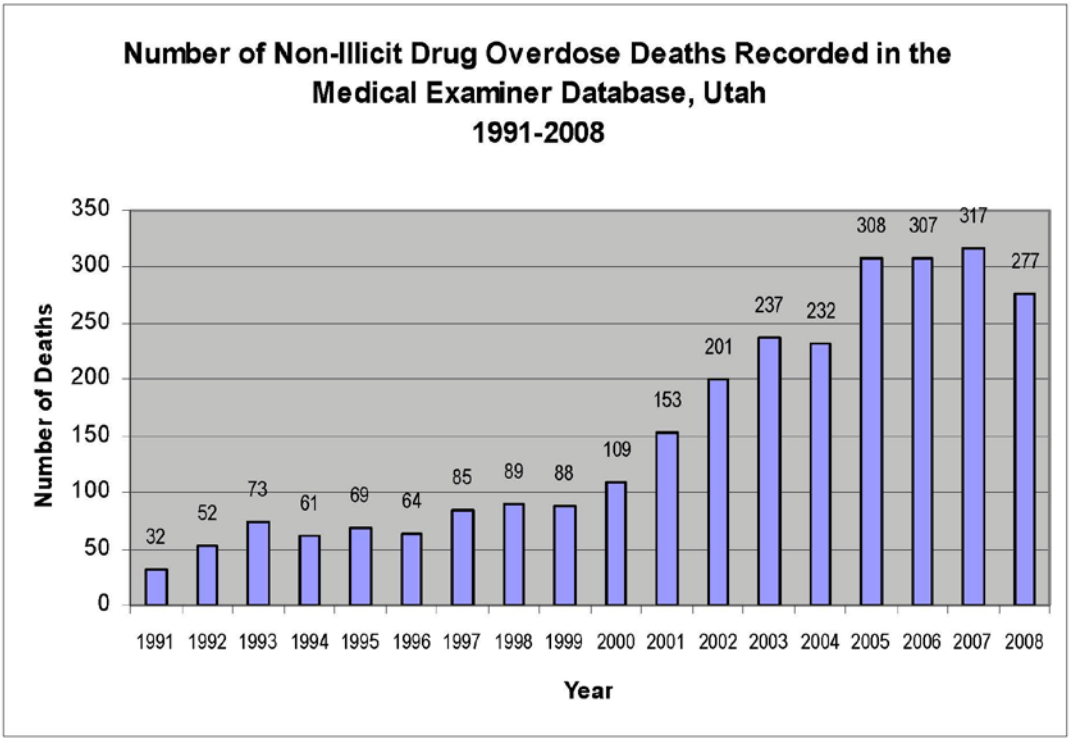


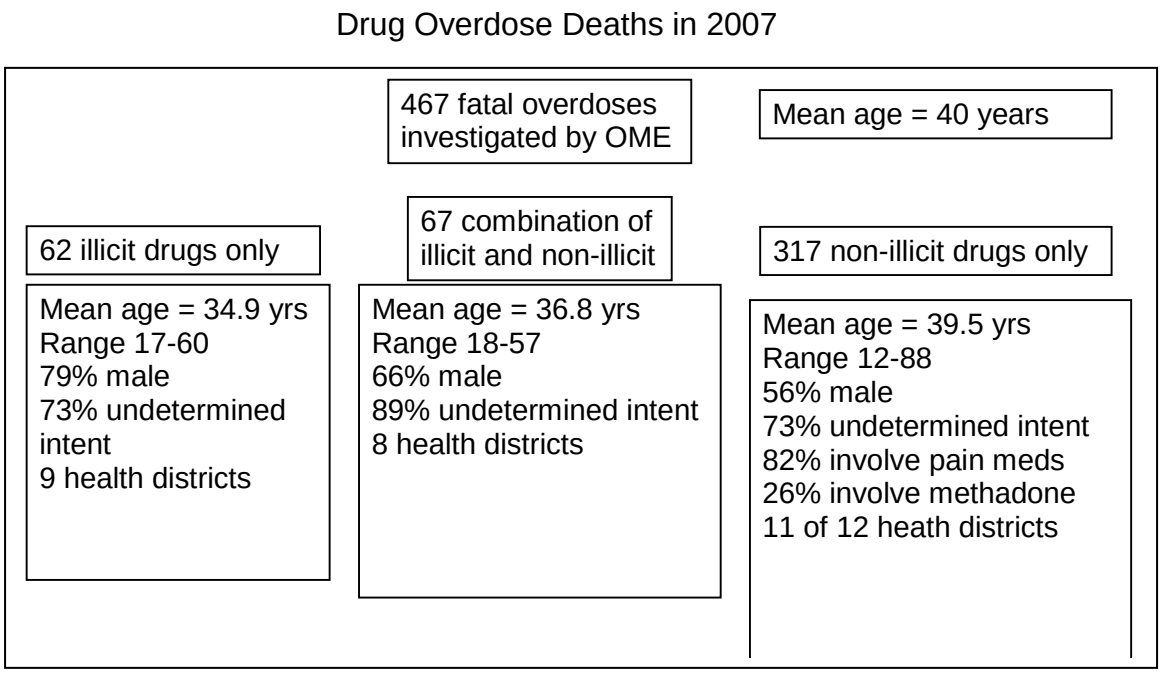
Figure 2 shows the number of deaths by type by year for 2006-2008.

Figure 2. Number of Accidental/Undetermined Drug Overdose Deaths by Year by Drug Type

Year	Illicit Overdose Deaths	Combo (both Illicit and Non-illicit)	Non-illicit Overdose Deaths
2006	96	63	307
2007	62	67	317
2008	89	41	277

In 2007, the Medical Examiner investigated 467 overdose deaths related to drugs of any type. Of these, 62 decedents had strictly illicit drugs appear on the toxicology results while 317 had strictly non-illicit drugs in the toxicology results and 67 decedents had a combination of illicit and non-illicit drugs. The mean age of people who died from a drug overdose in 2007 was 40 years old. The mean age of people who died strictly of non-illicit drugs was higher (39.5 yrs) than those who died of illicit drugs (34.9 yrs) (See Figure 3).

Figure 3.



The individuals who died of strictly illicit drugs in 2007 were more frequently male (79%) than those who died of strictly non-illicit drugs (56% male).

Unintentional fatalities due to prescription medications are an increasing problem in Utah and the United States. The annual number of prescription-related drug overdose deaths began to increase substantially in 2001 and the increase continued through 2007. In 2008, the number of deaths related to non-illicit medications (which includes both over-the-counter and prescription drugs) was 277, a 10% decrease from 317 in 2007. Prescription medication overdose deaths are the leading cause of injury death in Utah and one of the leading causes of death for 25-54 year olds in Utah.

Most of medication-related deaths are related to prescription pain medications, such as oxycodone, hydrocodone, methadone and fentanyl. In 2008, the Medical Examiner investigated 407 overdose deaths related to drugs of any type. Of these, 89 decedents had strictly illicit drugs appear on the toxicology results while 277 had strictly non-illicit drugs in the toxicology results and 41 decedents had a combination of illicit and non-illicit drugs. The mean age of people who died strictly of non-illicit drugs was higher (40.3 yrs) than those who died of illicit drugs (36.27 yrs). The individuals who died of strictly illicit drugs in 2008 were more frequently male (82%) than those who died of strictly non-illicit drugs (52% male). Deaths from only non-illicit drugs occurred in 22 of Utah's 29 counties showing that this is both an urban and rural problem and that it is impacting most counties across the state.

Deaths from non-illicit drugs only occurred in 11 of the 12 health districts showing that this is both an urban and rural problem and that it is impacting most counties across the state.

Emergency Department encounters related to opioids have also had a steady increase over the past few years (See Figures 4 and 5).

Figure 4.

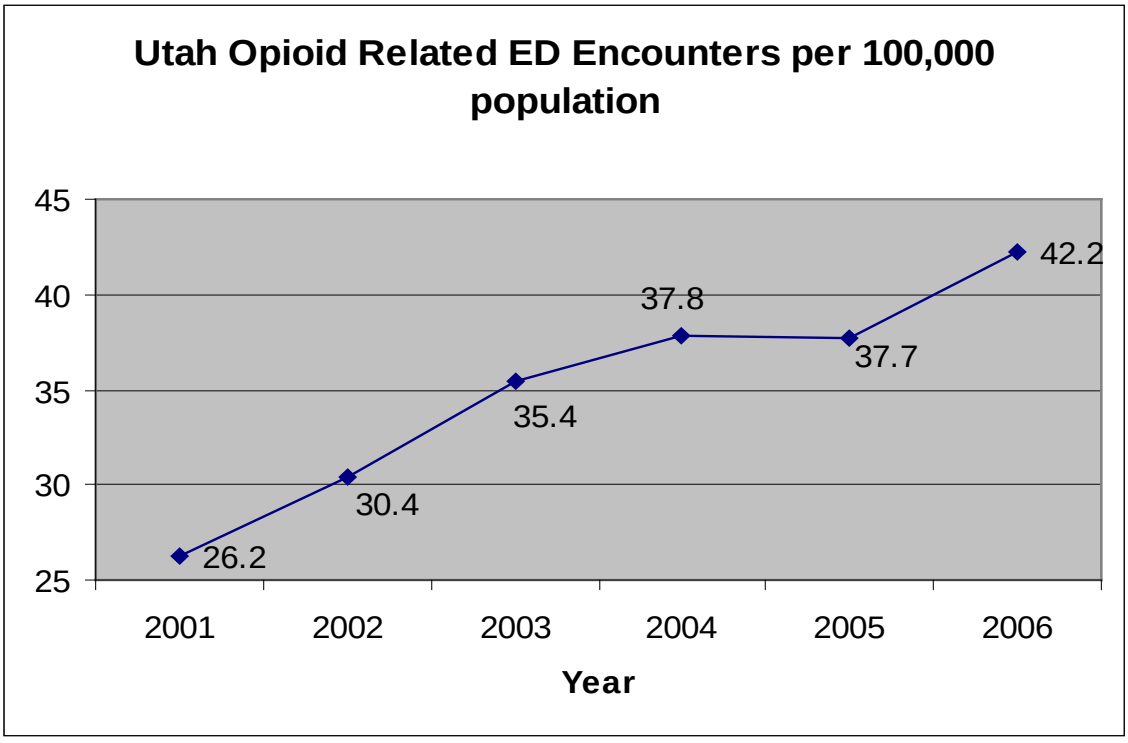


Figure 5.

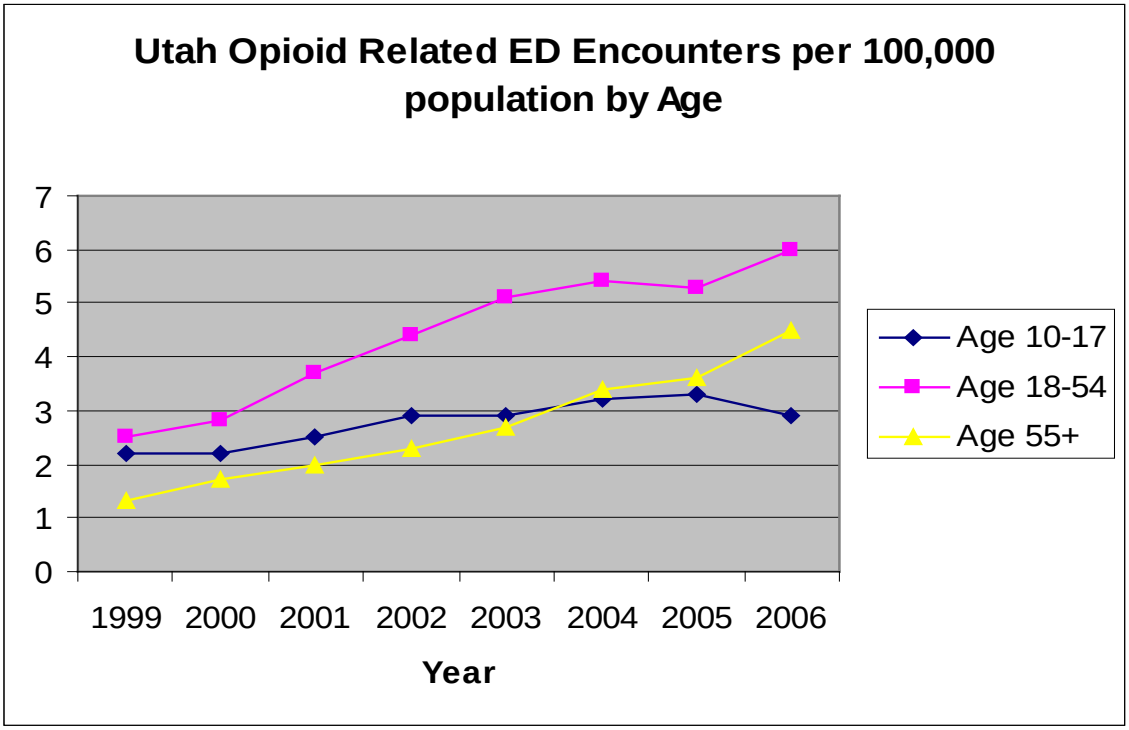


Figure 6.

Percentage of Accidental and Unknown Opioid Poisonings Deaths by Month (1999-2005)

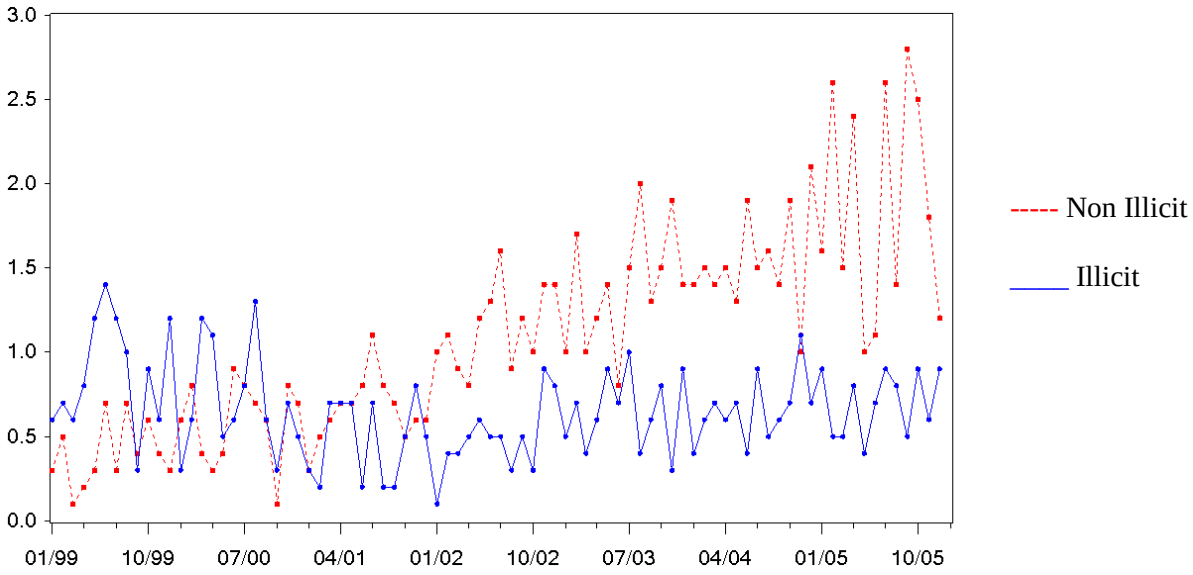
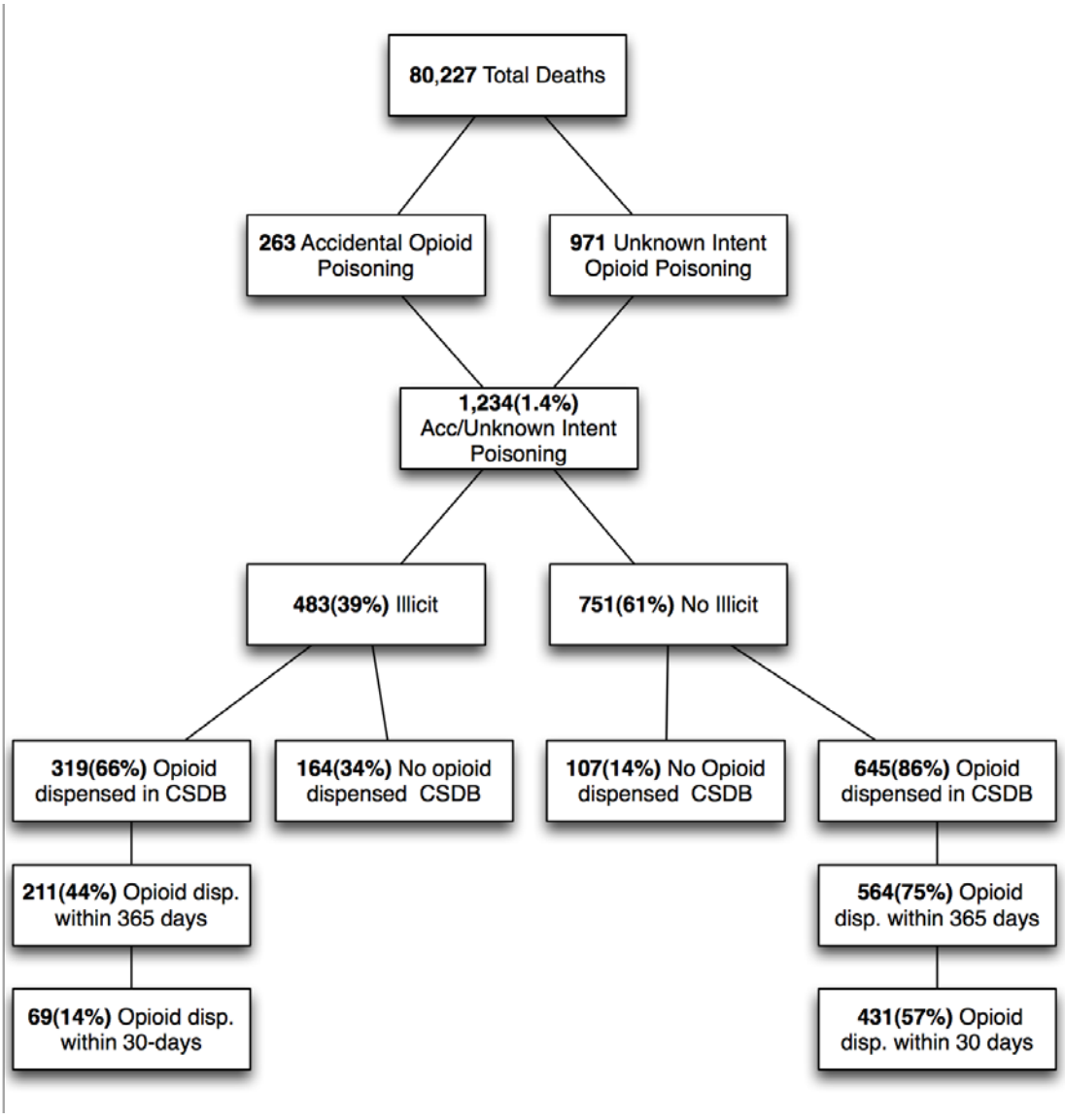


Figure 6 illustrates the percentage of total deaths identified as being opioid poisonings of accidental or unknown intent. The blue solid lines represents accidental and unknown intent poisonings where illicit drugs were found on toxicology and the red dashed line represents the same category of deaths where no illicit drugs were found on toxicology. It is easy to notice that opioid poisonings of accidental and unknown intent where illicit drugs were found on toxicology have remained relatively constant over the seven year period while the same category of poisoning deaths where no illicit drugs were found on toxicology has been steadily increasing since 2001.

Figure 7.

Breakdown of Accidental and Unknown Opioid Poisonings Deaths and Evidence of legal Access to Opioid Medications. (1999-2004)

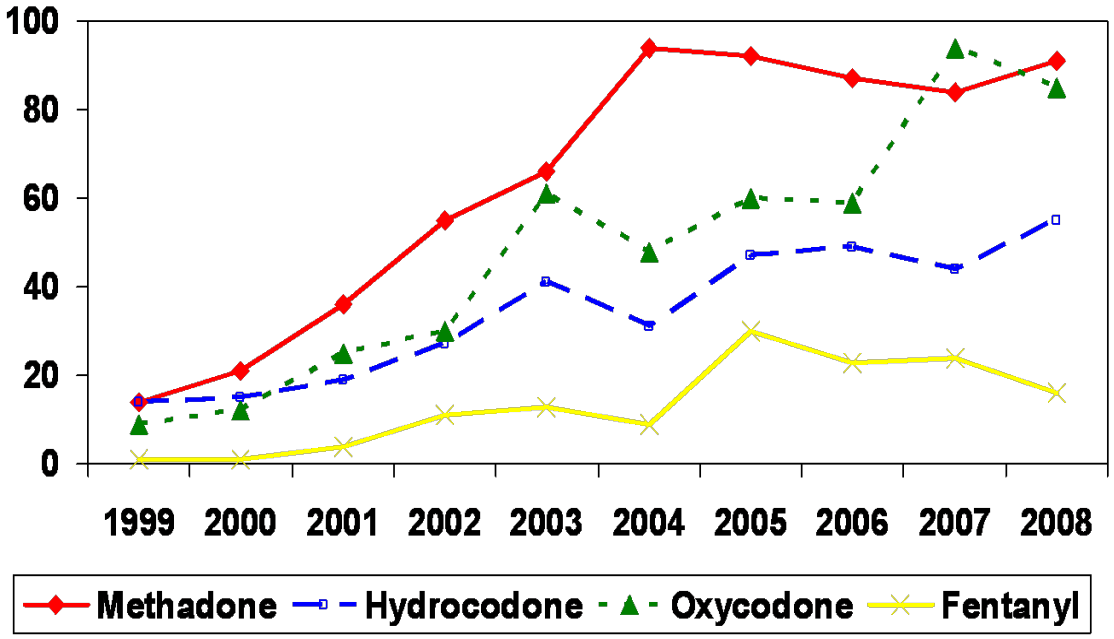


During the years of 1999 to 2004, there were a total of 80,227 deaths, of which 263 were identified as accidental opioid poisonings and 971 were identified as opioid poisoning with unknown intent resulting in 1,234 apparently non-intentional opioid poisonings. In 483 (39%) of the accidental and unknown opioid poisoning deaths illegal substances (e.g., cocaine,

methamphetamine, marijuana) were found during toxicology examination, and in 751(61%) no illegal substances were found. Sixty-nine (69) of the 483 (14%) accidental and unknown opioid deaths with illicit drug use had at least one opioid dispensed where the supply would have ended within 30-days of death if the drug was used as prescribed, while 431 of 751 (57%) of the non-illicit group had at least one opioid dispensed where the supply would have ended within 30-days of death.

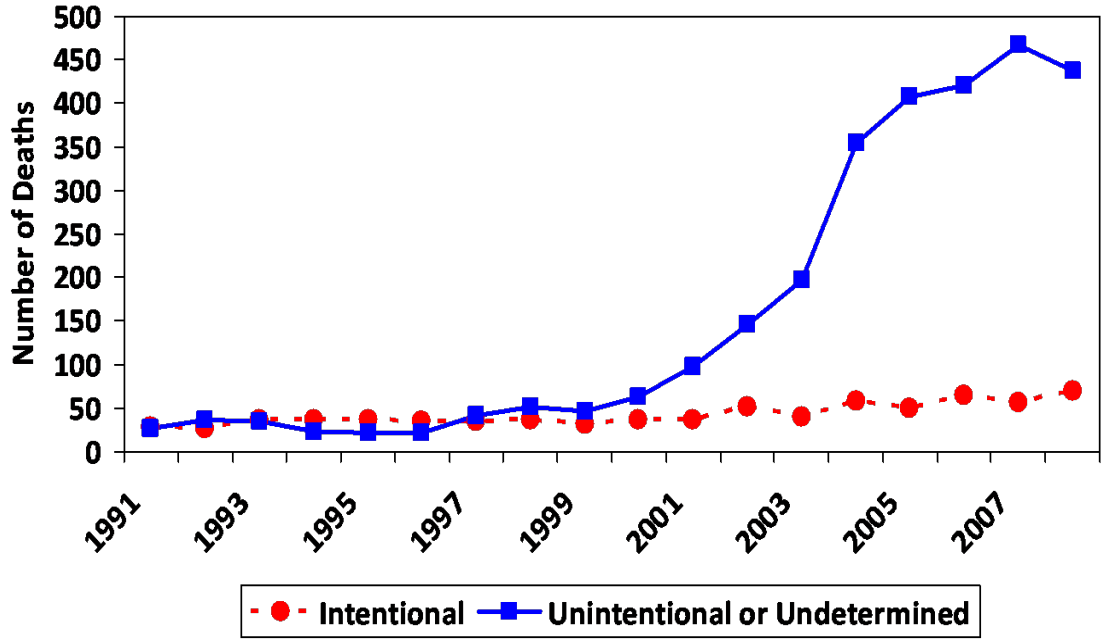
The legal drugs most often associated with overdose deaths include methadone, hydrocodone, oxycodone, and fentanyl. (See Chart 1)

Chart 1: Drug Poisoning Death by Drug and Year: Utah 1999-2008



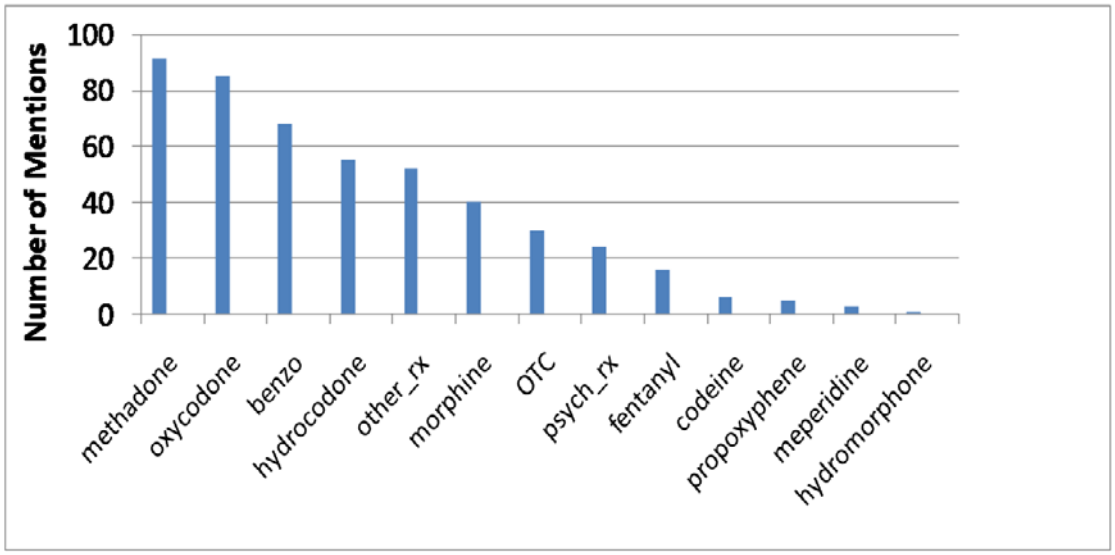
In 2008, at least one non-illicit drug overdose death occurred in 22 of Utah's 29 counties, males and females were affected about equally – with females accounting for 48 percent of deaths and males accounting for 52 percent. Pain medications remain the most common type of prescriptions involved in these overdose deaths, and were present in 82 percent of the non-illicit drug deaths. They include drugs such as oxycodone (such as Oxycontin and Percocet), hydrocodone (such as Lortab and Vicodin) and methadone. The number of deaths associated with prescription drug overdoses in the State of Utah decreased by 12.6 percent from 2007 to 2008. The decrease represents 40 fewer deaths during that timeframe. The dip is the largest decrease in non-illicit drug overdose deaths recorded in the Medical Examiner's database since 1991. Still, 277 Utahns died in 2008 of what public health officials view as a preventable epidemic. During the period from 1991-2008, intentional poisoning deaths remained fairly constant. (See Chart 2)

Chart 2. Drug Overdose Death by Manner and Year: Utah 1991-2008



Methadone was the most common drug mentioned in the Medical Examiner report as contributing to a non-illicit overdose death with a mention in 91 (32.9%) cases. Oxycodone was mentioned in 85 (30.7%) cases followed by benzodiazepines in 68 (24.6%), and hydrocodone in 55 (19.9%).

Chart 3. Substances Involved in Non-illicit Overdose Deaths of Accidental or Undetermined Intent-2008



F. Committees and Number of Participants

1. Steering Committee: 11 members; met monthly
2. Advisory Committee: 119 members; meet quarterly
3. Patient & Community Education Work Group: 43 members; met monthly

4. Policy, Insurance, & Incentives Work Group: 19 members; met monthly but was dissolved June 2008.
5. Data, Research, and Evaluation Work Group: 8 members; met as-needed.
6. Short term work groups:
    a. Guideline Expert Panel: 16 members; met throughout April-June to develop draft of guidelines
    b. Guideline Implementation Panel: 14 members; met in July to determine which tools to include in guidelines

All meeting minutes can be found at health.utah.gov/prescription

G. Recommendations on the Controlled Substances Database

Prepared by: Division of Occupational and Professional Licensing and Utah Department of Health

HB 137: "Requires the department to report to the legislative Health and Human Services Interim Committee and the legislative Business and Labor Interim Committee…to present its recommendations on: the use of the Utah Controlled Substances Database to identify and prevent the misuse of opiates; inappropriate prescribing; and adverse outcomes of prescription opiate medications."

The Utah Controlled Substance Database Program was legislatively created and put into effect on July 1, 1995. It is used to track and collect data on the dispensing of Schedule II-V drugs by all retail, institutional, and outpatient hospital pharmacies, and in-state/out-of-state mail order pharmacies. The data is disseminated to authorized individuals and used to identify potential cases of drug over-utilization, misuse, and over-prescribing of controlled substances throughout the state.

The CSD records are retained in the form that they are sent from the individual pharmacies. Some data quality weaknesses have been identified including missing or invalid data in key fields such as patient name or provider DEA number.

The Utah Department of Health has made the following recommendations on how to use the CSD to identify and prevent misuse of opiates, inappropriate prescribing and adverse outcomes of prescription opiate medication. The recommendations were sent to Department of Commerce and Division of Occupational and Professional Licensing (DOPL), who then commented on the status of the recommendation. The comments generally fall into one of the following categories:

- Great idea, warrants further consideration
- Great idea, already completed or being completed
- Great idea, project in the queue or awaiting funding
- Good idea, objective can be met with existing Database
- DOPL has concerns with the idea
- Potential idea, but other groups have expressed concerns

DOPL has worked with UDOH during the past two years to assist UDOH in accessing and understanding the Controlled Substances Database. DOPL has taken the initiative to make many beneficial changes and have plans to continue improving the Database this coming year. Since its inception in 1995, the Database has undergone many changes, both administratively and legislatively. These recommendations, along with other external recommendations and internal action points, will help DOPL to continue improving the Database.

The table below shows each recommendation by UDOH along with the response from DOPL as to the status of the recommendation and an explanation of the status.

Recommendations & Status of Controlled Substances Database

Prepared by Erin Johnson, erjohnso@utah.gov, 801-538-6542

Recommendation by UDOH	Status	Explanation from DOPL
Incorporation of a Master Patient Index. The Utah Department of Health has year creating a Master Patient Index for the CSD. A Master Patient Index will assign a specific identifying number to each individual patient by matching names with date of birth. This will make it easy and possible to view a patient's prescription history over time.	Great idea, warrants further consideration AND Potential idea, but other groups have expressed concern.	This idea highlights what is perhaps the greatest weakness of the Database, the errors created by user entry of names or dates of birth. Names and dates of birth were originally recognized as the primary identifiers since prescribers and pharmacies would not need to change prescribing or dispensing practices in order for the database to function. DOPL would have to change the Database "spine" in order to meet this recommendation. In addition, in order for the Master Patient Index to work, the prescribing practitioner and pharmacy will have to utilize the assigned index number throughout the process of prescribing and dispensing in order for the database to verify who is attached to the record. A potential IT concern is if the recommendation is intended to create another database (the Index) or just a field within the current database.
Counting of prescriptions by patient. We recommend that the Master Patient Index be linked with a counting device that would calculate a running total of the number of prescriptions for each patient. In addition to a counter for total number of controlled substance prescriptions, it would be useful to generate a running total of filled prescriptions by class of medication. These counters could be used in the future to trigger potential investigations if a patient fills more prescriptions in total or within a class than has been established as reasonable within a timeframe.	Great idea, already completed or being completed.	The Database already has the capability to count the number of prescriptions by individual in the Database, with the identifying limitations addressed under #1. Perhaps the interface functionality could be improved so the information is more easily found.
Counting of prescriptions by provider. We recommend that the database include an automated means of counting number of filled prescriptions by provider. This will allow for a means of triggering investigations if a provider writes more prescriptions within a timeframe than an established expected value.	Great idea, already completed or being completed.	The Database already has the capability to count the number of prescriptions by provider in the Database, with the identifying limitations addressed under #1. Perhaps the interface functionality could be improved so the information is more easily found.
Addition of non-human indicator field. Occasionally, controlled substances are prescribed to animals. Currently, the data from the animals' prescriptions are indecipherable from the data on prescriptions from humans (except by obvious names such as "Fluffy", comments in a name field). This causes problems in the analysis by skewing the data (at a glance, it may appear that many 2 year olds are taking controlled substances, but at a closer examination this is due to prescriptions for animals). A separate indicator field for prescriptions to non-human animals would help eliminate the problem.	Great idea, project in the queue or awaiting funding.	This is a very good idea that the Database is working on completing as resources become available.
Automated quality controls on data, such as programming legal values of fields, whenever possible. For example, the field of "sex" should only accept the answers Male or Female, and any other answer should be rejected (and perhaps automatically sent back to	Great idea, already completed or being completed	Currently, the Database creates an "exceptions report" that highlights errors in the data submissions and seeks corrections. If the exceptions report demonstrates a high level of error, the report is automatically rejected to

pharmacy for correction). Other examples include only accepting DEA IDs that follow the correct pattern of numbers and letters, and that the date of birth can not be later than the date the prescription is written or filled. Simple steps like these will increase the value of the data tremendously.	AND warrants further consideration.	the pharmacy for corrections. If the corrections are few, the Database contacts the pharmacy directly to correct the issue. Currently, 1 in 500 data records is identified as an error and requires staff coordination and correction with the submitting pharmacy. However, name variations are not caught as errors. The only time that the name field is considered an error is when it is left blank. The Database does NOT automatically reject an entire file if only a few records in the file have errors. **The Database will continue to identify additional data fields that can be highlighted for errors beyond those already identified.**
Action for incomplete reports or reports with illegal field values. For example, when entering the patient's sex, if a 9 is entered rather than an M or F, the report should not go through, but would reply that the answer is not valid. Another way to eliminate incomplete or incorrect reports would be to have an automated system that sent back these reports each time that DOPL uploaded the data and found the inconsistent fields. For example if the DEA number is 9999999999999 or if the DEA number doesn't match an entry from the Master DEA table, or the patient address is missing, the record should be rejected and returned to the sender.	Great idea, already completed or being completed.	If the exceptions report demonstrates a high level of error, the report is automatically rejected to the pharmacy for corrections. If the corrections are few, the Database contacts the pharmacy directly to correct the issue. **The Database will continue to identify additional data fields that can be highlighted for errors beyond those already identified.**
Additional indicator field for prescriptions picked up by someone other than the person for whom the prescription is written. This might assist in detecting fraud.	Great idea, project in the queue or awaiting funding.	The Database can currently provide this information. The greatest limitation has been the software used by the pharmacies, but most have the current software.
Standardization of the customer ID field. Currently, the customer ID field varies from driver's license number to social security number to written explanations about the customer. Consequently the data cannot be analyzed. Standardizing this would also require deciding whether the information would reflect the person for whom the rx is written or the person who is picking up the rx.	Great idea, warrants further consideration.	A good cost-benefit analysis could determine if the programming costs are worth the benefit.
Standardization of what goes into each field. For example, sometimes the "first name" field includes nicknames, middle names, or parenthetical comments. These could prevent the linking mechanism for "Firstname" from matching the first name if a nickname is entered.	Great idea, warrants further consideration.	A good cost-benefit analysis could determine if the programming costs are worth the benefit.
Establish a real-time link between the pharmacies and the CSD. Legislation passed in 2008 which would have established a pilot program for a real-time database. Unfortunately, due to the economic downturn, the money was retracted. The expansion of such a database statewide will result in increase of users and increase in frequency of use by each individual user. This would allow providers to learn what the patient got yesterday and last week and not just last month. This could be really important in the ER to treat someone	Great idea, warrants further consideration AND Potential idea, but other groups have expressed concern.	Real-time linking has been discussed often and supported by the Legislature. Perhaps the most significant issue here is covering the cost and truly defining "real-time." The current reporting is weekly, not monthly. The law allows more frequent reporting, but no pharmacy has elected to participate in more frequent reporting. (six pharmacies have expressed interest, but none have begun) Pharmacies have been worried that they not

safely if they aren't conscious, and to prevent acquisition of more drugs by drug seekers. Similarly it would help pharmacists know what patients had gotten from other pharmacies in the very recent past.		be burdened with the entire cost of compliance, among other concerns.
Evaluate the flags that are currently in place to trigger an intervention on the patient or providers behalf. For example, certain flags already exist that will trigger DOPL to send a letter to providers. Re-evaluating these with the expanded purpose of the database in mind can help to increase the value of each letter sent. Some things to consider are how many prescriptions are reasonable for a provider to write during a time period? How many prescriptions are reasonable for a patient to fill during a time period? If we identify high-risk drug combinations, a trigger could be set-up if a patient fills two or more prescriptions that are dangerous when combined. The provider(s) and patient could then be contacted and warned about the potentially dangerous combination. In many cases it may be that the drugs were prescribed by different providers who have no idea what else the patient is taking. This could save lives.	Great idea, already completed or being completed; Great idea, warrants further discussion; Other groups have expressed concerns AND DOPL has concerns with the idea.	Of course the purpose of the database is to protect the public from the abuse of controlled substances. The Database currently has some flags in place, such as for doctor shoppers. In addition, the Division enforcement area has used the information in bringing administrative cases against medical practitioners who, after a thorough review by medical professionals, are determined to have violated a standard of care with prescribing practices for controlled substances. Any expansion of the flags needs to be weighed very carefully against privacy rights and medical practitioner professional judgment. The system is a tool or resource for the prescribing and dispensing practitioners, but should not replace practitioner judgment. In the past, practitioners and the public have been concerned about DOPL or law enforcement or others going on “fishing expeditions.” A panel of medical providers, such as the Physician’s Licensing Board or another body would need to evaluate and establish any triggers that begin to evaluate the professional decisions of practitioners.
Procedures put in place for when flags are triggered. If DOPL reevaluates the triggers, they should also make sure that the appropriate procedures are put in place so that when the flags are triggered there is immediate and helpful action.	Great idea, already completed or being completed; Great idea, warrants further discussion; Other groups have expressed concerns AND DOPL has concerns with the idea.	Of course the purpose of the database is to protect the public from the abuse of controlled substances. The Database currently has some flags in place, such as for doctor shoppers. In addition, the Division enforcement area has used the information in bringing administrative cases against medical practitioners who, after a thorough review by medical professionals, are determined to have violated a standard of care with prescribing practices for controlled substances. Any expansion of the flags needs to be weighed very carefully against privacy rights and medical practitioner professional judgment. The system is a tool or resource for the prescribing and dispensing practitioners, but should not replace practitioner judgment. In the past, practitioners and the public have been concerned about DOPL or law enforcement or others going on “fishing expeditions.” A panel of medical providers, such as the Physician’s Licensing Board or another body would need to evaluate and establish any triggers that begin to evaluate the professional decisions of practitioners.
Market the CSD to providers and pharmacists to increase awareness of its existence and uses	Great idea, already	The Department of Commerce and DOPL are in the process of a public awareness

	completed or being completed.	campaign for the database. The current efforts include:Modifying continuing education for all medical practitioners who have access to the database so they can receive credit for DOPL taught classes about the database. All rules have been modified to permit the classes. Improving the Database interface to decrease login times and increase ease of use. Permit after hours registration with the database (by email password) so practitioners can create an account not only 44 hours per week (DOPL's hours), but 168 hours per week. Offering free classes to medical practitioners and others on how to use the database and get the most use out of the database.
Automatic logoff time should be extended. Providers are automatically logged off if the computer is left idling for a short time (5 minutes?) which requires the doc to spend time to re-login for each patient. This is very cumbersome and time-consuming in clinic. Providers suggest making it possible to stay logged in longer to help make the database more user-friendly.	Great idea, already completed or being completed.	Part of the Department of Commerce and DOPL redesign of the Database interface solves this problem. The redesign should be introduced this Fall.
The web-site needs to be accessible within no more than 3 minutes time. In order for the website to be used frequently, the 4 questions should not be asked every time, there should not be a need for both a password and a pin, and search parameters should be able to be saved with the provider's own preferences as defaults	Great idea, already completed or being completed.	Part of the Department of Commerce and DOPL redesign of the Database interface solves this problem. The redesign should be introduced this Fall.
Expand the database to include mandatory collection of data from: methadone treatment, Indian Health Services, VA & military. Currently individuals who receive prescriptions from these sources do not show up in the Controlled Substance Database	Great idea, warrants further consideration	The Database has attempted by memoranda to bring groups that are currently exempt from the Pharmacy Practice Act into cooperation with the Database in order to better protect the public. None have elected to do so.
Improve ease of registering for access to the CSD. Make it possible to receive access to CSD online (rather than phoning in). The provider should be able to change the password once it is received for security reasons.	Great idea, already completed or being completed.	Part of the Department of Commerce and DOPL redesign of the Database interface solves this problem. The redesign should be introduced this Fall.
. Make the reports sortable by date and or provider. Change the format of the results of a search from pdf to a sortable table. That way we can sort the data to make it chronological, by provider, by type of medication, by pharmacy etc. The pdf format is not chronological and so can be very cumbersome to use.	Great idea, already completed or being completed.	Part of the Department of Commerce and DOPL redesign of the Database interface solves this problem. The redesign should be introduced this Fall.
When providers run reports on themselves as providers and there is a patient who shows up on our list, the provider should be able to click on the patient and have it bring up that patients report. Currently the provider has to write down the name, exit out of the list, and then re-enter the list for the patient.	Great idea, project in the queue or awaiting funding.	Until May 2009, providers were not entitled to see this information. Now the law permits it. The Database intends to provide this functionality.
Create a way on the database to flag an issue to have it forwarded to DOPL. If a provider sees suspicious behavior on a patient that he/she is not likely to see again, then it can be forwarded to DOPL so they can alert the PCP or next provider of the possible issue.	Great idea, project in the queue or awaiting funding.	
Allow preferences to be saved on the search page. For	Great idea,	

example, one provider may always like to search with last name and date of birth, but each time he/she would have to change the search parameters.	warrants further discussion AND project in the queue or awaiting funding.	
Change the date of birth to be something the provider can type in, not scroll through. It takes too much time to scroll through it each time as it defaults on 1900	Great idea, already being completed.	Part of the DOPL redesign of the Database interface solves this problem. The redesign should be introduced this fall.

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V. Budget

A. Funding 2008

	FY 08
Labor Commission	$250,000
Legislative Appropriation	$150,000
Workers Compensation Fund of Utah	$77,000
U of U, Research Center for Excellence in Public Health Informatics	$23,000
Total	$500,000

B. Funding 2009

	FY 09
Labor Commission	$250,000
Legislative Appropriation	$150,000
Division of Substance Abuse and Mental Health	$88,954
Commission of Criminal and Juvenile Justice	$37,142
Total	$526,096

C. Itemized Budget Detail for 2008

Item	Cost
Personnel	$78,901
Office Expenses	$16,135
Contracts:	
Provider Education	$200,000
Media Campaign	$143,553
Research	$47,505
BRFSS Survey	$7,970
Total*	$494,064

D. Itemized Budget Detail for 2009

Item	Cost
Personnel	$284,124
Office Expenses	$23,000
Contracts:	
Provider Education	$50,000
Media Campaign	$119,304
Research	$36,469
Total*	$496,428

Prepared by Erin Johnson, erjohnso@utah.gov, 801-538-6542

D. Narrative of Budget Detail

Costs listed under “Personnel” include expenses for one full-time program manager, one part-time director, and one part-time intern in 2008. In FY 2009, three full-time staff and four part-time researchers and two part-time interviewers make up the “Personnel”.

Office Expenses include in and out-of-state travel, postage, phone, office supplies, cubicle space, printing, books and subscriptions, photocopies, insurance and bonds, workshops and conventions, purchase of external hard drive to store CSD data on, software for analyzing data and creating websites, and network costs.

See the Provider Education write-up for details on the provider education contract.

The media campaign contract includes costs for agency labor, public opinion survey, focus groups, tv and radio spot productions, tv and radio air time, media relations, web site development, advertising, collateral material, and communication plan.

Research costs went to pay one research consultant for work analyzing data from the Controlled Substance Database and Medical Examiner and Vital Statistics records and two programmers who worked on cleaning and merging the data.

BRFSS (Behavioral Risk Factor Surveillance System) Survey is a statewide, telephone survey. The costs went toward 9 additional questions put at the end of the standard survey that ask specifically about prescription pain medication use.

All remaining funding is being used in FY 2010 to complete the research project of interviewing next of kin of overdose decedents and continue making results of research available.

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Appendix

Appendix A: News Stories
2008-2009 Utah News Article Related to UDOH Prescription Pain Med Program Efforts

Pain pill overdose deaths dip, but health officials remain on alert

Budget cuts will end two prevention campaigns.

By Heather May

The Salt Lake Tribune, June 3, 2009

Forty fewer Utahns died of an accidental pain pill overdose last year compared to 2007, the largest drop in more than a decade.

But 277 Utahns died preventable deaths. And for the health official on the front lines of fatal drug overdoses, the decrease doesn't mean Utah has a handle on what is being called an epidemic.

"A day without a possible drug overdose around here is an extremely rare event," said chief medical examiner Todd Grey. Half of the deaths his staff was working on Monday and Tuesday -- four out of eight -- were suspected drug overdoses.

And while prescription drug deaths dropped, illicit drug deaths increased 44 percent, to 89. "This is an ongoing problem. And a year-to-year drop in one component of that problem doesn't mean we can all pack up and go home happy," Grey said.

The Utah Department of Health announced Tuesday the 12.6 percent drop in unintentional prescription drug deaths. Officials can't yet explain the dip, though they'd like to attribute it to their efforts to educate doctors and the public about proper use of pain pills. That will take further analysis.

And both prevention programs will cease at the end of the month.

Funding was set aside by the Legislature for the past two years, but the annual $150,000 allocation stops this fiscal year, which ends June 30. So does most of the program's other funding, which totaled $500,000.

The money paid for TV and radio spots called Use Only As Directed. It also funded presentations to doctors on how to use the state's Controlled Substances Database to identify patients who may be abusing drugs and ones with other prescriptions that could be harmful in combination with pain pills.

The goal of both efforts was to reduce deaths by 15 percent from 2006 to 2008. Instead, there was a 10 percent drop.

Still, "I do think the education has made a difference," said Kim Bateman, medical director of the health care improvement group HealthInsight, which had the contract to educate doctors.

While Bateman still needs to collect and analyze data to see if doctors changed their prescribing habits after the training, he believes they have.

And as one of the trainers, he said he would continue to teach fellow doctors for free. "All of our speakers are kind of on a mission," he said.

Funding will continue through December for a research project that is under way to determine risk factors for prescription pain pill deaths. The medical examiner's office is interviewing family members of the dead to determine whether they had a history of substance abuse, where their medications were obtained and other circumstances surrounding the death.

"Maybe it will give us an insight as to how best to attack the issue," said Grey. Or maybe not.

"I don't really know which thread I could pull that would make the whole tapestry of this problem go away," he said. "I don't even know if this research is going to be able to answer that question with a simple, 'Here's what we have to do.' "

Rep. Brad Daw, R-Orem, is happy with the results of the health department's efforts. He sponsored HB137, which provided the two years of funding. Over the summer, he hopes to study whether the media campaign had an effect in reducing the deaths. If so, he'd like to find more money to keep it going.

And he noted the money also helped pay for the development of guidelines on when and how doctors should prescribe pain pills.

"That's where the problem starts, is prescriptions given in a way that may be inappropriate," he said. "I'm not trying to blame doctors here."

Efforts to combat drug overdoses will continue even without state money: Daw sponsored bills in the past two sessions to change the Controlled Substance Database. Local health departments have separate funding to work on the issue.

The U.S. Drug Enforcement Administration launched the Utah Pharmaceutical Drug Crime Project to end the sale, purchase and theft of prescription drugs and continue public education efforts on the dangers of pain pills.

And the state Department of Environmental Quality set up a program to help people dispose of their pain pills at police stations and hazardous waste collection events.

"There are great efforts that will keep going," said Erin Johnson, the health department's program manager over the to-be defunct pain medication program.

Prescription Drugs
KSL Editorial
April 6th, 2009

The misuse or abuse of prescription drugs, especially narcotic medications is the number one cause of unintentional death in Utah. It has been for several years. That's why it's good to see steps being taken by state health officials to combat what they describe as an epidemic.

Their latest salvo in the battle comes in the form of recommended clinical guidelines for those authorized to prescribe Opioids for the treatment of pain. As State Health Director David Sundwall says, "health care providers bear some responsibility in combating the problem." They're the ones treating patients and writing prescriptions for medications to control acute and chronic pain. The new guidelines are intended to "help physicians better manage their patients' pain" while avoiding some of the potentially serious risks of the medications.

It is a rather unique approach. In fact, Utah is only the second state in the nation to develop such specific guidelines for more safely prescribing pain medications.

KSL encourages physicians across the state to become familiar with the new guidelines, and to view them as a helpful tool in their effort to more effectively treat their patients. When used properly, prescription narcotics can be a blessing, but they can also be tragically deadly when they are misused or abused.

New rules aim to stem prescription overdoses

By Carrie A. Moore
Deseret News
Friday, March 27, 2009

You're more likely to die of a prescription drug overdose than an auto accident in Utah.

But new guidelines released Thursday by the Utah Department of Health are designed to help reduce those drug deaths.

Prescriptions written for opioid medications such as hydrocodone, oxycodone and methadone increased six-fold from 1997 to 2002 in the Beehive State, as doctors moved forward with a nationwide trend to better control and treat pain. Dr. Robert Rolfs, state epidemiologist, said there is evidence that both acute (short-term) pain, and chronic (long-term) pain had been under-treated before the turn of the century.

Aggressive marketing by pharmaceutical companies has also contributed to the point that "the norm in terms of how (such medications) are used has dramatically shifted," he said. As the rate of usage has risen, so have the number of local deaths tied to the medications.

The health department developed the new guidelines for doctors in conjunction with two multi-disciplinary physician groups, with the goal to reduce the number of unintentional overdoses in Utah by 15 percent.

"It's important for physicians and the public to be aware that these guidelines are recommendations, they are not requirements and they are not laws," said Dr. David Sundwall, executive director of the state health department. "However, it's also important to recognize prescription pain medication overdose deaths have reached epidemic proportions in Utah and health-care providers bear some responsibility in combating the problem."

Rolfs said part of the reason more Utahns are dying is "a fairly large increase in people using them non-medically, abusing them in one way or another." While the health department doesn't have hard numbers, he said anecdotal evidence suggests that about one-third of people taking the drugs are doing so as prescribed for a real medical problem; one third are probably abusing the drugs; and another third "is probably a mix of the two."

Many people who have same-day surgical procedures or even dental work get a prescription from their physician for one of the opioids, often for a much larger number of pills than they actually need for pain. "When you get 30 and you take two, how many does that leave in the medicine cabinet where a teenager or family friend finds them" and decides either to take them personally or to sell them on the street?

Even if there is no theft, "it's not uncommon for people to just give them to someone else, and people don't realize that's technically a felony," Rolfs said. Even if physicians are prescribing more of a drug than is necessary, patients have a responsibility to "take it only if you need it, in the amount you need, store it safely and dispose of it properly," he said.

Some of the key recommendations for medical providers include:

Give alternatives to opioids before prescribing them; start with something less potent first, particularly for acute pain.

Screen for risk of abuse or addiction before initiating prescription opioids.

Use methadone rarely, if ever, to treat acute pain. Also, it should only be prescribed by those who know the risks and are prepared to carefully monitor patients who take it.

Tools for doctors to use in implementing the recommendations are included, including monitoring and screening mechanisms, sample treatment plans and dosing guidelines.

Questions still remain about whether people with chronic pain are better off a year or two after using such drugs; 5 to 10 percent of the population is prone to become addicted to them, or to have problems related to an addiction, Rolfs said. Unfortunately, "we often don't have great options when treating someone with chronic pain," particularly those dealing with terminal illness.

State officials don't now have a good handle on how many prescription drug overdose deaths are actually suicides and how many are accidental, he said, though a study is under way to learn more about "what is going on in their heads" when an overdose occurs.

He has had patients who have had non-fatal overdose episodes who describe myriad factors that play into their mental state "and it's very complicated."

More Utahns dying from prescription drug overdoses than car accidents

February 19th, 2009 @ 10:03pm
By Jed Boal

Two years ago, the number of deaths from prescription drug overdoses surpassed the number of highway fatalities in Utah. New numbers now show how quickly the problem took off.

In 2007, 269 people died in Utah traffic crashes. That same year, 317 people died from overdoses of prescription pain medication.

At the Utah Poison Control Center, the number of emergency calls for prescription drug exposures tripled over the last decade -- from 486 in 1998 to 1502 in 2008. "Definitely, our calls reflect what's going on in the community, so we certainly have seen an impact of the prescription pain medication problem," said Dr. Barbara Crouch, director of the Utah Poison Control Center.

Crouch says young children put everything in their mouths as they explore, including pills. Teens experiment to get high, and adults may commit suicide or mix drugs and have a bad reaction.
Couch says methadone, oxycodone, Loritab and Suboxone are being prescribed more and are more readily available in the home.

Another problem is that many think it is OK to share prescription medication. Not only is that dangerous, it's against the law. "A lot of people don't realize that it is a felony to share your prescription medications. These are controlled substances," explained Jonathan Anderson, with the Utah Department of Health.

The state started a campaign to target overdose by prescription drugs 9 months ago. The program, called Use Only As Directed, could reduce problems or increase the number of reported overdoses.
In 2008, the number of calls to the poison control center related to prescription pain medication leveled off, but it's still too early to tell whether the problem has leveled off as well.
"We plan on doing an evaluation later this year to get a better idea of what impact was made on the public," Anderson said.

The state health department wants to learn more about what leads to overdose, but these are key factors:

- Sharing or borrowing medications
- Mixing drugs
- Abuse
- Self-medicating or taking the wrong amount.

The Department of Health will release new overdose fatality numbers for 2008 in April.

Accidental prescription pain medication overdoses kills 300 Utahns a year

Reported by: Angie Larsen, KTVX
2/18/2009 @ 10:11 pm

SALT LAKE CITY (ABC 4 News) - Last year, more than 300 people in Utah died from accidental prescription pain medication overdoses - that number is higher than car crash deaths. To fight back, the Utah Department of Health has a campaign called "Use Only As Directed."

The new U.D.O.H. commercials depicting a father taking more than the prescribed amount of his pain medication, laying down for a nap and never waking up - is a strong message, but a crucial one. It’s a message that Sandra Kresser of Salt Lake City understands all too well.

“We've seen first hand and up close the devastating effects and our family will never be the same,” expresses Kresser.

At the age of 22, her son Josh was prescribed Oxycontin after a back injury. He got hooked and overdosed three times, before a he took a combination of three prescribed drugs that killed him -one day before his 25th birthday.

“He tried so hard to break the chains, but the addiction was too strong,” recalls Kresser.

Kresser is trying to turn her tragedy into triumph to help other families avoid the same pain. She says, “I’m doing whatever I can to raise awareness to the dangers of prescription drugs because it's a huge problem and an epidemic that's sweeping the entire country.”

The Utah Department of Health is still trying to figure out why there has been such huge increase in accidental overdoses in recent years. “Traditionally medications were for cancer pain and cancer patients and now it's more widely available. Doctors are prescribing it and it's doing a lot of good, but at the same time people are misusing and treating these medications like maybe Tylenol or aspirin when they're really controlled narcotics,” explains Jonathan Anderson with the UDOH Prescription Pain Medication Program.

And while the state focuses on awareness, Kresser is meeting with the FDA to change the way opiates are prescribed. “It seems like too often we're treating pain as a disease rather than a symptom,” she says.

Unintentional prescription pain medication overdoses have tripled in the past eight years. Before 2000, there were approximately 80 to 90 deaths a year in Utah, over 300 deaths since then.

The average age of those deaths is 41, and the percentage of men and women is equal.

Sandra Kresser will be addressing the FDA for a second time on March 6th.

If you would like more information about the "Use Only As Directed" campaign - including tips for staying safe, go to: **www.useonlyasdirected.org**.

News Stories from 2008

UDOH Launches Fight Against Prescription Drug Abuse

By Eric Ray
May 1, 2008 - KCPW

(KCPW News) Since the year 2000, Utah has experienced a four-fold increase in the amount of deaths associated with prescription pain medication. The problem has become so big that in 2006 more people in Utah died from prescription drug overdoses than from injuries received in automobile accidents.

"This is really two problems," says State Epidemiologist Robert Rolfs. "There are people abusing these medications and obtaining them illegally from a friend or some other means outside of the traditional legal channels. But there are also people dying and getting into trouble taking these medications when they are obtaining them from a physician or another health care provider.

"Rolfs says part of the reason for the increase in deaths is that doctors are prescribing more painkillers than they have in the past.
Republican Representative Brad Daw of Utah County says legislation passed last year will help inform the public of the problem, and a bill passed this year will give doctors the ability to stop so called "pill shoppers."
"Right now when a doctor goes to the prescription drug database they will see data that is about a month old or older. So if someone has begun doctor shopping in the past week or two weeks, they doctor will be completely unaware of that," says Republican Representative Brad Daw of Utah County. "Once this program is in place, the doctor will be able to query that database and see data that is up to date. No more than a day old."
Daw says he hopes the upgraded database will be available sometime next year. In addition, the Utah Department of Health launched its "Use Only As Directed" campaign today. It includes a series of television and radio ads aimed at informing the public about the dangers of prescription drugs.

Prescription Drug Overdose Deaths In Utah Higher Than Auto Deaths

By Rod Decker
May 1, 2008 – KUTV (Channel 2)

Prescription drug overdoses cause more deaths in Utah than do automobile accidents. The death toll continues to rise every year and now the Department of Health wants to launch a new campaign to prevent more deaths.

In 2006, 307 people died from prescription drug overdoses while 285 people died from automobile accidents. Only three other states have more deaths from prescription drug overdoses than Utah, according to the Center of Disease Control.

With such high numbers, many in Utah share the same tragedy that Linda Blare and her family suffered, with the loss of their son Shane.

Shane started taking pain killers after an automobile accident.

"The last night…he said, 'I love you mom and dad, you're the best parents ever, and he went up to bed," said Linda.

But Shane never woke up from that night. Linda says she'll never forget the way she discovered that Shane had died from an overdose.

"His girlfriend, who was sleeping right beside him, started screaming, 'Something's wrong with Shane!' I ran up and saw him and I knew he was dead," said Linda.

Deaths like Shane's happen almost once a day in Utah and the Health Department says that doctors are prescribing too much to patients and that those who are on medication are not educated about its dangers.

The Department of Health Doctors launched a campaign called "Use Only As Directed." They warn against taking too much of a prescription, especially of pain medicines and mixing drugs with alcohol.

They say, more education and care with drugs will mean fewer tragedies similar to Linda's.

"There are so many things you wanted to say to them or do with them, but you never had the time," said Linda.

State officials warn 'Use Only As Directed'

Jed Boal reporting
May 1, 2008 – KSL-TV

Overdoses with legal drugs now kill more people in our state each year than car crashes. The state today launched a campaign to try to tackle the problem.

This is likely the fastest growing public health problem in our state: overdose by legal drugs,

prescription or over-the-counter. The number of victims grows nearly every day.

Linda Player's son took painkillers after a car crash two years ago. He was taking them legally at first, then he started buying them illegally on the street. Within seven months he was addicted, then dead.

A friend of her son died yesterday. "That is two, two we have lost in two years," Player said. "It's important that this doesn't happen anymore. He doesn't have any friends left to lose."

Use Only As Directed: That's the message from the Utah Department of Health (UDOH) when it comes to use of any legal drugs. "In 2006, unintentional pain medication overdoses was the number one cause of injury deaths in Utah," explained Dr. David Sundwall, executive director of UDOH.

That year, the state medical examiner investigated nearly 500 drug-related deaths. More than 300 were caused by legal drugs, either prescription or over-the-counter drugs.

During that same time span, 285 people died on Utah roads. "In this area, we are not the healthiest state. In fact, we have one of the largest problems in the country, both with deaths due to pain medications and other evidence indicates the misuse and abuse that contribute to this problem," said Dr. Robert Rolfs, UDOH state epidemiologist.

Some people misused the drugs, others abused them. The most common drugs misused or abused are methadone, morphine, oxycodone, hydrocodone and fentanyl.

Rep. Bradley Daw sponsored legislation for public education and to tighten up the prescription drug database used by doctors. "We feel this will be a great tool for doctors to help stop pill shopping on their side of the fence," he said.

You'll start to hear radio spots to "Use Only As Directed."

State hopes to reduce unintentional prescription drug overdoses

By Lois M. Collins
Friday, May 1, 2008 – Deseret News

Shane Player, 26, was badly injured in a head-on car crash in 2006. His ear was torn off, he had 64 stitches on his face and he suffered extensive nerve damage.

Although his body did start to mend, his wounds, both physical and emotional, would overcome him. The pain medication that at first made life bearable, seven months later killed him.

On Dec. 17, 2006, he became a Utah statistic — one of hundreds of deaths attributed to unintentional prescription drug overdose. Unintentional over-the-counter and prescription overdoses killed more Utahns that year than motor vehicle crashes.

Player's mom, Linda Player, told the story to reporters Thursday as the Utah Department of Health kicked off an education campaign that targets those unintentional deaths. Its motto is

"RX: Use Only As Directed," and it includes radio, television and print ads, as well as a component designed to help prescribing physicians better understand the problem and help solve it, said Dr. David Sundwall, UDOH director.

"It's a growing problem affecting families, friends and communities," he said. "It is squarely on the agency as a public health policy problem we need to handle."

The Office of the Medical Examiner investigated 476 drug-related deaths in 2006 — fewer than 100 of them caused by illegal drugs. Medical examiner Dr. Todd Grey, in fact, first noted the increasing number of prescription and OTC-related deaths and called it to officials' attention. Almost two-thirds of those deaths resulted from legal drugs, either prescription, over-the-counter or a combination, and the victim's average age was 42 years. The deaths were almost evenly divided between men and women.

Sundwall said 24 of the state's 29 counties saw at least one of the drug-associated deaths. The responsible substances most often seen included methadone, morphine, hydrocodone and fentanyl. There were also deaths associated with non-narcotic drugs.

State epidemiologist Dr. Robert Rolfs said it's not really clear why Utah has such a high incidence. But he noted that the number of medications prescribed in Utah has increased "a lot in the last decade." And some of the drugs, including methadone — which stops controlling pain before it leaves the body, creating a potentially dangerous cumulative effect — are tricky to use. State health officials, he said, hope to give prescribing health-care providers "tools" to help them prescribe medications for safe use. He said the guidelines are expected out in July.

The campaign was funded by the Legislature in response to a bill sponsored by Rep. Brad Daw, R-Orem, creating the Prescription Pain Medication Management and Education Program. The program's goal is to reduce unintentional prescription pain medication overdose deaths by 15 percent in 2009.

Besides the education component, information available from pharmacists on who is getting prescriptions for the drugs also will be available in much more real-time so that physicians can spot more easily patients who might be doctor-shopping to get drugs, Daw said.

As for the ads and spots, the message is simple: Don't mix drugs with other drugs, including those sold over-the-counter, or with alcohol. And use the medication only as it was prescribed. If a pain medication doesn't provide enough relief, it's dangerous to "take a little more."

Campaign targets medication deaths

By Heather May
Sunday, May 4, 2008 – Salt Lake Tribune

Don't share pain pills. Don't take them with alcohol or other sedatives. Don't take more doses than directed.

That's the message of a new campaign launched by health officials late last week to combat Utah's high number of unintentional deaths involving pain medications: 276 Utahns in 2006, the

latest data available. That's a four-fold increase since 2000. The goal is to cut the number of deaths by about 40 next year.

The problem is a combination of abuse and misuse by patients, prescribing errors or illegal activity by doctors and the promotion of such drugs by pharmaceutical companies, according to Utah Department of Health officials.

They are starting their efforts with patients, targeted by radio and TV ads.

"If Utahns can use their medications only as directed, this will impact the deaths," said Erin Johnson, who oversees the Health Department's pain medication program.

The department found teens believe pain pills aren't harmful because they're prescribed by a doctor, leading them to view pills as a "safe high." Adults believe they can take more than prescribed, which can lead to addiction. And the elderly may double-dose because they've forgotten they've taken their pills.

Doctors are to blame, too, said Linda Player, whose son died in 2006 after being prescribed methadone. The Ogden woman said her son, Shane, became addicted after he was given pain pills for injuries suffered in a car accident. To get over his addiction, the 26-year-old went to a substance abuse clinic and was prescribed methadone, but died three days later.

"We've got to do something or we're going to lose all our kids," she said.

The Health Department also will start working with doctors, said David Sundwall, department director. Sundwall said doctors may be too eager to prescribe the drugs, compared to when he was in medical school in the 1960s. A recent survey of Utahns commissioned by the department indicates 62 percent had been prescribed Loratab, a pain medication.

By July, the department will craft guidelines for doctors about when not to prescribe the pills - if patients have prior substance abuse problems, for example - and ways to follow-up with patients to prevent abuse, said Robert Rolfs, state epidemiologist.

He said doctors will likely be advised to check a state controlled substances database - which would need to be improved to provide up-to-date information - to ensure patients aren't doctor shopping.

A Prescription for Death

Deseret Morning News Opinion Editorial
October 13, 2008

“First we seek excuse from pain,” wrote Emily Dickinson. She must have glimpsed modern America where prescription pain pills have become more plentiful than popcorn, and abuse is rampant.

In 2007, 320Utahns died from overdose or misuse of these pills. In fact, more Utahns die from unintentional prescription overdoses than in car crashes. The death toll has quadrupled since 2000, making overdosing the number one cause of injury death in the state.

The statistics roll on but don't get any better. Utah is third in the nation in prescription drug deaths. Some 24 of the state's 29 counties have the problem. And men and women are apparently dying in equal numbers.

The Utah Department of Health found those numbers chilling enough to institute a new program. In weeks to come, Utahns will be seeing posters and pronouncements and will get used to hearing the slogan "Use Only As Directed."

The new information push also lists "six tips" to help people act a little more responsibly. We note them here:

1. Never take prescription pain medications not prescribed to you.

2. Do not take more doses than prescribed.

3. Never mix with alcohol.

4. Mixing sleep aids and antidepressants with prescribed drugs can be dangerous.

5. Keep your medications in a locked, safe place.

6. Dispose of any unused medications.

The disposal issue has been a concern in the state. Flushing drugs simply sends the medicine into the water. And tossing them willy-nilly into the trash makes them targets for scavengers. The best advice is to mix old pills and medications with something undesirable (like kitty litter) and put them in the trashcan.

In a meeting with the Deseret News editorial board, the team spearheading the push said one key is for doctors, patients, pharmacists and drug companies to all work together on the problem. The more cooperation, the more success.

"We aren't proud about being a leader in this area," said David N. Sundwall, executive director of the Utah Department of Health, "but we'd like to be a leader in getting things turned around."

We urge Utahns to become familiar with the problem and help health officials deal with it.

Prescription Drug Deaths

October 17th, 2008 @ 5:30am
KSL Editorial

The Utah Department of Health is accelerating its timely campaign to reverse one of the most disturbing trends in contemporary culture: Utahns in record numbers are dying, mostly unintentionally, because they are misusing prescription pain medications.

In 2007, the number of deadly unintended prescription pain medication overdoses was 317. The number has been increasing every year recently.

These are not stereotypical drug addicts, nor are they individuals who use drugs for recreation. Mostly, they are people dealing with legitimate health issues who take larger doses of medications than prescribed, unwittingly mix prescribed medications, or self-medicate without knowing the full implications of what they're doing.

In short, these are deaths that never should occur. They are preventable. That is the message health officials are trying to get out. In KSL's view, it is a message that needs to be shouted loud and clear.

-Never take prescription pain medications that are not prescribed to you!

-Do not take more doses than prescribed by your doctor!

-Never mix with alcohol!

-Do not mix sleep aids or anti-anxiety medications together with prescription drugs!

-Keep medications locked in a safe place!

-Dispose of any unused medications!

Prescription drugs: Grim Reaper resides in your medicine cabinet

Salt Lake Tribune Editorial
October 20, 2008

We wrote this piece on Wednesday. By the time it lands in your driveway, the odds are that five Utahns will have perished, that five families will be grieving, children will be orphaned, spouses will be widowed, and parents will be preparing to bury a child, all because of prescription drugs.

These are unintended deaths resulting from abuse or improper use of legal opioids and narcotics. If child molesters or drunken drivers or cultists were killing 300 Utahns a year, imagine the clamor. But this, for the most part, has been a silent epidemic. That's about to change.

This week is Prescription Safety Awareness Week. In observance, the Utah Department of Health is intensifying its multipronged, multimedia public education campaign: "Use Only As Directed." The slogan is short, punchy, to the point and, hopefully, effective. If Utahns would simply follow that rule for their prescription medications, there would be a lot less work for the medical examiner, a lot more room at the morgue, a lot less mourning.

Methadone, fentanyl, hydrocodone and other drugs of that ilk are equal-opportunity killers. Half of the victims are male, half female. They range in age from 15 to 80. Most have, or have had, a prescription for the drug that did them in.

The incidence has grown at an alarming rate. It is now the No. 1 cause of accidental deaths in Utah. A decade ago, about 40-50 Utahns died each year from prescription drug overdoses, or deadly combinations of prescribed medications. Last year, 320 perished.

The Health Department, with $300,000 from the state Legislature that leveraged an additional $700,000 from other sources, has been studying and taking aim at the problem. It's a target-rich environment. Physicians. Pharmacists. Pharmaceutical companies. The health insurance industry. Consumers. All share in the blame.

Some doctors play it fast and loose with the prescription pad. Pharmacists sometimes fail to deliver verbal warnings or detect forged prescriptions. Drug manufacturers offer incentives for prescribing their drugs. Some insurance-company policies encourage use of inexpensive opioids instead of non-narcotic pain relievers. And consumers fail to heed that simple, sage advice: "Use Only As Directed."

Taken as directed, these powerful drugs can make life bearable for people in pain. When abused or misused, they can make life end. Learn more at www.useonlyasdirected.org.

Guv, local authorities fight against prescription drug deaths

Ace Stryker - Daily Herald

Friday, 24 October 2008

Over the past two years, prescription drugs have killed more people in Utah than car crashes. Prescription pain medication overdoses claimed 317 lives last year and 307 the year before, making it the No. 1 cause of injury death in the state. Such deaths -- whether because of abuse or accident -- more than doubled here between 1999 and 2004, according to the Centers for Disease Control and Prevention.

Utah currently leads the nation in prescription drug abuse, according to the state Health Department. About 6.5 percent of residents use prescription painkillers for nonmedical purposes, including nearly one in seven people between 18 and 25. The majority of crimes committed in Utah are linked to substance abuse, and about 70 percent of today's jail and prison inmates have substance-abuse problems.

To call attention to these problems, Gov. Jon Huntsman on Thursday night declared this week "Prescription Safety Awareness Week." As part of his formal declaration, Huntsman reiterated the state's goal to "reduce the number of unintentional prescription pain medication overdoses in Utah by 15 percent by 2009" -- a goal first set forth in the Pain Medication Management and Education Bill of 2007.

It's the latest step in a comprehensive plan prompted by last year's Legislature, which approved $300,000 in funding to combat the rising trend of prescription drug-related deaths. Two public education campaigns have also targeted the problem: "Use Only As Directed," which reinforces the importance of safe medicine use; and "Clean Out the Cabinet," a national initiative pushing the proper disposal of old drugs.

Though overdose deaths rose statewide from 2006 to 2007, Utah County seems to be faring better. During the same time, deaths linked to prescription narcotics fell here from 86 to 77 -- the lowest toll since 2004.
Health districts across the state are convening groups to address prescription drug abuse concerns on a local level. In Utah County, a diverse group of health, law enforcement, political and educational leaders called the Utah County Coalition is currently gathering data from the county's municipalities. Coordinator Kye Nordfelt said that once the coalition has the information it needs, it will draw up a comprehensive plan to be implemented over the coming years

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UDOH Trying to Reduce Prescription Drug Deaths

Oct 27, 2008
by Faroe Robinson – KCPW News

The Utah Department of Health is trying to cut the number of prescription drug related deaths. It held a prescription pain medication forum last week in conjunction with Utah's Prescription Safety Awareness Week. Prescription Pain Medication Program Manager Erin Johnson says the public needs to be aware of how to prevent prescriptions from getting into the wrong hands.

"It's pretty extreme what an addict would do. We've found people who will go to vet clinics and actually pull patches that were used on animals and suck on them to get just that little bit of juice that is left in them, but I mean, just to show you the extent to which an addict would go when they are seeking meds," Johnson said.

Utah leads the nation in painkiller abuse, according to a study by the U.S. Department of Health and Human Services, and Johnson says almost one person dies every day in Utah from a prescription drug overdose. It causes twice as many deaths as illegal drugs.

Johnson says looking for the signs of drug abuse is important.

"I think a big thing is the stigma here in Utah. People may not recognize that they need help and so being aware of those signs, and being helpful and encouraging for people to go and seek the treatment that they need, rather than stigmatizing them or making them feel like they're awkward for being an addict, help them to want to seek help and treatment," Johnson said.

Johnson advises people not to flush pills down the toilet, but to remove them from their bottles so they are unidentifiable, put them in a sealed bag and throw them away.

Shurtleff to crack down on prescription drug abuse in next term

November 5th, 2008 @ 5:10pm
By Sarah Dallof - KSL-TV

Newly re-elected Attorney General Mark Shurtleff is already laying out plans for his next term in office. One of his big goals is to crack down on prescription drug abuse in Utah -- a move inspired in part by his own personal experience.

Shurtleff tells KSL he understands more about the power of prescription drugs since seriously injuring his leg in a motorcycle accident.

The number of overdose deaths has nearly quadrupled in the past 10 years, and Shurtelff says it's time to tackle the problem of abuse from the top. "Well we've done so well with meth, but now the major problem in Utah is prescription drug abuse," Shurtleff said.

His plans include doing away with paper prescriptions and creating a electronic prescription database so pharmacists can verify prescriptions in real time and hopefully curb "doctor shopping."

Last year, 317 people died of prescription drug overdoses. A 2006 survey ranked Utah fourth in the nation for prescription drug abuse, and a 2007 survey found that abuse is on the rise among young adults. "One in six teens has used prescription drugs for non-medical reasons," said Susannah Burt grant manager for the Utah Department of Health's prescription drug study.

The state hasn't been ignoring the problem -- education and rehab programs are in place -- but the prescription drug study looks at why and how people become addicted.

Shurtleff, however, hopes to create a multi-jurisdictional task force that will share information and resources. It's something individual law enforcement agencies are looking forward to.

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