

National Institute on Drug Abuse (NIDA) Utah Opioid Summary

Last Updated March 2019

<https://www.drugabuse.gov>

Utah Opioid Summary

Opioid-Involved Overdose Deaths

In 2017, there were 456 drug overdose deaths involving opioids in Utah—a rate¹ of 15.5 deaths per 100,000 persons, compared to the national rate of 14.6 deaths per 100,000 persons. Prescription opioids are the main driver of overdose deaths with nearly 70 percent of deaths in 2017 involving these drugs. The greatest increase, however, occurred among heroin-involved overdose deaths, from 55 deaths in 2010 to 147 deaths in 2017. In the same 7-year period, deaths involving synthetic opioids other than methadone (predominantly fentanyl) doubled from 50 to 92 cases (Figure 1)

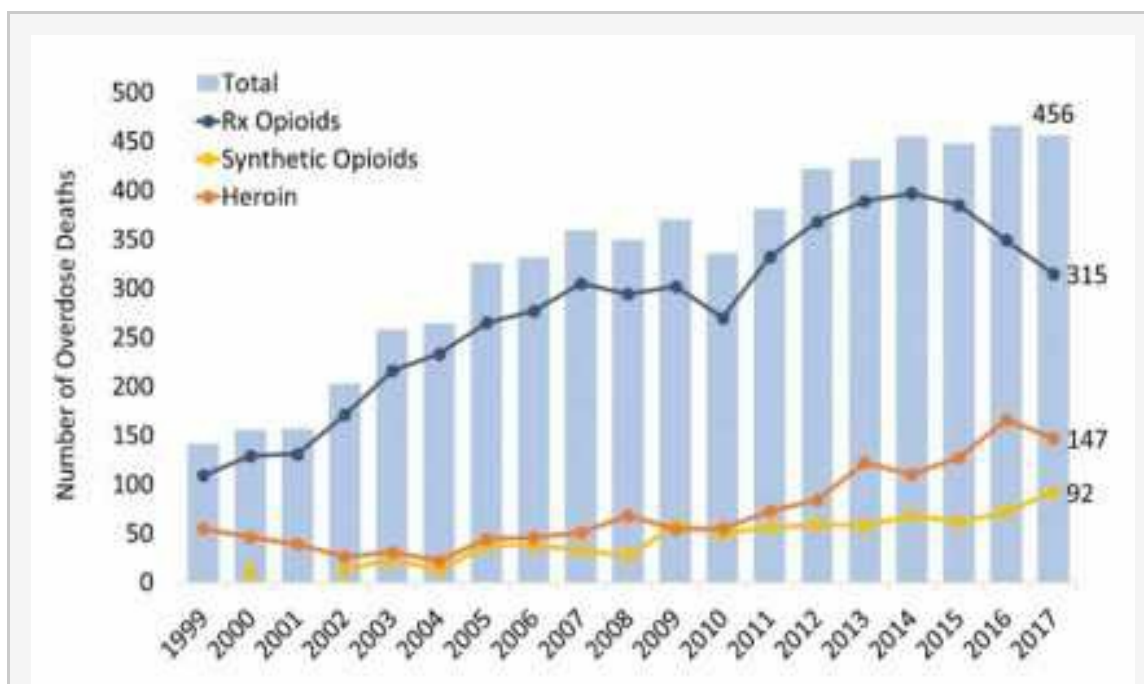


Figure 1. Number of overdose deaths involving opioids in Utah, by opioid category. Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.

Opioid Pain Reliever Prescriptions

In 2017, Utah providers wrote 63.8 opioid prescriptions for every 100 persons (Figure 2) compared to the average U.S. rate of 58.7 prescriptions (CDC). This represents a 30 percent decline from a peak in 2008 of 91.3 opioid prescriptions for every 100 persons.

The age adjusted rate of overdose deaths involving opioid prescriptions is also trending down with 10.8 deaths per 100,000 persons in 2017 compared to 14.6 deaths per 100,000 in 2014 (Figure 2).

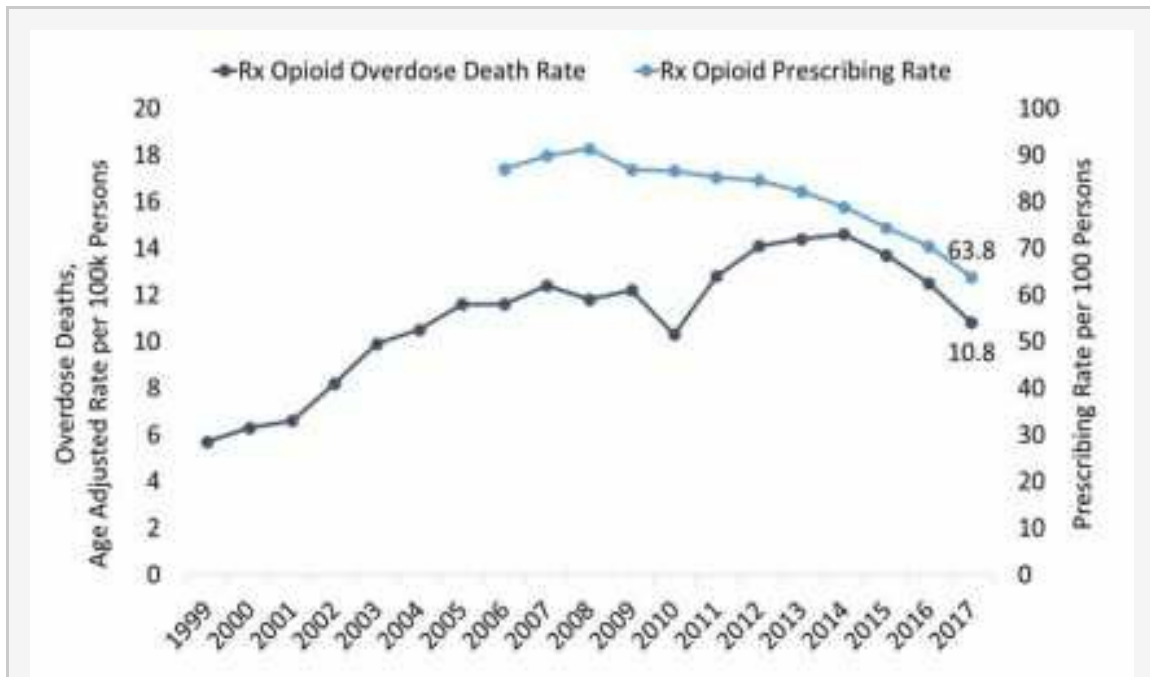


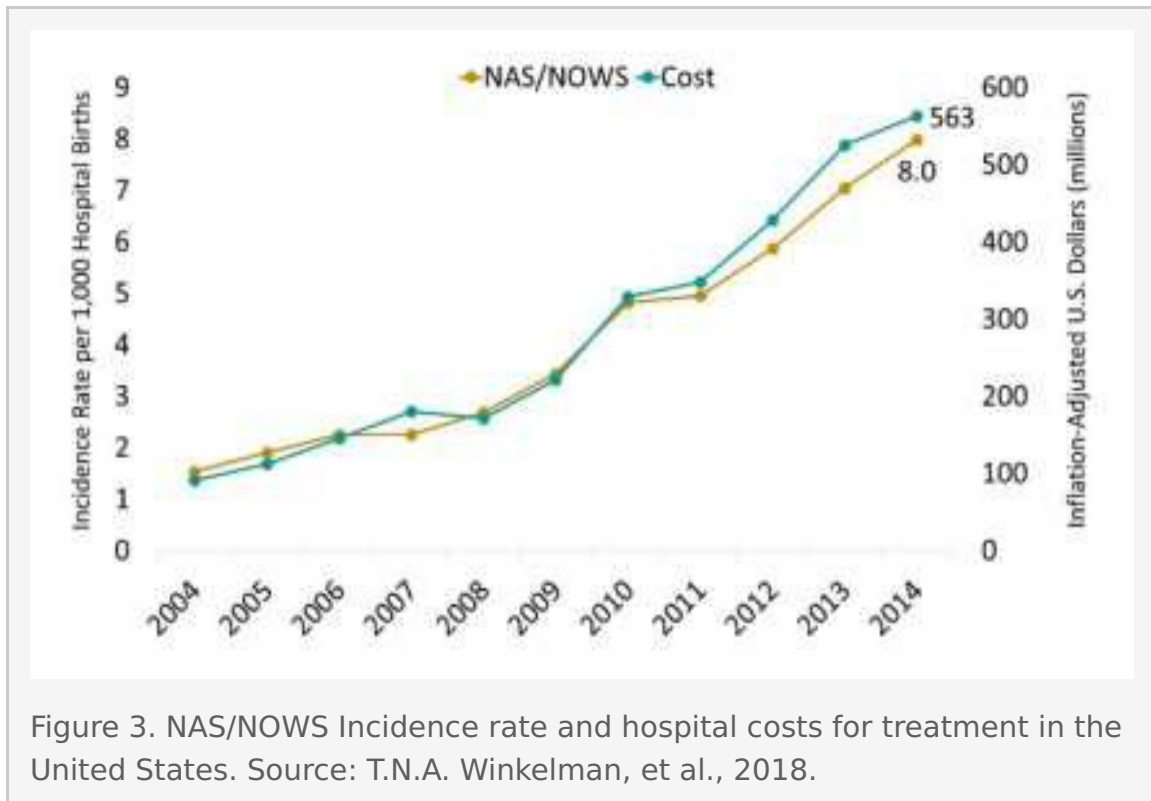
Figure 2. Utah rate of overdose deaths involving prescription opioids and the opioid prescribing rate. Source: CDC and CDC WONDER.

Neonatal Abstinence Syndrome (NAS)

NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of one baby born with symptoms of NAS/NOWS every 15 minutes in the United States. During the same period, hospital costs for NAS/NOWS births increased from \$91 million to \$563 million, after adjusting for

inflation (Figure 3).

To date, there is no standard in NAS/NOWS provider and hospital coding practices ([CDC](#)). As a result, there is variability in trends and in the rates reported by states. The most recent data on the rate of babies born with NAS/NOWS in Utah is from 2014 and is based on state inpatient databases. From 2008 to 2014, the rate of NAS/NOWS more than doubled from 2.2 cases per 1,000 hospital births to 5.4 cases per 1,000 hospital births (Healthcare Cost and Utilization Project).



HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

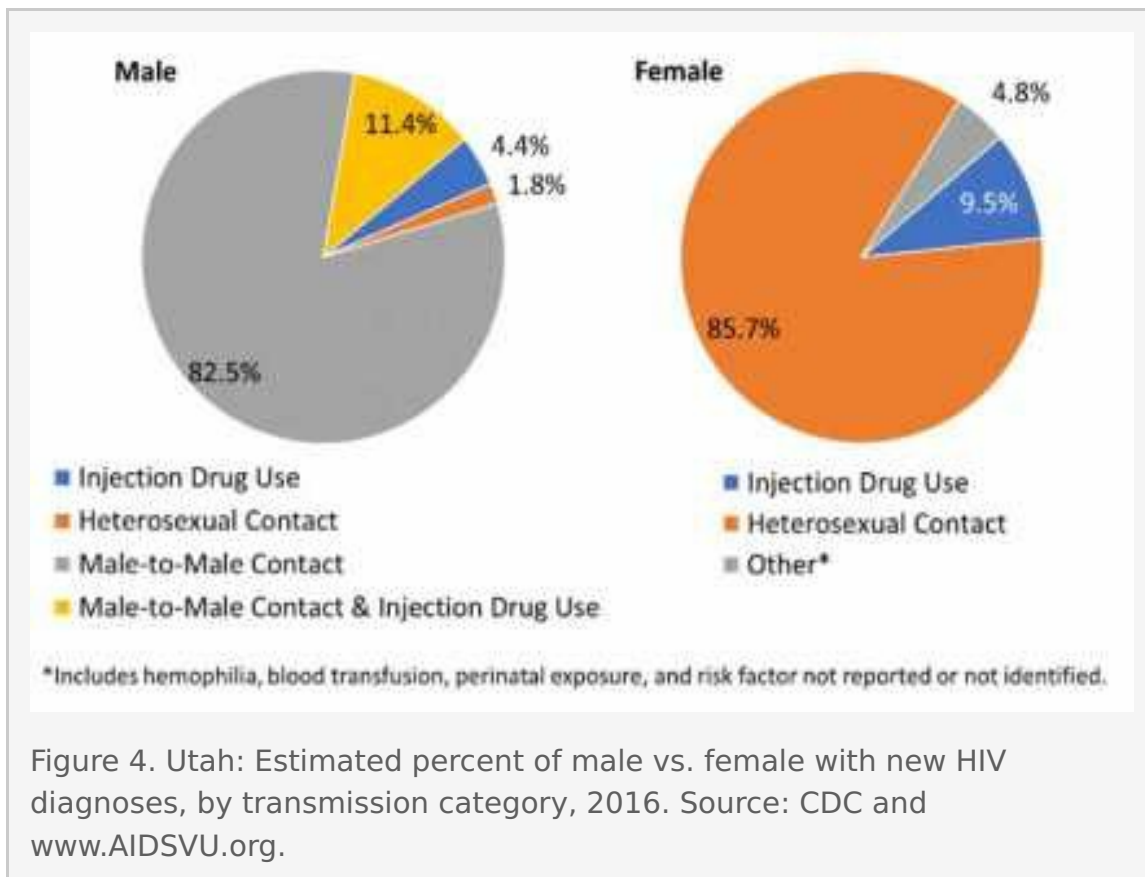


Figure 4. Utah: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2016. Source: CDC and www.AIDSVU.org.

- U.S. Incidence:** In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU ([CDC](http://www.CDC.gov)).
- U.S. Prevalence:** In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,466) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU ([CDC](http://www.CDC.gov)).
- State Incidence:** Of the new HIV cases in 2016, 135 occurred in Utah. Among males, 15.8 percent of new HIV cases were attributed to male-to-male contact and IDU. Among females, 9.5 percent of new HIV cases were attributed to IDU (Figure 4) ([AIDSVU](http://www.AIDSVU.org)).
- State Prevalence:** In 2015, an estimated 2,702 persons were living with a diagnosed HIV infection in Utah—a rate of 116 cases per 100,000 persons. Of those, 23.4 percent of male cases were

attributed to IDU or male-to-male contact and IDU. Among females, 27.7 percent were living with HIV attributed to IDU ([AIDSVu](#)).

Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use²

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV³ ([CDC](#)). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs ([CDC](#)).
- **U.S. Prevalence:** An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages ([CDC](#)).
- **State Incidence:** There were approximately 76 new cases of acute HCV (2.5 per 100,000 persons) reported in Utah in 2016 ([CDC](#)).
- **State Prevalence:** In Utah, there are an estimated 12,500 persons living with Hepatitis C (2013-2016 annual average), a rate of 610 cases per 100,000 persons ([HepVu](#)).

Additional Resources

- Utah Department of Health, [Prescription Drug Overdoses](#)
- Centers for Disease Control and Prevention, [Opioid Overdose](#)



NIH RePORTER

FY2018 NIH-funded projects related to opioid use and use disorder in Utah: 1

[VIEW RESULTS](#)

[Find treatment in Utah \(SAMHSA\)](#)

Notes

1. Rates are age adjusted using the 2000 U.S. standard population. See CDC WONDER at <https://wonder.cdc.gov/> for methods.
2. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
3. Actual acute cases are estimated to be 13.9 times the number of reported cases in any year.