



Utah's Opioid Crisis
Consequence and Resource Assessment

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Prepared by: Bach Harrison, LLC, and
the Utah Department of Human Services,
Division of Substance Abuse and Mental Health

The Division of Substance Abuse and Mental Health (DSAMH) with assistance from Bach Harrison prepared this report for the Utah Opioid State Targeted Response (STR) to Grant Project (UT Opioid STR). This report compiles the available opioid misuse and abuse data at the state, county, and small area levels as well as existing resources available in each area. The UT Opioid STR proposes to address the opioid (prescription opioids as well as illicit drugs such as heroin) crisis through the provision of evidence-based prevention, treatment and recovery services for unfunded, underserved youth (age 12-17), and adults (18+) at risk of developing or with an opioid use disorder.

The primary goals of the grant are to: prevent/reduce opioid misuse, reduce overdose deaths, expand access to evidence-based treatment, increase partnerships with physical health and promote recovery. The grant application requires States to conduct a needs assessment prior to implementation. The primary variables identified by SAMHSA as the basis of the needs assessment were opioid consumption and consequences. For consumption (substance use rates), there are data available through the National Survey on Drug Use and Health (NSDUH) for the State of Utah regarding past year prescription pain reliever use. NSDUH also collects data on heroin use, but does not publish this data at the state level (only at the national level). Within the state, there is also excellent data available regarding the consequences of opioid misuse and abuse. Specifically, mortality data (deaths due to opioid use), and morbidity (injury) data in the form Emergency Department encounters.

Following the consumption and consequence data, an overview of existing resources potentially available to address opioid misuse/abuse are presented at regional, county and small area levels. Highlighted in the resource assessment section are data regarding the number of licensed substance abuse treatment providers, licensed and certified opioid treatment programs (OTP’s), and physicians authorized to prescribe buprenorphine. Additionally, the number of naloxone training locations, recovery homes, and community substance abuse prevention coalitions is provided. This resource assessment is intended to allow both state and local partners to easily see what gaps exist compared to the needs of the communities.

Past Year Non-medical Use of Prescription Pain Relievers in Utah

Table 1 presents the rates of past year non-medical (“not prescribed to you” or “taken only for the experience or feeling they caused”) prescription pain reliever use collected through the NSDUH Survey. As seen in Table 1, rates of non-medical use of pain relievers were highest in the 18-25 age group in every year. The highest observed rates for all age groups were in 2006, with a second peak occurring in 2009. The lowest use rates for all age groups were observed in 2014. This item was discontinued in the 2015 survey, and a new item replaced it. Unfortunately, comparisons are not possible between the new item and the original item.

Table 1. Past Year Non-medical Use of Prescription Pain Relievers by Age, Utah (2006-2014)

	2006	2007	2008	2009	2010	2011	2012	2013	2014
Ages 12-17	7.8	6.7	6.91	6.83	6.57	5.62	4.36	4.28	4.18
Ages 18-25	12.5	10.7	10.26	12.01	10.31	8.23	8.84	7.8	7.02
Ages 26+	4.2	3.6	3.5	3.41	3.31	3.18	3.35	3.23	3.14

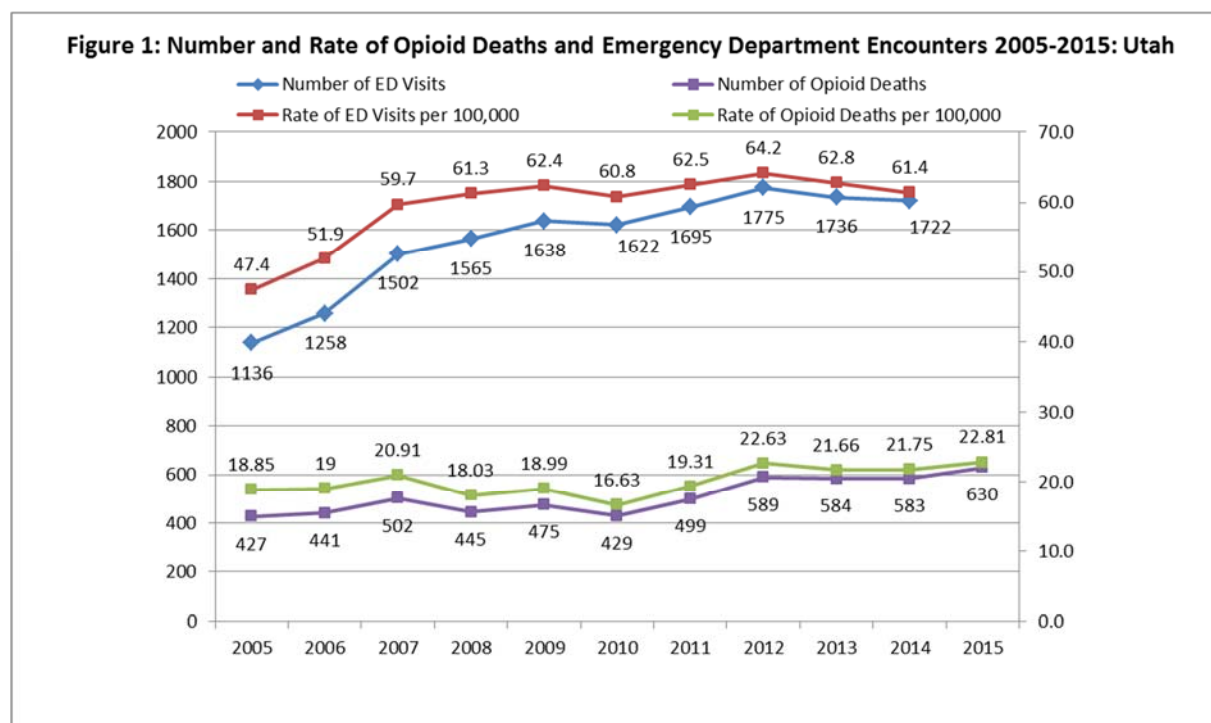
Opioid Mortality and Morbidity: Data Definitions and Overview

The Utah Department of Health (UDOH) has a robust database that houses both mortality data and emergency department encounters (ED) data from which the data presented in this report were queried. Queries of each indicator combined (aggregated) the two most recent years of data (2014-15 for mortality and 2013-14 for ED encounters, respectively). The database allows queries based on International Classification of Disease (ICD) codes (version 10 for mortality/version 9 for ED data). The federal Center for Disease Control and Prevention (CDC) issued a guide¹ for defining opioid related incidents using ICD codes, and adopted the definitions within that guide for the data prioritization process used in this grant. Specifically, the ICD code suggestions for “All Opioid Poisonings (Illicit and Prescription)” were used as follows:

Mortality: ICD 10 - X40, X41, X42, X43, X44, X60, X61, X62, X63, X64, X85, Y10, Y11, Y12, Y13, Y14
 Emergency Department: ICD 9 - 965.00, 965.01, 965.02, 965.09

Opioid Mortality and Emergency Department Encounters Data: State Data

Utah has experienced a sharp increase in opioid related deaths since 2000. Recent data suggests that the number of deaths due to opioids peaked initially in 2007, then showed a promising decreasing trend through 2010, before increasing dramatically once more from 2011 through 2015. Emergency department encounters data over the same timeframe shows a steady increase in ED encounters through 2012, with a small decrease observed from 2012 to 2014. Figure 1 presents the number and rate (age-adjusted) of opioid related deaths and emergency department encounters in Utah from 2005 to 2015.



An examination of opioid deaths and ED encounters by age and gender provides interesting insights regarding who is most affected by each of these negative outcomes. Table 2 presents the number and

¹ https://www.cdc.gov/drugoverdose/pdf/pdo_guide_to_icd-9-cm_and_icd-10_codes-a.pdf

rate of opioid deaths and ED encounters statewide for males and females, as well as by age, for the most recent year of data available for each indicator. In regards to opioid deaths, males accounted for approximately 60% of deaths in 2013, but the gap between males and females has shrunk so that by 2015 males accounted for only 54% of deaths. For ED encounters, the opposite has been true. In the past, females have traditionally accounted for more visits than males. However, similar to the death data, the gap between females and males has been closing. In 2014, the percentage of ED encounters for males and females was essentially even (50.3% vs. 49.7% for females and males, respectively). In regards to age, the age distribution for opioid deaths was higher than for ED encounters. The age group that consistently had the highest rate of opioid deaths was the 45-54 age group, while the highest rate for ED encounters was the 25-34 age group.

Table 2. Opioid Deaths and ED Encounters by Gender and Age, Most Recent Available Year

Gender	Opioid Deaths		ED Encounters	
	<i>2015</i>	<i>Rate per 100,000</i>	<i>2014</i>	<i>Rate per 100,000</i>
Males	338	23.79	856	59.2
Females	292	21.76	866	63.1
Age Group				
15-24	48	9.89	297	62.5
25-34	144	32.61	435	98.8
34-44	162	40.57	309	80.0
45-54	137	44.20	248	80.9
55-64	115	40.43	221	79.9
65-74	17	9.36	108	62.6
All other ages	7	n/a	118	n/a

Opioid Mortality and Emergency Department Encounters Data by LSAA

Table 4 presents the number of opioid related deaths and ED encounters for each LSAA region across the state, as well as the rate of each per 100,000 population. The rates allow an “apples to apples” comparison across LSAA regions as well as a comparison to the state. The numbers provide a measure of how many cases occurred in each region, but are heavily reflective of the population size of each LSAA (i.e., large LSAs such as Salt Lake County account for the bulk of the cases statewide).

Table 4. Opioid Related Mortality and Emergency Department Encounters by LSAA

District	Opioid Deaths		ED Encounters	
	<i>2014-2015 Number</i>	<i>Rate per 100,000</i>	<i>2013-2014 Number</i>	<i>Rate per 100,000</i>
Bear River	43	15.13	142	45.5
Central	20	15.11	43	30.9
Davis	108	17.4	298	49.2
Four Corners	26	33.92	92	123.0
Northeastern	27	27	47	42.3
Salt Lake County	531	24.68	1,443	67.9
San Juan	<5	15.28	<5	0.3
Southwest	80	21.32	228	54.0
Summit	12	15.03	16	19.6
Tooele	39	33.96	98	83.5
Utah County	179	19.33	623	62.1
Wasatch	7	11.76	12	22.2
Weber	137	28.63	414	86.1
<i>State</i>	<i>1213</i>	<i>22.29</i>	<i>3458</i>	<i>62.1</i>

Opioid Mortality and Emergency Department Encounters Data by County

Table 5 presents the number and rate of opioid deaths and ED encounters for each county in the state. The table makes comparing the counties based on the rate of each indicator simple (each indicator is ordered separately). Counties are ordered from those with the highest rate to those with the lowest rate for each indicator. The state total is shaded to allow easy identification of which counties have higher and lower rates than the state (areas above the state rate in the table have higher rates than the state, etc.). As mentioned earlier, rates allow “apples to apples” comparisons across counties, while numbers allow you to examine exactly how many cases occurred in each county. In addition to prioritizing based on high rates of consequences, it is also important to consider the number of cases. For example, whereas areas with high rates and high numbers of cases are obvious priorities, those with high rates but only a few cases should be prioritized to a lesser degree.

Table 5. Opioid Deaths and ED Encounters by County from Highest Rates to Lowest

County	Opioid Deaths		County	ED Encounters	
	2014-2015 Number	Rate per 100,000		2013-2014 Number	Rate per 100,000
Carbon	19	51.82	Carbon	62	161.2
Duchesne	14	40.35	Emery	21	112.9
Tooele	39	33.96	Weber	408	88.5
Emery	6	28.97	Tooele	98	83.5
Morgan	5	28.91	Salt Lake	1443	67.9
Weber	132	28.64	Utah	623	62.1
Juab	5	26.57	State	3458	62.1
Salt Lake	531	24.68	Washington	181	62.0
Kane	4	24	Box Elder	58	60.4
State	1213	22.29	Kane	8	52.2
Sanpete	10	21.99	Grand	9	51.6
Box Elder	20	21.86	Millard	12	51.3
Washington	56	21.44	Davis	298	49.2
Iron	16	20.94	Uintah	33	47.6
Utah	179	19.33	Iron	36	40.6
Uintah	12	18.69	Cache	81	39.5
Davis	108	17.4	Morgan	6	35.1
San Juan	4	15.28	Juab	6	34.2
Summit	12	15.03	Sevier	13	34.1
Wasatch	7	11.76	Duchesne	13	32.5
Cache	22	11.68	Wasatch	12	22.2
Sevier	4	9.58	Summit	16	19.6
Beaver	*	*	Sanpete	10	17.2
Daggett	*	*	Beaver	*	*
Garfield	*	*	Daggett	*	*
Grand	*	*	Garfield	*	*
Millard	*	*	Rich	*	*
Rich	*	*	San Juan	*	*
Piute	0	0	Wayne	*	*
Wayne	0	0	Piute	0	0

*Indicates at least one case, but insufficient numbers to publish for public use.

Opioid Mortality and Morbidity Index Score Comparisons by County

In identifying state level priorities, the State Epidemiological Outcomes Workgroup (SEOW) created an index score that combined the opioid death and ED Encounters data into a single index variable. The index score was calculated using both the rate and number for each of the indicators, therefore consisting of four sub-variables (i.e., mortality number, mortality rate, ED number, and ED rate). Because there are many more ED visits than deaths, and because rate and number are different metrics, it was vital to standardize the data before computing the index score so that comparisons between the indicators and between rates and numbers were on the same metric. This was achieved by standardizing the data using Z-scores. Essentially, a z-score shows where each county falls on the indicator relative to the average value for all the counties in Utah. In calculating the index scores, rates were given higher weight than numbers, and mortality was given higher weight than ED Encounters. Rates were weighted heavier in the calculation of the index because a) higher rates suggest that a county has a problem around this issue, and b) areas with higher rates may be more likely to respond to intervention. Mortality was weighted higher than ED Encounters because reducing the number of opioid related deaths is one of the specific primary goals of the grant. The final weighting for each element was as follows: opioid mortality rate-45%, opioid mortality number-15%, opioid ED rate-30%, and opioid ED number-10%.

Table 6 presents the 21 counties in Utah which had publishable data for both indicators in order from highest to lowest based on the Opioid Mortality and Morbidity Index Score. Areas shaded in red represent the top third of counties, yellow represents the middle third, and green represents the lowest third. The following counties had too few cases to allow publication of one or both of the opioid mortality/morbidity indicators and were excluded from the index score calculation: Beaver, Daggett, Garfield, Grand, Millard, Rich, San Juan, and Wayne.

Table 6. Counties Ranked Highest to Lowest Based on Opioid Mortality and Morbidity Index

County	Index Score
Carbon	1.9971875
Salt Lake	1.1817145
Weber	0.69898
Tooele	0.6622465
Emery	0.6403785
Duchesne	0.438872
Utah	0.2257305
Washington	0.0223215
Morgan	-0.016289
Box Elder	-0.056396
Kane	-0.073293
Juab	-0.1185665
Davis	-0.1471655
Iron	-0.27035
Uintah	-0.309091
Sanpete	-0.438246
Cache	-0.6334995
Summit	-0.6958145
Sevier	-0.8067115
Wasatch	-0.8141125
Piute	-1.487913

Opioid Mortality and Emergency Department Encounters Data by Small Area

To allow the identification of sub-county “hotspot” priorities for opioid consequences (particularly in the larger Wasatch Front counties), data was compiled using the Utah Department of Health’s “small area” boundaries. The state is divided into 64 “small areas” based generally on population size, but also city/town boundaries, and other factors are taken into consideration².

Table 7 presents the number and rate of opioid deaths and ED encounters for each small area in the state. The table makes comparing the small areas based on the rate of each indicator simple (each indicator is ordered separately). Small areas are ordered from those with the highest rate to those with the lowest rate for each indicator. The state total is shaded to allow easy identification of which small areas have higher and lower rates than the state (areas above the state rate in the table have higher rates than the state, etc.). As mentioned earlier, rates allow “apples to apples” comparisons across small areas, while numbers allow you to examine exactly how many cases occurred in each area. In addition to prioritizing hotspots based on high rates of consequences, it is also important to consider the number of cases. For example, whereas areas with high rates and high numbers of cases are obvious priorities, those with high rates but only a few cases should be prioritized to a lesser degree.

Table 7. Opioid Deaths and ED Encounters by Small Area from Highest Rates to Lowest

Small Area	Opioid Deaths		Small Area	ED Encounters	
	2014-2015 Number	Rate per 100,000		2013-2014 Number	Rate per 100,000
12_07 Ogden (Downtown)	41	55.33	05_56 Carbon/Emery Counties	83	144.1
04_21 SLC (Glendale)	26	45.85	04_31 Murray	91	138.3
05_56 Carbon/Emery Counties	25	44.27	04_25 South Salt Lake	66	129.8
04_25 South Salt Lake	22	41.88	12_10 Riverdale	63	127.5
04_30 Taylorsville (East)/Murray (West) [renamed from Taylorsville]	27	38.25	04_18 SLC (Avenues)	49	104.4
04_33.2 West Jordan (NE) V2	21	37.22	04_32 Midvale	64	102.6
04_17 SLC (Rose Park)	23	36.97	12_07 Ogden (Downtown)	72	100.6
04_20 Magna	18	36.82	04_27 Holladay	88	100.5
04_24 SLC (Downtown)	40	36.71	12_08 South Ogden	67	99.1
04_32 Midvale	22	36.14	04_30 Taylorsville (East)/Murray (West) [renamed from Taylorsville]	69	96.5
04_31 Murray	24	35.67	04_21 SLC (Glendale)	55	95
12_10 Riverdale	17	35.56	12_05 Ben Lomond	105	94.9
08_40 Tooele Co	39	34.59	04_33.2 West Jordan (NE) V2	55	93.3
01_01 Brigham City	13	30.24	10_50 Utah Co (South)	64	92.3
04_23.1 West Valley (East) V2	27	27.69	04_23.1 West Valley (East) V2	84	86.4
10_50 Utah Co (South)	17	27.68	08_40 Tooele Co	98	83.7
09_53 TriCounty LHD	27	26.84	04_36 Sandy (Center)	88	83.4
12_05 Ben Lomond	29	26.41	10_43 Pleasant Grove/Lindon	83	81.9

² For more specific information about small areas, please see:
<http://health.utah.gov/opha/IBIShelp/sarea/UtahSmallAreaInfo.pdf>

Small Area	Opioid Deaths		Small Area	ED Encounters	
	2014-2015 Number	Rate per 100,000		2013-2014 Number	Rate per 100,000
10_49 Springville/Spanish Fork	38	26.26	10_49 Springville/Spanish Fork	126	79.1
03_16 Bountiful	22	26.19	04_29.1 Kearns V2	55	77.8
04_18 SLC (Avenues)	12	25.75	04_22 West Valley (West)	109	73
10_42 American Fork/Alpine	26	25.74	10_48 Provo (South)	76	72
04_38 Sandy (SE)	13	25.65	03_16 Bountiful	62	71.4
04_27 Holladay	26	25.22	10_44 Orem (North)	46	70.2
04_36 Sandy (Center)	27	25.19	12_09 Roy/Hooper	58	68.4
06_58 St George	33	24.28	04_20 Magna	34	66.3
04_29.1 Kearns V2	17	23.92	10_45 Orem (West)	41	65.1
04_37 Sandy (NE)	11	23.81	State	3,457	62.5
12_08 South Ogden	15	23.37	06_58 St George	101	61.9
10_48 Provo (South)	20	22.59	01_01 Brigham City	29	61.8
State	1,213	22.54	04_34.1 West Jordan (SE)	45	61.4
12_06 Morgan Co (All)/Weber Co (East)	19	22.45	06_59 Washington Co (Other)	79	61
04_26 Millcreek	27	22.29	10_42 American Fork/Alpine	59	60.6
03_11 Clearfield/Hill AFB	27	22.17	03_11 Clearfield/Hill AFB	71	60.5
06_60 Cedar City	14	21.21	01_02 Box Elder County (Other)	29	60.4
04_28 Cottonwood	18	20.45	04_37 Sandy (NE)	27	60.2
04_22 West Valley (West)	32	20.01	04_38 Sandy (SE)	34	59.4
06_61 Southwest LHD (Other)	10	19.46	04_24 SLC (Downtown)	66	57.6
10_44 Orem (North)	13	19.29	12_06 Morgan Co (All)/Weber Co (East)	49	57
02_54 Juab/Millard/Sanpete Counties	16	18.91	04_30.1 Taylorsville (West)	40	53.9
06_59 Washington Co (Other)	23	18.7	04_17 SLC (Rose Park)	37	52.6
04_19 SLC (Foothill/U of U)	9	18.54	03_12 Layton	75	51.7
10_46 Orem (East)	7	17.59	01_03 Logan	57	49.1
12_09 Roy/Hooper	15	17.56	04_26 Millcreek	58	48.7
03_15 Woods Cross/North Salt Lake	11	16.56	10_41 Lehi/Cedar Valley	79	48.1
03_12 Layton	24	16.03	04_28 Cottonwood	43	45.8
03_14 Farmington/Centerville	12	15.67	04_39 Riverton/Draper	96	44.7
10_45 Orem (West)	8	15.24	10_46 Orem (East)	19	44
01_02 Box Elder County (Other)	7	15.12	04_35 South Jordan	48	42.4
04_39 Riverton/Draper	35	14.92	09_53 TriCounty LHD	47	41.9
04_35 South Jordan	17	14.87	06_60 Cedar City	33	40.3
07_51 Summit County	12	14.8	10_47 Provo (North)/BYU	30	39.6
10_41 Lehi/Cedar Valley	28	14.26	03_13 Syracuse/Kaysville	42	37.1
04_34.2 West Jordan (West)/Copperton	13	14.05	03_15 Woods Cross/North Salt Lake	23	35.3

Small Area	Opioid Deaths		Small Area	ED Encounters	
	2014-2015 Number	Rate per 100,000		2013-2014 Number	Rate per 100,000
04_30.1 Taylorsville (West) [2012 and after]	10	13.86	03_14 Farmington/Centerville	24	35.2
01_03 Logan	16	13.83	02_55 Sevier/Piute/Wayne Counties	15	33.3
10_43 Pleasant Grove/Lindon	12	13.61	04_34.2 West Jordan (West)/Copperton	29	32.7
04_34.1 West Jordan (SE) [2009 and after]	10	13.43	01_04 Cache Co (Oth)/Rich Co (All)	26	32.1
11_52 Wasatch County	7	12.26	02_54 Juab/Millard/Sanpete Counties	28	30.2
10_47 Provo (North)/BYU	7	12.2	06_61 Southwest LHD (Other)	14	30.1
05_57 Grand/San Juan Counties	5	10.52	04_19 SLC (Foothill/U of U)	11	26
03_13 Syracuse/Kaysville	11	9.8	05_57 Grand/San Juan Counties	10	22.8
01_04 Cache Co (Oth)/Rich Co (All)	7	8.62	11_52 Wasatch County	12	22.4
02_55 Sevier/Piute/Wayne Counties	4	7.88	07_51 Summit County	16	19.3

Opioid Mortality and Morbidity Index Score Comparisons by Small Area

Using the same index calculation method described earlier for counties, the SEOW calculated opioid mortality and morbidity index scores at the small area level to facilitate prioritization of hotspots throughout the state. Table 8 presents all 64 small areas in order from highest to lowest based on the Opioid Mortality and Morbidity Index Score of each area. Areas shaded in red represent the top third of small areas, yellow represents the middle third, and green represents the lowest third.

Table 8. Small Areas Ranked Highest to Lowest Based on Opioid Mortality and Morbidity Index

Small Area	Index Score
12_07 Ogden (Downtown)	2.1977585
05_56 Carbon/Emery Counties	1.9328145
04_25 South Salt Lake	1.569618
04_31 Murray	1.502437
04_21 SLC (Glendale)	1.4144015
12_10 Riverdale	1.172685
08_40 Tooele Co	1.160939
04_30 Taylorsville (East)/Murray (West)	1.1574245
04_32 Midvale	1.027276
04_33.2 West Jordan (NE) V2	0.9313985
04_24 SLC (Downtown)	0.8879415
10_49 Springville/Spanish Fork	0.8274735
12_05 Ben Lomond	0.7753055
04_27 Holladay	0.6697085
04_23.1 West Valley (East) V2	0.6369475
04_20 Magna	0.5123005
04_36 Sandy (Center)	0.509114

Small Area	Index Score
04_17 SLC (Rose Park)	0.4697865
10_50 Utah Co (South)	0.463684
06_58 St George	0.3916675
04_18 SLC (Avenues)	0.3668075
04_22 West Valley (West)	0.3278385
12_08 South Ogden	0.3197635
03_16 Bountiful	0.25601
10_42 American Fork/Alpine	0.178604
10_48 Provo (South)	0.120114
04_29.1 Kearns V2 [2012 and after]	0.1145345
03_11 Clearfield/Hill AFB	0.0778465
01_01 Brigham City	0.0739505
09_53 TriCounty LHD	0.008511
04_26 Millcreek	-0.084944
06_59 Washington Co (Other)	-0.1071895
04_38 Sandy (SE)	-0.13739
12_06 Morgan Co (All)/Weber Co (East)	-0.1539565
04_39 Riverton/Draper	-0.1884525
10_44 Orem (North)	-0.267001
04_37 Sandy (NE)	-0.2688645
10_43 Pleasant Grove/Lindon	-0.282408
12_09 Roy/Hooper	-0.2869865
03_12 Layton	-0.3201505
10_41 Lehi/Cedar Valley	-0.3572515
04_28 Cottonwood	-0.395907
06_60 Cedar City	-0.5189565
10_45 Orem (West)	-0.598577
01_03 Logan	-0.6389145
04_34.1 West Jordan (SE)	-0.6706375
04_35 South Jordan	-0.677765
02_54 Juab/Millard/Sanpete Counties	-0.7111625
01_02 Box Elder County (Other)	-0.7117315
04_30.1 Taylorsville (West)	-0.746484
10_46 Orem (East)	-0.805915
06_61 Southwest LHD (Other)	-0.8348805
03_15 Woods Cross/North Salt Lake	-0.862275
03_14 Farmington/Centerville	-0.8833245
04_19 SLC (Foothill/U of U)	-0.9449405
04_34.2 West Jordan (West)/Copperton	-0.947047
10_47 Provo (North)/BYU	-1.051701
03_13 Syracuse/Kaysville	-1.0766215
07_51 Summit County	-1.114204
11_52 Wasatch County	-1.2906805
01_04 Cache Co (Oth)/Rich Co (All)	-1.3029025
05_57 Grand/San Juan Counties	-1.403652
02_55 Sevier/Piute/Wayne Counties	-1.411763

Treatment data

The following table shows demographics of opioid users (primary, secondary or tertiary) presenting to substance use treatment.

Table 9. Demographics of Opioid Users

State Totals - Opioid Clients FY16			
		Clients	Percent
Gender	Male	3245	56.7%
	Female	2477	43.3%
	Total	5722	100.0%
Race	Other	66	1.3%
	American Indian	85	1.5%
	Asian	32	0.6%
	Pacific Islander	37	0.6%
	Black/African American	103	1.8%
	White	5234	91.7%
	More than one Race	150	2.6%
	Total	5707	100.0%
Ethnicity	Puerto Rican	21	0.4%
	Mexican	295	5.2%
	Cuban	5	0.1%
	Other Hispanic	373	6.5%
	Not of Hispanic Origin	5010	87.8%
	Total	5704	100.0%
Age Group	Under 18	80	1.4%
	18 to 24	1119	19.6%
	25 to 34	2703	47.2%
	35 to 44	1107	19.3%
	45 to 64	697	12.2%
	65 and up	19	0.3%
	Total	5722	100.0%

Health Insurance	Private Insurance	483	8.4%
	Blue Cross/Blue Shield	92	1.6%
	Medicare	58	1.0%
	Medicaid	1204	21.0%
	HMO	2	0.0%
	Other (ex. Champus)	425	7.4%
	Unknown	59	1.0%
	None	3399	59.4%
	Total	5722	100.0%
Admit Employment			
	Employed Full Time	975	17.1%
	Employed Part Time	535	9.4%
	Unemployed	2776	48.6%
	Homemaker	129	2.3%
	Student	105	1.8%
	Retired	23	0.4%
	Disabled	586	10.3%
	Ages 0 - 5	1	0.0%
	Other 'Not in the Labor Force'	585	10.2%
	Total	5715	100.0%
Admit Living Arrangement			
	Homeless	834	14.6%
	Private No Support	2771	48.5%
	Private with Support	1314	23.0%
	Incarcerated	611	10.7%
	Institution	26	0.5%
	24 Hours Residential	152	2.7%
	Foster Home	9	0.2%
	Total	5717	100.0%
	State Total	5722	

Estimates of Individuals in Need for Drug Treatment

In addition to the DSAMH treatment admissions data, the National Survey on Drug Use and Health (NSDUH) survey also provides two proxy measures of treatment need for the state. One measure estimates the percentage of individuals who are dependent on or abusing illicit drugs, and a second measure provides an estimate of the number of individuals who are in need, but not receiving treatment for illicit drug use. Neither of the items is specifically worded to measure treatment need for

prescription opioids or heroin, and as such should only be considered proxy measures for this purpose. Additionally, it should be noted that due to changes to the NSDUH survey in 2015, the most recent data available for these items is from 2014.

Table 10 represents the percentage of Utahns, by age, who were estimated to be dependent on or abusing illicit drugs, and the percentage who were estimated to be in need of, but not receiving treatment for illicit drug use from 2012 through 2014. Rates were highest in the young adult age group (18-25) for both indicators, and there was generally a slight decreasing trend from 2012 through 2014 for both measures across all age groups.

Table 10. Estimates of Past Year Dependence/Abuse, and Needing but not Receiving Treatment for Illicit Drug Use by Age, Utah (2012-2014)

	Illicit Drug Dependence or Abuse			Needing but not Receiving Treatment for Illicit Drug Use		
	2012	2013	2014	2012	2013	2014
Ages 12-17	3.99	3.73	3.56	3.70	3.53	3.37
Ages 18-25	6.55	6.97	6.13	6.27	6.43	5.76
Ages 26+	1.85	1.79	1.74	1.48	1.49	1.49

Resource Assessment

The SEOW and DSAMH data analysts identified all Opioid Treatment Providers, Buprenorphine Treatment Practitioners, Licensed Treatment Providers, Naloxone Training locations, Recovery Homes, and Coalitions throughout the state by small area. This search allows us to identify which areas have adequate resources and gaps in services.

The Utah State Opioid Treatment Providers (OTP's) provide medication-assisted treatment (MAT) for persons diagnosed with opioid-use disorder. MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. OTPs are required to have current valid accreditation status, SAMHSA certification, and Drug Enforcement Administration (DEA) registration before they are able to administer or dispense opioid drugs for the treatment of opioid addiction.

Buprenorphine Treatment Practitioners are physicians authorized to treat opioid dependency with buprenorphine. Licensed Treatment Providers are private and public entities licensed to provide some level of substance use disorder treatment including day treatment, outpatient, residential and recovery supports. These providers may serve youth and or adults. The Naloxone Training locations are grantees of the Utah Department of Health's Preventing Drug Overdose grant. The locations provide training to first responders, community members and other providers on how to use and disseminate Naloxone in efforts to prevent opioid overdose deaths. Recovery Homes/Residences are locations that provide non-clinical sober living for people in recovery. Coalitions are groups of individuals and organizations that come together for the purpose of preventing substance use disorder and improving health within their community. While not all of these community coalitions are currently focused on the reduction of opioid misuse and abuse, the presence of a coalition signals potential capacity for mobilizing a community effort to address the issue in the future. Table 11 below shows the matrix of services by small area.

Table 11. Resource Assessment by small area

Local Substance Abuse Authority	County	Utah Small Area	Boundary Designation	Opioid Treatment Provider	Buprenorphine Treatment Practitioner	Naloxone training	Licensed Treatment provider	Recovery Home	Coalition
Bear River	Box Elder	Brigham City	84302	0	0	0	1	0	0
		Box Elder (Other)		0	0	0	0	0	1
	Cache/Rich	Logan	84321, 84322, 84332, 84341	0	2	0	4	0	1
		Cache County (other)/Rich County (All)		0	1	0	2	0	1
Weber-Morgan	Weber	Ben Lomond	84404, 84407, 84412	0	2	0	0	0	0
	Morgan/Weber	Morgan County (All)/Weber County (East)	84018, 84050, 84310, 84317, 84414	0	1	0	1	0	0
	Weber	Ogden (Downtown)	84401, 84402	1	2	1	14	1	1
		South Ogden	84403, 84408	0	4	0	4	0	1
		Roy/Hooper	84067, 84315	0	1	0	1	0	1
		Riverdale	84405, 84409	0	1	0	2	0	1

Local Substance Abuse Authority	County	Utah Small Area	Boundary Designation	Opioid Treatment Provider	Buprenorphine Treatment Practitioner	Naloxone training	Licensed Treatment provider	Recovery Home	Coalition
Davis County		Clearfield/HAFB	84015, 84016, 84056, 84315	0	0	0	9	0	0
		Layton	84040, 84041, 84405	1	4	0	8	0	1
		Syracuse/Kaysville	84037, 84075	0	1	0	2	2	0
		Farmington/Center ville	84014, 84025	0	0	1	1	0	0
		Woods Cross/North Salt Lake	84054, 84087	0	0	0	0	0	0
		Bountiful	84010, 84011	1	11	0	5	0	1
Salt Lake County		Rose Park	84116, 84122	0	0	0	1	3	0
		SL Avenues	84103, 84114, 84150	0	7	0	1	0	0
		Foothill/University of Utah	84108, 84112, 84113	0	22	0	0	0	0
		Magna	84044	0	1	0	1	0	0
		Glendale	84101, 84104, 84110, 84180	0	4	1	7	0	0

Local Substance Abuse Authority	County	Utah Small Area	Boundary Designation	Opioid Treatment Provider	Buprenorphine Treatment Practitioner	Naloxone training	Licensed Treatment provider	Recovery Home	Coalition
Salt Lake County		West Valley (West)	84120, 84128, 84170	0	2	0	0	0	0
		West Valley (east) 2012+	84119, 84199	0	1	0	4	0	0
		SLC Downtown	84102, 84111, 84145, 84152	2	5	1	25	3	1
		South Salt Lake	84115, 84165	1	1	0	13	0	1
		Millcreek	84106, 84109, 84151	0	4	0	9	2	0
		Holladay	84117, 84124, 84127	0	7	0	10	1	0
		Cottonwood	84121	0	1	0	8	2	0
		Kearns	84118	0	2	0	5	0	1
		Taylorsville (east)	84123	1	3	0	9	2	0
		Taylorsville (west)	84129	0	1	0	0	1	0
		Murray	84107, 84157	2	4	1	13	4	1
		Midvale	84047	0	5	0	3	5	0
		West Jordan(Northeast)	84084	0	0	0	1	0	0

Local Substance Abuse Authority	County	Utah Small Area	Boundary Designation	Opioid Treatment Provider	Buprenorphine Treatment Practitioner	Naloxone training	Licensed Treatment provider	Recovery Home	Coalition
Salt Lake County		West Jordan (southeast)	84088	0	2	0	1	1	0
		West Jordan/Copperton	84006, 84081	0	0	1	1	0	0
		South Jordan	84095	0	3	0	6	0	0
		Sandy (Center)	84070, 84091, 84094	0	2	0	12	3	0
		Sandy (Northeast)	84090, 84093	0	0	0	1	0	0
		Sandy (Southeast)	84092	0	1	0	2	2	0
		Riverton/Draper	84020, 84065, 84096	0	3	0	16	6	1
Tooele County		Tooele County	All zip codes for Tooele	0	3	2	6	0	3
Utah County		Lehi/Cedar Valley	84005, 84013, 84043, 84045	0	3	0	2		1
		American Fork/Alpine	84003, 84004	0	2	0	7	1	0
		Pleasant Grove/Lindon	84042, 84062	0	2	0	3	0	0
		Orem (North)	84057, 84059	1	5	0	10	7	0

Local Substance Abuse Authority	County	Utah Small Area	Boundary Designation	Opioid Treatment Provider	Buprenorphine Treatment Practitioner	Naloxone training	Licensed Treatment provider	Recovery Home	Coalition
Utah County		Orem (West)	84058	1	0	0	6	3	0
		Orem (East)	84097	0	0	0	6	0	0
		Provo (north)/BYU	84602, 84604	0	8	0	4	0	1
		Provo (South)	84601, 84603, 84605, 84606	1	2	1	5	2	0
		Springville/ Spanish Fork	84653, 84660, 84663, 84664	0	1	0	7	1	0
		Utah County South	84626, 84633, 84651, 84655	0	1	0	0	0	1
Summit County		Summit County	All zip codes for Summit	0	3	1	4	0	2
Wasatch County		Wasatch County	All zip codes for Wasatch	0	1	0	5	0	2
TriCounty	Daggett, Duchesne, Uintah			0	3	1	7	0	1
Central		Counties: Juab, Millard, Sanpete		0	3	0	14	1	1
		Counties: Sevier, Piute, Wayne		0	0	0	8	0	1

Local Substance Abuse Authority	County	Utah Small Area	Boundary Designation	Opioid Treatment Provider	Buprenorphine Treatment Practitioner	Naloxone training	Licensed Treatment provider	Recovery Home	Coalition	
Southeastern Utah * SFY2017 San Juan became its own district.		Counties: Carbon, Emery		0	2	2	2	0	1	
		Counties: Grand, San Juan		0	0	2	1	0	2	
Southwestern Utah		St. George	84770, 84771, 84790	2	3	2	20	1	2	
		Washington	Washington County outside of St. George	0	1	0	6	0	1	
		Iron	Cedar City	84720, 84721	0	0	1	6	1	1
		Beaver, Garfield, Iron, Kane	Southwest district Other		0	0	1	7	0	3