

Utah's opioid crisis, potential solutions take center stage at Ogden summit

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Community Benefit Behavioral Health Director for Intermountain Healthcare Lisa Nichols spoke during the second annual Winter Prevention Summit on Friday, Dec. 9, 2016 at Eccles Conference Center in Ogden.

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OGDEN — The data surrounding prescription opioid abuse in Utah is staggering.

The Beehive State was fourth in the nation for prescription opioid overdose deaths between 2012 and 2014, according to the Utah Department of Health (https://ibis.health.utah.gov/pdf/opha/publication/hsu/2016/1607_Naloxone.pdf). In 2014, an average of 24 Utah adults died every month as a result of prescription opioid overdoses.

Drug poisoning is the leading cause of death in Utah — more deadly than falls, car crashes and gun deaths, said Lisa Nichols, Community Benefit Behavioral Health director for Intermountain

Healthcare.

And to compound things, Nichols said there are more than 7,000 opioid prescriptions filled in Utah every day, and physical dependence on those prescriptions can occur within seven days of use.

“Everyone is potentially at risk (for opioid abuse and addiction),” Nichols said.

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Nichols spoke Friday at the Weber County-sponsored Utah Prevention Summit. The summit, held at the Ogden Eccles Conference Center, highlighted substance abuse prevention services in Utah and included a presentation on the state’s opioid crisis.

Nichols remarks were devoted to Utah’s Opioid Community Collaborative — an IHC-led public/private partnership that aims to decrease the state’s burden of pharmaceutical drug misuse, abuse and overdose.

The OCC, which is funded primarily by IHC, works with criminal justice organizations, health care industry businesses and public entities to tackle the opioid problem by increasing public awareness, educating providers, creating better and more access to treatment, and shaping public policy.

“Success has to be based around collaboration,” Nichols said Friday.

The not-for-profit IHC has pumped \$3.5 million into the program so far. Nichols said the OCC is part of IHC’s “Community Benefit” concept, which involves serving the residents of our community, regardless of their ability to pay. Nichols also said the health care system has contributed to the opioid crisis, which played a role in the creation of the OCC.

“The health care system is culpable,” Nichols said, citing the mis- or over-prescribing of opioid medications by physicians. “So we have to be part of the solution, but we also have to have consumers be part of the solution.”

As part of the program, the OCC has installed 21 prescription drop boxes at 21 IHC community pharmacies. Nichols said 10,400 pounds of prescription medication has been properly disposed of to date, thanks to the boxes. The group has funding for 11 more community-based drop boxes, she said, stressing the importance of a safe and easy place to discard potentially dangerous medications.

“In many communities, (drop boxes) are only in law enforcement offices,” she said. “And frankly, that’s not a comfortable place for some people (to jettison opioid medications). And it’s also not a place you visit often.”

Friday’s summit also featured presentations from East Coast substance abuse experts Dr. Gil Botvin and Kat Allen.

Botvin is the developer of a student tobacco, alcohol and drug abuse prevention program called Life Skills Training (<https://www.lifeskillstraining.com/>). He spoke Friday about the importance of rigorously tested, evidence-based prevention programs.

Botvin said it’s necessary to go beyond just teaching information and principles about the dangers of drug abuse. He says students must learn skills related to resisting social pressure, developing self-confidence, coping with stress and anxiety, and increasing knowledge of the immediate consequences of substance abuse.

Kevin Eastman, Weber Human Services executive director, helped organize the summit and said more legislative efforts and funding in Utah need to be directed toward the prevention of substance abuse — not just treatment.

“I believe strongly that we need to put resources into preventing problems instead of just the treatment needs, (which) are constantly growing,” he said.

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