

Utah Health status update

Key findings

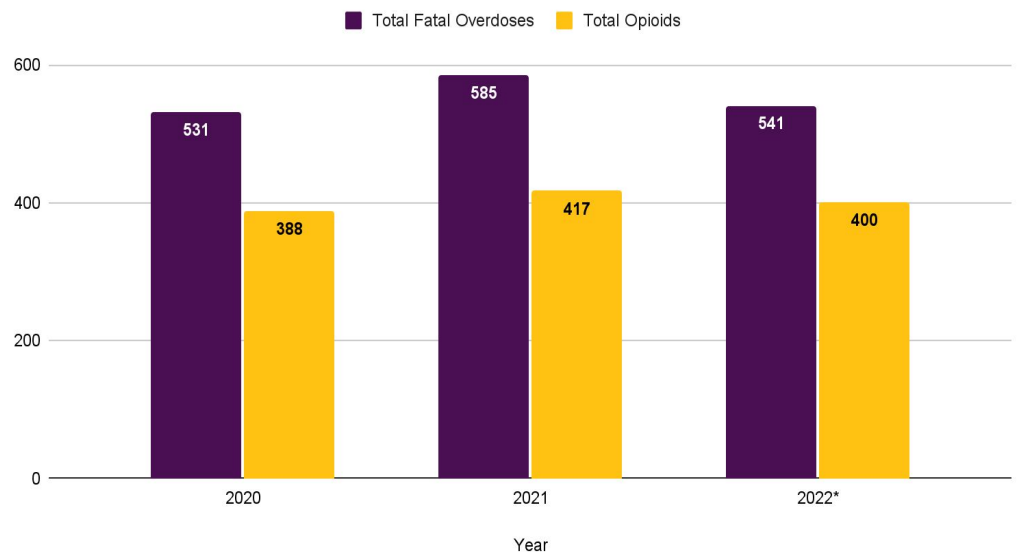
- Of the 541 drug overdose deaths in Utah in 2022, 74% involved an opioid (figure 1).
- From 2019–2020, the number of fentanyl-involved overdose deaths increased 128% and has continued to increase (figure 2).
- In 2022, 86% of fentanyl-involved overdoses involved at least 1 other drug. Methamphetamine was present in 43% of those cases (figure 3).
- Males between the ages of 18–44 have significantly higher fentanyl-involved overdose death rates than females in that same age range.

Fatal fentanyl facts—opioid health status report for Utah

Opioids are a class of drugs used to reduce pain. These include prescription drugs as well as illicit drugs. In 2022, provisional data indicated 541 people died from a drug overdose in Utah; nearly three-quarters (74%) involved an opioid. The number of fatal drug overdoses involving any drug in Utah has remained relatively stable in the past three years (2020–2022) as well as the number of opioid-involved fatal drug overdoses (figure 1).

Number of fatal drug overdoses involving any drug compared with number of fatal opioid-involved overdoses, Utah Office of Medical Examiner Database, Utah 2020-2022

Figure 1. The number of fatal drug overdoses has stayed relatively stable over the past 3 years.



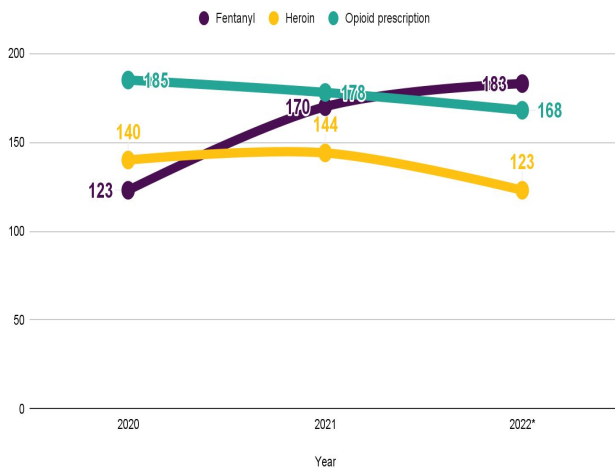
Source: Utah Office of Medical Examiner Database, Utah Department of Health and Human Services

*2022 data is provisional

The substances commonly involved in overdoses, however, have changed. From 2019 to 2020, the number of fentanyl-involved overdose deaths increased 128% and has continued to increase (figure 2).² The number of deaths involving fentanyl surpassed that of all opioid prescriptions in 2022. Additionally, there were more deaths involving fentanyl than heroin in both 2021 and 2022.

Number of fatal overdoses by opioid category, Utah 2020–2022

Figure 2. Fentanyl-involved deaths have increased in the past 2 years, whereas heroin and opioid involved deaths have decreased.

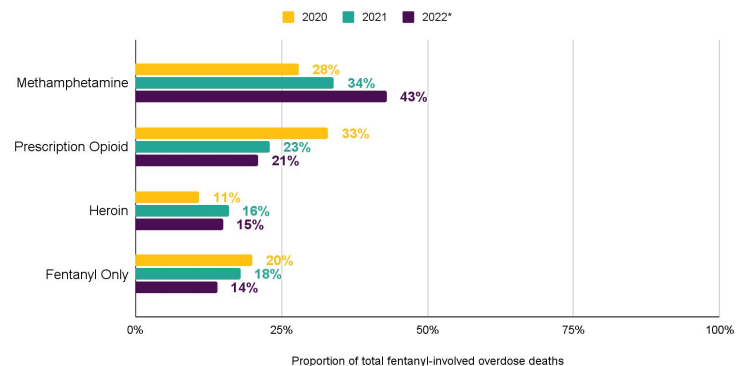


Source: Utah Office of Medical Examiner Database, Utah Department of Health and Human Services
 *2022 data is provisional

Fentanyl is a synthetic opioid pain reliever up to 50 times stronger than heroin and 100 times stronger than morphine.³ There are 2 types of fentanyl: pharmaceutical fentanyl and illegally produced fentanyl. Pharmaceutical fentanyl is approved for healthcare providers to treat severe pain. Illicitly manufactured fentanyl is distributed in illegal drug markets and is commonly mixed with other drugs such as heroin and methamphetamine. It is also often made to look like prescription drugs, making counterfeit drugs indistinguishable from authentic pharmaceutical drugs. Since 2020, most fentanyl-involved overdoses in Utah involve illicitly manufactured fentanyl and include other substances (figure 3). Of the 183 fentanyl-involved overdose deaths in 2022, 86% involved at least 1 other drug. Methamphetamine was involved in 43% of all fentanyl-involved overdoses in 2022, while a prescription opioid was involved in 21% and heroin was involved in 15%.

Percentage of common drug types among fatal fentanyl-involved overdoses, Utah 2020–2022

Figure 3. The proportion of fentanyl-involved methamphetamine deaths has increased by 15%.

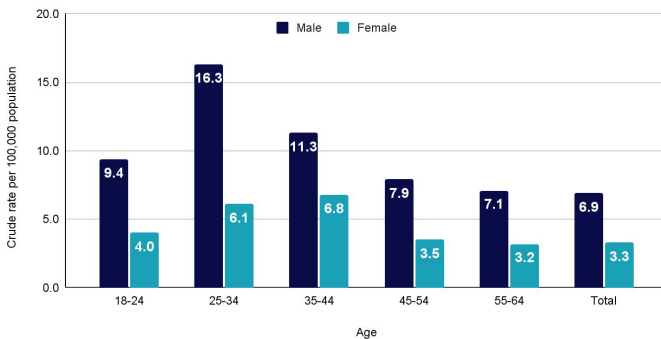


Source: Utah Office of Medical Examiner Database, Utah Department of Health and Human Services
 *2022 data is provisional

In 2021, there was a significantly higher rate of fentanyl-involved overdose deaths among males than females (figure 4). Additionally, males between the ages of 18 and 44 have significantly higher fentanyl-involved overdose death rates than their female counterparts (Figure 4). This is also true for all drug, opioid, and methamphetamine overdoses.⁴

Rate of accidental and undetermined fentanyl overdose deaths per 100,000 adults by age group and sex, Utah 2021

Figure 4. The rate of accidental and undetermined death (meaning no prescription opioids were involved) for all age groups except 1, is at least twice as high for men as for women.



Source: Utah Office of Medical Examiner Database, Utah Department of Health and Human Services

*Overdose deaths are rare among people ages 0-17 and 65 and older and are suppressed due to small counts

Fentanyl is especially dangerous because it is significantly more powerful than most other drugs and people may be unaware it is laced in their drugs. This leads to unintentional overdoses. Test strips are the only way to know if drugs have been laced with fentanyl as it cannot be seen, tasted, or smelled. In the 2023 legislative session, the Utah State Legislature approved a bill intended to reduce fentanyl overdose deaths in the state by decriminalizing the use of fentanyl test strips. [Senate Bill 86](#) removed fentanyl test strips from laws banning the use of drug paraphernalia. As of May 3, 2023, fentanyl test strips were deemed legal to carry and use in Utah.

Naloxone is another important tool to reduce opioid overdose deaths. Naloxone is a drug that reverses an opioid overdose, such as with fentanyl or heroin, and has been successful in reversing overdoses in Utah. [House Bill 288](#) went into effect May 3, 2023. The bill allows pharmacists to dispense naloxone without a prescription. Now, anyone can get naloxone including family members, friends, caregivers, individuals who take opioids, or anyone who would like to have it on-hand. Please visit the [Opidemic](#) website for more information including where to obtain fentanyl test strips and naloxone.

Data Notes:

Data are obtained from the Utah Medical Examiner Database (UMED) based on data available for analysis on August 4, 2023. Estimates are based on deaths that occurred in Utah, regardless of the decedent's residence status. Drug poisoning (overdose) deaths were defined as having an International Classification of Diseases, 10th Revision (ICD-10-CM) underlying-cause-of-death code of X40-X44 (unintentional) or Y10-Y14 (undetermined intent). Suicides and homicides were excluded. The immediate cause of death variable (text field) on the death certificate was used to identify fentanyl and methamphetamine.

1 Utah Office of the Medical Examiner Database, Utah Department of Health and Human Services
 2 Utah Office of the Medical Examiner Database, Utah Department of Health and Human Services
 3 Centers for Disease Control and Prevention, [C4 DC Fentanyl Facts](#)
 4 Utah Office of the Medical Examiner Database, Utah Department of Health and Human Services

Spotlight

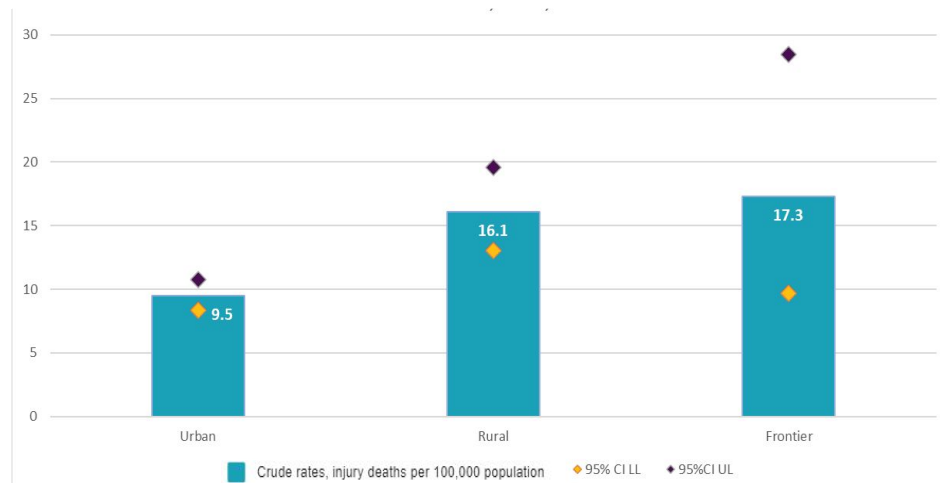
Rural versus urban death by suicide using a firearm in Utah

In 2021, 57% of deaths by suicide in Utah involved a firearm. This is an increase from 2020, in which 52% of deaths by suicide involved a firearm.¹ It is important to monitor this trend and identify populations disproportionately affected to inform prevention strategies to reduce death by suicide using a firearm in Utah. Using geography to explore deaths by suicide using a firearm also provides opportunities to better tailor prevention efforts to areas with the highest burden.

There are 5 urban counties, 12 rural counties, and 12 frontier counties in Utah.² From 2012–2021, the firearm suicide rates have been consistently higher in rural and frontier counties compared to urban counties. In 2021, the highest firearm suicide rate was in frontier counties (17.3 per 100,000 population), followed by rural counties (16.1 per 100,000 population), with urban counties experiencing the lowest rates (9.5 per 100,000 population)¹ (figure 1).

Firearm suicide deaths, rate per 100,000, by urban/rural/frontier classifications, Utah 2021

Figure 1. The rate of death by suicide using a firearm is higher in rural and frontier areas than in urban areas.



In 2021, people who died by suicide using a firearm tended to be older in rural counties, with the highest firearm suicide rate in the 65+ age group (23.7 per 100,000 population). The age group with the highest firearm suicide rate in urban counties was the 18-24 age group (13.3 per 100,000 population). The majority of firearm suicide victims in all regions were male (85.6% in rural counties and 89.3% in urban counties).¹ Addressing risk factors for suicide, including access to lethal means, is an important part to decrease suicide in Utah. This includes reducing easy access to firearms for youth and people in crisis, keeping guns locked and properly stored, and asking a trusted friend or family member to hold on to a firearm until the individual feels safe.³

1 Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services, 2012-2021 data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2023 June]. IBIS Version 2020

2 Office of Primary Care and Rural Health, Utah Department of Health and Human Services, *County classifications map*. <https://ruralhealth.health.utah.gov/https-ruralhealth-health-utah-gov-utah-state-profile/county-classifications-map/>

3 Utah Department of Health and Human Services, Violence and Injury Prevention Program, *Firearm Deaths in Utah, 2020*. https://viop.utah.gov/wp-content/uploads/Firearm-report_2020-1.pdf

Monthly health indicators

Monthly report of notifiable diseases, July 2023	Current month # cases	Current month # expected cases (5-year average)	# Cases YTD	# Expected YTD (5-year average)]	YTD standard morbidity ratio (obs/exp)
COVID-19 (SARS-CoV-2)	https://coronavirus.utah.gov/case-counts/				
Influenza	http://health.utah.gov/epi/diseases/influenza/surveillance/index.html				
Campylobacteriosis (campylobacter)	76	63	433	318	1.4
Salmonellosis (salmonella)	45	64	232	209	1.1
Shigellosis (shigella)	14	7	95	35	2.7
Shiga toxin-producing Escherichia coli (E. coli)	42	25	147	111	1.3
Varicella (chickenpox)	8	4	53	69	0.8
Pertussis (whooping cough)	22	18	127	143	0.9
Hepatitis A (infectious hepatitis)	0	5	7	34	0.2
Hepatitis B, acute infections (serum hepatitis)	0	1	4	14	0.3
Meningococcal disease	0	1	2	1	1.4
West Nile (human cases)	0	2	1	2	0.6
Quarterly report of notifiable diseases, 2nd quarter 2023	Current quarter # cases	Current quarter # expected cases (5-year average)	# Cases YTD	# Expected YTD (5-year average)]	YTD standard morbidity ratio (obs/exp)
Chlamydia	2,711	2,680	5,481	10,959	0.5
Gonorrhea	685	719	1,349	3,187	0.4
Syphilis	94	53	173	178	1.0
HIV/AIDS*	41	30	76	62	1.2
Tuberculosis	9	6	9	6	1.5

Program enrollment for July 2023	Current month	Previous month	% change from previous month	1 year ago	% change‡ from 1 year ago
Medicaid	433,368	455,458	-4.9%	478,651	-9.5%
CHIP (Children's Health Ins. Plan)	7,278	7,175	+1.4%	6,473	+12.4%

† Diagnosed HIV infections, regardless of AIDS diagnosis. Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. ‡ Medicaid payments reported under physician/osteo Services do not include enhanced physician payments.

***The Total Medicaid program costs do not include costs for the PRISM project.

Annual health indicator report

Annual community health measures	Data year	Number affected	Percent/rate	% Change +/-	State rank**
Suicide deaths	2021	643	20.1/100,000	-0.90%	37 (2021)
Infant mortality	2021	248	11.3 / 100,000	4.60%	17 (2018)
Coronary heart disease deaths	2021	4,275	162.4 / 100,000	1.04370	21 (2021)
All cancer deaths	2021	3,459	121.0 / 100,000	1.1372	1 (2021)
Motor vehicle traffic crash injury deaths	2021	1583	9.2 / 100,000	0.276	7 (2019)
Low birth weight (< 2,500g or 5 lbs. 8oz.)	2021		7.42	1.06	14 (2021)
Teen births (ages 15–19)	2021		9.7 / 1,000	0.8981481	11 (2021)
Drug overdose deaths	2021	432	13.3 / 100,000	7.30%	10 (2021)
Asthma prevalence (adults 18+)	2020	250,600	10.80%	9.10%	39 (2020)
Poor mental health (adults 18+)	2020	540,700	23.30%	7.90%	37 (2020)
Influenza immunization (adults 65+)	2020	261,400	68.50%	7.20%	23 (2020)
Unintentional fall deaths	2020	651	20.0 / 100,000	-1.90%	17 (2019)
Traumatic brain injury deaths	2020	2,272	69.9 / 100,000	6.10%	15 (2019)
Obesity (adults 18+)	2020	663,700	28.60%	-2.10%	13 (2020)
Diabetes prevalence (adults 18+)	2020	188,000	8.10%	1.30%	17 (2020)
High blood pressure (adults 18+)	2020	598,700	25.80%	5.70%	7 (2019)
Cigarette smoking (adults 18+)	2020	206,500	8.90%	1.10%	1 (2020)
Binge drinking (adults 18+)	2020	264,500	11.40%	0.90%	1 (2020)
Stroke deaths	2020	916	28.2 / 100,000	-1.00%	1 (2020)
Health insurance coverage (uninsured)	2020	383,500	11.80%	-6.30%	n/a
Early prenatal care	2020	34,716	75.90%	0.00%	n/a
Childhood immunization (4:3:1:3:3:1:4)††	2019	49,400	80.00%	17.60%	7 (2019)
Vaping, current use (grades 8, 10, 12)	2019	37,100	12.40%	11.30%	n/a
Child obesity (grade school children)	2018	38,100	10.60%	11.60%	n/a

§ Relative percent change. Percent change could be due to random variation. # Figures are subject to revision as new data is processed. ** State rank in the United States is based on age-adjusted rates where applicable. †† Data from 2021 NIS is for children aged 24 month (birth year 2019).