

Principles for Use of Opioid Surveillance Data

1) The aims and implementation of public health surveillance of drug use and related complications, including infectious diseases and overdoses, should be consistent with the The Utah Framework for Drug User Health and Wellness, which will be available by January 2020. The Utah Framework for Drug User Health and Wellness was inspired by the [California Framework for Injection Drug User Health and Wellness, 2009](#).

2) Public health surveillance should provide information that is actionable by those who provide services to people who use drugs and their friends and family members to reduce harm, including the harm of arrest and incarceration, infectious diseases, and overdose.

3) Public health surveillance data should not provide information to law enforcement that will lead to the arrest or incarceration of people who use drugs or of people with whom they associate, including those who witness an overdose. Many people who sell drugs are drug users themselves, and any effort that uses overdose data to prosecute people who sell drugs runs the risk of reducing the willingness of people who witness an overdose to call 911 or to administer naloxone and rescue breathing.

4) The Utah Department of Health (UDOH) and Local Health Departments (LHD) should use public health surveillance data to support health care providers and community groups in identifying priority settings (such as emergency departments, syringe service programs, homeless shelters, jails, etc.) for ensuring people who use drugs have access to medication assisted treatment, syringe services, and naloxone.

5) UDOH and LHD collaborations with law enforcement regarding surveillance of drug use and related harms should aim to engage law enforcement in supporting the ability of people who use drugs to practice overdose recognition and response, including

administration of naloxone, which is protected under Utah law by [Good Samaritan laws and liability protections](#).