

# **Arizona's Opioid Public Health Emergency: Activities & Outcomes**



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

# Disclosure:

*Disclosure Statement* – I have no relevant financial relationships with a commercial interest to disclose.

# Arizona Opioid Emergency

From June, 2017 through May 2018, ADHS and partners worked tirelessly to answer Governor Ducey's call to address the continuing increase in opioid-related deaths across Arizona.

## June 2017

- [2016 Arizona Opioid Report](#) released
- [Opioid Emergency](#) declared
- [Enhanced Surveillance Reporting](#) implemented
- Implementation of [Emergency Opioid Prescribing and Treatment Rules for Healthcare Institutions](#)

## April 2017

Executive Order for 7 day fill limit

## October 2017

[PDMP Mandate](#) in effect

## September 2017

[Opioid Action Plan](#) issued

## December 2017

Launch of [2018 Opioid Prescribing Guidelines](#)

## March 2018

[OAR Line](#) launches

## April 2018

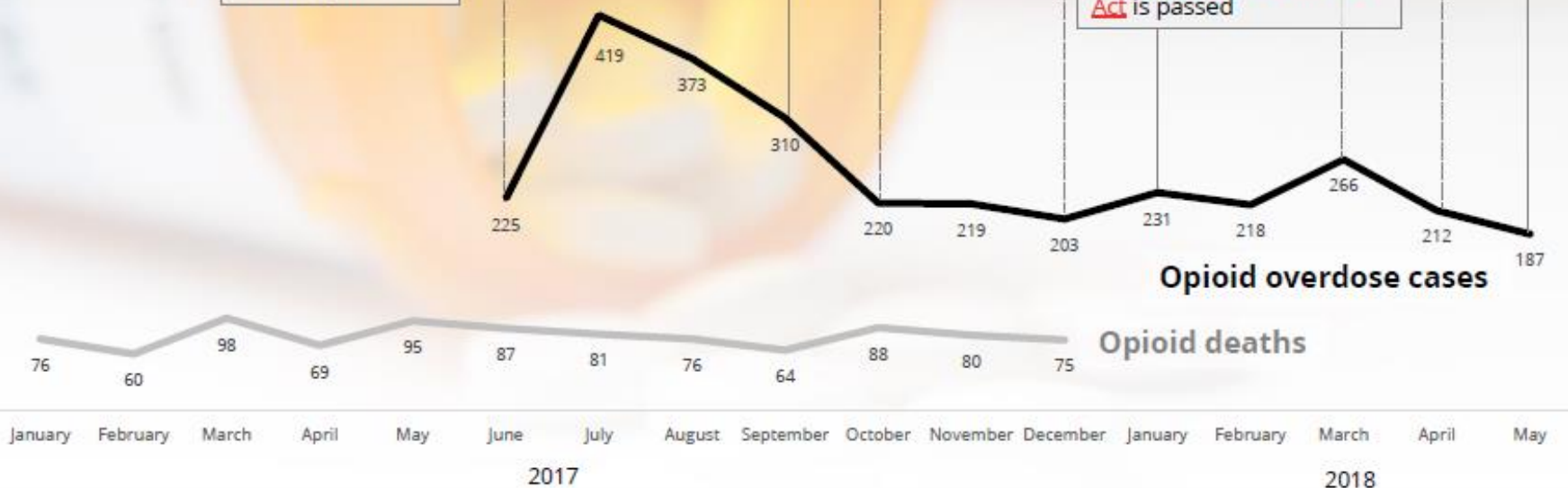
[Arizona Opioid Epidemic Act](#) takes effect

## May 2018

Governor Ducey [terminates](#) Declaration of Opioid Emergency

## January 2018

[Arizona Opioid Epidemic Act](#) is passed



# Draft Hospital Discharge Planning Guidelines



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

## Preventing Overdose from a Hospital Setting

Preventing harm from medications, or adverse drug events, is a patient safety priority not only in hospitals but also across the continuum of care for patients. An overdose is an example of an adverse drug event. People who have a nonfatal drug overdose are at very high risk for another overdose.<sup>1</sup>

*Over the past 5 years, there were 2,715 deaths from an opioid induced poisoning or overdose in Arizona. Of those, 912 (33.6%) had an opioid related hospital or emergency department encounter during the 5 years prior to their death. The average number of visits was 2.98.*

Improving the discharge process from hospitals and integrating overdose education are opportunities for intervention resulting in improved health and preventing deaths.

Hospitals have a unique opportunity to save lives by identifying patients at risk for opioid overdoses, including those who have experienced an overdose as well as those at risk for an overdose. Interventions such as prescribing naloxone for those at risk of an opioid overdose and increasing access to naloxone are examples of how hospitals can address the opioid epidemic and save lives.

In March 2017, the Arizona Department of Health Services convened a summit for healthcare associations, hospital emergency departments, health plans, treatment centers, regional behavioral health authorities, and other stakeholders to begin the development of voluntary, consensus guidelines to promote safer discharge of patients at risk for an opioid overdose.



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On May 29, 2018  
Arizona Governor Doug Ducey declared an end  
to the official **State of Emergency**  
due to an opioid overdose epidemic

## In New Front Against Opioid Epidemic, Formal Statewide Health Emergency Declaration Comes To A Close; Fight Against Crisis Just Beginning

News Release

May 29, 2018



*Governor Ducey: "This fight is far from over, and we aren't going to let up"*

**PHOENIX** — With the Opioid Action Plan now enshrined in state law, Governor Doug Ducey today ended the formal emergency public health **declaration** he issued last year and declared that Arizona's commitment to addressing the opioid epidemic remains unwavering.

## Required Arizona Department of Health Services to:

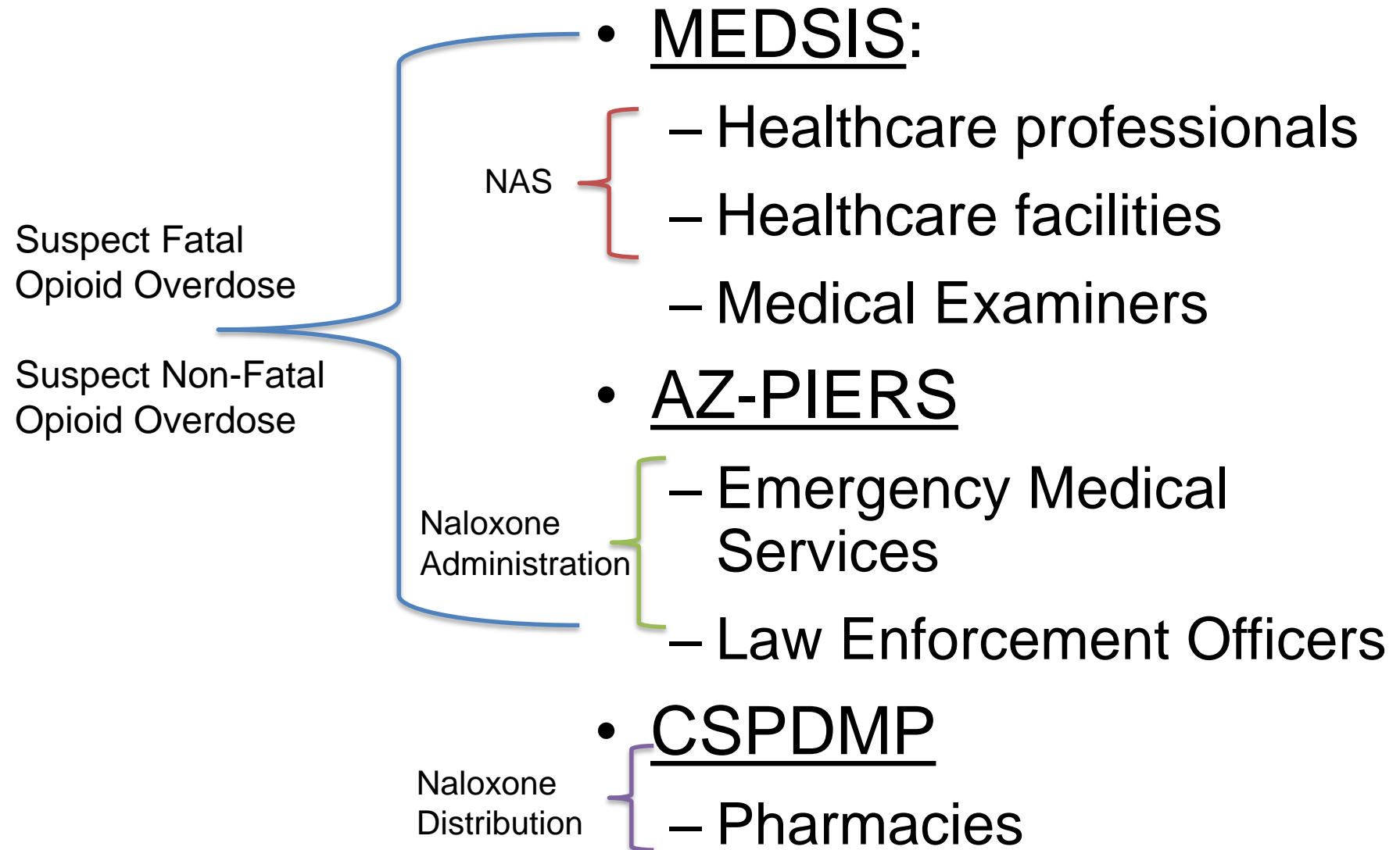
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- Provide consultation to governor on identifying and recommending elements for **Enhanced Surveillance**
- Initiate emergency **rule-making** for opioid prescribing and treatment practices
- Develop **guidelines** to educate providers on responsible prescribing practices
- Provide training to local law enforcement agencies on proper protocols for **administering naloxone** in overdose situations
- Provide **report on findings and recommendations** by September 5, 2017

# Opioid Rules

- Reporting: rules went into effect on April 5 for continued [reporting](#) of suspected opioid overdoses, naloxone dispensed and administered and suspected cases of neonatal abstinence syndrome.
- Licensed Health Care Institutions: final rules went into effect March 6 for [Opioid Prescribing and Treatment](#) for licensed health care institutions

# Required Reporters





# Opioid Surveillance

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**June 15, 2017-November 21, 2018**

**2,529**

suspect opioid  
deaths

**16,336**

suspect opioid  
overdoses

**1,450**

neonatal  
abstinence  
syndrome

**31,501**

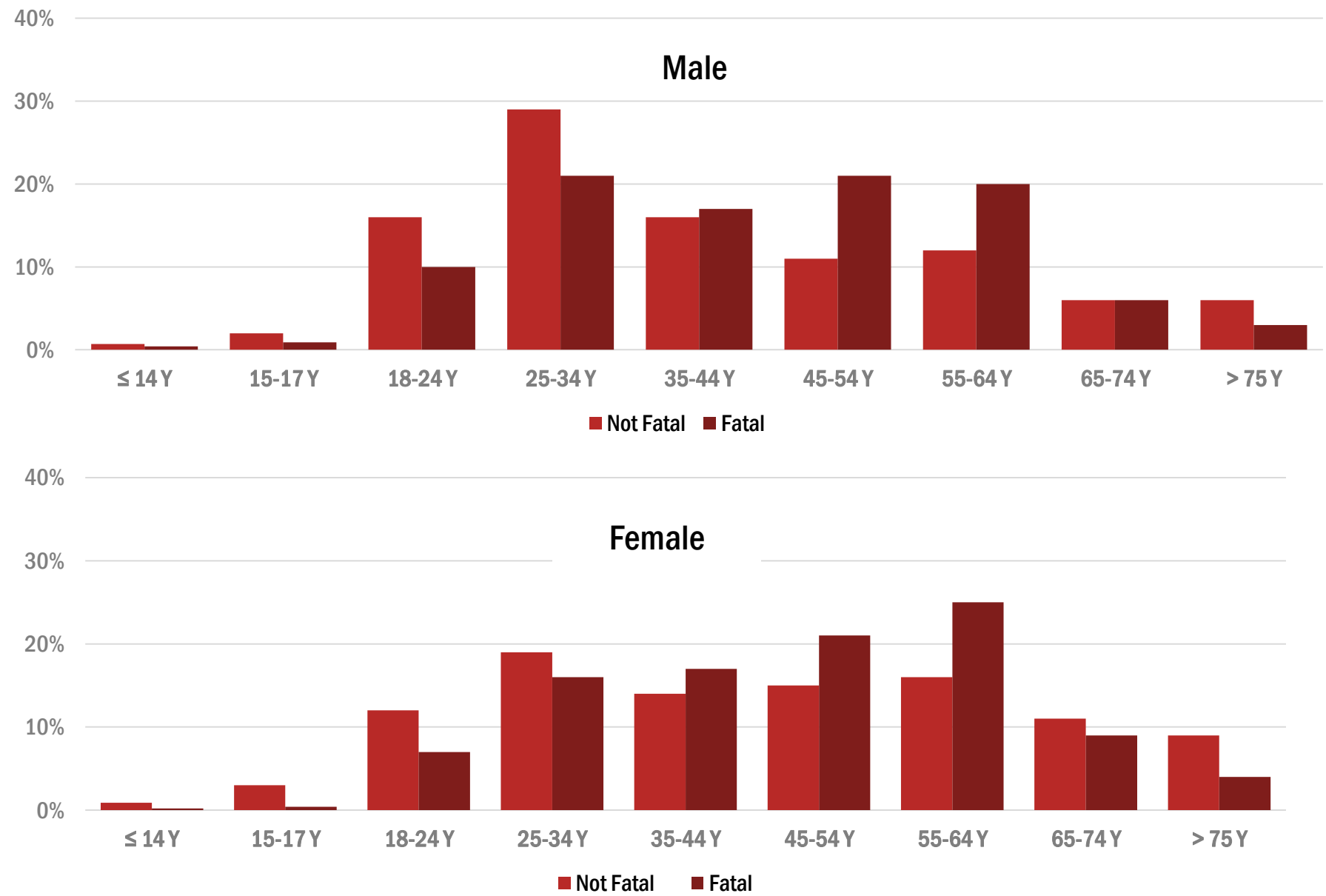
naloxone doses  
dispensed

**8,937**

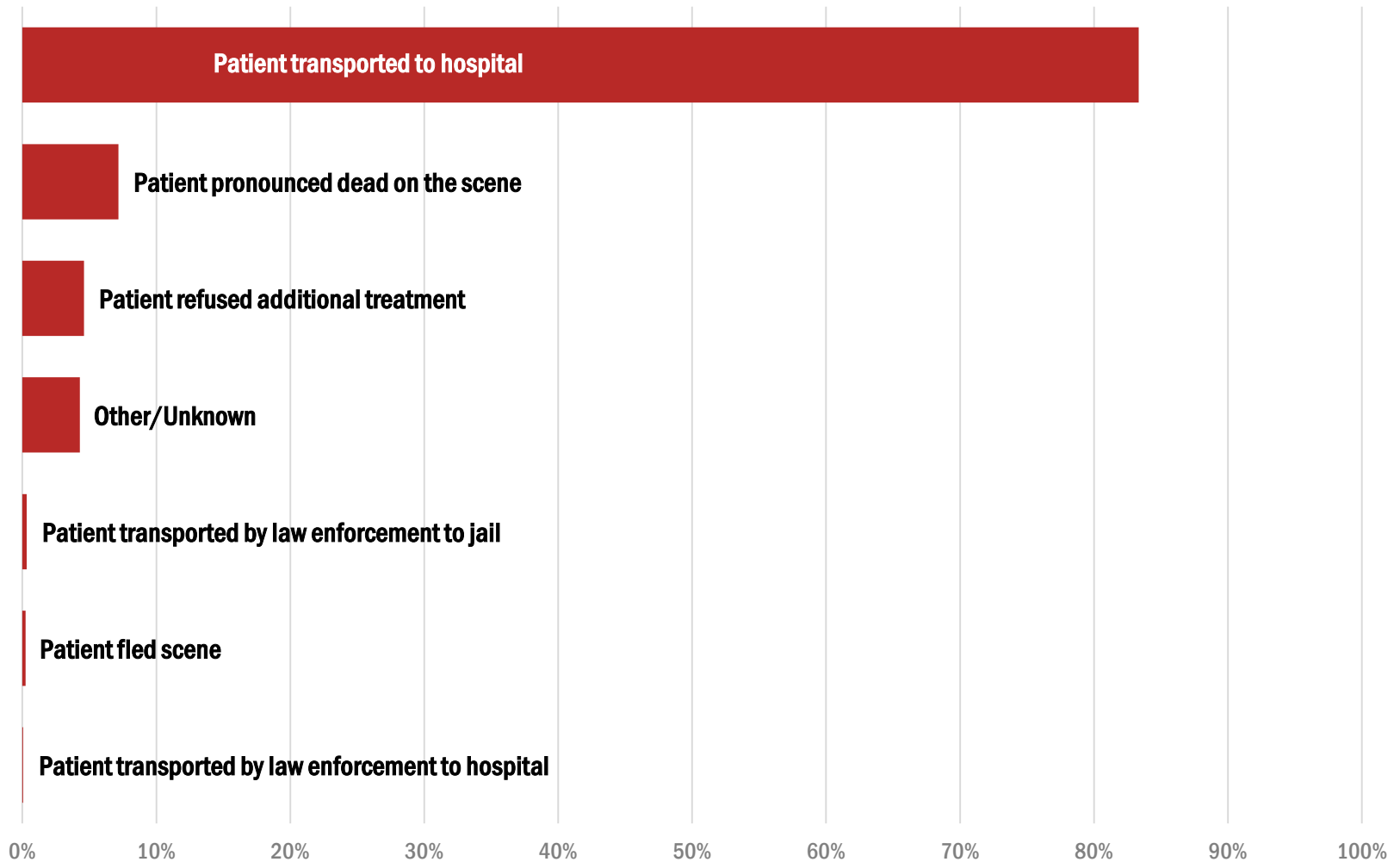
naloxone doses  
administered

Updates posted at [www.azhealth.gov/opioid](http://www.azhealth.gov/opioid)

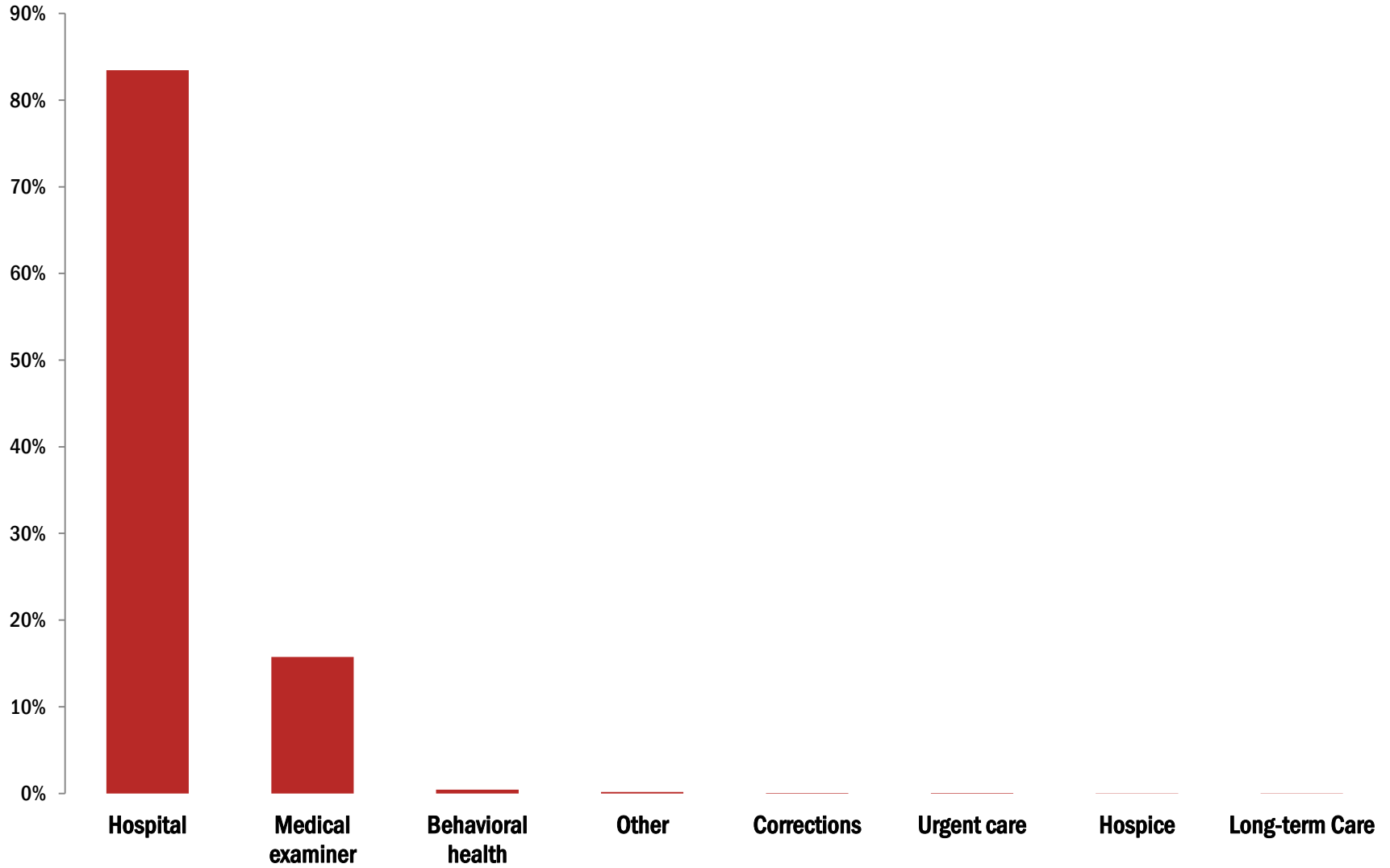
In both genders, the most fatal overdoses were reported in ages **45 – 64 years old** & the most non-fatal overdoses were in ages **18 – 24 years old**



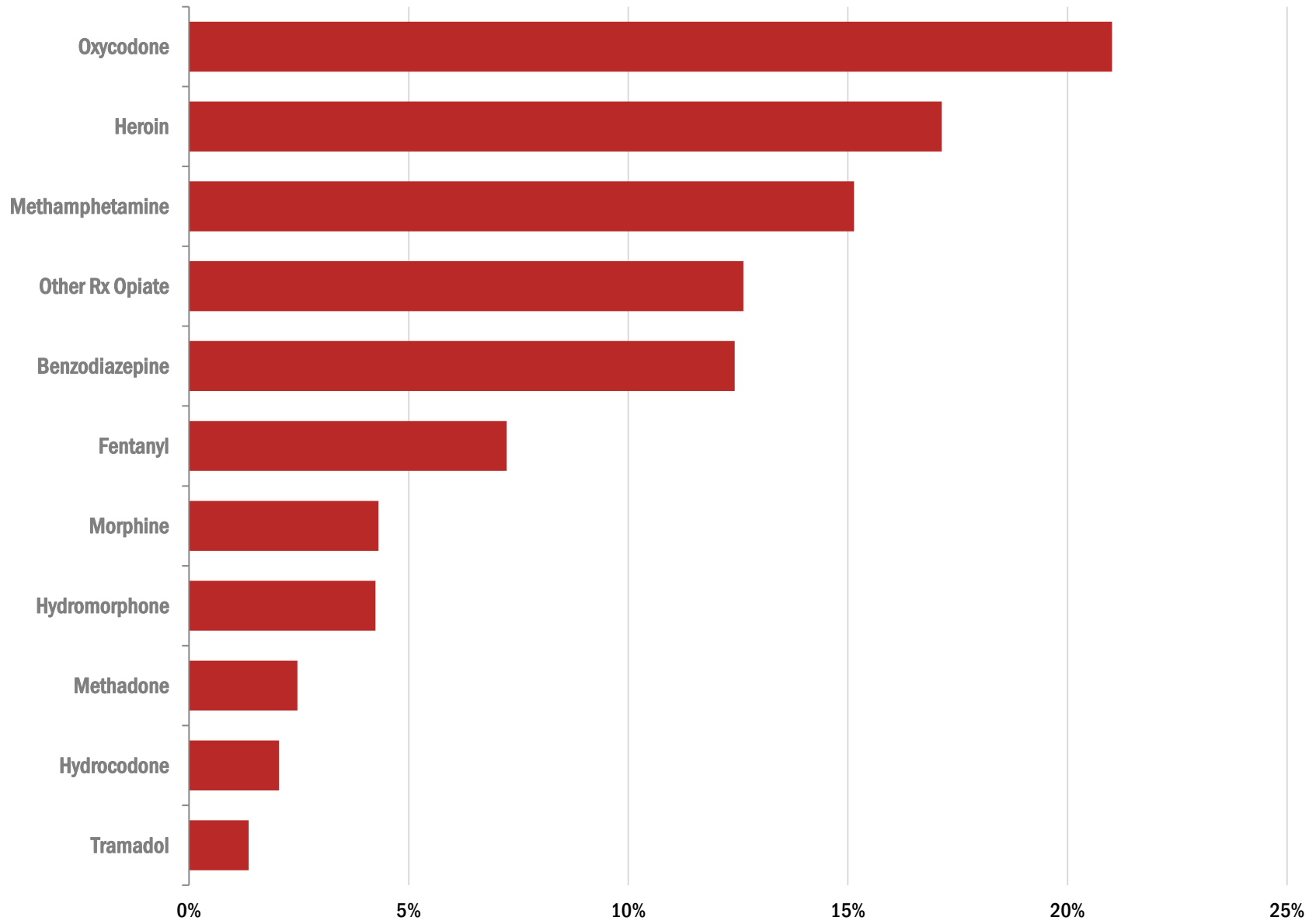
## AZ-PIERS Patient Disposition for Suspect Opioid Overdoses June 15, 2017-November 21 2018



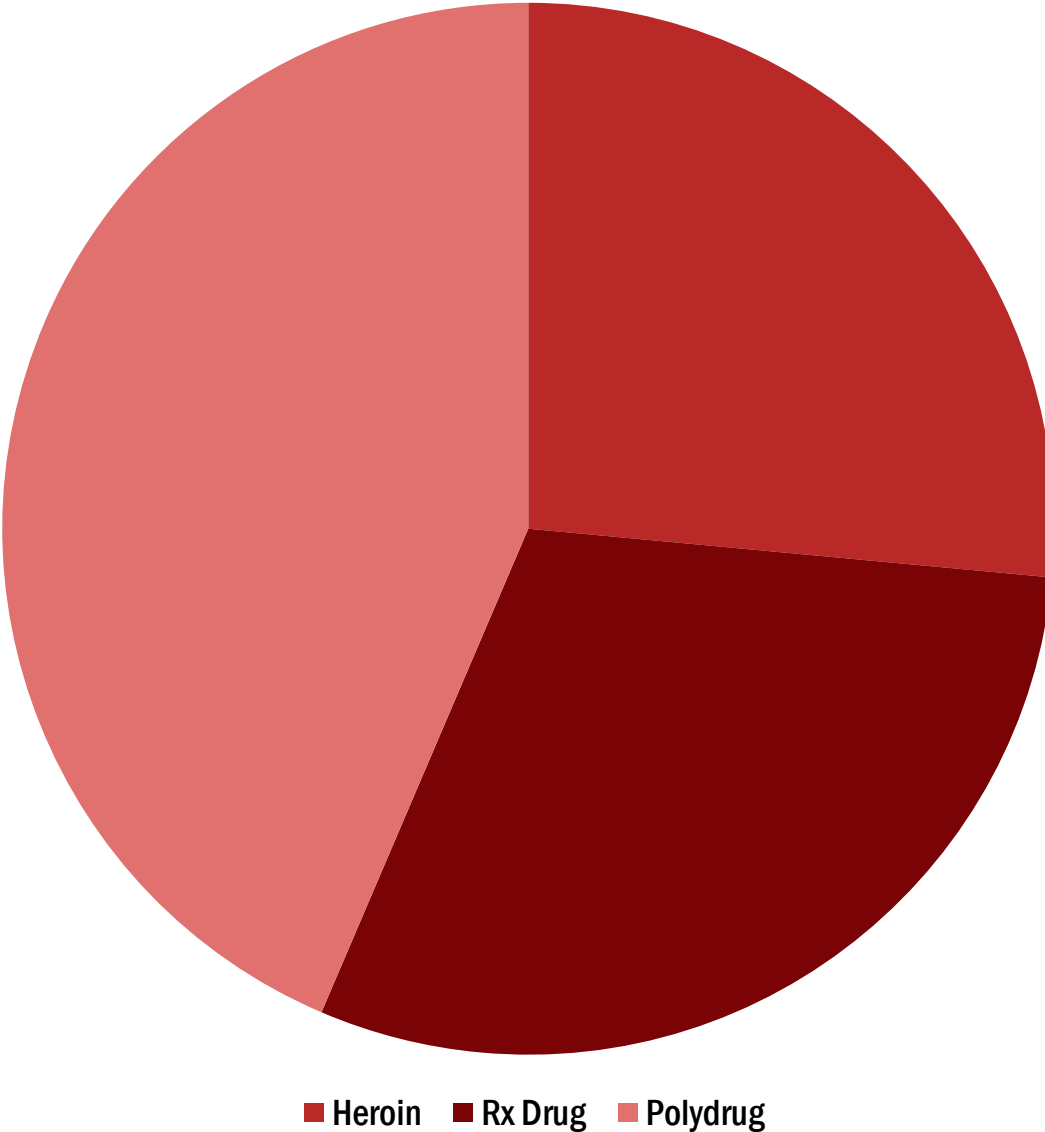
## Type of Facilities that Reported to MEDSIS, June 15, 2017- November 21, 2018



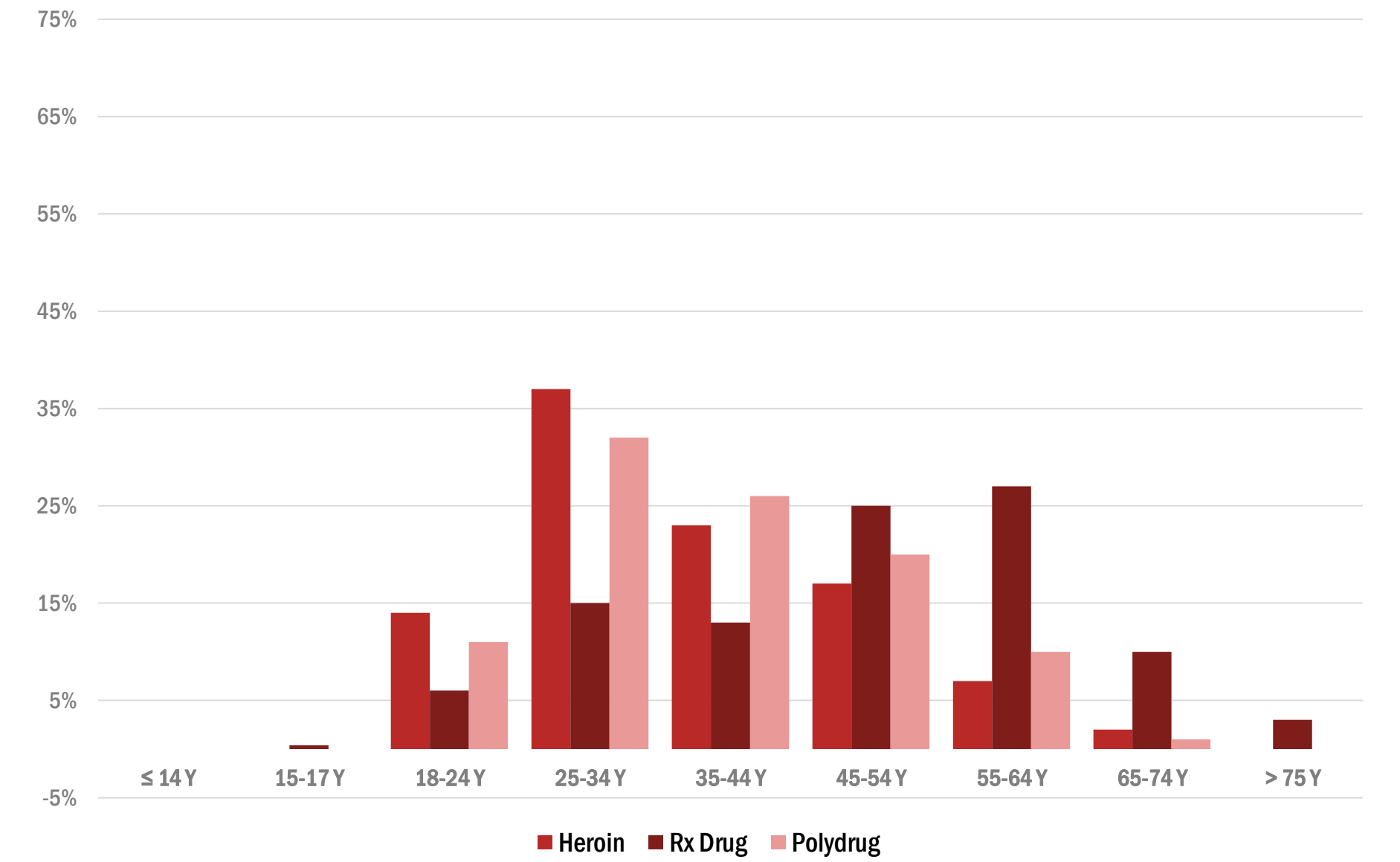
**Heroin and oxycodone** were the opiate drugs most commonly noted in overdoses determined to be due to opioids during review June 15,2017- November 21, 2018.



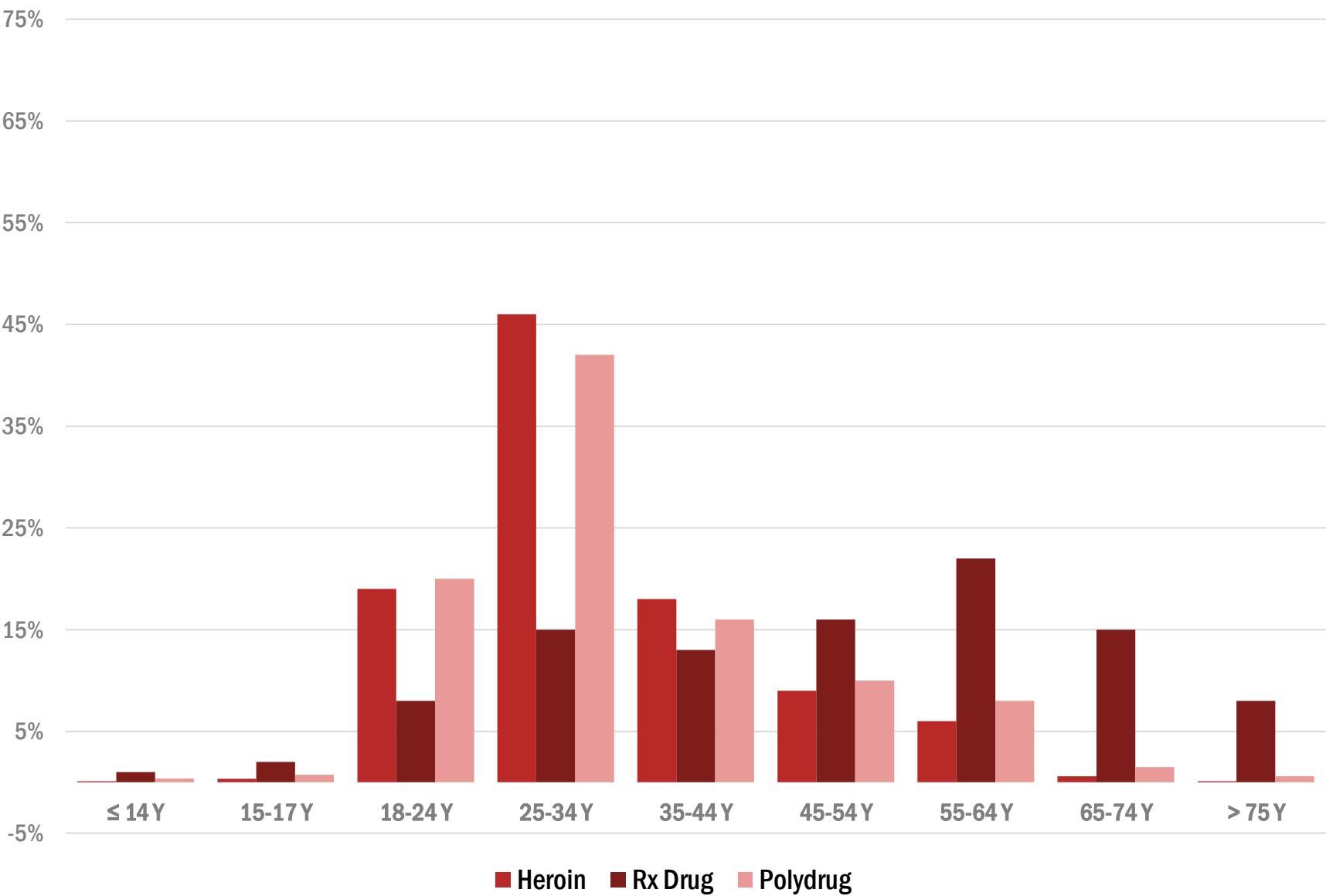
More people were **polysubstance users**, mixing opioids with other drugs, than used heroin or prescription opioids alone during review June 15,2017- November 21, 2018.



The most fatal overdoses due to heroin & polysubstance were reported in **25 – 34 year olds**. The most fatal overdoses due to prescription opioids only were reported in **45 – 54 year olds** during review June 15,2017- November 21, 2018.

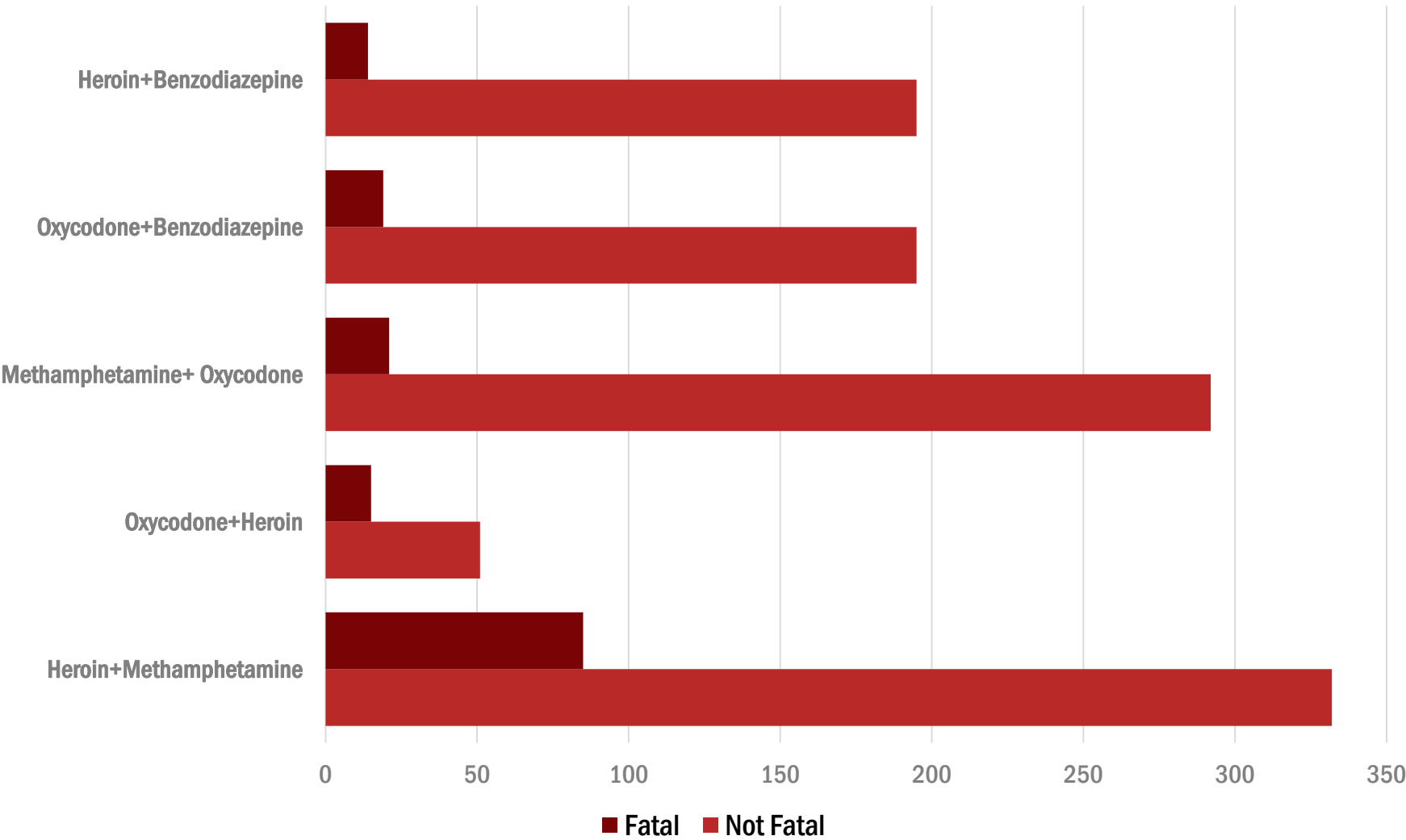


The most non-fatal overdoses due to heroin & polysubstance abuse were reported in **18 – 34 year olds**.  
The most non-fatal overdoses due to prescription opioids only were reported in ages **45 and older**.

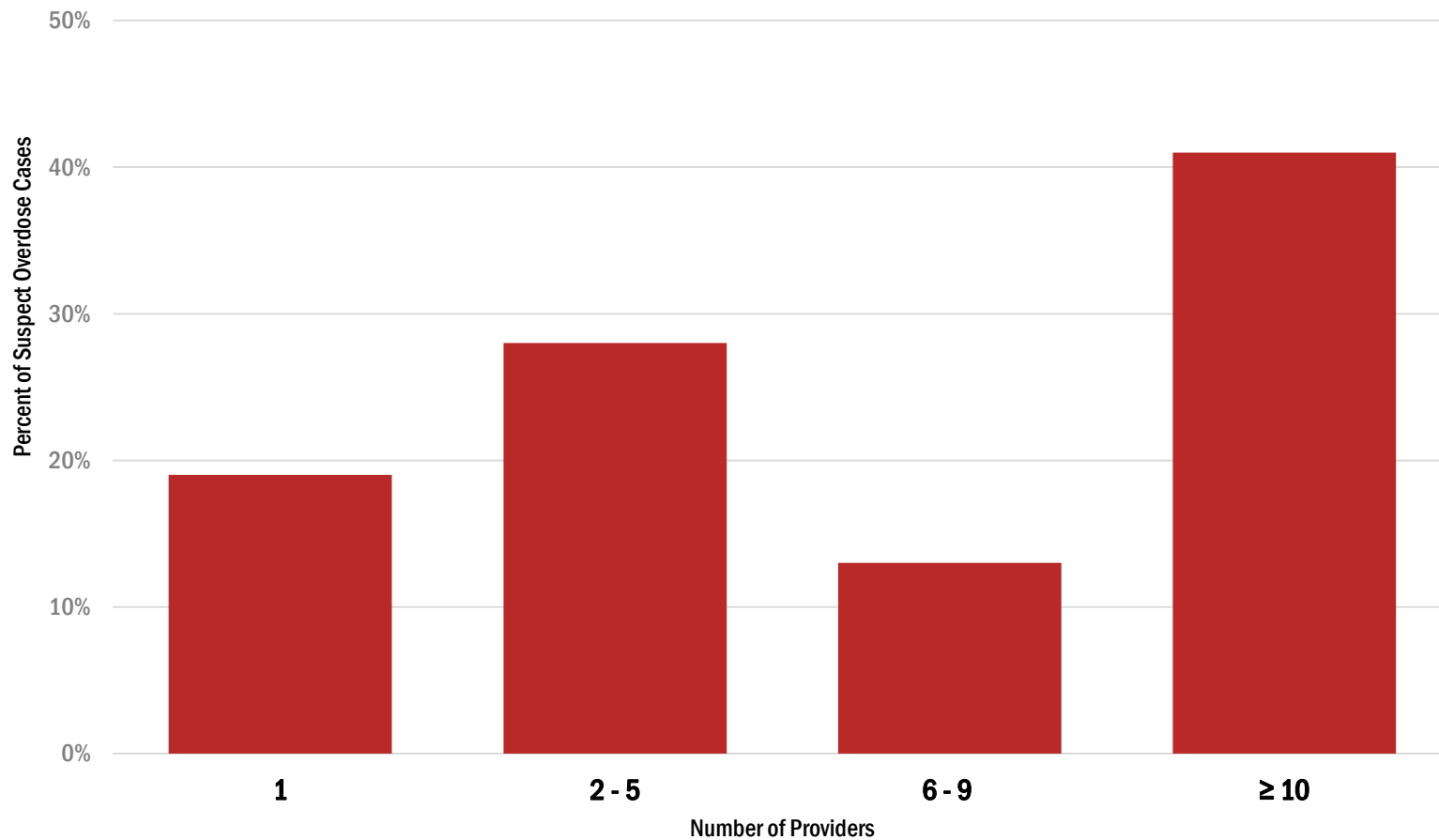




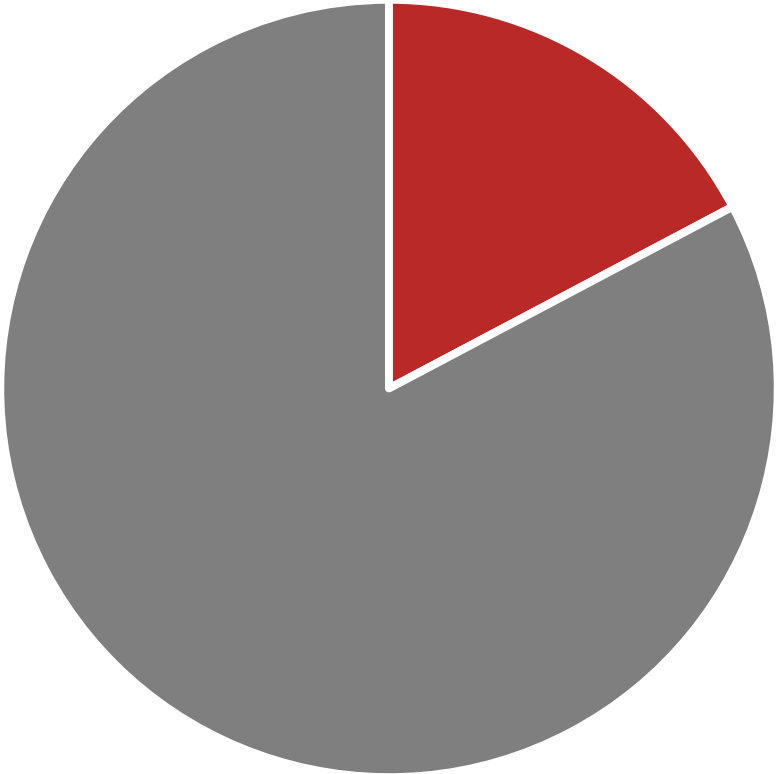
The most common drug combination in fatal & non-fatal overdoses was **heroin & methamphetamine**.



## Number of Opioid Prescribing Providers per Suspect Overdose Case

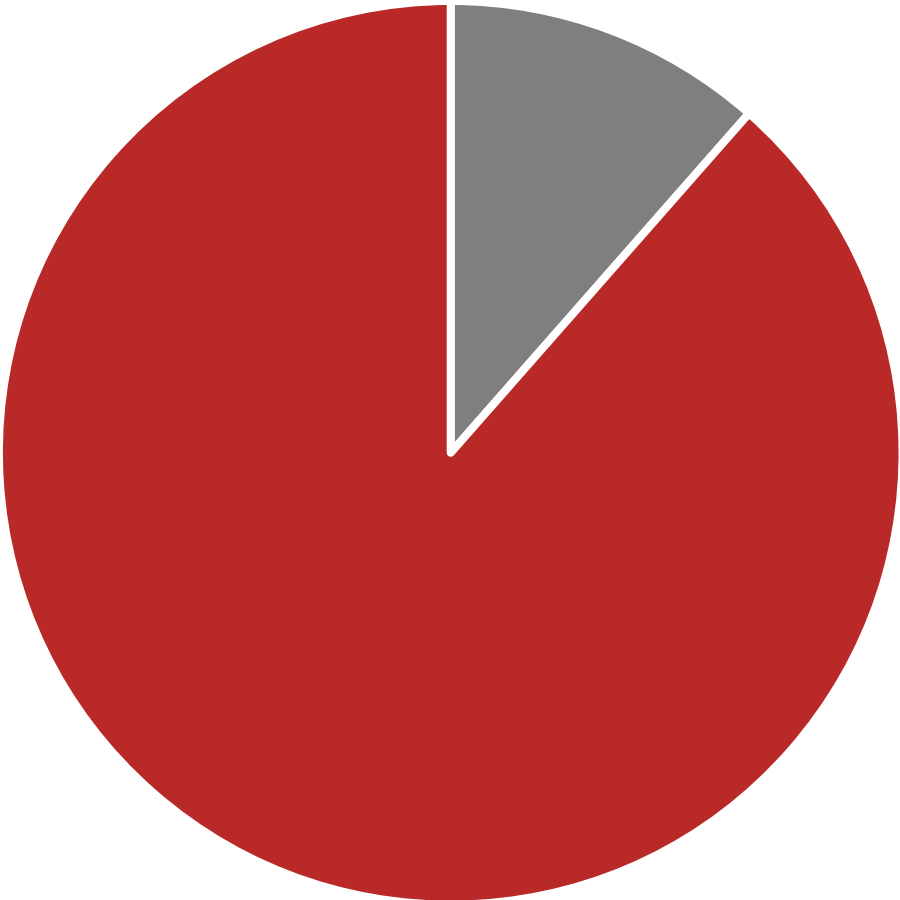


**83%** of the overdoses were determined to be unintentional upon review

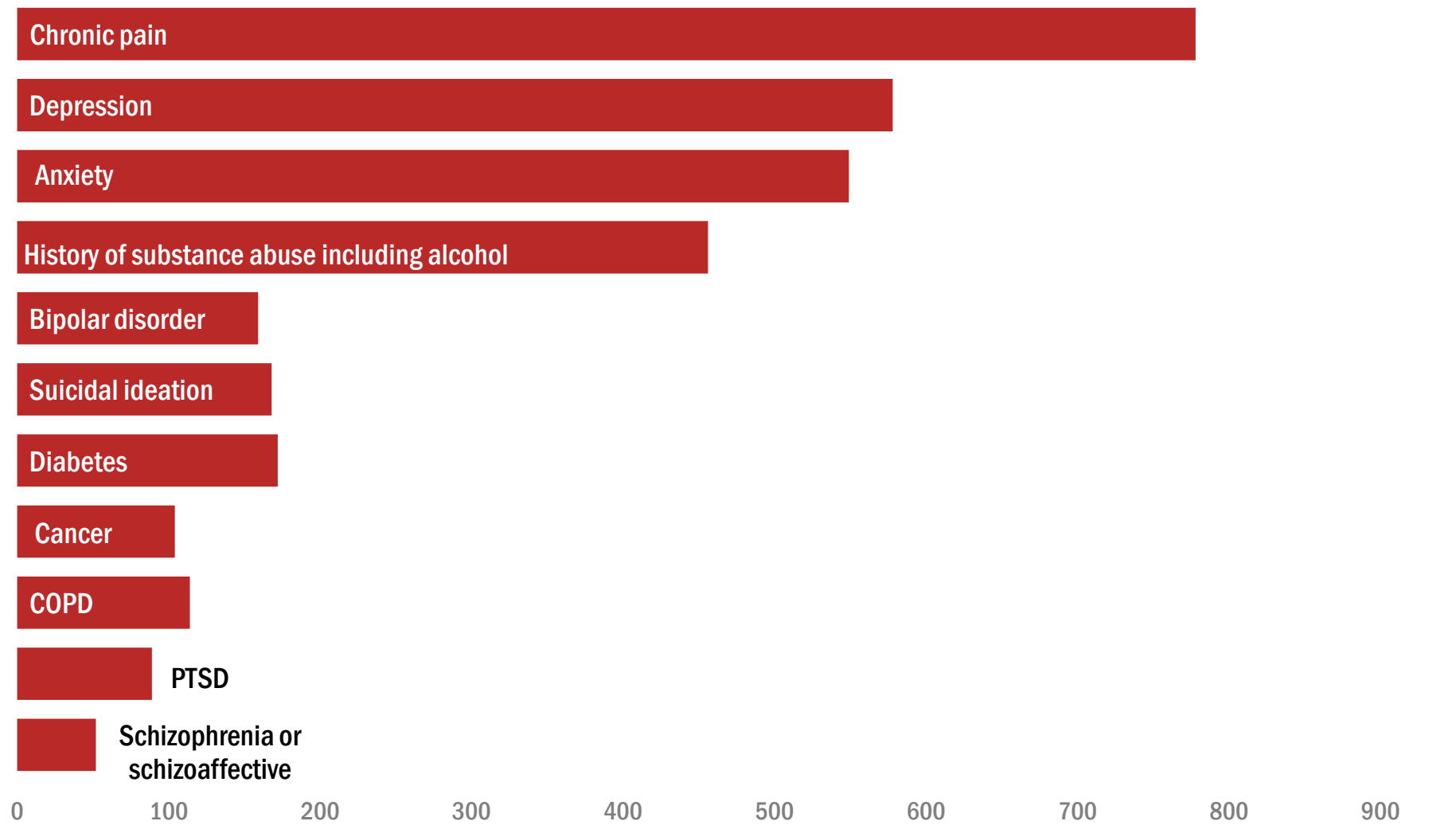


■ Suicide   ■ Unintentional

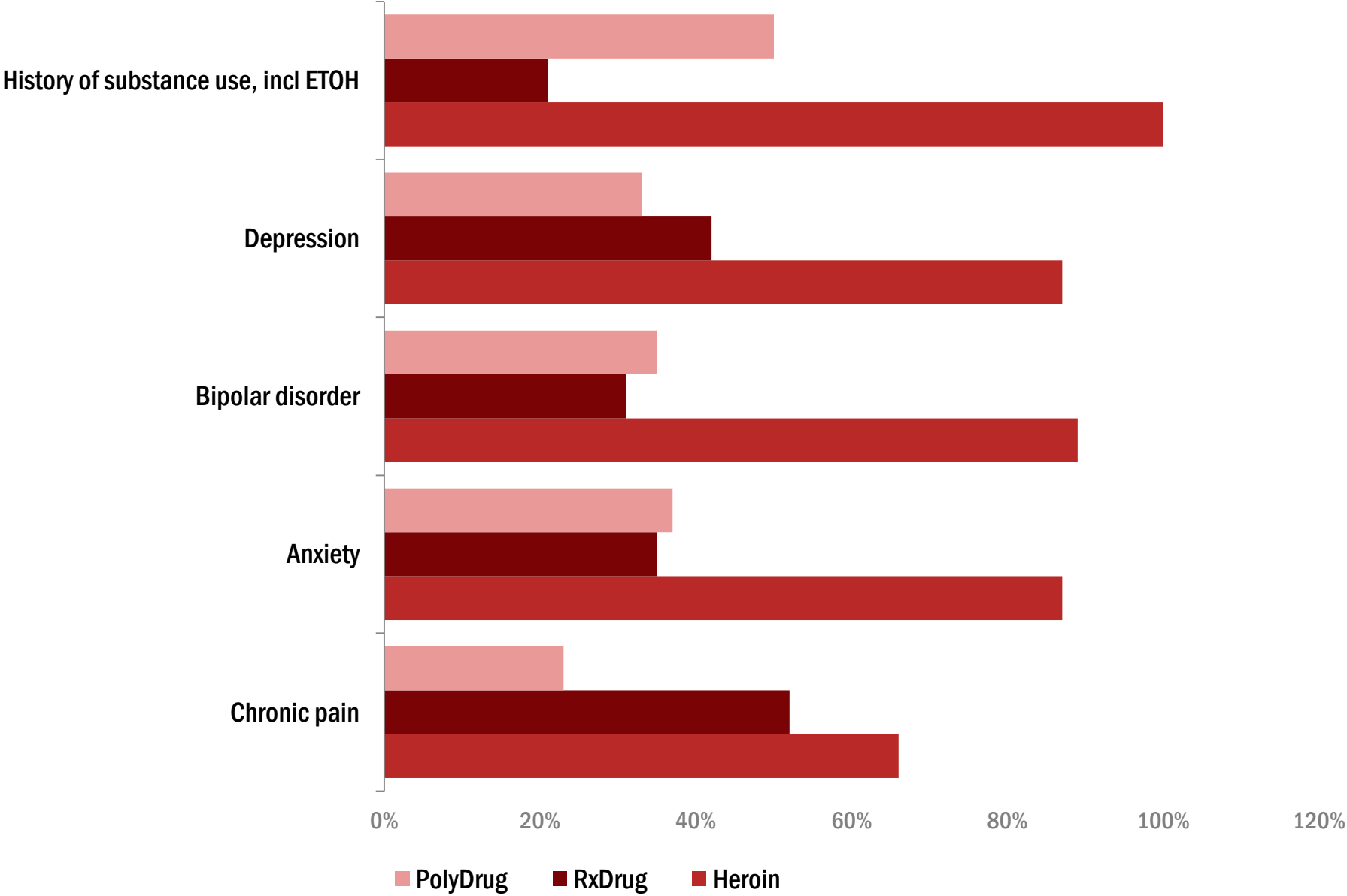
**88%** of cases determined to be due to opioids during review had at least one pre-existing condition.



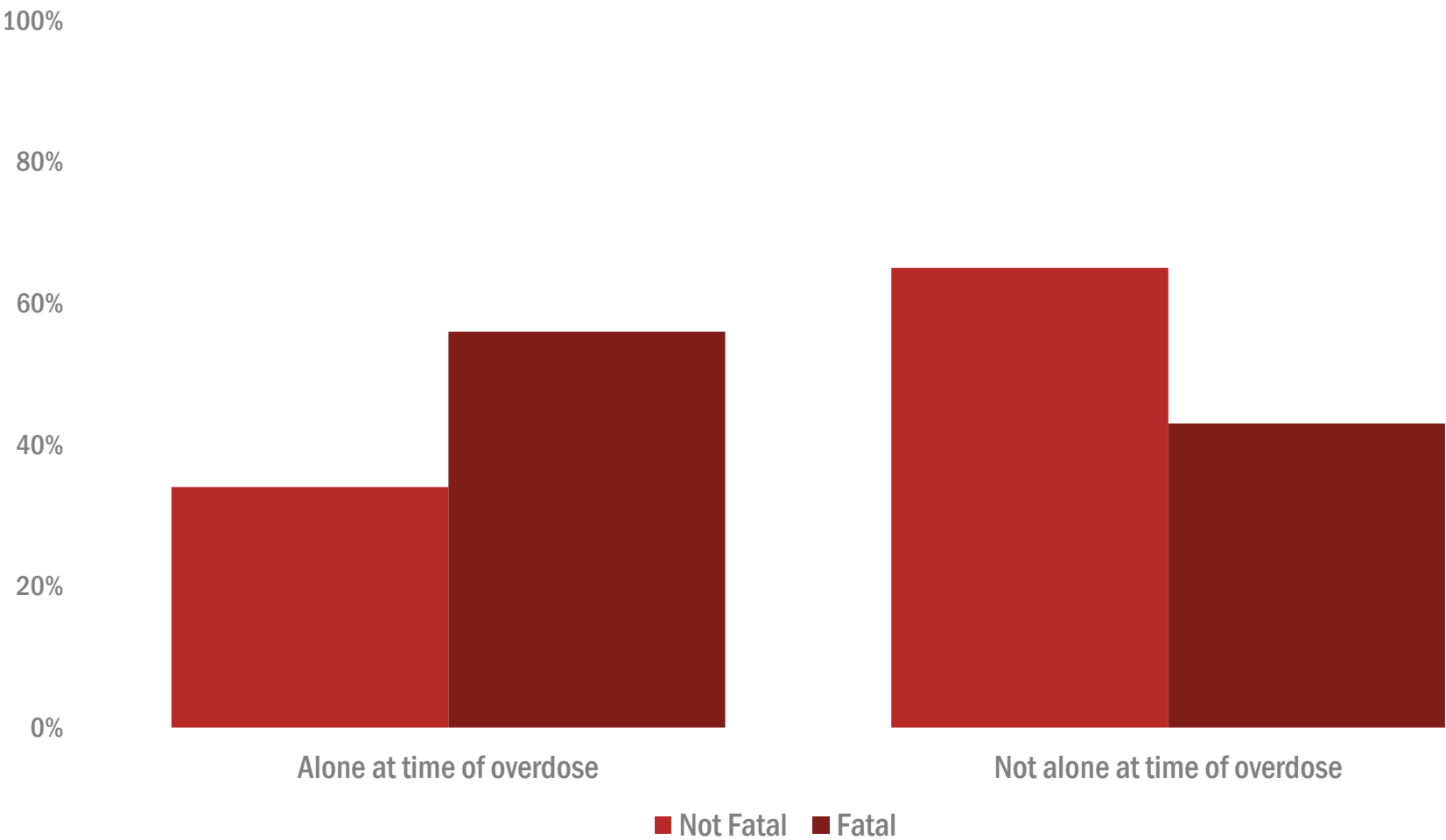
**Chronic pain** was the most common pre-existing condition for non-fatal overdoses determined to be due to opioids during review.



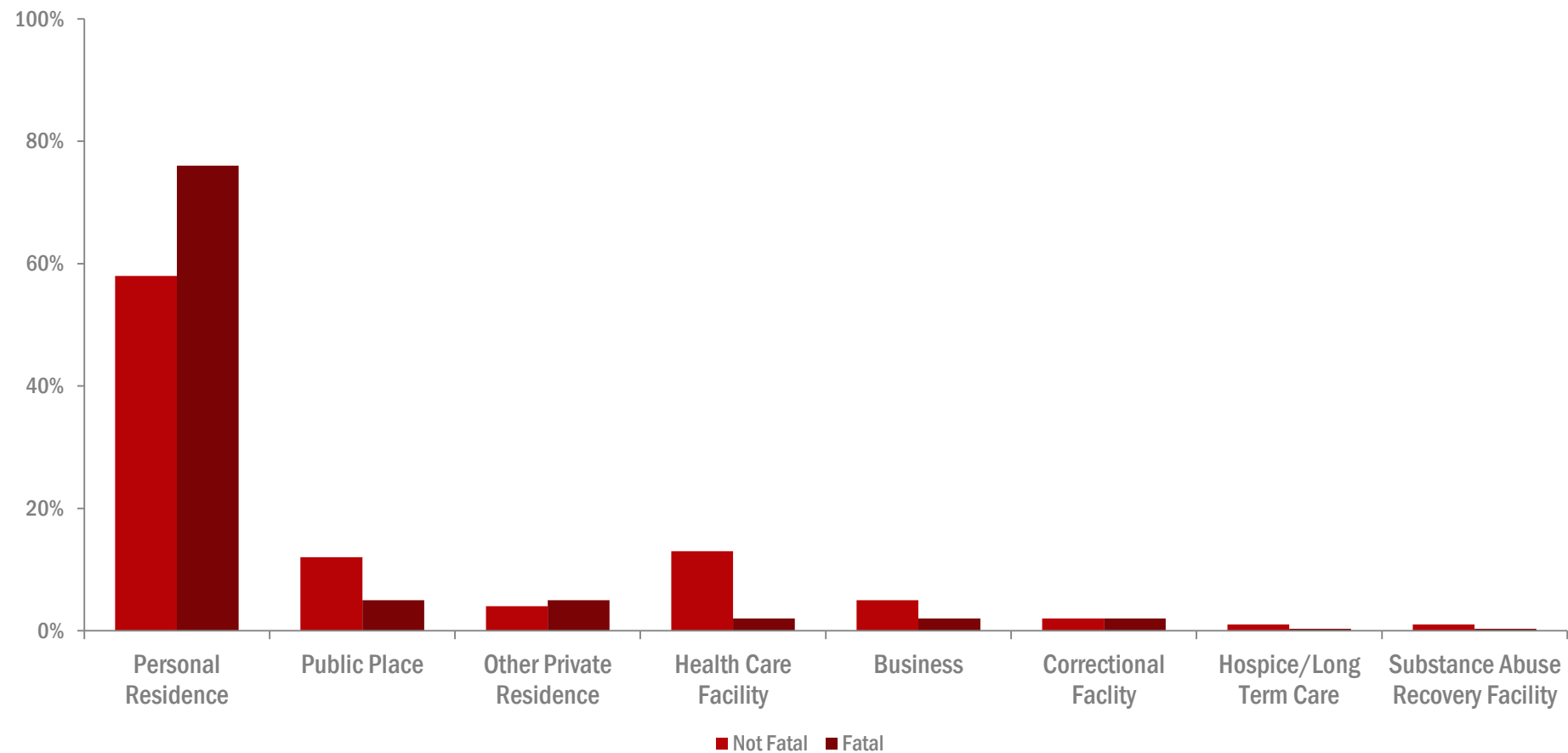
The pre-existing conditions in the reviewed cases had varied by the types of drug involved in the overdoses.



More people who were **alone** at the time they overdosed had a **fatal overdose**.



**During review the majority of people who overdosed did it in their **personal residence****





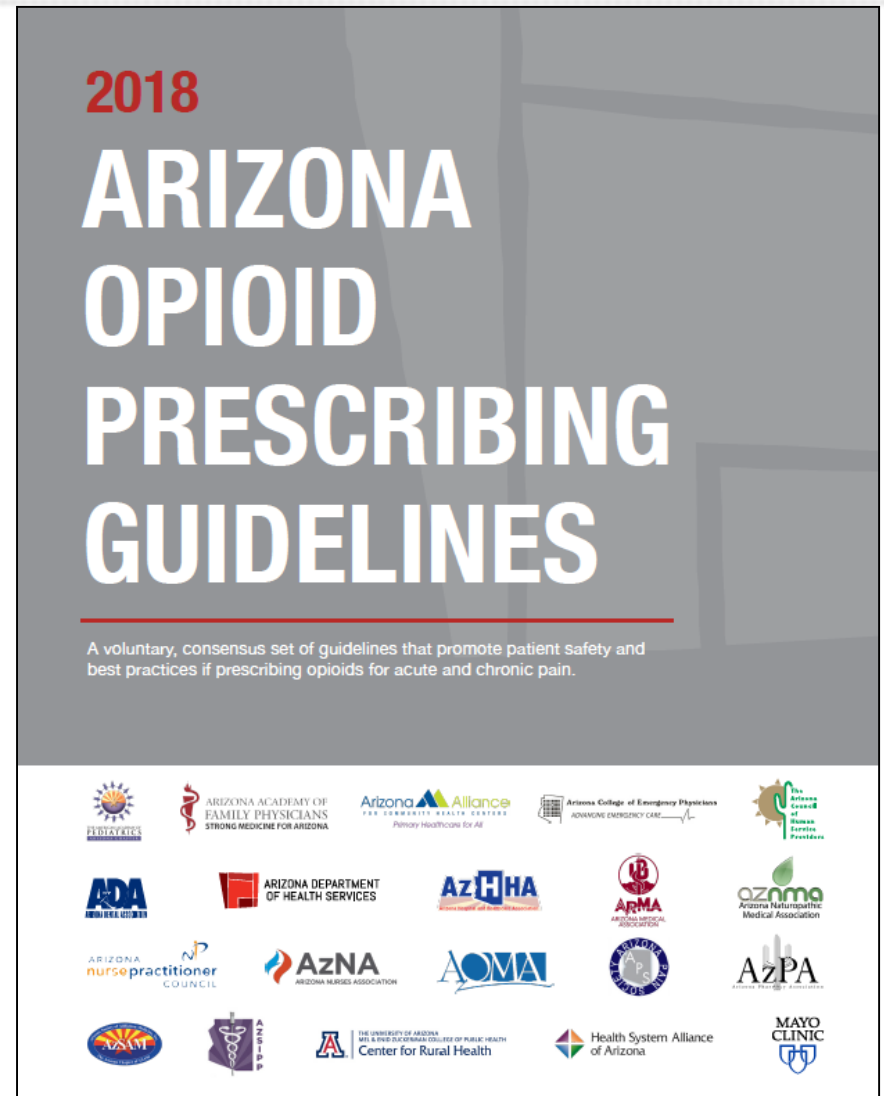
# Prescribing Guidelines Update

Healthcare providers can  
request free printed guidelines  
online at

[azhealth.gov/OrderRxGuidelines](https://azhealth.gov/OrderRxGuidelines)

or download online:


[azhealth.gov/opioidprescribing](https://azhealth.gov/opioidprescribing)



# Naloxone Distribution

ADHS has distributed **6,316 kits** of naloxone to **63 law enforcement agencies**.

Law enforcement administered naloxone **549 times** to **405 people**

NALOXONE REQUEST FORM		
 ARIZONA DEPARTMENT OF HEALTH SERVICES	Law enforcement agencies whose staff have completed opioid overdose recognition and treatment training consistent with ADHS or AZ-POST standards are eligible for free naloxone.	
AGENCY INFORMATION	Agency Name: <input type="text"/>	
	Agency <b>SHIPPING</b> address: <input type="text"/>	
	Agency Director Name: <input type="text"/>	
	Contact Email: <input type="text"/>	
	Agency Size: <input type="text"/>	
TRAINING INFORMATION	Training Date(s): <input type="text"/>	
	Trainer Name(s): <input type="text"/>	
	Number of staff Trained: <input type="text"/>	
NALOXONE REQUESTED	Description: Narcan Nasal Spray 2/pack	Quantity Requested: <input type="text"/>
AGENCY DIRECTOR SIGNATURE	<input type="text"/>	DATE: <input type="text"/>

You may submit completed application multiple ways:

- Email: [azopioid@azdhs.gov](mailto:azopioid@azdhs.gov)
- Fax: 602-364-1494 Attn: Naloxone Distribution, Office of Injury Prevention
- Mail: ADHS Office of Injury Prevention  
Naloxone Distribution Program  
150 N. 18<sup>th</sup> Ave., Suite 320  
Phoenix, AZ 85007

Questions? Email [azopioid@azdhs.gov](mailto:azopioid@azdhs.gov) or call Tomi St. Mars, 602-542-7340

# **Opioid Action Plan: Opioid Overdose Epidemic Response Report**

## **Opioid Action Plan**

Opioid Overdose Epidemic Response Report ♦ September 2017



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

[azhealth.gov/opioid](http://azhealth.gov/opioid)



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

# REDUCING OPIOID DEATHS

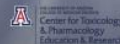
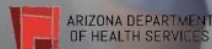
## OUR PROGRESS

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### Opioid Assistance & Referral

A free 24/7 hotline that assists providers with complex patients with pain and opioid use disorders, answered by medical experts at the Poison and Drug Information Centers in Arizona.

Arizona **OAR** Line  
**1-888-688-4222**



The OAR Line is joint project between the Arizona Department of Health Services, the Arizona Health Care Cost Containment System and Poison and Drug Information Centers in Arizona.

# REDUCING OPIOID DEATHS

## OUR PROGRESS

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ARIZONA DEPARTMENT  
OF HEALTH SERVICES

### THE ARIZONA PAIN AND ADDICTION CURRICULUM

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- The University of Arizona – College of Medicine Phoenix
- The University of Arizona – College of Medicine Tucson
- Mayo Clinic School of Medicine – Arizona Campus
- Creighton University School of Medicine – Phoenix Regional Campus
- Midwestern University – Arizona College of Osteopathic Medicine
- A.T. Still University School of Osteopathic Medicine in Arizona
- A.T. Still University School of Dentistry & Oral Health in Arizona
- Midwestern University – Arizona School of Podiatric Medicine
- Northern Arizona University Post-Master's Family Nurse Practitioner Certificate
- Northern Arizona University Doctor of Nursing Practice
- Grand Canyon University College of Nursing and Health Care Professions
- Arizona State University College of Nursing and Health Innovation
- University of Arizona College of Nursing
- University of Phoenix College of Health Professions
- Southwest College of Naturopathic Medicine and Health Sciences
- A.T. Still University Physician Assistants Degree Program in Arizona
- Midwestern University Physician Assistant Program
- Northern Arizona University Physician Assistant Program

### VISION

**To redefine pain + addiction as multidimensional, interrelated public health issues...**

**...that require the transformation of care toward a whole-person interprofessional approach with a community and systems perspective.**

# REDUCING OPIOID DEATHS

## OUR PROGRESS: Task Force Recommendations

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### Controlled Substances Prescription Monitoring Program (CSPMP)

- Improve registration process
- Implement CSPMP Add-on
- Enhance communication
- Enhance marketing/training
- Enhance staff support to optimize use of the CSPMP

<https://pharmacypmp.az.gov/>

### New Training Videos

- How to register, use
- Understand patient report
- Look for Rx's filled
- Look up multiple patients at one time



# REDUCING OPIOID DEATHS

## OUR PROGRESS: Task Force Recommendations

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### Peer Support

#### Strategic goals:

- Developing standards of practice for advanced peer support trainings serving OUD populations
- Developing ways to integrate the standards of practice into policy
- Providing equitable access to ongoing learning for peer and recovery support specialists statewide

#### Actions:

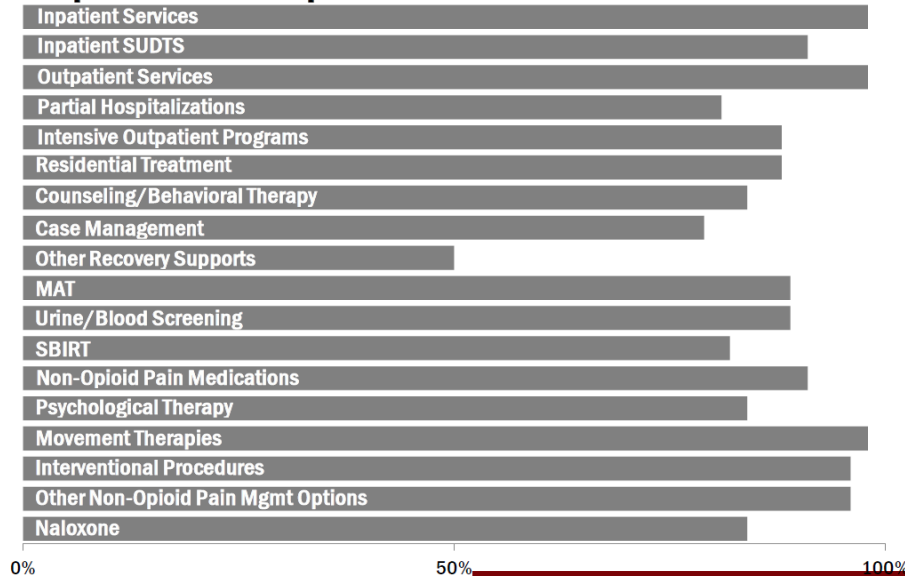
- Develop a training curriculum to ensure that peer supports throughout the state who serve the OUD population receive standardized and consistent training.
- Create consistent recovery messaging to the peer support community to ensure that individuals with OUD receive respectful, trusting and non-judgmental information on the multiple modality options for treatment and recovery, including access to MAT.
- Work with hospitals and emergency departments to discuss streamlining peer support utilization in these settings.

# REDUCING OPIOID DEATHS

## OUR PROGRESS: Task Force Recommendations

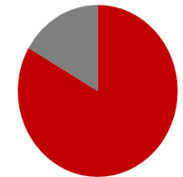
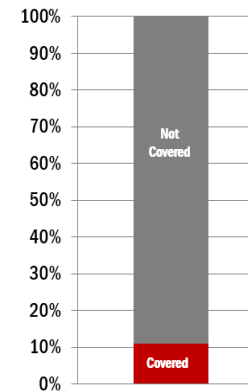
### Insurance Parity

#### Most plans cover opioid-related services.

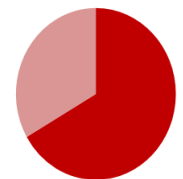


Covered Services

However, only **11%** of plans cover interdisciplinary care. Most of these plans are **urban**.



Most of these plans are **Medicare** or **Commercial/Self**. None are University plans.



Covered Services – Interdisciplinary Care



# REDUCING OPIOID DEATHS

## OUR PROGRESS: Task Force Recommendations

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### Insurance Parity

1. Encourage naloxone coverage across all health plans in Arizona
2. Leverage the ADHS toolkit on chronic pain self-management and insurer best practices to develop and education and training partnership between health plans and prescribers
3. Distribute the Arizona Pain and Addiction Curriculum and 2018 Arizona Opioid Prescribing Guidelines to inform insurer coverage criteria
4. Reconvene in 2019 to evaluate the impact of the Opioid Epidemic Act and the Opioid Action Plan on coverage of certain types of OUD and non-opioid chronic pain treatment
5. Monitor data required by the Act to assess substance use disorder treatment capacity
6. Consider future strategies to improve coverage and access to pain management and OUD services

# REDUCING OPIOID DEATHS

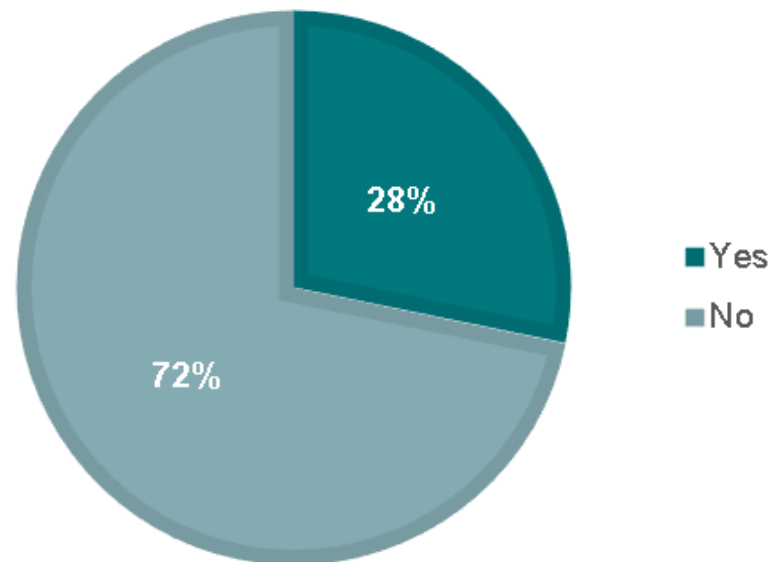
## OUR PROGRESS: Task Force Recommendations

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### Youth Prevention

- Conducted survey to assess gaps in substance abuse prevention
- 47% of school districts responded to survey

**Figure 1: Schools Reporting Availability of Programming**



# REDUCING OPIOID DEATHS

## OUR PROGRESS: Task Force Recommendations

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### Recommendations

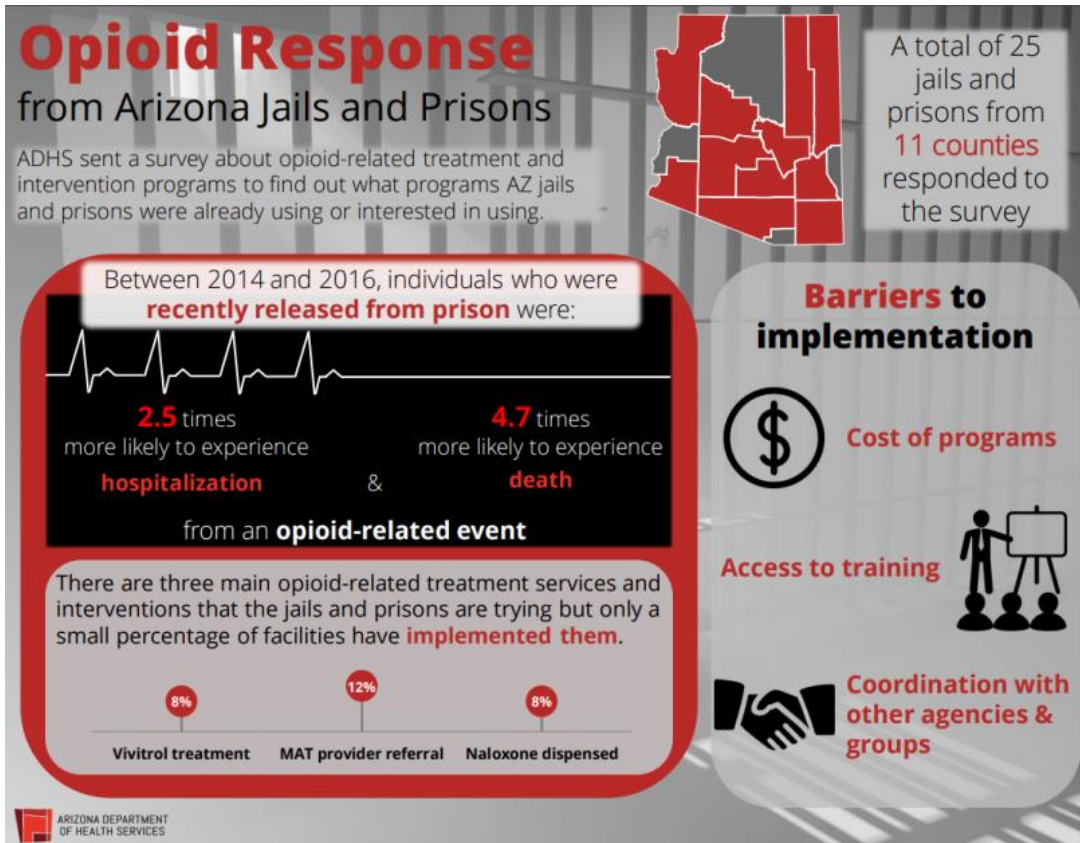
- Continuation and expansion of the use of evidence-based substance abuse prevention programs.
- Continuation and expansion of funding for school-based substance abuse prevention programs and after-school programs.
- Continuation of back-to-school substance abuse programs such as the Healthy Families Healthy Youth program in conjunction with ongoing evidence-based and evidence-informed prevention programs throughout the school year.
- Further equipping schools with tools and timely data in the determination of needs and measurement of outcomes.

### Evidence-Based Programs:

- Botvin LifeSkills
- The Good Behavior Game
- Guiding Good Choices
- keepin' it REAL
- Living in 2 Worlds
- Positive Action
- Project SUCCESS
- Project Toward No Drug Abuse
- Strengthening Families
- Too Good for Drugs

# REDUCING OPIOID DEATHS

## OUR PROGRESS: Incarcerated Population



- Naloxone provided to Corrections
- Overdose education video developed for corrections

# REDUCING OPIOID DEATHS

## OUR PROGRESS: Awareness Campaign



[www.rethinkrxabuse.org](http://www.rethinkrxabuse.org)

**Prescription opioids can be  
addictive and dangerous.**

It only takes a little to lose a lot.



**cdc.gov/RxAwareness**





**ARIZONA OPIOID EPIDEMIC ACT  
SENATE BILL 1001  
SIGNED JANUARY 26, 2018**



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

# Highlighted Provisions

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- Good Samaritan Law
- \$10 million for treatment
- Hospitals to refer for behavioral health services
- Reporting of treatment capacity
- Medical student education
- Continuing education
- Warnings on pill bottles
- Time limits for prior authorization
- Restricts dispensing by prescribers, including veterinarians
- Pharmacists to check the PDMP
- E-prescribing in 2019
- Criminal penalties for fraud by drug manufacturers
- Counties designate one location to drop off legal or illegal drug & drug paraphernalia



# Prescribing Limits



START LOW.  
GO SLOW.

Place a **5-day limit on initial opioid** prescriptions, and 14 day limit following a surgical procedure.

Limit would not apply to individuals being treated with opioids in the last 60 days

The **probability of long-term opioid use increases** most sharply in the first days of therapy, particularly **after five days**.

**Limit opioid dose levels to less than 90 MME/day for most patients**, with exemptions

A dose of 50 MME or more per day **doubles** the risk of overdose death, compared to 20 MME or less per day.  
At 90 MME or more, the risk increases **10 times**.

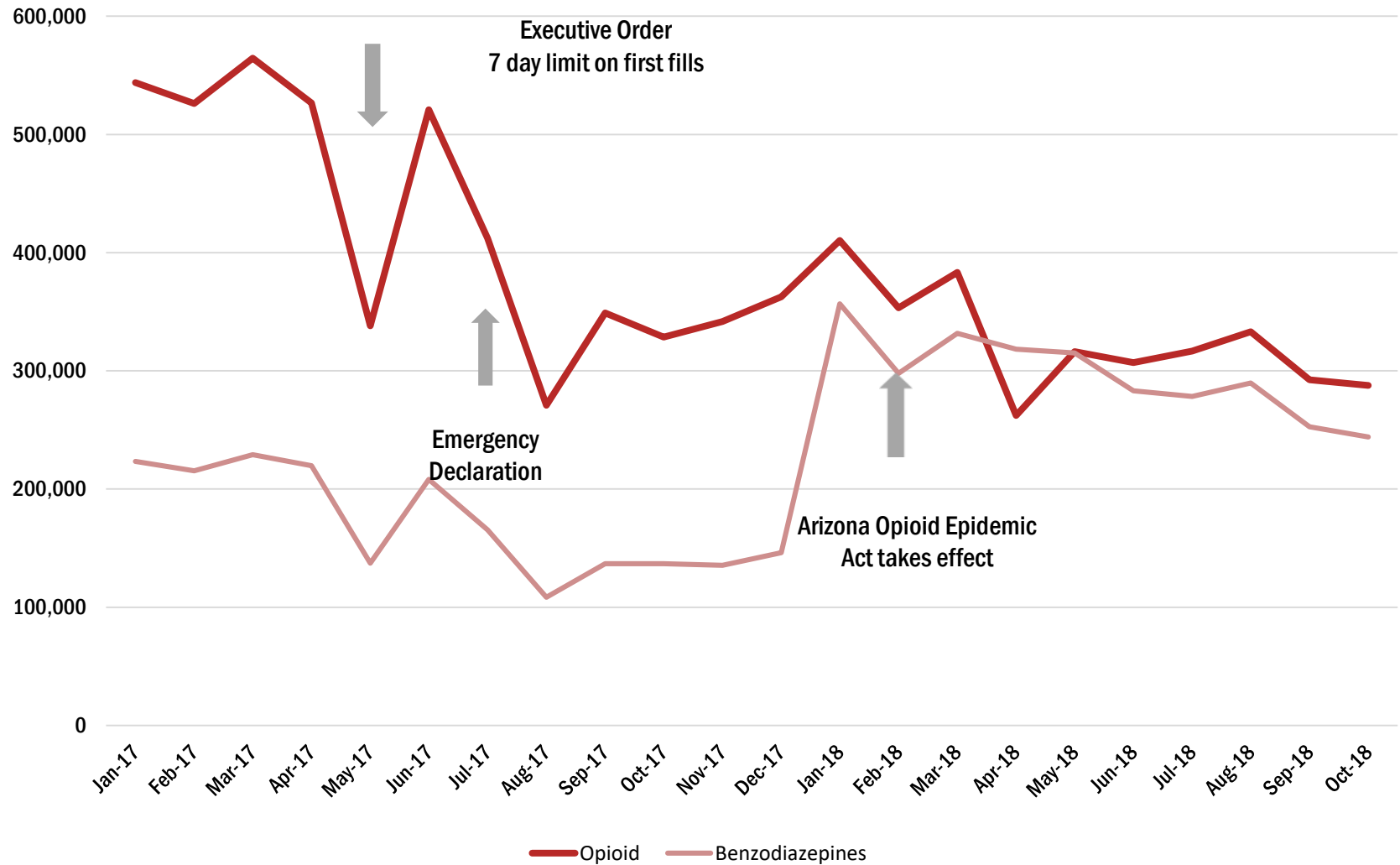


# Results



# RESULTS

## NUMBER OF OPIOID PRESCRIPTIONS

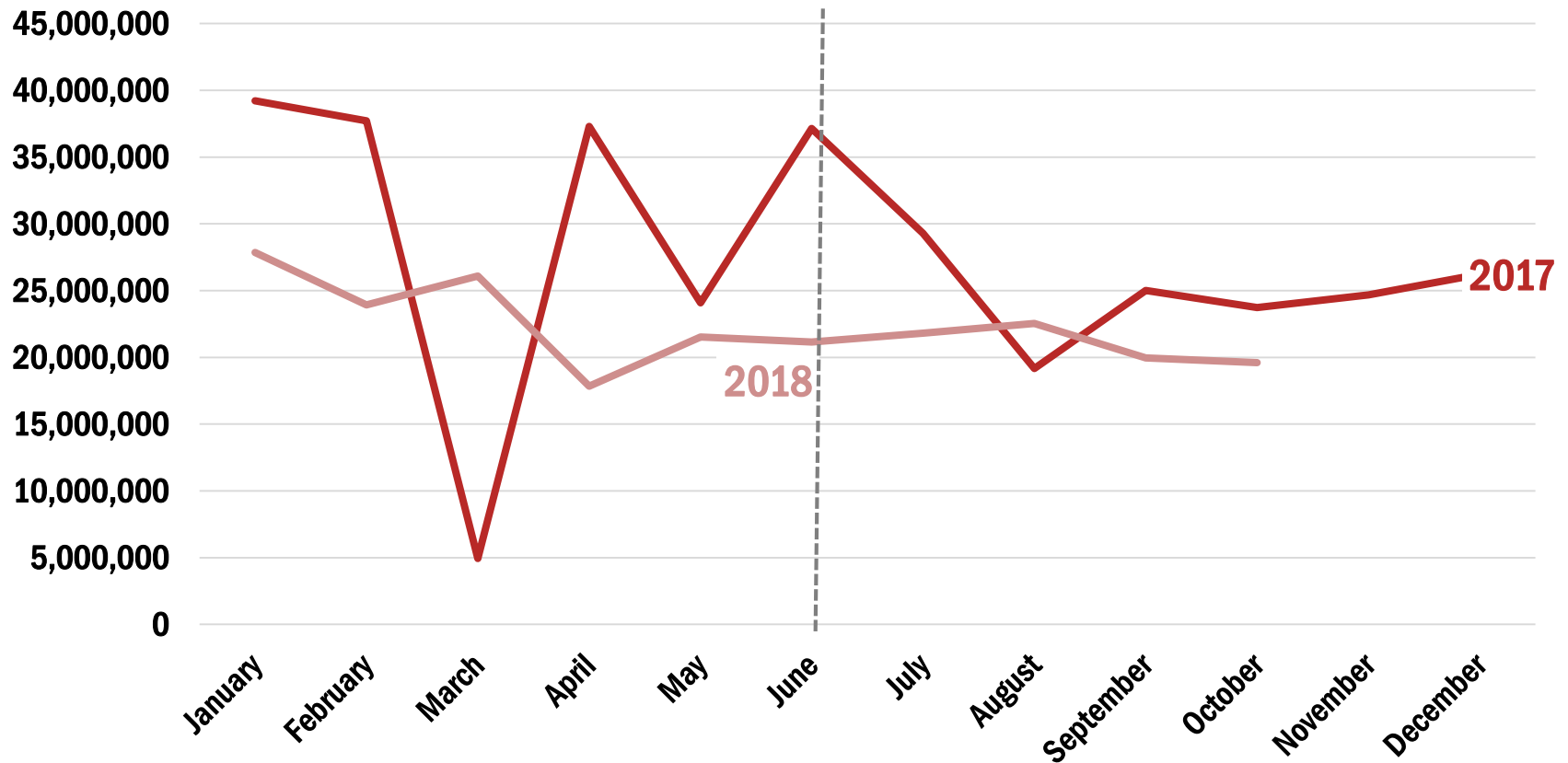


# RESULTS

## NUMBER OF OPIOID PILLS

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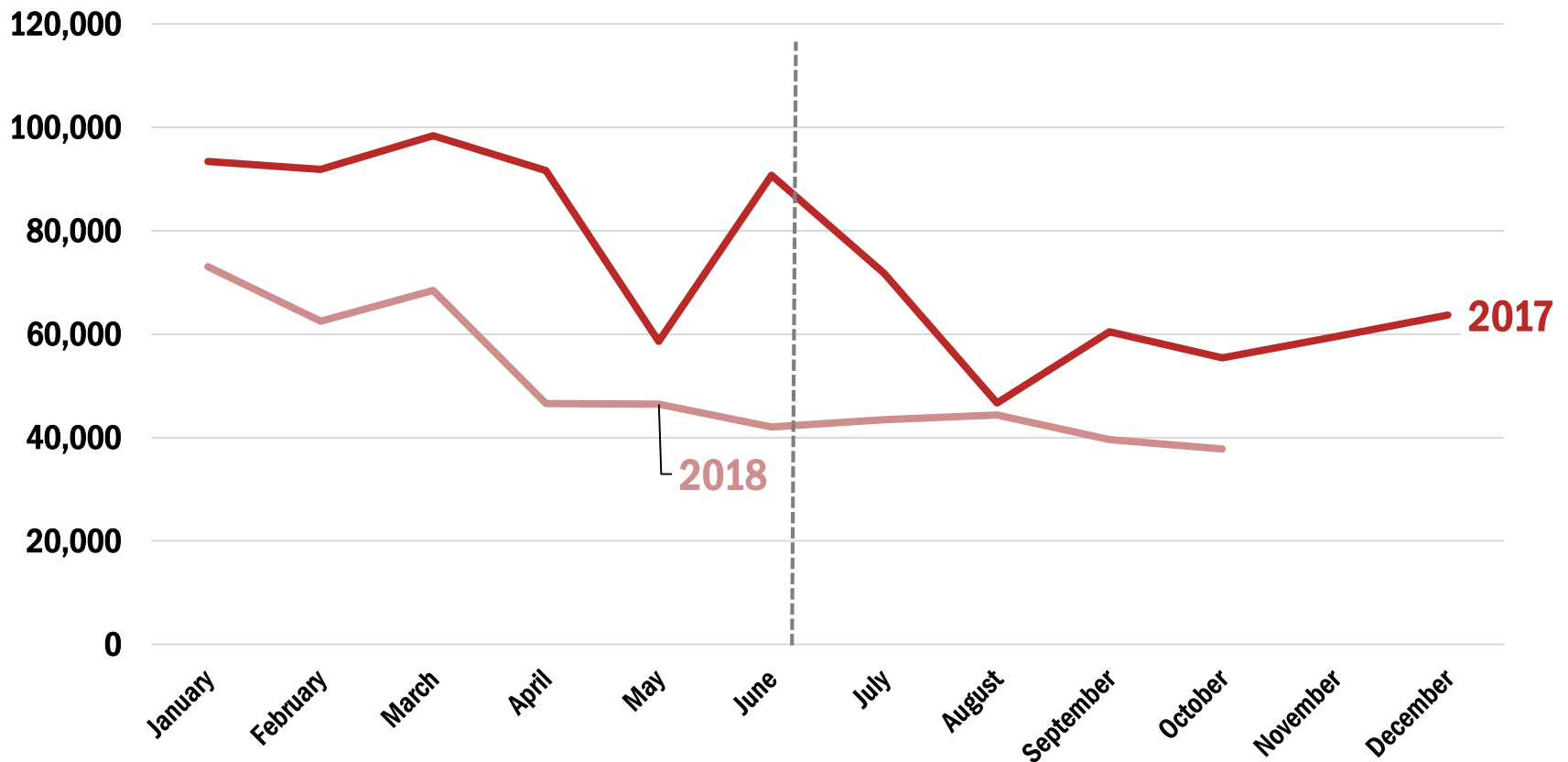
**The number of opioid pills dispensed per month decreased 43% between June 2017 and June 2018**



# RESULTS

## OPIOID PRESCRIPTIONS 90 MME OR ABOVE

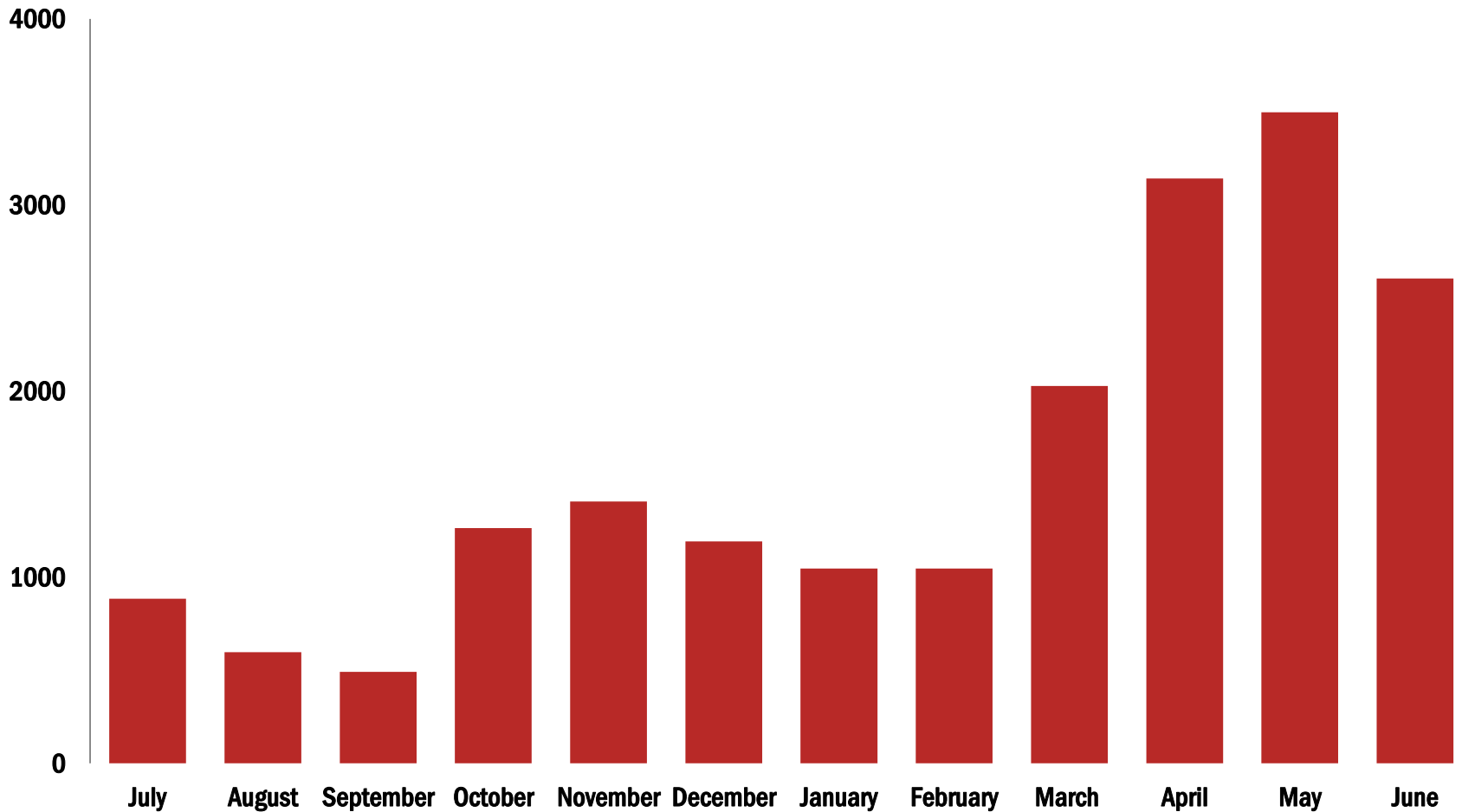
The number of opioid prescriptions for MME 90 or above filled per month has decreased by 54% between June 2017 and June 2018



# RESULTS

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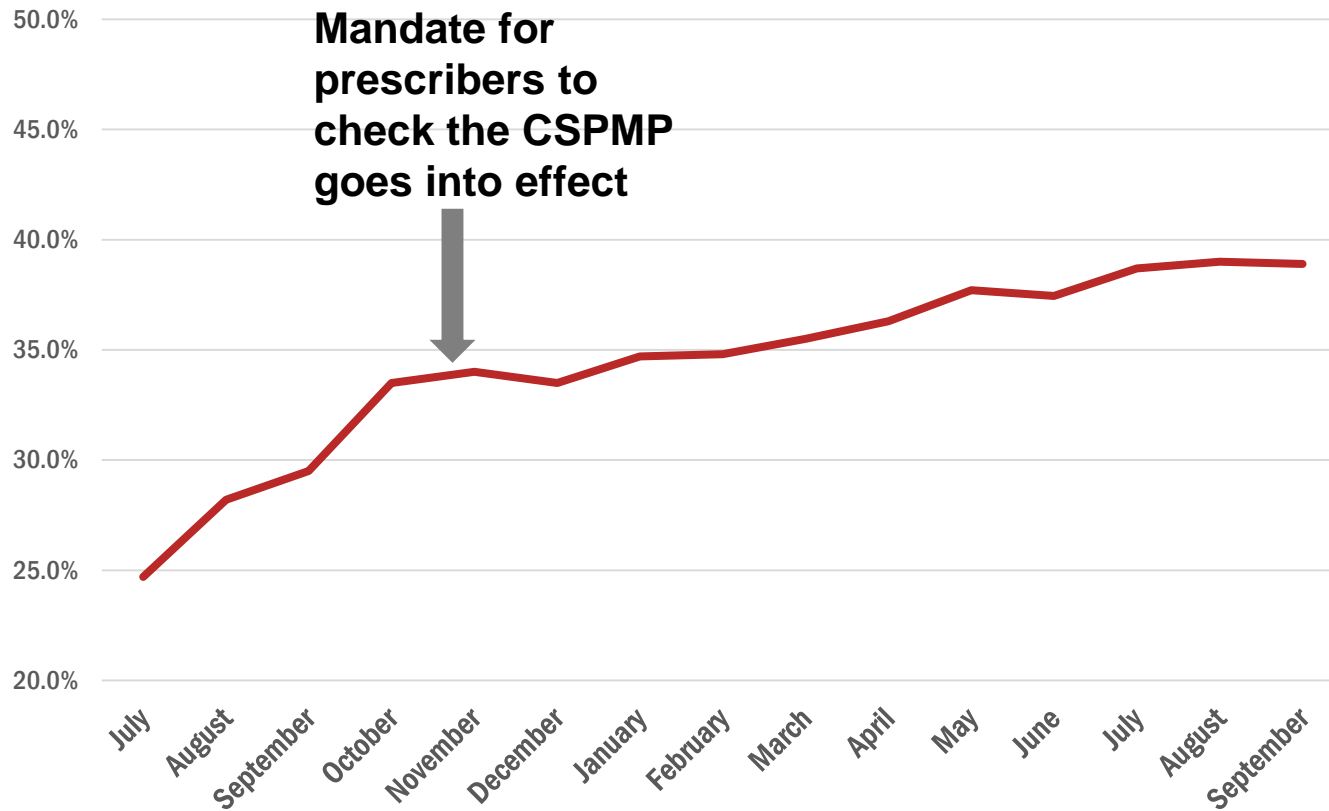
**The number of naloxone doses dispensed by pharmacists has tripled**



# RESULTS

## CHECKING THE CSPMP

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# REDUCING OPIOID DEATHS

## WE KNOW THIS FIGHT IS FAR FROM OVER

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### Next Steps

- Implementation of the chronic pain self-management campaign/program
- New treatment capacity reporting by September 2018.
- Launching a new youth prevention campaign in fall of 2018
- New regulations for pain management clinics by January 2019
- State agencies will apply for new federal funding opportunities to address the opioid crisis as they become available.



When it comes to managing chronic pain, tip toe if you must, but take a step.

For more information  
[azhealth.gov/opioid](https://azhealth.gov/opioid)

Questions/Comments: [azopioid@azdhs.gov](mailto:azopioid@azdhs.gov)

