

Goal Council 3

Reducing Opioid Deaths

Breakthrough Project

August 23, 2017

Cara Christ, MD, MS

Chair, Goal Council 3

Director, Arizona Department of Health Services



ARIZONA DEPARTMENT
OF HEALTH SERVICES

How did we get here?



Opioid Use is Increasing in Arizona

431 MILLION

opioid pills were
prescribed in 2016



enough for **every** Arizonan
to have a

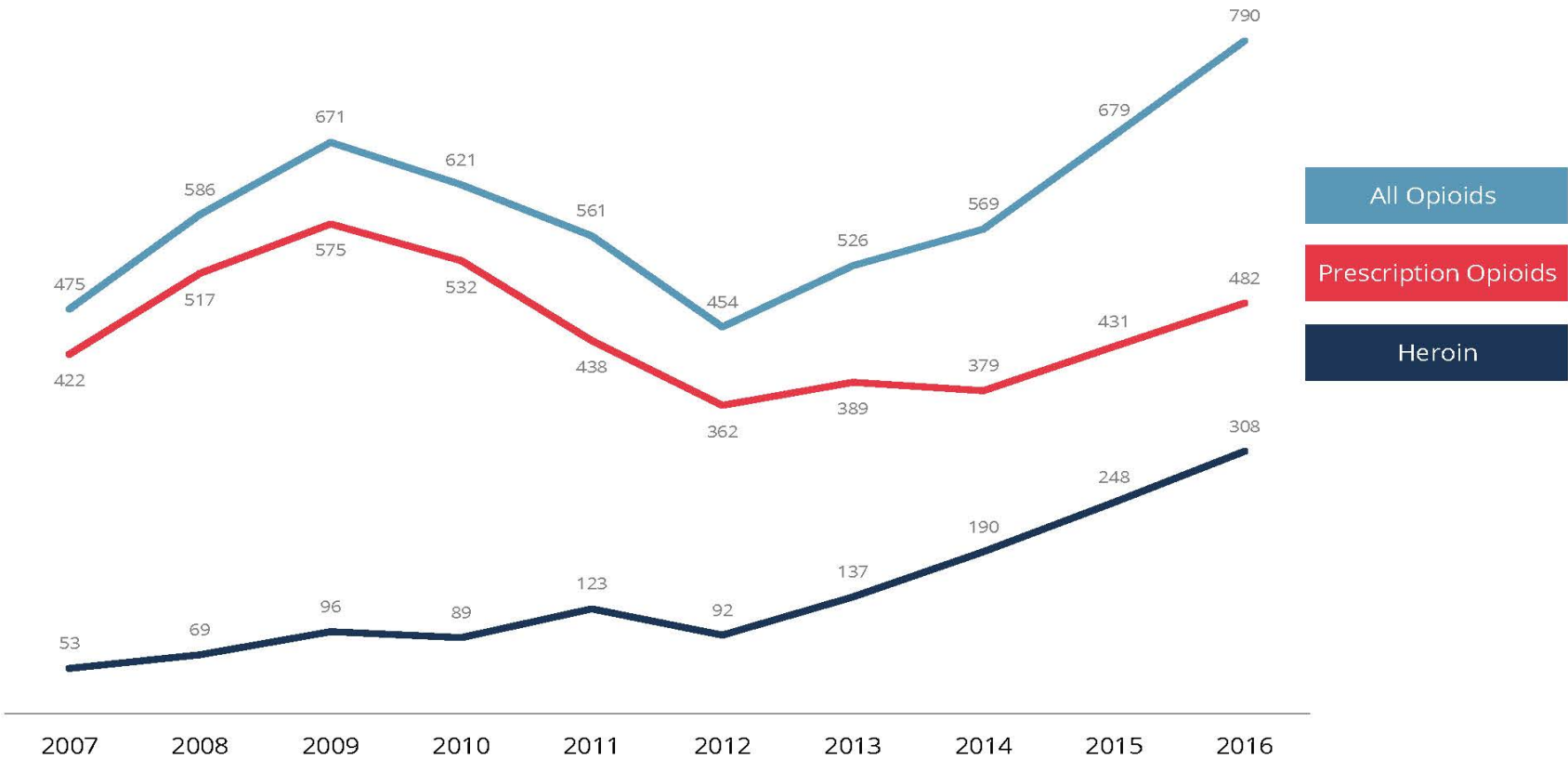
2.5 week supply

Opioid Deaths are Increasing

- More than **two** Arizonans die each day from an opioid overdose
- In the past decade, **5,932** people died from opioid-induced causes
- Arizona opioid death rates start to rise in the late teens and peak at age **45-54**
- **74%** increase in deaths since 2012

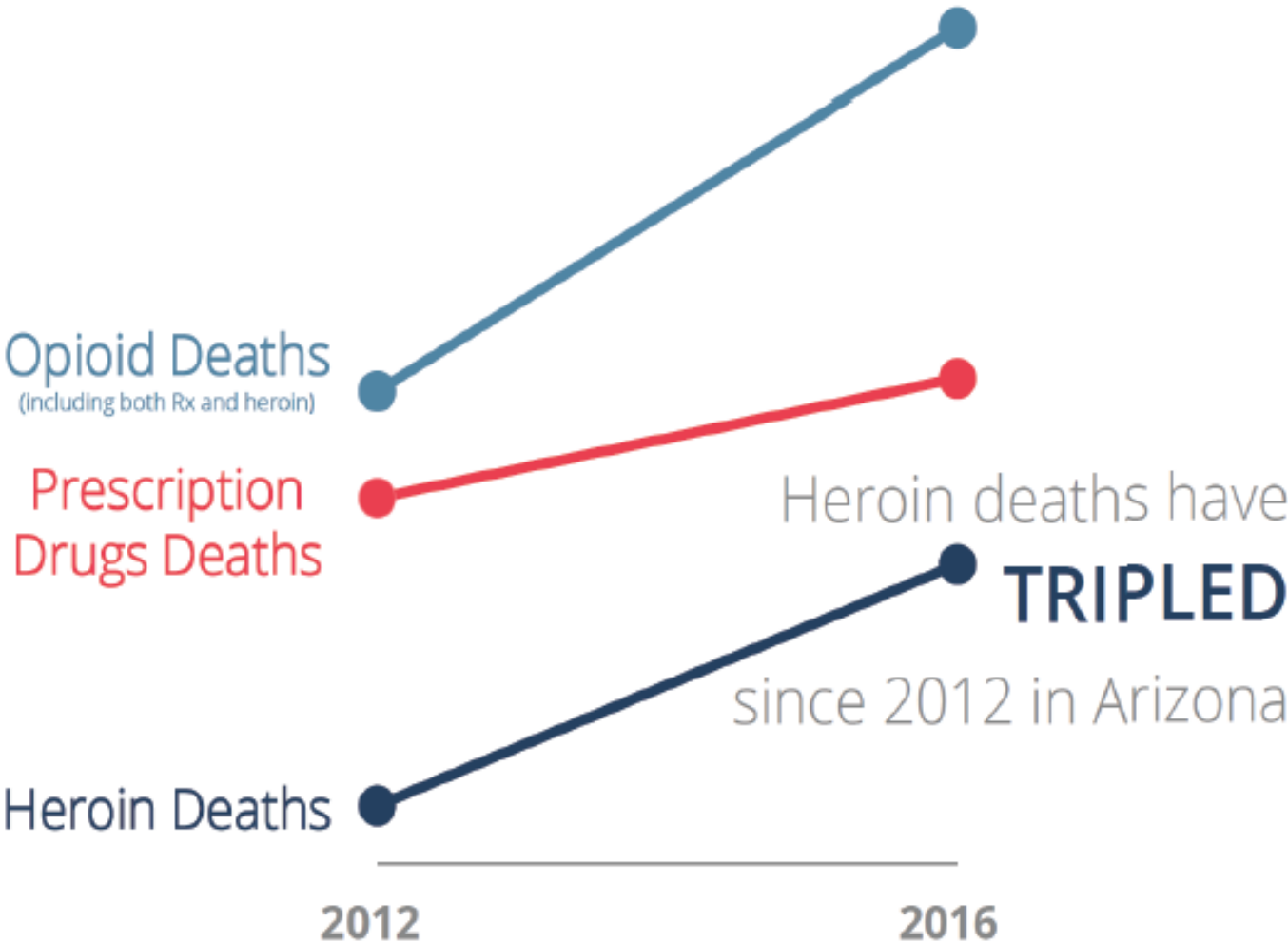
Full report available at azhealth.gov/opioid

Opioid Deaths are Increasing



Opioid death counts in Arizona from 2007 to 2016

Opioid Deaths are Increasing



What are we doing about it?



ARIZONA DEPARTMENT
OF HEALTH SERVICES



Governor Doug Ducey's vision is for Arizona to be the number one state to live, work, play, recreate, retire, visit, do business, and get an education. To achieve this vision, Arizona is deploying a professional, results-driven management system to transform the way our State government thinks and does business as one enterprise. State agencies are doing more good for Arizona by tracking and improving their performance each and every day.



Educational Excellence



21st Century Economy



Happy & Healthy Citizens

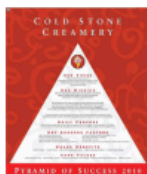


Protecting Our Communities



Fiscal Responsibility

THE GOVERNOR'S JOURNEY TO THE ARIZONA MANAGEMENT SYSTEM



▲ Cold Stone Creamery Pyramid of Success



▲ The Arizona We Want Booklet



▲ Governor Ducey's Pledge To The People Of Arizona



▲ Arizona Roadmap To Opportunity And Freedom Booklet



▲ Government That Works By John Bernard

GOAL COUNCILS

21st Century Education

Dawn Wallace
Policy Advisor, Education

Strong, Innovative Economy

Sandra Watson
Commerce Authority

- Department of Economic Security
Michael Traylor
- Department of Financial Institutions
Bob Charlton
- Department of Housing
Carol Dittmore (Interim)
- Department of Insurance
Leslie Hess
- Department of Real Estate
Judy Lowe
- Department of Revenue
David Briant
- Department of Transportation
John Halikowski
- Department of Veterans' Services
Wanda Wright
- Office of Tourism
Debbie Johnson
- State Land Department
Lisa Atkins
- State Lottery
Gregg Edgar
- Registrar of Contractors
Jeff Fleetham
- Office of Economic Opportunity
Paul Shannon
- OSPB Analyst
Kaitlin Harrier
- Policy Advisor
Mara Mellstrom

Healthy People, Places & Resources

Dr. Cara Christ
Department of Health Services

- Department of Agriculture
Mark Killian
- Department of Environmental Quality
Misael Cabrera
- Department of Water Resources
Thomas Buschatzke
- Game and Fish Department
Larry Voyles
- AHCCCS
Tom Betlach
- State Parks
Sue Black
- OSPB Analyst
Fletcher Montzingo
- Director of Indian Affairs
Kristine FireThunder
- Policy Advisor
Christina Corieri
- Policy Advisor
Hunter Moore
- Governor's Office of Youth, Faith, & Family
Debbie Moak
- Director of Indian Affairs
Kristine FireThunder

Safe Communities

Gil Orrantia
Homeland Security

- Department of Child Safety
Greg McKay
- Department of Corrections
Chuck Ryan
- Department of Emergency & Military Affairs
Gen. Michael McGuire
- Department of Gaming
Dan Bergin
- Department of Juvenile Corrections
Jeff Hood
- Department of Liquor License & Control
John Cocca
- Department of Public Safety
Col. Frank Milstead
- Industrial Commission
James Ashley
- State Forester
Christina Corieri
- Governor's Office of Highway Safety
Alberto Gutier
- OSPB Analyst
Ryan Vergara
- Policy Advisor
Joseph Cuffari
- Policy Advisor
Tim Roemer
- Director of Indian Affairs
Kristine FireThunder

Efficient & Accountable Government

Craig Brown
Department of Administration

- AHCCCS
Tom Betlach
- Commerce Authority
Sandra Watson
- Department of Agriculture
Mark Killian
- Department of Child Safety
Greg McKay
- Department of Corrections
Chuck Ryan
- Department of Economic Security
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- Department of Emergency & Military Affairs
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- Department of Environmental Quality
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Jeff Fleetham
- Residential Utility Consumer Office
David Tenney

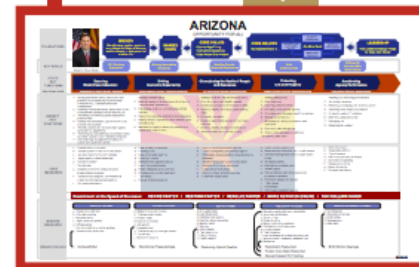
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- Governor's Office of Highway Safety
Alberto Gutier
- School Facilities Board
Paul Bakalis
- OSPB Director
Lorenzo Romero

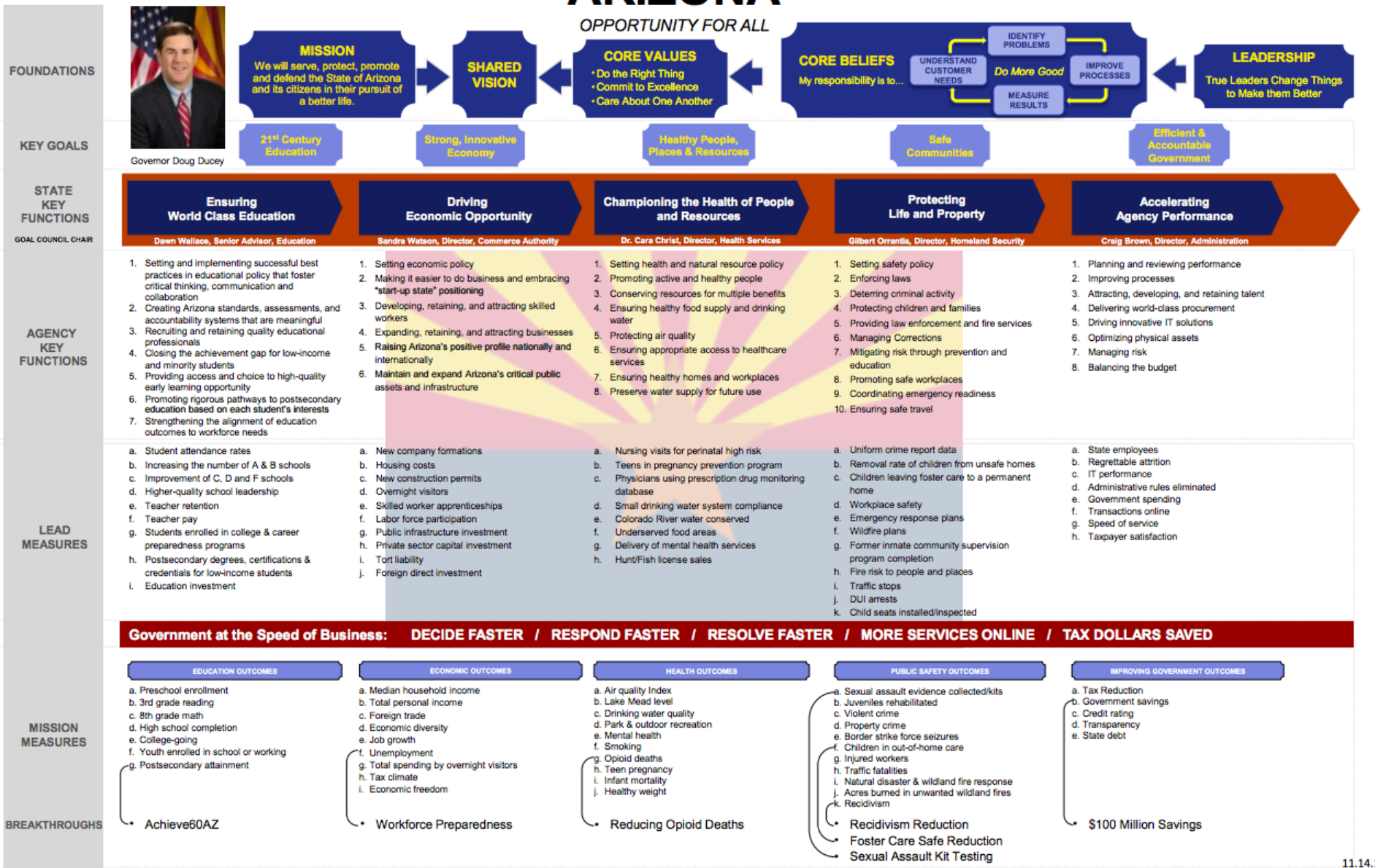


▲ Arizona Management System Transformation Journey Map



Arizona Management System Fundamentals Map





Governor Ducey's Goal Council 3: Healthy People, Places and Resources



Happy & Healthy Citizens

Opioid

Project Dashboard

Project Lead: Dr. Cara Christ (DHS)

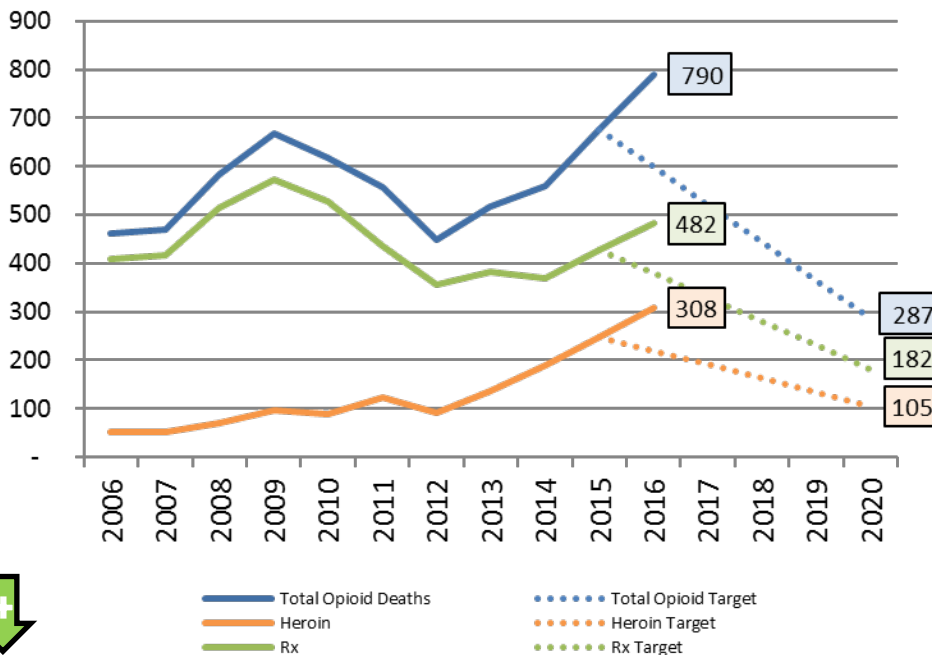
Project Coach: John Bernard

Project Manager: Trista Guzman

Policy Advisor: Christina Corieri

Goal	2-year	5-year
↓ the # of opioid deaths (Base: 638)	30% (446)	55% (287)

Project Agencies: AHCCCS, Health Services, Youth Faith & Family, Board of Pharmacy



Activity Updates:

- DHS activated its Health Emergency Operations Center (HEOC) in response to the Governor's Declaration of Emergency
- DHS developed and submitted recommendations for the enhanced surveillance advisory
- Developed and planned statewide Naloxone trainings for law enforcement, public health, and first responders (June 19 – Flagstaff; June 23 – Tucson; June 29 – Phoenix)
- Coordinating day-long conference for Core Team and all subgroups
 - Standard work development, A3s, initial data from enhanced surveillance, identify action steps and measures
- Coordinating with all state agencies to identify opioid related activities, barriers, and unique issues in order to better coordinate statewide efforts
- Awarded SAMHSA grant ~\$24 million for Arizona activities over two years

Challenges

- No Good Samaritan Law in AZ



Current Activities

- June 26 Goal Council 3 Summit launches subgroup work
- Subgroups identify problem statement, goal, scope
- Subgroup leaders convene groups to identify draft recommendations

On June 5, 2017,
Arizona Governor Doug Ducey declared a
State of Emergency
due to an opioid overdose epidemic

Governor Ducey Declares Statewide Health Emergency In Opioid Epidemic

News Release

June 5, 2017     

As the number of opioid overdoses and deaths increase at an alarming rate, we must take action."

PHOENIX — Governor Doug Ducey today signed an emergency declaration to address the growing number of opioid deaths in our state.

ADHS Responsibilities

- 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

Timeline

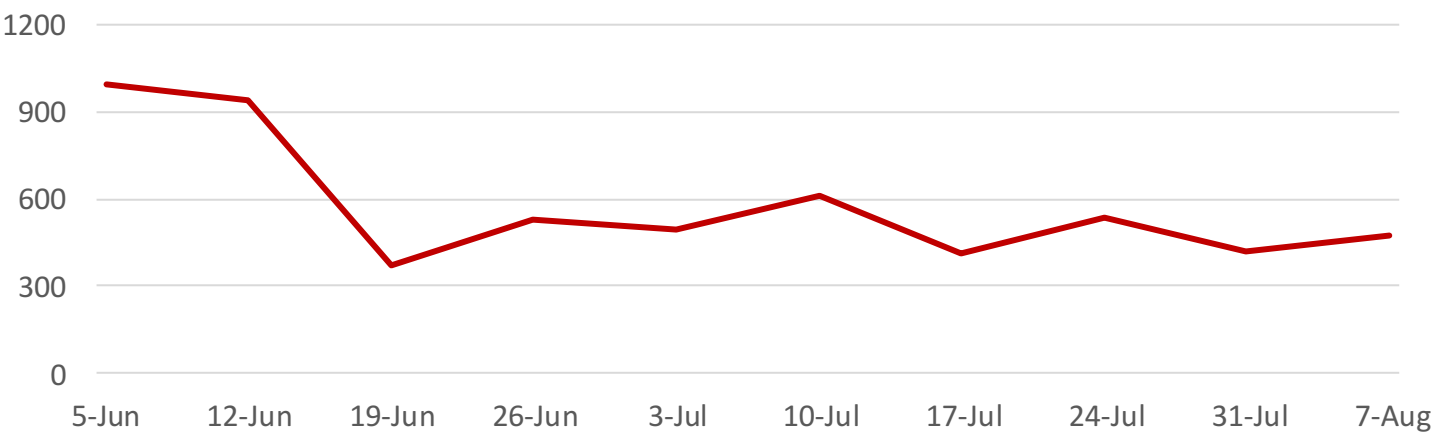
- Enhanced Surveillance Advisory went into effect **June 15, 2017**
- *Opioid Overdose Epidemic Response Report* due **September 5, 2017**

What progress has been made
since June 5th?



Health Emergency Operations Center

ADHS staff have devoted over **6,000** hours since June 5th addressing opioid-related response activities



Treatment Capacity Survey – General*

- 242 respondents from all 15 counties
- Mix of inpatient and outpatient facilities
- Referrals accepted from large variety of sources
- **99%** of inpatient beds occupied
- **1,249** individuals presented for care who were unable to receive services within the last 3 months (from 58 facilities)

*data come from self reports by Medicaid providers; these data may not represent overall statewide capacity or availability

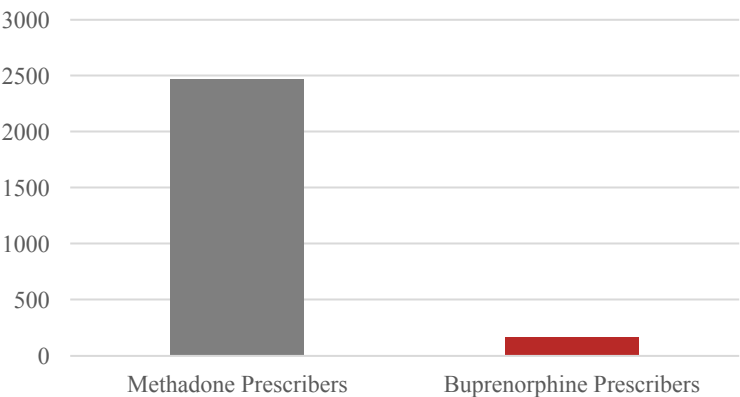
Treatment Capacity Survey – Waitlist*

- **88%** of respondents do NOT have a waitlist
- Of the 19 respondents with a waitlist, a total of **500** individuals are waitlisted (mostly inpatient)
- Only **67%** of those waitlisted were given a referral to another service

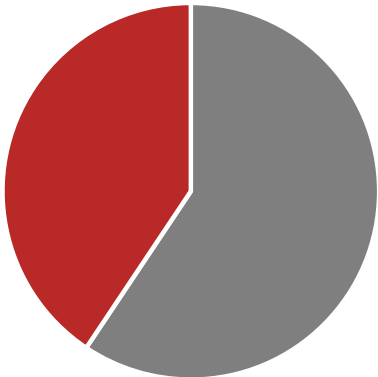
*data come from self reports by Medicaid providers; these data may not represent overall statewide capacity or availability

Treatment Capacity Survey – MAT*

There is additional opportunity to increase the number of **buprenorphine** prescribers in Arizona.



But, only **35%** of respondents indicated **interest** in becoming a **waivered medication-assisted treatment (MAT)** provider.



*data come from self reports by Medicaid providers; these data may not represent overall statewide capacity or availability

ADHS Responsibilities

- Initiate emergency rule-making for opioid prescribing and treatment practices

Opioid Prescribing & Treatment Rules

- ADHS initiated immediately
- ADHS submitted draft rules to Attorney General
- Attorney General approved and submitted final rules to Secretary of State - July 28
- Emergency rules in effect - **July 28**
- Initiating regular rulemaking

Opioid Prescribing & Treatment Rules

R9-10-120, Article 1. General

Rulemakings In Progress - Opioid Prescribing and Treatment (Emergency)

<http://azdhs.gov/director/administrative-counsel-rules/rules/index.php#rulemakings-active-opioid-prescribing>

Notice of Emergency Rulemaking

<http://azdhs.gov/documents/director/administrative-counsel-rules/rules/rulemaking/opioid-prescribing/approved-emergency-rulemaking.pdf>

Opioid Prescribing & Treatment Rules

- The new rules in A.A.C. R9-10-Article 1
 - Focus on health and safety
 - Provide regulatory consistency for all health care institutions

Opioid Prescribing & Treatment Rules

- Establish, document, and implement policies and procedures for prescribing, ordering, or administering opioids as part of treatment
- Include specific processes related to opioids in a health care institution's quality management program; and
- Notify the Department of a death of a patient from an opioid overdose.

Opioid Prescribing & Treatment Rules

Rules Training Webinars

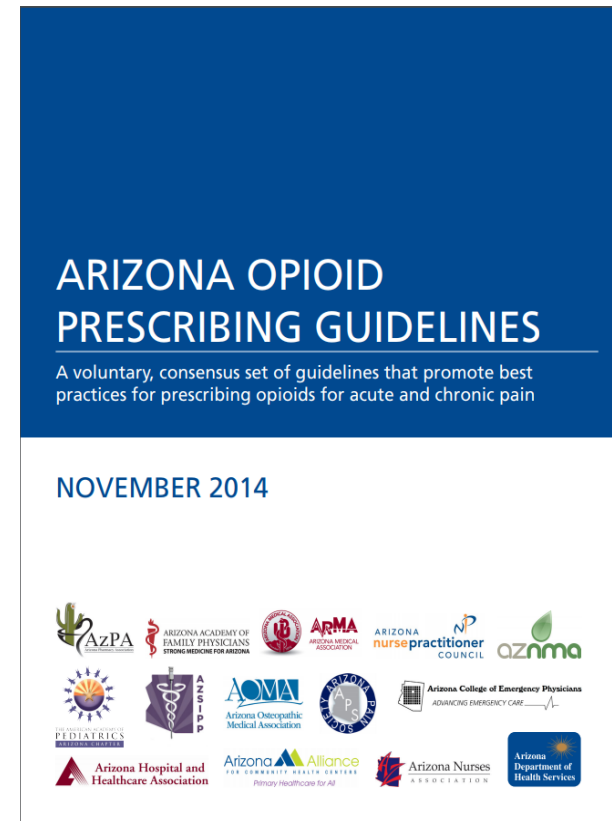
Webinar Date & Audience	# Attended
8/7 – Medical Facilities	140
8/8 – Residential Facilities	112
8/10 – Long Term Care Facilities	94
8/11 – Medical Facilities	112
	458

ADHS Responsibilities

- Develop guidelines to educate providers on responsible prescribing practices

Prescribing Guidelines Update

- Since the June 5th declaration, the Rx Initiative Healthcare Advisory Team has convened **three** times to discuss revisions
- Draft update will be released by Sept. 5
- Finalize by end of December



ADHS Responsibilities

- Provide training to local law enforcement agencies on proper protocols for administering naloxone in overdose situations

Naloxone Trainings

Free Training

Regional Naloxone Training for Law Enforcement

Arizona Governor Doug Ducey declared a public health state of emergency on June 5, 2017 in response to the alarming increase of opioid overdoses and deaths in the state. Law enforcement is uniquely positioned to positively impact this epidemic via the rapid administration of naloxone/Narcan to patients suspected of overdose.

The next naloxone/Narcan training in the state will be:

July 17, 2017 - Yuma
Pivot Point Conference Center
(next to Hilton Garden Inn Yuma)

310 N Madison Avenue
Yuma, AZ, 85364

Session schedule:

Session 1: 8 am – 11 am
Session 2: 11 am – 2 pm
Session 3: 2 pm – 5 pm

Register for the session you would like to attend:

<http://1.azdhs.gov/2sXzbE9>

- ♦ **Free to Arizona Law Enforcement Officers**
- ♦ **Free Naloxone Vouchers Available for Those Who Complete the Training**
- ♦ **Contact David Harden**
[\(hardend@azdhs.gov\)](mailto:hardend@azdhs.gov) for more information



ARIZONA DEPARTMENT
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Jointly sponsored by the Arizona Peace Officers Standards and Training Board and the Arizona Department of Health Services

azhealth.gov/opioid

Naloxone Trainings

Webinar Date & Location	# Trained
June 19 - Flagstaff	81
June 23 - Tucson	245
June 29 - Phoenix	445
July 17 - Yuma	212
	983

Naloxone Distribution

To date, ADHS has distributed **3,116 kits** of naloxone to **36 law enforcement agencies**.

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: _____	
	Agency SHIPPING address: _____	
	Agency Director Name: _____	
	Contact Email: _____	
	Agency Size: _____	
TRAINING INFORMATION	Training Date(s): _____	
	Trainer Name(s): _____	
	Number of staff Trained: _____	
NALOXONE REQUESTED	Description: Narcan Nasal Spray 2/pack	Quantity Requested: _____
AGENCY DIRECTOR SIGNATURE	_____	DATE: _____

You may submit completed application multiple ways:

- Email: 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. 18th Ave., Suite 320
Phoenix, AZ 85007

Questions? Email azopioid@azdhs.gov or call Tomi St. Mars, 602-542-7340

Naloxone Standing Orders



ARIZONA DEPARTMENT
OF HEALTH SERVICES

STANDING ORDERS FOR NALOXONE

This standing order is issued by Dr. Cara Christ, MD MS (NPI #1639369036), Director of Arizona Department of Health Services. The standing order authorizes any Arizona-licensed pharmacist to dispense naloxone to any individual in accordance with the conditions of this order.

Dispense one of the three following naloxone products based on product availability and preference.

<input type="checkbox"/>	<p>For intranasal administration <u>Dispense:</u> NARCAN™ 4mg/0.1mL nasal spray <u>Sig:</u> Administer a single spray of Narcan in one nostril. Repeat after 3 minutes if no or minimal response. <u>Refills:</u> PRN x 1 year OR <u>Dispense:</u> 2mg/2mL single dose Luer-Jet prefilled syringe. Include 1 Luer-lock mucosal atomization device per dose dispensed. <u>Sig:</u> Spray 1 mL in each nostril. Repeat after 3 minutes if no or minimal response. <u>Refills:</u> PRN x 1 year</p>
<input type="checkbox"/>	<p>For intramuscular injection <u>Disp:</u> 0.4mg/mL in 1mL single dose vials. Include one 3cc, 23g, 1" syringe per dose dispensed. <u>Sig:</u> Inject 1mL IM in shoulder or thigh. Repeat after 3 minutes if no or minimal response. <u>Refills:</u> PRN x 1 year</p>
<input type="checkbox"/>	<p>For intramuscular or subcutaneous injection <u>Disp:</u> EVZIO™ 2mg/0.4mL auto-injector, #1 Two-pack <u>Sig:</u> Follow audio instructions from device. Place on thigh and inject 0.4mL. Repeat after 3 minutes if no or minimal response. <u>Refills:</u> PRN x one year</p>



Cara Christ, MD MS, Director of Arizona Department of Health Services

Effective date 6/9/17, Expiration date 6/9/19

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Date: 12 July 2017

To: All Arizona EMS First Responder Organizations
All Arizona Ground and Air Ambulance Organizations

Sub: Standing Order and Clinical Treatment Protocol for Suspected Opioid Overdose

Arizona Governor Doug Ducey declared a Public Health State of Emergency on June 5th, 2017 in response to the increase of opioid/opiate overdoses and deaths in the state. More than two Arizonans die every day from the misuse of opioids, with 790 deaths reported in 2016.

First Responders and EMCTs are uniquely positioned to impact this epidemic through their rapid administration of naloxone/Narcan®. We strongly urge all First Responders to receive appropriate training and become equipped to recognize opioid overdose and administer the life-saving intervention.

For those organizations/individuals with an Administrative Medical Director of record, you should follow your Medical Director's guidance in the training, equipping, and administration of naloxone/Narcan®.

For those organizations/individuals that cannot obtain Administrative Medical Direction for an opioid overdose recognition and treatment program, The Arizona Department of Health Services (ADHS) authorizes you to purchase, carry, and administer naloxone/Narcan® to patients whom you suspect are experiencing an opioid overdose, provided that both (a) your agency's chief executive approves, and (b) you have received the appropriate training pursuant to A.R.S. § 36-2228.

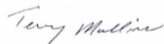
Attached, please find two important documents that shall guide your organization's naloxone program:

1. Standing Order for the purchase of Naloxone signed by Dr. Cara Christ, ADHS Director, pursuant to A.R.S. § 36-2266 and A.R.S. § 36-2228.
2. Clinical Treatment Protocol to be used in patients with suspected Opioid Poisoning/Overdose pursuant to A.R.S. § 36-2266 and A.R.S. § 36-2228. This protocol was developed and approved by the Medical Direction Commission pursuant to A.R.S. § 36-2203.01(C).

Thank you for all of the work that you do each day to improve the health and wellness of all Arizonans.



Cara Christ MD, MS
Director, Arizona Department of Health Services



Terry Mullins MBA, MPH
Chief, Bureau of EMS and Trauma System

Naloxone Policies

ADHS has provided support for **21 law enforcement agencies** to develop a naloxone program

Call to Action

PUBLIC HEALTH EXCELLENCE IN LAW ENFORCEMENT RECOGNITION PROGRAM

790 Arizonans died from opioid-related overdoses in 2016. Governor Ducey's June 5th Emergency Declaration resulted in unprecedented collaboration between Law Enforcement, EMS, and Public Health to increase first-responder recognition of opioid overdoses and administration of life-saving naloxone. The PHELE program recognizes the outstanding efforts of Law Enforcement agencies who have made reducing opioid-related deaths part of their operational mission.

Continue making a difference in your community by submitting your [PHELE Application Today!](#)

For technical information or to submit your application contact:
Dr. David Harden, JD, NREMT, at hardend@azdhs.gov or 602-364-3188

**Law Enforcement & Public Health
Collaboration SAVES LIVES!**



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Bureau of Emergency Medical Services & Trauma System
150 N. 18th Avenue, Suite 540
Phoenix, Arizona 85007-3248
602-364-3150



Naloxone – Public Information

What is an opioid overdose?

An overdose occurs when a person takes too many opioids, passes out and has no or very slow breathing (i.e., respiratory depression).

How to identify an opioid overdose:

- Heavy nodding, deep sleep, hard to wake up, or vomiting
- Slow or shallow breathing (less than 1 breath every 5 seconds), snoring, gurgling, or choking sounds
- Pale, blue or gray lips, fingernails, or skin
- Clammy, sweaty skin

To avoid an accidental opioid overdose:

Do not mix opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.

Now that you have naloxone –

Let someone know where it is and how to use it.

Common opioids include:

GENERIC	BRAND NAME
Heroin	N/A
Hydrocodone	Vicodin®, Lorcet®, Lortab®, Norco®, Zohydro®
Oxycodone	Percocet®, OxyContin®, Roxicodone®, Percodan®
Morphine	MSContin®, Kadian®, Embeda®, Avinza®
Codeine	Tylenol® with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic®
Hydromorphone	Dilaudid®
Oxymorphone	Opana®
Meperidine	Demerol®
Methadone	Dolophine®, Methadose™
Buprenorphine	Suboxone®, Subutex®, Zubsolv®, Bunavail®, Butrans®

Opioid Safety and Naloxone Use

For Patients and Caregivers



For more information, visit www.azhealth.gov/opioid

In case of overdose:

- 1 **CALL 911 - Give naloxone**
If no reaction in 3 minutes, give second naloxone dose if available
- 2 **Rescue breathing or chest compressions**
Follow 911 dispatcher instructions
- 3 **After naloxone**
Stay with person for at least 3 hours or until help arrives

Injection

VIAL

- 1—Flip off the cap to reveal latex seal.
- 2—Turn vial upside down. Pull plunger to draw up liquid.
- 3—Inject into muscle. Press plunger all the way down to trigger safety. (retraction)



AMPULE

- 1—Tap ampule to send all liquid to the bottom.
- Push top away from you to snap open the ampoule.
- 2—Pull plunger to draw up liquid.
- 3—Inject into muscle. Press plunger all the way down to trigger safety. (retraction)

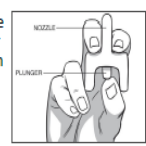
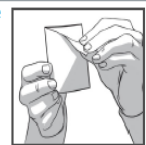


Nasal spray

1—Remove naloxone nasal spray from the box.

2—Peel back the tab with the circle to open the naloxone nasal spray.

3—Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



4—DO NOT PRIME OR TEST THE SPRAY DEVICE. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.

5—Press the plunger firmly to give the dose. Remove the spray device from the nostril.



6—If no reaction in 2-3 minutes or if person stops breathing again, give the second dose of naloxone in the OTHER nostril using a NEW spray device.

Auto-injector

1—Pull the auto-injector from the outer case.

2—Pull firmly to remove the red safety guard (do not touch the black base).



3—Place the black end against the middle of the outer thigh, through clothing if necessary, then press firmly and hold in place for 5 seconds.


4—If no reaction in 2-3 minutes or if the person stops breathing again, give the second dose of naloxone using NEW auto-injector.

Enhanced Surveillance

- Authorized by A.R.S. 36-782
- Benefits of enhanced surveillance:
 - More timely data
 - Ability to more accurately assess the burden
 - Provides information to build recommendations to better target prevention and intervention

Enhanced Surveillance Includes New Reporting, Information Sharing and Laboratory screening

- Voluntary submission of blood specimens from suspected overdose cases
- Screening completed at the Arizona State Public Health Laboratory
- **52 specimens** submitted from **20 facilities** since July 31st



ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for All Arizonans

HOMEAUDIENCESTOPICSDIVISIONSA-Z INDEX[Q]

Opioid Epidemic

ADHS Home / Public Health Prevention / Women's and Children's Health / Injury Prevention

Laboratory Screening

In order to improve the understanding of which opioids are responsible for causing overdoses in our state, the Arizona State Public Health Laboratory has established the capacity to screen blood samples. Hospitals may submit a specimen for any patient suspected to have experienced an opioid overdose. Postmortem specimens will not be tested, at this time. Instructions for collecting, packaging, and shipping can be found in the [Toxicology Guide](#) on our [Shipping and Receiving](#) site. The [Microbiology Submission Form - Clinical](#) must be completed for all samples submitted with all fields highlighted in yellow completed and the test Toxicology Surveillance Panel selected.

To arrange for the Arizona State Public Health Laboratory courier or find out when the courier picks up from your facility, please refer to the [Courier Schedule](#) or contact Shipping and Receiving at labreceiving@azdhs.gov or 602.542.1190. If you have any questions, please e-mail azopioid@azdhs.gov.

- [Laboratory Frequently Asked Questions \(FAQs\)](#)

The substances that the test can identify are listed below. Additional substances may be added in the future:

Pharmaceutical Opiates	Non-Pharmaceutical Opiates	Other Substances
Buprenorphine	Heroin	Cocaine
Codeine		THC
Dihydrocodeine		
Fentanyl		
Hydrocodone		
Hydromorphone		
Meperidine		
Methadone		
Morphine		
Oxycodone		
Oxymorphone		
Pentazocine		
Sufentanil		
Tapentadol		

Enhanced Surveillance Includes **New Reporting**, Information Sharing and Laboratory-testing

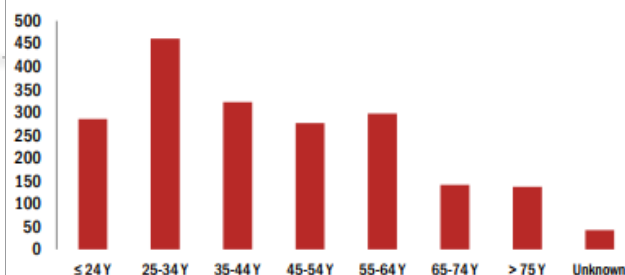
- Suspected opioid overdoses
- Suspected opioid-related deaths
- Neonatal Abstinence Syndrome
- Naloxone administered
- Naloxone dispensed

Opioid Report

June 15 – August 17, 2017

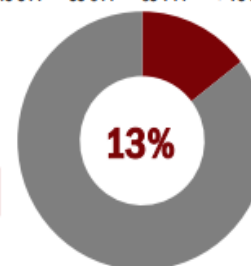
Opioid Overdoses & Deaths

1,961 possible opioid overdoses reported



41%

59%



of the possible opioid overdoses were **fatal**



Neonatal Abstinence Syndrome

141 Arizona babies born with possible drug-related withdrawal symptoms

Naloxone

1,339

naloxone doses administered outside of the hospital by emergency medical services, law enforcement, and others

1,533

naloxone kits distributed to the public by pharmacies




ARIZONA DEPARTMENT
OF HEALTH SERVICES

Opioid data is preliminary and subject to change as cases are confirmed. This data does not include Part 2 programs prohibited from reporting by 42 C.F.R. The numbers provided are cumulative since June 15, 2017.

azhealth.gov/opioid

Support for New Reporting

- ADHS trained **171** healthcare, EMS and law enforcement reporters during 3 webinars for new reporters



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Frequently Asked Questions (FAQs)
Reporting

What needs to be reported? Who needs to report? How do I report?

Required Reporters	Health condition to be reported	Reporting System
Healthcare professionals under A.R.S. Titles 32 and 36	<ul style="list-style-type: none">Suspected opioid overdosesSuspected opioid deathsNaloxone doses administered	MEDSIS Training New Account
Administrators of a healthcare institution or correctional facility	<ul style="list-style-type: none">Suspected opioid overdosesSuspected opioid deathsNeonatal abstinence syndrome	MEDSIS Training New Account
Emergency Medical Services/ Ambulance agencies (first response agencies, ground and air ambulance agencies)	<ul style="list-style-type: none">Suspected opioid overdosesSuspected opioid deathsNaloxone doses administered	AZ-PIERS Training New Account
Law enforcement officers	<ul style="list-style-type: none">Suspected opioid overdosesSuspected opioid deathsNaloxone doses administered	AZ-PIERS Training New Account
Medical examiners	<ul style="list-style-type: none">Suspected opioid deaths	MEDSIS Training New Account
Pharmacists	<ul style="list-style-type: none">Naloxone doses dispensed	Prescription Drug Monitoring Program (PDMP) Training New Account

See [Reporting](#) for more information regarding required reporters.

What defines a suspected opioid overdose?
Overdoses attributable to opioids typically occur through ingestion or injection, but can also result from transdermal absorption or inhalation via aerosolization. Clinical effects of opioid poisoning result from central nervous system and respiratory system depression manifesting as:

- Lethargy or coma,
- Decreased respiratory rate (bradypnea),
- Excessive constriction of the pupil of the eye (miosis), and
- Apnea

For more information concerning opioid overdose laboratory criteria and case classification, visit [Opioid Overdose Case Definition](#).

What is Neonatal Abstinence Syndrome (NAS)?
NAS is a spectrum of clinical signs (including dysfunction in attention, motor and tone control, sensory integration and autonomic functions) due to drug withdrawal. It is seen in newborns born to mothers with an opioid use disorder or taking other substances.

Douglas A. Ducey | Governor

Cara M. Christ, MD, MS | Director

100 North 16th Avenue, Suite 300, Phoenix, AZ 85004-2097

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Health and Wellness for all Arizonans

What have we learned from the
enhanced surveillance?



In the first 6 months of 2017,

Opioid Prescriptions in Arizona

In the first 6 months of 2017,

2,850,535 opioid prescriptions



Opioid Prescriptions in Arizona

In the first 6 months of 2017,

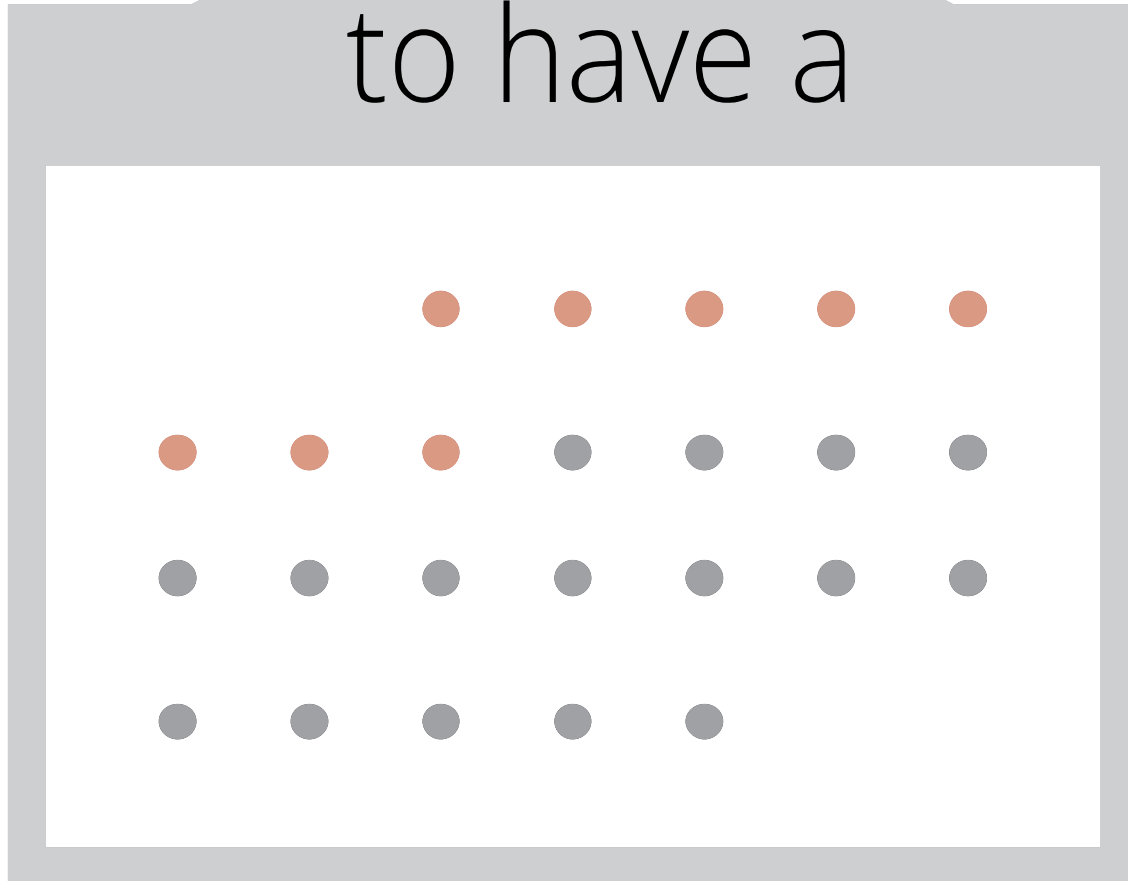
2,850,535 opioid prescriptions



205,256,807 opioid pills

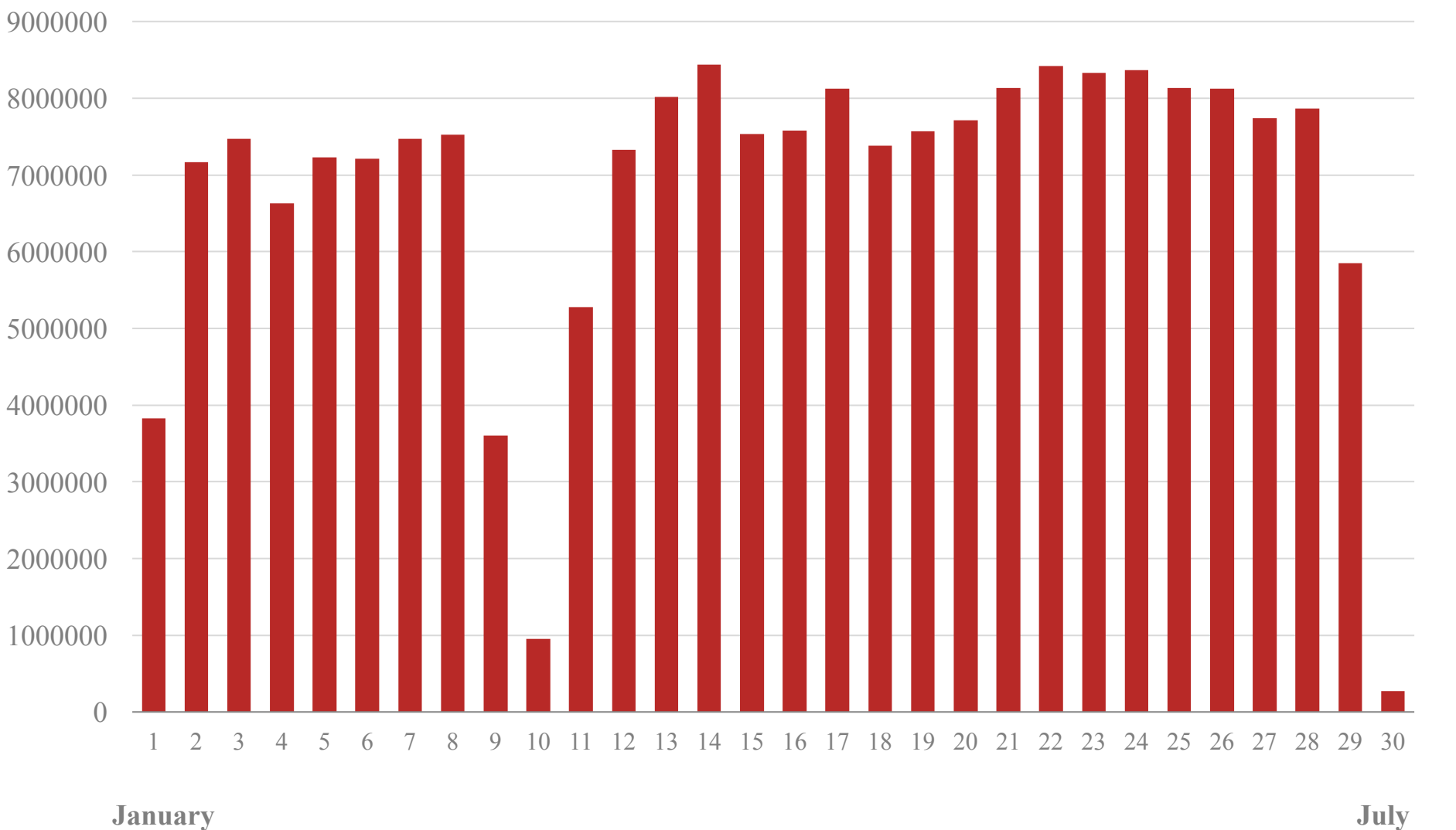
Opioid Prescriptions in Arizona

enough for **every** Arizonan
to have a



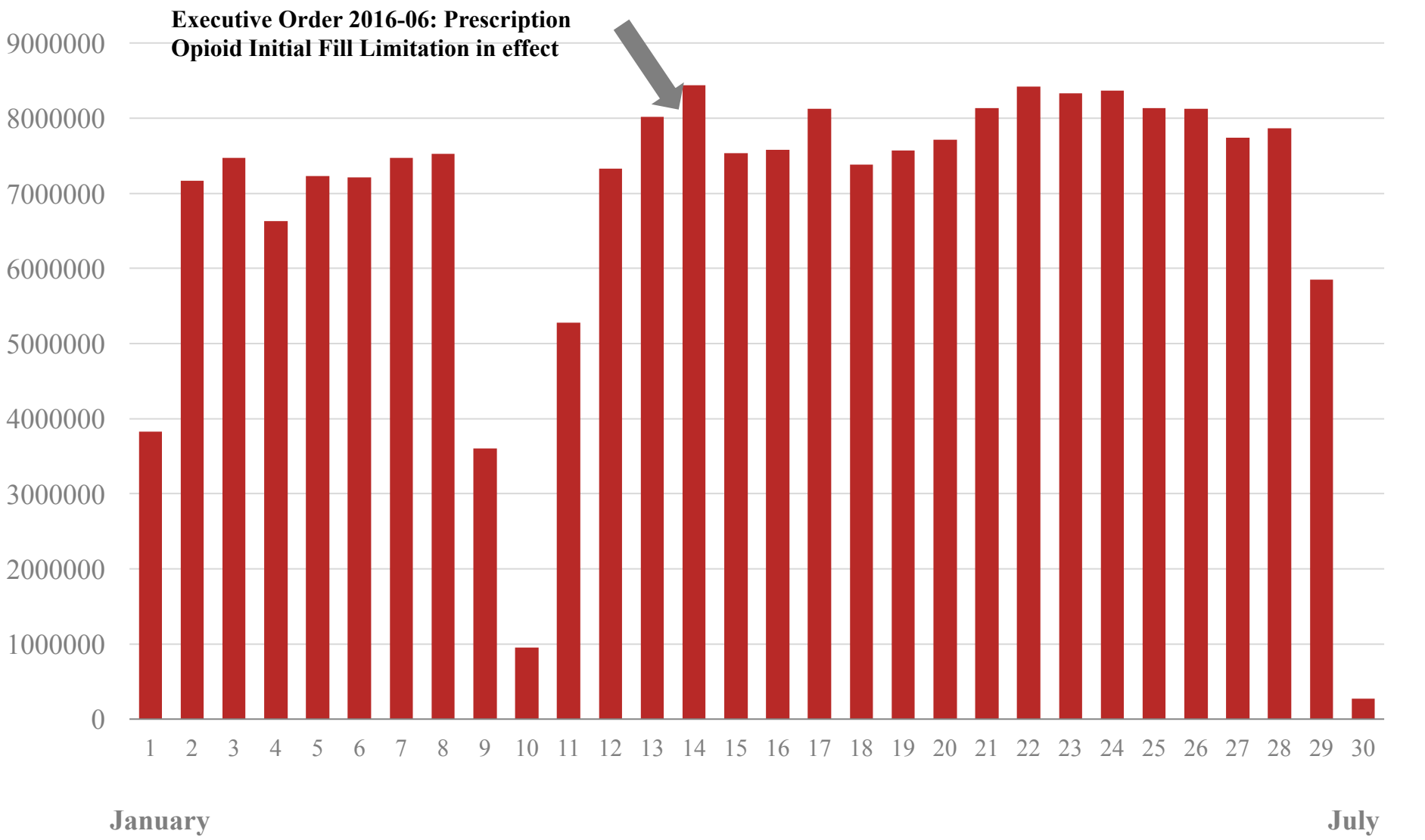
1 week supply

Over the last 6 months, the number of opioid pills prescribed per week has ranged from **275,615** to **8,435,275**.



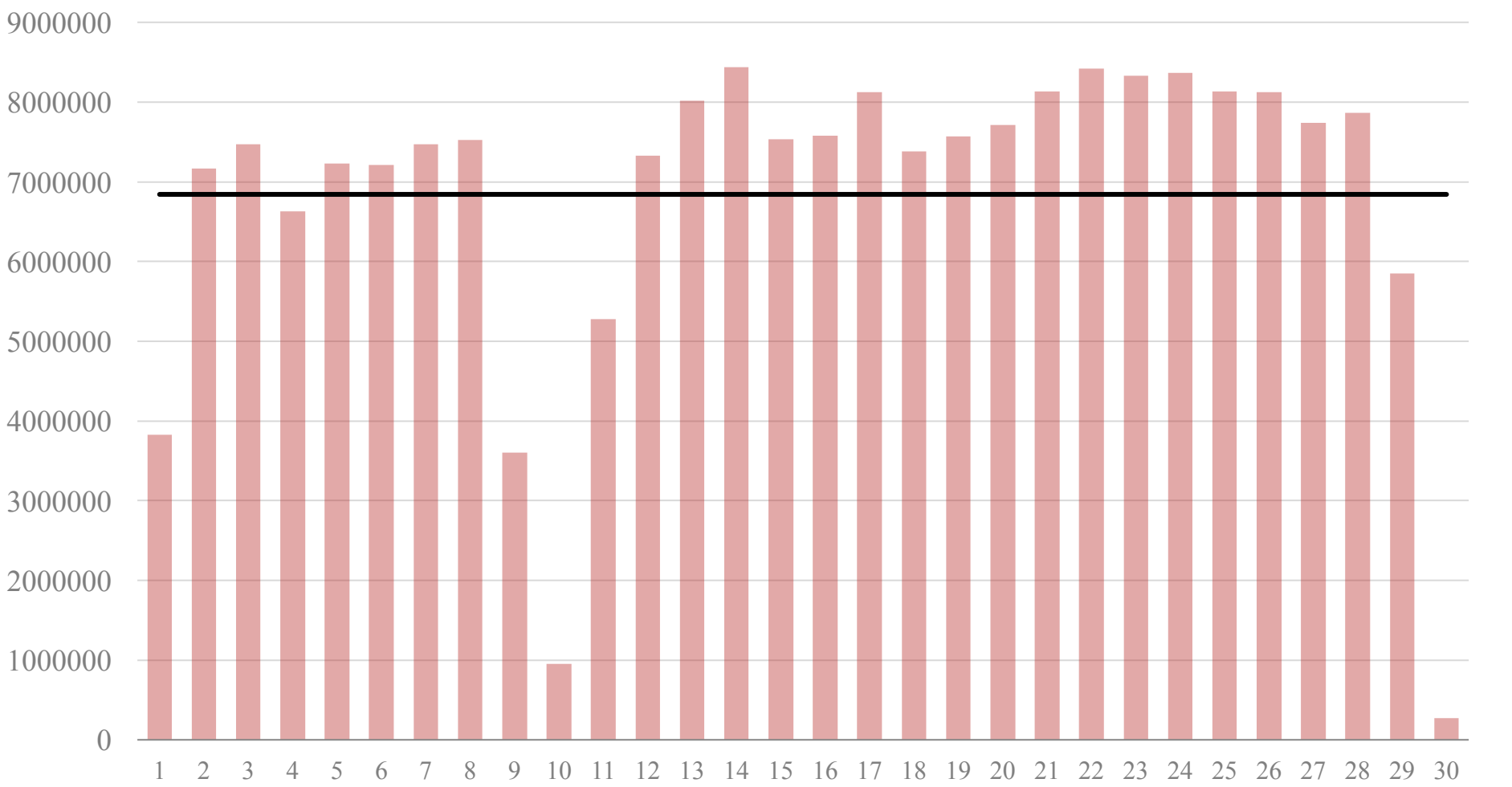
Opioid Prescriptions in Arizona

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Opioid Prescriptions in Arizona

Over the last 6 months, the number of opioid pills prescribed per week has ranged from **275,615** to **8,435,275**.



January

July

Opioid Prescriptions in Arizona

Enhanced Surveillance Period:

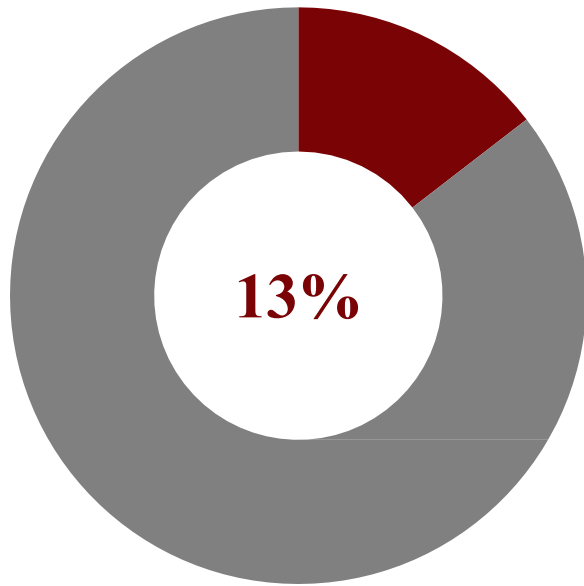
June						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

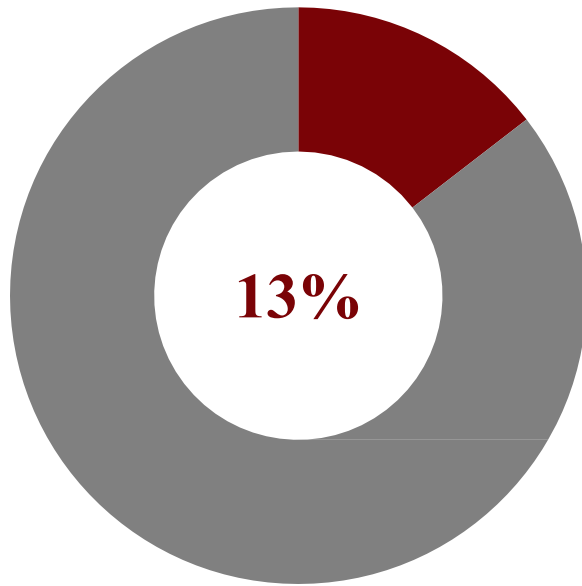
1,557 possible opioid overdoses

1,557 possible opioid overdoses

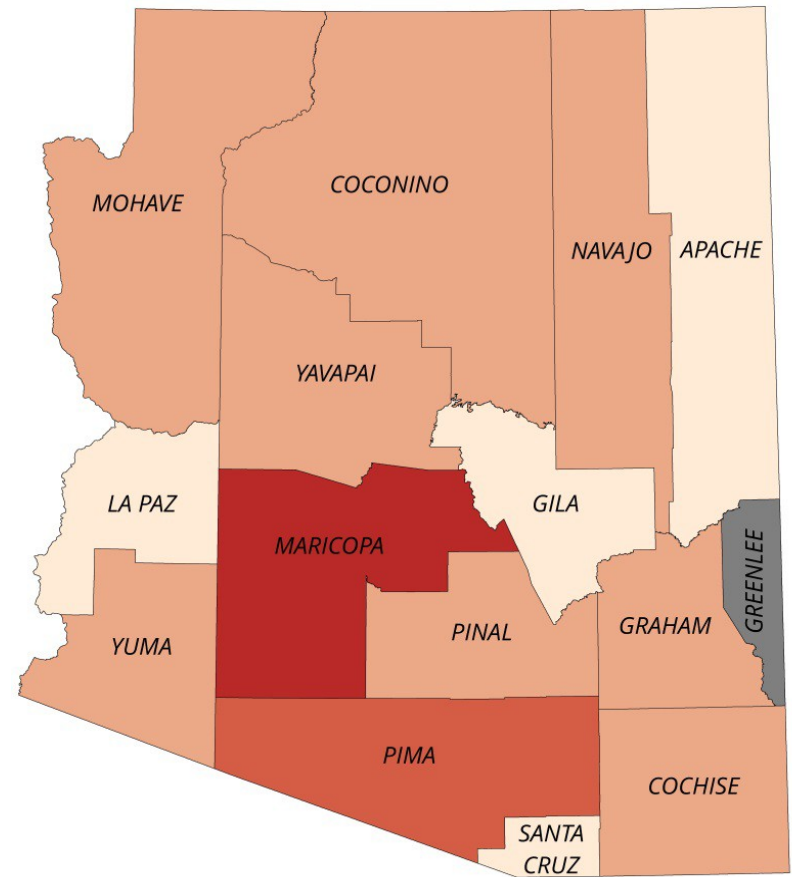


of the possible opioid overdoses were **fatal**

1,557 possible opioid overdoses



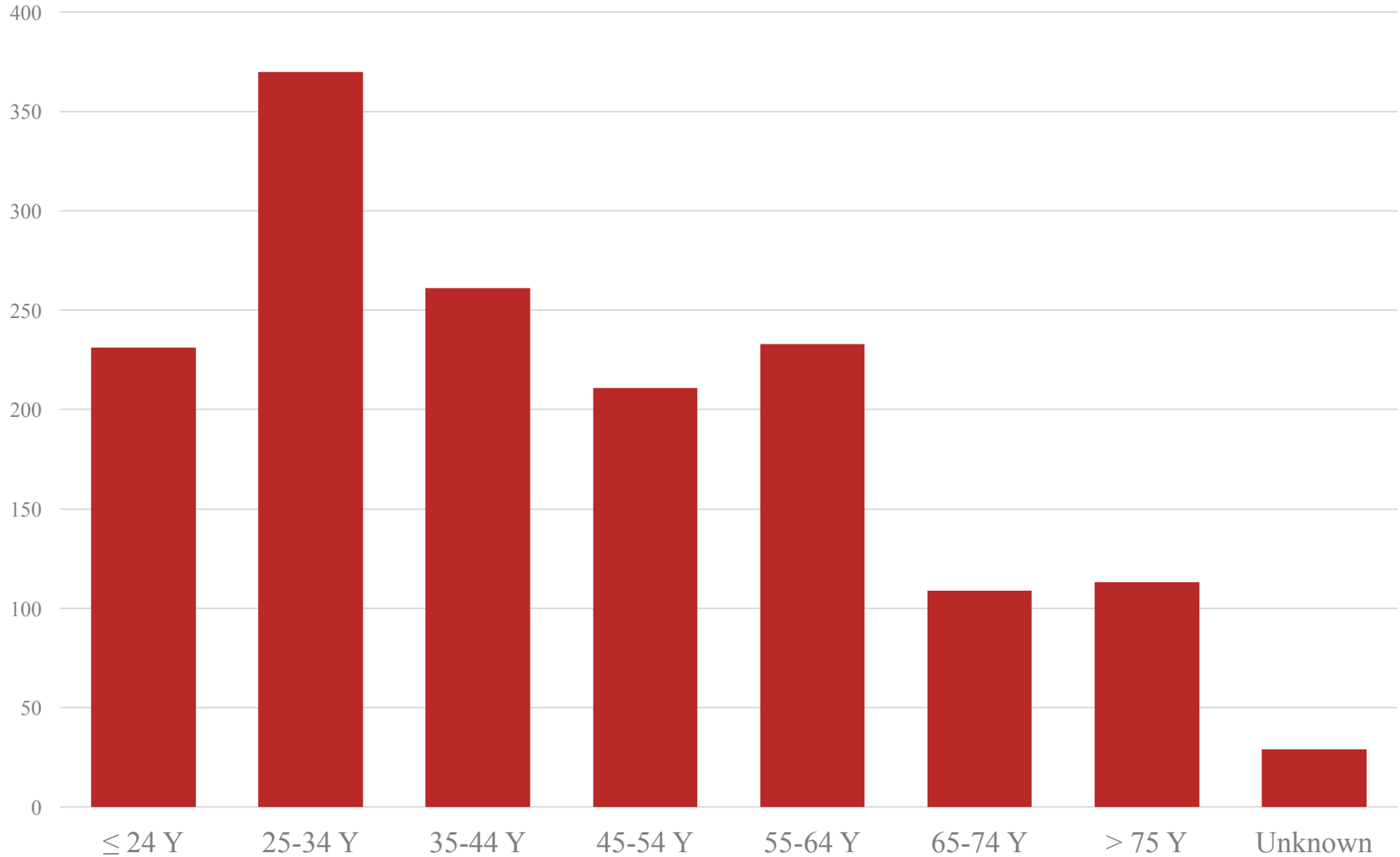
of the possible opioid overdoses were **fatal**



14 out of 15 counties have reported a possible opioid overdose.

Opioid Overdoses & Deaths

1,557 possible opioid overdoses



Opioid Overdoses & Deaths

1,557 possible opioid overdoses

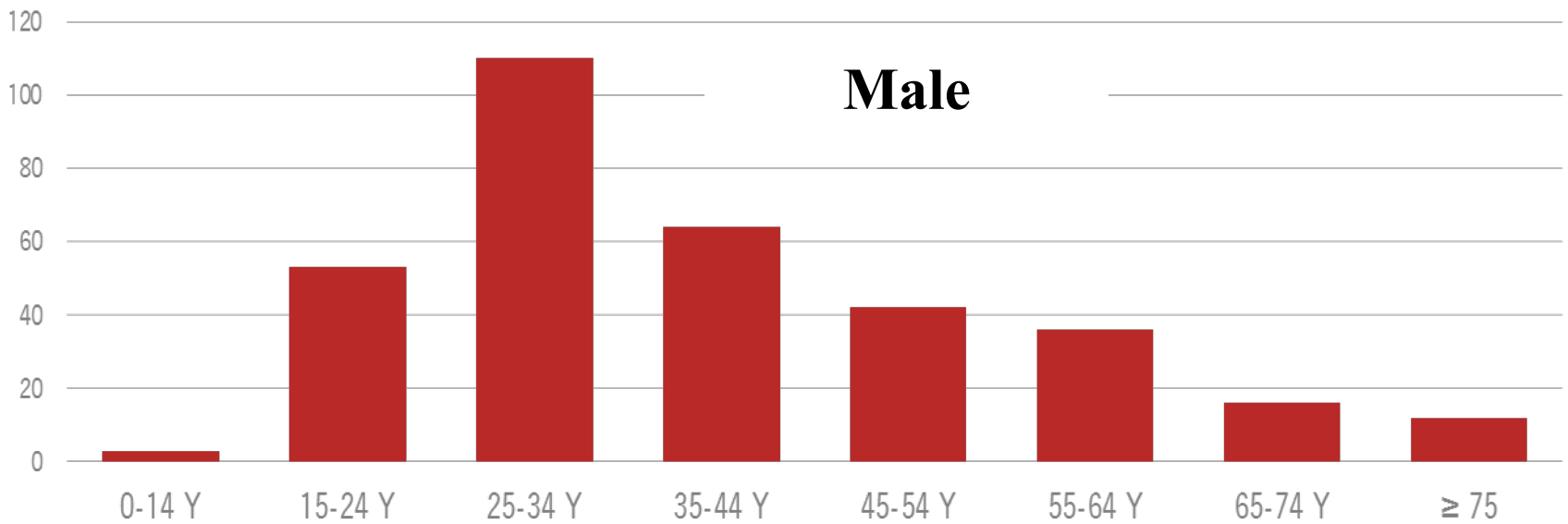
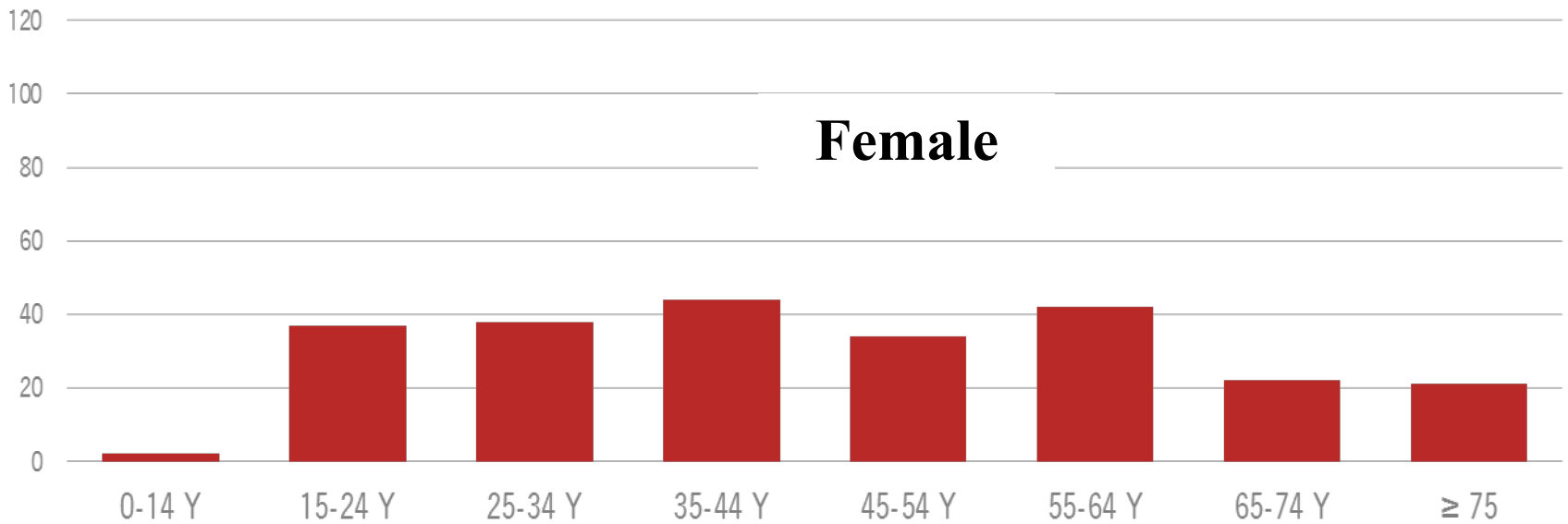


41%

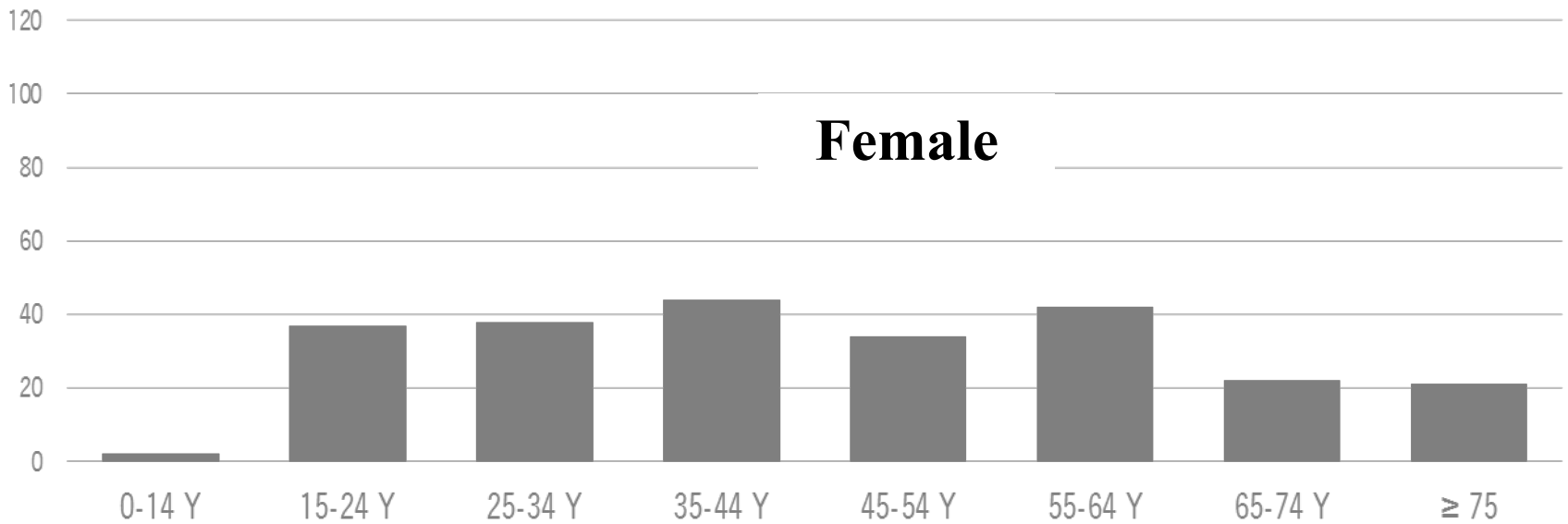


59%

Opioid Overdoses & Deaths

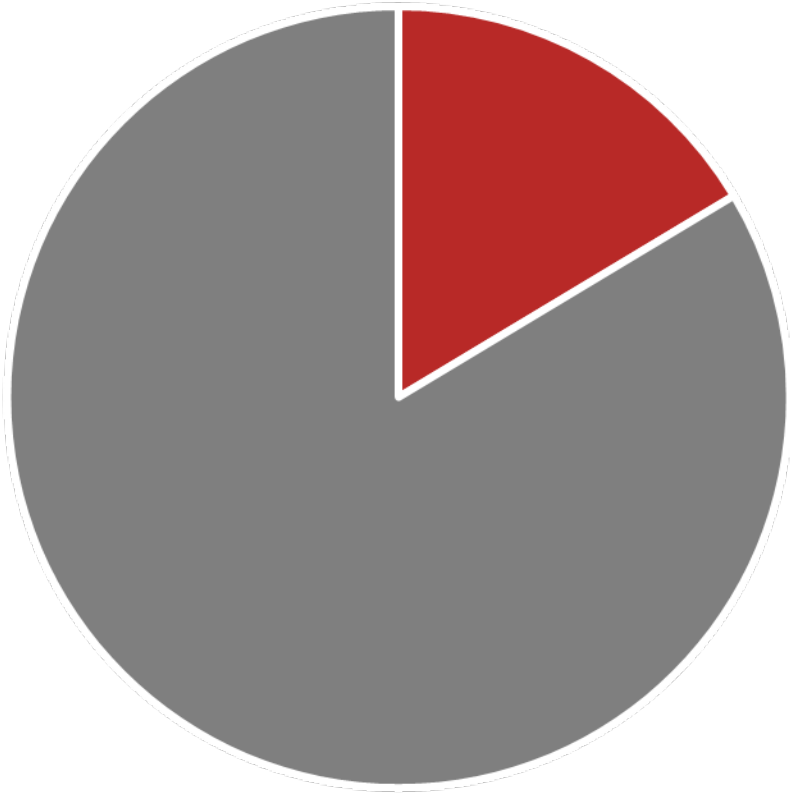


Opioid Overdoses & Deaths

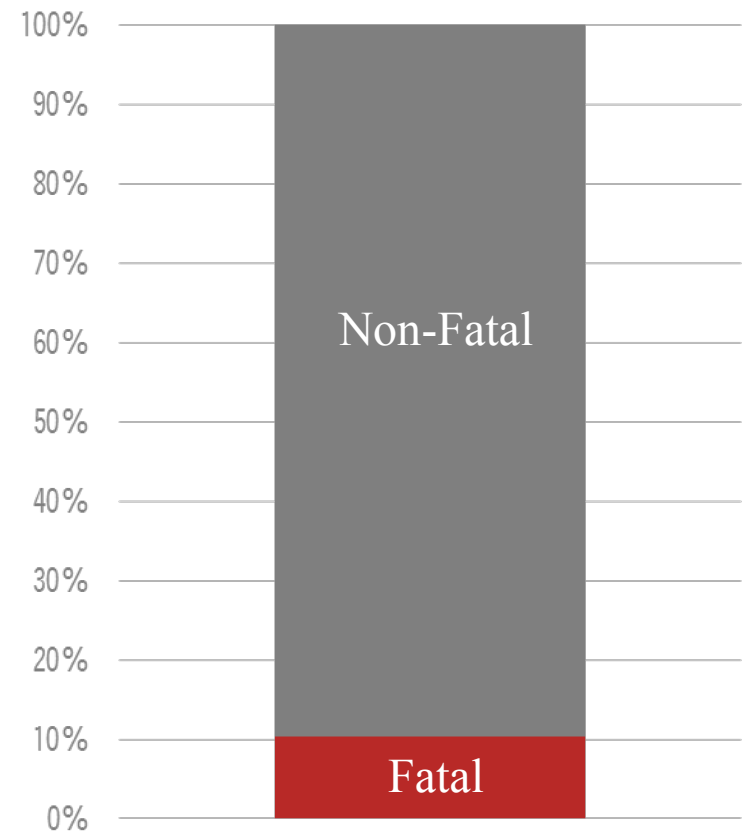
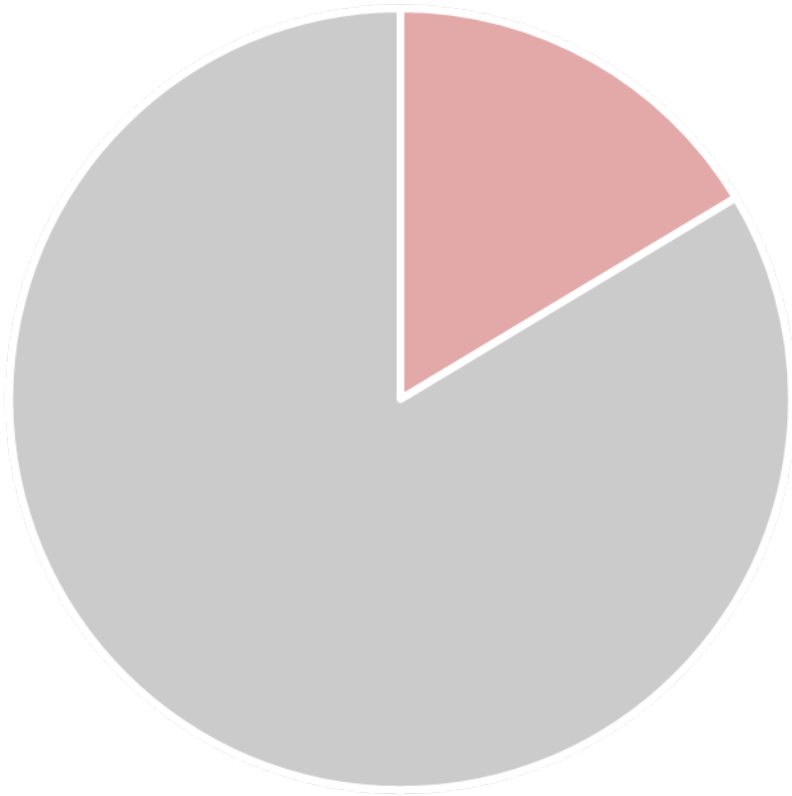


Opioid Overdoses & Deaths

255 (16%) of possible opioid overdoses during the enhanced surveillance period were hospitalized in 2016 with an opioid-related cause.



Prior Hospitalization



And 10% of those resulted in a fatal overdose during our enhanced surveillance period.

Prior Hospitalization

Repeat Overdoses

During the enhanced surveillance period, 10 individuals had multiple overdoses.

9 individuals overdosed twice and 1 overdosed 3 times.

Opioid Prescriptions to Possible Overdose Cases

There were 8,430 opioid prescriptions written for 794 possible opioid overdoses over the past year.

There were **8,430 opioid prescriptions** written for **794 possible opioid overdoses** over the past year.

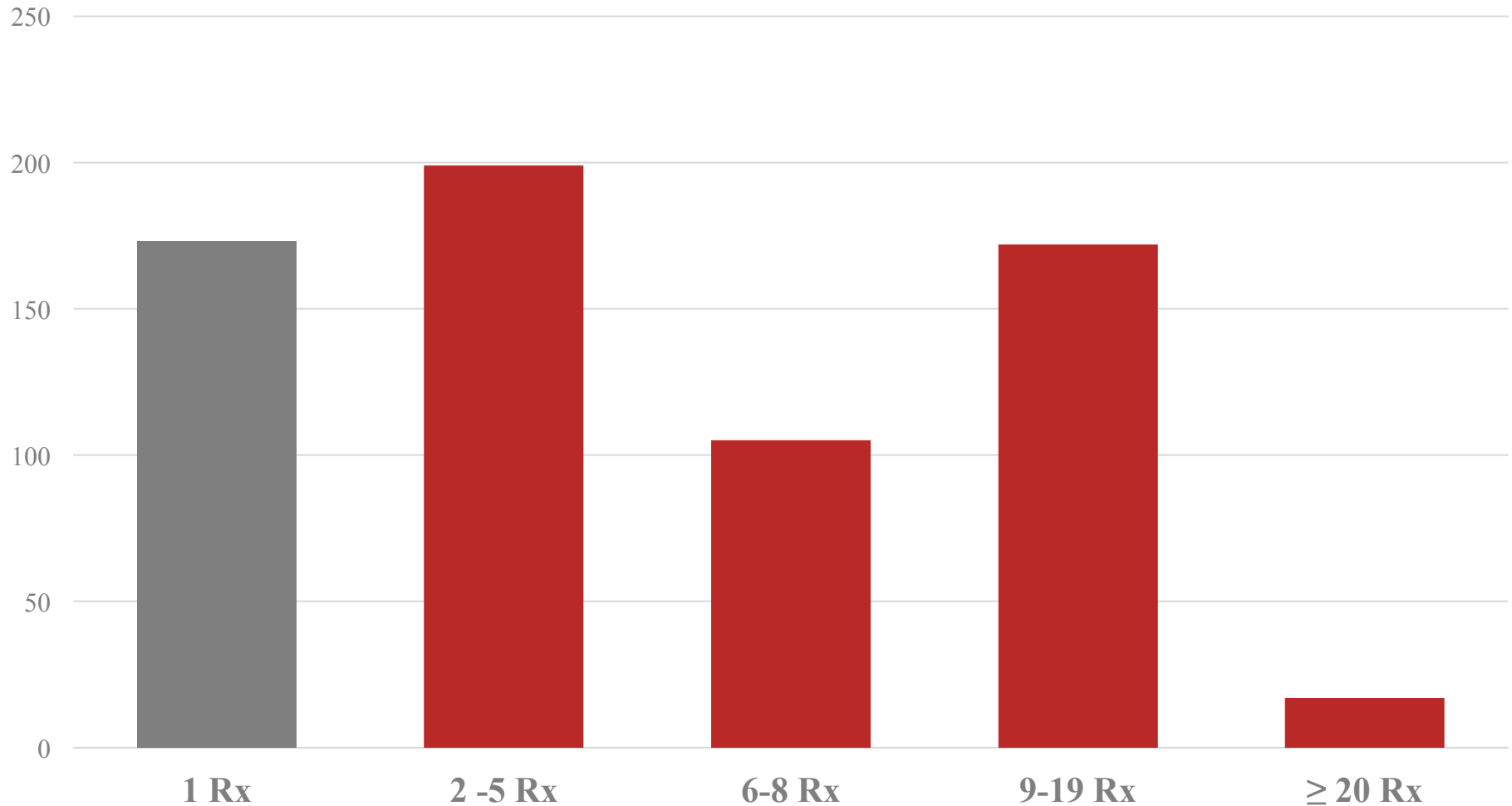
The **average MME** per individual over the last year was **96**.

There were **8,430 opioid prescriptions** written for **794 possible opioid overdoses** over the past year.



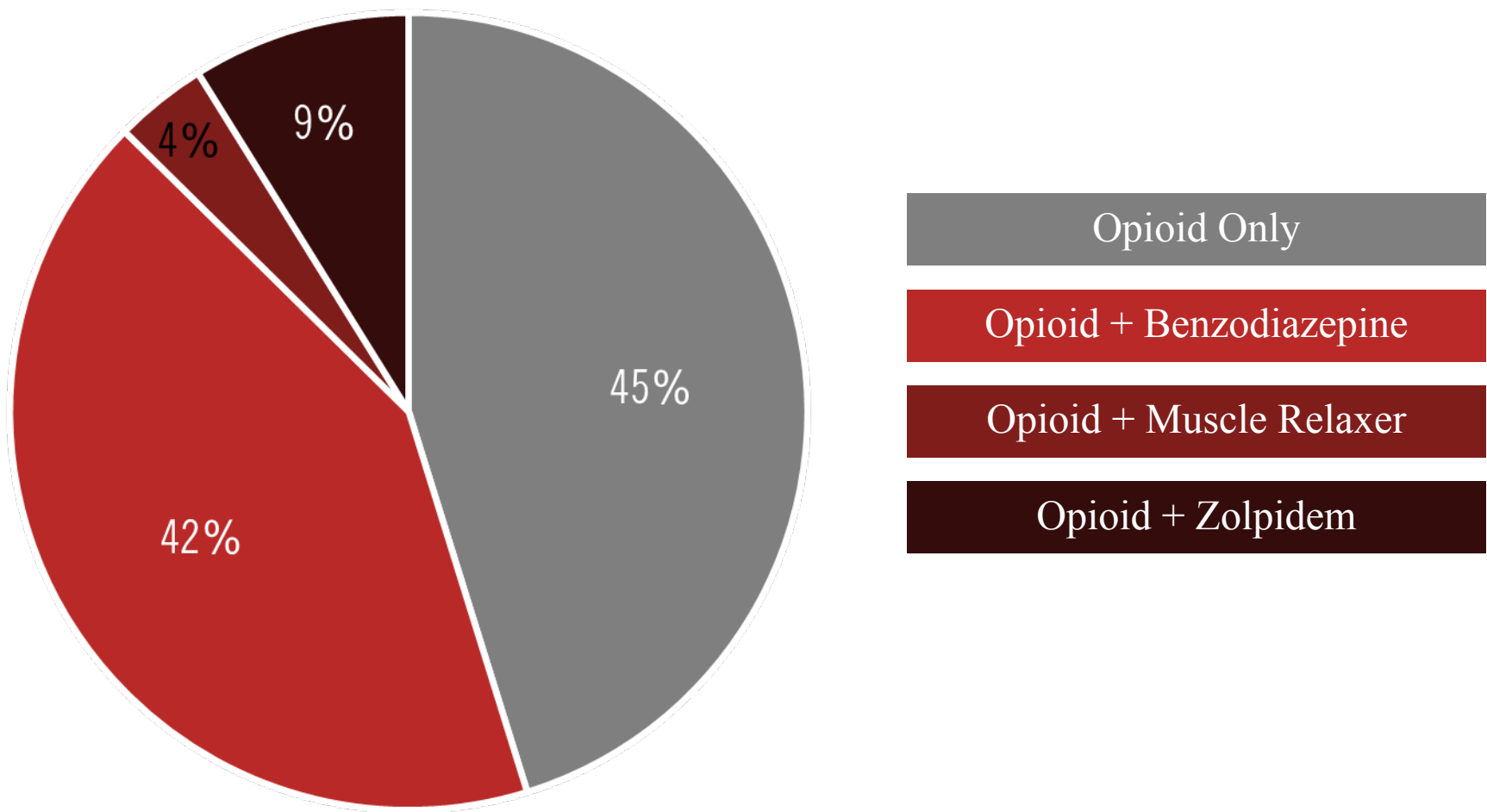
Opioid Prescriptions to Possible Overdose Cases

In 2017, 493 (74%) individuals had more than one opioid prescription.

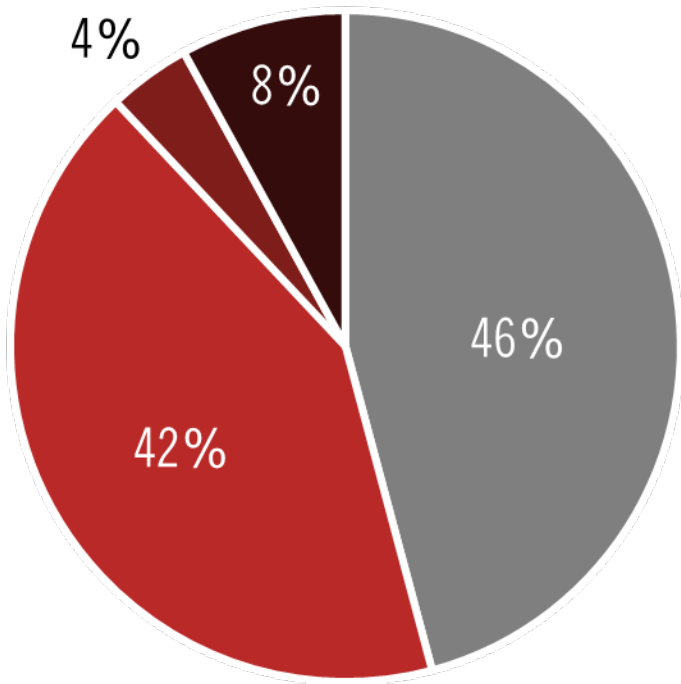


Opioid Prescriptions to Possible Overdose Cases

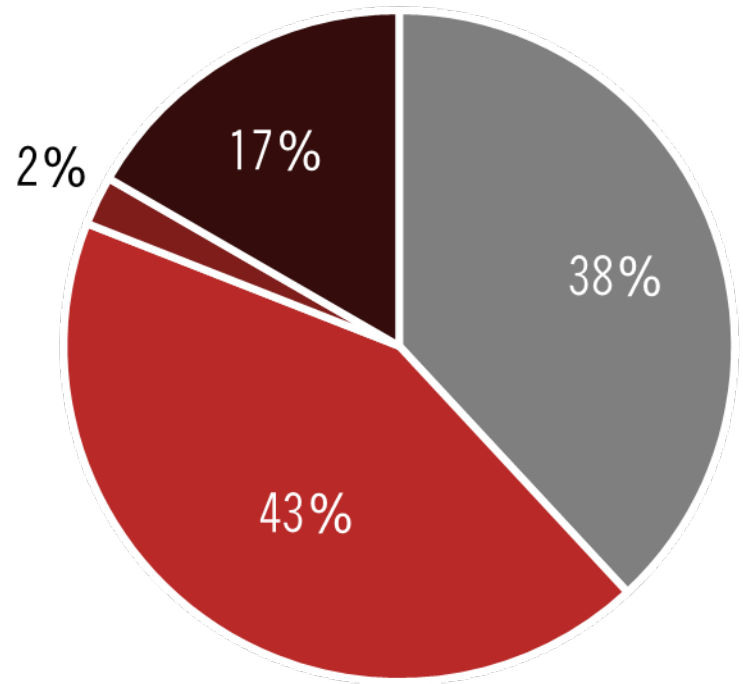
During 2017, the most common drug combination was **opioids** and **benzodiazepines**.



Opioid Prescriptions to Possible Overdose Cases



Non-fatal



Fatal

Opioid Only

Opioid + Benzodiazepine

Opioid + Muscle Relaxer

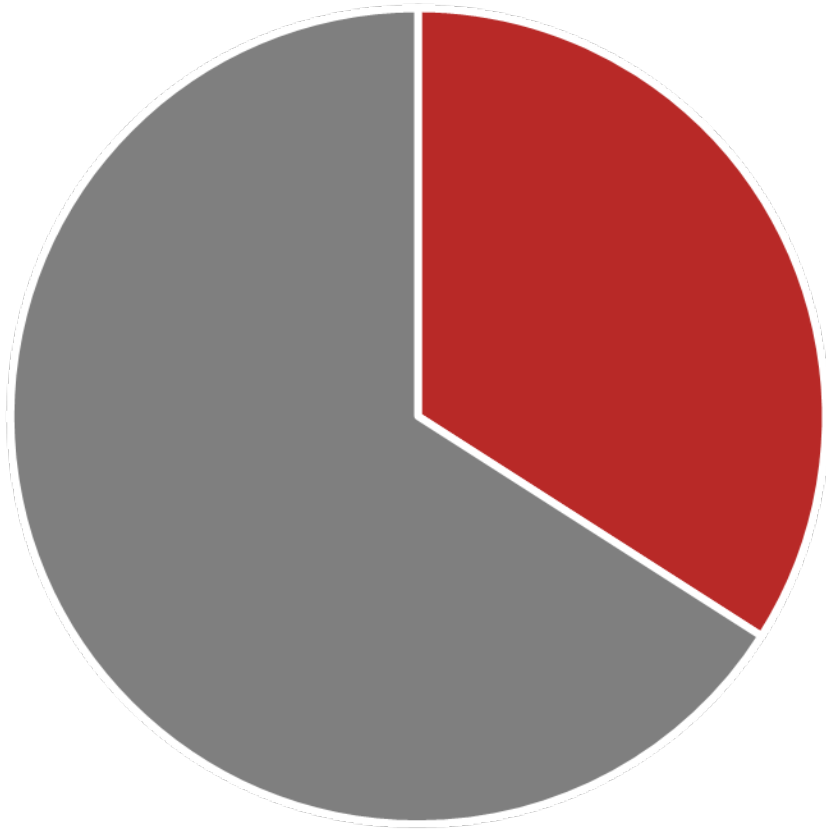
Opioid + Zolpidem

Opioid Prescriptions to Possible Overdose Cases

Two months prior to the overdose,

Two months prior to the overdose,

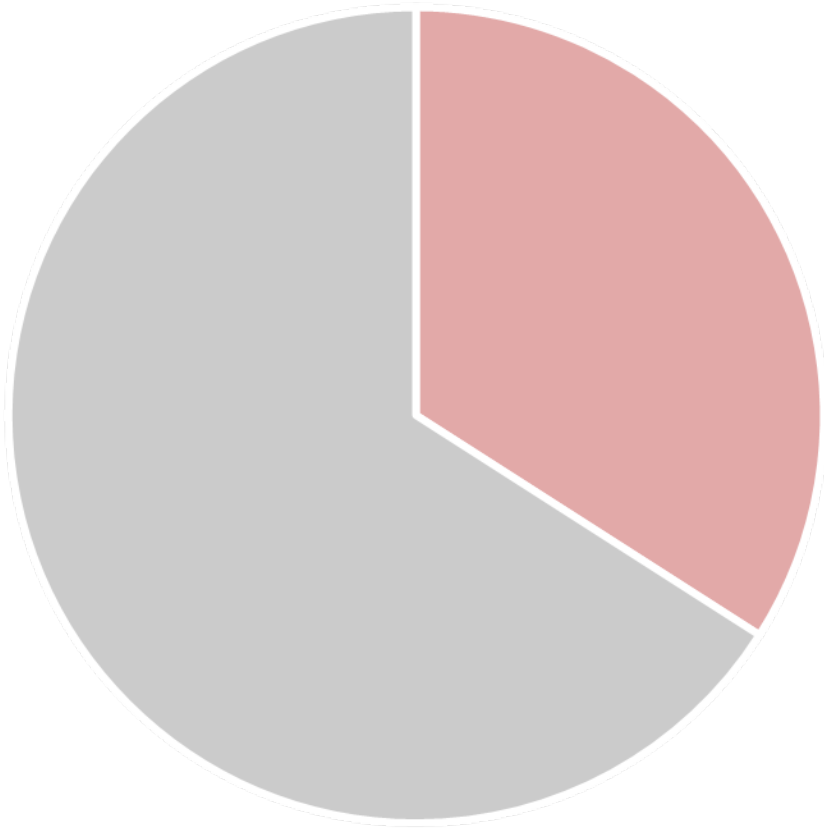
535 (33%) of possible opioid overdoses had an opioid prescription.



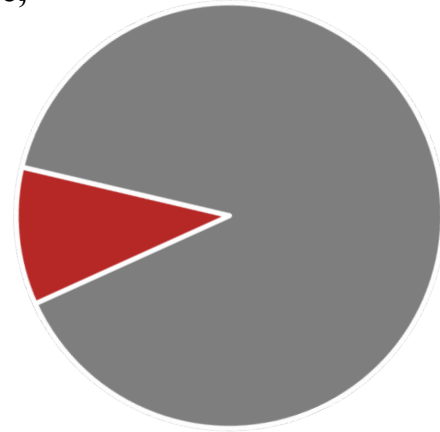
Opioid Prescriptions to Possible Overdose Cases

Two months prior to the overdose,

535 (33%) of possible opioid overdoses had an opioid prescription.



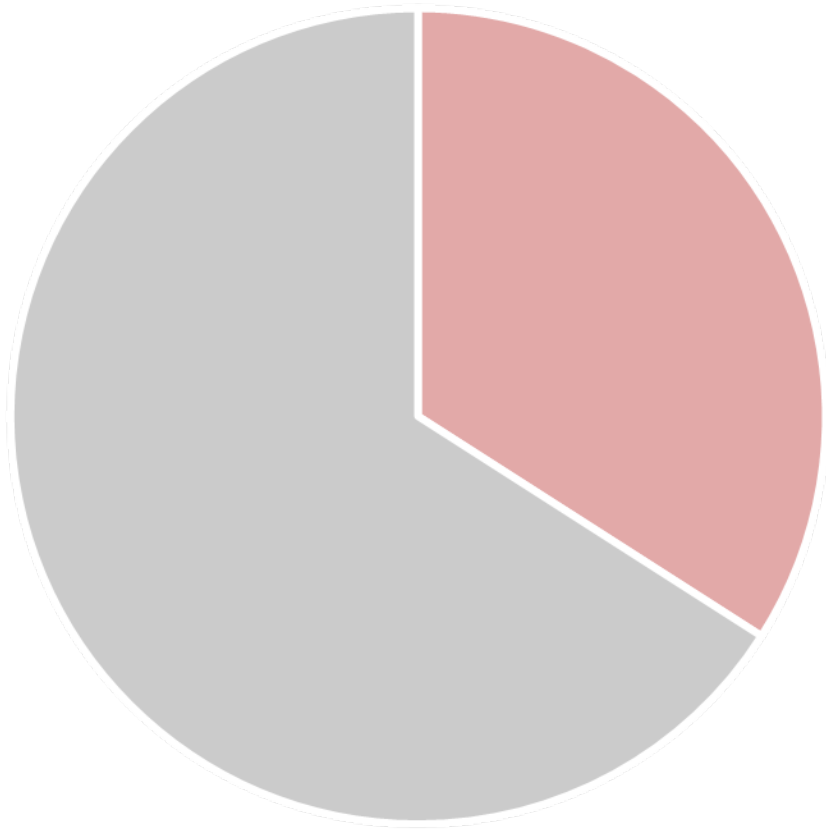
12% of those individuals with an opioid prescription two months prior had a fatal overdose,



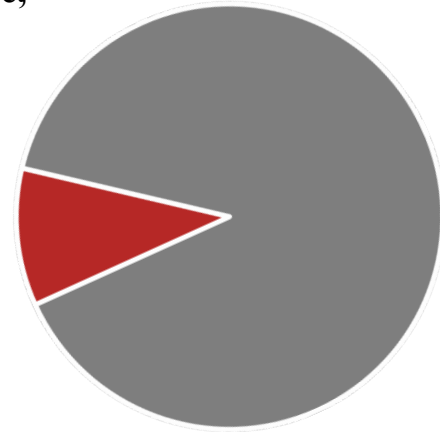
Opioid Prescriptions to Possible Overdose Cases

Two months prior to the overdose,

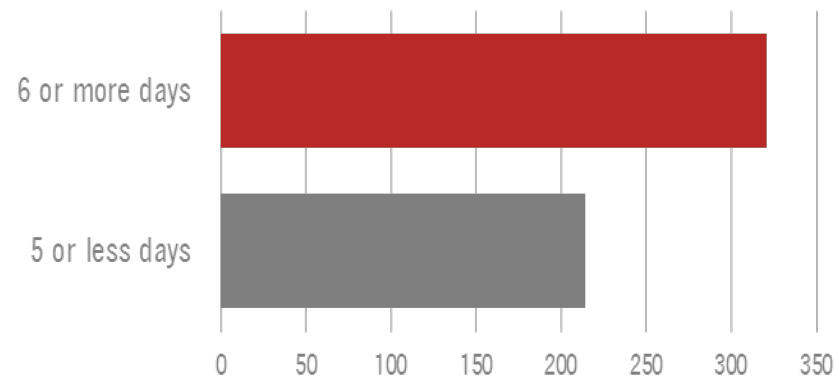
535 (33%) of possible opioid overdoses had an opioid prescription.



12% of those individuals with an opioid prescription two months prior had a fatal overdose,



& 60% had an opioid prescription written for 6 or more days.

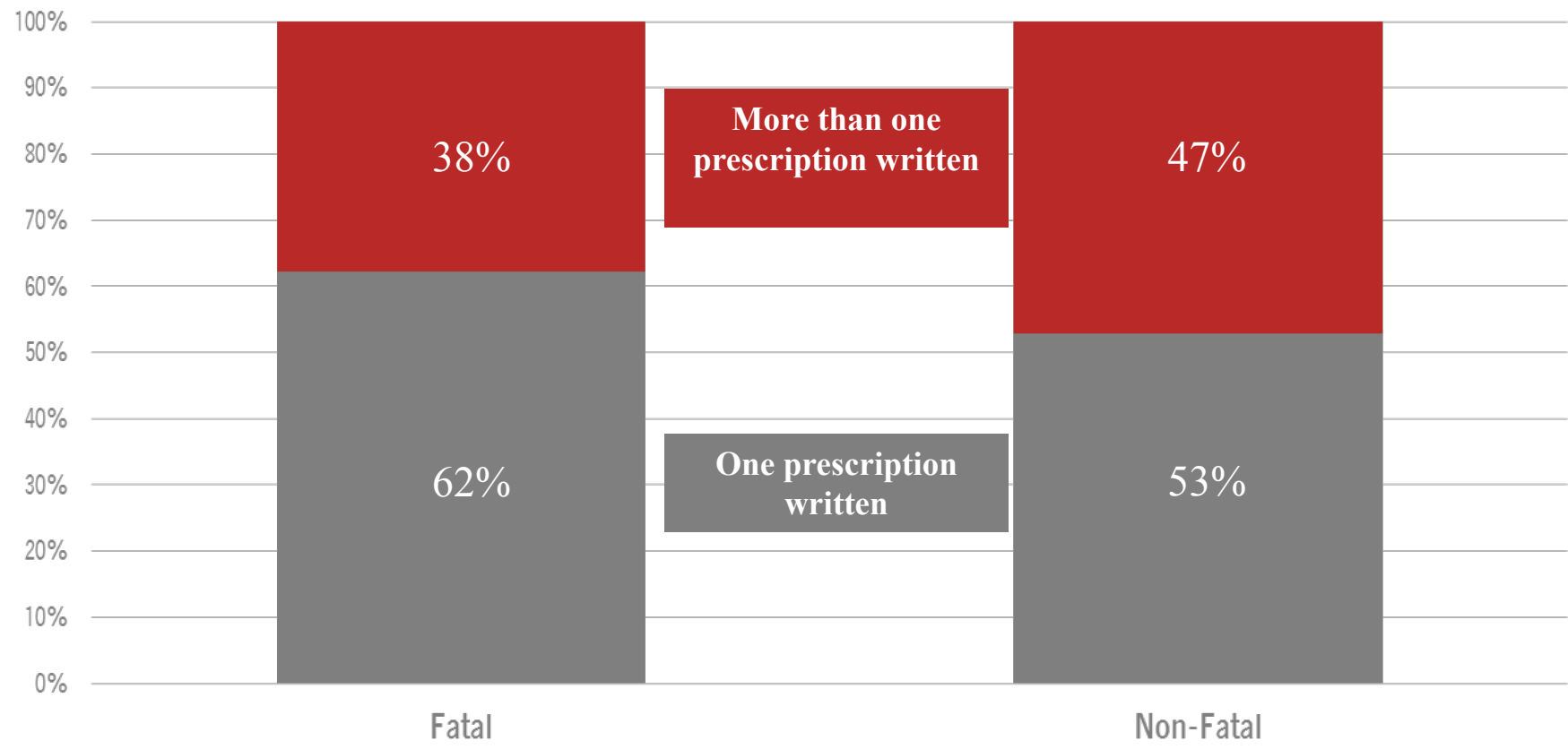


Opioid Prescriptions to Possible Overdose Cases

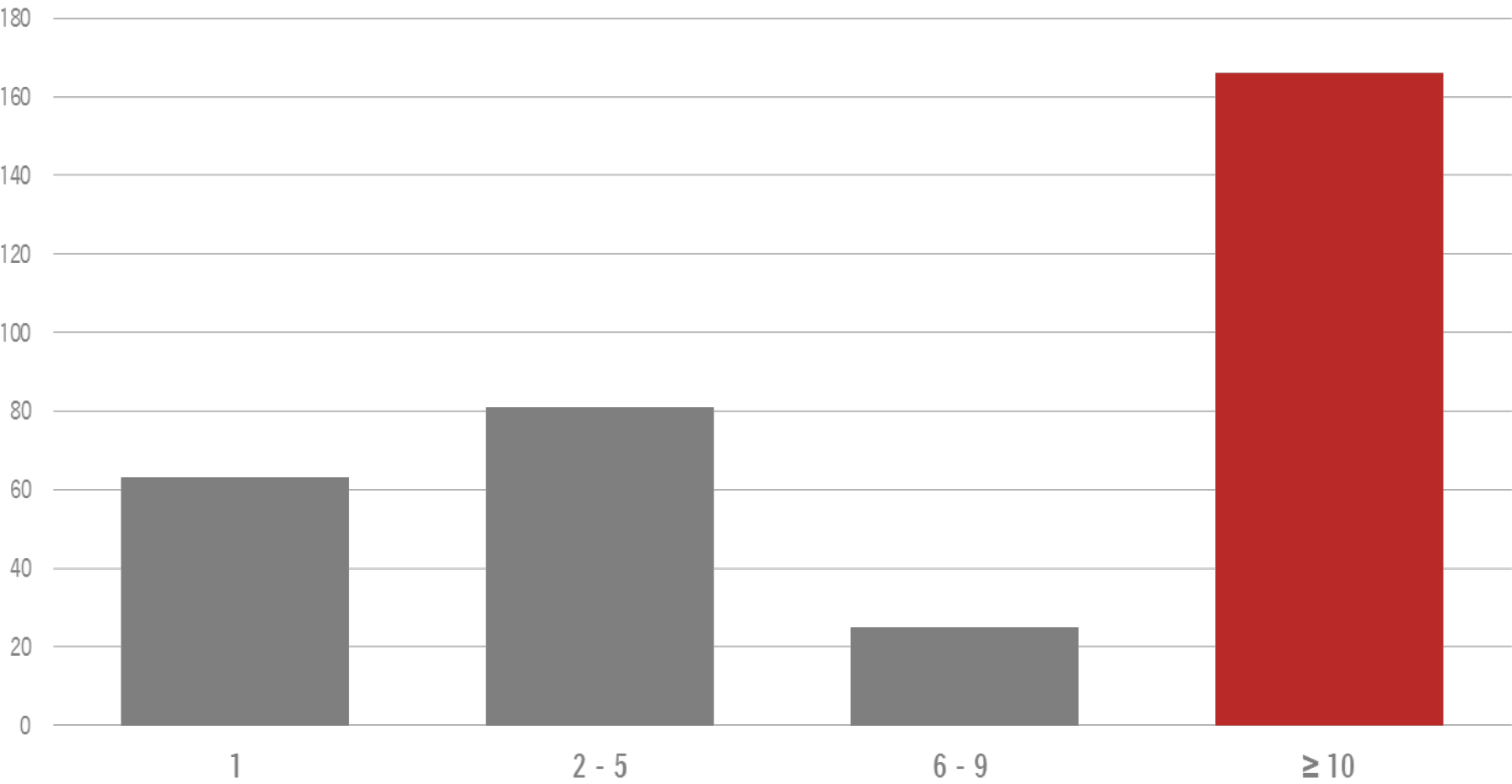
During 2017, 502 prescribers wrote an opioid prescription to a possible opioid overdose.

There were **457** providers who wrote opioid prescriptions to **non-fatal** possible opioid overdoses and **45** providers who wrote opioid prescriptions to **fatal** possible opioid overdoses.

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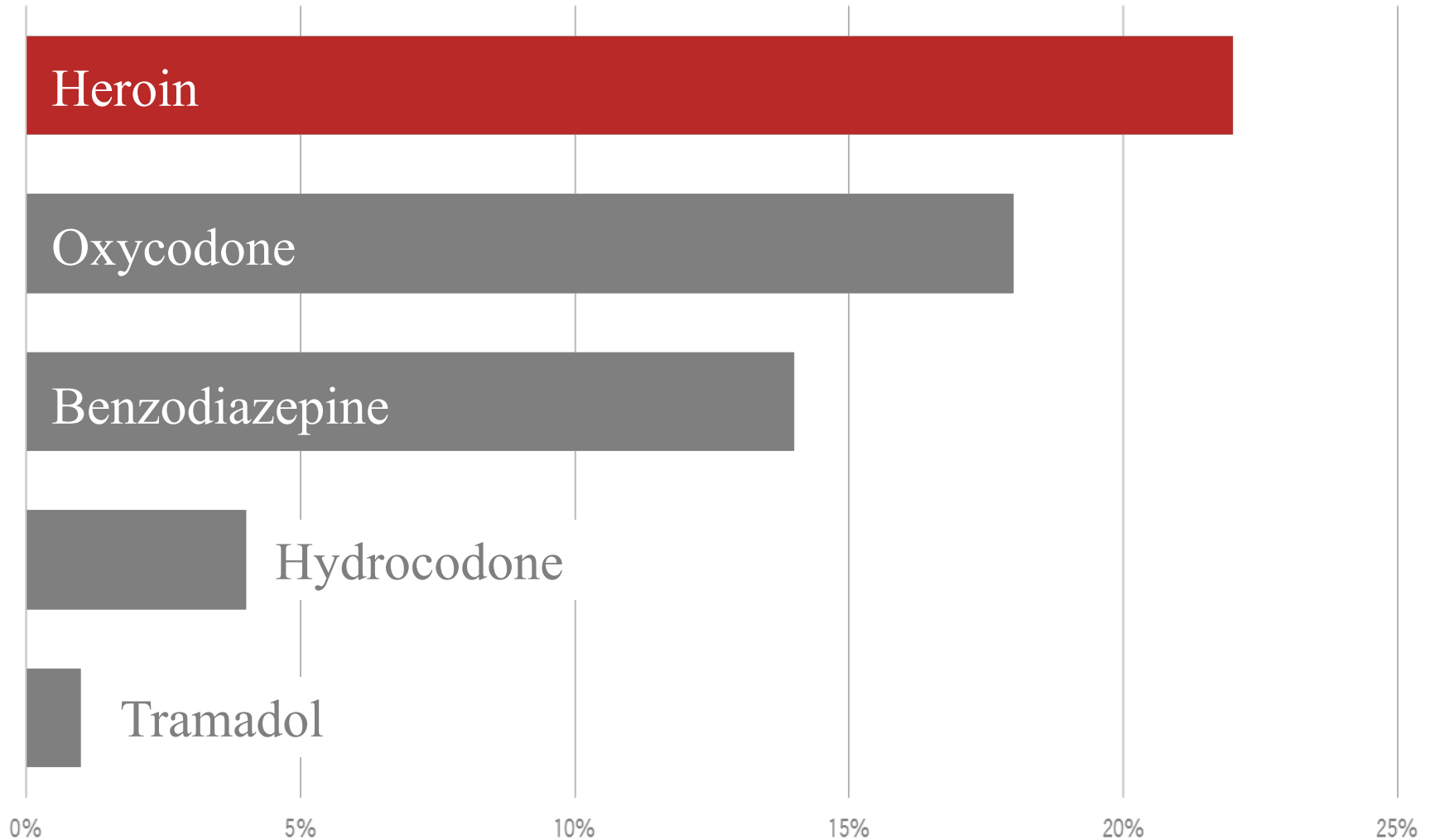


50% of individuals who experienced an overdose during the enhanced surveillance period had **10 or more** providers prescribe opioids to them over the last year.



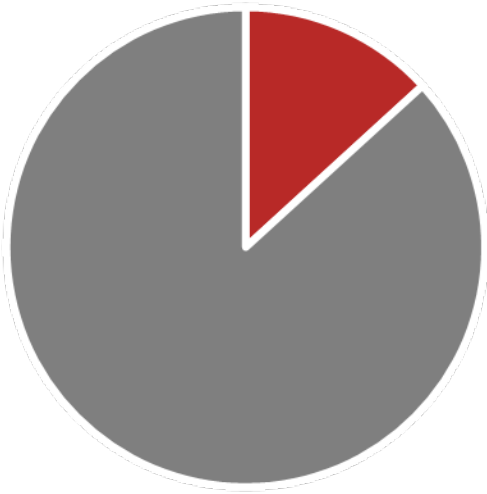
Opioid Prescriptions by Providers

Heroin was the drug most commonly noted in the overdose reports.



Drugs Reported by Hospitals & Medical Examiners

Of those with **heroin** noted in the opioid overdose report, **19%** were **fatal**. During this time period there were no fatalities associated with tramadol.



Heroin



Oxycodone

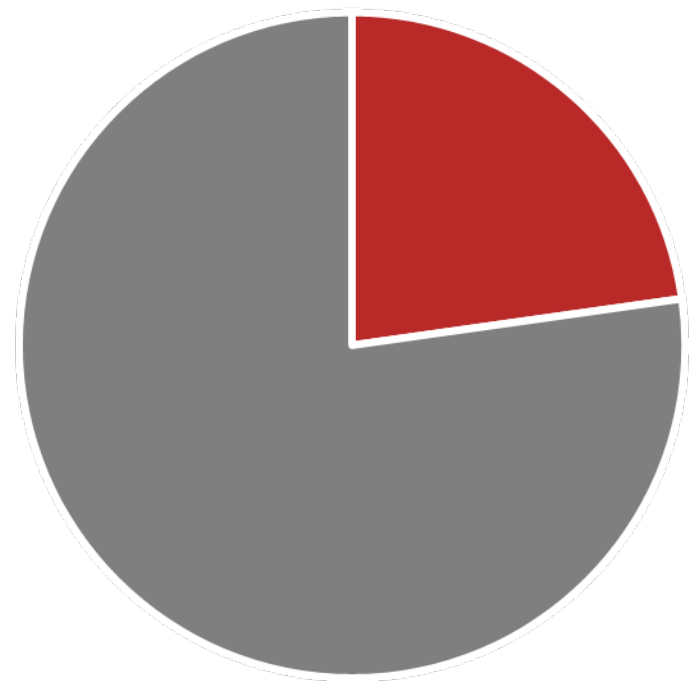


Hydrocodone



Benzodiazepine

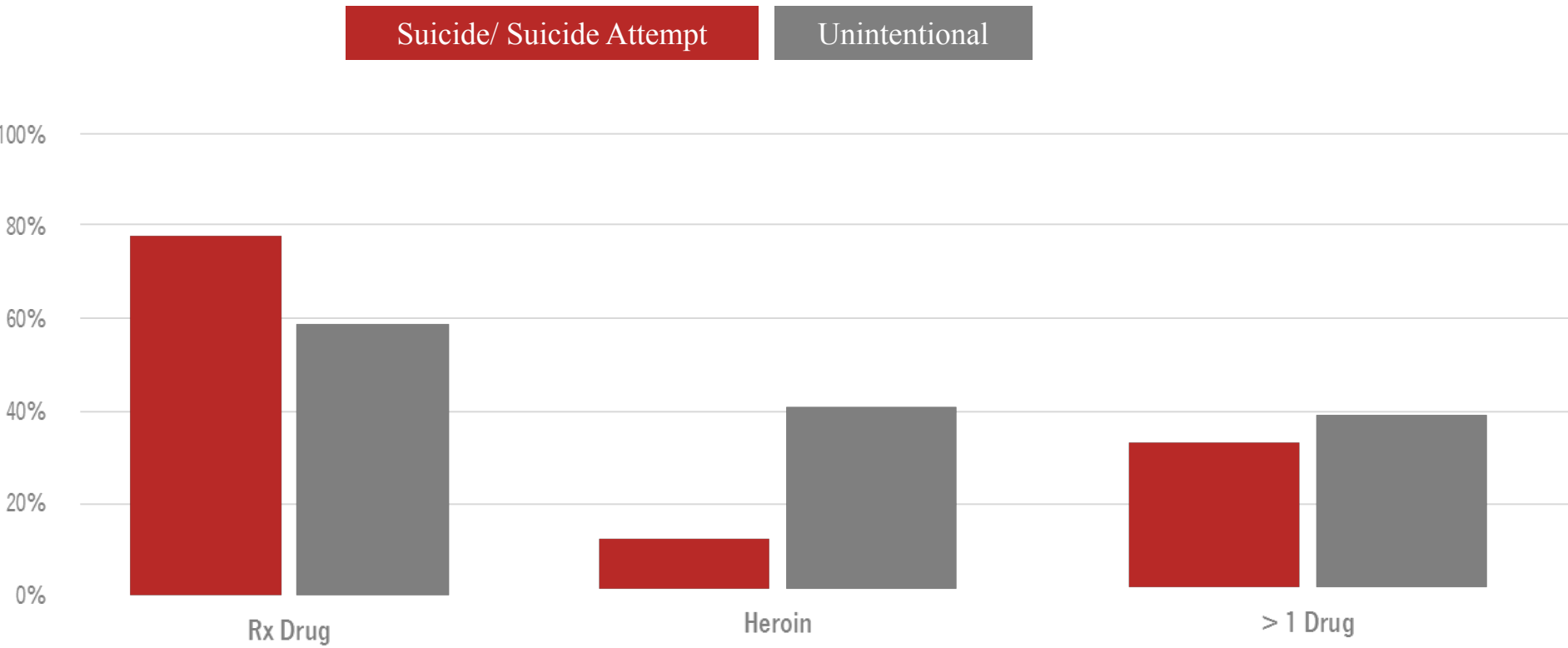
Drugs Reported by Hospitals & Medical Examiners



23% of the possible opioid overdoses were suicide or suicide attempts.

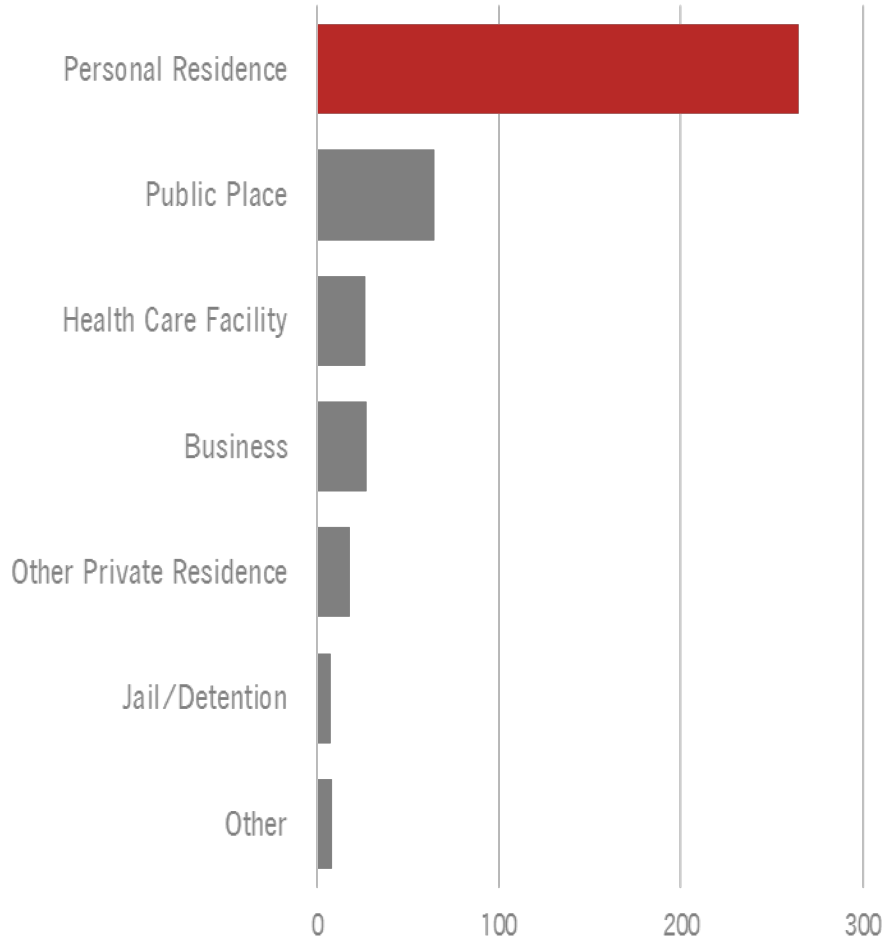
Suicide/ Suicide Attempts

A large majority of **suicides or suicide attempts** reported taking a prescription opioid.



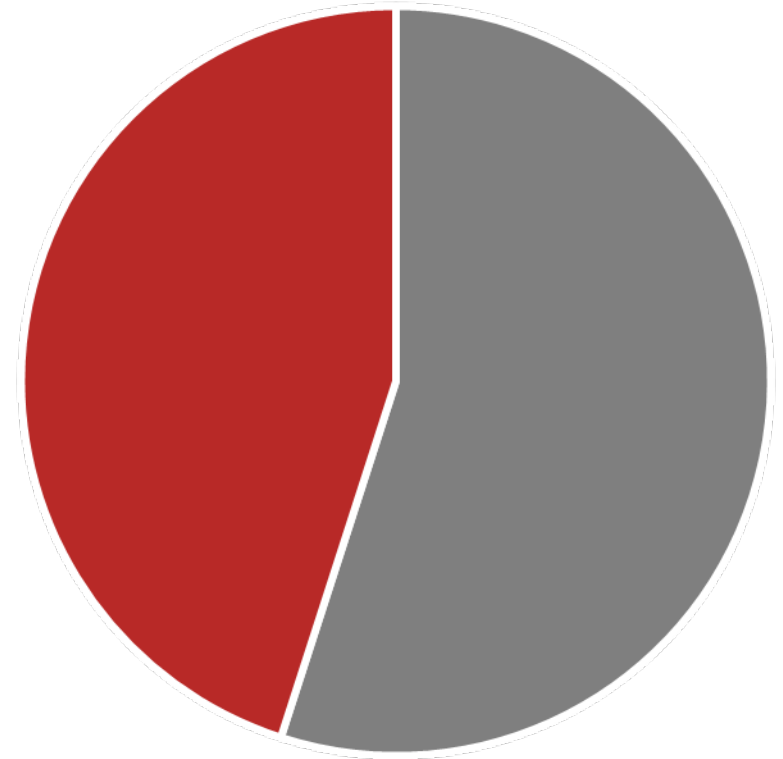
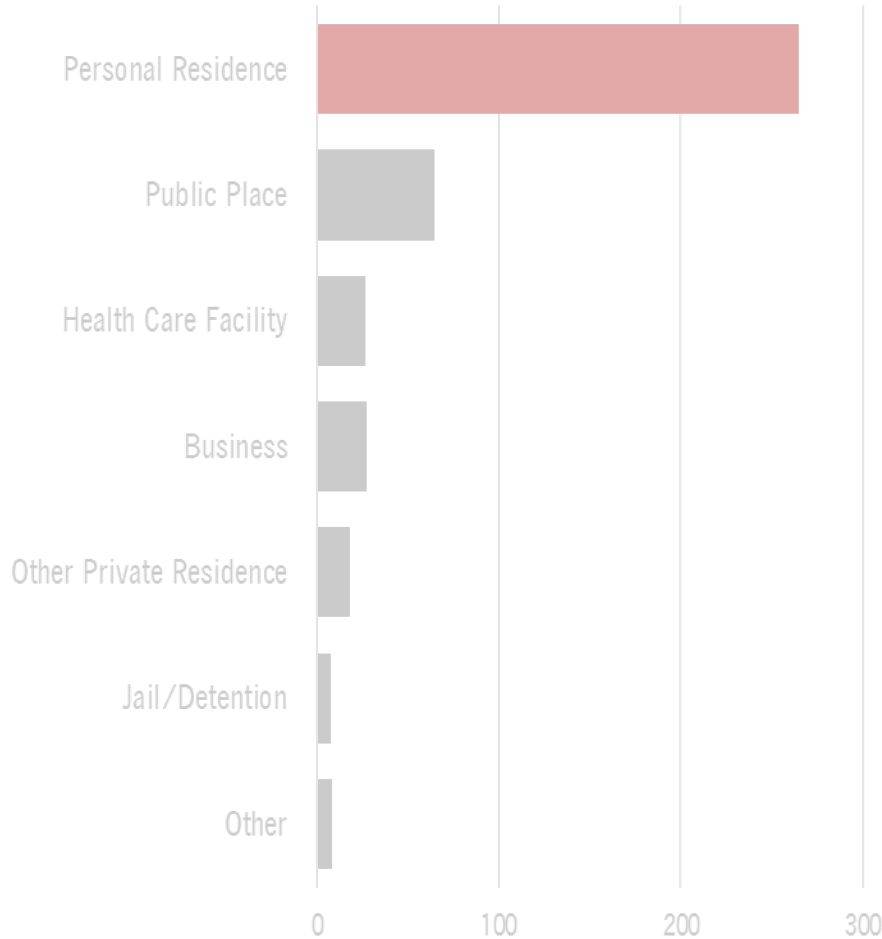
Suicide/ Suicide Attempts

A majority of the possible opioid overdoses occurred in a personal residence.



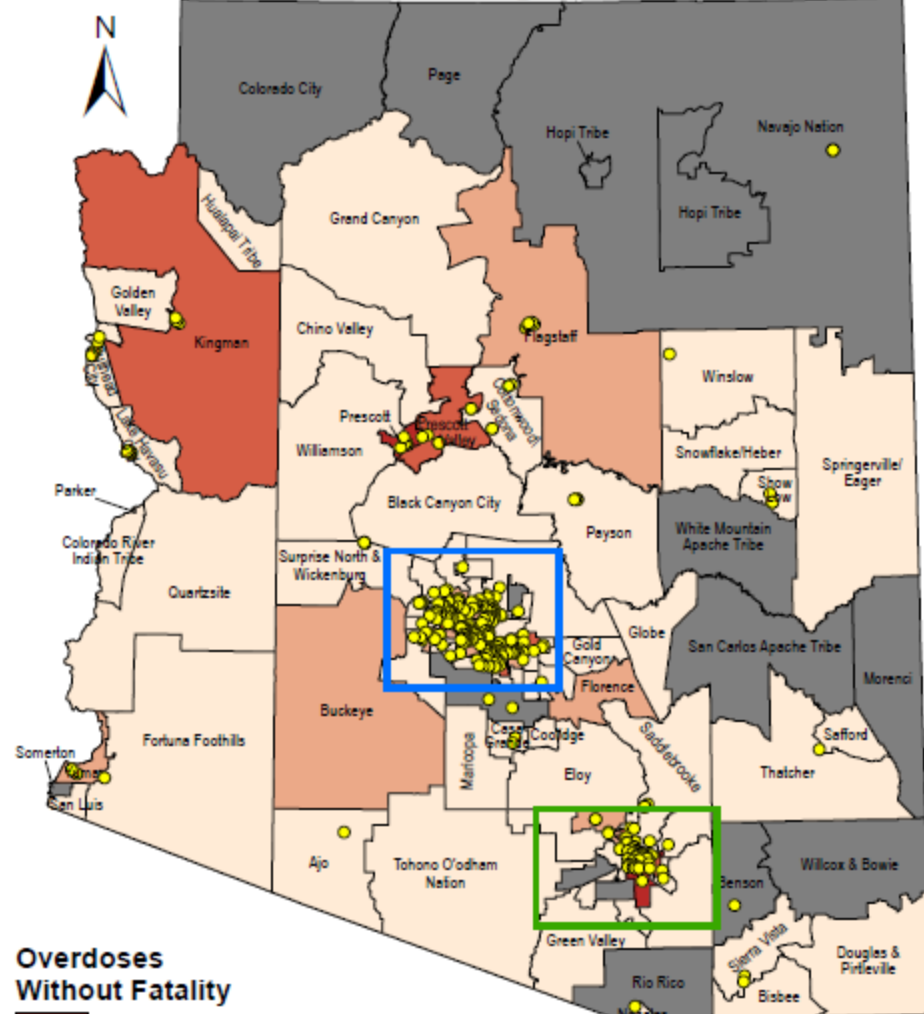
A **majority** of the possible opioid overdoses occurred in a personal residence.

45% of individuals were referred to behavioral health after their possible opioid overdose.



Overdose Location & Behavioral Health Referral

Number of Suspected Opioid Overdose Related Events Without Fatality by Primary Care Area (PCA), June 15, 2017 - August 10, 2017*



Overdoses Without Fatality

> 30

21 - 30

11 - 20

1 - 10

No Non-Fatal Overdoses

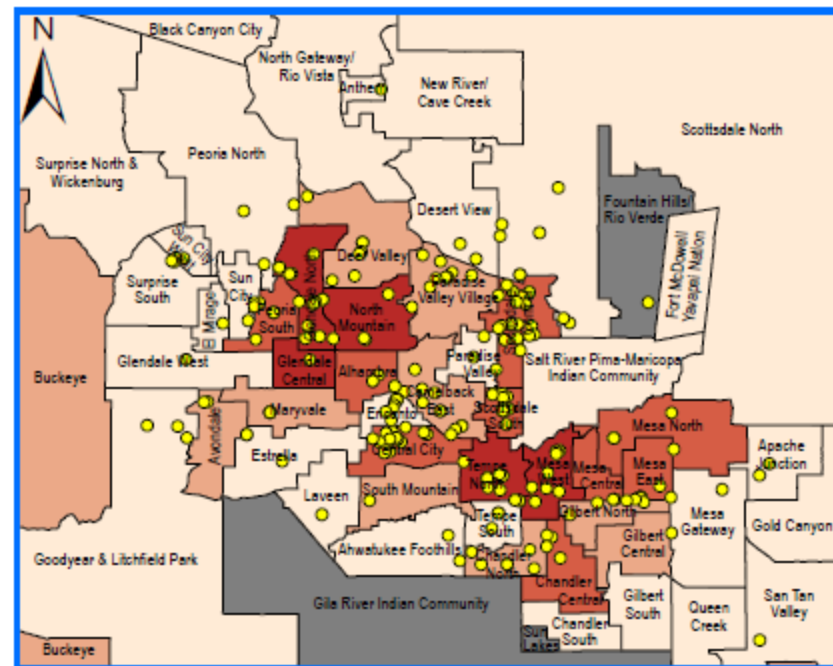
Not For Public Distribution

● Medication-Assisted Treatment (MAT) Providers

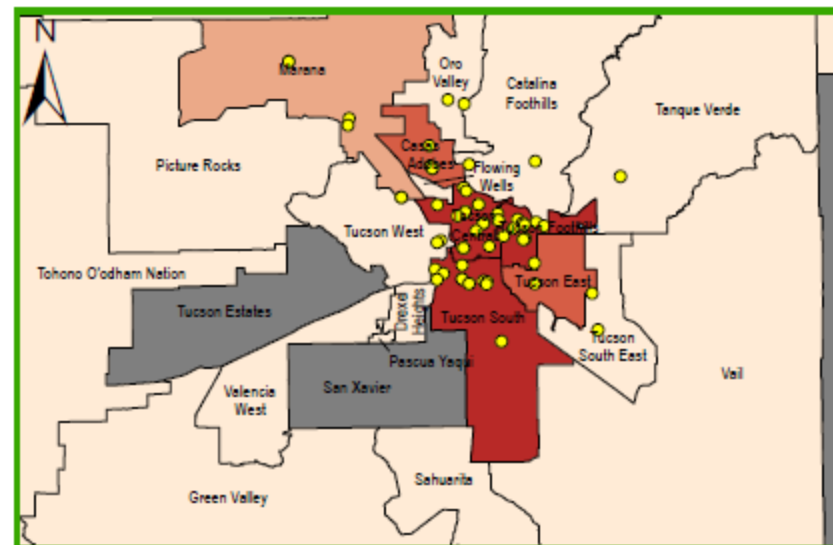
*146 overdoses (10.8%) were not assigned a PCA

ARIZONA DEPARTMENT OF HEALTH SERVICES
Data Source: AZ-PIERS and MEDSIS

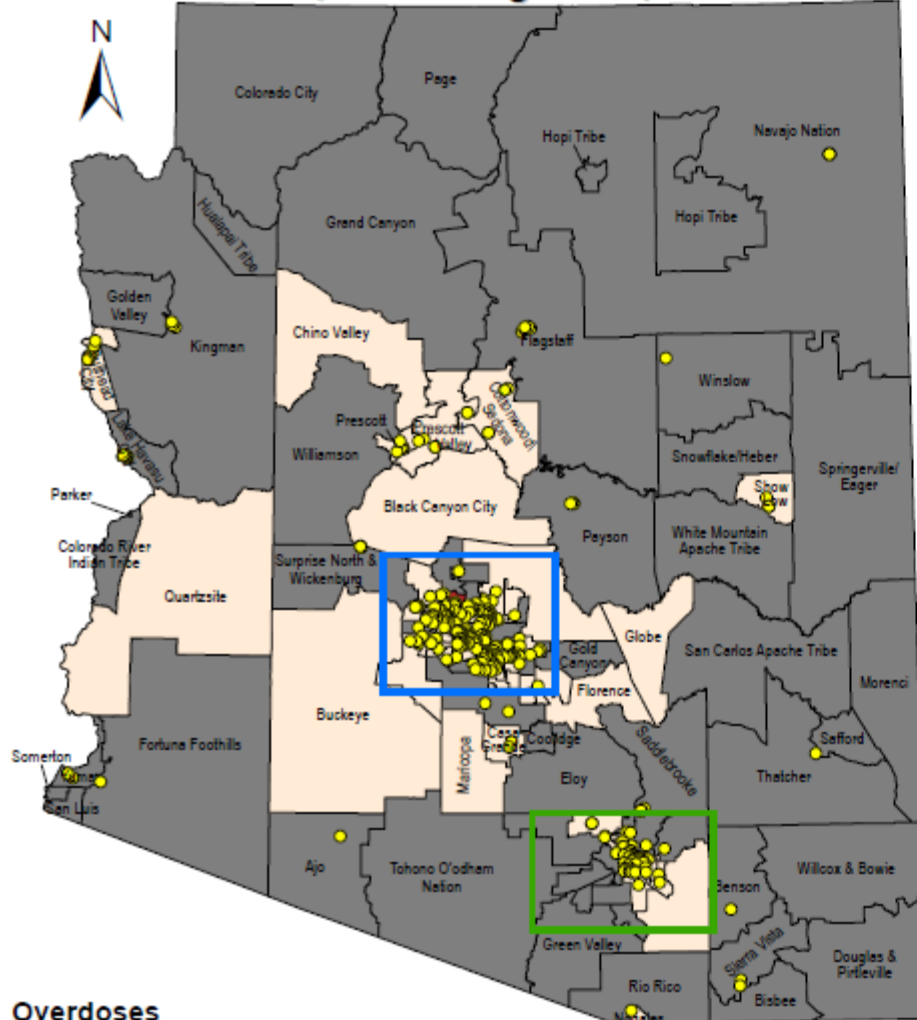
Metro Phoenix



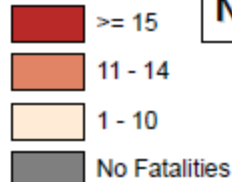
Metro Tucson



Number of Suspected Opioid Overdose Related Events With Fatality by Primary Care Area (PCA), June 15, 2017 - August 10, 2017*



Overdoses With Fatality



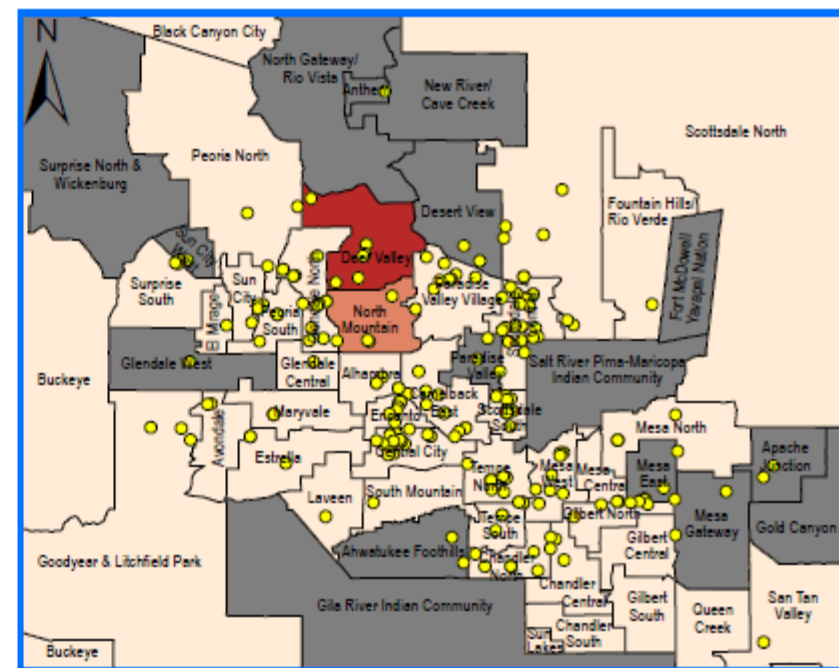
Not For Public Distribution

● Medication-Assisted Treatment (MAT) Providers

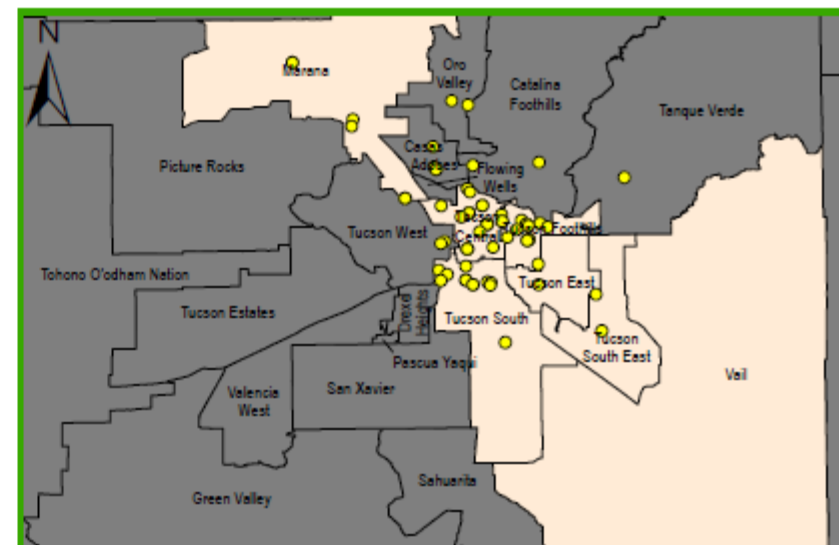
*23 fatalities (11.4%) were not assigned a PCA

ARIZONA DEPARTMENT OF HEALTH SERVICES
Data Source: AZ-PIERS and MEDSIS

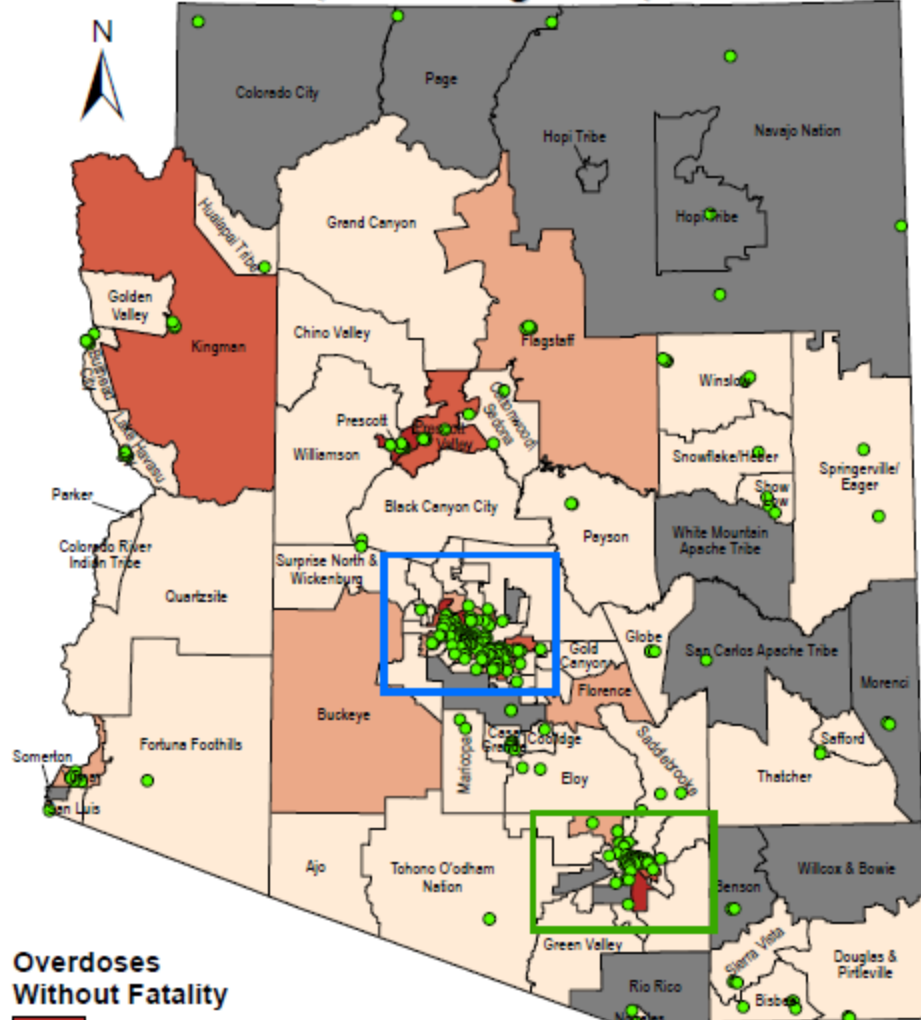
Metro Phoenix



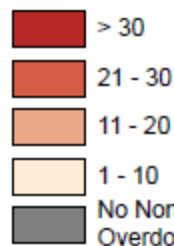
Metro Tucson



Number of Suspected Opioid Overdose Related Events Without Fatality by Primary Care Area (PCA), June 15, 2017 - August 10, 2017*



Overdoses Without Fatality



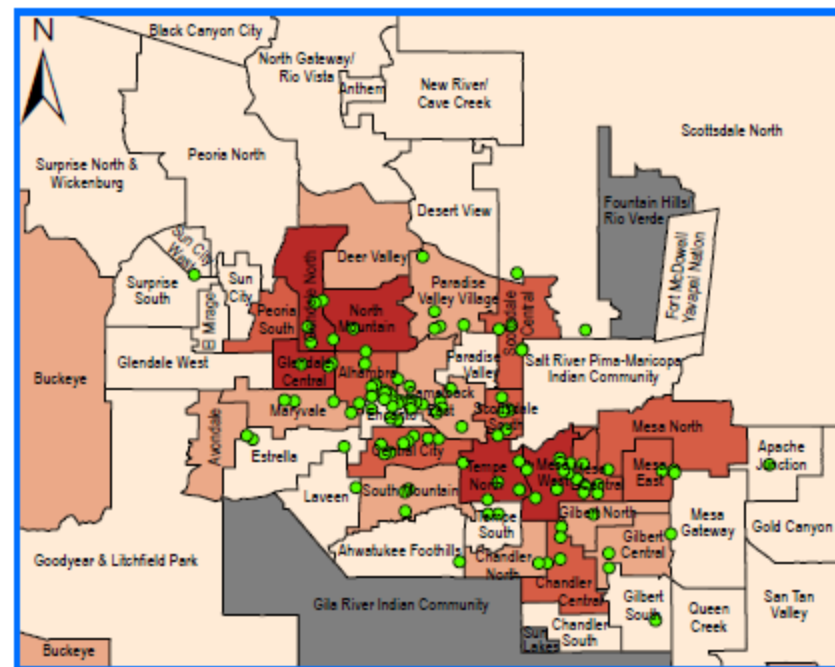
Not For Public Distribution

● Substance Abuse (SA) Services

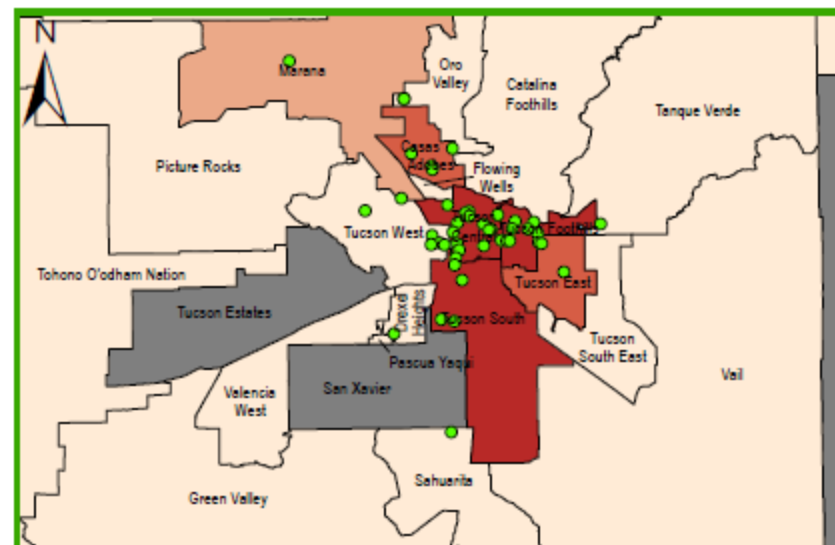
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ARIZONA DEPARTMENT OF HEALTH SERVICES
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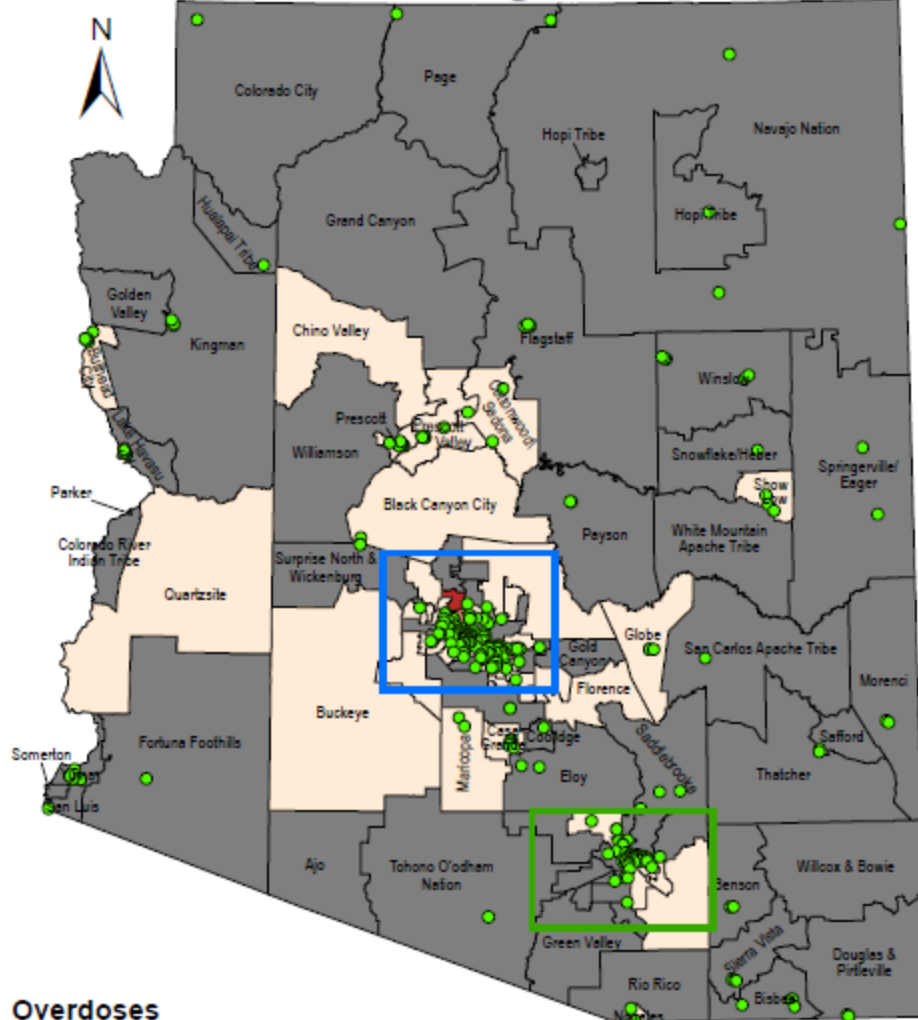
Metro Phoenix



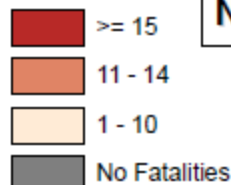
Metro Tucson



Number of Suspected Opioid Overdose Related Events With Fatality by Primary Care Area (PCA), June 15, 2017 - August 10, 2017*



Overdoses With Fatality



Not For Public Distribution

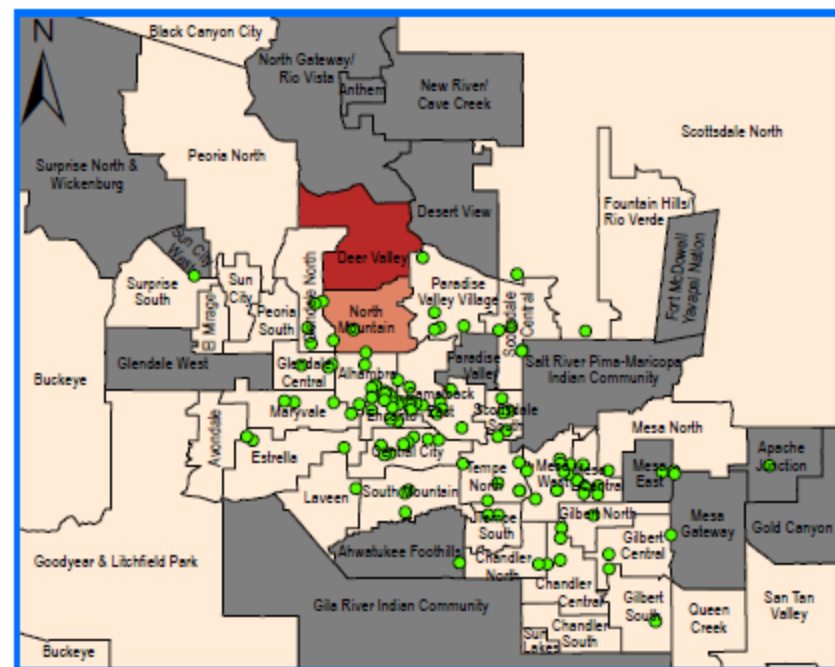
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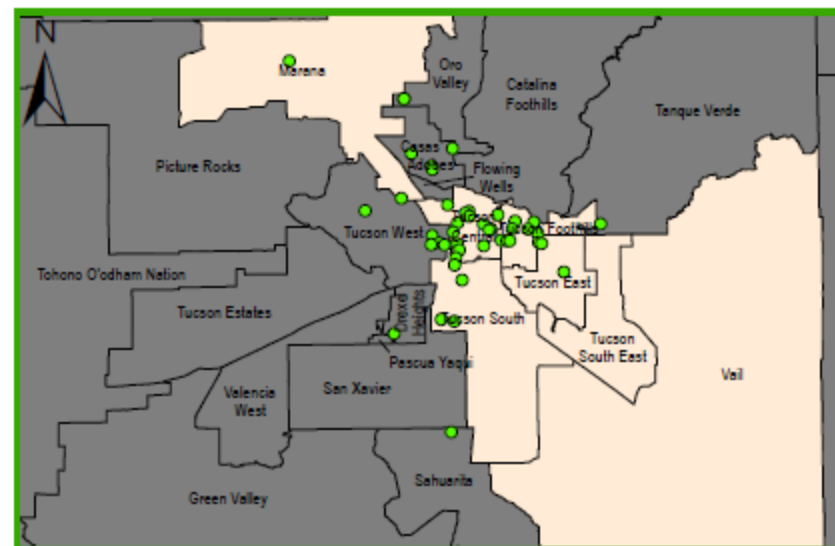


ARIZONA DEPARTMENT OF HEALTH SERVICES
Data Source: AZ-PIERS and MEDSIS

Metro Phoenix

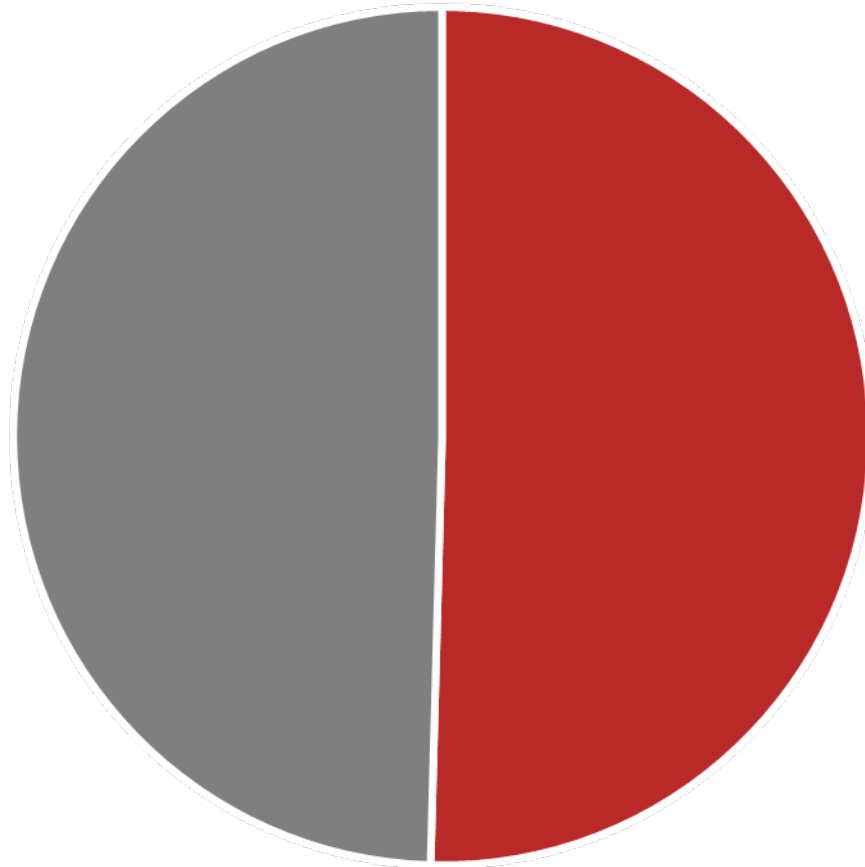


Metro Tucson



Neonatal Abstinence Syndrome

50% of mothers of NAS cases were being medically supervised while taking opioids during pregnancy.



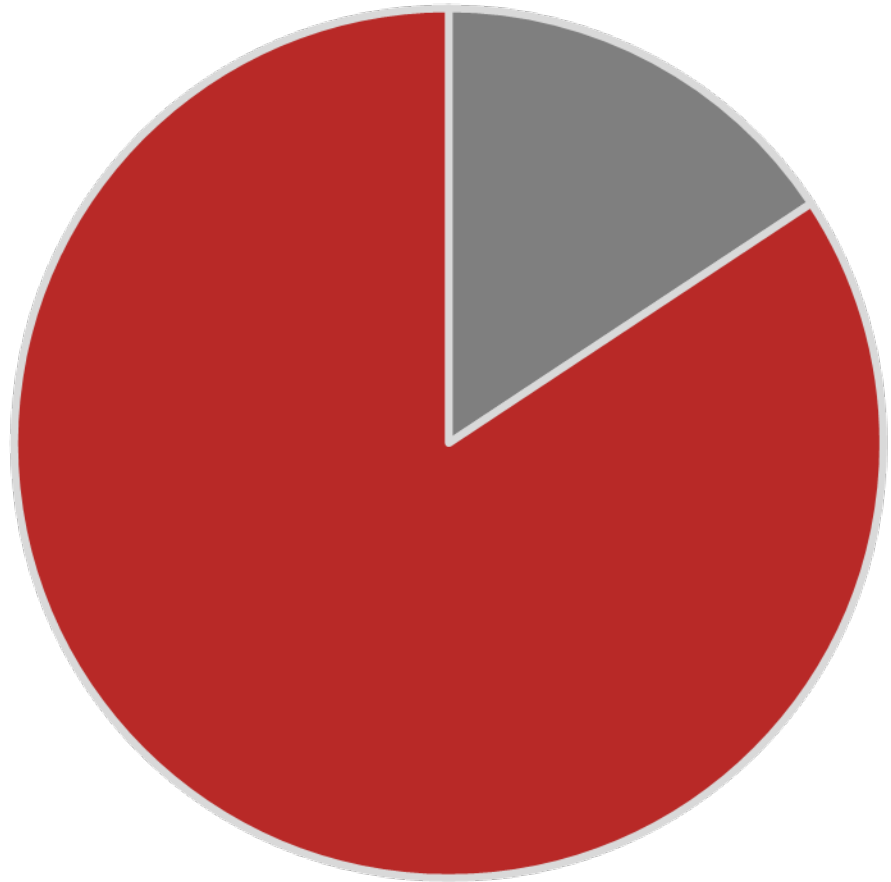
Neonatal Abstinence Syndrome

Naloxone Administered

1,199 doses of naloxone administered

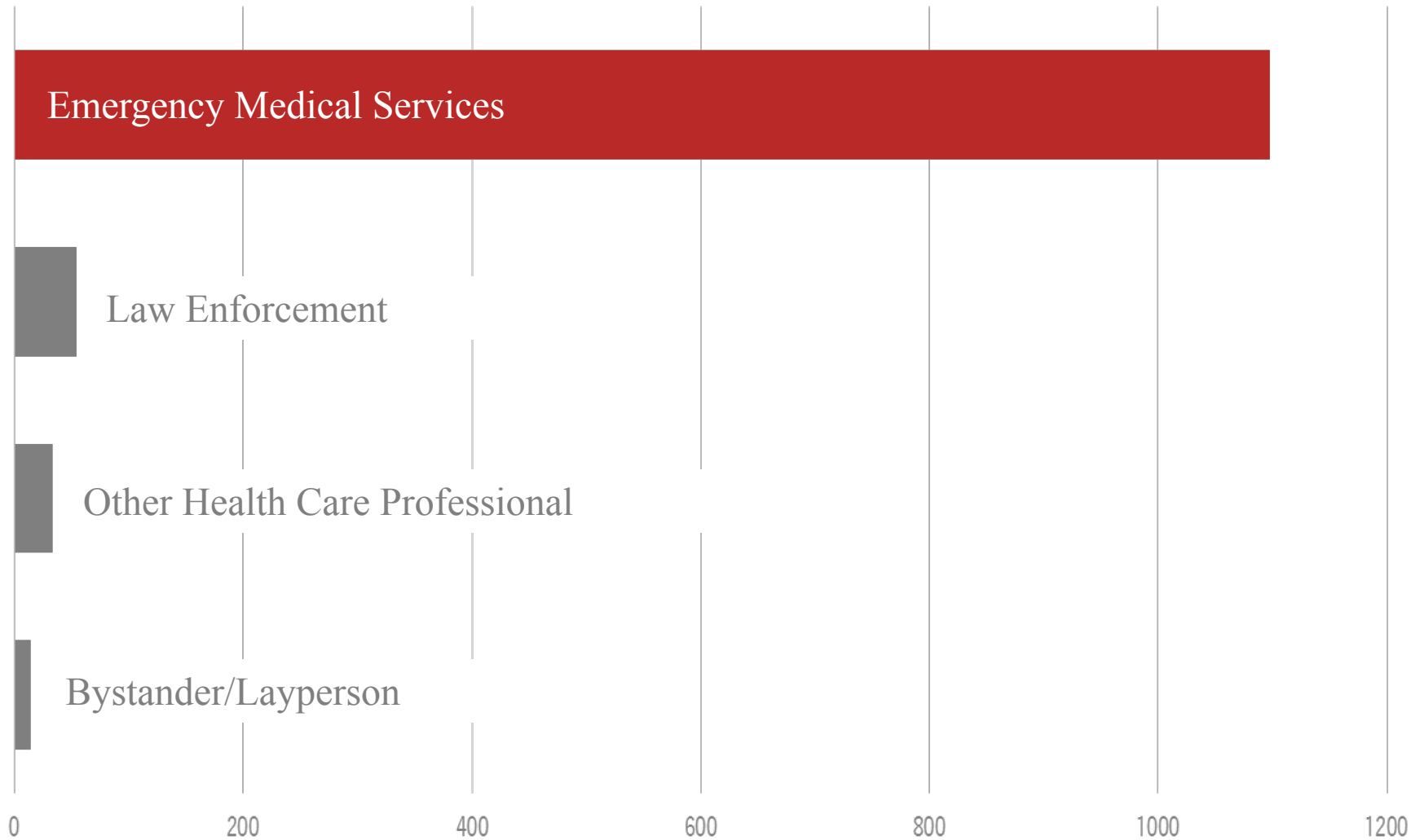
1,199 doses of naloxone administered

Excluding deaths, **84%** of the possible opioid overdoses received naloxone pre-hospital.



Naloxone Administered

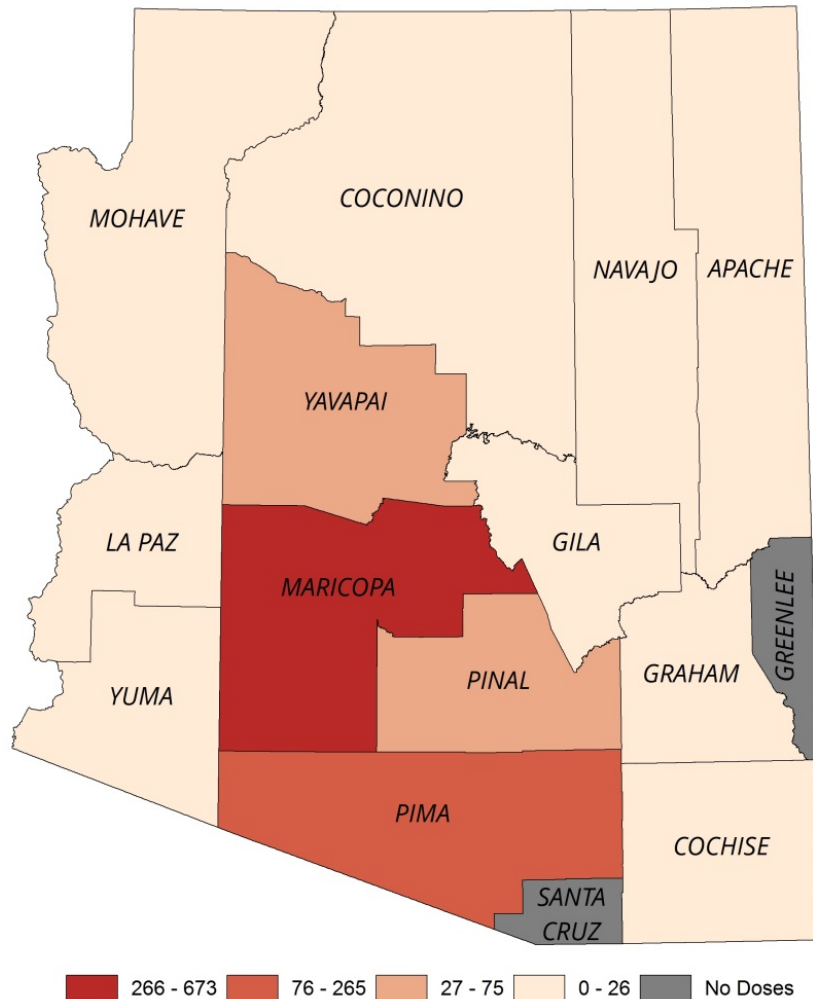
1,199 doses of naloxone administered by



Naloxone Administered

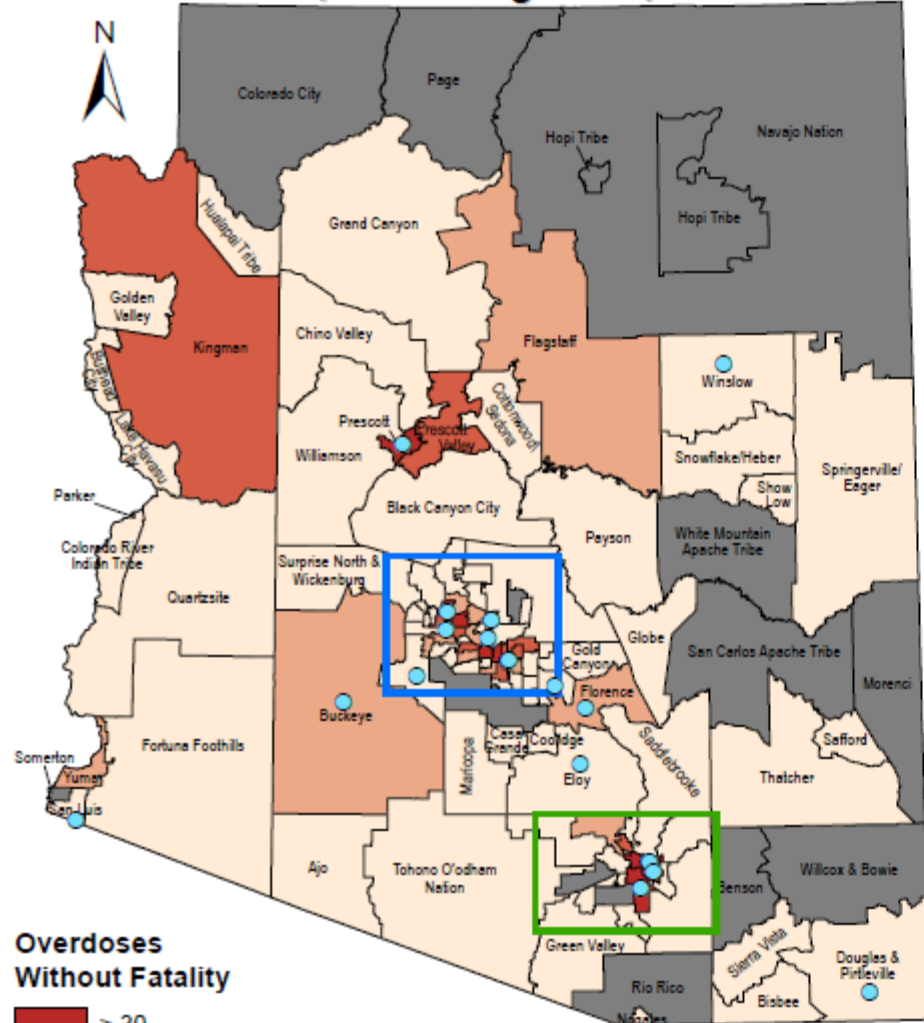
1,199 doses of naloxone administered

Naloxone doses were reported to be administered in 13 of the 15 counties since June 15th.



Naloxone Administered

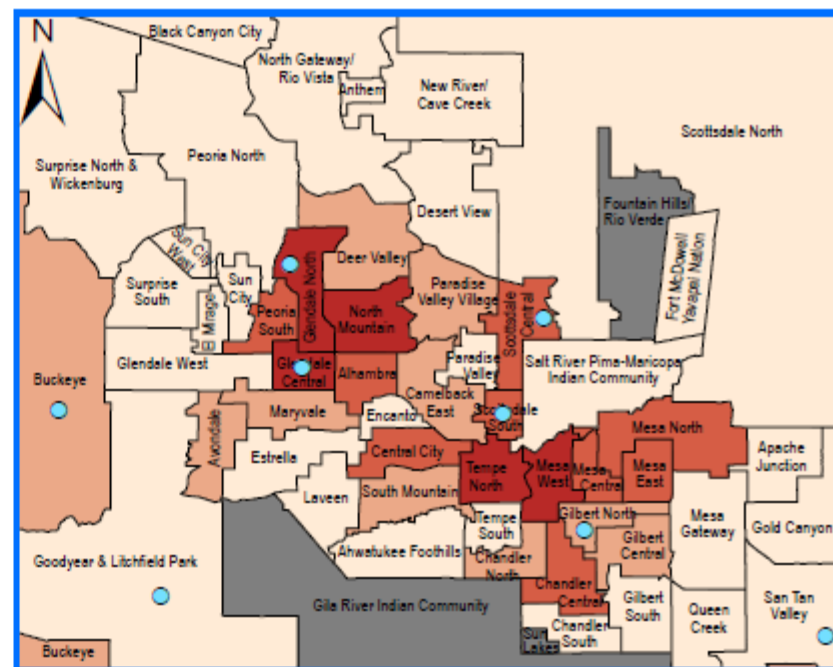
Number of Suspected Opioid Overdose Related Events Without Fatality by Primary Care Area (PCA), June 15, 2017 - August 10, 2017*



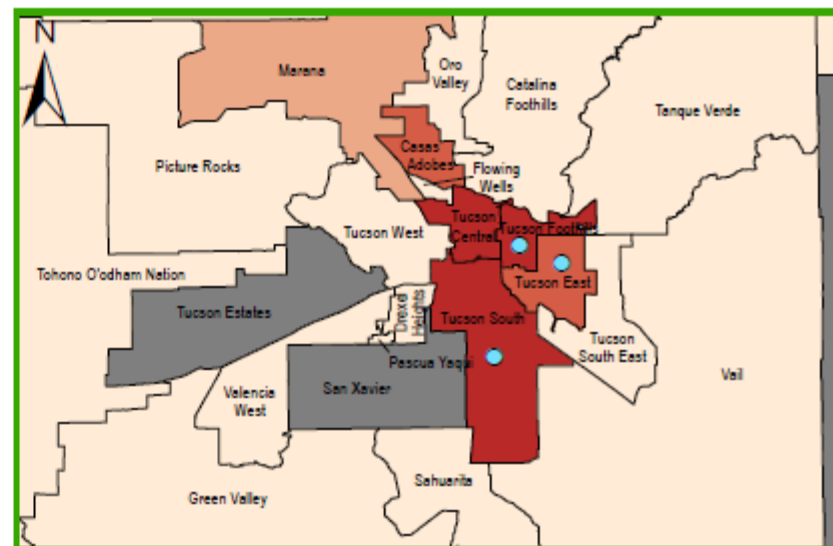
Not For Public Distribution

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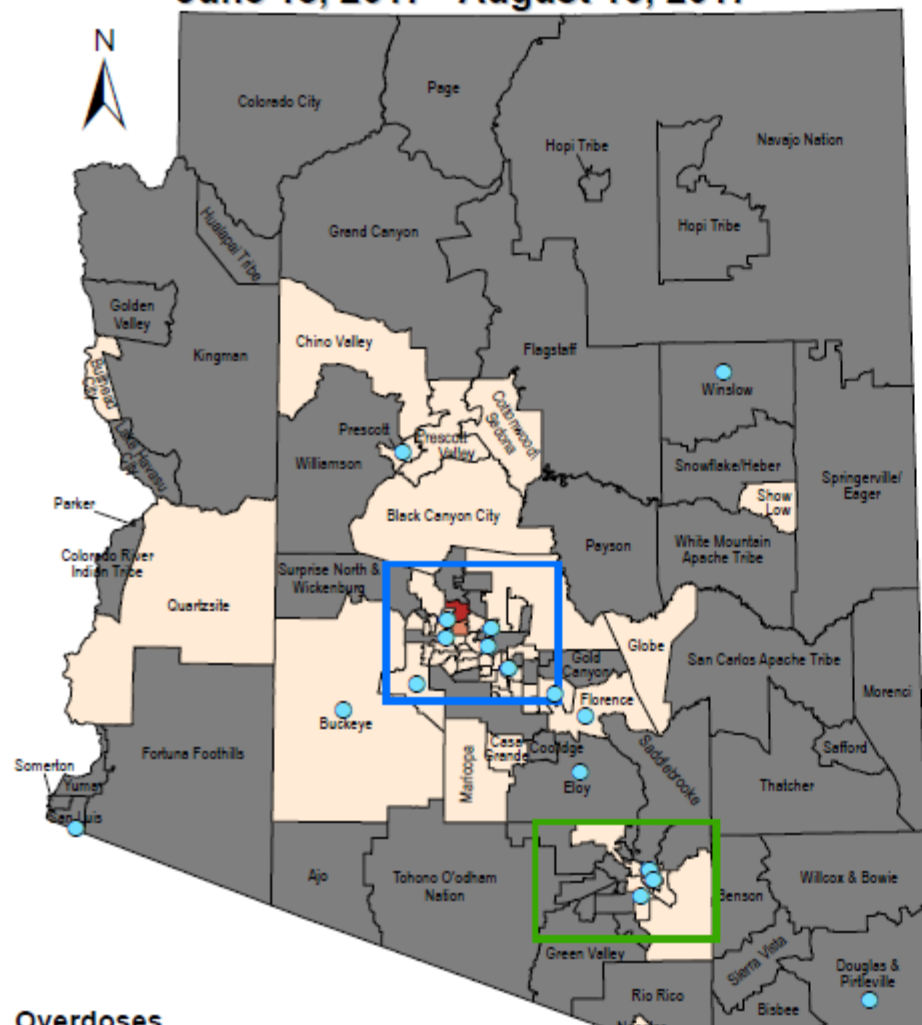
Metro Phoenix



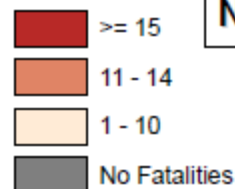
Metro Tucson



Number of Suspected Opioid Overdose Related Events With Fatality by Primary Care Area (PCA), June 15, 2017 - August 10, 2017*



Overdoses With Fatality



Not For Public Distribution

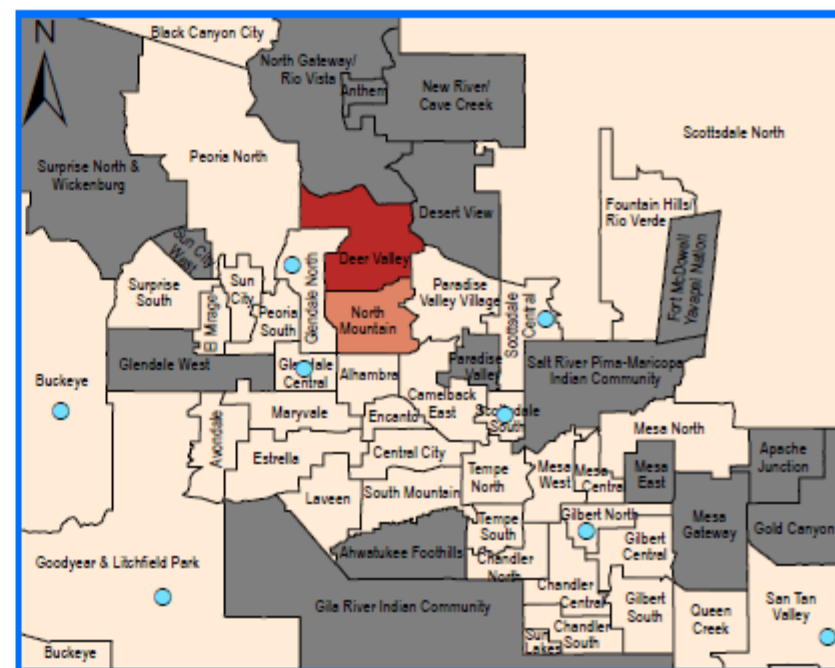
● PCAs Where Overdoses Were Administered by Law Enforcement

*23 fatalities (11.4%) were not assigned a PCA

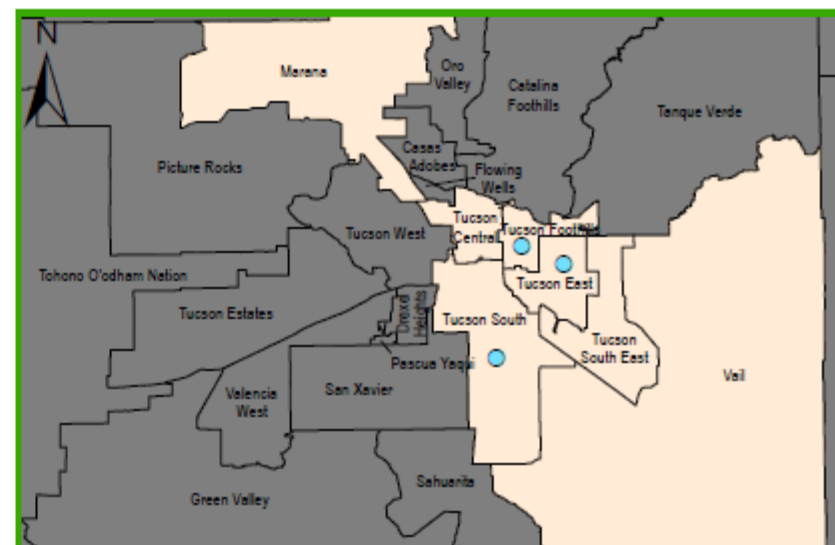


ARIZONA DEPARTMENT OF HEALTH SERVICES
Data Source: AZ-PIERS and MEDSIS

Metro Phoenix



Metro Tucson



What is our charge today?



Goal Council 3

Subgroup Structure



Goal Council Structure

Governor’s Leadership Team



Core Team: chair, subgroup team leads, Governor’s office



Subgroup

Subgroup

Subgroup

Subgroup

Subgroup



Formulate Ideas & Implement Actions

Opioid Subgroup Structure

Data and Evaluation

• Rob Bailey • Dan Edney

Communication, Outreach and Stakeholder Management

• Kurt Mauer • Gov's Comms Team

Supply – Illicit

- Law Enforcement
- Border Strike Force
- Postal Service
- HIDTA
- Community Partners
- DEA
- County Attorney(s)
- Sheriff's Association

Supply – Rx

- Drug Manufacturers
- Purdue
- Doctors and Associations (Nursing Association, ArMA, AOMA)
- Educational Institutions (Universities, CME, Midwestern)
- Dentists
- Veterinarians
- Pharmacists
- Hospitals
- Insurance Companies
- AHCCCS
- ICA
- Prescribers

Demand

- GOYFF
- Pharmacy Board
- DHS
- Case Workers
- ADE
- Coalitions and Nonprofits
- ICAA
- Helios
- Education Foundations
- Faith-based Groups

Youth Prevention

- GOYFF
- ADE
- Coalitions and Nonprofits
- ICAA
- Courts
- Drug Courts
- Diversion
- Hospitals
- Behavioral non S/A
- SBIRT
- Law Enforcement
- Churches
- First Responders
- School Advisors
- Physical
- Occupational
- Community Resources

Intervention

- Courts
- Drug Courts
- Diversion
- Hospitals
- Behavioral non S/A
- SBIRT
- Law Enforcement
- Churches
- First Responders
- School Advisors
- Physical
- Occupational
- Community Resources

Treatment

- AHCCCS
- RBHA
- Providers
- Hospitals
- Angel Initiative
- MAT Providers
- CRN
- Detox
- Corrections
- Jails

Deaths

- Law Enforcement
- First Responders
- Chiefs of Police
- Medical Examiners
- Public Health
- Hospitals

Illicit Supply Group

- Heroin deaths in Arizona have risen 334% since 2012.
 - Recently, synthetic opioids and opioids mixed with other powerful drugs like fentanyl have created large clusters of overdose
 - Impacting the illicit opioid supply is critical to preventing these deaths.
- **Team Lead:** Tim Roemer
- **Focus:** point in time when a person either acquires an opioid with the intent to distribute, use or sell, an illegally or legally produced opioid and goes through the event when an individual uses the opioid without a prescription

Rx Supply Group

- Opioid prescriptions have increased by 300% since 1999 without any change in reported pain.
- In 2016, there were enough pills prescribed to provide every person in Arizona a 2 ½ week supply of medication.
- Safe prescribing and use of opioids can improve patient safety, reduce harm, and prevent unintended consequences.
- **Team Lead:** Sheila Sjolander
- **Focus:** point in time when a patient presents with a perceived pain need and ends with the patient using the prescribed opioid

Demand Group

- The U.S. is one of the largest consumers of opioids in the world.
- In Arizona, we've seen a continued rise in prescriptions written since 1999.
- As a result, the continued manufacturing of opioids, both legal and illegal has continued to amplify the available supply.
- **Team Lead:** Elizabeth Dodge
- **Focus:** begins with the examination of the desire, curiosity, or perceived need for an opioid by an individual and bounded by their attempt to procure the opioid

Youth Prevention Group

- Individuals who begin using alcohol or tobacco when they are very young are more likely to abuse them later in life, when it becomes much more difficult to quit.
 - Intervening early—before high school—is critical.
 - The data suggest that patterns of substance abuse become worse in the high school years.
- **Team Lead:** Sam Burba
- **Focus:** youth substance abuse knowledge, understanding of messaging, and efforts to increase the number of youth completing secondary education

Interventions & Treatment Group

- Effective substance abuse interventions and treatments have different areas of focus and can be implemented in a variety of settings
- Early intervention and treatment carries significant benefits for individuals.
- **Team Leads:** Aaron Bowen and Sara Salek
- **Focus:** on strategies to assist individuals who are misusing, have become tolerant, dependent or addicted to opioids prior to a first or recurring negative outcome through completion of treatment

Death Group

- Arizona has seen a 74% increase in opioid deaths since 2012.
- Deaths due to opioids negatively impact families and communities every day.
- **Team Lead:** Colby Bower
- **Focus:** the time of a poisoning event that subsequently results in the death of the individual
 - Identifying strategies to reduce the number of deaths resulting from opioids in Arizona

Goals for Today

- Review and provide input on draft recommendations
 - Break into subgroups
 - Review input from next exercise
 - Prioritize the top 2-3 recommendations to be considered for inclusion in the September 5th ADHS report to Governor Ducey
- Focus on actionable, high impact ideas that need high level support for implementation
- Refine language of selected recommendations to ensure specificity and clarity

Questions?



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Visit
azhealth.gov/opioid
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Opioid Epidemic

[ADHS Home](#) / [Public Health Prevention](#) / [Women's and Children's Health](#) / [Injury Prevention](#) / [Opioid Epidemic - Home](#)



Emergency Declaration



Opioid RX Names



Naloxone Info



Standing Naloxone Orders



- [Facts: Opioid Epidemic in Arizona Infographic](#)
- [Consultation on Enhanced Surveillance Advisory for Opioid Emergency](#)
- [Governor Doug Ducey's Executive Order Related to Opioid ESA | News Release - June 13, 2017](#)



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