

Arizona Opioid Epidemic Act -An Update-

Benjamin Brady, DrPH

On behalf of

Daniel Derksen, MD

10/18/2019



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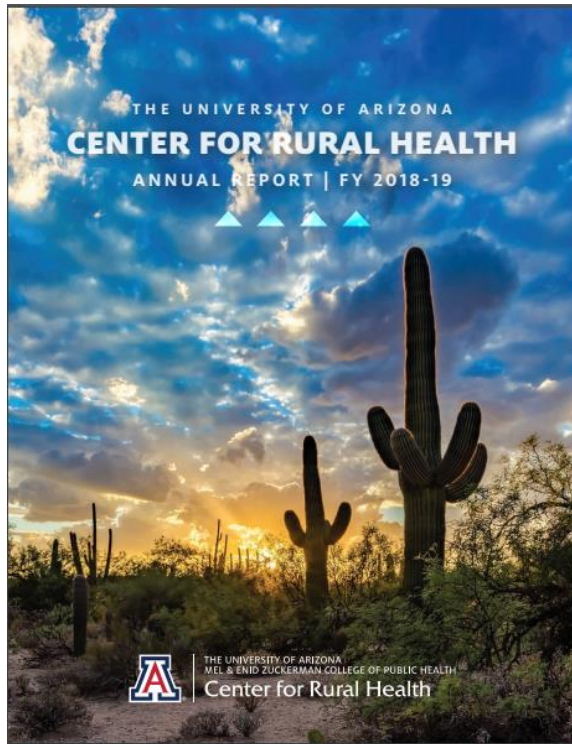
Center for Rural Health

Arizona Center for Rural Health



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AzCRH Mission: To improve the health & wellness of rural and vulnerable populations.



Center Programs:

1. State Office of Rural Health
2. Rural Hospital Flexibility Program
3. Small Hospital Improvement Program
4. AZ First Responders Initiative
5. Prescription Misuse/Abuse Initiative
6. Project SHARE

<http://crh.arizona.edu>

Learning Objectives



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1. **Describe the opioid epidemic**
2. Summarize the Arizona Opioid Epidemic Act
3. Review Opioid Epidemic Act Resources and Updates



The Opioid Epidemic Nationally

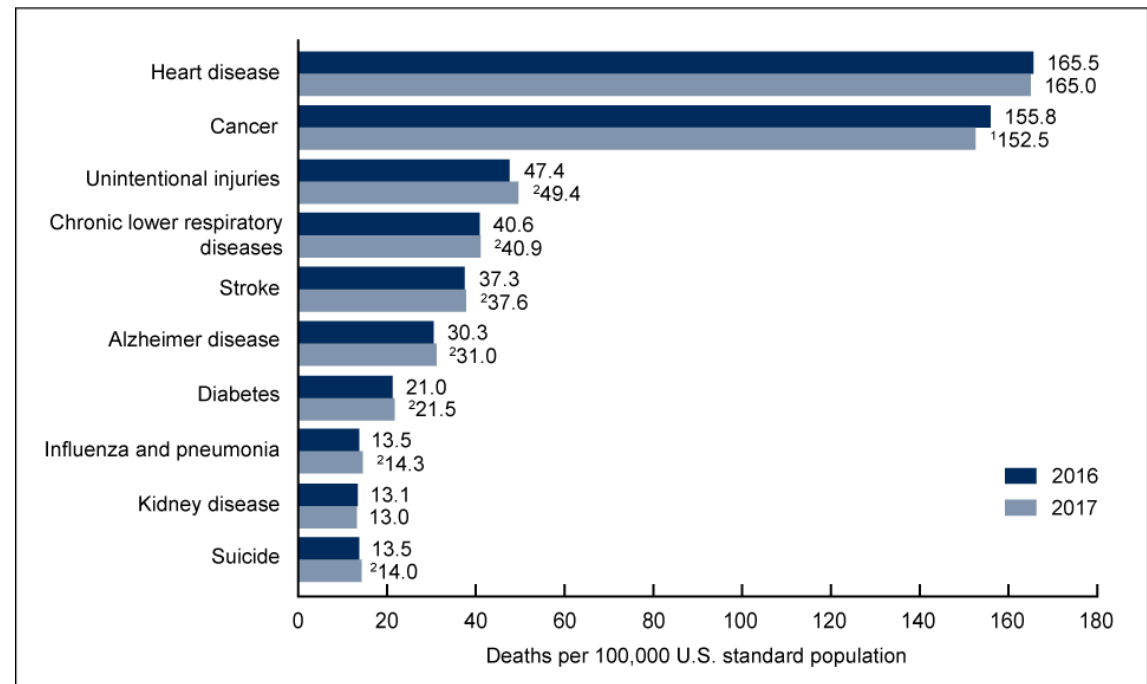


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Unintentional injury
leading cause of
death among 1-44
year-olds

Drug overdose is the
leading cause of
unintentional injury
death in America.

Figure 4. Age-adjusted death rates for the 10 leading causes of death: United States, 2016 and 2017



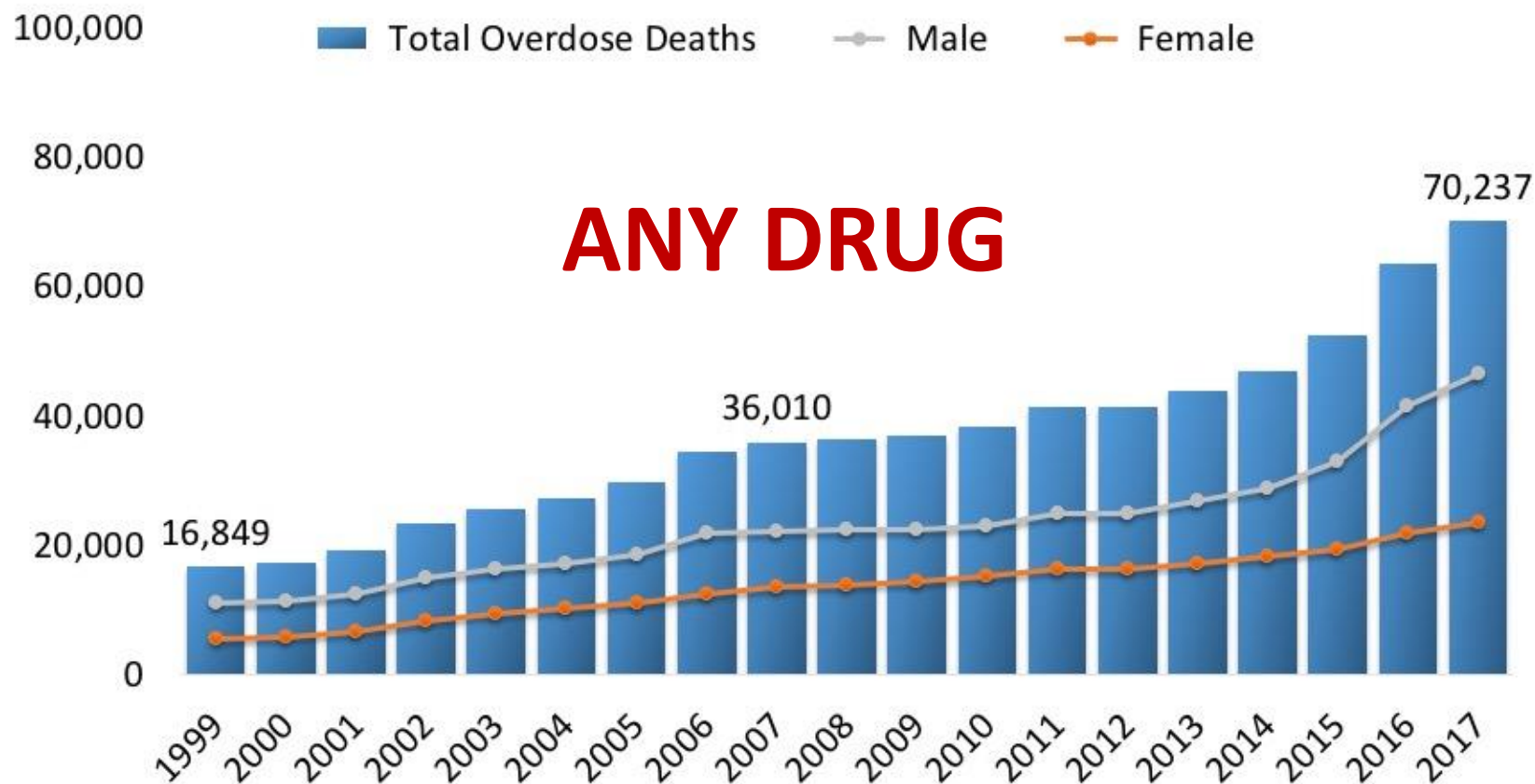
¹Statistically significant decrease in age-adjusted death rate from 2016 to 2017 ($p < 0.05$).

²Statistically significant increase in age-adjusted death rate from 2016 to 2017 ($p < 0.05$).

NOTES: A total of 2,813,503 resident deaths were registered in the United States in 2017. The 10 leading causes accounted for 74.0% of all deaths in the United States in 2017. Causes of death are ranked according to number of deaths. Rankings for 2016 data are not shown. Data table for Figure 4 includes the number of deaths for leading causes. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db328_tables-508.pdf#4.

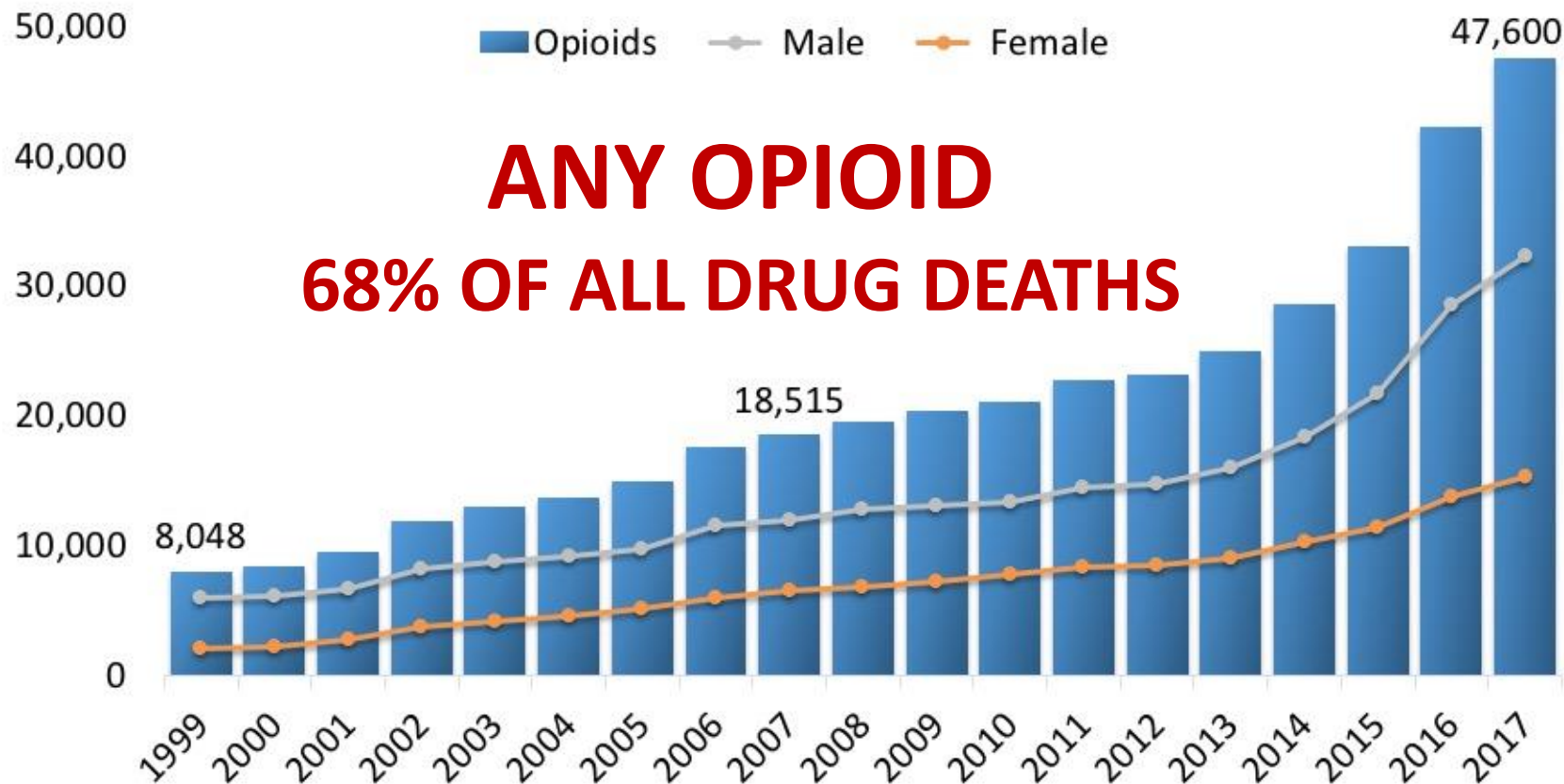
SOURCE: NCHS, National Vital Statistics System, Mortality.

Figure 1. National Drug Overdose Deaths
Number Among All Ages, by Gender, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Figure 3. National Drug Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

The Opioid Epidemic Nationally



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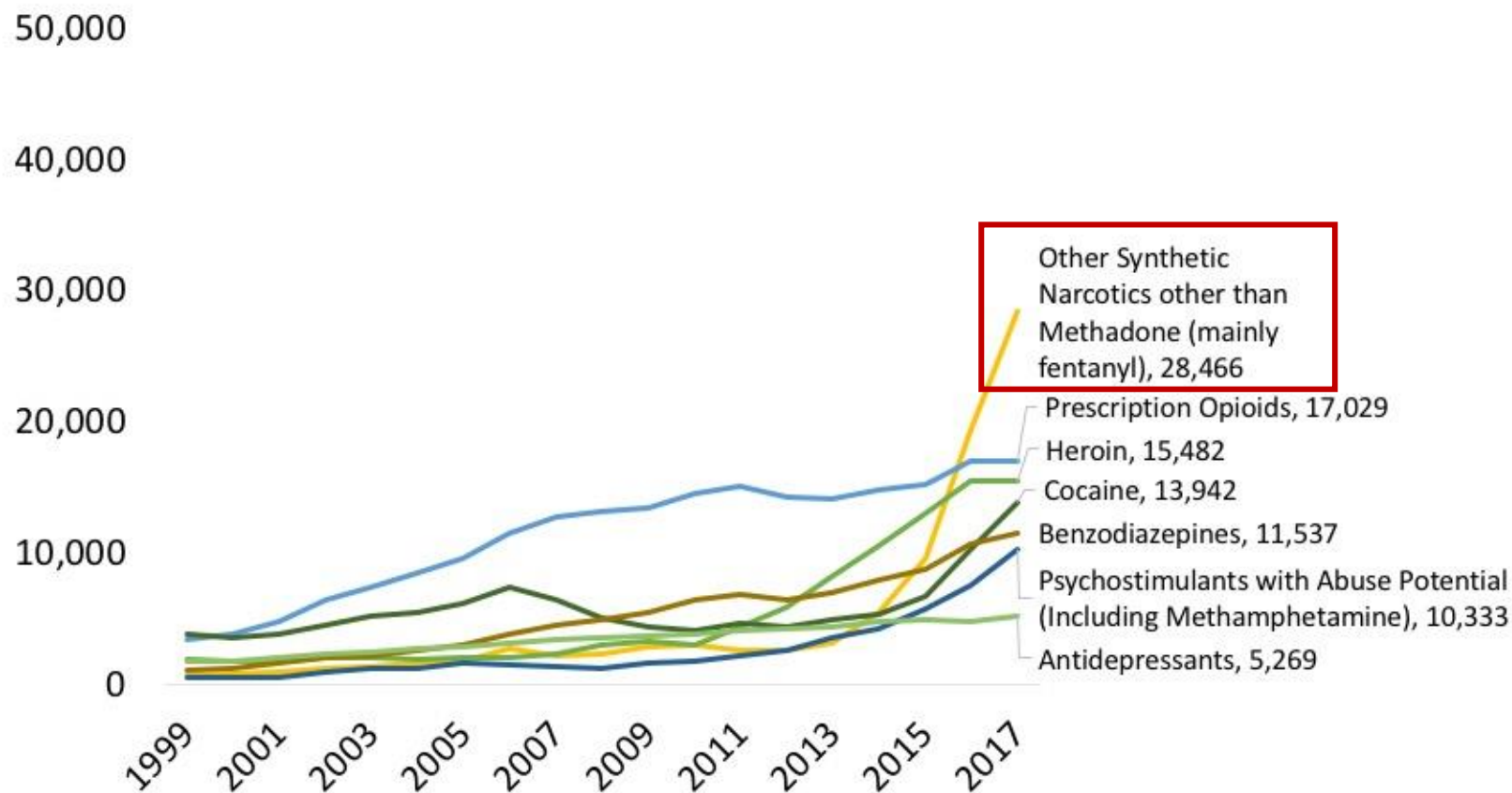
21-29% of people prescribed opioids for chronic pain misuse them.

8-12% develop a substance use disorder.



Vowles KE, McEntee ML, Julnes PS, Frohe T, Ney JP, van der Goes DN. Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. *Pain*. 2015;156(4):569-576.

Figure 2. National Drug Overdose Deaths Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

The Opioid Epidemic in AZ*



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- Majority of opioid overdoses happen at home
- 2013 to 2017: 74% increase in opioid overdoses.



2+ Arizonans die per day from an opioid overdose.

*(Data from ADHS June, 2018 Opioid Report: <https://azdhs.gov/opioids>)

Real Time Opioid Data in AZ



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June 15, 2017 – October 10, 2019

3,633

suspect opioid
deaths

27,842

suspect opioid
overdoses

1,654

neonatal
abstinence
syndrome

60,636

naloxone doses
dispensed

17,732

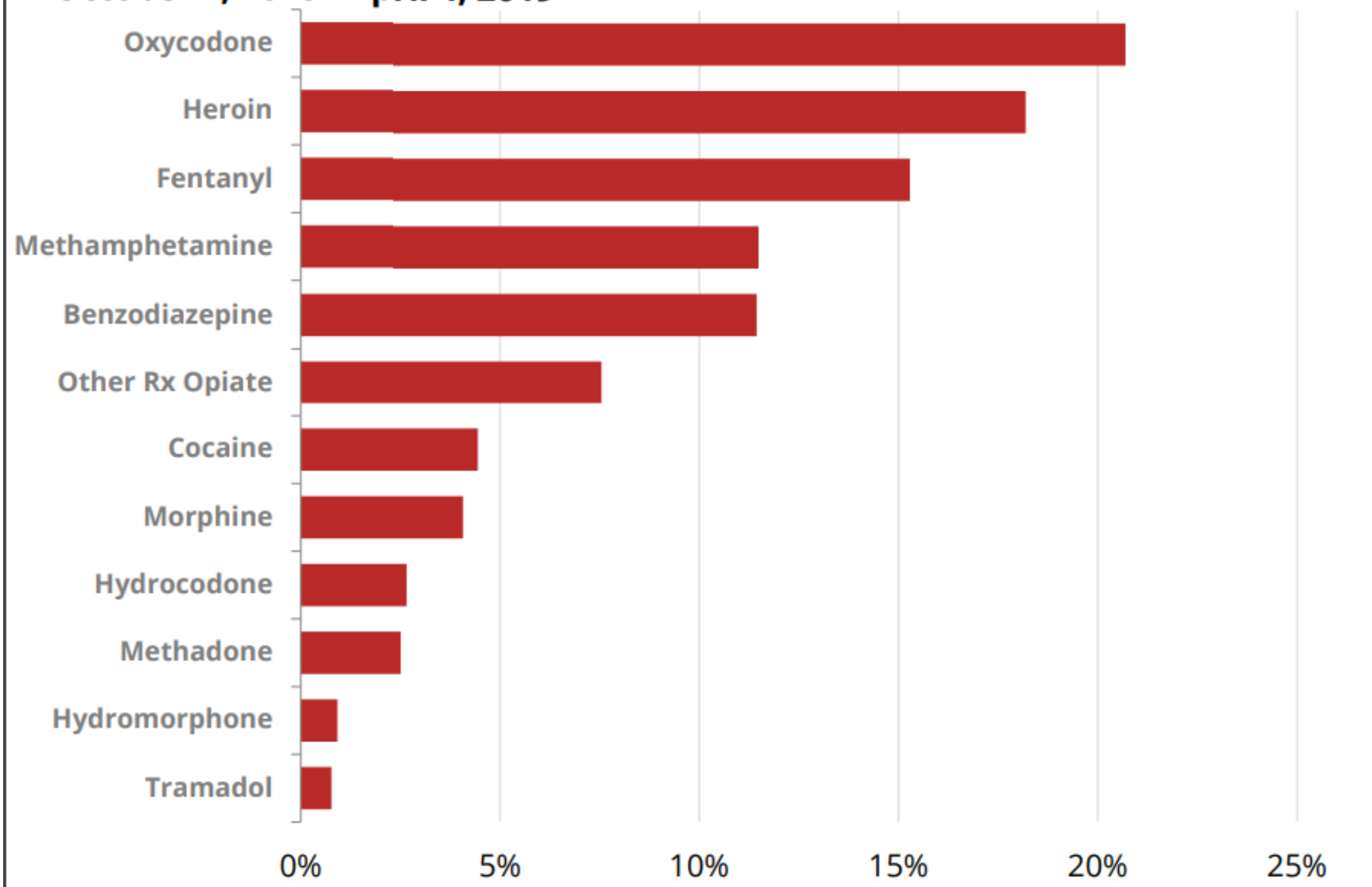
naloxone doses
administered

Updates posted at www.azhealth.gov/opioid

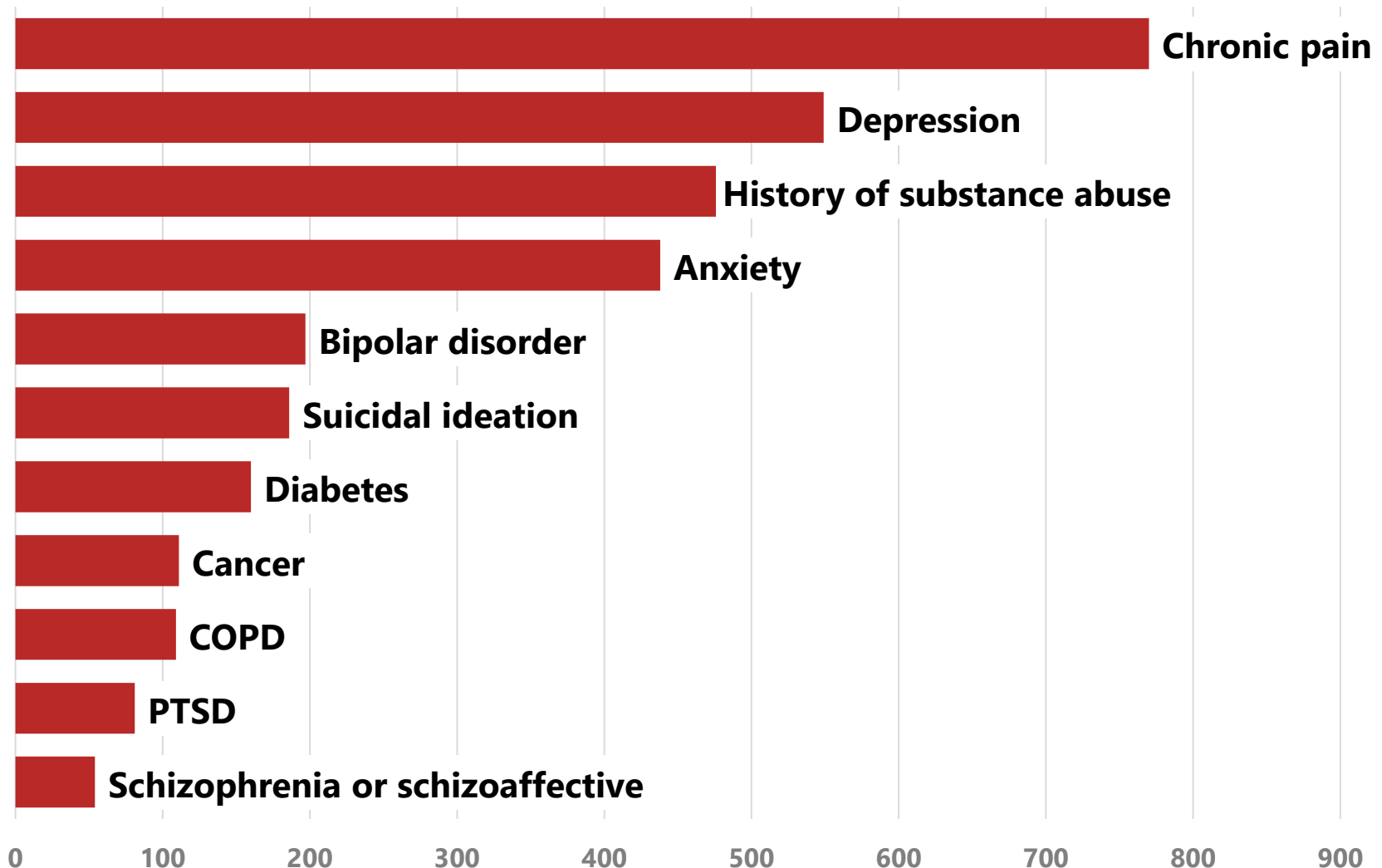
2017 Opioid-Related Deaths

County	# of Opioid Deaths	Rate of Opioid Deaths/100,000
Apache	< 10	N/A
Cochise	17	13.2
Coconino	10	6.9
Gila	< 10	N/A
Graham	< 10	N/A
Greenlee	< 10	N/A
La Paz	< 10	N/A
Maricopa	576	13.6
Mohave	31	14.8
Navajo	< 10	N/A
Pima	176	17.1
Pinal	33	7.7
Santa Cruz	< 10	N/A
Yavapai	19	8.4
Yuma	< 10	N/A

Oxycodone and heroin were the opiate drugs most commonly noted in overdoses determined to be due to opioids during review, October 1, 2018 - April 4, 2019



Reported Pre-Existing Conditions for Verified Opioid Overdoses: June 15, 2017-June 14, 2018



<https://azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/2017-opioid-emergency-response-report.pdf>

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Emergency Declaration June 2017



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Governor Ducey Declares Statewide Health Emergency In Opioid Epidemic

News Release

June 5, 2017

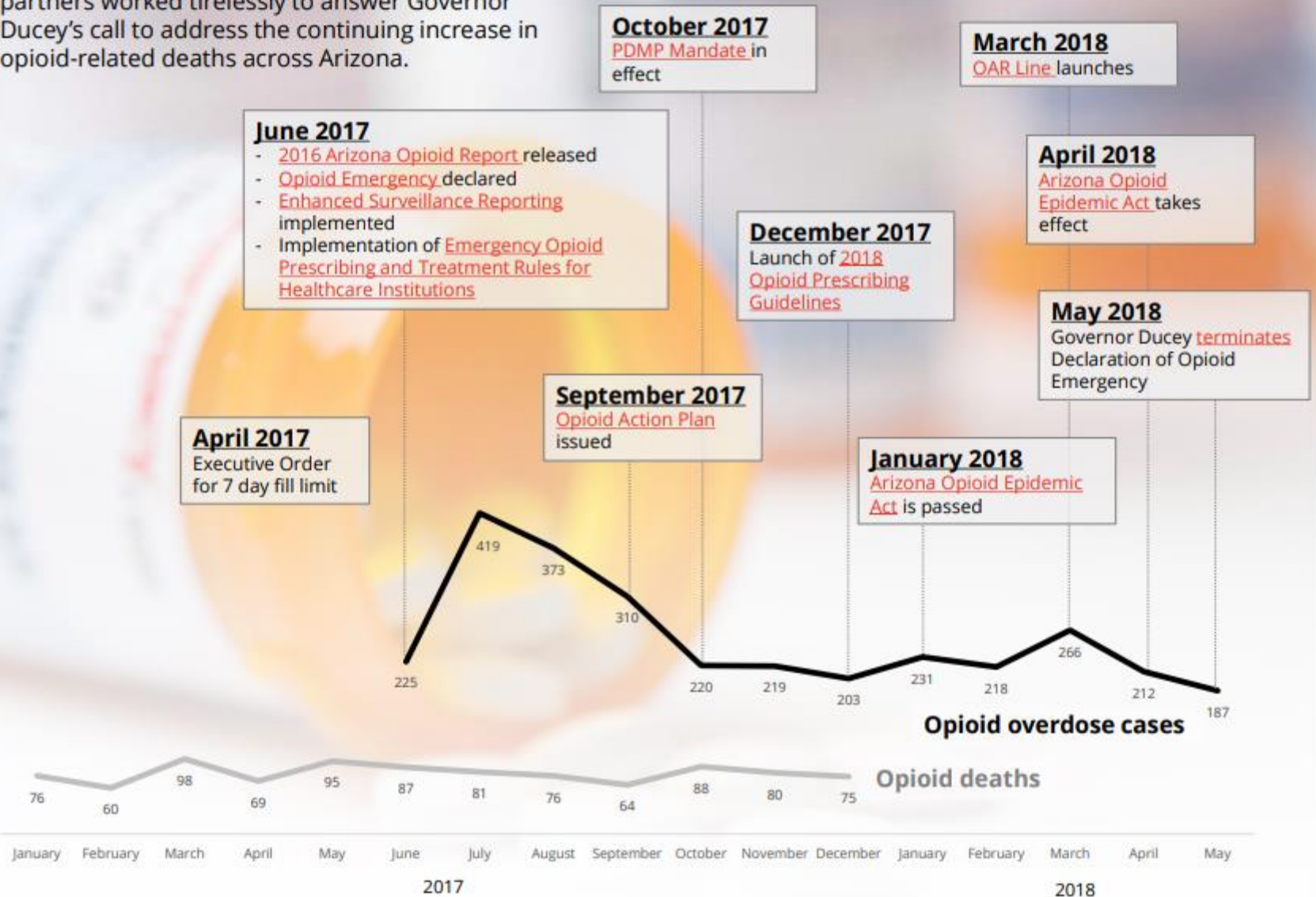


As the number of opioid overdoses and deaths increase at an alarming rate, we must take action."

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

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.



Arizona Opioid Epidemic Act Provisions-Jan 2018



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Good Samaritan Law

- Prohibits drug possession charges if seeking assistance

Prohibits dispensing, tighter prescribing rules for schedule II substances

- 5-day limit for initial prescriptions, 14-day for surgical procedure
- 90 MME dose limits
- Exemptions for traumatic injury, oncology, hospice/palliative care, prior scripts, MAT, etc.
- Naloxone prescriptions encouraged, required if >90 MME

Electronic prescription monitoring

- Providers are required to check PDMP database (for sch II or benzo)
- Electronic prescription required for all, beginning 1/1/2020

Arizona Opioid Epidemic Act Provisions-Jan 2018



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Reporting of treatment capacity

- Health care facilitates submit quarterly reports
- # Beds, # days at capacity

\$10 million for SUD treatment

Education requirements

- 3 hours for med students
- 3 hours CME for Sch II providers each license renewal cycle

Behavioral health services referral

- Health care institutions that treat a drug overdose must refer

Assistance and Treatment First Approach



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“Incarcerating people who possess or use small amounts of illegal drugs **isn’t effective** and **does nothing to address their underlying challenges with addiction.**”

-Police Chief Magnus



Photo from AZ Daily Star/MamtaPopatt

https://tucson.com/news/local/deadly-overdose-prompts-tucson-police-chief-to-push-need-for/article_5151dbab-78d5-5945-9648-3f1f82a3f9eb.html

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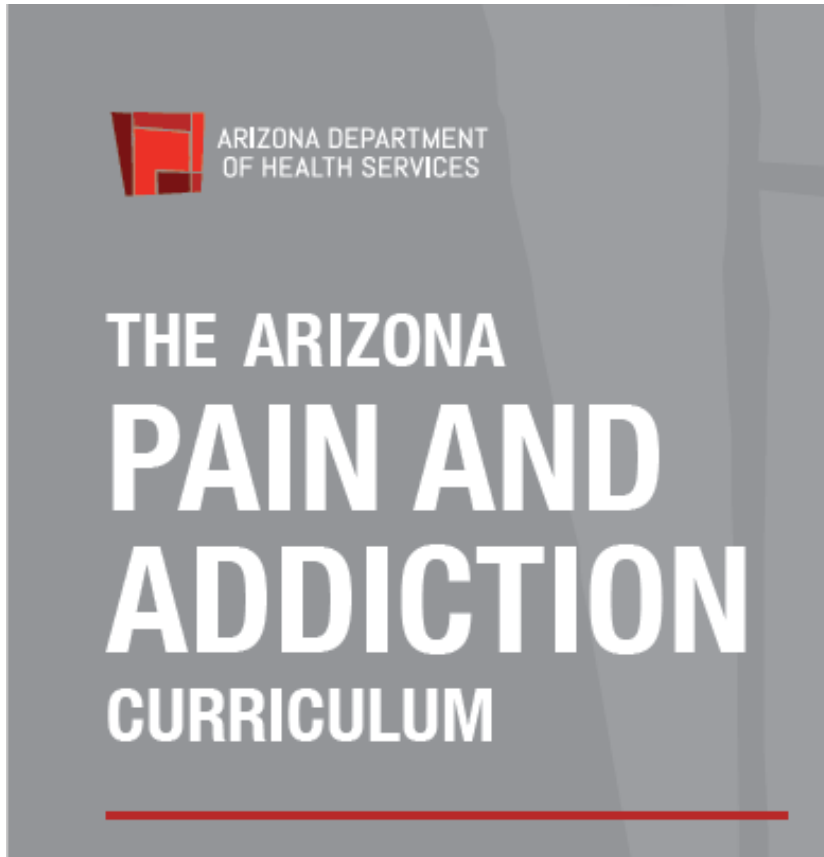
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Pain & Addiction Curriculum



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Vision:

To redefine pain and addiction as a public health issue with a whole-person, interprofessional approach.

A Social-Psycho-Bio Approach

Trauma & Substance Use Disorders



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Trauma Impacts the Brain:

- **ACE** (Adverse Childhood Experiences) reveal a strong correlation between childhood trauma and the development of substance use disorders.¹
- Addiction is “**Ritualized compulsive comfort-seeking**” and a normal response to childhood adversity.²
- Perspective: Turning “What’s wrong with you?” to “What happened to you?”



1. CDC and Kaiser Permanente
2. Dr. Daniel Sumrok, Center for Addiction Sciences

Medical Assessment Prior to Initiating Opioid Therapy



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- Ask about present or past substance use, and family history of substance use.
- Screen for sleep disordered breathing issues.
- Assess psychiatric co-morbidities and suicide risk.
- Assess for pregnancy and likelihood of future pregnancy.
- Consider drug interactions.



Assess Risk of Opioid Use



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Tools:

1. Screener and Opioid Assessment for Patients with Pain (SOAPP-R)
2. Current Opioid Misuse Measure (COMM™)
3. Opioid Risk Tool (ORT)

1. <http://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf>
2. <http://www.painedu.org/soapp.asp>
3. <http://www.painedu.org/soapp.asp>

OPIOID RISK TOOL®

		Mark each box that applies	Item Score If Female	Item Score If Male
1. Family History of Substance Abuse	Alcohol	[]	1	3
	Illegal Drugs	[]	2	3
	Prescription Drugs	[]	4	4
2. Personal History of Substance Abuse	Alcohol	[]	3	3
	Illegal Drugs	[]	4	4
	Prescription Drugs	[]	5	5
3. Age (Mark box if 16 – 45)		[]	1	1
4. History of Preadolescent Sexual Abuse		[]	3	0
5. Psychological Disease	Attention Deficit Disorder	[]	2	2
	Obsessive Compulsive Disorder			
	Bipolar			
	Schizophrenia			
	Depression	[]	1	1
TOTAL		[]		
Total Score Risk Category	Low Risk 0 – 3	Moderate Risk 4 – 7	High Risk ≥ 8	

Prescription Monitoring Program (PMP)



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The Arizona State Board of Pharmacy CSPMP

- Prescribers & pharmacists can review controlled substance dispensing information for patients.

Online training available:

- How to register and use the PMP
- Understand patient reports
- Look for Prescriptions filled



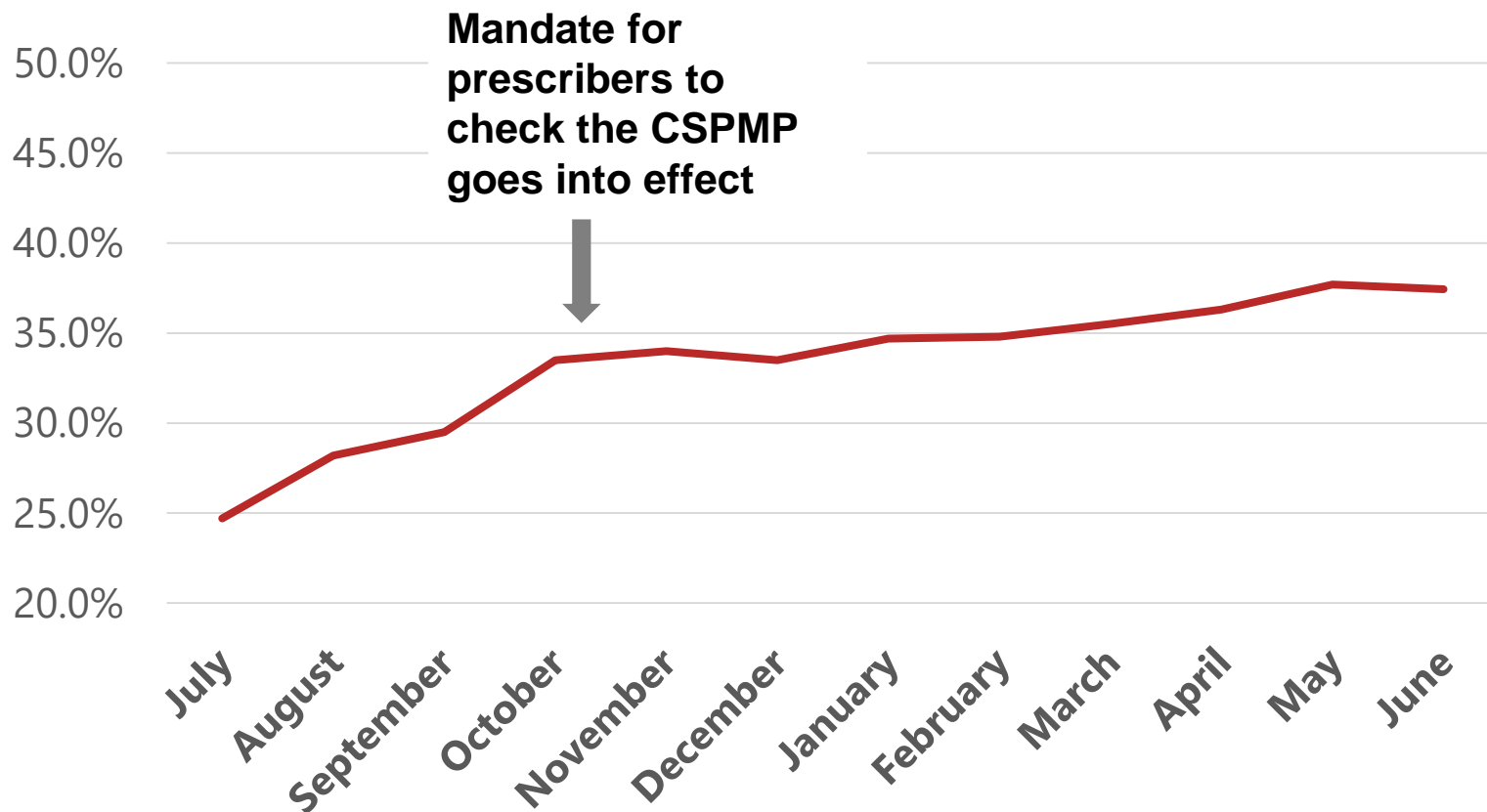
<https://pharmacypmp.az.gov/>

Checking the PMP



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**Percentage of Prescribers who had “lookups” in the Controlled Substances Prescription Drug Monitoring Program (CSPMP)
January 1, 2017-May 31, 2018 prior to prescribing**



Electronic Prescription Deadline



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- January 1, 2020 all schedule II controlled substances have to be electronically prescribed (no more Board of Pharmacy waivers).

<https://surescripts.com/enhance-prescribing/e-prescribing/e-prescribing-for-controlled-substances/>

- See Health Current to set up EPCS

<https://healthcurrent.org/information-center/controlled-substances/>

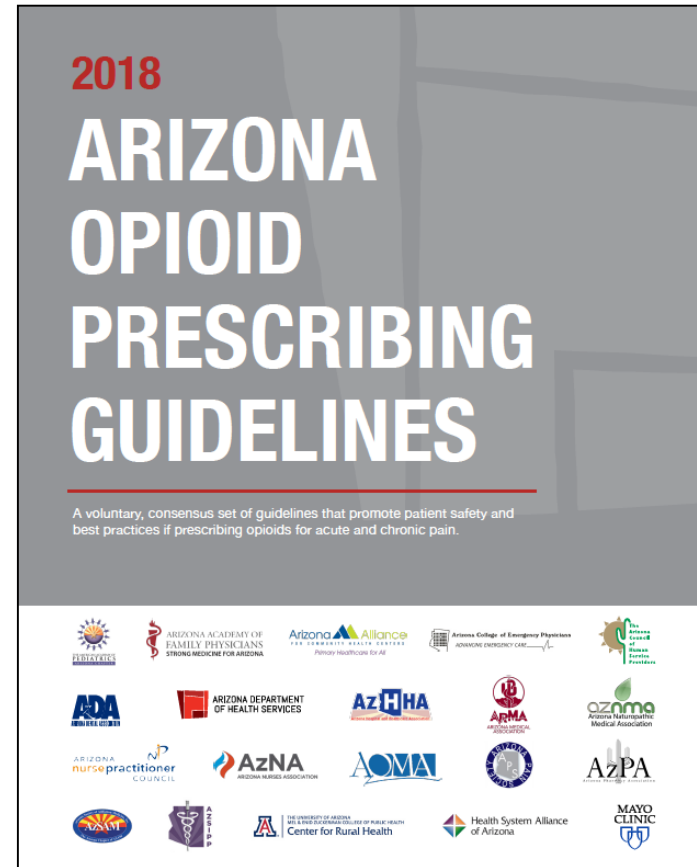
Prescribing Guidelines



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Healthcare providers can request
free printed guidelines online at:
azhealth.gov/OrderRxGuidelines

or download online:
<http://azhealth.gov/opioidprescribing>



Prescribing Guidelines: Treatment of Acute Pain



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1. Non-opioid medications as first-line treatment for mild and moderate acute pain.
2. If opioids are indicated, initiate therapy at the lowest effective dose for no longer than 3-5 day duration; reassess if pain persists
3. Do not use long-acting opioids for the treatment of acute pain.

Prescribing Guidelines: Treatment of Chronic Pain



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1. Self-management strategies, non-pharmacologic treatments and non-opioid medications are preferred treatments for chronic pain.
2. Do not initiate long-term opioid therapy for most patients with chronic pain.
3. Coordinate interdisciplinary care for chronic pain patients to address pain and any substance use disorders or behavioral health conditions.

Prescribing Guidelines: Risk Mitigation



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1. For patients on long-term opioid therapy, document informed consent (include: risks of opioid use, alternative therapy options, and therapeutic boundaries).
2. Do not use long-term opioid therapy in patients with untreated substance use disorders.
3. Avoid concurrent use of opioids and benzodiazepines. If on both agents, evaluate tapering or an exit strategy for one or both.

See the guidelines for all 17 items

Practice online with free CME



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2018

ARIZONA OPIOID PRESCRIBING GUIDELINES

A voluntary, consensus set of guidelines that promote patient safety and best practices if prescribing opioids for acute and chronic pain.



Opioid Prescribing CME Courses: *Responding to the Public Health Emergency*

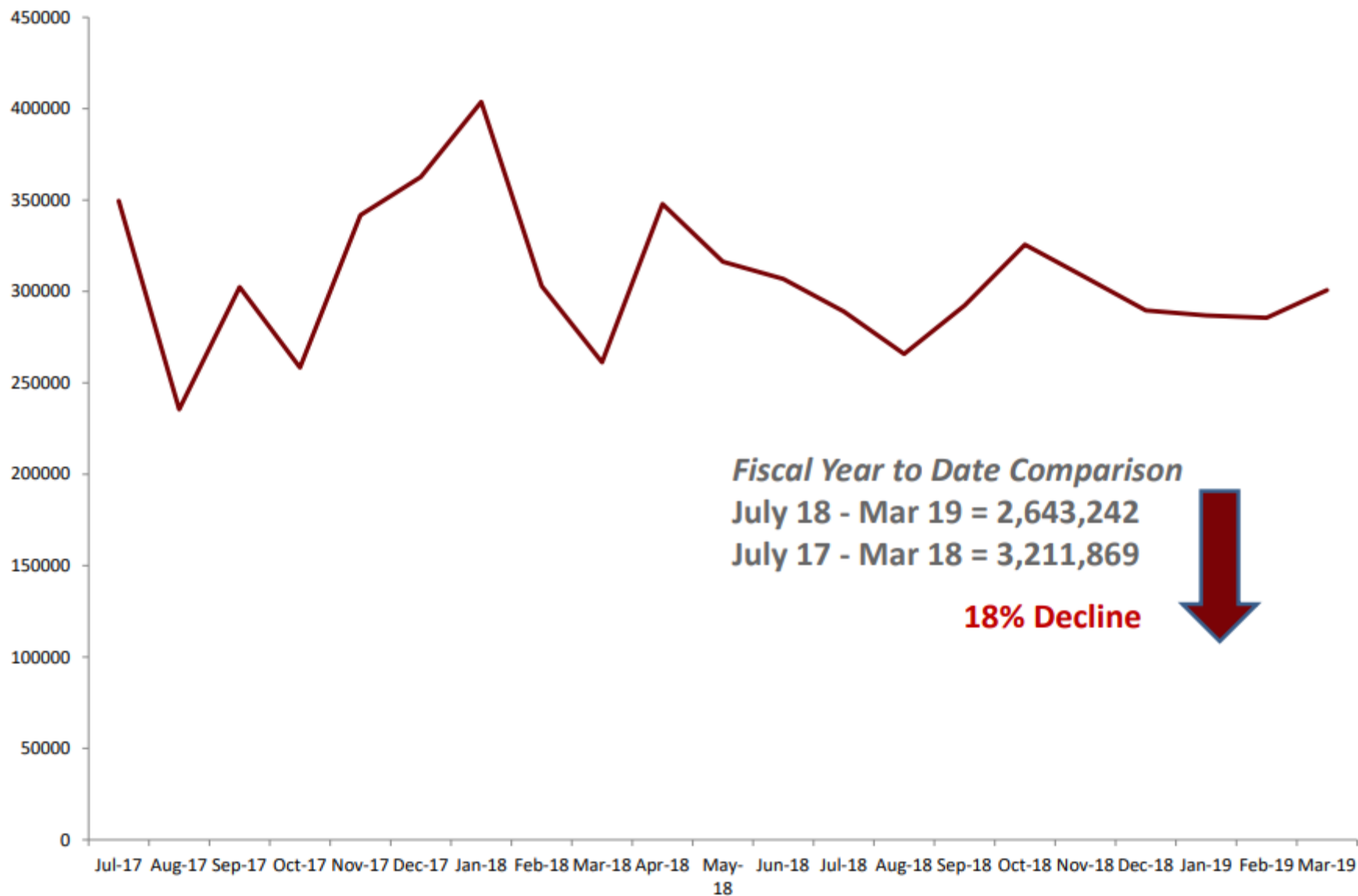
Online courses offering free *AMA PRA Category 1 Credit™* to help Arizona prescribers use pain management best practices.

www.VLH.com/AZPrescribing

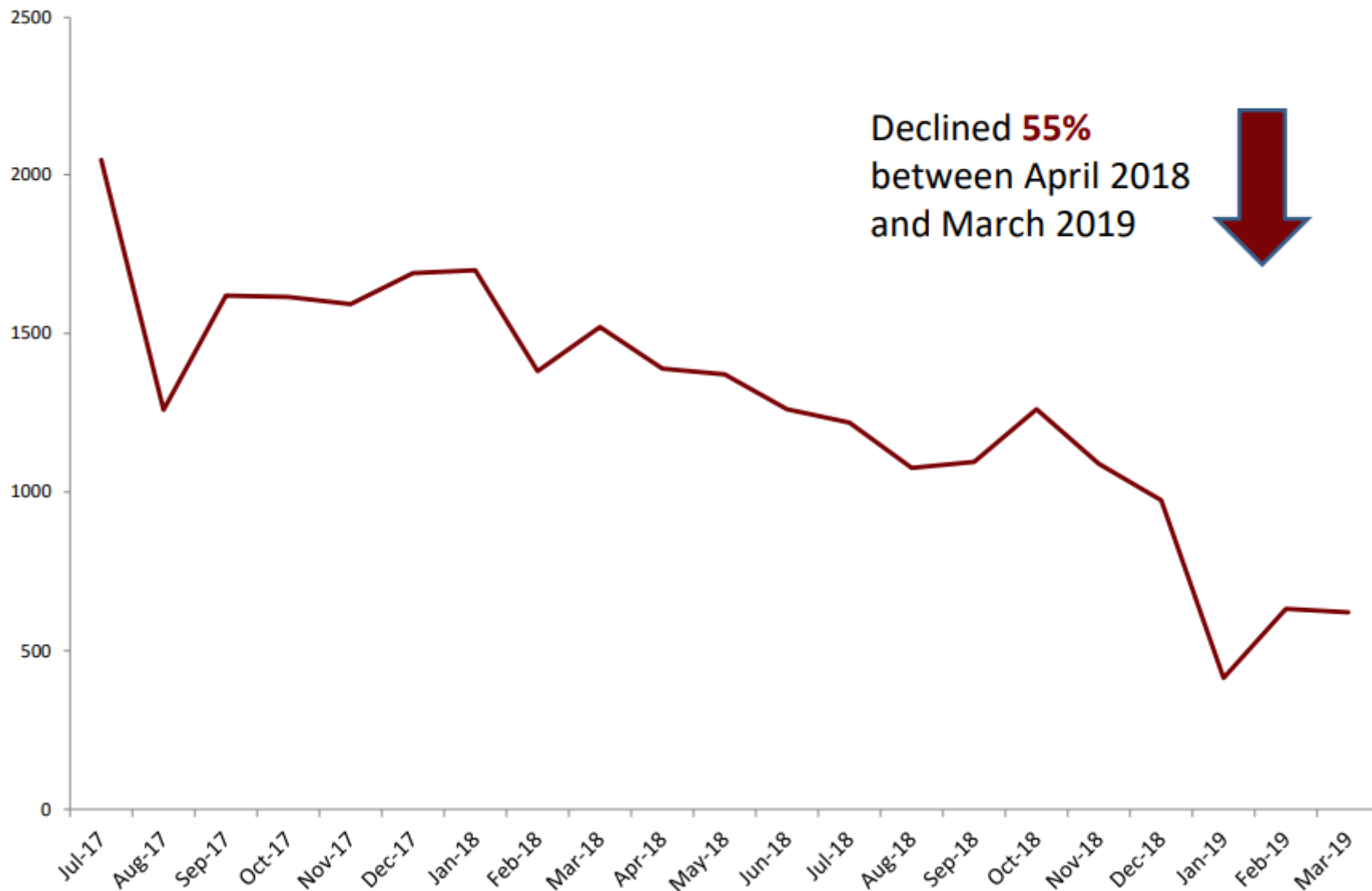
Developed by AZ Prescription Drug Misuse & Abuse Initiative, AZ Department of Health Services, UA College of Public Health, AZ Center for Rural Health, UA College of Medicine

vlh.com/AzPrescribing

Number of Opioid Prescriptions Filled in Arizona

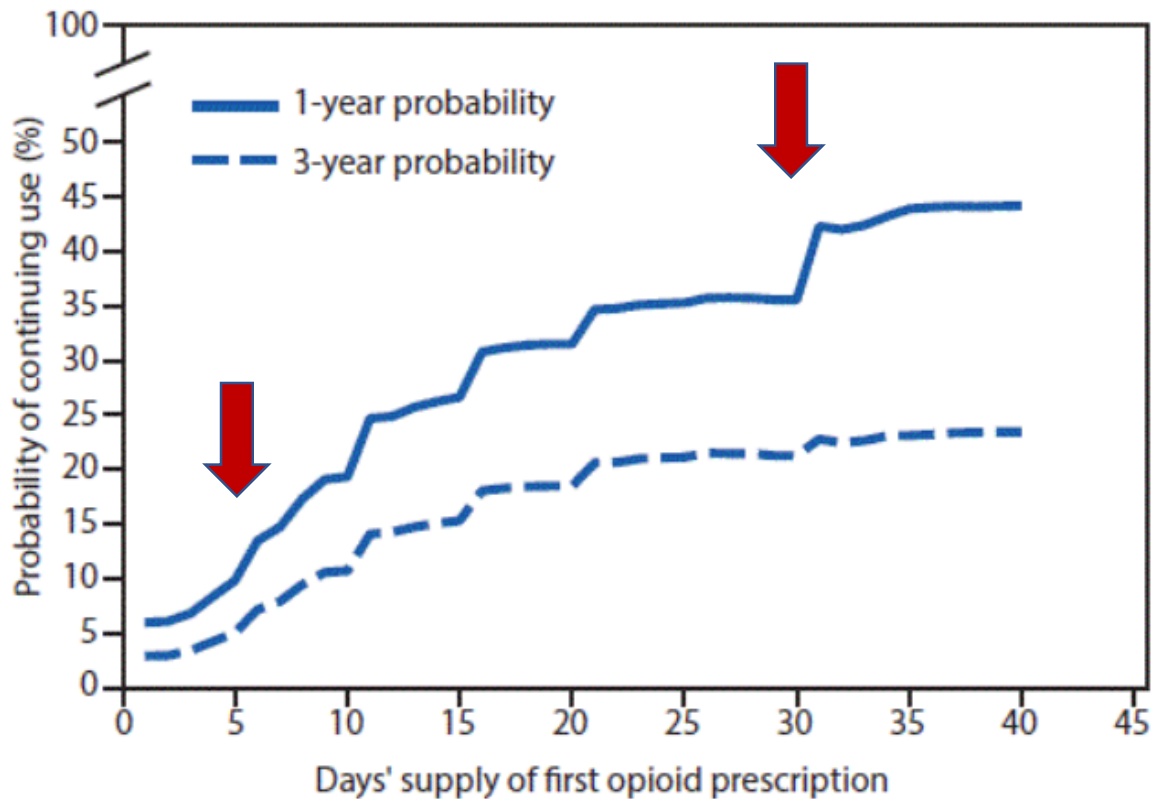


Individuals who Were Opioid Naive Prescribed Opioids for 5 or More Days



Declined **55%**
between April 2018
and March 2019





- Sharp increases after 5 and 30 day opioid supplies
- 2nd Prescription doubles risk of continued use at 1-year

Expanding use of Naloxone



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- **Overdose education + Naloxone**
- **HB2355**
 - Permits pharmacists to dispense naloxone or any other opioid antagonist without a prescription.
 - Allows a prescribing authority to prescribe or dispense naloxone to a person at risk of overdose or any person in a position to assist (i.e., family).
 - Includes immunity from professional liability and criminal prosecution.



Opioid Assistance & Referral Line (OARLine)



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- Tucson & Phoenix Poison and Drug Information Centers
- One of the first, real-time opioid consultation hotlines for patients with pain and opioid use disorder.



Treatment Locator



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Treatment

Zip Code:

85541

<http://rethinkrxabuse.org>
<https://substanceabuse.az.gov>

SUBSTANCE ABUSE

Attention Providers: To update your ASAP Locator profile locations, please email asubstanceabusepartnership@u.arizona.edu for instructions.

ARIZONA ANGEL INITIATIVE

[Facts & Figures](#) [Resources](#) [Real Impact](#) [Training](#) [Grants](#) [Commissions](#) [Rethink Rx Abuse](#) [Overcome Awkward](#)

NARROW YOUR RESULTS

AGES SERVED:

COUNTY SERVED:

GENDER:

POPULATION GROUPS SERVED:

FACILITY TYPE:

PAYMENT TYPE:

MEDICATION ASSISTED TREATMENT: ☐

Map

Satellite

Caring Connections for Special Needs, LLC - Payson
600 E Hwy 260
Suites 4 & 5
Payson
Arizona
85541
(520) 364-3162

Horizon Health and Wellness - Payson
600 E Hwy 260
Suite 8
Payson
Arizona

Rx Drug Drop Off Locations



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Full Screen

Rx Drug Drop-Off Locations

Ysa St, Payson, AZ, 85541, USA

- 1 Payson Police Department
~ 1.07 MILES
- 2 Camp Verde Marshal's Office
~ 46.02 MILES
- 3 Yavapai County Sherriff's Office
~ 51.98 MILES
- 4 Heber-Overgaard Fire Department
~ 54.22 MILES
- 5 Maricopa County Sheriff's Office ...
~ 55.25 MILES
- 6 Phoenix Police Department - Blac...
~ 58.09 MILES
- 7 Fountain Hills Police Department
~ 58.99 MILES
- 8 Scottsdale Police Departm...
~ 81.03 MILES
- 9 Sedona Police Department
~ 83.08 MILES
- 10 Cottonwood Police Depart...
~ 84.4 MILES
- 11 Walgreens #5453
~ 86.16 MILES

<http://DumpTheDrugsAZ.org>

Useful Arizona Websites



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1. Arizona Prescription Drug Misuse & Abuse Initiative Toolkit www.RethinkRxAbuse.org

2. Arizona Opioid Prescribing Guidelines: www.azhealth.gov/opioidprescribing

3. Arizona 211 (dial 211)

4. Arizona Prescription Monitoring Program (PMP) <https://pharmacypmp.az.gov>

5. Naloxone & Fentanyl Test Strips from Sonoran Prevention Works: <http://spwaz.org/>



MAT Waiver Training



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- <https://www.eiseverywhere.com/ehome/index.php?eventid=482108&>

MAT Waiver Training



To prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder, physicians are required to complete 8 hours of training in order to apply to the Drug Enforcement Agency for a waiver.

This course will provide prescribers with the full 8 hours of required MAT training.

Nurse Practitioners (NP) and Physician Assistants (PA) are required to complete 24 hours of training including the 8 hour MAT training.

Participants can obtain eight (8) hours of continuing education units (see pg. 2 for additional information).

Tuesday, October 22
8am-5pm (lunch on your own)

Instructors:
Monica Faria, MD & Michael Dekker, DO
Arizona Society of Addiction Medicine

Location:
ASU Tucson Campus
340 N. Commerce Park Loop, Suite #250
(Tortolita Building, Room 230)
Tucson, AZ 85745
(free parking)

No Cost to Attend
Provider Reimbursement: \$150*
(*upon obtaining a DEA waiver)

<http://links.asu.edu/bupwaivertucson>

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4. **In conclusion**



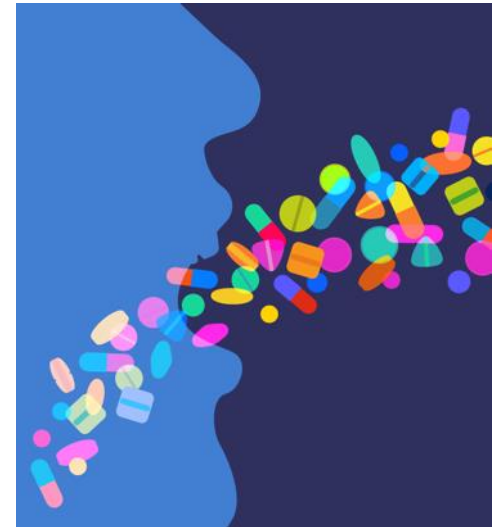
What causes substance use addiction?



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Models of Addiction:

- **Moral Model** – “addiction is a moral weakness”
- **Disease Model** – addiction is a chronic, but treatable medical condition. Does not happen on a continuum, you either have it, or you don’t.
- **Psychological/Trauma/Coping Model** – Addiction is a coping mechanism (secondary) to a mental health issue.
- **Socio-psycho-biological Model (Holistic Model)** – Social, Psychological, and Biological factors contribute to chronic and problematic drug use.



Harm Reduction Approach



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- Practical strategies aimed at reducing the negative consequences associated with drug use.
- Accepts drug use is going to happen
- Drug use happens on a continuum
- Not everyone that uses drugs needs treatment
- We need different treatment approaches for different people.
- Recognizes that social inequalities and hardships affect people's vulnerability to AND capacity for effectively dealing with drug-related harm.



Why don't people get help?



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- Limited treatment options (Do not know where to go)
- Drug addiction is the most stigmatized problem in the world (WHO).
- Have to accept “I have a problem”
- Affordability
- Fearful of withdrawal
- Unsuccessful attempts at quitting
- May lose job, housing, and other security nets

