

# 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



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

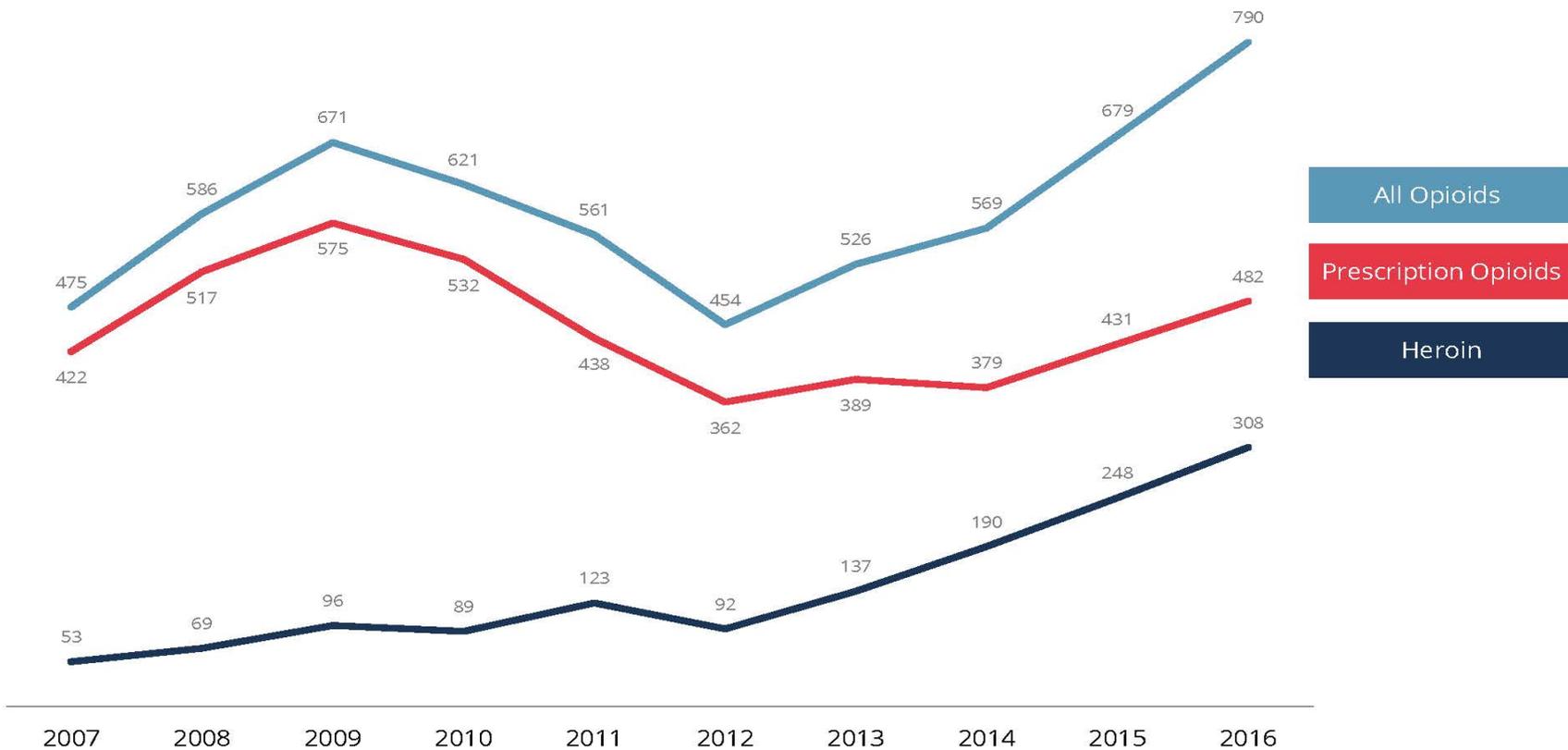
**2.5 week supply**

# 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

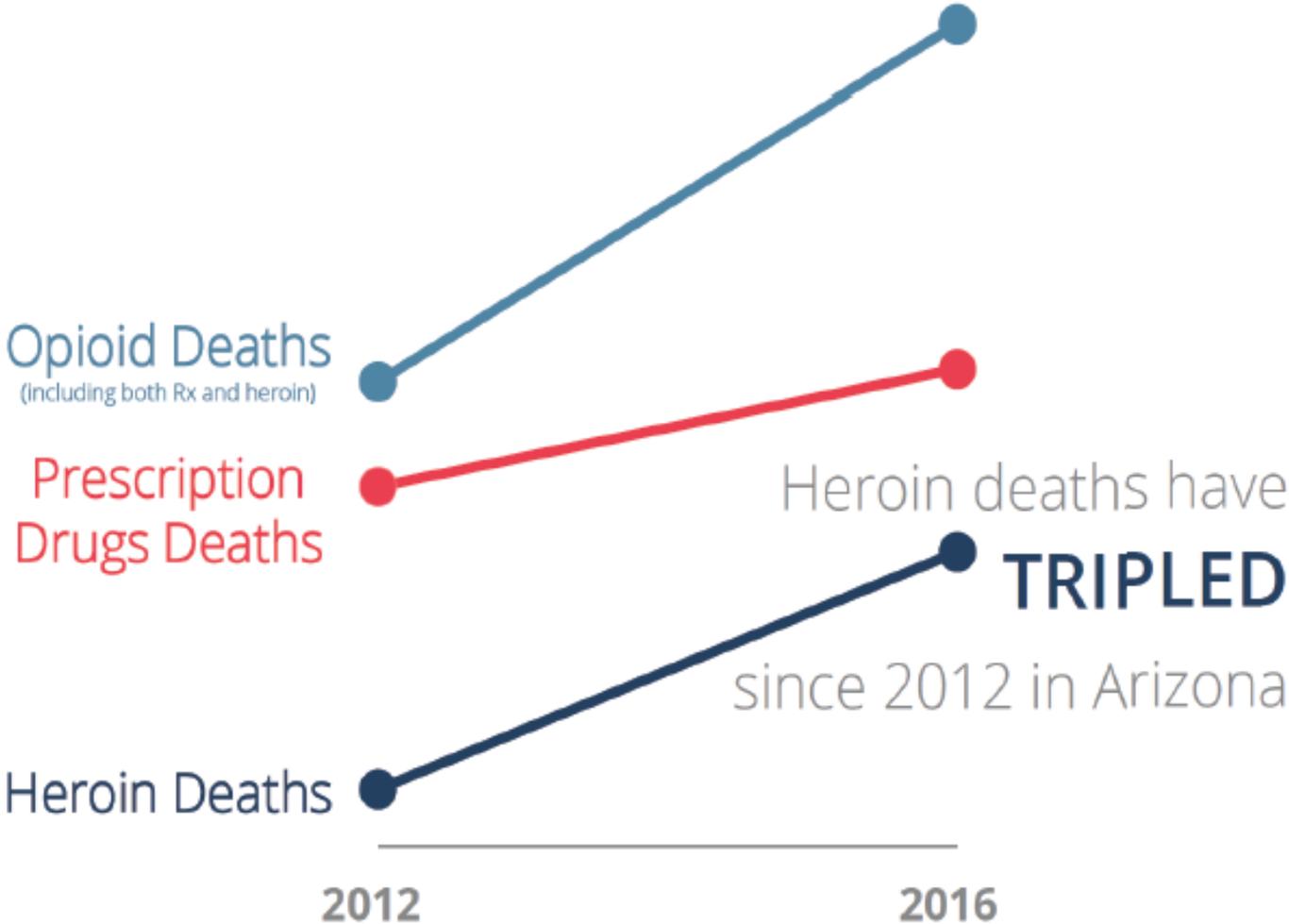
Full report available at [azhealth.gov/opioid](http://azhealth.gov/opioid)

# Opioid Deaths are Increasing



Opioid death counts in Arizona from 2007 to 2016

# Opioid Deaths are Increasing



What are we doing about it?



# Arizona Management System



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

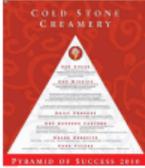


Fiscal Responsibility

Website: [ams.az.gov](http://ams.az.gov)

# Arizona Management System

## 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

### 21<sup>st</sup> 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 Ditmire (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 Fleatham*
- 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  
*Jeff Whitney*
- 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*
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*Dr. Cara Christ*
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- Industrial Commission  
*James Ashley*
- Office of Tourism  
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- State Forester  
*Jeff Whitney*
- State Land Department  
*Lisa Atkins*
- State Lottery  
*Gregg Edgar*
- State Parks  
*Sue Black*
- Governor's Office of Highway Safety  
*Alberto Gutier*
- School Facilities Board  
*Paul Bakalis*
- OSPB Director  
*Lorenzo Romero*



▲ Arizona Management System Transformation Journey Map



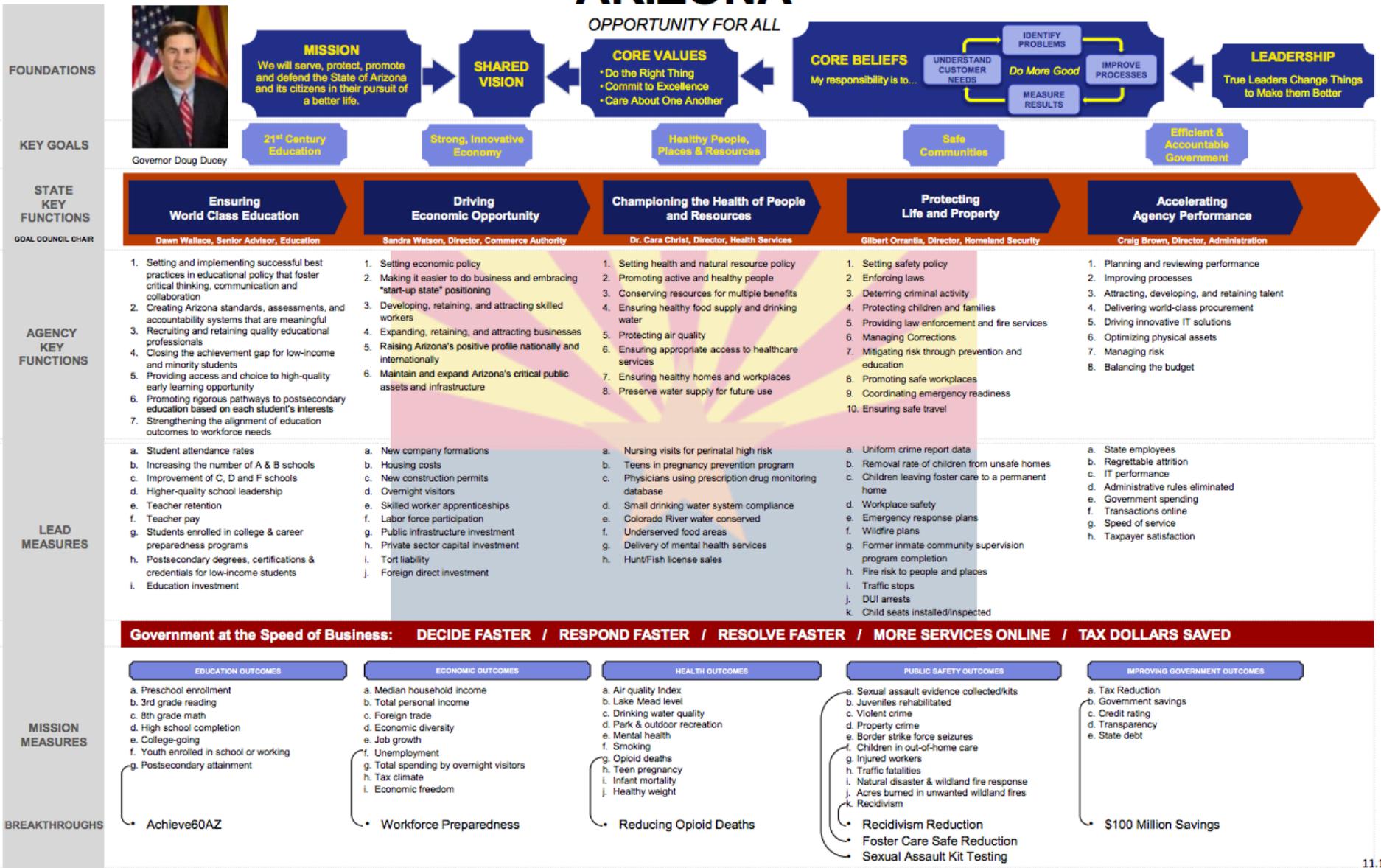
▲ Arizona Management System Fundamentals Map



# Arizona Management System

## ARIZONA

OPPORTUNITY FOR ALL



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



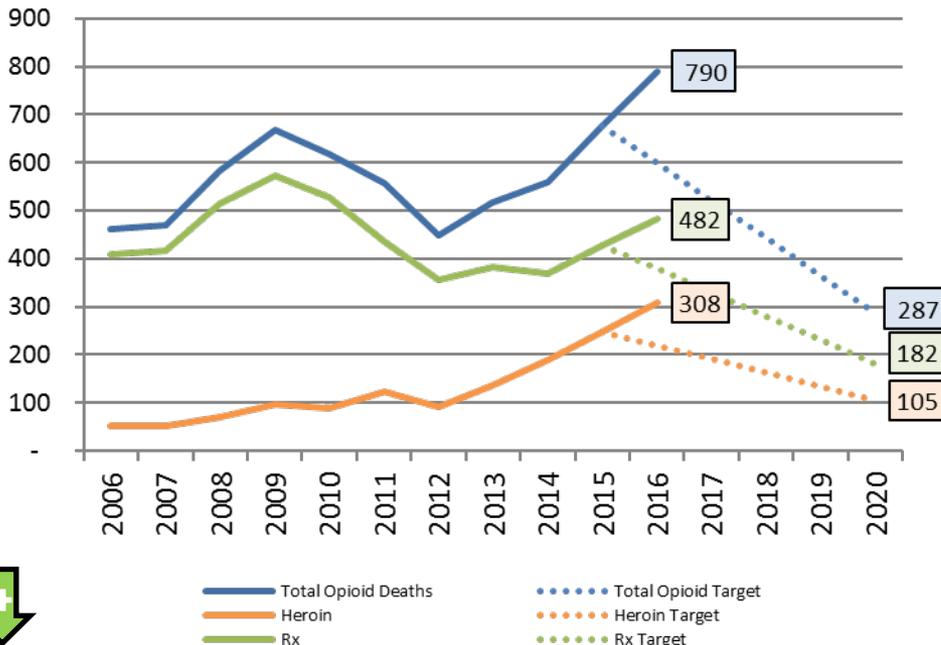
Happy & Healthy Citizens

# 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

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- 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 [f](#) [t](#) [G+](#) [in](#) [p](#)

*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

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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

# Timeline

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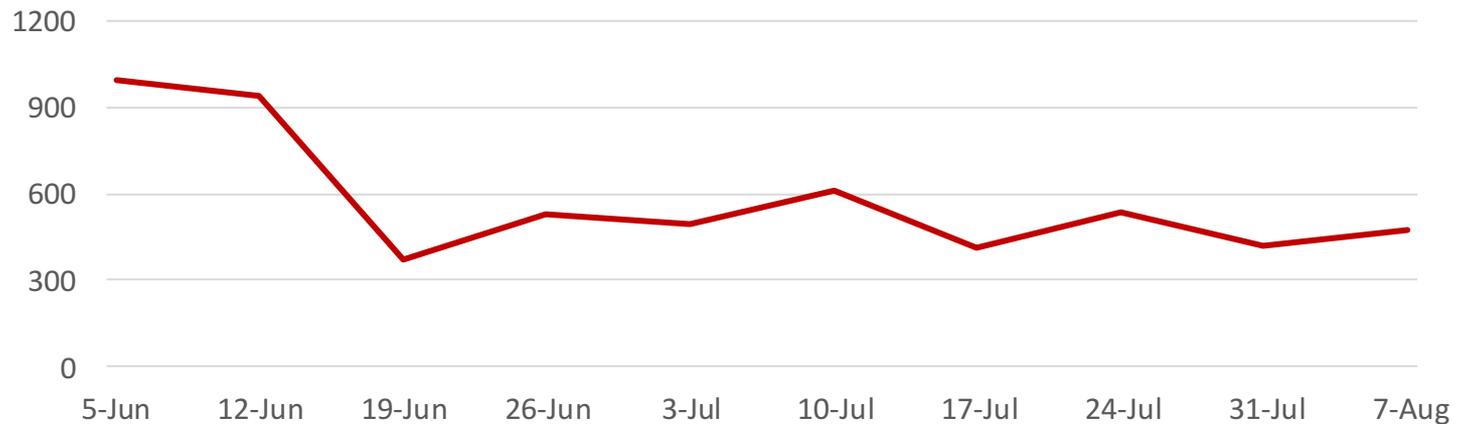
- Enhanced Surveillance Advisory went into effect **June 15, 2017**
- *Opioid Overdose Epidemic Response Report* due **September 5, 2017**

What progress has been made  
since June 5<sup>th</sup>?



# Health Emergency Operations Center

ADHS staff have devoted over **6,000** hours since June 5<sup>th</sup> 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

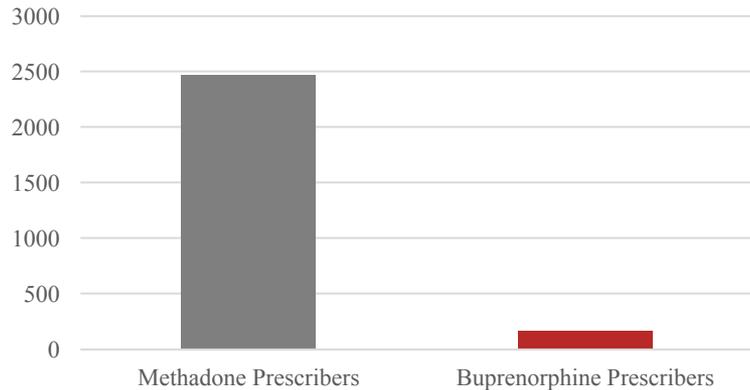
# Treatment Capacity Survey – Waitlist\*

- **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

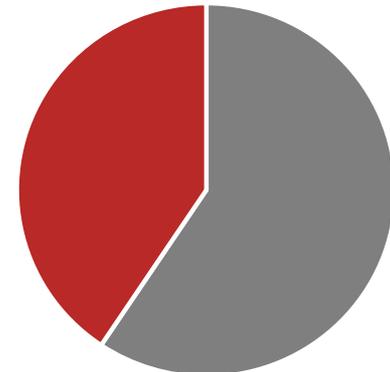
\*data come from self reports by Medicaid providers; these data may not represent overall statewide capacity or availability

# 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

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

# Opioid Prescribing & Treatment Rules

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- 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

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## **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

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- 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

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- 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

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

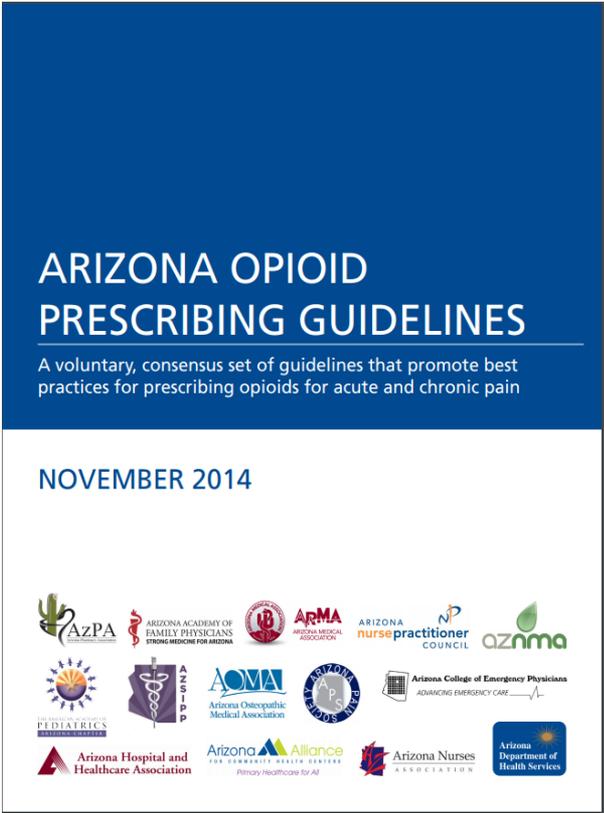
# ADHS Responsibilities

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- Develop guidelines to educate providers on responsible prescribing practices

# Prescribing Guidelines Update

- Since the June 5<sup>th</sup> 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

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- 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  
OF HEALTH SERVICES



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

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

# Naloxone Trainings

<b>Webinar Date &amp; Location</b>	<b># Trained</b>
June 19 - Flagstaff	81
June 23 - Tucson	245
June 29 - Phoenix	445
July 17 - Yuma	212
	<b>983</b>

# Naloxone Distribution

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

NALOXONE REQUEST FORM		
 <small>ARIZONA DEPARTMENT OF HEALTH SERVICES</small>	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.	
	<b>AGENCY INFORMATION</b>	
	Agency Name:	
	Agency <b>SHIPPING</b> address:	
	Agency Director Name:	
	Contact Email:	
	Agency Size:	
<b>TRAINING INFORMATION</b>		
	Training Date(s):	
	Trainer Name(s):	
	Number of staff Trained:	
<b>NALOXONE REQUESTED</b>	Description: Narcan Nasal Spray 2/pack	Quantity Requested: _____
<b>AGENCY DIRECTOR SIGNATURE</b>	_____	DATE: _____

**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

# 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.

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

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

150 North 18th Avenue, Suite 500, Phoenix, AZ 85007-3247 P | 602-542-1025 F | 602-542-1062 W | azhealth.gov  
Health and Wellness for all Arizonans



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 Director 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](mailto: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

### 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



### 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.

For more information, visit [www.azhealth.gov/opioid](http://www.azhealth.gov/opioid)



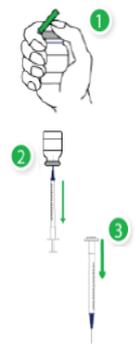
### In case of overdose:

- 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.
- 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.

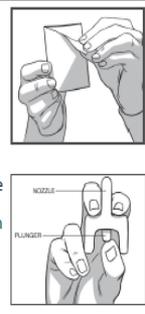
2—Peel back the tab with the circle to open the naloxone nasal spray.

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.



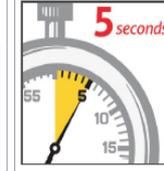
#### Auto-injector

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

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- 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

HOME AUDIENCES TOPICS DIVISIONS A-Z INDEX

### 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](mailto:labreceiving@azdhs.gov) or 602.542.1190. If you have any questions, please e-mail [azopioid@azdhs.gov](mailto:azopioid@azdhs.gov).

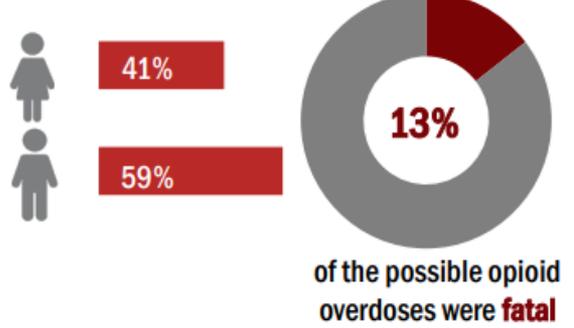
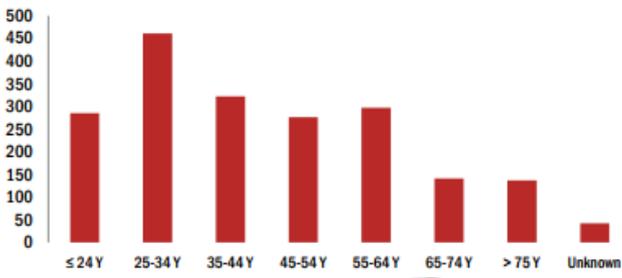
- [Laboratory Frequently Asked Questions \(FAQs\)](#)

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		

## Opioid Overdoses & Deaths

**1,961** possible opioid overdoses reported



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

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

## 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

# 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"> <li>Suspected opioid overdoses</li> <li>Suspected opioid deaths</li> <li>Naloxone doses administered</li> </ul>	<b>MEDSIS</b> <a href="#">Training</a> <a href="#">New Account</a>
Administrators of a healthcare institution or correctional facility	<ul style="list-style-type: none"> <li>Suspected opioid overdoses</li> <li>Suspected opioid deaths</li> <li>Neonatal abstinence syndrome</li> </ul>	<b>MEDSIS</b> <a href="#">Training</a> <a href="#">New Account</a>
Emergency Medical Services/ Ambulance agencies (first response agencies, ground and air ambulance agencies)	<ul style="list-style-type: none"> <li>Suspected opioid overdoses</li> <li>Suspected opioid deaths</li> <li>Naloxone doses administered</li> </ul>	<b>AZ-PIERS</b> <a href="#">Training</a> <a href="#">New Account</a>
Law enforcement officers	<ul style="list-style-type: none"> <li>Suspected opioid overdoses</li> <li>Suspected opioid deaths</li> <li>Naloxone doses administered</li> <li>Suspected opioid deaths</li> </ul>	<b>AZ-PIERS</b> <a href="#">Training</a> <a href="#">New Account</a>
Medical examiners	<ul style="list-style-type: none"> <li>Suspected opioid deaths</li> </ul>	<b>MEDSIS</b> <a href="#">Training</a> <a href="#">New Account</a>
Pharmacists	<ul style="list-style-type: none"> <li>Naloxone doses dispensed</li> </ul>	<b>Prescription Drug Monitoring Program (PDMP)</b> <a href="#">Training</a> <a href="#">New Account</a>

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.

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Douglas A. Ducey | Governor    Cara M. Christ, MD, MS | Director  
 190 North 18th Avenue, Suite 1000 Phoenix, AZ 85004-2427    P 602-964-2600    T 602-964-2600    W arizona.gov  
 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,

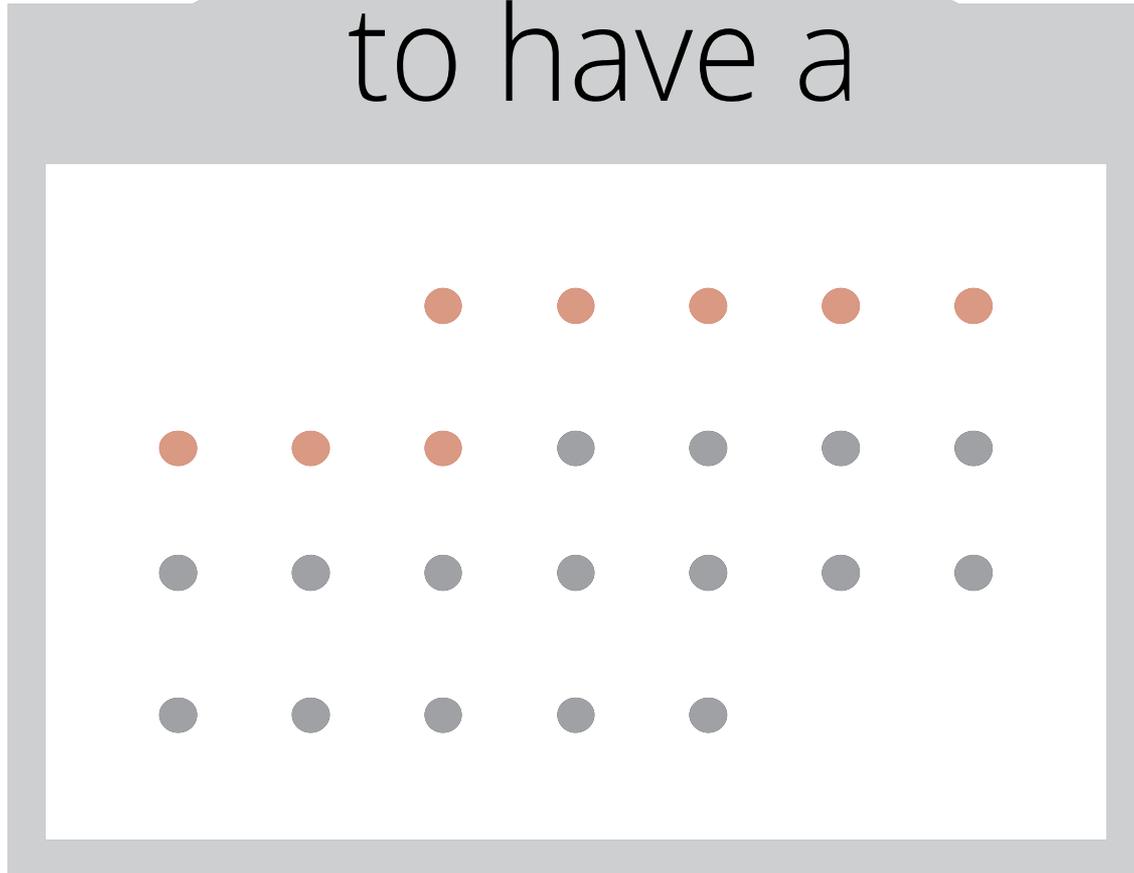
**2,850,535** opioid prescriptions



**205,256,807** opioid pills

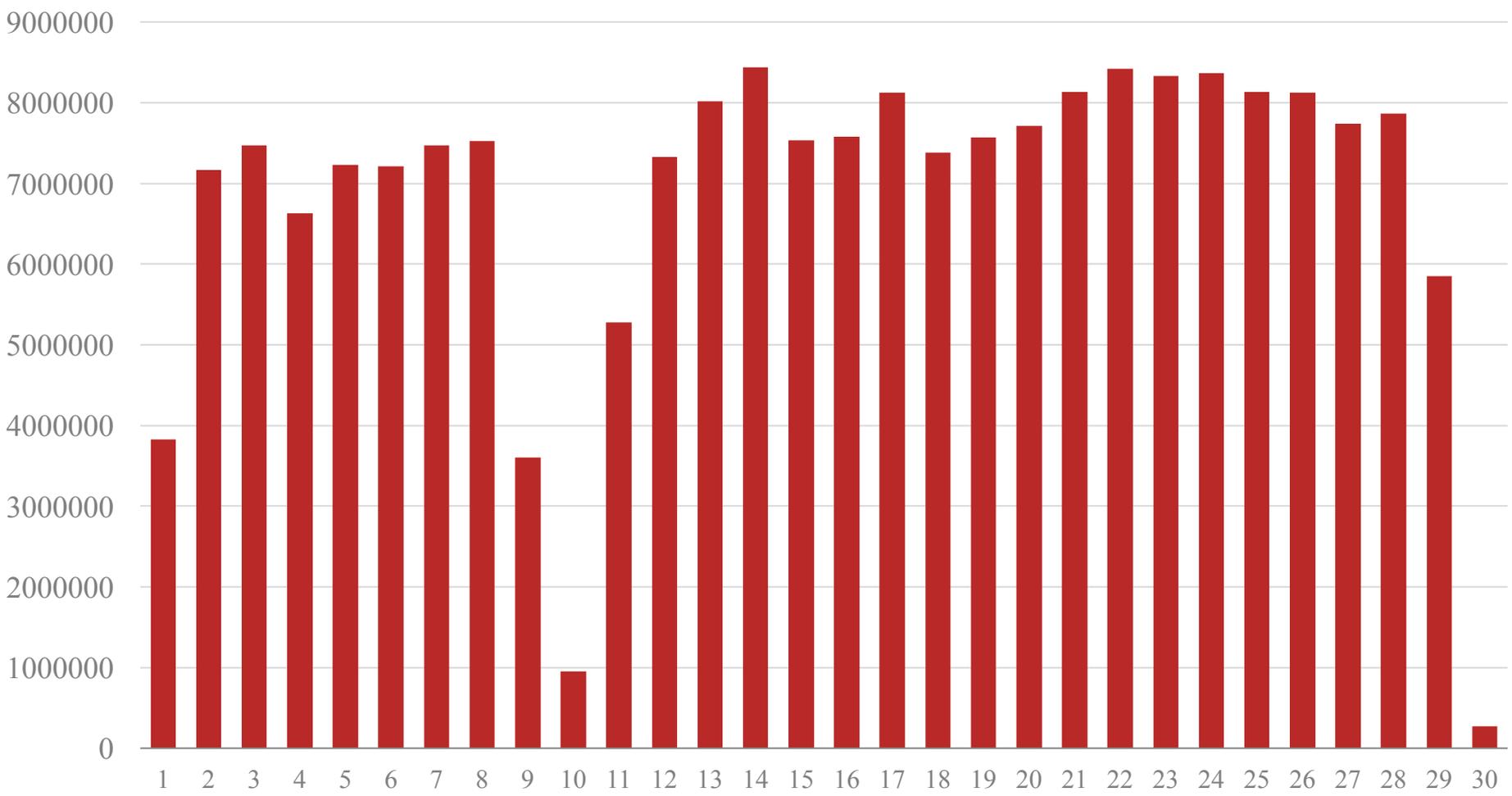
**Opioid Prescriptions in Arizona**

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.**

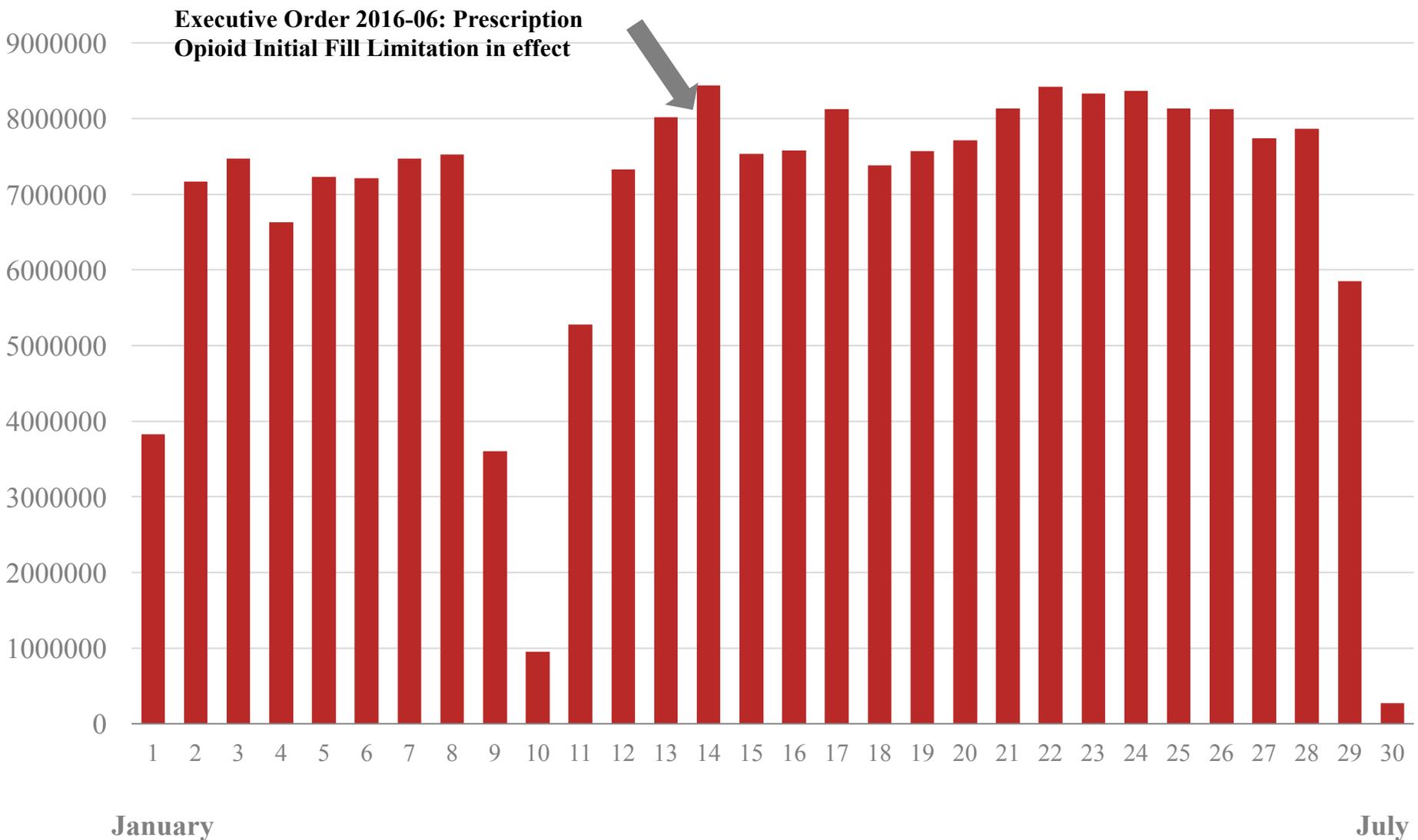


January

July

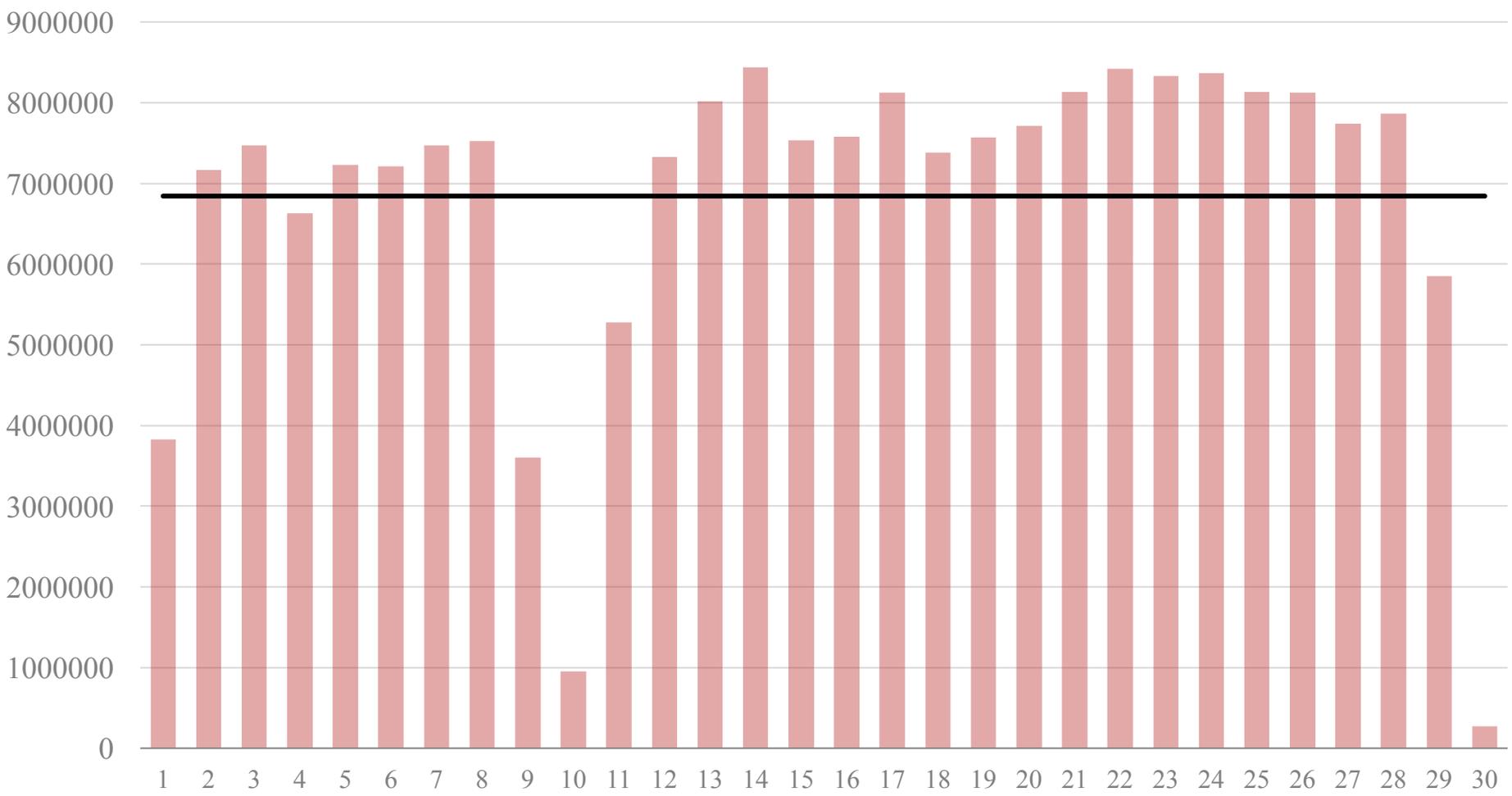
# Opioid Prescriptions in Arizona

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



# 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:

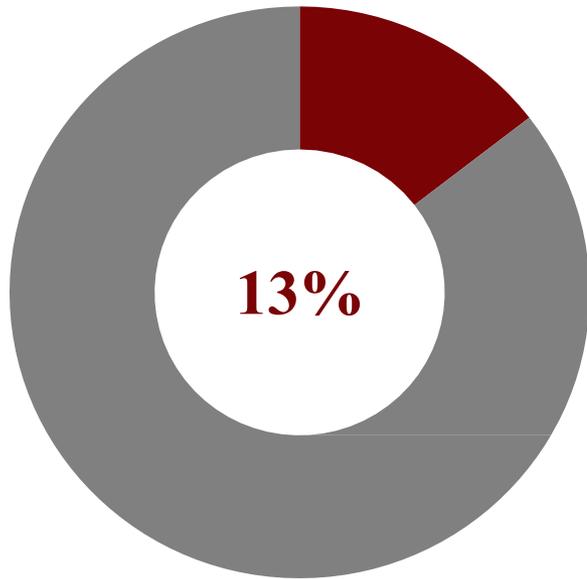
June						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

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		

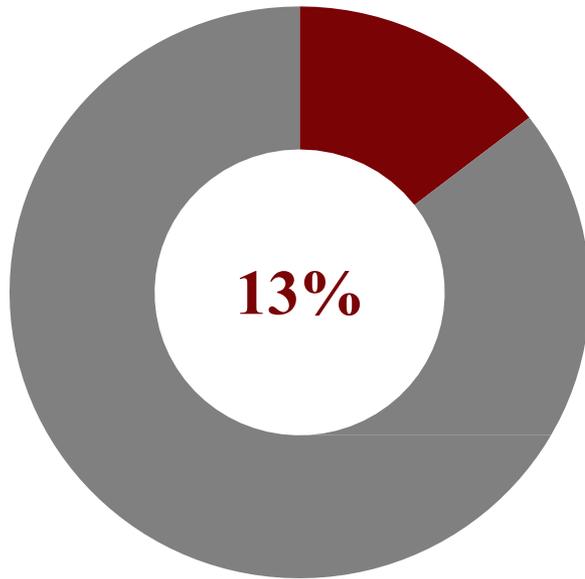
**1,557** possible opioid overdoses

**1,557** possible opioid overdoses

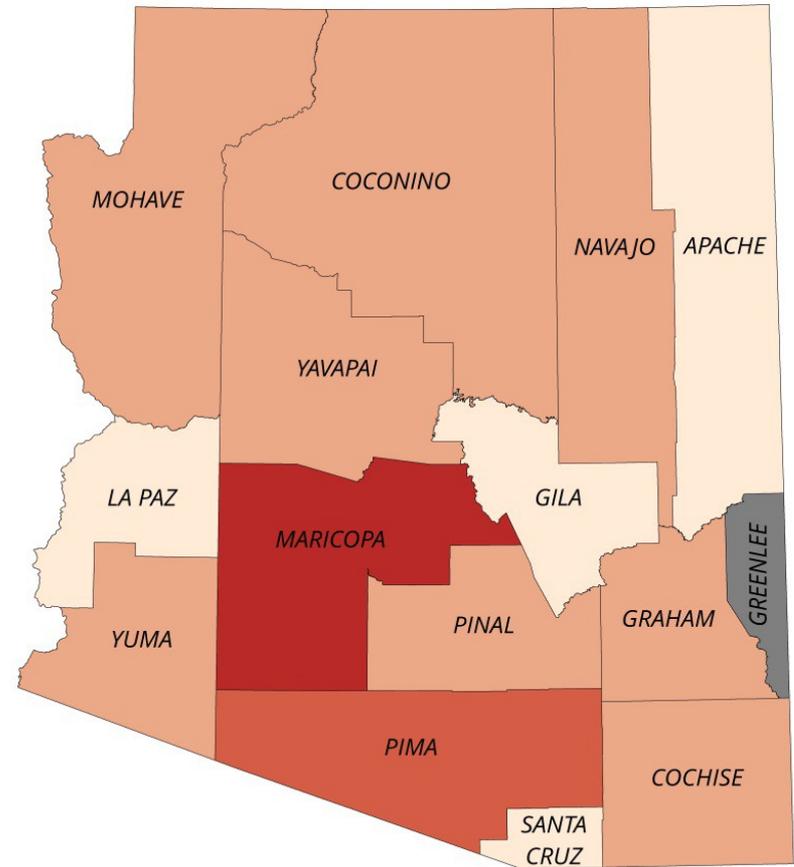


of the possible opioid overdoses were **fatal**

# 1,557 possible opioid overdoses

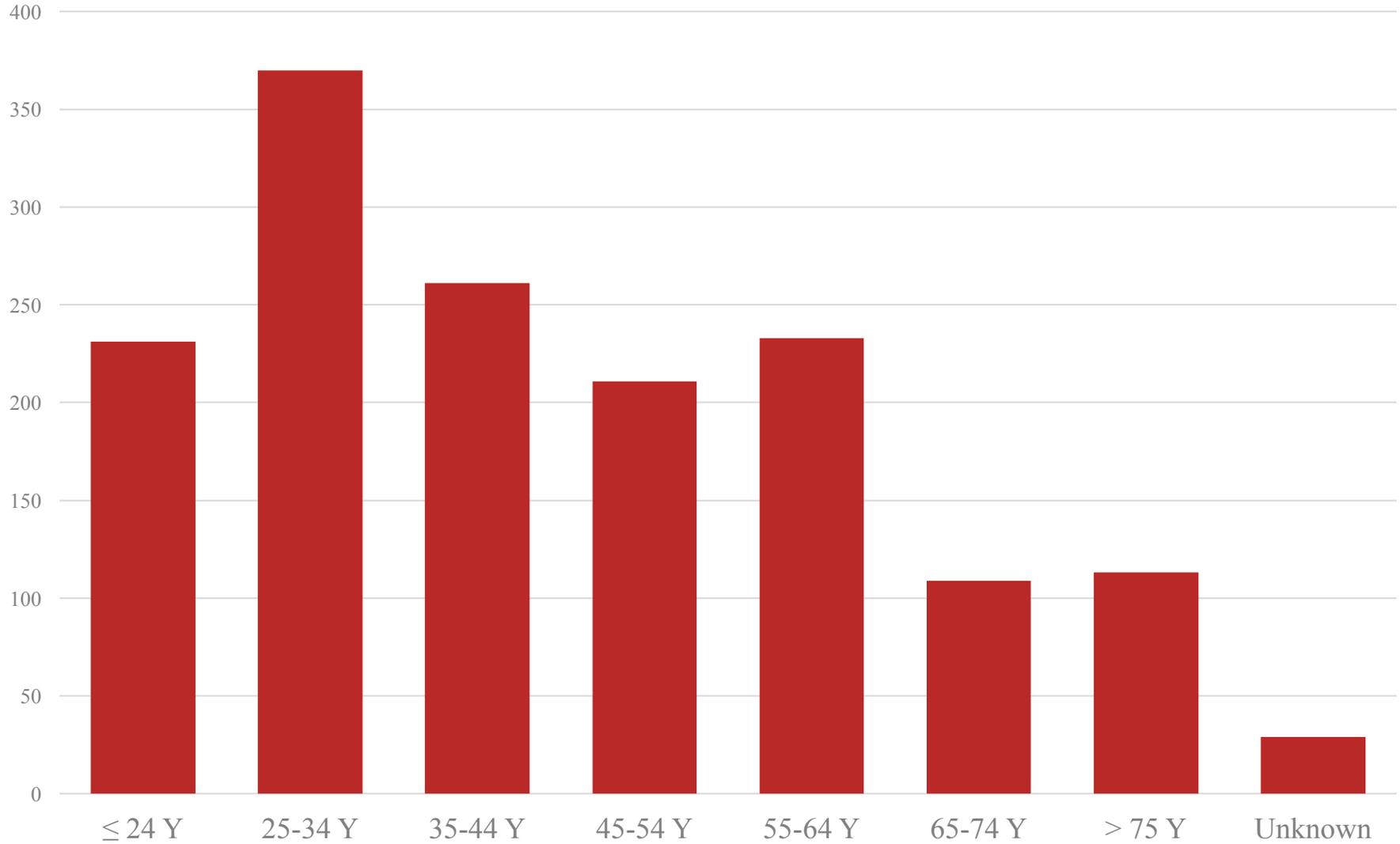


of the possible opioid overdoses were **fatal**



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

# 1,557 possible opioid overdoses



**Opioid Overdoses & Deaths**

**1,557** possible opioid overdoses

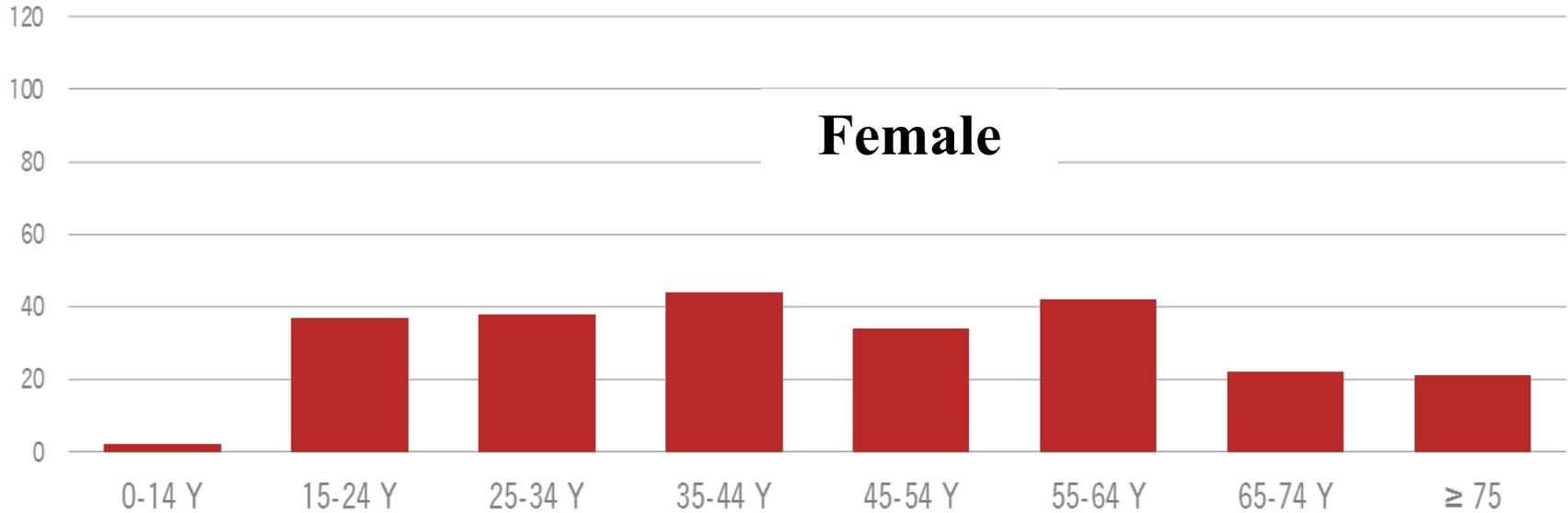


**41%**

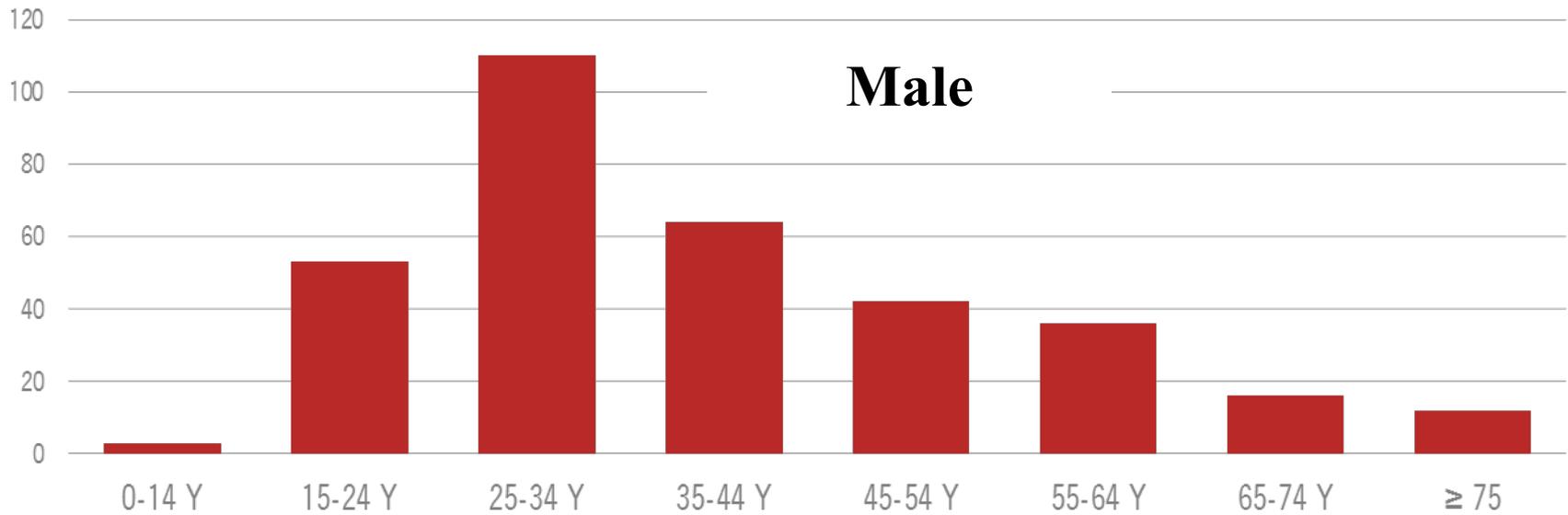


**59%**

## Female

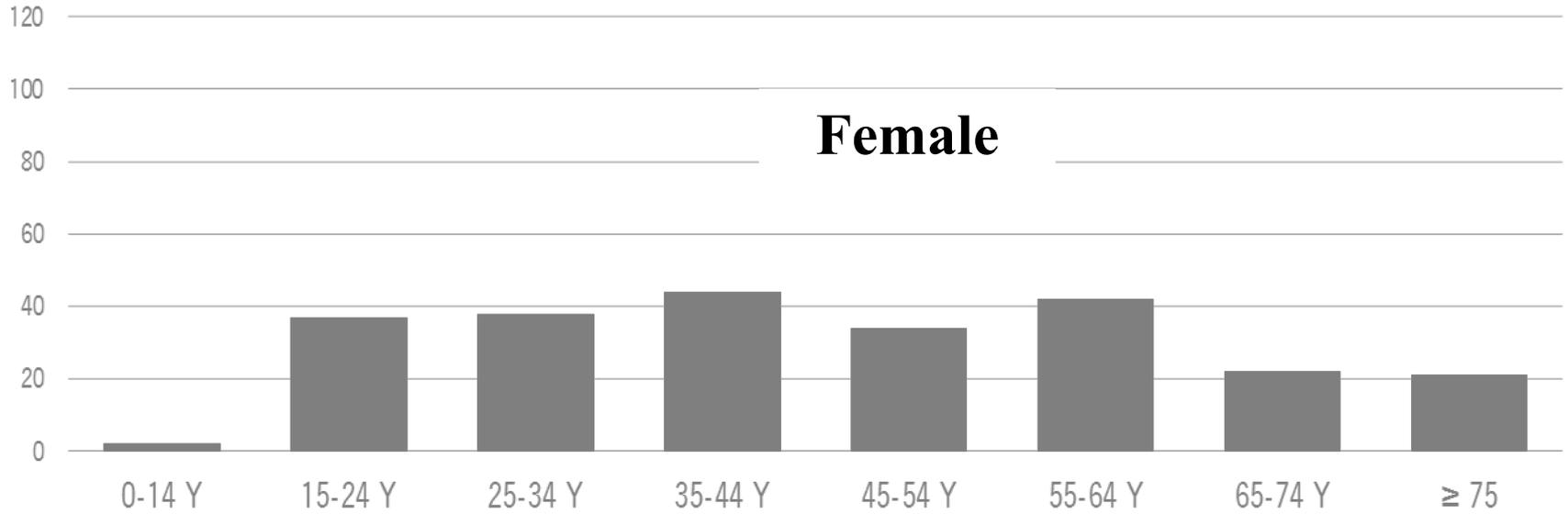


## Male

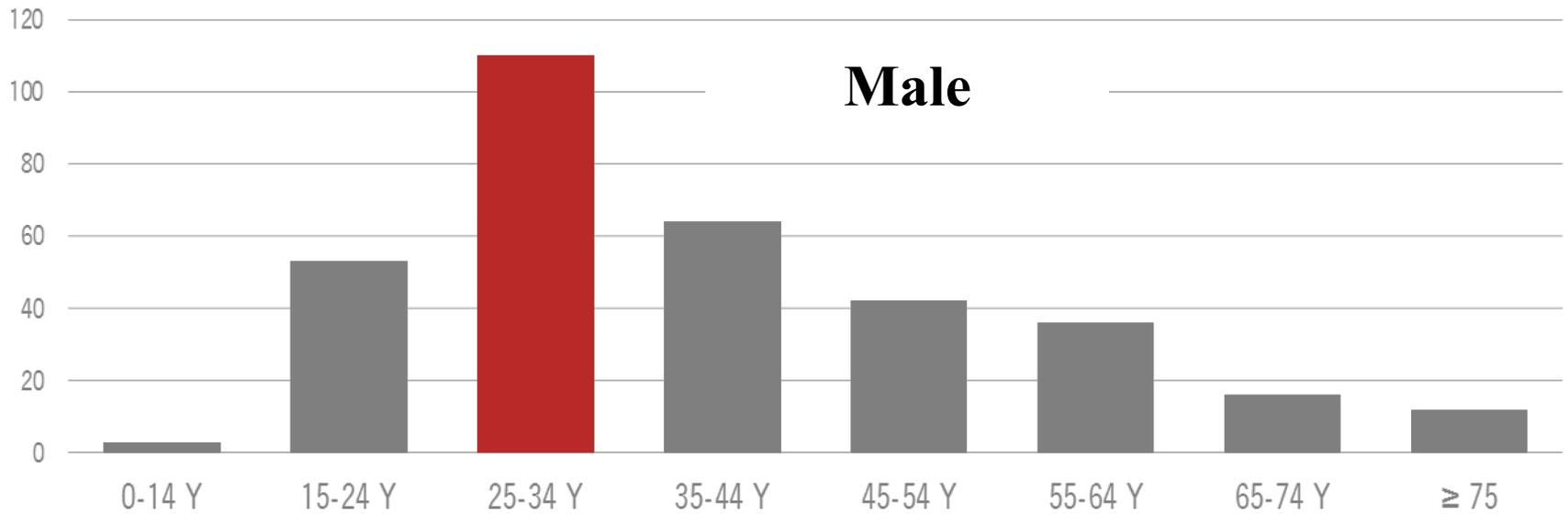


**Opioid Overdoses & Deaths**

## Female



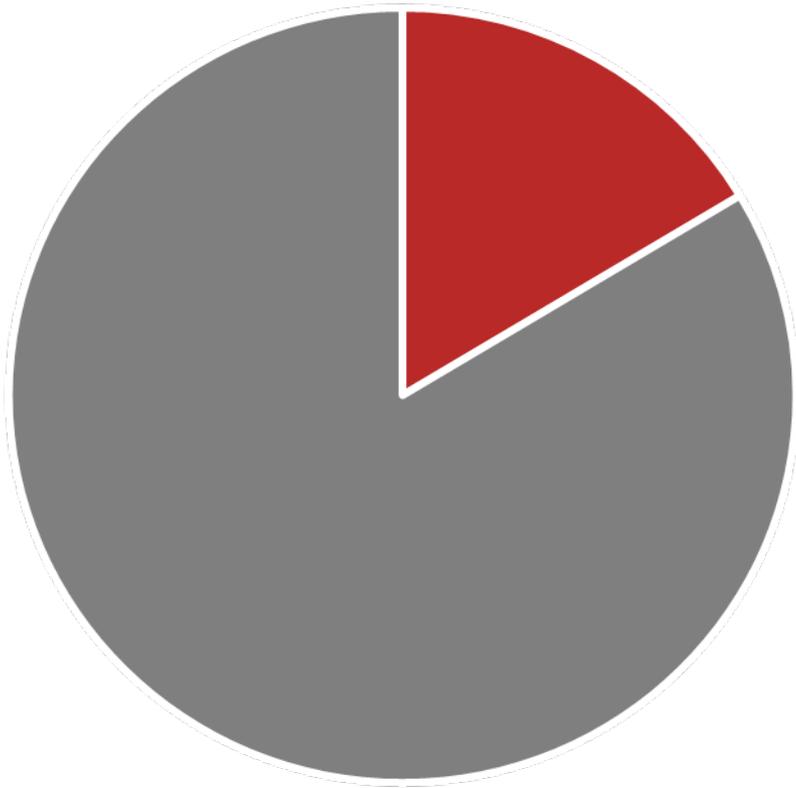
## Male



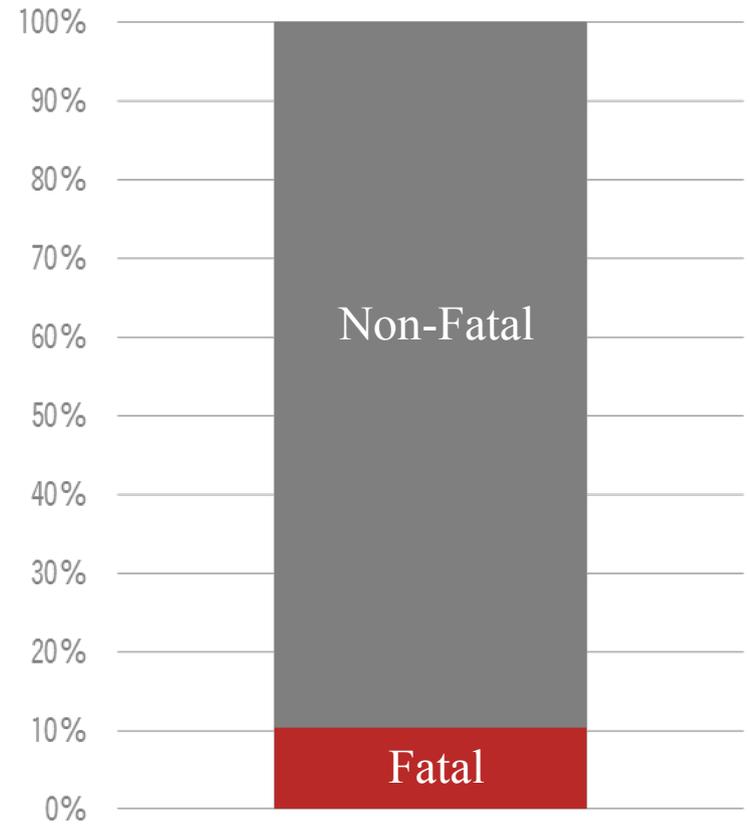
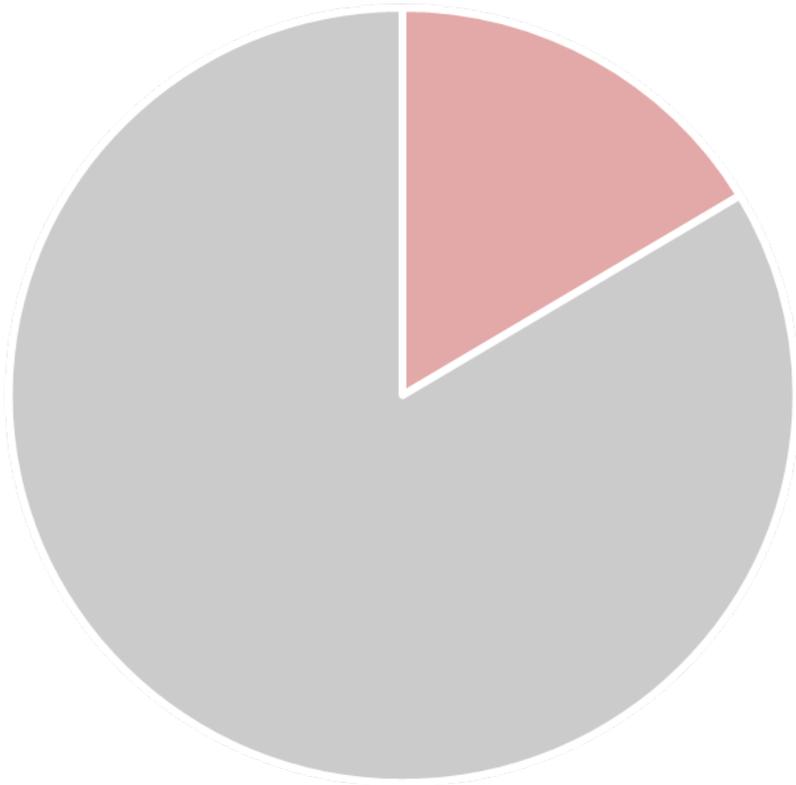
**Opioid Overdoses & Deaths**



**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.**

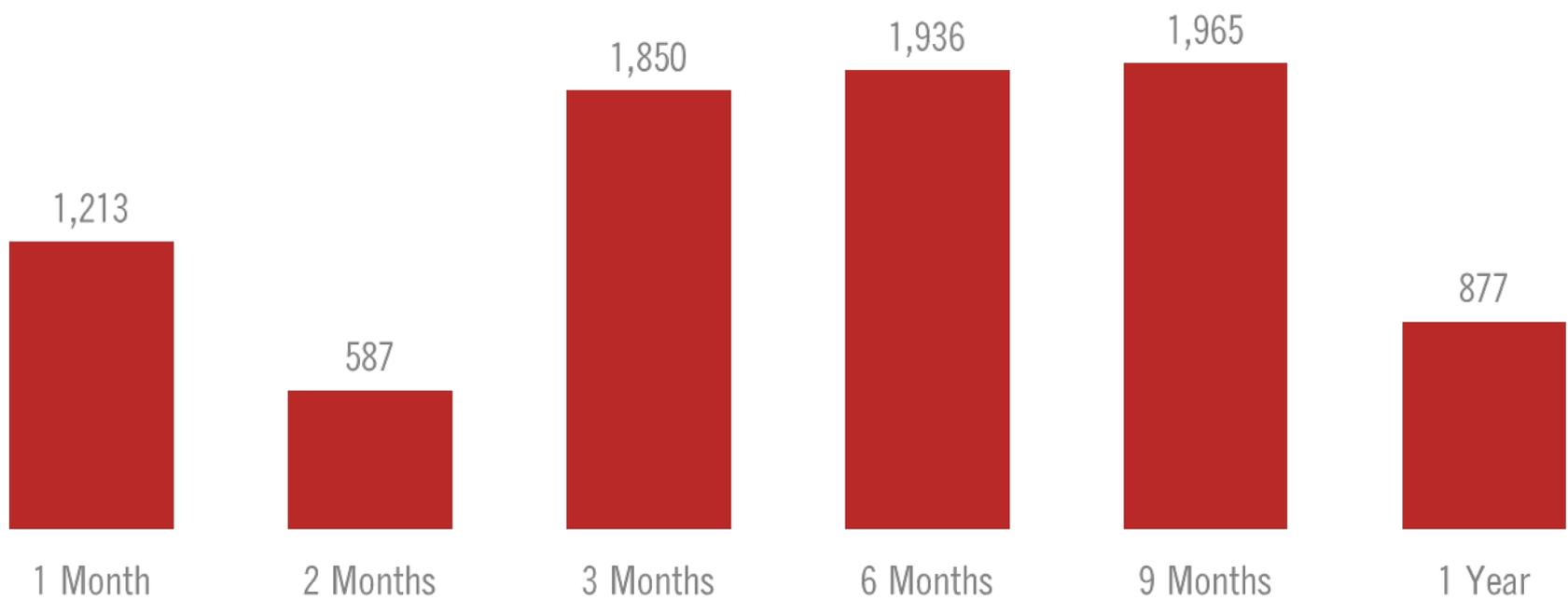
Opioid Prescriptions to Possible Overdose Cases

**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.

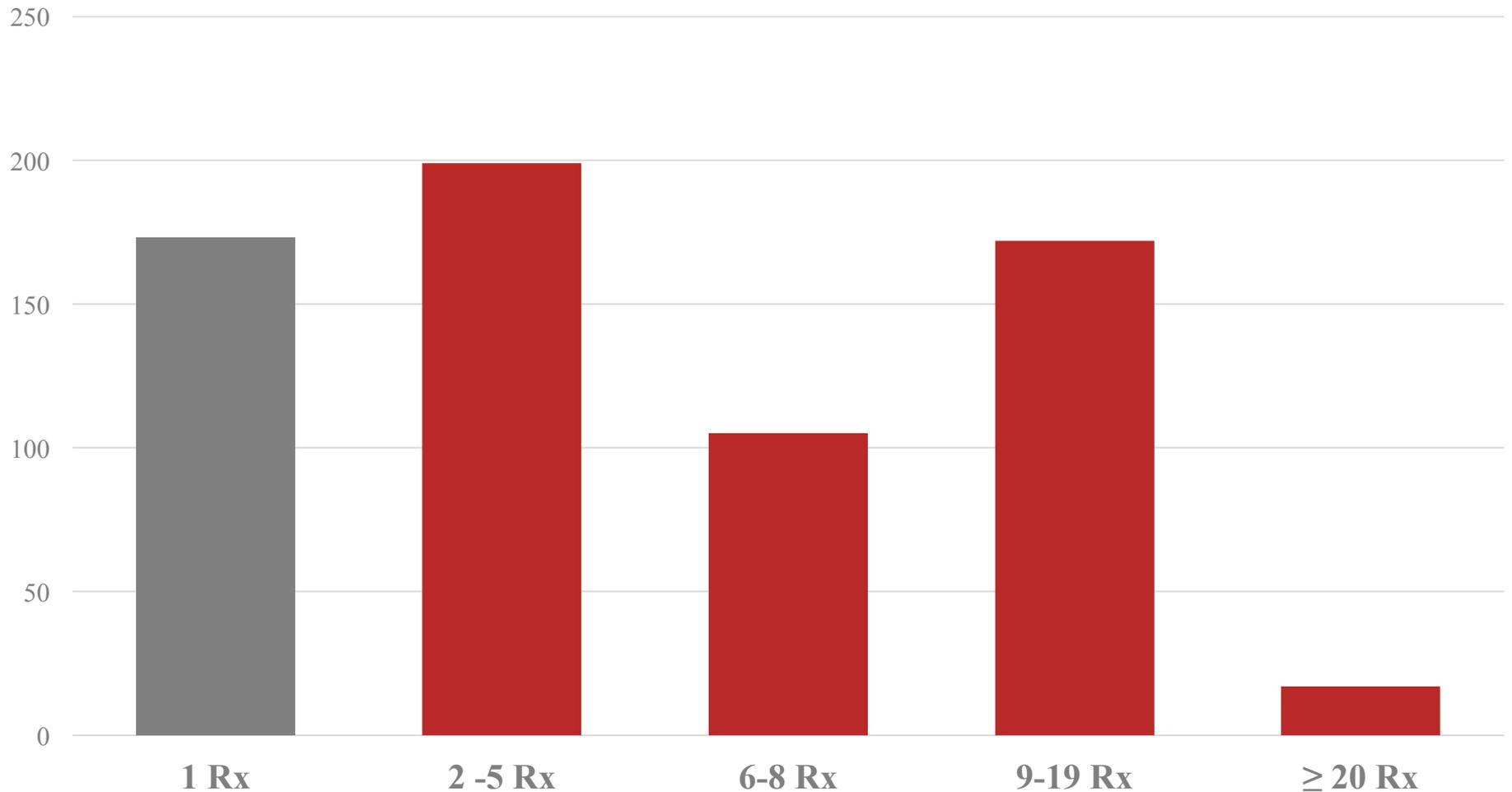
The **average MME** per individual over the last year was **96**.

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



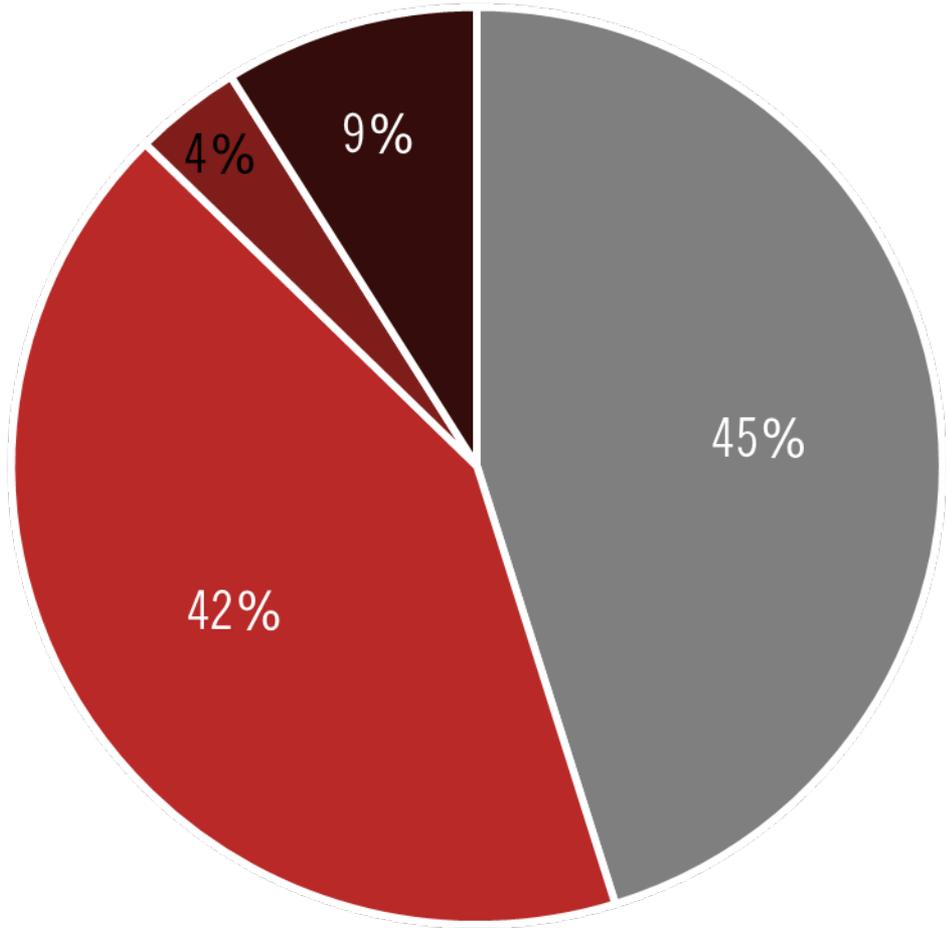
**Opioid Prescriptions to Possible Overdose Cases**

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



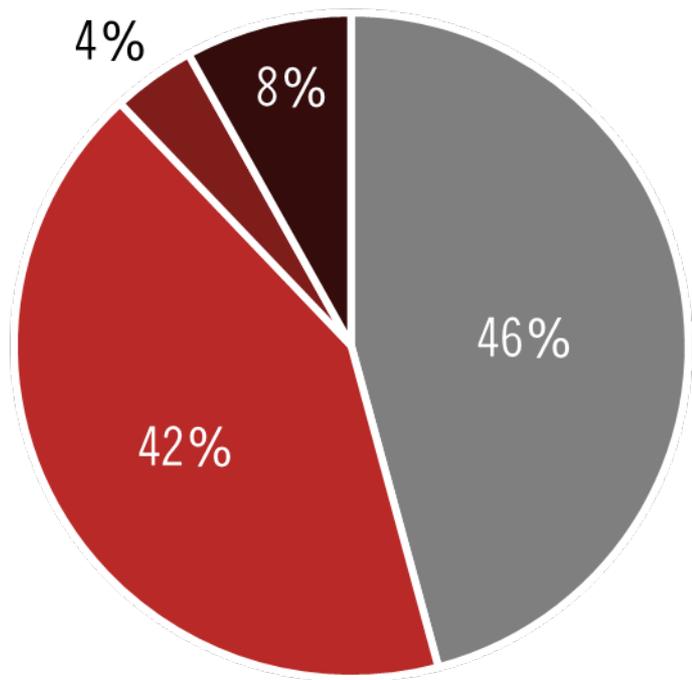
**Opioid Prescriptions to Possible Overdose Cases**

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

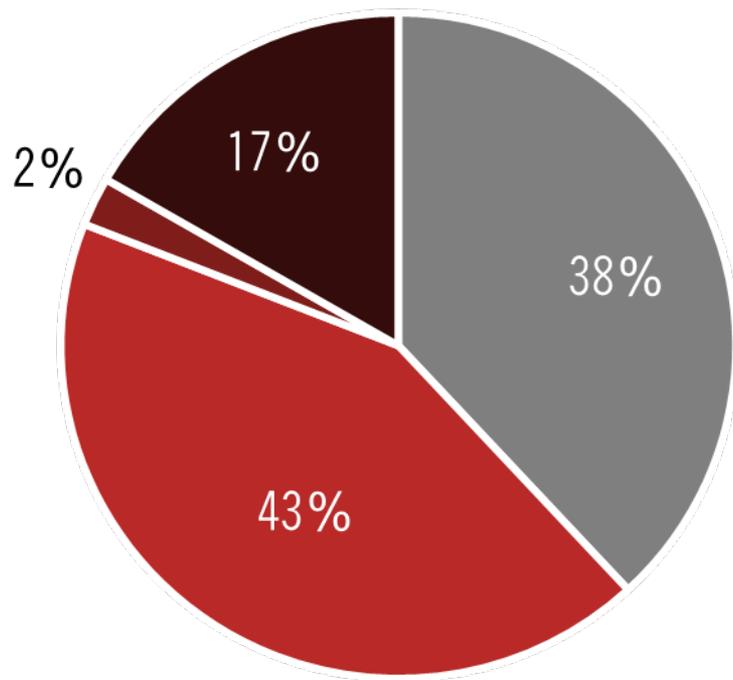


- Opioid Only
- Opioid + Benzodiazepine
- Opioid + Muscle Relaxer
- Opioid + Zolpidem

**Opioid Prescriptions to Possible Overdose Cases**



**Non-fatal**



**Fatal**

Opioid Only

Opioid + Benzodiazepine

Opioid + Muscle Relaxer

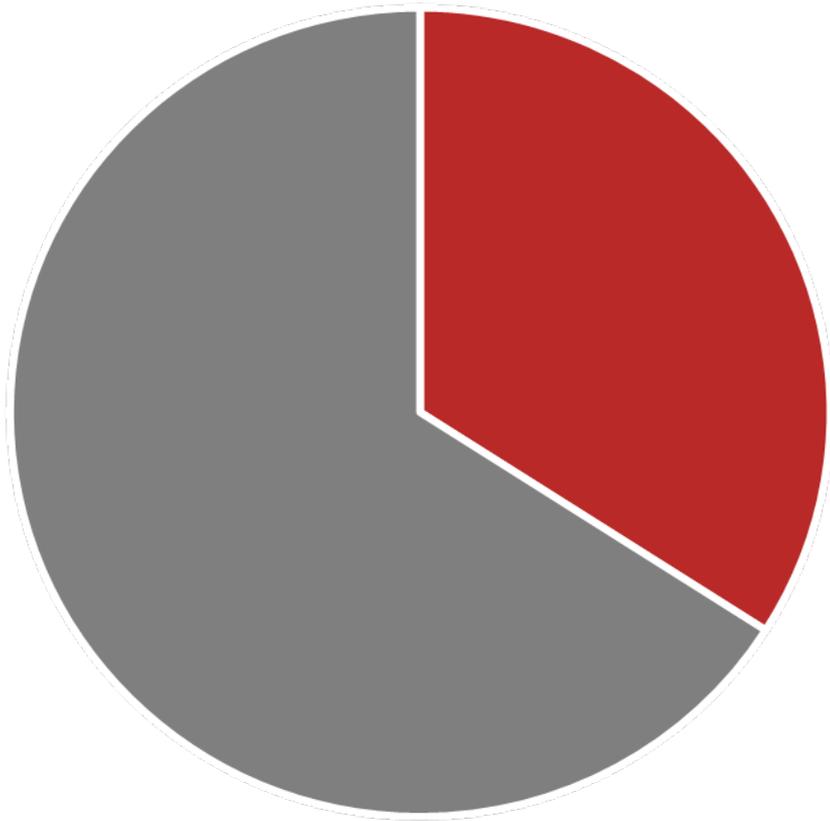
Opioid + Zolpidem

Opioid Prescriptions to Possible Overdose Cases

Two months prior to the overdose,

# Two months prior to the overdose,

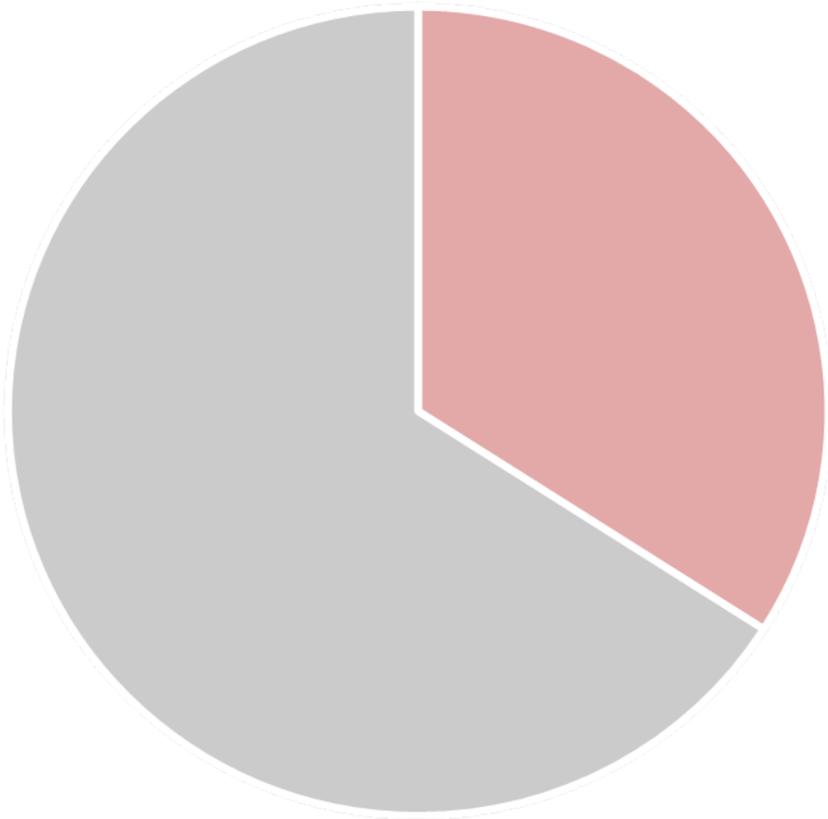
**535 (33%)** of possible opioid overdoses had an opioid prescription.



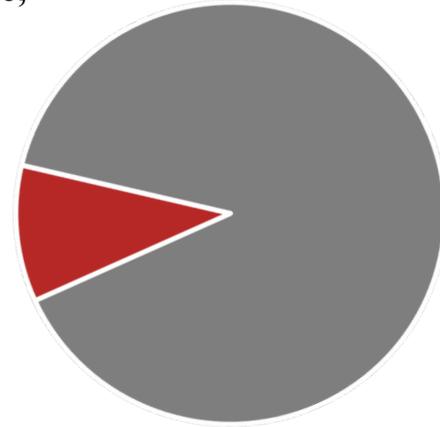
Opioid Prescriptions to Possible Overdose Cases

# Two months prior to the overdose,

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

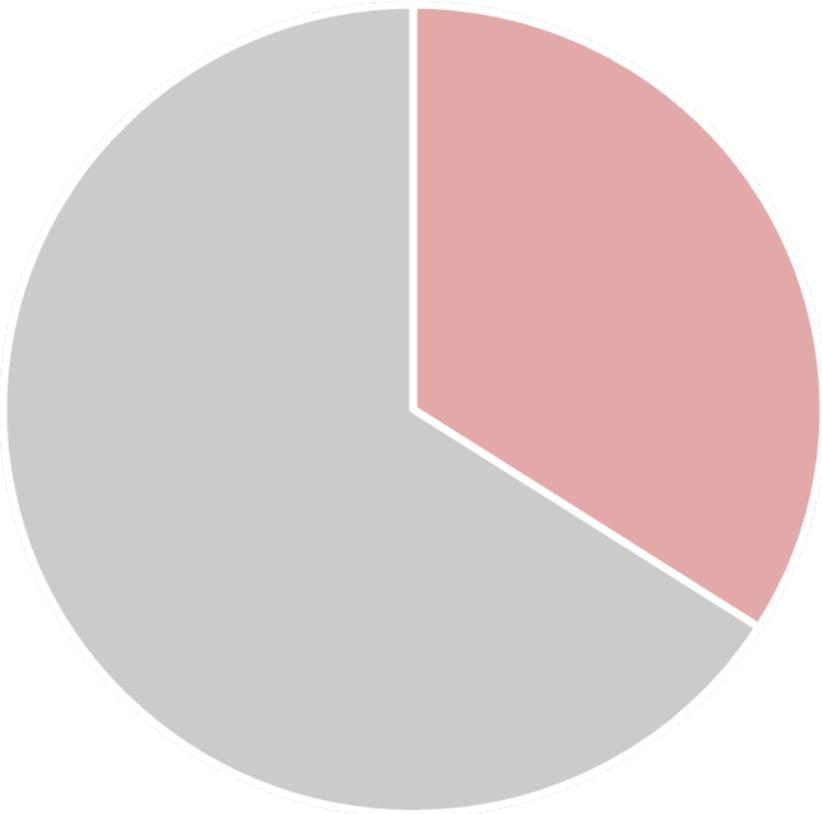


**12%** of those individuals with an opioid prescription two months prior had a fatal overdose,

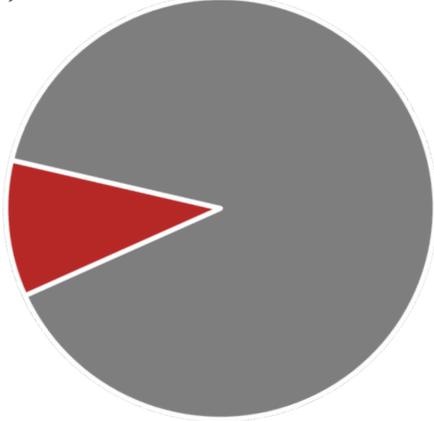


# Two months prior to the overdose,

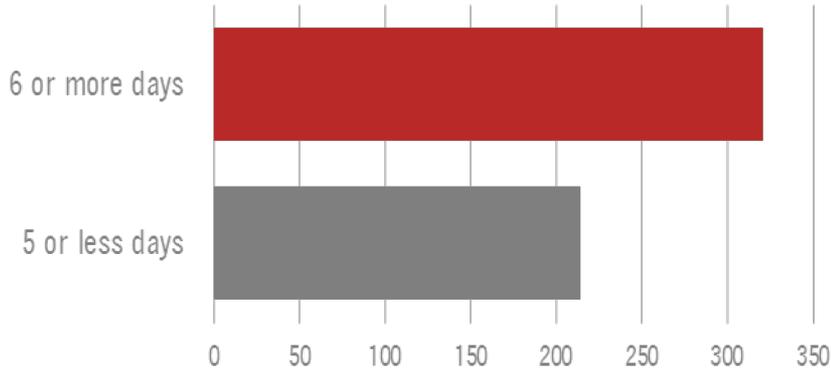
**535 (33%)** of possible opioid overdoses had an opioid prescription.



**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.

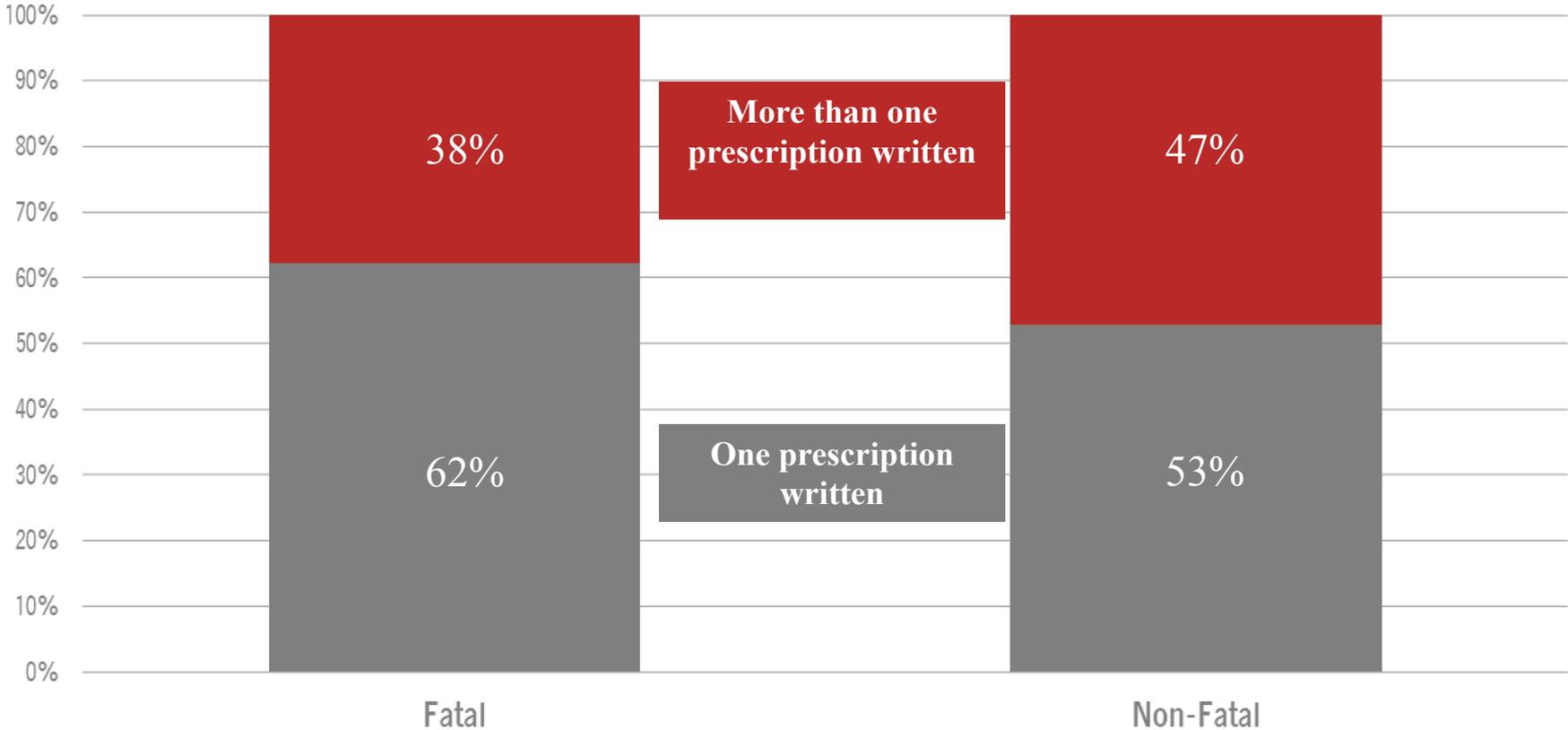




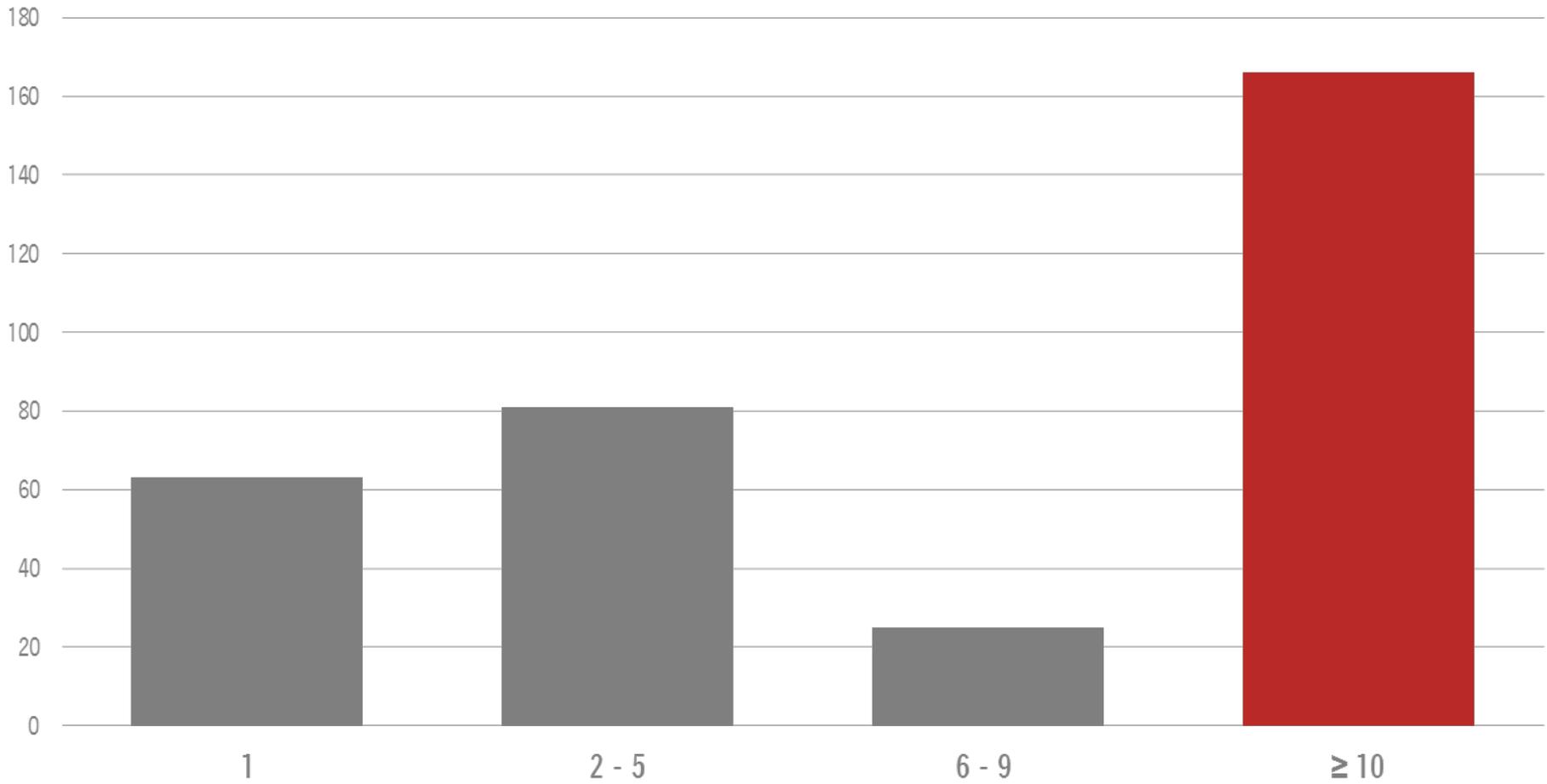
**During 2017, 502 prescribers wrote an opioid prescription to a possible opioid overdose.**

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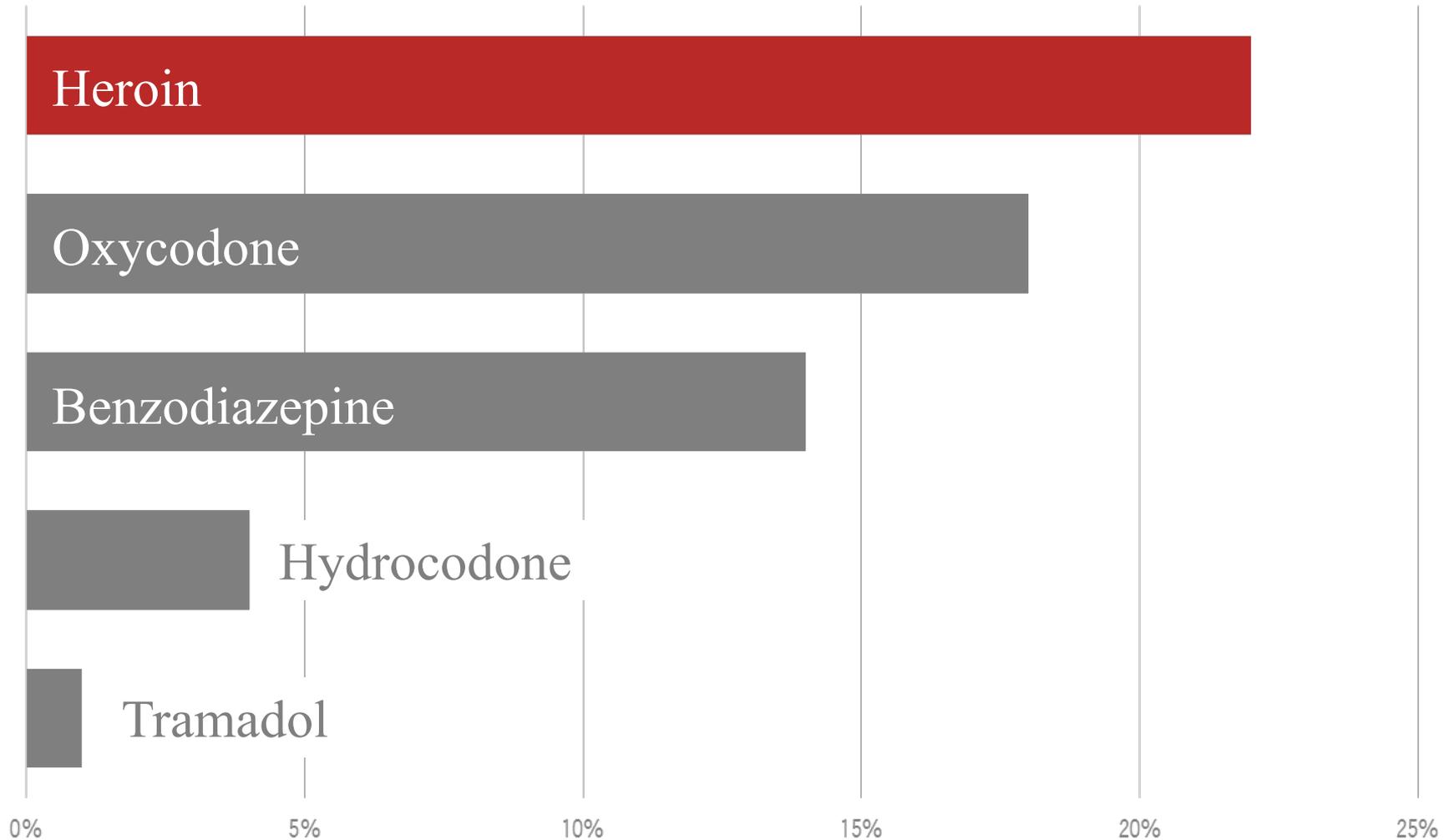
**50%** of individuals who experienced an overdose during the enhanced surveillance period had **10 or more** providers prescribe opioids to them over the last year.



Opioid Prescriptions by Providers

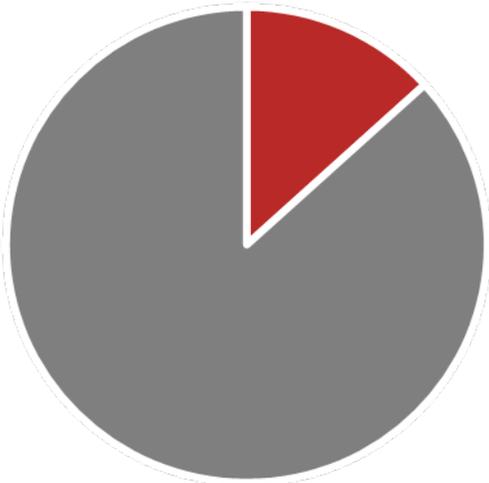
Drugs Reported by Hospitals & Medical Examiners

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

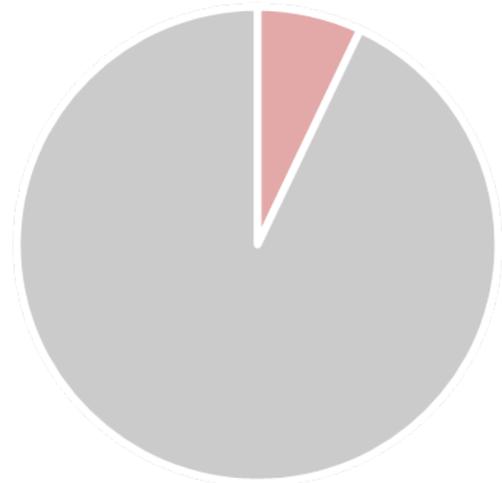


Drugs Reported by Hospitals & Medical Examiners

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



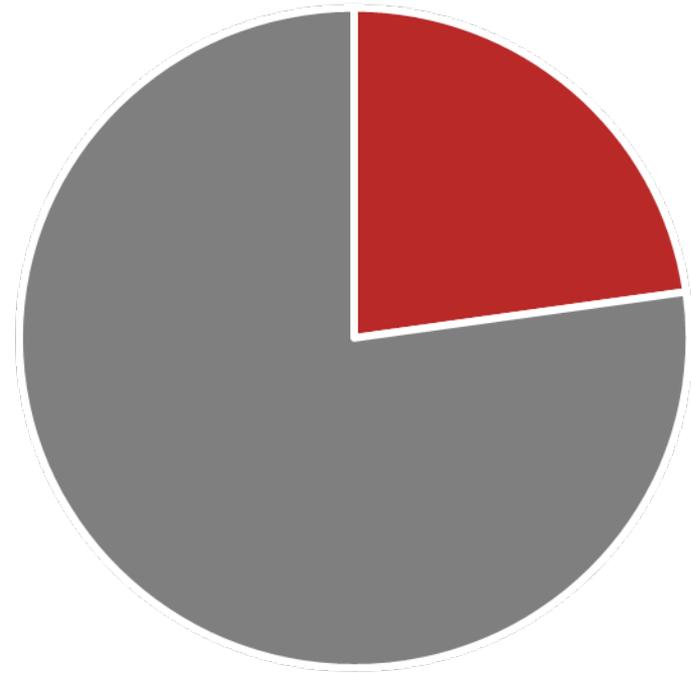
Hydrocodone



Benzodiazepine

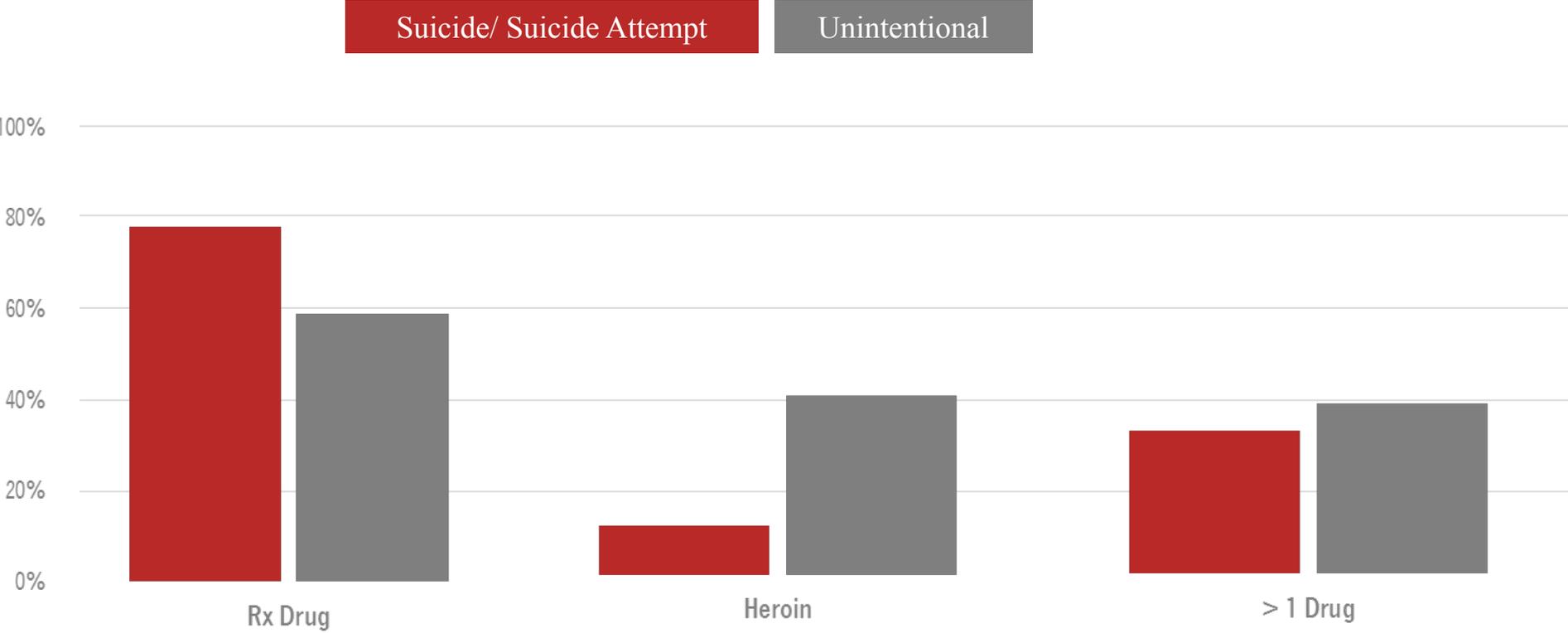
Drugs Reported by Hospitals & Medical Examiners





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

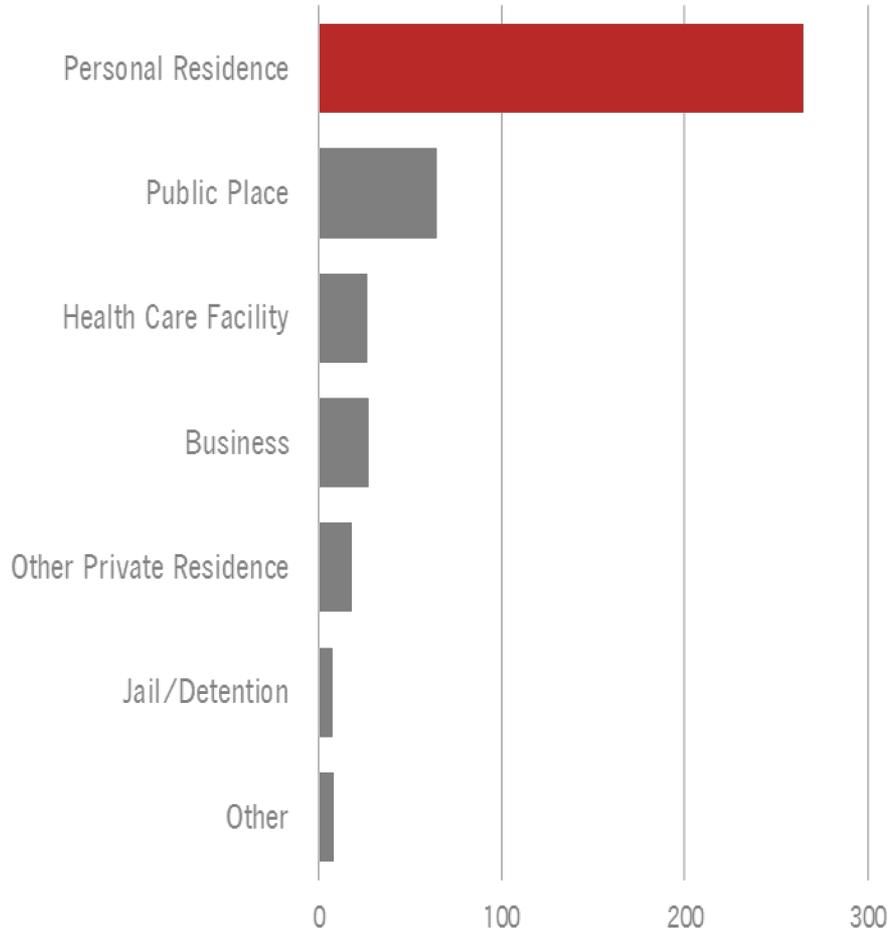
**A large majority of suicides or suicide attempts reported taking a prescription opioid.**



**Suicide/ Suicide Attempts**



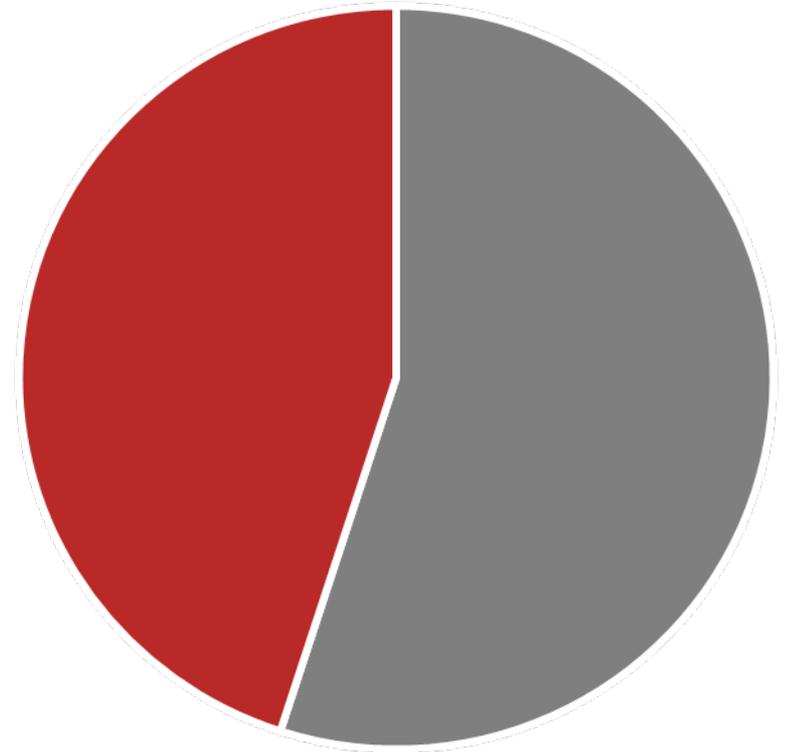
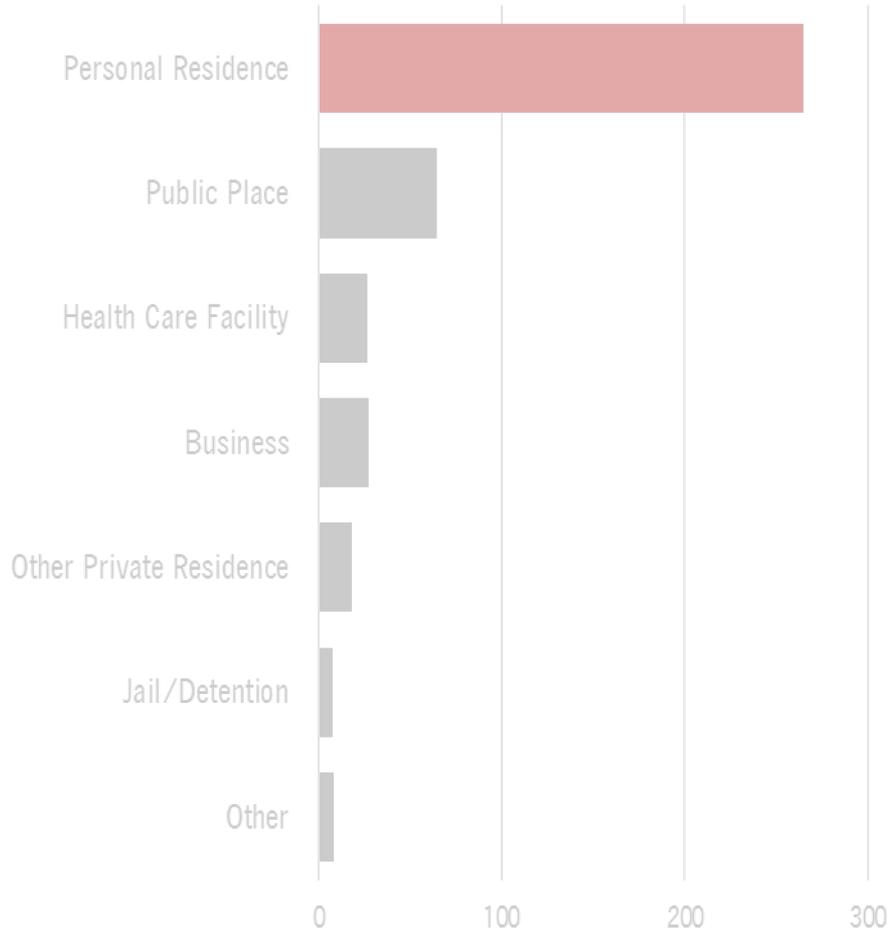
**A majority of the possible opioid overdoses occurred in a personal residence.**



**Overdose Location & Behavioral Health Referral**

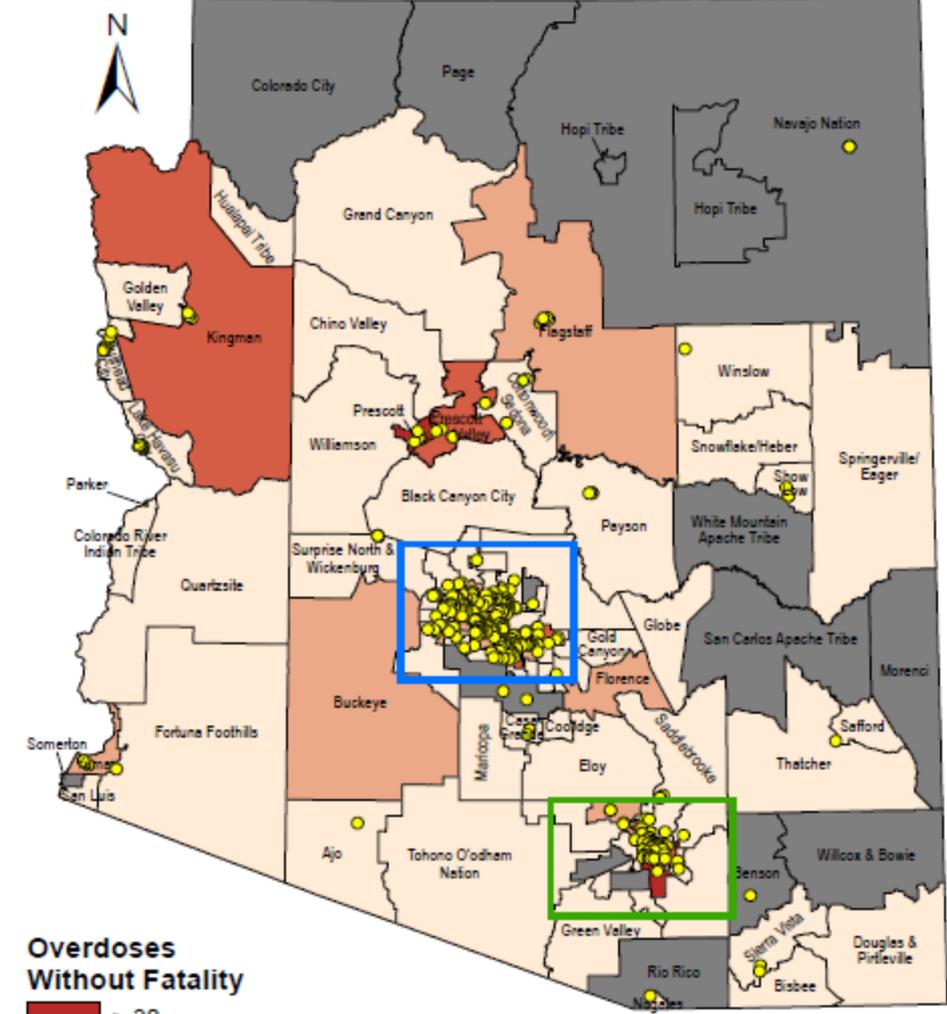
A **majority** of the possible opioid overdoses occurred in a personal residence.

**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

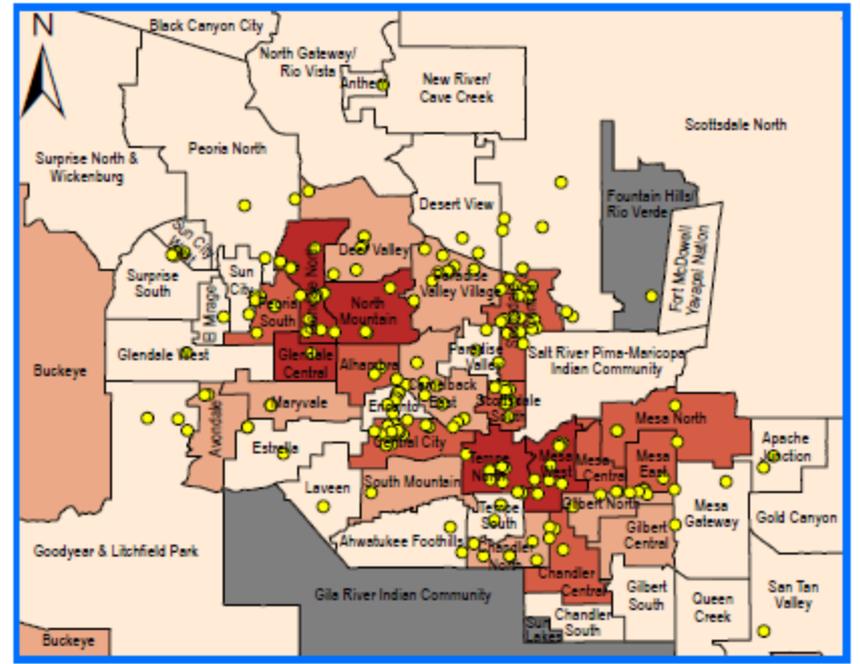
**Not For Public Distribution**

● Medication-Assisted Treatment (MAT) Providers

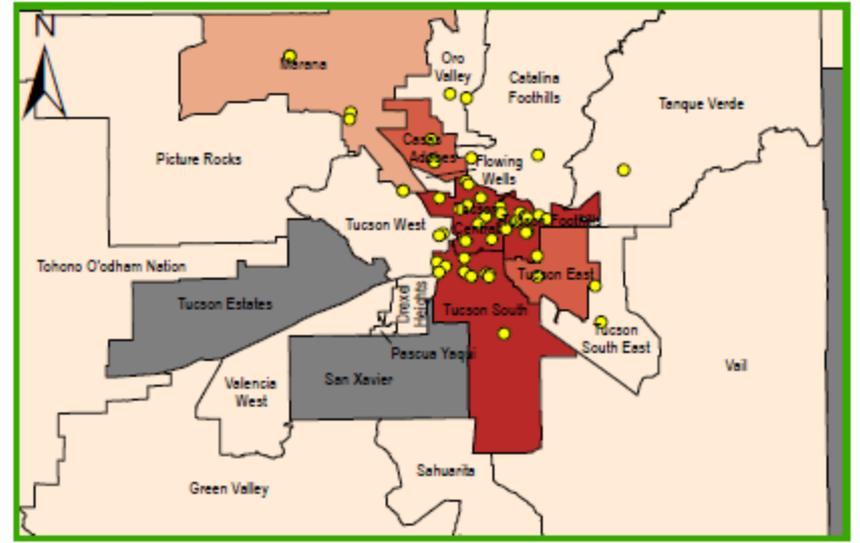
\*146 overdoses (10.8%) were not assigned a PCA

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

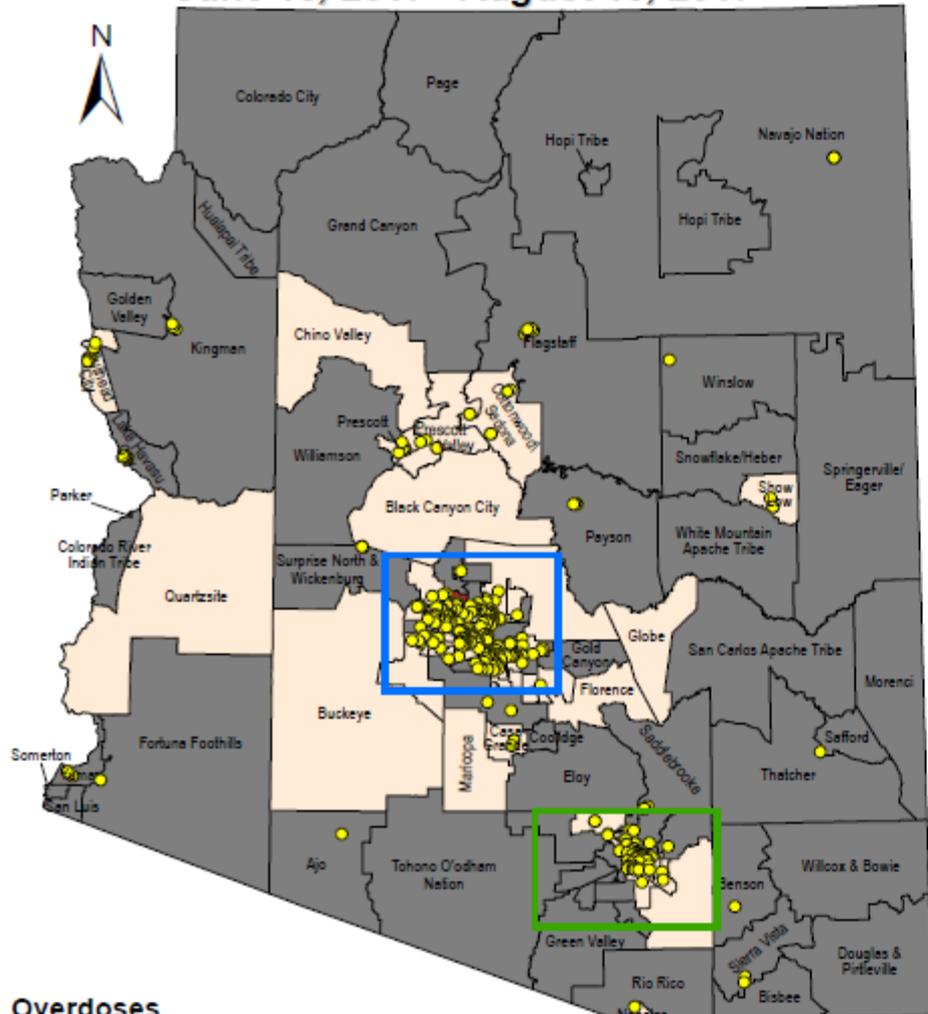
## Metro Phoenix



## 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**
- $\geq 15$
  - 11 - 14
  - 1 - 10
  - No Fatalities

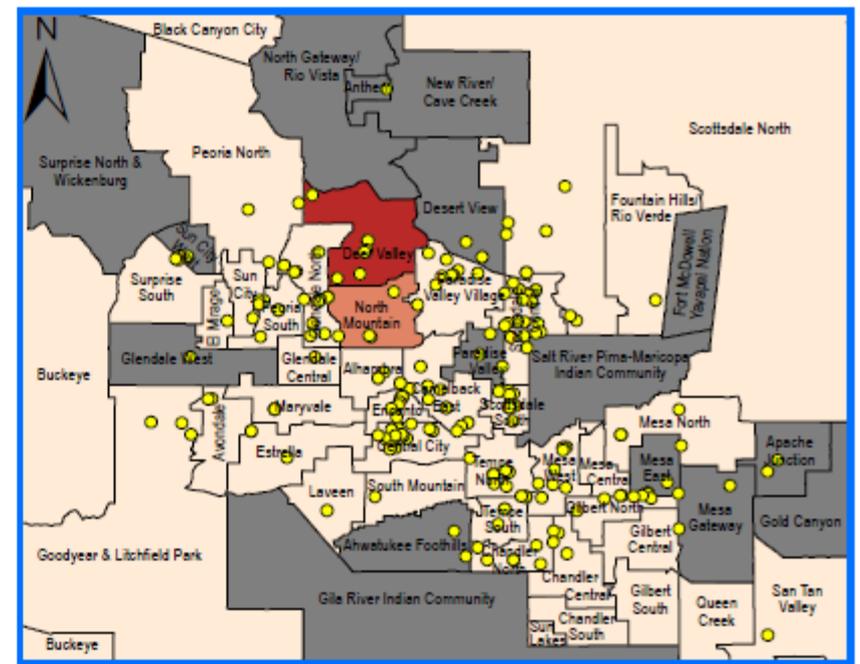
**Not For Public Distribution**

● Medication-Assisted Treatment (MAT) Providers

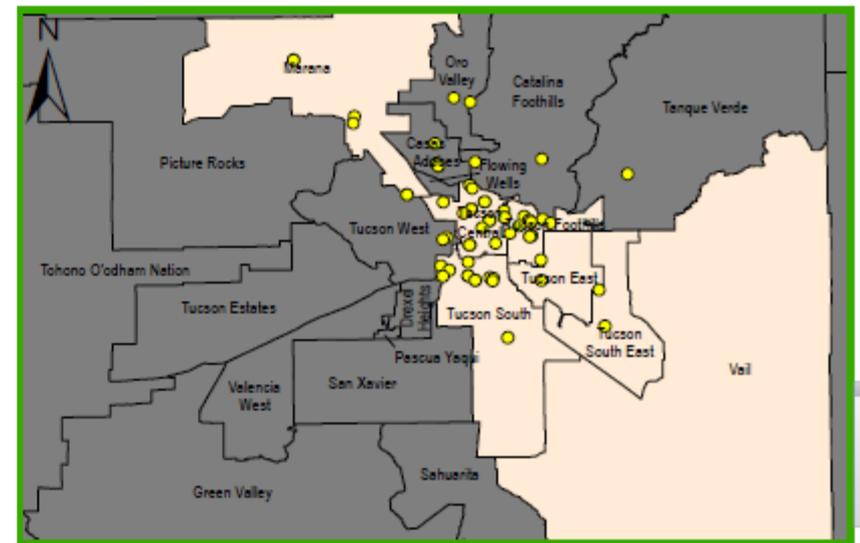
\*23 fatalities (11.4%) were not assigned a PCA

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

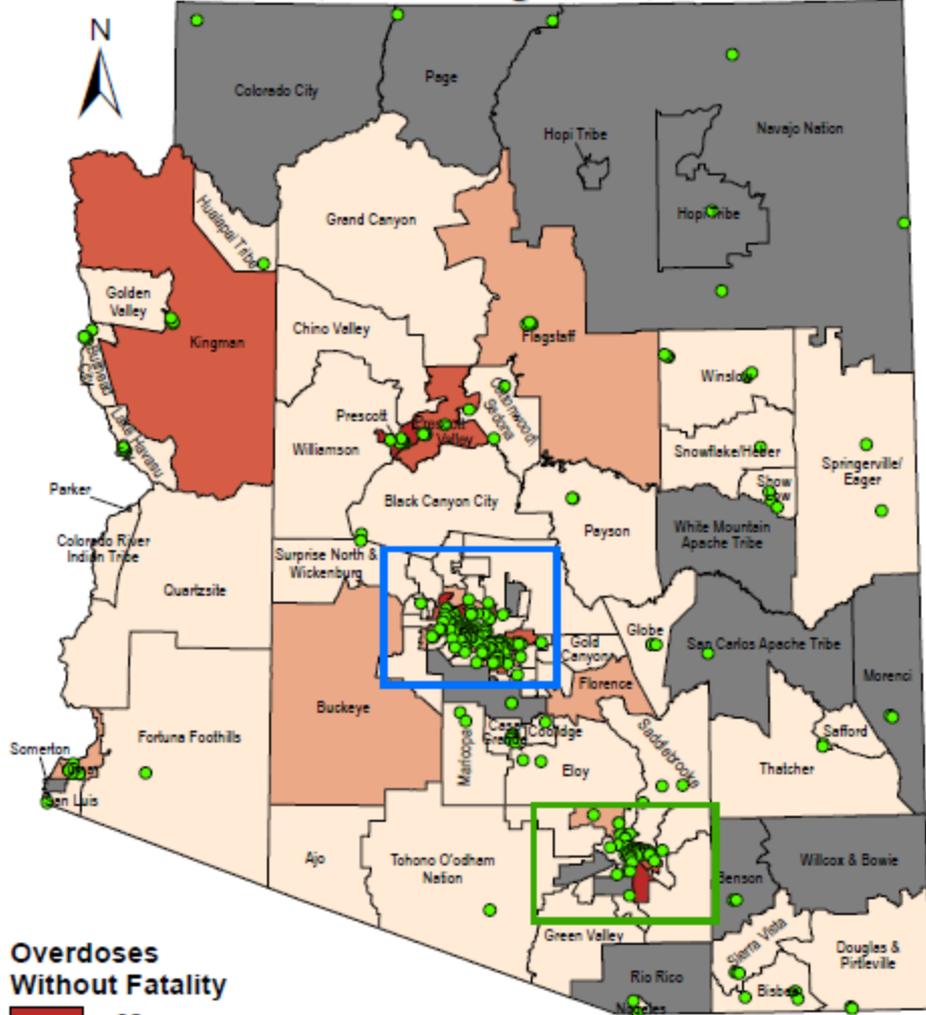
## Metro Phoenix



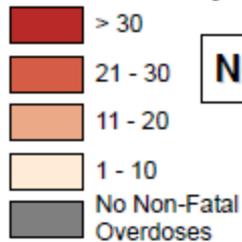
## Metro Tucson



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



## Overdoses Without Fatality



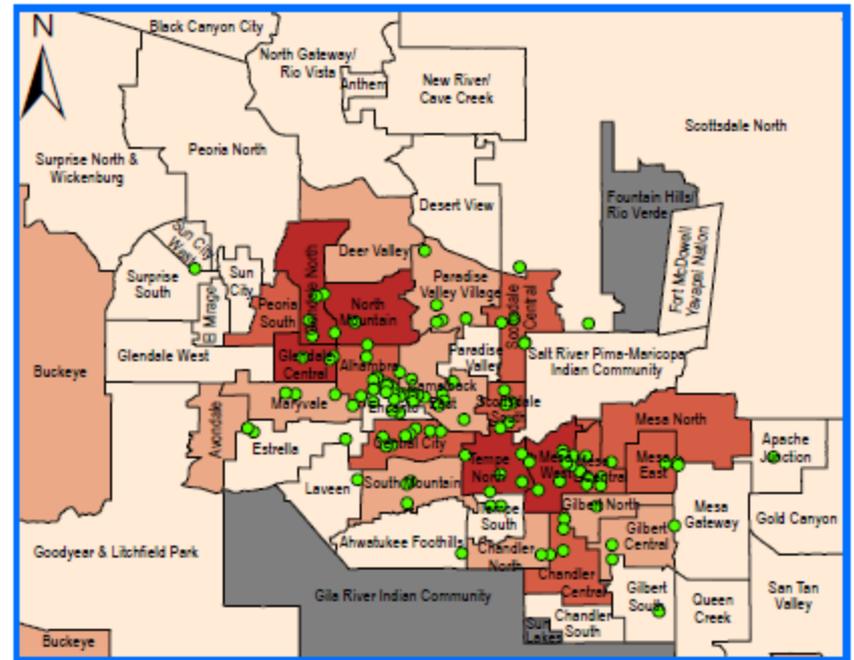
**Not For Public Distribution**

● Substance Abuse (SA) Services

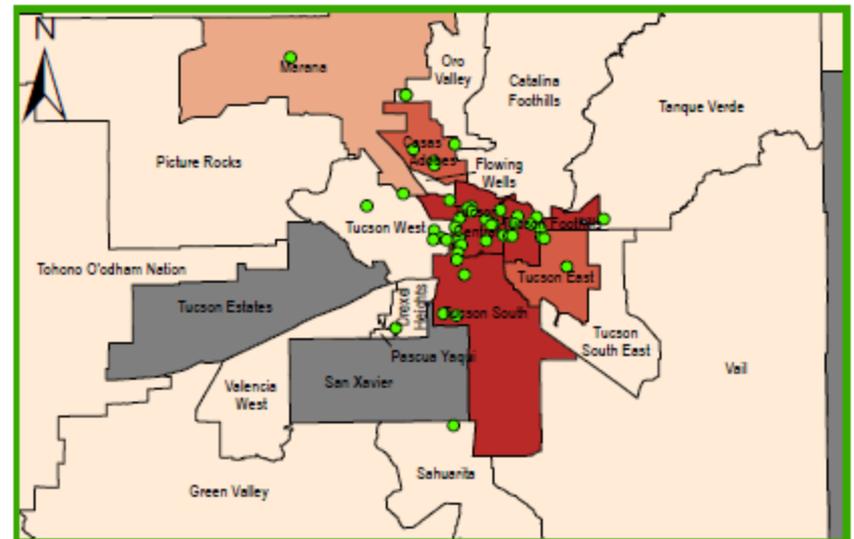
\*146 overdoses (10.8%) were not assigned a PCA

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

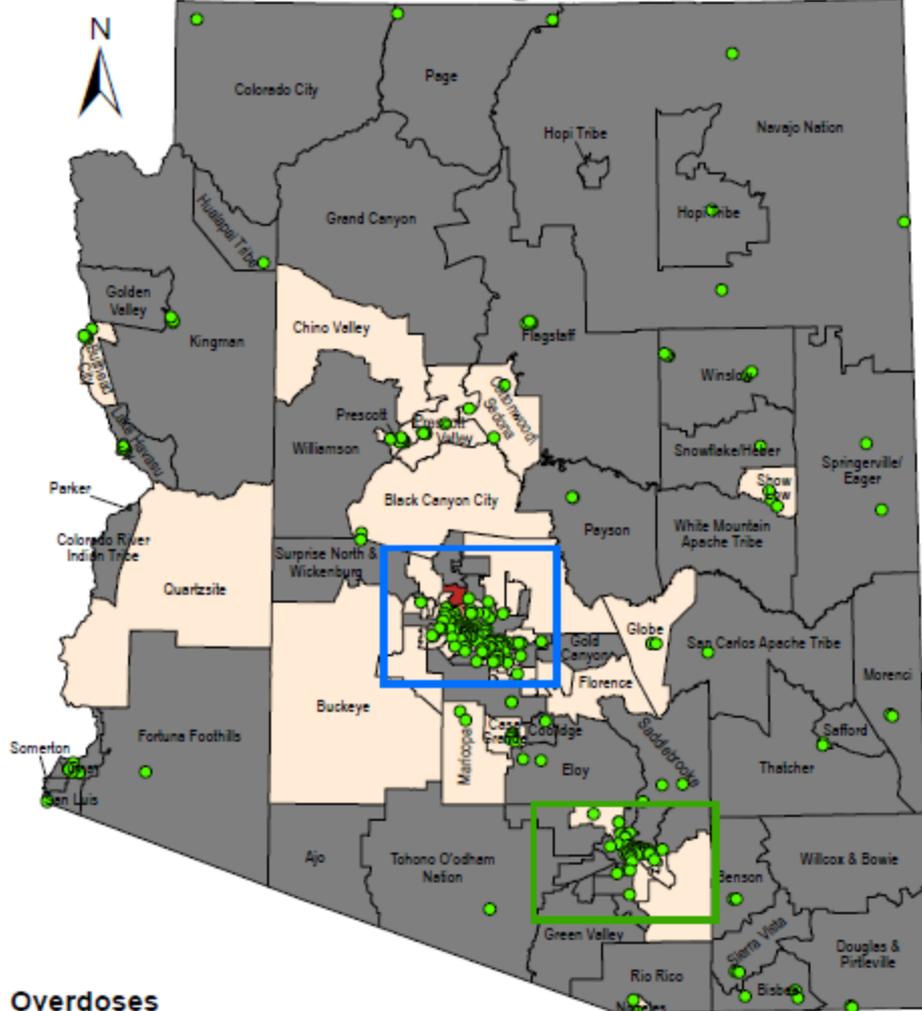
## Metro Phoenix



## 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**

- $\geq 15$
- 11 - 14
- 1 - 10
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**Not For Public Distribution**

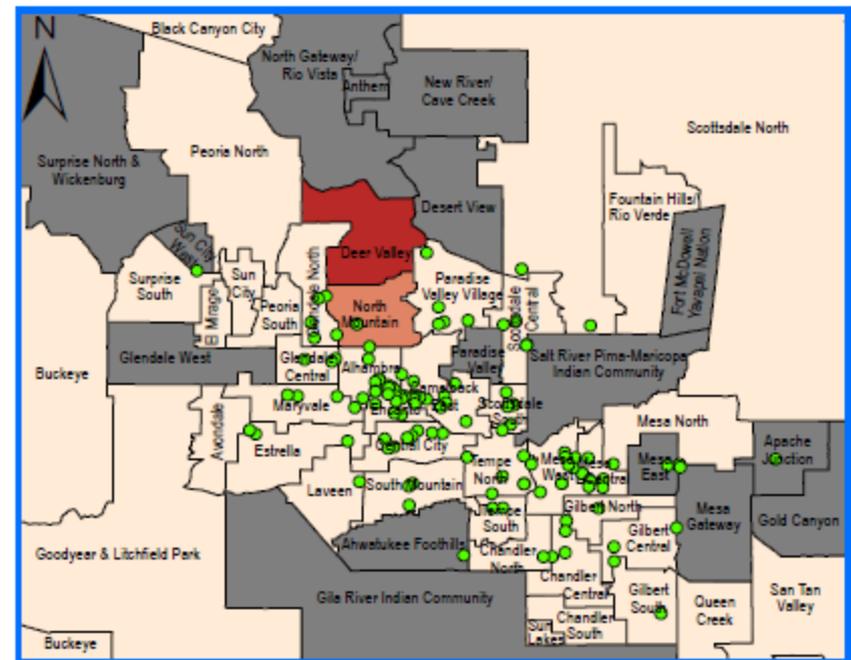
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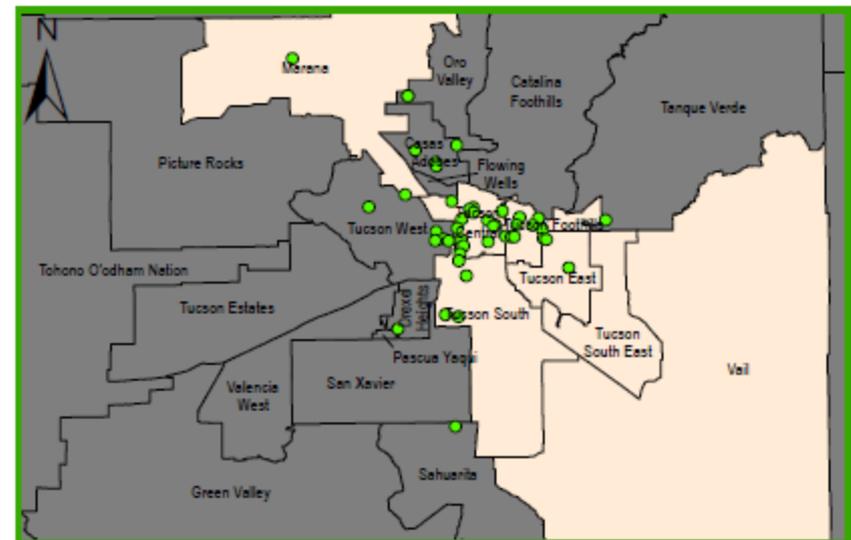


ARIZONA DEPARTMENT OF HEALTH SERVICES  
Data Source: AZ-PIERS and MEDSIS

## Metro Phoenix

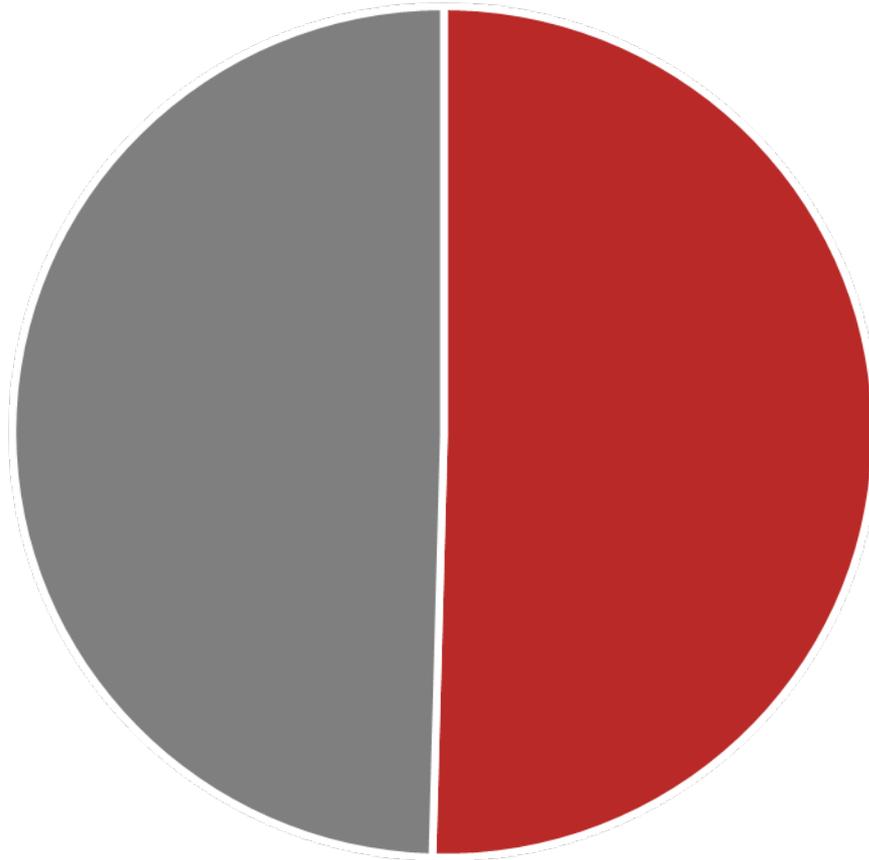


## Metro Tucson



# Neonatal Abstinence Syndrome

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

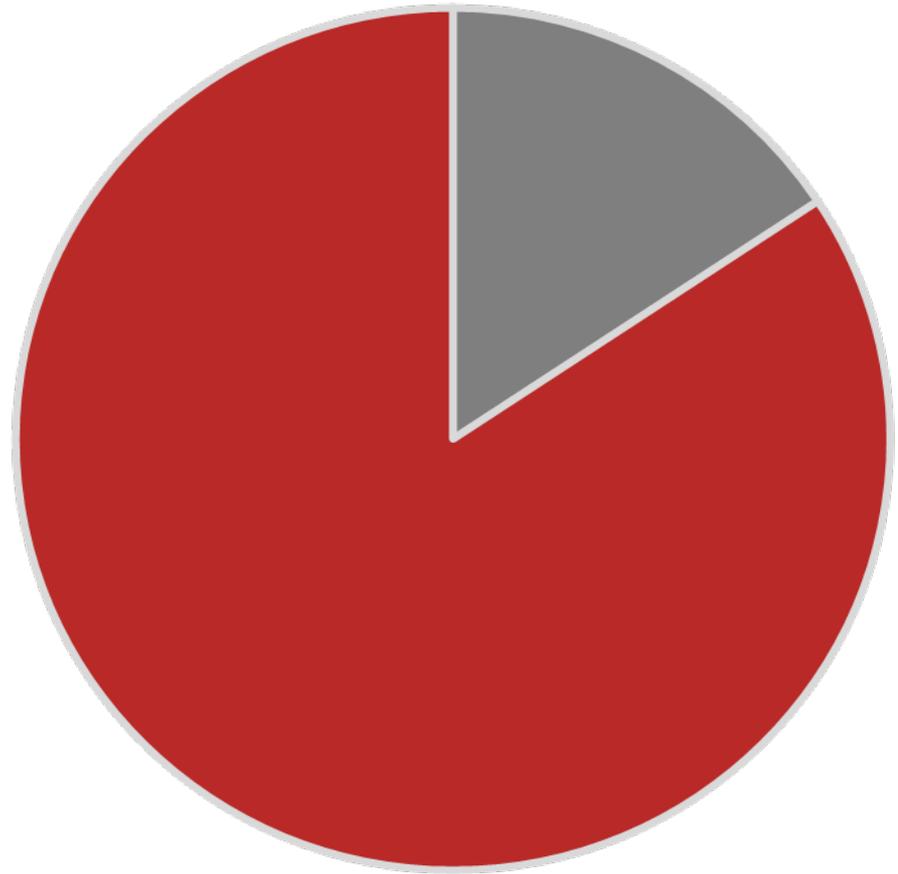


**Naloxone Administered**

**1,199** doses of naloxone administered

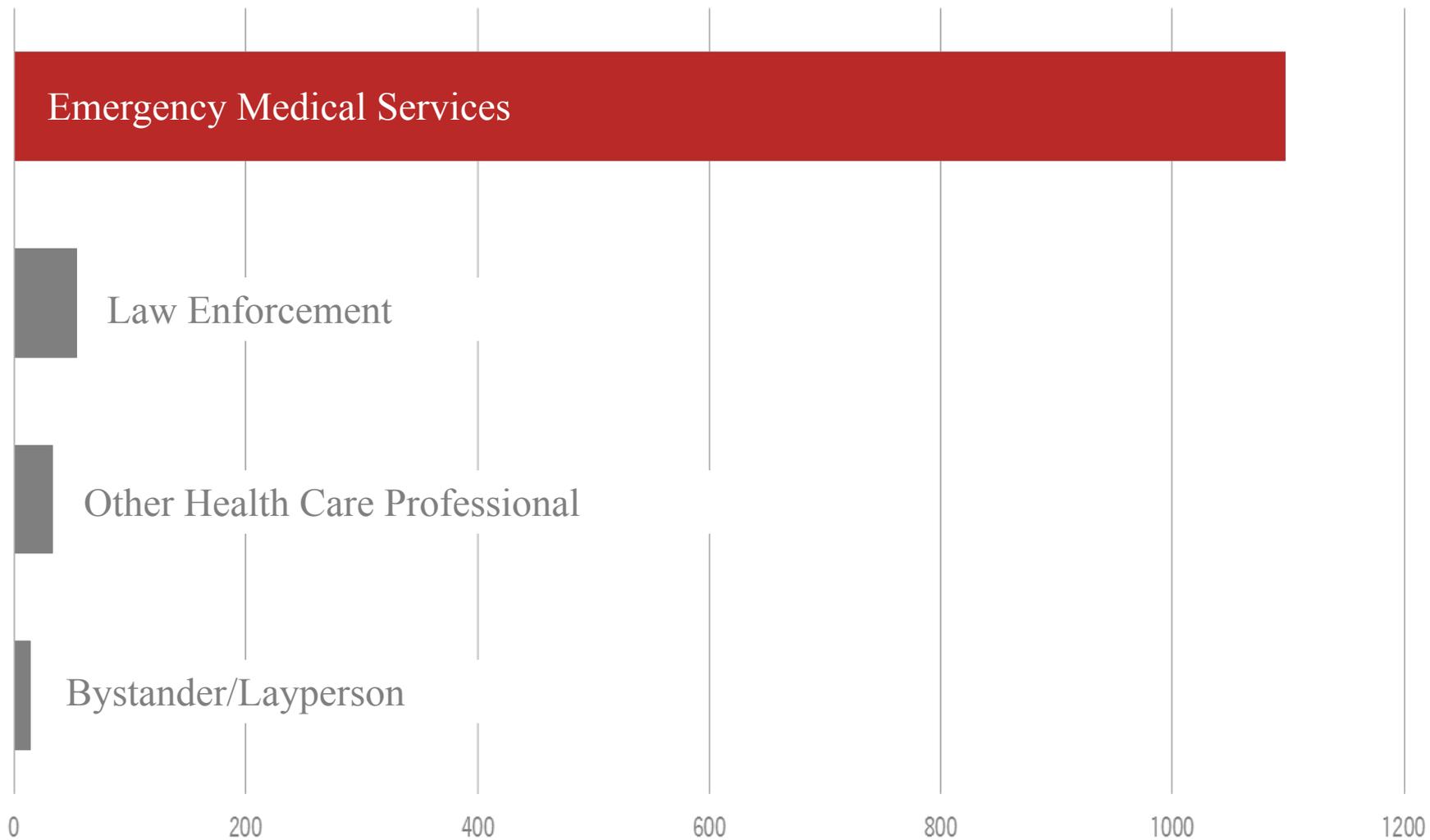
# 1,199 doses of naloxone administered

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



**Naloxone Administered**

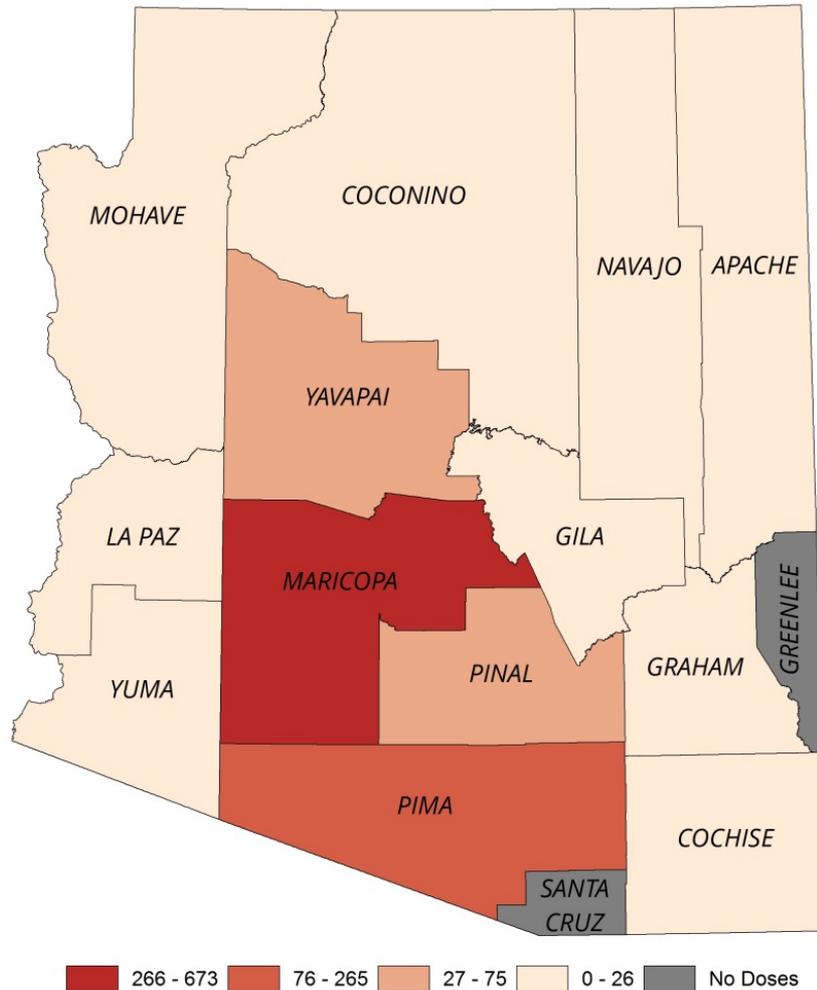
# 1,199 doses of naloxone administered by



**Naloxone Administered**

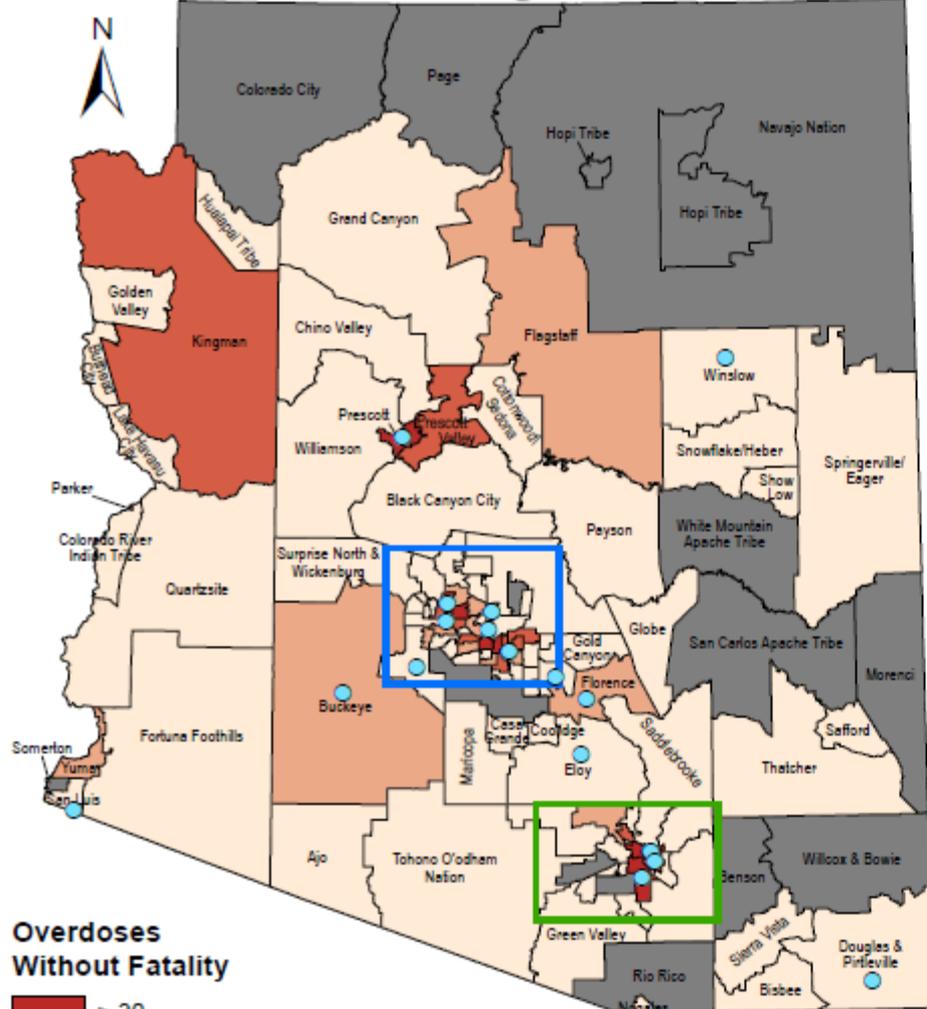
# 1,199 doses of naloxone administered

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

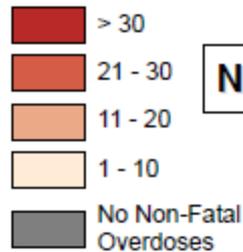


**Naloxone Administered**

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



## Overdoses Without Fatality



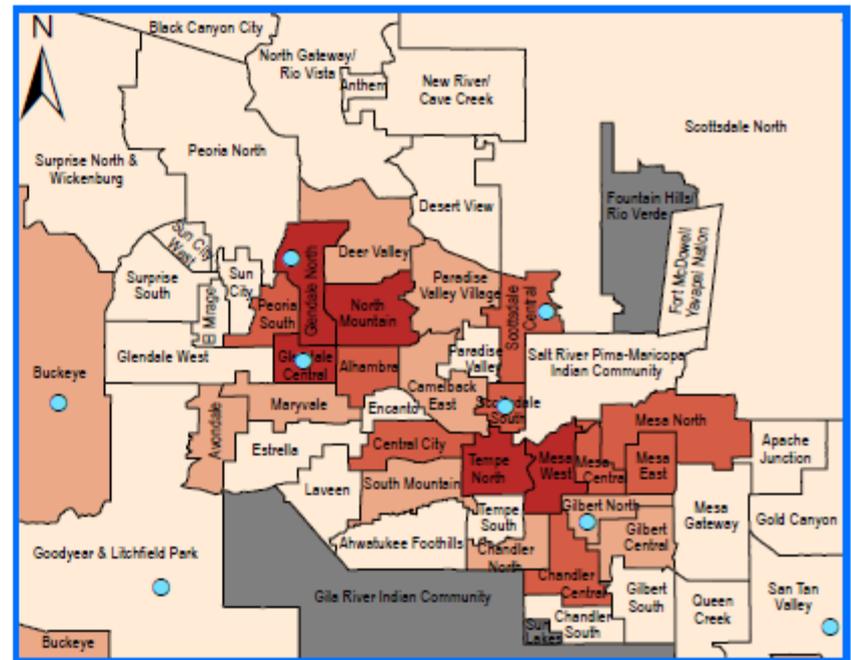
**Not For Public Distribution**

● PCAs Where Overdoses Were Administered Naloxone by Law Enforcement

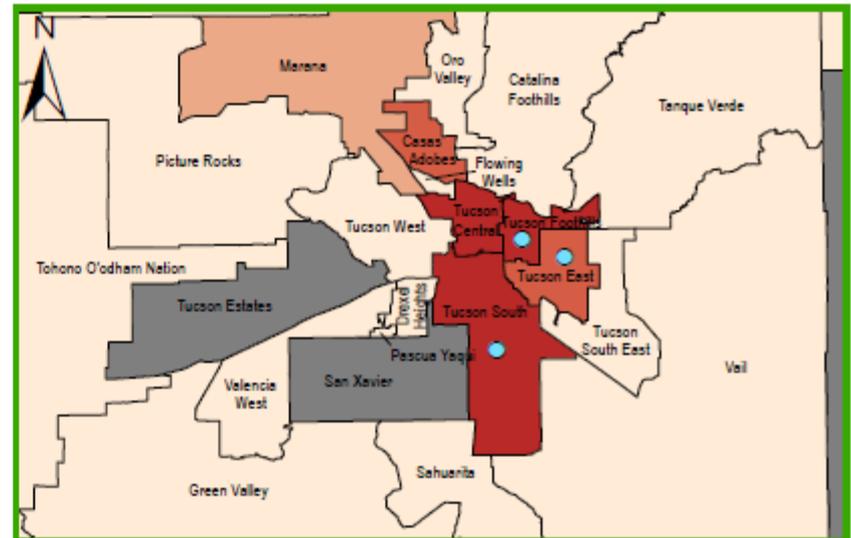
\*146 overdoses (10.8%) were not assigned a PCA

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

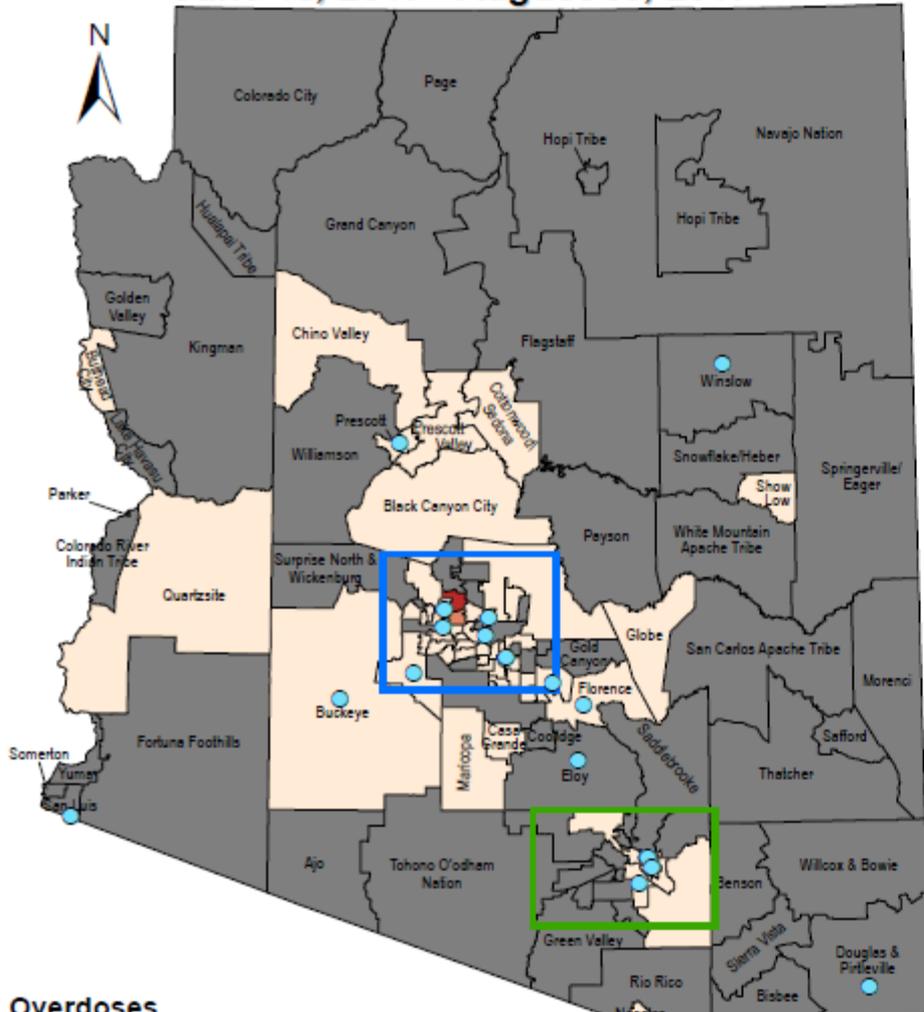
## Metro Phoenix



## 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**

$\geq 15$

11 - 14

1 - 10

No Fatalities

**Not For Public Distribution**

PCAs Where Overdoses Were Administered Naloxone by Law Enforcement

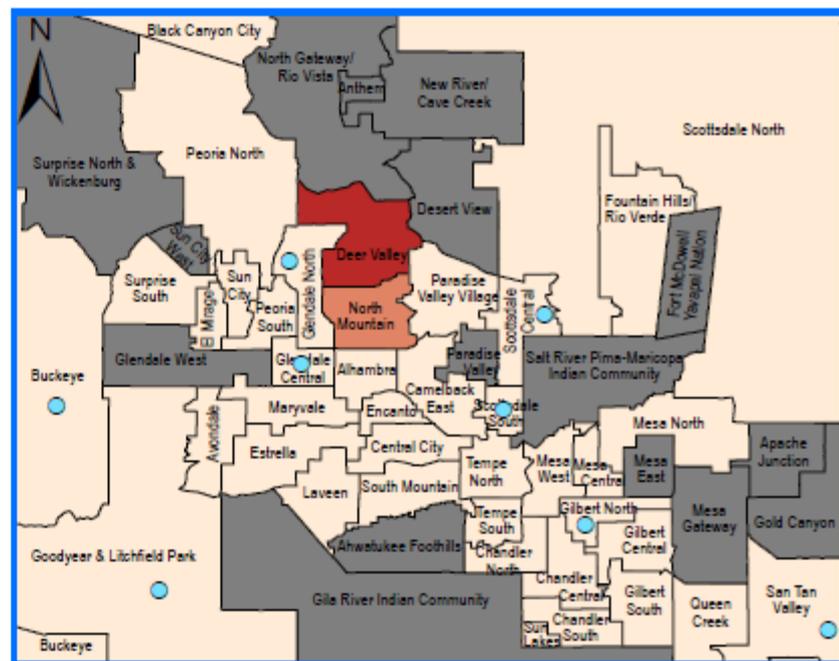
\*23 fatalities (11.4%) were not assigned a PCA



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

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- 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 5<sup>th</sup> 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?



Visit

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

for more information

## 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](#)



ARIZONA DEPARTMENT  
OF HEALTH SERVICES