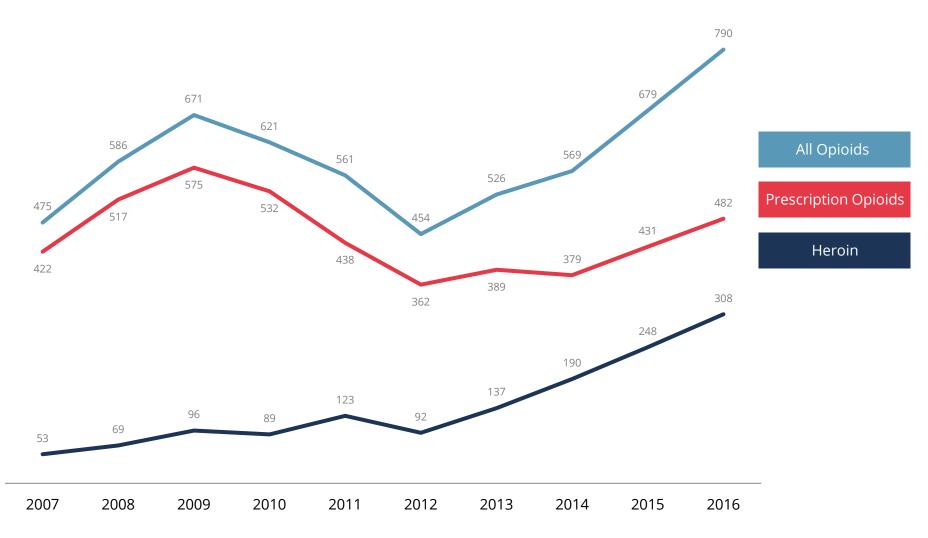
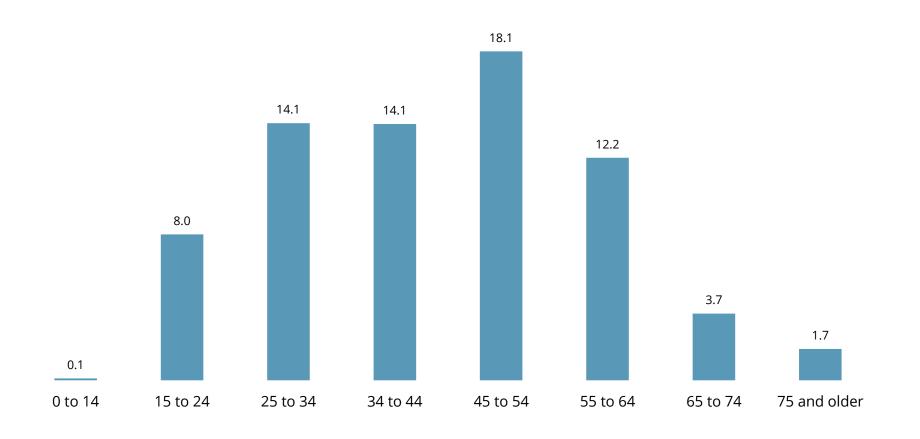
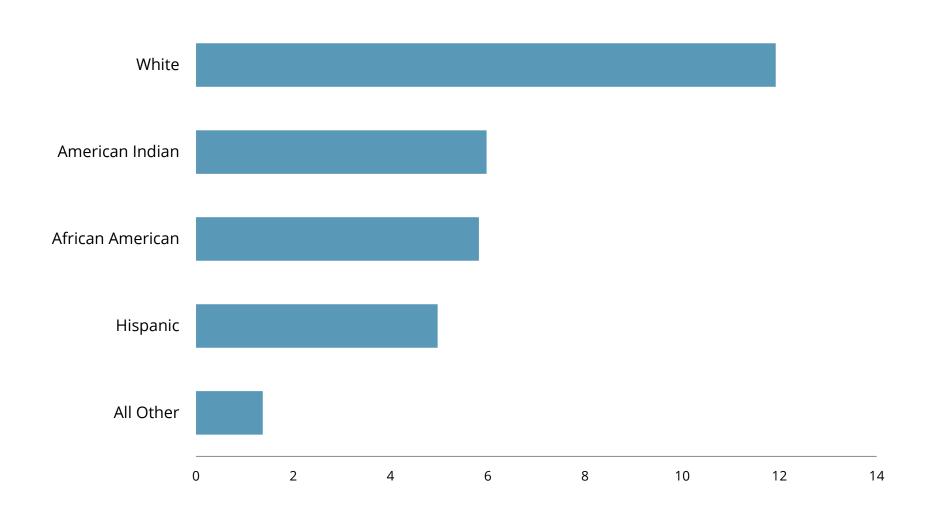
Opioid death counts among Arizona residents and non-residents in Arizona from 2007 to 2016.



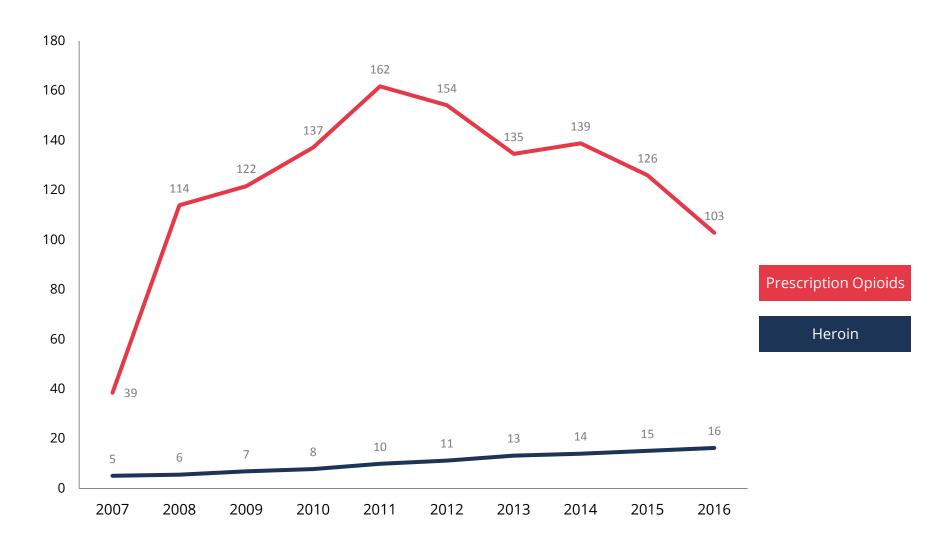
Opioid average 10-Year death rate per 100,000 population by age group from 2007 to 2016.



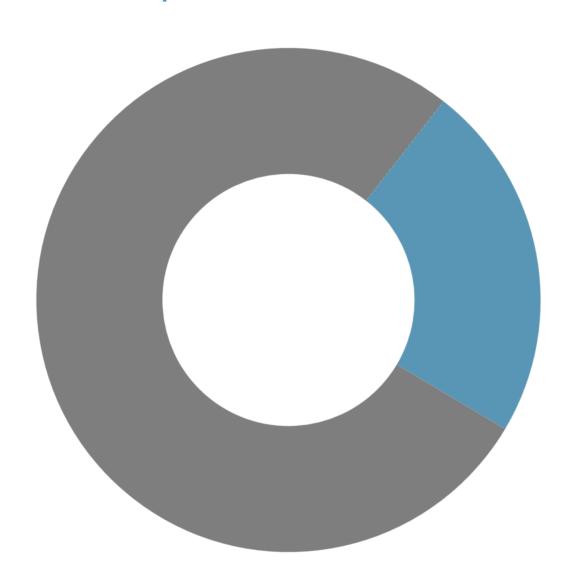
Rate per 100,000 population of opioid death by race/ethnicity group in Arizona from 2007 to 2016.



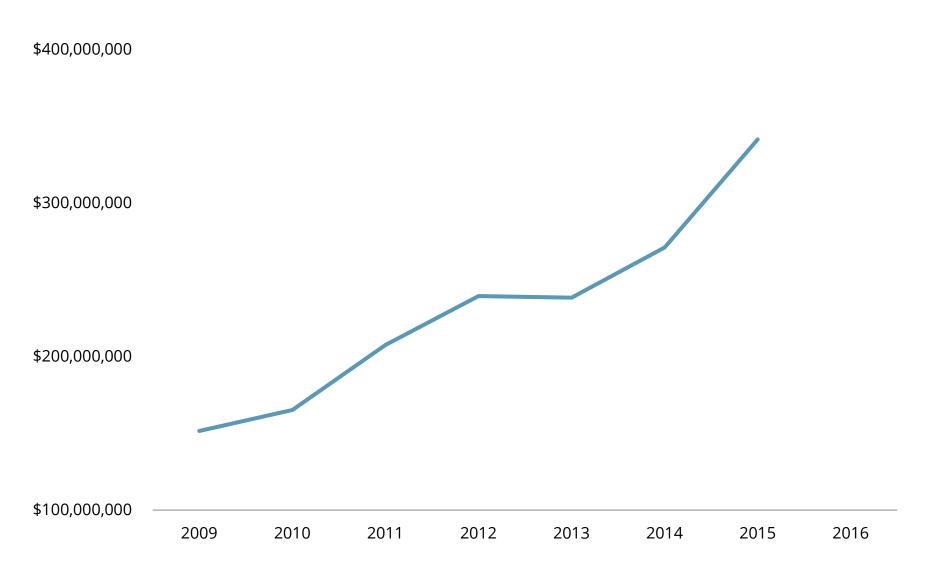
Hospital opioid unique encounter rates per 100,000 population - Primary cause from 2007 to 2016.



Almost a quarter of patients who received naloxone by EMS or law enforcement needed multiple doses.

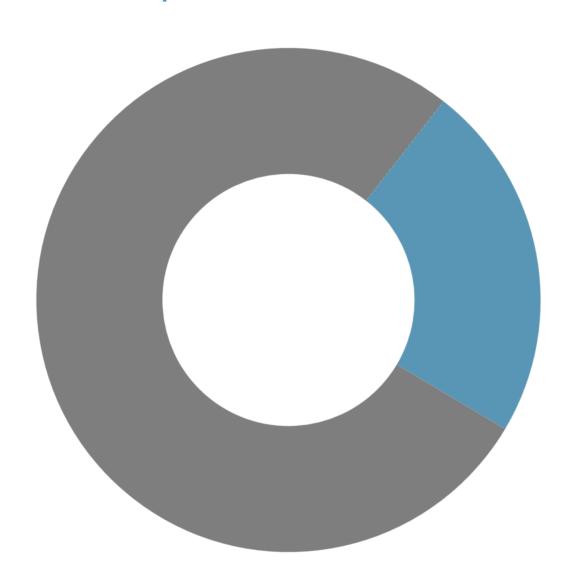


The cost of all opioid-related encounters has increased 125% from 2009 to 2015.

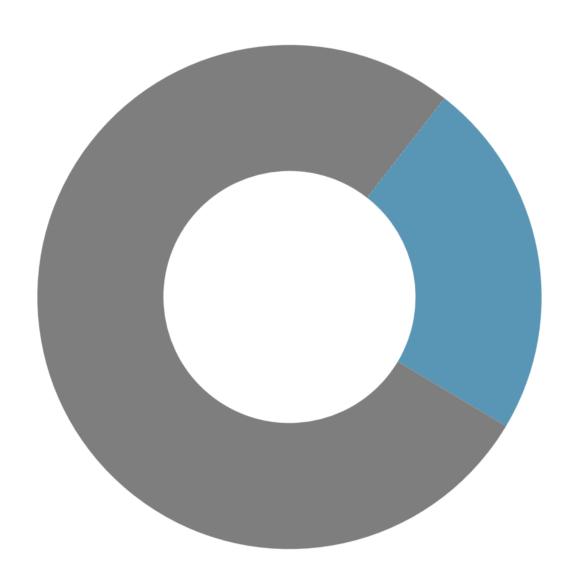


^{*} Cost for encounters are calculated by applying the annual cost-to-charges ratio (produced by the Agency for Healthcare Research and Quality, Healthcare Cost Utilization Project) to reported encounter charges. This will estimate the actual cost paid to the provider for the healthcare services of the encounter. For this report, 2015 costs were estimated using the 2010-2014 average cost-to-charges-ratio by facility since 2015 and 2016 ratios were not available. When facility-specific ratios were not provided, the group ratio was used, or the state average ratio. These estimated costs are reasonable, estimates of actual cost, and are a more accurate measure than reported charges.

Almost a quarter of patients who received naloxone by EMS or law enforcement needed multiple doses.



Almost a quarter of patients who received naloxone by EMS or law enforcement needed multiple doses.



EMS and law enforcement reported administering naloxone to patients in almost all Arizona counties during the 1st five months of 2017.

