

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

**Opioid Response Summary**

**January 1, 2018 – December 31, 2018**

**1,375**  
suspect opioid  
deaths

**9,335**  
suspect opioid  
overdoses

**443**  
neonatal  
abstinence  
syndrome cases

**27,596**  
naloxone doses  
dispensed by  
pharmacists

**6,961**  
naloxone doses  
administered  
pre-hospital

# Update on Arizona Department of Health Services Opioid Response

February 2019

Governor Doug Ducey [declared a public health emergency](#) on June 5, 2017 to address the 74% increase in opioid deaths in Arizona between 2012 and 2016. The declaration required the Arizona Department of Health Services (ADHS) to:

- Provide consultation to the Governor on identifying and recommending necessary elements for an Enhanced Surveillance Advisory. The opioid surveillance system continues to track reported overdoses, neonatal abstinence syndrome cases, naloxone dispensed by pharmacists, and naloxone administered by first responders.
- Initiate emergency rule-making with the Arizona Attorney General's Office to develop rules for opioid prescribing and treatment within health care institutions. Permanent rules went into effect in March 2018.
- Develop guidelines to educate healthcare providers on responsible prescribing practices. Guidelines are available at [www.azhealth.gov/opioidprescribing](http://www.azhealth.gov/opioidprescribing)
- Develop and provide training to local law enforcement agencies on proper protocols for carrying, handling, and administering naloxone in overdose situations. ADHS has free naloxone kits available for law enforcement agencies and first responders who are unable to bill for naloxone. Agencies can request naloxone by completing the [request form on the ADHS website](#)
- Provide a report on findings and recommendations, including additional needs and response activities, and preliminary recommendations that require legislative action to the Governor by September 5, 2017. After receiving input from stakeholders and conducting a 50 State Review of opioid policies, ADHS submitted the [Opioid Action Plan](#) to Governor Ducey on September 5, 2017. The [Opioid Action Plan](#) included 12 major recommendations with over 50 actions completed by June 30, 2018.

**The following summary highlights actions taken through December 2018 by the Arizona Department of Health Services to continue addressing the opioid crisis.**

## **Enhanced Surveillance/Reporting of Opioid-Related Data**

The opioid surveillance system continues to track reported suspected opioid overdoses, suspected opioid fatalities, suspected cases of neonatal abstinence syndrome, naloxone kits dispensed to the public by pharmacists, and naloxone administered by first responders to people experiencing a suspected overdose. An [interactive dashboard](#) was launched at [www.azhealth.gov/opioid](http://www.azhealth.gov/opioid) to enable a more in-depth look at some of the surveillance data.

Here are a few highlights of data from the opioid surveillance system for 2018:

- Most overdoses (59%) occur among men.
- People ages 25-34 years old had the highest percent of opioid overdoses.
- The most frequently noted pre-existing condition among people who had a verified opioid overdose was history of substance abuse followed by chronic pain (e.g. lower back pain, joint pain, arthritis).
- About 26% of people who had a suspected overdose during 2018 had 20 or more prescriptions for opioids filled during 2018.
- Oxycodone, heroin, and benzodiazepines were the most commonly identified drugs involved in verified opioid overdoses.
- Heroin alone or in combination with other drugs, was reported to be involved in 25% of verified opioid overdoses.
- Fentanyl, alone or in combination with other drugs, was reported to be involved in 18% of verified opioid overdoses.
- Reported overdoses frequently involve multiple drugs. Polydrug use was indicated in 58% of the verified overdose fatalities and 65% of the non-fatal overdoses.
- The most common drug combination in fatal and non-fatal overdoses was heroin and methamphetamine.

See Appendix A for more data

### **Post-Mortem Testing**

In April 2018, the Arizona State Public Health Laboratory began testing post-mortem blood from individuals suspected of experiencing a fatal opioid overdose. Testing is offered at no cost to Arizona County Medical Examiners and tribal nations, and includes courier pick-up of samples throughout Arizona. Through December, the State Lab tested 640 samples, and found that:

- 64% had at least one opioid detected, and of those, naloxone was detected in 48% of the samples.
- At least one fentanyl compound was detected in 35% of the samples, and
- 32% had at least one benzodiazepine detected.

### **Expanding Access to Naloxone**

ADHS has coordinated training of law enforcement agencies on proper protocols for carrying, handling, and administering naloxone in overdose situations, in order to positively impact the opioid epidemic through rapid treatment of encountered suspected overdoses. Through funding from SAMHSA and AHCCCS, ADHS provides free naloxone kits for law enforcement agencies and first responders who are unable to bill for naloxone.

- Approximately 1,500 law enforcement officers have been educated through training events held throughout the state. Professionals from 165 agencies have been trained on opioid overdose recognition and treatment, and naloxone administration through December 31, 2018. ADHS is coordinating continuing requests for law enforcement training with the Arizona Peace Officer Standards and Training Board (AZ-POST).
- ADHS has provided more than 9,400 naloxone kits to law enforcement agencies throughout Arizona.
- Law enforcement officers have administered naloxone to 685 people through December 2018; 97% survived the immediate pre-hospital event.

### Implementing the Arizona Opioid Epidemic Act

On January 26, 2018, Governor Doug Ducey signed the Arizona Opioid Epidemic Act, [Senate Bill 1001](#), the first bill to become law in 2018, following a four-day Special Session and unanimous passage in the House and Senate. ADHS is specifically implementing the following provisions.

- ADHS established [final rules for pain management clinics](#) and began taking applications in January 2019
- In conjunction with the Governor’s Office of Youth, Faith, and Family, a **social media youth prevention campaign** was launched December 31, 2018. The campaign called “Getting in is easier than getting out” includes online videos, digital ads, and posters for 78 schools statewide. The campaign also includes a website (EasierInThanOut.com) that provides facts for teens about opioids and strategies kids can take to avoid misusing opioids.
- The Bureau of EMS is tracking the number of calls to 911 related to the Good Samaritan provision.
- **Treatment capacity survey:** Each facility that provides inpatient or outpatient substance use disorder treatment (SUDT) is required to submit a quarterly report to Arizona Department of Health Services (ADHS) for the purpose of identifying gaps in care and unmet SUDT needs in the state. The first [quarterly survey](#) was closed on September 30, 2018, and included responses from 384 facilities.
  - Less than 25% of facilities accept patients under 18 years of age.
  - Only 50% of respondents accept AHCCCS, 29% accept Medicare, and 29% accept Tri-Care or other military insurance as payment.
  - Less than 50% of facilities accept referrals from corrections and only 21% accept referrals from juvenile/adolescent probation.
  - In the three months prior to the survey, 3,148 people presented for care, but were unable to receive services. Most of these individuals (68%) were seeking services in Tucson.
  - Forty percent (40%) of respondents offered any type of medication assisted treatment (MAT) with Suboxone the most commonly offered (53%).
  - Respondents indicated that they had a total of 135 MAT providers, with 96 people interested in becoming waived MAT providers.

- Twenty-one percent (21%) of respondents offer peer support services.

### **Opioid Assistance + Referral (OAR)Line**

The [OARLine](#): Opioid Assistance + Referral Line was launched in March 2018 in partnership with Arizona's Poison and Drug Information Centers. The new [OARLine](#) (1-888-688-4222) is available for health care clinicians to call for free consultation on patients with complex pain or opioid use disorder, as well as to provide consultations required for patients that need to exceed a dosage of 90MME. The hotline also provides information and referrals to the public, and conducts follow-up with people experiencing overdoses.

### **The Arizona Pain and Addiction Curriculum**

The Arizona Department of Health Services worked with 17 undergraduate health professional schools to develop the *Arizona Pain and Addiction Curriculum*, a statewide curriculum on the modern approach to pain and addiction. Some of its leading themes are destigmatization, the evidence-base of care, and a whole-person perspective. In November 2018, a summit was held to train the faculty of all 17 health professional schools on the new curriculum. Next steps include completion of a Graduate Medical Education version, and a Continuing Education version. Find more information at [www.azhealth.gov/curriculum](http://www.azhealth.gov/curriculum).

### **Chronic Pain Management Campaign**

ADHS implemented a new approach adopting chronic pain as a public health issue. At the end of 2018, ADHS launched a new media campaign emphasizing options and self-management strategies for addressing chronic pain. The campaign website, [www.azhealth.gov/chronicpain](http://www.azhealth.gov/chronicpain) increases public awareness and promotes non-pharmacological therapies that are proven to ease pain and increase function.

### **Neonatal Abstinence Syndrome**

Arizona was selected to participate in a National Governor's Association initiative providing technical assistance to states to address neonatal abstinence syndrome (NAS). State agencies and other partners developed a three year action plan to better address the prevention and treatment of Neonatal Abstinence Syndrome. The Arizona NAS Action Plan vision statement is to establish a coordinated approach to increase awareness and improve outcomes for families impacted by opioid use and substance use during pregnancy. The Arizona NAS Core Team meets every month to review progress on the 27 action steps identified in the NAS Action Plan.

### **Drug Overdose Fatality Review Team**

The state [Drug Overdose Fatality Review Team](#) meets every other month to develop a data collection system regarding drug overdoses, conduct an annual analysis relating to drug overdose fatalities, develop standards and protocols, provide training and technical assistance to local overdose review teams, and develop investigation protocols for law enforcement and the medical community. Through federal resources, ADHS is working on establishing local drug overdose fatality review teams through 10 county health departments.

### **CDC Prescription for States Drug Overdose Grant**

In September 2018, ADHS entered its fourth and final year of funding through the CDC Prescription Drug Abuse Prevention for States grant (PfS) with an award of \$2,170,408. Funds are used to support the implementation of the Arizona Rx Misuse and Abuse Initiative Toolkit, which is available online at [www.rethinkrxabuse.org](http://www.rethinkrxabuse.org). ADHS contracts with nine county health departments, the Arizona Board of Pharmacy, and the University of Arizona Center for Rural Health for the completion of grant related activities, including

- increasing utilization of the Controlled Substances Prescription Monitoring Program,
- encouraging the use of safe opioid prescribing practices by healthcare providers,
- increasing public awareness regarding the dangers of prescription drug misuse and abuse,
- encouraging safe prescription storage and disposal practices,
- encouraging the adoption of universal opioid use disorder screening by healthcare providers through the SBIRT model, and
- establishing local overdose fatality review teams as part of HB2493, which was enacted in May 2017. The goal of the local teams will be to investigate drug overdose fatalities to identify risk factors for overdose, provide information and education to inform programmatic and policy interventions for preventing future opioid related death and injury.

### **CDC Public Health Crisis Cooperative Agreement**

In September of 2018, ADHS was also awarded \$4,530,305 in one-year, one-time funding through the CDC Public Health Crisis Cooperative Agreement. These funds build on the foundation set by the CDC Prescription for States Grant and allowed ADHS to build contract with 12 county health departments, the University of Arizona Center for Rural Health, and Banner Poison Control Center. Available funds are used to support the implementation of community-based activities geared toward enhancing local capacity on linkages to care in order to connect patients who have experienced or are at risk for experiencing an opioid overdose to available treatment and wrap around services; creating public facing data dashboards providing information on local trends for opioid prescribing, morbidity, mortality, and other related harms; and implementation and dissemination of the CDC Rx Awareness campaign. In addition to these activities, ADHS will also utilize funds to enhance testing capabilities of the State Lab, providing resiliency training to local first responders, and to support the expansion of the Arizona Opioid Assistance and Referral Call line to include post overdose case management and follow- up services.

### **SAMHSA First Responder Grant**

The Arizona Department of Health Services is in the second year of a four year grant awarded by SAMHSA. Grant funds provide approximately \$785,000 per year for a comprehensive First Responder opioid/naloxone program in partnership with the University of Arizona and the Arizona Police Officer Standards and Training Board. Grant activities will accomplish three goals:

1. Train EMS and law enforcement staff on opioid overdose recognition and treatment
2. Provide naloxone kits to EMS and law enforcement staff who have completed that training

3. Train EMS staff how to conduct Strategic, Brief Intervention and Referral to Treatment (SBIRT) interviews and then deploy that training to the field as they interact with individuals who may have a substance use disorder. To ensure that the referral will be regionally specific, the Bureau of EMS is partnering with the Governor's Office of Youth Faith and Family, regional substance abuse treatment programs and the Arizona's Opioid Assistance and Referral Line to verify that referral handoff is effective.

## Arizona's Progress

While it is early to evaluate the outcomes associated with Arizona's response to the opioid crisis, there are some promising indicators of success.

- The percent of patients receiving referrals by hospitals to behavioral health or substance abuse treatment services after an overdose has increased from 45% in June 2017 to a high of 82% in November 2018.
- Law enforcement officers have administered naloxone to 685 people through December 2018; 97% survived the immediate pre-hospital event.
- The total average Morphine Milligram Equivalent (MME) dosage has decreased from an average of 62 in July 2017, to 46.6 in December 2018.
- The number of opioid naïve patients who had a prescription filled for a greater than 5 day supply decreased 43% between January and December 2018.
- The number of opioid naïve patient prescribed 90 or more morphine milligram equivalents decreased 51% between January and December 2018.
- The number of opioid prescriptions filled per month in Arizona declined by 21% in 2018.
- Overall, 83% of mothers of babies born with NAS are under medical supervision.

## Next Steps

The Arizona Department of Health Services will continue its public health role of promoting, protecting, and improving the health and wellness of individuals and communities in Arizona. Some of our next steps in addressing the opioid crisis include:

- Pending legislation, work with licensing boards and policymakers to deem students that complete the curriculum as automatically eligible to provide buprenorphine treatment to patients with opioid use disorder.
- Develop a Graduate Medical Education version and continuing education version of the *Arizona Pain and Addiction Curriculum*.
- Begin issuing licenses for pain management clinics meeting the new regulations.
- Provide additional free continuing education related to opioids.

- Establish additional local drug overdose fatality review teams through county health departments.
- Reconvene the Insurance Parity Taskforce in 2019 to assess progress.
- Build on the chronic pain management campaign with additional tools for the public and providers.
- Expand the Arizona Opioid Assistance and Referral Call line to include post overdose case management and follow- up services.
- Apply for new federal funding opportunities to address the opioid crisis as they become available.
- Work with AHCCCS and the Governor’s Office of Youth, Faith & Family to enhance assessment of treatment capacity.
- Convene the Arizona NAS Core Team in 2019 to assess progress on the Arizona NAS Action Plan.
- Identify and implement new strategies to address the crisis.

## Conclusion

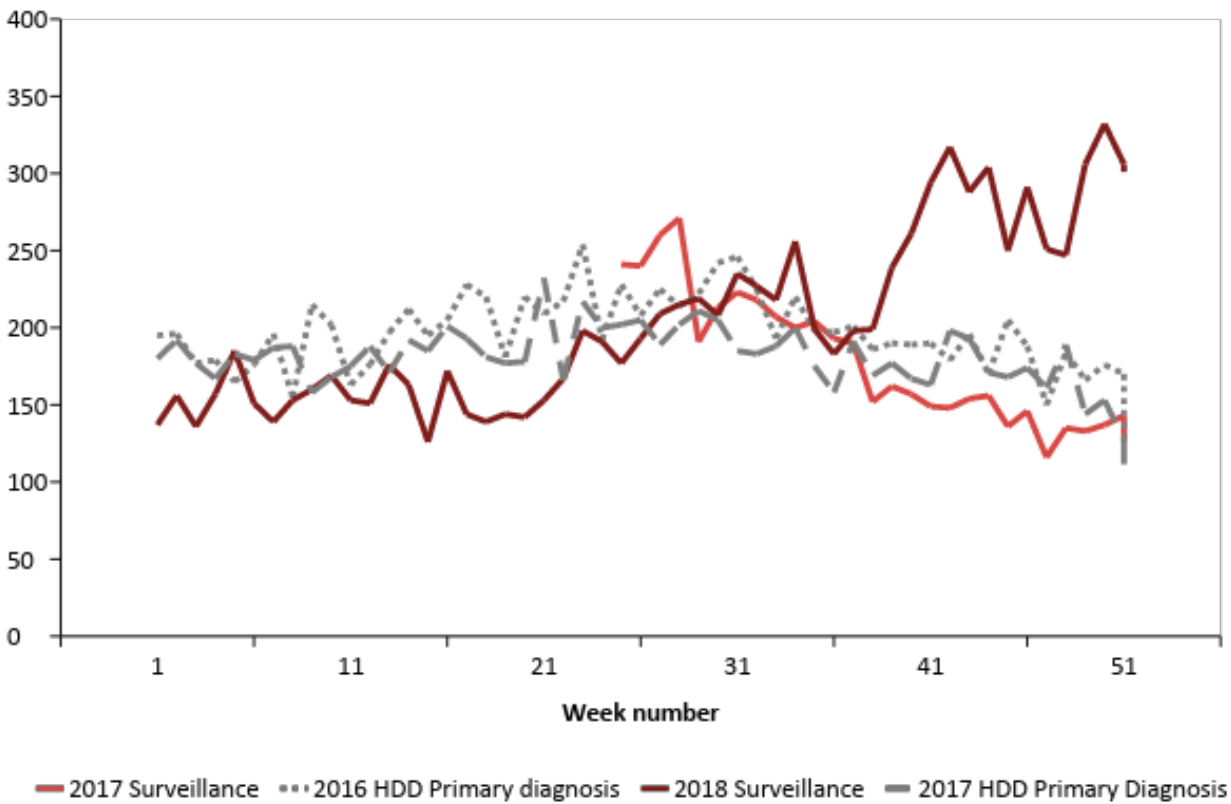
Today’s opioid crisis began building more than a decade ago, and will take time to shift the trend and see fewer Arizonans tragically impacted. With significant policy changes and many other interventions just going into effect in 2018 and 2019, we expect to see more positive outcomes occurring in the next few years. The work across Arizona to prevent opioid addiction and overdoses continues with an unrelenting commitment to save lives.

**For more information, visit [www.azhealth.gov/opioids](http://www.azhealth.gov/opioids)  
or email: [azopioid@azdhs.gov](mailto:azopioid@azdhs.gov)**



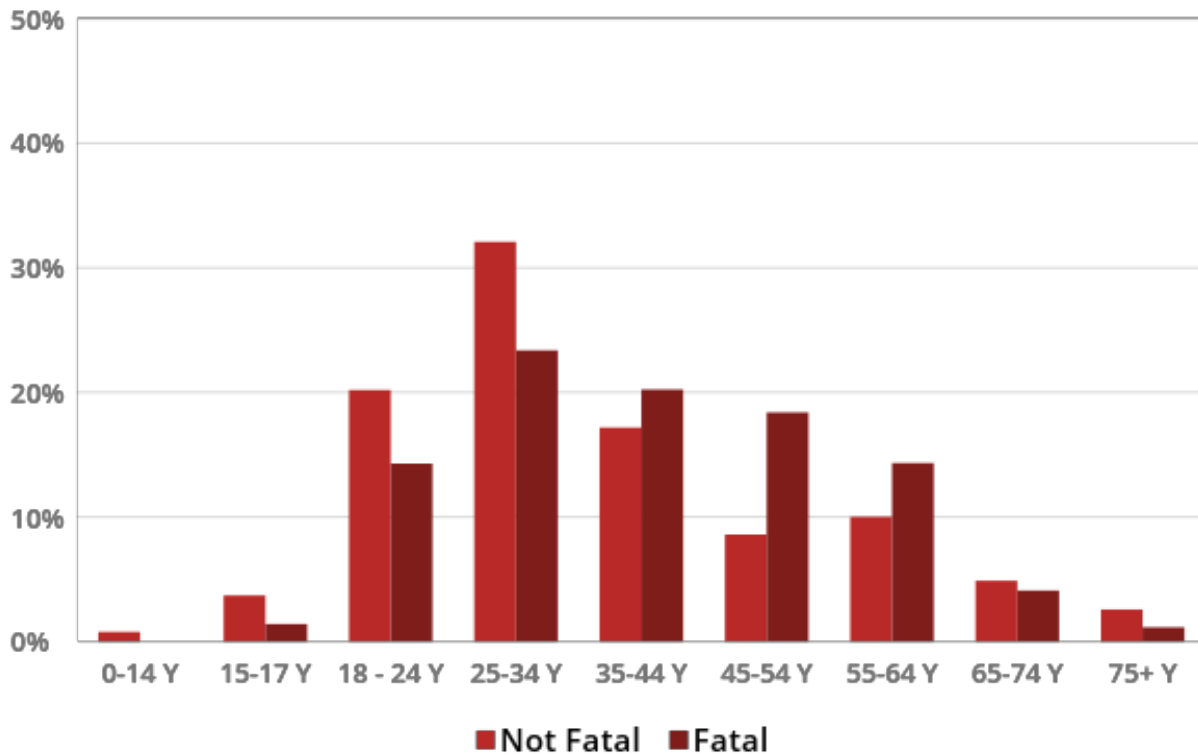
**Highlighted Opioid Data: January 1, 2018 – December 31, 2018**

**Figure 1: Year on Year Comparison of Reported Suspect Opioid Overdoses and Hospital Discharges for Opioid Overdoses by Week: 2016-2018**



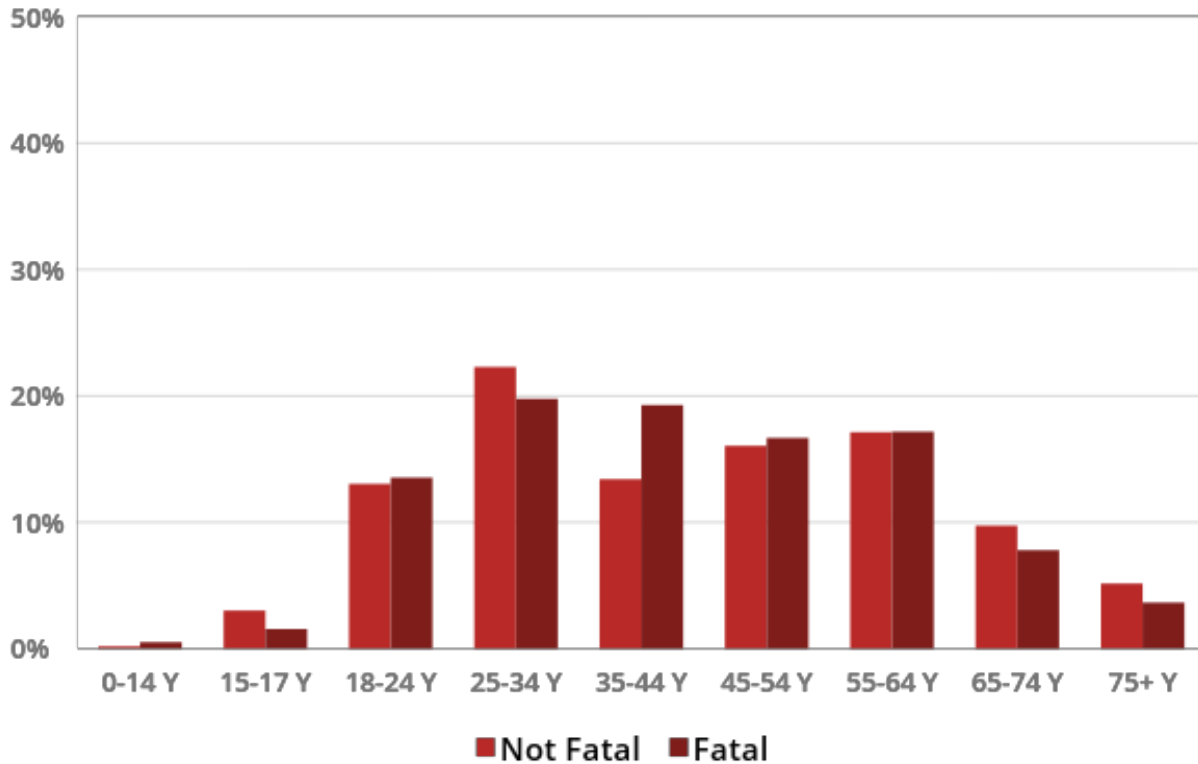
- Real-time opioid overdose surveillance data began being reported to ADHS on June 15, 2017.
- Hospital discharge data (HDD) is emergency room and inpatient information reported to ADHS by hospitals
- 2018 experienced a much higher number of suspect opioid overdoses reported through the surveillance system after August as compared to 2017 surveillance and prior year’s HDD data. The number of overdoses reported September - December 2018 was more than twice as much as was reported during the same time period in 2017 - an increase from 2093 to 4495.

**Figure 2: Verified Fatal & Not Fatal Opioid Overdoses by Age among Males: January 1, 2018-December 31, 2018**



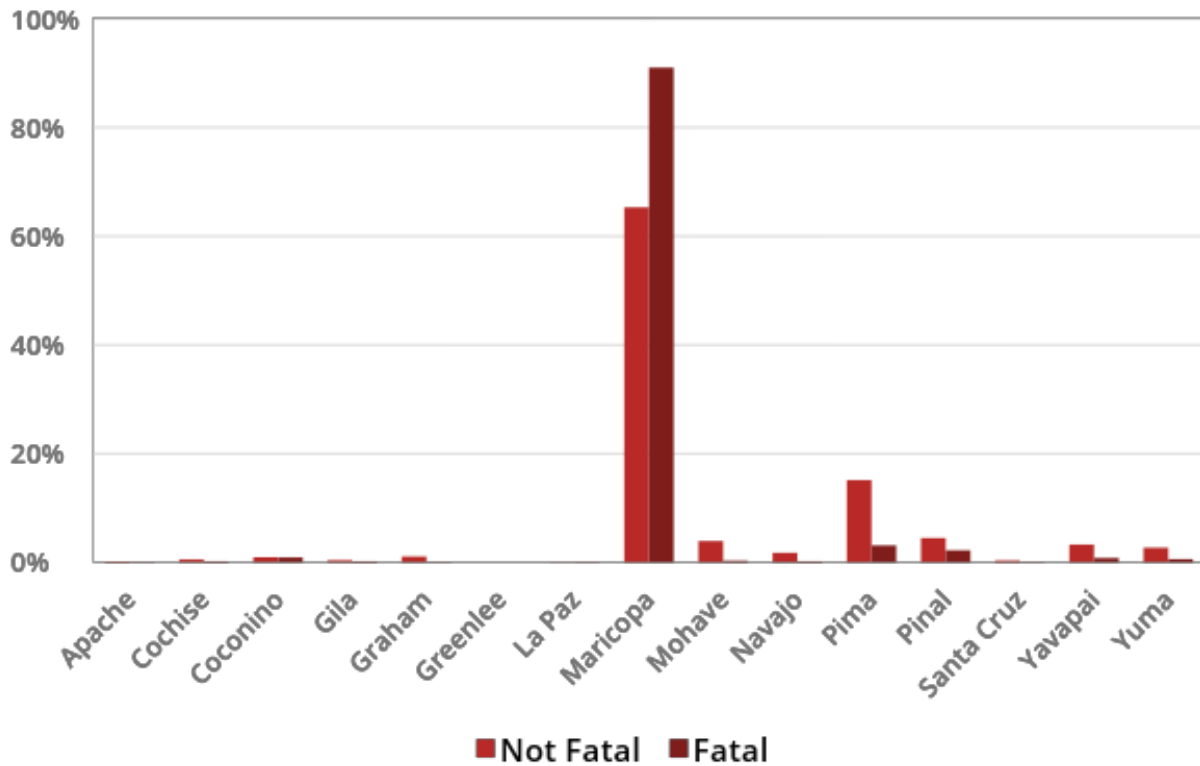
- A verified opioid overdose is one where the medical records have been reviewed and the cause of the overdose has been determined by ADHS.
- Men 34 years old and younger have more non-fatal verified opioid overdoses than older men.
- Men 35 years and older are more likely to have an overdose resulting in fatality.

**Figure 3: Verified Fatal & Not Fatal Opioid Overdoses by Age among Females: January 1, 2018-December 31, 2018**



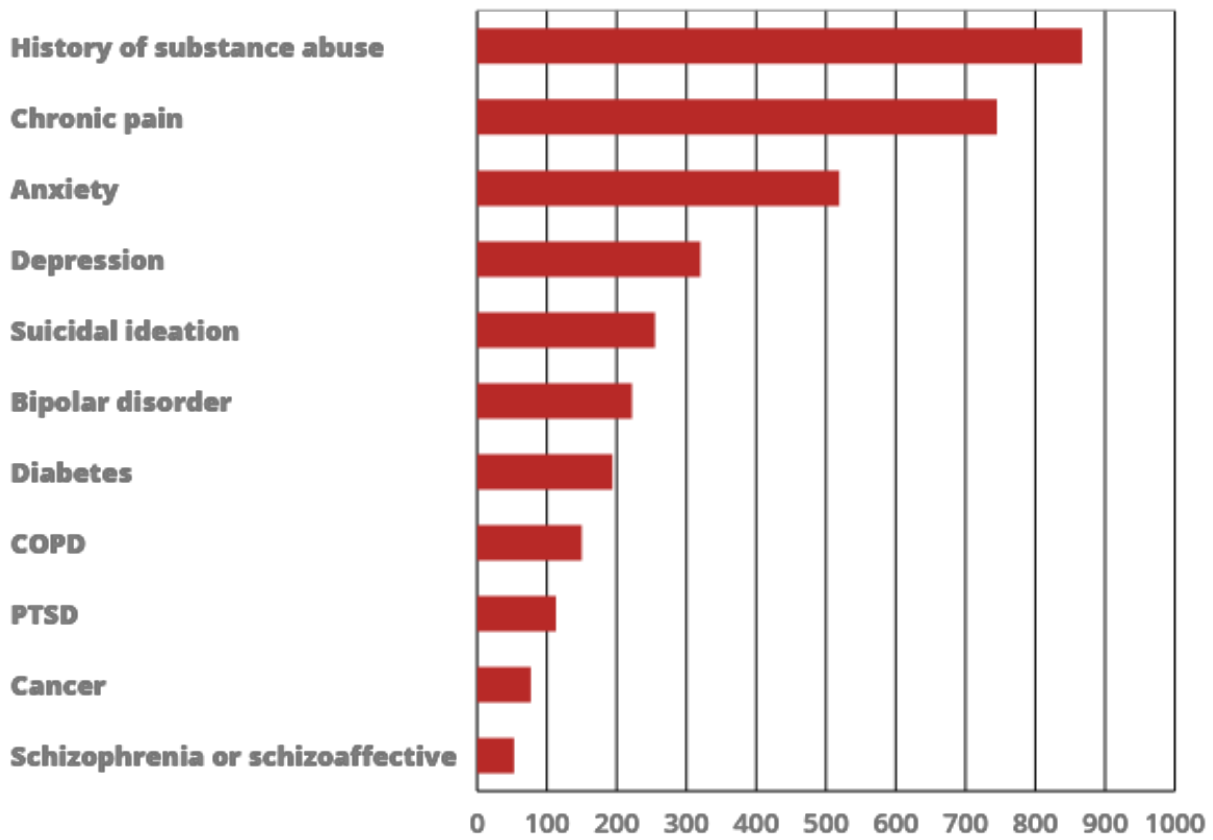
- A verified opioid overdose is one where the medical records have been reviewed and the cause of the overdose has been determined by ADHS.
- Women 34 years old and younger and 65 years and older have more non-fatal verified opioid overdoses than women 35-64 years old.
- Women 35-64 years old are more likely to have a fatal verified opioid overdose than other age groups.

**Figure 4: County Where Verified Opioid Overdoses Occurred: January 1, 2018-December 31, 2018**



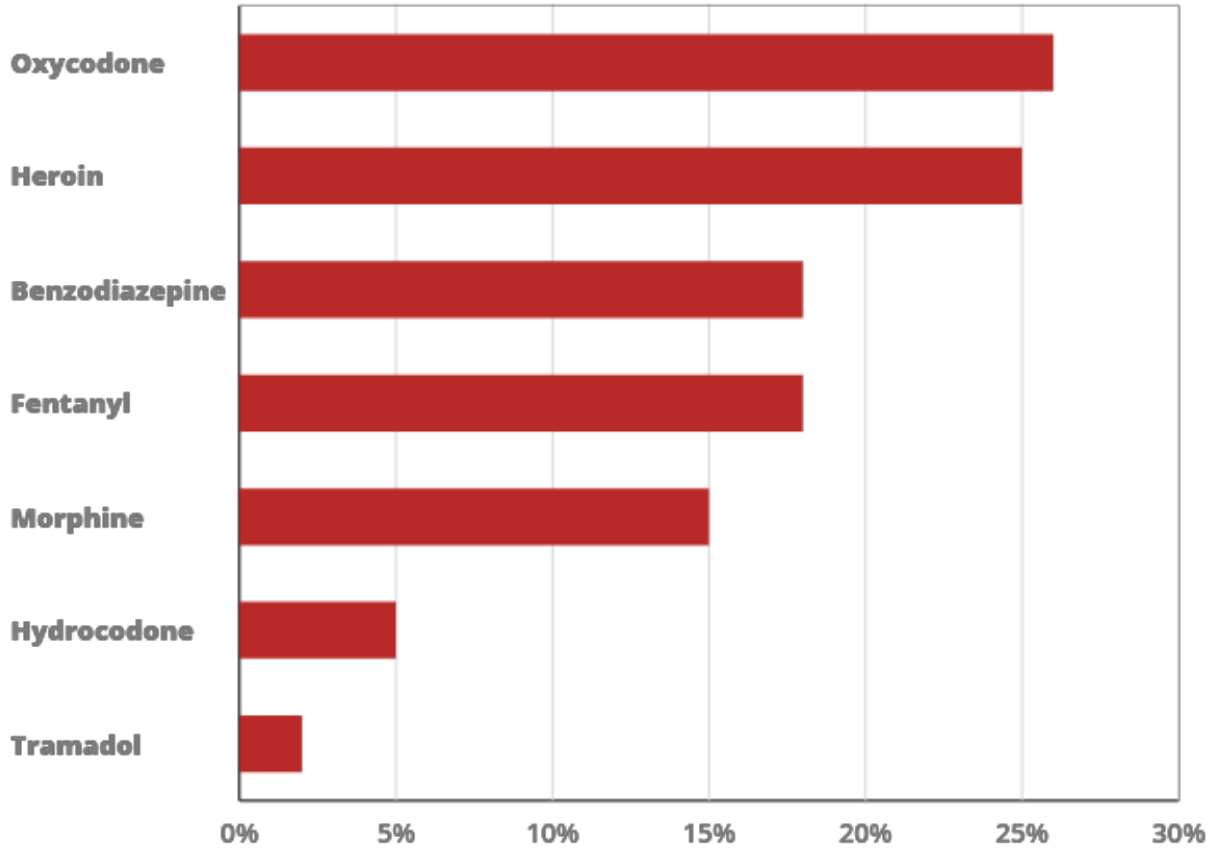
- A verified opioid overdose is one where the medical records have been reviewed and the cause of the overdose has been determined by ADHS.
- Ninety-one percent (91%) of verified opioid deaths occurred in Maricopa County during 2018.

**Figure 5: Reported Pre-Existing Conditions for Verified Opioid Overdoses:  
January 1, 2018-December 31, 2018**



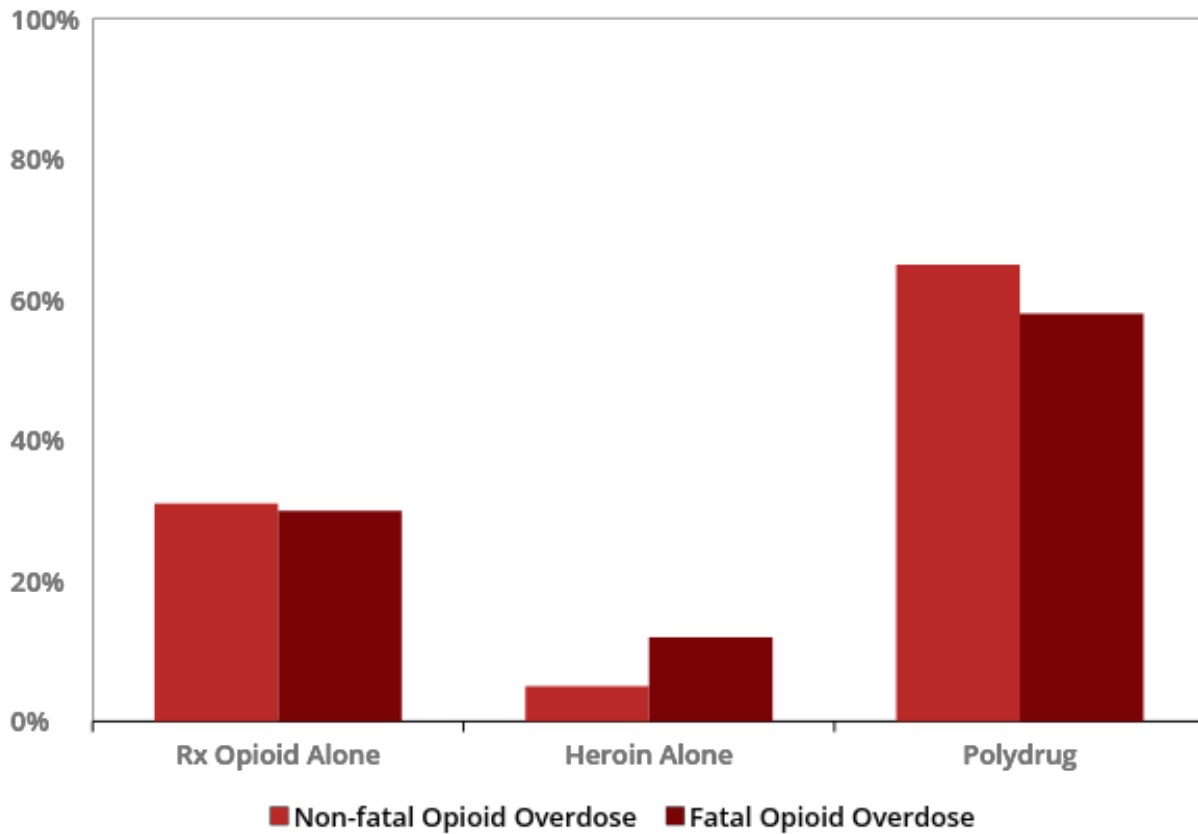
- A verified opioid overdose is one where the medical records have been reviewed and the cause of the overdose has been determined by ADHS.
- Seventy-five percent of those who had a verified opioid overdose reported at least one pre-existing condition.
- History of substance use disorder and chronic pain (e.g. lower back pain, joint pain, arthritis) are the most common pre-existing conditions reported for those who had a verified opioid overdose.

**Figure 6: Drug Type Involved in Verified Opioid Overdoses:  
January 1, 2018-December 31, 2018**



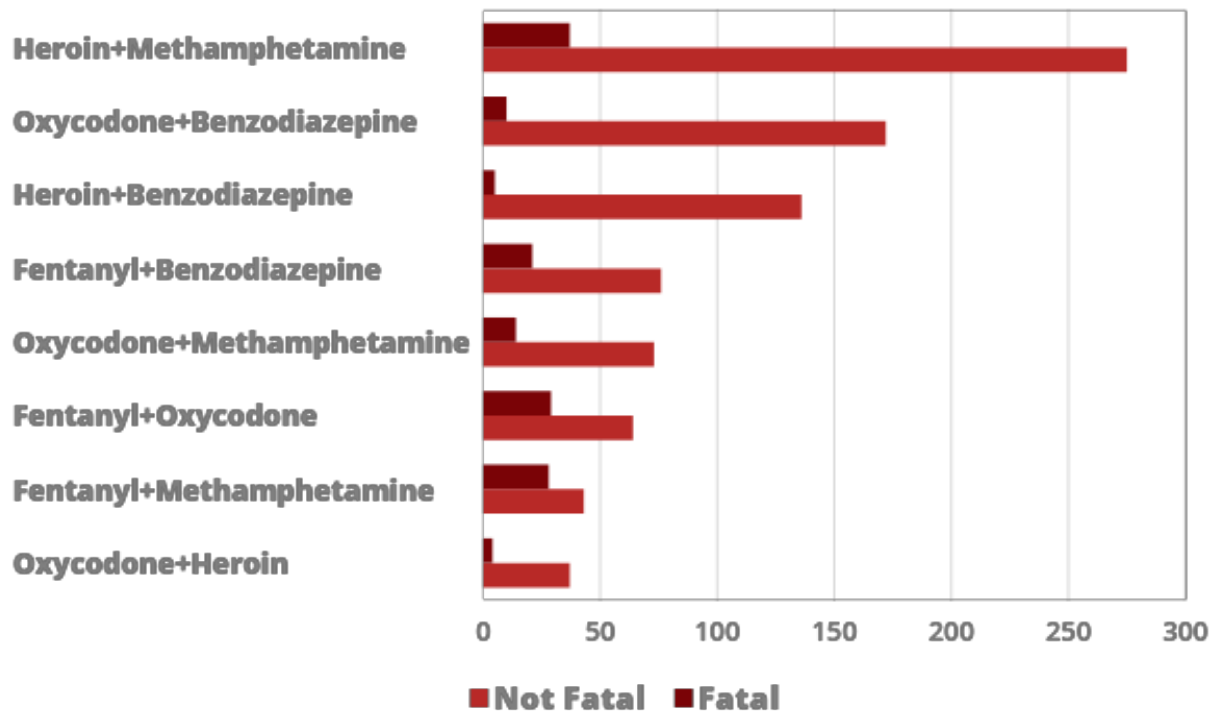
- A verified opioid overdose is one where the medical records have been reviewed and the cause of the overdose has been determined by ADHS.
- Oxycodone, morphine, and hydrocodone, alone or in combination with other drugs, were involved in 48% of verified opioid overdoses.
- Heroin, alone or in combination with other drugs, was reported to be involved in 25% of verified opioid overdoses.
- Fentanyl, alone or in combination with other drugs, was reported to be involved in 18% of verified opioid overdoses.

**Figure 7: Prescription Drug, Heroin, and Poly-drug Use in Verified Opioid Overdoses January 1, 2018-December 31, 2018**



- A verified opioid overdose is one where the medical records have been reviewed and the cause of the overdose has been determined by ADHS.
- 58% of verified *fatal* opioid overdoses and 65% of *non-fatal* opioid overdoses involved polydrug use of at least one opioid and at least one other type of drug.

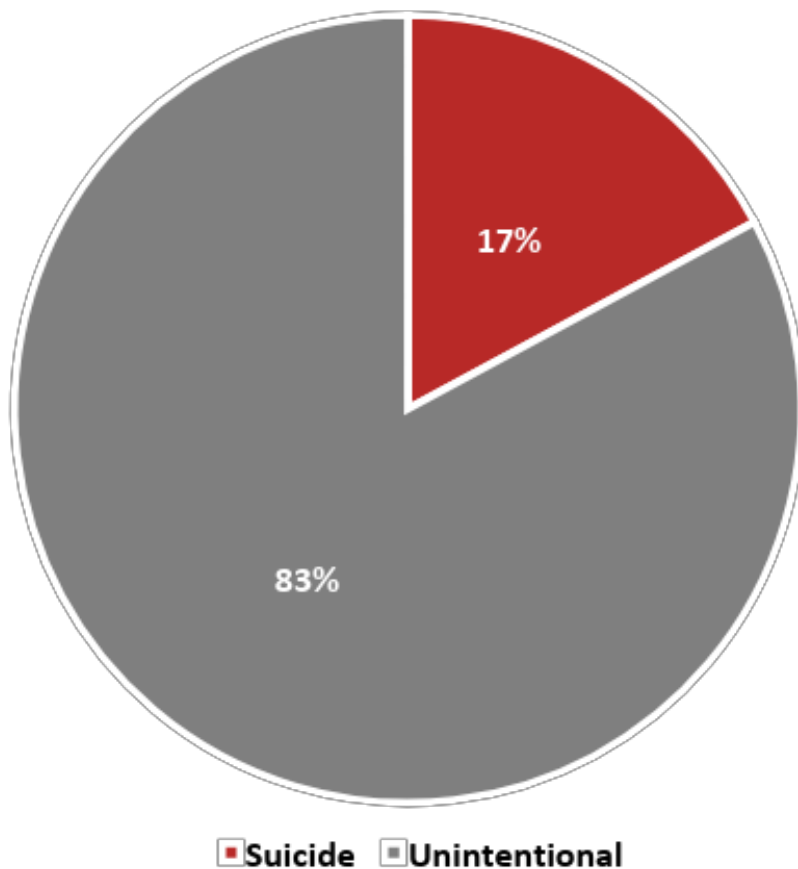
**Figure 8: Prescription Drug, Heroin, and Poly-drug Use in Verified Opioid Overdoses January 1, 2018-December 31, 2018**



- A verified opioid overdose is one where the medical records have been reviewed and the cause of the overdose has been determined by ADHS.
- The most common drug combination identified in verified opioid overdoses was heroin and methamphetamine.

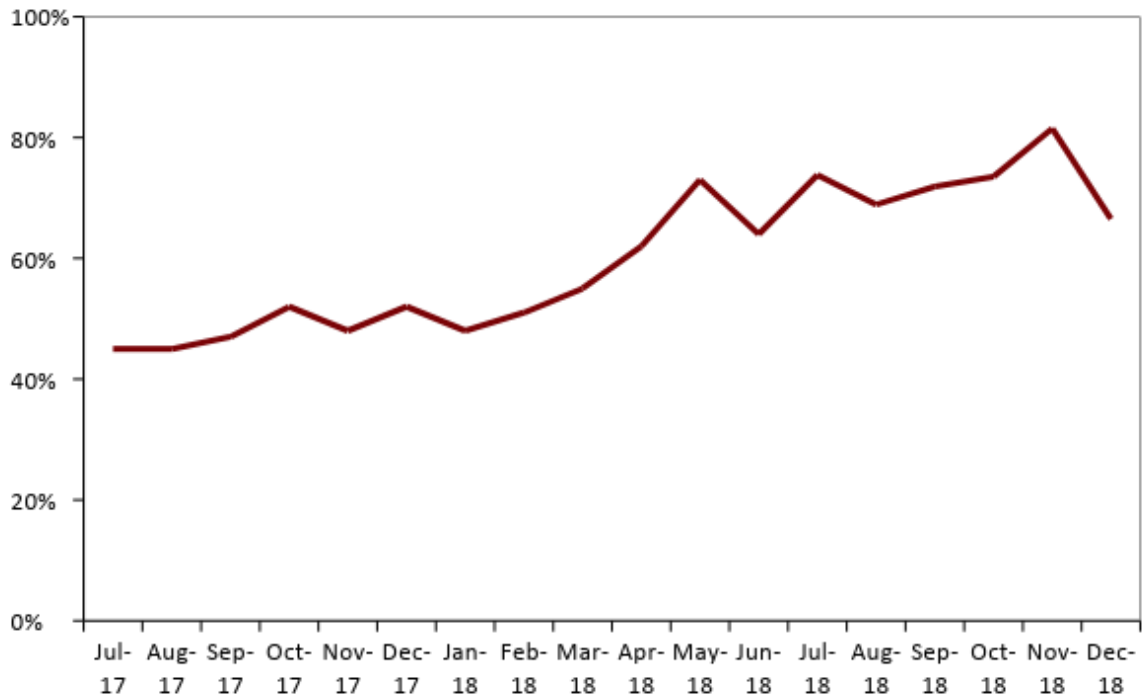


**Figure 9: Intent of Verified Overdose: January 1, 2018-December 31, 2018**



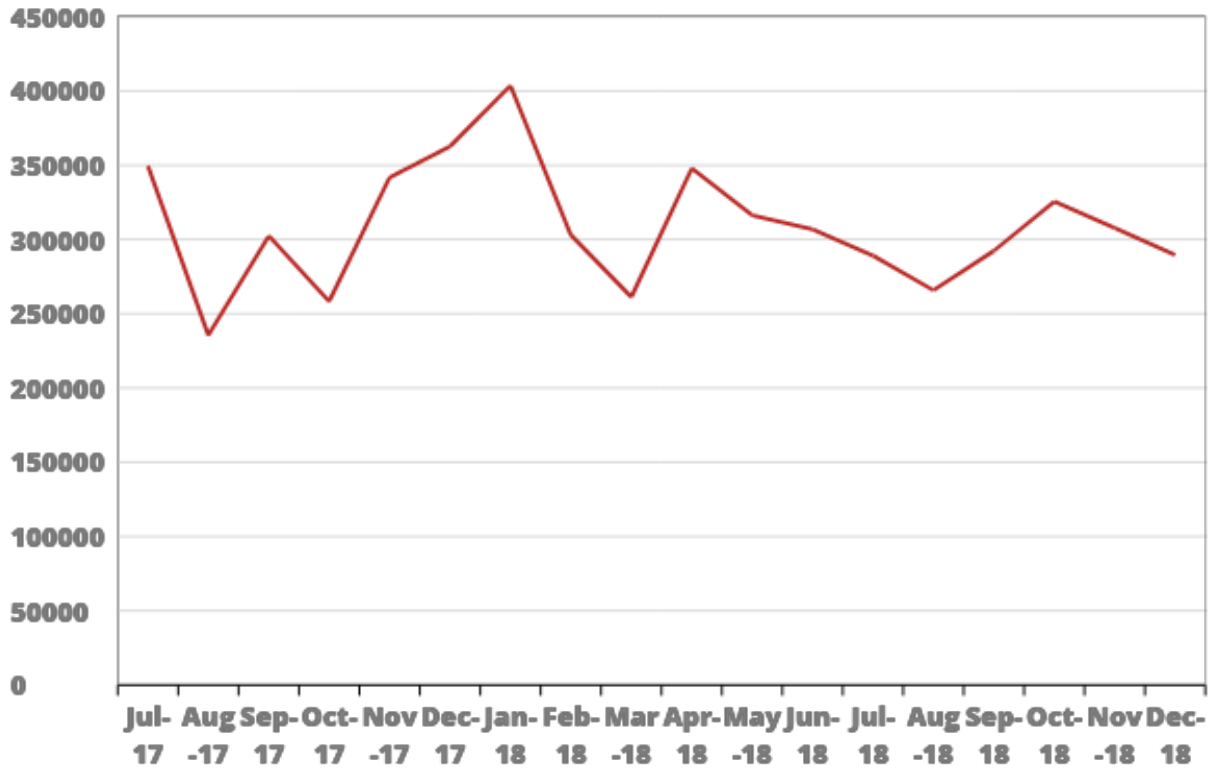
- A verified opioid overdose is one where the medical records have been reviewed and the cause of the overdose has been determined by ADHS.
- The majority of verified opioid overdoses were not intentional.

**Figure 10: Referral to Behavioral Health or Substance Use Disorder Treatment After Overdose**



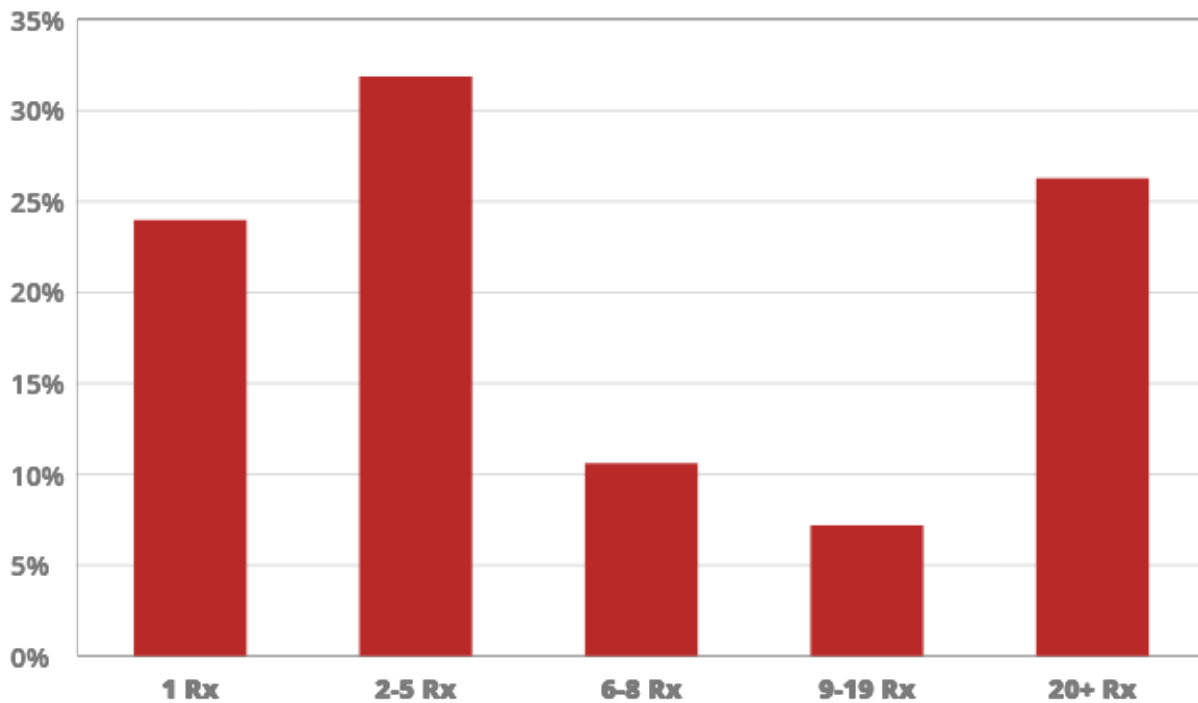
- The number of people referred to substance use disorder or behavioral health treatment services has increased from 52% in December 2017 to 67% in December 2018.

**Figure 11: Opioid Prescriptions per Week: July 1, 2017-December 31, 2018**



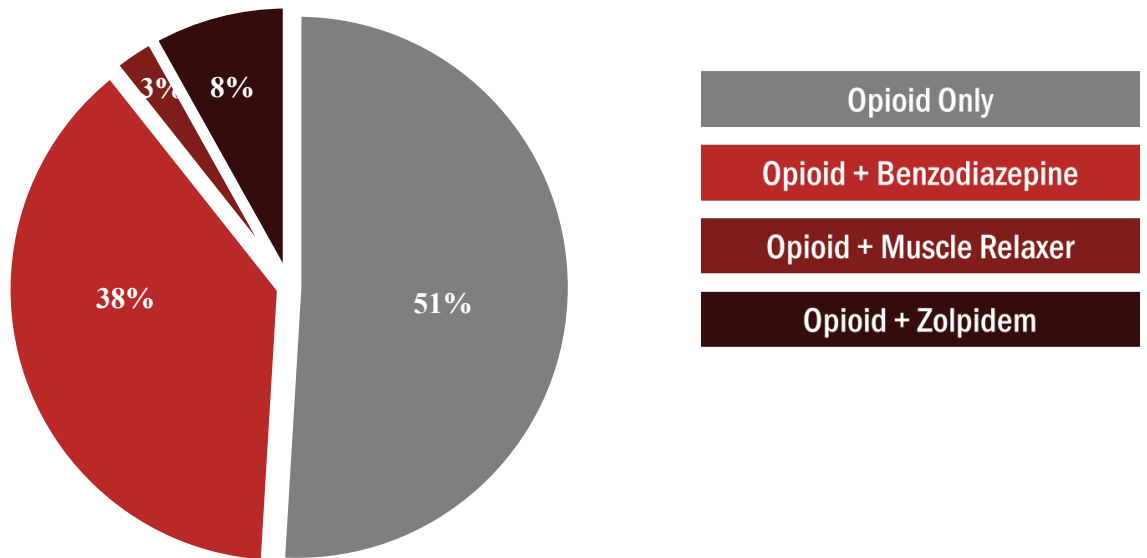
- Data from the Arizona Controlled Substances Prescription Monitoring Programs shows that the number of opioid prescriptions filled per month in Arizona has declined by 21% since December 31, 2017.

**Figure 12: Number of Opioid Prescriptions Filled January 1, 2018- December 31, 2018 by People who had a Suspected Opioid Overdose January 1, 2018- December, 31, 2018**



- Approximately 75% of the people who had a suspected opioid overdose between January 1, 2018 and December 31, 2018 had two or more prescriptions filled between January 1, 2018 and December 31, 2018. Twenty-six percent (26%) had 20 or more prescriptions filled.

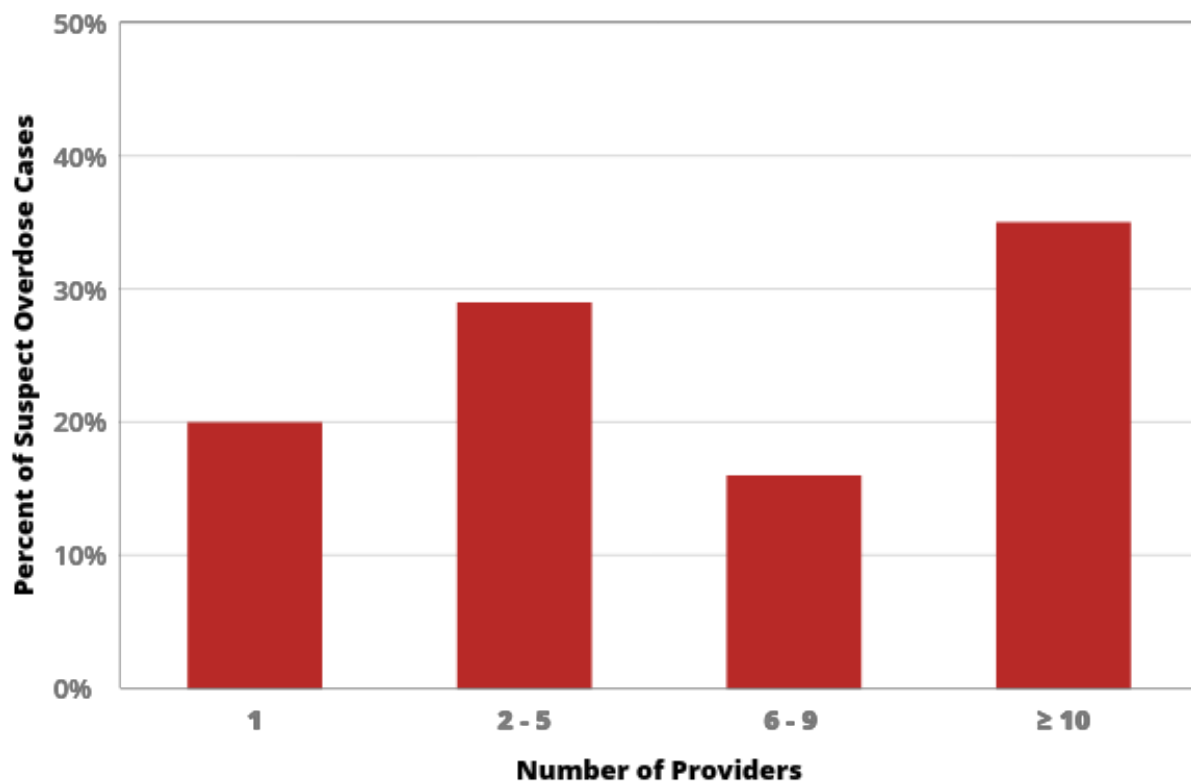
**Figure 13: Drug Combinations Prescribed to People Who Had a Suspect Opioid Overdose between January 1, 2018-December 31, 2018**



Prescription Drug Monitoring Program (PDMP) data from January 1, 2018 – December 31, 2018

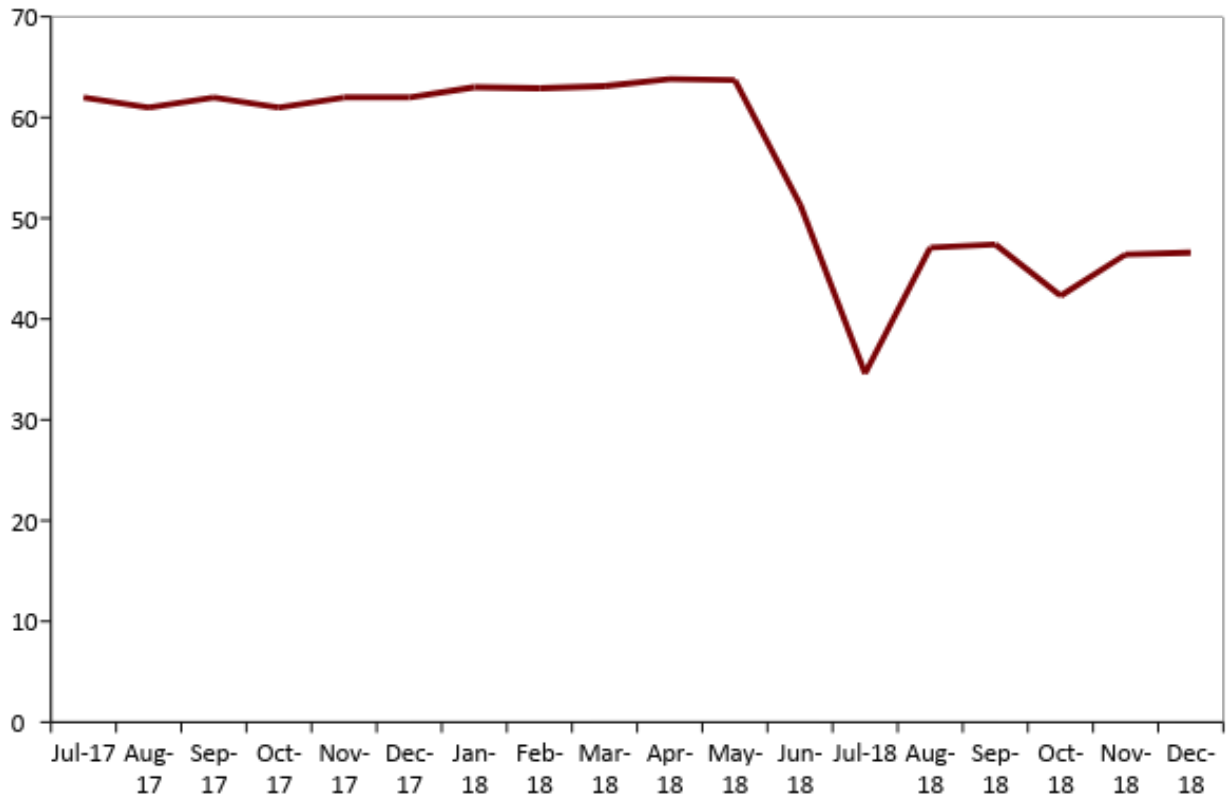
- Taking opioids with certain other drugs increases the chance of overdosing.
- 38% of people who had a suspected opioid overdose were prescribed opioids and benzodiazepines.

**Figure 14: Number of Opioid Prescribing Providers per Suspect Overdose Case  
January, 2018-December 31, 2018**



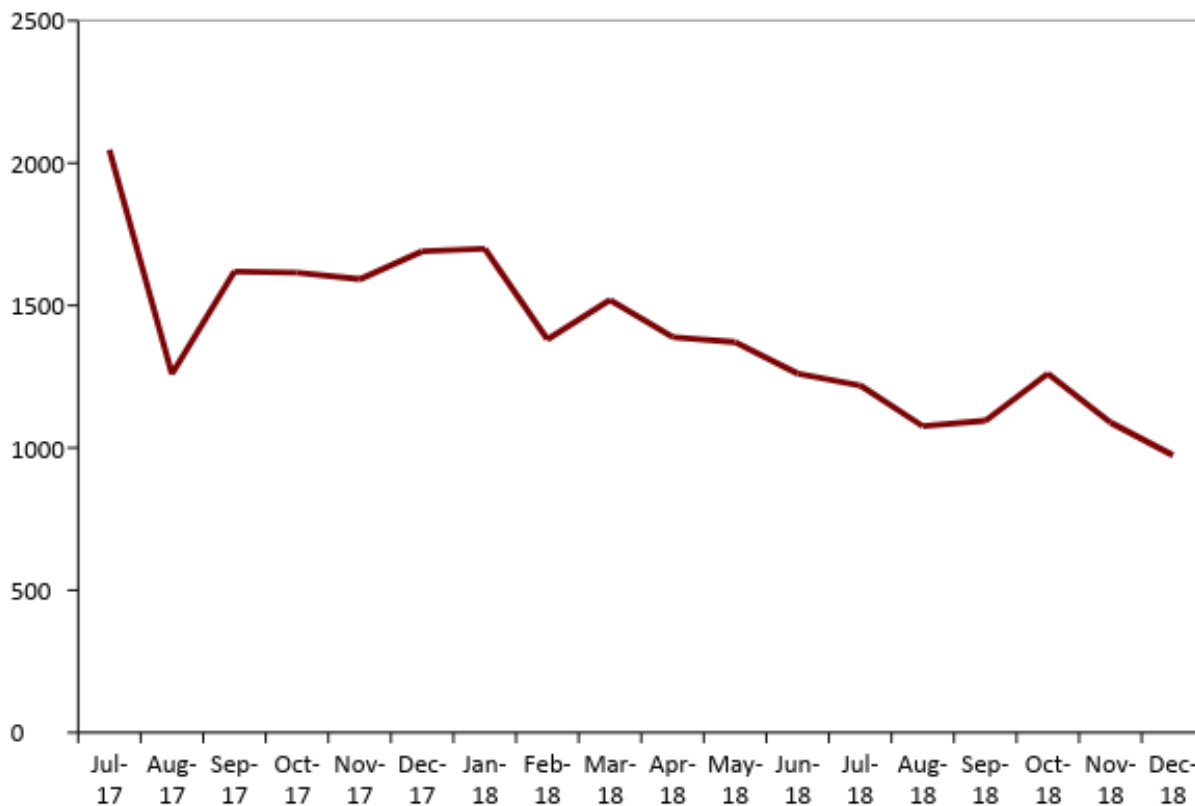
- 80% of people who had a suspected opioid overdose were prescribed opioids by more than one provider.
- 35% were prescribed opioids by 10 or more providers.

**Figure 15: Average Morphine Milligram Equivalent Prescribed July 1, 2017- December 31, 2018**



- The average number of morphine milligram equivalents prescribed with each prescription filled has decreased 25% since July 1, 2017.

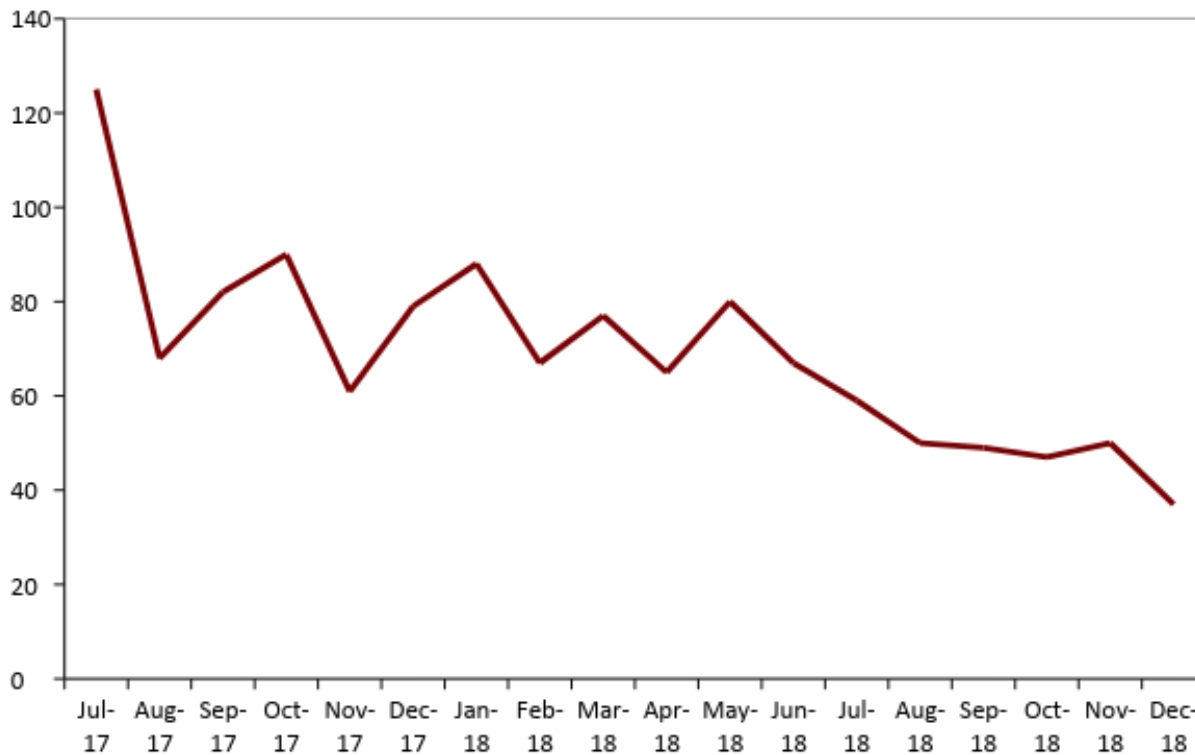
**Figure 16: Number of Opioid Naïve Patients Prescribed Opioids for 5 or More Days July 1, 2017-December 31, 2018**



- An opioid naïve patient is one who has not have a prescription for opioids in the 60 days prior to filling a prescription for opioids.
- The number of opioid naïve patients who had a prescription filled for a greater than 5 day supply decreased 43% between January 2018 and December 2018.

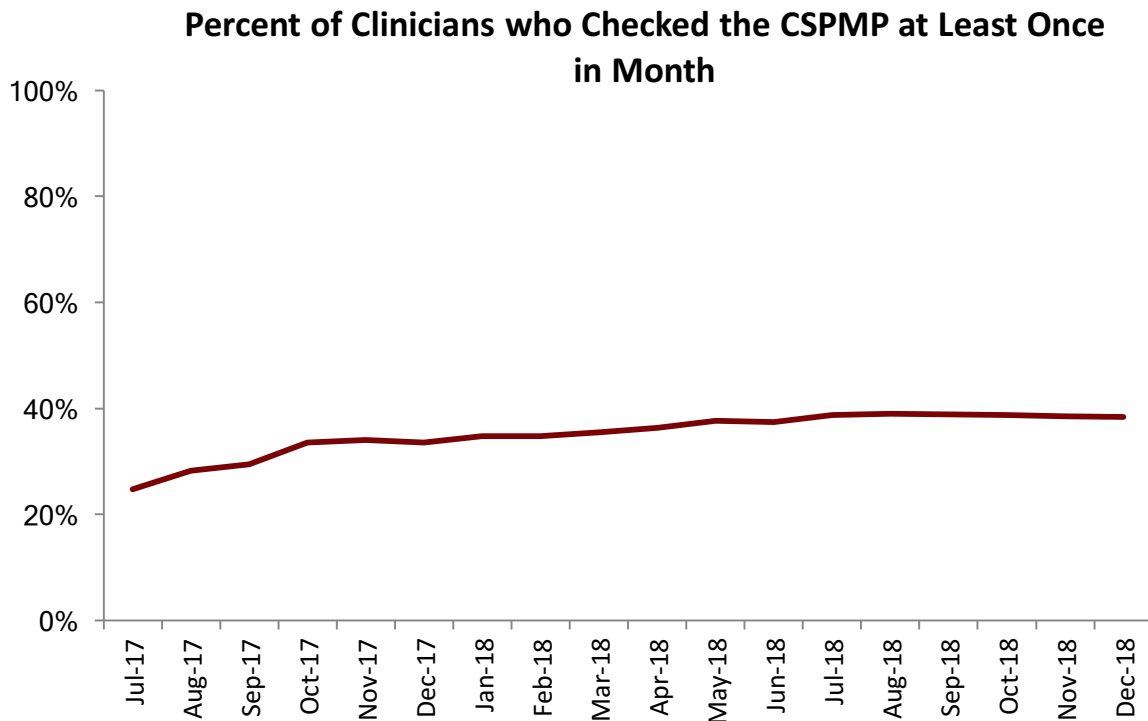


**Figure 17: Number of Opioid Naïve Prescribed 90+ Morphine Milligram Equivalents July 1, 2017-December 31, 2018**



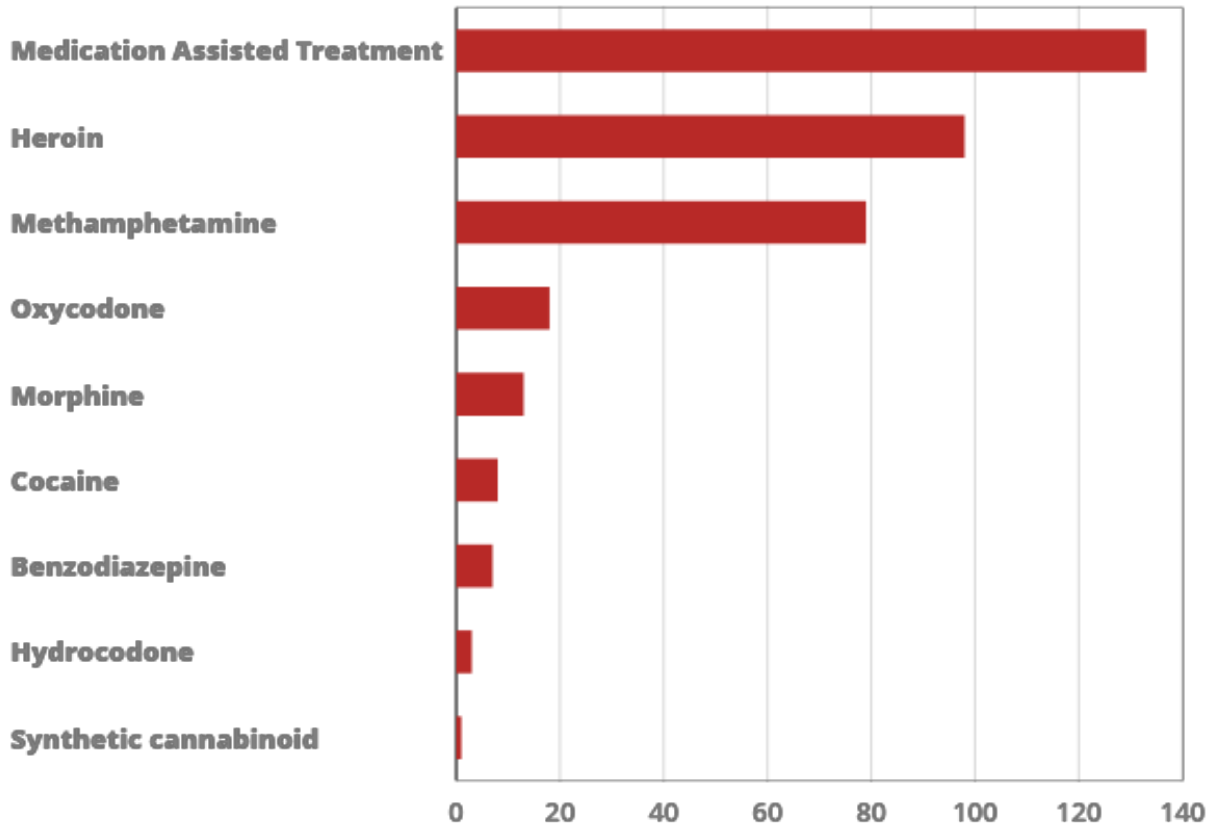
- An opioid naïve patient is one who has not have a prescription for opioids in the 60 days prior to filling a prescription for opioids.
- The number of opioid naïve patient prescribed 90 or more morphine milligram equivalents decreased 51% between January and December 2018.

**Figure 18: Percent of Physicians who Checked the Controlled Substances Prescription Monitoring Program (CSPMP) at Least Once in the Month, July 1, 2017-December 31, 2018**



- The percent of prescribers who wrote prescriptions for controlled substances and used the Controlled Substances Prescription Monitoring Program (CSPMP) at least one time to look up a patient remained largely unchanged in 2018. In January 2018, 34.7% of prescribers checked the CSPMP prior to prescribing a controlled substance; in December 2018, 38.4% of prescribers checked the CSPMP.

**Figure 19: Drugs Used by Women Who Gave Birth to Infants Who Developed Neonatal Abstinence Syndrome January 1, 2018-December 31, 2018**



- Numerous drugs can cause neonatal abstinence syndrome.
- The majority of women were reported to have received medically assisted treatment during their pregnancies.
- Methamphetamine and heroin were the most common drugs used without medical supervision.

For more data, visit [www.azhealth.gov/opioids](http://www.azhealth.gov/opioids)