

Reducing Opioid Deaths: Emergency Declaration Results & Recommendations

September 28, 2017

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Arizona Department of Health Services



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

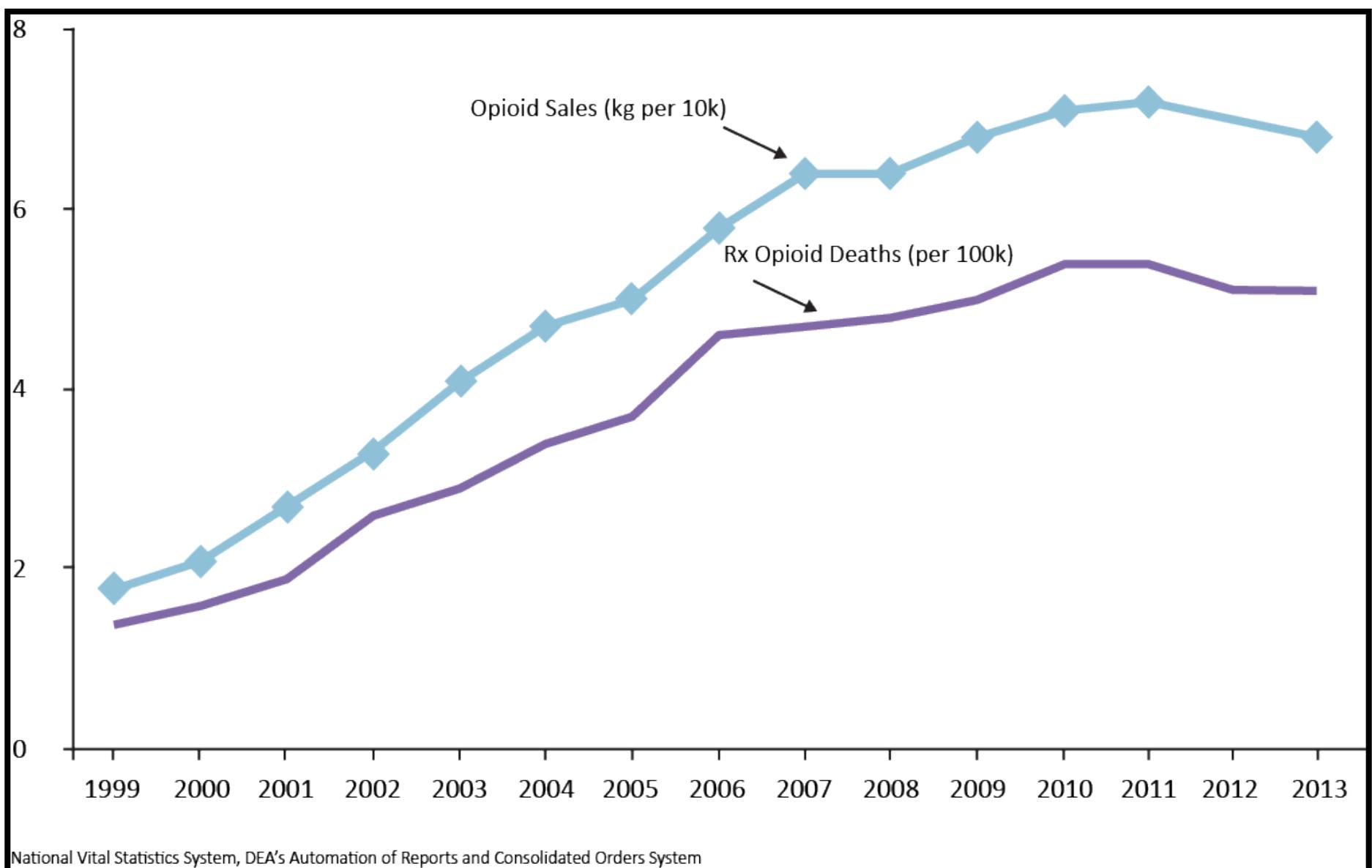
June 5, 2017 [f](#) [t](#) [G+](#) [in](#) [p](#)

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

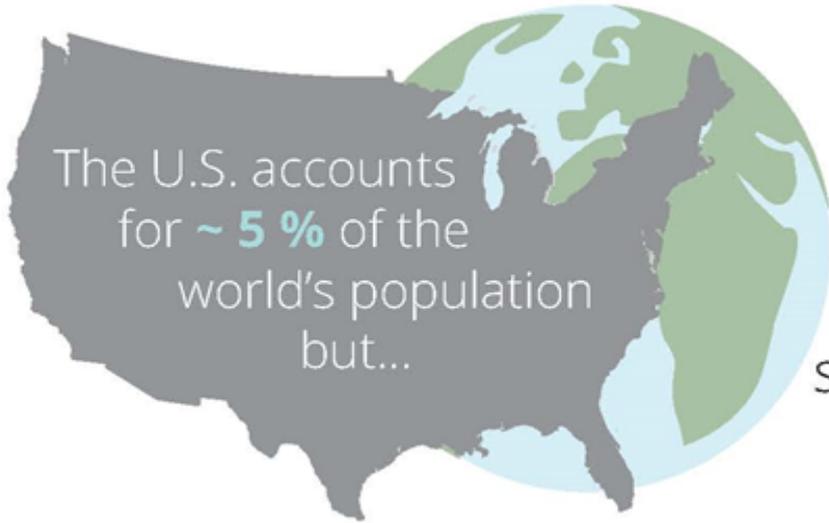
PHOENIX — Governor Doug Ducey today signed an emergency declaration to address the growing number of opioid deaths in our state.

How did we get here?





National Vital Statistics System, DEA's Automation of Reports and Consolidated Orders System



consumes **80%** of the global opioid supply

431 MILLION

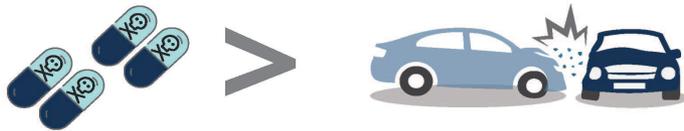
opioid pills were prescribed in 2016



enough for **every** Arizonan to have a

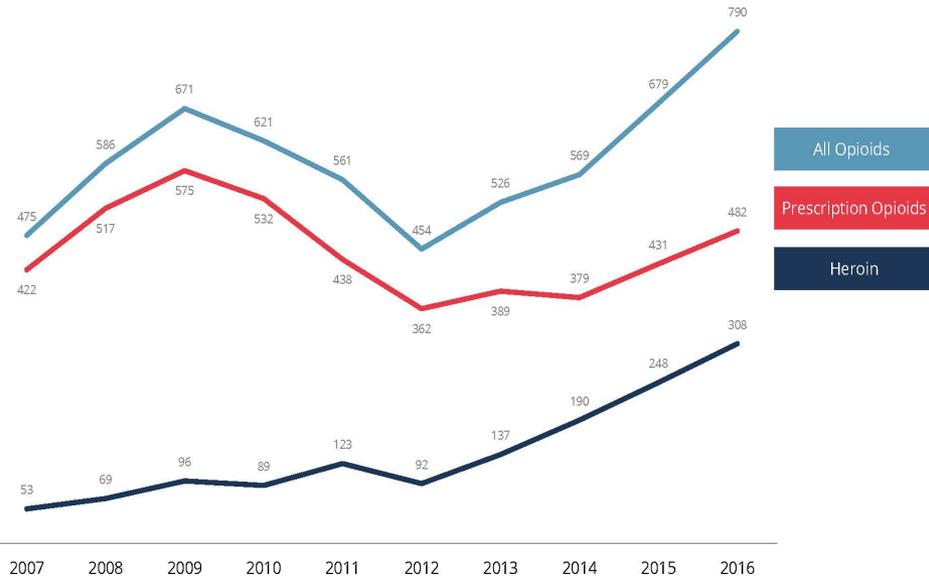
2.5 week supply

74% increase in opioid deaths in Arizona since 2012



Drug overdoses* take **more lives** than car crashes in Arizona

*Includes overdoses from opioids, cocaine, meth, marijuana, and other illicit drugs.



What are we doing about it?



ADHS Responsibilities

- Provide consultation to governor on identifying and recommending elements for **Enhanced Surveillance**
- Initiate emergency **rule-making** for opioid prescribing and treatment practices
- Develop **guidelines** to educate providers on responsible prescribing practices
- Provide training to local law enforcement agencies on proper protocols for **administering naloxone** in overdose situations
- Provide **report on findings and recommendations** by September 5, 2017

Timeline

- Enhanced Surveillance Advisory went into effect **June 15, 2017; extended August 10**
- *Opioid Overdose Epidemic Response Report submitted* **September 5, 2017**

What progress has been made
since June 5th?



Health Emergency Operations Center

- Activated 70 staff
- **Over 7,000** hours since June 5th addressing opioid-related response activities



Enhanced Surveillance

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

Enhanced Surveillance

June 15 – Sept. 21

346
suspect opioid
deaths

2,933
suspect opioid
overdoses

234
neonatal
abstinence
syndrome

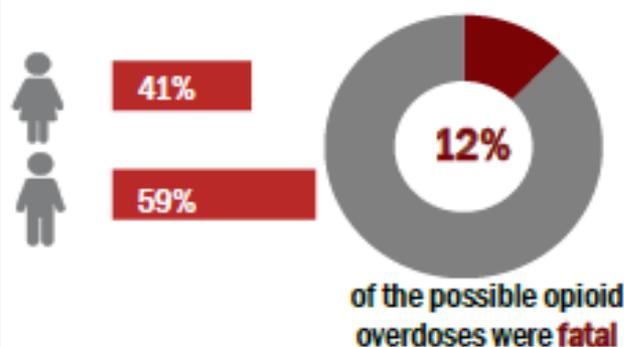
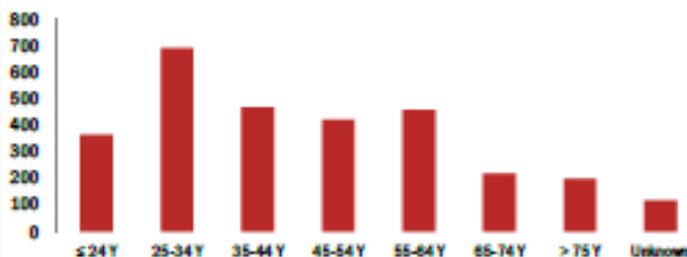
2,210
naloxone doses
dispensed

1,942
naloxone doses
administered

Weekly updates posted at
www.azhealth.gov/opioid

Opioid Overdoses & Deaths

2,933 possible opioid overdoses reported



ADHS Responsibilities

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

**NOTICES OF EMERGENCY RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING**

[R17-142]

PREAMBLE

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1. <u>Article, Part, or Section Affected (as applicable)</u>
R9-10-120 | <u>Rulemaking Action</u>
New Section |
| 2. <u>Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):</u>
Authorizing statutes: A.R.S. §§ 36-132(A)(1), 36-136(F)
Implementing statutes: A.R.S. §§ 36-132(A)(17), 36-405(A) and (B) | |
| 3. <u>The effective date of the rule:</u>
July 28, 2017 (upon the filing of the Approval of Emergency Rulemaking and the Notice of Emergency Rulemaking with the Office of the Secretary of State by the Office of the Attorney General. An exception from the effective date provisions in A.R.S. § 41-1032(A) is necessary to preserve public health by immediately addressing the epidemic of opioid overdose deaths occurring in Arizona). | |

Opioid Prescribing & Treatment Rules

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

Opioid Prescribing & Treatment Rules

The new rules in A.A.C. R9-10-Article 1

- Focus on health and safety
- Provide regulatory consistency for all health care institutions

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

- 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

Includes:

- Conducting a physical exam
- Checking the Controlled Substances Prescription Monitoring Program (CSPMP)
- Conducting a substance abuse risk assessment
- Obtaining informed consent

ADHS Responsibilities

- Develop guidelines to educate providers on responsible prescribing practices

**ARIZONA OPIOID
PRESCRIBING GUIDELINES**

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

NOVEMBER 2014

Prescribing Guidelines Update

- The Rx Initiative Healthcare Advisory Team is updating the guidelines
- Draft update released Sept. 5
- Aim to reduce overreliance on opioid therapy and make safety a priority in managing acute and chronic pain
- Finalize by end of December
- azhealth.gov/opioidprescribing

ARIZONA OPIOID PRESCRIBING GUIDELINES

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

Last Revision: September 1, 2017



ARIZONA DEPARTMENT
OF HEALTH SERVICES

azhealth.gov/opioid

ADHS Responsibilities

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

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) 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

Naloxone Trainings

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

Naloxone Distribution

To date, ADHS has distributed 4,852 **kits** of naloxone to 50 **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.	
	AGENCY INFORMATION	
	Agency Name:	
	Agency SHIPPING address:	
	Agency Director Name:	
	Contact Email:	
	Agency Size:	
TRAINING INFORMATION		
	Training Date(s):	
	Trainer Name(s):	
	Number of staff Trained:	
NALOXONE REQUESTED	Description: Narcan Nasal Spray 2/pack	Quantity Requested: _____
AGENCY DIRECTOR SIGNATURE	_____	DATE: _____

You may submit completed application multiple ways:

- Email: azopioid@azdhs.gov
- Fax: 602-364-1494 Attn: Naloxone Distribution, Office of Injury Prevention
- Mail: ADHS Office of Injury Prevention
Naloxone Distribution Program
150 N. 18th Ave., Suite 320
Phoenix, AZ 85007

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

Naloxone Standing Orders



ARIZONA DEPARTMENT OF HEALTH SERVICES

STANDING ORDERS FOR NALOXONE

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

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

- 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



ARIZONA DEPARTMENT OF HEALTH SERVICES

Date: 12 July 2017

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

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

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

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

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

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

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

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

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

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

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



Naloxone – 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).

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®

How to identify an opioid overdose:

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

To avoid an accidental opioid overdose:

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

Now that you have naloxone –

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

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

Opioid Safety and Naloxone Use

For Patients and Caregivers



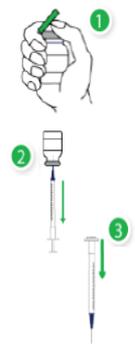
In case of overdose:

- 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.

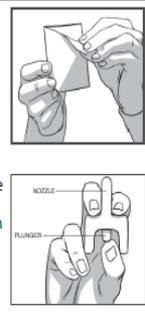
2—Peel back the tab with the circle to open the naloxone nasal spray.

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 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.



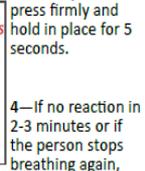
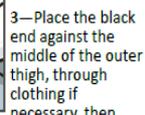
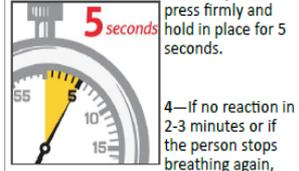
Auto-injector

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.



What have we learned from the enhanced surveillance?



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					

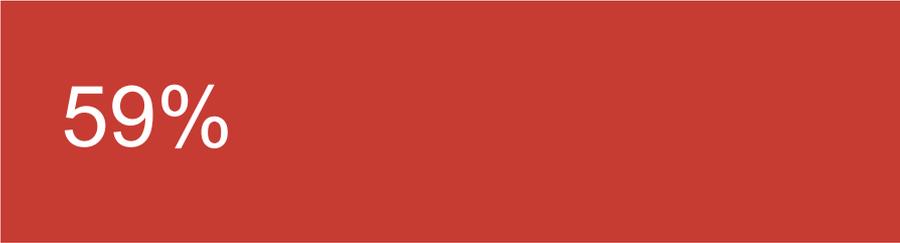
August						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September						
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

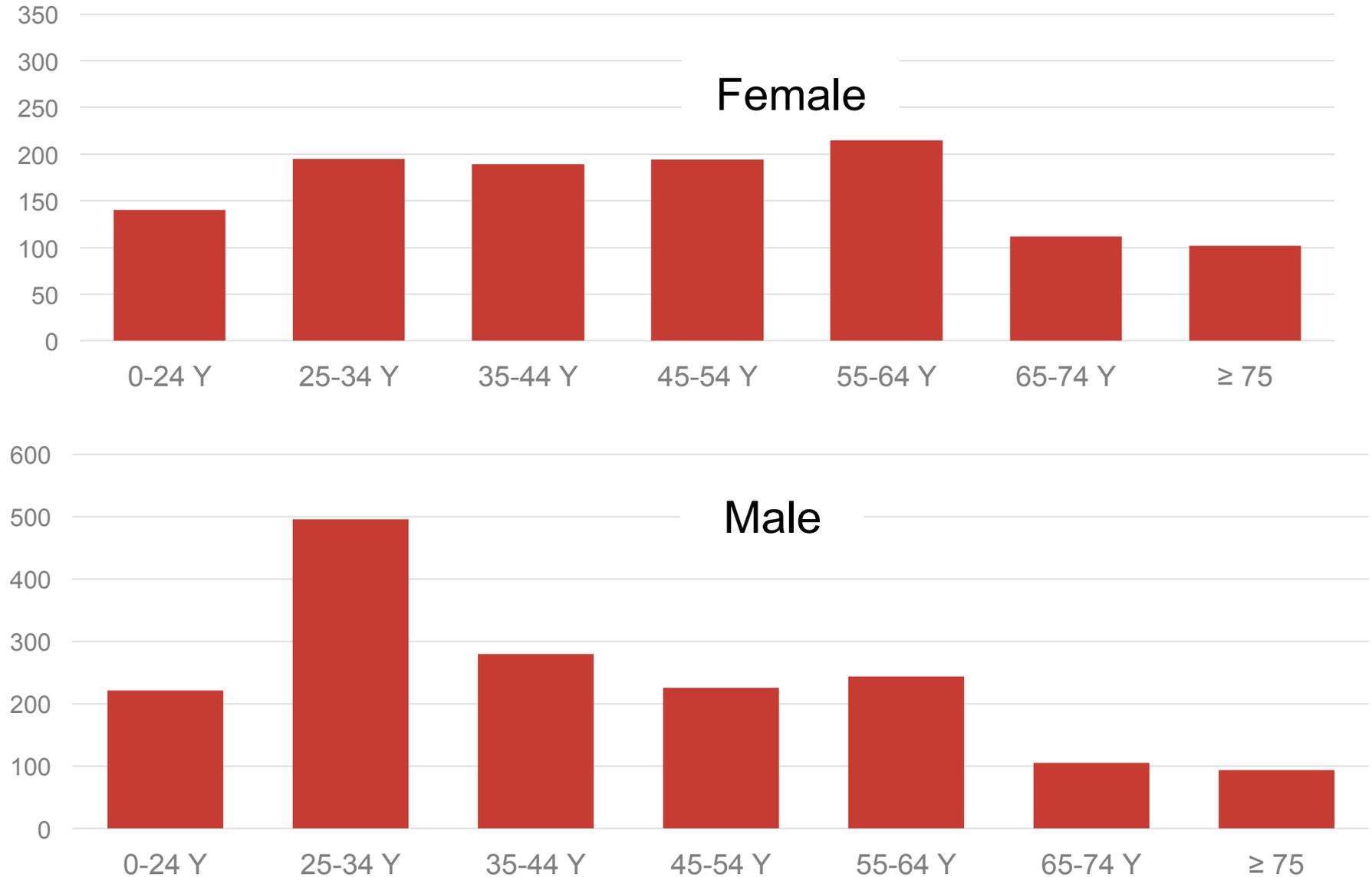
Opioid Overdoses and Deaths



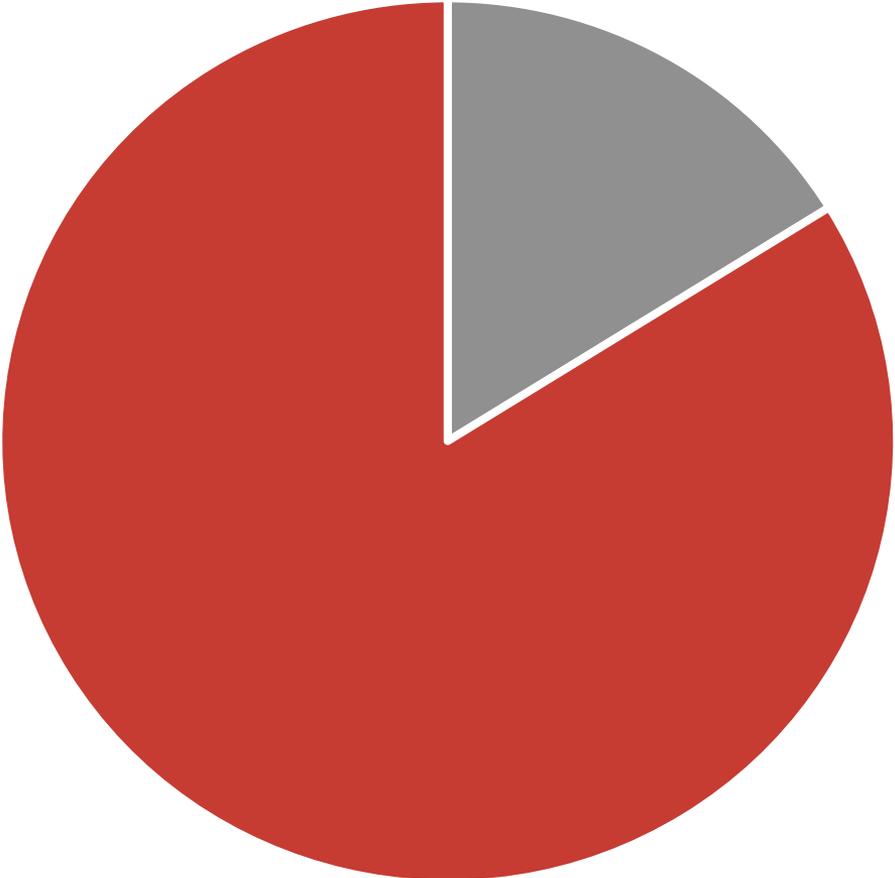
The majority of possible opioid overdoses reported during the enhanced surveillance period were **male**.



More **males** than females had a possible opioid overdose. The most overdoses were reported in males in the **25 – 34 year old age group**.

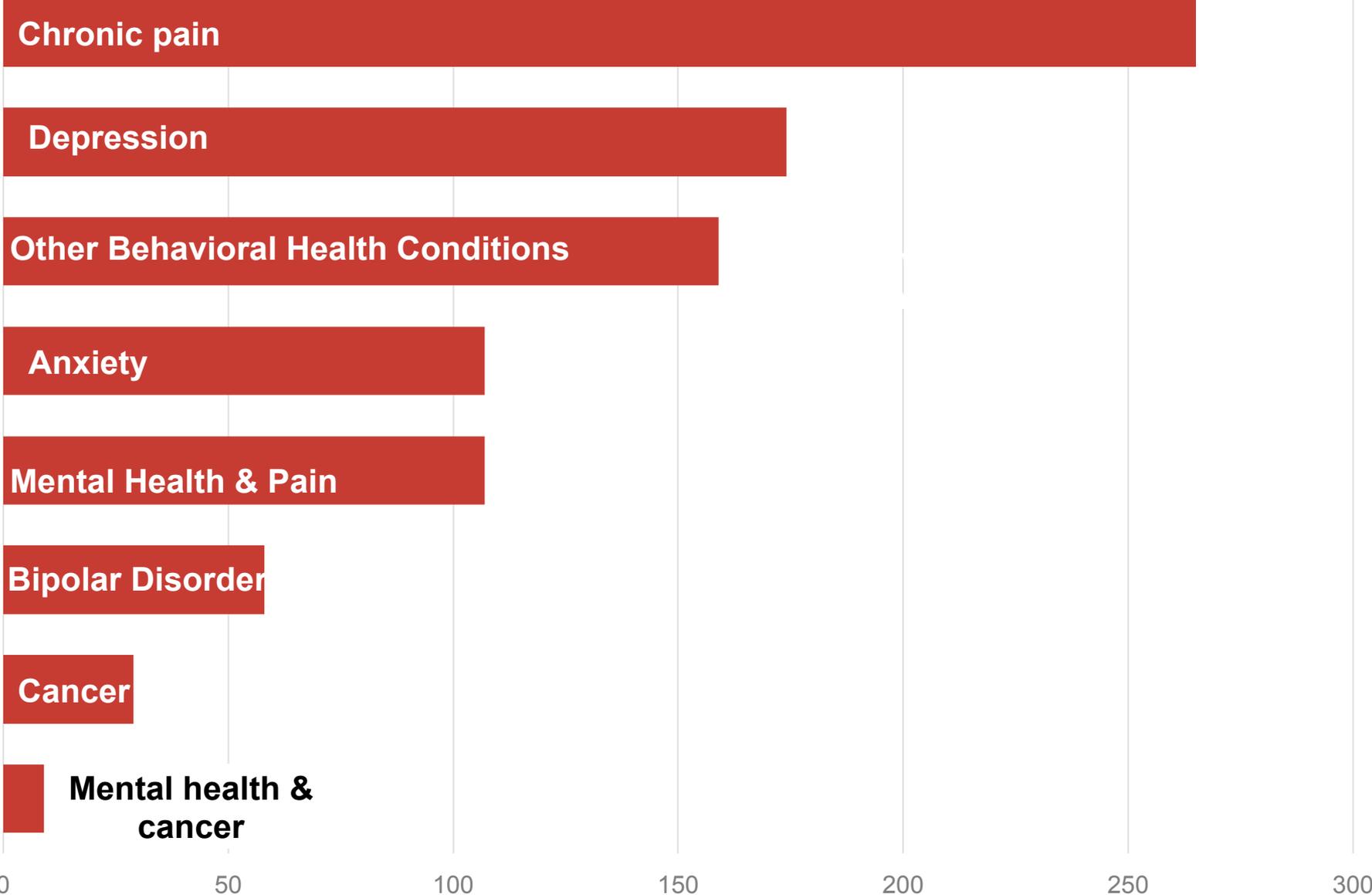


84% of possible opioid overdoses reported during the enhanced surveillance period had at least one pre-existing condition †.

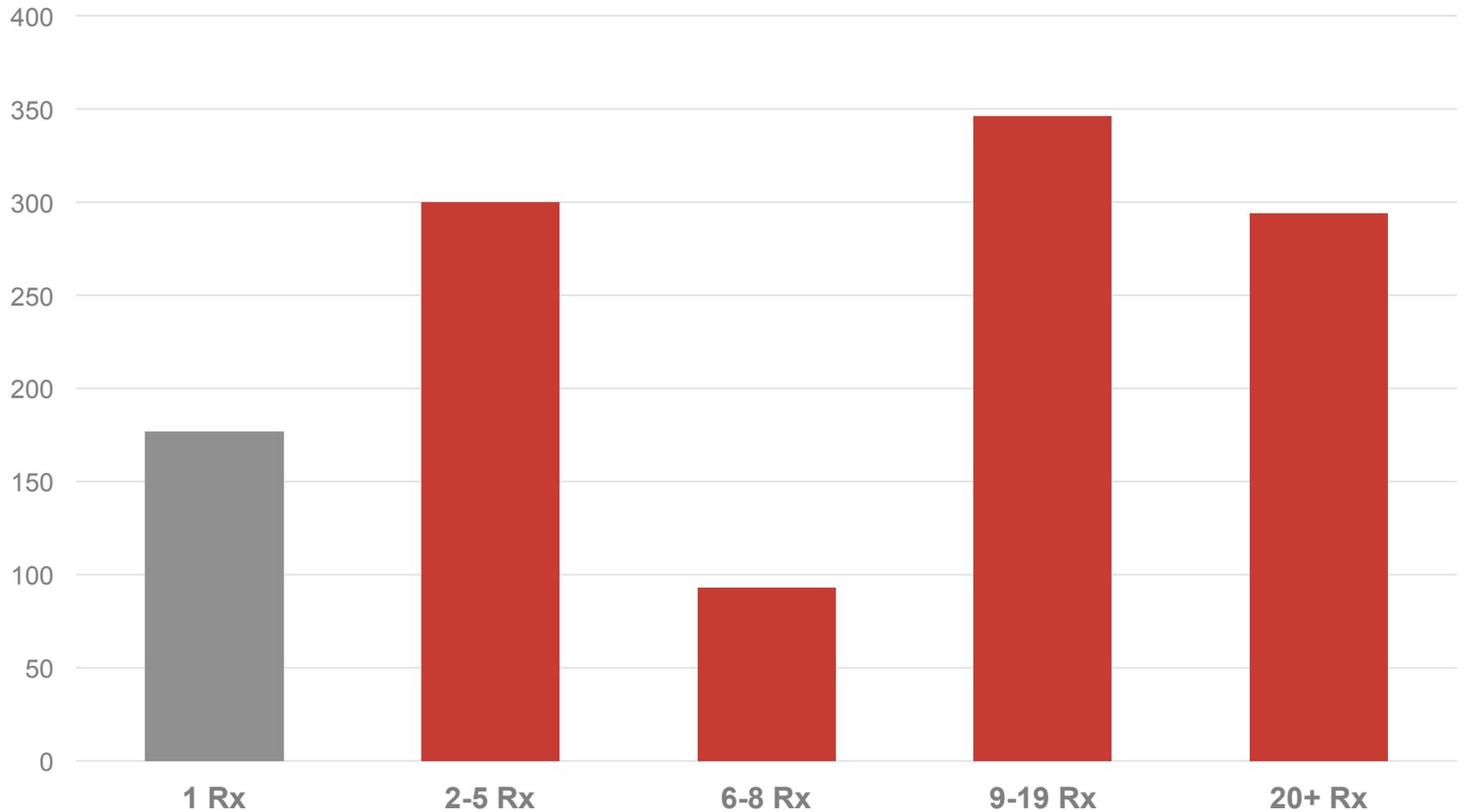


† Data source: MEDSIS hospital and medical examiner reports with reviewed medical records . No EMS or law enforcement cases included (N=766)

Chronic pain was the most common pre-existing condition that was reported by individuals reported with a possible opioid overdose.

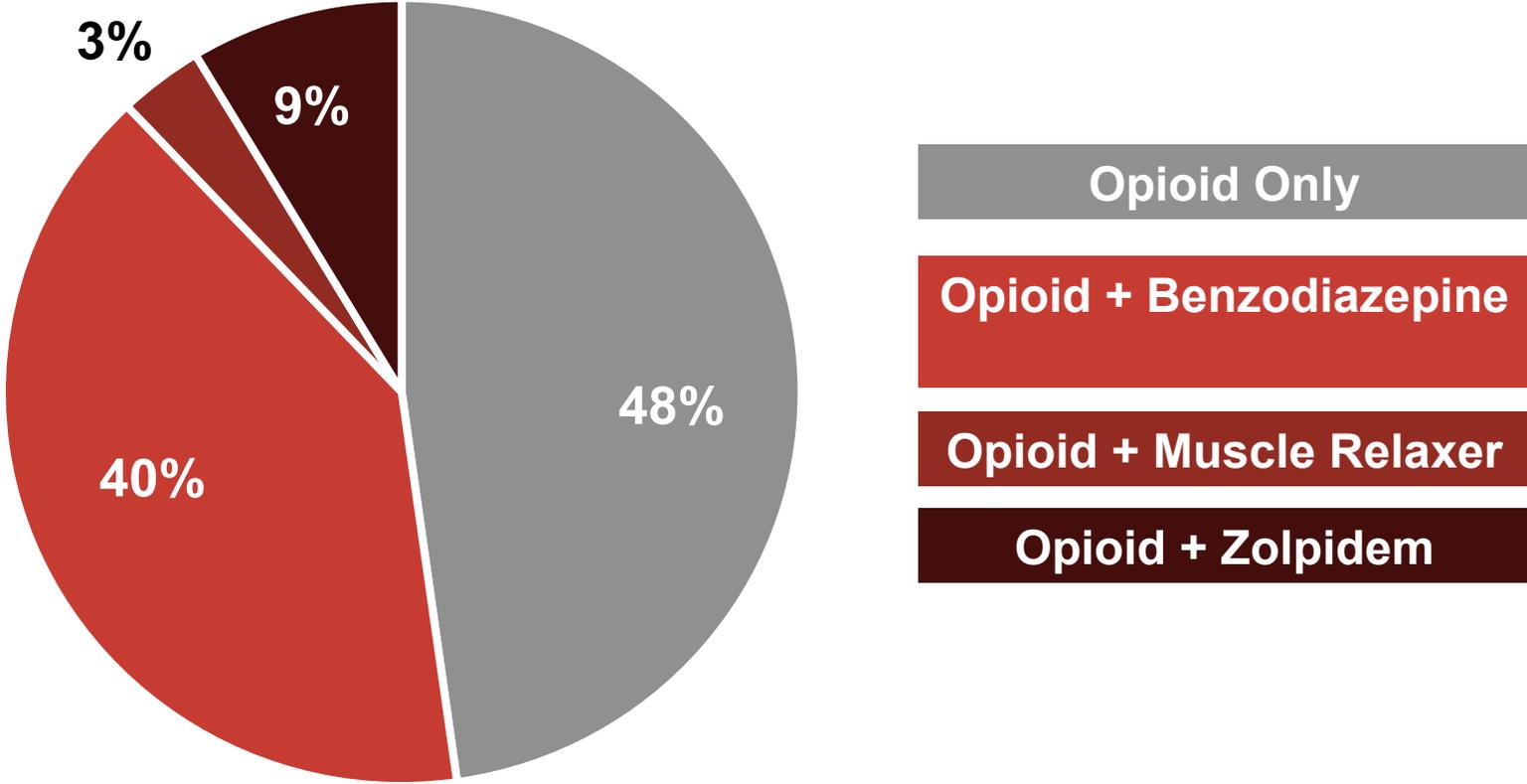


In between January 1, 2017, and September 21, 2017, **1033 (85%)** of individuals who had an opioid overdose during the enhanced surveillance period had **more than one** opioid prescription.



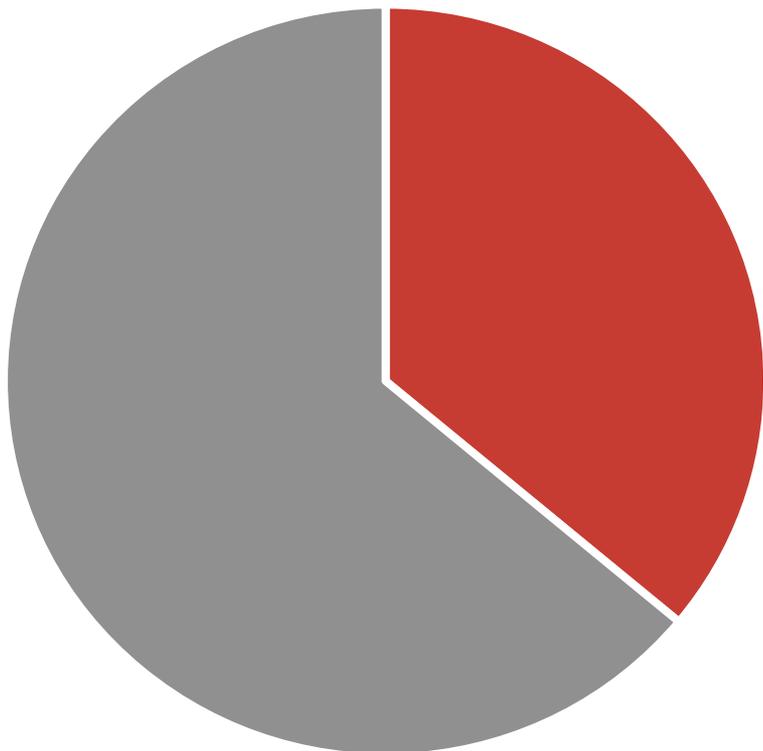
†Prescription Drug Monitoring Program (PDMP) data

The most common drug combination that was prescribed [†] to individuals who had a possible opioid overdose in the enhanced surveillance period was **opioids and benzodiazepines**.



[†] Prescription Drug Monitoring Program (PDMP) data from January 1, 2017 – September 21, 2017

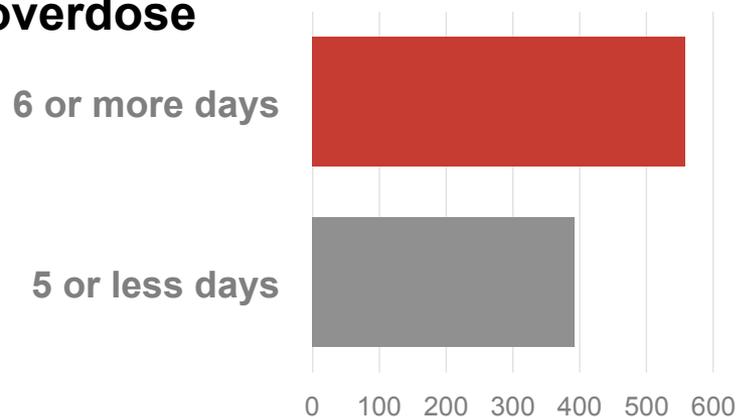
36% of individuals with a possible opioid overdose during the enhanced surveillance period filled an opioid prescription within the two months prior to their overdose.



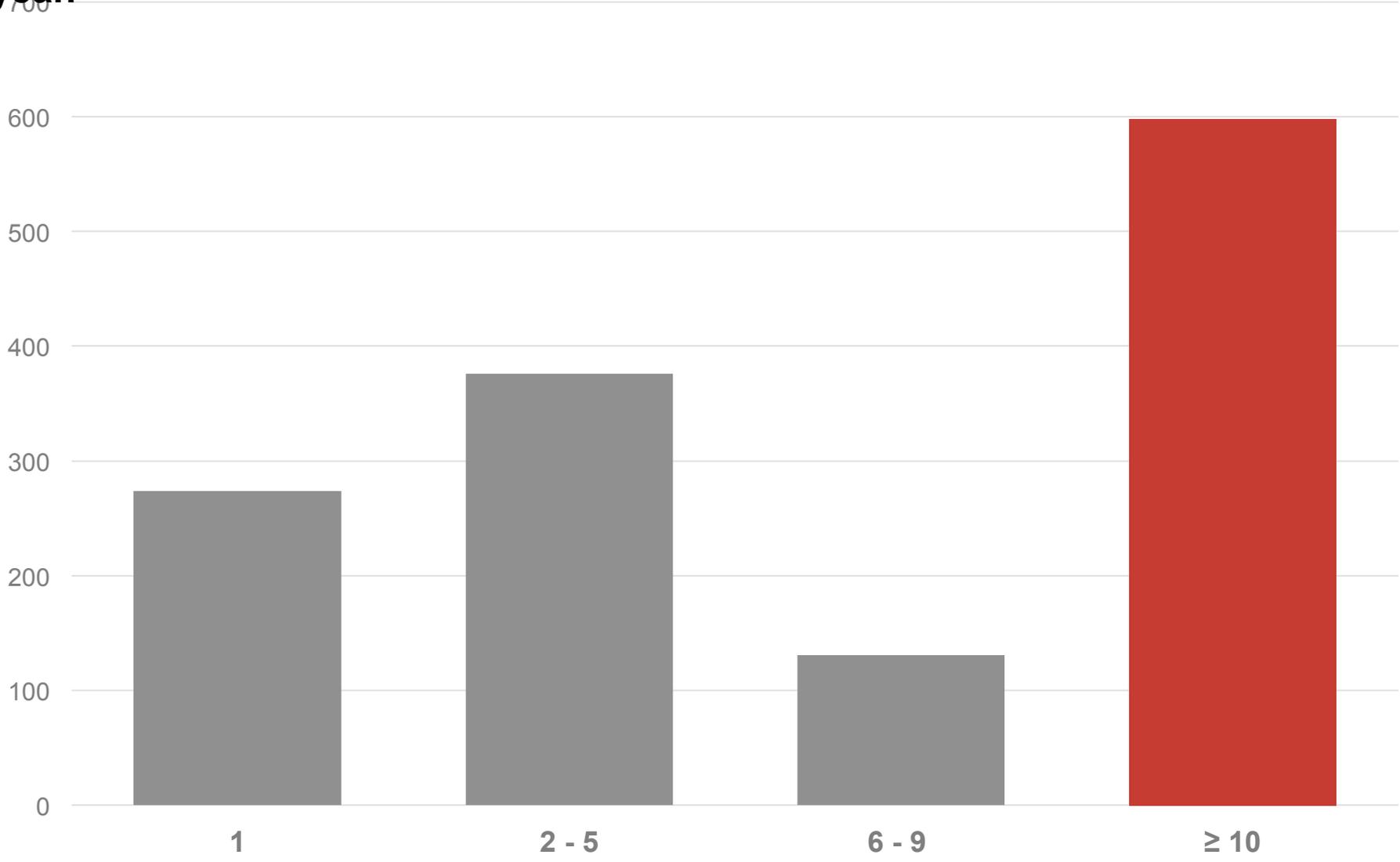
10% of those individuals who filled an opioid prescription within two months of their overdose had a fatal overdose,



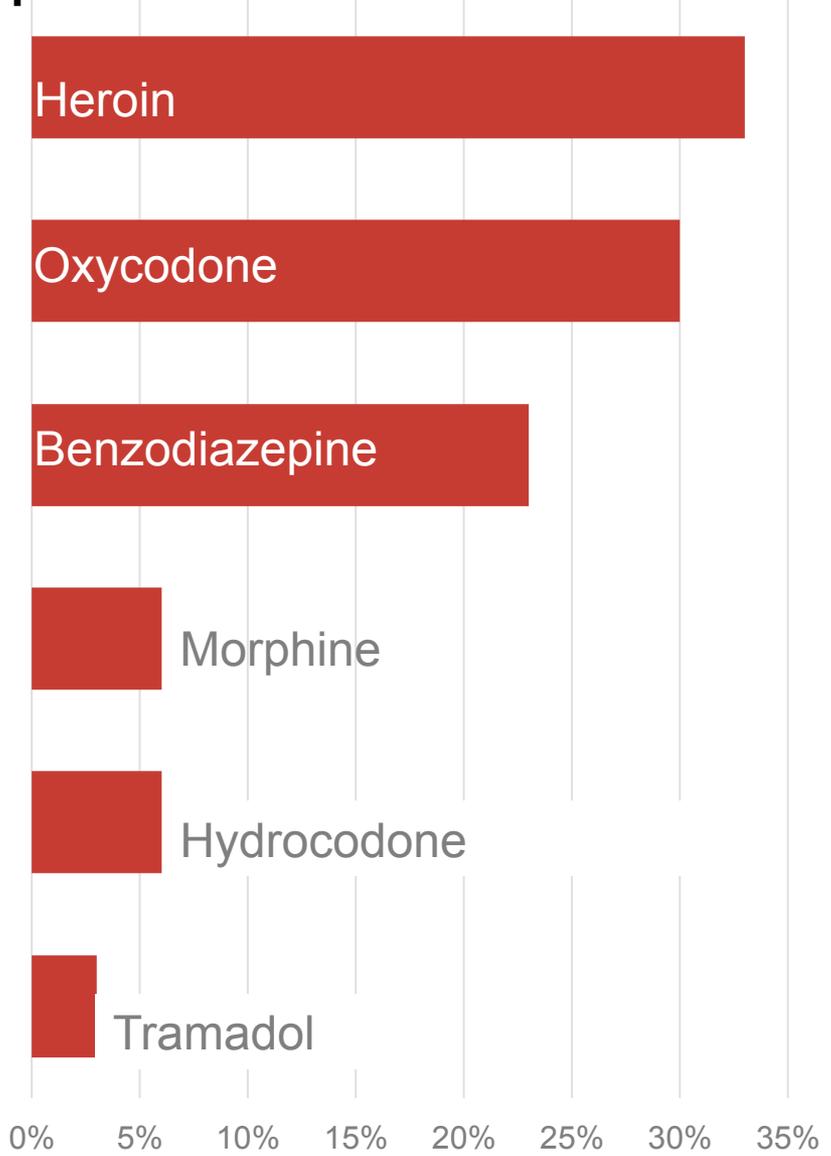
& **59%** filled an opioid prescription written for 6 or more days within the two months prior to their overdose



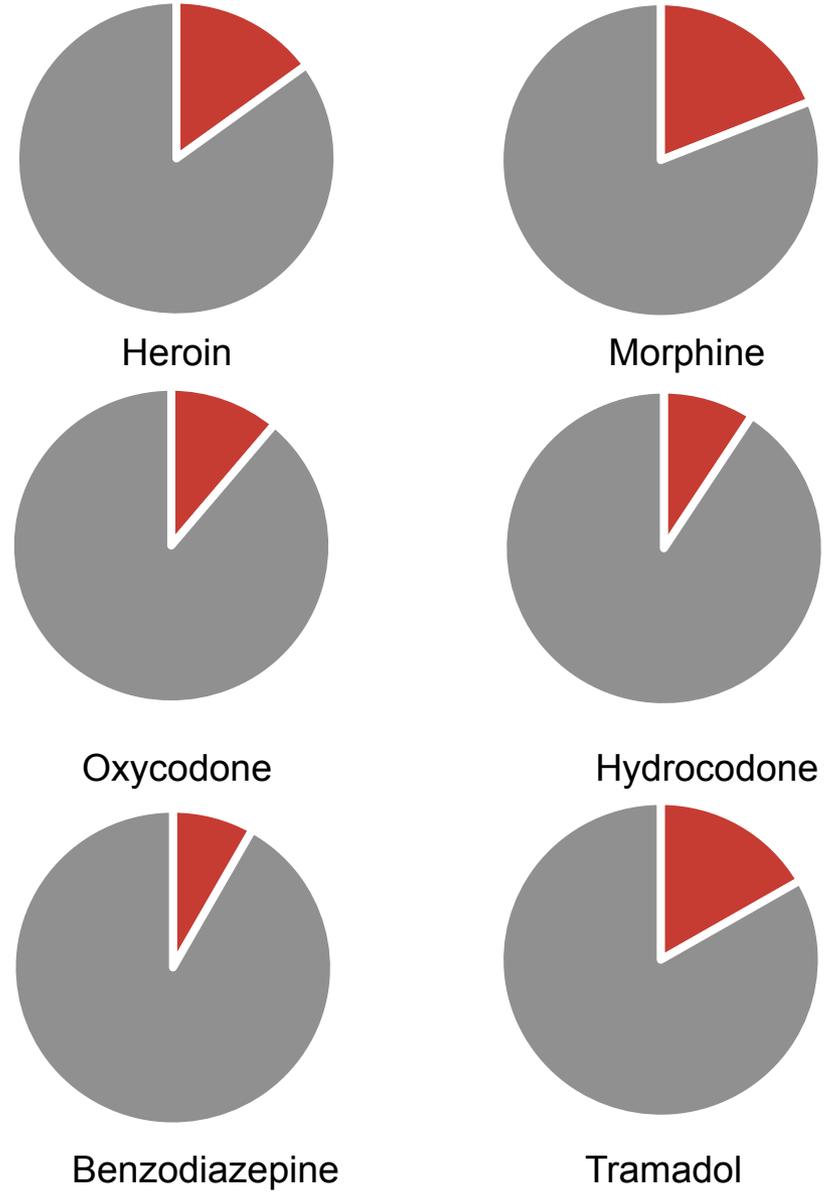
43% of individuals who experienced an overdose during the enhanced surveillance period had **10 or more** providers prescribe opioids over the last year.



Heroin and oxycodone were the drugs most commonly noted in overdose reports.

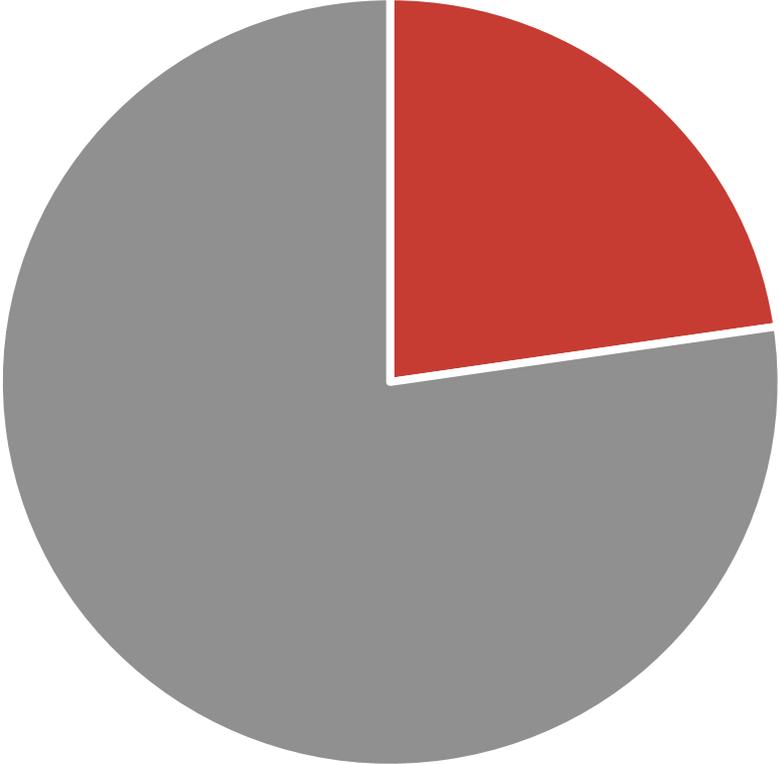


Of those with **morphine** noted in the overdose report, **19%** were **fatal**.



Suicide or suicide attempts were responsible for 19% of the possible opioid overdoses, where the information was available.

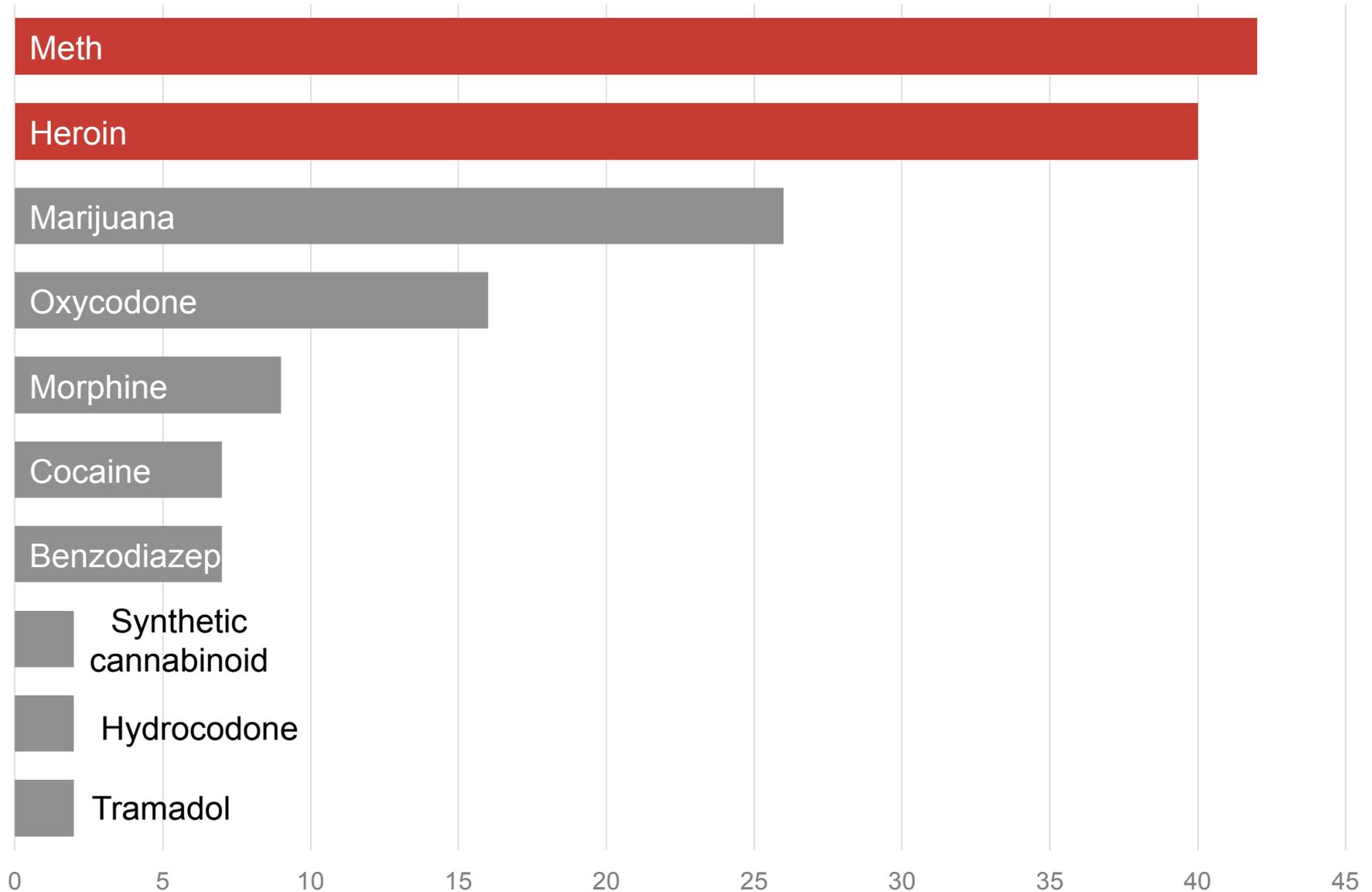
111 (15%) of cases did not have information about suicide available.



Neonatal Abstinence Syndrome



The majority of mothers of NAS infants presented with either **meth** or **heroin**.



Other Activities



- 50 State Review on Opioid Related Policy
- Public health chronic pain initiative:
www.azhealth.gov/chronicpainmanagement
- Drug Overdose Mortality Review Team
- CDC Prescription for States Rx Drug Overdose Grant

ADHS Responsibilities

- Provide 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

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



Happy & Healthy Citizens

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

Opioid Action Plan: Opioid Overdose Epidemic Response Report



OPIOID EPIDEMIC RECOMMENDATIONS

Goal	2-year	5-year
↓ the # of opioid deaths (Base: 638)	10% (711)	25% (592)

OPIOID EPIDEMIC RECOMMENDATIONS

Goals	Recommendations
Reduce Opioid Deaths	Enact legislation that impacts opioid deaths by reducing illicit acquisition and diversion of opioids, promoting safe prescribing and dispensing, decreasing the risk of opioid use disorder, and improving access to treatment
Improve Prescribing and Dispensing Practices	Establish a Regulatory Board work group to identify prescribing trends and discuss enforcement issues
	Establish a task force to identify specific improvements that should be made to enhance the Arizona Controlled Substances Prescription Monitoring Programs (CSPMP)
Reduce Illicit Acquisition and Diversion of Opioids	Meet with leaders of law enforcement and first responder agencies to expand Angel Initiative and other OUD diversion programs and assist the DEA with filling vacancies in the DEA Tactical Diversion Squad

OPIOID EPIDEMIC RECOMMENDATIONS

Goals	Recommendations
Improve Access to Treatment	Require all undergraduate and graduate medical education programs to incorporate evidence-based pain management and substance-use disorder treatment into their curriculum
	Create a call-in line resource to provide consultation to prescribers seeking advice about prescribing opioids and caring for patients with opioid use disorder
	Establish through executive order a work group to identify, utilize, and build upon Arizona's existing peer recovery support services
	Convene an Insurance Parity Task Force to research and provide recommendations regarding parity and standardization across the state
	Engage the federal government outlining necessary federal changes to assist Arizona with our response to the opioid epidemic
	Increase access to naloxone and Vivitrol for individuals leaving state and county correctional institutions and increase access to MAT therapy for individuals with opioid-use disorder while incarcerated

OPIOID EPIDEMIC RECOMMENDATIONS

Goals	Recommendations
Prevent Opioid Use Disorder/ Increase Patient Awareness	Utilize Public Service Announcements to educate patients, providers and the public regarding opioid use and naloxone
	Create a youth prevention task force to identify and implement evidence based, emerging and best practice substance abuse prevention/early identification curriculum, expand after-school opportunities, and identify resource needs.

OPIOID EPIDEMIC RECOMMENDATIONS

Recommendation: Enact legislation

- ✓ Impose a 5 day limit on all first fills for opioid naïve patients for all payers



Risk of long term opioid use significantly increases **AFTER DAY 5**

- According to the Centers for Disease Control and Prevention (CDC), for a prescription for acute pain, **three days or less** is often enough, and more than seven days is rarely needed.

- ✓ Require a limit (and tapering down) of doses to less than 90 MME

- A dose of 50 MME or more per day **doubles** the risk of opioid overdose death, compared to 20 MME or less per day. At 90 MME or more, the risk increases **10 times**. Even at low doses, taking an opioid for more than 3 months increases the risk of addiction by **15 times**.

https://www.cdc.gov/mmwr/volumes/66/wr/mm6626a4.htm?s_cid=mm6626a4_w

OPIOID EPIDEMIC RECOMMENDATIONS

Recommendation: Enact legislation

✓ **Require e-prescribing for Schedule II controlled substance medications**

- Only **8.5%** of prescribers are currently enabled to e-prescribe controlled substances in Arizona

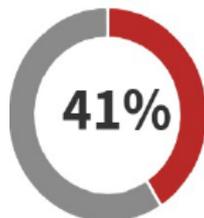


IMPROVE THE CSPMP

25% of prescribers that wrote a prescription for opioids checked the Controlled Substances Prescription Monitoring Program (CSPMP).

✓ **Eliminate dispensing of controlled substances by prescribers**

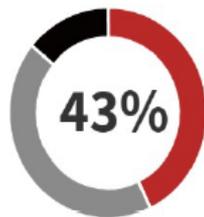
✓ **Require pharmacists to check the CSPMP prior to dispensing**



DECREASE CSPMP EXEMPTIONS

41% of overdoses with a prescription for opioids had 10 or more prescribers in the past year.

✓ **Change exemption on checking the CSPMP to match the 5 day fill limit; exempt for prescriptions of 5 days or less**



IMPLEMENT A LAST LINE OF DEFENSE

Despite a black box warning, 43% of overdoses with a prescription had a combination of opioids and benzodiazepines prescribed. Pharmacists are not required to check the CSPMP prior to dispensing.

✓ **Regulate pain management clinics to prohibit “pill mill” activities**

OPIOID EPIDEMIC RECOMMENDATIONS

Recommendation: Enact legislation

- ✓ **Enact a good Samaritan law to allow bystanders to call 911 for a potential opioid overdose**
- ✓ Require at least 3 hours of opioid-related CME for all professions that prescribe/dispense opioids
- ✓ Require different labeling and packing for opioids (“red caps”)
- ✓ Establish authority for hospice providers to properly dispose of opioids to prevent diversion
- ✓ Establish an all payers claim database
- ✓ Change law enforcement authority to ensure clear enforcement capabilities
- ✓ Establish enforcement mechanisms for pill mills and illegal opioid dispensing
- ✓ Eliminate or decrease the amount of time a prior authorization can take
- ✓ Require licensed behavioral health residential facilities and recovery home to develop policies & procedures that allow individuals on MAT to continue to receive care in their facilities

OPIOID EPIDEMIC RECOMMENDATIONS

Recommendation: Engage the federal government to discuss the necessary federal changes to assist Arizona with our response to the opioid epidemic

- ✓ Remove the IMD exclusion to allow facilities to receive reimbursement for substance abuse treatment
- ✓ Allow Medicaid to pay for substance abuse treatment in correctional facilities
- ✓ Amend the Controlled Substances Act to require all DEA registrants to take a course in proper pain treatment and opioid prescribing
- ✓ Remove the pain satisfaction score completely from the CMS HCHAP score
- ✓ Require CMS and accreditation organizations to re-examine pain management conditions and standards



OPIOID EPIDEMIC RECOMMENDATIONS

Recommendation: Engage the federal government to discuss the necessary federal changes to assist Arizona with our response to the opioid epidemic.

- ✓ Require accreditation organizations of schools to ensure standards are implemented on MAT, SBIRT, naloxone, pain management
- ✓ Provide funding and resources to border states to assist law enforcement in preventing illegal supply and distribution of opioids
- ✓ Remove CFR 42 Part 2 reporting restrictions, and require facilities to meet HIPAA requirements
- ✓ Require federal entities to input data into states' prescription drug monitoring programs
- ✓ Require federal entities to submit required reporting to state and local public health authorities
- ✓ Require federal health care facilities to maintain state licensure

OPIOID EPIDEMIC RECOMMENDATIONS

Recommendation: Convene an **Insurance Parity** Task Force to identify recommendations to ensure prevention of opioid use disorder, adequate access to care for **substance abuse** and **chronic pain management** and decreased barriers to care are available across all Arizona health insurance plans.

- ✓ Identify opportunities to incentive providers for screening & educating patients on substance abuse and opioid use disorder
- ✓ Incentive plans to pay for Medication Assisted Treatment (MAT)
- ✓ Identify standard substance abuse treatment requirements for children under 18
- ✓ Develop & implement value-based incentives for implementation of pain management strategies
- ✓ Incentivize use of interdisciplinary pain management programs
- ✓ Prohibit fail-first protocols and prior authorization requirements

Next Steps: Implementation



Opioid Action Plan Timeline

September

October

November

December

- Executive orders for taskforces
 - CSPMP
 - Insurance parity
 - Youth Prevention
 - Peer Support
 - Regulatory Board Workgroup
 - Public campaign development
 - Communication plan on federal barriers
 - Identify bill sponsors for legislation
 - Survey county jails about naloxone & Vivitrol
- Taskforces/workgroups meet
 - Stakeholder input on opioid legislation
 - Develop draft opioid legislation
 - Establish contract for call service
 - Draft resource guide for peer support resources
 - Identify funding sources for Vivitrol and naloxone in correctional facilities
 - CSPMP improvements identified

Opioid Action Plan Timeline

January

February

- Academic workgroup begins work on medical curriculum in schools
- Call service protocols developed
- Call service launches
- Board of Pharmacy begins implementing improvements
- Best practices and funding sources distributed to county correctional facilities
- Opioid bills move through legislative process

**March/
April**

**May/
June**

- Curriculum basics presented to medical education programs
- Update treatment resource info on substanceabuse.az.gov
- Insurance parity, youth prevention, and peer support taskforces make recommendations
- Regulatory Boards plan of action drafted
- Opioid bills move through legislative process



KEEP
CALM...
OH
WHO ARE
WE
KIDDING

The emergency continues....
hope exists when we take action



For more information

azhealth.gov/opioid

Questions/Comments: azopioid@azdhs.gov

- Opioid Action Plan
- Opioid Recommendations infographic
- Complete the application to join the State Drug Overdose Fatality Review Team
- Draft Opioid Prescribing and Treatment rule for regular rulemaking has been posted for **informal public comment**. Review our recently released Opioid Emergency Rulemaking notice and Emergency Rules Q & A.
- Check out all the latest info regarding opioids on our **Director's Blog**

- Reducing Opioid Deaths - August 23, 2017 Goal Council 3 Presentation
- Frequently Asked Questions – Opioid Reporting | Fire, Law & EMS | Pharmacists | Neonatal Abstinence Syndrome | Laboratory

Opioids are powerful painkillers that can be highly addictive. The impact of opioid misuse is significant in our communities and on the public health system. On June 1, 2017 the Arizona Department of Health Services **released its latest data** on opioid overdoses in Arizona showing the highest number of deaths in ten years. In 2016, 790 Arizona died from opioid overdoses. The trend shows a startling increase of 74 percent over the past four years.



Emergency Declaration



Opioid RX Names



Naloxone Info



Laboratory Screening

Choose a topic below:



Latest Updates



Opioid Background



Opioid Maps



Law Enforcement & EMS



ARIZONA DEPARTMENT OF HEALTH SERVICES