Reducing Opioid Deaths: Arizona’s Emergency Declaration & Response

September 15, 2017
Sheila Sjolander, Assistant Director
Arizona Department of Health Services

**Governor Ducey Declares Statewide Health Emergency In Opioid Epidemic**

*News Release*

June 5, 2017

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

**PHOENIX** — Governor Doug Ducey today signed an emergency declaration to address the growing number of opioid deaths in our state.
What are we doing about it?
Emergency Declaration

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 a report on findings and recommendations by September 5, 2017
What progress has been made since June 5th?
ADHS Response Activities

Health Emergency Operations Center

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

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

Includes New Reporting, Information Sharing and Laboratory-testing

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

Opioid Report

June 15 – September 7, 2017

2,551 possible opioid overdoses reported

- 41% females
- 59% males
- 12% of the possible opioid overdoses were fatal

Neonatal Abstinence Syndrome

188 Arizona babies born with possible drug-related withdrawal symptoms

Naloxone

1,726 naloxone doses administered outside of the hospital by emergency medical services, law enforcement, and others

1,861 naloxone kits distributed to the public by pharmacies
Emergency Declaration

Enhanced Surveillance

June 15 – Sept. 7

- 291 suspect opioid deaths
- 2,551 suspect opioid overdoses
- 188 neonatal abstinence syndrome
- 1,861 naloxone doses dispensed
- 1,726 naloxone doses administered

Weekly updates posted at [www.azhealth.gov/opioid](http://www.azhealth.gov/opioid)
Number of Suspected Opioid Overdose Related Events Without Fatality by Primary Care Area (PCA), June 15, 2017 - September 7, 2017*

Overdoses Without Fatality

- Red: > 30
- Dark Red: 21 - 30
- Orange: 11 - 20
- Light Orange: 1 - 10
- Beige: No Non-Fatal Overdoses

*326 overdoses (14.4%) were not assigned a PCA

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

Metro Phoenix

Metro Tucson
Naloxone was reported to be administered in 14 of the 15 counties since June 15th.

1,726 doses of naloxone administered pre-hospital through Sept. 7
ADHS Responsibilities

- Initiate emergency rule-making for opioid prescribing and treatment practices
ADHS Response Activities

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
R9-10-120, Article 1. General

Focus on health and safety

Provide regulatory consistency for all licensed health care institutions

Rulemakings In Progress - Opioid Prescribing and Treatment (Emergency)

Notice of Emergency Rulemaking
• 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.
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
Since the June 5th declaration, the Rx Initiative Healthcare Advisory Team has convened six times to discuss revisions.

- 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
Emergency Declaration

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

Jointly sponsored by the Arizona Peace Officers Standards and Training Board and the Arizona Department of Health Services
azhealth.gov/opioid
## Naloxone Trainings

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<th>Training Date &amp; Location</th>
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<td>June 23 - Tucson</td>
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<td>June 29 - Phoenix</td>
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<td>July 17 - Yuma</td>
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**Total:** 983
To date, ADHS has distributed 4,852 **kits** of naloxone to 50 **law enforcement agencies**.
ADHS Response Activities

Naloxone Standing Orders

ARIZONA DEPARTMENT OF HEALTH SERVICES

STANDING ORDERS FOR NALOXONE

This standing order is issued by Dr. Cara Christ, MD, MS (NPI #1639360936), 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
  Disp: NARCAN™ 0.4mg/0.1mL nasal spray
  Sig: Administer a single spray of Narcan in one nostril. Repeat after 3 minutes if no or minimal response.
  Refill: PNP x 1 year
  OR
  Disp: 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.
  Refill: PNP 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.
  Refill: PNP x 1 year

- For intramuscular or subcutaneous injection
  Disp: EVDIO™ 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.
  Refill: PNP x 1 year

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

Effective date 6/9/17, Expiration date 6/9/19

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 16, 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 796 deaths reported in 2016.

First responders and EMTs 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. § 36-2226 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. § 36-2226 and A.R.S. § 36-2228. This protocol was developed and approved by the Medical Direction Commission pursuant to A.R.S. § 36-2209.411C.

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 Systems
ADHS Response Activities

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

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

Common opioids include:
- Heroin
- Hydrocodone (Vicodin, Lorcet, Lortab, Norco, Zoloft)
- Oxycodone (Percocet, OxyContin, Roxicodone, Percodan)
- Morphine (MSContin, Kadian, Embeda, Avinza)
- Codeine (Tylenol 3 with Codeine, TyCo, Tylenol 3)
- Fentanyl (Duragesic)
- Hydromorphone (Dilaudid)
- Oxymorphone (Opana)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadone™)
- Buprenorphine (Suboxone, Subutex, Zubsolv, Bunavail, Butrans)

Opioid Safety and Naloxone Use

For Patients and Caregivers

In case of overdose:
- CALL 911 - Give naloxone if no reaction in 3 minutes, give second dose if available
- Rescue breathing or chest compressions
- Follow 911 dispatcher instructions
- 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)

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.
6. - If no reaction in 2-3 minutes or if the 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:

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Opioid Overdoses & 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**.
87% of possible opioid overdoses reported during the enhanced surveillance period had at least one pre-existing condition.
Chronic pain was the most common pre-existing condition that was reported by individuals reported with a possible opioid overdose.
In 2017, 672 (83%) of individuals who had an opioid overdose during the enhanced surveillance period had more than one opioid prescription.
For individuals with both fatal and non-fatal possible opioid overdoses reported, the most common drug combination was opioids and benzodiazepines.
41% 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 heroin noted in the overdose report, 17% were fatal.
The majority of mothers of NAS infants presented with either meth or heroin.
Other Activities
Other Activities

• 50 State Review on Opioid Related Policy

• Treatment Capacity Survey

• Public health chronic pain initiative: www.azhealth.gov/chronicpainmanagement

• Drug Overdose Mortality Review Team

For more information see azhealth.gov/opioid
• 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
Opioid Action Plan: Opioid Overdose Epidemic Response Report
OPIOID EPIDEMIC RECOMMENDATIONS

Preventing Opioid Use Disorder

4 out of 5 new heroin users start as prescription drug users

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

Individuals Not Taking Opioids ("Opioid Naive")

- Implement Youth Prevention Programs
- Improve Insurance Parity
- Limit First Fills for Opioid Naive to 5 Days
- Increase Pain Management Options
- Increase Public Education
- Decrease Federal Barriers
Next Steps: Implementation
azhealth.gov/opioid

for more information