Arizona’s Opioid Epidemic
SAMHSA-ADHS-AzCRH First Responders

Daniel Derksen MD, Director
Arizona Center for Rural Health
AzCRH, ADHS, and the AZ Peace Officer Standards and Training Board (AZPOST) collaborate to decrease opioid-related overdoses, morbidity, and mortality in AZ.

- Develop a naloxone distribution system
- Train EMS first responders, families, and community members to administer naloxone
- Develop, implement, and assess a first responder Opioid Screening, Brief Intervention, and Referral to Treatment (SBIRT-EMS)
With Unanimous Support, Legislature Passes Arizona Opioid Epidemic Act

News Release

January 25, 2018

Comprehensive Legislation To Combat Opioid Epidemic Heads To Governor Ducey’s Desk


Dan Derksen, MD
Arizona declares opioid crisis a public-health emergency

Ken Alltucker, The Republic | Azcentral.com June 5, 2017

With 790 Arizona residents dead from opioid overdoses last year, Gov. Doug Ducey declared a public-health emergency that seeks to bolster the state's efforts to counter the epidemic.

Gov. Ducey’s Special Session to Address Arizona’s Opioid Epidemic

Governor Ducey - Arizona Opioid Epidemic Act - Governor Calls Legislature Into Special Session To Take Immediate Action On The Opioid Epidemic
Monday January 22, 2018 | Office of the Governor Doug Ducey | 5min:30sec

Dan Derksen, MD
Over two Arizonans die each day from opioid overdoses, over half related to prescription opioids.
Arizona Opioid Deaths 2007 to 2016


Dan Derksen, MD
https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm?s_cid=mm6610a1_w
Tracking Arizona’s Opioid Epidemic

For the first time, statewide opioid data is available in real time. **Check out the details** of the five categories of data we are now collecting.

- **816** suspect opioid deaths
- **5,377** suspect opioid overdoses
- **530** neonatal abstinence syndrome
- **7,261** naloxone doses dispensed
- **3,500** naloxone doses administered


Dan Derksen, MD
100-270 Arizona Opioid Overdoses per Week

Opioid Overdoses & Deaths

The number of possible opioid overdoses reported weekly* has ranged from 103 to 270.


Dan Derksen, MD
A majority of the possible opioid overdoses occurred in a personal residence.
Nasal Naloxone for Opioid Overdose

CALL 911 - Give naloxone
If no reaction in 3 minutes, give second naloxone dose if available

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.

Rescue breathing or chest compressions
Follow 911 dispatcher instructions

After naloxone
Stay with person for at least 3 hours or until help arrives

Signs of Opioid Overdose
Hard to wake up
Heavy nodding, deep sleep, vomiting
Slow, shallow breathing, gurgling, choking, snoring
Pale, gray or blue lips, fingernails, or skin
Clammy, sweaty skin


Dan Derksen, MD
Prescription Drug Misuse and Abuse Initiative Strategies
– Arizona Department of Health Services

Strategy 1 - Reduce illicit acquisition and diversion of prescription drugs

Strategy 2 - Promote responsible prescribing and dispensing policies and practices

Strategy 3 - Enhance Rx drug practice and policies in law enforcement

Strategy 4 - Increase public awareness and patient education about Rx drug misuse and abuse

Strategy 5 - Enhance assessment and referral to substance abuse treatment

http://substanceabuse.az.gov/substance-abuse/rethink-rx

Dan Derksen, MD
Sample Opioid Prescribing Guideline Teaching PowerPoint

Dan Derksen, MD
Mandate to Use PMP effective October 16, 2017

As of August 17, 2017, the Prescription Monitoring Program is integrated with Health Current (HIE). As a result, the mandate to utilize the PMP will go into effect Oct. 16, 2017.


F. Beginning the later of October 1, 2017 or sixty days after the statewide health information exchange has integrated the controlled substances prescription monitoring program data into the exchange, a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient for the preceding twelve months from the controlled substances prescription monitoring program’s central database tracking system at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment. Each medical practitioner regulatory board shall notify the medical practitioners licensed by that board of the applicable date. A medical practitioner may be granted a one-year waiver from the requirement in this subsection due to technological limitations that are not reasonably within the control of the practitioner or other exceptional circumstances demonstrated by the practitioner, pursuant to a process established by rule by the Arizona state board of pharmacy.

https://pharmacypmp.az.gov

Dan Derksen, MD
There is no completely ‘safe’ dose or duration of prescription opioids – anyone can become addicted, or die from them.

Largest increases in probability of continued opioid use (>1 to 3 years):

• Prescribing opioids for > 5 days and > 30 days duration.
• Taking >700 MME* cumulative dose.
• Initiating treatment with a long acting opioid.
• Filling a second opioid prescription.

*MME = morphine milligram equivalents

https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm?s_cid=mm6610a1_w
Addressing Prescription Opioids

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

NOVEMBER 2014

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: December 21, 2017


Dan Derksen, MD
Prescribing Guidelines: Treatment of Acute Pain

1. Use non-opioid medications and therapies as first-line treatment for mild and moderate acute pain.

2. If opioids are indicated for acute pain, initiate therapy at the lowest effective dose for no longer than 3-5 day duration, and reassess if pain persists beyond the anticipated duration.


Dan Derksen, MD
From Toolkit to Online Modules

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.

Opioid Prescribing CME Courses: Responding to the Public Health Emergency
Online courses offering free AMA PRA Category 1 Credit™ to help Arizona prescribers use pain management best practices.

www.VLH.com/AZPrescribing

Developed by AZ Prescription Drug Misuse & Abuse Initiative, AZ Department of Health Services, UA College of Public Health, AZ Center for Rural Health, UA College of Medicine

vlh.com/AzPrescribing

Dan Derksen, MD
Useful Arizona Websites

1. Arizona Prescription Drug Misuse & Abuse Initiative Toolkit
   www.RethinkRxAbuse.org

2. Arizona Opioid Prescribing Guidelines:

3. Dropbox Locations: www.dumpthedrugsAZ.org

4. Find Substance Abuse Providers/Resources:
   http://substanceabuse.az.gov/ (enter zip code)


7. Arizona Prescription Monitoring Program (PMP)
   https://pharmacypmp.az.gov

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How can you help?

Prescribing Providers:

1. Take the CME courses! [https://www.vlh.com/azprescribing/](https://www.vlh.com/azprescribing/)
3. Post and share websites, CME link on your website, [https://www.vlh.com/azprescribing/](https://www.vlh.com/azprescribing/)
4. Send Arizona Opioid Prescribing Guideline requests to Lacie, [lacie.ampadu@azdhs.gov](mailto:lacie.ampadu@azdhs.gov)
5. Work with your local coalitions and county health depts.

Dan Derksen, MD
AzCRH initiatives are aligned with its mission “to improve the health & wellness of rural and vulnerable populations.”

AzCRH Programs & Initiatives:
1. State Office of Rural Health
2. Rural Hospital Flexibility Program
3. Small Rural Hospital Improvement Program
4. AzCRH Navigator Consortium
5. W Region Public Health Training Center
6. AZ Prescription Drug Misuse/Abuse Initiative
7. SAMHSA-ADHS-AzCRH First Responders Initiative

http://crh.arizona.edu

Dan Derksen, MD