Arizona’s Opioid Epidemic

July 26, 2016

Sheila Sjolander | Assistant Director, Prevention Services

Tomi St. Mars RN | Chief, Injury Prevention
Today’s Presentation

- Current status of the problem
- Solutions
The Epidemic

- The United States currently makes up 4.6% of the world’s population, but consumes 80% of global Rx opioids
- 1+ death per day in Arizona due to Rx opioid overdoses
- Arizona ranks 15th highest in the nation for overdose deaths
- In Arizona, Rx Pain Reliever deaths are greater than heroin and cocaine combined
- Enough Rx pain relievers were dispensed to medicate every adult in Arizona around-the-clock for 2 weeks straight
Arizona Poisoning and Drug Overdose

MORTALITY TRENDS
### Number of Injury Deaths by Cause, 2010-2015

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poisoning</td>
<td>1,176</td>
<td>1,143</td>
<td>1,097</td>
<td>1,240</td>
<td>1,260</td>
<td>1,335</td>
</tr>
<tr>
<td>• Acute Drug Overdose</td>
<td>1,052</td>
<td>1,020</td>
<td>968</td>
<td>1,099</td>
<td>1,132</td>
<td>1,199</td>
</tr>
<tr>
<td>Motor Vehicle Crashes</td>
<td>672</td>
<td>724</td>
<td>705</td>
<td>720</td>
<td>651</td>
<td>779</td>
</tr>
<tr>
<td>Falls</td>
<td>775</td>
<td>784</td>
<td>787</td>
<td>880</td>
<td>890</td>
<td>1,021</td>
</tr>
<tr>
<td>Firearms</td>
<td>910</td>
<td>954</td>
<td>919</td>
<td>931</td>
<td>852</td>
<td>930</td>
</tr>
<tr>
<td>Suffocation</td>
<td>364</td>
<td>351</td>
<td>341</td>
<td>381</td>
<td>410</td>
<td>403</td>
</tr>
<tr>
<td><strong>Total Injury Deaths</strong></td>
<td>4,499</td>
<td>4,627</td>
<td>4,496</td>
<td>4,836</td>
<td>4,600</td>
<td>5,081</td>
</tr>
</tbody>
</table>
Number of Drug Overdose Deaths Involving Selected Drugs, Arizona 2005-2015

- Opioid pain relievers* (T40.2-T40.4)
- Cocaine (T40.5)
- Heroin (T40.1)
- Benzodiazepines (T42.4)
- Other and unspecified narcotics (T40.6)
- Psychostimulants with abuse potential** (T43.6)
- Other and unspecified drugs (T50.9)

*Includes methadone
**Includes methamphetamine
Age-Specific Poisoning Mortality Rates
Arizona 2015

Rate per 100,000 Residents

15-24 years 25-34 years 35-44 years 45-54 years 55-64 years 65-74 years 75-84 years 85+ Years Total
Five-Year Average Opioid-related* Overdose Mortality Rates by County
Arizona 2011-2015

<table>
<thead>
<tr>
<th>County</th>
<th>Rate per 100,000 Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mohave</td>
<td>14.5</td>
</tr>
<tr>
<td>Pima</td>
<td>14.1</td>
</tr>
<tr>
<td>Graham</td>
<td>13.2</td>
</tr>
<tr>
<td>Gila</td>
<td>10.8</td>
</tr>
<tr>
<td>Greenlee**</td>
<td>10.2</td>
</tr>
<tr>
<td>Cochise</td>
<td>10.1</td>
</tr>
<tr>
<td>Yavapai</td>
<td>7.6</td>
</tr>
<tr>
<td>La Paz**</td>
<td>6.7</td>
</tr>
<tr>
<td>Pinal</td>
<td>6.5</td>
</tr>
<tr>
<td>Maricopa</td>
<td>6.5</td>
</tr>
<tr>
<td>Santa Cruz**</td>
<td>4.5</td>
</tr>
<tr>
<td>Navajo</td>
<td>3.3</td>
</tr>
<tr>
<td>Apache**</td>
<td>2.5</td>
</tr>
<tr>
<td>Coconino**</td>
<td>1.8</td>
</tr>
<tr>
<td>Yuma**</td>
<td>0.3</td>
</tr>
</tbody>
</table>

*Deaths involving all opioids including pharmaceutical opiates and heroin

**Rates are based on counts <20 and therefore considered unstable
ARIZONA PRESCRIPTION DRUG MISUSE & ABUSE INITIATIVE
Prescription Drug Core Group

- Committee of Arizona Substance Abuse Partnership
- Coordinate and oversee the implementation of the Arizona Rx Initiative & Action Plan
- Identify & implement state level solutions
- Support implementation of the model at the local level
- Identify emerging challenges & solutions
Role of ADHS

• DATA!
• Convening partners (e.g. Health Care Advisory Team)
• Policies for licensed facilities
• Raise public awareness (blogs, marketing)
• Partnership with Az Prescription Drug Core Group
• CDC Prescription Drug Overdose Grant
• Naloxone curriculum for first responders
Arizona Administrative Code

Department of Health Services – Health Care Institutions: Licensing

n. Cover tissue and organ procurement and transplant; and
o. Cover when an individual may visit a patient in a hospital, including visiting a neonate in a nursery, if applicable;

2. Policies and procedures for hospital services are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover patient screening, admission, transport, transfer, discharge planning, and discharge;
   b. Cover the provision of hospital services;
   c. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients;
   d. Include when general consent and informed consent are required;
   e. Include the age criteria for providing hospital services to pediatric patients;
   f. Cover dispensing, administering, and disposing of medication;
   g. Cover prescribing a controlled substance to minimize substance abuse by a patient;
   h. Cover infection control;
   i. Cover restraints that:
      i. Require an order, including the frequency of monitoring and assessing the restraint; or
      ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a patient’s sudden, intense, or out-of-control behavior;
   j. Cover seclusion of a patient including
      i. The requirements for an order, and
      ii. The frequency of monitoring and assessing a patient in seclusion;
   k. Cover communicating with a midwife when the midwife’s client begins labor and ends labor;
   l. Cover telemedicine, if applicable; and
   m. Cover environmental services that affect patient care;

3. Policies and procedures are reviewed at least once every

Historical Note

R9-10-204. Quality Management
A. A governing authority shall ensure that an ongoing quality management program is established that:
   1. Complies with the requirements in A.R.S. § 36-445, and
   2. Evaluates the quality of hospital services and environmental services related to patient care.
B. An administrator shall ensure that
   1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
      a. A method to identify, document, and evaluate incidents;
      b. A method to collect data to evaluate hospital services and environmental services related to patient care;
      c. A method to evaluate the data collected to identify a concern about the delivery of hospital services or environmental services related to patient care;
      d. A method to make changes or take action as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
      e. A method to identify and document each occurrence of exceeding licensed capacity, as described in R9-10-203(C)(5), and to evaluate the occurrences of exceeding licensed capacity, including the actions
Strategic Implementation Plan

1. Reduce Illicit Acquisition and Diversion of Prescription Drugs
2. Promote Responsible Prescribing and Dispensing Policies and Practices
3. Enhance Prescription Drug Practice and Policies in Law Enforcement
4. Increase Public Awareness and Patient Education About Rx Drug Misuse
5. Enhance Assessment and Referral to Treatment

http://www.azcjc.gov/ACJC.Web/Rx/default.aspx
Strategy 1
Reduce Illicit Acquisition and Diversion of Pharmaceutical Drugs

Install and Promote Permanent Prescription Drug Drop Boxes

www.dumpthedrugsaz.org

Implement Prescription Drug Take-Back Events

Increase Community Awareness on Safe Prescription Drug Storage and Disposal
Other Diversion Considerations

• 1 in every 10 health professionals
• Few are caught
• Prescriptions versus street drug
• Expect diversion
• Use the correct containers
• Documentation review
• Investigate immediately
Successes

- Almost 15,000 lbs. have been collected in the 40 drop boxes and 46 take back events

- More than 100 drop boxes statewide

- Arizona has seen a 10% reduction in youth obtaining Rx drugs from the home
Strategy 2
Promote Responsible Prescribing and Dispensing Policies and Practices

Encourage Prescriber and Pharmacist Adoption of Best Practice Guidelines

• Arizona Guidelines for Emergency Department Controlled Substance Prescribing
• Arizona Opioid Prescribing Guidelines
• Arizona Guidelines for Dispensing Controlled Substances
Promote Responsible Prescribing and Dispensing Policies and Practices

Promote Continuing Education

www.VLH.com/AZPrescribing
Strategy 2
Promote Responsible Prescribing and Dispensing Policies and Practices

Increase Prescriber and Pharmacist Use of the Arizona Controlled Substances Prescription Monitoring Program (CSPMP)

Increase Awareness of Individual Controlled Substances Prescribing Habits
• Prescriber Report Cards

Sign up and USE to Save Lives
https://pharmacypmp.az.gov/
Implementation Of Prescription Drug Monitoring Programs Associated With Reductions In Opioid-Related Death Rates

Stephen W. Patrick1,*, Carrie E. Fry2, Timothy F. Jones3 and Melinda B. Buntin4

Abstract

Over the past two decades the number of opioid pain relievers sold in the United States rose dramatically. This rise in sales was accompanied by an increase in opioid-related overdose deaths. In response, forty-nine states (all but Missouri) created prescription drug monitoring programs to detect high-risk prescribing and patient behaviors. Our objectives were to determine whether the implementation or particular characteristics of the programs were effective in reducing opioid-related overdose deaths. In adjusted analyses we found that a state's implementation of a program was associated with an average reduction of 1.12 opioid-related overdose deaths per 100,000 population in the year after implementation. Additionally, states whose programs had robust characteristics—including monitoring greater numbers of drugs with abuse potential and updating their data at least weekly—had greater reductions in deaths, compared to states whose programs did not have these characteristics. We estimate that if Missouri adopted a prescription drug monitoring program and other states enhanced their programs with robust features, there would be more than 500 fewer overdose deaths nationwide in 2016, preventing approximately two deaths each day.

• States that implement PDMP programs are saving lives
• States that monitored four or more drug schedules and updated data at least weekly were found to have lower opioid-related overdose death rates
Strategy 2
Promote Responsible Prescribing and Dispensing Policies and Practices

Develop and/or disseminate use of clinical tools and processes that make it easier to adopt the best practices.

• Identify methods to institutionalize compliance with the Guidelines in the clinical setting.
• Facilitate sharing of best practices among clinicians
• Promote data sharing for safe practices
• Work toward linking electronic health records to the CSPMP
• Promote adoption of electronic prescribing
Successes

• Substantial increase in prescribers and pharmacists signed up to use the CSPMP (217% and 305% increases, respectively) since 2012

• State law passed for required registration and delegation authority
  – 44% of prescribers & 58% of pharmacists are signed up to use CSPMP as of May 2016
  – 1,928 delegates

• About 44% of registered prescribers did queries – 19% of all prescribers are using

• Over **13,000 prescribers** are receiving unsolicited report cards to raise awareness of problematic prescribing patterns.

• Flag added regarding women of child-bearing age
Strategy 3
Enhance Rx Drug Practice and Policies in Law Enforcement

Provide Education and Training to Law Enforcement Officers and Other Criminal Justice Agencies

Increase Law Enforcement use of the CSPMP

Where feasible, include Coding or a Flagging System to track Prescription Drug Related Crime
Successes

Arizona Attorney General’s Office
Health Care Fraud and Abuse Section

Impact Since 2014

- 77 provider diversion related indictments
  - 2 Physicians
  - 3 Pharmacists
  - 7 Pharmacy Technicians
  - 1 Nurse Practitioner
  - 1 Registered Nurse
  - 9 Medical Assistants
  - 6 dental office employees
  - 5 doctor office admin staff
  - 1 Physical Therapist
  - 4 doctor shoppers
    • who came to our attention when investigating health care businesses

- Street value of the drugs relating to these indictments:
  • Approximately $8.5 million
Strategy 4
Increase Public Awareness and Patient Education About Rx Misuse & Abuse

Implement Mass Media & Disseminate Community Education Messaging

Implement evidence-based programs for Youth, Parents, and Other Community Adults
Workplace Resources

• Healthy Arizona Worksites Program
  http://healthyazworksites.org

• Industrial Commission of Arizona rules for workers compensation
  – Adopted national guidelines
  – Required to use CSPMP
Successes

- From 2012 to 2014, Arizona saw a 20% reduction in rate of youth Rx misuse an abuse
- Over 26,000 people have attended presentations and community events to hear about the prescription drug misuse problem
- Over 900,000 people have been reached with public awareness and educational materials.
- Spanish Language Version of Rx360
- Partnership with Cox Media Solutions to develop media training
Strategy 5
Enhance Assessment and Referral to Substance Abuse Treatment

**Increase Awareness** of Rx Drug Screening Tools and the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Model

**Increase Awareness** of How to Access Treatment Services

**Increase Access** to Treatment Services, including Medication Assisted Treatment

**Reduce Stigma** Associated with Substance Abuse and Recovery
Successes

• 38,115 Screenings

• Arizona Treatment Locator
  www.SubstanceAbuse.az.gov

• Reducing the Stigma Associated with Substance Abuse and Recovery
National & Federal Movement

Department of Health & Human Services three priority areas:

– Improving prescribing practices
– Increasing access to Medication Assisted Treatment
– Expanding use of Naloxone

Federal website: http://www.hhs.gov/opioids
National & Federal Movement

- Food & Drug Administration (FDA)
  - New boxed warning & safety info for immediate-release opioid labeling
  - Expand access to generic abuse-deterrent formulations
  - Intranasal naloxone
  - Reviewing options for over-the-counter availability of naloxone
  - Considering training requirements
  - Approved first buprenorphine implant for maintenance treatment of opioid dependence
National & Federal Movement

- HHS increased the current patient limit from 100 to 275 for qualified clinicians who prescribe buprenorphine to treat opioid use disorders

- CMS has proposed to remove the Pain Management dimension from the scoring formula used in the Hospital Value-Based Purchasing Program, beginning with the FY 2018 payment adjustments

- Indian Health Services requiring prescribers to check PDMP if prescribing opioids for more than seven days; naloxone rollout
National & Federal Movement

- Federal grant opportunities: prevention, Medication Assisted Treatment, naloxone, PDMPs, research

- Comprehensive Addiction & Recovery Act signed into law

- CDC Guidelines for Prescribing Opioids for Chronic Pain

- Pledges from medical schools to require students take prescriber education in alignment with new CDC Prescribing Opioids guidelines:
  - University of Arizona Medical School
  - A.T. Still University of Health Services, School of Osteopathic Medicine in Arizona
  - Arizona State University School of Nursing & Health Innovation
CENTERS FOR DISEASE CONTROL & PREVENTION (CDC)
GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

START LOW. GO SLOW.

www.cdc.gov GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN
Tools and Materials

- **Provider and patient materials**
  - Checklist for prescribing opioids for chronic pain
  - Fact sheets
  - Posters
  - Web banners and badges
  - Social media web buttons and infographics

- **CDC Opioid Overdose Website**
  [www.cdc.gov/drugoverdose/index.html](http://www.cdc.gov/drugoverdose/index.html)
CDC Continuing Education Series on Opioids

7 webinar series with free continuing education credits:

- June 22  Guidelines for Prescribing Opioids for Chronic Pain
- July 27  Non-Opioid Treatments
- August 3  Assessing Benefits & Harms of Opioid Therapy
- August 17  Dosing & Titration of Opioids

CDC Training & Continuing Education Online system
(www.cdc.gov/TCEOline/)

CDC Clinician Outreach and Communication Activity on Facebook
(www.facebook.com/CDCClinicianOutreachAndCommunicationActivity)
U.S. Surgeon General – Dr. Vivek H. Murthy

Turn the Tide

• Arizona visit on June 13
• Reducing stigma of substance abuse
• Letter to nation’s prescribers
• New report on substance abuse
State Movement

• Governor’s Substance Abuse Taskforce
  – Access to treatment
  – Prevention & Early Intervention Evidence-based Practices
  – Neonatal Abstinence Syndrome
  – Medication-Assisted Treatment
    http://substanceabuse.az.gov/substance-abuse/commissions

• Arizona Taskforce on Preventing Prenatal Exposure to Alcohol & Other Drugs is updating the Arizona Substance Exposed Newborn Guidelines

• AHCCCS Performance Improvement Projects

• Focus groups and development of public campaign
State legislation passed last year now allows law enforcement and EMTs to administer naloxone

- Standing order
- Immunity
- ADHS worked with AzPOST and EMS providers on development of training of law enforcement and first responders on administering naloxone to prevent overdose deaths
State Movement - Naloxone

H2355 – Naloxone

• Permits pharmacist to dispense naloxone without a prescription to person at risk of an overdose, family member or community member

• Allows a prescribing authority to prescribe or dispense naloxone to a person at risk of overdose, any person in a position to assist, i.e. CBO’s, family

• Includes immunity from professional liability and criminal prosecution

• Requires school boards to prescribe and enforce policies and procedures for administration of naloxone by an employee
S1283 – Controlled Substances Prescription Monitoring Program

• Before prescribing an opioid analgesic or benzodiazepine controlled substance, practitioner must obtain a patient utilization report for the past 12 months from the CSPMP at beginning of each new course of treatment and at least quarterly

• Effective October 1, 2017, or 60 days after the statewide Health Information Exchange has integrated the CSPMP data into the Exchange
State Movement

S1283 – Controlled Substances Prescription Monitoring Program

• Exceptions:
  – hospice or palliative care; cancer, dialysis treatment; inpatient or residential treatment;
  – Prescription for no more than 10 days for invasive medical or dental procedure
  – Prescription for no more than 5 days and checked the CSPMP within past 30 days
  – Prescription for no more than 10 days for acute injury or a medical or dental disease process diagnosed in an emergency department (does not include back pain)
State Movement

• S1283 – Controlled Substances Prescription Monitoring Program
  – Requires Board of Pharmacy to promote and enter into data sharing agreements for integrating the CSPMP into electronic health records.
  – Practitioners acting in good faith are not subject to liability or disciplinary action for requesting or failing to request CSPMP data or from acting or failing to act based on data
  – Requires Board of Pharmacy to conduct an annual electronic survey of program users to assess users satisfaction
Practice Implementation

- Require medical staff to use CSPMP for ALL
- Work with IT vendors for interconnectivity to CSPMP
- Policies and process around prescribing to prevent substance abuse
- Guidelines
- Review current practice, i.e. SBIRT
- Rx Drop Boxes
- Naloxone
- Community Health Needs Assessment
- Community coalitions
Next Steps

- Arizona Substance Abuse Task Force Report
- Updating Rx Community Toolkit
- Naloxone Rollout
- CSPMP & electronic health records
- New CMEs/CEUs
- Pain Management Alternatives
Arizona Resources

• Governor’s Office of Youth, Faith, and Family substance abuse website houses information on treatment and prevention resources http://substanceabuse.az.gov/

• Arizona Rx Misuse & Abuse Initiative: www.azcjc.gov and click on Rx Initiative icon

• Free, online training for health care providers on safe and appropriate prescribing practices: www.VLH.com/AZPrescribing

• To find the closest permanent drop box locations: www.dumpthedrugsAZ.org

• Arizona Opioid Prescribing Guidelines: www.azdhs.gov and go to clinicians tab
Thank you

For more information, contact:

• Sheila Sjolander, sheila.sjolander@azdhs.gov, 602-542-2818

• Tomi St. Mars, tomi.st.mars@azdhs.gov, 602-542-7340