

Cara M. Christ, MD, MS

Director, Arizona Department of Health Services

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Subcommittee on Border and Maritime Security of the Committee on Homeland Security
Field Hearing: "An Unsecure Border and the Opioid Crisis: The Urgent Need for Action to Save Lives"

The Arizona Department of Health Services (ADHS) released the [2016 Arizona Opioid Report](#) on June 1, 2017. This report revealed that in 2016, 790 Arizonans died from opioid overdoses – more than two people per day. Arizona has experienced an alarming increase in opioid deaths of 74 percent since 2012. In the past decade, 5,932 Arizonans died from opioid-induced causes with death rates starting to rise in the late teens and peaking at ages 45-54. This data highlighted a need for action. On June 5, 2017, Governor Doug Ducey [declared a public health emergency](#) to address the increase in opioid deaths in Arizona.

Health Emergency Operations Center

The ADHS team immediately sprang into action and activated the Health Emergency Operations Center (HEOC) within hours of the Governor's emergency declaration. More than 75 agency staff across ADHS responded to the Governor's calls to action. As part of the declared state of emergency, ADHS was given the responsibility to:

- Provide consultation to the Governor on identifying and recommending elements for an Enhanced Surveillance Advisory
- Initiate emergency rule-making for opioid prescribing and treatment within health care institutions
- Develop guidelines to educate providers on responsible prescribing practices
- Provide training to local law enforcement agencies on proper protocols for carrying, handling, and administering naloxone in overdose situations
- Provide a report to the Governor on findings and recommendations by September 5, 2017

Enhanced Surveillance Advisory

With consultation from ADHS, Governor Ducey issued an [executive order](#) on June 15, 2017 to require the reporting of opioid-related data, allowing state health officials to receive information within 24-hours of specific events. This was a first step toward understanding the current opioid burden in Arizona and building recommendations to better target prevention and intervention. These reporting requirements greatly increased the Department's ability to assess and apply timely interventions in comparison with traditional data sources, which are 6 to 18 months delayed. The specific health conditions required in the enhanced surveillance advisory included suspected opioid overdoses, suspected opioid deaths, naloxone doses administered in response to either condition, naloxone doses dispensed, and neonatal abstinence syndrome.

To facilitate collection of data, the agency's secure web-based surveillance systems, Medical Electronic Disease Surveillance Intelligence System (MEDSIS) and Arizona Prehospital

Information & EMS Registry System (AZ-PIERS), were utilized for designated reporters to electronically submit mandatory surveillance data. These systems were quickly modified to accommodate data submitted from 209 unique MEDSIS reporters and 143 AZ-PIERS reporters. ADHS coordinated a series of three webinars that trained a total of 171 healthcare, EMS, and law enforcement reporters. Arizona State Public Health Laboratory established the capability to receive postmortem blood specimens from Medical Examiners Offices to screen suspected opioid overdoses for opioids and other substances as of April, 2018.

Treatment Capacity Survey

In order to ascertain the current capacity and occupancy for substance abuse treatment in the state, ADHS requested the completion of an anonymous behavioral health, substance abuse treatment, and healthcare facilities survey. The survey was disseminated through the Regional Behavioral Health Authority system. Survey data was used to gain a better understanding of the distribution of services across the state, understand the utilization and availability of treatment, and better target future resources for treatment capacity in Arizona. Overall, the data collected demonstrated that there are not an adequate number of treatment services available in the state. It was also noted that when seeking care, many individuals may be turned away or placed on waiting lists. Starting in September 2018, ADHS will be collecting treatment capacity data from health care facilities and will issue quarterly reports noting gaps and recommendations.

Emergency Rule Making

As directed in the emergency declaration, the Department rapidly initiated emergency rule-making for opioid prescribing and treatment practices in licensed health care institutions. Rules were completed in coordination with Arizona's Attorney General's Office and approved by the Secretary of State for immediate implementation on [June 28, 2017](#). These emergency rules focus on health and safety; provide regulatory consistency for all health care institutions; 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 require notification to the Department of a death of a patient from an opioid overdose. To support the agency's stakeholders and partners, a series of four webinars on the emergency rules were held, training a total of 458 attendees.

After the emergency rule implementation, the Department initiated the regular rule making process, which included opportunities for stakeholder input on the final rules through several stakeholder workgroup meetings and surveys in September and October 2017. An oral proceeding was held on December 18, 2017. Written comments were accepted through December 18, 2017. The final rules went into effect March 6, 2018.

In addition, ADHS drafted and submitted emergency opioid-related reporting rules to the Attorney General's Office in order to maintain reporting requirements initiated by the Enhanced Surveillance Advisory. These rules require continued reporting of suspected opioid deaths, suspected opioid overdoses, naloxone doses administered in response to a suspected

opioid overdose, naloxone doses dispensed, and neonatal abstinence syndrome cases. Ongoing reporting requirements will allow sustainable and continued collection of timely data throughout Arizona to better target prevention. Following stakeholder meetings and surveys through the regular rule making process, the opioid-related reporting rules went into effect on April 5, 2018.

Opioid Prescribing Guidelines

ADHS utilized the Arizona Prescription Drug Initiative Health Care Advisory Team, which has been in place since 2015, to review and update the Arizona Opioid Prescribing Guidelines published in 2014. The Rx Initiative Health Care Advisory Team, made up of professional health care associations, practicing clinicians, and subject matter experts, met nine times since June 2017 to review and update the guidelines. The Guidelines are a voluntary, consensus document that promotes patient safety and best practices if prescribing opioids for acute and chronic pain. Nineteen Arizona healthcare organizations have endorsed the new guidelines. The content of the guidelines was finalized in December 2017, and the final version is posted at www.azhealth.gov/opioidprescribing/.

Current updates reflect:

- Incorporation of the most recent evidence, national guidelines (including the *VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain, 2017* and *CDC Guideline for Prescribing Opioids for Chronic Pain, 2016*), best practices from other states, and Arizona data.
- A shift in pain care that avoids unnecessary exposure to opioids in order to reduce the risk of adverse outcomes. Previous guidelines focused on the “safe prescribing” of opioid therapy, while these guidelines aim to prevent initiating unnecessary opioid therapy while addressing patients’ pain from a whole-person perspective.
- Emphasis on non-stigmatizing language. Health care providers can counter stigma by using accurate, nonjudgmental language. These guidelines employ person-first language (“Patients with substance use disorder” instead of “addicts”), nonjudgmental terminology (“negative urine drug test” instead of “dirty”) and supportive terms (“recovery” instead of “no cure”).
- Increased focus on prevention, recognition, and treatment of opioid use disorder in patients receiving long-term opioid therapy for chronic pain, given the high risk of developing opioid use disorder in this population.
- Integration into clinical workflow (operationalization). A key element of success of guideline implementation is how seamlessly it can be incorporated into a clinician’s normal activities. This revised version includes specific operationalization actions under each guideline.

Expanding Access to Naloxone

ADHS identified a need to train local 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. Approximately 1,000 law enforcement officers have been educated through training events

held throughout the state since June 2017. ADHS is coordinating continuing requests for law enforcement training with the Arizona Peace Officer Standards and Training Board (AZ-POST).

Progress on naloxone distribution includes:

- 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](#).
- ADHS has provided 6,316 naloxone kits for 63 law enforcement agencies since June 2017.
- ADHS received a SAMHSA grant to support training of first responders in naloxone administration and conducting screening, brief intervention, and referral to treatment. AzPOST and the University of Arizona are partnering with ADHS to implement grant activities.
- 84% of people experiencing non-fatal overdoses since June 15, 2017 when enhanced surveillance was initiated received naloxone pre-hospital.
- Law enforcement officers have administered naloxone 482 times to 364 people since June. In all but 9 cases, the individual survived the immediate out-of-hospital event.

In order to support increased use of naloxone to save lives in Arizona, ADHS Director Dr. Cara Christ signed standing orders that allow [pharmacists to dispense naloxone](#) to any individual in the state and allow [ancillary law enforcement, correctional officers](#), and [EMS](#) to use naloxone for suspected opioid overdoses. A [naloxone pamphlet](#) was developed in both English and Spanish to assist in public education of opioid safety and naloxone use.

Goal Council 3: Opioid Breakthrough Project

With Director Cara Christ as the lead of the Governor's Goal Council 3 on Healthy People, Places and Resources, the ADHS team assisted Director Christ in launching several subgroups to recommend actions that will reduce opioid deaths. On June 26, 2017, partners from across the state convened to learn more about the opioid emergency and the work of the Goal Council on Healthy People, Places, and Resources.

Participants were asked to join one or more subgroups to help define problems, set goals, and determine what actions would be most impactful to prevent and reduce opioid deaths. Subgroups worked together in July and August of 2017 to identify recommendations and convened again on August 23, 2017 to share draft recommendations. Approximately 200 committed Arizonans volunteered their time to contribute ideas and prioritize recommendations that shaped much of the content of the recommendations in Opioid Action Plan delivered by ADHS to Governor Ducey. Over the course of the emergency declaration, ADHS has held over 50 stakeholder meetings and engaged over 1,350 Arizonans statewide.

Communication and Resources

ADHS has developed several mechanisms to allow for partner interaction and information distribution. One such mechanism is the development of a dedicated webpage, azhealth.gov/opioid. This webpage organizes resources and allows stakeholders to quickly

access up-to-date opioid-related information. Within these webpages the Department has posted numerous unique resources covering various topics including FAQs, reporting-related case definitions, publicly released data, setting-specific guidance and resources, and a [50 State Review on Opioid Related Policy](#). A centralized email, azopioid@azdhs.gov, and digital interface within the opioid webpage allow for direct stakeholder communication for concerns and interest in partnering with the Department.

ADHS recently formed a [drug overdose mortality review team](#), per §A.R.S. 36-198, 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. The first meeting of the state [Drug Overdose Fatality Review Team](#) was held on November 28, 2017.

ADHS is also launching a new approach adopting chronic pain as a public health issue. In follow-up to a chronic pain summit held in May of 2017, ADHS developed a dedicated webpage, azhealth.gov/chronicpainmanagement, to increase public awareness and utilization of safe, effective approaches to managing chronic pain. With an emphasis on promoting non-pharmacological therapies that are proven to ease pain and increase function, ADHS aims to help Arizonans with chronic pain resume daily activities and maximize their quality of life. A major component of this initiative will be a new media campaign emphasizing options and self-management strategies for addressing chronic pain.

Arizona Opioid Action Plan

The public health emergency declaration directed the Arizona Department of Health Services to submit a report of the accomplished activities and identify recommendations for combating the opioid epidemic in Arizona. ADHS submitted the [Opioid Action Plan](#) to Governor Ducey on September 5, 2017. The [Opioid Action Plan](#) includes 12 major recommendations with over 50 actions slotted for completion by June 30, 2018.

Goals to address the opioid epidemic:

- Increase patient and public awareness and prevent opioid use disorder
- Improve prescribing and dispensing practices
- Reduce illicit acquisition and diversion of opioids
- Improve access to treatment
- Reduce opioid deaths

Recommendations, created through multiple meetings with partner agencies, impacted stakeholders, Goal Council 3 subgroups, and policy makers to address the above goals include:

1. Enacting legislation that impacts opioid deaths by addressing identified barriers;
2. Creating a free, statewide consultative call line resource for prescribers seeking advice about prescribing opioids and caring for patients with opioid use disorder;
3. Requiring Arizona medical education programs to incorporate evidence-based pain management and substance-use disorder treatment into their curriculum;

4. Engaging the federal government to address necessary federal-level changes;
5. Establishing a regulatory board workgroup to identify prescribing trends and enforcement issues;
6. Encouraging law enforcement agencies to expand the Angel Initiative and other existing diversion programs and assist the DEA with filling local vacancies on the Tactical Diversion Squad;
7. Increasing access to naloxone for high risk individuals released from correctional facilities;
8. Pulling together experts into task forces to address identified barriers by:
 - Identifying specific improvements to enhance the Arizona Controlled Substance Prescription Monitoring Program;
 - Identifying, utilizing, and building upon Arizona’s existing peer recovery support services;
 - Providing recommendations regarding insurance parity and standardization of substance abuse treatment and chronic pain management across the state; and
 - Identifying and implementing school-based prevention curriculum, expanding after school opportunities and identifying resource needs.

Goal	Recommendations	Progress to Date (May 2018)
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.	On January 26, 2018, Governor Ducey, with unanimous, bipartisan support of the Arizona Legislature, passed the Arizona Opioid Epidemic Act, or Senate Bill 1001 , a comprehensive approach to addressing opioid related issues statewide.
Improve Prescribing & Dispensing Practices	Establish a Regulatory Board work group to identify prescribing trends and discuss enforcement issues.	ADHS convened three meetings of the Regulatory Board Workgroup and will submit an Action Plan to the Governor by June 30, 2018.
	Establish a taskforce to identify specific improvements that should be made to enhance the Arizona Controlled Substances Prescription Monitoring Program (CSPMP).	The Arizona Board of Pharmacy convened the taskforce and identified a set of initial improvements regarding registration of prescribers and improved outreach, technical assistance, and education. New training modules are available on how to use the Arizona Controlled Substances Prescription Monitoring Program on their website.

Goal	Recommendations	Progress to Date (May 2018)
Reduce Illicit Acquisition & 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.	ADHS and Homeland Security leadership met with law enforcement leadership in September. Two law enforcement agencies are participating in the Angel Initiative with 136 individuals enrolled.
	Require all undergraduate and graduate medical education programs to incorporate evidence-based pain management and substance-use disorder treatment into their curriculum.	ADHS has worked with 100% of Arizona academic partners to develop a statewide curriculum on opioid prescribing, treatment of opioid use disorder and management of chronic pain.
Improve Access to Treatment	Create a call-in line resource to provide consultation to prescribers seeking advice about prescribing opioids and caring for patients with opioid use disorder.	The Opioid Assistance and Referral Line, a free 24/7 call resource for prescribers, has been implemented in partnership with Arizona's Poison and Drug Information Centers.
	Establish through executive order a work group to identify, utilize, and build upon Arizona's existing peer recovery support services.	Arizona's Medicaid agency and state substance abuse authority, AHCCCS, has convened the peer support work group.
	Convene an Insurance Parity Task Force to research and provide recommendations regarding parity and standardization across the state.	The Task Force conducted a survey of current insurance coverage related to pain management and opioid use disorder treatment. A report with recommendations will be submitted to the Governor by June 30, 2018.
	Engage the federal government outlining necessary federal changes to assist Arizona with our response to the opioid epidemic.	The Governor's office sent the letter requesting federal changes to assist Arizona's 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.	ADHS is working with the Arizona Department of Corrections to implement a naloxone pilot program for formerly incarcerated individuals who are at high risk for overdose after release. ADHS has provided 1,000 doses of naloxone for Corrections to distribute to high-risk inmates

Goal	Recommendations	Progress to Date (May 2018)
		being released. An overdose prevention and education video will be completed June 30.
Prevent Opioid Use Disorder/ Increase Patient Awareness	Utilize Public Service Announcements (PSAs) to educate patients, providers, and the public regarding opioid use and naloxone.	The Governor’s Office of Youth, Faith, and Family developed new PSAs that began airing in December and are scheduled to continue through 2018. See www.RethinkRxabuse.org .
	Create a youth prevention taskforce to identify and implement evidence-based, emerging and best practice substance abuse prevention/early identification curriculum, expand after-school opportunities, and identify resource needs.	The Governor’s Office of Youth, Faith, and Family has convened the youth prevention task force to discuss prevention programs. A report with recommendations will be submitted to the Governor by June 30, 2018.

Arizona Opioid Epidemic Act

On January 26, 2018, Governor Doug Ducey signed The Arizona Opioid Epidemic Act, the first bill to become law in 2018, following a four-day Special Session and unanimous passage in the House and Senate. The legislation takes aggressive steps to address opioid addiction, hold bad actors accountable, expand access to treatment, and provide life-saving resources to first responders, law enforcement, and community partners. Most provisions of the act went into effect on April 26, 2018.

Specific policy initiatives in the Arizona Opioid Epidemic Act include:

- Identifying gaps in and improving access to treatment, including for uninsured or underinsured Arizonans, with a new \$10 million investment;
- Expanding access to the overdose reversal drug, naloxone, for law enforcement or corrections officers currently not authorized to administer it;
- Holding bad actors accountable by ending pill mills, increasing oversight mechanisms, and enacting criminal penalties for manufacturers who defraud the public about their products;
- Enhancing continuing medical education for all professions that prescribe or dispense opioids;
- Enacting a Good Samaritan law to allow people to call 911 for a potential opioid overdose;
- Cracking down on forged prescriptions by requiring e-prescribing;

- Requiring all pharmacists to check the Controlled Substances Prescription Monitoring Program prior to dispensing an opioid or benzodiazepine;
- Developing a social media youth prevention campaign;
- Requiring emergency departments and hospitals to make referrals to treatment for overdose patients;
- Reducing prior authorization timeframes for insurers and requiring insurers to make at least one form of Medication Assisted Treatment available without prior authorization;
- And, limiting the first-fill of an opioid prescription to five days for all opioid naïve patients and limiting dosage levels to align with federal prescribing guidelines. These proposals contain important exemptions to protect chronic pain sufferers, cancer, trauma or burn patients, hospice or end-of-life patients, and those receiving medication assisted treatment for substance use disorder.

Expanding Access to Treatment

Arizona is expanding access to opioid use disorder treatment and support resources through federal and state funding.

- Arizona received \$24 million dollars through the SAMHSA State Targeted Response (STR) Grant to use towards opioid use disorder prevention and treatment. The Arizona Health Care Cost Containment System (AHCCCS) is expanding [access to opioid treatment programs](#) throughout the state using grant funds from SAMHSA. The first of five, 24-hour centers for opioid treatment, including two medication-assisted treatment (MAT) centers and three crises centers, opened in October 2017 to address the growing need for access to opioid use disorder treatment. The [24/7 access to opioid treatment](#) is currently available in Mohave, Yavapai, Maricopa, and Pima counties.
- The Arizona Opioid Epidemic Act provided \$10 million in state general fund dollars for substance use disorder services for the uninsured and underinsured. AHCCCS conducted community forums to gather input to target use of the funding and identify priority needs.

Arizona's Progress

- 100% (18/18) of health professional schools in Arizona participated in development of a curriculum for pain and addiction. This is the nation's first statewide curriculum across all prescriber training programs. All schools agreed to a shared vision to redefine pain and addiction as multidimensional, public health issues that require the transformation of care toward a whole-person approach with a community and systems perspective. Academic programs are expected to begin integration of core components of the curriculum during the 2018-19 school year.
- New OARLine: Opioid Assistance + Referral Line for Arizona Providers: 1-888-688-4222 is available for health care clinicians to call for free consultation on patients with complex pain or opioid use disorder. The 24/7 hotline is staffed by experts at the Poison and Drug Information Centers in Arizona. The hotline will be expanded in the future to provide information and referrals to the public.
- ADHS is working with the Arizona Department of Corrections on a pilot to provide released inmates at high risk of opioid overdoses prevention education and naloxone. Training was conducted for corrections supervisors on naloxone, and 1,000

naloxone kits have been provided for them to begin distributing to those inmates who are identified at risk for an overdose post-release. (High risk was defined as overdosing while incarcerated) ADHS is also working on a short educational video to be completed by June 30.

- The Insurance Parity Taskforce conducted a survey of over 50 insurers to assess current coverage of pain management treatments and substance use disorder treatments. The Taskforce will make recommendations to Governor Ducey by June 30, 2018.
- ADHS and Governor's Office of Youth, Faith, and Family will be launching a new youth prevention campaign in fall of 2018, which was authorized and funded by the Arizona Opioid Epidemic Act.
- ADHS is working with stakeholders to develop new regulations for pain management clinics. Arizona will license pain management clinics starting January 2019.

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 4 & 4 report is a list of patients who have obtained controlled medications from 4 different doctors and 4 different pharmacies in a given month. The Arizona Board of Pharmacy sends any prescriber with a patient on the 4 & 4 list an unsolicited letter to alert the prescriber of the patient's possible doctor and pharmacy shopping. There has been a 60% decline in the number of patients on this report – from 99 in July 2017 to 40 in April 2018.
- The percent of patients receiving referrals to behavioral health or substance abuse treatment services after an overdose has increased from 41% in June 2017 to 63% in April 2018.
- The number of naloxone prescriptions dispensed by pharmacists has increased significantly in recent months. July – September 2017, fewer than 900 naloxone kits were dispensed each month. In April 2018, 3,143 kits were dispensed to the public. See attachment 1.
- The number of opioid prescriptions filled and the number of prescriptions with high doses exceeding 90 morphine milligram equivalents has declined, as illustrated in the graphs in attachments 2 and 3.

Lessons from Opioid Surveillance

ADHS has been collecting data on suspected opioid overdoses since June 15, 2017. Over this period of time, the surveillance has indicated:

- Most overdoses (59%) occur among men.
- People ages 25-34 years old had the highest percent of suspected opioid overdoses.
- Chronic pain (e.g. lower back pain, joint pain, arthritis) is the most common pre-existing physical condition reported for those who had a verified opioid overdose, followed by depression and history of substance use disorder, including alcohol.
- About 40% of people who had a suspected overdose (between June 15, 2017 and March 26, 2018) had nine or more prescriptions for opioids filled.

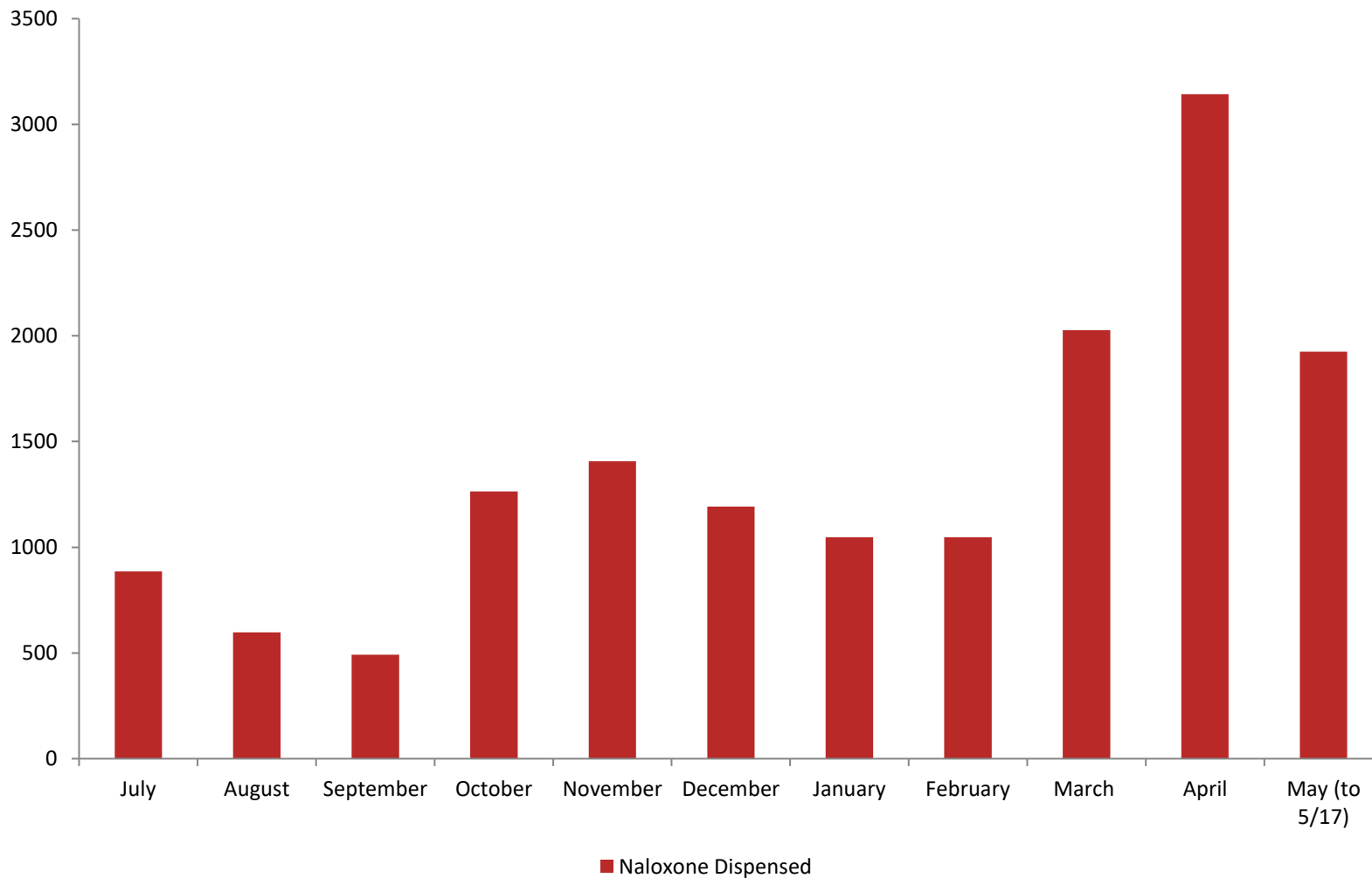
- More than 40% of people who had a suspected opioid overdose were prescribed opioids by 10 or more providers since January 2017.
- Most reported overdoses involve multiple drugs. Polydrug use was indicated in 2/3 of the overdose fatalities. The charts in attachments 4 and 5 detail the drugs identified in the reported opioid overdoses.

Attachment 1

Number of Naloxone Kits Dispensed by Pharmacies

Controlled Substances Prescription Drug Monitoring Program data July 1, 2017-May 17, 2018

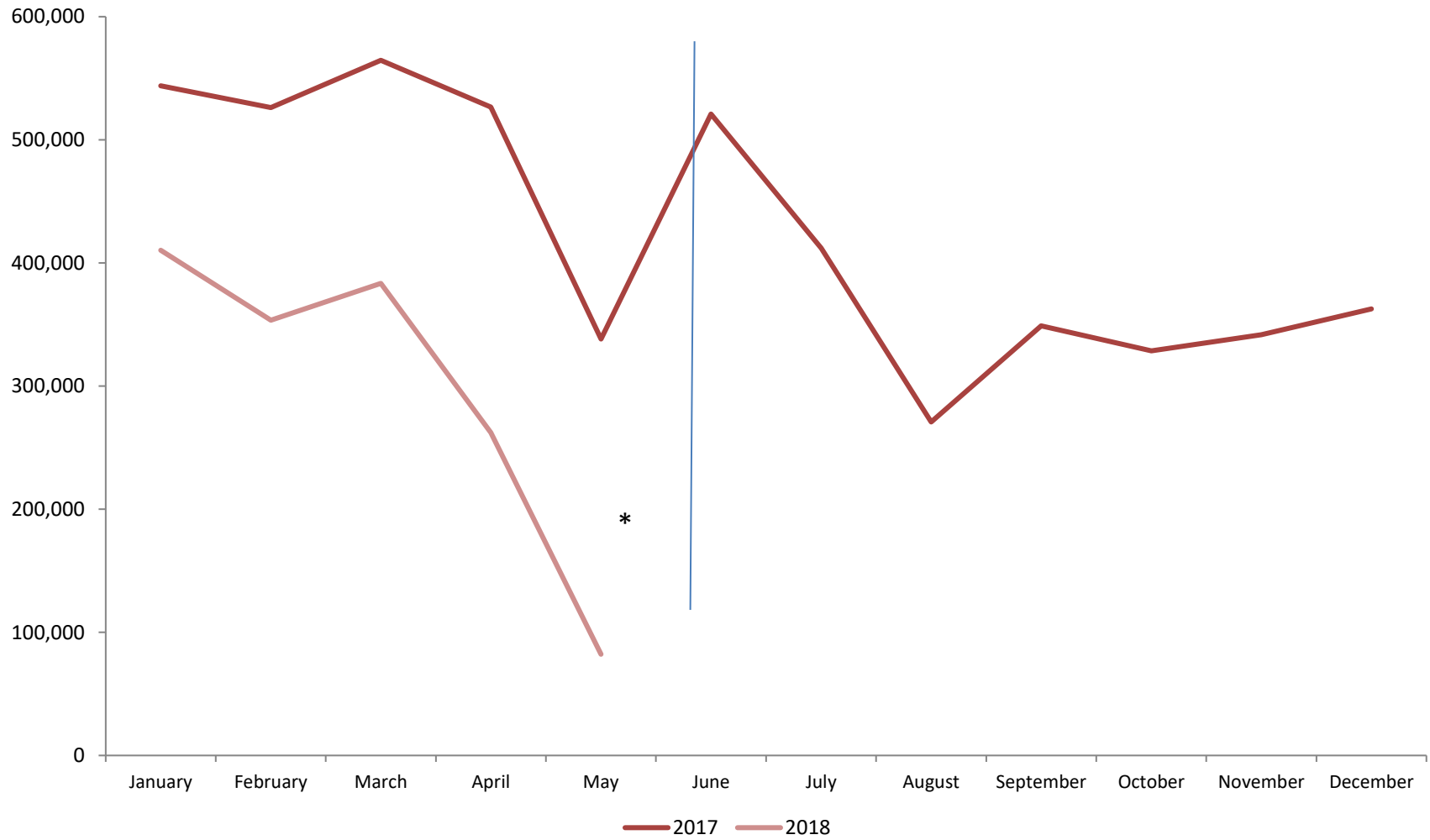
Naloxone Dispensed By Pharmacists



Attachment 2

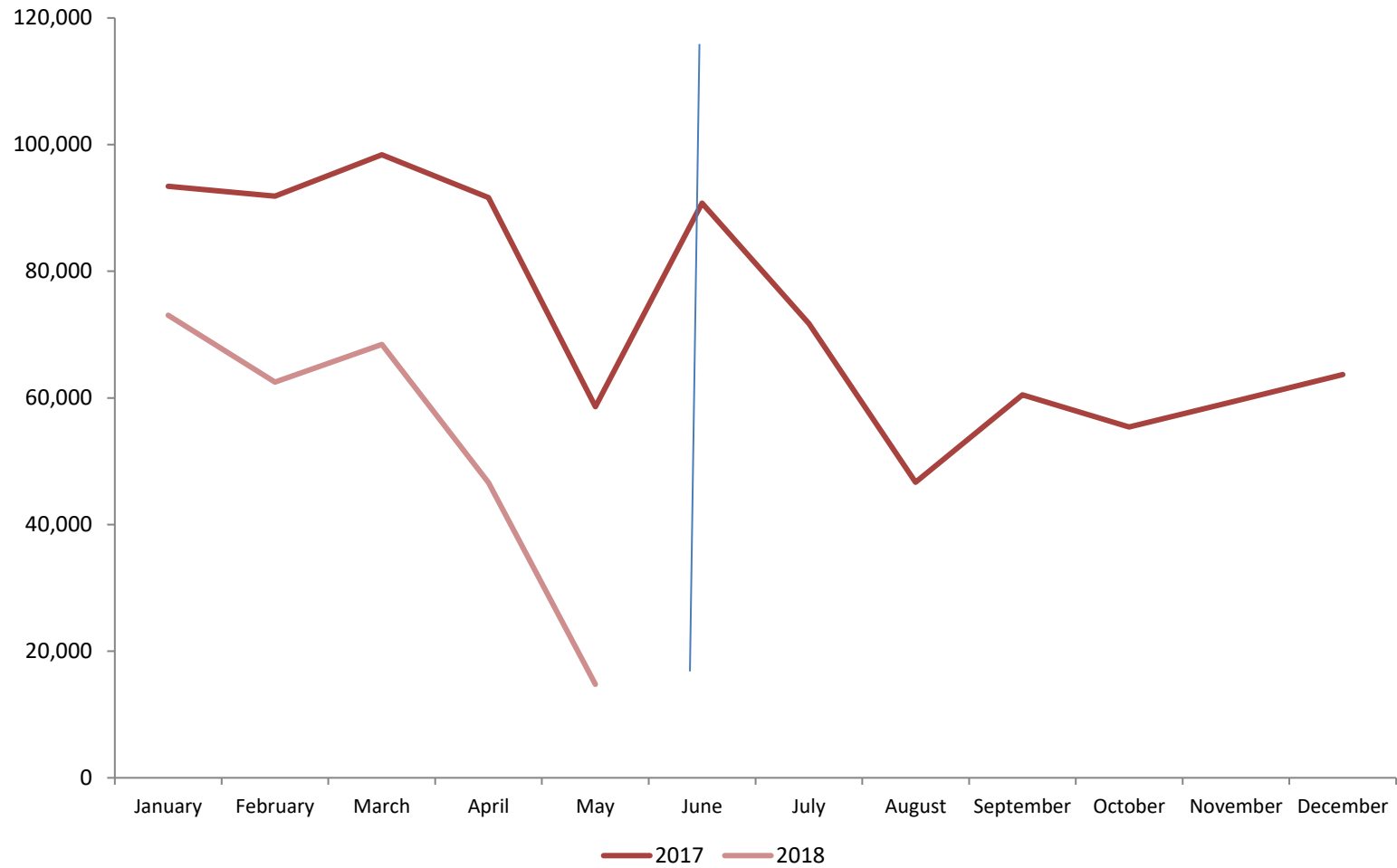
Opioid Prescriptions Filled per Month

Controlled Substances Prescription Drug Monitoring Program data Jan. 1, 2017-May 10, 2018



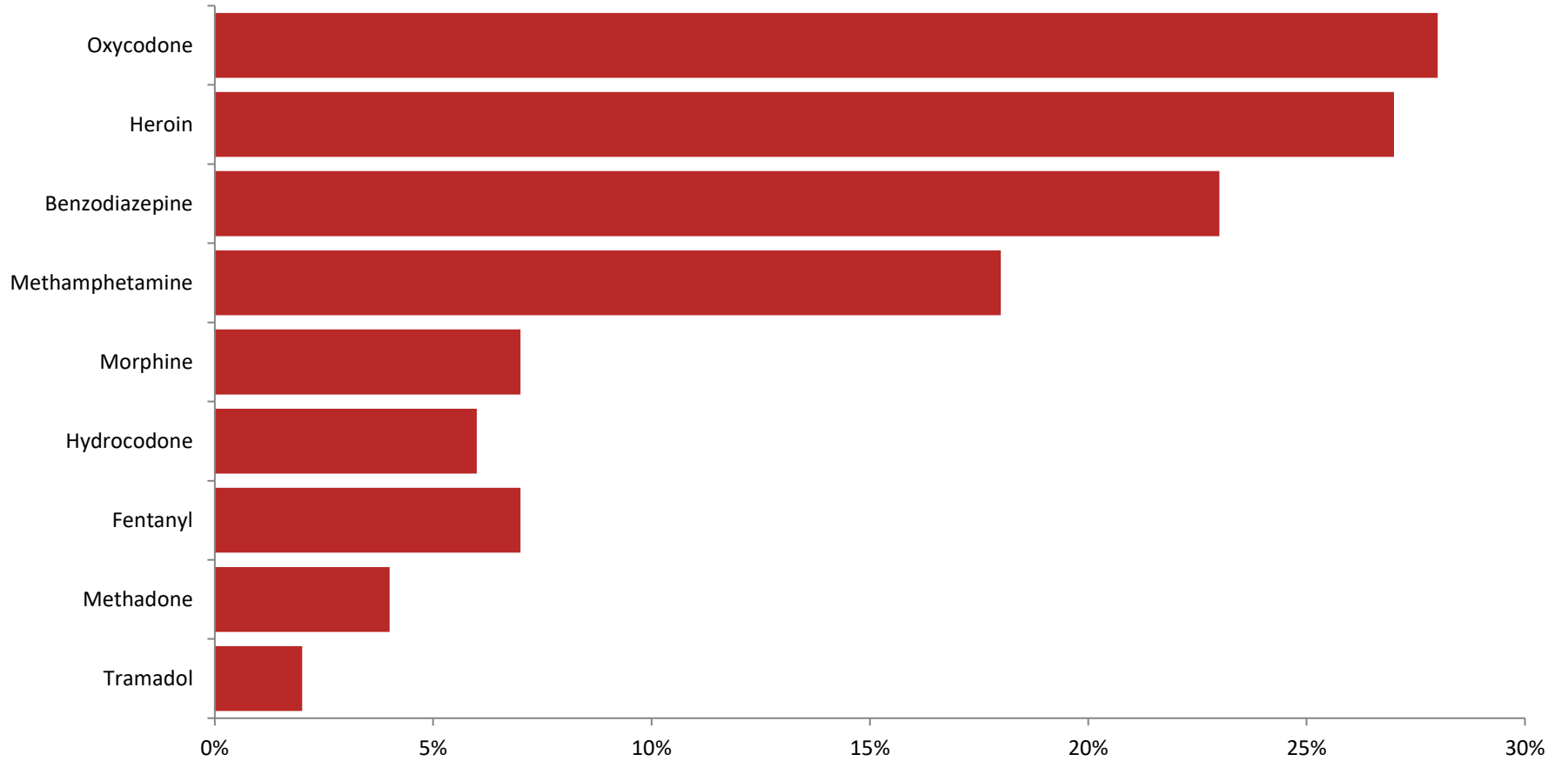
Attachment 3

**Number of Opioid Prescriptions for MME 90 or Above Filled per Month,
Controlled Substances Prescription Drug Monitoring Program data Jan. 1, 2017-May 10, 2018**



Attachment 4

Oxycodone and heroin were the opiate drugs most commonly noted in overdoses determined to be due to opioids during review.
Overdose Surveillance data June 15, 2017-May 17, 2018



Attachment 5

The most common drug combination in fatal & non-fatal overdoses was heroin & methamphetamine.

Overdose Surveillance data June 15, 2017-May 17, 2018

