Addressing a Public Health Emergency: Arizona's Opioid Crisis

May 17, 2018

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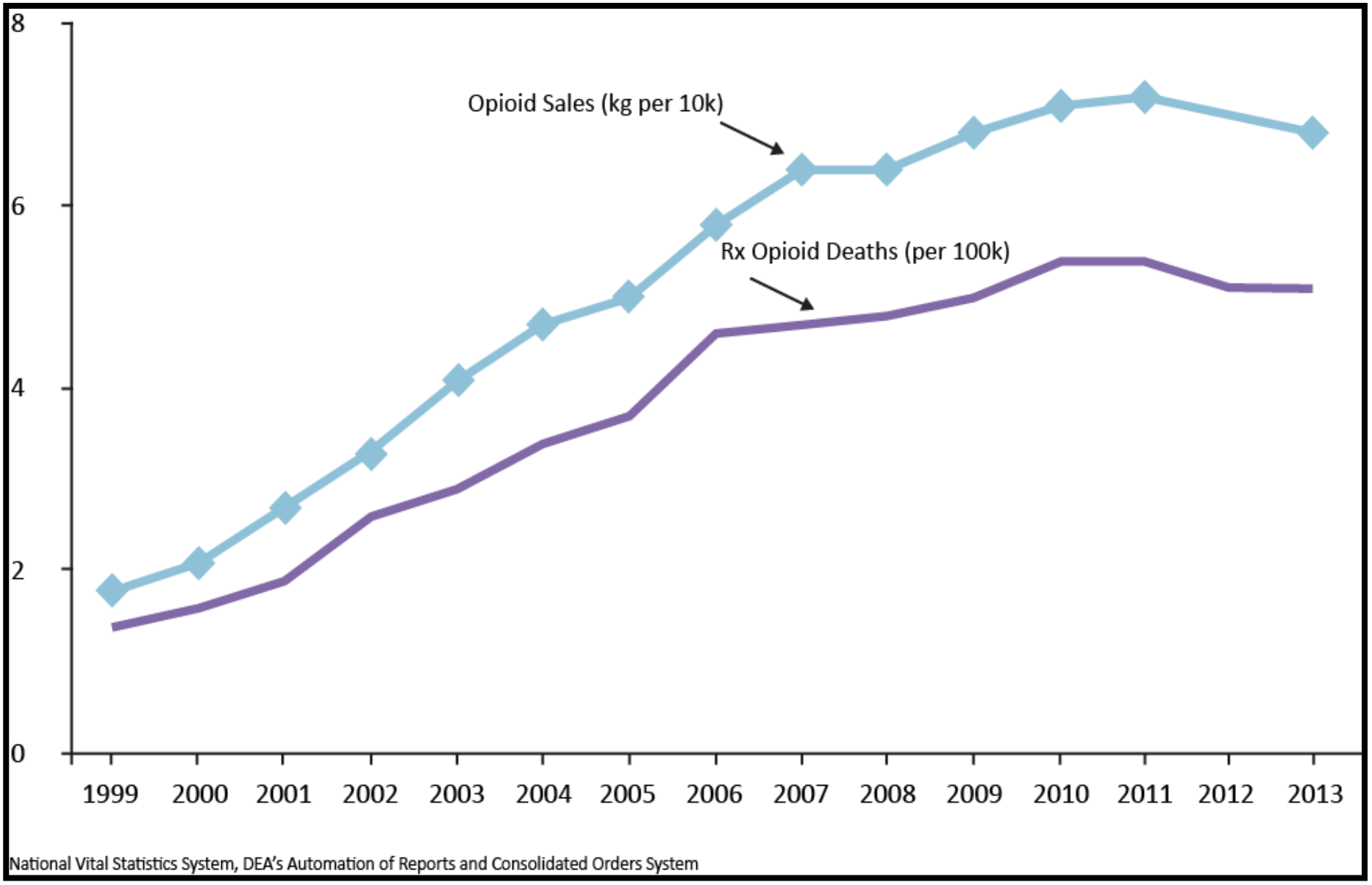
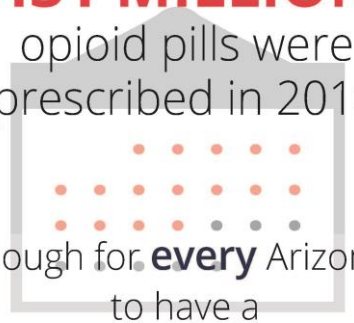
Bureau of Tobacco & Chronic Disease

Arizona Department of Health Services


8
6
4
2
0
Opioid Sales (kg per 10k)
Rx Opioid Deaths (per 100k)
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
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

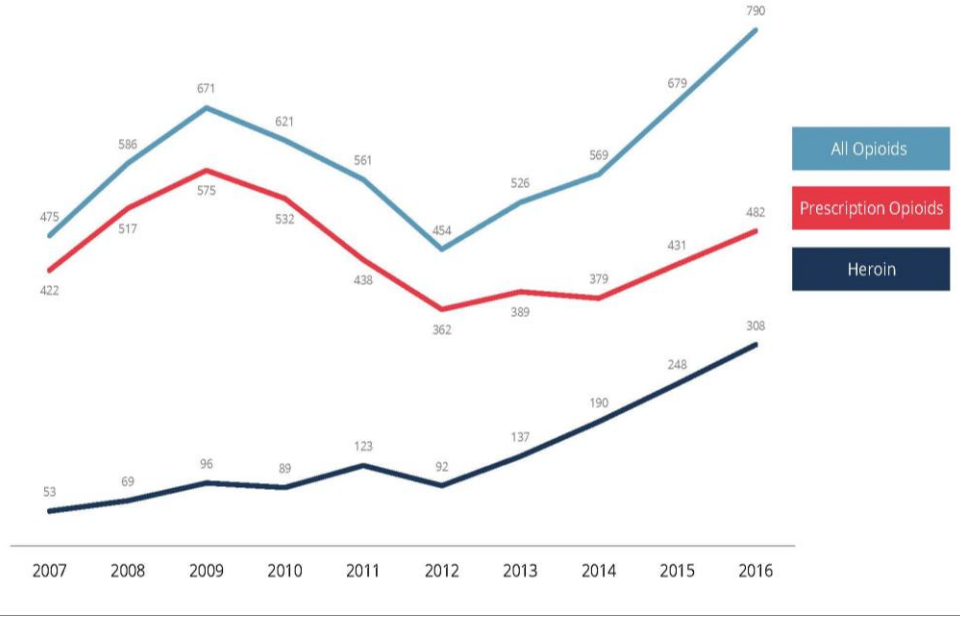


enough for **every** Arizonan to have a
2.5 week supply

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.



Opioid Surveillance

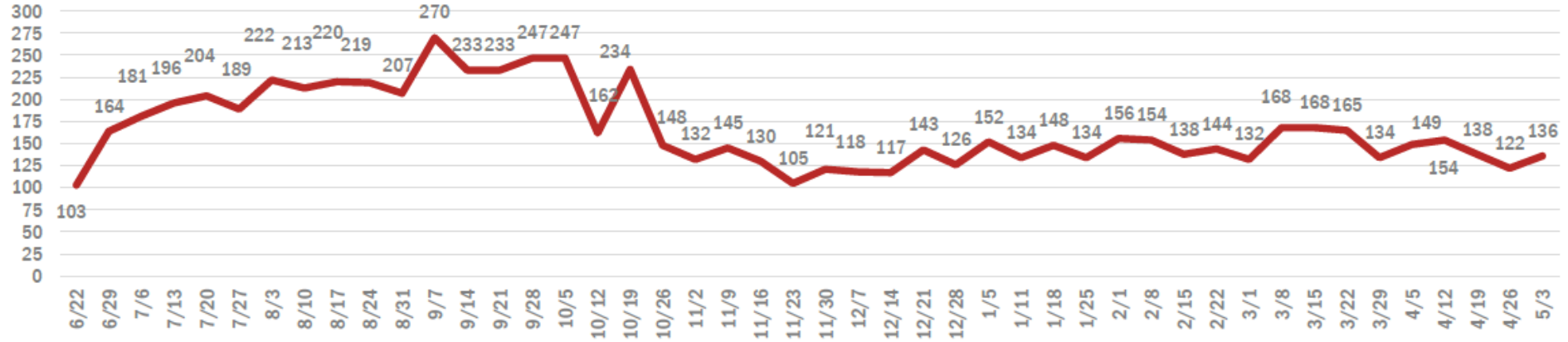
June 15 – May 10

1,213	7,730	743	16,007	5,125
suspect opioid deaths	suspect opioid overdoses	neonatal abstinence syndrome	naloxone doses dispensed	naloxone doses administered

Updates posted at www.azhealth.gov/opioid

Opioid Surveillance

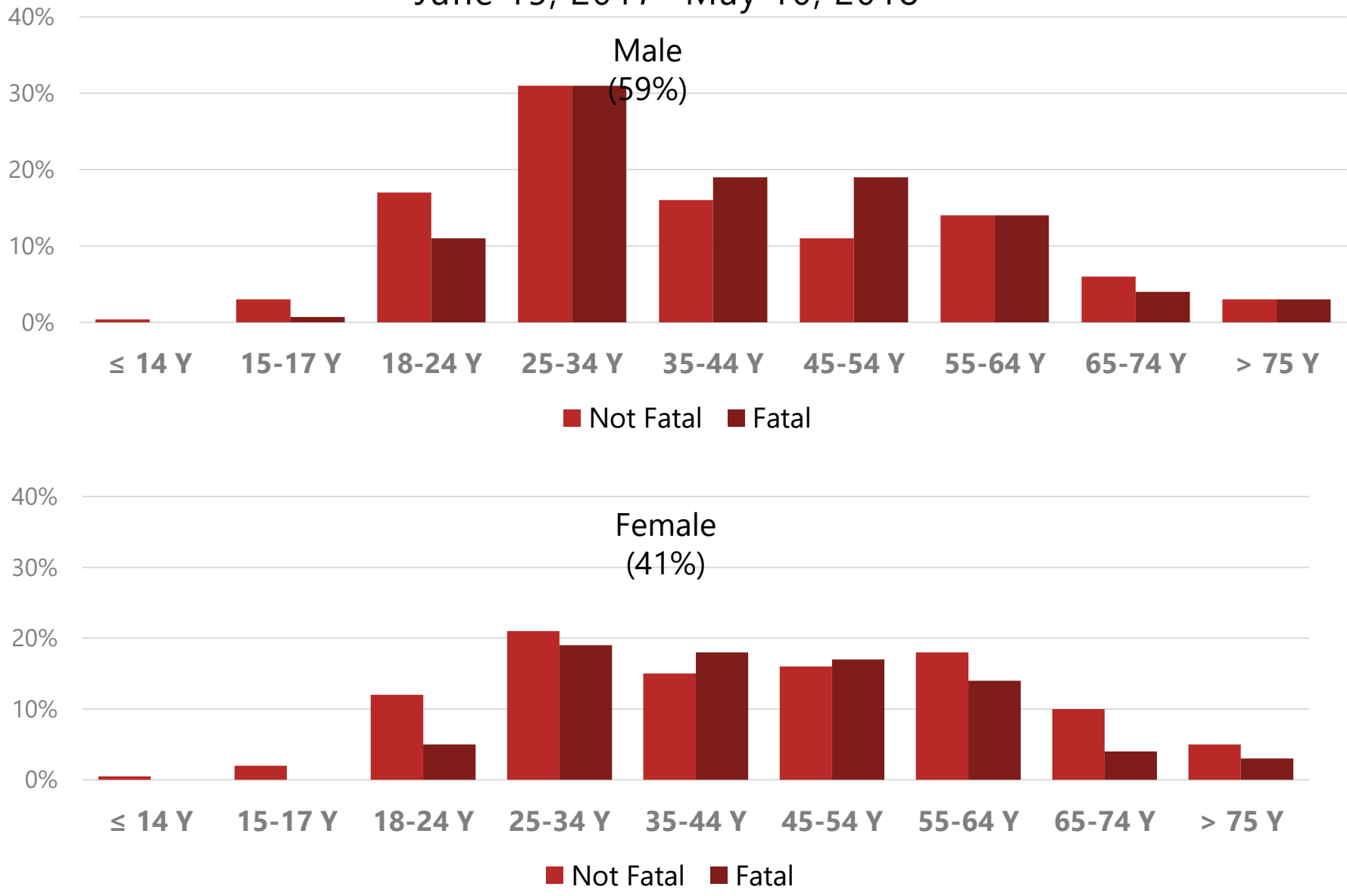
The number of possible opioid overdoses reported weekly* has ranged from 103 to 270.



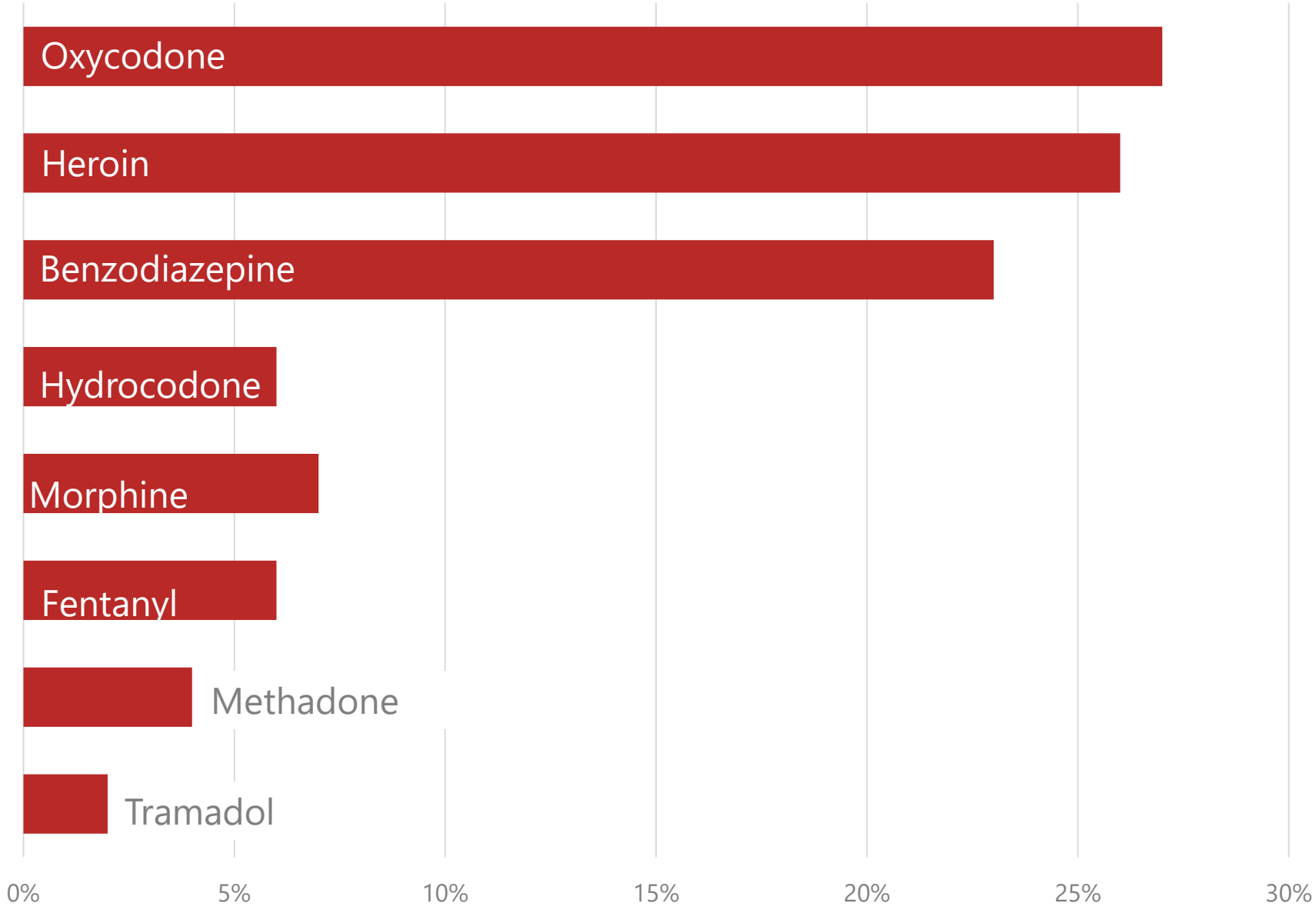
* Reported through 5/3 due to 5 business day reporting lag

7,730 possible opioid overdoses (1,213 deaths) were reported to public health between

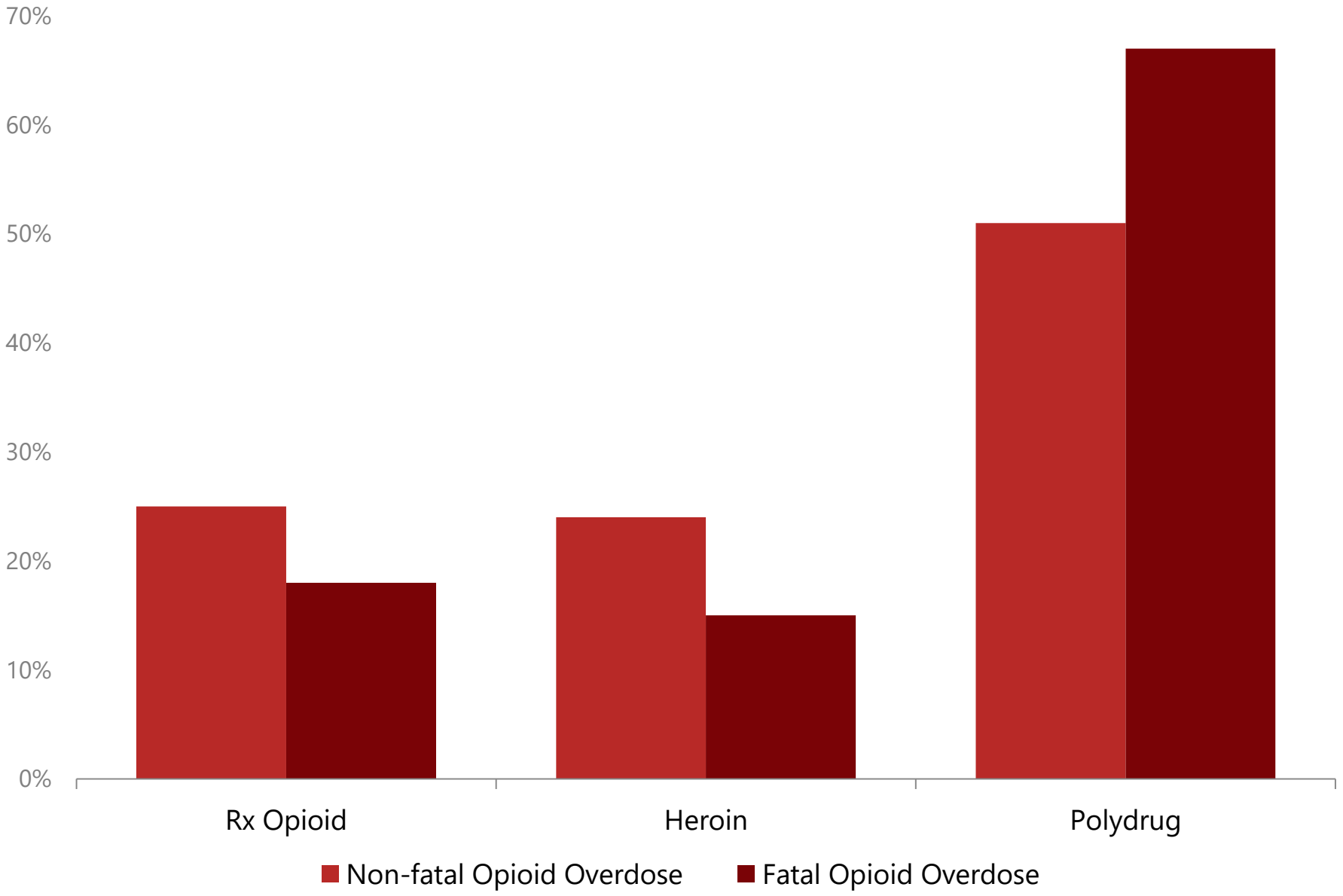
June 15, 2017- May 10, 2018



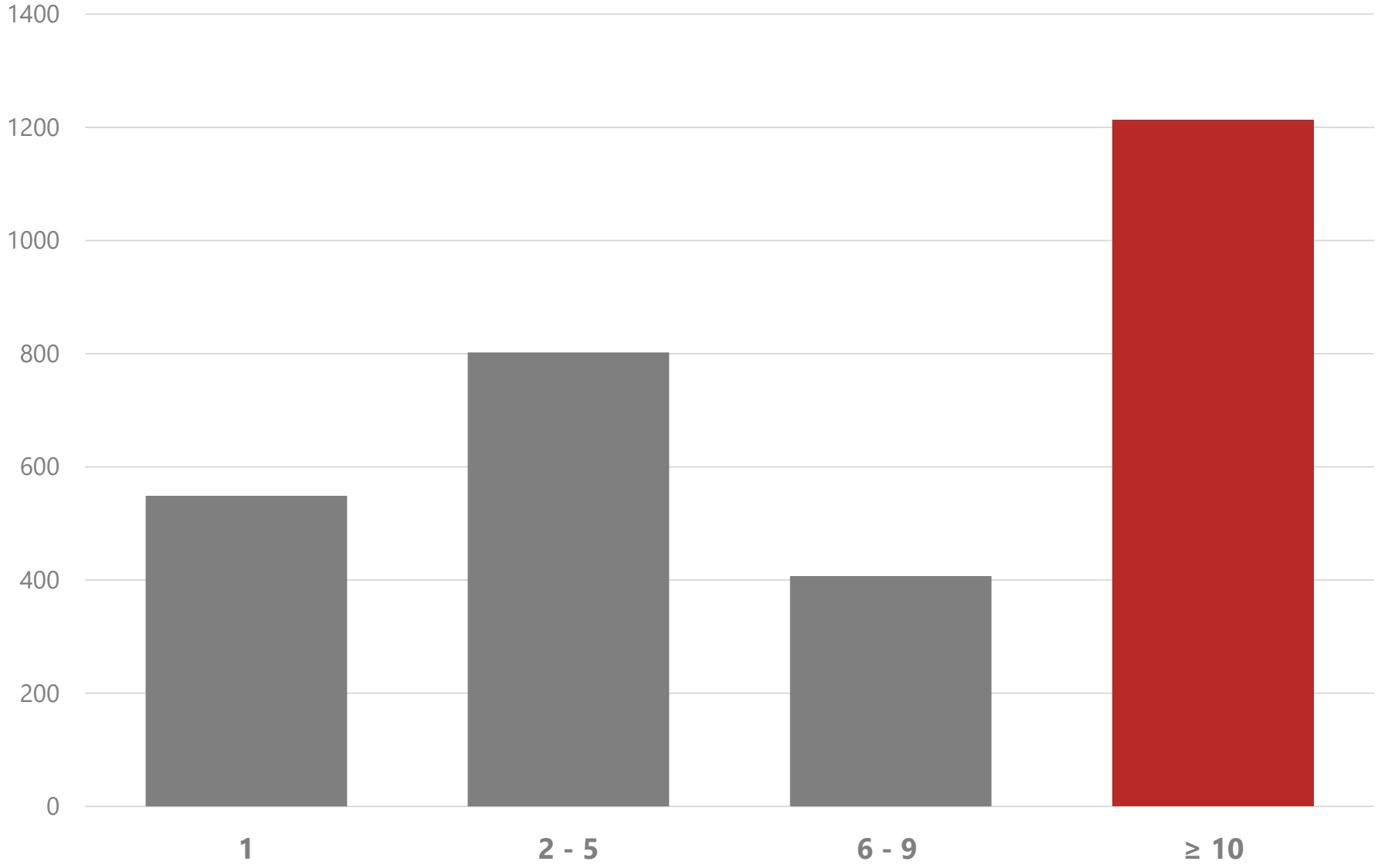
Heroin and oxycodone were the drugs most commonly noted in overdoses determined to be due to opioids during review.



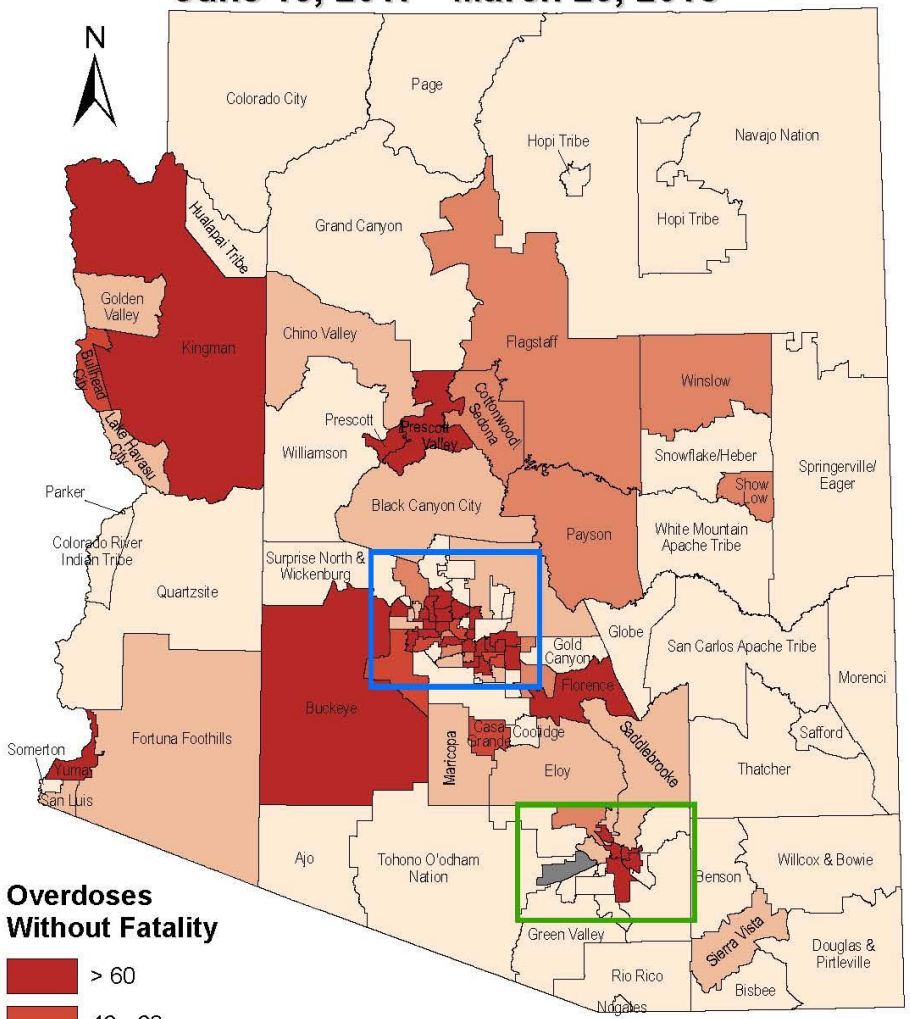
25% of non-fatal opioid overdoses were due to prescription opioids alone. 67% of fatal overdoses involved opioids and at least one other drug



41% **of individuals who experienced an overdose during the enhanced surveillance period had 10 or more providers prescribing opioids.**



Number of Suspected Opioid Overdose Related Events Without Fatality by Primary Care Area (PCA), June 15, 2017 - March 29, 2018*



Overdoses Without Fatality

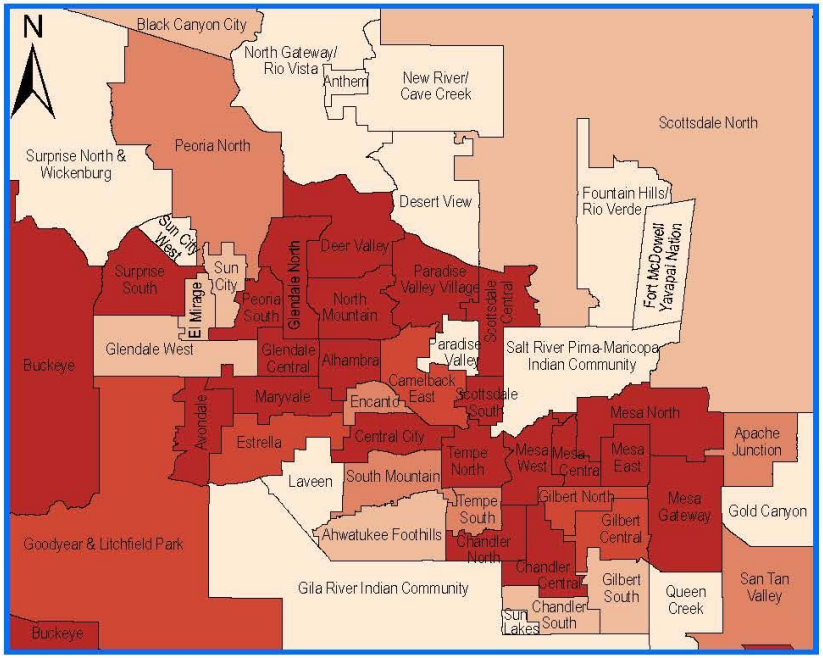
- > 60
- 46 - 60
- 31 - 45
- 16 - 30
- 1 - 15
- No Non-Fatal Overdoses

*529 overdoses (9.1%) were not assigned a PCA

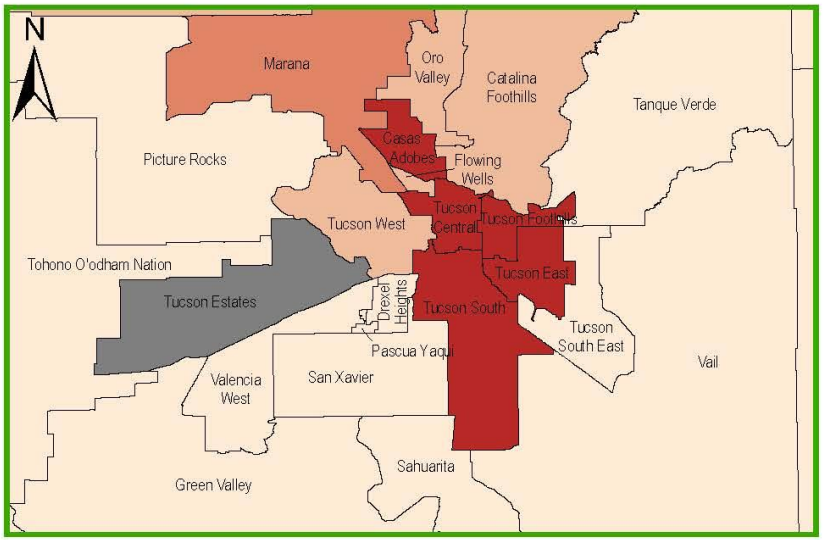
ARIZONA DEPARTMENT OF HEALTH SERVICES

Data Source: AZ-PIERS and MEDSIS

Metro Phoenix

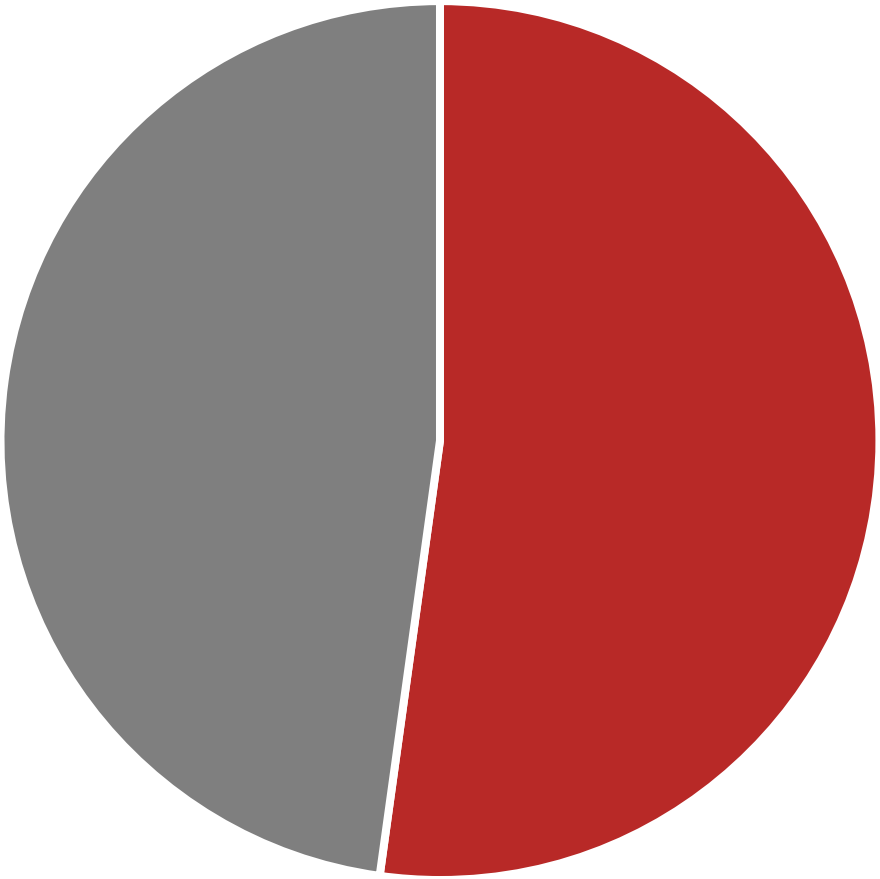


Metro Tucson



Neonatal Abstinence

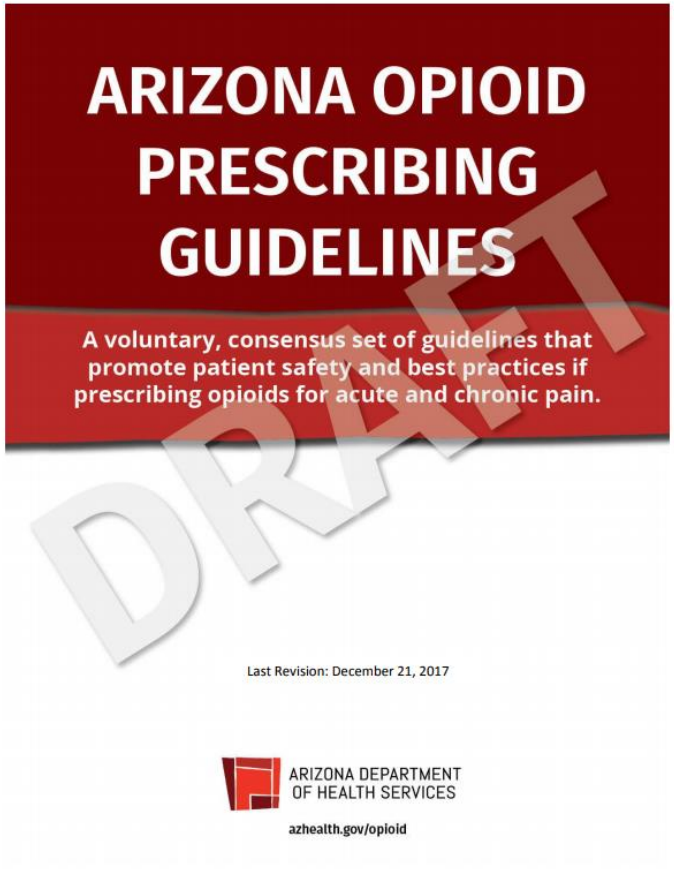
743 Neonatal Abstinence Syndrome (NAS) cases reported from June 15, 2017 – May 10, 2018



52% of mothers of NAS cases were being medically supervised while taking opioids while pregnant.

Prescribing Guidelines Update

- Incorporates most recent evidence, national guidelines, best practices
- Assist decision-making by Arizona clinicians
- Focus on non-cancer, non-terminal pain
- Recommends coordination of interdisciplinary care



azhealth.gov/opioidprescribing

Prescribing Guidelines
Acute Pain

- ✓ Use non-opioid meds and therapies as first-line treatment for mild/moderate acute pain.
- ✓ If opioids indicated for acute pain, start at lowest effective dose for 3-5 day duration; reassess if pain persists.
- ✓ Do not use long-acting opioids for treatment of acute pain.

Prescribing Guidelines
Chronic Pain

- ✓ Prescribe self-management strategies, non-pharmacological treatments, and non-opioid medications.
- ✓ Do not initiate long-term opioid therapy for chronic pain.
- ✓ Coordinate interdisciplinary care to address pain, substance use disorders, and behavioral health concerns.

Prescribing Guidelines
Risk Mitigation

- ✓ Advise on risks of opioid use and alternative therapies.
- ✓ Do not use long-term opioid therapy with patients with untreated substance use disorders.
- ✓ Avoid concurrent use of contraindicated meds.
- ✓ Discuss reproductive plans and reisk of neonatal abstinence syndrome and other adverse neonatal outcomes before prescribing opioids to women of reproductive age.
- ✓ For chronic pain, prescribe at lowest possible dose for shortest possible time.
- ✓ Assess patients on long-term opioid therapy for opioid use disorder, making corrections as warranted.
- ✓ Offer naloxone and provide overdose education for patients at risk for opioid overdose.

Quick Facts

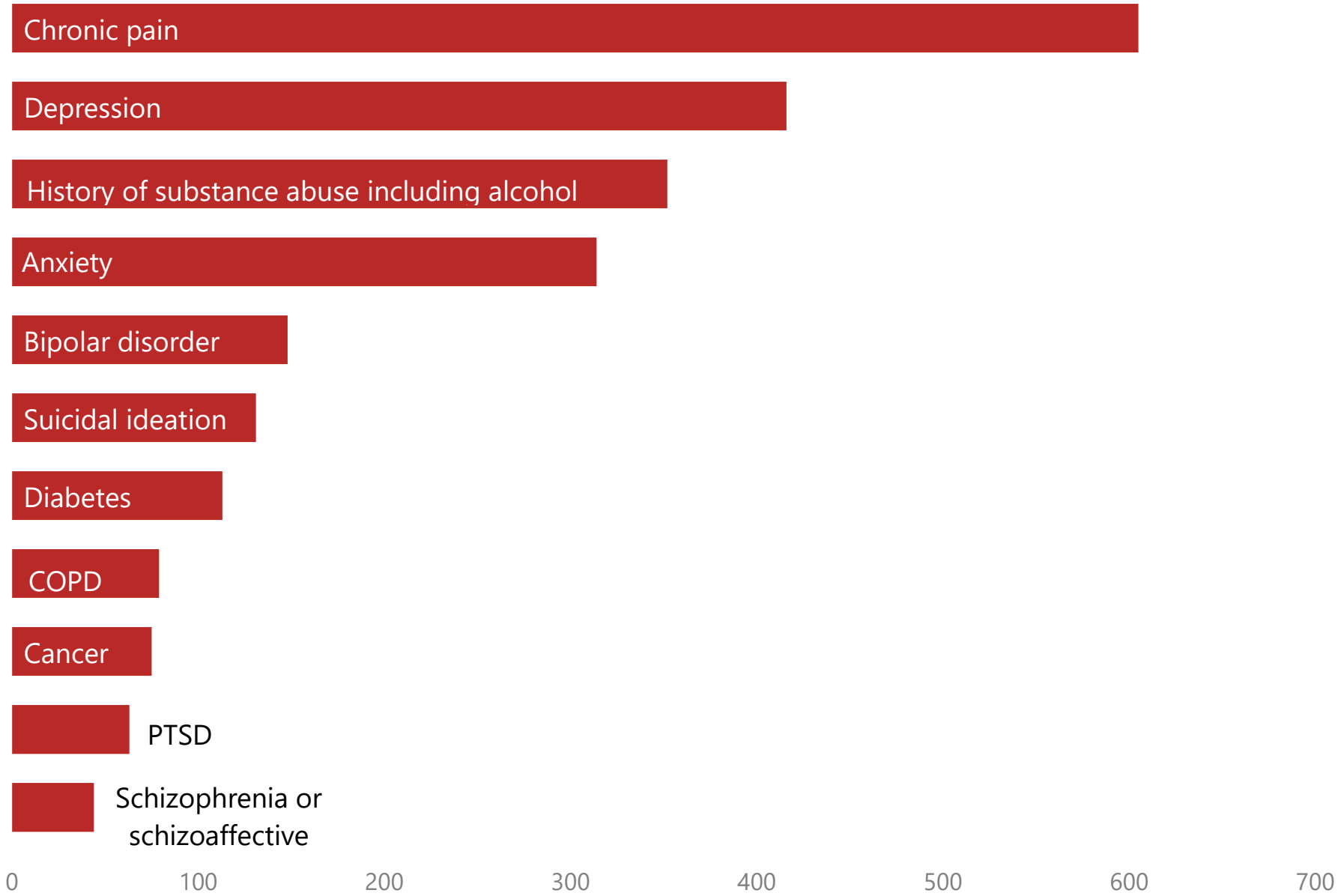
June 15, 2017 – May 10, 2018

- 743 Arizona babies born with possible drug-related withdrawal symptoms.
- 5,125 naloxone doses administered out-of-hospital by EMS, law enforcement, and others.
- 16,007 naloxone kits distributed to the public by pharmacies.
- The majority of opioid overdoses have occurred in a personal residence.
- Of overdose cases reporting ethnicity, 81% were white/non-hispanic.

Opioid Action Plan

- Improve prescribing and dispensing practices
- Improve access to treatment
- Prevent opioid use disorder.
- Increase patient and public awareness

Chronic pain was the most common pre-existing condition for overdoses determined to be due to opioids during review.



Chronic Pain & Resilience

- Acute vs chronic pain
- Affects one out of three of us!
- Disparate populations suffer more!
- Has enormous economic impact!
- Requires prevention & management!
- Public awareness is lacking!
- Self-management is imperative!
- Population health approaches required!

Chronic Pain Affects the Whole Person!

- The experience of pain is the reality of pain!
- Must be treated in holistic fashion if we are to have an impact!
- Emotional responses to chronic pain will vary across individuals and populations!
  - Burdened by fear, anger, sadness, depression,

    or…..
  - Empowered by hope, acceptance, and gratitude.

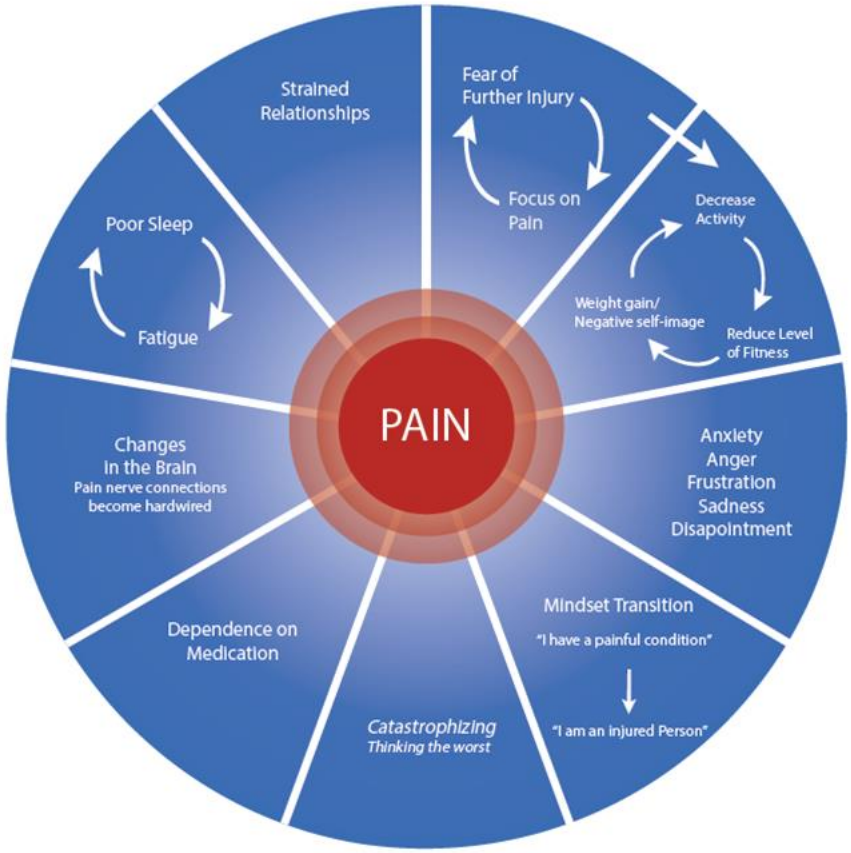
National Pain Strategy

- Promote self-management
- Consider individual differences
- Identify potentially harmful practices
- Educate the public & healthcare providers
- Collaborate across disciplines
- Overcome systemic barriers
- Eliminate the stigma against people in pain

Arizona Chronic Pain Strategy

- Increase public awareness of chronic pain.
- Increase use of effective non-pharma therapies.
- Improve knowledge/skills of healthcare providers.
- Increase access to effective pain management.

Wheel of Pain

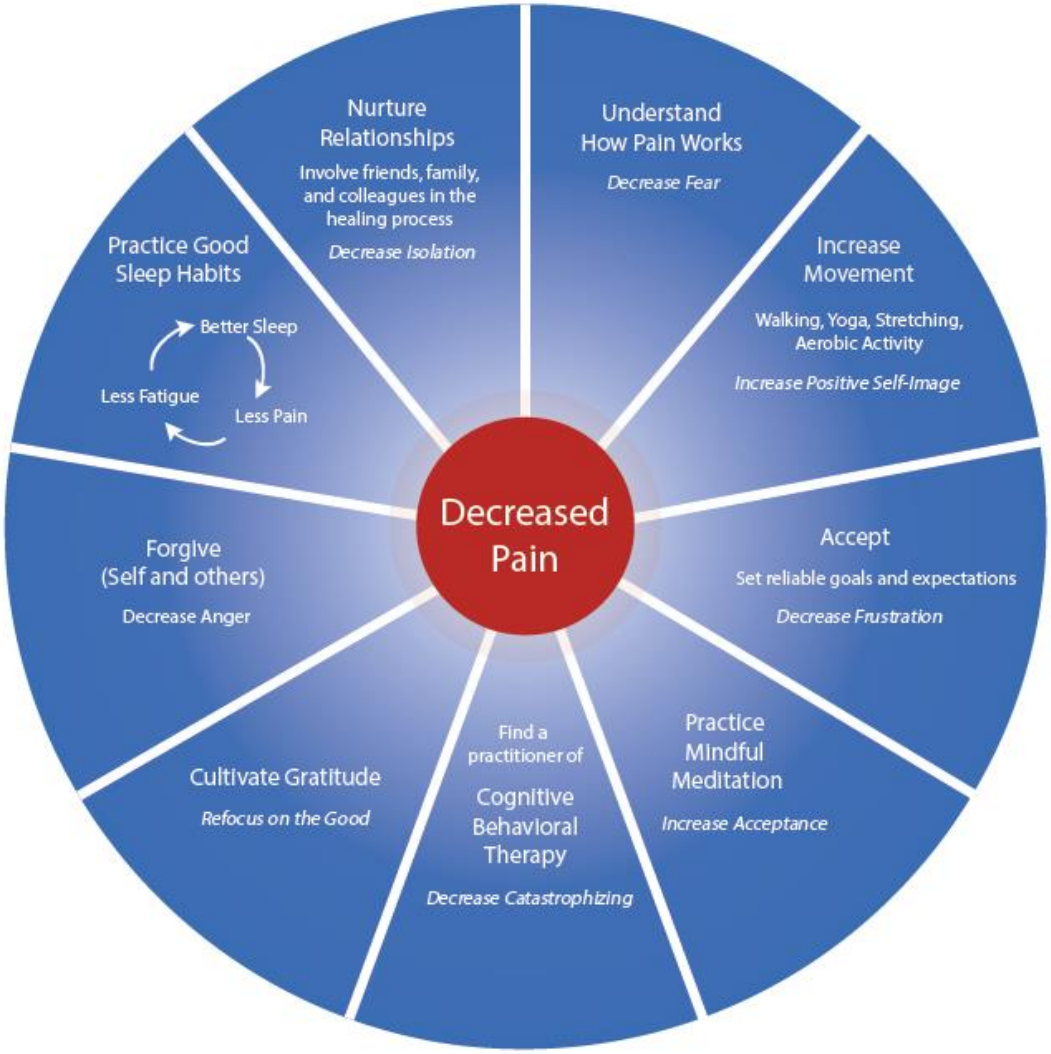


Chronic Pain Self-Management

Emotions

- Pain is more than sensation, and affects thoughts & emotions.
- Thoughts & emotions influence our pain signals.
- Chronic pain can become a chronic disease.
- Requires a multi-faceted approach.
- Fear, anxiety, and depression are normal reactions to chronic pain.
- Managing these emotions is required in managing our pain.

Integrated Chronic Pain Care



Chronic Pain Self-Management

Non-Pharma Treatment Options

- Person-centered daily activities
- Cognitive Behavioral Therapy (CBT)
- Relaxation therapies (mindfulness, meditation)
- Physical therapies
- Group therapies

Chronic Pain Management Campaign

Goal 1: Increase awareness of chronic pain

- Chronic pain is different than acute pain.
- Opioids do not cure chronic pain.
- You can manage your pain in ways that are safe and long-lasting.

Chronic Pain Management Campaign

Goal 2: Increase use of non-pharma therapies

- Be safe from harm….with options that fit your interests and abilities.
- Activity improves chronic pain; inactivity worsens chronic pain.
- There are many self-management options.

Chronic Pain Management Campaign

Goal 3: Increase access to effective chronic pain management

- Ask your physician about ways to manage pain that are safe & affordable.

- Many things you can do in your own home & neighborhood.

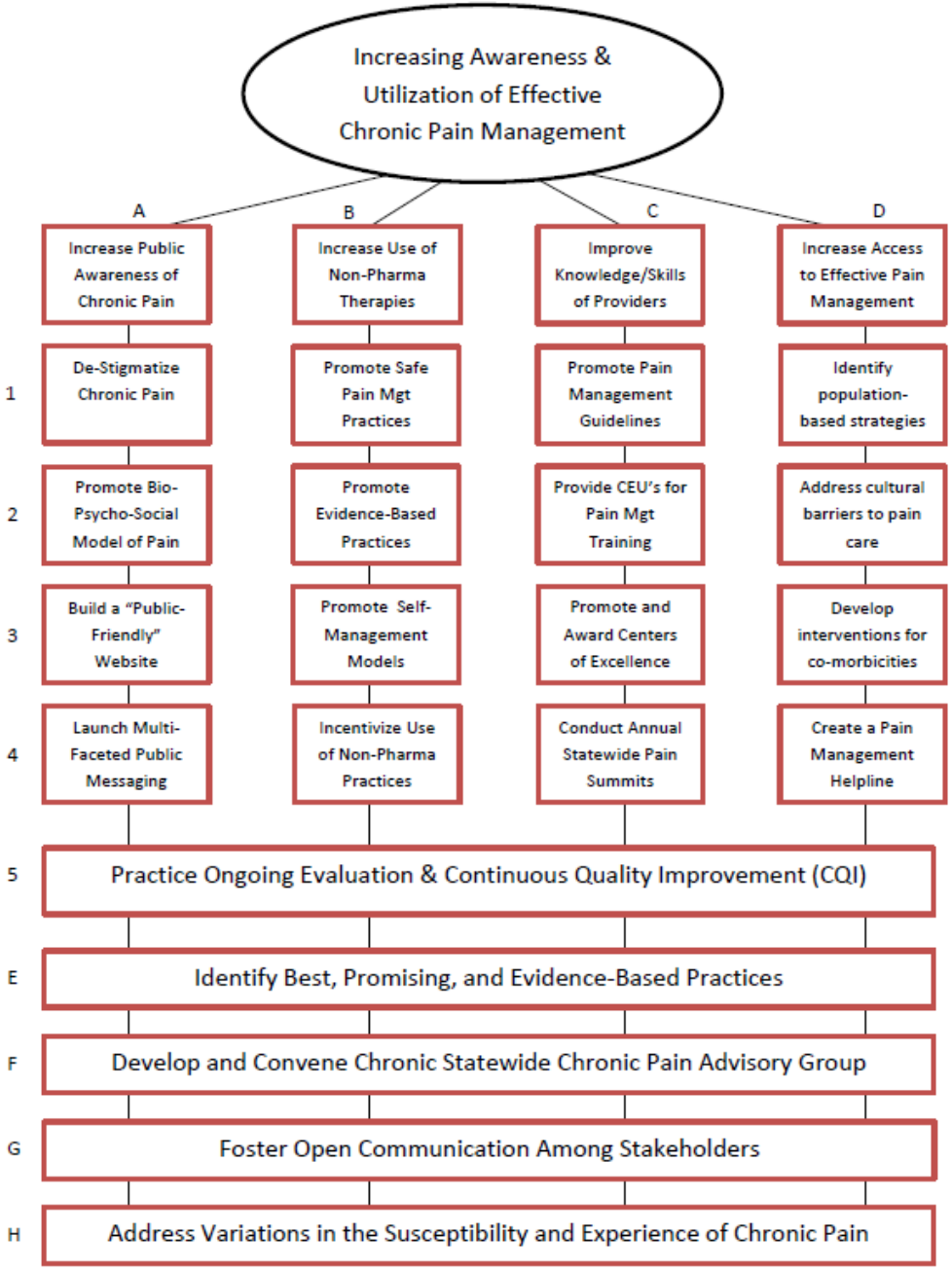
Focus Group Findings

- Debilitating *vs* manageable
- Resigned to life of pain *vs* optmistic
- Long-standing *vs* beginning of my journey
- Tried many ways to get relief, and opioids are either a “savior” or an “evil to avoid at all costs”
- Most people want options, and not be told what to do.

Focus Group Findings

- Sufferers often feel isolated, disbelieved, and stigmatized.
- Offended by suggestions they are part of the opioid crisis (“I’m not an addict!”).
- Sufferers don’t feel in control of the diagnosis or their lives.
- View doctors as narrow in their knowledge of options (meds and/or physical therapy).
- Resonate to the concept of having choices (tool box/clothes closet) and the “one step at a time” approaches.

STRATEGIC MAP: 2017-2020



Chronic Pain Management

Self-Management

Different Treatment Options for Chronic Pain

With chronic pain, the goal of treatments is to ease pain and increase function, so the person can resume daily activities and maximize enjoyment and productivity in their lives. Patients and their healthcare providers have multiple options for the treatment of pain. Some have more benefit for certain people than others. Whatever the treatment plan, it's helpful to view on-going pain similar to other chronic diseases, like high blood pressure or diabetes in that they each need to be continuously monitored and managed.

The most common ways to manage pain

Opioid and non-opioid pain medicines, nerve blocks, surgery and electrical stimulation are some therapies commonly used for chronic pain. While each of these modalities has a time and place, no one treatment helps everyone and some can have associated risks. Less invasive therapies such as psychotherapy (one common form called cognitive behavioral therapy), relaxation therapies (such as mindfulness meditation) and biofeedback have also shown significant benefit to people with chronic pain. These methods can be extraordinarily effective in alleviating and even ending chronic pain.

Many people with chronic pain don't know how these interventions can improve pain, or where to find them. While this is changing, most health insurance companies tend to reimburse interventional procedures as opposed to biopsychosocial care treatments. This leaves some patients erroneously believing that treatments incorporating pain self-management, physical therapy and rehabilitation, cognitive-behavioral therapy and complementary health approaches are not as effective as pain medications, invasive procedures and surgery.

For more information on state plan:

azhealth.gov/opioid

Public health chronic pain initiative:
azhealth.gov/chronicpainmanagement

Questions/Comments:

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Bureau of Tobacco & Chronic Disease

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