Arizona Opioid State Targeted Response Grant

Targeted Efforts to Reduce Opioid Use Disorders and Opioid-Related Deaths
What the Opioid Epidemic is Costing Arizona
Opioid death counts among Arizona residents and non-residents in Arizona from 2007 to 2016.
Opioid Deaths (including both Rx and heroin)

Prescription Drugs Deaths

Heroin Deaths

Heroin deaths have TRIPLED since 2012 in Arizona.
ADHS Dashboard

Real Time Opioid Data

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.

- **52** suspect opioid deaths
- **661** suspect opioid overdoses
- **52** neonatal abstinence syndrome
- **204** naloxone doses dispensed
- **543** naloxone doses administered

- Check out all the latest info regarding opioids on our Director's Blog
- Reducing Opioid Deaths - Goal Council 3 Presentation
- Frequently Asked Questions – Opioid Reporting | Fire, Law & EMS | Pharmacists
- Consultation on Enhanced Surveillance Advisory for Opioid Emergency

Figures from 7/11/17 12:42 PM
The cost of all opioid-related encounters has increased 125% from 2009 to 2015.

* Cost for encounters are calculated by applying the annual cost-to-charges ratio (produced by the Agency for Healthcare Research and Quality, Healthcare Cost Utilization Project) to reported encounter charges. This will estimate the actual cost paid to the provider for the healthcare services of the encounter. For this report, 2015 costs were estimated using the 2010-2014 average cost-to-charges-ratio by facility since 2015 and 2016 ratios were not available. When facility-specific ratios were not provided, the group ratio was used, or the state average ratio. These estimated costs are reasonable, estimates of actual cost, and are a more accurate measure than reported charges.
High Risk Populations

- Criminal Justice population
- American Indians
- Former users
- Veterans
- High MEDDs and Polypharm
- Trauma, depression, anxiety
Elevated Misuse in MH Population (NSDUH, 2015)

Figure 15. Past Year Misuse of Prescription Psychotherapeutics among Adults Aged 18 or Older, by Drug Type and Past Year Mental Illness Status: Percentages, 2015

AMI = any mental illness; SMI = serious mental illness.

* Difference between this estimate and the estimate for adults with no past year mental illness is statistically significant at the .05 level.

quality health care for those in need
Specifically Those with Depression…

Figure 16. Past Year Misuse of Prescription Psychotherapeutics among Adults Aged 18 or Older, by Drug Type and Past Year Major Depressive Episode (MDE) Status: Percentages, 2015

+ Difference between this estimate and the estimate for adults with no past year MDE is statistically significant at the .05 level.

Note: Adult respondents with unknown past year MDE data were excluded.
And, Suicidal Thoughts

Figure 18. Past Year Misuse of Prescription Psychotherapeutics among Adults Aged 18 or Older, by Drug Type and Past Year Suicidal Thoughts: Percentages, 2015

- **Any Psychotherapeutic**: 22.9%
- **Pain Relievers**: 6.5%
- **Tranquilizers**: 4.2%
- **Stimulants**: 2.0%
- **Sedatives**: 2.3%

+ Difference between this estimate and the estimate for adults with no Past Year suicidal thoughts is statistically significant at the .05 level.

Note: Adult respondents with unknown suicide information were excluded.
What is Arizona Doing to Solve the Opioid Crisis?
Arizona Strategies

• Naloxone
• Prescribing Practices and Policy Change
• Chronic Pain Management
• Patient Education
• Community-based prevention
• Law Enforcement
• Access to effective OUD Tx
• Recovery Supports
How Does Opioid STR Fit into the Broader Strategic Plan to Solve the Opioid Crisis?
SAMHSA Formulary Grant

- States are allocated amount based on prevalence and need
- Arizona receives $12,171,518 each year for 2 years = $24,343,406
- 12th highest award in the nation
Requirements

• No less than 80% on treatment
• Access to all FDA approved MAT options**
• Needs and capacity assessment
• State strategic plan
• Activities must begin within 4 months of award
• Can supplement but not supplant
Prevention

- Naloxone for law enforcement – ADHS
- GOYFF
  - Purchase Rx drop boxes
  - Rx Drug Toolkit trainings and TA
  - Older Adults – WISE and Mental Health 1st Aid
  - Marketing of GOYFF’s Prevention, Treatment and Recovery Locator
  - SBI RT screenings
Treatment

• Goal: Improve access to, participation and retention in comprehensive Medication Assisted Treatment (MAT) services to treat OUD.
Why MAT?

• Most clinically sound and cost-effective way to treat opioid addiction based on extensive clinical research (NIDA, ASAM and the U.S. Surgeon General).
  - Improves treatment retention
  - Decreases opioid use
  - Reduces risk of mortality

• Over 50,000 AHCCCS members with OUD
Reward Pathway

Prefrontal cortex

Nucleus accumbens

Ventral tegmental area
Opioid Withdrawal Symptoms

- Pupillary dilation
- Tachycardia
- Diaphoresis
- Gooseflesh skin
- Runny nose/tearing
- Tremor

- Yawning
- Anxiety/irritability
- Restlessness
- Bone/joint aches
- GI upset
Goals of Treatment

• Risk reduction vs. complete abstinence
• Overarching themes
  o 1st stabilize the brain
  o Address the psychological factors behind the addiction
  o Pro-social behavior
  o Emotional and physical health
  o Avoid justice involvement
Treatment of Opioid Use Disorder: Maintenance Pharmacotherapies

- Full agonist therapy with methadone
- Partial agonist therapy with buprenorphine
- Antagonist therapy with naltrexone
Solutions

• Risk vs benefit
• Reality is level of gray
• No one size fits all
Myths of MAT

**MAT JUST TRADES ONE ADDICTION FOR ANOTHER:** MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery. (10)

**MAT IS ONLY FOR THE SHORT TERM:** Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT. (11)

**MY PATIENT’S CONDITION IS NOT SEVERE ENOUGH TO REQUIRE MAT:** MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient (2).
More MAT Myths

**MAT Increases the Risk for Overdose in Patients:** MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression. (14)

**Providing MAT Will Only Disrupt and Hinder a Patient’s Recovery Process:** MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.

**There isn’t Any Proof That MAT is Better Than Abstinence:** MAT is evidence-based and is the recommended course of treatment for opioid addiction. American Academy of Addiction Psychiatry, American Medical Association, The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first line treatment. (8)

Reaching across Arizona to provide comprehensive quality health care for those in need
Stigma and Access to Healthcare

• How we talk about things impacts the way we think about things and vice versa

• Improved understanding that opioid use disorder is a complex interplay of biology and environment will decrease stigma and increase access to healthcare
MAT Education and Outreach

- Community
- Providers
- Key Stakeholders
- ASU – CABHP
Increase Peer Support Services

- MAT treatment navigation
- MAT treatment retention
- Recovery support
*Centers of Excellence*

- 24/7 access
- Coordinate intake and assessment
- Review all MAT options
- Referral to community treatment
- Assignment to peer support
- Opioid overdose education and Naloxone access
*Hospital & ED Discharge Projects*

- “Hotspot” facilities
- MAT options and referrals
- Peer support
- Opioid overdose education and Naloxone access
- ED-Buprenorphine Initiation Model
*Diversion and Incarceration Alternative Project*

- Pre- and Post-booking
- Consensus building on model process
- Training
- Divert to case managers/care coordinators
  - Review all MAT options
  - Navigate to MAT
  - Peer supports
**MAT Eligible Individuals being Released from Correctional Settings**

- Early identification prior to release
- Review all MAT options
- Provide referral
- Align peer support for post-release navigation
Recovery Supports for Post-Partum Mothers in OUD Tx

- DCS: Substance Exposed Newborn Safe Environment (SENSE) program
- Supplement Nurse Visits
- Address caregiving stressors that can affect the mother’s treatment and recovery success
*OUD Residential/Recovery Homes

• Expand services
• Provide access to all MAT
• Evidence-based practices for psychosocial therapies
Medical Community Solutions

• “Open, honest discussions....are needed to examine assumptions about opioid addiction, the historical context of its treatment, and associated ideologies as a way of bridging the divide around MAT.”

• “Patients deserve the opportunity to make a well-informed choice about which path they take to [their] recovery”
MAT is **PART** of the Bigger Plan

- Naloxone
- Prescribing Practices and Policy Change
- Chronic Pain Management
- Patient Education
- Community-based prevention
- Law Enforcement
- Access to effective OUD Tx
- Recovery Supports
Aligning STR with Medicaid System

• Contract and policy being updated to reflect the exact same MAT activities

• Opening up MAT on the acute side

• Adjusting CAP rates to meet the need
So, Now What, Arizona?
Use What Works!
Get Off the Train and Push
Thank You

Shana.Malone@azahcccs.gov