

Drug Overdoses: Data and Implications in Arizona

November 2024

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MD MPH



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MD



Drs. Villarroel and Salek have nothing to disclose.

Outline

- Surveillance & statistics
 - 20-, 5-, and 1-year data
 - Disparities
 - Risk factors
- Impact on public health
 - Hospitalizations
 - Opioid prescriptions
- Prevention & intervention strategies
- Resources

Note: Data sources for all statistics are found at the end of the presentation.





Surveillance & Statistics

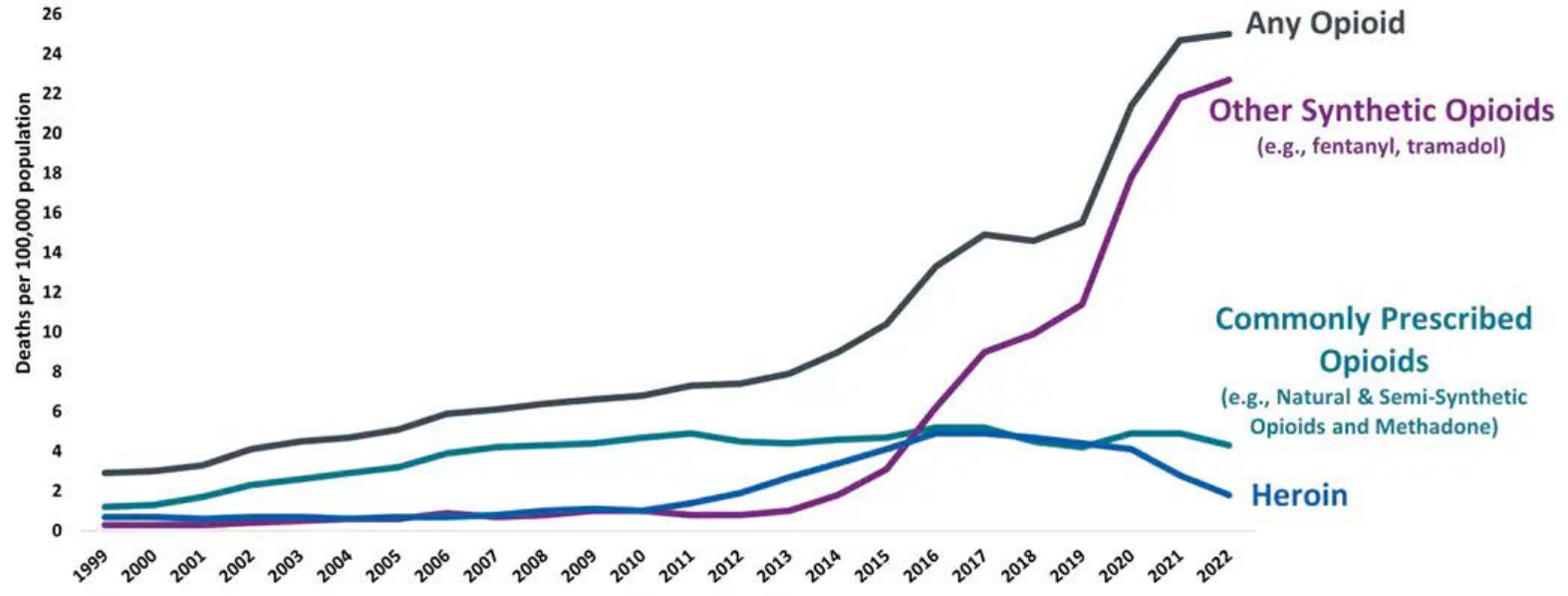


20 Year Data from U.S. and Arizona



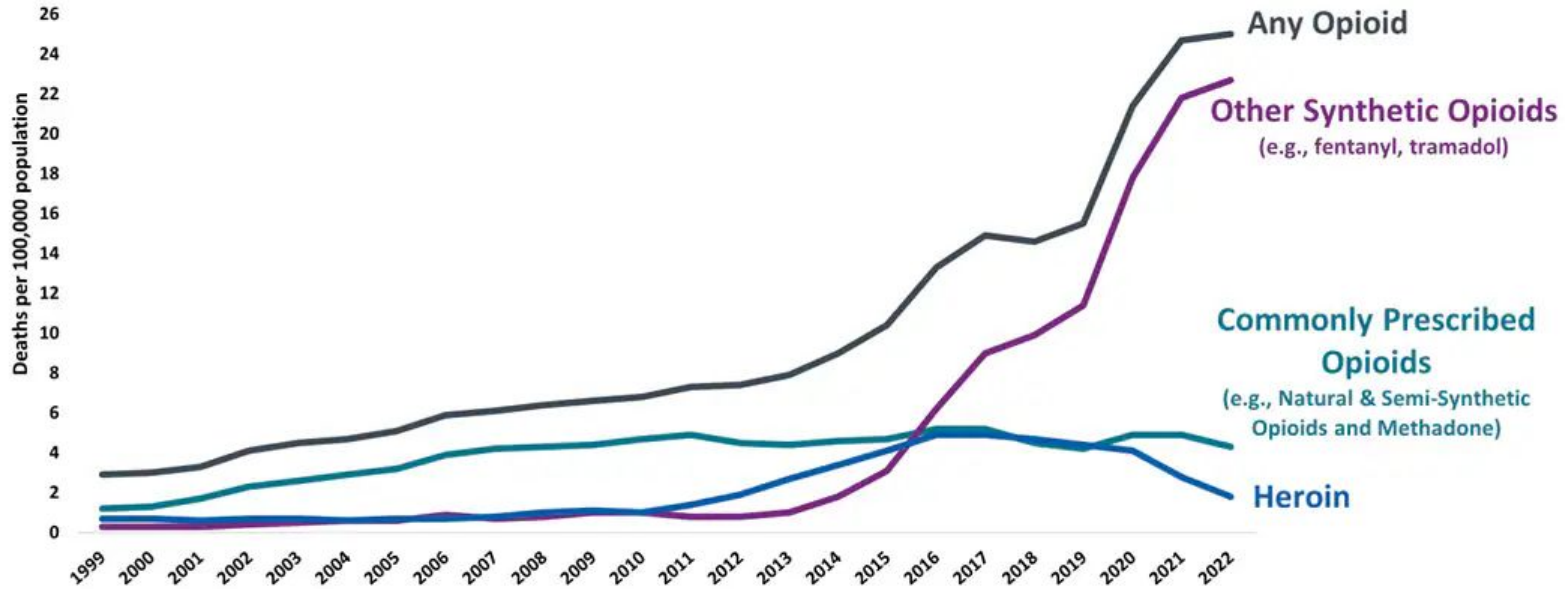
The number of opioid-related deaths nationwide has been rising continuously since 1999.

Three distinct waves of increases are related to different types of opioids.



WAVE 1: National Rise in Prescription Opioid Deaths

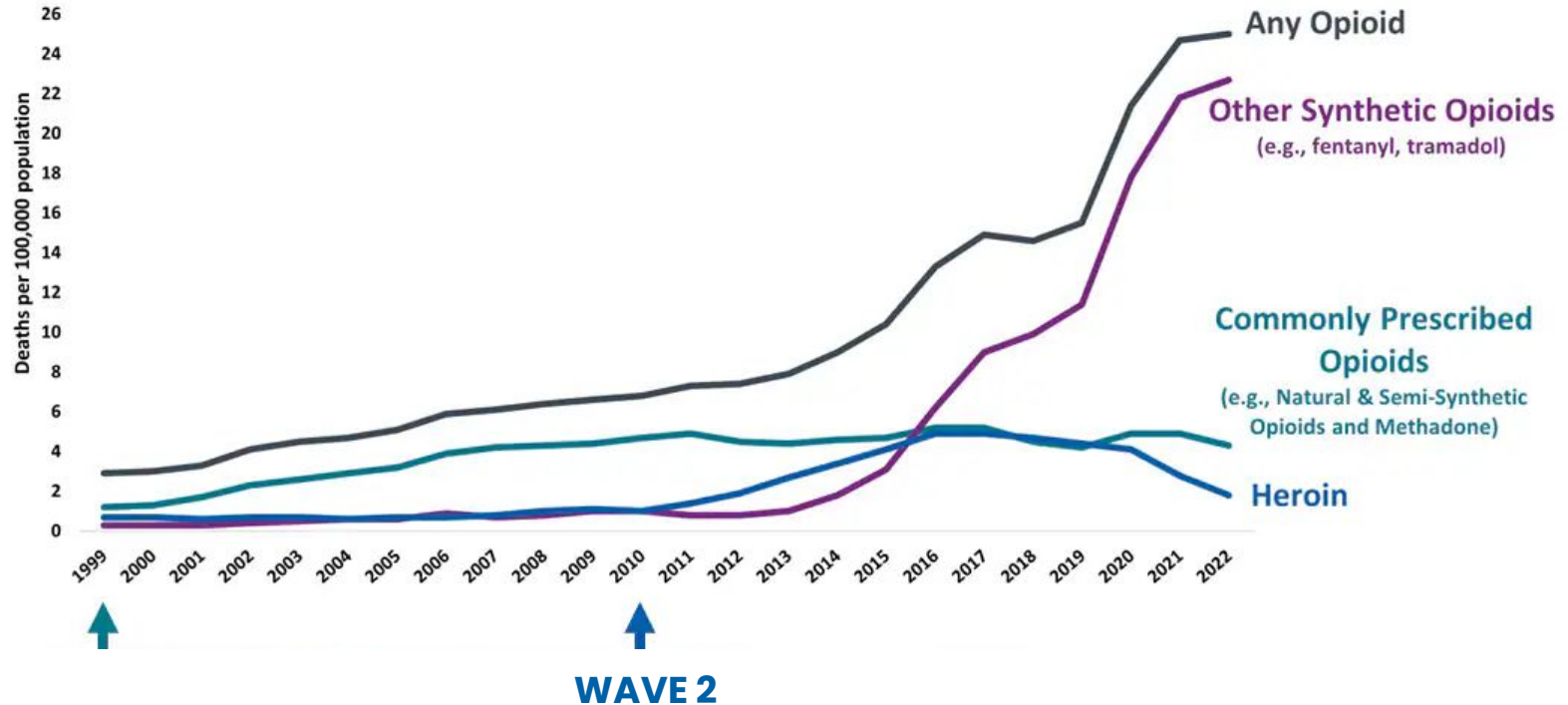
Prescription opioids include natural and semi-synthetic opioids and methadone.



WAVE 1

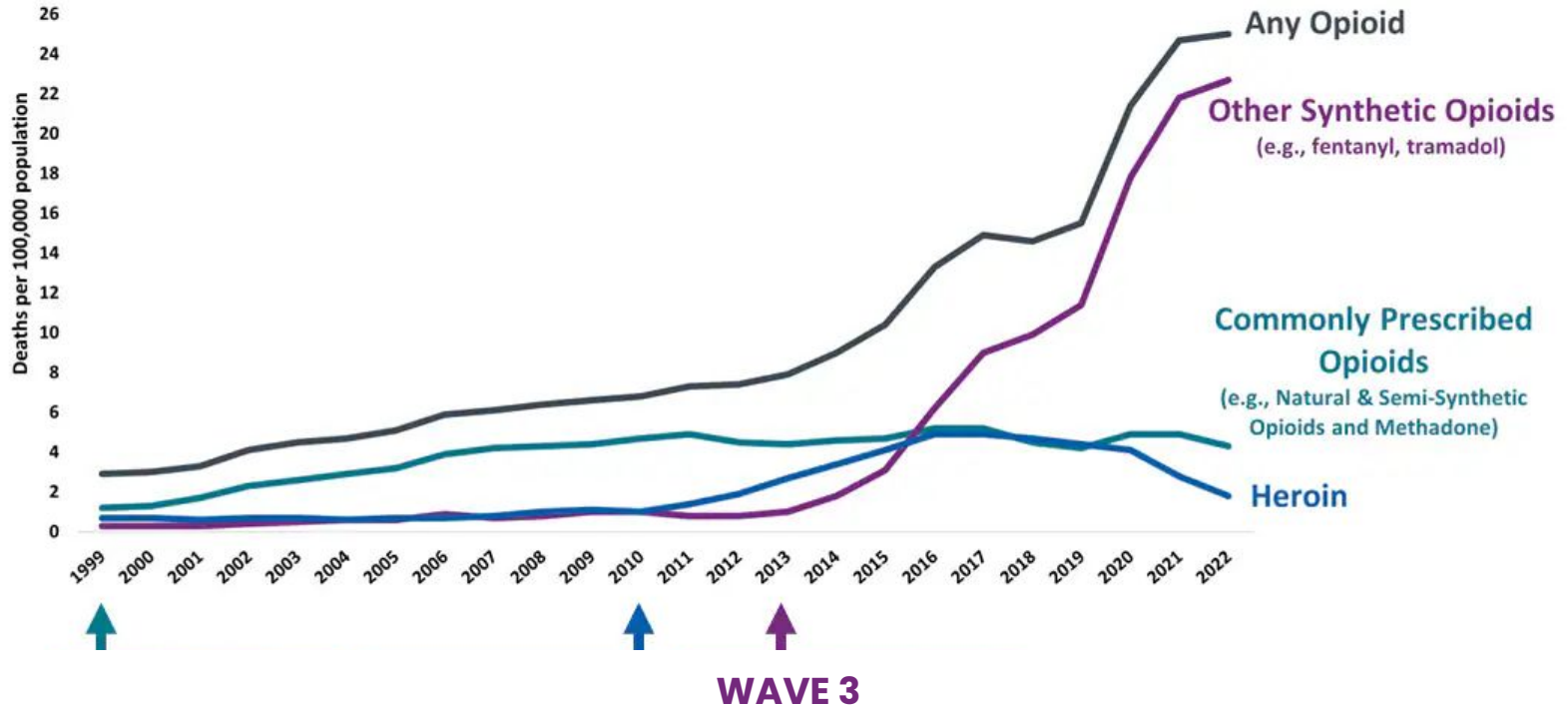


WAVE 2: National Rise in Heroin Overdose Deaths



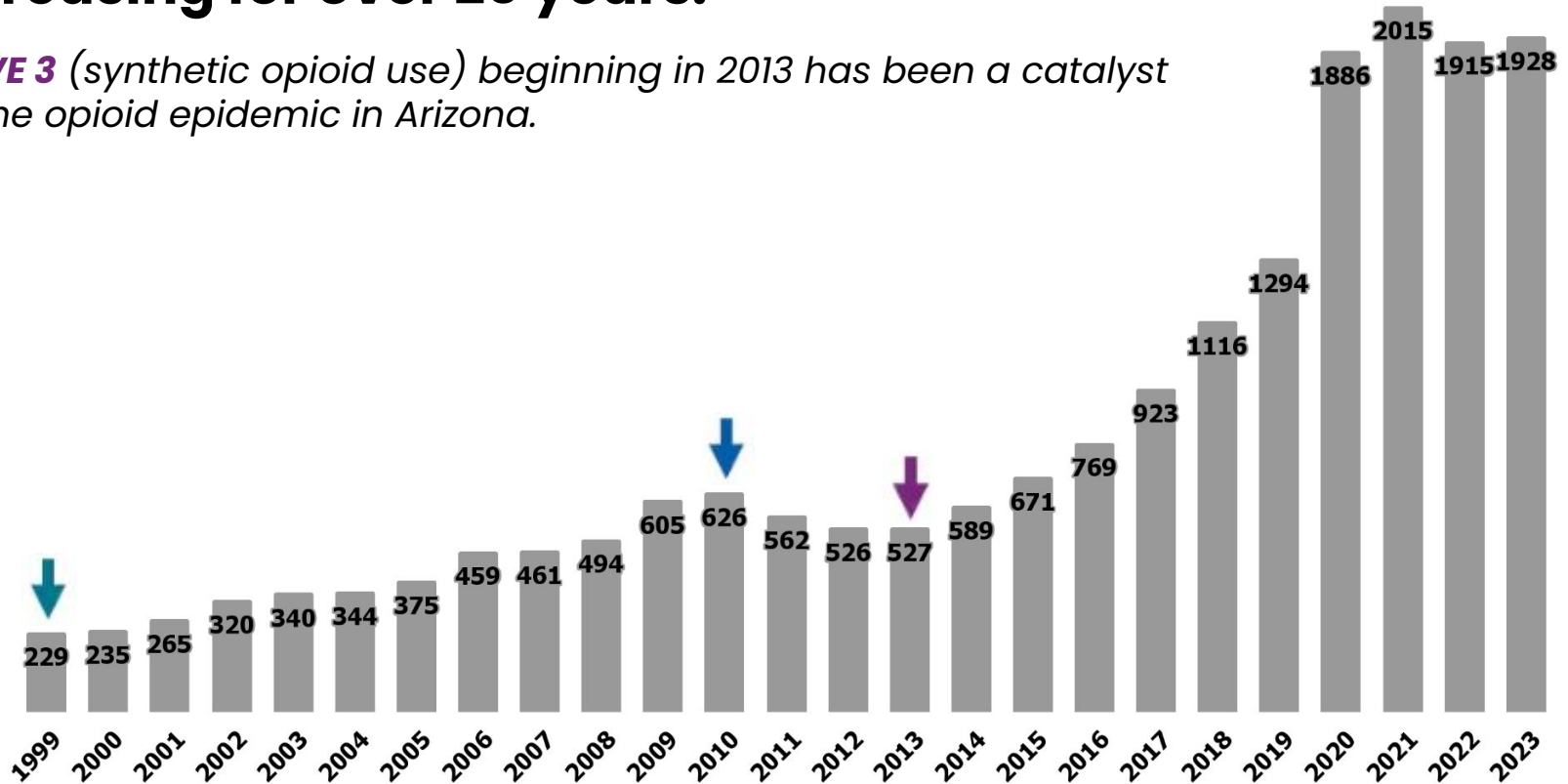
WAVE 3: National Rise in Synthetic Opioid Overdose Deaths

Synthetic opioids include illicitly made fentanyl.



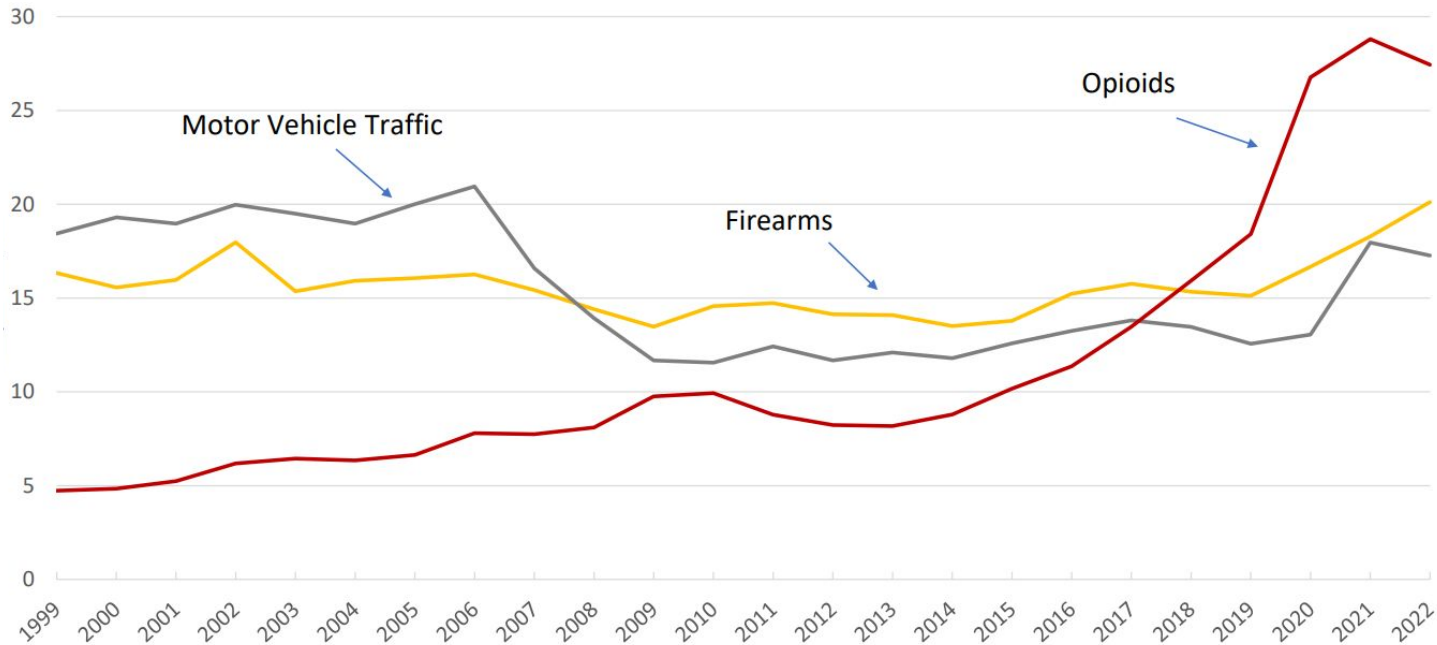
The number of fatal opioid overdoses in Arizona have been increasing for over 20 years.

WAVE 3 (synthetic opioid use) beginning in 2013 has been a catalyst for the opioid epidemic in Arizona.



Opioid overdose fatalities are a leading cause of injury-related death in Arizona.

Surpassing motor vehicle and firearm injury-related deaths.



Age-adjusted rate per 100,000 population



5 Year Data from Arizona

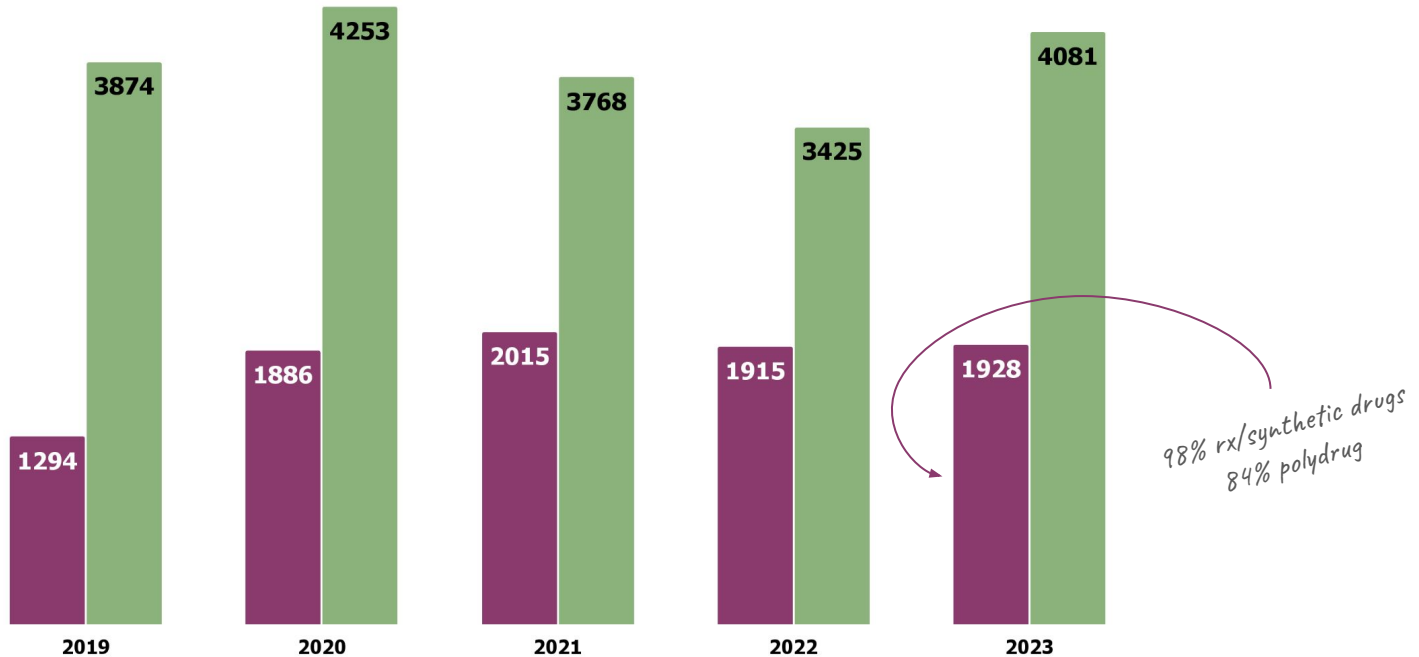


Annual non-fatal opioid overdoses in Arizona remain high, but stable.

In 2023, fentanyl (75%), meth/amphetamine (33%), and benzodiazepine (12%) were the most reported drug types in non-fatal opioid events.

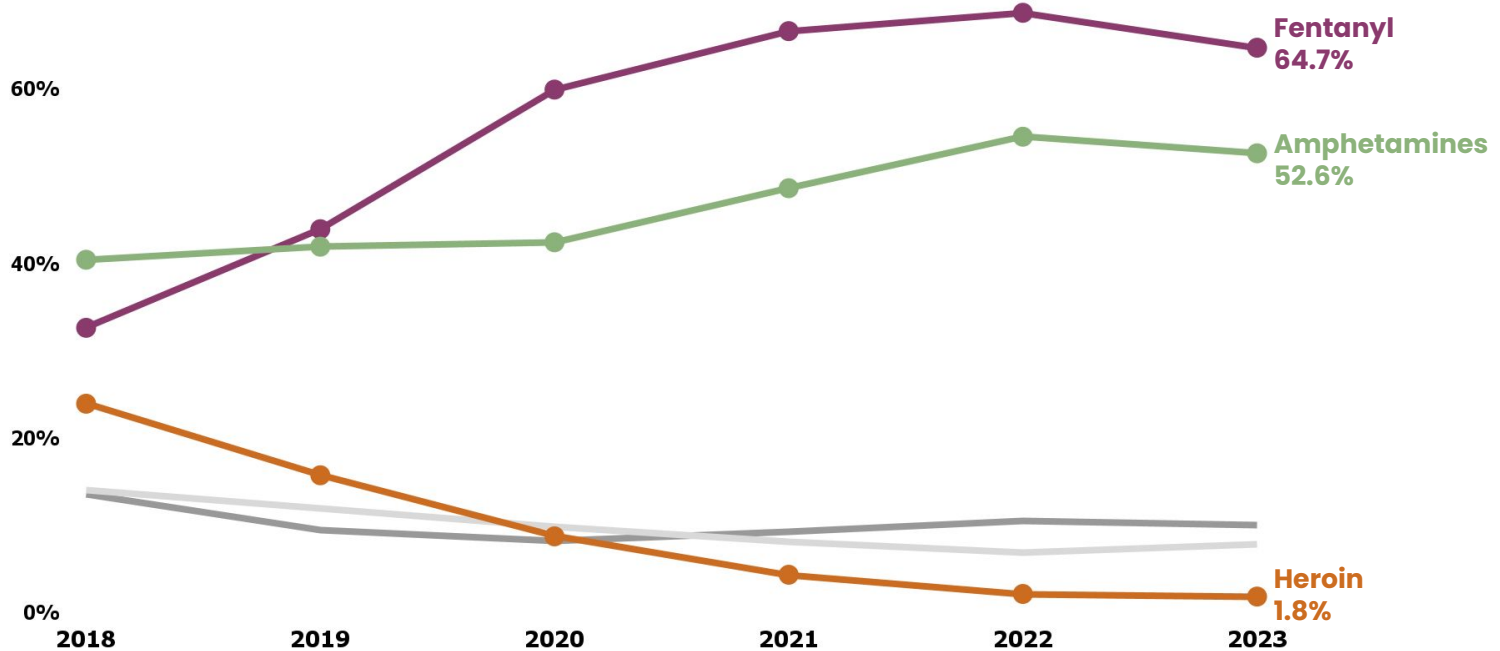


Annual non-fatal opioid overdoses in Arizona remain high but stable, as do annual fatal opioid overdoses.



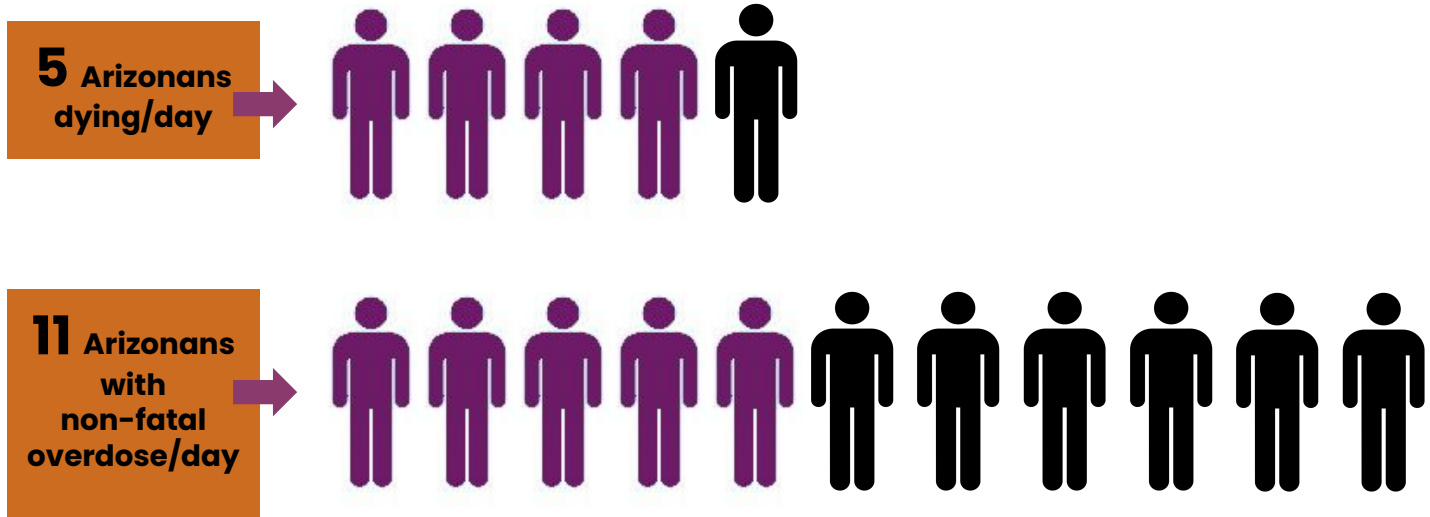
From 2018 to 2023, deaths involving fentanyl and amphetamines increased while deaths involving heroin steadily decreased.

During this time, deaths from cocaine and sedatives slightly decreased.

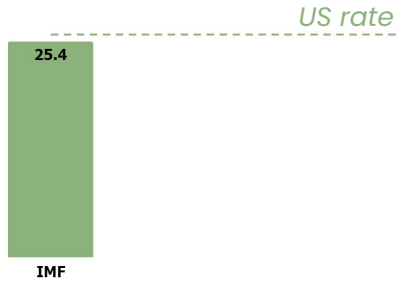


In Arizona, fentanyl is involved in most opioid overdoses.

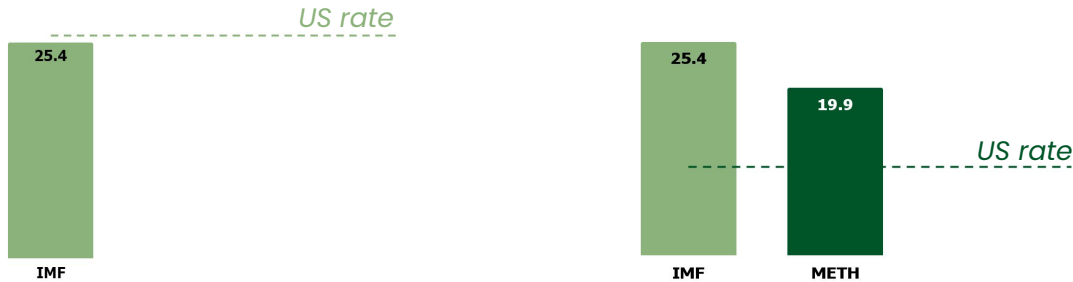
In 2023, 5 Arizonans a day died from an opioid overdose and 11 Arizonans experienced a non-fatal overdose.



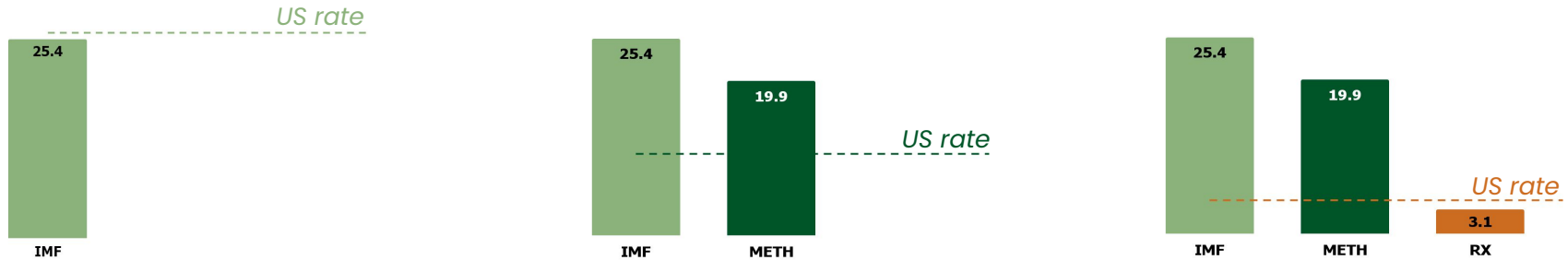
In 2022, Arizona had a lower rate of overdose deaths by illegally-made fentanyl (IMF) than the US.



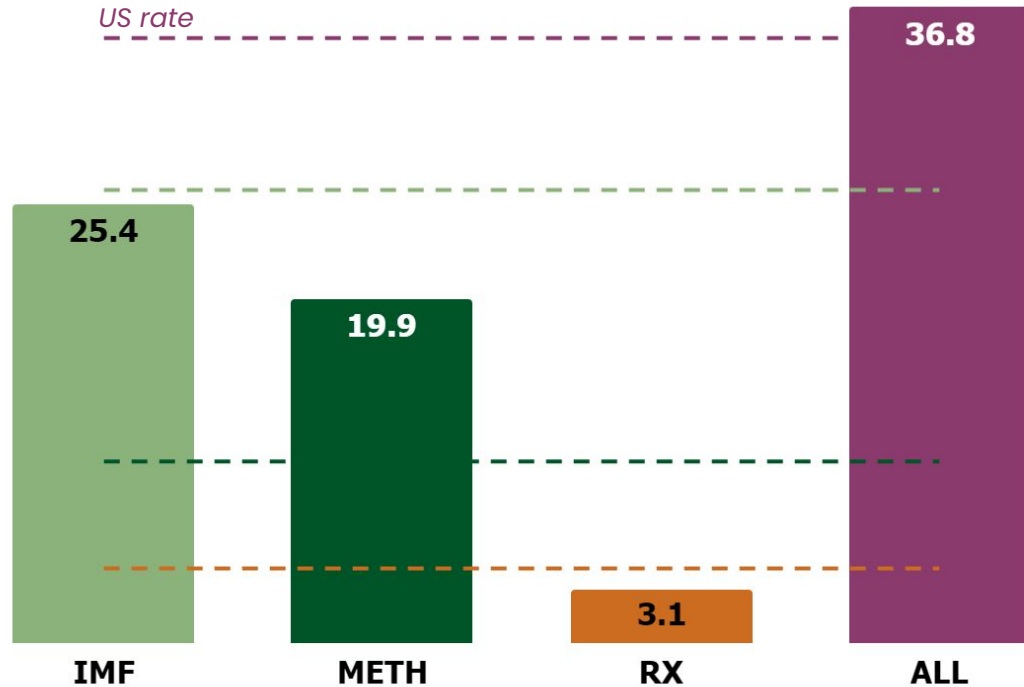
In 2022, Arizona had a lower rate of overdose deaths by illegally-made fentanyl (IMF); a higher rate of overdose deaths by methamphetamine (METH) than the US.



In 2022, Arizona had a lower rate of overdose deaths by illegally-made fentanyls (IMF); a higher rate of overdose deaths by methamphetamine (METH); and a lower rate of overdose deaths by prescription (RX) opioids than the US...

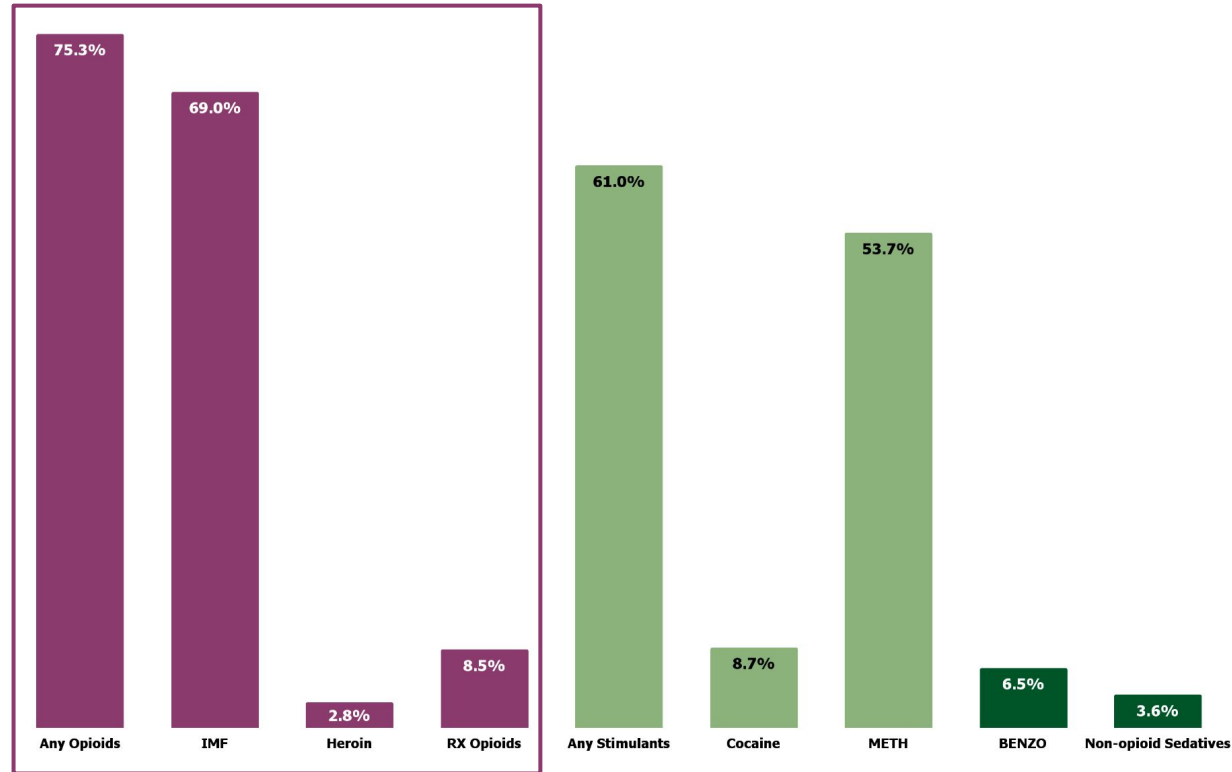


...but had a higher rate of overdose deaths by all drugs than the US.



In 2022, 75.3% of overdose deaths involved at least one opioid.

Illegally-made fentanyl (IMF) were the most commonly involved opioids.

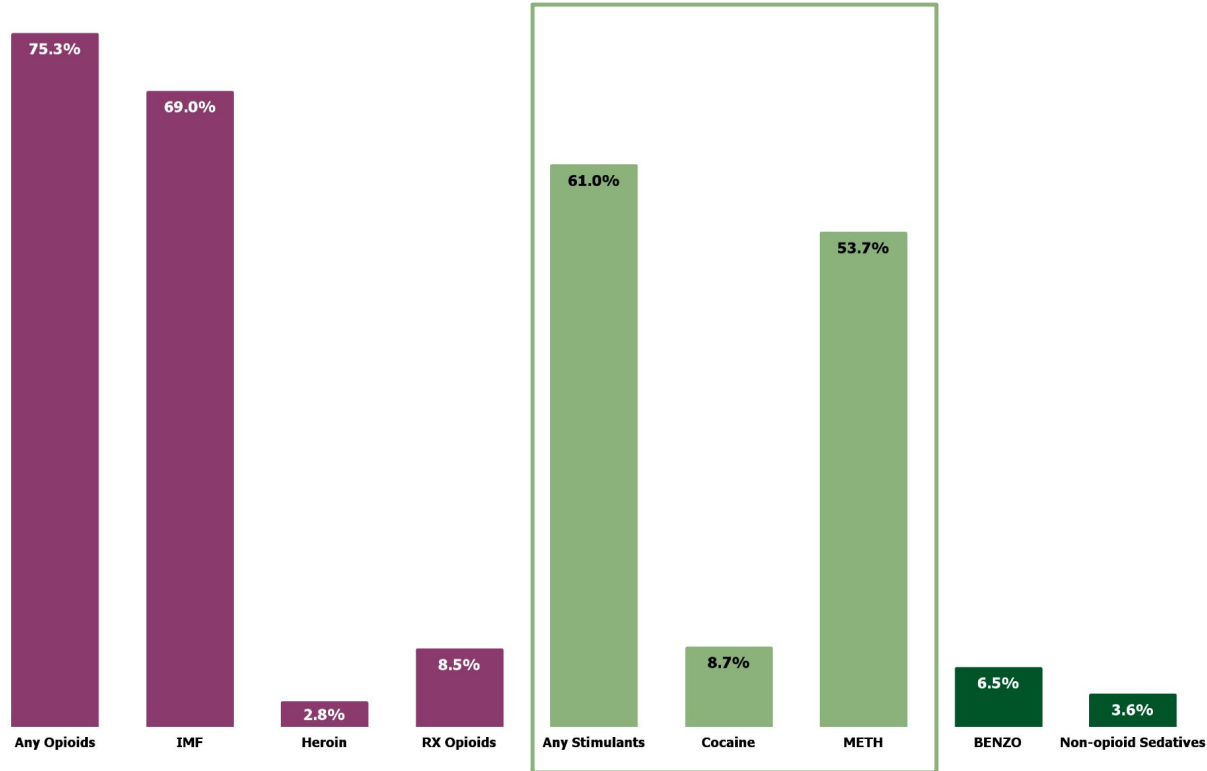


Percentages are not mutually exclusive.



In 2022, 61% of overdose deaths involved at least one stimulant.

The most common stimulant involved in overdose deaths was methamphetamine (METH).

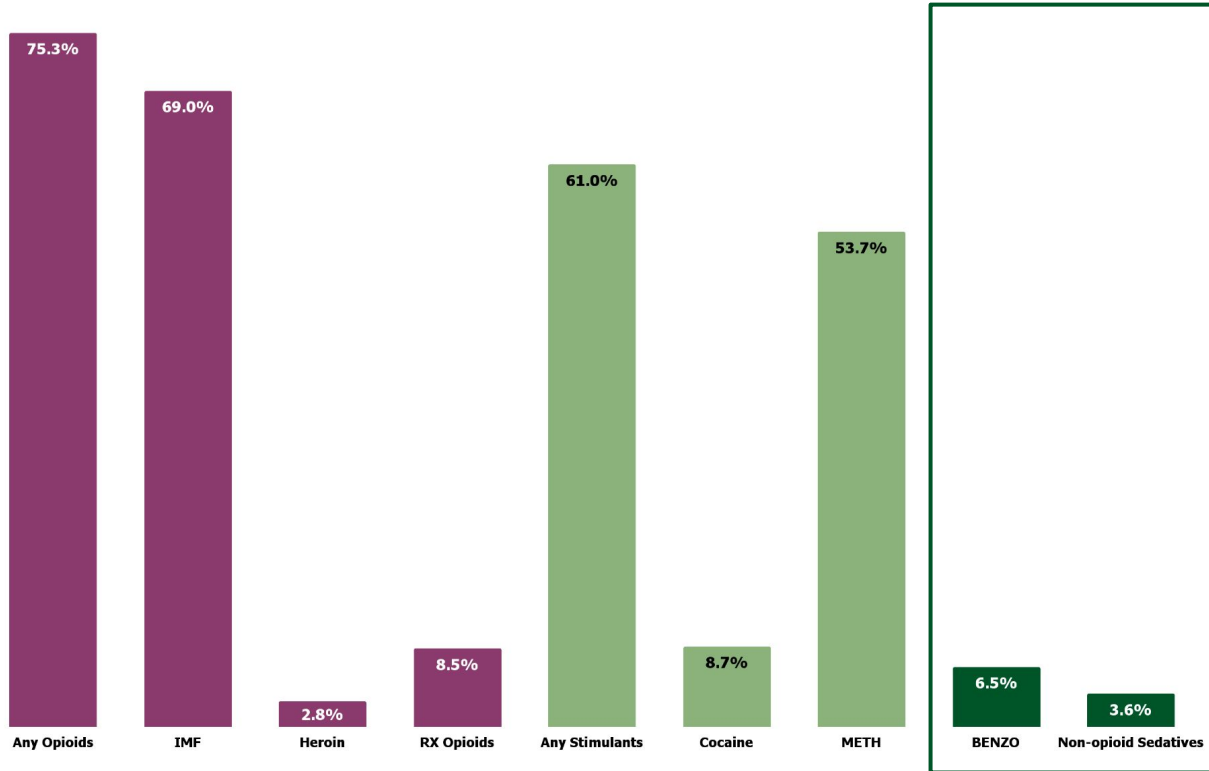


Percentages are not mutually exclusive.



In 2022, 6.5% of overdose deaths involved at least one benzodiazepine.

Non-opioid sedatives were found even less.



Percentages are not mutually exclusive.

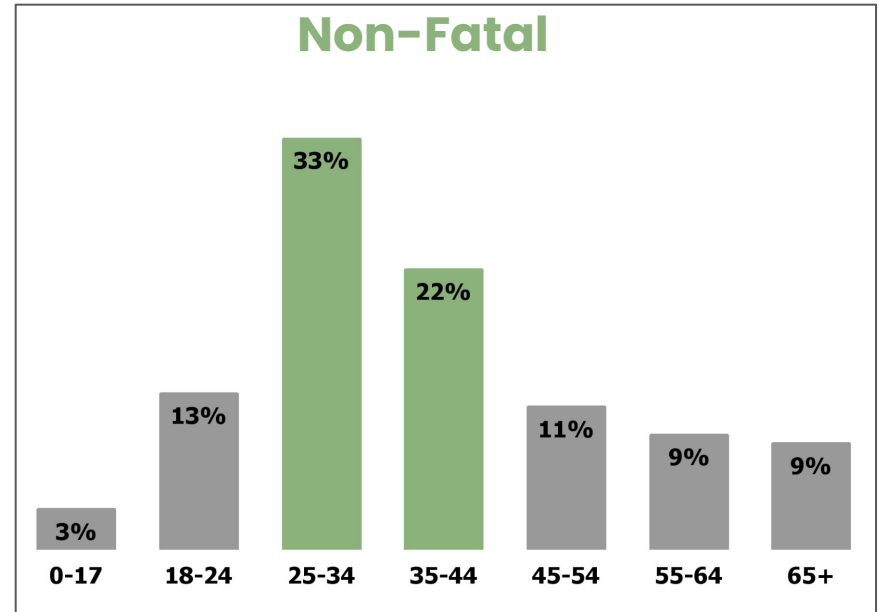
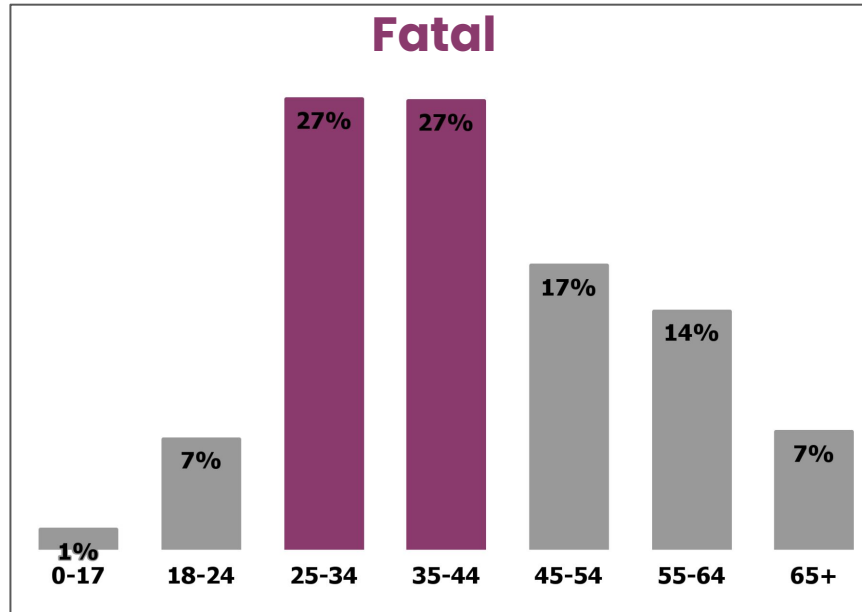


1 Year Data from Arizona



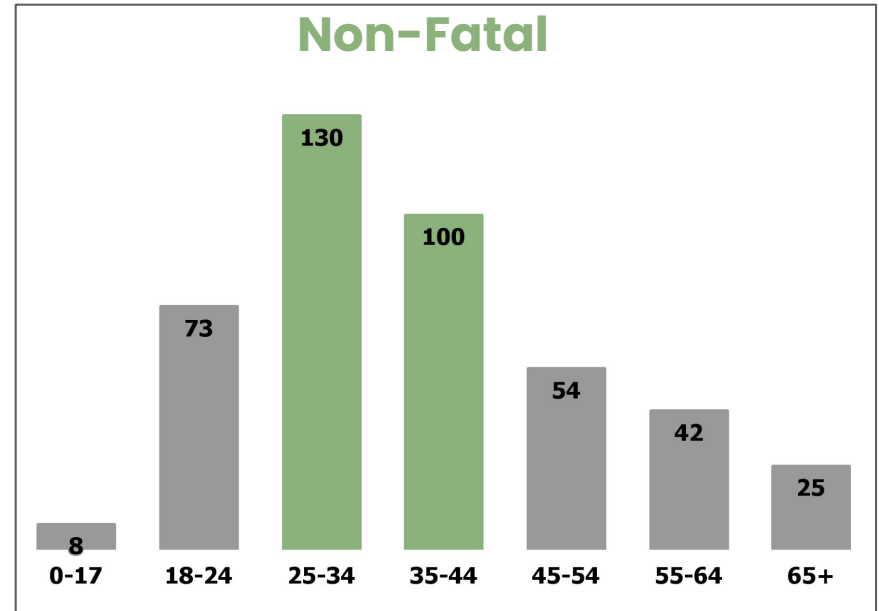
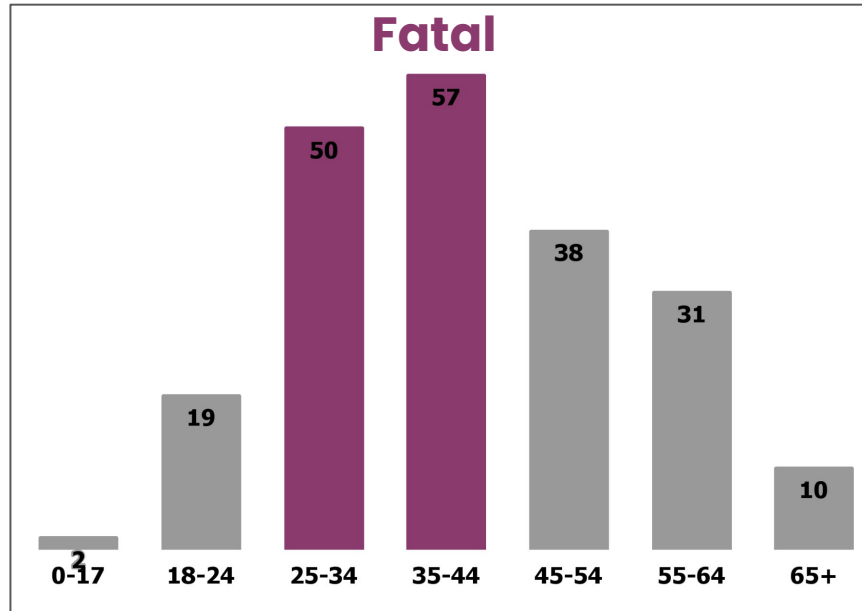
In 2023, over 50% of those who suffered fatal and non-fatal opioid overdoses in Arizona were aged 25 to 44 years old.

Targeted prevention and treatment efforts in this age range are needed to address the opioid crisis.



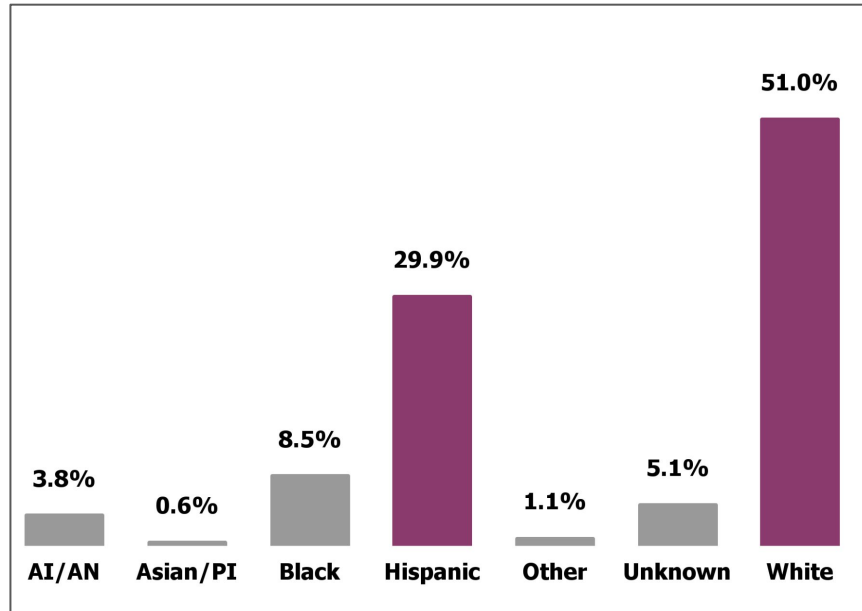
Arizonans aged 25 to 44 years old also suffered the highest rates of fatal and non-fatal opioid overdoses.

Targeted prevention and treatment efforts in this age range are needed to address the opioid crisis.



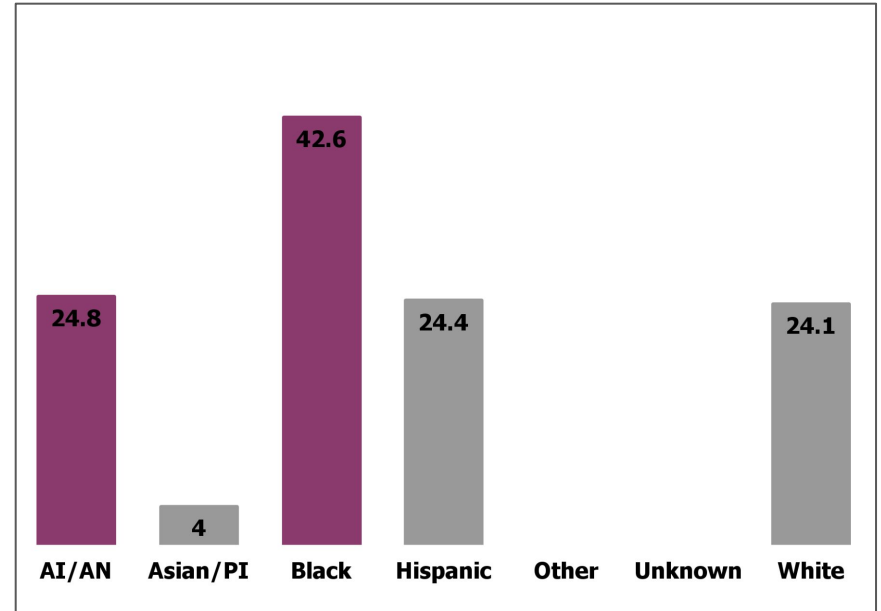
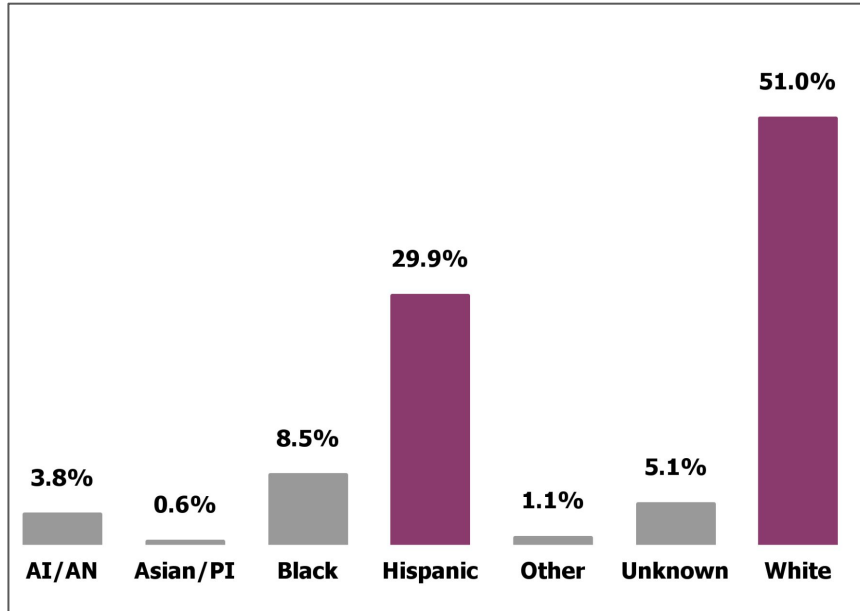
White and Hispanic or Latino Arizonans made up over 80% of fatal opioid overdoses, but...

Significant racial and ethnic disparities exist in opioid overdose mortality rates.



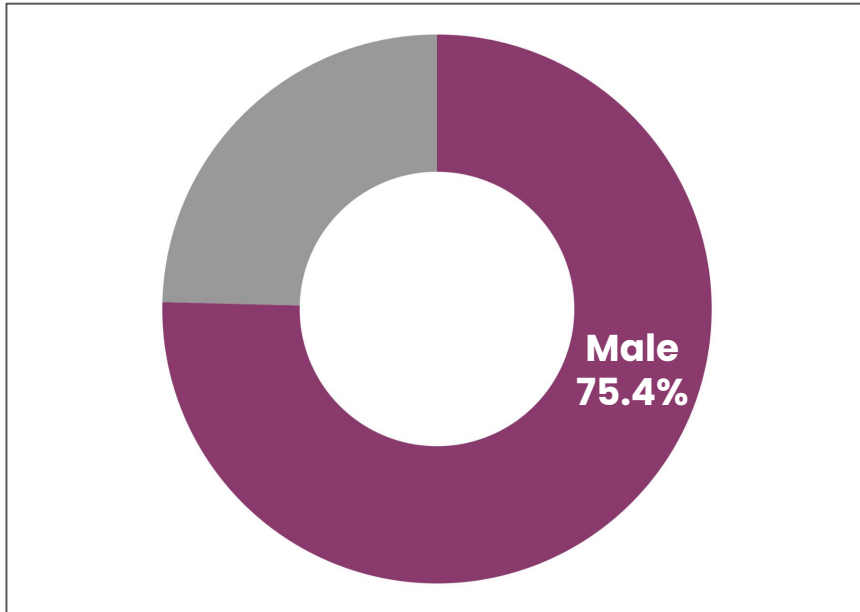
...Black and American Indian or Alaska Native Arizonans had the highest rates of fatal opioid overdoses.

Significant racial and ethnic disparities exist in opioid overdose mortality rates.

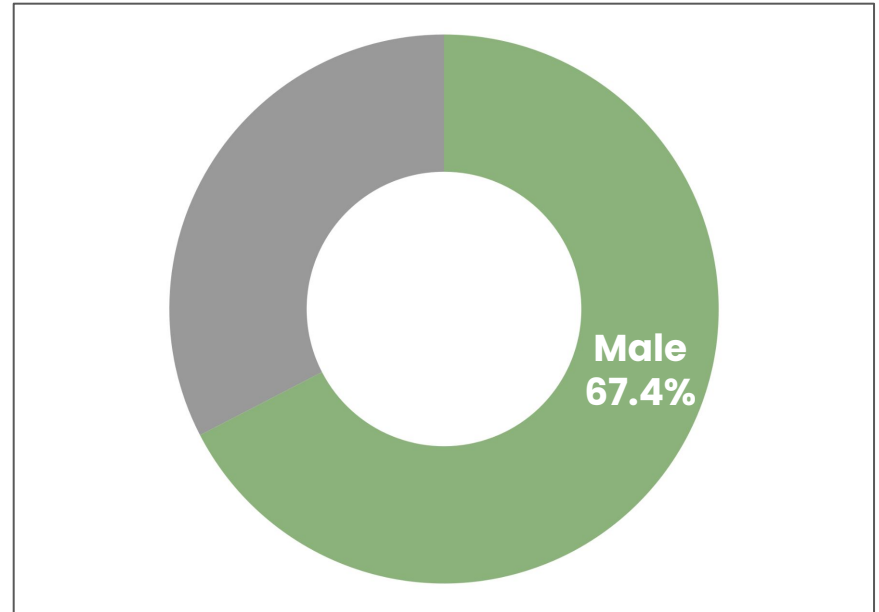


Males were more likely to experience fatal and non-fatal opioid overdose events.

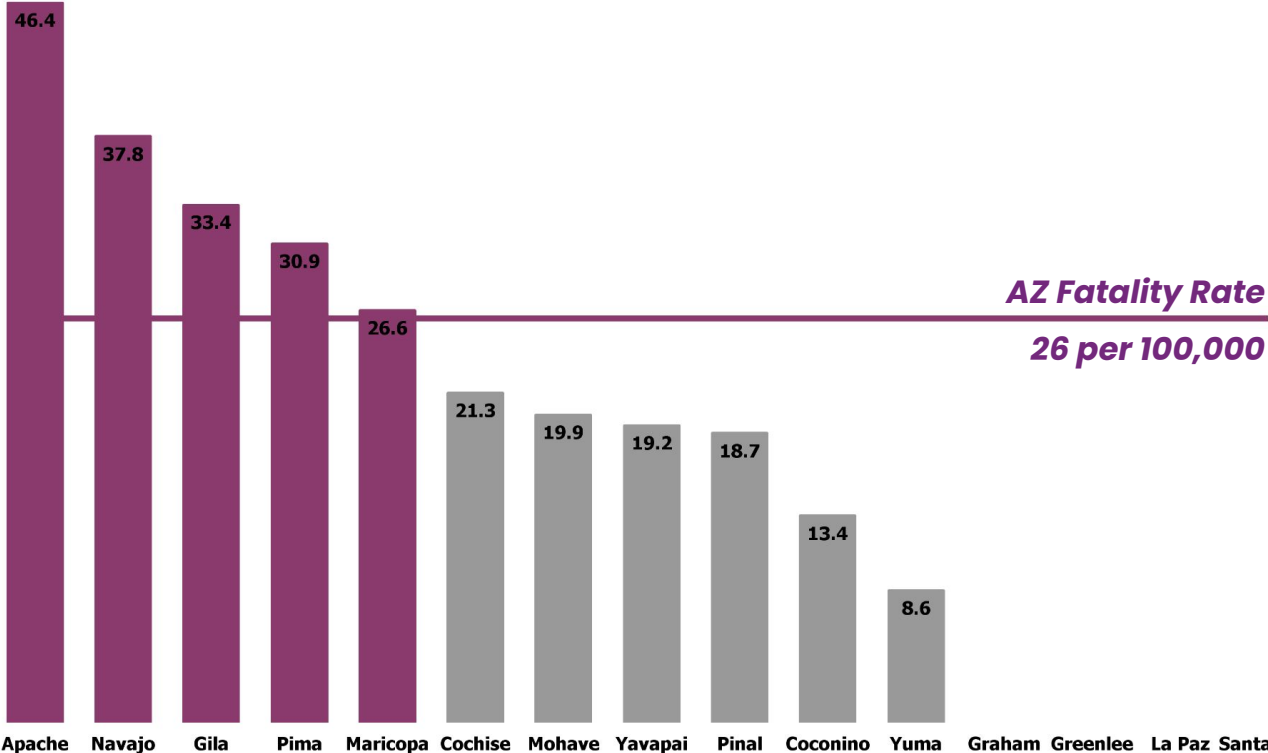
Fatal



Non-Fatal



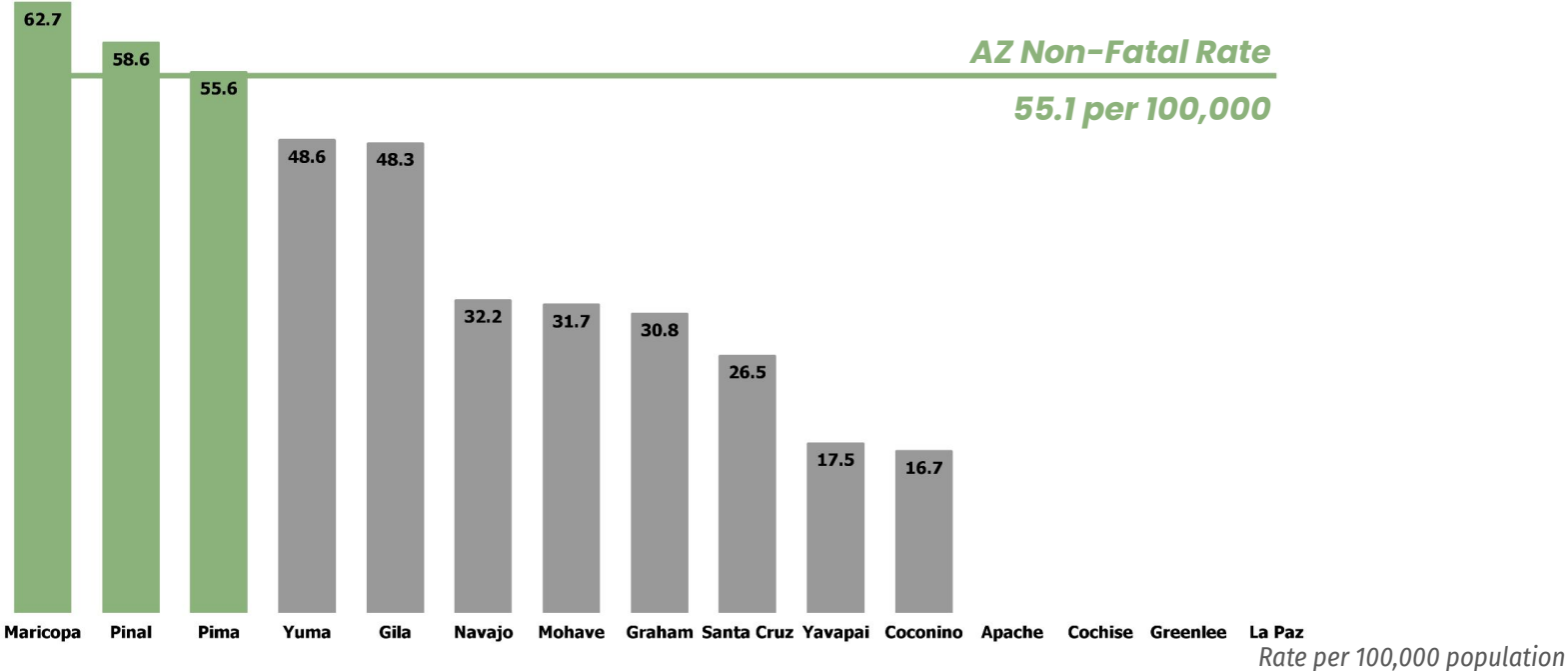
Apache, Navajo, Gila, Pima, and Maricopa Counties experienced opioid fatality rates higher than the statewide rate.



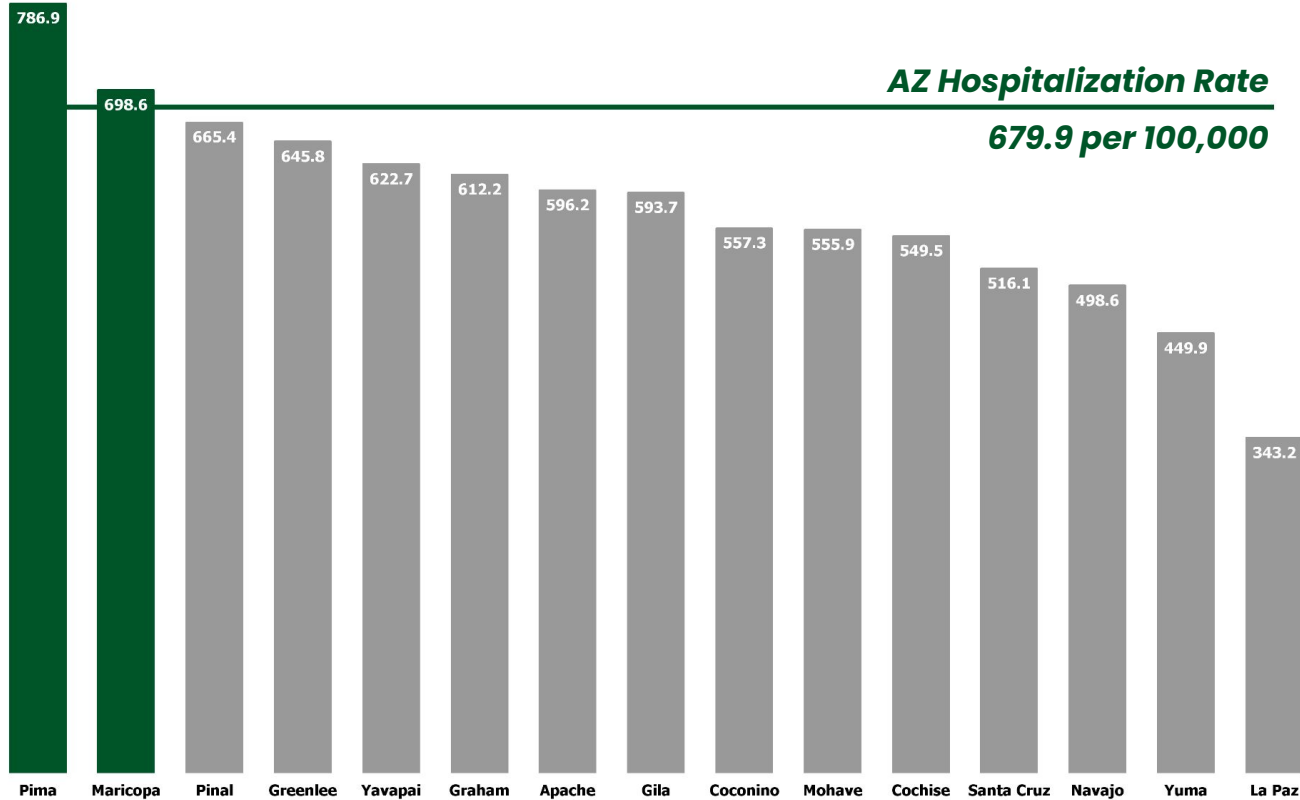
Rate per 100,000 population



Maricopa, Pinal, and Pima Counties experienced non-fatal opioid overdose rates higher than the statewide rate.



Pima and Maricopa Counties experienced hospitalization and emergency department visit opioid overdose rates higher than the statewide rate.



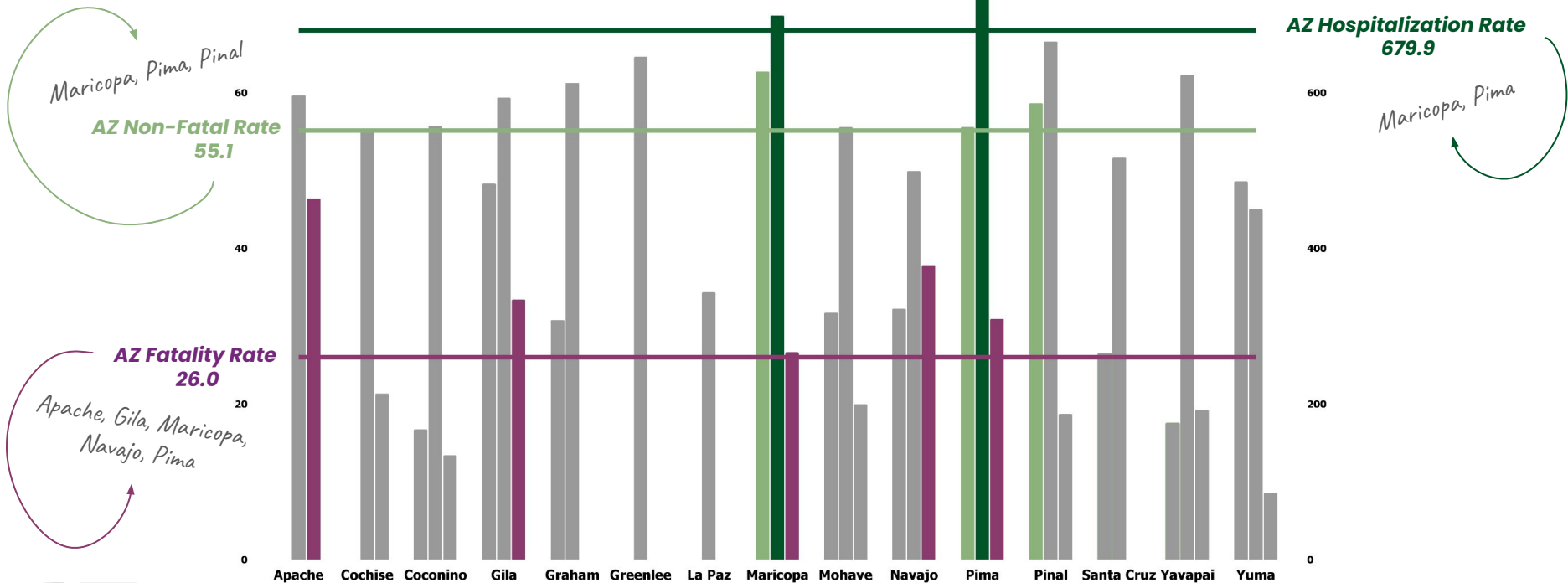
AZ Hospitalization Rate

679.9 per 100,000

Rate per 100,000 visits



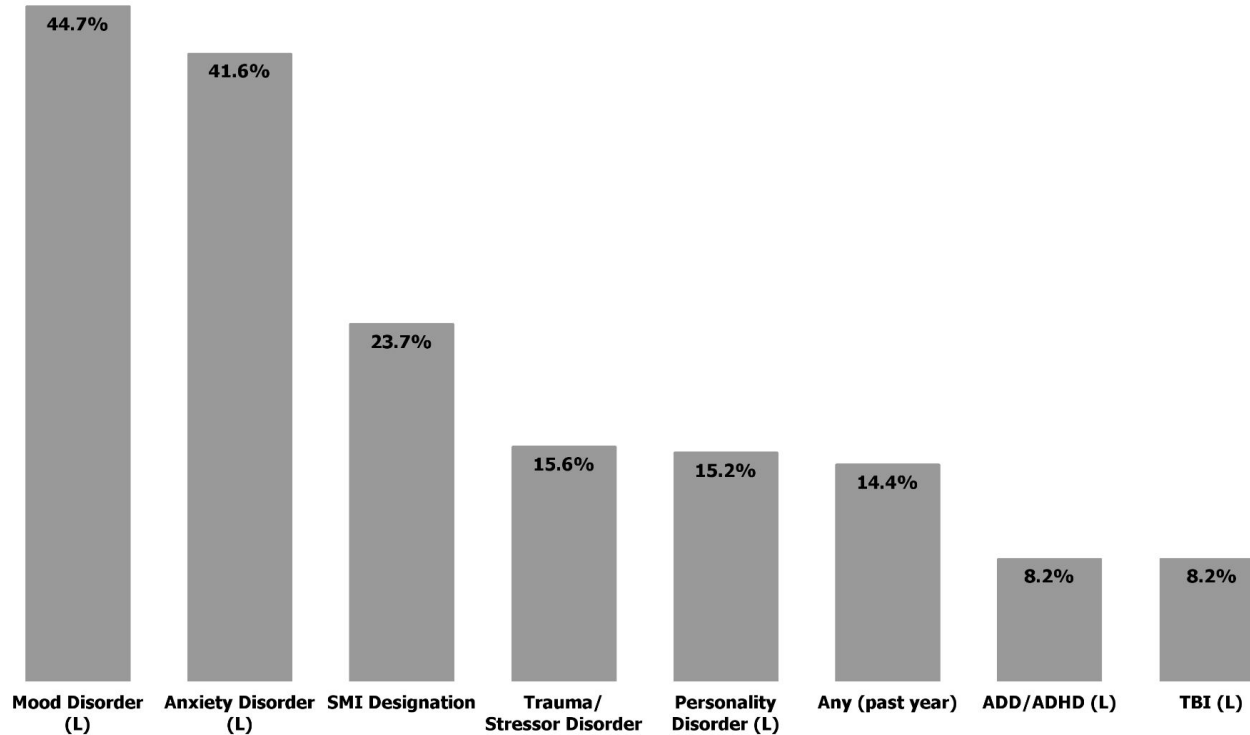
Maricopa and Pima Counties experienced **fatal** opioid rates, **non-fatal** opioid rates and opioid-related **hospitalization and emergency department visit** rates higher than the statewide rate.



Fatal and non-fatal rate per 100,000 population
 Hospitalizations/ED visit rate per 100,000 visits

The 2021 Overdose Fatality Review Board identified contributing conditions to fatal overdoses, including...

over 60% of cases had a behavioral health diagnosis

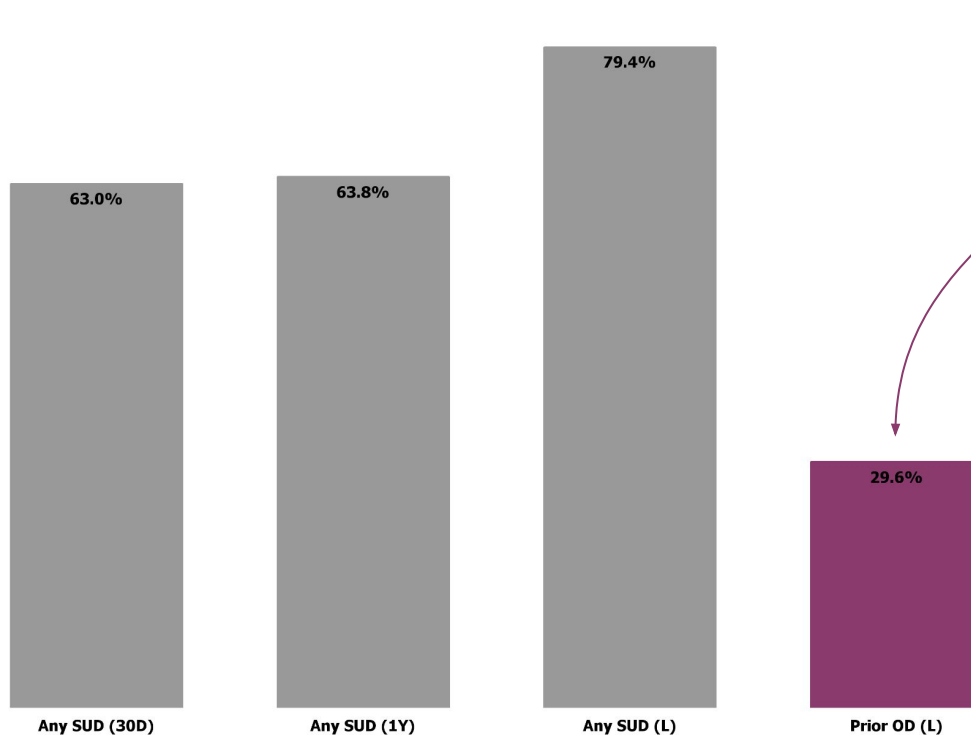


SMI = Serious Mental Illness
TBI = Traumatic Brain Injury
L = lifetime diagnosis



The 2021 Overdose Fatality Review Board identified contributing conditions to **fatal** overdoses, including...

*almost 80% of cases had a substance use disorder, 30% of which had a **prior overdose episode***

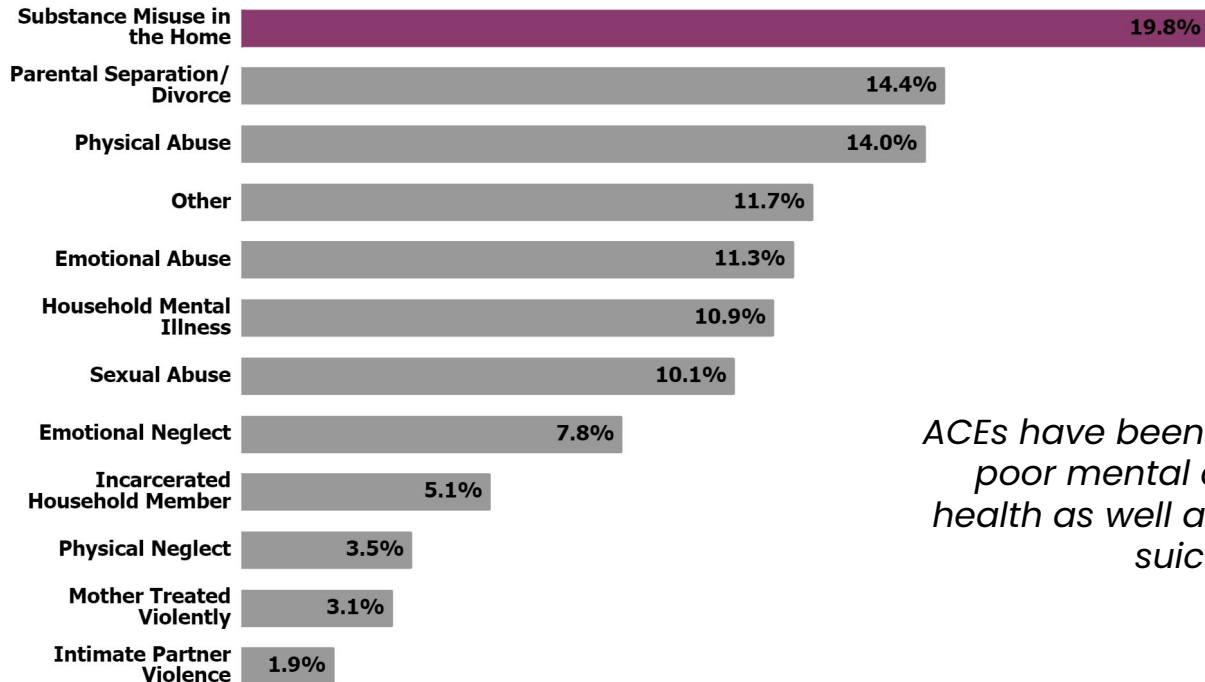


30D = past 30 days diagnosis
1Y = past year diagnosis
L = lifetime diagnosis



The 2021 Overdose Fatality Review Board identified contributing conditions to fatal overdoses, including...

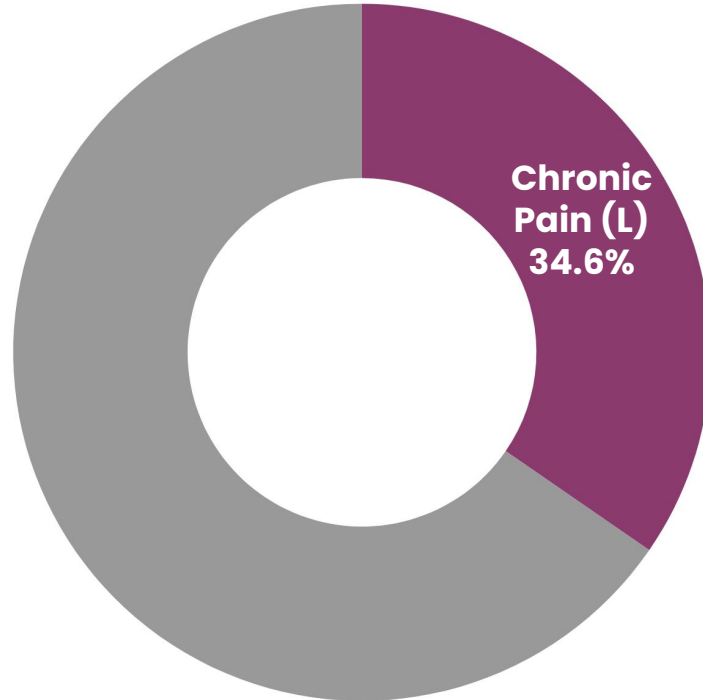
substance misuse in the home was the most common Adverse Childhood Event (ACE) reported



ACEs have been correlated with poor mental and physical health as well as drug use and suicide.

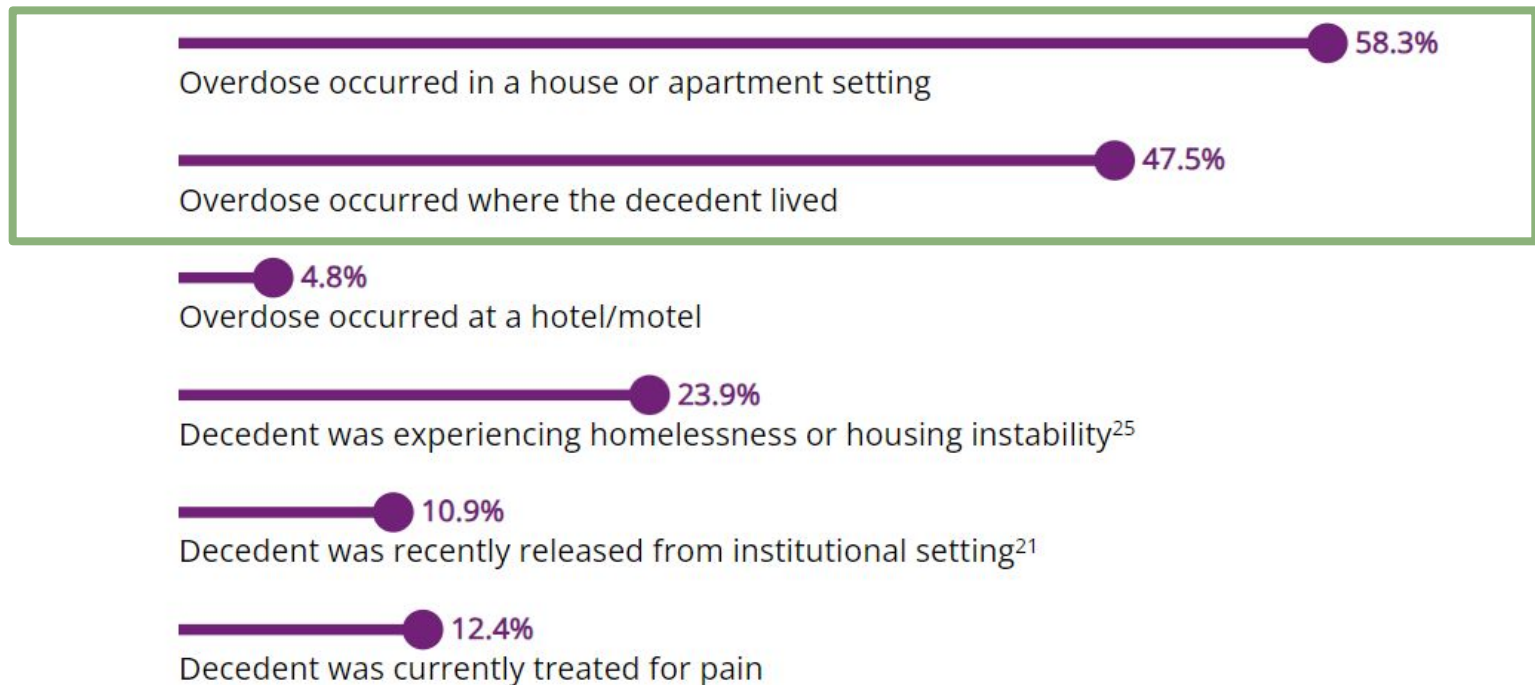
The 2021 Overdose Fatality Review Board identified contributing conditions to fatal overdoses, including...

a third of cases (35%) suffered from chronic pain

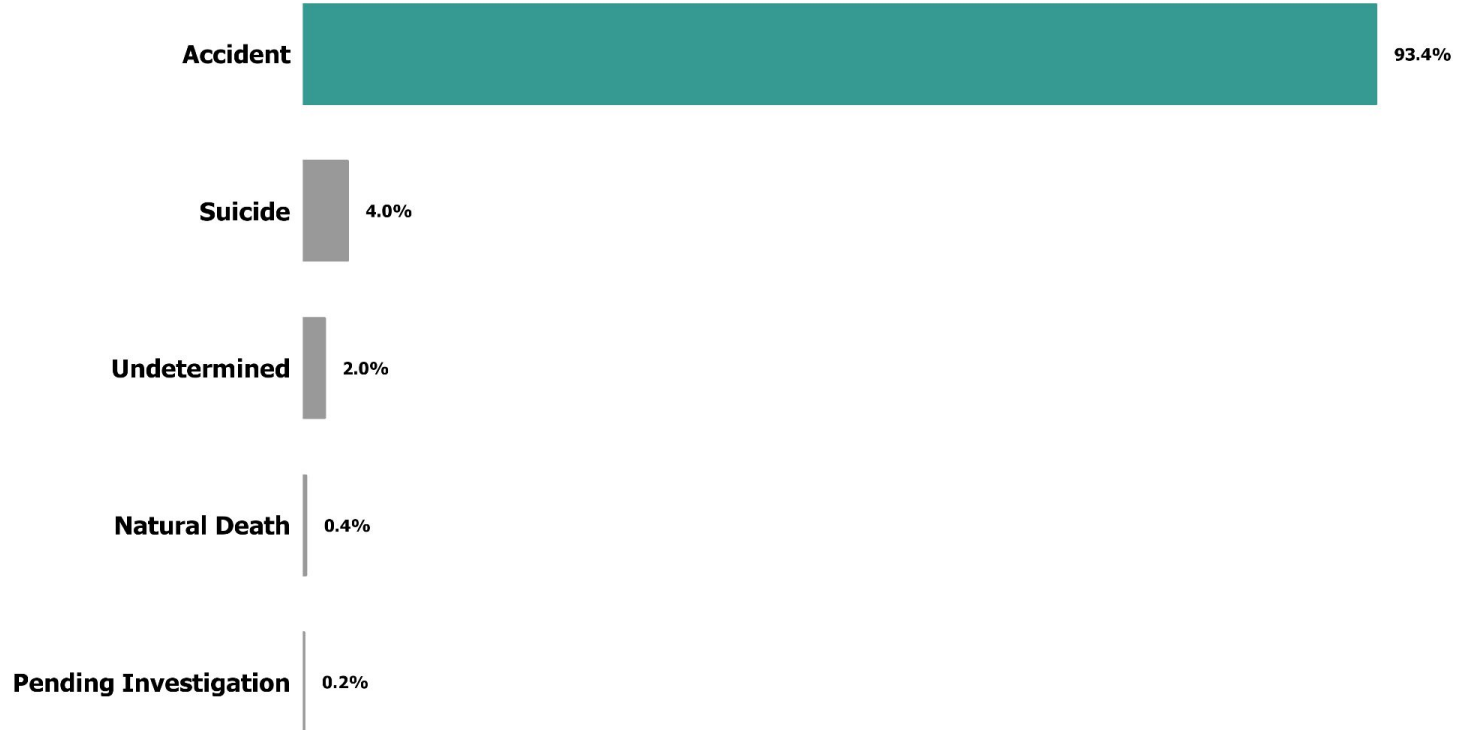


L = lifetime diagnosis

In 2022, the circumstances of death: At home...



In 2022, the circumstances of death: At home, an accident.



20 Year Data from U.S. and Arizona

RISE IN OPIOID DEATHS

5 Year Data in Arizona

RISE IN METHAMPHETAMINE

1 Year Data in Arizona

DISPARITIES IN FOCUS



Arizona Surveillance Summary

- Opioid overdose deaths occur most often in males, aged 24-44, who are White or Hispanic who use synthetic opioids.
- Gila, Maricopa, and Pima Counties experienced fatal opioid rates, non-fatal opioid rates and opioid-related hospitalization and emergency department visit rates higher than the statewide rate.
- **We need more data and analysis to elucidate the risk factors.**





Prevention & Intervention





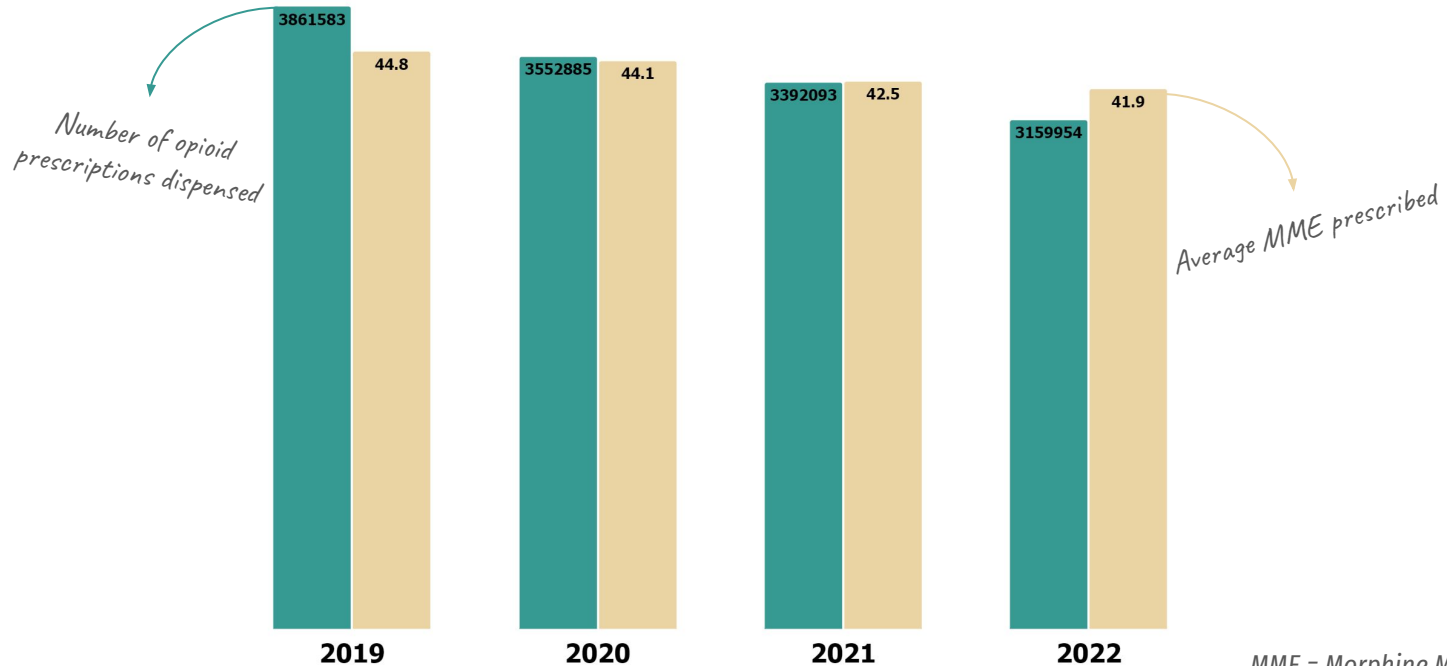
75.5%

*of drug overdose deaths had **at least** one potential opportunity for intervention*

1. Check the PDMP

Arizona practitioners are reducing opioid prescriptions and MME.

A nationwide study found that when prescribers are mandated to check the PDMP, prescription opioid deaths decreased by 9% and benzodiazepine deaths decreased by 11%.

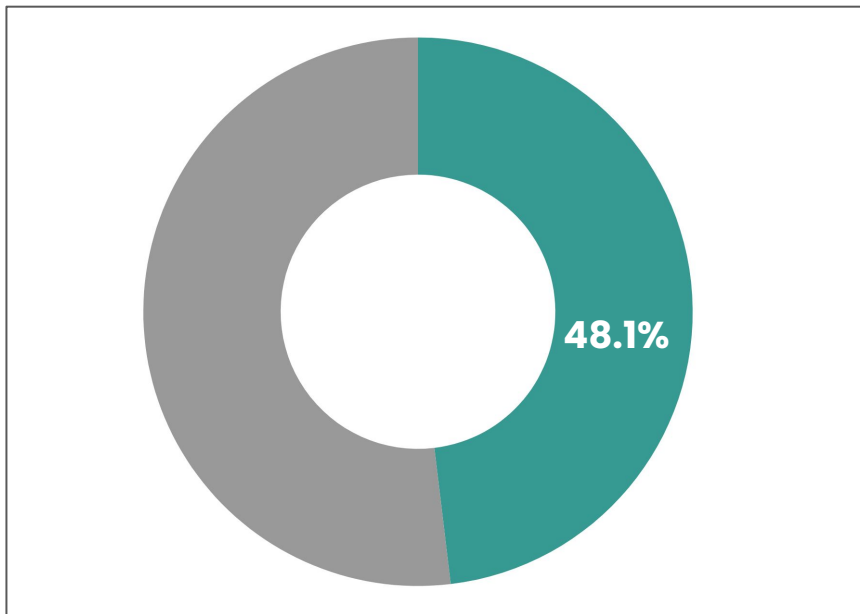


MME = Morphine Milligram Equivalent

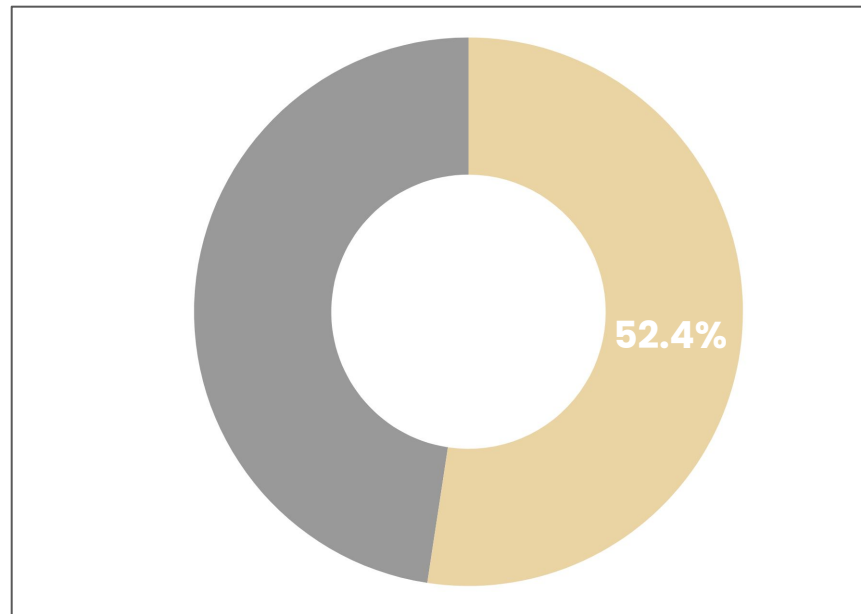


But in 2022, only about half of providers are checking the Controlled Substance Prescription Monitoring Program (CSPMP)...

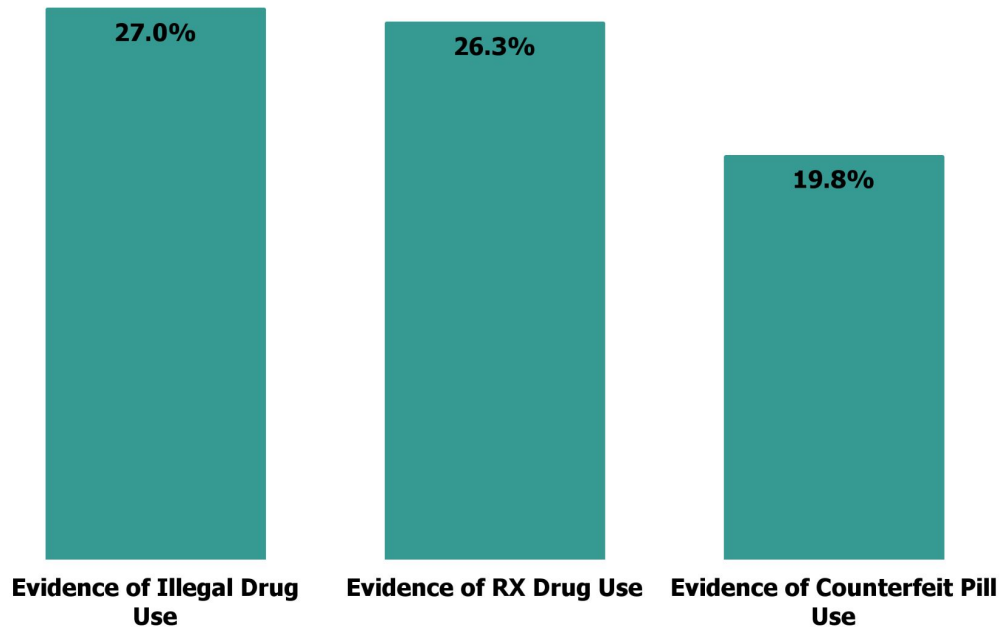
Controlled Substance Providers



Opioid + Benzo Providers



...and there was evidence of prescription drug use in over a quarter of fatal opioid overdose scenes.





The PDMP needs to be checked every time.

- Arizona clinicians must register for the PDMP.
- Arizona clinicians must check the PDMP before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient.
- Arizona clinicians must check the PDMP then at the beginning of each new course of treatment and at least quarterly that while prescription remains a part of the treatment.

2. Distribute Naloxone

In 2022, over half of fatal overdoses had a potential bystander present or drug use was witnessed...

This could provide an opportunity for potential immediate life-saving intervention (Naloxone).

6.9%

Current treatment for substance use disorder(s)¹⁹

9.1%

Fatal drug use witnessed

32.0%

Mental health diagnosis

56.6%

Potential bystander present²⁰

8.8%

Prior overdose

10.9%

Decedent was recently released from institutional setting²¹

...however, a majority of bystanders were spatially separated or unaware substances were being used...

Among deaths with no bystander response, reasons for nonresponse included:

Bystander was spatially separated from decedent 56.6%

Bystander was unaware decedent was using substances 39.4%

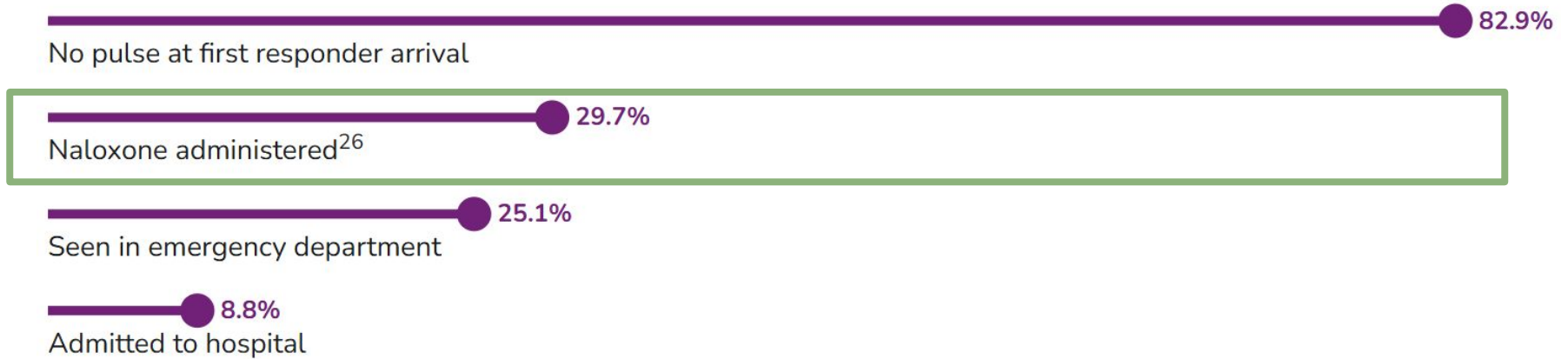
Bystander did not recognize abnormalities 21.6%

Bystander did not recognize abnormalities as an overdose 17.1%

Bystander was using substances or alcohol 7.3%

It was a public space and strangers did not intervene 13.7%

...and Naloxone was only administered about 30% of the time prior to first responder arrival.



NALOXONE CAN BE IMPACTFUL ON A POPULATION LEVEL.

Original Investigation | Substance Use and Addiction

May 30, 2024

Evaluation of Strategies to Enhance Community-Based Naloxone Distribution Supported by an Opioid Settlement

Xiao Zang, PhD¹; Alexandra Skinner, MPH²; Maxwell S. Krieger, BS²; [et al](#)

A naloxone supply-based approach could reduce overdose deaths by **6.3%**.
Increasing witnessed overdoses by 20% could reduce deaths by **8.5%**.
Combining naloxone distributions with interventions to address solitary drug use could lead to a reduction in opioid overdose deaths by up to **37.4%**.



NALOXONE IS AVAILABLE: free to members of the public



WHO SHOULD CARRY NALOXONE?

- People who are taking high-dose opioid medications (≥ 50 MME per day) prescribed by a doctor
- People who use opioids and benzodiazepines together
- People who use illicit opioids like heroin

ADHS has naloxone available at **no cost** for law enforcement agencies, county health departments, **hospital and medical center emergency departments**, and community-based organizations such as substance use prevention coalitions, harm reduction organizations, and family and homeless shelters. **ADHS Naloxone Kit Request [HERE](#).**



NALOXONE IS AVAILABLE: free to members of the public

ARIZONA GRANT FUNDED NALOXONE

- State Opioid Response (SOR) is the primary source of funding for nasal naloxone.
 - ◆ Additional one-time funding from the Substance Use Block Grant (SUBG/SUPTRS) was allocated to ADHS to support the need to expand the available supply of naloxone.
- Stabilizing the supply of naloxone across the state is critically important, and we are actively communicating with counties and cities who are planning their opioid settlement strategic plans.



SOR



SUBG



**Opioid
Settlement
Funds**

NALOXONE IS AVAILABLE: through a standing order



ARIZONA DEPARTMENT
OF HEALTH SERVICES

STANDING ORDERS FOR NALOXONE

This standing order is issued by Dr. Lisa Villarroel, MD MPH (NPI #1598085896), Chief Medical Officer of Public Health Services at the Arizona Department of Health Services. The standing order authorizes any Arizona-licensed pharmacist to dispense naloxone to any individual in accordance with the conditions of this order.

One of the following naloxone products can be dispensed to eligible persons based on product availability and preference.

<input type="checkbox"/>	For intranasal administration <u>Dispense:</u> NARCAN™ 4mg/0.1mL nasal spray <u>Sig:</u> For suspected opioid overdose, administer a single spray of Narcan in one nostril. Repeat after 3 minutes if no or minimal response. <u>Refills:</u> PRN x 1 year
<input type="checkbox"/>	For intramuscular injection <u>Disp:</u> 0.4mg/mL in 1mL single dose vials. Include one 3cc, 23g, 1" syringe per dose dispensed. <u>Sig:</u> For suspected opioid overdose, inject 1mL IM in shoulder or thigh, PRN opioid overdose. Repeat after 3 minutes if no or minimal response. <u>Refills:</u> PRN x 1 year
<input type="checkbox"/>	Other FDA approved medication for the reversal of opioid overdose <u>Refills:</u> PRN x 1 year

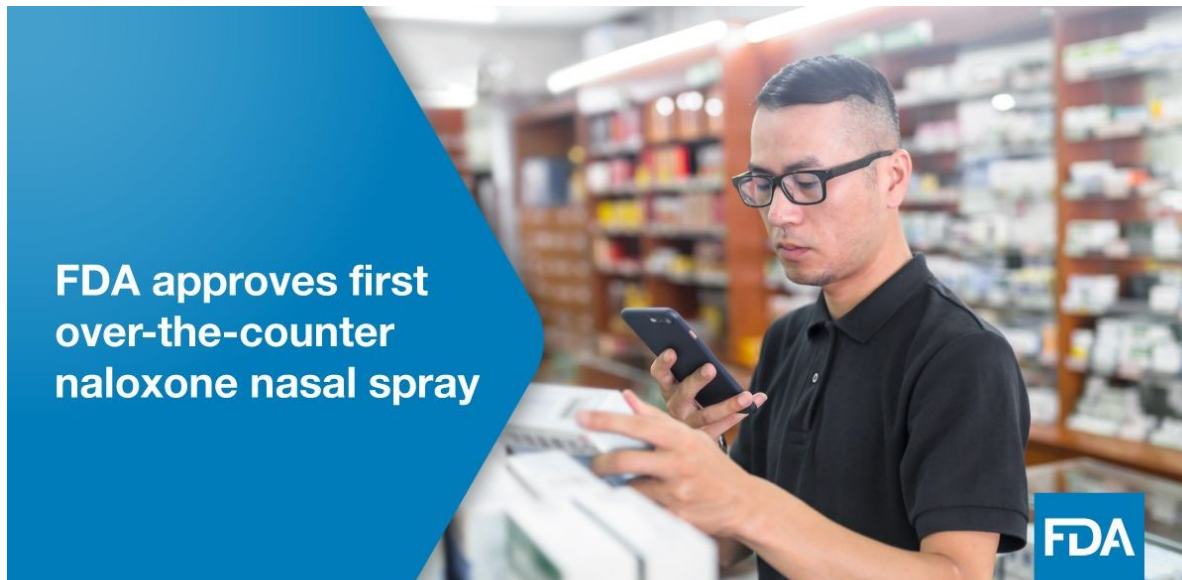
A handwritten signature in black ink, appearing to read "Lisa Villarroel".

Lisa Villarroel, MD MPH, Chief Medical Officer of Public Health Services, ADHS

Signed 8/23/23, expires 8/22/24

NALOXONE IS AVAILABLE: over the counter

FDA approves first
over-the-counter
naloxone nasal spray



Agency Continues to Take Critical Steps to Reduce Drug Overdose Deaths Being Driven Primarily by Illicit Opioids

For Immediate Release: March 29, 2023

NALOXONE IS AVAILABLE: from healthcare providers



Emergency departments (EDs) may be a particularly effective venue for naloxone distribution, as many individuals experiencing overdoses or other health outcomes related to both licit and illicit opioid use are seen in EDs. Distributing naloxone to these patients may help to prevent future adverse outcomes.

The American College of Emergency Physicians supports naloxone distribution in EDs as an important intervention to prevent overdose deaths. [12](#)

NALOXONE IS AVAILABLE: from healthcare providers

In FFY24, **55 Hospitals** and **10 freestanding Emergency Departments** participated in AHCCCS naloxone Differential Adjusted Payment (DAP) strategies.

d. Naloxone Distribution Program (0.5%)

Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP increase on all inpatient and outpatient services.

- i. Milestone #1: No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
- ii. Milestone #2: No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
- iii. Milestone #3: No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.

If a hospital submits a LOI and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025, if a DAP is available at that time.



NALOXONE IS AVAILABLE: from healthcare providers

*In FFY25, **72 Hospitals** and **24 freestanding Emergency Departments** participated in AHCCCS naloxone Differential Adjusted Payment (DAP) strategies.*

d. Naloxone Distribution Program (0.5%)

Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP increase on all inpatient and outpatient services.

Cohort 1: Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.

- i. Milestone #1: No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. Milestone #2: No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
- iii. Milestone #3: No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.

Cohort 2: Hospitals with an Emergency Department that have **not** participated in the NDP DAP in CYE 2024.

- i. Milestone #1: No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. Milestone #2: No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
- iii. Milestone #3: No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
- iv. Milestone #4: No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.



NALOXONE IS AVAILABLE: to schools

The taskforce includes representatives from schools, health care, law enforcement, and other interested stakeholders.

SCHOOL TRAINING OVERDOSE PREPAREDNESS & INTELLIGENCE TASKFORCE (STOP-IT)

**On November 13th and
14th, over 16,000
naloxone kits were
distributed to Arizona
schools!**

The Arizona Department of Education leads this initiative in collaboration with AHCCCS (funding support), ADHS (naloxone ordering support), and the Arizona National Guard (staff, vehicles, time, and logistical support).

NALOXONE IS AVAILABLE: at delivery sites

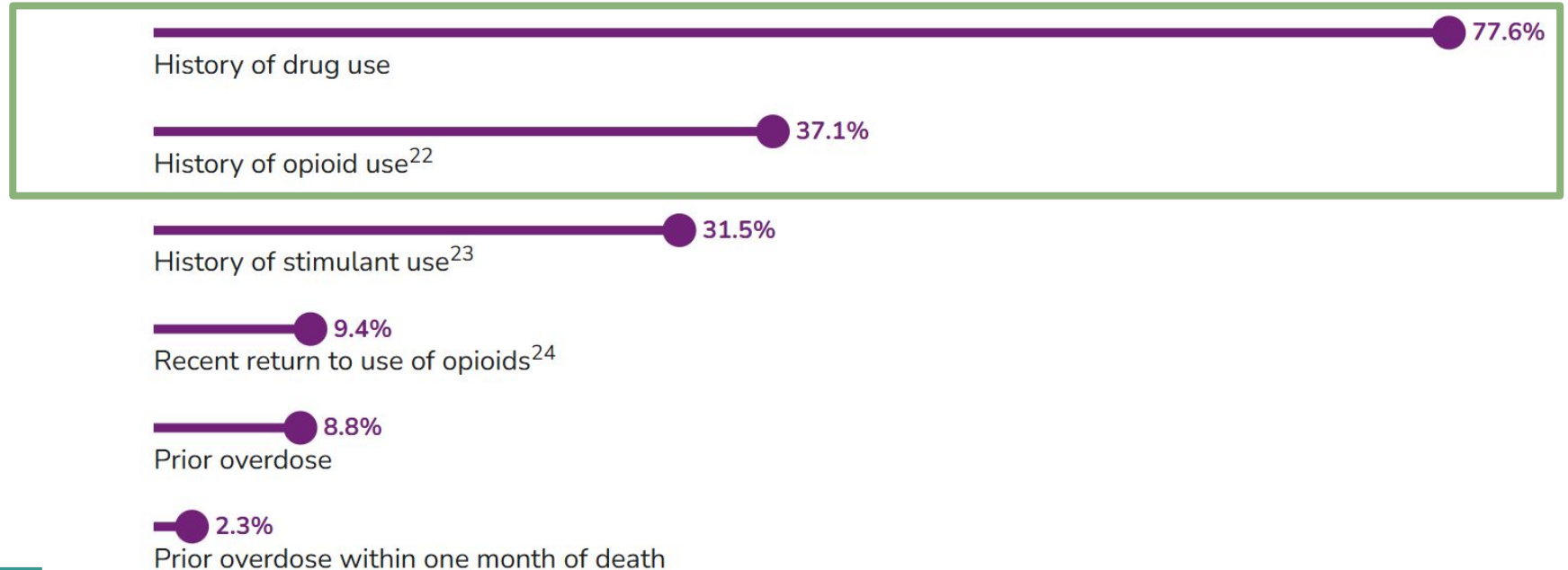
Neonatal Abstinence Syndrome (NAS) is underreported across the state. AHCCCS and ADHS work to improve NAS data reporting and distribute naloxone to parents.

- AHCCCS, ADHS, and Contexture (contracted partner) are improving the completeness, accuracy, and frequency of birth characteristics data reported.
- Over 1,500 naloxone kits are available for participating delivery sites and community based programs that work directly with parents.
- Webinar trainings, a data entry help guide, and other staff training resources were developed and will be available on the ADHS site.

3. Utilize Medications for Opioid Use Disorder (MOUD)

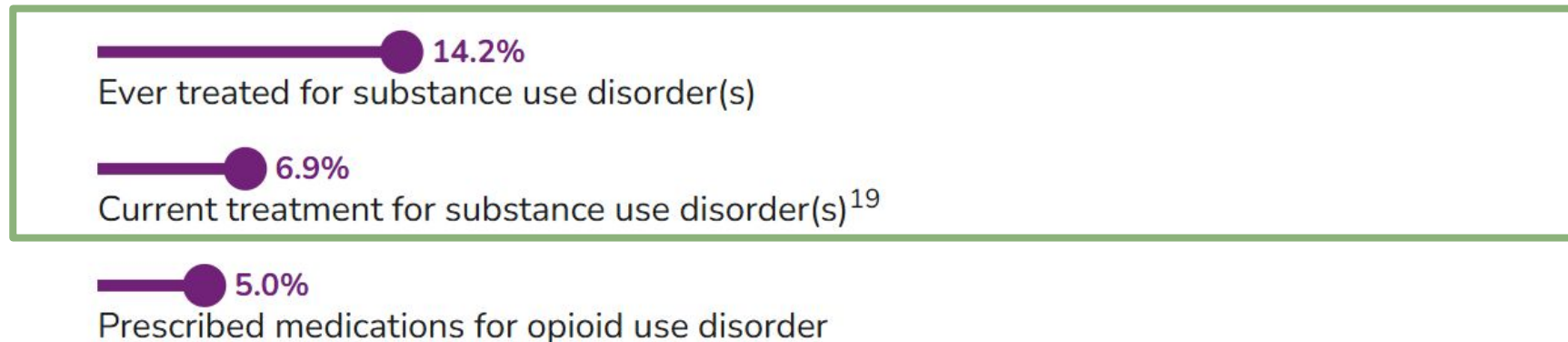
In 2022, over 75% of fatal overdoses were in Arizonans who had a known history of drug use...

This could provide an opportunity for treatment and harm reduction interventions.



...but less than 15% had ever been treated and less than 7% were currently in treatment upon death.

Access to care is known to be a limiting factor for successful treatment.



MOUD is the evidence-based treatment for opioid use disorder.

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022](#)

“Clinicians should... offer treatment or refer the patient for treatment with medications for opioid use disorder.”



MOUD is the evidence-based treatment for opioid use disorder.

Below is a summary of benefits of treatment (☐) or neutral/no effect (?) by medication.

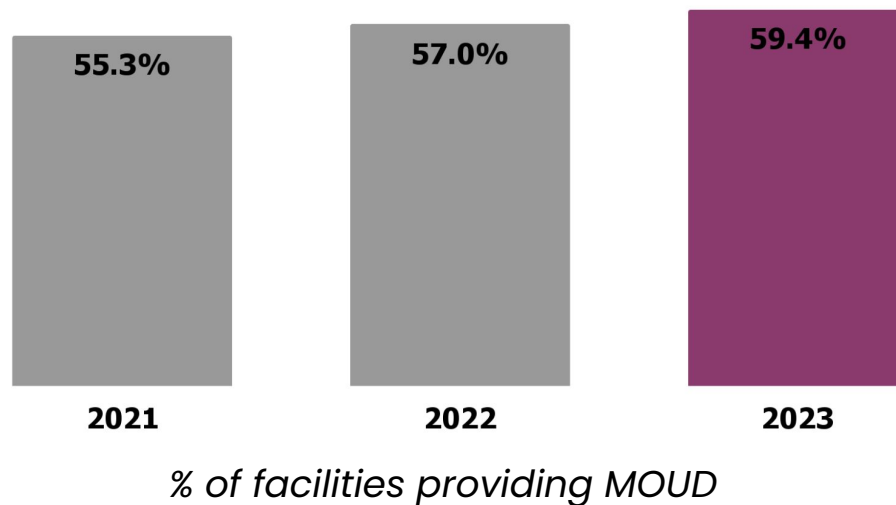
	Buprenorphine	Methadone	Naltrexone XR
Reduced Mortality <i>(primarily by opioid overdose)</i>	☐	☐	?
Treatment Retention	☐	☐	☐
Reduced Illicit Opioid Use	☐	☐	☐
Reduced Opioid Cravings	☐	☐	☐
Improved Patient Health and Well-being	☐	☐	?

Table adapted from *Identifying and Managing Opioid Use Disorder (OUD) A VA Clinician's Guide*



Although barriers have been removed, MOUD is not utilized enough.

**National Substance Use and Mental Health Services Survey (N-SUMHSS)
Use of Pharmacotherapies in Substance Use Treatment Facilities**



% of facilities providing MOUD

Although barriers have been removed, MOUD is not utilized enough.

In 2023, the federal requirement for practitioners to apply for a special waiver (X-Waiver) prior to prescribing buprenorphine for the treatment of opioid use disorder was removed.

Buprenorphine Prescribing Characteristics Following Relaxation of X-Waiver Training Requirements

*“...relaxing buprenorphine training requirements was associated with an increase in the number of clinicians eligible to prescribe buprenorphine. However, in general, **no change in the number of clinicians prescribing buprenorphine or patients receiving buprenorphine treatment was found.**”*

JAMA 2024



Although barriers have been removed, MOUD is not enough.

In 2023, the federal requirement for practitioners to apply for a special waiver to prescribing buprenorphine for the treatment of opioid use disorder was

Physician Reluctance to Intervene in Addiction: A Systematic Review

*“In this systematic review of reasons for physician reluctance to intervene in addiction, the most common reasons were **lack of institutional support, knowledge, skill, and cognitive capacity.**”*

JAMA 2024

Top 4 reasons for reluctance and exemplars
institutional environment
Regulatory and liability concerns
Lack of trained staff
Lack of acceptance of addiction interventions by leadership
Cost to the patient or lack of insurance coverage
Lack of clinician backup
Medication unavailability at pharmacies
Lack of resources to train staff
Physician reimbursement insufficient to cover both the staff time necessary to intervene in addiction and the expense of additional staff training
Record keeping or confidentiality concerns
Absence of population-specific patient education materials
Lack of acceptance of addiction interventions by staff
Nonexistent or unimplemented treatment algorithms
Lack of staff time required for prior authorizations
Contractual limitations
Mental health programs not accepting patients with addiction
Addiction treatment programs rejecting patients deemed insufficiently ready to change or having difficulty matching the level of care needed
Difficulty obtaining records from addiction treatment programs
Medicaid reimbursement specifically highlighted as inadequate
Physicians perceived the reimbursement to be inadequate but were not certain of the reimbursed amount
Lack of knowledge
Knowledge was more deficient for treatment than for screening or diagnosis and for drug use more than for alcohol or tobacco use
Physicians unfamiliar with the evidence for SUDs as biomedical conditions
Unfamiliar with harm reduction strategies
Unfamiliar with substance use screening
Physicians lacked awareness of the extent of substance use in their patients
Lack of skill
Lack of skills to conduct interventions effective enough to produce behavior change, including counseling
Lack of skill needed to initiate or manage treatment, especially for SUDs other than alcohol or tobacco
Lack of experience with observing or delivering an SUD intervention under supervision
Lack of skills to conduct brief intervention
Inabilities to assemble or demonstrate naloxone administration devices
Inability to deliver appropriate training in its use to patients
Lack of cognitive capacity
Intervening in addiction as too time-consuming, both during the appointment and for monitoring
Need to prioritize patients' competing needs
A general sense of overwhelm with clinical tasks (eg, "just too busy")
Delegating screening to other clinical team members was viewed as diverting time from the physician visit
Available tools were considered time-consuming

prior



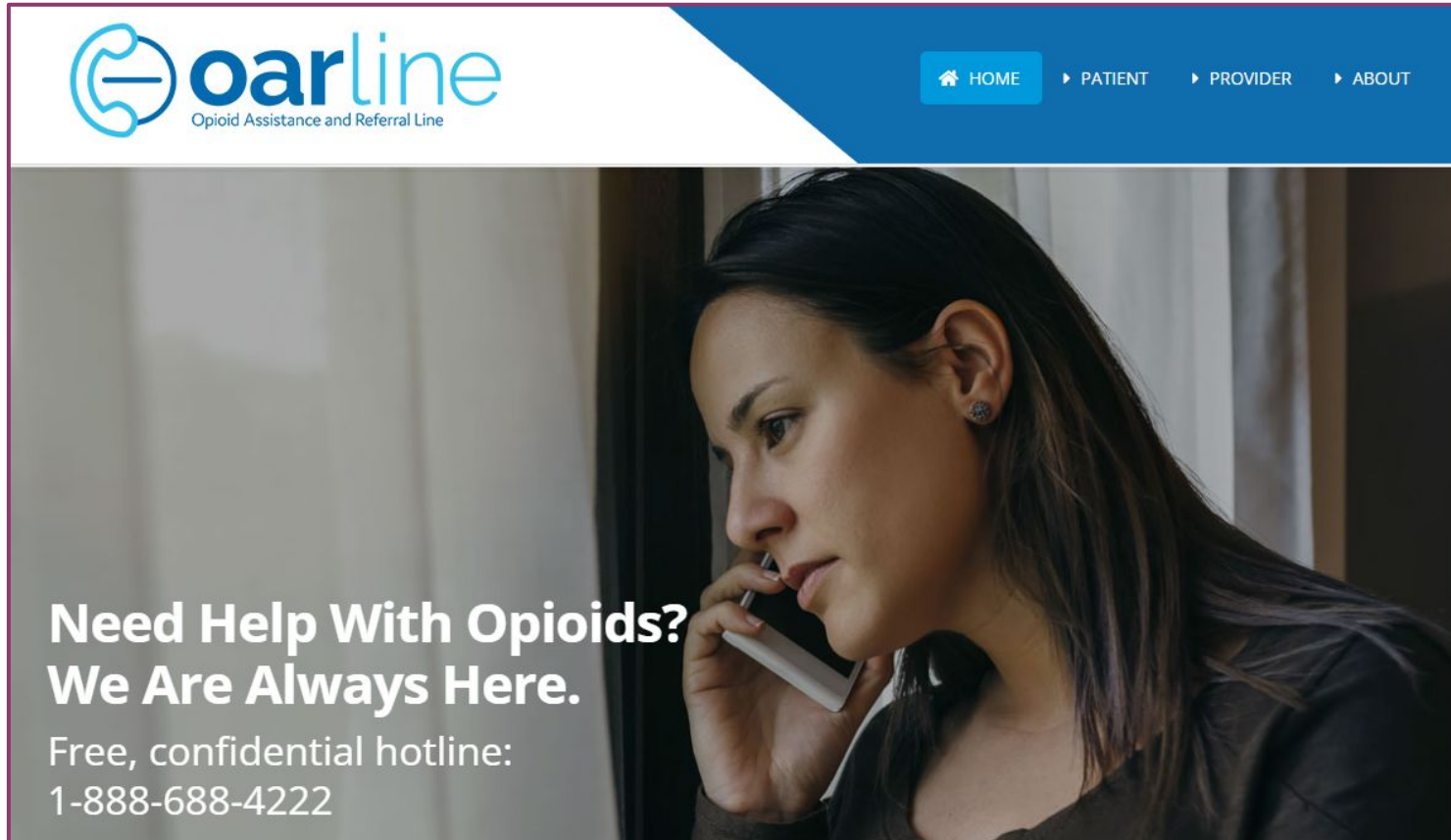
Arizona is trying something new to address MOUD utilization.

There is currently statewide collaboration through the “Arizona Clinical Opioid Workgroup” to establish a **standardized metric** for statewide healthcare systems and payors on the utilization of MOUD.

Patients on MOUD

Patients with OUD

The OARLine can be used for clinician assistance.



The image shows a screenshot of the OARLine website. The header features the OARLine logo on the left, which consists of a stylized blue icon of two hands holding a heart, followed by the text "oarline" in a blue sans-serif font and "Opioid Assistance and Referral Line" in a smaller, lighter blue font below it. To the right of the logo is a blue navigation bar with white text and icons for "HOME", "PATIENT", "PROVIDER", and "ABOUT". The main content area has a background image of a woman with long dark hair talking on a white mobile phone. Overlaid on the bottom left of this image is the text "Need Help With Opioids? We Are Always Here." in a large, bold, white font, followed by "Free, confidential hotline:" and the phone number "1-888-688-4222" in a smaller white font.

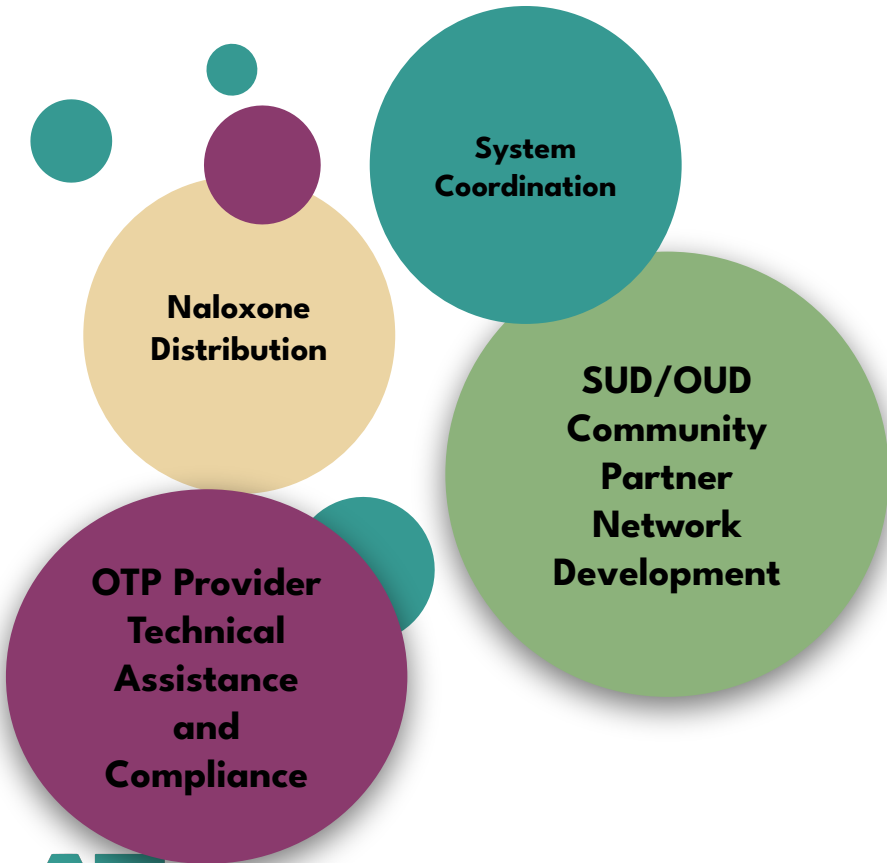
oarline
Opioid Assistance and Referral Line

HOME ▶ PATIENT ▶ PROVIDER ▶ ABOUT

**Need Help With Opioids?
We Are Always Here.**

Free, confidential hotline:
1-888-688-4222

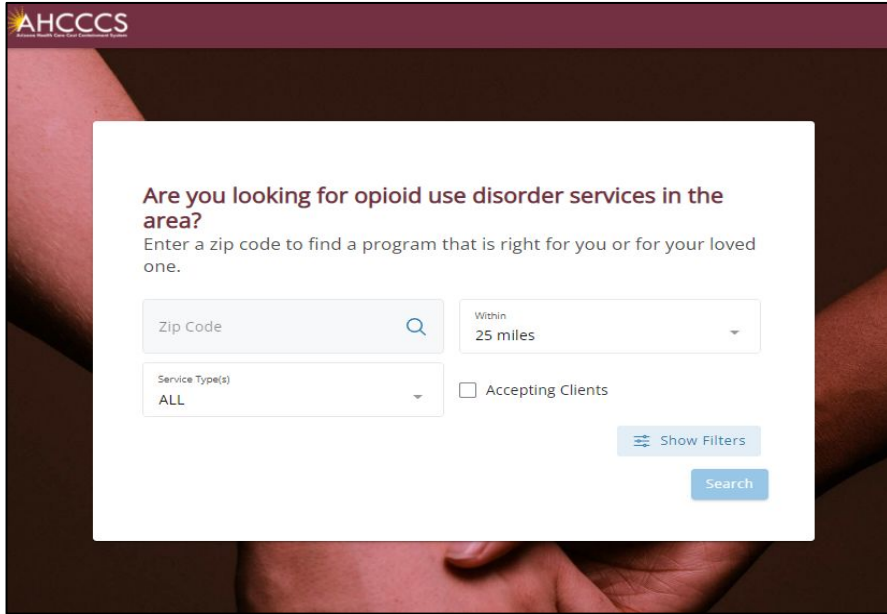
State Opioid Treatment Authority (SOTA) Role



A central hub for opioid treatment, recovery support, and community network development, providing technical assistance to Opioid Treatment Programs (OTPs) and coordinating efforts with Arizona, as well as state and national agencies, to address the opioid crisis.

AZ SOTA: Catherine Dobler
catherine.dobler@azahcccs.gov
602-417-4768

The AHCCCS OUD Service Locator provides access to resources for MAT and OUD services.



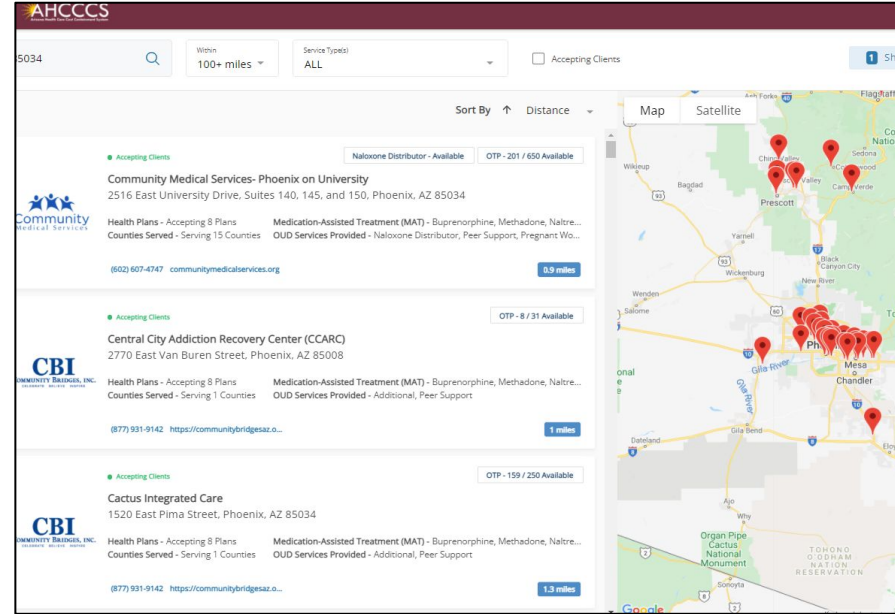
AHCCCS
Arizona Health Care Cost Containment System

Are you looking for opioid use disorder services in the area?
Enter a zip code to find a program that is right for you or for your loved one.

Zip Code Within 25 miles

Service Type(s) ALL Accepting Clients

[Show Filters](#) [Search](#)



AHCCCS
Arizona Health Care Cost Containment System

9034 Within 100+ miles Service Type(s) ALL Accepting Clients

Sort By Distance Map Satellite

Community Medical Services-Phoenix on University
2516 East University Drive, Suites 140, 145, and 150, Phoenix, AZ 85034
Health Plans - Accepting 8 Plans Medication-Assisted Treatment (MAT) - Buprenorphine, Methadone, Naltrexone
Counties Served - Serving 15 Counties OUD Services Provided - Naloxone Distributor, Peer Support, Pregnant Wo...
(602) 607-4747 communitymedicalservices.org 0.9 miles

Central City Addiction Recovery Center (CCARC)
2770 East Van Buren Street, Phoenix, AZ 85008
Health Plans - Accepting 8 Plans Medication-Assisted Treatment (MAT) - Buprenorphine, Methadone, Naltrexone
Counties Served - Serving 1 Counties OUD Services Provided - Additional, Peer Support
(877) 931-9142 <https://communitybridgesaz.org> 1 miles

Cactus Integrated Care
1520 East Pima Street, Phoenix, AZ 85034
Health Plans - Accepting 8 Plans Medication-Assisted Treatment (MAT) - Buprenorphine, Methadone, Naltrexone
Counties Served - Serving 1 Counties OUD Services Provided - Additional, Peer Support
(877) 931-9142 <https://communitybridgesaz.org> 1.3 miles

Map Satellite

opioidservicelocator.azahcccs.gov



Arizona has four 24/7 Access Point locations providing opioid treatment services to individuals seeking treatment.

Provider	Address	Phone Number
CODAC Health, Recovery and Wellness	380 E. Ft. Lowell Road Tucson, AZ 85705	520-202-1786
Community Bridges, East Valley Addiction Recovery Center	560 S. Bellview Mesa, AZ 85204	480-461-1711
Community Medical Services	2806 W. Cactus Road Phoenix, AZ 85029	602-607-7000
Intensive Treatment Systems, West Clinic	4136 N. 75th Ave #116 Phoenix, AZ 85033	623-247-1234

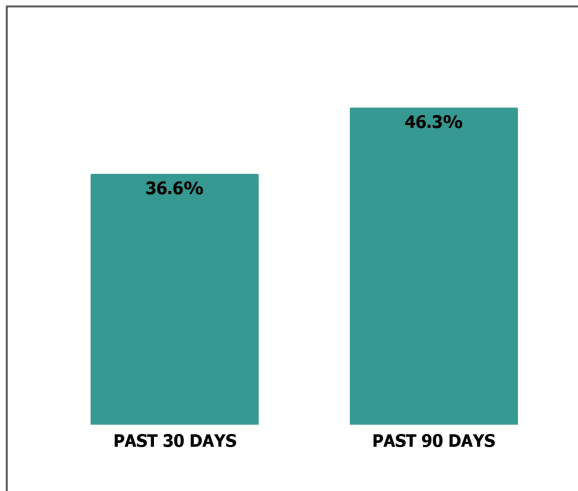


4. Intervention at Healthcare Access

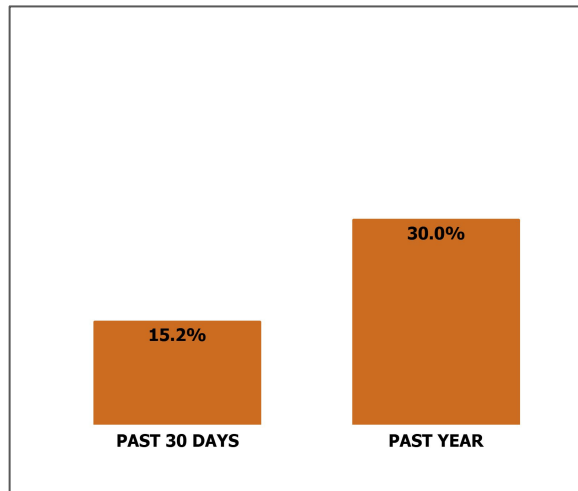
Fatal overdoses can be preventable.

In 2021, nearly half of persons who experienced fatal overdoses accessed healthcare (including behavioral health or chronic pain management) within the 90 days before their death.

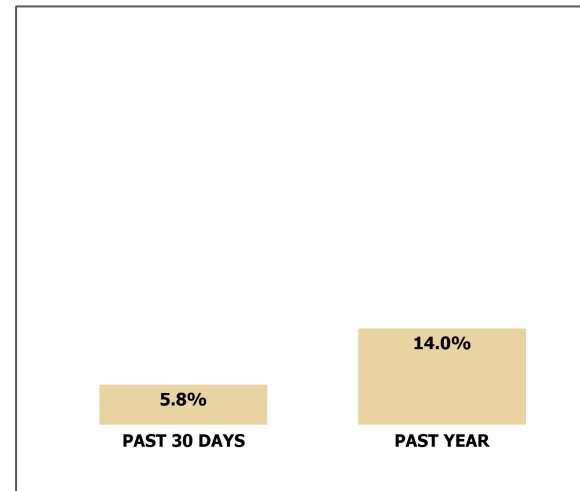
Any Healthcare



Behavioral Health



Chronic Pain





From best practices...

- Screen for unhealthy drug use in adults 18+ years (USPSTF Grade B) when services can be offered or referred..
- Dispense (not just prescribe) naloxone for all those at risk, and give education to patient and caregiver.
- Link the individual to a care provider to manage addiction, often requires a social worker or care coordinator.
- Initiate MOUD.



Resources



Opioid overdose data in Arizona is updated every Thursday.



Opioid Prevention

More than **five** people die every day from opioid overdoses in Arizona.

Prescription opioids and illegal opioids like counterfeit pills with fentanyl are addictive and can be deadly. In 2017, a statewide public health emergency was issued in an effort to reduce opioid deaths. We continue to collect opioid data and take action to address the ongoing opioid crisis in our state.

Help is available, call the OARLine at 1-888-688-4222.



Curriculum



Dashboards



Employers



Naloxone



Neonatal



Reports

azdhs.gov/opioid



The Substance Abuse Coalition Leaders of Arizona (SACLaz) provides [toolkits](#) to build healthier communities across Arizona.

- Fentanyl & Counterfeit Pill: Education & Awareness
- Naloxone: Education & Awareness
- Youth Resiliency Building
- Addressing Stigma
- Psychostimulants Methamphetamine: Education & Awareness
- Youth & Young Adult Fentanyl Messaging
- Marijuana Toolkit: Addressing Depression, Anxiety, & Suicide



sacclaz.org/toolkit



Substance Awareness
Coalition Leaders
of Arizona

DATA SOURCES

- **SLIDES [6-9]:** Centers for Disease Control and Prevention. Understanding the Opioid Overdose Epidemic. Atlanta, GA: US Department of Health and Human Services, CDC; [2024]. Access at: <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>
- **SLIDES [10-11, 15-16]:** ADHS Vital Records (Death Certificates)
- **SLIDES [13-14, 25-26, 29, 31, 33]:** Non-Fatal Arizona data is from the ADHS Medical Electronic Disease Surveillance and Intelligence System (MEDSIS) <https://www.azdhs.gov/opioid/dashboards/index.php#nonfatal-overdoses>
- **SLIDES [14, 25-30, 33, 39]:** Fatal Arizona data is from the ADHS Health Status and Vital Statistics <https://www.azdhs.gov/opioid/dashboards/index.php#overdose-deaths>
- **SLIDES [17-23, 38, 43-48, 53]:** Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Atlanta, GA: US Department of Health and Human Services, CDC; [2024]. Access at: https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html
- **SLIDES [32-33]:** Hospitalization and emergency department Arizona data is from the BioSense Platform <https://www.azdhs.gov/opioid/dashboards/index.php#emergency-inpatient-visits>
- **SLIDES [34-37, 78]:** Arizona data is from the ADHS Overdose Fatality Review (2021) <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/index.php#ofr-team>
- **SLIDES [51-52]:** Prescription drug data is from the Arizona Prescription Drug Monitoring Program <https://pharmacypmp.az.gov/>
- **SLIDE [68]:** Substance Abuse and Mental Health Services Administration. National Substance Use and Mental Health Services Survey (N-SUMHSS): Data on Substance Use and Mental Health Treatment Facilities. Rockville, MD. Center for Behavioral Health Statistics and Quality, SAMHSA; [2024]. Access at: <https://www.samhsa.gov/data/data-we-collect/n-sumhss-national-substance-use-and-mental-health-services-survey>



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- Campopiano von Klimo, M., Nolan, L., Corbin, M., & et al. (2024). Physician reluctance to intervene in addiction: A systematic review. *JAMA Network Open*, 7(7), e2420837. <https://doi.org/10.1001/jamanetworkopen.2024.20837>



RESOURCE SOURCES

- <https://www.azdhs.gov/opioid/documents/naloxone-standing-order.pdf?v=20210915>
- <https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray>
- https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/CYE24_DAP_Notice.pdf
- <https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/CYE25DAPPreliminaryPublicNotice.pdf>
- <https://www.azed.gov/stopit>
- <https://www.azdhs.gov/oarline/>; https://www.youtube.com/watch?v=fyytHKdHq_E
- <https://opioidservicelocator.azahcccs.gov/>
- <https://www.azdhs.gov/opioid/>
- saclaz.org/toolkit



THANK YOU!

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www.azdhs.gov/opioid

