Arizona Center for Rural Health

Est. 1981, CRH serves AZ through its mission “to improve the health & wellness of rural populations” by housing the:

1. State Office of Rural Health
2. Rural Hospital Flexibility Program
3. Small Hospital Improvement Program
4. Western Region Public Health Training Center
5. AzCRH Navigator Consortium

http://crh.arizona.edu
Among those who died from prescription opioid overdose between 1999 and 2013: Most were ages...

25 to 54

-http://www.cdc.gov/drugoverdose/data/overdose.html
Prince’s Addiction and an Intervention Too Late

Prince appears to have had a problem with pain pills, one that grew so acute that his friends turned to an addiction doctor just before his death.

By JOHN ELIGON, SERGE F. KOVALESKI and JOE COSCARELLI  MAY 4, 2016
Addressing the Nonmedical Use & Misuse of Prescription Drugs

1999 to 2010 opioid deaths quadrupled

Collateral damage devastates individuals, their families & society

Rx Misuse & Abuse in Arizona

Almost a death a day in Arizona is due to Rx opioid overdoses

- 272 AZ deaths from prescription opioid pain relievers
- Pain reliever deaths > heroin + cocaine deaths
- 180 Heroin overdoses
- From 2008-2014:
  - Newborns with narcotics in their system rose 235%
  - Babies born with fetal alcohol syndrome increased 50%

ADHS Hospital Discharge Data 2014, AZ Department of Child Safety
Prescription Drug Misuse & Abuse Initiative
Initiative Strategies

**Strategy 1** - Reduce illicit acquisition and diversion of prescription drugs

**Strategy 2** - Promote responsible prescribing and dispensing policies and practices

**Strategy 3** - Enhance Rx drug practice and policies in law enforcement

**Strategy 4** - Increase public awareness and patient education about Rx drug misuse and abuse

**Strategy 5** - Enhance assessment and referral to substance abuse treatment


Dan Derksen, MD
Prescribing Guidelines

ARIZONA OPIOID
PRESCRIBING GUIDELINES
A voluntary, consensus set of guidelines that promote best practices for prescribing opioids for acute and chronic pain

NOVEMBER 2014

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

2. CDC: (http://stacks.cdc.gov/view/cdc/38025) and (http://www.cdc.gov/drugoverdose/prescribing/resources.html)

Dan Derksen, MD
CDC Issues Guidelines to Limit Opioid Painkiller Prescriptions


Voluntary recommendations urge clinicians to offer patients non-opioid alternatives for pain management.

President Barack Obama is asking Congress for $1.1 billion in fiscal 2017 to fight prescription opioid and heroin abuse.
2014 U.S. Health Spending: $3 Trillion

One Year Increase Hepatitis C Drugs: $11.3 Billion

Martin: Health Affairs Jan 2016 Accessed 02/10/16 at: http://content.healthaffairs.org/content/35/1/150.full.pdf+html
Governor Doug Ducey enacted two bills aimed at preventing and treating opioid addiction in Arizona:

• **SB1283**: requires Arizona physicians to access and update the Controlled Substance Prescription Monitoring Program (CSPMP) database before prescribing a controlled substance to a patient. 
  http://www.azleg.gov/DocumentsForBill.asp?Bill_Number=SB1283&Session_ID=115

• **HB 2355** allows pharmacists to dispense Naloxone without a prescription to a person at risk of experiencing an opioid-related overdose, family or community member in a position to assist the person
  http://www.azleg.gov/DocumentsForBill.asp?Bill_Number=HB2355&Session_ID=115
Safe and Effective Opioid Prescribing While Managing Acute and Chronic Pain

This course includes a minimum of 11 assessment questions that you must answer correctly in order to receive credit for participation. You are allowed unlimited re-attempts.

This course addresses the use and abuse of opioids in treating chronic pain in adults. You will practice your skills and learn new information by managing the following patients:

Francisco Cruz, a 32-year-old teacher with acute back pain. He has been self medicating with acetaminophen and a hydrocodone-acetaminophen combination product.

Marc Foster, a 37-year-old disability recipient with long-standing osteoarthritis and chronic pain. He is being followed by a rheumatologist and has been referred to you for opioid management.

Margo Freese, a 44-year-old customer services manager with low back pain. She has had several inconclusive imaging studies and is on partial disability at work. She has tried a number of medications and is seeking something to improve her lower back pain.

Before beginning, you may wish to review the course references, as well as various resources, tutorials, and tools, such as screening/assessment forms and patient handouts. These items are accessible on any course page by clicking the links in the blue navigation bar at the top of the course screen.

Your Course Status

Begin the Course

Virtual Lecture Hall

Dan Derksen, MD
Association of State and Territorial Health Offices

ASTHO Prescription Drug Misuse and Abuse
Strategic Map: 2013 - 2015

Achieve Measurable Reductions in Controlled Prescription Drug Misuse, Abuse & Overdose Using a Comprehensive Approach

A. Expand and Strengthen Prevention Strategies
   - Promote and Implement Primary Prevention Strategies
     - Provide Education/Tools for Consumers, Families & Health Care Professionals
   - Expand Use of Best Practices by Health Care Professionals
   - Engage & Empower Individuals and Communities in Effective Strategies
   - Implement Evidence-Based Community Interventions
   - Implement Overdose Prevention and Intervention Strategies

B. Improve Monitoring and Surveillance
   - Increase the Use of Clinical Monitoring Tools for Patient Care
     - Optimize Effectiveness of PDMFs
   - Develop, Implement, Link and Evaluate Other Data Sources
   - Prioritize and Enhance Surveillance for High-Risk Populations
   - Use Monitoring and Surveillance to Improve Public Health and Clinical Practice

C. Expand and Strengthen Control and Enforcement
   - Provide Prescriber/Dispenser Education and Training on Control & Enforcement
   - Improve Collaboration Between Public Health and Law Enforcement
   - Strengthen and Standardize Licensure Board Oversight of Practitioners
   - Implement Framework for Regulation of "Pill Mills"
   - Expand Utilization of Treatment Alternatives to Incarceration
   - Implement Insurance Policies/Practices that Improve Clinical Care and Reduce Abuse

D. Improve Access to and Use of Effective Treatment and Recovery Support
   - Approach and Manage Addiction as a Treatable Chronic Illness
   - Make a Powerful Business Case for Treatment and Recovery Support
   - Address Legal Barriers to Seeking and Receiving Care
   - Secure Payor Funding for the Full Spectrum of Evidence-Based Care
   - Provide SBIRT Training and Funding for Health Care Practitioners
   - Expand & Strengthen Effective Infrastructure and Interdisciplinary Workforce

Expand and Strengthen Key Partnerships and Collaborative Infrastructure
Secure/Align Resources and Infrastructure to Implement Comprehensive Approaches
Use Data, Evaluation and Research to Inform Interventions and Continuous Improvement


Dan Derksen, MD
Resources

• Arizona Prescription Drug Misuse & Abuse Toolkit
  – www.azcjc.gov

• Prescribing Guidelines
  – www.azdhs.gov

• Drug Drop Box Locations
  – www.dumpthedrugsAZ.org

• Substance Abuse Providers/Resources
  – http://substanceabuse.az.gov/

• Online Rx CME (FREE for AZ Prescribers)
  – https://www.vlh.com/azprescribing/
It’s Okay to Have High Hopes