**Issue: AZ Opioid Crisis**

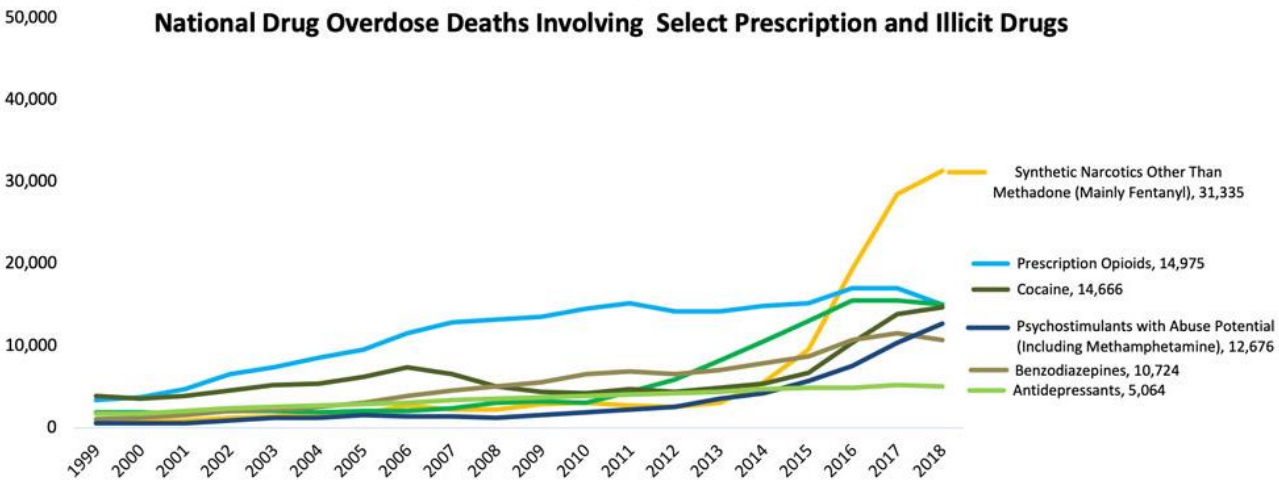
# The Opioid Epidemic in Arizona

## A National Crisis

America's opioid epidemic is a national crisis that has resulted in over 700,000 deaths since 1999.[1] Every day, 128 people in the United States die from an opioid overdose.[2] At least two million Americans are addicted to opioids, and more than ten million misuse them.[3] The Centers for Disease Control and Prevention (CDC) estimates that the total *annual* cost of opioid misuse in the United States is $78.5 billion, not to mention the loss of life across the country.[4]

According to the National Institutes of Health (NIH), these grim statistics do not fully portray the opioid epidemic's destruction of family and community life, "from lost productivity and economic opportunity, to intergenerational and childhood trauma, to extreme strain on community resources, including first responders, emergency rooms, hospitals, and treatment centers."[5]

Over the last few years, federal, state, and local governments, as well as advocacy organizations, researchers, and health professionals have been collaborating to find ways to reverse the opioid epidemic. In spite of their efforts, the number of opioid addictions and deaths continues to grow.[6]

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## What are Opioids?

Opioids are powerful drugs that disrupt pain signals by binding to receptors in the brain and spinal cord. They also create a feeling of euphoria by releasing the hormone dopamine. Opioids include both legal painkillers prescribed by doctors and dentists as well as illegally-distributed drugs.

### Types of Opioids

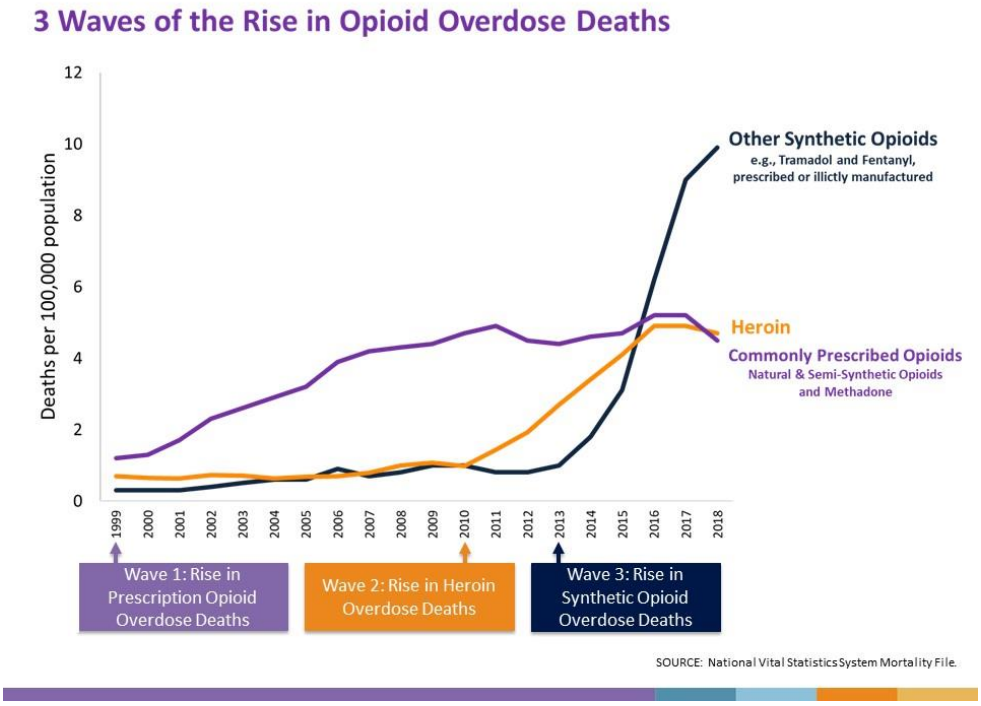
- **Natural opioids** include morphine and codeine, which are derived from opium poppy plants.
- **Semi-synthetic opioids** are manufactured in labs with natural and synthetic ingredients.

These include oxycodone, hydrocodone, hydromorphone, oxymorphone, and heroin.

- **Synthetic opioids** include fentanyl, meperidine, tramadol, levorphanol, methadone, and carfentanil.[7] Originally developed as an anesthetic for surgery and also used to alleviate severe pain associated with terminal illnesses, fentanyl is up to 100 times more powerful than morphine. In recent years, illicitly-produced fentanyl has caused an increasing number of overdose deaths.[8] Illegal fentanyl is often added to heroin or cocaine to increase potency, and, since 2016, Mexican cartels have been manufacturing it in pill form. In 2018, the DEA in Arizona seized over 1.4 million fentanyl pills.[9]

In 2015, according to the International Narcotics Control Board, Americans represented about 99.7% of the world's hydrocodone consumption. In 2016 alone, 6.2 billion hydrocodone pills and 5 billion oxycodone tablets were distributed nationwide. [10]

Between 2017 and 2018 the rate of synthetic opioid-related deaths rose 10% nationally. In 2018, there were more than 31,000 deaths involving synthetic opioids (other than methadone) in the United States, accounting for 67% of all opioid-involved deaths. [11]

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## Causes of the Opioid Crisis

A number of factors have contributed to the growth of opioid abuse in the United States, which researchers have described as "the result of a perfect storm of poverty, trauma, availability, and pain."[12] These factors include the over-prescription of opioids, aggressive marketing and lobbying efforts by pharmaceutical companies, the stress and despair associated with chronic pain and poverty, as well as an active black market in illicit drugs.

## Over-prescribing Culture

In the 1990s, a change in cultural attitudes towards pain management, with increasing emphasis on using medication to alleviate pain, resulted in primary care physicians, who were not well trained in pain management, prescribing opioids at ever-increasing rates. By 2018, more than one in five Americans had filled an opioid prescription, according to the CDC. "We're 5% of the world's population, but we consume 80% of the world's prescription opioids," said Dr. Jonathan Chen, a physician and researcher at Stanford University Medical Center.[13]

In 2016, the CDC issued guidelines for prescribing opioid medications with the intent of minimizing their use, especially in the treatment of chronic pain. Yet a CDC study, released in May 2020, showed that many health care providers ignore the federal guidelines and continue to prescribe opioids even when there are better treatments available.[14]

Roughly half the states have implemented some form of regulation designed to curtail prescribing.[15] Arizona's 2014 Opioid Prescribing Guidelines for acute and chronic pain are merely voluntary. The only requirement with the force of law is Executive Order 2016-06, issued by Governor Ducey in October 2016. The order limits all initial prescriptions of opioids to no more than a seven-day dose. The order, however, only applies to Medicaid beneficiaries and state employees enrolled in the state health insurance plan.[16] The 2018 Opioid Epidemic Act (SB1001) reduced the limit on initial prescriptions for chronic pain from seven to five days, and 3-5 days for acute pain.[17, 18]

## Drug Companies Promote and Protect their Interests

In the late 1990s, pharmaceutical companies fueled the prescription of opioids at increasing rates by reassuring health care providers that the drugs were safe and relatively addiction-free. When Purdue Pharma, the maker of OxyContin, introduced the drug in 1996, they aggressively promoted it through lavish all-expenses paid conferences for healthcare providers, bonus programs for sales representatives, starter coupons for patients, and promotional items, such as OxyContin hats and plush toys. The use of sophisticated marketing data enabled the company to track and influence physicians' prescribing habits. The result of these marketing efforts was that Purdue's sales increased *over 2000%*, from $48 million in 1996 to almost $1.1 billion in 2000. Not surprisingly, with the growth in sales and the availability of OxyContin, came increased abuse, addiction, and death.[19]

## The Marino Bill

By 2016, over 200,000 people had overdosed and died on opioids. That year, Congress passed a bill that weakened the Drug Enforcement Agency's (DEA) ability to prevent "suspicious" companies from distributing opioids. The law, called the Marino Bill, was the result of a multi-year, multi-faceted effort on the part of the drug industry, which spent $102 million lobbying Congress, including nearly $100,000 for the reelection campaign of Representative Tom Marino (R-PA) and $177,000 for Senator Orrin Hatch (R-Utah), both of whom sponsored similar bills in the U.S. House and Senate.[20] The passage of the bill curtailed the DEA's ability to go after the drug distributers supplying corrupt doctors and pharmacies with narcotics to sell on the black market.

Apparently unaware of the bill's import, according to the *Washington Post*, Congress voted unanimously to pass it, and the Obama White House signed it into law. Neither the Justice Department nor the DEA objected to its passage. Top officials at the White House and the Justice Department have declined to discuss how the bill came to pass.[21]

### Deaths of Despair

While there is no single cause of America's opioid epidemic, drug availability combined with economic distress has been a contributing factor in the opioid deaths of many unemployed middle-aged males without college degrees.[22]

A number of studies have established the connection between loss of economic opportunity and opioid abuse. A 2019 study, published in the journal JAMA, found that the rate of opioid overdose deaths in counties with automotive plant closures was 85% higher than the death rate in counties where plants remained open.[23]

Similarly, Jennifer Silva, a professor of sociology and anthropology at Bucknell University, researching the effects of the collapse of the coal industry in northeastern Pennsylvania, found a strong connection between job loss and opioid abuse. And another study, published by The National Bureau of Economic Research, showed that as the unemployment rate increases by one percentage point in a given county, the opioid-death-rate rises by 3.6 percent, and emergency-room visits rise by seven percent.[24]

These studies support the idea that many opioid overdoses are "deaths of despair," a term coined by Princeton economists Anne Case and Angus Deaton, referring to deaths caused by "joblessness, hopelessness, and both physical and emotional pain."[25]

## The States Fight Back

In 2007, Purdue Pharma, the maker of OxyContin, paid $600 million in fines for misleading regulators, physicians, and patients about the drug's risk of addiction.[26] Since then, thousands of communities have filed civil lawsuits against nearly two dozen drug manufacturers with the intent of recouping some of the enormous costs of the opioid epidemic.[27]

Over two thousand of the claims have been consolidated in U.S. District Court in Cleveland, Ohio, and are part of the largest civil case in U.S. history. Several of the claims were settled in 2019, but the vast majority are still pending.[28]

The main reason that cities, counties, and tribes are filing their own cases is to make sure they have access to the settlement money. This did not happen in the Big Tobacco lawsuit when state Attorneys General brokered the settlement, and most of the money ended up in legislative funds used to "balance budgets and fix potholes."[29]

Unfortunately, the total amount of the settlement may be far below expectations. Although the economic toll of opioids from 2015 through 2018 was more than $2.5 trillion, the estimated settlement amounts range from $85 billion to $100 billion. These amounts are less than half of the $201 billion the tobacco industry paid out and would hardly make a dent in the overall cost of the opioid crisis. The big difference between Big Tobacco and Big Pharma is that the tobacco industry had one product with no upside. Opioids, on the other hand, are beneficial for some patients; and the companies that produce them also "do some very good things," according to Joe Rice, chief negotiator suing the industry, "including making or selling an array of medicines, vitamins and medical devices as well as drugstore products like shampoo and baby lotion….We don't want these companies to go out of business," he said. "But we want them to pay for what they did."[30]

Prior to 2020, opioid lawsuits were brought against manufacturers and distributers, but not against pharmacies. A new court order filed in May 2020, however, claims that pharmacy chains, including

CVS, Rite Aid, and Walgreens, also contributed to the epidemic by selling millions of pills without informing the authorities about suspicious orders. They are also accused of collaborating with the manufacturers in promoting the safety of the drugs.[31]

## Arizona's Fight Against Opioid Abuse

### Extent of the Crisis

In Arizona, where more people die from drug overdoses than from car crashes, opioid use, abuse and deaths have increased at an alarming rate over the last fifteen years. Since 2016, when the Arizona Department of Health Services (ADHS) issued the Arizona Opioid Report, the state has made a concerted effort to fight opioid addiction and reduce the number of deaths. The following timeline describes the reports and action plans that formed the framework of Arizona's opioid response.

### Arizona's Opioid Crisis Response Timeline: Reports and Action Plans

**2016: Arizona Opioid Report**. The Arizona Department of Health Services (ADHS) issued a report outlining the extent of the opioid crisis. It showed that the number of opioid-related hospital visits more than doubled between 2007 and 2016; and the number of opioid deaths increased by 74% between 2012 and 2016.[32] It also found that the capacity for emergency response and care and deaths due to opioids in Arizona varied significantly by region. The majority of opioid-related deaths occurred in cities. However, some rural communities also had significant numbers of deaths, primarily because resources are more dispersed outside of urban centers.[33]

Thus far Arizona's administration and legislators have acted in a bipartisan manner to attack the opioid crisis—rare cooperation that needs to continue as the threat still looms across the state.

**2016 Legislation:**

- **Limits on First Fills:** executive order limiting the first fill of addictive prescription opioids to seven days in all cases where the state is the payer[34]

- **Doctor Shopping: Bill (SB 1283**) requires physicians to access and update the prescription drug database before prescribing a controlled substance.[35]

- **Naloxone Bill (HB 2355)** allows pharmacists to dispense Naloxone, a medication that counteracts opioid overdoses, to opioid abusers, their friends, their family members or anyone in the community.[36]

**June 2017**: **Declaration of Emergency.** Governor Doug Ducey issued this declaration in response to the alarming rate of opioid deaths. The declaration called for a statewide effort to reduce opioid deaths and directed the ADHS to rapidly respond to the public health crisis.[37]

**September 2017: Opioid Action Plan.** The ADHS collaborated with partner agencies, impacted stakeholders, and policy makers to provide an action plan with recommendations and a timeline for enacting legislation to fight the epidemic. The plan included the following goals:

- Reduce illicit acquisition and diversion of opioids
- Promote safe prescribing and dispensing of opioids
- Decrease the risk of opioid use disorder
- Improve access to treatment[38]

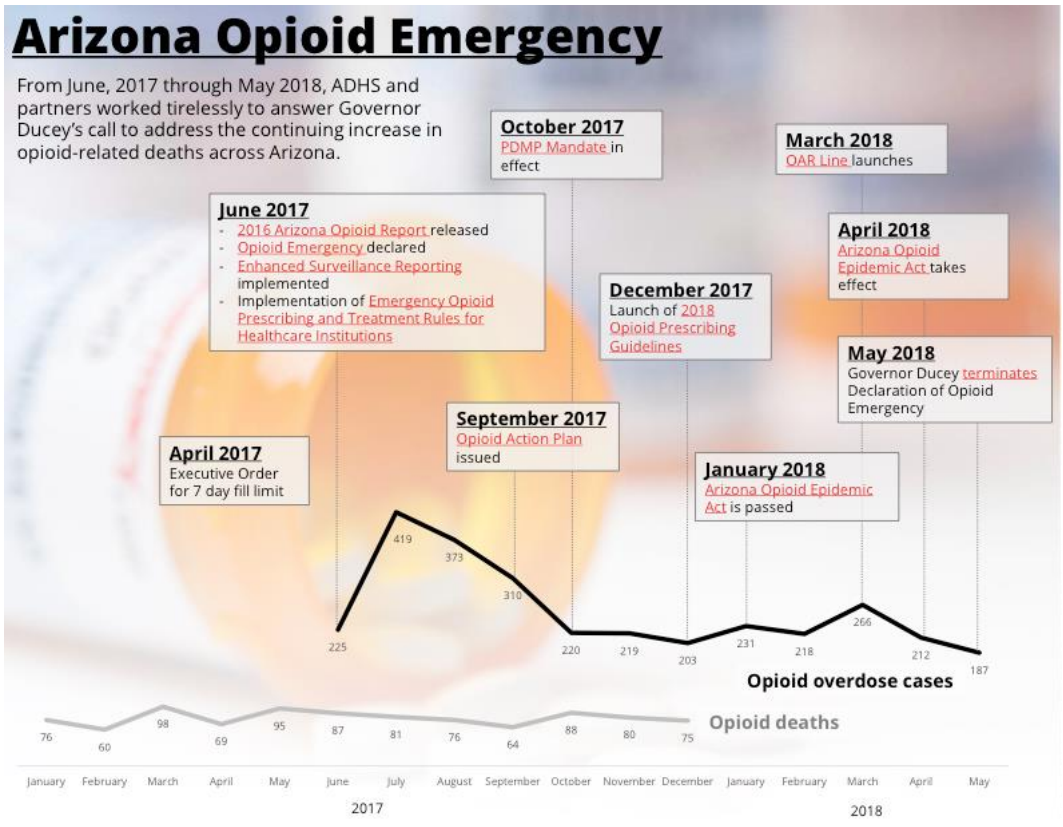
**2017 Legislation: Pilot Program for Inmates.** Executive order allowing inmates suffering from substance abuse disorder to enter a pilot program that includes treatment with Vivitrol to ease their transition back into society.[39]

**January 2018: Opioid Epidemic Act (SB1001)**. Using recommendations in the Opioid Action Plan, the state legislature met in a special session and unanimously passed a law to address the opioid epidemic in the following ways:

- Provide funding to expand treatment
- Expand the availability of addiction treatment for the uninsured
- Provide life-saving resources to first responders, police, and community partners
- Implement changes in prescribing rules for new patients
- Implement a Good Samaritan law enabling people to call police during a suspected overdose without fear of prosecution
- Include a new addiction curriculum for medical schools
- Hold "bad actors" accountable[40, 41, 42]

**April 2018: Opioid Action Plan and Opioid Epidemic Act** implemented.

**May 2018**: **State of Emergency Ended.** Following the implementation of the Opioid Action Plan and the Opioid Epidemic Act, Governor Ducey officially terminated the public health emergency, while acknowledging that efforts to stop the opioid epidemic would continue.[43]




https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioids/index.php#action-plan

**2018: Opioid Response Summary**. The Opioid Response Summary reviewed Arizona's response to the crisis during 2018 and the actions taken by the Arizona Department of Health Services (ADHS). These actions resulted in the following successful interventions:

- **50**% increase in hospital referrals to behavioral health or substance abuse treatment services between June 2017 and November 2018.
- **685** people received naloxone through December 2018
- **43**% fewer new patients with an opioid prescription for greater than a five-day supply between January and December 2018.
- **21**% decline in the number of opioid prescriptions filled per month in 2018[44]
- **83**% of mothers of babies born with NAS were under medical supervision

While there were certainly a number of successful actions and interventions undertaken in 2018, the crisis was far from over. Between 2017 and 2018, at 92.5%, Arizona had the largest relative increase in synthetic opioid-involved deaths in the country.[45] In addition, during 2018, the number of suspected opioid-related events continued to increase, with 1375 deaths and 9335 overdoses.[46] At 15.9 deaths per 100,000 persons, Arizona was the 20th worst in the nation for opioid-related deaths.[47]

The data also showed the following disturbing trends:

- Men had 59% of overdoses.
- Individuals aged 25-34 had the highest percentage of opioid overdoses.
- Overdoses frequently involved multiple drugs.
- Only 40% of health care providers checked the Controlled Substances Prescription Monitoring Program (CSPMP) prior to prescribing a controlled substance.

The Opioid Response Summary's authors pointed out that it will take time to end a crisis that started over a decade ago, and they predicted that the policy changes and interventions implemented in 2018 will yield positive outcomes over the next few years. They conclude by saying that "the work across Arizona to prevent opioid addiction and overdoses continues with an unrelenting commitment to save lives."[48]

**2018 Legislation:**

- **Drug Overdose Review Team (HB 2038)** establishes a review team, comprised of health prevention and public safety officials, to investigate and collect data on all drug overdose deaths and coordinate with local stakeholders to prevent future deaths.[49]

- **Intervention Strategies Bill (HB 2088)** requires school districts to develop strategies to increase student safety, including the prevention of prescription opioid use.[50]

**July 2019 – June 2021: Opioid Action Plan Version 2.0.** The Opioid Action Plan Version 2.0 articulates next steps in addressing Arizona's opioid epidemic. Recognizing that opioid overdoses and deaths have continued to increase and that it will take time to see significant improvement, the new plan stresses the importance of continued implementation of the policies, strategies, and action items articulated in the first Opioid Action Plan. It also includes the following goals to be reached by 2024:

- Reduce the number of opioid deaths in Arizona by 10%
- Reduce the number of verified non-fatal opioid overdoses in Arizona by 15%
- Reduce the rate of all drug overdose deaths in Arizona by 10%

The focus going forward will be on the following action items:

- Improve prevention and early intervention programs
- Increase access to treatment and the use of Arizona's Controlled Substances Prescription Monitoring Program
- Decrease stigmatization
- Improve the quality of opioid-related data.[51]

**2019 Legislation:**

- **Opioid Epidemic Act Amended (HB 2075)** requires all Arizona providers, beginning on January 1, 2020, to electronically prescribe any Schedule II controlled substance that is an opioid.[52] This will significantly reduce the use paper prescriptions, which can be stolen, altered, or forged. [53]

- **Centers of Excellence (SB 1535**) among many provisions, requires the establishment of standards for designating centers of excellence for treating opioid use disorder statewide, a statewide learning collaborative to share best practices and peer-to-peer support between centers of excellence, and the establishment of an Arizona Opioid Use Disorder Review Council.[54]

One important piece of legislation has not yet been passed. **The Arizona Syringe Service Bill (HB 2389; HB 2148; HB 2608)** would decriminalize clean needle exchanges, which are still technically a felony. In 2018 and 2019, the bill passed in the House of Representatives, but not in the Senate. In 2020 it again passed in the House, but the legislature adjourned *sine die* before the Senate could consider it.[55] The Republican-controlled legislature's failure to pass this bill reflects an outdated, punitive approach to addiction.[56]

### Arizona Claims Against Drug Manufacturers

In 2018, Arizona's State Attorney General, Mark Brnovich, filed a suit against Purdue Pharma, accusing the company of engaging in "deceptive and misleading marketing" to promote opioid use in violation of a previous court order.[57] The following year, Brnovich added the Sackler family, Purdue Pharma's owners, to the suit. However, the Supreme Court rejected the claim, and Purdue filed for bankruptcy in September 2019. Brnovich insisted that he will continue to pursue the suit.[58]

A number of Arizona cities and counties, including Prescott, Bullhead City, Surprise, Glendale, Apache, La Paz, Maricopa, and Pinal Counties have also filed lawsuits. The Pinal County suit cites the "societal and financial harm . . . suffered at the hands of those responsible for the opioid crisis." The lawsuits include distributors who, according to the Pinal County claim, "neglected their legal duties to monitor, report and prevent suspicious shipments of opioids."[59]

## Federal Research

As Arizona and many other states struggle with an increasing number of opioid overdoses and deaths, it would appear that research coordinated at the federal level is the best hope for addressing the crisis. Presently, researchers at the Food and Drug Administration (FDA), at the National Institutes of Health (NIH), and at universities across the country are looking for scientific solutions to the epidemic. They are exploring ways of improving prevention and treatment. They are studying better

drug delivery systems. And they are learning how opioids work on brain pathways so they can develop non-addictive drugs.[60, 61]

## Opioids and COVID-19—an Epidemic within a Pandemic

As if the COVID-19 pandemic were not bad enough, federal and local officials are reporting soaring drug overdose deaths creating "a hidden epidemic within the coronavirus pandemic." Suspected overdoses increased by 18% in March 2020, 29% in April and 42% in May. Isolation and economic devastation are significant contributing factors.[62]

In addition, according to Nora Volkow, M.D., Director of the National Institute on Drug Abuse (NIDA), individuals suffering from substance use disorder (SUD) are at increased risk of becoming seriously ill if they contract COVID-19. They also face a number of indirect risks resulting from homelessness, joblessness, incarceration, and reduced access to health care and recovery support services. COVID-19 transmission is exceptionally high in homeless shelters and in prisons, where more than half of the prisoners have SUD.[63]

In Arizona, as in many other states, numerous individuals have experienced loss during the pandemic. They have lost jobs, businesses, and homes. Without being able to attend support groups, sponsors, or opioid treatment programs, they are more likely to relapse.[64]

In addition to restricted counseling access, habitual drug users may have difficulty obtaining medications for opioid-related addiction or clean needle exchanges from syringe services programs. For those in recovery, the isolation of social distancing can lead to anxiety, depression, and relapse. Social distancing can also result in overdoses and fatalities if there is no one to administer naloxone. Individuals suffering from substance use disorder are already stigmatized, and now during the COVID-19 pandemic, with overcrowded hospitals and overworked medical staff, they may not get the treatment they need.[65]

## Going Forward

The goals of Arizona's two Opioid Action Plans are to address the opioid crisis through educational outreach, changed prescribing regulations, and better treatment for those suffering from opioid use disorder.[66] To that end, Arizona spends $265 million a year on opioid prevention and treatment.[67] But in the two years since legislators approved the first Opioid Action Plan, the state has failed to meet its goal of decreasing opioid overdoses and deaths. And although healthcare providers are now writing 13% fewer opioid prescriptions, efforts to curb the supply of illicit opioids have been less successful.[68] In fact, based on data provided by the CDC in July 2020, there are more overdoses and opioid-related fatalities now than ever before.[69]

Arizona's opioid epidemic developed over more than a decade and it will not be reversed overnight. This long-term crisis affects individuals, families, communities, the healthcare system, and the economy. Such a complex problem requires a concerted, coordinated state- and federal effort to develop effective strategies to provide services to those with the greatest need while maximizing the efficient use of limited resources.[70]

Now, the COVID-19 pandemic has exacerbated the opioid crisis throughout the country. It is essential that policymakers, researchers, and healthcare experts develop new ways of meeting the needs of those suffering from opioid abuse disorder.[71]

In an article proposing rapid and coordinated action, Johns Hopkins School of Public Health and RAND Corporation experts recommend "new partnerships, the unprecedented use of technology, and the dismantling of antiquated regulations." They conclude that the "greatest strength of the treatment system has always been compassion and care for the most vulnerable—qualities needed now more than ever."[72] For those suffering the most right now, such words seem aspirational at best.

It is, perhaps, important to remember that the CDC deemed opioid overdoses to be an "epidemic" long before COVID-19 hit the airwaves.[73] And while novel virus vaccines are being explored, opioid addiction must not be allowed to pass into the realm of being 'old news' without new champions to continue the fight that continues to rage across the country.

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