

Arizona Substance Abuse Partnership

Thursday, September 3, 2020

State Capitol Executive Tower



METHAMPHETAMINE

Arizona data trends, interdiction, and statewide prevention



PREVENTION RESOURCE LINKS

[GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY](#)

[ARIZONA SUBSTANCE ABUSE PREVENTION RESOURCE](#)

[ARIZONA HIGH INTENSITY DRUG TRAFFICKING AREA](#)

[ARIZONA DEPARTMENT OF HEALTH SERVICES](#)

[SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMIN.](#)

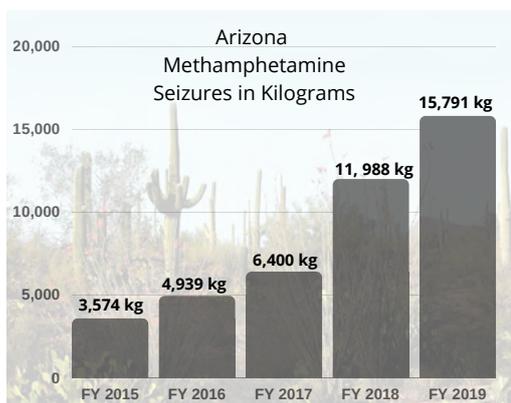
Know the Facts: Arizona Data Trends

Resources: National Institute on Drug Abuse and the AZ HIDTA

Methamphetamine is a powerful, highly addictive stimulant drug that affects the central nervous system. The drug's ability to rapidly release high levels of dopamine in reward areas of the brain creates physical and psychological dependence and can lead to a substance use disorder. In Arizona, accessibility, costs and lack of prevention education play a huge role in drug-use behaviors and methamphetamine addiction.

Due to increased methamphetamine production in Mexico and declining costs, Arizona is seeing a devastating increase of sellers and users of the illegal substance within its communities. The Arizona High Intensity Drug Trafficking Area has indicated that **Methamphetamine is Arizona's #1 drug threat**. The data below represents Arizona specific trends:

- **Street Value: Phoenix retail price decreased 58%, from an average of \$350 per ounce in 2015 to \$140 per ounce in 2019.**
- **Interdiction: Federal, state, and local law enforcement saw a 342% increase in methamphetamine seizures from FY 2015 to FY 2019.**
- **Fatal Overdoses: In Maricopa and Pima County, most overdose deaths in 2019 were attributed to methamphetamine (670 fatal overdoses).**



DATA PROVIDED BY: AZ HIDTA

Arizona data trends continued:

- **Drug Arrests:** The Arizona Criminal Justice Commission indicated in **FY 2019, 90% of task forces arrests were drug-related.** The task force also **seized 4,561 lbs of methamphetamine, which was 123% increase from previous fiscal year.**
- **Treatment:** Crossroads, Inc. indicated that **40% of all clients tested positive for methamphetamine upon admission into treatment.**
- **Families Affected:** In 2019, the AZ Families First Program had **6,324 parents participate- 36% (2,276 participants) reported meth use within 30 days of start of program,** second only to marijuana.
- **Youth at Risk:** The 2018 Arizona Youth Survey (AYS) indicates 30-day methamphetamine use has decreased from 0.5% in 2014 to 0.3% in 2018. However, there are indications that **electronic cigarettes are being used as a delivery system for methamphetamine.** According to the 2018 AYS data, **use of e-cigarettes has increased across all grade levels** since it was first assessed in 2016.

Interdiction AND Prevention

Resource: AZ HIDTA

Seizure analysis indicates the main highway corridors from Sonora, Mexico to Arizona are used as primary gateways to move methamphetamine into Arizona communities. Interdiction efforts in Arizona are imperative to preventing drug trafficking along this corridor. Although data shows an increase in arrests and seizures, unfortunately there is still a vast amount of the illegal substance getting into the hands of Arizona residents.



Prevention efforts are critical to eliminating methamphetamine from Arizona communities as it minimizes the demand and decreases the use of targeted illegal substances. Prevention and early intervention efforts not only minimize the demand and use of illegal substances but also promote informed decision-making and healthy behaviors. As it relates to business, stopping the demand will eliminate the need for supply.

Recommendations for Arizona:

Members of the Arizona Substance Abuse Partnership provided agency specific data trends and have worked diligently to identify areas of need in prevention. **The goal is to maximize the substance use prevention efforts** of federal, state, and local law enforcement in partnership with other state agencies.

Areas of need include:

- Increase in reporting among state agencies and data sharing agreements.
- ICD-10 code specific to methamphetamine for proper reporting at medical facilities and health care agencies.
- Statewide campaign on methamphetamine awareness, education, and resources.
- Flexibility in substance use/misuse prevention funding.
- Support for displaced youth whose parents have a methamphetamine substance use disorder, i.e. youth who are in foster care, children of incarcerated parents, etc.



Governor's Office
of Youth, Faith
and Family



Arizona
Substance Abuse
Partnership

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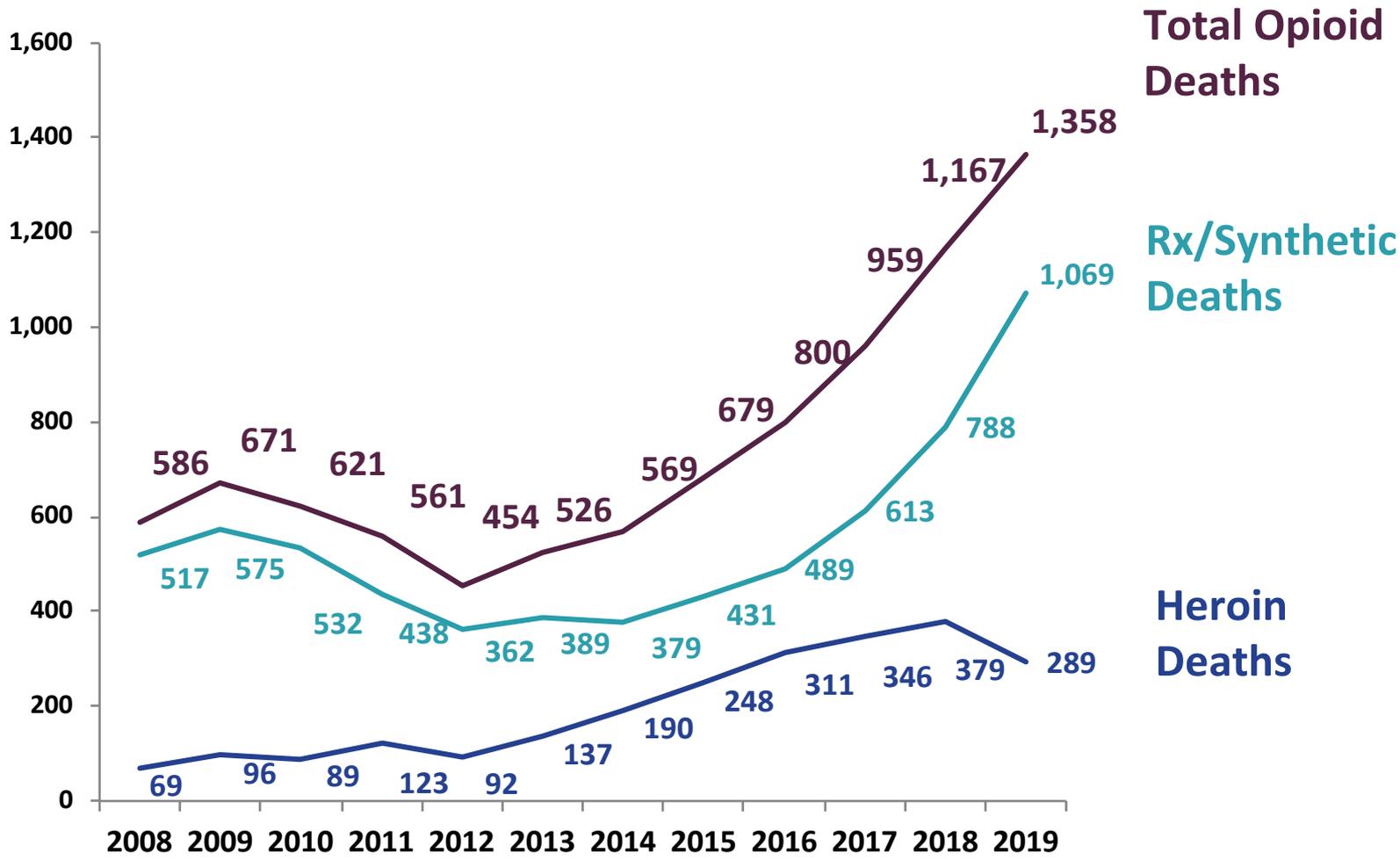
Arizona Fentanyl Data Update

**Presented to the
Arizona Substance Abuse Partnership**

September 3, 2020



More than **3 Arizonans a day** died from opioids the last two years and thousands have experienced overdoses.



Note: 2019 data is preliminary data from Vital Records

Opioid Deaths 2019 & 2020

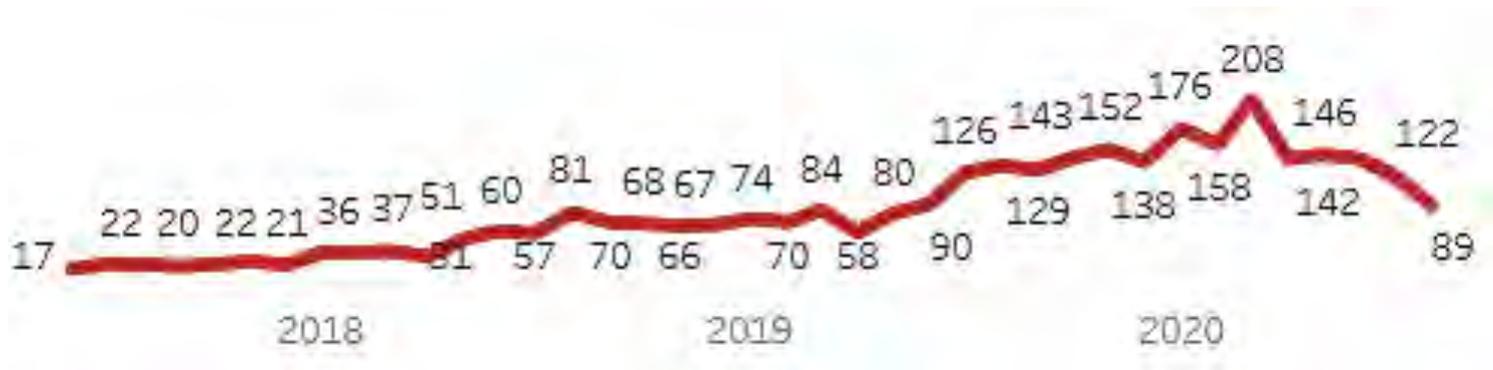
Confirmed through death certificates reported to ADHS Vital Records

Month	2019	2020 (Preliminary to date*)
January	105	142
February	81	116
March	105	155
April	103	140
May	110	126
Total Jan. – May	504	679
Yearly Total		
	1358	801 Year to Date *

*Reported as of 8/31/2020.

Fentanyl Overdose Trends

Number of verified overdoses involving fentanyl peaked in March 2020**

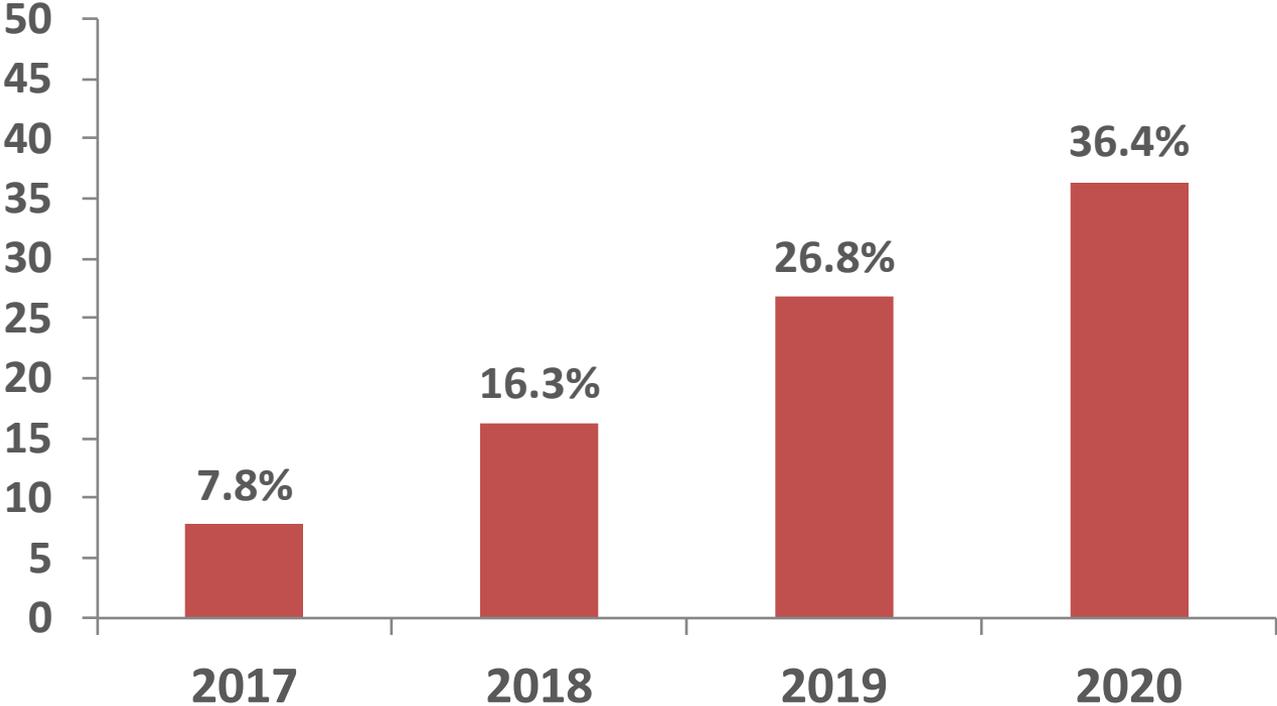


	2017*	2018	2019	2020**	Total
Fatal	118	433	714	425	1690
Non-Fatal	94	552	1099	999	2744
Total	212	985	1813	1424	4434

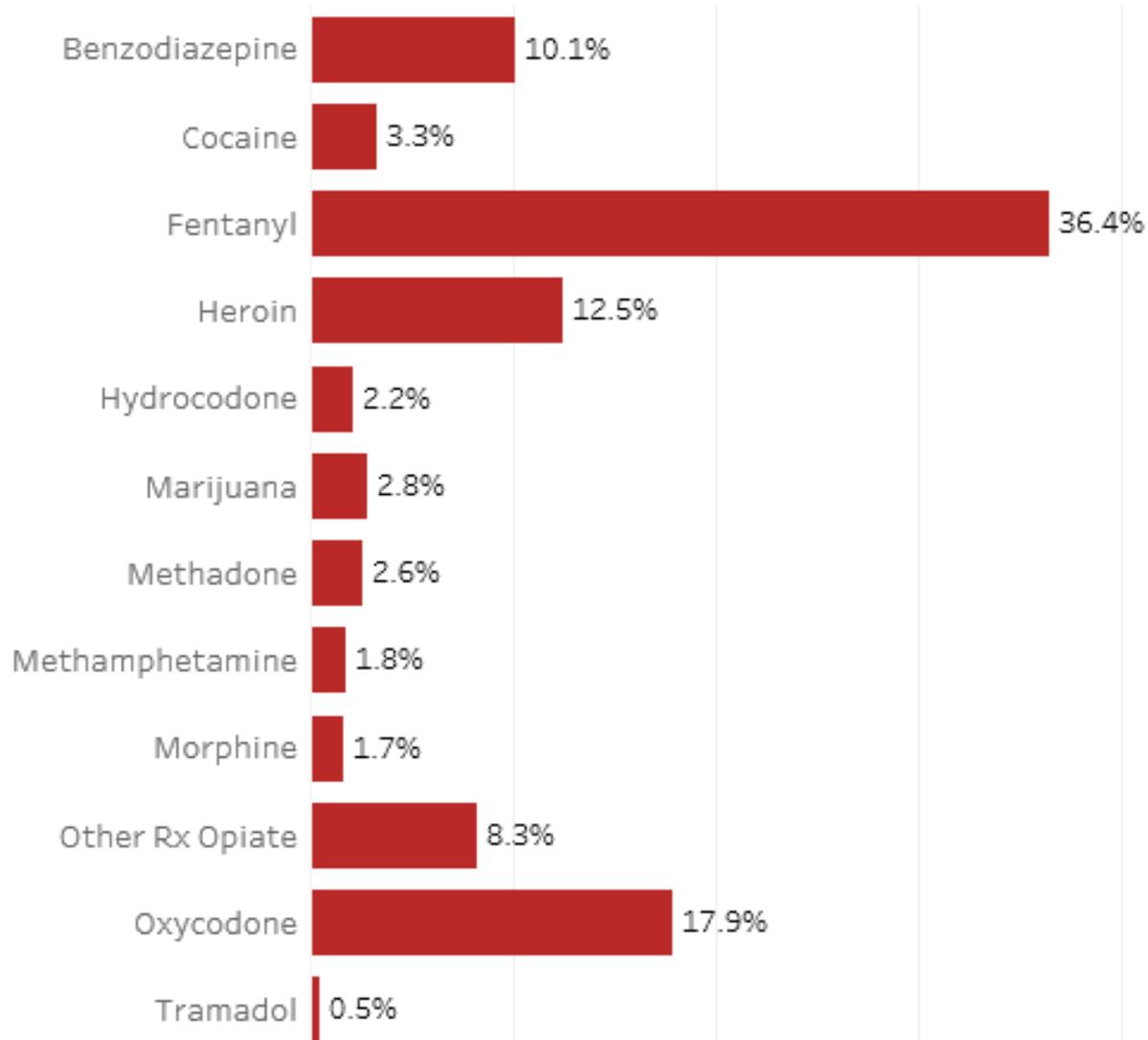
*2017 is a partial year – data collection began June 15, 2017

**2020 is through August 28, 2020

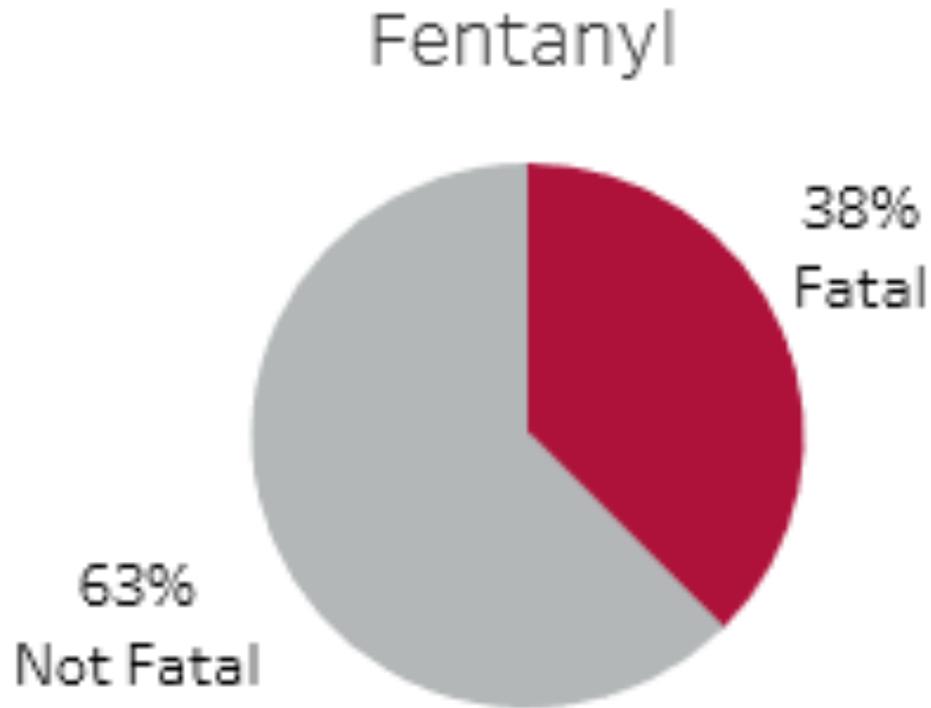
Percentage of Verified Overdoses with Fentanyl Involved, 2017 - 2020



Substances involved in verified opioid overdoses 2020



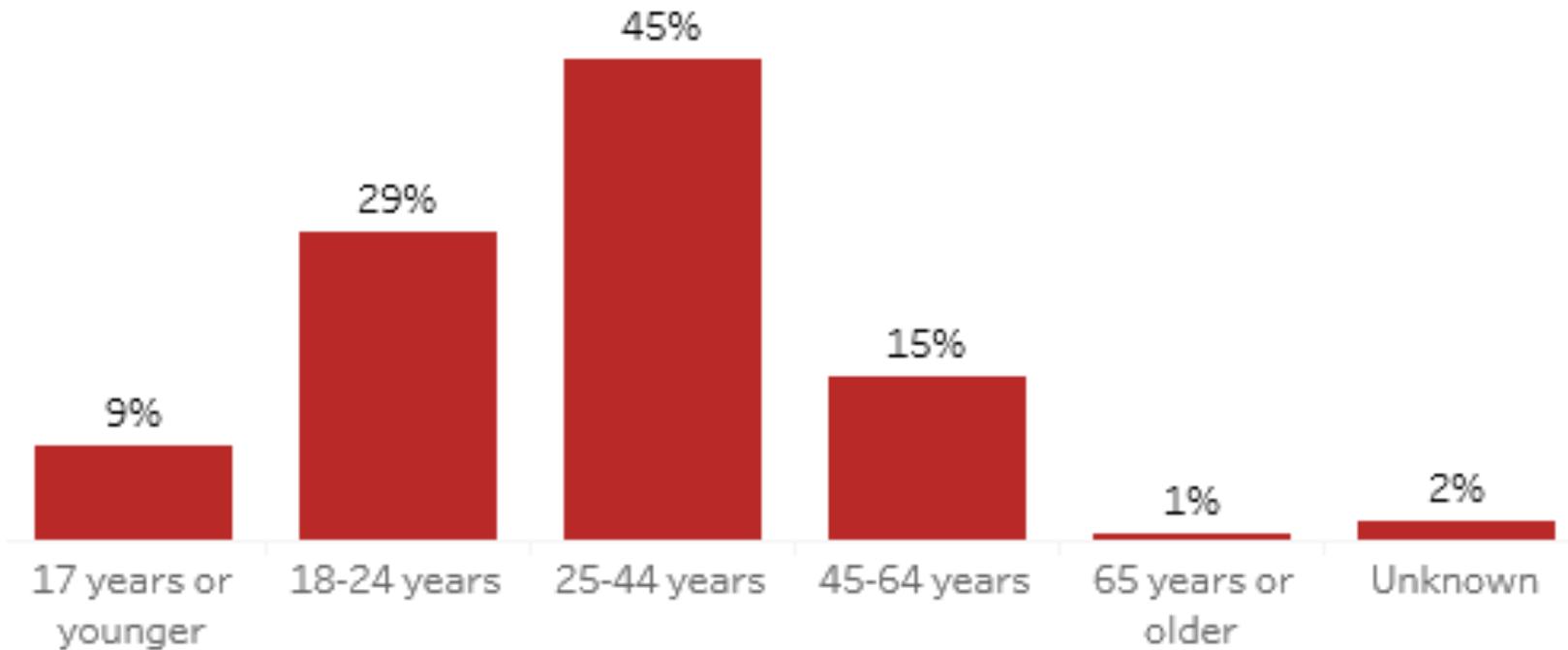
Over 1/3 of all fentanyl overdoses are fatal



Verified Fentanyl Overdoses by Age

June 15, 2017 – August 28, 2020

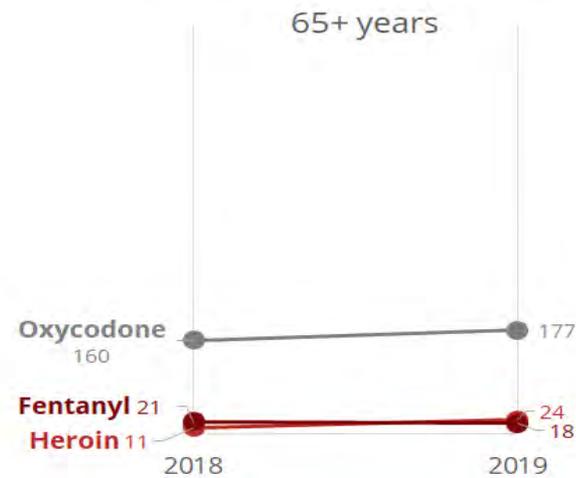
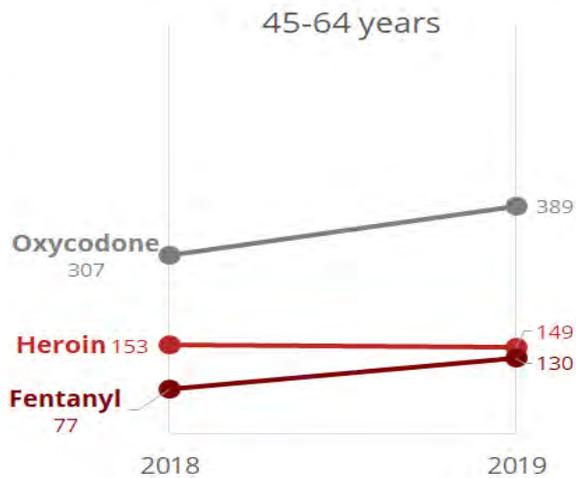
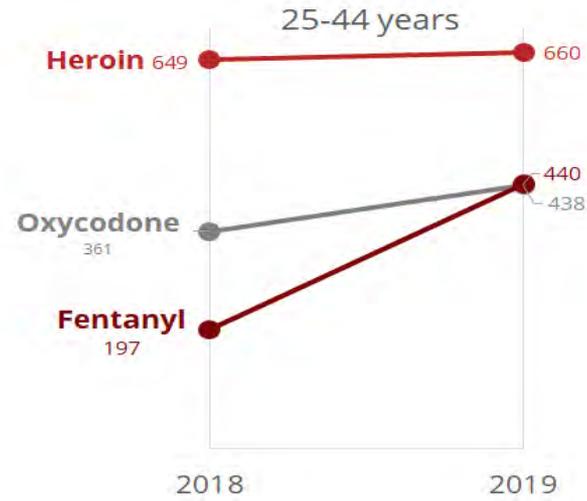
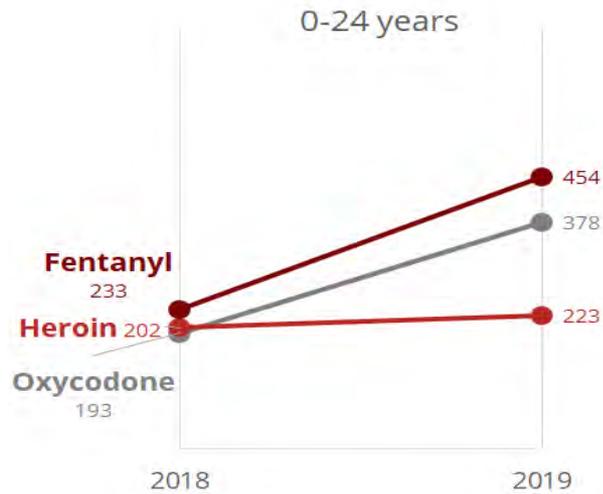
Which age groups had the highest number of verified opioid overdoses?



Fentanyl involved in verified opioid overdoses 2020 By Age & Gender

Age	Female	Male
17 years & younger	4%	7%
18 – 24 years	7%	20%
25 – 44 years	13%	36%
45 – 64 years	5%	10%
65 years & older	0%	0%

Verified Non-Fatal Opioid Overdoses by Age Group for Selected Opioid Types, 2018 vs. 2019



Most common drugs used in combination among verified non-fatal overdoses involving Fentanyl (combined 2018 and 2019)



For more information
azhealth.gov/opioid

Questions/Comments:
azopioid@azdhs.gov
sheila.sjolander@azdhs.gov



Opioid Assistance & Referral

A free 24/7 hotline that assists providers with complex patients with pain and opioid use disorders, answered by medical experts at the Poison and Drug Information Centers in Arizona.

Arizona OAR Line
1-888-688-4222

 ARIZONA DEPARTMENT OF HEALTH SERVICES

 ARIZONA CENTER FOR TOXICOLOGY & PHARMACOLOGY
Education & Research

The OAR Line is joint project between the Arizona Department of Health Services, the Arizona Health Care Cost Containment System and Poison and Drug Information Centers in Arizona.



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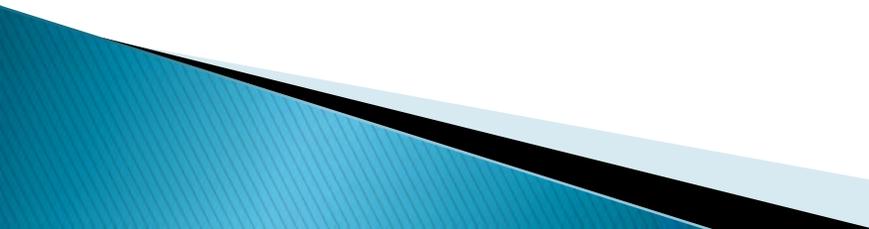
Program Inventory Workgroup ASAP

Recommendations and Findings
Arizona Prevention Funding

Program Inventory Workgroup

- ▶ Co Chairs Merilee Fowler and Lee Pioske
 - ▶ PIW members from Banner, ASU, U of A, AHCCCS, ADHS, GOYFF, Treatment, Prevention
 - ▶ PIW met from February 2019 to July 2020
 - ▶ Reviewed State and Federal Prevention Funding awarded to Arizona
 - ▶ Identified Main Findings
 - ▶ Determined recommendations based on findings
 - ▶ Prioritization of Recommendations
- 

Definitions of Prevention

- ▶ **Primary prevention** is aimed at stopping substance use before it starts.
 - ▶ **Secondary prevention** identifies individuals using substances and attempts to intervene before they develop a substance use disorder.
 - ▶ **Tertiary prevention** involves harm reduction for individuals with substance use disorder. (example Naloxone)
 - ▶ **Universal prevention** refers to approaches designed for an entire population without regard to individual risk factors.
 - ▶ **Selective prevention** involves strategies that are targeted to one or more subgroups of a population considered as being “at risk”.
 - ▶ **Indicated prevention** is when interventions are aimed at individuals showing signs of increased substance use and/or substance abuse.
- 

Finding #1:

There are Arizona areas and communities with minimal or no prevention services.

Recommendations #1A and #1B

Prevention Mapping and Formation of Coalitions

Recommendation 1A:

- ▶ Arizona should conduct a prevention mapping inventory by geographic service area
 - Arizona National Guard
 - PIW Priority #1

Recommendation 1B:

- ▶ Arizona should encourage the formation of coalitions in the underserved areas. The state should enlist the help of treatment providers who are already in these areas to get involved in prevention efforts and to increase prevention services.
 - SOR Funding to SACLAz

Finding #2:

A significant portion of prevention funding is allocated to selective and or tertiary prevention.

Recommendations #2

Focus on universal and primary prevention

Additional funding and focus should be placed on **universal and primary prevention** to prevent drug use in Arizona before it starts.

PIW Priority #2

Youth education on scientific risks and harms.
Overall public awareness campaigns.

Finding #3:

A significant amount of prevention funding is currently allocated to opioid use prevention.

While the opioid epidemic is an ongoing concern for our state, the rate of opioid use among Arizona's youth is around 3%. According to the 2018 Arizona Youth Survey, the three most common abused substances by youth in Arizona are #1: alcohol (20.2%) #2: electronic cigarettes (19.9%) #3: marijuana (15.7%).

Recommendation #3:

Focus on main substances that youth are abusing

- Prevention funding strategies should be based on current and reliable data.
- **Alcohol, electronic cigarettes and marijuana should be the focus areas for youth prevention funding.**
- The prevention strategies should also encompass a focus on life skills and resiliency.
- **PIW Priority #3**

Finding # 4:

Evaluation of prevention services

Funding streams currently require or use different measurements to determine outputs, outcomes and costs.

Recommendation #4:

Develop uniform and consistent prevention measurements for all funded programs.

- ▶ All prevention funding that is overseen by state agencies should implement a single, multi-pronged approach to evaluate programs by tracking 1) outputs 2) outcomes and 3) cost per unit for **direct and indirect** programming.

Finding # 5:

Data provided to the PIW was very informative but not comprehensive.

More information from all involved agencies in prevention programming as well as data on substance use treatment programs would enhance knowledge and recommendations.

Recommendation # 5:

Collection and analysis of all prevention and treatment program data, such as collected in this program inventory, should occur in Arizona on an annual basis.

Finding #6

Substance use trends are fluid.

The State of Arizona needs to be dynamic and flexible to respond to emerging substance use trends as they are happening.

Recommendations #6A and #6B:

Community Based Prevention

Evidenced Based/ Promising Practices

Recommendation 6A:

- ▶ Additional funding and focus should be placed on community-based prevention to effectively respond to emerging trends and to increase prevention capacity.
- ▶ **PIW Priority #4**

Recommendation 6B:

- ▶ Prevention funding should promote evidenced-based or evidenced-informed programming while allowing for use of promising (emerging) practices, research based programming and the implementation of environmental strategies.
- ▶ **PIW Priority #5**

Finding #7:

Prevention funding is not fully coordinated

- ▶ A variety of prevention funding and programming is available in Arizona but efforts across agencies are not fully coordinated. For example, GOYFF utilizes the five-step Strategic Prevention Framework (SPF) from SAMHSA; the Arizona Department of Health Services references the ASAP Strategic Plan for the Substance Disorder section of the Arizona Health Improvement Plan, and AHCCCS has a Primary Prevention Substance Abuse Strategic Plan Planning Committee. While meeting specific agency needs this approach does not provide for an overall comprehensive determination of priorities along with planning and use of evidence-based tools.

Recommendation #7:

ASAP should develop a unified, comprehensive statewide prevention planning mechanism.

- An evidence-based prevention planning framework, using coalition-based community prevention, such as Communities That Care[®] would provide an overall statewide prevention planning, determine priorities and guide activities and decision making.
- **PIW Priority #6**

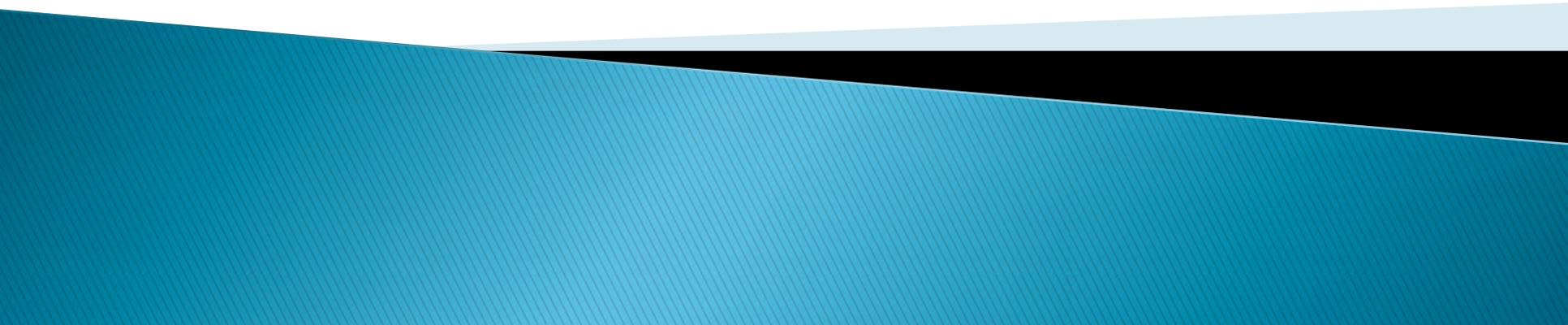
Finding #8:

Prevention professionals understand the importance of the continuum of care and that increased treatment capacities are required for effective prevention strategies.

Recommendation #8:

Prevention providers must support intervention and treatment endeavors while promoting resources such as the Arizona Opioid Assistance and Referral (OAR) Line, real time referrals and access to treatment.

Questions?



**Program Inventory Workgroup
Findings and Recommendations
Submitted to the Arizona Substance Abuse Partnership**

The Program Inventory Workgroup (PIW), a workgroup of the Arizona Substance Abuse Partnership (ASAP), was tasked by the Governor's Office of Youth, Faith and Family (GOYFF) with reviewing state and federal prevention funding awarded to and by the State of Arizona. The PIW was co-chaired by Merilee Fowler and Lee Pioske with members recruited from various sectors of Arizona government and non-government organizations involved in substance abuse prevention and treatment. The workgroup met monthly from February 2019 to April 2020. PIW members also met in July 2020 to prioritize the top recommendations.

Information on state and federal prevention funding disbursed across Arizona was provided to the PIW. The funding covered a broad range of programming and prevention strategies ranging from primary to tertiary prevention. *Primary* prevention is aimed at stopping substance use before it starts; *secondary* prevention identifies individuals using substances and attempts to intervene before they develop a substance use disorder; *tertiary* prevention involves harm reduction for individuals with substance use disorder. *Universal* prevention refers to approaches designed for an entire population without regard to individual risk factors, *selective* prevention involves strategies that are targeted to one or more subgroups of a population considered as being "at risk" and *indicated* prevention is when interventions are aimed at individuals showing signs of increased substance use and/or substance abuse.

Based on the review process and all data available prior to this report's development, PIW is submitting the following findings and recommendations to ASAP.

Finding 1:

There are Arizona areas and communities with minimal or no prevention services.

PIW Priority #1: Recommendation 1A:

Arizona should conduct a prevention mapping inventory by geographic service area. This inventory should identify the service area and the specific populations being served through prevention programming. The inventory should specify between primary, secondary and tertiary prevention. When completed this map will illustrate geographic resources, or lack thereof, across the state and help to provide prevention programming for all residents.

Recommendation 1B:

Arizona should encourage the formation of coalitions in the underserved areas. The state should enlist the help of treatment providers who are already in these areas to get involved in prevention efforts and to increase prevention services.

Finding 2:

A significant portion of prevention funding is allocated to selective and or tertiary prevention.

PIW Priority #2: Recommendation 2:

Additional funding and focus should be placed on **universal and primary prevention** to prevent drug use in Arizona before it starts.

Finding 3:

A significant amount of prevention funding is currently allocated to opioid use prevention. While the opioid epidemic is an ongoing concern for our state, the rate of opioid use among Arizona's youth is around 3%. According to the 2018 Arizona Youth Survey, the three most common abused substances by youth in Arizona are #1: alcohol (20.2%) #2: electronic cigarettes (19.9%) #3: marijuana (15.7%).

PIW Priority #3: Recommendation 3:

Prevention funding strategies should be based on current and reliable data. Alcohol, electronic cigarettes and marijuana should be the focus areas for youth prevention funding. The prevention strategies should also encompass a focus on life skills and resiliency.

Finding 4:

Funding streams currently require or use different measurements to determine outputs, outcomes and costs. Evaluation components for federal funding often require output measurements but not outcome measurements or cost per unit served. Outputs identify the quantities and the story of programming. Output measures do not address the value or impact of the services. However, outcomes identify the level of change or achievement that occurred because of the activity or services.

Recommendation 4:

Develop uniform and consistent prevention measurements for all funded programs. All prevention funding that is overseen by state agencies should implement a single, multi-pronged approach to evaluate programs by tracking 1) outputs 2) outcomes and 3) cost per unit for direct and indirect programming.

Finding 5:

Data provided to the PIW was very informative but not comprehensive. More information from all involved agencies in prevention programming as well as data on substance use treatment programs would enhance knowledge and recommendations.

Recommendation 5A:

Collection and analysis of all prevention and treatment program data, such as collected in this program inventory, should occur in Arizona on an annual basis.

Finding 6:

Substance use trends are fluid. The State of Arizona needs to be dynamic and flexible to respond to emerging substance use trends as they are happening. Community based prevention is an effective mechanism to identify and respond to emerging trends. Community based prevention also builds capacity and allows for the implementation of individual strategies (youth education, parenting education, pro-social events, information dissemination, etc.) along with environmental strategies (prescription take back, policy change, etc.) The implementation of both individual and environmental strategies is crucial for effective prevention.

PIW Priority #4: Recommendation 6A:

Additional funding and focus should be placed on community-based prevention to effectively respond to emerging trends and to increase prevention capacity.

PIW Priority #5: Recommendation 6B:

Prevention funding should promote evidenced-based or evidenced-informed programming while allowing for use of promising (emerging) practices, research based programming and the implementation of environmental strategies.

Finding 7:

A variety of prevention funding and programming is available in Arizona but efforts across agencies are not fully coordinated. For example, GOYFF utilizes the five-step Strategic Prevention Framework (SPF) from SAMHSA; the Arizona Department of Health Services references the ASAP Strategic Plan for the Substance Disorder section of the Arizona Health Improvement Plan, and AHCCCS has a Primary Prevention Substance Abuse Strategic Plan Planning Committee. While meeting specific agency needs this approach does not provide for an overall comprehensive determination of priorities along with planning and use of evidence-based tools.

PIW Priority #6: Recommendation 7:

ASAP should develop a unified, comprehensive statewide prevention planning mechanism. An evidence-based prevention planning framework, using coalition-based community prevention, such as Communities That Care ® would provide an overall statewide prevention planning, determine priorities and guide activities and decision making.

Finding 8:

Prevention professionals understand the importance of the continuum of care and that increased treatment capacities are required for effective prevention strategies.

Recommendation 8:

Prevention providers must support intervention and treatment endeavors while promoting resources such as the Arizona Opioid Assistance and Referral (OAR) Line, real time referrals and access to treatment.

Confidential Draft