

# Information & Research about Overdose and Disease Prevention Programs

## ►► Background & Need

In 2017, 1,532 Arizonans died from drug-related overdose, more than 60% due to opioids. Since 2012, the number of opioid-related deaths increased by 109%. In recent years, human immunodeficiency virus (HIV) and hepatitis C virus (HCV) infection rates have also increased. Evidence-based harm reduction programs can prevent and reduce substance use disorder, HIV and HCV infections.

Access to behavioral health care is **limited or unavailable in Arizona for rural and urban underserved communities**. Arizona has 79 designated Mental Health Professional Shortage Areas and 45 (60%) are located in areas designated as rural or partially rural. Every Arizona county has a mental health professional shortage.

Top performing states (90<sup>th</sup> percentile) have population to mental health provider ratios of 310:1 or less. Arizona's population to mental health provider ratio of 790:1 highlights the shortage, with county level ratios ranging from 9,460:1 to 500:1.

## ►► Impact

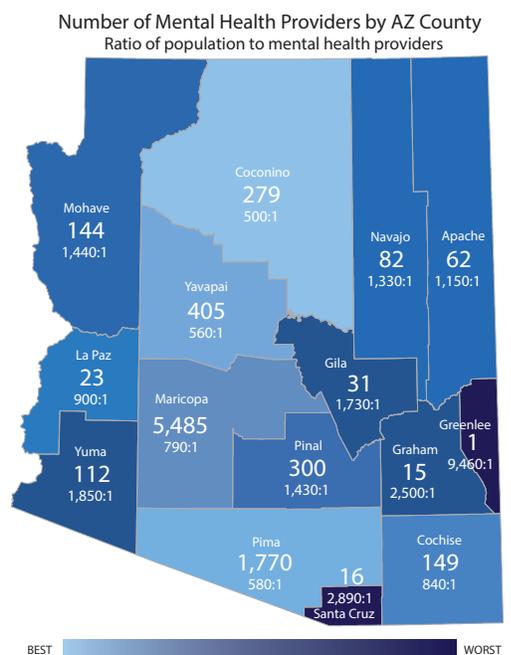
In 2015, 21.7 million individuals in the US (8%) 12 years or older needed substance use disorder treatment. Of those, only 15% agreed that they needed treatment, and only 12% received it. This matches use rates in Arizona. Many Arizonans need help, yet few receive it.

## ►► The 2018 Arizona Opioid Act

- All provisions are in effect now.
- The Arizona Department of Health Services and Governor's Office for Youth Faith and Family launched the youth prevention campaign.
- The percent of overdose patients referred by hospitals to behavioral health or substance use disorder treatment services **increased from 45% in June 2017 to a high of 82% in November 2018.**
- **Law enforcement officers administered 20,893 naloxone doses as of January 2020 to reverse opioid overdose;** over 90% survived the immediate pre-hospital event.

## Evidence-Based Overdose and Disease Prevention Programs

- Prevent substance/opioid use & provide education on opioid overdose, HCV & HIV prevention.
- Refer to substance use disorder treatment programs.
- Vaccinate (HCV) & screenings (HIV, HCV).
- Naloxone distribution & training.
- Refer to health care, mental health services & other social services.
- Dispose of syringes & needles safely.
- Supply sterile needles/syringes to prevent HIV/HCV transmission & reduce occurrence of skin wounds & infections related to injection drug use.



- The average Morphine Milligram Equivalent (MME) dosage decreased from an average of 62 MME in July 2017, to 46.6 MME in December 2018.
- The number of opioid naïve patients who had a prescription filled for a greater than 5-day supply decreased 55% from April 2018 to March 2019.
- The number of opioid prescriptions filled per month in Arizona declined by 21% in 2018.
- Overall, 83% of mothers of babies born with Neonatal Abstinence Syndrome (NAS) are under medical supervision.

### ▶▶ Evidence-Based Harm Reduction Approach

Most states have overdose prevention programs that include the above evidence-based harm reduction approaches. Syringe Services Programs (SSPs) are available in Indiana, North Carolina, West Virginia, and most states. SSPs can reduce HIV and HCV transmission. They also help people who use substances who want to seek treatment. In Washington the SSP program reported that individuals using the program were “five times more likely to enter drug treatment” than those who did not use the program. Studies report that SSPs do not cause an increase in substance use or crime. Safe disposal services reduce needles and HIV and HCV transmission in the community.

### ▶▶ Promote Health, Save Lives, and Save Money

Overdose and Disease Prevention Programs prevent the transmission of HIV and HCV. The lifetime cost for HIV treatment is \$450,000 per person. HCV treatment costs \$84,000 per person. Hospital costs for wounds and infections related to substance use disorder total \$700 million each year. In one study, SSPs offered a Return on Investment (ROI) of \$7.58 for every \$1 spent.



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