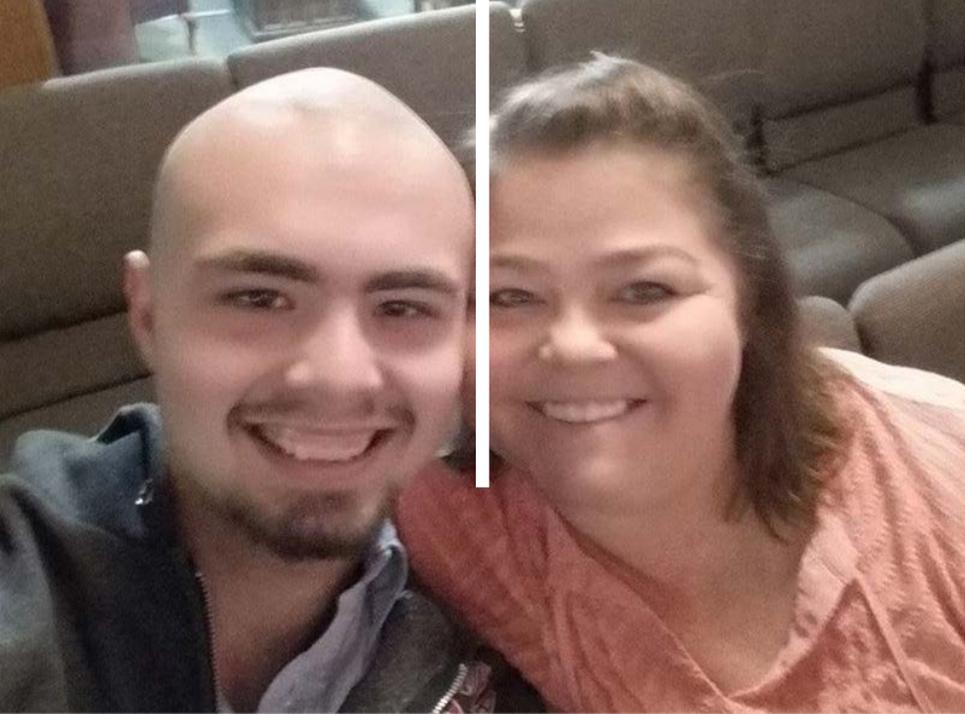
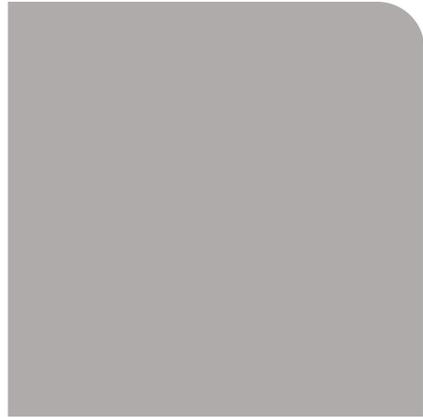




The Opioid Epidemic – Expanding the Understanding of the Unique Needs of Persons Living with Brain Injury

Malissa Mallett, LMSW
Program Director





Objectives:

Arizona Specific statistics and Response

Brain Injury Alliance of Arizona

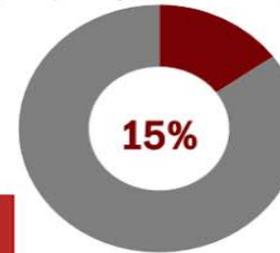
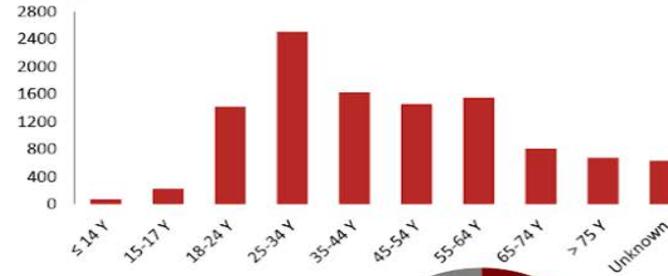
Arizona Declares State of Emergency June 15th, 2017

Opioid Report

June 15, 2017 – September 13, 2018

Opioid Overdoses & Deaths

11,391 possible opioid overdoses reported



Neonatal Abstinence Syndrome

969 Arizona babies born with possible drug-related withdrawal symptoms

Naloxone

7,125

naloxone doses administered outside of the hospital by emergency medical services, law enforcement, and others

26,656

naloxone kits distributed to the public by pharmacies

- June 1, 2017
- 2016 Arizona Opioid Report Released
 - ADHS releases a report showing 799 people died of opioid overdose in 2016 – a startling 74% increase in the past four years

Arizona Opioid Timeline

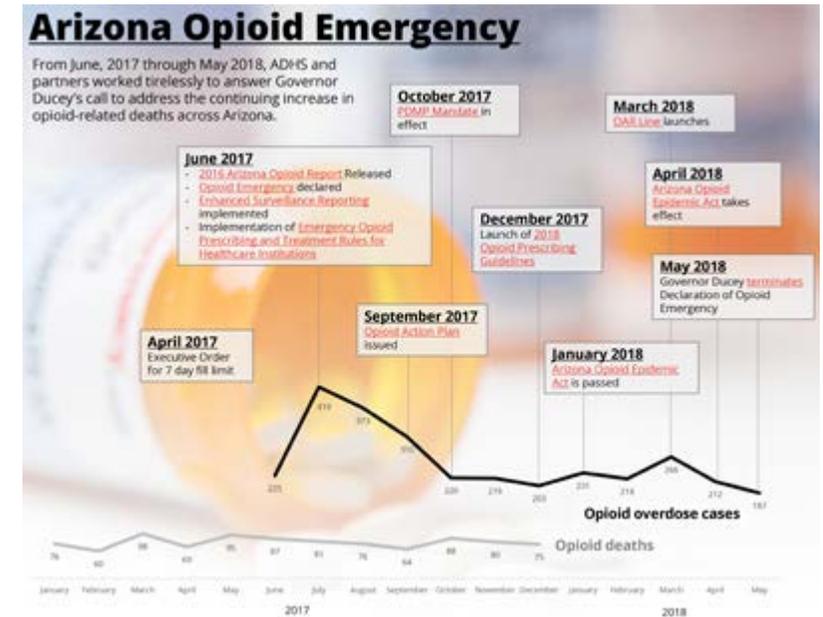
- June 5, 2017
- Opioid Emergency Declared
 - Governor Ducey declares a state of emergency, authorizing ADHS to coordinate the public health response ADHS activates its Health Emergency Operations Center.
- December 2017 Launch of 2018 Opioid Prescribing Guidelines
 - ADHS leads an Advisory Team to complete the update to Arizona’s Opioid Prescribing Guidelines for acute and chronic pain
- June 15, 2017
- Enhanced Surveillance Reporting Implemented
- January 26, 2018 Arizona Opioid Epidemic Act is passed
 - New real-time reporting requirements take effect to gather data on suspected opioid overdoses, suspected opioid deaths, naloxone dispensed, and naloxone administered.
 - The Arizona legislature passed SB1001 unanimously in a four-day special session and Governor Ducey signs the landmark Arizona Opioid Epidemic Act into law
- June 28, 2017
- March 2018 OAR-Line – Opioid Assistance + Referral Line – Launches
 - Emergency Opioid Prescribing and Treatment Rules
 - New emergency rules go into effect on prescribing, ordering or administering opioids.
 - ADHS is launching one of the nation’s first real-time comprehensive hotlines for healthcare providers seeking consultation for complex patients with pain and opioid use disorder.
- September 5, 2017
- Opioid Action Plan Issued
 - ADHS issues the Opioid Overdose Epidemic Response Report and Opioid Action Plan, providing recommendations, response activities, and preliminary legislative ideas
- April 26, 2018 Arizona Opioid Epidemic Act Takes Effect
 - The Arizona Opioid Epidemic Act, Senate Bill 1001, goes into effect. Provisions include continuing education requirements for health care providers, a 5-day limit for first fills of new opioid prescriptions, and additional funding for treatment.
- October 16, 2017 PDMP Mandate in Effect
 - State law requiring health care providers prescribing opioids or benzodiazepines to check the Arizona Substances Prescription Monitoring Program
- May 29, 2018 Governor Ducey Terminates Declaration of Opioid Emergency
 - After completion of all requirements of the emergency declaration order, the Opioid Action Plan, and implementation of the Arizona Opioid Epidemic Act, Governor Ducey officially ends the declaration of emergency.



Arizona Lessons Learned (Partial list)

Opioid Surveillance System

- Chronic pain is the most common pre-existing physical condition, followed by depression and history of substance use disorder, including alcohol.
- About 40% of people who had a suspected overdose had nine or more prescriptions for opioids filled in 18 months
- Thirty-six percent (36%) of people who had a suspected opioid overdose were prescribed opioids by 10 or more providers since January 2017.
- Heroin, oxycodone, and benzodiazepines were the most commonly identified drugs involved in verified opioid overdoses.
- Reported overdoses frequently involve multiple drugs. Polydrug use was indicated in 42% of the overdose fatalities.
- The most common drug combination in fatal and non-fatal overdoses was heroin and methamphetamine, followed by the combination of oxycodone and benzodiazepines



Arizona Lessons Learned (Partial list)

Hospital Discharge Records

- The number of reported 2017 deaths directly attributed to opioids among Arizona residents or non-residents in Arizona is 949, a 20% increase from the 800 deaths reported in 2016.
- Heroin deaths were 36% of the total opioid deaths in Arizona in 2017.
- Opioid deaths among men have historically been higher than women, and are continuing to increase at a faster rate.
- Hospital data indicates that in 2017 there were 51,473 unique opioid-related encounters in Arizona hospitals, totaling an estimated \$431 million in healthcare costs.



Five designated Centers of Excellence that are open 24 hours a day, 7 days a week to provide immediate access to opioid treatment, and two Medication Units were opened to expand access to Medication Assisted Treatment in rural Arizona



Arizona Moving Forward - Highlights

- ADHS will be launching a **chronic pain program and campaign** promoting options for pain management and self-management strategies. •
- The Governor's Office of Youth, Faith, and Family and ADHS is producing a new **youth prevention campaign** for the fall of 2018, which was authorized and funded by the Arizona Opioid Epidemic Act. •
- ADHS is working with stakeholders to develop new **regulations for pain management clinics**. Arizona will license pain management clinics starting January 2019. •
- The new OARLine: Opioid Assistance + Referral Line for Arizona Providers: will be **expanded** in the future to provide **information and referrals to the public**. •
- Arizona health professional schools will begin implementing components of the new **pain and addiction curriculum**. ADHS is working with licensing boards to deem students that complete the curriculum as eligible to provide buprenorphine treatment to patients.

Arizona Awarded
\$20 Million To
Combat The
Opioid Epidemic
News Release
September 19,
2018



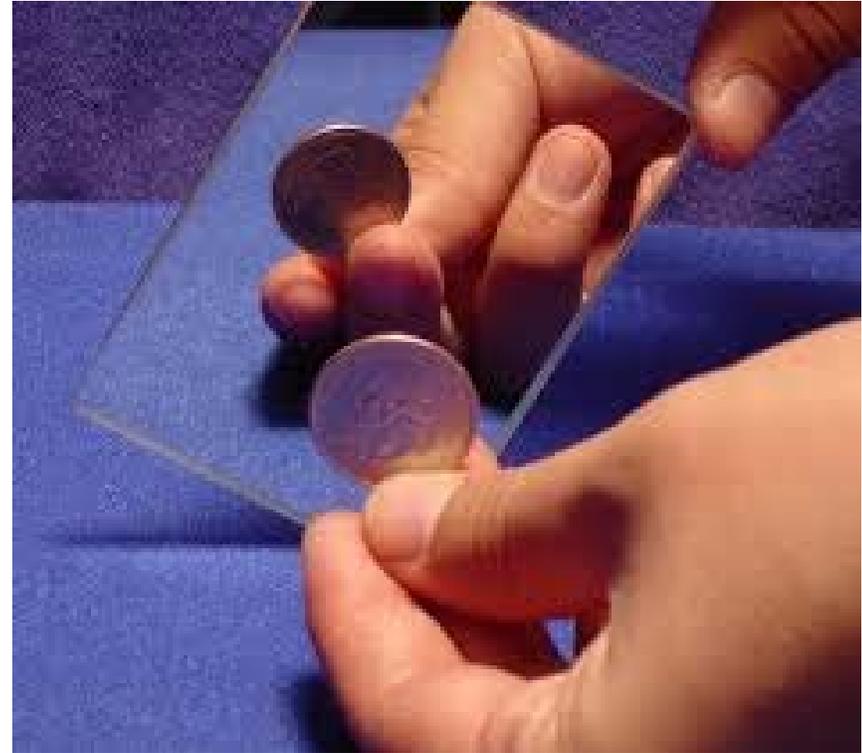
- Increase access to medication-assisted treatment in both urban and rural areas of our state;
- Increase distribution and public awareness of the overdose reversal medication, Naloxone;
- Expand access to recovery support services including housing, peer support, and job search assistance;
- Reduce recidivism by creating supports for individuals who transition from **correctional settings**;
- Enhance support for opioid-exposed newborns and pregnant women who have opioid use disorder.

Brain Injury Alliance of Arizona

Unmet Need

- Awareness of the intersection of Brain Injury and Substance Use
- Universal Screening / monitoring
- Training for Professionals
- Integrated Care for the Unique Needs of persons living with Brain Injury.
- Long terms Support for persons with Brain Injury

- Brain Injury → Substance Use
- Substance Use → Brain Injury



Brain Injury Alliance of Arizona – Meeting the Need Building Awareness

- Writing / Distributing Opinion Editorials
- Development of FAQ sheets for Opioids, Stimulants and Alcohol use and brain Injury
- Attendance / Exhibiting at conferences for Addiction and Specialty Courts

Talking About Addiction Recovery Without Addressing Brain Injury Is Futile

Brain Injury Alliance
ARIZONA

Just a few short years ago Southern Arizona resident, Barbara was a busy up-and-coming professional. Unfortunately, like a staggering number of Arizona residents, she also occasionally abused prescription drugs, including opioids. After using opioids recreationally one night, Barbara woke up in the hospital to learn her world had changed forever. While her thoughts quickly turned to worrying about her pets and home, some startling realities about her new world set in. She now has a brain injury because of the drug use. The brain damage left her with limited use of her arm, extreme light sensitivity, and a speech disorder. Unable to care for herself independently, the former professional now lives in a group home setting and wants to educate others on the dangers that opioids and substance abuse in general can pose to your brain.

Barbara is not alone in her mission. The Brain Injury Alliance of Arizona (BIAAZ) would like to see brain injury become intertwined with the topic of addiction recovery in 2018. June 5th, 2017 Governor Ducey declared a statewide health emergency to address the growing number of opioid overdose deaths in Arizona. One week after the declaration of a statewide health emergency Governor Ducey issued an executive order to increase reporting of the opioid-related data; to include suspected opioid overdoses and suspected opioid deaths.

The new data points start to give us better, although still incomplete picture of just what our medical sector, first-responders, community rehabilitation professionals, and Arizona families are up against in the battle against opioid addiction. Between June and October of 2017, there were over 400 opioid deaths, and thousands more near-fatal

overdoses (like Barbara's) that may or may not have been reported. With the mass distribution of naloxone in Arizona, many of those who can reverse an overdose at home might never see the inside of hospital and might not know that their near-fatal overdose gave them a brain injury. Opiates directly impact the region of the brain that regulates breathing. During an overdose the individual may have shallow and erratic breathing, or in some cases, stop breathing altogether.

When the brain is deprived of oxygen for an extended period of time, a hypoxic or anoxic brain injury can occur. Anoxia is the complete lack of oxygen to the brain after four minutes brain cells begin to die. Hypoxic brain injuries result from the oxygen supplied to the brain being restricted. While these are different brain injuries, mild, short-term symptoms may be dizziness or difficulty concentrating while severe cases can result in permanent damage to a person's vision, speech and memory (such as Barbara is experiencing). While Barbara's brain injury was severe enough to impact her ability to function independently, scores of Arizona residents are living with a mild brain injury caused by drug use that they are not aware of, but could be impacting their ability to function in the community. The effects of Brain injury compound an individual's ability to make a decision to enter into a recovery program, complete a recovery program and maintain their recovery long term. We must start to address Brain Injury during the recovery process to help ensure long term recovery success and to reduce the number of opioid overdose deaths in Arizona.

BIAAZ is currently seeking funders and partners to allow us to develop a state-wide education program to addiction professionals about brain injury. BIAAZ also hopes to partner with recovery centers and help them to implement brain injury screening into their intake and therapeutic processes so brain injury survivors are well-equipped to recover from addiction successfully.



Malissa Mallett, Program Director, Brain Injury Alliance of Arizona

INFO@BIAAZ.ORG • WWW.BIAAZ.ORG • 602-508-8024

Brain Injury Alliance
ARIZONA

Frequently Asked Questions About Brain Injury

ALCOHOL AND BRAIN INJURY

Alcohol use and traumatic brain injury (TBI) are closely related. Up to two-thirds of people with TBI have a history of alcohol abuse or risky drinking. Between 30-50% of people with a TBI were injured while drunk, and a

After a TBI, it's common to have memory loss.

Alcohol
Brain injury notice: receive

Alcohol
After a Drink

Alcohol
Alcohol (ethanol) is a drug. Alcohol

Alcohol
Depress the brain's ability to function. Alcohol

Cognitive
The cognitive effects of alcohol include:

- Impaired judgment
- Slurred speech
- Decreased coordination
- Increased risk of injury

5025 E. Wash

Frequently Asked Questions About Brain Injury

Brain Injury Alliance
ARIZONA

STIMULANTS AND THE BRAIN

Stimulants affect the way that the brain works by causing changes in the way nerve cells communicate with one another. Stimulants are a class of substances that increase certain types of cell signaling and amplify various associated with powerful

Types of:
• Cocaine
• Amphetamines
• Ecstasy

Harmful!

- Increased heart rate and blood pressure
- Anxiety and panic attacks
- Insomnia
- Decreased appetite
- Irritability
- Agitation
- Increased risk of injury

Brain Injury

Anoxia can be especially harmful to your brain. After about four to five minutes without oxygen, your brain can become permanently damaged. Without oxygen, your brain cells can die, and many of the functions that your brain controls can be affected. The longer your brain goes without sufficient oxygen, the more likely you are to experience long-term complications, or even death.

Signs and Symptoms of Anoxia

The symptoms of anoxia may not always be obvious at first. Your brain can last a few minutes without oxygen before any symptoms manifest. At times, symptoms may be delayed and can take several days or weeks to appear. Such symptoms may include:

- Mood and personality changes
- Memory loss
- Slurred speech or forgotten words
- Changes in judgment
- Trouble walking or moving arms and/or legs normally
- Weakness
- Feeling dizzy or disoriented
- Unusual headaches
- Trouble concentrating
- Seizures
- Hallucinations
- Fainting or sudden loss of consciousness

Cognitive Effects of Anoxia

The effects of anoxia can vary widely depending on the part of the brain that has been injured and the extent of the damage. Some of the major cognitive (thought) problems are:

- **Short-term memory loss.** This is the most common cognitive symptom.
- **Decline in executive functions.** Disruption of critical tasks such as reasoning, making judgments, and synthesizing information. This can lead to impulsive behavior, poor decision-making, and the inability to direct, divide, or switch attention.
- **Word Difficulty.** Commonly includes the inability to remember the correct word, selecting the wrong word for the situation, confusing similar words, and not understanding commonly-used words.
- **Visual disturbances.** Difficulty processing visual information can occur in some cases.

Developed by the Brain Injury Alliance of Arizona - References available upon request
5025 E. Washington Street, Suite 108 • Phoenix, Arizona 85034 • 602-508-8024 • BIAAZ.org • info@biaaz.org



Community Partners

- East Valley Police Departments – Provide Brain Injury education at critical incident teams training
- Outreach to the Phoenix Veterans Court
 - Active Partnership – referrals for Resource Facilitation
- Outreach to the Phoenix Drug Courts
 - Formal Partnership Pending

Collaboration

- Brain Injury Alliance of Arizona will host a cross disability round table discussion with key state stake holders
- November, 2018



Development - Brain Injury Recognition in Addiction Improvement Networks Program

- Professional Training for Substance Abuse Professionals
- Partnership with Facilities – data collection
 - Provide training
 - Employ brain injury screening tools
 - Provide Brain Injury Specific curriculum along with traditional Substance Use curriculum (cognition groups and activities)
 - Provide long term Resource Facilitation Services to professionals and persons identified as having a brain injury
- Report out Findings





**Brain Injury
Alliance**
ARIZONA

Questions?

Malissa Mallett, LMSW
Program Director