

### Attendance

Hollie Watson-Smith	PCHD
Elizabeth Stamm	PCHD
Caroline Lewis	PCHD
Jack Julsing	Tucson Police Department
Mark Person	PCHD
Alex Fernandez	CODAC
Kimberly Wang	PCHD
Mayra Jeffrey	PCHD
William Baer	
Monica Tun	Enlightening Hope Project
Naomi Vega	Enlightening Hope Project
Sara Lind	PCHD
Sarah Graham	Oxford House
Shawn Woll	CODAC
Misty Castro	Tucson Indian Center
Kevin Hall	Tucson Police Department
Adriana Aquina	PCHD
Alisa	Tucson Indian Center

### Action Plan Update

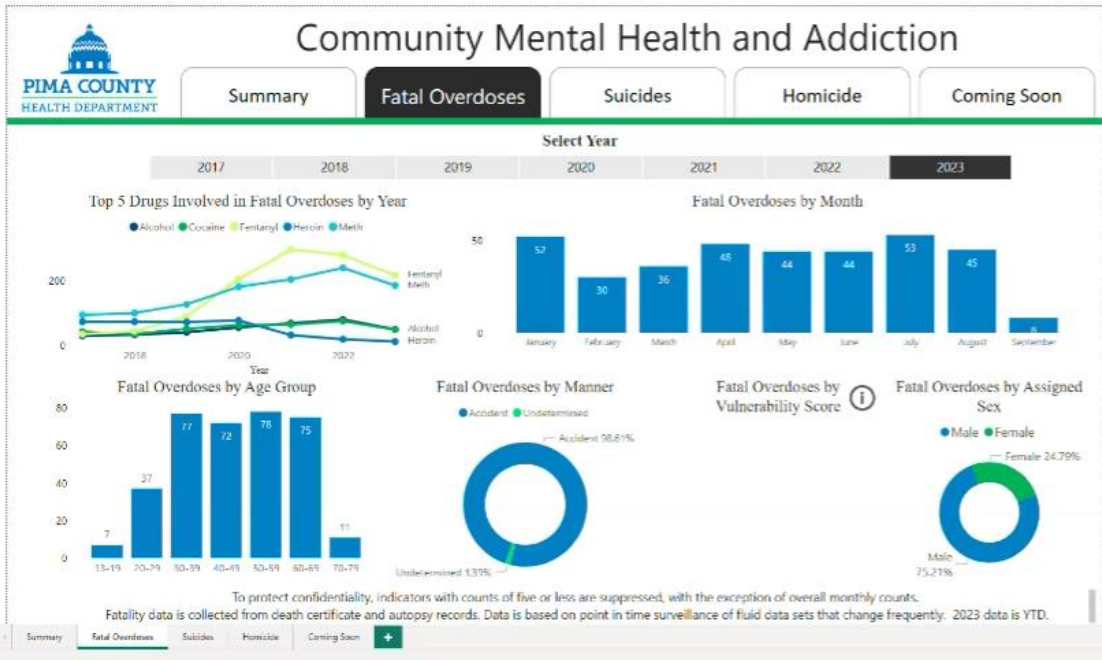
Shawn Wool

- Community events we have attended recently.
  - Amphi community resource fair.
  - Soup kitchen.
  - Tucson High School
  - TCC
    - Attendees: Gospel rescue kitchen, TEP, rental assistance, food bank.
  - Connections in the community are beneficial for us regarding resources. Different agencies come together and tackle different situations.
- We are starting to use Kloxxado. It is an 8 mg spray and stays in the system longer. It takes 12 hours to wear off, which helps to get through an intervention. It may help us with our deflections and outreach.

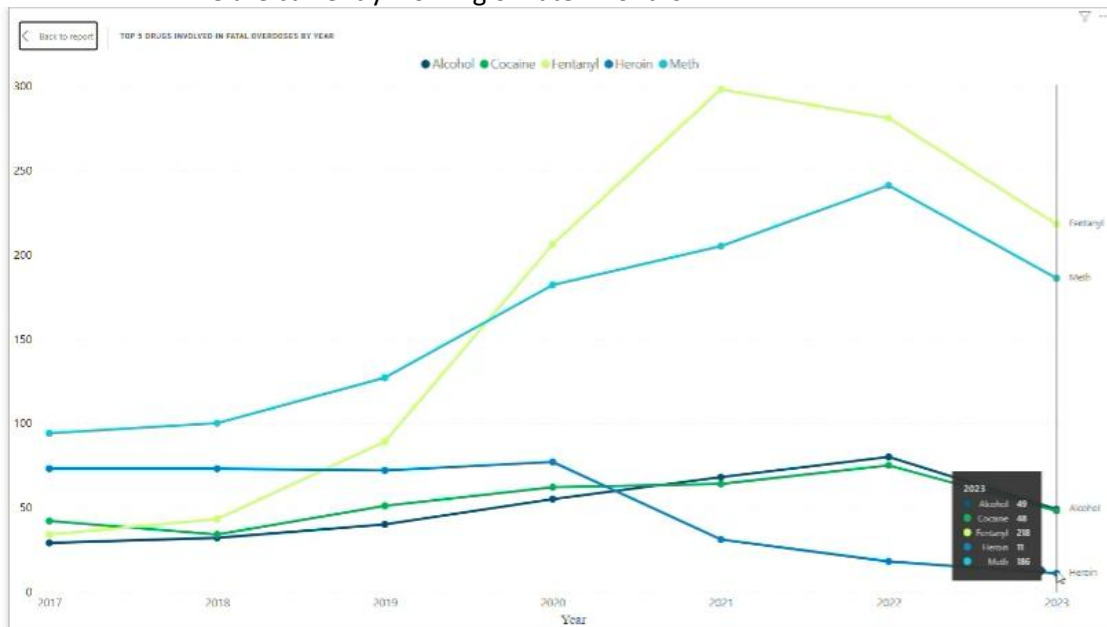
Alex Fernandez

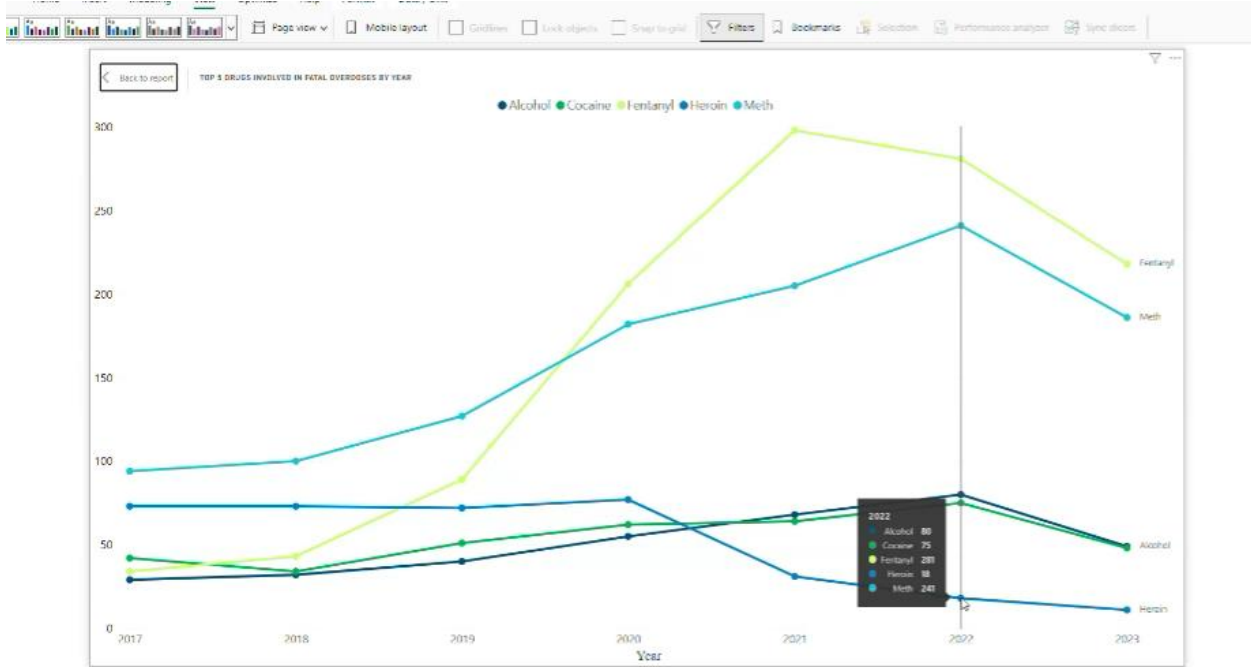
- CODAC prevention and SDU education has occurs at Prince elementary in Sunnyside.

### Data Update

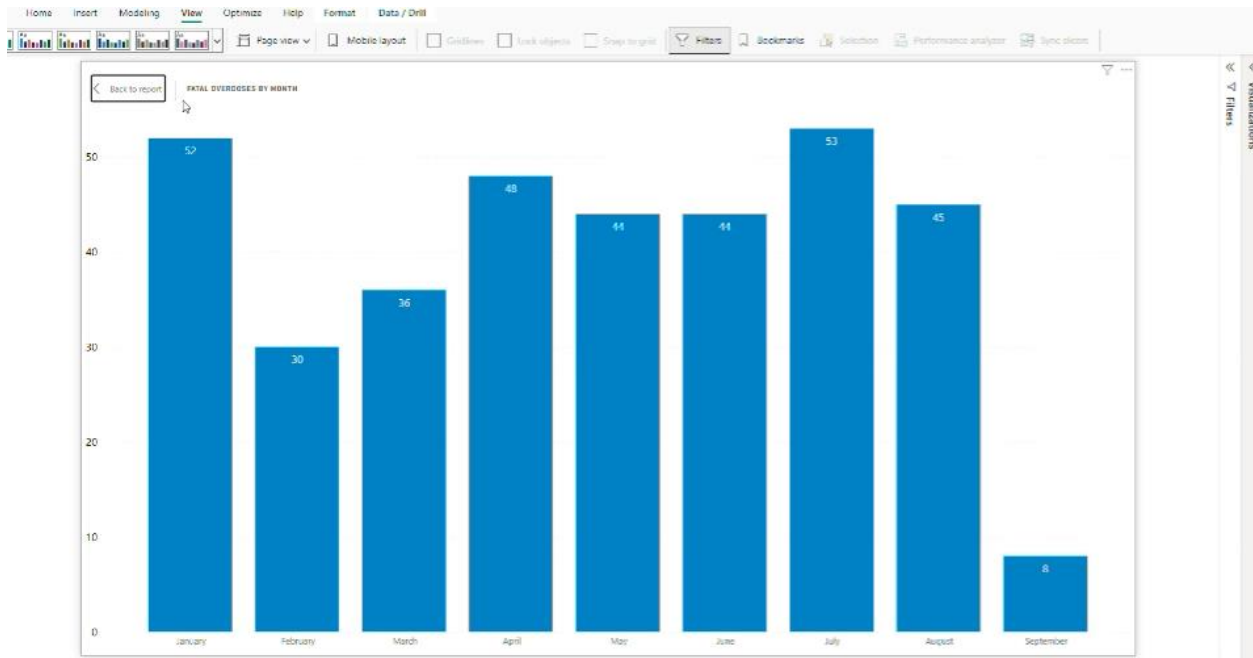


- 2023 Fatal Overdoses
  - This is an interactive dashboard.
  - This does not show all the data we have on overdose deaths.
  - These are high level indicators.
  - This is surveillance data, which is different from a formal report. These are not official counts; they are a point in time grab of what we have seen so far. All are confirmed overdose deaths.
  - We are currently working on later months.

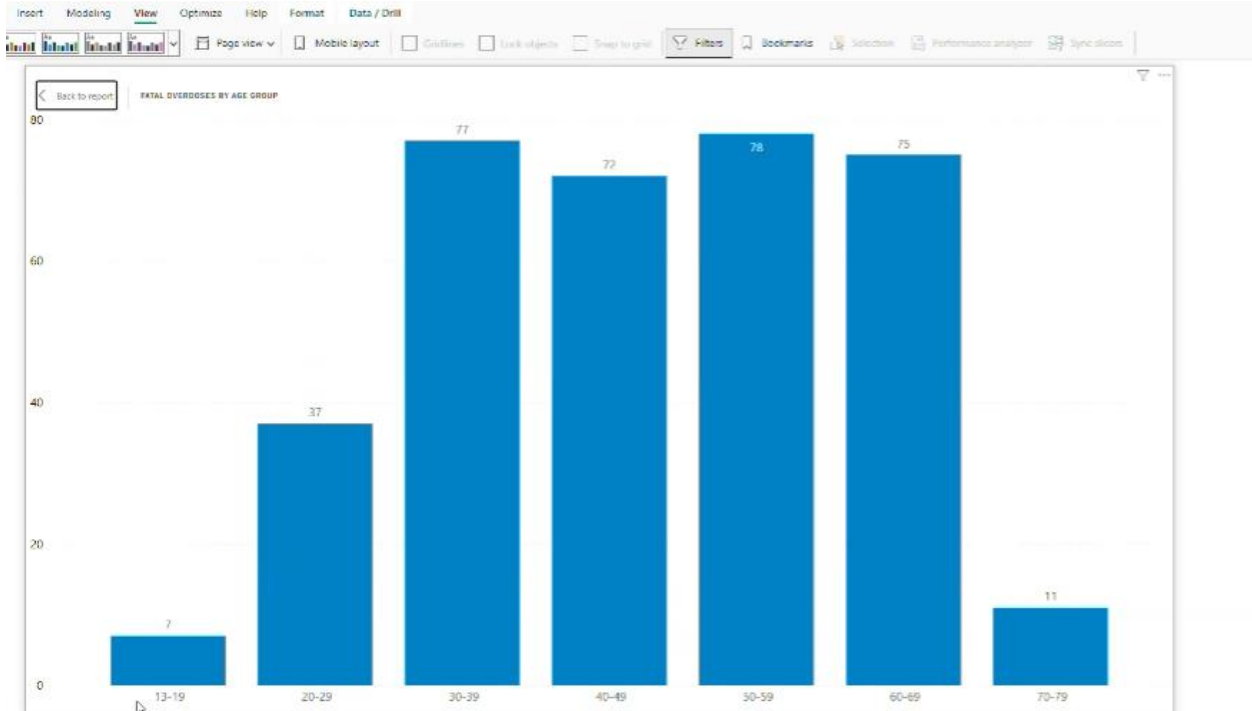




- Top 5 drug types
  - These are not all the drugs that contribute to overdose deaths. They are the top 5 drugs that contribute to overdose deaths.
  - Fentanyl is #1 drug contributing to most deaths. Followed by methamphetamines. Heroin continues to decline.
  - We anticipate the total number of deaths to exceed or meet what was recorded last year. We expect that the total number may hit 500 for the first time.
  - Where does this information come from? Office of the Medical Examiner (OME) and vital statistics.
  - OME has a similar dashboard.



- Months
  - January's peak high was 52 deaths. Due to these peak numbers a health alert went out.
  - February was in the 30's.
  - July was 53, which is the highest to date.
    - Stimulants and opioids do not interact well with extreme heat and we believe this may have contributed to the increased number of deaths in July.
  - September is incomplete.
  - Not a lot of changes are being seen thus far for September.
  - 2022 – did not have as many ups and downs as 2023. 2022 did not have any months where the count was in the 50s.
  - 2023 had some months in 50s.
  - 2020 started in the mid 20s and hit 60's in July.
  - When there are surges, health alerts go out.

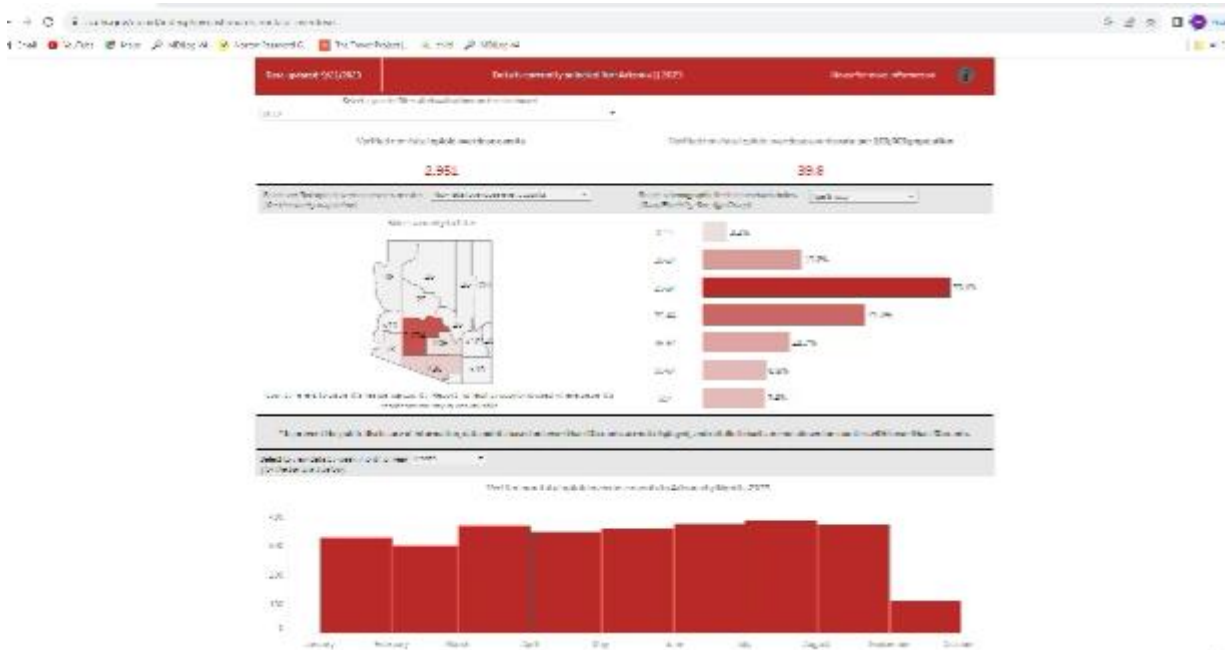


- Age groups
  - 2023
    - The 20's age group had 37 deaths.
    - The 30's age group had deaths in the mid 70's.
    - The 40's age group had deaths in the mid 70's.
    - The 50's age group had deaths in the mid 70's.
  - 2022 had similar trends.
  - 2021 had higher numbers of overdose deaths of people in their 30's compared to 2022 and 2023 where the higher numbers are being seen in people in older age groups.
  - Over time these peaks alternate from year to year. These peaks will fluctuate a bit. We do not know why numbers within age groups change the way they do. We do not have a lot of information to determine root causes.
- Manner of death
  - Only looking at accidental and undetermined. 98.6% of deaths were accidental.
  - Undetermined means when the OME does not have enough information to determine intent.
- Assigned Sex at Birth
  - 75% of deaths occur in the male population.
  - 25% of deaths occur in the female population.
- Questions
  - Is there a way to find data of overdoses where the person did not die and are continuing services. Can we get a breakdown of ages, male/female, geographics? What can we do for those who don't die?
    - Mark: We have access to hospital discharge data called Essence CDC hospital data. These are records of anyone who goes to the Emergency Department.

However, there is not as much accuracy. For example, drug types are not able to be determined. Some may have received testing to determine which drugs caused the overdose, but not everyone is tested. We do look at age groups. Some trends we see in fatal overdoses do not present the same way as in hospital settings. There is more to be learned from survivors.

Commonly survivors have had 4-6 overdoses. It is very hard to access this information. Currently, almost all overdoses are driven by fentanyl. Different strategies are needed to address this. When we compare heroin and fentanyl. We were seeing monthly fatal overdose deaths from heroin in the mid 70s until fentanyl came on the scene, now fentanyl leads in cause of death. There is no other cause of death out there that produces the amount of deaths that fentanyl does.

- Sargent Julsing with the Tucson Police Department (TPD). We are seeing a lot of non-fatal overdoses. In the last two weeks TPD has been aware of 18 non-fatal overdoses and 5 deaths. 4 of the 5 non-fatal overdoses declined to go to the hospital. We are working on a report writing system and tracking Narcan. We need to track efficiently but need to make it easy for officers to track. We want our peer responders to have heart to heart talks with people who have non-fatal overdoses and let them know that we want to get help to them before it was too late. Most folks who have non-fatal overdoses do not want family to know. Talking with people who had non-fatal overdoses is successful at times and sometimes it is not. Many people who overdose do not go to hospital after naloxone treatment. It is hard to follow up.
  - CODAC tries to get additional information when we talk to people who had a non-fatal overdose. We ask them for a contact that has a phone number if they do not have a phone number.
  - William: Do these number include deaths in prisons? Mark: these numbers are all deaths in Pima County, which includes prisons, jails, etc.
  - Naomi Vega: We offer Narcan kits and people refuse them. Our system does not allow people to go into housing if they are high. We are in a crisis right now.
- ADHS dashboard shows non-fatal trends. It shows rates and age groups: [ADHS - Opioid Prevention - Verified Non-fatal Reported Overdoses \(azdhs.gov\)](#).



- Alex: At the Fentanyl Awareness Event last week Mayra was talking about another type of Narcan. How long until it gets out to the community?
  - Mayra: I talked about Kloxxado, which is an 8 mg dose of naloxone. It is 8 doses in one punch. It does not last 11 hours, but lasts 30-90 mins. Nalmophene lasts 11 hours and keeps people in withdrawal state for a longer period of time.

### Resources

- [US FDA Approves Kloxxado® \(naloxone HCl\) Nasal Spray 8 mg to Treat Opioid Overdose - Kloxxado®](#)
- [The FDA approves Opvee, a new nasal spray to reverse opioid overdoses : NPR](#)

### Healthy Pima Update

- Email Arisia.Lee@pima.gov if there is anything you would like to share in the Healthy Pima newsletter.
- The CHNA Seering Committee had their first meeting this month. The CHNA survey should be released in November.