

The banner features a blue background with a yellow and red star on the left and a circular seal of the State of Arizona in the center. The seal contains the text 'OFFICE OF THE ATTORNEY GENERAL' and 'OFFICE OF THE STATE CLERK'.

Arizona Substance Abuse Partnership

Prescription Drug Abuse in Arizona

Using Data to Understand the Problem
and Guide the Development of Solutions

Presenters:

Shana Malone, Arizona Criminal Justice Commission

Rich Rosky, High Intensity Drug and Trafficking Area

Wendy Wolfersteig, PhD, Southwest Interdisciplinary Research Center

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Arizona Substance Abuse Partnership (ASAP)

- Composed of representatives from state agencies and community organizations.
- Serves as the single statewide council on substance abuse prevention, enforcement, treatment, and recovery efforts.



Arizona Substance Abuse Partnership Mission

- To ensure community-driven, agency supported outcomes to prevent and reduce the negative effects of alcohol, tobacco, and drugs
- To build and sustain partnerships between prevention, treatment, recovery, and enforcement professionals.



Epi Work Group

As a subgroup of ASAP the Substance Abuse Epidemiology Work Group (Epi) is a diverse team of:

- Statisticians
- Data analysts
- Academics
- Holders of key datasets
- Stakeholders from various state and federal agencies, tribal entities, private and non-profit substance abuse-related organizations, and universities.



The Epi Work Group Mission

Provide communities, policymakers and local, state and tribal officials with data on the use of alcohol and illicit, over-the-counter, and prescription drugs to inform their substance abuse prevention and intervention strategies.



Epi Work Group Goals

- 1. Compile and synthesize information and data** on substance abuse and its associated consequences and correlates, including mental illness and emerging trends, through a collaborative and cooperative data-sharing process.
- 2. Assess substance abuse treatment service capacity** in Arizona and detail gaps in service availability.
- 3. Serve as a resource** to the Arizona Substance Abuse Partnership and member agencies to support data-driven decision-making that makes the best use of the resources available to address substance abuse and related issues in Arizona.
- 4. Identify data gaps** and address them in order to provide Arizona with a comprehensive picture of substance abuse in the state.

Data-Driven Decision Making Essentials

- **Policy**

- Let the evidence speak for itself: Make arguments for a policy or program clear, concise and concrete.
 - Demonstrate the Return on Investment (ROI) of the proposed solution.
 - Rule of thumb: sum up the problem in 1 page, explaining:
 - The problem you wish to address;
 - What you want from the decision-maker;
 - How your request will make a difference in the problem; and
 - The utility (i.e., cost-benefit analyses) of the proposed change.

Data-Driven Decision Making Essentials

- **Partners**
 - Input from many partners/communities/stakeholders to broaden the base of support
 - Buy-in is critical – use the data to illustrate “what’s in it for them.”
 - Highlight data that demonstrate what a community is doing well before you address concerns that you wish to address.



The “Silent” Epidemic

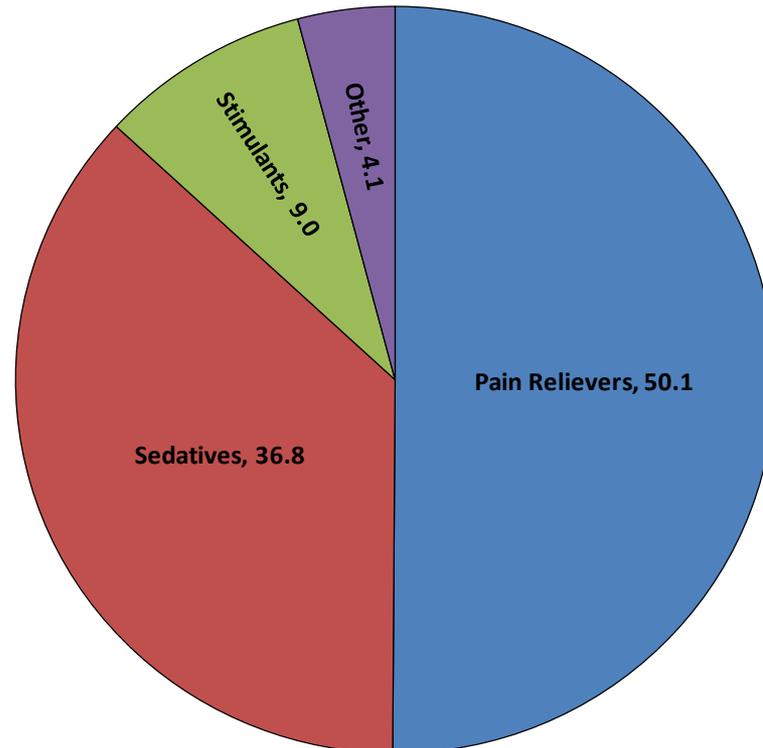
- In November 2011, the CDC reported that deaths from Rx Pain Relievers have reached **epidemic proportions**
 - Rx Pain Reliever deaths are greater than heroin and cocaine combined
 - Rx Pain Reliever deaths have surpassed motor vehicle deaths
 - **~40 deaths per day** and ~15,000 per year (2008) – a **3 fold increase** since 1999
 - **Half a million ER visits** per year for misuse and abuse (2009)
- “Enough Rx Pain Relievers were prescribed in 2010 to medicate every American adult around-the-clock for a month.”
 - There was a **4 fold increase in the quantity** of Rx Pain Relievers sold in the last decade
 - 12 million Americans >12 years old reported Rx pain reliever misuse in 2010
 - » Equates to roughly **1 in 20 people misusing**



What Is The Problem?

- ~10 million Class II-IV scripts (**~476 million pills**) were prescribed in Arizona in 2011
- **Pain Relievers** accounted for over 50% of these scripts
- **Hydrocodone** (e.g., Vicodin) and **Oxycodone** (e.g., Oxycontin) accounted for 85% of all pain relievers prescribed in Arizona
- Why it matters = probability and access!

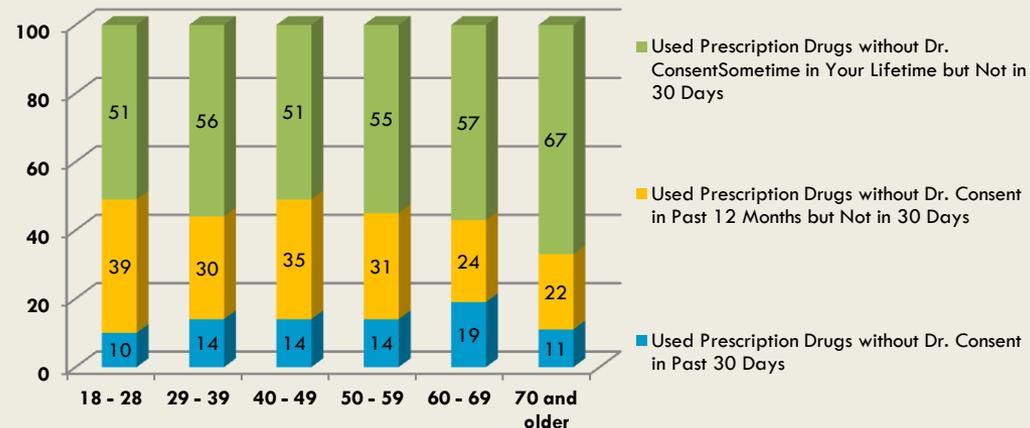
Percentage of Class II-IV Prescriptions by Type in Arizona, 2011



Who Is It Affecting?

ARIZONA ADULTS

- In 2010, just over 11% of adults reported Rx drug misuse
 - ~50% of adults reported Rx drug misuse in the past 12 months and 13% reported misuse in the past 30 days
 - 47% of Rx abusers reported misusing Pain Relievers, 32% Sedatives and 3.3% Stimulants
 - The highest rate of misuse for current abusers occurred in adults ages 60-69 years



Who Is It Affecting?

ARIZONA YOUTH

- **In 2010, 10.4% of AZ youth reported current Rx drug misuse – the most commonly used substance after alcohol, tobacco and marijuana**
 - **69.8%** increase between 2006 and 2010
 - While rates of Rx type use were comparable to national levels for Sedatives and Stimulants, Arizona youth in all grades reported higher rates of **pain reliever** misuse
 - In 2010, 68.6% of youth reported using both Rx drugs and alcohol in the past 30 days, with 27.6% reporting Rx drug use and heavy (binge) drinking
 - ~90% of youth who reported **cocktailing** all 3 Rx drugs (past 30 days) reported using alcohol, and ~80% reported heavy drinking
 - The majority of youth (78.6%) reported obtaining them from friends and family/home
 - Some data suggests that Rx Pain Relievers may be a **new “gateway” to heroin**



What Is It Costing Us?

• Mortality & Morbidity

- Opioid-related cases in the **ER** have consistently **increased**
 - A 10.83% increase in abuse and a 23.68% increase in dependency between 2008-2010
- 1,176 **deaths** were caused by drug overdoses in AZ in 2010
 - A **22.2% increase** between '06-'10
 - 11% were youth and young adults ages of 15-24 years
- Health insurance and AHCCCS costs
 - 52.5% of opioid-related AZ ER cases in 2010 were **paid for by AHCCCS/Medicaid**
 - CDC estimates Rx Pain Relievers cost health insurers up to **\$72.5 billion annually**

• Crime

- **Increase** in pharmacy **robberies** (anecdotal data from law enforcement)

• Public Health

- HIDTA is reporting an increase in white heroin coming into Arizona
 - With the strong correlation between pain reliever and shift to heroin, this increase in white heroin could likely result in a corresponding **increase in HIV rates**



What Is Amplifying The Problem?

i.e., What Can We Change?

- Social acceptance and the **perception** of “safety” by parents, youth, health consumers and even medical professionals
 - Proper disposal and storage
 - Lack of understanding about risks
 - Lack of resilience skills
- **Only 22%** of AZ physicians are using the PDMP
- Pain meds prescribed by professionals **not versed** in pain management
- Imbalanced **dose: diagnosis** correspondence (e.g., Oxycontin for wisdom teeth removal)
- Lack of **education** about the analgesic vs. euphoric properties of Rx narcotics
- Limited law enforcement training and monitoring specific to Rx crimes



AZ HIDTA / NMPI Strategy

Education:

- Education: Healthcare providers, parents, youth and patients
- Community Drug Coalitions and Tribal Communities
- Schools: Teachers, SROs, Counselors and Administrators

Tracking and Monitoring:

- Increase awareness and use of PDMP by physicians, pharmacists, and LEAs

Proper Medicine Disposal:

- Community "Take Back" Programs and police station drop boxes

Enforcement:

- Increase HIDTA intelligence gathering and investigation of Rx drug trafficking
- Expand the use of PDMPs to identify criminal prescribers and clinics
- Provide Training class on investigation of Rx diversion and related crimes
- Promote change of agency MIS code to reflect pharmacy robberies

Prescription Drug Abuse Plan Goal:

Assist with the creation and implementation of Model State Rx Prevention Strategy.



AZ Prescription Drug Abuse Summit

October 19, 2011 – Phoenix, AZ

U.S. Attorney's Office and Arizona HIDTA

- 165 attendees representing LE, Prevention, Health Care, Educators and Treatment.
- Afternoon session included three working groups organized by profession tasked with identifying problem areas and developing recommendations for a plan of action.



Group One – Criminal Justice Agencies

PROBLEMS AND RECOMMENDATIONS

Problem #1: AZ Medical Board investigations and results are not shared with DEA and associated LEAs. There is a need to improve cooperation and collaboration between Board and law enforcement.

Actions: More proactive sharing of information between AZ Medical Board and the DEA/associated LEAs. Cases with potential federal or state criminal violations should be forwarded to appropriate LE agency.

Problem # 2: Increase awareness campaigns of this growing epidemic to general public, all government agencies, and legislators to influence policy, funding ,and legislative efforts to help address the problem.

Actions: State Governors should join together to increase awareness. Federal and State laws need to mirror one another to enhance enforcement and prosecution. Increase minimum mandatory sentencing guidelines. Pharmacies and medical providers should be mandated to use PMP for all patients getting scripts for any of the widely-abused pharmaceuticals (i.e., Oxy, Hydros, Vicodin, etc.).



Group One – Criminal Justice Agencies

PROBLEMS AND RECOMMENDATIONS

Problem # 3: AHCCCS/PMP cannot/does not notify LEAs frequently enough on potential drug-seeking patients or over-prescribing doctors (i.e., pill mills and doctor shoppers). State PMPs not connected to share data.

Actions: PDMP upgraded to provide real time data. Change current policy/rules to identify potential violators move to system based on three suspicious patient transactions. Identify excessive prescribing practices by a physician. (Unsolicited Reporting) Immediately forward all potential violators and related information to DEA for further investigation. Enhance cooperation , software, and technology between state PMPs for interconnectivity.



Group Two – Prescribers, Dispensers, and Treatment PROBLEMS AND RECOMMENDATIONS

Problem # 1: Lack of training and education for pharmacists and prescribers (primary care physician, emergency room, pharmacist, etc.) for identifying drug seeking patients and recognizing diversion methods.

Actions: Better coordination of care with primary care physician and behavioral health provider; establish new prescription drug quantity limits; incorporate pain management into medical and pharmacy school curriculum; task health care provider associations/societies to create and train on standards of care; and develop program similar to Accutane for prescribers and pharmacists.

Problem # 2: Lack of use of the PDMP by providers and dispensers.

Actions: Simplify the process for registration and access; educate practitioners about the various ways the PDMP can help stop diversion AND the importance of its use in the clinical setting; petition Arizona Legislature for statutory changes to mandate use; incorporate reporting by federal pharmacies, i.e., VA, IHS; integrate PDMP with Electronic health records and e-prescribing.



Group Two – Prescribers, Dispensers and Treatment PROBLEMS AND RECOMMENDATIONS

Problem # 3: Increase in prescription fraud ,forgeries and inaccurate prescriptions.

Actions:

- *Standardize prescription pads and prescription writing guidelines to include one Rx per prescription blank, diagnosis, and extra security features for Schedule II drugs.*
- *Encourage DEA to certify security of e-prescribing of Schedule IIs.*
- *Require identification and signature for all filled prescriptions or on specifically Schedule II drugs.*
- *Identify abusers by requiring approval code from PDMP to prescribe and dispense opioids.*
- *Increase use of Arizona State Board of Pharmacy's Rx Fax Alert program to warn pharmacies across the state of fraudulent activity.*



Group Three – Prevention Specialists, Community Coalitions, Educators, School Administrators, and National Guard Demand Reduction
PROBLEMS AND RECOMMENDATIONS

Problem # 1: Lack of Use of PDMP

Actions: Increase use of PDMP; 50% of prescribers registered and using PDMP by end of 2013; educate physicians and require use through incentives (tied to renewal of DEA# or board renewals (Arizona Medical Board or Osteopathic Board)); work with lawmakers to implement requirement (coalitions can help here); AHHCCS or DHS requirement a possibility.

Problem # 2: Lack of knowledge among prescribers.

Actions: Increase knowledge among prescribers regarding drug-seeking patients; proper pain assessment and prescribing practices; increase knowledge of SBIRT (Screening, Brief Intervention, and Referral to Treatment); AZ DHS can measure SBIRT; collaborate with medical associations on education; encourage physicians to decrease dosages by 10% by 2013.



Group Three – Prevention Specialists, Community Coalitions, Educators, School Administrators, and National Guard Demand Reduction
PROBLEMS AND RECOMMENDATIONS

Problem # 3: Lack of Public Awareness.

Actions: Increase public awareness through PSAs such as DrugFreeAz.org/Partnership or meth campaign; use social media, news media, speakers bureau (e.g., identify local doc to champion), educate schools, targeted “Take Backs,” collaborate with all sectors of society, and develop focused strategies where needed (e.g., rural, cultural).



Office for
CHILDREN, YOUTH AND FAMILIES
Building a Better Arizona

Post Conference Roundtable Meeting

Requested by : Dr. Thomas Longfellow, D.O., C.D.
Federal Correctional Complex
9300 S. Wilmot Road, Tucson, AZ

Date/Time: December 19, 2011, 0800-1200 hours

Topic: Diversion and Abuse within Federal Prison Facility,
“Role of the Physician”

Formal Presentations: HIDTA NMPI and DEA Diversion

Discussion Points: Pain assessment and prescribing practices, physical, and mental health screening, common abused drugs, drug seeking inmates, Rx illicit sales/trade market, Rx seizures and investigations.

Attendees: Medical staff, chief pharmacist, special investigations unit, warden, and associate warden.



Governor's Arizona Substance Abuse Partnership (ASAP)

Strategic Focus Area of Prescription Drug Abuse

Appoint a Prescription Drug Abuse Task Force or Working Group to develop a Statewide Comprehensive Plan to respond to this emerging threat.

- ❖ ACJC Deputy Director Karen Zeigler-Chair
- ❖ HIDTA Rich Rosky- Co-Chair



Prescription Drug Working Group

The ASAP has chosen to address the serious issue of prescription drug misuse/abuse over the course of the next 12 – 18 months.

To accomplish this, the GOCYF and the ASAP brought together a Prescription Drug Expert Panel to advise on strategies and initiatives to combat this concern, which included stakeholders from law enforcement/intervention/criminal justice; medical/treatment; and prevention/education.

A strategy is being developed from recommendations made by the expert panel. The strategy will be implemented in three pilot counties.

After measuring efficacy, we will attempt to replicate the project other Arizona counties.

The Rx Drug Reduction Initiative Pilot Project

- 3 pilot counties were chosen based on the following criteria:
 - Evidence of severe Rx problem among youth and adults demonstrated across multiple data sources
 - Willingness to use data-driven-decision-making to target and tailor implementation to specific geographic areas and demographic populations within the county
 - Capacity for implementation: coalitions and working groups consisting of members from the 3 domains of law enforcement, medical/tx, prevention



The Strategies

1. Reduce Illicit Acquisition and Diversion of Prescription Drugs
2. Educate Prescribers and Pharmacists about “Rx Drug Best Practices”
3. Enhance Rx Drug Practice and Policies in Law Enforcement
4. Increase Public Awareness about the Risks of Rx Drug Misuse
5. Build Resilience in Children and Adults



Reduce Access to Prescription Drugs

Goal 1: Increase the use of proper disposal methods for prescription drugs

Objective 1: Place permanent Rx drop boxes in every police department in Arizona

Objective 2: Increase community awareness of drop box locations

Objective 3: Implement prescription drug take-back events



Reduce Access to Prescription Drugs

Goal 2: Increase the use of proper storage methods for prescription drugs in the home

Objective 1: Partner with the business community and retailers to educate the community about the importance of secure storage of prescription meds in the home and how it can be accomplished

Reduce Access to Prescription Drugs

Goal 3: Increase the use of the Prescription Drug Monitoring Program

Objective 1: Increase the number of law enforcement personnel that have signed up for the PDMP, to include at least one from every law enforcement agency in the pilot sites.

Objective 2: Increase the number of sworn or civilian personnel in law enforcement agencies that use the PDMP

Objective 3: Have 100% participation on the PDMP by multi-jurisdictional task forces

Objective 4: Obtain a position statement supported by a wide range of leaders that encourages full participation in the PDMP by prescribers and pharmacists

Objective 5: Implement a PDMP data feedback system serving prescribers and pharmacists that help them better utilize the PDMP



Educate Prescribers and Pharmacists about “Rx Drug Best Practices”

Goal 1: Develop a research-based “Best Practice” curriculum for Prescribers and Pharmacists

Objective 1: Develop a patient education piece that helps prescribers and pharmacists improve the prescription drug literacy of their patients (e.g., side effects, risks, alternatives, proper storage and disposal, etc.)

Objective 2: Develop a dosage piece (e.g., when, where, and how much to prescribe; standards for refills; prescriber – pharmacist communication protocols

Objective 3: Obtain a position statement endorsed by public and private sector leaders that lists recommended “Rx Drug Best Practices”

Objective 4: Implement “Rx Drug Best Practices” curriculum in each pilot area



Educate Prescribers and Pharmacists about “Rx Drug Best Practices”

Goal 2: Implement a recognition/reward system for effective
Prescribers and Pharmacists

Objective 1: Create a reward certificate for prescribers and
pharmacists who complete the “Rx Drug Best Practices”
curriculum

Objective 2: Create additional reward for prescribers and
pharmacists who are enrolled and are using the PDMP

Objective 3: Initiate media blast to encourage patients to see only
providers who are using the PDMP



Enhance Rx Drug Practice and Policies in Law Enforcement

Goal 1: Provide education and training for law enforcement officers

Objective 1: Educate officers about the prevalence of Rx Drug Abuse and drug diversion crimes.

Objective 2: Educate officers about pill recognition, use of poison control, how to read scripts and bottles, Rx street sales/trafficking and related crime

Enhance Rx Drug Practice and Policies in Law Enforcement

Goal 2: Improve coding structure of data management systems for tracking Rx drug offenses

Objective 1: Add a code to arrest information that flags a crime that was Rx drug related.



Increase Public Awareness about the Risks of Rx Drug Misuse

Goal 1: Create a sense of urgency in the general public about the risks of Rx drugs.

Objective 1: Implement a mass media blast.

Increase Public Awareness about the Risks of Rx Drug Misuse

Goal 2: Implement the Rx 360 Adult curriculum to educate parents and other adults about the risks of Rx drug misuse

Objective 1: Develop a train the trainer model curriculum that will allow for wide implementation while maintaining fidelity to the model

Objective 2: Identify target population per area that maximizes the depth and breadth of the model reach.

Objective 3: Implement the model curriculum



Build Resilience in Children and Adults

Goal 1: Implement an adapted Rx 360 Adult curriculum to train parents and adults how to teach youth strategies that increase their resilience to Rx drug abuse

Objective 1: Develop a train the trainer model curriculum that will allow for wide implementation while maintaining fidelity to the model

Objective 2: Identify target population per area that maximizes the depth and breadth of the model reach.

Objective 3: Implement the model curriculum

Build Resilience in Children and Adults

Goal 2: Implement the Rx360 Youth curriculum to teach youth strategies that increase their resilience to Rx drug abuse

Objective 1: Develop a train the trainer model curriculum that will allow for wide implementation while maintaining fidelity to the model

Objective 2: Identify target population per area that maximizes the depth and breadth of the model reach.

Objective 3: Implement the model curriculum



Evaluating the Impact of our Efforts

- Feasibility Study / Pilot Project
 - Telling the story of the implementation
 - Learning communities
- Measuring Performance
 - Impact on Rx drug misuse
 - Impact on Rx drug crimes
 - Impact on Rx drug-related ER visits
 - Impact on Rx drug-related deaths

Conclusions

- Important to state and communities
 - Lessons on what strategies work and why
 - Roll-out to other communities to follow
- Curriculum from Epi on *Data-Driven Decision Making* is pending

Resources

- **CDP webpage**

- <http://www.bach-harrison.com/arizonadataproject/Indicators.aspx>

- **Epi Facebook page**

- http://www.facebook.com/pages/Substance-Abuse-Epidemiology-Work-Group-Arizona/173063266094426?ref=tn_tnmn

- **SIRC website with reports and webinars**

- <http://sirc.asu.edu/evaluations-contracts>

- **GOCYF website**

- <http://gocyf.az.gov/>



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Thank you so much!

For additional information, please contact:

- **Shana Malone:** smalone@azcjc.gov
- **Rich Rosky:** southwest_meth@yahoo.com
- **Wendy Wolfersteig:**
wendy.wolfersteig@asu.edu
- **The Epi Work Group:** epi@az.gov