The Arizona Prescription Drug Misuse and Abuse Initiative: A Multi-Systems Approach to Addressing Prescription Drug Misuse and Abuse

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For:
The Bureau of Justice Assistance Harold Rogers
Prescription Drug Monitoring Program National Meeting

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Overview of the Presentation

- The Problem of Rx Misuse and Abuse in Arizona
- Development of the Arizona model
- Review of the Arizona Model
- The role of the Arizona Board of Pharmacy and the CSPMP
- The role of law enforcement in the Arizona model
- The role of law enforcement in overseeing implementation
- Preliminary evaluation findings
• ~ 575 million Class II-IV pills were prescribed in Arizona in 2013

• Pain Relievers had the highest % of scripts, pills and average number of pills per day; accounting for 57.4% of all pills prescribed

• Hydrocodone and Oxycodone accounted for 82.6% of all pain relievers prescribed in Arizona
Emergency Department Discharge Rates for Drug-Related Conditions, 2005 - 2013

Discharge rates per 100,000

- Amphetamine
- Barbiturates
- Cocaine
- Opium
- Hallucinogens
Inpatient Hospitalization Rates for Drug-Related Conditions, 2005 - 2013

Discharge rates per 100,000

- Amphetamine
- Barbiturates
- Cocaine
- Opium
- Hallucinogens
Neonatal Abstinence Syndrome Cases, 2008-2013

- 2008: 152 cases
- 2009: 154 cases
- 2010: 232 cases
- 2011: 296 cases
- 2012: 305 cases
- 2013: 333 cases
Driving Under the Influence of Drugs

Number of DUI-D Arrests
What Is It Costing Us?

* **Mortality & Morbidity**
  * 9,860 cases of opioid-related abuse and dependency cases in the ED – a 50% increase between 2008-2013
  * 1,099 drug-related deaths in AZ in 2013 – 41% involved Opioids/Opiates

* **Increase in Crime**
  * Narcotic drug possession increased 15% between 2010-2012

* **Increase in DUI-D**
  * 4,073 DUI-D arrests in AZ – a 99.4% increase over the past decade

* **Increase in babies born with NAS**
  * 3 out of every 1,000 babies born between 2008-2013
FINDING A SOLUTION
The Arizona Rx Drug Misuse and Abuse Initiative

A Multi-Systemic Approach:
Medical/Treatment, Law Enforcement and Prevention
Partner Agencies

- Arizona Criminal Justice Commission
  - Statistical Analysis Center

- Arizona Board of Pharmacy
  - Controlled Substance Prescription Monitoring Program

- Arizona Department of Health Services
  - Division of Public Health
  - Division of Behavioral Health

- Governor’s Office for Children, Youth, and Families

- Arizona HIDTA

- Prevention Works, LLC

- Arizona Medical Board

- Arizona Board of Osteopathic Examiners
A.R.S. § 36-2602 requires the ASBP to establish a controlled substances prescription monitoring program that:

- Includes a computerized central database tracking system track the prescribing, dispensing, and consumption of Schedule II-IV controlled substances in Arizona,

- Assists law enforcement in identifying illegal activity related to the prescribing, dispensing, and consumption of Schedule II, III, and IV controlled substances,

- Provides information to patients, medical practitioners, and pharmacists to help avoid the inappropriate use of Schedule II, III, and IV controlled substances, and

- Is designed to minimize inconvenience to patients, prescribing medical practitioners and pharmacies while effectuating the collection and storage of information.
Use and release of confidential information

C. The board may release data collected by the program to the following:

1. A person who is authorized to prescribe or dispense a controlled substance, or a delegate who is authorized by the prescriber or dispenser, to assist that person to provide medical or pharmaceutical care to a patient or to evaluate a patient.

2. An individual who requests the individual's own prescription monitoring information pursuant to section 12-2293.

3. A professional licensing board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 18, 21, 25 or 29. Except as required pursuant to subsection B of this section, the board shall provide this information only if the requesting board states in writing that the information is necessary for an open investigation or complaint.

4. A local, state or federal law enforcement or criminal justice agency. Except as required pursuant to subsection B of this section, the board shall provide this information only if the requesting agency states in writing that the information is necessary for an open investigation or complaint.

5. The Arizona health care cost containment system administration regarding persons who are receiving services pursuant to chapter 29 of this title. Except as required pursuant to subsection B of this section, the board shall provide this information only if the administration states in writing that the information is necessary for an open investigation or complaint.

6. A person serving a lawful order of a court of competent jurisdiction.

7. A person who is authorized to prescribe or dispense a controlled substance and who performs an evaluation on an individual pursuant to section 23-1026.
A.R.S. § 36-2604 Use and release of confidential information

D. The Board may provide data to public or private entities for statistical, research or educational purposes after removing information that could be used to identify individual patients or persons who received prescriptions from dispensers.

E. For the purposes of this section, "delegate" means a licensed health care professional who is employed in the office of or in a hospital with the prescriber or dispenser or an unlicensed medical records technician, medical assistant or office manager who is employed in the office of or in a hospital with the prescriber and who has received training regarding both the health insurance portability and accountability act privacy standards, 45 Code of Federal Regulations part 164, subpart E, and security standards, 45 Code of Federal Regulations part 164, subpart C.
CSPMP Prescriber Report Card

A continuing review of the Prescription Drug Monitoring Program (PDMP) from 10/2012 through 12/2012 reveals the following about your prescribing habits: You have been identified as an outlier with respect to the number of prescriptions written and the quantity of pills prescribed for Hydrocodone, Oxycodone, Other Pain Relievers, Carisoprodol and Benzodiazepines.

*Above average prescribing for your prescriber type in your county

You are currently signed up for access to the Prescription Drug Monitoring Program (PDMP)

http://www.azpharmacy.gov/PDMP/Monitoring/practitioner_procedures.asp

For additional information please contact the Arizona State Board of Pharmacy (602) 771-2744
The AZ Rx Initiative Conceptual Framework

SUPPLY

- Awareness of the Problem
- Use of the PDMP
- Scripts & Pills Dispensed

DEMAND

- Attitudes & Beliefs
- Antecedent Behavior

Availability → Misuse and Abuse → Consequences

Health
- ED visits
- Deaths
- NAS
- Tx Admissions

Crime & Delinquency
- School Suspensions
- Drunk/High @ School
- Youth Arrests
- Rx Drug Investigations
- DUI

Lack of LE Training

Social Acceptance
- Perceived Low Risk
- Expectations of Health Consumer

Unsafe Storage & Disposal
- Sharing Scripts
- Lack of Resistance Strategies
- Lack of Parent-Child Communication
1. Reduce Illicit Acquisition and Diversion of Rx Drugs

2. Promote Responsible Prescribing and Dispensing Policies and Practices

3. Enhance Rx Drug Practice and Policies in Law Enforcement

4. Increase Public Awareness and Patient Education about Rx Drug Misuse

5. Enhance Assessment and Referral to Treatment
Strategies and step-by-step guidelines for helping law enforcement officers conduct pharmaceutical drug diversion investigations

Topics include

- Rx drug trends
- Drug identification
- PDMP
- Internet Pharmacies
- Forged prescriptions
- Doctor Shopping
- Diversion in a medical facility
- Over-prescribing cases
Law Enforcement

- Law Enforcement CSPMP sign up has increased 140% in our Initiative counties
- Awareness of the Rx problem significantly increased
- Beliefs that law enforcement officers play an important role in prescription drug diversion significantly increased
- Knowledge of specific information around Rx fraud investigation procedures significantly increased
39 drop boxes are operational in the Initiative sites; together with take-back events, our counties have collected ~8,000 lbs of unused/unneeded Rx

7 of 9 hospitals are implementing ED Guidelines

Over 1,500 prescribers are receiving quarterly report cards

147 professionals have received comprehensive Best Practice training or door-to-door approach

237 Law Enforcement Officers have received Rx Crimes curriculum

12,221 youth and 976 adults have received the Rx360 curriculum

53,884 people have been reached via community events

Over 360,000 people have been reached via public messaging and media methods
The Supply Side

* CSPMP sign up has increased in our pilot counties
  * Cumulative increase: 125% (prescribers) and 225% (pharmacists)

* CSPMP use has increased 56% in our pilot counties (as high as 104% in one county) and the number of prescribers making the queries has increased 31%

* Number of prescriptions and pills for Oxycodone, Hydrocodone, Other Pain Relievers, Benzodiazepine, and Carisoprodol have decreased

* The percentage of doctors deemed “outliers” (>1 SD above the mean) has decreased by 12%
Prescribers Signed up for the CSPMP

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<tr>
<th></th>
<th>Pilot Period</th>
<th>Cumulative</th>
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<tbody>
<tr>
<td>PDMP % Signed Up (pre)</td>
<td>Pilot: 18.59</td>
<td>Non-Pilot: 14.93</td>
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<tr>
<td>PDMP % Signed Up (post)</td>
<td>Pilot: 33.90</td>
<td>Non-Pilot: 22.55</td>
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<td>PDMP % Signed Up Increase (pilot)</td>
<td>Pilot: 82.38</td>
<td>Non-Pilot: 51.00</td>
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<td>PDMP % Signed Up Current</td>
<td>Pilot: 41.88</td>
<td>Non-Pilot: 28.80</td>
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<tr>
<td>PDMP % Signed Up Increase (current)</td>
<td>Pilot: 125.29</td>
<td>Non-Pilot: 92.87</td>
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Arizona CSPMP Queries

82.51% INCREASE between 2012-2013
Opiate/Opioid Related Deaths in Arizona, 2008 - 2013

Cases per 100,000 people

- Pilot Counties
- Non-Pilot Counties

2008: Pilot Counties 8.9, Non-Pilot Counties 8.5
2009: Pilot Counties 8.0, Non-Pilot Counties 7.8
2010: Pilot Counties 7.3, Non-Pilot Counties 7.0
2011: Pilot Counties 7.0, Non-Pilot Counties 6.7
2012: Pilot Counties 6.7, Non-Pilot Counties 6.4
2013: Pilot Counties 6.4, Non-Pilot Counties 6.1

28.29% REDUCTION
4.09% INCREASE
Lessons Learned and Next Steps

* PDMP needs improvement – SB1124
* Need for Community Prescriber Guidelines & Training
* Need for Patient Education
* Referral to Tx methods challenging
* RMS systems problematic for Rx crimes flagging system
* Need for earlier prevention strategies
* Need for targeted approach around DUI-D, NAS and high risk groups
Contacts

For additional information, please visit our website http://www.azcjc.gov/acjc.web/rx/default.aspx or contact:

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