



**ARIZONA SUBSTANCE ABUSE PARTNERSHIP
Rx DRUG MISUSE AND ABUSE INITIATIVE – IMPLEMENTATION PLAN**

**ARIZONA SUBSTANCE ABUSE PARTNERSHIP
Governor's Office for Children, Youth and Families**



ARIZONA SUBSTANCE ABUSE PARTNERSHIP PRESCRIPTION DRUG MISUSE AND ABUSE INITIATIVE – IMPLEMENTATION PLAN

Introduction

The Arizona Rx Drug Misuse and Abuse Initiative (Initiative) was conceived as a way to combat the growing epidemic of prescription (Rx) drug misuse and abuse in Arizona. The Initiative began after the Governor's Office for Children, Youth and Families and the Arizona Criminal Justice Commission hosted a Prescription Drug Expert Panel in February 2012. Experts from the medical, treatment, law enforcement, and community prevention sectors formulated a set of data-and-research-driven strategies to be implemented in an attempt to stem the growing tide of Rx drug misuse and abuse and the related negative consequences in Arizona. These strategies, adapted and evolved from those originally proposed by Office of Drug Control Policy (ONDCP), are a multi-systemic approach to the Rx drug misuse and abuse epidemic in Arizona that provide a simultaneous top-down and bottom-up approach between state agencies and community-level efforts.

This implementation plan was created in order to provide guidance for the execution of the Arizona Rx Drug Misuse and Abuse Initiative model. The strategies, goals, objectives and action items listed herein have all been successfully piloted in three geographic areas in Arizona, with substantial data to demonstrate the efficacy of the model. The objectives and action steps were formulated in accordance with the strategies, and they are intended to provide an overall roadmap and direction for the Initiative as it is implemented and progresses. To increase applicability to the diverse communities and populations in Arizona, there are considerable opportunities in the model for localizing the action items to account for the methods that will be most salient to individual communities.

In order to monitor progress, identify emerging issues and to ensure effective iterative feedback between state and local efforts, two critical core groups were established that include pivotal state and local leaders. The statewide core group meets bi-monthly and consists of members from the Governor's Office for Children, Youth and Families, Arizona Criminal Justice Commission, Arizona Department of Health Services, Arizona State Board of Pharmacy, Arizona Board of Osteopathic Examiners in Medicine and Surgery, the Arizona Health Care Cost Containment System, Arizona High Intensity Drug Trafficking Area, and Prevention Works AZ, LLC. The community core groups meets quarterly and consists of local community coalition leaders. Information exchange between groups is provided by a project coordinator that attends both the statewide and community core group meetings and helps align efforts at each level. Additional support for sharing information between implementation sites is provided by state and local web-based repositories that contain tools and resources developed by state and local partners, many of which can be tailored to each site.

Prior to implementing the model, there are two major factors to consider. The first is to identify a local champion in each sector of the model (i.e., medical, treatment, law enforcement, and community prevention). The second is to identify a spokesperson that can communicate with media representatives. These two factors have been identified as key elements by the ongoing Initiative participants and the statewide core group for maximizing the credibility, efficiency and ease of successfully implementing the Arizona Rx Drug Misuse and Abuse Initiative model.

The misuse and abuse of prescription drugs in Arizona is a significant problem with very serious consequences. The Arizona Rx Drug Misuse and Abuse Initiative model is an established method for state agencies, community coalitions, and stakeholders across Arizona to effectively collaborate towards our common goal of reducing prescription drug misuse and abuse in Arizona, and in doing so, improve the health outcomes for all people living in Arizona.



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Overall Goal: Reduce prescription drug overdose deaths in Arizona by 18% by 2018



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STRATEGY #1: Reduce illicit acquisition and diversion of Rx drugs.

GOAL #1: Increase the use of proper disposal methods for Rx drugs.

OBJECTIVES

1. Place permanent Rx drug drop boxes in every law enforcement station/substation. Identify other DEA approved sites (e.g., hospitals with pharmacies) for additional placement opportunities.

**STATE and
COMMUNITY
ACTION STEPS**

1. Obtain commitment from law enforcement agencies to house Rx drug drop boxes
2. Obtain resources to buy Rx drug drop boxes
3. Develop written policies that describe law enforcement agencies' roles and responsibilities for Rx drugs placed in drop boxes
4. Install permanent Rx drug drop boxes

2. Increase community awareness of Rx drug drop box locations.

**COMMUNITY
ACTION STEPS**

1. Develop community education messaging and materials to increase community awareness of the importance of proper Rx drug and over-the-counter (OTC) disposal and the Rx drug drop box locations
2. Identify mode and audience for messaging and material dissemination; see Appendix 1 for examples
3. Disseminate messaging and materials
4. Develop information to disseminate to the public for disposal of liquids, creams, and needles



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3. Implement Rx drug take-back events.

COMMUNITY ACTION STEPS

1. Develop a replicable plan for Rx drug take-back events with local law enforcement
2. Identify timing, locations, and partners for Rx drug take-back events
3. Increase community awareness of the importance of proper Rx and over-the-counter (OTC) drug disposal and the timing and location of take-back events
4. Hold scheduled take-back events
5. Reassess need for take-back events as Rx drug drop boxes are put in place
6. Establish statewide Rx take back day

GOAL #2: Increase the use of proper storage methods for Rx drugs in the home.

OBJECTIVES

1. Increase community awareness of safe Rx drug storage options.

COMMUNITY ACTION STEPS

1. Develop community education messaging and materials to increase awareness of the importance of safe Rx drug storage and provide examples of safe Rx drug storage options
2. Identify mode and audience for messaging and material dissemination; see Appendix 1 for examples



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| | 3. Disseminate messaging and materials |
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STRATEGY #2: Promote responsible prescribing and dispensing policies and practices.

GOAL #1: Provide education and training for prescribers, pharmacists and their patients.

OBJECTIVES

1. Encourage prescriber and pharmacist adoption of Best Practice Guidelines (i.e., the Arizona Guidelines for Emergency Department Controlled Substance Prescribing; the Arizona Opioid Prescribing Guidelines; and the Arizona Guidelines for Dispensing Controlled Substances).

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| STATE and ACTION STEP | 1. Partner with regulatory boards, professional associations, insurance companies, health academia (e.g., medical, nursing, dental, pharmacy), and health systems to be a direct source for disseminating and promoting the Guidelines |
| STATE ACTION STEP | 2. Encourage health academia institutions to adopt curricula regarding appropriate prescribing of controlled substances and pain management alternatives |
| COMMUNITY ACTION STEP | 3. Emergency Department (ED) Guidelines: Meet with independent and corporate hospital/ED administration, medical directors, department heads, and staff to discuss the Rx drug abuse problem, the importance of guidelines, and ways to partner |
| STATE and COMMUNITY ACTION STEP | 4. Identify state and local venues to raise prescriber and pharmacist awareness and conduct Guideline and/or special topics training. |
| COMMUNITY ACTION STEP | 5. Use letters, email blasts, and local door-to-door approaches to disseminate copies of the Guidelines; provide brief awareness training and request policy adoption |



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2. Promote continuing education for prescribers and pharmacists on prescribing and dispensing controlled substances.

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| STATE ACTION STEP | 1. Partner with Boards, Associations, and Academic Institutions to provide and market Continuing Medical Education (CME) credits |
| STATE ACTION STEP | 2. Identify and promote education opportunities on dealing with aggressive patients, legal issues, customer satisfaction ratings, pain medication alternatives, and special populations (women who are pregnant or breastfeeding, older adults, etc.) |
| COMMUNITY ACTION STEP | 3. Utilize local prescriber newsletters, local print media, and door-to-door approaches in order to market CMEs in the community |
| STATE ACTION STEP | 4. Increase prescriber and dispenser education regarding Morphine Equivalent Daily Dose (MEDD) and other indicators of potentially risky Rx drug use |

3. Provide patient education training and materials for prescribers and pharmacists to improve the prescription drug literacy of their patients (e.g., side effects, risks, alternatives, adherence to treatment, realistic pain management expectations, proper storage, and disposal).

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| COMMUNITY ACTION STEP | 1. Prepare and disseminate patient education materials (e.g., flyers, pamphlets, informational sheets, posters, and rolling or streamed videos) to local hospitals, emergency departments, community health centers, pharmacies, and local healthcare offices |
| STATE and COMMUNITY ACTION STEP | 2. Identify state and local venues to conduct prescriber and pharmacist training on effective patient education and how to balance legitimate pain needs |
| STATE and COMMUNITY ACTION STEP | 3. House patient education materials on state and local Rx Drug Abuse Resource Repository websites |



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GOAL #2: Increase prescriber and pharmacist use of the Controlled Substances Prescription Monitoring Program (CSPMP).

OBJECTIVES

1. Implement a “Sign Up to Save Lives” campaign to increase awareness of the CSPMP tool and to get prescribers and pharmacists signed up and using the system.

**STATE ACTION
STEP**

1. Partner with regulatory boards, professional associations, insurance companies, and health plans to be a direct source for promoting use of the CSPMP

**STATE and
COMMUNITY
ACTION
STEPS**

2. Use traditional and social media to market the use of the CSPMP as a patient safety tool and best practice standard

3. Market office designee and 24-hour reporting legislation (i.e., SB1124) as easier, accurate, and more timely for prescribers and pharmacists

4. Obtain current registration lists from the Board of Pharmacy and use personal correspondence and local door-to-door approaches to encourage prescribers to sign up and use the CSPMP

5. Identify state and local venues to conduct prescriber and pharmacist training on use of the CSPMP

2. Recognize and/or reward CSPMP sign up and use.



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| STATE and COMMUNITY ACTION STEPS | 1. Provide a personalized thank you from the local substance abuse coalition to all prescribers who sign up for the CSPMP in their service area |
| | 2. The Board of Pharmacy provides “Sign up to Save Lives” reports to regulatory boards, associations, insurance companies, and health plans that detail progress in CSPMP sign up and use |

GOAL #3: Increase awareness of individualized prescribing habits.

OBJECTIVES

1. Generate quarterly report cards summarizing prescriber’s controlled substance II-IV scripts and pills dispensed and high-risk patients (e.g., those that exceed 100 MMEDDs) compared to other prescribers of their specialty type.

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| STATE ACTION STEP | 1. Identify and flag outliers |
| | 2. Disseminate to the individual prescriber with language reinforcing responsible prescribing and use of the CSPMP |
| | 3. Use aggregate outlier data to engage state regulatory boards and professional organizations about progress or identified concerns around prescribing habits by geographic service area or specialty provider type |

GOAL #4: Develop and/or disseminate use of clinical tools and processes that make it easier to adopt the best practices.

OBJECTIVES



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1. Identify methods to institutionalize compliance with the Guidelines in the clinical setting.

STATE ACTION STEPS

1. Facilitate sharing of best practices among clinicians
2. Identify and post effective tools and processes on the RX Initiative website

2. Promote data sharing for safe practices.

STATE ACTION STEPS

1. Work toward linking electronic health records to the CSPMP.
2. Monitor and assess the progress of the ongoing S & I Framework's PDMP & Health IT Integration Working Group Pilot Projects in Arizona
3. Promote adoption of electronic prescribing



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STRATEGY #3: Enhance Rx drug practice and policies in law enforcement and other criminal justice agencies.

GOAL #1: Provide education and training for law enforcement officers and criminal justice agencies.

OBJECTIVES

1. Educate public safety partners (including police, sheriff, county attorneys, probation, courts and their associations) about the prevalence of Rx drug misuse and abuse and Rx drug diversion crimes.

STATE and COMMUNITY ACTION STEPS

1. Schedule training events
2. Implement POST-certified Rx drug trainings offered by the Arizona High Intensity Drug Trafficking Area (HIDTA) and the Governor's Office of Highway Safety

2. Educate officers about pill recognition, use of poison control, how to read prescriptions and bottles, Rx drug street sales/trafficking, and related crime, including Driving Under the Influence of Drugs (DUI-D).

STATE and COMMUNITY ACTION STEPS

1. Schedule training events
2. Implement POST-certified Rx drug training offered by the HIDTA and the Governor's Office of Highway Safety

GOAL #2: Increase law enforcement use of the Controlled Substances Prescription Monitoring Program (CSPMP).

OBJECTIVES

1. Increase the number of law enforcement personnel that have signed up for and use the CSPMP, from every law enforcement agency in the state.

STATE and COMMUNITY ACTION STEPS

1. Meet with local law enforcement agencies and state organizations/associations representing law enforcement to gain buy-in
2. Provide education and training on CSPMP registration and use to local law enforcement

2. Have 100% participation on the use of the CSPMP by multi-jurisdictional drug task forces.



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| STATE and COMMUNITY ACTION STEPS | 1. Meet with drug task-forces to gain buy-in |
| | 2. Provide education and training on CSPMP access and use |
| | 3. Implement state-level grant criteria that requires use of the CSPMP for all new funds for Rx drug task forces |

GOAL #3: Improve coding structure of data management systems for tracking Rx drug offenses.

OBJECTIVES

1. Add a code to incident information that flags Rx drug-related crimes.

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| COMMUNITY ACTION STEPS | 1. Meet with law enforcement agencies to obtain buy-in |
| | 2. Develop flagging process for crimes that are Rx drug-related |
| | 3. Implement flagging process for crimes that are Rx drug-related |
| | 4. Enhance effective enforcement through collaborative efforts between law enforcement agencies and prosecutor offices |

STRATEGY #4: Increase public awareness and patient education about Rx drug misuse.

GOAL #1: Create a sense of urgency in the general public about the risks of Rx drug misuse.

OBJECTIVES

1. Implement mass media and material dissemination.



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| STATE and COMMUNITY ACTION STEPS | <ol style="list-style-type: none"> 1. Develop community education messaging and materials to increase awareness of the risks of Rx drug and over-the-counter (OTC) drug misuse and abuse (see Appendix for content specific examples) |
| | <ol style="list-style-type: none"> 2. Identify mode and audience for messaging and material dissemination; see Appendix 1 for examples |
| | <ol style="list-style-type: none"> 3. Disseminate messaging and materials |
| GOAL #2: Implement the <i>Rx 360°</i> (Drug Free America, research-based) curriculums to educate youth, parents, grandparents and other community adults about the risks of Rx drug misuse and how to teach youth strategies that increase their resilience to Rx drug misuse. | |
| OBJECTIVES | |
| 1. Conduct Rx 360° Speakers Bureau training for localized and adapted versions of the youth, parent and community Rx 360 modules. | |
| COMMUNITY ACTION STEPS | <ol style="list-style-type: none"> 1. Adapt current Rx 360° curriculum for specific geographic service areas |
| | <ol style="list-style-type: none"> 2. Identify local speakers |
| | <ol style="list-style-type: none"> 3. Train local speakers using the approved Rx 360° state trainer |
| 2. Identify target populations in the geographic service area that maximizes the depth and breadth of the model reach. | |
| COMMUNITY ACTION STEPS | <ol style="list-style-type: none"> 1. Partner with local schools to develop and implement a dissemination plan to reach youth in grades 6-12 |
| | <ol style="list-style-type: none"> 2. Partner with schools, civic organizations, probation, faith-based organizations, tribes, agencies serving older adults, perinatal groups, veterans/military families, local businesses, etc. to develop and implement the parent and community member dissemination plan |
| | <ol style="list-style-type: none"> 3. Partner with the County Public Health Department to develop and implement a dissemination plan for adults through workplace initiatives, home visiting, school health, and chronic disease programs |



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3. Develop early prevention training.

COMMUNITY ACTION STEPS

1. Strengthen collaboration with local schools to implement evidence based programs based on Substance Abuse and Mental Health Services Administration's (SAMHSA's) criteria targeting both youth and parents
2. Enlist all stakeholders to support and promote an evidence-based public education campaign on the appropriate use, secure storage, and disposal of prescription drugs, especially controlled substances.
3. Engage local anti-drug coalitions, non-profit organizations, and other organizations (chain pharmacies, community pharmacies, boards of pharmacies, professional licensing boards) to promote and disseminate public education materials and to increase awareness of prescription drug misuse and abuse.

STRATEGY #5: Enhance assessment and referral to substance abuse treatment.

GOAL #1: Increase awareness about substance abuse screening models, treatment options, and how to access treatment services.

OBJECTIVES

1. Increase awareness of Rx drug screening tools and available models.

STATE and COMMUNITY ACTION STEPS

1. Disseminate information and provide ongoing training regarding the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model as an early intervention opportunity to community health centers, hospitals, primary care offices, and other medical settings; See Appendix 1 for examples
2. Engage community stakeholders by using letters, email blasts, and local door-to-door approaches to disseminate copies of the materials to local prescribers, domestic violence shelters, jails, and other entities



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2. Increase awareness of how to access treatment services.

STATE and COMMUNITY ACTION STEPS

1. Enhance treatment locator tools, including the Substance Abuse and Mental Health Services Administration (SAMHSA) treatment locator, the Arizona Department of Health Services' decision-tree, and Regional Behavioral Health Authority provider listings

3. Increase access to treatment services.

COMMUNITY ACTION STEPS

1. Work to reduce stigma associated with substance abuse and recovery
2. Identify and address other barriers to treatment

4. Utilize an integrated approach to treating substance abuse as a chronic disease and alternative treatment options to prevent substance use-related injuries.

STATE and COMMUNITY ACTION STEPS

1. Expand the use of Medication-Assisted Treatment (MAT)
2. Provide educational opportunities (i.e., community acceptance of methadone OTPs)
3. Promote and/or provide opportunities for education on overdose



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| | 4. Raise treatment awareness with medical professionals, including policy and guidelines regarding treatment for accurate information for providers and clinicians |
| | 5. Review covered services guide (i.e., limits within 24 hour care need to overlap for transition) |
| | 6. Support expanded access to naloxone and train first responders on its use |



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Appendix 1: Examples and Resource List for Implementation Plan

Strategy 1: Reduce Illicit Acquisition and Diversion of Pharmaceutical Drugs

Goal 1, Objective 2, Action Step 2.

Identify mode and audience for messaging and material dissemination; see below for examples

| <u>Mode and Audience</u> | <u>Tools</u> |
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| <ul style="list-style-type: none">• Partner with local media to run PSAs• Partner with Schools<ul style="list-style-type: none">○ Parent Night○ Parent-Teacher Conferences○ Parent email blasts• Pharmacies and Healthcare Offices• Public Libraries• Community events• Specialized groups<ul style="list-style-type: none">○ Hospice providers○ Realtors○ Funeral homes○ Older adults○ Parents○ Veterans/military families○ Native Americans | <ul style="list-style-type: none">• Pamphlets• Flyers• Posters• Television• Radio• Print media• Social media (Facebook, Twitter)• Coalition websites• Newsletters• Magnets• Postcards• PowerPoint presentations |



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Strategy 4: Increase Public Awareness and Patient Education and Rx Drug Misuse

Goal 1, Objective 1, Action Step 2.

Identify mode and audience for messaging and material dissemination; see below for examples

| <u>Mode and Audience</u> | <u>Tools</u> |
|---|--|
| <ul style="list-style-type: none">• Partner with local media to run PSAs• Partner with Schools<ul style="list-style-type: none">○ Parent Night○ Parent-Teacher Conferences○ Parent email blasts• Pharmacies and Healthcare Offices• Public Libraries• Community events• Specialized groups<ul style="list-style-type: none">○ Older adults○ Parents○ Youth○ Veterans/military families○ Native Americans• Rx Drug Patient Safety Toolkits to educate population groups about risks, pain management expectations available alternatives, proper storage and disposal and adherence to treatment | <ul style="list-style-type: none">• Pamphlets• Flyers• Posters• Television• Radio• Print media• Social media (Facebook, Twitter)• Newsletters• Magnets• Postcards• PowerPoint presentations• Coalition websites |



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Strategy 4: Increase Public Awareness and Patient Education and Rx Drug Misuse

Goal 2, Objective 3, Action Step 2 and 3.

Agencies with applicable resources:

Office of National Drug Control Policy (ONDCP)

Centers for Disease Control and Prevention (CDC)

Food and Drug Administration (FDA)

Drug Enforcement Administration (DEA)

Indian Health Services (IHS)

Department of Education (ED)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Department of Defense (DOD)

Department of Veterans Affairs (VA)

Environmental Protection Agency (EPA)



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Strategy 5: Enhance Assessment and Referral to Substance Abuse Treatment

Goal 1, Objective 1, Action Step 1.

Develop treatment resource information for prescribers to use to navigate their patients into substance abuse treatment when necessary; example tools include:

- Signs of Rx Addiction Checklist (prescriber, patient and youth/parent versions)
- Opioid Risk Tool (ORT)
- Screener and Opioid Assessment for Patients in Pain (SOAPP)
- Information on the Screening, Brief Intervention and Referral to Treatment (SBIRT) model

Goal 1, Objective 2, Action Step 1.

Develop treatment resource information for prescribers to use to navigate their patients into substance abuse treatment when necessary; example tools include:

- Decision-trees for when and where to refer patients to substance abuse treatment
- Service type capacity for Detox services
- Access to substance abuse treatment options through the Affordable Care Act
- Medication-Assisted Treatment



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Measuring Outcomes

Arizona's Prescription Drug Misuse & Abuse Initiative has set the following targets to measure outcomes:

- ❖ Reduce hospitalizations and emergency department visits due to prescription drugs by 10% by 2018
- ❖ Reduce Neonatal Abstinence Syndrome by 3% by 2018
- ❖ Reduce DUI-D by:
 - 2% reduction (2014-2015)
 - 5% reduction (2015-2016)
 - 8% reduction (2016-2017)
- ❖ Reduce reported prescription drug misuse among Arizona youth aged 12-17 years by 28% by 2018
- ❖ Increase rates of queries in the Arizona Controlled Substances Prescription Monitoring Program (CSPMP) by:
 - 25% by the end of 2016
 - 50% by the end of 2017
- ❖ Increase percent of prescribers signed up for the CSPMP by:
 - 50% of prescribers by the end of 2016
 - 75% of prescribers by the end of 2017

Updated 06/12/15