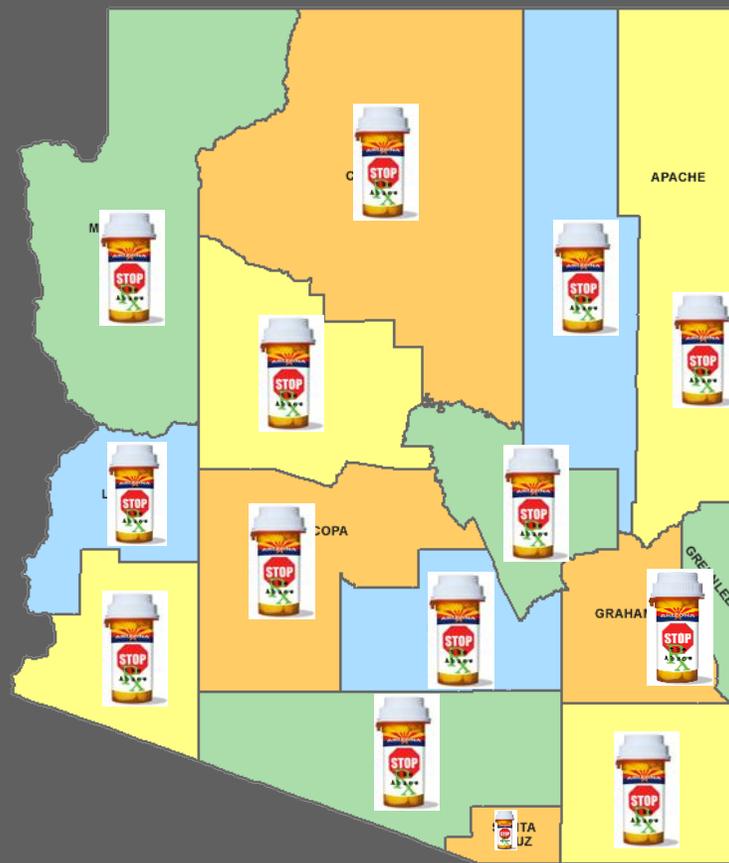


ARIZONA RX DRUG MISUSE & ABUSE INITIATIVE TOOLKIT AWARENESS. ACTION. OUTCOMES!

Shelly Mowrey – Prevention Works AZ



FROM PILOT TO STATEWIDE LAUNCH



RX DRUG MISUSE AND ABUSE INITIATIVE



THE TOOLKIT



AWARENESS. ACTION. OUTCOMES!

Universal

- Best Practices
- Evidence and Research Based
- Follows Proven Effective Prevention Principles
- Aligns with national strategies to reduce Rx Drug Misuse and Abuse

Unique to AZ

- Adjustments made where data showed improvements or clarity was needed
- Real life experience and field work contributions
- Materials localized to AZ – our story

TARGET AUDIENCE: Healthcare, Prevention, Law Enforcement, Treatment

EASY TO USE AND FOLLOW

- Action Plan
- Strategy 1 – Reduce Illicit Acquisition and Diversion of Pharmaceutical Drugs
- Strategy 2 – Promote Responsible Prescribing and Dispensing Policies
- Strategy 3 – Enhance Rx Drug Policies and Procedures in Law Enforcement
- Strategy 4 – Increase Public Awareness and Patient Education about Rx Drug Misuse
- Strategy 5 – Enhance Assessment and Referral to Substance Abuse Treatment
- Evaluation

COLOR CODED TO STRATEGY

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	<ol style="list-style-type: none"> Obtain commitment from law enforcement agencies to house Rx drug drop boxes Obtain resources to buy Rx drug drop boxes Develop written policies that describe law enforcement agencies' roles and responsibilities for Rx drugs placed in drop boxes Install permanent Rx drug drop boxes
2. Increase community awareness of Rx drug drop box locations.	
COMMUNITY ACTION STEPS	<ol style="list-style-type: none"> 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 Identify mode and audience for messaging and material dissemination; see Appendix 1 for examples Disseminate messaging and materials

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).	
STATE and COMMUNITY ACTION STEPS	<ol style="list-style-type: none"> Partner with regulatory boards, professional associations, insurance companies, and health systems to be a direct source for disseminating and promoting the Guidelines 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 Identify state and local venues to raise prescriber and pharmacist awareness and conduct Guideline and/or special topics training Use letters, email blasts, and local door-to-door approaches to disseminate copies of the Guidelines, provide brief awareness training and request policy adoption
2. Promote continuing education for prescribers and pharmacists on prescribing and dispensing controlled substances.	
STATE and COMMUNITY ACTION STEPS	<ol style="list-style-type: none"> Partner with Boards, Associations, and Academic Institutions to provide and market Continuing Medical Education (CME) credits Utilize local prescriber newsletters, local print media, and door-to-door approaches in order to market CMEs in the community

STRATEGY #3: Enhance Rx drug practice and policies in law enforcement.

GOAL #1: Provide education and training for law enforcement officers.	
OBJECTIVES	
1. Educate officers about the prevalence of Rx drug misuse and abuse and Rx drug diversion crimes.	
STATE and COMMUNITY ACTION STEPS	<ol style="list-style-type: none"> Schedule training events 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 crimes, including Driving Under the Influence of Drugs (DUID).	
STATE and COMMUNITY ACTION STEPS	<ol style="list-style-type: none"> Schedule training events 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 the CSPMP, to include at least one law enforcement officer from every law enforcement agency in the state.	
STATE and COMMUNITY ACTION STEPS	<ol style="list-style-type: none"> Meet with local law enforcement agencies and state organizations/associations representing law enforcement to gain buy-in Provide education and training on CSPMP registration and use to local law enforcement

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.	
COMMUNITY ACTION STEPS	<ol style="list-style-type: none"> 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) Identify mode and audience for messaging and material dissemination; see Appendix 1 for examples Disseminate messaging and materials
GOAL #2: Implement the Rx 360 [®] (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"> Adapt current Rx 360[®] curriculum for specific geographic service areas Identify local speakers

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.	
COMMUNITY ACTION STEPS	<ol style="list-style-type: none"> Disseminate information about 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 Use letters, email blasts, and local door-to-door approaches to disseminate copies of the materials to local prescribers
2. Increase awareness of how to access treatment services.	
COMMUNITY ACTION STEPS	<ol style="list-style-type: none"> Disseminate information about how to use the Substance Abuse and Mental Health Services Administration's (SAMHSA) treatment locator and the Arizona Department of Health Services' decision-tree to prescribers, probation and parole officers, and the general public

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

Mode and Audience	Tools
<input type="checkbox"/> Partner with local media to run PSAs <input type="checkbox"/> Partner with Schools o Parent Night o Parent-Teacher Conferences o Parent email blasts <input type="checkbox"/> Pharmacies and Healthcare Offices <input type="checkbox"/> Public Libraries <input type="checkbox"/> Community events <input type="checkbox"/> Specialized groups o Hospice providers o Realtors o Funeral homes o Older adults o Parents o Veterans/military families o Native Americans	<input type="checkbox"/> Pamphlets <input type="checkbox"/> Flyers <input type="checkbox"/> Posters <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Print media <input type="checkbox"/> Social media (Facebook, Twitter) <input type="checkbox"/> Coalition websites <input type="checkbox"/> Newsletters <input type="checkbox"/> Magnets <input type="checkbox"/> Postcards <input type="checkbox"/> PowerPoint presentations

Strategy 1

- Reduce illicit acquisition and diversion of pharmaceutical drugs



TIP SHEET: REDUCE ILLICIT ACQUISITION AND DIVERSION OF PRESCRIPTION DRUGS



In Arizona, people are misusing and abusing medications at an alarming rate. Adults often share medications, neighbors, friends or workers that routinely go into homes may help themselves to left over medication or medication left out in the open. Among our youth, 3 out of 4 get the medications they abuse from everyday sources like friends, family or the medicine cabinet. Strategy 1 works to reduce access to medications by removing unused or expired medication from the home and by properly storing medication in the home.

Here are 3 tips for this strategy:

TIP 1: AWARENESS

Community outreach – Reach out to your local law enforcement agencies and ask them to join your Rx Drug Misuse and Abuse Initiative. Law enforcement partners include local, state and federal agencies and they will be key partners in this initiative. Also, start talking with your community members about ways to properly store and dispose of medications. The toolkit offers many different types of handouts that can be used in the community to help the public understand the epidemic of prescription drug misuse and provides concrete examples of proper storage and disposal to help prevent Rx drug diversion and reduce easy access to medications for abuse.

TIP 2: ACTION

Make your case – Share information from this toolkit on the epidemic of prescription drug misuse and abuse in Arizona with your law enforcement partners. Discuss with them the importance of obtaining a permanent prescription drug drop box and holding regular prescription drug take back days. Provide them with the fact sheets included in this toolkit on Rx drug take back days and permanent Rx drug drop boxes and sample policies for collecting and disposing of unwanted or expired medication by the general public. Take action by installing a permanent prescription drug box or holding Rx drug take-back events.

TIP 3: OUTCOMES

Once you have installed your Rx drug permanent drop box or held your Rx drug take-back days ask your law enforcement partners for the number of pounds of prescription drugs collected at the drop box or at the take back event. Next, report your numbers quarterly to the AZ Rx Drug Misuse and Abuse Initiative. The initiative website is www.AZCJC.gov. Report your numbers to Shana Malone, Senior Research Analyst at the Arizona Criminal Justice Commission at Shana.Malone@azcjc.gov.

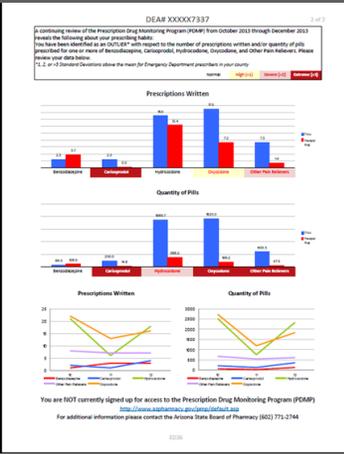


Strategy 2 – Healthcare Providers

- Promote Responsible prescribing and dispensing policies and practices.



ARIZONA-redflag.mp4



DEAR XXXXX7387

SIGN UP FOR PUBLIC HEALTH & SAFETY!

There is one way a law enforcement officer can gain access to patient history in the CSPMP. If the one requires a CSPMP access, report a patient history, submit an affidavit to CSPMP and create the request document via the CSPMP.

- Step 1: Request**
 - Request access by going to the CSPMP website: <https://www.azdhs.gov/cspmp/> and following the link under "Law Enforcement request form" located on the sidebar under "Data Request" "The Request Form".
 - The form must be signed by the Law Enforcement officer and include all attachments listed at the bottom of the form as well as indicated.
- Step 2: Mail**
 - Mail the completed form to Arizona State Board of Pharmacy, P.O. Box 15250, Phoenix, AZ 85067.
- Step 3: Log in**
 - After the form is received and processed, a case number and temporary password will be emailed to the email address provided. You will then be able to log in to the CSPMP and view the requested information. Law enforcement officers can use generic or individual patient files when they have an open investigation or complaint (see Step 4). Once you complete the affidavit for each request, the request will be processed and the information will be made available to the CSPMP. Access to the information is provided to the Law Enforcement officer.
- Step 4: Request**
 - Log in to the CSPMP and view the "Request" tab on the top left of the screen, select "New Request" and then fill out the request form.
 - Use the search criteria provided, case, first name, and last name fields as well as select a new row for the search. Carefully substantiate and click "Create".

II - Filing out and submitting the affidavit

- All information regarding patient information provided in the affidavit must be true and accurate. The affidavit must be filed on or before the date of the affidavit. The affidavit must include ALL of the following or items:
 - The name and county in which the affidavit is executed.
 - The name of the individual requesting the information, their phone number or email address as well as the affidavit's job description and the agency represented. The affidavit must also state the affidavit is over the age of 18 years.
 - Include time stamp for the search, patient primary name (and any known ASA's) and DOB (if available) or DEA number of a medical practitioner or pharmacist if the patient being investigated.
 - A statement that the information requested is pertinent to an open complaint or investigation.
 - A statement that the name, address and other identifying information included in the request matches the patient being investigated.
 - Signatures of persons making the affidavit and notarization.
- As a sample affidavit or to sign for the CSPMP website at <https://www.azdhs.gov/cspmp/>



AZCIC_PainMgmt-v3.mp4

CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM (CSPMP) - DELEGATES

Arizona Prescribers and Dispensers.

On March 24, 2014, Governor Brewer signed Senate Bill 1124, an Act amending sections 30-2604 and 30-2605, Arizona Uniformed Substance Prescription Monitoring Program. The law became effective on July 24, 2014. The Bill made changes to A.R.S. 30-2604 that affect Arizona Prescribers and Dispensers. Subsection C of A.R.S. 30-2604 is changed to allow "a delegate who is authorized by the prescriber or dispenser." A.R.S. 30-2604 is further changed by adding Subsection E that defines "delegate." A delegate means a licensed health care professional who is employed in the office of an inpatient hospital, the prescriber or dispenser or an independent medical records technician, medical assistant or other staff member who is employed in the office of an inpatient 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.

The process for delegates to request access to the database will be similar to the process for prescribers and dispensers (pharmacists). The delegates will go to www.encompassing.com, click Register, and then pick a Job Title, either Prescriber Licensed Delegate, Prescriber Unlicensed Delegate or Pharmacist Licensed Delegate. The delegates will complete and submit the New Delegate Registration form online. Prescribers will pick a Supervisor using the Prescriber's DEA number and Pharmacist Delegates will pick a supervisor using the Pharmacist's State License number. Delegates will be able to track multiple requests. After a delegate submits the New Delegate Registration, the request will have to be approved by at least one supervisor before the delegate will get access to the database. A supervisor must have a verified email account. A supervisor will log in to the Database and go to My Account to approve or revoke Delegates. When a Delegate makes a patient request for data, the Delegate will be able to pick a supervisor under their DEA or State License the request will be made. Supervisors will be able to see all requests made by their approved delegates.

If you have questions about the changes, contact Debra Wright, PMP Director at 602-771-2744 or email at debrawright@pharmacy.gov or Chad Hunter, PMP Program Manager at 602-771-2732 or email at chad.hunter@pharmacy.gov.

Thank you,

Debra Wright
Pharmacy Monitoring Program Director
Arizona State Board of Pharmacy
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Phoenix, AZ 85007
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PHARMACIST TOOLS AND RESOURCES

Arizona currently ranks 6th highest in the nation for individuals 12+ years missing and abusing prescription drugs. In Arizona, there is a statewide initiative to prevent prescription drug misuse and abuse. As a pharmacist, you are in a unique position to help consumers understand how to take their medications and help prevent prescription drug abuse and diversion.

Below are training opportunities and tools to assist you in your work:

- Arizona Pharmacy Association (AZPA)** - The Arizona Pharmacy Association offers many continuing education credit opportunities for pharmacists throughout the state on various topics including prescription drug misuse and abuse. To access the continuing education courses, visit www.azpharmacy.org and click on Continuing Education.
- Fraud Alert - AZ Board of Pharmacy** - Fraud alert replaced the Fallett system. It collects all of the same information in an easy-to-use online form and allows pharmacists and pharmacists who wish to receive their notices to simply subscribe to them with an email address. When the Arizona Board of Pharmacy gets a Fraud Alert, it's passed along to all subscribers. To report fraud or to sign for the Fraud Alert visit www.azpharmacy.org and click on Submit a Fraud Alert or Subscribe to a Bulletin.
- Pharmacy Robbery and Burglary** - The DEA and the National Association of Boards of Pharmacy created this document to help pharmacists know what to do if a burglary, robbery or theft occurs in the pharmacy. It includes information on how to prevent robbery and theft, how to react as a witness to your pharmacy and what steps to take after a robbery or burglary has occurred. Get to AZCIC.gov and click on the Initiative, then Dispensers and Prescribers.
- Prescription Drug Monitoring Database** - The Arizona Controlled Substance Prescription Drug Monitoring Program (CSPMP) assists medical professionals in identifying patients who are getting prescriptions from multiple sources. Signing up is easier than ever, data is updated every 24 hours and office dispensing now has access to the database. To sign up for the CSPMP go to pharmacy.az.gov.
- Pharmacy Diversion Red Flags** - The Drug Enforcement Administration (DEA) and various state pharmacy boards describe red flag circumstances that should raise reasonable suspicion about the validity of controlled substance prescriptions. This educational video highlights a number of these potential warning signs, some which are not easy to spot, by warning general consumers with interactions between pharmacists and customers. To see the video go to AZCIC.gov and click on the Initiative and then Prescribers and Dispensers.

Each pharmacist has to decide how to navigate this complicated situation, and as part of the statewide initiative to reduce prescription drug misuse, we are going to help you be successful in any way you can. If you would like more information on the Arizona No Misuse and Abuse Initiative please go to AZCIC.gov and click on the Initiative.

Arizona Guidelines For Dispensing Controlled Substances

2013

Arizona Prescription Drug Misuse and Abuse Initiative

The abuse of prescription drugs is a serious social and health problem in the United States. Arizona is no exception to this problem. According to data from Arizona's Prescription Drug Monitoring Program, there are approximately 10 million Class II-IV prescriptions written and 224 million pills dispensed each year in Arizona. Prescription pain relievers accounted for over half of the drugs dispensed.

As the success and availability of these habit-forming drugs grows, so too does the likelihood of misuse and diversion. The early outcomes related to misuse and abuse. Arizona was ranked the 6th highest state in the country for prescription drug abuse, with over 13% of Arizona adults and almost 8% of Arizona youth reporting current misuse of controlled substances. Not surprisingly, Arizona has also seen a corresponding, and dramatic, increase in opioid-related cases in emergency departments and drug poisoning deaths involving prescription drugs.

As healthcare professionals, pharmacists play a very critical role in helping Arizona solve the prescription drug misuse and abuse problem in our state. These guidelines are intended to help dispensers reduce the inappropriate use of controlled substances while preserving the vital role of the pharmacist in treating patients with medical conditions. These guidelines were developed at the Arizona Pharmaceutical Forum sponsored by the Arizona Pharmacy Association, the Arizona Criminal Justice Commission, the Arizona State Board of Pharmacy and the High Intensity Drug Trafficking Area Agency.

Arizona Guidelines For Emergency Department Controlled Substance Prescribing

ARMA ARIZONA MEDICAL ASSOCIATION

ADVANCING EMERGENCY CARE

Arizona College of Emergency Physicians

Arizona Department of Health Services

- When possible one medical provider should provide all controlled substances to treat a patient's chronic pain.
- The Prescription Monitoring Program should be checked prior to prescribing controlled substances.
- The administration of intravenous and intramuscular controlled substances in the ED for the relief of acute exacerbations of chronic pain is discouraged.
- Emergency medical providers should not provide replacement prescriptions for controlled substances that were lost, destroyed, or stolen.
- Emergency medical providers should not provide replacement doses of methadone for patients in a methadone treatment program.
- Long-acting or controlled-release opioids (such as Oxycodone, fentanyl patches, and methadone) should not be prescribed from the ED.
- Prescriptions for controlled substances from the ED should state the patient is required to provide a government issued picture identification (ID) to the pharmacy filling the prescription.
- EDs are encouraged to photograph patients who present for pain-related complaints to a government issued photo ID.
- EDs should coordinate the care of patients who frequently visit the ED using an ED care coordination program.
- EDs should maintain a list of clinics that provide pain management and primary care for patients of all payer types.
- EDs should perform screening, brief interventions and treatment referrals for patients with suspected prescription abuse problems.
- The administration of Demerol (Meprobamate) in the ED is discouraged.
- For exacerbations of chronic pain, the emergency medical provider should attempt to contact the patient's primary controlled substances prescriber or pharmacy. The emergency medical provider should only prescribe enough pills to last until the office of the patient's primary controlled substances prescriber opens.
- Prescriptions for controlled substance pain medication from the ED for acute injuries, such as fractured bones, or most cases should not exceed 30 pills or refills.

SUMMARY OF ARIZONA OPIOID PRESCRIBING GUIDELINES FOR THE TREATMENT OF ACUTE PAIN

The goal of these guidelines is to balance the appropriate treatment of pain with approaches to more safely prescribe opioids. Thoughtful opioid prescribing for acute and post-operative pain can improve safety, reduce harm, and prevent the unintended or inappropriate long-term use of opioid medications.

Note: These guidelines are not intended to apply to hospice or palliative care patients (as defined by the World Health Organization), patients at end of life, or cancer-related pain.

- Opioid medications should only be used for treatment of acute pain when the severity of the pain warrants that choice, and non-opioid pain medications or therapies will not provide adequate pain relief.
- When opioid medications are prescribed for treatment of acute pain, the number dispensed should be no more than the number of doses needed. This should be based on the expected duration of pain severe enough to justify prescribing opioids for that condition.
- When opioid medications are prescribed for acute pain, the patient should be counseled on the following:
 - Sharing with others is illegal.
 - Medications should be stored securely.
 - Medications should be disposed of properly when the pain has resolved to prevent non-medical use of medications.
 - Opioids are intended for short-term use only.
 - Driving or operating machinery should be avoided if a patient is sedated or confused while using opioids.
- Long acting opioids should not be used for treatment of acute pain, including post-operative pain, except in select opioid tolerant patients and situations where monitoring and assessment for adverse effects can be conducted.
- The continued use of opioids should be considered carefully, including assessing the potential for misuse. If pain persists beyond the anticipated treatment duration, then the patient should be carefully reevaluated.
- The Arizona Controlled Substances Prescription Drug Monitoring Program should be checked prior to prescribing opioids and periodically if renewing opioid prescriptions.

For more information on the Arizona Opioid Prescribing Guidelines, visit www.azdhs.gov/cspmp/

Strategy 3 – Law Enforcement

- Enhance Rx Drug Practice and Policies in Law Enforcement

Strategy 3 – Law Enforcement

- Provide education and training to law enforcement officers
- Increase law enforcement use of the CSPMP
- Where feasible include coding or flagging system to track Rx crimes



PRESCRIPTION DRUG CRIMES INVESTIGATIONS Presented by Arizona HIDTA

ARIZONA HIDTA TRAINING CENTER
5350 North 48th Street, Suite 105, Chandler, AZ 85226
AZ POST Accredited – No Cost

Course Description:
This course will provide a resource base, strategies, and step-by-step guidelines for the law enforcement officer who wants to expand into the area of pharmaceutical drug diversion investigations. Topics include prescription drug trends, drug identification, AZ Prescription Monitoring Program, forged prescriptions, diversion in a medical facility, over-prescribing cases, doctor shopping, internet pharmacies, and case studies. The class will include multi-media presentations, hands-on aspects of a case, and the investigative process to include case solving exercises.

Who Should Attend:
Criminal investigators, probation officers, narcotics/vice investigators, and patrol officers.

Continuing Education Hours:
This course has been determined to qualify for AZ POST continuing training credit.

Contact:
Contact Training Director Rich Rosky at rosky@azhidta.org or 602-845-1963 with any questions.

SIGN UP FOR PUBLIC HEALTH & SAFETY!

There is one way a law enforcement officer can gain access to patient history in the CSPMP.
#1. They can register for CSPMP access, request a patient history, submit an affidavit to CSPMP administrators, and receive the request electronically via the CSPMP.

#1—Obtaining patient history through the CSPMP

<input type="checkbox"/> Step 1: Request	<ul style="list-style-type: none"> Request access by going to the CSPMP website at http://pharmacvsm.ap.gov and following the link entitled 'Law Enforcement request form' located on the sidebar under 'Data Requests'. The direct link is: https://d3906f33mred.cloudfront.net/sites/default/files/06/12/06ccer4%20%28law%29.pdf Note: The form must be entirely filled out and include all attachments listed at the bottom of the form as well as notarized!
	<ul style="list-style-type: none"> The attachments are: <ol style="list-style-type: none"> Database Access Form Signed Copy of Privacy Statement found at: https://d3906f33mred.cloudfront.net/sites/default/files/06/12/06ccer4%20%28law%29.pdf and available on CSPMP website under the sidebar link as: 'Privacy Statement' Copy of Current Department or Agency ID Copy of Current Driver's License
<input type="checkbox"/> Step 2: Mail	<ul style="list-style-type: none"> Mail the completed form to: Arizona State Board of Pharmacy P. O. Box 18520 Phoenix, AZ 85005
<input type="checkbox"/> Step 3: Login	<ul style="list-style-type: none"> After the form is received and processed, a user name and temporary password with instructions on use will be emailed to the email address provided. You will then be able to login to the CSPMP and see your homepage. Law enforcement officers can run queries on individual patients for whom they have an open investigation or complaint (see Step 4, then must complete the affidavit for each request). For requests involving prescribers or pharmacies, complete an affidavit and submit by fax to CSPMP Admin (see submission requirements: http://pharmacvsm.ap.gov/affidavit-submission-requirements).
<input type="checkbox"/> Step 4: Request	<ul style="list-style-type: none"> Login to the CSPMP. Hover over the 'Request' tab at the top left of the screen, select 'New Request' and then fill out the request form. <ul style="list-style-type: none"> You will need to enter: patient's last name, first name, and date of birth as well as select a time frame for the search. Certify authorization and click 'Create'.

#1—Filling out and submitting the affidavit

<input type="checkbox"/> Required information	<ul style="list-style-type: none"> Fill out an affidavit verifying authority, purpose, and subject of the data requested. The notarized affidavit must be faxed or mailed to ASBP within two days of a web query for data. The affidavit must include ALL of the following six criteria: <ol style="list-style-type: none"> The state and county in which affidavit is executed The name of the individual requesting the information, direct phone number or e-mail address as well as the individual's job description and the agency represented. The affiant must also state that the affiant is over the age of 18 years. Include time-frame for the search, patient primary name (and any known AKA's) and DOB (if a patient) or DEA number (if a medical practitioner or pharmacy) of the subject being investigated. A statement that the information requested is pursuant to an open complaint or investigation. A statement that the names, addresses and other identifying information included in the request relate to the subject being investigated. Signature of person making the affidavit and notarization. An example affidavit can be found on the CSPMP website or at https://pharmacvsm.ap.gov/sites/default/files/affidavit%20%28law%29.pdf
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Strategy 4 – Increase Public Awareness and Patient Education about Rx Drug Misuse



- Use prescription medicines only as directed by a healthcare provider.
- Make sure you are the only one to use your prescription medicines. Not selling or sharing them helps prevent misuse and abuse.
- Get help for your substance abuse problems if needed. Call 1-800-662-HELP.
- Store prescription medicines in a secure place and dispose of them properly. (see reverse)

YOU HAVE A HAND IN PREVENTING MEDICINE MISUSE & ABUSE



ABUSE PRESCRIPTION DRUGS, AND THEY WILL ABUSE YOU.
HOW MANY TIMES HAVE YOU WON MORE THAN THEY HAVE THIS YEAR?

AZCJC.gov PEER

CHECK YOUR MEDICINES TIPS FOR USING MEDICINE SAFELY

- Bring a list or a bag with ALL your medicines when you go to your doctor's office, the pharmacy, or the hospital. Include all prescription and over-the-counter medicines, vitamins, and herbal supplements that you use. If your doctor prescribes a new medicine, use it in addition to your other medicines. Remind your doctor and pharmacist if you are allergic to any medicines.
- Ask questions about your medicines. Ask questions and make sure you understand the answers. Choose a pharmacist and doctor you feel comfortable with about your health and medicines. Take a relative or friend with you to ask questions and remind you about the answers later. Write down the answers.
- Make sure your medicine is what the doctor ordered. Does the medicine seem different than what your doctor wrote on the prescription or look different than what you expected? Does it smell like it is a different drug, color, or taste than what you were given before? If something seems wrong, ask the pharmacist to double check it. Most errors are first found by patients.
- Ask how to use the medicine correctly. Read the directions on the label and other information you get with your medicine. Have the pharmacist or doctor explain anything that you do not understand. Are there other medicines, foods, or activities (such as driving, drinking alcohol, or using tobacco) that you should avoid while using the medicine? Ask if you need to learn to check how the medicine is working or to make sure that it does not cause harmful side effects.
- Ask about possible side effects. Side effects can occur with many medicines. Ask your doctor or pharmacist what side effects to expect and which ones are serious. Some side effects may bother you but will get better after you have been using the medicine for a while. Call your doctor right away if you have a serious side effect or if a side effect does not get better. A change in the medicine or the dose may be needed.
- Safely store your medicines. Store your medication in a place only you know about. Consider purchasing a medication lock box to secure your medications and prevent prescription drug theft.
- Don't share medications with anyone. It is dangerous and it is illegal. Your medicines are prescribed for you and your medical condition only.
- Dispose of leftover medications. Go to www.AZCJC.gov and click on Arizona Rx Initiative to find a permanent Rx drug drop box near you.

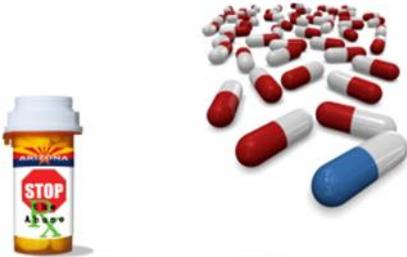
AHRA FDA
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Arizona Rx Initiative: Safer Medicines and Safer Patients™

Pop positivity, not pills.

8 out of 10 Arizona students DON'T pop pills*

AZCJC.gov PEER

Parents360 Rx Arizona



PACT360 THE PARTNERSHIP AT DRUGFREE.ORG

A Snapshot of NAS in Arizona Facts We Can't Afford to Ignore

- Rates of babies born exposed to prescription narcotics are on the rise in Arizona.
- Between 2008-2013, nearly 3 out of every 1,000 babies born in Arizona were diagnosed with Neonatal Abstinence Syndrome primarily caused by maternal opiate use.
- During the same period a total of 3,239 newborns were identified with either narcotics, cocaine, and/or alcohol.
- Newborns in Arizona with NAS are:
 - Three times more likely to be low birth weight compared to those without NAS.
 - Four times more likely to have respiratory symptoms compared to those without NAS.
 - 17 times more likely to have seizures compared to those without NAS.
 - Five times more likely to have feeding difficulties compared to those without NAS.
- Median cost for a NAS hospital stay is approximately \$1,000 versus \$2,500 for non-NAS related births.
- Average hospital stay for NAS birth is 13 days compared to two days for non-NAS related but you or someone you know needs help.

Stay Informed and Stay Safe

- If you are pregnant, or might become pregnant, always ask your doctor before taking any medications, especially prescription narcotics like Oxycodone, Percocet, or Vicodin, as they may harm your baby.
- Identifying prescription drug abuse as soon as possible is important. If you or someone you know needs help contact:
 - SAMHSA Treatment Referral Facility Locator hotline at 1-800-662-HELP (4357)
 - National Council on Alcoholism and Drug Dependence hotline at 1-800-622-2236
 - Division of Behavioral Health Crisis Helpline at azdhs.gov/bhcrisis-hotlines.htm
- You can find local treatment resources at FindTreatment.samhsa.gov.

Safely Dispose of Prescription Medications

- Participate in prescription drug take-back days
- Drop off unused or expired medications at a prescription drug drop box
- Mix medications with coffee grounds or kitty litter and put them into an empty can or bag and throw them in the trash
- Don't flush down the toilet

To find a list of permanent prescription drug drop boxes visit AZCJC.gov and click on Arizona Rx Initiative.

To learn more about the Arizona Rx Initiative and Abuse Initiative visit AZCJC.gov and click on AZ Rx Initiative.

NAS Neonatal Abstinence Syndrome



You Can Prevent NAS

Neonatal Abstinence Syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive, legal, or prescription drugs while in the mother's womb.

*Source: AZ Dept. of Health Services Fall Statistics, 2014
http://www.azdhs.gov/dph/prevention/behavioral

Strategy 5 – Enhance Assessment and Referral to Treatment

Arizona Department of Health Services, Division of Behavioral Health Services

Decision Tree for Determining Referral to Treatment Options

START HERE

Does the person seeking help have Health Insurance or Medicare?

If YES: Contact the health insurance carrier to get a referral to behavioral health services. Contact the ARS Office of Behavioral Health Support Services at 602-974-7410 for assistance. www.azdhs.gov

If NO: Contact the Regional Behavioral Health Authority in your region of the state.

Is the person seeking help employed at a business?

If YES: Contact the Regional Behavioral Health Authority in your region of the state.

If NO: Contact the Veterans Administration (VA) in your region of the state to find out the extent of health care services available.

Has the person ever served in the military?

If YES: Contact the Veterans Administration (VA) in your region of the state to find out the extent of health care services available.

Is the person seeking help a member of a religious institution?

If YES: Contact the religious institution to determine religious and healthcare options.

Does the person have any support services (e.g., religious, community organizations, and/or peers) available to assist in the search for treatment services?

If YES: Contact the support services to determine if they can assist in the search for treatment services.

If NO: Contact the Regional Behavioral Health Authority in your region of the state.

OPIOID RISK TOOL

Date: _____
Patient Name: _____

	Check each box for response	Score	Low Score	High Score
1. Family History of Substance Abuse	Alcohol	[]	2	3
	Illegal Drugs	[]	2	3
	Prescription Drugs	[]	4	4
2. Personal History of Substance Abuse	Alcohol	[]	3	3
	Illegal Drugs	[]	4	4
	Prescription Drugs	[]	5	5
3. Age (dark box if 18-45)	[]	1	1	
4. History of Prevalent Sexual Abuse	[]	3	0	
6. Psychological Disease	Attention Deficit Disorder	[]	2	2
	Obsessive Compulsive Disorder	[]		
	Bipolar	[]		
	Schizophrenia	[]		
	Depression	[]	1	1
TOTAL				
Total Score Risk Category				
Low Risk 0-3				
Moderate Risk 4-7				
High Risk ≥8				

Reference: Wilson, J.K. *Developing Alcohol Scales in Social Research: Preliminary Validation of the Alcohol Use Test*. *Alcoholism*, 2001;65:102-111. Used with permission.

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)

FREQUENTLY ASKED QUESTIONS (FAQ) FOR MEDICAL CARE PROVIDERS

What is SBIRT? Brief intervention and referral to treatment (SBIRT)?

SBIRT is an evidence-based public health approach to:

- Identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs
- Provide early intervention to people at risk of developing substance use disorders
- Provide treatment services to people with substance use disorders

SBIRT can be implemented by medical assistants, behavioral health technicians, medical providers, or doctors.

Who?

- Screening should be universally applied to all patients/clients (18 years and older)
- SBIRT can be implemented by medical assistants, behavioral health technicians, medical providers, or doctors

Where?

- Screening can occur in any healthcare setting. Many different types of community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur, such as emergency departments, community healthcare centers, pain management provider offices, and university healthcare facilities.

Screening – The healthcare professional assesses all patients (18 years and older) for at-risk substance use behavior using standardized screening tools.

Brief intervention – If a positive screen, the healthcare professional engages a patient showing at-risk substance use behaviors in a short conversation, providing feedback and advice, utilizing motivational interviewing techniques.

Referral to treatment – If additional services are indicated, the healthcare professional provides the patient with a referral to brief therapy or for additional treatment.

How long will it take for me to implement SBIRT into my office?

- 1-15 minutes for screening while waiting to see the provider
- 15-30 minutes for screening
- 15-30 minutes for brief intervention
- 15-30 minutes for referral to treatment
- 15-30 minutes for screening
- 15-30 minutes for screening
- 15-30 minutes for screening

3-4 weeks for full integration into daily flow

- There are no set rules on how to implement SBIRT at a particular site. Use all core processes, the first weeks of implementation provide opportunities to identify the processes that work for your site and those that do not. Use this time to fine-tune the procedure so that SBIRT works for your specific site, staff and clients.
- Implementing SBIRT is entirely depends on several factors, such as the site's commitment to integrating the program, provider's familiarity with SBIRT, the chosen screening tool, and the provider's familiarity with motivational interviewing.

SIGNS OF PRESCRIPTION DRUG DEPENDENCE

Dependence on prescription drugs generally happens over time. It is said that someone wakes up one morning suddenly dependent on their medication. Many people unintentionally find themselves not able to control their prescription drug use. This is a very dangerous situation that requires professional help and treatment. The good news is that now, more than ever, there is help and there is hope to restore the lives of those addicted to and dependent on prescription drugs.

Here are some signs that you or someone you know may be on a dangerous path of prescription drug dependence:

- You're starting to use your pain medication to feel better, not just ease the pain: Most people who begin to use prescription pain relievers do so because of pain they received as a result of an accident, surgery, illness or other condition. The SBIRT begins when the person no longer takes the medication because they're in physical pain, but rather because of the positive effects it has on their mood or outlook.
- You're thinking about increasing your dose even though your doctor has not recommended it: While those who use prescription pain relievers long term for legitimate purposes may need to increase their dose over time because they have built up a tolerance for the drug, the problem starts when you begin increasing beyond the recommendations of your physician by using a higher dose than prescribed. For instance, using the medication more often than prescribed or using a combination with other drugs to amplify the effect.
- You're starting to take the medication automatically, even though the pain has subsided: If a person's pain has mostly subsided or their doctor no longer recommends they take it for pain, and yet they continue to do so, it may be a sign that they are taking the drug for something other than pain.
- You're spending more and more time thinking about and getting medication: How much time are you thinking about your prescription pain reliever? When do you get to use the next dose? When are you due for a refill? If this has become the routine and priority instead of doing things you once loved to do, it may be a sign of the beginning of a prescription pain reliever abuse problem.
- You're not interested in non-drug pain management options: Even if your doctor suggests non-drug alternatives, such as yoga, for your pain, you have no interest, instead you prefer the medication to everything else, which is a major red flag.

Close to 6,000 people in Arizona have died of drug overdoses since 2006. Nearly half involved prescription drugs.

Identifying prescription drug abuse as soon as possible is important. Please call 1-800-662-HELP (HELP) if you or someone you know needs help. The line is confidential and is available 24 hours a day, seven days a week. You can also find local treatment resources at www.azdhs.gov.

Feeling overwhelmed with a child's drug problem? Call the Partnership for Drug-Free Kids Helpline at 1-800-427-0877 (1-855-378-4373).

STEPS TO FIND MENTAL/ BEHAVIORAL HEALTH TREATMENT SERVICES IN ARIZONA

If you are a provider wanting to refer a patient to services, would like to complete a list of service providers in your area, or are looking for a provider for yourself, a friend, or family member, please refer to the Substance Abuse and Mental Health Services Administration's Behavioral Health Treatment Services Locator. It is designed as an easy-to-use tool to help you find treatment services for substance abuse and/or mental health issues.

Search by Location

Step 1. Go to <http://treatment.samhsa.gov/> and enter a location in the search bar. You may include street, city, state, and zip code.

Step 2. Click the "Go" button.

What appears will be similar to the picture below, depending upon the address you entered in the search bar. The Location Risk Treatment programs in the area around the address. It displays a map of the facility locations and a list giving you information about each facility and a link for directions to the facility.

Simplifying MAT

MAT

Medication-Assisted Treatment in Arizona

ASU Center for Applied Behavioral Health Policy
ARIZONA STATE UNIVERSITY

Evaluation

ARIZONA Rx DRUG MISUSE AND ABUSE INITIATIVE DATA FACT SHEET

Rates of Misuse

- Arizona ranks 15th highest in the nation for individuals 12+ years misusing and abusing prescription drugs. (Source: National Survey on Drug Use and Health, 2012)
- 7.5% of Arizona high school youth report missing prescription drugs in the past 30 days – 72.6% of the misuse reported involved prescription pain relievers. (Source: Arizona Youth Survey, 2014)
- More than one third of Arizona's high school youth who misused prescription drugs also reported drinking alcohol.
- 13% of Arizona adults report missing prescription drugs in the past 30 days – almost half (47.5%) of the misuse involved prescription pain relievers. (Source: U.S. Labor's Initiative Survey, 2010)

Consequences

- Arizona has the 12th highest drug overdose mortality rate in the nation (Source: Centers for Disease Control and Prevention, 2014)
- In 2013, there were over 1,000 drug-related deaths in Arizona. Over one third involved prescription drugs. (Source: Arizona Department of Health Services, Vital Statistics)
- Nearly 6,000 people in Arizona have died of drug overdoses since 2008 and more than 40 percent (2,511) involved prescription drugs. (Source: Arizona Department of Health Services, Vital Statistics)
- Hospitalizations and emergency department visits for poisonings (by drugs) are a leading cause of poisoning (cost Arizona more than \$277 million in 2012). (Source: Arizona Department of Health Services, Vital Statistics)
- From 2008 to 2012, almost 1 out of every 1,000 babies born in Arizona were diagnosed with Neonatal Abstinence Syndrome (primarily caused by maternal opioid use). (Source: Arizona Department of Health Services, Vital Statistics)
- In 2013, there were 4,029 OUI/Drug arrests in Arizona, a 99.4% increase in the past decade.
- From 2010 to 2012, arrest rates for narcotic drug possession have increased 15% in Arizona. (Source: Department of Public Safety, 2013)
- Nationally, 86% of heroin users report that prescription pain relievers was their initiation into opioid misuse and abuse. (Source: National Institute on Drug Abuse, 2014)

Contextual Factors that are Amplifying the Problem

- Enough Rx pain relievers were dispensed last year to medicate every adult in Arizona around the clock for 2 weeks straight. 340 million pain reliever pills in Arizona. (Source: Arizona State Board of Pharmacy, 2013)
- Only 30.4% of Arizona prescribers are using the Prescription Drug Monitoring Program. (Source: Arizona State Board of Pharmacy, 2014)
- Approximately three-quarters of Arizona youth who have misused prescription drugs (in the past 30 days) report getting them from friends and family. (Source: Arizona Youth Survey, 2014)
- Approximately one-third of Arizona youth who have misused prescription drugs in the past 30 days report using them to deal with stress or to keep from feeling sad. (Source: Arizona Youth Survey, 2014)
- Approximately one-third of Arizona youth who have misused prescription drugs in the past 30 days report that their family lacks clear rules about substance use, and almost half report they have never talked to their parents about not using drugs or alcohol. (Source: Arizona Youth Survey, 2014)
- Over half of Arizona 8th grade youth who do not use prescription drugs said they didn't use because they thought it could hurt them (55.3%) or because their parents would be disappointed (55.5%). (Source: Arizona Youth Survey, 2014)

EVALUATING THE IMPACT OF YOUR EFFORTS: DATA SOURCES

The Arizona Youth Survey

This psychometrically valid and reliable survey is conducted biennially on even-numbered calendar years by the Arizona Criminal Justice Commission to more than 50,000 students in 8th, 10th and 12th grades from schools all across Arizona. The survey identifies current youth substance trends and risk and protective factors, as well as correlating consequences and contributing factors in knowledge, attitudes, awareness and behavior. Data is publicly available at the state and county level, and community level data is available on request, including by demographic categories. State, county and some coalition-level data is available on the Arizona Criminal Justice Commission's Community Data Project website: <http://www.bach-harrison.com/communitymonitoringproject/index.aspx>

The Controlled Substance Prescription Monitoring Program (CSPMP)

This database is a central repository of all Class II-R controlled substances dispensed in the state of Arizona. Run by the Arizona Board of Pharmacy, the CSPMP tracks the number of prescriptions, pills and dosage, with data provided in aggregate county-level form to local communities who partner with and use strategies from the Arizona Rx Drug Misuse and Abuse Initiative. Additional data include the number of prescribers, pharmacies and law enforcement agencies up to use the database and system query data to monitor active use of the system. The Arizona Criminal Justice Commission and the Arizona State Board of Pharmacy co-partner to process the raw PDR data and provide as available.

The Arizona Department of Health Services, Vital Statistics Data: Emergency Department Discharges/Non-Fatal Emergency Department Visits, Non-Fatal Inpatient Hospitalizations and Poisoning-Related Mortality data are all included using the Internal Classification of Diseases, 10th Revision, Clinical Modification (ICD-9-CM) codes from hospital databases and toxicology reports. These data are typically updated annually with state and county level data available via online published reports on the ADHS website: <http://www.azdhs.gov/data/>. Please also see the ADHS Community Profile website for these and other valuable health indicators: <http://www.azdhs.gov/jhs/jhsdata/index.html>The Arizona Behavioral Risk Factor Surveillance System (BRFSS) This psychometrically valid and reliable survey is conducted annually by the Arizona Department of Health Services to a randomized sample of Arizona adults aged 18 and over. The purpose of the survey is to monitor general health status, health-related quality of life and self-management and determinants of health and disparities. The questionnaire and data reports can be found on the ADHS website: <http://www.azdhs.gov/jhs/jhsdata/index.html>. Neonatal Abstinence Syndrome Research Brief This published report provides data on the number of newborns in Arizona with an underlying Internal Classification of Diseases, 10th Revision, Clinical Modification (ICD-9-CM) code of "Drug withdrawal syndrome in a newborn." These data are updated annually, and the published brief is available on the ADHS website: <http://www.azdhs.gov/jhs/jhsdata/index.html> Treatment Episode Data Set (TEDS) This database includes characteristics of those individuals admitted for treatment for the abuse of alcohol or drugs by primary and secondary substance use. The data are submitted by treatment facilities to the Arizona Department of Health Services, Division of Behavioral Health Services. It should be noted that these data are only provided by state licensed/tiered facilities and that data are collected at the treatment episode level, rather than the individual level and do not account for individuals receiving treatment services more than one time during the course of the calendar year.

THE IMPORTANCE OF USING A DATA-DRIVEN APPROACH

Good quality data provides a critical role in monitoring the success of your programmatic efforts. However, use of data should not be limited to evaluation efforts only. Instead, think of the collection and analysis of data as an iterative feedback loop, where the data collected at all stages of the program informs ongoing enhancements for how the model is being implemented in your community.

- When you are in the formative stages of your program, analyzing data for your needs assessment can help you identify target populations and tailor your approach to where the need is great and where you can make significant progress toward your intended impact and outcome goals.
- When you are in the implementation stage of your program, use of good data brings credibility to your work. It assures that the messaging and material you are using is based on fact rather than assumption or emotion. A well-phrased data statement from a quality source can be the ticket to capturing your population's attention, creating a sense of urgency about the problem, and convincing them why they should care. All of these lay the ground work for the call-to-action needed to ensure you achieve the direction and magnitude of your impact and outcome evaluation goals.
- As you track your data throughout implementation, use it frequently to identify any obstacles in achieving your goals, and assess whether you should continue with your current action items or consider adapting them.
- After you have completed your program and make your final post-test measurements, examine your evaluation data to determine your impact, outcomes, and return-on-investment, use these data to then guide your next set of strategies (e.g., another needs assessment) and provide justification of your capacity and infrastructure to create change. These will be critical components for obtaining new and continued funding.

How to Utilize Data to Gain Buy-in and Create Salient Messaging:

- Show how big the problem is
- Show what the problem is costing society
- Show what is amplifying the problem (e.g., these should be the knowledge, attitudes, awareness, beliefs and behaviors that you want to change)
- Make the Call-to-Action
- Don't forget to provide your data source(s) to ensure the credibility of your argument

Examples: Please see the attached sheet titled Arizona Rx Drug Misuse and Abuse Initiative Data Fact Sheet.

EVALUATION TERMINOLOGY GUIDE

The Arizona Rx Drug Misuse and Abuse Initiative uses constructed acronyms as a public health model and accordingly follows the Framework and terminology used in public health evaluation. The terminology in this document largely based on the Centers for Disease Control (CDC) Model of Evaluation Model with some additional terminology from the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Framework Model. Please see the CDC Model of Evaluation website for more information: <http://www.cdc.gov/od/oc/media/press/000018.htm> and SAMHSA's Prevention Training and Technical Assistance for addressing data utilization: http://capta.samhsa.gov/press-resources/resources/types-tooth/86-73846_14188.htm#_ga=2.148888888.148888888.148888888.148888888

PROCESS EVALUATION

What it is: How program activities are delivered and whether you are connecting with people in your target population as intended. This is the "what you did and how you did it" type of evaluation.

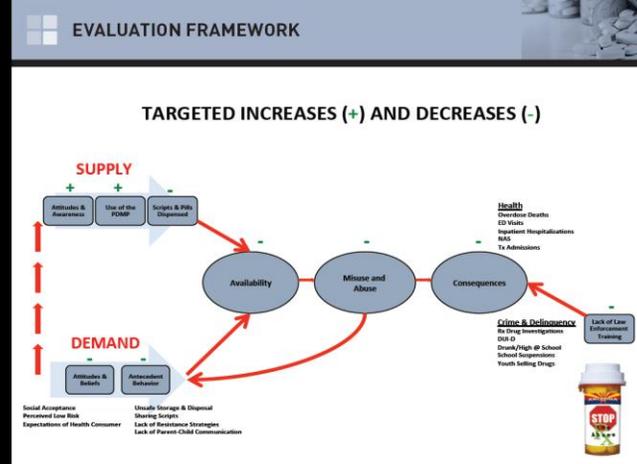
Why it is important: Tracking process measures is important for identifying the breadth and depth of your reach and also for capturing the safety and quality of your implementation. Monitoring process measures, in conjunction with impact and outcome measures, is critical for identifying implementation obstacles, adjusting and investigating new strategies, and calculating your return-on-investment. It is also essential for demonstrating that it was your work specifically (vs. some other program, policy or external "black box" that produced the impact and outcome measures.

Common measurements: The number of people you reach, the number of events, what you used to reach them and how often you reach them. Sometimes satisfaction surveys are used to determine how much people liked what you gave them or for ideas for improving your material.

When to do it: Process evaluation should begin as soon as the program is put into action and continue throughout the life of the program.

Relevant Process Evaluation Terms:

- Breadth:** The scope of coverage, number of people you reach your target population(s).
- Depth:** Degree of detail, number and strength of mechanisms used to reach your target population. What and how much you give them.
- Fidelity:** How closely a set of action items, procedures and trainings are implemented relative to the original model or established source.
- Direct Contacts:** Individuals who directly receive education, training, messaging and other program material (source: SAMHSA's Prevention Training and Technical Assistance for addressing data utilization).
- Indirect Contacts:** Individuals who receive education, training, messaging and other program material from individuals or other networks that directly received it from your program. Note: Be cautious using your indirect contacts to help track their outcomes, as you may not have the ability to follow up with your indirect contacts.
- Target Population:** The people you want to reach. If your target population is not a general population (e.g., members of your county) or an at-risk, high-risk or low-risk population used to justify why you have chosen select sub-sects of the demographic or geographic population (e.g., we have disproportionately rates of impact or outcome measures or corresponding elevated risk factors).



ARIZONA Rx DRUG MISUSE & ABUSE INITIATIVE: PROCESS, IMPACT & OUTCOME EVALUATION METHODOLOGY

Measure Name	Strategy, Goal	Type of Measure	How Measured	When Measured	By Whom	Data Source	Expected Change	Pre-Post Analysis Type
Rx360 Youth Curriculum	S4, G2	Quantitative: Tally	Number of events and number of individuals directly reached	Per Event: tallied quarterly	Community	Event Speakers	N/A	N/A
Rx360 Parent Curriculum	S1, G1 & G2, S4, G2	Quantitative: Tally	Number of events and number of individuals directly reached	Per Event: tallied quarterly	Community	Event Speakers	N/A	N/A
Rx360 Community Curriculum	S1, G1 & G2, S4, G2	Quantitative: Tally	Number of events and number of individuals directly reached	Per Event: tallied quarterly	Community	Event Speakers	N/A	N/A
Law Enforcement Diversion Crimes and Drug Recognition Training	S3, G1 & G2	Quantitative: Tally	Number of events and number of individuals directly reached	Per Event: tallied quarterly	State (Arizona Criminal Justice Commission)	HDTA/ GHHS Event Trainers	N/A	N/A
Clinical Best Practice Training	S2, G1 & G2	Quantitative: Tally	Number of events and number of individuals directly reached	Per Event: tallied quarterly	State (All Arizona Rx Initiative Agencies)	Event Speakers	N/A	N/A
Community Events and Trainings	A8	Quantitative: Tally	Number of events and number of individuals directly reached	Per Event: tallied quarterly	Community	Event Speakers	N/A	N/A
Door-to-Door Trainings/Contact	S2, G1 & G2	Quantitative: Tally	Number of events and number of individuals directly reached	Per Event: tallied quarterly	Community	Event Implementers	N/A	N/A
Rx Drug Take Back Events and Rx Drug Drop Box Placement	S1, G1	Quantitative: Tally	Number of take-back boxes and number of boxes	Per Event: tallied quarterly	Community and State (Arizona Criminal Justice Commission)	Police Depts	N/A	N/A

WHERE IS THIS TOOLKIT?

- Live online
- Offered with training
- Updated yearly



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- [Victim Services](#) ▶
- [Drug, Gang & Violent Crime](#) ▶
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 John A. Blackburn Jr. was appointed as the Executive Director ... [»](#)

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Prescription Drug Misuse and Abuse Initiative

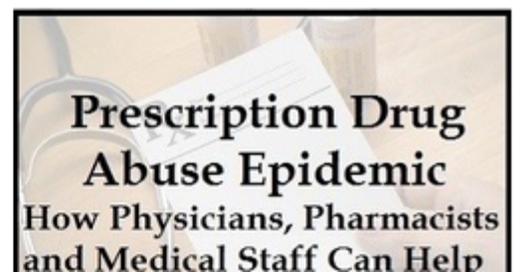
The Arizona Criminal Justice Commission and the Governor's Office for Children, Youth and Families, along with many state and local partners, launched a multi-systemic effort to reduce prescription drug misuse and abuse in Arizona. [Read more...](#)

Initiative Partners

- [Arizona Board of Pharmacy](#)
- [Arizona Criminal Justice Commission](#)
- [Arizona Department of Health Services](#)
- [Arizona High Intensity Drug Trafficking Area Program](#)
- [Arizona Substance Abuse Partnership](#)
- [Governor's Office for Children, Youth and Families](#)



[Click here for Pain Management video](#)



- [Rx Home](#)
- [Rx Toolkit](#)
- [Initiative Strategies](#)
- [Initiative Counties](#)
 - [Yavapai County](#)
 - [Pinal County](#)
 - [Graham/Greenlee County](#)
 - [Mohave County](#)
 - [Progress](#)
- [Rx Drug Disposal](#)
 - [Public Awareness](#)
 - [Permanent Drop Box Locations](#)
 - [Drop Box Set-up](#)
 - [Take Back Events](#)
- [Prescribers and Dispensers](#)
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Initiative Strategies

[Awareness.Action.Outcomes!](#)

Prescription drug misuse and abuse effects every county, city and town in Arizona. Consider the facts:

- **Arizona currently ranks 6th highest in the nation for individuals misusing and abusing prescription drugs.***
- **3 out of 4 Arizona youth who have misused prescription drugs in the past 30 days report getting them from friends, family or right out of the home.****
- **Hospitalizations and emergency department visits for poisonings (Rx drugs are a leading cause) cost Arizona nearly a half a million dollars per day in 2012. *****

This toolkit is designed with the theme Awareness. Action. Outcomes! It provides the roadmap to move your community forward beyond that initial awareness stage into action and outcomes. Communities and coalitions cannot wait another day here in Arizona to implement this initiative. Every day that we do, we lose more lives to death and addiction. The time has come to address this public health crisis and we need your commitment.

The toolkit is easy to use and is color coded for better navigation. The Rx Drug Misuse and Abuse Initiative toolkit's eight sections include:

[Strategy 1](#) - Reduce illicit acquisition and diversion of prescription drugs

[Strategy 2](#) - Promote responsible prescribing and dispensing policies and practices

[Strategy 3](#) - Enhance Rx drug practice and policies in law enforcement

[Strategy 4](#) - Increase public awareness and patient education about Rx drug misuse and abuse

[Strategy 5](#) - Enhance assessment and referral to substance abuse treatment

[Rx Home](#)

[Rx Toolkit](#)

[Initiative Strategies](#)

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QUESTIONS?