The Drug Overdose Epidemic in New Mexico

Drug Overdose Death Data
Vital Records, the Office of the Medical Investigator, CDC Wonder

Drug Overdose Death Rates, New Mexico and United States, 1990-2011
Drug Overdose Death Rates
Leading States, U.S., 2008

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Deaths per 100,000</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>New Mexico</td>
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<td>2</td>
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<td>3</td>
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<td>4</td>
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<td>18.1</td>
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<tr>
<td>US</td>
<td>11.9</td>
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</tr>
</tbody>
</table>

Sources: CDC Vital Signs
Deaths rates are age-adjusted to the 2000 U.S. Standard Population.

Death Rates for Drug Overdoses that were
Unintentional or of Undetermined Intent, 2008

Source: New Mexico Vital Records and Health Statistics; CDC Wonder.
Unintentional Overdose Death Rates by Type of Drug, New Mexico, 1990-2010

Most Common Drugs Causing Unintentional Drug Overdose Death, New Mexico, 2008-2010

* 2010 rate declines by drug type are partly a function of decrease in specificity of drug type coding
Note: Groups are not mutually exclusive. Rates are age-adjusted to the 2000 US Standard Population.
Almost a third of NM counties have rates more than twice the U.S. rate.

Drug Overdose Death Rates by County, New Mexico, 2007-2011 and U.S., 2009

Drug Overdose Death Rates by Age, Sex, and Race, New Mexico, 2007-2011

Source: BVRHS, CDC Wonder.

DEA Sales Data
Sales of Schedule II Prescription Drugs
Drug Enforcement Administration, U.S. Dept. of Justice.

Oxycodone Sales Rate by 3-Digit Zip Codes, New Mexico 2011

State Rate: 2.6

Source: Data Drug Enforcement Administration, U.S. Dept. of Justice. Pop-U.S. Census Bureau.
HIDD and ED Data

Hospital Inpatient Discharge Data and Emergency Department Data
Drug Overdose Hospital Inpatient Discharge Rates by Sex, New Mexico, 2008-2010 Average

NOTE: Rates are age-adjusted based on the following external ICD-9 codes: E850-E858; E950.0-E950.5; E962.0; E980.0-E980.5.

SOURCE: NMDOH.

Drug Overdose Hospital Inpatient Discharge Rates by County, New Mexico, 2008-2010 Average

NOTE: Rates are age-adjusted based on the following external ICD-9 codes: E850-E858; E950.0-E950.5; E962.0; E980.0-E980.5.

SOURCE: NMDOH.

Drug Overdose Emergency Department Rates by County, New Mexico, 2010

NOTE: Age-adjusted rates (per 100,000 population) were calculated based on the following external ICD-9 codes: E850-E858; E950.0-E950.5; E962.0; E980.0-E980.5.

SOURCE: NMDOH.
Neonatal Abstinence Data

NM Bureau of Vital Records and Health Statistics

National Prevention Efforts

Federal and State Initiatives
Office of National Drug Control Policy Efforts

In 2011, the Feds released *Epidemic: Responding to America’s Prescription Drug Abuse Crisis* to combat the RX drug abuse epidemic.

Components include:
- **Education**: For patients and health care providers.
- **Monitoring**: Expanding and improving state PDMPs.
- **Disposal**: Promote safe and responsible drug disposal methods.
- **Enforcement**: Reduce pill mills and doctor shopping.

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm?s_cid=mm6043a4_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm?s_cid=mm6043a4_w)


What Can Be Done

- States can
  - Start or improve prescription drug monitoring programs (PDMPs), which are electronic databases that track all prescriptions for painkillers in the state.
  - Use PDMP, Medicaid, and workers’ compensation data to identify improper prescribing of painkillers.
  - Set up programs for Medicaid, workers’ compensation programs, and state-run health plans that identify and address improper patient use of painkillers.
  - Pass, enforce and evaluate pill mill, doctor shopping and other laws to reduce prescription painkiller abuse.
  - Encourage professional licensing boards to take action against inappropriate prescribing.
  - Increase access to substance abuse treatment.
What States Have Done

- Establish a Prescription Drug Monitoring Program.
- Require physical exams for patients before prescribing controlled substances.
- Prescription drug limits (most states restrict to a 30 day supply).
- Require ID when picking up RXs for controlled substances.
- Enact laws that prohibit "doctor shopping" (i.e., obtaining controlled substances by fraud or misrepresentation).
- Adopt tamper-resistant prescription forms.
- Adopt pain clinic laws (Special standards of care and personnel requirements).
- Allow immunity (or mitigation of sentencing) for those obtaining medical assistance during an overdose.
- Enact "pill mill" laws that penalize providers for over-prescribing.

States with Prescription Drug Limit Laws

[Map showing states with prescription drug limit laws]

Source: CDC.

Cumulative Number of States Authorizing Prescription Drug Abuse-related Laws by Type of Law, United States, 1970-2010

[Graph showing cumulative number of states authorizing prescription drug abuse-related laws by type of law]

Source: CDC.
One evidence-based approach DOH is working with communities to establish modified pilots across the state.

- Provider training
- Patient education
- Mandatory use of PDMP
- Ad campaigns
- Increase in drug treatment
- Rx for Naloxone (Narcan) for at-risk patients who receive Rx for Opioid Pain Relievers.

Project Lazarus is a multifaceted community approach in Wilkes County, North Carolina.

- Resulted in a 69% decrease in drug overdose death rate.
- 15% decrease in drug-related emergency department visits.
New Mexico Prevention Efforts

What We're Doing

- Work with Board of Pharmacy to analyze PDMP data to detect potential “pill mills” and “doctor shopping.”
- Review laws that other states have enacted.
- Work with state medical boards to adopt policies to restrict access to opioid pain relievers.
- Work with communities to implement “Project Lazarus” style interventions including expanding Naloxone distribution to at-risk patients who have been prescribed opioid pain relievers.
- Evaluate the DOH Narcan Program for IDUs.

Other Efforts Already Enacted

- NM Harm Reduction Program includes:
  - Syringe Exchange.
  - Overdose prevention education and Naloxone distribution.
  - Buprenorphine opiate substitution therapy.
- Good Samaritan Law
  - 911 callers do NOT risk arrest when requesting medical attention for drug overdose.
- Pain Relief Act
House Memorial 77
In June 2011 DOH led Rx Drug Abuse and Overdose Task Force that included reps from DOH, UNM, OMI, DEA, and various licensing boards.
Task force recommendations included:
- All licensing boards should require PDMP reports on patients being prescribed opioids for at least one month.
- CEUs required on management of non-cancer pain.
- Require a physical exam and evaluation of patient's psychological and pain status, past pain history, and potential for substance abuse.
- Require educating patient about risk of Rx opioids.
- Require a written agreement with non-cancer patient treated with controlled pain medicine.
- Recommend changes to the Pain Relief Act (Definitions of chronic/acute pain, minimum qualifications for Pain Management Specialist and outlining formal action against providers who violate board’s practice act).

Senate Bill 158 (Did not pass)
- Recurring appropriation of $225,000 to the Board of Pharmacy to establish and administer a Prescription Drug Monitoring Program (PDMP).
- Goal is to prevent prescription drug abuse.
- Provides for information exchange with other states.
- Establishes criminal penalties (fourth-degree felony) for a dispenser who violates provisions of the PDMP.
- Requires PDMP training for practitioners.
- Provides for data sharing with DOH.

Senate Bill 159 (Did not pass)
- Adds new section to the New Mexico Drug, Devises and Cosmetic Act in regard to prescription opioids which:
  - Requires that practitioners receive written consent.
  - Requires a discussion of risk with patient.
  - Limits those with cancer pain, chronic pain, or those in hospice care to a 30 day supply per Schedule II opioid prescription.
  - Limits those with acute pain or cough to a 7 day supply per Schedule II opioid prescription.
  - Forbids refills for prescription opioids.
Senate Bill 215
- Amends the Pain Relief Act in the following ways:
  - Limits acceptable guidelines to specific ones accepted by the NM Medical Board.
  - Provides specific definitions of "chronic" and "acute" pain.
  - Calls on licensing boards to adopt rules, standards, and procedures for the application of the Pain Relief Act.
  - Requires provider continuing education (CEUs) for the treatment of non-cancer pain management.
  - Establishes the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council attached to DOH.

Prescription Drug Monitoring Program
- A program of the NM Board of Pharmacy.
- Pharmacies report all DEA schedule II-V drugs dispensed at least weekly in electronic form.
- Data identify Patient, Prescriber, Pharmacy and Drug.
- Reports available to prescribers and dispensers on specific patients.
- Used to reduce overuse of these drugs.

New Mexico Community Coalitions
DOH is working with groups in these communities to implement Project Lazarus style interventions:
- Taos
- Truth or Consequences
- Santa Fe
- Gallup
- Roswell
- Alamogordo
Conclusions

- NM drug overdose death rate highest in nation.
- Rx drug overdose more numerous than illicit drug overdose deaths.
- NM Rx drug overdose epidemic is receiving considerable media attention with increasing demands for action.
- Much has been accomplished to get NM in line with actions in other states.
  - PDMP up and running.
  - Acts and regulations.
  - Licensing board changes.
  - Community involvement.
- Much remains to be done:
  - Enact prescribing limits for opioid pain relievers.
  - Improve the use of the PDMP.
  - Establish evidence-based drug prevention programs.
  - Improve access to evidence-based drug addiction treatment.
  - Increased Naloxone distribution.

Recommendations

- Enact prescribing limits for opioid pain relievers.
- Use PDMP to monitor Rx drug misuse.
- Establish evidence-based drug prevention programs.
- Improve access to evidence-based drug addiction treatment.
- Expand Naloxone distribution to at-risk prescription opioid patients.

Thanks to the following individuals working in Substance Abuse Epidemiology at DOH for their efforts:

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