Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

2017 Recommendations

New Mexico's Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council is charged with reviewing the current status of prescription drug misuse and overdose prevention and pain management standards and education efforts for both consumers and professionals. It is also charged with recommending pain management and clinical guidelines. The Council was created pursuant to a revision to the Pain Relief Act in 2012 and is administratively attached to the Department of Health.

New Mexico's drug overdose death rate has been significantly higher than the national rate for many years. However, NM experienced a downturn in the drug overdose death rate and an improvement in its national ranking for overdose death in 2015. New Mexico's overdose death rate decreased approximately 7.5% from 2014 to 2015, as the number of deaths decreased from 540 to 493, the death rate declined from 26.8/100,000 to 24.8/100,000, and NM's ranking among the states improved from 49th in the nation to 43rd. The lower drug overdose death rate continued through 2016, when it remained at 24.8/100,000, with 497 deaths. Despite these encouraging changes, New Mexico's rate continues to remain substantially higher than the most recently announced provisional national drug overdose rate, which was 19.8/100,000 population reported for 2016. This represents a 21% increase over the 2015 US rate. New Mexico's drug overdose death rate is still 25% higher than the national rate.

Several factors are believed to have contributed to the improvement in 2015. One is improved prescribing. Between the third quarter of 2014 and the third quarter of 2016, the number of patients with overlapping prescriptions of opioids and benzodiazepines for at least 10 days decreased by 13% and the number of patents with overlapping prescriptions of opioids from different prescribers for at least 10 days decreased by 25%. The number of opioid prescriptions that provided 90 or more morphine milligram equivalents (MME) decreased by 13%. The number of practitioner requests for PMP reports increased by 78% in that period. The number of patients receiving buprenorphine/naloxone for at least 10 days increased by 24% in the same period. Also, hydrocodone was rescheduled by the DEA from schedule III to schedule II, effective October 6, 2014. Refills of prescriptions are allowed for schedule III drugs, but not for schedule II drugs, so prescriptions for hydrocodone written after October 6, 2014 cannot be refilled. The total amount of hydrocodone dispensed by New Mexico pharmacies (measured in MME) declined by 8.9% between 2014 and 2015, and the number of patients prescribed hydrocodone declined by 5.7% in that period.

The National Safety Council in a 2016 report, found that New Mexico was one of only four states to merit a rating of "Making Progress" in reducing overdose deaths, based on "careful evaluation of key indicators". All other states received ratings of "Lagging Behind" or "Failing". Those four states were found to be making progress in all of the areas of "mandatory prescriber education, opioid prescribing guidelines, eliminating pill mills, prescription drug monitoring programs, increased access to naloxone, and availability of opioid use disorder treatment. Two important bills were passed by the Legislature and went into effect during the past year, due to the work of DOH and various advocates. One, which went into effect January 1, 2017, requires practitioners to check the Prescription Monitoring Program database

when prescribing opioids. The other resulted in increased availability of naloxone, a medication that reverses opioid overdoses.

Recommendations

The following 2017 recommendations provided by this Advisory Council are intended to solidify and expand on work that has been accomplished to date.

1. Emergency Departments (EDs) and Hospitals should provide overdose prevention education and distribute naloxone, at discharge, to individuals and/or family members and friends of individuals who have just experienced an unintentional overdose or have an opioid use disorder, if they don't already have naloxone.

2. Emergency Departments should use Certified Peer Support Workers (CPSWs) to link individuals who have just experienced an unintentional overdose or have a substance use disorder (SUD) to recovery support services and SUD treatment.

3. Medicaid, Managed Care Organizations, and other third-party payers should increase coverage, and decrease barriers, for other evidence-based treatments to reduce pain including, but not limited to, physical therapy, chiropractic manipulation, osteopathic manipulation, acupuncture, Cognitive Behavioral Therapy, trigger-point injections, and non-opioid pain medications.

4. All NM outpatient pharmacies should submit naloxone distribution data to the New Mexico Department of Health for tracking purposes.

5. All agencies, including law enforcement, hospitals, Emergency Departments, state agencies, and community work groups, distributing naloxone should submit data on the distribution and administration of naloxone and overdose reversal data to the New Mexico Department of Health for tracking purposes.

6. The Food and Drug Administration should conduct further stability testing on naloxone products to determine feasibility of naloxone use beyond its labeled expiration date when properly stored.

7. The Human Services Department should develop and maintain a one stop clearinghouse and referral line for medication assisted treatment (MAT) availability that can be accessed by providers and patients.

8. When a patient of a Managed Care Organization, Medicaid, or other Third-Party Payer is treated and released following an overdose, the payers should work to decrease barriers to patient access to safer treatment alternatives.

9. The Federal Government should remove the waiver needed for Medication-Assisted Treatment (MAT), i.e. buprenorphine, for opioid use disorder.

10. Providers should be incentivized, through loan repayment, to provide medication-assisted treatment (MAT).

11. A person presenting to a healthcare setting and identified as having an opioid use disorder should be offered medication-assisted treatment (MAT) and referred to a provider able to start and maintain MAT.