



# Drug Overdose Prevention Community Contracts

Legislative Health and Human Services Committee Meeting 7/11/18

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# Legislative Update

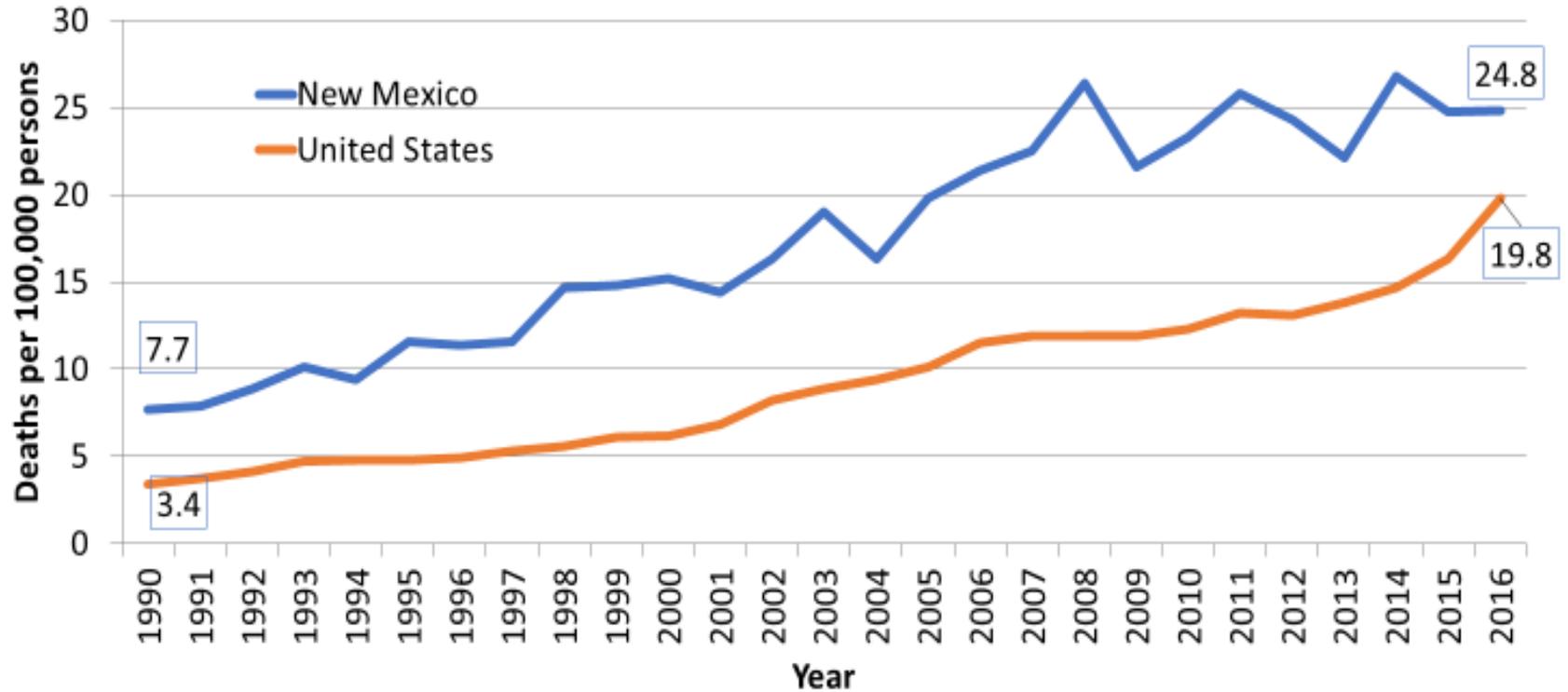
The legislature passed Senate Bill 29 in the 2018 Session. Major provisions were:

- Re-naming of the Prescription Drug Misuse and Overdose
- Prevention and Pain Management Advisory Council to expand focus from only prescription opioids to all drug overdoses.
- Expanding membership to add members from the human services department, the department of public safety, a harm reduction organization, a third-party payer, and a person who is an addiction specialist.



# Drug Overdose Death Rates

## New Mexico and United States, 1990-2016

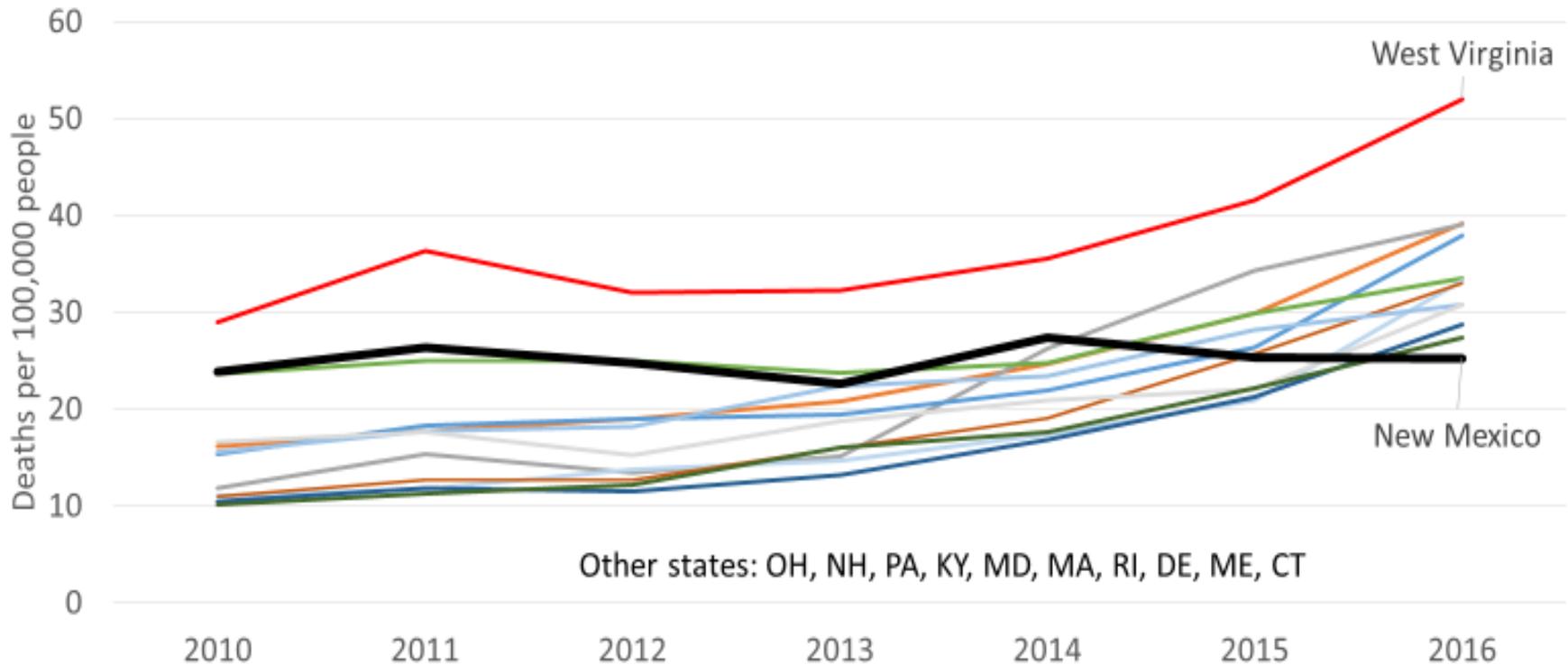


Rates are age adjusted to the US 2000 standard population

Source: United States (CDC Wonder); New Mexico (NMDOH BVRHS/SAES, 1990-1998,2016 ; NM-IBIS, 1999-2015)



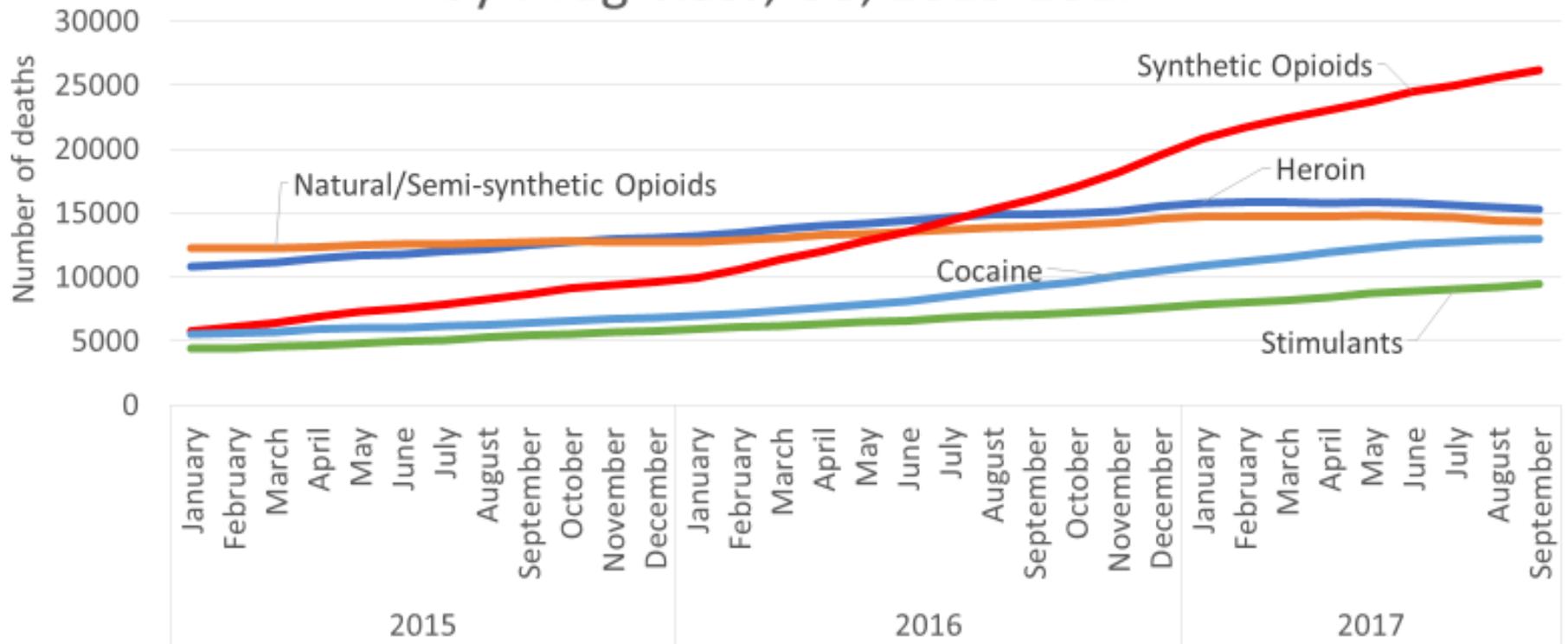
# Drug Overdose Death Rates for the 12 States with the Highest Rates in 2016, 2010-2016



Rates are age adjusted to the US 2000 standard population  
 Source: National Center for Health Statistics, CDC via CDC Wonder



# 12-month Running Total Overdose Deaths by Drug Class, US, 2015-2017



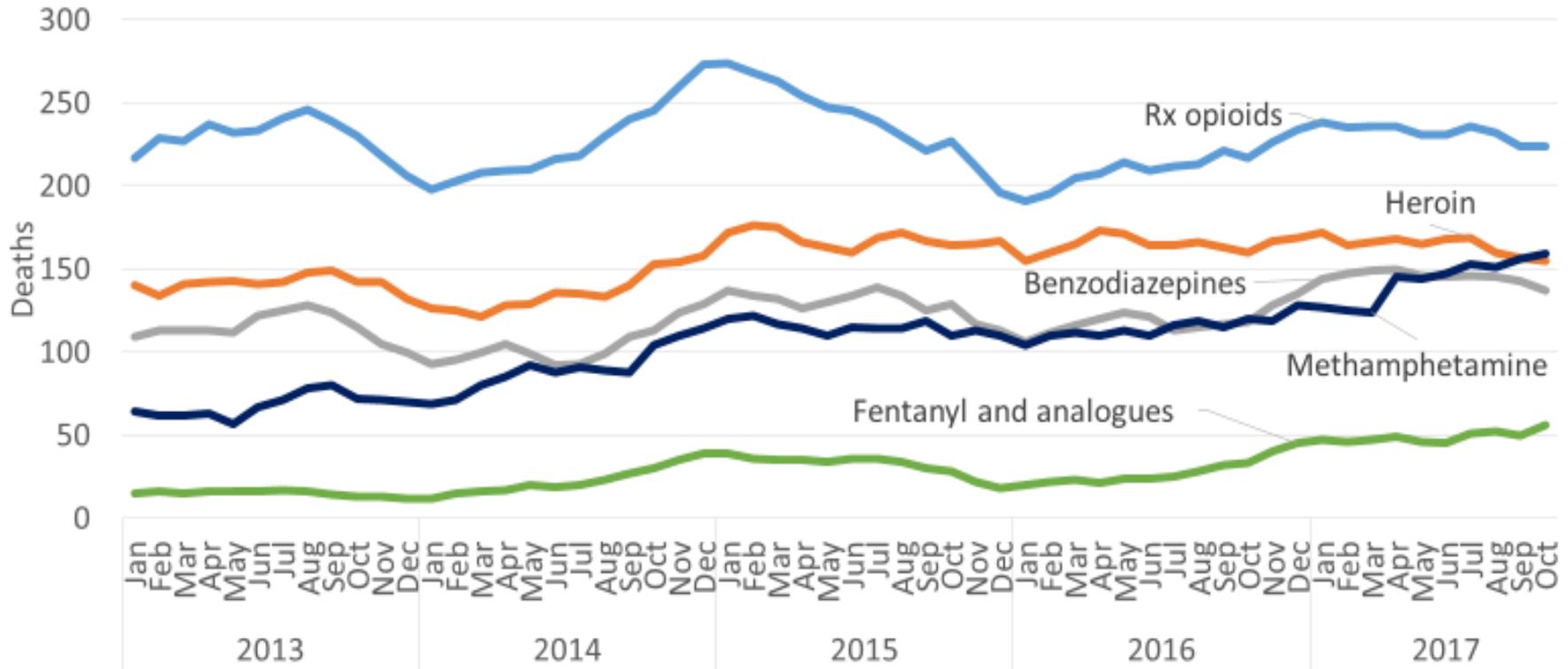
Drug categories are not mutually exclusive

Synthetic opioids excludes methadone

Source: National Center for Health Statistics Provisional Death data



# 12-month Running Total Overdose Deaths by Drug Type, NM, 2013 - October 2017

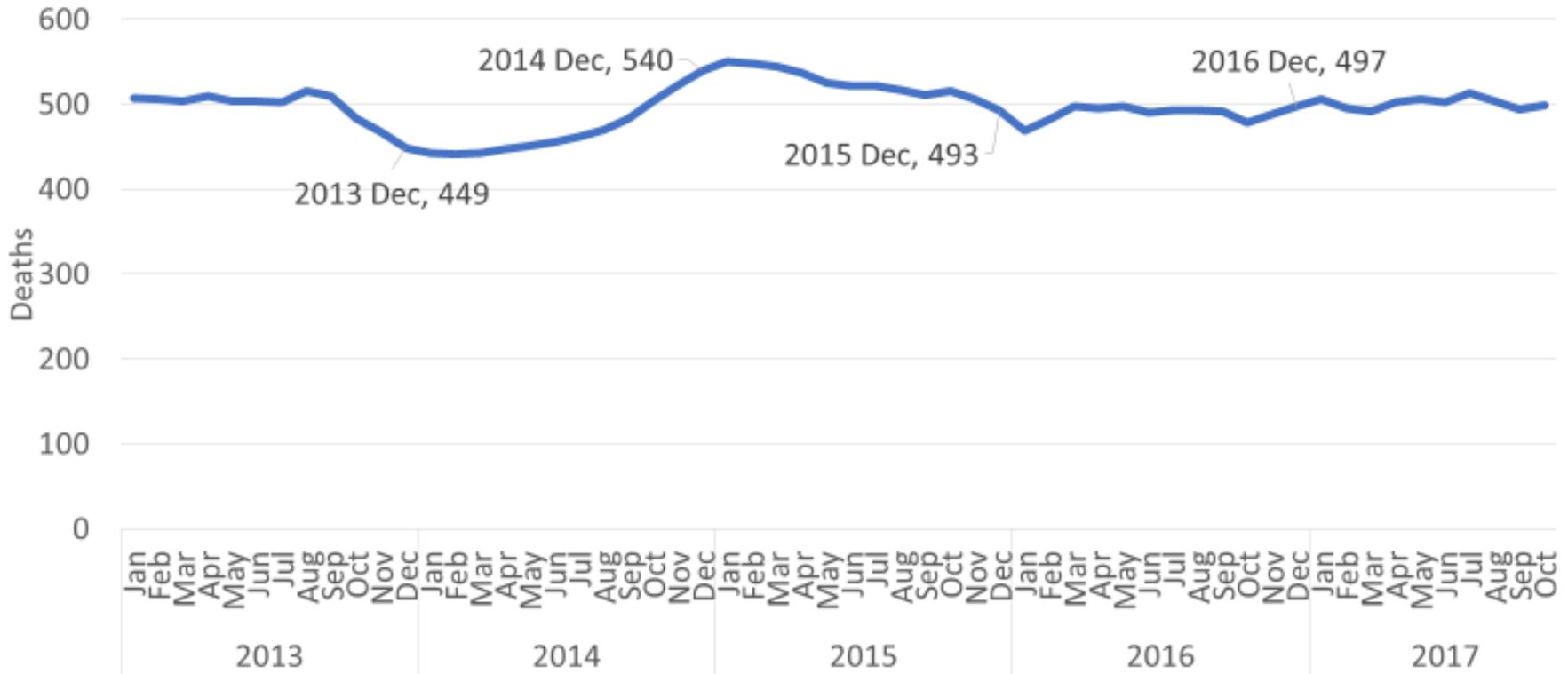


Drug categories are not mutually exclusive

Source: NMDOH Bureau of Vital Records and Health Statistics death data – 2017 provisional as of 6/15/18



# 12-month Running Total Overdose Deaths, NM, 2013 - October 2017

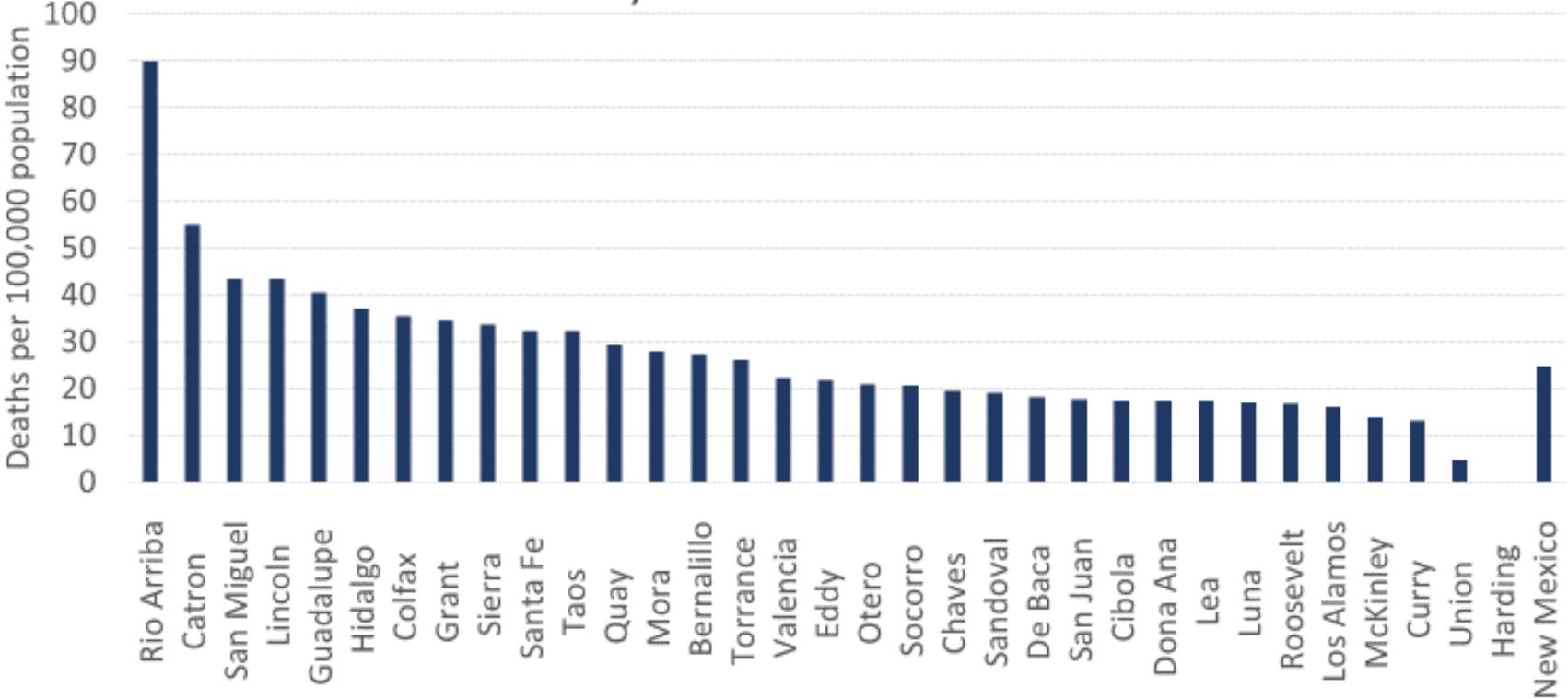


Drug categories are not mutually exclusive

Source: NMDOH Bureau of Vital Records and Health Statistics death data – 2017 provisional as of 6/15/18



# Drug Overdose Death Rate by County, NM, 2012-2016



Rates are age adjusted to the US 2000 standard population  
 Source: Bureau of Vital Records and Health Statistics, UNM/GPS population estimates



# NMDOH Prescription Drug Overdose Prevention Program

DOH is implementing three Primary Strategies, focusing on:

Improving prescribing practices:

- The legislature passed SB 263 in 2016, which provided for compliance with minimum Prescription Monitoring Program use requirements.

Increasing access to naloxone:

- The legislature also passed SB 262 in 2016, which allows for use of standing orders for dispensing naloxone, and which also provided relief from criminal liability in association with naloxone, which is the drug that reverses opioid overdose.

Improving availability of treatment:

- Federal regulations concerning the number of patients who could be provided medication-assisted treatment resulted in increases in the number of people being served in 2017.



# Improving Prescribing Practices

Take advantage of individual Academic Detailing opportunities or educational workshops for local prescribers.

- DOH will have contracts to do this, and has had one with UNM Department of Family and Community Medicine. Is currently issuing a Request for Proposals to find additional possible contractors.
- Promote co-prescribing naloxone with opioids for high-risk patients including those who may be using heroin.
- Encourage hospital emergency departments to adopt recommended prescribing practices.



# Increasing access to naloxone locally

Community contractors:

- Encourage local pharmacies to dispense naloxone with or without prescriptions.
- Encourage providers and/or provider groups to co-prescribe naloxone with prescription opioids.
- Encourage hospital emergency departments to provide naloxone to patient after non-fatal overdoses



# Improving Availability of Treatment for Drug Use Disorder

Community partners:

Inform local prescribers of opportunities and procedures by which to become Medication-Assisted Treatment providers.

Encourage local prescribers to become MAT providers and increase capacity (i.e., patient loads).



# Community Partners:

Convene monthly multidisciplinary meetings including:

- Health Care Providers
- Local Government
- Law Enforcement
- Substance Abuse Treatment Providers
- Health Care System Representatives
- Pharmacies
- Advocates
- Community Leaders
- DOH Programmatic Staff
- Others



# Multi-disciplinary Workgroups:

Conduct strategic planning and responses to prescription drug misuse and overdose.

Improve prescribing practices including use of Prescription.

Monitoring Program and co-prescribing of naloxone with prescription opioids.

Promote availability of naloxone in pharmacies and encourage police carry- and administer efforts.

Promote establishment of treatment opportunities, i.e., medication-assisted treatment.

Work with correctional facilities to provide treatment of inmates during incarceration, naloxone upon release, and treatment after release.



# High-burden Communities are Funded to Implement the Three Strategies Locally.

- Traditional High Risk/High-Burden Counties

Taos  
Rio Arriba  
Santa Fe  
Bernalillo

- Funding was and continues to be used to support and enhance the work of pre-existing working groups.



# Counties with newer Community Partner Participation

Otero  
San Miguel  
Mora  
Dona Ana  
Sierra  
Chaves  
Torrance

Most will have 2019 contracts; others may not.



# Promising Counties for Future Partnerships:

McKinley

San Juan

Eddy

Curry

Hidalgo



# Expansion to Additional Counties - Considerations

- Burden of Overdose
  - Death Rates
  - Numbers of Deaths
- Local Capacity to Intervene
  - Potential contractors that can do the work are sought.



# Effectiveness of Community Contracts

Community Groups have been successful at:

- Increasing the number of pharmacies stocking naloxone in most counties with community contracts.
- Working with county detention centers to provide naloxone upon release and referral to treatment.
- Increasing local awareness of the issue of overdose, decreasing stigma, informing communities about prevention, and mobilizing other local groups to try to confront the overdose issue.
- Increasing the availability of local medication-assisted treatment.
- Encouraging improved provider training.



# Thank You! Questions?

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