

# **A COORDINATED REGULATORY AND EDUCATIONAL APPROACH TO THE PUBLIC HEALTH CRISES OF CHRONIC PAIN AND ADDICTION**

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## **NEW MEXICO- PRESCRIPTION DRUG AND HEROIN OVERDOSE**

- 2016- # 2 for opioid-related overdose deaths
- Diversity includes: Hispanics and American Indians-with 29 pueblos and much of the Navajo Nation
- Increasing heroin and fentanyl-laced oxycodone deaths throughout the state now due to illicit manufacturing
- Many deaths combined with alcohol and other illicit drugs, such as cocaine and methamphetamine




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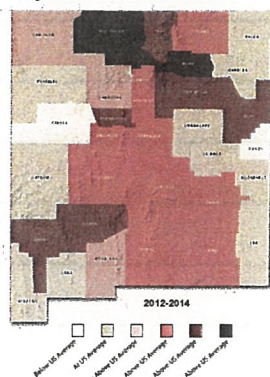
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Drug Overdose Death Rates in New Mexico




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### BOTTOM LINE UP FRONT

- Mandated Best Practices Pain and Addiction Education (CME)
- Robust Use of Prescription Drug Monitoring Program
- Wider Distribution and Publicity re: Harm Reduction Measures (Naloxone)
- Medication Assisted Treatment (to be discussed this afternoon)




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### MANDATED CONTINUING EDUCATION

- NM 2012 (SB 215) - Mandated Continuing Education specific to Pain and Opioid Substance Disorder for *all clinicians with prescriptive authority*
- Positive effects on dispensing of high dose opioids, benzodiazepines, and overdose deaths
- Indian Health Service began mandated trainings- January 2015- 3,000 clinicians now trained.
- October 2015, President Obama issued Memorandum, "All Clinicians working in federal facilities must have documented best practices training in pain and addiction"




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### NEW MEXICO -MARCH 2016

#### Legislation Passed

1. PDMP usage upon initial prescription (if more than 4 days) and every 3 months thereafter
2. Naloxone Standing Order- making Naloxone available *without* a prescription for those who need it




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### UNIVERSITY OF NEW MEXICO PAIN COURSES

Topics included:

1. Overview of opioid overdose crisis nationally and statewide
2. Use of Non-Opioid Medications (and other non-pharmacological treatments) for pain management
3. Identification of Patients at risk for opioid substance use disorder, misuse, diversion
4. Pediatric/Adolescent Pain Management
5. Federal and State Laws pertaining to controlled substances and PDMP
6. Naloxone as Harm Reduction Measure

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### UNM PROJECT ECHO CURRICULUM 2014-2015

TELECHO™ CHRONIC PAIN AND ADDICTION CURRICULUM 2014-2015 8-WEEKS

Week	Topic	Facilitator	Guest
Week 1	Overview of Chronic Pain and Addiction	Dr. [Name]	Dr. [Name]
Week 2	Non-Opioid Medications	Dr. [Name]	Dr. [Name]
Week 3	Identification of Patients at Risk	Dr. [Name]	Dr. [Name]
Week 4	Pediatric/Adolescent Pain Management	Dr. [Name]	Dr. [Name]
Week 5	Federal and State Laws	Dr. [Name]	Dr. [Name]
Week 6	Naloxone as Harm Reduction Measure	Dr. [Name]	Dr. [Name]
Week 7	Case Studies	Dr. [Name]	Dr. [Name]
Week 8	Summary and Review	Dr. [Name]	Dr. [Name]

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GOVERNMENT, LAW, AND PUBLIC HEALTH PRACTICE



## The Public Health Crises of Chronic Pain and Addiction

### Rules and Values: A Coordinated Regulatory and Educational Approach to the Public Health Crises of Chronic Pain and Addiction

James S. Aakhus, MD, MPH, George D. Conway, MD, Michael Lander, MD, MPH, Larry Loring, RN, Steven M. Jankovic, MD, MS, Stephen Arora, MD, Barbara Kishimoto, PhD, Lisa Malt, MD, Chris Carandina, MD, David Dugg, DO, MSA, Jennifer Oliver, MD, Eugene Kohnen, MD

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GOVERNMENT, LAW, AND PUBLIC HEALTH PRACTICE

## Evaluation of American Indian Health Service Training in Pain Management and Opioid Substance Use Disorder

James C. Kucmar, MD, MPH, Chris Lee, PhD, Sarah Blum, MD, Nina Gendron, MD, John Lough-Schultz, PhD, George C. Conway, MD, Christopher Camacho, MD, Lisa Malt, MD, Robert Moore, RN, Stephen Arora, MD, MHP, Andrea Paulson, MS, Phoebe Taylor, MD, Jami Dillow, MD, and Susan Paul, MD

We measured the fidelity of a collaboration between the Indian Health Service and academic medical centers to address the high rates of unintentional drug overdoses in American Indian/Alaska Natives. In January 2015, the Indian Health Service became the first federal agency to mandate a group of pain and opioid substance use disorder for all prescribing clinicians. More than 1,300 Indian Health Service clinicians were trained in a 3-part, 1-hour curriculum specific to pain and addiction.

We noted positive changes in pain and addiction knowledge, self-efficacy, and attitudes as well as thematic responses showing the trainings to be comprehensive, interactive, and competent.

Am J Public Health. 2016;106(5):823-828.

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## INDIAN HEALTH SERVICE ECHO PAIN AND ADDICTION "ESSENTIAL TRAININGS"

- The Indian Health Service began ECHO Pain/Addiction July 2013
- The Indian Health Service began "Essential Trainings" in Pain and Addiction for all prescribing clinicians in their Federal agency.
- From Jan 2015-present, IHS require 5 hours of mandated pain and addiction training (Module 2) via adobe connect format
- Over 3,000 clinicians have taken the training and 10,000+ no-cost CMEs have been awarded

Am J Public Health- 2016 May

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## NALOXONE AS HARM REDUCTION MEASURE

- Good Samaritan Law, New Mexico- first in U.S. (2007)
- Standing Order, New Mexico- 2016
- Most beneficial locations:  
Law Enforcement  
Medication Assisted Treatment Facilities  
Syringe Exchange Programs  
Close to High Risk Patients  
(But, who is High Risk?)




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Substance Abuse



ISSN: 0889-7077 (Print) 1547-0164 (Online) Journal homepage: <http://www.tandfonline.com/doi/10.1080/08897077.2016.1179704>

### Co-prescription of Naloxone as a Universal Precautions Model for Patients on Chronic Opioid Therapy - Observational Study

Mikiko Y. Takeda PharmD, MS, Joanna G. Katzman MD, MSPH, Ernest Dole PharmD, Melissa Heinz Bennett MPH, Amal Alchbli MD, Daniel Duhigg DO, MBA & Howard Yonas MD

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## UNM ASAP NALOXONE STUDY

- Universal Precautions Protocol
- Co-prescription of naloxone with education to patients on methadone or suboxone for opioid substance use disorder
- This two year study began April 1, 2016
- Results to date:  
▪ 296 patients enrolled  
▪ 48 reported overdose reversals
- Conclusion: For every 100 patients enrolled, 16 lives have been "rescued/saved in the community thus far".




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## REFERENCES

- Katzman, JG, Comerici, C, Landen M, et al. Rules and values: a coordinated regulatory and educational approach to the public health crises of chronic pain and addiction. *Am J Public Health*. 2014 Aug, 104 (8):1356-62.
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- Harris JM, Fulginiti JV, Gordon PR, et al. Know Pain 50: A tool for assessing physician pain management education. *Pain Med*. 2008;9(8):542-54.
- Presidential Memorandum: Addressing Prescription Drug Abuse and Heroin Use. Accessed March 26, 2016. <http://www.Whitehouse.gov>
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