

## **New Mexico Overdose Prevention and Pain Management Advisory Council**

### **2018 Recommendations**

New Mexico's Overdose Prevention and Pain Management Advisory Council is charged with reviewing the current status of 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. The Council's name and membership were modified in 2018 pursuant to Section 24-2D-5.2 NMSA 1978.

New Mexico's drug overdose death rate has been significantly higher than the national rate for many years. However, NM has experienced a downturn in the drug overdose death rate and an improvement in its national ranking for overdose death since 2014. New Mexico's drug overdose deaths decreased approximately 9% from 2014 to 2017 (decreased from 540 to 491), and the death rate declined from 26.8/100,000 to 24.6/100,000. NM's ranking among the states improved from 49<sup>th</sup> in 2014 to 34<sup>th</sup> in 2017. Despite these encouraging changes, New Mexico's rate remains 13% higher than the national drug overdose rate, which was 21.7/100,000 population in 2017.

Several factors are believed to have contributed to the improvement since 2014. One important factor is improved prescribing. Between the third quarter of 2014 and the third quarter of 2018, the number of patients with overlapping prescriptions of opioids and benzodiazepines for at least 10 days decreased by 39% and the number of patients with overlapping prescriptions of opioids from different prescribers for at least 10 days decreased by 49%. The number of opioid prescriptions that provided 90 or more morphine milligram equivalents (MME) decreased by 37%. The number of practitioner requests for Prescription Monitoring Program (PMP) reports tripled in that period. The number of patients receiving buprenorphine/naloxone for treatment of opioid use disorder for at least 10 days doubled 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 could not be refilled.

According to the National Safety Council's 2018 report, New Mexico was one of two states that met all six of their key actions for ending the opioid crisis. New Mexico was also one of only 13 states that received an "Improving" rating. In contrast, 29 states received a "Lagging" rating, and 8 states received a "Failing" rating. These six key actions are: "mandating prescriber education, implementing opioid prescribing guidelines, integrating prescription drug monitoring programs into clinical settings, improving data collection and sharing, treating opioid overdose, and increasing availability of opioid use disorder treatment". New Mexico continues to show improvements in these areas thanks to the coordinated efforts of many stakeholders (such as state agencies, public and private organizations, and universities) and with the support of the legislature and the Governor.

## Recommendations

The following 2018 recommendations provided by this Advisory Council are intended to solidify and expand on work that has been accomplished to date.

1. Support possible legislation for UNM Health Science Center Pain Management and Extension for Community Healthcare Outcomes (ECHO) staffing, stabilization of program support and expansion.
2. The Human Services Department should seek legislation requiring, rather than permitting, the Medicaid Managed Care Organizations to pay for pain management by chiropractic and naprapathic physicians.
3. Medical provider boards should adopt the Benzodiazepine Prescribing Guidelines developed and approved by the Council.
4. Naloxone should be distributed to individuals upon release from criminal justice settings. The statutory requirement that distribution of naloxone to individuals upon release from criminal justice settings be contingent on "agency funding and agency supplies of naloxone " should be eliminated.
5. Naloxone should be made available to patients during and after their participation in opioid treatment programs. Opioid treatment programs should facilitate this. The statutory requirement that distribution of naloxone to individuals in detoxification treatment or maintenance treatment settings be contingent on "agency funding and agency supplies of naloxone" should be eliminated.
6. Naloxone should be distributed by law enforcement officers to individuals who have experienced opioid overdose or who are at risk for opioid overdose. The provision that distribution of naloxone by law enforcement officers be dependent on "agency funding and agency supplies of naloxone" should be eliminated.
7. Dedicated and trained academic detailers should be deployed across New Mexico to assist providers with patients who receive opioids and/or benzodiazepines.
8. Medical care provider licensing boards should include appropriate benzodiazepine education within requirements for chronic pain education.
9. The New Mexico Human Services Department should expand opportunities to treat methamphetamine use disorder including all American Society of Addiction Medicine (ASAM) levels of care.
10. Prior authorization should be required for mono-buprenorphine products for Opioid Use Disorder patients except for pregnant women.
11. Hospitals and their emergency departments should screen for substance use disorder among patients who are treated and/or admitted with confirmed, suspected, or risk of substance use disorder.