# Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council 2015 Recommendations

The Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council was created by a revision to the Pain Relief Act in 2012. One of the main purposes of the Council is to develop recommendations to reduce drug overdose and improve chronic pain management. The Council was inclusive in its consideration of best practices to aim for in New Mexico. Some recommendations may not be immediately feasible due to cost or other constraints, but many of the recommendations are low-cost or no-cost and could reasonably be implemented with existing resources.

New Mexico's drug overdose death rate has been significantly higher than the national rate for many years. Since 2011, New Mexico's rate increased 2%, ranking second among states in 2014. The U.S. rate increased 11%, during the same period. New Mexico's rate remains higher than the national rate, with 26.4 deaths per/100,000 population reported in 2014.

In New Mexico, the drug overdose death rate increased almost 250% between 1990 and 2008, initially due to heroin drug overdose death but more recently due to dramatic increases in prescription drug overdose death, particularly due to opioids. The drug overdose death rate has remained high since 2008, although there has been considerable variability from year to year. Similarly, sales of prescription opioids increased steadily over the past decade. Between 2001 and 2011, for example, oxycodone sales (in grams) in New Mexico increased 330%, and have declined by 11% from 2011 to 2014. Data from the New Mexico Prescription Drug Monitoring Program show a 5.5% decrease in total Morphine Milligram Equivalents (MME) of opioids per population, excluding buprenorphine, dispensed between 2011 and 2014.

The national review of state prescription drug misuse prevention policies, published by Trust for America's Health in October of 2013, found that New Mexico was one of only two states that had in place all 10 recommended policy indicators: Prescription Monitoring Program (PMP); mandatory utilization of the PMP; doctor shopping laws; Medicaid eligibility expansion under the Affordable Care Act; prescriber education; Good Samaritan law; support of rescue drug [naloxone] use; physical exam requirement prior to opioid prescription; ID requirement to fill opioid prescription; and pharmacy lock-in programs under the state Medicaid Plan. Additionally, in 2014 New Mexico allowed pharmacists to prescribe naloxone to anyone at risk, or around people at risk, of overdosing with opioids. Also that same year, Medicaid started covering the cost of naloxone, emergency first responders were authorized to carry it, and all licensing boards established rules on the use of the PMP by their licensees. In late 2015, the Department of Health received a 4-year grant from the CDC to support work to reduce prescription drug overdose death and injury.

Some of these policy initiatives are new and their reach and impact will be measured over the next several years. Neither physician prescribing practices nor consumer demand for painkillers have changed dramatically since many of the policies were instituted, and death rates continue to be high. The following 2015 recommendations provided by this Advisory Council are intended to solidify and expand on work that has been accomplished to date.

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## 2015 Recommendations

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| **PRESCRIBING BEHAVIOR** | The Prescription Monitoring Program (PMP) should indicate if a prescription has remaining refills for a controlled substance. |
| | The Prescription Monitoring Program (PMP) should indicate if a prescription has remaining refills for a controlled substance. The NM Board of Pharmacy should issue e-mail alerts to providers about a specific patient when their patient who is using opioids is in the top 1% of patients for the number of prescribers and/or pharmacies used |
| | Ongoing continuing education should be offered in the area of pain management, dosing recommendations or guidelines, utilization of the PMP and monitoring recommendations. |
| | Support efforts of the Board of Pharmacy to provide Risk Indicator Reports, based on analysis of the Prescription Monitoring Program identifying a patient who has reached thresholds known to increase the risk of overdose death that are automatically generated and sent to a provider as a document. |
| | Efforts by the Board of Pharmacy and New Mexico state government resources should be directed to further automate the PMP reporting function so that it can be readily accessed through provider electronic medical records, similar to the way lab results are often accessed. |
| | All licensing boards should require a mandatory Prescription Monitoring Program check for any opioid prescription. |
| | Health care provider boards shall enforce existing regulations with respect to the PMP and be provided budgetary resources to do so. |
| | Any practitioner prescribing an opioid analgesic for a patient where the anticipated duration of therapy is greater than 10 days should co-prescribe naloxone for opioid overdose rescue use. The patient's closest family member or close friend should be educated on the use of naloxone for overdose rescue. |
| | Residents, federal providers, and any other licensed health care providers working in NM who may not have a NM license should have access to the PMP. |
| | The BOP should clarify in the pharmacist prescribing protocol that pharmacists may prescribe naloxone to family members and acquaintances of persons at risk of an opioid overdose. |
| **NALOXONE ACCESS** | All retail pharmacies in NM should stock naloxone for rescue use, be able to prescribe, and should receive reasonable reimbursement for the service. |
| | All insurers should adequately cover the cost of naloxone for rescue use and education on appropriate use for the individual at risk. |
| | Utilization of pharmaceutical manufacturers' patient assistance programs for naloxone should be encouraged. |
| | Financial incentives should be made available to primary care providers and clinics that offer buprenorphine treatment for opioid use disorder. |
| **SUBSTANCE DISORDER TREATMENT** | Community health workers should be trained to act as a liaison between patient and clinic, and to support office-based addiction treatment. |
| | Practical ongoing education should be provided to health care providers about addiction. |
| | Develop a network of support from addiction specialists and counselors to help the PCP and to improve the patient's chances of success. |
| | Insurance payers, state government, medical community, and DATA-waived physicians should support the availability, provision, and reimbursement of psychosocial treatment services for individuals receiving medication assisted opioid treatment (e.g. buprenorphine), and individuals with substance abuse disorders. |
| | The Legislature should appropriate $1.9 million for operations of the UNM Pain Center pursuant to a request by the University of New Mexico. |