

New Mexico Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

March 24, 2017

1:30 PM to 3:30 PM

Scientific Laboratories Building
Albuquerque, NM

NOTES

- I. Introductions and Review of Agenda – Mike Landen, DOH
- II. Review of November 18, 2016 Advisory Council Meeting Minutes – Mike Landen, DOH- APPROVED
- III. Report on legislative session
 - a. HB170 [Rep. Armstrong]: PMP & oncology exemption – Shelley Bagwell, BOP
Discussion: Asking for an exemption for oncology practitioners (nursing facility and hospice included) did not pass in the judiciary committee because “it seemed like a step backward” and it’s “not a big deal” to have to use the PMP. “Opioid patients are just as prone to abuse and just as at risk”.
 - b. HB370 [Reps. Sarah Maestas Barnes and Rebecca Dow]: patient education and naloxone prescriptions – TBD
Discussion: Requires medical assisted treatment programs to provide naloxone programs (education about naloxone as well as providing naloxone), as well as inmate programs needing to have a naloxone program. It passed but with the caveat of “If they don’t have funding, they don’t have to do it”. It was a good fight and brought some attention to the topic. We may be able to see if it makes a difference for those entities that do enact the naloxone program.
 - c. SB16 [Senator Soules]: Patient education and naloxone prescription – Mike Landen, DOH
Discussion: Didn’t pass. Would have required providers to discuss naloxone to their patients who receive opioid prescriptions. Maybe the requirement would have been too much rather than each time the provider writes an Rx that they’re required to edu on naloxone. Plus pharmacists already discuss naloxone (?). Previously, SB 28&29 which required “informed consent” and didn’t pass because their requirement is too cumbersome for providers to have to do for every patient. Will keep it on the radar.
 - d. SB47 [Sen. Martinez]: Provide further immunity to persons who seek medical assistance in cases of alcohol or drug overdose – TBD
Discussion: Passed. This really took our “good Samaritan” law and upgraded it and added “alcohol” to it. People on parole or probation are told they are not allowed to associate with people who use alcohol or drugs.
 - e. Legislative process and the Advisory Council – Mike Landen, DOH
Discussion: How can this group be more helpful? The next session is a budget session and depending on our timing (Nov/Dec), inviting legislators to attend, we can discuss where NM sits with considerations on policies in these areas. One suggested it should be done sooner (AUG), another suggested we make it more known what the Opioid Council actually does and get the information out, “get the products of this council disseminated out”. Another suggestion is to have the council present at the interim session. We will aim for both.
- IV. Update on Data- Source DEA ARCOS Data
 - a. 2015 Overdose deaths and rate – Jim Davis, DOH
Discussion: The US rates 16.3. NM is 24.8. We are 1.5x the national rate. Good news we have dropped from 2nd to 8th. NH has gone from a rate of 12 to a rate of 35 in 2 years, mostly due to illicit Fentanyl. It is a white powder which mixes well with white powder heroin, which they have on the west coast. We have black tar heroin here. It really hasn’t yet in a problem in NM. OH, PN, RI has all passed us. Rx opioid deaths is stable and perhaps decreasing some. Heroin is trending up slowly. Meth death rate has quadrupled.
 - b. Prescribing and Sales data (DEA) – Jim Davis, DOH

Discussion: Only schedule II. Sales (what the pharmacy is buying), buprenorphine has exceeded sales in morphine according to MME and actually has oversold oxycodone. Pharmacy methadone is declining is down more than half. Sales to treatment programs has increased 3x since 2011.

- c. Prescription Monitoring Program data (preliminary 4th Quarter 2016) – Jim Davis, DOH
Discussion: PMP shows the number of overlapping Rx (>10 days) for opioids and benzos has decreased over the past year approx 5700 patients (opioids) to approx 4900. There has been some decrease in overall MME Rx for opioids but not benzos. Long term opioid use is stable, and is >50k users in NM. Subzone: >110 providers and 4700 patients in NM will see if the passing of the CARA act increases this. Patients with multiple prescribers and pharmacies has decreased over the past year, by approx 4800 to 3800 patients in NM.
 - d. Evaluation: Prescriber Feedback Report Survey Results (3rd Quarter 2016) – Kathryn Lowerre, DOH
Discussion: >30% Responders reported it was very useful and very accurate. Rural NP's responded most favorably to the PMP compared to all the other board specialties, urban vs rural.
 - e. Naloxone data – Luigi Garcia-Saavedra, DOH
Discussion: (based on Medicaid data) Has gone from #68 in the 4th quarter 2015 to #524 in the second quarter in 2016. Since though, there was a decrease to #272 for the 4th quarter in 2016. Naloxone has a shelf life of 2 years.
 - f. Medication Assisted Treatment (MAT) – Valerie Fisher, HSD
Discussion: There are 15 certified treatment programs in NM, they are certified to operate by the DEA, SAMSA, ect. One is a "courtesy dosing clinic" which means any inmates who are admitted must be assigned to a clinic prior to their incarceration and then they will maintain their dose. They are also looking at inducing inmates who would be new to MAT. All do dispense methadone as their primary. There are only 3 programs in the state that dispense suboxone. There are about 5,300 patients in NM.
- V. Public education/media campaign – Evonne Gantz, DOH
Discussion: \$200k Grant granted for public edu and media campaign for Rx opioids mostly focused on the opioid side, dangers of misuse, diversion. Managing expectation of expectations and looking at alt pain management treatment. Multimedia efforts will be done, mostly in ABQ.
- VI. SAMHSA grants – Karen Cheman, HSD
Discussion: "A dose of reality" media campaign, prevent Rx opioid overdose and misuse aimed at 12-25 yo. Targeted reducing Rx misuse of teens. That funding ran out, reduced the amount of money given. \$371 for 5 years, target pop is Bernalillo County, campaign efforts are focused on 12yo and up, focusing on Rx drug misuse, will develop website which will provide a lot of resources and info. It will be combined with another grant and efforts aimed at 18yo and up, purchase and distribution of naloxone in multiple counties. There are numerous grants currently in effect, mostly targeting naloxone programs and education for prescribers and patients.
- VII. "Opiate Sparing: Medical cannabis programs and opioid analgesic overdose mortality in the United States" – Leslie McAhren, MFA, FF1, EMT, MPH-in progress
Discussion: There is a lot of data published regarding using cannabis for chronic pain. Bachher, Medical cannabis laws and opioid analgesic overdose mortality in the US says states with cannabis laws can reduce mean annul opioid overdose deaths by 25%. lesliegm@icloud.com
- VIII. Action Items – Mike Landen, DOH
- a. Future topics for 2017:
 - i. Treatment resources
 - ii. Email Evonne Gantz with suggestions
- IX. Next Meeting – Mike Landen, DOH
May 19th, 1330 Scientific Laboratories