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MEDICATION ERROR REPORTING

- **Critical in preventing future medication errors**
- **Most Boards of Pharmacy require hospital & medical facilities (including pharmacies) to report med errors**
- **NMBOP requires reporting of significant adverse drug events**

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16.19.25 ADVERSE DRUG EVENT

- **Incident** - a drug that is dispensed in error, that is administered and results in harm, injury or death
- **Harm** - temporary or permanent impairment requiring intervention

The Pharmacist in Charge shall:

- A. Develop and implement written **error prevention procedures** as part of the Policy and Procedures Manual.
- B. **Report incidents**, including relevant status updates, to the Board on Board approved forms within fifteen (15) days of discovery.
 - "Significant Adverse Drug Event Reporting Form"

The Board shall:

- A. Maintain **confidentiality** of information relating to the reporter and the patient identifiers.
- B. Compile and publish, in the newsletter and on the Board web site, report information and **prevention** recommendations.
- C. Assure reports are used in a constructive and non-punitive manner.

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MEDICATION ERRORS

- **BOP receives sworn Complaints Alleging Misfilled Prescriptions.**
- **Not generated from Adverse Drug Event Reports.**
- **Most of these would not have occurred if the pharmacist complied with BOP requirements for:**
 - **Prospective Drug Review**
 - **Counseling**

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Prospective drug review

(1) Prior to dispensing any prescription, a **pharmacist** shall review the patient profile for the purpose of identifying:

- (a) clinical abuse/misuse;
- (b) therapeutic duplication;
- (c) drug-disease contraindications;
- (d) drug-drug interactions;
- (e) incorrect drug dosage;
- (f) incorrect duration of drug treatment;
- (g) drug-allergy interactions;
- (h) appropriate medication indication.

Source: NMAC 16.19.4.16 (D)

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ONLY THE RPh CAN COUNSEL

All clerks and technicians are taught that if there is a question regarding a prescription, the RPh (or intern) must take the question.

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MEDICATION ERROR REDUCTION: PATIENT COUNSELING

Patients need to know:

- The name of the medication
- How to take it
- What it's for
- If the medication looks different, talk to the pharmacist

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm096403.htm>
accessed 6/3/16

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PATIENT COUNSELING

➤ **Estimate:** half of medication-related deaths could have been prevented by appropriate and timely counseling.*

➤ **Show** the patient the drug while asking:

- 1) Tell me what you take this drug for?
- 2) Tell me how you take the medication?
 - how often, and
 - directions for taking the medication

http://www.uspharmacist.com/continuing_education/ceviewtest/lessonid/105916

*Abood RR. Errors in pharmacy practice. *US Pharm.* 1996;21(3):122-130.

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REMEMBER THE PATIENT

• **Patients provide a major safety check**

- Counseling – not a “veiled offer”
- Wrong patient errors: Not opening the bag at the point of sale
- Risk of dispensing a correctly filled Rx to the wrong patient at POS – about 6 per month per (community) pharmacy

<https://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=91>, 10/9/2014, accessed 6/3/2016

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“To Err is Human”

Building a Safer Health System

• the majority of medical errors are caused by faulty systems, processes, and conditions that:

- lead people to make mistakes
- fail to prevent mistakes

When an error occurs, blaming an individual does little to make the system safer and prevent someone else from committing the same error.

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When an error occurs

- Be compassionate
 - ISMP persistent safety gaffe #4 respond with empathy and concern
- Evaluate and address medication use system issues
 - Root cause analysis

<https://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=91>

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Root cause analysis (RCA):

- Process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or risk of occurrence of a sentinel event.
- Focus is on systems and processes, not individual performance
- Identifying root causes illuminates significant, underlying, fundamental conditions that increase the risk of adverse consequences.
- RCA facilitates system evaluation, analysis of need for corrective action, tracking and trending

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Table 1. Basic Questions to Answer During RCA

1. What happened?
2. What normally happens?
3. What do policies/procedures require?
4. Why did it happen?
5. How was the organization managing the risk before the event?

* Source: NH Board of Pharmacy newsletter March 2013

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Case Study:

- Patient experienced sudden **shortness of breath, chest pain (breathing worsened pain), dizziness, lightheadedness, anxiety and heart palpitations**
- Patient went to ER, treated for a submassive pulmonary embolism.
- Admitted and Discharged after 5 days with prescriptions for atorvastatin 80 mg, Toprol XL 25 mg, lisinopril 5 mg and apixaban (Eliquis) 5 mg
- Hospital sent Rx's electronically to pharmacy

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• Case Study continued:

- Pharmacist dispensed medications and counseled patient.
- Patient received an automated message that a prescription was ready 5 days later.
- Went to pharmacy and received apixaban prescription. Claimed not aware of apixaban Rx.
- Physician upset and contacted pharmacy about delay. RPh said did not dispense apixaban because did not have full quantity to fill Rx and patient said he would wait.

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• Case Study continued:

- Pharmacist's actions appropriate? Was this a misfilled prescription?
- Does patient have enough knowledge of medications to know which are critical? What does the pharmacist have?
- Pharmacist's other options.
- - Partial fill...what else?

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New England Compounding Center (NECC) – Framingham, Massachusetts

- 753 patients were diagnosed with fungal meningitis after receiving injections of NECC's preservative free MPA (methylprednisolone acetate). Out of 753 patients, 64 patients in nine states died
- December 17, 2014 – United States attorney's office charged owner and head pharmacist Barry J. Cadden, and Glenn A. Chin, a supervisory pharmacist, with 25 acts of second-degree murder in seven states
- Twelve other individuals, all associated with NECC, were charged with additional crimes including racketeering, mail fraud, conspiracy, contempt, structuring, and violations of the Food, Drug and Cosmetic Act. (6 other pharmacists, 2 owners and 1 unlicensed technician)

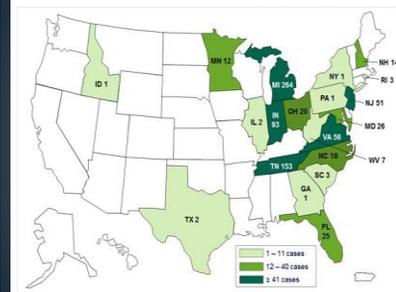
<https://www.justice.gov/usao-ma/pr/owner-new-england-compounding-center-sentenced-racketeering-leading-national-ide-fungal>

<http://www.cdc.gov/hai/outbreaks/clinicians/index.html>

<https://www.justice.gov/opa/pr/14-indicted-connection-new-england-compounding-center-and-nationwide-fungal-meningitis>

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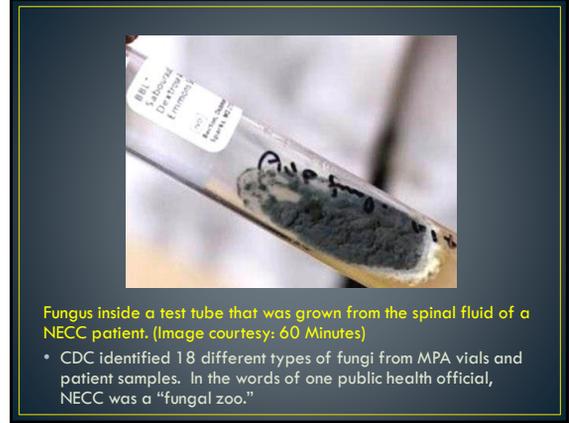
Persons with Fungal Infections Linked to Steroid Injections, by State



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Fungus inside a test tube that was grown from the spinal fluid of a NECC patient. (Image courtesy: 60 Minutes)

- CDC identified 18 different types of fungi from MPA vials and patient samples. In the words of one public health official, NECC was a "fungal zoo."

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Cadden directed and authorized the shipping of contaminated MPA to NECC customers nationwide - before test results confirming their sterility were returned, never notified customers of nonsterile results, and compounded drugs with expired ingredients.

Cadden claimed to be dispensing drugs pursuant to valid, patient-specific prescriptions. In fact, NECC routinely dispensed drugs in bulk without valid prescriptions. NECC even used fictional and celebrity names on fake prescriptions to dispense drugs, such as "Michael Jackson," "Freddie Mae" and "Diana Ross."

Chin improperly sterilized the MPA, failed to verify the sterilization process, and improperly tested it to ensure sterility. Despite knowing these deficiencies, Chin directed the MPA to be filled into thousands of vials and shipped to NECC customers nationwide.

Chin directed the shipping of drugs prior to receiving test results confirming their sterility, and he directed NECC staff to mislabel drugs to conceal this practice. He also directed the compounding of drugs with expired ingredients, including chemotherapy drugs that had expired several years prior. Chin forged cleaning logs, and routinely ignored mold and bacteria found inside the clean rooms.

<https://www.fda.gov/ICECI/CriminalInvestigations/ucm594800.htm>
<https://www.fda.gov/ICECI/CriminalInvestigations/ucm564768.htm>

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Head Pharmacist – Barry Cadden

- March 22, 2017 – Cadden convicted of racketeering, conspiracy, mail fraud and introduction of misbranded drugs into interstate commerce. Acquitted of murder charges.
- June 26, 2017 - Cadden sentenced to 9 years in prison
- <https://www.fda.gov/ICECI/CriminalInvestigations/ucm564768.htm>

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Supervisor RPh – Glenn Chin

October 25, 2017, Chin was convicted of racketeering, racketeering conspiracy, mail fraud and false labeling. Acquitted of 2nd degree murder also.

On January 31, 2018, Chin was sentenced to 8 years in prison, two years of supervised release, and forfeiture and restitution in an amount to be determined later.

<https://www.fda.gov/ICECI/CriminalInvestigations/ucm594800.htm>

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FDA Guidance – Insanitary Conditions

- Putting on gowning apparel in a way that may cause the gowning apparel to become contaminated
- Leaving the cleanroom and re-entering from a non-classified area without first replacing gowning apparel
- Performing aseptic manipulations outside of a certified ISO 5 area
- Failing to disinfect containers of sterile drug components or supplies immediately prior to opening
- Lack of adequate routine environmental monitoring - nonviable airborne particulate sampling; viable airborne sampling; and surface sampling, including but not limited to equipment, work surfaces, and room surfaces

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Insanitary Conditions - Continued

- Lack of adequate personnel sampling (including glove fingertip sampling)
- Lack of routine certification of the ISO 5 area, including smoke studies performed under dynamic conditions
- Lack of HEPA-filtered air, or inadequate HEPA filter coverage or airflow, over the critical area
- Buffer room or ISO 5 areas that contain overhangs or ledges capable of collecting dust (pipes and window sills)
- Failing to appropriately and regularly clean and disinfect (or sterilize) equipment located in the ISO 5 area
- Lack of disinfection of equipment and/or supplies at each transition from areas of lower quality air to areas of higher quality

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Serious conditions - FDA recommendation includes immediate recall and cease sterile operations

- Vermin (e.g., insects, rodents) or other animals (e.g., dogs) in ISO 5 areas or areas immediately accessible to production
- Visible microbial growth (e.g., bacteria, mold) in the ISO 5 area or in immediately adjacent areas
- Sources of non-microbial contamination in the ISO 5 area (e.g., rust, glass shavings, hairs, paint chips)
- Performing aseptic manipulations outside of a certified ISO 5 area
- Personnel aseptic practices that are a contamination hazard to an exposed sterile drug product or its constituent sterile components
- Exposing sterile drugs and materials to lower than ISO 5 quality air for any length of time. (i.e. exposing partially stoppered drug products or stock solutions in a container/closure system that is not fully closed)

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Serious conditions - FDA recommendation includes immediate recall and cease sterile operations

- Cleanroom areas with unsealed or loose ceiling tiles
- Production of drugs while construction is underway in an adjacent area
- Consistent and frequent pressure reversals from areas of less clean air to areas of higher cleanliness
- Using a filter for the purposes of product sterilization that is not appropriately graded for sterilization, not appropriate for pharmaceutical use, or used in excess of its volume or pressure capacity
- Using parameters for sterilization (e.g., temperature, pressure, time) that are not lethal to resistant microorganisms

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Rogue Online Pharmacies



- Consumer protection program operated by NABP
- Only 5% of 12,000 online pharmacies reviewed by NABP are in compliance with US pharmacy laws and practice standards
- Rogue online drug sellers put consumers at risk:
 - Fillers used: dry wall and rat poison
 - Consumer's financial and personal information stolen
 - Spam mail infect home computers with viruses
 - Counterfeit medications did not treat their medical condition and patients have died

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The Internet Pharmacy Market in 2016

Trends, Challenges, and Opportunities



January 2016
Prepared by LegiScript.com
for The Center for Safe Internet Pharmacies



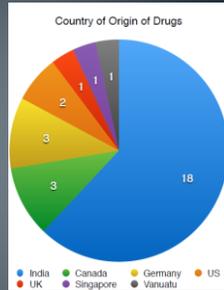
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- Every day, illicit online pharmacy operators create approximately 20 new websites worldwide.
- Of 30,000 to 35,000 illicit online pharmacies, 96% (globally and in the US) fail to adhere to applicable legal requirements.
- 92% of those operating illegally are doing so in a blatantly illicit manner – e.g. as the sale of prescription drugs without a valid prescription.
- Among the 92% of "blatantly illicit" online pharmacies, about 9% are selling controlled-substance prescription drugs

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India was the most common point of origin for the drug shipments.

Other countries included Germany, Singapore, the US, Canada, and The UK, although they were not always the original source of the drugs.



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- EVPharmacy largest illegal online pharmacy network has from 3,000 to 10,000 online pharmacies at one time that sell prescription drugs without a prescription.

Tries to persuade customers that it is a safe Canadian online pharmacy but is primarily run out of Russia and Eastern Europe

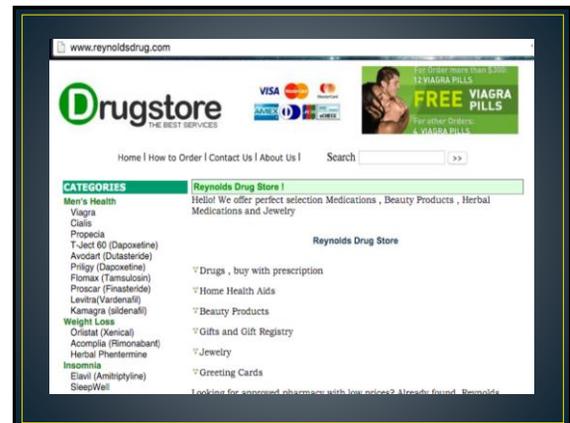
Reynolds Drug

- EVPharmacy hijacked a website previous operated by a real pharmacy (Reynolds Drug in South Carolina); reynoldsdrug.com which retained the pharmacy's address and branding.
- Orders placed on the website are filled by EVPharmacy with drugs being shipped from Pakistan and China

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VIPPS Accredited Pharmacies

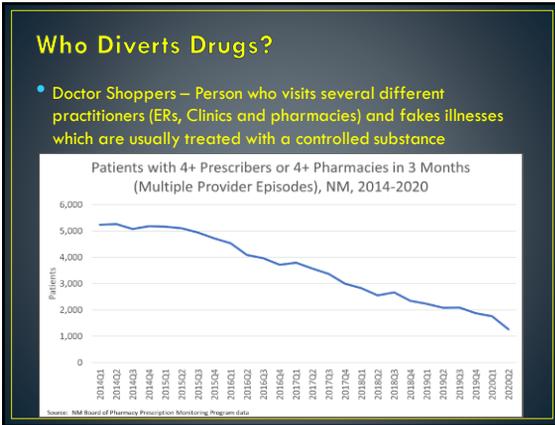
- Verified Internet Pharmacy Practice Sites (VIPPS) enables consumers to confidently access legitimate internet pharmacies
- <https://nabp.pharmacy/programs/vipps/vipps-accredited-pharmacies-list/>

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Diversion

- **What is diversion?**
- **Definition: Transfer of a prescription drug from a lawful to an unlawful channel of distribution or use.**

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- **Professional Patients** - Use genuine illnesses or an obvious physical deformity to convince physicians to prescribe controlled substances
- **Chemically Dependent Patients** – compulsive users who hoard a supply for fear of running out/withdrawal. Less likely to sell drugs on street but seek out substitute doctors in case they get cut off by their current doctor

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- **Impaired Professionals**
 - Physicians, nurses, pharmacists
 - **Almost 50% of all diversion cases involve healthcare professionals** (National Association of Drug Diversion Investigators)
 - **Either divert drugs to:**
 - Maintain their chemical dependence
 - Sell on black market for monetary gain

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Preventing/Catching Forgeries

- **Tamper- / Copy-Resistant Rx Pads**
 - Holograms (similar to those on credit cards)
 - Copy-resistant paper (micro printing)
 - "Void" appears when prescription is copied
 - Thermo chromic ink ("disappearing Rx")

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- ### Preventing/Catching Forgeries
- **Check Patient PMP Reports**
 - **Keep E-alerts**

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- ### PMP
- A RPh Shall request and review a PMP report if (at least 1 year time period):
 - **PERSON EXHIBITS POTENTIAL ABUSE/MISUSE OF OPIATES**
 - OVER-UTILIZATION
 - EARLY REFILLS
 - MULTIPLE PRESCRIBERS
 - SEDATED/INTOXICATED
 - UNFAMILIAR PATIENT
 - PAYING CASH INSTEAD OF INSURANCE

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PMP

- A RPh Shall request and review a PMP report if (at least 1 year time period):
 - **OPIATE** Rx FROM UNFAMILIAR PRACTITIONER
 - OUT OF STATE OR USUAL GEOGRAPHIC AREA
 - **OPIATE** Rx FROM UNFAMILIAR PATIENT
 - OUTSIDE USUAL PHARMACY GEOGRAPHIC PATIENT POPULATION AREA

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PMP

- A RPh Shall request and review a PMP report if (at least 1 year time period):
 - **INITIAL** RX FOR ANY LONG-ACTING OPIOID FORMULATION
 - INCLUDES ORAL AND TRANSDERMAL DOSAGE FORMS
 - **BECOME AWARE** PATIENT IS RECEIVING AN OPIOID CONCURRENTLY WITH A BENZODIAZEPINE OR CARISOPRODOL.
- PMP reports shall be reviewed a **minimum of once every three months** during the continuous use of opioids for each established patient

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FORGERIES

- **WHAT ARE THE FOLLOWING PRESCRIPTIONS?**
 - **STOLEN Rx FORMS**
 - **PHOTOCOPIED/SCANNED PRESCRIPTIONS**
 - **COMPUTER GENERATED PRESCRIPTIONS**

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Pharmacy Robberies Albuquerque

- April 29, 2015 - Six Albuquerque Residents Indicted on Federal Robbery, Firearms, and Prescription Drug Trafficking Crimes Arising Out of Pharmacy Robberies –FBI.gov
- 3 fugitives at time of indictment
- Last suspect (Blake Gallardo) was arrested June 11, 2015
- Stole over 68,000 tablets of oxycodone

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Pharmacy Safety

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Pharmacy Robbery Response Training

- Train employees and new hires
- Have procedures for a robbery in progress – Post for pharmacy staff
- Awareness: develop an early warning system to alert pharmacy employees to a suspicious individual

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CCTV / Surveillance

Cameras reassigned to give a better angle of view

- Bring cameras to eye level
- Install eye level entrance and exit cameras

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Barriers

- Ensure good physical barriers between the robber and pharmacy personnel.
- Clear the line of sight to the pharmacy
- Convex mirrors to allow line of sight to blind spots around the pharmacy

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Signs



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Please remove all
head coverings and
sunglasses prior
to entering the
credit union.
Thank you for your cooperation.

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Robberies in the Pharmacy

What to Do During a Robbery

- Cooperate fully with the robber
- Do not argue or make insulting comments
- Do not attempt to thwart the robbery or apprehend the criminal yourself
- Do exactly what you are told to do, nothing more and nothing less
- Try to remain calm and avoid sudden movements that might cause further conflict
- Try to notice identifiable aspects of the robber: race, gender, age, size, build, SMTI's, clothing

Source: Delaware State Board of
Pharmacy newsletter December 2011

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Evidence

- Preserve the crime scene if a robbery does occur.
- Don't return robbery note or other evidence unless solicited.

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After

- Call 911 immediately and stay on the phone until dispatchers allow you to get off the phone
- Lock down the store
- Stay calm, cooperate, and be a good witness

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Preserve evidence

- Preserve witness statements - have employees document the incident
- **DO NOT** share events with each other, until Officers conduct interviews

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Burglaries in the Pharmacy

What to do if your pharmacy experiences a burglary/break-in

- Call the local police immediately and preserve any evidence (do not start clean up until they give you clearance).
- Call the Drug Enforcement Administration (DEA) Albuquerque District Office at 505-452-4500, the day the burglary occurs.
- Do a complete CS inventory as soon as the police are done with their work.
- Report loss of CS via the online form at www.deadiversion.usdoj.gov/21cfr_reports/theft/index.html
- E-mail or fax a copy of the completed DEA Form 106 to the Board office after filling it with DEA.

North Dakota BOP Newsletter Dec. 2013

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RxPATROL.COM





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- CCTV Reviewing Content:**
 - Dummy VMS with logs
 - Preserve original recordings for Law Enforcement
 - Date/Time stamped on video
 - "Timestamp" on video
 - Continuous vs. Event/Alarm
- ROBBERY/BURGLARY FRAUD**
- Robbery**
 - Develop policy and procedure for robbery
 - Regular training and rehearsal for robbers
 - Assign tasks to personnel and train
 - Include local police to learn what they recommend
 - Practice theft/escape number (911)
 - Protect crime scene/evidence
 - Do not disturb scene
 - Have/Obtain form for suspect description from all witnesses
 - Know response time of law enforcement to robbery and burglary
- Burglary**
 - Preparation for forensic evidence recovery
 - Recovery wipe down counter (fingerprint removal)
 - Clean and wipe down the self break bar (fingerprint recovery)
 - Cardboard or paper placed on floor by rear side of the self prior to closing (shape print recovery)
 - Mark unreturned OTC bottles with store ID on bottom (identifies bottle as coming from a particular store)
 - Develop closing process
- Fraud**
 - Regular training and rehearsal for forged altered prescriptions and phone call, include local police to learn what they recommend
 - Develop policy and procedure for fraud
 - Color ID on telephone
 - Codes as a conversation with "prescriber"
 - Evidence bags available to protect forged and altered prescriptions until police arrive
 - Do not enter on prescription unless directed by law enforcement
- MISCELLANEOUS**
- Review process**
 - Clearing
 - Notifying
 - Noting
 - Noting
- Internal controls to restrict access to controlled substances by other employees**
 - "Rogue" personnel (telephone, computer, electrical, etc. areas and record ID of persons entering area)
 - "Rogue" Pharmacist - verify
 - Regular trainee status verification
 - Law enforcement and insurance carrier review of premises
 - Adjoining basements
 - Health and safety

The Pharmacy Security Checklist was developed in consultation with leading experts on law enforcement, forensic investigation, and security. It was developed by the National Association of Drug Distributors (NADD).

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RxPATROL.COM



ENTER AN INCIDENT NOW!

Click to learn more about a preliminary video.

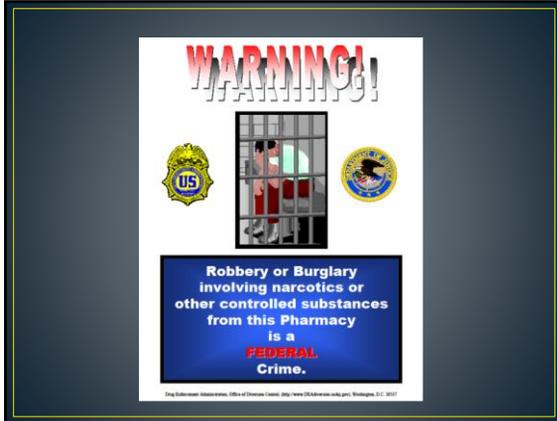
OUR PARTNERS:

- National Society of Forensic Photographers
- National Society of Police Photographers
- The National Association of Police Photographers
- National Association of Forensic Photographers
- National Association of Police Photographers
- The National Society of Forensic Photographers

TIP OF THE MONTH

Control security devices should be tested at a regular, defined interval.

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APD Offered Training

Robbery Awareness Training

Sergeant Lowe

clowe@cabq.gov

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Scam Phone Calls – BOP, DEA, FBI or other LE

- Callers identifying themselves as Board of Pharmacy Investigators, Inspectors or Agents
- Callers “spoofing” the Board of Pharmacy phone number
- Tells licensees they are under investigation and their license may be suspended or arrest warrant was issued and they demand money
- NMBOP will never contact licensees by telephone to demand money or payment of any form.

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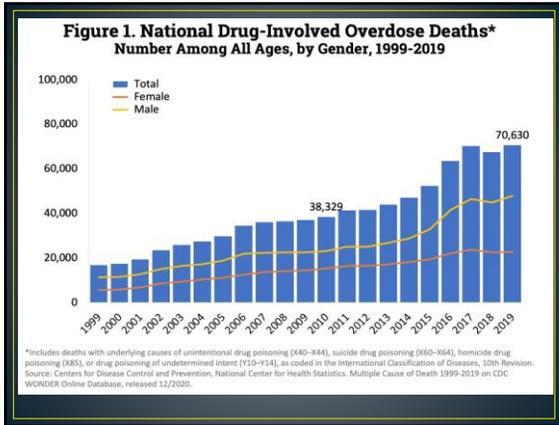
Scam Phone Calls

- Do not give them money!
- Do not give them any information!
- Contact an inspector or e-mail pharmacy.board@state.nm.us to inquire if there is an official investigation being conducted
- If the caller is stating they are from the DEA, you can report the scam using the [DEA Extortion Scam Online Reporting Form](#)
- If the caller is stating they are from the FBI, you can report the scam using the [FBI Internet Crime Complaint Reporting Form](#)
- If the phone number of the caller appears to be a New Mexico Board of Pharmacy telephone number, you can report the scam using the [Federal Communications Commission Consumer Complaint Form](#)

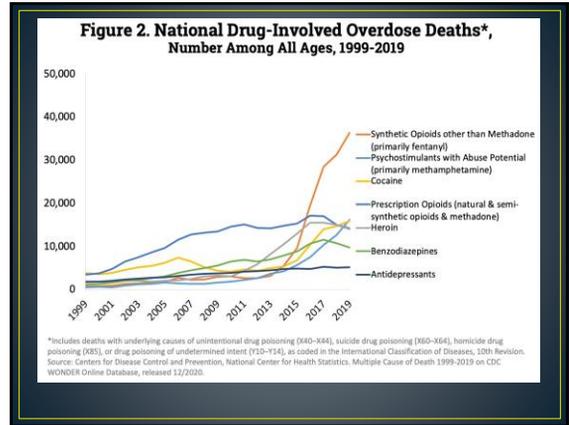
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United States Prescription Opioid Overdose Epidemic

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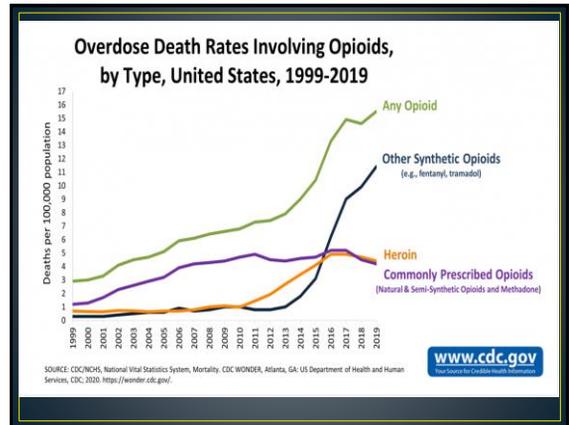
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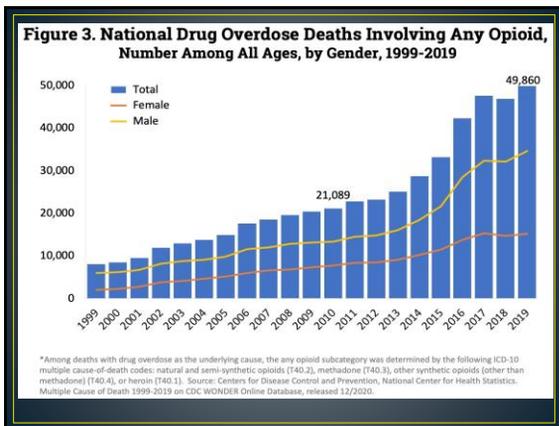
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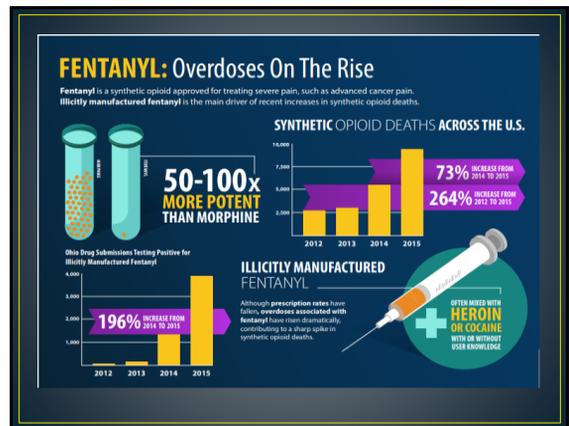
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⚠ Risk Factors for Prescription Painkiller Abuse and Overdose

- Obtaining overlapping prescriptions from multiple providers and pharmacies.
- Taking high daily dosages of prescription painkillers.
- Having mental illness or a history of alcohol or other substance abuse.
- Living in rural areas and having low income.

<http://www.cdc.gov/drugoverdose/epidemic/riskfactors.html>

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New Mexico Prescription Drug Overdose Epidemic

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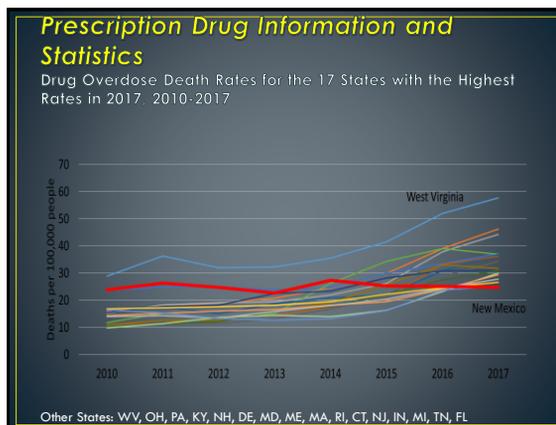
Prescription Drug Information and Statistics

The State of New Mexico compared to the United States average

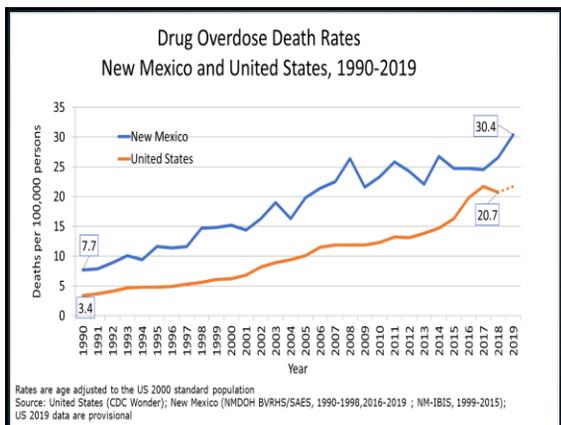
- In 2016, New Mexico had the **twelfth** highest drug overdose death rate (25.2 deaths per 100,000 age-adjusted population).
- In 2017, New Mexico had the **seventeenth** highest drug overdose death rate (24.8 deaths per 100,000 age-adjusted population).
- In 2018, New Mexico had the **sixteenth** highest drug overdose death rate (26.7 deaths per 100,000 age-adjusted population).
- In 2019, New Mexico had the **twelfth** highest drug overdose death rate (30.2 deaths per 100,000 age-adjusted population).

<https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2015.html>
<https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2019.html>

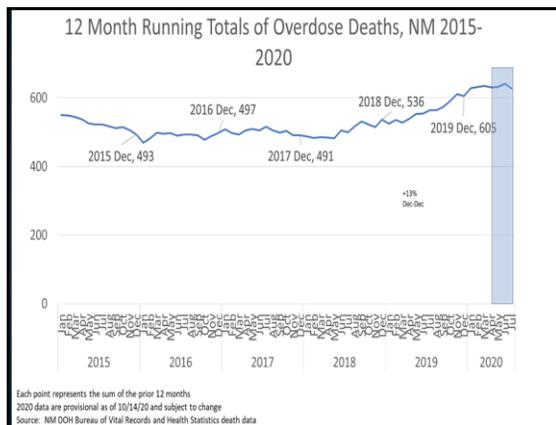
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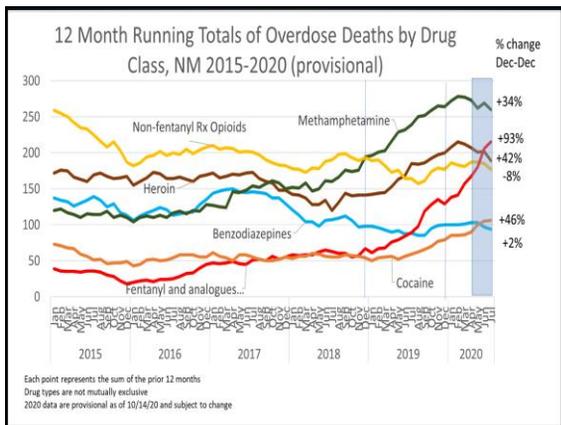
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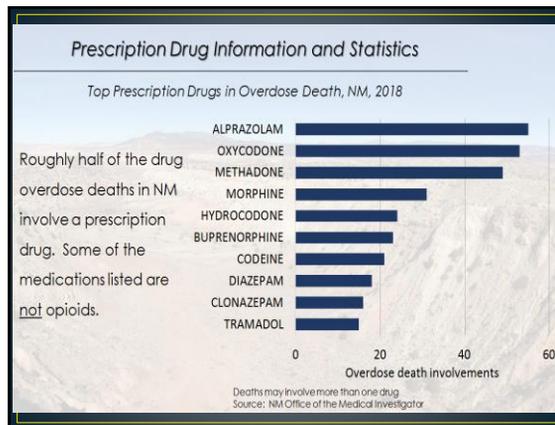
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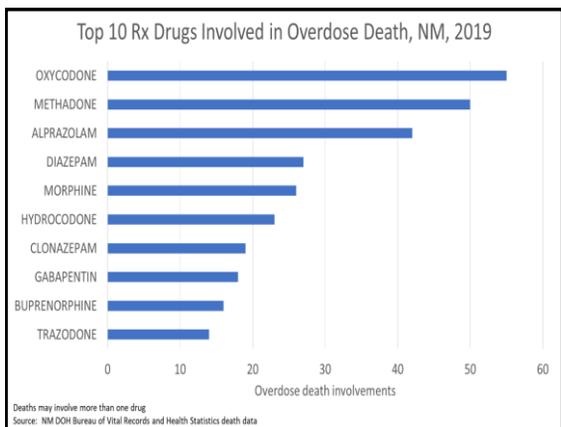
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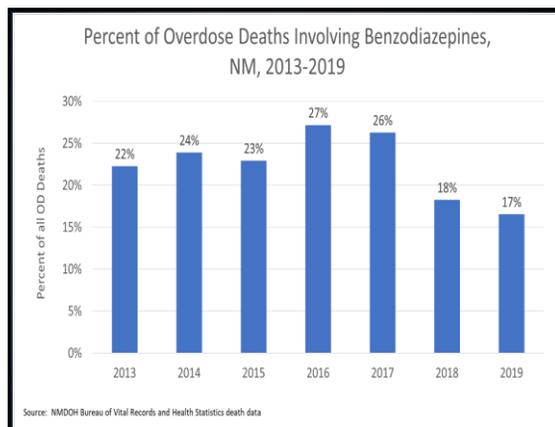
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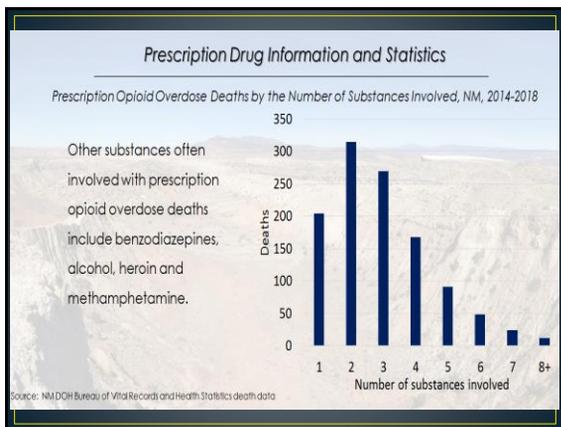
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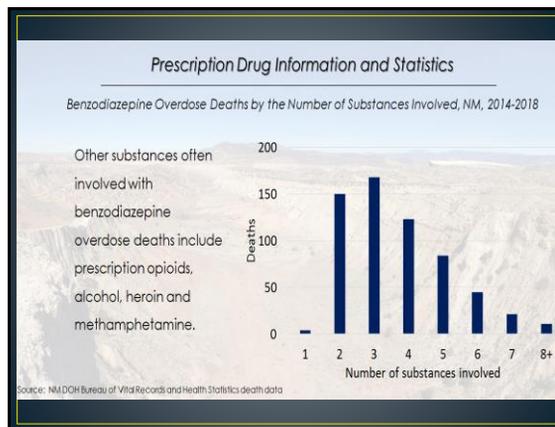
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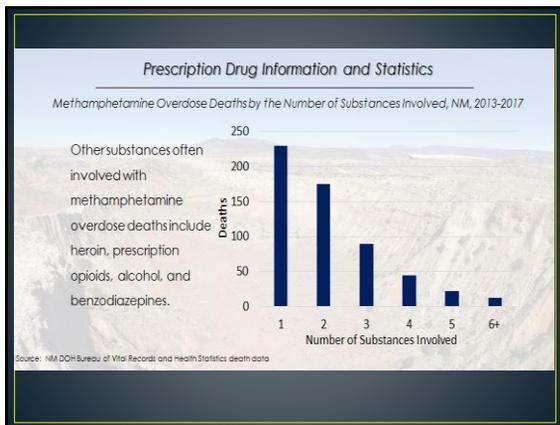
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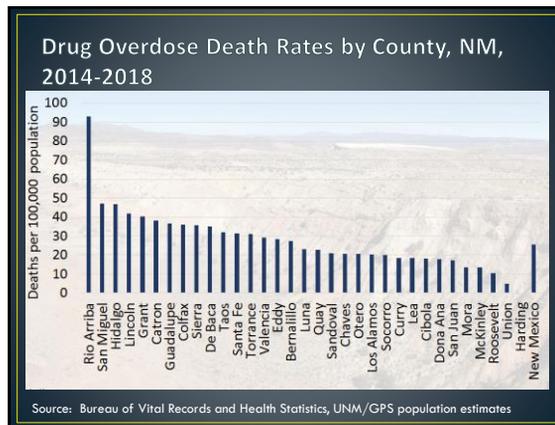
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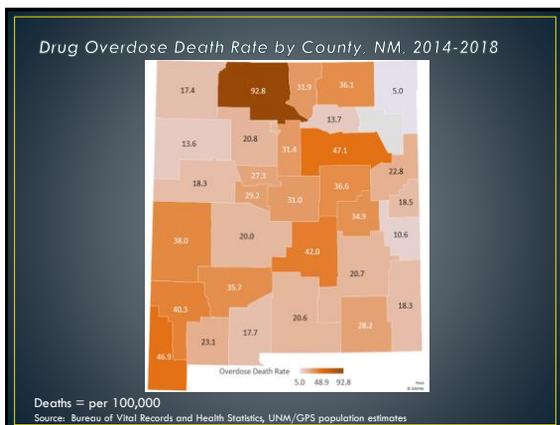
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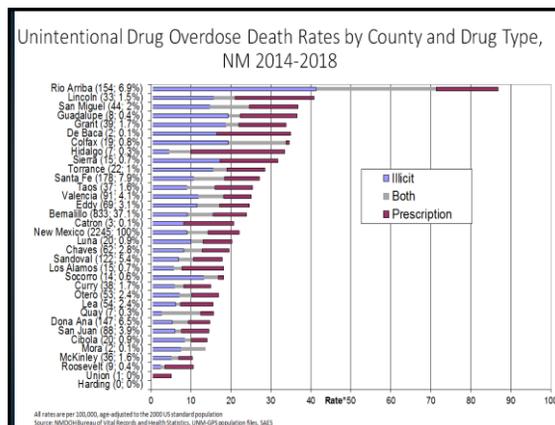
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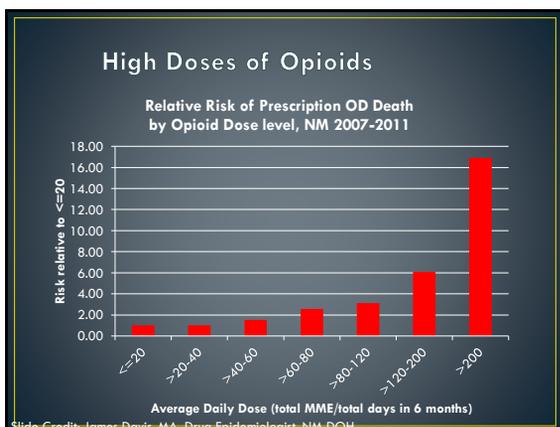
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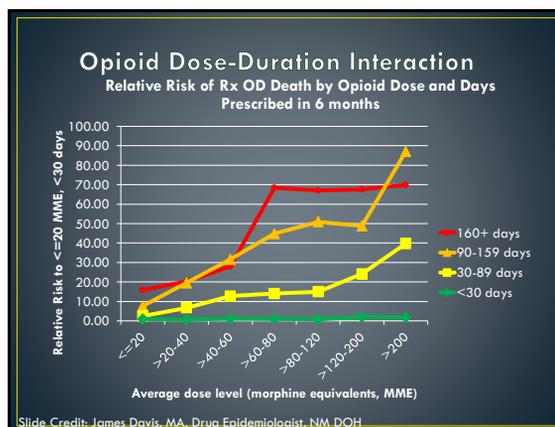
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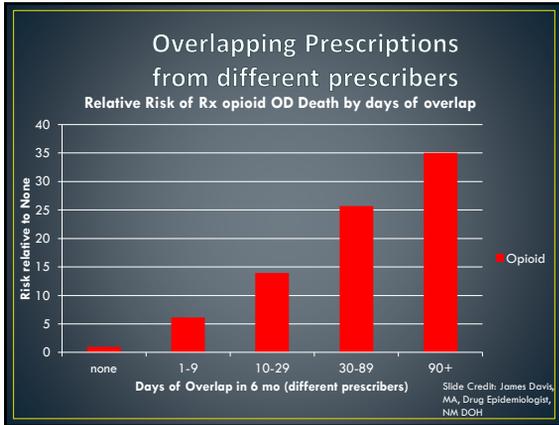
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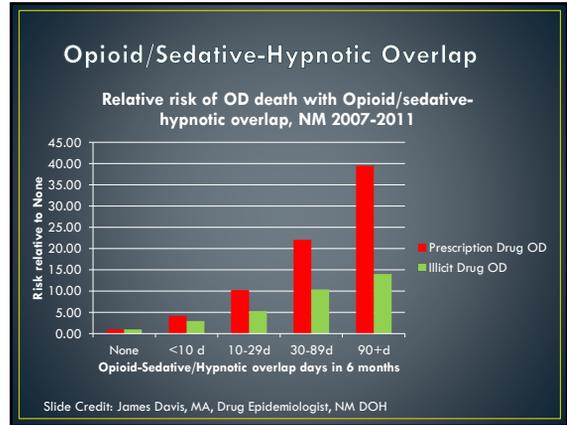
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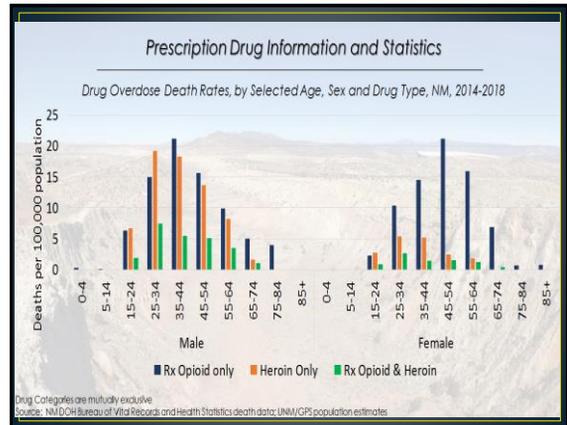


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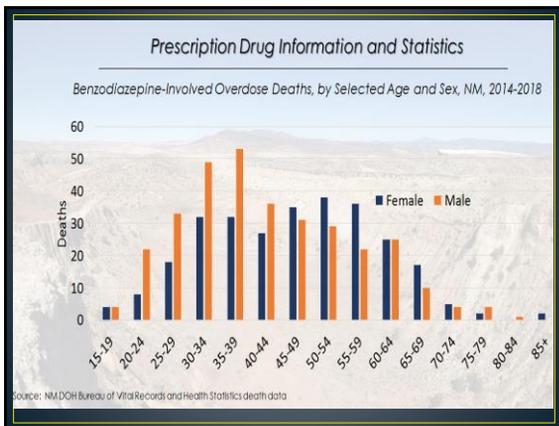
High Risk Prescribing Patterns

- Long term use of opioids (≥ 90 days)
- High doses of opioids (≥ 90 MME/day)
- Overlapping prescriptions of opioids from different prescribers
- Multiple Provider Episodes (MPE: Doctor and pharmacy shopping)
- The combination of opioids and sedative-hypnotics
- The combination of opioids, benzodiazepines and muscle relaxants

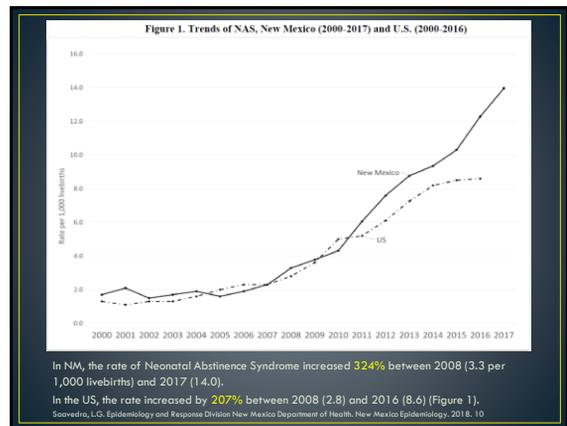
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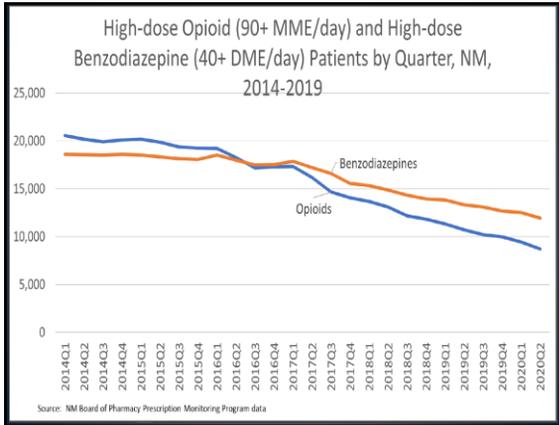
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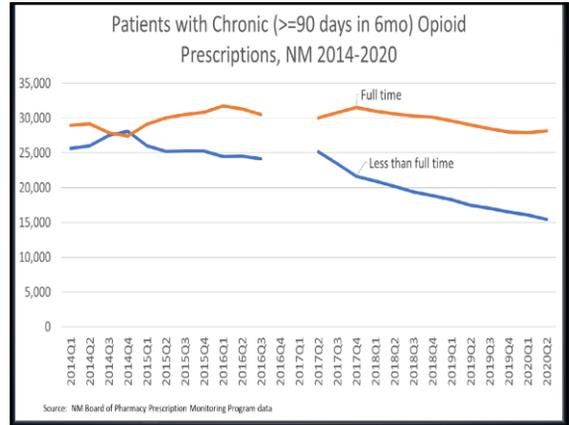
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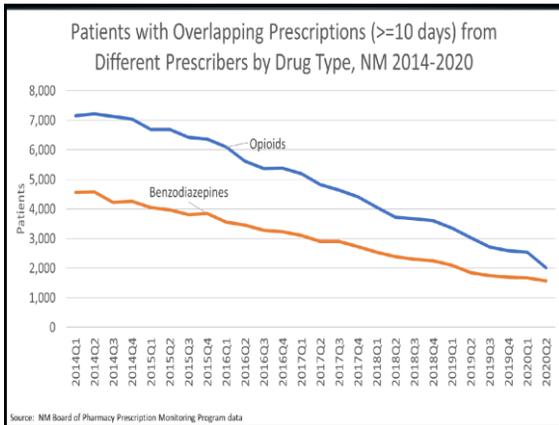
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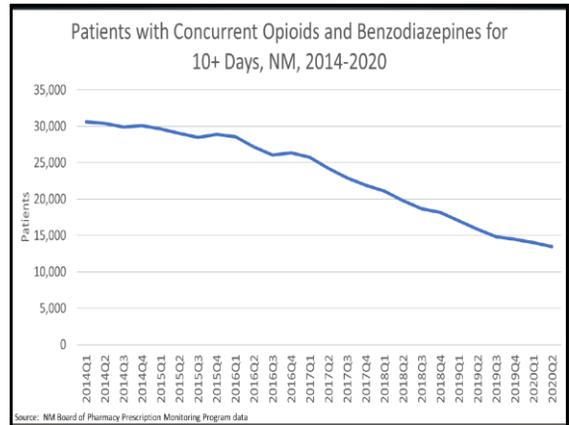
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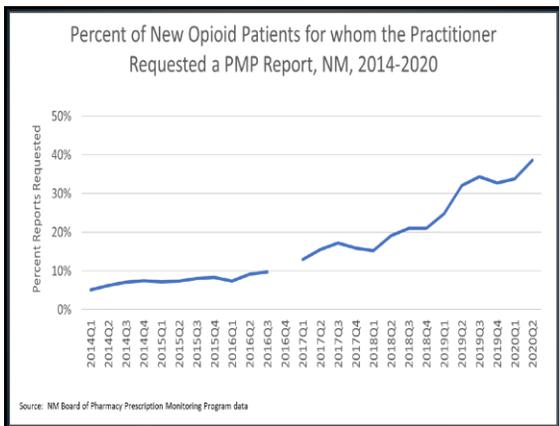
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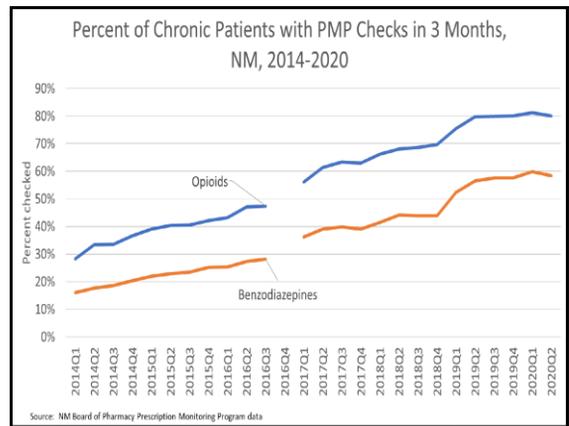
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OPIOID OVERDOSE EPIDEMIC RESPONSE

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Prescription Drug Abuse Prevention Plan

- expands upon the Administration's *National Drug Control Strategy* and includes action in four major areas to reduce prescription drug abuse:
 - Education
 - Tracking and monitoring
 - Proper medication disposal
 - Enforcement

Source: *Epidemic: Responding to America's Prescription Drug Abuse Crisis*; Executive Office of the President of the United States, 2011; http://www.eoexecutiveorder.gov/files/eo13526/files/strategy_policy_and_research_prescription_drug_abuse_080611.pdf

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Prescription Drug Abuse: Strategies to Stop the Epidemic

October 2013

Key recommendations

- **Educate** the public to understand the risks of Rx drug use to avoid misuse in the first place;
- Ensure responsible prescribing practices, including increasing **education of healthcare providers and prescribers** to better understand how medications can be misused and to identify patients in need of treatment;
- Increase understanding about **safe storage of medication and proper disposal** of unused medications, such as through "take back" programs;
- Make sure patients do receive the pain and other medications they need, and that patients have access to safe and effective drugs

<http://healthamericans.org/reports/drugabuse2013/>

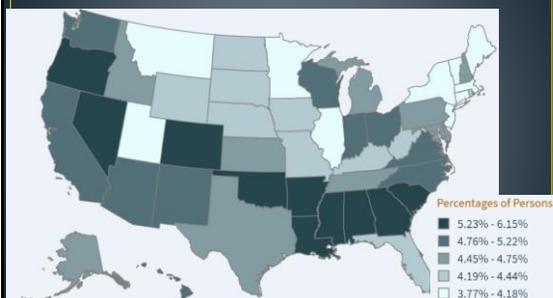
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Teen Prescription Drug Abuse and Misuse

- 23% report having abused Rx medications at least once in their lifetime.
- More than half of teens (73%) indicate that it's easy to get prescription drugs from their parent's medicine cabinet
- Almost four in 10 teens (38%) who have misused or abused a prescription drug obtained it from their parent's medicine cabinet
- Source U.S. Drug Enforcement Administration 2013 Partnership Attitude Tracking Study, published 7/23/14

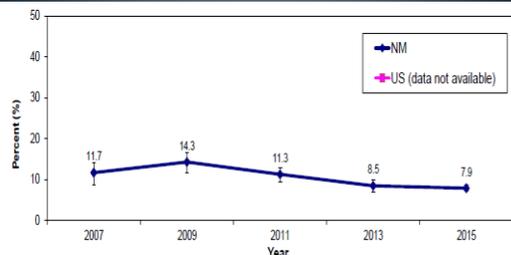
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Nonmedical Use of Pain Relievers in the Past Year among Youths Aged 12 to 17, by State: Percentages



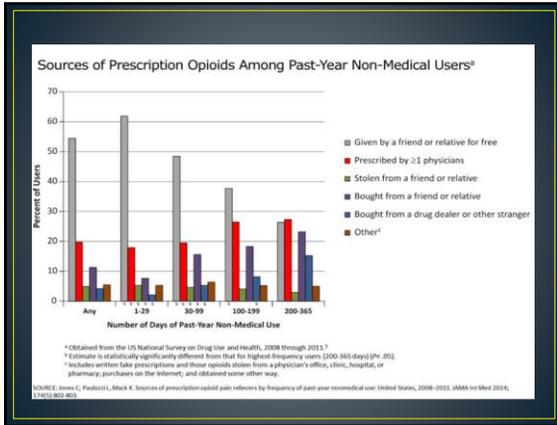
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Past 30-day Painkiller Use to Get High Grades 9-12, New Mexico, 2007-2015



* Used a painkiller (such as Vicodin, OxyContin, or Percocet) to get high at least one time in the past 30 days
Source: YRBS (NM); CDC YRBS (US); NIMCH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

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Individuals can

- Use prescription painkillers only as directed by a health care provider.
- Make sure they are the only one to use their prescription painkillers. Not selling or sharing them with others helps prevent misuse and abuse.
- Store prescription painkillers in a secure place and dispose of them properly.*
- Get help for substance abuse problems if needed (1-800-662-HELP).

Source: Prescription Painkiller Overdoses in the US; CDC; Nov 2011

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Rx drug misuse, abuse and overdose related laws in NM

- Laws Requiring a Physical Examination before Prescribing*
- Laws Requiring Tamper-Resistant Prescription Forms
- Laws Regulating Pain Clinics
- Laws Setting Prescription Drug Limits*
- Laws Prohibiting "Doctor Shopping"/Fraud* - general language
- Laws Requiring Patient Identification before Dispensing*
- Laws Providing Immunity from Prosecution/Mitigation at Sentencing for Individuals Seeking Assistance During an Overdose*

Source: <http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/laws/states/index.html>
 *NM has law in this category.

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- In 2001, New Mexico - first state to amend its laws to make it easier for medical professionals to provide naloxone, and for lay administrators to use it without fear of legal repercussions.
- In 2007, New Mexico - first state to amend its laws to encourage Good Samaritans to summon aid in the event of an overdose. Provides criminal immunity for both the person in need and the person who sought help.

Source: Legal Interventions to Reduce Opioid Mortality: Naloxone Access and Overdose Good Samaritan Laws, The Network for Public Health Law May 2013

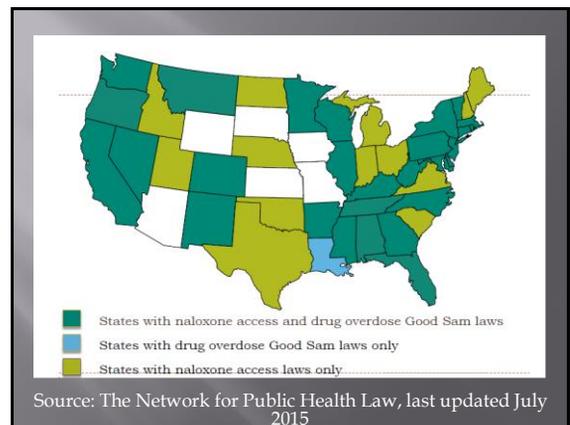
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Rescue Drug Law

- March 2016, SB 262 / HB 277 signed into law : significantly expanded naloxone access (possess, store, distribute, prescribe, administer). NMSA 24-23-1
- Naloxone standing orders (issued NM DOH March 2016)
 - Any person acting under a standing order issued by a licensed prescriber may store or distribute an opioid antagonist
 - A licensed prescriber may directly or by SO prescribe, dispense, or distribute an opioid antagonist to (several categories)

Sources: SB 262, HB 277, Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws, The Network for Public Health Law May 2013

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Substance Abuse and Mental Health Services Administration

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Find Treatment



Behavioral Health Treatment Services Locator
Find alcohol, drug, or mental health treatment facilities and programs around the country at findtreatment.samhsa.gov

Buprenorphine Physician & Treatment Program Locator
Find information on locating physicians and treatment programs authorized to treat opioid, such as buprenorphine or prescription pain relievers, at www.samhsa.gov/medication-assisted-treatment/buprenorphine-locations

Early Serious Mental Illness Treatment Locator
Find treatment programs in your state that treat recent onset of serious mental illnesses such as psychosis, schizophrenia, bipolar disorder, and other conditions at www.samhsa.gov/early-serious-treatment-locator

Opioid Treatment Program Directory
Find treatment programs in your state that treat addiction and dependence on opioids, such as buprenorphine or prescription pain relievers, at dms.samhsa.gov/otpdirectory/

Learn More
Find out more about these treatment topics:



Suicide Prevention Lifeline
1-800-273-TALK (8255)
TTY: 1-800-799-4889
Website: www.suicidepreventionlifeline.org/

24-hour, toll-free, confidential suicide prevention helpline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of more than 100 crisis centers.

SAMHSA's National Helpline
1-800-662-HELP (4357) | TTY: 1-800-487-4889
Website: www.samhsa.gov/find-help/national-helpline

Also known as the Treatment Referral Routing Service, this Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

Disaster Distress Helpline
1-800-985-5898
Website: www.samhsa.gov/find-help/behavioral-health-helpline

Stress, anxiety, and other depression-like symptoms are common.

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SamhSA-Certified Opioid Treatment Programs

Program Name	DBA	Street	City	State	Zipcode	Phone	Certification	Last Certification
Albuquerque Health Services	Albuquerque Health Services	112 Monroe St., NE	Albuquerque	NM	87108	(505) 269-9917	Certified	11/2/2001
Recovery Services of New Mexico, LLC	Recovery Services of New Mexico	1538 Five Points Rd. SW	Albuquerque	NM	87105	(505) 243-4919	Certified	9/3/2004
Metro Treatment of New Mexico	Central New Mexico Treatment center	680 Main St NW	Albuquerque	NM	87102	(505) 268-2611	Certified	7/12/2004
Albuquerque Health Services	Albuquerque Health Services NW Clinic	172 Montana Rd. NW	Albuquerque	NM	87107	(505) 334-5290	Certified	1/26/2011
Recovery Services of NM NDC, LLC	Recovery Services of New Mexico NDC	180 Deputy Dean Myers Dr. S.W.	Albuquerque	NM	87151	(505) 839-4700	Certified	10/20/2011
Albuquerque Treatment Services, LLC	Albuquerque Treatment Services, LLC	111 Madras Street, SE	Albuquerque	NM	87108	(505) 861-5158	Certified	5/20/2005
Duke City Recovery Toolbox, LLC	Duke City Recovery Toolbox	763 First Street NW	Albuquerque	NM	87102	(505) 234-9777	Certified	11/17/2011
Addiction & Substance Abuse Program (ASAP)	Substance Use Disorder program with ASAT	2800 Yale Blvd. SE	Albuquerque	NM	87106	(505) 936-7999	Certified	12/18/2003
Courageous Transformations, Inc.	Courageous Transformations	1801 Los Arboles NE	Albuquerque	NM	87107	(505) 800-7092	Certified	2/7/2017
Native Treatment of New Mexico, LP	New Nation Albuquerque North	7422 Coors Blvd NW, Suite 18	Albuquerque	NM	87114	(505) 442-2400	Certified	12/3/2020
State of the Heart Recovery Inc.	State of the Heart Recovery Inc.	203 California St NE	Albuquerque	NM	87108	(505) 308-8296	Certified	3/26/2021
Albuquerque Health Services - South Valley Clinic	Albuquerque Health Services	1239 Nieta Blvd SW	Albuquerque	NM	87105	(505) 873-1373	Certified	1/17/2011
Recovery Services of New Mexico, LLC	Recovery Services of New Mexico Belen	3403 Highway 47	Belen	NM	87002	(505) 861-2098	Certified	12/6/2011
Albuquerque Health Services	Espanola Health Services	612 N. Dixon de Otrata	Espanola	NM	87532	(505) 747-0211	Certified	1/17/2011
New Mexico Treatment Services, LLC	Una Ala Clinic	1227 N. Railroad Ave	Espanola	NM	87532	(505) 747-8187	Certified	11/1/2005
New Mexico Treatment Services, LLC	Farmington	8071 Apache	Farmington	NM	87401	(505) 326-2012	Certified	8/17/2015
AL1 Recovery Group	AL1 Recovery Group	1341 Mall Drive	Las Cruces	NM	88003	(575) 522-0660	Certified	3/9/2015
Rio Rancho Health Services	Rio Rancho Health Services	1538 Stephanie Rd. SE	Rio Rancho	NM	87124	(505) 896-5517	Certified	6/11/2010
Recovery Services of New Mexico, LLC	Roswell	1187 South Adkinson	Roswell	NM	88203	(575) 578-4836	Certified	10/7/2015
Santa Fe Health Services	Santa Fe Health Services	1240 S. St. Francis Drive	Santa Fe	NM	87505	(505) 830-9970	Certified	1/17/2021
New Mexico Treatment Services, LLC	Una Ala Clinic	1244 Rodney Rd	Santa Fe	NM	87505	(505) 962-5219	Certified	2/6/2006

* From SAMHSA website 05/19/2021

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