Medication Errors, Pharmacy-Related Crimes and the Opioid Overdose Epidemic

Alejandro Amparan, State Drug Inspector
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 adverse drug event reporting
• **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**.
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
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)
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.
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
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

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

“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.
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
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.
<table>
<thead>
<tr>
<th>Table 1. Basic Questions to Answer During RCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What happened?</td>
</tr>
<tr>
<td>2. What normally happens?</td>
</tr>
<tr>
<td>3. What do policies/procedures require?</td>
</tr>
<tr>
<td>4. Why did it happen?</td>
</tr>
<tr>
<td>5. How was the organization managing the risk before the event?</td>
</tr>
</tbody>
</table>
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.cdc.gov/hai/outbreaks/clinicians/index.html](https://www.cdc.gov/hai/outbreaks/clinicians/index.html)
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.”
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
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
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
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
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
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
- 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
Diversion

• What is diversion?
• Definition: Transfer of a prescription drug from a lawful to an unlawful channel of distribution or use.
Who Diverts Drugs?

- Doctor Shoppers – Person who visits several different practitioners (ERs, Clinics and pharmacies) and fakes illnesses which are usually treated with a controlled substance.
• **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
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
**Diversion Tactics**

- **Fake Call-Ins**
  - Poses as a physician or physician staff member to request new prescriptions or add additional refills to an existing prescription
  - Often happens after office hours and on weekends

- **Forgeries**
  - **Alteration of written prescription** - add refills to the prescription where the doctor left it blank or to change the quantity
Forgeries cont.

• Prescription blanks or pads are stolen from the ER or physician’s office

• Scanned/Photocopied to create a duplicate of the original

• Computer Generated forgery – use a template program, fill in information

• Lost/Stolen Medication

• Counting Scams - “shorted”

• Adding controlled substance to written Rx
<table>
<thead>
<tr>
<th>DRUG</th>
<th>STRENGTH</th>
<th>NO. OR AMT.</th>
<th>REFILL</th>
<th>SIG.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doxycycline</td>
<td>100g</td>
<td>#60 #3</td>
<td>1 pc</td>
<td>U po twice/day</td>
</tr>
<tr>
<td>Vincristine</td>
<td>200g</td>
<td>#60 #3</td>
<td>1 pc</td>
<td>U po twice/day</td>
</tr>
<tr>
<td>Oxytetracy</td>
<td>80g</td>
<td>#90 ⊗</td>
<td>1 pc</td>
<td>U po 3 x/ day</td>
</tr>
</tbody>
</table>

**NONFORMULARY REQUEST JUSTIFICATION FOR:**
*Some items will require up to 48 hours to obtain after approval.*

**O.P.D. CLINICS**
- Peds
- Med
- OB/GYN
- ER
- Surg
- PCC
- FPC
- Eye
- CRIC
- ENT
- Neuro
- M & I
- BCMHC
- OTHER

**DATE**
Bk 2302510

**DEA #**
Bk 2302510

**M.D.'S SIGNATURE**

**STAMP, PRINT, OR TYPE M.D.'S NAME**

**ALL PRESCRIPTIONS WILL BE LABELED WITH NAME OF DRUG UNLESS CHECKED HERE. □ DISPENSING BY NON-PROPRIETARY NAME AUTHORIZED UNLESS CHECKED HERE.**
Renal & Internal Medicine Consultant PC

NAME: [Redacted]
ADDRESS: [Redacted]

Rx
Amlodipine 10 mg tabs 5/30, 1 tab PO qd #30
Hydrocodone 5/325 twice daily #60
Phenylpropanolamine 10 mg tabs 5/1 tab q we 6/2/13

To ensure brand name dispensing, prescriber must write 'No Substitution' or 'No SUB' on the prescription.

Signature [Redacted]
Family Practice
Rio Rancho, New Mexico 87124

Date: 12/7/16
PA 12/8/16

1. M504 ER 30mg x 30
2. M504 ER 30mg x 120
3. M504 ER 90mg x 30
4. Delivered 1mg x 100
5. TPO C 10
6. TPO 10
<table>
<thead>
<tr>
<th>Date</th>
<th>Product</th>
<th>No. of Items</th>
<th>Pcs/Qty</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/6/17</td>
<td>3 mg</td>
<td>30</td>
<td>1</td>
<td>$7.00</td>
</tr>
<tr>
<td>3/6/17</td>
<td>3 mg</td>
<td>30</td>
<td>1</td>
<td>$7.00</td>
</tr>
</tbody>
</table>

Signature: [Handwritten]
STUPIDITY

Sometimes, you have to learn the hard way
Forgery Red Flags

- Prescription looks “too good”
  - Prescriber’s handwriting is too legible
- Excessively messy handwriting
- Quantities, directions or dosages on prescription order differ from usual medical usage
- Prescription does not comply with acceptable abbreviations or appears to be textbook presentations
• Directions on prescription written in full with no abbreviations

• Prescription appears photocopied (i.e. dust and other particles appear as faint black dots on the copy)
  - Photocopied with color copier – parts written in ink do not smudge

• Prescription written in different color inks or different handwriting

• Quantity dispensed or the number of refills appears altered
Still More Red Flags

• Cash customer
• Distance – from across the state or out of state
• Missing DEA#, Address, Phone #
• Sudden high dose opioid and patient is opioid naive
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”)

“VOID” appears on photocopied or scanned blanks
Preventing/Catching Forgeries

Check Patient PMP Reports

Keep E-alerts
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
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
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.
FORGERIES

• WHAT ARE THE FOLLOWING PRESCRIPTIONS?
  • STOLEN Rx FORMS
  • PHOTOCOPIED/SCANNED PRESCRIPTIONS
  • COMPUTER GENERATED PRESCRIPTIONS
Date: Jan 5, 2012
Patient Name: [redacted]
Address: [redacted]
Albuquerque, NM 87105-1515
Home phone: [redacted]
Allergies: bactrim and vicodin

Rx: oxycodone (OXY-IR) 30 mg immediate release tablet  
Route: Oral

Sig: Take 1-2 Tab(s) by mouth every 8 hours as needed for Pain.
QtY: *180 (One hundred Eighty) Tab*  Refill: *0 (Zero)*  DAW: No

Comments:

Electronically Signed by:  Christopher Conlon, MD
NPI: 1578598504       DEA #: BC4591625

Security features: (*) bordered and spelled quantities, microprint signature line visible at 5X or > magnification that must show "THIS IS AN ORIGINAL PRESCRIPTION" & this description of features.
<table>
<thead>
<tr>
<th>PRESCRIPTION</th>
<th>STRENGTH</th>
<th>QUAN</th>
<th>REFILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Rx</td>
<td>oxycodone</td>
<td>30</td>
<td>180</td>
</tr>
<tr>
<td>2 Rx</td>
<td>T.I.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Rx</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date: 11-22-11
NKA
Pamela O. Black, MD
BB 2801276
Kay Heaphy, PA-C
MH 1615799

QUADRA HEALTH INSTITUTE
3830 Singer Blvd NE, Suite 3000
Albuquerque, New Mexico 87109
Tel: (505) 923-4400  Fax: (505) 343-1862

Patient Name: [Redacted]
DOB: [Redacted]

Date: 10-31-11

Oxycodone 30 mg.
1/2 PO QID #2406 (Refill)

Refill: 0 - 1 - 2 - 3 - 4 - PRN

None

Physician
OXYCOCINE 30g

1/2-1 po q 8º NTE 3/DM

Disp 1/190 (mix)

Physician
JEFFREY RACCA, MD
NEW MEXICO ORTHOPAEDIC
201 CEDAR STREET SE, SUITE 6600
ALBUQUERQUE, NM 87106

Phone: (505) 249-0878

Name: [Redacted]  Age: [Redacted]
Address: [Redacted]

SECURITY FEATURES ON BACK  Date: 12/28/11

Rx
Oxycodone 30 mg,
# PO QID # 240
(two forty)

Refill 2 times PRN NR

To ensure that a brand-name product be dispensed, the prescriber must handwrite “Do Not Substitute” on the prescription form.
Rx

0 Amox 500mg
÷ CAP PO T.I.D

0 Phenergan 1 Cstain
÷ 1/2 CAP PO T.I.D

# 360mg
Three Hundred Sixty
Medicus

Deborah Korbitz, CNP
DEA # 
NM Lic # CNP01924 NPI # 1720097389
10401 Montgomery Parkway
Albuquerque, NM 87111
505-234-1040 Fax: 505-296-2206

Name
Address

Albuquerque nm 87102

RX (Please Print)

Present in clini 9:15
10:00 AM

Refills

Oxycodone 15 mg
1000
5 hr
5/day

PRN
NR

OK to kill early fifty

To insure brand name dispensing, prescriber must write 'no substitution' or 'no sub' on the prescription.

08-30-16
Pharmacy Safety
Pharmacy Robbery Response Training

• Train employees and new hires
• Procedures for a robbery in progress
• Practice being robbed and designate roles to employees
Pharmacy Safety

- Post robbery procedures
- Awareness: develop an early warning system to alert pharmacy employees to a suspicious individual
CCTV / Surveillance

Cameras reassigned to give a better angle of view

- Bring cameras to eye level
- Install eye level entrance and exit cameras
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
Promethazine Robberies
For security reasons, we request:

- Hats, Hoods, Headgear, and Sunglasses be removed.

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

Thank you for your cooperation.
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
Evidence

• Preserve the crime scene if a robbery does occur.

• Don’t return robbery note or other evidence unless solicited.
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
Preserve evidence

• Preserve witness statements - have employees document the incident

• **DO NOT** share events with each other, until Officers conduct interviews
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.
<table>
<thead>
<tr>
<th>ALARMS</th>
<th>PHYSICAL BARRIERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Features</td>
<td>Central Station or Local</td>
</tr>
<tr>
<td>Battery Back-Up</td>
<td>Steel window curtains</td>
</tr>
<tr>
<td>Silent</td>
<td>Steel door curtains</td>
</tr>
<tr>
<td>Visual (Flashing Lights)</td>
<td>Pharmacy department doors</td>
</tr>
<tr>
<td>Supervised</td>
<td>Barriers to prevent “jump over”</td>
</tr>
<tr>
<td>Unsupervised</td>
<td>Interior safe (high risk areas)</td>
</tr>
<tr>
<td>Alarmed Areas</td>
<td>Bollards (concrete/steel posts embedded in the ground outside premises)</td>
</tr>
<tr>
<td>Doors</td>
<td></td>
</tr>
<tr>
<td>Skylights</td>
<td></td>
</tr>
<tr>
<td>Windows</td>
<td></td>
</tr>
<tr>
<td>Interior &amp; High Security</td>
<td></td>
</tr>
<tr>
<td>Sensor Types</td>
<td></td>
</tr>
<tr>
<td>Magnetic Door Contacts</td>
<td>Visible monitor at entry</td>
</tr>
<tr>
<td>Glass Break</td>
<td>Signs (recorded/monitored off site)</td>
</tr>
<tr>
<td>&quot;Trap&quot; Alarm</td>
<td>Drive-thru window camera</td>
</tr>
<tr>
<td>Wireless or Hard Wired Sensors</td>
<td>Hidden camera at customer face level</td>
</tr>
<tr>
<td></td>
<td>Regular (weekly) audit and maintenance of cameras and recordings</td>
</tr>
<tr>
<td>PHYSICAL DESIGN</td>
<td>Camera features</td>
</tr>
<tr>
<td>Lighting—Motion sensitive lighting (exterior)</td>
<td>Color or black and white</td>
</tr>
<tr>
<td>Reinforced doors/windows in pharmacy area</td>
<td>Field of view of camera is adequate</td>
</tr>
<tr>
<td>Rx area viewable by other store employee’s</td>
<td>Variable focal lens</td>
</tr>
<tr>
<td>Controlled substances concealed from customers view</td>
<td>Low level light camera (auto Iris)</td>
</tr>
<tr>
<td>Height reference/tape near entrance and counter</td>
<td>Recording</td>
</tr>
<tr>
<td>Interior lighting</td>
<td>Digital vs. VHS recording</td>
</tr>
<tr>
<td>LOCKS AND LOCKING DEVICES</td>
<td>Frames per second (10 or more)</td>
</tr>
<tr>
<td>Limited Issuance of keys</td>
<td>Retention of recordings</td>
</tr>
<tr>
<td>“Do Not Duplicate” on keys</td>
<td>Regular replacement of tape</td>
</tr>
<tr>
<td>Keys numbered</td>
<td>Recorder hidden and secured</td>
</tr>
</tbody>
</table>
CCTV/Recording (Continued)
- Dummy VHS with tape
- Preserve original recordings for Law Enforcement
- Date/Time stamped on video
- "Watermark" on video
- Continuous vs. Event/Alarm

ROBBERY/BURGLARY/FRAUD

Robbery
- Develop policy and procedure for robbery
  - Regular training and rehearsal for robberies.
  - Assign tasks to personnel and train
  - Involve local police to learn what they recommend
- Police/Sheriff emergency number (911)
- Protect crime scene/evidence
- Do not disturb scene
- Have/Obtain form for suspect description form on premises
- Know response time of law enforcement to robbery and burglary

Burglary
- Preparation for forensic evidence recovery
- Routinely wipe down counter (fingerprint recovery)
- Clean and wipe down fireplace (fingerprint recovery)
- Cardboard or paper placed on floor by rear/side or fire exit prior to closing (shoe print recovery)
- Mark scheduled CS 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-ins.
  - Involve local police to learn what they recommend
- Develop policy and procedure for fraud
- Caller ID on telephone
- Details as to conversation with "prescriber"
- Evidence bags available to protect forged and altered prescriptions until police arrive
- Do not write on prescription unless directed to by law enforcement

MISCELLANEOUS

Review process
- Ordering
- Receiving
- Storing
- Returns

Internal controls to restrict access to controlled substances by other employees
- "Repair" personnel (telephone, computer, electrical, etc.) view and record ID of persons entering area
- "Relief" Pharmacist - Verify
- Regular license status verification
- Law enforcement and insurance carrier review of premises

Adjoining tenants
- Waits and callings

This Pharmacy Security Checklist was developed in consultation with leading industry and law enforcement diversion prevention professionals, with special thanks to the National Association of Drug Diversion Investigators (NADD).
RxPATROL.COM

Rx PATTERN ANALYSIS TRACKING ROBBERIES & OTHER LOSSES

TRAINING VIDEOS

RxPatrol Pharmacy Safety, Internal Theft and Prescription Fraud
Community pharmacist and NCPA member Toni Sumpter and Retired Assistant Special Agent in Charge of the Virginia State Police Lanston Glymph, discuss preventing and dealing with internal theft and prescription fraud. They tour Sumpter's store, Medicap Pharmacy in Aдел, Iowa, evaluating security measures and discussing additional steps that can be taken to prevent internal theft and how to identify fraudulent prescriptions. The goal is to help pharmacists make their stores a harder target for crime and educate them on how they can assist law enforcement in the event of an internal theft incident or prescription fraud.

RxPATROL Pharmacy Safety and Security Robbery Video
This video provides information on security practices to help mitigate a pharmacy robbery and discusses security measures taken to safeguard against a robbery. Created to help pharmacists make their stores a harder target, this video educates them on how pharmacists and their staff can assist law enforcement in the event of a robbery. This video was produced in partnership with the National Community Pharmacists Association.

Pharmacy Safety and Security
This video provides information on security practices to help mitigate a pharmacy burglary and discusses security measures taken to safeguard against burglaries. Created to help pharmacists make their stores a harder target, this video educates them on how pharmacists and their staff can assist law enforcement in the event of a burglary. This video was produced in partnership with the National Community Pharmacists Association.

Pharmacy Safety - Robbery
This video provides tips for pharmacists to address the problems of pharmacy robberies. The video has interviews with the law enforcement personnel of the North East Indiana Bank Robbery Task Force, namely the FBI in Fort Wayne, Indiana; the New Haven Indiana Police Department and the Allen County (Indiana) Police Department. In addition, a detective from the Robbery Homicide Squad of the Chandler, Arizona Police Department and the Captain of Major Investigations in the Stamford, Connecticut Police Department provide information to the pharmacist that may face a robbery situation.

OUR PARTNERS
- Nassau County, NY Police Department
- Suffolk County, NY Police Department
- Ohio Attorney General's Office
- FBI Law Enforcement Executive Development Association (FLEED)
- National Association of Drug Diversion Investigators (NADDI)
- National Community Pharmacists Association (NCPA)
- Pharmaceutical Security Institute (PSI)
- Rx Safety Matters

TIP OF THE MONTH
Camera recording devices should be locked in a secure, hidden location.
WARNING!

Robbery or Burglary involving narcotics or other controlled substances from this Pharmacy is a FEDERAL Crime.

Drug Enforcement Administration, Office of Diversion Control, (http://www.DEAdversion.usdoj.gov), Washington, D.C. 20537
20 years.
The rent is free.
But you’re not.

WARNING!!!
Robbing a pharmacy is a felony punishable by 20 YEARS IN PRISON

UP TO $2,500 REWARD
If you have information on a pharmacy robbery or burglary, call RxPATROL—Crime Stoppers at 1-888-479-8477. Calls remain anonymous.
APD Offered Training

Robbery Awareness Training

Sergeant Lowe

clowe@cabq.gov
United States Prescription Opioid Overdose Epidemic
Figure 1. National Drug Overdose Deaths Number Among All Ages, by Gender, 1999-2017

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018
Figure 3. National Drug Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2017

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018
3 Waves of the Rise in Opioid Overdose Deaths

Wave 1: Rise in Prescription Opioid Overdose Deaths
Wave 2: Rise in Heroin Overdose Deaths
Wave 3: Rise in Synthetic Opioid Overdose Deaths

Figure 4. **National Drug Overdose Deaths Involving Prescription Opioids, Number Among All Ages, 1999-2017**

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018
Figure 5. National Drug Overdose Deaths Involving Heroin Number Among All Ages, 1999-2017

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol are 2x more likely to be addicted to heroin.
- Marijuana are 3x more likely to be addicted to heroin.
- Cocaine are 15x more likely to be addicted to heroin.
- Rx Opioid Painkillers are 40x more likely to be addicted to heroin.

**FENTANYL:** Overdoses On The Rise

Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. Illicitly manufactured fentanyl is the main driver of recent increases in synthetic opioid deaths.

50-100x MORE POTENT THAN MORPHINE

**SYNTHETIC OPIOID DEATHS ACROSS THE U.S.**

- 73% increase from 2014 to 2015
- 264% increase from 2012 to 2015

**Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl**

196% increase from 2014 to 2015

Although prescription rates have fallen, overdoses associated with fentanyl have risen dramatically, contributing to a sharp spike in synthetic opioid deaths.

Often mixed with heroin or cocaine with or without user knowledge.
Figure 8. National Drug Overdose Deaths Involving Benzodiazepines, by Opioid Involvement, Number Among All Ages, 1999-2017

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Source: NCHS Data Brief, Number 291, December 2017
Prescription painkiller overdose deaths are a growing problem among women.
Every 3 minutes, a woman goes to the emergency department for prescription painkiller misuse or abuse.

Women between the ages of 25 and 54 are most likely to go to the emergency department because of prescription painkiller misuse or abuse.

http://www.cdc.gov/vitalsigns/prescriptionpainkilleroverdoses/infographic.html
• Amount of prescription painkillers dispensed in the U.S. quadrupled between 1999 and 2013
• Deaths from prescription painkillers have also quadrupled since 1999, killing more than 16,000 people in the U.S. in 2013.¹
• Nearly two million Americans, aged 12 or older, either abused or were dependent on opioids in 2013
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
IT'S NOT DENIAL
I'M JUST VERY
SELECTIVE
ABOUT THE
REALITY
I ACCEPT
New Mexico Prescription Drug Overdose Epidemic
The State of New Mexico compared to the United States average

- In 2014, New Mexico had the **second** highest drug overdose death rate (27.3 deaths per 100,000 age-adjusted population).
- In 2015, New Mexico had the **eighth** highest drug overdose death rate (25.3 deaths per 100,000 age-adjusted population).
- 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).
Prescription Drug Information and Statistics

Drug Overdose Death Rates for the 17 States with the Highest Rates in 2017, 2010-2017

Other States: WV, OH, PA, KY, NH, DE, MD, ME, MA, RI, CT, NJ, IN, MI, TN, FL
Drug Overdose Death Rate 2012 and 2016 by State

Source: National Center for Health Statistics, CDC, via CDC Wonder
Although New Mexico has been progressing, NM is still statistically higher compared to the United States drug overdose death rate average (21.7 deaths per 100,000)

Source: NCHS Data Brief, Number 294, December 2017
Prescription Drug Information and Statistics

Drug Overdose Death Rates for Selected Drugs, NM, 2012-2017

Deaths per 100,000 population

- Non-fentanyl Rx Opioids
- Methamphetamine
- Heroin
- Benzodiazepines
- Fentanyl & analogues

Drug categories are not mutually exclusive - many deaths involve more than one class
Rates are age adjusted to the US 2000 standard population
Source: NM DOH Bureau of Vital Records and Health Statistics death data
Deaths may involve more than one drug
Source: NM Office of the Medical Investigator
Prescription Drug Information and Statistics

Top Prescription Drugs in Overdose Death, NM, 2017

Roughly half of the drug overdose deaths in NM involve a prescription drug. Some of the medications listed are not opioids.

Deaths may involve more than one drug
Source: NM Office of the Medical Investigator
Prescription Drug Information and Statistics

Percentage of Overdose Deaths Involving Prescription Opioids, NM, 2012-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent of all OD Deaths</th>
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<tbody>
<tr>
<td>2012</td>
<td>51%</td>
</tr>
<tr>
<td>2013</td>
<td>49%</td>
</tr>
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<td>2014</td>
<td>53%</td>
</tr>
<tr>
<td>2015</td>
<td>42%</td>
</tr>
<tr>
<td>2016</td>
<td>50%</td>
</tr>
<tr>
<td>2017</td>
<td>48%</td>
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</table>

Source: Bureau of Vital Records and Health Statistics
Prescription Drug Information and Statistics

Percentage of Overdose Deaths Involving Benzodiazepines, NM, 2012-2017

Source: Bureau of Vital Records and Health Statistics
Prescription Drug Information and Statistics

Percentage of Overdose Deaths Involving Methamphetamine, NM, 2012-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent of all OD Deaths</th>
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</thead>
<tbody>
<tr>
<td>2012</td>
<td>15%</td>
</tr>
<tr>
<td>2013</td>
<td>17%</td>
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<tr>
<td>2014</td>
<td>22%</td>
</tr>
<tr>
<td>2015</td>
<td>24%</td>
</tr>
<tr>
<td>2016</td>
<td>27%</td>
</tr>
<tr>
<td>2017</td>
<td>32%</td>
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</table>

Source: Bureau of Vital Records and Health Statistics
Prescription Opioid Overdose Deaths by the Number of Substances Involved, NM, 2013-2017

Other substances often involved with prescription opioid overdose deaths include benzodiazepines, alcohol, heroin and methamphetamine.

Source: NM DOH Bureau of Vital Records and Health Statistics death data
Other substances often involved with benzodiazepine overdose deaths include prescription opioids, alcohol, heroin and methamphetamine.

Source: NM DOH Bureau of Vital Records and Health Statistics death data
Prescription Drug Information and Statistics

Methamphetamine Overdose Deaths by the Number of Substances Involved, NM, 2013-2017

Other substances often involved with methamphetamine overdose deaths include heroin, prescription opioids, alcohol, and benzodiazepines.

Deaths

<table>
<thead>
<tr>
<th>Number of Substances Involved</th>
<th>0</th>
<th>50</th>
<th>100</th>
<th>150</th>
<th>200</th>
<th>250</th>
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<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>250</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>150</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
<td>100</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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<td>50</td>
<td></td>
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</tr>
<tr>
<td>6+</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
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</tr>
</tbody>
</table>

Source: NM DOH Bureau of Vital Records and Health Statistics death data
Drug Overdose Death Rates by County, NM, 2013-2017

Source: NM Substance Abuse Epidemiology Profile November 2017 (NM DOH, page 34 chart 3)
Unintentional Drug Overdose Death Rates by County and Drug Type, NM, 2012-2016

Source: NM Substance Abuse Epidemiology Profile February 2017 (NM Department of Health, page 36 chart 5)
doctors' strike
High Doses of Opioids

Relative Risk of Prescription OD Death by Opioid Dose level, NM 2007-2011

Risk relative to ≤20

Average Daily Dose (total MME/total days in 6 months)

Slide Credit: James Davis, MA, Drug Epidemiologist, NM DOH
Opioid Dose-Duration Interaction
Relative Risk of Rx OD Death by Opioid Dose and Days Prescribed in 6 months

Relative Risk to <=20 MME, <30 days

Average dose level (morphine equivalents, MME)

Slide Credit: James Davis, MA, Drug Epidemiologist, NM DOH
Overlapping Prescriptions from different prescribers

Relative Risk of Rx opioid OD Death by days of overlap

Days of Overlap in 6 mo (different prescribers)

Risk relative to None

Opioid

Slide Credit: James Davis, MA, Drug Epidemiologist, NM DOH
Opioid/Sedative-Hypnotic Overlap

Relative risk of OD death with Opioid/sedative-hypnotic overlap, NM 2007-2011

Risk relative to None

Risk relative to None

Prescription Drug OD
Illicit Drug OD

Opioid-Sedative/Hypnotic overlap days in 6 months

None <10 d 10-29d 30-89d 90+d

Slide Credit: James Davis, MA, Drug Epidemiologist, NM DOH
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
Prescription Drug Information and Statistics

Drug Overdose Death Rates, by Selected Age, Sex and Drug Type, NM, 2013-2017

Male
- Rx Opioid Only
- Heroin Only
- Rx Opioid & Heroin

Female
- Rx Opioid Only
- Heroin Only
- Rx Opioid & Heroin

Drug Categories are mutually exclusive
Source: NM DOH Bureau of Vital Records and Health Statistics death data; UNM/GPS population estimates
Prescription Drug Information and Statistics

Benzodiazepine-Involved Overdose Deaths, by Selected Age and Sex, NM, 2013-2017

Source: NM DOH Bureau of Vital Records and Health Statistics death data
In NM, the rate of NAS increased 324% between 2008 (3.3 per 1,000 livebirths) and 2017 (14.0). In the US, the rate increased by 207% between 2008 (2.8) and 2016 (8.6) (Figure 1).

Saavedra, L.G. Epidemiology and Response Division New Mexico Department of Health. New Mexico Epidemiology. 2018. 10
Economic Cost of Opioid Misuse

• Estimate of the number of people in NM in 2017Q2 who are chronic prescription opioid users, and may need treatment (22% of chronic prescription opioid patients)* = 12,400

• Cost per year per person misusing opioids estimate*** = $46,970

• Estimated annual cost of prescription opioid misuse to NM = $582,000,000

Data Sources: NM Board of Pharmacy Prescription Monitoring Program; NMDOH Harm Reduction Syringe Services Program


Note: The Winsorized mid point (min+max)/2 was used as a proxy for the number of people who have potentially problematic prescription opioid use.
FIGURE 1. Distribution of the economic burden of prescription opioid overdose, abuse, and dependence.
<table>
<thead>
<tr>
<th>Category</th>
<th>2015 Q2</th>
<th>2016 Q2</th>
<th>2017 Q2</th>
<th>% Change 2015Q2-2017Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Dose Prescriptions (&gt;=90 MME/day)</td>
<td>57,801</td>
<td>53,462</td>
<td>46,358</td>
<td>-20%</td>
</tr>
<tr>
<td>Chronic Opioid Patients</td>
<td>55,663</td>
<td>56,240</td>
<td>55,783</td>
<td>0%</td>
</tr>
<tr>
<td>Concurrent Opioids and Benzodiazepines</td>
<td>29,059</td>
<td>27,182</td>
<td>24,240</td>
<td>-17%</td>
</tr>
<tr>
<td>Multiple Provider Patients (4 prescribers or 4 pharmacies in 3 months)</td>
<td>5,156</td>
<td>4,133</td>
<td>3,647</td>
<td>-29%</td>
</tr>
<tr>
<td>%Chronic Opioid Patients with a PMP check</td>
<td>41%</td>
<td>47%</td>
<td>56%</td>
<td>37%</td>
</tr>
<tr>
<td>%New Opioid Patients with a PMP check</td>
<td>7%</td>
<td>9%</td>
<td>14%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Source: New Mexico Board of Pharmacy Prescription Monitoring Program Data
EVE	R	BBA	Y
I KNOW NEEDS
WHAT I'M SELLING!

A SWIFT KICK
IN THE BUTT
$100
OPIOID OVERDOSE EPIDEMIC RESPONSE
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

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

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

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

(http://pdas.samhsa.gov/saes/state#, 1/8/18)
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: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)
Sources of Prescription Opioids Among Past-Year Non-Medical Users

- Given by a friend or relative for free
- Prescribed by ≥1 physicians
- Stolen from a friend or relative
- Bought from a friend or relative
- Bought from a drug dealer or other stranger
- Other

<table>
<thead>
<tr>
<th>Percent of Users</th>
<th>Any</th>
<th>1-29</th>
<th>30-99</th>
<th>100-199</th>
<th>200-365</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- a Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.
- b Estimate is statistically significantly different from that for highest-frequency users (200-365 days) (P< .05).
- c Includes written fake prescriptions and those opioids stolen from a physician’s office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.

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
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*

*NM has law in this category
• 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 Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws; The Network for Public Health Law May 2013*
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
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 opioids, such as heroin or prescription pain relievers, at www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator.

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

Opioid Treatment Program Directory
Find treatment programs in your state that treat addiction and dependence on opioids, such as heroin or prescription pain relievers, at dpt2.samhsa.gov/treatment/.

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 hotline 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 150 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
1-800-985-5990
Website: www.samhsa.gov/find-help/disaster-distress-helpline

Stress, anxiety, and other depression-like symptoms are common
# Samhsa-Certified Opioid Treatment Programs

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone</th>
<th>Map</th>
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</thead>
<tbody>
<tr>
<td>Metro Treatment of New Mexico</td>
<td>630 Haines NW</td>
<td>Albuquerque</td>
<td>NM</td>
<td>87102</td>
<td>(505) 268-5611</td>
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<tr>
<td>Recovery Services of New Mexico</td>
<td>1528 Five Points</td>
<td>Albuquerque</td>
<td>NM</td>
<td>87105</td>
<td>(505) 242-6919</td>
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<tr>
<td>Albuquerque Treatment Services, LLC</td>
<td>123 Madiera Street, SE</td>
<td>Albuquerque</td>
<td>NM</td>
<td>87108</td>
<td>(505) 262-1538</td>
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<td>Addictions &amp; Substance Abuse Program (ASAP)</td>
<td>2600 Yale Blvd. SE</td>
<td>Albuquerque</td>
<td>NM</td>
<td>87106</td>
<td>(505) 994-7999</td>
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<td>Albuquerque Health Services</td>
<td>112 Monroe St., NE</td>
<td>Albuquerque</td>
<td>NM</td>
<td>87108</td>
<td>(505) 260-9917</td>
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<tr>
<td>Albuquerque Health Services</td>
<td>172 Montano Rd</td>
<td>Albuquerque</td>
<td>NM</td>
<td>87107</td>
<td>(310) 534-5590</td>
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<tr>
<td>Recovery Services of New Mexico MDC</td>
<td>100 Deputy Dean Miera Dr. S.W.</td>
<td>Albuquerque</td>
<td>NM</td>
<td>87151</td>
<td>(505) 833-4491</td>
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<tr>
<td>Duke City Recovery Toolbox, LLC</td>
<td>912 First Street NW</td>
<td>Albuquerque</td>
<td>NM</td>
<td>87102</td>
<td>(505) 224-9777</td>
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<tr>
<td>Courageous Transformations, Inc</td>
<td>3301 Los Arboles NE</td>
<td>Albuquerque</td>
<td>NM</td>
<td>87107</td>
<td>(505) 800-7092</td>
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<tr>
<td>Recovery Services of New Mexico</td>
<td>2443 Highway 47</td>
<td>Belen</td>
<td>NM</td>
<td>87002</td>
<td>(505) 861-2066</td>
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<td>New Mexico Treatment Services, LLC</td>
<td>1227 N Railroad Ave</td>
<td>Espanola</td>
<td>NM</td>
<td>87532</td>
<td>(505) 747-8187</td>
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<tr>
<td>New Mexico Treatment Services LLC Farmington</td>
<td>607 E Apache</td>
<td>Farmington</td>
<td>NM</td>
<td>87401</td>
<td>(505) 326-2012</td>
<td>Map</td>
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<tr>
<td>ALT Recovery Group</td>
<td>1141 Mall Drive</td>
<td>Las Cruces</td>
<td>NM</td>
<td>88001</td>
<td>(575) 522-0660</td>
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<td>Rio Rancho Health Services</td>
<td>1558 Stephanie Rd. SE</td>
<td>Rio Rancho</td>
<td>NM</td>
<td>87124</td>
<td>(505) 896-5517</td>
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<tr>
<td>Recovery Services of Southern New Mexico</td>
<td>1107 South Atkinson</td>
<td>Roswell</td>
<td>NM</td>
<td>88203</td>
<td>(575) 578-4825</td>
<td>Map</td>
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<tr>
<td>New Mexico Treatment Services, LLC</td>
<td>1264 Rodeo Rd</td>
<td>Santa Fe</td>
<td>NM</td>
<td>87505</td>
<td>(505) 982-2129</td>
<td>Map</td>
</tr>
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</table>

- From SAMHSA website 03/01/2019
CARPOOLING
You're doing it wrong.
THE END.