NALOXONE THROUGHOUT NEW MEXICO - PATIENT, PUBLIC HEALTH, AND RESEARCH

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Disclosure:

J. Katzman- Small research grant with Adapt Pharma

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OBJECTIVES

At the end of this presentation the participant will be able to:

- Understand importance of naloxone use given opioid epidemic
- Apply criteria for co-prescribing naloxone
- Discuss concerns regarding the co-prescribing of naloxone
- Select from the available naloxone preparations for a given clinical situation
- Discuss barriers to the use of naloxone
- Understand the CDC recommendations on the of naloxone in patients prescribed chronic opioid therapy (CPT) for chronic noncancer pain (CNCP)
- Appreciate the regulations in New Mexico that allow pharmacists to prescribe naloxone under protocol

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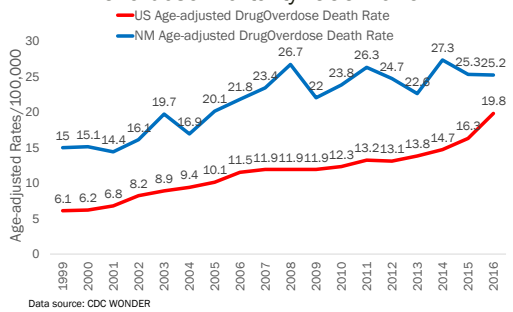
Background: US versus New Mexico Drug Overdose Mortality1999-2016



Data source: CDC WONDER

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Drug Overdose Mortality by State 2005 vs. 2016

Drug Overdose Mortality by State: 2005

Location	Drug Overdose Death Rate	Deaths
New Mexico	20.1	373
Utah	19.3	438
Nevada	18.7	457
Kentucky	15.3	638
Louisiana	14.7	661
Tennessee	14.5	872
Rhode Island	14.3	156
Arizona	14.1	794
Oklahoma	13.8	478
Florida	13.5	2,371
Pennsylvania	13.2	1,613
Washington	13.0	850
Colorado	12.7	608

Drug Overdose Mortality by State: 2016

Location	Drug Overdose Death Rate	Deaths
West Virginia	52.0	884
Ohio	39.1	4,329
New Hampshire	39.0	481
Pennsylvania	37.9	4,627
Kentucky	33.5	1,419
Maryland	33.2	2,044
Massachusetts	33.0	2,227
Rhode Island	30.8	326
Delaware	30.8	282
Maine	28.7	353
Connecticut	27.4	971
New Mexico	25.2	500
Tennessee	24.5	1,630

Source: https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

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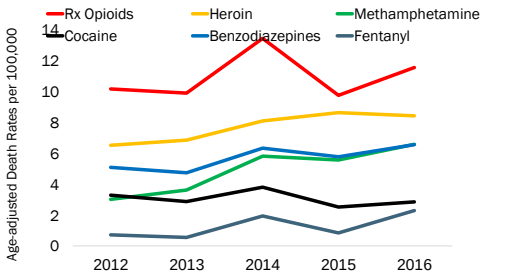
Background: Drug Overdose Death Rates for Selected Drugs, New Mexico 2012-2016



Drug categories are not mutually exclusive
Rates are age adjusted to the US 2000 standard population
Source: Bureau of Vital Records and Health Statistics death data; UNM/GPS population estimates

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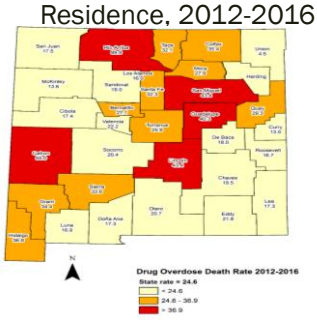
Age-Adjusted Drug Overdose Death Rate by New Mexico County of Residence, 2012-2016



Rates (per 100,000 population) are age-adjusted to the

US 2000 standard population.

Source: Bureau of Vital Records and Health Statistics,

UNM/GPS population estimates

Bhatt S, Katzman JA, Duensing K, Martinez D, Swift R (2017) New Mexico Naloxone Legislation: Targeting Those Most in Need. J Drug Abuse. Vol.3 No.4:27.

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Naloxone-Related Legislation in New Mexico

2001 Authority to Administer, Prescribe, Dispense, and Distribute Naloxone

2007 Good Samaritan Law

2014 Medicaid Coverage

2014 Pharmacist Prescriptive Authority

2016 Naloxone Standing Order

2017 New Mexico House Bill 370 - Mandates take-home naloxone, prescription for naloxone and opioid overdose education for:

- All patients in **Opioid Treatment Programs**
- **Inmates released with diagnosis of OUD**
- **Law Enforcement** agencies

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NALOXONE: A LIFE SAVING MEDICATION

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Naloxone Product Comparisons

	NXN Auto-injector	NXN Intranasal (FDA Approved)	NXN Intranasal (Makeshift)	NXN IM traditional
COMPLEXITY	Usability studies show 90% & 100% correct adm c/t NXN makeshift.[1]	Usability studies show >90% correct adm[3]	60-100% failure rates[1,3]	No usability studies
INSTRUCTIONS	Audio stepwise direction & written directions	Written directions	No FDA approved written directions	N/A for in-home use
CONSIDERATIONS	May inject thru seam of jeans	Reduced Cmax due to altered nasal mucosa (DS, cong)	Requires sig dexterity & familiarity	Requires sig dexterity & familiarity
FDA APPROVED for in-home use	YES, Known or suspected Op OD, EVEN IF NOT TRAINED	YES, Known or suspected Op OD, REQUIRES TRAINING	NO	N/A
DOSE	2mg/0.4mL injection previously 0.4mg/0.4mL	4mg/0.1mL spray	0.5mg/0.5mL	1.0mg/mL
Tmax (median)	0.25 hour (0.4mg dose)	0.33 hour (8mg) (2 x 4mg doses)	*N/A, but consider Kelly et al.[2]	0.38 hour (0.4mg dose)
Cost	170x	10.75x	2x	1x
Private 3rd Party Pay	Discussion…			

1. Edwards, Evan T., et al. "Comparative usability study of a novel auto-injector and an intranasal system for naloxone delivery." Pain and therapy 4.1 (2015): 89-105.
2. Kelly A, et al. Randomised trial of intranasal versus intramuscular naloxone in prehospital treatment for suspected opioid overdose. MJA. 2005;182:24-27.
3. Krieter, Philip, et al. "Pharmacokinetic Properties and Human Use Characteristics of an FDA Approved Intranasal Naloxone Product for the Treatment of Opioid Overdose." The Journal of Clinical Pharmacology (2016).

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Assessing Risk & Addressing Harms of Opioid Use

- CDC Guideline For Safe Opioid Prescribing; Recommendation #8
  - *Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms.*
  - *Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.*

(Recommendation category A: Evidence type: 4)

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

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Potential Impact of the "Guidelines"

- The rate of opioid Rxs defined as "high dose", > 90 morphine equivalent milligrams per day (MME), for chronic noncancer pain (CNCP) in **Jan 2012 = 683 Rxs/100,000 persons**
- The rate of opioid Rxs defined as "high dose", > 90 morphine equivalent milligrams per day (MME), for CNCP in **Dec 2017 = 356 Rxs/100,000 persons**

Bohnert ASB, Guy GP, Losby JL. Opioid prescribing in the United States before and after the Centers for Disease Control and Prevention's 2016 Opioid Guideline. Ann Intern Med. 2018;169(6):367-375.

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Potential Impact of the "Guidelines"

- Overall COT prescribing rate in **Jan 2012 = 6,577 COT Rxs/100,000**
- Overall COT prescribing rate ↓ in **Dec 2017 = 4240 COT Rxs/100,000**

Bohnert ASB, Guy GP, Losby JL. Opioid prescribing in the United States before and after the Centers for Disease Control and Prevention's 2016 Opioid Guideline. Ann Intern Med. 2018;169(6):367-375.

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Chronic Opioid Prescribing Pre-CDC Guideline Release

- In 2010 COT in U.S. = **782 MME per capita**
- In 2015 COT in U.S. = **640 MME per capita**

Guy GP, Zhang K, Bohm MK, etal. Vital signs: changes in opioid prescribing in the United States, 2006–2015. MMWR Morb Mortal Wkly Rep. 2017; 66: 697–704

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Impact of The CDC Guidelines

- The publication & release of the CDC Guidelines for Safe Opioid Prescribing has had a chilling effect on the prescribing of COT for CNCP
- The effect of this on the quality of life of patients being prescribed COT for CNCP has not been as well studied

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Scope of the Problem

- Overall rate of problematic use of opioids across 38 studies of CNCP was <0.1%-81%
- 30% of patients with CNCP seen in primary care, and 8–35% in specialty pain clinics, have a current substance use disorder (SUD)
- Comorbid SUD are consistently higher than the rate of SUDs observed in the general population

Kaye AD, Jones MR, Kaye AD, etal. Prescription opioid abuse in chronic pain: an updated review of opioid abuse predictors and strategies to curb opioid abuse: part 1. Pain Physician 2017; 20: S93-S109

Voon P, Karamouzian M, Kerr T. Chronic pain and opioid misuse: a review of reviews. Sub Abuse treatment Prev Policy.2017;12:1-9.

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Scope of the Problem

- Rate of opioid abuse was reported to be up to 26% among outpatients on COT
- Opioid misuse has been estimated at 24% of COT recipients in a commercially insured sample and 20% in the Medicaid sample
- Addiction may develop in up to 30% of patients on COT

Kaye AD, Jones MR, Kaye AD, etal. Prescription opioid abuse in chronic pain: an updated review of opioid abuse predictors and strategies to curb opioid abuse: part 1. Pain Physician 2017; 20: S93-S109.

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U.S. Prescription Opioid Related Deaths

- Approximately 16,000 deaths in 2013 from Rx opioids
- Approximately 9,000 deaths in 2013 from heroin
- According to the CDC:
  - *~85% unintentional ≈ 13,600 deaths*
  - *~37 unintentional deaths/day*
  - *~1 unintentional death every 40 minutes*
- Children/infant deaths
  - *~3,300 in 2014 (down from 5,187 in 2004)*

Centers for Disease Control and Prevention. MMWR Morb Mortal Wkly Rep. 2015;64(1):32. National Vital Statistics Reports. 2015;64(2). www.cdc.gov/nchs/.

Chen LH, et al. QuickStats: Rates of Deaths from Drug Poisoning and Drug Poisoning Involving Opioid Analgesics—United States, 1999–2013. MMWR Morb Mortal Wkly Rep 2015;64:32. (http://origin.glb.cdc.gov/mmwr/preview/mmwrhtml/mm6401a10.htm?s_cid=mm6401a10_w)

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NSAID Mortality: Putting This in Perspective

Number of NSAID Deaths	16,500
Data Source	Arthritis, Rheumatism, and Aging Medical Information System (ARAMIS)1
Study Type	1999 observational study

Singh G, Triadafilopoulos G. Epidemiology of NSAID induced gastrointestinal complications. *J Rheumatol*. 1999;26(Suppl 56):18-24.

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Types of Opioid Consumers

1. Opioid abuse disorder
   - *Heroin*
   - *Carfentanil*
   - *RX opioids*
   - *Other*
2. Legitimate opioid consumers (RX)
   - *Long-term opioid therapy v. short-term acute pain*
3. A combination of #1 and #2 above

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Risk Factors Associated with Opioid Overdose Deaths

- Colorado Medicaid beneficiaries
- 816 cases with 2,448 controls
  - Dilokthornsakul P Moore G, Campbell JD. Risk factors of prescription opioid overdose among Colorado Medicaid beneficiaries. J Pain. 2015 Dec 22. pii: S1526-5900(15)00985-2. doi: 10.1016/j.jpain.2015.12.006. [Epub ahead of print]

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Risk Factors Associated with Opioid Overdose Deaths

- Six factors were associated with opioid overdose:
  - *mean morphine dose equivalent (>50 mg/day) [Odds ratio (OR) 1.986 (1.509; 2.614)*
  - *methadone use (switching opioid to methadone vs. no methadone use) [OR 7.230 (2.346 - 22.286)]*
  - *drug/alcohol abuse [OR 3.104 (2.195; 4.388)]*
  - *other psychiatric illness [OR 1.730 (1.307; 2.291)]*
  - *benzodiazepine use [OR 2.005 (1.516; 2.652)]*
  - *the number of pharmacies utilized by the beneficiary (≥4 pharmacies vs. 1 pharmacy) [OR 1.514 (1.003; 2.286)]*
  - *ensure the availability of at-home intra-nasal naloxone for overdose rescue based on the presence of risk factors.*

Dilokthornsakul P Moore G, Campbell JD. Risk factors of prescription opioid overdose among Colorado Medicaid beneficiaries. J Pain. 2015 Dec 22. pii: S1526-5900(15)00985-2. doi: 10.1016/j.jpain.2015.12.006. [Epub ahead of print]

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Barriers to Naloxone Use

- Lack of access
  - *neither patient or "bystander" typically carry naloxone on them*
- Payment of naloxone Rx
  - *discourage/prohibit 3rd party Rx*
  - *require examination by physician before naloxone Rx can be written*
- Liability concerns
  - *Prescribers may shy away from Rx for naloxone*
- Fear of legal repercussions
  - *Bystander may be afraid to administer naloxone*
  - *Bystander may be afraid to call for medical asisiatnce*

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Barriers to Naloxone Use: Patient's Perception of Naloxone Rescue Kits

- To address opioid overdose mortality among Veterans, Department of Veterans Affairs (VA) facilities began implementing opioid overdose education and naloxone distribution (OEND) in 2013 and a national program began in 2014; VA residential facility in California
- 2 focus groups consisted of patients from a 6-month homeless program, 2 focus groups consisted of patients from a 3-month SUD treatment program
- > 75% of patients had experience using opioids, > 50% reported ever abusing opioids; 2 patients had overdosed on opioids, 9 reported witnessing an overdose.

Oliva EM, Nevedal A, Lewis ET. Etal. Patient perspectives on an ooioid overdose education and naloxone distribution program in the U.S. Department of Veterans Affairs. Substance Abuse. 2016;37: 118.36

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Barriers to Naloxone Use: Patient's Perception of Naloxone Rescue Kits

- Concerns that the naloxone rescue kits might encourage relapse or be used as a "safety net" to use excessive amounts of opioids
  - *"I mean, so you've taken the real risk of danger out of it for me"*
  - *"My fear of the potential injury goes down and I'm willing to engage in, you know, a little bit more risky behavior."*

Oliva EM, Nevedal A, Lewis ET. Etal. Patient perspectives on an opioid overdose education and naloxone distribution program in the U.S. Department of Veterans Affairs. Substance Abuse. 2016;37: 118.36

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Barriers to Naloxone Use: Provider's Perception of Naloxone Rescue Kits

- Objective was to investigate the knowledge, attitudes and beliefs about overdose education and naloxone prescription among clinical staff in primary care in Colorado health system
- Qualitative study using focus groups to elucidate both clinic-level and provider-level barriers and facilitators in #10 primary care internal medicine, family medicine and infectious disease/HIV practices in three large Colorado health systems

Binswanger IA, Koester S, Mueller SR, etal. Overdose education and naloxone for patients prescribed opioids in primary care: a qualitative study of primary care staff. J Gen Intern Med.2015; 30:1837–44.

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Barriers to Naloxone Use: Provider's Perception of Naloxone Rescue Kits

- Some providers in the Colorado health systems studied had concerns w/ providing naloxone Rx:
  - *a "false sense of security" which could lead to riskier use of opioids and more adverse events*
  - *"One of the concerns I would have was does that give them license to kind of just party away and expect a friend to save their life and they just go to the edge? Are they going to take more risk?"*

Binswanger IA, Koester S, Mueller SR, etal. Overdose education and naloxone for patients prescribed opioids in primary care: a qualitative study of primary care staff. J Gen Intern Med.2015; 30:1837–44.

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Regulatory Changes Associated with Prescribing Naloxone

- 2001
  - New Mexico became 1st state to amend state laws to make it easier for medical professional to prescribe naloxone & lay persons to administer naloxone
- 2007
  - New Mexico became 1st state to amend state laws to encourage Good Samaritans to summon medical help

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Pharmacist Prescribing Naloxone Under Protocol in New Mexico

- Pharmacist Education and Training
  - *Live CE every 2 years*
  - *Participation in this program has been less than hoped for*
  - *There is no ideal model for reimbursement of the pharmacist's time, knowledge & expertise, & patient education*
- Patient Consent
  - *Patient is screened and evaluated by the Pharmacist for the risk of overdose.*
  - *Patient consent form must be completed and signed before the prescribing and dispensing of naloxone.*
  - *Notify the patient's primary care provider with the consent of the patient within 15 days of the original prescription.*

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Pharmacist Prescribing Naloxone Under Protocol in New Mexico

- Patient Screening Criteria (continued)
  - *Elderly patients (> 65) receiving an opioid prescription.*
  - *Households with people at risk of overdose, such as children and/or someone with a substance abuse disorder.*
  - *Patients who may have difficulty accessing emergency medical services (distance, remoteness, lack of transportation, homelessness, and/or without phone services).*
  - *Patients as determined by the Pharmacist using their professional judgment*

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Pharmacist Prescribing Naloxone Under Protocol in New Mexico

- Patient Screening Criteria
  - *Prescribed long-acting opioid (oxycodone ER, oxymorphone ER, morphine ER, transdermal fentanyl, methadone or buprenorphine).*
  - *A high daily dose of opioid prescribed. Inclusion and exclusion criteria will be included in the Pharmacist's training*
  - *Prescribed opiates or opioid use greater than 30 days.*
  - *History of or current polyopioid use.*
  - *Concurrent prescription or OTC medication that could potentiate the CNS and respiratory depressant properties of opioid medications, such as benzodiazepines, antipsychotics, carisoprodol, and/or antihistamine use.*

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Pharmacist Prescribing Naloxone Under Protocol in New Mexico

- Patient Records
  - ❖*Once the patient is identified to be at high risk, the Pharmacist will provide overdose prevention education and training, which includes proper administration of nasal naloxone and the required immediate medical follow-up after proper use of naloxone.*
  - ❖Face-to-face education is required on the proper use of the naloxone, including a plan for overdose prevention and adverse effects. A designated rescue person or persons must be identified by the patient.
  - ❖Patients will be provided with educational materials and a handout describing caregiver medication administration.
  - ❖Family member, caregiver, and/or friend are strongly encouraged to attend the appointment at the discretion of the prescribing Pharmacist, to also receive training at the time the patient receives the naloxone.

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Pharmacist Prescribing Naloxone Under Protocol in New Mexico

- Patient Records (continued)
  - ❖Follow-up training and reinforcement is encouraged, the Pharmacist will provide their contact information for any questions or concerns.
  - ❖In the event the naloxone is used or expired, the patient will return to the Pharmacist to request a new prescription; a thorough evaluation will be completed by the Pharmacist regarding the events leading to naloxone use and to determine whether appropriate medical follow-up was completed, as required.
  - ❖On site documentation of reported use to summarize approximate time/date naloxone was used, number of doses used, name of patient

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NALOXONE STUDIES AT UNIVERSITY OF NEW MEXICO

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Senior Associate Director, ECHO Institute, Project ECHO

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UNM Pain Center Universal Precautions Model for Naloxone Study

Study site and term: Conducted at University of New Mexico Pain Center from 2013-2015

Intervention: Opioid overdose education and take-home naloxone given to all patients using an opioid analgesic, regardless of amount

Hypotheses:

- Overdose risks are fluid
- Eventual recipient of naloxone is unknown
- Education can be short (10-15 minutes) and medication is safe

Takeda, Katzman, Dole, et al, Co-prescription of naloxone as a Universal Precautions model for patients on chronic opioid therapy: an observational study. *Substance Abuse*. 2016, 37:4, 591-596

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Results of UNM Pain Center Universal Precautions Naloxone Study

Patient cohort: UNM Pain Center patients diagnosed with chronic pain *and treated with a chronic opioid (either by PCP or at UNM)*

Study participants: N=206, enrolled July 2014 - June 2016

Morphine equivalent dose:

- Mean: 122.3 (SD: 134.6)
- Median: 90 mg/day

Participants who used take-home naloxone: 1 (no death was reported)

Takeda, Katzman, Dole, et al, Co-prescription of naloxone as a Universal Precautions model for patients on chronic opioid therapy: an observational study. *Substance Abuse*. 2016, 37:4, 591-596

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The concept of

- very brief opioid overdose education (10 min)
- Take-Home Naloxone (vs. prescription)
- Universal Precautions for high risk groups (risk is fluid)

Study Design then used at the University of New Mexico Addiction Program

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Naloxone Use within an OTP Setting: Prospective Cohort Study (at 3 months)

Table 1. Demographics and Medication Treatment

Demographics	n	%
Sex		
Female	174	71.3
Male	70	28.7
Race		
Hispanic/White	154	63.1
Non-Hispanic/White	66	27.1
American Indian/Alaska Native	12	4.9
Black or African American	2	0.8
Asian	1	0.4
Not reported	8	3.3
Unknown	1	0.4
Age		
18-29	4	1.6
20-29	92	37.7
30-39	64	26.2
40-49	30	12.3
50-59	36	14.8
≥ 60	18	7.4

Table 1. Demographics and Medication Treatment

Demographics	n	%
Medication Treatment		
Methadone	193	79.4
Buprenorphine	42	17.3
Naltrexone (oral or Intramuscular)	6	2.5
No opioid replacement therapy	3	1.2
Companion Attendance		
Present	25	10.3
Not present	219	89.8

1- Study Demographics matched OTP population

2- Most study participants received overdose education *without* a companion

Katzman, Takeda, Bhatt. An Innovative Model for Naloxone Use Within an OTP Setting: A Prospective Cohort Study, *J Addict Med*, 2017

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Prior Naloxone Prescriptions for Study Participants

- Fifteen (15) of the 244 study participants* (6.75%) received *prior* naloxone prescription from the UNM Addiction Clinic.
- Each of these 15 study participants denied traveling to the pharmacy to pick up their naloxone prescription.

*Katzman, Takeda, Bhatt. An Innovative Model for Naloxone Use Within an OTP Setting: A Prospective Cohort Study, *J Addict Med*, 2017

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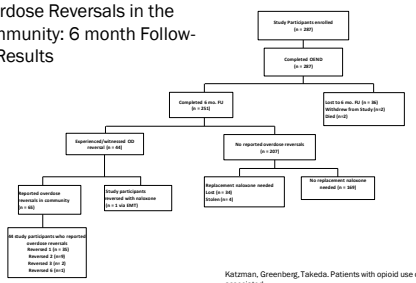
Patients with OUD Associated with Performing Overdose Reversals in the Community: 6 month Follow-up Results



Katzman, Greenberg, Takeda. Patients with opioid use disorder associated with performing overdose reversals in the community. *J Addict Med.* 2018

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6 Months of Patient Enrollment: Naloxone Doses Used

TABLE 2. Variable Distributions Regarding Community Members Reversed with the Prescribed Naloxone

VARIABLE	n	%
Number of naloxone doses used		
One	28	43%
Two	35	54%
Three	2	3%
911 was called		
Yes	30	46%
No	35	54%
Relationship to study participant		
Acquaintance	5	8%
Family member	11	17%
Friend	36	55%
Significant other	4	6%
Stranger	9	14%

Katzman, Greenberg, Takeda. Patients with opioid use disorder associated with performing overdose reversals in the community. *J Addict Med.* 2018

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Logistic Regression Analysis: Patients with OUD Most Likely to Reverse Another Person (6 month data)

Characteristic	Odds Ratio
Younger Age (18-44)	2.64
Hispanic	2.93
Witnessed Prior Overdose	5.51
Have Been Reversed Before	3.07
Two or More Elicit Medications in UNM Toxicology Screen	4.59
Missing Toxicology Screen	2.98

Katzman, Greenberg, Takeda. Patients with opioid use disorder associated with performing overdose reversals in the community. *J Addict Med.* 2018

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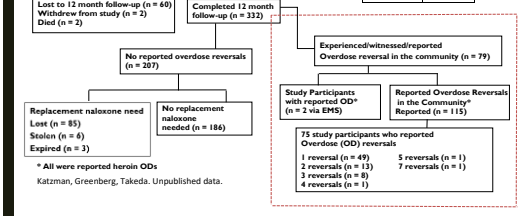
Patients with OUD Associated with Performing Overdose Reversals in the Community: 12-month Follow-up Results



* All were reported heroin ODs

Katzman, Greenberg, Takeda. Unpublished data.

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Patients with OUD Associated with Performing Overdose Reversals in the Community: 12 month Follow Up Results:

- 115 Community overdose reversals
- 80% of victims known to the responder
- Naloxone Doses Used:

1 dose given for 53 reversals

2 doses for 60 reversals

3 doses for- 2 reversals

- All reversals reported to be heroin-related

Katzman, Greenberg, Takeda, Moya, Bhatt, unpublished.

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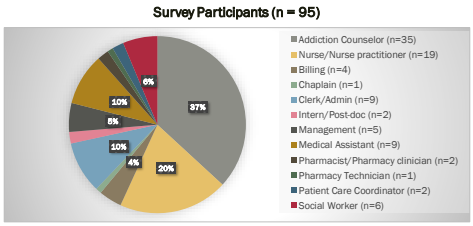
Barriers to Naloxone Prescribing: Provider Survey Results from 9 NM Outpatient Treatment Programs



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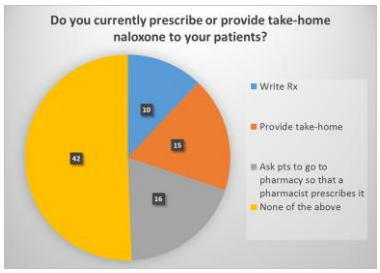
Barriers to Naloxone Prescribing: Provider Survey Results from 9 NM Outpatient Treatment Programs



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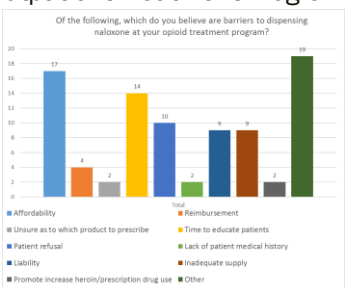
Barriers to Naloxone Prescribing: Provider Survey Results from 9 NM Outpatient Treatment Programs



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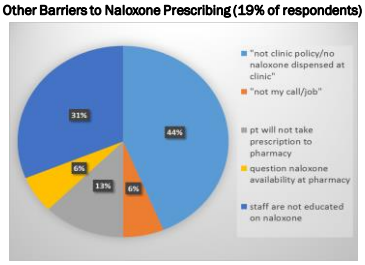
Barriers to Naloxone Prescribing: Provider Survey Results from 9 NM Outpatient Treatment Programs



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Naloxone Doses: Distribution and Reported Reversals in New Mexico's Harm Reduction Program, 2018 Q 1&2

	2018 Q1 & 2		
County	Naloxone Doses Dispensed	Reversals	People Trained
Bernalillo	576	249	803
Catron	6	0	0
Chaves	78	0	57
Cibola	62	0	2
Colfax	18	9	31
Curry	20	10	19
De Baca	4	2	2
Dona Ana	70	26	167
Eddy	98	28	78
Grant	40	20	49
Guadalupe	0	0	2
Harding	0	0	0
Hidalgo	0	0	1
Lea	10	4	15
Lincoln	4	2	6
Los Alamos	8	4	10
Luna	4	2	3
McKinley	0	0	0
Mora	0	0	0
Otero	4	2	20
Quay	16	4	10
Rio Arriba	396	191	529
Roosevelt	0	0	1
San Juan	50	21	27
San Miguel	60	14	66
Sandoval	38	18	60
Santa Fe	446	215	523
Sierra	6	3	10
Socorro	4	2	37
Taos	38	17	54
Torrance	0	0	2
Union	0	0	0
Valencia	4	2	6
Unknown/Missing	0	0	0
New Mexico	2,060	845	2,590

41 Percent (on average) of Naloxone Doses Dispensed were used in an opioid reversal

Reversal defined as patient outcome ok

County defined as where the recipient resides

These are not individual level data-

as the actual individual may have been reversed more than once

NM DOH, 2018

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Naloxone Distribution in New Mexico

- New Mexico Department of Health Harm Reduction Services (Since 2001)
- Law Enforcement Agencies (68 agencies to date using naloxone in policing vehicles)
- Retail pharmacies (through 2017 - 79% of New Mexico outpatient pharmacies have dispensed naloxone)
- Behavioral Health Services Division-Office of Substance Abuse Prevention (BHSD-OSAP): 3 funding streams, 2 federal and 1 local.

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Lessons Learned in New Mexico So Far

1. Strategically Targeted and Mandated Take Home Naloxone distribution critical for opioid overdose reversal in *high risk groups*.
2. Targeted Naloxone distribution through Harm Reduction programs (syringe exchange programs, etc.) critical for overdose reversals.
3. Barriers still exist in mandating Take Home Naloxone to some New Mexico Opioid Treatment Programs, but this could be due to loopholes in NM HB 370 (2017).

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Surgeon General Advisory Statement- Dec 18, 2018

If you or someone you know meets any of the following criteria, there is elevated risk for an opioid overdose.

- Misusing prescription opioids (like oxycodone) or using heroin or illicit synthetic opioids (like fentanyl or carfentanil).
- Having an opioid use disorder, especially those completing opioid detoxification or being discharged from treatment that does not include ongoing use of methadone, buprenorphine, or naltrexone.
- Being recently discharged from emergency medical care following an opioid overdose.
- Being recently released from incarceration with a history of opioid misuse or opioid use disorder.

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HHS Guidance- Dec 20, 2018

The new HHS guidance recommends that clinicians consider prescribing or coprescribing naloxone to individuals with a high risk of opioid overdose, including patients who:

- are prescribed a high dosage of opioids (50 morphine milligram equivalents or greater per day);
- are prescribed any dose of opioids and have respiratory conditions;
- are prescribed any dose of opioids and have been prescribed benzodiazepines;
- are prescribed any dose of opioids and experience a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder;
- use heroin, use illicit synthetic opioids, or misuse prescription opioids;
- use other illicit drugs, which could potentially be contaminated with illicit synthetic opioids like fentanyl;
- receive treatment for opioid use disorder, including medication-assisted treatment; or
- have a history of opioid misuse that were recently released from incarceration or other controlled settings where tolerance to opioids has been lost.

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Thank You!

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