

2020 Report and Recommendations

New Mexico's Overdose Prevention and Pain Management Advisory Council is charged with reviewing the current status of overdose prevention and pain management standards and education efforts for both consumers and professionals. It is also charged with recommending pain management and clinical guidelines. The Council was created pursuant to a revision to the Pain Relief Act in 2012 and is administratively attached to the Department of Health. The Council's name and membership were modified in 2018 pursuant to Section 24-2D-5.2 NMSA 1978.

New Mexico's drug overdose death rate has been significantly higher than the national rate for many years. NM experienced a downturn in the drug overdose death rate and an improvement in its national ranking for overdose death from 2014 through 2017. However, drug overdose deaths increased in 2018 and 2019, with a total of 605 deaths due to drug overdose in 2019, compared to 491 in 2017, a 23% increase over two years. New Mexico ranked 16th among states (with 1st being the highest rate) for total drug overdose death rate in 2018, which fell to 12th in 2019.

The primary drivers of the increase in drug overdose deaths over the past two years are illicit drugs, methamphetamine and fentanyl in particular. Methamphetamine deaths have increased from a total of 150 in 2017 to 264 in 2019 and the age-adjusted rate rose from 7.71/100,000 to 13.7/100,000, a 78% increase. Fentanyl deaths numbered 55 in 2017 and 129 in 2019. The age adjusted rate increased from 2.81/100,000 to 6.71/100,000, a 139% increase. Cocaine deaths are also increasing, with 55 deaths in 2017 and 79 in 2019, with the corresponding rates going from 2.72/100,000 to 3.85/100,000. Heroin deaths continue to fluctuate, decreasing from 148 deaths in 2017 to 141 in 2018, but increasing to 200 in 2019. The overall increase in the rate from 7.54/100,000 in 2017 to 10.32/100,000 in 2019 is a 37% increase in the age-adjusted rate.

Notwithstanding the increase in drug deaths overall, deaths due to prescription drugs continue to decrease. Prescription drug deaths went from 187 in 2017, to 198 in 2018 and back down to 179 in 2019. Overall the rate decreased from 8.99/100,000 to 8.62/100,000. The main factor associated with the decrease in prescription drug deaths is that New Mexico implemented all six of the key actions described in the National Safety Council's 2018 report. These six key actions were: "mandating prescriber education, implementing opioid prescribing guidelines, integrating prescription drug monitoring programs into clinical settings, improving data collection and sharing, treating opioid overdose, and increasing availability of opioid use disorder treatment". Trends in all categories of high risk prescribing are declining in New Mexico. Improvements in these areas are being made thanks to the coordinated efforts of many stakeholders (such as state agencies, public and private organizations, and universities) and with the support of the legislature and the Governor.

Continued improvements in naloxone training and distribution are necessary to decrease the death rates due to both licit and illicit opioids. New Mexico continues to improve the distribution of naloxone in the state, as 95% of retail pharmacies distributed naloxone in 2019. There are several promising drugs under investigation for methamphetamine dependence and abuse, including sustained-release methylphenidate and Mirtazapine, both of which have shown reduced cravings and use in studies.

Other measures could be used to decrease deaths due to methamphetamines and other non-opioid drugs. In the meantime, medication-assisted treatment for substances other than opioids is being developed. Drug courts and diversion to monitored treatment have been shown to reduce recidivism due to methamphetamines. Peer support and referrals to treatment after a non-fatal overdose seen in the emergency room have been effective in reducing opioid overdoses in individuals; tailoring a similar response for other substances could also prove to be valuable. Safe injection sites have also reduced fatal overdoses in communities that have established them.

The following recommendations are made by the Council:

1. The Human Services Department should pilot and evaluate a project of including integrative medicine to treat chronic non-cancer pain in Centennial Care and Fee-for-Service Medicaid for a year in Federally Qualified Health Care Centers and other health care clinics. (Integrative medicine is medical care that selectively incorporates elements of complementary and alternative medicine into orthodox methods of diagnosis and treatment. Examples of complementary and alternative medicine include acupuncture, aromatherapy, chiropractic, dietary supplements, herbal medicine, homeopathy, massage therapy, music therapy, mediation, osteopathy, yoga, and others.)
2. The Legislature should fund the Administrative Office of the Courts for case managers in all drug or DWI courts to provide linkage to care and/or social/recovery services.
3. The Legislature should update the Physical Therapy Practice Act to include the addition of the Physical Therapist Licensure Compact to allow for interstate practice. This legislation would provide for easier access to physical therapists who provide non-pharmacological pain management.
4. The Legislature should decriminalize the possession of fentanyl test strips, which are currently considered drug paraphernalia. (Controlled Substances Act: 30-31-25.1) Fentanyl test strips can be used by people who use drugs to detect the presence of fentanyl in substances that people who use substances plan to ingest, thus warning them of increased risk of overdose due to fentanyl.

5. The Legislature should enact legislation permitting the Harm Reduction Program in the Department of Health to distribute fentanyl test strips to people who use substances to reduce their risk of overdose.
6. The Legislature should eliminate the classification of syringes and needles as “drug paraphernalia” in 30-31-25.1 NMSA 1978 to decrease the likelihood of syringe litter being found in public and to increase the return rate of syringes to safe disposal options, such as the NMDOH Syringe Service Program.
7. To promote personal and public safety, the legislature should provide for additional protection against paraphernalia charges for individuals enrolled in the NMDOH Harm Reduction Program in NMSA 1978 24-2C and 30-31-25.1 for items used to consume or prepare substances provided by NMDOH Harm Reduction Program, which have been determined by the department, to reduce negative consequences associated with substance use.