

# Heroin and Opioid Epidemic

By: Catherine Cullen

RRPS Board of Education

MBM Candidate

# Types of Drugs

**Marijuana:** Marijuana is the most common illegal drug that is abused, and many people begin using it as a recreational drug in social situations.

**Alcohol:** Abusing alcohol can cause psychological, physical, and social problems, and it can lead to the destruction of relationships, friendships, and marriages. Can lead to alcohol poisoning and over a long period of time can result in heart and liver damage.

**Inhalants:** They are not technically in the category of narcotics, but people abuse them and can become addicted to them over time. spray paint, butane, and nitrous oxide that they can inhale to achieve a high. Use can lead to brain damage and sudden death.

**Prescription Drugs:** The second-most commonly abused drugs are prescriptions, including everything from anti-anxiety medications to sedatives and ADHD pills to anti-seizure medications. The abuse of prescription painkillers such as Vicodin and Oxycodone during recovery from injuries is also very common.

- “ Amphetamines: Accelerating the user’s bodily and mental functions, amphetamines can cause manic periods of distress in abusers. extreme paranoia, inexplicable behavior, and delusions.  
Hallucinogens
- “ PCP (phencyclidine) and LSD (lysergic acid diethylamide) are hallucinogens, which means that they make users feel, see, and hear things that are not real. While they experience hallucinations with these drugs, users lose touch with reality and enter mental states of disconnection, as if their bodies and minds are not working together or connected.
- “ Crack: A potent form of cocaine, crack is often smoked and suddenly creates an intense euphoric sensation for a short while. Crack has turned into a problem because it is cheap and easy to buy and use.
- “ Cocaine is a very dangerous stimulant even when taken in small amounts. It induces euphoria, increases blood pressure, and accelerates the heart rate. The drug may lead to fatal strokes or heart attacks for some users.

## **Narcotics**

["Fentanyl](#)

["Heroin](#)

["Hydromorphone](#)

["Methadone](#)

["Morphine](#)

["Opium](#)

["Oxycodone](#)

## **Stimulants**

["Amphetamines](#)

["Cocaine](#)

["Khat](#)

["Methamphetamine](#)

## **Depressants**

["Barbiturates](#)

["Benzodiazepines](#)

["GHB](#)

["Rohypnol®](#)

## **Hallucinogens**

["Ecstasy/MDMA](#)

["K2/Spice](#)

["Ketamine](#)

["LSD](#)

["Peyote & Mescaline](#)

["Psilocybin](#)

["Marijuana/Cannabis](#)

["Steroids](#)

["Inhalants](#)

## **Drugs of Concern**

["Bath Salts or Designer Cathinones](#)

["DXM](#)

["Kratom](#)

["Salvia Divinorum](#)

**Consolidated Publication** [Drugs of Abuse](#)

### What Are Opioids?

Most opioids are narcotic medications used to treat pain. Opioid medications work by binding to specific opioid receptors in the brain, spinal cord, and gastrointestinal tract. In doing so, they minimize the body’s perception of pain. Opioids can also have an effect on parts of the brain and body that regulate mood, blood pressure, and breathing.

### Common Opioid Medications

- “Oxycodone (PERCOCET®, OXYCONTIN®, ROXICET®, etc.)
- “Hydrocodone (VICODIN®, NORCO®, LORTAB®, etc.)
- “Hydromorphone (DILAUDID®, EXALGO®, etc.)
- “Codeine (TYLENOL #3, Cough syrups, etc.)
- “Morphine (MS CONTIN®, KADIAN®, AVINZA®, etc.)
- “Oxymorphone (OPANA®, OPANA® ER)
- “Fentanyl (DURAGESIC®)
- “Methadone (METHADOSE®)
- “Buprenorphine (SUBOXONE®, BUTRANS®, SUBUTEX®, ZUBSOLV®, etc.)

### Common Side Effects from Opioids

- “Tolerance - needing more medication to get pain relief
- “Physical dependence - withdrawal symptoms when the medication is stopped
- “Increased sensitivity to pain
- “Depression
- “Constipation
- “Dry mouth
- “Sleepiness
- “Itching and poor wound healing
- “Hormone imbalances

Not all opioids are prescription pain relievers. Heroin is also an opioid drug made from morphine and has the same effect on the brain and body as opioid medications used to treat pain. Heroin use is associated with many health risks, including overdose and death. It is usually inhaled or injected and rapidly enters the brain. Once in the brain, heroin is converted back into morphine.

**Natural opioid analgesics**, including morphine and codeine

**semi-synthetic opioid analgesics**,

including drugs such as oxycodone, hydrocodone,  
hydromorphone, and oxymorphone;

**Methadone**, a synthetic opioid;

**Synthetic opioid analgesics** other than methadone, including  
drugs such as tramadol and fentanyl; and

**Heroin**, an illicit (illegally-made) opioid synthesized from  
morphine that can be a white or brown powder, or a black sticky  
substance.

# Heroin

As a destructive opioid, heroin can lead to seizures, psychosis, and hallucinations when it is abused. Heroin injections can also spread diseases such as human immunodeficiency virus and hepatitis. This drug is known to cause serious health issues when it is abused because it interferes with the brain's receptors. Users become dependent on it very quickly. Need more and more to achieve the same high.

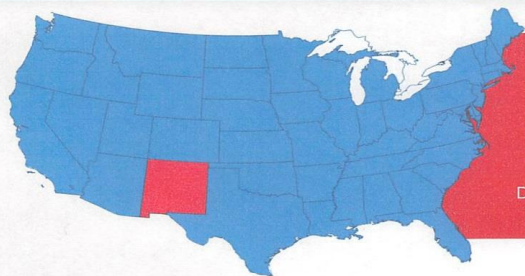
Heroin use **more than doubled** among young adults ages 18. 25 in the past decade.

More than **9 in 10** people who used heroin also used at least one other drug.

**45%** of people who used heroin were also addicted to prescription opioid painkillers.



# DRUG OVERDOSE IN NEW MEXICO



New Mexico has the **2nd HIGHEST** drug overdose death rate **IN THE US**

New Mexico's drug overdose death rate (26.4 deaths per 100,000 population) in 2014 was **ALMOST TWICE THE NATIONAL RATE** (14.7 deaths per 100,000) in 2014

Drug overdose is the #1 cause of unintentional injury death in NM and nationally

-NMDOH



**3 of 4**

Drug overdose deaths in NM in 2014 involved **prescription opioids or heroin**.

-NMDOH



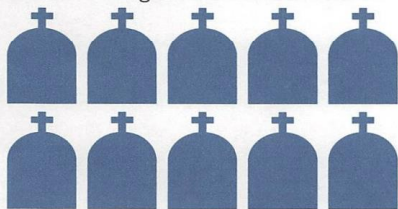
The overdose death rate in New Mexico **increased by 146%** from 2001 to 2014.

-NMDOH

In 2014, there were

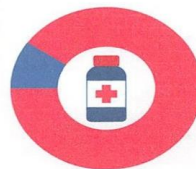
**540**

deaths to drug overdose in New Mexico.



To put that into context, an average of **TEN** people **DIED EVERY WEEK** of drug overdose

-NMDOH



The United States, with 4.6% of the world population **USES**

**80%**

of the world production of prescription opioids.

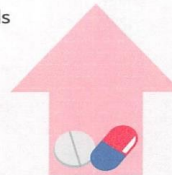
- Manchikanti, et al. 2010

The amount of prescription opioids sold in NM increased by

**236%**

between 2001 and 2014.

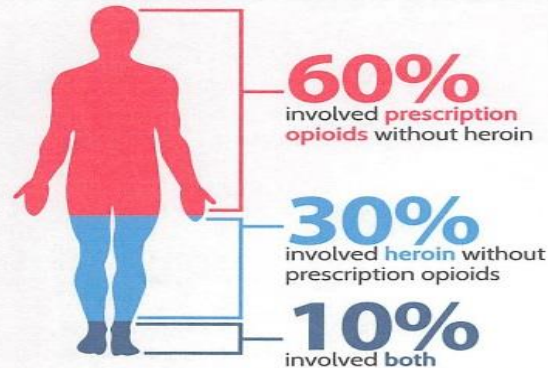
- DEA sales data



**PEOPLE WITH PRESCRIPTIONS ARE AT RISK OF OVERDOSE, NOT JUST NONMEDICAL USERS.**

- Kolodny et al., 2015

## OF OVERDOSE DEATHS INVOLVING HEROIN OR PRESCRIPTION OPIOIDS IN 2014:



## MOST NONMEDICAL USERS OF PRESCRIPTION OPIOIDS REPORT OBTAINING DRUGS:

- + From a friend or relative for free
- + Bought from a friend or relative
- + Taken without asking from a friend or relative

**TAKEN WITHOUT ASKING IS MORE COMMON AMONG THE YOUNGEST USERS, EMPHASIZING THE NEED FOR APPROPRIATE STORAGE OF THESE DRUGS.**

- National Survey on Drug Use and Health



## RESPIRATORY DEPRESSION IS ONE EFFECT OF HEROIN OR OPIOIDS

The victim fails to breathe enough to keep the brain and other organs supplied with oxygen

Naloxone reverses the effects of opiates, including respiratory depression and can save lives

## PREVENTION STRATEGIES

### IMPROVE PRESCRIBING PRACTICES

Increased use of Prescription Monitoring Programs (PMP) has been shown to reduce some dangerous combinations and prescriptions from multiple prescribers. Prescribing guidelines have reduced excessive prescribing in several states that have implemented them.

### INCREASE ACCESS TO NALOXONE

Naloxone can reverse opioid overdose and prevent deaths if administered in time and followed up appropriately.

### INCREASE ACCESS TO TREATMENT FOR DRUG DEPENDENCE AND ABUSE

Medication assisted treatment (MAT), such as methadone or suboxone therapy, has been shown to be effective in treating opioid dependence and abuse.

### ENCOURAGE SAFE STORAGE AND DISPOSAL OF PRESCRIPTION DRUGS

Safe and secure storage and disposal reduce the amount of prescription drugs available for diversion.

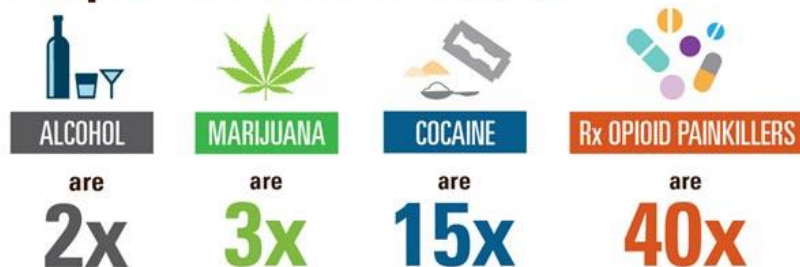
## Heroin use is part of a larger substance abuse problem.

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...



...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.



## Responding to the Heroin Epidemic



### **PREVENT** People From Starting Heroin

#### **Reduce prescription opioid painkiller abuse.**

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



### **REDUCE** Heroin Addiction

#### **Ensure access to Medication-Assisted Treatment (MAT).**

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



### **REVERSE** Heroin Overdose

#### **Expand the use of naloxone.**

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC Vital signs, July 2015

Athletes

**“From athletes to addicts:  
Parents share stories of  
how they lost their  
children**

” Albuquerque Journal June 28, 2015

Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent. It is a schedule II prescription drug, and it is typically used to treat patients with severe pain or to manage pain after surgery. It is also sometimes used to treat patients with chronic pain who are physically tolerant to other opioids.

Federal narcotics agents and state health officials are investigating the deaths of at least 20 people who overdosed on the powerful painkiller fentanyl in New Mexico this year, apparently after taking what they thought was black-market oxycodone.

Federal agents are focusing on a spate of deaths in Ruidoso and at least one other near Belen.

The victims ranged in age from 17 to 63; 17 of the 20 were men.

In the deaths in Ruidoso, the victims purchased what appeared to be 30-milligram pills of oxycodone, a prescription painkiller, but agents believe it was fentanyl mixed with an inert base. Fentanyl is a painkiller that is up to 100 times stronger than morphine and can be lethal even in small doses

**Drug Overdose Deaths and Death Rate by County, NM 2014 - 2015**

**SOURCE:** Bureau of Vital Records NMDOH; UNM/GPS population estimates. Death rate is per 100,000 population, age adjusted to the US 2000 standard population

County Name	2015 Deaths	2015 Death Rate	2014 Deaths	2014 Death Rate
Bernalillo	200	29.8	197	28.4
Catron	1	75.6	2	61.1
Chaves	10	18.7	7	9.6
Cibola	2	6.4	5	17.2
Colfax	2	18.1	3	26.3
Curry	7	15.3	8	15.5
De Baca	0	0.0	1	99.6
Dona Ana	38	18.5	36	19.3
Eddy	19	37.1	16	29.8
Grant	9	46.1	9	40.3
Guadalupe	2	41.8	1	20.3
Harding	0	0.0	0	0.0
Hidalgo	0	0.0	4	115.4
Lea	10	15.6	11	17.1
Lincoln	2	13.7	9	48.3
Los Alamos	3	12.2	2	14.9
Luna	2	11.7	3	18.2
McKinley	8	12.1	9	14.8
Mora	0	0.0	1	30.0
Otero	14	22.1	16	24.6
Quay	5	63.1	2	22.0
Rio Arriba	28	81.4	40	110.2
Roosevelt	3	22.8	2	10.2
Sandoval	23	17.8	33	26.0
San Juan	17	13.0	22	19.8
San Miguel	8	34.0	12	49.6
Santa Fe	48	33.9	45	31.0
Sierra	4	22.4	3	30.4
Socorro	3	17.6	5	33.2
Taos	12	43.6	9	26.3
Torrance	3	21.2	6	33.8
Union	0	0.0	1	22.1
Valencia	10	13.1	20	26.3
New Mexico	493	24.8	540	26.8







© East Liverpool Police Department

The White House's top drug control official is set to address the opiate crisis during a forum on Thursday in New Mexico - a state that most recent statistics show has the nation's second highest overdose death rate. Michael Botticelli, director of the White House Office of National Drug Control Policy, is expected to discuss programs aimed at preventing and treating prescription drug addictions during a forum in Albuquerque on Thursday. His visit to New Mexico comes a day after the Obama administration announced it will spend \$17 million to help law enforcement agencies deal with the rise in heroin and opioid addiction.

Here's a look at some issues that some say are at the center of the state and national opiate epidemic, and what officials are proposing:

What's fueling the problem

New Mexico overdose deaths surged by 20 percent in 2014 over the year before, with about 27 deaths per 100,000 residents, according to the most recent federal figures available. The U.S. Centers for Disease Control and Prevention data shows that rate is nearly twice as high as the national rate of 14.7 deaths per 100,000 people. Only West Virginia exceeded New Mexico in overdose deaths that year.

Experts say an increase in abuse of legal pharmaceutical opiates and the prevalence of heroin in more communities across the country have fueled the recent rise in overdose deaths. Prescription opiates, such as oxycontin and percocet, are chemically similar to heroin.



SANTA FE . State authorities reported Thursday they are investigating 20 drug overdose deaths in New Mexico so far this year that were likely caused by illicitly manufactured fentanyl, including two in Lincoln County.

Fentanyl is one of a group of synthetic opioids sometimes substituted for and sold on the street as heroin, oxycodone or other drugs. It has a potency many times higher than that of morphine. People who knowingly or unknowingly use these drugs are at high risk of overdose and death.

A news release from the state Department of Health and the Office of the Medical Investigator said that of the 20 deaths confirmed so far this year as involving synthetic opioids, 11 also had methamphetamine present in toxicology results.

Ages of the victims ranged from 17 to 63. Eighty-five percent were male. The counties of residence included the following: Bernalillo (5), Chaves (2), Lea (2), Lincoln (2), Colfax, Eddy, Guadalupe, Otero, Sandoval, San Miguel, Santa Fe, Valencia, and one unknown.

The release did not name the Lincoln County victims it was including in its count as fentanyl-related.

Authorities said fentanyl and similar synthetic opioids with names like acetyl fentanyl, furanyl fentanyl, butyryl fentanyl have been increasingly seen alone or in combination with other drugs as a cause of drug overdose death nationally.

The Health Department said it is warning law enforcement, medical professionals, and citizens to consider using repeat doses of naloxone (Narcan) as needed in the event of a potential overdose.

The non-medical or recreational use of opioids increases the risk of overdose and death particularly due to the possibility they are unknowingly cut with illicitly manufactured fentanyl, said Health Secretary, Lynn Gallagher.

It is very important for users, health care providers and law enforcement to be aware of these dangerous drugs, and know that an overdose due to these drugs may require additional naloxone and monitoring.

## WHY HOPE?

### NM HOPE INITIATIVE

#### Heroin and Opioid Prevention and Education

At a time when the entire nation is confronting an opioid crisis that is affecting Americans in every state and from every background and walk of life, New Mexico, with one of the nation's highest overdose death rates, is among the states hardest hit. Chancellor Paul B. Roth of UNM's Health Sciences Center and U.S. Attorney Damon P. Martinez launched the New Mexico HOPE – **Heroin and Opioid Prevention and Education** – Initiative in January 2015 because the consequences of heroin and prescription opioid use affect all New Mexicans by impacting public safety, public health and the economic viability of our communities.

HOPE is a collaborative effort between the University of New Mexico's Health Sciences Center and the U.S. Attorney's Office that is partnering with the Bernalillo County Opioid Accountability Initiative with the principal goals of protecting our communities from the dangers associated with heroin and opioid painkillers and reducing the number of opioid-related deaths in New Mexico. Recognizing that the opioid crisis is a unique problem with an enormous reach, the HOPE Initiative is comprised of five components – (1) prevention and education; (2) treatment; (3) law enforcement; (4) reentry; and (5) strategic planning – and advocates a broad, multi-dimensional approach to the challenges it presents.

HOPE recognizes that medical science and law enforcement have key roles in responding to this crisis, but acknowledges that prosecution and treatment are not enough. It is committed to working collaboratively with a diverse cross-section of community stakeholders to develop new strategies for education, prevention and intervention. At its core, the HOPE Initiative is about making New Mexico healthier, safer, stronger, and drug free!

**HB 277**

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## Overdose Deaths Decline in Nearly Two-Thirds of New Mexico's 33 Counties

September 20, 2016 - [Opioid Safety](#) - [Information](#)

### 2015 County-Level Drug Overdose Data Follows 9 Percent Decrease in Overdose Fatalities Statewide

Today, the New Mexico Department of Health announced that nearly two-thirds of New Mexico counties saw a decline in overdose deaths last year. The department released county-by-county data, which shows overdose deaths decreased in 20 of 33 counties. Earlier this year, the Department of Health reported a 9 percent decrease in statewide overdose deaths.

*"We're working hard with law enforcement, health care professionals, and community partners throughout the state to fight the devastating impact of drug abuse," Governor Susana Martinez said. "While results like these show important progress, we need to continue fighting this issue with coordinated efforts of education, prevention, treatment, and enforcement to help more families protect themselves and their loved ones from the dangers of drug abuse."*

The number of overdose deaths declined by 10 or more deaths in Sandoval, Valencia and Rio Arriba counties in 2015 compared to 2014.

Overdose deaths in Rio Arriba County declined by 30 percent; from 40 deaths in 2014 to 28 deaths in 2015; however, Rio Arriba County has the highest drug overdose death rate in the state. Other counties with high overdose death rates included Quay at 63.1 deaths per 100,000, Grant at 46.1 per 100,000, and Taos at 43.6 per 100,000.

According to 2015 state mortality data previously released by NMDOH, New Mexico's statewide drug overdose death rate decreased from 2014. The drug overdose death rate fell to 24.8 deaths per 100,000 in 2015, a 7.5 percent decrease from 26.8 in 2014.

There were 493 total drug overdose deaths of New Mexico residents in 2015 compared to a record high of 540 in 2014. National data for 2015 is not yet available. However, New Mexico's drug overdose death rate was the second highest in the nation in 2014.

Although the prescription opioid death rate declined in 2015 compared to 2014, the heroin overdose death rate increased over that period. Deaths involving methamphetamine remained at the high levels seen in 2014. While methamphetamine was involved in a smaller percent of deaths than heroin or prescription opioids, deaths involving methamphetamine have tripled since 2006.

*"We are working hard to reduce overdose deaths in New Mexico. The recent decrease shows we're making progress, but we still have a lot more work to do,"* said Department of Health Secretary Designate Lynn Gallagher. *"The fact is, our state continues to suffer from drug abuse. One overdose death is one too many. And until we have zero fatalities related to drugs, we're going to continue to do all that we can to address the issue with our partners."*

New Mexico Governor Susana Martinez signed two pieces of legislation earlier this year, which take important steps to prevent drug misuse and combat overdose death:

- SB 263 requires practitioners to check the Prescription Monitoring Program database when prescribing opioids. The database allows prescribers and pharmacists to check the prescription history of their patients.

- The Governor also signed legislation which increases the availability of naloxone, a medication that reverses opioid overdoses. Medicaid claims for naloxone among outpatient pharmacies in New Mexico increased 83 percent between the first three months (January-March) and the second three months (April-June) of 2016.**

Additionally, the Department of Health and the Human Services Department recently secured more than \$11 million in various grants to reduce opioid-related deaths, strengthen prevention efforts, and improve opioid surveillance data. Following successful grant applications by the state, the US Substance Abuse and Mental Health Services Administration awarded HSD's Behavioral Health Services Division \$6.8 million over five years in two separate grants to support training on prevention of opioid overdose-related deaths; aid in the purchase and distribution of naloxone to first responders; and bring prescription drug misuse prevention activities and education to schools, communities, parents, prescribers and their patients. The NMDOH Epidemiology and Response Division just received two grants from the US Centers for Disease Control and Prevention totaling \$3.7 million over three years to aid in preventing prescription drug overdoses and to enhance tracking and reporting of overdoses; this is in addition to \$3.4 million received in September 2015 over 4 years for preventing prescription drug overdoses.

For information, please visit the [Prescription Opioid Safety](#) and [Harm Reduction](#) sections of our website.

Coming to a High School Near You: Drugs that  
Reverse Heroin Overdoses

Naloxone will be offered for free to all U.S. high  
schools . but how many will accept?



***Naloxone Use in the School Setting:  
The Role of the School Nurse***

***Position Statement***

**SUMMARY**

It is the position of the National Association of School Nurses (NASN) that the safe and effective management of opioid pain reliever (OPR)-related overdose in schools be incorporated into the school emergency preparedness and response plan. The registered professional school nurse (hereinafter referred to as school nurse) provides leadership in all phases of emergency preparedness and response. When emergencies happen, including drug-related emergencies, managing incidents at school is vital to positive outcomes. The school nurse is an essential part of the school team responsible for developing emergency response procedures. School nurses in this role should facilitate access to naloxone for the management of OPR-related overdose in the school setting.



Do school nurses REALLY need naloxone? The answer is YES. The data about drug overdose is

alarming. The [Centers for Disease Control and Prevention](#) states, "The United States is in the midst of a prescription painkiller overdose epidemic. Daily, 44 people will die from an overdose of prescription pain medication. [The rise in deaths](#) has mirrored the quadrupling of painkillers prescribed in the U.S."

<http://www.drugfree.org/>

## **STANDING ORDER FOR ADMINISTRATION OF NALOXONE BY SCHOOL PERSONNEL**

**Authority:** NMSA 1978, 24-23-1.B: Any person acting under a standing order issued by a licensed prescriber may store or distribute an opioid antagonist; and, NMSA 1978, 24-23-1.E A person may administer an opioid antagonist to another person if the person: 1) in good faith, believes the other person is experiencing a drug overdose; and 2) acts with reasonable care in administering the drug to the other person.

**Purpose:** To contribute to decreasing morbidity and mortality related to opioid overdose, this standing order permits:

- School nurses to obtain, store, and administer naloxone; and,
- Non-clinical staff and volunteers of schools who have completed an overdose prevention and naloxone administration class to obtain, store, and administer naloxone.

**Obtaining Naloxone:** Naloxone may be obtained from any entity which is willing to provide it to the school, whether by donation or purchase. This includes, but is not limited to: Pharmacists, pharmacies, pharmaceutical manufacturers, or pharmaceutical supply organizations, medical facilities, health organizations, or licensed prescribers. Individual or group donors may pay for medication, but it must be provided directly to the school from an entity licensed to store or distribute medications.

**Naloxone storage for schools:** Naloxone may be stored at any school so long as the storage location is kept secure, with entry limited to staff and individuals designated by the school nurse. Naloxone must be checked monthly for expiration. In the event it expires, new naloxone must be obtained and the expired naloxone properly disposed.

**Assessment:**

Any school nurse, or designated individual who has gone through training, may administer naloxone to an individual who presents with a possible overdose so long as the person administering naloxone:

- 1) in good faith, believes the other person is experiencing a drug overdose;  
and,
- 2) acts with reasonable care in administering the naloxone to the other person.

**Order**

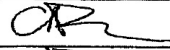
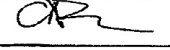
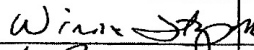
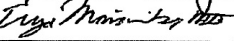
For any individual who presents with a possible overdose:

1. Activate EMS/call 911.
2. Administer intranasal naloxone by inserting the atomizer end into the nostril and pushing the plunger at the base of the device. Either of these devices may be utilized:
  - a. *Naloxone 2 mg/2 ml in prefilled syringe for intranasal use using a Mucosal Atomization Device (MAD)*  
OR
  - b. *Naloxone 4 mg/0.1 ml in FDA-approved intranasal administration devices*

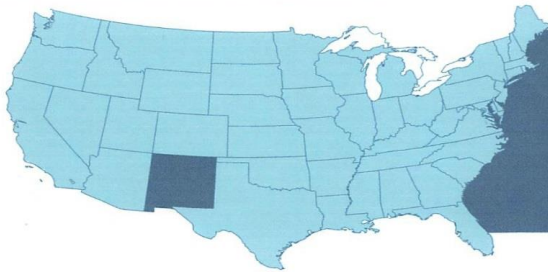
**Warning:** Naloxone reversal of an opioid overdose can be rapid – following administration, the patient may regain consciousness quickly, but may be confused, agitated, irritable, and/or combative (due to precipitated withdrawal and possibly due to hypoxia). Safely restrain the patient and find a quiet place for the client to rest.

3. Provide rescue breathing/CPR as needed. If CPR is not necessary, place the patient on their side (to prevent aspiration).
4. If a comatose patient with suspected overdose fails to awaken with naloxone within 5 minutes, administer a second dose of naloxone (ampule or spray) via one of the two intranasal forms as above. Consider alternate causes for the condition (e.g., MI, hypoglycemia).
5. Stay with the individual until EMS or other medical services arrive. Naloxone may rarely cause adverse effects in individuals with contraindications, so the person must be observed during this time, either by the person who administered naloxone, another trained individual, EMS personnel, or a clinically licensed individual.
6. Naloxone wears off after 30-90 minutes – respiratory depression may re-occur with long-acting opioids. Additional doses of naloxone may be required until emergency medical assistance becomes available.
7. Documentation of the administration of naloxone on the Adverse Reporting Form for Schools should be completed within 72 hours of the event and submitted to the Regional School Health Advocate.
8. A copy of the drug information sheet is located at <http://nmhealth.org/about/phd/idb/hrp/>.
9. School staff, including school nurses and other staff members, may utilize the NMDOH administration curriculum: *Overdose Prevention and Rescue Breathing in 20 Minutes or Less* educational handout, located at <http://nmhealth.org/about/phd/idb/hrp/>.

This standing order shall remain in effect until rescinded.

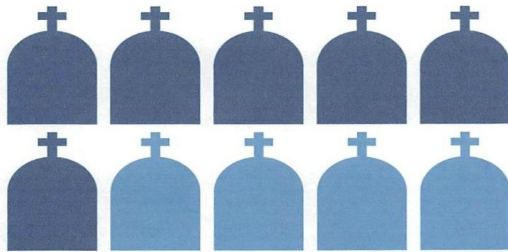
Licensed Prescriber	NPI	Signature	Date
Christopher Novak NW Region (Acting) RHO	1508834110		8/3/16
Christopher Novak NE Region (Acting) RHO	1508834110		8/3/16
Winona Stoltzfus SE Region (Acting) RHO	1053387811		8/15/16
Eugene Marciniak SW Region	1407830458		8/15/16

## NALOXONE IN NEW MEXICO



New Mexico has the  
**2nd HIGHEST**  
drug overdose death rate  
**IN THE NATION**

- NMDOH



Deaths due to opioids account for

**MORE THAN**  
**50%**  
of all drug related deaths

- NMDOH

INCREASING NALOXONE AVAILABILITY  
HELPS PREVENT OPIOID OVERDOSE DEATHS

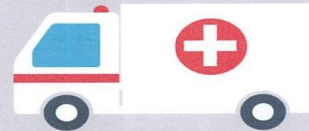


- [www.jhsph.edu/rxtownhall](http://www.jhsph.edu/rxtownhall)

## WHAT IS NALOXONE?

PRESCRIPTION DRUG THAT REVERSES THE EFFECTS  
OF AN OPIOID (PRESCRIBED OR ILLICIT) OVERDOSE.  
IT IS EASY TO ADMINISTER AND SAFE TO USE

**NALOXONE**, also known as **NARCAN**,  
has been used for decades by emergency  
responders and in hospital settings.



# GOT NALOXONE?



In New Mexico, DOH has been distributing Naloxone **SINCE 2001** through its **HARM REDUCTION SERVICES** and **SINCE 2013** through its **CO-PRESCRIPTION PILOT PROGRAMS**

In 2013, **MEDICAID** Managed Medical Care Organizations (MCOs) started **COVERING NALOXONE KITS**

**DURING 2015\*:**

<b>2,707</b>	<b>7,186..</b>	<b>780</b>	<b>273.....</b>
enrollees in NMDOH naloxone distribution programs	Naloxone doses dispensed	overdose reversals reported	Medicaid reimbursement claims processed from <b>36</b> outpatient pharmacies





Naloxone should be  
prescribed alongside  
any opioid prescription

All outpatient  
pharmacies should stock  
and distribute naloxone

\* (as of 3/17/16)

In 2016, legislation passed that eases restrictions on possession, storage, distribution, and prescribing and administration of naloxone.

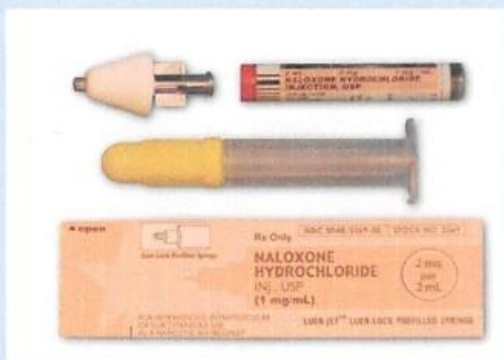
## HOW TO INCREASE AVAILABILITY?

-  ... Make the cost of naloxone covered by private insurers.
-  ... Increase prescription of naloxone by licensed prescribers with any opioid prescription.
-  ... Expand stocking and distributing naloxone to all outpatient pharmacies.
-  ... Increase education on naloxone use and application and where to obtain it.

NEW MEXICO  
DEPARTMENT OF  
**HEALTH**  
March 2016



## Traditional Naloxone "Kit"



**Naloxone 1mg/mL; 2 mL prefilled LL syringe**

**Qty:** 2 x 2 mL syringes (4 mL) with two nasal mucosal atomizers

**Sig:** Assemble and spray one-half of prefilled syringe in each nostril. Repeat after 3 minutes if no response. Call 911.

\*Covered on all Centennial plans, most commercial and Medicare Part D Plans

## NARCAN® Nasal Spray



**Narcan® Nasal Spray 4 mg/0.1 mL naloxone nasal spray**

**Qty:** 1 box containing two 4mg/0.1mL doses of naloxone

**Sig:** Administer a single spray of Narcan® in one nostril. Repeat in alternate nostril after 3 minutes if no response. Call 911.

\*Covered on all Centennial plans, some commercial and Medicare Part D Plans

## Evzio® Auto-Injector



**Evzio® Auto-injector 0.4mg naloxone auto-injection**

**Qty:** 1 box containing two auto-injectors and one training device

**Sig:** Follow audio instructions from device. Place on thigh and inject. Repeat after 3 minutes if no response. Call 911.

\*Covered on BCBS Centennial; Coupon from company 1(877)4-EVZIO-EZ \$0 (Medicaid/Medicare pts not eligible for coupon)

## Naloxone Education Resources

- [www.prescribetoprevent.org](http://www.prescribetoprevent.org)
  - Patient, Provider, and Pharmacist Education
  - Training videos and printouts
  - Product information
- [www.nmpharmacy.org](http://www.nmpharmacy.org)
  - Medicaid billing instructions
  - Link to onsite training
  - Patient education materials
- [NMDOH Opioid Safety Website](#)
  - Click “topics” then click “opioid safety”
- [A Dose of R<sub>x</sub>eality: On-site Training Opportunity](#)
  - Free training
  - Southwest CARE Center Pharmacy
  - For all staff
  - 2 hours FREE CE for RPh and CPhT
  - Free naloxone materials including pre-printed rx pad
  - 5 free naloxone kits to dispense to individuals w/o insurance
  - Call Kate Morton 505-989-8154
    - Southwest CARE Center Pharmacy



## References:

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<https://www.abqjournal.com/861763/dea-investigating-multiple-fentanyl-overdose-deaths-in-ruidoso.html>

<http://www.hopeinitiativenm.org/>

<https://www.drugabuse.gov/related-topics/naloxone>

<http://www.drugfree.org/news-service/commentary-naloxone-use-schools-school-nurses-front-lines/>

[www.nmhealth.org](http://www.nmhealth.org)

<https://www.drugabuse.gov/drugs-abuse/fentanyl>

<http://wwlp.com/2016/09/22/caught-on-camera-woman-overdoses-next-to-child-in-store/>

<http://www.usnews.com/news/articles/2016-01-25/overdose-reversal-drug-naloxone-offered-free-to-high-schools>

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<http://www.cdc.gov/drugoverdose/data/analysis.html>

<https://www.freebythesea.com/types-of-drug-abuse-washington/>

<https://www.abqjournal.com/605443/parents-share-stories-of-how-they-lost-their-children.html>