

IMPACT REPORT 2017-2018

Opioid Accountability Initiative



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Table of Contents

04	Introduction
05	Data & Definitions
06	The Problem
12	Goals and Approach
13	How OAI Works
14	Prevention
17	Treatment
20	Harm Reduction - Naloxone
23	What You Can Do
24	Our Team
25	Partners
26	References and Abbreviations
28	Contact



Introduction

The Bernalillo County Opioid Accountability Initiative (OAI) is a multi-sector collective impact strategy to align the activities of government, community-based organizations, businesses, and community leaders to strengthen the prevention, treatment, harm reduction, and law enforcement/criminal justice systems in Bernalillo County in order to reduce opioid overdose deaths.

At the request of County Commissioner Maggie Hart Stebbins, the Initiative was convened by the Bernalillo County Community Health Council in 2012. Summit gatherings in 2013 and 2015 served as a call-to-action for more than 200 persons representing organizational administrators, service providers, advocates, and policymakers in preventing overdose deaths in Bernalillo County.

The Initiative formed implementation teams to begin addressing recommendations. Three teams, focused on primary prevention, naloxone distribution, and treatment systems respectively, coordinated their work toward streamlining and improving systems. The fourth team targeted the high-risk population that moves through our systems of law enforcement, criminal justice, and incarceration.

Working with community partners, the Initiative then focused on strategic priorities within each of its target areas. In the past year, with availability of federal funding through state agencies, the Initiative has had resources to undertake or strengthen activities with community partners that would not otherwise have been possible.

A multi-sector collective impact initiative to reduce opioid-related deaths in our county.

This first Annual Report covers the 2017-2018 funding year, reporting on the progress of the Initiative and identifying how much more is needed to reach the overarching goal of reducing opioid-related deaths in Bernalillo County.

DATA & DEFINITIONS

ABOUT THE DATA

Data collection challenges:

Data relating to opioid deaths take time to gather and assemble. Statistically significant numbers may have to be gathered over time. Drug-specific data require special laboratory testing that can take months. For these reasons, we look at drug overdose deaths from all drugs as a substitute for deaths specifically related to opioids. Similarly, we look at trends for all of New Mexico as a substitute for Bernalillo County, as the largest county in the state. In some cases, we have used information from 2016 or 2015 while we wait to learn about what is happening this year.

Realities in New Mexico:

There is nothing in the data (even with some bright spots) that changes the fact that we have an urgent situation relating to opioid use and overdose deaths that demands our full attention and response.

OPIOID FACTS

- Opioids are addictive. Opioid use disorder (OUD) can affect any age and any social class.
- Opioids may be viewed in two categories: prescription painkillers and heroin. While overlaps exist, each category has different patterns of use and users, channels of distribution, and risks of complications. Both can be lethal.
- Once dependency leads to OUD, the user loses control over their opioid use. This can take over a person's life.
- OUD can markedly shorten life expectancy, especially when it goes untreated.
- People with OUD often use other illicit drugs. Alcohol or benzodiazepine sedatives used concurrently with opioids are particularly lethal.
- Multiple issues impact the changing rates of overdose deaths: variables that affect the supply, the price and availability; peer behaviors; other environmental factors; and the changing composition of street drugs – notably the adulteration with fentanyl.
- Heroin use is greater in men; prescription opioid use is about the same in men/women. (See Figure 6)
- The United States' response to the opioid epidemic has been stifled by stigma.

DEFINITION OF SUBSTANCE USE DISORDER (SUD)

Substance use disorder (SUD) is a complex condition characterized by drug craving with compulsive seeking and use that persists even in the face of severe adverse consequences. For most people, SUD becomes chronic, with relapses possible even after long periods of abstinence. As a chronic, recurring illness, SUD may require continued treatments to increase the intervals between relapses and diminish relapse intensity. Through treatment tailored to individual needs, people with SUD can recover and lead fulfilling lives (NIDA, 2018).

We have an urgent situation that demands our full attention.

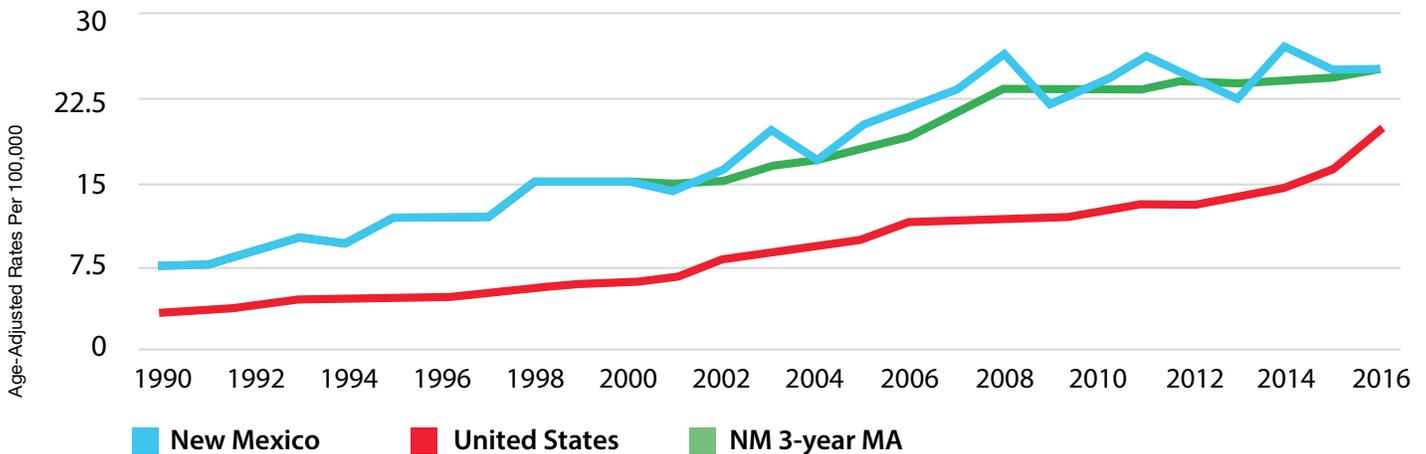


THE PROBLEM – NEW MEXICO

Drug overdose deaths started rising in 1990 across the country. New Mexico’s overdose rate was already more than double the U.S. average at that time (ranking number two after West Virginia). In 2008, New Mexico’s rate began to flatten out, while still remaining well above the average rate in the U.S. (See Figure 1).

Figure 1: Total Drug Overdose Death Rates New Mexico and United States, 1990-2016

Source: CDC Wonder; NM-IBIS

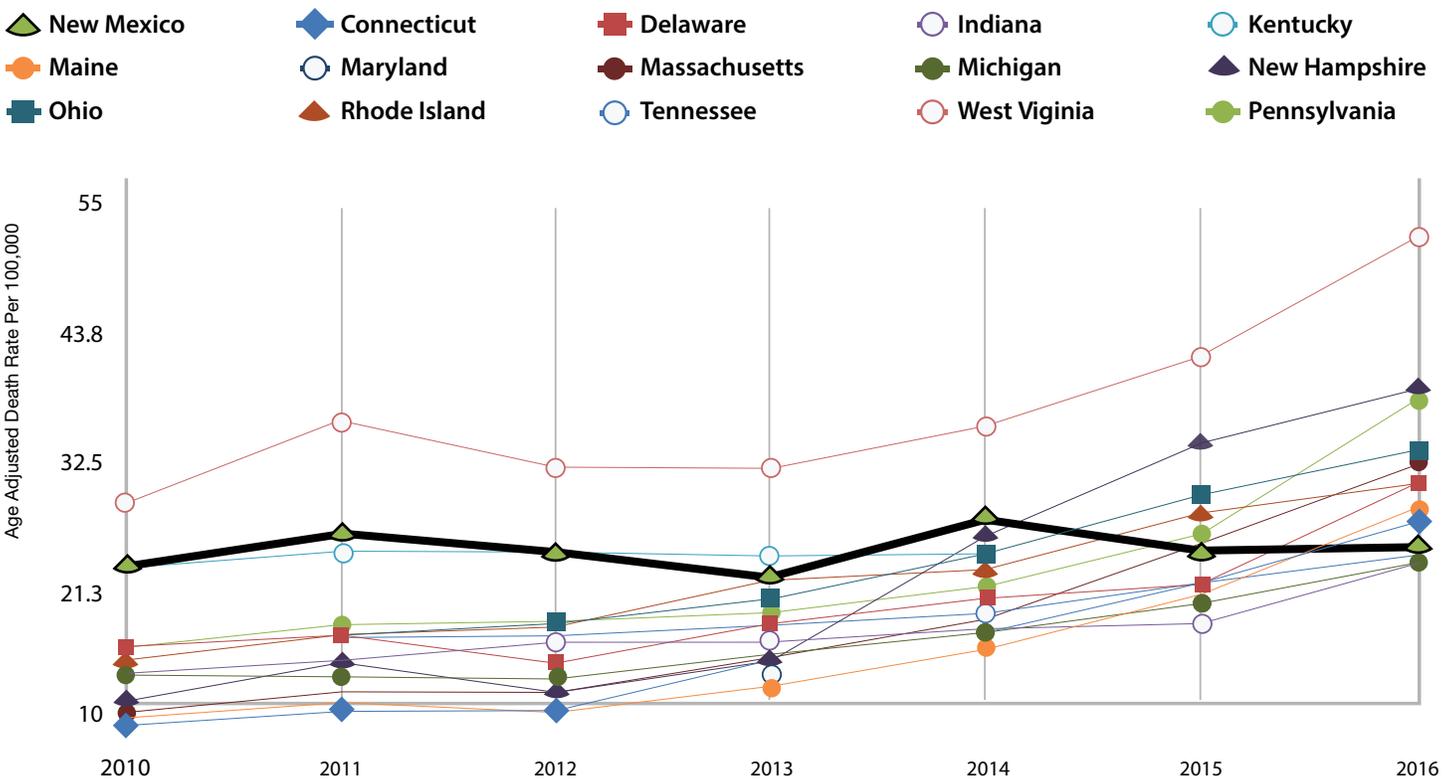


Of the top 15 states with the highest rates, the only state not seeing an increase in overdose death rates after 2014 was New Mexico. Partially due to the introduction of fentanyl in the drug supply, the overdose death rates rose dramatically in several states, causing New Mexico's ranking to fall from number two in 2014 to number eight in 2016 and to number 12 in 2017 (CDC, 2017) (See Figure 2 – NM in green with a triangle). The improvement in New Mexico may have been due to New Mexico taking measures to curb the overdose epidemic earlier than other states. Also, New Mexico has fortunately had only a modest presence of illicit fentanyl – however that could change very quickly.

New Mexico is the only state of the 15 states with the highest overdose rates that has not seen an increase in overdose deaths since 2014.

Figure 2: Age-adjusted Drug Overdose Death Rates for the 15 States with the Highest Rates in 2016, 2010-2016

Source: CDC Wonder



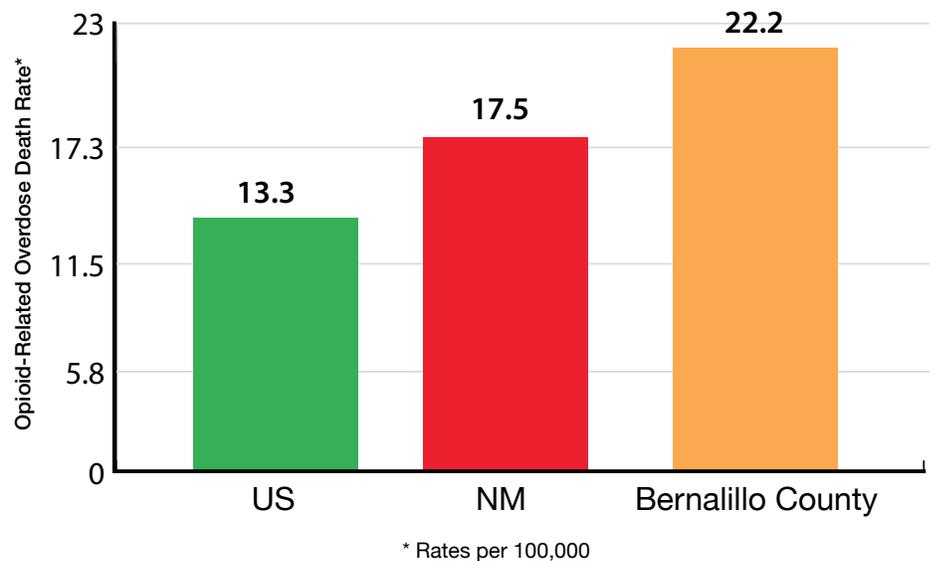


THE PROBLEM – BERNALILLO COUNTY

Several rural counties in New Mexico have chronically suffered some of the highest rates of opioid overdose deaths in the U.S. While Bernalillo County’s overall rate is lower than the rates in those counties, it still exceeds the state and national rates (Figure 3). Also, because of its size, Bernalillo County reflects the largest number of total drug overdose deaths in New Mexico and carries a disproportionate amount of the state’s total number of deaths. In 2017, Bernalillo County, home to 32 percent of NM’s total population, had 169 drug overdose deaths which represents 35 percent of the state’s drug overdose deaths (NM-IBIS).

Figure 3: Opioid-related Overdose Death Rates, 2016

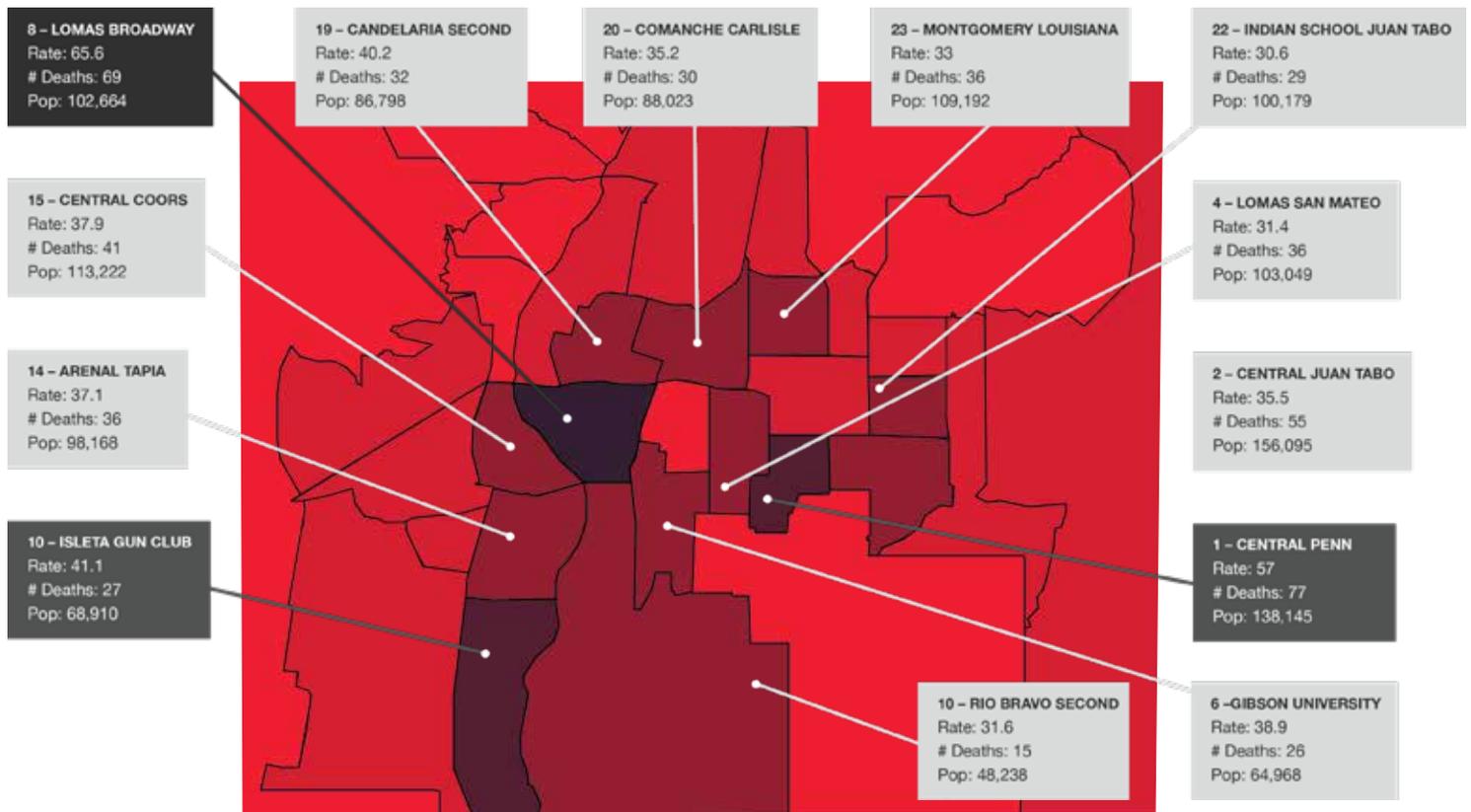
Source: Kaiser Family Foundation



There are no neighborhoods in Bernalillo County that have been spared opioid overdose deaths. Some areas, however, are much more impacted than others. These areas have overdose death rates that approach the very high levels found in the most severely affected counties in the state. Areas with higher levels of poverty tend to have a higher level of risk (see Figure 4).

Figure 4: Bernalillo County, Drug Overdose Death Rate by Small Areas, 2010-2014

Source: NM IBIS



THE PROBLEM – BERNALILLO COUNTY

In 2017, there were 169 drug overdose deaths in Bernalillo County (NM-IBIS, 2018). In the previous five years between 2012 and 2016 there were a total of 923 drug overdose deaths in Bernalillo County. Over half of those occurred in the Hispanic population (see Figure 5).

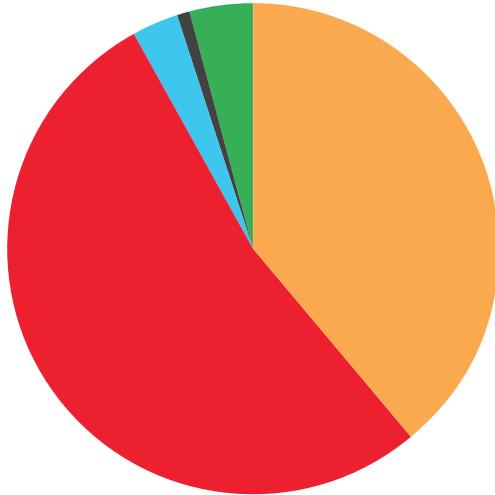


Figure 5: Drug Overdose Deaths by Race/Ethnicity Bernalillo County 2012-2016

Source: New Mexico Substance Abuse Epidemiology Profile, 2017

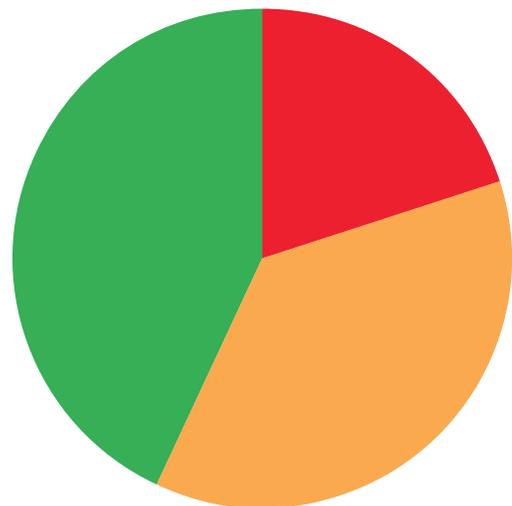
- 4% American Indian
- 1% Asian/Pacific Islander
- 3% Black
- 53% Hispanic
- 39% White

Of the total number of drug overdose deaths, 85 percent (783) were unintentional, of which two-thirds were men and one-third were women. Of those unintentional overdose deaths, 43 percent were caused by an illicit substance (primarily heroin), 37 percent were caused by prescription drugs, and 20 percent were a combination of the two (see Figure 6). Men tend to have higher rates of overdose death from illicit opioids, while women have higher death rates from prescription opioids.

Figure 6: Unintentional Drug Overdose Deaths by Overdose Type Bernalillo County, 2012-2016

Source: New Mexico Substance Abuse Epidemiology Profile, 2017

- 43% Illicit
- 37% Rx
- 20% Both



Overdose deaths are just the tip of the iceberg. There are many more emergency room visits due to opioid overdoses that do not result in death. From 2012 to 2016, the rate of emergency department visits related to opioid overdose in New Mexico grew from 60 per 100,000 people to almost 80 per 100,000 people. This rate of emergency department visits for opioid-related overdose is over four times the overdose death rate (NMDOH, 2017).

From 2012 to 2016, Hispanic people accounted for about 53 percent of the total overdoses in Bernalillo County, but only accounted for 40 percent of the opioid-related emergency department visits (NMDOH, 2017), suggesting that Hispanics do not proportionally access the emergency department in the event of an overdose when compared to other ethnicities (see Figure 7).

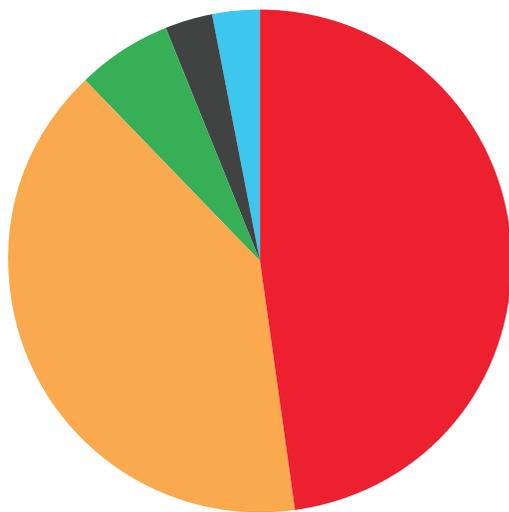


Figure 7: Opioid Overdose-Related Emergency Department Visits Bernalillo County, 2012-2016

Source: New Mexico Substance Abuse Epidemiology Profile, 2017

- 6% American Indian
- 3% Asian/Pacific Islander
- 3% Black
- 40% Hispanic
- 48% White

OPIOID ACCOUNTABILITY INITIATIVE GOALS & APPROACH

The Opioid Accountability Initiative (OAI) uses a four pillar approach in order to reach the goal of reducing the number and rate of overdose deaths associated with opioid use in Bernalillo County. The four pillars are:

GOAL

Reduce number and rate of overdose deaths associated with opioid use in Bernalillo County

Prevention

Prevention is the ultimate strategy to reduce the impact of drug misuse and deaths. Preventive strategies include information about drugs and their risks and reducing access to drugs. Initiatives that give children a healthy start in life pay off in many ways, including reduced likelihood for later drug use. Reduction of criminal distribution of drugs, curbing excessive or otherwise inappropriate prescribing of painkillers, and proper disposal of unused drugs are other examples of preventive strategies.

Treatment

Opioid use disorder (OUD) is a treatable chronic disease. Treatment has several important components. Medication assisted treatment (MAT) in conjunction with behavioral health counseling is the basis of treatment that has been shown to be most effective in saving lives and restoring people to healthful, productive lives. Treatment capacity in terms of numbers of providers able and willing to provide MAT is limited. A major challenge and priority is to build capacity and coordination across the full range of the treatment continuum in the county.

Harm Reduction

Harm reduction means taking steps to reduce risks in persons with opioid use disorder (OUD), as well as people who are prescribed opioid medications. By far the most important harm reduction approach for saving lives is the distribution and use of naloxone (Narcan®). Properly administered, naloxone can rapidly and safely reverse an otherwise fatal opioid overdose. A priority for the OAI is to increase the distribution of naloxone, making it available where and when it is needed, beyond official first responders to include family and friends. While naloxone saves lives, it does nothing to treat OUD or otherwise change the situation of the opioid dependent victims. That is where treatment is crucial, and linking people who have recently overdosed to treatment resources is vital.

Law Enforcement/Criminal Justice

People with opioid drug use behaviors often end up interacting with law enforcement, criminal justice, and public safety systems. Multiple social circumstances can trap people in a repetitive cycle of incarceration, placing them at particular risk of overdose death. The first three pillars of prevention, treatment, and harm reduction help address this problem, especially access to naloxone, mental health programs, and social support services. OAI supports solutions that emphasize OUD as a chronic health condition rather than as criminal behavior. Our focus is on treatment as an alternative to incarceration, and using effective treatment programs for those experiencing or being released from incarceration.

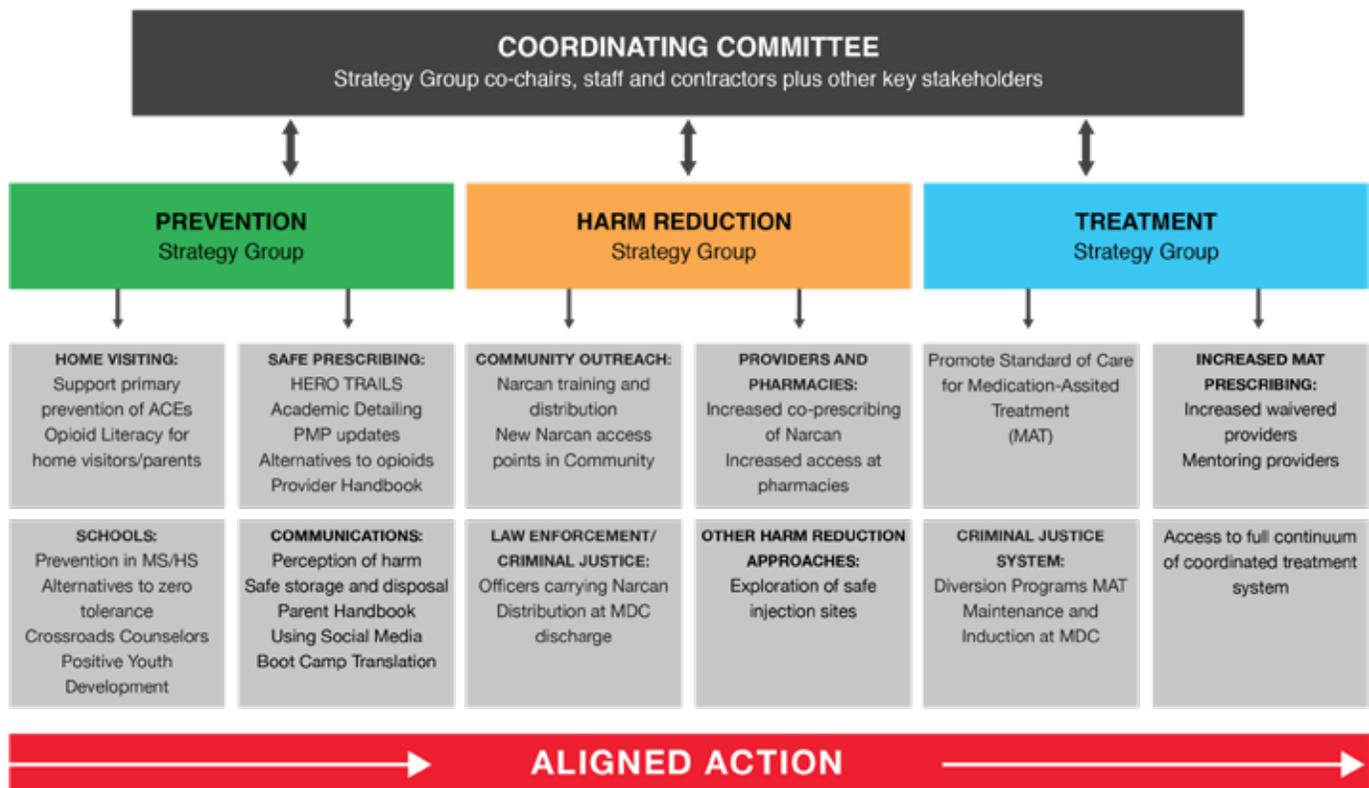
This report covers the first three pillars (prevention, treatment, harm reduction). Specific initiatives applied to the criminal justice populations are integrated into these three sections.

HOW THE OPIOID ACCOUNTABILITY INITIATIVE WORKS

The Opioid Accountability Initiative (OAI) was created by the Bernalillo County Community Health Council in 2012 at the suggestion of County Commissioner Maggie Hart Stebbins in order to address the rising number of opioid overdose deaths in the county.

Over the years OAI has worked to:

- Build awareness across the community, including summits in September 2013 and January 2015
- Frame issues of drug dependency and overdose as public health issues with impact at the population level, demanding solutions that span public awareness, personal health, crime, and social cost
- Prioritize activities that are evidence-based
- Show how existing programs managed at institutional and organizational levels need to coordinate, align, and collectively scale up to achieve county-level impact
- Advocate for public policies that advance these goals
- Judge efforts by outcomes and the overall impact on the opioid crisis



Funding from Bernalillo County, HSD/BHSD/OSAP (SPF Rx & PDO grants) and DOH/ERD (PDOPS grant)

Beginning with contracts from Bernalillo County, OAI initially worked entirely through collective impact, planning with partners to focus on expanding existing interventions, sharing information and advocacy, and advancing policy recommendations.

Starting in 2016, with availability of state-directed federal funding, OAI has been able to support specific operations and community initiatives, working through community partners and hiring its own staff and contractors to take on selected and targeted activities.



PREVENTION

GOAL - Prevent opioid misuse and opioid use disorder

What we know:

- Incidence (new occurrence) of opioid use disorder (OUD) is not easily measured or tracked. One indicator is drug use reported in school surveys. An increase in overdoses in the community may also imply that there is an increase in people living with OUD.
- OUD disproportionately affects populations in areas having lower economic status (CDC, 2012).
- Incidence of OUD is higher in groups having exposure to “adverse childhood events” (ACEs) (SAMHSA, 2018).
- About 80 percent of heroin users started drug use using prescription opioids; for a large proportion, that initial exposure occurred at an early age (NIH, 2018).
- The source of prescription opioids that are misused is overwhelmingly from actual prescriptions and predominantly obtained from the person’s own family or friends (SAMHSA, 2017).
- A large proportion of the prescription painkillers that are prescribed go unused by the patient for the originally indicated purpose. These become available for future use – either for the original pain or diverted into “recreational” usage (NEJM, 2016).
- New Mexico Community Survey reports indicate that many people use opioid painkillers to self-medicate anxiety and help them sleep.

What we're doing:

Based on what we have learned about how OUD is initiated, our prevention strategies currently focus on:

Promoting safe prescribing practices

OAI has begun implementation of “academic detailing” in conjunction with UNM’s HERO TRAILS program to provide education and resources to prescribers. These resources include CDC guidelines for safe prescribing, alternatives to opioids for pain management, and promotion of provider utilization of Prescription Monitoring Program reports.

Support for early childhood programs (such as home visiting)

Primary prevention of opioid misuse and OUD begins before birth. OAI supports early childhood programs with a special focus on home visiting that builds family resilience and prevents adverse childhood experiences (ACEs). OAI prevention specialists are collaborating with home visiting programs to educate families about the dangers of opioids and how to store and dispose of medications safely.

Targeted prevention for youth and young adults

Young people are at risk of early use and misuse of opioids. OAI supports the expansion of prevention programs, counseling, positive youth development programs, and alternatives to zero tolerance in middle and high schools. We are experimenting with using social media as a way to reach youth and young adults.

**Drawing from
community
experience
and expertise.**

Education and awareness

OAI is developing awareness campaigns and education materials with a special focus on messages about the dangers of opioid use and safe storage/disposal of medications. We are drawing from community experience through the use of surveys, focus groups, and an innovative community engagement approach called Boot Camp Translation that combines expert medical knowledge with community expertise to translate medical jargon into language that the community understands.

What more needs to happen in order to meet our prevention goals?

- Normalize and finance early childhood strategies to reduce adverse childhood experiences and build resilience, prioritizing low-income neighborhoods and high-risk households.
- Expand school-based health centers and counseling programs to include all high schools and middle schools.
- Broaden the base of mental health services in general, with particular attention to screening for depression and anxiety in the primary care setting before prescribing opioids.
- Broaden the skills and prescribing practices of providers related to pain management in order to decrease dependency on opioids.
- Address the underlying stigma that promotes punishment and fear-based approaches, rather than positive prevention messages.

PARTNERS IN PREVENTION

The prevention activities of OAI are currently funded primarily by a contract from the state Office of Substance Abuse Prevention (OSAP) using the Strategic Prevention Framework (SPF Rx). The work of OAI is always done in partnership. Some of our partners committed to preventing opioid misuse and dependence in Bernalillo County have included:

Albuquerque Public Schools
Bernalillo County
Coop Consulting
Drug Enforcement Agency
Early Childhood Accountability Partnership
Johnny Boards
New Mexico Department of Health
New Mexico Human Services Department/
Behavioral Health Services Division/Office of
Substance Abuse Prevention
New Mexico National Guard

Pacific Institute for Research & Evaluation (PIRE)
Presbyterian Center for Community Health
UNM Campus Office of Substance Abuse
Prevention (COSAP)
UNM Center for Development & Disability –
Home Visiting Workgroup
UNM Health Sciences Center/Office of
Community Health
UNM Prevention Research Center
U.S. Attorney’s Office – Heroin & Opioid
Prevention and Education (HOPE)



TREATMENT

GOAL - Assure the right treatment at the right time for every person in the county with opioid use disorder

What we know:

- Medication-assisted treatment (MAT), when properly carried out, is an essential component for OUD treatment programs. Opioid replacement therapy has been documented through years of research as the best way to save lives, reduce associated crime, and allow people to reestablish healthy, productive lives.
- MAT is strongly endorsed by federal agencies (NIDA, SAMHSA, CDC), professional associations, and specialty groups, and is rapidly gaining broad acceptance. Remaining resistance is sustained in part by the continuing social stigma relating to drug use and skepticism that certain opioids can be used safely to eliminate cravings in OUD treatment.
- While the numbers are improving, there are far too few providers who are waived to prescribe buprenorphine/naloxone (Suboxone) and willing to do so. The capacity for treatment needs to be substantially expanded to keep pace with the growing number of people with OUD.
- To be effective, MAT must be carried out in conjunction with behavioral health and social support. Capacity for needed behavioral health services is markedly limited in Bernalillo County and elsewhere in New Mexico.
- Mental health and addiction do not receive the same levels of insurance coverage and scope of services that are available for other medical conditions. Laws that demand such parity are not fully enforced – another reflection of the stigma tied to these conditions.

What we're doing:

The Opioid Accountability Initiative promotes a standard of care for OUD treatment that includes access to medication-assisted treatment (MAT) along with behavioral health services and addressing adverse social circumstances. Several activities have contributed to expanding the number of providers with waivers to prescribe buprenorphine (Suboxone):

- Preparing a list of providers available to accept referrals of patients for MAT.
- Identifying the necessary steps needed to enable providers who have the waiver to begin or increase Suboxone prescriptions to patients with OUD.
- Including information and resources on MAT during the academic detailing process with providers.
- Initiating a mentoring program to offer support to providers (physicians, nurse practitioners, and physicians assistants) who are interested in beginning or expanding the prescription of Suboxone to their patients with OUD. The program uses experienced Suboxone providers in the community who are willing to volunteer their time as mentors for others.

The Opioid Accountability Initiative has been working closely with Bernalillo County staff to respond to the need for treatment in criminal justice and public safety settings. Specifically, OAI has:

- Provided leadership and direct assistance in the county's creation of the Addiction Treatment Advisory Board to oversee drug treatment issues in clinical operations managed by the county.
- Co-organized the conference "MAT and the Criminal Justice System", with participation of leaders and representatives from across the county's criminal justice system. Attendees were presented with evidence about the importance of MAT and what is needed to implement it effectively.
- Provided leadership to help the county arrange for inmates admitted to the Metropolitan Detention Center (MDC) with OUD to receive methadone induction and follow-up.
- Provided direct assistance to Metropolitan Assessment and Treatment Services (MATS) in its development of a contract for detoxification, stabilization, and referral for treatment.
- Suggested the original concept for having a downtown Resource and Re-Entry Center to counsel and assist persons being released from MDC – scheduled for opening in 2018.
- Assisted with proposal for development of a law enforcement assisted diversion (LEAD) program.

What more needs to happen in order to meet our treatment goal?

- Stigma needs to be recognized and managed. It can't be willed away.
 - While the numbers of providers with waivers are increasing, more are needed. To scale up, primary care providers must become more involved rather than opting out. Medicaid, working through its managed care providers, must ensure that performance standards include MAT prescribing. Primary care providers will need supportive backup in managing buprenorphine. Nurses and physician assistants should be encouraged to become active MAT providers.
 - Substance use disorder (SUD) which includes OUD, is often driven by underlying mental illness. Too few psychiatrists are available to serve persons with SUD. The lack of involved mental health providers is critical. Addressing this need by increasing levels of reimbursement will be necessary to attract providers into this field.
 - Parity needs to be enforced, with elimination on arbitrary time or frequency limitation for treatment and inclusion of coverage for residential treatment and rehabilitation.
 - MAT is a core part of recovery. It must be done correctly in order to work.
- Evidence-based components of effective MAT implementation include: using the replacement drugs for the sufficient amount of time, not having punitive policies for relapses, having solid behavioral support systems, and addressing social support systems.
- Diversion programs in law enforcement and criminal justice need to be expanded to support treatment as an alternative to incarceration. Judges need to accept MAT as a viable outcome of treatment, instead of demanding absolute abstinence.
 - Data systems are needed to document the effectiveness of specific treatment initiatives and performance of provider groups.
 - The Metropolitan Detention Center (MDC) needs to find a safe way of adding Suboxone maintenance and Suboxone induction as MAT options.
 - Better engagement with organizations who can reach groups currently being left out of the conversation: out-of-school youth, homeless youth, veterans, Native Americans, and the LGBT community.

PARTNERS IN TREATMENT

The treatment activities of OAI are primarily supported by a contract with Bernalillo County and the New Mexico Department of Health/Epidemiology and Response Division funded by a CDC grant for Prescription Overdose Prevention for the States (PDOPS). Some of our partners committed to expanding treatment options to assure access for everyone with OUD in Bernalillo County have included:

Albuquerque Health Care for the Homeless
Bernalillo County
Casa de Salud
City of Albuquerque
First Choice Community Healthcare
First Nations Community Healthsource
Healing Addiction in Our Community/Serenity
Mesa

New Mexico Department of Health/Epidemiology & Response Division
Presbyterian Healthcare Services
Recovery Services of New Mexico
Sage Neuroscience
UNM Center on Alcoholism, Substance Abuse & Addictions (CASAA)
UNM Health Sciences Center – Family Medicine



HARM REDUCTION

GOAL - To have naloxone available for every person in Bernalillo County at risk for opioid overdose

What we know:

- There is a general lack of awareness about naloxone and the importance of its distribution.
- Naloxone prescriptions in Bernalillo County paid by Medicaid to retail pharmacies increased from 946 in 2016 to 4,900 between July 2016 and July 2018. The increase is encouraging, but this availability of naloxone still covers only a fraction of the people during that period who were prescribed pain medications, either for chronic conditions or at high dosage. It is unknown how many of these naloxone prescriptions might have gone to heroin users.
- There is still very little co-prescribing of naloxone when opioids are prescribed for chronic pain.
- Some pharmacies are still not stocking naloxone and not all pharmacists are dispensing.
- There is still a high cost of naloxone for persons lacking insurance.
- While the Department of Health will be cutting back its ability to provide naloxone to community contractors, it will be increasing its support for naloxone at the Metropolitan Detention Center (MDC).
- Some first responders are reluctant to carry naloxone due to concerns about proper storage. Even those who do carry and administer naloxone often do not have enough time for the extra step of assuring that survivors and friends or family at the scene receive naloxone kits and are educated in administering it in the event of a future overdose.
- New initiatives in criminal justice and prisoner release settings constitute major steps forward, but are just getting underway and it's too early to judge impact.

What we're doing:

The Opioid Accountability Initiative has been successful in positively engaging the community regarding naloxone use and distribution. Since June of 2017:

- OAI has formally trained 897 people (community members, government employees, first responders, law enforcement, family members and friends, healthcare professionals, probation and parole officers, nonprofit workers, and opioid users/recent survivors) to respond to an overdose and administer naloxone.
- We have distributed 1,257 boxes of naloxone (2,514 doses) to the people listed above.

Naloxone prescriptions have increased from 61 in 2014, to 946 in 2016, to 4900 between July 2016 and July 2018.

Training partners to distribute naloxone exponentially increases the distribution capacity and the likelihood of long-term sustainability of naloxone distribution. OAI has begun pilot programs to train partners to distribute naloxone within criminal justice/public safety settings and to other high-risk individuals including:

- People brought into the UNM Emergency Room who survive an opioid overdose
- Youth Development, Inc., for clients with families determined to be at high risk
- Street outreach and distribution to complement and extend current work being done by the Department of Health and Albuquerque Health Care for the Homeless
- Bernalillo County Probation and Parole for clientele recently released from incarceration
- First responders including the Bernalillo County Sheriff's Office and Albuquerque Police Department
- Community health and treatment organizations such as First Nations, New Season and MATS
- Family and friends of high-risk individuals

OAI has also begun strengthening communication, collaboration, and advocacy efforts among various community partners in an attempt to support the following objectives:

- Increased follow up and data collection among individuals who have experienced overdose or have assisted others during an overdose
- Promotion and expansion of the harm reduction model to healthcare providers and community members
- Healthy and educational communications regarding naloxone and its distribution
- Decrease in stigma associated with substance use, treatment, and care
- Growth, advancement, and sustainability of strong community partnerships

What more needs to happen in order to meet our treatment goal?

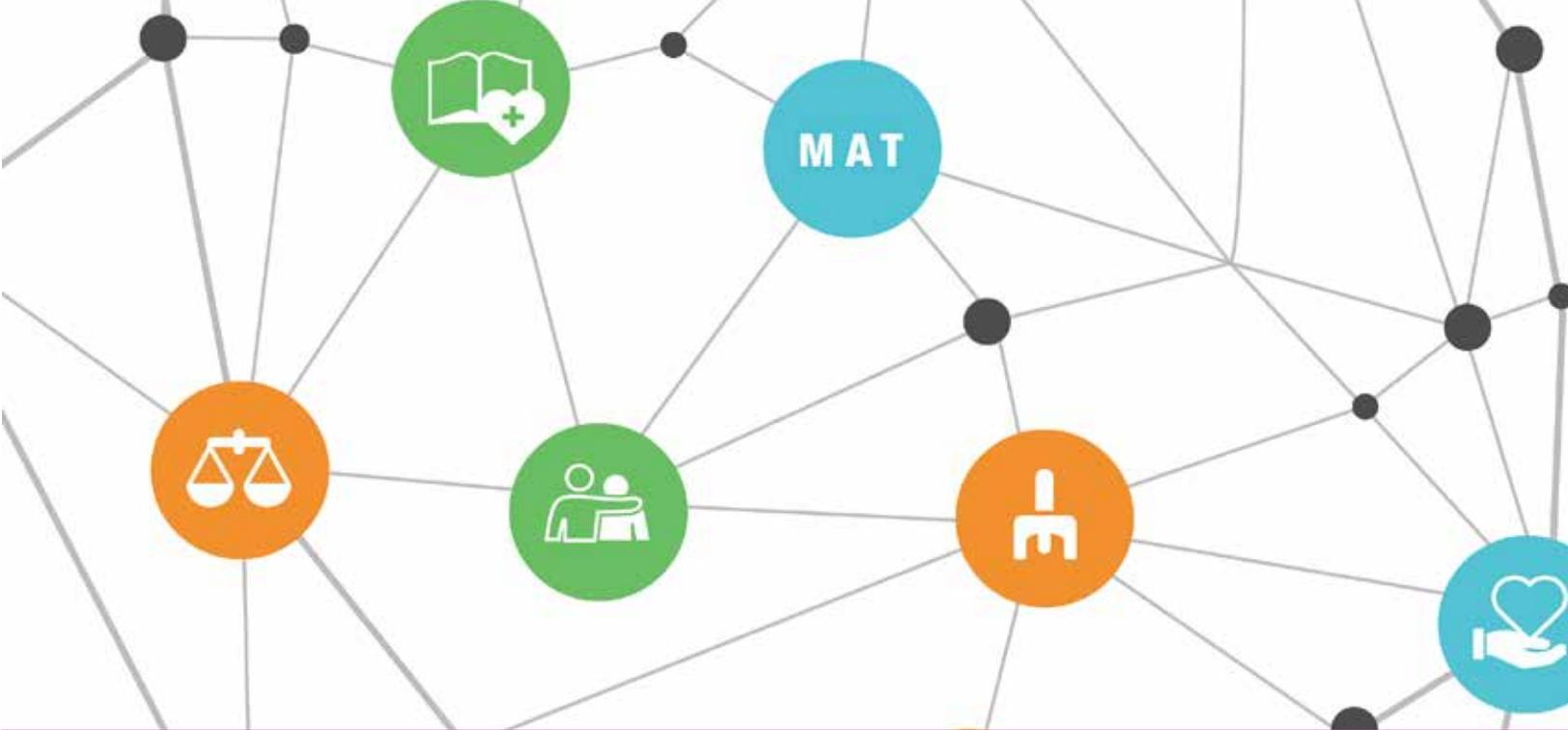
- Continue to expand the distribution of naloxone to reach more individuals who inject opioids.
- Complete the distribution to first responders who are likely to arrive at scenes of overdose.
- Make co-prescribing of naloxone universal for persons on chronic, high-dose opioid painkillers and to persons who use enhancers (alcohol, benzodiazepine sedatives) concurrently with prescription opioids.
- Have all pharmacies stock naloxone and be prepared to educate people on its proper use.
- Eliminate naloxone co-payments.
- Pilot a trial of naloxone availability onsite in public locations and schools.

PARTNERS IN NALOXONE ACCESS



The naloxone training and distribution activities of OAI are supported through a contract with the state Office of Substance Abuse Prevention (PDO funding). The following organizations have been supplied with naloxone and have been trained to distribute it:

Albuquerque Police Department
Bernalillo County Sheriff's Office
Bernalillo County Metropolitan Addiction Treatment Services (MATS)
The LifeLink
First Nations Community Healthsource
Youth Development, Inc.
New Mexico Corrections Department – Probation & Parole
New Season
UNMH Department of Emergency Medicine



WHAT YOU CAN DO

Speak up

If you know someone who is using drugs, take action. Offer to help the person get the help she/he needs. Addiction and drug dependency disorders are chronic, relapsing conditions. As with other chronic diseases, treatments that work are available, but may be complicated and need to be tailored to the individual's situation at the time. Untreated addiction greatly lowers life expectancy.

Reduce the stigma

Stigma kills. Stigma has held back the recognition, referral for treatment (and the acceptance of patients by care providers), funding, and social protections needed to get help to the people who are caught up in drug dependency situation. Recognize stigma – call it for what it is. Fight it – help everyone move past it.

Learn to use Narcan

Narcan (naloxone) is an overdose reversal agent that is safe, effective, and easy to use. Learn about Narcan and how to use it. Help make sure it's available for anyone who might be in an overdose situation.

Lock up prescriptions

Many individuals who use heroin become opioid dependent using prescription opioid painkillers first. These can be from their own, or prescriptions that are not used by family or friends (NIH, 2018). Do not let unused opioid pain medications accumulate in unsecured medicine cabinets or on shelves at home. Store your medications safely in lock-boxes (available at many pharmacies) and make sure to dispose of any unused medications by accessing a drop box at police stations, pharmacies, or engage in home disposal by using deactivation kits (available at many pharmacies).

Recognize stigma for what it is. Help everyone move past it.

OUR TEAM

Current BCCHC Staff for the Opioid Accountability Initiative

Marsha McMurray-Avila, MCRP – BCCHC Executive Director

Steven Lucero, MCRP – OAI Contractor

Bianca Villani-Perez, BA – Prevention Specialist

Christine Mintz, MD – Prevention Specialist

Pelatia Trujillo, MBA – Program Specialist

The following staff were employed during the period of this report and are greatly appreciated for their contribution to the efforts of the Opioid Accountability Initiative:

Sharz Weeks, MPH – Program Specialist

Sara Nance, MPA – Prevention Specialist

Lisa Sfeir, BS – Prevention Specialist

Armin Day, BA – Graduate Intern

Special thank you to William Weise, MD for his work to complete the initial draft of this impact report.

Opioid Accountability Initiative Strategy Group Leadership

Mark Clark, Harm Reduction Strategy Group Chair

Timothy Condon, PhD – Coordinating Committee

Theresa Cruz, PhD – Prevention Strategy Group

Co-Chair

Tracy McDaniel, MA – Prevention Strategy Group

Co-Chair

Jerry Montoya – Coordinating Committee

Michael Robertson, PhD – Coordinating Committee

Harris Silver, MD – Treatment Strategy Group Chair

William Wiese, MD – Coordinating Committee:

OUR PARTNERS

Some of our partnerships involve formal agreements to work together. More often, our partnerships involve informal relationships among people and organizations working together toward collective impact. Together we're committed to resolve opioid issues population-wide. We want to acknowledge and thank those representatives from the following entities who have participated over the years in the ongoing work of the Opioid Accountability Initiative.

PUBLIC/GOVERNMENT AGENCIES

Albuquerque Public Schools - Crossroads Program
Bernalillo County Government – County Commissioners, County Manager's Office, Bernalillo County Sheriff's Office, Behavioral Health Division, Metropolitan Detention Center (MDC), Metropolitan Addiction Treatment Services (MATS), Office of Social Services & Senior Affairs, Bernalillo County District Attorney

City of Albuquerque – Albuquerque Police Department/ Emergency Medical Services, Albuquerque Fire Department, Family and Community Services Department

Courts - Metro Court/Pretrial Services, District Court, Public Defender
NM Board of Pharmacy/Prescription Monitoring Program
NM Corrections Department - Probation and Parole Division
NM Department of Health - Epidemiology and Response Division
NM Department of Health - Public Health Division (Harm Reduction and Hepatitis Control; Metro Region Health Promotion)
NM Human Services Program – Behavioral Health Services Division/Office of Substance Abuse Prevention
NM Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council
US Attorney's Office/ Project HOPE

PRIVATE ORGANIZATIONS AND BUSINESSES

Albuquerque Health Care for the Homeless
Casa de Salud
Center on Law and Poverty
Coop Consulting
Correction Care Solutions
Drug Policy Alliance
Early Childhood Accountability Partnership, Mission Graduate
El Valle
Endorphin Power Company
First Choice Community Healthcare
First Nations Community Healthsource
Healing Addiction in Our Community
Johnny Boards
NM Pharmacists Association
NM Chiropractic Association
NM Hispanic Medical Association
Opioid Treatment Programs - Duke City Tool Box, Recovery Services
Pacific Institute for Research & Evaluation (PIRE)
Santa Fe Prevention Alliance/Opiates Safe
Taos Alive
Youth Development, Inc.

HIGHER EDUCATION AND HOSPITALS

Presbyterian Health Services – Center for Community Health, Presbyterian Medical Group/Primary Care
UNM Health Sciences Center – ASAP, School Based Health Centers, Department of Emergency Medicine, Pain Center, Office for Community Health/Community Health Workers/Pathways, Project ECHO, CASAA, OMI, HERO TRAILS Project, College of Pharmacy school-drug education program
UNM Main Campus – Institute for Social Research; Prevention Research Center, RWJF Institute for Health Policy

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Abbreviations

ACEs	adverse childhood experiences	MDC	Metropolitan Detention Center
DOH	Department of Health	OAI	Opioid Accountability Initiative
EMT	emergency medical technician	OUD	opioid use disorder
MAT	medication-assisted treatment	SUD	substance abuse disorder
MATS	Metropolitan Assessment & Treatment Services		

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**Questions?
Contact us!**

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