Drug Deaths

Prevalence
For many years, New Mexico has ranked among the top three U.S. states for drug-induced deaths. Most of these deaths are the result of unintentional drug poisoning or overdose. Although illicit drugs such as heroin and cocaine cause many drug overdose deaths, prescription opioid painkillers (methadone, oxycodone, hydrocodone) also contribute to drug overdose deaths. In New Mexico, methamphetamine accounts for fewer deaths than any of the previously mentioned drugs. In addition, an increasing number of drug overdose deaths are multiple drug deaths where more than one substance was involved. Over 400 deaths per year in New Mexico are drug-induced, exceeding the number of deaths caused by influenza/pneumonia or Alzheimer’s Disease.

Results from the 2005-2006 National Surveys on Drug Use and Health produce estimates that 1.8 percent of the population or 29,000 New Mexicans age 12 and over exhibit a dependence on illicit drugs.

Characteristics of drug-induced deaths
The New Mexico drug-induced death is more likely to occur to a Hispanic or White male, 43 years of age and living in Rio Arriba, Guadalupe or Torrance counties.

Risk factors for drug overdose deaths
- History of substance abuse
- Using alone
- Previous drug overdose
- Injection drug users
- Mixing drugs (including the use of illicit and prescription drugs together)
- Male
- Chronic pain patients treated with prescription opioids

A study of adults in a Boston detoxification program funded by the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and the National Center for Research Resources noted that those with prior histories of overdose were six times more likely to overdose again and that prior unintentional overdose was the strongest predictor of future overdoses. A separate study in New York confirmed that a previous overdose was significantly associated with an increased risk of overdose.

Disease management

Treatment and screening
Since nonfatal drug overdose victims are at risk of future overdoses, targeted overdose prevention materials including the dangers of multiple substance use should be included as part of hospital/emergency room discharge.

Nonfatal drug overdose victims should be referred for drug treatment. Nonfatal drug overdose victims should be screened for signs of multiple substance use.

Chronic pain outpatients should be monitored for early signs of abuse including “doctor shopping” and the use of multiple medications.

Medication
Narcan (Naloxone) rapidly reverses the effects of opiate drugs such as heroin. Public health offices and contracted providers distribute Narcan to individuals (opiate users and family or friends) who have participated in heroin overdose prevention and treatment education programs.

Opioid Replacement Therapy involves the use of methadone or buprenorphine to reduce the cravings for opioids. Individuals with chronic pain may also be placed on methadone. As the use of methadone has expanded, so has its misuse resulting in abuse and overdose. Consequently buprenorphine is viewed as a safer alternative with less potential for abuse. Traditionally methadone has only been dispensed at federally licensed methadone clinics, but buprenorphine may be
dispensed by any trained physician expanding the availability of opioid replacement therapy.

**Barriers to treatment**

**Unwilling to Stop Using**

Illicit drug users are admitting to an illegal act and prescription drug users do not consider themselves to have a problem since they are taking medication prescribed by physicians.

**Increased availability of opioids**

Methadone is increasingly used for pain relief as well as heroin replacement.

Opioids are being prescribed more by primary care physicians not only pain specialists.

The Board of Pharmacy indicates that hydcocone and oxycodone are the most abused prescription opioids in New Mexico.

**Limited availability of opioid replacement therapy**

Cost of medication and limited third-party coverage

Limited number of trained physicians

**Drug induced death data**

The numbers and graphs on the following pages provide a picture of drug deaths in New Mexico.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2005-2007 Drug Induced Death Rate Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>17.0</td>
</tr>
<tr>
<td>American Indian</td>
<td>9.5</td>
</tr>
<tr>
<td>Asian/Pacific Islanders</td>
<td>* 5.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>25.1</td>
</tr>
<tr>
<td>White</td>
<td>19.6</td>
</tr>
</tbody>
</table>

* Less than 4 deaths in the county over 3 years; there were no deaths in Harding County

NOTE: Rates are age-adjusted to the 2000 US Standard Population

SOURCE: The New Mexico Office of the Medical Investigator
Drug Induced Deaths by Year
for New Mexico and the United States
(Per 100,000)

Data retrieved from:
New Mexico’s Indicator-Based Information System, NM-IBIS, a web-based data query and dissemination system, which has death and other public health data (http://ibis.health.state.nm.us).
The New Mexico Office of the Medical Investigator.