

Medication Errors, Pharmacy-Related Crimes and the Opioid Overdose Epidemic

Alejandro Amparan, State Drug Inspector



MEDICATION ERROR REPORTING

- **Critical in preventing future medication errors**
- **Most Boards of Pharmacy require hospital & medical facilities (including pharmacies) to report med errors**
- **NMBOP requires adverse drug event reporting**

16.19.25 ADVERSE DRUG EVENT

- **Incident** - a drug that is dispensed in error, that is administered and results in harm, injury or death
- **Harm** - temporary or permanent impairment requiring intervention

The Pharmacist in Charge shall:

- A. Develop and implement written **error prevention procedures** as part of the Policy and Procedures Manual.
- B. **Report incidents**, including relevant status updates, to the Board on Board approved forms within fifteen (15) days of discovery.
 - “Significant Adverse Drug Event Reporting Form”

The Board shall:

- A. Maintain **confidentiality** of information relating to the reporter and the patient identifiers.
- B. Compile and publish, in the newsletter and on the Board web site, report information and **prevention** recommendations.
- C. Assure reports are used in a **constructive and non-punitive manner**.

MEDICATION ERRORS

- **BOP receives sworn Complaints Alleging Misfilled Prescriptions.**
- **Not generated from Adverse Drug Event Reports.**
- **Most of these would not have occurred if the pharmacist complied with BOP requirements for:**
 - **Prospective Drug Review**
 - **Counseling**

Prospective drug review

(1) Prior to dispensing any prescription, a pharmacist shall review the patient profile for the purpose of identifying:

- (a) clinical abuse/misuse;
- (b) therapeutic duplication;
- (c) drug-disease contraindications;
- (d) drug-drug interactions;
- (e) incorrect drug dosage;
- (f) incorrect duration of drug treatment;
- (g) drug-allergy interactions;
- (h) appropriate medication indication.

ONLY THE RPh CAN COUNSEL

All clerks and technicians are taught that if there is a question regarding a prescription, the RPh (or intern) must take the question.

MEDICATION ERROR REDUCTION: PATIENT COUNSELING

Patients need to know:

- The name of the medication
- How to take it
- What it's for
- If the medication looks different, talk to the pharmacist

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm096403.htm>

accessed 6/3/16

PATIENT COUNSELING

- **Estimate: half of medication-related deaths could have been prevented by appropriate and timely counseling .***

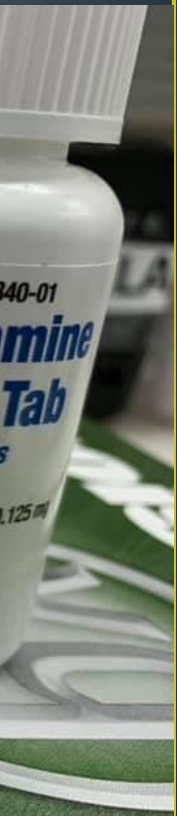
- **Show the patient the drug while asking:**
 - 1) **Tell me what you take this drug for?**
 - 2) **Tell me how you take the medication?**
 - how often, and
 - directions for taking the medication

http://www.uspharmacist.com/continuing_education/ceviewtest/lessonid/105916

*Abood RR. Errors in pharmacy practice. *US Pharm.* 1996;21(3):122-130.

REMEMBER THE PATIENT

- **Patients provide a major safety check**
 - Counseling – not a “veiled offer”
 - Wrong patient errors: Not opening the bag at the point of sale
 - Risk of dispensing a correctly filled Rx to the wrong patient at POS – about 6 per month per (community) pharmacy



CO

96

P



“To Err is Human”

Building a Safer Health System

- **the majority of medical errors are caused by faulty systems, processes, and conditions that:**
 - **lead people to make mistakes**
 - **fail to prevent mistakes**

When an error occurs, blaming an individual does little to make the system safer and prevent someone else from committing the same error.

When an error occurs

- Be compassionate
 - ISMP persistent safety gaffe #4
respond with empathy and concern
- Evaluate and address medication use system issues
 - Root cause analysis

Root cause analysis (RCA):

- **Process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or risk of occurrence of a sentinel event.**
- **Focus is on systems and processes, not individual performance**
- **Identifying root causes illuminates significant, underlying, fundamental conditions that increase the risk of adverse consequences.**
- **RCA facilitates system evaluation, analysis of need for corrective action, tracking and trending**

Table 1. Basic Questions to Answer During RCA

1. What happened?

2. What normally happens?

3. What do policies/procedures require?

4. Why did it happen?

5. How was the organization managing the risk before the event?

- Source: NM Board of Pharmacy newsletter March 2013

New England Compounding Center (NECC) – Framingham, Massachusetts

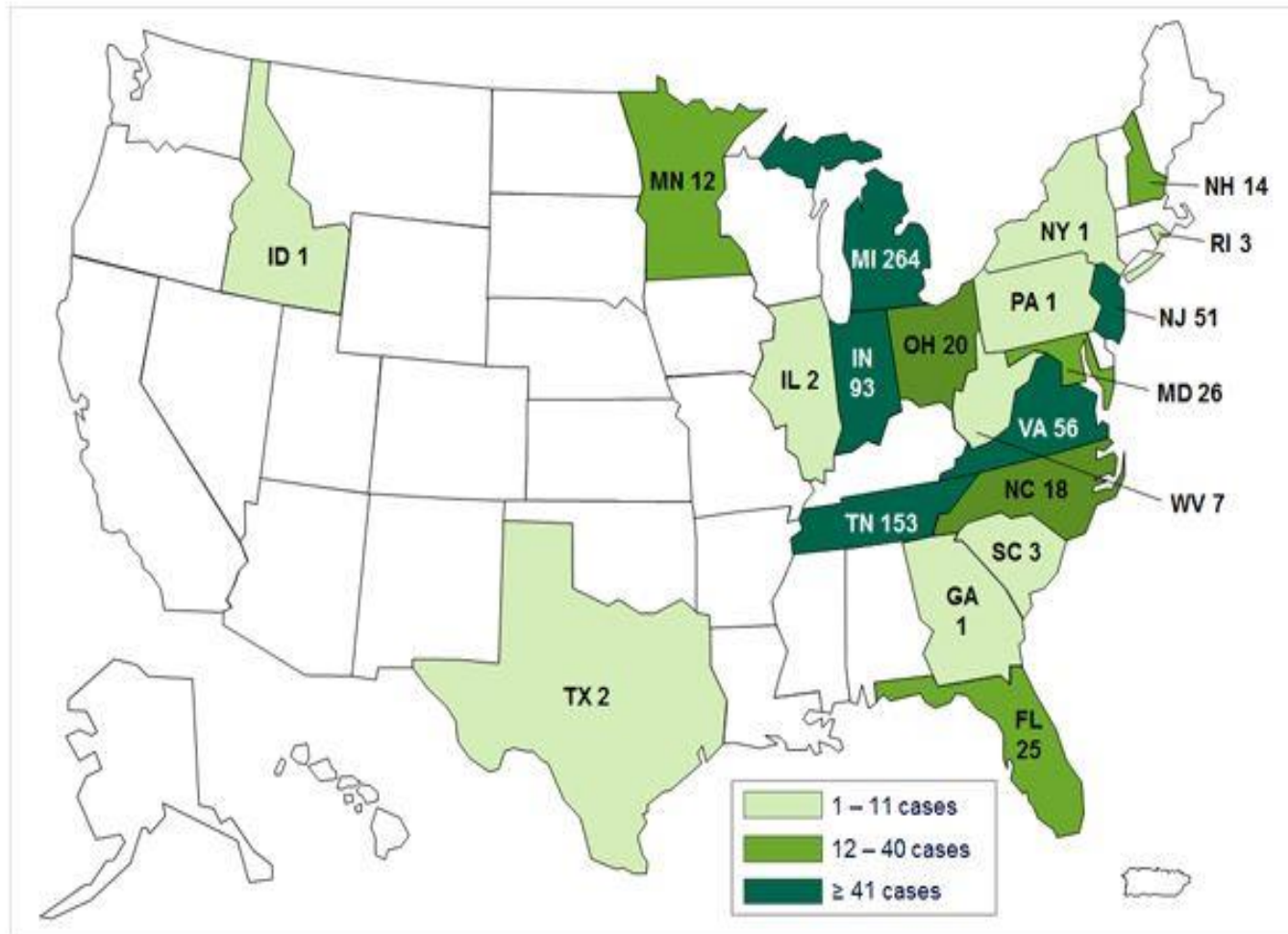
- 753 patients were diagnosed with fungal meningitis after receiving injections of NECC's preservative free MPA (methylprednisolone acetate). Out of 753 patients, 64 patients in nine states died
- December 17, 2014 – United States attorney's office charged owner and head pharmacist Barry J. Cadden, and Glenn A. Chin, a supervisory pharmacist, with 25 acts of second-degree murder in seven states
- Twelve other individuals, all associated with NECC, were charged with additional crimes including racketeering, mail fraud, conspiracy, contempt, structuring, and violations of the Food, Drug and Cosmetic Act. (6 other pharmacists, 2 owners and 1 unlicensed technician)

<https://www.justice.gov/usao-ma/pr/owner-new-england-compounding-center-sentenced-racketeering-leading-nationwide-fungal>

<https://www.cdc.gov/hai/outbreaks/clinicians/index.html>

<https://www.justice.gov/opa/pr/14-indicted-connection-new-england-compounding-center-and-nationwide-fungal-meningitis>

Persons with Fungal Infections Linked to Steroid Injections, by State





Fungus inside a test tube that was grown from the spinal fluid of a NECC patient. (Image courtesy: 60 Minutes)

- CDC identified 18 different types of fungi from MPA vials and patient samples. In the words of one public health official, NECC was a “fungal zoo.”

Cadden directed and authorized the shipping of contaminated MPA to NECC customers nationwide - before test results confirming their sterility were returned, never notified customers of nonsterile results, and compounded drugs with expired ingredients.

Cadden claimed to be dispensing drugs pursuant to valid, patient-specific prescriptions. In fact, NECC routinely dispensed drugs in bulk without valid prescriptions. NECC even used fictional and celebrity names on fake prescriptions to dispense drugs, such as “Michael Jackson,” “Freddie Mae” and “Diana Ross.”

Chin improperly sterilized the MPA, failed to verify the sterilization process, and improperly tested it to ensure sterility. Despite knowing these deficiencies, Chin directed the MPA to be filled into thousands of vials and shipped to NECC customers nationwide.

Chin directed the shipping of drugs prior to receiving test results confirming their sterility, and he directed NECC staff to mislabel drugs to conceal this practice. He also directed the compounding of drugs with expired ingredients, including chemotherapy drugs that had expired several years prior. Chin forged cleaning logs, and routinely ignored mold and bacteria found inside the clean rooms.

<https://www.fda.gov/ICECI/CriminalInvestigations/ucm594800.htm>

<https://www.fda.gov/ICECI/CriminalInvestigations/ucm564768.htm>

Head Pharmacist – Barry Cadden



- March 22, 2017 – Cadden convicted of racketeering, conspiracy, mail fraud and introduction of misbranded drugs into interstate commerce. Acquitted of murder charges.
- June 26, 2017 - Cadden sentenced to 9 years in prison
- <https://www.fda.gov/ICECI/CriminalInvestigations/ucm564768.htm>

Supervisor RPh – Glenn Chin



October 25, 2017, Chin was convicted of racketeering, racketeering conspiracy, mail fraud and false labeling. Acquitted of 2nd degree murder also.

On January 31, 2018, Chin was sentenced to 8 years in prison, two years of supervised release, and forfeiture and restitution in an amount to be determined later.

<https://www.fda.gov/ICECI/CriminalInvestigations/ucm594800.htm>

Russia Rebounds / The Last Nazi Trials

Newsweek

04.24.2015

THE KILLER

PHARMACY

INSIDE
A MEDICAL
MASS
MURDER
CASE



FDA Guidance – Insanitary Conditions

- Putting on gowning apparel in a way that may cause the gowning apparel to become contaminated
- Leaving the cleanroom and re-entering from a non-classified area without first replacing gowning apparel
- Performing aseptic manipulations outside of a certified ISO 5 area
- Failing to disinfect containers of sterile drug components or supplies immediately prior to opening
- Lack of adequate routine environmental monitoring - nonviable airborne particulate sampling; viable airborne sampling; and surface sampling, including but not limited to equipment, work surfaces, and room surfaces

Insanitary Conditions - Continued

- Lack of adequate personnel sampling (including glove fingertip sampling)
- Lack of routine certification of the ISO 5 area, including smoke studies performed under dynamic conditions
- Lack of HEPA-filtered air, or inadequate HEPA filter coverage or airflow, over the critical area
- Buffer room or ISO 5 areas that contain overhangs or ledges capable of collecting dust (pipes and window sills)
- Failing to appropriately and regularly clean and disinfect (or sterilize) equipment located in the ISO 5 area
- Lack of disinfection of equipment and/or supplies at each transition from areas of lower quality air to areas of higher quality

Serious conditions - FDA recommendation includes immediate recall and cease sterile operations

- Vermin (e.g., insects, rodents) or other animals (e.g., dogs) in ISO 5 areas or areas immediately accessible to production
- Visible microbial growth (e.g., bacteria, mold) in the ISO 5 area or in immediately adjacent areas
- Sources of non-microbial contamination in the ISO 5 area (e.g., rust, glass shavings, hairs, paint chips)
- Performing aseptic manipulations outside of a certified ISO 5 area
- Cleanroom areas with unsealed or loose ceiling tiles
- Production of drugs while construction is underway in an adjacent area
- Consistent and frequent pressure reversals from areas of less clean air to areas of higher cleanliness

The Internet Pharmacy Market in 2016

Trends, Challenges, and Opportunities



January 2016

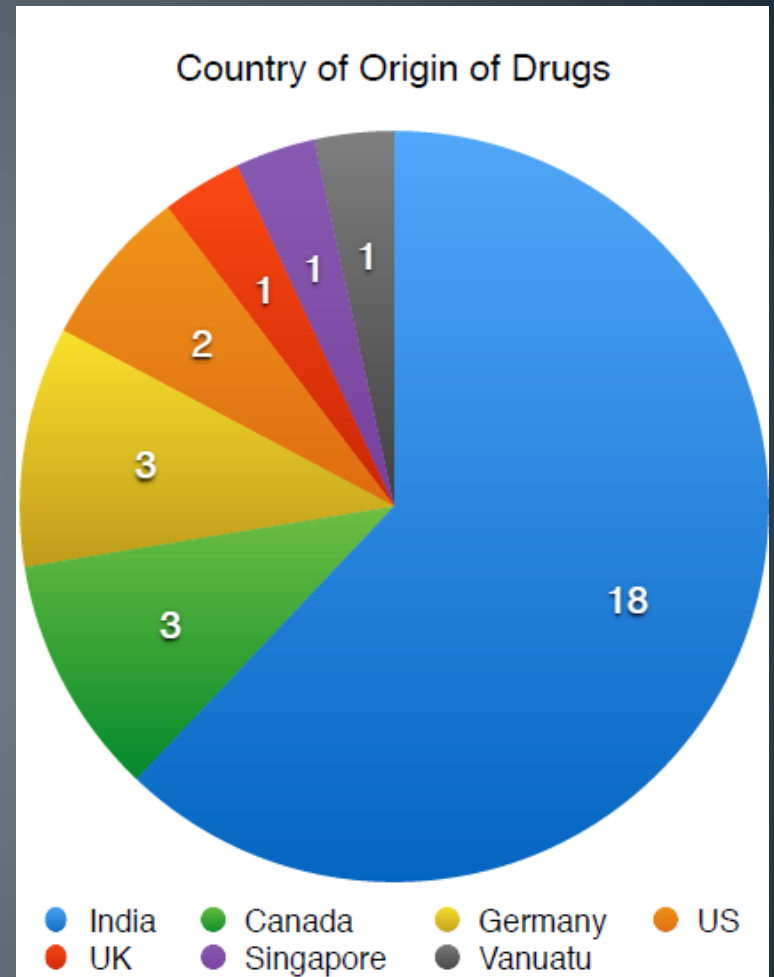
Prepared by LegitScript.com
for The Center for Safe Internet Pharmacies



- Every day, illicit online pharmacy operators create approximately 20 new websites worldwide.
- Of 30,000 to 35,000 illicit online pharmacies, 96% (globally and in the US) fail to adhere to applicable legal requirements.
- 92% of those operating illegally are doing so in a blatantly illicit manner – e.g. as the sale of prescription drugs without a valid prescription.
- Among the 92% of “blatantly illicit” online pharmacies, about 9% are selling controlled-substance prescription drugs

India was the most common point of origin for the drug shipments.

Other countries included Germany, Singapore, the US, Canada, and The UK, although they were not always the original source of the drugs.



- EVApharmacy largest illegal online pharmacy network has from 3,000 to 10,000 online pharmacies at one time that sell prescription drugs without a prescription.

Tries to persuade customers that it is a safe Canadian online pharmacy but is primarily run out of Russia and Eastern Europe

Reynolds Drug

- EVApharmacy hijacked a website previously operated by a real pharmacy (Reynolds Drug in South Carolina): reynoldsdrug.com which retained the pharmacy's address and branding.
- Orders placed on the website are filled by EVApharmacy with drugs being shipped from Pakistan and China





Home | How to Order | Contact Us | About Us |

Search >>

CATEGORIES

Men's Health

- Viagra
- Cialis
- Propecia
- T-Ject 60 (Dapoxetine)
- Avodart (Dutasteride)
- Priligy (Dapoxetine)
- Flomax (Tamsulosin)
- Proscar (Finasteride)
- Levitra(Vardenafil)
- Kamagra (sildenafil)

Weight Loss

- Orlistat (Xenical)
- Acomplia (Rimonabant)
- Herbal Phentermine

Insomnia

- Elavil (Amitriptyline)
- SleepWell

Reynolds Drug Store !

Hello! We offer perfect selection Medications , Beauty Products , Herbal Medications and Jewelry

Reynolds Drug Store

- ✦ Drugs , buy with prescription
- ✦ Home Health Aids
- ✦ Beauty Products
- ✦ Gifts and Gift Registry
- ✦ Jewelry
- ✦ Greeting Cards

Looking for approved pharmacy with low prices? Already found Reynolds

VIPPS Accredited Pharmacies

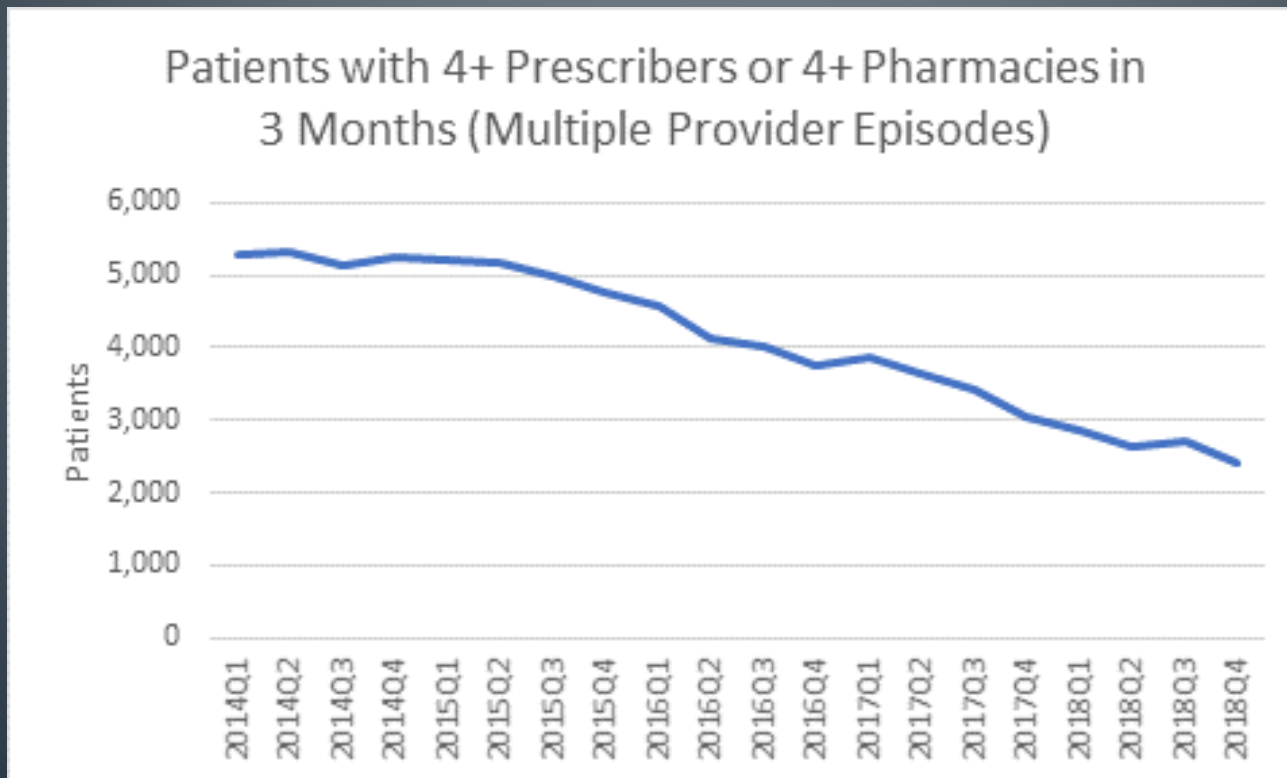
- Verified Internet Pharmacy Practice Sites (VIPPS) enables consumers to confidently access legitimate internet pharmacies
- <https://nabp.pharmacy/programs/vipps/vipps-accredited-pharmacies-list/>

Diversion

- What is diversion?
- Definition: Transfer of a prescription drug from a lawful to an unlawful channel of distribution or use.

Who Diverts Drugs?

- Doctor Shoppers – Person who visits several different practitioners (ERs, Clinics and pharmacies) and fakes illnesses which are usually treated with a controlled substance



- **Professional Patients** - Use genuine illnesses or an obvious physical deformity to convince physicians to prescribe controlled substances
- **Chemically Dependent Patients** — compulsive users who hoard a supply for fear of running out/withdrawal. Less likely to sell drugs on street but seek out substitute doctors in case they get cut off by their current doctor

- Impaired Professionals

- Physicians, nurses, pharmacists

- Almost 50% of all diversion cases involve healthcare professionals (National Association of Drug Diversion Investigators)

- Either divert drugs to:

- Maintain their chemical dependence

- Sell on black market for monetary gain

Diversion Tactics

- Fake Call-Ins

- Poses as a physician or physician staff member to request new prescriptions or add additional refills to an existing prescription
- Often happens after office hours and on weekends

- Forgeries

- Alteration of written prescription - add refills to the prescription where the doctor left it blank or to change the quantity

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
EMPLOYMENT DEVELOPMENT DEPARTMENT

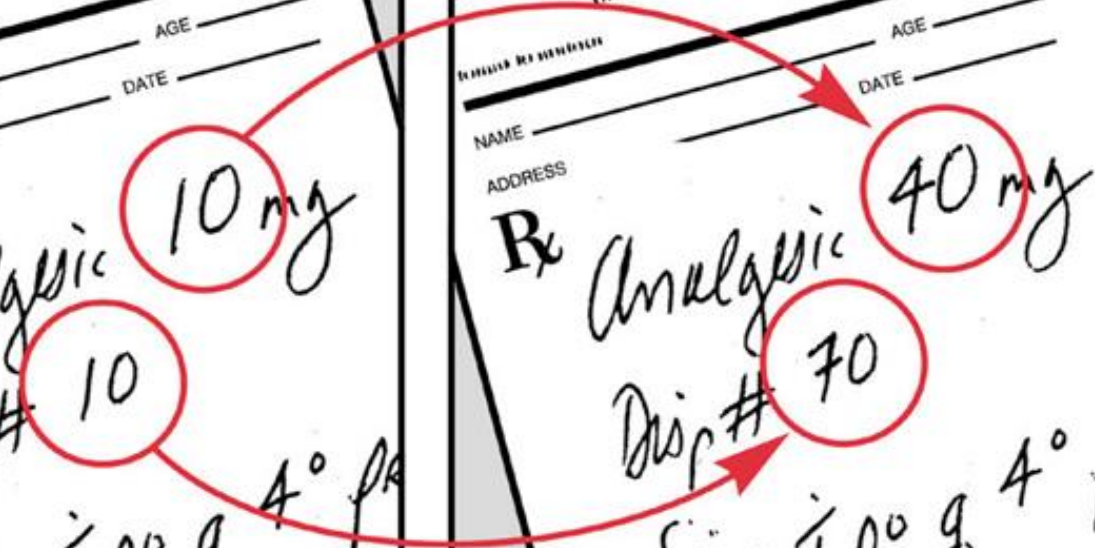
NAME _____ AGE _____
ADDRESS _____ DATE _____

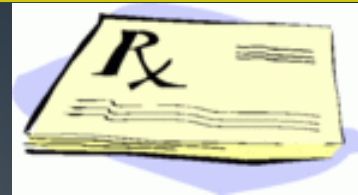
Rx Analgesic 10 mg
Disp # 10
Sig: $\dot{\bar{i}}p^{\circ} q 4^{\circ} pA$

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
EMPLOYMENT DEVELOPMENT DEPARTMENT

NAME _____ AGE _____
ADDRESS _____ DATE _____

Rx Analgesic 40 mg
Disp # 70
Sig: $\dot{\bar{i}}p^{\circ} q 4^{\circ} pA$



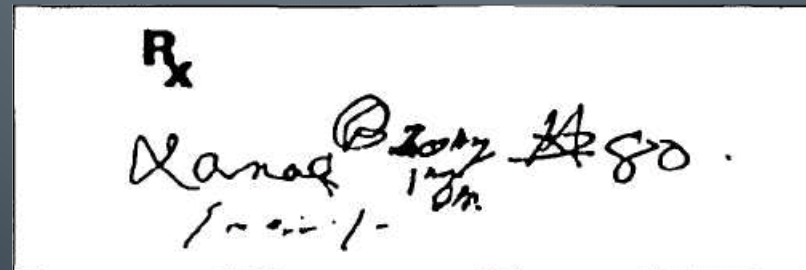


Forgeries cont.

- Prescription blanks or pads are stolen from the ER or physician's office
- Scanned/Photocopied to create a duplicate of the original
- Computer Generated forgery – use a template program, fill in information
- **Lost/Stolen Medication**
- **Counting Scams** - “shorted”
- **Adding controlled substance to written Rx**

Forgery Red Flags

- Prescription looks “too good”
 - Prescriber’s handwriting is too legible
- Excessively messy handwriting
- Quantities, directions or dosages on prescription order differ from usual medical usage
- Prescription does not comply with acceptable abbreviations or appears to be textbook presentations



Rx
Lanoxin 300mg ~~120~~ 80.
1-2-1-

The image shows a handwritten prescription on a white background. At the top left is the symbol 'Rx'. Below it, the word 'Lanoxin' is written in cursive. To the right of 'Lanoxin' is '300mg' followed by a circled 'B' and '120'. The number '120' is crossed out with a diagonal line, and '80.' is written next to it. Below the main line of text, '1-2-1-' is written.

- Directions on prescription written in full with no abbreviations
- Prescription appears photocopied (i.e. dust and other particles appear as faint black dots on the copy)
 - Photocopied with color copier – parts written in ink do not smudge
- Prescription written in different color inks or different handwriting
- Quantity dispensed or the number of refills appears altered

Still More Red Flags

- Cash customer
- Distance – from across the state or out of state
- Missing DEA#, Address, Phone #
- Sudden high dose opioid and patient is opioid naive

Preventing/Catching Forgeries

- **Tamper- / Copy-Resistant Rx Pads**

- Holograms (similar to those on credit cards)
- Copy-resistant paper (micro printing)
- “Void” appears when prescription is copied
- Thermo chromic ink (“disappearing Rx”)

AN ARTIFICIAL WATERMARK IS ON THE BACK - HOLD AT AN ANGLE TO VIEW THIS MARK

00000721

PATIENT'S FULL NAME	PHONE NUMBER	AGE	SEX
ADDRESS		DATE / /	

R

Voluntary Formulary Permitted
 Dispense As Written
If neither box is marked, a Voluntary Formulary product must be dispensed.

Dr. _____
SIGNATURE OF PRESCRIBER

Refills 1 2 3 4 _____
 No Refills Void After _____

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES

“RX” ON BACK IS PRINTED IN DISAPPEARING INK - RUB BRISKLY TO ACTIVATE

AN ARTIFICIAL WATERMARK IS ON THE BACK - HOLD AT AN ANGLE TO VIEW THIS MARK

00000721

PATIENT'S FULL NAME	PHONE NUMBER	AGE	SEX
ADDRESS		DATE / /	

R

“VOID” appears on photocopied or scanned blanks

Dispense As Written
If neither box is marked, a Voluntary Formulary product must be dispensed.

Refills 1 2 3 4 _____
 No Refills Void After _____

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES

“RX” ON BACK IS PRINTED IN DISAPPEARING INK - RUB BRISKLY TO ACTIVATE

Preventing/Catching Forgeries

Check Patient PMP Reports

Keep E-alerts

PMP

- A RPh Shall request and review a PMP report if (at least 1 year time period):
 - PERSON EXHIBITS POTENTIAL ABUSE/MISUSE OF OPIATES
 - OVER-UTILIZATION
 - EARLY REFILLS
 - MULTIPLE PRESCRIBERS
 - SEDATED/INTOXICATED
 - UNFAMILIAR PATIENT
 - PAYING CASH INSTEAD OF INSURANCE

PMP

- A RPh Shall request and review a PMP report if (at least 1 year time period):
 - **OPIATE** Rx FROM UNFAMILIAR PRACTITIONER
 - OUT OF STATE OR USUAL GEOGRAPHIC AREA
 - **OPIATE** Rx FROM UNFAMILIAR PATIENT
 - OUTSIDE USUAL PHARMACY GEOGRAPHIC PATIENT POPULATION AREA

PMP

- A RPh Shall request and review a PMP report if (at least 1 year time period):
 - **INITIAL** RX FOR ANY LONG-ACTING OPIOID FORMULATION
 - INCLUDES ORAL AND TRANSDERMAL DOSAGE FORMS
 - **BECOME AWARE** PATIENT IS RECEIVING AN OPIOID CONCURRENTLY WITH A BENZODIAZEPINE OR CARISOPRODOL.

FORGERIES

- **WHAT ARE THE FOLLOWING PRESCRIPTIONS?**
 - **STOLEN Rx FORMS**
 - **PHOTOCOPIED/SCANNED PRESCRIPTIONS**
 - **COMPUTER GENERATED PRESCRIPTIONS**

Pharmacy Safety

Pharmacy Robbery Response Training

- Train employees and new hires
- Procedures for a robbery in progress
- Practice being robbed and designate roles to employees

Pharmacy Safety

- Post robbery procedures
- Awareness: develop an early warning system to alert pharmacy employees to a suspicious individual

CCTV / Surveillance

Cameras reassigned to give a better angle of view

- Bring cameras to eye level
- Install eye level entrance and exit cameras

Barriers

- Ensure good physical barriers between the robber and pharmacy personnel.
- Clear the line of sight to the pharmacy
- Convex mirrors to allow line of sight to blind spots around the pharmacy

Signs

For **security** reasons,
we request



For security reasons, we request

**Hats, Hoods,
Headgear and
Sunglasses**

be removed.



Thank you for
your cooperation.

Please remove all
head coverings and
sunglasses prior
to entering the
credit union.

Thank you for your cooperation.

Robberies in the Pharmacy

What to Do During a Robbery

- Cooperate fully with the robber
- Do not argue or make insulting comments
- Do not attempt to thwart the robbery or apprehend the criminal yourself
- Do exactly what you are told to do, nothing more and nothing less
- Try to remain calm and avoid sudden movements that might cause further conflict
- Try to notice identifiable aspects of the robber: race, gender, age, size, build, SMTI's, clothing

*Source: Delaware State Board of
Pharmacy newsletter December 2011*

Evidence

- Preserve the crime scene if a robbery does occur.
- Don't return robbery note or other evidence unless solicited.

After

- Call 911 immediately and stay on the phone until dispatchers allow you to get off the phone
- Lock down the store
- Stay calm, cooperate, and be a good witness

Preserve evidence

- Preserve witness statements - have employees document the incident
- DO NOT share events with each other, until Officers conduct interviews

Burglaries in the Pharmacy

What to do if your pharmacy experiences a burglary/break-in

- Call the local police immediately and preserve any evidence (do not start clean up until they give you clearance).
- Call the Drug Enforcement Administration (DEA) Albuquerque District Office at 505-452-4500, the day the burglary occurs.
- Do a complete CS inventory as soon as the police are done with their work.
- Report loss of CS via the online form at www.dea diversion.usdoj.gov/21cfr_reports/theft/index.html
- E-mail or fax a copy of the completed DEA Form 106 to the Board office after filling it with DEA.

RxPATROL.COM



Pharmacy Security Checklist



ALARMS

Features

Central Station or Local

- Battery Back-Up
- Cell Phone
- Silent
- Audible
- Visual (Flashing Lights)
- Supervised
- Unsupervised

Alarmed Areas

- Doors
- Windows
- Skylights
- Interior & High Security

Sensor Types

- Magnetic Door Contacts
- Motion
- Glass Break
- Vibration
- Duress
- "Trap" Alarm
- Fire
- Wireless or Hard Wired Sensors

PHYSICAL DESIGN

- Lighting—Motion sensitive lighting (exterior)
- Reinforced doors/windows in pharmacy area
- Rx area viewable by other store employee's
- Controlled substances concealed from customers view
- Height reference/tape near entrance and counter
- Interior lighting

LOCKS AND LOCKING DEVICES

- Limited issuance of keys
- "Do Not Duplicate" on keys
- Keys numbered

PHYSICAL BARRIERS

- Steel window curtains
- Steel door curtains
- Pharmacy department doors
- Barriers to prevent "jump over"
- Interior safe (high risk areas)
- Bollards (concrete/steel posts embedded in the ground outside premises)

CCTV

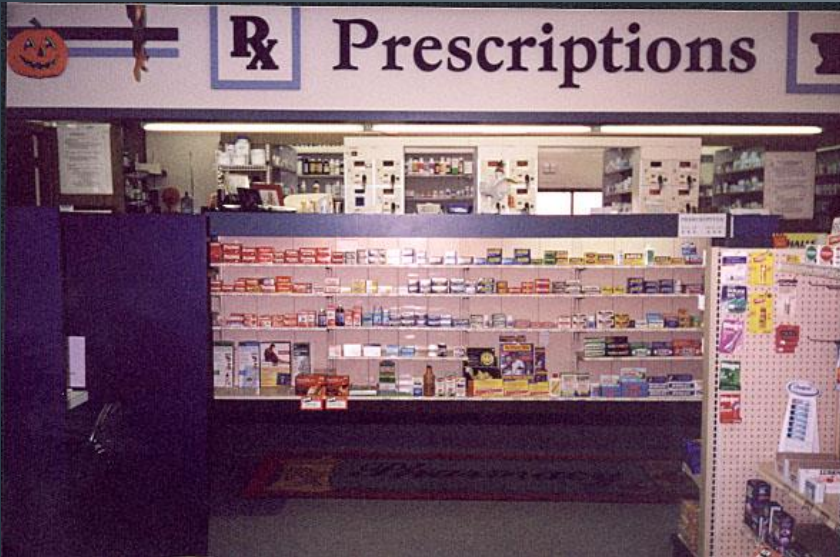
- Visible monitor at entry
- Signs (recorded/monitored off site)
- Drive-thru window camera
- Hidden camera at customer face level
- Regular (weekly) audit and maintenance of cameras and recordings

Camera features

- Color or black and white
- Field of view of camera is adequate
- Variable focal lens
- Low level light camera (auto iris)

Recording

- Digital vs. VHS recording
- Frames per second (10 or more)
- Retention of recordings
- Regular replacement of tape
- Recorder hidden and secured



RxPATROL.COM



CCTV/Recording *Continued*

- Dummy VHS with tape
- Preserve original recordings for Law Enforcement
- Date/Time stamped on video
- "Watermark" on video
- Continuous vs. Event/Alarm

ROBBERY/BURGLARY/FRAUD

Robbery

- Develop policy and procedure for robbery
- Regular training and rehearsal for robberies.
 - Assign tasks to personnel and train
 - Involve local police to learn what they recommend
- Police/Sheriff emergency number (911)
- Protect crime scene/evidence
- Do not disturb scene
- Have/Obtain form for suspect description form on premises
- Know response time of law enforcement to robbery and burglary

Burglary

- Preparation for forensic evidence recovery
- Routinely wipe down counter (fingerprint recovery)
- Clean and wipe down fire exit break bar (fingerprint recovery)
- Cardboard or paper placed on floor by rear/side or fire exit prior to closing (shoe print recovery)
- Mark scheduled CS bottles with store ID on bottom (identifies bottle as coming from a particular store)
- Develop closing process

Fraud

- Regular training and rehearsal for forged/ altered prescriptions and phone call-ins. Involve local police to learn what they recommend
- Develop policy and procedure for fraud
- Caller ID on telephone
- Details as to conversation with "prescriber"
- Evidence bags available to protect forged and altered prescriptions until police arrive
- Do not write on prescription unless directed to by law enforcement

MISCELLANEOUS

Review process

- Ordering
- Receiving
- Storing
- Returns

Internal controls to restrict access to controlled substances by other employees

- "Repair" personnel (telephone, computer, electrical, etc.) view and record ID of persons entering area
- "Relief" Pharmacist - Verify
- Regular license status verification
- Law enforcement and insurance carrier review of premises

Adjoining tenants

- Walls and ceilings

This Pharmacy Security Checklist was developed in consultation with leading industry and law enforcement diversion prevention professionals, with special thanks to the National Association of Drug Diversion Investigators (NADDI).

RxPATROL.COM



Rx PATTERN ANALYSIS TRACKING ROBBERIES & OTHER LOSSES

[Home](#) | [Contact Us](#) | [RxPATROL Twitter Feed](#)



 [Member Login](#)

[WHAT'S RXPATROL?](#)

[CRIME STOPPERS](#)

[SEARCH INCIDENT DATABASE](#)

[PHARMACY SECURITY CHECK LIST](#)

[TRAINING VIDEOS](#)

TRAINING VIDEOS



RxPatrol Pharmacy Safety: Internal Theft and Prescription Fraud

Community pharmacist and NCPA member Toni Sumpter and Retired Assistant Special Agent in Charge of the Virginia State Police Landon Gibbs, discuss preventing and dealing with internal theft and prescription fraud. They tour Sumpter's store, Medicap Pharmacy in Adel, Iowa, evaluating security measures and discussing additional steps that can be taken to prevent internal theft and how to identify fraudulent prescriptions. The goal is to help pharmacists make their stores a harder target for crime and educate them on how they can assist law enforcement in the event of an internal theft incident or prescription fraud.



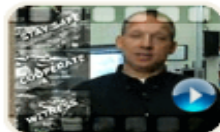
RxPATROL Pharmacy Safety and Security Robbery Video

This video provides information on security practices to help mitigate a pharmacy robbery and discusses security measures taken to safeguard against a robbery. Created to help pharmacists make their stores a harder target, this video educates on how pharmacists and their staff can assist law enforcement in the event of a robbery. This video was produced in partnership with the National Community Pharmacists Association.



Pharmacy Safety and Security

This video provides information on security practices to help mitigate a pharmacy burglary and discusses security measures taken to safeguard against a burglary. Created to help pharmacists make their stores a harder target, this video educates on how pharmacists and their staff can assist law enforcement in the event of a burglary. This video was produced in partnership with the National Community Pharmacists Association.



Pharmacy Safety - Robbery

This video provides tips for pharmacists to address the problems of pharmacy robberies. The video has interviews with the law enforcement personnel of the North East Indiana Bank Robbery Task Force, namely the FBI in Fort Wayne, Indiana; the New Haven Indiana Police Department and the Allen County (Indiana) Police Department. In addition, a detective from the Robbery Homicide Squad of the Chandler, Arizona Police Department and the Captain of Major Investigations in the Stamford, Connecticut Police Department provide information to the pharmacist that may face a robbery situation.

Stamford, Connecticut Police Department provide information to the pharmacist that may face a robbery situation.

ENTER AN INCIDENT NOW!

[Click here to report a pharmacy crime.](#)



OUR PARTNERS

- Nassau County, NY Police Department
- Suffolk County, NY Police Department
- Ohio Attorney General's Office
- FBI-Law Enforcement Executive Development Association (FBI-LEEDA)
- National Association of Drug Diversion Investigators (NADDI)
- National Community Pharmacists Association (NCPA)
- Pharmaceutical Security Institute (PSI)
- Rx Safety Matters

TIP OF THE MONTH



Camera recording devices should be locked in a secure, hidden location.

WARNING!



**Robbery or Burglary
involving narcotics or
other controlled substances
from this Pharmacy
is a
FEDERAL
Crime.**

20 years.

The rent is free.

But you're not.

WARNING!!!

**Robbing a pharmacy
is a felony punishable by
20 YEARS IN PRISON**

UP TO \$2,500 REWARD

If you have information on a
pharmacy robbery or burglary, call
RxPATROL - Crime Stoppers at
1-888-479-8477. Calls remain anonymous.



Funded by
Purdue Pharma L.P.

APD Offered Training

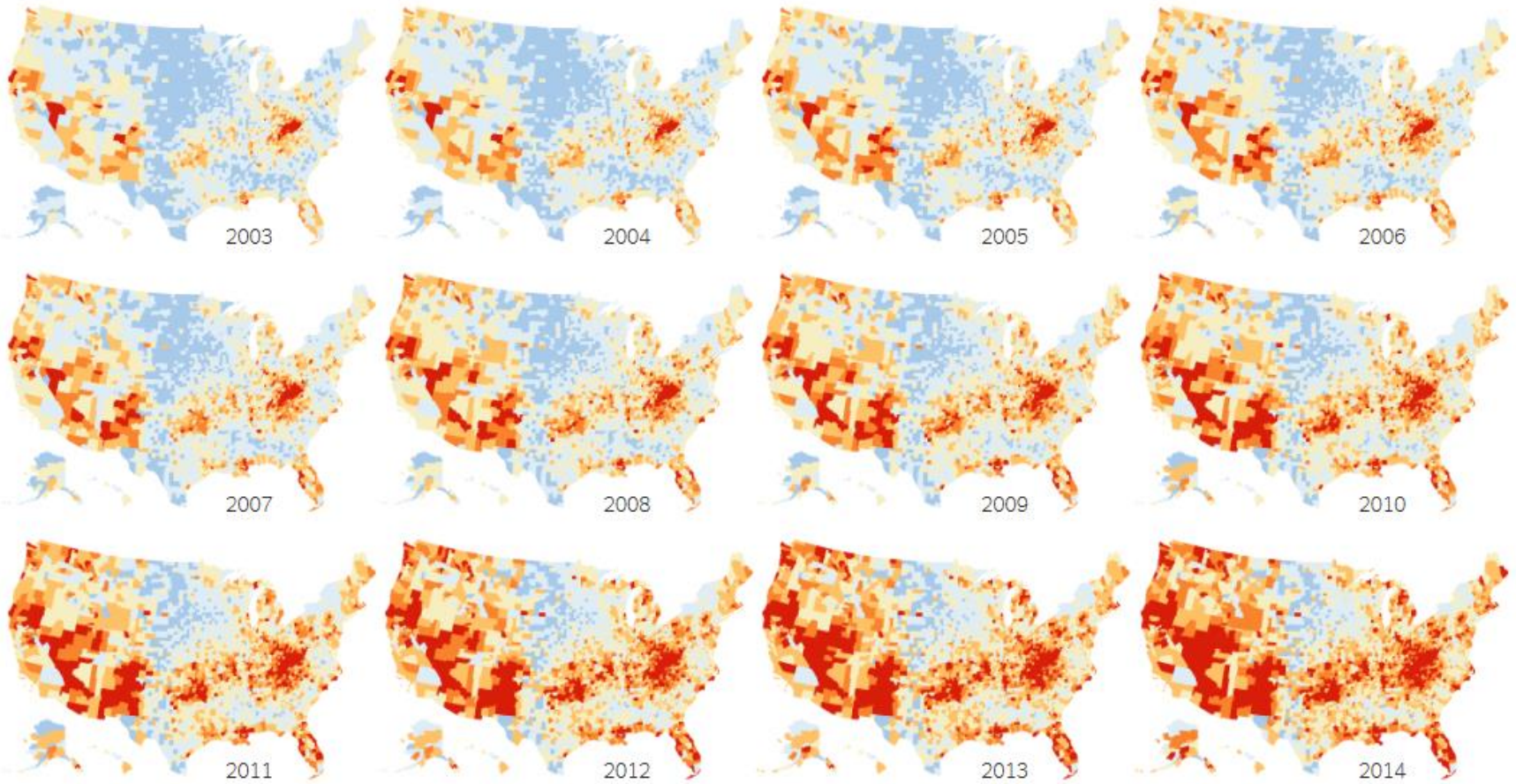
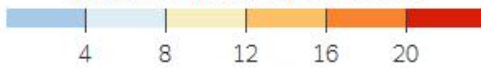
Robbery Awareness Training

Sergeant Lowe

clowe@cabq.gov

United States Prescription Opioid Overdose Epidemic

Overdose deaths per 100,000



<http://www.nytimes.com/interactive/2016/01/07/us/drug-overdose-deaths-in-the-us.html? r=1> By HAEYOUN PARK and MATTHEW BLOCH JAN. 19, 2016

Figure 1: Rate of unintentional drug overdose death in the United States, 1970-2006

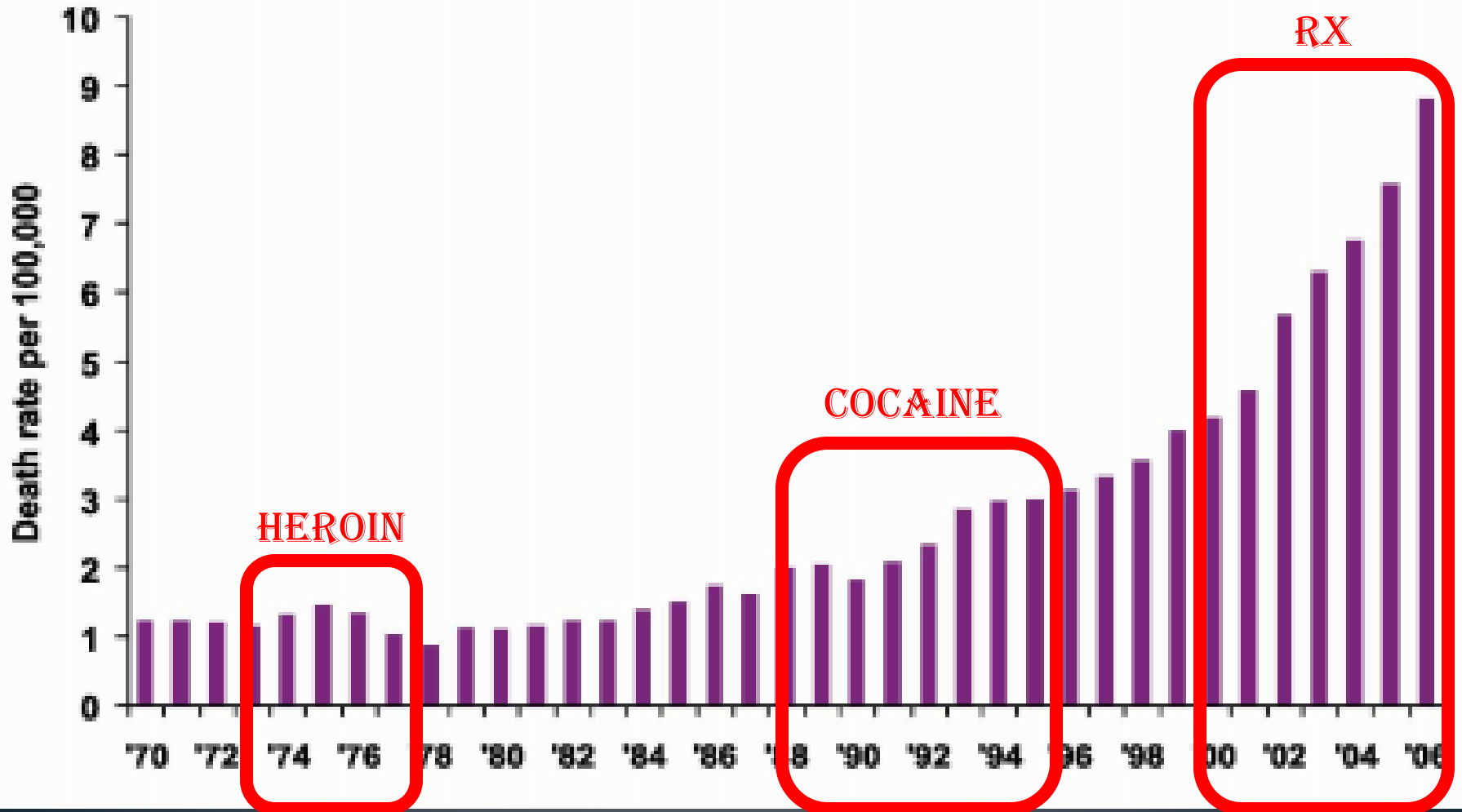
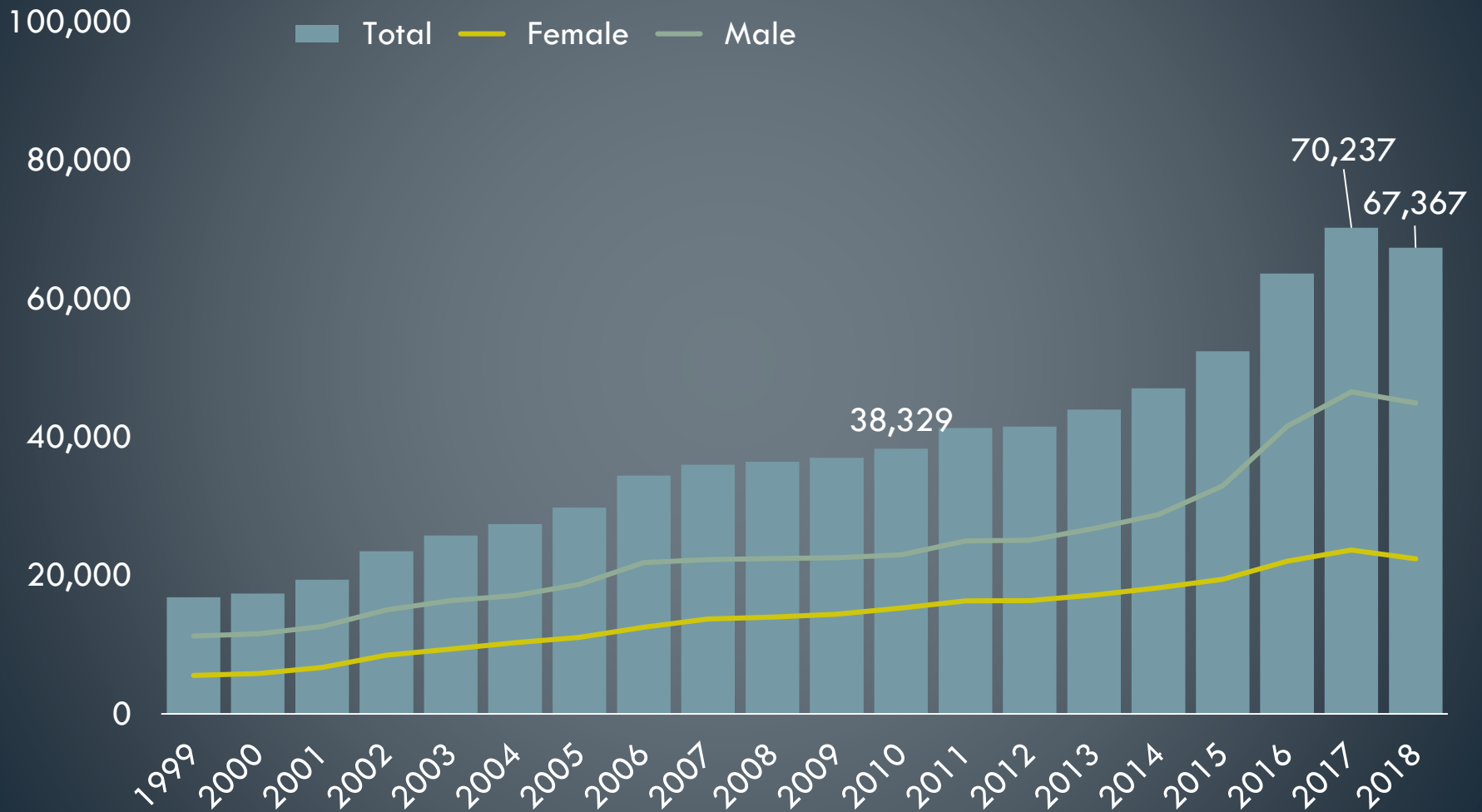
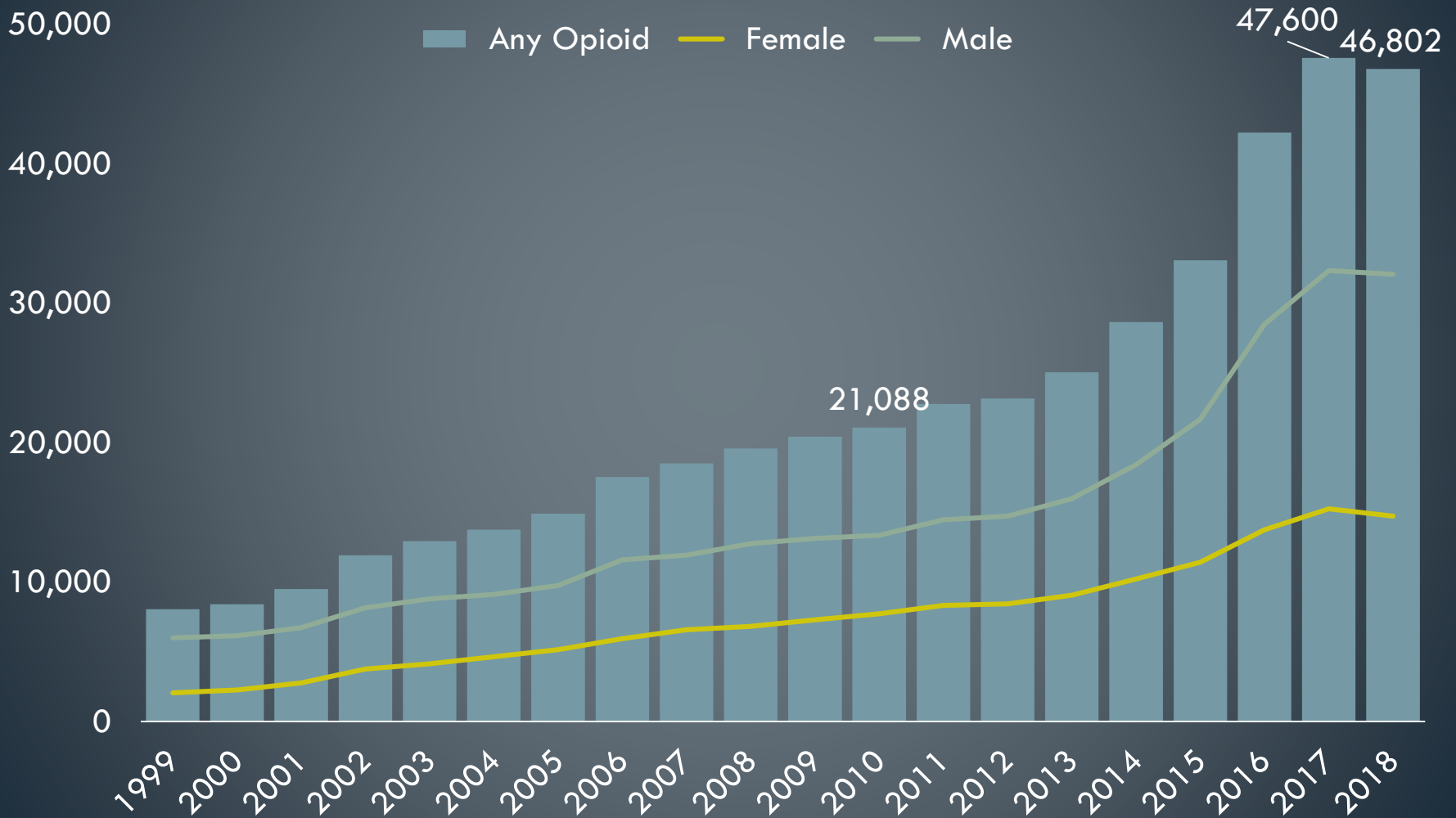


Figure 1. National Drug Overdose Deaths Number Among All Ages, by Gender, 1999-2018



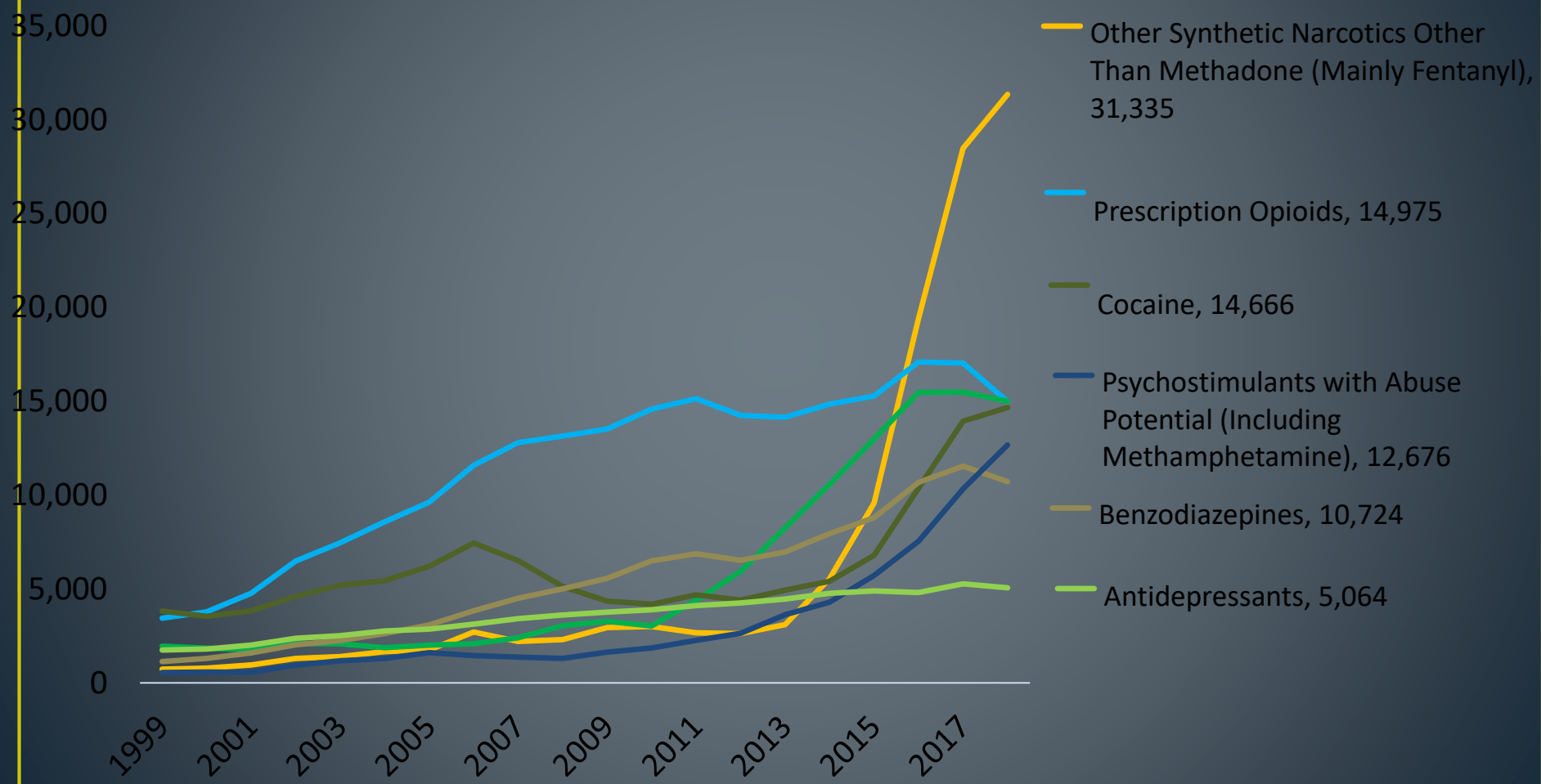
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released January, 2019

Figure 3. National Drug Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2018



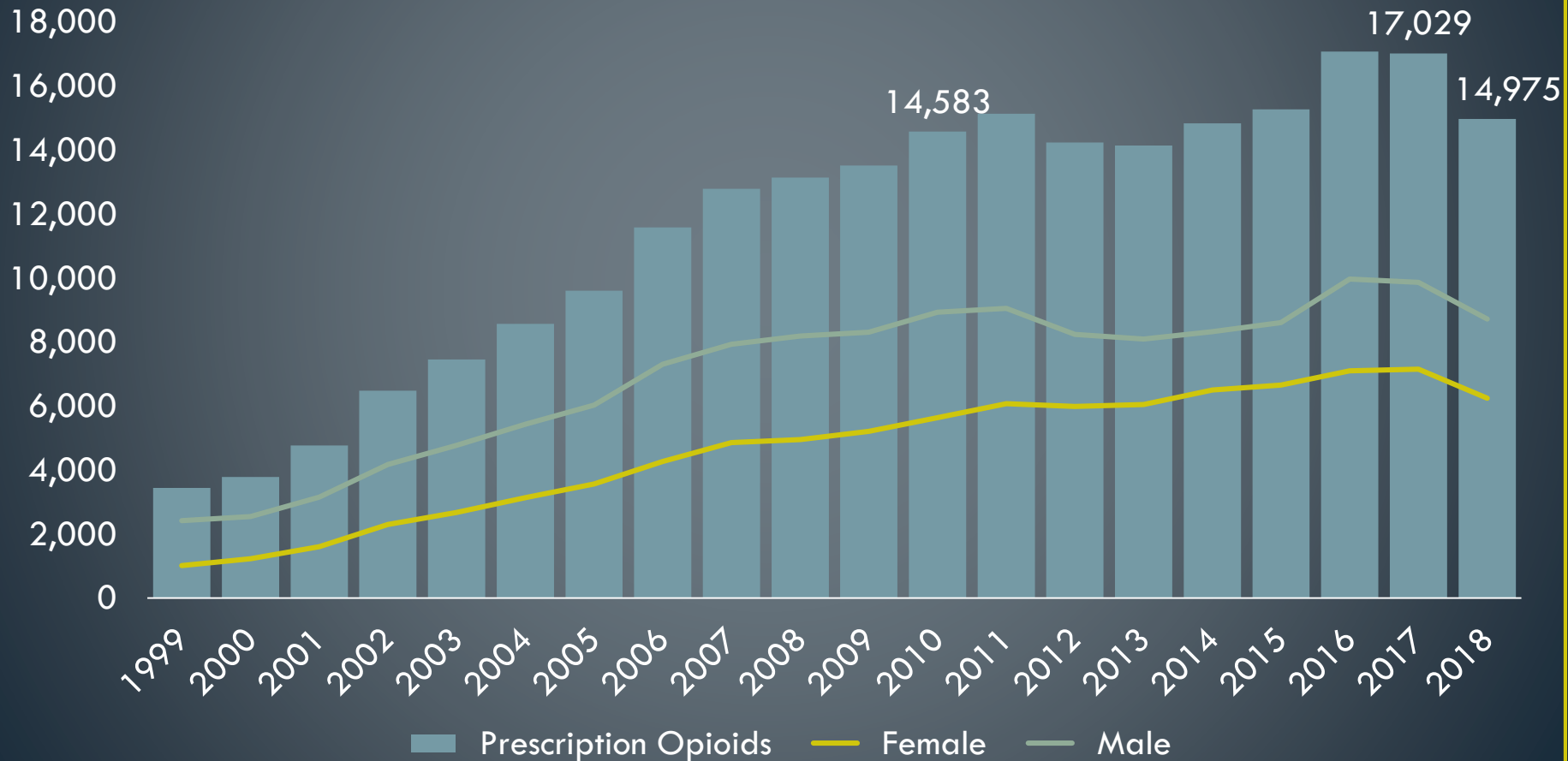
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released January, 2019

Figure 2. National Drug Overdose Deaths Number Among All Ages, 1999-2018



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released January, 2019

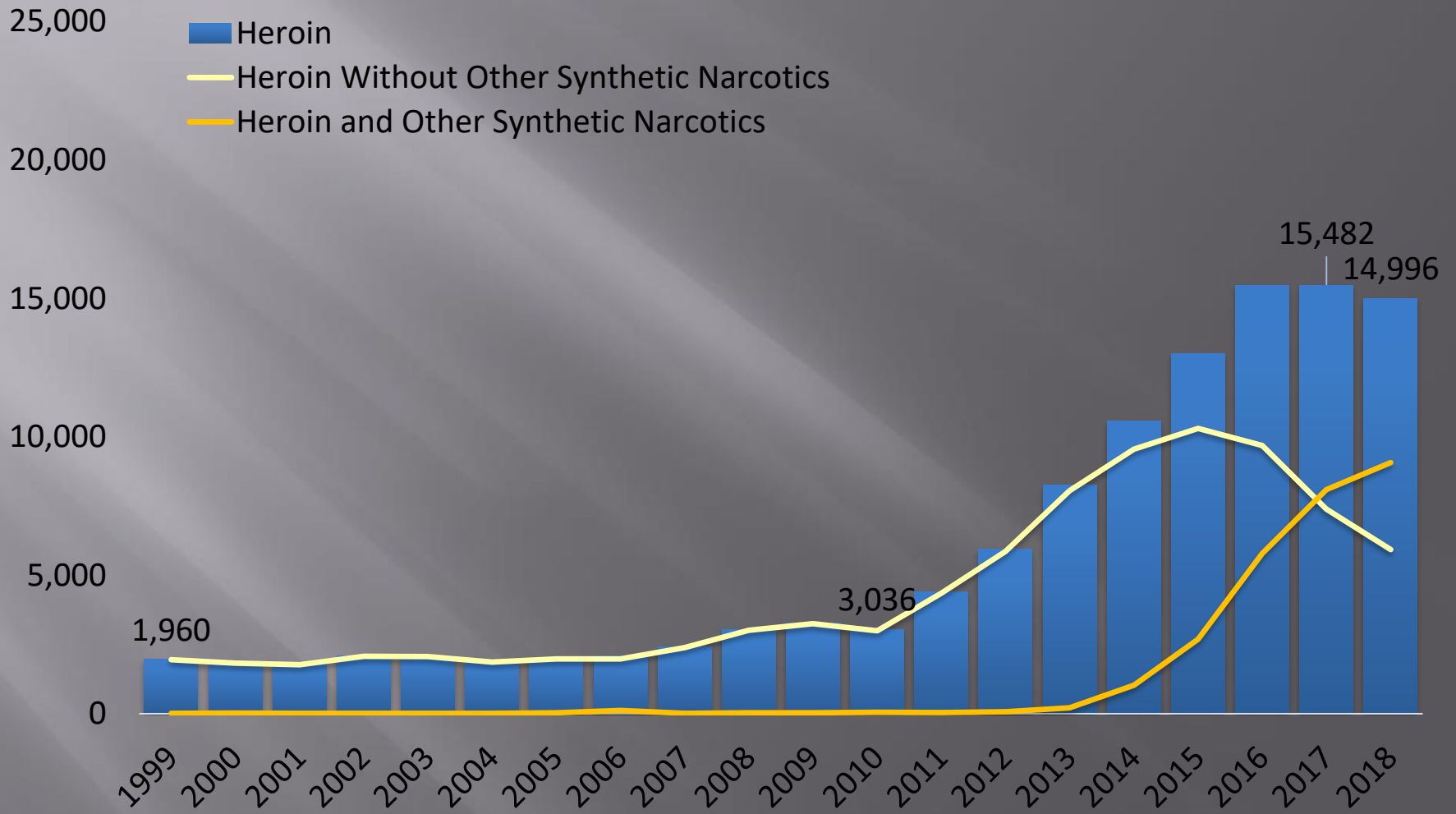
Figure 4. National Drug Overdose Deaths Involving Prescription Opioids, Number Among All Ages, 1999-2018



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released January, 2019

Figure 5. National Drug Overdose Deaths Involving Heroin

Number Among All Ages, 1999-2018



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released January, 2019

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...



ALCOHOL

are

2x



MARIJUANA

are

3x



COCAINE

are

15x



Rx OPIOID PAINKILLERS

are

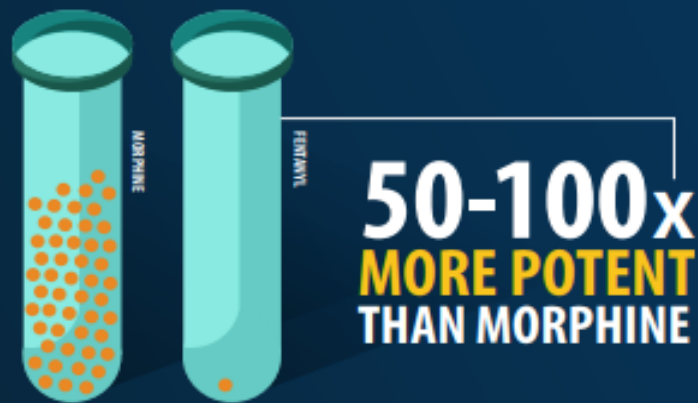
40x

...more likely to be addicted to heroin.

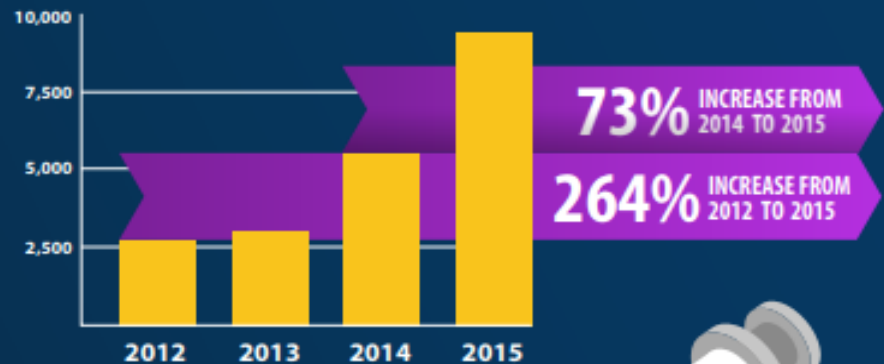
SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

FENTANYL: Overdoses On The Rise

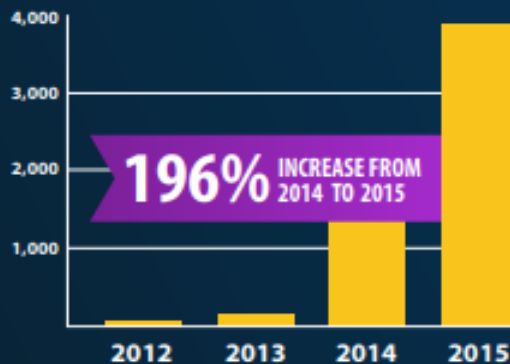
Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. Illicitly manufactured fentanyl is the main driver of recent increases in synthetic opioid deaths.



SYNTHETIC OPIOID DEATHS ACROSS THE U.S.



Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl

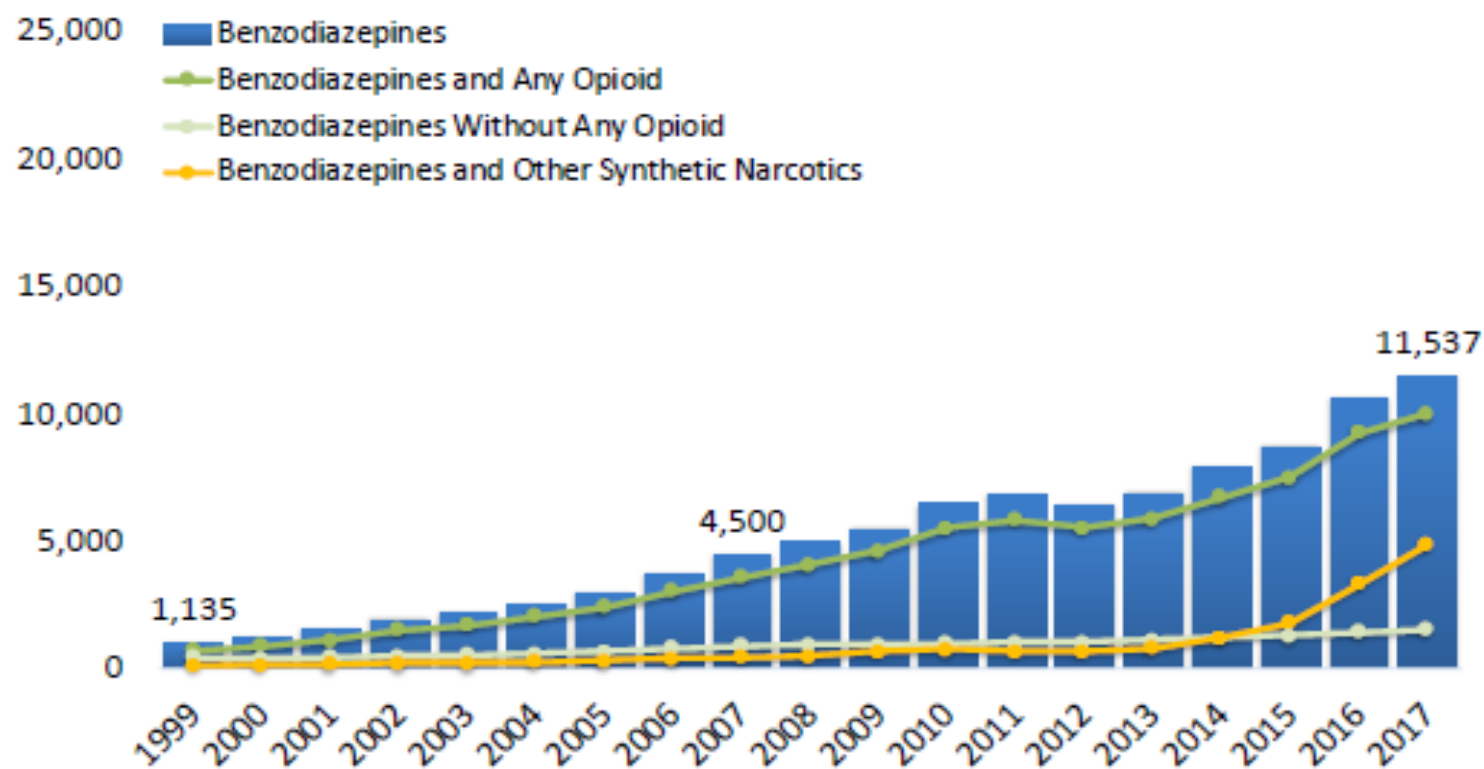


ILLICITLY MANUFACTURED FENTANYL

Although prescription rates have fallen, overdoses associated with fentanyl have risen dramatically, contributing to a sharp spike in synthetic opioid deaths.

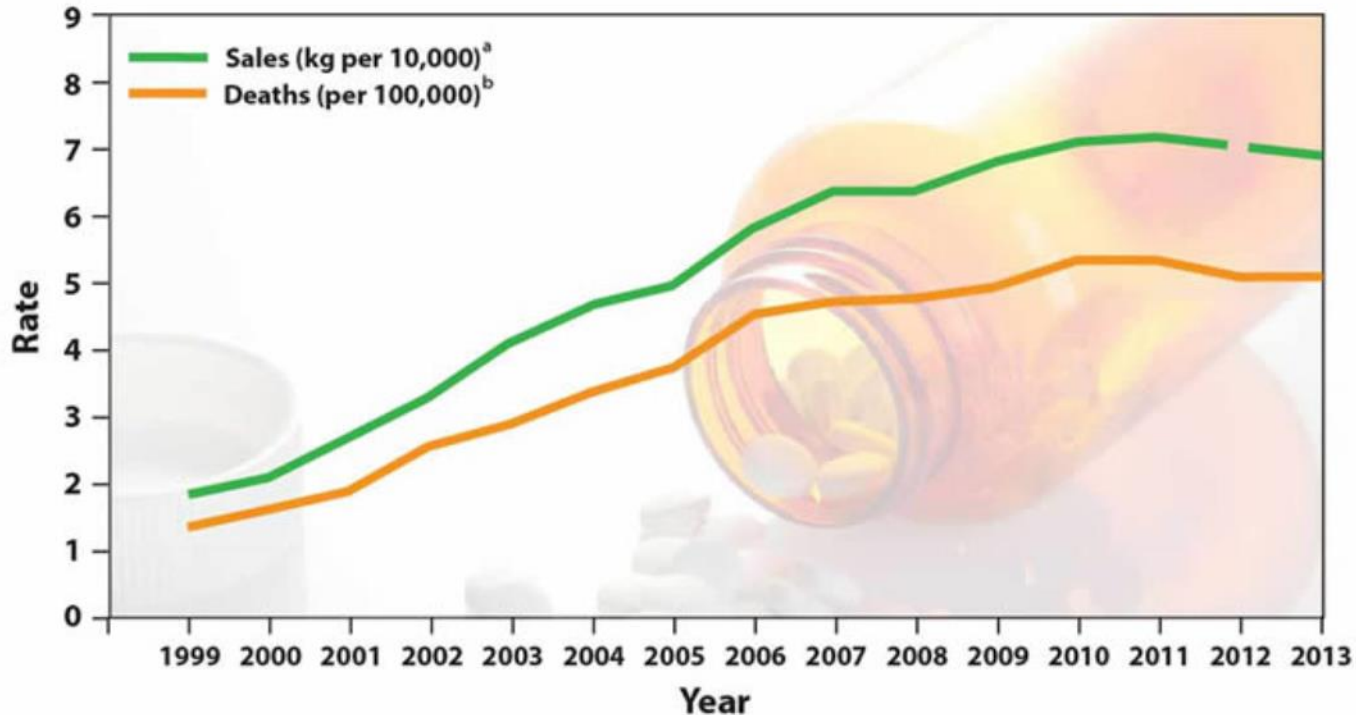


Figure 8. National Drug Overdose Deaths Involving Benzodiazepines, by Opioid Involvement, Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Prescription Painkiller Sales and Deaths



Sources:

^aAutomation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

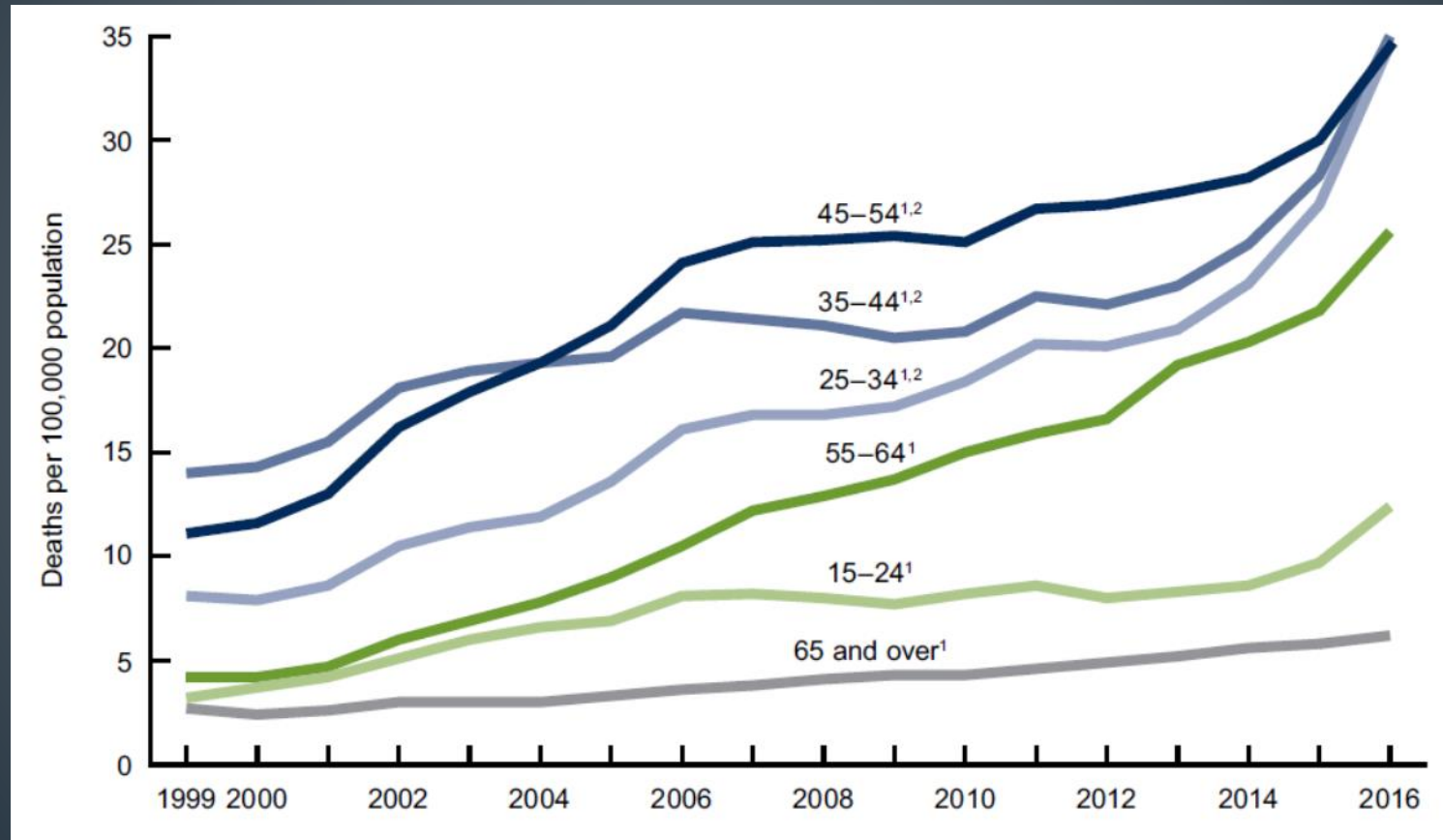
^bCenters for Disease Control and Prevention. National Vital Statistics System mortality data. (2015) Available from URL:

<http://www.cdc.gov/nchs/deaths.htm>.

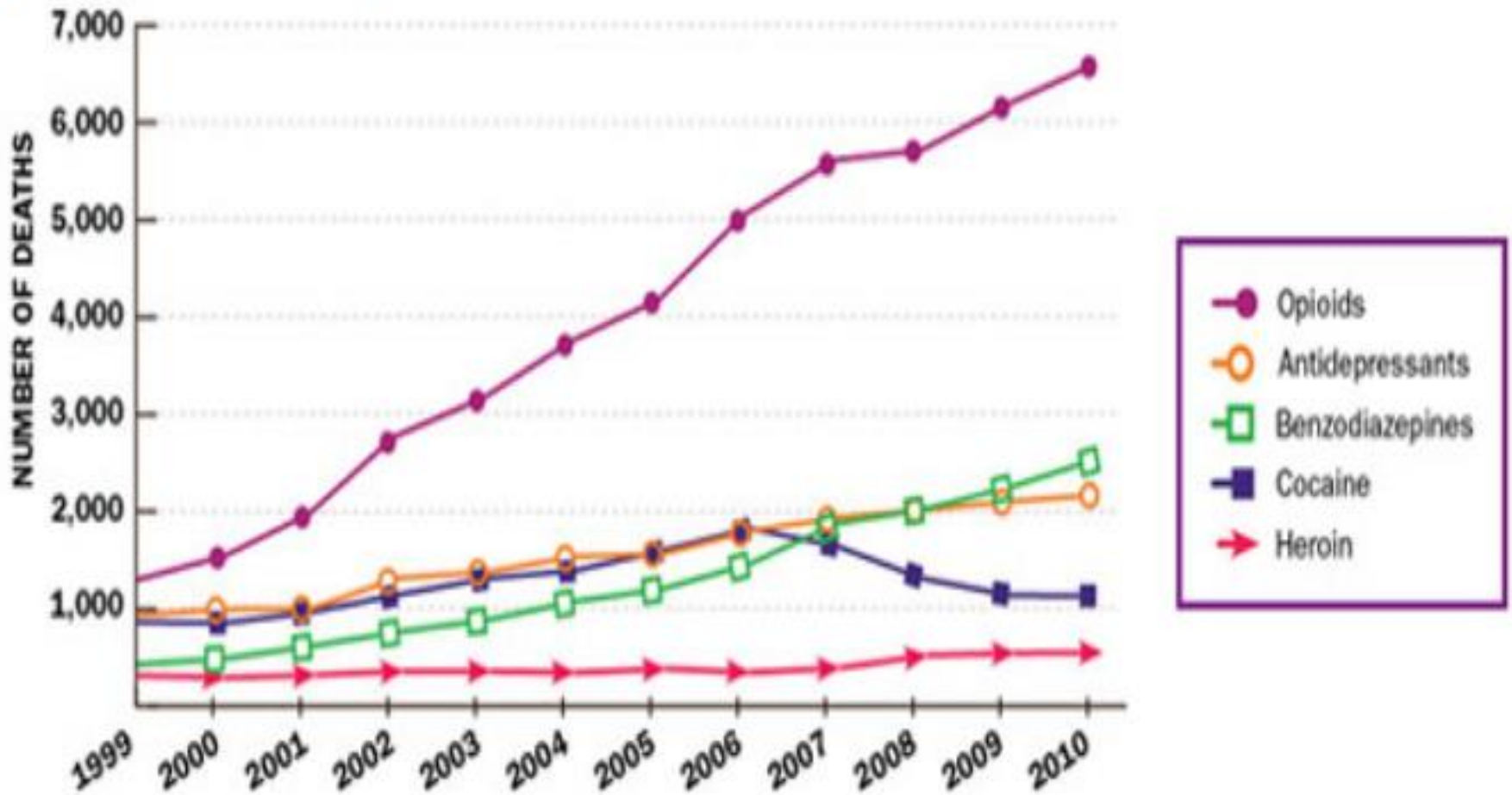
- Amount of prescription painkillers dispensed in the U.S. quadrupled between 1999 and 2013
- Deaths from prescription painkillers have also quadrupled since 1999, killing more than 16,000 people in the U.S. in 2013.¹
- Nearly two million Americans, aged 12 or older, either abused or were dependent on opioids in 2013

Drug Overdose Death Rates, by Selected Age Group: United States, 1999-2016^s

Source: NCHS Data Brief, Number 294, December 2017



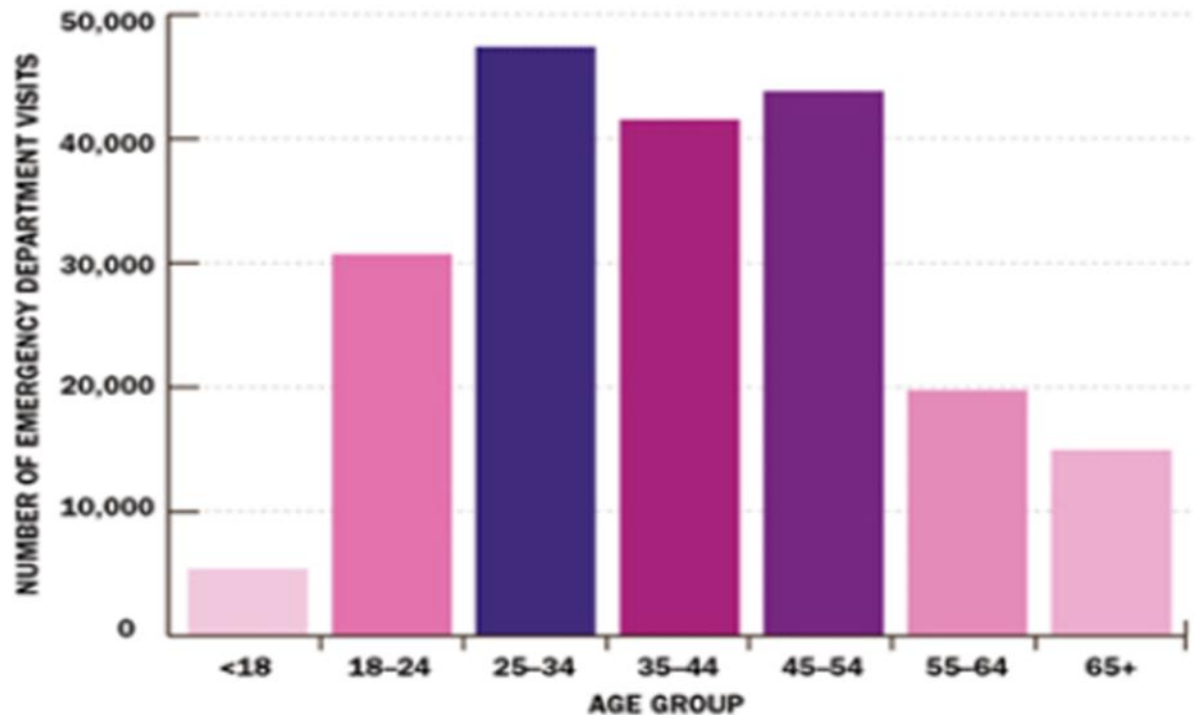
Prescription painkiller overdose deaths are a growing problem among women.



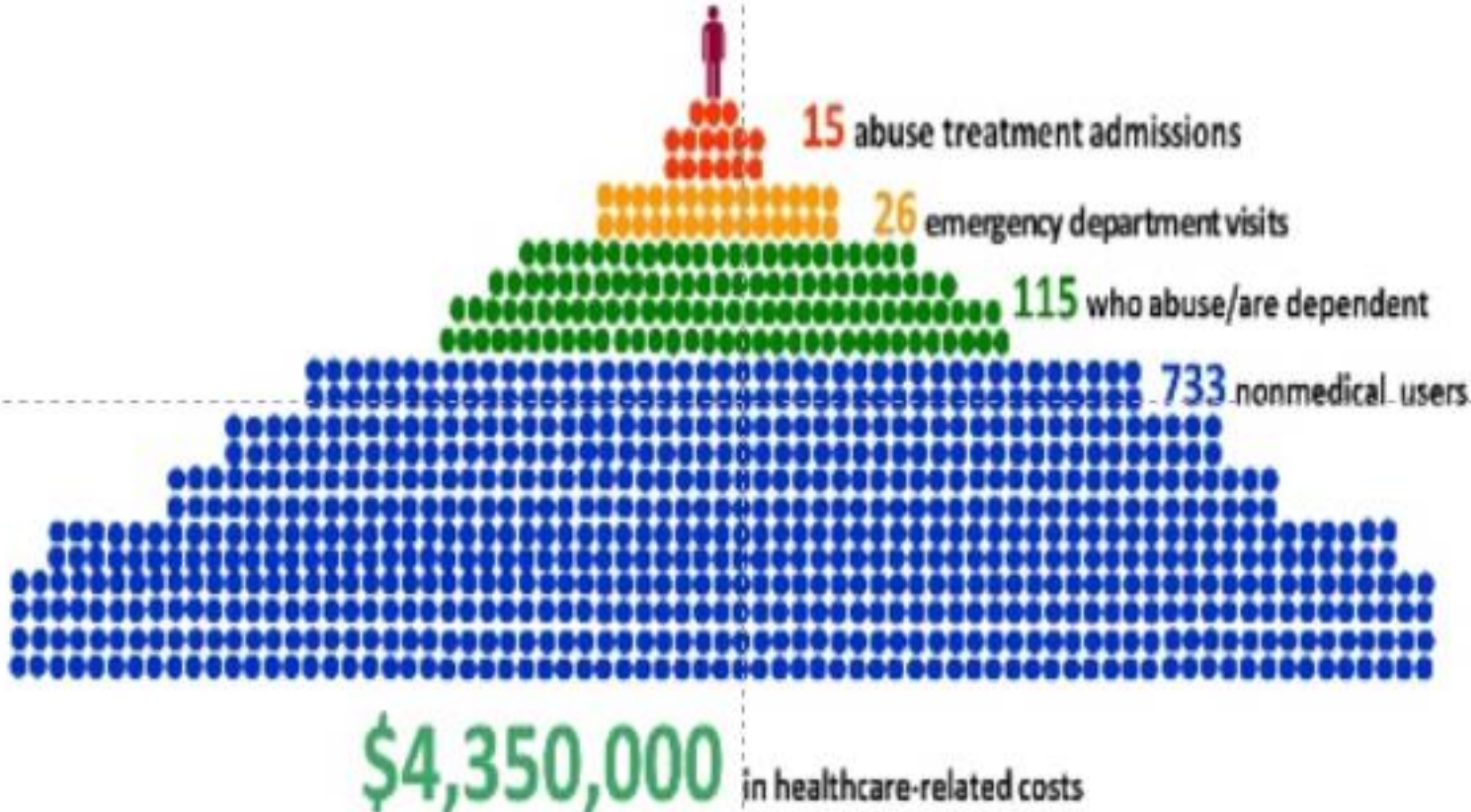


Every 3 minutes, a woman goes to the emergency department for prescription painkiller misuse or abuse.

Women between the ages of 25 and 54 are most likely to go to the emergency department because of prescription painkiller misuse or abuse.



For every 1 prescription opioid overdose death in 2010 there were...

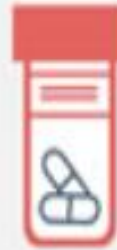




Risk Factors for Prescription Painkiller Abuse and Overdose



Obtaining overlapping prescriptions from multiple providers and pharmacies.



Taking high daily dosages of prescription painkillers.



Having mental illness or a history of alcohol or other substance abuse.



Living in rural areas and having low income.

<http://www.cdc.gov/drugoverdose/epidemic/riskfactors.html>

New Mexico Prescription Drug Overdose Epidemic

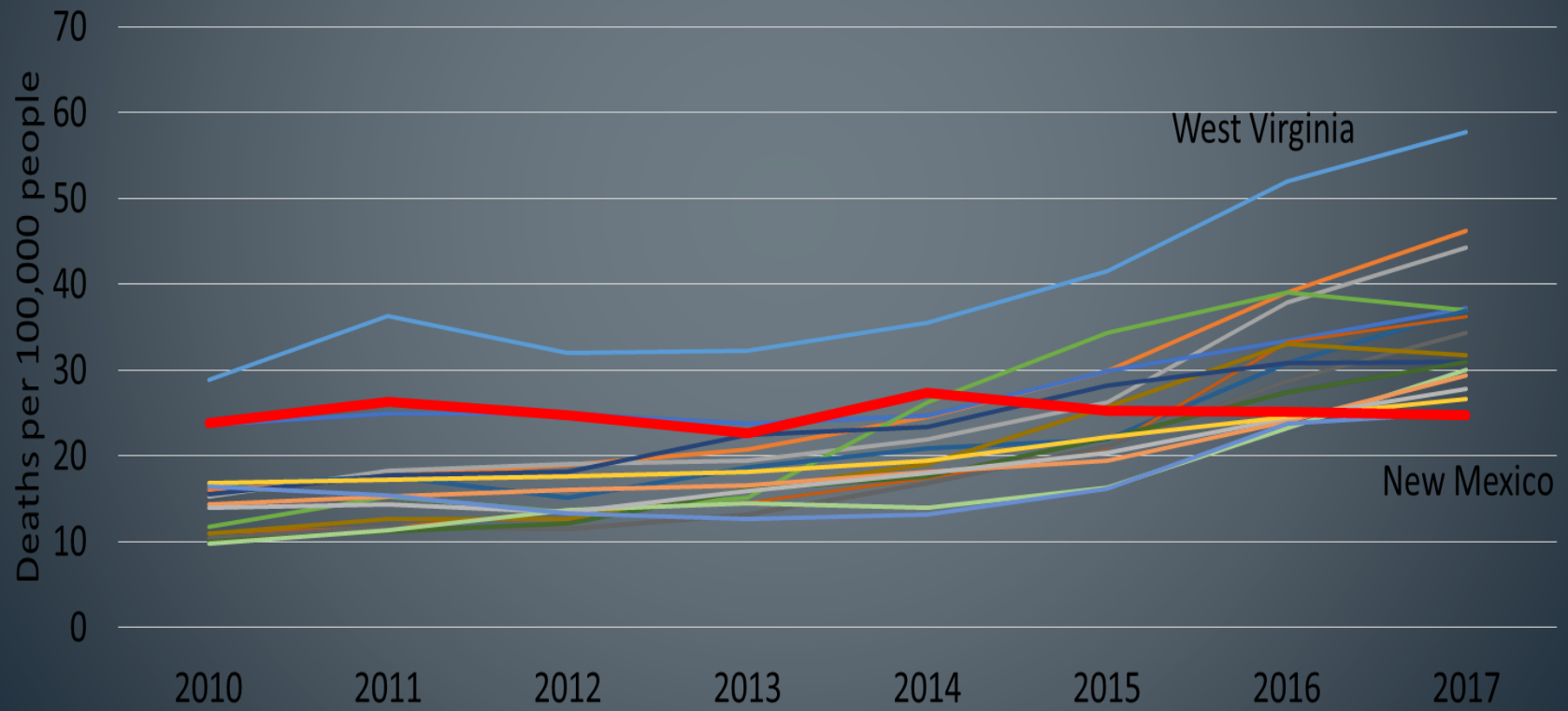
Prescription Drug Information and Statistics

The State of New Mexico compared to the United States average

- In 2014, New Mexico had the **second** highest drug overdose death rate (27.3 deaths per 100,000 age-adjusted population).
- In 2015, New Mexico had the **eighth** highest drug overdose death rate (25.3 deaths per 100,000 age-adjusted population).
- In 2016, New Mexico had the **twelfth** highest drug overdose death rate (25.2 deaths per 100,000 age-adjusted population).
- In 2017, New Mexico had the **seventeenth** highest drug overdose death rate (24.8 deaths per 100,000 age-adjusted population).

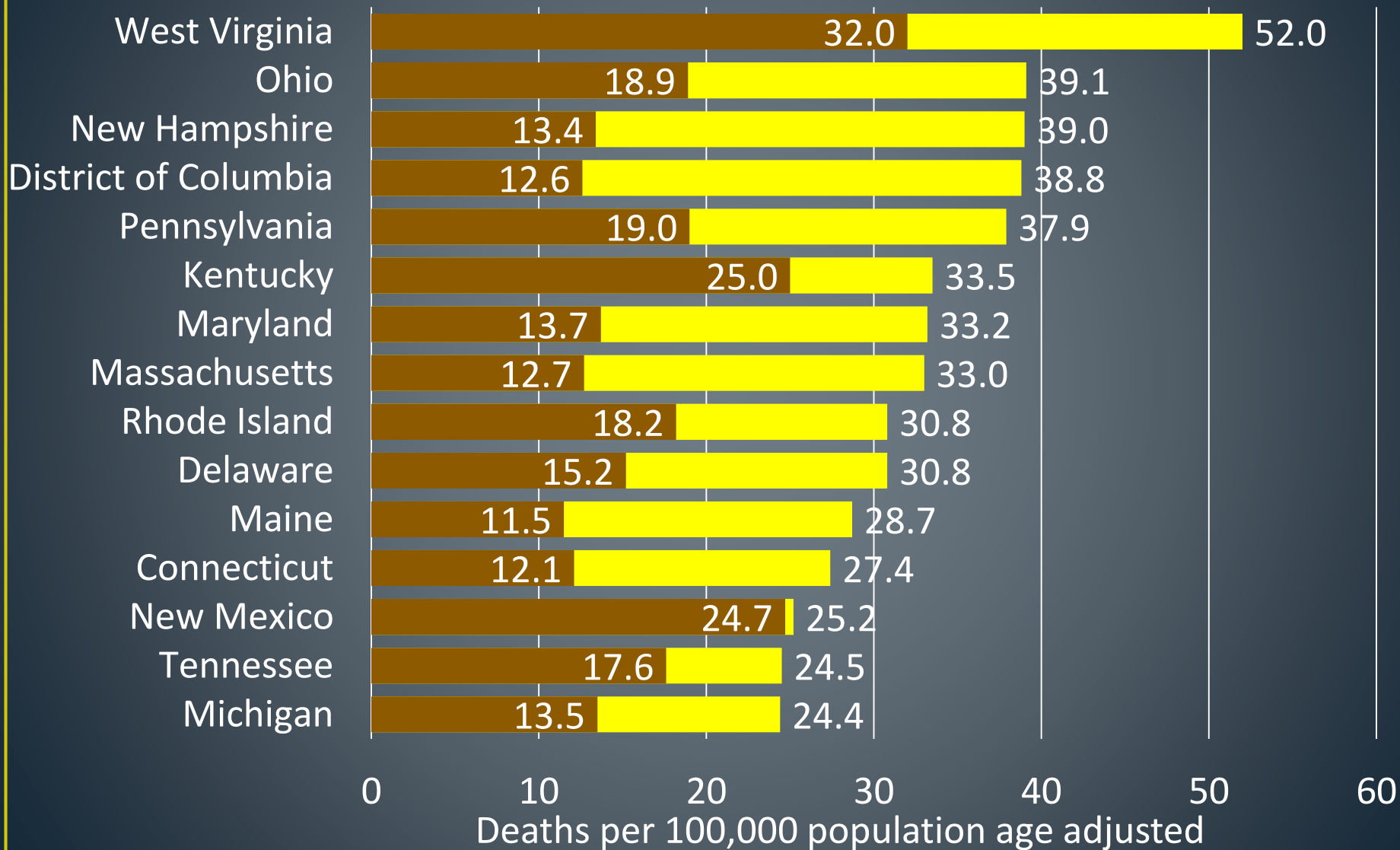
Prescription Drug Information and Statistics

Drug Overdose Death Rates for the 17 States with the Highest Rates in 2017, 2010-2017



Other States: WV, OH, PA, KY, NH, DE, MD, ME, MA, RI, CT, NJ, IN, MI, TN, FL

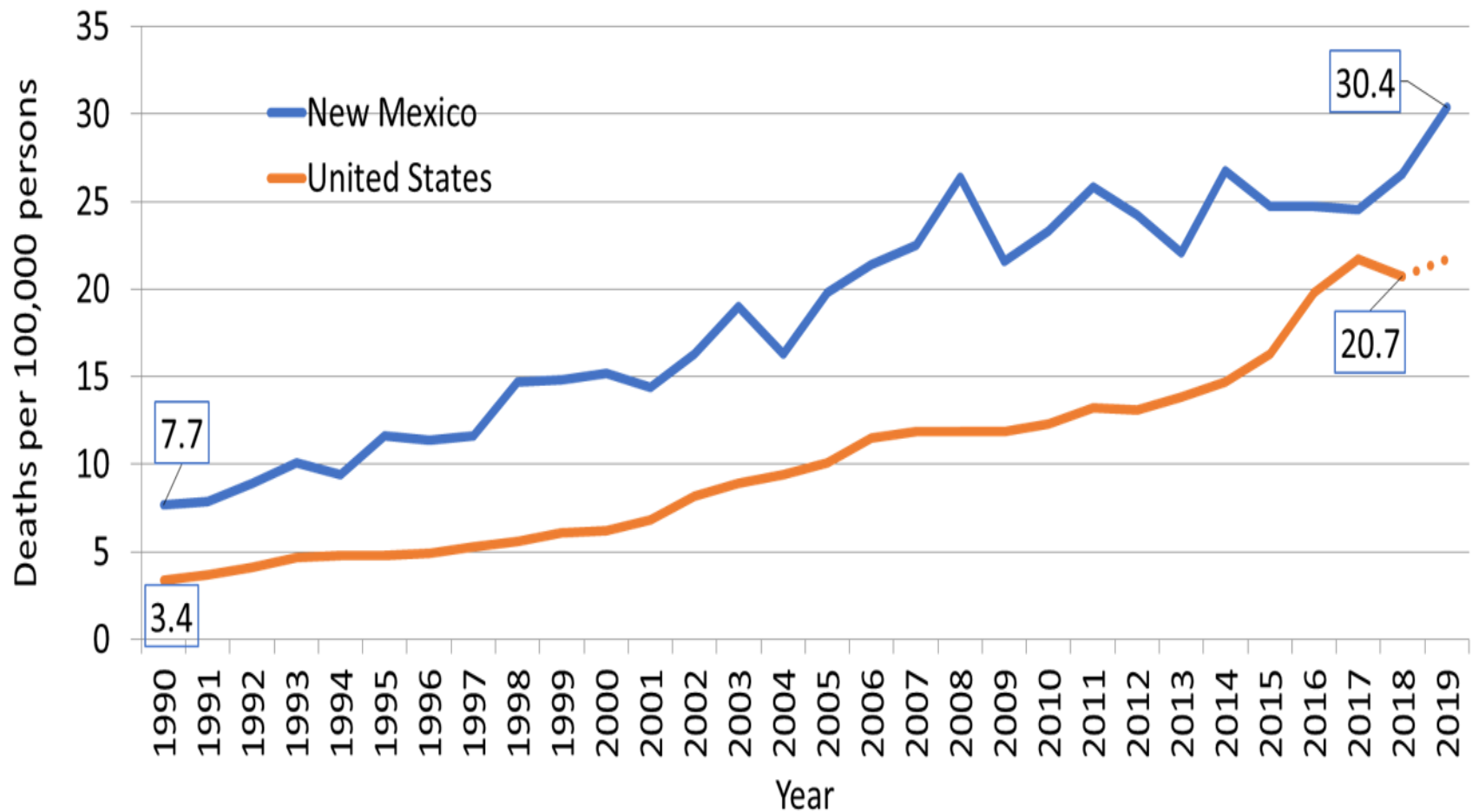
Drug Overdose Death Rate 2012 and 2016 by State



Source: National Center for Health Statistics, CDC, via CDC Wonder

Drug Overdose Death Rates

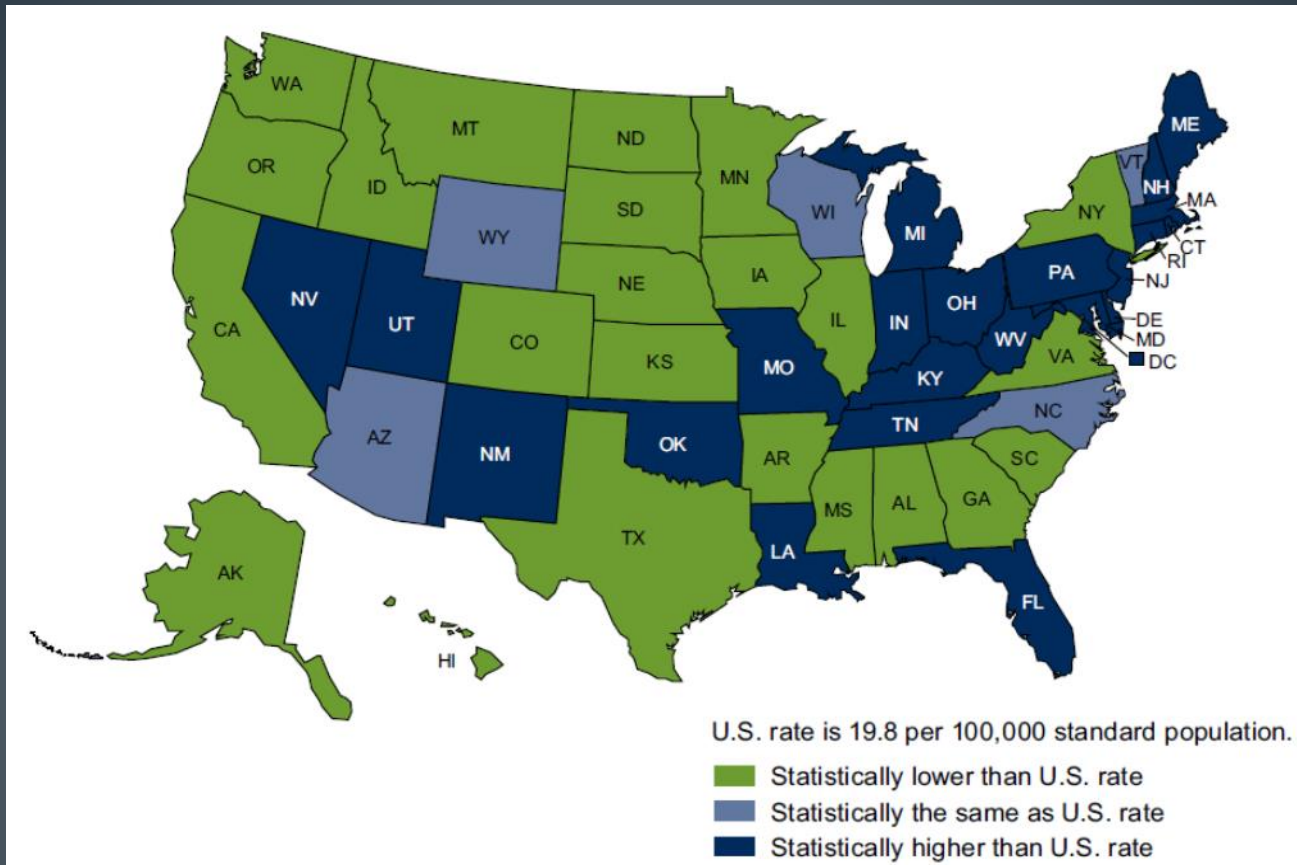
New Mexico and United States, 1990-2019



Rates are age adjusted to the US 2000 standard population

Source: United States (CDC Wonder); New Mexico (NMDOH BVRHS/SAES, 1990-1998, 2016-2019 ; NM-IBIS, 1999-2015);

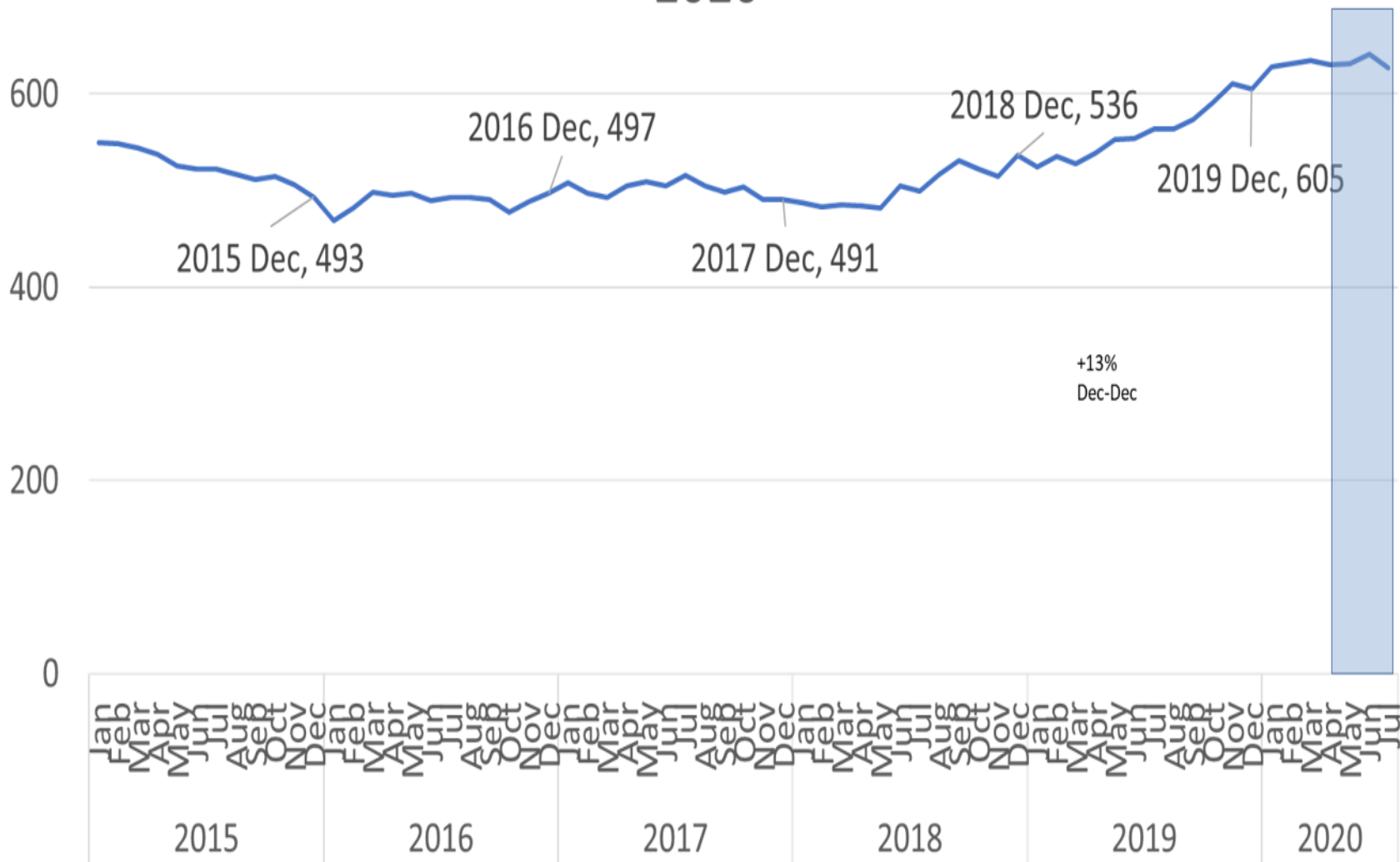
US 2019 data are provisional



Although New Mexico has been progressing, NM is still statistically higher compared to the United States drug overdose death rate average (21.7 deaths per 100,000)

Source: NCHS Data Brief, Number 294, December 2017

12 Month Running Totals of Overdose Deaths, NM 2015-2020

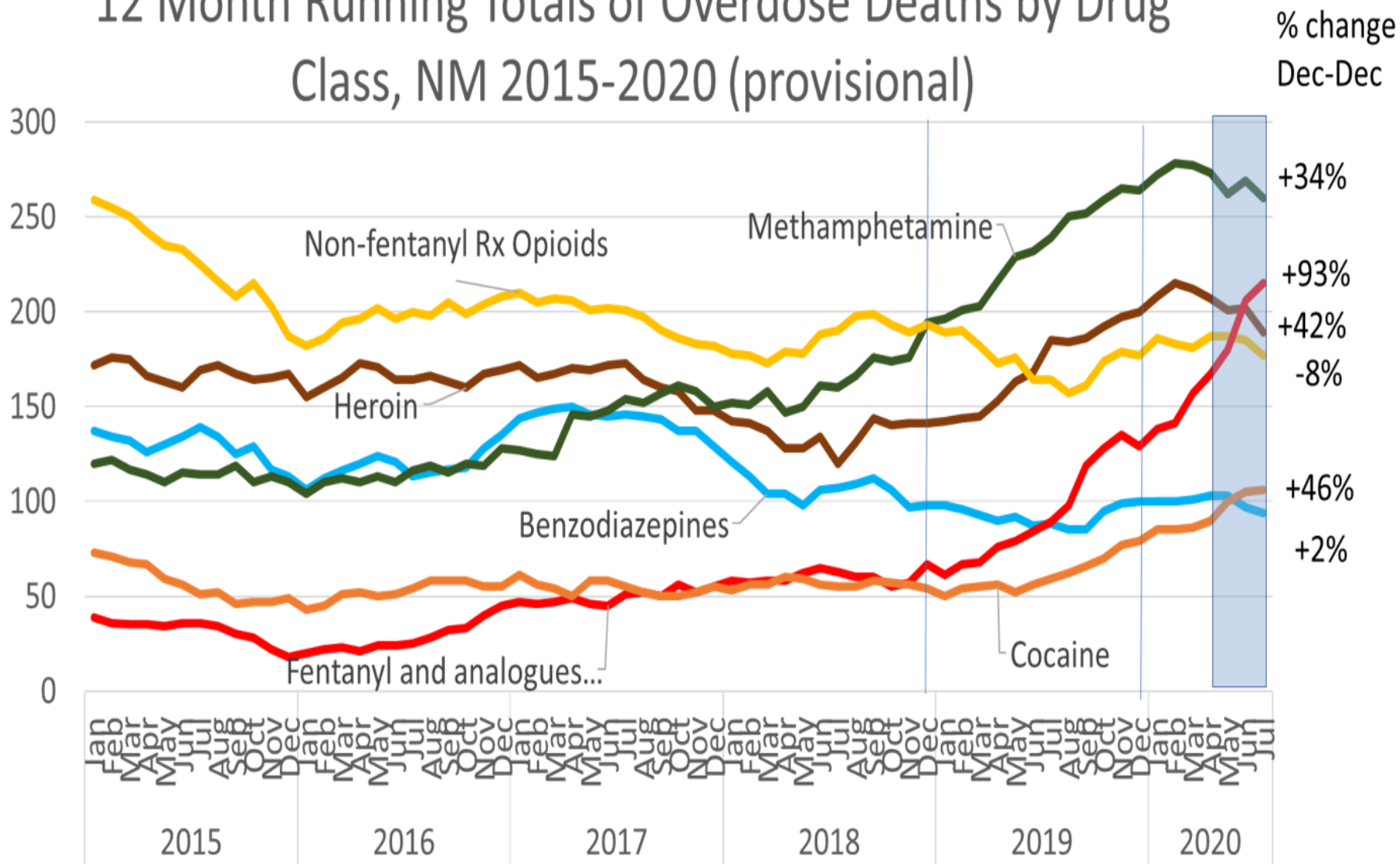


Each point represents the sum of the prior 12 months

2020 data are provisional as of 10/14/20 and subject to change

Source: NM DOH Bureau of Vital Records and Health Statistics death data

12 Month Running Totals of Overdose Deaths by Drug Class, NM 2015-2020 (provisional)



Each point represents the sum of the prior 12 months

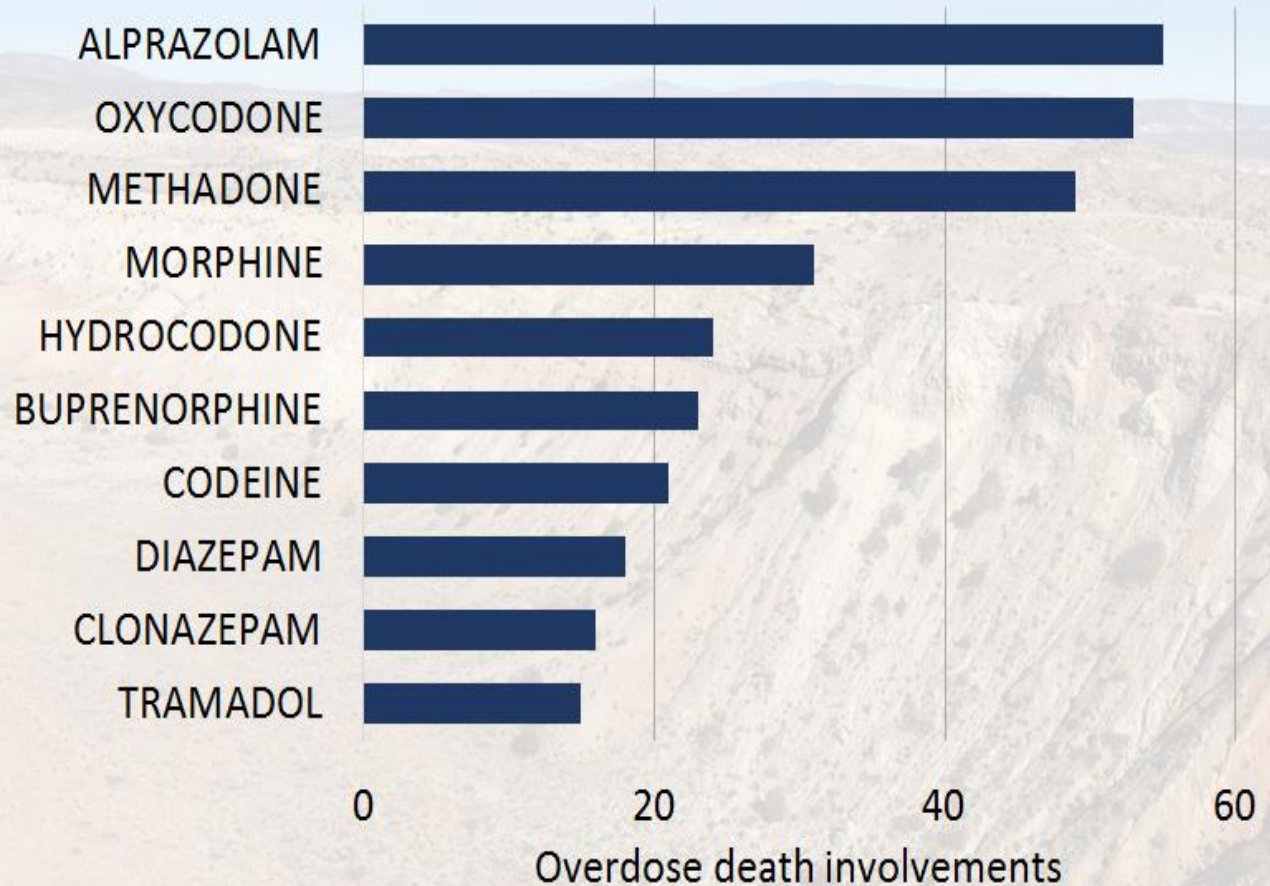
Drug types are not mutually exclusive

2020 data are provisional as of 10/14/20 and subject to change

Prescription Drug Information and Statistics

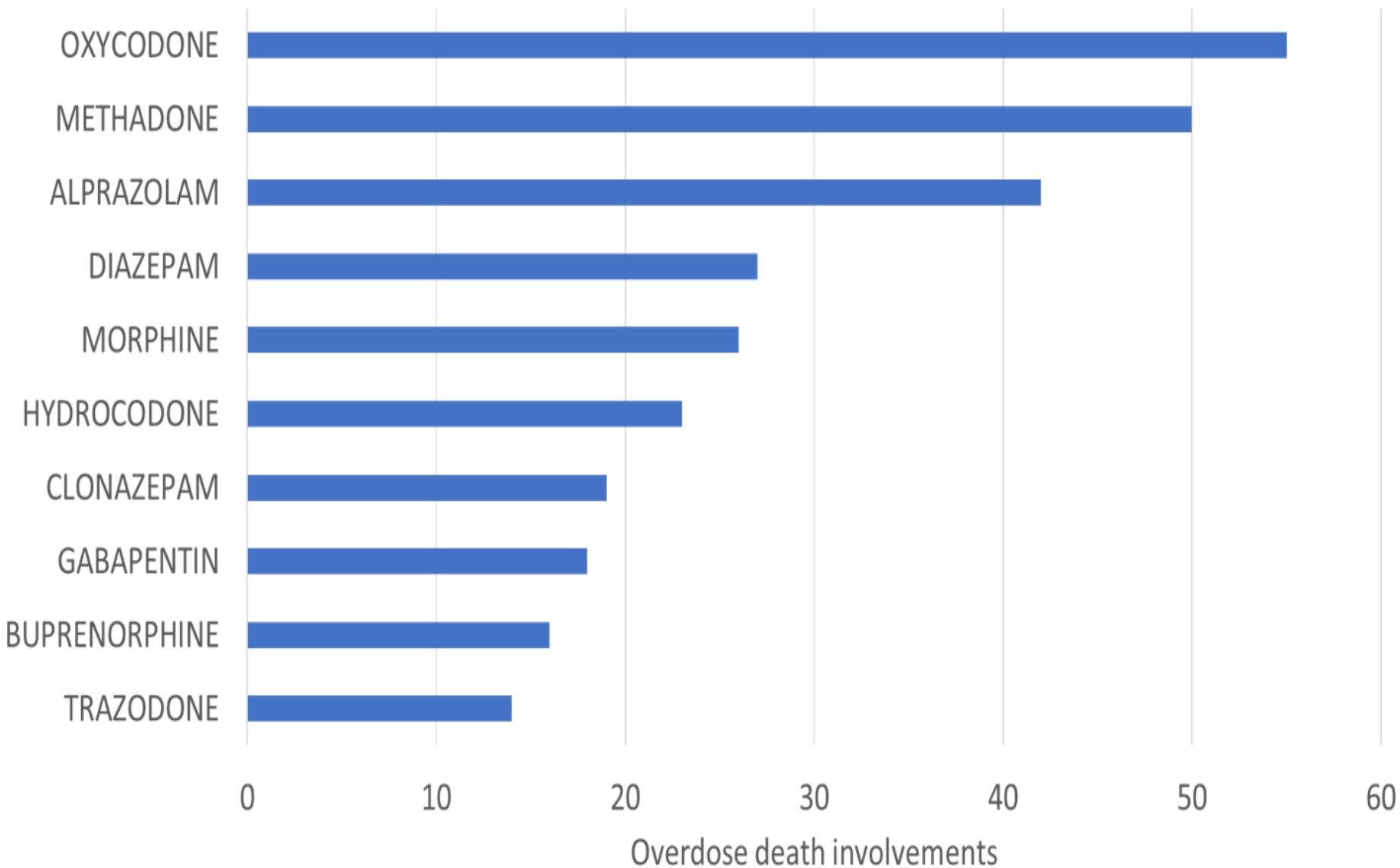
Top Prescription Drugs in Overdose Death, NM, 2018

Roughly half of the drug overdose deaths in NM involve a prescription drug. Some of the medications listed are not opioids.



Deaths may involve more than one drug
Source: NM Office of the Medical Investigator

Top 10 Rx Drugs Involved in Overdose Death, NM, 2019

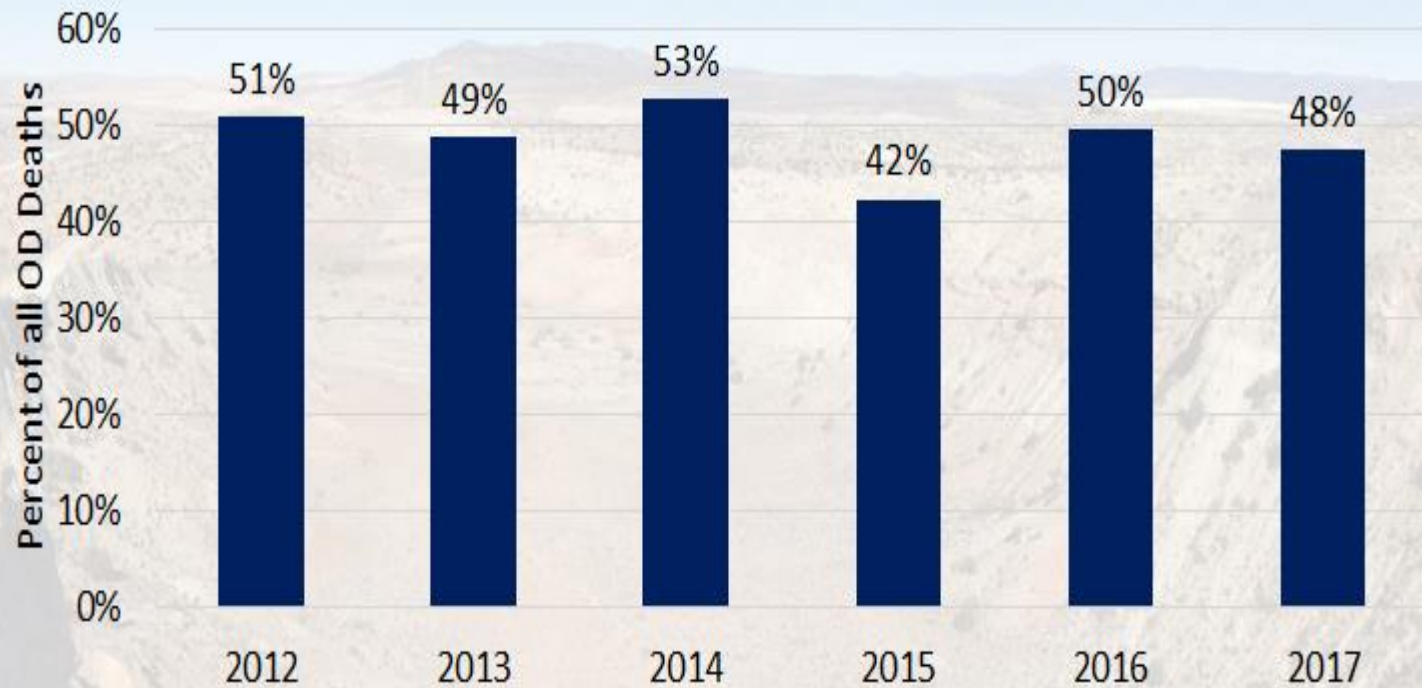


Deaths may involve more than one drug

Source: NM DOH Bureau of Vital Records and Health Statistics death data

Prescription Drug Information and Statistics

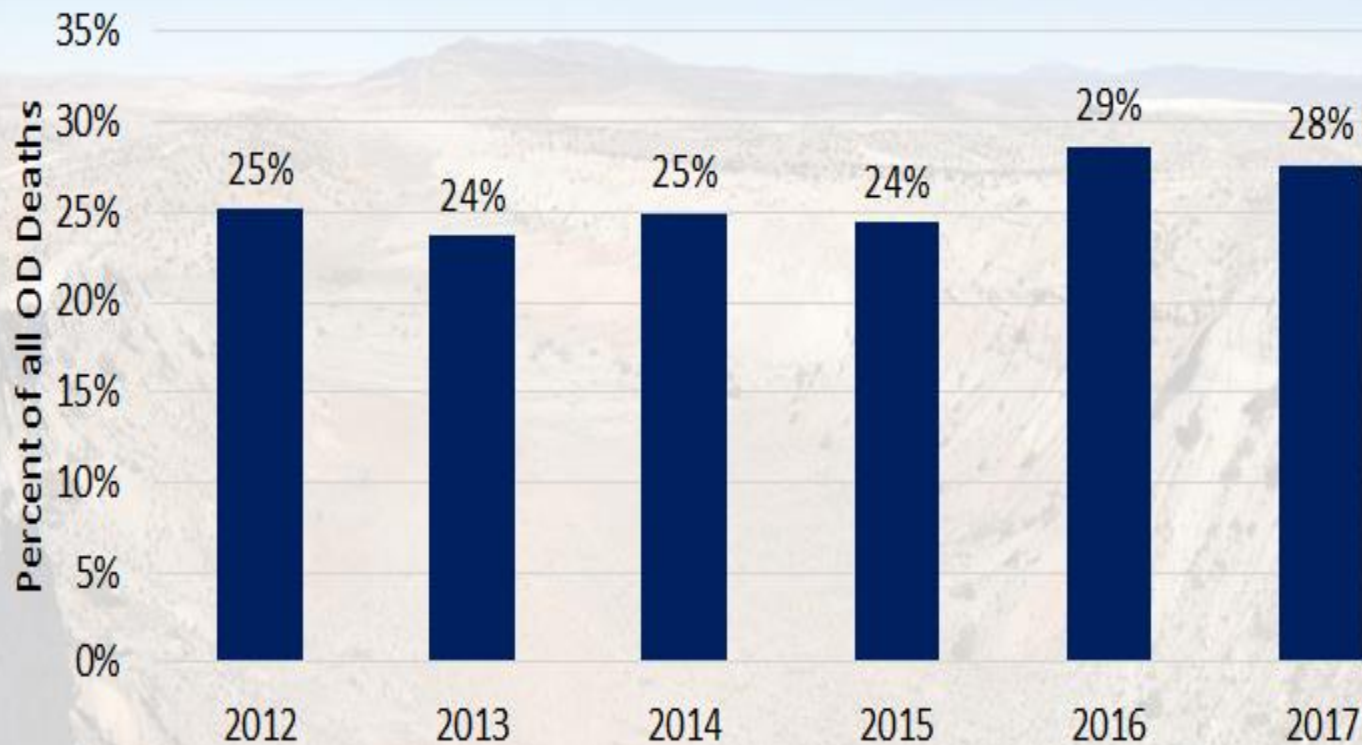
Percentage of Overdose Deaths Involving Prescription Opioids, NM, 2012-2017



Source: Bureau of Vital Records and Health Statistics

Prescription Drug Information and Statistics

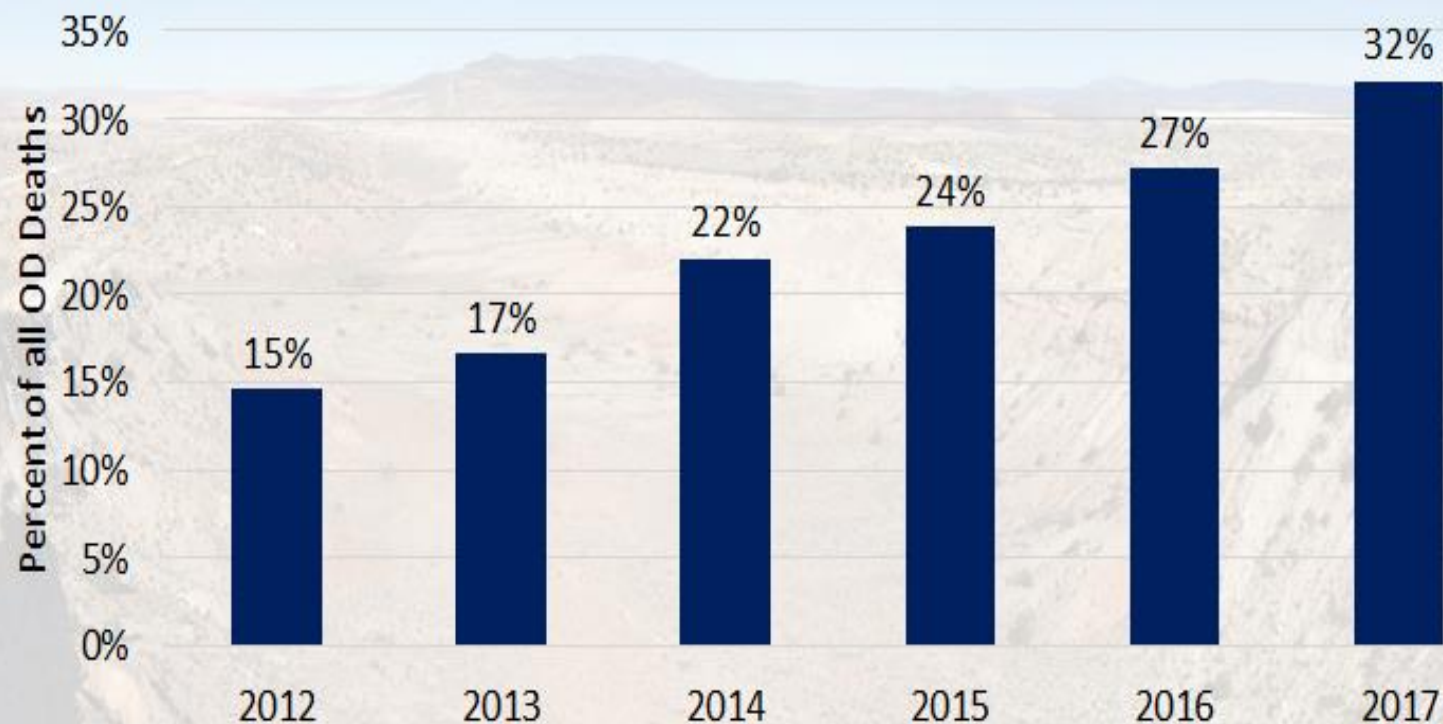
Percentage of Overdose Deaths Involving Benzodiazepines, NM, 2012-2017



Source: Bureau of Vital Records and Health Statistics

Prescription Drug Information and Statistics

Percentage of Overdose Deaths Involving Methamphetamine, NM, 2012-2017

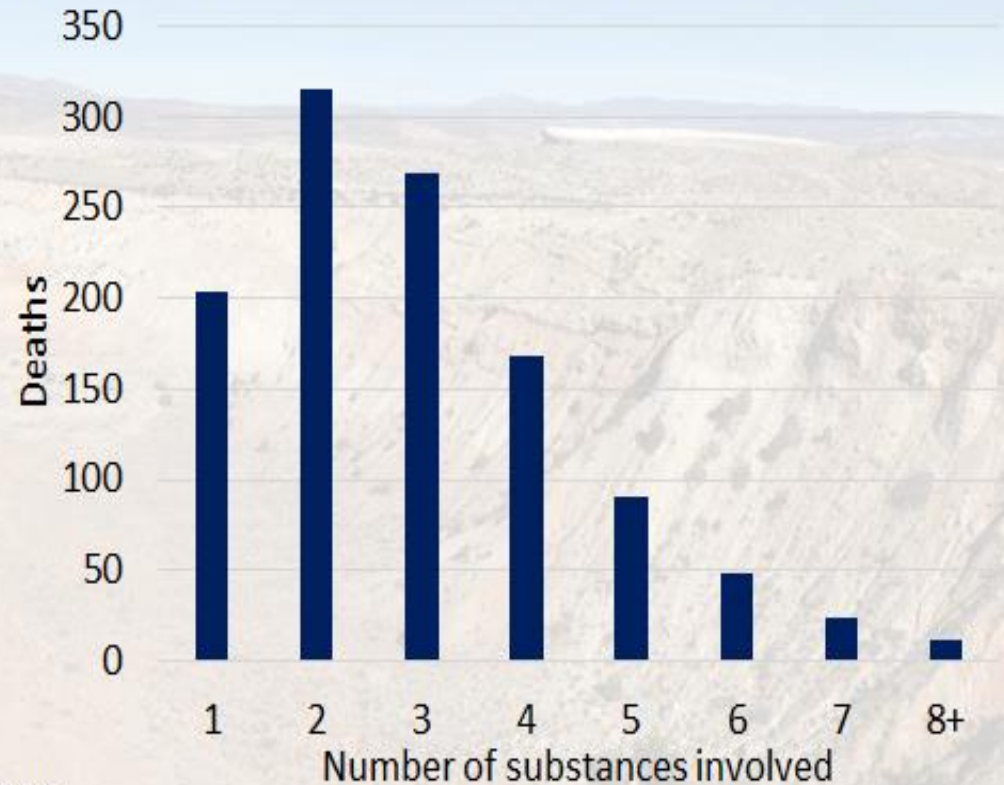


Source: Bureau of Vital Records and Health Statistics

Prescription Drug Information and Statistics

Prescription Opioid Overdose Deaths by the Number of Substances Involved, NM, 2013-2017

Other substances often involved with prescription opioid overdose deaths include benzodiazepines, alcohol, heroin and methamphetamine.

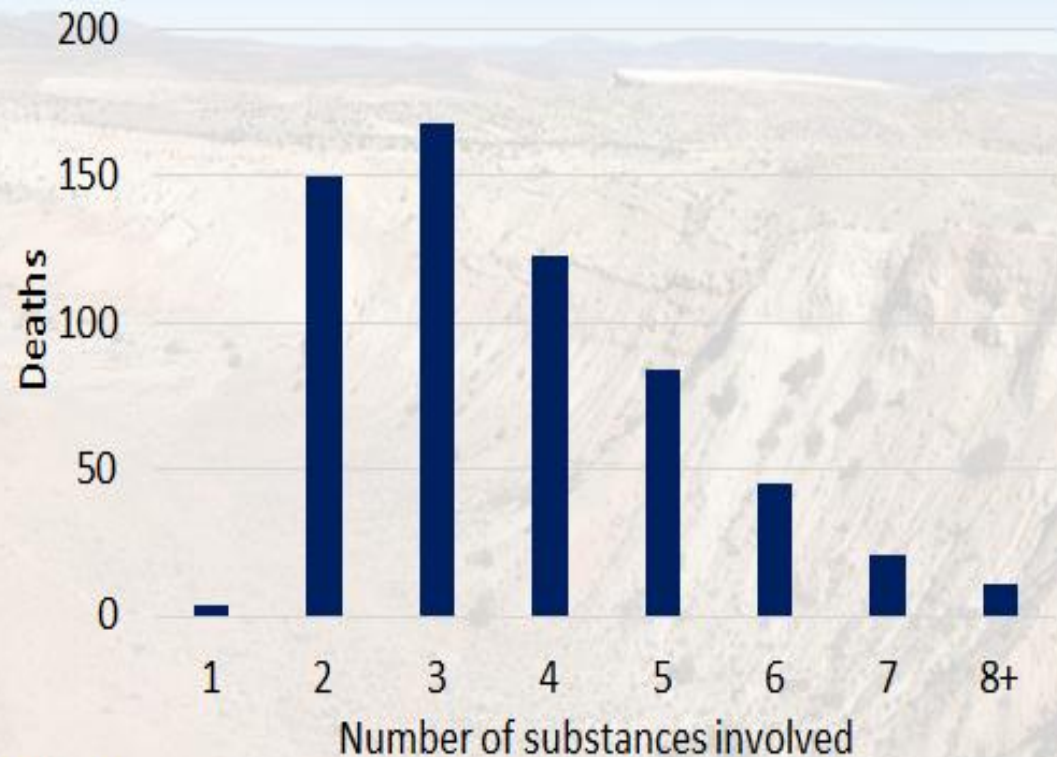


Source: NM DOH Bureau of Vital Records and Health Statistics death data

Prescription Drug Information and Statistics

Benzodiazepine Overdose Deaths by the Number of Substances Involved, NM, 2013-2017

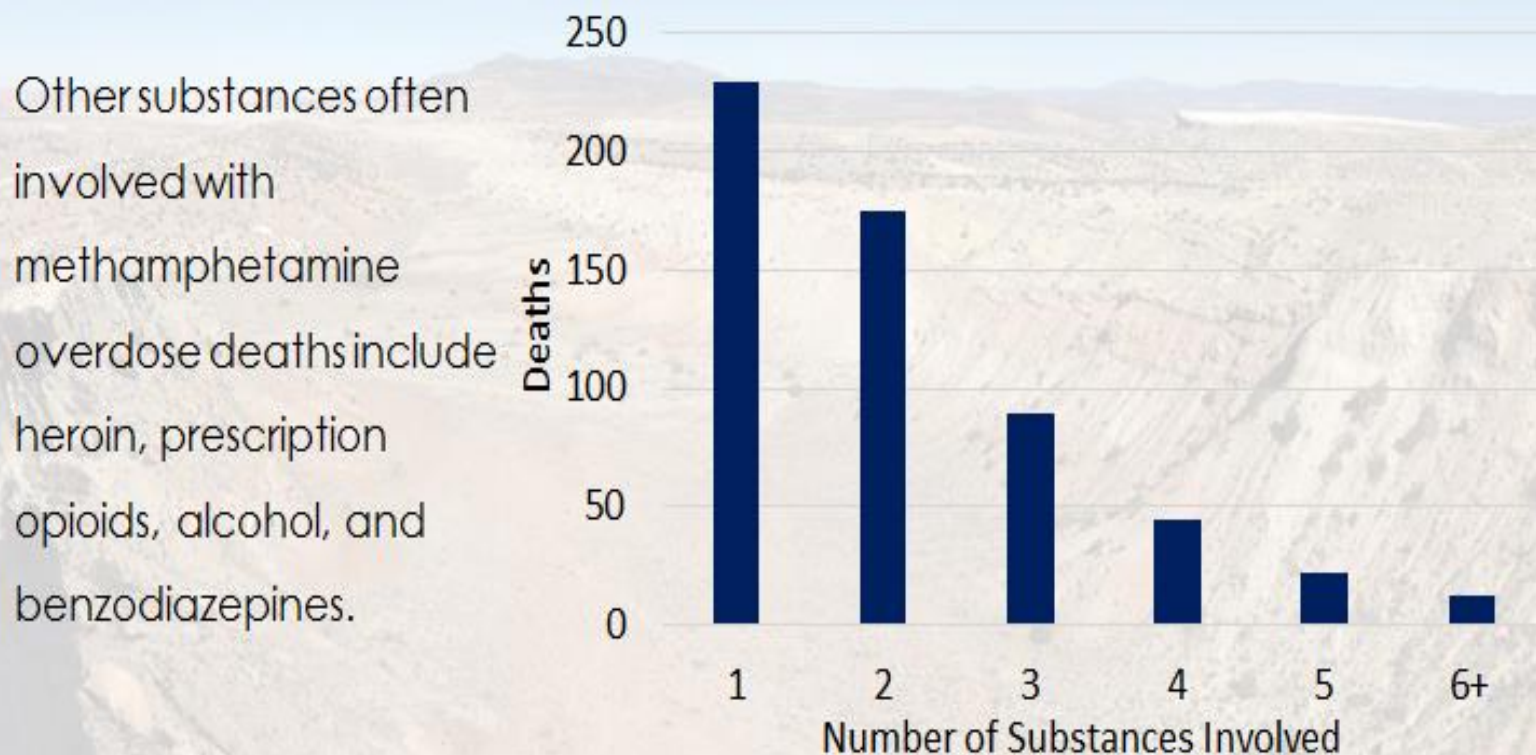
Other substances often involved with benzodiazepine overdose deaths include prescription opioids, alcohol, heroin and methamphetamine.



Source: NM DOH Bureau of Vital Records and Health Statistics death data

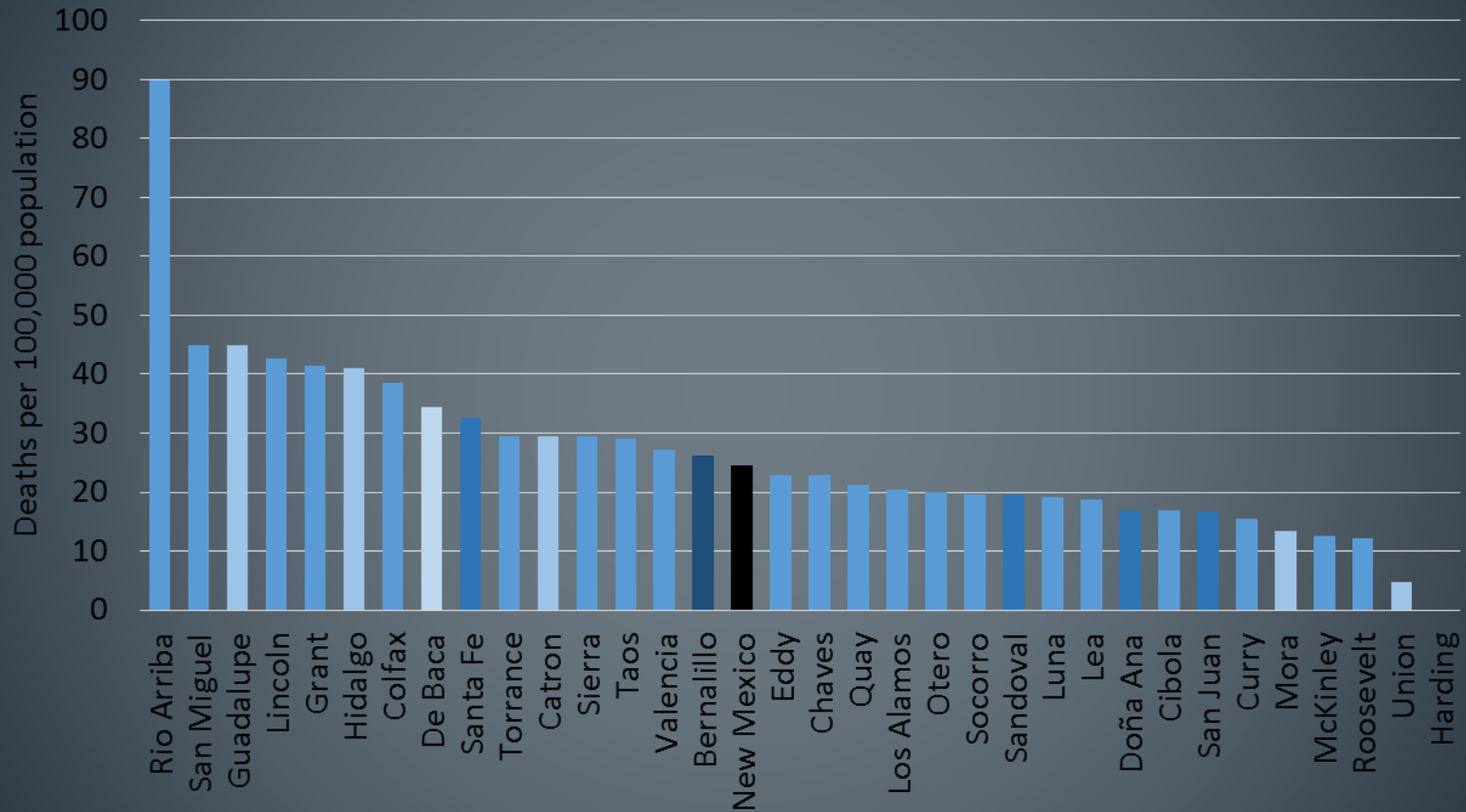
Prescription Drug Information and Statistics

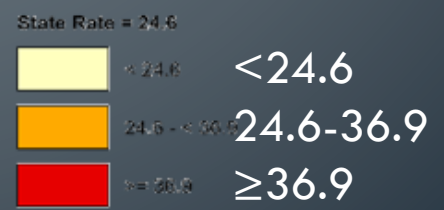
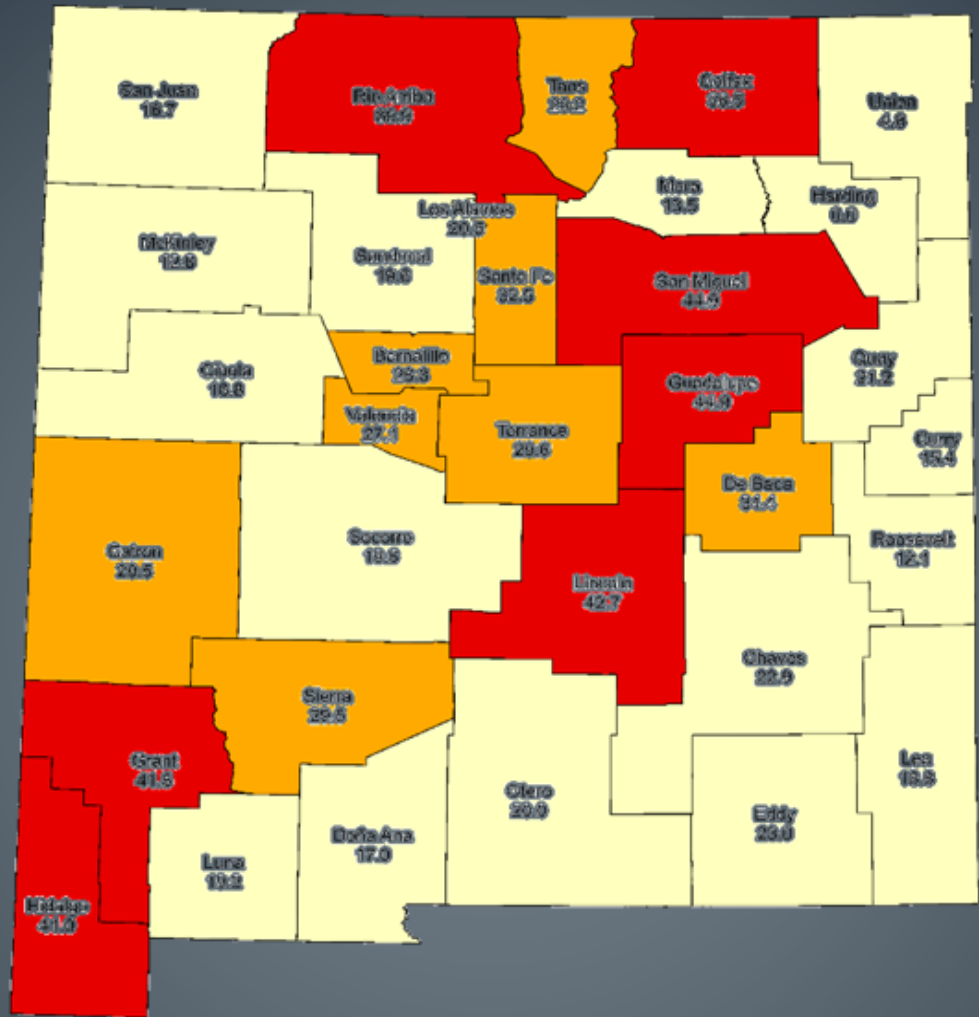
Methamphetamine Overdose Deaths by the Number of Substances Involved, NM, 2013-2017



Source: NM DOH Bureau of Vital Records and Health Statistics death data

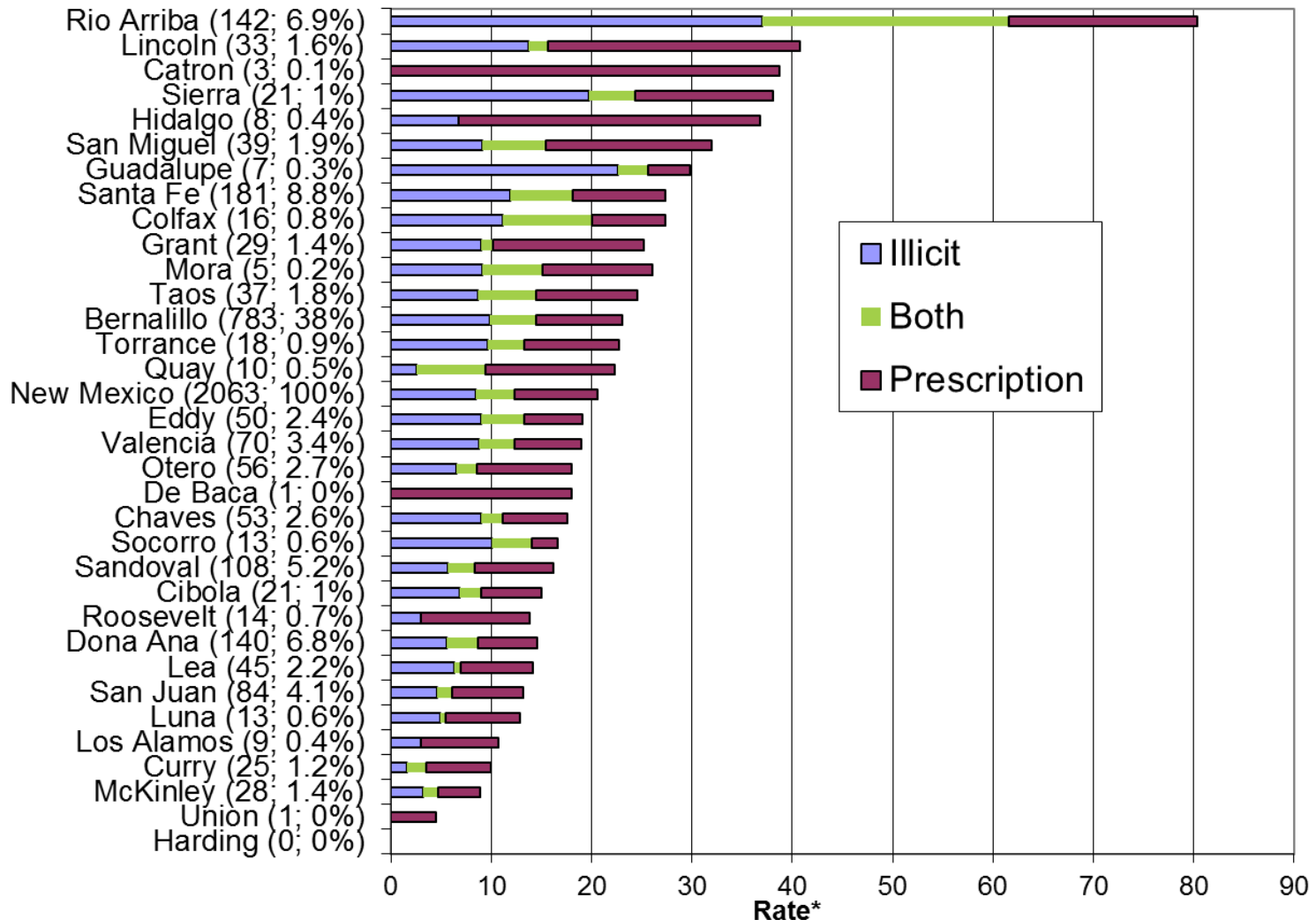
Drug Overdose Death Rates by County, NM, 2013-2017





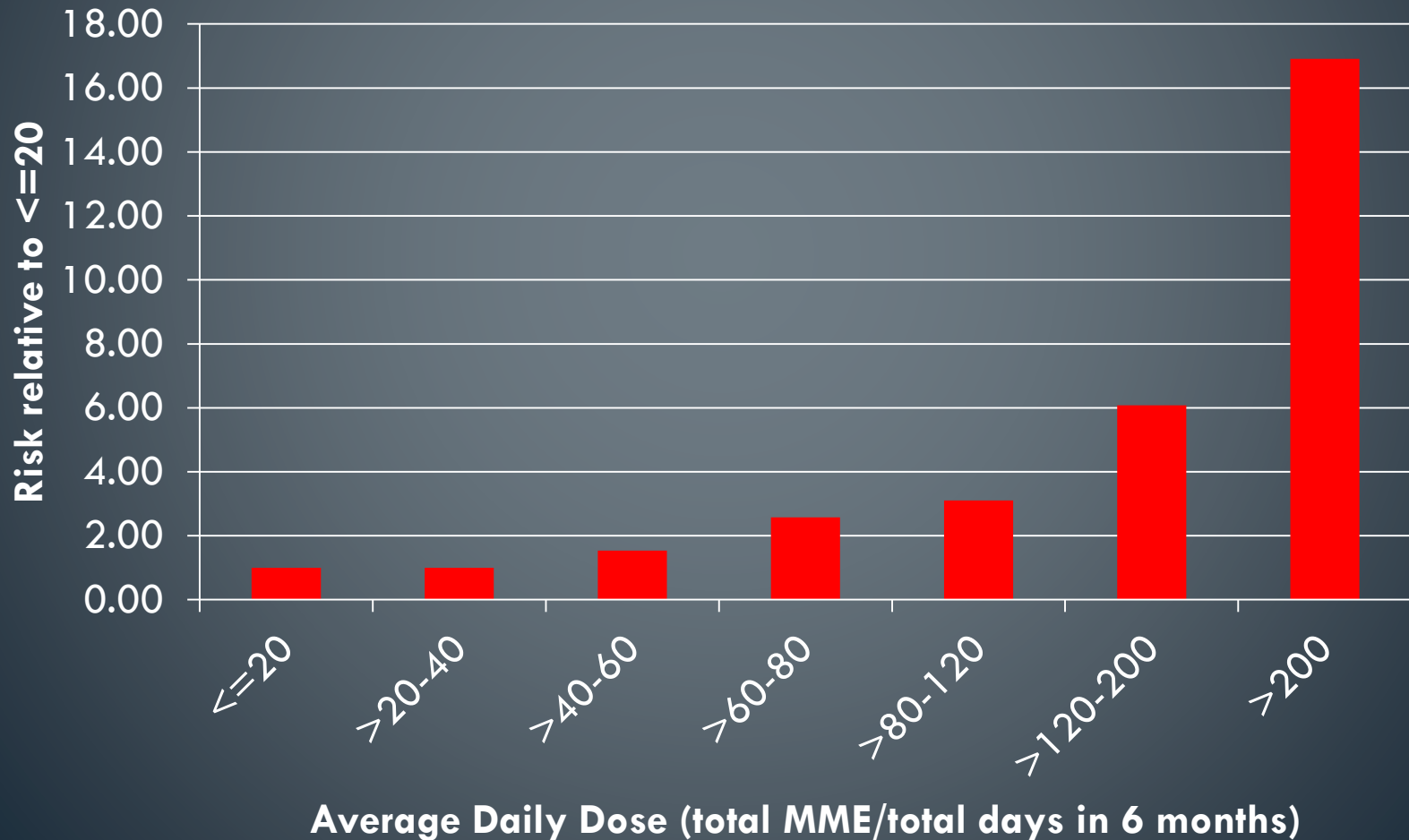
Unintentional Drug Overdose Death Rates by County and Drug Type, NM, 2012-2016

County (# of deaths; % of statewide deaths)



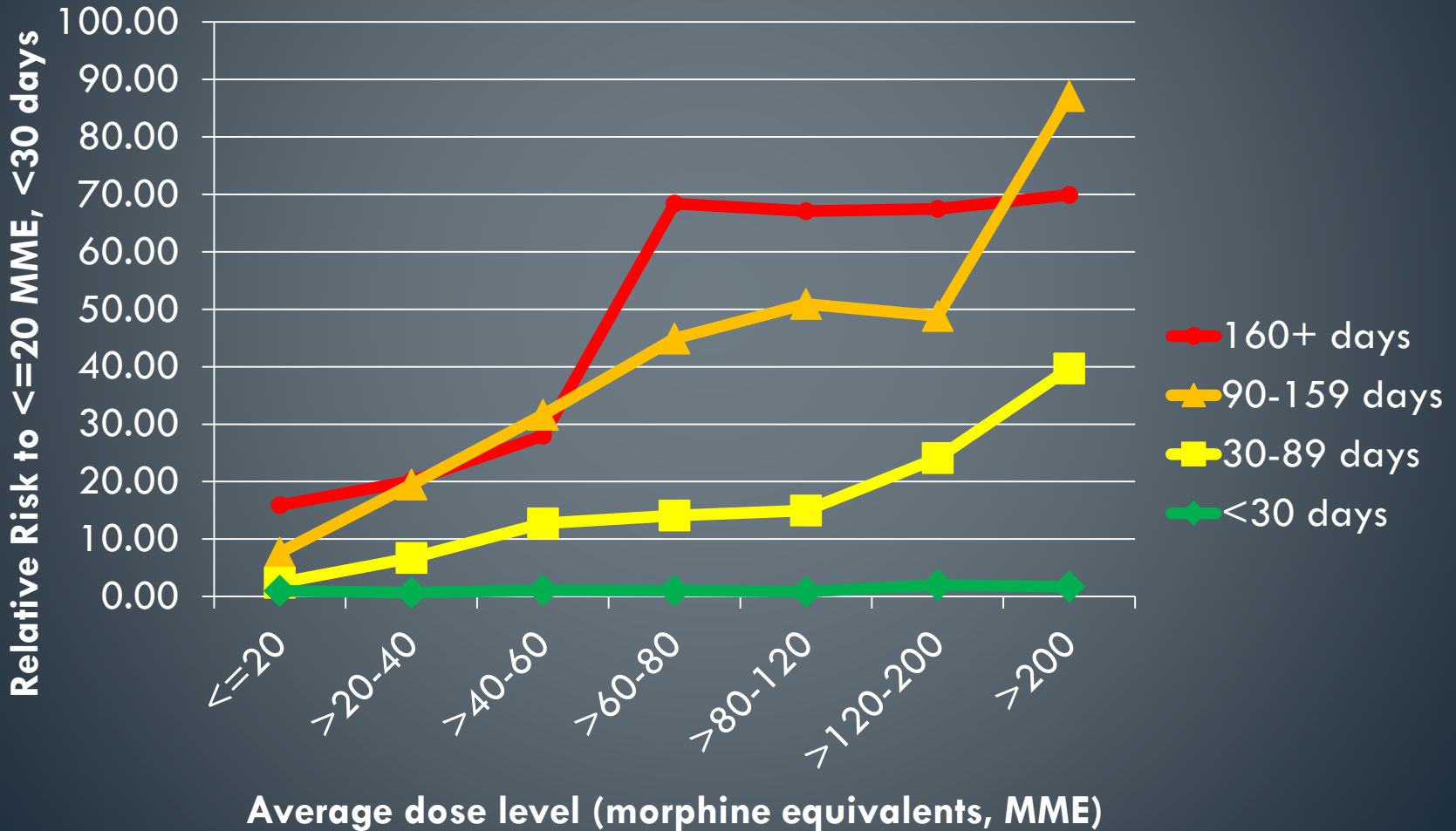
High Doses of Opioids

Relative Risk of Prescription OD Death
by Opioid Dose level, NM 2007-2011



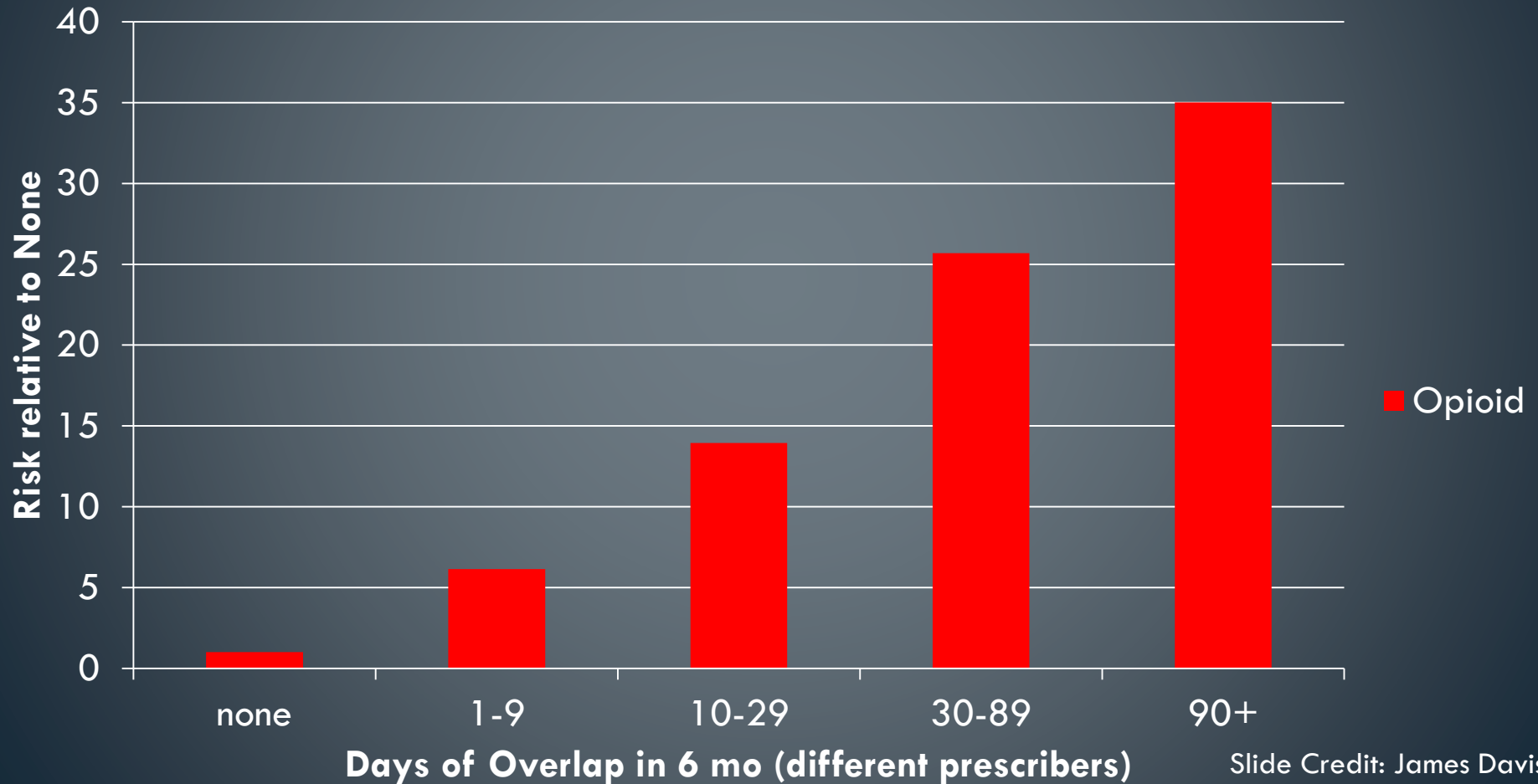
Opioid Dose-Duration Interaction

Relative Risk of Rx OD Death by Opioid Dose and Days Prescribed in 6 months



Overlapping Prescriptions from different prescribers

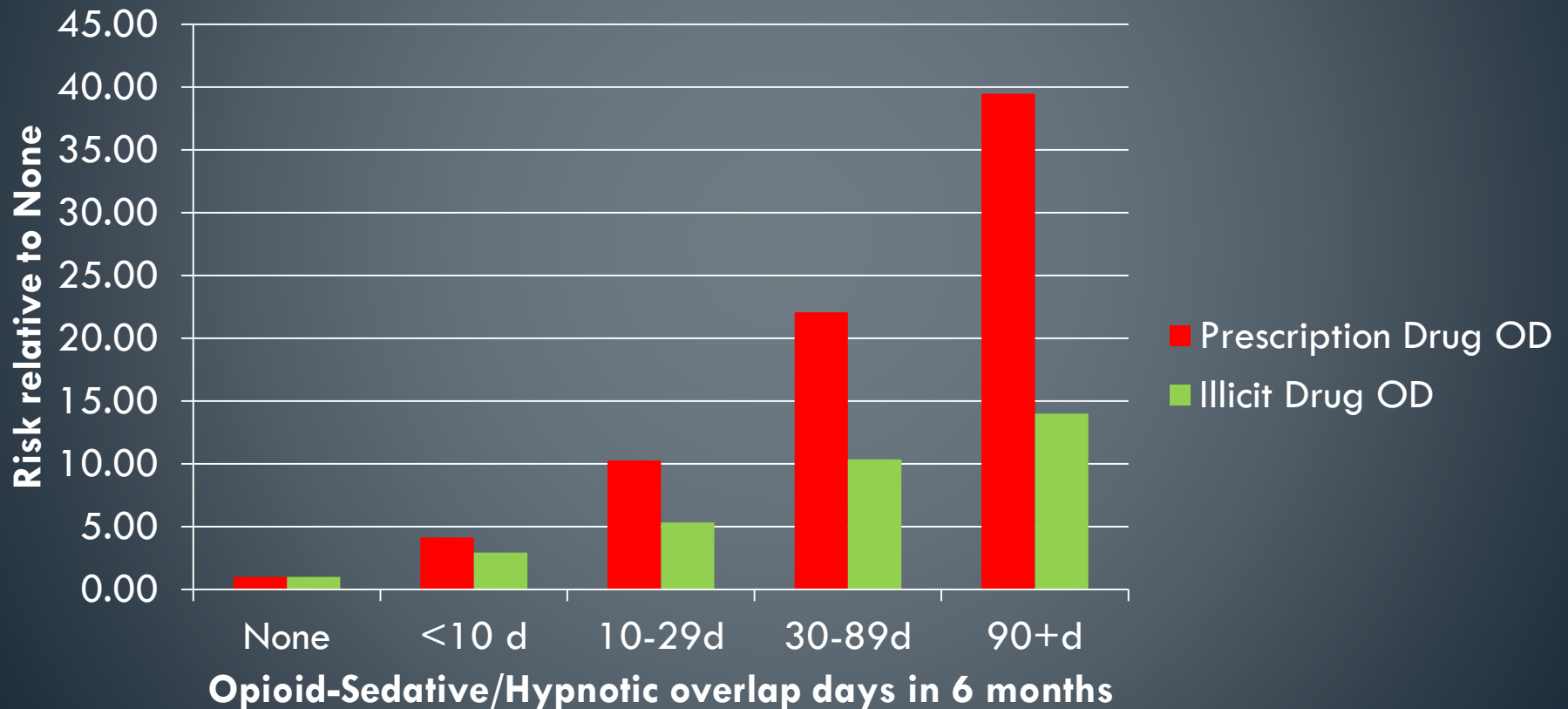
Relative Risk of Rx opioid OD Death by days of overlap



Slide Credit: James Davis,
MA, Drug Epidemiologist,
NM DOH

Opioid/Sedative-Hypnotic Overlap

Relative risk of OD death with Opioid/sedative-hypnotic overlap, NM 2007-2011

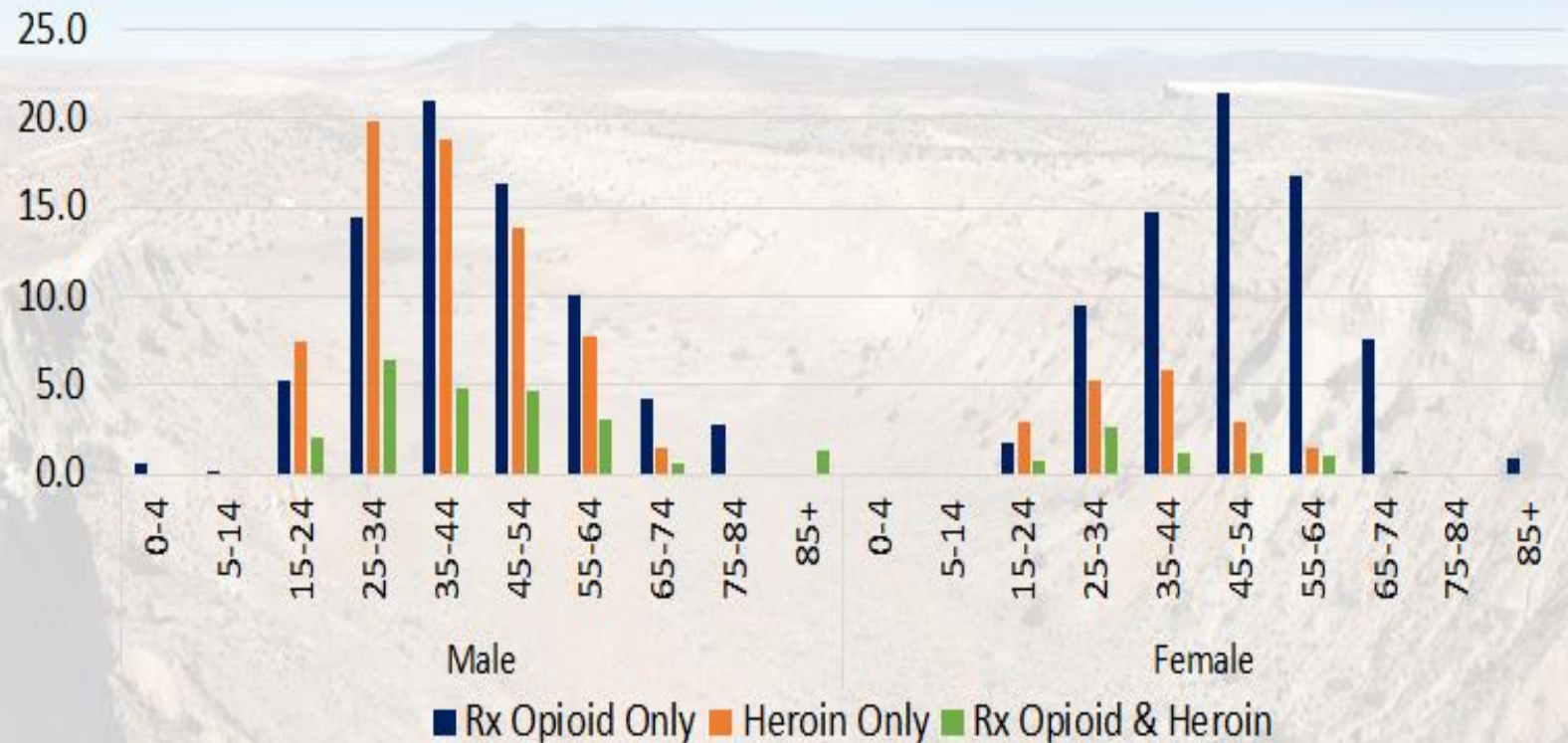


High Risk Prescribing Patterns

- Long term use of opioids (≥ 90 days)
- High doses of opioids (≥ 90 MME/day)
- Overlapping prescriptions of opioids from different prescribers
- Multiple Provider Episodes (MPE: Doctor and pharmacy shopping)
- The combination of opioids and sedative-hypnotics
- The combination of opioids, benzodiazepines and muscle relaxants

Prescription Drug Information and Statistics

Drug Overdose Death Rates, by Selected Age, Sex and Drug Type, NM, 2013-2017

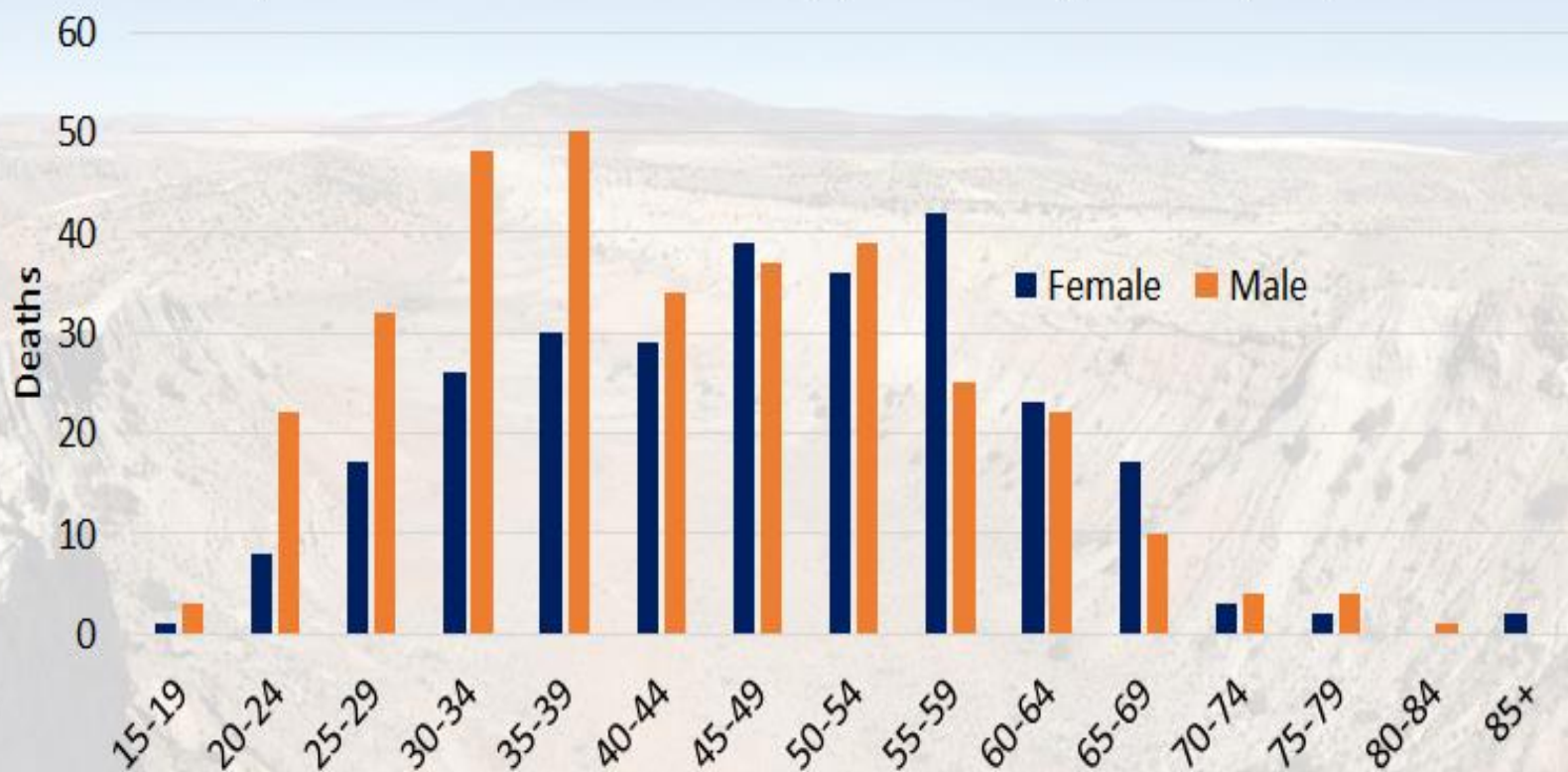


Drug Categories are mutually exclusive

Source: NM DOH Bureau of Vital Records and Health Statistics death data; UNM/GPS population estimates

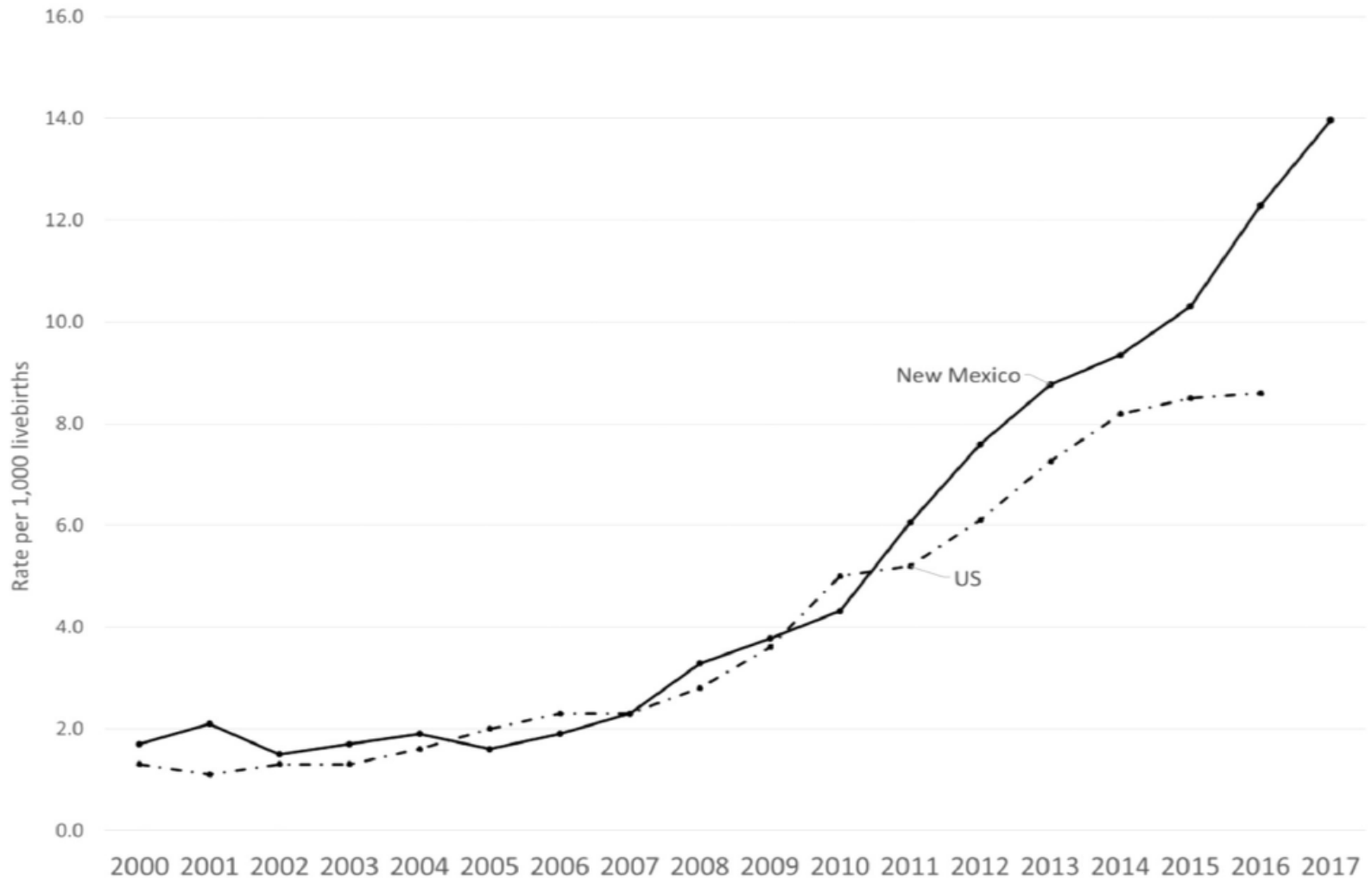
Prescription Drug Information and Statistics

Benzodiazepine-Involved Overdose Deaths, by Selected Age and Sex, NM, 2013-2017



Source: NM DOH Bureau of Vital Records and Health Statistics death data

Figure 1. Trends of NAS, New Mexico (2000-2017) and U.S. (2000-2016)



In NM, the rate of NAS increased 324% between 2008 (3.3 per 1,000 livebirths) and 2017 (14.0). In the US, the rate increased by 207% between 2008 (2.8) and 2016 (8.6) (Figure 1).

Economic Cost of Opioid Misuse

- Estimate of the number of people in NM in 2017Q2 who are chronic prescription opioid users, and may need treatment (22% of chronic prescription opioid patients)* = 12,400
- Cost per year per person misusing opioids estimate*** = \$46,970
- Estimated annual cost of prescription opioid misuse to NM = \$582,000,000

Data Sources: NM Board of Pharmacy Prescription Monitoring Program; NMDOH Harm Reduction Syringe Services Program

* Vowles, K. E., McEntee, M. L., Siyahhan Julnes, P., Frohe, T., Ney, J. P., & van der Goes, D. N. (2015). Rates of opioid misuse, abuse, and addiction in chronic pain: A systematic review and data synthesis. *Pain*, 156, 569-576.

Note: The Winsorized mid point $(\min + \max) / 2$ was used as a proxy for the number of people who have potentially problematic prescription opioid use.

DISTRIBUTION OF THE ECONOMIC BURDEN OF PRESCRIPTION OPIOID OVERDOSE, ABUSE AND DEPENDENCE

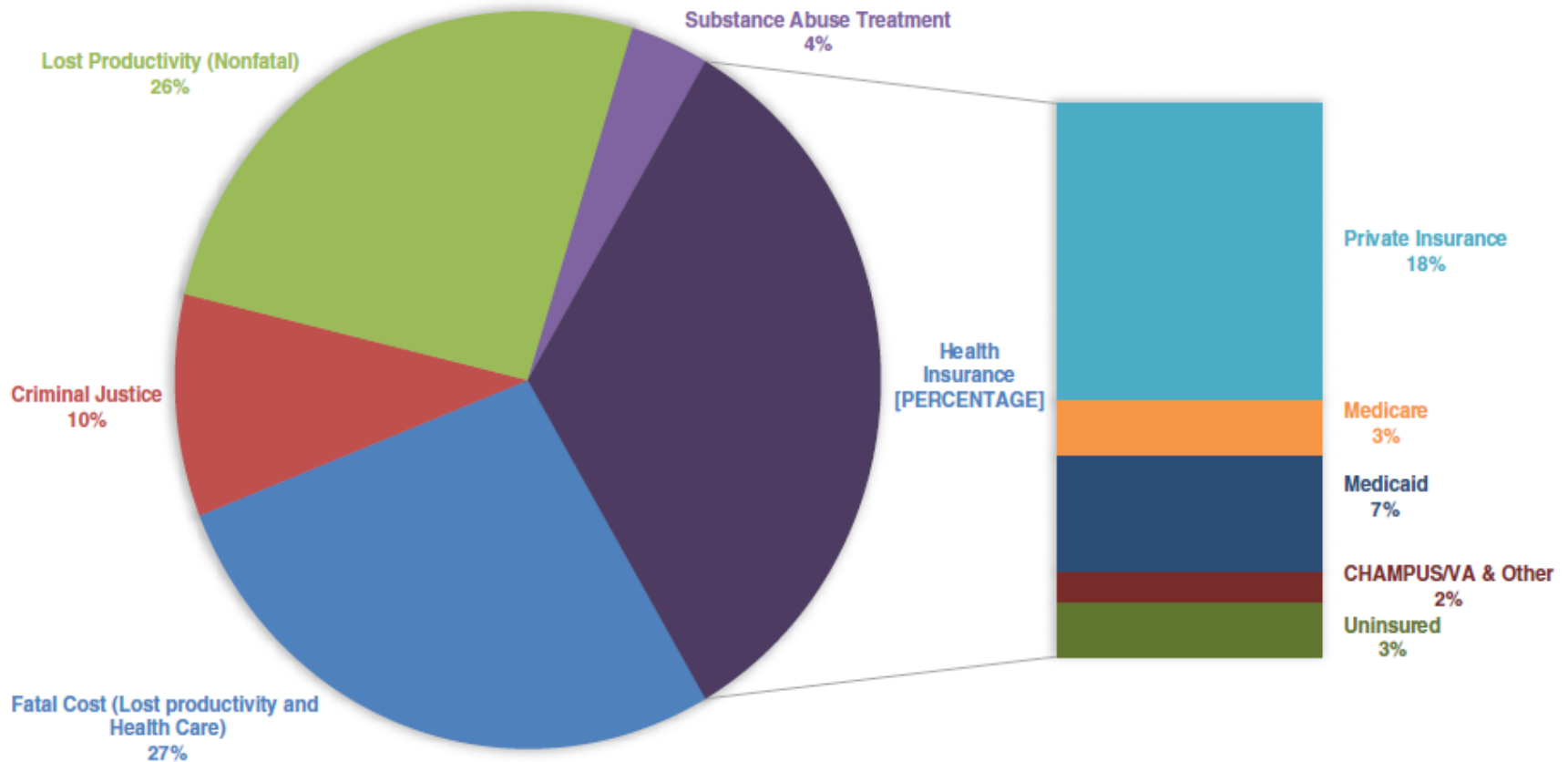


FIGURE 1. Distribution of the economic burden of prescription opioid overdose, abuse, and dependence.

High Risk Prescribing and PMP Usage over Time, NM, 2015-2017

	2015 Q2	2016 Q2	2017 Q2	% Change 2015Q2- 2017Q2
High Dose Prescriptions (≥ 90 MME/day)	57,801	53,462	46,358	-20%
Chronic Opioid Patients	55,663	56,240	55,783	0%
Concurrent Opioids and Benzodiazepines	29,059	27,182	24,240	-17%
Multiple Provider Patients (4 prescribers or 4 pharmacies in 3 months)	5,156	4,133	3,647	-29%
%Chronic Opioid Patients with a PMP check	41%	47%	56%	37%
%New Opioid Patients with a PMP check	7%	9%	14%	82%

OPIOID OVERDOSE EPIDEMIC RESPONSE

Prescription Drug Abuse Prevention Plan

- expands upon the Administration's *National Drug Control Strategy* and includes action in four major areas to reduce prescription drug abuse:
 - Education
 - Tracking and monitoring
 - Proper medication disposal
 - Enforcement

Source: *Epidemic: Responding to America's Prescription Drug Abuse Crisis*; Executive Office of the President of the United States; 2011; http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/rx_abuse_plan.pdf

Prescription Drug Abuse: Strategies to Stop the Epidemic

October 2013

Key recommendations

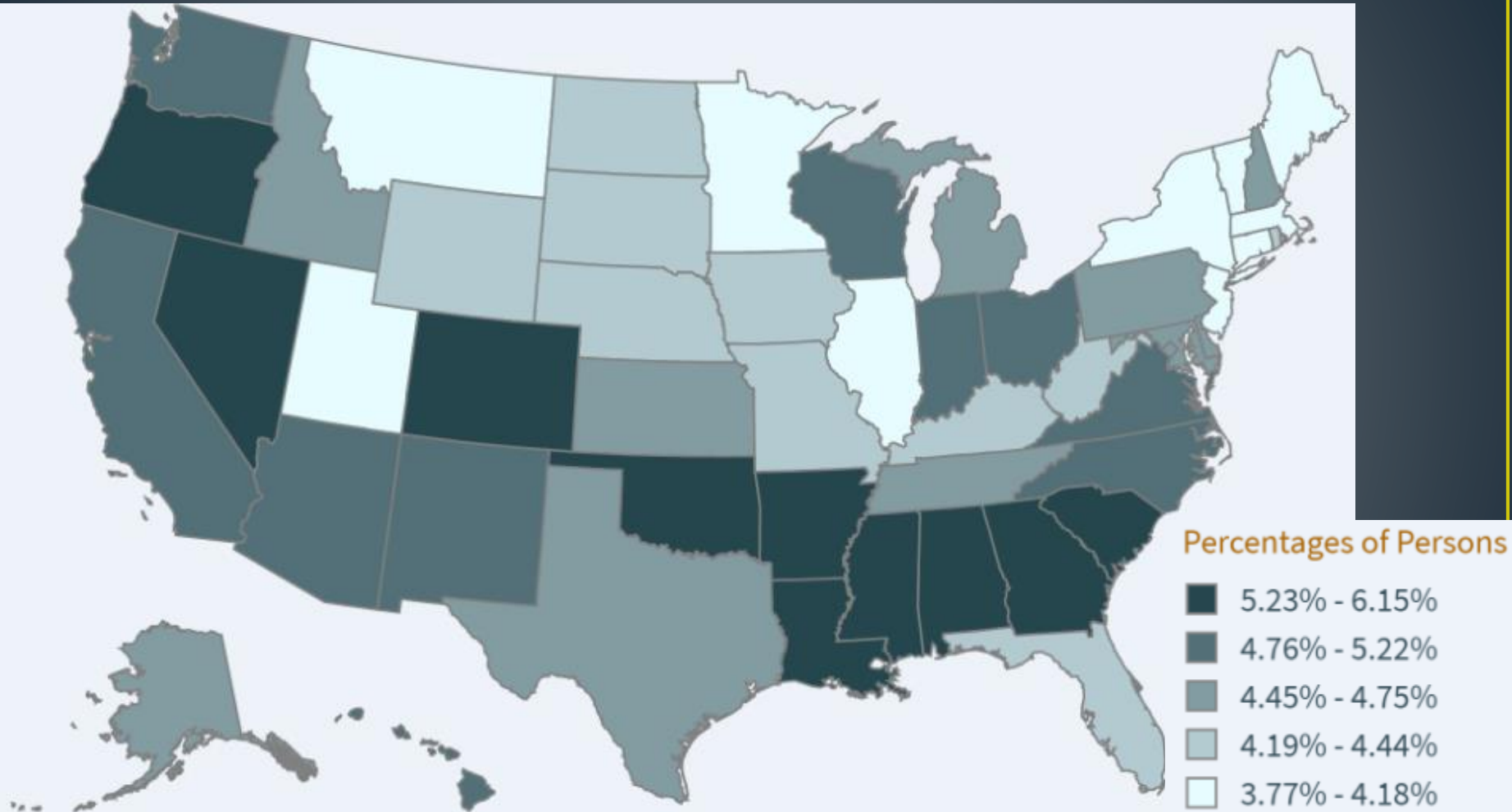
- **Educate** the **public** to understand the **risks** of Rx drug use to avoid misuse in the first place;
- Ensure responsible prescribing practices, including increasing **education of healthcare providers and prescribers** to better understand how medications can be misused and to identify patients in need of treatment;
- Increase understanding about **safe storage** of medication and **proper disposal** of unused medications, such as through "take back" programs;
- Make sure patients do receive the pain and other medications they need, and that patients have **access to safe and effective drugs**

<http://healthyamericans.org/reports/drugabuse2013/>

Teen Prescription Drug Abuse and Misuse

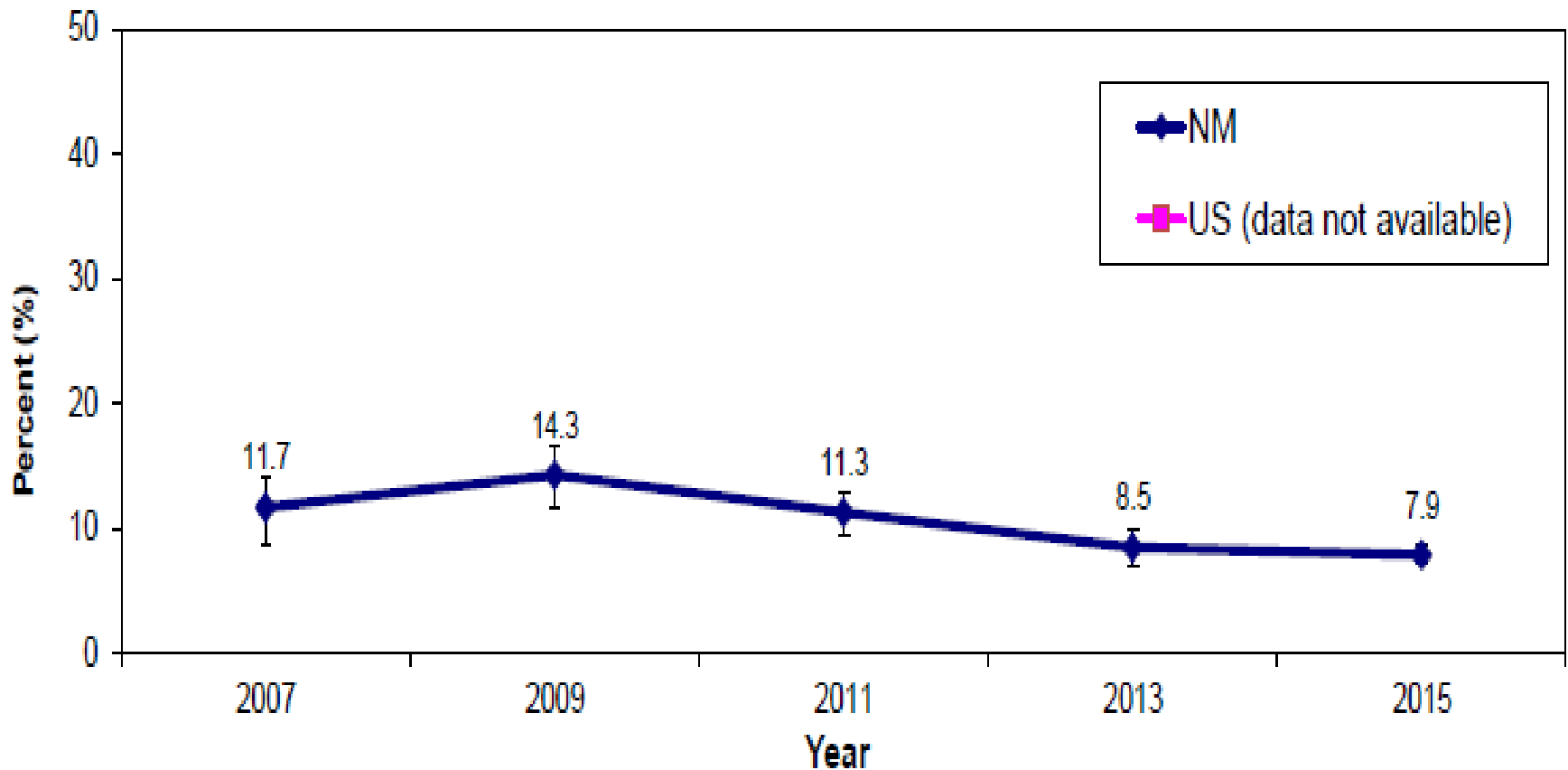
- 23% Report having abused Rx medications at least once in their lifetime.
- More than half of teens (73%) indicate that it's easy to get prescription drugs from their parent's medicine cabinet
- Almost four in 10 teens (38%) who have misused or abused a prescription drug obtained it from their parent's medicine cabinet
- Source U.S. Drug Enforcement Administration 2013 Partnership Attitude Tracking Study, published 7/23/14

Nonmedical Use of Pain Relievers in the Past Year among Youths Aged 12 to 17, by State: Percentages



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2013 and 2014.
(<http://pdas.samhsa.gov/saes/state#>, 1/8/18)

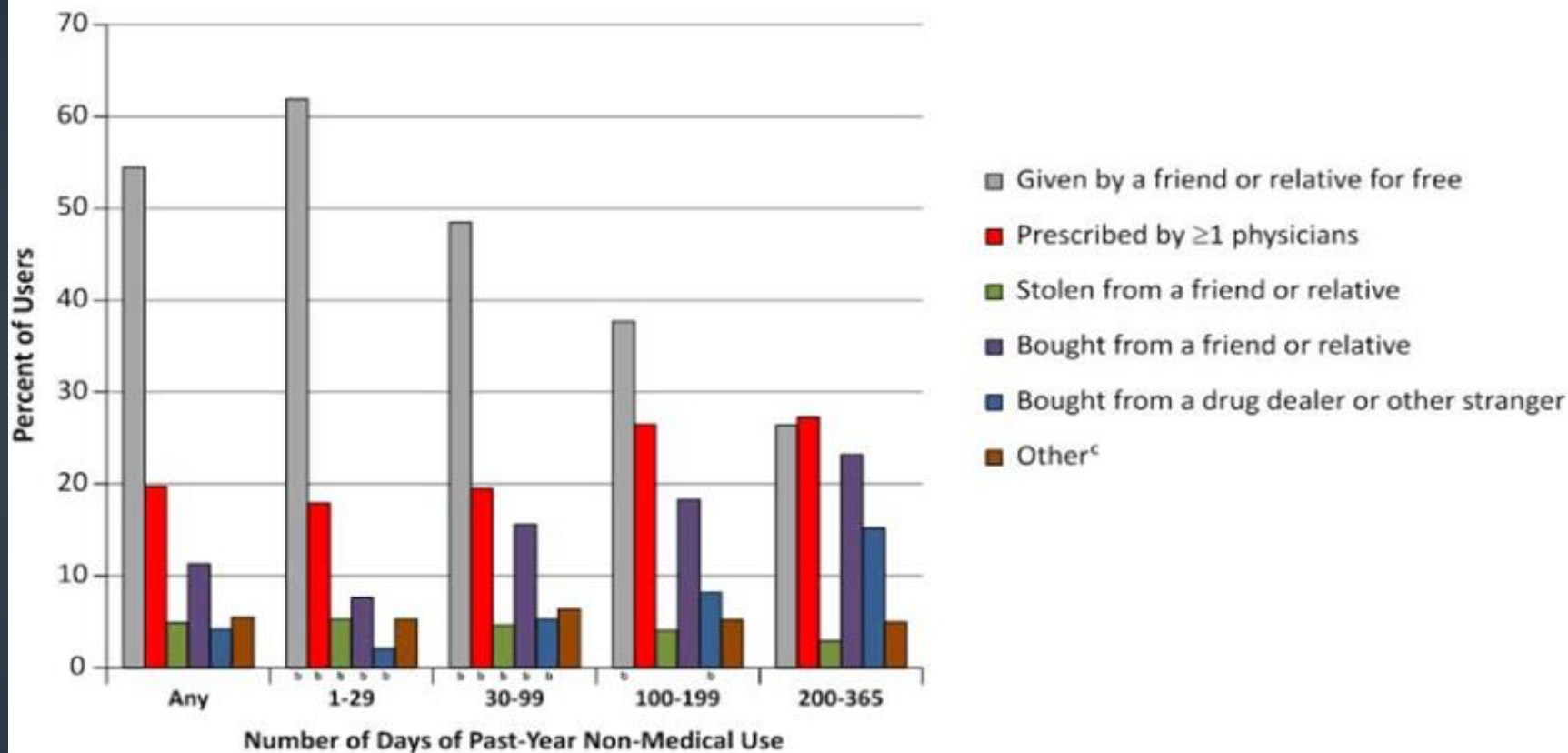
Past 30-day Painkiller Use to Get High Grades 9-12, New Mexico, 2007-2015



* Used a painkiller (such as Vicodin, OxyContin, or Percocet) to get high at least one time in the past 30 days

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

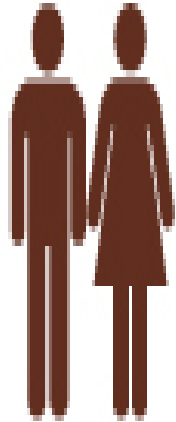
Sources of Prescription Opioids Among Past-Year Non-Medical Users^a



^a Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.⁵

^b Estimate is statistically significantly different from that for highest-frequency users (200-365 days) ($P < .05$).

^c Includes written fake prescriptions and those opioids stolen from a physician's office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.



Individuals can

- Use prescription painkillers only as directed by a health care provider.
- Make sure they are the only one to use their prescription painkillers. Not selling or sharing them with others helps prevent misuse and abuse.
- Store prescription painkillers in a secure place and dispose of them properly.*
- Get help for substance abuse problems if needed (1-800-662-HELP).

Source: Prescription Painkiller Overdoses in the US; CDC; Nov 2011

Rx drug misuse, abuse and overdose related laws in NM

- Laws Requiring a Physical Examination before Prescribing*
- Laws Requiring Tamper-Resistant Prescription Forms
- Laws Regulating Pain Clinics
- Laws Setting Prescription Drug Limits*
- Laws Prohibiting “Doctor Shopping”/Fraud* - general language
- Laws Requiring Patient Identification before Dispensing*
- Laws Providing Immunity from Prosecution/Mitigation at Sentencing for Individuals Seeking Assistance During an Overdose*

Source: <http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/laws/state/index.html>

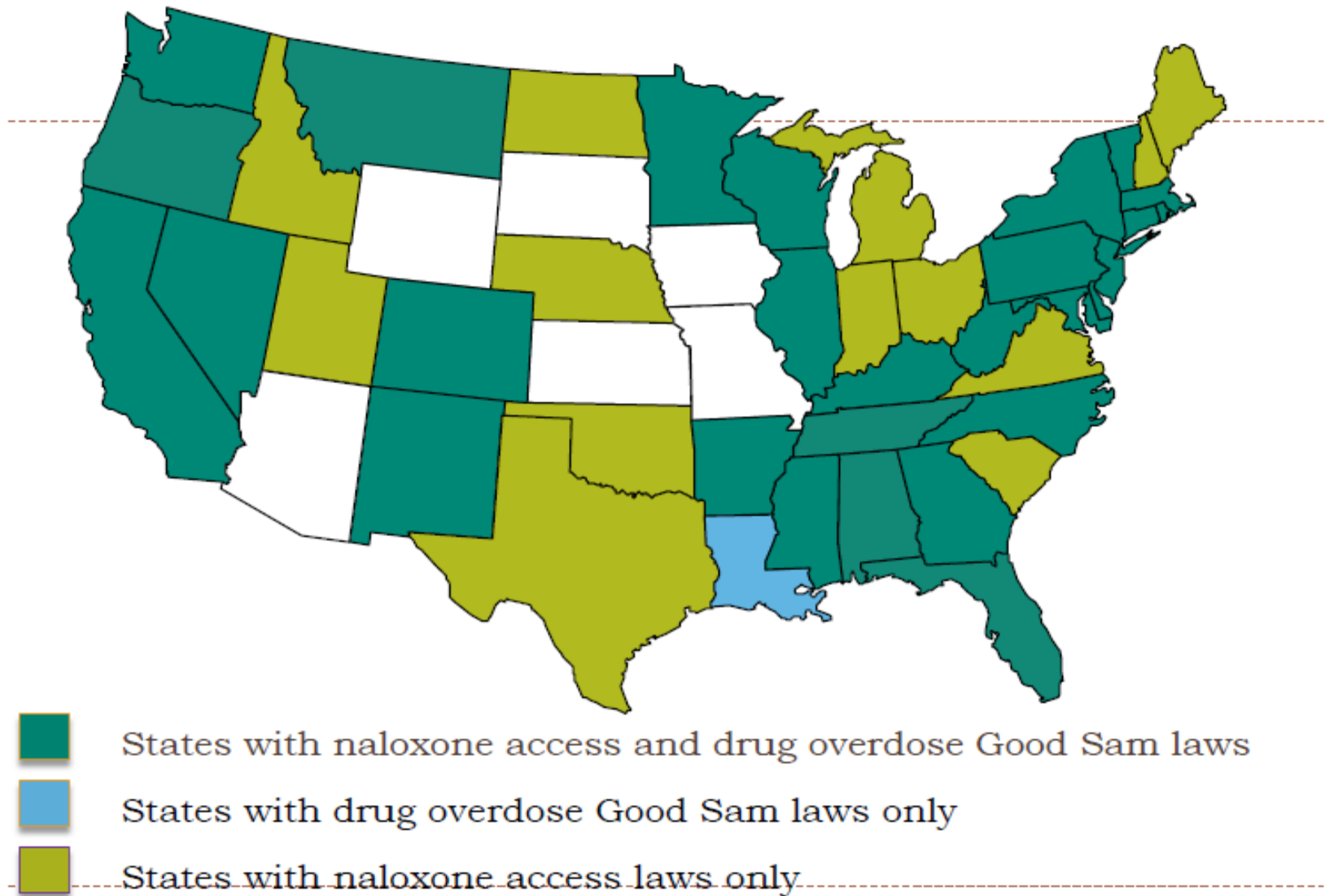
*NM has law in this category

- In 2001, New Mexico - first state to amend its laws to make it easier for medical professionals to provide naloxone, and for lay administrators to use it without fear of legal repercussions.
- In 2007, New Mexico - first state to amend its laws to encourage Good Samaritans to summon aid in the event of an overdose. Provides criminal immunity for both the person in need and the person who sought help.

Rescue Drug Law

- **March 2016, SB 262 / HB 277 signed into law : significantly expanded naloxone access (possess, store, distribute, prescribe, administer). NMSA 24-23-1**
- **Naloxone standing orders (issued NM DOH March 2016)**
 - **Any person acting under a standing order issued by a licensed prescriber may store or distribute an opioid antagonist**
 - **A licensed prescriber may directly or by SO prescribe, dispense, or distribute an opioid antagonist to (several categories)**

Sources: SB 262, HB 277; Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws; The Network for Public Health Law May 2013



Source: The Network for Public Health Law, last updated July 2015

Substance Abuse and Mental Health Services Administration

[Find Treatment](#) [Practitioner Training](#) [Grants](#) [Data](#) [Programs](#) [Newsroom](#) [About Us](#) [Publications](#)



Find Treatment



Behavioral Health Treatment Services Locator

Find alcohol, drug, or mental health treatment facilities and programs around the country at findtreatment.samhsa.gov.

Buprenorphine Physician & Treatment Program Locator

Find information on locating physicians and treatment programs authorized to treat opioids, such as heroin or prescription pain relievers, at www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator.

Early Serious Mental Illness Treatment Locator

Find treatment programs in your state that treat recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, and other conditions at www.samhsa.gov/esmi-treatment-locator.

Opioid Treatment Program Directory

Find treatment programs in your state that treat addiction and dependence on opioids, such as heroin or prescription pain relievers, at dpt2.samhsa.gov/treatment/.

Learn More

Find out more about these treatment topics:



Suicide Prevention Lifeline

1-800-273-TALK (8255)

TTY: 1-800-799-4889

Website: www.suicidepreventionlifeline.org

24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of more than 150 crisis centers.

SAMHSA's National Helpline

1-800-662-HELP (4357)

TTY: 1-800-487-4889

Website: www.samhsa.gov/find-help/national-helpline

Also known as, the Treatment Referral Routing Service, this Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

Disaster Distress Helpline

1-800-985-5990

Website: www.samhsa.gov/find-help/disaster-distress-helpline

Stress, anxiety, and other depression-like symptoms are common

Samhsa-Certified Opioid Treatment Programs

Program Name	Street	City	State	Zip Code	Phone	
Metro Treatment of New Mexico	630 Haines NW	Albuquerque	NM	87102	(505) 268-5611	Map
Recovery Services of New Mexico	1528 Five Points	Albuquerque	NM	87105	(505) 242-6919	Map
Albuquerque Treatment Services, LLC	123 Madiera Street, SE	Albuquerque	NM	87108	(505) 262-1538	Map
Addictions & Substance Abuse Program (ASAP)	2600 Yale Blvd. SE	Albuquerque	NM	87106	(505) 994-7999	Map
Albuquerque Health Services	112 Monroe St., NE	Albuquerque	NM	87108	(505) 260-9917	Map
Albuquerque Health Services	172 Montano Rd	Albuquerque	NM	87107	(310) 534-5590	Map
Recovery Services of New Mexico MDC	100 Deputy Dean Miera Dr. S.W.	Albuquerque	NM	87151	(505) 833-4491	Map
Duke City Recovery Toolbox, LLC	912 First Street NW	Albuquerque	NM	87102	(505) 224-9777	Map
Courageous Transformations, Inc	3301 Los Arboles NE	Albuquerque	NM	87107	(505) 800-7092	Map
Recovery Services of New Mexico	2443 Highway 47	Belen	NM	87002	(505) 861-2066	Map
New Mexico Treatment Services, LLC	1227 N Railroad Ave	Espanola	NM	87532	(505) 747-8187	Map
New Mexico Treatment Services LLC Farmington	607 E Apache	Farmington	NM	87401	(505) 326-2012	Map
ALT Recovery Group	1141 Mall Drive	Las Cruces	NM	88001	(575) 522-0660	Map
Rio Rancho Health Services	1558 Stephanie Rd. SE	Rio Rancho	NM	87124	(505) 896-5517	Map
Recovery Services of Southern New Mexico	1107 South Atkinson	Roswell	NM	88203	(575) 578-4825	Map
New Mexico Treatment Services, LLC	1264 Rodeo Rd	Santa Fe	NM	87505	(505) 982-2129	Map

- From SAMHSA website 03/01/2019

Questions?

JooYung.Han@state.nm.us

THE END.