Substance Use Indicator Trends in New Mexico



NMDOH Substance Use Epi Section

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- Hayley Peterson
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NMDOH Harm Reduction Services

Josh Swatek

Emergency Department Syndromic Surveillance (EDSS) Trends

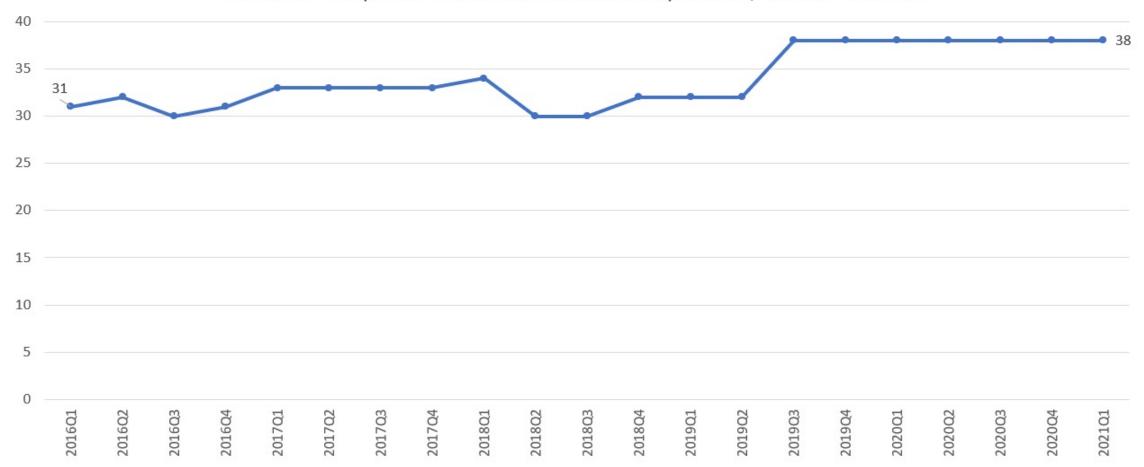
Hayley Peterson, MPH
Drug Overdose Morbidity Epidemiologist
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Emergency Department Syndromic Surveillance

- Originally intended for infectious disease surveillance
- In recent years, it has been utilized to monitor ED visits related to nonfatal drug overdose.
 - Has the advantage of providing more timely data
- Caveats to consider:
 - Stability of the number of reporting facilities
 - Does not include federal or IHS facilities
 - Intended to provide a rough estimate of disease burden rather than an exact measure
 - Toxicology not consistently performed

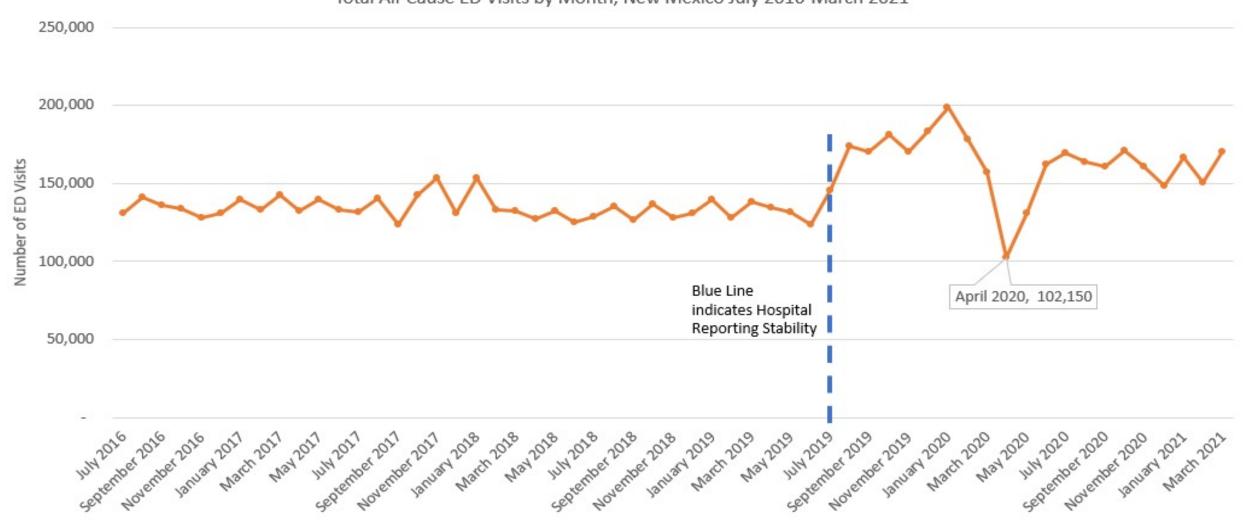
Number of Hospitals Reporting to New Mexico EDSS

Number of Hospitals in New Mexico EDSS Data by Quarter, 2016Q1 – 2021Q1

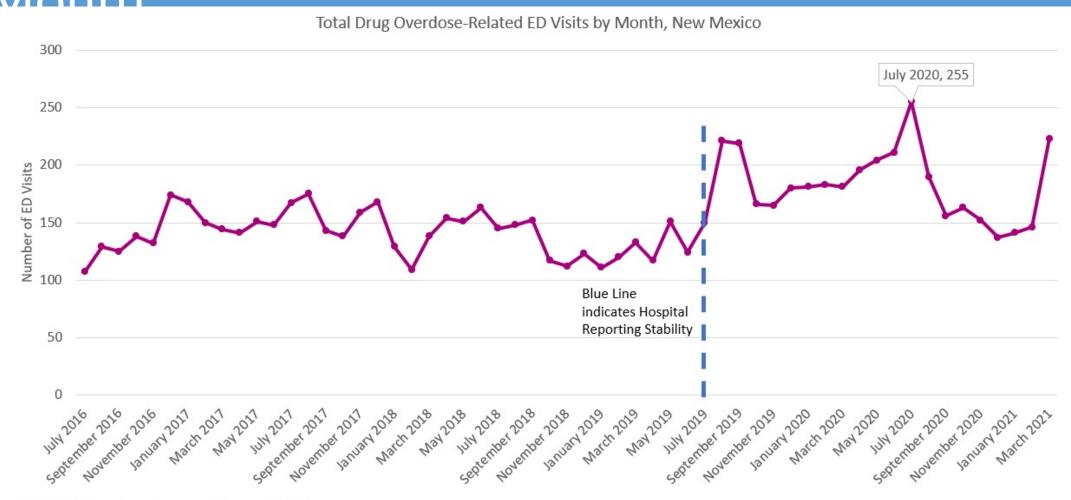


Total ED Visits by Month

Total All-Cause ED Visits by Month, New Mexico July 2016-March 2021



Total Drug Overdose Related ED Visits by

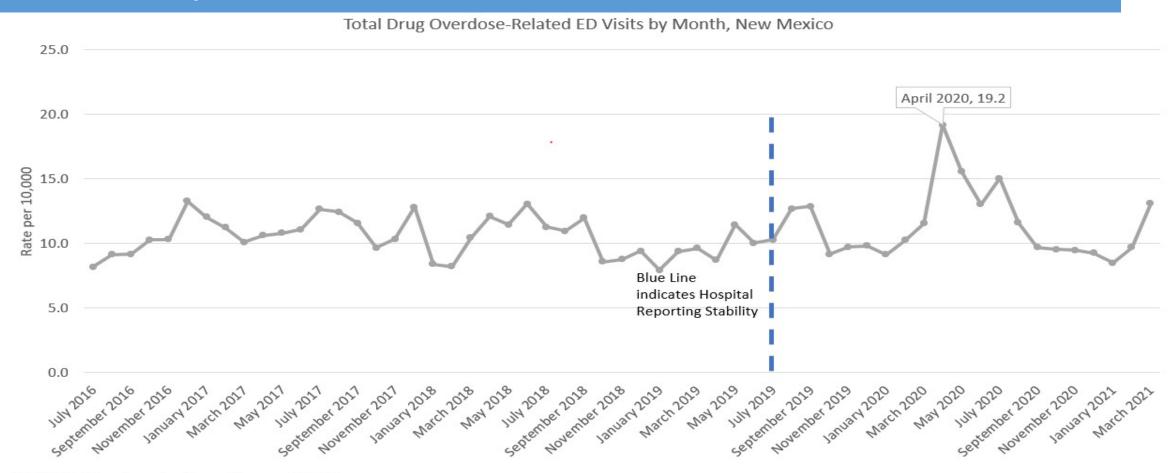


Data source: NMDOH Syndromic Surveillance ED Files

^{*}Total Overdose visits include any overdose due to opioids, amphetamines, benzodiazepines, or cocaine based on finding those drug poisoning ICD-10-CM & ICD-9-CM codes in any diagnosis field.

^{**}These are not individual level data i.e., a person may visit the ED more than once in the specified time period.

Total Drug Overdose Related ED Visit Rate per 10,000 by Month



Data source: NMDOH Syndromic Surveillance ED Files

^{*}Total Overdose visits include any overdose due to opioids, amphetamines, benzodiazepines, or cocaine based on finding those drug poisoning ICD-10-CM & ICD-9-CM codes in any diagnosis field.

^{**}These are not individual level data i.e. a person may visit the ED more than once in the specified time period.

Syndromic Surveillance Using EMS Data in New Mexico

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Slides Provided by the NM DOH ERD Emergency Medical Systems Bureau

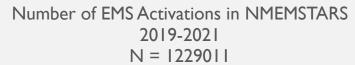
WHY USE EMS FOR SYNDROMIC SURVEILLANCE?

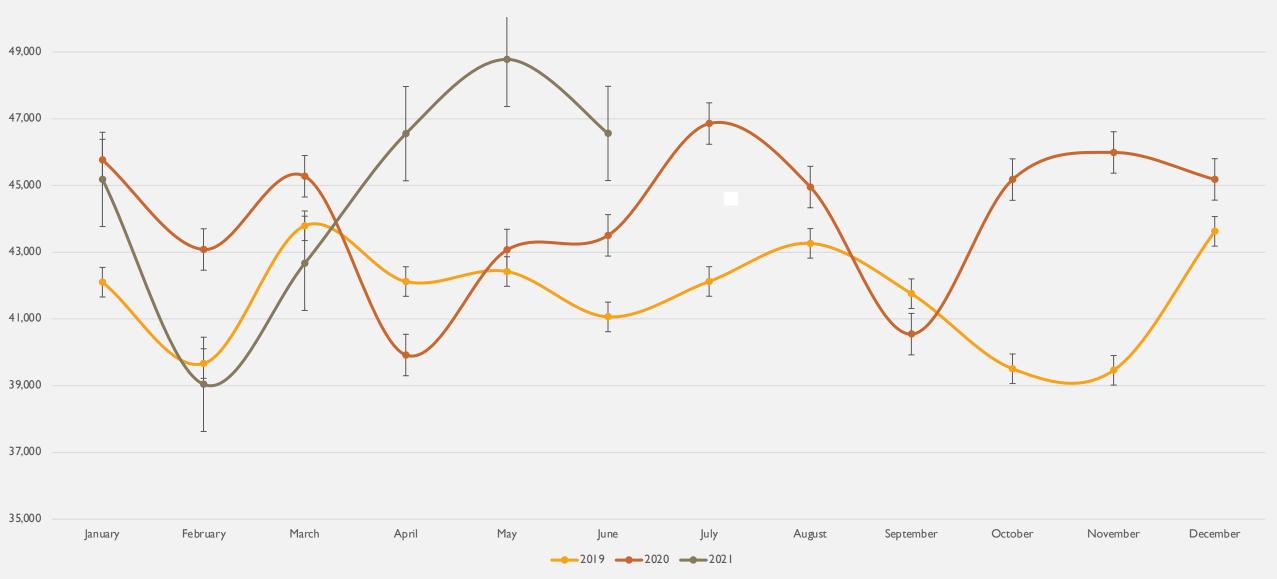
- Coverage of rural and frontier areas
 - More comprehensive than emergency department data
 - States with no ED data may have EMS data
- Quick turnaround time with limited lag (typically <24 hours)
- Large sample size (~500,000 runs per year)
- Captures encounters that would not be picked up in other medical data sets
 - Transport refusals
 - Substance use disorders
 - Overdoses
 - Mental health
 - Deaths

LIMITATIONS TO EMS DATA

- Smaller sample size than ED data
- Limited to sickest patients
- Children are frequently transported by privatelyowned vehicle
- Lack of diagnosis
- COVID-specific limitations
 - Bias in severity of calls for EMS due to fear of interfacing with the medical system
 - Percentages of calls impacted by COVID calls
 - However, very little influenza
- Magnitude of differences between years

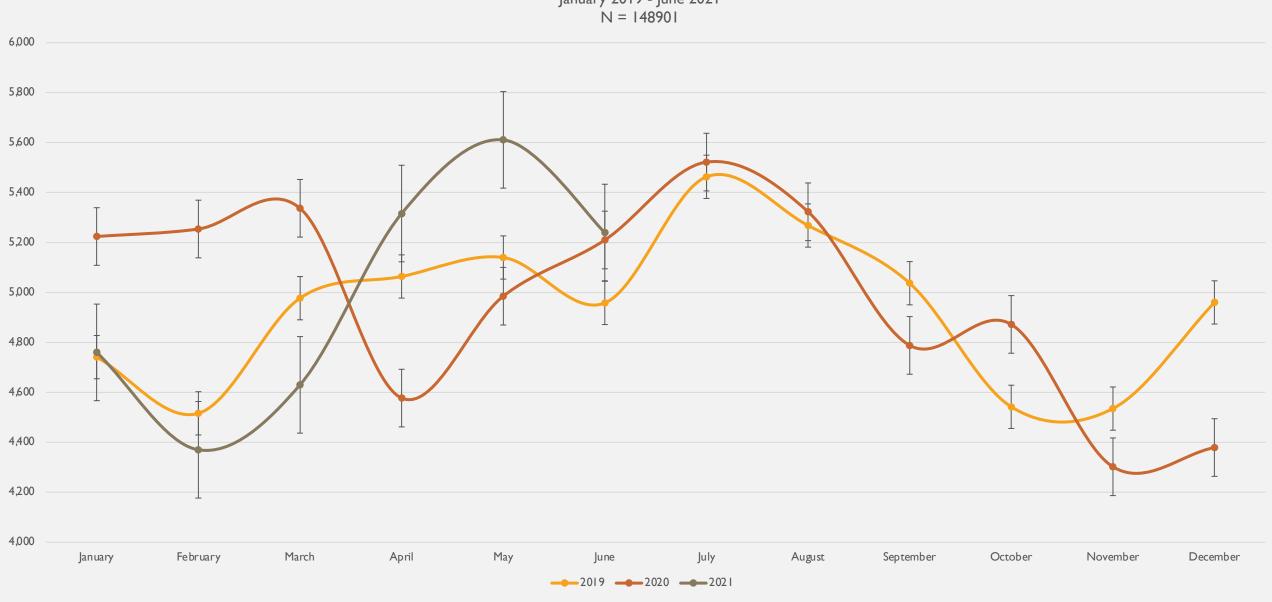
NM COUNT OF EMS ACTIVATIONS





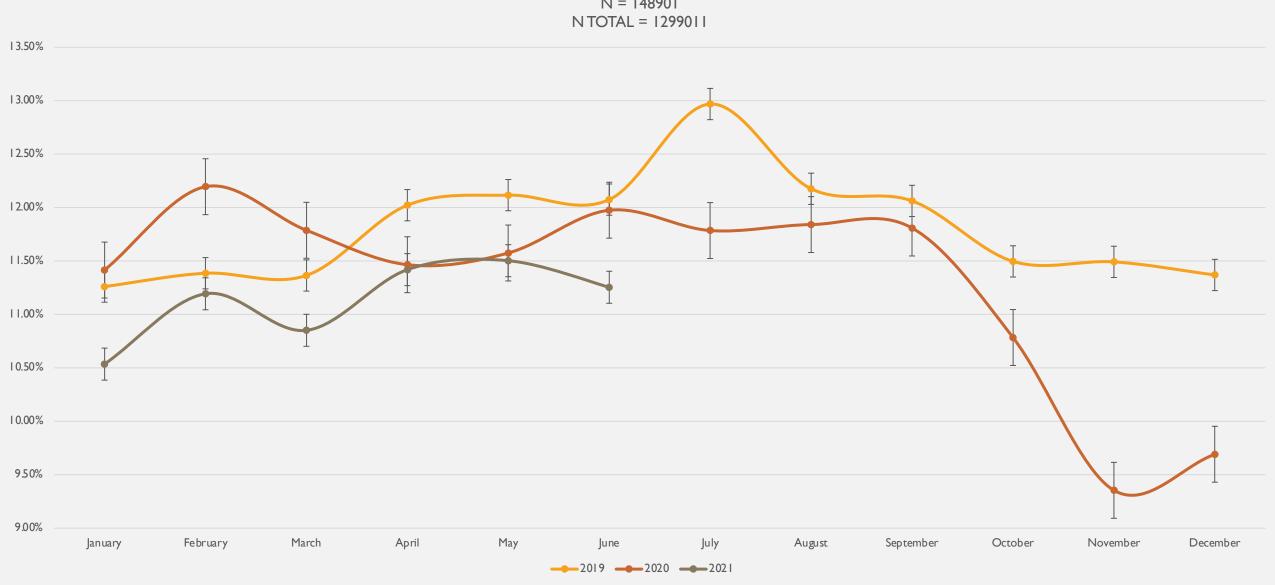
ALCOHOL RELATED CALLS

Number of NMEMSTARS EMS Runs Related to Alcohol January 2019 - June 2021 N = 148901



ALCOHOL RELATED CALLS

Percentage of NMEMSTARS EMS Runs Related to Alcohol
January 2019 - June 2021
N = 148901
N TOTAL = 1299011



OPIOID USE AND OVERDOSE CALLS

Number of NMEMSTARS EMS Runs Related to Opioid Use and Overdoses January 2019 - June 2021 N = 89872



OPIOID USE AND OVERDOSE CALLS

Percentage of NMEMSTARS EMS Runs Related to Opioid Use and Overdoses

January 2019 - June 2021

N = 89872

N TOTAL = 1299011

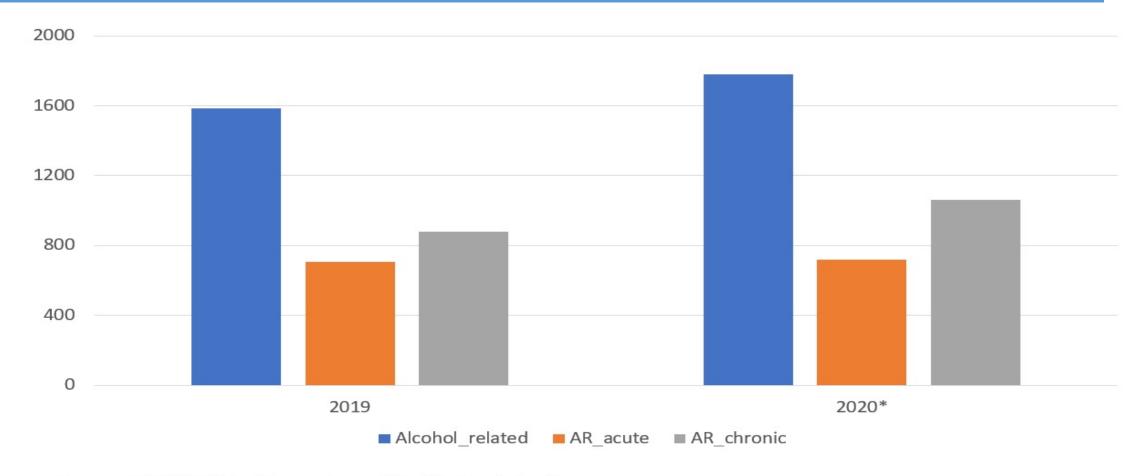


Alcohol Related Death Trends

Annaliese Mayette, PHD
Alcohol Epidemiologist
New Mexico Department of Health

The alcohol-related section of this presentation was supported 100% by Cooperative Agreement Number NU58DP001006 from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

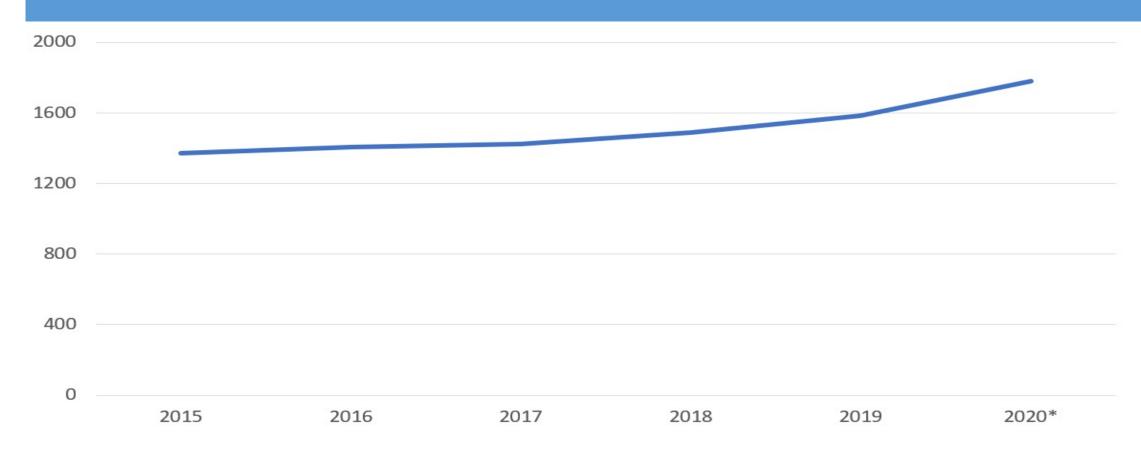
Alcohol-related Deaths, NM, 2019 Final, 2020 Preliminary



Source: NMDOH Vital Records and Health Statistics Bureau

* 2020 data are provisional as of 7/14/2021 and are subject to change.

Alcohol-related Deaths, NM, 2015-2019 Final and 2020 Preliminary



Source: NMDOH Vital Records and Health Statistics Bureau

* 2020 data are provisional as of 7/14/2021 and are subject to change.

Community Preventive Services Task Force (CPSTF) Recommendations to Decrease Excessive Alcohol Use and Related Harms:

- Electronic screening and brief intervention
- Increasing alcohol taxes
- Increase dram shop liability
- Maintaining limits on days of sales
- Regulation of alcohol outlet density
- Maintaining limits on hours of sales
- Enhanced enforcement of laws prohibiting sales to minors

NMDOH Activities to Decrease Excessive Alcohol Use, Related Harms, and Alcohol-Related Death:

- Disseminate data on rates and harms of excessive alcohol consumption
- Collect and analyze Medicaid paid alcohol screening and brief intervention (a-SBI) services data.
- Call a quarterly state-wide interagency workgroup to address alcohol-related death in NM with representatives from NMHSD, NMDFA, NMDOT, NMRLD, NMCYFD, and NMDOH.
- Support local evidence-based interventions and programs

Provisional 2020 Drug Overdose & Polysubstance Trends

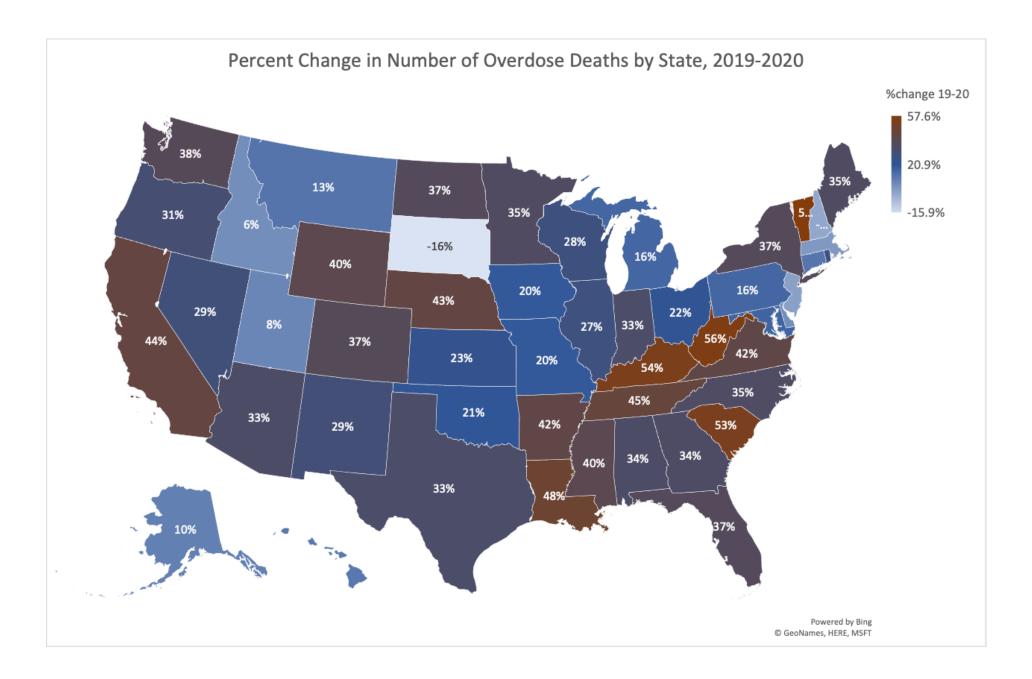
Megan Deissinger

Drug Overdose Epidemiologist

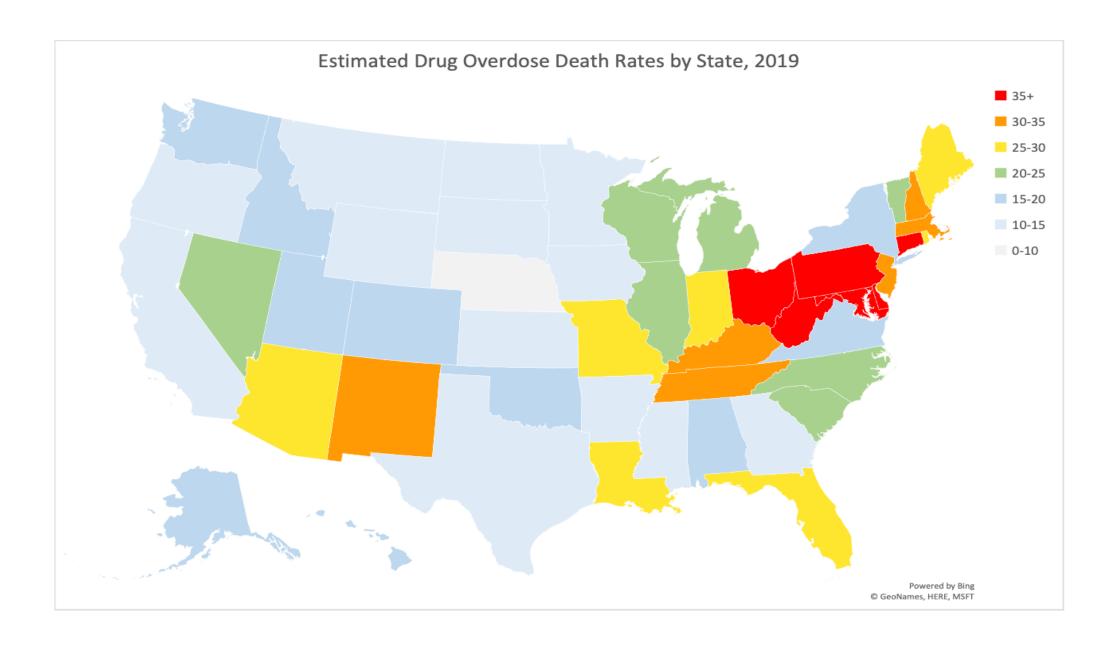
New Mexico Department of Health

Provisional 2020 Trends & Observations

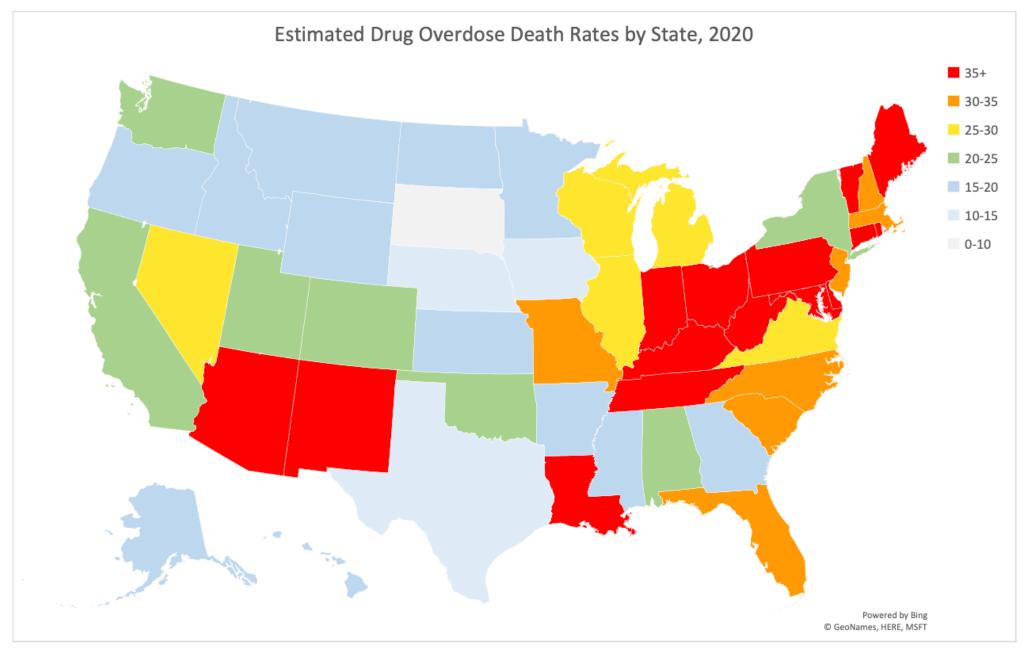
- Data are provisional as of 7/14/2021 and are subject to change
- Record level of overdose deaths
 - Count >750
- Driven by illicit substances
 - Fentanyl
 - Methamphetamine
 - Cocaine
- Overdose death rate due to prescription opioids is decreasing
- Increase in statewide rate driven by increases in:
 - Urban and high population counties (Bernalillo, Dona Ana, Santa Fe, San Juan)
 - SE region (Lincoln, Lea, Chaves counties)



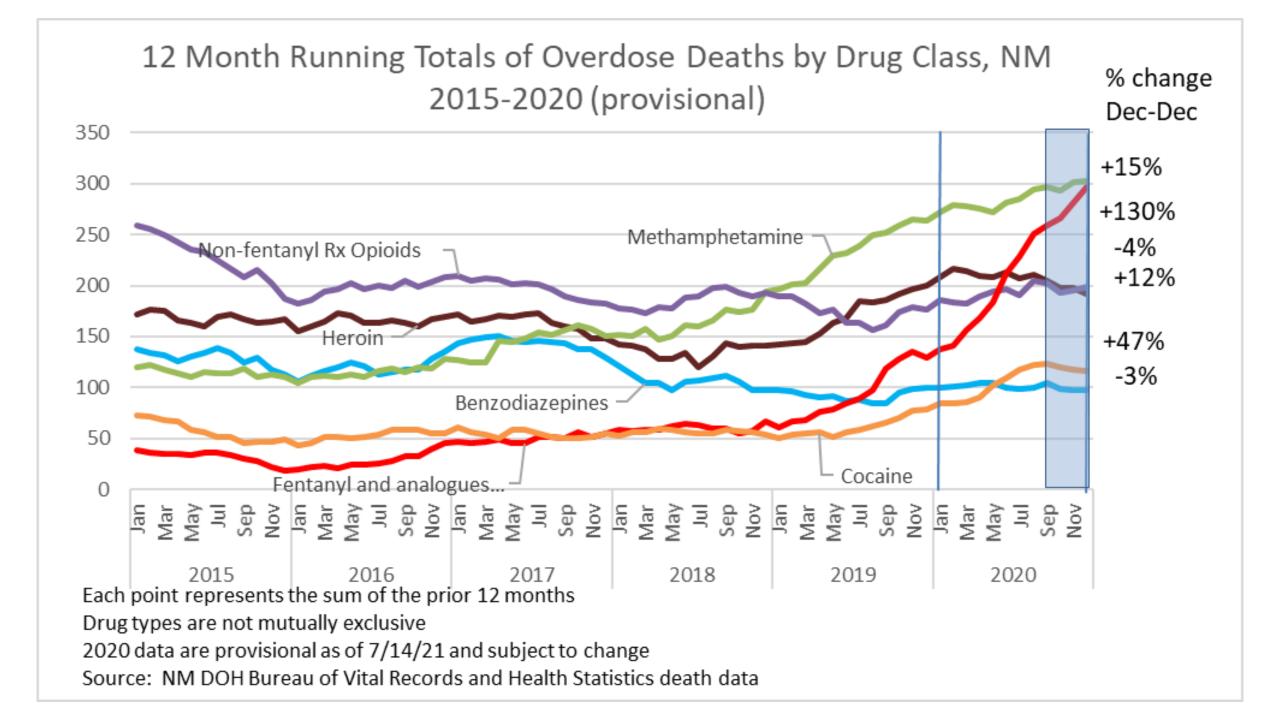
Source: NCHS/NVSS provisional data through Dec 2020



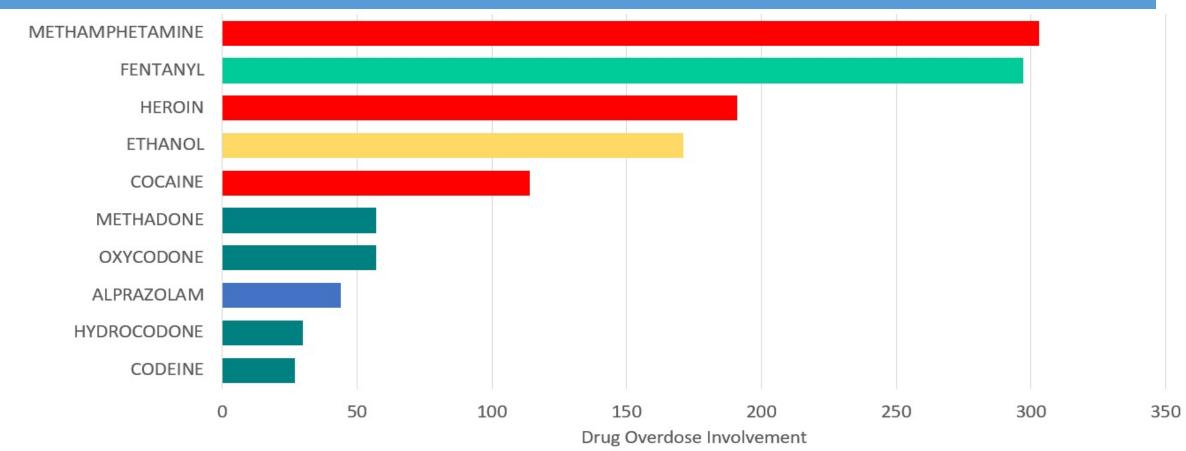
Rate per 100,000 population, estimated from NCHS/NVSS provisional data through Dec 2019 Source: NCHS/NVSS provisional data



Rate per 100,000 population, estimated from NCHS/NVSS provisional data through Dec 2020 Source: NCHS/NVSS provisional data



Top 10 Drugs in Drug Overdose Death, 2020*



^{*2020} data are provisional as of 7/14/2021 and are subject to change

Drug types are not mutually exclusive

^{*}Substances include alcohol

Substances in Heroin-involved Drug Overdose Death, 2020*

					and with			
Heroin with					Treatment	Pain		% Alcohol
	None	Cocaine		Fentanyl	Opioids	opioids	Benzodiazepines	Involved
None	35							37%
Methamphetamine	37		6	38	4	2	3	11%
Cocaine	7			5	1	1	1	40%
Fentanyl	18				4	2	2	26%
Treatment Opioids	3						2	40%
Pain opioids	1						1	100%
Benzodiazepines	6							50%

Drug types are not mutually exclusive

^{*2020} data are provisional as of 7/14/2021 and are subject to change

^{*}Substances include alcohol

Substances in Methamphetamine-involved Drug Overdose Death, 2020*

Methamphetamine					and with			
with		Cocaine		Fentanyl	Treatment	Pain	Benzodiazepines	% Alcohol
with	None	Cocame	lentanyi		Opioids	opioids	belizodiazepilies	Involved
None	110							5%
Heroin	37		6	38	4	2	3	11%
Cocaine	5			8	2			38%
Fentanyl	34				2	10	2	10%
Treatment Opioids	12					1	2	7%
Pain opioids	2						1	0%
Benzodiazepines	2							100%

^{*2020} data are provisional as of 7/14/2021 and are subject to change

Drug types are not mutually exclusive

^{*}Substances include alcohol

Substances in Fentanyl-involved Drug Overdose Death, 2020*

				and with			
Fentanyl with				Treatment	Pain		% Alcohol
	None	Methamphetamine	Cocaine	Opioids	opioids	Benzodiazepines	Involved
None	66						36%
Heroin	18	41	5	4	2	2	18%
Methamphetamine	34		8	2	10	2	14%
Cocaine	29			2	5	9	30%
Treatment Opioids	2				1		33%
Pain opioids	10					12	23%
Benzodiazepines	13						38%

^{*2020} data are provisional as of 7/14/2021 and are subject to change

Drug types are not mutually exclusive

^{*}Substances include alcohol

Substances in Pain opioid-involved Drug Overdose Death, 2020*

and with....

Pain opioids with					Treatment		% Alcohol
	None	Methamphetamine	Cocaine	Fentanyl	Opioids	Benzo diaze pines	Involved
None	29						34%
Heroin	1	4	1	2		1	56%
Methamphetamine	2		2	11	1	1	11%
Cocaine	2			5		1	50%
Fentanyl	10				1	12	26%
Treatment Opioids	2						0%
Benzodiazepines	6						18%

Drug types are not mutually exclusive

^{*2020} data are provisional as of 7/14/2021 and are subject to change

^{*}Substances include alcohol

Substances in Benzodiazepine-involved Drug Overdose Death, 2020*

Benzodiazepines	and with							
with					% Alcohol			
	None	Methamphetamine	Cocaine	Fentanyl	Opioids	Pain opioids	Involved	
None	4						100%	
Heroin	6	7	1	3	2	1	30%	
Methamphetamine	2		2	4	2	1	27%	
Cocaine	1			11		1	15%	
Fentanyl	13					12	29%	
Treatment Opioids	1						0%	
Pain opioids	6						18%	

^{*2020} data are provisional as of 7/14/2021 and are subject to change

Drug types are not mutually exclusive

^{*}Substances include alcohol

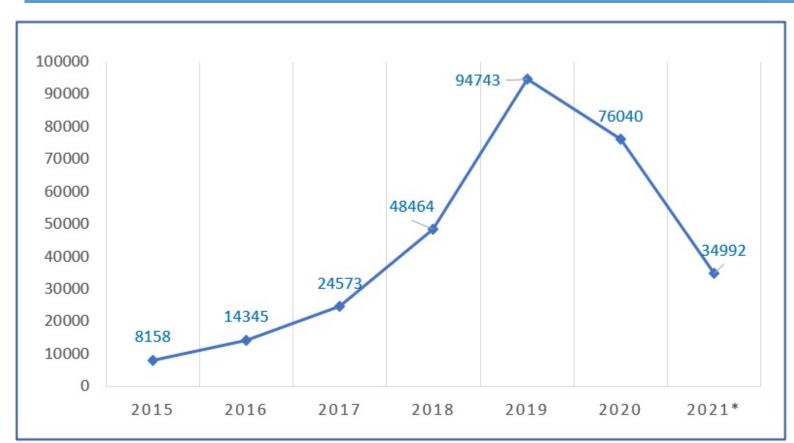
Naloxone Distribution

Alisha Campbell, MPH

Substance Use Epidemiologist

New Mexico Department of Health

Naloxone Doses Distributed, NM, 2015-2021*



Total Distribution doubled each year through 2019

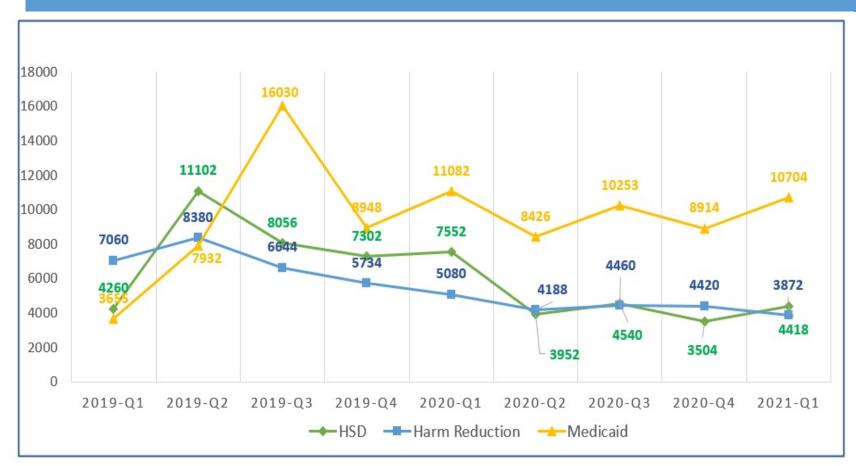
In 2020, there was a 20% decrease

In 2021, current reported data reflects 46% of previous years distribution.

Data sources: NMDOH Harm Reduction Program, Medicaid Claims data, and BHSD-OSAP data.

^{*2021} Data is not complete

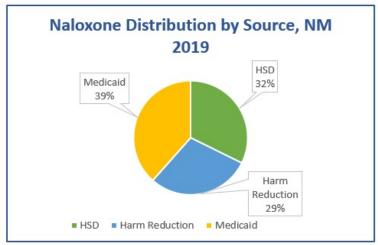
Naloxone Distribution by Quarter and Source, NM, 2019Q1-2021Q1

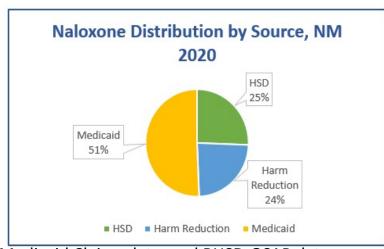


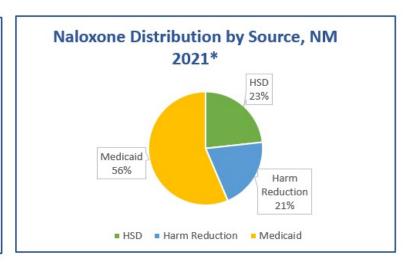
- The data DOH reports is collected from 3 sources
- Declines in distribution 2020-Q2 though 2021-Q1
- Medicaid has decreased slightly, is the largest distributing source

Data sources: NMDOH Harm Reduction Program, Medicaid Claims data, and BHSD-OSAP data.

Naloxone Distribution by Source, NM, 2019-2021*



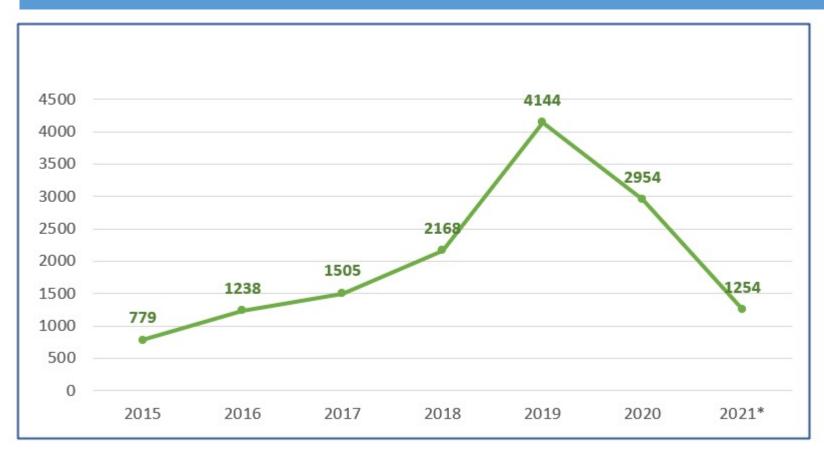




Data sources: NMDOH Harm Reduction Program, Medicaid Claims data, and BHSD-OSAP data.

- *2021 Data is not complete
 - In 2019, the distribution was slightly more equal
 - In 2020, Medicaid increased to 51%
 - So far in 2021, Medicaid claims are still the largest source for naloxone distribution

Reported Reversals, New Mexico, 2015-2021*



Reporting of reversals was steadily increasing

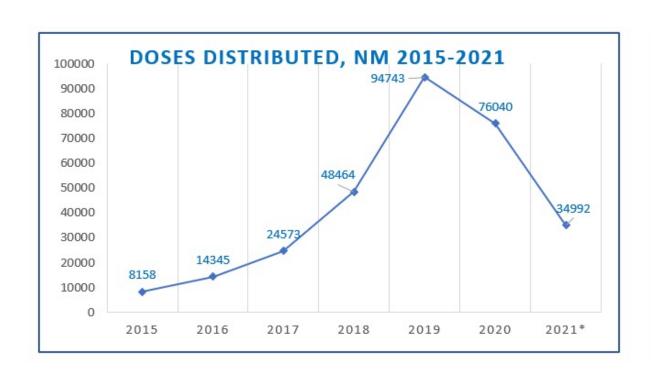
There was about a -29% in reversals reported 2019 to 2020

Roughly 95% of reversals are reported through harm reduction services.

^{*}Reversals are defined as a patient outcome of "OK"

^{**}Reversals are not individual level data i.e. the same person may have been reversed more than once.

Doses of Naloxone Distributed and Reported Reversals, NM, 2015-2021*

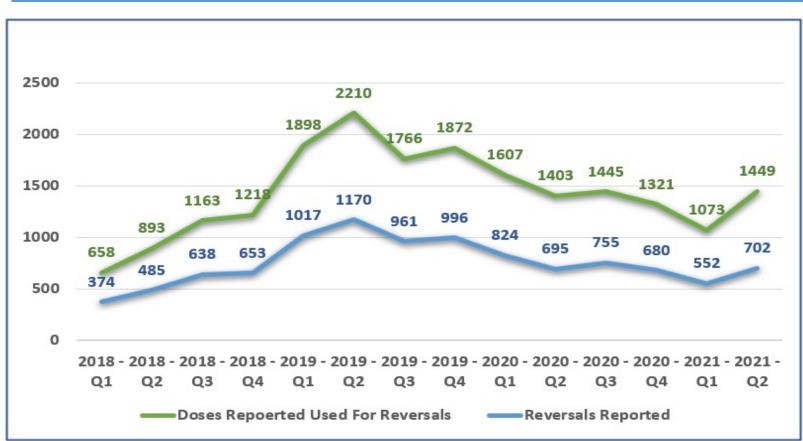




Data sources: NMDOH Harm Reduction Program, Medicaid Claims data, and BHSD-OSAP data.

*2021 Data is not complete

Reported Reversals and Naloxone Doses Used by Quarter, NM, 2018-2021Q2



- An average of 1.9 doses are used per reported reversal.
- Decrease started 2019-Q3
- A slight increase has occurred 2021-Q2

Data Source: NMDOH Harm Reduction Program

^{*}Reversals are defined as a patient outcome of "OK"

^{**} Reversals are not individual level data i.e. the same person may have been reversed more than once

Harm Reduction Program Trends

Josh Swatek

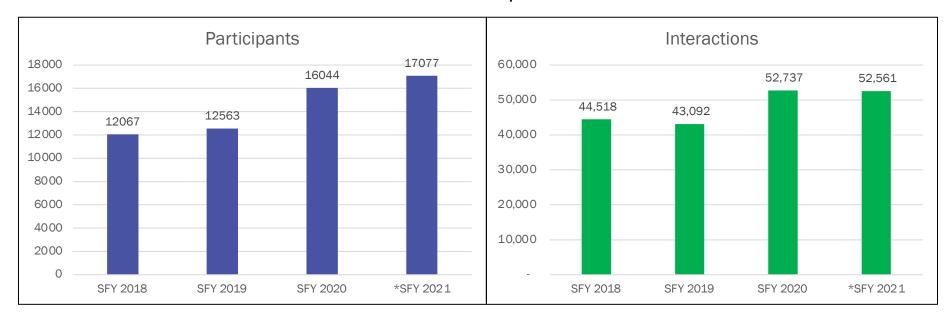
Hepatitis and Harm Reduction Program Manager

New Mexico Department of Health

Slides Provided by the NMDOH Syringe Exchange Program

SFY 2018-2021 SSP

*SFY 2021 is incomplete

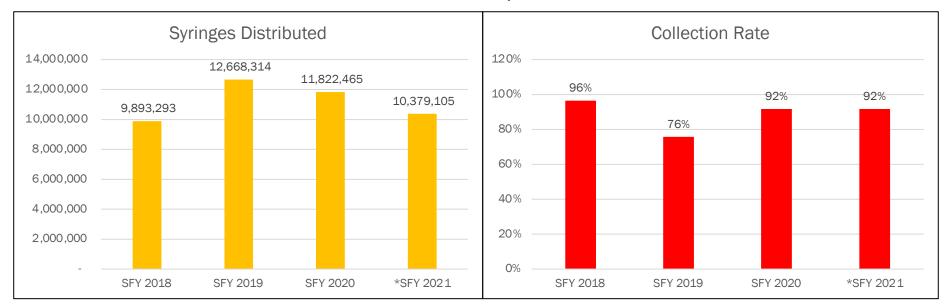


- Program has grown significantly, in SFY 2013 there were 5,973 participants, with 25,258 sessions. Provisional data for SFY 2021 indicates over 17,000 participants with over 52,000 sessions
- Increase likely due to increased reach and program accessibility



SFY 2018-2021 SSP

*SFY 2021 is incomplete



- Slight dip in collection rate in 2019, provider training and policy changes led to increase, however collection rate not best measure of program success
- Historically program is above 90% collection rate



Questions?

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- Annaliese Mayette, PHD NMDOH

 Alcohol Data

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