

DISCUSSION / VIEWER GUIDE



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NEW MEXICO BEHAVIORAL HEALTH COLLABORATIVE



and

NEW MEXICO HUMAN SERVICES DEPARTMENT



In Association with
SafeTeen New Mexico
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Created by
Christopher Productions, LLC

THANK YOU

Thank you for your interest in the **NO EXCEPTIONS** Discussion/Viewing Guide. We are excited to present this program to ignite discussion among children, parents and teachers. We want to empower and support young people to discover solutions to life-threatening behavior and situations. We also want parents, educators and youth to fully understand how addictive opioid based pain killers are and how best to use them in a medical setting and the life changing results of illegal use and overuse.

Enclosed are some ideas for discussions and activities for students and adults. Feel free to alter any of these suggestions for a better fit with your particular group. This is intended as a guide and starting point.

You may find it helpful to visit some of the websites listed under resources near the end of this guide for further information on this and other issues of concern for young people including dangers of illegal use of prescription drugs, mental health issues, alcohol and drug issues, date violence, distracted driving and others.

RESPONSE REQUESTED: We supply these materials to you free of charge, in the hope that they support your efforts in reaching students with enlivened discussions about difficult situations and adolescent curiosity, insecurity and empowerment.

The only thing we ask in return is that you let us know if you are using this so we can track the number of participants and the lives you've affected. A response page can be found at the end of this guide.

On behalf of all the sponsors listed on the title page, thank you for taking the time to view and use the program No Exceptions. Together, we can all make a difference in the lives of young people by helping to educate and inform as well as empower youth to help each other stay away from these incredibly dangerous drugs.

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SHOW OVERVIEW

“NO EXCEPTIONS” is a project designed to help people understand the addictive qualities of opioid based pain killers and how to address these issues. We hope this will also help generate discussion about ways to prevent addiction and how to help those who are addicted.

A years worth of research went into the information in the program including “think tanks” with experts in all areas related to addiction and opioids.

This show is meant to be a catalyst for discussion, which means that there are no right or wrong answers. The purpose is to encourage discussion so young people can discover, for themselves, the issues around using these prescription drugs. Young people should be encouraged to actively participate in exchanging ideas and researching related topics.

Please read the script and watch the program prior to sharing it with students. This will make discussion with your students easier and more effective.

THE SCRIPT IS AVAILABLE THROUGH

www.SafeTeen.net

and

www.ChristopherProductions.org

Please download, read and have available prior to viewing program.

This guide includes discussion and activity ideas for involving students at various levels of development. **Further information and a complete list of additional resources are included at the end of this guide.** Our hope is that this is just the beginning, and that together we can make an important difference in our communities and in the lives of our children.

GENERAL INFO

“WHEN YOU START USING...YOU HAVE TO KEEP USING TO JUST STAY ‘NORMAL’”

A New Mexico Youth Who is In Recovery

PROJECT BACKGROUND

New Mexico heroin deaths are up over 65% (2004-2008) and when youth in recovery are interviewed, most all say they started experimenting with synthetic heroin in the form of illegal prescription drugs (Oxycontin) along with various other “party” drugs (marijuana, alcohol and others). With the faces of opioid addiction changing to a younger and younger demographic, SafeTeen was approached by parents and youth to create awareness of the extreme dangers of heroin use, how it begins, the behaviors it causes, and ways to avoid it altogether.

“IT’S A SECRET WE KEPT IN OUR SMALL LITTLE CIRCLE...BUT SHAME CANNOT SAVE OUR CHILDREN.”

Lou Duran, Mother

DRUG USE AMONG NEW MEXICO YOUTH

- **New Mexico has the highest drug overdose rate in the US.**
- **40% of those drug overdoses were caused primarily by prescription drugs**
- From 1999 to 2009, in New Mexico the treatment admissions for the **abuse of prescription opioid pain medications climbed by 230%.**
- **New Mexico heroin deaths are up 66% from 2004 to 2008.**
- **Over One in Ten** youth (14%) in New Mexico **report using pain killers** to get high.
- Over 15% of Bernalillo County youth report using **pain killers** to get high.
- Between 1997 and 2007, there was a **627% increase in the national sales of hydrocodone products** making it the most widely prescribed drug in the US, 2006-2010.
- Opioid-related overdose deaths during that time period increased by 296%.

THE PROJECT

“NO EXCEPTIONS” is a comprehensive media campaign to help PARENTS, EDUCATORS and MIDDLE AND HIGH SCHOOL STUDENTS throughout New Mexico understand the dangers of opioid and particularly heroin use and how to help stop it’s use before it starts. It will give parents **tools to use with their children and give students tools to help them make healthy decisions.** This campaign will utilize a variety of media to reach parents and youth with the information necessary to help keep kids safe.

The purpose of this project is:

To give **YOU** a tool...something to rally around...to address Opioid prescription drug and heroin abuse and END IT in **YOUR community**, in **YOUR family**, and in **YOUR schools**. Check out your tools below:

- DVDs of “NO EXCEPTIONS”
 - Half hour Documentary
 - 12 minute youth to youth video
 - 17 minute parent to parent video
 - 4 video interviews (two parents, two youth)
 - 5 mini documentaries from the full length version specifically designed for:
 - EDUCATORS SHORTENED VERSION OF MAIN DOC FOR CLASSROOM OR SPEAKERS
 - YOUTH “JUST THE FACTS’ VIDEO
 - DOCTORS/ DENTISTS “OPIOIDS AND ADDICTION”
 - PARENTS “OPIOIDS AND ADDICTION: SIGNS AND HELP”
 - EMPLOYERS “OPIOIDS, ADDICTION: SIGNS AND HELP”
- Discussion guide for classroom or group use
- Online resources (see “resources” at the end of this guide)

To get copies of these tools, please visit:

www.SafeTeen.net

or

www.ChristopherProductions.org

or

www.saynotheroin.org

VIEWING SUGGESTIONS

- **Provide additional information and instruction.**

The information and stories in “NO EXCEPTIONS” are presented in a style that serves as a catalyst for thoughtful discussion. It is assumed by the creators of the program that more in-depth information and instruction will be provided by the group leader or teacher. Some of this information can be found in the resource section of this guide.

- **Discuss the content before watching the show.**

Many young people today are exposed regularly to situations in which they must make difficult decisions about their own behavior. Most likely, they’re struggling to balance personal beliefs and social pressures in order to make good decisions. Briefly discuss the content before watching the show in order to make the discussion after the show more effective. **Discuss the difference between a documentary (real life) and a fictional movie (created script). Discuss that this is about real youth in New Mexico.**

- **Set ground rules prior to viewing.**

Teachers or group leaders need to be prepared to offset disruptions in order to guarantee respect for those students wanting to see the show. Talk to students ahead of time and agree on appropriate behavior during the viewing. This should include **no talking, comments or asking questions** until the show is concluded. You should also supply or **have available paper and pens or pencils** so that students can **jot down ideas and questions during the viewing for later discussion.**

- **Use “Discussion and Activities” for your grade level.**

There are many ways to encourage open discussion. Since the need for facilitation and supervision will vary among ages, more age-specific suggestions are given on the following pages.

P R I O R T O V I E W I N G

Instructors: Please keep in mind that this guide contains discussion questions that may be sensitive in nature and may cause uncomfortable feelings and emotions to surface for some students due to personal experience or other reasons. Have counselors or other resources available for youth who may have issues that need to be addressed.

Have resource information readily accessible to students and discuss only those questions that you feel comfortable handling.

PRIOR TO SHOWING THE DOCUMENTARY:

1. Be certain to preview the video and read through this guide.
2. Gather and have available print resources (reference resources list at the end of this guide).
3. Download and read the script of the video.
4. Determine how much time you will have and what the discussion goal will be.
5. If you can, ask a trained expert to assist with the discussion (perhaps your school counselor).
6. Use clear guidelines. Avoid general, unstructured discussion.
7. Allow enough time to discuss the topics after the viewing.
8. Discuss only those questions that you feel comfortable handling

Go over the following with your group **prior to viewing**:

1. Explain that this is about making healthy decisions.
2. Be certain all cell phones and pagers are turned off.
3. Be sure everyone has pen and paper and encourage them to jot down notes, ideas, and questions. (perhaps review questions you'll be asking after the show – see "Discussion" Section. – and have them jot down some answers.)
4. Explain the program is a half hour long and then a discussion about the program will follow.
5. Explain that the video was created with the help of teenagers and that all the **interviews are real**. You might explain the difference between a documentary (real stories and people) and a fictional film (written and not real).
6. Tell your group that if they feel uncomfortable at any point they may choose not to watch (be sure to arrange for a place where they can go in advance).
7. Explain that the program can be an emotional experience and to respect everyone's personal feelings.

AFTER VIEWING

Because it is important to protect everyone during the discussion, ask the group **not to use any names**, and set ground rules that include using the phrase “a person I know” **OR REFERRING TO THE PEOPLE IN THE VIDEO** each time. It is extremely important **not** to allow personal stories.

Explain that after the discussion if anyone wants to talk about specific issues, how they can do that in private (with a school counselor or other professional). Make that a strong point and have resources available.

- 1. Give everyone a few moments to jot down ideas and questions they may have about the information in the documentary.**
- 2. Explain that this is not a tattletale session, it's not about telling on others.**
- 3. Say that this will be a discussion about the facts and dangers that are associated with opioid use and abuse.**
- 4. Follow some of the ideas for discussion in this guide and from the aforementioned specialized tapes you may have already viewed as group leader.**
- 5. Be sure to leave enough time for adequate discussion. If time is short after the viewing (30 minutes or less), you may want to take just one of the discussion topics and leave the rest for later.**

DISCUSSION

Middle School Students

It is important that young people are provided with tools to make smart decisions on their own. All discussions should be conducted with this in mind. **Young people will make better decisions if they understand that their actions will have consequences.**

Discuss what people in the video said about prescriptions pain killers at the beginning and end of the film. **Why did the producers of the video use the title No Exceptions?** (lead to the biological fact that ANYONE can become addicted and that it's not a matter of not wanting to or thinking that you can do it and NOT become addicted.....it's biologically set that everyone can)

Discuss why the producers used the roller coaster as a visual theme.

Discuss what people said about your brain and its changes when you take an opioid based drug.

Discuss how the media portrays drug abuse and how that can affect our decisions about it. According to the scientists, why do pain killers make us feel good AND how can they ultimately hurt us?

Discuss why someone who is addicted would do bad things (such as steal or lie to get money).

ACTIVITIES

Middle School Students

- Have the students write about some things that happen to your brain if you use opioids:
 - Brain gets used to the drug and then craves it.
- Have the students do posters about the dangers of pain killers when you don't need them for medical purposes.
- Have the students write about ways to help:
 - Having fun without taking drugs.
 - Ways to say no to drugs in different situations.

DISCUSSION

High School Students

It is important that young people are provided with tools to make smart decisions on their own. All discussions should be conducted with this in mind. Young people will make better decisions if they understand that their actions will have consequences.

- Discuss why the title is appropriate for the issue. “No Exceptions” means that anyone can become addicted and it’s biological, you can not control it.
- Discuss who is affected when a young person becomes addicted. Include the family, friends anyone they come in contact with (stealing, lying, other behaviors).
- Ask the students the following:
 - According to the show, what happens in the brain when you take them? (feel good, but brain changes – then have to use just to be “normal” and “not sick”)
 - According to the show, what behaviors occur when you try to stop using the drugs? (body reacts violently, see script page 1).
 - Can you try opioids (Oxy, Percocet, Vicodin) without becoming addicted? (if prescribed and taken as prescribed, but even then you must be careful and know the signs of addiction)
 - Why is it dangerous to take opioids that are not prescribed to you specifically? (the amount assigned by a doctor for a specific pain is based on you specifically, if you take someone else’s you have no idea how it may affect you)
 - What are some ways you can get out of taking them at a party if someone approaches you?
 - How can you help a friend who may be dealing with addiction issues?

A C T I V I T I E S

High School Students

ROLE PLAY:

Set up a scene with a teen at a friend's party and everyone is trying to get him/her to take a pill. Eventually he/she gives in and takes the pill.

AFTER THE FIRST TIME (he/she finally gives in) DISCUSS:

- What were the keys that made this person give in?
- What were the critical moments that he/she could have used to get out of the situation?
- What are three or four ways to get out of the situation and how to actually use these?

AFTER THE SECOND TIME (he/she uses some of the ways discussed to refuse and sticks to it) DISCUSS:

- What were the keys to getting out of the situation?
- When and why did the friends give up trying to get him/her take the pill? (Be sure to discuss thinking through these ways **ahead of the party** and responding strongly to the pressure right away).

CREATE:

Make a list of ways to get out of taking pills at parties or other times when offered by friends.

Create a personal list of reasons you wouldn't want to use pills.

Create a non drug media campaign for your school.

DISCUSSION

PARENTS

Initiate a discussion and then let the parents direct its course. As with all discussion, ground rules will need to be set regarding respecting each other's opinions. As with the students say up front that you DO NOT want personal stories during the discussion.

DISCUSS:

How our society has become based on taking medication to solve issues and how that affects kids.

The brain research from the program, the affect of opioids on our brains and how that biology can create addiction.

How media has changed since the parents were teens and affected kids perceptions (drug and alcohol ads on TV and elsewhere).

- Ask the parents the following:
 - Where do these drugs come from that kids are using (our own medicine cabinets and grandparents medicines)?
 - How can you talk to your children about these drugs?
 - What did you learn from the video regarding the potential of your children (or anyone's children) becoming addicted?

ACTIVITIES

PARENTS

- Pick a date and time to talk with your children about this program or a time to watch it with them. Use the Facts section of this guide to discuss the issues and the fact that ANYONE can become addicted.
- Meet with school officials and discuss showing the video in health classes or for a school assembly.
- Role play with each other how to talk to your children about how to refuse drugs at parties or if approached by a friend in any way.
- Create an event for youth that could replace dangerous parties and reinforce fun and safe activities.

F A C T S t o D I S C U S S

DRUG USE AMONG NEW MEXICO YOUTH

- **70% of people who use prescription drugs for non-medical purposes, get them from friends and family.**
- **New Mexico has the highest drug overdose rate in the US.**
- **40% of those drug overdoses were caused primarily by prescription drugs**
- **From 1999 to 2009, in New Mexico the treatment admissions for the abuse of prescription opioid pain medications climbed by 230%.**
- **New Mexico heroin deaths are up 66% from 2004 to 2008.**
- **Over One in Ten youth (14%) in New Mexico report using pain killers to get high.**
- **Over 15% of Bernalillo County youth report using pain killers to get high.**
- **Between 1997 and 2007, there was a 627% increase in the national sales of hydrocodone products making it the most widely prescribed drug in the US, 2006-2010.**
- **Opioid-related overdose deaths during that time period increased by 296%.**

Q U E S T I O N S t o A S K

START BY SAYING: “I need your help on this. Bear with me and see what you come up with.”

- Is this video a fair representation of opioid dangers?
- Is this issue as important as the video alludes to?
- Is pain killer abuse really a problem in our (school, community, state)?
- Whose problem is it?
- Is it a teenage problem?
- Is it a parent problem?
- Is it a legal problem?
- Why and how does pain killer addiction affect all of us?
- Is it possible for youth to make healthy decisions about this? How?
- What role do parents play in helping kids in these situations?
- How does knowing the brain risks of pain killers help us help others?
- Can you refuse pain killers at a party or from a friend who offers you some effectively/realistically?
- Is it really possible to talk to friends about pain killers and the risks?

CONTINUE TO ASK “why?” and “why not?” and “can you explain that? ” after each answer.

If a group can establish that pain killers are a problem, ask:

- Is it a problem that needs to be solved?
- Can it be solved?
- Who can solve it?
- How can it be solved?

RESOURCES

Heroin Awareness Committee	www.saynoheroine.org
SafeTeen New Mexico	www.SafeTeen.net
Substance Abuse & Mental Health Administration	www.samhsa.gov
Teen Site for Alcohol Information and Safety	www.thecoolspot.gov
Parenting Skills Website	www.parentingteens.about.com
The Partnership at Drugfree.org	www.drugfree.org
Center on Alcohol Marketing and Youth	www.camy.org
Bernalillo County Substance Abuse Prevention	www.bernco.gov
Children Youth and Families Department, New Mexico	www.CYFD.org
In Home Drug Safety	www.SafeGuardmyMeds.org
Medication Disposal	www.dea.gov
New Mexico Attorney General's Office	www.nmag.gov
New Mexico Public Education Department	www.ped.state.nm.us
National Institute of Mental Health	www.nimh.nih.gov/
Life Skills Training, Institute for Prevention Research	www.lifeskillstraining.com
Parenting Adolescents Wisely, Ohio University	www.familyworksinc.com
SMART Moves Program, Boys & Girls Clubs of America	www.bgca.org
National Organizations for Youth Safety	www.noys.com
Christopher Productions Social Issues Information	www.ChristopherProductions.org
New Mexico Parent Teacher Association	www.nmpta.org



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NO EXCEPTIONS

RESPONSE FORM:

Please take a moment to fill out the information below and then EMAIL to us as a word doc: Chris@ChristopherProductions.org

Thanks for letting us know how you're using the materials.

Name:

Organization:

Address:

Email:

Phone:

Which materials were used (documentary, curriculum):

Date(s) materials used:

Group(s) using materials (i.e. Class, Club, Group – what kind?)

Number of people using the materials:

Youth:

Adults:

Other comments about the materials and your discussion:

Doped-Up New Mexico Is Overdose Champ

By Leslie Linthicum / Of the Journal on Sun, Jun 10, 2012



**Leslie
Linthicum**



UPFRONT

Ten or so years ago, a doctor prescribed me a drug combo of codeine and Flexeril, a muscle relaxant, for a bout of severe arthritis pain. I took it once, collapsed into a boozy burrow and was completely out of my head for two days.

The pain went right away, but I never took the drugs again, vowing instead to find a suitable alternative. Contrary to one of my favorite Ramones' songs, I didn't really want to be sedated.

Why? It turned out that, whatever its challenges, I liked my here and now, and avoiding it in a groggy, happy daze wasn't anything I was interested in. Whether by biology or personality, I'm not likely to ever be an opiate abuser.

The latest drug abuse data show New Mexico still leading the nation in deaths due to drug overdoses as we have for all but two of the past 20 years. We now die of drug ODs at a rate twice the national average. And fatal overdoses from prescription drugs have eclipsed those from more traditionally abused drugs, cocaine and heroin.

The personal tragedies of the 500 New Mexicans who died of overdoses last year tell us the "who" of the problem.

And the statistics tell us the what, when and where: The highest drug-induced death rate is among Hispanic males; Rio Arriba County leads the state in drug-induced deaths per capita; 80 percent of drug-induced deaths are unintentional; and during the period of 2005 to 2009, the most common drugs that caused unintentional ODs were, in order, prescription opioids (methadone, oxycodone and morphine), heroin, cocaine, tranquilizers and muscle relaxants and antidepressants.

I'm curious about the why. What is it about New Mexico that causes us to use, abuse and die from it at a greater rate than others?

Michael Bogenschutz is a psychiatrist, a professor at the University of New Mexico's School of Medicine and an addiction specialist.

When I posed the question to him, he pointed first to New Mexico's unique and long-standing position in the heroin pipeline, which has created a black tar heroin supply that is plentiful and inexpensive and, along with that, a long history of heroin abuse that spans generations.

Next, he mentioned the spike in the availability of prescription drugs – mostly powerful opiate-based pain killers – that has occurred all over the country, and especially in New Mexico in the last decade. According to DEA figures, oxycodone and hydrocodone sales in New Mexico rose at one of the highest rates in the country between 2000 and 2010.

Most people who are prescribed an opiate-based pain killer don't go on to use the drug recreationally or to become dependent on it, Bogenschutz pointed out. But, he said, "The more exposure there is, the more people get into trouble."

He also said people tend to abuse the drug they have access to. The more prescription pills – millions and millions of them – that are obtained with legal and forged prescriptions, the greater the opportunity for addiction and the bigger the street market for hydrocodone and oxycodone, which leads to a surge in abuse use of the drugs, which leads to unintentional overdoses.

A host of intertwining factors have been considered over the years to help explain New Mexico's perennially high rates of drug and alcohol abuse: poverty, low levels of education, rural isolation, high rates of mental illness and depression and an acceptance of drug abuse that has seeped into our cultural makeup.

As Bogenschutz pointed out when I asked him about those possibilities, those explanations are plausible, but scientists can't run randomized studies to test those factors.

Obviously, drug addiction and overdose deaths are not confined to the poor, and most poor people are not addicts. But Michael Landen, the state's deputy epidemiologist, said self-reporting research shows poverty is a frequent theme behind many of our poor health outcomes and risky behaviors. You grow up poor, poverty breeds stress, you look for ways to feel better, and you start getting high.

The explosion of hydrocodone and oxycodone prescriptions has opened the doors of drug abuse to a whole new population. Landen said people mistakenly think prescription drugs are safer than illegal drugs because they come with a doctor's stamp of approval – even when they are being abused outside of their intended use. Women, especially, are more likely to abuse prescription opioids than other illicit drugs, Landen said, which explains why the percentage of women who die of drug overdoses in New Mexico is going up.

William Harvey, executive director of the state's Board of Pharmacy, told me opioid abuse often starts with a prescription for a narcotic pain killer and grows from there. "The demographics for people who abuse opiates is the full spectrum," he said.

The good news about prescription opioids now being our most dangerous drug of choice is that they are controlled substances (or at least they're supposed to be controlled) and so there are mechanisms available to regulate them – through doctors, pharmacies and the Medical Board – that aren't available for street drugs.

A recent amendment to the state's Pain Control Act tries to balance the legitimate use of opioid pain killers against abuse by spelling out accepted prescription guidelines. And New Mexico now has a mandatory computerized prescription monitoring program that requires pharmacies to report who is prescribing controlled substances, in what amounts and to whom.

One of the benefits of that system is that regulators can now spotlight where the most controlled substances are being handed out.

Last year's data show us that one doctor in Las Cruces, neurologist Pawan Kumar Jain, prescribed nearly 3 million pills of the types the Board of Pharmacy monitors to fewer than 4,000 patients. That's about a half a million more pills than the entire staff of medical residents at the University of New Mexico Hospital for more than 23,000 patients.

Jain was put on the spot about his record levels of pain killer prescriptions by a KOB-TV reporter earlier this year and what he said on camera was telling. "Here in America," he said, "people love pain medicine."

Here in New Mexico, we love it too much. I still don't know why, but I do know it's killing us.

UpFront is a daily front-page news and opinion column. Comment directly to Leslie at 823-3914 or llinthicum@abqjournal.com. Go to www.abqjournal.com/letters/new to submit a letter to the editor.

— This article appeared on page A1 of the Albuquerque Journal

Treating the problem: State boards consider changes to curb prescription drug abuse

By Kate Nash | The New Mexican

6/18/2012



Photo by: Natalie Guillén/The New Mexican

Prescriptions for opioid painkillers would get greater scrutiny from doctors and pharmacists under proposals to be considered by the state's pharmacy and medical boards this summer.

The plans also aim to better educate everyone involved about the dangers of overprescribing or becoming addicted to pills such as hydrocodone and OxyContin.

The move comes as New Mexico's overall drug-overdose death rate is the highest in the country, and new statistics from the state Department of Health show a dramatic rise in the sale of opioid drugs, up 131 percent from 2001 to 2010.

"The board was very alarmed at the overdose rate in the state," said state Board of Pharmacy Director Bill Harvey. "We're very serious about reducing the amount of opioids or controlled substances that are available for abuse," he said.

Proposed restrictions

On June 21, the board will consider various proposals, including one to increase the number of prescribers who use the state's prescription-drug monitoring program.

That electronic database gives doctors and pharmacists access to a patient's prescription-drug history. Providers update the information at least every seven days -- an improvement over the monthly updates that were previously all that was required. Proponents say the database is critical to understanding a patient, but not all doctors use it when writing prescriptions.

Under one proposal, practitioners including doctors, dentists, veterinarians, pharmacists and certified nurse practitioners would be required to register and train for the program when they complete their controlled-substance registration.

While that proposal doesn't require doctors to use the program, a separate proposal to be considered by the New

Mexico Medical Board in August would require its use in the case of prescribing certain controlled substances to first-time patients. The rule also would apply to established patients who have continuing prescriptions for opioid pain relievers.

The Board of Pharmacy proposal would require a pharmacist to pull a year's worth of a patient's history under certain conditions, such as when a patient shows potential abuse of the drugs by asking for early refills, has multiple prescribers or appears intoxicated or sedated when presenting the prescription. The same would be true for patients who ask for certain drugs by their street name or who offer to pay cash, even though they have insurance.

The proposal also calls on pharmacists to look more closely at prescriptions written by doctors who are located out of state or outside the pharmacy's typical prescriber area.

A pharmacist also would look at a year of patient history when filling an opioid prescription for a patient receiving care for chronic pain for more than 12 weeks.

The pharmacy board proposals also tighten rules on how soon prescriptions may be refilled. Under the measures, controlled-substance prescriptions that go directly to a patient could not be refilled before 75 percent of the days have passed since the prescription was filled, unless a doctor approves the refill.

Prescriptions that go to a patient indirectly, such as through a mail-order service, couldn't be refilled until 66 percent of the days in a 90-day supply have gone by, or half of the days in a 30-day supply.

The proposal also would limit new over-the-phone prescriptions for some controlled substances to a 10-day supply that cannot be refilled. Currently, a phone prescription for those drugs can be refilled up to five times in six months.

A system with holes

Along with the issue of people getting painkillers legally are the problems of stolen pills and fake prescriptions. Harvey said law-enforcement officials at the board receive an average of four reports of forged prescriptions a day, which he estimated is about half the number of actual forgeries.

Investigations into forgeries begin with a look at the prescription-monitoring program.

Cases of forgery often aren't isolated. Harvey said he's seen as many as 200 forged prescriptions from one person. Faking a prescription is a fourth-degree felony.

Criminals who obtain pills under false pretenses can do it by stealing or buying prescription pads or by pretending to be a provider when calling in a prescription to a pharmacy. In some cases, workers with access to drugs steal from a pharmacy's supply.

"There are so many ways to beat the system," Harvey said. "That's why we are busy all the time."

In the past, many of the forgeries were for hydrocodone and Xanax. Last year, Harvey saw an increase in oxycodone.

Mike Landen, deputy state epidemiologist at the Department of Health, said oxycodone is the "big player" in overdose deaths. Since 2001, the amount of oxycodone sold in the state has increased 296 percent, and since 2008, it has topped the list of prescription-drug overdoses.

Information a key tool

To better educate doctors about proper prescribing habits and the dangers of painkillers, the New Mexico Medical Board is considering changes for physicians and physician assistants who are registered with the U.S. Drug Enforcement Administration and have a license to prescribe opioids.

Among the changes is a requirement for five hours of training related to prescriptions for pain management before June of 2013. After that, 10 of the 75 hours of continuing education that doctors must complete for each license

renewal will focus on pain management.

This is the first time the board has moved to direct specific continuing education, said Lynn Hart, executive director of the New Mexico Medical Board.

Hart called the changes "major" and said they reflect the board's understanding of the seriousness of the problem.

At the same time, the board is considering requiring doctors to register with the drug-monitoring program and pull a year of prescription history before prescribing certain controlled substances for a new patient. The files of established patients on a continuing prescription for opioid pain relievers would have to be reviewed at least every six months, according to the proposal. The board takes up the idea Aug. 10.

"That [monitoring program] really is a tool that is so valuable," Hart said. "It is the most important tool available."

Leslie Hayes, a doctor at the El Centro Family Health Center in Española, agreed. Hayes called the program a "godsend," especially now that it is easier to use. She said it gives her an accurate picture of the prescription drugs her patients have been using.

Hayes treats heroin and painkiller addicts with buprenorphine, which reduces cravings. Such addictions are among the easiest to treat, she said, but there are federal limits on who can give treatments like buprenorphine. She isn't taking new patients.

Along with increased use of the monitoring program by doctors, Hayes said she would like to see more education of potential users about painkillers. She said a majority of her patients started using the prescription drugs for recreational use, not after a sports injury or a surgery, for example.

Still, doctors can play a big role in that education, she said.

"I think one thing we are trying to do is more education, when people get the prescription, on the need to use them for a short term only," she said.

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Pain Pills Add Cost and Delays to Job Injuries

Barry Meier
The New York Times
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Workplace insurers are accustomed to making billions of dollars in payments each year, with the biggest sums going to employees hurt in major accidents, like those mangled by machines or crushed in building collapses.

Now they are dealing with another big and fast-growing cost — payouts to workers with routine injuries who have been treated with strong painkillers, including many who do not return to work for months, if ever.

Workplace insurers spend an estimated \$1.4 billion annually on narcotic painkillers, or opioids. But they are also finding that the medications, if used too early in treatment, too frequently or for too long, can drive up associated disability payouts and medical expenses by delaying an employee's return to work.

Workers who received high doses of opioid painkillers to treat injuries like back strain stayed out of work three times longer than those with similar injuries who took lower doses, a 2008 study of claims by the California Workers Compensation Institute found. When medical care and disability payments are combined, the cost of a workplace injury is nine times higher when a strong narcotic like OxyContin is used than when a narcotic is not used, according to a 2010 analysis by Accident Fund Holdings, an insurer that operates in 18 states.

"What we see is an association between the greater use of opioids and delayed recovery from workplace injuries," said Alex Swedlow, the head of research at the California Workers Compensation Institute.

The use of narcotics to treat occupational injuries is part of a broader problem involving what many experts say is the excessive use of drugs like OxyContin, Percocet and Duragesic. But workplace injuries are drawing particular interest because the drugs are widely prescribed to treat common problems like back pain, even though there is little evidence that they provide long-term benefits.

Along with causing drowsiness and lethargy, high doses of opioids can lead to addiction, and they can have other serious side effects, including fatal overdoses. Between 2001 and 2008, narcotics prescriptions as a share of all drugs used to treat workplace injuries jumped 63 percent, according to insurance industry data. Costs have also soared.

In California, for example, workplace insurers spent \$252 million on opioids in 2010, a figure that represented about 30 percent of all prescription costs; in 2002, opioids accounted for 15 percent of drug expenditures.

As a result, states are struggling to find ways to reverse the trend, and some of them have issued new pain treatment guidelines, or are expected to do so soon. These states include New York, Colorado, Texas and Washington. Insurers are also trying to influence how physicians prescribe the drugs.

Doctors in four states — Louisiana, Massachusetts, New York and Pennsylvania — appear to be the biggest prescribers of the drugs for workers' injuries, according to a review of data from 17 states by the Workers Compensation Research Institute, a group in Cambridge, Mass.

Painkiller-related costs are also hitting taxpayers, who underwrite coverage for public employees like police officers and firefighters, experts say. In February, one major underwriter, the American International Group, said that it would no longer sell backup coverage to workplace insurers, citing rising pain treatment expenses as one reason.

There is little question that strong pain medications can help some patients return to work and remain productive. But injured workers who are put on high doses of the drugs can develop chronic pain and face years of difficult treatments. It is not clear how, or if, the drugs are involved in the process, but when pain becomes chronic, the cost of a commonplace injury can equal a crippling one, experts said.

"Some of these claims look like someone who fell down an elevator shaft and had multiple injuries," said Dr. Edward J. Bernacki, the director of the division of occupational and environmental medicine at Johns Hopkins University in Baltimore. For decades, workers' compensation plans, which vary by state, have been plagued by problems like lengthy legal battles over an injury's financial value. But it is in recent years that opioid painkillers have emerged as a major driver of costs, experts said.

Accident Fund Holdings examined its claims and found that the cost of a typical workplace injury — the sum of an employee's medical expenses and lost wage payments — was about \$13,000. But when a worker was prescribed a short-acting painkiller like Percocet, that cost tripled to \$39,000 and tripled again to \$117,000 when a stronger longer-acting opioid like OxyContin was prescribed, said Jeffrey Austin White, an executive with the insurer, which is based in Lansing, Mich.

In a sense, insurers are experiencing the consequences of their own policies. During the last decade, they readily reimbursed doctors for prescribing painkillers while eliminating payments for treatments that did not rely on drugs, like therapy.

Those policies may "have created a monster," said Dr. Bernyce M. Peplowski, the medical director of the State Compensation Insurance Fund of California, a quasi-public agency. For patients, such policies had consequences.

Dr. Eugenio Martinez, a physician in the Boston area who specializes in rehabilitative medicine, said one patient, a former waitress who hurt her back five years ago in a fall, recently won a court fight to force her insurer to pay for physical therapy. The insurer had cut off those payments five years ago after a few sessions, and the woman, now disabled, had no option but to take strong painkillers, Dr. Martinez said. "It certainly did not help that she was cut off," he said.

Nationwide, data suggests that a vast majority of narcotic drugs used to treat occupational injuries are prescribed by a tiny percentage of doctors who treat injured workers; in California, for example, that figure is just 3 percent. Also, the bulk of such prescriptions go to a relatively small percentage of injured workers, including those who might be addicted to the drugs or those who sell them, experts said.

Several companies, like Accident Fund Holdings and Liberty Mutual, have set up programs in which pain experts contact doctors identified as high prescribers to discuss their practices. The State Compensation Insurance Fund of California has also instituted a policy that requires approval for a doctor to prescribe an opioid for over 60 days.

Insurers say they are making progress in reducing overuse of the drugs. But their ability to

influence physicians is limited because workers' compensation plans can allow employees to see any doctor. So several states have or will soon adopt new pain treatment guidelines for doctors who treat workers.

In New York, one proposal would require a doctor to refer a patient who is not improving to a pain specialist when an opioid dose exceeds a certain level, said Dr. Elain Sobol Berger, the associate medical director of the state's workers' compensation board. Washington State has already adopted such a policy.

Dr. Sobol Berger added that the New York rules, which are expected to be proposed this year, will also emphasize nondrug treatments for pain. "We know that there is a significant problem with the management of chronic pain and the use of opioids," she said.

Some insurers, like the California state fund, have also started paying for alternative approaches like specialized psychotherapy or are trying to get addicted workers into treatment. Other companies are also checking on long-disabled workers.

Mark Kulakowski, a 57-year-old former warehouse worker from Peabody, Mass., injured his back more than three decades ago while lifting a box. He has not worked since 1995. Since his injury, he has taken narcotic painkillers and has had a long list of failed treatments.

Recently, his insurer, Liberty Mutual, sought to have a nurse accompany him to his next doctor's appointment, a suggestion he welcomed if it could lead to taking fewer painkillers.

"It just drains everything out of you," he said.