

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

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New Mexico Board of Pharmacy*

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:

- Develop and implement written error prevention procedures** as part of the Policy and Procedures Manual.
- 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:

- Maintain confidentiality** of information relating to the reporter and the patient identifiers.
- Compile and publish**, in the newsletter and on the Board web site, report information and **prevention** recommendations.
- 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**

Medication Error Reduction

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.

Source: NMAC 16.19.4.16 (D)

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 do you take the medication?
 - how often, and
 - directions for taking the medication

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

*Aboud 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 correctly filled Rx to wrong patient at POS – about 6 per month per (community) pharmacy

<https://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=91> 10/9/2014, accessed 6/3/2016

“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.

Safety Recommendation from NTSB

- Remember to counsel on risk of impairment while operating a motor vehicle when dispensing any controlled substances for pain (or any CNS depressants like benzodiazepines, barbiturates, etc...).

Safety Recommendations I-14-1 and -2

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

<https://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=91>

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

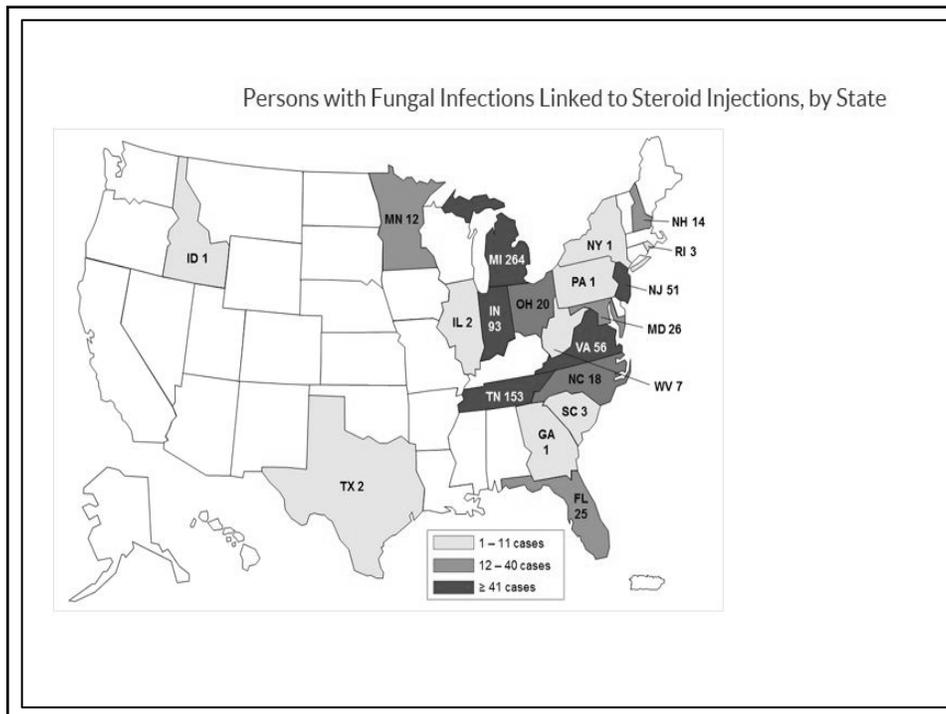
New England Compounding Center (NECC) – Framingham, Massachusetts

- 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>



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>

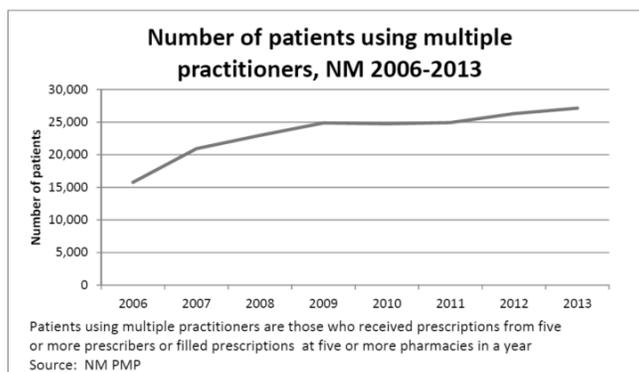


Diversion

- 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



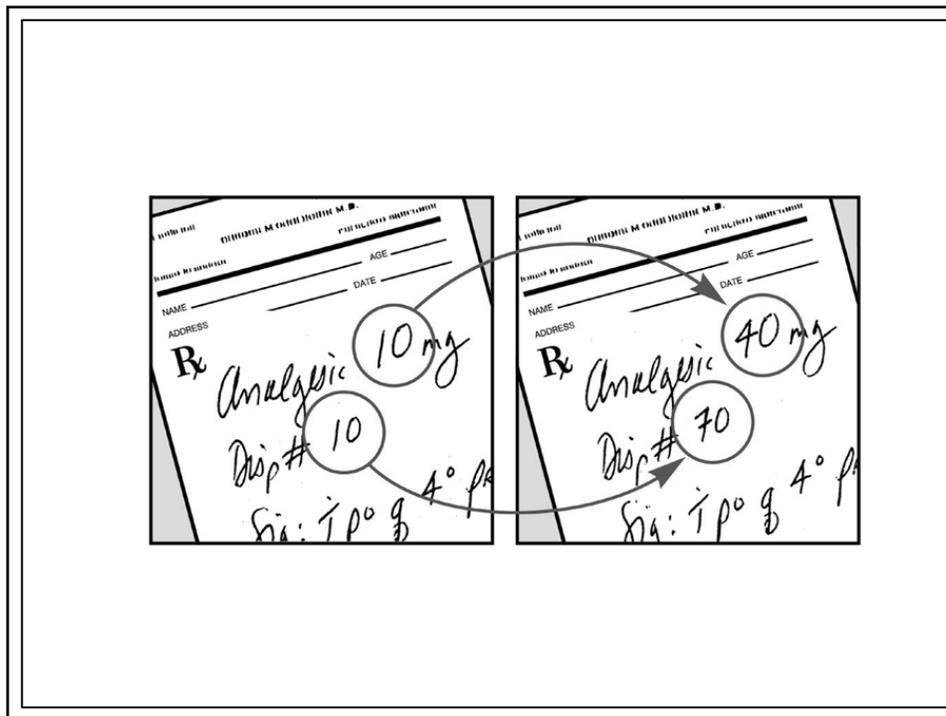
- **Professional Patients** - Use genuine illnesses or an obvious physical deformity to convince physicians to prescribe controlled substances
- **Chemically Dependent Patients** – compulsive users who hoard a supply for fear of running out/withdrawal. Less likely to sell drugs on street but seek out 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



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

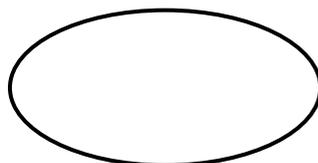
- Directions on prescription written in full with no abbreviations
- Prescription appears photocopied (i.e. dust and other particles appear as faint black dots on the copy)
 - Photocopied with color copier – parts written in ink do not smudge
- Prescription written in different color inks or different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



“VOID” appears on
photocopied or scanned
blanks

Preventing/Catching Forgeries

Check Patient PMP Reports

Keep E-alerts

Important Reminder

- Record Name and ID # at pick-up of controlled substance prescriptions. Must be a valid government issued photo ID.
- Required unless person picking up Rx is known to pharmacist or intern and their ID and name have already been documented..16.19.20.42 NMAC However, best practice is to record name and ID # every single time regardless of whether you know them or not.
- Get ID of the person actually picking up the medication. They should not and cannot present an ID for someone else...similar to alcohol and tobacco sales.
- Not required but good idea to get ID at prescription drop-off as well.

FORGERIES

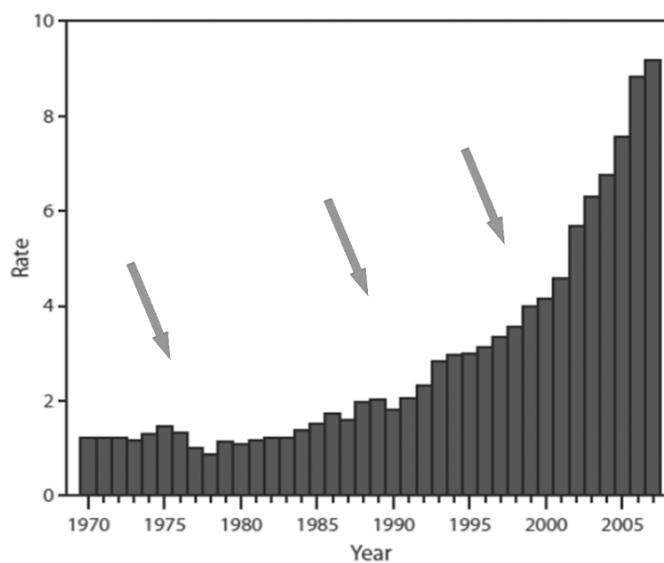
- **WHAT ARE THE FOLLOWING PRESCRIPTIONS?**
 - **STOLEN Rx FORMS**
 - **PHOTOCOPIED/SCANNED PRESCRIPTIONS**
 - **COMPUTER GENERATED PRESCRIPTIONS**

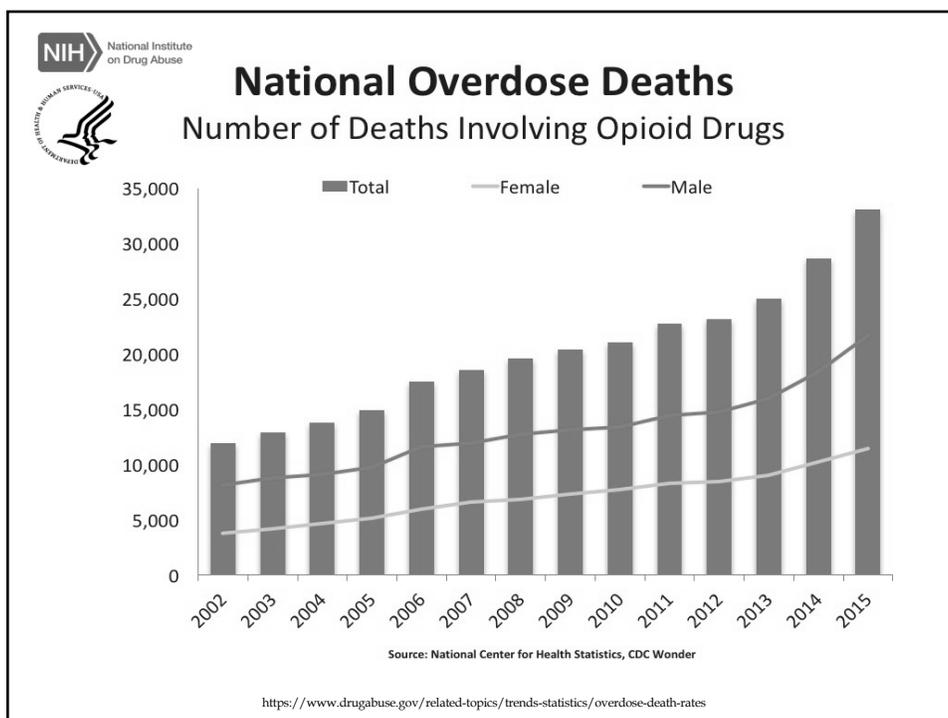
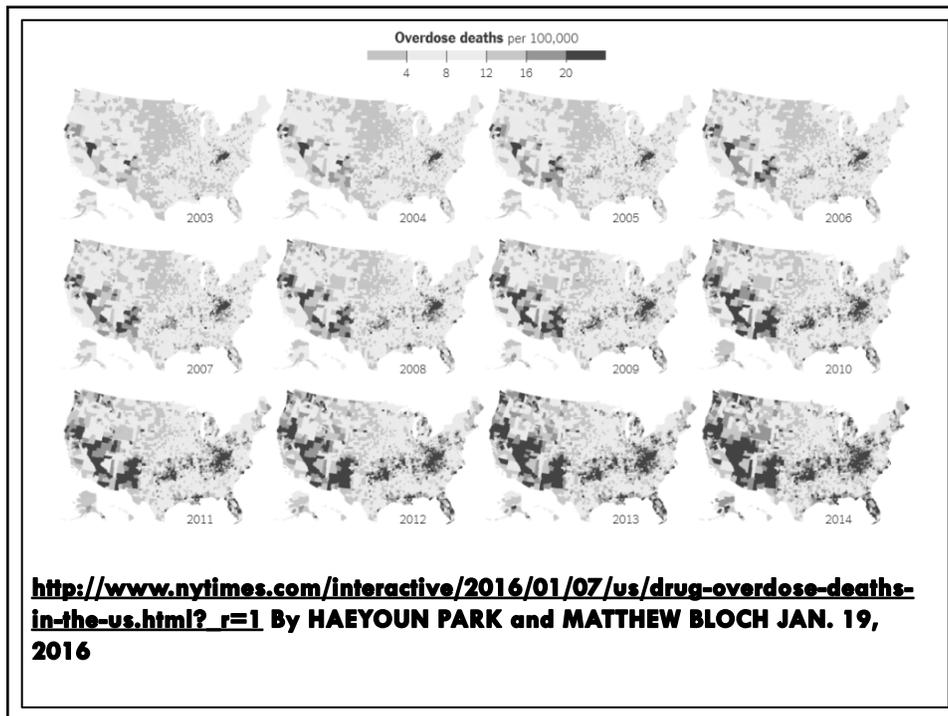
Pharmacy Robberies Albuquerque

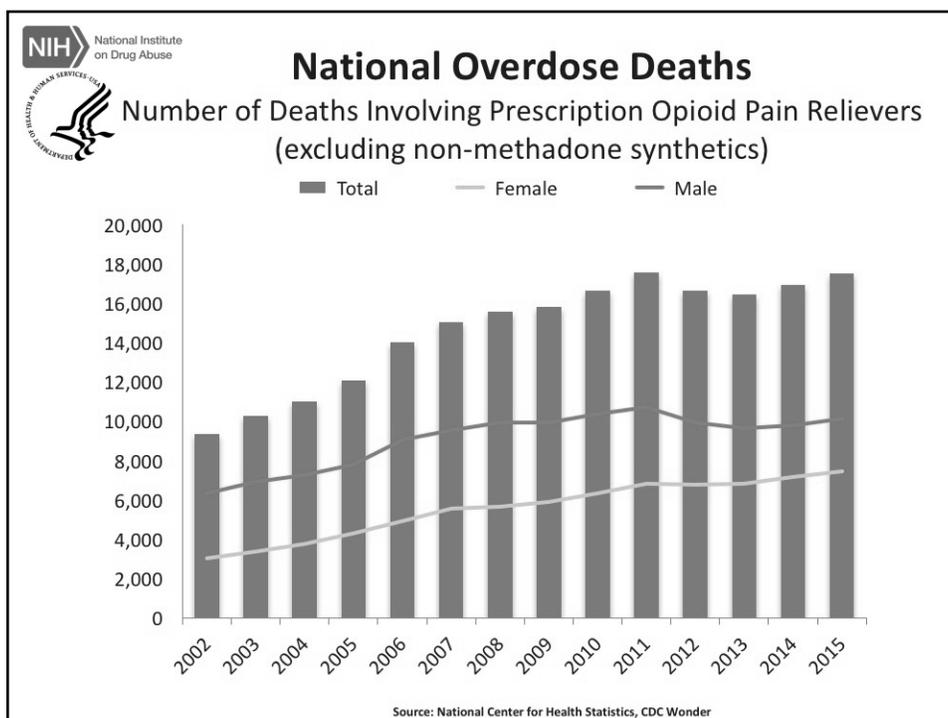
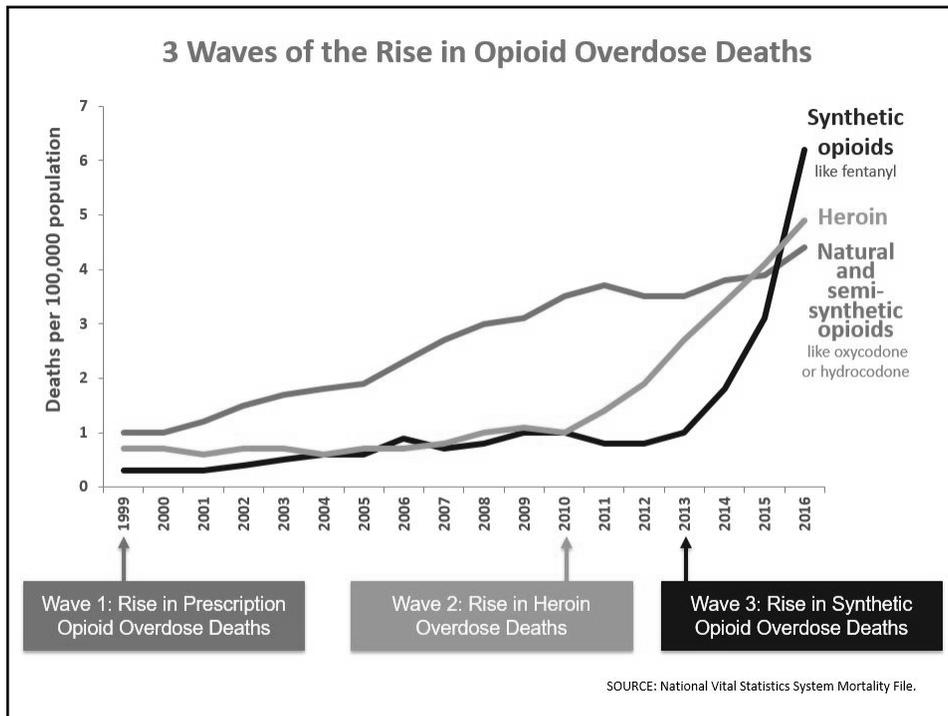
- **April 29, 2015 - Six Albuquerque Residents Indicted on Federal Robbery, Firearms, and Prescription Drug Trafficking Crimes Arising Out of Pharmacy Robberies –FBI.gov**
- **3 fugitives at time of indictment**
- **Last suspect (Blake Gallardo) was arrested June 11, 2015**
- **Stole over 68,000 tablets of oxycodone**

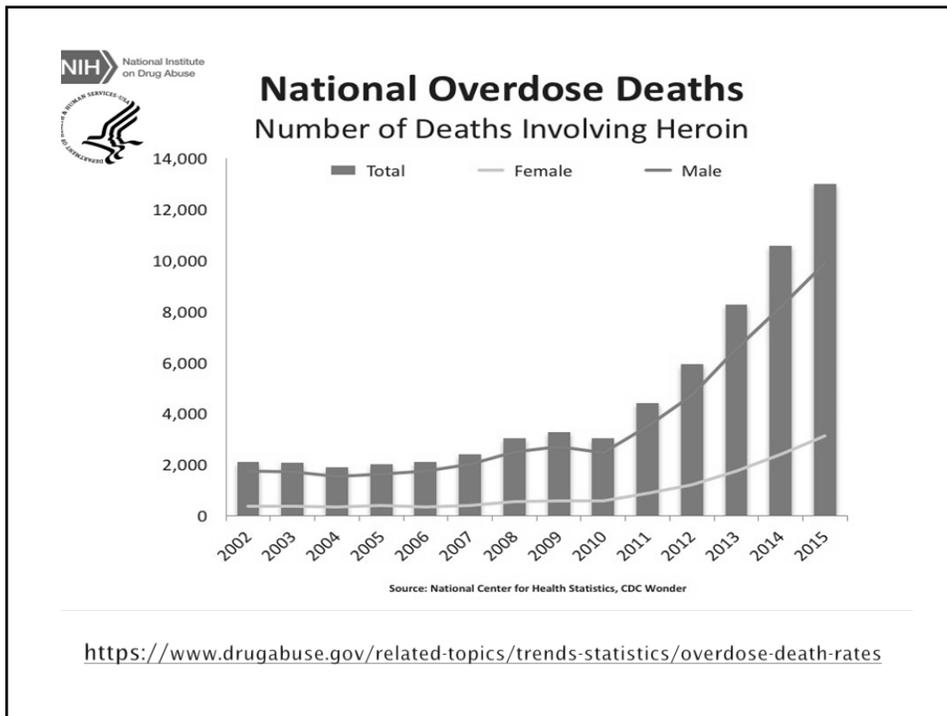
United States Prescription Opioid Overdose Epidemic

Unintentional Drug Overdose Deaths, US 1970-2016









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.

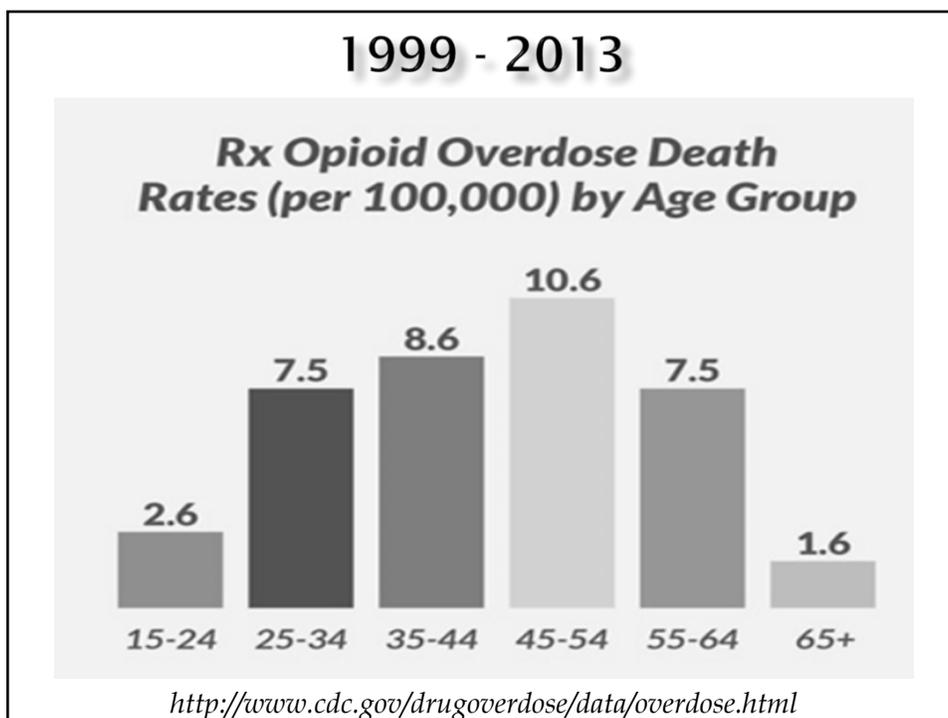
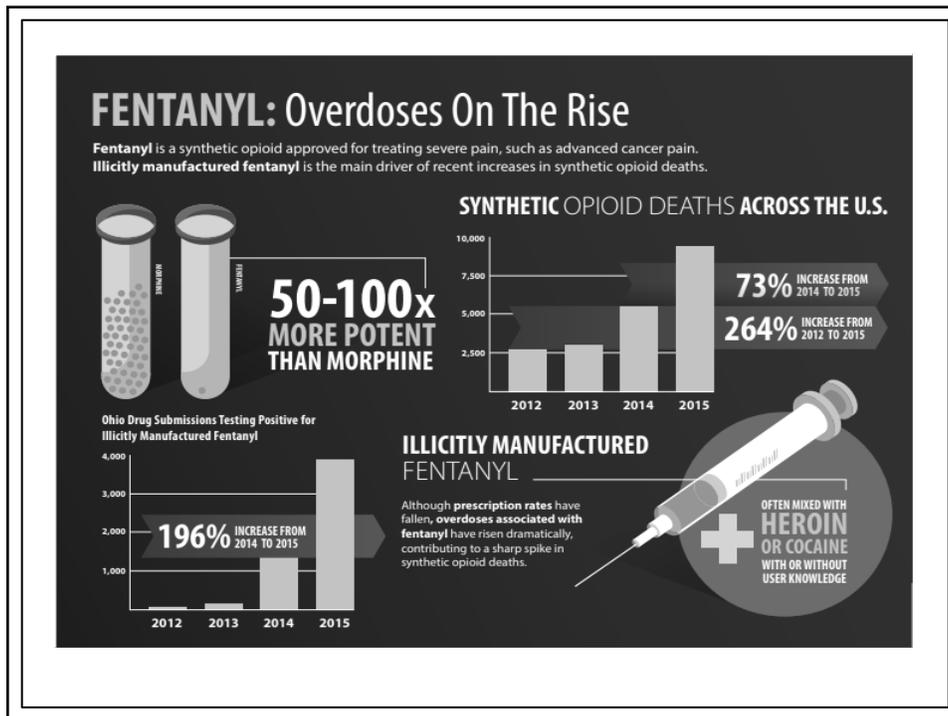
Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...

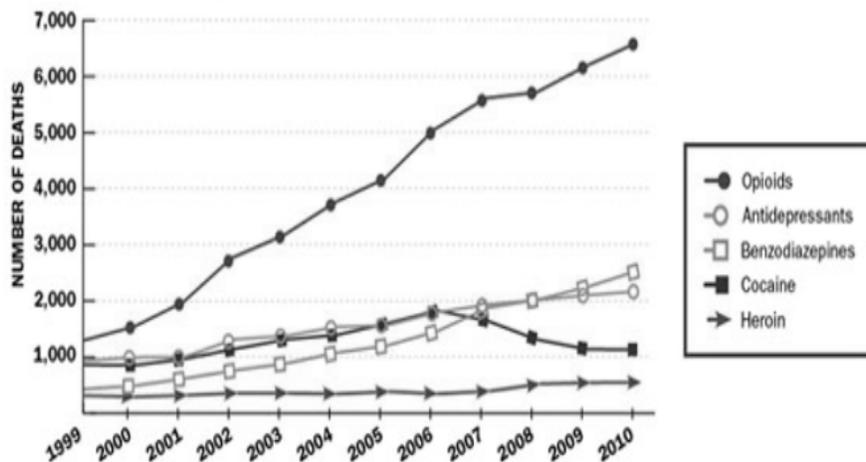
Substance	Ratio
ALCOHOL	2x
MARIJUANA	3x
COCAINE	15x
Rx OPIOID PAINKILLERS	40x

...more likely to be addicted to heroin.

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

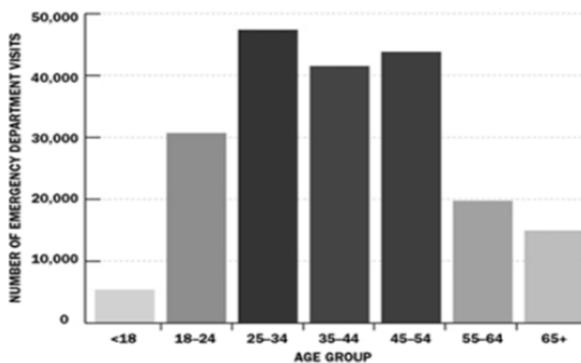


Prescription painkiller overdose deaths are a growing problem among women.

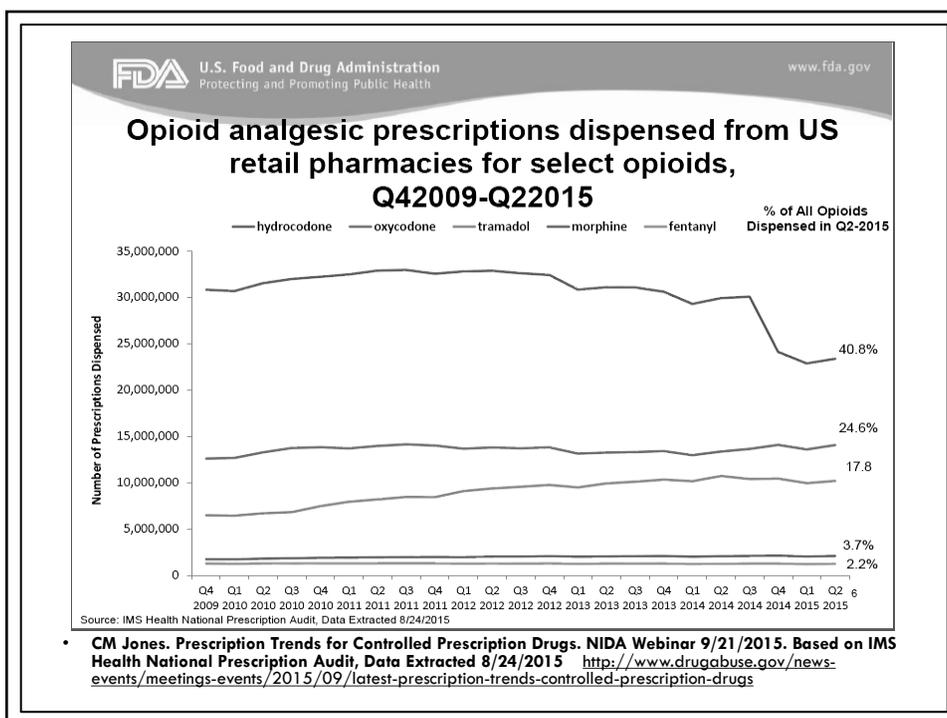
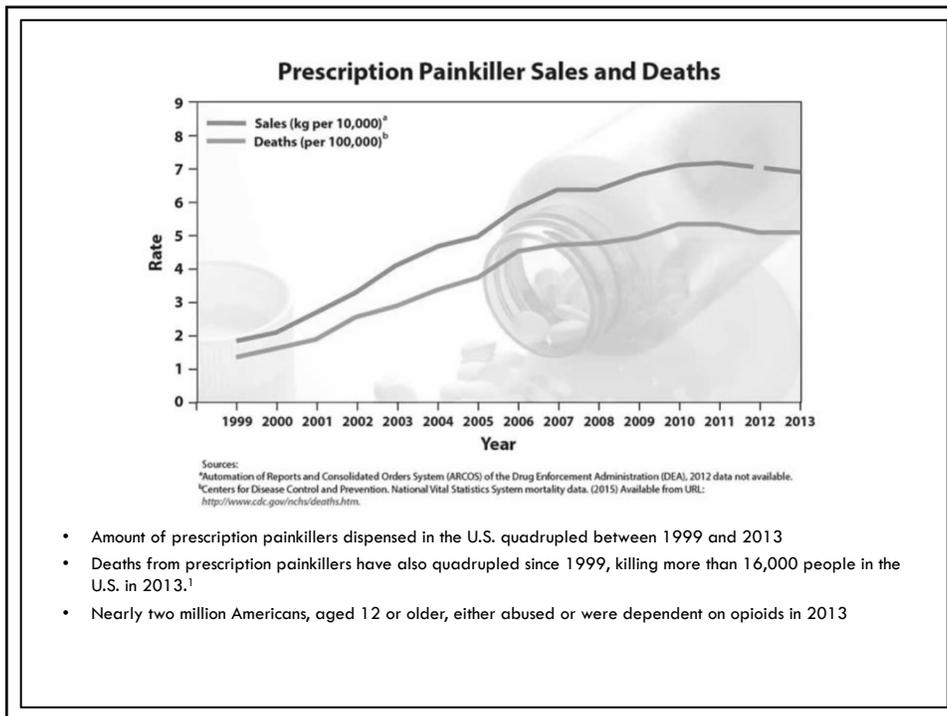


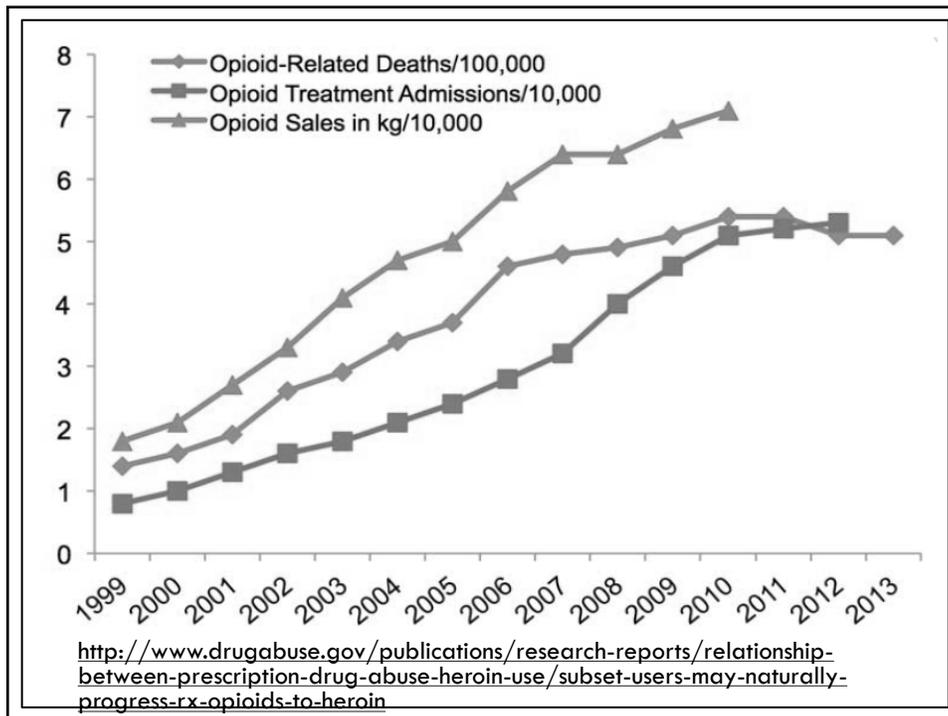
Every 3 minutes, a woman goes to the emergency department for prescription painkiller misuse or abuse.

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



<http://www.cdc.gov/vitalsigns/prescriptionpainkilleroverdoses/infographic.html>



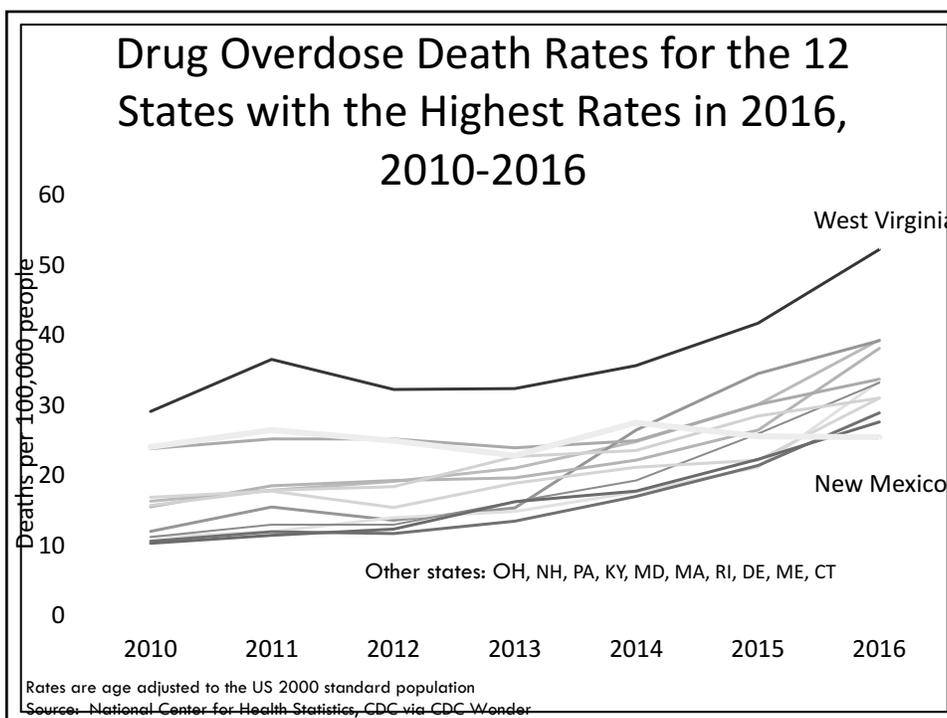


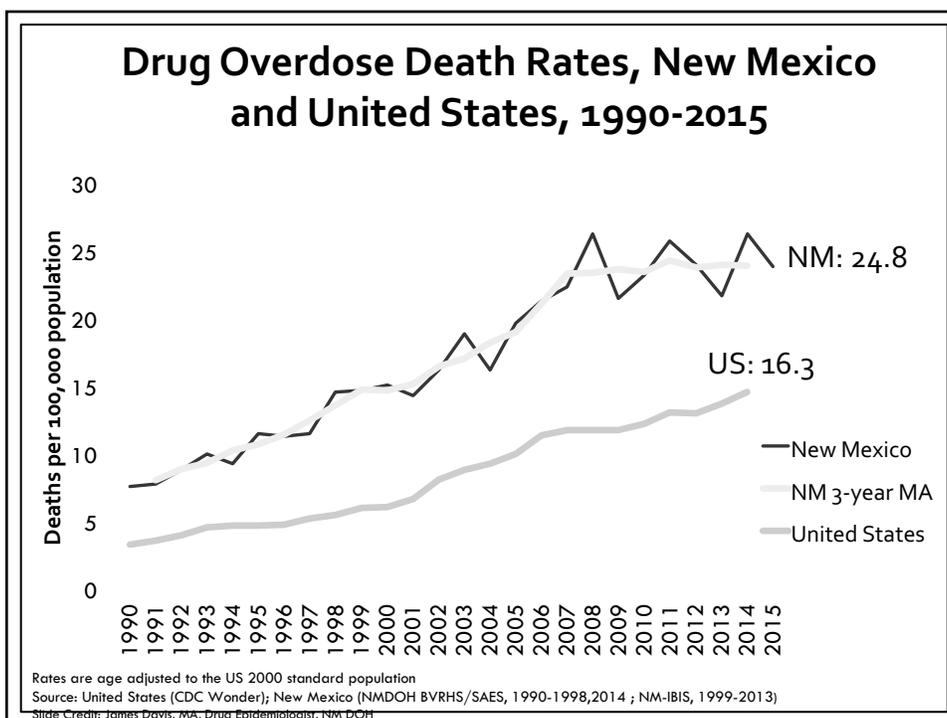
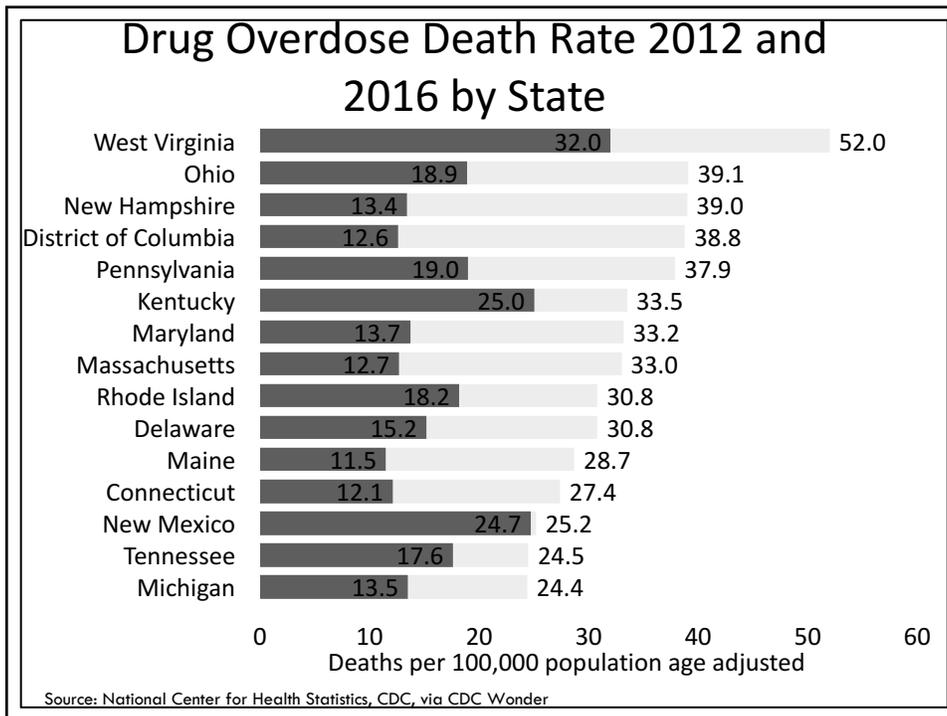
 **Risk Factors for Prescription Painkiller Abuse and Overdose**

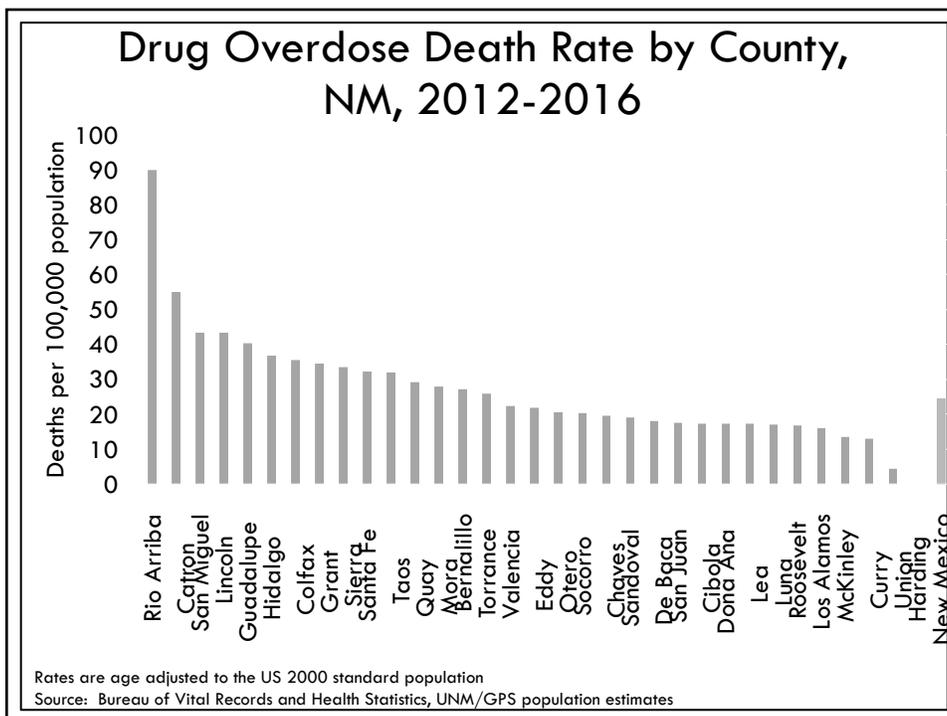
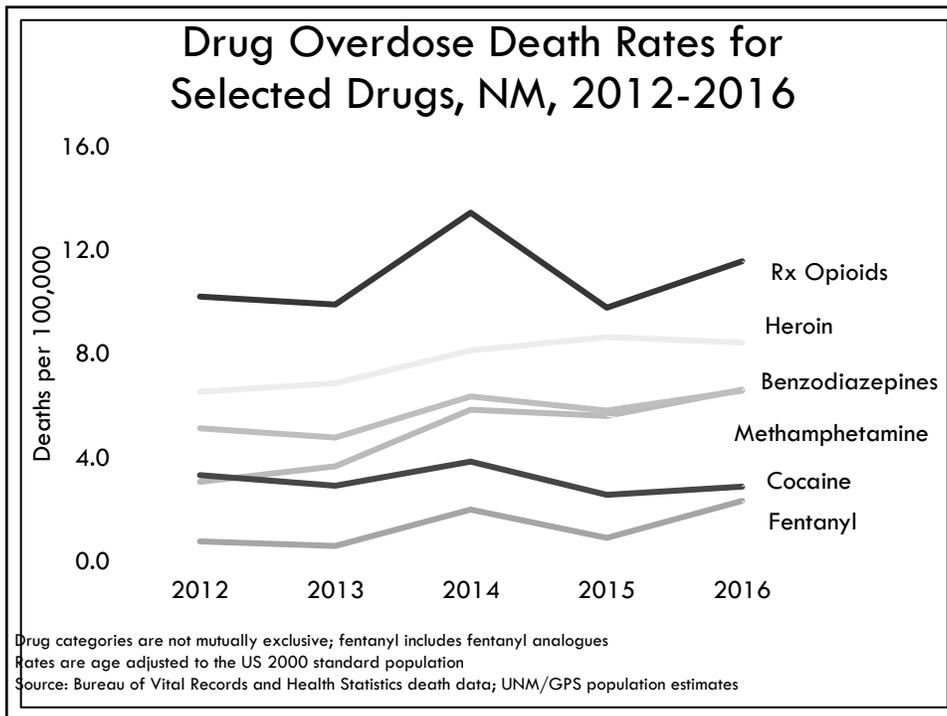
-  Obtaining overlapping prescriptions from multiple providers and pharmacies.
-  Taking high daily dosages of prescription painkillers.
-  Having mental illness or a history of alcohol or other substance abuse.
-  Living in rural areas and having low income.

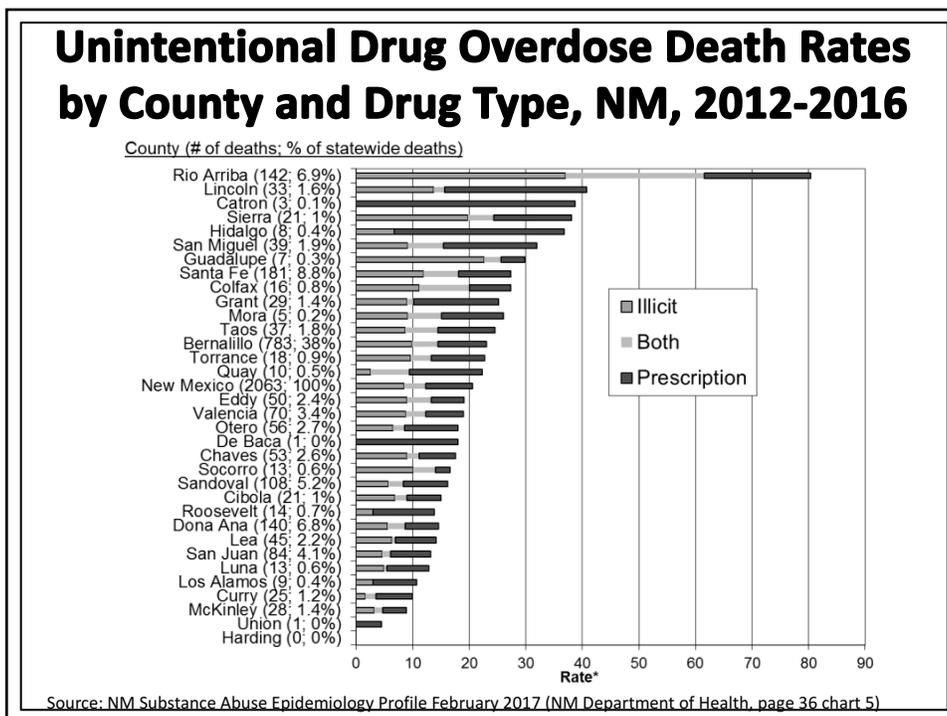
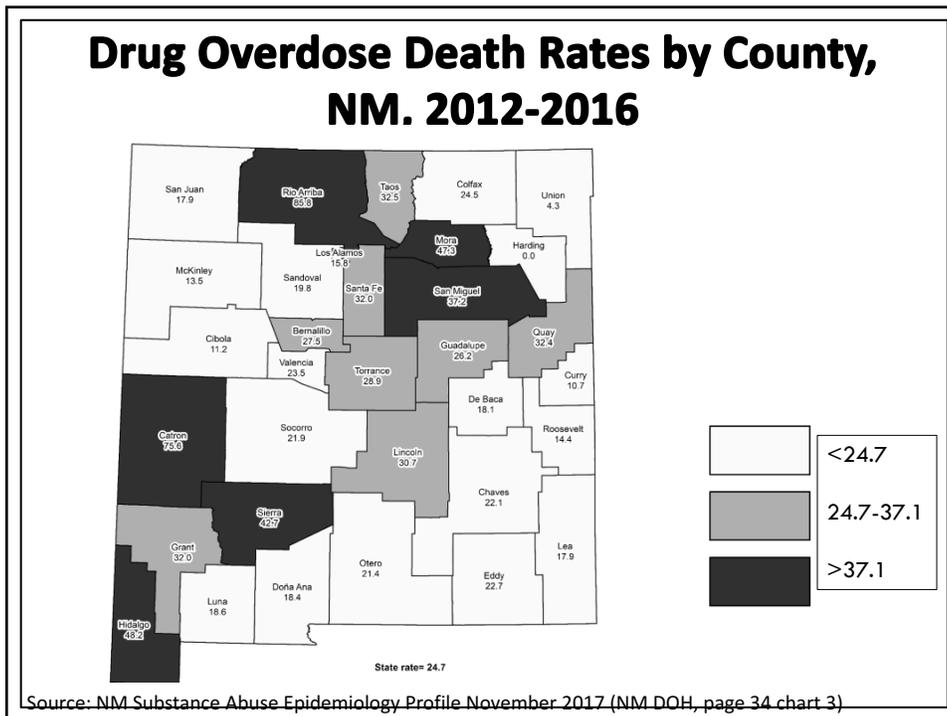
<http://www.cdc.gov/drugoverdose/epidemic/riskfactors.html>

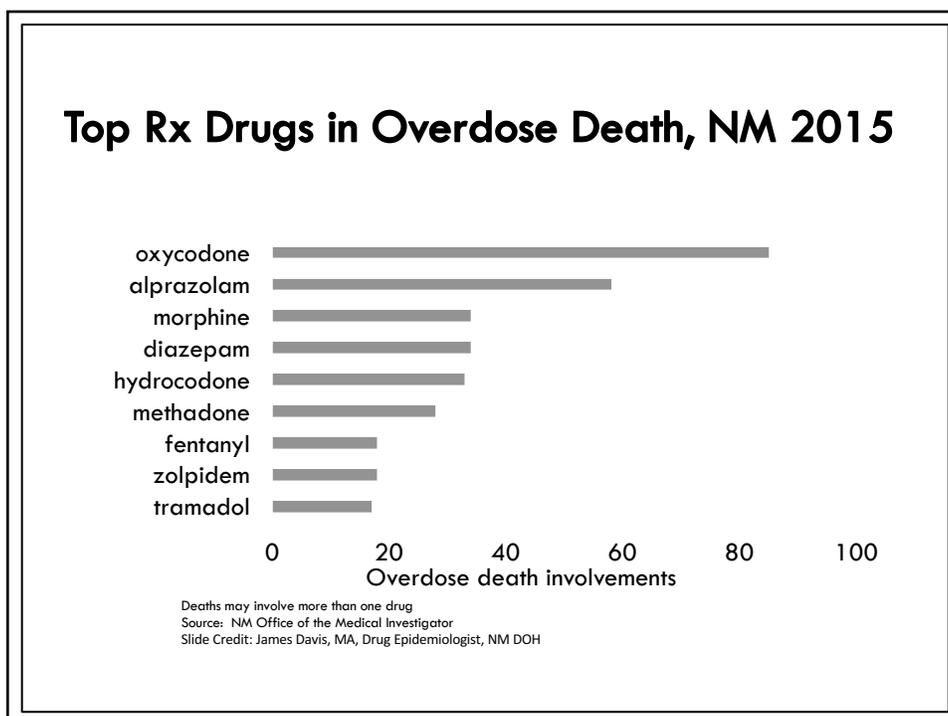
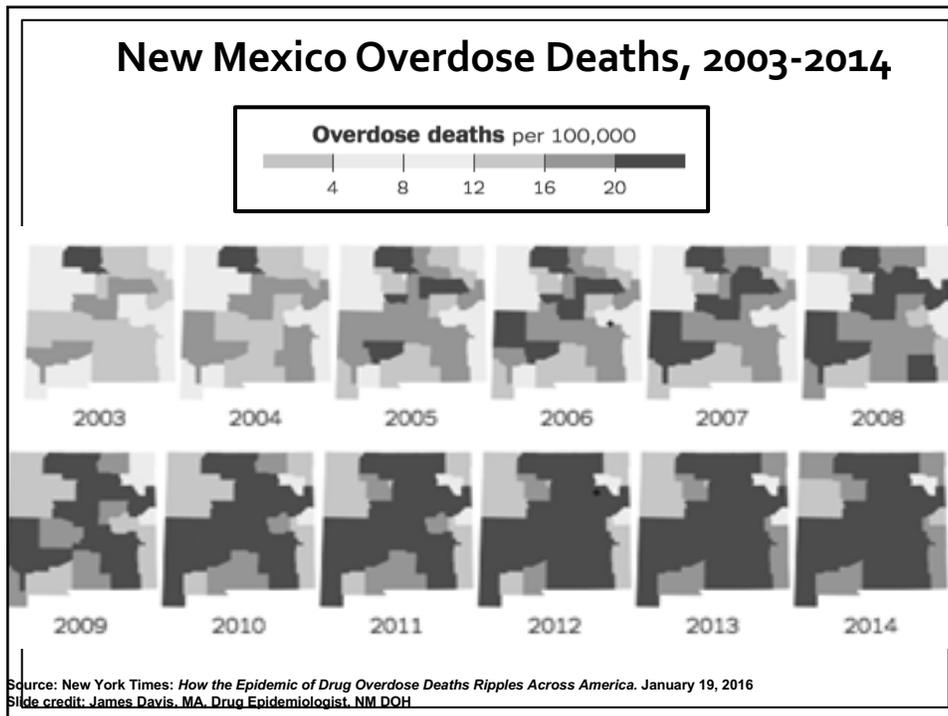
New Mexico Prescription Drug Overdose Epidemic

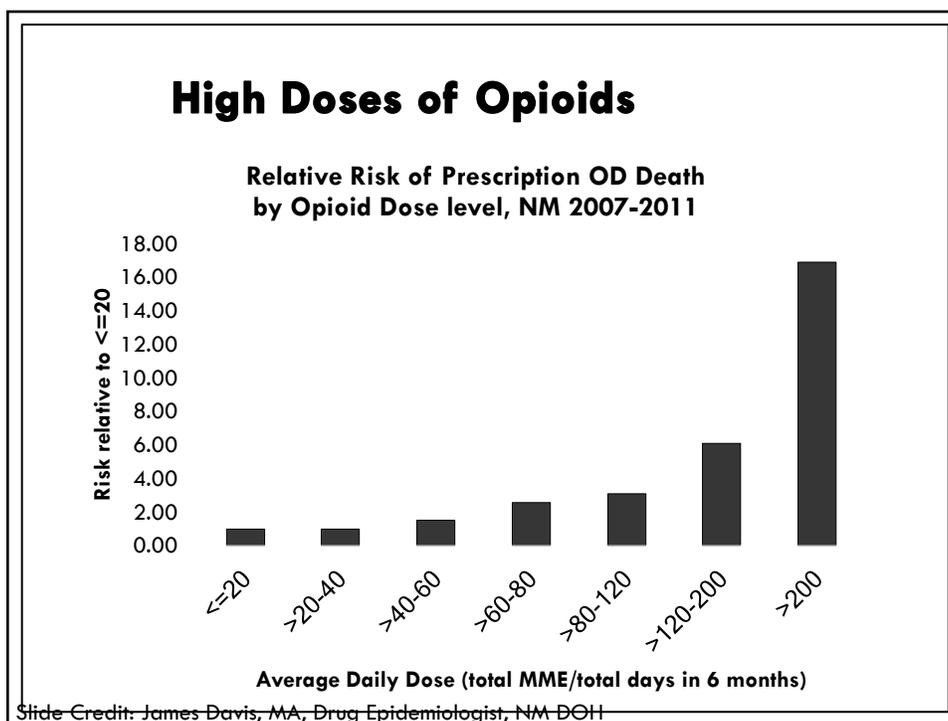
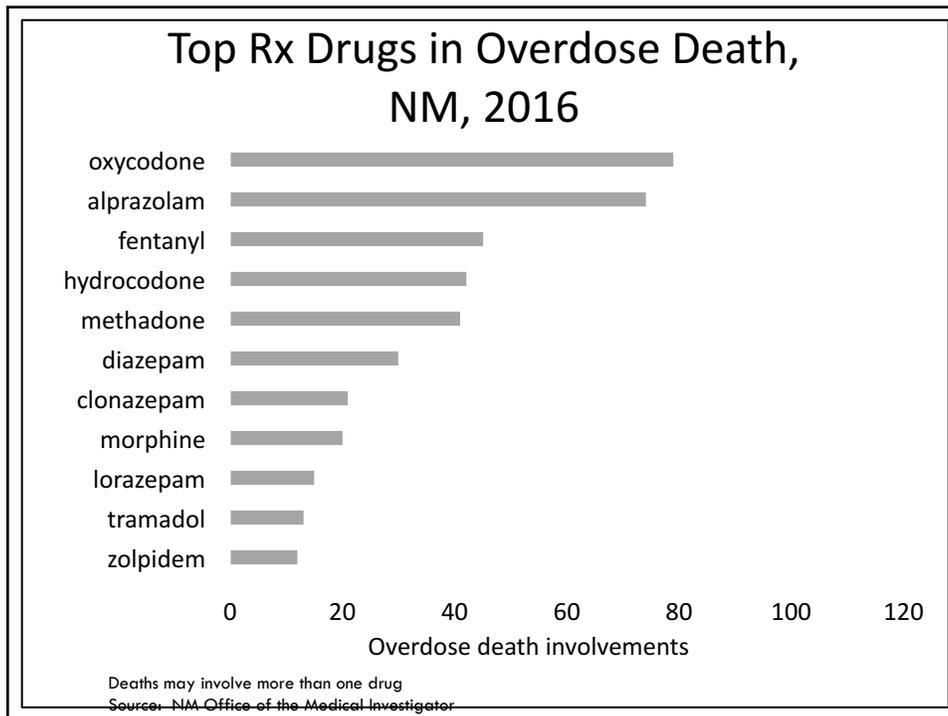


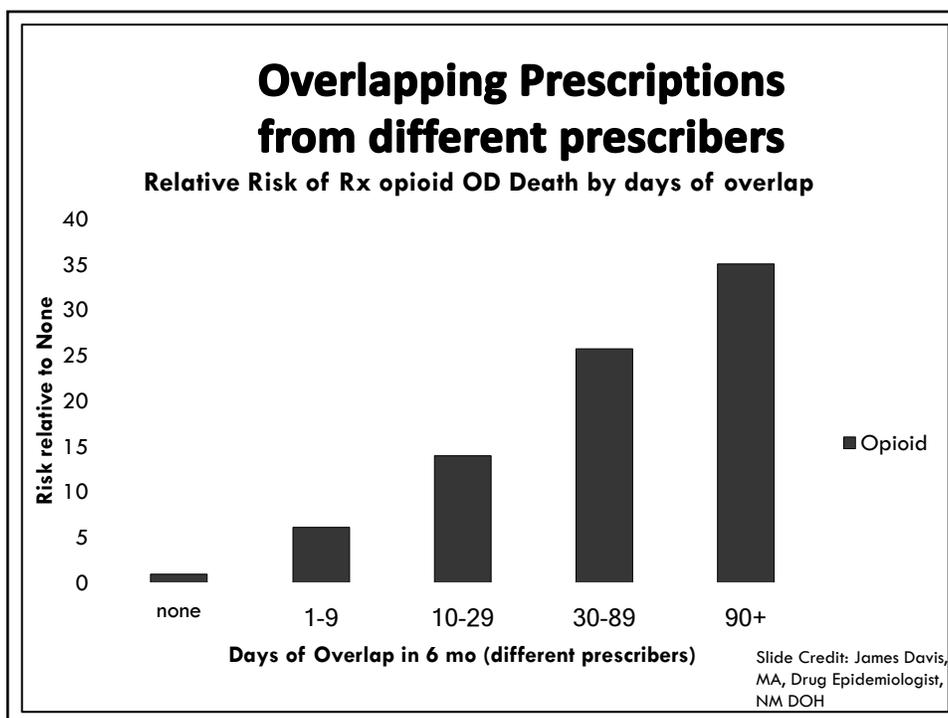
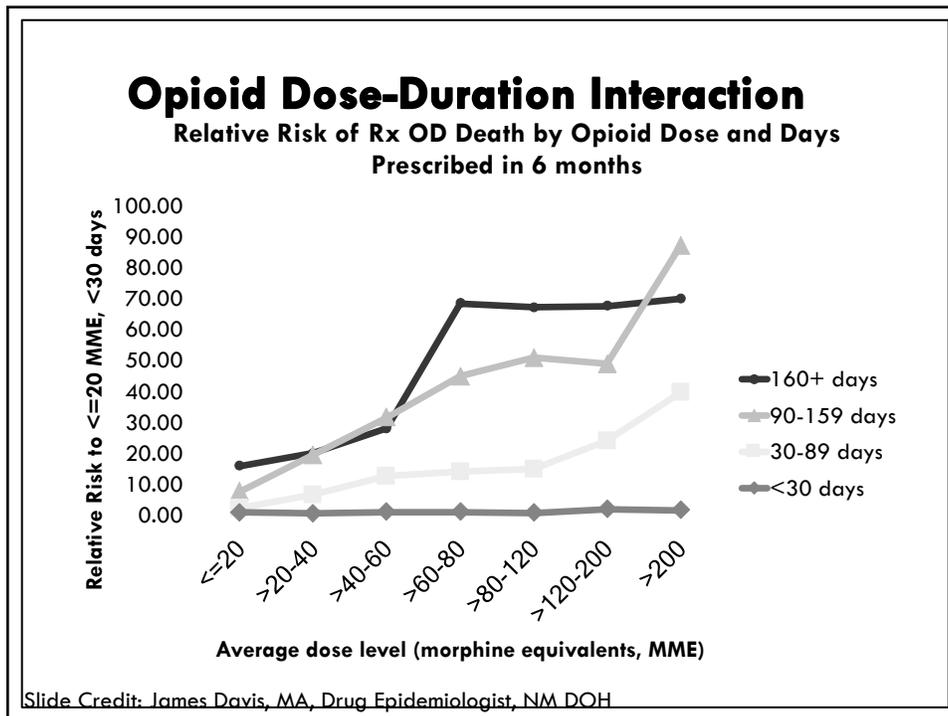


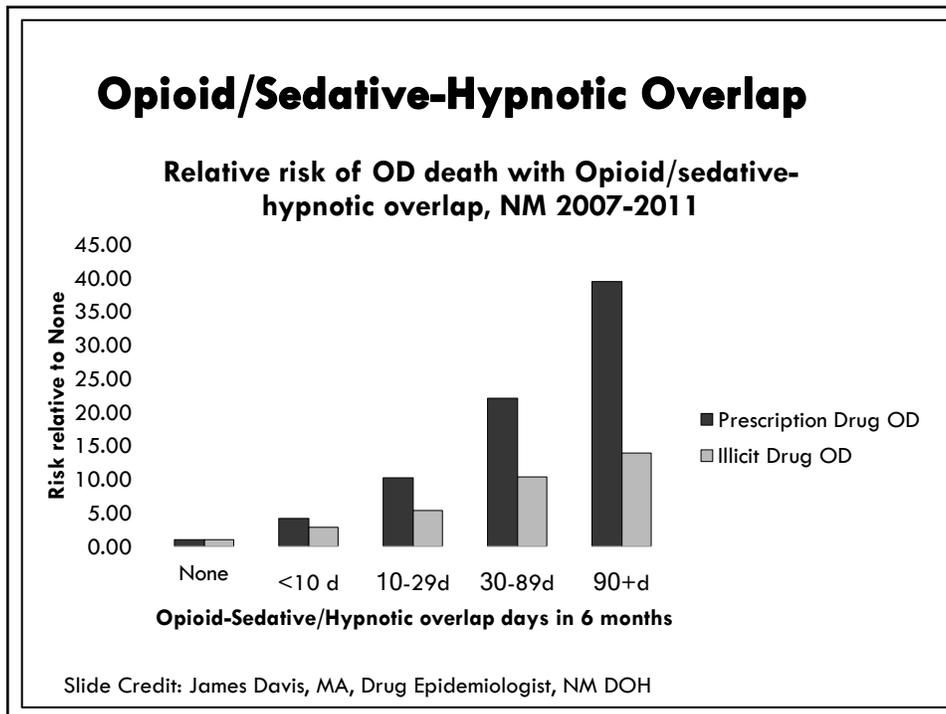






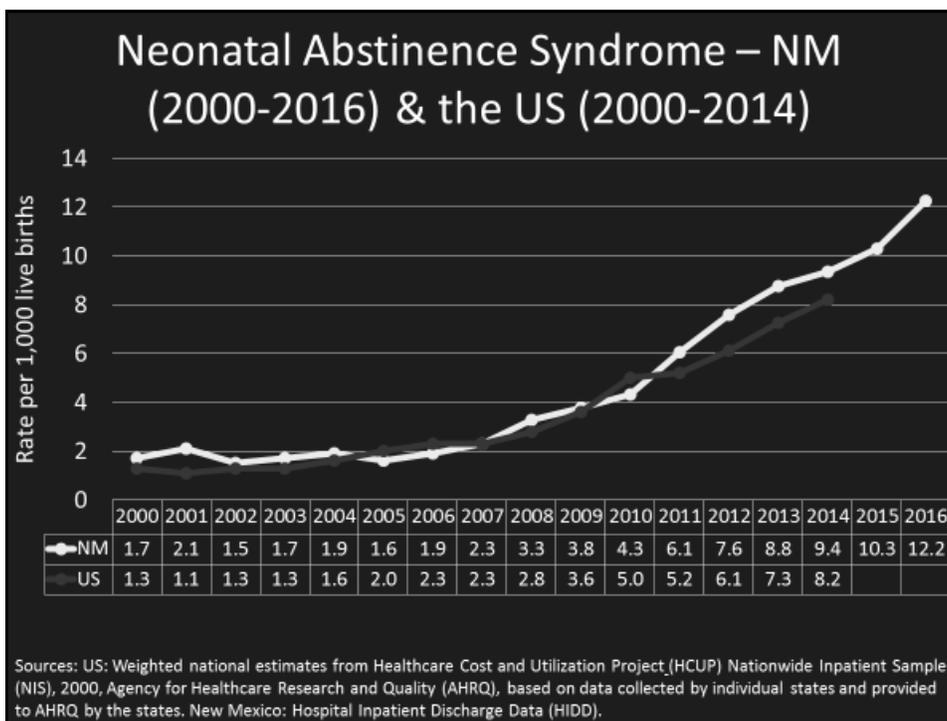
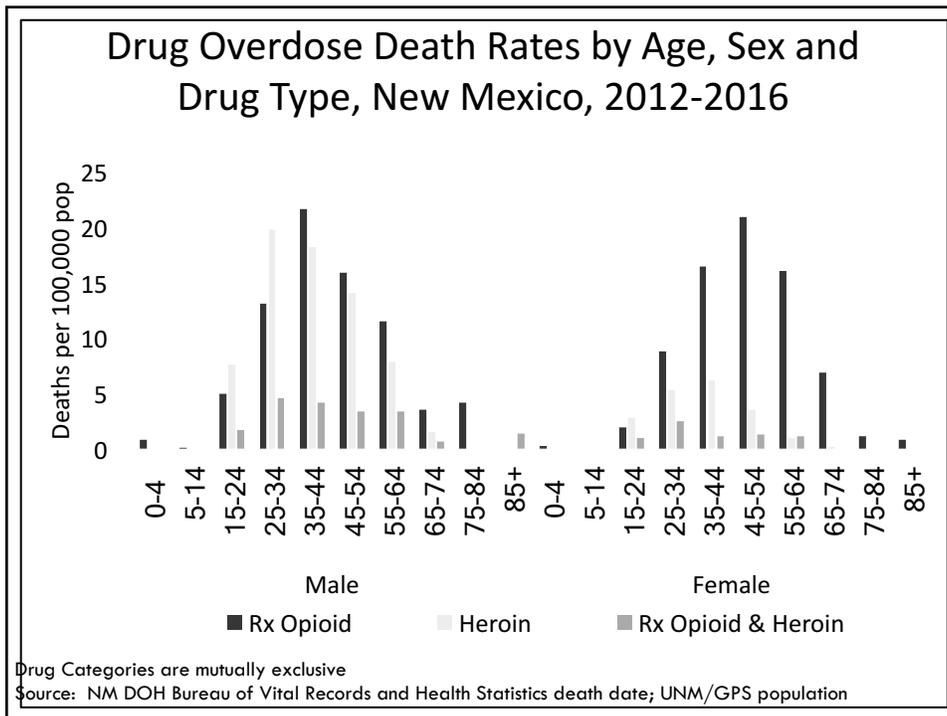






High Risk Prescribing Patterns

- 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



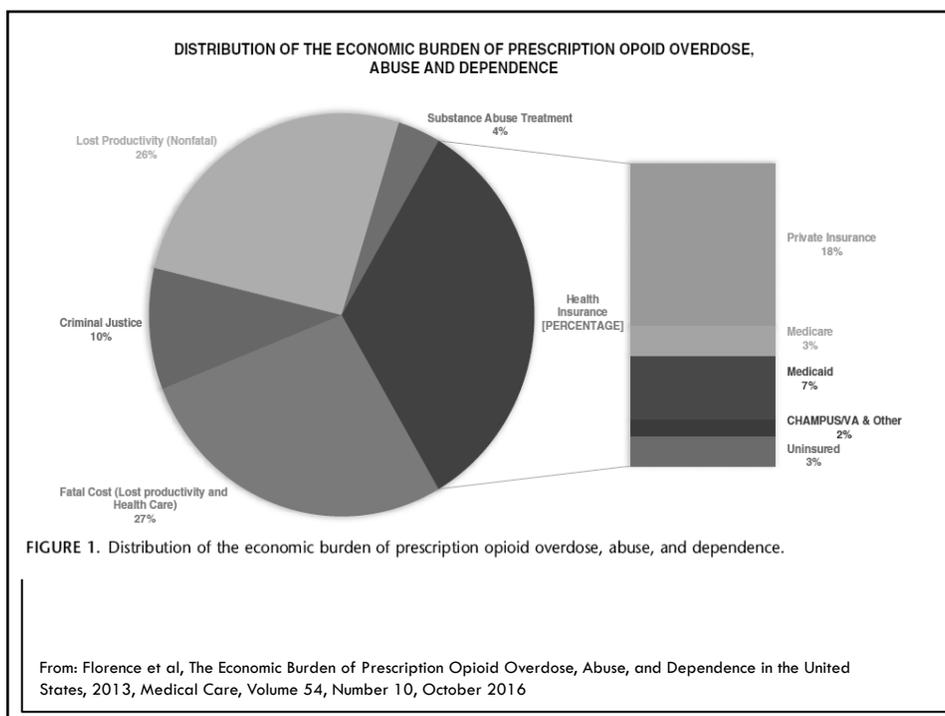
Economic Cost of Opioid Misuse

- 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.



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%

Source: New Mexico Board of Pharmacy Prescription Monitoring Program Data

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

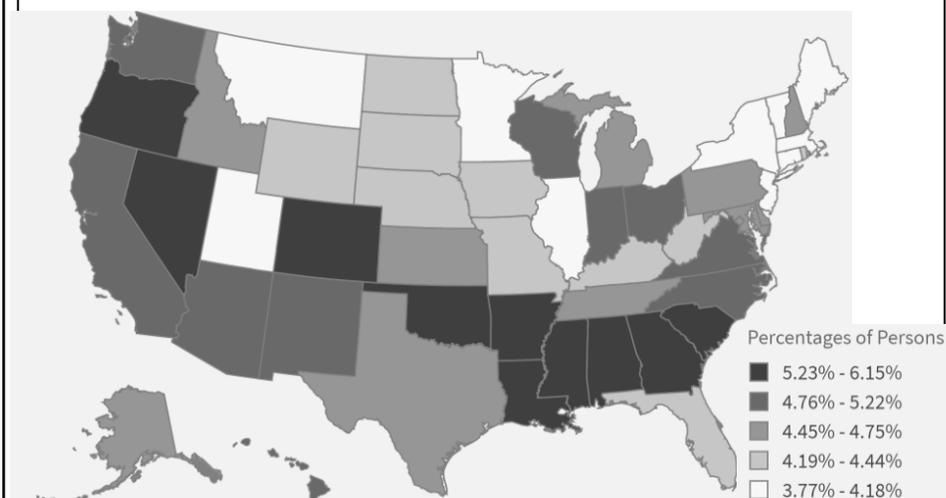
- **Educate** the **public** to understand the **risks** of Rx drug use to avoid misuse in the first place;
- Ensure responsible prescribing practices, including increasing **education of healthcare providers and prescribers** to better understand how medications can be misused and to identify patients 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/>

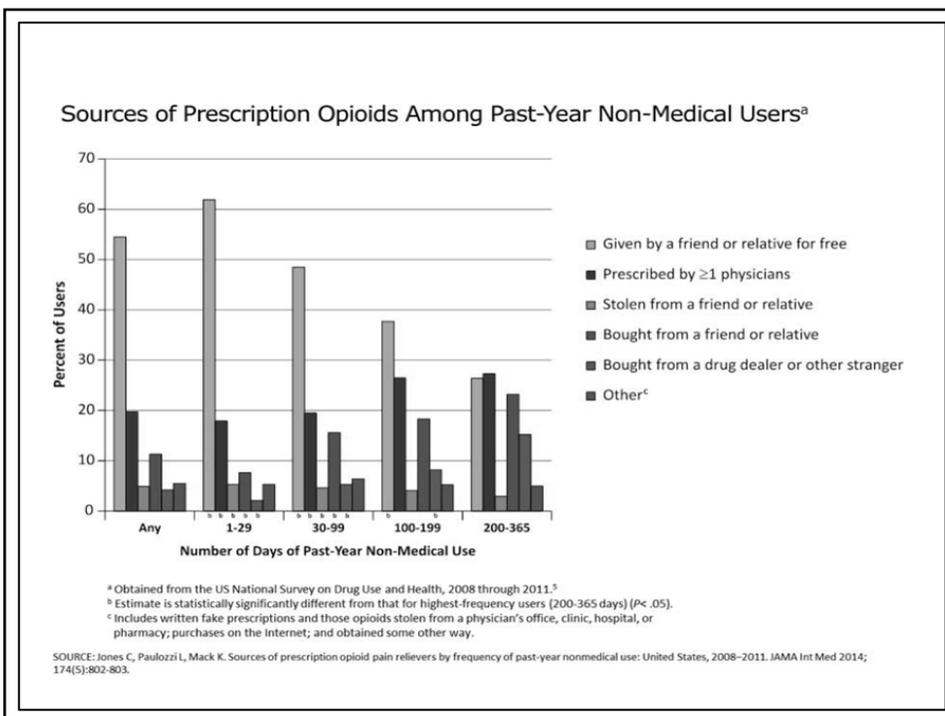
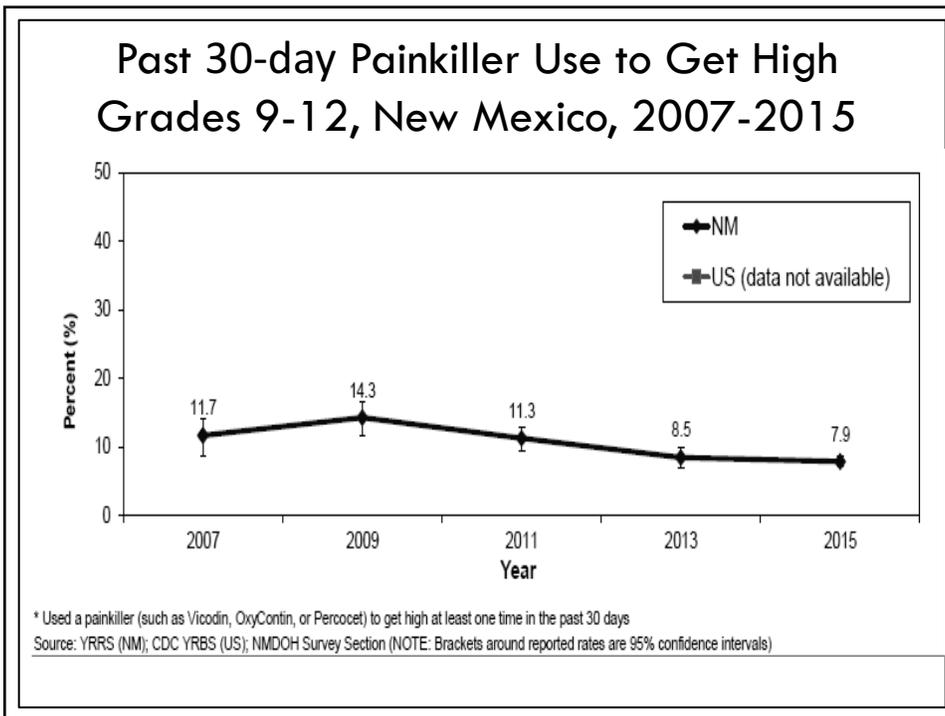
Teen Prescription Drug Abuse and Misuse

- 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)





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

Unwanted Non-Controlled Substances Pharmaceutical Disposal

- Unwanted or expired may be returned to **an authorized pharmacy for destruction.**
- A Pharmacy must submit a protocol to the Board Of Pharmacy.
- Once approved the pharmacy is authorized to collect pharmaceuticals for destruction.
- Only applies to non-controls
- NMAC 16.19.6.15 A

DEA allows Controlled Substance Collection at Pharmacies: Must Be Authorized Collector

- A pharmacy may accept controlled substance from an “ultimate user” (i.e. dispensed by Rx). Need to modify their registration to become an “authorized collector”.
- Authorized collectors may maintain collection receptacles inside their registered location
- An authorized collector may collect pharmaceutical controlled substances and non-controlled substances
- registrants shall not dispose of controlled substance inventory in a collection receptacle
- Ultimate users may not dispose of illicit drugs
- A collector shall not require any person to provide any personally identifying information
- Must use an inner liner for the collection receptacle which has a unique identification number
- LTCFs may also have a collection receptacle for their ultimate users. An authorized retail pharmacies and/or hospitals/clinics with an on-site pharmacy must install, manage, and maintain collection receptacles at long-term **care facilities**
- http://www.dea diversion.usdoj.gov/drug_disposal/

CANCER CENTER PHARMACY	1201 CAMINO DE SALUD NE		ALBUQUERQUE, NM 87102	1 miles	Map
UNIV HOSP OUTPATIENT PHARMACY	HEALTH SCIENCE CENTER	1209 UNIVERSITY BLVD NE	ALBUQUERQUE, NM 87102	1 miles	Map
NORTH VALLEY CENTER FOR FAMILY AND COMMUNITY HEALT	3401 N 4TH ST NW	STE 106	ALBUQUERQUE, NM 87107	2 miles	Map
UNM HOSPITALS OUTPATIENT AND DISCHARGE PHARMACY	2211 LOMAS BLVD NE # 4ACC		ALBUQUERQUE, NM 87106	2 miles	Map
UNIVERSITY OF NEW MEXICO HOSP	2211 LOMAS BLVD NE	ATTN PHARMACY	ALBUQUERQUE, NM 87106	2 miles	Map
WALGREEN CO.	3400 COORS BOULEVARD NW		ALBUQUERQUE, NM 87120	4 miles	Map
SW MESA CENTER FOR FAMILY AND COMMUNITY HEALTH	301 UNSER BLVD NW	STE 106	ALBUQUERQUE, NM 87121	5 miles	Map
WALGREEN CO.	3401 ISLETA BOULEVARD SW		ALBUQUERQUE, NM 87105	5 miles	Map
WALGREEN CO.	5001 MONTGOMERY BLVD NE		ALBUQUERQUE, NM 87109	5 miles	Map
UNMH PHARMACY-SOUTHEAST HEIGHTS CLINIC	8200 CENTRAL AVE SE	UNM HEALTH SCIENCES	ALBUQUERQUE, NM 87108	6 miles	Map
USAF - 377TH MEDICAL GROUP/SGSL	1501 SAN PEDRO DRIVE S.E.	BLDG 47	ALBUQUERQUE, NM 87108	5 miles	Map
USAF - KIRTLAND AFB	7901 GIBSON BLVD SE, BLDG 20169		KIRTLAND AFB, NM 87117	6 miles	Map
WALGREEN CO.	9700 MENAUL BLVD NE		ALBUQUERQUE, NM 87112	7 miles	Map
VIDA PHARMACY, LLC	8500 JEFFERSON BLVD. NE, SUITE D		ALBUQUERQUE, NM 87113	8 miles	Map
WALGREEN CO.	4051 SOUTHERN BOULEVARD SE		RIO RANCHO, NM 87124	12 miles	Map
UNM SANDOVAL MEDICAL CENTER	3001 BROADMOOR BLVD NE		RIO RANCHO, NM 87144	17 miles	Map

CVS PHARMACY, INC.	1001 NEW MEXICO HWY 528, SE		RIO RANCHO, NM 87124	16 miles	Map
WALGREEN CO.	2500 MAIN STREET NE		LOS LUNAS, NM 87031	22 miles	Map

ABQ Household Drug Disposal Program

- Unwanted medications may be properly disposed at the Metropolitan Forensic Science Center located at 5350 2nd ST NW
- **Hours:** Monday through Friday, 8 a.m. to 5 p.m.
- Medications may also be disposed at any of the six area command substations/mini-substations, Monday through Friday from 8 a.m. to 5 p.m.
- Only pills, no chemo or medical waste
- <http://www.cabq.gov/police/programs/pharmaceuticals/>

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.

• Source: *Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws; The Network for Public Health Law May 2013*

Substance Abuse and Mental Health Services Administration

The screenshot shows the SAMHSA website interface. At the top, there is a navigation bar with links for Home, About, FAQs, Locator Map, State Agencies, Widgets, Contact Us, and Help. The main content area is titled 'Behavioral Health Treatment Services Locator' and includes a search form with a 'Go' button. To the right, there are several informational boxes, including one for 'SUICIDE PREVENTION LIFELINE 1-800-273-TALK (2255)' and another for 'Disaster Distress Helpline 1-800-985-5890'. The bottom of the page contains a disclaimer about the Locator's authorization under the 21st Century Cures Act.

Opioid treatment programs in New Mexico

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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		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

Note to users of screen readers and other assistive technologies: Please report your problems to us at otp-extranet@opioid.samhsa.gov.

- From SAMHSA website 5/29/2018

