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FISCAL IMPACT REPORT

ORIGINAL DATE 03/04/09

SPONSOR Jeff LAST UPDATED _____ HM 38

SHORT TITLE Prevent After-Detention Drug Overdoses SB _____

ANALYST Weber

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY09	FY10	FY11	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		Minimal	Minimal	Minimal	Recurring	Various based on jurisdiction

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)

Department of Health (DOH)

New Mexico Corrections Department (NMCD)

SUMMARY

Synopsis of Bill

House Memorial 38 states that more than three hundred people in New Mexico died in 2007 of accidental drug overdoses, the majority of which were preventable. According to the Department of Health, New Mexico's prescription opiate and heroin-related drug overdose death rates are significantly higher than the national average. State and local public health agencies have long supported effective overdose prevention programming. Naloxone, a medication that reverses opioid overdoses, is a critical component of any effective overdose prevention and response program and has been distributed to high risk New Mexicans of overdose in New Mexico since 2001. Participants in programs incorporating naloxone report an increased connection to safety and personal health information and resources.

The frequency of heroin use decreased among opioid users in a pilot study of naloxone distribution and according to the DOH about three hundred people reported using naloxone to save lives in 2008 alone. A study published in 2008 found that male prisoners were twenty-nine times more likely to die during the week following release, while female prisoners were sixty-nine times more likely to die during this period, relative to the general population.

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On December 4, 2008, Amber A. Archibeque, a young woman with a history of heroin addiction, needlessly died in Albuquerque due to a heroin overdose four hours after release from jail. According to a recent report conducted by the federal substance abuse and mental health services administration, an estimated fifty-five thousand New Mexicans need, but are not receiving, treatment for an illicit drug use problem. Numerous scientific studies have demonstrated that medication-assisted treatment using methadone or a combination of buprenorphine and naloxone is the most effective treatment for individuals addicted to heroin and other opiates, including such prescription drugs as hydrocodone, oxycodone, morphine, hydromorphone and fentanyl. According to the RAND corporation, every one dollar (\$1.00) invested in substance abuse treatment results in a savings to taxpayers of more than seven dollars (\$7.00) through reduced societal costs of crime, violence and loss of productivity. According to a report published by the justice policy institute, appropriate substance abuse treatment significantly reduces criminal activity both during and after treatment. Pilot programs have been established in several locations around the state that link jail detainees during and after detention to effective, low-threshold substance abuse treatment and to overdose prevention programs.

THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE STATE OF NEW MEXICO that:

- detention centers be requested to form partnerships with local and state public health agencies to increase access to overdose prevention services and substance abuse treatment services for detainees before and after release;
- naloxone and overdose prevention literature be provided to detainees with histories of opioid use before or upon release and that detainees be educated about the risk of relapse and overdose in order to prevent needless loss of lives; and
- detention centers ensure that detainees are released in safe locations during daylight hours with adequate access to a telephone and to transportation; and
- detention centers establish resources that support detainees with substance abuse problems during and after detention, including providing medication-assisted treatment, substance abuse treatment and discharge planning; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the wardens of all of the detention centers in New Mexico, the Secretary of Health and the Governor.

FISCAL IMPLICATIONS

If these recommendations are adopted there would be minimal short term cost increases associated with implementation. However, there may be long term cost reductions to prisons and courts if the incidence of drug related crime were reduced because of these efforts.

SIGNIFICANT ISSUES

HSD comments.

HM 38 appears to contain several inconsistencies regarding both detention centers and the substance abuse prevention and treatment system in New Mexico. Substance abuse prevention and treatment services are provided through the New Mexico Behavioral Health Purchasing Collaborative (Collaborative) via a network of community-based providers managed through a statewide entity, not through public health offices. Discharge planning that includes assessing a detainee's substance abuse prevention and treatment needs requires skilled professionals that

may not be readily available to all detention centers around the state, especially smaller county and city jails. The Department of Corrections has jurisdiction over prisons in the state, not all detention centers such as city and county jails. Finally, HM 38 appears to extend detention centers' roles and responsibilities to detainees after their release from the facility, without regard to the legal conditions of the individual's release.

The Behavioral Health Collaborative has established a strategic priority to increase substance abuse services in New Mexico, utilizing a comprehensive adult substance abuse prevention and treatment purchasing plan that is currently under development. The process established by HM 38 could be duplicative of these efforts.

DOH provides the following context information.

New Mexico had one of the highest drug-related death rates in the Nation of 20.8 per 100,000 compared to 11.2 per 100,000 nationally (*2008 DOH Racial and Ethnic Health Disparities Report Card*). Drug overdoses account for more than 80% of drug-related deaths in the State (*2005 New Mexico State Epidemiology Profile*). Between 1990 and 2005, there were 2,954 unintentional drug overdose deaths among New Mexicans. The unintentional drug overdose death rate has increased from 5.6 per 100,000 population in 1990, to 15.5 per 100,000 in 2005, (*Shah et al., Unintentional drug overdose death trends in New Mexico, USA, 1990 – 2005: combinations of heroin, cocaine, prescription opioids and alcohol, Addiction, Volume 103, pp. 126-136*).

The large numbers of deaths is driven mainly by overdoses with heroin and prescription opiates, often in combination with alcohol and cocaine. Unintentional opiate overdose deaths are particularly common among inmates immediately after their release from detention and correctional facilities because users underestimate the effect of their usual dose of drug when their tolerance has decreased following a period of forced abstinence. Among those who die of drug-related causes, there is a significantly increased risk of dying in the first two weeks after release. The risk of dying of drug overdose during the first two months after release is highly associated with the length of incarceration, i.e., those individuals who are incarcerated for longer periods are more likely to die of drug overdose death following release (*Krinsky et al., Drugs, detention, and death: a study of the mortality of recently released prisoners, paper in press, New Mexico Office of the Medical Investigator*).

Overdose prevention programs in New Mexico, while initiated only recently, have already had a significant impact on reducing these deaths. The Department of Health (DOH) and its community partners have trained users in overdose treatment and in the use of naloxone (Narcan), a drug that reverses the effects of opiate overdose, since 1999. Overdose prevention programs primarily target heroin users in high risk communities. In 2008, 750 individuals were enrolled in overdose prevention programs which included the distribution of naloxone and 302 opioid overdose reversals were reported by program participants (*2008 NMDOH Harm Reduction Performance Report*). Heroin overdoses in New Mexico among Hispanic males (the population most targeted by opiate overdose prevention programs) peaked in 1998 and among non-Hispanic white males peaked in 2000. Unfortunately, the subsequent decreases in deaths from heroin overdose have coincided with an increment in deaths related to the use of prescription opiates (e.g., OxyContin). Generally, opiate overdose prevention and treatment programs are not as effective in decreasing prescription opiate overdose deaths as in decreasing heroin overdose deaths.

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In addition to building programs to prevent and treat opiate overdoses, DOH has been expanding opiate treatment options to include office-based opiate replacement therapies including buprenorphine. Clients who access opiate replacement therapies immediately upon release from a detention center are far less likely to die of opiate overdose than those clients who resort to heroin use. The Substance Abuse and Mental Health Administration's (SAMHSA) Buprenorphine Physician and Treatment Locator identified 13 clinics and 107 physicians trained to provide buprenorphine in New Mexico. SAMHSA's 2006 National Survey of Substance Abuse Treatment Services identified 2,226 clients receiving methadone and 65 clients receiving buprenorphine within New Mexico. Compared to the 55,000 persons who need and would benefit from such services in New Mexico, the estimated unmet need is 52,000 persons across the state. Collaboration among detention centers, and local and state providers for overdose prevention services would contribute to increasing access and services for this population.

MW/mc