

### Substance Use Disorders

August 11, 2022

New Mexico Legislative Health and Human

Services Committee

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**Grand** Challenges





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https://casaa.unm.edu and https://grandchallenges.unm.edu

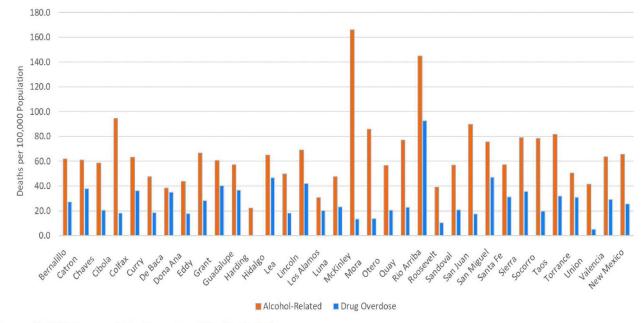


Use Disorders

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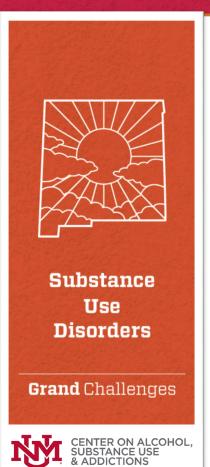


# NM is #1 in US for alcohol mortality and #11 for drug overdose mortality



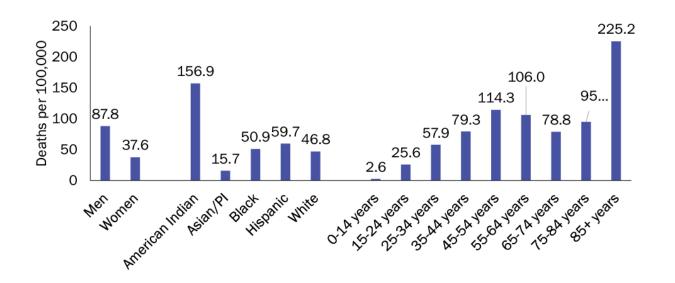
Source: NMDOH Bureau of Vital Records and Health Statistics

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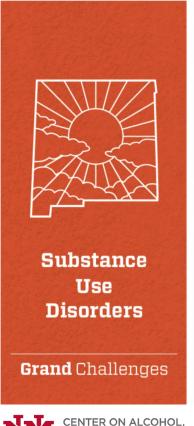


### NM is #1 in US for alcohol mortality

Alcohol-Attributable Death by Demographics, New Mexico, 2013-2017



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#### CENTER ON ALCOHOL, SUBSTANCE USE & ADDICTIONS

## Potential research ideas to address alcohol mortality?



Calculate risk factors within unique New Mexican communities

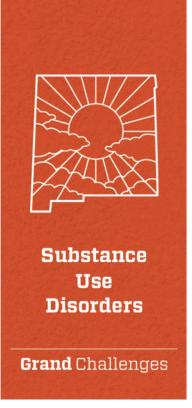
- Environmental health risk factors
- Genetic variants
- Dietary and lifestyle factors
- Patterns of alcohol consumption



Develop culturally tailored feedback intervention

- Evidence to support tailored feedback in behavior change
- Could be delivered remotely or via mobile app
- Let people know their risk
- Opportunities for prevention and early intervention

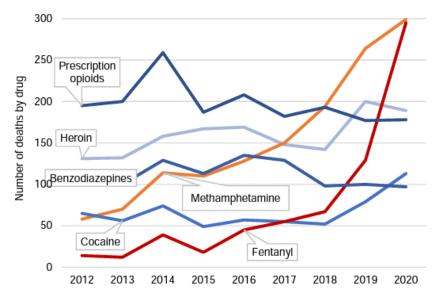
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**Alarming** increase in fentanyl and methamphetamine related deaths

Chart 4. Fentanyl and Methamphetamine are Driving the Increase in Overdose Deaths in New Mexico



Source: DOH



Substance Use Disorders

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# Over 65% of individuals with substance use disorder (SUD) in NM need and do not receive treatment

Estimate of the SUD Treatment Gap by Substance, New Mexico, 2018

Substance Type	People Living with SUD	People Who Received Treatment	People Needing Treatment	People Who May Enter Treatment
Alcohol	101,012	27,834	73,178	7,318
Opioids	38,989	33,415	5,574	557
Stimulants (Methamphetamine)	21,694	12,834	8,860	886
Benzodiazepines	15,987	1,769	14,218	1,422
Cannabis	17,776	10,580	7,196	720
Total	204,681	70,303	134,378	13,438

SUBSTANCE USE DISORDER TREATMENT GAP ANALYSIS | New Mexico Department of Health | January 2020



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# A critical need for substance use treatment services, a severe shortage of providers, and 51.8% of SUD providers 55+

Composition of Behavioral Health Care Workforce, 2020

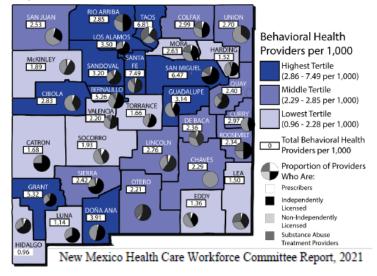


Table 6.9. Age of Behavioral Health Care Providers, 2020

Age	Prescribers		Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
<25	0	0.0%	0	0.0%	18	0.7%	5	1.0%
25-34	11	2.3%	246	5.4%	688	25.5%	48	9.8%
35-44	74	15.2%	951	20.8%	694	25.7%	84	17.1%
45-54	103	21.2%	941	20.6%	587	21.8%	99	20.2%
55-64	129	26.5%	990	21.7%	453	16.8%	152	31.0%
65+	169	34.8%	1441	31.5%	257	9.5%	102	20.8%
TOTAL	486		4,569		2,697		490	
Median Age	58.8		55.6		45.3		53.1	
Average Age	60		56		44		55	

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# Substance use disorders (SUDs) Grand Challenge and researchers across UNM

A strategic, coordinated and integrated approach across multiple systems

- Informed by innovative, transdisciplinary research and clinical practice
- Over 100 investigators and community members
- Targeting the most affected communities for interventions
- Increasing scientific rigor of interventions
- Using implementation models to change systems of care



### Funding Applications Submitted and Received



- SUD Grand Challenge supported \$132k in pilot funding awarded to UNM investigators
- High priority areas in urban, rural, and frontier communities throughout the state, and working with Pueblos and the Navajo Nation
- Funded grant and contract applications
  - o \$35 million in new funding (ROI=26,415%; 392% per year)
  - o UNM IMPOWR Center focused on opioids and chronic pain, with over \$10 million in funding

# Research and implementation or initiation of new programs across multiple disciplines and settings

- UNM IMPOWR Center
- Project ECHO focused on alcohol and mental health
- Opioid safety interventions and evaluation of naloxone law
- Recreational cannabis study
- Cultural tailoring of interventions for tribal communities
- Basic science to develop treatments for alcohol and methamphetamine use
- Alcohol treatment and alcohol harm reduction research
- Training of rural behavioral health treatment providers
- Criminal legal system interventions and diversion to prevent incarceration

### The need for the UNM IMP wwn center

#### Integrative Management of chronic Pain and OUD for Whole Recovery

Coordinated treatment, holistic focus, and improve lives of those with pain and substance use disorder

- Chronic pain often co-occurs with other disorders, trauma, shame, and experience of stigma
- Provider and healthcare system behavior exacerbates undertreatment of pain, mistrust
- Need for sustainable models of care and integrated, holistic healthcare interventions



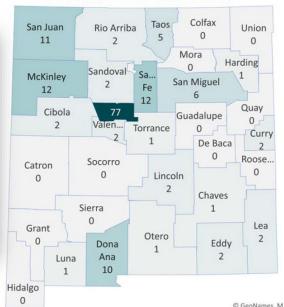
#### New Project ECHO on alcohol use and mental health for New Mexico providers

300+ participants were in attendance the last two sessions, covering 41 NM cities!

#### ATTENDANCE BY NM COUNTY



Cassandra Boness, Ph.D.



#### NM Alcohol Use and Mental Health ECHO



The New Mexico Alcohol Use and Mental Health ECHO is a series of twice per month, 1-hour long ECHO sessions designed to reduce stigma, increase awareness, and support our state's primary care providers in working with those experiencing harms from the use of alcohol.

Unhealthy alcohol use is a common condition seen in primary care and is an important cause of preventable morbidity and mortality. Many primary care teams screen for alcohol use. Fewer, however, offer formal treatment. Access to treatment centers or specialty care in the field of psychiatry and addiction medicine is often limited. Timely screening and intervention for alcohol and co-morbid mental health problems has the potential to improve outcomes and decrease morbidity.

#### **TOPICS INCLUDE:**

- · Alcohol Use Disorder Screening, Diagnosis, and Severity
- . Brief Therapy Interventions for Alcohol Use Disorder
- Medications for Alcohol Use Disorder, and much more!

#### BENEFITS OF THIS PROGRAM:

- · Free CME/CEU credits for health care professionals!
- Participation in a safe, collegial network of health care providers and other specialists.
- Improving access to screening and treatment of alcohol use disorder and co-morbid mental participating communities by empowering primary providers with increased tools and access to a multidisciplinary specialty team.



#### When:

1st & 3rd Tuesdays of the month from 12:00-1:00 pm MT

#### Where:

Registration is required to attend via Zoom

#### Register Here »

https://bit.ly/nm-alcohol-use-andmental-health-echo

#### Audience:

Primary Care Providers including Physicians, Nurses, Pharmacists, Physician Assistants, Psychologists, Advanced Practice Providers, and Behavioral Health Practitioners

#### How to Participate:

- · Join us using Zoom
- · Learn from brief lectures
- · Present patient cases
- · Engage in interactive
- discussions · Complete periodic surveys evaluating practice style. knowledge, and self-efficacy related to treating depressive



Program Email: alcoholECHO@salud.unm.edu



### Pharmacist-delivered opioid safety intervention



Frank Schwebel, Ph.D.

- Goal
  - Decrease risk of opioid overdose through an educational intervention
- Strategy
  - Interview NM-licensed pharmacists for feedback on intervention design and implementation
- Early findings (5 interviews)
  - Pharmacists <u>extremely</u> interested in an intervention
  - Feel legislative support would improve likelihood of implementation success
  - Greater education about opioid (and other medication) storage and safety (e.g., not sharing medications) would be valuable for patients



### Evaluation of NM Naloxone Law (House Bill 370)

2017 Law requiring police officers & opioid treatment providers to provide naloxone to those at-risk for opioid overdose – this study explored benefits and challenges of enforcing the law

#### **Police Officers**

#### Benefits of the Law

- All have completed naloxone administration trainings
- Most described naloxone administration as "easy"
- Most described naloxone as "life saving" and liked having access to it

#### Challenges with the Law

- Few opportunities to administer naloxone & did not like carrying
- Do not see providing naloxone as part of their duties
- Expect negative reactions (violence/anger) after providing naloxone
- State that the law takes away personal responsibility

#### **Opioid Treatment Providers**

#### Benefits of the Law

- All have completed trainings and knew the naloxone laws
- All described providing naloxone as part of their job duties
- Most stated that having naloxone on-site is better than providing a prescription

#### Challenges with the Law

- Logistical challenges prevent clients from filling prescriptions
- Rules/regulations prevent many clinics from having naloxone on-site
- Access to naloxone is limited due to high cost and limited availability (both on-site and at pharmacies)

### Recreational cannabis study



Goal: To **understand changes** in health behaviors, including substance use, mental health symptoms, and sleep, **before and after** the sales of **recreational cannabis sales** began in New Mexico.







Kamilla Venner, Ph.D. (Ahtna Athabascan)

### Cultural tailoring of interventions for tribal communities

- Leveraging CDC Opioid Overdose Surveillance Funding from the Albuquerque Area Southwest Tribal Epidemiology Center to Create Tribal Data and Culturally Center Medications for Opioid Use Disorder (NIDA, R61DA049382)
- Culturally Centering Medications for Opioid Use Disorder in American Indian and Alaska Natives Communities (NIDA CTN, protocol 0096; CTN 0096; 1UG1DA049468)
- Opioid and Pain Treatment in Indigenous Communities (OPTIC; NIDA RM1 DA055301)



### NM Managed Alcohol Program

#### Goal

 Decrease alcohol mortality and alcohol-related harms, particularly among unhoused New Mexican adults

#### Strategy

- Needs assessment study of feasibility and acceptability of a managed alcohol program in Santa Fe
- o Barriers and facilitators from client, provider, and policy perspectives
- Findings (from Ottawa implementation study)
  - o 17 adults with severe alcohol use disorder
  - Average program participation was 16 months
  - Decreased ED visits and police encounters, with associated reduced costs per client
  - o Greatly decreased daily alcohol consumption and increased wellbeing



# Training existing Behavioral Health Providers

#### Goal

 Train existing behavioral health providers in evidence-based treatments for opioid use disorder

#### Strategy

- Enroll rural treatment providers who may not have access to training relevant to clients with opioid use disorder
- Conduct training and evaluation of training entirely online

#### Progress to date

- Enrolled first cohort of providers from rural areas in Bernalillo and Torrance counties
- Evaluating improvement in therapy skills relevant for patients with opioid use disorder



# Criminal legal system intervention and prevention







### First District Youth Diversion Practices

Noah Painter-Davis, Associate Professor of Sociology, UNM Linda Freeman, Executive Director New Mexico Sentencing Commission Jennifer Padgett, Chief Deputy District Attorney First District of New Mexico

Lisa Broidy, Distinguished Professor and Chair of Sociology, UNM

JCOIN Mission: Increase access to and retention in substance use and medications for opioid use disorder treatment among 2,160 adults who have a history of, or at risk for, using opioids, and recently been released from prison and placed on parole



2.5 years of interagency collaborative coaching and networking

18 Parole Departments and 36 Health Service Organizations 200+ Parole and Service Agency Stakeholders

20+ Investigators from 6 Universities and State Organizations (Justice Systems, Sentencing Commissions, Case Management Agencies)

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### **UNM** efforts to increase and support treatment • of substance use disorder throughout New Mexico

- Undergraduate programs
  - UNM online degree in Psychology, including courses in addiction
  - Basics in Addiction Counseling
- Graduate programs
  - PhD in clinical psychology focused on NM communities and training in telehealth for rural areas of New Mexico
  - Proposed new Master's program
- All medical, physician assistants and nurse practitioners graduating from UNM are trained in medications for opioid use disorder
- Project ECHO for provider training and ongoing support

### Basics in Addiction Counseling (BAC) at UNM

- Academic coursework and applied clinical experience to help prepare students for careers in the addiction counseling field
- UNM Psychology graduates with the BAC concentration will have completed all coursework requirements to become a Licensed Substance Abuse Associate (LSAA) and Licensed Alcohol/Drug Abuse Counselor (LADAC)
- 90% of BAC graduates are placed in positions in NM upon graduation

#### Future expansion:

 Develop Masters program at UNM to train behavioral health providers in substance use disorder and mental health treatment, address shortage of NM providers in behavioral health Snehal Bhatt, MD Chief, Addiction Psychiatry Professor, Psychiatry and Behavioral Sciences University of New Mexico

#### Clinical- ASAP

- Over 850 active patients
- Comprehensive multidisciplinary care under one roof
- Psychotherapy group and individual for substances and for co-occurring disorders
- Psychiatric care for co-occurring illnesses
- Integrated primary care
- Case management
- Onsite hepatitis C treatment for patients
- Fast track program for forensic patients with dual diagnoses
- State of the art care for pregnant women with SUDs
- Special adolescent program for transitional age youth with SUDs
- Walk in clinic for existing patients five days a week
- treatments available for a variety of substances
- Trauma informed care

### Statewide Initiatives- Espanola Clinic

Low barrier full spectrum clinic embedded within a syringe exchange program in Espanola

Broad Mental health and prescriptions buprenorphine + Sublocade

Harm reduction, including syringe exchange and overdose prevention

Peer support & Case Management

Targeted medical services:

Hepatitis C Virus Treatment: Facilitated by Project ECHO support and new staff role: "Recovery

Support Services Manager" among other responsibilities to ensure coordination and seamless

access to recovery services

PrEP (HIV Pre Exposure Prophylaxis)

HIV Anti-Retroviral Initiation and referral (ECHO Support)

Primary Care "light" with referral as needed

Reproductive Health Access / Birth Control

Cellulitis (antibiotics) and Wound Assessment with referral as needed

### Statewide Initiative- ED Bridge Project

- Supported by SOR grant
- Goal to help implement on demand buprenorphine treatment within NM rural emergency departments
- Support with every stage of implementation and ongoing trainings and support
- Currently engaged hospitals- Holy Cross [Taos, NM], Gallup Indian Medical Center [Gallup, NM], Zuni
   Comprehensive Health center [Zuni, NM]
- Currently engaging Socorro General Hospital [Socorro, NM], Lincoln County Medical center [Ruidoso, NM], and Plains Regional Medical Center [Clovis, NM]
- 24/7 on-call support line
  - Staffed by Poison Center, with backup provided by Dr. Eric Ketcham, MD [ED Pres], Dr. Brandon Warrick, MD [ED UNM], and Dr. Sergio Huerta [IM UNM]
- Currently scaling up around the state and plans to include SNFs
- https://nmbridge.org/

### Statewide Initiative- ED Bridge Project

ASAP serves as a rotation site for Medical students, Physician Assistant students, Pharmacy students, Nurse Practitioner students, Psychiatry residents [PGY2 and 3], Family practice residents/Preventive Medicine residents [PGY 1 and 3], Fellows in Addiction Psychiatry and Addiction Medicine, Psychology interns, Psychology post doctoral fellows, Master's level social work and counseling students

UNM has trained 11 fellows in addiction psychiatry since 2007; 8 practice in New Mexico; 2 serve the VA; 2 serve the Indian Health Services; 4 at UNM Monthly buprenorphine waiver trainings and other webinars ECHOs aimed at opioid use disorder, chronic pain, mental health and adverse childhood experiences



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