

**Findings and Legislative Recommendations
of the Senate Memorial 18 NM Drug Policy
Task Force**

Harris Silver, M.D.
Policy Analyst
William Wiese, M.D., M.P.H.
Chair

Legislative Health and Human Services Committee
November 26, 2012

Substance Use Disorders (SUDs)

- Chronic medical disorder of the brain
- Inability to control the use of reinforcing mind-altering substances (alcohol and other drugs)
- Impaired judgment, distorted thinking and inappropriate behavior
- Unable to stop use despite adverse consequences
- Preventable and treatable but no cure
- Prone to relapse
- At least 60% accompanied by concurrent mental disorder
- Ultimately results in death without adequate treatment



Mug Shot
ABQ Journal 8/14/12
Front Page

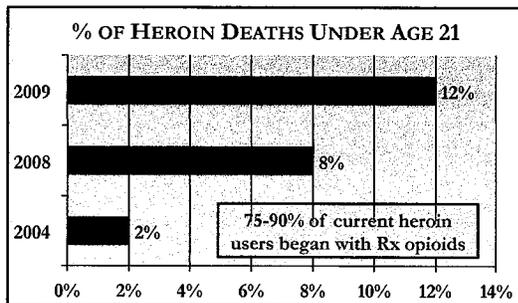
**SILVER: Sur-
geon became
addicted to
painkillers**

**Drug Overdose Rankings for NM in the
United States by Drug Type, 2009**

- #1 – All illicit and prescription drugs
- #1 – Illicit drugs
- #2 – All prescription drugs
- #2 – Prescription opioids

CDC, National Center for Health Statistics, Underlying Causes of Death from CDC WONDER database

Heroin Overdose in Youth in NM



Graph courtesy Jennifer Weiss, HAC

**Percentage Per Capita Increase in Annual Opioid
Retail Distribution by Gram Wt. 2001-2011 in NM**

<u>OPIOID</u>	<u>% PER CAPITA* INCREASE</u>
Hydrocodone	145%
Morphine	134%
Oxycodone	277%
Hydromorphone	371%
Fentanyl	130%

*

Illicit* Drug Dependence and Abuse, and Unmet Treatment Needs in NM and US, 2008-2009

Diagnosis or Treatment Category	12+ years old			12-17 years old		
	US (%)	NM (%)	State Rank	US (%)	NM (%)	State Rank
Alcohol dependence or abuse diagnosis in past year	7.4	8.7	5	4.7	6.7	3
Illicit drug dependence or abuse diagnosis in past year	3.5	4.2	3	4.5	6.0	1
Alcohol or illicit drug dependence or abuse diagnosis in past year	8.9	10.3	6	7.3	10.4	2
Needing but not receiving treatment for alcohol use in past year	7.0	8.2	4	4.5	6.3	3
Needing but not receiving treatment for illicit drug use in past year	2.5	2.9	7	4.2	5.7	1

*Illicit drug use includes non-medical use of prescription drugs

Source: State Estimates of Substance Use and Mental Disorders from the 2008-2009 National Surveys on Drug Use and Health

High School Student Drug Use in the Past 30 Days (Current) or Ever in NM and the US, 2009

Drug	Current Use (Past 30 days)			Ever Use		
	US (%)	NM (%)	State Rank	US (%)	NM (%)	State Rank
Marijuana	20.8	28.0	1	36.8	49.7	1
Prescription Opioids Misuse to Get High	NA	14.3	NA	NA	NA	NA
Heroin	NA	3.2	NA	2.5	4.7	4
Ecstasy	NA	NA	NA	6.7	14.1	1
Cocaine	2.8	5.6	1	6.4	12.8	1
Methamphetamine	NA	3.9	NA	4.1	6.3	3

NM also leads the nation in children initiating alcohol use before age 13 – 29%

Source: 2009 NM Youth Risk and Resiliency Survey and the US Youth Resiliency and Behavioral Survey

SUD Treatment in NM

- Every dollar spent on treatment returns \$12
- NM is #50 in the US according to NAMI for mental health disorder and SUD treatment
- Most people do not have coverage for residential treatment through employer insurance and most people who need it on Medicaid do not receive it – residential treatment is an essential component in the continuum of care according to the American society of Addiction Medicine
- OptumHealth pays \$230/day for residential treatment
- Only two small CARF (Commission on Accreditation of Rehabilitation Facilities) certified residential treatment centers remain in NM

Recommendation 1: Create a central cabinet or sub-cabinet alcohol and drug abuse administrative division with an alcohol and drug abuse director (ADAD)

- States are required by Federal law to have a Single State Authority for alcohol and drug abuse services.
- Recent Substance Abuse and Mental Health Services Administration (SAMHSA) study found that placement and visibility of the Single State Authority in the structure of government are key factors influencing the agency's ability to do its job and accomplish its prevention, education, treatment, outreach and policy goals. The higher the placement in government and the closer the proximity to the Governor, the more effective the agency.

Recommendation 1: Create a central cabinet or sub-cabinet alcohol and drug abuse administrative division with an alcohol and drug abuse director (ADAD)

- NM one of 10 states without ADAD
- > 40 states agencies in NM provide services for substance abuse prevention, harm reduction and treatment
- This will reduce fragmentation of services, administrative waste, costs and improve coordination, quality and accountability
- Can focus on creating state treatment system

Recommendation 2: Increase the state alcohol excise tax or create special alcohol sales tax

- Even though NM has reduced its number of DWI fatalities, it still leads the nation in deaths from alcohol-related chronic diseases.
- This is a CDC-recommended proven method of primary prevention of alcohol abuse – targets binge drinkers and youth for use reduction.
- A \$0.10 increase per drink can raise \$80 million annually for substance abuse prevention and treatment, and other needs such as education.

Recommendation 3: Restore general funding to the Office of Substance Abuse Prevention (OSAP) for primary prevention of substance abuse

- In FY 2011, the OSAP lost 61% of its funding (\$8.65 million to \$3.33 million) including all of its general funding (\$3.10 million)
 - Staffing shortages of 40-50% negatively impact OSAP ability to attain grant funding
- For every dollar spent on prevention there is a return on average of \$18
- Prevention should also be directed at Rx drug abuse and misuse in children and adults

Recommendation 4: Allocate recurrent annual funding for the Board of Pharmacy Prescription Drug Monitoring Program (PDMP)

- Most important tool for identifying doctor shoppers and fraudulent prescriptions to reduce supply and abuse of prescription drugs
- PDMP had no funding since 2005 inception until received one time allotment of \$225k for FY 2013 from \$500k reserve fund
- Options: money from general fund or raise licensing fee from \$60 to \$85 for \$225k/year

Taos, NM Permanent Rx Drug Drop Box



Recommendation 5: Establish permanent Rx drug drop boxes in all municipalities > 5,000 population, at least one per county

- 70-75% of abused Rx drug from households
- DEA take back days only every six months for four hours in limited locations
- Permanent drop boxes currently cost \$800-1,000 and can be located at any local, county or state law enforcement agency
- Should be open 24/7 and well publicized, and in larger cities should be at least as many as there are post offices

Recommendation 6: Treatment options for those insured through ACA Medicaid expansion and insurance exchanges should be in accordance with the Mental Health Parity and Addiction Equity Act) MHPAEA and include residential treatment in service menu

- MHPAEA says that all mental disorders and SUDs are to be treated with the same scope of treatment as medical/surgical disorders
 - Legal interpretation: includes residential treatment in the full menu of continuum of care
- Current choice of group plan for insurance exchange essential health benefits model excludes residential treatment for SUDs and other mental health disorders

Recommendation 7: All NMCD inmates should be assessed for Medicaid eligibility and enrollment instituted upon discharge when eligible

- Inmates with SUDs have 112 times greater risk for overdose during first two weeks after discharge.
- Will allow for handoff to medical providers for addiction treatment upon discharge including MAT, as well as management of other medical disorders such as HIV, hepatitis C, and mental health disorders.
- Will markedly reduce criminal recidivism and substance abuse relapse, and save significant funds – average cost of incarceration in NM 2010 was \$41k