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## FISCAL IMPACT REPORT

SPONSOR Stewart DATE TYPED 2/2/05 HB 267

SHORT TITLE Inmate Opiate Replacement Therapy Project SB \_\_\_\_\_

ANALYST Woods

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$250.0			Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to SB426

Relates to the appropriation for the Corrections Department in the General Appropriations Act.

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

New Mexico Public Defender Department (NMPDD)

New Mexico Corrections Department (NMCD)

New Mexico Department of health (DOH)

### SUMMARY

#### Synopsis of Bill

House Bill 267 – Relating to Corrections; Creating the Opiate Replacement Therapy for Inmates Pilot Project; Making an Appropriation – appropriates \$250,000 from the general fund to the Corrections Department for expenditure in FY06 and FY07 for the creation of an opiate replacement therapy pilot project, utilizing buprenorphine/naloxone, for thirty women with a history of heroin or other opiate addiction who are incarcerated at and later released on parole from the New Mexico women’s correctional facility in Grants.

The bill also requires the Corrections Department to collaborate with the Department of Health to:

- administer the opiate replacement therapy and to contract for the services of a qualified physician to evaluate and treat the women participants;
- evaluate and determine the recidivism rate for the women participants as compared with the recidivism rates for women not treated with the designated drug;

- evaluate and determine the use of psychotropic medication by women participants as compared to women with opiate dependence who are not treated with the designated drug;
- evaluate and determine the number of opiate-positive urine drug screens among women participants as compared to women with opiate dependence who are not treated with the designated drug;
- evaluate and determine the rate and frequency of infection, self-inflicted injury and the need for medical care for women participants as compared to women with opiate dependence who are not treated with the designated drug; and
- report independently to the appropriate interim legislative committee on the evaluations, treatments and outcomes of the pilot project participants by December 1, 2006 and December 1, 2007.

The pilot project is proposed to run from July 1, 2005 through June 30, 2007. Any unexpended or unencumbered balance remaining at the end of FY07 shall revert to the general fund.

### Significant Issues

DOH indicates that Buprenorphine is a Drug Enforcement Agency-approved daily oral medication that, when combined with Naloxone, effectively blocks the action of heroin and other narcotics. The combination of the two drugs, if misused, will provoke narcotic withdrawal. It is a safe medication that is used in community-based narcotic treatment programs. According to research, people treated with Buprenorphine/Naloxone feel normal and have reduced drug cravings, and reduced need to obtain illegal drugs or commit crimes to obtain money to buy drugs. Buprenorphine is a less addictive drug with fewer side effects than the more widely used opioid treatment drug, methadone.

DOH suggests that prison and jail facilities in other states and in other countries that provide opiate replacement with Buprenorphine/Naloxone or methadone show a statistically significant reduction in transmission of infectious diseases, inappropriate drug seeking from medical personnel, and less violence and aggressive behavior toward prison staff and other inmates. Further, the safety of correctional officers and other inmates will improve with introduction of opiate replacement with Buprenorphine/Naloxone.

NMPDD also indicates that prison and jail facilities elsewhere that provide opiate replacement with Buprenorphine/Naloxone or Methadone show a statistically significant reduction in violence and aggressiveness toward custodial staff and other inmates. While NMPDD additionally suggests that the program has the potential to reduce recidivism and thereby reduce public defender caseloads, NMCD states: "The bill places several significant and onerous administrative requirements on the Corrections Department in administering and assessing the pilot project."

### **FISCAL IMPLICATIONS**

The appropriation of \$250,000 contained in this bill is a recurring expense to the general fund.

Any unexpended or unencumbered balance remaining at the end of FY07 shall revert to the general fund.

## **ADMINISTRATIVE IMPLICATIONS**

NMCD notes that administering and assessing the pilot project will place several significant and onerous administrative requirements on the department including:

- It will probably take many manpower hours to determine the relevant recidivism rates and related requested information, and may take Department staff away from their normal duties.
- Staff may well need extensive training on how to administer and assess the pilot project.
- New policies and procedures would need to be developed and implemented for administering and assessing the pilot project.
- The department will need to draft and implement a written memorandum of understanding with the Department of Health to properly administer that portion of the pilot project.

NMCD states that implementation of the pilot project, "...would be a major administrative undertaking for the Corrections Department."

## **CONFLICT, DUPLICATION, COMPANIONSHIP OR RELATIONSHIP**

Relates to SB426 in that SB426 also seeks to have the corrections department establish an opiate replacement treatment program; however it does not contemplate a pilot project, as proposed in HB267.

Relates to the appropriation for the Corrections Department in the General Appropriations Act.

## **OTHER SUBSTANTIVE ISSUES**

DOH indicates that inmates participating in the HB267 pilot project would be tracked for two years for indicators including:

- compliance with medication;
- abstinence from heroin and other narcotic use;
- non-incarceration;
- frequency and cost of psychotropic medications used; and
- self-inflicted injury, infection and need for medical care.

NMPDD notes that the medication can be prescribed in an office setting by any certified physician, and that New Mexico presently has twenty certified physicians and another thirty physicians eligible for certification. Therefore, there should be adequate resources for follow-up upon release.

BFW/yr:lg