

November 26

2012

INTERIM REPORT

prepared for LHHS Committee

Senate Memorial 45 Study Group

**Harm Reduction Related to Opioid Use
and Dependency**

PRELIMINARY RECOMMENDATIONS:

Medically Supervised Injection Facilities

New Mexico needs Innovative Harm Reduction for Injection Drug Use.

Drug use, injection drug use, and high rates of unintentional drug overdose death in New Mexico have prompted numerous strategies, programs, and policies to help improve and save lives in our state. During the last 14 years, the principles of harm reduction have been incorporated into the state government in New Mexico providing vital services to individuals and communities across the state. New Mexico's harm reduction program is a model for the nation, and includes statewide reporting systems for drug overdose, state-mandated needle exchange programs, distribution of naloxone to those at potential risk of opioid overdose, and the 911 Good Samaritan policy.

While New Mexico's Harm Reduction Program helps reduce the high rates of drug-related overdose deaths and the spread of bloodborne diseases, more comprehensive services are needed.

- Since 1989, New Mexico has been among the top three states in the U.S. with highest rates of drug-induced death. A recent study by the Centers for Disease Control and Prevention (CDC) indicates that New Mexico leads the nation in drug overdose deaths with a rate of 27.0 per 100,000.^[ii]
- The Substance Abuse Epidemiology Unit at the New Mexico Department of Health (NM DOH) estimates there were nearly 24,000 adult injection drug users in New Mexico in 2006. Others report it to be as high as 50,000.
- An average of 300 to 400 inmates/*month* go through detox for heroin and opioids at the Bernalillo Metropolitan Detention Center. The number exceeded 530 in June 2011.^[iii]
- According to the "Opioids Needs Assessment" prepared for the City of Albuquerque in June 2011, 3.6% of New Mexico high school students reported injection drug use, compared to 2.0% of U.S. high school students.^[iiii]

What is a Medically Supervised Safe Injection Facility (SIF)?

Medically Supervised Safe Injection Facilities (SIFs) are controlled health care settings where injection drug users (IDUs) can self-administer pre-acquired drugs with sterile injection supplies under clinical supervision. SIFs provide users with health care, counseling, and referral to health and social services including drug treatment, housing and employment assistance. It is important to note that SIF medical professionals do not actually inject the users; their primary role is to educate regarding safe injection practices, monitor for disease, provide necessary medical care and first aid, and respond to overdose. SIFs tend to attract older, long-term users who are more difficult to reach through more traditional prevention and treatment settings. Therefore, SIF medical professionals serve as a gateway for the most complex users to treatment and social support programs. Worldwide there are sixty-five safer injection facilities in twenty-seven cities and eight countries.

SIFs are Evidenced Based Health Initiatives

An abundance of evidence-based, peer-reviewed studies show SIFs to be medically effective, economically efficient, and socially appropriate in the fight to reduce incidence of and harm caused by injection drug use. SIFs have proven to:

- Attract and retain a high risk population of IDUs who are at a heightened risk for infectious disease and overdose;[\[1\]](#)
- Reduce the transmission of bloodborne viruses;[\[2\]](#)
- Successfully manage overdoses and prevent overdose fatalities;[\[3\]](#)
- Improve safer injection practices;[\[4\]](#)
- Increase access and referrals to treatment programs and social services, including, but not limited to, medication assisted treatment and detoxification services;[\[5\]](#)
- Save the taxpayer in societal costs associated with costly emergency room visits, crime, and violence;[\[6\]](#) and
- Reduce the social harms associated with injection drug use, such as public disorder, public intoxication, public injecting, and publicly discarded syringes.[\[7\]](#)

Implementing a New Mexican SIF is Legally Feasible

Implementing a SIF in New Mexico is legally feasible. The most appropriate “administrative home” for a state regulated SIF is in the NM DOH already regulates the states Needle Exchange Programs (NEPs) via the Harm Reduction Act, Sections 24-2C-1, et seq., NMSA 1978 (Laws 1997, Chapter 256) and therefore is in the best position to house an SIF program. Furthermore, SIFs are complementary and share the same goals as the Harm Reduction Act, fill critical service gaps by providing more services than existing Needle Exchange Programs, and extend already existing harm reduction interventions by providing actual safe injection practices while the user is injecting.

A SIF pilot can be created by New Mexico statutory law. The New Mexico Legislature could enact a Safe Injection Facility Act to initially create a pilot program, with an initial appropriation that would be designated as recurring funds in NM DOH’s budget.

Recommendations

- 1) Extend Senate Memorial 45 to continue to study the feasibility of implementing a legal medically supervised injection facility staffed with medical professionals to reduce overdose deaths, increase access to health services, and further expand access to safe injection equipment to prevent the transmission of HIV and hepatitis C. A legal SIF would be an incremental extension of the New Mexico syringe exchange program already authorized by state law. Next steps of the study include a robust data gathering process, including an Institutional Review Board (IRB) approved survey of intravenous drug users to capture need and preference.

- 2) If the feasibility study shows that a SIF could reduce overdose deaths and increase access to treatment in New Mexico, a pilot supervised injection facility, overseen by the NM DOH, should be considered in one community in New Mexico with a rigorous evaluation component.

[1] Wood E, Tyndall MW, Li K, et al. Do supervised injecting facilities attract higher risk injection drug users? *Am J Prev Med* 2005; 29:126-30; Tyndall MW, Kerr T, Zhang R, et al. Attendance, drug use patterns, and referrals made from North America's first supervised injection facility. *Drug Alcohol Depend* 2006; 83: 193 -8; Wood E, Tyndall MW, Qui Z, et al. Service uptake and characteristics of injection drug users utilizing North America's first medically supervised safer injecting facility. *Am J Public Health* 2006; 96: 770-3.

[2] Kerr T, Tyndall M, Zhang R, et al. Circumstances of first injection among illicit drug users accessing a medically supervised safer injection facility. 2007. *Am J Public Health*. 2007. Jul; 97(7): 1228-30; Lightfoot, B. Gaining insight: harm reduction in nursing practice. *Canadian Nurse*. 2009, Vol. 105, Issue 4, pp. 16 -22.

[3] Kerr T, Tyndall M, Lai C, et al. Drug-related overdoses within a medically supervised safer injecting facility. *International Journal of Drug Policy*. 17 (2006) 436-441; Lightfoot, B. Gaining insight: harm reduction in nursing practice. *Canadian Nurse*. 2009, Vol. 105, Issue 4, pp. 16 -22.

[4] Stoltz, J., Wood, E., Small, W., Li, K., Tyndall, M., Montaner, J., Kerr, T. Changes in injecting practices associated with the use of a medically supervised safer injection facility. *Journal of Public Health*. January 17, 2007. Vol. 29, No. 1, pp. 35 -39; Wood, E., Tyndall, M.W., Montaner, J.S., Kerr, T. Summary of findings from the evaluation of a pilot medically supervised safer injecting facility. *CMAJ*. November 21, 2006. 175(11). Pp. 1399 -1404.

[5] Wood E, Tyndall MW, Zhang R, et al. Attendance at supervised injecting facilities and use of detoxification services. *N Engl J Med* 2006; 354:2512-4; Wood, E., Tyndall, M., Zhang, R., Montaner, J., & Kerr, T. (2007). Rate of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction*, 916-919; DeBeck, T., Kerr, T., Bird, L., Zhang, R., Marsh, D., Tyndall, M., Montaner, J., Wood, E. Injection drug use cessation and use of North America's first medically supervised safer injecting facility. *Drug and Alcohol Dependence*, 113 (2011) 172 -176; Small W, Van Borek N, Fairbairn N, Wood E, Kerr T. Access to health and social services for IDU: the impact of a medically supervised injection facility. *Drug Alcohol Rev*. 2009 Jul;28(4):341-6. Lightfoot, B. Gaining insight: harm reduction in nursing practice. *Canadian Nurse*. 2009, Vol. 105, Issue 4, pp. 16 -22.

[6] Wood, E., Tyndall, MW, Montaner, JS, Kerr, T. Summary findings from the evaluation of a pilot medically supervised safer injecting facility. *CMAJ*. 2006. 175(11). Pp. 1399-1404.

[7] Wood, E., Kerr, T., Small, W., Li, K., Marsh, D.C., Montaner, J.S.G., Tyndall, M.W. Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *Canadian Medical Association Journal*. Sept. 28, 2004. 171 (7); Wood, E., Tyndall, MW, Montaner, JS, Kerr, T. Summary findings from the evaluation of a pilot medically supervised safer injecting facility. *CMAJ*. 2006. 175(11). Pp. 1399-1404; Fewer addicts shooting up on streets since injection site opened: police. *Nanaimo Daily News* 2003; 94: 355-9.

[i] Centers for Disease Control and Prevention. November 1, 2011. Vital Signs: Overdoses of Prescription Opioid Pain Relievers — United States, 1999–2008

[ii] Matthew Ellwell, Director of Operations, MDC

[iii] Greenfield, B., Owens, M. Ley, D. "Opioid Needs Assessment" - Prepared for the City of Albuquerque. June 30, 2011.

NOTE AND DISCLAIMER

These recommendations are based on discussions by the Narcan/SEP and MAT Committees of the SM45 Study Group.

The views expressed in this document represent those of the committees and do not necessarily represent the Robert Wood Johnson Foundation Center for Health Policy, the University of New Mexico, or collaborating organizations or funders.

This version was edited, November 2012.

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Senate Memorial 45 Harm Reduction Study Group by the
Robert Wood Johnson Foundation Center for Health Policy
at the University of New Mexico**
