

STATE OF NEW MEXICO
LEGISLATIVE EDUCATION STUDY COMMITTEE

REPRESENTATIVES

Rick Miera, Vice Chair
Roberto "Bobby" J. Gonzales
Jimmie C. Hall
Dennis J. Roch
Mimi Stewart
Jack E. Thomas

State Capitol North, 325 Don Gaspar, Suite 200
Santa Fe, New Mexico 87501
Phone: (505) 986-4591 Fax: (505) 986-4338
<http://lesc.nmlegis.gov>

SENATORS

Cynthia Nava, Chair
Mary Jane M. García
Gay G. Kernan
Lynda M. Lovejoy

ADVISORY

Andrew J. Barreras
Ray Begaye
Eleanor Chávez
Nathan P. Cote
Nora Espinoza
Mary Helen Garcia
Karen E. Giannini
John A. Heaton
Sheryl M. Williams Stapleton
Shirley A. Tyler



ADVISORY

Vernon D. Asbill
Stephen H. Fischmann
Howie C. Morales
John Pinto
Sander Rue
William E. Sharer

Frances Ramírez-Maestas, Director
David Harrell, PhD, Deputy Director

November 16, 2009

MEMORANDUM

TO: Legislative Education Study Committee

FR: Nicole Parra-Perez *NPP*

RE: **WRITTEN REPORT: EVALUATE DRUG POLICY APPROACHES, SM 71**

Senate Memorial 71

In 2009, the Senate passed Senate Memorial (SM) 71, *Evaluate Drug Policy Approaches*, which requests that the New Mexico Health Policy Commission create a task force to evaluate New Mexico's current approaches to drug policy through the use of law enforcement, treatment, prevention, and harm reduction and to develop strategies for effective change. The memorial also requests that the task force:

- include representation from the Governor's Office; the Legislative Finance Committee; experts in the fields of public safety, public health, substance abuse prevention, behavioral health treatment and harm reduction; the Drug Policy Alliance; and at least two individuals who are in recovery from substance abuse;
- identify short- and long-term strategies for drug policies that save taxpayer money, hold agencies accountable and demonstrate a proactive, public health approach to drug policy development;
- establish criteria to evaluate the impact of drug use and drug policies on the health and welfare of New Mexicans; and

- present its findings and recommendations to the Legislative Health and Human Services Committee and other appropriate interim legislative committees.

This cover memo provides a brief preview of the report requested in the memorial: *Recommendations in Response to Senate Memorial 71* (attached). After an introduction that introduces the people and agencies involved in the work group and explains how the recommendations were agreed upon, the report identifies issues and recommendations related to drug policy approaches through the use of prevention, treatment, harm reduction, and law enforcement and corrections. The report also identifies other issues needing further study.

Findings of the Work Group

In brief, the work group found that New Mexico has some of the most serious problems with drug and alcohol abuse in the nation. According to the report:

- of the 39 states that participated in the Youth Risk Behavior Study, New Mexico has the highest rate of students using substances before the age of 13;
- New Mexico also has the second highest rate of adolescent marijuana and cocaine use according to the question “In the past 30 days, have you used marijuana/cocaine?”;
- the state has the second highest rate of drug-induced deaths in the nation; and
- New Mexico’s total alcohol-related death rate has ranked first, second, or third in the nation for each of the past 24 years, with a first-place ranking every year since 1997.

Recommendations of the Work Group

While all the recommendations are explained more fully in the report itself, it might be helpful to list a few of them here, especially those directed to the Legislature:

- require health education with a strong substance abuse prevention component as a graduation requirement; and
- promote policies or legislation allowing judicial discretion to offer treatment instead of incarceration for non-violent narcotics possession of small amounts of illicit substances, based on a substance abuse assessment performed by a licensed behavioral health provider.

The work group also identified other recommendations for other state entities, among them that:

- the DWI Czar ensure a consistent utilization of DWI enforcement practices, paired with aggressive marketing campaigns that increase the perception of risk of arrest, to sustain the recent gains in reducing DWI fatalities;

- collaborative and member agencies¹ develop a single point of oversight and coordination that will bring all substance abuse prevention programs together to better integrate, coordinate, and plan in a comprehensive manner, demonstrate accountability, and equitably distribute prevention resources across New Mexico's communities;
- collaborative and member agencies seek opportunities to expand the use of traditional healing practices that have been proven to be effective in support recovery; and
- collaborative and member agencies develop policy-making processes that include harm reduction strategies within a comprehensive approach, and educate all relevant state, city and county agencies, and community stakeholders about the reasons for these strategies.

All other recommendations can be found in the table *Summary of Recommendations in Response to Senate Memorial 71* on pages 17-20 of the report.

¹ Collaborative and member agencies listed in the report include Human Services Department/Behavioral Health Services Division, Department of Health, Children, Youth and Families Department, Aging and Long-Term Services Department, Department of Corrections, Healthy Policy of Corrections, Health Policy Commission, Public Education Department, Department of Finance and Administration, and the Department of Transportation.

**Behavioral Health Planning Council
Substance Abuse Subcommittee**

**Recommendations in Response to Senate Memorial 71
Senator Bernadette Sanchez, Sponsor**

**Presented to the
Interim Legislative Health and Human Services Committee**

November 4, 2009

Behavioral Health Planning Council Substance Abuse Subcommittee

Recommendations in Response to Senate Memorial 71 November 4, 2009

Introduction

Senate Memorial 71 was referred by the Behavioral Health Collaborative (and the Health Policy Commission as one of its member agencies) to the Substance Abuse Subcommittee of the Behavioral Health Planning Council. As the volunteer advisory body for behavioral health issues to the Collaborative, the Planning Council consists of at least 51% consumers and family members and has broad representation from communities throughout the state. Most of the resulting recommendations are directed to the Collaborative and its member agencies, with one specific legislative recommendation. The present report is submitted as a response to issues that have been considered by the Subcommittee to date. The Subcommittee will continue to study and make recommendations about additional substance abuse issues for the remainder of the current fiscal year as part of a larger substance abuse strategic planning project.

The Substance Abuse Subcommittee formed a workgroup of many individuals to complete this report, and heard presentations and testimony about a range of issues. In addition to volunteer consumers, family members and advocates, representatives from the Human Services Department, Department of Health, Children Youth and Families Department, Corrections Department, Transportation Department, Department of Public Safety, the Health Policy Commission, and the Drug Policy Alliance participated. This workgroup met ten times between July and October. Data were presented by the Epidemiology and Response Division of the Department of Health as follows: comprehensive findings of the New Mexico Youth Risk and Resiliency Survey 2007, Drug Related Trends in New Mexico (including overdose data), and the Burden of Alcohol in New Mexico. Data were also presented by staff of the Harm Reduction Programs of the Department of Health, and by an epidemiologist of the Corrections Department on relevant data on overdose prevention programming and facility based treatment programming respectively. The workgroup consulted with the Sponsor of the Memorial to identify issues of concern that lead to its introduction. Some of those issues have been addressed within this report. The remaining issues will be addressed in further work by the Subcommittee, which will provide on-going reports and recommendations to the Collaborative and to the Sponsor.

Recommendations included in this document represent those about which consensus was reached by the workgroup. Consensus could not be reached on some issues, and other issues came up but could not be sufficiently studied and understood during the time period. These recommendations were approved by vote of the full Substance Abuse Subcommittee, and of the full Behavioral Health Planning Council. Some of the policy recommendations are long term in nature. Other recommendations clearly require funding or other resources that are just not available in the current economic climate. Nonetheless, dialogue and prioritization of these issues can occur so that long-term plans can be made to improve the system as resources permit.

This report covers four areas suggested by the Memorial: Prevention, Treatment, Harm Reduction, and Law Enforcement and Corrections.

The Enormity of New Mexico's Substance Abuse Problem

Substance abuse is a major problem in New Mexico. New Mexico has the highest rate of early initiation of substance use, before the age of 13, in the nation. It also has the second highest rate of both "past 30 day" adolescent marijuana use and "past 30 day" adolescent cocaine use (Green et al, 2008). New Mexico has the second highest rate of drug-induced deaths in the nation. Its rates of illicit drug overdose deaths and prescription drug overdose deaths are roughly equivalent (Shah, 2009). New Mexico's total alcohol-related death rate has ranked first, second, or third in the nation for each of the past 24 years, and has been first since 1997 (Roeber, 2009). Even with the substantial reductions in DWI fatalities of recent years, the total alcohol-related mortality rate is still the worst in the nation. Substance abuse and its consequences have major negative impacts on the lives of New Mexicans. The enormity of New Mexico's substance abuse problem calls for strengthening of programming in every area.

Prevention

Comprehensive, effective substance abuse prevention efforts are needed in order to decrease the number of individuals who abuse and become addicted to substances in the future, and to decrease new criminal behavior that is related to substance abuse. New Mexico's prevention infrastructure that is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Office of Substance Abuse Prevention (OSAP) of the Department of Health, has funded and supported numerous effective prevention programs, strategies, and practices in many communities of the state. Its planning and implementation of the Strategic Prevention Framework has been replicated by many states, and that program has produced quantified reductions in binge drinking and related high-risk behaviors. Yet it has much work to do to broaden the impact on reducing substance abuse in New Mexico's communities and to apply skills and evidence of what works to more communities of the state. Additional prevention efforts are funded through other state agencies.

Issue: Lack of Coordination of Prevention System and Services

Substance abuse and related prevention (and early intervention) programs and policy development at the state agency level are spread across several agencies, and often work in isolation from each other. Those programs are housed in a variety of agencies – Department of Health (substance abuse, tobacco use), Department of Finance and Administration (DWI and mentoring), Department of Transportation (traffic safety DWI), Children Youth and Families Department (underage drinking, probation and parole, child welfare), and Public Education Department (drug prevention). Although all those agencies are members of the Collaborative, only three funding streams go through the Statewide Entity and are overseen by the Collaborative – those from the Office of Substance Abuse Prevention (DOH), the Total Community Approach (TCA) prevention programs and methamphetamine prevention programs that fall under the Human Services Department, each of these has different quality and outcome expectations. The cumulative impact of the state's prevention system – when contrasted with the urgent need to prevent use and reduce high risk behaviors such as binge drinking -- could be more

effective and positive if all of these programs were coordinated in a meaningful way, accountability was consistent, a strategic planning process integrated these efforts, and target groups, quality of strategies, and outcomes of the multiple funding streams were complimentary. As an example of one successfully coordination initiative, efforts of the DWI Czar and the DWI Leadership Team are an excellent example of how an integrated and collaborative strategic plan has addressed a single but multi-faceted issue.

Policy Recommendation to The Collaborative and Member Agencies: Develop a single point of oversight and coordination that will bring all substance abuse prevention programs together to better integrate, coordinate, and plan in a comprehensive manner, demonstrate accountability, and equitably distribute prevention resources across New Mexico's communities.

Policy Recommendation to The Collaborative and Member Agencies: Develop standards and accountability expectations for TCA and methamphetamine prevention programs that are consistent with those programs funded by the Office of Substance Abuse Prevention (OSAP), and a vehicle for oversight is consistent across all three programs. These would include:

- Prevention provider standards.
- Workforce competency standards.
- Utilization of evidence-based approaches.
- Data driven planning processes, particularly the Strategic Prevention Framework model.
- Evaluation methodologies of meaningful outcomes.

Issue: Expanded Professionalization of the Prevention Workforce

In order to effectively prevent and reduce future substance abuse problems, New Mexico must have the most qualified prevention workforce possible. The state currently has 64 Certified Prevention Specialists and 10 Senior Certified Prevention Specialists. The goal should be to have everyone that is implementing substance abuse prevention programs in New Mexico be certified so that only the highest quality program planning and implementation occurs – the stakes are much too high to have anything less.

Policy Recommendation to The Collaborative and Member Agencies: Require credentialing of staff providing prevention services funded by the state (with a two year period for staff to gain those credentials when they are not already in place). Training must include Prevention Generalist Training, Prevention Policy, and Prevention Ethics.

Issue: New Mexico's Alcohol Related Consequences from Binge and Excessive Drinking

Underage and excessive adult alcohol consumption and related negative public health consequences are among New Mexico's worst problems. By many measures, New Mexico's alcohol-related problems are among the worst in the nation. For the past fifteen years, New Mexico's death rate from alcohol-related chronic diseases, including cirrhosis, has consistently been first or second in the nation, and 1.5 to 2 times the national rate. New Mexico's death rate from alcohol-related injury has also consistently been among the worst (first, second, or third) in the nation, ranging from 1.4 to 1.8 times the national rate (NMDOH, 2009). New Mexico's rates of alcohol dependence and abuse are consistently among the highest in the nation. In 2007, based on the Youth Risk and Resiliency Survey, New Mexico had the highest rate in the nation of high school students reporting drinking before age 13, with almost a third (31%) of New Mexico students reporting this behavior (Green et al, 2008). Given that people who report drinking before age 15 are five times as likely as later drinkers to report alcohol dependence or abuse as adults, these results suggest the importance of preventing underage

drinking in New Mexico (SAMHSA, 2004). Finally, a recent estimate of alcohol-related costs in New Mexico estimated the total cost of alcohol-related problems in New Mexico in 2006 to be \$2.5 billion, with the majority of these costs resulting from lost productivity due to alcohol-related premature death and disability (Roerber, 2009). Given this tremendous burden, prevention of excessive drinking – both underage drinking and binge and chronic heavy drinking by adults – is of critical importance to New Mexico. Binge drinking (drinking five or more drinks on an occasion for men, four or more drinks on an occasion for women) is the most prevalent form of excessive drinking in New Mexico (Woerle et al, 2007). Binge drinking is strongly associated with a host of negative outcomes, including alcohol-related injury and death.

Policy Recommendation to The Collaborative and Member Agencies and DWI Czar: Maintain and enhance a strong evidence based comprehensive strategy to prevent binge and excessive drinking, as the primary precursor of most of New Mexico's alcohol related consequences, including DWI fatalities, suicides, murders, chronic liver disease, fatal falls, and domestic violence.

Policy Recommendation to The Collaborative and Member Agencies: Set aside a minimum of 20% of all discretionary substance abuse funding for substance abuse prevention, in alignment with the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

Issue: Need for Strong Prevention Messages and Programming to Students

Most New Mexico students receive few effective substance abuse prevention messages or programs during their high school years. A Health Education class that is taken by all high school students can provide this and other effective health messages, skills, and information that support a life-long healthy lifestyle. This can reduce the frequency of early health problems and improve long-term mortality rates.

Policy Recommendation to The Collaborative and Member Agencies: Require Health Education with a strong substance abuse prevention component as a graduation requirement.

Issue: Need for a strong community-based, data-driven and accountable prevention planning process

The Strategic Prevention Framework was introduced to New Mexico as part of a SAMHSA grant to the Office of Substance Abuse Prevention of the New Mexico Department of Health five years ago. It has been successfully used in almost every community of the state since that time, and has now been adopted by the Office of School and Adolescent Health to plan and implement strategies within schools. A simple but rigorous method, it involves establishing clear priorities of focus based on data about the community, and a strong data-driven process to assess causes of the behaviors, target strategies, build capacity, create a strong community plan, and implement and monitor programming with strong accountability.

Policy Recommendation to The Collaborative and Member Agencies: Use Strategic Prevention Framework process to guide prevention planning and implementation initiatives.

Issues: Early Initiation of Substance Use, and Substance Use on Campus

New Mexico has the highest rate of early initiation -- use of substances before the age of 13 -- and the highest rate of self-reported substance use on the school campuses of any state in the nation (New Mexico Youth Risk and Resiliency Survey, 2007).

Policy Recommendation to The Collaborative and Member Agencies: Establish procedures in all agencies that work with children to ensure appropriate screening to identify early use and then make an

appropriate referral to qualified early intervention personnel to address the problem behaviors. Programs that work with families of young children should include components that help families reduce the likelihood of early initiation. Schools should strengthen strategies to prevent use, and create comprehensive safety and wellness plans and interventions that reduce the likelihood of use on campus.

Issue: Lack of a common framework to talk about behavioral health services and populations

Currently there is often confusion about what is meant when prevention or intervention is discussed. Substance abuse prevention programming is often confused with relapse prevention strategies. Target populations are often defined by the service they are provided. In an attempt to allow for a dialogue that utilizes the same definitions and creates a common understanding, The Institute of Medicine published a framework in 1993 that is used nationally to categorize behavioral health services by understanding the populations at issue. This framework describes “Prevention”, “Treatment”, and “Maintenance”; the categories represent segments of the population either without a diagnosis, following a diagnosis, and those in long-term programs or in a life-long recovery process.

Policy Recommendation to The Collaborative and Member Agencies: Utilize the Institute of Medicine (IOM) framework to describe populations receiving services within a system of care that includes prevention.

Treatment

New Mexico’s treatment programs are overseen by the Behavioral Health Collaborative and member agencies. Within the structure of the Collaborative, services appear to be better integrated than before this consolidation within a behavioral health framework that recognizes co-occurring mental health disorders – approximately 40% of all adult behavioral health customers were diagnosed with a substance use disorder in the most recently completed fiscal year. The Collaborative and the more recently received Transformation State Incentive Grant have provided a vision of a comprehensive system, staffing and the opportunity to create a recovery-oriented model of service delivery that can grow more robust over time within the community-based system of care.

Issue: Infusion of Best or Evidence-Based Practices

While many best practices are already supported by the Collaborative and its member agencies, further use of those and other best practices can lead to improved substance use treatment services in multiple settings. Evidence-based practice(s) (EBPs) generally refers to approaches that are validated by some form of documented scientific evidence. Different authorities establish criteria for categorizing strength and quality of evidence. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence can be considered valid if all parties agree, as long as they are clearly documented and understood. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence. Best practices are often more policy or procedure oriented, and generally are not comprehensive program designs. James O. Prochaska, Ph.D. and Carlo C. DiClemente, Ph.D. did an empirical analysis of self-changers compared to smokers taking professional treatments. The participants were found to be using different processes at different times of their challenges with smoking. It was during this research that they noted the six stages of change (the phases people go through) individuals used to change their troubled behavior: pre-contemplation, contemplation,

preparation or determination, action, maintenance, and termination. This approach was rapidly applied to other substance use issues, and has been embraced in New Mexico by some though is not universally utilized. Early intervention, treatment and recovery have shown better outcomes when an individual's stage of change is integrated into a clinical approach. This recommendation includes that this is a standard approach to conducting assessments of clients' commitment to treatment and establishing the proper approach to use with the consumer. This and some other best and evidence-based practices are recommended here.

Policy Recommendation to The Collaborative and Member Agencies: Continue development of treatment and quality standards that assure uniform effective care is provided throughout the state.

- Adopt the Stages of Change model so that its use is expanded throughout the state within all treatment agencies, and integrate it into Substance Use Assessments so that appropriate treatment protocols are identified to match the level of consumer readiness for treatment.
- Ensure statewide utilization of Evidence-Based Practices, treatment service standards, quality improvement and assurance measures, and other appropriate indicators of quality within substance abuse provider agencies, including inpatient facilities, regardless of funding source.
- Monitor the use and fidelity of evidence-based practices, programs and strategies.
- Utilize standardized screening and assessment tools to determine need, diagnosis, etc.
- Utilize the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model to screen and provide brief interventions for high-risk alcohol consumption.
- Ensure the utilization of treatment approaches that are strengths based, recovery focused, and culturally competent, and include gender specific services, trauma informed care, and services that recognize and accommodate the issues of multi-generational use.

Policy Recommendation to The Collaborative and Member Agencies: Move toward a statewide system that can provide treatment on demand no matter where client engages with system – No Wrong Door.

Issue: Treat maternal substance abuse, depression, and other behavioral health issues

Maternal behavioral health issues, especially depression and substance abuse, create great risk for a lack of maternal-infant bonding and attachment, childhood developmental problems, learning difficulties, and eventually adolescent substance abuse and poor academic achievement.

Policy Recommendation to The Collaborative and Member Agencies: Explore the feasibility of implementing appropriate Medicaid billing codes to allow for screening for behavioral health issues during pregnancy and post partum.

- Explore an extension of the Medicaid coverage period for mental health and substance abuse services for pregnant and post partum women from 60 days to one year.

Policy Recommendation to The Collaborative and Member Agencies: Develop ways to increase awareness for consumers, community stakeholders, and to better educate obstetricians, pediatric care specialists, and primary care practitioners to correctly identify the presence of fetal alcohol syndrome, fetal alcohol effects, and other drug use, and treat the pregnant mother and then the newborn infant immediately.

Issue: Lack of broad availability of Medication-Assisted Treatment

Medication-Assisted Treatment (MAT) is pharmacotherapy relating to substance misuse. It combines pharmacological intervention (use of medications) with counseling and behavioral therapies. This

provides the consumer with a comprehensive approach in the treatment of substance misuse disorders. MAT is clinically driven and focuses on the consumer as an individual and care is provided as such. Effective MAT for alcohol dependence has been shown with the FDA approved medications Naltrexone (ReVia®, Depade®), Naltrexone for Extended-Release Injectable Suspension (VIVITROL®), Disulfiram (Antabuse®) and Acamprosate Calcium (Campral®). Effective MAT for opiate dependence has been shown with the FDA approved medications methadone and buprenorphine (Suboxone, Subutex). When MAT is part of a comprehensive treatment program, results have shown to improve multiple outcomes. MAT is utilized by some providers in New Mexico, but availability and access is limited due to lack of funding, among other reasons.

Policy Recommendation to The Collaborative and Member Agencies: Develop and implement a plan to expand and improve access to medication-assisted treatment, including through public health offices, drug court treatment programs, and for youth in appropriate settings.

Policy Recommendation to The Collaborative and Member Agencies: Seek opportunities to expand the use of traditional healing practices that have been proven to be effective in supporting recovery.

Issue: Integrate and more effectively link School Based Health Centers with the larger Behavioral Health System

School Based Health Centers can play a much larger role in providing screening, intervention, and brief treatment episodes to youth in need of substance abuse (and mental health services) in New Mexico, and at a much lower cost than the community mental health system. Currently many of those youth, who do not have a diagnosis, receive little or no treatment; a subset of those youth use at a very high risk level and ultimately enter the community-based behavioral health system, whether as youth or as adults. Schools can play an important role in this continuum, intervening while students are still in school. In New Mexico's current School Based Health Center network, where services are provided on mostly a part time basis, last year 43,713 visits by students occurred; of those, 15,409, or 22%, were behavioral health visits. A clear need exists for a stronger behavioral health component

Policy Recommendation to The Collaborative and Member Agencies: Recognize as a core component and integrate the network of School Based Health Centers (SBHC) into the state's behavioral healthcare system and managed care provider network.

- Ensure that all School Based Health Center staff are trained in the Screening, Brief Intervention and Referral to Treatment (SBIRT) model and ensure that they use all of the most appropriate standardized screening and assessment instruments for adolescents.

Issue: No Data on Substance Abusing Youth in Juvenile Justice and Child Welfare System

While we do not have sufficient research on this issue it is clear that juvenile justice system involved youth are experimenting with drugs and alcohol at younger and younger ages, as are many of those in the child welfare system. For the incarcerated substance abusers, many are poly-substance dependent and were given their first drink of alcohol or marijuana cigarette between 6 and 12 years of age. One of the shortfalls of the available data is that it is collected only for youth who are attending school. Many youth entering the juvenile justice system have very sparse school records and are not be accounted for in the YRRS survey data. These are often the individuals who end up with the most serious drug and alcohol problems.

Policy Recommendation to The Collaborative and Member Agencies: Conduct research with juvenile justice involved youth using substances to determine most appropriate age for intervention.

Issue: Lack of Full Adolescent Continuum in Some New Mexico Communities

The majority of children and families involved in the Protective Services, Youth and Family Services, and Juvenile Justice Services systems have identified issues regarding the use, abuse and dependence on alcohol or other substances. In FY09 CYFD served 16,808 juvenile justice-involved youth and they accounted for a total of 23,915 referrals. Of these, 5,213 youth had 6,284 referrals for substance abuse related offenses. Statewide, there are significant gaps in the availability of a full spectrum of substance abuse treatment services for youth. Services oftentimes rely upon substance abuse treatment services at either end of the continuum of care, either outpatient or residential treatment. A full continuum of services, to include early intervention, outpatient, intensive outpatient and residential treatment would allow for youth to enter treatment at the appropriate level of care, versus reliance only on the level of care currently available. Intensive wraparound services with youth and their families prevent out-of-home placement and ensure delivery and receipt of behavioral health services from a recovery-oriented and strengths-based perspective in accordance with needs identified through a diagnostic assessment.

Policy Recommendations to The Collaborative and Member Agencies: Ensure that a full continuum of substance abuse services for youth incorporating a wraparound approach to care is available in each region of the state, to include early intervention and outpatient, intensive outpatient, and, where needed, residential treatment.

- Increase partnerships with local child protective services and substance abuse services, to include screening, diagnosis and treatment, which address substance abuse-related factors contributing to risk of out-of-home placement and abuse/neglect.

Issue: Inadequate Transition Services for Older Youth

Successful transition of youth with substance abuse needs, especially those involved in the child welfare or juvenile justice systems, is essential in promoting both recovery and resiliency. Annually, approximately 300 youth transition from either juvenile correctional facilities or age out of foster care within the Children, Youth and Families Department (CYFD). A lack of consistent coordination between multiple systems as well as insufficient training for staff working with youth and young adults and service funding has resulted in service disruptions during periods of transition. Within New Mexico there is a significant reduction in behavioral health service use as youth enter adulthood: approximately 45% of those receiving services at age 17 are no longer receiving services at age 18. It is imperative that the substance abuse service array is adequate and provides services that are age and developmentally appropriate to meet the needs of youth transitioning from state custody to the community, youth transitioning to the adult system, or those youth involved in both of these areas of significant transition.

Policy Recommendation to The Collaborative and Member Agencies: Develop and implement substance abuse services statewide for youth transitioning from the children's behavioral health system to the adult behavioral health system that are age and developmentally appropriate.

Issue: Enhanced Practices for Female Youth

Female youth with substance abuse needs benefit from a comprehensive approach to care to include life skills, trauma issues, relationship issues, parenting, and physical health issues. Gender-specific programming supports the development of a safe and nurturing treatment environment, critical for successful participation in treatment and the recovery process. Many female youth with substance abuse needs, particularly those also involved with the child welfare and juvenile justice systems, also

have a history of sexual or physical abuse or other trauma; indicating the need for treatment based upon a trauma-informed approach to care.

Policy Recommendation to The Collaborative and Member Agencies: Expand gender-specific, trauma-informed substance abuse treatment services for female youth that include life skills, trauma issues, relationship issues, parenting, and physical health issues.

Harm Reduction

The history of high rates of drug use and addiction as well as unintentional drug overdose death in New Mexico have prompted numerous strategies, programs, services, and policies to help save lives in our state. For over a decade, New Mexico state officials, Department of Health staff, legislators, and community providers have embraced a harm reduction approach in addition to traditional substance abuse treatment, prevention, and law enforcement measures to address drug use and addiction. Harm reduction does not aim to replace treatment, but rather to save lives and improve health status of illicit drug users. According to the New Mexico Department of Health, “The Harm Reduction Program works to reduce drug-related harm while enhancing individual, family, and community wellness, primarily through the provision of linguistically appropriate and culturally competent services to injection drug users.”

In 1998, New Mexico passed the Harm Reduction Act which created the first statewide syringe exchange program in the nation. The law allowed for the establishment of state-run syringe exchange programs that not only ensure injection drug users receive clean needles and equipment to prevent the spread of HIV/AIDS, hepatitis C, and other blood-borne illnesses, but also that participants interact with medical staff and receive information on detoxification and rehabilitation services. Last year alone, approximately 3,000,000 syringes were exchanged through our programs saving countless lives and money.

In addition to the Harm Reduction Act, New Mexico developed a comprehensive overdose prevention program that is now seen as a model for other states. For years, New Mexico has led the nation with the highest overdose death rates from heroin. While overdose deaths from heroin remain a cause of concern, the emerging problem in New Mexico and across the country is the misuse of otherwise legal prescription drugs. A recent report from the New Mexico Department of Health reported a 250% increase in overdose deaths since 2003 caused by a combination of illicit drugs and prescription pain medication. The 2007 New Mexico Youth Risk and Resiliency Survey showed that prescription pain pills are the drug of choice for many teens (11.7%, fourth after alcohol 27%, marijuana 25%, and cigarettes 24%). Programs and policies to address these high rates of drug-related overdose include statewide reporting systems for drug overdose, state-mandated syringe exchange programs, distribution of naloxone to those at potential risk of opioid overdose, and the 911 Good Samaritan policy.

Policy Recommendation to The Collaborative and Member Agencies: Ensure harm reduction education is provided in all service sectors.

- Develop policy-making processes that include harm reduction strategies within a comprehensive approach, and educate all relevant state, city and county agencies and community stakeholders about the reasons for these strategies.

Issue: Syringe Exchange program effectiveness

Approximately 3,000 individuals enroll annually in the syringe exchange program operated by New Mexico's Department of Health, reducing the risk of spreading infectious diseases.

Policy Recommendation to The Collaborative and Member Agencies: Document and annually publish data about the effectiveness of New Mexico's syringe exchange program in reducing the spread of blood born infectious diseases and establish statewide estimates of the costs and benefits of expanded statewide utilization.

Issue: Overdose Prevention through utilization of Narcan

New Mexico's Department of Health operates an overdose prevention program that utilizes Narcan to reverse the effects of an overdose and likely save a life each time it is utilized. The drug has no other effects. DOH reports that 722 overdose referrals using Narcan were documented from January 1 to September 30, 2009, clearly a major public health achievement in saving lives in New Mexico.

Policy Recommendation to The Collaborative and Member Agencies: Document and annually publish data about the effectiveness of New Mexico's Narcan program in reducing the rate of fatal opiate-related overdoses, establish the projected costs and benefits of expanded statewide utilization, and create and implement a plan to broaden the use of this practice into all areas of the state.

Policy Recommendation to The Collaborative and Member Agencies and the New Mexico

Supreme Court: Develop a standardized training program for judges and criminal justice officials, in collaboration with the Administrative Office of the Courts (AOC), to create a consistent understanding of strengths and weaknesses of various behavioral health treatment services, when these may be clinically appropriate, the needs of people with mental health and substance abuse issues within the court setting, and New Mexico's harm reduction statutes.

Law Enforcement and Corrections

Law enforcement agencies continue to focus considerable efforts on reducing the flow of illegal drugs into New Mexico communities by disrupting drug trafficking organizations and arresting drug traffickers; DWI enforcement, combined with media messages, has dramatically reduced the number of DWI fatalities in New Mexico; and graduates of Therapeutic Communities have achieved a recidivism rate that is half that of other parolees of the prison system.

Issue: Adolescent treatment services not always available within Juvenile Detention Facilities

Adolescents in juvenile justice detention facilities do not have universal access to screening, assessment and treatment services that might address some of the contributing risk factors. Providing this range of treatment services in a comprehensive manner can improve a range of youth outcomes.

Policy Recommendation to The Collaborative and Member Agencies: Ensure to the maximum extent possible that substance use and related behavioral health screening, assessment and treatment is available when indicated for all adolescents in juvenile detention facilities.

Issue: Enhance Effects of Therapeutic Communities (TCs)

Therapeutic Communities provide a relatively long treatment episode (ten months) to inmates who elect to participate. A recent study by the Corrections Department found that the recidivism rate of parolees who successfully graduated from a TC was approximately half that of other parolees of the

prison system. Strategies that can capitalize upon that by connecting graduates of TCs with on-going community support for their recovery will only improve that result.

Policy Recommendation to The Collaborative and Member Agencies: Therapeutic Communities (TCs) within the prison system are successful in reducing recidivism rates and lowering costs to our state.

- Improve access for parolees who graduated from TCs to on-going recovery support in the community-based setting, including 12-Step programs.
- Prioritize jobs for successful TC graduates who have returned to the community to help them maintain long-term successful recovery efforts.
- Utilize successful TC graduates in recovery as certified peer support specialists.

Policy Recommendation to The Collaborative and Member Agencies: Support the expansion of Drug Court programs, and connect all graduates with the community behavioral health system to sustain recovery.

- Ensure access to medication-assisted treatment within the drug court model.
- Continue the expansion of drug courts for youth.

Policy Recommendation to The Collaborative and Member Agencies: Provide medication-assisted treatment during incarceration and pre-release for those who need it.

Issue: Sustain the Gains of Recent Reductions in DWI Fatalities

DWI fatalities have decreased in recent years as a result of large Federal grants that have supported increased DWI enforcement and media efforts. These funding streams are nearing an end, but the decrease in loss of life is too important to allow a reduction of activity currently supported by that funding. The current level of DWI enforcement and related media that prevents DWI by increasing the perception of risk of arrest must be sustained in order to avoid a sudden jump in DWI fatalities.

Policy Recommendation to The Collaborative and Member Agencies, Department of Public Safety and DWI Czar: Ensure a consistent utilization of DWI enforcement practices, paired with aggressive marketing campaigns that increase the perception of risk of arrest, to sustain the recent gains in reducing DWI fatalities.

Policy Recommendation to The Collaborative and Member Agencies and Department of Public Safety: Expand a comprehensive law enforcement strategy to effectively combat the activities resulting from the nexus of drug trafficking and criminal gang involvement.

Policy Recommendation to The Collaborative and Member Agencies and Department of Public Safety: Expand the aggressive enforcement of state and Federal laws used to combat drug trafficking in New Mexico.

Issue: Impact Teams allow Targeted Law Enforcement

Impact Team operations by State Police of the Department of Public Safety have, through short-term intensive enforcement and round-up efforts, shown immediate impacts upon community quality of life and illicit drug availability. These efforts should be maintained and strengthened when possible.

Policy Recommendation to The Collaborative and Member Agencies and Department of Public Safety: Utilize aggressive and effective Impact Team law enforcement operations in communities

where high levels of drug trafficking, violent crimes and substantial property crimes are reducing the quality of life in New Mexico communities.

Issue: Reentry

Governor Richardson's Task Force on Prison Reform recommends a more concentrated effort to coordinate state resources and a shoring-up of infrastructures to treat endemic substance abuse and other behavioral health problems among offenders and ex-offenders. The New Mexico Corrections Department releases 4,000 inmates per year; within three years, approximately 1,870 of them will be back in prison. This costs taxpayers and the State of New Mexico an average of more than \$31,000 per year for each re-incarcerated offender. Eighty-five percent of New Mexico offenders have substance abuse problems and many have co-occurring disorders, defined as both a diagnosable substance use and mental health disorder. The re-arrest rate of 11.9% (from New Mexico drug court programs) is significantly lower than that of persons released from prison. Cost-per-client day is \$27.01, compared to the daily cost of incarceration at approximately \$85.59 a day. It is overwhelmingly clear that without successful management of substance abuse issues, successful reentry is difficult at best, and failure is almost assured. Without addressing substance abuse issues – before, during and after – the best intentioned and well-motivated corrections policies will most likely not succeed and the likely result is recidivism and its attendant costs.

Policy Recommendation to The Collaborative and Member Agencies: Implement behavioral health recommendations of Governor Richardson's Task Force on Prison Reform, June 24, 2008.

- Drug courts, mental health courts, and other specialty courts, and the associated community resources to make these courts successful, should be expanded.
- Expand treatment options available during incarceration for persons suffering from substance abuse and mental illness and implement a medication assisted treatment pilot at the New Mexico Women's Correctional Facility.
- Implement a pilot project to ensure treatment for newly released prisoners with co-occurring disorders.
- Expand the capacity and the range of existing evidence-based behavioral health and social services programs to facilitate the triage of appropriate, non-violent offenders into probation, treatment, and supportive services.

Policy Recommendation to The Collaborative and Member Agencies and Legislature: Promote policies or legislation allowing judicial discretion to offer treatment instead of incarceration for non-violent narcotics possession of small amounts of illicit substances, based on a substance abuse assessment performed by a licensed behavioral health provider.

Other Identified Issues Needing Further Study

Prevention Issues

- Identify and support specific effective problem identification and referral services in identified cases of early initiation of substance use with youth.
- Require the utilization of evidence-based prevention practices.
- Review the evidence for the effects of increasing taxes (alcohol tax) on reducing underage and binge or excessive drinking when the price increase reduces availability of alcohol to minors and binge or excessive drinkers; consider a set-aside percentage to fund additional prevention and early intervention programs addressing risky drinking.
- Linkage of youth substance use to suicide and possible prevention or intervention options. Suicide is a public health problem of considerable magnitude in New Mexico. It is the second leading cause of death for adolescents and young adults 15-34 years of age and the fourth leading cause of death for adults 35-44 years. The suicide death rate in NM has consistently been one and a half to two times the national rate. In 2006, the age-adjusted suicide rate in NM was 17.1 per 100,000 compared to a U.S. rate of 10.6 per 100,000. Suicide is usually a complication of a psychiatric disorder. Approximately 90% of suicide victims have a diagnosable mental illness at the time of their death, most commonly a mood disorder such as depression or anxiety. Suicide also occurs in persons with various other psychiatric disorders, including schizophrenia, personality disorders, and alcohol and drug use disorders, either alone or co-morbid with another psychiatric illness. Other clinical factors that increase the risk for suicidal behaviors include a history of physical or sexual abuse as a child, a history of head injury or neurologic disorder, and cigarette smoking. Men are more than four times more likely to commit suicide than women. Other socio-demographic risk factors associated with suicide include being age 60 years or older, widowed or divorced, White non-Hispanic or Native American, unemployed, living in social isolation or poverty, and experiencing recent adverse events, such as job loss or the death of a loved one. The best predictor of suicidal behavior is a history of a suicide attempt and current suicidal ideation.

Utilize school health offices as community center for behavioral health services for youth in order to increase access and provide more effective means for intervention and brief treatment services.

Study the feasibility of broad universal screening for behavioral health issues for youth and adults.

Issues concerning particular populations

- The population suffering from chronic substance abuse and homelessness.
- Co-occurring developmental disabilities and substance abuse.
- Substance abuse issues in the geriatric population.
- Substance abuse issues among veterans.

Study and develop a clear understanding of the relationship of substance abuse issues to crisis response, housing, and transportation, the three strategic priorities of the Behavioral Health Planning Council.

Request DOH to study and produce position papers on innovative harm reduction strategies, including:

- 911 amnesty for adolescents who report overdose situations.
- The provision of OTC availability of Narcan.

Corrections Issues

- Corrections and Parole Board shall consider holding parolees harmless for possession of Narcan or of clean syringes; and integrate effective harm reduction strategies into their operating procedures.
- Consider the creation of an exemption for Corrections hiring of staff within the TCs so as to maintain the needed number of staff to operate the current TCs.
- Ensure access to community based behavioral health services to those leaving the judicial or prison system with a history of substance abuse or mental health disorders

Participants in the Ad Hoc Workgroup of the Substance Abuse Subcommittee

PURCHASING COLLABORATIVE MEMBERS

HUMAN SERVICES DEPARTMENT / BEHAVIORAL HEALTH SERVICES DIVISION

Karen Meador
Daphne Rood-Hopkins
Karan Northfield
Olin Dodson
Marizza Montoya-Gansel

DEPARTMENT OF HEALTH

Office of Substance Abuse Prevention

Yolanda Cordova
Susan Bosarge
Coy Burk
Karen Cheman
Pamela Espinoza

Harm Reduction Program

Raymond Aragon

Tobacco Use, Prevention and Control

Larry Elmore

Office of School Adolescent Health

Jim Farmer

Epidemiology and Response Division

Danielle Henderson
Tierney Murphy
Jim Roeber

CHILDREN, YOUTH AND FAMILIES DEPARTMENT

Jeffrey Tintsman
Kristin Doellinger Jones
Eloisa Gonzales

AGING AND LONG-TERM SERVICES DEPARTMENT

Rhonda Avidon

DEPARTMENT OF CORRECTIONS

Charles King
Pam Brown

HEALTH POLICY COMMISSION

Lisa Marie Gomez

PUBLIC EDUCATION DEPARTMENT

Daniel DePaula

DEPARTMENT OF FINANCE AND ADMINISTRATION

DWI Programs
Liza Luboff

DEPARTMENT OF TRANSPORTATION

Traffic Safety Bureau
Glenn Wieringa

BHPC / LOCAL COLLABORATIVES MEMBERS

Christine Wendel, Chair
Mary Sue Blackhurst, LC 4
Susie Trujillo, LC 6
Gail Falconer, LC 7
Pamela Drake, San Juan Community Partnership, LC11

NON PURCHASING COLLABORATIVE MEMBERS

DEPARTMENT OF PUBLIC SAFETY

Herman Silva

OFFICE OF THE DWI CZAR

Christine Thomas

ADVOCATES

Julie Roberts, Drug Policy Alliance
Arturo Gonzalez, Ph.D, Sangre de Cristo Community Health Partnership
Paula Feathers, Southwest Prevention Center
Kathy Sutherland-Bruaw, New Mexico Connections to Wellness
Frank Magourilos, New Mexico Certification Board Behavioral Health Professionals
Shelley Mann-Lev, Santa Fe Public Schools
Nadine Tafoya, Nadine Tafoya & Associates

FACILITATORS AND REPORT PREPARATION

Michael Coop, Coop Consulting, Inc.
Natalie Skogerboe, Coop Consulting, Inc.

The opinions, findings, and conclusions or recommendations expressed in this report do not necessarily reflect the views of the individual organizations listed above.

Appendices

* *New Mexico Youth Risk and Resiliency Survey, 2007*, Green, Dan, Epidemiology and Response Division, New Mexico Department of Health

* *Drug-Related Trends in New Mexico*, Shaw, Nina, Epidemiology and Response Division, New Mexico Department of Health

* *The Burden of Alcohol in New Mexico and Next Steps to Reduce It*, Roeber, Jim, Epidemiology and Response Division, New Mexico Department of Health

Summary of Recommendations in Response to Senate Memorial 71

* Available on the website for the Behavioral Health Collaborative, on the page for the Behavioral Health Planning Council's Substance Abuse Subcommittee:

<http://www.bhc.state.nm.us/BHCollaborative/subCommitteeMtg.html>

Summary of Recommendations in Response to Senate Memorial 71

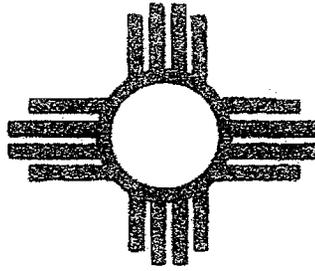
Policy Recommendations	Collaborative & Member Agencies	DWI Czar	NM Supreme Court	Dept. of Public Safety	Legislature
PREVENTION					
Develop a single point of oversight and coordination that will bring all substance abuse prevention programs together to better integrate, coordinate, and plan in a comprehensive manner, demonstrate accountability, and equitably distribute prevention resources across New Mexico's communities.	√				
Develop standards and accountability expectations for Total Community Approach and methamphetamine prevention programs that are consistent with those programs funded by the Office of Substance Abuse Prevention (OSAP), and a vehicle for oversight is consistent across all three programs. These would include: <ul style="list-style-type: none"> ▪ Prevention provider standards. ▪ Workforce competency standards. ▪ Utilization of evidence-based approaches. ▪ Data driven planning processes, particularly the Strategic Prevention Framework model. ▪ Evaluation methodologies of meaningful outcomes. 	√				
Require credentialing of staff providing prevention services funded by the state (with a two year period for staff to gain those credentials when they are not already in place). Training must include Prevention Generalist Training, Prevention Policy, and Prevention Ethics.	√				
Maintain and enhance a strong evidence based comprehensive strategy to prevent binge and excessive drinking, as the primary precursor of most of New Mexico's alcohol related consequences, including DWI fatalities, suicides, murders, chronic liver disease, fatal falls, and domestic violence.	√	√			
Set aside a minimum of 20% of all discretionary substance abuse funding for substance abuse prevention, in alignment with the Substance Abuse Prevention and Treatment (SAPT) Block Grant.	√				
Require Health Education with a strong substance abuse prevention component as a graduation requirement.	√				√
Use Strategic Prevention Framework process to guide prevention planning and implementation initiatives.	√				
Establish procedures in all agencies that work with children to ensure appropriate screening to identify early use and then make an appropriate referral to qualified early intervention personnel to address the problem behaviors. Programs that work with families of young children should include components that help families reduce the likelihood of early initiation. Schools should strengthen strategies to prevent use, and create comprehensive safety and wellness plans and interventions that reduce the likelihood of use on campus.	√				
Utilize the Institute of Medicine (IOM) framework to describe populations receiving services within a system of care that includes prevention.	√				

Policy Recommendations	Collaborative & Member Agencies	DWI Czar	NM Supreme Court	Dept. of Public Safety	Legislature
TREATMENT					
<p>Continue development of treatment and quality standards that assure uniform effective care is provided throughout the state.</p> <ul style="list-style-type: none"> ▪ Adopt the Stages of Change model so that its use is expanded throughout the state within all treatment agencies, and integrate it into Substance Use Assessments so that appropriate treatment protocols are identified to match the level of consumer readiness for treatment. ▪ Ensure statewide utilization of Evidence-Based Practices, treatment service standards, quality improvement and assurance measures, and other appropriate indicators of quality within substance abuse provider agencies, including inpatient facilities, regardless of funding source. ▪ Monitor the use and fidelity of evidence-based practices, programs and strategies. ▪ Utilize standardized screening and assessment tools to determine need, diagnosis, etc. ▪ Utilize the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model to screen and provide brief interventions for high-risk alcohol consumption. ▪ Ensure the utilization of treatment approaches that are strengths based, recovery focused, and culturally competent, and include gender specific services, trauma informed care, and services that recognize and accommodate the issues of multi-generational use. 	√				
Move toward a statewide system that can provide treatment on demand no matter where client engages with system – No Wrong Door.	√				
Explore the feasibility of implementing appropriate Medicaid billing codes to allow for screening for behavioral health issues during pregnancy and post partum.	√				
Explore an extension of the Medicaid coverage period for mental health and substance abuse services for pregnant and post-partum women from 60 days to one year.	√				
Develop ways to increase awareness for consumers, community stakeholders, and to better educate obstetricians, pediatric care specialists, and primary care practitioners to correctly identify the presence of fetal alcohol syndrome, fetal alcohol effects, and other drug use, and treat the pregnant mother and then the newborn infant immediately.	√				
Develop and implement a plan to expand and improve access to medication-assisted treatment, including through public health offices, drug court treatment programs, and for youth in appropriate settings.	√				
Seek opportunities to expand the use of traditional healing practices that have been proven to be effective in supporting recovery.	√				
<p>Recognize as a core component and integrate the network of School Based Health Centers (SBHC) into the state's behavioral healthcare system and managed care provider network.</p> <ul style="list-style-type: none"> ▪ Ensure that all School Based Health Center staff are trained in the Screening, Brief Intervention and Referral to Treatment (SBIRT) model and ensure that they use all of the most appropriate standardized screening and assessment instruments for adolescents. 	√				
Conduct research with juvenile justice involved youth using substances to determine most appropriate age for intervention.	√				

Ensure that a full continuum of substance abuse services for youth incorporating a wraparound approach to care is available in each region of the state, to include early intervention and outpatient, intensive outpatient, and, where needed, residential treatment. <ul style="list-style-type: none"> Increase partnerships with local child protective services and substance abuse services, to include screening, diagnosis and treatment, which address substance abuse-related factors contributing to risk of out-of-home placement and abuse/neglect. 	√				
Develop and implement substance abuse services statewide for youth transitioning from the children's behavioral health system to the adult behavioral health system that are age and developmentally appropriate.	√				
Expand gender-specific, trauma-informed substance abuse treatment services for female youth that include life skills, trauma issues, relationship issues, parenting, and physical health issues.	√				

Policy Recommendations	Collaborative & Member Agencies	DWI Czar	NM Supreme Court	Dept. of Public Safety	Legislature
HARM REDUCTION					
Ensure harm reduction education is provided in all service sectors. <ul style="list-style-type: none"> Develop policy-making processes that include harm reduction strategies within a comprehensive approach, and educate all relevant state, city and county agencies and community stakeholders about the reasons for these strategies. 	√				
Document and annually publish data about the effectiveness of New Mexico's syringe exchange program in reducing the spread of blood born infectious diseases and establish statewide estimates of the costs and benefits of expanded statewide utilization.	√				
Document and annually publish data about the effectiveness of New Mexico's Narcan program in reducing the rate of fatal opiate-related overdoses, establish the projected costs and benefits of expanded statewide utilization, and create and implement a plan to broaden the use of this practice into all areas of the state.	√				
Develop a standardized training program for judges and criminal justice officials, in collaboration with the Administrative Office of the Courts (AOC), to create a consistent understanding of strengths and weaknesses of various behavioral health treatment services, when these may be clinically appropriate, the needs of people with mental health and substance abuse issues within the court setting, and New Mexico's harm reduction statutes.	√		√		

Policy Recommendations	Collaborative & Member Agencies	DWI Czar	NM Supreme Court	Dept. of Public Safety	Legislature
LAW ENFORCEMENT & CORRECTIONS					
Ensure to the maximum extent possible that substance use and related behavioral health screening, assessment and treatment is available when indicated for all adolescents in juvenile detention facilities.	√				
Therapeutic Communities (TCs) within the prison system are successful in reducing recidivism rates and lowering costs to our state. <ul style="list-style-type: none"> Improve access for parolees who graduated from TCs to on-going recovery support in the community-based setting, including 12-Step programs. Prioritize jobs for successful TC graduates who have returned to the community to help them maintain long-term successful recovery efforts. Utilize successful TC graduates in recovery as certified peer support specialists. 	√				
Support the expansion of Drug Court programs, and connect all graduates with the community behavioral health system to sustain recovery. <ul style="list-style-type: none"> Ensure access to medication-assisted treatment within the drug court model. Continue the expansion of drug courts for youth. 	√				
Provide medication-assisted treatment during incarceration & pre-release for those who need it.	√				
Ensure a consistent utilization of DWI enforcement practices, paired with aggressive marketing campaigns that increase the perception of risk of arrest, to sustain the recent gains in reducing DWI fatalities.	√	√		√	
Expand a comprehensive law enforcement strategy to effectively combat the activities resulting from the nexus of drug trafficking and criminal gang involvement.	√			√	
Expand the aggressive enforcement of state and Federal laws used to combat drug trafficking in NM.	√			√	
Utilize aggressive and effective Impact Team law enforcement operations in communities where high levels of drug trafficking, violent crimes and substantial property crimes are reducing the quality of life in New Mexico communities.	√			√	
Implement behavioral health recommendations of Governor Richardson's Task Force on Prison Reform, June 24, 2008. <ul style="list-style-type: none"> Drug courts, mental health courts, and other specialty courts, and the associated community resources to make these courts successful, should be expanded. Expand treatment options available during incarceration for persons suffering from substance abuse and mental illness and implement a medication assisted treatment pilot at the New Mexico Women's Correctional Facility. Implement a pilot project to ensure treatment for newly released prisoners with co-occurring disorders. Expand the capacity and the range of existing evidence-based behavioral health and social services programs to facilitate the triage of appropriate, non-violent offenders into probation, treatment, and supportive services. 	√				
Promote policies or legislation allowing judicial discretion to offer treatment instead of incarceration for non-violent narcotics possession of small amounts of illicit substances, based on a substance abuse assessment performed by a licensed behavioral health provider.	√				√



The Legislature
of the
State of New Mexico

49th Legislature, First Session

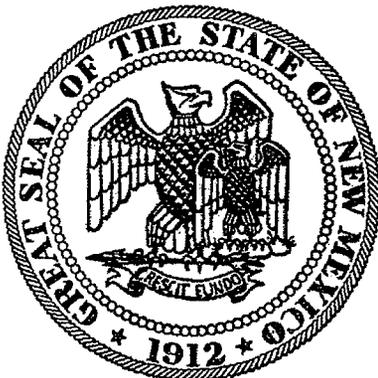
LAWS 2009

CHAPTER _____

SENATE MEMORIAL 71

Introduced by

SENATOR BERNADETTE M. SANCHEZ



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A MEMORIAL

REQUESTING THE NEW MEXICO HEALTH POLICY COMMISSION TO CREATE
A TASK FORCE TO EVALUATE NEW MEXICO'S CURRENT APPROACHES TO
DRUG POLICY THROUGH THE USE OF LAW ENFORCEMENT, TREATMENT,
PREVENTION AND HARM REDUCTION AND TO DEVELOP STRATEGIES FOR
EFFECTIVE CHANGE.

WHEREAS, New Mexico has long been concerned about
substance abuse and its impact on the people of New Mexico;
and

WHEREAS, addiction is a chronic medical illness that is
treatable, and drug treatment success rates exceed those of
many cancer therapies; and

WHEREAS, according to a recent report issued 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 and another one hundred twenty-four thousand need
treatment for alcohol abuse; and

WHEREAS, according to the Pew research centers, more
than one out of every one hundred Americans is incarcerated,
and a recent United States justice department report states
that an estimated five hundred thousand people are
incarcerated for a drug law violation nationally; and

WHEREAS, at the end of 2007, over seven million three

1 hundred thousand Americans, which is approximately one in
2 every thirty-one adults, were incarcerated or on probation or
3 parole, and roughly one-third of these were under
4 correctional supervision for a drug law violation; and

5 WHEREAS, the average cost of substance abuse treatment
6 in New Mexico is one thousand two hundred ninety-five dollars
7 (\$1,295) per person per year, and the cost of incarcerating
8 one person in either jail or prison averages twenty-seven
9 thousand eight hundred thirty-seven dollars (\$27,837) per
10 year; and

11 WHEREAS, New Mexico spent approximately twenty-two
12 million dollars (\$22,000,000) to incarcerate nonviolent drug
13 possession offenders in 2007; and

14 WHEREAS, of the approximately five thousand six hundred
15 people in New Mexico's state prison system in 2002,
16 approximately eighty-seven percent were assessed as needing
17 substance abuse services and seventy percent as substance
18 abusing or dependent; and

19 WHEREAS, according to a study by the RAND corporation,
20 every one dollar (\$1.00) invested in substance abuse
21 treatment results in a savings to taxpayers of more than
22 seven dollars (\$7.00), through reduced societal costs of
23 crime, violence and loss of productivity; and

24 WHEREAS, the national treatment improvement evaluation
25 study shows substantial reductions in criminal behavior, with

1 a sixty-four percent decrease in all arrests after treatment,
2 making public safety a primary beneficiary of effective drug
3 treatment programs; and

4 WHEREAS, federal, state and local costs of the war on
5 drugs exceed forty billion dollars (\$40,000,000,000)
6 annually, yet drugs are still widely available in every
7 community, drug use and demand have not decreased and most
8 drug prices have fallen while purity levels have increased
9 dramatically; and

10 WHEREAS, according to the office of national drug
11 control policy, only thirty-five percent of the federal drug
12 control budget is spent on education, prevention and
13 treatment combined, with the remaining sixty-five percent
14 devoted to law enforcement efforts; and

15 WHEREAS, cities and states across the country have
16 experienced a rise in violent crime and must prioritize
17 scarce law enforcement resources; and

18 WHEREAS, many New Mexico teachers, prevention
19 specialists and school districts are using effective and
20 science-based drug prevention strategies that focus on
21 building resiliency and honest communication with young
22 people about drug use; and

23 WHEREAS, over one-third of all HIV/AIDS cases and nearly
24 two-thirds of all new cases of hepatitis C in the United
25 States are linked to injection drug use with contaminated

1 syringes, now the single largest factor in the spread of
2 HIV/AIDS in the country; and

3 WHEREAS, Blacks, Latinos and other minorities use drugs
4 at rates comparable to Whites, yet they face disproportionate
5 rates of arrest and incarceration for drug law violations
6 among persons convicted of drug felonies in state courts; and

7 WHEREAS, according to the corrections department, one in
8 ninety Hispanic men aged eighteen and older, one in
9 thirty-one Black men aged eighteen or older and one in
10 twenty-five Black men aged twenty to thirty-four are
11 currently incarcerated in New Mexico; and

12 WHEREAS, the drastic change in sentencing laws in the
13 last quarter century has led to a seven hundred percent
14 increase in the incarceration of women, with drug law
15 violations accounting for one-third of the increase; and

16 WHEREAS, in order to promote the successful reentry into
17 society of people leaving prison or jail, New Mexico must
18 provide them with job training, transitional housing, family
19 reunification services, behavioral health treatment and the
20 restoration of voting rights; and

21 WHEREAS, New Mexico continues to be a national leader in
22 effective, public health-based drug policies, as demonstrated
23 by its 1997 enactment of the Harm Reduction Act, which
24 created statewide syringe exchange programs; the department
25 of health's 2001 overdose prevention and response initiative;

1 and the good Samaritan provisions in Section 30-1-27.1 NMSA
2 1978, which was enacted in 2007; and

3 WHEREAS, the use of a four pillar approach to drug
4 policy, incorporating law enforcement, treatment, prevention
5 and harm reduction, can save both lives and money in New
6 Mexico;

7 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE
8 STATE OF NEW MEXICO that the New Mexico health policy
9 commission be requested to create a task force to evaluate
10 New Mexico's current approaches to drug policy through the
11 use of law enforcement, treatment, prevention and harm
12 reduction and to develop strategies for effective change; and

13 BE IT FURTHER RESOLVED that the task force include
14 representation from the governor's office; the legislative
15 finance committee; experts in the fields of public safety,
16 public health, substance abuse prevention, behavioral health
17 treatment and harm reduction; the drug policy alliance; and
18 at least two individuals who are in recovery from substance
19 abuse; and

20 BE IT FURTHER RESOLVED that the task force identify
21 short- and long-term strategies for drug policies that save
22 taxpayer money, hold agencies accountable and demonstrate a
23 proactive, public health approach to drug policy development;
24 and

25 BE IT FURTHER RESOLVED that the task force establish

1 criteria to evaluate the impact of drug use and drug policies
2 on the health and welfare of New Mexicans; and

3 BE IT FURTHER RESOLVED that the task force present its
4 findings and recommendations, including a description of
5 current approaches to drug policy and recommendations for
6 effective strategies to more effectively address drug use and
7 its consequences, to the interim legislative health and human
8 services committee and other appropriate interim legislative
9 committees by November 1, 2009; and

10 BE IT FURTHER RESOLVED that copies of this memorial be
11 transmitted to the chair of the New Mexico health policy
12 commission and to each of the organizations named to
13 participate in the task force. _____

SM 71
Page 6

14
15
16
17
18
19
20
21
22
23
24
25

s/Diane D. Denish
Diane D. Denish, President
Senate

s/Lenore M. Naranjo
Lenore M. Naranjo, Chief Clerk
Senate