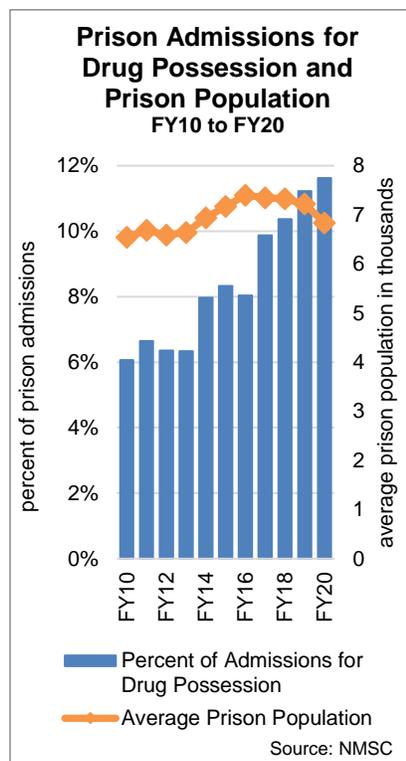
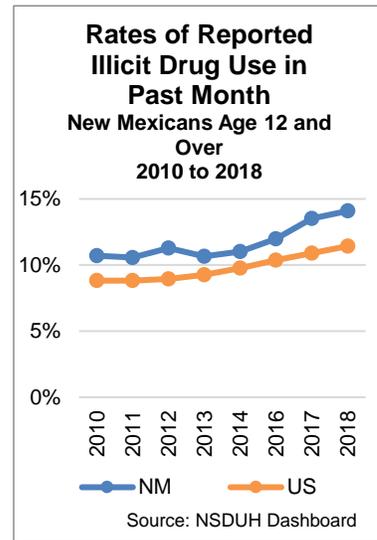


OTHER SUBSTANTIVE ISSUES

According to data from the [National Survey on Drug Use and Health](#), in 2018, 14.1 percent of New Mexicans over the age of 12 reported using illicit drugs in the past month, compared with 11.4 percent nationally. Rates of illicit drug use in New Mexico exceeded the national rate every year between 2010 and 2018, but between 2016 and 2018, the rate of New Mexicans reporting illicit drug use increased at almost twice the rate of the national increase. Insufficient treatment resources make addressing this issue difficult. A [2020 Department of Health gap analysis of substance use disorder treatment](#) estimated only 34.3 percent of the estimated 204.7 thousand New Mexicans needing substance use disorder (SUD) treatment in 2018 received it.



New Mexico incarcerates people for drug crimes at a higher rate than the national average. New Mexico’s high rates of substance use disorders and increasing illicit drug use suggest these trends will continue. A [2019 LFC report on substance abuse treatment and outcomes in New Mexico](#) found stigma associated with addiction is a significant obstacle to broadening access to effective treatment, despite research showing substance use disorder is best understood as a treatable chronic disease. The report noted that, while medication-assisted treatment (MAT) has been demonstrated to be safer and more effective than either psychotherapy or medication alone for treating SUD, “doctors must undergo special training and receive a license from the Drug Enforcement Agency to prescribe these drugs. Numerous doctors interviewed for this report indicated that stigma within the medical community prevents their colleagues from obtaining these licenses or utilizing them fully, and that stigma can make the leadership of health systems hesitant to implement comprehensive addiction programs for fear of becoming a magnet for ‘those patients.’”

The 2019 LFC report concludes that “effectively addressing substance abuse is difficult, in part, because it requires overcoming pervasive stigma. A wide body of research shows that SUD are best understood and treated as chronic illnesses, yet too often they are instead viewed as symptoms of moral failure. Stigma can prevent people from seeking help and providers from offering it. Framing SUD as a moral failing does not allow us to make the critical connections between the disease and its origins in social determinants like poverty and childhood trauma. New Mexico will not get ahead of this crisis until we replace stigma with informed understanding and respond to SUD as the public health crisis it is.”