



Tackling the Opioid Epidemic in New Mexico

More than 150,000 New Mexicans ages 12 and older have some type of substance use disorder, and one-third of them (50,000) are adolescents and young adults ages 12 through 25. Substance abuse threatens to deprive a large segment of our young people of opportunities for healthy and successful lives and contributes to the crime problem we face across New Mexico. New Mexico has one of the highest drug overdose rates in the country and ranks 50th in the nation for deaths from suicide, alcohol and drug use. Substance abuse and addiction destroy lives and families, contribute to child neglect and abuse, tear apart communities, limit educational and economic opportunities, and directly impact our workforce. Non-mortality related costs of opioid abuse incurred in the form of health costs, criminal justice, and productivity loss are costing New Mexico nearly \$500 million annually. As we turn around our public education system, create new jobs and diversify our economy, we must address the scourge of opioids and other drugs and provide New Mexicans with the appropriate treatment and supports they need.

I have a 10-point plan to address this crisis. As Governor, I will:

- 1. *Increase prevention initiatives to address substance abuse and addiction.*** We need stronger prevention initiatives in New Mexico. We need outreach and targeted treatment for pregnant women struggling with addiction. We must also identify children and adolescents who are at risk for substance abuse when they are young and provide early interventions and supports. We need to provide outreach and services to members of the LGBTQ community, who are at high risk for overdose deaths. Our targeted efforts to young people include:
 - Providing resources for school-based health centers, community schools, and other programs for elementary, middle school and high school students that place trained personnel in communities to provide community education, screen children for Adverse Childhood Experiences related to the risk of initiating substance use, identify kids who are at risk for substance abuse and help connect them to appropriate interventions and services.
 - Increasing access to Screening, Brief Intervention and Referral to Treatment (SBIRT), an evidence-based program that helps reduce dependence on alcohol and illicit drugs and could be implemented in different communities, including rural New Mexico. Screening must be accompanied by the provision of treatment and other supports where needed, ideally through an integrated behavioral health program where patients receive their screenings.
- 2. *Reduce the unnecessary overprescribing of opiates and take appropriate actions against prescribers who do not follow opioid prescribing laws.*** New Mexico was one of the first states to develop a Prescription Monitoring Program (PMP) and requires healthcare providers to check the PMP before prescribing opioids, but we still have unacceptably high levels of prescription drug abuse and overdoses. We must increase our efforts to reduce the unnecessary prescribing of opiates, while enabling people to receive appropriate treatment for pain. I will work with the Attorney General, the NM Board of Pharmacy and the other health professional boards to ensure that providers in New Mexico use the PMP before prescribing controlled substances, identify providers who appear to be overprescribing and investigate and take

appropriate action in those cases, and take appropriate action against prescribers who do not use the PMP as required. Furthermore, I will work closely with our state Attorney General to hold pharmaceutical companies accountable for pushing prescription opioids.

3. Increase training and resources so that New Mexicans throughout the state have access to comprehensive treatment using buprenorphine, and pregnant women with opioid addiction receive needed treatment and services. Opioid addiction is a chronic disease that affects the brain and should be treated as such. Medication assisted treatment using buprenorphine, which includes appropriate psychosocial treatment and supportive services, has been shown in numerous studies to be effective in treating opioid addiction, reducing deaths from overdoses, and preventing relapse. My initiative will include:

- Training and support to providers so that they have the resources they need to obtain federal approval to prescribe buprenorphine to people with opioid use disorder. Under my leadership, we will increase the number of physicians, nurse-practitioners and physician assistants in New Mexico who obtain this federal approval and who prescribe buprenorphine to treat people with opioid addiction.
- Ensuring that treatment programs in New Mexico include psychosocial treatment and supportive services, including counseling and case management for patients and help connecting them to supportive services (e.g., care coordination, housing and transportation assistance, vocational training and child care) to help them overcome their addiction and lead productive engaged lives.
- Support for programs that provide peer-to-peer mentoring for patients with opioid use disorder.
- Support for mentoring programs and learning collaboratives for healthcare providers, such as UNM's Project ECHO, to support physicians, other providers, and staff at agencies that work with people with opioid use disorder and help them better understand addiction and the unique challenges of working with people with opioid addiction. As Secretary of Health, I worked with UNM to expand Project ECHO to train rural primary care providers on treating drug addiction with medication assisted treatment.
- Support for programs that provide evidence-based treatment for pregnant women with substance use disorders, including opioid addiction. Optimal outcomes for both mother and baby require a team-based approach with obstetricians, addiction specialists and pediatricians working together in a supportive non-punitive manner to provide medication assisted treatment, counseling, and follow up care that keeps families together and reduces the incidence and adverse consequences of neonatal abstinence syndrome. These services must be provided in a non-punitive manner and can build on work within the state to reduce the incidence of neonatal abstinence syndrome.

4. Ensure that those who need inpatient care, intensive outpatient care, housing, and other social services and supports while on the road to recovery can receive those services in New Mexico. Currently, New Mexicans who need intensive inpatient treatment for opioid use disorder must leave the state. This means that patients are separated from family and other support systems that can facilitate recovery. There are new opportunities to use Medicaid and other federal funds to cover the costs of both short and longer-term residential or intensive outpatient treatment for substance use disorder. I will work with providers, local governments,

legislators, insurers, and other stakeholders to develop a plan for where and how to create inpatient/residential options, intensive outpatient treatment and supportive housing options in New Mexico. We need to offer a continuum of care within our state for those on the road to recovery.

5. *Adopt the recommendation of the state's Medical Cannabis Advisory Board to authorize the use of medical cannabis to treat opioid use disorder.*

In November 2017, the Medical Cannabis Advisory Board recommended that New Mexico include treatment of opioid use disorder as one of the qualifying conditions for obtaining medical cannabis. Without any explanation, the Department of Health has refused to adopt this recommendation from the advisory group of medical providers. As Governor, I will direct the Secretary of Health to implement the experts' recommendation through a project that will give us the opportunity to further study cannabis' effectiveness as a treatment for opioid use disorder.

6. *Increase addiction treatment for persons who become involved in our criminal justice system, and stop using our jails and prisons as community behavioral health centers.*

We jail and imprison far too many nonviolent drug offenders who need treatment, not incarceration. We cannot incarcerate our way out of the drug problem in New Mexico, and we must stop expecting counties and jails to serve as primary community behavioral health centers. New Mexico needs an effective statewide strategy that focuses on prevention, treatment, and community supports to help people recover from drug and alcohol addiction and lead productive engaged lives. I will work with the New Mexico Association of Counties to help implement their recent recommendations on Improving Transition from Detention to the Community for Individuals with Opioid Use Disorder. We also must:

- Invest in treatment, not incarceration of nonviolent offenders, including by increasing available transitional housing options.
- Increase support for drug courts and other diversion programs to help people obtain the mental health and addiction services they need and work with law enforcement officials, the courts and the criminal defense bar to identify and overcome barriers to participation in these programs.
- Strengthen and expand programs that provide medication assisted treatment while people are incarcerated and connect people re-entering the community from jail or prison to Medicaid coverage and services, so they can transition immediately to substance abuse treatment providers as needed.

7. *Strengthen state laws to reduce opioid overdoses, increase access to overdose reversal medications, and stop unfair pricing practices that keep these life-saving drugs from the people who need them.*

Although New Mexico has several laws addressing opioid addiction, we can and must do more. In 2007, as Secretary of Health, I supported adoption of a "911 Good Samaritan" law that protects people from prosecution for possession of a controlled substance if they call for emergency assistance for someone who is overdosing; under my leadership the Department of Health educated the public and helped roll out the law. We were the first state in the country to adopt a 911 Good Samaritan Law and we can strengthen it now to ensure it includes people who are on probation or parole and seek emergency assistance for themselves or others experiencing an overdose. I will also work with pharmacies to help reduce barriers to stocking and dispensing naloxone -- an FDA-approved medication that reverses the effects of an opioid overdose. I will also address unfair pricing practices by pharmaceutical companies and

pharmacy benefit managers that make it more difficult to obtain naloxone. As Governor, I will also ensure that our laws requiring provision of naloxone to first responders and to people re-entering the community from jail or prison are implemented effectively and adequately funded.

8. *Increase our behavioral health workforce throughout New Mexico by recruiting and retaining professionals with expertise in treating addiction.* We need to increase the number of behavioral health providers in New Mexico, including psychiatrists, psychologists, clinical social workers, psychiatrist nurses and other professionals with expertise in treating people with addiction and co-occurring mental health conditions. We also need to develop a trained workforce to provide case management and other support services for people receiving treatment for addiction. As Governor, I will continue the rural physician and nurse tax credit and will support adding a bracket of the credit for pharmacists, counselors, and social workers. I will also increase funding for loan repayment and loan-for service programs and support full funding for the New Mexico Health Service Corps to provide valuable stipends for professionals completing residency if they promise to practice in an underserved area.

9. *Immediately appoint an Opioid Recovery Task Force to develop a statewide plan to address the opioid epidemic.* This cannot be a top down effort but requires collaboration with local providers and officials, including those working in the criminal justice system. The Task Force will consist of state and local government officials, tribal leaders, healthcare providers, and other key stakeholders. I will instruct the Task Force to develop a plan that:

- Addresses the diverse needs of our communities. We must design strategies that will allow different communities and regions of the state to prioritize needs, build on existing strengths and use new resources in the most appropriate way, whether it be to address the use of heroin, prescription drugs, other illicit drugs, or a combination of them. A strategy that may be effective in Rio Arriba County, for example, may not be the best strategy for Dona Ana County.
- Identifies existing private, state, local and federal resources available to fight the opioid epidemic – including providers, programs, and funding sources – and includes a plan to leverage those resources. The federal government has provided funding to states to address the opioid epidemic and more funding may be approved soon. We need to use those resources thoughtfully to build a sustainable behavioral health system that supports services throughout the state and is not dependent on one-time funding initiatives.
- Recommends how best to invest new federal funding for opioid use disorder prevention and treatment into infrastructure, training and services that we can sustain after short-term federal funding dries up and ensure that we are providing services throughout New Mexico

10. *Leverage Medicaid and other federal funding initiatives for opioid prevention and treatment to maximize federal resources to address the opioid epidemic.* The Centers for Medicare & Medicaid Services (CMS) has announced several initiatives to enable states to leverage federal matching funds to strengthen their opioid treatment efforts, including to address Neonatal Abstinence Syndrome. As Governor, I will leverage these opportunities to support a plan that works for New Mexico. I will also work with the Opioid Recovery Task Force to ensure that new funding opportunities for New Mexico are used to support a strategic plan that will meet the need for services throughout the state and builds sustainable programs.