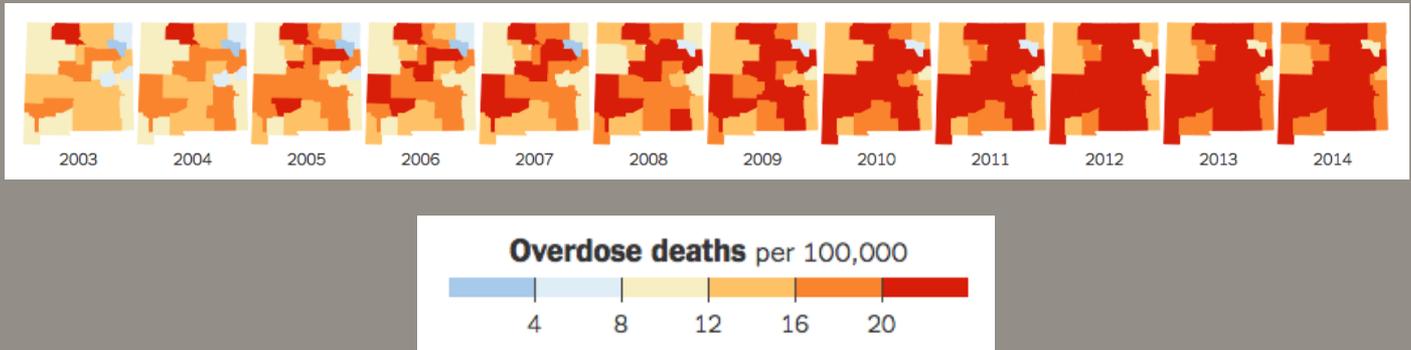


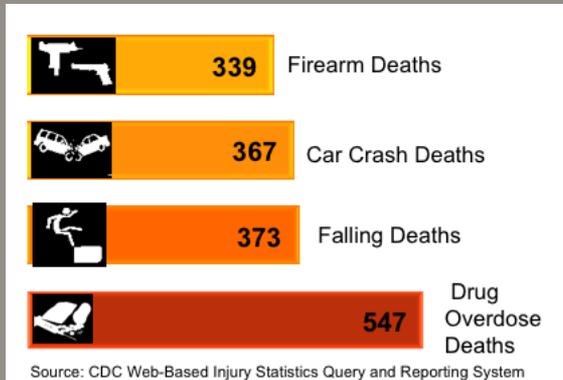
# New Mexico's Drug Overdose Death Epidemic: Understanding the Problem and Finding a Way Out of the Crisis



Source: New York Times: *How the Epidemic of Drug Overdose Deaths Ripples Across America*. January 19, 2016

# NEW MEXICO IS EXPERIENCING AN ONGOING CRISIS OF DRUG OVERDOSE POISONING DEATHS

In 2014, 547 New Mexicans died of a drug overdose. In fact, drug overdose killed more New Mexicans than firearms, motor vehicle crashes, and falls.

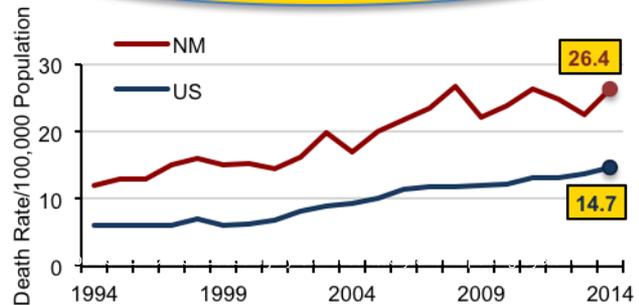


Since 2000, the number of drug overdose deaths in New Mexico increased 102%.

New Mexico has had the highest drug overdose death rate in the nation for most of the last two decades.

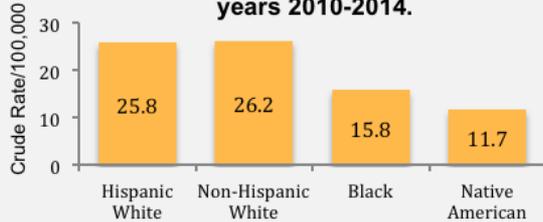
## Age-Adjusted Drug Overdose Death Rates in NM and the US in Years 1994-2014

In 2014, New Mexico's drug overdose death rate was **twice the national** rate.

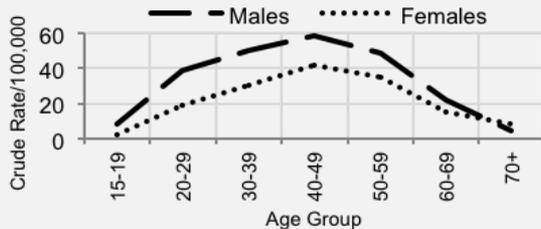


# ALL NEW MEXICANS HAVE BEEN AFFECTED BY DRUG OVERDOSE DEATH

Hispanic Whites and Non-Hispanic Whites living in New Mexico had about the same drug overdose death rates in years 2010-2014.



In years 2010-2014, the highest drug overdose death rates are among men and women ages 40-49 years.



Source: CDC Web-Based Injury Statistics Query and Reporting System

In recent years, the number of women dying from a drug overdose is increasing at a faster rate than men. **Almost 3 times as many women died from a drug overdose in 2104 than in 2000.**



22.8/  
100,000



7.9/  
100,000

In 2000, 73 women and 198 men died of a drug overdose in New Mexico.



34.3/  
100,000



20.0/  
100,000

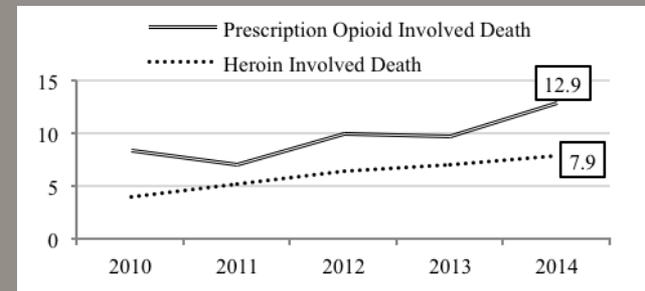
In 2014, 212 women and 335 men died of a drug overdose in New Mexico.

# 70% OF NM DRUG OVERDOSE DEATHS IN 2014 INVOLVED EITHER OPIOID PAIN RELIEVERS OR HEROIN

- The number of drug overdose deaths involving opioid pain relievers or heroin increased from 196 deaths in 2000 to 382 in 2014, an increase of 95%.
- In 2014, an average of **SEVEN PEOPLE DIED EVERY WEEK** of an opioid-involved drug overdose.
- Of the drug overdose deaths that involved heroin or prescription opioids, in 2014:
  - 60% involved prescription opioids without heroin
  - 30% involved heroin without prescription drugs
  - 10% involved both

The chart below shows the upward trend in opioid involved age-adjusted overdose death rates in NM from 2010-2014.

Opioid Involved Age-Adjusted Overdose Death Rates per 100,000 Population in NM, 2010-2014



Source: NM Department of Health Emergency Response Division

Overall, **22%** of New Mexicans know someone in their life who has died of a drug overdose and **54%** have a friend or family member who struggles with a substance abuse problem. <sup>1</sup>

# NEW MEXICO POLL OF 600 ACTIVE VOTERS

## Drug Overdose Concern



8 out of 10 poll respondents are concerned about drug overdose



1 out of 5 poll respondents know someone in their life who died of a drug overdose



1 out 2 poll respondents has a friend or family member who struggles with a substance use problem

## Attitude About Current Drug Policy



1 out of 2 poll respondents **oppose arresting and jailing** a person for possession of a small amount of illicit drugs for personal use

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# NEW MEXICO POLL OF 600 ACTIVE VOTERS (continued)

## Knowledge and Awareness of Current Programs

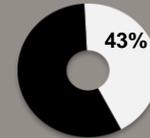
31% of New Mexicans are familiar with the **Good Samaritan Law**



31% of New Mexicans have heard of **Naloxone**



43% of New Mexicans have heard of **Syringe Exchange Programs**



## Why We Need Better Access to Overdose Prevention and Harm Reduction Programs

Of those respondents who have heard of **Naloxone**, only **11%** know where to get it



11% know where to get **Naloxone**

Of those respondents who have heard of **Syringe Exchange Programs**, only **12%** know how and where to access it



12% know how and where to access **Syringe Exchange**

# WHAT CAN BE DONE TO SAVE LIVES AND DECREASE OPIOID RELATED OVERDOSE?

## INCREASE ACCESS TO NALOXONE

Naloxone (also known as Narcan®) is a medication used to reverse an opioid overdose.



Source: Intropin (CC-BY)

### Naloxone Facts:

- Naloxone is FDA approved, since 1971.
- Naloxone is not a controlled substance.
- Naloxone is non-addictive.
- Naloxone can be administered repeatedly without harm.
- Naloxone has no potential for abuse.

## BROADEN THE 911 GOOD SAMARITAN LAW IMMUNITY to cover individuals who are on probation or parole.

- In 2007, NM was the first to pass 911 Good Samaritan Legislation that protects overdose witnesses and victims who seek medical attention from arrest and prosecution for simple drug offenses.
- The law does not protect an individual on probation or parole.
- 17,078 NM adults are on probation or parole<sup>2</sup> and 1,402 NM juveniles are on supervised probation.<sup>3</sup>
- Broadening the law to cover these individuals will improve emergency overdose response and save lives.

## ELIMINATE THE RESTRICTION THAT PROHIBITS PEOPLE UNDER 18 YEARS OLD TO PARTICIPATE IN SYRINGE EXCHANGE PROGRAMS.

- In 2014, 7% of Hepatitis C cases were among youth ages 15-19 years of age.<sup>4</sup>
- Injection drug use is the most common risk factor for Hepatitis C.
- In 2013, 3% of NM high school students reported using a needle to inject drugs and 9% reported using a painkiller recreationally.<sup>5</sup>
- Syringe exchange programs reduce HIV and do not cause rates of drug use to increase.<sup>6</sup> People who have access to syringe exchange programs have lower rates of Hepatitis C and are more likely to practice safe injection.<sup>7</sup>

## CREATE MEDICALLY SUPERVISED INJECTION FACILITIES (SIFs).

- SIFs are controlled health care settings where people who inject drugs can self-administer pre-acquired drugs under clinical supervision.
- SIFs aim to reduce the health and societal problems associated with injection drug use.
- SIFs provide sterile injection equipment, information about reducing the harms of drugs, health care, treatment referrals and access to medical staff and counseling.
- SIFs have been shown to reduce the transmission of HIV/AIDS and Hepatitis C, prevent overdose deaths, reduce injection-related risks, and increase the number of people who enter drug treatment.<sup>8</sup>
- **47%** of New Mexicans favor Supervised Injection Sites. Of these respondents, **65%** know someone who died of a drug overdose.<sup>1</sup>

## INCREASE ACCESS TO MEDICATION ASSISTED TREATMENT (MAT)

Buprenorphine and methadone are two commonly used medications to treat opioid dependence.

- Offer incentive programs to increase the number of MAT providers.
- Offer Office-Based Opioid Treatment Programs that include methadone.
- Provide MAT in criminal justice settings, including jails/prisons and drug courts. Approximately 7,400 people are incarcerated in NM.<sup>2</sup> One-quarter has an opioid use disorder.<sup>9</sup> Providing or continuing MAT to opioid dependent persons while incarcerated reduces problematic opioid use upon release, thus reducing recidivism and overdose death.<sup>10</sup>

## ESTABLISH AND IMPLEMENT A HEROIN ASSISTED TREATMENT (HAT) PILOT PROGRAM.

- Under HAT, pharmacological heroin is administered under strict controls to those who were unresponsive to other MAT in a clinical setting.
- The heroin is consumed on site to ensure the drug is not diverted.
- HAT programs have been implemented around the world.
- Findings from randomized controlled studies have shown that:
  - ⇒ HAT reduces drug use;
  - ⇒ HAT reduces crime;
  - ⇒ Retention in HAT surpasses those of conventional treatment;
  - ⇒ HAT can reduce the black market for heroin;
  - ⇒ HAT can be a stepping stone to other treatments, even abstinence;
  - ⇒ HAT is cost effective.<sup>11</sup>

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<sup>1</sup> Poll of 600 registered voters conducted by Third Eye Strategies for the Drug Policy Alliance, May 27-June 4, 2015.

<sup>2</sup> NM Department of Corrections: <http://cd.nm.gov/index.html>. March 18, 2016.

<sup>3</sup> NM Children Youth and Family Department, March 21, 2016. CYFD

<sup>4</sup> New Mexico Indicator Based Information System

<sup>5</sup> New Mexico Risk and Resiliency Survey, 2013

<sup>6</sup> National Commission on AIDS, *The Twin Epidemics of Substance Abuse and HIV* (Washington DC: National Commission on AIDS, 1991) - See more at: [http://www.drugwarfacts.org/cms/Syringe\\_Exchange#sthash.RldzwHzC.bkgvlgGP.dpuf](http://www.drugwarfacts.org/cms/Syringe_Exchange#sthash.RldzwHzC.bkgvlgGP.dpuf)

<sup>7</sup> Youth at Risk: Heroin, Hep C and the Prescription Painkiller Epidemics. HEP your guide to hepatitis: <https://www.hepmag.com/article/youth-heroin-hepatitis-c-26174>

<sup>8</sup> Potier et al., "Supervised injection services: What has been demonstrated? A systematic literature review," 48.

<sup>9</sup> Mumola CJ, Karberg JC. Drug use and dependence, state and federal prisoners, 2004 (revised 1/19/07). Washington, DC: U.S. Department of Justice; 2006

<sup>10</sup> Gordon MS, Kinlock TW, Schwartz RP, O'Grady KE. A randomized clinical trial of methadone maintenance for prisoners: findings at 6 months post-release. *Addiction*. 2008;103:1333–42.; Dolan KA, Shearer J, White B, Zhou J, Kaldor J, Wodak AD. Four-year follow-up of imprisoned male heroin users and methadone treatment: mortality, re-incarceration and hepatitis C infection. *Addiction*. 2005;100:820–8.; Gordon MS, Kinlock TW, Schwartz RP, Fitzgerald TT, O'Grady KE, Vocci FJ. A randomized controlled trial of prison-initiated buprenorphine: prison outcomes and community treatment entry. *Drug Alcohol Depend*. 2014;142:33–40.

<sup>11</sup> See, e.g., "Controlled Trial of Prescribed Heroin in the Treatment of Opioid Addiction." *Journal of Substance Abuse Treatment* 31, no. 2 (September 2006): 203-11; Oviedo-Joekes, E. et al. "Diacetylmorphine versus Methadone for the Treatment of Opiate Addiction." *New England Journal of Medicine* 361, no. 8 (August 2009): 777-86; Perneger, T.V. et al. "Randomised Trial of Heroin Maintenance Programme for Addicts Who Fail in Conventional Drug Treatments." *BMJ* 317, no. 7150 (July 1998); Strang, John et al. "Supervised Injectable Heroin or Injectable Methadone versus Optimised Oral Methadone as Treatment for Chronic Heroin Addicts in England after Persistent Failure in Orthodox Treatment (RIOTT): A Randomised Trial." *The Lancet* 375, no. 9729 (May 2010): 1885-95; Ferri, M., M. Davoli, and C.A. Perucci. "Heroin Maintenance for Chronic Heroin Dependents." *Cochrane Database of Systematic Review*, no. 8 (August 2010).

## **This pamphlet was produced collaboratively by the following organizations.**

**The Drug Policy Alliance (DPA)** promotes drug policies that are grounded in science, compassion, health and human rights. Our supporters are individuals who believe the war on drugs is doing more harm than good. Together we advance policies that reduce the harms of both drug use and drug prohibition, and seek solutions that promote safety while upholding the sovereignty of individuals over their own minds and bodies. We work to ensure that our nation's drug policies no longer arrest, incarcerate, disenfranchise and otherwise harm millions – particularly young people and people of color who are disproportionately affected by the war on drugs.

**Healing Addiction in our Community (HAC)** is a non-profit 501c3 dedicated to providing education and awareness surrounding the substance abuse issues affecting NM. HAC was formed in April 2010 by a group of parents and grandparents concerned about the rising use of heroin and painkillers among Albuquerque teens. Many of the members have been affected by the devastating effects that addiction has on families and youth, and decided to take action and do something about it. The group provides education to parents, teens, educators, coaches, social workers, probation and parole officers, judges, legislatures, and health care professionals about the drug problem plaguing our communities.

**Southwest CARE Center (SCC)** is well known as a center of excellence for the care and treatment of people living with HIV in New Mexico. SCC is the largest provider of treatment for people living with Hepatitis C in northern New Mexico. SCC is the largest clinical research site in New Mexico for studies of new treatments for both HIV and Hepatitis C. We have expanded our scope of services to include a full array of primary health care services across the life span with the same high standard of comprehensive care. Our focus at Southwest CARE Center is to provide a compassionate, patient-centered environment where everyone can feel comfortable and respected while receiving the highest quality health care available.

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# Together, we are fighting for responsible drug policy.



**We are  
the Drug  
Policy  
Alliance.**



## For more Information:

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