

**SUBSTANCE ABUSE IN NEW MEXICO:  
A PUBLIC HEALTH AND PUBLIC SAFETY PERSPECTIVE**

*A Report of the Governor's Interagency Substance Abuse Task Force*

**12/11/05**

**Governor’s Interagency Substance Abuse Task Force  
DRAFT 12/19/05**

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**PURPOSE**

In the late summer of 2004, Governor Richardson asked that his behavioral health and drug policy advisors convene and co-chair a special task force to review and enhance interagency and state/local partnership efforts to combat the effects of alcohol and drug abuse in Northern New Mexico. After one year of operation focused on the Rio Arriba County area, the group has identified many needs and strategies that have had at least some initial positive impact. This type of focused interagency approach is both needed and relevant in many other areas of the state. The purpose of this brief is to provide background information describing needs and gaps from this statewide perspective, and to use the work of this last year in Northern NM as well as broader best practice information to make recommendations regarding continuing and expanding this partnership approach to reduce the impact of drugs and alcohol on the safety, health and quality of life of New Mexicans across the state.

The overall purpose of the report is to provide policy, planning, and resource recommendations for possible use by executive agencies, the Governor's office, and the legislature. This is in keeping with the directions laid out in the recent set of HHS policy initiatives, under the area of behavioral health, especially with regard to improving access, quality and outcomes as well as work with high-risk areas and public safety goals related to reducing alcohol- and drug-related deaths and injuries. It is our intent to present this report to relevant Cabinet Secretaries through the Interagency Behavioral Health Purchasing Collaborative (Collaborative). The report will also be made available to the Governor's office, key legislative committees, interested community stakeholders, the Behavioral Health Planning Council, and Local Collaboratives. To ensure completeness and breadth of perspective we welcome additional comments that can be integrated as addenda. These can be sent to Leslie Tremaine, Behavioral Health Manager, at [leslie.tremaine@state.nm.us](mailto:leslie.tremaine@state.nm.us) or Herman Silva, State Drug Czar, at [herman.silva@state.nm.us](mailto:herman.silva@state.nm.us).

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## **EXECUTIVE SUMMARY**

Although much work has been done to date on substance abuse in New Mexico, this report provides a unique perspective by viewing substance abuse as a problem that can be most effectively addressed through cooperation between an array of public agencies.

This report summarizes a large body of existing research demonstrating the prevalence and impact of substance abuse in New Mexico, followed by an overview of the existing service infrastructure, and a summary of research on effective, evidence-based prevention, treatment, and enforcement strategies. An appendix is available to define acronyms used throughout these sections. The report concludes with recommendations for broad principles and specific strategies that are likely to have a significant positive impact on the prevalence and consequences of substance abuse in New Mexico.

### The Impact of Substance Abuse in New Mexico: A Public Health & Public Safety Perspective

Substance abuse is one of New Mexico's most serious problems. It contributes to a range of health problems including increased risk for Hepatitis C and HIV, liver cirrhosis, birth defects, cancers, and traumatic injuries, and is associated with social problems including domestic violence, crime, poverty, low educational achievement, decreased workplace productivity and unemployment, and involvement with the criminal justice system. New Mexico has one of the highest rates of substance abuse in the nation, with severe consequences for the wellbeing of our residents.

- New Mexico's substance abuse-related death rates have been among the *highest in the nation* for the past two decades.<sup>1</sup>
- New Mexico's alcohol-related chronic liver disease death rate has *increased* by 24% over the past two decades, although the rate for the nation as a whole has *decreased* by 21%.<sup>2</sup>

Although the impact of substance abuse is felt across the state, substance abuse affects specific demographic groups in New Mexico in different ways.

- Persons between the ages of 18 and 25 have the highest rates of substance abuse in New Mexico.<sup>3</sup>
- Children and youth have alarming rates of substance abuse that may carry over into adulthood,<sup>4</sup> and are placed at greater risk for substance abuse by parental substance abuse or other forms of abuse.
- Many grandparents in New Mexico are raising grandchildren because of substance abuse among the children's parents, and substance abuse is rising nationally among the elderly.
- The Native American alcohol-related death rate in New Mexico is nearly twice that of Hispanics and nearly three-times that of White Non-Hispanics.<sup>5</sup>

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- The Hispanic population is significantly impacted by both alcohol and drug abuse. Hispanic males suffer high rates of abuse while Hispanic females have difficulty accessing treatment services for cultural reasons.
- Specific geographic regions in New Mexico continue to be disproportionately impacted by substance abuse.

What Services Are Currently Available

Prevention, treatment, and enforcement services targeting substance abuse are offered by a variety of state agencies in New Mexico, each serving a unique group of clients. Although many of these programs have been demonstrated to be effective or show a great deal of promise, the system lacks overall capacity and coordination. The current array of services is best viewed as a foundation on which to build a more effective, responsive, and efficient array of services.

- The primary funder of substance abuse services in New Mexico is the **Department of Health/Behavioral Health Services Division**, with treatment services that include Cognitive Behavioral Therapy, Motivational Enhancement Therapy, Brief Interventions, services for individuals with co-occurring disorders, pretrial jail diversion services, school-based health initiatives, harm reduction services, and prevention services. The **DOH Office of Public Health** also plays a crucial role in school-based services, screening, harm reduction, and other population-based responses to substance abuse in New Mexico.
- The State Medicaid plan is administered through the **Human Services Department**. Medicaid covers some outpatient and residential substance abuse services, including Intensive Outpatient treatment for specific populations. **HSD's Income Support Division** also provides TANF funds that cover substance abuse-related services such as Intensive Outpatient.
- The **Administrative Office of the Courts** administers drug and mental health courts throughout New Mexico. New Mexico drug courts demonstrate high retention rates and low recidivism rates.
- **New Mexico Corrections Department** provides therapeutic residential substance abuse treatment programs in prison, transitional programming to connect offenders released back into the community with appropriate treatment and supports, and community corrections programs that offer residential and community-based programming for those on parole and probation.
- The **Department of Public Safety** conducts investigations, arrests, and prosecutions of the sale and possession of illegal drugs. DPS also works with communities to increase awareness and increase reporting of suspicious activities, operates saturation patrols that target the sale of illegal drugs, collaborates with the Federal Drug Enforcement Administration to identify and shut down clandestine methamphetamine labs, and

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coordinates with CYFD to relocate children who are discovered living in the harmful environments of methamphetamine labs.

- Many other state agencies provide some substance abuse-related services. These include the **Children, Youth, and Families Department** programs for high-need adolescents including those with existing substance abuse problems, and the **Aging and Long-Term Services Department** programs for grandparents who are the primary caregivers for their grandchildren. In addition, there are federal prevention programs administered through the **Public Education Department**, and DWI programs funded by the **Department of Finance and Administration**.
- **Cities and counties** are also involved with public safety and treatment efforts to decrease the impact of substance abuse on specific communities. **Rio Arriba County** has purchased and renovated a residential treatment center, **Crisis Intervention Teams** in Albuquerque and Las Cruces provide coordination between law enforcement and mental health providers, and the **MethWatch Program** in Curry and Roosevelt counties deters the sale or theft of substances used to make illicit drugs.

What Works

The characteristics of a good system for effectively preventing and treating substance abuse and co-occurring disorders are well established and are increasingly research-based. Treatment should utilize evidence-based, promising, or emerging practices that have demonstrated effectiveness or are based on best practices and expert consensus. Treatment should not rely exclusively on inappropriate residential referrals because of their high cost and the detriments of taking individuals out of their community setting. When residential referrals are needed, appropriate follow-up should be provided. Treatment should include counseling and behavioral therapies, and should:

- Be accessible in terms of timeliness, geographic access, and ease of service entry;
- Be assessment-driven, and offer an appropriate level of intensity and length of services for the individual;
- Include client participation in treatment planning, and attention to client engagement and motivational factors;
- Include attention to systems factors including family, peers, neighborhood, work, and living situations;
- Be culturally competent.

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Recommendations

We believe that a set of basic policies and principles must clearly delineate our priorities for action, so that further work can be grounded on a consistent foundation ensuring sustained clarity and focus. Fundamental changes are needed, which will require strong commitment and consensual priorities, both across agencies and across all segments of local, county and state government, the faith community, businesses, advocacy groups, and nonprofits in New Mexico.

We recommend a focus on three target populations with a priority focus on the high-risk/high-need group.

TARGET POPULATION 1: High-risk/high-need individuals, currently using substances in a manner that threatens their own or others basic health and safety.

TARGET POPULATION 2: Individuals with significant risk factors and a lack of protective factors, and for whom early interventions are particularly successful.

TARGET POPULATION 3: Individuals and communities for whom prevention and interventions will help reduce the long-term prevalence and patterns of substance abuse in New Mexico.

We also recommend a policy framework that incorporates three basic principles – **access, safety/quality, and value**. Although intuitively obvious, these principles must be used as clearly delineated benchmarks to guide decision-making in the face of severe problems and limited resources.

To accelerate progress towards these policy goals, we recommend that action in the next 12-18 months focus on four key areas: partnership, financing and development, oversight and accountability, and capacity building and workforce development.

*Partnership Approaches*

Criteria for substance abuse funding decisions should include evidence of collaborative approaches that effectively integrate and blend the work of criminal justice, public health prevention and treatment, social services, education, and local government systems to achieve desired outcomes. Based on our review of current evidence-based and best practices, we recommend that priorities for funding these integrated approaches should include:

- Ensuring that first responder/crisis response systems have behavioral health supports, including the development of more training/services for law enforcement in metro areas (e.g. CIT), NARCAN and other harm reduction resources, and behavioral health mobile crisis teams to partner with law enforcement.
- Further developing specialized probation and parole services that integrate supervision and treatment.
- Continuing and expanding support for drug courts that integrate judicial oversight with treatment.

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- Continuing and expanding substance abuse and co-occurring disorder screening, assessment, and treatment in primary care and public health, mental health, and school settings, and other natural settings including senior citizen centers, with expertise available on site or via telehealth linkages.
- Continuing and expanding assessment of co-occurring disorders followed by integrated treatment and support services.
- Increasing child and adult protective services and treatment partnerships that address substance abuse-related factors contributing to risk of out-of-home placement and abuse/neglect.

State initiatives should be developed in partnership with local efforts. Based on current successes in New Mexico, coordinated efforts should include:

- Partnering with local government early in the budget process, especially in highly impacted communities.
- Community policing with a focus on reducing levels of drug use and underage drinking.
- Required use of community-specific natural supports and assets in program design and implementation.
- Use of Behavioral Health Local Collaboratives, Health and DWI councils and other relevant local groups as a source of data on community-specific needs and assets, and as a means to facilitate program planning and implementation.
- Assisting providers, local governments, or other parties to document the impacts of historical trauma and to establish locally developed culturally-based practices as emerging, promising, or science-based.

*Financing and Development Strategies*

To increase the impact of the funds allocated to substance abuse-related programming, we recommend that funding decisions utilize the following strategies:

- Attention to sustainability and system integration of time-limited grants, including reducing reliance on onetime funding and developing follow-up plans to sustain these services/interventions.
- Enhance use of Medicaid funding for substance abuse-related treatment services.
- Through use of new administrative data systems, systematically determine where funding has not demonstrated results, and reconfigure funding based on performance – either by assisting services to increase effectiveness or by reinvesting in more effective alternatives. Programs without clear demonstration of desired outcomes should not continue to receive funds.

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- Better balance the mix of high-end residential/inpatient treatment or incarceration and evidence-based intensive in-home or community-based interventions that would, over time, reduce recidivism and repeat incarcerations or treatment episodes.
- Ensure that funding is not spread so thin that interventions lack the intensity and fidelity to evidence-based practices needed to generate positive outcomes.

*Capacity Building and Workforce Development*

A well-trained workforce is required to provide, on a day-to-day basis, an improved array of evidence-based substance abuse services. To address the workforce shortages in New Mexico, and to support implementation of collaborative strategies, we recommend the following strategies:

- Support implementation of the Executive Order on Behavioral Health Workforce Development recommendations, especially in regards to reducing barriers to the use of paraprofessionals and LADACS, when appropriately supervised and within needed organizational structures to assure safety/effectiveness.
- Support the Consortium for Behavioral Health Training and Research (CBHTR) with a focus on developing greater workforce capacity to provide evidence-based substance abuse interventions, including an emphasis on criminal justice collaborations.
- Support for CBHTR to engage in research and evaluation activities that promote development of evidence-based practices that are well suited to New Mexico's specific cultural and demographic challenges in substance abuse treatment.
- Support for salary, education, and training loan incentives to encourage the distribution and retention of needed substance abuse workforce across rural/border/frontier areas.
- More use of internships and co-op placements that target supporting effective substance abuse interventions in high need areas.
- Develop cross training across criminal justice, public health, education, and social services in working effectively with substance abuse-related interventions and populations.
- Utilize the existing prevention workforce competency framework developed by DOH/BHSD to continue the expansion and enhancement of a more effective prevention workforce.
- Support nationally recognized professional certification of members of the prevention workforce.

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*Oversight and Accountability*

To ensure that programs are held accountable for their outcomes, we recommend that decisions regarding the funding and re-funding of programs and interventions should be based on:

- Alignment with evidence-based and known best practices;
- Evaluation of program outcomes and effectiveness;
- Assessment of cross-system costs and benefits; and
- Current and up-to-date information on patterns of need and access.

To track and evaluate the above factors, better performance measurement systems are needed. We recommend supporting and facilitating current efforts to develop data systems that are:

- Integrated and coordinated across agencies;
- Comprehensive, complete, and accessible;
- Designed to ensure higher data quality and validity; and
- Geared towards documenting the effectiveness of emerging practices.

## **THE IMPACT OF SUBSTANCE ABUSE IN NEW MEXICO**

Substance abuse is one of New Mexico's most serious problems. With some of the highest rates of alcohol and drug dependence in the nation, substance abuse affects individuals and communities across the state.<sup>6</sup> In addition to the perspective gained from national comparisons that clearly indicate that New Mexico leads the nation in many indicators of substance abuse, state-level data indicates the severity of the problem among specific regions and populations in New Mexico. There are large unmet substance abuse treatment needs in all age groups and all areas of the state suggesting that more can be done to curtail substance abuse in New Mexico.<sup>7</sup>

Substance abuse is associated with high rates of domestic violence, crime, poverty, and unemployment. It contributes to problems at home, at work, and with friends, and can have financial and legal ramifications for individuals and their families.<sup>8</sup> Substance abuse also has "hidden costs" related to decreased workplace productivity due to absenteeism, injuries, premature fatalities, thefts, and dropouts from the educational system.<sup>9</sup>

The health consequences of substance abuse include increased risk for some cancers, liver cirrhosis, immune system problems, brain damage, birth defects, HIV and Hepatitis C Virus (HCV), death from automobile crashes, and assault injuries.<sup>10</sup> The rate of HCV among intravenous drug users (IDUs) in New Mexico is of particular concern, at approximately 82.2%. Hispanic IDUs are at particularly high risk, and HCV antibody prevalence increases very quickly between the ages of 20 and 30.<sup>11</sup>

New Mexico's alcohol-related chronic liver disease death rate has increased by 24% over the past two decades, although the rate for the nation as a whole has decreased by 21%.<sup>12</sup> More generally, alcohol and drug abuse contribute to overall rates of substance abuse-related deaths in New Mexico that have been among the highest in the nation for the past two decades.<sup>13</sup> Nine of the 10 leading causes of death in New Mexico are at least partially caused by alcohol, tobacco, or other drug use.<sup>14</sup>

Substance abuse often leads to involvement with the criminal justice system. In 2005, nonviolent drug crimes are the third most frequently reported offense type among males and the most frequent offense type among females.<sup>15</sup> This is rarely a stand-alone offense but associated with other/multiple offenses. A large proportion of arrestees screen positive for substance abuse at arrest and enter the judicial system with substance abuse treatment needs. NMCD estimates that approximately 85% of the offender population incarcerated and under supervision in the community have substance abuse issues requiring behavioral health services. DWI arrest rates are particularly high in communities known to have substance abuse problems as measured by other indicators. The Albuquerque police department, for example, accounted for approximately one-third of the 20,325 arrests for DWI in 2003.<sup>16</sup> Substance abuse is also an important factor in recidivism, and NMCD estimates that it is involved in a large proportion of re-arrests for all offenses and re-arrests on specific drug charges.

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As the data demonstrates, substance abuse is both a public health and a public safety problem and requires an integrated approach to treatment, enforcement, and prevention. A collaborative strategy has the best potential to significantly reduce the impact of substance abuse in New Mexico. For example, when enforcement actions reduce the number of suppliers in a region, treatment services must be accessible in order to avoid continued use through other suppliers or by using other drugs, and to prevent the negative health consequences such as overdose that may arise in these scenarios.

Eighty percent of admissions to state-funded substance abuse treatment programs in New Mexico are for alcohol, opiates/opioids (including heroin and prescription drugs), marijuana/hashish, cocaine, methamphetamines, and other stimulants.<sup>17</sup> While alcohol is the most common primary substance of abuse, co-intoxication of alcohol and illicit drugs is also a significant concern. And although often overlooked, prescription drug abuse has a great impact. Although the death rate for prescription drug overdose decreased slightly from 2003 to 2004 (from 5.8 to 5.0 deaths per 100,000), rates are still alarmingly high after a dramatic increase in 2004.<sup>18</sup> As in 2003, decedents were significantly more likely to be female, white, and older than decedents from illicit drug use.<sup>19</sup> Nationwide, teenagers are the fastest growing group of new prescription drug abusers.<sup>20</sup> Methamphetamine production and abuse have also become a serious and growing problem in New Mexico and have serious health consequences. Despite the attention paid to specific drugs in New Mexico, the state is facing an "addiction epidemic" that should be addressed as broadly as possible.

#### Substance Abuse Across All Ages

Persons between the ages of 18 and 25 have the highest rates of substance abuse and dependence in New Mexico (27%),<sup>21</sup> and the highest rate of persons needing but not receiving treatment.<sup>22</sup>

Many of these individuals have co-occurring mental health and substance abuse disorders. Of the 10,877 clients in substance abuse treatment in New Mexico as of March 31, 2003, 45% were treated for a mix of mental health and substance abuse treatment services.<sup>23</sup> Nationally, it is estimated that up to 13 percent of individuals in correctional settings have co-occurring mental health and substance use disorders at any given time.<sup>24</sup> Care for co-occurring mental health and substance use disorders is often uncoordinated and inconsistent, but co-occurring treatment is essential to positive outcomes and is a wise use of limited resources.

Youth (12-17 year old) in New Mexico have alarming rates of substance abuse or dependence (12%), matching the rate among the total New Mexico population but below the high prevalence found in the 18 to 25 year old age group.<sup>25</sup> In 2003, a greater proportion of New Mexican high school students reported current use of alcohol, cocaine, marijuana, and inhalants than high school students in the nation as a whole,<sup>26</sup> and the three leading causes of death for youth age 15 to 19 -- motor vehicle traffic crashes, homicide, and suicide -- are strongly associated with substance abuse. New Mexico's death rate in this age range is consistently higher than the

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national average.<sup>27</sup> With one of the greatest proportions of children living in poverty among all 50 states, children and youth in New Mexico are at risk for many problems associated with substance abuse. New Mexico's birth rate for teen mothers is approximately 50% higher than the national rate, the high school dropout rate is 1.5 times higher than the national rate, and the state has the fifth highest percentage of teens not in school or working.<sup>28</sup>

Adolescence is a critical period of development, and research suggests that substance dependence in adulthood often results from a trajectory of heavy alcohol and drug use during adolescence, along with a history of familial use.<sup>29</sup> Thus, addressing the high prevalence of substance abuse among youth in New Mexico, and among their families, has the potential to significantly impact rates of substance abuse across all age groups in the state over the long term. Encouraging data in this respect indicates that resiliency and protective factors mitigate substance abuse among youth in New Mexico and allows many youth to overcome adverse environmental conditions. For example, binge-drinking rates were much lower among high school students who reported caring and supportive relationships with a parent or other adult in the family, positive peer influences, and strong community norms against alcohol use by young people.<sup>30</sup>

Although positive parent and family supports can do much to prevent substance abuse among children and youth, the reverse is also true—growing up in a substance-abusing household presents many risks. Children of substance abusers are at increased risk for substance use themselves.<sup>31</sup> Prenatal exposure to substance abuse is a leading preventable cause of mental, physical, and psychological problems in infants and children.<sup>32</sup> Children of substance abusers live in households that are typically in high conflict and unstable, and these children are often neglected or abused. Nationally, substance abuse is a factor in at least 70% of all reported cases of child maltreatment<sup>33</sup> and at least three quarters of all foster care placements, and recent studies indicate high rates of lifetime substance abuse among youth in the foster care system.<sup>34</sup>

Thirty-four percent of the methamphetamine labs seized in New Mexico in 2003 involved children in some way, and 11 children were placed in protective custody because of these lab incidents.<sup>35</sup> Children's exposure to methamphetamine production is of concern. Children may absorb chemicals into their bodies via ingestion, inhalation, skin contact, or accidental injections that can result in fatal poisoning, internal chemical burns, damage to organ function and development, and harm to neurological and immunologic development and functioning.<sup>36</sup>

Thus, substance abuse among the adult population has impacts far beyond the users themselves. Indeed, 24,500 grandparents in New Mexico say they are responsible for raising their grandchildren primarily because of substance abuse among the children's parents. Nationally, research indicates that children raised exclusively by grandparents, without a parent in the home, are at higher risk of substance abuse.<sup>37</sup> And other national reports show that substance abuse

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treatment admissions and reported use of illicit drugs among adults aged 55 and older is increasing.<sup>38 39</sup>

In studies among women on welfare, women who report abuse have higher rates of depression and drug and alcohol abuse compared to those who report no abuse. This is consistent with research demonstrating a link between physical abuse and depression and between depression and drug use. Research also shows that children in families who are identified as having all three problems are at two to five times greater risk for homelessness, lack of medical care, unsafe child care, and placement in foster care.<sup>40</sup>

Other Demographic and Geographic Substance Abuse Patterns in New Mexico

New Mexico has extremely high alcohol-related death rates among Native Americans (119.1 per 100,000), and relatively high rates among Hispanics (63.6 per 100,000), compared to White Non-Hispanics (43.1 per 100,000).<sup>41</sup> The drug-related death rate is highest among Hispanics (20.2 per 100,000).<sup>42</sup> Although, on average, Hispanics have similar rates of substance abuse compared to Non-Hispanic Whites, Hispanic women have unusually low rates of alcohol and other drug use, while Hispanic men have comparatively high rates.

Many regional variations also exist throughout the state, and to effectively address substance abuse in New Mexico these unique characteristics must be considered. However, there are also broad commonalities among regions and treatment gaps that are present throughout the state.

Community meetings were held in the summer of 2005 in each of the 5 Behavioral Health Regions in order to get input regarding emerging issues and trends in Behavioral Health. Overall, these and other local meetings suggest that the following issues exist across the State:

- Insufficient substance abuse services, lack of services that are evidence-based, lack of a continuum of care, lack of documentation on the full extent of substance abuse in different communities;
- A need for diversion from jails to treatment;
- A need for transition of care from incarceration to the community;
- Not maximizing substance abuse resources across funding streams;
- Lack of coordination between state and local substance abuse efforts;
- Concern about transition to adulthood and individuals losing access to services between the ages of 18 and 21, in addition to substance abuse treatment gaps for adolescents;

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- Need for substance abuse-related education and prevention.

In Region 1, Cibola, McKinley, and San Juan counties lead the state in many substance-abuse indicators. Cibola and McKinley counties had the second and third highest rates of substance abuse-related deaths in New Mexico in 2000-02, driven primarily by the Native American population.<sup>43</sup> In Region 2, Rio Arriba, Santa Fe, San Miguel, and Taos counties also lead the state in many substance-abuse indicators.<sup>44</sup> Rio Arriba County has the highest substance abuse-related death rate in the State and is ranked first in the State for rates of substance abuse-related hospitalizations. San Miguel and Mora counties rank high for substance-abuse related death rates and hospitalizations, and have higher rates than New Mexico as a whole for DWI arrests, alcohol-involved crashes, and alcohol-involved crash fatalities. High alcohol-related death rates among Native Americans and Hispanics drive the high county-level death rates in Rio Arriba, and high alcohol-related death rates among Hispanics drive the high county-level death rates in San Miguel.

Bernalillo County and the City of Albuquerque are part of Region 3. Bernalillo County had the third highest drug-related death rate in the state (22.1 per 100,000 population) and comprises about 45% of the State's total drug-related deaths.<sup>45</sup> Bernalillo ranked sixth in the state for its drug-related hospitalization rate. Albuquerque ranks very high on national comparisons of drug abuse, with high rates of both opiate and cocaine use among arrestees.<sup>46</sup>

Region 4 comprises the eastern part of New Mexico, and is the least populated region in the state. Although region 4 has some of the lowest substance abuse rates overall, substance abuse is of great concern in the cities in this region, including Carlsbad, Clovis, and Roswell.<sup>47</sup> Dona Ana, Grant, Luna, Otero, Sierra, and Socorro counties are part of Region 5. Socorro and Sierra counties have the 5th and 6th highest combined alcohol and drug-related death rates in the state. Grant County had the second highest rate of alcohol- and drug-related hospitalizations, and Sierra County had the highest homicide rate and the fourth highest suicide rate in the state.<sup>48</sup>

Region 6 is a statewide Native American region that includes individuals on both tribal land and in other parts of the state such as urban areas. New Mexico's Native American population comprises 9.5% of the State's population, about 10 times the proportion in the US as a whole. The counties with the highest proportion of Native Americans in New Mexico—Mc Kinley, Cibola, and San Juan— also have some of the highest rates of substance abuse in the State, including the extremely high alcohol-related death rates described above. While rates of substance abuse are highest among Native American men, the effects of substance abuse are found among all age groups including youth. Substance abuse services are of particular concern for this population, as Native Americans tend to use mental health and substance abuse outpatient services less than their prevalence of disorders would suggest they should.

## Conclusion

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Substance abuse is a significant problem in New Mexico, measured by public health and public safety statistics and further demonstrated by community input. While the most severe substance abuse problems can be pinpointed to particular counties, the effects of substance abuse can be seen throughout the State. Recent efforts to target counties with the most alarming rates of substance abuse have begun to show results, and a more comprehensive statewide plan is now needed.

Subsequent substance abuse prevention, treatment, and enforcement programs clearly need to be implemented with this statewide perspective in mind, yet should be targeted at the needs of specific populations within New Mexico and at those populations who fall within at-risk levels of becoming chronically and acutely dependent upon substances. These include youth and young adults, males, Native Americans and Hispanics, persons with co-occurring disorders, and highly impacted communities. Disproportionately high substance abuse rates among these populations drive many of New Mexico's alarming average substance abuse rates. Prevention and early intervention programs aimed at high-risk users can increase community protective factors and decrease environmental risk factors, and should be implemented in specific communities and evaluated for longer term effectiveness.

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**WHAT SERVICES ARE CURRENTLY AVAILABLE**

Statewide expenditures for substance abuse treatment and prevention across departments and funding sources (excluding law enforcement) were estimated at \$64.2 million in fiscal year 2004 and \$80.6 million in fiscal year 2005.<sup>49</sup> For both of these budget periods, treatment, prevention, and administration comprised approximately 70, 20, and 10 percent of total expenditures, respectively. The large increase in funds is due primarily to an increase in federal funding for two programs (described below). Although these and other new programs show a great deal of promise, the State lacks overall capacity. As the following summary of services demonstrates, a foundation exists upon which a more effective array of services can be built, but as is, the system is currently inadequate.

The large increase in funding described above is due to two evidence-based federal SAMHSA programs for which the state has received a significant amount of funding: the Screening, Brief Intervention Referral and Treatment (SBIRT) and Access to Recovery (ATR) programs.

- The five-year New Mexico SBIRT program integrates substance abuse treatment with primary care, public health offices, and school based clinic sites. This program aims to increase access to services for rural and ethnic minority populations through universal screening of individuals to ascertain risk, motivational interviewing, cognitive behavioral therapy with brief treatment sessions, and subsequent patient assessments that may precede referrals to community based treatment specialists for further intervention and treatment when indicated as appropriate.
- SBIRT, working and coordinating its efforts with the newly created Governor's Telehealth Commission, has initiated a significant statewide telehealth initiative with the ultimate goal of creating a statewide telehealth system for substance abuse prevention, intervention, and treatment. Telehealth technology will be used to conduct clinical interviews and counseling, provide clinical supervision, and offer continuing education to counselors, primary care physicians, and other direct-service workers.
- The Access to Recovery (ATR) program uses the evidence-based community reinforcement plus vouchers approach in New Mexico's three largest population centers and in the pueblo communities of Five Sandoval Indian Pueblos. ATR utilizes a state supported centralized intake, assessment, and care coordination process modeled on the Albuquerque Metro Central Intake (AMCI) program. A key component of ATR is the involvement of faith-based and other community-based recovery models, and capacity building to assist new providers in the development of systems of care.

In addition to these new, high-profile programs, for several years the Department of Health/Behavioral Health Services Division (DOH/BHSD)—the State's primary funder of adult substance abuse services—has been promoting and funding the introduction and implementation of evidence-based practices within the adult substance treatment system. These practices have

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been heavily researched and encourage treatment approaches that lead to demonstrated positive client outcomes. Some of the promising and evidence-based practices in place are co-occurring disorders treatment, Motivational Enhancement Therapy, Cognitive Behavioral Therapy, Brief Intervention and Brief Treatment, Opioid Replacement Treatment, Reinforcement Therapy, Gender Specific Treatment, and Community Reinforcement Approach. Supported Housing and Employment have gone from an ancillary service to a standard of practice. Additional BHSD substance abuse-related activities, including critical prevention programs and strategies, include:

- The Co-occurring Disorders/Systems Enhancement Initiative has provided statewide training for treatment of co-occurring substance abuse and mental health disorders. There is also a new SAMHSA grant, the Co-Occurring State Incentive Grant (COSIG), which targets statewide systems development, furthering the implementation of evidence-based practices and development of expertise in co-occurring treatment by providers at all levels.
- Medicaid and BHSD are collaborating to expand Intensive Outpatient Treatment (IOP) and to explore Medicaid reimbursement for this and related effective alternatives to costly and frequently less effective residential treatment.
- DOH/BHSD and HSD/MAD have assisted the City of Albuquerque in establishing an evidence-based Assertive Community Treatment program and are assisting the City of Las Cruces with a similar program relevant to some individuals with co-occurring disorders.
- Some pretrial Jail Diversion services are in place to initiate treatment rather than incarceration for those with mental illness and substance abuse disorders who come into contact with law enforcement in selected locations.
- Sexual Assault Prevention and Treatment have been implemented in all regions of the state, in conjunction with substance abuse treatment.
- The school-based health initiatives have slowly grown from a few programs to a broader system, including some substance abuse-related interventions for youth.
- Harm reduction initiatives have assisted in reducing the drug-related overdose death rate and have placed a spotlight on reducing illicit drug use and promoting treatment.
- Opioid Treatment-related meetings have been held with providers, physicians, community members, and representatives from the Albuquerque Metropolitan Detention Center to begin a methadone maintenance program within the Public Health Office at the MDC. This will be the one of the first of its kind in the country. Buprenorphine, another medication of choice for opioid treatment, is being offered through the Espanola Drug Court and will be offered through other drug courts in the future.
- Cultural competence and traditional healing practices for the Native American and Hispanic populations have been encouraged as an integral part of substance abuse treatment.

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- The DOH Prevention Services Bureau is replacing outdated and ineffective drug education with evidence-based approaches and model programs. Currently developing its third five-year Alcohol, Tobacco, and Other Drug Abuse (ATODA) Prevention Plan, the Bureau also produces an annual Evaluation Outcomes report that rigorously evaluates the changes in youth drug and alcohol use and youth's perceptions of alcohol and other drugs. There are currently five prevention programs in New Mexico that are designated as Exemplary and one program that is a featured SAMHSA model program.
- In the new fiscal year, the Prevention Services Bureau also received the five-year Federal Strategic Prevention Framework State Incentive Grant from SAMHSA. This funding focuses on reducing risky use among 15 to 24 year old Hispanic and Native American males at risk of drinking and driving.
- Evidence-based prevention services supported by DOH/BHSD have been implemented with fidelity and a sound approach to cultural competence. They have also been rigorously evaluated for many years. Those evaluations have demonstrated statistically significant reductions in adolescent substance use, delayed initiation among younger adolescents, and reductions in related risk factors of parents/families that contribute to use across many thousands of youth participants. These programs are a combination of nationally recognized model programs, and of rigorous locally developed programs that have been thoroughly documented and evaluated. This unique mix of programs and the state prevention infrastructure that supports them have been acknowledged nationally by SAMHSA as demonstration efforts to be studied and replicated by other states. These demonstrably effective prevention programs should continue to be supported in order to decrease the incidence of newly diagnosed substance abuse disorders in the future.

The Human Services Department administers the State Medicaid plan. Under the EPSDT program, Medicaid covers both outpatient and residential for children up to age 21. For adults age 21 and over, the fee-for-service program covers up to twelve hours of psychiatric therapy for alcohol treatment. Managed Medicaid under Value Options has also funded some IOP and ambulatory detox as enhanced benefits. Both adults and children are also covered for acute inpatient detox for situations such as drug overdose, although this is limited to the duration of the emergency. Due to the limited nature of the adult benefit, it is believed that for consumers with co-occurring disorders, providers list the mental health diagnosis and treat for both mental health and substance abuse. In addition, individuals are offered substance abuse screening during the orientation process for HSD's New Mexico Works Program and TANF substance abuse funding has targeted IOP services as supports for sustained recovery needed to meet program goals.

The Children, Youth, and Families Department also manages some substance abuse treatment and prevention programs and drug detection services. CYFD has developed evidence-based MST and FFT services for high-need adolescents including those with substance abuse problems, as well as limited intensive outpatient services. Enforcing Underage Drinking Laws (EUDL) is a federal block grant (OJJDP) that funds prevention, education, and enforcement targeting alcohol use by minors in fifteen communities, along with an EUDL discretionary grant that funds

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programs in four rural communities. Funds are distributed to localities through a competitive bid process and only evidence-based programs and best practices are funded. CYFD, the Department of Public Safety, and other state agency partners are also collaborating on merchant enforcement and training to decrease the level of under-age drinking in New Mexico. Las Cumbres Learning Services, Inc. provides early intervention services as part of an early childhood wraparound project targeted to families affected by substance abuse. The Chimayo Youth Corps serves children and families involved with or at-risk for involvement with Protective Services or Juvenile Justice. The program provides screenings, treatment plans, individual and group skills training and development, prevention, harm reduction, and referrals as appropriate. The Chimayo Crime Prevention Organization is the fiscal agent.

The Aging and Long-Term Services Department is working with schools to reach out to grandparents who are the primary caregivers for their grandchildren, and is working with providers around the state to start focus groups to identify substance abuse-related family needs and increase community awareness about available resources.

The Public Education Department receives approximately \$2.6 million under Title IV, Part A – Safe and Drug Free Schools and Communities, a federal formula grant. School districts decide independently how to spend these funds on a range of exemplary and promising programs for substance abuse prevention.

The Department of Finance and Administration administers the Local DWI Grant Fund Program, which funds counties and local communities for new, innovative, or model programs designed to prevent the incidence of DWI, alcoholism, alcohol abuse, drug abuse or addiction, and other alcohol-related issues.

The Administrative Office of the Courts administers drug courts throughout New Mexico. These courts serve as a 'single point of contact' in which a team of specialists works with substance abusing offenders. The first New Mexico drug court started in Las Cruces in 1994. There are now 28 active drug courts in New Mexico: 6 adult/felony, 13 juvenile, 3 family dependency, and 6 DWI. These courts are currently working with approximately 1000 active participants. The capacity in the adult and juvenile drug courts was doubled in Rio Arriba last year. New Mexico drug courts demonstrate excellent performance when compared with national averages, including low recidivism rates and high retention rates.<sup>50 51</sup> However, there are still underserved parts of the state (drug courts are currently in 16 of 33 counties) and a need for additional public defenders to decrease backlogs in existing programs.

New Mexico Corrections Department provides Adult Community Corrections programs and other programs in the community, both residential and non-residential, All NMCD community programs offer an array of services such as case management and supervision; substance abuse programming; mental health counseling; job development/education; family involvement in treatment; and social skills, cognitive skills, domestic violence, and anger management services.

- The Addictions Services Bureau provides therapeutic community residential substance abuse treatment programs in prison; recruitment and support for AA/NA meetings and

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sponsorships in prison and outreach after prison release; meditation living units in prison; and multidisciplinary team programs to bring education and faith-based services into substance abuse programs. There are currently 18,078 offenders under the supervision of the Adult Probation and Parole Division.

- The Safe Community Reentry initiative helps prepare for, supervise, and support high-risk offenders released on parole to their communities by providing a continuum of care and supervision. The program includes institutional discharge planning and enhancement of offender skills to promote self-reliance in resource-managing their own needs in the community. Financial assistance follows eligible offenders to communities statewide to meet gaps in services. The initiative requires the collaborative efforts of the Departments of Corrections, Health, Labor, Education, and Children Youth and Families. There is not a designated program capacity, but approximately 550 offenders are served annually by the program.
- Transitional Reporting Centers (TRC) identify offender needs, serving as a behavioral health “emergency room and triage center.” Meeting individual needs is critical to the long-term success of an offender in the community, and the TRC provides a “safety net” while the offender transitions back to the community. Provider staff are co-located with probation and parole staff at the program site in Albuquerque to ensure close coordination between supervision and programming. The TRC serves convicted offenders who have multiple barriers to success and who are either not eligible for or do not need the level of service provided by a Community Corrections Programs. There are currently 160 program slots serving Albuquerque/Bernalillo and 70 program slots in both Las Cruces and Espanola. The Department of Corrections considers this a best practices process and would be interested in expanding statewide as funding permits.
- Community Corrections Programs are supported through Community Corrections Grant funds legislatively appropriated annually. These programs are located throughout the state to provide services to probationers, parolees, probation violators and parole violators who are at high risk to reoffend/recidivate if treatment needs and/or additional supervisory support is not provided. There are 993 program slots statewide; 905 non-residential and 88 residential in the following counties: San Juan, Colfax, Taos, Rio Arriba, Santa Fe, San Miguel, Sandoval, McKinley, Cibola, Bernalillo, Valencia, Socorro, Grant, Luna, Dona Ana, Otero, Eddy, Lea, Chaves, Lincoln, Curry, and Roosevelt.
- The Special Sex Offender Unit in Albuquerque (the first of its kind in the nation) includes mandatory services for substance abuse, sex offender and mental health counseling, and housing and transitional assistance. The treatment provider is located within the same facility as probation and parole. There are approximately 120 program slots in Bernalillo County and the ability to serve 40 offenders statewide.
- The Los Lunas Women's Residential Program serves women released from incarceration and probation/parole technical violators with a non-violent criminal history experiencing a

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substance abuse relapse problem. The Program has capacity for 48 women (and their children) with substance abuse issues or dual diagnoses.

The Department of Public Safety (DPS) and other law enforcement officials conduct investigations, arrests, and prosecution of illicit sales and possession of illegal drugs, including cases of prescription fraud. Law enforcement seizures of cocaine, crack, heroin, methamphetamine, and marijuana substantially increased in 2003 and 2004. Statewide, DPS conducted 850 drug arrests, seized 31,000 lbs. of narcotics, and dismantled 157 methamphetamine labs in 2004. DPS also uses special initiatives to increase the reach of these efforts.

- To increase community-policing efforts, DPS has held public meetings to identify community problems, exchange community and law enforcement perspectives, and identify available resources. The program involves community organizations, leaders, and the public in community policing. The concept has been well received by the public, and more incidents and suspicious activities are being reported.
- The State Police conducted 23 “Wolf Pack” or saturation patrols with excellent results for many crimes including drug sales. The \$40,000 pilot project netted 128 arrests, 194 citations, and the seizure of eight ounces of heroin, two pounds of marijuana, and two ounces of cocaine.
- Clandestine Methamphetamine Lab Teams respond to calls involving illicit drug laboratories and/or toxic chemicals used to manufacture drugs in these labs.<sup>52</sup> The teams work hand-in-hand with the federal Drug Enforcement Administration and other agencies on identifying, investigating, and dismantling of methamphetamine labs. More than 700 certified police officers throughout New Mexico have received training to learn how to dismantle methamphetamine labs effectively and safely. Law enforcement also coordinates with CYFD Child Protective Services in order to relocate children frequently discovered in these harmful environments.

Cities and counties in New Mexico have also devised substance abuse related programs that address a variety of substance abuse treatment and offender needs and decrease the manufacture and sale of illicit drugs. These local programs are offered as examples of the many activities and collaborations occurring throughout the state.

- Rio Arriba County has invested \$4.2 million in the purchase and renovation of a residential treatment center. The center is currently licensed to house 17 beds, and is anticipated to house 32 beds by January 2006. Services include a medically monitored detoxification program for heroin and other drugs. County officials have expressed a desire to coordinate the use of the facility more closely with state government.

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- Crisis Intervention Teams (CIT) in Albuquerque and Las Cruces have improved coordination between law enforcement and mental health providers. CIT provides police officers with training on crisis intervention, including case management, special populations, psychopharmacology, substance abuse, and recognizing mental illness and personality disorders. This supports officers' efforts to respond to persons with mental health and substance abuse disorders in the least harmful manner, thereby reducing risks of injury or death to individuals suffering from those disorders. Early data from the program indicates that almost half of contacts result in transportation to a mental health facility. More than a quarter of CIT calls in Albuquerque in 1999 (27.3%) involved alcohol and 17% involved other drugs.<sup>53</sup>
- The Ninth Judicial District Attorney's Office launched the first MethWatch Program in Curry and Roosevelt Counties to deter the theft or suspicious sale of certain household products containing non prescription pseudoephedrine- and ephedrine-containing medications used to make methamphetamine. Training sessions are held with retail employees and managers, and a public awareness campaign informs the community of these activities. The program is modeled after a successful program designed in Kansas—fast becoming a national effort. It has been initiated in three counties, and will be initiated in additional 30 counties, to cover the whole state of New Mexico.
- Totah Behavioral Health Authority in Farmington provides outpatient alcohol services for about 150 clients per year, primarily Navajo. The program was developed in cooperation with ten agencies, including the Navajo Nation, City of Farmington, and San Juan County, to provide intensive outreach services to street inebriates in Farmington, who are primarily Navajo. The effectiveness of its combination of case management services, behavioral health services, and traditional Navajo healing is demonstrated by its success in engaging this challenging group in treatment. Services are being expanded to include Intensive Outpatient Treatment, with implementation support from the University of New Mexico. It uses a SAMHSA-endorsed Community Reinforcement Approach model recognized as a national "best practice."

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**WHAT WORKS**

The characteristics of a good system for effectively treating substance abuse and co-occurring disorders, both nationally and in New Mexico, are well established and are increasingly research-based. These characteristics include:

- Assessment-driven and individualized treatment with appropriate levels of care, intensity, and length of services;
- Client-centered treatment with use of the Stages of Change Model, client participation in treatment planning, attention to engagement and motivational factors, and on-demand service/support availability;
- Counseling and behavioral therapies, including integrated treatment for co-occurring substance abuse and mental health disorders, and combined with medication when appropriate;
- Cultural competence and attention to systems factors including family, peers, neighborhood work, and living situation; and
- Assessment for infectious diseases, combined with education and counseling to modify behaviors.

Research consistently indicates that involuntary treatment can be effective and that, for many individuals, recovery may require multiple episodes of treatment. Although residential or inpatient treatment is often the service community leaders first consider for addressing substance abuse treatment needs, these services are most appropriate on a time-limited basis and for individuals who need a very high degree of structure and maintenance to prevent continued use. Inappropriate residential referrals should be avoided as a single stage of treatment because of both their high cost and the detriments of taking individuals out of their community settings. Residential treatment without adequate follow-up also is known to be ineffective.

The above characteristics are the cornerstone of emerging, promising, and evidence-based practices. Emerging practices are very specific approaches that receive high marks from consumers and clinicians but which are too new to have received general or scientific attention. Promising practices cover interventions that are well known and have expert consensus or other support but which do not yet have science-based research backing these conclusions. Evidence-based practice is the coming together of the knowledge and skill of the practitioner, the desires and values of the consumer, and the best research evidence that links a particular intervention with a desired outcome.

Following are forms of treatment that have national recognition for their effectiveness and have been demonstrated to either work in New Mexico or to be well tailored to New Mexico. Collaboration between the public health, human services, and public safety communities to

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implement these programs has the potential to significantly impact the prevalence of substance abuse in New Mexico. Such programs should not only be available through the behavioral health provider community, but also should be offered to offender populations seeking treatment. A recent research study of DWI convictions in New Mexico, for example, demonstrates that “imprisonment alone is ineffective as a deterrent to subsequent drinking and driving” and that multi-modal treatment/incarceration produces much better outcomes as measured by re-arrest rates.<sup>54</sup> While not specifically the subject of this report, it must be noted that New Mexico’s substance abuse prevention system has demonstrated some of the strongest adolescent outcomes of any state in the nation and has earned national recognition through the utilization of effective prevention programs and practices. These prevention initiatives should be sustained in communities to reduce risk factors and prevent future addiction. Additional information and sources for further reading are included in the Appendix.

Screening and Brief Intervention

Screening and brief intervention are two separate skills that can be used together to reduce risky substance use. Screening involves asking questions about alcohol or drug use. Not everyone who is screened will need a brief intervention, and not everyone who needs a brief intervention will require treatment. In fact, the goals of screening and brief intervention are to reduce risky substance use before people become dependent or addicted. A Brief Intervention (BI) is a structured conversation between professional and patient of low intensity and short duration to reduce or cease drinking risk. Many studies show consistent positive results. The length and number of sessions, structure, content and context may vary, while the goal may be abstinence or decreased drinking. The elements of BI include feedback from the screening, professional advice to reduce risks, acceptance of responsibility to reduce risks, goal setting, information, and encouragement.

Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) combines two effective kinds of psychotherapy—cognitive therapy and behavioral therapy. It provides a basis for a more inclusive and comprehensive approach to treating substance abuse. There is substantial research evidence supporting the effectiveness of CBT for reducing substance abuse, particularly with alcohol- and cocaine-dependent clients, individuals with co-occurring disorders, and offender populations.<sup>55 56 57</sup> CBT works: clients change behaviors and thoughts contributing to substance abuse and criminal behavior; strengthen coping and social skills; develop self-control; manage thoughts and feelings; and develop appropriate close relationships and social supports. CBT is commonly used as a brief, community-based intervention.

Motivational Interviewing

Motivational Interviewing or Motivational Enhancement Therapy (MET) is a client centered counseling approach, typically offered in an outpatient setting, for initiating behavior change by helping clients to resolve ambivalence about engaging in treatment and stopping substance use. Developed for the treatment of cocaine, it has also been found to be effective in the treatment of other substances such as methamphetamine and alcohol abuse. Motivational interviewing

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principles are used to strengthen motivation and build a plan for change. It is based on principles of motivational psychology and is designed to produce rapid, internally motivated change. This treatment strategy does not attempt to guide and train the client, step by step, through recovery, but instead employs motivational strategies to mobilize the client's own change resources. It may be delivered as an intervention in itself, or may be used as a prelude to further treatment. MET may be particularly useful in situations where contact with clients is limited to one or a few sessions. As Bill Miller, PhD of the University of New Mexico, is a leading national expert on Motivational Interviewing, this an excellent target for expansion in the state.

Intensive Outpatient (IOP)

Intensive outpatient treatment is considered clinically sound and cost-effective in improving long-term recovery. IOP is provided in a community-based setting as an alternative to or follow-up to residential treatment. Whether attempting recovery for the first time or transitioning down from higher care levels such as residential, IOP is a needed core service for substance abuse treatment.

Matrix Model for Intensive Outpatient Treatment

The Matrix Model provides a framework for engaging stimulant users in treatment and helping them achieve abstinence. It was developed for cocaine and other stimulant drugs and was found to be effective in the treatment of methamphetamine abuse. Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, and are monitored for drug use by urine testing. The program includes education for family members affected by the addiction. The therapist functions as both teacher and coach, fostering a positive relationship with the patient and using that relationship to reinforce positive behavioral change. Treatment materials draw heavily on other tested treatment approaches. A number of projects have demonstrated that participants treated with the Matrix Model demonstrate statistically significant reductions in drug and alcohol use, psychological indicators, and risky sexual behaviors associated with HIV transmission.

Gender-Specific Treatment

Providing comprehensive services that include life skills, trauma issues, relationship issues, parenting, and physical health issues to women and their families is an effective approach to addressing women's unique substance abuse-related needs. Research has long shown that women improve more rapidly if they feel safe and have gender-specific issues addressed in their treatment environment. Such services in New Mexico are sparse, with only one residential program specifically for women and their children (Amity, in Los Lunas).

Multisystemic Therapy (MST)

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The Surgeon General's Report on Mental Health recognized MST as an effective home-based program for youth and adolescents with antisocial behaviors, including substance abuse.<sup>58</sup> It has been designated a model program by CSAP and Blueprints for Violence Prevention and an exemplary program by OJJDP.<sup>59</sup> MST is a brief and intensive, community-based, family-driven treatment model that addresses the entire ecology of the youth—family, peers, school, and neighborhood—with a main goal of developing skills that will endure after completion of treatment. It is an evidence-based practice that has been tested with a number of randomized trials and has shown positive outcomes including decreased adolescent substance abuse, improved family functioning, increased school attendance, decreased adolescent psychiatric symptoms, and decreased long-term re-arrest rates.<sup>60</sup>

### Family Therapy (FFT)

Functional Family Therapy is an evidence-based treatment program that is acknowledged in the Surgeon General's Report on Youth Violence<sup>61</sup> as being effective in the reduction of the proportion of youth who reoffend, as well as being effective in reducing substance use and treating conduct disorder and oppositional defiant disorder. While the goals of treatment are similar to MST, the treatment regimen of FFT is not as intense, the duration of service is not as long, and the candidates for the program are at a lower level of risk.

### Wraparound Services

Wraparound is a philosophy and service process that closely follows the systems of care concept, and emphasizes child-centered and family focused, community-based, and culturally competent services. These services are relevant to substance abuse policies because familial substance abuse is a major childhood risk factor and contributes to poor child outcomes. Wraparound services help address families' total behavioral health needs, operating across substance abuse, mental health, juvenile justice, child welfare, and educational systems. Wraparound Milwaukee is a model wraparound program that was cited by the President's New Freedom Commission on Mental Health and has demonstrated very positive outcomes in a number of states.<sup>62</sup> The program, based on the wraparound philosophy and the managed care model, pools dollars with its systems partners and takes an intensive, flexible, integrated, and multi-service approach to meeting the needs of children, youth and their families.

### Medication Assisted Treatment

The use of naltrexone, antabuse, and other drugs are effective in suppression of alcohol addiction. Methadone and buprenorphine, when combined with counseling and ancillary services, are a well-researched and tested method for providing for heroin and other opioid drug treatment.<sup>63</sup> National and international data indicates that initiation of medication assisted programs in county and city detention centers reduces overdoses, recidivism for drug use, and the rates of drug related crime, domestic violence and child abuse.<sup>64</sup> The recent lifting of federal limits on the number of patients that can be treated with buprenorphine at individual health care

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organizations will help improve access and offers an opportunity to expand the availability of this treatment.

Voucher Based Contingency Management

Voucher programs are a type of reinforcement known as Contingency Management (CM). CM treatments are based on a behavioral principle that if a behavior is reinforced or rewarded, it is more likely to occur in the future. Psychological research since the 1990's shows that positive reinforcement can be highly effective in drug treatment. Contingency management programs that use vouchers or incentives are helping people with substance abuse disorders stay in treatment, giving them a better chance of full recovery. CM treatment works across a broad array of substance use populations. While CM may cost more to operate than other treatment alternatives, its effectiveness may save money in the long run through reduced medical and criminal justice costs.

Community Reinforcement Approach

The Community Reinforcement Approach (CRA) is a comprehensive, individualized treatment approach designed to imitate changes in lifestyle and the social environment that will support a client's long-term sobriety. It is based on the belief that environmental contingencies can play a powerful role in encouraging or discouraging drug use. Consequently, it utilizes social, recreational, familial, and vocational reinforces to assist consumers in the recovery process. Its goal is to make a sober life more rewarding than the use of substances. CRA uses a combination of group therapy, skills training, non-drinking social events, relationship counseling, and case management. Prizes may also be given for attendance. CRA and Contingency Management have been shown to be an excellent program for treating cocaine and methadone maintained heroin abusers.

Treatment of Co-occurring Disorders

Nationally recognized co-occurring mental health and substance abuse disorder initiatives have raised awareness and skill levels in clinicians concerning the treatment of individuals with both substance abuse and mental illness. The integration of treatment ensures that the client is treated holistically, thereby improving outcomes of treatment. Research has shown that treatment that specifically and simultaneously addresses both mental health and substance abuse is most effective. Individuals with co-occurring substance abuse and mental health disorders have a heightened need for coordinated care to overcome the poor linkages between substance-use, mental health, and general health service delivery systems.<sup>65</sup>

Crisis Intervention and Mobile Crisis Teams

Crisis Intervention Teams (CITs) are composed of members of law enforcement who are trained to effectively manage incidences involving individuals who are mentally ill and who are behaving in an erratic or violent manner. CITs have been very successful in Albuquerque and Las Cruces. Development of CITs or other mobile crisis response services in other areas of the

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state would ensure more appropriate response to mental health and substance abuse related crises now often dealt with solely by first responders lacking behavioral health expertise and assistance. Acts of violence associated with mental illness are, more often than not, associated with co-occurring substance abuse disorders.

Trauma-Related Treatment

Post Traumatic Stress Disorder (PTSD) is most familiar as a problem for veterans of wars, yet complex PTSD is found among individuals who have been exposed to prolonged traumatic circumstances of any nature. It may affect those who were physically, emotionally or sexually abused, witnessed violence, or suffered from other traumatic life events. Historical Trauma affects persecuted or violently displaced individuals, such as victims of war, Holocaust victims, and Native Americans and Hispanic population in New Mexico who have been displaced from their ancestral lands.<sup>66</sup> Effective therapeutic approaches used to treat PTSD are Cognitive-Behavioral Therapy, Pharmacotherapy (medication), and group counseling. Culturally appropriate economic development can also reduce substance abuse among these populations by providing strong support systems for individuals reentering drug-infested environments and by improving the well being of the community as a whole. Awareness of the necessity for incorporating trauma-related treatment is increasing among practitioners in New Mexico.

Many highly impacted geographic regions are considered to have experienced what is referred to as Historic Trauma. Culturally appropriate economic development may, in such situations, be part of a response strategy in which such programs provide strong support systems for individuals reentering drug infested environments and for the community as a whole. Several communities have attempted to address historical trauma but lack capacity to develop evidence bases. Some of these communities are seeking to partner with state and other research sources to document the relationship between historical trauma and substance abuse, and the effectiveness of local emerging practices.

Drug and Mental Health Courts

Drug and Mental Health Courts can reduce the incarceration rate of those with substance abuse disorders and mental illness. These courts serve as a 'single point of contact' in which a team of specialists works with substance abusing and mentally ill offenders. The team consists of a judge, prosecutor, defense attorney, mental health clinician, supervising court officers, and case managers. The team works with offenders to develop treatment plans, obtain services, and provide supervision, monitoring, and case management services. These courts also bring efficiency to the judicial system by diverting cases from the traditional adversarial process—the average NM Drug Court cost per client per day was \$29.30 in 2005 compared to the cost of incarceration at \$73.97. Drug court graduates also earn higher wages during and after drug court, work longer, and have lower health care costs and mental health services needs than probationers. There are 28 active drug courts in New Mexico and two mental health courts in Albuquerque. The Administrative Office of the Courts responds to requests to expand and or establish more courts.

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Jail-Based and Post-Release Treatment

Jail- and prison-based drug abuse treatment aimed at first and second time DWI and other substance-abusing offenders has been shown to reduce short-term recidivism and relapse rates when followed by appropriate community-based treatment upon release. Studies indicate that 9 to 12 months of prison treatment followed by at least three months of community treatment are needed to produce significant reductions in recidivism and relapse, and that criminal justice supervision increases the likelihood that an individual will stay in treatment and show improvements. In-prison treatment combined with aftercare has been shown to produce a 28% reduction in criminal recidivism and 62% reduction in drug use.

Typical programs move offenders from incarceration to well-coordinated community support and after-care services including evaluation, individual counseling, group programs, and post-discharge monitoring. These programs require a strong network of local providers and a case management approach continuously evaluating treatment components. Job support and other community-based strategies have also been shown to be effective at reducing recidivism. Having a legitimate job lessens the chances of re-offending following release from prison, and, the higher the wages, the less likely it is that these individuals will return to crime.

Conclusion

Together, the above strategies reflect the characteristics of a good substance abuse treatment system. Care is driven by individual assessments and is targeted with individual levels of intensity. It addresses client motivational factors, utilizes medication when appropriate, and addresses systems factors. These treatment strategies have or can be implemented in New Mexico, and have demonstrated effectiveness in a variety of settings. Collaboration between the public health, human services, and public safety communities to implement these programs has the potential to significantly impact the prevalence of substance abuse in New Mexico. Such programs should not only be available through the behavioral health provider community, but also should be offered to offender populations seeking treatment.

Although the emphasis of this section has been on treatment for existing substance abuse disorders, there are many evidence-based prevention strategies that produce significant long-term changes in targeted behavioral health indicators and have been shown to be linked to the intervention. Additional sources of information on model programs and other reports on prevention in New Mexico are listed in the appendix.

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## **RECOMMENDATIONS**

Based on the prevalence and severity of substance abuse in New Mexico described above, we are making recommendations for actions that we see as critical to achieving individual, community, and state-level wellbeing. We believe these actions should be based on a set of basic policies and principles that clearly delineate our priorities for action, so that further work can continue to be grounded on a consistent foundation ensuring sustained clarity and focus. No short-term reactions or sound bite strategies will be effective—fundamental changes are needed and will require strong commitment and consensual priorities across all segments of local, county and state government, the faith community, businesses, advocacy groups, and nonprofits in New Mexico.

### Policy and Principles

In this section we identify basic policy and principle initiatives, as well as target populations. An effective policy foundation for this work must delineate the priority populations to be targeted and the desired outcomes and benefits we want to see for them. These policies have a strong values base – the expectations that:

- Recovery/resilience are not only possible, but are to be expected for people affected by or at-risk for substance abuse-related problems;
- Health and safety are basic rights to be protected when threatened by substance abuse, and;
- Accountability is essential – from the level of the individual involved in substance abuse-related behaviors to those who direct, provide, and fund services at all levels of our systems.

Policies and principles for action in this area must also be determined pragmatically, using a clear data-based understanding of the nature of the problem, an assessment of what is currently being done in New Mexico, and the science of what has demonstrated effectiveness in addressing such problems here or in similar environments.

In addition to recommending a focus on these target populations, we also recommend a policy framework that incorporates three basic principles – access, safety/quality, and value. Although intuitively obvious, these principles must be used as clearly delineated benchmarks to guide decision-making in the face of severe problems and a lack of resources.

### *Access*

We recommend a policy that makes clear that, within the next two to three years, a core set of basic services should be readily available to a defined subset of the above high-risk/high-need target population. These services should be offered at least at the minimal needed levels of intensity and duration, and should be distributed based on prevalence, impact, and severity data by geographic area, age, gender, and ethnicity. To ensure that services are not only available but are also used, we recommend that this policy address motivation and engagement, as well as New Mexico’s unique characteristics including language, culture, rural/frontier and border areas, and inadequate workforce. To ensure longer-term outcomes, we recommend a policy that

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specifies that over the next three to five years, individuals and communities in identified subsets of all three of the above target populations will similarly have access to appropriate levels and types of services and supports.

*Safety/Quality*

Secondly, we recommend that, across departments, a clear restatement of basic policy specifies that individuals in the three target groups are assured substance abuse-related services that are designed to protect them from harm and are of sufficient quality to ensure positive outcomes. Interventions must be based on the best available science in regards to effectiveness, and sufficient oversight must hold providers and systems accountable for this level of safety/quality and documented positive outcomes.

*Value*

Finally, we recommend that policy stress the significance of services for these target populations being evaluated based on cost effectiveness – not only measures of short-term program efficiency and cost, but also cost offsets and longer-term value delivered to society. In short, policy principles should stress measurable “return on investments” over time for public dollars spent on substance abuse-related services.

Target populations

We recommend that a broad policy across departments be based on recognition of the need to balance resources among three major target groups:

1. High-risk/high-need individuals who are currently using substances in a manner that seriously threatens their own or others basic health and safety.
  - Persons between the ages of 18 and 25 not only have the highest rates of substance abuse and dependence in New Mexico, but also the highest rate of persons needing but not receiving treatment.<sup>67</sup>
  - Individuals—across all age groups—whose risks from addiction are exacerbated by co-occurring disorders, a history of violence or criminal behavior, and compulsive gambling.
  - The Native American and Hispanic/Latino populations, who have the highest substance abuse-related death rates in New Mexico, and also face unique cultural and language barriers to treatment.
  - Underserved Populations that include Native Americans, Hispanic/Latino women, and the elderly require appropriate support and earlier and easier access to services.
2. Individuals whose high “load” of identified risk factors and lack of protective factors increases the likelihood of severe future substance abuse-related problems.

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- Children and youth in New Mexico, especially those with heavy use during adolescence or a history of familial substance abuse, violence, and other forms of abuse.
  - Socially isolated seniors, especially those with co-occurring serious health problems, who are particularly at risk for prescription drug abuse.
  - Returning military, victims of violence, and other individuals at risk for post-traumatic responses that often lead to severe substance abuse.
3. Under-served individuals and communities for whom appropriate supports, earlier and easier access, and strengthening of protective factors will, over time, help to promote resilience and change norms in a manner that will—over multiple generations—reduce future prevalence of substance abuse in New Mexico. Highly impacted communities or regions should be targeted for support.

The investment of resources in these three groups will likely need to give initial priority to those in the high-risk/high-need group. However, policies should also be able to take into account the importance of both early intervention and long-term multi-generational efforts to ensure sustained improvements and to offset costs over time.

Recommended Actions

To begin accelerating progress towards the above policy goals, we recommend that action in the next 12-18 months focus on the key areas of partnership, financing and resource development, oversight and accountability, and capacity building and workforce development.

*Partnership Approaches*

Criteria for substance abuse funding decisions should include evidence of collaborative approaches that effectively integrate and blend the work of criminal justice, public health, treatment, social services, education, and local government systems as appropriate to achieve desired outcomes. Based on our review of current evidence-based strategies and best practices, we recommend that priorities for funding these integrated approaches should include:

- Ensuring that first responder/crisis response systems have behavioral health supports, including the development of more training/services for law enforcement in metro areas (e.g. CIT) and behavioral health mobile crisis teams to partner with law enforcement.
- Further developing specialized probation and parole services that integrate supervision and treatment.
- Continuing and expanding support for drug courts that integrate judicial oversight with treatment.
- Developing additional DWI treatment capacity modeled on the Farmington program that has demonstrated effectiveness for jail-based treatment.

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- Continuing and expanding substance abuse and co-occurring disorder screening, assessment, and treatment in primary care and public health, mental health, school, and other natural settings including senior citizen centers, with expertise available on site or via telehealth linkages.
- Continuing and expanding assessment of co-occurring disorders followed by integrated treatment and support services.
- Increasing child and adult protective services and treatment partnerships that target and coordinate services to address substance abuse-related factors contributing to risk of out-of-home placement and abuse/neglect.

State initiatives should be developed in partnership with local efforts rather than be imposed on or imported into local areas. Based on current successes in New Mexico, coordinated efforts should include:

- Partnering with local government early in the budget process, especially in highly impacted communities.
- Community policing with a focus on reducing levels of drug use and underage drinking.
- Required use of community-specific natural supports and assets in program design and implementation.
- Use of Behavioral Health Local Collaboratives, Health and DWI councils and other relevant local groups as a source of data on community-specific needs and assets, and as a means to facilitate program planning and implementation.
- Assisting providers, local governments, or other parties to document the impacts of historical trauma and to establish locally-developed culturally-based practices as emerging, promising, or science-based.

*Financing and Development Strategies*

To increase the impact of the funds allocated to substance abuse-related programming, we recommend that funding decisions utilize the following strategies:

- Attention to sustainability and system integration of time-limited grants, including reducing reliance on onetime funding, and developing follow-up plans to sustain these services/interventions.
- Enhance use of Medicaid funding for substance abuse-related treatment services.
- Through use of new administrative data systems, systematically determine where funding has not demonstrated results, and reconfigure funding based on performance – either by assisting services to increase effectiveness or by reinvesting in more effective alternatives.

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Programs without clear demonstration of desired outcomes should not continue to receive funds.

- Better balance the mix of high-end residential/inpatient treatment or incarceration and evidence-based intensive in-home or community-based interventions that would, over time, reduce recidivism and repeat incarcerations/treatment. Highly impacted communities will require higher levels of residential treatment as individuals must be temporarily removed from a drug infested environment.
- Ensure that funding is not spread so thin that interventions lack the intensity and fidelity to evidence-based practices needed to generate positive outcomes.

*Capacity Building and Workforce Development*

A well-trained workforce is required to provide, on a day-to-day basis, an improved array of evidence-based substance abuse services. To address the workforce shortages in New Mexico, and to support implementation of collaborative strategies, we recommend the following strategies:

- Support implementation of the Executive Order on Behavioral Health Workforce Development recommendations, especially in regards to reducing barriers to the use of paraprofessionals and LADACS when appropriately supervised and within needed organizational structures to assure safety/effectiveness.
- Support the Consortium for Behavioral Health Training and Research (CBHTR) with a focus on developing greater workforce capacity to provide evidence-based substance abuse interventions, including an emphasis on criminal justice collaborations.
- Support for CBHTR to engage in research and evaluation activities that promote development of evidence-based practices that are well suited to New Mexico's specific cultural and demographic challenges in substance abuse treatment.
- Support for salary, education, and training loan incentives to encourage the distribution and retention of needed substance abuse workforce across rural/border/frontier areas.
- More use of internships and co-op placements that support effective substance abuse interventions in high need areas.
- Develop cross training across criminal justice, health/treatment, and social services in working effectively with substance abuse-related interventions and populations and co-occurring disorder-related interventions and populations.
- Utilize the existing prevention workforce competency framework developed by DOH/BHSD to continue the expansion and enhancement of an effective prevention workforce.
- Support nationally recognized professional certification of members of the prevention workforce.

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*Oversight and Accountability*

To ensure that programs are held accountable for their outcomes, we recommend that decisions regarding the funding and re-funding of programs and interventions should be based on:

- Alignment with evidence-based and known best practices;
- Evaluation of program outcomes and effectiveness;
- Documentation of effectiveness of emerging practices;
- Assessment of cross-system costs and benefits; and
- Current and up-to-date information on patterns of need and access.

Better performance measurement systems are needed to track and evaluate the above factors. We recommend supporting and facilitating current efforts to develop data systems that are:

- Integrated and coordinated across agencies;
- Comprehensive, complete, and accessible; and
- Designed to ensure higher data quality and validity.

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**GLOSSARY OF TERMS**

AIDS - Acquired Immunodeficiency Syndrome	EUDL – Enforcing Underage Drinking Laws
ALTSD – Aging & Long Term Services Department	FFT – Functional Family Therapy
AMCI – Albuquerque Metro Central Intake	RA HHSD – Rio Arriba Health and Human Services Department
AOC – Administrative Office of the Courts	HHS – Health & Human Services
ATODA – Alcohol, Tobacco, and Other Drug Abuse	HIV – Human Immunodeficiency Virus
ATR – Access to Recovery	HSD – Human Services Department
BH – Behavioral Health	HVC – Hepatitis C Virus
BHSD – Behavioral Health Services Division	IDU – Intravenous Drug User
CBHTR – Consortium for Behavioral Health Training and Research	IOP – Intensive Outpatient Treatment
CBT – Cognitive Behavioral Therapy	LADAC – Licensed Alcohol and Drug Abuse Counselor
CIT – Crisis Intervention Teams	MAD – Medical Assistant Division
CM – Contingency Management	MDC – Metropolitan Detention Center
COD – Co-occurring Substance Related and Mental Disorder	MET – Motivational Enhanced Therapy
Co-SIG – State Incentive Grant for Persons with Co-occurring Substance Related and Mental Disorder	MST – Multisystemic Therapy
CSAP – Center for Substance Abuse Prevention	NMCD – New Mexico Department of Corrections
CYFD – Children Youth & Families	OJJDP – Office of Juvenile Justice and Delinquency Prevention
DEA – Drug Enforcement Administration	PED – Public Education Department
DOH – Department of Health	PTSD – Post Traumatic Stress Disorder
DPS – Department of Public Safety	SAMHSA – Substance Abuse and Mental Health Services Administration
DWI – Driving While Intoxicated	SBIRT – Brief Intervention Referral and Treatment
EMDR – Eye Movement Desensitization and Reprocessing	TANF – Temporary Assistance for Needy Families
EPSDT – Early and Periodic Screening, Diagnostic, and Treatment	TRC – Transitional Reporting Centers
	UNM – University of New Mexico

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**EVIDENCE-BASED PREVENTION**

Definitions of Prevention and Evidence-Based Prevention

Alcohol, tobacco and other drug abuse prevention is an active process that promotes the personal, physical and social well being of individuals, families and communities to reinforce positive behaviors and healthy lifestyles. The goal of this service is to prevent substance abuse through the reduction or abatement of risk factors and the strengthening of protective or resiliency factors. Prevention includes strategies aimed at education for the community at large, as well as selective strategies aimed at individuals and families who are at greatest risk for substance abuse but are not in need of treatment. These activities include reducing environmental and normative conditions that encourage the use of substances, and strengthening or creating pro-social norms or regulations that decrease the likelihood of illegal or inappropriate use and abuse. The term "prevention" is reserved for interventions that occur before the initial onset of a disorder.

Evidence-based Prevention Strategies are approaches that have been empirically demonstrated to produce significant changes in the behavioral or health indicators targeted as long term outcomes, and whose effects have been proven to be linked to the program itself and not to extraneous events. (Also referred to as science-based and research-based strategies, best practices, and exemplary or model programs.)

Strategic Prevention Framework

Five steps comprise the Substance Abuse Mental Health Service Administration's (SAMHSA) Strategic Prevention Framework (SPF). Each step contains key milestones and products that are essential to the validity of the process. The SPF is conceived of in systemic terms and reflects a public health, or community-based, approach to delivering effective prevention. Below is an outline of the five steps. Further information on this and other SAMHSA prevention activities can be found at: <http://prevention.samhsa.gov>.

*Step #1: Assessment*

Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process. Step 1 also involves an assessment of readiness and leadership to implement policies, programs, and practices.

*Step #2: Capacity*

Capacity involves the mobilization of resources within a geographic area (state/community). A key aspect of capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts. The mobilization of resources includes both financial and organizational resources as well as the creation of partnerships. Readiness, cultural competence, and leadership capacity are addressed and strengthened through education and training. Additionally, capacity should include a focus on sustainability as well as evaluation.

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*Step #3: Planning*

Planning involves the development of a strategic plan that includes policies, programs, and practices that create a logical, data-driven plan to address identified problems. The planning process produces strategic goals, objectives, and performance targets, as well as logic models and in some cases, preliminary action plans. In addition Step 3 can also involve the selection of evidence based policies, programs, and practices.

*Step #4: Implementation*

Implementation involves taking action guided by a strategic plan. If action planning, or the selection of specific policies, programs, and practices, was not part of the planning process in Step 3, it should occur in Step 4. Step 4 also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of program fidelity.

*Step #5: Evaluation*

Evaluation involves measuring impact. An important part of the process is identifying areas for improvement. Step 5 also emphasizes sustainability since it involves measuring the impact of the implemented policies, programs, and practices. Evaluation also includes reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the strategic plan, relevant action plans, and measures.

Additional New Mexico Prevention Information

Please see the following documents for additional information on prevention in New Mexico:

*New Mexico Youth Risk and Resiliency Survey (YRRS) 2003 Report of State Results* for information on behaviors that predate substance abuse and that may inform prevention strategies targeted to children and youth between the ages of 9 and 15. This document is a joint effort of the New Mexico Department of Health, the New Mexico Public Education Department, and the University of New Mexico.

*New Mexico Five-Year ATODA Prevention Plan, 2002-2006* for information on prevention planning within the New Mexico Department of Health, Behavioral Health Services Division, Prevention Services Bureau. This is the second five-year prevention plan of the Bureau; a third is currently being developed for release.

*Substance Abuse Prevention Evaluation Outcomes, Fiscal Year 2004 Executive Summary* for information on results of New Mexico Department of Health Behavioral Health Services Division prevention programs.

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