1	SENATE JOINT MEMORIAL 21
2	50TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2012
3	INTRODUCED BY
4	Richard C. Martinez
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10	A JOINT MEMORIAL
11	REQUESTING THE UNIVERSITY OF NEW MEXICO'S ROBERT WOOD JOHNSON
12	FOUNDATION CENTER FOR HEALTH POLICY TO CONDUCT A FEASIBILITY
13	STUDY ON HOW TO ENHANCE AND EXPAND NEW MEXICO'S HARM-REDUCTION
14	SERVICES RELATED TO OPIOID MISUSE AND DEPENDENCY.
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16	WHEREAS, New Mexico has long been concerned about the high
17	rates of opioid misuse and dependency and the impact on the
18	people of New Mexico; and
19	WHEREAS, the federal centers for disease control and
20	prevention has recently declared the United States to have a
21	crisis and epidemic of opioid abuse and addiction; and
22	WHEREAS, New Mexico is facing opioid overdose death rates
23	of unprecedented proportions; and
24	WHEREAS, New Mexico ranks number one in the country in
25	overdose-related deaths, as reported by the centers for disease
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control and prevention on November 1, 2011; and

WHEREAS, the rate for New Mexico overdose-related deaths is twenty-seven per one hundred thousand population, more than twice the national average; and

WHEREAS, nationally, overdose death rates now outnumber traffic fatality rates; and

WHEREAS, the department of health's substance abuse epidemiology unit at the university of New Mexico estimates that there were nearly twenty-four thousand adult intravenous drug users in New Mexico in 2006, and others report that number to be as high as fifty thousand; and

WHEREAS, the federal substance abuse and mental health services administration recently conducted a review of emergency room visits for nonmedical use of opioid analgesics and found that the number of visits for nonmedical opioid use increased one hundred eleven percent between 2004 and 2008; and

WHEREAS, people who use opioids, including heroin and prescription medications, are at risk for health-related harm associated with the use such as blood-borne infections like human immunodeficiency virus and hepatitis C, skin infections at injection sites, venous damage and, ultimately, death due to overdose; and

WHEREAS, drug abuse and dependence is a complex issue that requires innovative approaches to harm reduction in drug use; and

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WHEREAS, there are evidence-based approaches that are proven to work in reducing the harm associated with opioid use, including medically supervised injection facilities, opioid overdose reversal antidotes such as naloxone, access to safe syringes and access to medication-assisted treatment, including methadone and buprenorphine; and

WHEREAS, individuals suffering from addiction need access to high-quality treatment that is health-focused, yet these individuals remain highly underserved; and

WHEREAS, harm reduction strategies for opioid use and overdose can save both lives and money; and

WHEREAS, there is a need to enhance the existing system in New Mexico and explore more comprehensive and innovative models; and

WHEREAS, medically supervised injection sites are controlled health care settings where drug users can more safely use drugs under clinical supervision, and where they have access to health care, counseling and referral to health and social services, including drug treatment; and

WHEREAS, medically supervised injection sites have proven to reduce transmission of blood-borne viruses, prevent overdose fatalities, foster safer injection practices and increase access or referrals to addiction treatment programs, including medication-assisted treatment and detoxification services; savings to taxpayers by reducing societal costs associated with .188601.1

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costly emergency room visits and increased crime and violence; and a reduction in social harms associated with intravenous drug use, such as public disorder, public intoxication, public injecting of drugs and publicly discarded syringes; and

WHEREAS, medically supervised injection sites are bestsuited to serve older, long-term users, who are more difficult to reach through more traditional prevention and treatment settings and who often avoid, or have never had contact with, the treatment system; and

WHEREAS, worldwide, there are sixty-five safe injection facilities in twenty-seven cities in eight countries, including Vancouver, Canada;

NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO that the university of New Mexico's Robert Wood Johnson foundation center for health policy be requested to develop a task force to conduct a feasibility study to evaluate how to expand and enhance opioid harm-reduction services in New Mexico; and

BE IT FURTHER RESOLVED that the university of New Mexico's Robert Wood Johnson foundation center for health policy explore emerging and novel approaches to opioid harm reduction, including exploring the feasibility of implementing a pilot medically supervised injection site, staffed with medical professionals, to reduce overdose deaths, increase access to health services and treatment and further expand access to safe .188601.1

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injection equipment to prevent the transmission of human immunodeficiency virus and hepatitis C; and

BE IT FURTHER RESOLVED that the university of New Mexico's Robert Wood Johnson foundation center for health policy include in its task force and study input from the department of health, the children, youth and families department, the human services department, the interagency behavioral health purchasing collaborative, the behavioral health planning council, the university of New Mexico, the New Mexico public health association, the drug policy alliance, the New Mexico women's justice project, the Navajo AIDS network, the Santa Fe mountain center, casa de salud, New Mexico AIDS services, health care for the homeless, staff from established supervised injection sites, harm-reduction researchers, harm-reduction advocates, people in recovery from opioid addiction and individuals or family members who have experienced an overdose; and

BE IT FURTHER RESOLVED that the task force report its findings and any legislative recommendations to the interim legislative health and human services committee and other appropriate interim committees by November 1, 2012; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the university of New Mexico's Robert Wood Johnson foundation center for health policy and to each of the agencies, organizations and individuals named to participate in .188601.1 - 5 -

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