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FISCAL IMPACT REPORT

ORIGINAL DATE 02/04/13

SPONSOR Ortiz y Pino LAST UPDATED _____ HB _____

SHORT TITLE Drug Overdose Prevention & Education SB 298

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY13	FY14		
	\$1,000.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)

Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 298 (SB 298) appropriates \$1 million in general fund to the Department of Health (DOH) for drug overdose prevention, education and harm reduction. The appropriation is directed to 1) additional hours of contract services to provide overdose prevention education and dispense naloxone, 2) hire two full-time health educators to promote overdose prevention activities, and 3) purchase harm reduction supplies.

FISCAL IMPLICATIONS

Senate Bill 298 contains a recurring appropriation of \$1 million from the general fund. Any unexpended or unencumbered balance remaining at the end of FY14 shall revert to the general fund.

The DOH indicates it would use a minimum of 5 percent of the amount appropriated for the department's administrative overhead costs associated with administration of the program.

SIGNIFICANT ISSUES

SB 298 was derived from recommendations made by the Senate Memorial 45 (SM45) Study Group, a body established by SM45, passed during the 2012 legislative session.

The HSD indicates New Mexico has one of the highest rates of unintentional drug overdoses in the nation. A goal of the New Mexico Harm Reduction Program is to reduce the unintentional overdose deaths due to drug use. The Overdose Prevention Program works to reduce this mortality rate by teaching opiate users how to recognize, respond and administer naloxone (also called narcan) to individuals experiencing an overdose. Narcan costs the DOH \$12.50 a dose and one dose can save the life of a person having an overdose. The FY13 budget for the DOH Harm Reduction Program is \$1.3 million and is funded by the general fund and a small portion of tobacco settlement program funds.

OTHER SUBSTANTIVE ISSUES

The DOH reports in 2010, New Mexico had the second highest drug overdose death rate in the nation—mostly from illicit and prescription opioid drugs. In 2011, the age-adjusted drug overdose death rate for New Mexico was 25.9 deaths per 100,000 persons. From 1990 to 2011 the state's drug overdose death rate more than tripled.

New Mexico has been a leader among states in adopting innovative harm reduction approaches to address the state's serious opioid drug problem. Harm reduction services were created by an act of the Legislature in 1997. Current services include syringe exchange, drug overdose prevention using narcan (a drug that can be administered to counter the effects of opiate overdose), and opiate replacement treatment. The DOH currently offers opiate replacement therapy using suboxone (a buprenorphine-based product) as part of a comprehensive response to opiate addiction. Current patient demand for overdose prevention and opiate replacement therapy services outweighs services available in the public and private sector.

There is extensive national data that illustrates that harm reduction activities such as syringe exchange reduce the transmission of infectious disease without increasing or promoting drug use. Services are most effective when offered in a comprehensive fashion that includes activities, such as HIV and Hepatitis C testing, overdose prevention education, referrals to substance abuse treatment, and other basic needs.

Naloxone is an opioid antagonist drug used to counter the effects of opioid drug overdose. Naloxone acts to counteract life-threatening depression of the central nervous system and respiratory system. If available and administered in a timely fashion, naloxone can prevent drug overdose deaths resulting from opioid drugs, including heroin and prescription opioid pain medications. Naloxone is not addictive and produces no pharmacological effects if the individual has not taken opioids.

New Mexico was the first state with public health programs promoting the distribution and use of Naloxone. Data from New Mexico show that, during 2010-2011, 5,966 injection drug (heroin) users participated in DOH's Harm Reduction syringe exchange program and 1,929 people were enrolled to receive naloxone and education in its use (DOH's Harm Reduction Program). The distribution and use of naloxone was responsible for 278 reported overdose reversals (or "saves"). During the same period, there were 163 heroin overdose deaths reported in the state.

Naloxone is also widely used by first responders. Preliminary analysis of the DOH's Emergency Medical Services (EMS) data finds that in 2012 naloxone was administered to patients 1,453 times with 684 reported reversals (or improvements) in patient status.

Additional funding for the Harm Reduction Program would allow expansion of both syringe exchange and overdose prevention activities. A number of partner organizations including non-profit groups, health care providers and substance abuse treatment facilities have expressed their interest to the Harm Reduction Program about providing and educating on naran.

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