A MEMORIAL
REQUESTING THE NEW MEXICO LEGISLATIVE COUNCIL TO CHARGE THE
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE WITH HEARING
TESTIMONY ON INJECTABLE OPIOID TREATMENT AS A FEASIBLE,
EFFECTIVE AND COST-EFFECTIVE STRATEGY FOR REDUCING DRUG USE AND
DRUG-RELATED HARM AMONG LONG-TERM HEROIN USERS FOR WHOM OTHER
TREATMENT PROGRAMS HAVE FAILED.

WHEREAS, New Mexico has long been concerned about the high
rate of opioid misuse and dependency and the impact on the
people of New Mexico; and

WHEREAS, the rate for New Mexico overdose-related deaths
in 2016 was over twenty-five per one hundred thousand
population, higher than the national average of almost twenty
deaths per one hundred thousand population; and

WHEREAS, there are areas within New Mexico with drug
overdose death rates as high as ninety per one hundred thousand; and

WHEREAS, drug overdose is the leading cause of accidental death in New Mexico, and overdose deaths in New Mexico outnumber traffic fatalities; and

WHEREAS, people who use opioids, including heroin and prescription medications, are at risk for health-related harm associated with their 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; and

WHEREAS, there is a need to enhance the existing health care system in New Mexico and explore additional comprehensive and innovative models to address problematic drug use; and

WHEREAS, for people who use drugs who have not found success with methadone, suboxone or other treatments, the most dramatic developments in drug substitution therapies have been in injectable opioid treatments; and

WHEREAS, "injectable opioid treatment" means the administering or dispensing of pharmaceutical-grade heroin, known as "diacetylmorphine", or another injectable opioid such as hydromorphone, by medical practitioners under strict controls in a clinical setting to select heroin-dependent
persons; and

WHEREAS, injectable opioid treatment programs, as part of comprehensive treatment strategies, provide substantial benefits to long-term heroin users who have not been responsive to other types of treatment; and

WHEREAS, heroin use disorder can be understood by consulting the description of opioid use disorder in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, published by the American psychiatric association, and is identified as including a maladaptive pattern of heroin use leading to clinically significant impairment or distress and a combination of several of the following signs and symptoms:

A. an increasing tolerance of heroin;

B. withdrawal signs and symptoms when there are attempts to reduce or control heroin use;

C. a desire or unsuccessful efforts to cut down or control heroin use;

D. a loss of social, occupational or recreational activities because of heroin use; and

E. continuing use of heroin despite consequences;

and

WHEREAS, permanent heroin-assisted treatment programs have been established in the United Kingdom, Switzerland, the Netherlands, Germany and Denmark, with additional trial programs having been completed or currently taking place in
Spain, Belgium and Canada; and

WHEREAS, findings from randomized controlled studies in these countries have yielded unanimously positive results, including that:

A. heroin-assisted treatment reduces drug use;
B. retention rates in heroin-assisted treatment surpass those of conventional treatment;
C. heroin-assisted treatment can be a stepping stone to other treatments and even abstinence;
D. heroin-assisted treatment improves health, social functioning and quality of life;
E. heroin-assisted treatment does not pose nuisance or other neighborhood concerns;
F. heroin-assisted treatment reduces crime;
G. heroin-assisted treatment can reduce the black market for heroin; and
H. heroin-assisted treatment is cost effective, in that the cost-savings from the benefits attributable to heroin-assisted treatment far outweigh the cost of program operation over the long run; and

WHEREAS, retention rates in heroin-assisted treatment programs dwarf those of conventional treatments; and

WHEREAS, further, because participants in heroin-assisted treatment programs are much less likely to commit acquisitive crimes and other offenses, not including drug-related offenses,
such programs have also been shown to decrease crime in areas
where they are situated, which also leads to cost savings;

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF
REPRESENTATIVES OF THE STATE OF NEW MEXICO that the New Mexico
legislative council be requested to charge the legislative
health and human services committee with hearing testimony
related to injectable opioid treatment as a feasible, effective
and cost-effective strategy for reducing drug use and
drug-related harm among long-term heroin users in New Mexico
for whom other treatment programs have failed; and

BE IT FURTHER RESOLVED that copies of this memorial be
transmitted to the governor; the co-chairs of the New Mexico
legislative council; the chair and vice chair of the
legislative health and human services committee; the secretary
of health; the secretary of human services; the secretary of
children, youth and families; the secretary of corrections; the
secretary of public safety; the chancellor for health sciences
of the university of New Mexico; the president of New Mexico
state university; and the executive director of the New Mexico
association of counties.

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