

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE SUBSTITUTE FOR
HOUSE MEMORIAL 56

53RD LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2018

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

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1 overdose death rates as high as ninety per one hundred
2 thousand; and

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

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

12 WHEREAS, drug abuse and dependence is a complex issue that
13 requires innovative approaches; and

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

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

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

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1 persons; and

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

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

13 A. an increasing tolerance of heroin;

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

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

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

20 E. continuing use of heroin despite consequences;

21 and

22 WHEREAS, permanent heroin-assisted treatment programs have
23 been established in the United Kingdom, Switzerland, the
24 Netherlands, Germany and Denmark, with additional trial
25 programs having been completed or currently taking place in

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1 Spain, Belgium and Canada; and

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

5 A. heroin-assisted treatment reduces drug use;

6 B. retention rates in heroin-assisted treatment
7 surpass those of conventional treatment;

8 C. heroin-assisted treatment can be a stepping
9 stone to other treatments and even abstinence;

10 D. heroin-assisted treatment improves health,
11 social functioning and quality of life;

12 E. heroin-assisted treatment does not pose nuisance
13 or other neighborhood concerns;

14 F. heroin-assisted treatment reduces crime;

15 G. heroin-assisted treatment can reduce the black
16 market for heroin; and

17 H. heroin-assisted treatment is cost effective, in
18 that the cost-savings from the benefits attributable to heroin-
19 assisted treatment far outweigh the cost of program operation
20 over the long run; and

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

23 WHEREAS, further, because participants in heroin-assisted
24 treatment programs are much less likely to commit acquisitive
25 crimes and other offenses, not including drug-related offenses,

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1 such programs have also been shown to decrease crime in areas
2 where they are situated, which also leads to cost savings;

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

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

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