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HOUSE MEMORIAL 56

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

INTRODUCED BY

Deborah A. Armstrong

A MEMORIAL

REQUESTING THE NEW MEXICO LEGISLATIVE COUNCIL TO CHARGE THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE WITH HEARING TESTIMONY ON HEROIN-ASSISTED 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 the field of heroin-assisted treatment; and

21 WHEREAS, heroin-assisted treatment is the administering or  
22 dispensing of pharmaceutical-grade heroin, dicetalmethadone, by  
23 medical practitioners under strict controls in a clinical  
24 setting to select heroin-dependent persons; and

25 WHEREAS, heroin-assisted treatment programs, as part of

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1 comprehensive treatment strategies, provide substantial  
2 benefits to long-term heroin users who have not been responsive  
3 to other types of treatment; and

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

11 A. an increasing tolerance of heroin;

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

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

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

18 E. continuing use of heroin despite consequences;

19 and

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

25 WHEREAS, findings from randomized controlled studies in

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1 these countries have yielded unanimously positive results,  
2 including that:

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

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

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

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