Written by By Matthew Reichbach NM Political Report Friday, 23 October 2015 09:20





The White House rolled out a new way of dealing with opioid addiction and prescription this week with the president appearing in Charleston, West Virginia on Wednesday to discuss the efforts.

The move is the latest in an ambitious set of second-term moves by the President Barack Obama. As Huffington Post reported, it downplays abstinence in favor of medication-assisted treatment, in an effort to curb the growing epidemic of opioid addiction and overdoses nationwide.

New Mexico has had a massive problem with opioid overdoses. A study by the New Mexico Department of Health released this summer found that overdose deaths in New Mexico reached a new high in 2014.

New Mexico has done a lot to try to address the problem, including some things that the federal government is now looking at.

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Emily Kaltenbach is the state director for the Drug Policy Alliance in New Mexico. She told New Mexico Political Report in a brief interview that she was "really encouraged by the president's memorandum that he sent out to his agencies and also the presentation" on Wednesday.

Expanding access to narcan

One thing she was encouraged by was that it could mean more widespread prescription of naloxone, a drug that is used to treat narcotic overdoses. "We are hoping that this increased awareness and endorsement of Naloxone on a federal level will again trickle down to our state," Kaltenbach said. New Mexico is already doing some things with naloxone, also known as narcan, that Kaltenbach says are putting them on the front lines.

"We led the nation in having these great laws for people that have access to narcan in New Mexico," she said. In 2014, pharmacists began to be able to prescribe the drug.

State Rep. Debbie Armstrong, D-Albuquerque, sits on the Legislative Health and Human Services interim committee and said the issue is one that the committee has discussed.

"We've been talking about it in LHHS over the interim about the overdose rate in New Mexico and some of the interventions that are occurring and need to be expanded," Armstrong said in an interview.

She said that while pharmacists are able to prescribe naloxone, it needs to go further.

"We've got one leg up at least getting started on that in New Mexico and I think that's a critical piece," she said.

Kaltenbach noted that "mid-level providers" such as physicians assistants and nurses provide much of the rural care in the state. They currently cannot prescribe suboxone, a drug used to treat opiate addiction, and the barriers to accessing the drug have led to a black market of

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suboxone—when those who need it even know it is available.

She said that there needs to be more public education, but hopes the national attention brought by Obama will help.

"We are hoping that this increased awareness and endorsement of noloxone on a federal level will again trickle down to our state," she said.

Armstrong also looked at education for prescribers of opioids, including continuing education that has reportedly reduced opioid abuse and overdose rates.

"We've got one leg up at least getting started on that in New Mexico and I think that's a critical piece," she said.

Criminal justice reform

Kaltenbach, who watched a livestream of the West Virginia event, also mentioned criminal justice reform as a key part of addressing the problems.

She mentioned the Law Enforcement Assisted Diversion, or LEAD, program as one way to address this. Santa Fe participates in the program, where instead of booking those arrested for low level opiate drug offenses, they are put in treatment programs.

Actually, Kaltenbach says "It's much more than just treatment." The program includes case management, housing support, employment support, medical help, dental help and more in addition to treatment.

Seattle has been using the program since 2011 and has seen less recidivism and lower costs

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when compared to putting them in jail.
Armstrong agreed that criminal justice reform needs to be part of the conversation.
"If the answer every time is to throw them in jail, we don't get anywhere," she said. "We have to be able to treat. The only way we can bring people out of the shadows to treat, they have to not be under the threat of being thrown in jail."
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