



Agenda

MUNICIPAL DRUG STRATEGY TASKFORCE MEETING

Thursday, December 19, 2019

Market Station - Conference Room - 500 Market Station

11:00 a.m. - 1:00 p.m.

1. Call to Order
2. Approval of Agenda
3. Approval of Minutes:
 - a. October 24th, 2019
 - b. December 5th, 2019 (*pending*)
4. Break to get lunch (15 minutes)
5. New Business:
 - a. Welcome (Emily Kaltenbach, MDST Chair)
 - b. Revised Recommendations (Emily Kaltenbach)
6. Comments from the Chair and Committee Members
7. Report from Staff
8. Matters from the Floor
9. Adjournment

Persons with disabilities in need of accommodations, contact the City Clerk's office at 955-6520, five (5) working days prior to meeting date.

RECEIVED AT THE CITY CLERK'S OFFICE

DATE: December 11, 2019

TIME: 11:27 AM

**SUMMARY OF ACTION
MUNICIPAL DRUG STRATEGY
TASK FORCE MEETING
MARKET STATION CONFERENCE ROOM
THURSDAY, DECEMBER 19, 2019, 11:00 AM**

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<u>NEW BUSINESS</u>		
WELCOME	INFORMATION/DISCUSSION	2-3
REVISED RECOMMENDATIONS	INFORMATION/DISCUSSION	3-7
COMMENTS FROM THE CHAIR AND COMMITTEE MEMBERS	NONE	7
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**MUNICIPAL DRUG STRATEGY
TASK FORCE MEETING
MARKET STATION CONFERENCE ROOM
THURSDAY, DECEMBER 19, 2019, 11:00 AM**

1. CALL TO ORDER

The meeting of the Municipal Drug Strategy Task Force was called to order by Emily Kaltenbach, Chair, on Thursday, December 19, 2019, at 11:00 am, at the Market Station Conference Room, 500 Market Station, Santa Fe, New Mexico

ROLL CALL

MEMBERS PRESENT

Emily Kaltenbach, Chair
Laurie Knight
Alex Dominguez
Bernie Lieving
Sylvia Barela
Larry Martinez
Dr. Bret Smoker
Chris Wendel
Captain Anthony Tapia

Sophie Andar
Andres Mercado
Kathy Armijo-Etre
Julie Ball, for Bennett Baur
Marcela Diaz
Dr. Tim Condon
Dr. Michael DeBernardi
Dr. Laura Dwyer

MEMBERS ABSENT

Veronica Garcia, Excused
Dr. Laura Brown, Excused
Tony Dixon, Advisory, Excused
Jesse Cirolia, Advisory, Excused
John Osborne, Excused
Dr. Wendy Johnson

OTHERS PRESENT

Mayor Alan Webber
Kyra Ochoa, Director, Department of Community Services
Anna Cale, Community Services
Michelle Lis
George Carrasco, Community Services
Elizabeth Martin, Stenographer

2. APPROVAL OF AGENDA

MOTION A motion was made by Mr. Martinez, seconded by Mr. Lieving, to approve the agenda as presented.

VOTE The motion passed unanimously by voice vote.

3. APPROVAL OF MINUTES

A. OCTOBER 24, 2019

MOTION A motion was made by Mr. Martinez, seconded by Mr. Lieving, to approve the minutes as presented.

VOTE The motion passed unanimously by voice vote.

B. DECEMBER 5, 2019

The minutes were not included in the packet.

4. BREAK TO GET LUNCH

5. NEW BUSINESS

A. WELCOME

Chair Kaltenbach thanked Ms. Lis for all her hard work in preparing the report in draft form.

Chair Kaltenbach said we will talk about the draft report, public engagement, the study session and next steps. First she would like to give the Mayor an opportunity to address the Task Force.

Mayor Webber said thank you. The preliminary version of your report was very well received. On the Council everyone knows how important this work is. We were impressed with how intelligently you divided up the categories. These issues cut across every single part of our community. He is grateful for all the work you have done. This is a smart group of people working on approaches to dealing with critical issues in our community. People who don't even know what the work is you are doing know that Santa Fe is trying to cut some new territory and be a leader in this. Julie is working with the City Manager to schedule the study session with the Council. We have had three study sessions so far. They have been on the Libraries, Public Works and Parks and Recreation. They have been successful. We are trying to have a different engagement level with the Council and with conversation. We will have two new members of the Council in January. It is an interesting new development. At least one of those individuals has said all issues are health issues so you have an advocate there. He is

excited to see the final product. A great round of applause to all of you for your thoughtful work.

Chair Kaltenbach said thank you for being a leader on this. Santa Fe is the second city in the country to do this. Economic health and underlying issues are part of addressing drug and alcohol issues in our community. Albuquerque is now interested in looking at a plan and coming up with recommendations. It is exciting to see the power of local government in engaging these issues.

Mayor Webber said we do have a partner in the State now and that makes all the difference in the world. That helps us build the capabilities. He is very optimistic about the Legislature. They are supportive and we have a Cabinet and a Governor who are supportive so that now we can make some progress.

B. REVISED RECOMMENDATIONS

Chair Kaltenbach said the Mayor has asked us for a list of advocacy items. It is in the back of the report and they are things that can happen right away. Some of these issues will come up in the Legislative Session this year and next.

Ms. Knight said there is a recommendation in Public Safety that may have been meant for Advocacy. It is on page 24. It is the reduction of possession of drugs from a felony to a misdemeanor. She and Andres have been working with Dr. Condon to coordinate recommendations. This particular recommendation may get push back from line officers. She thinks we need to work on changing things internally. She is a bit worried about leading with this recommendation. Maybe it should be under Advocacy instead.

Chair Kaltenbach said she thought it was referenced in both places. When we did our polling close to 80% of the people supported decriminalization. She does think it is one of the more contentious issues. The public is supportive. A bill to do this passed through several committees at the Legislature last year. Oklahoma just did this.

Ms. Knight said she is completely in support of the recommendation, but we have a lot of work to do in retooling the Police and Fire Departments so she feels it should be in advocacy.

Chair Kaltenbach said we went through the ranking process and this came out as a high impact recommendation. We will come back to this for a full conversation.

Chair Kaltenbach said we color coded the recommendations as to high, medium and low impact. We wanted to give the Council, the Mayor and the community a way to think about our recommendations. When it comes together it is a comprehensive plan.

There will be some more work done on acknowledgments. We still have to write some language around declaring a State of Emergency. Julie is working with the City Attorney on that.

Mr. Martinez said in keeping with over arching issues, it stuck him that this does a wonderful job in capturing what this Body had deliberated on and delivered. It is a reflection of what we have done. Great job Chair and Michelle. He also realized, in what we talked about yesterday, the importance of the appropriate use of peer supporters. They are under utilized. He thinks we are beyond that level. He does not think we need to make any more changes to this. It is not a perfect document, but at some point we have to decide this is it. It will not ever be perfect because we do not all agree on some issues. He is very comfortable with supporting this document.

Ms. Armijo-Etre said she agrees with Larry. Peer support is high impact, but not something the City can do.

Comments and suggestions from Task Force members included the following:

- Mr. Lieving said it is important to leave in suicide as it related to alcohol.
- Ms. Diaz said she feels it is important that the section regarding community conversations be fleshed out to show that the recommendations we are making came from how the community felt about issues and what they saw and how they saw possible solutions.
- Ms. Andar repeated her request to add in some language about how violence is related to drug use.
- Ms. Knight commented on the amount of credit given to DPA in the beginning of the report.
- Chair Kaltenbach said some of the language in the report comes directly from their report. We wanted to acknowledge that.
- Captain Tapia said we had made some language changes to some of these items that are not reflected in this report. For example, we changed the language around expungement and that change is not reflected in this report.
- Ms. Andar suggested adding an explanation about the ranking process. We may have each approached it differently in our rankings.
- The need for additional data was discussed.

Chair Kaltenbach said we made notes on some big things we need to follow up

on. Feel free to let us know your comments. We are not going to rush to complete this before the end of the year. We will pull together the subgroup Chairs before we meet for the study session and make this more public. The ranking piece was really difficult. Maybe it does not reflect accurately. It was a recommendation by Kyra to present this so that it was not overwhelming to the reader. If we feel we may have done this differently maybe we need to have the subgroup look at that and also the data piece. This document represents two years of work. We want to make sure it reflects what we want it to.

- Ms. Diaz expressed her discomfort with the high, low and medium impacts. If you raise the floor and support the people who are most vulnerable that has the most impact.
- Dr. Smoker said maybe in the narrative explain that it is not a value judgement.
- Chair Kaltenbach said she thinks we collectively have the most discomfort with this part. She likes the idea of broad and focused.
- Mr. Lieving said the highest impact is on who had been disproportionately impacted by the war on drugs. It is subjective. We really should focus on those impacted by the stuff we do to people and giving power back to people who have been robbed of that because of an addiction to heroin.
- Ms. Lis said you are talking about this with an equity lens.
- Mr. Martinez said we did capture that in places. It may not be as spread out as it should have been.

Chair Kaltenbach said she wanted to recognize all the subgroup chairs and the work they did.

Mr. Dominguez said we need to thank and acknowledge all the work our Chair did.

Ms. Ochoa said she wanted to thank Julie Sanchez and the group and Elizabeth as well. We have learned a lot in how this task force functioned. There was good community engagement and intelligent conversation and discussion.

Ms. Knight said Kyra you have been a great guiding force in helping narrow our focus for implementation. That has been a challenge for us to let go.

Chair Kaltenbach said she also wanted to acknowledge Councilor Harris who

came to almost all of our meetings. It is great to have that advocacy. He will continue to help with this.

Mr. Martinez said he took very good notes and listened and brought important aspects to our attention.

Ms. Knight said she is very grateful for the Mayor's presence today. We care about the implementation of these recommendations. Thank you for representing that by your presence here today.

Mayor Webber said this is great work.

Chair Kaltenbach said let's talk about implementation. We will need volunteers for an implementation planning team. She will be reaching out to everyone to see who is interested.

Ms. Knight said having public citizens sitting on the team along with representatives of the City Departments would be good. To the extent you can help us with that Mayor it would be appreciated.

Ms. Ochoa said we recently created a Quality Of Life Council level Committee that will be comprised of Council members only. The intention is to elevate public safety, community and public health to that level. It is a strong statement on the leadership of that. We are also combining the Public Works and Public Utilities Committees into one committee.

Mayor Webber said that will take place next year. It is a structural change, but if you think about the organizational chart of City government as representative of our values, energy and direction we have not had a place for people issues to go. Policy issues historically have not been given any place to go for human and people issues. It speaks a bit to what you are talking about.

Chair Kaltenbach said continuity is important. One of the recommendations is to create a position in the Office of Emergency Management that can carry out this plan. We will be pushing that.

Ms. Wendel said she echos what was said about thanking our Chair for everything she has done. She has sat on her share of task forces and they have never gone anywhere. She feels very strongly about the voice of lived experience. She is very much interested in helping with the implementation phase. She does believe we can heal at a community level and that we need to heal at a community level. Sign her up.

Chair Kaltenbach said we are one set of voices in the community so if there are other folks we want to bring in that is another opportunity for us.

Ms. Ochoa said Julie is working on the study session. It is a great opportunity to talk to City Councilors about the work from this group. It will be in January or February. She will let everyone know when it is scheduled. There is not a prescribed format. So far there have been very brief power point presentations, but the intention is to allow the Councilors to ask questions.

There was a lengthy discussion regarding the next steps and implementation process. The following points were made:

- At some point we need a final official document for the public.
- Additional community events such as library public meetings were discussed.
- Try to have the recommendations available before the City budget process so that if funding is necessary it can be asked for.
- There were ideas presented regarding allowing more public input into the recommendations. It was decided that the public would be engaged in the implementation process, but not in the recommendations in order to move forward with what had been decided on by the Task Force.
- Captain Tapia will take care of working with his line officers. His concerns are not as high and some of you have on buy in. If rules and policies are rolled out our job is to enforce them. We have come a long way toward community engagement.
- This is a municipal task force therefore it is focused on City issues and implementation.
- Align plans with existing strategic plans.
- Mr. Martinez offered to spread the gospel. This represents a change in how we do services today. He is happy to commit to talking about that in all the committees and groups he participates in.
- Chair Kaltenbach said she will send out material regarding next steps.

6. COMMENTS FROM THE CHAIR AND COMMITTEE MEMBERS

None.

7. REPORT FROM STAFF

None.

8. MATTERS FROM THE FLOOR

None.

9. ADJOURNMENT

There being no additional information before the Task Force the meeting adjourned at 12:23 pm.

Emily Kaltenbach, Chair



Elizabeth Martin, Stenographer

Leadership, Governance and Accountability Recommendations

City of Santa Fe to declare a state of emergency....

A1) Create a position within the Office of Emergency Management with a specific focus on alcohol and drug policy, drug user health, treatment and social supports, and harm reduction.

A2) Create a new funding stream, coordinated with other local funders, dedicated solely to the provision of community-based behavioral health and harm reduction services.

A3) Fund community-based housing advocacy services to assist with passing policy addressing accessibility and protections from displacement.

A4) Work with funders to standardize and streamline contractor requirements around employee training and quality standards of care.

Economic Security and Community Development Recommendations

B1) Strengthen the economic security of low-income families in Santa Fe by improving wages and working conditions.

B2) Ensure adequate funding and financing to support short and long-term affordable and subsidized housing programs and support services that prioritize low-income Santa Feans, people experiencing homelessness or who are precariously housed and who are in danger of being homeless, individuals in recovery, treatment and who are currently using, as well as their families.

B3) Research and reduce barriers to harm reduction housing by working with community providers to implement housing that provides a safe place for individuals to use substances including alcohol.

B4) Seek funding to expand the Better Way project to specifically work with individuals in early recovery.

B5) Collaborate with community partners to create and fund a community mentorship, job training & employment project with local business owners to employ treatment graduates and THRIVE participants.

Prevention and Education Recommendations

C1) Fund coordinated and geographically targeted youth engagement and programming with local stakeholders such as school, community organizations, recreational programs, business associations, etc.

C2) Fund and support research-driven, culturally, linguistically, and age-appropriate community education.

C3) Assist in funding the evaluation for the SFPS Districts implementation of Safety First, a science-based and compassionate drug education curriculum, for 9th and 10th graders.

C4) Partner with stakeholders to identify curriculum/community-based education for parents, families, and the community at large that eliminates substance use stigma and provides up to date information on harm reduction, including education on alcohol.

C5) Require all city workers including law enforcement and fire department staff involved in THRIVE/LEAD and all other law enforcement and fire department staff to engage in continuing education

Exhibit 1

Recovery-oriented Treatment and Harm Reduction Recommendations

D1) Collaborate with local partners to ensure a full treatment continuum exists in Santa Fe for substance use disorder treatment to include detoxification, short and long term residential treatment, crisis response, regular and intensive outpatient treatment, psychiatry, and adequate access to care for all substance use disorders and ensure that nobody is turned away for having a particular substance in their system.

D2) Ensure city bus routes go to treatment, harm reduction and prevention services and offer bus passes to individuals engaged in treatment to help facilitate access to care.

D3) Provide funding for jail community re-entry programs and services (an example could be to help fund a city/county re-integration center) specifically designed for formerly incarcerated individuals and their families.

D4) Collaborate with the County, local hospitals, and other stakeholders, to plan and host inter-agency interdisciplinary peer-informed collaborative case staffing meetings as a model of prevention and treatment service delivery.

D5) Collaborate and fund community partners in creating low threshold, harm reduction focused, drug and alcohol treatment on demand, including mobile treatment.

D6) Create a Safe Needle Disposal public education campaign that may include printed materials, PSA's and a page on the City's website on what to do with a found needles, locations of disposal sites, referrals to syringe service programs, and other resources.

D7) Fund community-based organization (s) to distribute naloxone in non-traditional settings such as grocery stores, and other highly visible public places.

D8) Help fund medical detoxification services located within the City and ensure that it is recognized as part of the continuum of care.

D9) Ensure and promote that city funding is allocated for highest risk groups such as substance users, HIV/AIDS patients, pregnant women and immigrants whose immigration status bars them from accessing subsidized health care, i.e. advocate for the New Mexico based legislative campaign to provide state subsidized insurance coverage for immigrant families not covered by the Affordable Care Act.

D10) Community Services Department to encourage grantees to use a peer recovery model and integrate peer support, family support and navigators in the role of reducing barriers and increasing access to care and supporting individuals in early recovery.

D11) Research Injectable Opioid Treatment and assess the potential as a viable intervention in Santa Fe. If appropriate, implement a supervised injectable opioid treatment pilot project using prescription hydromorphone or diacetylmorphine.

Public Safety and Human and Civil Rights Recommendations

E1) Introduce a resolution supporting the reduction of penalties, at a state level, for possessing drugs for personal use from a felony to a misdemeanor.

E2) Seek funding for the recruitment and hiring of additional public safety behavioral health staff workers within the Fire Department, and encourage the formalized use of these staff by police officers responding to service calls.

E3) Collaborate with the County to ensure City residents' access to best practices/standard of care treatment for opioid dependency (induction and maintenance of MAT - to include buprenorphine and methadone) at the Santa Fe County Adult Detention Center.

E4) Develop public safety strategic plans (SFFD and SFPD) aligned with the City's commitment to a health-based approach to public safety encounters involving behavioral health, alcohol and drugs rather than a criminalized approach and revise the SFFD and SFPD efforts to recruit new officers to align with the City's strategic vision for a public health-based approach to public safety.
E5) In coordination with the County's Crisis Center and Mobile Crisis Response team, expand multidisciplinary crisis response services including the development of a 1-year pilot program for a three-person "co-response team" (SFPD employee, SFFD employee, "public safety behavioral health staff worker") for dispatch to all service calls with a behavioral health component.
E6) Coordinate with the THRIVE/LEAD Policy Coordinating Group to expand the program to include additional substances besides opiate and other behavioral health issues.
E7) Partner with SFPs, private and charter schools, County Teen Court Program, CYFD/Juvenile Probation and Parole, District Attorney, and others to create and implement a city juvenile arrest diversion program for substance use related issues.
E8) Incentivize (financially and through public recognition) the proposal of, adoption by, and interest in innovative approaches to emergency response by SFPD and SFFD staff. Showcase the SFPD's and SFFD's innovative and trauma-informed response models.
E9) Compile research about effective restorative justice programs and best practices in other cities, evaluation strategies, training opportunities for stakeholders and law enforcement, and potential funding for pilot projects in Santa Fe; develop a report with recommendations for restorative justice pilot projects that would involve local law enforcement, local courts, the schools, and other stakeholders.
E10) Communicate "A New Face of Public Safety: Incorporating Public Health as part of Public Safety" by moving away from SFPD and SFFD public images of high-tech equipment and high-intensity approaches (e.g., SWAT vehicles and ladder trucks); instead place more emphasis on images that reflect the reality of the majority of service calls -and the Departments' strategic visions and commitment to harm reduction and community health.
E11) Compile new and emerging research on public safety/emergency and innovative public safety/emergency responses implemented in other jurisdictions and provide information gathered to city leadership.
Advocacy Recommendations
F1) Advocate at a state level for the automatic expungement of criminal records for possession of controlled substances to assist individuals with their overall recovery potential to include assisting with housing application approvals and employment opportunities.
F2) Advocate at a state level cannabis legalization as a way to increase the local tax base and direct funds to treatment, harm reduction, prevention and education.
F3) Advocate to local and state agencies, including law enforcement, corrections institutions and officers, not to inquire about immigration status or communicate national origin or legal status to federal immigration authorities.
F4) Advocate at a state level for increase in alcohol excise tax and for greater access to allocation of funding from alcohol tax.
F5) Advocate at a state level to ensure drug-checking kits are no longer considered drug paraphernalia in the state's controlled substance act.
F6) Advocate to the Santa Fe Public School District for school policies to limit school suspensions, expulsions, arrests, and all harmful practices of punishing unwanted youth behaviors. Instead, they should employ restorative justice practices.
F7) Advocate at a state level for the New Mexico based legislative campaign to provide state subsidized insurance coverage for immigrant families not covered by the Affordable Care Act.

F8) Advocate to the County to provide 24/7 public transportation to people being released from the Santa Fe County Adult Detention Facility and ensure all those incarcerated are aware of the service.	
F9) Advocate to the SFPS District that staff engage in continuing education in the following areas: Cultural Humility; Culturally and Linguistically Appropriate Care; Trauma Informed Practice; Violence, Trauma, and Their Prevention 101; Behavioral Health and Substance Use 101; Social Determinants of Health and Local Health Disparities; and Restorative Justice Theory and Practice.	
F10) Advocate to the Santa Fe Public School District to develop K-12 district-wide policies and plans on the prevention of suicide, interpersonal violence, trauma, substance use disorder, and on the promotion of comprehensive sex education and healthy relationships.	
F11) Advocate at a state level for additional state funding for jail community re-entry programs and services.	
F12) Advocate at a state level for legislation allowing and funding the implementation of supervised consumption spaces.	
F13) Advocate at a state level for the adoption of a state statute that would mandate a regular (i.e. yearly) overdose fatality review team process.	
F14) Advocate at a state level for the request, within the Governor's proposed budget, to create of an office to specifically address problematic alcohol use.	
F15) Advocate at a state level for an appropriation for a hydromorphone pilot at the University of New Mexico (legislation will be introduced in the '20 session)	

DRAFT REPORT
December 18, 2019

The Santa Fe Plan: A Municipal Public Health and Safety Approach to Alcohol and Drugs



Acknowledgments

Gratitude is extended to the following individuals who served on the Municipal Drug Strategy Task Force.

Sophie Andar, EdD
Community Prevention Coordinator, Santa Fe Public Schools

Kathy Armijo-Etre
Vice President, Mission and Community Health
Christus St. Vincent

Sylvia Barela, MBA
Chief Executive Officer, Santa Fe Recovery Center

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Jerome Sanchez, Retired Captain, Santa Fe Police
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Bret A. Smoker, MD, MPH
Clinical Director, Indian Health Services

Christine Wendel
Advocate and person in long term recovery
Santa Fe Recovery Center Board of Directors

Additional thanks to the following contributors and City staff:

Mayor Alan Webber, City Manager Jarel Lapan, Santa Fe City Council Members and the following City Staff: Kyra Ochoa, Julie Sanchez, and Elizabeth (do you know E's last name? woman who took notes)

Drug Policy Alliance, Walbridge Foundation and the Santa Fe Community Foundation for underwriting support of the Task Force

Michele Lis, ML Consulting LLC, Consultant and Facilitator

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Executive Summary

“As mayors, we know that a shift away from punitive responses to drugs is possible. Our two cities, like communities large and small across the country, bear the burden of a half-century of disastrous drug policies that have wrought two epidemics: Mass incarceration and skyrocketing overdose deaths. As people elected to serve, we have a moral obligation to do something different, something better.” - Mayor Alan Webber, Santa Fe, NM and Mayor Svante Myrick, Ithaca, NY

The City of Santa Fe Municipal Drug Strategy Task Force is pleased to present *The Santa Fe Plan: A Municipal Public Health and Safety Approach to Alcohol and Drugs*. This report grows out of a recognition that the city of Santa Fe, despite being a national leader in many ways, could do better in its response to alcohol and drug use. Communities of all sizes across the United States are staggering under the weight of half a century of failed federal, state and local alcohol and drug policies (Drug Policy Alliance, 2018).

Despite the decades-long drug war, overdose is now the leading killer of Americans under the age of fifty and rates of alcohol-related health problems and mortality have skyrocketed. However, people in local communities most impacted by problematic drug and alcohol use and deeply flawed public policies are stepping forward to make a difference. First pioneered as a public health measure in Europe in the 1980s and 90s, Municipal Drug Strategies challenge local communities to work from a public health, racial justice and human rights framework instead of defining people who use drugs as criminals in need of coercion and punishment (Drug Policy Alliance, 2018).¹ Santa Fe can be a leader in supporting the health and wellness of its residents by taking action on locally based solutions and interventions in collaboration with its community partners and residents.

In 2017 the City of Santa Fe passed a Resolution (Resolution No. 2017-77) “to establish a Municipal Drug Strategy Task Force to develop approaches to problems related to both drug and alcohol addiction and policy responses to it by collaborating, studying, gathering input from the Santa Fe community and issue experts, and proposing recommendations for a coordinated drug strategy rooted in public health and safety.”² The Municipal Drug Strategy Task Force (MDTF) was officially launched in summer of 2018 under the leadership of Mayor Webber and has been charged with recommending policies and practices as alternatives to incarceration. The MDTF has collaborated across different areas of focus (prevention and education, treatment, harm reduction and public safety), in order to explore and recommend long-term solutions in a Community Strategic Plan for addressing the issues arising from persons who identify drug and alcohol use as problematic in their lives. This report highlights the findings and recommendations from the MDTF’s yearlong process of consultations with community members and stakeholders, policymakers, elected officials, experts, and service providers to inform Santa Fe’s alcohol and drug policies.

“New Mexico has long had some of the highest rates of alcohol and drug abuse in the country, and the problem is getting worse. Since 2001, the combined rates of alcohol and drug related deaths in New Mexico rose by more than 60 percent. In 2018, 2,081 New Mexicans died due to alcohol or drug addiction, more than any previous year. Counting deaths is the standard way of estimating the scope of the problem, but we know many thousands more people, along with their children, families and communities, struggle with substance use on a daily basis. The problem is multi-generational and driven by complex underlying issues, such as poverty and trauma. In addition to the human toll, the social and economic costs rise every year: healthcare, domestic violence, child abuse, loss of productivity, incarceration and crime.” – NM Legislative Finance Committee, 2019

Overarching Goals for Santa Fe's Municipal Drug Strategy:

1. Reduce the prevalence of problematic substance use and their impact on individuals, families and communities.
2. Prevent alcohol- and drug-related injury and death.
3. Support our community with compassion and care for any individual who is seeking recovery or who desires to live a healthier life while using.
4. Increase access to health based support in lieu of arrest and incarceration.

What is a Municipal Drug Strategy Model?

As outlined in the Drug Policy Alliance's white paper "Municipal Drug Strategy: Lessons in Taking Drug Policy Reform Local," the following are components of a municipal drug strategy model that are central to the Santa Fe Plan.

- Unlike "zero tolerance" and abstinence-based approaches, a Municipal Drug Strategy focuses on significantly reducing drug-related and enforcement related harms to individuals who use drugs and alcohol – whether they struggle with addiction or not – as well as to their families and communities as a whole.
- A shift in philosophy is at the core of a Municipal Drug Strategy. Governments at all levels have traditionally treated people who use drugs as criminals in need of punishment, which often leads to violations of their civil and human rights. A Municipal Drug Strategy challenges communities to focus, instead, on mitigating the harm to public health and safety caused by problematic drug use and address the root causes of problematic drug use.
- Solutions and interventions to pressing societal problems, when designed at the local level, reflect the unique character of a community and its people. When there is buy-in from the community, the impact of such interventions is more effective and felt more immediately.
- Proactive engagement of all stakeholders, especially those most impacted by drug and alcohol policies, ensures that the focus is on achieving the most positive outcomes for the greatest number of people in these communities.

MUNICIPAL DRUG STRATEGY GUIDING PRINCIPLES

The Drug Policy Alliance recommends municipal drug strategies that are based on the following principles and values (Drug Policy Alliance, 2018)³:

- Promote policies based in science, compassion, human rights, racial justice and public health.
- Respect the dignity and welfare of people who use drugs and alcohol.
- Listen to the local community and consult those most directly affected, including drug and alcohol users.
- Prioritize the health and well-being of drug users over approaches that criminalize users.
- Elevate treatment models that are person-centered and non-coercive.
- Promote harm reduction services to reduce overdose deaths and drug-related illnesses.
- Provide social supports and treatment to people where they are, when they need it.
- Commit to understanding the social determinates of health in the community and generate policies aimed at positively influencing social and economic conditions.
- Break the chain of people stuck in a criminal justice system that restricts treatment access and lacks social support.
- Reduce the consequences to families of people stuck in the criminal justice system due to illegal drug use.

Santa Fe Municipal Drug Strategy Task Force Process

In the summer of 2018, Mayor Webber convened a group of community experts and leaders, representing the various sectors involved with responding to drug and alcohol use. The MDTF met monthly for over a year to conduct research and gather data, participate in learning session presentations by issue-experts and coordinate a community engagement process to learn about local challenges, resources and community assets and strengths. Findings from community conversations, interviews and surveys are reported later in this paper. MDTF formed four teams to further explore community and stakeholder input and propose recommendations to the larger task force membership: Prevention and Education, Harm Reduction, Treatment and Public Safety.

The recommendations (starting on page ***) developed by the Municipal Drug Strategy Task Force reflect the hard work and efforts of a large number of persons involved in and familiar with the issues related to the use of alcohol and drugs. During the course of the deliberations of the many individuals comprising the task force, the membership became acutely aware of the importance of the language employed in discussions that often resulted in the development of recommendations. Task force members recognized terminology was often pejorative, negative and counter-productive when addressing issues of addiction and treatment.

Additionally, references to treatment modalities were often imbued with outmoded and prejudicial terminology that was not reflective of progressive, state-of-the-art treatment strategies. Indeed, there was recognition that the utilization of inappropriate terminology could prevent honest and constructive consideration of recommendations representing realistic and potentially effective strategies. Given this understanding, the task force has sought to introduce concepts that are truly reflective of community values and representative of the need for sensitive and empathetic approaches. We have purposefully sought to eliminate references to persons as “addicts,” “users,” “alcoholics” and terms regarding treatment approaches that contain negative connotations. We believe that this approach will enhance and improve public discussion in a productive and constructive manner.

The Santa Fe MDTF also adopted the following guiding principles as a foundation for all recommendations:

- Rooted in harm reduction and encompass prevention, treatment/recovery, and emergency response/public safety.
- Prioritize human rights, public health and community well-being over costly approaches focused on criminalization.
- Avoid paternalistic decision-making but instead be developed by listening intentionally to the people of Santa Fe and in consultation with those who will be most directly affected by the proposed changes.
- Reduce the collateral consequences to and break the chain of individuals cycling in and out of the criminal justice system without treatment or the necessary social support to address drug & alcohol use.
- Based on the best available evidence about need and effectiveness.
- Rooted in realistic goals/plans where funding, community resources, deficits and feasibility is considered.
- Consider the extensive body of literature documenting the stigma associated with alcohol and other drug use. For people who use drugs, or are recovering from problematic drug use, stigma can be a barrier to a wide range of opportunities and rights.
- Consider critical intersectional identity (race, ethnicity, gender, sexual orientation, socio economic status, disability, marriage status, religion and all other privileged or oppressed factors of identity).
- Elevate social services that include harm reduction and treatment models that are person-centered, trauma informed and voluntary.
- Recognize that existing service systems too often operate in silos, and strategies that work across and integrate these isolated entities are desperately needed.

Summary of Findings

I. Drug and Alcohol Impact

The scope of Santa Fe's challenges with problematic alcohol and drug use are complex. According to the November 2019 New Mexico Legislative Committee Report, *"Substance Use Disorder Treatment and Outcomes in New Mexico,"* additional alcohol and drug use impacts and critical gaps include the following:

- "Treatment and funding for alcohol dependence, the deadliest Substance Abuse Disorder in New Mexico, does not meet the scale of the problem, and though effective medications exist for alcohol, as for opioids, they are chronically underutilized. Evidence-based treatments are largely absent in New Mexico's jails despite high rates of substance abuse in the incarcerated population. Similarly, hospital emergency departments are a potentially key intervention point, but nearly half of hospitals in New Mexico do not even stock the drugs used for medication assisted treatment in their pharmacies, and the state has an overall shortage of providers who are able and willing to prescribe these drugs."
- "The state's poor performance on most key social determinates of health contributes to the prevalence of substance use disorder and the gravity of its outcomes."
- Alcohol-related deaths outnumber drug-related deaths, but overdose deaths have increased at a faster rate in New Mexico. New Mexico has ranked in the top three states for alcohol-related deaths since 1981, and according to DOH, has had the highest alcohol-related death rate of any state since 1997.

The chart below includes a summary of findings among many others that the MDTF reviewed in order to understand the scope of the challenges in Santa Fe.

	SF County Rate/ 100,000	NM Rate/ 100,000	US Rate/ 100,000
Alcohol-related Deaths	56.4	62.2	34.0
Adult Binge Drinking	12.6	14.1	16.9
Youth Binge Drinking	11.5	10.9	13.5
Alcohol-related Injury Death	27.7	29.3	20.1
Drug Overdose Death	32.5	24.6	21.7
Youth Current Heroin Use, Grades 9-12	3.3	2.8	-
Opioid Overdose Related ED Visits	54.4	50.6	-
Frequent Mental Distress - Adult	12.3	12.5	11.7
Data Period: 2013-2017			

NM Substance Use Epidemiology Profile/NM Dept. of Health. December 2018

II. What We Heard from the Santa Fe Community: Poll of Santa Fe City Registered Voters, 2018

- Voters almost universally agree (90% agree, 81% strongly agree) that “current drug policies just don’t work. We should shift resources from arrest and imprisonment of low-level drug users toward treatment and rehabilitation.”
- Voters want the City to focus on public health and move the city into a different direction when it comes to drugs and drug use.
- A large majority would invest more in treatment/rehabilitation/behavioral health, improve education on drug issues, decriminalize/legalize marijuana or drugs in general, concentrate on heavy drug users, address poverty, bring people together to offer solutions, and create more programs for young people.

Third Eye Strategies Poll, Spring 2018. 404 active registered voters in the city of Santa Fe, New Mexico. Drawn from a list of registered voters, interviews were conducted on the nights of May 22nd through 29th, 2018. The sample has a margin of error of ± 5.5 percent. Both cell phones and landline numbers were called. Each phone number had an equal chance of being called and random selection was made in households with multiple eligible voters.

III. Community Consultations

“At the state and federal level, problematic drug use often becomes a matter of statistics, trends, spreadsheets and inflammatory rhetoric. Communities, on the other hand, understand first-hand the drivers of problematic drug use and its impact on individuals, families, neighborhoods, first responders, health professionals and resources. The drive to identify and implement effective solutions springs from those who understand the challenges most intimately.”

The Municipal Drug Task Force facilitated community convenings and conducted interviews in an effort to better understand the drivers of problematic drug use and its impacts on the Santa Fe community. **Two hundred thirty-one community members** participated in community conversations or interviews over the course of a four-month period from November 2018 through February 2019, including individuals directly impacted, those whose voices are often not heard (students, parents, individuals who are currently use drugs or alcohol or are in recovery, homeless individuals, women, immigrants and people of color), as well as community stakeholders (clinicians, nonprofit providers, hospital and Emergency Management Service staff, government and business leaders, and law enforcement). **Thirteen community conversations** were facilitated involving nearly **180 individuals**, as well as a **dozen one-on-one meetings** and **forty-two survey responses** from law enforcement personnel.

The intent of community conversations was to gather input from a diverse spectrum of the community to better understand how alcohol and drug use and drug policies affect different communities so that recommendations better reflect the needs of all members of the community, especially those who are often not heard.

Feedback from community conversations, surveys and individual interviews are captured in the Findings Report in Appendix A of this report. A high-level summary of findings is highlighted below.

Feedback from Individuals Impacted

Community Conversation – Sample of Findings

Perceived information gap in many communities, especially for youth and in the Spanish-speaking immigrant and Native communities, about the risks of alcohol and drug use, prevention, treatment options, harm reduction and diversion programs.

Lack of educational, extracurricular and recreational activities for children and youth.

Alcohol and drug education and counseling support for youth in schools could be improved.

Economic insecurity, racism and poor working and housing conditions.

Stigma around alcohol and drug use.

Trauma, PTSD and mental health issues including depression and anxiety are some of the underlying causes for alcohol and drug use.

Treatment is seen more broadly than inpatient treatment programs. Participants talked about the need for effective work programs, mentoring and job training, education, housing, childcare and an opportunity to participate in society in a positive way.

Medication Assisted Treatment (MAT) capacity needs to be expanded and promoted, and made more generally available in the community and in correctional settings.

There is a lack of awareness of existing harm reduction practices in the community.

There is a perception that incarceration worsens problematic drug use, as individuals do not have adequate opportunities for treatment, medication assisted treatment or mental health care while in jail.

There is a perception that the Fire Department/Emergency Medical Services personnel are there to help everyone in the community and have been helpful to alcohol and drug users in crisis.

Participants, especially individuals from the immigrant community, feel targeted, criminalized and over-policed because of their race, national origin, language, and economic status.

One overarching theme across all groups was that not all alcohol and drug use is problematic, however, the human toll of problematic alcohol and drug use on individuals and families is devastating. Participants shared stories of how widespread the problem is in communities across racial backgrounds and socio-economic status, and how it has resulted in trauma and chaos not only for individuals directly impacted but for their families. One participant shared: *"It is hard to go anywhere without alcohol being around. It was heavily used and abused even in my church communities. My family has suffered a lot of pain from alcohol abuse. It tore our family apart."*

Feedback from Stakeholders in the Community

Stakeholder Conversation – Sample of Findings

There is a widely held perception that alcohol use is widespread due in part to its being more socially acceptable as a legal substance, yet is extremely harmful. Prevention efforts must address alcohol abuse in addition to drug use through outreach and education of adults, families, youth and children.

Intergenerational substance abuse is a significant issue and there is a need to break the cycle of family alcohol and drug use.

Problematic employee alcohol and drug use affects local business as employers report that hiring and retention can be problematic. Employers also believe stigma is a barrier to seeking treatment.

There is a lack of adequate medical detox capacity and options for those who detox in the hospital but then relapse after discharge due to lack of follow-up treatment.

Increased behavioral health services are needed, both mental health services (including early screening) and a range of treatment options for substance abuse.

Alternatives to keep people healthy and alive should be a priority. Ideas discussed included expanded Narcan distribution and education, overdose prevention sites, street outreach and education. Stakeholders also recommended expanding the capacity for available needle exchange programs.

Law enforcement personnel and other stakeholders are concerned about law enforcement capacity to address problematic alcohol and drug issues effectively due to staffing shortages, turnover and the size and complexity of the challenges.

Community members and those most impacted by our city's drug and alcohol policies agree that existing policies have been inadequate and to a degree unresponsive to the needs of the community. Community members and individuals most impacted offered suggestions focused on prevention, treatment, and harm reduction to treat drug and alcohol use as a public health issue (that should be addressed together as a community). In order to move towards this vision, suggestions were made to address the stigma that exists around drug and alcohol use and to engage the broader community in conversations and solutions to address the challenges at a community level.

One participant from the community conversations shared: "I have a concern that even though alcoholism and addiction are diseases, community conversations are often shame-based. There is a need to model a different way of perceiving this issue and dealing with it as a community."

Recommendations

I. Municipal Drug Strategy Framework

MDTF recommendations are presented in six categories in the section below. Although these six areas are not mutually exclusive, they represent an attempt to organize and categorize policies and practices addressing various aspects of alcohol and drug use. Two of the categories, Prevention and Education as well as Economic Security and Community Development, focus on upstream measures that MDTF members and focus group participants stated were essential to prevent or mitigate the effects of problematic substance use as early as possible. We heard from some of the MDTF members that the Recovery-oriented Treatment and Harm Reduction pillars should be integrated into one pillar, since the aims of both are often quite similar, even as the methodologies may differ. We also heard from MDTF members and focus group participants that Public Safety and Human and Civil Rights categories should be integrated into one pillar, to reflect the task force's aims to promote restorative drug and alcohol policies that protect human and civil rights.

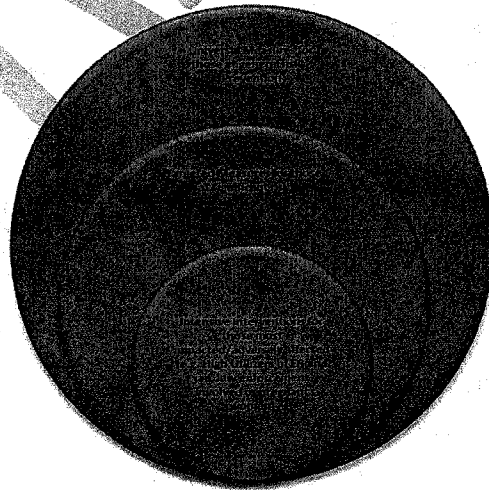
Recommendation Categories:

1. Leadership, Governance and Accountability
2. Economic Security and Community Development
3. Prevention and Education
4. Recovery-oriented Treatment and Harm Reduction
5. Public Safety and Human and Civil Rights
6. Advocacy

The MDTF identified the following populations and a continuum of universal and targeted interventions in the recommendations outlined in this report.




Priority Populations:

1. Everyone in the general population.
2. Individuals at significant risk include: LGBTQAI, Low socio-economic status/low-wage workers, racial/ethnic minorities, immigrants, non-English speaking persons, individuals experiencing incarcerated, foster care and court involved young people, individuals with behavioral health issue, who reside in economically disadvantaged neighborhoods or who experience social inequities and disparities in health.
3. Individuals who are already adversely affected include: high utilizers of ER and jail, law



III. Task Force Recommendations

The recommendations presented in this report have been listed in the order of high, medium and low impact. In this context high impact means that the recommendation will affect the greatest number of people in our community at the individual, family and population level and/or are upstream interventions impacting generations to come; low impact means it will target a specific population. They are equally important but reach and scope of each recommendation varies. When they are implemented together they represent a coordinated and comprehensive response.

High Impact	
Medium Impact	
Low Impact	

Recommendations are outlined in the charts with a rationale, city role and description of whether the recommendation is in process or a new initiative.

A. Leadership, Governance and Accountability

Members of the MDTF, many who represent fields across the existing spectrum of the local system of care, identified the limitations of current initiatives that structurally operate in silos. While there are many different organizations and agencies that are working to improve the lives of people in Santa Fe, they are often underfunded and working out of sync. MDTF members propose that the City play a key role in working with community partners to align and integrate alcohol and drug policies and procedures/services to address critical gaps and better leverage resources in Santa Fe. MDTF members recommend that the City take a leadership role in collaborating with community partners to coordinate effective strategies around prevention and education, community and economic development, recovery-oriented treatment and harm reduction, and public safety efforts. Specifically, it is recommended that the City of Santa Fe declare a State of Emergency around alcohol and drug impacts and create a position within the City to coordinate efforts across departments and with community partners, as well as advocate for restorative alcohol and drug policies and practices.

"CITIES CAN PROVIDE SUPPORT FOR VULNERABLE POPULATIONS DIRECTLY, FACILITATE SERVICES FOR THOSE IN NEED, ENCOURAGE DIALOGUE AND COMMUNICATION, BUILD CAPACITY, ADVOCATE TO OTHER ORDERS OF GOVERNMENT, REGULATE ISSUES, AND ACT AS A ROLE MODEL.

— "LEARNING FROM ONTARIO'S MUNICIPAL DRUG STRATEGIES" JOURNAL OF COMMUNITY SAFETY & WELLBEING, 2017

Leadership, Governance and Accountability Recommendations	Rationale	City Role	In process or New?
City of Santa Fe to declare a state of emergency....		Leadership; Legislation	New
A1) Create a position within the Office of Emergency Management with a specific focus on alcohol and drug policy, drug user health, treatment and social supports, and harm reduction.	The position would be responsible for conducting research and planning, coordination across city departments, partnership with other levels of government and leading the implementation of the recommendations of the municipal drug strategy task force among other tasks. Other cities across the nation, including Denver, New York and Houston, have created key offices and positions responsible for implementing behavioral health recommendations from city task forces.	Funding; Leadership	New
A2) Create a new funding stream, coordinated with other local funders, dedicated solely to the provision of community-based behavioral health and harm reduction services.	Creation of funding could be through a local tax increase (i.e. tax on second homes), the local cannabis tax, and/or opioid pharma settlements. Although the County is the primary provider and funder of health services for city residents, the City is currently involved in program delivery by facilitating and funding programs and services on a regular basis. Given the need and demand for increased behavioral health services, the City's role should be expanded in collaboration with other local funders. The City has a key role to play in supporting vulnerable populations.	Funding; Collaboration	New
A3) Fund community-based housing advocacy services to assist with passing policy addressing accessibility and protections from displacement.	Policies to include: ban the box in rental applications for convictions and medical cannabis patient status, for-cause eviction protections, stronger safety net services for rent-burdened Santa Feans, and increased funding for renters' rights programs and legal aid. A recent Santa Fe County Community Services Gap Analysis showed that a disproportionate amount of individuals and families who are Latino, Spanish speaking, and who live in high poverty areas are paying up to 50% of their income on rent or housing. High costs and other barriers to housing such as discriminatory rental practices (i.e. based on immigration status, LGBT status, national origin, race/ethnicity, disability, etc.), arbitrary evictions, criminal convictions, and poor credit history also lead to increased financial problems, unhealthy and unsafe living conditions, and homelessness.	Funding; Collaboration	New
A4) Work with funders to standardize and streamline contractor requirements around employee training and quality standards of care.	Ensure the City of Santa Fe has the same contract requirements as other funders for continuing education for direct service employees. Performance standards and expectations can foster improvements in community health and safety.	Collaboration	New

B. Economic Security and Community Development

"The state's poor performance on most key social determinants of health contributes to the prevalence of substance use disorder and the gravity of its outcomes." – New Mexico Legislative Finance Committee Report, 2019

Economic security and a healthy workforce are key factors in preventing problematic substance use. Participants in community conversations indicated that low and unstable wages, long working hours, unsafe working conditions, high housing costs, and lack of affordable health and childcare weaken family and community cohesiveness, often lead to risky behaviors, and prevent access to needed services including substance use disorder treatment. Numerous individuals impacted by problematic substance use shared stories during MDTF interviews about the impact poverty and lack of housing, food, transportation, access to health or behavioral health services or other basic needs has affected their recovery. One participant shared, "having my basic needs met has helped me in my recovery. If you don't have this, how can you advance in life?" Communities affected by high rates of drug and alcohol use need equal access to community and economic development opportunities and services.

A growing body of evidence suggests that communities in economic distress register higher incidences of drug overdose deaths than those that have more economic opportunities. A 2017 Brookings report highlighted that "among high-poverty counties [in the U.S.] – those with poverty rates of 20 percent or higher - Forty-one percent (342 of 829) reported above-average death rates due to drug poisoning in 2015. In contrast, only 13 percent of counties with poverty rates below 10 percent had above average death rates (56 of 438)."

The MDTF is recommending a holistic approach to support and expand existing efforts and new initiatives to improve youth and family development, economic security, and the public health of communities, especially for those communities that have been historically underserved or where there are health disparities. The MDTF proposes that investments in economic and community development will positively impact the social determinates of health and health disparities, and lead to lower rates of problematic alcohol and drug use. Investing in under-resourced communities can reduce drug use while addressing a host of other public health problems that are also related to poverty.



*"IT'S HARD TO GET HEALTHY WHEN YOU DON'T
HAVE ENOUGH FOOD TO EAT."*

— SANTA FE FOCUS GROUP PARTICIPANT

Economic Security and Community Development Recommendations	Rationale	City Role	In process or New
B1) Strengthen the economic security of low-income families in Santa Fe by improving wages and working conditions.	Specifically we recommend: raising minimum wage for workers, including tipped workers; mandating guaranteed sick leave, family paid leave, and fair scheduling in hospitality, retail, restaurant, and other low-wage industries; strengthening local enforcement programs of City employment laws (i.e. minimum wage and discrimination protections) and collaborating with other government agencies to improve enforcement of state and federal employment laws (i.e. wage and hour, overtime, health and safety, and anti-discrimination protections); and, supporting job readiness and workforce development programs for adult workers and youth. Economic security and a healthy workforce are key factors in preventing problematic substance use. Unchecked employment violations often lead to short and long term problems with economic and health wellbeing.	Legislation; Advocacy; Collaboration	New
B2) Ensure adequate funding and financing to support short and long-term affordable and subsidized housing programs and support services that prioritize low-income Santa Feans, people experiencing homelessness or who are precariously housed and who are in danger of being homeless, individuals in recovery, treatment and who are currently using, as well as their families.	Specifically, we recommend that the city leverage advocacy efforts and all housing resources including HUD funding, public housing options etc. to promote an increase in capacity for housing opportunities such as: Emergency shelter; affordable and subsidized housing (both rental and first time home-buying); senior housing; permanent supportive housing; sober living/recovery housing; transitional living; and, extended residential treatment. Housing insecurity poses a dire threat to family stability and emotional wellbeing and can lead to problematic substance use among workers, youth, and people experiencing homelessness.	Funding	In Process
B3) Research and reduce barriers to harm reduction housing by working with community providers to implement housing that provides a safe place for individuals to use substances including alcohol.	Harm reduction housing is an approach that focuses on finding and sustaining housing for people who are experiencing homelessness and are actively using drugs and alcohol. Services offered in a Harm Reduction Housing model are included for many challenges associated with homelessness and drug and alcohol use, such as counseling, financial skills training and treatment. Research of harm reduction based housing projects in Canada, the U.S., and the U.K. found this approach is an effective way to address the needs of homeless individuals who use substances, including alcohol.	Research & Planning; Collaboration; Leadership; Funding; Advocacy	New
B4) Seek funding to expand the Better Way project to specifically work with individuals in early recovery.	The Better Way project is a city subsidized program where a van picks up workers to do cleanup work on city owned properties for the day and pays them. Employment is a protective factor that mitigates the risks for problematic substance use.	Funding	In Process
B5) Collaborate with community partners to create and fund a community mentorship, job training & employment project with local business owners to employ treatment graduates and THRIVE participants.	Look into opportunities for the City to provide tax cuts or other incentives to business owners for this initiative. Employment is a protective factor that mitigates the risks for problematic substance use.	Collaboration; Direct Service; Funding	New

C. Prevention and Education

"Our kids are hurting. They are severely depressed at 11 and 12 years of age. They listen to dark lyrics. They are taking any drug they can find – Advil, Nyquil, prescription drugs, marijuana. They take drugs because they don't want to be awake." – Santa Fe Community in Schools staff

The MDTF repeatedly heard from community members, law enforcement and stakeholders that it is essential to support young families, children and youth as early as possible to address the root causes of early substance abuse. In addition to addressing the socioeconomic determinates of health through community and economic development, effective drug prevention programming should be supported and expanded. Both young people and the adults in their lives need more effective drug education, skills building and prevention programming that facilitates positive youth development. The MDTF proposes that the City collaborate with the school district and community partners to support coordinated and geographically targeted programming for youth that address root causes of drug use such as trauma experienced by youth and their families. It is also essential to support education for families, City staff and stakeholders around culturally and linguistically-informed care, as well as trauma-informed and restorative justice practices.

*"I HAVE A CONCERN THAT EVEN THOUGH
ALCOHOLISM AND ADDICTION ARE DISEASES,
COMMUNITY CONVERSATIONS ARE OFTEN
SHAME-BASED."*

— SANTA FE FOCUS GROUP PARTICIPANT

Prevention and Education Recommendations	Rationale	City Role	In process or New?
C1) Fund coordinated and geographically targeted youth engagement and programming with local stakeholders such as school, community organizations, recreational programs, business associations, etc.	Programs should include, but are not limited to: youth mentorship; safe recreational spaces with access to physical and nontraditional educational opportunities; and, economic support for disadvantaged/high risk families for engagement in available services. The engagement of youth in a variety of programming from mentoring to recreational activities is a strategy for preventing harm from substance use. Research shows that such programs can contribute: to reducing juvenile delinquency; increasing positive and reducing negative behaviors; exposing youth to less violence; improving performance; decreasing health care costs; increasing economic contributions of young people when they reach adulthood; and, increasing self-confidence, optimism, and initiative. ⁴	Funding; Collaboration	In Process
C2) Fund and support research-driven, culturally, linguistically, and age-appropriate community education.	Education should focus on factors leading to problematic substance use; drug identification; risks of drug use, harm reduction; and treatment options for youth, parents, families, medical providers, law enforcement, and the community at large, with a core objective of eliminating stigma against those who use substances problematically.	Fund; Collaboration	New
C3) Assist in funding the evaluation for the SFPS Districts implementation of Safety First, a science-based and compassionate drug education curriculum, for 9 th and 10 th graders.	In response to a lack of accurate, science-based and compassionate drug education resources, a new set of materials called Safety First have been developed by the Drug Policy Alliance. The Safety First program is designed to foster open and honest conversation among teenagers, educators and parents. ⁵ Unlike D.A.R.E. and other abstinence-only programs, Safety First is based in the philosophy of harm reduction. When it comes to drug education, a harm reduction approach discourages young people from using alcohol and other drugs. The Santa Fe School District will be piloting the Safety First curriculum in one local high school this coming year.	Funding	In process
C4) Partner with stakeholders to identify curriculum/community-based education for parents, families, and the community at large that eliminates substance use stigma and provides up to date information on harm reduction, including education on alcohol.	The detrimental effects of stigma on people with substance use disorders are acute and far-reaching. Stigma exacerbates social alienation and has the potential to impact adversely all domains of life, such as employment, housing, social relationships, mental and physical health, access to treatment and harm reduction services. "Community-based education programs that are aimed at eliminating stigma is attributed to significantly reduced stigmatized attitudes ⁶ .	Collaboration	New
C5) Require all city workers including law enforcement and fire department staff involved in THRIVE/LEAD and all other law enforcement and fire department staff) to engage in continuing education	Education in the following areas: Cultural Humility; Culturally and Linguistically Appropriate Care; Trauma Informed Care; Adverse Childhood Experiences (ACES); Behavioral Health and Substance Use 101; Social Determinants of Health and Local Health Disparities; Violence, Trauma, and Their Prevention 101; Restorative Justice Theory and Practice; and Stigma.	Education	New

D. Recovery-oriented Treatment and Harm Reduction

"Reducing stigma would help people stay alive. My pride hindered my own ability to get support. It took me awhile to participate in the safe needle exchange after witnessing people use dirty needles repeatedly. Continue the distribution of naran to prevent overdoses. Again, destigmatizing drug use is key to keeping people alive." – SF Focus Group Participant

Providers and community members want a treatment system that is client centered and recovery oriented. We heard repeatedly from individuals who use alcohol or drugs that there are gaps in the service system and access to treatment is often limited due in part to the lack of affordable treatment options available to individuals at the time they are ready for treatment. Individuals in recovery programs shared stories of long waits and other barriers that prevented them from accessing treatment earlier. People who use alcohol and drugs noted that the services they need are not the services that they are offered. People in treatment and/or currently using drugs require better service integration and ancillary services to help address basic needs. Some people who use alcohol or drugs may not need or benefit from treatment and instead would benefit from harm reduction services or other supportive services. "Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users "where they're at," addressing conditions of use along with the use itself."

There is also concern that the community lacks transitional living and integrative services and programs to support long-term sobriety once the individual has completed a treatment program. Additionally, women in recovery shared that there are limited treatment options for women with young children while the need far exceeds community capacity. Keeping families together can prevent further generational trauma. There is also a perception that there are insufficient drug treatment and ancillary programs available to Spanish speakers and to the immigrant community at large. Additionally, we heard from people who use drugs and alcohol that there are insufficient mental health services to help people get appropriate care and support to deal with trauma and PTSD instead of using alcohol and drugs to cope.

A theme from community consultation findings was that there is a need for various points of access to services, which are responsive to the windows of opportunity where individuals are ready to engage, and especially during times of transition (e.g., transitioning from jail to the community or from shelter or temporary housing). Participants talked about the need for effective work programs, mentoring and job training, education, housing, childcare and an opportunity to participate in society in a positive way. Participants discussed the importance of providing support with employment, education, housing and childcare to provide stability and safety as a core function of treatment. Other recommendations included: Medication Assisted Treatment (MAT) capacity needs to be expanded and promoted, and made more generally available in the community and in correctional settings; numerous individuals reported successful treatment with buprenorphine programs and recommended that these programs be expanded; Individuals impacted and community stakeholders also stressed the need to increase awareness of existing harm reduction practices in the community and to expand harm reduction outreach and education to users, families and the community at large.

Recovery-oriented Treatment and Harm Reduction Recommendations	Rationale	City Role	In process or New?
D1) Collaborate with local partners to ensure a full treatment continuum exists in Santa Fe for substance use disorder treatment to include detoxification, short and long term residential treatment, crisis response, regular and intensive outpatient treatment, psychiatry, and adequate access to care for all substance use disorders and ensure that nobody is turned away for having a particular substance in their system.	There should exist a no wrong door model that ensures individuals receive the comprehensive care they need regardless of where they enter the system. Also consider incorporating the one-door model, the integration of primary care, detox, mental and substance use disorder treatment, etc. "Continuum of care refers to a treatment system in which clients treatment at a level appropriate to their needs and then step up to more intense treatment as needed." ⁸ An effective continuum of care relies on an integrated, person-centered network of community-based services. The longer a person/family is engaged in this type of system of care the better the recovery outcomes will be.	Collaboration	In Process
D2) Ensure city bus routes go to treatment, harm reduction and prevention services and offer bus passes to individuals engaged in treatment to help facilitate access to care.	Transportation is a significant barrier to accessing treatment services in our community. Lack of transportation and the resources to utilize public transportation can lead to rescheduled or missed appointments, delayed care, and delayed or missed medication use. These consequences may lead to poorer health outcomes. ⁹	Direct Service; Education	New
D3) Provide funding for jail community re-entry programs and services (an example could be to help fund a city/county re-integration center) specifically designed for formerly incarcerated individuals and their families.	Research suggests that people leaving jail are often not prepared for release and, when released, encounter challenges in accessing the programs and services that help them become healthy, productive members of their communities. The needs most frequently self-identified by program participants prior to their return into the community included transportation, clothing, food, housing, and employment or vocational training. ¹⁰	Funding; Collaboration	New
D4) Collaborate with the County, local hospitals, and other stakeholders, to plan and host interagency interdisciplinary peer-informed collaborative case staffing meetings as a model of prevention and treatment service delivery.	There are many Santa Fe residents who have frequent hospital visits and complex medical and social needs that require navigation of a complicated healthcare and social service landscape with providers that do not always effectively communicate with one another. Integrated peer-informed collaborative case staffing models or interpersonal care coordination teams are one way to address disease management and provider communication. ¹¹	Collaboration	In Process

D5) Collaborate and fund community partners in creating low threshold, harm reduction focused, drug and alcohol treatment on demand, including mobile treatment.	This includes supporting: increased availability of buprenorphine by building on the Santa Fe SAMSHA grant for buprenorphine inductions in the home or on the street; efforts to increase capacity of medication assisted treatment prescribers and PCPs in community who are comfortable assessing and treating SUD, and ER-based medication assisted treatment programs. Today in the U.S., people who want and are ready to access treatment are faced with serious barriers, including long waiting lists, high treatment costs, funding cuts, and lack of appropriate treatment services in their community. There is a need for treatment-on-demand policies at a local level that create immediate access to drug treatment for anyone who needs it, without emphasizing punishment. Findings from San Francisco, CA's initiative, "suggest that access to treatment improved with implementation of a treatment-on-demand policy." ¹²	Funding; Collaboration	In process
D6) Create a Safe Needle Disposal public education campaign that may include printed materials, PSA's and a page on the City's website on what to do with a found needles, locations of disposal sites, referrals to syringe service programs, and other resources.	Continue to support the implementation of a public sharps container program in places like parks, local businesses, motels, etc. NM's Southwest CARE Center reports collecting an average of 800 used syringes/needles per month within city limits. Public discarding of used injection equipment poses significant health risks to the community. Risks include, but are not limited to, hepatitis C and other blood borne pathogens found in used needles and syringes. Installation of public sharps disposal boxes is a cost-effective way to prevent infectious diseases and can encourage increased safe disposal for individuals who don't have immediate access to biohazard containers. It is also a good way to address the public's fear to congregate in public areas with an increase in littered sharps.	Education; Funding	New
D7) Fund community-based organization (s) to distribute naloxone in non-traditional settings such as grocery stores, and other highly visible public places.	This should also include overdose response boxes (naloxone and face shields) in parks, city buildings, local businesses, motels, libraries, etc. Last year, there were more than 35,000 two-dose Narcan Nasal Spray (NNS) kits distributed statewide. This resulted in 2,139 reported opioid overdose reversals by laypeople. However, there are still public venues where NNS could be distributed to community members not reached by current statewide efforts. Information from the Centers for Disease Control and Prevention and other academic institutions nationally show that laypeople reverse more opioid overdoses using naloxone than paramedics and law enforcement combined (can't find cite). The City should not rely on state and county funded naloxone distribution programs and begin creatively engaging the public with overdose recognition and response trainings, and corresponding NNS distribution.	Funding	New

D8) Help fund medical detoxification services located within the City and ensure that it is recognized as part of the continuum of care.	“Withdrawal systems vary from substance and while some may be only mildly uncomfortable, some can be life-threatening. Medical detox provides patients with medication and medical treatment in order to prevent and address complications.” ¹³ Detoxification alone is not treatment, but some individuals may need or want to medically detox to move on to other treatment options and services. Medical detoxification services should be an integral part of a continuum of care model.	Funding; Collaboration	New
D9) Ensure and promote that city funding is allocated for highest risk groups such as substance users, HIV/AIDS patients, pregnant women and immigrants whose immigration status bars them from accessing subsidized health care, i.e. advocate for the New Mexico based legislative campaign to provide state subsidized insurance coverage for immigrant families not covered by the Affordable Care Act.	For those at significant risk of problematic substance use, protective factors include, individual and cultural resilience; community cohesion; and access to healthcare, education, and other resources. To be best practice, services and resources should be research driven, trauma informed, and culturally and linguistically relevant and responsive.	Funding	New
D10) Community Services Department to encourage grantees to use a peer recovery model and integrate peer support, family support and navigators in the role of reducing barriers and increasing access to care and supporting individuals in early recovery.	The range of benefits for those receiving peer support services include: increased self-esteem and confidence; improved problem solving skills; increased sense of empowerment; improved access to work and education; more friends, better relationships, more confidence in social settings; greater feelings of being accepted and understood (and liked); reduced self-stigmatization; greater hopefulness about their own potential; more positive feelings about the future; and, increased access to treatment and social supports. Benefits of utilizing a peer recovery model also extends to the peer worker and the organization. ¹⁴	Collaboration	In process
D11) Research Injectable Opioid Treatment and assess the potential as a viable intervention in Santa Fe. If appropriate, implement a supervised injectable opioid treatment pilot project using prescription hydromorphone or diacetylmorphine.	For drug users who have not found success with methadone or buprenorphine, the most dramatic developments in drug substitution therapies have been in the field of Injectable Opioid Treatment. These services, as part of comprehensive treatment strategies, provide substantial benefits to long-term heroin users who have not been responsive to other treatment. Studies have shown that those enrolled in injectable opioid treatment demonstrate a reduction in drug use and an improvement in overall physical and mental health. Additionally, several studies have found that individuals who participated in these programs significantly reduced their involvement in criminal activities, generating large enforcement cost savings. ¹⁵	Research & planning	New

E. Public Safety and Human and Civil Rights

"There is a better approach: help rather than punishment." – Santa Fe Community Focus Group Participant

The MDTF heard from community members and stakeholders that there is a desire to change current law enforcement approaches given the growing attention to the human and economic costs of mass incarceration and racial disparities in arrests and convictions at national and local levels. Community members expressed interest in new approaches to public safety that focus on community development and capacity building, innovative policing practices, and community engagement and collaboration. Community members consulted agreed that alcohol and drug use is a health problem and legal intervention does little to deter the usage of drugs. Furthermore, research shows that the harms associated with criminalization can outweigh the harms associated with drug use.¹⁶ Encounters focused on criminalization of drug use deepen mistrust between police and community members, and do nothing to break the cycle of repeated incarcerations and the effects this approach has on individuals, their children and families. In particular, immigrants are particularly vulnerable under drug laws since they can face deportation for even minor drug-related violations. Members of the immigrant community in Santa Fe reported that they feel targeted and over-policed because of their race, national origin, language and economic status.

Communities want a more collaborative, effective relationship with police and a shift in policing priorities. The MDTF recommends that the City of Santa Fe redirect law enforcement and community resources from criminalization to increasing access to services such as LEAD and other services and develop policies and practices that promote restorative approaches to drug and alcohol use. Emerging models to reduce disparity in policing and promote transparency and accountability, as well as restorative approaches, should be researched and implemented at the local level. The MDTF believes that Santa Fe can be a leader in the national shift towards a restorative approach to alcohol and drug use. The MDTF members also propose that it is necessary for the entire community to share responsibility for community health and safety that extends beyond the scope of the Santa Fe Police Department and for the department and city to engage the community, especially those most impacted and their families, to partner on problematic alcohol and drug use initiatives.

**"CURRENT DRUG-RELATED POLICING PRACTICES
AND INCARCERATION ARE COSTLY, CREATE
ANTAGONISM BETWEEN POLICY AND
COMMUNITY MEMBERS, AND MAY BE MAKING
SOME COMMUNITIEIS LESS SAFE."**

— BLUEPRINT FOR A PUBLIC HEALTH AND SAFETY APPROACH TO DRUG
POLICY, 2013

Public Safety and Human and Civil Rights Recommendations	Rationale	City Role	In process or New?
E1) Introduce a resolution supporting the reduction of penalties, at a state level, for possessing drugs for personal use from a felony to a misdemeanor.	In New Mexico, the simple possession of <i>any</i> amount of drugs other than marijuana, including residue found on drug paraphernalia such as a pipe or a spoon, is a fourth degree felony that can land you in state prison. Twenty states (20) have either never made possession a felony or have reformed their state laws making possession a misdemeanor. In the past five years, states like Oklahoma, Utah, Connecticut, Alaska, Oregon, Colorado and California have all reclassified drug possession to a misdemeanor. ¹⁷	Legislation; Advocacy	New
E2) Seek funding for the recruitment and hiring of additional public safety behavioral health staff workers within the Fire Department, and encourage the formalized use of these staff by police officers responding to service calls.	The City of Santa Fe is already part of a growing movement by emergency response agencies to adopt a mobile integrated health care (MIH)/community paramedic model that provides services in the home and nonclinical environments for the highest emergency response utilizers. This model is in the best interest of both patients and community health to prevent illnesses and hospitalizations. ¹⁸	Funding; Direct Service	In Process
E3) Collaborate with the County to ensure City residents' access to best practices/standard of care treatment for opioid dependency (induction and maintenance of MAT - to include buprenorphine and methadone) at the Santa Fe County Adult Detention Center.	Individuals recently released from correctional settings are up to 130 times more likely to die of an overdose than the general population, particularly in the immediate two weeks after release. Given that approximately one quarter of people incarcerated in local jails and prisons are opioid-dependent, initiating MAT behind bars should be a widespread, standard practice as a part of a comprehensive plan to reduce risk of opioid fatality. In light of the opioid crisis, it is imperative to ensure that evidence-based, effective drug treatment and harm reduction resources are available to all. ¹⁹	Collaboration; Advocacy; Leadership	New
E4) Develop public safety strategic plans (SFFD and SFPD) aligned with the City's commitment to a health-based approach to public safety encounters involving behavioral health, alcohol and drugs rather than a criminalized approach and revise the SFFD and SFPD efforts to recruit new officers to align with the City's strategic vision for a public health-based approach to public safety.	<p>The MDS Task Force recommends moving away from a silo approach to services provision and realize to be effective, all city agencies must share the same core values in responding to the global problem of problematic drug and alcohol use. In order to ensure success, the department must take the lead in not only training current officers but also recruiting new officers who can embrace these values.</p> <p>Too often, changes in administration can radically affect programs. Many of the needed changes are multi-year projects that require a strategic approach and a long attention span. A strategic plan can provide a roadmap as well as benchmarking to understand progress made over a multi-year period.</p>	Research & Planning; Leadership	New

E5) In coordination with the County's Crisis Center and Mobile Crisis Response team, expand multidisciplinary crisis response services including the development of a 1-year pilot program for a three-person "co-response team" (SFPD employee, SFFD employee, "public safety behavioral health staff worker") for dispatch to <u>all</u> service calls with a behavioral health component.	Law enforcement agencies across the country are integrating crisis response models in to their agencies. This model of collaboration is shown to improve how police, mental health services, and communities respond to mental health and substance use crises. Research also suggests that such models increase safety in encounters, increase diversions from the criminal justice system, reduce arrests, increase mental health service utilization, and decrease use of high-intensity police units and use of force. ²⁰	Collaboration; Funding; Direct Service	In Process
E6) Coordinate with the THRIVE/LEAD Policy Coordinating Group to expand the program to include additional substances besides opiate and other behavioral health issues.	Currently, the Santa Fe THRIVE/LEAD program serves only individuals with problematic opiate use. THRIVE stakeholders, including law enforcement and clinical staff have advocated that individuals using other drugs and/or who have serious mental health issues could also benefit from the program.	Collaboration; Funding; Direct Service	In process
E7) Partner with SFPS, private and charter schools, County Teen Court Program, CYFD/Juvenile Probation and Parole, District Attorney, and others to create and implement a city juvenile arrest diversion program for substance use related issues.	Being arrested as an adolescent can impact a person's health and life trajectory profoundly. Once arrested, a juvenile is more likely to be arrested again and less likely to graduate high school. Youthful misbehavior can be a signal of unmet needs or trauma. Diversion is a promising practice to reduce youth involvement with the justice system while offering restorative and rehabilitative opportunities for the adolescent and their family.	Collaboration	New
E8) Incentivize (financially and through public recognition) the proposal of, adoption by, and interest in innovative approaches to emergency response by SFPD and SFFD staff. Showcase the SFPD's and SFFD's innovative and trauma-informed response models.	Line officers have a wealth of experience to help develop innovative and trauma-informed responses.	Leadership; Funding	New
E9) Compile research about effective restorative justice programs and best practices in other cities, evaluation strategies, training opportunities for stakeholders and law enforcement, and potential funding for pilot projects in Santa Fe; develop a report with recommendations for restorative justice pilot projects that would involve local law enforcement, local courts, the schools, and other stakeholders.	Research shows that restorative justice (RJ) programs reduce recidivism and crime, decrease incarceration of young people, lower costs in the criminal justice system (which can be used for a range of prevention and treatment programs) and have high participant satisfaction rates among victims, offenders, community members and public safety officials, leading to greater trust and family and community cohesiveness. RJ capitalizes on second chances, restores community bonds, and promotes peer and community connectedness.	Research and Planning; Education; Leadership	New

<p>E10) Communicate “A New Face of Public Safety: Incorporating Public Health as part of Public Safety” by moving away from SFPD and SFFD public images of high-tech equipment and high-intensity approaches (e.g., SWAT vehicles and ladder trucks); instead place more emphasis on images that reflect the reality of the majority of service calls -and the Departments’ strategic visions and commitment to harm reduction and community health.</p>	<p>The community’s understanding of the Police Department and Fire Dept. are largely a product of those department’s branding campaigns which focus on very low frequency events and don’t accurately reflect the day-to-day operations of these departments. This leads to a misunderstanding of community risk, recruitment of individuals who may not be interested in the majority of the work performed by those departments and, to a large degree, perpetuate a brand that is incongruent with reality.</p>	<p>Education; Leadership</p>	<p>New</p>
<p>E11) Compile new and emerging research on public safety/emergency and innovative public safety/emergency responses implemented in other jurisdictions and provide information gathered to city leadership.</p>	<p>Other communities and municipalities have already begun to implement and research new approaches to meet current challenges to emergency response and the public safety response system, specifically as they relate to the unique behavioral health needs of people dealing with alcohol and substance use issues²¹, e.g., Albuquerque, NM²², Memphis, TN²³, Seattle, WA²⁴, and Colorado Springs, CO²⁵.</p> <p>Rather than reinventing the wheel, we recommend that the City consider whether these approaches might be appropriate for our community.</p>	<p>Research & Planning</p>	<p>New</p>

DRAFT

F. Advocacy

"...Lively, diverse, intense cities contain the seeds of their own regeneration, with energy enough to carry over for problems and needs outside themselves." — Jane Jacobs, The Death and Life of Great American Cities

The MDTF recommends the City of Santa Fe increase efforts to advocate for policies and procedures/practices at a state and local level across the areas of prevention, community and economic development, treatment and harm reduction, and public safety as identified by sub-committees.

Advocacy Recommendations	Rationale	In process or New?
F1) Advocate at a state level for the automatic expungement of criminal records for possession of controlled substances to assist individuals with their overall recovery potential to include assisting with housing application approvals and employment opportunities.	Expunging prior convictions removes thousands of barriers that allow people to fully reenter their community and society. When someone has a criminal record, they are often ostracized from their community, have a difficult time accessing any services, such as housing, treatment or any public support. Research shows that those who have expunged their record have higher earning wages, lower recidivism, and lower crime rates. New Mexico currently has an expungement law, however the burden is on the individual to petition the court. Most people aren't aware that they can get an expungement, don't apply, or don't have the means to hire a lawyer to advise them or pay the fees.	New
F2) Advocate at a state level cannabis legalization as a way to increase the local tax base and direct funds to treatment, harm reduction, prevention and education.	Local excise taxes on adult use cannabis should be used for local social services and support. At the time of this report, the 2020 proposed legalization bill creates a municipal excise tax of up to 5% for cannabis products sold in the jurisdiction. It is estimated that the city of Santa Fe could receive an upwards of \$1,000,000 in the first year alone.	In Process
F3) Advocate to local and state agencies, including law enforcement, corrections institutions and officers, not to inquire about immigration status or communicate national origin or legal status to federal immigration authorities.	Promoting connected and resilient communities where everyone feels respected, safe, and belongs is key to preventing problematic substance use. Collaboration between local governments, law enforcement, jails and ICE for the express purpose of detecting, apprehending, detaining, and deporting undocumented immigrants prevents people from seeking public safety services, accessing harm reduction and treatment programs, and experiencing a general sense of trust, permanence, and community belonging. While the City and the County have strong non-inquiry and non-cooperation policies relating to federal immigration authorities, CYFD, the State Police, Probation, and Parole do not.	In Process
F4) Advocate at a state level for increase in alcohol excise tax and for greater access to allocation of funding from alcohol tax.	Increased alcohol taxation represents a powerful yet simple, cost-effective, evidence-based policy initiative to save lives, improve health, and reduce crimes such as domestic violence and sexual assault resulting from alcohol misuse. ²	New

² The total cost of excessive alcohol use in New Mexico in 2010 was \$2.23 billion (Sacks JJ et al, 2015). While federal, state, and local excise taxes on alcohol have existed for years, these taxes have not been adjusted for inflation, resulting in alcohol that is the most affordable it has ever been in more than 60 years (Kerr et al, 2013). Doubling the alcohol tax could mean raising the price of a drink by as little as ten cents per drink, but could reduce alcohol-related mortality by an average of 35%, traffic crash deaths 11%, sexually transmitted infections 6%, violence 2%, and crime 1.4%, (American Journal of Public Health review. Alexander et al., 2010).

F5) Advocate at a state level to ensure drug-checking kits are no longer considered drug paraphernalia in the state's controlled substance act.	Recently, in Santa Fe, harm reduction providers have noted that there have been increased cases of fentanyl in the drug supply unbeknownst to users. Technology exists to test drugs for dangerous adulterants, but it has so far been mostly unavailable at a public level in the U.S. Making drug checking services available in the context of a community outreach service would save lives and reduce hospitalizations and also allow for real-time tracking of local drug trends. The service can also help to connect people with local treatment and harm reduction services. Drug checking kits are currently illegal under NM state law.	New
F6) Advocate to the Santa Fe Public School District for school policies to limit school suspensions, expulsions, arrests, and all harmful practices of punishing unwanted youth behaviors. Instead, they should employ restorative justice practices.	Restorative justice is a community centered approach to crime that protects, restores, and improves public safety; recognizes and supports victims; allows offenders to be accountable and make amends; repairs and builds community relationships and trust; and promotes the reintegration of offenders into society. Research shows that restorative justice (RJ) programs reduce recidivism and crime, decrease incarceration of young people, lower costs in the criminal justice system (which can be used for a range of prevention and treatment programs) and have high participant satisfaction rates among victims, offenders, community members and public safety officials, leading to greater trust and family and community cohesiveness. RJ capitalizes on second chances, restores community bonds, and promotes peer and community connectedness.	New
F7) Advocate at a state level for the New Mexico based legislative campaign to provide state subsidized insurance coverage for immigrant families not covered by the Affordable Care Act.	Currently, immigrants have to rely on an assortment of health care options as they are not eligible to buy coverage under the Affordable Care Act. Not having consistent coverage impedes immigrant families' access to crucial and comprehensive health care, including substance use prevention, harm reduction and treatment services.	In Process
F8) Advocate to the County to provide 24/7 public transportation to people being released from the Santa Fe County Adult Detention Facility and ensure all those incarcerated are aware of the service.	Alan Cruthirds, incarcerated for two days after being cited for drinking alcohol in public, a misdemeanor, had been released from the Santa Fe County jail just hours before he died. He was struck by multiple cars while crossing the highway at about 7 p.m.....Although jail officials say they offer transportation to those who have been released, former inmates and advocates contend the options to return to Santa Fe are limited – if they know about them at all. But because many inmates are released later in the evening or in the early morning, they often walk. ²⁶⁹ The distance between the Santa Fe County Adult Correctional Facility and the Interfaith Community Shelter at Pete's Place is 8.5 miles; 3 hours by foot.	New
F9) Advocate to the SFPS District that staff engage in continuing education in the following areas: Cultural Humility; Culturally and Linguistically Appropriate Care; Trauma Informed Practice; Violence, Trauma, and Their Prevention 101; Behavioral Health and Substance Use 101; Social Determinants of Health and Local Health Disparities; and Restorative Justice Theory and Practice.	Provision of best practice education on socially relevant topics to teachers, school administrators, and paraprofessionals supports the mission and core beliefs of Santa Fe Public Schools.	New

F10) Advocate to the Santa Fe Public School District to develop K-12 district-wide policies and plans on the prevention of suicide, interpersonal violence, trauma, substance use disorder, and on the promotion of comprehensive sex education and healthy relationships.	Practices that aim to prevent violence and trauma and that promote health can help to reduce risk for problematic substance use.	New
F11) Advocate at a state level for additional state funding for jail community re-entry programs and services.	"Each year, more than 600,000 people leave prison and re-enter the Nation's communities. Within three years of their release, more than 2/3 of these individuals are rearrested, and ¼ return to prison with a new sentence. Resumption of drug abuse precipitates or contributes to much of this recidivism." ²⁷ People leaving jail are often not prepared for release and, when released, encounter challenges in accessing the programs and services that help them become healthy, productive members of their communities. ²⁸	New
F12) Advocate at a state level for legislation allowing and funding the implementation of supervised consumption spaces.	Supervised Consumption Services, also known as supervised injection facilities (SIFs), are controlled health care settings where people can consume drugs under clinical supervision and receive health care, counseling, and referrals to health and social services. SIFs have been rigorously studied and found to reduce the spread of infectious disease, prevent overdose deaths, and eliminate improperly discarded injection equipment. Engagement by people who use drugs with staff in these facilities enhances the ability of people to function productively in society, increases access to drug treatment and other services, and saves taxpayer money. ²⁹	New
F13) Advocate at a state level for the adoption of a state statute that would mandate a regular (i.e. yearly) overdose fatality review team process.	"Overdose fatality reviews allow states to examine and understand the circumstances surrounding fatal drug overdoses. Review teams can uncover the individual and population factors and characteristics of potential overdose victims. Knowing the who, what, when, and how of fatal overdoses provides a better sense of the strategies and coordination needed to prevent future overdoses and results in the better allocation of overdose prevention resources and services." ³⁰	New
F14) Advocate at a state level for the request, within the Governor's proposed budget, to create of an office to specifically address problematic alcohol use.	New Mexico continues to experience the highest alcohol-related death rate in the nation. The state also is ranked the 6 th worst state for drunken driving. Between 1999 and 2017, midlife deaths from alcoholic liver disease grew 40% and alcohol poisoning deaths among those 25-64 rose almost fourfold. ³¹ In Santa Fe, the EMS system estimates that around 35 to 40% of 911 calls to which the Fire Department responds are related to alcohol and drugs, with a majority of those being attributed to alcohol. ³²	In Process
F15) Advocate at a state level for an appropriation for a hydromorphone pilot at the University of New Mexico (legislation will be introduced in the '20 session)	For drug users who have not found success with methadone or buprenorphine, the most dramatic developments in drug substitution therapies have been in the field of Injectable Opioid Treatment. These services, as part of comprehensive treatment strategies, provide substantial benefits to long-term heroin users who have not been responsive to other treatment. Studies have shown that those enrolled in injectable opioid treatment demonstrate a reduction in drug use and an improvement in overall physical and mental health. Additionally, several studies have found that individuals who participated in these programs significantly reduced their involvement in criminal activities, generating large enforcement cost savings. ³³	In Process

¹ Drug Policy Alliance, "Municipal Drug Strategy: Lessons in Taking Drug Policy Reform Local," at <http://www.drugpolicy.org/resource/municipal-drug-strategy-lessons-taking-drug-policy-reform-local>.

² City of Santa Fe Resolution 2017-77.

³ Drug Policy Alliance, "Municipal Drug Strategy: Lessons in Taking Drug Policy Reform Local," at <http://www.drugpolicy.org/resource/municipal-drug-strategy-lessons-taking-drug-policy-reform-local>.

⁴ <https://www.nropa.org/globalassets/research/witt-caldwell-full-research-paper.pdf>

⁵ Drug Policy Alliance. Drug Education Resources. Safety First. <http://www.drugpolicy.org/resources/drug-education-resources>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3272222/>

⁷ <https://harmreduction.org/about-us/principles-of-harm-reduction/>

⁸ <https://www.ncbi.nlm.nih.gov/books/NBK64088/>

⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/> <https://www.theatlantic.com/health/archive/2015/08/the-transportation-barrier/399728/>

¹⁰ <https://journals.sagepub.com/doi/full/10.1177/0032885511409896>

¹¹ <https://www.sciencedirect.com/science/article/pii/S2405452618302027>

¹² James L Sorensen et al., "Access to Drug Abuse Treatment Under Treatment on Demand Policy in San Francisco," *Am J Drug Alcohol Abuse*, no. 33, 2 (2007), 227-236. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3493250/>.

¹³ <https://drugabuse.com/detox/types/>

¹⁴ <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.688.7633&rep=rep1&type=pdf>

¹⁵ DPA MDS Report

¹⁶ <https://www.cato.org/publications/policy-analysis/harm-reduction-shifting-war-drugs-war-drug-related-deaths>

¹⁷ PEW Report

¹⁸ The New EMS Imperative: Demonstrating Value

¹⁹ DPA MDS Report

²⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3769782/>

²¹ The ICMA article "The New EMS Imperative: Demonstrating Value" (vol. 47, no. 1, 2015) outlined appropriate questions when considering how to allocate resources for City-funded Emergency Medical Services

²² The New Mexico Legislative Finance Committee's report titled "Program Evaluation: Review of the Criminal Justice System in Bernalillo County",

²³ IBM issued a Smarter Cities analysis for the Memphis, TN Fire Department that analyzed the use of its resources.

https://memphistn.gov/government/fire_department/ibm_smarter_cities_challenge

²⁴ Media coverage of innovative responses adopted by the Seattle, WA Fire Department, e.g.,

<https://www.seattletimes.com/seattle-news/politics/seattles-new-health-one-team-will-respond-to-non-emergency-911-calls-downtown/>

²⁵ Media coverage of innovative responses adopted by the Colorado Springs, CO Fire Department, e.g.,

<https://www.emsworld.com/article/219668/close-colorado-springs-community-response-team>

²⁶ <https://durangoherald.com/articles/235759>

²⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797118/>

²⁸ <https://journals.sagepub.com/doi/full/10.1177/0032885511409896>

²⁹ DPA MDS Report

³⁰ <https://www.astho.org/StatePublicHealth/More-States-Authorizing-the-Use-of-Overdose-Fatality-Review-Teams/08-23-18/>

³¹ <https://www.latimes.com/science/story/2019-11-26/life-expectancy-decline-deaths-of-despair>

³² Andres Mercado, SF EMS, 2019

³³ DPA MDS Report