



# Agenda

## LEAD Task Force

**Monday, January 28, 2013**

**Santa Fe Community Convention Center, Nambe Room**

**201 West Marcy**

**4:00pm-6:00 p.m.**

1. Call to Order – Chairperson Emily Kaltenbach – 5 minutes
2. Approval of Agenda
3. Approval of Minutes
3. New Business
  - a. HUGS Presentation – Member Kathy Armijo Etre – 30 minutes including Q&A
  - b. Revisit measures of success; model; and current assumptions – 10 minutes
  - c. Eligibility; Treatment; Process; Funding Updates– 20 minutes  
(Each sub-committee presents the essential portions for the model)
- Break – 10 minutes
- d. Facilitated discussion/mapping of model
4. Next Meeting – February 25, 2013
5. Adjournment

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

**INDEX SUMMARY OF MINUTES  
LEAD MEETING  
JANUARY 28, 2013**

<b><u>INDEX</u></b>	<b><u>ACTION TAKEN</u></b>	<b><u>PAGE(S)</u></b>
Cover Page		1
Call to Order	Meeting called to order by the Chair, Emily Kaltenbach at 4:00 pm, Nambe Room, Santa Fe Convention Center.	2
Roll Call	Roll call by sign in sheet, a quorum did exist.	2
Approval of Agenda	Add: Santa Fe Mountain Center presentation  <i>Mr. Bauer moved to approve the agenda as amended, second by Dr. Brown, motion carried by unanimous voice vote.</i>	2
Approval of Minutes	Corrections to minutes – Attendance Maria Jose was listed as absent, she was present. Jay Archuleta, name spelling: Jade Archuleta. Absent were: Alfred Perez, Eric Garcia, George Ortiz, Jayde Archuleta, Kate Ferlic, Ken Johnson, Marcela Diaz, Michael Delgado, Milagro Castillo, Ray Byford, Raymond Chavez, Sheila Lewis, Stephen Branch, and William Johnson.  <i>Mr. Bauer moved to approve the minutes as corrected, second by Ms. O'Connor, motion carried by unanimous voice vote.</i>	3
New business a. HUGS Presentation b. Santa Fe Mountain Center Presentation/Harm Reduction Program c. Revisit Measures of Success, Model and Current Assumptions	Informational	3-6

**INDEX SUMMARY OF MINUTES  
LEAD MEETING  
JANUARY 28, 2013**

<b>d. Eligibility, Treatment, Process, Funding Updates</b>		
<b>Next Meeting</b>	<b>February 25, 2013</b>	<b>6</b>
<b>Signature Page and Adjournment</b>	<b>The meeting was adjourned at 6:00 pm</b>	<b>6</b>

**LEAD TASK FORCE  
MINUTES  
MONDAY – JANUARY 28, 2013  
NAMBE CONFERENCE ROOM  
SANTA FE, NEW MEXICO  
4:00 PM – 6:00 PM**

**1. Call to order**

The meeting of the LEAD Task Force was called to order by the Chair, Emily Kaltenbach at 4:00 pm in the Nambe Room of the Convention Center, Santa Fe, New Mexico. A quorum did exist.

**Roll Call**

**Present:**

Emily Kaltenbach, Chair  
Thom Allena  
Steve Kopleman  
Rachel O'Connor  
Pablo Sedillo, III  
Cathy Anheles  
Laura Brown  
Yolanda Briscoe  
Jeneen Lujan  
Jessica Dimas  
Councilor Bill Dimas  
Jerome Sanchez  
Krishna Picard  
Mary Sky Gray  
Kathy Armijo-Etre  
Bennett Bauer  
Angela "Spence" Pacheco  
Mark Boschelli  
Maria Jose Rodriguez Cadiz

**Not Present**

Milagro Castillo  
Michael Delgado  
Eric Garcia  
Captain George Ortiz  
Jade Archuleta  
Stephen Branch

Marcela Diaz  
Councilor Patti Bushee  
Katherine Ferlic  
Lt. Alfred Perez  
Eric Garcia  
Chief Ray Byford  
Major Ken Johnson  
Deputy Chief William Johnson  
Sheila Lewis

**Guests**

Arturo Gonzales  
Christa Coggins  
Ju Le  
Chris Sanchez  
Jadvin Cortz  
Kevin Gallegos  
Joan Morales  
Joey Brashier  
Dave Koppa  
Marge Kelley

**Others Present:**

Anna Serrano for Fran Lucero,  
Stenographer

**Staff Present:**

Terrie Rodriguez, Staff Liaison

**2. Approval of Agenda**

Add: Santa Fe Mountain Center presentation

*Mr. Bauer moved to approve the agenda as amended, second by Dr. Brown, motion carried by unanimous voice vote.*

### 3. Approval of Minutes

#### **Corrections to minutes – Attendance**

Maria Jose was listed as absent, she was present. Jay Archuleta, name spelling: Jade Archuleta. Absent were: Alfred Perez, Eric Garcia, George Ortiz, Jayde Archuleta, Kate Ferlic, Ken Johnson, Marcela Diaz, Michael Delgado, Milagro Castillo, Ray Byford, Raymond Chavez, Sheila Lewis, Stephen Branch, and William Johnson.

*Mr. Bauer moved to approve the minutes as corrected, second by Ms. O'Connor, motion carried by unanimous voice vote.*

### 4. New Business

Emily provided information on a recent article in the New Mexican where Chief Rael was interviewed and spoke about LEAD. She encouraged the members to read this article.

#### **a. HUGS Presentation: Member Kathy Armijo-Etre**

Power Point Presentation: (Exhibit A) followed by all in attendance.

#### **Santa Fe United – Addressing Mental Illness and Addictions in our Community: Kathy Armijo Etre and Pablo Sedillo III.**

It was recommended that next month Mark Boschelli present on the treatment model. It was noted that there is more collaboration amongst the community to handle this serious matter. Mr. Sedillo stated that there are a large number of programs they have implemented in their facility. Although voluntary they encourage participation and they ask for support from the families. They do a continuous program plan and do follow up. Mr. Sedillo stated that in collaboration with St. Vincent's they also have a domestic violence program. Ms. Armijo-Etre said there is a big problem with opiate addiction pregnant women; this topic can be discussed in the future. There is a reduction of 63% return to the emergency room. Next step is called "making the cake". Making the Cake would be the option of no hospital and no jail but encourage them for treatment depending on the range. The cost benefit study is to evaluate the cost in all these different areas.

Q&A: Are you finding a correlation between alcohol and drugs and opiates? There was a group of 25 and out of that 23 were in pain. It is very hard to separate the alcohol/drugs and mental illness. As mentioned earlier there is a high amount of pregnant women on opiates. These women need to be medically supervised. Mr. Sedillo said that in the month of November there were 6 women that came into the facility. They had to be transported to Albuquerque as the Milagro Center is the only facility right now to work with pregnant women addicted to opiates. Ms. Armijo-Etre said they are seeing the same number at St. Vincent's. There was no place for them to go; they give birth to these babies who stay in the hospital for a long period of time who greatly suffer during their care.

It was asked what is the percentage have dual diagnosis? Mr. Sedillo responded that the entire population that comes in, about 10,000 people are booked a year and out of that about 80% are addicted to substance abuse and about 67% have that dual diagnosis of mental illness. Historically everyone thought they were alcoholics or drug addicts but a lot of them have mental illness. An additional question was asked on the percentage of those on psychotropic drugs. Mr. Sedillo will provide that information at a later meeting.

If you look across the United States, any detention center is becoming the default psychiatric medical center. In Los Angeles County their metropolitan detention center is the biggest hospital for psychiatric issues. It is equitable here. In California there was about a 70% closure of psychiatric facilities and they are now using the jails and prisons as their psychiatric wards. This is very disturbing because that is not the place for them. We do a very good job at our facility in terms of mental health and psychiatric and medical and this is why a lot of times they send them to us. We need to find alternatives and some solutions to this issue.

The Chair stated that this presentation and its supporting information are valuable as there are so many links to the model that they want to develop. One issue is; we don't want to recreate systems of care and treatments that may already be created through a model like this. Secondly we would like to identify the users; we know that these high utilizers are probably the same individuals that the LEAD's program will identify once it is up and running. We can imagine that there will be different doors into the same set of services from the same service system. If you can imagine the law enforcement interaction and that is one way to get in to the service system, the ER is another way and the jail being a third. In addition there is the idea of having a social diversion door so that someone can actually access that treatment system or schedule support system without having law enforcement engagement, ending up in the ER or in jail. This group would then divert those directly into the model. We wanted to share that as we develop our recommendations to keep in mind that a lot of work has already been done with almost the same group of individuals and how do we connect them together.

It was commented by Mr. Sedillo that our law enforcement needs to be back in the streets, they don't need to be going to the hospital to the jail back to the hospital and back to the jail. We need to stream line a process and I think one of the parts that are being done in cooperation with Christus St. Vincent's is better communication between our medical staff and the ER. Law enforcement needs to be back in the streets for public safety.

The Chair reiterated that when the Mayor and Councilor Dimas presented the idea of pre-booking so that law enforcement could be back in the street and the case manager would take over.

**b. Santa Fe Mountain Center Presentation/Harm Reduction Program (FY 2-13 and beyond) – Joey Brashier, Health Services Program Manager for the Santa Fe Mountain Center (Dave and Vivian – staff members joined to answer questions)**

Power Point Presentation: (Exhibit B)

Vision Statement: We save lives by overdose prevention and reducing the harm associated with substance abuse so that clients can have improved health outcomes at recovery.

Mission Statement: The Santa Fe Mountain Center Harm Reduction Program to reducing behavioral and drug-related harm among individual's and communities in Northern New Mexico, through education, needle-exchange, overdose prevention and by providing access to recovery programs.

Included in this presentation were a couple of definitions on addiction. A disease of the brain where persons continue to use despite harm to self or others. It is a physical dependence that must be sated without regard to self or others. The AMA and APA define addiction as a chronic relapsing disease like diabetes or hypertension; yet addiction patients are not treated like diabetes or hypertension patients.

Thank you to the presenters.

Break

*(Exhibits available in City Clerk's office)*

*Break Out Sessions by Group*

- c. Revisit measures of success; model; and current assumptions**
- d. Eligibility, Treatment, Process - Funding Updates**  
**(Each sub-committee presents the essential portions for the model)**

Eligibility Group by: Maria Jose Rodriguez Cadiz, Det. Sanchez, Angela Spence Pacheco, DA and Krishna Picard.

Discussion was held regarding the crime scenes on the street and the citation process. Det. Sanchez provided the “descriptive” terminology used in the streets, i.e., tripa, paper is a BB of heroin. The DA noted that they do not deal with citations. (Exhibit C) – Detective Sanchez provided a handout: LEAD Process Recommendations. A definition was offered regarding “violent crime” and discussion and examples were presented. Councilor Bushee stated that the frustration is high in the statistics of crime in the City of Santa Fe. Discussion was held regarding burglary statistics and repeat offenses. Det. Sanchez commented that it would be hard to say if you could be hit again (home burglary) since in some cases the perpetrator is an addict. Priority is treatment to start to eliminate the high ratio of crimes. The Chair reiterated that it will be important to get these people in to treatment and to monitor their continuation of services. Det. Sanchez noted that what is happening is a cycle; they commit the crime, they are incarcerated, they are released and it starts again. The treatment is the step that is badly needed to get this crime cycle under control.

Treatment Workgroup: Yolanda Briscoe, Santa Fe Recovery Center

Note: IEP model works best. Dr. Brown commented that treatment has a lot of different meanings, i.e., housing, jobs, etc., depending on the funding. The Chair asked about a cost benefit analysis. DA Pacheco would like to have after care so they don't slip out of treatment. Det. Sanchez recommended that they stay one year in the program.

The Chair recommended that the members and community express their voice to obtain \$1 million dollars in funding per year for this pilot. This is not a budget session and any communications with our legislators is beneficial. A question was raised regarding the cost benefit analysis, participation with the Human Services Department regarding the mentally ill and how it merges into the LEAD Pilot program. The Chair commented that the cost benefit and its correlation to the cycle of addiction will be presented moving forward. The Santa Fe Community Foundation is partnering with LEAD to provide the professional services of a consultant to produce a cost benefit analysis.

**Note to members and minutes: Flip chart notes were maintained by the staff liaison on each reporting group, transcription can be viewed in the staff office.**

**5. Next Meeting, February 25, 2013**

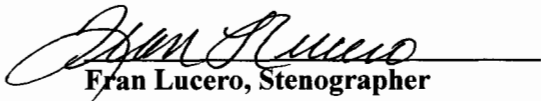
**6. Adjournment**

There being no further business to come before the committee, the meeting was adjourned at 6:00 pm.

**Signature Page:**



Emily Kaltenbach, Chair



Fran Lucero, Stenographer



# Santa Fe United

## Addressing Mental Illness and Addictions in our Community

CHRISTUS St. Vincent Regional Medical Center  
Kathy Armijo Etre, PhD, VP Community Health  
and  
Santa Fe County Department of Public Safety  
Pablo Sedillo, Director

January 2013

### Background: CHRISTUS St. Vincent Initiative

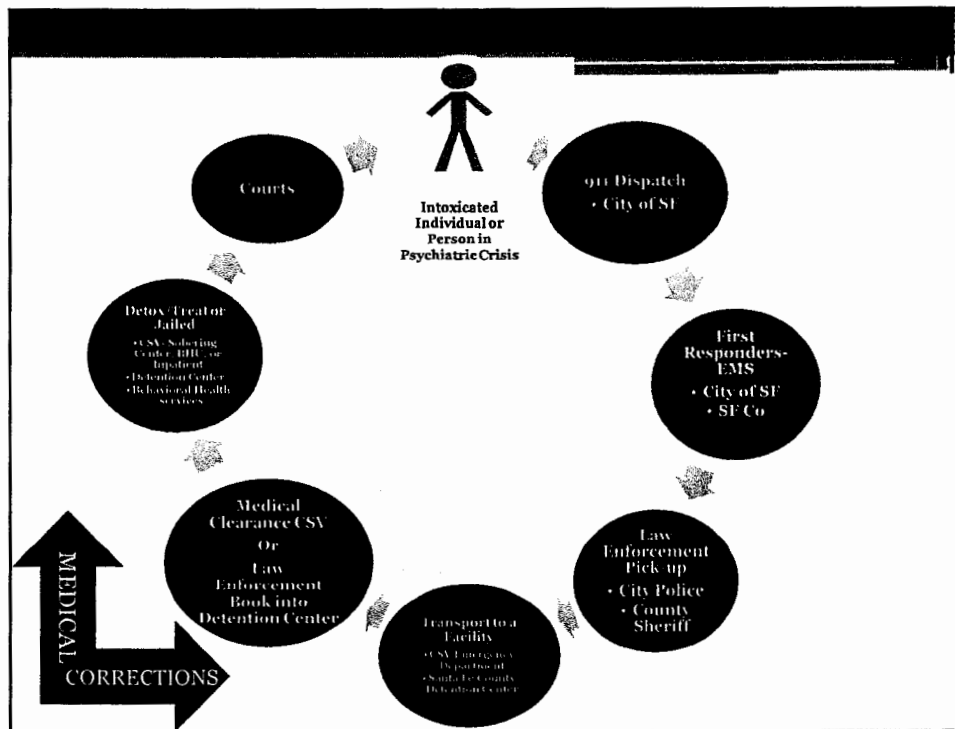
- August 2010 – CHRISTUS St. Vincent conducted an initiative to reduce behavioral health related ER readmissions
- Identified the Top 25 most frequent users of the ER, Hospital, Sobering Center and SF County Detention Center
- Team involved multiple departments across the hospital to identify gaps: ER, CARE Connection, Case Management, & Behavioral Health Unit

*Top 25 Admissions by Type  
2010 Baseline*

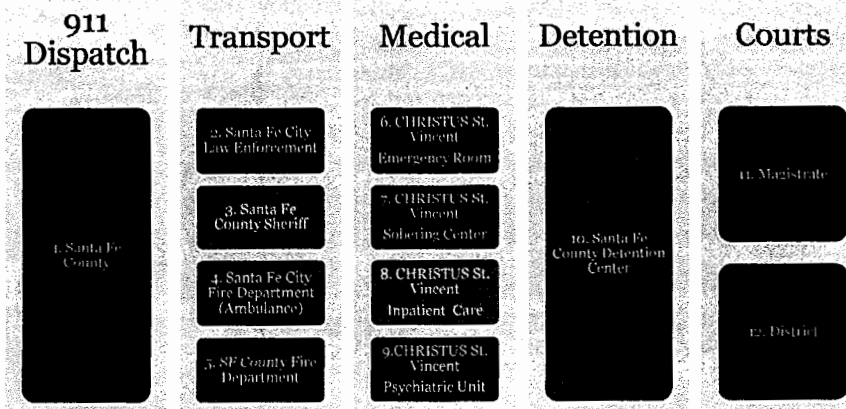
Pt	ED	Inpt/Out	Psych Unit	Sobering	Jail
	# Admits	# of days	# of days	# of days	# of days
1	15	0	0	22	56
2	22	27	0	22	37
3	37	13	0	12	37
4	6	2	13	0	1
5	30	0	4	5	292
6	36	3	4	21	28
7	31	5		3	32
8	22	5		3	42
9	32	0		7	26
10	22	41	35	39	0
11	26	17		7	60
12	35	0		0	3
13	24	1		0	0
14	17	8	3	0	0
15	18	43	3	2	12
16	17	15		0	0
17	22	0	8	0	1
18	31	133	4	0	0
19	18	36		0	0
20	40	16	2	0	0
21	28	83		0	0
22	22	33		0	0
23	18	3		4	1
24	18	0		0	0
25	31	5		0	0
	618	489	76	147	628

## The Problem

- Jail/ER Cycle
- Public Nuisance
- Property Crime
- Over-utilization of the jails & ER
- Individuals fall through the cracks
- Individuals need treatment not jail or ER
- Lack of Coordination across the system
- Waste of public \$ resources
- Individuals who over-utilize the ER causing long wait times for medical emergencies, an inefficient use of medical resources

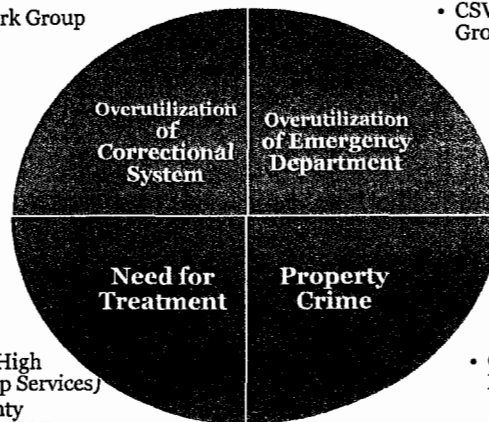


## Public & Medical Agencies Involved: A Drain on Community Resources



## Hospital & Public Safety Overutilization: Current Initiatives to Take on the Problems

- CSV/SFC Work Group

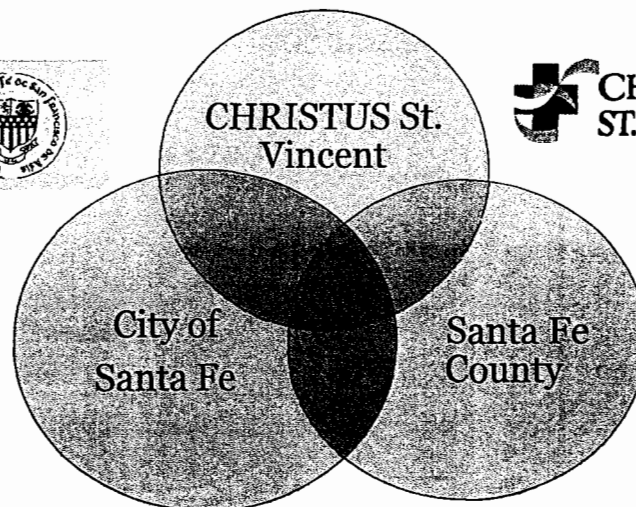


- CSV/SFC Work Group

- CSV HUGS (High Utilizer Group Services)
- CSV/SF County Corrections HUGS

- City of Santa Fe Project Lead

## Joining our Efforts



## CHRISTUS St. Vincent/Santa Fe County Behavioral Health Work Group



### The Team: CHRISTUS St. Vincent/Santa Fe County Behavioral Health Work Group

- Kathy Armijo Etre, VP Community Health, CSV
- Pablo Sedillo III, Director, Santa Fe County Dept of Public Safety
- Mark Gallegos, Warden, Santa Fe County Detention Ctr
- Mary Justice, Director, CARE Connection, CSV
- Chris Brothers, MD Medical Dir, SF County Detention Ctr
- Ryan Baer, MD Medical Director, CSV ER
- Anjali Dasari, MD, Medical Dir, CSV Psych Unit
- Kelly Bernatene, Director, CSV Emergency Dept
- Mark Boschelli, Clinical Director, CARE Connection
- Steve Moya, Assistant. Chief, Santa Fe County Fire Dept
- Barbara Salas, Chief, City of Santa Fe Fire and EMS
- Eli Fresquez, Behavioral Health, Santa Fe County Detention Center
- Kristin Carmichael, Domestic Violence Coordinator, CSV
- Lisa Leading, Interim Health Services Director, Santa Fe County Detention Center
- Rachel O'Conner, Director, Director, Santa Fe County Health & Human Services
- Robert Garcia, Sheriff, Santa Fe County Sheriff's Office
- Ken Johnson, Major, Santa Fe County Sheriff's Office
- Raymond Rael, Chief, Santa Fe City Law Enforcement
- Dean Norris, Lieutenant, Santa Fe City Law Enforcement
- Ken Martinez, Director, Regional Emergency Command Center – 911 Dispatch
- Tom Griego, Director, CSV Security

## Responding to the Individuals with Addictions Mental Illness Crisis

The Problem	What's Being Done	Lead
Improving Management of Persons with Addictions or Mental Illness by Law Enforcement & Corrections	Crisis Intervention Technique Training for 100+ Law Enforcement Officers & Corrections Staff	SF County Dept of Public Safety (Pablo Sedillo III & Warden Gallegos)
	Became Certified to Train the Trainers	SF County Dept of Public Safety (Pablo Sedillo)
Improving Management of Persons with Addictions or Mental Illness by ER staff	Mental Health First Aid Training & Motivational Interviewing	CSV CARE Connection- Outpatient Behavioral Health (Mary Justice)

## Addressing CSV Emergency Room Issues

The Problem	What's Being Done	Lead
Lack of Pre-Notification of ER	911 Dispatch Notifying ER	ER & SF County Regional Dispatch (Ken Martinez & Kelly Bernatene)
Lack of hand-off from Law Enforcement or EMS to ER	New Protocol to facilitate no drop-off at ER without pre-notification	SF County Sheriff's Office & ER (Kelly Bernatene & Lt. Norris)
Safety of ER Staff from Violent Individuals	Law enforcement accompanying violent patients	SF County Sheriff's Office & CSV Security (Tom Griego & Lt. Norris)

## Addressing Santa Fe County Detention Center Issues

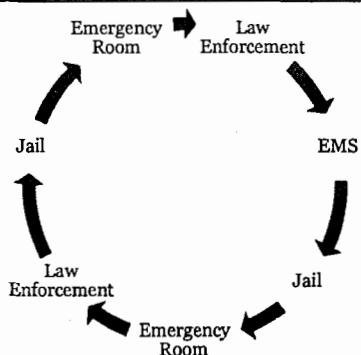
The Problem	What's Being Done	Lead
Overall	Program Development	SF County Detention Center (Warden Gallegos)
Addictions or mental illness	Treatment groups	SF County Corrections Behavioral Health (Pablo Sedillo III & Warden Gallegos)
Pregnant Opiate Addicted Women	Developing capacity to address the problem in the local medical system	CSV Care Connection-Outpatient Behavioral Health (Mary Justice)
Lack of Education	GED Program within Detention Center	SF County Department of Corrections (Pablo Sedillo III)
Victims of Abuse	Training on Domestic Violence Screening & Referrals (Kristin Carmichael & Warden Gallegos)	CSV Domestic Violence Program (Kristin Carmichael)
Parents with Young Children	Technical assistance to obtain early childhood development parent education	CSV (Kristin Carmichael)
Other needs	AA, Stress Reduction, Restorative Justice	SF County Detention Center (Warden Gallegos)

## Addressing CSV Behavioral Health Unit Issues

The Problem	What's Being Done	Lead
Lack of Protocol for transfer of incarcerated individuals to CSV Inpatient Behavioral Health Unit	Protocol to provide relevant clinical information being developed	CSV Psychiatry & SF County Corrections Medical Care (Dr. Anjali Dasari, Dr. Chris Brothers & Dr. Dulanto)

## Individuals Who Cycle: High Utilizers

### The Problem



### What's Been Done

#### HUGS

(High Utilizer Group Services)

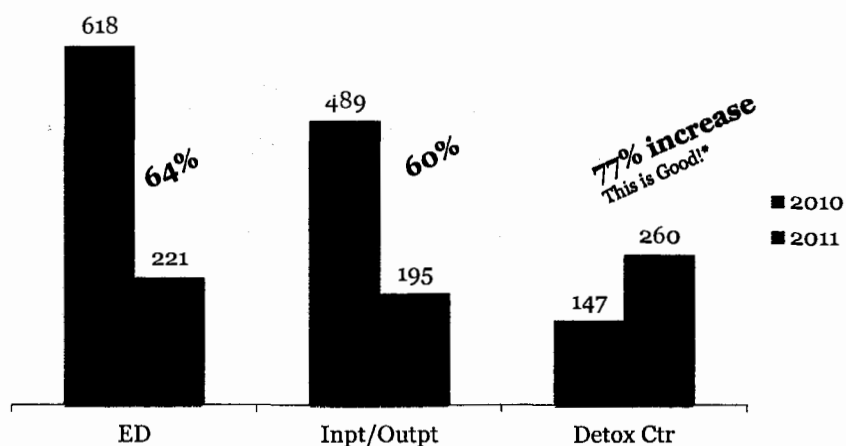
#### Identify High Utilizers

CSV CARE  
Connection, ER &  
SF County BH  
(Mary Justice, Eli  
Fresquez)

#### Staffing, Care Planning, Case Management

CSV CARE  
Connection, ER &  
SF County BH  
(Mary Justice,  
Mark Boschelli, Eli  
Fresquez)

## 2010-2011 Admission Reduction by Type

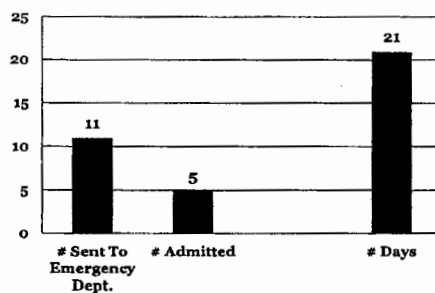


\*The increase in Detox Center utilization means patients are turning to a less costly and more appropriate level of care than emergency or acute care.

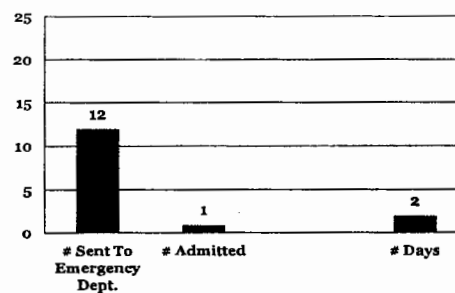


## Adult Facility - Health Services Emergency Department Referrals November 2012 and December 2012

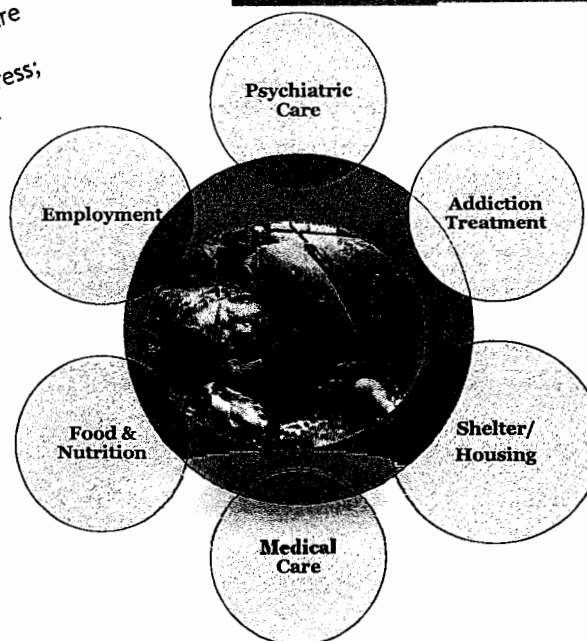
**Emergency Department  
Referrals November 2012**



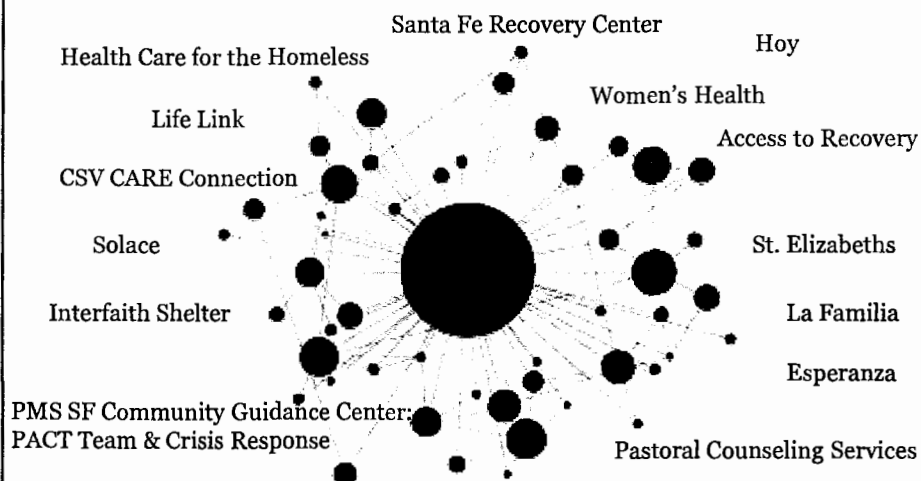
**Emergency Department  
Referrals December 2012**



The Needs of this population are complex.  
No one entity alone can address;  
it takes partnerships & collaboration



## Santa Fe County System of Care: Partners with a Role to Play



## Community Service Providers

The Problem	What's Being Done	Lead
Understanding of community resources	Tour of community providers – SF Co. Detention Center staff	CSV CARE Connection – Outpatient BH ( <i>Mary Justice</i> )
Fragmentation across the service delivery system	CSV Community Benefit Funding requires prioritization of referrals & services to prevent hospital and/or jail readmissions	CSV Dept of Community Health ( <i>Kathy Armijo Etre, PhD</i> )

## Next Steps

- Increase Treatment Capacity
  - Site Visits
    - ARC: Juvenile Facility
    - Trinidad
- Increase Short-Term Non-Medical Detox & Sobering

## Our Dynamic Team!

One piece of log creates a small fire, adequate to warm you up, add just a few more pieces to blast an immense bonfire, large enough to warm up your entire circle of friends; needless to say that individuality counts but team work dynamites.

~Jin Kwon

**Santa Fe Mountain Center  
Harm Reduction Program  
FY 2013 and beyond**

**Vision Statement**

*We save lives by overdose prevention and reducing the harm associated with substance abuse so that clients can have improved health outcomes at recovery.*

**Mission Statement**

*The Santa Fe Mountain Center Harm Reduction Program is committed to reducing behavioral and drug-related harm among individuals and communities in Northern New Mexico, through education, needle-exchange, overdose prevention and by providing access to recovery programs.*

- Accept licit and illicit drug use happens
- Help minimize drug related harm
- Understand drug use is complex
- Realize that use ranges from chaotic to total abstinence
- Affirm that drug users are the primary agents for their own change
- Openly discuss the problems and harm associated with drug use
- Non-judgmental / Non-coercive
- Educate individuals to make their own choices

ad·dic·tion [uh-dik-shuhn] **noun**

*A disease of the brain where persons continue to use despite harm to self or others. It is a physical dependence that must be sated without regard to self or others.*

*The AMA and APA define addiction as a chronic relapsing disease like diabetes or hypertension; yet addiction patients are not treated like diabetes or hypertension patients.*

## HARM REDUCTION PHILOSOPHY



- New Mexico Sero-prevalence Study (1994-1997)
  - 1003 IDU Participants
    - .5% HIV Positive
    - 61% Hepatitis B Positive
    - 82% Hepatitis C Positive
- DOH 2004
  - 85% of Women Prisoners have a drug use history, 40% IDU
- CDC
  - 2001-2011 (except 2004) NM ranked 3<sup>rd</sup> Highest Rate of Unintentional Overdose Deaths in the United States.
  - 1994-2003 There was a 73% increase in Alcohol/Drug Co-Intoxication Deaths

The NM Department of Health Shall:

- Establish and administer a harm reduction program for the purpose of sterile hypodermic syringe and needle exchange.
- Compile data to assist in planning and evaluation efforts to combat the spread of blood borne disease.

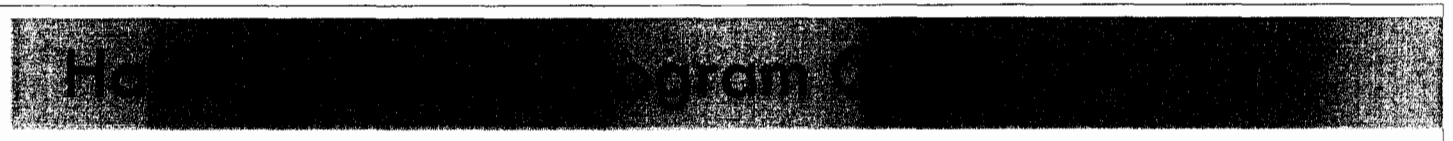
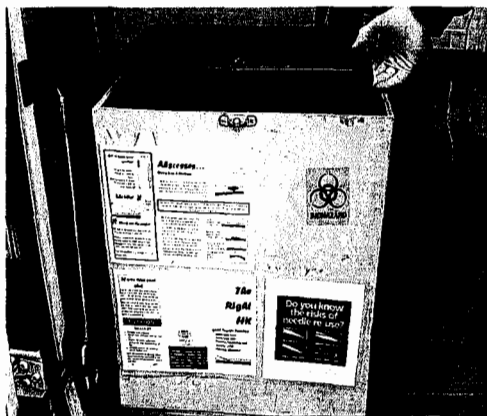
24.2c.6

•“Immunity from criminal liability. Exchange or possession of hypodermic syringes and needles in compliance with the procedures of the program shall not constitute a violation of the Controlled Substances Act (30-31-1 NMSA 1978) for a participant in the program, an employee of the department administering the program or a private provider whom the department contracts with to operate the program. History: Laws 1997, ch 256 § 6”

## NEW MEXICO HARM REDUCTION ACT (1997)



- Reduce the transmission of blood borne infections like hepatitis and HIV
- Minimize other diseases such as endocarditis & septicemia
- Educate participants on how to reduce the potential for harm associated with substance use and other high-risk activities, such as abscesses and vein damage
- Facilitate access to other health-related services including traditional preventive and primary medical care, behavioral health benefits, housing and alternative healthcare resources
- Act as an emotional support and resource for participants with the parameters of providing services
- Help improve overall individual, family and community wellness





- All activities are recorded on a log form.
- Enrollment forms are completed
- Participants are engaged about their health questions and concerns
- Appropriate referrals and follow-ups to community services are facilitated
- Education/Assistance regarding safer drug use practices are provided.
- Site safety and Staff safety measures are strictly adhered to.



- An overdose is when there is too much drug in the body.
- An overdose is when the body is overwhelmed by the drug.
- An overdose is when the body can not process or cope with the drug.
- An overdose may cause someone to:
  - Pass Out
  - Stop Breathing
  - Experience heart failure or seizures depending on what drug or drugs were used.
- An overdose is when someone is non-responsive after using a drug or drugs.

## OVERDOSE



How we use drugs affects our health

What is it?

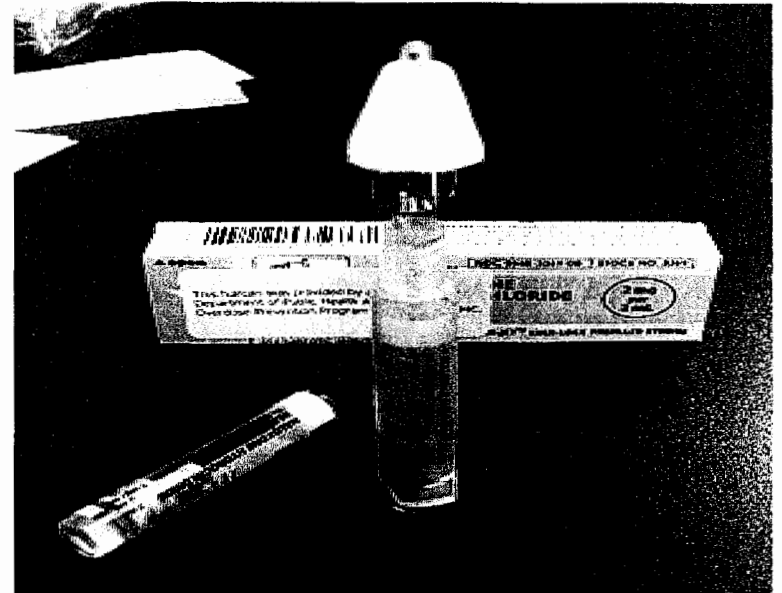
•Narcan, also called Naloxone is a drug used to counter the effects of opioid overdose, for example heroin or morphine overdose.

•Enrollments:

- 11,640 total as of June 30, 2012
- 1007 in 2011
- 1453 January 1-June 30, 2012

•Reversals reported:

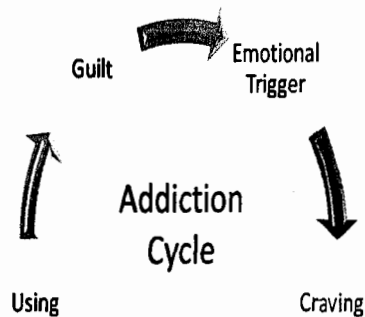
- 3644 total since the program began in 2001!
- 147 January 1- June 30, 2012



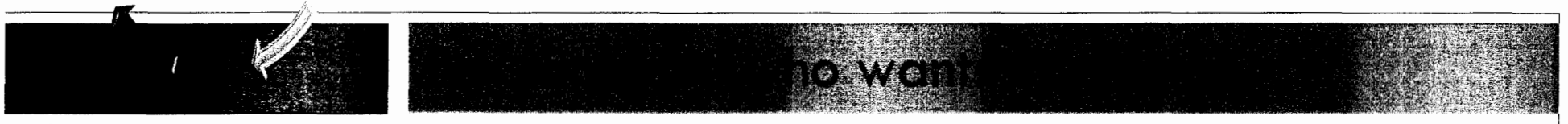
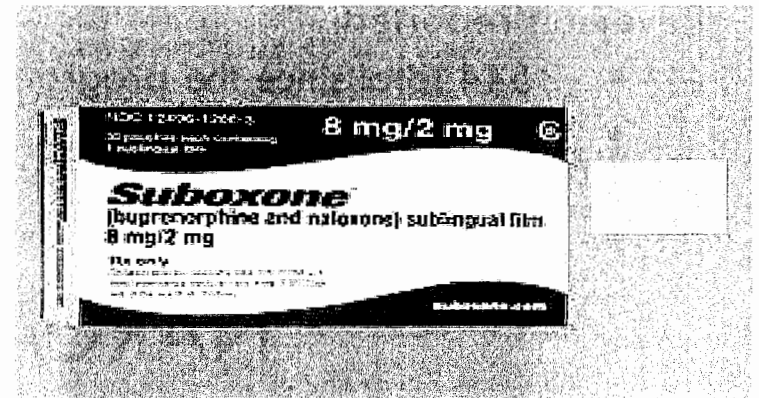
## NARCAN IN NEW MEXICO

Program started in 2001

- Lack of sufficient Suboxone-providers versus potential client load
- Suboxone is not as profitable to prescribe as Methadone.
- Lack of jobs for felons - possibility of training for self-employment
- Wait list can be long for rehabilitation especially with lack of health insurance.
- Psycho-social need is great to break cycle of addiction, i.e. without such support relapse happens. People come out of detox/rehab back into the environment that triggers them to use drugs
- MAT or Medically Assisted Treatment may be a very long term prospect for many clients.
- Short-term funding doesn't work for MAT.



## CHALLENGES



Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Syringe Services Interview Form



Check one: ☐ First Interview ☐ Re-Interview

Agency or Public Health Office \_\_\_\_\_ Interviewer: \_\_\_\_\_

## Personal Information

ID Code: \_\_\_\_\_  
F F M M Y Y G

Sex Assigned at Birth: ☐ Male ☐ Female ☐ Declined

County of Residence: \_\_\_\_\_

(F) First 2 letters of legal first name: \_\_\_\_\_

Do you consider yourself Hispanic/Latino? ☐ Yes ☐ No

(M) First 2 letters of mother's first name: \_\_\_\_\_

Do you consider yourself? (check all that apply)

(Y) Year of Birth: (yy) \_\_\_\_\_

☐ Black ☐ American Indian/Alaskan Native

(G) Current Gender Identity: ☐ Male ☐ Female

☐ Asian/Pacific Islander ☐ White ☐ Unknown

☐ Transgender MTF ☐ Transgender FTM ☐ Declined

☐ Other \_\_\_\_\_

(For transgendered individuals place a "T" in the code)

## 1) What do you inject most of the time AND what other drugs do you sometimes use?

Check for primary/most	Type of Drug	Check for other drugs used
<input type="checkbox"/>	Heroin	<input type="checkbox"/>
<input type="checkbox"/>	Cocaine	<input type="checkbox"/>
<input type="checkbox"/>	Heroin/Cocaine mixed (Speedball)	<input type="checkbox"/>
<input type="checkbox"/>	Methamphetamines/Speed	<input type="checkbox"/>
<input type="checkbox"/>	Prescription Painkillers	<input type="checkbox"/>
<input type="checkbox"/>	Insulin	<input type="checkbox"/>
<input type="checkbox"/>	Hormones	<input type="checkbox"/>
<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>

If the Participant is injecting insulin, ask the following questions:

A) How often do you inject your insulin? \_\_\_\_\_

B) Do you have (check all that apply)? ☐ Insurance ☐ Medicaid ☐ Medicare ☐ No medical coverage

C) If you have coverage, does it currently pay for syringes? ☐ Yes ☐ No

D) How many times do you use a syringe? \_\_\_\_\_

E) Are you aware of anyone else using your insulin syringes? ☐ Yes ☐ No

If the participant injects other drugs, continue the survey from question #2. If they do not inject other drugs, continue from question #7.

## 2) In the last 30 days, have you shared (Check all that apply):

☐ Nothing ☐ Rigs (syringes) ☐ Water ☐ Cooker ☐ Cotton ☐ Other \_\_\_\_\_

## 3) Have you or someone with you experienced a heroin/opiate overdose in the past year? ☐ Yes ☐ No

## 4) How old were you when you first injected drugs? \_\_\_\_\_

## 5) The first time you injected, did you inject yourself or did someone else inject you? (Check all that apply)

☐ Self ☐ Partner ☐ Spouse ☐ Parent ☐ Sibling ☐ Other relative  
☐ Friend ☐ Casual Date ☐ Stranger ☐ Other: \_\_\_\_\_

## 6) If you have tried to get into a drug treatment program this past year, were there any issues or barriers?

☐ Yes ☐ No ☐ Did not try to get into a program

If yes, what were the issues? (Check all that apply.)

☐ Didn't know where to go ☐ Family related issues ☐ Couldn't afford it ☐ Incarceration  
☐ Legal issues pending ☐ Couldn't get time off work ☐ Waiting list too long ☐ Decided not to go  
☐ Did not meet admission criteria ☐ Stigma/Discrimination ☐ Other (specify) \_\_\_\_\_

## 7) Information questions:

Are you interested in information about?

	None	Transmission	Prevention	Treatment	Vaccination	Other (notes):
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Hep A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hep B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hep C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

## 8) (Ask only if it's a re-enrollment interview) Did the syringe exchange program assist you in receiving or accessing any of the following?

☐ Syringe exchange ☐ Identification ☐ Job/employment services ☐ Overdose prevention ☐ Social Security Benefits  
☐ Hepatitis testing ☐ Medications ☐ Medical care ☐ HIV testing ☐ Drug treatment  
☐ Food ☐ STD Testing ☐ Acu-detox ☐ Legal Services ☐ Housing  
☐ Clothing ☐ Other \_\_\_\_\_

Forms must be submitted by the 10<sup>th</sup> of the following month to the NMDOH Harm Reduction Program

# Harm Reduction Program – Syringe Services Daily Log Form – Revised 12/28/12

Agency or Public Health Office: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Exchange Location: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ AM to \_\_\_\_\_ AM

Team members (first and last initial only): \_\_\_\_\_

	Participant Code	First Enrollment (mark X)	Re-Enrollment (mark X)	Number of Syringes Collected	Number of Syringes Disbursed	Referrals (use codes below)	Comments (for agency/site use)	Comments (for agency/site use)
1		<input type="checkbox"/>	<input type="checkbox"/>					
2		<input type="checkbox"/>	<input type="checkbox"/>					
3		<input type="checkbox"/>	<input type="checkbox"/>					
4		<input type="checkbox"/>	<input type="checkbox"/>					
5		<input type="checkbox"/>	<input type="checkbox"/>					
6		<input type="checkbox"/>	<input type="checkbox"/>					
7		<input type="checkbox"/>	<input type="checkbox"/>					
8		<input type="checkbox"/>	<input type="checkbox"/>					
9		<input type="checkbox"/>	<input type="checkbox"/>					
10		<input type="checkbox"/>	<input type="checkbox"/>					
11		<input type="checkbox"/>	<input type="checkbox"/>					
12		<input type="checkbox"/>	<input type="checkbox"/>					

Referral Codes: 1 - HIV/HEP/STD Testing 2 - Drug Treatment 3 - Healthcare 4 - Housing 5 - Social Services 6 - Legal

7 - Job/Employment Services 8 - Narcan 9 - Other

Total # of syringes collected: \_\_\_\_\_

# of syringes distributed: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Agency: \_\_\_\_\_

## 1190 St. Francis Drive, S-1300, Santa Fe, NM 87502

*This card is issued free to all participants  
in the Harm Reduction Program.*

I.D. PARTICIPANT NUMBER: / / / / / / / / / /  
1 2 2 3 3 4 5 5

Agency: \_\_\_\_\_

## 1190 St. Francis Drive, S-1300, Santa Fe, NM 87502

*This card is issued free to all participants  
in the Harm Reduction Program.*

I.D. PARTICIPANT NUMBER:   /  /  /  /  /  /  /  /  /  

Agency: \_\_\_\_\_

## 1190 St. Francis Drive, S-1300, Santa Fe, NM 87502

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I.D. PARTICIPANT NUMBER: / / / / / / / / / /  
1 2 2 3 3 4 5 5

Agency: \_\_\_\_\_

## 1190 St. Francis Drive, S-1300, Santa Fe, NM 87502

*This card is issued free to all participants  
in the Harm Reduction Program.*

1D. PARTICIPANT NUMBER: / / / / / / / / / /  
1 2 2 3 3 4 5 5

Agency: \_\_\_\_\_

## 1190 St. Francis Drive, S-1300, Santa Fe, NM 87502

*This card is issued free to all participants  
in the Harm Reduction Program.*

I.D. PARTICIPANT NUMBER: / / / / / / / / / /  
1 2 2 3 3 4 5 5

Agency: \_\_\_\_\_

1190 St. Francis Drive, S-1300, Santa Fe, NM 87502

*This card is issued free to all participants  
in the Harm Reduction Program.*

LD. PARTICIPANT NUMBER: / / / / / / / / / /  
1 2 2 3 3 4 5 5

Agency: \_\_\_\_\_

## 1190 St. Francis Drive, S-1300, Santa Fe, NM 87502

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in the Harm Reduction Program.*

I.D. PARTICIPANT NUMBER: / / / / / / / / / /  
1 2 2 3 3 4 5 5

Agency: \_\_\_\_\_

## 1190 St. Francis Drive, S-1300, Santa Fe, NM 87502

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I.D. PARTICIPANT NUMBER: / / / / / / / / / /  
1 2 2 3 3 4 5 5

Agency: \_\_\_\_\_

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ID. PARTICIPANT NUMBER: / / / / / / / / / /  
1 2 2 3 3 4 5 5

Agency: \_\_\_\_\_

## 1190 St. Francis Drive, S-1300, Santa Fe, NM 87502

*This card is issued free to all participants  
in the Harm Reduction Program.*

I.D. PARTICIPANT NUMBER: / / / / / / / / / /  
1 2 2 3 3 4 5 5

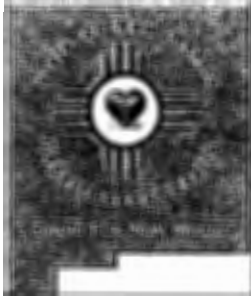




Name: \_\_\_\_\_

# Checklist for Safer Injection

Completed	Not Completed	Task observed and/or explanation given
		Clean surface
		Discuss why to clean surface
		Hand washing discussion
		Gloves put on
		Works arranged
		Clean cooker discussion
		Hot Cook /Cold Cook discussion
		Water/saline discussion
		Mix "drug" with liquid
		Cotton discussion
		Put cotton in cooker
		Cook drug mixture
		Discuss needle size
		Draw "mix" into syringe
		Re-cap/put syringe in protected place
		Prepare injection site discussion
		Discuss cleaning injection site
		Clean injection site
		Discuss tourniquets
		Tie off tourniquet
		Discuss angle of needle entry
		Demonstrate angle
		Discuss when to remove tourniquet
		Remove tourniquet
		Discuss pressure on the injection site
		Applied pressure on the injection site
		Discuss SHARPS container
		Place syringe in SHARPS container
		Place works in SHAPRS container



NMDOH  
Harm Reduction Program  
1190 St. Francis Drive, South S1300  
Santa Fe, NM 87502  
Phone: 827-2363

## Harm Reduction Supply Orders

*(PRINT OR TYPE CLEARLY!)*

<b>Requested By</b> (Print Name):			
<b>Agency/PHO Name:</b>			
<b>Telephone Number:</b>			
<b>Email address:</b>			
<b>Current Inventory</b> (from Requesting Office)	<b>Supply Item</b>	<b>Amount Being Requested</b>	<b>Amount Picked-up</b> (to be completed by the staff giving the supplies)
	½ cc syringes 28 g		
	1 cc syringes 28 g		
	#10 Fit Packs		
	1.4 qt personal SHARPS Cont.		
	7.5 gal SHARPS Cont.		
	18/19 gal DOT SHARPS Cont.		
	Other		

Please email to Ray Aragon with the Harm Reduction Program at  
[Ray.Aragon1@state.nm.us](mailto:Ray.Aragon1@state.nm.us) at least 2 weeks in advance!

For orders to be picked up in Albuquerque, please send a cc of this email  
to Martin Walker at [martinwalker@abqhch.org](mailto:martinwalker@abqhch.org)

Harm Reduction Program Manager or Designee

Revised 2/3/12

## Know your syringes:

Sizes available at exchange sites in NM:

- 1/2 CC— often called “halves” or “fifties”
- 1 CC—often called “wholes” or “ones”

Both sizes are 1/2” long needles, and

Both sizes are 28 gauge

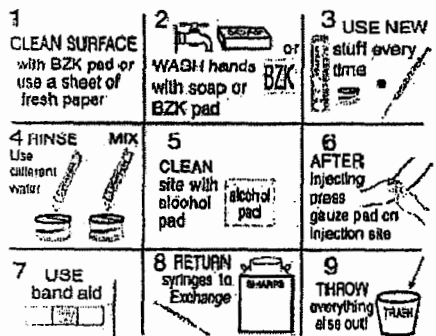


Try to find a non-porous surface and clean the area by using:

- \*\*\*\*\* Clean cloth with disinfectant
- \*\*\*\* Clean cloth with soap & water
- \*\*\* Clean cloth with water

OR

- \*\*\*\*\* Cover surface with clean material: inside of an unread newspaper
- \*\*\* Cover surface with magazine or notebook paper
- \*\* Cover surface with shirt or other piece of clean clothing

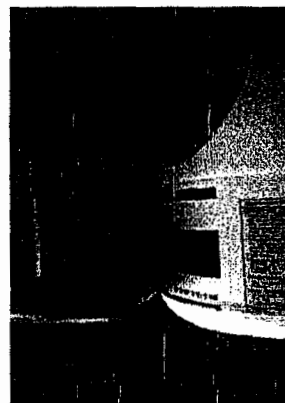
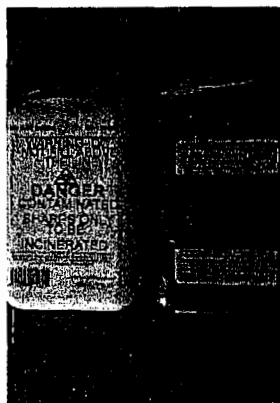


Bringing used syringes to an exchange site ensures they are safely disposed and reduces accidental needle sticks to others, such as family members and emergency service workers.

## Containers for used syringes:

- \*\*\*\*\* SHARPS container  
(Red, Black or Yellow)
- \*\*\*\* Heavy plastic like a bleach or some laundry detergent bottles

\* DO NOT USE THIN PLASTICS LIKE WATER BOTTLES OR THE THIN LAUNDRY DETERGENT BOTTLES



# What Works?



Syringe  
Equipment  
and Works

Thanks to the NM-CPAG (New Mexico Community Planning and Action Group) for their help in developing this brochure.

[www.nmcpag.org](http://www.nmcpag.org)  
[www.nmHIVguide.org](http://www.nmHIVguide.org)

**\*The advice in this brochure is not intended to replace professional medical attention.**

*Without properly sanitized equipment, there is a higher risk for transmission of blood borne diseases such as Hepatitis C and HIV as well as increased risk for abscesses. Without care, an abscess may become worse. The infection can spread to tissues under your skin and even spread into your bloodstream which becomes life threatening.*

### **Clean hands:**

- \*\*\*\*\* Wash with soap and water
- \*\*\*\*\* Use non-latex medical gloves
- \*\*\*\* Use latex medical gloves

### **To clean the injection site:**

- \*\*\*\*\* Soap and water
- \*\*\*\* Alcohol swab
- \*\*\* Hydrogen peroxide
- \*\* In extreme cases, urine.

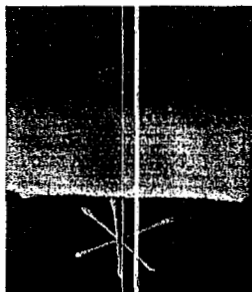
### **Liquid for the shot:**

- \*\*\*\*\* Sterile Saline (pink or green)
- \*\*\*\* Sterile Water (blue)
- \*\*\* Distilled water
- \*\* Tap water—boiled
- \*\* Bottled water—boiled
- \* Tap water from back of toilet tank—boiled



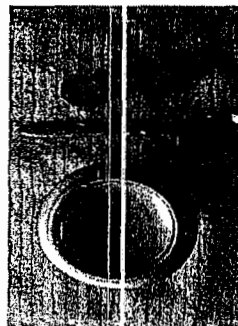
### **Filters:**

- \*\*\*\*\* Dental cottons
- \*\*\*\* Clean cotton material
- \*\*\* Tampon (string if possible)
- \*\* Q-tip (make sure they are long tightly wound fibers—short loose fibers can break loose and clog the syringe or could be injected into the vein)



### **Cookers:**

- \*\*\*\*\* Metal Bottle Cap
- \*\*\*\* Spoon
- \*\*\* Bottom of soda can (ink washed off)



### **Tourniquets (or straps):**

- \*\*\*\*\* Non-latex tourniquet
- \*\*\*\* Latex tourniquet
- \*\*\* Elastic from underwear
- \*\* Inner-tube (cut into strips)
- \* Belt



### **Bandages (for after shot):**

- \*\*\*\*\* Sterile bandage strip (band-aid)
- \*\*\*\* Clean gauze pad
- \*\*\* Other clean cotton material
- \*\* Wash with clean water only (no alcohol)

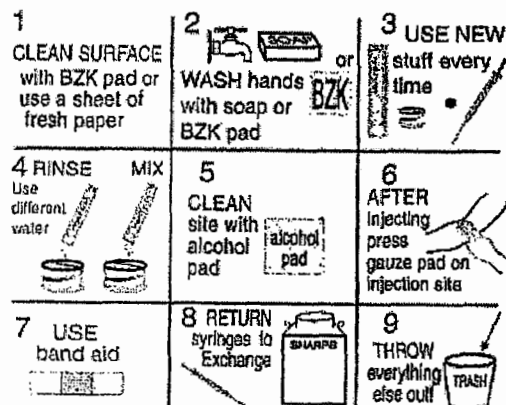
### Signs that an abscess is healing:

- Redness is going away
- Swelling is going down
- Size is getting smaller

*Avoid shooting up in the affected area until completely healed.*

### When to go see a doctor:

- Abscess gets larger, more than 1/2 inch across
- Becomes more painful
- Redness spreads
- Strong odor coming from the abscess
- Fever
- If you see a red streak going away from the abscess
- If you have any other health conditions like HIV/AIDS, Hepatitis, diabetes, or cancer



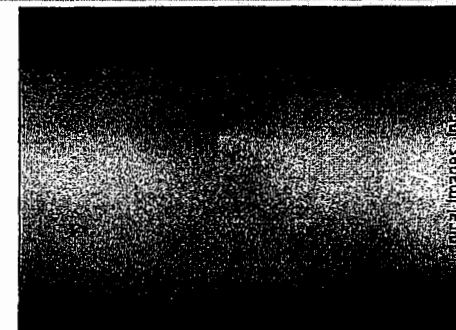
<Agency logo and/or information can be included in this space>

Thanks to the NM-CPAG (New Mexico Community Planning and Action Group) for their help in developing this brochure.

[www.nmcpag.org](http://www.nmcpag.org)

[www.nmHIVguide.org](http://www.nmHIVguide.org)

# Missed the SHOT?



### Do you have:

- Redness
- Swollen and raised areas
- Tender or painful to touch
- Area may feel warm or hot
- Hardened area

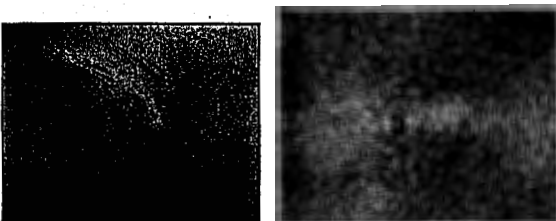
## Wound Care 101

*\*The advice in this brochure was not intended to replace professional medical attention.*

*Without care, an abscess may become worse. The infection can spread to tissues under your skin and even spread into your bloodstream which becomes life threatening.*

## What is an abscess?

An abscess is a collection of pus under the skin which can become infected if not treated.



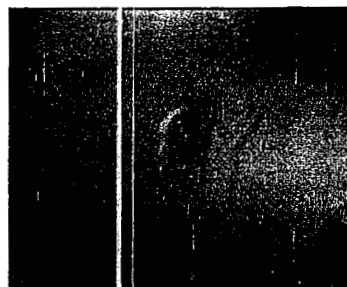
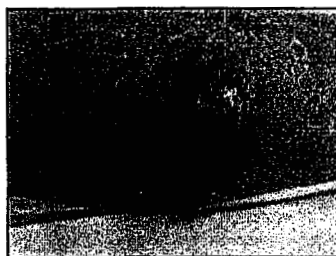
## What causes an abscess?

- Skin popping—missing the vein and injecting the drug into the fatty tissue
- Not cleaning the site before shooting up
- Re-using dirty needles



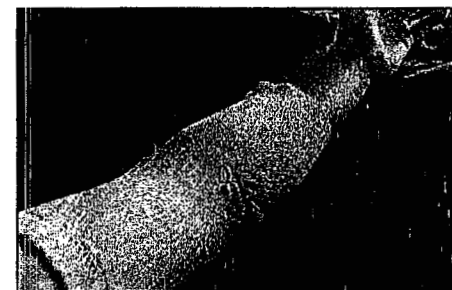
## How to avoid an abscess:

- Clean work area if possible; countertop, table, etc.
- Wash hands before and after each hit
- Clean site well with warm water and soap before shooting up
- Use clean needles each time
- Alternate different sites to shoot up
- Skin popping: Keep the area clean and dry. Apply warm compresses with clean towel for 10-15 minutes, 3 times a day, changing it a few times during each session to keep the towel warm



## Wound care

- Keep the area clean and dry
- Keep it covered with clean gauze, band-aid, clean sock, etc.; whatever may be available that is clean and that will allow air to flow through
- Replace with clean dressing 2-3 times per day; this keeps the area clean from bacteria
- Remove dressing occasionally to allow air to the abscess, this will help it heal faster

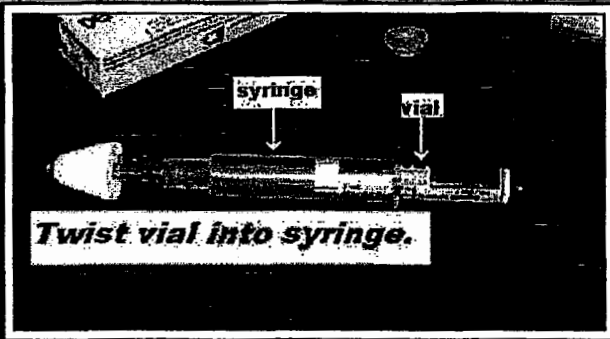
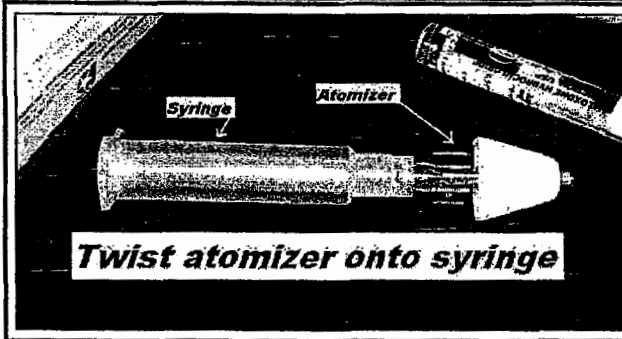
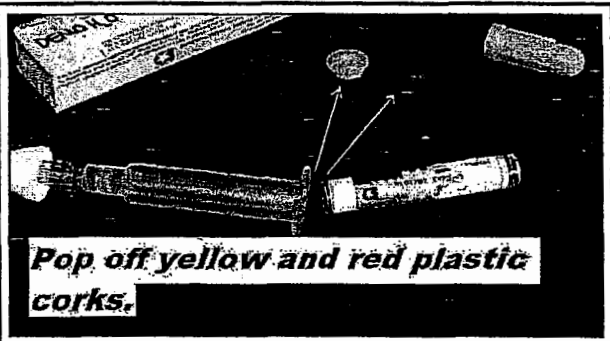
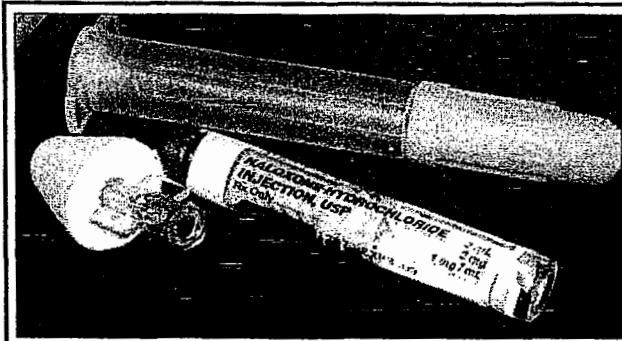


<p>1</p> <p>Lave sus manos con jabón, o con una toallita con BZK</p>	<p>2</p> <p>Use una hoja de papel o limpie la superficie con una toallita con BZK</p>	<p>3</p> <p>Use un equipo nuevo</p>
<p>4</p> <p>Use diferente agua para mezclar y enjuagar</p>	<p>5</p> <p>Limpie el lugar de la inyección con alcohol</p>	<p>6</p> <p>Después de inyectar, presione con una gaza limpia</p>
<p>7</p> <p>Póngase una banda adhesiva</p>	<p>8</p> <p>Traiga a intercambiar las jeringas usadas</p>	<p>9</p> <p>El resto deseché en el basurero</p>

**\*We DO NOT recommend cutting, poking, or draining the abscess yourself, this can make the infection worse. Please see your local medical professional for this type of treatment.**

## Naloxone (Narcan) Instructions

Naloxone kits come with a medicine vial, a syringe barrel, and a nasal atomizer.  
The kit must be assembled at the time of use.



- 1) Remove the yellow and red plastic corks (caps) from both the medicine vial and the syringe barrel.
- 2) Insert the medicine vial into the syringe barrel & turn the vial - slowly and gently - until it stops.
- 3) Twist the atomizer onto the tip of the syringe barrel. The naloxone is now ready to use.
- 4) Place the atomizer end into one side of the overdosing person's nose (nostril).
- 5) Press firmly on the vial end and spray half of the Naloxone into the person's nostril.
- 6) Place the atomizer in the other nostril and spray the rest of the Naloxone.

### Storage and Maintenance of Naloxone

- ❖ Naloxone should be stored at room temperature. It will spoil if it gets too cold or too hot.
- ❖ Naloxone is clear and looks like water – if it turns cloudy, it's spoiled and should be replaced.
- ❖ Naloxone has an expiration date. While it may have full potency after the expiration date, it's best to replace it before it expires. Keep the expired naloxone until it is replaced – expired naloxone might be better than no naloxone.



# Rescue Breathing Instructions



If a person is overdosing and not breathing:

- 1) Lay them on a firm flat surface on their back. (like the floor).
- 2) Tip their head back by using your palms and carefully pushing down on the forehead and up on the chin. This extends the airway as much as possible – but be careful not to push back too far!
- 3) Check to see if the person is breathing by putting your cheek next to their nose and mouth to
  - a. Look – see if their chest is rising
  - b. Listen – can you hear breathing, and
  - c. Feel – breath on your cheek.
- 4) If they are not breathing, look in the mouth and airway to see if there is an object blocking their breathing. If there is something there, remove it by sweeping the mouth/airway with two curved fingers.
- 5) Pinch the person's nose closed. Create a seal around their mouth with your lips. Push a normal sized breath into their lungs. If you need a barrier, you can use clean fabric, like the end of a shirt.
- 6) Breathe normally and allow 4 seconds between breaths (five seconds total).
- 7) After providing 2 breaths, repeat step 3 (Look, Listen and Feel) to re-assess the person.
  - a. If they are breathing – continue to watch them
  - b. If they are not breathing – continue breathing for them (step 5-6) until help arrives.



## REMEMBER!

Too much time without oxygen can result in brain injury or death



It is not recommended to leave someone who is overdosing. Wait for 911! However, if for any reason, an overdosing person is left unattended, it is important to leave them in the **recovery position**! The person will be less likely to choke if they vomit. This position makes it easier to breathe than if the person is lying on their back.

- 1) Put the person on their side, using the arm closest to the floor as a “pillow.”
- 2) The face should be aimed downward.
- 3) The knee of the upper leg should be drawn up slightly towards their chest.







NMDOH  
Harm Reduction Program  
1190 St. Francis Drive, South S1300  
Santa Fe, NM 87502  
Phone: 827-2363

## Naloxone Orders

<b>Requested By (Print Name)</b>	
<b>Agency/PHO Name</b>	
<b>Shipping Address</b>	
<b>Telephone Number</b>	
<b>Narcan – Current Inventory</b>	
<b>Narcan - Quantity Requested</b> <i>(doses needed – in increments of 25)</i>	
<b>Atomizers (MAD)</b> <b>Current Inventory in Stock</b>	
<b>Atomizers (MAD)</b> <b>Quantity Requested</b>	

Please email to both Ray Aragon and Deborah Reynolds  
with the Harm Reduction Program at  
[Raymond.Aragon1@state.nm.us](mailto:Raymond.Aragon1@state.nm.us) and [deborah.reynolds@state.nm.us](mailto:deborah.reynolds@state.nm.us)  
at least 2 weeks in advance!

\_\_\_\_\_  
Harm Reduction Program Manager or Designee

For Pharmacy Use Only:	Quantity Shipped	Expiration Date:



Code:

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Training: \_\_\_\_\_

Program and Trainer: \_\_\_\_\_

Trainer Phone: \_\_\_\_\_

Rx When/Where: \_\_\_\_\_

**This card certifies that the above coded individual has been  
trained in over-dose prevention and nasal Narcan  
administration by the New Mexico Department of Health  
(NMDOH) or one of its certified contractors.**

**Naloxone...and it is also called Narcan.**

- \* Has no effect other than to block the effects of opiates for 30 – 90 minutes. After that an overdose can return.
- \* Half of the vial should be atomized into each nostril.
- \* Give it a few minutes to take effect and expect withdrawal symptoms.
- \* Is most effective when used with Rescue Breathing. Do 3 –4 cycles of 12 breaths a minute before giving a second dose of Narcan.
- \* Is a prescription drug. To carry it legally, the prescription must be in your name/code.



- Thanks to the Harm Reduction Coalition for original material in 2001, changed and updated by D. Zorio 11-9-12

- Thanks to the Harm Reduction Coalition for original material in 2001, changed and updated by D. Zerk 11-9-17

- Thanks to the Fermi Reduction Coalition for original material in 2001, changed and updated by D. Zarlo 11-9-12

- Thanks to the Harm Reduction Coalition for original material in 2001, changed and updated by D. Zerk 11-9-12

- Thanks to the Harm Reduction Coalition for original material in 2001, changed and updated by D. Zarbo 11-4-12

- Thanks to the Harm Reduction Coalition for original material in 2001, changed and updated by D. Zurlo 11-9-12

- Thanks to the Herm Reduction Condition for original material in 2001, changed and updated by D. Zurlo (1-9-12)

- Thanks to the Harm Reduction Coalition for original material in 2001, changed and updated by D. Zorio 11-9-12

- Thanks to the Harm Reduction Coalition for original material in 2001, changed and updated by D. Zurlo 11-9-12

- Thanks to the Harm Reduction Coalition for original material in 2001, changed and updated by D. Zarbo 11/9/12



- \* Use another Narcan dose if no improvement in 3 to 5 mins.
- \* Narcan lasts for 30 to 90 minutes. Opiates last for hours.
- \* If they used a lot of opiates, or if they use while on Narcan, they may overdose again when the Narcan wears-off.

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**New Mexico Department of Health, Harm Reduction Program**  
**Syringe Exchange Services - Overview – Calendar Years 2009 through 2011**

	Calendar Year 2009	Calendar Year 2010	Calendar Year 2011
<b>Age at first injection</b> <i>(note that program only serves those 18 and over, but asks about the age when syringes were first used)</i>	<14 = 333 15-17 = 555 18 – 24 = 1,082 25 – 30 = 490 31 – 40 = 287 41 – 50 = 63 51 – 60 = 11 60+ = 1 Total responses: 2,822 Percentage under age 18: 31.5%	<14 = 396 15-17 = 613 18 – 24 = 1,258 25 – 30 = 491 31 – 40 = 320 41 – 50 = 85 51 – 60 = 17 60+ = 6 Total responses: 3,186 Percentage under age 18: 31.7%	<14 = 259 15-17 = 458 18 – 24 = 964 25 – 30 = 389 31 – 40 = 223 41 – 50 = 51 51 – 60 = 21 60+ = 14 Total responses: 2,379 Percentage under age 18: 30.1%
<b>Attempts to get into drug treatment services</b> <i>(If they've tried to get into drug treatment in the last year, were there issues)</i>	Yes = 564 (21.1%) No = 1,282 (47.9%) Didn't Try = 828 (31.0%) Total responses: 2,674	Yes = 683 (22.5%) No = 1,460 (48.0%) Didn't Try = 898 (29.5%) Total responses: 3,041	Yes = 494 (21.9%) No = 1,037 (45.9%) Didn't Try = 726 (32.2%) Total responses: 2,257

**New Mexico Department of Health, Harm Reduction Program**  
**Syringe Exchange Services - Overview – Calendar Years 2009 through 2011**

	Calendar Year 2009	Calendar Year 2010	Calendar Year 2011
<b>Total number of syringes distributed</b>	2,696,056	3,239,941	2,672,242
<b>Total number of syringes collected</b>	2,626,753	3,129,761	2,541,972
<b>Collection rate</b> <i>(percentage, based on the total collected divided by the total distributed)</i>	97%	97%	95%
<b>Total number of unduplicated clients participating</b>	2,934	3,398	2,568
<b>Unduplicated number of new clients enrolled during year</b>	1,381	1,705	1,349
<b>Number of clients completing re-enrollment interview/survey<sup>1</sup></b>	1,535	1,580	1,135
<b>Number of clients completing re-enrollment interview who report not sharing syringes</b>	1,295	1,367	976
<b>Proportion not sharing</b> <i>(percentage, based on client self report during re-enrollment interview)</i>	84.4%	86.5%	86.0%

<sup>1</sup> The number of clients completing re-enrollment interview/survey is an incomplete estimate. Due to an error in the syringe exchange database, some data was unavailable. Therefore, information from log forms was used to estimate this figure, which otherwise is collected from interview forms.

## **LEAD Mission:**

Elected officials, law enforcement officers, and residents and business owners in the City of Santa Fe want to improve public safety and public health in Santa Fe and want to reduce future criminal behavior by low-level drug offenders contacted in Santa Fe. Booking, prosecuting, and jailing individuals committing low-level drug offenses in Santa Fe has had limited effectiveness in improving either public safety or public order in the neighborhoods. LEAD is a new approach that seeks to accomplish the goals of reduced criminal behavior and improved public safety and order by connecting low-level drug offenders with services. This approach may cost less and be more successful at reducing future criminal behavior than processing low-level drug offenders through the criminal justice system.

## **LEAD Goals:**

- Reduce property crime associated with opiate addiction.
- Reduce the number of low-level drug offenders entering into the criminal justice system.
- Improve individual and community quality of life through research-based, public health-oriented interventions.
- Sustain funding for alternative interventions by capturing and reinvesting criminal justice system savings.

## **LEAD Model:**

A pre-booking diversion program is one that identifies low-level drug offenders for whom probable cause exists for an arrest, and redirects them from jail and prosecution by providing linkages to community-based treatment and support services. Pre-booking diversion programs consist of both a law enforcement and social services component. The integrity of both components is critical to any successful pre-booking diversion initiative. Pre-booking programs involve specialized training for police officers, and a crisis drop-off center with a no-refusal policy for persons brought in by the police.

## **LEAD Assumptions (Pilot Project)**

- Geographic Area = City of Santa Fe
- Low-level drug Offenders = People Addicted to Opiates (pills and heroin)
- # of participants/year in the pilot = 100 (estimate)
- Program cost/year = \$1,000,000

Exhibit C

