New Mexico Substance Use Disorder Treatment Gap Analysis

January 2020

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Executive Summary

Introduction

The New Mexico Department of Health's (NMDOH) mission is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico. The information provided in this document addresses one of the leading causes of early death for New Mexicans – the misuse of substances including alcohol and drugs.

This report aims to provide an overview of substance use disorder (SUD) treatment services currently available across the state and by county for individuals, families, and communities. It also presents an estimate of people who are living with a SUD in New Mexico, both for those who have received some treatment as well as those who may need treatment but have not received it during 2018. Finally, this report offers recommendations on which additional services and/or approaches are needed to maximize current resources and address gaps in services.

The treatment availability portion of this study was conducted during the fourth quarter of the 2019 calendar year. The information gathered represents data available at a given point in time. The treatment gap represents the difference between the estimated number of people living with a SUD and the number of people who received treatment for a SUD in 2018.

Trends

Substance use is a significant public health issue in New Mexico. For nearly four decades, New Mexico has ranked among the highest in the nation for alcohol-related death. In 2018, New Mexico recorded its highest ever alcohol-related death rate at 70.3 deaths per 100,000 population. Nationally, one in ten deaths among working age adults (20-64 years) is attributable to alcohol. In New Mexico, this ratio is twice as high at one in five deaths.

Drug overdose death has also long been a significant public health issue in New Mexico. In 2018, the state recorded its second highest drug overdose death rate at 26.6 deaths per 100,000 population. Overdose deaths involving methamphetamine increased in 2018, overtaking non-fentanyl prescription opioids as the drug most commonly causing drug overdose death in New Mexico. It is also important to note that

many overdose deaths involve more than one substance making polysubstance use an important public health issue. Both alcohol-related death rates and drug overdose death rates by county for the aggregated five-year period 2014-2018 are shown in Figure 1.

The consequences of substance use constitute a huge burden on the state's economy as they are most prevalent among working age adults (20-64 years). Deaths due to substance use disproportionately affect men, and alcohol-related death disparately affects the American Indian population in New Mexico. The negative consequences of substance use are not limited to death, but also include domestic violence, crime, poverty, and unemployment, as well as motor vehicle crash and other injuries, mental illness, and a number of other medical problems.

FIGURE 1

Alcohol-Related Death Rates and Drug Overdose Death Rates by County, New Mexico, 2014–2018
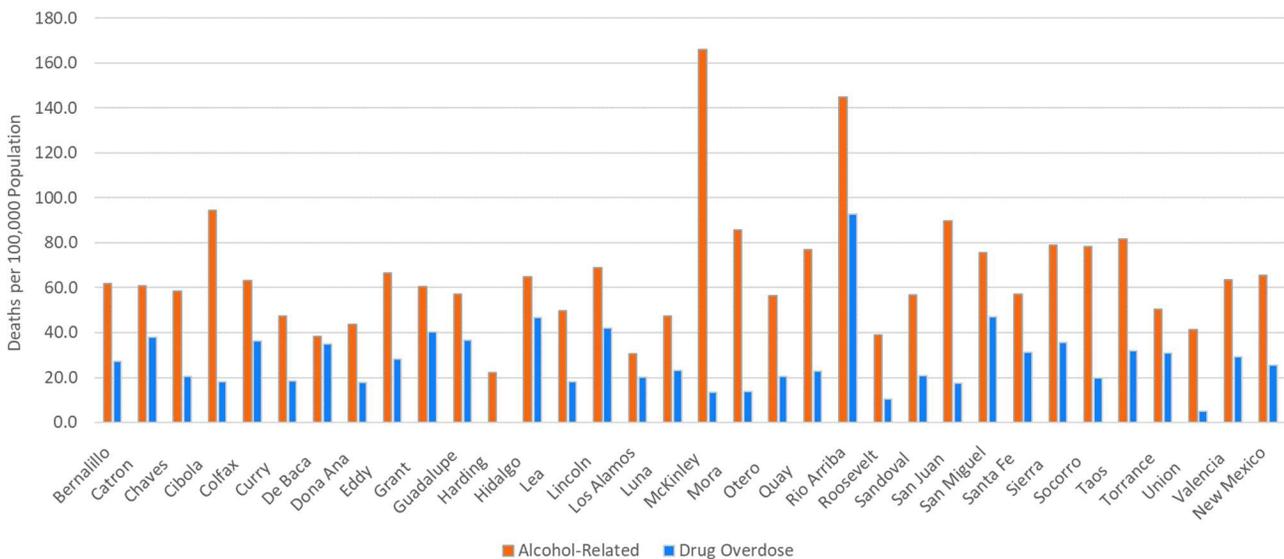
Source: NMDOH Bureau of Vital Records and Health Statistics

Treatment Capacity

From October 2019 through January 2020, 308 treatment locations were identified and included in this report. All but three locations completed profiles. For those three locations, as much information as possible was included based on the locations' websites or administrative staff that knew only general information about SUD treatment at their location.

The locations profiled include facilities that provide Inpatient or Residential services, Intensive Outpatient (IOP) services, and Outpatient services. At least one SUD treatment service location has been identified in each of the 33 counties within the state. In addition, many treatment locations and primary care providers are offering Medication-Assisted Treatment (MAT). MAT is the use of medication (e.g. methadone, buprenorphine, or naltrexone) to treat substance use disorders, often with other supportive services, and is considered the gold standard for opioid use disorder treatment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Table 1 on page 4 shows treatment locations by county.

Treatment capacity data represents a snapshot of what was available at the point in time when the study was conducted. Many outpatient treatment slots could not be accurately reconciled as some locations do not have a mechanism in place to track SUD patients separately from patients being seen for other issues. The total number of treatment slots identified in the study was 22,553, and 74% (16,644) of those slots were filled at the point-in-time census.

Treatment Gap Analysis

People in Treatment

Estimates of persons receiving treatment in calendar year 2018, the most recent year for which data were available, were produced. In 2018, there were 70,303 total substance use treatment patients across all included datasets, with treatment most often provided for opioid misuse/use disorder and alcohol use disorder. The total number of MAT patients was 15,948.

People Living with SUD

Multiple sources of data were used to create a synthetic estimate of the number of persons in the state who were living with any substance use disorder in 2018. This synthetic estimate yielded 204,681 persons living with a substance use disorder. Alcohol use disorder (AUD) was the most common SUD, with an estimated 101,012 persons living with an AUD. Opioid (38,989) and cannabis (17,766) were the next most common use disorders.

Estimated Treatment Gap

The treatment gap represents the difference between the estimated number of people living with a SUD in 2018 and the number of people who received SUD treatment in 2018. The total number of persons living with a SUD was estimated to be 204,681 persons. Based on available data, approximately 70,303 persons received some treatment in 2018. The calculated gap suggests an estimated 134,378 persons needing but not receiving treatment for their SUD in 2018. The largest gaps by substance type were for alcohol (73,178) and benzodiazepines (14,218).

Table 1

Substance Use Disorder Treatment Locations by County, New Mexico, 2019

County	Total Number of Locations	Number of Locations Providing:					Number of Locations Providing:			Individual MAT Providers*
		Inpatient Services	Outpatient Services	IOP Services	MAT	% Providing MAT	Methadone	Buprenorphine	Naltrexone	
Bernalillo	89	20	67	22	37	42%	10	29	11	106
Catron	1	0	1	0	0	0%	0	0	0	0
Chaves	4	1	3	1	3	75%	1	1	2	4
Cibola	10	1	9	1	2	20%	0	1	1	3
Colfax	4	0	4	1	1	25%	0	1	0	1
Curry	3	0	3	1	0	0%	0	0	0	0
De Baca	1	0	1	0	0	0%	0	0	0	0
Doña Ana	23	2	17	6	8	35%	1	8	3	17
Eddy	5	1	4	1	2	40%	0	2	0	4
Grant	7	1	5	3	1	14%	0	1	0	2
Guadalupe	5	0	5	0	1	20%	0	1	0	1
Harding	1	0	1	0	1	100%	0	1	0	1
Hidalgo	2	0	2	0	1	50%	0	1	0	2
Lea	2	0	2	1	1	50%	0	1	0	1
Lincoln	1	0	1	0	1	100%	0	1	0	1
Los Alamos	2	0	2	1	0	0%	0	0	0	0
Luna	5	0	4	1	0	0%	0	0	0	0
McKinley	10	3	9	1	2	20%	0	2	2	2
Mora	2	0	2	0	2	100%	0	2	0	2
Otero	7	1	7	2	1	14%	0	1	0	0
Quay	2	0	2	0	0	0%	0	0	0	0
Rio Arriba	18	2	16	3	11	61%	1	10	4	30
Roosevelt	2	0	2	0	1	50%	0	0	1	1
San Juan	11	3	10	5	1	9%	1	0	0	2
San Miguel	8	0	7	3	5	63%	0	5	2	12
Sandoval	26	2	24	9	9	35%	1	4	4	11
Santa Fe	25	4	21	5	13	52%	2	10	6	38
Sierra	4	0	4	0	1	25%	0	1	0	2
Socorro	3	0	3	0	3	100%	0	3	0	2
Taos	12	3	10	2	5	42%	0	5	0	7
Torrance	2	0	2	0	0	0%	0	0	0	0
Union	2	0	2	0	0	0%	0	0	0	0
Valencia	9	0	8	2	5	56%	1	4	3	7
New Mexico	308	44	260	71	118	38%	18	95	39	259

This table represents Point-In-Time data collected from the SUD treatment locations profiled from October 2019 through January 2020. All but three locations completed profiles.

IOP = Intensive Outpatient Services; MAT = Medication-Assisted Treatment

*Individual providers at the identified SUD treatment locations.

Recommendations

This report highlights the need to close the treatment gap and better utilize resources available in the state. One way to do this is to use a continuum of care approach. Substance use issues are complex and require both prevention and treatment interventions. This report also demonstrates unequal access to care, with rural New Mexicans at a disadvantage compared to urban New Mexicans.

The effort to map existing substance use disorder treatment providers and identify gaps is one step in an ongoing effort to expand and promote access to effective SUD treatment services throughout the state.

Some recommendations to address the identified gap of more than 100,000 people in New Mexico who need but do not receive treatment for their SUD include:

- Integrate SUD screenings and treatment into primary care.

- Utilize emergency departments, hospitals, and the criminal justice system as entry points for screening and treatment services.

- Provide additional supports to rural healthcare practitioners and mental health therapists to provide SUD screening and treatment.

- Increase availability of SUD treatment including MAT services at all points of entry (primary care, syringe services programs, emergency departments, corrections facilities, etc.)

- Increase access to SUD treatment including MAT throughout New Mexico including supportive services.

  - Many treatment locations reported that patients often cancel appointments due to lack of money for copays, difficulty obtaining transportation, and not having a caregiver available for children or elderly family members.

- Dedicate resources for treatment of alcohol dependence and the growing misuse of methamphetamine.

- Increase the use and availability of technology to promote and enhance a continuum of care.

  - The OpenBeds platform (https://openbeds.net/) is a system HSD is implementing both to connect treatment providers as a network and to connect persons searching for SUD treatment to an appropriate treatment location.

- Maintain and update the gap analysis annually.

Treatment Capacity

METHODS

The method to identify current SUD treatment locations in New Mexico involved a three-step process: 1) identify providers and facilities via online research; 2) compare supplied lists from multiple sources, remove duplicates, and compile the final contact list; and 3) survey each identified location by phone and follow-up emails to complete the survey instrument (Appendix A). Following are detailed methods of how the 308 locations in this report were contacted and surveyed.

Step 1: Identify Locations

Due to the lack of a comprehensive, up-to-date list of New Mexico SUD treatment locations, the initial step included online research to compile a list of current contact information for identified sites. National directory websites that provide data by state, such as *Start Your Recovery*, were used to compile the initial contact list. Many online lists are not updated frequently enough to account for the constantly changing composition of services in New Mexico.

Step 2: Compare Provided Lists

Lists of treatment locations from multiple sources were supplied to the contractor. Lists included: *Networks of Care*; *NM Substance Abuse Resource Directory*; *Suboxone Providers in NM*; *State Opiate Treatment Programs*; *Medicaid Payer List*, among others. All supplied lists were compared and validated to the list generated during step one to both remove duplicates and add treatment locations not included.

Step 3: Survey Identified Treatment Locations

From October 2019 through January 2020, locations from the final list were contacted by phone to verify if SUD treatment was indeed offered by them the types of services available. When multiple locations were identified within one organization, each of the locations was contacted separately to obtain site-specific information. Over 1,000 phone calls were made. Locations were excluded from the final total if they were no longer in business or if they stated they did not provide SUD treatment. In total, 308 SUD treatment locations were included in the final number, and 305 locations completed profiles. For the three remaining locations, general SUD treatment information was obtained from their website or available administrative staff.

Survey Questions

- **Location**
- **Types of SUD Treatment Services**
- **Types of SUDs Treated**
- **Wait Time**
- **MAT Offered**
- **Related Services Offered**
- **Population Served**
- **Disqualifiers**
- **Payment Method**
- **Other Recovery Services**
  The survey instrument is included in Appendix A.

RESULTS

From October 2019 through January 2020, treatment locations were surveyed about different aspects of the SUD treatment services they offer. Summaries of data collected from the completed SUD treatment profiles follow.

Locations

The map (Figure 2) illustrates the locations of treatment facilities and providers by treatment service type. The point-in-time study revealed that all 33 New Mexico counties have at least one SUD treatment location. Bernalillo County had the most locations (89, Figure 3) followed by Sandoval (26), Santa Fe (25), Doña Ana (23), Rio Arriba (18), and Taos (12) counties. A description of SUD treatment services at the county level is provided in Table 1 on page 4. While the more than 70 school-based health centers throughout the state do not provide SUD treatment services themselves, they do connect their patients to care by making referrals to community behavioral health agencies.

Types of Treatment

Of those locations identified, 44 offer Inpatient or Residential facility treatment, 71 offer Intensive Outpatient (IOP) treatment, and 260 offer Outpatient treatment. Some locations have more than one type of treatment available. IOP treatment typically involves more frequent sessions with patients and has a more rigorous structure than Outpatient treatment. Nearly 61% of all counties have more than one service available, mostly IOP and Outpatient. All counties have at least one location with Outpatient services. Thirteen counties have locations with Inpatient/Residential facilities, and 20 counties have locations with IOP services, with some facilities reporting that IOP is funded

through court-ordered and local jurisdiction grants.

Medication-Assisted Treatment (MAT) is offered at 118 SUD treatment locations meaning 38% report offering MAT which is considered the gold standard for opioid use disorder. Eight counties do not have an MAT location (Table 1). There are 259 individual MAT providers at those 118 locations who administer methadone, buprenorphine and/or naltrexone medication. One concerning theme that emerged from provider feedback was that many sites rely on one provider to prescribe MAT making treatment continuity a potential issue if the provider leaves for any reason.

Approximately 81% of respondents report treating for the misuse of any substance including alcohol, opioids, stimulants, sedatives, and cannabis. About 9% of the SUD locations profiled only treat for opioid use disorder, and none report treating for alcohol only or methamphetamine only.

Related and Other Recovery Services

Nearly 48% of SUD treatment locations report offering harm reduction services. 38% offer peer support services. 82% aid their patients with creating a relapse prevention plan, and 79% offer aftercare. 49% offer other medication maintenance meaning they will accept patients with medications for unrelated conditions. Only 9% of SUD treatment locations report offering culturally or religious-centered treatment. About 10% offer detox services, which is not a form of SUD treatment itself (SAMHSA, 2015). For other recovery support services, 59% offer transportation, 46% employment resources, 50% housing assistance, and about 82% provide mental health and other therapy services. Other related services that were reported include group meetings and case management.

FIGURE 2

**Substance Use Disorder Treatment Locations by Type of Service, New Mexico, January 2020**
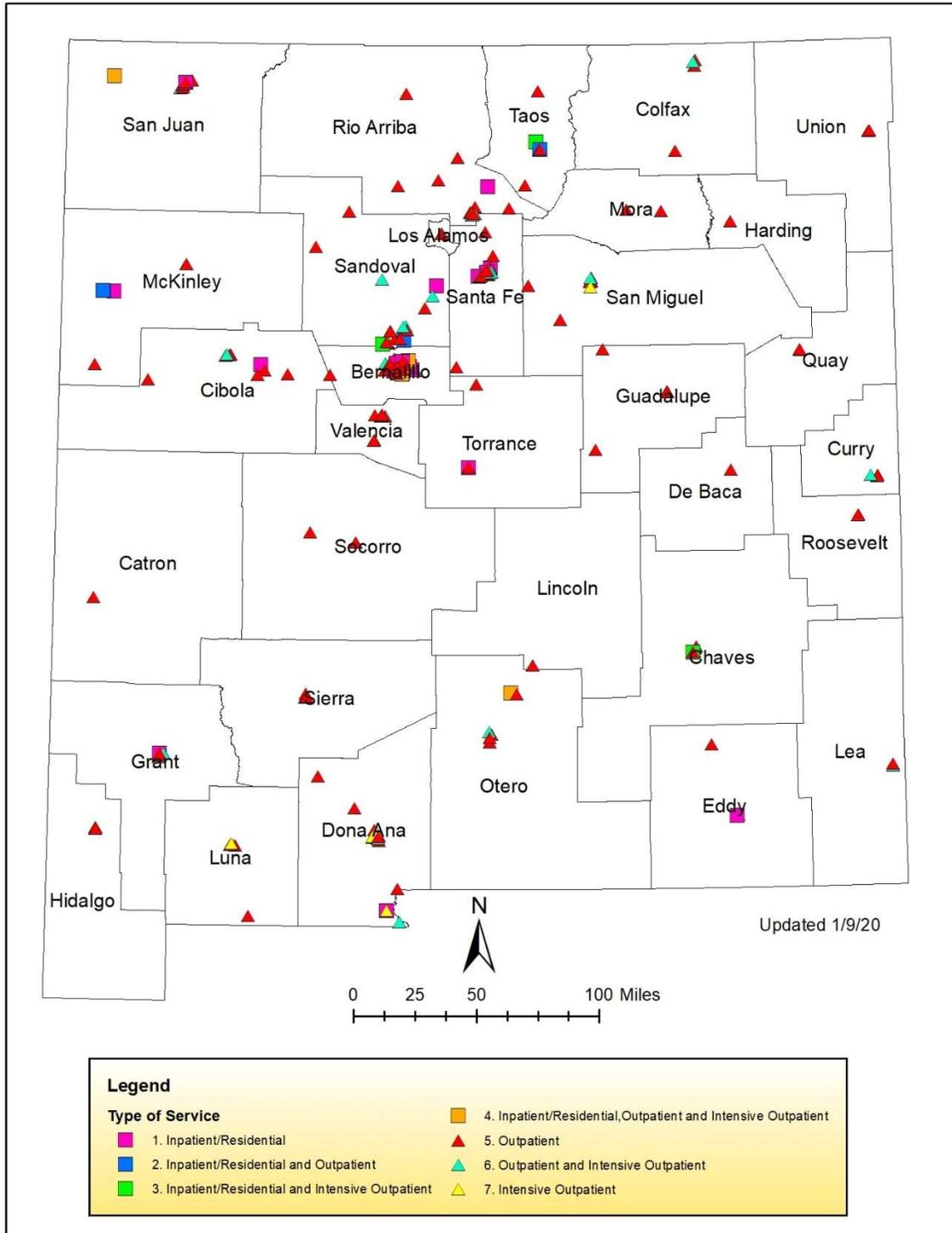
FIGURE 3

Substance Use Disorder Treatment Locations by Type of Service, Bernalillo County, January 2020
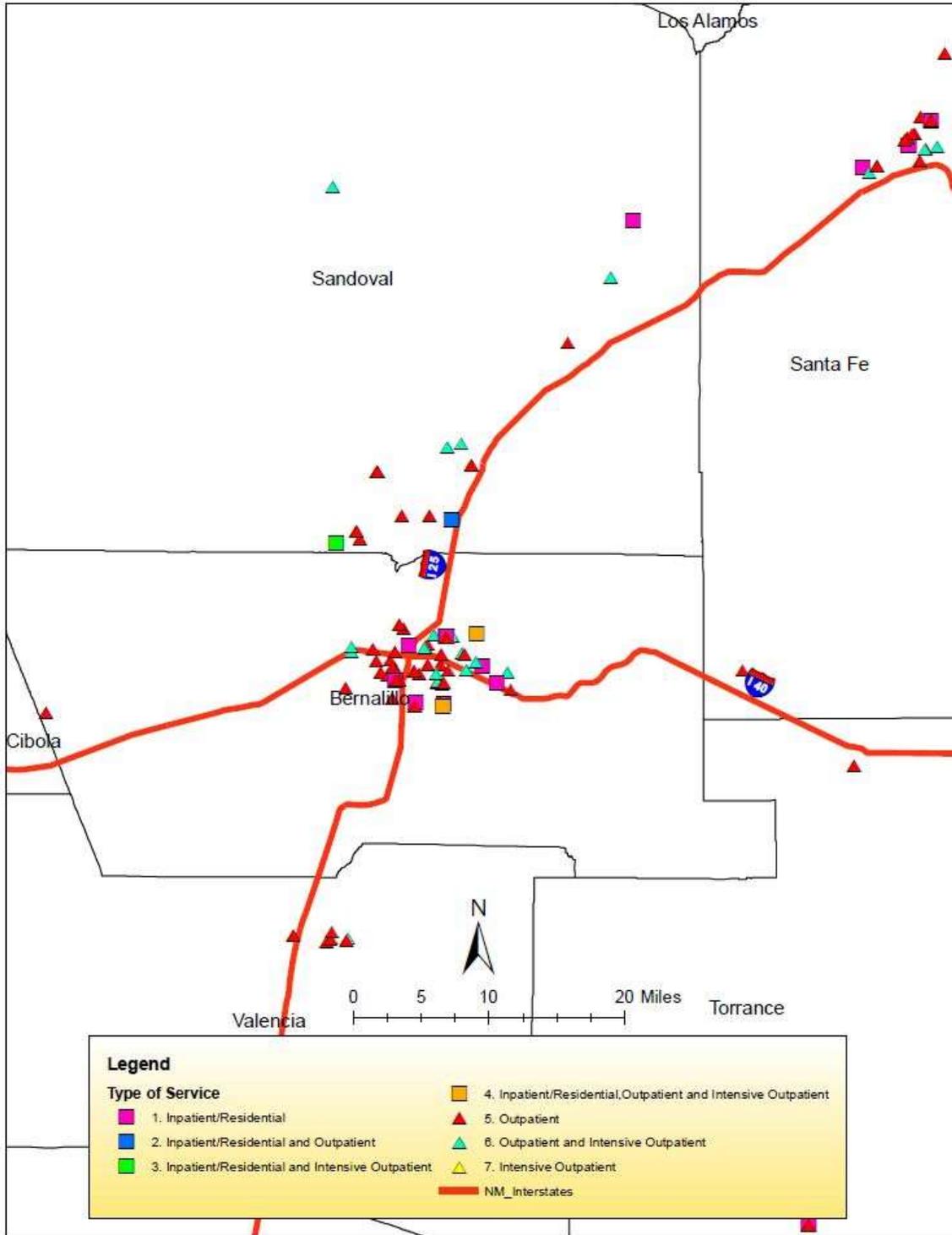
Capacity

This study attempted to gather information on both available treatment slots and a point-in-time census of patients currently in treatment for each type of treatment service offered. With available treatment slots changing daily, capacity data presented in this report represent a snapshot of what was available at the point in time when the surveys were conducted.

Additional limitations include that many Outpatient locations reported that they see patients for other reasons and do not track SUD treatment separately. With these limitations, the total number of treatment slots reported is 22,553. The point-in-time census of patients was 16,644, meaning an estimated 74% of treatment slots were filled at the time of the survey.

Populations Served

Approximately 61% of the locations profiled offer treatment for minors under 18 years of age, and 95% provide services to adults 18+. The majority of treatment locations offer services for both children and adults, with only six of the respondents providing services specifically for minors. Treatment services are available for male, female, and transgender populations, with 88% of locations offering services for all. Figure 4 illustrates the number of treatment locations by populations served including special populations like pregnant women and individuals with certain health conditions. 51 locations allow a parent to bring children with them either to their sessions or in transitional living houses, removing the barrier of finding child care during treatment.

Disqualifiers

About 35% of the SUD treatment locations report having reasons to disqualify a person from receiving treatment. Reasons provided include sexual offenders, violent behaviors, active warrants, non-compliance to treatment, and active use of benzodiazepines (38 locations) or opioid agonists (2 locations).

Wait Time

Most treatment providers report they do not have a wait time at the point in time of the survey. For those sites that do have a wait time (33%), the most frequent average wait time reported was 1-2 weeks. The longest average wait time disclosed was 2-3 months. Reasons given for the wait time were availability and the need to conduct pre-qualification screenings.

Payment Methods

All but 32 profiled treatment locations accept Medicaid payment for services. While private insurance is accepted by 81% of the sites, providers report some private insurance carriers limit contracts to new providers making it difficult to fully service their communities. Self-pay, grant-funded, PRC/IHS, and CYFD/HSD funding are other reported methods of payment, with most of the reported grant-funded services available through local jurisdiction, Department of Corrections, or SAMHSA agreements.

FIGURE 4
Populations Served by New Mexico SUD Treatment Providers, 2019

Number of Locations

Population	Number of Locations
Minors <18	189
Adults 18+	294
Male	291
Female	294
Transgender	273
Pregnant Women	240
Physical Disablities	276
Parent can bring Children	51
Chronic Health Conditions	275
HIV/AIDS, TB, Viral Hepatitis	275
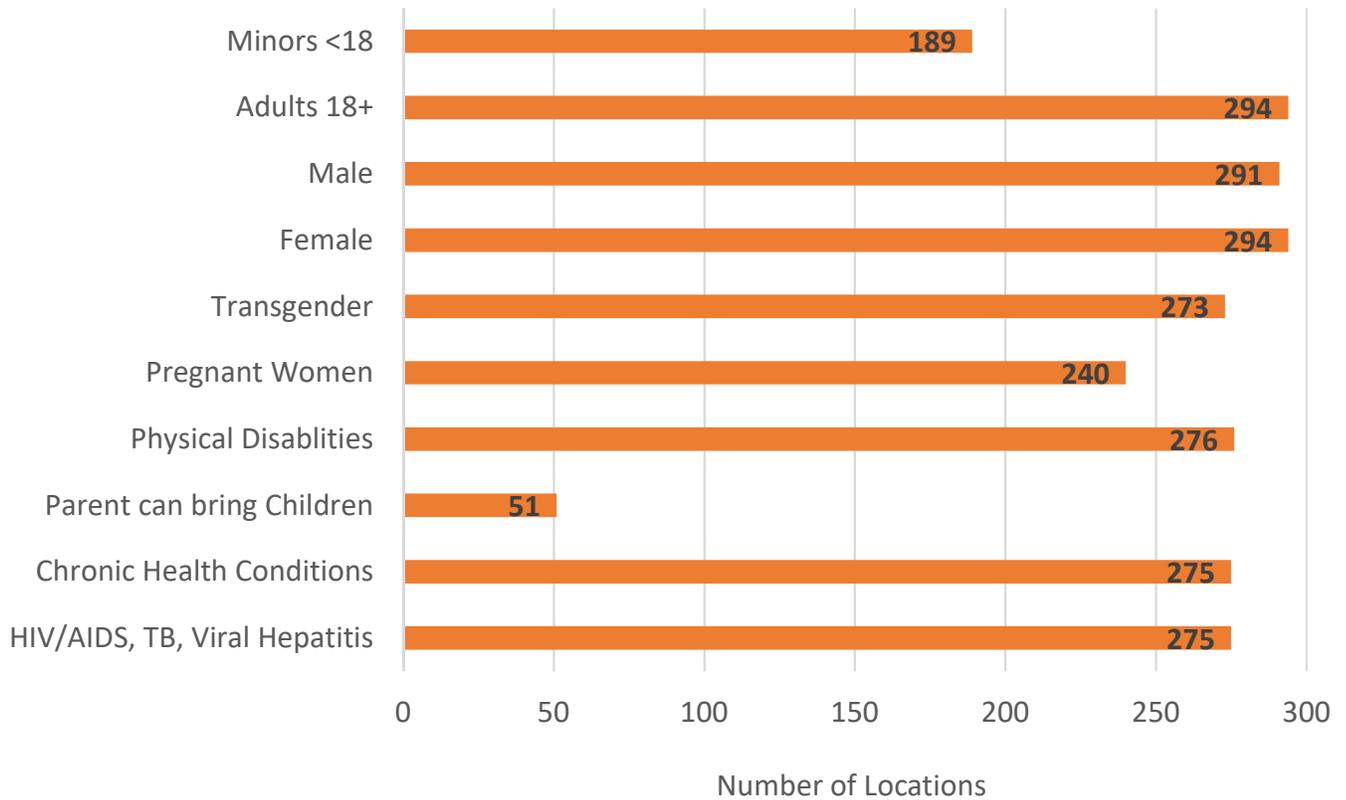
Limitations

There are several limitations to this point-in-time study. Information provided by many treatment providers was reported to change frequently. Much of the data collected is the result of available administrative staff willing to respond to the phone interview to the best of their ability. Three facilities were unable to be profiled due to lack of response. However, some general SUD treatment information was able to be obtained from their website or from other staff about what types of services they provide.

Treatment Gap Analysis

People in Treatment

Estimate of New Mexicans Who Received Treatment for SUD in 2018

Estimates of people receiving treatment for a substance use disorder in calendar year 2018 in New Mexico were produced. The estimate of people in treatment was calculated based on available treatment data from the New Mexico Prescription Monitoring Program (PMP) of the New Mexico Board of Pharmacy, Medicaid claims from the New Mexico Human Services Department (HSD), and local driving while impaired (LDWI) program data.

METHODS

Data from the PMP were the number of people receiving medication assisted treatment (MAT) in the form of buprenorphine/naloxone by county. This estimate was the unduplicated count of MAT patients with 10+ days of MAT in 2018. Data were aggregated to the state and county level.

HSD provided counts of people who received Medicaid paid methadone services from opioid treatment providers (OTP). OTPs or 'Methadone Clinics' provide substance use treatment including dispensing methadone to clients. This is the only source of information on people receiving MAT in the form of methadone.

HSD also provided data on Medicaid paid services from providers other than OTPs. These services were for substance use disorder treatment (SUD)

for any SUD including opioid use disorder (OUD), alcohol use disorder (AUD), stimulant use disorder (usually methamphetamine use), benzodiazepine (hypnotic sedative) use disorder, cannabis use disorder (CUD), and other substance use disorder. Medicaid data inclusion criteria were any patient with SUD services and a substance misuse related ICD10-CM code from diagnostic code fields 1 through 12. Diagnostic codes included were any code beginning with F10, F11, F12, F13, F14, F15, F16, F18, or F19. All data were aggregated to the state and county level.

HSD also provided Treatment Episode Data Set (TEDS) data for 2018. TEDS included details on people receiving publicly-funded (non-Medicaid) treatment. TEDS inclusion criteria were the same as for Medicaid data. HSD provided county-level TEDS data by substance use category.

The New Mexico Department of Finance Administration (DFA) provided Local DWI program data for 2018. These data included counts of LDWI clients who were assigned to treatment. The local DWI program fund paid for treatment for LDWI clients. LDWI clients are asked their primary substance of use, and this information was used to categorize patients by substance. LDWI clients most often identified alcohol or cannabis as their primary substance. Based on this, counts of LDWI treatment patients are aggregated to the state and county-level for total (any substance), alcohol, and cannabis treatment patients.

RESULTS

In 2018 the total number of MAT patients was 15,948. This includes patients at opioid treatment programs (OTPs) who received methadone services paid for by Medicaid (6,911) and patients who received 10 or more days of buprenorphine/naloxone (9,037) based on PMP data. Medicaid paid for buprenorphine/naloxone for 6,275 patients (who are also counted in the Medicaid paid OUD services total). The estimate of patients receiving non-Medicaid paid buprenorphine/naloxone was 2,762.

Medicaid paid for SUD treatment for 52,139 patients in 2018. Of these, 20,999 received services for OUD, 23,237 received services for AUD, 12,047 received services for methamphetamine use (amphetamine use disorder), 10,826 received services for CUD, and 1,756 received services for benzodiazepine use disorder (sedative hypnotic use disorder). These counts are not mutually exclusive because some patients received treatment for more than one use disorder. Also, some patients received services for substance misuse without a SUD diagnosis.

The TEDS report showed a total of 5,961 people treated for an SUD. Of this total, 2,743 received services for opioids, 2,278 for alcohol, 787 for stimulants, 116 for cannabis, 13 for benzodiazepines, and 24 for other substances. These counts are mutually exclusive. Some patients may have also received services for a second or subsequent substance during the course of treatment for their primary substance.

The LDWI file showed a total of 2,987 people referred for treatment, of whom 2,209 needed services for alcohol, 638 for cannabis, and 140 for other substances. These counts are mutually exclusive. Some patients may have also received services for a second or subsequent substance during the course of treatment for their primary substance.

The estimate of SUD patients from the included data sources was the sum of the Medicaid SUD patient count, TEDS patients, LDWI total treatment clients, methadone patients, and the estimate of non-Medicaid buprenorphine/naloxone treatment patients. The estimate of OUD patients was the sum of the Medicaid OUD count, TEDS OUD count, methadone patients, and the estimate of non-Medicaid buprenorphine/naloxone treatment patients. The estimate of AUD patients was the sum of Medicaid, TEDS, and LDWI AUD patients. The estimate of stimulant (methamphetamine) use disorder patients was the sum of the Medicaid and TEDS methamphetamine patients. The estimate of benzodiazepine use disorder patients was the sum of the Medicaid and TEDS benzodiazepine patients. The estimate of CUD patients was the sum of the Medicaid, TEDS, and LDWI cannabis use patients.

In 2018 there were an estimated 70,303 people receiving SUD treatment across all included datasets (Table 2). Of these at least 33,415 received services for OUD, 27,724 for AUD, 12,834 for methamphetamine use disorder, 11,580 for CUD, and 1,769 for benzodiazepine use disorder. These patients received treatment for any duration in 2018.

Table 2

Estimate of People Who Received Any Treatment for SUD by County and Substance, New Mexico, 2018

County	Total Substance Use Treatment Patients	Opioid Use Treatment Patients	Amphetamine Use Treatment Patients	Alcohol Use Treatment Patients	Benzodiazepine Use Treatment Patients	Cannabis Use Treatment Patients
Bernalillo	24,045	14,529	3,872	7,137	647	3,413
Catron	38	6	8	19	0	10
Chaves	1,408	416	419	641	90	354
Cibola	992	214	197	622	8	184
Colfax	545	196	207	191	7	104
Curry	957	172	304	448	22	382
De Baca	44	14	16	19	4	7
Dona Ana	4,572	1,735	914	1,878	147	1,156
Eddy	1,395	535	416	497	39	202
Grant	853	241	288	363	19	203
Guadalupe	143	45	39	68	3	35
Harding	5	3	0	1	0	1
Hidalgo	96	32	42	33	2	13
Lea	1,231	286	414	408	25	395
Lincoln	435	110	125	208	22	95
Los Alamos	161	85	12	71	4	21
Luna	596	145	199	255	12	161
McKinley	2,377	350	249	1,813	22	444
Mora	145	60	14	78	3	15
Otero	1,551	436	470	743	88	360
Quay	245	65	78	107	2	79
Rio Arriba	3,282	2,398	188	926	93	216
Roosevelt	323	68	114	139	8	119
San Juan	4,592	924	852	3,075	47	766
San Miguel	1,501	565	212	747	38	295
Sandoval	3,402	1,433	480	1,523	75	595
Santa Fe	8,920	5,124	1,537	3,054	200	1,060
Sierra	373	129	75	171	4	77
Socorro	979	605	210	273	24	123
Taos	1,869	652	203	1,078	38	198
Torrance	560	356	104	141	10	63
Union	59	8	26	28	1	14
Valencia	2,609	1,435	533	714	65	394
New Mexico	**70,303**	**33,415**	**12,834**	**27,724**	**1,769**	**11,580**

Individual substance treatment categories are not mutually exclusive.

Private Insurance and Medicare
Data for services paid by private insurance or Medicare were estimated based on available data sources. This estimate was not included in the final count of people who had received treatment in 2018.

Using available PMP data and the TEDS report, it is estimated that between 9-15% of patients receiving buprenorphine/naloxone MAT for OUD were not covered by Medicaid or state funding. The largest proportions of the remaining 9-15% are Medicare and private insurance.

The Hospital Inpatient Discharge Dataset (HIDD) was also queried for SUD-related visits in 2018 and payor type. For the 2018 data, 71% of visits were paid for by Medicaid, 23% were paid by Medicare, and 6% were paid by private insurance.

Based on these two estimates of the proportion of SUD treatment not paid for by Medicaid, the estimate generated of people who received treatment in 2018 may be only 71-91% complete.

Limitations
A major limitation of this study was related to the varied definitions of SUD treatment. Treatment can be provided for people who are misusing substance(s) but do not have a SUD diagnosis. This may be due to people proactively seeking treatment for problematic use, or to others (courts, employers, or, in the case of minors, parents) mandating treatment.

A second limitation is that information from private insurance and Medicare was not available for inclusion in this study. This was in part due to the short deadline for this study. In future updates, private insurance and Medicare should be included to provide a fuller picture of SUD treatment in New Mexico. An all-payor claims database would allow for easier access to these data.

People Living with SUD

Synthetic Estimate of New Mexicans Living with SUD in 2018

Multiple sources of data were used to create a synthetic estimate of the number of people in New Mexico who were living with substance use disorders in 2018. A broad net was cast for data collection; however, not all data collected were used in the synthetic estimate. Data sources were the NM PMP, NM Syndromic Surveillance, NMDOH Harm Reduction Syringe Services Program (SSP), SAMHSA National Survey of Drug Use and Health (NSDUH), and the US Department of Justice Bureau of Justice Statistics.

METHODS

A search of the published literature on synthetic estimates of people living with substance abuse disorders was conducted in October 2019 using PubMed. The methodology employed for this synthetic estimate was informed by five articles that were most similar to the current project and that included detailed methods.

The New Mexico PMP contains records of all controlled substance prescription fills at retail pharmacies. PMP data included for the synthetic estimate were the number of people in 2018 with chronic opioid prescriptions and with chronic benzodiazepine prescriptions. An estimated 25% of people on chronic opioids or benzodiazepines may have a use disorder (Vowles et al., 2015; NIDA, 2019; American Addiction Centers, 2019; Gerlach et al., 2018). A literature search yielded no published

research on use disorder rates for persons with both chronic opioids and benzodiazepines (duo-use patients). Therefore, duo-use patients were included only in the synthetic estimate for OUD to remove duplicates in the total synthetic estimate.

Summary tables from the 2017 NSDUH survey (Lipari & Van Horn, 2017) included state-level estimates of past year drug use, past month drug use, and of people living with use disorders by age group. NSDUH estimates of the percent of the population aged 12 or older living with untreated AUD, past year heroin use, past year methamphetamine use, past year abuse of prescription pain killers, and with past month cannabis use were included in the synthetic estimate as described further in the results. While NSDUH also had estimates of persons living with any SUD and with SUDs other than AUD as separate categories, these estimates were excluded from the final synthetic estimate as they were much lower than the total estimate based on other sources.

NMDOH Harm Reduction SSP data include the total number of clients by county and the percentage of clients who used heroin (an opioid), or methamphetamine (a stimulant), or both. Client counts are from New Mexico state Fiscal Year 2018 (FY18). The percentages of clients who used heroin or methamphetamine were based on Point-In-Time surveys conducted at SSP sites in 2017 and 2019. Counts of clients by the percentage of substance used (heroin or methamphetamine) were included in this estimate in their respective substance use categories (opioid or stimulant). While some overlap exists due to polysubstance use, the

polysubstance use estimates from SSP data were not included in the final synthetic estimate to avoid duplication.

The Prison Policy Initiative produces annual reports of incarceration rates for the US. They report that in 2018 New Mexico had an incarceration rate of 829 per 100,000 population (Wagner & Sawyer, 2018).

The NM Syndromic Surveillance system includes all Emergency Department (ED) data from all but one non-federal ED in 2018. Counts of patients seen in an ED for a suspected opioid poisoning or a suspected amphetamine poisoning were collected from the NM Syndromic Surveillance system for ED visits in 2018. For these data all diagnosis fields were included. While these data were informative, they were ultimately excluded from the synthetic estimate as these counts could not be disentangled from other data sources included.

RESULTS

Using 2018 PMP data and applying the estimated use disorder rate of 25% for chronic use patients, an estimated 17,256 persons receiving prescription opioids may have an OUD, and an estimated 15,987 persons receiving prescription benzodiazepines may have a benzodiazepine (hypnotic sedative) use disorder. These estimates were included in the final synthetic estimate (Table 3).

To avoid duplication in the AUD counts, the NSDUH estimate of persons aged 12 or older living with an untreated AUD (5.57%) was chosen yielding an estimated 101,012 persons with AUD in New Mexico in 2018 (Table 3).

The estimate of persons with CUD were generated using the NSDUH past 30-day use rate (11.96%) and an estimate of the percent of cannabis users who may develop a CUD (9%) (Lopez-Quintero et al., 2011). Based on these rates, an estimated 17,766 persons aged 12 or older in New Mexico have CUD (Table 3).

In FY18, there were 14,164 clients in the NMDOH Harm Reduction SSP. Unweighted averages of the Point-in-Time surveys were calculated. 77.5% of SSP clients used heroin, and 51.5% of SSP clients used methamphetamine. Applying these percentages to the total client population yields approximately 10,977 clients who used heroin and an estimated 7,294 who used methamphetamine.

Based on the NSDUH, 0.34% of New Mexicans aged 12 or older used heroin in the past year or 6,166 persons. The estimate for SSP clients who used heroin was 10,977. For each county the larger of the two estimates, SSP or NSDUH, was included as the estimate of people living with heroin use disorder for that county. The New Mexico statewide total for heroin use was calculated as the sum of the county estimates. NSDUH estimated 0.52% of New Mexicans aged 12 or older misused prescription opioids for a total of 9,430 persons with prescription opioid use disorder. This estimate and the heroin use estimate were included in the final synthetic estimate in the OUD category along with the estimate based on the PMP data as described previously (Table 3).

NSDUH estimated 1.19% of New Mexicans aged 12 or older used methamphetamine in the past year. Applying this estimate to the New Mexico population yielded an estimated 21,694 persons

living with a methamphetamine use disorder. As with the heroin estimates for each county, the larger of the two estimates, SSP or NSDUH, was used as an estimate of persons living with methamphetamine use disorder. The state total was calculated as the sum of the county estimates. These estimates were included in the final synthetic estimate in the stimulant use disorder category (Table 3).

Nationally, 53% of people incarcerated in state facilities met DSM criteria for substance dependence or abuse (Muoloa & Karberg, 2004). In 2018 New Mexico had an incarceration rate of 829 per 100,000 people. Applying this rate of incarceration and percentage meeting DSM criteria to the 2018 New Mexico population yields an estimated 9,234 additional persons who may have had an unspecified use disorder in New Mexico in 2018. This estimate was included as a separate column in Table 3 because they could not be separated into specific SUD categories.

In 2018 there were 6,255 ED visits for suspected opioid poisoning and 1,138 ED visits for suspected amphetamine poisoning. Not all persons who overdose are seen in an ED, and some have multiple ED visits for overdose in a year. Therefore, these counts of non-fatal overdoses are a minimum estimate. These counts, while informative, were ultimately not included in the synthetic estimate.

TOTAL SYNTHETIC ESTIMATE

The final synthetic estimates (Table 3) were compiled as follows. The total estimate of persons living with OUD (38,989) included the number of people with OUD from the PMP,

heroin users as described previously, and prescription opioid misusers from the NSDUH.

The estimate of people living with methamphetamine use disorder (stimulant use disorder) were based on both the SSP and NSDUH as described previously yielding a total of 21,694 persons. The estimate of people living with untreated AUD (101,012) was based on the NSDUH. The PMP data were the sole source for the number of people living with benzodiazepine use disorder (15,987). The number of people living with CUD (17,766) was derived solely from the NSDUH. The number with unspecified use disorder (9,234) includes the estimate based on the incarcerated population as described previously.

Lastly, the total number of people living with any SUD (204,681) in New Mexico in 2018 was calculated as the sum of the individual SUD estimates (Table 3). AUD was the most common SUD followed by OUD and CUD.

LIMITATIONS

One limitation of generating the synthetic estimate was the reliance on NSDUH estimates. Although the NSDUH is the single best national source of information on substance use and mental health, it is known to under count some New Mexico populations. For example, in 2018 the estimated number of clients in the NMDOH Harm Reduction SSP who use heroin (10,977) was nearly twice as high as the 2017 NSDUH estimated number of persons in New Mexico who use heroin (6,166). Another limitation was that the data sources cannot be deduplicated. Therefore, the estimates may be higher or lower than the actual totals. This was particularly true for the estimated total number of persons living with SUD.

Table 3

Estimate of People Living with a SUD by County and Substance, New Mexico, 2018

County	Total Substance Use Disorder	Opioid Use Disorder	Stimulant Use Disorder*	Alcohol Use Disorder	Benzodiazepine Use Disorder	Cannabis Use Disorder	Unspecified Use Disorder**
Bernalillo	66,603	13,080	7,033	32,919	4,762	5,830	2,980
Catron	335	52	39	183	12	34	15
Chaves	6,690	1,491	653	3,055	682	524	285
Cibola	2,436	408	276	1,290	117	227	119
Colfax	1,342	285	129	602	164	109	53
Curry	4,404	683	495	2,317	285	405	220
De Baca	185	35	19	87	21	15	8
Dona Ana	19,934	3,167	2,206	10,325	1,478	1,803	955
Eddy	5,642	1,111	579	2,708	520	469	256
Grant	2,787	486	289	1,354	294	243	121
Guadalupe	452	96	46	216	37	38	19
Harding	73	13	8	36	7	7	3
Hidalgo	426	84	44	206	37	37	19
Lea	6,554	1,167	689	3,225	615	546	311
Lincoln	2,140	408	208	972	292	175	86
Los Alamos	1,834	257	195	914	224	161	83
Luna	2,403	462	245	1,147	240	200	108
McKinley	5,883	861	701	3,280	171	558	313
Mora	455	83	48	225	37	41	20
Otero	6,210	997	679	3,177	500	563	294
Quay	835	157	87	409	73	72	37
Rio Arriba	4,145	948	400	1,870	427	329	172
Roosevelt	1,722	280	196	915	86	161	85
San Juan	11,577	1,828	1,285	6,016	662	1,223	563
San Miguel	3,780	613	298	1,397	315	1,034	123
Sandoval	12,715	2,281	1,496	7,004	1,044	251	638
Santa Fe	17,335	4,561	1,713	7,491	1,563	1,349	658
Sierra	1,201	241	119	557	132	103	49
Socorro	1,814	454	177	826	136	146	75
Taos	3,436	654	352	1,647	340	298	145
Torrance	1,554	298	166	778	105	138	69
Union	414	76	44	206	33	37	18
Valencia	7,365	1,372	782	3,658	580	640	334
New Mexico	**204,681**	**38,989**	**21,694**	**101,012**	**15,987**	**17,766**	**9,234**

Stimulant Use Disorder included only estimates of methamphetamine use disorder.
Unspecified Use Disorder includes the estimate of incarcerated persons living with any SUD.

Treatment Gap

Estimate of New Mexicans Needing but Not Receiving Treatment in 2018

The treatment gap was calculated as the difference between the number of persons living with a substance use disorder and the number of persons who received any substance use disorder treatment in New Mexico in 2018. The total number of persons living with a SUD was estimated to be 204,681 persons. Based on available data, approximately 70,303 persons received some treatment in 2018. The calculated gap suggests an estimated 134,378 persons who needed but did not receive treatment for their SUD in 2018 (Table 4).

The largest gaps by substance type were for alcohol (73,178) and benzodiazepines (14,218). The AUD treatment gap is particularly concerning considering the alcohol-related death rate for 2014-2018 was about 2.5 times the drug overdose death rate (65.6 deaths per 100,000 vs 25.5 deaths per 100,000). In addition, both alcohol and benzodiazepines greatly increase the risk of overdose if used concurrently with an opioid as all three substances are central nervous system depressants. While the OUD gap was the lowest, it is concerning that only 38% of treatment locations report offering MAT. MAT has been proven to improve patient survival, increase treatment retention, decrease criminal activity and illicit use, increase the patient's ability to be gainfully employed, and improve maternal and infant outcomes for pregnant women with an OUD (SAMHSA, 2019).

Estimates by county in Table 5 show that only 4 of 33 counties in New Mexico have a percentage of persons living with an untreated SUD less than 50%. Seven counties had more than 80% of residents living with an untreated SUD. While every county was found to have at least one SUD treatment location, it is clear in Figure 2 that many New Mexicans, especially in rural counties, still have to travel long distances to their closest treatment location.

Table 4

Estimate of the SUD Treatment Gap by Substance, New Mexico, 2018

Substance Type	People Living with SUD	People Who Received Treatment	People Needing Treatment	People Who May Enter Treatment
Alcohol	101,012	27,834	73,178	7,318
Opioids	38,989	33,415	5,574	557
Stimulants (Methamphetamine)	21,694	12,834	8,860	886
Benzodiazepines	15,987	1,769	14,218	1,422
Cannabis	17,776	10,580	7,196	720
Total	204,681	70,303	134,378	13,438

Table 5

Estimate of the SUD Treatment Gap by County, New Mexico, 2018

County	People Living with SUD	People Who Received Treatment	People Needing Treatment	% of Persons with SUD Needing Treatment	People Who May Enter Treatment	% of Persons with SUD Who May Enter Treatment
Bernalillo	66,603	24,045	42,558	64%	4,256	6%
Catron	335	38	297	89%	30	9%
Chaves	6,690	1,408	5,282	79%	528	8%
Cibola	2,436	992	1,444	59%	144	6%
Colfax	1,342	545	797	59%	80	6%
Curry	4,404	957	3,447	78%	345	8%
De Baca	185	44	141	76%	14	8%
Dona Ana	19,934	4,572	15,362	77%	1,536	8%
Eddy	5,642	1,395	4,247	75%	425	8%
Grant	2,787	853	1,934	69%	193	7%
Guadalupe	452	143	309	68%	31	7%
Harding	73	5	68	93%	7	10%
Hidalgo	426	96	330	77%	33	8%
Lea	6,554	1,231	5,323	81%	532	8%
Lincoln	2,140	435	1,705	80%	170	8%
Los Alamos	1,834	161	1,673	91%	167	9%
Luna	2,403	596	1,807	75%	181	8%
McKinley	5,883	2,377	3,506	60%	351	6%
Mora	455	145	310	68%	31	7%
Otero	6,210	1,551	4,659	75%	466	8%
Quay	835	245	590	71%	59	7%
Rio Arriba	4,145	3,282	863	21%	86	2%
Roosevelt	1,722	323	1,399	81%	140	8%
San Juan	11,577	4,592	6,985	60%	699	6%
San Miguel	3,780	1,501	2,279	60%	228	6%
Sandoval	12,715	3,402	9,313	73%	931	7%
Santa Fe	17,335	8,920	8,415	49%	842	5%
Sierra	1,201	373	828	69%	83	7%
Socorro	1,814	979	835	46%	83	5%
Taos	3,436	1,869	1,567	46%	157	5%
Torrance	1,554	560	994	64%	99	6%
Union	414	59	355	86%	35	8%
Valencia	7,365	2,609	4,756	65%	476	6%
New Mexico	**204,681**	**70,303**	**134,378**	**66%**	**13,438**	**7%**

People Who May Enter Treatment

The Office of the Surgeon General estimates that only about 1 in 10 people with a SUD receive any type of SUD treatment (SAMHSA Office of the Surgeon General, 2016). This percentage was used to calculate the number of people who may enter treatment (13,438) from the number of people needing treatment (134,378). Ideally, treatment would be available to and utilized by the 134,378 people with SUDs who were not in treatment in 2018. Based on the Office of the Surgeon General estimate, only 13,438 people may enter treatment. However, it is important to note that this could be due to a variety of reasons including barriers to treatment or the perception that they do not have a use disorder.

Recommendations

Recommendations

Identified SUD Treatment Gaps

New Mexico has a long history of high death rates attributable to excessive alcohol consumption and substance misuse. The problem is complex and often driven by underlying social determinants of health, including poverty and historical trauma. The effort undertaken in this report to map existing substance use treatment locations and identify gaps in treatment is one step in an ongoing effort to identify and provide information on SUD treatment services available throughout the state.

New Mexico's geography poses certain challenges for improving health status indicators, including those associated with substance use. Providing healthcare and public health services in rural areas has many obstacles including the ability to hire and maintain a full-time workforce and the distances people must travel to get care. Even when there is a practitioner within a reasonable distance, other barriers may exist. The practitioner may not provide the type of service the person needs. They may not be accepting or have a wait list for new patients, and they may not accept the person's insurance. People in rural areas may also be concerned about privacy for substance use treatment received in small communities.

With these obstacles to access to treatment, it is imperative that SUD screenings and treatment be integrated into primary care to fully address the more than 100,000 people in New Mexico who need but are not currently receiving treatment for their SUD. Additionally, hospitals and the criminal justice system can be better utilized as entry points into treatment.

Strategies to Address Identified Gaps

- Connect people with SUD to available slots for evidence-based treatment
    - OpenBeds
    - Maintaining and disseminating the treatment location list that resulted from this study
- Focus SUD treatment expansion to those counties with greatest unmet need
- Integrate SUD screening and treatment into primary care
- Increase evidence-based treatment for AUD and methamphetamine (stimulant) use disorder
- Implement an all-payor claims database in New Mexico to enhance tracking of SUD treatment services and track improvement in access

Maintenance of SUD Treatment Provider Dataset

The SUD Treatment Providers list is a snapshot from Fall 2019. It is important that the list be maintained and updated. Following are recommendations to maintain the list:

- **Single source dataset** – maintaining the current list through ongoing updates.
- **Annual update reports** – Due to the frequency of changes reported during the study, it is recommended updates be done continuously with annual reports on current providers issued.
- **Multiple agency involvement** – NMHSD and NMDOH were the primary agencies involved in the creation of the treatment provider dataset. Future reports should have input from other agencies.

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NEW MEXICO DEPARTMENT OF HEALTH

MICHELLE LUJAN GRISHAM
GOVERNOR

KATHYLEEN M. KUNKEL
CABINET SECRETARY

SUBSTANCE USE DISORDER FACILITY PROFILE

Facility Identification   **Date** _____

Facility Name: _____

Physical Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Fax: _____ County: _____

Point of Contact: _____ Email: _____

Website: _____

Facility Type

☐ Inpatient/Residential   ☐ Outpatient   ☐ Intensive Outpatient

Type of Substance Use Disorder Treated:

☐ Alcohol   ☐ Opioid   ☐ Stimulant

☐ Cannabis   ☐ Sedative   ☐ Methamphetamine ONLY

☐ Other: _____

Treatment Availability

Total number of treatment slots: _____   Current census: _____

Treatment Slots:

    Inpatient/Residential: _____   IOP: _____

    Outpatient: _____   Detox: _____

Length of Stay: Inpatient/residential: _____   Detox: _____

Wait list Option: ☐ Yes   ☐ No   Average wait time: _____

# of Non-County Participants: _____   # of Out of State Participants: _____

MAT Provided: ☐ Yes   ☐ No   Number of MAT Providers: _____

If Yes, number of MAT slots for each type of service:

☐ Methadone   ☐ Buprenorphine (Suboxone)   ☐ Naltrexone (Vivitrol)

Inpatient _____   Inpatient: _____   Inpatient: _____

Outpatient: _____   Outpatient: _____   Outpatient: _____

IOP: _____   IOP: _____   IOP: _____

EPIDEMIOLOGY AND RESPONSE
1190 St. Francis Drive, N1320 ● Santa Fe, New Mexico ● 87502-6110
(505) 827-0006 ● FAX: (505) 827-2110 ● www.nmhealth.org

PHAB

Related Services Offered

Services Offered: (Click all that apply)

- [ ] Detox
- [ ] Peer support
- [ ] Aftercare
- [ ] Harm reduction
- [ ] Relapse plan
- [ ] Recovery
- [ ] Cultured/Religious Centered
- [ ] Other medication maintenance

- [ ] Other: _____
  (Ex. NA, AA)

Population Demographics

Ages Served: (Click all that apply)

- [ ] Children/Youth (<18)
- [ ] Adults (18+)

Genders Served: (Click all that apply)

- [ ] Male
- [ ] Female
- [ ] Transgender

Special Populations Served: (Click all that apply)

- [ ] Pregnant women
- [ ] Physical disabilities
- [ ] Children allowed with parent
- [ ] Chronic health conditions
- [ ] HIV/AIDS, Tuberculosis, Viral Hep
- [ ] Other (please specify): _____
  (Ex: Co-Occurring Psychosis/Medical Conditions)

Disqualifier

Disqualifier: (Click all that apply)

- [ ] Benzo
- [ ] Opioid Agonist
- [ ] Other (Please specify): _____

Payment

What forms of payment are accepted for Substance Use Disorder Services? (Click all that apply)

- [ ] Medicaid
- [ ] Private Insurance
- [ ] PRC/IHS
- [ ] Medicare
- [ ] Grant Funded
- [ ] Self-Pay
- [ ] CYFD/HSD
- [ ] Other: _____

Other Recovery Services

Other Services: (Click all that apply)

- [ ] Housing
- [ ] Other Therapy Services (PTSD, Sexual Assault, Family)
- [ ] Transportation Assistance
- [ ] Does your agency provide Mental Health Services in addition to SUD Treatment?
- [ ] Employment Services
- [ ] Other: _____

Additional Notes:

Appendix B: Alcohol-Related Death and Drug Overdose Death Rates (Deaths per 100,000) by County, New Mexico, 2014-2018
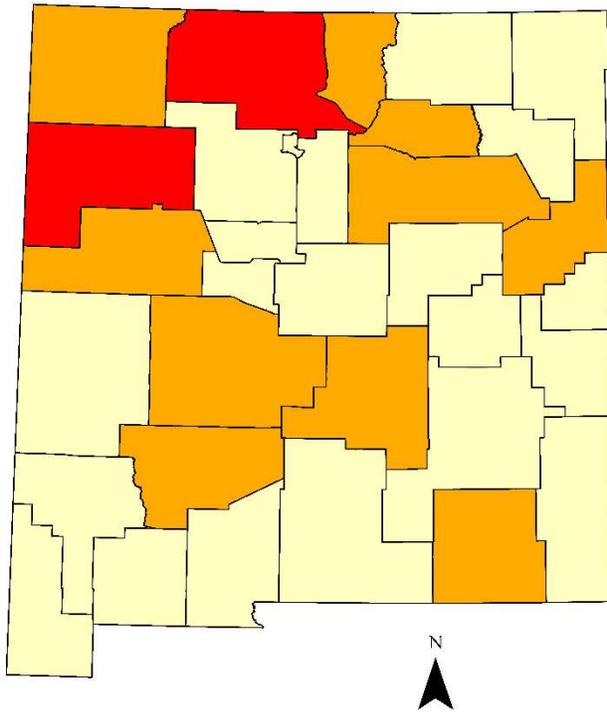
Alcohol-Related Death Rate

State Rate = 65.6

- < 65.6
- 65.6 - < 98.4
- >= 98.4
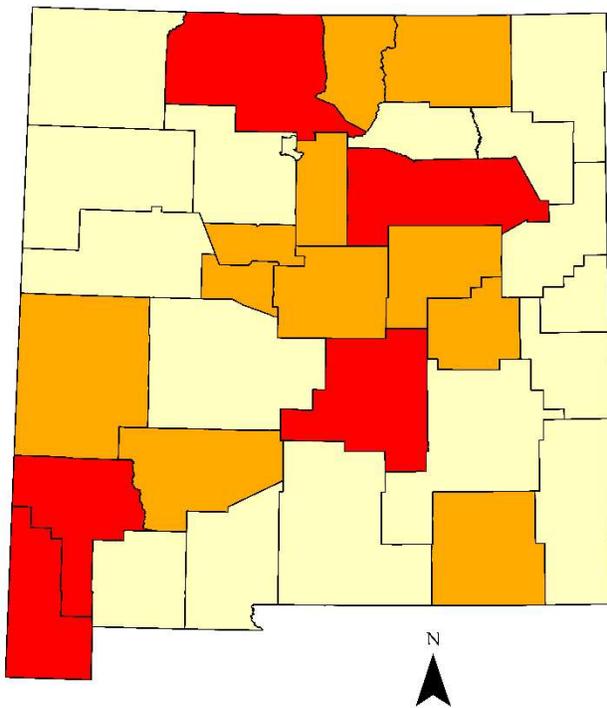
Drug Overdose Death Rate

State Rate = 25.5

- < 25.5
- 25.5 - < 38.3
- >= 38.3

New Mexico Substance Use Disorder Treatment Gap Analysis

January 2020