The following are summary minutes for the meeting of the **City of Las Cruces – Health Policy Review Committee** on March 1, 2023. At 3:00 p.m. at City Hall, 700 S. Main Street, Las Cruces, New Mexico.

Members Present:

Becky Corran, City Councilor, District 2
Kasandra Gandara, City Councilor, District 1
Yvonne Flores, City Councilor, District 6

Members Absent:

Kathryn Olszowy, Ex-Officio member
Adrian Larson, MountainView, Member

Others Present:

Phillip Catanach, Parks & Rec, Recreation Services Administrator
Renee Armijo, Parks & Rec, Administration
Hazel Nevarez, Parks & Rec., Administration
Christine Rivera, City Clerk
Joe Provencio, Employee Assistance Program, CLC
Jason Smith, Fire Chief
Athena Huckaby, Ideal Option
Audry Brown,

**I. Call to Order:** Councilor Gandara called the meeting to order.

**II. Conflict of Interest:** There was no conflict of interest.

**III. Acceptance of the Agenda:** Councilor Corran motioned; Councilor Flores seconded. The agenda was accepted.

**IV. Approval of the Minutes – February 1, 2023:** Councilor Flores motioned; Councilor Gandara seconded. The minutes were approved.

**V. Discussion Items:**

**VI. Medication-Assisted Treatment Athena Huckaby:** Athena Huckaby works for Ideal Option which does prescribing. Ideal Option has a clinic in Las Cruces and throughout the state; two in Albuquerque, one in Rio Rancho, about to open in Los Lunas, and Farmington. They are a big company. Opened in 2012 by two emergency room physicians. People with an opiate use disorder using fentanyl, prescription opiates, heroin problematically when they end up in the emergency room the best practice is to start them on medication-assisted treatment such as

buprenorphine and then connect them to community care. Memorial Medical Center is participating in the New Mexico Bridge Project which is a statewide project where hospitals are trying to get onboard with that program. If someone goes to a hospital that is not in the project, the person will get comfort meds, transfer their care to Mesilla Valley Hospital or Peak, but not doing the best practice which is to start them on buprenorphine in the hospital and then connect them to community care. One of the perceived barriers is that there are not enough community care spots for referrals. There are 13 places in this county that do this type of medication and are able to take the referrals.

With the founding of Ideal Option, there were no clinics in the community that could take people. Now there are 250 providers and 80 clinics in 10 cities, located in Washington, Oregon, Alaska, Montana, Idaho, North Dakota, Minnesota, Maryland, New Mexico, Arkansas.

Their model is low barrier, which is best supported by evidence. In the past you wanted to go on buprenorphine or methadone the programs would require the patient to go to counseling for four to six weeks prior to starting the medication. Some places operate cash only and do not take insurance. Their clinic there is never a wait list. They see people within one to three days. If referred by an emergency department, see them the same day or the next day. Accept Medicaid, Medicare, most commercial plans but not all. About 70% of their patients are New Mexico Medicaid patients.

They are outpatient only. The majority of inpatient places are not using buprenorphine. The model for most places is abstinence only. People that go into 30 day program for fentanyl and then their system is "clean", puts them at a higher risk for overdose and death, as they have used their tolerance totally. Narcan is also important. Also return-to-use episodes do not constitute immediate release from this program. They do not require counseling, but do encourage it. The goal is not to cure the disease but manage the disease appropriately. Medication-assisted treatment is the gold standard for people with substance abuse disorder. If people return to the clinic for a third appointment it has been noted that as of a year later 85% of those people are still in treatment. Their clinic also test labs for drug use.

Medicated-assisted treatment (MAT) and another term MOUD which is medication for opiate use disorder are used concurrently. People on buprenorphine or methadone are found to have decreased criminal activity, decreased transmission of HIV and hepatitis C, decreased drug related overdose and mortality, increased survival, increased patients' ability to gain and maintain employment.

Another area that is not served well is jails and prisons, and there is bill in legislation to mandate MAT in jails and prisons throughout New Mexico. There are three different types of MAT for opiates that are most widely recognized;

methadone, full agonist opiate; buprenorphine/suboxone is a partial agonist; and naltrexone total out antagonist completely blocks of the effects of opioids.

There is a committee in Albuquerque that gets all the harm reduction treatment and prevention groups together. This also includes a subcommittee of MAT and jail. In New Mexico there is a Prescription Drug Monitoring Program that shows all the controlled substances that a person has been prescribed. Ideal Option is connected with a jail in Washington. And with this program only 7% went back to jail, as opposed to the 40-50% that did not go through the MAT.

There was some discussion methadone and it's regulations which are more strict than other medications, but it is effective with fentanyl. There are very few methadone clinics and those are solely located in urban areas. Advantage of methadone is it is long acting, 36 hours, versus some others. Buprenorphine is also long acting.

There seems to be a stigma in taking medication to help reduce drug addiction. This is not just trading one drug for another.

Precipitated withdrawal - using fentanyl and take buprenorphine, the buprenorphine knocks the fentanyl off the receptor, but because the buprenorphine is only a partial agonist that results in a net opiate deficit. Some people taking buprenorphine have deep opioid withdrawal and very uncomfortable, but this can be attributed to not working with a provider and getting the person on the medication appropriately. Ideal Option has low dose initiation, high dose initiation, and able to prescribe comfort meds. There are medications for alcohol abuse. Also have outpatient detoxification, for mild or moderate withdraw. There are no FDA approved medications for methamphetamine but some studies are showing some promise. Kratom was mentioned which is an unregulated herbal supplement that mimics effects of opioids.

Their success rates is measured by medication adherence, is the person lessening the use of medications not prescribed, and the psychosocial outcome. First help to maintenance is about a six months. Social outcomes show 56% people were able to achieve being abstinent from opioids for 12 months or more. When patients start treatment with them, 95% have had no visits to the ER, and 96% no drug related arrests or charges. 92% that had unstable housing before treatment reported their housing improved with treatment.

Drug abuse issues should be standard care and able to go to the primary care provider. Discussion on bringing awareness to the community and youth. Suggestion for a policy that Fire/PD will provide referral follow-up for overdoses. Difficult to know who is abusing drugs as it could be anyone. The message needs to be out there, but research shows it takes 10 times for people to get the message.

There is a strong correlation with alcohol use disorder and suicidality. Opiate use disorder, the substance most associated. Studies have found it hard to disassociate opiate use disorder and trauma contributing.

Tomorrow there is a meeting to discuss creating long-term treatment facilities in the county. Also discuss having a Council work session for the same discussion.

**VII. Future Discussion/Task Listing:**

**1. Occupational Health and Wellness Survey/Mental Health Day Off Update:**

Staff met yesterday and the goal is to split the survey into four segments are there is a lot of information that may not need to be in the survey. Talked about incentives for dong the survey. This subject will be put on for March/April. Is this a survey to take questions out and shorten? Agreement to shorten the survey.

**VIII. Next Meeting Date – April 5, 2023:**

**IX. Adjournment:** Councilor Flores motioned; Councilor Gandara seconded.

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Chairperson