



CITY OF ALBUQUERQUE

Department of Health, Housing, & Homelessness

Gilbert Ramirez, Director

Timothy M. Keller, Mayor

March 14, 2024

Dear Trusted Partners and Community Members:

In the fall of 2023, the Department of Health, Housing and Homelessness (HHH) requested a brief assessment of local communities impacted by opioids, including fentanyl, to be completed by our partner, the Health Equity Council (HEC). HEC, known for its work in community building, and ensuring health equity in our community, is a familiar and trusted entity throughout our city, and a logical choice to provide an introduction to the impact of opioids here locally. Collectively, we are pleased to present the Health Equity Council's Opioid Needs Assessment, conducted in fall 2023.

The request made of the Health Equity Council required a tight timeline. As such, a limited population of primarily unhoused individuals and their respective service providers were engaged for this response. This Needs Assessment Report, therefore, presents a snapshot into the difficulties people who are unhoused have in accessing services. It includes initial recommendations that could quickly benefit not only this specific population, but also other community members as well. In true equitable public health advocacy, the Health Equity Council has centered the voices of those most deeply impacted by the opioid crisis.

As the report indicates, "The opioid crisis is a shared challenge, requiring a shared response." Our Department is actively involved in partnerships with Bernalillo County, Health Equity Council, and other impactful partners in developing that shared response. This report will be shared as a source reference document in that development, which will also inform the strategic planning around the use of the Opioid Settlement funds. We welcome your feedback and visioning into the shared response, and will provide details about how you can become involved as they become available.

Sincerely,

DocuSigned by:

Gilbert Ramirez

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Gilbert Ramirez, LCSW

Attachments: FY-24 Opioid Needs Assessment prepared by Health Equity Council

OPIOID NEEDS ASSESSMENT 2023

ALBUQUERQUE, NM

**PREPARED FOR THE CITY OF ALBUQUERQUE
BY THE HEALTH EQUITY COUNCIL**



EXECUTIVE SUMMARY

The opioid crisis continues to pose a significant public health challenge, impacting individuals, families, and communities across the nation -- and Albuquerque is no exception. The multifaceted nature of the use of opioids -- which include pain management prescription drugs like oxycodone and hydrocodone and illicitly obtained drugs like heroin and fentanyl -- and its consequences necessitate a comprehensive understanding to inform the development and implementation of effective interventions. This report offers an assessment conducted for our city aimed at identifying key areas of concern as presented both by affected individuals and professionals who deal daily with the issue, and evaluating support systems and services. The Health Equity Council and the City of Albuquerque partnered on this effort to inform quality use of opioid settlement funds.

Research for this report was conducted by staff, contractors and supporters of your county Health Equity Council (HEC), part of New Mexico's system representing community voices for public health. This assessment employed a mixed-methods approach encompassing quantitative and qualitative analyses. Data was collected through surveys, interviews and focus groups involving individuals with lived experience, healthcare providers, school counselors and other collaborators. A community dialogue was initiated to gain broader insight, and an extensive literature review was conducted to align our findings with existing knowledge.

Some participants reported becoming substance dependent after becoming unhoused and said regaining the stability housing provides would help them in seeking services for their dependency. And in line with decades of research that has shown a concentration of poverty tends to increase many public health and public safety issues, participants also expressed a need for the availability of affordable housing choices and services across the city and county.

Key findings included perceptions of the need for a wider range of treatment choices and improved quality and availability of care; enhanced training and compensation for frontline staff; more innovative approaches to job assistance and housing, including a place for companion and service animals; an increased number of safe use and needle exchange sites throughout the city and county to reduce overdoses and also boost public safety for all community members; and more effective public education and advertising concerning the risks of opioid misuse, starting at the elementary school level. Respondents also sought streamlined ways to provide feedback and measure accountability on provider and program effectiveness.

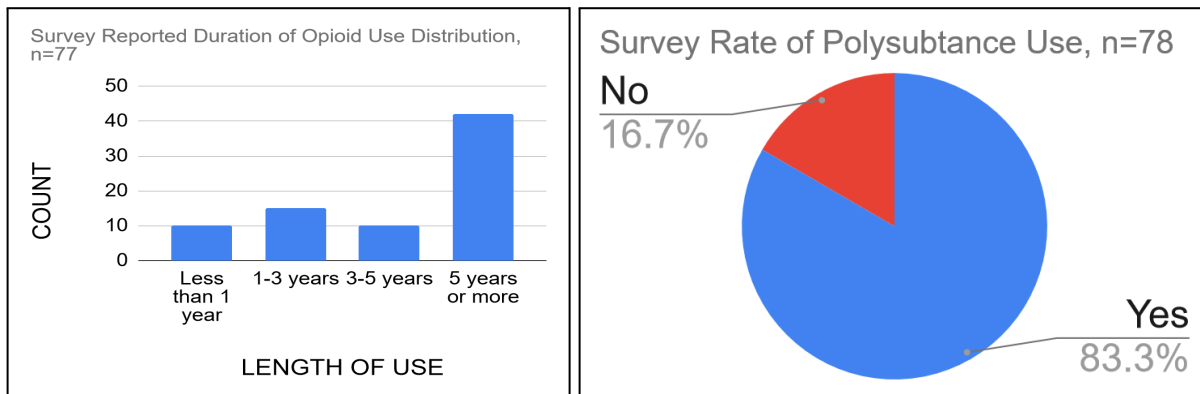
Areas of concern revealed by participants and covered in this report include a local view of the current state of the opioid crisis, initiation into opioid use and factors influencing continued use, supports for early and ongoing recovery, service gaps and barriers to access, intervention challenges and positive developments, resource allocations and perceived inequities, public perception and stigma, policy and regulation, and recommendations.

We at the Health Equity Council respectfully acknowledge that this report would not have been possible without the insight, courage and openness of those who have lived with the impact of opioids in their lives, whether from personal or professional experiences. Looking forward, we anticipate many productive conversations we hope will be spurred by this point-in-time report. We eagerly anticipate the forthcoming actions to improve the quality of life in Albuquerque and Bernalillo County and look forward to the lives saved by actions taken on this topic. We at the HEC are ready to move forward in our collective journey toward healing for our communities. We invite you to join us.

INTRODUCTION

This endeavor attempts to capture a holistic picture of the opioid scenario within our city based on a small group study. The report is structured into sections outlining methodology, findings and recommendations, including a prioritization of the assessed needs and feasibilities. Finally, the appendix includes methodologies and asset maps for reference, as well as a copy of the survey. The overall goal is to provide insight into epidemiological data, services received, barriers to access, perceptions on treatment and many other facets of the opioid crisis. Further, the report delves into systemic and environmental factors contributing to opioid misuse and challenges faced in accessing treatment. Individual journeys from initiation to recovery are examined, shedding light on factors influencing opioid use and resources available for those seeking to recover.

Recommendations in this HEC report synthesize our local findings to propose a set of steps that can be taken to address the identified needs and challenges. Prioritization of the recommendations is provided to guide city and community collaborators in devising a strategic response. The collaborative effort in this assessment underlines our commitment to fostering a supportive environment for individuals affected by opioid misuse. AS illustrated in the two graphs below, opioid use in Bernalillo County is a complex issue, compounded by the long duration of use for the many individuals, as well as the complications for dependency and treatment that are exacerbated by polysubstance use. By shedding light on the complex interplay of factors contributing to the crisis, this report aims to serve as a catalyst for informed decision making and coordinated action towards a healthier, more resilient community.



IMPORTANCE OF EVIDENCE-BASED PUBLIC HEALTH APPROACHES

The pervasive and complex nature of the opioid crisis necessitates a robust public health response that includes a comprehensive, systemic and evidence-informed approach promoting health equity, community engagement and multi-sectoral collaboration. Below are key facets of the public health approach:

Evidence-Based Interventions: The core of public health approaches lies in evidence-based interventions. Robust scientific research, continuous data collection and rigorous evaluation are paramount to understanding the intricacies of opioid use and its ramifications on individual and community health.

Prevention: By addressing root causes of opioid misuse -- such as over-prescription of opioid medications, ineffective pain management and social determinants like poverty and inadequate education -- public health approaches aim to halt the problem before it begins.

Harm Reduction: Harm reduction strategies are quintessential public health approaches that aim to minimize

adverse health, social and economic consequences associated with opioid use. These strategies, including needle exchange programs, supervised consumption services and naloxone distribution, embody a pragmatic, non-judgmental approach to helping individuals at various stages of use and recovery.

Treatment and Recovery: A public health approach advocates for accessible, affordable and effective treatment for those grappling with opioid addiction. It underscores the importance of recovery as a sustained effort, integrating medical, psychological and social support services to help individuals rebuild their lives.

Community Engagement and Multi-Sectoral Collaboration: Opioid use is a community-level issue requiring community-based solutions. Engaging communities in the design, implementation and evaluation of interventions fosters a sense of agency and ownership while enhancing their sustainability and effectiveness. Moreover, the opioid crisis is a multi-dimensional issue requiring the concerted efforts of various sectors including healthcare, education and social services. Such collaboration amplifies the impact of interventions.

Health Equity: Addressing disparities in pain management practices and the availability of services is crucial to ensuring that all individuals, regardless of socio-economic status, have the opportunity to lead healthy lives. The essence of a public health approach is to transcend the individual level and address systemic and structural factors contributing to opioid use and dependency. This assessment embodies the principles of public health, striving to provide a comprehensive, equity-centered framework to tackle the crisis locally.

RATIONALE FOR RECOMMENDATIONS

The recommendations outlined in the report are formulated to address the opioid crisis and are grounded in a thorough analysis of data collected from various sources, including surveys, provider interviews, a focus group, community dialogues and literature reviews. Here's a detailed rationale explaining how and why these recommendations were chosen:

Evidence-Based Insights: The recommendations are rooted in evidence-based insights derived from a diverse range of data sources. The findings revealed the complex interplay of individual, community and systemic factors influencing opioid use and barriers to effective intervention. The recommendations aim to address these factors in a holistic and integrated manner. The recommendations for Albuquerque, in particular, were formulated based on a thorough review of the following evidence-based resources:

- [Principles for the Use of Funds From the Opioid Litigation](#)
- [Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic](#)
- [CDC's Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#)
- [From the War on Drugs to Harm Reduction: Imagining Just Response to the Overdose Crisis](#)
- [Brandeis Opioid Resource Connector](#)
- [State Toolkit to End the Nation's Drug Overdose Epidemic: Leading-Edge Actions and Strategies to Remove Barriers to Evidence-Based Patient Care \(AMA\)](#)
- [Curated Library About Opioid Use for Decision-Makers \(CLOUD\)](#)
- [Substance Abuse and Mental Health Services Administration's Evidence-Based Practices Resource Center](#)

■ [Preparing States and Local Governments for Opioid Settlement Money](#)

For a more comprehensive understanding of the strategies employed, readers are encouraged to refer to the aforementioned resources.

Centering the Voices of Those with Lived Experience: Central to the formulation of the recommendations is the centering of voices from individuals with lived experiences with opioid use. Their firsthand knowledge and insights have informed the recommendations, ensuring they are compassionate, relevant and grounded in real-life experiences.

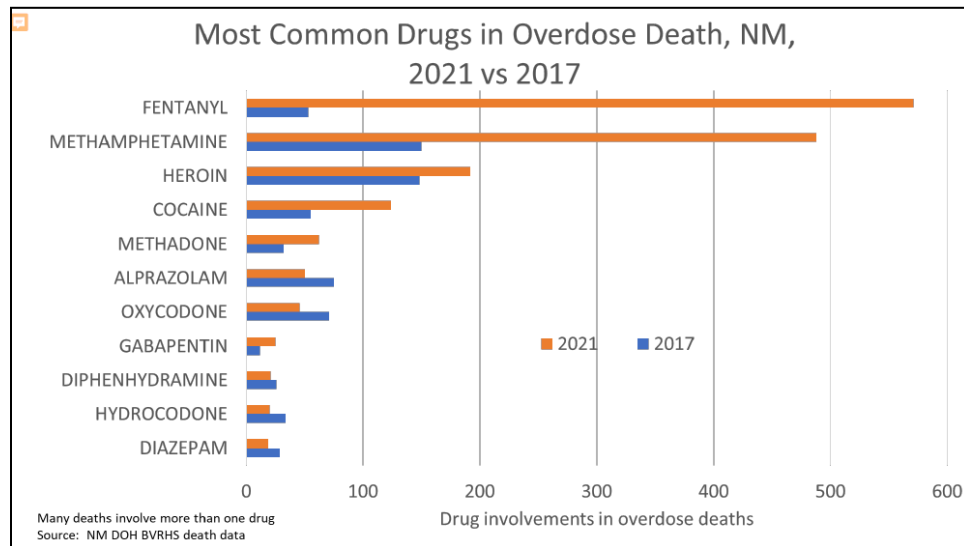
Addressing Identified Gaps: The recommendations address gaps identified in service delivery, resource allocation, policy and public perception. They aim to tackle the challenges in resource limitations, standardized care protocols and the need for early intervention and prevention strategies.

Promoting Collaborative Efforts: The collaborative strategy between the city and county, as well as other efforts emphasized in the recommendations, are driven by the understanding that a coordinated approach amplifies the impact and expands consistency and coverage.

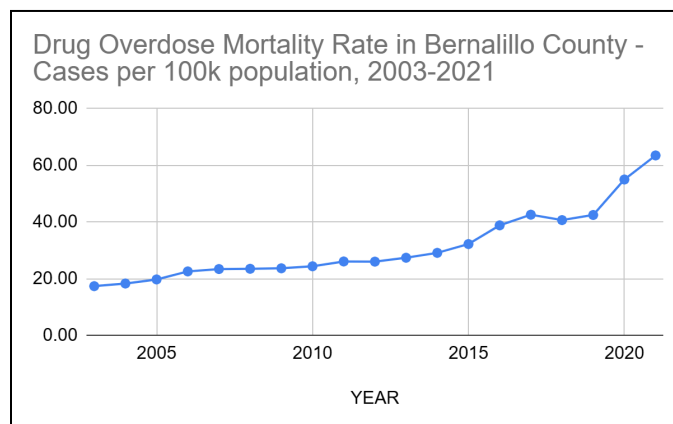
The recommendations encapsulate a balanced approach towards prevention, treatment, recovery support and community engagement, aiming to foster a more equitable and effective response to the opioid crisis.

SCOPE OF THE ISSUE

The U.S. Centers for Disease Control defines opioids simply as a class of natural, synthetic or semi-synthetic drugs used to reduce pain (2021). Though many forms are prescribed by doctors to treat moderate to severe pain, opioids also can produce euphoria that creates the potential for dependency. The CDC identifies some common prescription opioids, such as oxycodone (OxyContin), hydrocodone (Vicodin), morphine and methadone. The CDC points out that heroin, though produced from natural, plant-based sources, is an illegal and deadly opioid, with 25 Americans dying each day from an overdose in 2021. The CDC points out that fentanyl is a synthetic pain reliever meant to treat severe pain, typically in advanced cancer patients. It is many times more powerful than other opioids (up to 50 times stronger than heroin as cited by the CDC in 2023) and it has been reported that the illicit use of fentanyl has increased precipitously, as has its illegal production and distribution. Since fentanyl is a fully synthetic opioid, it is not subject to the seasonal fluctuations of the growing season for the opium poppy (NORIA, 2019). According to the participants in this research, this has led to the typical price for a dose on the street dropping to just \$1. The graph below illustrates the drastic shift from 2017 to 2021 in overdose toxicology positive tests for substances away from semi-synthetic opioids such as oxycodone and hydrocodone and toward fentanyl (NMDOH, 2021).

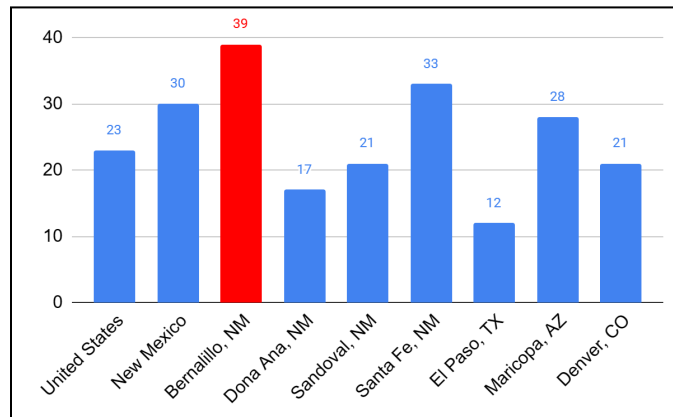


Data pertaining to drug overdose deaths in Bernalillo County, where Albuquerque is the county seat, paints a stark picture of the crisis's magnitude and its disproportionate impact on various communities. This crisis presents a broad range of challenges across different community sectors and demographics, demanding finely tuned solutions to meet the needs and circumstances of these groups. The progression of drug overdose deaths in Bernalillo County from 2003 to 2021, for instance, demonstrates a distressing upward trend. In 2003, the model-based death rate from drug overdoses was 17.33 per 100,000 population (Centers for Disease Control and Prevention, 2021). However, this rate more than tripled over the next 18 years, reaching an alarming high of 63.49 in 2021 (Centers for Disease Control and Prevention, 2021). This dramatic rise points to the growing severity of the opioid crisis in the county and reflects the deepening entanglement of the community with opioid misuse and its fatal consequences.



Compared to national and state averages, as well as neighboring counties and states, Bernalillo County's situation is particularly severe. The average drug overdose death rate in the United States between 2018 and 2020 was 23 per 100,000 population, while New Mexico's average stood at 30 (Centers for Disease Control and Prevention, 2021). In stark contrast, Bernalillo County's average during this period was 39, significantly higher than national and state rates (Centers for Disease Control and Prevention, 2021). Bernalillo County also stands out within the regional context. Compared to Dona Ana, Sandoval, and Santa Fe counties in New Mexico, and neighboring El Paso County in Texas and Maricopa County in Arizona, Bernalillo County's rate is markedly

higher. For instance, Dona Ana County reported an average of 17, Sandoval County 21 and Santa Fe County 33 drug overdose deaths per 100,000 population during the period.

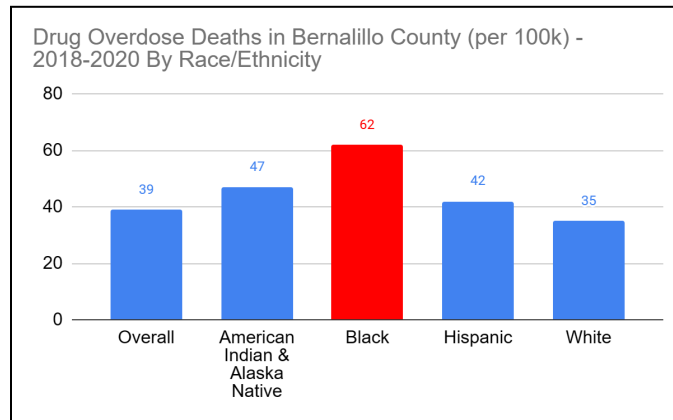


The data underscores the opioid crisis as a critical public health issue. The rising trend in overdose deaths signifies a growing public health challenge that necessitates urgent, effective and tailored interventions.

The high rates of opioid use directly impact the health and well-being of the community. They strain health care systems, increase the burden on emergency services and have long-term repercussions on families and communities affected by loss and trauma. Moreover, the opioid crisis contributes to other public health problems, including the spread of infectious diseases, mental health issues and socioeconomic challenges. Non-fatal overdoses, which deprive the body of oxygen due to respiratory depression, are a public health concern and can cause chronic conditions such as brain damage, stroke, edema and permanent muscle or nerve damage. Indirect morbidity sustained while unconscious cited in a study of overdose survivors include broken limbs or head injuries (40%), burns (24%) or assault injuries (14%).

The alarming rates in Bernalillo County compared to the national average, the state of New Mexico and neighboring regions indicate a localized intensity of the crisis. This necessitates a focused response from local health authorities, community organizations, policymakers and health care providers.

The opioid crisis in Bernalillo County is not only a matter of public health but also of social equity. There are notable disparities in drug overdose deaths among different racial and ethnic groups. For example, the death rate among American Indians and Alaska Natives in the county was 47 per 100,000 population, significantly higher than the overall county rate (Centers for Disease Control and Prevention, 2021). The rate among Black individuals was even more alarming at 62, nearly twice the county's overall rate. Hispanics and Whites faced high rates at 42 and 35, respectively. Such racial inequities are reflective of systemic barriers, including access to quality health care, social and economic inequities, and cultural stigmas around substance use and mental health.



BEHAVIORAL HEALTH WORKFORCE

The local healthcare capacity to respond to the crisis appears directly linked to the availability of trained professionals who can administer Medication for Opioid Use Disorder (MOUD), as well as those equipped to address Serious Mental Illness (SMI), which is often comorbid with substance abuse.

In 2021, Bernalillo County had a total of 246 providers certified to prescribe MOUD, yielding a provider to population ratio of 36.5. The population ratio is defined throughout this report according to the standards of the World Health Organization, e.g. “The number of physicians available per every 10,000 inhabitants in a population, at a given year, for a given country, territory, or geographic area” (World Health Organization, 2024.) This group predominantly consisted of family medicine practitioners (180, followed by those specialized in internal medicine (61), and a minimal presence from pediatrics (5) (The Fitzhugh Mullan Institute for Health Workforce Equity (Mullan Institute), n.d.). While this number provides a foundation for treatment, it also highlights potential gaps in service availability, given the alarming rates of opioid misuse and overdose deaths in the region. The distribution of these providers can be a critical factor in the accessibility of treatment for opioid use disorder, especially when considering the county’s diverse and spread-out population.

The treatment of SMI often overlaps with the management of substance use disorders, adding complexity to the healthcare demands of the community. In the same year, a total of 108 clinicians prescribed medications indicated for SMI, with a provider to population ratio of 16. Family medicine (75), internal medicine (31), and pediatrics (2) formed the pool of prescribers (The Fitzhugh Mullan Institute for Health Workforce Equity (Mullan Institute), n.d.). This ratio is indicative of the systemic challenge faced in providing comprehensive mental health services, which are integral to addressing the multifaceted needs of individuals with OUD. The broader spectrum of providers, including psychiatrists, addiction medicine specialists, psychologists, and licensed counselors, totals 4,381 at a population ratio of 649.6 (The Fitzhugh Mullan Institute for Health Workforce Equity (Mullan Institute), n.d.). This comprehensive workforce is critical in addressing the various dimensions of the opioid crisis, from direct addiction treatment to the broader psychological and social support needed for recovery.

The relatively low number of Medication for Opioid Use Disorder (MOUD) psychiatrists (3) and MOUD medicine specialists (19) limit access to specialized care for the most complex cases of addiction (The Fitzhugh Mullan Institute for Health Workforce Equity (Mullan Institute), n.d.). Additionally, the distribution of providers across the county, their accessibility, and the integration of their services into a coherent system of care are essential factors that influence the overall efficacy of the response to the opioid crisis.

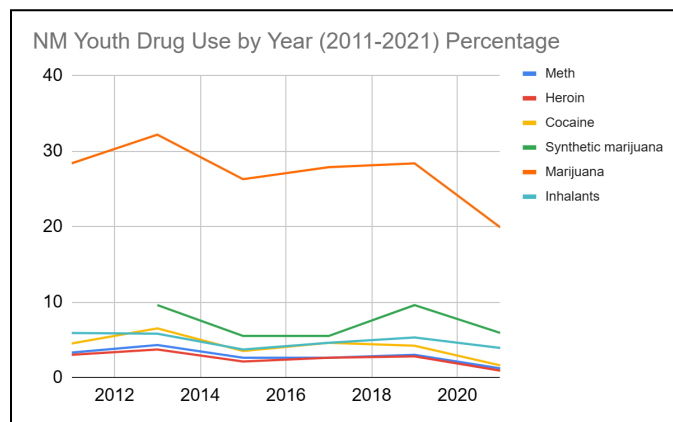
The lack of pediatric specialists is also concerning, given the evidence of substance use beginning at a young age and the pressing need for early intervention. The Youth Risk and Resiliency Survey paints a troubling

picture of opioid use among adolescents, which is further complicated by the insufficient number of pediatrics specialists in MOUD and SMI.

YOUTH

The Youth Risk and Resiliency Survey reveals concerning trends among the younger population, indicating that the opioid crisis is significantly affecting adolescents as well as adults. In Bernalillo County, the percentage of youths misusing pain medications stands at 5.8%, closely mirroring the New Mexico state average of 5.7% (New Mexico Youth Risk & Resiliency Survey, n.d.). This data is troubling as it suggests that a non-negligible proportion of young individuals are at risk of progressing to more dangerous substances or developing long-term dependencies. The presence of potent substances like fentanyl in middle schools is alarming and indicative of a broader shift in the drug landscape. Accessibility to such substances, with fentanyl pills costing as little as \$1 apiece, poses a minimal barrier to entry for youth. This ease of access is a critical concern for prevention efforts.

The data also reveals a mixed picture regarding trends in drug use. While there has been a decrease in the use of certain substances like meth, heroin, and cocaine among high school students, a sustained high prevalence of marijuana use reflects broader trends in psychoactive substance accessibility and potentially indicates a permissive attitude towards drug use in general.



Substance use among youth is a multifaceted problem, often intertwined with other risk behaviors. The survey highlights several areas of concern:

Mental Health and Suicidal Behaviors: Mental distress is notably high, with 26.3% of youth in Bernalillo County reporting frequent feelings of sadness or hopelessness (New Mexico Youth Risk & Resiliency Survey, n.d.). Moreover, 18.6% say they have seriously considered suicide, and 10.6% report having made an attempt. The intersection of mental health challenges with substance misuse demands a comprehensive approach that addresses both issues simultaneously.

Tobacco and Alcohol Use: Early initiation into tobacco and alcohol use is a concern, with 2.2% of youth currently smoking cigarettes and 21.9% having drunk alcohol (New Mexico Youth Risk & Resiliency Survey, n.d.). Early exposure to these substances can predispose young individuals to opioid misuse.

Drug Use: Marijuana use stands at 11.3%, with some youths starting before age 11 (New Mexico Youth Risk & Resiliency Survey, n.d.). Early exposure to drugs can predispose individuals to later misuse of more potent substances like opioids.

The intersectionality of age and race presents unique challenges in addressing opioid use. Young individuals from marginalized racial and ethnic backgrounds often face dual barriers—both as youth and as members of

marginalized communities. This intersectionality exacerbates the social and systemic barriers they encounter, including racial profiling, discrimination in healthcare settings and culturally insensitive educational curricula.

METHODOLOGY

The methodology employed in this needs assessment adopts a multi-dimensional approach to understand the opioid crisis in Albuquerque and to identify actionable insights that could inform settlement planning, with input from various collaborators and data sources. Methods included surveys, focus groups, epidemiological data analysis, community dialogues, provider interviews, asset mapping, literature reviews and site visits. Please refer to the Appendix for more specific information on the methods summarized below.

Surveys and Focus Groups: Surveys and focus groups were conducted with individuals who have lived experience with opioids in an effort to understand experiences, challenges and available support systems. Eighty individuals at seven Albuquerque locations completed the survey, resulting in 1,360 pages of information that was digitized for this report. Focus groups, on the other hand, provided a platform for interactive discussions, allowing for a deeper exploration of shared experiences and suggestions for improving community support systems. The discussion engaged 13 people over a span of two hours.

Epidemiological Data: Secondary data analysis was conducted on available epidemiological data to understand the impact of opioid use within Albuquerque. This data provided a statistical backdrop against which other qualitative findings were compared and contextualized.

Community Dialogues: Community dialogues were organized to foster open discussions among community members about the opioid crisis. These dialogues provided invaluable insights into community perceptions, concerns and suggestions regarding this assessment process. Participants were recruited from an HEC membership meeting and included staff from 15 different partner organizations.

Interviews with Providers: A series of interviews were conducted with healthcare providers, including medical and other care professionals, to gain a comprehensive perspective on the opioid crisis. These insightful discussions involved engaging with a total of 14 individuals.

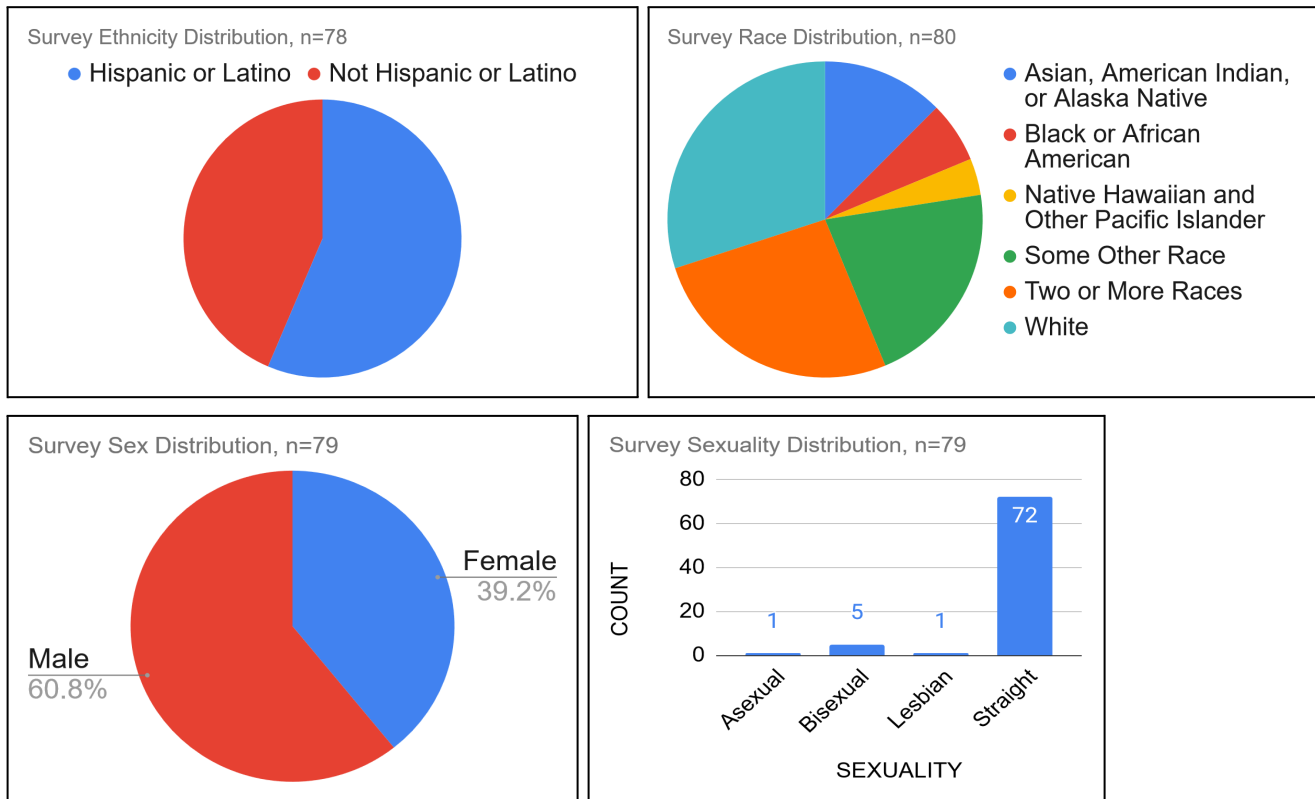
Asset Mapping: Asset mapping was undertaken to identify existing resources and support systems available for individuals impacted by opioid use. This exercise helped in understanding the capacity and gaps within current support systems. Asset maps are available in the Appendix and show publicly available data as well as identify opportunities for improvement in the accuracy of the listed information.

Literature Review: A thorough literature review was conducted to understand the opioid crisis in the broader context. This included relevant studies conducted in the city, academic papers and other publications.

Data Analysis: Data from various collection methods were analyzed both quantitatively and qualitatively. Quantitative analysis involved statistical analysis of epidemiological data and survey responses, while qualitative analysis involved thematic analysis of focus group discussions, interviews and community dialogues.

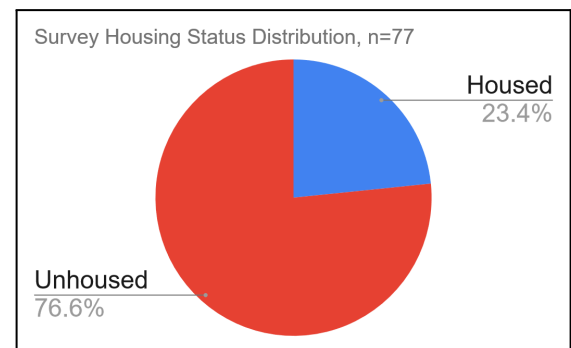
Ethical Considerations: Ethical considerations were paramount in this assessment. Informed consent was obtained from all participants, verbally or in writing, and confidentiality was maintained.

PARTICIPANT DEMOGRAPHICS



During the period allotted for research, 80 surveys were completed. Of those, 61.25% were by men who identified as cisgendered. Of 31 surveys by women, 22.6% identified as either asexual, bisexual or lesbian. No participants identified as transgender. Two of the 80 participants said they were veterans.

Three quarters of survey participants reported a lack of stable housing, as defined as "...where you have your own bathroom and kitchen/kitchenette, but is not a shelter or a couch-surfing situation." As a result, the word "housing" was mentioned 72 times in the 80 surveys within the context of ways to improve recovery services. Help in locating housing resources was listed as a motivating factor and a recovery support both early and presently in their journey. It also was referenced as something that was needed by a loved one who died from opioid overdose or as a barrier in trusting the city to provide quality services.



A large percentage of respondents reported 87108 as the zip code where they live or reside most of the time, with 32 surveys (40%) originating from there alone. Of the 19 zip codes in Albuquerque, 16 are represented in the survey, with six zip codes having only one respondent each.

Regarding the focus groups, five women and eight men participated. Gift cards were offered for their input. Most reported being unhoused at the time. Participants came from a variety of zip codes, with the largest number, 38%, residing in 87102. Others reported residing in 87101, 87105, 87106, 87107, 87108 and 87110.

COMBINED QUALITATIVE FINDINGS

INITIATION INTO OPIOID USE

Trauma: The profound impact of traumatic events on opioid initiation cannot be understated. Trauma, whether resulting from personal loss or experiences like assault, often leaves deep emotional scars. Personal traumas emerged in research for this report as a significant and heart-wrenching catalyst for opioid use. Participants shared deeply personal stories of events that led them to seek solace in opioids. This highlights the importance of trauma-informed care in public health interventions. By recognizing and addressing underlying trauma, interventions can more effectively prevent a turn to opioids as a coping mechanism.

Accidental Exposure: Several participants reported their journey with opioids began not out of recreational interest or peer influence, but rather as an unintended consequence of medical procedures. This speaks to the need for stringent guidelines around opioid prescriptions, especially for minor procedures where alternatives could be effective. It also points to the importance of patient education, ensuring individuals are aware of the risks associated with medications they are prescribed. Some described being introduced to opioids after routine visits to the dentist. Yet, others recounted discovering opioids within their own homes, accessing medications prescribed to family members. This suggests that the home environment, often considered a safe space, can become a source of opioid exposure, especially when prescription drugs are not securely stored.

Peer and Environmental Influence: Some participants described being introduced to opioids by friends or family members. For some, it was a casual introduction, while for others, it was a more forceful push. The environment, including one's immediate social circle, plays a pivotal role in shaping drug-related behaviors, emphasizing the need for interventions extending beyond the individual to their broader social network.

FACTORS INFLUENCING CONTINUED USE

Emotional Comfort: Beyond the initial exposure, the continued use of opioids was often driven by the emotional comfort they provided. Descriptions of opioids acting as a "warm blanket" were recurrent, painting a vivid picture of the allure of these drugs. In the face of adversity, whether it be cold nights on the streets or tumultuous personal circumstances, opioids offered a momentary reprieve from the harshness of reality. This quest for solace underscores deeper psychological needs that opioids seemingly address, albeit temporarily.

Environmental Triggers: Participants spoke of the challenges of returning to the same houses, neighborhoods, and circles of friends post-treatment. These familiar environments often harbored triggers, memories and temptations, making the path to sustained recovery an uphill battle. The recurring theme of environmental triggers underscores the interconnectedness of individual choices and broader environmental factors. It's not just about willpower; physical locations and social circles play a pivotal role in shaping behaviors. This calls for interventions that extend beyond the individual, encompassing broader community-based strategies.

Lack of Resources and Support: A palpable sense of isolation permeated many of the participants' stories. This reflects survey results where 18.75% indicated that they had no one to reach out to "...on a day when you are struggling or down." Descriptions of a lack of family support, facing homelessness and feeling adrift in the world underscored the broader socio-economic challenges intertwined with opioid use. For some, the absence of a robust support system or resources made opioids a refuge.

MOTIVATIONS AND ENCOURAGEMENT FOR RECOVERY

The responses highlight a diverse range of factors that could motivate or encourage individuals to initiate and persevere in their recovery journey. The motivations span personal, social and systemic domains. Here are core themes and suggestions emerging from responses that can act as catalysts for seeking recovery:

Personal Realizations and Circumstances: Hitting rock bottom, reaching a low point or experiencing significant loss; realizing the adverse effects of substance use on personal life and understanding the possibility for change; a desire for a better life, including the aspiration to improve one's life, regain lost relationships or secure a stable livelihood.

Social and Emotional Support: Support and encouragement from family and loved ones, including children; peer support and practical insights through engagement with individuals who have successfully navigated recovery; encountering understanding and non-judgmental attitudes and genuine care from others.

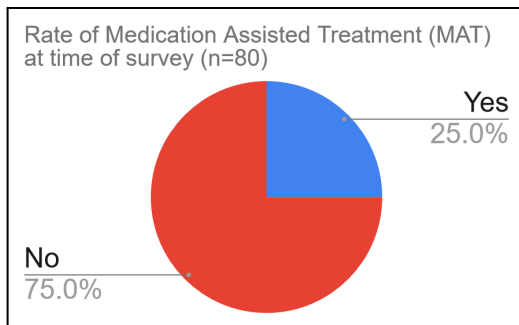
Systemic Supports and Services: Immediate and accessible availability to treatment, especially at the point of decision or need; providing secure housing or housing assistance; assisting with job placements or training.

Educational and Awareness Initiatives: Campaigns to increase awareness about the consequences of drug use and the availability of support services, especially Medication Assisted Treatment (MAT); providing resources, training and education regarding addiction; showcasing success stories of individuals who have overcome substance dependencies as a source of inspiration.

Recreational and Therapeutic Activities: Incorporating fun and engaging activities within treatment programs can make the recovery process enjoyable and less daunting; offering alternative therapies, like group therapy, yoga or other holistic approaches, can provide comprehensive support.

SERVICES RECEIVED

Responses offered a spectrum of treatment and harm reduction strategies available in Albuquerque to address opioid use. This section analyzes various types of treatment and harm reduction strategies mentioned in the responses and explores their implications for opioid settlement planning:



Medication Assisted Therapy (MAT): MAT, which involves the use of medications like methadone or buprenorphine to manage withdrawal symptoms and cravings, is a frequently mentioned treatment strategy. Of participants who described currently receiving MAT, 14 individuals (70%) said they were offered MAT at the time of a hospitalization or incarceration, with Project START specifically mentioned as a positive intervention. One individual commented that it "...wasn't offered, asked for it and had to find resources." Clearly, there is potential for MAT to be

consistently offered as a proactive intervention in hospitals and detention centers when people may be ready for a change.

Detoxification: Detox is a commonly mentioned initial step in the treatment pathway. It involves the medical supervision of withdrawal symptoms as individuals stop or reduce opioid use. The frequency of its mention -- by 27 respondents -- signifies its importance as a preliminary step towards recovery.

Inpatient and Outpatient Treatment: Both inpatient and outpatient rehabilitation services are cited by respondents. Inpatient residential treatment provides a structured environment to focus on recovery, while outpatient treatment offers a level of flexibility, allowing individuals to maintain certain daily activities. Seven respondents indicated inpatient treatment was the service that took the longest to gain access to, though seven other respondents reported their longest delay was for outpatient treatment. A notable description of an inpatient facility included that it was "fun" because they enjoyed karaoke at the end of the day.

Counseling: Continuous access to counseling services was mentioned as a supportive factor in both early and ongoing stages of the recovery process. Preferences in continuity with providers and engaging with providers

with lived experiences were highlighted as improving overall quality of services.

Support Groups: Services such as Narcotics Anonymous and Alcoholics Anonymous were mentioned as important for psychological and interpersonal support in the recovery process.

Medical Cannabis Program: Some respondents (12.5%) mentioned utilizing medical cannabis as part of their treatment or harm reduction strategy. This suggests that alternative or complementary therapies might be part of individualized treatment plans for some individuals.

Needle Exchange: The frequent mention of needle exchange programs (20% of participants) highlights the need for harm reduction strategies aimed at reducing the risks associated with opioid use, such as the transmission of infectious diseases. Respondents reported obstacles in getting to a temporary needle exchange site. Requests included more days and times for exchange programs and consideration of a needle buy-back program to reduce syringe waste. An example is a pilot program conducted in Boston that resulted in more than 40,000 used syringes being collected in three months. The program offered 20 cents per syringe with a maximum of \$10/day/person (Daniel, 2021).

Diagnosis from Health Care Providers: Only 12 of the 80 survey participants, or 15%, have ever received a medical diagnosis related to their substance use. This leads to undercounting of the prevalence of the disease, which can lead to missed opportunities to provide timely intervention and reduced systemic attention.

Self-Initiated Recovery: A few respondents mentioned self-initiated recovery or stopping opioid use on their own as one in a variety of pathways to recovery. It must be noted, however, that the condition of opioid withdrawal syndrome can be life-threatening (Shah, Huecker, 2023). Consequently, some participants spoke of a fear of quitting “cold turkey” and research shows that “...patients who understood tapering to mean a gradual or partial reduction in opioid medications were generally more receptive to tapering than those who understood it to mean ... stopping opioids completely” (Henry, et al., 2019).

Overdose Reversal: Of survey respondents, 34 (42.5%) had been revived by Narcan, with some indicating this occurred more than once. Forty-five participants said they had saved someone else’s life by administering Narcan. Some reported saving more than one life in this manner. Finally, six respondents said they had attempted to save a life with Narcan but were unsuccessful. All responders who were not successful with Narcan had received training on its use. Of respondents who had never administered Narcan, 65% had not received Narcan administration training, highlighting the need for enhanced Narcan administration training for people who are living with opioid use. This harm reduction medication is life-saving, especially in the hands of those who have been trained and feel prepared to use it in emergency situations.

Housing/Transportation Assistance: Access to housing or assistance in finding housing as well as public transportation assistance to make appointments were noted as crucial support services. Challenges with public transit include disparities in bus frequency and punctuality (both for the public bus stops as well as the SunVan paratransit service), as well as density of route coverage.

Training/Education: Training/education on dependency, coping strategies and trauma were listed as useful.

Peer Support: Certified Peer Support Workers were identified as a valuable resource in the recovery process.

Social and Emotional Support: Working with family members, friends or religious leaders (like pastors) on self-care, especially regarding anxiety and depression, was mentioned.

Nonprofit Organizations: Organizations like the Compassion Services Center ABQ and Heading Home that provide welcoming environments, meals, showers and other services were identified.

SERVICES AND SUPPORT FOR EARLY AND ONGOING RECOVERY

Survey and focus group responses provide valuable insights into the services and support individuals find helpful during the early and ongoing phases of their recovery journey from opioid use. The feedback reflects a range of experiences, preferences and needs and offers a nuanced understanding of what can be helpful to individuals at different stages of recovery.

EARLY RECOVERY SUPPORT

Professional Guidance: The importance of counseling from professionals with lived experiences of substance dependency is highlighted. Respondents prefer counselors who can relate to their experiences beyond theoretical knowledge. The mention of Intensive Outpatient Programs (IOP) and residential treatment settings underscores the perceived value of structured, intensive counseling and support during early recovery.

Medication and Treatment Modalities: Respondents frequently mention methadone and suboxone as helpful services. This emphasizes the role MAT plays in supporting individuals during the early phases of recovery.

Community and Peer Support: A good support system, whether it's through friends, family, faith or community resources, is identified as crucial. Peer support and group programs are cited as beneficial.

Basic Needs and Housing: Housing and resources in the community are highlighted as essential supports during early recovery.

Educational Resources: Respondents mention the value of knowing more about the drugs they were using and alternative methods for managing their substance dependencies.

ONGOING RECOVERY SUPPORT

Continued Medication and Counseling: Ongoing MAT/MOUD treatment and counseling are highlighted as vital supports. The continuation of MAT/MOUD appears to be a crucial aspect of ongoing recovery support. Discontinuity in these life-saving treatments due to hospitalization, incarceration, or “dry” policies at emergency shelters can result in relapse and even death.

Community and Peer Interaction: Peer support, one-on-one counseling and having individuals to talk to are identified as important.

Employment and Financial Support: Respondents mention the desire for job assistance, financial help and opportunities to give back to the community. This suggests that financial stability and meaningful engagement are important for ongoing recovery.

Stable Housing and Basic Needs: Stable housing is often mentioned by participants as a critical support for ongoing recovery.

Alternative Therapies and Holistic Supports: The mention of alternative therapies like acupuncture, tai chi, and medical cannabis indicates a desire for holistic support in ongoing recovery. Of options that were included (chiropractor, herbalist, massage therapist, acupuncture, yoga, tai chi), 18 respondents (22.5%) checked all of the boxes indicating that they would like to try these modalities if they were “...free and available in your community.” Other write-in responses included meditation, sweats, cultural cleansing ceremonies, anything natural and rehabilitation to learn to walk.

Transportation: Participants often mentioned transportation support to access treatment services as important for ongoing recovery.

PERCEPTIONS ON TREATMENT SERVICE IMPROVEMENTS

Insights gathered highlight a variety of perceived strengths and areas for improvement regarding opioid treatment services in Albuquerque. The feedback is instrumental in identifying potential enhancements that could positively impact individuals seeking treatment for opioid misuse.

Accessibility and Availability: A prominent theme across responses is the need for increased accessibility and availability of treatment services. Respondents mention the importance of reducing waitlists, expanding service hours and ensuring treatment availability regardless of insurance type.

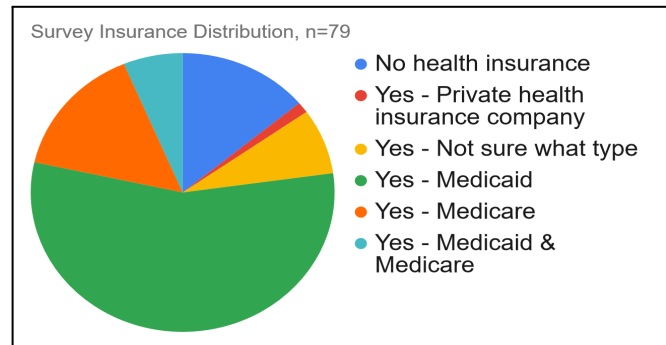
Quality of Care: Respondents frequently mention quality of care as a crucial factor for treatment success. Suggestions include having staff with personal experience in substance dependency recovery, consistent counseling and better communication between service providers and patients. Some respondents highlight the importance of being treated as individuals rather than statistics.

Broad Spectrum of Services: The responses suggest a desire for a broad spectrum of services catering to various needs. Respondents mention the importance of chronic pain management, MAT, detoxification services, and more holistic approaches like music as medicine. The diversity in treatment preferences emphasizes the need for a multifaceted approach.

Community Engagement and Support: Respondents' frequent mention of facilitated support group sessions like Narcotics Anonymous and Alcoholics Anonymous, along with peer support workers, indicates the importance of community in the recovery process.

Reducing Barriers: Respondents express a desire for reduced barriers to treatment access. Mentioned barriers include the necessity of a caseworker in some instances for rehab or detox access, religious aspects of some programs and the requirement of detoxification before entering some treatment programs while others limit services to people in crisis and require a positive urine analysis for intake. The reduction of these barriers could potentially make treatment services more accessible and appealing.

Creative Solutions: Creative solutions, such as the integration of service animals in treatment programs and the provision of job search assistance, housing and sober living support are mentioned. This highlights a holistic approach to recovery that extends beyond medical treatment.



POSITIVE INTERACTIONS AND SUPPORTS

Amidst the reports of challenges, narratives of positive interactions provide a beacon of hope.

Valued Personalized Care: Instances where participants felt seen, heard and valued along with descriptions of being treated "like a king" in treatment settings highlight the profound impact of personalized, compassionate care. These positive interactions, though sporadic, provide a blueprint for how healthcare professionals can build trust and facilitate recovery.

Intrinsic Motivation and Family Interventions: Participants spoke of intrinsic motivations to improve their life situations and the pivotal roles played by family members in their recovery journeys.

BARRIERS TO ACCESS

Survey responses illustrate a multitude of barriers individuals face when seeking treatment or services for

opioid use in Albuquerque. Their analysis sheds light on real-world challenges individuals encounter, which can significantly impact the effectiveness of opioid settlement planning within the community.

Cost: Cost was cited by 34 of 80 survey respondents (42.5%) as a barrier for them in accessing treatment. One individual who traveled out of network mentioned a \$30,000 cost for residential treatment. The financial burden can be a significant deterrent for individuals seeking help, particularly for those who may already be facing economic hardships. The cost factor extends to various aspects of treatment, including consultations, medication and other associated healthcare services. Addressing cost barriers is paramount to ensure that individuals, regardless of their economic status, can access the necessary treatment and support.

Transportation: Respondents report that an inability to easily travel to treatment centers or healthcare providers can severely hinder the ability to receive timely and consistent care. Survey respondents specifically cited "...near the Compassion Center...", the South Valley, and Singing Arrow neighborhood near the Western Skies bus stop as areas that would benefit from more locations providing MAT. Supporting maps on information can be found in the Appendix section.

Wait Lists: The mention of wait lists by respondents underscores a supply-demand gap in treatment and services availability. Long wait times can deter individuals from seeking help or delay crucial treatment. Addressing the capacity of treatment centers and other service providers is critical to reducing wait times and improving accessibility. Counseling, rehab and detox services were most frequently cited as having the longest wait times indicated in the survey, at nine months or longer.

Unmanaged Chronic Pain: Unmanaged chronic pain appears to be both a cause and a consequence of opioid use among respondents, with 15 survey respondents mentioning it as a challenge. It suggests a need for better pain management solutions, both pharmacological and non-pharmacological, to prevent opioid misuse for individuals struggling with chronic pain.

Lack of Awareness and Personal Interest: A lack of awareness of available treatment options, combined with a lack of personal interest in seeking treatment, presents a dual challenge. Educational and awareness campaigns, alongside motivational interventions, might address these barriers. A high level of polysubstance use presents the opportunity for more education around the dangers of combining substances, while some individuals said they didn't know of the option of MAT to mitigate their withdrawal symptoms.

Discrimination: Some respondents mentioned experiencing discrimination when seeking treatment, highlighting a need for a more inclusive and respectful treatment environments. Discrimination can significantly deter individuals from seeking or continuing treatment and addressing this issue is crucial for creating a supportive environment for all individuals.

Child Care and Time Off From Work: Nine respondents noted challenges related to child care and six reported problems taking time off from work to attend treatment sessions. These practical barriers can significantly impact an individual's ability to access treatment and support services, underscoring the need for more flexible service offerings and additional support structures.

Insurance and Hours of Operation: Finding a treatment center that accepts an individual's insurance or has accessible hours of operation were other barriers identified. Five of eight respondents who had difficulty finding a provider to take their insurance indicated a desire to work with support staff to access services.

Language Barrier: Language barriers were mentioned, indicating a need for multilingual services for non-English speaking.

Trust: A large number of survey participants reported difficulty trusting services provided by the City of Albuquerque. While 24 indicated they trust the city's ability to provide "...high quality mental health or substance use treatment," 27 said they have no trust and the balance responded with "maybe." Of those who

said they lack trust, reasons given include prejudice, indifference, past perceived deception or corruption, lack of follow through (attributed to caseloads), and staff favoritism. Two individuals described being homeless and displaced by the city, one from Phil Chacon Park and the other from “Tent City” (presumably Coronado Park, which was “decommissioned” in August 2022). A vivid description includes the detail that “...they threw away my tent, clothes, paperwork for probation/parole/SS...”

Stigma: Stigma emerged as a formidable adversary. Being judged, whether in healthcare settings or society at large, can deter individuals from seeking help. This points to a broader societal issue, where misconceptions or biases about opioid use and dependency persist. Public awareness campaigns, training for professionals and community dialogues could foster understanding and empathy.

SYSTEMIC LANDSCAPE

The opioid crisis, as revealed through previous findings, unveils a complex interplay of individual, community and systemic factors. Substance use does not exist in isolation but is deeply entwined with a plethora of societal, psychological and environmental factors. This systemic landscape is a tapestry that, when unraveled, exposes intricate interactions between personal experiences, available services, barriers to access and broader influences. The narrative of lived experiences shared by individuals and communities paints a vivid picture of the crisis. Yet, to fully comprehend its magnitude and devise effective interventions, a deeper dive into the systemic landscape is imperative.

INTERVENTION CHALLENGES

Financial Resources and Infrastructural Support: The narrative underscores a tangible resource crunch that hampers the effectiveness of interventions. Providers are often caught in a bind, with insufficient personnel and infrastructure to address substance use adequately. This theme echoes across the findings, from the personal journey of individuals with lived experiences to the challenges faced by schools in providing adequate support. The absence of adequately equipped detox centers, especially for fentanyl users, was a recurring concern.

Reactive vs. Proactive: The current systemic response appears to lean towards reactivity rather than proactivity. There's a discernible gap in early intervention and prevention strategies, especially preventative strategies for children and youth. A reactive posture diminishes the chances of early detection and intervention, which are crucial for mitigating the impacts of opioid misuse. This reactive posture is reflective in the barriers to access and the lack of adequate services received, as elucidated in earlier findings.

TREATMENT MODALITIES AND CHALLENGES

The diversity in treatment approaches is a testament to the multifaceted nature of the opioid crisis. From MAT to behavioral interventions like Cognitive Behavioral Therapy (CBT) and Mindfulness-Based Cognitive Therapy (MBCT), the range of treatments employed reflects a systemic attempt to navigate the complex terrain of opioid use disorders. However, challenges abound:

Standardized Care Concerns: A recurring concern is the lack of standardized care protocols, especially considering the rapid ascent in fentanyl detox. Inconsistencies not only lead to varied outcomes but also complicate the process of care for providers and patients alike.

Transitional and Supportive Housing: The intersection of opioid use with homelessness and other socio-economic challenges underscores the need for transitional living programs. Such programs, which offer drug/alcohol-free environments, are pivotal for individuals in recovery.

Continuity of Care: A significant challenge mentioned is continuity of care, especially for individuals transitioning from incarceration or other institutional settings. A less than seamless transition can be a precursor to relapse, emphasizing the need for better integration between various care settings.

POSITIVE DEVELOPMENTS AND SYSTEMIC CHALLENGES

Amidst the challenges, positive strides have been made. A significant reduction in opioid prescriptions, attributed to increased adherence to CDC guidelines and enhanced monitoring mechanisms, is a notable development. Also, the rise of community-driven approaches, like an emphasis on reshaping treatments based on feedback from those affected, marks a step toward more effective and holistic interventions.

Prescription Monitoring and Reduction: Providers highlight a significant reduction in opioid prescriptions, attributed to increased adherence to CDC guidelines and enhanced monitoring mechanisms. Many mentioned tools like the Prescription Drug Monitoring Program (PDMP) as instrumental in detecting and preventing over-prescription, as well as in identifying "doctor-shopping" behaviors.

Increased Awareness Among Medical Professionals: Physicians and other medical professionals point to a growth in understanding and responsiveness in detecting fentanyl usage and other opioid-related issues within patient populations. This improved vigilance can lead to earlier interventions and better patient outcomes.

Collaborative Efforts: Some providers mentioned positive relationships with various entities and collaborators. These collaborations, often grounded in community-based initiatives, have been instrumental in educating the community and creating more effective and holistic approaches.

Systemic Challenges with Law Enforcement: While there are positive collaborations, providers noted challenges in their interactions with law enforcement and related institutions. The handling of substance users in settings like the Metropolitan Detention Center, was one issue pointed out. A therapeutic approach would include diversion-based practices. A lack of coherence between therapeutic approaches and law enforcement practices can sometimes hinder effective interventions.

Gaps in Community Systems: Providers expressed challenges in ensuring continuity of care due to gaps in community systems. Individuals transitioning from incarceration or other institutional settings often face hurdles in accessing consistent treatment, leading to potential relapses and reduced efficacy of interventions.

Feedback Integration: On the positive side, providers report an increasing emphasis on reshaping treatments based on feedback, especially from those directly affected.

Contradictory City Measures: Some providers attributed systemic challenges to actions of city officials and city policies. Measures that exacerbate the challenges faced by vulnerable populations, like the unhoused, indirectly affect the opioid landscape. Actions mentioned by participants include "sweeps" of encampments, seizing and discarding of personal belongings such as prescribed medications leading to relapse, and use of deadly force against people dealing with addiction. Sweeps also disrupt the stability of receiving care and communication from service providers attempting to connect them with medical treatment and social services.

RESOURCE ALLOCATION AND INEQUITIES: A QUALITATIVE PERSPECTIVE

Substance Use Treatment Facilities: A consistent concern of providers was the insufficiency of detox and treatment centers, as well as the uneven distribution of sites, especially those equipped to handle fentanyl users. Certain areas and demographics are disadvantaged due to a lack of nearby detox and treatment centers (see Appendix for maps). Allocating funds to establish or expand such facilities in underserved areas can directly address a core challenge.

Transitional Programs: Resources allocated to transitional living programs, especially for younger individuals,

can offer dual benefits of substance use treatment and addressing socio-economic barriers. The availability of transitional living programs, especially for younger individuals, is uneven, leaving some demographics and areas underserved. Such programs offer drug/alcohol-free environments, therapy, and community engagement.

Behavioral Treatments Access: Access to behavioral treatments like Cognitive Behavioral Therapy (CBT) and Mindfulness-Based Cognitive Therapy (MBCT) is also skewed. While medication-assisted treatments are essential, the emphasis on expanding access to behavioral treatments is a recurring theme in the systemic landscape. The lack of centralized spaces for drug testing, difficulties in accessing behavioral treatments with long provider wait lists, and geographic barriers due to the city's size and spread further exacerbate these inequities.

The systemic landscape, thus, underscores a pressing need to address inequities in resource allocation to foster a more equitable and effective response to the opioid crisis. The qualitative findings accentuate the intertwined nature of individual, community, and systemic factors, each layer adding a level of complexity that necessitates a multifaceted, holistic approach to interventions.

SYNTHESIS

SYSTEMIC IMPLICATIONS

Findings from various data sources reveal a complex network of systemic challenges that significantly impact the opioid crisis within the city. These challenges, often intertwined, pave the way for a broader understanding which is imperative for crafting effective interventions. Some of the findings overlap with the synthesis highlighted in the qualitative review, including **Resource Limitation, Reactive vs. Proactive Approach, Contradictory City Measures, Systemic Challenges with Law Enforcement, and Gaps in Community Systems.** Another key systemic implication is below:

Barriers to Access: The barriers to accessing services, as elucidated in the findings, have systemic roots. Whether it's the lack of adequate services or the challenges faced by schools in providing support, these barriers underline a systemic inadequacy that could deter individuals from seeking help, thereby prolonging or exacerbating their substance use issues.

Misinformation about Current Providers: Asset mapping conducted by HEC using commonly available search tools such as Google, SAMHSA Practitioner Locator and Dose of Reality New Mexico MAT/MOUD Map to Get Treatment showed that a large percentage of providers listed were at non-functional or incorrect phone numbers or that they were no longer practicing MAT/MOUD.

The systemic implications underscore the necessity for a multifaceted, holistic approach to devise effective interventions. Addressing these systemic implications requires a thorough understanding of their interconnectedness and the cascading effects they have on individuals and communities. This understanding is crucial for aligning the forthcoming recommendations with the systemic realities, ensuring a more grounded and effective approach to combating the opioid crisis.

SERVICE DELIVERY IMPLICATIONS

The intricate landscape of opioid use unraveled through the findings highlights several implications on service delivery. The effectiveness, accessibility, and adequacy of services are critical components that could significantly impact the trajectory of individuals grappling with opioid use disorders. Here are some key service delivery implications derived from the findings:

Continuity of Care: The significant challenge in ensuring continuity of care, especially for individuals transitioning from incarceration or other institutional settings, is a glaring service delivery implication, emphasizing the need for better integration between various care settings and a more coordinated approach in service delivery.

Transitional and Supportive Housing: The intersectionality of opioid use with homelessness and other socio-economic challenges underscores the necessity for transitional living programs.

Access to Behavioral Treatments: The findings emphasize the importance of behavioral treatments such as Cognitive Behavioral Therapy (CBT) and Mindfulness-Based Cognitive Therapy (MBCT). However, difficulties in accessing these treatments highlight a service delivery implication that necessitates a broader systemic effort to make such modalities more accessible.

Geographic and Demographic Disparities: Geographic barriers due to the city's size and spread, alongside demographic disparities, underline a crucial service delivery implication, necessitating a more inclusive and equitable service delivery model.

The service delivery implications accentuate the need for a well-coordinated and inclusive approach to addressing the opioid crisis. By recognizing and addressing these service delivery implications, there's a potential to significantly enhance the effectiveness of interventions, ensuring that they are more aligned with the needs and realities of individuals and communities affected by opioid misuse.

RESOURCE ALLOCATION AND INEQUITIES: AN ANALYTICAL PERSPECTIVE

The narrative of the opioid crisis as explored through the findings reveals glaring inequities in resource allocation across the broader system and community. These disparities manifest in various forms, impacting the effectiveness and accessibility of interventions aimed at addressing substance use. Again, there is some overlap between the findings identified in the qualitative and analytical portions of this report concerning access to **Substance Use Treatment Facilities, Behavioral Treatments Access, Transitional Programs, Community Engagement and Education** and **Financial Resources and Infrastructure Support**.

PUBLIC PERCEPTION AND STIGMA

The opioid crisis is as much a societal issue as it is a health crisis. Public perception and stigma surrounding opioid use disorders play a significant role in shaping the experiences of individuals affected and the broader community's response to the crisis. Here are the key implications concerning public perception and stigma:

Public Misunderstanding: Misunderstandings and misconceptions about opioid misuse and addiction prevail in the community, often fueled by lack of education and awareness. Public misunderstanding can foster negative attitudes, perpetuate myths and hinder the development and implementation of effective interventions.

Influence on Policy and Resource Allocation: Public perception can influence policy-making and resource allocation. Negative attitudes towards individuals with opioid use disorders may lead to inadequate funding and support for necessary services and interventions. This cascading effect can have long-term implications on addressing the crisis comprehensively.

Provider Attitudes: Stigma is not only prevalent within the general public but can also be found among healthcare providers. Provider stigma can lead to biased or inadequate care, further marginalizing individuals' needs.

Media Representation: Media representation of opioid use and individuals with opioid use disorders often shapes public perception. Misrepresentative or sensationalized portrayals can contribute to stigma, misinformation, and a lack of empathy within the community.

Community Alienation: Stigma can foster a sense of alienation and disenfranchisement among individuals with opioid use disorders, impeding community cohesion and collective efforts to address the crisis.

Impact on Support Systems: Stigma surrounding opioid use disorders can extend to families and support systems, further complicating the recovery process. It can strain relationships and decrease social support, which is crucial for long-term recovery and reintegration.

Educational Initiatives: The findings point toward a significant gap in community awareness and education. Addressing public perception and stigma requires targeted educational initiatives that provide accurate information, challenge misconceptions and promote compassionate understanding of opioid use disorders.

COMMUNITY ENGAGEMENT AND EDUCATION

The narrative of the opioid crisis underscores the pivotal role of community engagement and education in both understanding and addressing the crisis. The lived experiences shared by individuals and communities provide invaluable insights that must be centered in shaping interventions. Here are key implications concerning community engagement and education:

Community-Driven Approaches: Emphasis on community-driven approaches, especially reshaping treatments based on the voices of those affected, is a testament to the importance of grounding interventions in the realities faced by individuals and communities. Such approaches can foster a sense of ownership, enhance the relevance and effectiveness of interventions, and promote a more inclusive response to the crisis.

Targeted Educational Campaigns: The findings point towards a significant gap in community awareness, especially around fentanyl, highlighting the need for more specific educational initiatives. Integrating opioid awareness and prevention education into school curriculums can play a pivotal role in early intervention and prevention. This proactive approach can equip younger generations with the knowledge and resources necessary to navigate the complex landscape of opioid use.

Community Dialogue: Encouraging open community dialogues around the opioid crisis can foster a culture of understanding, empathy and collective action. Individuals and communities can share experiences, challenges, and solutions, promoting a more holistic and informed response to the crisis.

Collaborative Relationships: Building positive relationships with various entities and collaborators, as highlighted by some providers, can significantly enhance community engagement and education efforts. These collaborative relationships can be instrumental in pooling resources, expertise, and reach.

Accessible Information Channels: Ensuring that information regarding opioid use, misuse, treatment options and support services is easily accessible and understandable is crucial for promoting informed decision-making and enhancing community engagement.

The implications concerning community engagement and education emphasize the necessity of a multi-dimensional approach in addressing the opioid crisis. By fostering a culture of open dialogue, collaboration, and continuous learning, communities can significantly enhance their capacity to respond to the crisis effectively and compassionately.

POLICY AND REGULATORY IMPLICATIONS

The findings shed light on the significant role policy and regulatory frameworks play in shaping the response to the opioid crisis. Well-designed policies can provide the structural support necessary for effective interventions, while inadequately designed or implemented policies can exacerbate the challenges faced by individuals and communities. While some examples cited below are concerning state or federal policy, the city can still play a role in advocating for these changes. Here are the key policy and regulatory implications drawn from the findings:

Prescription Monitoring and Regulation: The notable reduction in opioid prescriptions, attributed to increased adherence to CDC guidelines and enhanced monitoring mechanisms like the Prescription Drug Monitoring Program (PDMP), highlights the potential of policy and regulatory measures in curbing opioid misuse. However, continued vigilance and enhancement of these regulatory measures are imperative to sustain and build upon these gains.

Healthcare Professional Education: An emphasis on opioid education in medical school curricula and providing continuing education to health care professionals are crucial steps toward promoting responsible prescribing and early detection of opioid-related medical issues. Policies supporting such initiatives can contribute to reducing the incidence and impact of opioid misuse.

Behavioral Health Treatment: The findings underline a discernible gap in access to treatment, especially MAT. Policy measures that facilitate easier access to MAT, behavioral treatments, and other support services are crucial.

Transitional Support: Policies supporting transitional living programs and continuity of care, especially for those transitioning from incarceration or other institutional settings, are imperative. Such policies can reduce the likelihood of relapse and promote long-term recovery.

Early Intervention and Prevention: The reactive stance towards opioid use, as revealed in the findings, necessitates policy measures that promote early intervention and prevention. Policies supporting school-based education, public awareness campaigns and early detection programs can play a pivotal role in shifting the systemic response from reactivity to proactivity.

Harm Reduction Strategies: Policies that support harm reduction strategies such as naloxone distribution, syringe exchange programs, supervised consumption sites and overdose prevention education are crucial for minimizing the adverse consequences associated with opioid misuse.

Community Engagement: Policies that foster community engagement, feedback integration and collaborative efforts can significantly enhance the effectiveness and relevance of interventions.

Addressing Socio-Economic Determinants: The intertwined nature of opioid misuse with socio-economic factors necessitates policies that address their underlying determinants. Policies aimed at reducing homelessness, improving employment opportunities and addressing other socio-economic challenges can create a more holistic approach to combating the opioid crisis.

The policy and regulatory implications underscore the need for a multi-dimensional and coordinated approach to effectively address the opioid crisis. By aligning policy measures with the lived realities and systemic challenges revealed through the findings, there is great potential to foster a more supportive and effective environment for combating opioid misuse and promoting community wellbeing.

COLLABORATIVE EFFORTS

The opioid crisis is a multifaceted issue that necessitates a collaborative, cross-sectoral approach to devise effective solutions. The findings reveal various instances where collaborative efforts have made a positive impact. Here are the key implications concerning collaborative efforts:

Policy Harmonization: Harmonizing policies across different levels of government and among various agencies can promote a more unified and effective response to the opioid crisis. Policy harmonization can also support the establishment of clear guidelines and standards for opioid use prevention and treatment. A positive example of this is the joint legislation between CABQ City Council and Bernalillo County Commission with mirror legislation agreeing to maximize the one-time settlement funds through strategic collaboration.

Collaborator Engagement: Engaging a wide range of collaborators including health care providers, individuals with lived experience, policymakers and the broader community is crucial for crafting informed and holistic interventions. It fosters a deeper understanding of the crisis and ensures interventions are grounded in the lived realities of those affected.

Inter-Agency Coordination: Coordination between various agencies can significantly enhance the effectiveness and reach of interventions. This includes healthcare providers, law enforcement, educational institutions, community organizations and other relevant entities.

Community-Based Initiatives: Community-based initiatives often grounded in collaborative efforts, play a pivotal role in educating the community, shifting systemic responses and fostering a supportive environment for individuals grappling with opioid use disorders.

Professional Collaboration: Collaboration among healthcare professionals across different specialties and settings can foster a more integrated approach to opioid misuse treatment and prevention. Such collaboration can also facilitate the sharing of best practices, resources and knowledge.

Technology Utilization: Using technology to foster collaboration and information sharing can significantly enhance the monitoring, prevention and treatment of opioid use disorder.

Public-Private Partnerships: Public-private partnerships can leverage the resources, expertise and reach of both sectors. They can support development and implementation of innovative solutions, expand access to treatment and foster community engagement and education.

Research Collaboration: Collaborative research efforts can provide the necessary evidence base to inform policy, practice and community awareness. Such collaboration can also foster a better understanding of the complex interplay of factors contributing to the opioid crisis and the effectiveness of different interventions. By fostering a culture of collaboration, open dialogue and shared learning, communities can significantly enhance their capacity to respond to the opioid crisis effectively and compassionately. Such collaborative efforts align well with the recommendations aimed at promoting a comprehensive and informed response to the opioid crisis, underlining the potential synergies that can be harnessed through collaborative action.

RECOMMENDATIONS

PRIORITY RECOMMENDATIONS

The following priority recommendations are elaborated based on their potential to significantly impact the opioid crisis by addressing both its causes and effects. These measures should be considered as priority interventions in combating opioid misuse and supporting individuals on their path to recovery.

Comprehensive Data and Resource Mapping System: Establish a robust data infrastructure in Albuquerque that integrates diverse data sources to map both opioid-related trends and the availability of resources such as treatment centers, support services and prevention programs. This system, utilizing advanced GIS technology, would not only aid in resource allocation but also serve as a public awareness tool to inform the community about accessible opioid-related assistance and services.

24-hour Drop-in Center: Establish 24-hour drop-in centers that provide immediate support, counseling and referral to treatment services for individuals facing opioid use disorder. These centers should have trained staff available around the clock to address the urgent needs of individuals seeking help. Examples:

- [Sandusky Artisans Recovery Community Center](#)
- [Supportive Place for Observation and Treatment \(SPOT\)](#)

Housing and Employment Support: Create comprehensive programs to provide stable housing and job opportunities for individuals in recovery. Stable housing and gainful employment are crucial for sustained recovery, reducing the likelihood of relapse and promoting overall well-being. Housing should include a broad spectrum of options for individuals at different phases of their recovery process. Examples:

- [Jobs, Friends and Houses](#)
- [DV8 Kitchen](#)
- [Pathways to Housing Pennsylvania](#)
- [Ancora Cafe Bakery](#)

Supervised Consumption Site: Establish supervised consumption sites where individuals can use opioids under medical supervision. These sites can reduce harms associated with opioid use, provide an entry point to treatment and prevent fatal overdoses. Examples:

- [Supervised Injection Facility in Ottawa, Canada](#)
- [A Review of the Impact of Safe Injection Sites as an Effective Harm Reduction Strategy](#)

Harm Reduction Expansion: Implement a holistic harm reduction strategy, including the widespread distribution of Naloxone/NARCAN to prevent opioid overdose deaths. Harm reduction initiatives should also include education on safe practices, syringe exchange programs and other measures that reduce the risks associated with opioid use. Examples:

- [Ontario Naloxone Program for Pharmacies \(ONPP\)](#)

- [Staying Alive Drug Overdose Prevention and Response Program](#)
- [Community Care in Reach](#)

Non-Opiate Pain Management: Promote non-opioid pain management therapies such as physical therapy, acupuncture, massage and over-the-counter pain relievers. Resource allocation and education campaigns targeting both healthcare providers and the public can help shift the paradigm from to a broader spectrum of pain relief options. Example:

- [Provider and Patient Perspectives on Opioids and Alternative Treatments for Managing Chronic Pain: A Qualitative Study](#)

Recovery Support Services including Peer Support Groups: Map and expand a city-wide network of recovery support services (virtual and in-person, faith-based and nondenominational), including peer-led support groups that provide ongoing support, education and community engagement for individuals in recovery. Peer support can significantly enhance recovery outcomes by providing a sense of belonging, shared experience and hope for a substance-free future. Examples:

- [Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching](#)
- [The Alano Club of Portland](#)

Education and Public Awareness: Ongoing campaigns to educate the public, healthcare professionals and collaborators on opioid misuse, prevention, treatment and recovery. Examples:

- [The Truth About Opioids Campaign](#)
- [Keep NM Alive](#)

The priority recommendations address various facets of the opioid crisis, from prevention and immediate harm reduction to long-term recovery support. Implementing them will require significant resources, policy adjustments and community engagement. It's crucial that these efforts are undertaken collaboratively, centering the voices of individuals with life experience and with input from a wide range of collaborators including healthcare providers, policymakers and the broader community to ensure a comprehensive and effective response to the opioid crisis.

PREVENTION

Promote opioid prescribing guidelines: Establish and promote standardized guidelines for healthcare professionals on opioid prescriptions, enforcing regulations that limit the conditions and durations for which opioids can be prescribed.

Emergency department policies: Monitor emergency departments to control opioid prescriptions.

Medical insurer and group practice policies: Encourage insurance companies and medical groups to focus on the control of opioid prescriptions.

Healthcare professional education: Provide continuous education to healthcare professionals on the risks and guidelines of opioid prescriptions.

Medical school curricula on opioids: Integrate opioid education into medical school curricula to train future

doctors on responsible prescribing.

Policies to limit marketing of opioids to doctors: Restrict pharmaceutical marketing practices targeting doctors pregnant for opioid promotions.

Promote non-opioid pain therapies: Advocate for alternative pain relief methods like NSAIDs, acupuncture, exercise and massage.

Pharmacy policies and procedures: Strengthen policies in pharmacies to monitor and control dispensation.

Public awareness campaigns: Launch campaigns to educate the public on the dangers of opioid misuse.

Lock boxes: Promote the use of secure storage for opioids to prevent unauthorized access.

School-based education: Integrate opioid awareness and prevention education into school curriculums.

Drug disposal site map and calendar of events: Map drug disposal facilities and organize events where individuals can safely dispose of unused or expired medications.

Improve state pharmacy board oversight: Enhance oversight by state pharmacy boards to ensure ethical dispensation of opioids.

Social determinants: Address underlying socio-economic factors that contribute to opioid misuse.

TREATMENT

Increase Medications for Opioid Use Disorder (MOUD): Promote the use of medications specifically designed to treat opioid use disorder.

Telemedicine: Utilize remote healthcare services to provide opioid addiction treatment to those in distant or underserved areas.

Warm handoff to treatment: Directly transition individuals at risk to treatment services after incarceration or hospitalization related to opioid use. Facilities for MAT inside of detention centers should be adequately staffed with clear medical protocols to prevent deaths while incarcerated.

Pre-arrest route to treatment: Implement diversion programs that offer treatment options before arrest for individuals caught with opioids.

Integrate MOUD into primary care: Incorporate opioid use disorder treatment into regular primary care services.

Post-Overdose outreach: Expand and promote post-overdose outreach programs to prevent recurrence.

Treatment for pregnant women with OUD: Expand provision of specialized treatment programs for pregnant women suffering from opioid use disorder.

Contingency management in opioid addiction treatment: Use reward-based interventions to encourage adherence to opioid treatment programs.

RECOVERY

Post-incarceration: Actively connect support and resources for individuals recovering from opioid use disorder post-incarceration.

Peer-led outreach: Utilize individuals who have recovered from opioid use disorder to lead outreach efforts.

Drop-in center: Establish centers offering immediate support and resources for opioid recovery.

Recovery support services: Offer group-based support systems for individuals in recovery.

Peer recovery specialists/recovery coaching: Train individuals and remove barriers in certification processes for those who have recovered from opioid dependency to offer coaching to those in recovery.

Survivor support services: Provide support services designed for survivors of opioid overdoses.

Housing and employment assistance: Offer housing and job assistance to individuals in recovery.

Recovery community organizations (RCOs): Establish organizations focused on creating communities that

support opioid recovery.

Virtual recovery support services: Provide online support services for individuals in opioid recovery.

Education: Offer educational programs that are tailored to support individuals in opioid recovery.

HARM REDUCTION

Naloxone distribution: Widely distribute naloxone to combat opioid overdoses.

Overdose education and naloxone training: Offer training on opioid overdose prevention and naloxone administration.

Syringe exchange: Establish new programs that allow for the safe exchange of used syringes to include new locations and extended hours and days of operation.

Supervised consumption sites: Set up controlled environments where individuals can safely inject or smoke opioids.

Hybrid RCOs providing harm reduction services: Create organizations that combine recovery support with harm reduction services.

Non-traditional settings delivering harm reduction services: Implement harm reduction services in unconventional settings like festivals, concerts or events.

Drug checking: Offer services that allow individuals to test drugs for harmful substances. This includes widespread proliferation of fentanyl test strips to help those who do not intend to consume fentanyl from accidentally ingesting it in an adulterated or counterfeit substance.

Overdose detection: Utilize overdose detection technologies such as wearable biosensors, fixed-location devices in public restrooms, hotlines or smartphone applications to detect overdoses in real-time.

CALL TO ACTION

The opioid crisis in Albuquerque, like many regions across the country, is not a singular issue but a confluence of challenges spanning prevention, treatment, recovery and harm reduction. It demands immediate, evidence-based and holistic responses. Our community's resilience and future depend on our collective action now.

Unite for a Combined Effort: To the collaborators, policymakers and leaders of Albuquerque: The opioid crisis is a shared challenge, requiring a shared response. The city and county should continue and enhance their efforts to break down silos and develop a cohesive, combined strategy that magnifies our collective impact.

Honor, Listen to and Center Lived Experiences: Every voice matters, but the voices of those who've lived through the opioid crisis carry a weight of experience that's invaluable. As we forge ahead, let's ensure that these voices are not just heard, but are central in shaping our approach. Their stories, insights and suggestions will be the compass that guides our efforts, making them more genuine, effective and impactful.

Embrace Comprehensive Strategies: Leverage the synthesized recommendations spanning prevention, treatment, recovery and harm reduction. Every recommendation, from promoting opioid prescribing guidelines to establishing supervised consumption sites, plays a pivotal role in a comprehensive strategy.

Prioritize Education & Awareness: Public awareness campaigns, school-based education and healthcare professional education are crucial. Knowledge is the first step towards prevention.

Expand Access to Treatment: From increasing MOUD to leveraging telemedicine, it's vital to ensure that everyone affected has access to the help they need, when they need it.

Strengthen Harm Reduction Measures: Harm reduction, including naloxone distribution and overdose education, can immediately save lives.

Invest in Research & Data Collection: Continuous research and robust data collection will inform future strategies, ensuring they remain effective and relevant.

Engage the Community: This fight against the opioid crisis requires involvement by every segment of our community. From policymakers to educators, from healthcare professionals to families, everyone has a role.

Seek Continuous Improvement: The recommendations provided should be viewed as a starting point. Regular evaluations, feedback from the community and adaptability are key to refining our approach.

To the collaborators, community leaders and every concerned citizen of Albuquerque: The time to act is now. Let's come together, equipped with knowledge, compassion and determination, to address the opioid crisis and build a brighter, safer future for our community.

APPENDIX A

METHODOLOGY

In-person Surveys (80 total participants): In-person Surveys were conducted between August 9 and August 25, 2023. Participation was limited to individuals who met three qualifications: 1) a resident of Albuquerque; 2) who experienced opioid use; 3) and was willing to complete the entire 17-page survey, which took most participants 20-40 minutes to complete. The survey consisted of 3 sections for demographic information, opioid and harm reduction use and access, and opinions about recovery. Out of 45 questions, 33 were multiple choice and 12 were open-ended questions.

#	SITE	ZIP CODE	NUMBER OF PARTICIPANTS
1	Casa del Rey Sur Apartments	87108	5
2	Compassion Services Center ABQ	87108	26
3	International District Library	87108	23
4	New Season Treatment Center	87102	10
5	The Rock at NoonDay	87102	9
6	Flag Forward Wellness Center	87108	5
7	Serenity Mesa	87121	2

Note: Other sites that were contacted to participate in the In-person Surveys by both HEC and CABQ staff, but that HEC was not able to obtain consent to visit included: Albuquerque Healthcare for the Homeless, First Choice Community Healthcare South Valley, Crossroads for Women, First Nations, Casa de Salud, Turquoise Lodge, KeepNMAlive, and the Office of Peer Recovery and Engagement.

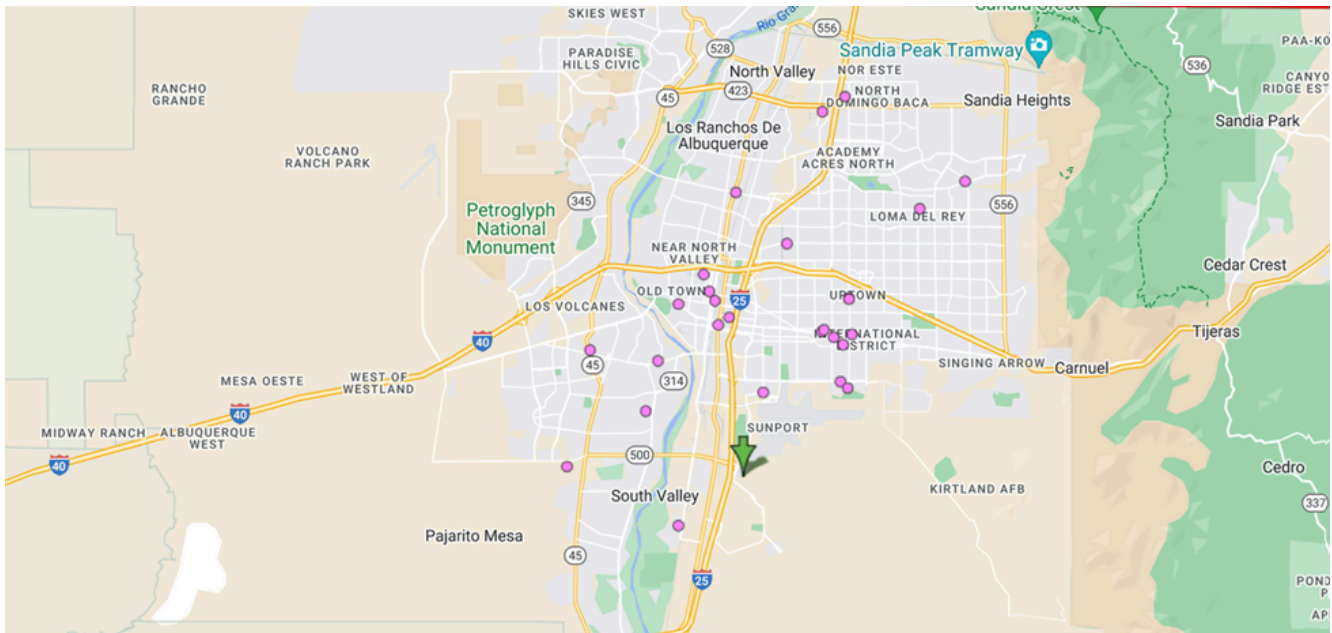
Community Dialogues: Community Dialogues lasted for 45 minutes each and were hosted by HEC on July 25 and September 26, 2023. The first Community Dialogue included 21 attendees, and the second had 20. The first dialogue focused on the questions and format of the In-Person Survey. The second dialogue included a review and discussion of the priorities included in this report. Agencies represented included Presbyterian Hospital, NMDOH, CABQ, International District Healthy Community Coalition, UNM Health Sciences Center, Western Skies Community Care, Southwest Women's Law Center, Independent Living Resource Center, Albuquerque Healthcare for the Homeless, United Way of North Central New Mexico, Blue Cross and Blue Shield of NM, United Healthcare, beWellnm, ACCESS NM, and The Aging and Disabilities Resource Center.

SUPPLEMENTAL MAPS

Treatment Maps By Facility Type (SAMHSA, 2023), [Search For Treatment - FindTreatment.gov](https://www.samhsa.gov/findtreatment)

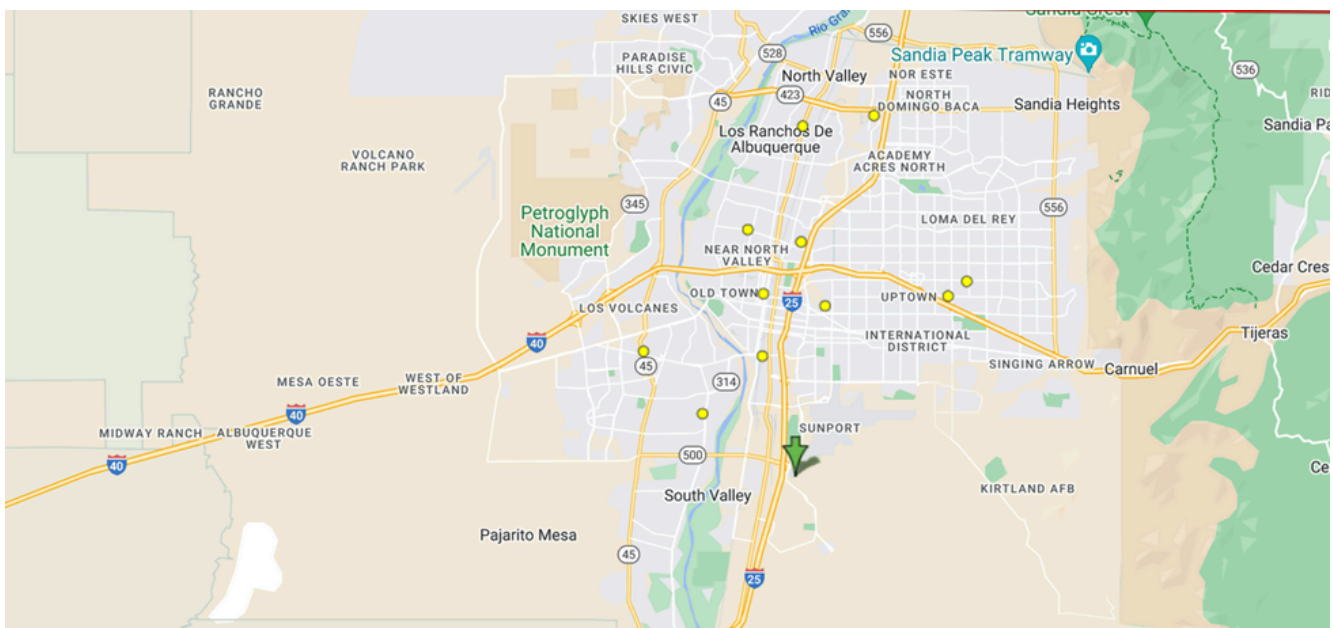
Substance Use:

Facility provides treatment services for medical and mental health services. Some examples are behavioral counseling, medication, medical devices, withdrawal symptoms treatment, evaluation and treatment for co-occurring mental health issues such as depression and anxiety, and long-term follow-up to prevent relapse.



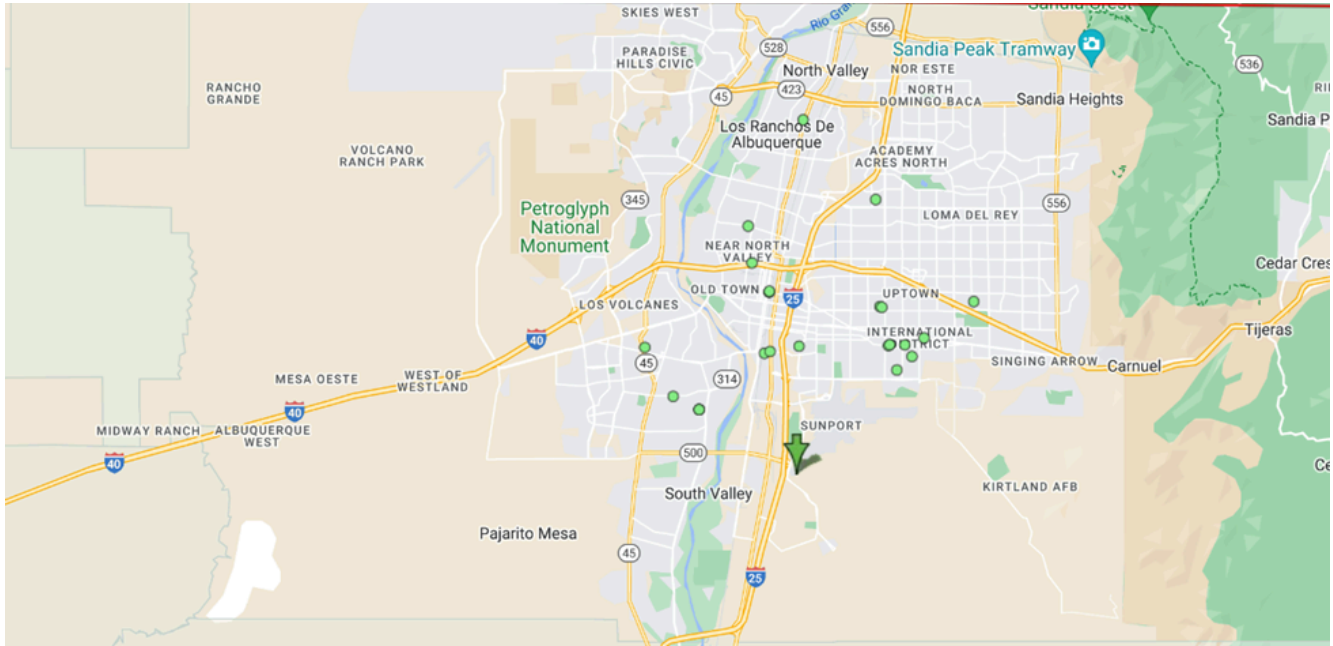
Mental Health:

Facility provides services including therapy or psychotropic medication to treat a person's mental health issue, reduce symptoms, and improve behavioral functioning and outcomes.



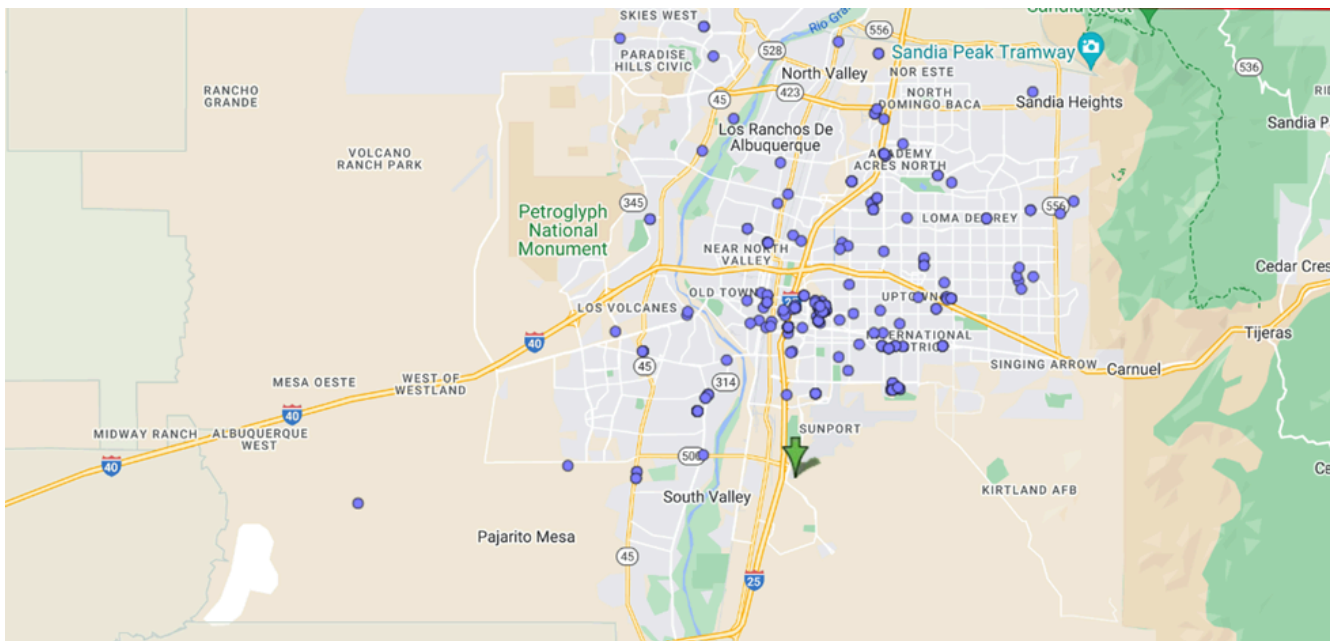
Health Care Centers:

Community-based and patient-directed organizations deliver comprehensive, culturally competent, high-quality primary health care services to the nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans.



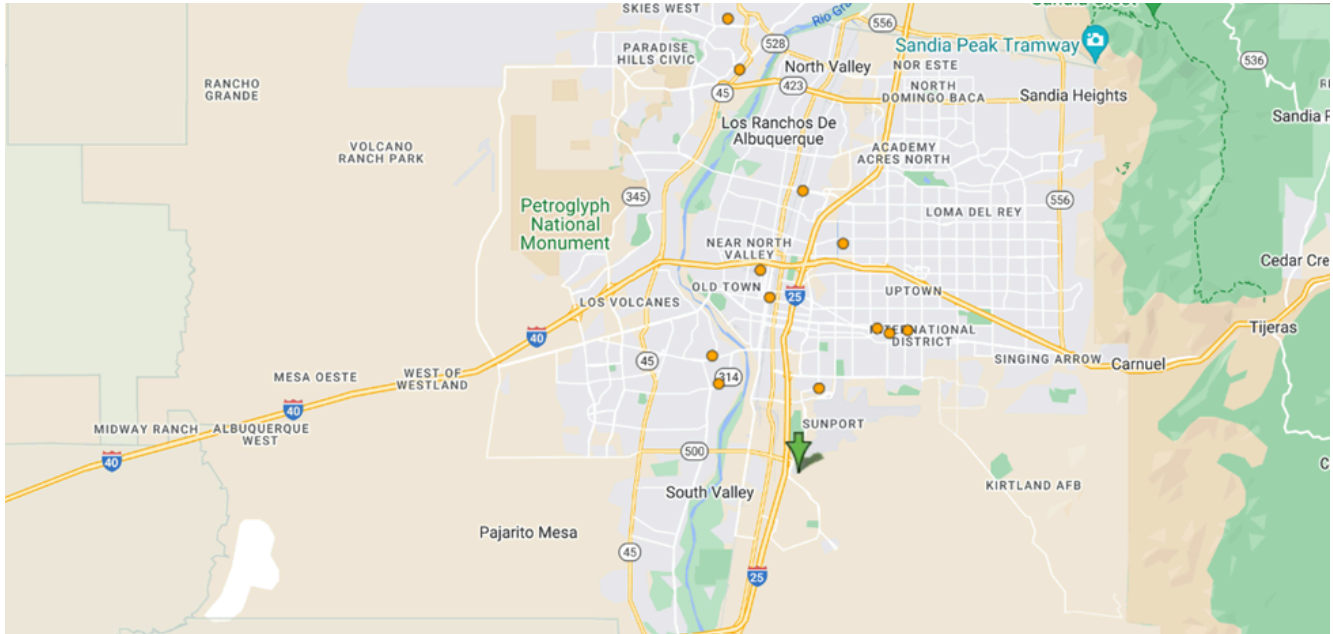
Buprenorphine Practitioners:

Practitioners qualified to offer buprenorphine, a medication approved by the Food and Drug Administration (FDA), for the treatment of opioid use disorders (OUD). HEC performed asset mapping using this database, however, and out of 48 providers on this list that were called, there were 4 providers with 10 sites between them who positively indicated that they provide both methadone and suboxone with no wait list at the time of conversation, though some limit the populations they serve, e.g. veterans only or adolescents only. There were an additional 4 sites that provided either methadone or suboxone with no wait list. There were 7 sites that indicated that they are not taking new clients, no longer provide, or never provided services, with one location specifically indicating a state-wide shortage of providers as a factor. 14 listed phone numbers were either invalid, had a full voicemail box or a voicemail box that was not configured, or were otherwise unverifiable. Finally, another 14 were listed as separate providers but had the same phone number as other contacts in the resource directory. This again highlights the need for an up-to-date resource directory.



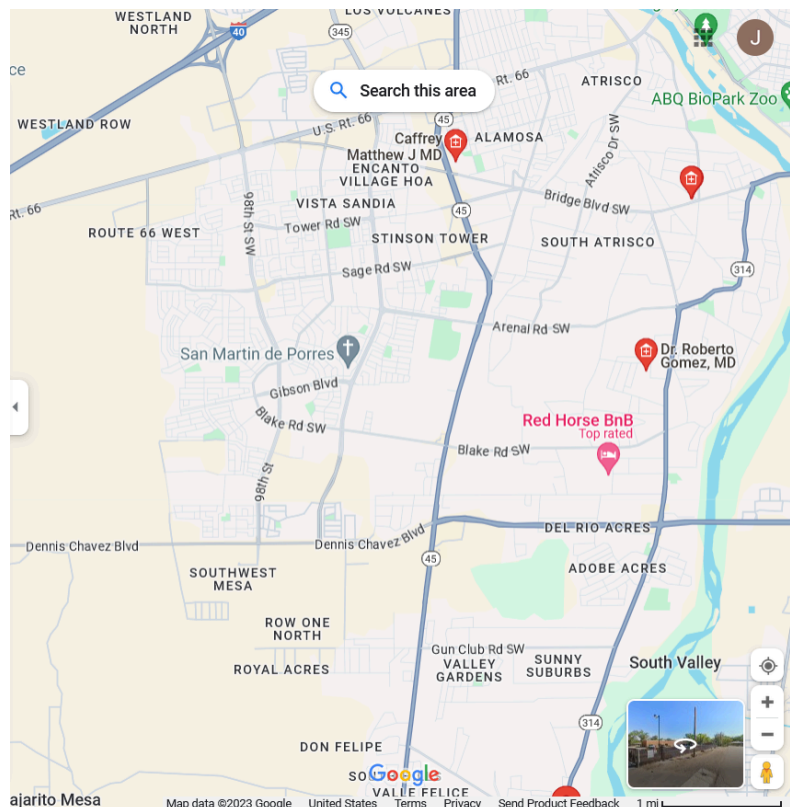
Opioid Treatment Programs:

Opioid Treatment Programs (OTPs) administer and dispense FDA-approved medications for long-term treatment of opioid use disorder. In addition, patients receiving medications for opioid and use disorder (MOUD) must also receive counseling and other behavioral therapies to include recovery supports to provide a whole-person approach.



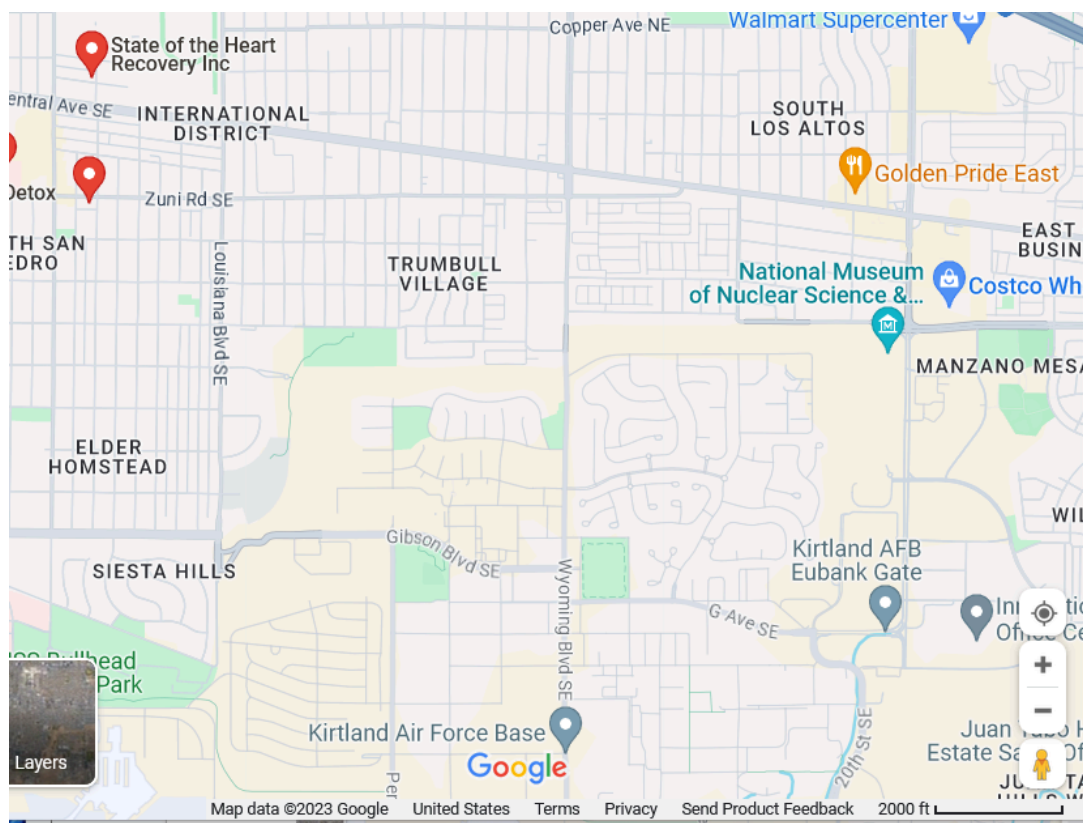
South Valley MAT treatment facilities:

From Google Maps, search results using “suboxone” are pictured below. A search of this same geographic area using the word “methadone” did not yield any unique results. Although multiple sites are listed on the map as South Valley providers for medication assisted treatment on the map, the visual effect is misleading. The contact information for Caffrey, Matthew J MD leads to First Choice Community Healthcare, where staff stated that they are not sure if the MAT program will be continuing due to a lack of staff. The program design includes an initial virtual visit conducted out of the Belen clinic, then a 90-day waiting period to receive medication at an Albuquerque clinic. The contact information on the bottom edge of the map frame is not valid (it dials to a location not in the South Valley) and should be excluded from results here. Another resource in the map, Dr. Roberto Gomez, is no longer associated with that First Choice Community Healthcare location and the staff there also indicated uncertainty about their MAT program continuing. Finally, the final identified treatment facility on Bridge is listed as a psychiatrist, but the associated phone number is invalid and will not dial through. Only by using the specific phrase “medication assisted treatment” was the correct phone number for Recovery Services of NM Five Points Clinic identified (methadone only), which is located at the same address as the point on Bridge. HEC staff identified additional resources that did not appear with the online query: Casa de Salud (suboxone only), and Albuquerque Health Services (multiple listed phone voicemail boxes were full so HEC was unable to verify availability of services). This asset mapping highlights the need for a concerted effort to work with Google Maps to update their provider information as this popular search tool is a first line resource for many community members.



Trumbull Village MAT treatment facilities:

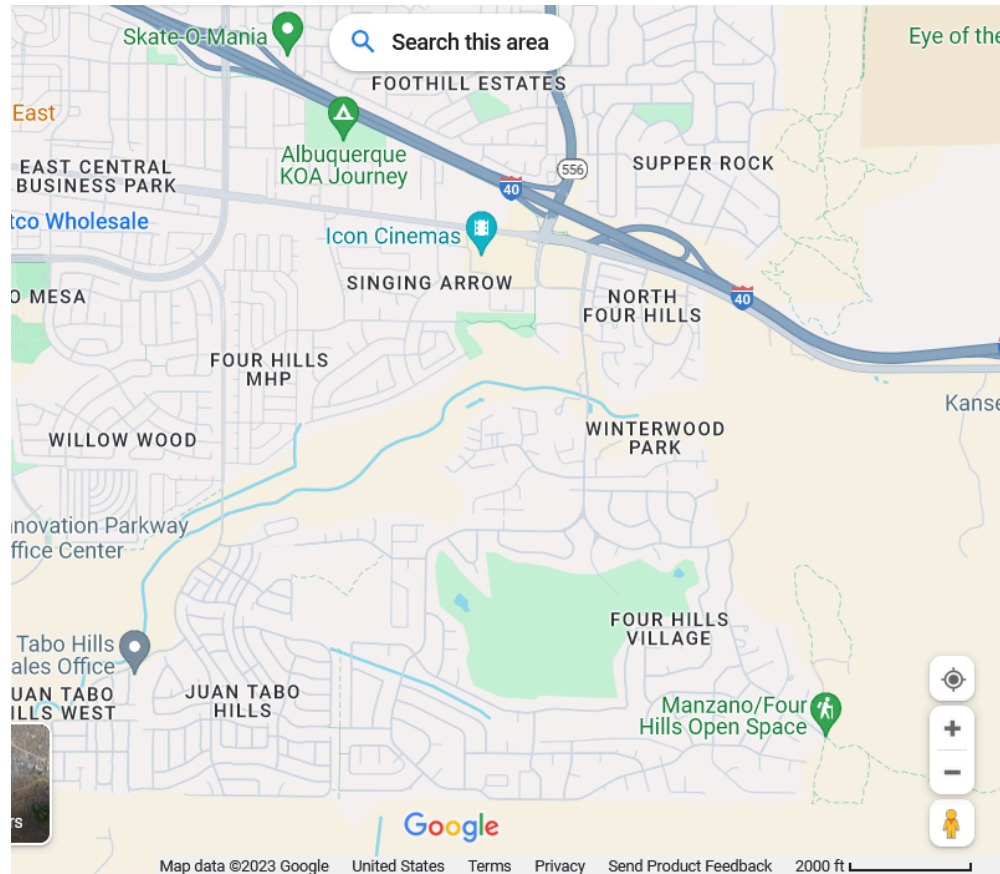
Another area identified as needing more treatment options is pictured below in that is the result of searching Google for “methadone.” The map shows that there are a few clinics West of Louisiana and a couple of them verified they provide both methadone and suboxone (moving counter-clockwise from top, State of the Heart Recovery Inc and CARE Detox from Bernalillo County Behavioral Health Services slightly cut off at edge) but no sites in Trumbull Village. The third flagged point in the cluster continuing counter-clockwise is All Nations though the location listed here does not actually provide MAT, but meals and job skills training. Searching the same area for “suboxone” yielded two invalid results. UNM Hospitals’ Southeast Heights Clinic indicated that they only provide suboxone but are not currently taking any new patients. Dawson Lyn A led to a private practice where the representative indicated they do not provide MAT. A search using the phrase “medication assisted treatment” did not yield any unique results in this area.



Singing Arrow MAT treatment facilities:

No facilities were located in the map area surrounding the Singing Arrow neighborhood (near the Western Skies bus stop) when using the search terms “methadone”, “suboxone”, or “medication assisted treatment.”

The [SAMHSA Buprenorphine Treatment Locator](#) and [Dose of Reality Get Treatment](#) tool were cross-referenced with no additional providers in this geographic area were located using these sites.



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APPENDIX B

SURVEY QUESTIONNAIRE CONTENT

Improving Opioid Services in Bernalillo County

Opioids are a group of pain-relieving drugs that are classified as narcotics. Opioids include prescription pain medicine as well as illegal drugs. **Examples of opioids include heroin, fentanyl, morphine, codeine, oxycodone, hydrocodone, dilaudid, methadone, suboxone, buprenorphine, "blues", "black", and more.**

As a part of the legal settlements from national lawsuits against companies that manufactured, advertised, or distributed prescription opioids, the City of Albuquerque expects to receive over \$5 million to be used toward opioid treatment, support services for people in recovery, and other evidence-based methods. In order to understand the gaps in services for people who are using opioids or in recovery, the City requested that a local non-profit, the Health Equity Council, gather information from people who have lived experience with opioids.

We are asking for your help in this effort. Your responses to these questions will give us better information about community needs in order to develop a list of recommendations for how the City might best invest the \$5 million in services. The Health Equity Council will compile all results into a final report, which will not contain any participant names since this survey is anonymous. Please note that there are four sections to the survey, including information about you, your lived experience with opioids, your experience (if any) with opioid treatment, and your opinions about recovery. This survey will NOT be used to connect anyone to treatment or services so please contact your health provider for assistance in meeting your individual needs.

As a thanks for your time and consideration, the Health Equity Council is providing a \$25 gift card to participants who meet the following qualifications: **1) You must be a resident of Albuquerque; 2) You must be in recovery from opioids, in treatment for opioids, or currently experiencing opioid use. 3) You must completely fill out the survey below, except for fields that are noted as optional.**

SECTION 1

* Indicates required question

1.

If you meet the three eligibility requirements listed above, we would like your permission to use the data you provide in this survey to write a report to the City of Albuquerque with recommendations. The survey is anonymous so you will not be personally identified and we are not collecting your address or phone number so you will not be contacted after the survey. The data will be compiled into statistics (for example, the percentage of respondents who are veterans) and we may also share quotes if you enter any handwritten responses. **Do you consent to the Health Equity Council sharing your responses anonymously in the form of a report with the City of Albuquerque?**

Mark only one oval.

- ☐ Yes, I consent to share my responses
- ☐ No, I do not consent and would not like to participate in this reporting process.

NOTE: If you answer no, please call staff over.

2.

What is your age?*

3.

What is your race?*

Mark only one oval.

- ☐ White
- ☐ Black or African American
- ☐ Asian American Indian or Alaska Native
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ Two or more races
- ☐ Some other race

4.

What is your ethnicity?*

Mark only one oval.

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

5.

What is your gender?*

Mark only one oval.

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-binary, including Gender Neutral and Gender Fluid
- ☐ Two-spirit

6.

This question is optional. What is your sexual orientation?

Mark only one oval.

- ☐ Straight
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Asexual

7.

Do you have a disability?*

Mark only one oval.

☐ Yes

☐ No

8.

Are you a veteran of the United States Armed Forces?*

Mark only one oval.

☐ Yes

☐ No

9.

Do you currently have health insurance?*

Mark only one oval.

☐ Yes - Medicare

☐ Yes - Medicaid

☐ Yes - a private health insurance company

☐ Yes - I have insurance, but I'm not sure which type it is

☐ No - I do not have health insurance

10.

Are you currently living in stable housing, where you have your own bathroom and kitchen/kitchenette, but is not a shelter or a couch-surfing situation?*

Mark only one oval.

☐ Yes

☐ No

11.

What zip code do you live in? (This survey is only available to residents of Albuquerque.)*

Mark only one oval.

- ☐ 87101
- ☐ 87102
- ☐ 87103
- ☐ 87104
- ☐ 87105
- ☐ 87106
- ☐ 87107
- ☐ 87108
- ☐ 87109
- ☐ 87110
- ☐ 87111
- ☐ 87112
- ☐ 87113
- ☐ 87114
- ☐ 87116
- ☐ 87119
- ☐ 87120
- ☐ 87121
- ☐ 87122
- ☐ 87123
- ☐ 87125
- ☐ 87131
- ☐ 87153
- ☐ 87154
- ☐ 87158
- ☐ 87176
- ☐ 87181
- ☐ 87187
- ☐ 87190
- ☐ 87191
- ☐ 87192
- ☐ 87193
- ☐ 87194
- ☐ 87196
- ☐ 87197
- ☐ 87198
- ☐ 87199

SECTION 2

12.

How long ago did you start to use opioids?*

Mark only one oval.

- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 3-5 years
- ☐ Longer than 5 years
- ☐ Other:

13.

If you answered "Longer than 5 years" for the previous response, please enter your best estimate for the number of years.

If your response was anything less than 5 years, you can skip this question.

14.

What is/was your drug of choice?*

15.

Do/did you ever combine two or more drugs at the same time?*

Mark only one oval.

- ☐ Yes
- ☐ No

16.

If you answered "Yes" to the previous question, what are/were the common drugs that you combine/d with your opioids?

If you answered "No" to the previous question, you can skip this question.

17.

Have you ever received any kind of treatment or services for your opioid use?*

Mark only one oval.

- ☐ Yes
- ☐ No

18.

If you answered "No" to the previous question, what are the challenges for you to receive treatment or services for your opioid use? Please check all that apply.

If you answered "Yes" to the previous question, what were the challenges that you encountered when you accessed treatment or services for your opioid use? Please check all that apply.

- ☐ Cost
- ☐ Transportation
- ☐ Childcare
- ☐ Time off from work
- ☐ Hours of operation
- ☐ Wait lists
- ☐ Can't find a place to take my insurance
- ☐ Language barrier
- ☐ Unmanaged chronic pain
- ☐ Discrimination
- ☐ Lack of awareness
- ☐ Lack of personal interest
- ☐ Other:

19.

Would you prefer support gaining access to treatment or services such as a social worker, case manager, coordinated wrap around care (a site with multiple treatments), or Certified Peer Support Worker?*

Mark only one oval.

- ☐ Yes
- ☐ No

20.

If free and available in your community, would you try any of these alternative therapies? Check all that apply.*

Check all that apply.

- ☐ Chiropractor - moves your bones and muscles when they hurt
- ☐ Herbalist - a healer who uses plants as medicine to help you feel better
- ☐ Massage therapist - hands-on treatment for sore joints and muscles
- ☐ Acupuncture - places tiny needles into pressure points in the body
- ☐ Yoga - breath and movement-based group exercise
- ☐ Tai Chi - slow standing movements to shift energy around the body
- ☐ Other:

21.

Narcan is the brand name for a nasal spray that contains the medicine naloxone to reverse an opioid overdose. Have you ever been trained on how to administer Narcan?*

Mark only one oval.

- ☐ Yes
☐ No

22.

Have you ever revived someone else using Narcan?*

Mark only one oval.

- ☐ Yes
☐ No
☐ I tried to revive someone with Narcan, but was unsuccessful

23.

This question is optional. Has someone else ever revived you using Narcan?

Mark only one oval.

- ☐ Yes
☐ No
☐ Not sure

24.

This question is optional. Have you ever been hospitalized or incarcerated for your opioid use?

Mark only one oval.

- ☐ No
☐ Yes - hospitalized
☐ Yes - incarcerated
☐ Yes - both

25.

If you answered "Yes" to the previous question, at the time of your hospitalization or incarceration, were you ever offered Medication Assisted Treatment (e.g. prescription methadone, suboxone, or buprenorphine?)

If you answered "No" or skipped the previous question, have you ever been offered Medication Assisted Treatment (e.g. prescription methadone, suboxone, or buprenorphine?)*

Mark only one oval.

- ☐ Yes
☐ No

26.

Are you currently receiving Medication Assisted Treatment (e.g. prescription methadone, suboxone, or buprenorphine?)*

Mark only one oval.

☐ Yes

☐ No

27.

A safe "use" site is a building with medical supervision where people who use drugs can legally and safely use. Narcan is used to revive clients who accidentally overdose. Staff are able to provide assistance accessing treatment resources for clients who are interested in recovery.

Would you use a safe "use" site if it were available in Albuquerque?*

Mark only one oval.

☐ Yes

☐ No - I do not use any drugs

☐ No - This would not be my preference

SECTION 3

28.

What kind of treatment or harm reduction have you ever received for your opioid use? Please check all that apply. *

Check all that apply.

- ☐ None, I have never received any treatment for my opioid use. SKIP TO QUESTION 32.
- ☐ Detox
- ☐ Rehab - Inpatient rehabilitation means you live on-site while you receive therapy services
- ☐ Intensive outpatient therapy
- ☐ Counseling
- ☐ Medication Assisted Therapy (prescription methadone, suboxone, buprenorphine)
- ☐ A diagnosis from my doctor of Substance Use Disorder or Opioid Use Disorder
- ☐ Group therapy (e.g. Narcotics Anonymous, Alcoholics Anonymous, therapy groups)
- ☐ Medical cannabis program
- ☐ Needle exchange
- ☐ Other:

29.

Which type of treatment took the longest time for you to get an appointment for?*

Mark only one oval.

- ☐ None, I have never received any treatment for my opioid use.
- ☐ Detox
- ☐ Rehab - Inpatient rehabilitation
- ☐ Intensive outpatient therapy
- ☐ Counseling
- ☐ Medication Assisted Therapy (prescription methadone, suboxone, buprenorphine)
- ☐ A diagnosis from my doctor of Substance Use Disorder or Opioid Use Disorder
- ☐ Group therapy (e.g. Narcotics Anonymous, Alcoholics Anonymous, therapy groups)
- ☐ Medical cannabis program

30.

What was the longest time you had to wait to access treatment?*

Mark only one oval.

- ☐ I did not wait at all.
- ☐ 1 day-1 month
- ☐ 2-4 months
- ☐ 5-9 months
- ☐ 9 or more months

31.

If you have received Detox or Inpatient rehabilitation, how long was your most recent stay?

If you have never received Detox or Inpatient rehabilitation, you can skip this question.

Mark only one oval.

- ☐ 1-7 days
- ☐ 8-30 days
- ☐ 31-60 days
- ☐ 61 days or longer

32.

Which treatment did you most recently receive services from?*

Mark only one oval.

- ☐ None, I have never received any treatment for my opioid use.
- ☐ Detox
- ☐ Inpatient rehabilitation
- ☐ Intensive outpatient therapy
- ☐ Counseling
- ☐ Medication Assisted Therapy (prescription methadone, suboxone, buprenorphine)
- ☐ A diagnosis from my doctor of Substance Use Disorder or Opioid Use Disorder
- ☐ Group therapy (e.g. Narcotics Anonymous, Alcoholics Anonymous, therapy groups)
- ☐ Medical cannabis program
- ☐ Certified Peer Support Worker

33.

For the treatment you most recently received, how do you rate the quality of the service you got?*

Mark only one oval.

- ☐ Very beneficial
- ☐ Somewhat beneficial
- ☐ Neutral
- ☐ Somewhat inadequate
- ☐ Very inadequate
- ☐ I have never received treatment

34.

How do you think treatment services could be improved? Feel free to mention specific service providers who you feel are excellent, or could use improvement.*

SECTION 4

This is the last section, you are almost there!

35.

If you have ever experienced recovery, what services or support would have most helped you **early in your recovery process?***

36.

If you have ever experienced recovery, what services or support would help you **right now in your recovery process?***

37.

What do you think would motivate or encourage people to begin the journey towards recovery?*

38.

If you have ever experienced recovery, what are support services that you used to help? Please check all that apply.*

Check all that apply.

- ☐ Comprehensive wrap-around services (case management, service coordination)
- ☐ Counseling
- ☐ Help getting access to housing
- ☐ Public transportation to make appointments
- ☐ Training or education about addiction, coping strategies, trauma, etc.
- ☐ Working with a family member, friend, pastor, etc on anxiety/depression self care
- ☐ Certified Peer Support Worker

39.

Do you trust the City of Albuquerque to provide high quality mental health or substance use treatment services?*

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe

40.

Why or why not?*

41.

Do you trust Bernalillo County to provide high quality mental health or substance use treatment services?*

Mark only one oval.

☐ Yes

☐ No

☐ Maybe

42.

Why or why not?*

43.

Who do you reach out to on a day when you are struggling or down?*

44.

This question is optional. Have you lost someone you love or care for to substance use?

Mark only one oval.

☐ Yes

☐ No

45.

This question is optional. What do you wish your loved one had to improve the quality of their life?

You are finished - please show this page to the Health Equity Council staff member to receive your \$25 gift card.

Thank you! Your answers should help provide better treatment options and services in the future.