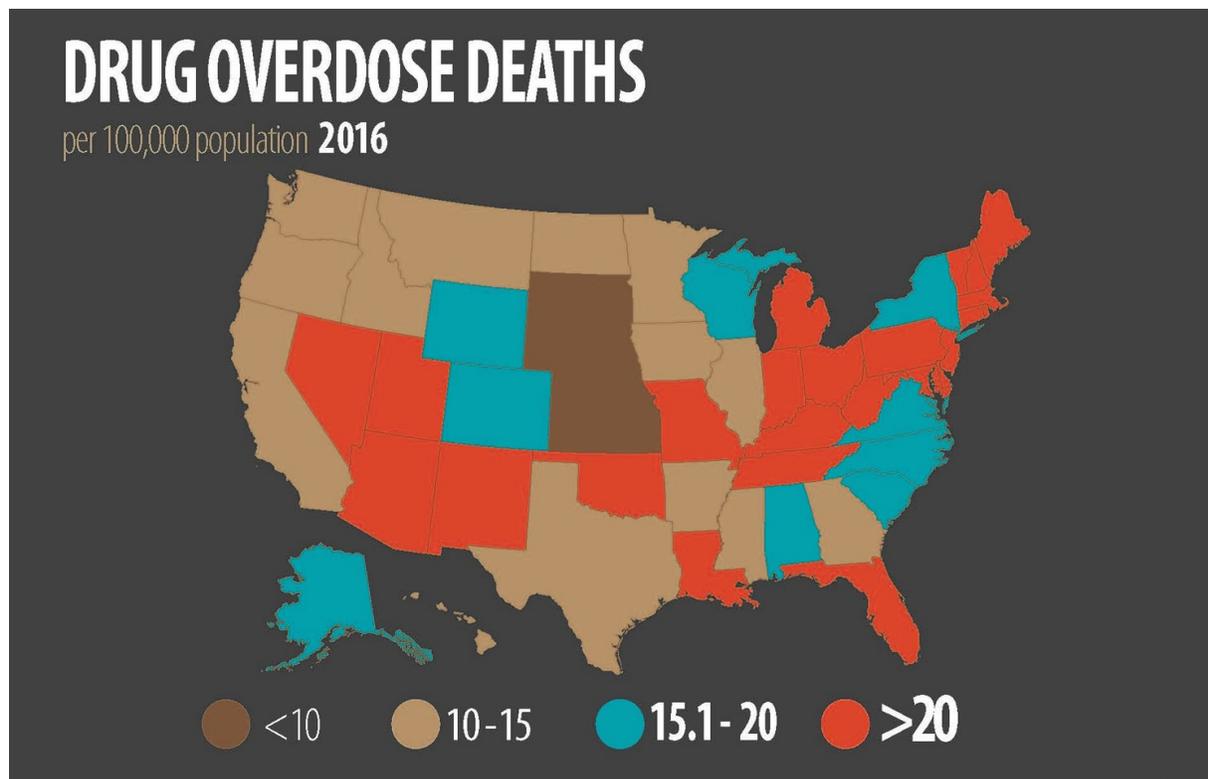


SPECIAL REPORT

Treating an epidemic



New Mexico recorded the second highest drug overdose death rate in the United States in 2014. While it's position has fallen in the two years since, an increasing number of New Mexico residents continue to die of overdoses. As shown in the map above, the problem elsewhere – particularly in the eastern states – is worsening, as well, far outpacing the availability of treatment.

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By John Miller

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At the end of June, Abe Gordon walked out of the summer heat and into the Taos County Adult Detention Center, where his clients were starting to emerge from their cells.

The women's pod was his first stop, his first client, a 25-year-old Taos County woman named Cinnamon Martínez – one of many heroin addicts

at the jail.

Gordon entered the pod with a smile and waved to several women milling about, some brushing their hair and others with toothbrushes sticking slantwise from their mouths. He set down on a round metal table a stack of pamphlets that detail opioid treatment programs in Taos County, and the many others that operate outside its boundaries. For many detainees, it will be their first time hearing of them.

Martínez joined him at the table. “I’m going to have a visit around 1 p.m. because my kids are coming,” she said, knowing it would be the last time she would see them before she was transferred to a New Mexico state prison in a week.

She had been picked up on charges of resisting arrest and concealing identity in October 2016. As heavy drug user, she spent her first days inside in withdrawal. The cocaine, she said, had left her system quickly. Withdrawing from heroin, or “kicking,” as some addicts call it, took much longer, she said.

“I couldn’t sleep for two weeks,” she said, “body aches, cold sweats, sneezing, hallucinations, shaking. You have the runs and you’re throwing up. It’s horrible.”

Withdrawal is the first step before an addict can access treatment. It’s a notoriously uncomfortable experience for a heroin user, but one that can be deadly for a heavy drinker.

According to Nelson Abeyta, a Taos local who took over the post as jail director in the spring of 2016, most of the detainees his jail sees are struggling with some form of addiction.

Much of his day is spent moving throughout each pod, checking in on the facility, and checking in with the detainees that arrive there.

Since his tenure began, Abeyta has worked to bring in some services to support detainees – including Narcotics and Alcoholics Anonymous, and peer support services, such as those provided by Inside Out Recovery.

Upon a detainee's release, however, there aren't enough drug treatment programs for a recovering addict to turn to in order to stay clean.

Detox troubles

Since the Taos County Detox Center was shuttered in 2015, the number of highly intoxicated and addicted offenders entering the detention center has only continued to grow, causing many to take this first step – detox – in jail, a place whose primary purpose is not treatment.

Protocol at the detention center dictates that the heaviest drug and alcohol users are initially kept in a holding cell close to the jail's health offices, where they can be monitored in case of complications, Abeyta said.

However, detainees are typically only selected if their withdrawal symptoms are obvious to jailers, or if the detainee is willing to disclose their drug use when they arrive at the facility – an admission many might be afraid to make for fear of further legal repercussions.

In the first quarter of 2017, Taos County contracted with Correctional Health Partners, a Denver-based organization, to improve the facility's detox monitoring system.

Abeyta said that when an addict is identified, the provider initiates an “alcohol or drug withdrawal protocol,” which involves monitoring vital signs and administering medications if necessary.

But in June, several detainees complained that they had received no addiction treatment or that treatment at the jail was lacking.

For heroin withdrawal, Martínez said she was given a mild painkiller – Benadryl – along with plenty of water.

At other jails and prisons throughout the country, heroin addicts are sometimes provided with more powerful medications, including Suboxone, a drug that can keep opioid cravings at bay and reduce withdrawal symptoms. Methadone is another form of opioid replacement therapy.

Correctional Health Partners has taken other steps to better address addiction in the jail, including its possible causes.

“They have made it a priority to do their best to bring in some of the behavioral and mental health components that we were missing,” said Taos County Manager Leandro Córdova.

Thus far, that additional treatment includes “tele-pysch” sessions, a phone call with a psychiatrist, available four hours out of every month and only for detainees with the greatest need for support.

“It’s not a lot of time,” Córdova said, “but that psychiatrist has the ability to really affect change.”

Monies to provide the psych treatment were drawn from county indigent funds, managed by Córdova.

Those incremental improvements also came at a time when medical costs have reached a new premium. Córdova said that, since switching medical providers at the jail, medical costs have nearly doubled. “We were at about \$280,000 prior, and now we’re over \$500,000 a year,” he said.

The concerns over limited space and resources are similar at Holy Cross Hospital in Taos, which sometimes is asked to provide a medical clearance for detainees before they are admitted to the jail.

Holy Cross Director of Marketing Ira Vandever said that offenders are not to be held longer than necessary to perform the clearance, but added that stays are often extended due to offenders suffering from serious addictions.

In lieu of a treatment center, both the jail and the hospital have, by default, become de facto detox centers.

Córdova, along with Tammy Jaramillo, County Indigent Fund Coordinator, prepared multiple requests for proposals aimed at reopening the detox center throughout 2017, but to no avail.

Those that responded expressed concerns about a detox center's financial viability, Córdova said.

Recently, Taos County announced that a new round of RFPs will be sent out, with a response deadline set for Friday (March 2). Proposal can be sent to Elsa Vigil, Taos County chief procurement officer.

While the county waits, Larry Herrera, interim director at Río Grande Alcoholism Treatment Program which now primarily treats opioid abusers, said that a lack of a detox center continues to be a major hole in Taos County's drug treatment. "People need to get detox before going into more in-depth treatment," he said, adding, that when the Taos detox center was open, he saw numerous people enter the facility and go on to remain clean and sober.

Reversing the issue

New Mexico has taken several steps to combat the consequences of opioid addiction.

It was among the first to require law enforcement to carry Narcan, an overdose reversal drug typically administered through a nasal spray.

Across the state, it seems to be working, including here in Taos County.

Taos County Sheriff Jerry Hogrefe said members of his department started carrying Narcan in April 2016. “In the first year, we had seven reversals,” he said

As of Jan. 5 of this year, Hogrefe’s deputies had already recorded their first reversal using Narcan.

New Mexico State Police Taos District Commander Edwardo Martínez said his office has also been using the drug, reversing three overdoses in 2016, and one in 2017.

Taos Police Chief David Trujillo said that while his officers, supervisors and detectives have been trained on using the drug, they did not use it in the field in 2017.

Other forms of prevention come through education.

Taos Alive, a local agency that seeks to reduce substance abuse around the county, has been working with local school systems and the jail to provide information on strategies that can prevent drug abuse and mitigate the risk of overdose.

Since the summer, they have been providing information specific to Narcan use to detainees at the jail, where overdoses are common upon release.

“We chose to work with the detention center because their population is so high risk,” said Julie Bau, founder of Taos Alive. “Their tolerance [to heroin] after release will have gone down. When they come out, they’ll think they can use the same amount when they went in. People coming out of treatment can be high risk for the same reason.”

Close to home

For Martínez, ridding her body of heroin was the easy part, but keeping

her addiction at bay for the rest of her life will likely take much more work.

She knows that just one more hit could easily send her back to using. She also knows that, once her sentence ends, she will be back out in the community again – one that has limited resources for heroin addicts to turn to, and one where heroin is cheap and easily available, she said.

For addicts of any sort, there are two long-term treatment programs, Shadow Mountain Recovery and Vista Taos Drug & Alcohol Rehabilitation Center.

Affordability for most heroin addicts, however, is a major challenge, said Inside Out Recovery Director Kathy Sutherland-Brau. “Most heroin addicts are on Medicaid and can never afford to pay what it costs to go to those places,” she said.

Addicts in Taos are increasingly turning toward outpatient programs that offer opioid-replacement medications, such as Suboxone. Others are seeking behavioral health therapy.

Dr. Gina Pérez-Baron, a treatment expert who partnered with Tri-County Community Services in Taos last year, offers a combination of both. By administering Suboxone, she says, therapists are then able to work with a patient to get at the root cause of an addiction. Pérez-Baron started a similar program at Questa Health Clinic several years ago.

Other clinics in Taos County that offer Suboxone treatment include El Centro Health Clinic, which has branches in Taos, Peñasco and Embudo; Taos Medical Group and Taos Primary & Integrative Care, an adjunct of Holy Cross Hospital.

Beyond our borders

As scheduled, a week after Gordon’s visit to the Taos jail, Martínez was transferred to prison at the New Mexico Women’s Correctional Facility in

Grants.

This month, she spoke over the phone from a meeting room at the women's facility. Seven months after her interview in the jail, she said she was still clean.

"I've been doing good," she said. "I've been working on getting my GED."

Unlike the Taos jail, she had not yet encountered drugs inside the prison, making it easier for her to stay clean.

Abeyta and his staff do what they can to combat smuggled narcotics at the Taos jail, but inmates will often hide drugs in their cavities. In other cases, drugs are smuggled in the mail. Martínez said it was common to find Suboxone, as well as other narcotics circulating the pods.

When she gets out at the end of January, she plans to reunite with her partner and her two daughters. She believes that she will be able to stay off heroin by willpower alone.

Even after years off the drug, however, other heroin addicts have found it difficult, sometimes impossible to stay clean.

Talking with recovered addicts, however, can provide a real boost.

Peer support forms the crux of Inside Out Recovery's mission, and when Gordon shares his story, other heroin addicts find it easy to relate to him. They find some semblance of hope by hearing from a former addict who had hit rock bottom – and then climbed his way back out again.

Inside Out offers their weekly visits to the jail, acupuncture, meditation groups, writing groups, and a set of other activities to help people keep their addictions in check.

But, the majority of Inside Out's work revolves around motivating

detainees and making referrals to long-term, residential treatment programs, usually outside of Taos County, Sutherland Brau said.

Ambrose Barros, director of Hoy Recovery, a residential treatment center that opened in Española in 1974, says that recovery almost always means long-term treatment – a resource that New Mexico struggles to fund each year.

“It’s tricky because there are very few detox programs for residential treatment, and funding streams are split,” he said.

Both Barros and Sutherland-Brau hope to speak at the 2018 legislative sessions in Santa Fe.

They remain hopeful state legislators will work to fill the gaps.