



“Public Health is for Everyone, Everywhere & Everyday”

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May 2011

National Mental Health Month

Southwest Pathways Project Update

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Since May is **National Mental Health Month**, it seems appropriate to dedicate this issue of the Borderland Buprenorphine Bulletin (bbb) to this topic. One of this year’s themes is *Do More for 1 in 4*, a call to action to help the 25% of American adults who live with a diagnosable, treatable mental health condition. As most behavioral health professionals acknowledge, persons having substance use disorders with alcohol or opiate dependency often have co-occurring mental health disorders such as depression and anxiety. Successful rehabilitation and lasting recovery require that both the substance use and mental health issues be addressed together from the first day of treatment to after-care situations. This philosophy is the foundation for public health addiction services in Region 5.

The public health approach to addiction services in Region 5 is founded on evidence-based practices of prevention with resiliency factors for youth, screening for early detection and brief interventions with at risk clients in other clinical services, and medication assisted treatment with counseling or “talk therapy” for those with chemical dependency diagnoses entering our Southwest Pathways Project. All addiction services are offered in the context of harm reduction, with the guiding principle being that any intervention, policy or practice designed to reduce the negative consequences of drug use without requiring drug use cessation is a positive one. Typically “care” may be a question of substituting a safer option (e.g., Suboxone) for a hazardous or dangerous personal choice of some kind (e.g., injecting heroin).

Operationally our particular public health approach capitalizes on “no missed opportunities” with certain low income or uninsured patient groups already receiving public health services in our facilities who typically having multiple pathologies or co-morbidities. For example, the hepatitis C patient



with drinking and injecting drug issues or the WIC female with perinatal mood disorders or maternal depression and domestic violence history are worthy of clinical attention and assistance. Likewise, the Region 5 approach for special populations is offering a strong outreach effort to identify and connect with high risk persons wherever they are found in the community. For that purpose we have a public health office in a county detention center and we staff a local free clinic for the homeless where there is a very high prevalence of persons with behavioral health needs.

This public health model of addiction services strives to reduce the social stigma of seeking and staying in mental health and substance use services with excellent customer service and by having programming connections among our diverse clinics and programs. For Region 5 this service delivery model requires us to be more integrated internally with clinical

preventive services of the traditional public health nature while at the same time training existing staff in new tools and techniques related to behavioral health and hiring new kinds of professionals (i.e., Psychiatric Mental Health Nurse Practitioners) to meet patient needs and demands for healthcare today and tomorrow in the era of expected health insurance reform by 2014.

While we integrate internally, we must build greater infrastructure capacity among local organizations. Capacity building is increased by sharing both patients and resources to avoid gaps, fragmentation, and duplication of services in the continuum of care and by collaborating in pertinent councils, consortia and coalitions for priority issues and initiatives related to community awareness and mobilization. As we differentiate ourselves externally with both consumers and providers of health and healthcare services, we become a stronger safety net service leader with recognized personnel expertise and positive outcomes for persons enrolled in our program regarding secondary care for persons having substance use disorders.

Our hope is that Region 5 in its main headquarters in Las Cruces will be able to maintain a “one-stop shop” where information, education, counseling, care and support for tobacco, alcohol and drugs may be available upon demand when someone wants substance use services to start the personal journey for rehabilitation and recovery or to get out of the relapsing pattern of a given addictive lifestyle.

Recommended Readings:

PHR5 Website Library on Mental Health & Public Health www.healthynm.org/, in QuickLinks click on Downloads

NIATx Guide *Getting Started with Medication Assisted Treatment*
<http://www.niatx.net/Content/ContentPage.aspx?PNID=2&NID=256>

Internet Resources:

Office of National Drug Control Policy www.whitehousedrugpolicy.gov/
National Reentry Resource Center www.nationalreentryresourcecenter.org/

National Conference of State Legislatures Medication Assisted Treatment <http://www.ncsl.org/default.aspx?tabid=14432>



Project Partner

Project ECHO (Extension for Community Healthcare Outcomes) at the UNM Health Sciences Center in Albuquerque has announced the new training program for Community Health Workers (CHWs) called Community Addictions Recovery Specialist (CARS) Program. The goal of CARS is to expand access and improve outcomes of treatment for addictions in New Mexico by training and mentoring CHW's to provide health education, clinical support, and evidence based behavioral interventions for patients in recovery or seeking treatment for addictions.

Public Health Region 5 has been a collaborating partner of Project ECHO for several years and has welcomed the CARS program to the Region. Region 5 offers comprehensive addiction services in the Public Health Resource Center located in Las Cruces. Services are provided by a cross-program team of professionals to support Harm Reduction options for Needle/Syringe Exchange & Disposal, Overdose Prevention Training with Narcan/Naloxone Dispensing, and Opiate Replacement Therapy (ORT) with Suboxone (Buprenorphine-Naloxone).

Although focused on interventions for alcohol and opiate addictions, particularly medication-assisted treatments, trained Specialists will be able to work with a wide range of substance use issues. Project ECHO offers the CARS certification in an initial 2 day in person training followed up with weekly ECHO telehealth clinics during the 3 month period after the training. Weekly clinics combine didactic educational presentations, case-based learning, and participant discussion via video conferencing.

The CARS program is free to health professionals in New Mexico. No degree or certification is required, but participants must commit to incorporating knowledge and skills from the training into their work. Participants who successfully finish the program will receive a Certificate of Completion from Project ECHO. For more information, please contact Jeanne Block, CARS Program Coordinator at 505-272-2824 or jblock@salud.unm.edu.

Project Spotlight

Vivitrol[®] (naltrexone for extended-release injectable suspension) is an effective medication in the treatment of alcohol dependence. In October 2010 the Federal Drug Administration also approved it for the prevention of relapse in opioid dependence. Vivitrol[®] is administered every 30 days as a gluteal intramuscular injection. Naltrexone is an antagonist to the mu-opioid receptors in the brain and acts to prevent the excessive release of dopamine, blocking the reward of alcohol or opiate use. Vivitrol[®] is non-addictive, non-pleasure producing and should be administered as part of a comprehensive management program that includes psychosocial support. Combining medication-assisted treatment with individual counseling and support groups increases the effectiveness of abstinence.

In April, the Region 5 Southwest Pathways Project in Las

Cruces incorporated the use of Vivitrol[®] in its medication assisted treatment (MAT) programs. Through the inclusion of Vivitrol[®], the Project is able to expand services and options for treatment to people struggling with alcohol and opioid dependence.

Southwest Pathways encountered several challenges in initiating Vivitrol[®] treatment. Individuals must abstain from alcohol use for 3 days and opioid use for 7-10 days (14 days for methadone) before the initial injection. Prior authorization from insurance companies must be obtained and delivery of medication has to be arranged with a specialty pharmacy. In the early implementation of the program these processes ranged from 14-21 days; however, with

increased usage of Vivitrol[®] wait times have decreased considerably.

Despite challenges that may exist, there are benefits in selecting this treatment. It is only necessary to take Vivitrol[®] once a month rather than every day with oral naltrexone or buprenorphine, allowing more time to focus on recovery and less chance of missed medication doses. The Public Health Resource Center in Las Cruces provides access to counseling and support groups for persons in medication assisted treatment with Vivitrol[®]. Private insurances, Medicaid and State Coverage Insurance are authorizing use of Vivitrol[®], and Alkermes, Inc. offers \$0 co-pay up to \$500.00 per month for individuals with qualified insurance.

What Others Are Saying

Travis Leyva, Region 5 Disease Prevention Manager:

It is a public health success story every time someone is released from jail or prison and they voluntarily come to us to seek substance abuse services when they return to the community. We know we are doing something right while they are incarcerated.

Ray Stewart, Region 5 Director:

We have a natural market niche of sorts for substance abuse services since so few local organizations offer comprehensive safety net services to low income or un/underinsured patients with chemical dependency. As usual in public health, we try to step in when others can't or won't.

Did You Know?

Substance abuse treatment programs are remarkably cost-effective: every \$1 spent on treatment saves the public \$7 (Rand Corporation, 1994).

In 2007 NM became the first state to pass the *911 Good Samaritan Law*; it provides immunity from criminal prosecution for possession of illegal drugs for a person who seeks emergency medical assistance for himself or herself, or for someone else who is experiencing a drug overdose.

Visit our Website at www.healthnm.org and in "Quick Links" select Buprenorphine/Suboxone Clinic, or come to the Public Health Resource Center, 1170 N. Solano, Las Cruces NM. 575-525-5063.



Public Health
Prevent. Promote. Protect.

New Mexico Department of Health
Region 5 Southwest Pathways