The City of Las Cruces & Doña Ana County Opioid Settlement Funds Needs Assessment

Report prepared by:
Crimson Research
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Executive Summary

The Opioid Settlement funds awarded to Doña Ana County (DAC) and the City of Las Cruces present an opportunity to invest in addressing opioid and substance use in DAC communities. Establishing an Opioid Settlement Advisory Council is a crucial step toward guiding the investment of these funds into evidence-based prevention, solutions, and abatement efforts.

This needs assessment aimed to (a) collect city, county, state, and national data to develop a profile of opioid and substance use in the City of Las Cruces and DAC, (b) assist DAC Health and Human Services (HHS) to assess substance use and treatment beliefs, attitudes, behaviors, and experiences among community residents, and (c) to gather community input about how they believe opioid settlements funds may be used to have the most impact in their community.

NM and DAC Substance Use

For the majority of the past two decades, New Mexico has consistently maintained one of the **highest** drug overdose (OD) death rates in the US, and the rate has steadily increased since 2017. Additionally, both opioid-involved OD and emergency department (ED) OD visits have continued to rise. Compounding this is the increasing use of multiple substances, most often fentanyl and methamphetamine. From 2017 -2021, 66.1% of NM OD deaths involved more than one substance. In DAC, the populations with the highest total OD death rates were White and Hispanic males (NMDOH, 2024).

NM adults and youth have some of the highest estimated percentages of illicit drug use disorder and substance use disorder (SUD) in the country, with NM youth significantly more affected than their national counterparts. The prevalence of substance use among youth in DAC mirrors this state-wide trend, indicating a critical need for targeted interventions. Additionally, approximately 75% of NM adults who need substance use treatment do not receive it (SAMHSA, 2023).

Methodology

- DAC Street Outreach Survey completed by individuals using a substance or participating in treatment
- Community focus groups - Key Informants (i.e., first responders, behavioral health professionals, and harm reduction social services) and Lived/Living Experience (residents having lived or living with their own or another's substance use (i.e., youth, LGBTQIA, southern DAC, Las Cruces residents)
- Town Hall Forums in Chaparral and Hatch, NM
- DAC, NM, and national substance use and treatment data

Focus Group, Town Hall, & Street Outreach Survey Key Findings

- **Substance Use Resources and Services Needed in the Community**
  - Gaps include healthcare provider shortages, particularly in remote rural areas of the county, mental health services shortages, limited transportation, and poor health literacy.
  - Community education about stigma, substance use, Narcan, and harm reduction services.
  - Improved comprehensive treatment approaches, case management, and continuum of care services.
  - Improved access to treatment (e.g., MAT, counseling).
  - Street outreach data from individuals using substances show that although most were open to treatment, nearly half were not seeking treatment.

- **Barriers to Accessing Treatment**
  - Limited transportation to appointments and resources impacts access and participation in long-term treatment.
  - Lack of knowledge about existing substance use and recovery resources and how to access them.
  - Provider and facility shortages, particularly in outlying areas
  - Stigma associated with substance use, seeking help, and participating in treatment
  - Additional barriers include denial, belief in self-management, readiness issues, unawareness of where to get treatment, financial concerns, time constraints, and lack of insurance

- **Primary Community Suggestions for Use of Settlement Funds**
  - Establishing a central substance use facility to provide educational resources, treatment, and recovery services.
  - Provide education to increase public awareness and knowledge of substance use issues and resources and reduce the stigma associated with substance use.
  - Provide early intervention, education, and prevention programs in schools and activities for youth.
  - Improve and expand treatment access, including in outlying rural areas, and address barriers to care such as transportation, lack of knowledge and education, and stigma.
  - Improve naloxone distribution, access, and education to increase its use in preventing OD deaths and saving lives.

- Prevention and treatment approaches should reflect a comprehensive and holistic approach.

Action Plan and Priority Strategies

The Opioid Settlement Advisory Council has already initiated identifying action priorities at a recent Council and Stakeholder Workshop held on August 16, 2024. Based on preliminary needs assessment findings shared in presentations, a draft report, and a draft Executive Summary, the Council and stakeholders considered and voted on ***three*** core strategies (see page 14) to receive priority for future spending of settlement funds.

The three strategies earmarked for priority funding were:

1. Prevention programs
2. MAT Distribution & Treatment
3. Treatment for Incarcerated Populations

The Council may want to reconsider these priorities based on the data contained in this needs assessment, including input from the various community constituencies who participated in open meetings, focus groups, or completed surveys. First, the first two priorities, focusing on prevention and enhancing MAT distribution and continuity of care, are highly consistent with what the community informed us were essential to help the local community. Therefore, they should remain on the priority list.

However, prioritizing treatment for incarcerated populations does not align as closely with the needs assessment data and community feedback. Additionally, this prioritization is compounded by the DA County Detention Center being the only county/city facility with incarcerated individuals. All other incarcerated populations are in State or Federal institutions.

Alternatively, the data suggests that the following core strategies could be given higher priority:

1. Expanding Harm Reduction Syringe Service Programs
2. Expanding Warm Handoff Programs & Recovery Services

Regarding expanding syringe service programs, the needs assessment data suggest participants overwhelmingly expressed openness to receiving substance use treatment services, highlighting a critical need for continued social support services and the promotion of Harm Reduction strategies within the community. Focus group discussions revealed concerning trends, including an increase in youth vaping, experimentation with fentanyl, and a rise in fentanyl use among middle-aged individuals.

The expansion of warm handoff programs and recovery services is underscored by the needs assessment data, which consistently identifies community outreach, education, and information as top priorities. This is evident from the emerging themes across multiple data sources, including the Street Outreach Survey and the input from key informants and individuals with lived/living experience in the focus groups. These

findings reflect a broad and urgent consensus on the need for these resources within the community.

Recommendations

The data strongly supports the need for a comprehensive approach to addressing opioid and substance use, incorporating early intervention, education, medical and mental health treatment, recovery support, and both community and societal interventions. Based on collected data and feedback from community focus groups, town halls, and survey participants, and in alignment with Johns Hopkins Bloomberg School of Public Health's Principles for the Use of Funds from the Opioid Litigation, the needs assessment developed evidence-based recommendations addressing prevention, treatment, support/education, and evaluation/data management.

Prevention

- Invest in early intervention, education, and prevention programs for youth to stop the pathway to substance use.
- Include prevention and early intervention efforts that include addressing root causes/contributors to substance use.
- Provide public awareness campaigns about the risks of opioid use and safe prescribing practices.
- Provide affordable and accessible substance use-related community programs and services throughout DAC, including rural areas.

Support and Education

- Educate youth, parents, and communities about substances, risks, and supporting loved ones.
- Educate the community on accessing prevention, treatment, recovery, and harm reduction services.
- Develop a campaign to reduce stigma to encourage help-seeking and support for those struggling with addiction.
- Provide transportation and childcare for treatment access throughout DAC.
- Increase peer support specialists for all ages throughout DAC
- Offer education, resources, and counseling for families affected by addiction.
- Strengthen regulations on opioid prescriptions and distribution

Treatment Recommendations

- Substance Use Treatment for Youth: Expand evidence-based treatment for youth.
- Harm Reduction and naloxone/Narcan: Increase education about and access to naloxone/Narcan and community harm reduction services.

- Improve Access: Address long wait times and distant locations; expand evidence-based opioid use treatments and Medication-Assisted Treatment (MAT) across hospitals, community centers, treatment centers, and the criminal justice system.
- Counseling: Increase access to counseling and behavioral therapies, with a focus on addressing co-occurring physical, mental health, and social issues.
- Rural Access: Improve treatment availability in rural areas and address transportation barriers.
- Specialized Care: Enhance services for individuals with children and pregnant women; provide funding for housing/room-and-board costs in residential treatment.

Evaluation and Data Management

- Data Gaps: Address inconsistent, absent, or hard-to-obtain substance use data in Las Cruces and Doña Ana County
- Access: Develop a dashboard for agencies and community members to access substance use data, promoting transparency
- Centralized Evaluation: Establish a centralized team to assess, collect, and manage opioid settlement fund data, ensuring reliable data collection, baseline assessments, and uniform evaluations of program outcomes. This should occur from inception to provide baselines for assessing program outcomes and impact.
- Benefits: Enhances capacity, ensures programs meet minority and at-risk population needs, and improves transparency and impact assessment

Limitations

In the effort to obtain external local opioid and substance use-related data, evaluators encountered restricted data (i.e., not for public use), unofficial raw data, and a lack of data, particularly for the City of Las Cruces. A second limitation was the small sample sizes among four of the seven focus groups, which reduced the ability to generalize to the population.

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Introduction

The Opioid Settlement funds awarded to Doña Ana County (DAC) and the City of Las Cruces (CLC) present an opportunity to invest in addressing opioid and substance use and in preventing further related negative outcomes in DAC communities. To address how to spend the opioid settlement funds, the City of Las Cruces and Doña Ana County Health and Human Services (DAC HHS) have established the Opioid Settlement Advisory Council, which includes community members from the local health department, school of public health, recovery/social service organizations, public health practitioners specializing in substance use issues, youth prevention specialists, treatment providers, individuals with lived/living experience of opioid use disorder, and other local stakeholders.

Vital Strategies, an organization that has been leading efforts to help streamline opioid settlement use funds across various US states (vitalstrategies.org), contracted with NMSU's Crimson Research to conduct a needs assessment to inform the Council on issues related to opioid and substance use and help guide the investment of settlement funds into evidence-based prevention, solutions, and abatement efforts. In addition to collecting primary and secondary local opioid and substance use-related data, this assessment sought to involve community perspectives on the County and City opioid crisis by surveying community residents, holding town hall forums, and conducting focus groups with first responders, behavioral health practitioners, harm reduction social service providers, and community members with lived or living experience of their own or another's substance use.

Background

Demographics and Social Determinants of Health

Located in southern New Mexico, Doña Ana County and the City of Las Cruces are the second most populated county and city in New Mexico. DAC's population increased by 2.6% from 2020 to July 1, 2023, while the population of Las Cruces increased at a slightly higher rate of 3.2% (U.S. Census Bureau, n.d.).

Ethnicity/Race

DAC has a diverse demographic profile influenced by its geographical position on the U.S.-Mexico border, economic activities, and historical context. Although age and sex distributions for the City of Las Cruces and DAC are similar to the US distributions, demographic data showed primary differences in ethnicity/race, income/poverty, and language spoken at home. Regarding racial/ethnic groups, DAC and the City of Las Cruces have a higher percentage of Hispanics or Latinos (68% and 61.7%, respectively) compared with NM state (48.6%) and the US (19.5%). DAC and the City of

Las Cruces also have a lower percentage of African Americans, Asians, and Whites alone than the US (U.S. Census Bureau, n.d.).

Income and Poverty Level

Income and poverty levels are associated with limited access to healthcare, nutritious food, and safe housing, contributing to poorer health outcomes. The City of Las Cruces and DAC are poorer than the rest of the state and national averages, with median household incomes ($51,013 and $51,232, for the city and county, respectively) compared with the state ($58,722) and nation ($75,149). The poverty rate is higher in the City of Las Cruces (23.1%) and DAC (23.2%) than the state (17.6%) and national (11.5%) rates (U.S. Census Bureau, n.d.).

Education

Education is a significant predictor of health outcomes, as higher educational levels are linked to better health literacy, healthier behaviors, greater economic opportunities, and increased access to healthcare resources. Las Cruces' educational attainment is similar to and, in some cases, better than DAC, NM, and US percentages. Among adults aged 25 and older, Las Cruces has a higher percentage of people with a bachelor's degree or higher (36.3%) compared with DAC (30.4%), the state (29.1%), and the US (34.3%), and a higher percentage of people (87.7%) with a high school diploma or higher than DAC (81.6%; U.S. Census Bureau, n.d.).

DAC's educational attainment for having a high school diploma or higher is lower than the Las Cruces, NM state, and national percentages. Regarding attaining a bachelor's degree or higher, DAC's percentage is lower than that of Las Cruces and the nation but higher than the state's percentage. Specifically, DAC has a lower percentage of people with a high school diploma (81.6%) compared with Las Cruces (87.7%), NM (87.1%), and the US (89.1%). DAC has a lower percentage of people with a bachelor's degree or higher (30.4%) than Las Cruces (36.3%) and the US (34.3%) and a higher percentage than NM (29.1%; U.S. Census Bureau, n.d.).

Language Spoken at Home

Lastly, Las Cruces and DAC have a higher percentage of persons aged five and older speaking a language other than English at home (36,2% and 47.4%, respectively) compared with the state (32.6%) and nation (21.7%). DAC percentage is more than double the national percentage (U.S. Census Bureau, n.d.). See Table 1 for City, County, NM, and US demographics.

Health Insurance

A significant portion of the population is uninsured or underinsured, which limits access to necessary medical services and preventative care. According to the U.S. Census Bureau (n.d.), DAC has a higher percentage of uninsured adults under the age of 65 compared with the City of Las Cruces (10%), NM (10%), and the US (9.3%).

Housing

Stable, safe, and affordable housing is a primary factor in providing a safe environment and reducing stress. In 2023, 19.2% of the DAC population lived with severe housing problems (Data USA, n.d.). Nationally, about 6% of households live in homes with severe physical problems (U.S. Census Bureau, 2021).

The unhoused rate in Doña Ana County, based on the most recent 2023 Point-in-Time (PIT) count, indicates that approximately 283 individuals are experiencing homelessness in DAC. This count provides a snapshot of homelessness on a single night and is used to estimate the overall unhoused population in the area (City of Las Cruces, n.d.b).

Transportation

Limited public transportation options make it difficult for residents to access healthcare, employment, and other critical services. This is especially challenging for low-income individuals and those without personal vehicles. Due to the rural nature of much of DAC, residents may live far from healthcare and treatment facilities, making transportation a significant barrier to accessing treatment.

In summary, the City of Las Cruces and DAC differ from the state and nation in terms of ethnicity/race, income, poverty levels, and language spoken at home. Both have a higher percentage of Hispanics, fewer African Americans, lower median incomes, higher poverty rates, and are more likely to have people speaking a language other than English at home. The City of Las Cruces has a higher percentage of individuals aged 25 and older with a bachelor's degree or higher than DAC and NM. DAC has higher percentages of individuals without health insurance and who speak a language other than English at home compared with the City of Las Cruces, NM, and the US. These demographics and social determinants of health (SDOH) highlight factors likely impacting health care, substance use treatment, and recovery care. See Table 1 for comparable demographic data for the City, County, NM, and the US, and Appendix A for detailed state, city, and county SDOH and the efforts to address SDOH.

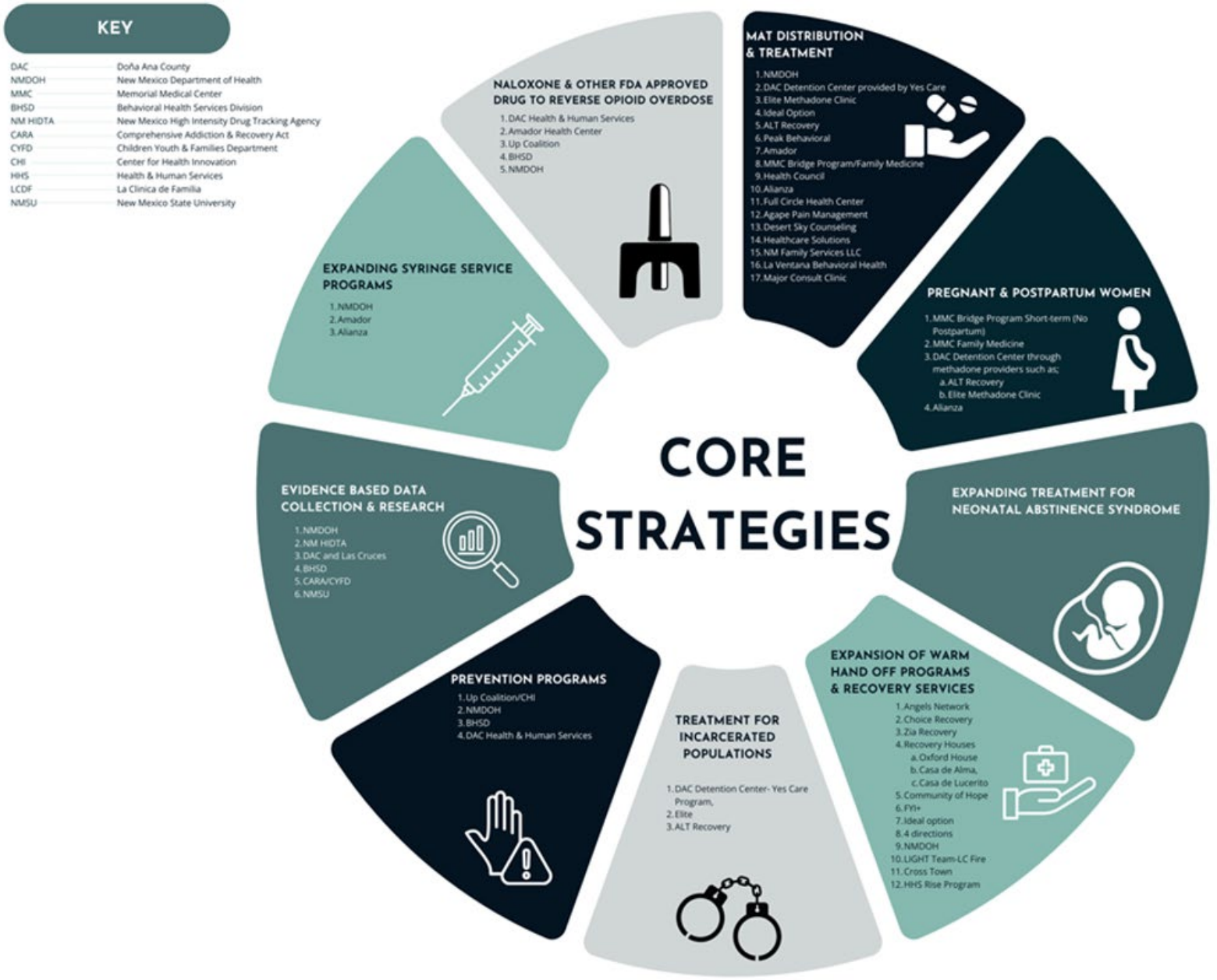
Table 1. Demographics: City of Las Cruces, DAC, NM & US

City of Las Cruces, DAC, NM, and US Demographic Data				
	City of Las Cruces	Doña Ana County	NM	US
Population				
Population estimates, July 1, 2023	114,892	225,210	2,114,371	334,914,895
Population estimates base, April 1, 2020	111,382	219,569	2,117,525	331,464,948
Population, percent change - April 1, 2020 to July 1, 2023	3.20%	2.60%	-0.10%	1.00%
Age and Sex				
Persons under 5 years	6.20%	5.40%	5.10%	5.50%
Persons under 18 years	23.00%	22.60%	21.30%	21.70%
Persons 65 years and over	15.30%	17.40%	19.80%	17.70%
Female persons	50.90%	50.70%	50.30%	50.50%
Race and Hispanic Origin				
White alone	62.00%	91.00%	80.70%	75.30%
Black or African American alone	2.80%	2.70%	2.80%	13.70%
American Indian and Alaska Native alone	1.60%	2.60%	11.40%	1.30%
Asian alone	1.80%	1.50%	2.00%	6.40%
Native Hawaiian and Other Pacific Islander alone	0.30%	0.20%	0.20%	0.30%
Two or More Races	17.30%	2.00%	2.80%	3.10%
Hispanic or Latino	61.70%	68.00%	48.60%	19.50%
White alone, not Hispanic or Latino	31.40%	27.00%	36.80%	58.40%
Education				
High school graduate or higher, persons age 25 years+, 2018-2022	87.70%	81.60%	87.10%	89.10%
Bachelor's degree or higher, persons age 25 years+, 2018-2022	36.30%	30.40%	29.10%	34.30%
Health				
With a disability, under age 65 years, 2018-2022	11.10%	10.80%	11.40%	8.90%
Persons without health insurance, under age 65 years	10.00%	12.10%	10.00%	9.30%
Income & Poverty				
Median household income (in 2022 dollars), 2018-2022	$51,013	$51,232	$58,722	$75,149
Per capita income in past 12 months (in 2022 dollars), 2018-2022	$28,239	$26,900	$32,667	$41,261
Persons in poverty	23.10%	23.20%	17.60%	11.50%
Language				
Language other than English spoken at home, age 5 years+, 2018 - 2022	36.20%	47.40%	32.60%	21.70%

Core Strategies Map and Local Substance Use Resources/Services

The Opioid Settlement Advisory Council created an asset map to identify core strategies for addressing substance use and organizations that provide those services. This dynamic map will be updated as providers and services are added. See Figure 1, Opioid Settlement Advisory Council Core Strategies.

Figure 1. Core Strategies & Asset Map



DAC Substance Use Treatment Resources and Programs

Below is an inventory of the community's existing healthcare and substance use resources and services compiled by the Opioid Settlement Advisory Council.

Outpatient Treatment

Facility	Services Provided	Prescribing Provider
Ideal Option	Buprenorphine, Naltrexone, therapy	Yes
Amador Health Center	Therapy, peer support, recovery support, Buprenorphine, Naltrexone	No
La Clinica de Familia	Therapy, MAT, peer support	No
Esperanza Guidance	Therapy (*MAT not listed)	No
Alt Recovery	Methadone, Buprenorphine, outpatient detox support	Yes
NM Dept. of Health	Therapy, MAT, syringe exchange (Harm Reduction), Buprenorphine only (do not provide Methadone)	Yes
Elite Methadone Clinic	MAT (Methadone specific), therapy	Yes

In the City of Las Cruces, several facilities offer a range of outpatient treatment options for substance use. The Amador Health Center provides therapy, peer support, and recovery support, including buprenorphine and naltrexone, but does not have a prescribing provider on staff. La Clinica de Familia offers therapy, Medication-Assisted Treatment (MAT), and peer support. Esperanza Guidance provides therapy but does not list MAT services. Alt Recovery specializes in methadone and buprenorphine, offering outpatient detox support with a prescribing provider. The NMDOH provides therapy, MAT, and a syringe exchange program as part of its harm reduction efforts, though it only offers buprenorphine and does not provide methadone. The Elite Methadone Clinic focuses on methadone-specific MAT and therapy, with a prescribing provider available.

Inpatient Treatment

Facility	Services Provided
Mesilla Valley Hospital	Both inpatient and outpatient treatment (must be medically cleared through hospital first), Partial Hospitalization Program
Peak Behavioral Health Services	Partial Hospitalization Program, Inpatient detox, recovery services
Psychiatric Unit, Memorial Medical Center	Inpatient hospitalization, detox
Zia Recovery	12-step program

In DAC, inpatient treatment options include several key facilities. Mesilla Valley Hospital offers inpatient and outpatient treatment, with a Partial Hospitalization Program available, though patients must first be medically cleared through the hospital. Peak Behavioral Health Services provides a Partial Hospitalization Program, inpatient detox, and recovery services. The Psychiatric Unit on the 3rd floor of Memorial Medical Center offers inpatient hospitalization and detox services. Additionally, Zia Recovery focuses on a 12-step program for inpatient treatment

Harm Reduction Programs

Program	Services Provided
Families & Youth Inc.	Syringe services (including syringe exchange), overdose prevention training, Naloxone distribution, auricular detoxification treatment, complementary medicine interventions, home delivery syringe services and overdose prevention training, community health and social service referrals, primary medical care referrals and direct service, Buprenorphine opiate substitution therapy referrals, assistance in food support, substance use treatment, medical services, clothing, and housing, syringes for insulin users if needed.
LCPS	Offers Narcan on campus and provides education (not distributing to the public)
LCPD/FD	City police carry and administer Narcan when needed
Up Coalition	Offers Narcan on campus and education, focuses on prevention, works in schools, resilience leaders focus on trauma, present in GISD schools
Alianza	Harm Reduction services
NMDOH	Harm Reduction
Amador Health Center	Harm Reduction Services, Narcan distribution and education, Permanent Supportive housing with linkages
Ideal Option	Naloxone, Narcan distribution and education

In Doña Ana County, various harm reduction programs provide comprehensive support to address substance use issues. Families & Youth Inc. offers a broad range of harm reduction services, including syringe exchange, overdose prevention training, naloxone distribution, and auricular detoxification treatment. They also provide complementary medicine interventions, home delivery of syringes and overdose prevention training, community health and social service referrals, and assistance with food support, substance use treatment, medical services, clothing, and housing. Las Cruces Public Schools (LCPS) offers Narcan on campus with education but does not distribute it publicly.

The Las Cruces Police Department and Fire Department carry and administer Narcan as needed. The Up Coalition provides Narcan on campus and focuses on prevention and resilience work in schools. Alianza and NMDOH offer harm reduction services, including Narcan distribution and education. Amador Health Center provides Narcan distribution, education, and permanent supportive housing with linkages. Ideal Option includes naloxone distribution and education.

Neonatal Abstinence Syndrome (NAS)

Facility	Services Provided
Mountainview and Memorial	Treat NAS in NICU, some providers in town continue treatment if already established
Detention Center	MAT for all on Methadone (continue treatment for both pregnant and non-pregnant, but do not initiate treatment)

For Neonatal Abstinence Syndrome (NAS), Mountainview Regional Medical Center and Memorial Medical Center provide treatment in the neonatal intensive care unit, while some local providers continue treatment if established. The DAC Detention Center provides methadone maintenance for all inmates and continues treatment for both pregnant and non-pregnant individuals but does not initiate treatment.

Treatment for Incarcerated Populations

Facility	Services Provided
Detention Center	YesCare Program, MAT, Behavioral health
Elite Health Clinic	Methadone, Suboxone
Alt Recovery Center	Methadone

In DAC, the Detention Center operates the YesCare Program, which provides inmates with Medication-Assisted Treatment (MAT) and behavioral health services. Elite Health Clinic focuses on methadone and Suboxone for substance use treatment. Additionally, Alt Recovery Center offers methadone treatment as part of its services.

Gap Analysis

Identifying gaps between the community's health needs and the available resources and services in Doña Ana County reveals several critical areas where improvement is needed to better meet the population's needs.

Healthcare Provider Shortages

Gap. Doña Ana County suffers from a significant shortage of healthcare providers, including primary care physicians, mental health professionals, and nurses (NMSU, 2022). This shortage impacts the community's access to healthcare and places additional strain on existing healthcare facilities and providers. These shortages are particularly acute in rural areas, which make up a significant portion of the state DAC's shortage of healthcare providers, likely impacting timely access to substance use-related treatment. This shortage limits access to essential healthcare services, especially for underserved populations such as low-income families, rural residents, and

individuals with chronic health conditions (U.S. Department of Health and Human Services, 2024).

Available Resources. While several healthcare facilities and programs exist, including La Clinica de Familia and the Doña Ana County Health and Human Services, the capacity of these services is often stretched thin due to the provider shortage. Efforts to address these shortages include expanding healthcare education programs and increasing the availability of telehealth services to reach underserved populations (U.S. Department of Health and Human Services, 2024).

Mental Health/Behavioral Health Services

Gap. There is a critical shortage of mental health services in DAC, with the region being designated as a Health Professional Shortage Area (HPSA) for mental health services (Rural Health Information Hub, 2024). This shortage is particularly concerning given the high rates of mental health issues and substance abuse in the county (U.S. Department of Health and Human Services, 2024). According to the New Mexico Community Survey results, each year, a significant portion of respondents comment on the shortage of substance-use treatment facilities and the lack of high-quality facilities (Currey et al., 2023).

Available Resources. Existing resources, such as local mental health clinics and counseling services, are insufficient to meet the community's needs. Efforts to expand these services are ongoing, but significant gaps remain in accessibility and availability (Rural Health Information Hub, 2024).

Transportation Infrastructure

Gap. Limited transportation options in rural parts of DAC exacerbate health disparities by restricting residents' access to healthcare and substance use services. Many residents in outlying areas face difficulties traveling to medical appointments, which can lead to delayed or missed care.

Available Resources. While public transit options such as RoadRUNNER Transit exist, they primarily serve urban areas like Las Cruces (City of Las Cruces, n.d.). Regional transit services like the South Central Regional Transit District (SCRTD) are expanding, but coverage remains limited, particularly in more remote areas (New Mexico Department of Transportation, n.d.).

Affordable Housing

Gap. Affordable housing in DAC is limited, leading to housing instability for many low-income families. Housing instability is closely linked to poor health outcomes, including higher rates of chronic disease and mental health issues (New Mexico Mortgage Finance Authority, n.d.).

Available Resources. The Doña Ana County Housing Authority and initiatives by the New Mexico Mortgage Finance Authority aim to address this gap, but demand often outstrips the supply of affordable housing units (Doña Ana County, n.d.).

Health Literacy

Gap. Health literacy is a significant issue in DAC, particularly in rural and non-English-speaking communities. Low health literacy affects individuals' ability to understand medical information, follow treatment plans, and navigate the healthcare system effectively.

Available Resources. Programs like *Salud y Vida con Amigos* work to improve health literacy by providing information in both English and Spanish, but their reach is limited, and more comprehensive efforts are needed.

Chronic Disease Management

Gap. High rates of chronic diseases such as diabetes, heart disease, and obesity are prevalent in Doña Ana County. However, access to effective management and prevention programs is limited, particularly for low-income and rural residents.

Available Resources. A few community health programs and clinics focus on chronic disease management. However, these are often under-resourced and unable to meet the community's full demand (U.S. Department of Health and Human Services, 2024).

The gaps between the community's health needs and available resources in DAC are substantial. Addressing these gaps will require a multifaceted approach that includes increasing healthcare provider numbers, expanding mental health and transportation services, investing in affordable housing, improving health literacy, and enhancing chronic disease management programs. Collaborative efforts between local, state, and federal entities, alongside community organizations, are essential to close these gaps and improve health outcomes in the county.

Methodology

The needs assessment involved collecting data from various sources to provide information about local opioid and substance use issues and to include the community's perception of substance use issues and needs in the community. The assessment also includes community members' suggestions to the City and County about how settlement funds may be used to have the most significant impact in their communities. The City of Las Cruces and DAC HHS staff collected all primary data and provided it to Crimson Research for analysis and needs assessment. To provide a profile of local opioid and substance use issues, Crimson Research researched and collected secondary substance use data from external local, state, and national agencies.

Primary Data: Focus Groups, Town Hall Forums, & Street Outreach Survey

With feedback from the Opioid Settlement Advisory Council, Crimson Research developed all primary data assessment instruments (i.e., surveys and questions for focus groups and town halls) and provided survey administration and focus group facilitation training. City and County HHS staff collected and provided data from a Street Outreach Survey, focus groups, and town hall forums.

Focus Groups & Town Hall Forums

Focus Groups. Focus group interview questions assessed participants' experience with substance use, treatment, impact on the community, and recommendations to the county for investing the settlement funds. Participants were recruited through invitations, social media announcements, and fliers. For focus group recruitment and questions, see Appendix F. HHS staff conducted seven focus group interviews with each of the following groups:

- Key Informant (*n* = 21)
    1. First Responders (*n* = 8)
    2. Behavioral Health (*n* = 4)
    3. Harm Reduction Social Services (*n* = 9)
- Lived/Living Experience (i.e., had past or current personal experience with their own or another's substance use, treatment, or recovery; *n* = 17)
    4. Youth (*n* =11)
    5. LGBTQIA+ Community (*n* = 1)
    6. Southern Doña County (*n* = 3)
    7. Las Cruces Community (*n* = 2)

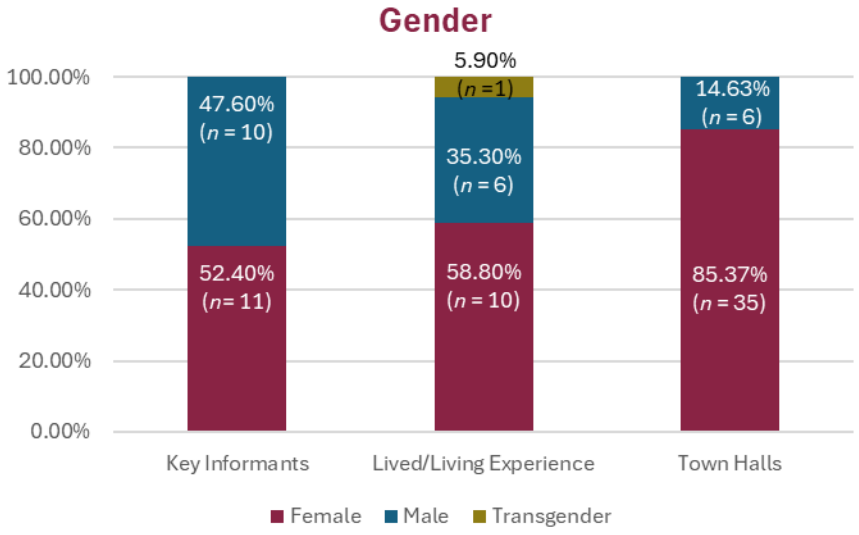
Focus group open-ended interviews were transcribed using Transkriptor software, translated when necessary, and thematically coded according to the number of discrete mentions of particular themes and subthemes. Themes and subthemes were then

tabulated and cross-referenced between two teams of Crimson Research staff to identify frequent and prominent themes.

Town Hall Forums. HHS staff conducted a Town Hall forum in Chaparral (*n* = 28) and Hatch, NM (*n* = 10). Participating residents responded to questions similar to those for the focus groups and provided their perceptions about substance use in the community, perceived needs to help the community, perceived barriers to getting help with substance use, and suggestions on how the settlement funds might be used to impact their community. Recorded discussions were transcribed, translated when necessary, and thematically coded for discrete themes and subthemes. See Appendix G for recruitment and Town Hall discussion questions.

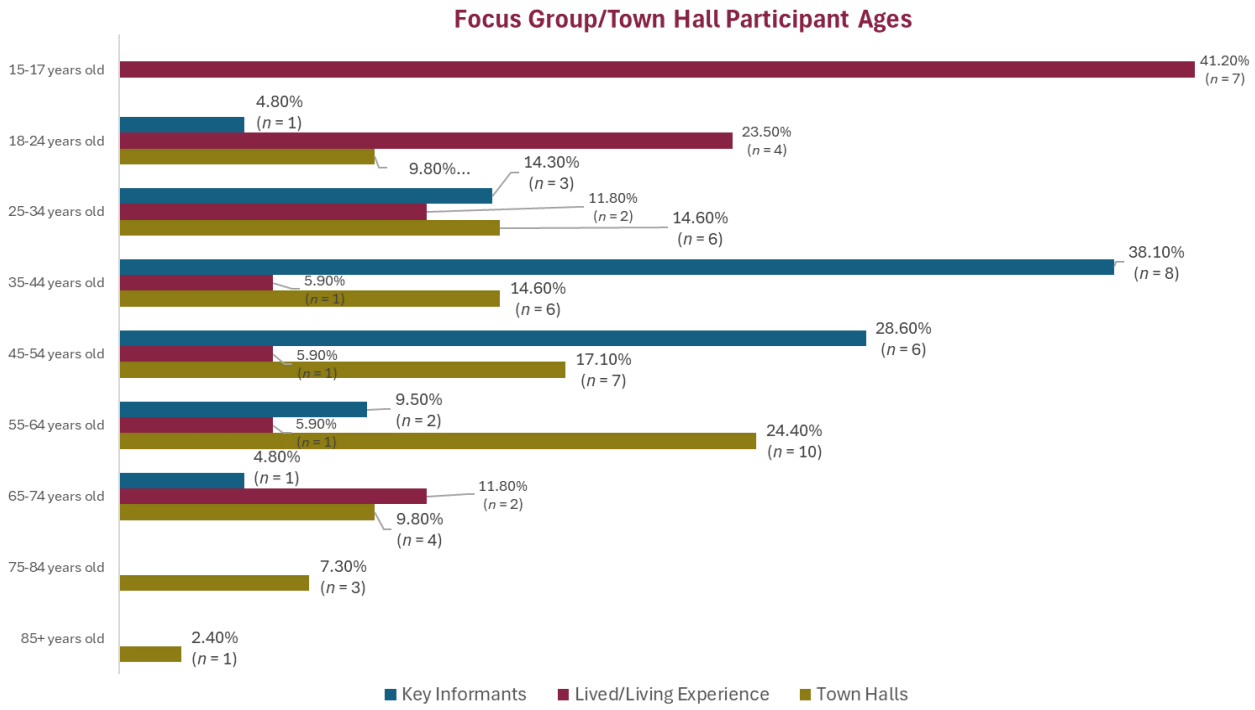
Focus Group and Town Hall Demographics. Key Informant focus groups had almost an equal representation of males and females (47.6% and 52.4%, respectively). Lived/Living Experience focus groups had a higher percentage of females (58.8%), 35.3% males, and 5.9% transgender. Town Hall forum participants were predominantly female (85.4%). For gender percentages and numbers, see Figure 2.

Figure 2. Focus Group & Town Hall: Gender



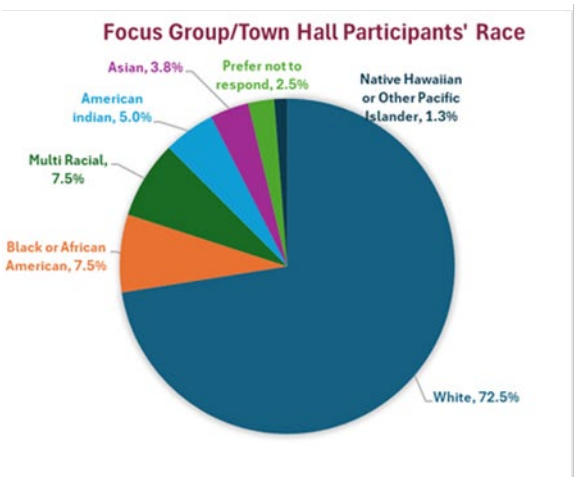
Most Key Informant participants (66.7%) were between 35 and 54 years of age, followed by 19% aged 34 or younger, and 14.3% aged 55 and older. Among the Lived/Living Experience focus groups, the Youth group had the most participants, representing a larger percentage of the Lived/Living Experience age distribution. Among Town Hall participants, 43.9% were 55 and older, 31.7% were between 35 and 54, and 24.4% were 34 and younger. See Figure 3 for age distributions.

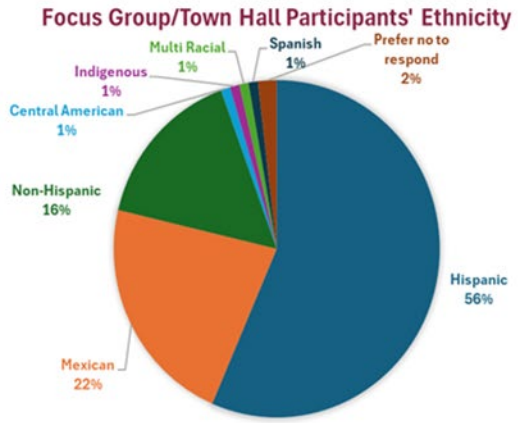
Figure 3. Focus Groups & Town Halls: Age Distribution



Regarding race, Figure 4 shows that most focus groups and town hall participants were White (72.5%). Just over half of the participants reported their ethnicity as Hispanic (56%), followed by Mexican (22%) and non-Hispanic (16%). See Figure 4 for detailed race and ethnicity distributions.

Figure 4. Focus Groups & Town Halls: Race & Ethnicity





Across the three Key Informant groups, the top three professions included behavioral health, harm reduction, and law enforcement. Additional reported professions included fire department, correctional officer, emergency medical service, RN, and prevention specialist.

Figure 5. Key Informants: Professions

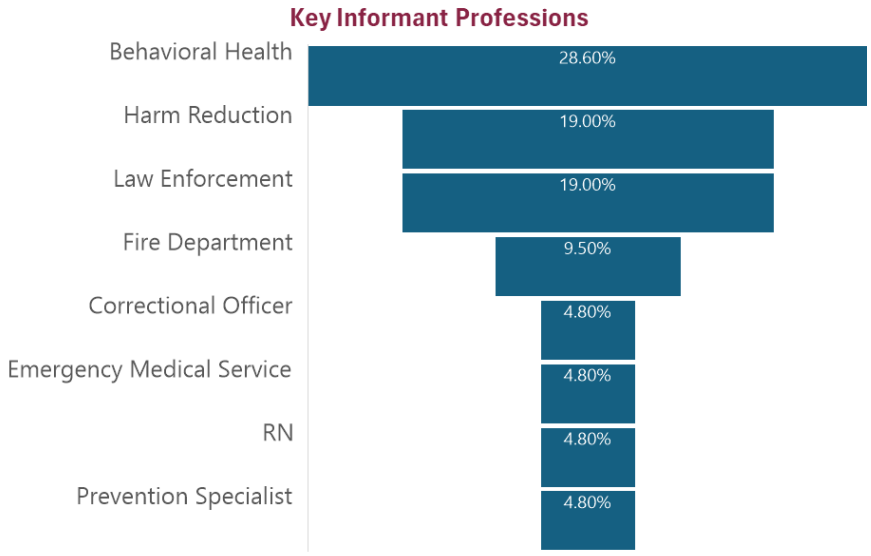
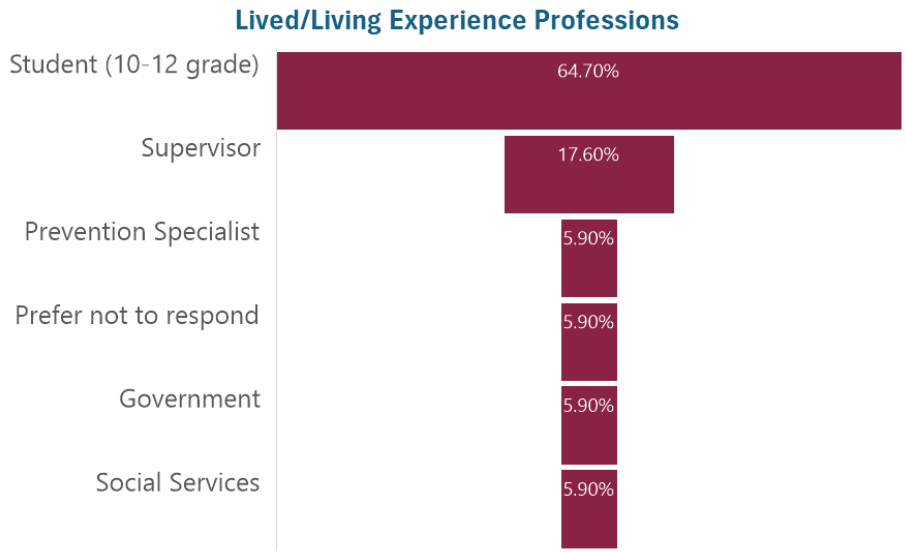


Figure 4 displays the reported occupations and professions of Lived/Living Experience focus group participants. Across the four focus groups, the top two occupations/professions included 10th—12th-grade students and supervisors. Additional professions included prevention specialist, government, and social services. Professions for Town Hall participants were not obtained.

Figure 6. Lived/Living Experience Professions & Occupations



DAC Street Outreach Survey

The survey was completed by DAC individuals who indicated using a substance or participating in treatment. The survey assessed substance use, reasons for starting substance use, treatment knowledge and preferences, perceived barriers to treatment, experience with treatment or recovery resources, experience with harm reduction resources, and suggestions on how to use settlement funds. Two distributions of the survey between April 2, 2024, and August 12, 2024, resulted in 147 participants.

Demographic Results**.** Most respondents were male (66.0%, *n* = 97) individuals who reported having used a substance in the last 30 days or participating in substance use treatment. Figure 7 shows that slightly more than half of the participants (57.1%, *n* = 84) reported they were Hispanic or Latino, with 43% (*n* = 57) of those identifying as Mexican. Most participants were 35 to 44 years of age (33.3%) and 45 to 54 years of age (25.2%; see Figure 8).

Figure 7. Street Outreach Survey: Ethnicity & Race

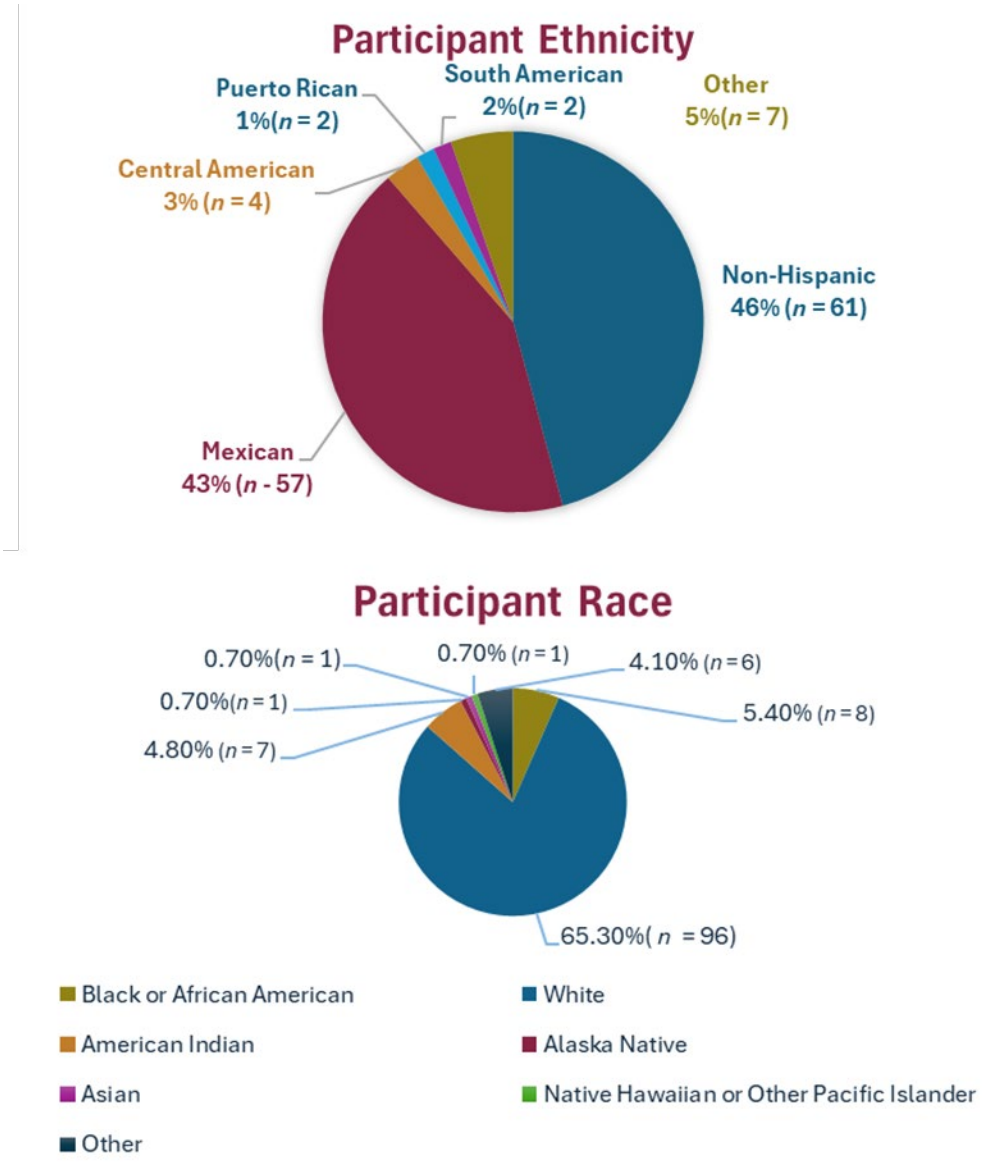
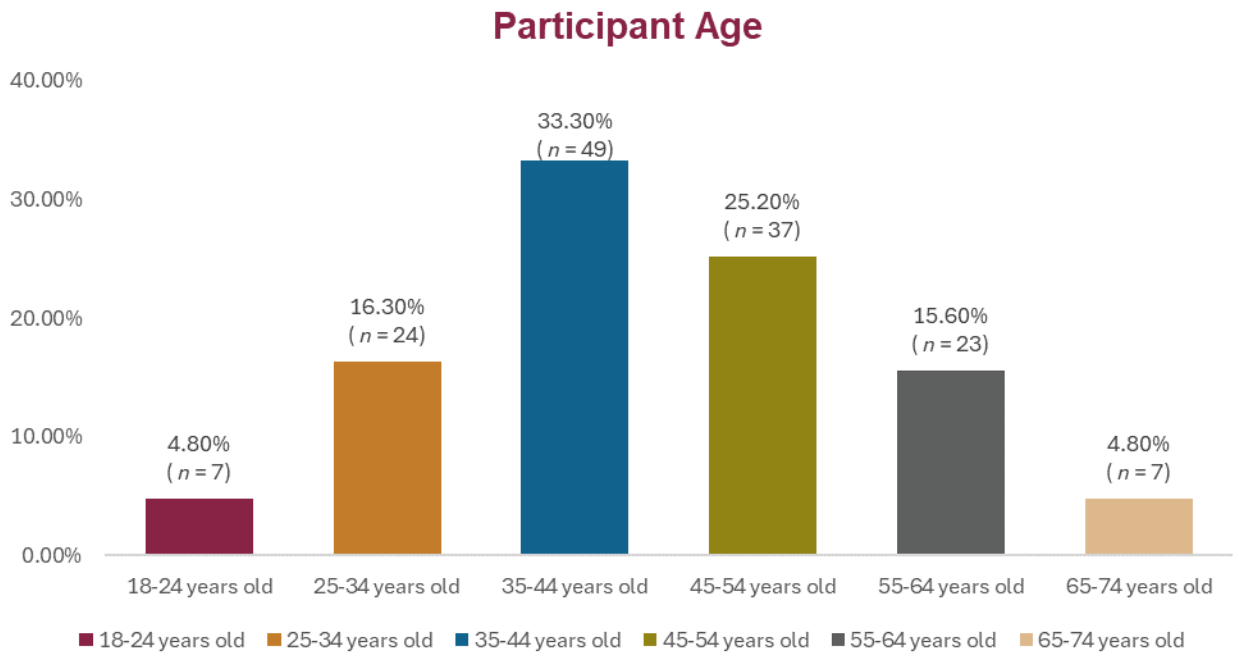


Figure 8. Street Outreach Survey: Age Distribution



Over half of Street Outreach Survey participants were unhoused, living on the street or outdoors (58.5%, *n* = 86). Reported zip code data shows that 54.4% (*n* = 80) live in the 88005 zip code area, 24.5% (*n* = 36) live in the 88001 area, and 6.1% (*n* = 9) live in the 88007 area. See Figures 9 and 10.

Figure 9. Street Outreach Survey: Housing Status

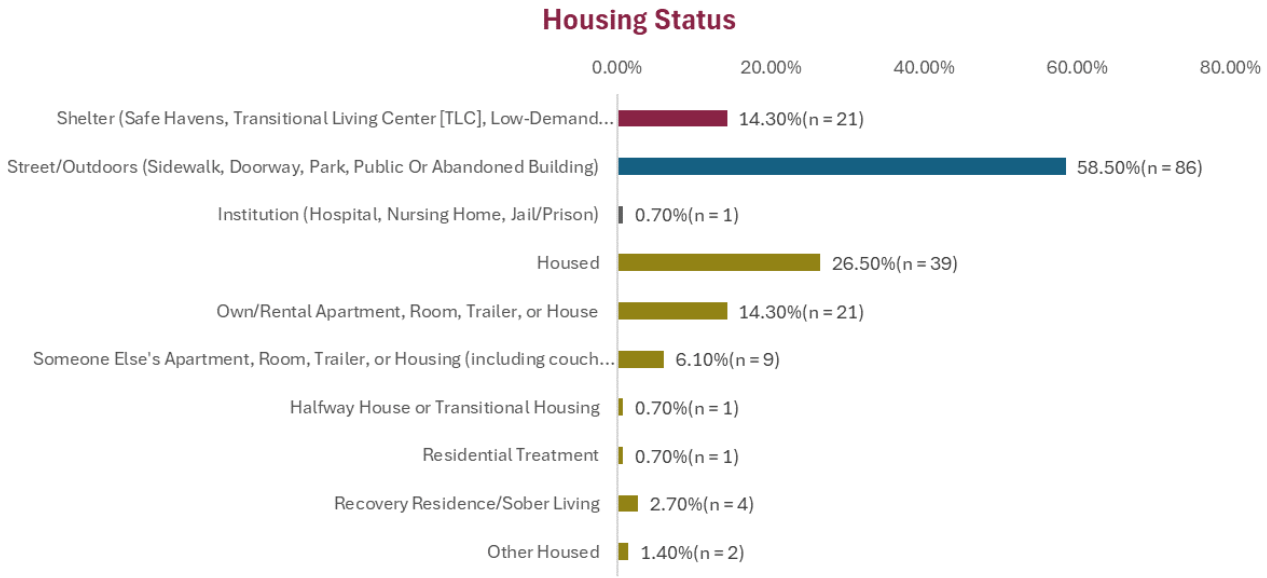
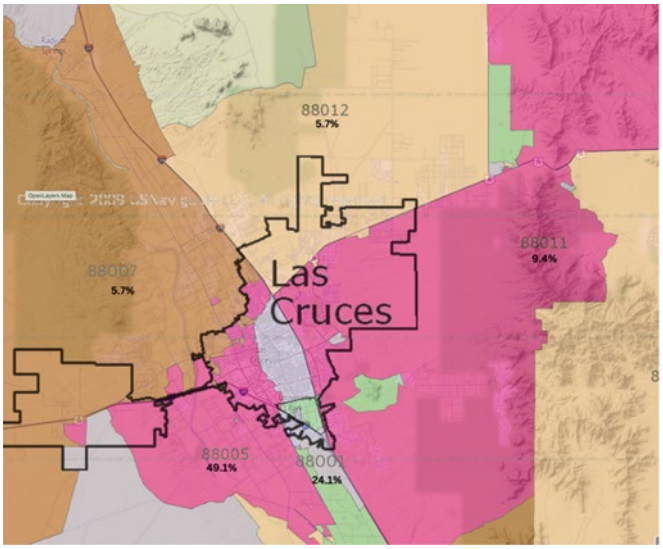
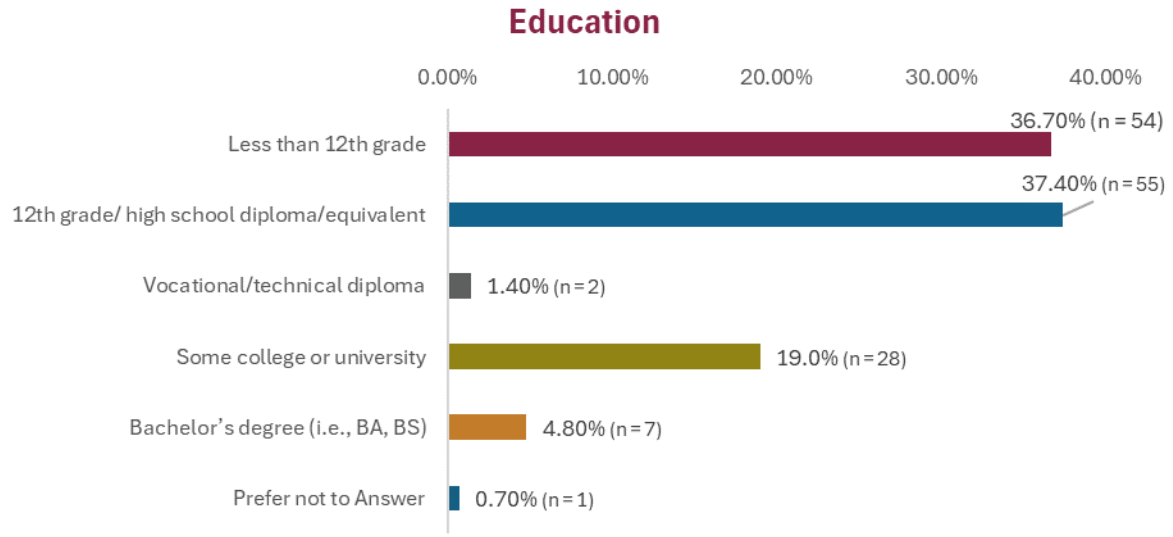


Figure 10. Street Outreach Survey: Participant Zip Codes



Regarding education attainment, Figure 11 shows that most participants have either a high school diploma or the equivalent (37.4%, *n* = 55) or less than a 12th-grade level education (36.7%, *n* = 54). Finally, 83.6% (*n* = 122) of participants were unemployed.

Figure 11. Street Outreach Survey: Participant Education



County and State Opioid and Substance Use Data

To provide a profile of local opioid and substance use issues, data was collected from local, state, and national agencies external to HHS, including:

- Bureau of Vital Records and Health Statistics
- Centers for Disease Control and Prevention (CDC)
- Comprehensive Addiction Recovery Act
- County Health Rankings and Roadmaps
- Las Cruces Fire Department
- Las Cruces Metro Narcotics
- Las Cruces Police Department
- Mesilla Valley Hospital
- Mesilla Valley Regional Dispatch Authority (MVRDA)
- New Mexico Community Data Collaborative
- New Mexico Department of Health (NMDOH)
- New Mexico Health Indicator Data and Statistics
- New Mexico Prescription Monitoring Program
- NMDOH Substance Use Epidemiology Profile
- NM High Intensity Drug Trafficking Area (NM HIDTA)
- NMSU Center for Community Analysis
- Office of Medical Investigator
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- U.S. Census Bureau
- Youth Risk and Resiliency Survey

Results

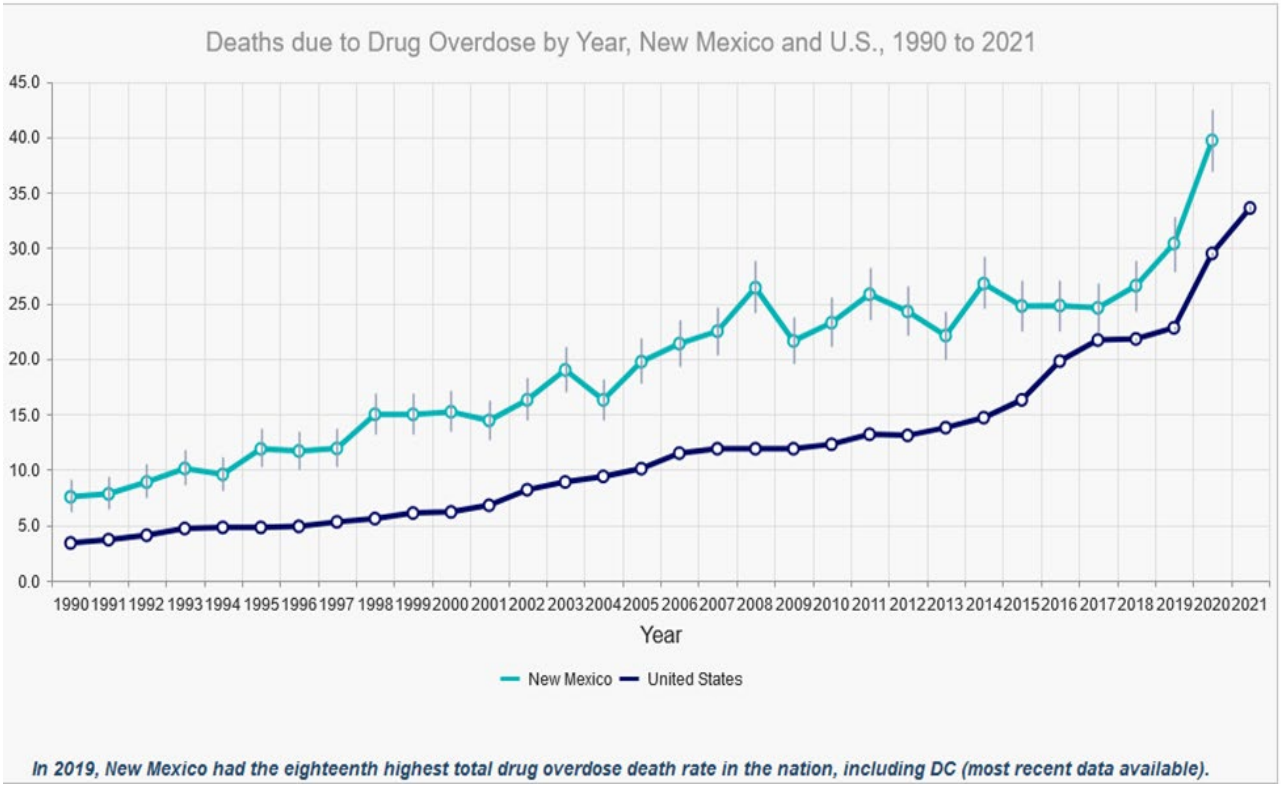
Profile of Opioid and Substance Use in the City of Las Cruces, DAC, and NM

To understand the pattern of opioid and substance misuse in DAC, it is important to examine the opioid crisis locally and statewide. This includes examining available overdose deaths, emergency department (ED) use, and estimates of prevalence. This report provides raw numbers (conveys the impact of use) and population rates (allows comparison across different populations). By considering both metrics, the council will be more informed on how to best and most effectively invest settlement funds. The majority of existing data is at the national and state level. When available, DAC data is presented as well. Data for the City of Las Cruces was not available or did not exist.

Drug Overdose (OD) Deaths

Overdose death numbers and rates indicate the impact and severity of drug misuse and provide a metric to examine intervention effectiveness. For the majority of the past two decades, New Mexico has consistently maintained one of the highest drug overdose death rates in the United States. Since 1990, the state's death rate has increased by over three times (see Figure 13; NM Indicator-Based Information System, n.d.a). In 2022, NM's overdose death rate (50.3, *n* = 1,024) was higher than the US rate (32.6, *n* = 107,941), & was the eighth highest in the US (National Center for Health Statistics, 2022).

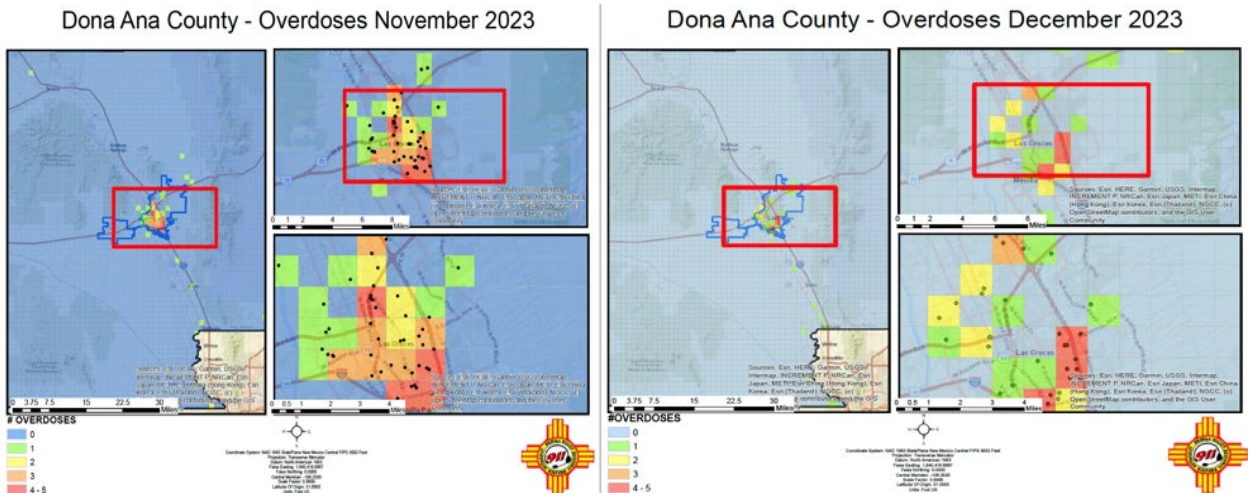
Figure 12. NM-IBIS: NM & US Drug Overdose Deaths 1990 – 2021



From 2017 through 2021, DAC ranked 28th among NM counties in OD death rates (20.8 per 100,000 vs. the state death rate of 34.4). Counties with the highest rates were Rio Arriba (95.4, *n* = 169), Sierra (69.2, *n* = 30), and Socorro (51.4, *n* = 38). Regarding OD death numbers, DAC had the third-highest number of OD deaths (*n* = 202) among NM counties, which accounted for 5.8% of statewide deaths, behind Bernalillo (*n* = 1,430, 41.3%) and Santa Fe (*n* = 269, 7.8%) counties (New Mexico Department of Health, 2024). See Appendix B for 2017 – 2021 NM OD death rates and numbers by county.

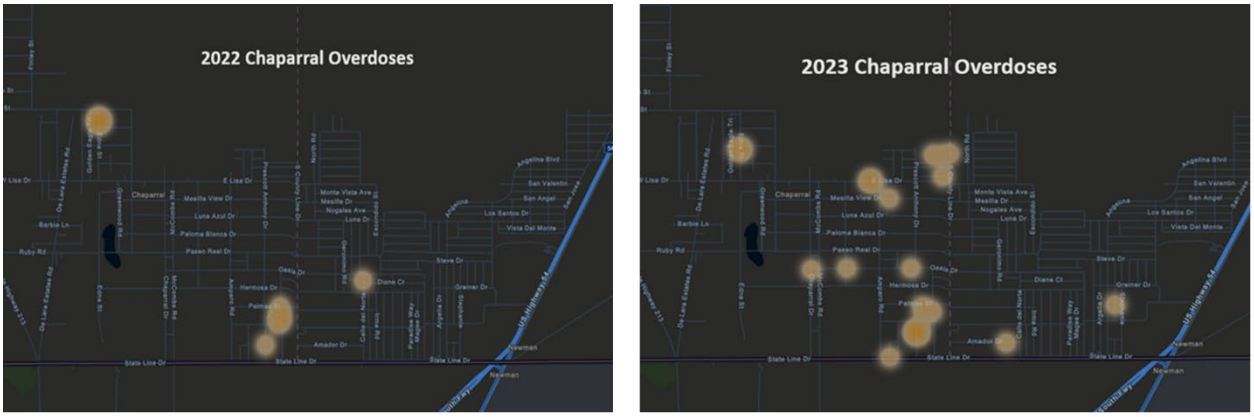
Mesilla Valley Regional Dispatch Authority (MVRDA) heat maps highlight November and December 2023 OD hot spots in DAC and the City of Las Cruces area; see Figure 3. Note that the maps do not identify the OD drug type, nor are they representative of OD deaths, and one of the hot spot locations is where Memorial Medical Center provides OD services. Red areas were located in the center-east and north-central regions. Several medium-intensity orange-to-yellow areas are scattered throughout, particularly in the eastern and southern parts of the map.

Figure 13. MVRDA DAC Overdoses - November and December 2023



The High-Intensity Drug Trafficking Area (HIDTA) NM heat maps for 2022 and 2023 reveal significant changes in OD death hot spots in Chaparral, NM (refer to Figure 14). While the maps do not specify the types of drugs involved, they indicate a concerning increase in OD deaths, which appear to have more than doubled within this period. In 2022, the maps showed four distinct hot spots; however, by 2023, approximately 14 hot spots are evident. It is important to note that this observation is based on a visual comparison of the heat maps and may not represent precise numerical data.

Figure 14. HIDTA Overdose Deaths in Chaparral, NM - 2022 and 2023



The NM Substance Use Epidemiology Profile data (NMDOH, 2024) for 2017 through 2021 shows the following sex and race/ethnicity differences for NM overdose death rates. Comparable DAC data existed only for total OD death rate by race/ethnicity and unintentional OD death rate by sex.

1. Sex
    - NM males' OD death rate was twice that of females (46.5 vs. 22.3)
    - Among both NM males and females, the 25 – 64 age group was at highest risk
    - DAC males unintentional drug OD death rates are twice that of females (25.3 vs. 10.5).

2. Race/Ethnicity
    - NM drug OD rates were highest among Blacks (44.9), followed by Hispanics (37.7), Whites (31.3), American Indians (27.8), and Asian/Pacific Islanders (9.1)
    - DAC drug OD death rates were highest among Whites (28.1), followed by Hispanics (18.7), Blacks (12.8), Asian/Pacific Islanders (10.2), and American Indians (9.5).

3. Sex and Race/Ethnicity
    - NM Males tended to have higher drug OD death rates. Among both men and women, NM Black males had the highest total OD death rate (58.6), followed by Hispanic males (52.3).
    - Among females, NM Black females had the highest OD death rate (44.9), followed by Hispanic females (37.7) and White females (31.3)

Figure 15 displays NM drug OD deaths per 100,000 from 2017 – 2021. Over this period, Blacks and Hispanics (all ages) experienced higher rates of OD deaths throughout the state (New Mexico's Health Indicator Data & Statistics, n.d.a).

Figure 15. NM Drug OD Deaths by Race/Ethnicity 2017 – 2021, NM – IBIS

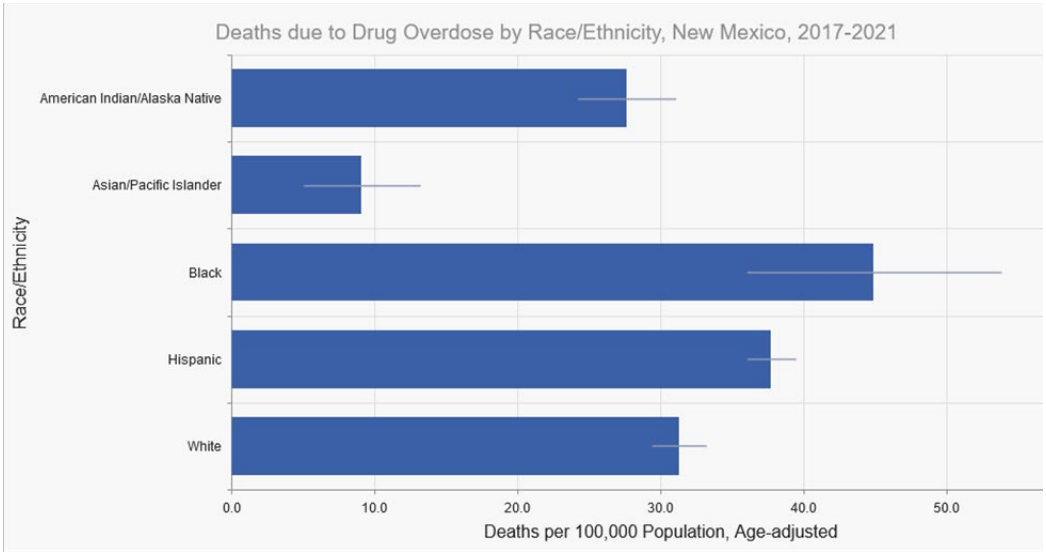
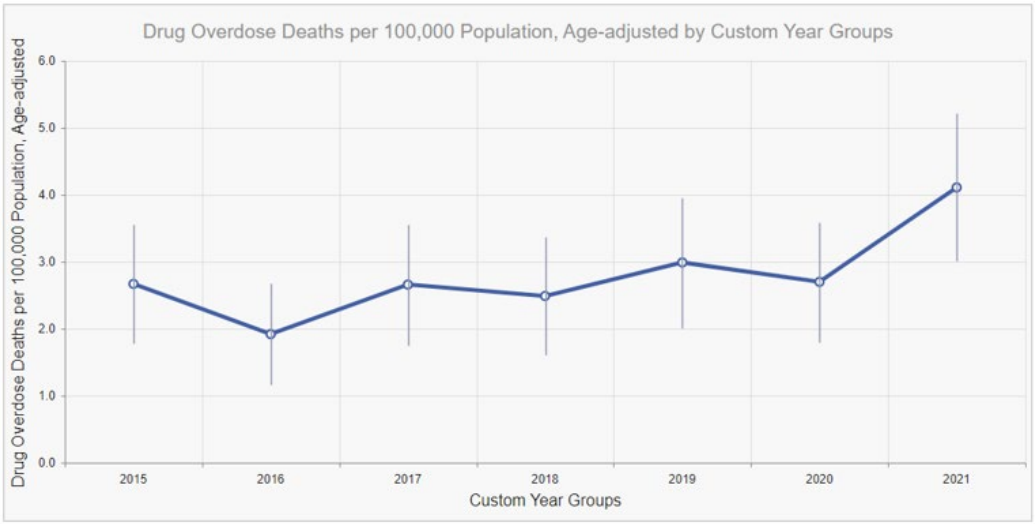


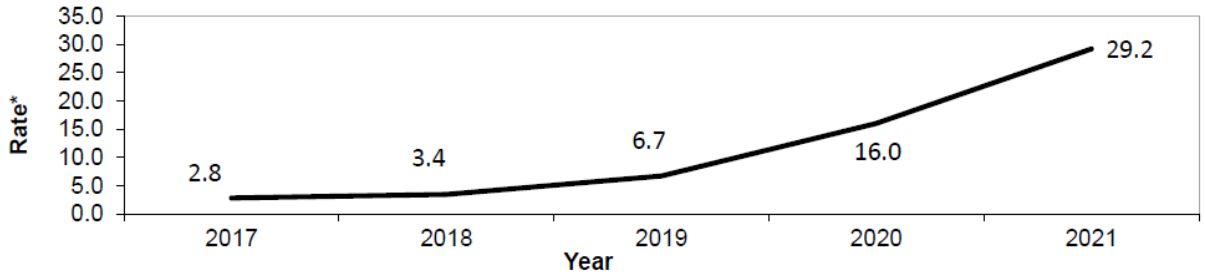
Figure 16 shows DAC drug OD deaths per 100,000 over time from 2015 to 2021. Data shows a dramatic upward trend after 2020, indicating increased DAC death rates. Over time, from 2016 to 2021, the DAC death rate doubled from 2.0 to just above 4.0 (New Mexico's Health Indicator Data & Statistics, n.d.).

Figure 16. DAC Drug OD Deaths 2015 - 2021, NM-IBIS



Fentanyl-related OD Deaths. From 2010 to 2017, opioid-related deaths in the US involving fentanyl rose from 14.3% to 59% (National Institute on Drug Abuse, 2021). Similarly, NM has seen an increase in fentanyl-involved OD deaths, with over a third of 2021 OD deaths involving fentanyl. Specifically, from 2017 to 2021, 15.1% of NM fentanyl-involved OD deaths were due to fentanyl alone, 38.4% involved fentanyl and methamphetamine, and 46.5% involved fentanyl with an 'other' drug (NMDOH, 2024). These categories are not mutually exclusive, as OD may involve more than one substance. As shown in Figure 17, NM fentanyl-related OD death rates have increased more than ten times from 2010 (2.8) to 2021 (29.2; NMDOH, 2024).

Figure 17. NM Fentanyl-Related Death Rates 2017 – 2021



Sources: National Center on Health Statistics, CDC WONDER. NMDOH BVRHS death files
US Rates "Other Synthetic Narcotics (other than methadone) ICD-10 code (T40.4) This category is dominated by fentanyl related overdoses."
* Rate per 100,000, age-adjusted to the 2000 US standard population

From 2017 to 2021, DAC ranked 23rd among NM counties in fentanyl-related OD death rates (5.9), which was below the statewide rate (11.7, *n* = 1,145). Counties with the highest rates were Rio Arriba (28.1, *n* = 49), Sierra (17.4, *n* = 7), Bernalillo (17.3, *n* = 577), Santa Fe (17.2, *n* = 107), and Socorro (17.0, *n* = 12). The number of DAC deaths accounted for 5.2% of statewide fentanyl-involved overdose deaths (NMDOH, 2024). See Appendix C for 2017 – 2021 NM fentanyl OD death rates by county.

According to the NM Substance Use Epidemiology Profile (NMDOH, 2024), 2017 – 2021 fentanyl OD death rate data shows the following sex and race/ethnicity differences. Comparable DAC data existed only for the death rate by sex.

4. Sex
    - NM males' fentanyl OD rate was more than twice that of females (16.1 vs. 7.1).
    - DAC males' fentanyl OD rate was also more than twice that of females (9.1 vs. 2.8).

5. Race/Ethnicity
    - NM fentanyl-involved OD death rates were highest among Blacks (14.8), followed by Hispanics (13.9), Whites (9.3), American Indians (8.1), and Asian/Pacific Islanders (3.4)

6. Sex and Race/Ethnicity
    - NM Black males (20.0) and Hispanic males (19.4) had the highest fentanyl-involved OD death rates
    - Among NM females, Hispanic females had the highest fentanyl-involved OD rates (8.3), followed by Black females (7.4) and White females (6.3).

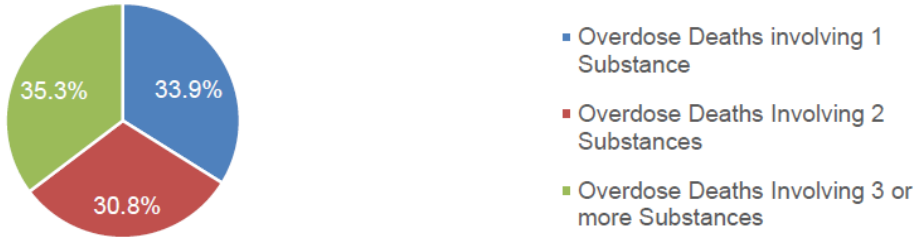
Polysubstance Use and Overdose

Polysubstance use is the intentional or unintentional use of more than one substance in close succession or simultaneously. Intentional polysubstance use occurs when

individuals knowingly use more than one substance to enhance or diminish drug effects or to experience the combined effect. Unintentional polysubstance use occurs when a person uses a substance and is unaware that the drug is mixed, laced, or cut with other substances.

Research suggests that individuals with a substance use disorder are likely to use more than one substance. A 2020 study found that among individuals with an opioid use disorder, over a quarter had at least two other substance use disorders, and 90% used more than two other substances during the year (Compton, Valentino, & DuPont, 2020). According to the 2024 NM Substance Use Epidemiology Report (NMDOH, 2024), in NM, from 2017 to 2021, 66.1% of OD deaths involved more than one substance, and 35.3% involved three or more substances, see Figure 18.

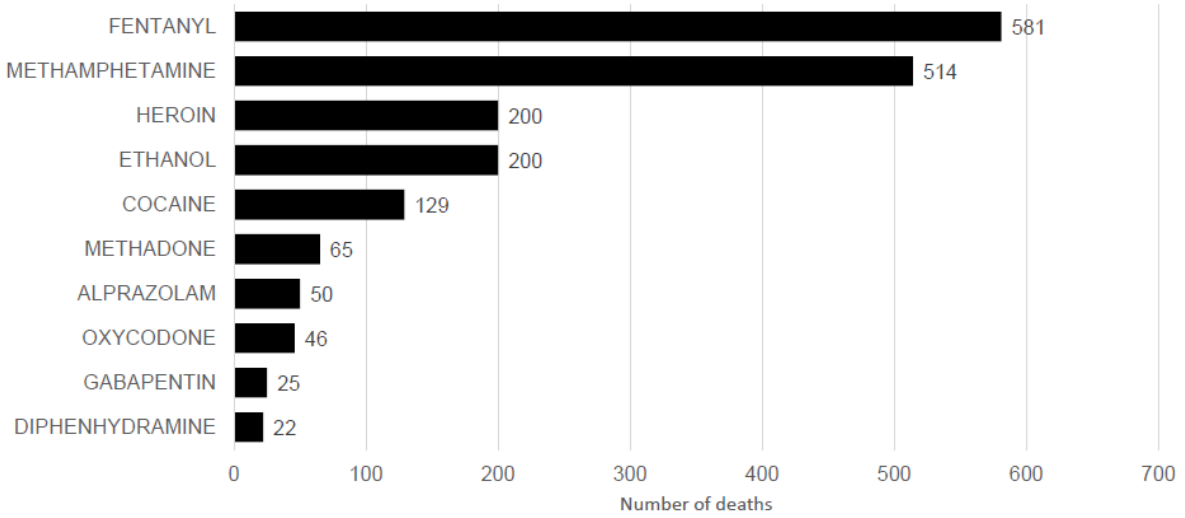
Figure 18. Polysubstance OD Death by Number of Substances, NM 2017 - 2021



Source: NMDOH BVRHS death files; SUES

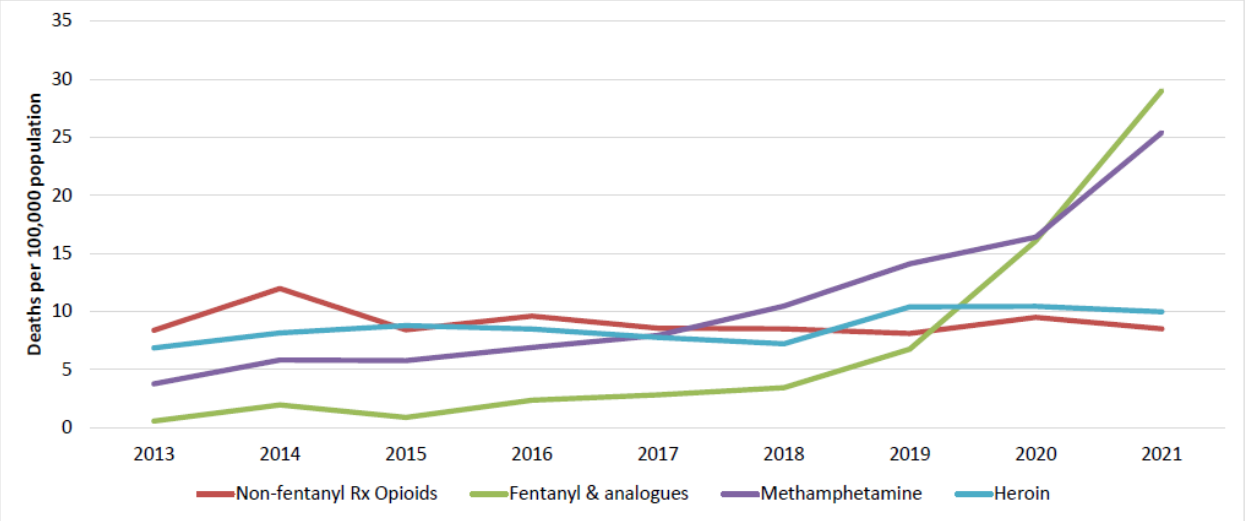
Figure 19 displays the top ten substances involved in NM OD deaths during 2021, fentanyl and methamphetamine being the most frequent (NMDOH, 2024). Figure 20 displays the rise of fentanyl and methamphetamine OD death rates in NM from 2013 to 2021. Note that the figure's drug categories are not mutually exclusive due to polysubstance use.

Figure 19. NMDOH Top 10 Substances Involved in NM OD Deaths, 2021



Source: NMDOH BVRHS death files: SUES

Figure 20. NM Overdose Death Rates by Drug Class 2013 – 2021



Drug categories in this chart are not mutually exclusive - many deaths involve more than one class. Rates are age adjusted to the US 2000 standard population.
Source: Bureau of Vital Records and Health Statistics; UNM-GPS population files; SUES

Examination of 2017 – 2021 NM OD data for combinations of drugs showed that methamphetamine combined with heroin, fentanyl, or an 'other second drug' accounted for most NM polysubstance deaths, see Table 2 (NMDOH, 2024).

Table 2. Drug Combinations in NM OD Deaths, 2017 – 2021

	Substance Involved in Death				
	Number of Deaths Involved				
Drug Class	Methamphetamine n= 1435	Fentanyl n= 1144	Heroin n= 904	Rx Pain Opioids n= 565	Benzodiazepines n= 545
Single drug overdose death	551	306	175	142	32
2nd substance involved death					
Methamphetamine	X	176	219	11	5
Fentanyl	176	X	55	45	54
Heroin	219	55	X	11	46
Cocaine	25	85	33	10	2
Rx Pain Opioids	11	45	11	X	77
Benzodiazepines	5	54	46	77	X
Other 2nd Drug	615	14	21	48	48
3rd or more drug involved death	64	409	344	221	281
Drug Class	Methamphetamine n= 1435	Fentanyl n= 1144	Heroin n= 904	Rx Pain Opioids n= 656	Benzodiazepines n= 545
Deaths with Alcohol involved	178	280	198	117	141

*All counts may include additional drugs which are not isolated for due to lower frequency

Source: NMDOH Bureau of Vital Records and Health Statistics; SUES

Emergency Department (ED) Visits

In NM, from 2018 to 2021, rates of opioid overdose-related ED visits increased considerably from 50.5 to 74.7 (NMDOH, 2024). DAC's opioid OD-related ED visits rate was 25.2 (*n* = 265), below the state rate of 61.7 (*n* = 6,578) and ranked twenty-second among NM counties. The number of DAC opioid overdose-related ED visits (*n* = 265) was the sixth highest among NM counties, accounting for 4% of the statewide number of opioid overdose-related ED visits (NMDOH, 2024). According to the NM Substance Use Epidemiology Profile for opioid OD-related ED visits from 2017 – 2021:

- Sex
  - Males (76.5, *n* = 4,026) had a higher rate of opioid-related ED visits than females (46.5, *n* = 2,530

- Race/Ethnicity
  - The highest rate of opioid overdose-related ED visits was among Blacks (70.2, *n* = 169), followed by Hispanics (69.1, *n* = 3585), Whites (51.1, *n* =

2030), American Indians (44.1, *n* = 432), and Asian/Pacific Islanders (13.2, *n* = 27).

  - For DAC, the highest opioid overdose-related ED visit rates were among Whites (34.5, *n* = 96), followed by Hispanics (21.9, *n* = 157). No county numbers or rates were reported for Blacks, Asian/Pacific Islanders, American Indians, or by sex.

- Sex and Race/Ethnicity
  - Black and Hispanic males had the highest rates of opioid OD-related ED visits (89.8 and 89.5, respectively)

  - Among women, Hispanic, White, and Black women had the highest rates of opioid OD-related ED visits (48.3, 43.9, and 42.3, respectively).

Estimated Prevalence of Substance Use

The 2022 National Survey on Drug Use and Health (NSDUH) provides national and state estimates of the prevalence of substance use, substance use disorders (SUD), and treatment. Among adults, NM ranked first for illicit drug use in the past month, second for drug use disorder in the past year, and third for substance use disorder in the past year among US state estimates and is significantly higher than US estimates (see Table 3; Substance Abuse and Mental Health Services Administration, 2023).

Table 3. Substance Use/Disorders Among US & NM Adults, NSDUH 2022

2022 National Survey on Drug Use and Health (NSDUH)			
Disorder or Use in the Past Year or Month Among Adults 18 or older Annual average percentages and average numbers (in thousands)	**NM estimates**	**US estimates**	**NM Ranking Among US States (highest to lowest)**
Substance Use Disorder in the past year	23.55% (*n* = 380)*	17.82%	3rd
Drug Use Disorder in past year	13.93% (*n* = 225)*	9.41%	2nd
Opioid Use Disorder in past year	2.47% (*n* = 40)	2.19%	12th
Alcohol Use Disorder in the past year	12.24% (*n* = 198)	11.28%	17th
Pain Reliever Use Disorder in the past year	2.68% (*n* = 43)	1.97%	7th
Marijuana use in past year	27.63% (*n* = 446)*	21.43%	9th
Methamphetamine use in the past year	1.72% (*n* = 28)	1.04%	6th
Opioid misuse in the past year	4.05% (*n* = 65)	3.41%	11th
Prescription pain reliever misuse in the past year	3.87% (*n* = 62)	3.21%	10th
Alcohol use in the past month	49.62% (*n* = 801)	52.21%	38th
Illicit drug use in past month	24.59% (*n* = 397)*	16.33%	1st

* significant difference, *p* =.000; estimates are age-adjusted per 100,000

Among youth aged 12 to 17, NM ranks first among US states for estimated prevalence of substance use disorder in the past year, drug use disorder in the past year, marijuana

use in the past year, and illicit drug use in the past month. NM estimated percentages were significantly higher than the US estimates for substance use disorders, drug use disorders, marijuana use in the past year, and illicit drug use in the past month. NM's estimated opioid use disorder percentage tied with Louisiana for the highest; however, estimated sample sizes were small, and there were no significant differences from other states (see Table 4; SAMHSA, 2023). For additional substance use activity among US high school youth, see Appendix D).

Table 4. Substance Use/Disorders Among US & NM Youth 12 - 17, NSDUH 2022

2022 National Survey on Drug Use and Health (NSDUH)			
Disorder or Use in the Past Year or Month Among Youth 12 - 17 Annual average percentages and average numbers (in thousands)	**NM estimates**	**US estimates**	**NM Ranking Among US States (highest to lowest)**
Substance Use Disorder in the past year	16.01% (*n* = 27)*	8.95%	1st
Drug Use Disorder in past year	13.19% (*n* = 23)*	7.17%	1st
Opioid Use Disorder in past year	1.3% (*n* = 2)	1.04%	-
Alcohol Use Disorder in the past year	4.57% (*n* = 8)	3.32%	3rd
Pain Reliever Use Disorder in the past year	1.3% (*n* = 2)	1.04%	2nd
Marijuana use in the past year	19.24% (*n* = 33)*	11.19%	1st
Methamphetamine use in the past year	0.11% (*n* = 0)	0.10%	12th
Opioid misuse in the past year	2.06% (*n* = 4)	1.85%	7th
Prescription pain reliever misuse in the past year	2.06% (*n* = 4)	1.85%	8th
Alcohol use in the past month	7.27% (*n* = 12)	7.03%	23rd
Illicit drug use in past month	13.7% (*n* = 24)*	7.44%	1st

* significant difference, *p* =.000; estimates are age-adjusted per 100,000

Thus, NM's estimated percentages for adults' illicit drug use in the past month, drug use disorder in the past year, and SUD in the past year were among the highest in the US and were statistically significantly higher than US estimated percentages. Among youth (12 – 17 years of age), NM's estimated percentages for SUD in the past year, drug use disorder in the past year, marijuana use in the past year, and illicit drug use in the past month were among the highest in the US and were significantly higher than US estimated percentages (SAMHSA, 2023).

Substance Use Treatment

Seeking Treatment

In addition to providing substance use prevalence estimates, the NSDUH classifies respondents as needing substance use treatment in the past year if they had an SUD or received substance use treatment in the past year (e.g., inpatient or outpatient facility, via telehealth, received medication-assisted treatment, or received treatment within an incarceration/detention facility). According to the 2022 NSDUH survey results and population estimates, among US individuals classified as needing substance use

treatment in the past year, only about 1 in 4 (24%, 13.1 million) received treatment within the year. Among adults 18 or older who had a SUD in the past year and were thus classified as needing treatment but did not receive substance use treatment, 94.7% did not seek treatment or did not think they should get treatment, .8% sought treatment, and 4.5% did not seek treatment but thought they should get it. Among US youth aged 12 to 17 who had an SUD in the past year (classified as needing treatment) but did not receive substance use treatment, 97.5% did not seek treatment or did not think they should get it, .5% sought treatment, and 2.0% did not seek treatment but thought they should get it (SAMHSA, 2023).

The 2022 NSDUH (SAMHSA, 2023) results for NM highlight the following estimates for seeking and receiving substance use treatment:

- Among NM adults 18 and older
  - 5.98% (*n* = 97) received substance use treatment in the past year
  - Similar to the US adult data, of adults classified as needing substance use treatment, only about a quarter received treatment. Specifically, 22.5% (*n* = 365) were classified as needing substance use treatment; of those, 74.15% (*n* = 278) did not receive treatment.

- Among NM youth 12 to 17 years of age
  - 8.63% (*n* = 15) received substance use treatment in the past year
  - 16.27% (*n* = 28) were classified as needing substance use treatment. No estimates were available for whether they received treatment.
  - NM's percentage of youth aged 12 to 17 classified as needing treatment was significantly higher than the US estimate (16.27% vs.11.5%, respectively).

Thus, NSDUH data suggests that the majority of US and NM individuals classified as needing substance use treatment do not receive treatment. Only a small percentage sought treatment or did not seek treatment but felt they should. For both NM adults and youth, the percentage classified as needing substance use treatment was higher than the percentage that received substance use treatment. Finally, the percentage of NM youth (12 – 17 years of age) classified as needing treatment was significantly higher than the US estimated percentage (SAMHSA, 2023). See Table 5 for estimated percentages of US and NM adults and youth who received treatment or were classified as needing treatment and did not receive treatment.

Table 5. Percent Needing but Not Receiving SU Treatment, NSDUH 2022

2022 National Survey on Drug Use and Health (NSDUH)		
Received Treatment & Classified as Needing Treatment Estimated Treatment percentages and numbers (in thousands)		
Adults 18 or older	**NM**	**US**
Received Substance Use Treatment in the Past Year	5.98% (*n* = 97)	4.65%
Classified as Needing Substance Use Treatment in the Past Year	22.50% (*n* = 365)	20.14%
Classified as Needing Substance Use Treatment & Didn't Receive Substance Use Treatment	74.15% (*n* = 278)	76.90%
Youth 12 - 17		
Received Substance Use Treatment in the Past Year	8.63% (*n* = 15)**	4.60%
Classified as Needing Substance Use Treatment in the Past Year	16.27% (*n* = 28)*	11.50%
Classified as Needing Substance Use Treatment & Didn't Receive Substance Use Treatment	not reported	59.98%

*significant difference, p<.05; ** significant difference, p =.001

** significant difference, p =.001 ; ** significant difference, p =.001

Reasons for Not Seeking Treatment

According to the 2022 NSDUH data, primary reasons for not seeking treatment included thinking they should have been able to handle their drug use on their own (78.2%), not being ready to start treatment (61.3%), not being ready to stop or cut back on using alcohol/drugs (52.9%), did not know how or where to get treatment (52.2%), thinking that treatment would cost too much (47.9%), being worried about what people would think or say if they got treatment (46.1%), not having enough time for treatment (42.4%), and not having health insurance coverage for treatment (41.9%). Due to low data precision, no estimates were provided for youth aged 12 to 17 (SAMHSA, 2023).

Thus, primary reasons for not seeking treatment reflected personal perceptions of not needing treatment (e.g., can handle it and not being ready), a lack of knowledge of where to get treatment, the cost of treatment, and the stigma associated with treatment.

NM Naloxone Usage/Distribution

NMDOH data suggests that knowledge of where to obtain naloxone and its critical role in overdose reversal is lacking in the community. Similarly, focus group and outreach survey data (presented later in this report) reflected a perceived need to educate the community about Narcan/naloxone. Additionally, NM social services fieldwork suggests that stigma may prevent high-risk individuals from taking advantage of existing naloxone distribution programs. It is critical to ensure that those using substances and those individuals in contact with the individual know where to acquire naloxone.

Examination of Las Cruces Police Department data underscored the importance of consistent and comprehensive data documentation for evaluating program success, outcomes, and impact. While data showed that Narcan use saves lives, the data did not allow analysis of the suspected or known OD substance, nor did it allow comparisons within or across years. From 2019 – 2023, the department used three different Narcan documentation forms within and across years, each with a different documentation choice for suspected or known overdose substance in the case. For instance, one form asks officers to check a box for either alcohol or 'other drugs' with no option to write in a substance, while another form provides a more comprehensive checklist for substances (e.g., alcohol, benzodiazepines, methamphetamine, heroin, etc.). Efforts should be made to streamline data collection, ensure data collection is standardized and consistent, and capture metrics needed to evaluate program effectiveness and impact in the community.

Thus, data shows the benefits of naloxone in saving lives. However, according to multiple local data sources, barriers to using naloxone exist and include a lack of knowledge about naloxone, a lack of knowledge of where to get naloxone, and the perceived stigma associated with using naloxone distribution programs.

Focus Group & Town Hall Results

A summary of focus group and town hall forum discussion themes is presented. For detailed focus group results, see Appendix F; for town hall discussions, see Appendix G.

What Substance or Drug Causes the Most Problems in Your Community?

Focus Groups

- Both Key Informants and Lived/Living Experience participants highlighted **alcoho**l as particularly problematic and listed **fentanyl**, **methamphetamines**, and **heroin** as substances causing problems in the community.
- First responders noted a decrease in heroin use and encounters, while Harm Reduction and Lived/Living Experience participants listed it among substances causing problems in the community.
- Behavioral Health group participants highlighted the stigma associated with substance use and seeking treatment. This included 'otherizing' those struggling with addiction and perceptions among the community that they do not deserve help.

Town Halls

- In the Hatch community, **alcohol** and **tobacco** products, particularly in the form of **vaping,** were the substances perceived to cause the most problems.

- In the Chaparral community, the substances causing the most significant issues were **methamphetamine** and **alcohol**. Additional concerns included tobacco and marijuana, usually in the form of vaping, and cannabis edibles.

What Groups are Most Affected by Substance Use?

Key Informant Focus Groups

- Those most affected by substance use included all groups, **young adults**, **younger generation**, under 35, **middle to late 40s**, 50s, low income, and the unhoused.
- Behavioral Health participants reported **increased fentanyl use among youth and middle-aged individuals.**

Lived/Living Experience Focus Groups

- Lived/Living Experience groups commented that those most affected by substance use included **youth**, older adults, **low-income**, unhoused, LGBTQIA+, and everybody.
- It was noted that youth may not be using substances but are still affected by parents'/family substance use at home.
- The Southern Doña Ana County focus group discussion suggested that **older adults were affected by overprescription and misuse of opiates**.

Town Halls

- Hatch participants commented that alcohol, tobacco, and vaping particularly affected **young people**, high school **teens**, adults, and **low-income** individuals, especially in rural areas. Participants also perceived males as struggling with substance use more than females.
- Chaparral participants commented that the groups most affected by drug and alcohol use include **young people**, families, both high and **low-income** individuals, vulnerable populations such as people who are unhoused or undocumented, rural communities, and **school children**.

What Substance Use Recovery, Treatment, or Harm Reduction Resources are Most Successful in Your Community?

Key Informant Focus Groups

- Participants listed **harm reduction**, **Narcan**, and **Medication-Assisted Treatment** (MAT) as the most successful treatments in their community.

- Participants suggested that treatment success may be improved by providing accessibility, a seamless flow of support services and case management, a continuum of care, follow-up, and reducing barriers.

Where Would You, Your Family, or Friends Go for Help in Your Community to Seek Support for Substance Use Issues?

Lived/Living Experience Focus Groups

- Participants listed facilities (e.g., Family and Youth Innovations, La Clinica, Alianza, and Peak Hospital), Alcoholics Anonymous, Narcotics Anonymous, counseling, community support groups, and Southwest Pathways (through the NMDOH).
- Southern Doña Ana participants reported historically **not having enough resources**, **traveling to El Paso or Las Cruces for resources**, and **lacking community knowledge about where to go for assistance**.

What Substance Use Prevention Resources Are Needed in Your Community?

Key Informant Focus Groups

- A primary theme was the **need for universally accessible and affordable youth activities** that could serve as prevention by reducing vulnerability to substance use and keeping youth busy and out of trouble.
- **Less restrictive permanent supportive housing**
- Enforcement of **compliance with mental health and substance use treatment orders within the criminal justice system**
- Community education and **programs to address stigma**, increased **accessible counseling**, and more effective and comprehensive funding.

What Do We Need to Help People in Our Community with Drug or Alcohol Problems? What Other Helpful Services, like Community or Social Services, Would Be Good for Your Community?

Hatch Town Halls

- Opioid reversal treatments (**Narcan**)
- **Education programs** for both adults and youth
- **Free** treatment services for the uninsured
- Enhanced treatment, including **long-term care** and **wrap-around services**, **housing**, and **peer support** initiatives.

Chaparral Town Halls

- Participants brainstormed a range of support services, including local treatment programs like Alcoholics Anonymous, **accessible medical services within the community rather than requiring travel to Las Cruces**, **after-school programs**, and **increased availability of counselors and social workers**.
- Additionally, offering trades and crafts training and **expanding sports programs** could provide valuable skills and constructive activities that the community members deem valuable.
- Expanding access to social services and support systems was another useful service for the community.

What Type of Experience Do You Have with Recovery or Treatment Resources?

Lived/Living Experience Focus Groups

- Themes included the **lack of support or resources for individuals post-treatment**.
- Participant comments included primarily positive experiences with rehabilitation at local facilities, traditional counseling, and Alcoholics Anonymous.

What Type of Experience Do You Have with Harm Reduction Resources?

Lived/Living Experience Focus Groups

- Participants commented on the **successful use and effectiveness of Narcan**.
- They also indicated **awareness of syringe exchange programs** that are free and available in locations such as the Department of Health and other clinics around town.
- Participants felt the broader **community was largely unaware of existing harm reduction resources** such as Narcan. They recommended that home-based distribution of harm reduction supplies such as Narcan, coupled with education and training, might effectively increase access and awareness for community members. There was also the **perception that Narcan is expensive**, especially in places such as pharmacies.
- Participants reported positive family support and proactive outreach involving accessing harm reduction resources.
- Other experiences with harm reduction were school presentations by the Sheriff and a D.A.R.E. [Drug Abuse Resistance Education] assembly that one participant

had experienced. Other participants mentioned positive experiences with Alcoholics Anonymous.

- **Access to harm reduction resources, such as syringe exchange, was mentioned as being difficult to obtain in areas such as Hatch or Del Cerro**, and participants indicated they would have to get transportation to Las Cruces or El Paso for resources. Small remote communities **need more Harm Reduction resources.**

What Might Keep Someone from Using These Resources?

Key Informant Focus Groups

- The most frequently reported barriers included **limited transportation** to appointments, **long wait times for an appointment, lack of awareness of existing community resources, the stigma** associated with seeking help**,** and **cultural norms and beliefs**
- Key Informants mentioned that a **lack of public substance use education** and awareness **perpetuated stigma** in the community.
- The lack of awareness of existing support and resources coupled with individuals struggling with **co-occurring mental health and addiction** to substances often acts as a barrier to treatment when individuals are not motivated or fully cognizant of their situation to seek consistent help in the community. Additionally, long wait times for appointments could impact treatment adherence and potentially contribute to self-medication, which only exacerbates substance use and mental health problems.
- Because most of DAC's geographical area is rural, **transportation is often a barrie**r to accessing resources. Additionally, legal status was mentioned as a concern (e.g., fear of deportation) and a barrier to accessing resources and health care, particularly in the northern region of DAC.
- Participants also highlighted that while there is at least the perception that opioid overdose reversal drugs are highly available, the reality is that obtaining treatment for addiction and preventing OD and the need for OD reversal drugs is limited.
- Additional barriers presented by Key Informants included the **lack of early intervention in schools**, a **shortage of treatment providers** within the area, and existing provider burnout (due to the shortage of providers). These barriers force existing resources to operate more reactively, relying heavily on emergency services for support rather than establishing long-term proactive measures such as Assertive Community Treatment (ACT) for adolescents and comprehensive individualized care for individuals with co-occurring mental health disorders and polysubstance use. Making programs and care affordable or free to people with a low income or below the poverty line might bolster programs to address the mentioned barriers.

What Might Keep Someone from Seeking Substance Use Services in Your Community?

Lived/Living Experience Focus Groups

- Participants commented that barriers to accessing substance use recovery services included a **lack of family support** to pursue or remain consistent with treatment, a **lack of self-esteem**, and a **lack of financial resources for transportation and medication.**
- Frequent comments included that individual and **cultural beliefs that stigmatize seeking treatment** for substance use or mental health disorders were barriers. Examples included how a family might prevent youth from seeking treatment due to the associated stigma and how sometimes the family not only stigmatizes substance use but encourages it, adding a negative peer influence to the cycle of addiction.
- Another barrier includes the **misconceptions the community has about medications** used in addiction treatment and mental health treatment for co-occurring disorders.
- There are sometimes misconceptions and fears of programs such as Alcoholics Anonymous or Narcotics Anonymous due to **stigma**, potentially being triggered to engage in substance use after a meeting, and fear of lawful consequences.
- Navigating insurance for health care and the judicial system in case of law enforcement involvement was a barrier to seeking treatment.

What Makes it Difficult for People to Get Help with Drug and Alcohol Use?

Town Halls

- According to Hatch town hall participants, barriers included fragmented grant funding, difficulties in **accessing affordable care**, legal barriers, **stigma**, and **geographical limitations** that affect **transportation**.
- Chaparral town hall participants discussed barriers that included **border checkpoints**, **rural geography**, challenges faced by undocumented individuals seeking medical access outside the community, technology as a barrier for those less accustomed to using it for scheduling or conducting medical appointments, and a **language barrier** when seeking services or information about treatment options. **Transportation access**, **insurance limitations**, and **long wait times** for treatment also present barriers to an effective continuum of medical care.

Suggestions for the City, County, and State About How Funds Should be Spent to Have a Real Impact on the Community

Key Informant Suggestions

- Participants recommended enhanced coordination with education systems such as elementary, middle, and high schools to promote more **preventative early intervention programs in schools**.
- Suggestions indicated the need to **address recidivism within the criminal justice system** and establish infrastructure for court-appointed treatment along with the support of law enforcement and emergency services. Participants frequently commented about establishing a framework to monitor and track patient progress throughout the healthcare system to identify barriers and address needs as they arise through treatment. This, in turn, would mean establishing a more robust case management system that works closely with the courts, law enforcement, emergency responders, and providers that offer access to treatment services.
- There were also repeated comments about **establishing and building a centralized complex to provide recovery and treatment services**.
- Participants repeatedly recommended **reducing barriers** to information about programs and resources and **creating more community engagement around the topic of substance use, mental health, and treatment for co-occurring disorders**.
- Participants suggested addressing policy to **allow Narcan administration or at least distribution in schools**.
- The exploration of safe use sites for substances such as heroin was also proposed as a feasible **harm reduction** measure within the community based on models used in other states and countries.
- Participants recommended establishing a more **robust monitoring and evaluation system to track programs funded** through the grant.
- Participants suggested focusing money on a few of the high-recidivism users that might burden DAC's criminal justice and emergency response system.

Lived/Living Experience Suggestions

- Participants suggested the creation and implementation of **discrete transportation** services for individuals who need transport for appointments to substance use recovery services or mental health appointments. Discrete transportation would allow them to feel more confident and not stigmatized when others see the institution's van (with a logo) pick them up.
- Participants suggested **building up existing staffing** and **increasing harm reduction training** for staff and community members.

- There was a discussion of appropriating funding for advertising recovery programs and services.
- For smaller, more marginalized groups such as LGBTQIA+, there was the recommendation to start with smaller groups where participants could feel safe and build their self-esteem before entering a larger group like Alcoholics Anonymous with 40 or 50 people.
- It was recommended that **community engagement** at the city, county, and state levels be built for continued dialogue and participation in addressing addiction and its impact on the community.
- Another suggestion was that funding allocation be appropriated for **recovery housing**, similar to halfway housing, as an additional **wraparound support** for individuals seeking treatment. This, in turn, would **help support inmates and reduce recidivism**.
- It was suggested that money be used for **early intervention and building recreation areas for youth**, especially in smaller communities lacking resources for youth to focus their energy and positively develop their identity around activities that do not involve recreational drug use. Providing youth scholarships was also mentioned.
- Participants also suggested that funds be allocated to a **specialized recovery center with professional staffing** where community members could access recovery resources and information.

Town Hall Forum Suggestions

- Hatch town hall participants' recommendations included increasing **support for jail diversion programs**, focusing on **prevention efforts**, **expanding mental health services**, and **addressing cultural stigma**.
- Hatch town hall participants also suggested funding should support **school prevention programs**, create **activity centers for youth**, and develop parks to foster **community engagement** and support.
- Chaparral town hall participants recommended allocating funds to **decentralize treatment facilities to serve rural communities better**, focus on **school-based interventions**, and incentivize providers to improve service availability and quality.

Is There Anything Else You Want the Opioid Settlement Advisory Council to Know about this Topic?

Key Informant Focus Groups

- It was recommended that **MAT be made more affordable** to people seeking services who cannot consistently afford a prescription.

- Key Informants also commented on **enhancing community awareness of resources** and scaling existing programs such as Mano y Mano hosted by Mesilla Valley Community of Hope
- Participants also noted that funding should be directed toward **de-siloing various agencies and providers** working toward substance use treatment and recovery, as well as creating accountability for a continuum of care where patients are often lost navigating the health care system, which leads to treatment non-compliance.
- Participants recommended that the process and outcome of the program and finances be **transparent,** and that the Council evaluate its success metric, remember to humanize the project's goal, and realize "people aren't a statistic."
- Key Informants commented on improving access to medical cannabis as a stop-gap to treatment wait times. Providing medical cannabis education to providers was also mentioned.
- Another recommendation was to host town halls and community forums to be **transparent about how to spend funds**. These community forums would also be paired with the development of a **centralized resource** that would focus on outreach to businesses impacted by people using substances who might have damaged property. This centralized resource would also provide information on where businesses could find assistance with their concerns.
- It was recommended that some money be targeted toward increasing the wages of emergency service workers.

Lived/Living Experience Focus Group Participants

- Participants wanted the council to remember that **addiction is also a family issue** and not just an individual one, which speaks to addiction having broader impacts on the community and not just the individual suffering from the addiction.
- Participants commented that **housing stability and employment support** are also crucial factors in ensuring peoples' needs are met throughout the process of preventing addiction in the first place or supporting them as they seek recovery services.
- More efforts need to be made to **work with employers to hire people who have exited the criminal justice system** and have a criminal record but cannot find employment opportunities.
- There was mention of the need for open and safe environments that people feel are accessible to discuss issues of addiction therapeutically.

- More **resource awareness needs to be promoted**, and **intake processes at providers' offices need to be more accessible**.

DAC Outreach Survey Results

The Street Outreach Survey was completed by DAC individuals who indicated using a substance within the last 30 days or participating in substance use treatment. The survey assessed substance use, reasons for starting substance use, treatment knowledge and preferences, perceived barriers to treatment, experience with treatment or recovery resources, experience with harm reduction resources, and suggestions on how to use settlement funds. Two distributions of the survey between April 2, 2024, and August 12, 2024, resulted in 147 participants. Below are highlights from the survey results. See Appendix E for detailed survey results.

Housing

- Over half of survey respondents reported being unhoused or living outdoors in the past 30 days (58.5%; *n* = 86).
- Over half of the participants (54.4%, *n* = 80) resided in the 88005 Zip Code, an identified hot spot where the Community of Hope is located, which offers their address so the unhoused can receive mail.

Education

- The educational background varied, with 37.4% (*n* = 55) having a high school diploma and 36.7% (*n* = 54) having less than a 12th-grade education.

Employment

- A high unemployment rate was noted, with 83.6% of participants (*n* = 122) unemployed.

Substance Use

- High substance use was reported, with 74.8% (*n* = 110) using tobacco, 65.3% (*n* = 96) cannabis, 47.6% (*n* = 70) methamphetamine, 34.0% (*n* = 50) fentanyl, and 10.9% (*n* = 16) cocaine in the past 30 days.
- Smoking was the most common route of administration for substances like methamphetamine and fentanyl, although 24.7% of participants who used methamphetamine (*n* = 18) and 22.2% of participants who used fentanyl (*n* = 2) reported IV injection as the second most common route of administration.
- Most participants (69.4%, *n* = 100) had attended a substance use treatment program before, with stress and social environment cited as primary influences on substance use.
- While **71.9% (*n* = 97) were open to treatment**, 48.6% (*n* = 69) were not currently seeking help, and **65.3% (*n* = 66) were open to medication-assisted treatment**.
- Participants **preferred in-person recovery treatment services** (50.0%, *n* = 52).

Narcan Use

- **Over half of the participants never carried Narcan** (64.1%, *n* = 91), although **those using fentanyl were more likely to carry** it (62%, *n* = 41).
- Additionally, **of those who used fentanyl in the past 30 days, 45.2% of men (*n* = 14) did not carry Narcan, while 20.6% of women who used fentanyl (*n* = 20) did not carry Narcan** with them.

Experiences with Recovery and Harm Reduction

- Participants **reported mixed experiences with recovery and harm reduction resources**, with 49 recounting positive experiences and 22 negative ones. The **use of harm reduction resources was limited**, with 70 participants having no experience.

Barriers to Help

- Major barriers to seeking help for substance use included **denial**, **stigma**, **transportation** issues, and **financial barriers**.

Suggestions for Opioid Settlement Funds

- Participants emphasized the **need for enhanced community outreach**, **education on drug awareness**, **improved detox/rehab facilities**, better **access to resources**, and **long-term treatment options**.

Additional Feedback

- Respondents expressed gratitude for the Council's efforts and highlighted the importance of addressing homelessness and community development.

Summary

The needs assessment for DAC and the City of Las Cruces reveals an alarming trend in opioid and substance abuse, underscoring the need for a comprehensive, multipronged approach. The data shows rising rates of overdose (OD) incidents and emergency department (ED) visits, with a notably high prevalence of substance use among both adults and youth.

1. Rising OD and ED Visit Rates:
    - Despite DAC's overall OD and fentanyl-related death rates being lower than other NM counties, the actual numbers of OD deaths are among the highest in the state, ranking third overall.

- The county ranks 22nd for opioid OD-related ED visit rates but holds the sixth-highest number of such visits in NM. These figures illustrate the growing severity of the opioid crisis in DAC.

2. Substance Use Prevalence:
    - NM exhibits some of the highest estimated percentages of illicit drug use disorder and substance use disorder (SUD) in the country. This is true for adults and youth, with NM youth significantly more affected than their national counterparts.
    - The prevalence of substance use among youth in DAC mirrors this state-wide trend, indicating a critical need for targeted interventions.
3. Treatment Gaps and Barriers:
    - Approximately 75% of NM adults who need substance use treatment do not receive it. This discrepancy is also observed among NM youth, where the need for treatment far outweighs the actual receipt of services.
    - Barriers to seeking treatment include denial of the need for help, a belief in self-management, readiness issues, unawareness of where to get treatment, financial concerns, stigma, time constraints, and lack of insurance.
4. Transportation and Access Issues:
    - The challenges the local population faces, such as transportation difficulties, legal issues, and the rural nature of many areas, exacerbate the struggle to access services, which are often far away in El Paso, TX or Las Cruces.
5. Naloxone Use and Distribution:
    - DAC accounted for 8.1% of total naloxone distributed in NM but only 2% of the state's naloxone OD reversals, indicating potential underutilization. Barriers to naloxone use include a lack of knowledge about its availability and use, as well as the stigma associated with obtaining it.

6. Community Suggestions for How to Use Settlement Funds:
    - Community members recommend a holistic approach to combat the escalating substance use crisis effectively.
    - Prevention and Education: Increasing public awareness and education on substance and its dangers, particularly among youth.
    - Treatment Access: Expanding access to treatment services, especially in rural areas, and addressing the barriers to care such as transportation, cost, and stigma.
    - Recovery Support: Enhancing long-term recovery support services, including outreach programs and peer support networks.
    - Naloxone Distribution: Improving naloxone distribution and education to increase its use in preventing OD deaths.

Conclusion

The needs assessment highlights a critical and urgent need to address the opioid and substance abuse crisis in DAC and CLC through coordinated efforts that span prevention, treatment recovery, and support services. The community's input emphasizes the importance of a sustained and comprehensive response to mitigate the impact of this ongoing public health issue.

Key Findings

- New Mexico has consistently had one of the highest drug OD death rates in the US, and the rate has continued to climb since 2017. Additionally, both opioid-involved OD and ED visits continue to rise.
    - Despite DAC's overall OD and fentanyl-related death rates being lower than other NM counties, the actual numbers of OD deaths are among the highest in the state, ranking third overall.
    - The county ranks 22nd for opioid OD-related ED visit rates but holds the sixth-highest number of such visits in NM. These figures illustrate the growing severity of the opioid crisis in DAC.
    - Compounding the NM opioid and substance use crisis is the increasing rate of polysubstance use, with fentanyl and methamphetamine being most frequent.

- New Mexico Populations Most Affected by OD:
    - NM Black and Hispanic males have the highest rates of drug OD, fentanyl-involved OD, and opioid-related ED visits
    - DAC males, particularly White and Hispanic men, have the highest rates of drug OD, fentanyl-involved OD, and opioid-related ED visits.
    - Among men and women, the most affected age group is 25 to 64.

- NM Adult & Youth Substance Use and Seeking Treatment:
    - NM exhibits some of the highest estimated percentages of illicit drug use disorder and substance use disorder (SUD) in the country. This is true for adults and youth, with NM youth significantly more affected than their national counterparts.
    - The prevalence of substance use among youth in DAC mirrors this state-wide trend, indicating a critical need for targeted interventions. Focus group and town hall participants repeatedly commented that youth were among those most affected by substance use in the community.

    - Approximately 75% of NM adults who need substance use treatment do not receive it, primarily because they do not seek or think they need it. This discrepancy is also observed among NM youth.
    - Street outreach data from individuals using substances show that although most were open to treatment, nearly half were not seeking treatment.

- Gaps and Substance Use Resources and Services Needed in the Community
    - Gaps include healthcare provider shortages, particularly in remote rural areas of the county, mental health services shortages, limited transportation, and poor health literacy.
    - Community education about stigma, substance use, Narcan, and harm reduction services.
    - Improved comprehensive treatment approaches, case management, and continuum of care services.
    - Improved access to treatment (e.g., MAT, counseling).

- Barriers to Accessing Treatment
    - Limited transportation to appointments and resources impacts access and participation in long-term treatment.
    - Lack of knowledge about existing substance use and recovery resources and how to access them.
    - Provider and facility shortages, particularly in outlying areas
    - Stigma associated with substance use, seeking help, and participating in treatment
    - Additional barriers include denial, belief in self-management, readiness issues, unawareness of where to get treatment, financial concerns, time constraints, and lack of insurance

Community Suggestions for Use of Settlement Funds

Focus groups, town halls, and survey participants provided suggestions for the City, County, and State on investing funds to impact their communities. The most frequent themes included:

- Establishing a central substance use facility to provide educational resources, treatment, and recovery services.
- Provide education to increase public awareness and knowledge of substance use issues and resources and reduce the stigma associated with substance use.
- Provide early intervention, education, and prevention programs in schools and activities for youth

- Improve and expand treatment access, including outlying rural areas, and address barriers to care such as transportation, lack of knowledge and education, and stigma.
- Improve naloxone distribution, access, and education to increase its use in preventing OD deaths and saving lives.
- Prevention and treatment approaches should reflect a comprehensive and holistic approach.

Additional Comments/Suggestions:

- Establishing infrastructure for court-appointed treatment and a framework for tracking patient progress through the healthcare system to identify barriers and needs.
- Improve detox/rehabilitation facilities and long-term treatment options
- Improve recovery support services, including peer support (for adults and youth) and support for family members.

In conclusion, the opioid settlement funds offer a rare and valuable opportunity to make substantial improvements to community opioid and substance use resources and services. As the Council moves forward, it is crucial to harness the full potential of opioid settlement funds to implement targeted, evidence-based strategies that address the multifaceted impacts of substance use. The impacts of opioid and substance use are far-reaching, affecting not just individual health with issues such as cardiac problems, depression, and anxiety but also resulting in behavioral problems, legal troubles, homelessness, and financial strain. Families and friendships suffer from strained relationships, instability, and increased risk of neglect or abuse. At the same time, society faces heightened healthcare costs, resource strain, unemployment, crime, and public health concerns like infectious diseases and the overdose crisis. The estimated cost of prescription opioid abuse in New Mexico was $890 million in 2007, and adjusting for inflation, this amount has risen to approximately $1.35 billion today. This substantial economic burden underscores the urgency of effectively utilizing the settlement funds to address these issues.

Limitations

The assessment faced several limitations. In the effort to obtain external local opioid and substance use-related data, evaluators encountered restricted data (i.e., not for public use), unofficial raw data, and a lack of data, particularly for the City of Las Cruces. A second limitation was the small sample sizes among four of the seven focus groups, which reduced the ability to generalize to the population.

Action Plan and Priority Strategies

The Opioid Settlement Advisory Council has already initiated identifying action priorities at a recent Council and Stakeholder Workshop held on August 16, 2024. Based on preliminary needs assessment findings shared in presentations, a draft report, and a draft Executive Summary, the Council and stakeholders considered and voted on which ***three*** core strategies (see page 14) should have priority for future spending of settlement funds.

The three strategies earmarked for priority funding were:

1. Prevention programs
2. MAT Distribution & Treatment
3. Treatment for Incarcerated Populations

The Council may want to reconsider these priorities based on the data contained in this needs assessment, including input from the various community constituencies who participated in open meetings, focus groups, or completed surveys. First, the first two priorities, focusing on prevention and enhancing MAT distribution and continuity of care, are highly consistent with what the focus group, town hall, and survey participants informed us were essential to help the local community. Therefore, they should remain on the priority list.

However, prioritizing treatment for incarcerated populations does not align as closely with the needs assessment data and community feedback and suggestions. Additionally, this prioritization is compounded by the DA County Detention Center being the only county/city facility with incarcerated individuals. All other incarcerated populations are in State or Federal institutions.

Alternatively, the data suggests that the following core strategies could receive higher priority**:**

1. Expanding Harm Reduction Syringe Service Programs
2. Expanding Warm Handoff Programs & Recovery Services

Regarding expanding syringe service programs, the needs assessment data suggest participants overwhelmingly expressed openness to receiving substance use treatment services, highlighting a critical need for continued social support services and the promotion of Harm Reduction strategies within the community. The necessity of educating the community on how to access prevention, treatment, recovery, and harm reduction services is evident, as indicated by the findings in Tables E1 and E2. The discussion on Harm Reduction particularly emphasized vulnerable groups, such as youth, the unhoused, first responders, and law enforcement. Participants underscored the profound impact of culture, social norms, and family practices on alcohol use among youth, highlighting the need for targeted interventions. Additionally, behavioral health discussions revealed concerning trends, including an increase in youth vaping,

experimentation with fentanyl, and a rise in fentanyl use among middle-aged individuals, which has notably replaced methamphetamine use post-pandemic. However, limitations in the needs assessment, such as the lack of generalizability and reliable local data—particularly for the City of Las Cruces—must be acknowledged, as these gaps may affect the comprehensiveness and applicability of the findings. Nonetheless, these insights are critical for shaping effective community-based interventions (see Tables F5 and F10).

Finally, the expansion of warm handoff programs and recovery services is critically underscored by the needs assessment data, which consistently identifies community outreach, education, and information as top priorities. This is evident from the emerging themes across multiple data sources, including the DAC Outreach survey (Table E1) and the input from key informants and individuals with lived or living experience in the focus groups (Tables F12 and F13, respectively). These findings reflect a broad and urgent consensus on the need for these resources within the community.

Recommendations

The data strongly supports the need for a comprehensive approach to addressing opioid and substance use, incorporating early intervention, education, medical and mental health treatment, recovery support, and both community and societal interventions. Based on collected data and feedback from community focus groups, town halls, and survey participants, and in alignment with Johns Hopkins Bloomberg School of Public Health's Principles for the Use of Funds from the Opioid Litigation, the needs assessment developed evidence-based recommendations addressing prevention, treatment, support/education, and evaluation/data management.

Prevention

- Invest in early intervention, education, and prevention programs for youth to stop the pathway to substance use.
- Include prevention and early intervention efforts that include addressing root causes/contributors to substance use.
- Provide public awareness campaigns about the risks of opioid use and safe prescribing practices.
- Provide affordable and accessible substance use-related community programs and services throughout DAC, including rural areas.

Support and Education

- Educate youth, parents, and communities about substances, risks, and supporting loved ones.
- Educate the community on accessing prevention, treatment, recovery, and harm reduction services.
- Develop a campaign to reduce stigma to encourage help-seeking and support for those struggling with addiction.
- Provide transportation and childcare for treatment access throughout DAC.
- Increase peer support specialists for all ages throughout DAC
- Offer education, resources, and counseling for families affected by addiction.
- Strengthen regulations on opioid prescriptions and distribution

Treatment Recommendations

- Substance Use Treatment for Youth: Expand evidence-based treatment for youth.
- Harm Reduction and naloxone/Narcan: Increase education about and access to naloxone/Narcan and community harm reduction services.

- Improve Access: Address long wait times and distant locations; expand evidence-based opioid use treatments and Medication-Assisted Treatment (MAT) across hospitals, community centers, treatment centers, and the criminal justice system.
- Counseling: Increase access to counseling and behavioral therapies, with a focus on addressing co-occurring physical, mental health, and social issues.
- Rural Access: Improve treatment availability in rural areas and address transportation barriers.
- Specialized Care: Enhance services for individuals with children and pregnant women; provide funding for housing/room-and-board costs in residential treatment.

Evaluation and Data Management

- Data Gaps: Address inconsistent, absent, or hard-to-obtain substance use data in Las Cruces and Doña Ana County
- Access: Develop a dashboard for agencies and community members to access substance use data, promoting transparency
- Centralized Evaluation: Establish a centralized team to assess, collect, and manage opioid settlement fund data, ensuring reliable data collection, baseline assessments, and uniform evaluations of program outcomes. This should occur from inception to provide baselines for assessing program outcomes and impact.
- Benefits: Enhances capacity, ensures programs meet minority and at-risk population needs, and improves transparency and impact assessment

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Appendices

Appendix A
Demographics/SDOH & Local Efforts to Address SDOH

Social Determinants of Health

Social determinants of health (SDOH) are conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. In Doña Ana County, New Mexico, these determinants play a crucial role in shaping health outcomes for its residents.

Poverty by Age in Doña Ana County, New Mexico

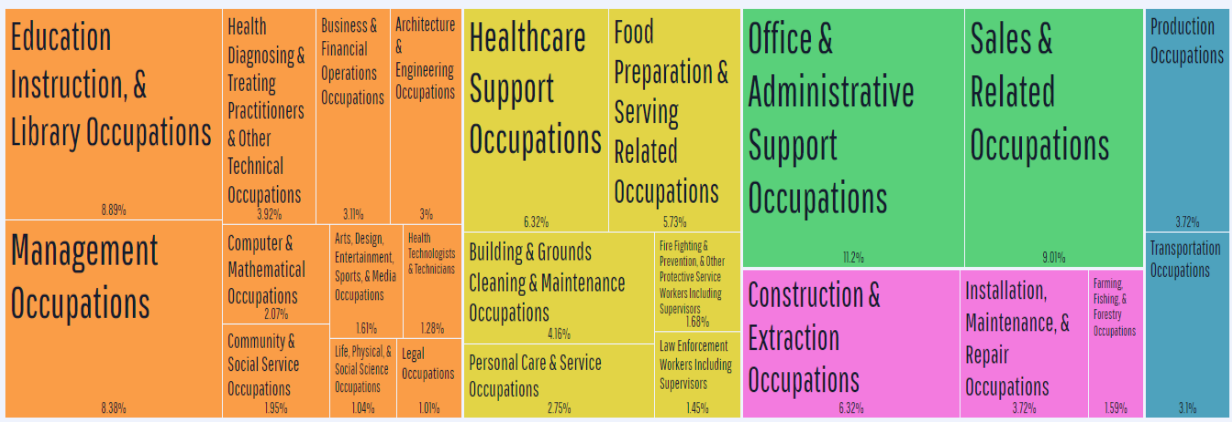
Table A1. DAC Poverty by Age

Measure	Value
Under 18 years	35.6%
18 to 64 years	23.9%
65 years and over	11.4%

Employment Opportunities

The availability of stable and well-paying jobs is limited, affecting residents' ability to afford healthcare and other essential services. From 2021 to 2022, employment in Doña Ana County, NM, grew at a rate of 4.06%, from 88.5k employees to 92.1k employees. The most common job groups, by number of people living in Doña Ana County, NM, are Office & Administrative Support Occupations (10,350 people), Sales & Related Occupations (8,293 people), and Education Instruction, & Library Occupations (8,191 people; Data USA, n.d.). The following Data USA (n.d.) chart illustrates the primary jobs held by DAC residents.

Figure A1. DAC Resident Occupations and Professions



Housing

Housing instability, including high rates of eviction and homelessness, is a significant issue. Stable and affordable housing is essential for health, providing a safe environment and reducing stress.

In 2023, 19.2% of the population lived with severe housing problems in Doña Ana County, NM. From 2014 to 2023, the indicator grew by 0.793% (Data USA, n.d.). The following Data USA (n.d.) chart shows the percentage of the DAC population with severe housing problems from 2014 through 2023.

Figure A2. DAC Population with Severe Housing Problems 2017 – 2023

Public Transportation

Limited public transportation options can make it difficult for residents to access healthcare, employment, and other critical services. This is especially challenging for low-income individuals and those without personal vehicles.

Access to Healthcare

There are fewer healthcare facilities and providers in Doña Ana County compared to more urban areas. This can lead to longer wait times and difficulty accessing specialized care.

Health Literacy

Lower levels of health literacy can impact individuals' ability to navigate the healthcare system and adhere to medical advice and treatment plans.

DAC efforts to improve health literacy are ongoing, especially in rural and agricultural communities. Programs like *Salud y Vida con Amigos* are focused on increasing access to health information, particularly in English and Spanish. However, specific statistical data on health literacy rates for Doña Ana County are not readily available, reflecting a broader challenge in capturing and reporting such metrics at the county level (NMAHC, n.d.).

Statewide, New Mexico faces similar challenges, with varying levels of health literacy across different regions, particularly in rural areas. Initiatives by the University of New Mexico and other health organizations aim to address these issues, but comprehensive data on health literacy rates for the state is also limited. The state's diverse population and significant rural areas contribute to the complexities of health literacy (NM-IBIS, n.d.).

Efforts to Address SDOH in Doña Ana County

Community Programs

Local organizations such as Mesilla Valley Community of Hope Housing Agency, Jardin de Los Niños, Casa de Peregrinos, Amador Health Center, and La Clinica de Familia address homelessness, education, health care, and access to food for people who are low-income and/or unhoused. and public health initiatives are working to address these social determinants through programs focused on economic development, education, housing assistance, and healthcare access.

Doña Ana County Health and Human Services

This county department plays a central role in addressing public health issues and providing services that include health promotion, disease prevention, and community health assessments. They work to improve access to healthcare and address disparities in health outcomes across the county.

Doña Ana Wellness Institute

This organization collaborates with various stakeholders to create a community-centered, integrated health system. The institute's mission is to improve the overall health of Doña Ana County residents by addressing disparities in healthcare access and outcomes, particularly through education and health literacy initiatives.

La Clinica de Familia

La Clinica de Familia is a federally qualified health center (FQHC) that offers comprehensive medical, dental, and behavioral health services to low-income and underserved populations in Doña Ana County. It is committed to reducing health disparities by providing accessible, affordable healthcare services to all residents, regardless of their ability to pay.

Salud y Vida con Amigos

This program specifically targets health literacy in rural and agricultural communities within Doña Ana County. It provides health education and information in both English and Spanish to increase awareness and understanding of health issues and reduce disparities in health outcomes among the county's diverse populations.

New Mexico Department of Health (NMDOH)

NMDOH operates various programs to improve public health across the state, address health disparities, and ensure all residents have access to essential health services. Some of the key programs include:

1. Public Health Division: This division manages several initiatives to promote health and prevent disease. Programs under this division include immunization services, family planning, maternal and child health services, and health promotion efforts to reduce chronic diseases such as diabetes and heart disease.

2. Infectious Disease Bureau: NMDOH has programs dedicated to controlling and preventing infectious diseases, including tuberculosis control, HIV/AIDS services, and immunization programs. The bureau also conducts surveillance and response activities for emerging infectious diseases and outbreaks.

3. Behavioral Risk Factor Surveillance System (BRFSS): This ongoing survey collects data on health-related risk behaviors, chronic health conditions, and the use of preventive services. The information gathered helps NMDOH to identify health trends and prioritize public health interventions.

4. Chronic Disease Prevention and Control: This program focuses on reducing the incidence of chronic diseases like diabetes, cancer, and heart disease. The program includes initiatives for tobacco cessation, obesity prevention, and cancer screening, among others.

5. Office of Oral Health: NMDOH provides dental services to low-income and underserved populations, focusing on preventive care and education to reduce the prevalence of dental diseases in New Mexico.

6. Substance Abuse and Behavioral Health: NMDOH also addresses mental health and substance abuse issues through programs that provide treatment, prevention, and recovery services. These programs aim to reduce the burden of substance abuse and improve mental health outcomes across the state.

7. Health Equity: The Office of Health Equity within NMDOH works to address health disparities and promote health equity across all New Mexico populations. This includes reducing race, ethnicity, income, and geographic location disparities.

8. Environmental Health Epidemiology: This program monitors and addresses environmental factors that affect public health, including air quality, water quality, and hazardous materials, to prevent and mitigate health risks associated with environmental exposures.

Medicaid Expansion

In 2014, New Mexico was one of the early adopters of Medicaid expansion under the Affordable Care Act (ACA). The expansion allowed for a significant increase in Medicaid enrollment, particularly among low-income adults. This policy has been critical in providing healthcare coverage to a larger portion of the population, leading to improved access to medical care and better health outcomes across the state (NMDOH, n.d.a).

Local efforts in the City of Las Cruces and DAC have complemented the state's Medicaid expansion by increasing awareness and enrollment assistance through community health centers and local health initiatives. Organizations like La Clinica de Familia in Las Cruces are crucial in helping residents navigate the Medicaid enrollment process, particularly in underserved areas.

Transportation Infrastructure

The New Mexico Department of Transportation (NMDOT) has been actively working on improving transportation infrastructure across the state. This includes expanding and maintaining highways, improving public transit systems, and ensuring that rural areas have better access to transportation options. These improvements are essential for connecting residents to healthcare facilities, employment opportunities, and other critical services.

The City of Las Cruces has implemented several transportation projects, including the development of Complete Streets policies, which aim to make streets safer and more accessible for all users, including pedestrians, cyclists, and public transit riders. The City has also invested in expanding its public transit system, RoadRUNNER Transit, to serve

the community better and improve access to essential services (City of Las Cruces, n.d.c).

In addition to city efforts, Doña Ana County has focused on improving transportation options in rural areas through collaborations with the South Central Regional Transit District (SCRTD). The SCRTD provides bus services connecting rural communities to Las Cruces and other regional hubs. This expansion is vital for residents who rely on public transit to access healthcare and other essential services (New Mexico Department of Transportation, n.d.).

Affordable Housing

The New Mexico Mortgage Finance Authority (MFA) leads statewide efforts to increase affordable housing availability and administers various programs, including low-income housing tax credits, down payment assistance, and rental assistance programs. These initiatives aim to reduce housing instability and homelessness, which are closely linked to poor health outcomes (New Mexico Mortgage Finance Authority, n.d.).

The City of Las Cruces has adopted several policies and initiatives to promote affordable housing. This includes zoning changes for more diverse housing types, implementing inclusionary zoning policies, and partnerships with non-profit organizations to develop affordable housing units. The city also offers incentives to developers who include affordable housing in their projects (City of Las Cruces, n.d.a).

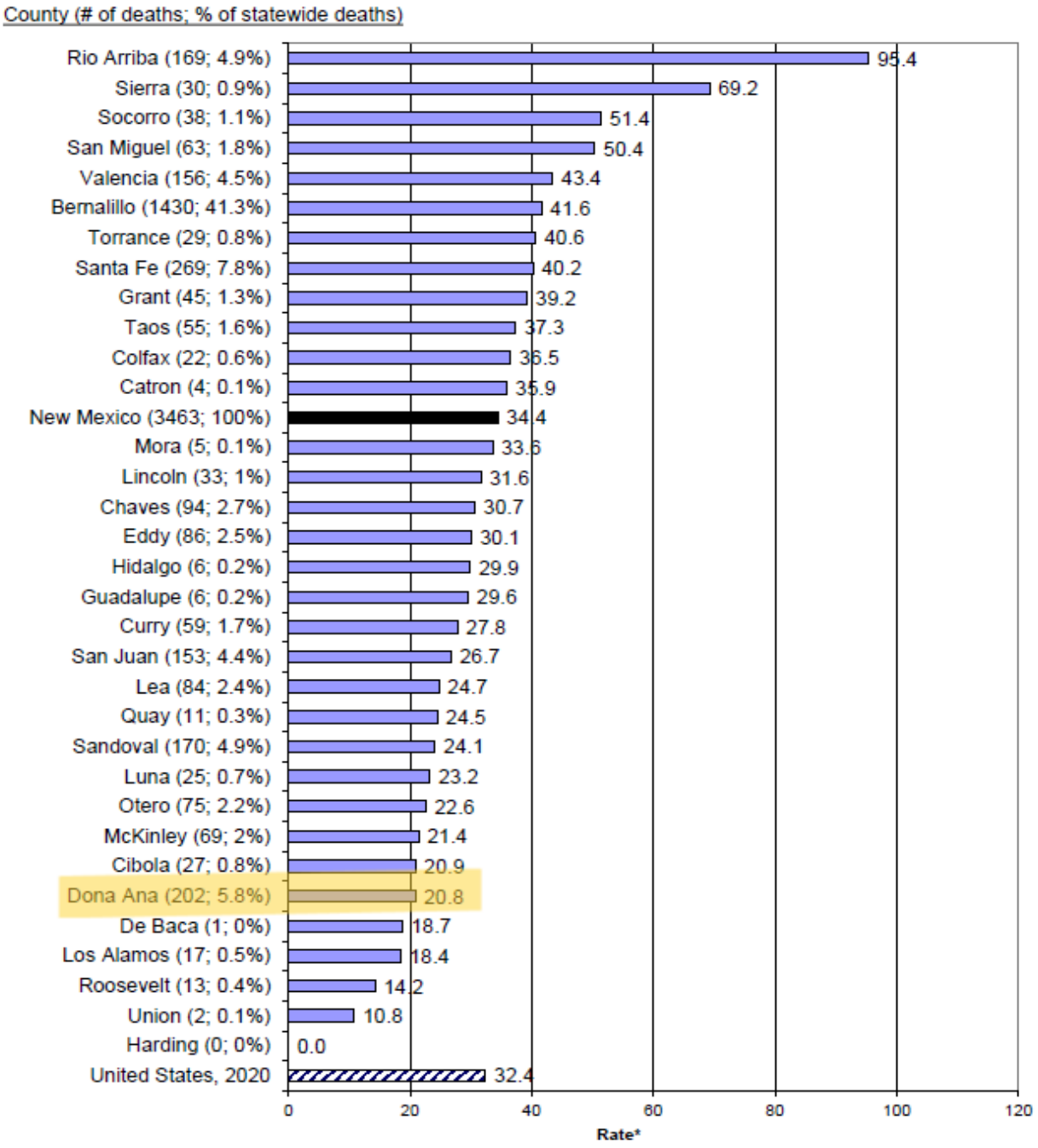
DAC has collaborated on affordable housing with local non-profits and housing authorities. The Doña Ana County Housing Authority provides various programs, including Section 8 housing vouchers and public housing, to assist low-income families, seniors, and disabled individuals in finding affordable housing (Doña Ana County, n.d.).

Summary

These combined efforts at the NM state, city, and county levels are critical for addressing SDOH, such as access to healthcare, transportation, and stable housing, thereby improving overall health outcomes for residents. Partnerships between healthcare providers, schools, government agencies, and community organizations are essential for creating comprehensive strategies to tackle these complex issues. Understanding and addressing the SDOH in DAC is crucial for improving health equity and ensuring all residents have the opportunity to lead healthy, fulfilling lives.

Appendix B
NM Drug OD Deaths & Rates by County 2017 - 2021

Figure B1. NM Drug Overdose Death Numbers and Rates by County 2017 - 2021

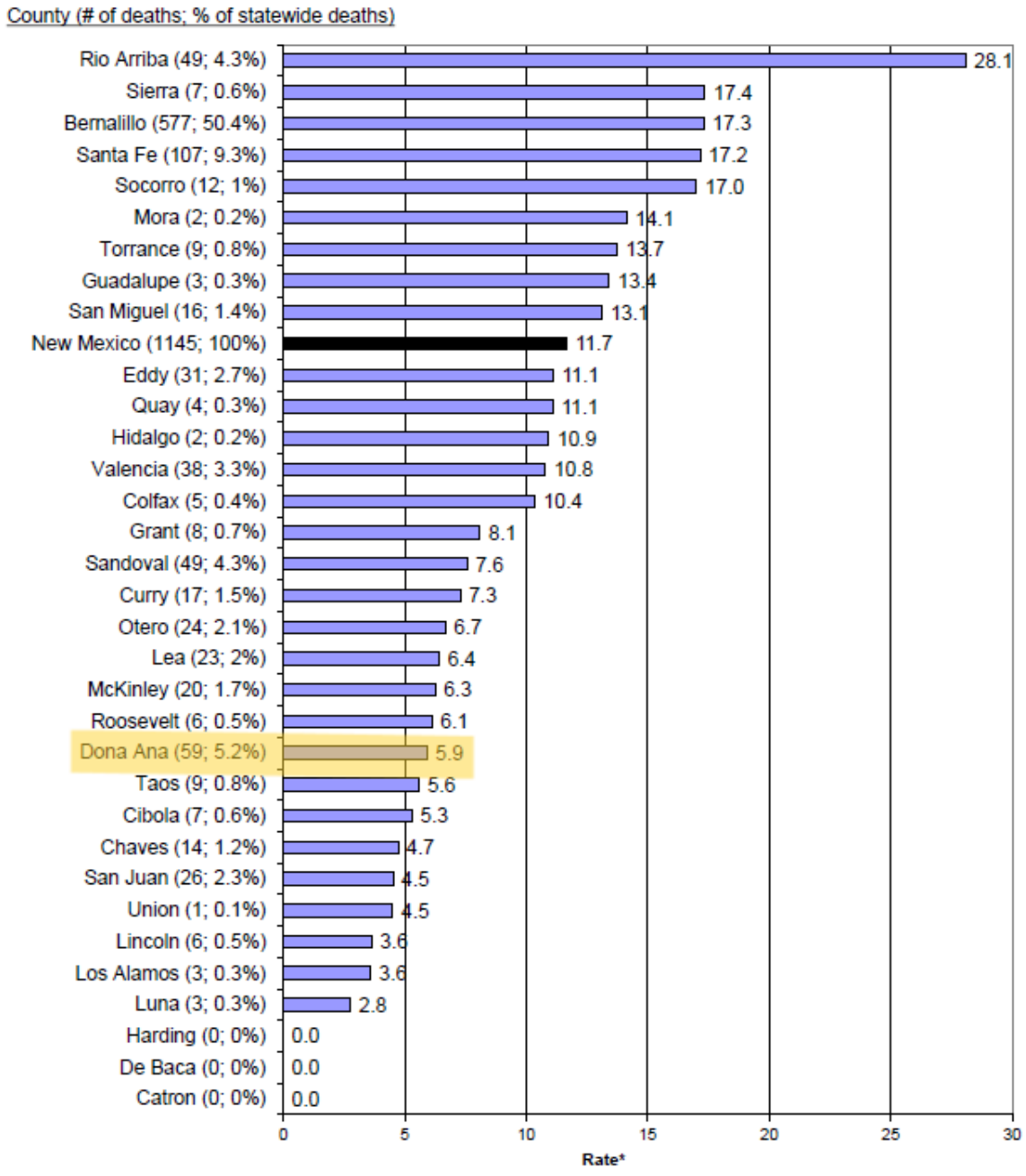


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files (NM); NCHS death and population files (US); SUES

Appendix C
NM Fentanyl OD Deaths & Rates by County 2017 - 2021

Figure C 1. NM Fentanyl Overdose Death Numbers and Rates by County 2017 – 2021



* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files (NM); NCHS death and population files (US); SUES

Appendix D
CDC Youth Risk Behavior Survey 2011 – 2021 – Substance Use

Table D1. Youth Risk Behavior Survey: Substance Use 2011 - 2021

Substance Use

2021	Current Alcohol Use	Current Marijuana Use	Current Electronic Vapor Product Use	Ever Used Select Illicit Drugs	Ever Misused Prescription Opioids	Current Prescription Opioid Misuse
Sex: Female (F), Male (M)						
Pairwise Comparison	F>M	F>M	F>M	F>M	F>M	F>M
Race and Ethnicity: American Indian or Alaska Native (AI/AN), Asian (A), Black (B), Hispanic (H), Native Hawaiian or other Pacific Islander (NH/OPI), White (W), Multiracial (MR)						
Pairwise Comparison	A<AI/AN,H, NH/OPI,W,MR B<AI/AN,H,W,MR W>A,B,H	A<AI/AN, B,H,W,MR B>A,H,W	A<AI/AN,B,H, NH/OPI,W,MR B<AI/AN, H,NH/OPI,W W>A,B	A<AI/AN,H,W,MR B< AI/AN,H,W,MR W>A,B	H>A	B>A,W H>A,W,MR
Sexual Identity: Lesbian, Gay, Bisexual, Questioning, Other Non-Heterosexual Identity (LGBQ+), Heterosexual (H)						
Pairwise Comparison	LGBQ+>H	LGBQ+>H	LGBQ+>H	LGBQ+>H	LGBQ+>H	LGBQ+>H
Sex of Sexual Contacts: Opposite Sex Only (O), Any Same Sex (S)						
Pairwise Comparison	S>O	S>O	S>O	S>O	S>O	S>O

* All significant differences by demographic characteristics for U.S. high school survey respondents.
Source: Centers for Disease Control and Prevention. (2024). *Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023*. U.S. Department of Health and Human Services.

Appendix E
Street Outreach Survey Results

Demographic Results

Q1-5) Between April 2, 2024, and August 12, 2024, 147 participants completed the Outreach Street Survey. The majority, or 66.0%, of the individuals who participated in this survey identified as male (*n* = 97), while 32.7% of the participants (*n* = 48) identified as female, 0.7% of participants (*n* = 1) identified as Other, no specifications, and 0.7% identified as preferred not to respond (*n* = 1). As shown below in Figure E1, the participant racial profile highlights that 65.3% of participants (n = 96) identified as White, 5.4% identified as Black (n = 8), 4.8% identified as American Indian (*n* = 7), and 6.2% of participants identified as other race including Alaska Native, Native Hawaiian, Asian and Other (*n* = 9).57.1% of participants (*n* = 84) reported they were Hispanic or Latino; where 43% of those participants (*n* = 57) identified as Mexican. The ethnic breakdown is illustrated in Figure E2.

Figure E1. Survey Participant Race

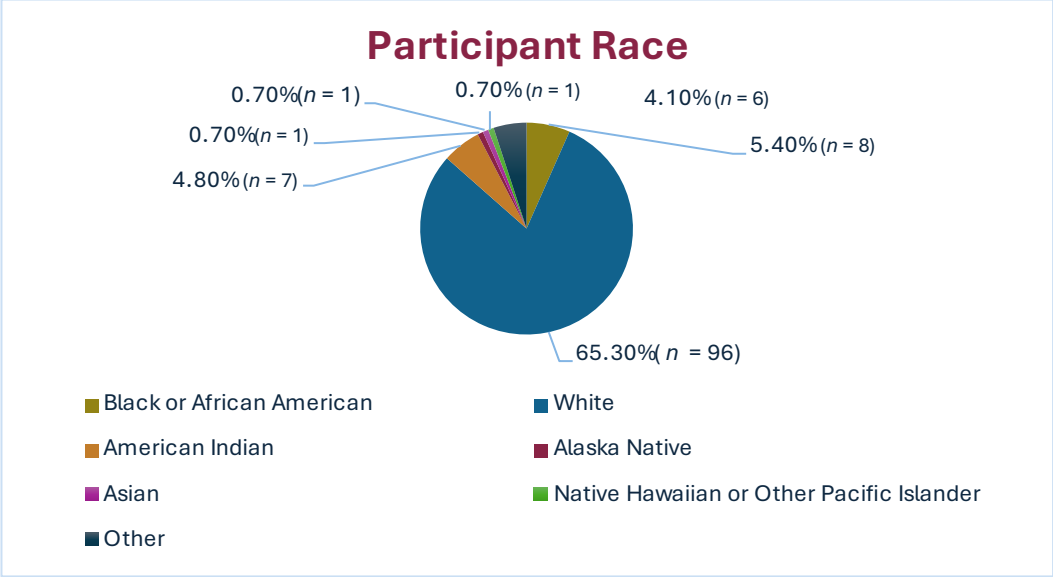
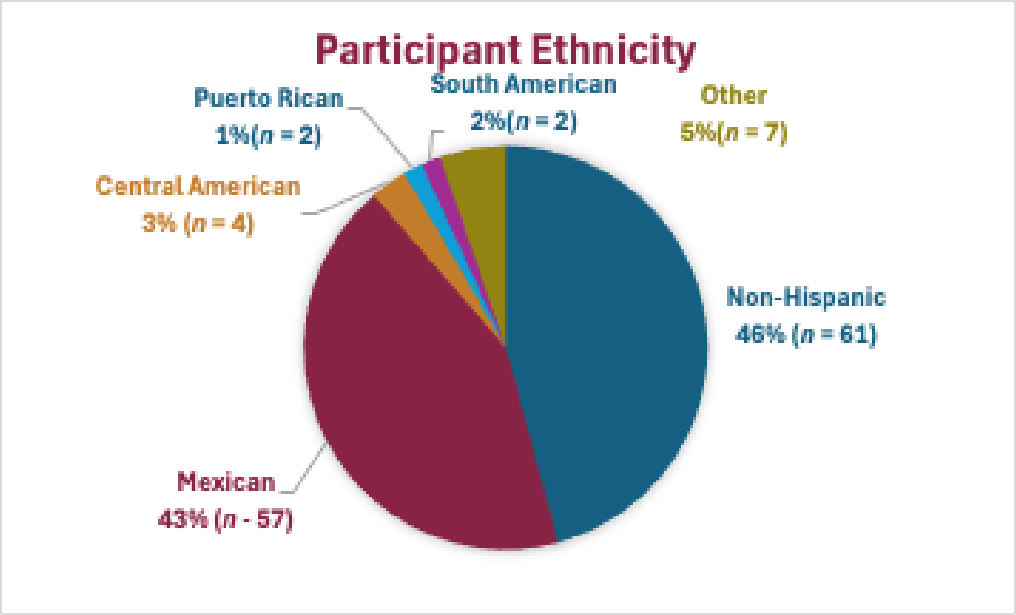
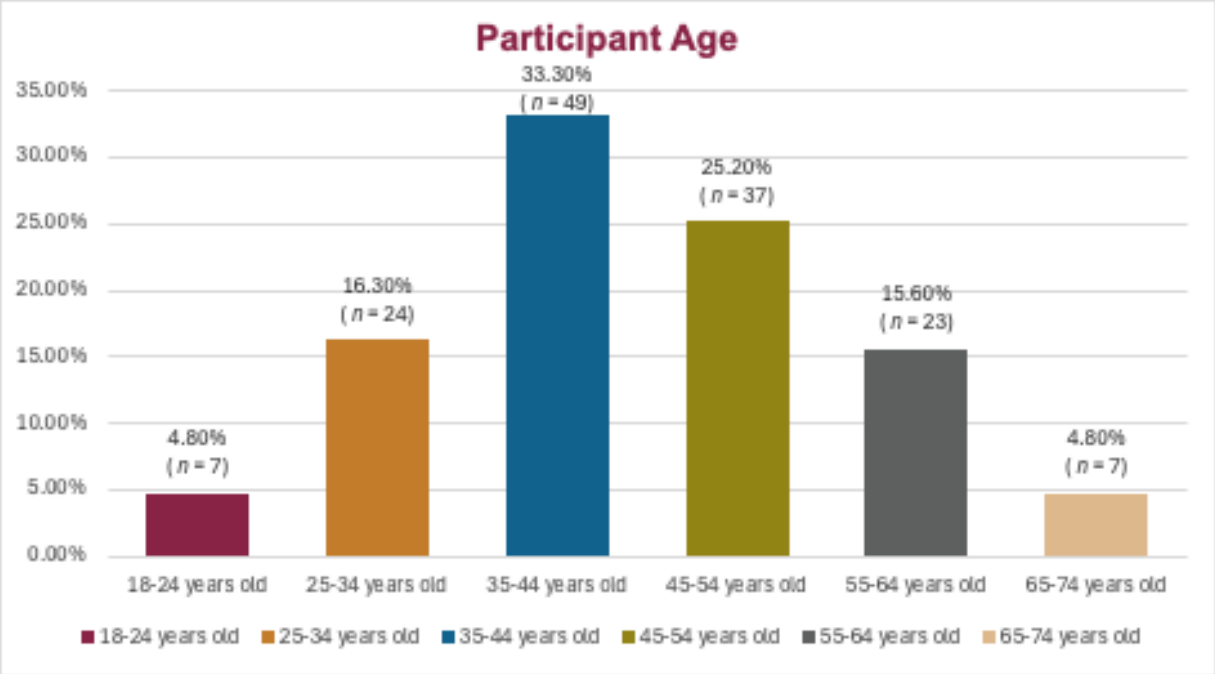


Figure E2. Survey Participant Ethnicity



As shown in Figure E3 below, the largest represented group, 33.3% of participants (*n* = 49) were 35 to 44.

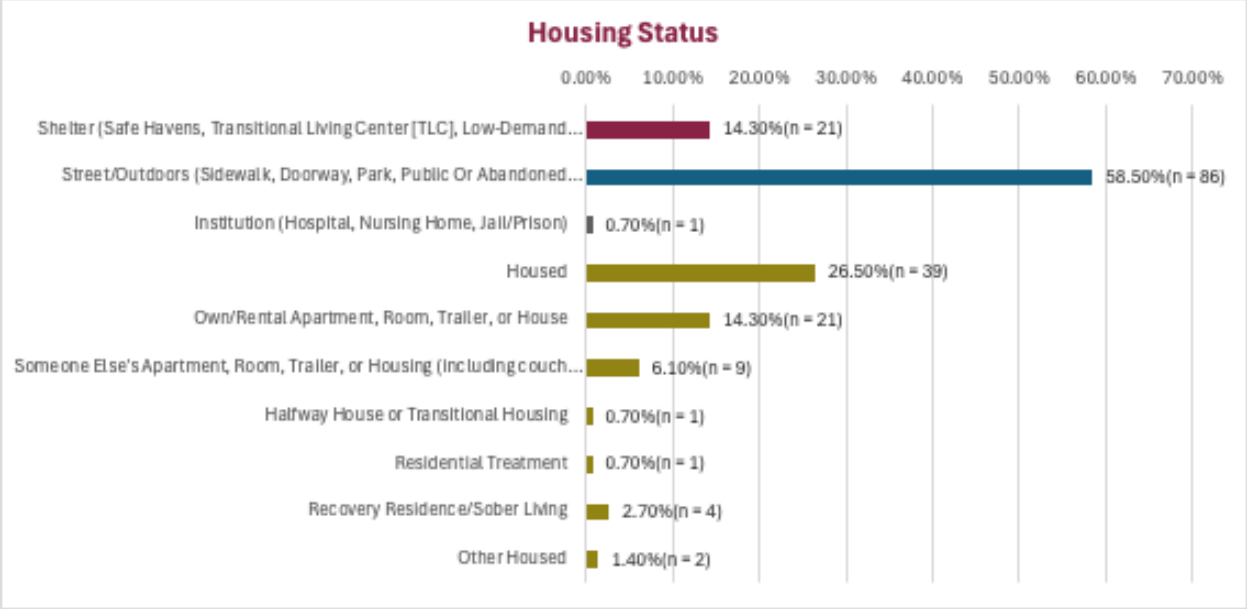
Figure E3. Survey Participant Age



Housing

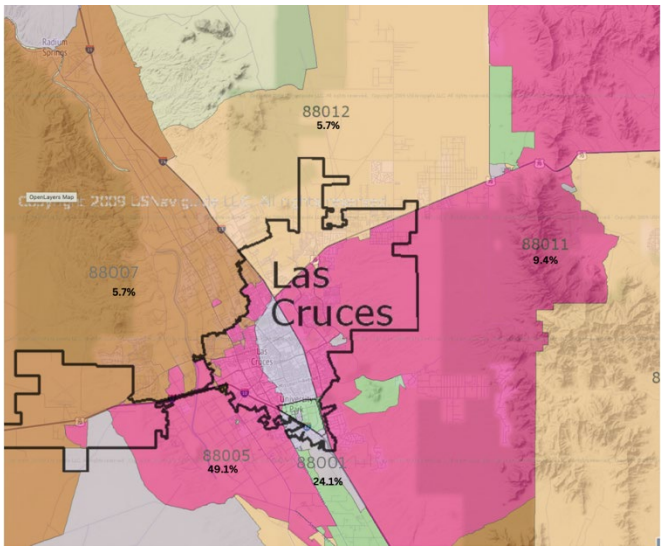
Q6) The Street Outreach Survey asked where the participants had lived most of the time in the past 30 days. As shown below in Figure E4, 58.5% of participants (*n* = 86) were homeless or living on the street or outdoors.

Figure E4. Survey Participant Housing Status



Q6.1) Participants were asked to report their Zip Code residence, where 54.4% of participants (*n* = 80) live in the 88005 Zip Code, 24.5% of participants (*n* = 36) live in the 88001 Zip Code, and 6.1% of participants (*n* = 9) live in the 88007 Zip Code. Figure E5 below shows the distribution of where participants reside based on their Zip Code.

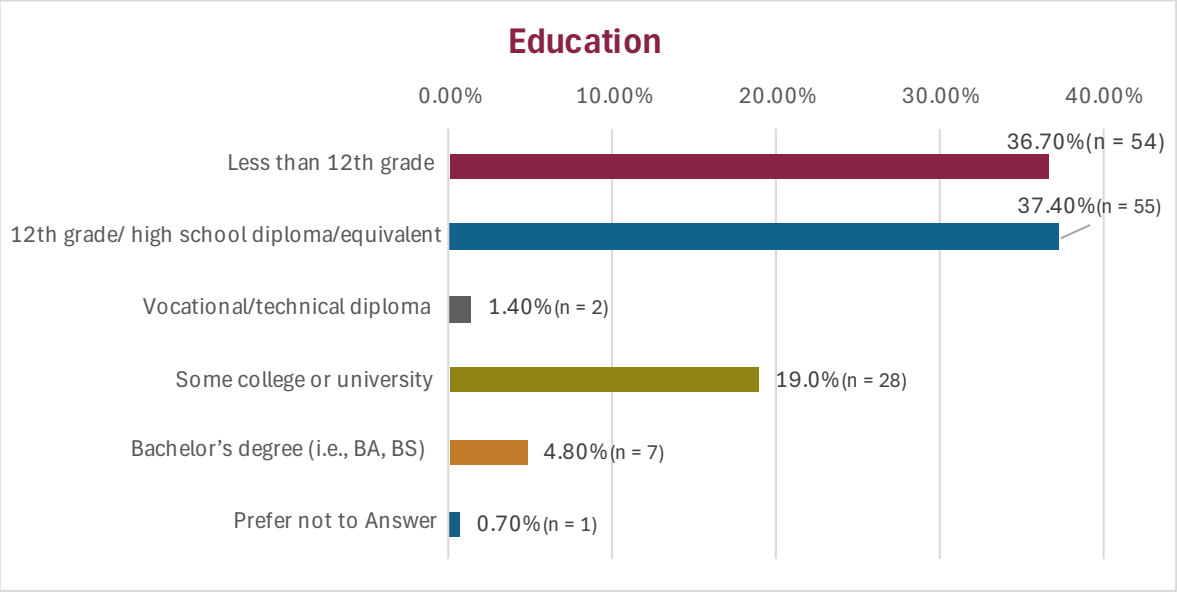
Figure E5. Survey Participant Zip Codes



Education

Q7) Understanding the population being served is essential to program design and implementation as descriptive data such as education helps form the content and tools to be disseminated. Figure E6 shows education levels among survey participants, where 37.4% of participants (*n* = 55) have a 12th-grade/high school diploma level education, and 36.7% of participants (*n* = 54) have less than a 12th-grade education level.

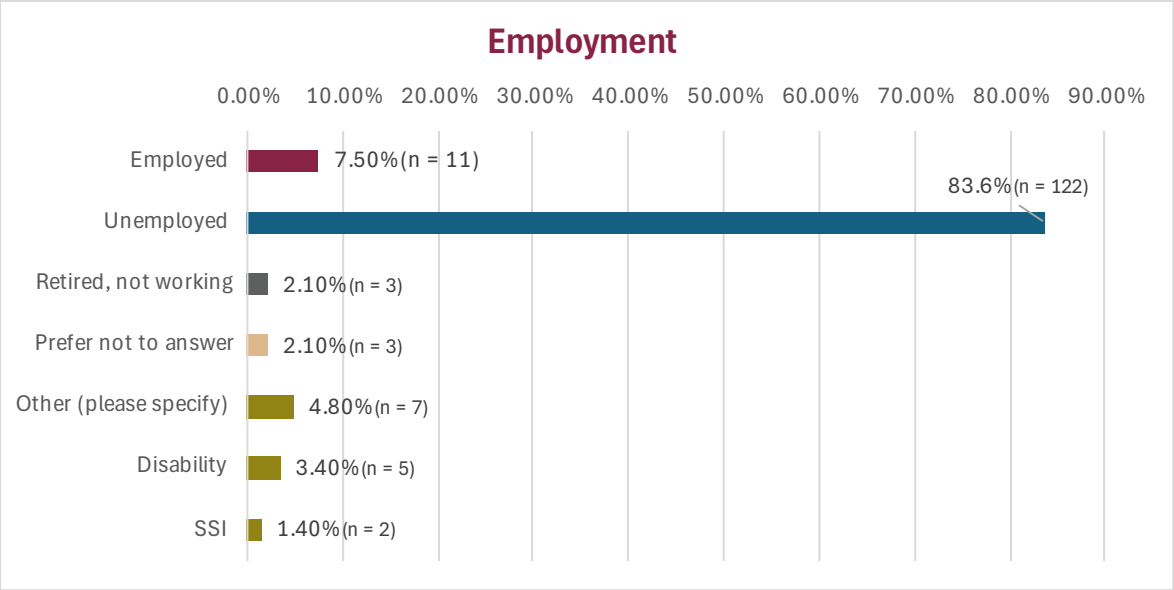
Figure E6. Survey Participant Education



Employment

Q8) Participants were asked to provide their employment status, 83.6% of participants (*n* = 122) were unemployed. Figure E7 shows the employment status among survey participants.

Figure E 7. Survey Participant Employment Status



Substance Use

Q9) Participants were asked to think about the last 30 days and indicate how often they have used a substance in the last 30 days (more than once a day, once a day, once a week, once a month, less than once a month, or never) and how they used it (oral, intranasal, vaping, smoking, IV injection, or other). The top ten substances participants reported using in the past 30 days include tobacco (74.8%, *n* = 110), cannabis (65.3%, *n* = 96), nicotine (60.5%, *n* = 89), alcohol (53.1%, *n* = 78), methamphetamine (47.6%, *n* = 70), fentanyl (34.0%, *n* = 50), cocaine (10.9%, *n* = 16), crack (8.2%, *n* = 12), OxyContin (6.1%, *n* = 9), and codeine (5.4%, *n* = 8), as illustrated in Figures E8 and E9. Smoking was identified as the most common route of substance administration among methamphetamine (58.9%, *n* = 43), fentanyl (88.7%, *n* = 47, and heroin (44.4, *n* = 4) users (see Figure E10).

Figure E8. Survey Participant Substance Use in the Past 30 Days.

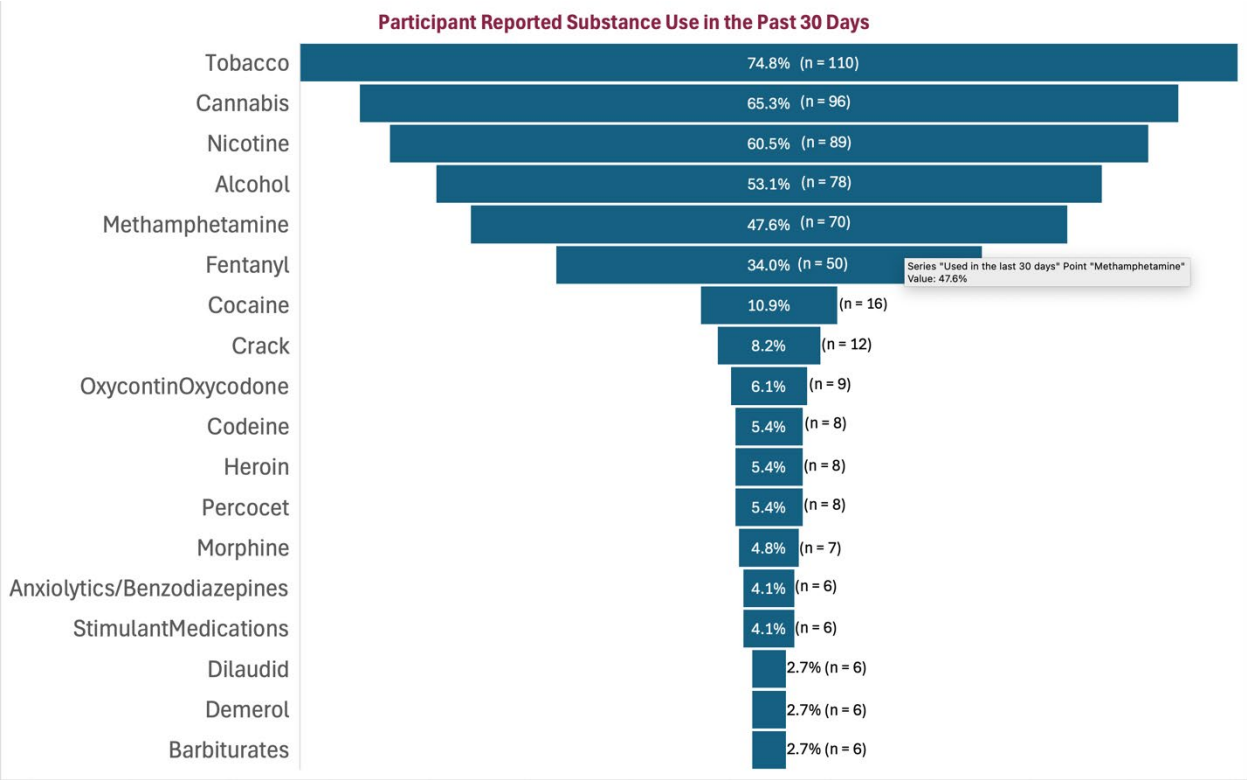


Figure E9. Survey Participant Frequency Use of Substances in the Past 30 Days.

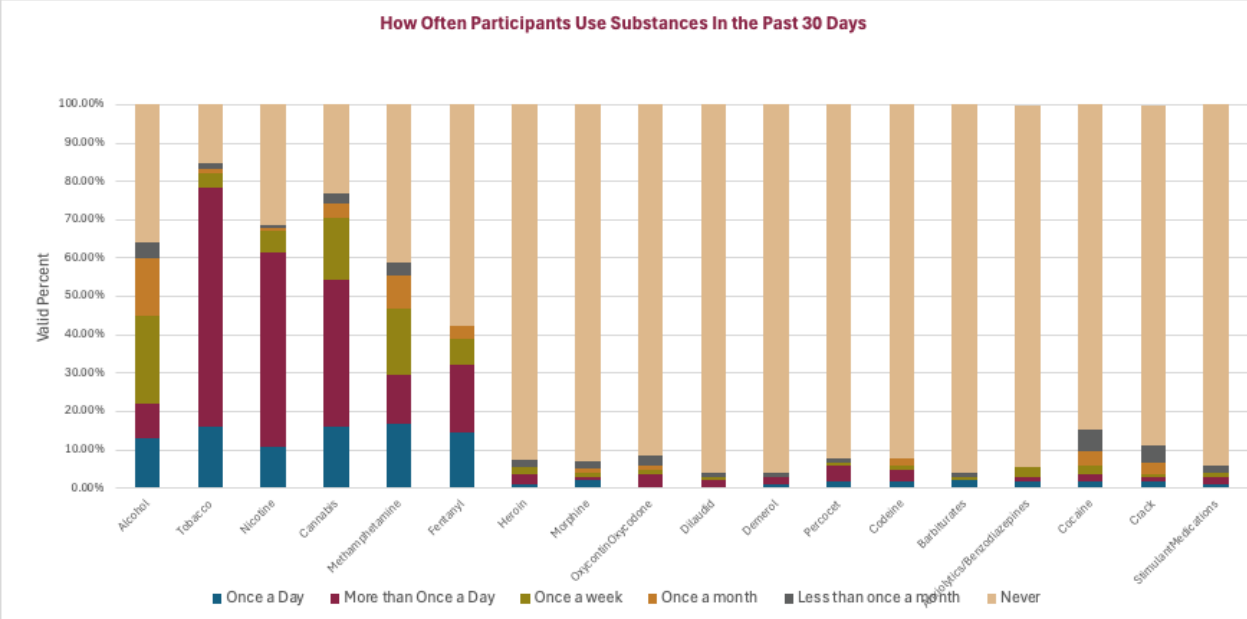
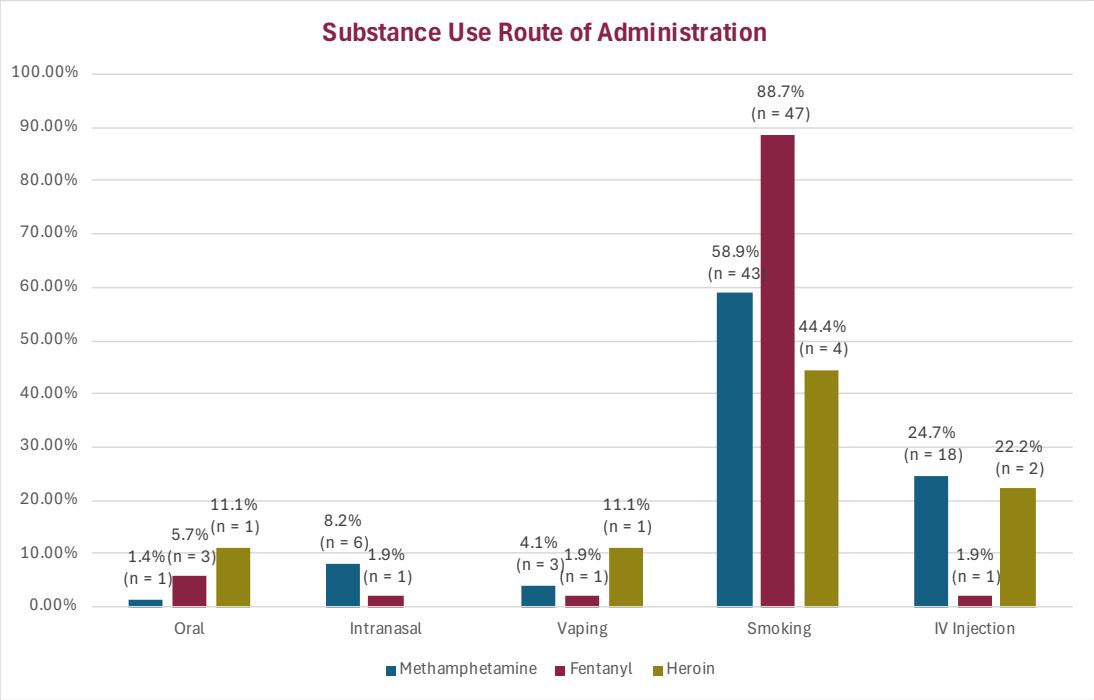


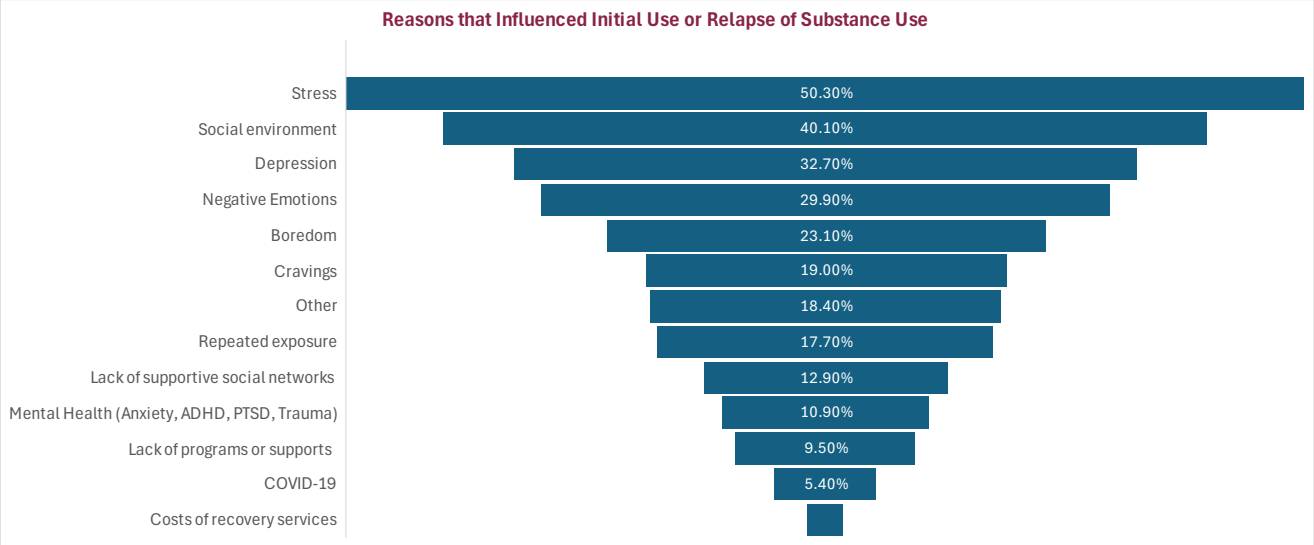
Figure E10. Survey Participant Substance Use Route of Administration



Q10) Participants were asked, "*Have you ever attended a treatment program for substance use in the past?*" 69.4% of participants (*n* = 100) responded "*yes*," while 29.9% of participants (*n* = 43) responded "*no*."

Q11) Participants were asked, "What has influenced your initial use or relapse of substance use?" Particpants could select more than one option and provide alternative reasons, of those reasons, 50.3% of participants (*n* = 74) said "Stress," 40.1% of participants (*n* = 59) said "Social environment," 32.7% of participants (*n* = 48) said "Depression," 29.9% of participants (*n* = 44) said "Negative Emotions," 23.1% of participants (*n* = 34) said "Boredom," 19.0% of participants (*n* = 28) said "Cravings," and 18.4% of participants (*n* = 27) provided other reasons such as Pain, Calming, Court appointment, COVID-19, Escape reality, Isolate, No relapse, and Out os suboxone. Below, Figure E11 illustrates reasons that influences initial Use or Rlapse of Substance Use.

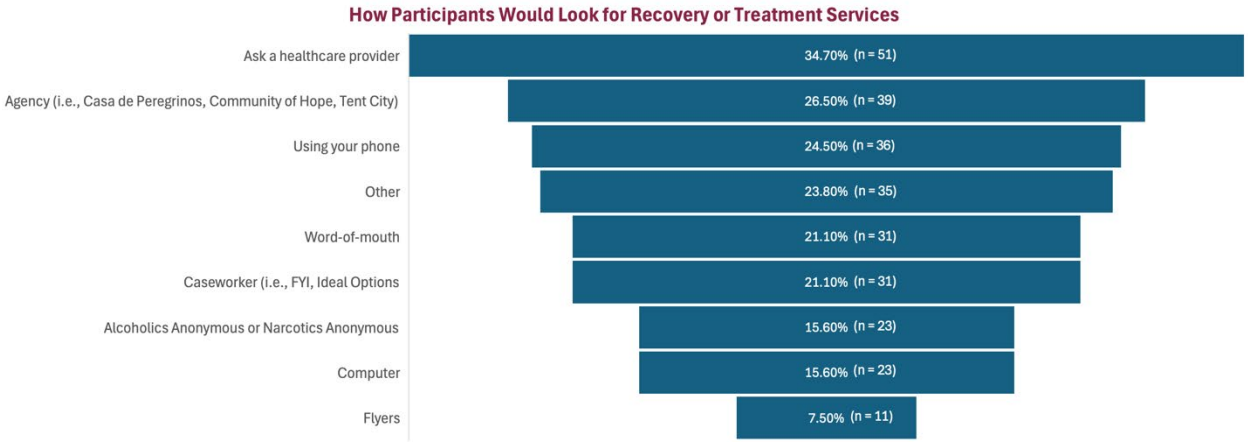
Figure E11. Survey Participant Reasons that Influenced Initial Use or Relapse



Q12) Participants were asked, "Are you currently seeking help for substance use?" To which 48.6% of participants (*n* = 69) responded "no," 41.5% (*n* = 61) responded "yes," and 8.2% (*n* = 12) responded "prefer not to answer."

Q13) Participants were asked, "If you wanted to get help for substance use, how would you look for recovery or treatment services?" Particpants could select more than one option and provide alternative ways they would seek help. The most common response, 34.7% of participants (*n* = 51) would "Ask a healthcare provider," 26.5% of participants (*n* = 39) said "Agency" and offered suggestions such as Casa de Peregrinos, Community of Hope, and Tent City; 24.5% of participants (*n* = 36) said "Using your phone;" and 23.8% of participants(*n* = 35) said "Other" and named things such as family, friends, peer support, halfway house, and private rehab. Figure E12 below lists all means participants would seek recovery or treatment services.

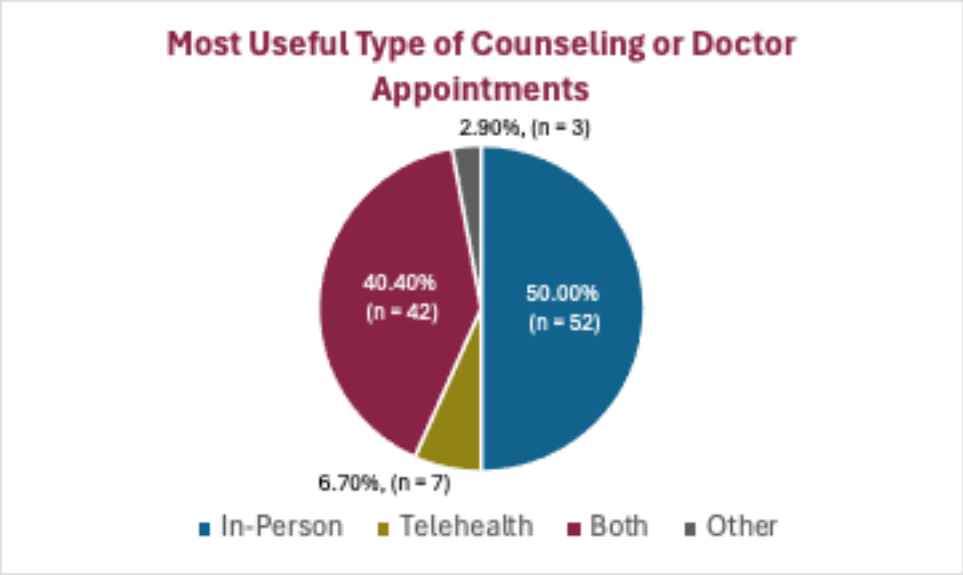
Figure E12. Survey Participant Recovery Resource Identifiers



Q14) Participants were asked, "Are you open to counseling or doctor appointments for substance use treatment?" The majority of participants are open to treatment for substance use as 71.9% (*n* = 97) responded "Yes," while 25.9% (*n* = 35) responded "No," and 2.0% (*n* = 3) responded "Prefer not to answer."

Q15) Participants who responded "yes" were asked a follow-up question, "If so, what type of counseling or doctor appointments would be the most useful for you?"
The majority of participants, 50.0% (*n* = 52), responded "In-Person, " while 40.4% (*n* = 42) responded "Both" in-person and telehealth appointments would be the most useful, 6.7% (*n* = 7) responded only "Telehealth," and 2.9% (*n* = 3) responded only "Other," as illustrated in Figure E13, below.

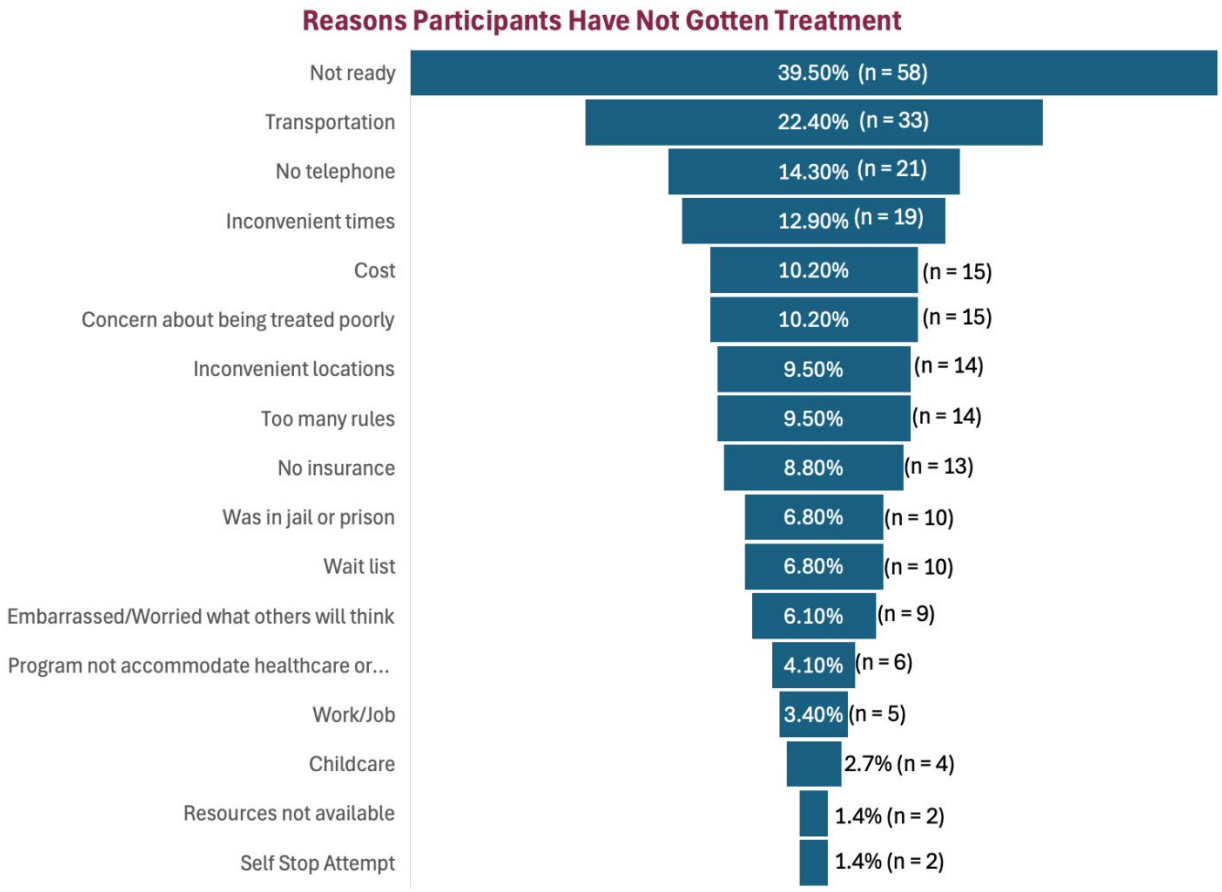
Figure E13. Survey Participant Preferred Method of Healthcare Services



Q16) Participants were asked, "Are you open to medication-assisted treatment such as methadone, buprenorphine, etc.?" A large majority, 65.3% of participants (*n* = 66), said "yes," while 33.7% of participants (*n* = 34) said "no," and 1.0% (*n* = 1) preferred not to answer.

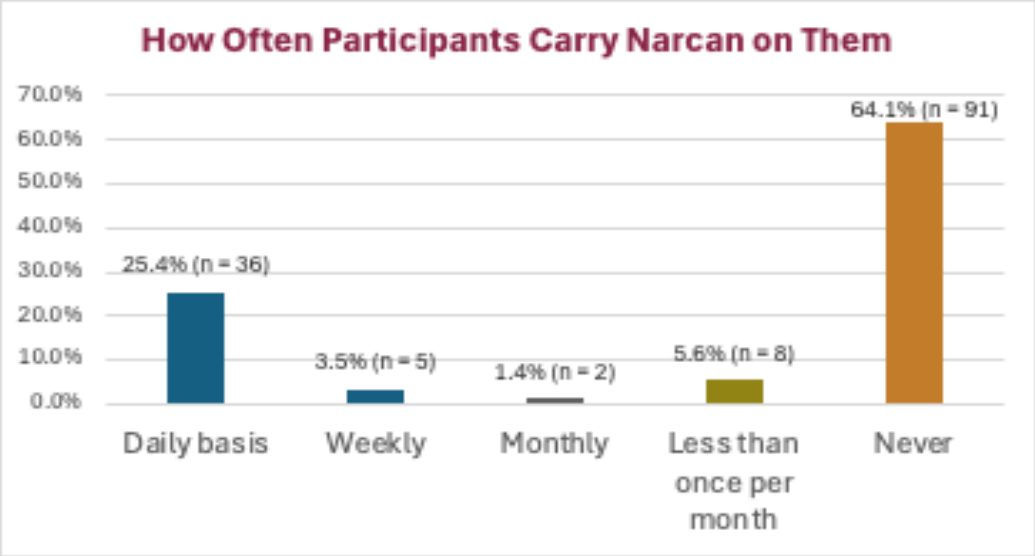
Q17) Participants were asked, "What are the reasons you have not gotten treatment even when you wanted to?" Among the top four reasons, 39.5% of participants (*n* = 58) stated they were "Not ready," 22.4% of participants (*n* = 33) stated "Transportation," 14.3% of participants (*n* = 21) said "No telephone," 12.9% of participants (*n* = 19) stated "Inconvenient times." Figure E14 illustrates all the reasons participants had not received treatment even when they wanted to.

Figure E14. Survey Participant Reasons for not Obtaining Treatment



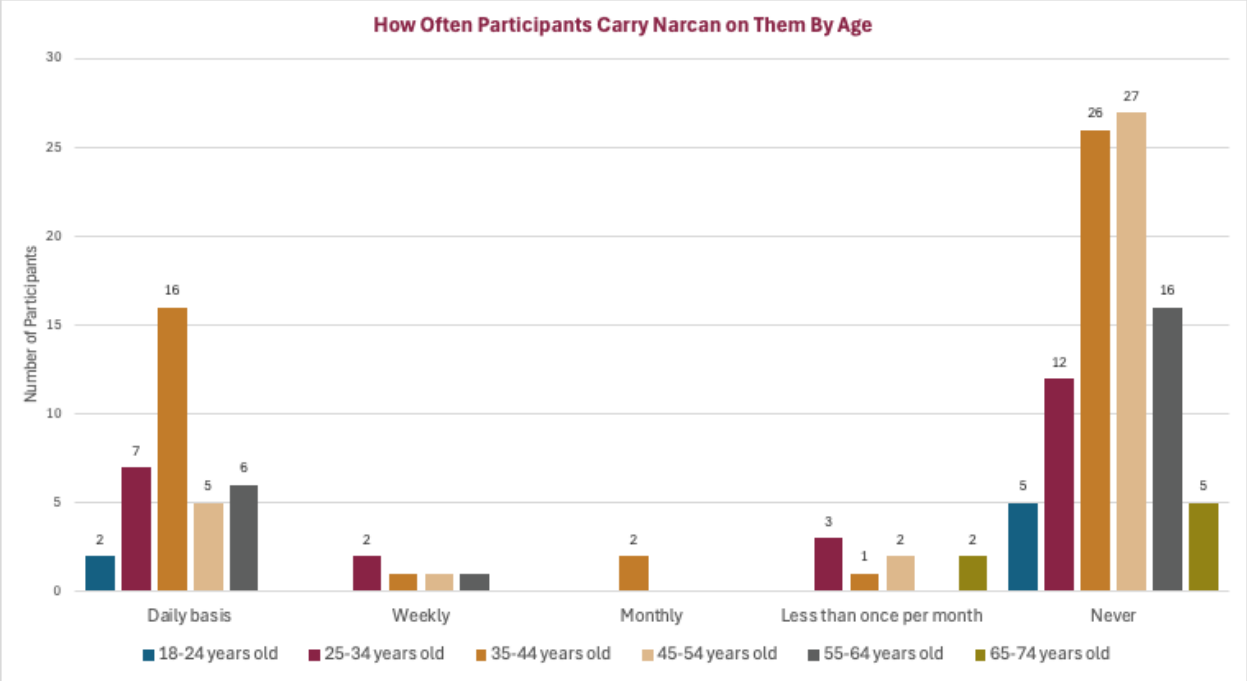
Q18) Participants were asked, "How often do you carry Narcan on you?" More than half, 64.1% of participants (*n* = 91), responded they "Never" carry Narcan on them, while 25.4% of participants (*n* = 36) responded that they carry Narcan on a "Daily basis," and 5.6% of participants (*n* = 8) responded the carry Narcan on them "Less than once per month," as illustrated in Figure E15.

Figure E15. Survey Participant Frequency of Carrying Narcan



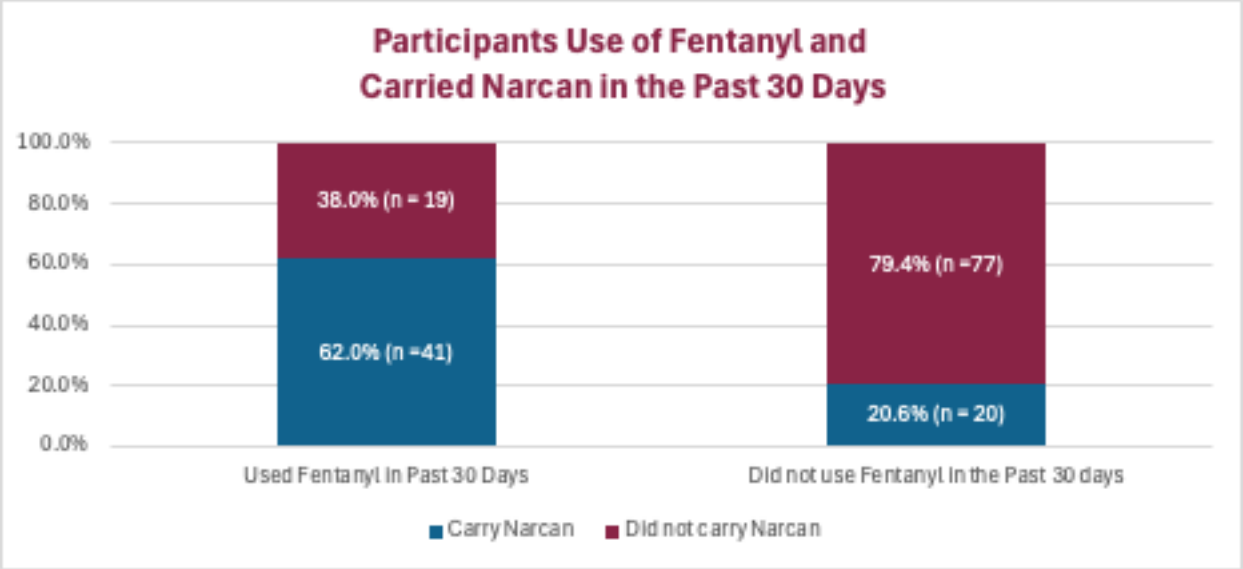
Participants 35 – 44 (32%, *n* = 46), 45 – 64 (25%, *n* = 35), and 25 – 34 (17%, *n* = 24) years of age are more likely to carry Narcan on them than other age groups (see Figure E16).

Figure E16. Survey Participant Age Distribution Among Those Who Carried Narcan



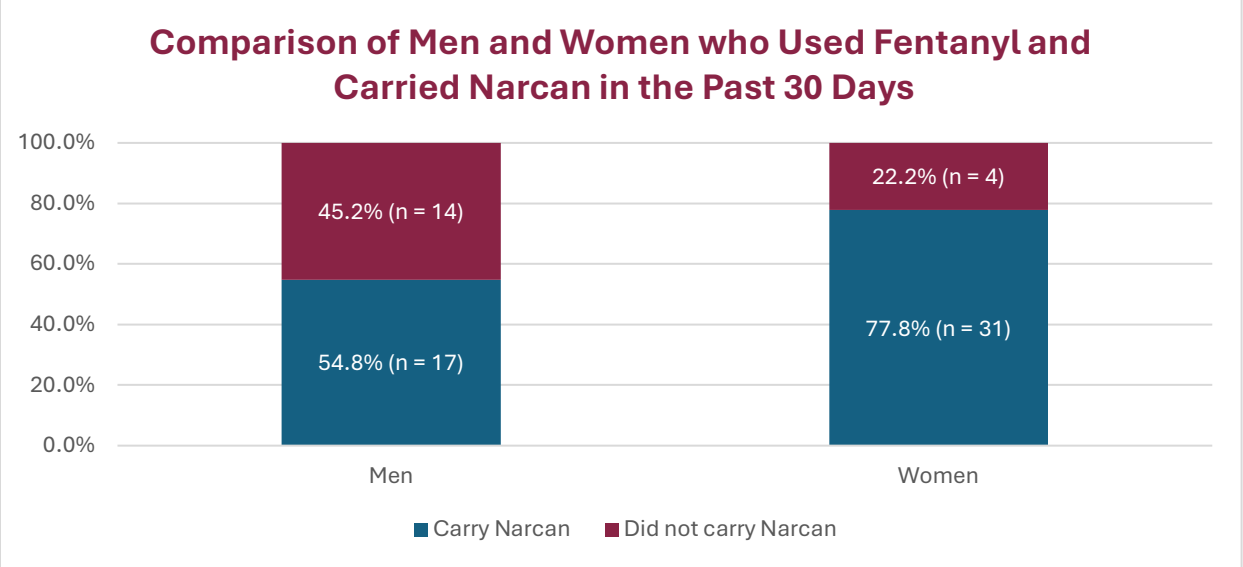
Participants who reported using fentanyl in the last 30 days were compared to those who did not use fentanyl and reported carrying Narcan. Of those who reported using fentanyl, 62.0% of participants (*n* = 41) carried Narcan in the past 30 days. Alternatively, of participants who did not use fentanyl, 20.6% of participants (*n* = 20) carried Narcan, as shown in Figure E17.

Figure E17. Survey Participant Use of Fentanyl and Carried Narcan



Additionally, of those who used fentanyl in the past 30 days, 45.2% of men (*n* = 14) did not carry Narcan compared to 22.2% of women (*n* = 4) who did not carry Narcan, Figure E18.

Figure E18. Survey Participant Men and Women who Carried Narcan



Open-Ended Questions

Survey participants were asked five open-ended questions, which were also asked during the Focus Group and Town Hall sessions. The Focus Group and Town Hall results are in Appendix F and Appendix G, respectively.

Q19) Participants were asked: "*What type of experience do you have with recovery or treatment resources? [Examples SMART Recovery, Alcoholics or Narcotics Anonymous, Medication Assisted Treatment, Peer Support, Harm Reduction, or Counseling or apps that help with addiction issues.]*" Three recurring themes were identified among participants: those who recounted a positive experience with recovery or treatment resources, those who recounted a negative experience, and those who had experience with recovery or treatment programs but did not specify whether it was positive or negative. Out of the 149 participants surveyed, 49 reported positive experiences, 22 reported negative experiences, and 53 participants shared that they had experience with recovery or treatment programs but did not indicate whether their experience was positive or negative (see Table E1).

Table E1. Survey Participants' Response to Type of Experiences with Recovery Treatment Resources

Street Outreach Survey Results	
What type of experience do you have with recovery or treatment resources?	
Themes	# of times participants
Programs and Resources	**68**
Better Community/Street Outreach	11
Better education/Information (more info on drug safety)	7
Better detox/rehab treatment facilities (no waitlist/more lenient admissions)	7
More resources	6
Walk-in clinics	6
More treatment options	5
Better access or/and transportation to treatment	5
Long term treatment/support options	4
Improve/better Programs	4
Mobile care access	3
Build better peer support system	3
24/7 treatment/resource options	2
More help at Camp Hope	1
Offer providers more money/incentives to stay	1
counseling for childhood trauma & triggers	1
No Lethal task force to calm people down	1
Training (Narcan)	1
Programs and Resources for families	**8**
Family/kid events	3
More resources for teens	2
Child care	1
More activities for the community/fun things to do	1
Help for families dealing with recovery	1
Housing	**63**
Housing	39
New Shelters	8
Better/more Halfway/recovery housing	7
Housing for addicts & Mental Health issues	4
Small housing community for homeless	3
Vets help with housing/treatment options	2
Misc. recommendations	**14**
Help finding a job	7
Get rid of Opioids/Fentanyl/hard drugs	3
Create a safe place to use	2
More needle exchange & access to needles	2
Don't know	**22**

Q20) Participants were asked: "*What type of experience have you had with harm reduction resources? [Harm reduction in substance use refers to a set of practical strategies and policies aimed at reducing the negative consequences associated with drug and alcohol use, both for individuals and communities. Examples include needle exchange, Naloxone, Naltrexone, peer support, etc.]*" There were four recurring themes identified among participants: those who recounted a positive experience, those who recounted a negative experience, those with some experience with harm reduction resources, and those with no experience at all. Out of the 149 participants surveyed, 16 reported having a positive experience with harm reduction, 7 reported a negative experience, and 70 had no experience with harm reduction resources. The types of harm reduction resources participants reported using included medication, needle exchange, peer support, Narcan, mental health hospitals, therapy, and clinics (see Table E2).

Table E2. Survey Participant Experiences with Harm Reduction

Street Outreach Survey Results	
What type of experience have you had with harm reduction resources?	
Themes	# of times participants commented on theme
Recounted Positive Experiences	**16**
Positive experiences with Harm Reduction	14
Experiences with Harm Reduction resources (general)	2
Recounted Negative Experiences	**7**
Negative esperiences with Harm Reduction Resources	4
Not enough resources	3
Type of resource experiences	**53**
Medication (Methandone, buprenorphine, subocone, naltrexone, zyprexa)	18
Needle exchange	12
Peer support	11
Narcan	1
Mental Hospital/Therapy	7
Clinics	4
No experience with harm reduction resources	**70**
Blank	**13**

Q21) Participants were asked: "*What makes it difficult for people to get help for drug and alcohol use?*" The recurring themes included denial or unwillingness to seek help, shame

and embarrassment, lack of confidence, insufficient resources, transportation issues, the location of services, stigma associated with homelessness and substance use, financial barriers, self-medication, peer pressure, lack of peer support, and inadequate education, communication, and outreach (see Table E3).

Table E3. . Survey Participant Challenges Obtaining Support for Substance Use

Street Outreach Survey Results	
What makes it difficult for people to get help for drug and alcohol use?	
Themes	# of times participants commented on theme
Experiences	**134**
Denial/don't want help	40
Shame, embarrassment, lack of confidence (scared/Fear)	25
Lack of resources - (waitlists/availability/pets/kids)	21
Transportation and locations of services	11
Sigma associated with homeless/and using	7
Lack of money	5
Not sure where to get help	5
Self-Medicating	4
Peer pressure	4
Lack of peer support	3
Housing/homeless	3
Lack of education	2
Lack of outreach	1
Lack of Communication	1
Too many rules to get help	1
Fear of not being safe	1
Don't know	7
Blank	10

Q22). The question posed to participants was: "*As you may know, over the next 15 years, the City of Las Cruces, Sunland Park, and Doña Ana County are anticipating approximately $25 million to address substance use. What suggestions do you have for the city, county, and state on how these funds should be spent to have a real impact in your community?*" A total of 68 participants responded, with the top recurring themes including the need for better community and street outreach, improved education and information on drug awareness and safety, enhanced detox/rehab treatment facilities, more resources and treatment options, better access and transportation options, and long-term treatment and support (see Table E4).

Table E4. Survey Participant Suggestions For Use Of Opioid Settlement Funds

Street Outreach Survey Results	
What suggestions do you have for the city, county, and state on how these funds should be spent to have a real impact in your community?	
Themes	# of times participants commented on theme
Programs and Resources	**68**
Better Community/Street Outreach	11
Better education/Information (more info on drug safety)	7
Better detox/rehab treatment facilities (no waitlist/more lenient admissions)	7
More resources	6
Walk-in clinics	6
More treatment options	5
Better access or/and transportation to treatment	5
Long term treatment/support options	4
Improve/better Programs	4
Mobile care access	3
Build better peer support system	3
24/7 treatment/resource options	2
More help at Camp Hope	1
Offer providers more money/incentives to stay	1
counseling for childhood trauma & triggers	1
No Lethal task force to calm people down	1
Training (Narcan)	1
Programs and Resources for families	**8**
Family/kid events	3
More resources for teens	2
Child care	1
More activities for the community/fun things to do	1
Help for families dealing with recovery	1
Housing	**63**
Housing	39
New Shelters	8
Better/more Halfway/recovery housing	7
Housing for addicts & Mental Health issues	4
Small housing community for homeless	3
Vets help with housing/treatment options	2
Misc. recommendations	**14**

Q23) Participants were asked, "*Is there anything else you want the Opioid Settlement Fund Advisory Council to know about this topic?*" Of the 25 who responded, common themes included expressing gratitude for the Council's efforts, emphasizing the need for additional support with treatment, and highlighting concerns related to homelessness and community development (see Table E5).

Table E5. Survey Participant Additional Insights For Opioid Settlement Advisory Council

Street Outreach Survey Results	
Is there anything else you want the Opioid Settlement Fund Advisory Council to know about this topic?	
Comments	# of times participants commented on theme
Keep trying to make the world better/Thank you	5
Need affordable housing/Lack of housing is the issue	5
Early education in school and communities	5
Make a safe place to go for help	2
Help with finding a job/Money for trade school	2
Just help the people	2
Peer support groups for youth	1
More resources for addicts	1
More community development and support	1
Use the empty buildings for homeless	1
Better counseling	1
More places for treatment	1
More resources for pregnant people to stop using	1
More long term help	1
No	**25**

Appendix F
Focus Group Recruitment, Questions, & Results

Recruitment

Key Informant. Key Informant participants were recruited by enlisting leadership assistance among the key informant entities, sending emailed invitations, and posting advertisements on social media.

Lived/Living Experience. Lived/Living experience participants were recruited by posting fliers specifically designed for each of the four groups – youth, Las Cruces area, Southern Doña Ana area, and LGBTQIA+ community. DAC HHS posted and distributed flyers at the local coffee shops, activity hubs, the government county building, DOH, Alianza, Amador, and on light polls in hotspot areas (i.e., outside of community centers and along Picacho, which has a high unhoused population). Specifically:

- For the youth group, an MVRDA overdose heat map in Las Cruces helped identify a charter high school within the area with “at-risk” students.
- For the LGBTQIA+ group, a community leader and entity representative helped with recruitment efforts. In addition, flyers and invitations were sent to the local LGBTQIA+ group (PFLAG) and were also provided through the DOH and Alianza.
- For the Southern Doña Ana group, a lead Community Health Worker distributed Spanish flyers and personally invited people from the Colonias to participate. Because MVRDA heat map data showed higher overdoses in Vado, NM, recruitment focused on that area, and flyers were left at the community center. Lastly, recruitment involved approaching an AA group to invite participants.
- For the Las Cruces group, flyers were posted in high-traffic areas, shared with partners, shared on social media, placed in the DOH lobby, shared with DOH leadership, and placed at the community center, where staff helped spread the word.

Focus Group Questions

Key Informants questions:

1. What substance or drug causes the most problems in your community?
2. What groups are most affected by substance use?
3. What substance use recovery, treatment, or harm reduction resources are most successful in your community?
4. What might keep someone from using these resources?
5. What substance use prevention resources are needed in your community?
6. What suggestions do you have for the city, county, and state about how these funds should be spent to have a real impact on your community?

7. Is there anything else you want the Opioid Settlement Advisory Council to know about this topic?

Lived/Living Experience group questions:

1. What substance or drug causes the most problems in your community?
2. What groups are most affected by substance use?
3. Where would you, family, or friends go for help in your community to seek support for substance use issues?
4. What type of experience do you have with recovery or treatment resources?
5. What type of experience do you have with Harm Reduction resources?
6. What might keep someone from seeking substance use services in your community?
7. What suggestions do you have for the city, county, and state about how these funds should be spent to have a real impact on your community?
8. Is there anything else you want the Opioid Settlement Advisory Council to know about this topic?

Focus Group Questions and Responses

Key Informants (i.e., first responders, behavioral health, and harm reduction) and Lived/Living Experience (i.e., youth, LGBTQIA+, Las Cruces residents, and southern Doña Ana County residents) focus group discussions are summarized and presented in aggregate.

What substance or drug causes the most problems in your community?

Key Informants

- Alcohol, methamphetamines, fentanyl, heroin, poly-substance use, marijuana, and vape
- First Responders and Behavioral Health participants noted that alcohol was a predominant issue. First Responders noted that alcohol use was associated with domestic violence, and Behavioral Health participants noted that alcohol use may be overlooked because it is legal and culturally accepted.
- All three groups highlighted that fentanyl was an issue with first responders and behavioral health, noting the rise of fentanyl as a significant problem in recent years.
- Noteworthy among group differences was that First Responders indicated that there was a reduction in heroin use, while Harm Reduction participants listed it as a substance that causes problems in the community.
- The Behavioral Health group participants highlighted the stigma associated with substance use and seeking treatment. This included ‘otherizing’ those struggling

with addiction and perceptions among the community that they don't deserve help. For example, one participant stated:

"I really still see in the community the significant otherizing. Our community is like, oh, you know, people deserve it. It's a choice. It's still the pull your boots up by yourself, up by your bootstraps mentality. Happens to other people…as a community, we're still very much stuck in secrecy and stigma."

- First Responder participants noted the challenges in collecting and tracking juvenile substance use data.
- See Table F1 for the number of times participants mentioned themes and subthemes.

Table F1. Key Informant Focus Groups: Most Problematic Substances in the Community

Key Informant Focus Groups - First Responders, Behavioral Health, Harm Reduction Social Services	
Q1. What substance or drug causes the most problems in your community?	
Themes	# of times participants commented on theme
All substances are problematic	2
Alcohol	8
Causes most problems	4
Alcohol used in combination with other substances	1
Accepted within family/culture	1
Ignored because it's legal	1
Associated with domestic violence & long-term chronic violence	1
Associated with large percentage of call volume	1
Fentanyl	8
Increase in fentanyl	3
Associated with an overdose increase	2
Fentanyl-contaminated drugs	2
Higher health risk - less responsive to Narcan	1
Requires longer hospitalization & rehabilitation	1
Associated with crime & decline in quality of life	1
Methamphetamine	6
Used to manage withdrawal symptoms when fentanyl & heroin are unavailable	1
Heroin	4
Reduction in heroin use/encounters	2
Other Substances	4
Marijuana	2
Less of an issue	1
Youth using marijuana	1
Vape - used by youth	1
Mixing methamphetamines and opiates	1
Stigma & Misconceptions	6
Stigma toward users and providing treatment	2
Don't deserve help	2
Otherizing	1
Misconceptions that substance use resulted in being unhoused	1
Barriers & Concerns	
Lack of tracking juvenile substance use data	2
Legal status of substance creates issues	1
Concern for substance use in schools	1
Problem isn't which drug but access and route of administration	1

Lived/Living Experience

- Alcohol, heroin, methamphetamines, fentanyl, crystal methamphetamine, and blues (i.e., fentanyl-laced counterfeit substance).
- The Youth focus group most often discussed fentanyl and its impact on family and friends (e.g., overdose).
- The Southern DA focus group discussion differed from the other groups, with the focus primarily on alcohol, alcoholism, and the impact of alcohol on health and family (e.g., disunity within families, child abandonment, accidents, deaths, and socio-economic consequences). Participants shared their personal experiences with alcoholism and noted the widespread availability and acceptance of alcohol.
- See Table F2 for the number of times participants mentioned themes and subthemes

Table F2. Lived/Living Experience Focus Groups: Most Problematic Substances in the Community

Lived Experience Focus Groups - Youth, LC, DA Southern, LGBTQIA+	
Q1. What substance or drug causes the most problems in your community?	
Themes	# of times participants commented on theme
Opioids	14
Heroin	6
Consequence - affects family	1
Fentanyl	4
Personal experience - family or friend overdose	2
Consequence - affects family	1
Blues	3
Lack of knowledge of drug ingredients	1
Only known by nickname	1
Consequences - drug has caused problems and deaths	1
Alcohol	12
Alcoholism	4
Consequences - affects the family, accidents, deaths	3
Major problem	2
Easy to obtain	2
Socially accepted	2
Legal	1
Not seen as a drug	1
Is a disease, incurable, fatal	1
Is a drug that "sticks"	1
Personal experience with alcoholism	1
Stimulants	11
Methamphetamine	8
Crystal methamphetamine	3
Tobacco	1
Other	
Other drugs	4
Other drugs are prohibited/harder to get	2
Substance use varies by community area	3

What groups are most affected by substance use?

Key Informants

- All groups, young adults, younger generation, under 35, middle to late 40s, 50s, BIPOC, low income, unhoused, first responders, law enforcement, people in the correction system, and people without resources
- First Responders focused on age groups under and over 35. Specifically, they suggested that overdose occurs at a higher rate for those from age 25 to 35 and that chronic users over 35 years of age have better control over their substance use.
- The Harm Reduction discussion focused on youth, the unhoused, first responders, and law enforcement. Harm reduction participants highlighted the influence of culture, social norms, and family practices on alcohol use, particularly among youth.
- Behavioral Health participants' discussion focused on youth, young adults, and the younger generation. Participants reported an increase in youth vaping and experimentation with fentanyl and opiates. They also reported that fentanyl use among middle-aged individuals (i.e., mid to late 40s and 50s) had increased and replaced methamphetamine use, which was predominant during the pandemic.
- See Table F3 for the number of times participants mentioned themes and subthemes

Table F3. Key Informant Focus Groups: Groups Most Affected by Substance Use

Key Informant Focus Groups - First Responders, Behavioral Health, Harm Reduction Social Services	
Q2. What groups are most affected by substance use?	
Themes	# of times participants commented on theme
All groups	2
Age Groups	
Young Adults, Younger Generation	5
Increased use of tobacco, vaping, & marijuana	1
Ease of access with vape pens, backpacks	1
Experimenting with opiates, fentanyl, fentanyl-laced drugs	1
Picking up harm reduction kits	1
Smoking fentanyl and other substances	1
Under 35	1
25 - 35 overdose at higher rate	1
Over 35 - chronic users have more control of how much they use	1
Mid to late 40s, 50s	1
During 2020 - 2022 middle-aged used methamphetamines	1
Since 2023 middle-aged used more fentanyl	1
Other Groups	
BIPOC	1
Low income	2
Homeless	2
First responders	2
Law enforcement	2
People in the correction system	1
People without resources to do other things	1
Factors Contributing to Substance Use	
Addiction is generational	2
Cultural/family practices affect alcohol use	2
Allowing youth to drink if they bring in income to the family	1
NM law allowing parents to give their child alcohol	1

Lived/Living Experience

- Youth, adolescents, older adults, low-income, unhoused, LGBTQIA+, and everybody.
- Contributing factors to substance use among youth included a lack of parental guidance, seeing substance use at home, and peer influence.
- Youth may not be using substances but are affected by parents'/family substance use at home.
- The Southern Doña Ana County focus group suggested that older adults were affected by prescribed opiates and that contributing factors included overprescription, multiple medications, and misuse.
- See Table F4 for the number of times participants mentioned themes and subthemes

Table F4. Lived/Living Experience Focus Groups: Groups Most Affected by Substance Use

Lived Experience Focus Groups - Youth, LC, DA Southern, LGBTQIA+	
Q2. What groups are most affected by substance use?	
Themes	# of times participants commented on theme
Youth, Adolescents	11
Youth not using but affected by parents'/family's substance use	4
Young people affected by marijuana, vape	2
For acceptance, social/peer influence	2
Lack of parental guidance	1
Model others' behavior	1
Teens affected by alcohol	1
Older People	4
Affected by alcohol more than younger	1
Affected by opioids/prescribed opioids	2
Overprescribed medications	2
May incorrectly follow instructions	1
Elderly family member addicted to and dependent on prescribed opioids	1
Everybody	4
Low income	4
Sell drugs to provide income for family	1
Lack of opportunities	1
Homeless	2
Use it to cope	1
LGBTQIA+	2
Low income LGBTQ lean toward harder drugs	1
Substance use varies between LGBTQIA+ subgroups	1
Reasons for Substance Use	8
People looking for something to turn to	1
Legality of alcohol	1
To feel good or happy	2
To escape reality	1
Quitting leads to withdrawal	3
Other	
Consequence of drug use - abuse	1

What substance use recovery, treatment, or harm reduction resources are most successful in your community? (Key Informants only)

- Harm Reduction, Narcan, and Medication-Assisted Treatment were the most successful treatments in their community. They also acknowledged that these resources are underutilized.
- Other treatments mentioned included medical cannabis, a combination of treatments, diversion programs, and the 12-step program.
- Participants suggested that treatment success may be improved by providing a seamless flow of support services and case management, including providing a continuum of care, follow-up, and reducing barriers. According to a participant:

  > *"It's going to be easy for them to say, screw it, I'm just going to go back to doing what I'm doing. But if there's an easy flow, an easy process, and a continuum of care and follow-up with case management, that's going to be huge for that individual to almost take the thought process off of their plate and then have them just go through the process."*

- Participants suggested that improving accessibility to treatment is important and this may include taking medication treatment to the individual.
- Participants suggested providing incentives for change through contingency management and tangible incentives.
- Participants highlighted barriers to treatment success, which included lack of transportation, lack of motivation, resistance to treatment, and the affordability of fentanyl.
- See Table F5 for the number of times participants mentioned themes and subthemes

Table F5. Key Informant Focus Groups: Most Successful Substance Use Recovery, Treatment, or Harm Reduction Resources in the Community

Key Informant Focus Groups - First Responders, Behavioral Health, Harm Reduction Social Services	
Q3. What substance use recovery, treatment, or harm reduction resources are most successful in your community?	
Themes	# of times participants commented on theme
Medication Assisted Therapy	9
MAT is successful	4
Should increase MAT	2
Buprenorphine preferred to methadone and is effective	1
Associated with less overdose & involvement with illicit narcotics	1
Harm Reduction	19
Syringe exchange is successful	1
Narcan	14
Narcan saves lives	4
Increase Narcan availability	3
Difficulty tracking number of people saved with Narcan	2
Narcan use underreported (police don't always submit documentation)	1
Narcan education and trainings are successful	2
Increase education about Narcan and its safety	1
Saving people with Narcan masks the full extent of the problem	1
Harm reduction - negatives	3
Potential to exacerbate substance use and health risks	1
Perceived safety net	1
Increased use will exceed Narcan reversal	1
Additional Successful Resources	
Combination of treatments	1
Community involvement/support for individuals	1
12-Step Program	1
Medical Cannabis	1
Stigma associated with using medical cannabis to treat addicition	1
Positive outcomes using medical cannabis to help treat addiction	1
Unsuccessful Resources	
Detention center support programs (AA, faith-based, support)	1
Factors that Increase Success & Needs	
Increase accessibility - take treatment to to the individual (e.g., induction)	3
Offer tangible incentives in treatment	3
Need more contingency management	2
Effective case management (continuity of care, follow-up, reducing barriers)	2
Make the treatment process easy - roadblocks increase quitting	1
Sharing success stories is empowering	1
Resources without stigma are most successful	1
Need more diversion programs	1
Barriers to Successful Treatment in the Community	
Limited access	5
Limited/lack of transportation	3
Low income	1
Policy Impacts	
Policy impacts funding and restricts how issues are treated/approached	1
Removal of x waiver eased access to care/prescriptions	1
Removing out of network restrictions increased access to outpatient psychiatry	1

Where would you, family, or friends go for help in your community to seek support for substance use issues? (Lived/Living Experience only)

- Listed facilities, organizations, and programs, including Family and Youth Innovations, La Clinica, Alianza, Peak Hospital, Alcoholics Anonymous, Narcotics Anonymous, counseling, support groups, rehabilitation, Southwest Pathways (through the Department of Health), and church
- Southern Doña Ana participants reported historically not having enough resources, having to travel to El Paso or Las Cruces for resources, and lacking community knowledge about where to go for assistance.
- See Table F6 for the number of times participants mentioned themes and subthemes

Table F6. Lived/Living Experience Focus Groups: Where Would You, Family, or Friends Go for Help to Seek Support for Substance Use Issues?

Lived Experience Focus Groups - Youth, LC, DA Southern, LGBTQIA+	
Q3. Where would you, family, or friends go for help in your community to seek support for substance use issues?	
Themes	# of times participants commented on theme
NM Facilities with Programs	6
Family and Youth Innovations (FYI) - harm reduction services	2
La Clinica	1
Alianza - HIV testing	1
Peak Hospital	2
Programs	9
Alcoholics Anonymous	3
Used by many	3
Available groups in Sunland Park and El Paso	1
AA 12-Step Program	1
Narcotics Anonymous	2
Department of Health	2
Southwest Pathways through the Department of Health	1
References to General Resources	18
Counseling	2
Support groups	2
Local anonymous groups	2
NM 'groups'	2
Rehabilitation	1
Women's group	1
Emotional support centers	1
Senior Citizens Community Center groups	1
Group at the community center	1
Church	1
Hotline for people seeking assistance	2
Obstacles to Seeking Help/Support	4
May need to go out of state for treatment unavailable in NM	1
Historically community has not had many resources	1
Community lack of knowledge where to go for assistance/help	1
Resources are typically far away (in El Paso/Las Cruces)	1
Other	2
Need more resources in the local community	1
Alternative methods - relaxing	1
Slowly stop using substance	1
People from all over attend the local groups (are in English and Spanish)	1

What substance use prevention resources are needed in our community? (Key Informants only)

- Need for affordable and accessible youth activities, less restrictive permanent supportive housing, enforcement of mental health and substance use treatment orders within the criminal justice system, community education and programs to address stigma, increased accessible counseling (e.g., reduce wait times for an appointment), and more effective and comprehensive funding
- Halfway houses, diversion programs, and comprehensive care over compartmentalized treatment approaches
- Regarding youth activities, participants (mainly in the Behavioral Health group) noted that families cannot afford youth activities such as sports and may face transportation obstacles getting their children to and from after-school and weekend activities. They also highlighted that youth activities engage youth, reduce time to get in trouble, and reduce vulnerability to substance use.
- Behavioral Health participants listed permanent supportive housing as a valuable prevention resource and suggested revising the penalties for relapse to be more flexible rather than evicting the individual. They noted that relapse is expected and part of recovery and that reapplying for housing is difficult. The discussion also highlighted a need for improved case management within permanent supportive housing to connect people who relapse with community resources.
- First Responders highlighted a need to enforce treatment orders for substance misuse and mental health within the criminal justice system. Participants commented that there is a lack of consequences, and the system ignores the problem. They discussed leveraging probation and parole to compel individuals to engage in treatment to address non-compliance.
- Behavioral Health participants discussed the importance of addressing stigma and segregation associated with substance use in the community. Participants suggested initiatives and community-wide events that bring together individuals from various backgrounds, including those directly affected by substance use, individuals in recovery, and community members.
- See Table F7 for the number of times participants mentioned themes and subthemes

Table F7. Key Informant Focus Groups: Substance Use Prevention Resources Needed in the Community

Key Informant Focus Groups - First Responders, Behavioral Health, Harm Reduction Social Services	
Q5. What substance use prevention resources are needed in our community?	
Themes	# of times participants commented on theme
Home Environment and Family	
Home environment/family stability are important to prevention	2
Poverty is a major factor	3
Need more resources for families to access affordable youth activities	5
Need accessible options of after-school/weekend youth activities for everyone	2
Youth activities engage youth/less time to get in trouble/reduce vulnerability	2
Families can't afford youth activities like youth sports	1
Criminal Justice System Needs	
Use probation/jail as leverage to compel engaging in treatment	2
Enforce treatment orders for substance use and mental health	2
Lack of consequences for not attending ordered treatment	1
Need integration and more interaction between probation and law enforcement	2
Need halfway houses and long term treatment	1
Counseling Therapy	
Need more couseling therapy, talk therapy, group therapy	2
Obstacles	0
Difficult to get an appointment/Long wait for appointments	3
Insurance doesn't require counseling for addiction treatment	1
People don't think counseling therapy is needed	1
Funding	
Need funding of effective efforts vs. funding historically ineffective efforts	1
Siloed funding specific to one substance is ineffective	2
Need funding for alternative methods to bring people together to talk	1
Current funding causes frustration & burnout among committed people working in the system	1
Community Needs	
Community care/mobile health care	1
Community involvement to increase interaction between those with substance use and the community to promote empathy and understanding	2
Stigma/negative perception of individuals struggling with addiction ("outcasts")	3
Lack of experience with addiction contributes to stigma and lack of empathy	1
Permanent Supportive Housing	
Permanent Supportive Housing is a valuable prevention resource	3
Need to revise/relax penalties for relapse which results in losing housing	2
Need case management/supportive care to connect people who relapse with community resources while in supportive housing	1
Need more case managers (staffing shortages cause lack of support)	1
Other Prevention Resources Needed	
Resources to improve access to treatment	1
Resources to address structural issues like housing and nutrition	1
Diversion programs	1
Comprehensive continuum of care vs. compartmentalized treatments	1

What Type of Experience Do You Have with Recovery or Treatment Resources? (Lived/Living Experience only)

- Youth participants shared experiences in which close family members (e.g., a parent) had been arrested, been in and out of rehabilitation, relapsed, and/or were currently seeking rehabilitation services.
- Their discussion also mentioned the lack of support or resources for individuals post-treatment, contributing to relapses and ongoing struggles with substance use.
- The Las Cruces Residents group discussion focused on family members' experiences attending rehabilitation at local facilities and traditional counseling.
- Southern Doña Ana group participants also shared personal experiences, which included experiencing arrest, rehabilitation, counseling, and participation in Alcoholics Anonymous.
- See Table F8 for the number of times participants mentioned themes and subthemes

Table F8. Lived/Living Experience Focus Groups: Experience with Recovery or Treatment Resources

Lived Experience Focus Groups - Youth, LC, DA Southern, LGBTQIA+	
Q4. What type of experience do you have with recovery or treatment resources?	
Themes	# of times participants commented on theme
Recounted Personal Experiences	5
Family member in jail repeatedly for drug use and selling drugs	1
Family member attended family rehabilitation	1
Family member left rehab early because the program didn't attend to medical needs during recovery	1
Family member goes to Mesilla Valley	1
Family member doesn't stick with the programs or therapy	1
Family member currently trying to recover and get into rehab	1
Family member has been in rehab previously and it didn't help	1
Recovering alcoholic 25 years	1
Arrested/had to go to the police daily	1
AA was effective	1
Kaiser Rehabilitation for alcohol & substance abuse	1
Follow-up care included counseling and a guide to local groups	1
Most helpful was the treatment for withdrawal	1
AA & 12-Step Program were effective to lead a useful and happy life	1
References to Family Member/Self Experience with Recovery/Treatment	11
Family member/self has attended rehabilitation	4
Family member/self has relapsed	3
Family member didn't complete or adhere to the rehabilitation program	2
Family member/self has experience with law enforcement/judicial system	2
Family member/self attended AA	2
Facilities with Recovery/Treatment Programs	4
Mesilla Valley Hospital	3
Provides behavioral and substance abuse programs	1
Recover program teaches coping skills to prevent relapse	1
Kaiser Rehabilitation	1
Programs and Resources	8
Alcoholics Anonymous, 12-Step Program	4
Harm reduction	1
Traditional therapy/counseling	1
Behavioral health	1
Narcotics Anonymous	1
Needs/Recommendations	6
Reduce ignorance by sharing addiction and recovery experience	2
Need to improve programs	1
Need more resources	1
Need more trainings	1
Incentives to motivate people to use resources	1
Barriers/Issues	6
Denial/don't want help	2
Lack of awareness of problem	1
How to get resources and information to people in denial	2
Lack of resources after exiting rehabilitation makes the adjustment difficult	1

What Types of Experience Have You Had with Harm Reduction Resources? (Lived/Living Experience only)

- Participants mentioned the successful use and effectiveness of Narcan during an overdose.
- They indicated awareness of syringe exchange programs that are free and available in locations such as the Department of Health and other clinics around town.
- Participants felt the broader community was unaware of existing harm reduction resources such as Narcan. There was the perception that Narcan was expensive, especially in pharmacies. There was a recommendation that home-based distribution of harm reduction supplies such as Narcan coupled with education and training might be effective in creating more access and awareness for community members.
- Access to harm reduction resources, such as syringe exchange, is difficult to obtain in areas such as Hatch or Del Cerro, and participants indicated they would have to get transportation to Las Cruces or El Paso for resources. Small, remote, or rural communities need more Harm Reduction resources.
- Participants commented that they had positive family support and proactive outreach involving accessing harm reduction resources.
- Other experiences with harm reduction were school presentations by the Sheriff and a D.A.R.E. [Drug Abuse Resistance Education] assembly that one participant had experienced. Other participants mentioned positive experiences with Alcoholics Anonymous.
- See Table F9 for the number of times participants mentioned themes and subthemes

Table F9. Lived/Living Experience Focus Groups: Experience with Harm Reduction Resources

Lived Experience Focus Groups-Youth, LC, DA Southern, LGBTQIA+	
Q5.What type of experience have you had with Harm Reduction resources?	
Themes	# of times participants commented on theme
Community resources	5
Treatment	2
Legislative internship	1
Cost barrier to Narcan	1
Community Recovery	5
Opioid reversal experience	2
Successful experience	1
Home based distribution and education	4
lack of awareness	2
Family involvment	1
School presentation	3
DARE Presentation	1
Syringe exchange	3
Education on harm reduction	2

What Might Keep Someone from Using These Resources? (Key Informants)

- Limited access to affordable transportation often prevents access to appointments
- Stigma was consistently mentioned in the context of participants being afraid to seek help from services and institutions offering treatment because of fear of being judged for their addiction.
- Cultural norms and beliefs were barriers because of community beliefs that mental health or addiction is something that doesn't need treatment in a medical setting. They mentioned that there often was insufficient public awareness or education to counter these views.
- Key informants also described how people go about seeking help or not seeking help due to cultural or personal beliefs, which is often learned behavior that continuing substance use education falls short of addressing in schools and provider offices. This impacts medication non-adherence as individuals struggle to navigate the complexity of insurance and the health care system, as well as cultural identity and beliefs within their family units or broader community. This confusion, coupled with long wait times to establish care with providers or simply wait in the office when an appointment day finally arrives, impacts medication and treatment adherence. Often, individuals attempt to self-medicate with substances, which only reinforces the cycle of addiction and exacerbates mental health problems
- Some community members simply are unaware of existing community resources that might offer Medication-Assisted Treatment (MAT), counseling, other therapy services such as Harm Reduction and Peer support, and case management. The lack of awareness of existing resources coupled with individuals struggling with co-occurring mental health and addiction to substances often acts as a barrier to treatment when individuals are not motivated or fully cognizant of their situation to seek consistent help in the community.
- Geographic location within the County also acts as a barrier for individuals or communities to establish consistent care, sometimes due to lack of transportation or, more importantly, legal status. Community members in the northern region of the County might be more hesitant to seek help within the city of Las Cruces, for example, for fear of deportation as they cross the border checkpoint, or they might not be aware of protections that exist around protected health information.
- Participants noted a discrepancy in the availability of medication for opioid reversal (i.e., Narcan) vs MAT treatment such as naloxone or buprenorphine. This illustrates the fact that there is, in reality, or at least a perception, that opioid overdose reversal drugs are highly available, but actually getting treatment for the addiction and being more proactive before overdose reversal and emergency services are needed is limited.
- Additional barriers included the lack of early intervention in schools and the lack of programs that targeted adolescents proactively rather than treating adults with addictions that have already been rooted in decades of patterned behavior.

- This lack of intervention is further exacerbated by a provider shortage for treatment within the area. Subsequently, it contributes to provider burnout for the physicians and support staff, such as case management, who are trying to address the issue utilizing the existing healthcare structure. This forces existing resources to operate more reactively, relying heavily on emergency services for support rather than establishing long-term proactive measures such as an ACT team for adolescents and comprehensive individualized care for individuals with co-occurring mental health disorders and polysubstance use.
- Making programs and care affordable or free to people living low-income or below the poverty line might bolster programs to address the mentioned barriers.
- See Table F10 for the number of times participants mentioned themes and subthemes

Table F10. Key Informant Focus Groups: Barriers to Using Resources

Key Informant Focus Groups- First Responders, Behavioral Health, Harm Reduction, Social Services	
Q4. What might keep someone from using these resources?	
Themes	# of times participants have commented on theme
Medical profession	7
lack of comprehensive care	2
overprescription of opiates	2
systemic issues within medical system	1
Medical field hasn't helped youth	1
Over reliance on medication for youth	1
Impact of behavioral health language on policy	1
Post-pandemic considerations	1
Prioritize adolescent access to mental health services	1
Geographic limitation/location to services	1
Promote capacity and access for X waivers for prescribers	1
Impact of pharmaceutical companies on prescribing decisions	1
High-stress environment	1
Long-term impact of burnout	1
Provider shortage	1
Nature and therapeutic treatment/intervention	1
Long wait times for mental health services	5
Impact on providers	2
Lack of individualized treatment	1
Transportation	4
Lack of transportation	1
Integral role of case managers	4
Financial assistance for successful clients	1
Early intervention	4
Existing programs	2
Need for more free programs	1
ACT accessibility to youth	1
Programs accessible to high-risk youth	1
Stigma	3
Lack of support	1
Barriers to collaboration	1
Cultural expectations of masculinity	1
Double stigma for help seekers	1
Cultural norms and beliefs	3
Judicial engagement	2
Officer engagement	2
Social determinants of health	2
Legalization of marijuana	2
Impact of addiction	4
Learned behavior	1
Chronic condition	2
Co-occurring conditions	1
Lack of engagement	1
Education	3
Improving patient care with education	1
Resources are available MAT	1
Understanding stages of behavior change	1
Parenting modeling and influence	1
Education for youth beyond pamphlet	1
Educational campaign on responsibilities of pharmacists	1
Lack of follow-up	3
Family instability	1
Consequence	1
Lack of attention on addressing mental health issues for adolescents as compared to adults	1

What Might Keep Someone from Seeking Substance Use Services in Your Community? (Lived/Living Experience only)

- Lack of family support to pursue or remain consistent with treatment was a barrier to access.
- Individual and cultural beliefs that stigmatize seeking treatment for substance use or mental health disorders were mentioned repeatedly.
- Financial resources for transportation or medication were also significant barriers.
- Navigating insurance for healthcare and the judicial system in case of law enforcement involvement was a barrier to seeking treatment. For example, if an individual with mental health or co-occurring substance use commits a crime and establishing consistent treatment might help them with their court sentencing, the individual might need help making and attending an appointment on a consistent basis and then successfully documenting that for a judge or attorney to review.
- The culture of substance use the youth upholds was a barrier to seeking treatment because early intervention resources are not always available, and if they are available, the family might prevent the youth from seeking treatment due to the stigma associated with it. Sometimes, family not only stigmatizes substance use but encourages it in some situations, adding a negative peer influence to the cycle of addiction.
- Part of seeking substance use recovery services also stems from the self-esteem of the participant. Lack of self-esteem and support to seek help was mentioned numerous times in the interview.
- There might also be misconceptions about medications used in addiction treatment or mental health treatment for co-occurring disorders. There are sometimes misconceptions by community members about programs such as Alcoholics Anonymous or Narcotics Anonymous. There might be a stigma attached to these types of programs, or sometimes participants mentioned not feeling safe in these groups due to fear of lawful consequences or even being triggered to use after the meeting.
- See Table F11 for the number of times participants mentioned themes and subthemes

Table F11. Lived/Living Experience Focus Groups: Barriers to Seeking Substance Use Services in the Community

Lived Experience Focus Groups-Youth, LC, DA Southern, LGBTQIA+	
Q6.What might keep someone from seeking substance use services in your community?	
Themes	# of times participants commented on theme
Lack of support (including lack of family support, lack of social support, lack of professional support)	4
Complexity of insurance system (including lack of understanding about insurance, persistence dealing with insurance company)	3
Personal experience	1
Support (including support at judicial system, personalized insurance navigation support, navigating healthcare system)	1
Denial	1
Lack of awareness of substance use problem	1
Stigma associated with substance use and identity:	7
Age	3
Education	3
Culture	3
Personal experiences	3
Self-medication	3
Enabling	3
Parental influence	2
Safety	2
Peer influence	2
Self-esteem	2
Telling their story	2
Addiction	1
Emotion of addiction	1
Stages of change	1
Lawful consequences	1
Shame	1
Influence of culture	4
Disease model of addiction	3
Substance use affects all groups of people	2
Misconceptions about AA	1
Community support	1
Denial by those additcted or culture groups	1
AA	1
Judicial influence	1
Access to care	4
Financial Need (cost of medical care)	2
Transportation	2

As you may know, over the next 15 years, the City of Las Cruces, Sunland Park, and Doña Ana County anticipate approximately $25 million to address substance use. What suggestions do you have for the city, county, and state about how these funds should be spent to have a real impact in your community?

Key Informants

- Frequent comments included establishing and building a centralized complex to provide treatment and recovery services and reduce barriers to program and resource information.
- Enhance coordination with education systems such as elementary, middle, and high schools to promote more preventative early intervention programs.
- Frequent comments included creating more community engagement around the topic of substance use, mental health, and treatment for co-occurring disorders.
- Need to address recidivism within the criminal justice system and establish infrastructure for court-appointed treatment along with support of law enforcement and emergency services
- There was repeated mention of establishing a framework to monitor and track patient or client progress throughout the healthcare system to identify barriers and address needs as they arise through the course of the individual seeking treatment. This, in turn, would mean establishing a more robust case management system that works closely with the courts, law enforcement, emergency responders, and providers that offer access to treatment services.
- address policy to allow Narcan administration or at least distribution in schools.
- Explore the use of safe use sites for substances such as heroin as a feasible harm reduction measure within the community based on models used in other states and countries.
- Establish a more robust monitoring and evaluation system to track programs funded through the grant. It was suggested that money be focused on a few high-recidivism users who might burden the county's criminal justice and emergency response system.
- See Table F12 for the number of times participants mentioned themes and subthemes

Table F12. Key Informant Focus Groups: Suggestions for How to Use Settlement Funds

Key Informant Focus Groups- First Responders, Behavioral Health, Harm Reduction, Social Services	
Q6. As you may know, over the next 15 years, the City of Las Cruces, Sunland Park, and Doña Ana County are anticipating approximately $25 million to address substance use. What suggestions do you have for the city, county, and state about how these funds should be spent to have a real impact in your community?	
Themes	# of times participants have commented on theme
Centralized facility	17
Exploration of safe use sites	5
Community involvement	3
Enhanced monitoring	3
Financial incentives for providers	3
Judicial involvement	3
Evidence-based program	1
Education	15
Early intervention for adolescents in MAT	4
Neuroplasticity	4
Mental health stigma	2
Personal experience	2
Systemic Challenges	2
Decline in comprehensive education	1
Disparities in health literacy	1
Education for disease process of SUD	1
Investment in structural educational reform	1
Long-term effects of early exposure SUD	1
Mental health	1
Mental health stigma	1
Nature as a therapeutic intervention	1
Treating the whole family	1
Lack of continuum of care for SUD	13
Comprehensive insurance coverage	4
Complexity of co-occurring disorders	1
Comprehensive support program for pregnant women	1
Importance of inpatient treatment	1
Age can be a barrier to turn 18	1
Sustainability	10
Community-based initiative	6
Focus on relationship building	6
Diversified Opportunities	5
Generational impact	2
25 million isn't a lot of money	1
Focused with limited resources	1
Immediate intervention with access to long-term facilities or coordinated care	1
In and Out Burger Model (do one thing well)	1
Transportation	7
Transporation barrier	2

Lived/Living Experience

- Create and implement discrete transportation services for substance use recovery services or mental health appointments. This would help individuals using the transport services feel more confident and not stigmatized when others around them see the institution's van (and logo) upon being picked up.
- Build up existing staffing and increase harm reduction training for staff and community members.
- Fund advertising for recovery programs and services.
- Establish a specialized recovery center with professional staffing where community members can access recovery resources and information.
- For smaller, more marginalized groups such as LGBTQIA+, there was the recommendation to start with smaller treatment or recovery groups where participants could feel safe and build their self-esteem before entering a larger group like Alcoholics Anonymous with 40 or 50 people, for example.
- Build community engagement at the city, county, and state levels for continued dialogue and participation in addressing addiction and its impact on the community.
- Allocate funds for recovery housing, similar to halfway housing, as additional wraparound support for individuals seeking treatment. This, in turn, would help support inmates and reduce recidivism, another focus of the discussion.
- Allocate funds for early intervention and building recreation areas for youth, especially in smaller communities where there aren't additional resources to focus their energy and positively develop their identity around activities that aren't recreational drug use. Providing youth scholarships was also mentioned.
- See Table F13 for the number of times participants mentioned themes and subthemes

Table F13. Lived/Living Experience Focus Groups: Suggestions for How to Spend Settlement Funds

Lived Experience Focus Groups-Youth, LC, DA Southern, LGBTQIA+	
Q7.As you may know, over the next 15 years, the City of Las Cruces, Sunland Park, and Doña Ana	
Themes	# of times participants commented on theme
Early intervention	5
Specific Groups for group therapy	4
Integrated community strategy	3
Focus on small communities with low resources	2
Teen program	1
Social network	1
Funds should be used for youth resources	1
Access	6
Transportation	3
Recreation center	2
Specialized Community Recovery and Rehabilitation Center	2
Use money to open activity center/recreational center for young people	2
Prevention	2
Financial assistance	1
Professional staffing	1
Programmatic impact	1
Insurance	1
Generational trauma	6
Perceived hereditary cycles	3
Disproportionate impact in smaller communities	2
Success stories as motivation	2
Future implications	2
Lived experience	1
Break generational cycle of addiction	4
Harm Reduction trainings	3
Training for staff sensitivity	3
Community engagement	3
Stigma	3
Recovery housing	2
Systemic recognition of addiction and mental health	2
Substance abuse programs for inmates	2
Support equity	2
Normalizing substance use as part of the community	2
Preventing recidivism	1
Skill development	1
Peer influence	1
Awareness of resources	1
Different programs	1
Awareness	1
Community Education	1
Support	1
Identity	1
Homelessness	1
Learned behavior	1
Accessibility	1

Is there anything else you want the Opioid Settlement Fund Advisory Council to know about this topic?

Key Informants

- Improve access to medical cannabis as a stop-gap to treatment wait times and provide medical cannabis education to providers
- Make MAT more affordable to people seeking services who cannot consistently afford a prescription
- Maintain transparency with spending funds. Participants recommended that the program's process, outcomes, and finances be transparent, that the Council evaluate its success metrics, remember to humanize the project's goal, and realize that “people aren’t statistics.”
- Host town halls and community forums to establish how to spend funds as transparently as possible.
- These community forums would also be paired with the development of a centralized resource that would focus on outreach to businesses impacted by people using substances who might have damaged property. This center would also provide information on where businesses could find assistance with their concerns.
- Enhance community awareness of resources and scale existing programs such as Mano y Mano hosted by Mesilla Valley Community of Hope.
- De-silo various agencies and providers working toward substance use treatment and recovery
- Create accountability for a continuum of care where clients and patients are often lost navigating the health care system, which leads to treatment non-compliance.
- Increase the wages of emergency service workers.
- See Table F14 for the number of times participants mentioned themes and subthemes

Table F14. Key Informant Focus Groups: Additional Comments for the Opioid Settlement Advisory Council

Key Informant Focus Groups- First Responders, Behavioral Health, Harm Reduction, Q7. Is there anything else you want the Opioid Settlement Fund Advisory Council to know about this topic?	
Themes	# of times participants have commented on theme
Public Forum	6
Education	2
Monitoring and evaluation	2
Proactive accountability	1
Humanization vs. statistics/humanize data	1
Crisis Intervention Services Critique	5
Triage Care	3
Community resource network/local business involvement	4
Scale existing effective programs/Program expansion	3
Fair compensation	3

Lived/Living Experience

- Addiction is a family issue and not just an individual one, which speaks to addiction having broader impacts on the community and not just the individual suffering from the addiction.
- Housing stability and employment support are also crucial factors in ensuring peoples' needs are met throughout the process of preventing addiction in the first place or supporting them as they seek recovery services.
- More efforts need to be made to work with employers to hire people who have exited the criminal justice system and have a criminal record but cannot find employment opportunities because of it.
- Need for open and safe environments that people feel are accessible to discuss issues of addiction therapeutically
- Promote resource awareness and more accessible intake processes at providers' offices.
- See Table F15 for the number of times participants mentioned themes and subthemes

Table F15. Additional Comments for the Opioid Settlement Advisory Council

Lived Experience Focus Groups-Youth, LC, DA Southern, LGBTQIA+	
Q8. Is there anything else you want the Opioid Settlement Fund Advisory Council to know about this topic?	
Themes	# of times participants have commented on theme
Open and safe environment	10
LGBTQIA+ Engagement	1
More accessible intake process	1
Personal story of safety	1
Inclusivity and LGBTQ-friendliness	1
Employment support	7
Partnership with local employers	2
Hire felons	1
Family and community	4
Resource Awareness	2
Housing	3
Link between homelessness and substance use	1

Appendix G
Town Hall Recruitment, Questions, & Results

Recruitment

Recruitment efforts included promotion through social media and promotional flyers distributed throughout the community.

Questions

1. What substance causes the most problems in your community?
2. Who or what groups are most affected by drug and alcohol use?
3. What do we need to help people in our community with drug or alcohol problems (i.e., recovery, treatment, or harm reduction)?
4. What other helpful services, like community or social services, would be good for your community?
5. What makes it difficult for people to get help with drug and alcohol use?
6. What suggestions do you have for the city, county, and state how these funds should be spent to have a real impact in your community?
7. Is there anything else you would want the Opioid Settlement Fund Advisory Council to know about this topic?

Hatch Town Hall Summary

Problematic Substances in the Community

- Alcohol and tobacco products, particularly in the form of vaping, are the substances perceived to cause the most problems.

Groups Affected by Substance Use

- Alcohol, tobacco products, and vaping impact young people, high school teens, adults, and low-income individuals, especially in rural areas.
- Males are perceived as struggling with substance use more than females, according to participants.
- Addressing these issues requires comprehensive support, including recovery services, harm reduction strategies, treatment options, housing, and assistance with employment opportunities.

Community Needs to Address Substance Use

- Opioid reversal treatments (Narcan)
- Education programs for adults and youth
- Free treatment services for the uninsured

- Long-term care
- Wrap-around services
- Housing
- Peer support

Barriers and Challenges to Accessing Substance Use Services in the Community

- Barriers included fragmented grant funding, difficulties accessing affordable care, legal barriers, stigma, and geographical limitations affecting transportation.

Suggestions for the City, County, and State About How Funds Should Be Spent to Have a Real Impact on the Community

- Increase support for jail diversion programs
- Focus on prevention efforts
- Expand mental health services
- Address cultural stigma
- Support school prevention programs
- Create activity centers for youth
- Develop parks to foster community engagement and support

Chaparral Town Hall Summary

Problematic Substances in the Community

- Methamphetamine, along with alcohol, were the substances causing the most significant issues.
- Additional concerns included tobacco and marijuana, usually in the form of vaping, along with cannabis edibles, which, according to one participant, led to overdoses among middle school students.

Groups Affected by Substance Use

- Young people, families, both high and low-income individuals, vulnerable populations such as people who are unhoused or undocumented, rural communities, and school children

Community Needs to Address Substance Use

- Local treatment programs like Alcoholics Anonymous
- Accessible medical services within the community rather than requiring travel to Las Cruces
- After-school programs
- Availability of counselors and social workers
- Offering trades and crafts training and expanding sports programs can provide valuable skills and constructive activities that the community members deem valuable.
- Access to social services and support systems.

Barriers and Challenges to Accessing Substance Use Services in the Community

- Border checkpoints
- Rural geography
- Challenges faced by undocumented individuals seeking medical access outside the community
- Technology as a barrier for those less accustomed to using it for scheduling or conducting medical appointments
- Language barrier when seeking services or information about treatment options.
- Transportation access
- Insurance limitations
- Long wait times for treatment

Suggestions for the City, County, and State About How Funds Should Be Spent to Have a Real Impact on the Community

- Chaparral town hall participants recommended allocating funds to decentralize treatment facilities to serve rural communities better
- Focus on school-based interventions
- Incentivize providers to improve service availability and quality in rural areas.