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Groups fighting drug addiction in northern New Mexico got the money they asked for. That's the problem.



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TAPPING THE VEIN

ILLUSTRATION BY ADAM MCCAULEY

BY BRENDAN L SMITH
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Española native Dee Dee Valerio spent more than two decades shooting up heroin and cocaine in a futile attempt to erase memories of childhood horrors, the deep scars of abuse from an alcoholic father and incest from another family member. Her father kept telling Dee Dee she would never amount to anything, and she believed him.

“He used to beat up my mother and terrorize us kids. There was a lot of fear and no way to express ourselves,” Valerio said.

“Then I met drugs, and that became my life,” she said in a matter-of-fact tone tinged with sadness and regret. “I never thought it would have lasted a lifetime, but it did. It’s like you lost half of your life and you woke up.”

A heavysset 49-year-old woman with cropped black hair, Valerio is the mother of a 14-year-old son who became her reason for staying clean. Decades of drug abuse have left Valerio wracked by health problems—including hepatitis C from sharing contaminated needles—but she is still breathing. The same can’t be said for approximately 20 of her addict friends who have succumbed to overdoses since Mexican black-tar heroin quietly infiltrated the Española Valley in the 1970s, a time when Valerio could still count the local addicts on her hands.

Last year, two addict friends sought inpatient treatment to break their addictions, but they were turned away because no detox beds were available, Valerio said. Both men died shortly thereafter from lethal cocktails of drugs.

“Their lives could have been saved. They were good people,” she said. “They were crying to get help. They were really desperate wanting to get off the street.”

But getting off the street, or getting off the needle, isn’t an easy task in the impoverished Española Valley, where in some areas drug abuse has become an entrenched family tradition.

The region’s drug-treatment system—provided mostly through the nonprofit Region 2 Behavioral Health Providers—is a fractured mess plagued by gaps in care, an extreme shortage of inpatient treatment beds and blatant conflicts of interest among some treatment providers.

Some members of Region 2 not only haven’t worked together, they succeeded in chasing off the only group with extensive experience in treating intravenous drug users.

The Arizona-based Amity Foundation says it was the victim of price gouging, backstabbing and ill will from local treatment providers. On Aug. 31, it folded its Española operation, Amistad, ending

a four-year pilot project that provided mostly outpatient counseling to an estimated 1,900 addicts.

Submerged in a “very, very toxic environment” of drug abuse, six of Amistad’s counselors suffered relapses from past drug addictions, including one counselor who left Amistad and died of an overdose outside Rio Arriba County, according to Amistad spokesman Karl Moffat.

“This organization and a lot of people really sacrificed a lot on behalf of this community,” said Moffat. “Some sacrificed their sobriety. Some sacrificed their lives to try to help out up here. We could have gotten so much more done if we had all worked together.”

Instead, the situation became such a political embarrassment that Gov. Bill Richardson stepped in last month and chided local treatment groups, essentially



Dee Dee Valerio, sitting next to her dog, Powder, talks about her past drug abuse.

ordering them to get along. He also announced \$1.5 million in new funding and a 90-day planning effort by the state Health Department to create a unified plan for tackling drug abuse in Rio Arriba.

“We just can’t continue to pay lip service to the problem,” Richardson said at his Aug. 15 Governor’s Drug Summit in Española. “This means there has to be a willing shift in focus of services from what is best for a particular organization or treatment center to what is best for the entire community—that is basically serving the people who need treatment.”

Yet while Richardson and other state officials have publicly criticized locals for a lack of collaboration, that is only the most visible part of the problem.

The Health Department has abdicated its authority over the awarding of treatment funds to Region 2, a nonprofit organization established in 1999 to coordinate drug-treatment, mental-health and sexual-assault services in 10

Almost two-thirds of Amistad’s clients were Hispanic males in their 30s who still lived with relatives and had never sought drug treatment before.

northern New Mexico counties.

Further, 14 of the group's 19 board members are administrators of the very agencies that receive funding from the board—a glaring conflict of interest.

The board's makeup also violates Health Department regulations that require at least a third of the board's membership to be unaffiliated

junkie brothers for \$1,000 worth of heroin to kill a rival dealer, who was stabbed more than 30 times and had one of his ears cut off as proof of the hit.

Periodic drug busts have helped reduce the property-crime rate in the Española Valley, but jailed drug dealers have been replaced by new faces, and the overdoses continue unabated in Rio Arriba, at an average of more than 17 deaths per year since 1998.

Richard Tavares, deputy director of the Health Department's Behavioral Health Services Division, said the state had hoped to get the "most bang for the buck" by having Amistad focus on outreach and outpatient drug counseling. Local treatment providers would still handle the more expensive, and more critical, work of detoxification and residential treatment.

Amity Foundation—which has received national recognition for its success in treating hard-core addicts at its Circle Tree Ranch facility in Tucson, Ariz., and in California prisons—wasn't prepared for its icy reception from treatment providers in the Española Valley, Moffat said.

"Right from day one, it was a brawl," said Moffat, a gruff former newspaper reporter who had covered the rising overdoses.

The Health Department and Region 2 didn't expand the local groups' funding. As a result, Amistad cycled hundreds of addicts through several months of counseling sessions, often without ever getting them clean of heroin or cocaine in the first place, because of the extreme shortage of inpatient treatment beds.

Amistad sent 52 addicts to its Circle Tree Ranch, but half left the program before completing the six months of residential treatment, Moffat said.

Amistad's referrals of addicts to local treatment providers just increased waiting lists for residential treatment and exacerbated those groups' funding shortages, said Lauren Reichelt, Rio Arriba County's director of health and human services, who was appointed last week to the Region 2 board.

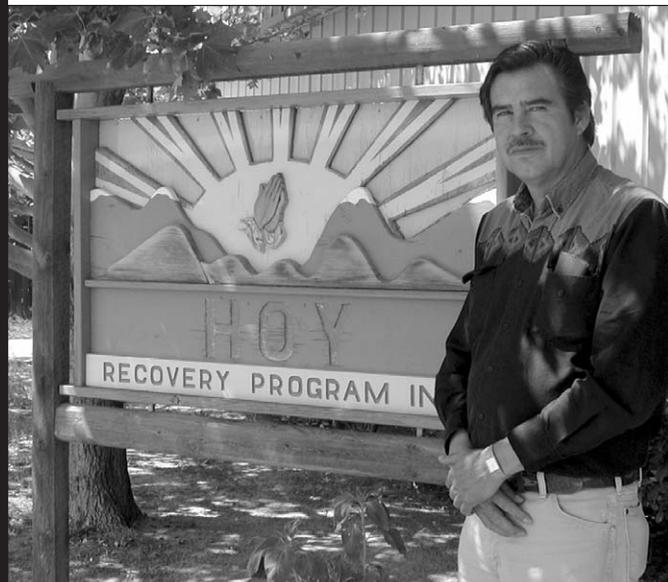
"It was a ridiculous contract. The Health Department set it up that way and then kept berating local providers for not cooperating with Amistad," she said. "When you think up a strategy, it has to be one that doesn't just cover a lot of people. It has to be one that is going to work."

To help quell the outcry from local providers, Amistad used some of its state funding to send addicts for weeklong detoxification at Taos Colfax Community Services in Taos. Amistad signed a contract to pay \$200 a day per addict, not realizing Taos Colfax was billing Amistad almost double its \$105 daily rate provided to Region 2.

According to Moffat, Amistad sent two to three addicts a month to detox at Taos Colfax but could have sent twice as many if Taos Colfax hadn't charged its highest possible rate.

"I look at that as price gouging. We were seen as the deep pockets," Moffat said. "They were going to get us for every

NATALIE ROUSE



Ben Tafoya has directed the 15-bed Hoy Recovery Program in Española for the past seven years.

In November 1998, a teacher's assistant at Española Middle School was found passed out at a coin-operated laundry next to the school with three caps of heroin hidden inside a lip-gloss container. She later admitted at her trial she had shot up heroin while on breaks at the school.

community members.

"The board has some inherent conflicts that unless the board delegates some of those [funding] decisions to staff, it will continue to have inherent conflicts," said Ben Tafoya, director of the 15-bed Hoy Recovery Program in Española.

Although Tafoya is a Region 2 board member and Hoy is a recipient of funding, he recognizes it is not a good setup.

"A few programs are rewarded for their incompetence," Tafoya admitted. "It doesn't bother me because of jealousy. It bothers me because people are dying."

The problems with Region 2 were exposed to the limelight by the birth—and hastened death—of Amistad's drug-treatment efforts in the Española Valley.

In 1999, Amity Foundation was hired for a pilot treatment project because Health Department officials felt local treatment providers were geared toward alcoholism and not intravenous drug addiction.

At the time, the heroin and cocaine epidemic already was firmly rooted in the Española Valley. While thousands of pilgrims trek to the Santuario de Chimayó each Good Friday to scoop dirt renowned for its healing properties from a wooden trough near the altar, signs in the parking lot warn visitors to lock their cars. Junkies have burglarized homes, broken into tourists' cars and left used syringes littering roadsides and arroyos.

In 1999, a bloody turf war was in full swing in Chimayó. The beaten body of a 20-year-old Mexican national was found stuffed in the trunk of one drug dealer's car. Another heroin ringleader hired two

penny they could.”

Taos Colfax Executive Director Danny Roper, also a board member of Region 2, said the detox contract with Amistad was approved by a former director, but Roper still does not consider it price gouging.

“That’s something Amistad chose to do and agreed to do,” he said. “The detox program was taking additional clients, and sometimes staffing levels had to be adjusted because of that.”

Amistad also had ongoing conflicts with Hoy Recovery Program. According to Moffat, Hoy initially refused to take Amistad’s referrals of addicts needing residential treatment. Hoy’s director, Ben Tafoya, was Amistad’s “most vocal and vehement critic,” who, Moffat said, “conducted a campaign to discredit us.”

Tafoya denies any animosity toward Amistad. He says Amistad had its clients refer themselves to Hoy so Amistad wouldn’t have to pay for their residential treatment.

“Funding needs to be performance-based. If you perform, you get paid,” Tafoya said. “We primarily at Hoy have set the quality care standards in this valley.”

Finally, Amistad was overwhelmed by the demand for treatment services and what it characterizes as a lack of help from local groups that wanted Amistad’s roughly \$1 million a year in state funding for themselves.

“It just wore us down,” Moffat said. “That’s what it appears the intention was all along, to undermine our effectiveness until they could effectively argue the money should be given to them.”

Which is ultimately what has happened.

With Amistad’s departure, the Region 2 board had almost \$700,000 in state dollars to distribute to other groups to replace the lost services. It did so, last month, and every group that applied got a piece of the funding.

With one exception, every group that applied also has a member of its organization on the Region 2 board.

In fact, when independent evaluators found that Region 2 member Ayudantes shouldn’t receive any funding, the board disregarded that

recommendation, hired new evaluators and redistributed the funds so Ayudantes got \$87,500 for its methadone clinic and outpatient drug counseling in Española, Tafoya said.

Hoy received \$401,000 and plans to begin next month providing at least 10 detox beds at a County-purchased facility in Velarde. Hoy needs more funding to expand the facility to include residential treatment for women with their children. Hoy and Rio Arriba County also plan to provide counseling services in Española’s aging, escape-prone jail, where Amistad had conducted much of its outreach.

Española’s for-profit Una Ala methadone clinic—the only group without a member on

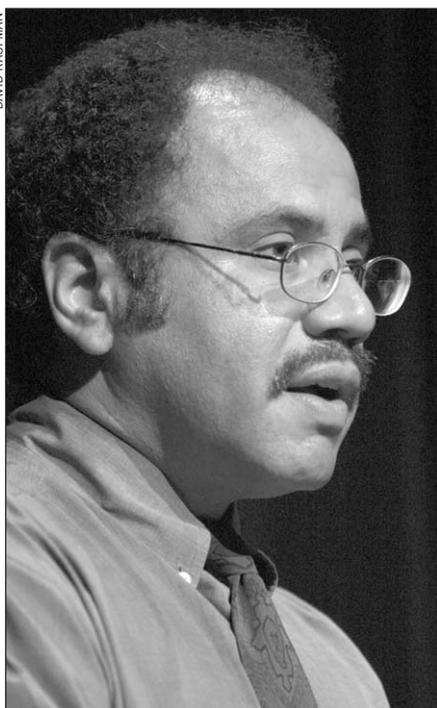
Having left Española, Amity Foundation now provides drug-treatment services in Albuquerque for homeless women.

The Rio Grande Treatment Center shut down its main treatment building in Embudo in June because of extensive mold contamination, which was not reported to the Health Department.



“What is going on up here is a black mark. It’s a smear on New Mexico’s reputation,” said Amistad spokesman Moffat, above. “It’s something we as a state should not have to tolerate. No one should have to live and die this way.”

DAVID KAUFMAN



Region 2 Executive Director Guillermo Brito announces treatment funding at the Governor's Drug Summit.

The Health Department is about 30 days into its 90-day planning effort to create a unified approach to drug treatment in Rio Arriba County. Suggestions are welcome at govdrugsummit@doh.state.nm.us.

the Region 2 board—and the nonprofit Recovery of Alcoholics Program in Santa Fe also received funding. (Ironically the awards were announced at Richardson's drug summit—mere minutes after the governor said he wanted to end the piecemeal approach to funding drug treatment.)

Region 2 Executive Director Guillermo Brito said there probably are conflicts of interest on the board “in certain situations” but feels the contracted services had not been watered down by the board's funding changes last month.

“I can make my recommendations and suggestions,” he said. “Ultimately they are the folks who have the final say.”

The board is revising its code of ethics, Brito said, and some members have abstained from votes affecting their organizations.

Even though Region 2 holds a four-year, \$37 million state contract, the organization is not used to public scrutiny. Since it is a nonprofit rather than a state agency, Region 2 is not subject to state public-records requirements, its board meetings are by invite only and even the minutes of those meetings are not public.

“For the most part, it's relatively closed and opaque to journalistic access,” Region 2 administrative assistant Jonathan Rome said.

A copy of the minutes from Region 2's July 16 board meeting obtained by SFR don't reveal much either—a six-hour meeting is summed up in barely two pages.

After meeting in private for about 90 minutes, the Region 2 board allowed an SFR staff writer to attend its latest monthly meeting last week.

At that meeting, board member Arturo Rangel said the board repeatedly has departed from its own policies regarding conflicts of interest.

He objected to Tafoya making a successful motion to add Rio Arriba

County as a board member, because Hoy has partnered with Rio Arriba on some projects.

“It's a conflict of interest, period,” said Rangel, executive director of the Rio Grande Treatment Center.

State oversight of the Region 2 board is minimal at best.

Even though Tavares, from the Health Department, oversees Region 2's work, he said he isn't invited to Region 2 board meetings and doesn't know if conflicts of interest on the board affect funding decisions.

“I'm curious, but I have no information about that,” Tavares said. “It's not our business to be involved in the day-to-day operations. Our concern is that the services they provide are quality services.”

The Health Department conducts an annual review of Region 2 to see if its contracts meet standards of care. While Region 2 complied with most standards in its annual report last year, it received only partial compliance in at least 25 areas, including gaps in continuity of care and a spotty record at assessing the performance of treatment providers and identifying areas for improvement. The report says Region 2 did not address systemwide issues, and any efforts “to improve practitioner and system performance were not documented.”

Reichelt said Region 2 has suffered from “a certain amount of board dysfunction.”

“Past funding has not always been tied to outcomes, and that has been the failure of our system,” she said.

That there's been a failure is indisputable. New Mexico ranks first in the nation for per capita overdose deaths. At least 65 percent of deaths from illicit drugs in New Mexico involve heroin. Per capita, Rio Arriba County leads the state's 33 counties for overdose deaths. Española Hospital treated 192 drug overdoses last year, including three fatalities, up from 140 nonfatal overdoses in 2001.

The Española Valley was the first site of Hispanic settlement in New Mexico, in the late 16th century, and the area remains insulated from the outside world, a place where children often don't leave home despite a lack of jobs, because family ties, for good or bad, define lives.

“My generation had kids, and their kids became junkies, and now their kids are having kids, and they're into drugs too,” Valerio said. “I've seen three generations of it.”

After going in and out of treatment

centers and hospitals for more than a decade, Valerio said she has been clean of hard drugs since Amistad sent her to its Circle Tree Ranch for five months in 2000. She said she finally spoke about her childhood abuse there and learned to trust others.

Valerio says her son is “the reason why I'm still alive, period,” and she never tried to hide her drug abuse from him.

“He's still drug-free, and I thank God for that,” she said.

Because of the constant danger of relapse, Valerio said she cannot hang out with her old addict friends or even with a

sister who still abuses cocaine and alcohol. Valerio, who lives on a dead-end street of low-income housing in Española, supports herself and her son with Social Security disability payments.

“I feel like I live in a box, but I think for my own safety I have to,” she said. “It’s difficult even now to stay clean here—just the numbers of people that stay clean are not that high.”

The intergenerational nature of drug abuse makes it extremely difficult to treat addicts, who may leave home for 30 to 90 days of treatment but then return to find family members and friends still shooting up.

“You’ve got whole families that use together,” said Amistad counselor Valorie Phillips, a former heroin and methamphetamine addict for 25 years. “It’s in their face, and it’s really hard to treat people like that.”

Phillips worked with one young heroin addict whose grandfather would give him money, and even drive him to score drugs, because the grandfather didn’t want his grandson to be arrested for shoplifting or robbery to fuel a habit.

“The kid knew, ‘I can just go to my grandpa. He doesn’t want me to embarrass him,’” Phillips said. “It goes on crazy like that all the time.”

Both Phillips and Valerio have ideas about how the new state plan and funding for drug addiction should be used.

Valerio believes the rampant drug abuse in the Española Valley is tied to poverty and a sense of alienation caused by locals’ loss of ties to the land. A comprehensive plan would have to focus on providing jobs as well as long-term treatment of one to two years for addicts, with halfway houses and possibly some sober-living communities.

Phillips said most local addicts “have been doping for years and years and years, and they don’t have any work skills. They don’t have any training, except being a good dope fiend,” she said. “That’s all they know.”

Valerio says the plan must expand the number of inpatient treatment beds so addicts don’t have to wait months for treatment.



Future drug-treatment contracts, says Gov. Richardson, shown here speaking at his Governor’s Drug Summit, will require collaboration and be tied to performance-based outcomes. Of the \$1.5 million in new funding, \$500,000 will be used to expand residential treatment.

“The treatment options that we have in New Mexico are very bleak. We have such an enormous problem,” Valerio said. “The way it works is one addict helping another.”

And treatment groups helping addicts instead of helping themselves.