

## Colorado Consortium for Prescription Drug Abuse Prevention

### Treatment Work Group Meeting Minutes

January 27, 2022 via Zoom

#### **PRESENT:**

Steve Young, MD, Co-Chair  
Angela Bonaguidi, Co-chair  
Ernest Bilinski, CDPHE  
Rebecca Berg, Springs Recovery Connection  
Stephanie Salkin, OBH  
Miranda Thompson, Jefferson County Public Health  
Rich Bottner, Colorado Hospital Association  
Nichole Wagner, CU Anschutz  
Rennae Anderson, Lakewood LEAD/JCPH  
Carl Anderson, Arapahoe County Sheriff's Office  
Jane McCulloch, Colorado Health Network  
Terri Hurst, CO Criminal Justice Reform Coalition  
Mary Weber, CU College of Nursing  
Heather Ihrig, North Colorado Health Alliance  
Sara Gallo, Care on Location Telemedicine Services  
Carrie Hankins, Points West SSP at Jeffco Public Health  
Shaun Gogarty, Front Range Clinic  
Jude Solano, Southern Colorado Harm Reduction, Pueblo  
Samantha Chavis, ARTS  
Consortium: Gina Olberding, Jen Place, Jessica Eaddy, Susanna Cooper, Rosemarie MacDowell

**ABSENT:** See attached roster.

Co-chair Steve Young called the meeting to order at 12:08 p.m.

#### **Approval of Minutes:**

A motion was made to approve the December 2021 meeting minutes. Motion approved.

#### **Presentation – Jude Solano, Southern Colorado Harm Reduction Association:**

The Southern Colorado Harm Reduction Association is a non-profit organization located in Pueblo. SCHRA provides services, support, and advocacy for people experiencing life disruptions due to substance use and mental health disorders. SCHRA was formed in 2017 in collaboration with Dr. Mike Nerenberg. The organization provides free public health services, including overdose prevention, naloxone, fentanyl testing strips, syringe service programs, HIV/Hep C testing, and peer support services. Link: <https://www.socoharmreduction.org/>

Jude provided a brief history of her background as an RN working in ERs and the treatment field. In her experience, she said that treatment and harm reduction were often at odds with each other when they should have been combined. She saw many gaps in addiction services and began researching effective harm reduction programs available in Portugal, The Netherlands, and Canada. Dr. Shaun Gogarty became involved with the program three years

ago. The program also provides peer support for individuals upon release from incarceration, job assistance, a pop-up health clinic staffed by Dr. Jonathan Savage, and programs for underserved youth. SCHRA recently purchased a 14,754 s.f. building in Pueblo, which will feature a healthcare wing, meal access, adult education and training, and wellness programs. Space will be available for other community organizations.

For more information: [Judy.Solano@socoharmreduction.org](mailto:Judy.Solano@socoharmreduction.org) or (719) 289- 7149.

#### Questions/comments:

Jen asked about harm reduction providers' reluctance to work with treatment providers. Jude said it was very important for both harm reduction and treatment providers to have a mutual understanding of the harm reduction model. For example, a treatment provider may discharge individuals for missing appointments, which in harm reduction is considered counterproductive because it does not take into consideration that patients may have difficulty with transportation because of poverty or poor living conditions.

#### **Presentation - Dr. Shaun Gogarty, Front Range Clinic:**

Dr. Gogarty's background includes 25 years as an ER physician and, recently, work related to medication assisted treatment. A copy of his presentation is attached to the minutes.

Presentation highlights:

- The definition of harm reduction in the context of healthcare: any type of care that reduces damage to the body and mind.
- Patients are referred to as "harm reduction patients". The clinical objective is to minimize the damage caused by substance use.
- Harm reduction should be the default position for all patient care, including SUD.
- Like COPD and heart disease, substance use disorder includes a combination of behavior issues and factors outside the patient's control.
- Smoking-related health issues and Type II Diabetes could be considered partially self-inflicted conditions, yet the medical community offers treatment. The patients' habits never limit medical care, which can happen with substance use disorder patients. For example, a smoker is never subjected to a nicotine test for shortness of breath before being provided medication.
- Patients with SUD should be treated like patients with any other disease, regardless of how well the patient handles behavior modification.
- Treatment is viewed as a continuum, i.e., a patient using heroin and being treated with buprenorphine might still be using methamphetamines. This is not considered a treatment failure. Treatment is not withheld.

Following the presentation, work group members discussed ways in which treatment and harm reduction providers could successfully collaborate. For example, collaboration can be facilitated by physically sharing facility space.

SCHRA offers Hepatitis C testing. They have an arrangement with a hepatologist for follow up treatment. Since Hepatitis C is very prevalent in the substance use population, Dr. Gogarty strongly recommends testing.

## **Harm Reduction Vending Machine Project Presentation – Samantha Chavis, ARTS:**

Samantha Chavis spoke to the work group about a new and innovative project developed by the CU Anschutz Department of Psychiatry Department (ARTS) and the Jefferson County Department of Public Health. A copy of the presentation is attached to the minutes.

A formal evaluation of the vending machine project will be conducted with CDPHE after the first year of operation to determine if expansion to other sites is feasible.

### **Discussion:**

- A question was raised regarding whether or not identification cards will be required.
- Nicole Wagner: Most organizations have a limited intake process that is kept confidential. Protocol varies by site and requirements. Many use multiple strategies to increase access, including online, phone, and in-person.
- Stephanie Salkin: Unhoused populations might not have IDs.
- Jane McCulloch: Most SAPs in Colorado do not require IDs.
- Nicole Wagner: Organizations are often required to track and report data; therefore, there is often a need for some type of intake.
- Another question was asked about sites that might be located on or near a college campus.
- CU-ARTS is pursuing funding for a vending machine to be located at the Aurora Clinic, 750 N. Potomac Street, near the AMC Campus.
- Heather Ihrig: Illinois is rolling out 11 vending machines and will include the jails. NOCO will be rolling out three machines in the upcoming months (IDS vendor as well) in partnership with NCHA, SSHP, NCHN and the Health District of North Larimer County. The first machine will be at the Murphy Center in Ft. Collins.

### **Consortium Announcements:**

Jen Place: The legislature is in session. Consortium staff is monitoring bills related to funding. She reminded participants to add their contact information to the Consortium roster in order to receive updates.

Information about the Consortium grant-writing assistance program for non-profits is available on the Consortium website: <https://corxconsortium.org/grant-assistance/>

### **Adjournment and Next Meeting:**

The meeting adjourned at 1:00 p.m. The next work group meeting will be held on Thursday, March 24, 2022 from 12–1:00 p.m.

Attachments: Work group roster, Harm Reduction Vending Machines Presentation