

## **Colorado Consortium for Prescription Drug Abuse Prevention**

### **Harm Reduction Work Group Meeting Minutes**

October 14, 2025 via Zoom

#### **Present:**

Zack Jenio, Co-chair  
Becky Milanski, Boulder County Public Health  
Rica Rodriguez, Promotores de Esperanza  
Sophia Masinelli, Community Medical Services  
Georgia Babatsikos, Boulder County  
Shelley Marie, Health District of Northern Larimer County  
Samantha Hawkins, Adams County Health Department  
Terri Schreiber, The Schreiber Group  
Trish Lujan, Denver Recovery Group  
Lauren Kerr, CU Anschutz  
Jessica Wilson, Jackson County Sheriff's Office  
Lindsey Simbeye, Simbeye Consulting  
Amy Walker, Peer Specialist  
Sierra Andrews, Michael Davidson, Julia (no last name provided)  
CDPHE: Sam Bourdon, Haley Klein, Jericho Dorsey, Teresa Will, Sophie Feffer, Haley Klein  
Consortium: Jessica Eaddy, Jen Place, Hilary Bryant, Shayna Micucci, Eric Barker, Rosemarie MacDowell

**Absent:** See attached work group roster.

Jessica Eaddy, Program Manager, called the meeting to order at 1:05 p.m. She asked all meeting members to note their name and affiliation/organization in the meeting chat.

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

A motion was made to approve the July 2025 work group meeting minutes. Motion approved.

#### **Legislative Updates (Jen Place):**

Jen reviewed the legislative summit held recently with legislators. Harm reduction related policy ideas were discussed during the summit; however, they did not generate strong support among the legislators present (nor does harm reduction legislation have the governor's support.) Other ideas for the upcoming legislative session include strengthening of Good Samaritan laws so that individuals in possession of harm reduction supplies are not penalized. Jen encouraged work group members to contact her if they have questions or other suggestions.

[jennifer.place@cuanschutz.edu](mailto:jennifer.place@cuanschutz.edu)

#### **Work Group Name Change:**

A change in name is under consideration due to federal funding restrictions related to harm reduction. BHA has already modified the language they use. Initially, the Harm Reduction Work Group was named the Naloxone Work Group. The name was changed to Harm Reduction Work Group in 2018.

### Comments:

Zack Jenio mentioned it would be important to understand and utilize terminology that continues to support the work being done. He suggested the term “prevention” encompasses harm reduction and could be considered a possibility. The term “risk reduction” was also suggested.

Jen Place spoke about the University School and Medicine, College of Nursing, and School of Public Health efforts to eliminate health disparities and the need to continue to provide harm reduction services and coordination throughout the state and across agencies. The university has had to modify terminology used within these services in order to avoid disruptions in funding.

Other names suggested: Community Resource Work Group, Healthy Futures Work Group, Overdose Prevention & Harm Mitigation Work Group, Drug User Health Work Group, Disease Mitigation & Overdose Prevention (BHA is using).

Sam Bourdon suggested the name reflect the work group’s purpose, i.e., What do we do? What are the actions that we take? Who are we inviting to meetings? Who attends meetings and which organizations do they represent (syringe access providers, bureaucrats, pharmaceutical companies, DEA, consultants, nonprofits)?

Jen mentioned past work group efforts, including legislation related to harm reduction, and that the Consortium’s work via the university requires open meetings the public can attend at any time. She suggested meeting participants consider future efforts and meeting structure (lunch & learn sessions, speaker invitations, etc.).

Amy Walker agreed it would be beneficial to invite different speakers to provide access to community resources related to harm reduction.

Zack added a Google form work group members can access to provide other suggestions for topics, presentations, or speakers: Harm Reduction Work Group Topic Interest:  
<https://forms.gle/ddPgozfaqYSJr3w9A>

Terri Schreiber spoke about her organization’s efforts in southeast Colorado and the resistance to harm reduction work. She asked about the practical steps that could be taken to overcome this type of resistance.

Amy Walker said she felt the current greatest need is the distribution of harm reduction supplies to drug users who really need them. MAT clinics could provide this service, for example.

### Suggestions for meetings (Chat comments):

Becky Milanski: Collaboration, sharing information and ideas; information on how changes are affecting people.

Julia: Information sharing and substance use trends and updates in the state.

Jessica Eaddy: Sounds like we need information sharing at every meeting and a speaker topic.

Lindsey Simbeye: Best practices in HR, how things are evolving around the state, and what’s happening from an HR perspective at the state level.

Amy Walker: Information about drug trends and changes to legislature that affects harm reduction.

Rica Rodriguez: New resources, find out about local trends and recovery-focused updates/funding and events.

Georgia Babatsikos: We have developed a one-hour training that we have provided for professionals that has really helped decrease stigma and increase understanding of harm reduction. Happy to share. Contact: [gbabatsikos@bouldercounty.gov](mailto:gbabatsikos@bouldercounty.gov)

Sam Bourdon: I would emphasize that if people are sharing participant information, this group should be very intentional about who is present and create informed consent for those who are sharing.

Jessica summarized the above comments as follows: focus on drug trends and needs across the state, educational forums on harm reduction and drug user health that is geographic specific to Colorado.

Zack agreed the emphasis should be on what's going on in Colorado that is affecting people the most.

Lindsey Simbeye said for those not working directly in harm reduction, it is important to understand both the national and local perspective, particularly what is affecting people locally and how they are adapting.

Informed consent related to participants and information sharing during meetings was discussed further, including the recording of meetings, the level of detail in minutes, misinformation, and any inherent risks related thereto.

Jessica suggested that, given possible constraints, the work group might consider a hybrid type of work group. The focus of the primary work group could be on policy discussions.

Zack suggested possibly creating separate meeting spaces for different goals within the work group where some informal conversational meetings could be held by invitation.

Jen said the Consortium was founded on the collective impact model, which brings different people together with the shared goal to reduce the misuse of prescription drugs and resulting harms. She will look into the university requirements related to meetings and mentioned that other work group co-chairs have formed subcommittees to meet separately from the primary work group meeting. The subcommittees have been more task oriented. An example of this is a group of individuals who get together to discuss specific recovery-related efforts. Representatives from this group attend Recovery Work Group meetings to provide a report on their discussions.

### **Review of Good Samaritan Law Survey Responses:**

Jessica gave a background summary of the Good Samaritan Law and current gaps that exist within the law. A subcommittee of the work group created a survey for work group members regarding the existing law. The survey was used to prepare a suggested policy presented to the Attorney General. The policy included a suggestion for law enforcement training to reduce the

number of individuals wrongly arrested. There has not been a response to the proposal, and it appears no action or legislation will take place this year. Jessica suggested the survey results could be used to provide a guide for work group efforts in the coming year. A copy of the survey is attached to the minutes. Brief summary of survey comments:

- The majority of people taking the survey had not heard of the Good Samaritan Law.
- The majority of survey respondents said they had been in a situation where they or someone else experienced an overdose and responded yes to the question about calling 911.
- Responses to being concerned about getting into legal trouble in Colorado by calling 911 were mixed.
- There were more responses to the longer survey (14 more people responded).
- In response to the question “do you believe that the Good Samaritan Law effectively encourages people to call for help in emergencies,” most people said yes.
- Various responses were given to the question “How has the Good Samaritan Law influenced the behavior of those around you during emergencies,” i.e., it worked the way it was supposed to or I was arrested, or my friend was arrested (even though the law should have protected them from the arrest).
- A majority of respondents appeared to agree that the law does not provide full protection.

Jessica said it appears that local law enforcement officers on the “street level” are less familiar with the law than the judicial system. She asked meeting participants for comments.

Becky Milanski: When asked verbally to respond to survey questions, many people said they would call 911; however, that is not reflected in overdose reports and when Narcan is employed, almost no one said they called 911.

Sophia Masinelli: In my experience, the people queried were peer support professionals and not a reflection of the general community.

Work group members discussed the issue of bias and whether or not a survey would influence legislators.

### **Adjournment/Next Meeting:**

The work group meeting was adjourned at 2:25 p.m. The next work group meeting will be held on Tuesday, November 11, 2025 from 1 to 2:30 p.m. via Zoom.

Attachments: Work group roster, Survey