

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

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

September 12, 2023 via Zoom

#### **Participants:**

Sam Bourdon and Maggie Seldeen, Co-chairs  
Laura Goldberg, Emergent BioSolutions  
Christine Zietvogel, Pueblo County  
Prescillia Wells, Hard Beauty Foundation  
Sydney Hanks, Vivent Health  
Ellen Velez, Adams County Health Department  
Kindra Faulkner, Oxford House  
Nikki Wagner, University of Colorado School of Medicine  
Mila Long, Denver Recovery Group  
Zack Jenio, Mile High Behavioral Healthcare  
Sierra Roe, San Juan Basin Public Health  
Lucrecia Medrano, Yarrow Collective  
Dan Schellenger, Milestone Community Wellness  
Abbie Baker, Grand County Public Health  
Elicia Chacon Arapahoe County Public Health  
Kiry Lake, Serenity Recovery Connection  
Laurie Konsella, OASH Region  
Ciara Gregovich, DEA  
Izzy Pike, Colorado Health Network  
Bob Schulz, Denver Health  
Georgia Babatsikos, Boulder County Health Department  
CDPHE: Sophie Feffer, Teresa Will, Jericho Dorsey, Cody Brown  
Consortium Staff: Jose Esquibel, Gina Olberding, Jessica Eaddy, Jen Place, Jennifer Mackender, Hilary Bryant, Lindsey Simbeye, Michael Davidson  
**Absent:** See attached work group roster.

Co-chair Sam Bourdon called the meeting to order at 1:05 p.m.

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

A motion was made to approve the July 2023 work group meeting minutes. Motion approved.

#### **Legislative/Interim Study Committee Update (Jose Esquibel):**

Five bills are in the process of being drafted: prevention, harm reduction, treatment, recovery, and overdose prevention centers. Strong testimony was presented by a representative from the American Medical Association. Rep. Kennedy has done a considerable amount of research pertaining to overdose prevention centers. Recent research reports supporting the centers include a NIH Meta Analysis and a study from the Rand Corporation.\* The AMA provided a supportive handout. Other topics discussed during sessions pertained to the approval of using naloxone beyond expiration dates noted on packages. Use of expired supplies will be particularly important as there will likely be a decrease in the amount of funding for the naloxone bulk fund. A separate bill relates to students carrying naloxone. Bills will be voted on the end of

October. There will be another opportunity for stakeholder commentary on the harm reduction bills before the vote occurs.

Opioid and Other Substance Use Disorders Study Committee:

<https://leg.colorado.gov/committees/opioid-and-other-substance-use-disorders-study-committee/2023-regular-session>

### **OTC Narcan Update:**

Sam Bourdon reported that several drugstores have announced they are (or will be) stocking over-the-counter Narcan. This information is available on the CVS and Kroger websites. Since Narcan will now be available over the counter, insurance might not cover the cost. Narcan may eventually be available in convenience stores and gas stations, among other locations. Jose mentioned the importance of messaging related to the naloxone roll out, including networking with the Colorado Pharmacists Society and the large chain regional pharmacy managers.

Bob Schulz said Denver Health has ordered a naloxone vending machine that will dispense naloxone at no charge. The location has yet to be determined.

### **Naloxone Saturation Plan Overview & Discussion (Jessica Eaddy):**

The federal government has asked states to formulate a naloxone saturation plan. The saturation plan is a requirement related to a BHA state opioid response grant. To assist with developing a plan for Colorado, Jessica asked meeting participants for their perspectives and responses to the following questions:

- How would you define naloxone saturation?
- What is the primary method you see for people to get naloxone into your community?
- What population do you think struggles most with accessing naloxone?
- What are the current barriers that you see for getting enough naloxone out to your community members?
- What is the most successful naloxone distribution strategy in your community?
- What is the one thing you would change about naloxone distribution in Colorado if you could write a plan for the state?

### **Comments/questions:**

- Prescillia Wells: My mission is to try to get naloxone in every hand that'll take it, but I find myself focusing on parents, families, and anybody who works with parents and families as well educating all other professionals on how to get naloxone, how to train people, how to use it, and signs of overdose. I am gathering data on naloxone distributed by Hard Beauty. We currently use a QR code provided by Opi Rescue.
- Georgia Babatsikos: How is this going to be measured in terms of the numbers of at-risk populations? How will we know we're being effective? We have a lot of participants that never report. We could look at an overdose map to see if a dose of Narcan was given and then review the outcome. We collect information on overdose reversals, but it's not time sensitive. There would have to be consistent reporting.
- Nikki Wagner: I agree with Georgia on the challenges with measurement. I helped build a predictive model in young adults at risk of overdose and, so far, I haven't found a prediction model that is any good (including mine). You can't use data we have

available to identify "at risk," which is why "general population" is so ideal. It would be difficult to say who should be targeted to actually capture "at risk." If we can get the rate of naloxone distribution in the population, that would be ideal, but cost would be a challenge.

- Sierra Roe: I work in a rural area and my focus right now with Naloxone has been trying to get the jail to give it to everyone being released, not just the people on medication for opioid use disorders services. For a long time, they were the only group of people leaving jail with naloxone. SJBPH's ORR Program is about to pilot our "leave behind" kits with Pine River Fire in Bayfield.
- Sydney Hanks: I would like to see parents and sex workers provided with naloxone. Many street-based sex workers use drugs. Dancers in clubs are also another underserved population. Drugs use has been normalized in their culture.
- Jessica Eaddy: I think that the Opi Rescue QR codes would allow tracking. More people in Colorado are using this app compared to the overdose map.
- Maggie Seldeen: Education is a big part of saturation.
- Gina Olberding: With reference to barriers, Bob from Denver Health has noted that the targeted population feels stigmatized. They almost don't want to admit they need it.
- Lucrecia Medrano: We do mobile harm reduction. We go to the Murphy Center for Hope, which is connected to Homeward Alliance, a hub of services for people who face homelessness in Larimer County. We often have people decline Narcan or testing strips because they claim they do not use certain types of drugs. We suggest it might be useful if they encounter anyone else who needs help.
- Nikki Wagner: I had a really good conversation with an interview participant and asked how he would distribute naloxone. He said he would never have told his doctor he was using drugs, but would have accepted naloxone if the doctor had just provided it to him. Convenience and avoiding stigma are key.
- Abby Baker: We make naloxone and fentanyl test strips available through the Public Health Department since we are in a very rural county (Grand). We've created tabletop harm reduction stations with a lot of information about recovery and use of naloxone. Larger fire stations also have information available. Stations are video-monitored. Since the stations are not staffed, there's less of a concern about stigma.
- Hilary Bryant: I think for the metro areas we'll need to approach fire stations carefully, as there might be potential burnout from having to reverse so many people.
- Jessica Eaddy: I get emails from peer recovery coaches who work in substance use treatment centers or hospitals that can't access the bulk fund because they can't bill for it and they then have issues with giving it out for free. A gym in a rural mountain town recently asked about giving out naloxone as part of their gym membership.
- Eric Barker: Bartenders and beauticians might also be a potential sources since people who frequent them tend to be more open and vulnerable.
- Sydney Hanks: Distribution at concert venues and public stadiums. One of my friends who works at Access Point recently attended a festival where naloxone was being distributed.
- Shayna Micucci: People also go to the post office, especially in rural and frontier communities where people do not have home mail delivery. Libraries are another possibility.
- Gina Olberding: Churches or places of worship found in most towns and cities are places where people go to seek help and grieve. They might be more willing to stock naloxone.

- Jessica Eaddy: There may be restrictions related to post offices since they are federal facilities.
- Eric Barker: Hinsdale County has a library; however, it is part of the school.
- Georgia Babatsikos: The acting fire chief in Nederland, Colorado (who is also the head of the paramedics) is distributing naloxone in Boulder County. He also hands it out to family members when an ambulance is called for various non-emergencies in the community.
- Sophie Feffer: Is the intent of the saturation plan to focus on individuals at highest risk or will naloxone also continue to be distributed to those entities using it internally in order to respond to overdoses?
- Jose Esquibel also asked for clarification of the above. Jessica said it was her understanding the plan would be defined by the states.
- Jericho Dorsey: Sophie raised a good point. A lot of these groups are eligible for the bulk fund, such as libraries. Word of mouth is the best form of advertisement. It's good to hear there are some first responder groups leaving supplies. We've been trying to do that in our outreach to all interested first responder organizations that want to participate and leave supplies. Perhaps post offices could be available through an organization like SAMHSA. I think we have to continue to contact our local public health agencies, as they can access the bulk fund.
- Jose Esquibel: Data from the bulk fund distribution could inform the saturation plan, which Jericho said would be available in the legislative report submitted annually.
- Jen Place: I understand that anyone living in Denver County can contact the Denver Department of Public Health to request naloxone, but I'm not sure if there are any data regarding the number of individuals or households making such requests.
- Shayna asked if search and rescue groups are part of first responder groups that are getting naloxone and Jericho confirmed that they are.
- Sophie Feffer: I know some search and rescue organizations are volunteer based and lack an organizational umbrella depending on the region; others are more structured. If there's a gap, CDPHE is willing to connect those organizations with other eligible entities.

Jessica said next steps include meeting with stakeholders from other community sectors, including local public health officials and law enforcement. County commissioners may also be contacted as well as hospitals and the Colorado Naloxone Project. The OMNI organization will then do a landscape analysis. This year's Consortium annual meeting will also include a breakout session that will address the plan.

### **Member Updates:**

Sydney Hanks: Vivent Health will be partnering with a community organization that provides harm reduction outreach.

Sierra Roe: The San Juan Basin Public Health Department started a syringe access program. Meetings to discuss the program have been held with law enforcement.

Michael Davidson: The Consortium continued public awareness efforts and distributed naloxone and fentanyl test strips at music festivals during July and August. A number of overdose reversals were confirmed to have taken place at the festivals or immediately afterward.

Prescillia Wells: She and another peer coach are educating Hard Beauty colleagues about fentanyl.

Sophie Feffer: Some SOR funds have been allocated to HIV and hepatitis programs. Those involved in legal syringe exchange programs can now order xylazine test strips at no cost to distribute them to participants and partners across the state. The opportunity is limited to syringe access programs; however, they hope to expand access.

The 11<sup>th</sup> Consortium Annual Meeting will be held on Thursday, October 26<sup>th</sup> in person on the Anschutz campus. There will also be a virtual attendance option.

**Adjournment/Next Meeting:**

The meeting was adjourned at 2:30 p.m. The next meeting will be held on Tuesday, November 14, 2023.

Attachment: Work group roster

\*Studies - Overdose Prevention Centers:

<https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>

RAND report:

[https://www.rand.org/content/dam/rand/pubs/working\\_papers/WR1000/WR1096/RAND\\_WR1096.pdf](https://www.rand.org/content/dam/rand/pubs/working_papers/WR1000/WR1096/RAND_WR1096.pdf)