



INDEPENDENT EVALUATION OF HB22-1326, COLORADO'S FENTANYL ACCOUNTABILITY AND PREVENTION ACT



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INTRODUCTION

SUMMARY OF LEGISLATION

Colorado House Bill (HB) 22-1326 became law in May 2022 and contained a comprehensive response to the fentanyl epidemic and allocated substantial funding for response efforts including prevention, education, treatment, supportive services, and increased criminal penalties for fentanyl possession. The act aimed to address the distribution of synthetic opioids such as fentanyl and reduce the number of deaths from fentanyl.

HB22-1326 included a requirement that a comprehensive evaluation of the implementation and impact of the bill be conducted by an independent entity with expertise in data collection, program analysis, and relevant criminal law and harm reduction issues. The bill directed the Colorado Department of Public Health and Environment (CDPHE) to contract with and oversee the independent entity.

BACKGROUND AND CONTEXT: INDEPENDENT EVALUATION

NPC Research (NPC) submitted a proposal to conduct an independent evaluation of the implementation and short-term outcomes of key provisions in HB22-1326 in response to a competitive request for proposals (RFP). NPC was chosen as the entity/contractor to conduct the evaluation. The scope of work for the evaluation as previewed in the RFP required that the entity conducting the evaluation follow the *HB22-1326 Independent Study Fentanyl Accountability and Prevention Act: Analysis Plan* drafted by the Colorado Evaluation & Action Lab, University of Denver (Gase & Beletic, 2022). Adjustments were made to the analysis plan, approved by CDPHE, and appeared in the scope of work that guided/authorized the study.

The services in the scope of work for the study required the evaluation entity to provide engagement opportunities for a variety of interested stakeholders. With help from CDPHE, NPC invited individuals and representatives to serve on the advisory committee and outlined the study's goals and purpose. Individuals who participated on the advisory committee came from CDPHE, Colorado's Behavioral Health Administration (BHA), Colorado Consortium on Prescription Drug Abuse Prevention, the Colorado Attorney General's Office, an elected District Attorney (DA), a Medications for Opioid Use Disorder treatment provider, a criminal justice reform organization, and a harm reduction organization. NPC convened the advisory committee on multiple occasions and shared study plans, progress, and preliminary results and received insights, assistance, and feedback that strengthened the study and report. NPC also met monthly with CDPHE to provide updates on the study and to ask questions and request support from CDPHE as needed.*

REPORT ORGANIZATION

The goals of the report are to present evaluation results clearly to inform policy decision-makers and policy influencers, support the development of shared language and frameworks, and identify opportunities to work cohesively to use a multi-system approach to address the fentanyl problem. Following the Colorado Evaluation & Action Lab plan, the evaluation results are organized into three

*This report is a product of NPC Research (NPC) as mandated by HB22-1326. This report and the recommendations herein do not represent the views of Colorado's Governor's Office, the Colorado Department of Public Health and Environment, or other state agencies.

Assessment Areas:

- Public health and harm reduction approaches for priority populations
- Acute response that addresses underlying needs and is part of a comprehensive system
- Increased penalties for the possession of fentanyl

Common elements structure the presentation of information and results in each section as applicable including a summary of relevant research and a description of changes made by HB22-1326. Key findings are presented as text and data visualizations. Limitations in available data or the ability to address the analysis plan or scope of work are also noted. Recommendations are made where relevant to address study gaps or follow up on what was learned in the evaluation.

The views, information, or opinions in the document do not necessarily represent those of the Colorado Department of Public Health and Environment.

APPROACH AND METHODS

The study relied on a variety of methods to evaluate the implementation and short-term outcomes of HB22-1326. The data collection process included collecting original (primary) data that did not previously exist. Data collection processes differed slightly depending on the availability and type of information needed. NPC developed instruments for collecting primary data, such as the survey and focus group questions, by drawing from the analysis plan as a foundation, reviewing literature and existing instruments, and meeting with knowledgeable individuals in Colorado. Questions and instruments that were drafted were reviewed by CDPHE, the advisory committee, and other experts (in and outside of Colorado) and were revised based on feedback from reviewers. In the respective sections in the report, instruments and study participants are described in greater detail. The types of data collected and analyzed (primary and secondary; qualitative and quantitative) for the evaluation is organized by the three Assessment Areas in the table below.

Data collected and analyzed to evaluate HB22-1326

Assessment Area:				
Public Health and Harm Reduction Approaches				
	Primary	Secondary	Quantitative	Qualitative
Medication Assisted Treatment (MAT) in jails	X		X	
Harm reduction grant program		X		X
Opioid antagonist purchase fund		X	X	
Fentanyl test strip orders		X	X	
Education campaigns		X		X
Practitioner perspectives: Public health and harm reduction	X			X
Overdose-related deaths in custody and community supervision		X	X	
Overdoses and overdose-related deaths in general public		X	x	

**Assessment Area:
Acute Responses to Address Needs**

	Primary	Secondary	Quantitative	Qualitative
Managed Service Organizations (MSO) services	X (some)	X	X	X
Practitioner perspectives: First responders and treatment providers	X			X

**Assessment Area:
Increased Penalties for Fentanyl Possession**

	Primary	Secondary	Quantitative	Qualitative
Court data evaluation		X	X	
District Attorney (DA) perspectives	X		X	
Colorado diversion programs		X	X (some)	X
Perspectives from people with lived experience	X		X	

The evaluation also included secondary analysis of existing data, records, and information. CDPHE provided data for the evaluation on relevant programs and services it oversees. Formal data request processes were followed for access to administrative data. Key individuals were informally interviewed and provided service and program descriptions, reports, data, and contacts to other resources. Secondary data collected and analyzed in the evaluation of the fentanyl accountability and prevention act and the data providers are summarized in the table below.

Providers of secondary data used to evaluate HB22-1326

**Assessment Area:
Public Health and Harm Reduction Approaches**

Data Provided	Data Provider
Harm reduction grant program	CDPHE's Overdose Prevention Unit
Opioid antagonist purchase fund	CDPHE's Overdose Prevention Unit
Fentanyl test strip orders	CDPHE's Office of STI/HIV/Viral Hepatitis
Education campaigns	<ul style="list-style-type: none"> ▶ Colorado Consortium for Prescription Drug Abuse Prevention ▶ CDPHE's Prevention Services Division
Overdose-related deaths in custody and community supervision	<ul style="list-style-type: none"> ▶ Colorado Department of Corrections, Colorado Judicial Department - Probation Services ▶ CDPHE's Vital Statistics Office: Overdose-Related Deaths in Custody and Community Supervision
Overdoses and overdose-related deaths in general public	CDPHE's Drug Overdose Dashboard

**Assessment Area:
Acute Responses to Address Needs**

Data Provided	Data Provider
Managed Service Organizations (MSO) Services	Behavioral Health Administration

**Assessment Area:
Increased Penalties for Fentanyl Possession**

Data Provided	Data Provider
Court data	<ul style="list-style-type: none">▶ Colorado Judicial Department▶ Denver County Court
Colorado diversion programs	<ul style="list-style-type: none">▶ Colorado Judicial Branch, Criminal Justice Programs Unit▶ City of Longmont Department of Public Safety

DATA ANALYSIS

Thematic analysis was used to analyze qualitative data. Summary descriptive statistics were computed on outcomes of interest for available quantitative data. For administrative data, including overdose data and court data, statistical analyses were conducted, and trends are presented by year, geographic location, demographics (e.g., age, gender, race/ethnicity). In addition, analyses comparing court data pre legislation (2019 through June 30, 2022) and post legislation (July 1, 2022 through June 30, 2024) were conducted.

ACKNOWLEDGEMENT

We appreciate all the people who supported this study and helped us to conduct it and prepare this report on the implementation and short-term outcomes from an evaluation of the fentanyl accountability and prevention act. We are grateful to the people in Colorado who talked with us, answered our questions, connected us with people and information, and replied to our many emails. We are thankful that you shared your limited time, stories, described your services and programs, and provided us with data to describe the implementation and short-term outcomes of fentanyl legislation in Colorado. This study benefited from connections with many people who reviewed our work and strengthened it with your feedback, corrections, unique perspectives, and local insights.

EXECUTIVE SUMMARY



Assessment Area: Public Health and Harm Reduction Approaches

- **Medication Assisted Treatment (MAT) in Jails** - Most Colorado jails are meeting HB22-1326 requirements for 1) substance use screening and referral to a medical provider for medication-assisted treatment (MAT) if appropriate, 2) MAT availability and provision, and 3) providing continuity of care at release. Additional funding and more trained staff for MAT delivery were identified as needed by some jails, particularly those with larger populations.
- **Harm Reduction Grantee Program** - HB22-1326 expanded CDPHE's Harm Reduction Grant Program by increasing funding and broadening permissible activities and eligible entities that made it possible for grantees to implement strategies that work best for their local communities and contexts. With these funds, grantees:
 - distributed harm reduction supplies
 - held events and trainings
 - delivered additional services
 - connected clients to external services, and
 - utilized strategies to help underserved populations and/or populations at higher risk of overdose.

Common goals for grantees include:

- building local partnerships
 - increasing capacity for effective service delivery
 - providing harm reduction services, and
 - collecting and monitoring data to enhance impact.
- **Opioid Antagonist Purchase Fund** - HB22-1326 expanded the number of eligible entity types for the Opiate Antagonist Bulk Purchase Fund, which distributed 901,305 doses of naloxone in SFYs 2023 and 2024, with a 36% increase in doses distributed from SFY 2023 to SFY 2024. Harm reduction agencies, community service organizations, units of local government (e.g., local public health agencies), and mental health professionals (including those who treat substance use disorders) received the largest number of naloxone doses through the fund. Because demand for naloxone significantly increased and there was not enough funding to cover all requests for naloxone, CDPHE implemented an evidence-based prioritization plan to provide naloxone to high need or essential agencies to best reduce opioid overdoses with limited resources.
 - **Fentanyl Test Strip Orders** - HB22-1326 appropriated funding to CDPHE for purchasing and distributing fentanyl test strips (FTS), and 93,590 test strips were distributed using HB22-1326 funds. The FTS distribution program expanded to include local health departments, treatment facilities, service providers, and law enforcement agencies across the state. Local health departments were eligible to order FTS and then distribute them to community partners within their jurisdiction. CDPHE successfully enrolled 32 local health departments, representing over half of Colorado counties, and rural and frontier providers were prioritized to ensure HB22-1326 funds were spent as equitably as possible across Colorado. Top FTS distribution community partners in descending order were: law enforcement, healthcare

agencies (EMS, ED, hospitals), local public safety (health departments, coroner's office, etc.), behavioral healthcare service providers, and community-based organizations.

- **Educational Campaigns** - CDPHE is currently developing and implementing the ongoing statewide fentanyl prevention and education campaign tailored to unique needs in Colorado as required by HB22-1326 that will complement existing campaigns in Colorado, such as the "Keep the Party Safe" campaign. Notably, these campaigns have used extensive research to shape their messaging and strategies, and there has been coordination between these campaigns so that each has a unique target audience, message, and strategy to address fentanyl use and overdose in Colorado.
- **Practitioner Perspectives** - A focus group with Colorado public health and harm reduction practitioners showed the use of evidence-based strategies that have been shown to save lives and improve health and well-being. Increased criminalization and the resulting fear were identified as significant barriers to connecting with and effectively serving individuals who use fentanyl in their communities. Practitioners stated a need for increased advocacy, supportive legislation, resources, and community support for public health and harm reduction strategies since these have been shown to be effective.
- **Overdose-Related Deaths in Custody and Community Supervision** - Fentanyl was listed as an underlying cause of death for approximately 16% of individuals who died while under the supervision of the Colorado Department of Corrections and the Colorado Division of Probation Services between January 1, 2018, and June 30, 2024. The number of individuals who had fentanyl-related deaths has been trending upward since 2018 for both agencies.
- **Overdose Deaths in the Community** - Results indicate that the percentage of all drug overdose deaths that are fentanyl-related has been trending upward between 2018 and 2023. Although the ranking of counties that had the highest rates changed over the that period, the overall direction of overdose rates trended upwards. A higher percentage of females died from fentanyl overdoses in 2018 and 2019; however, that percentage has decreased over the last few years, with the lowest percentage in 2023. The percentage of deaths by white individuals has been trending downward since 2020, suggesting that overdose deaths by non-white individuals are rising. There was an increase in the percentage of individuals 35 to 64 years old who overdosed on fentanyl between 2022 and 2023.
- **Overdoses in the Community** - The percentage of all emergency visits that involved synthetic-opioid overdose (including fentanyl) has increased since 2019, following a similar trajectory as the fentanyl-related overdose deaths. Fewer women visited emergency services due to a synthetic-opioid overdose since 2021 and the percentage of white individuals seeking services has also started trending downward. A higher percentage of older individuals than younger individuals have synthetic-opioid emergency visits, further mirroring the initial trends identified in fentanyl-related overdose deaths.



Assessment Area: Acute Responses to Address Needs

- **Managed Service Organizations (MSOs) Services** - HB22-1326 (Section 36) appropriated \$10 million over fiscal years 2023, 2024, and 2025 for managed service organizations (MSOs) to contract to provide short-term residential placement with withdrawal management, crisis stabilization, and MAT for persons in immediate need of detoxification and stabilization services. During SFY24 three MSOs (Diversus Health, Rocky Mountain Health Partners and

Signal Behavioral Health Network) contracted with 12 provider sites to make withdrawal management, crisis stabilization, and MAT services available to 2,954 people in 19 counties. The level and reach of services was expanded and there was an increase in the number of people engaged in services across providers. More services were available:

- in rural areas
 - for homeless individuals
 - involving overnight care and inpatient services, and
 - peer support services.
- ***Practitioner Perspectives: First Responders and Treatment Providers*** - Colorado first responders and treatment providers who participated in a focus group have utilized effective models to respond to people with OUDs and felt that cross-system collaboration was strong in Colorado. However, barriers continue to affect access to treatment and related services, particularly in-patient treatment and sober living facilities. Furthermore, while HB22-1326 required the distribution of naloxone in emergency medicine settings with Medicaid reimbursement for it, it was reported that Medicaid reimbursement has been unable to be operationalized. Thus, emergency departments must rely on donated naloxone or purchase it themselves. First responders described attending helpful trainings, but also expressed the desire for mandatory training on how to respond to individuals with SUDs. There are additional community outreach opportunities to address fears around possible criminal penalties when calling emergency services during overdose events. Additional funds were requested for naloxone, treatment, and prosecution in cases of distribution that causes death. Law enforcement officers noted that language requiring fentanyl to be the proximate cause of the death hindered their ability to charge for distribution causing death because many overdose deaths are poly-substance with various substances in the system. Instead, federal charges continue to be pursued in many cases due to language that allows for charges related to serious bodily injury or death from the delivery of any drug.



Assessment Area: Increased Criminal Penalties for Fentanyl Possession

- ***Colorado Judicial Department and Denver County Court*** - Most fentanyl-related cases since HB22-1326 implementation consisted of only fentanyl possession charges. However, approximately one-quarter of the fentanyl-related cases included possession charges in addition to either fentanyl manufacturing, distribution, or conspiracy. Of the cases that exclusively had possession charges, almost 70% across the 2 years since the legislation was implemented had misdemeanor charges, while approximately one-third of the possession cases contained felony charges. Therefore, fentanyl-related cases with only possession charges were more likely to have misdemeanors than felony fentanyl possession charges. Approximately 45% of fentanyl possession cases received jail sentences, and 37% were mandated to probation services. This appears to be higher than sentences for drug-related misdemeanor cases before the legislation. However, a direct relationship between HB22-1326 and changes in sentencing cannot be drawn due to the inability to identify fentanyl-related cases before the legislation was implemented.
- ***District Attorney (DA) Perspectives*** - A survey of District Attorneys (DAs) was conducted to assess if and how their practices changed as a result of HB22-1326. Seven of the 22 elected DAs responded to the survey. Results show that DAs frequently charge defendants with a

Level 4 Drug Felony for possession of 1 to 4 grams of fentanyl, although a sizeable share drop charges to a misdemeanor. Plea guidelines have not typically changed as a result of HB22-1326. Defendants charged with possession of 1 to 4 grams of fentanyl are infrequently referred to diversion programs. Among this sample of DAs, about half felt that HB22-1326 helps promote treatment access and completion, and about half felt their districts have resources and treatment options to effectively treat SUDs. Additionally, about half supported classifying the possession of 1 to 4 grams of fentanyl as a Level 4 Drug Felony, but HB22-1326 did not change charging decisions for most DAs. Moreover, increased criminal penalties were not generally expected to deter fentanyl use or reduce the amount of fentanyl in communities. However, there are key limitations to this part of the study. The original evaluation plan developed by the Colorado Evaluation & Action Lab required surveying the 22 elected DAs. However, elected DAs may rarely be directly involved in charging decisions, and different prosecutors within the same office may respond differently. Thus, the survey conducted may not represent perspectives of those most closely involved in the charging decisions in these cases. A survey may not be the best method to collect this information given the complexity and nuances of the issue that cannot be easily captured by survey methodology. Moreover, the survey had few responses (N = 7) and a fairly low response rate (32%), so the results have limited generalizability.

- ***Diversion Programs*** - Diversion programs are an effective deterrent to committing crimes and offer benefits to offenders as well as criminal justice entities. Model diversion programs like the co-responder deflection program offered by Longmont's Division of Collaborative Services provide services and case management to address behavioral and substance use care needs. Sentences of diversion programs were very rare in fentanyl-related cases since HB22-1326 and were equally as rare in cases with misdemeanor and drug charges prior to HB22-1326.
- ***Perspectives from People with Lived Experience***- Interviews were conducted with 11 individuals who had lived experience with fentanyl and the criminal justice system. They had varied and diverse perspectives, but generally felt that fentanyl is a uniquely harmful and highly addictive substance. Court-ordered treatment helped promote recovery in this small sample, but more research is needed on the efficacy of court-ordered treatment as mandated rather than voluntary, particularly for people who use fentanyl. While those recently charged with fentanyl possession supported increased criminal penalties as a way to get their lives back on track, others felt that the criminalization of a health disorder was harmful. Housing and mental health were cited as underlying issues that need to be addressed as part of an effective response to substance use. Individuals who were interviewed seemed unclear if they could be charged with possession after calling emergency services for help when witnessing an overdose.

ASSESSMENT AREA: PUBLIC HEALTH AND HARM REDUCTION APPROACHES

I. Assessment Area: Public Health and Harm Reduction Approaches

1. Medication Assisted Treatment (MAT) in Jails
2. Harm Reduction Grantee Program
3. Opioid Antagonist Purchase Fund
4. Fentanyl Test Strip Orders
5. Educational Campaigns
6. Practitioner Perspectives
7. Overdose-Related Deaths in Custody and Community Supervision



MEDICATION ASSISTED TREATMENT (MAT) IN JAILS

What does research show related to the effectiveness of medication for addiction treatment (MAT)?

MAT is an evidence-based treatment shown to reduce overdose deaths, reduce illicit opiate use, decrease criminal activity, increase treatment retention, and improve patients' employment status (SAMHSA, 2024). Treatment standards for opioid use disorder (OUD) include MAT (also referred to as medication for opioid use disorder [MOUD]) which can block the euphoric effects of opioids or reduce or suppress cravings. The revised *National Practice Guideline for the Treatment of Opioid Use Disorder* (2020) issued by the American Society of Addiction Medicine (ASAM) provides evidence-based recommendations for evaluating and treating OUD and states: "All FDA approved medications for the treatment of opioid use disorder should be available to all patients. Clinicians should consider the patient's preferences, past treatment history, current state of illness, and treatment setting when deciding between the use of methadone, buprenorphine, and naltrexone," (Crotty, Freedman, & Kampman, 2020, p. 102).

Criminal justice-involved individuals have higher rates of OUD than the general population (Joudrey et al., 2019), and the severity of an individual's OUD increases their likelihood of becoming incarcerated (Winkelman, Chang, & Binswanger, 2018). MAT provides numerous positive effects and improved health outcomes for justice-involved individuals with OUD according to a systematic review of 46 studies of MAT interventions delivered before, during, and after incarceration. MAT provides many benefits post-release from incarceration, including greater treatment adherence and retention, lower opioid relapse rates, fewer positive drug tests for opioids, reduced overdose events, lower re-incarceration rates, and reduced criminal activity (see Malta et al., 2019). Positive effects were found for three FDA-approved medications - methadone, buprenorphine, and naltrexone - suggesting all can be useful. To effectively provide MAT in jails, there should be screenings at booking to identify individuals appropriate for further assessment. MAT should be initiated as needed during incarceration, and there should be re-entry plans established to continue MAT after release as appropriate (SAMHSA, 2019).

Because incarcerated individuals typically decrease or stop opioid use, their decreased tolerance to opioids in turn increases their overdose and death risk after release. Providing MAT while incarcerated with linkages to treatment at release has been shown to effectively reduce overdose deaths during this high-risk time after release (Martin et al., 2023). Furthermore, distributing naloxone to at-risk incarcerated persons upon release has been found to significantly decrease post-release opioid-related deaths (see Malta et al., 2019).

There are notable barriers to MAT implementation in the criminal-justice system. Misconceptions about MAT persist, such as MAT simply "substituting one drug for another," leading to the underutilization of MAT (SAMHSA, 2019, p. 2). There are also concerns about medication diversion that may require facilities to develop training, procedures, and policies to reduce diversion. Concerns around cost and funding can be a major barrier, with jails concerned about "costs of medication, staffing, training, additional certifications, storage requirements, etc." (SAMHSA, 2019, p. 2). Many facilities may lack community-based treatment providers able to serve their populations

(SAMHSA, 2019), and this may be particularly true for facilities in rural and underserved communities. Indeed, in a study of seven rural Colorado jails, barriers were identified that mirrored national research, which included perceived risk of diversion, funding and budget issues, staffing and training issues, physical space limitations, lack of community providers, and long distances to services (McNeely et al., 2024). There were also facilitators of MAT programs in the rural Colorado jails, including support from jail staff and leaders for MAT and collaborative partnerships (e.g., support from the Jail Based Behavioral Health Services (JBBS) Program).

What changes did HB22-1326 make?

HB22-1326 required jails to comply with standards related to MAT around screening and referral to a medical provider, MAT availability and provision, and continuity of care at release (as described below). To meet these standards, facilities were able to contract with community-based, local, or mobile providers to provide MAT. No funding was allocated in HB22-1326 for jails to meet MAT requirements, but counties were encouraged to use “funding available from a settlement or damage award from opiate-related litigation to support jails in complying with the requirements,” (HB22-1326, 2022, p. 61).

- *Screening and Referral:* Jails are required to perform a non-medical evaluation (screening) for recent substance use during facility entry, at a minimum. If a person has a substance use disorder or may have recently used a substance according to the screening, the facility should refer the person to a “medical provider for an evaluation, and subsequent diagnosis, prescription, or induction of medication-assisted treatment,” (HB22-1326, 2022, p. 61).
- *MAT Availability and Provision:* Jails are required to “provide medication-assisted treatment, and other appropriate withdrawal management care to a person with a substance use disorder through the duration of the person’s incarceration, as medically necessary,” (HB22-1326, 2022, p. 60). Facilities must offer all FDA-approved medications to treat OUDs. The patient (in collaboration with a treatment provider) should be given a choice on which medication is prescribed and can request to change their medication at any point while in custody. If a person was taking FDA-approved MAT prior to entry into the facility, the “facility shall provide the same medication to the person while the person is in custody,” (HB22-1326, 2022, p. 61).
- *Continuity of Care at Release.* Jails should provide post-release resources if a person was treated for a substance use disorder at any time while in custody, including receiving a list of available substance use providers (if available). Furthermore, if the person received MAT while in custody, continued care should be coordinated, including a referral to care. An opiate antagonist (e.g., Narcan) and education on it should be provided at release if the person received MAT while in custody, has a history of substance use, and/or requests it.

What support did jails receive for implementing HB22-1326 requirements?

The Jail Based Behavioral Health Services (JBBS) Program within the Colorado Behavioral Health Administration (BHA) provides behavioral health services to incarcerated individuals and supports continuity of care within the community after release (see [the JBBS webpage](#)). JBBS has been operational since 2011 through funding from the Correctional Treatment Cash Fund pursuant to C.R.S.18-19-103 (5)(c)(V). Colorado jails can voluntarily choose to participate in the JBBS program, and if so, JBBS staff provide support in a variety of ways, such as funding for SUD treatment, mental health treatment, pre-sentence coordination services, and MAT. Jails participating in the JBBS program have access to a shared pool of funding to purchase anything related to MAT, including licenses, medication, storage, and salaries (see [JBBS’s responses to frequently asked questions](#)). JBBS also connects jails to best practices, resources, prescribers, and other support for their MAT policies and protocols tailored to their communities. JBBS collects monthly data from jails participating in

their program, such as the number of unduplicated individuals who receive MAT services and medication; the program is in the process of expanding their data collection efforts. Previous research on facilitators for offering MAT in Colorado jails found that participation in the JBBS program supports jails' ability to provide MAT (McNeely et al., 2024), suggesting that JBBS is an important partner for jails.

The Colorado Consortium for Prescription Drug Abuse Prevention (University of Colorado Skaggs School of Pharmacy) has also supported jails' ability to meet the new MAT requirements by collaborating with County Sheriffs of Colorado (CSOC) and the Colorado Jail Association (CJA). This effort entailed understanding what assistance was needed by which jails and connecting substance use disorder treatment providers to those jails. To further assist jails, the Consortium's Treatment Work Group prepared a withdrawal management guide related to opioids and alcohol based on the Bureau of Justice Assistance's *Guidelines for Managing Substance Withdrawal in Jails* (2023) and created a template memorandum of understanding jails could use with Outpatient Treatment Programs that provide methadone services. In 2024, the Consortium, CSOC and CJA began a partnership with the Denver Center for Addiction Medicine, which received a grant from the Colorado Office of the Attorney General, to enhance medication-assisted treatment provision and post-release care coordination for people with opioid use disorder (OUD). A series of four regional meetings intended to improve continuity of care for individuals with OUD leaving incarceration were conducted with representatives of county jails and community-organizations. Additional regional meetings will occur in 2025 to further enhance MAT provision in Colorado jails and post-release care coordination. The Consortium has collaborated with JBBS and the Colorado Department of Health Care Policy and Financing to coordinate work given their shared goals.

Other community partners, coalitions, and researchers have supported jails in their efforts to comply with HB22-1326. Colorado's Department of Health Care Policy & Financing (HCPF) recently created the Criminal and Juvenile Justice Collaborative (CJJC), which provides ongoing feedback and partner participation on criminal justice projects to improve access and ensure best practices. The CJJC will likely serve as a foundational source of guidance and funding for MAT in Colorado jails. A guidebook - *Complying with Colorado House Bill 22-1326: A Guidebook for Colorado's Rural County Jails Supplying Medications for Opioid Use Disorder* (2024) - has been developed for Colorado's rural county jails to aid in the implementation of MAT as mandated by HB22-1326. It provides essential information to effectively address and treat OUD within the jail system, offering both practical strategies and regulatory compliance methods for managing withdrawal, administering medications for OUD, and ensuring continuity of care. The guidebook was created by The Schreiber Research Group (TSRG) and was reviewed by subject matter experts and JBBS staff.

Some funding support may soon be available through Medicaid. In April 2024, Colorado applied for Medicaid pre-release coverage for people who are incarcerated following guidance from Centers for Medicare & Medicaid Services (CMS), and the application is currently pending approval. If granted, Medicaid could cover case management, MAT services, and accompanying counseling for up to 90 days pre-release, as well as cover a 30-day supply of all medications at release. While state prisons and youth detention facilities would be eligible for coverage immediately following Medicaid's approval, Colorado plans to extend Medicaid coverage to jails 1 year later (Colorado Department of Health Care Policy & Financing, 2024).

Jail Survey Description

A survey on MAT in jails was developed to measure alignment with HB22-1326 requirements, as well as funding, barriers/challenges, and additional resources needed. The survey was also informed by previous research on MAT in rural Colorado jails (McNeely et al., 2024) and best practices for treating OUD in jails (Scott et al., 2022). Best practices in survey design and construction were followed. The

survey was reviewed by JBBS staff and the study advisory team and then revised based on their feedback.

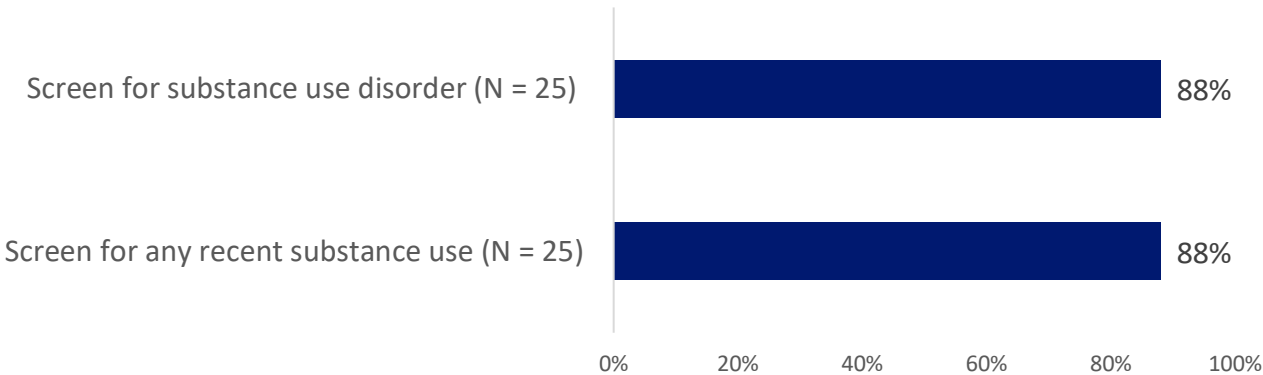
Several methods were used to increase the response rate. An anonymous survey was utilized so that respondents could complete it candidly without fear of any repercussions. JBBS staff emailed the survey invitation and link to the online survey to the 50 currently active Colorado jails so that the invitation was received by a recognizable sender. JBBS also sent one reminder to complete the survey. There were 26 surveys completed for a response rate of 52% (26/50), which is considered a good response rate in survey research and a higher-than-average response rate for online surveys (Wu, Zhao, & Fils-Aime, 2022). The survey and all responses are provided in Appendix A, and a summary of the results is provided below.

There are several limitations that should be noted. The survey was based on self-reported responses or perceptions, which may not always be accurate based on the knowledge or perspective of the respondent. The survey was sent to an existing contact of JBBS at each jail, but this point of contact was not necessarily the most knowledgeable person about their MAT program at their facility. The survey invitation included a request to forward the survey invitation to the correct person or send the contact information to NPC's Project Director if they were not the best person to answer questions about MAT in their facility. An option for 'unknown' was typically provided as a response option for survey questions. 'Unknown' responses are excluded in the results summary below so that the valid percentage is reported, but all results are presented in Appendix A. Furthermore, because the survey was anonymous, it is unknown which facilities completed the survey, and it was impossible to follow up to ensure the accuracy of the submissions.

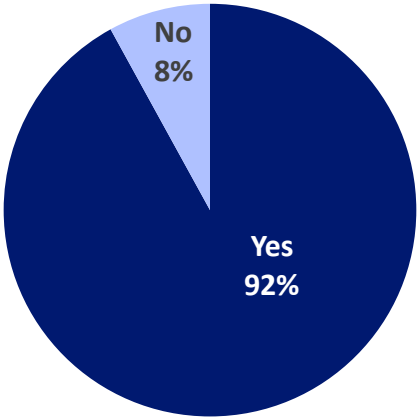
Jail Survey: Summary Results

Screening & Referral

A large majority of facilities perform a non-medical evaluation (or screening) for substance use disorder (SUD) at booking and for any recent substance use, showing a high degree of alignment with best practices (SAMHSA, 2019) and expectations detailed in HB22-1326.

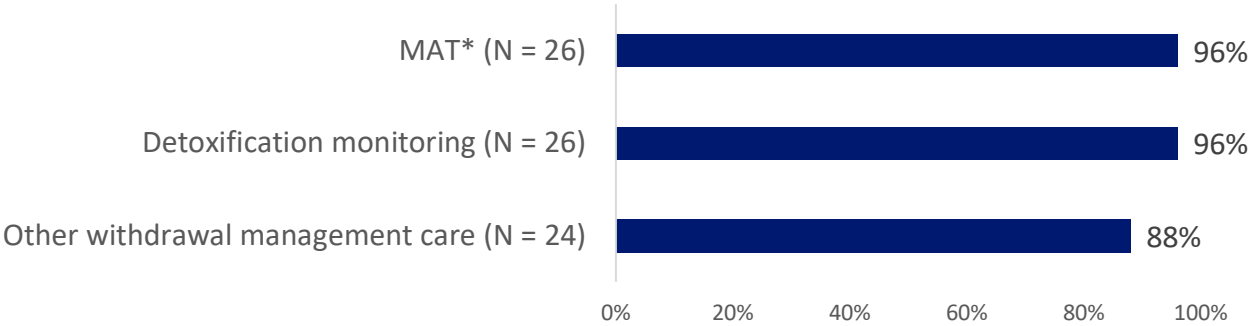


Nearly all facilities (92%) responded that they refer the individual to a medical provider for an evaluation if the screening indicates recent substance use or a SUD (N = 26). This shows a high degree of compliance with HB22-1326 requirements.



Services & MAT

All but one facility responded that it offers MAT and medical detoxification monitoring procedures. Other withdrawal management care was offered by 88% of facilities, with another 8% of facilities (N = 2) having planned it but not yet started.

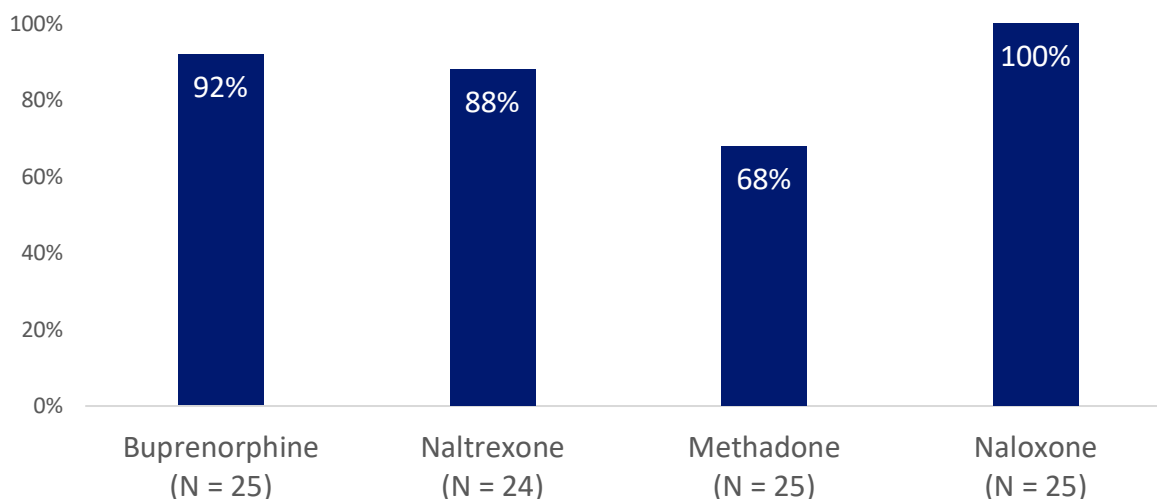


** When 'No' was selected for offering MAT, the respondent was asked a second question to confirm that their facility does not currently have MAT available to avoid a response error. The respondent answered 'No' both times they were asked the question.*

JBBS staff and members of the study advisory team reported that all the jails they have worked with provide MAT, so not seeing 100% for facilities offering MAT is unexpected. This facility may be one of the jails that does not choose to work with JBBS, or it could be an incorrect response from the respondent.

Available Medications in Facilities with MAT

Of the 25 facilities that offer MAT, 92% offer buprenorphine (e.g., Suboxone, Sublocade, Brixadi, Subutex), 88% offer naltrexone (e.g., Vivitrol, Revia), and 68% offer methadone. All facilities (100%) are equipped to administer naloxone (e.g., Narcan) in an overdose event.



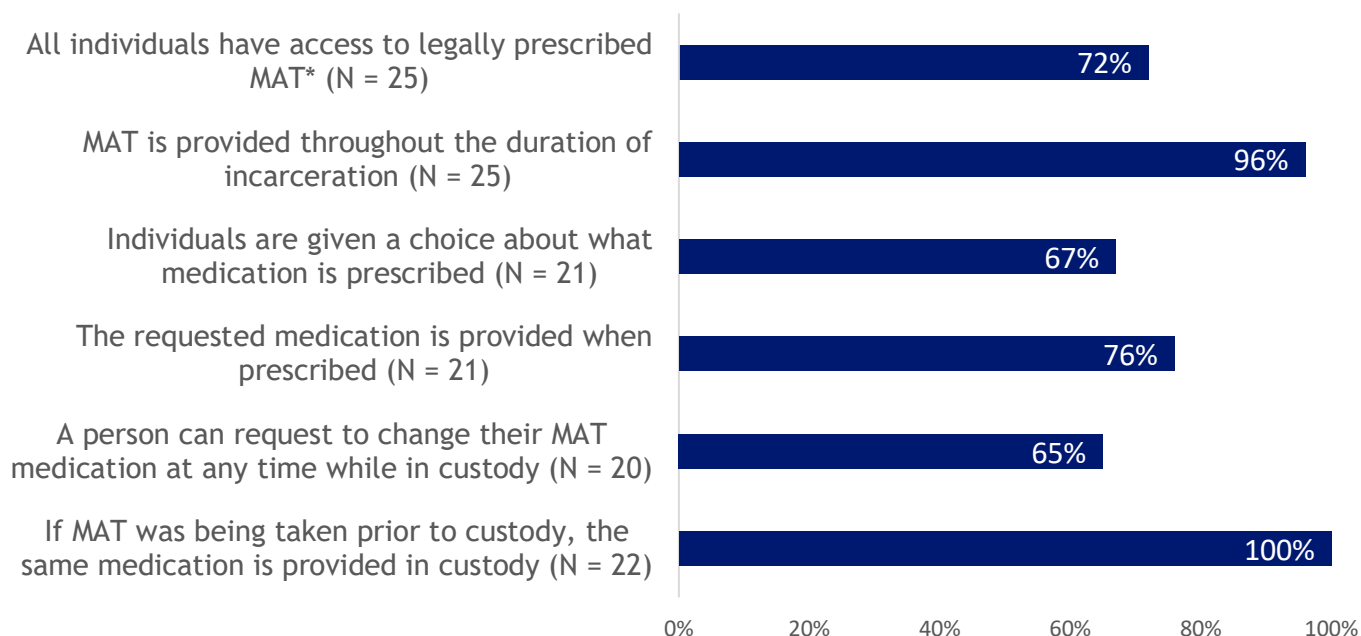
To capture any differences in barriers across medications, facilities were asked to specify the barriers to providing each medication that they were not providing. Facilities could select all barriers that applied, so there are more barriers identified than facilities not offering the medication. Budget/funding constraints, the lack of available/trained staff, and a lack of support from jail decision-makers were barriers identified for all three medications. Concern about diversion was a barrier to offering buprenorphine and methadone. Furthermore, when asked to identify the most significant challenges or barriers to providing MAT in their facility overall in an open-response question, four respondents identified the concerns about diversion. These results are consistent with national research on barriers to offering MAT in jails (SAMHSA, 2019).

Barriers Cited to Offering Medications			
	Buprenorphine (2 Facilities)	Naltrexone (3 Facilities)	Methadone (8 Facilities)
Budget/funding constraints	✓	✓	✓
Lack of available/trained staff in facility	✓	✓	✓
Lack of support from jail decision-makers	✓	✓	✓
Concern about the risk of diverting/misusing the medication	✓		✓
No available certified opioid treatment programs in the nearby community			✓
Federal regulations for dispensing methadone make it difficult			✓
No current mobile treatment options offering methadone			✓

MAT Availability and Provision

- ✓ **80%** of respondents agreed or strongly agreed that their facility **meets the need/demand for MAT services** for their population.
- ✓ **68%** of respondents agreed or strongly agreed that **prescribing and administering MAT happens soon enough** in their facility.

When assessing other characteristics of the facility's MAT program, including alignment with stipulations in HB22-1326, results show that a majority of facilities are compliant in all assessed areas. Some areas had a very high degree of compliance, with 100% of facilities provide the same MAT medication to individuals while in custody as they took prior to custody, and 96% of facilities provide MAT to individuals with a SUD throughout the duration of incarceration as medically necessary. Other items showed more room for improvement. In 67% of facilities, individuals are given a choice (in collaboration with the medical provider) about what FDA-approved MAT medication is prescribed. In 76% of facilities, the prescribed (FDA-approved) MAT medication requested by the individual is provided to them, and in 65% of facilities, a person can request to change their MAT medication at any time while in custody.



** If the respondent indicated that not all individuals with SUDs in their facility have access to legally prescribed MAT if they desire it, they were asked an open-ended question about the reasons why not all individuals had access. There were 7 responses, which could include multiple reasons. Reasons are summarized below, including the number of responses that indicated that reason.*

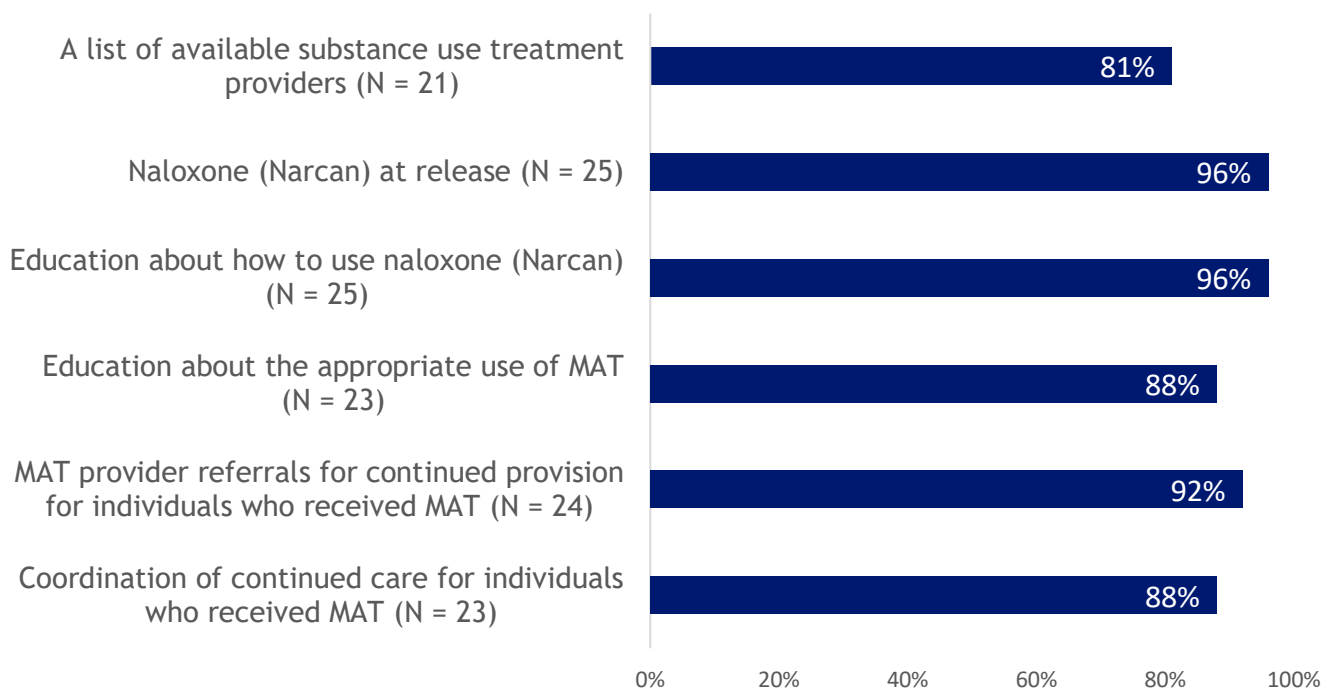
Reasons why some individuals with a SUD and prescription may not have access to MAT:

- Issues with cost and/or lack of funding or staffing (N = 2)
- Medical provider bias (e.g., "Provider does not like to prescribe MAT meds") (N = 2)
- Individual has a history of non-compliance or abuse of MAT (N = 2)

- Individual caught passing/trading medications (N = 1)
- Outdated medication orders (N = 1)
- Individual is unwilling to participate in counseling (N = 1)
- Individual did not screen positive for opioid use (N = 1)
- Individuals with certain charges are restricted from going to DOC for services (N = 1)

Continuity of Care at Release from Custody

The results show that a vast majority of facilities provide individuals treated for a SUD at any point while in custody with resources, education, or linkages to care to prior to or at release (see examples in the graphic below). Distributing and educating on naloxone is especially common. The result show a high degree of compliance with HB22-1326 requirements and alignment with best practices for offering MAT in jails (SAMHSA, 2019).



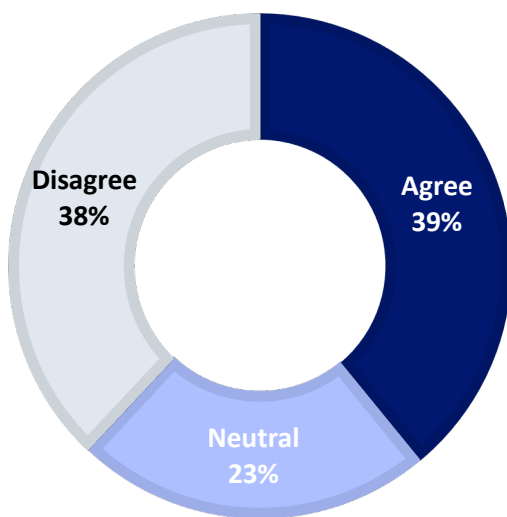
Funding and Resources

- ✓ **73%** of respondents reported that their facility has **dedicated funding to provide MAT services** to individuals with SUDs.
- ✓ **23%** of respondents reported that their facility **receives any funding from a settlement or damage award from opiate-related litigation for providing MAT services.**

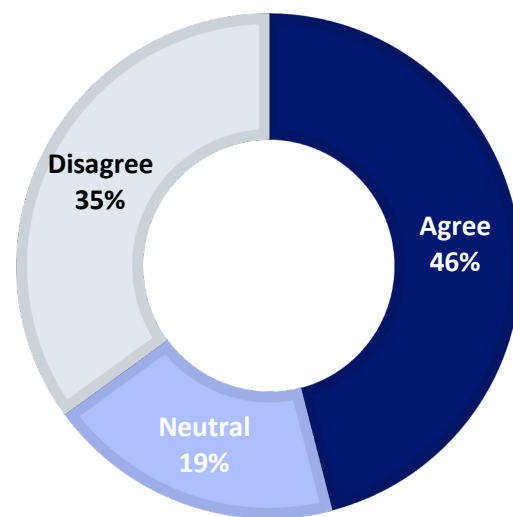
While HB22-1326 encouraged jails to use funding available from opiate-related litigation settlements or damage awards to support compliance with requirements, in practice this has been a rare source of funding for MAT services in Colorado jails.

A sizeable share of respondents - about one-third - disagree that they have enough funding/resources and trained staff to meet the need/demand for MAT. Notably, jails with larger capacities and higher average daily populations were more likely to disagree that they had enough funding and enough trained staff for MAT. Among jails with capacities of 250+ individuals, 75% disagree that they had enough funding and 63% disagree that they had enough staff.

Enough Funding & Resources (N = 26)



Enough Trained Staff (N = 26)



Respondents were able to write open-ended responses to various survey items, including questions related to significant challenges and additional support or resources needed. The need for additional resources to provide MAT in facilities as well as additional funding and trained staff for MAT delivery in Colorado jails were identified as barriers for some facilities. Sample relevant quotes are provided here, and Appendix A provides all responses.

In April 2024, Colorado applied for Medicaid pre-release coverage for inmates. The application is currently pending approval. If granted, Medicaid could cover case management, MAT services, and accompanying counseling up to 90 days pre-release, as well as a 30-day supply of all medications at release. Pre-release coverage is planned to be incorporated into jails 1 year after implementation in state prisons and youth detention facilities. This would address some funding needs for MAT in jails in the future.

“Funding is our main barrier. While there is various settlement money, it is limited to certain time frames and situations. Our MAT program would be more robust if we had more funding.”

“The State needs to provide additional funding to all MAT programs. The individual county should not need to pay for a State mandated program.”

“MAT medications are extremely expensive, and the continuous rising costs of these necessary medications continues to increase.”

“Funding for more staff is a major need.”

“Since the MAT requirement, the jail has an increase in diversion and suboxone abuse due to not having enough qualified staffing. The jail has funding for staff however cannot get applicants to apply for positions.”

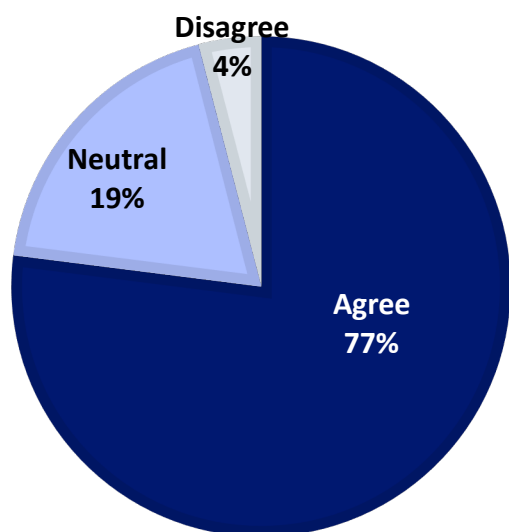
Support & Partnerships

- ✓ **84%** of respondents reported that their facility has collaborative partnerships with internal or external medical staff who support their MAT program.

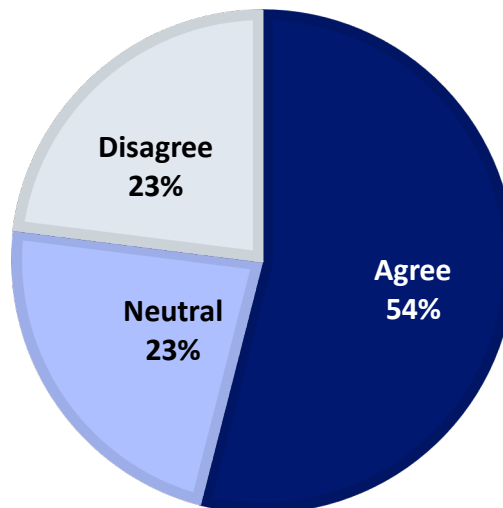
When asked their level of agreement about whether jail decision-makers and other jail staff appear supportive of MAT in their facility, a majority agreed in both cases. More respondents agreed that jail decision-makers appear supportive of MAT compared to other jail staff. There appears to be room to enhance support, particularly for overall jail staff. One respondent suggested additional education, which may boost support and understanding of MAT.

“More education about MAT for the decision makers and other employees would be super beneficial.”

Jail Decision-Makers Support MAT (N = 26)



Other Jail Staff Support MAT (N = 26)



In the open-ended responses, supportive facility staff and leadership and community partnerships and support were identified as among the most common factors for facilities being able to provide MAT. Consistent with prior research on MAT delivery in Colorado jails (McNeely et al., 2024), the JBBS program was identified as an important support, with one respondent saying, “JBBS attempts to provide any resources asked for.”

Additional Findings

- Aligned with national research, the survey suggests that misconceptions about MAT persist, such as MAT simply “substituting one drug for another” (SAMHSA, 2019, p. 2). In some cases, providers were said to be biased against MAT, with one respondent saying, “*The Provider does not like prescribing MAT drugs...If we had a prescriber who felt comfortable prescribing MAT meds, we could help many.*” In other cases, survey respondents revealed negative perceptions about MAT themselves, with one writing, “*Everyone knows that the MAT program is a money grab for large pharmaceutical companies and that keeping people addicted to controlled substances is unethical. Most people who come in having received MAT drugs have numerous other substances on board and almost never have prescribed MAT drugs on board, yet the taxpayers need to fund their drug use while incarcerated.*”
- More facilities reported seeing positive effects from offering MAT, but there were mixed and negative effects reported too. There were 11 responses about the outcomes from offering MAT in their facility. One said it was too soon to tell. Of the remaining 10 responses, six were positive, one was mixed, and three were negative.
 - Positive outcomes:
 - “Significant reduction in liability for the facility as well as reduction in severity of withdrawal symptoms.”
 - “We have saved many lives. We provide MAT to over [redacted] individuals every year, allowing them the same access to medical treatment as they can get in the community. Treatment in jail helps put them on a path to recovery.”

- “Better outcomes and follow up.”
- “Inmate violence reduced.”
- “Inmates feel better, and it gives them hope that they will do better when leaving.”
- “Less deaths.”
- Mixed outcomes:
 - “MAT is double edged. It is easy to abuse, but for those who are looking to make a change it is a powerful support.”
- Negative outcomes:
 - “More suboxone abuse and individuals seeking suboxone who have never reported opiate use.”
 - “Negative. It’s a game to 9/10. Creates a market for offenders to explore.”
 - “The facility gets money so we can make people's addiction billable. Suboxone is the perfect drug for this. They cannot OD, it is covered by publicly paid insurance, the half life is long so the detox is brutal...so brutal that the recipients tend to go out and use.”
- In addition to facilities needing more funding and staff (who could help prevent medication diversion or misuse), suggestions for more support include clearer policy and stronger guidelines for MAT, and additional education for jail decision makers and staff about MAT.

References

- Bureau of Justice Assistance. (2023). *Guidelines for managing substance withdrawal in jails*. https://www.cossup.org/Content/Documents/JailResources/Guidelines_for_Managing_Substance-Withdrawal_in_Jails.pdf
- Colorado Department of Health Care Policy & Financing. (2024). Medicaid & criminal justice. <https://hcpf.colorado.gov/sites/hcpf/files/Medicaid%20%26%20Criminal%20Justice%20101.pptx.pdf>
- Crotty, K., Freedman, K. I., & Kampman, K. M. (2020). Executive summary of the focused update of the ASAM national practice guideline for the treatment of opioid use disorder. *Journal of Addiction Medicine*, 14(2), 99-112.
- HB22-1326. (2022). https://leg.colorado.gov/sites/default/files/2022a_1326_signed.pdf
- Joudrey, P. J., Khan, M. R., Wang, E. A., Scheidell, J. D., Edelman, E. J., McInnes, D. K., & Fox, A. D. (2019). A conceptual model for understanding post-release opioid-related overdose risk. *Addiction Science & Clinical Practice*, 14, 1-14.
- Martin, R. A., Alexander-Scott, N., Berk, J., Carpenter, R. W., Kang, A., Hoadley, A., ... & Clarke, J. G. (2023). Post-incarceration outcomes of a comprehensive statewide correctional MOUD program: a retrospective cohort study. *The Lancet Regional Health-Americas*, 18.
- McNeely, H. L., Schreiber, T. L., Swann, W. L., & Amura, C. R. (2024). Facilitators and barriers to adopting or expanding medications for opioid use disorder provision in rural Colorado jails: A qualitative analysis. *Health & Justice*, 12.

- Scott, C. K., Grella, C. E., Dennis, M. L., Carnevale, J., & LaVallee, R. (2022). Availability of best practices for opioid use disorder in jails and related training and resource needs: Findings from a national interview study of jails in heavily impacted counties in the US. *Health & Justice*, 10(1), 36.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States*. <https://store.samhsa.gov/product/medication-assisted-treatment-mat-criminal-justice-system-brief-guidance-states/pep19>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). *Medications for Substance Use Disorders*. <https://www.samhsa.gov/medications-substance-use-disorders>
- The Schreiber Research Group (TSRG). (2024). *Complying with Colorado House Bill 22-1326: A Guidebook for Colorado's Rural County Jails Supplying Medications for Opioid Use Disorder*. <https://tsrg.org/2024/11/17/complying-with-hb22-1326-moud-guidebook-and-training-video-for-rural-jails/>
- Winkelman, T. N., Chang, V. W., & Binswanger, I. A. (2018). Health, polysubstance use, and criminal justice involvement among adults with varying levels of opioid use. *JAMA network open*, 1(3), e180558-e180558.
- Wu, M. J., Zhao, K., & Fils-Aime, F. (2022). Response rates of online surveys in published research: A meta-analysis. *Computers in Human Behavior Reports*, 7, 100206.



HARM REDUCTION GRANTEE PROGRAM

What does research show related to the effectiveness of harm reduction approaches?

Harm reduction is an approach to addressing substance use that emphasizes the importance of mitigating the potential harms of this behavior. It is a practical, person-centered approach that uses public health strategies related to prevention, health promotion, and risk reduction to save lives, reduce infectious disease transmission, and improve physical health, mental health, and well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). Harm reduction emphasizes low barrier options for access to health care services including overdose prevention, communicable disease prevention, and substance use treatment, as well as the autonomy and dignity of people who use substances. Services aim to reduce the stigma related to substance use and promote hope and healing by centering the voices of those with lived experience as peer supports and in designing and implementing services (SAMHSA, 2023). Harm reduction approaches also recognize that social and systemic inequities affect both vulnerability to risk and the ability to mitigate risks related to substance use (National Harm Reduction Coalition [NHRC], 2020).

Harm reduction is an evidence-based approach that has been shown to have numerous benefits, including reduced overdose fatalities, improved medical and social service access, increased entry into substance use treatment, reduced rates of infections, and fewer emergency department visits by people who use substances (Office of Recovery Services [ORS], 2021). Harm reduction practices are numerous and are one part of a continuum of care for prevention and treatment (SAMHSA, 2023). Efforts include overdose prevention education (e.g., recognizing signs of an overdose, administering naloxone) and distribution programs (e.g., fentanyl test strips, naloxone distribution), syringe service programs (e.g., distributing sterile syringes, education), and education to reduce stigma. Harm reduction services connect individuals to supportive services who may not get it otherwise by promoting linkages to care (Coulson & Hartman, 2022; SAMHSA, 2023). Individuals can be connected with social workers, case managers, peer specialists, and recovery specialists to facilitate access to services and encourage treatment readiness as desired by participants (Safehouse, 2023).

Principles of Harm Reduction

Advocates have identified principles central to harm reduction including:

- Substance use occurs, so efforts should minimize its harmful effects rather than simply condemning or ignoring it (NHRC, 2020).
- Substance use is complex and multi-faceted, ranging from severe use to abstinence, with certain ways of using substances being riskier than others (NHRC, 2020).
- Individual and community well-being and quality of life are the primary criteria for successful interventions and policies, not necessarily total abstinence from all substances (NHRC, 2020).
- Services and resources to reduce substance use-related harm should be non-judgmental and non-coercive (NHRC, 2020) and always voluntary (ORS, 2021).
- People who use substances or have in the past should have a central voice in the design and delivery of programs and policies designed to serve them (NHRC, 2020), with a guiding mantra of: “Nothing about us without us.” (ORS, 2021, p.10).

- People who use substances are empowered and in charge of reducing the harms of their substance use and should be enabled to share the strategies that meet them where they are (NHRC, 2020).
- Social and systemic inequities (e.g., poverty, racism, sexism, trauma) affect both vulnerability to risk and the ability to mitigate risks related to substance use (NHRC, 2020).
- Services should be low threshold with minimal barriers, readily available, and easily accessible (ORS, 2021).
- The real and devastating effects and risks of substance use should not be minimized or ignored (NHRC, 2020).

What is the Harm Reduction Grant Program?

Managed by CDPHE's Overdose Prevention Unit, the Harm Reduction Grant Program awards funding and support to local entities to develop and/or expand evidence-informed harm reduction programs to reduce health risks associated with substance use, prevent overdoses and overdose deaths, mitigate health disparities, and decrease involvement in the criminal justice system related to substance use (CDPHE, 2024). To address health disparities, grantees must engage their communities using a health equity lens and culturally responsive prevention strategies to serve underserved areas and populations (e.g., race, gender, language, and/or socioeconomic status). The program was established during the 2019 legislative session by Senate Bill 19-008: Substance Use Disorder in the Criminal Justice System.

Overall Goals of the Harm Reduction Grant Program:¹

- Reduce the incidence of fatal and nonfatal drug overdose.
- Reduce the incidence of harms associated with drug use such as HIV, hepatitis C, bacterial infections, and skin and soft tissue infections.
- Work with people who use drugs to design and deliver low-barrier services and other initiatives that promote individual and community health and safety.
- Ensure multi-year funding for organizations vital to the overdose prevention and substance use continuum of care.
- Strengthen linkage to affirming and low-barrier health care, treatment, and intersecting support services for people affected by overdose and drug use.
- Reduce health disparities associated with drug use for individuals most likely to experience intersecting marginalization, including people of color, people experiencing housing insecurity, people engaged in sex work, people with a history of incarceration, people with co-occurring conditions or disabilities, and people in the LGBTQ+ community.

This funding intends to focus efforts on improving outcomes for individuals most at risk for overdose and drug-use-associated harms including individuals currently using drugs and those who are disproportionately affected by social and systemic factors such as racism, discrimination, economic insecurity, housing insecurity, incarceration, and co-occurring conditions.

¹ Verbatim content from: CDPHE. (2024). "Harm Reduction Grant Fund- RFA #29157030".

What changes did HB22-1326 make?

HB22-1326 expanded CDPHE’s Harm Reduction Grant Program by increasing funding and broadening permissible activities and eligible entities. There is no one-size-fits-all approach to harm reduction, and no method will be effective in all settings. The best harm reduction method for a particular setting depends on several factors, with the specific substance used and the population involved among the most important factors (Riley & Pates, 2012). The expansion of permissible activities and eligible entities by HB22-1326 may have allowed grantees to implement strategies that work best for their local communities and contexts.

Grantees complete monthly progress reports, which are monitored by the Harm Reduction Grant Fund Manager. Information is presented below to describe the characteristics, strategies, and activities of grantees based on a review of the grantee monthly and annual reports, the collection of supplemental information from grantees, and consultation with the Harm Reduction Grant Fund Manager.

Grantee Highlights for State Fiscal Year (SFY) 2024

\$ 2,025,369
awarded to grantees

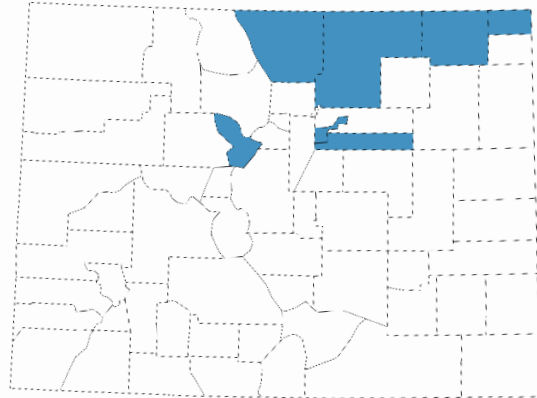
Organization Type

Community-Based Nonprofit Organization	Local Public Health Agency
	
Harm Reduction Action Center	Arapahoe County Public Health
Milestone Community Wellness	Summit County Public Health
Northern Colorado Health Network	
SummitStone Health Partners	
Yarrow Collective	

Locations of Grantee Organizations

Grantees had locations in seven counties, but their work and impact could transcend county lines.

- Arapahoe
- Denver
- Logan
- Sedgewick
- Larimer
- Summit
- Weld



Services Delivered by

- **Harm Reduction Supplies Distributed**
 - **15,949** opioid overdose antagonist doses distributed (naloxone, Narcan)
 - **18,102** fentanyl test strips (FTS)
 - **10,577** xylazine test strips (XTS)
 - **546,556** syringes
 - **10,229** safer use kits (smoking, injection, etc.)
 - **30,301** hygiene kits
 - Additional supplies distributed include wound care kits, sharps containers, condoms, socks, and water bottles
- **Events & Trainings**
 - **1,312** naloxone trainings with *at least* **2,831** participants
 - **200** other harm reduction trainings or events with *at least* **593** attendees
- **Referrals to External Services**
 - **2,101** referrals to external services, such as mental healthcare, substance use disorder treatment, sober living homes, Medicaid, etc.
 - **1,941** referrals to AcuDetox (acupuncture)
- **Additional Service Delivery**
 - Peer support services, sexually transmitted infection (STI) testing services, health education classes, etc.

Strategies for Serving Underserved Populations and/or Populations at Higher Risk of Overdose

- **Utilizing mobile and/or street outreach to bring services directly to underserved areas and people who use drugs** to reach people most in need without waiting for them to seek services. They also distribute information about fixed site services and where to access resources and materials. Mobile services have been highly effective at connecting clients with additional resources, such as overdose prevention, harm reduction strategies, and treatment. They also allow service providers to see more clients.
- **Implementing kiosks or vending machines with naloxone and test strips** in locations that clients already frequent (i.e., libraries, transit hubs, human services, etc.).
- **Offering peer support or peer-run services** to use the power of relationships and shared lived experience to create meaningful connections and learn and grow together.
- **Establishing secondary offices and/or expanding service delivery** in areas without services.
- **Providing a variety of community trainings, advertising, and awareness events** to reach different segments of the community.
- **Employing bi-lingual staff and staff with lived experience** with drug use, substance use disorders, incarceration, and recovery.
- **Co-locating services** such as provision of harm reduction supplies, infectious disease testing, and MOUD access.

Grant Goals & Activities

By analyzing annual and monthly reports from grantees, themes in their goals and activities were identified to understand the strategies utilized and challenges encountered.

Goal: Build Local Partnerships

- Identify local partners to help support participant needs, such as healthcare providers or organizations working with target populations to provide services and supplies.
- Gain buy-in from local government & law enforcement to build program support, trust, and sustainability.
- Connect with partners in the community for consultation and communication to best meet community needs.
- Provide education opportunities for providers and stakeholders to increase understanding of activities, provide support, enhance referral networks, and reduce barriers for participants.
- Create an advisory board of individuals impacted by program activities that meet regularly to advise on activities.

Goal: Build Capacity for Effective Service Delivery

- Establish standard processes and policies for implementing harm reduction services.

For example, Arapahoe County Public Health adopted policies from the Tri-County Health Department harm reduction programs and worked with partner agencies (such as public health departments in other areas) to assess and adjust processes to build capacity.

- Recruit & hire staff to deliver services.
- Train staff & volunteers for effective service delivery.
- Provide ongoing staff professional development, training, and continuing education to follow best practices and stay abreast of changes and innovations.
- Create promotional materials to advertise services and increase awareness of harm reduction strategies in accessible formats (print, online, or other).
- Center equity by enhancing staff ability to provide culturally relevant and welcoming services through training, partnership with external subject matter experts, and leveraging participant expertise and feedback.

Goal: Provide Harm Reduction Services to Target Population

- Establish a referral network of providers to connect participants with additional services.

For example, Northern Colorado Health Network created a referral network to connect participants to different providers. In collaboration with local organizations and other partners, the program made connections to providers of syringe services, medication-assisted treatment (MAT), case management, peer support, infectious disease testing, primary care, wound care, etc.

- Organize harm reduction events for participants including education, opportunities to participate in service delivery, and peer-to-peer learning and support.
- Train others on how to use harm reduction supplies, such as naloxone and test strips, or training on related topics (e.g., HIV/HCV education, wound care).
- Community outreach about harm reduction topics to reduce stigma and raise awareness of resources.
- Distribute harm reduction supplies. All grantees distributed harm reduction supplies or offered services utilizing strategies such as:
 - *Peer support services or peer-run resources* to distribute harm reduction supplies and host peer support groups. For example, SummitStone Health Partners worked with their partner, Northern Colorado Health Alliance, to implement peer-to-peer exchange to distribute harm reduction kits and naloxone. The Yarrow Collective provided peer support groups rooted in harm reduction, supporting the many different pathways toward personal

wellness possible for individuals who use drugs. The Harm Reduction Action Center also maintained opportunities for participants to provide harm reduction services to their peers and in the community to enhance shared ownership of outcomes.

- *Implementing vending machines and kiosks* to distribute naloxone and test strips in areas frequented by clients. For example, Summit County Public Health implemented kiosks in several locations for people to access free naloxone. Milestone Community Wellness also supported access to supplies through vending machines located in Northeast Colorado. Arapahoe County Public Health worked with local stakeholders to build buy-in for the placement of kiosks in areas accessed by individuals at highest risk of overdose, such as those leaving incarceration.
- *Providing harm reduction services in jail and prison settings.* For example, the Yarrow Collective provided supportive services in the Larimer County Jail and acted as a bridge for individuals upon release. Milestone Community Wellness conducted individual and group sessions with individuals who have been incarcerated to identify needs, barriers, and strategies for enhancing supportive services in Northeast Colorado.
- *Mobile services delivered within the community.* For example, Northern Colorado Health Network has a van that transports harm reduction supplies and staff members on a regular schedule. This allowed their newly initiated harm reduction services in Weld County to reach additional locations in Northeast Colorado that have had historically limited access to harm reduction and infectious disease prevention services. Arapahoe County Public Health similarly utilized mobile services to reach participants across their geographic area.
- *Co-locating services.* For example, SummitStone Health Partners co-located access to medication for opioid use disorder, contingency management services for stimulant use disorder, peer support, and harm reduction services.
- *Leveraging partnerships.* For example, Summit County Public Health worked with High Rockies Harm Reduction to support increased capacity to provide harm reduction services and education across the Western Slope.
- *Empowering through education.* For example, the Harm Reduction Action Center provided opportunities for participants to address their goals through education and peer-to-peer sessions. The Yarrow Collective created opportunities for participants and community members to receive education and training on multiple harm reduction modalities and cultural perspectives. Northern Colorado Health Network initiated opportunities for community members and stakeholders to access education about services to reduce barriers to access due to stigma for program participants.

Goal: Collect and Monitor Data

- Document services provided and track the distribution of units of harm reduction supplies (e.g., doses of naloxone, testing kits).
- Create data collection, feedback, & assessment tools to assess the quality of the program.

- Perform needs/readiness/community assessment to appropriately tailor services. Some grantees perform a community assessment before implementing their services and others assess on an ongoing basis as they aim to expand their service areas.
- Solicit participant, stakeholder, and community feedback to inform the effectiveness of service delivery through qualitative data.
- Use evaluation findings to improve program practices, such as to improve inventory management of harm reduction supplies.

Challenges Noted in Grantee Reports

- Lack of staff capacity to support program needs. Some grantees experienced challenges in hiring staff to fill positions and others were challenged by the lack of capacity/bandwidth of current staff.
- Limited access in the community to high quality services to meet the needs of participants.

For example, Milestone Community Wellness struggled with a lack of high-quality mental health services in their area, specifically those for people on active suicide watch.

- Need for additional long-term funding to cover all necessary program expenses.
- Stigma and misunderstanding of harm reduction sometimes created barriers to participant uptake of services and referrals due to fear of arrest and discrimination.
- Consistently evolving challenges due to the inherent unpredictability of the illicit drug supply and policy and/or financial limitations on strategies such as on-site drug checking to support participants in maintaining awareness of emerging risks.

References

- Colorado Department of Public Health and Education. (2024). *Harm Reduction Grant Fund- RFA #29157030*. <https://cdphe.colorado.gov/overdose-prevention/RFA29157030>
- Coulson, M. & Hartman, M. (2022). *What Is Harm Reduction?* Johns Hopkins Bloomberg School of Public Health. <https://publichealth.jhu.edu/2022/what-is-harm-reduction>
- National Harm Reduction Coalition. (2020). Principles of Harm Reduction. https://harmreduction.org/wp-content/uploads/2022/12/NHRC-PDF-Principles_Of_Harm_Reduction.pdf
- Office of Recovery Services. (2021). City of Boston: Boston Harm Reduction Toolkit. <https://www.boston.gov/sites/default/files/file/2021/09/CoB%20Harm%20Reduction%20Toolkit.pdf>
- Riley, D., & Pates, R. (2012). *Harm Reduction in Substance Use and High-Risk Behaviour*. John Wiley & Sons, Incorporated.
- Substance Abuse and Mental Health Services Administration. (2023). *Harm Reduction*. <https://www.samhsa.gov/find-help/harm-reduction>
- Safehouse. (2023). *The Safehouse Model*. <https://www.safehousephilly.org/about/the-safehouse-model>



OPIOID ANTAGONIST (NALOXONE) BULK PURCHASE FUND

What does research show related to the effectiveness of naloxone distribution?

Evidence shows that access to and distribution of opioid antagonists, such as naloxone (e.g., Narcan), has a high impact on reducing death from fentanyl (Gase & Beletic, 2022). Expanding access to naloxone is deemed to be a best practice for overdose prevention (Houser, 2023). Community-based naloxone distribution programs have been found to be associated with lower opioid overdose death rates (Naumann et al., 2019). Not only do these programs save lives, but they are also cost effective. One study found that for every \$1 spent on a community-based naloxone distribution program, \$2,742 was saved due to avoided deaths (Naumann et al., 2019).

What is the Opiate Antagonist Bulk Purchase Fund?

Managed by the Overdose Prevention Unit in the Prevention Services Division within CDPHE, the Opiate Antagonist Bulk Purchase Fund aims to expand access to naloxone that will be used to save lives, provide naloxone at no cost to reduce the financial burden of key partners, and enhance safety and public health in Colorado (CDPHE, 2024). The program distributes as much naloxone as possible to eligible entities to equip first responders, local public health agencies, harm reduction organizations, community organizations, schools, and other community partners with access to naloxone to save lives (CDPHE, 2023). Entities submit an online application, and each application is reviewed and verified to ensure the entity's policies permit it to acquire, maintain, and administer naloxone safely. If deemed eligible, information and an order form are provided. Technical assistance is given to ensure entities have appropriate training and meet requirements (CDPHE, 2023). To meet the needs of each entity and the clients they serve, the program currently offers three types of antagonists (intranasal spray, single-dose vials, and prefilled syringes), with Narcan nasal spray being the most requested and distributed (CDPHE, 2024).

Multiple sources of funding support the Opiate Antagonist Bulk Purchase Fund (see CDPHE, 2024), with the most significant source being \$19.7 million appropriated in 2022 by the General Assembly from American Rescue Plan Act (ARPA) funds with a spending deadline at the end of 2026. Since its inception, the program has been able to purchase naloxone at discounted prices through bulk purchasing. However, the demand for naloxone increased significantly during SFY 2023-24 (CDPHE, 2024). Due to the lack of ongoing funding, CDPHE developed and implemented a prioritization plan using evidence-based guidance from the Centers for Disease Control at the end of FY 2023-24 that prioritized providing naloxone to high need or essential agencies to best reduce opioid overdose with the fund's limited resources (see the [Naloxone Bulk Fund Prioritization Plan](#)). Prioritizing naloxone distribution to agencies based on the highest potential impact may lead to more overdose reversals and greater sustainability for agencies that rely on this source of naloxone. Prioritization will likely need to continue as funding is limited.

What changes did HB22-1326 make?

In addition to ARPA funding appropriated to the Opiate Antagonist Bulk Purchase Fund, HB22-1326 significantly expanded the number of eligible entity types for this fund from five to 16 and allowed CDPHE's chief medical officer to issue standing orders to the newly eligible entities (CDPHE, 2024).

Eligible Entities after HB22-1326 (CDPHE, 2024, p. 11)

- Units of local government (e.g., county, city, local public health agencies, etc.)
- Harm reduction agencies
- Local jail, municipal jail, multijurisdictional jail
- Correctional facility
- Private contract prison
- Community corrections program
- Pretrial services program
- Probation department
- Law enforcement
- First responders
- Religious organizations
- Community service organizations
- Higher education institutions
- School districts
- Libraries
- Mental health professional (e.g., psychologist, social worker, licensed professional counselor, addiction counselor licensed, etc.)

Impact: Opiate Antagonist Bulk Purchase Fund in Fiscal Years 2023 & 2024 (July 1, 2022 - June 30, 2024)

901,305 Doses of Naloxone Distributed

382,002 doses were distributed in SFY 2023 to 507 agencies.

519,303 doses were distributed in SFY 2024 to 506 agencies.

There was a **36% increase in doses distributed** from SFY 2023 to SFY 2024.

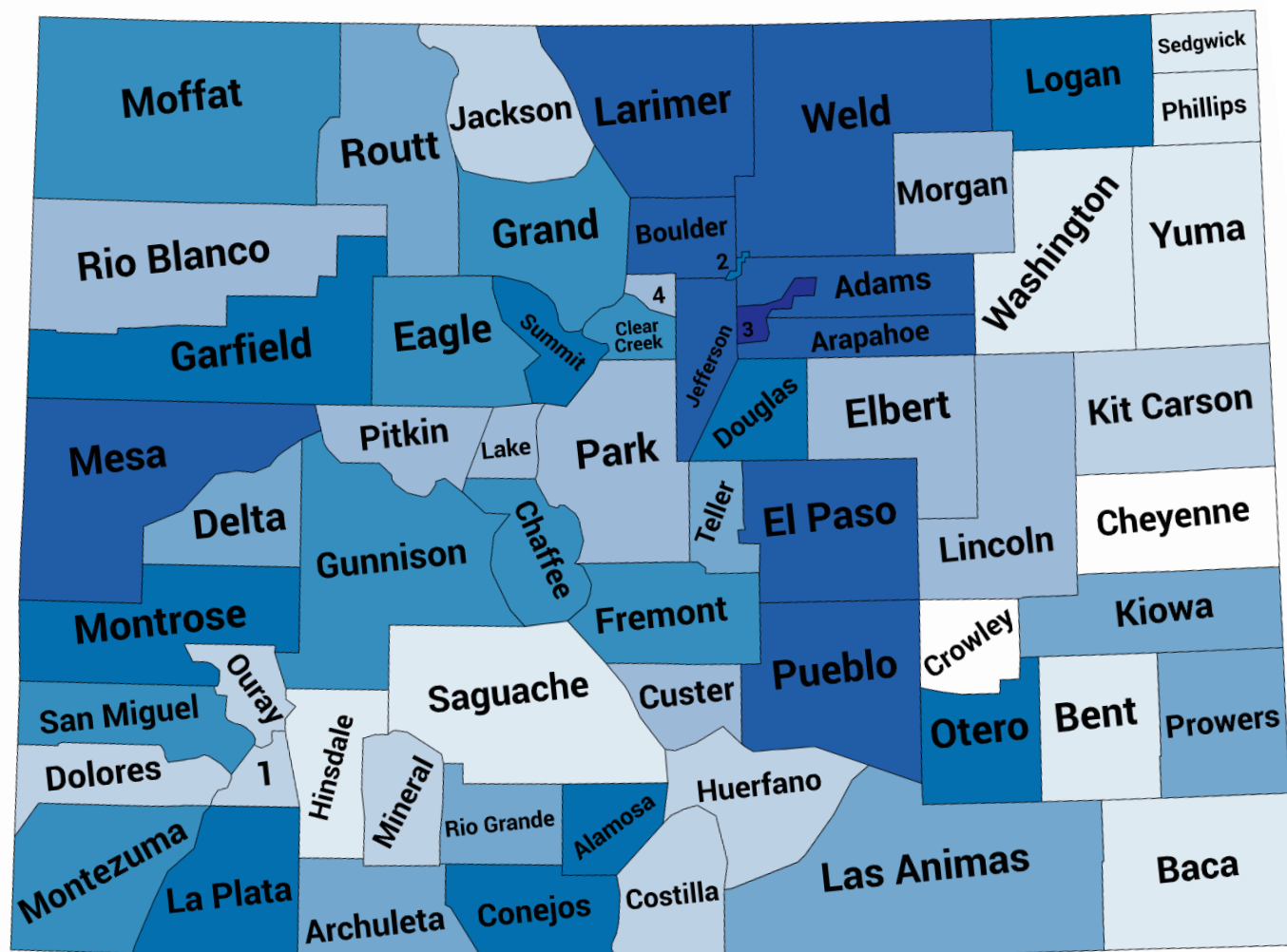
Harm Reduction Agencies, Community Service Organizations, Units of Local Government, & Mental Health Professionals received the most doses of naloxone through the Bulk Purchase Fund.

Number of Doses Distributed by Entity Type

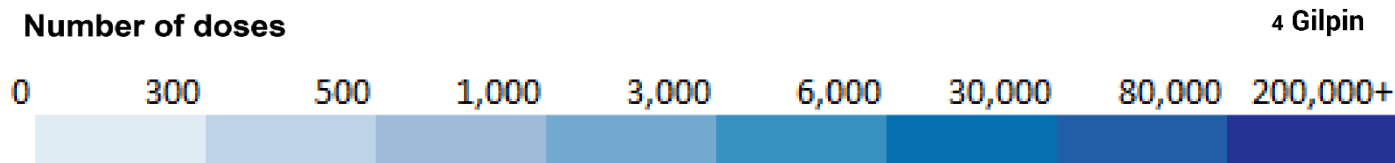
Entity Type	Doses
Harm Reduction Agencies	212,558
Community Service Organizations	197,301
Units of Local Government [Total]	171,424
<i>Local Public Health Agencies</i>	115,212
<i>Other Units of Local Government</i>	56,212
Mental Health Professionals [Total]	141,366
<i>Substance Use Disorder Professionals</i>	139,458
<i>Other Mental Health Professionals</i>	1,908
Law Enforcement or First Responders	85,414
Higher Education Institutions	45,518
Criminal Justice System Organizations [Total]	30,847
<i>Jails (Local, Municipal, or Multijurisdictional)</i>	13,637
<i>Community Corrections Programs</i>	8,944
<i>Probation Departments</i>	4,618
<i>Correctional Facilities</i>	3,168
<i>Private Prisons</i>	480
School Districts	14,159
Religious Organizations	2,094
Libraries	624
Total	901,305

Number of Doses Ordered by County

The map below shows the number of antagonist doses by the county of the entity requesting the order. Some agencies serve surrounding counties; the map does not capture the surrounding counties that received doses. Additionally, one statewide agency ordered 4,000 doses which are not included on the map.



- 1 San Juan
- 2 Broomfield
- 3 Denver
- 4 Gilpin



References

- Colorado Department of Public Health and Environment. (2024). *2024 Opiate Antagonist (Naloxone) Bulk Purchase Fund Legislative Report*.
https://drive.google.com/file/d/16swzArePgyYwXsuvcgXElnKubeX_W3OG/view
- Colorado Department of Public Health and Environment. (2023). *2023 Opiate Antagonist (Naloxone) Bulk Purchase Fund Legislative Report*.
https://drive.google.com/file/d/1472k7x3m75QlJm4qmx_PdfZuQzQULJT/view
- Gase, L., & Beletic, J. (2022). *HB22-1326 Independent Study Fentanyl Accountability and Prevention Act*. Colorado Evaluation & Action Lab. University of Denver. https://coloradolab.org/wp-content/uploads/2023/09/Fentanyl-Study-Analysis-Plan_8.10.23.pdf
- Houser, R. (2023). Expanding access to naloxone: A necessary step to curb the opioid epidemic. *Disaster medicine and public health preparedness*, 17, e245.
- Naumann, R. B., Durrance, C. P., Ranapurwala, S. I., Austin, A. E., Proescholdbell, S., Childs, R., Marshall, S.W., Kansagra, S., & Shanahan, M. E. (2019). Impact of a community-based naloxone distribution program on opioid overdose death rates. *Drug and alcohol dependence*, 204, 107536.



FENTANYL TEST STRIP ORDERS

What does research show related to the effectiveness of fentanyl test strips?

Fentanyl test strips (FTS) are an inexpensive and evidence-based method to prevent overdose by detecting the presence of fentanyl in pills, powders, or injectables. When provided to people who use drugs, people can make more informed decisions about their substance use. Research shows that receiving a positive result with a fentanyl test strip was associated with significant behavioral change that decreases overdose risk, such as by using a smaller amount, throwing drugs away, or ensuring others are around while using (Krieger et al., 2018). Fentanyl test strips have a high impact on reducing unintended fentanyl use (Gase & Beletic, 2022; Weicker et al., 2020).

What changes did HB22-1326 make?

HB22-1326 appropriated funding to CDPHE for purchasing and distributing fentanyl test strips (i.e., non-laboratory synthetic opiate detection tests). CDPHE's Office of STI/HIV/Viral Hepatitis (OSHV) was able to expand existing programming already distributing FTS to syringe access programs (SAP) across the state using State Opioid Response (SOR) funds. Using funds from HB22-1326, OSHV expanded the FTS distribution program to include local health departments, treatment facilities, service providers, and law enforcement agencies across the state. Local health departments were eligible to order FTS from OSHV and then distribute them to community partners within their jurisdiction. CDPHE successfully enrolled 32 local health departments which represent half of all Colorado counties. While all local health departments were eligible to apply, priority for rural and frontier providers ensured HB22-1326 funds were spent as equitably as possible across Colorado. Top FTS distribution community partners in descending order were: law enforcement, healthcare agencies (EMS, emergency departments, hospitals), local public safety (health departments, coroner's office, etc.), behavioral healthcare service providers, and non-substance abuse professionals (SAP) community-based organizations. Technical assistance was provided to all eligible entities to ensure the FTS are being distributed to those at the highest risk of overdose with the appropriate instructions. CDPHE's HB22-1326 funds for FTS distribution are set to expire in June 2025 after receiving an extension from the legislature for spending in State Fiscal Year (SFY) 2024. The metrics reported below are for FTS distributed through HB22-1326 funding and do not include FTS distributed by CDPHE that used a different source of funding.

Impact: Fentanyl Test Strips Distributed in SFY 2024

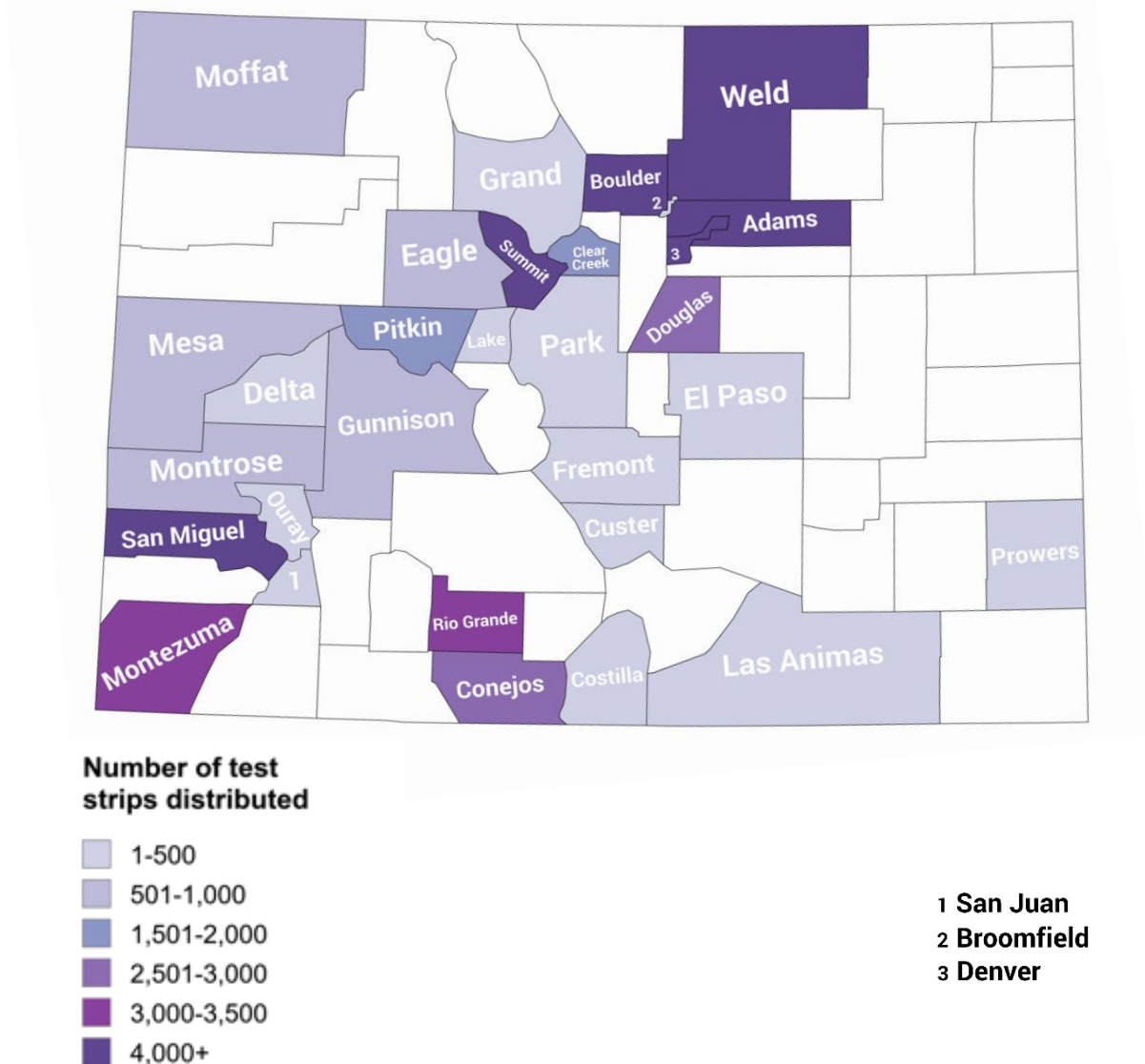
(July 1, 2023 - June 30, 2024)

93,590 Fentanyl Test Strips Distributed

32 Local Public Health Agencies Participated

Number of Fentanyl Test Strips Distributed to Local Public Health Agencies by County

The map below shows the number of fentanyl test strips distributed to local public health agencies by county. Some test strips may have been distributed in surrounding counties by community partners.



References

- Gase, L., & Beletic, J. (2022). *HB22-1326 Independent Study Fentanyl Accountability and Prevention Act*. Colorado Evaluation & Action Lab. University of Denver. https://coloradolab.org/wp-content/uploads/2023/09/Fentanyl-Study-Analysis-Plan_8.10.23.pdf
- Krieger, M. S., Goedel, W. C., Buxton, J. A., Lysyshyn, M., Bernstein, E., Sherman, S. G., Rich, J.D., Hadland, S.E., Green, T.C. and Marshall, B.D. (2018). Use of rapid fentanyl test strips among young adults who use drugs. *International Journal of Drug Policy*, 61, 52-58.
- Weicker, N. P., Owczarzak, J., Urquhart, G., Park, J. N., Rouhani, S., Ling, R., Morris, M., & Sherman, S. G. (2020). Agency in the fentanyl era: Exploring the utility of fentanyl test strips in an opaque drug market. *International Journal of Drug Policy*, 84, Article 102900.



STATEWIDE FENTANYL PREVENTION AND EDUCATION CAMPAIGN

What does research show related to the effectiveness of education campaigns?

Education to reduce stigma has been shown to have a high impact on reducing negative attitudes towards people who use drugs, which can in turn create a more supportive recovery environment and increase the likelihood individuals will use safer practices or seek treatment (Gase & Beletic, 2022; McGinty & Barry, 2020; Murphy & Russell, 2022; Whipple et al., 2024). For example, a recent campaign to reduce meth use found that most high-risk audience members reported the campaign made them aware that help is available and felt the messages could help reduce their own meth use (Stalgaitis et al., 2023). Reducing stigma can also increase public support for establishing policies, programs, and evidence-based practices in communities to support recovery (Lefebvre et al., 2020). Engaging with community members and coalitions to develop and implement campaigns provides opportunities to tailor content to unique contexts for potentially more sustainable solutions (Lefebvre, 2013; Lefebvre et al., 2020).

However, evidence on public awareness and education campaigns shows mixed results on changing actual behaviors related to substance use (see Lefebvre et al., 2020). While there is demonstrated effectiveness of health campaigns around many public health issues, such as HIV/AIDS, road safety, and tobacco use (Bala, Strzeszynski, & Topor-Madry, 2017; Wakefield, Loken, & Hornik, 2010), there is mixed evidence for drug and alcohol use. A meta-analysis of studies of media campaigns to prevent drug use noted inconsistent effectiveness - eight interventions showed no impact on drug use or intention to use drugs, four interventions showed beneficial effects related to reduced substance use, and two campaigns were associated with increased substance use - and there were not clear factors that delineated successful or unsuccessful campaigns (Allara et al., 2015).

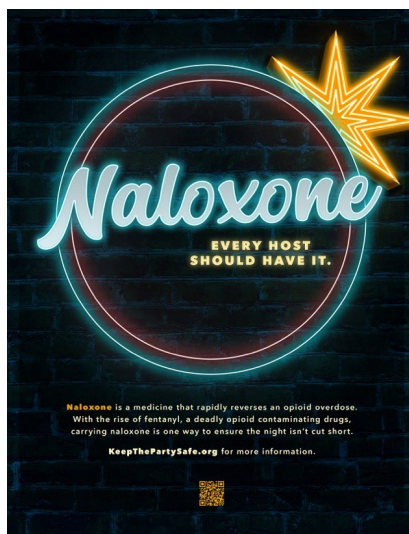
However, campaign evidence demonstrates effectiveness in influencing opioid-related knowledge and attitudes at a population level, which is vital since changes in attitudes precede changes in intentions and behaviors according to health behavior change theory (Rath et al., 2021). According to the CDC, when campaigns sufficiently reach the target audience, knowledge and attitudes are expected to change in 6 to 12 months and behaviors are expected to change in 12 to 24 months after the campaign launch (CDC, 2014).

What changes did HB22-1326 make?

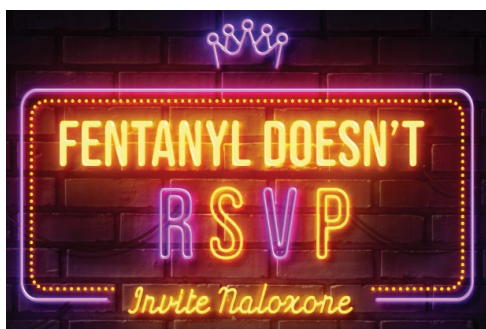
HB22-1326 required CDPHE to develop, implement, and maintain an ongoing statewide fentanyl prevention and education campaign tailored to the needs in Colorado, and CDPHE is currently in the process of developing and implementing the campaign as described below. There are several relevant existing campaigns in Colorado. One such campaign is “Keep the Party Safe,” which has received funding from CDPHE (among other funding sources). This campaign is briefly summarized below. Notably, there has been coordination between these campaigns so that each has a unique target audience, message, and strategy to address fentanyl use and overdose in Colorado.

Keep the Party Safe Campaign

Background



The Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) launched the “Keep the Party Safe” statewide campaign in 2022. This campaign is based on the best practices of health communication principles and public health data on overdoses. The Consortium partnered with Research Triangle Institute (RTI) to perform background research for the campaign. RTI conducted an online survey of Colorado adults to identify messaging focus populations related to fentanyl and naloxone and evaluate existing fentanyl campaign advertisements. RTI’s survey identified attitudes with the most “room to move” (i.e., attitudes not yet widely endorsed and potentially most responsive to messaging) and associations between these attitudes and potential behaviors to find opportunities to influence outcomes of interest. The survey also tested fentanyl education ads of differing lengths to measure audience receptivity and perceived effectiveness to determine which formats might be most effective for this campaign. The Consortium partnered with Amélie Company to create ads using the background research and social marketing best practices. Throughout the process, the Consortium collected input through conversations and coalitions with mission-aligned organizations in Colorado (e.g., public health departments, universities, recovery organizations, harm reduction organizations, etc.) and public relations and media partners.



The campaign uses a nightlife aesthetic and targets younger people via digital and social ads, out-of-home methods (posters, coasters, etc.), and outreach at in-person events (concerts, festivals, etc.). The campaign was designed to be eye-catching, engaging, clear, and memorable, while avoiding stigmatizing or triggering images (e.g., images of drugs or paraphernalia). Ads direct viewers to the campaign website (KeepThePartySafe.org), where people find a variety of fentanyl-related resources

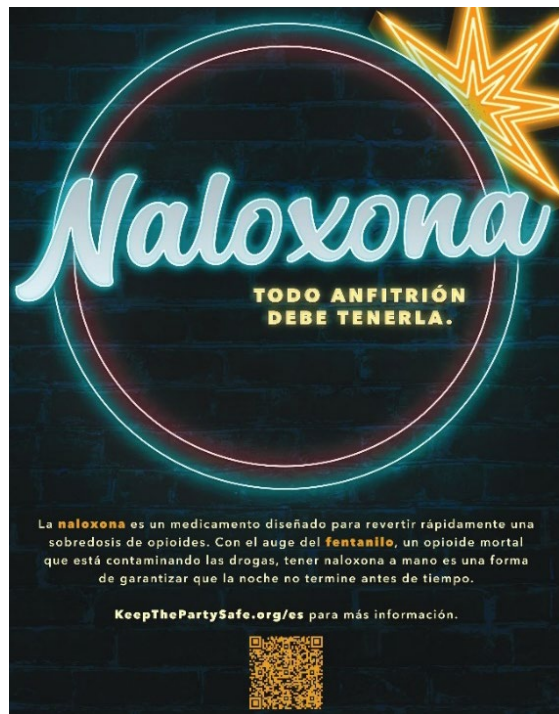
such as the Safe Night checklist, fentanyl facts and information, and a form to request fentanyl test strips and naloxone. The website also provides a toolkit that can be utilized by community organizations to create their own customized advertising campaign tailored to communities, such as rural areas. There is also an order form for community partners to request resources, such as posters. The Centers for Disease Control and Prevention’s Division of Overdose Prevention has added the Keep the Party Safe campaign to its resource library as an exemplary campaign. This makes the campaign available to state and local health departments, community coalitions, and others who are working to address the overdose epidemic through surveillance and prevention strategies. See Table I-5.1 for an overview of the Keep the Party Safe campaign’s goals and messaging.

Table I-5.1: Keep the Party Safe Campaign Goals, Audience, and Messaging Summary

Goals	Through a communications campaign, help the target audience: 1. Understand what fentanyl is, and how it can affect them 2. Learn safer use behaviors
Audience	People at risk of a fentanyl overdose and who can be influenced by the campaign message <ul style="list-style-type: none"> ▶ Coloradans 18 to 44 (with 18 to 24 emphasized) ▶ Individuals who engage in high-risk seeking behaviors ▶ Casual/recreational users (1 to 5 times per month) usually in social settings (party, concert, bars, etc.) ▶ Spanish- and English-speakers ▶ Target subset: Hospitality industry
Message	Fentanyl is an incredibly urgent issue in Colorado. Many street drugs are laced with fentanyl, and many individuals don’t even know that they’re taking something that has fentanyl in it, which puts individuals at risk for overdose. There are safer use behaviors that reduce overdose risks.
Strategies	Ad materials use a nightlife aesthetic and multiple methods to reach audiences: <ul style="list-style-type: none"> ▶ Digital videos ▶ Google pay-per-click ads ▶ Paid social media ads ▶ Website and Instagram page ▶ Out-of-home (posters, coasters, bus ads) ▶ Events (distribute resources or ads at concerts, festivals, etc.) ▶ Community outreach (engage with businesses and organizations in close contact with priority audience)

Innovative Strategies

- ✓ The campaign created a toolkit of digital assets that other organizations can use to spread the word about preventing or reversing fentanyl overdoses in their own community. The toolkit includes resources like digital campaign materials (e.g., posters, graphics, fact sheets), content for newsletters, and social media strategies and materials.
- ✓ Toolkit materials are available in both English and Spanish to increase accessibility of materials.
- ✓ The campaign partners with local organizations to collaborate with and uplift these groups.
- ✓ A stigma-free, judgement-free approach is used to meet people where they are and create spaces for people to freely ask questions.



Measuring Impact

- The campaign intends to work with an independent research firm to assess demonstrable changes in attitudes or behaviors around fentanyl and overdose prevention. The evaluation will take place when funding becomes available.
- The campaign tracks key performance indicators to assess how well it is doing and inform changes to optimize the campaign, including collecting the click-through rate (CTR), engagement rate, cost per click (CPC), and cost per impression (CPM).



CDPHE's Statewide Overdose Prevention + Fentanyl Awareness Campaign

Background

CDPHE has been working to implement a statewide Overdose Prevention + Fentanyl Awareness Campaign that will launch in 2025. The campaigns - one for English-speaking audiences and one for Spanish-speaking and Spanish-language preferred audiences, aim to reach the general public in Colorado to empower them to be more than a bystander by learning the signs of an overdose and how to respond to reduce the number of drug-related overdoses and overdose deaths across the state. Two key components shaping this campaign are the use of an advisory group and an extensive research plan.

The Fentanyl Campaign Advisory Group (Advisory Group) is a collective of community members with living and lived experience to inform the campaign in its entirety, from development to implementation, through consistent and meaningful input. Incorporating diverse backgrounds, experiences, and perspectives of people with living and lived experience aims to bring critical expertise to increase the effectiveness of the campaign for the target audience and increase authenticity of campaign messages. Engaging with community members provides opportunities to tailor campaign content to unique contexts within Colorado communities for potentially more sustainable solutions (Lefebvre, 2013; Lefebvre et al., 2020).

Advisory Group member activities include recruiting participants for interviews, providing input in all phases of the campaign, participating in creative testing, identifying priority audiences, providing guidance on tailored messaging, and sharing feedback on messages, visual components, and tactics.

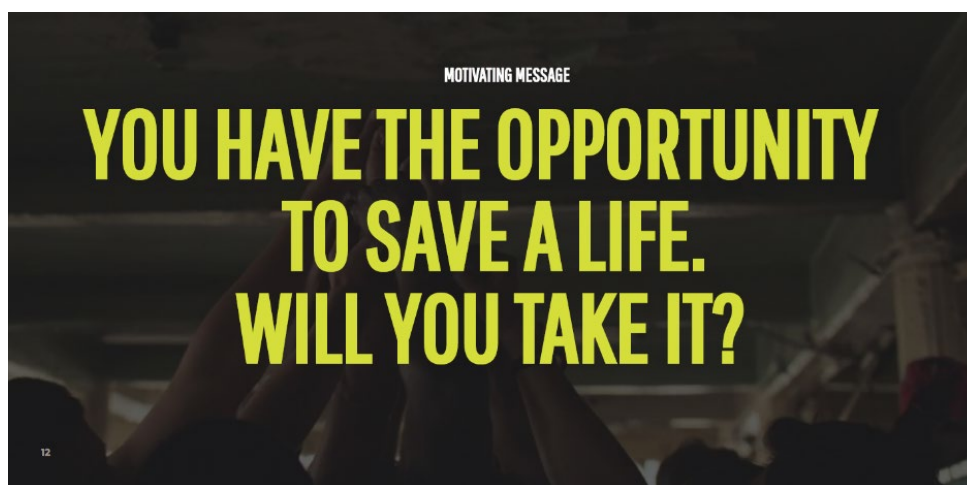
CDPHE created an extensive research plan to formulate its campaign. They reviewed the CDC's State Unintentional Drug Overdose Reporting System (SUDORS) dashboard and existing research on fentanyl awareness and overdoses, including CDPHE research, Colorado studies, and national research. They also reviewed existing education campaigns related to opioids, fentanyl, and/or overdose in Colorado and other states to identify successful elements, strengths, weaknesses, and areas for opportunity within the CDPHE campaign.

Survey and qualitative research were conducted to establish what behaviors and attitudes to target with the campaign, such as behaviors that are more amenable to change and high potential impact related to the campaign goals. CDPHE partnered with Cactus Communications to conduct a survey to collect baseline data on beliefs and behaviors related to fentanyl and overdose prevention, which was completed by 601 Coloradans. Gender, ethnicity, language, age, location, and other demographics were also collected to assess potential differences in beliefs and behaviors among demographic subgroups.

Qualitative research was also conducted (e.g., interviews and focus groups) with individuals who have key perspectives, including people who use or used drugs and friends and family members of people who use drugs, and these interviews were co-led by certified peer support professionals. Focus groups and interviews were also conducted with frontline professionals, such as first responders and care providers. CDPHE also collected input by engaging relevant groups and practitioners in Colorado, including professionals working in public health, non-profits, harm reduction agencies, local and state governments, peer support, law enforcement, and mental and behavioral health, among other areas.

Key findings from the extensive research conducted to inform the campaign include:

- There is a high-level basic awareness of opioids and fentanyl, suggesting extensive education about basic terminology may not be necessary, but there is more room to educate Hispanic/Latino residents given lower average awareness.
- Awareness and understanding of fentanyl and its risks are significantly greater than awareness and understanding of naloxone (Narcan).
- There is misinformation related to fentanyl detection (e.g., thinking sight, taste, or smell can detect fentanyl) and the use of naloxone (Narcan) (e.g., thinking Narcan should only be administered by medical professionals).
- The average survey respondent did not take any steps in the prior year to learn, discuss, or intervene in situations involving fentanyl, naloxone (Narcan), or overdoses.
- Most Coloradans report a desire to learn more about fentanyl, how to reduce the risk of overdoses, and related resources available to the general public.
- In the survey, persons over age 50, white women, and individuals residing in rural areas are less likely to agree that they should learn about fentanyl, naloxone (Narcan), and overdose dangers compared to other respondents.
- This is an opportunity to increase bystander intervention during overdoses, and since family and friends are often bystanders, providing resources to them may reduce overdose deaths.
- There are ample education resources and tools available to the Colorado public, but people need to be connected to these resources, particularly resources that are highly relevant to their specific communities.
- Stigma among the general population is the largest barrier to understanding and awareness, and self-stigma among people who use fentanyl can be a barrier to seeking treatment.



In collaboration with the Advisory Group and drawing from the research findings, CDPHE is identifying key attitudes and behaviors to focus on in their campaign to have the most impact. CDPHE is using social cognitive theory, an evidence-based behavior change framework, to influence

knowledge and attitudes (personal factors), conversations and social norms (environmental factors), and actions and skills (behavioral factors) (see Table I-5.2). CDPHE plans to target general Coloradans with distinct campaigns for English- and Spanish-speaking individuals. CDPHE is working with Cactus Marketing and Advertising Agency to develop the campaign materials and direction.

Table I-5.2: CDPHE Overdose Prevention + Fentanyl Awareness Campaign Goals, Audience, and Messaging Summary

Goals	<p>Reduce fatal and non-fatal overdose across Colorado by addressing:</p> <ul style="list-style-type: none"> ▶ <i>Personal Factors:</i> Go beyond basic fentanyl awareness so that every Coloradan has a deep understanding of the issue, its causes, and its prevalence, and how all of us can make a positive impact on the issue. ▶ <i>Environmental Factors:</i> Create a social norm where Coloradans feel comfortable talking about overdoses, offering support, and sharing resources with one another. ▶ <i>Behavioral Factors:</i> Encourage Coloradans to actively identify and provide lifesaving support in overdoses.
Audience	The general public in Colorado, including both English- and Spanish-speaking individuals.
Message	<p>Connect the general public with available resources related to fentanyl and overdose prevention.</p> <p>Offer personal and environmental strategies on how to help reduce the risk of drug overdoses and deaths in Colorado. For example, encourage additional overdose education and compassionate conversations.</p> <p>Encourage Coloradans to call 911/get help for someone who appears to have overdosed.</p> <p>Primary Call to Action: Be more than a bystander.</p> <ul style="list-style-type: none"> ▶ Everyone can play a role in reducing and preventing overdose. ▶ Learn to spot the signs of an overdose. ▶ Know what to do when witnessing a possible overdose; call 911.
Strategies	<p>Multiple strategies will be used to reach audiences:</p> <ul style="list-style-type: none"> ▶ Paid media (Connected TV (CTV)/over-the-top (OTT) streaming media services, statewide video, radio, digital, out-of-home methods, such as billboards) ▶ Earned media (statewide op-eds, interviews) ▶ Social media (paid and organic) ▶ Owned media (website, print collateral, trainings)

Innovative Strategies

- ✓ CDPHE created an advisory group composed of community members whose role was to inform the campaign and center the campaign on the expertise, experience, and input of people with living and lived experience.
- ✓ Ample secondary and primary research was used to inform the campaign.
- ✓ Research will inform the audience segmentation strategy that will identify audiences to prioritize and determine how to best reach them while considering their unique factors (e.g., urban, rural, women, etc.).
- ✓ CDPHE is creating two distinct campaigns, with one being a culturally responsive Spanish campaign. Rather than simply translating English campaign materials into Spanish, CDPHE integrated research findings and cultural nuances to tailor campaign content that will focus on Hispanic women who tend to provide crucial family support and may share information with Hispanic men.

English Campaign	Spanish Campaign
Colorado Adults, ages 18-55	Spanish-speaking, Hispanic/Latino Colorado Adults, ages 18-55
Audience segmentation: <ul style="list-style-type: none">• Urban• Rural	Audience segmentation: <ul style="list-style-type: none">• Men• Women*
Inhibiting Belief: <ul style="list-style-type: none">• Apathy• This audience has some high-level familiarity with fentanyl, but feels overwhelmed by the issue and unsure of what, if anything, they can do to help reduce and prevent fentanyl-related overdose. Many do not see how rising overdose rates impact their day-to-day lives.	Inhibiting Belief: <ul style="list-style-type: none">• Stigma/taboo• This audience is interested in learning more about what they could do to act in an overdose scenario, but they expressed that it is difficult to seek out this information and share it within the community due to stigma and taboo associated with talking about substance use, even if the issue impacts their of their family's day-to-day lives.

Measuring Impact

- There will be an evaluation of the campaign conducted by an independent research firm, the Research Triangle Institute (RTI), that will assess changes in beliefs and behaviors.
- Overdose and overdose death data will be considered when evaluating long-term success, but it will be impossible to determine the unique impact of the campaign on overdose rates.

References:

- Allara, E., Ferri, M., Bo, A., Gasparri, A., & Faggiano, F. (2015). Are mass-media campaigns effective in preventing drug use? A Cochrane systematic review and meta-analysis. *BMJ open*, 5(9), e007449.
- Bala, M. M., Strzeszynski, L., & Topor-Madry, R. (2017). Mass media interventions for smoking cessation in adults. *Cochrane Database of Systematic Reviews*, (11).
- Centers for Disease Control and Prevention (CDC). (2014). Best Practices for Comprehensive Tobacco Control Programs; Centers for Disease Control and Prevention: Atlanta, GA, USA, 2014.
- Lefebvre, R. C. (2013). *Social marketing and social change: Strategies and tools for improving health, well-being, and the environment*. John Wiley & Sons.
- Lefebvre, R. C., Chandler, R. K., Helme, D. W., Kerner, R., Mann, S., Stein, M. D., ... & Rodgers, E. (2020). Health communication campaigns to drive demand for evidence-based practices and reduce stigma in the HEALing communities study. *Drug and alcohol dependence*, 217, 108338.
- Gase, L., & Beletic, J. (2022). *HB22-1326 Independent Study Fentanyl Accountability and Prevention Act*. Colorado Evaluation & Action Lab. University of Denver. https://coloradolab.org/wp-content/uploads/2023/09/Fentanyl-Study-Analysis-Plan_8.10.23.pdf
- McGinty, E. E., & Barry, C. L. (2020). Stigma reduction to combat the addiction crisis—Developing an evidence base. *New England Journal of Medicine*, 382(14), Article 1291.
- Murphy, J., & Russell, B. (2022). Stigma reduction through addiction and naloxone education. *Journal of Criminal Justice Education*, 34(2), 185-198.
- Rath, J. M., Perks, S. N., Vallone, D. M., Barton, A. A., Stephens, D. K., Simard, B., & Hair, E. C. (2021). Educating young adults about opioid misuse: Evidence from a mass media intervention. *International journal of environmental research and public health*, 19(1), 22.
- Stalgaitis, C. A., Jordan, J. W., Tate, B., Cruse, B., Bellon, M., Oruga, R., & Hurley, B. (2023). There is hope and help: Reach and reception of a methamphetamine education campaign in Los Angeles County, California. *Preventive Medicine Reports*, 36, 102518.
- Wakefield, M. A., Loken, B., & Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. *The Lancet (British Edition)*, 376(9748), 1261-1271.
- Whipple, C. R., Kaynak, Ö., Kruis, N. E., D. Silesky, M., Bonnevie, E., Smyser, J., Saylor, E., Christopher, P.M., & Kensinger, W. S. (2024). Challenging public stigma: the impact of a statewide social media campaign to reduce opioid use disorder stigma. *Drugs: Education, Prevention and Policy*, 1-10.



PRACTITIONER PERSPECTIVES

The goals of gathering practitioner perspectives were to compile strategies public health and harm reduction organizations are implementing to reach people who use fentanyl, understand the challenges these practitioners are facing, and identify opportunities to expand the reach and effectiveness of this work. A focus group was conducted in August 2024 with public health and harm reduction practitioners who serve the priority population of people who use fentanyl. A flyer with a sign-up link was created to recruit attendees that described the purpose and goals of the focus group. The recruitment flyer was shared on multiple listservs and through the study advisory team. Attendees received a \$30 Amazon gift card for their time. There were eight attendees that represented a range of agencies and roles. The session was recorded and transcribed. Themes and illustrative quotes are provided below.

Public Health and Harm Reduction Strategies Used in Colorado

Colorado practitioners are using evidence-based public health and harm reduction strategies that have been shown to save lives, reduce infectious disease transmission, and improve physical health, mental health, and well-being (SAMHSA, 2023). Examples practitioners discussed using include:

- Distributing naloxone (Narcan) through various avenues, including agencies, street outreach, community partners, and at events (such as music festivals).
- Providing safer use supplies, including fentanyl test strips, xylazine test strips, pipes/smoking supplies (to reduce risks related to injections), and syringes.
- Offering drug checking services. One practitioner noted that their organization is starting a drug checking program with Fourier-Transform Infrared (FT-IR) Spectroscopy to identify harmful additives and impurities.

Use of drug checking services has been shown to positively change intended and actual drug use behaviors (e.g., discarding drugs, having naloxone nearby), particularly for individuals previously unaware that their drugs contained fentanyl (Pu, Ajisope, & Earlywine, 2021).

- Conducting overdose prevention education, such as educating on methods to prevent overdose, recognizing overdose, risk factors for overdose, appropriate responses, and administration of naloxone.

Overdose prevention education has been shown to significantly increase knowledge related to preventing and responding effectively to overdoses (Clark et al., 2014).

- Offering trainings to address common myths about fentanyl (e.g., ensure people understand they can't overdose by simply touching fentanyl).
- Producing education and awareness campaigns for people at risk of inadvertently overdosing on fentanyl so they understand the potential presence of fentanyl in other drugs, recognize signs of overdose, and know what to do in overdose situations.

Strategies that Enhance Impact

Not only are Colorado practitioners using strategies that have been shown to reduce overdose fatalities, they are also using strategies to increase the impact, effectiveness, and reach of their services for people who use fentanyl. Practitioners discussed using strategies such as:

- Advocating public health and harm reduction strategies in the policy arena to shape legislation, policies and practices, and to gain needed resources. Practitioners emphasized the need to have individuals with lived experience heavily involved in decision-making and policy advocacy, with one practitioner saying, *“People closest to the problem are also closest to the solution.”*
- Expanding collaborations with community partners to boost resources and service delivery, including expanding services in underserved communities or tailoring services in culturally responsive ways. Practitioners described their partnerships as ways to *“amplify and reinforce”* the work they do.
- Meeting people where they are, both in terms of physical location (e.g., doing street outreach), but also in terms of what they are willing and able to do. One example provided was handing out fentanyl test strips during street outreach with instructions that were revised to be very clear, concise, and understandable.
- Reducing intimidation with a stigma-free/non-judgmental approaches and inviting people to receive services. This was characterized as not only promoting people to seek services, but also encouraging people to return for more services and referring others to the services.

“I think even amongst people who use drugs, people who use fentanyl are still stigmatized. Just being able to listen to people who use fentanyl and validate their experiences - then they feel heard and respected and want to continue receiving services from us.”

“Most of our participants come in from word of mouth, friends or other participants bringing them in. That seems the best way to go because of all the suffering they’ve gone through by working with people who just burn them or treat them as less than because they use drugs. There’s anxiety about coming into a building but through our participants and through our street outreach is how we get most of our folks.”

- Listening and learning from people who use fentanyl to effectively implement and deliver needed services.
- Identifying and filling in gaps, such as through engaging community navigators to fill in the gaps from contracted partners or working with jails to ensure they provide people with the tools and education they need upon release.
- Keeping up to date with best practices in their work and trends as these can evolve quickly.

Challenges to Reaching People who use Fentanyl

The practitioners identified two major challenges and barriers to connecting with and effectively serving individuals who use fentanyl in their communities.

1. *Increased criminalization and the resulting fear* were the most common barriers cited by practitioners. They spoke of fears around increased law enforcement that would deter people from reaching out to obtain needed resources and services. Practitioners also said there has been a decrease in calling for help during overdose events due to increased criminal penalties and fears of not being protected by the Good Samaritan Law.

I know that our deaths have gone up after people became afraid again about not being protected by the Good Samaritan Law.”

“Unfortunately, even if you do robust education about it, there’s always going to be people that are now afraid again to call when their friend or somebody near them is overdosing.”

2. *Not enough public health professionals engaging actively in the policy arena*, including public health professionals or leadership with lived experience. Practitioners spoke about not being able to be as innovative as they like because legislation is unclear or unsupportive, and that decision-makers appeared concerned about offering harm reduction services due to potential backlash from the public. These practitioners felt there was a need for increased advocacy, supportive legislation and policies, and community support for public health and harm reduction strategies since these have been shown to be effective.

“Politicians can get backlash for doing radical things that are informed by proof and public health and outcomes in other countries. And if you do something for a year and it isn’t approached in the way that people want it to, they just turn away immediately and abandon those ideas. Politicians catch flack for changing their minds from backlash from their funders or community members but are not catching backlash for dead people. Why is it like that? The backlash from a policy choice is more than thousands and thousands of dead community members. It’s just hurtful.”

Resources and Support Needed for Public Health and Harm Reduction Strategies

Practitioners were asked to identify resources and support that would be most useful to expand the reach and effectiveness of their work. Practitioners said these would be most helpful:

- More funding with less restrictions that allows practitioners to deliver effective evidence-based services and resources.
- Additional funding for training for practitioners, which could help ensure effective service delivery, implementation of best practices, and incorporating emerging innovations. One stated, *“All of our money really goes to our participants and what we can provide them, but it would be super awesome to have more money for conferences and trainings.”*

- Increased leadership and collaboration from people with lived experience, with one person saying, *“The more we collaborate with our peers who are on the front line, the more we can improve our services.”*
- More advocacy from *“public health officials to be proponents of sensible prevention efforts.”*
- Additional public health campaigns to 1) change the understanding of effective strategies around fentanyl use and 2) reduce stigma and raise awareness and compassion which may increase public support for resource allocation and successful strategies to address fentanyl use.
- Addressing the root causes of fentanyl use, like poverty, racism, and a lack of housing.

Conclusion

The Colorado practitioners present in the focus group are using various evidence-based public health and harm reduction strategies that have been shown to save lives and improve health and well-being. Increased criminalization and the resulting fear were identified as significant barriers to connecting with and effectively serving individuals who use fentanyl in their communities. Practitioners stated a need for increased advocacy, supportive legislation, resources, and community support for public health and harm reduction strategies since these have been shown to be effective.

“I try to broadly promote public health solutions and get public health to rally behind harm reduction and really take more of a proactive approach. We don’t always see homelessness, addiction, overdose, mental illness, and so on, being resourced like we see public safety resourced. These are public health issues, but we are not resourced in the same way that the departments of public safety are.”

References

- Clark et al. (2014). A systematic review of community opioid overdose prevention and naloxone distribution programs. *Journal of addiction medicine*, 8(3), 153-163.
- Pu, J., Ajisope, T., & Earlywine, J. (2021). *Drug checking programs in the United States and internationally: Environmental scan summary*. Office of the Assistant Secretary for Planning and Evaluation. U.S. Department of Health and Human Services.
<https://aspe.hhs.gov/sites/default/files/documents/79e1975d5921d309ed924148ef019417/drug-checking-programs.pdf>
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2023). *Harm Reduction*.
<https://www.samhsa.gov/find-help/harm-reduction>



FENTANYL-RELATED OVERDOSE TRENDS

What do we know about fentanyl-related overdoses?

According to the Center for Disease Control and Prevention (CDC), drug overdose deaths in the United States dropped by approximately 10% in 2023 to slightly over 100,000 deaths nationwide (McPhillips, 2024). This finding is in sharp contrast with previously reported rates as overdose deaths have been trending upwards across the country since 2019. CDC researchers suspect that the decrease in overdose deaths may be due to a steep drop in fatalities resulting from fentanyl use. Overdose deaths involving fentanyl and other synthetic opioids were reportedly down 20% (McPhillips, 2024). Once involved in 75% of all overdose deaths a few years ago, fentanyl use is estimated to be involved in about 66% of all fatal overdoses in 2023 (McPhillips, 2024).

Historically, data on individuals who experience a non-fatal overdose event has been limited. Emergency room visits and emergency medical service (EMS) responses related to non-fatal overdoses have been tracked; however, results generated from these data sources underrepresent the true number of non-fatal overdose events as they only include individuals who seek medical care in relation to their overdoses. Though limited, a downward trend of opioid-related overdoses is becoming apparent in emergency medical services data. National estimates suggest that EMS responded to 245,246 non-fatal overdoses between October 2023 and October 2024, representing a 28.3% decrease from the previous year (National Emergency Services Information System, 2024). While these estimates do not provide information on how many non-fatal overdoses were due to fentanyl, given that the primary driver for deaths from opioids (since 2013) is fentanyl and synthetic opioids, it is likely that a substantial number of the non-fatal overdoses are associated with fentanyl use.

Decreases in overdose deaths and non-fatal overdoses may be a result of various public health interventions, such as harm reduction strategies, recently implemented throughout the United States. Harm reduction strategies are evidence-based approaches that have been shown to reduce numerous substance use issues, including reducing overdose deaths and emergency department visits by people who use substances (Office of Recovery Services [ORS], 2021). Specific community-based efforts include overdose prevention education (e.g., recognizing signs of an overdose, administering naloxone) and distribution programs (e.g., fentanyl test strips, naloxone distribution), syringe service programs (e.g., distributing sterile syringes, education), and education to reduce stigma (SAMHSA, 2023). Medications for Opioid Use Disorders (MOUD) is an additional harm reduction strategy shown to reduce overdose deaths and reduce illicit opiate use when taken by individuals who have opioid use disorders by reducing or suppressing cravings or blocking the euphoric effects of opioids (SAMHSA, 2024; SAMHSA, 2023 Medications).

Colorado Fentanyl Overdose Data

Fentanyl-related overdose death and non-fatal synthetic opioid overdose data are summarized by year between 2018 and 2023 in the following narrative. County and state-level data were obtained from the Colorado Department of Public Health and Environment's Drug Overdose Dashboard. This Dashboard is prepopulated with the Vital Statistics Program mortality data and Colorado Hospital Association billing claims discharge data.

While Colorado has implemented several harm reduction strategies as a result of HB 22-1326, it is too early to demonstrate community-level impact using population-level data as an indicator of change. However, the fentanyl overdose and synthetic opioid overdose trends identified below should be used as a baseline for future comparisons. Continuing to collect and monitor population data will help assess the impact of HB 22-1326 on overdose rates and to determine whether Colorado is following national trends.

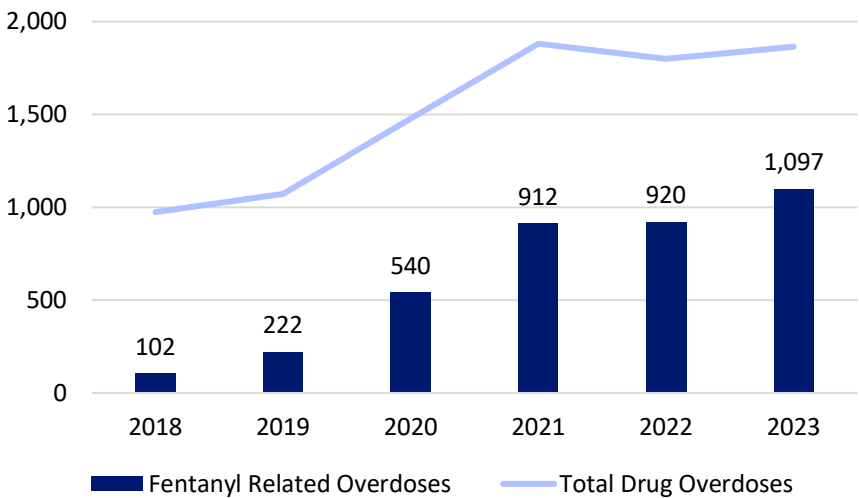
The following section presents results on fentanyl overdose death data statewide, in judicial districts, and at the county level. A summary of overdose deaths while under supervision is provided. Additionally, synthetic overdose data is presented at the state and county level.

Fentanyl Overdose Deaths

Statewide

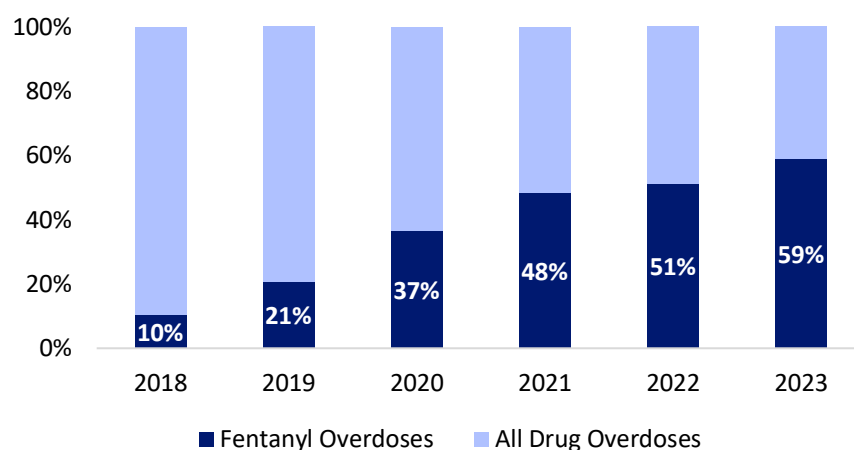
Total drug overdose deaths have increased statewide over the past six years. Fentanyl-related overdose deaths have followed the same trend and increased over 900 percent between 2018 and 2023. Figure 1 presents both the total number of drug overdoses and number of fentanyl-related overdoses by year.

Figure I-7.1: Number of Fentanyl-Related Overdose Deaths and Total Drug Overdose Deaths - Statewide



Not only has the number of fentanyl-related overdose deaths increased in Colorado between 2019 and 2023, but they continually represent a higher proportion of all drug overdoses statewide. Fentanyl-related overdoses represented 10 percent of all drug overdoses in 2018. That increased to 59 percent in 2023.

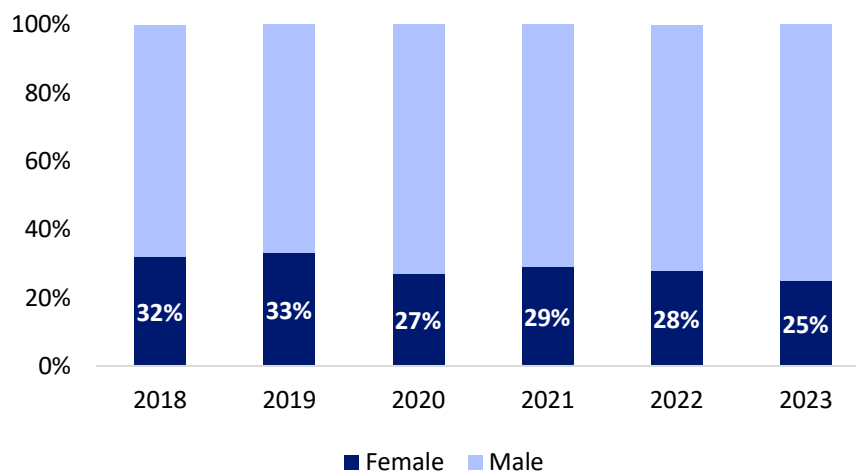
Figure I-7.2: Percentage of All Drug Overdose Deaths that Were Fentanyl Related - Statewide



White males between the ages of 25 and 44 were more likely to experience overdose death from fentanyl use. Figures 3 through 6 present fentanyl overdose death counts by individual characteristics including gender, race, ethnicity, and age.

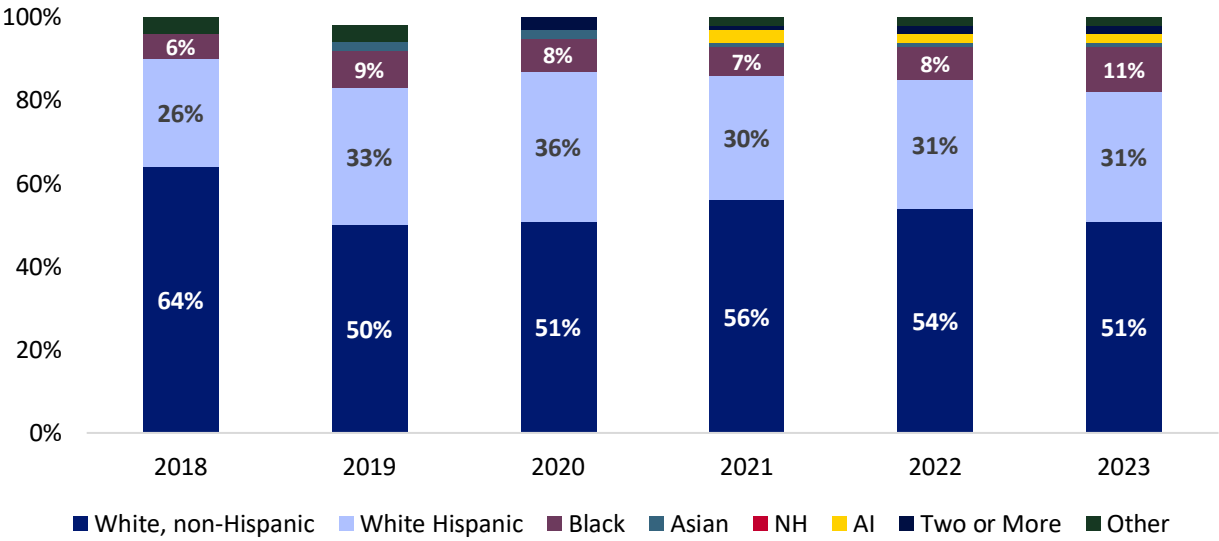
Figure 3 highlights that males experienced the majority of fentanyl-related overdose deaths. A higher percentage of females died from fentanyl overdose deaths in 2018 and 2019. That percentage has decreased over the last few years, with the lowest percentage in 2023.

Figure I-7.3: Fentanyl-Related Overdose Deaths by Gender - Statewide



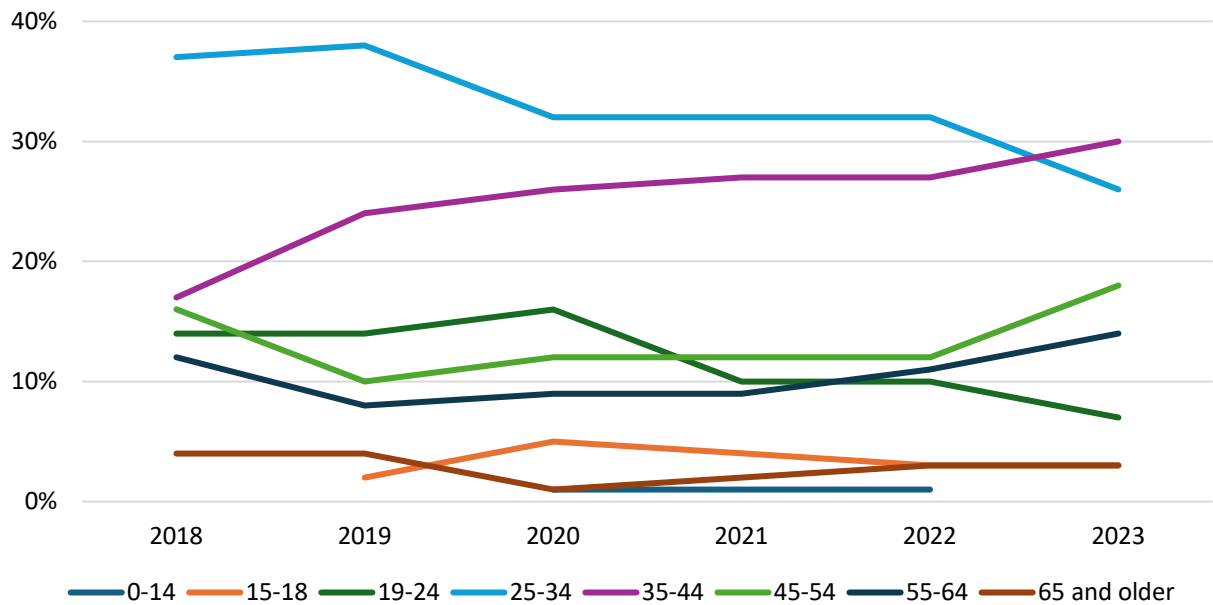
White, non-Hispanic individuals were more likely to have a fentanyl-related overdose, followed by White Hispanic, Black, and American Indian individuals. However, the percentage of deaths by White, non-Hispanic individuals has been trending downward since 2020, suggesting that overdose deaths by non-white individuals are rising.

Figure I-7.4: Fentanyl-Related Overdose Deaths by Race and Ethnicity - Statewide



Over half of overdose deaths were individuals between 25 and 44 years old. There was an increase in the percentage of individuals between 35 and 64 who overdosed on fentanyl between 2022 and 2023.

Figure I-7.5: Fentanyl-Related Overdose Deaths by Age Category- Statewide



Judicial District

Fentanyl-related overdose death counts are presented by judicial district in Table 1. Counts fewer than three were suppressed for confidentiality purposes and are indicated by an asterisk. Judicial Districts with the highest number of overdose deaths across the six-year span included the 2nd (963), the 17th (561), the 18th (529) and the 1st (444). A table listing judicial districts and corresponding counties is located in Appendix B.

Table I-7.1 - Fentanyl-Related Overdose Death Counts by Judicial District by Year

Judicial District	Year					
	2018	2019	2020	2021	2022	2023
1st	9	23	75	111	102	124
2nd	17	62	144	220	196	324
3rd	*	4	4	8	*	6
4th	9	22	47	96	96	119
5th	0	0	*	*	4	12
6th	*	*	*	8	8	9
7th	0	3	*	8	5	3
8th	*	10	12	41	37	30
9th	3	*	*	5	7	3
10th	4	6	7	8	30	18
11th	*	*	4	*	7	3
12th	*	*	3	6	3	21
13th	*	*	*	*	9	5
14th	*	0	*	5	6	8
15th	0	0	*	3	*	3
16th	*	0	4	5	3	8
17th	20	27	79	157	142	136
18th	12	23	78	115	140	161
19th	6	16	27	51	45	33
20th	*	8	17	22	30	36
21st	7	3	9	12	16	13
22nd	0	3	*	*	5	3
Total*	87	210	510	881	891	1,078

*Excluding suppressed cases

County

Appendix B includes fentanyl-related overdose death counts and rates by county between 2018 and 2023. Rates are provided per 100,000 population for 2021 to 2023 to assist in comparing counties with different populations.

The top 5 counties with the highest overdose rates varied between 2021 and 2023. Denver was the only county ranked as one of the highest in all three years. Although counties with the highest rates were somewhat inconsistent over the time period, the overall direction of overdose rates trended upwards between 2021 and 2023. For example, the highest overdose rate in 2021 was 55.82 and the highest overdose rate in 2023 was 110.01. County-level rates are included in Appendix B.

Table I-7.2 - Highest Fentanyl-Related Overdose Rates*

2021		2022		2023	
County	Rate	County	Rate	County	Rate
Las Animas	55.82	Phillips	67.66	Costilla	110.01
Moffat	37.99	Grand	38.10	Rio Grande	62.44
Denver	30.92	Denver	27.48	Las Animas	47.74
Adams	28.85	Adams	25.03	Denver	45.27
Otero	26.99	Elbert	21.57	Otero	44.16

*Rate per 100,000 population

Ten (16%) counties had zero deaths all three years, 6 (9%) counties had a constant increase in overdose death rates from 2021 to 2023, and 20 (31%) decreased their rate between 2022 and 2023.



FENTANYL OVERDOSE DEATHS WHILE UNDER SUPERVISION

Data on individuals who died while under Department of Corrections (DOC) and Colorado Judicial Branch, Division of Probation Services supervision between 2018 and June 30, 2024 were collected. This data was merged with mortality data by CDPHE's Vital Statistics Department to determine the number and percentage of deaths related to fentanyl use. The mortality data were collected and provided by the Colorado Vital Statistics Program, Center for Health and Environment, Colorado Department of Public Health and Environment. The Vital Statistics Program specifically disclaim responsibility for any analyses, interpretations, or conclusions they have not provided. The DOC reported 1,440 deaths between January 1, 2018 and June 30, 2024. Vital Statistics was able to match 1,355 of the 1,440 individuals producing a 94% match rate. Probation reported 2,883 deaths during the same timeframe. Vital Statistics was able to match 2,566 of the 2,883 records (89%). The slightly lower match rate for the list of individuals who died while under Probation supervision may be attributed to the limited demographic information available for matching purposes.

CDPHE provided mortality data indicating the official cause of death along with ICD-10 codes associated with all factors noted in the cause of death. Factors indicated in the cause of death included immediate and underlying causes, other significant or contributing conditions, and facets of the injury-related death. NPC reviewed all provided data to determine the extent to which fentanyl was a factor in the deaths that occurred while under supervision. The following section provides a summary of the fentanyl-related deaths while under DOC and Probation supervision.

Note: These data were supplied by the Center for Health and Environmental Data of the Colorado Department of Public Health and Environment, which specifically disclaims responsibility for any analyses, interpretations, or conclusions it has not provided.

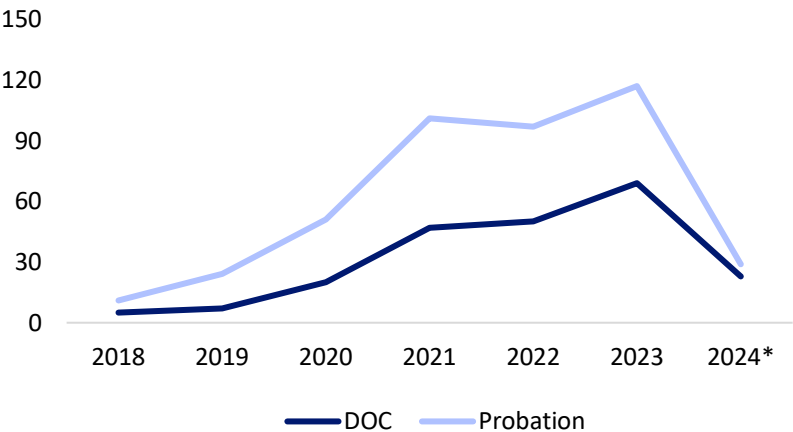
Fentanyl was listed as an underlying cause of death but was not listed as the official cause of death.

16% (221) of the deaths reported by the **DOC** between 2018 and June 30, 2024, were **fentanyl related**.

17% (430) of the deaths reported by the **Probation Department** between 2018 and June 30, 2024, were **fentanyl related**.

While more individuals under Probation supervision had fentanyl-related deaths compared to those under DOC supervision, trends over time were similar between the two agencies.

Figure I-7.6: Number of Fentanyl-Related Deaths Per DOC and Probation Supervision



*2024 – Only deaths from January 1 through June 30 are included

Department of Corrections

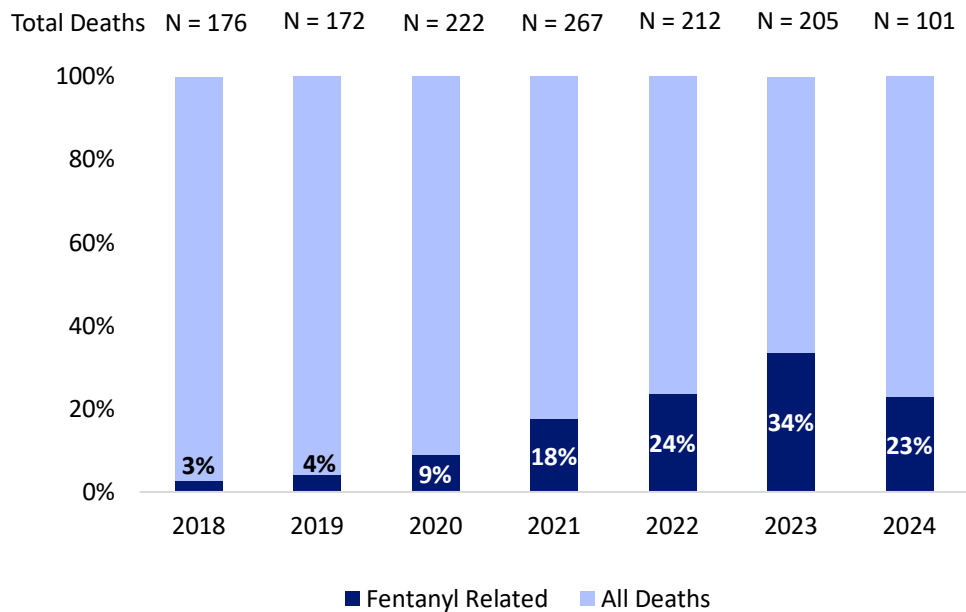
As previously mentioned, mortality data was provided for 1,355 out of the 1,440 individuals who died while under the DOC supervision. Of the 1,355 deaths, 221 (16%) were related to fentanyl use. The official cause of death in over 90% of fentanyl-related deaths was accidental poisoning. A summary of official causes of death is provided in the following table.

Table I-7.3: Official Cause of Death

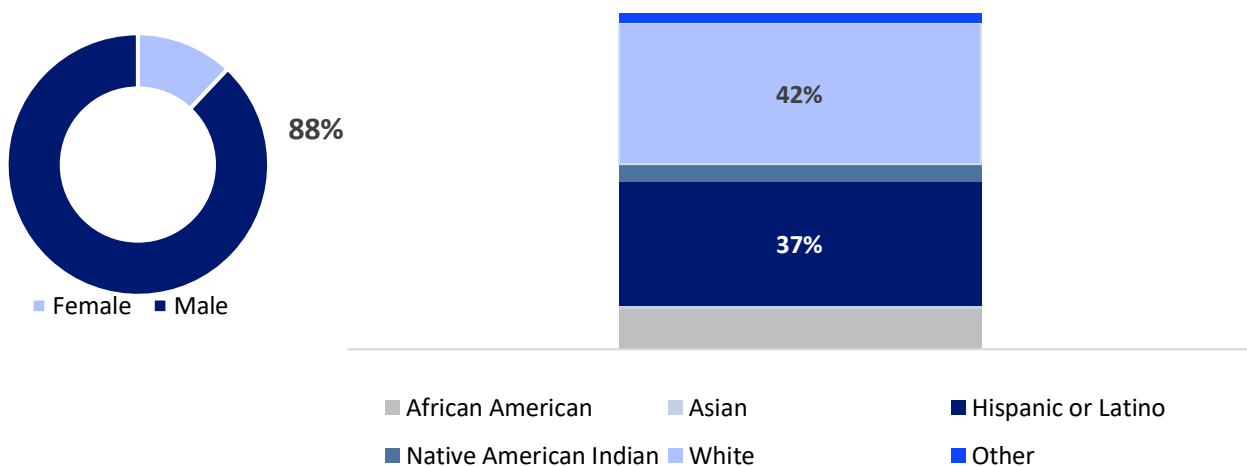
Official Cause of Death	Number	Percent
Accidental poisoning by and exposure to other unspecified drugs, medicaments, and biological substances	129	58%
Accidental poisoning by and exposure to narcotics and psychodysleptics	80	36%
Pedestrian injured in traffic accident	3	1%
Accidental poisoning by and exposure to carbon monoxide and other gases and vapors	2	1%
Motor vehicle collision	2	1%
COVID	2	1%

Not only did the number of fentanyl-related deaths for individuals under DOC supervision increase from 2018 to 2023, but they also represented a gradual increase in the percentage of all DOC deaths. Fentanyl-related deaths represented 3% of all DOC deaths in 2018. That increased to 34% in 2023.

Figure I-7.7: Percentage of DOC Deaths that were Fentanyl Related by Year



Race and ethnicity are collected as one variable in the Colorado DOC data. Due to this limitation, White, non-Hispanic, and White, Hispanic categories could not be created for comparison purposes. White males were more likely than other individuals under supervision to experience a death related to fentanyl use. Hispanic males were the second most likely group. The average age of individuals who died of an overdose was 37, with a range from 20 to 70.



Most individuals (77%) under DOC supervision who experienced a fentanyl-related death were on parole. This was followed by Community Corrections (6%), Intensive Supervision Programs (2%), and State Prison (2%). DOC status was unknown for 9% of the individuals.

Division of Probation Services

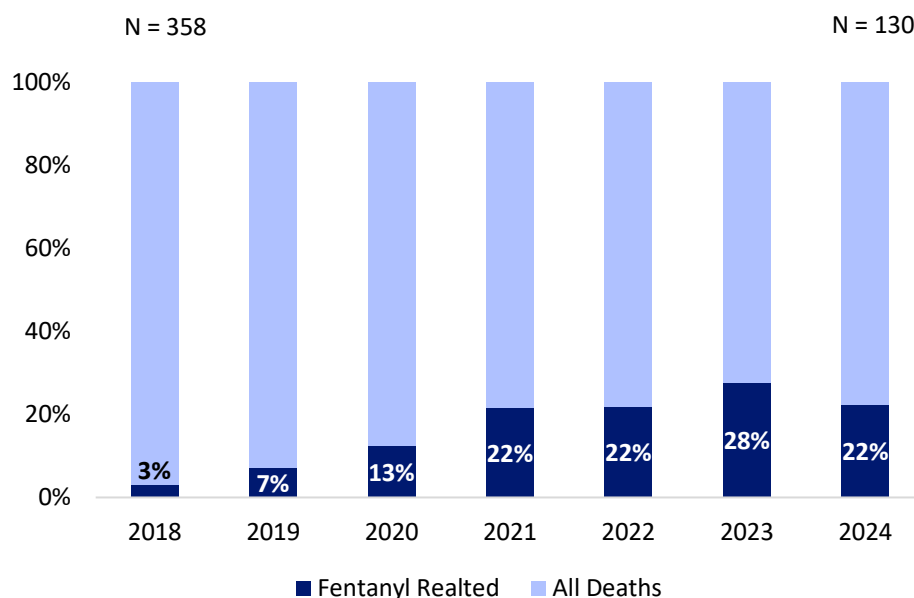
Mortality data was provided for 2,566 of the 2,883 records (89%). Out of the 2,566 individuals who died while under Probation supervision, 430 (17%) were related to fentanyl use. Over 95% of these deaths had accidental poisoning as the official cause of death. A summary of the causes of death is provided in the following table.

Table I-7.4: Official Cause of Death

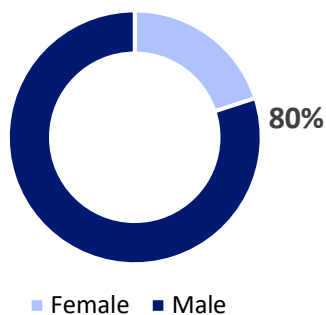
Official Cause of Death	Number	Percent
Accidental poisoning by and exposure to narcotics and psychodysleptics	225	52%
Accidental poisoning by and exposure to other unspecified drugs, medicaments, and biological substances	188	44%
Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	3	1%
Poisoning by and exposure to narcotics and psychodysleptics	3	1%
Poisoning by and exposure to other and unspecified drugs, medicaments and biological substances, undetermined intent	2	.5%
Intentional self-poisoning by and exposure to narcotics and pscyhodysletptics	2	.5%
Hypertensive and atherosclerotic cardiovascular disease	1	.2%
Sudden cardiac death	1	.2%
Acute pulmonary thromboembolism	1	.2%
Blunt force injuries of the torso	1	.2%
Intentional self-harm by hanging, strangulation and suffocation	1	.2%
Acute carbon monoxide poisoning and thermal injuries	1	.2%
Drowning and submersion in bathtub	1	.2%

Not only did the number of fentanyl-related deaths for individuals under Probation supervision primarily increase from 2018 to 2023, but they also represented a gradual increase in the percentage of all deaths under Probation supervision. Fentanyl-related deaths represented 3% of all deaths under supervision in 2018 and increased to 28% in 2023.

Figure I-7.8: Percentage of Probation Deaths that Fentanyl Related by Year



Similar to DOC supervision, males were more likely to experience death related to fentanyl use while under Probation supervision. The average age of individuals who died under Probation supervision was 33 and ranged from 16 to 79. Race and ethnicity data was not provided for these individuals.



Lastly, slightly less than half (47%) died at home, 7% were in the hospital or inpatient facility, and 5% were in the Emergency Room or outpatient facility. The location of death was listed as 'other' for approximately 40% of the individuals.

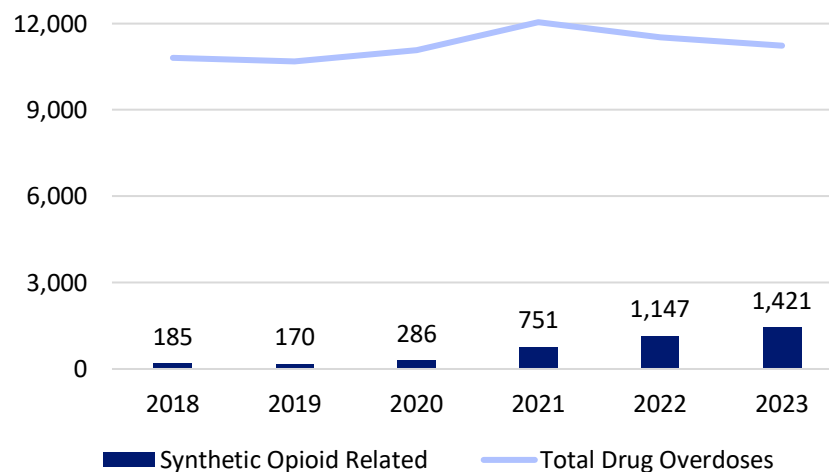
Non-Fatal Synthetic Opioid (Fentanyl) Overdoses Resulting in Emergency Services

The Drug Overdose Dashboard contained cases of non-fatal synthetic opioid overdose resulting in emergency room visits. This category included fentanyl and other synthetic opioids such as tramadol. The following figures depict a summary of this data statewide and by county. Counts less than 10 events have been suppressed.

As of October 2020, a change in ICD-10-CM codes provided a direct code to track fentanyl in the healthcare setting. However, this data is not yet available via the Dashboard. Stakeholders are encouraged to review this data when it becomes available as another population indicator.

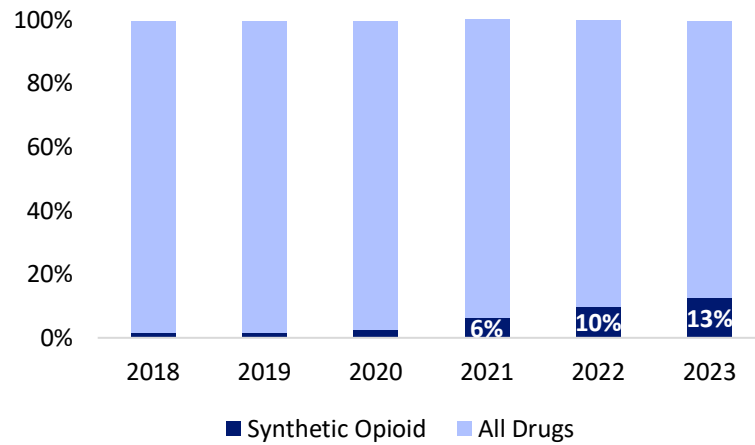
Similar to fentanyl-related overdose death rates, the number of non-fatal synthetic opioid overdoses resulting in an emergency visit increased in Colorado between 2018 and 2023. In comparison, the number of all drug overdoses resulting in emergency visits has been declining since 2021.

Figure I-7.9: Number of Non-Fatal Synthetic Opioid and Total Drug Overdose Emergency Visits - Statewide



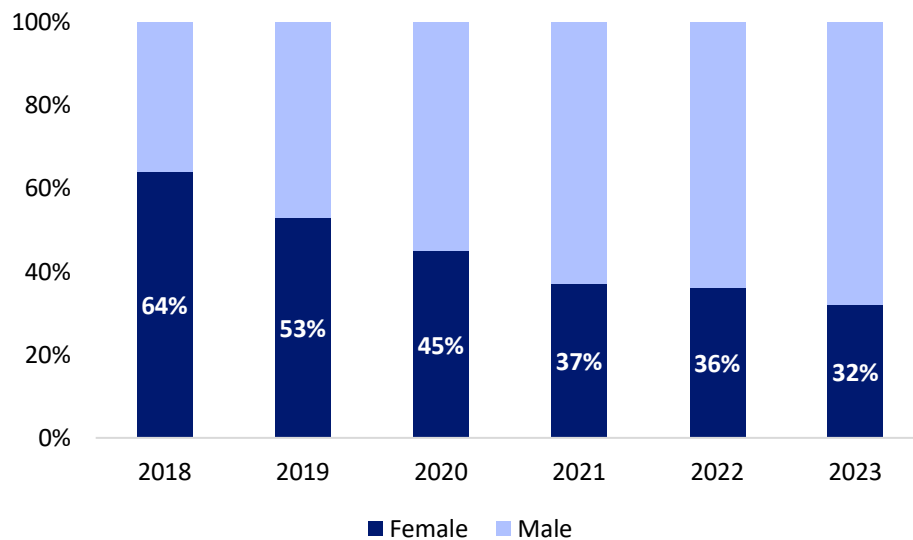
Since the number of non-fatal synthetic opioid overdoses resulting in emergency room visits increased and the overall number of all drug overdoses decreased, the percentage of non-fatal synthetic opioid overdoses has been on the rise since 2019, as indicated in Figure 9.

Figure I-7.10: Percentage of All Drug Overdose Emergency Visits that Were Synthetic Opioid-Related - Statewide



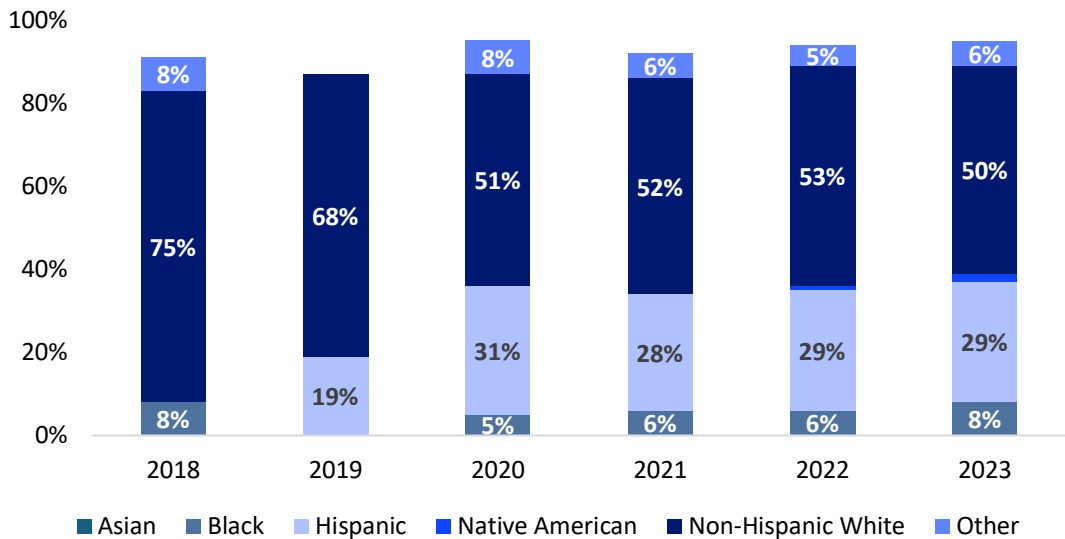
The percentage of emergency visits that were for cases of synthetic opioid-related overdose by females substantially decreased between 2018 and 2023.

Figure I-7.11: Non-Fatal Synthetic Opioid-Related Overdose Emergency Visits by Gender - Statewide



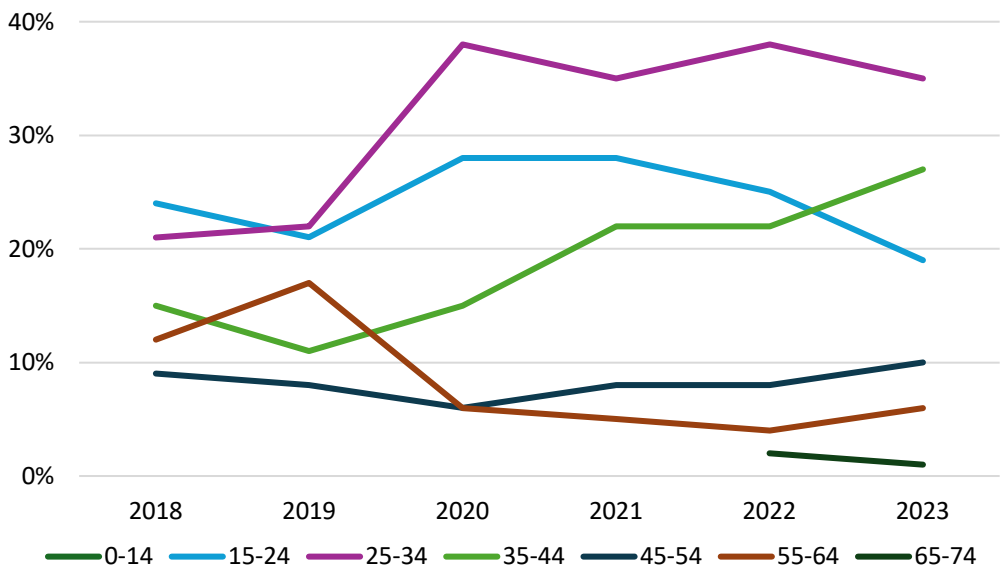
Non-Hispanic white individuals were more likely to visit the emergency department compared to Hispanic individuals. This was followed by Black individuals and residents who selected ‘other’ as their race.

Figure I-7.12: Non-Fatal Synthetic Opioid-Related Overdose Emergency Visits by Race and Ethnicity - Statewide



The percentage of individuals with emergency visits for synthetic opioid-related overdose between 25 and 34 years old remained the highest between 2020 and 2023. Overdose visits made by 35-44 year old individuals have increased since 2020, while the number by individuals 15-24 years old decreased. Based on this data, individuals between 65 and 74 started seeking emergency services for synthetic opioid-related overdoses in 2022.

Figure I-7.13: Non-Fatal Synthetic Opioid-Related Overdose Emergency Visits by Age Category- Statewide



Conclusion

Data results indicate that the percentage of all drug overdose deaths that are fentanyl-related has been trending upward between 2018 and 2023. Although counties with the highest rates were somewhat inconsistent over the time period, the overall direction of overdose rates trended upwards. A higher percentage of females died from fentanyl overdose deaths in 2018 and 2019; however, that percentage has decreased over the last few years, with the lowest percentage in 2023. The percentage of deaths by white individuals has been trending downward since 2020, suggesting that overdose deaths by non-white individuals are rising. There was an increase in the percentage of individuals between 35 and 64 who overdosed on fentanyl between 2022 and 2023.

Fentanyl was listed as an underlying cause of death for approximately 16% of individuals who died while under the supervision of the Colorado Department of Corrections (DOC) and by the Colorado Judicial Branch, Division of Probation Services (Probation) between January 1, 2018 and June 30, 2024. The number of individuals who had fentanyl-related deaths has been trending upward since 2018 for both agencies. White males, followed by individuals identifying as Hispanic, were most likely to have a fentanyl-related death while under supervision. However, race and ethnicity were provided as one variable in the Colorado DOC data. Due to this limitation, White, non-Hispanic, and White, Hispanic categories could not be created for comparison purposes. Collecting data on race and ethnicity moving forward would allow for this comparison.

Synthetic-opioid overdose emergency services data results tend to be in line with the overdose death data results. The percentage of all synthetic-opioid (including fentanyl) overdose emergency visits has increased since 2019, following a similar trajectory as the fentanyl-related overdose deaths. Fewer women visited emergency services due to a synthetic-opioid overdose since 2021 and the percentage of white individuals seeking service has also started trending downward. A higher percentage of older individuals have synthetic-opioid emergency visits, further mirroring the initial trends identified in fentanyl-related overdose deaths.

The data summarized in this section should be used as a baseline for future comparisons. Continuing to collect and monitor population data will help assess the impact of HB 22-1326 on overdose rates and determine whether Colorado is following national trends. Seeking additional sources of data, such as results generated from ICD-10-CM codes directly linked to fentanyl-related visits in the healthcare setting, will also help to provide a more comprehensive review of fentanyl-related trends throughout the state.

References

- McPhillips, D. (2024). *US overdoses have fallen sharply in recent months, a hopeful shift in trends*. CNN Health. <https://www.cnn.com/2024/09/19/health/drug-overdoses-sharp-decline/index.html>.
- National Emergency Services Information System. (2024). Opioid Overdose Tracker. NEMSIS Opioid Overdose Tracker. <https://nemsis.org/opioid-overdose-tracker/>
- Office of Recovery Services. (2021). City of Boston: Boston Harm Reduction Toolkit. <https://www.boston.gov/sites/default/files/file/2021/09/CoB%20Harm%20Reduction%20Toolkit.pdf>
- SAMHSA, 2024. <https://www.samhsa.gov/medications-substance-use-disorders>
- Substance Abuse and Mental Health Services Administration. (2023). *Harm Reduction*. <https://www.samhsa.gov/find-help/harm-reduction>

Substance Abuse and Mental Health Services Administration. (2023). *Medications, Counseling, and Related Conditions*. <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions>

ASSESSMENT AREA: ACUTE RESPONSES TO ADDRESS NEEDS

II. Assessment Area: Acute Responses to Address Needs

1. Managed Service Organizations (MSOs) Services
2. Practitioner Perspectives



MANAGED SERVICE ORGANIZATIONS (MSOS) SERVICES

Background

National guidelines for providing crisis care recommend ensuring quality dispatch services, a timely response, and short-term stabilization for clients². Once short-term stability is achieved, providers can direct individuals to appropriate treatment and recovery services to help them manage their long-term recovery. This holistic approach can be a challenge for providers; providers of withdrawal management services often lack medical facilities, while crisis stabilization units are often not positioned to offer MOUD (Gase & Beletek, 2023). To be effective, these service providers need to offer treatment and initiate long-term care for individuals experiencing SUD-related crisis. In Colorado, Managed Service Organizations (MSO) are contracted by the Behavioral Health Administration (BHA) to coordinate SUD treatment services for individuals who are uninsured and to ensure quality treatment services are provided.

What change HB22-1326 made

HB22-1326 (Section 36) appropriated \$10 million to BHA over fiscal years 2023, 2024, and 2025 for MSOs to contract to provide short-term residential placement with withdrawal management, crisis stabilization, and MAT for persons in immediate need of detoxification and stabilization services. Making necessary resources available to providers is key to augmenting the mental health crisis infrastructure—such as by developing mental health walk-in clinics and crisis stabilization units—to ensure such providers are equipped to address the needs of individuals with co-occurring SUDs. In addition to funding contracted treatment services, MSOs are required by legislation to ensure contracted providers train and coordinate with first responders concerning the available services in lieu of arrest and transport to jail.



² Substance Abuse and Mental Health Services Administration (SAMHSA): *National Guidelines for Behavioral Health Crisis Care*

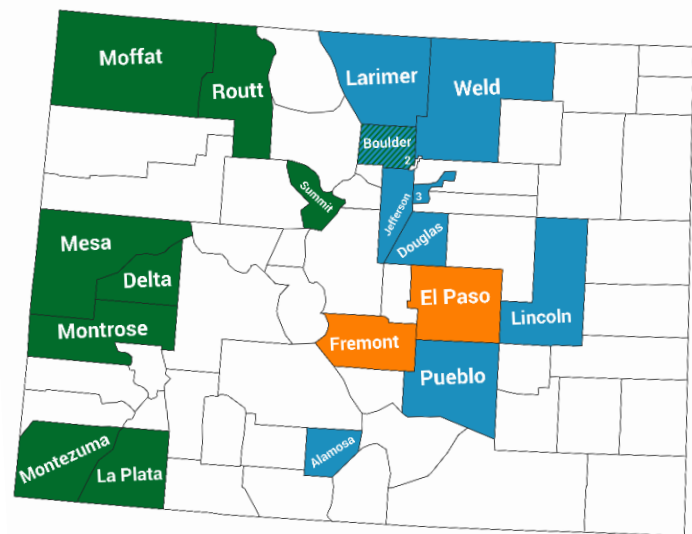
Colorado's Managed Services Organizations

There are three MSOs: Diversus Health, Rocky Mountain Health Partners, and Signal Behavioral Health Network. During FY24, the three MSOs contracted with 11 total providers (one provider was contracted by two MSOs). In total, the MSOs contracted with 12 provider sites who made services available in 19 counties (see map) using funding from HB22-1326.

Reported Data

Data in this section of the report came from monthly and annual reports MSOs provided to Colorado's Behavioral Health Administration for FY24 (7/1/2023-6/30/2024) though efforts began in FY23 and continue in FY25. Reports included data on the number, types, and location of contracted providers. The number of people served by each organization was provided but did not always specify which type of services were received by those persons. Limited data were provided on training and coordination efforts regarding available services to be utilized in lieu of arrest and transportation to jail. This report provides a snapshot of efforts that occurred in FY24. Additional data will be available on these efforts at the conclusion of FY25 (after 6/30/2025).

Counties with Contracted Sites by MSO



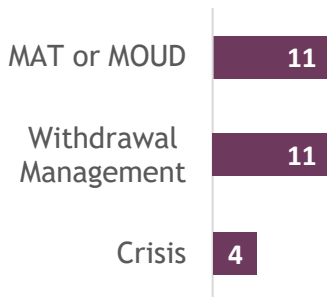
- Diversus Health
- Rocky Mountain Health Partners
- Signal Behavioral Health Network

**Both RMHP & SBHN have contracted sites in Boulder County*

Services Provided

Most contracted providers offered medication assisted treatment (MAT)/medications for opioid use disorder (MOUD; 91%) and withdrawal management (91%), while fewer offered crisis intervention services (33%). Three out of the eleven different contracted providers offered all three services. Other services reportedly provided included acute treatment units ($n = 1$ provider) and enhanced care teams ($n = 1$ provider).

Total Number of Providers



Overall **2,954** people were reached by services delivered by the MSO-contracted providers.

Training Provided

MSOs reported offering nine different training sessions across 160 participants. Reported training topics included:



- Enhanced Care Team connection/overdose prevention
- Injectable medication training for medical assistants
- Community outreach training
- Workflow of MAT on demand service

Coordination Efforts

MSOs reported their contracted sites coordinated with a variety of local agencies and organizations. Among all three MSOs, contracted sites collaborated with treatment providers and local hospitals.

Organization Type	Diversus	Rocky Mtn.	Signal	Total Agencies
Treatment provider	✓	✓	✓	11
Hospital	✓	✓	✓	9
Co-responder team		✓	✓	6
Law enforcement	✓		✓	6
Recovery support services organization	✓		✓	4
Emergency management	✓			2
Public health	✓			2
Local business			✓	2
Unit of local government	✓		✓	1
Corrections			✓	1
Consultant			✓	1
Unknown	✓		✓	3

Funding

In total, MSOs contracted for \$5,017,495 in services delivered by their providers in FY 24. **Signal Behavioral Network** managed the majority of this funding as it contracted with the largest number of providers that delivered services in more populace areas.

Total Funding	\$5,017,495
Signal Behavioral Health Network	\$3,969,935
Diversus Health	\$713,700
Rocky Mountain Health Partners	\$333,860

MSO	Counties where Contractors Operate	Combined Population of Contractor Counties
Signal Behavioral Health Network	Alamosa, Boulder, Denver, Douglas, Jefferson, Larimer, Lincoln, Pueblo, Weld	2,865,428
Diversus Health	El Paso, Fremont	779,334
Rocky Mountain Health Partners	Boulder, Delta, La Plata, Mesa, Moffat, Montezuma, Montrose, Routt, Summit	710,999

Successes & Challenges

Successes

- **Level/reach of services:** All three MSOs reported expanding the level and reach of services across various contracted sites. Each MSO said there has been an increase in the number of people engaged in services across providers, including:
 - expanding services in rural areas;
 - increasing outreach and engagement with homeless individuals;
 - and increasing the site's capacity for overnight care and inpatient services.
- **Peer navigators:** Two MSOs (Signal Behavioral Health Network & Diversus Health) reported working with their providers to facilitate the training and certification of peer recovery specialists. One MSO reported one of their sites was able to provide connection to a peer navigator to support individuals throughout their recovery journey.
- **Connections and referrals:** Signal Behavioral Health Network reported increasing referrals to external agencies, such as recovery residences.
- **Engaging with local agencies:** Diversus Health reported one of their newer provider sites is successfully engaging with local agencies to develop a network between other services providers and law enforcement.

Challenges

- **Funding:** All three MSOs reported that providers are struggling with funding limitations, including:
 - Range of services, such as offering medical care at detox facilities or expanding the variety of services offered at a smaller provider
 - Individuals who are uninsured and have their treatment costs covered by outside funding from MSOs
 - Capacity of providers in cities and municipalities experiencing population growth
- **Lack of providers in region:** All three MSOs reported a lack of providers in their service areas. Often this is a greater challenge in rural areas where there are few providers and insufficient resources to support recovery efforts. This creates greater strain for existing providers, who - at some sites - are at capacity and have lengthy waitlists for entry.
 - Residential housing: Diversus Health reported a lack of available residential treatment options and sober living options.

Summary

MSOs have used funding from HB22-1326 to support providers offering crisis care services across Colorado. These providers reached nearly 3,000 people across 19 counties. While MSOs reported their contracted providers offering some trainings and collaborating with other local agencies, the data provided for FY24 was limited:

- Not all contracted sites provided counts on individual participants served.
- Lack of details on trainings provided by contracted sites. Some sites didn't include any information on training.
- Limited information on coordination efforts with other local agencies. Some sites didn't include any information on coordination efforts.

In the future, MSOs should encourage their contracted sites to routinely collect data on these outcomes to ensure their efforts are accurately recorded.



PRACTITIONER PERSPECTIVES: FIRST RESPONDERS AND TREATMENT PROVIDERS

The goals of collecting practitioner perspectives were to gather information on promising models, opportunities, and challenges to first response and connection to short-term residential or other treatment resources for individuals with opioid use disorder (OUD). A focus group was conducted in July 2024 with first responders (including law enforcement officers) and treatment providers. A flyer with a sign-up link was created to recruit attendees that described the purpose and goals of the focus group. The recruitment flyer was shared on multiple listservs and through the study advisory team. Attendees received a \$30 Amazon gift card for their time. There were 15 attendees that represented a range of agencies and roles. Five were first responders, three were in other roles in the criminal justice system, six were in treatment-related roles, and one did not specify their role. The session was recorded and transcribed. Themes and illustrative quotes are provided below.

Effective Models and Strategies for Individuals with OUD

Colorado practitioners identified the strategies and models they are using that appear most useful in responding to individuals with OUDs and/or people who use fentanyl, including:

- Enhancing treatment and complementary services, with the following examples provided:

- Bringing treatment services in-house to community corrections.
- Planning discharge collaboratively with the client at the start of treatment to promote patient-centered care.

“Once they come to treatment with us, we immediately start talking about discharge. I think it’s really important to start talking about that transition and what it looks like. Talking about discharge the moment they get there, and what they’re thinking about. I think really having a good game plan is important.”

- Providing continuing care (also known as “aftercare” or “stepdown care”), which is a period of lower-intensity treatment that follows the more intensive initial treatment to maintain treatment gains, achieve or sustain abstinence, and prevent relapses (McKay, 2021). One practitioner has seen greater long-term recovery through offering this sort of continuing care.

“Our 21-day program is actually a 6-to-9-month program. It’s 21 days [of in-house treatment], and then there’s about 6 to 9 months of aftercare we provide for clients. I think one of the biggest successes is when they engage in aftercare. They tend to have longer term success in sobriety.”

Research generally supports the efficacy of continuing care. Longer durations of continuing care that includes more active engagement efforts may have more consistently positive results, and patients at higher relapse risk may benefit more from continuing care (McKay, 2021).

- Facilitating transitions to sober living facilities to provide patients with stability and a community supportive of their recovery.

“I think one of the biggest successes we have is when we can transition somebody to sober living or an alternate place from where they came from. I think that’s also one of the struggles if they go right back home to where they left. It’s really difficult to have sustained sobriety when that happens.”

Living in sober housing has been found to be associated with greater likelihood of a successful treatment discharge and engaging in outpatient treatment for a longer time (Mericle et al., 2022).

- Establishing a co-responder team model with peer recovery coaches and law enforcement.

“We just implemented a co-responder program right now with one of our partners. So now we’ve addressed streamlining treatment services and utilizing peer recovery coaches. They’re going to be housed with our homeless outreach team because they’re going to get the most contacts being in that unit. We’re working on some business cards that have a QR code on it that directs them to all available services here in our region.”

Co-Responder Models in Colorado

LEAD stands for Law Enforcement Assisted Diversion and Let Everyone Advance with Dignity and is a program modeled after the LEAD National Support Bureau in Seattle. LEAD is an alternative response model (to traditional police response) where first responders provide pathways to treatment and resources in the community for people with substance use disorders and other needs.

There are four LEAD sites in Colorado (Alamosa, Longmont, Denver, and Pueblo) and a pilot expansion is planned. All LEAD sites in Colorado operate differently in response to local contextual factors, needs, and partner organizations. Longmont and Pueblo programs are deflection and pre-arrest diversion programs. These programs get referrals from judicial, public defenders, and MAT clinicians. They are working to enhance partnerships with law enforcement.

The LEAD programs have been enhancing their data collection procedures and are working toward standardized data. The LEAD programs have seen a dramatic increase in fentanyl use across the programs. Like other deflection and diversion programs, LEAD program goals include reducing recidivism. In addition, they are interested in other outcomes including reducing substance use and other high-risk behaviors. Positive outcomes from the LEAD programs include fewer days in jail, less substance use, and more MAT use.

Community collaboration and partnerships are key to success in the LEAD program that raise the level of accountability. A challenge facing Colorado’s LEAD programs has been difficulty getting people into treatment due to cutbacks in Medicaid funding which means a shorter amount of time in treatment. There is a need to raise awareness about the need for treatment of sufficient length to promote long term recovery.

Deflection versus Diversion Programs - What's the Difference?

Deflection programs typically occur before arrest or prior to contact with the criminal justice system and often include case managers, social workers, clinical staff, peer support specialists, and law enforcement. These programs connect individuals with mental health or substance use issues to treatment with the goal of avoiding emergency responses from law enforcement or other first responders (Widgery, 2023, p. 1).

Pretrial diversion programs are post-arrest but prior to final judgment and are often administered by prosecutors or court officials. Diversion programs may occur before charges are filed, before initial appearance, or prior to adjudication. Successfully completing the diversion program may lead to a dismissal of charges or other benefits (Widgery, 2023, p. 1).

- Embracing harm reduction strategies and distributing harm reduction supplies. As described in an earlier section of this report, harm reduction strategies are evidence-based and have been shown to save lives and improve health and well-being (SAMHSA, 2023).

“We’re utilizing naloxone and test trips and getting those out broadly.”

“I appreciate the availability of naloxone and testing strips at no cost. That’s been really helpful, whether for us to access directly or to refer our clients to access in various places.”



- Organizing trainings for first responder and criminal justice system staff. HB22-1326 aimed to enhance training of first responders for more effective responses and use of resources (Gase & Beletic, 2022). One practitioner at the focus group noted the Center for Addiction Medicine (CAM) Academy as a training resource. The CAM Academy is a partnership between the Denver Prevention Training Center and Denver Health’s Center for Addiction Medicine and provides training and technical assistance to increase knowledge and skills of healthcare professionals and community members related to substance use disorder treatment (see the [CAM Academy](#)). The perspective shared by practitioners is that harm reduction groups are at the forefront of training professionals within law enforcement and the larger criminal justice system.

[From a law enforcement officer] “We’re working on training law enforcement, specifically our patrol officers. We’ve done a lot of training with some of our harm reduction groups but also learning the recovery language for us as law enforcement officers. It has really tailored our interactions with individuals experiencing a substance use disorder. We’ve

looked at it as just solely enforcement for so long. We're really trying to tailor those interactions because of interactions with harm reduction groups. I think it's very useful for law enforcement to be on the same page as some of these groups in learning recovery language and how to have these conversations with people to get them into recovery or streamline the resources to point them in the right direction. We're learning a lot about it as we go, and we still have a long way to go. And it's still a balance because we're still law enforcement, and we still have a job to do. But I think those interactions that we have are very important in learning that language and how to have those conversations and direct those resources are crucial."

[From a criminal justice system professional] "I appreciate any trainings that help us understand harm reduction both from our adult client side and our youth client side. So how we help support those who are using in the most effective way possible. I think that those training opportunities when they're presented are really helpful. I really appreciate both of those being available."

Law Enforcement Officers' Perspectives on Targeting Distribution with HB22-1326

Colorado law enforcement officers present at the focus group expressed appreciation for the clarity provided by HB22-1326. They felt like the changes allowed them to more effectively target people who distribute fentanyl, including distribution that causes death.

"Definitely some good things happened. Prior to this bill, it was four grams of fentanyl before it became a felony. That's now changed to one gram. Also with the bill, it allowed state prosecution for distribution resulting in death, which we did not have a charge for these overdose deaths prior to the state bill. All those charges had to go federal unless a prosecutor decided to charge manslaughter, or something like that. So that's the good thing."

"It's helped us to be more precise with what we do. We can actually go after the people that are distributing. The law itself, the way it changed, really has helped us to be more precise and actually target those who are distributing the amounts of the stuff that are killing people."

System Collaboration in Response to OUDs

HB22-1326 aimed to direct resources to strengthen the infrastructure to respond to individuals with OUDs (Gase & Beletic, 2022). Overwhelmingly, the practitioners present said cross-system collaboration was currently good in Colorado. When asked for barriers to collaboration, none were identified.

"In my role [in treatment within community corrections], we have quite a few community partners, and everyone has been wonderful, enthusiastic, willing, and able to partner with each other."

[From criminal justice system professional] "There's good collaboration with our largest mental health partner and good collaboration from the harm reduction side. Also, they've opened the [redacted] treatment center which now has the opportunity for some detox for adults, and I think that's been an improvement in our area. Because before, when they had their crisis center in

a different location, it didn't include detox, especially not from harder drugs like fentanyl or other opiates, so I think that partnership is really important."

Biggest Challenges in Responses to Individuals with OUD

The practitioners identified continued challenges and barriers to effectively responding to individuals with OUDs and/or who use fentanyl in their communities.

- Practitioners noted the low availability of needed treatment and related services in some areas. Specific examples provided include:
 - **Some communities have few treatment options.**

"One of the barriers I think around the state is sometimes they'll do really great with us [in treatment], and then they go back home [after discharge], and there's nothing in their area for treatment. I think that continues to be an issue for some of our communities around the state and can be part of the problem."
 - **In-patient treatment options are lacking, especially for certain populations (e.g., youth, Medicaid recipients, etc.).**

"Especially for those without insurance, those who are not documented, and those who have Medicaid, finding any type of in-patient treatment is a challenge. That can help both from the detox perspective and for the longer-term building prior to them being engaged in typical outpatient modalities. It is incredibly challenging, especially for adolescents. There's really nothing local to us. It's hard from an outpatient perspective to treat this population."
 - **Long wait times to enter treatment may deter treatment attendance.**

"If I get someone in my office who's at a point that they're willing to consider treatment, trying to get them into a place [is a challenge]. Because the longer we wait, the less likely they're going to actually show up."
 - **Some communities struggle to hire treatment staff.**

"One of the biggest challenges is actually finding people who have the qualifications to provide therapy. That's been a big hurdle for us across the state. I've seen several treatment programs close down because of this. That continued need to hire people is constant. There's a lot of places that have had to close down due to staffing issues. I think that's an ongoing problem."
 - **Experiencing losses from overdoses may cause staff traumatic stress and impact staff retention.**

"Unfortunately, we have had some overdose deaths in our unit. That's incredibly impactful on the workflow. It's hard. That makes the work really hard to do and stay resilient."
 - **Ensuring aftercare can be a struggle, including due to data-sharing barriers.**

"One of the biggest hurdles is making sure that referral sources encourage and/or enforce aftercare as part of the support system."

“We face a lot of barriers with data sharing. We have lots of data use agreements, but I would say that’s a big barrier for us, especially our patients from jail, and finding out if they ever were able to connect to all the places we referred them.”

“One of our biggest barriers is just being able to get in touch with our patients when they release from jail. [A treatment provider] has been a great partner for our patients to transfer there, but even a good portion of those patients have absconded, and then we just can’t get in touch with them.”

- **More sober living options and funding are needed.**

“We need access and funding to move people from treatment into sober living. I believe the people who go to sober living or some sort of recovery community have a lot higher chance of success. And the funding just isn’t there to help them for at least a couple of months of sober living. I’ve seen that be a big issue with relapse pretty quickly after getting all the treatment.”

- **Some professionals said they have seen declines in calling for help in overdose events, which may directly increase overdose deaths.**

“One of the things we’ve seen is a direct response to the bill - whether it is the bill itself or the perception of the bill - is a lot of our agencies have reported that there’s been a decreased response to individuals who are overdosing or witnesses calling 911 and utilizing those services. Because there’s now a perception, at least with the agencies we work with, that if somebody calls 911 because their friend or a bystander is overdosing, they might be prosecuted for giving them a drug that they may not know has been adulterated. So we’ve seen some challenges there, and our agencies have seen that the rates of overdoses in their communities have gone up. Addressing that is what we’re trying to work on, but something coming from the state would help there as well.”

An effective strategy to address this is providing community training and outreach to increase the understanding of HB22-1326 to address fears related to possible criminal penalties when calling for help during overdose events.

[From a law enforcement officer] “With part of the bill, some have said they have had a problem with some people coming forward with information because they think they’re going to get arrested. My unit has specifically done quite a bit of outreach with different community groups explaining the different parts of the bill that directly address and state that individuals can’t be arrested if they provide outcry witness information. We found that so far we haven’t had that issue. A lot of our witnesses are on scene, cooperate, and we give them that information. Our detective handles a lot of that outreach and explains pretty clearly that there’s no threat of prosecution for anyone for an outcry witness. We’ve had some success with it.”

- **More funding for naloxone is needed, including for distribution in emergency departments.** No-cost naloxone was cited as a helpful strategy by practitioners in the focus group. The lesser availability of this in the future through the Opioid Antagonist Bulk Purchase Fund was cited as a concern for maintaining the availability of naloxone.

“For the naloxone Bulk Purchase Funds, the amount of funding from the legislature dropped dramatically, and they’re using a prioritization system. It used to be that everybody got basically what they asked for. We’ve seen a dramatic shift in reprioritization due to the lack of funding. Seeing something like the Bulk Fund receiving another substantial funding through legislature would be beneficial.”

[In emergency medicine setting] “The bill demanded that Medicaid reimburse for naloxone and that we give it out to decrease overdose deaths. We see lots of people who use drugs in emergency departments and try to provide them with help...There was an intent that the bill would have reimbursed for naloxone distributed, and that has not been able to be operationalized. So [emergency departments] are still 100% reliant on either donated naloxone that our organization gets or trying to cobble together or just donating it themselves. That is not a sustainable system, especially with the Bulk Purchase Fund running out of funds or significantly limiting it. From the medical perspective, this bill has fallen short of its intent.”

Law Enforcement Officers’ Perspectives on Targeting Distribution that Causes Death

While Colorado law enforcement officers felt that HB22-1326 allowed them to more effectively target distribution resulting in death, language within the bill made it difficult to apply this provision in practice.

“What we struggle tremendously with this bill is the language surrounding the distribution resulting in death charge. In the statute, fentanyl has to be the proximate cause of the death. When we first started working and seeing a lot of overdose deaths, fentanyl was in the system and a lot of times was the proximate cause of death. We don’t see that anymore. Almost every overdose death we see now is poly-drug. It’s not just fentanyl in their system. In law enforcement, we’re going after drug trafficking organizations and trying to stop the flow into Colorado. But we’re not getting anywhere with charging a lot of our overdose cases and going after these distributors because the way the statute is worded with it having to be fentanyl as the proximate cause. Typically, you’re going to see fentanyl and methamphetamine and other drugs in their system, and we can’t get a medical examiner to say, ‘Okay. Yes, fentanyl is the proximate cause.’ So that’s really hard. It’s a limitation in the way the bill is written. So, we take a lot of cases federal and do a lot of federal prosecutions because it’s serious bodily injury or death from the delivery of any drug that causes a death or a serious injury, not just proximate cause from fentanyl like it is in the state bill.”

Resources and Support Needed

Practitioners were asked to identify resources and support that would be most useful to expand the effectiveness of their work. Practitioners said these would be most helpful:

- More community outreach to address the fear of prosecution when calling emergency services for help with overdoses.
- More training - including mandatory training - for law enforcement officers.

[From a law enforcement officer] *“We have all this mandatory training for people in mental health crisis, juveniles, people with autism, etc.. We do all these mandatory trainings for all these different encounters that we have as law enforcement. But we do none on people who have a substance use disorder, and I think that’s really important...Even if we are arresting someone, making the best out of those encounters. I think it should be mandatory for law enforcement to have some of that same specialized training. We’ve been fighting the war on drugs forever, and we’re not going to win. I think there needs to be a different component for law enforcement to really, truly understand the importance of their interactions with these people.”*

- Increased funding available for:
 - Naloxone (especially with the limited funding in the Bulk Purchase Fund)
 - Continuing care/aftercare
 - Sober living
 - MAT programs in jail
 - Prosecution of distribution that causes death

Conclusion

The Colorado practitioners in the focus group have utilized effective models to respond to people with OUDs. These practitioners felt that cross-system collaboration was strong in Colorado. However, barriers remain in accessing treatment, particularly in-patient treatment and sober living facilities. First responders described attending helpful training opportunities, but also expressed the desire for mandatory trainings on responding to individuals with SUDs. There are additional community outreach opportunities to address fears around possible criminal penalties when calling emergency services during overdose events. Additional funds were requested for naloxone, treatment, and prosecution of cases of distribution that causes death.

“Before, we had an opioid overdose grant. We hired on some new analysts, and it was specifically for us to work on our overdose death response and prosecutions. That money went away. We lost all that funding that was helping us buy equipment and software to prosecute some of these cases.”

References

- Gase, L., & Beletic, J. (2022). *HB22-1326 Independent Study Fentanyl Accountability and Prevention Act*. Colorado Evaluation & Action Lab. University of Denver. https://coloradolab.org/wp-content/uploads/2023/09/Fentanyl-Study-Analysis-Plan_8.10.23.pdf
- McKay, J. R. (2021). Impact of continuing care on recovery from substance use disorder. *Alcohol research: current reviews*, 41(1).
- Mericle, A. A., Slaymaker, V., Gliske, K., Ngo, Q., & Subbaraman, M. S. (2022). The role of recovery housing during outpatient substance use treatment. *Journal of substance abuse treatment*, 133, 108638.

Substance Abuse and Mental Health Services Administration [SAMHSA]. (2023). *Harm Reduction*.
<https://www.samhsa.gov/find-help/harm-reduction>

ASSESSMENT AREA: INCREASED CRIMINAL PENALTIES FOR FENTANYL POSSESSION

III. Assessment Area: Increased Criminal Penalties for Fentanyl Possession

1. Court Data Evaluation
2. District Attorney (DA) Perspectives
3. Colorado Diversion Programs
4. Perspectives from People with Lived Experience



COURT JUDICIAL BRANCH DATA

What does research show related to increased criminal penalties?

Evidence shows that stiffer criminal penalties and imprisonment have a low impact on drug use and drug availability. Laws and policies designed to deter crime by focusing mainly on increasing the severity of punishment are ineffective partly because criminals know little about the sanctions for specific offenses. In addition, research evidence suggests that imprisonment has no impact on post-incarceration recidivism. Evidence shows the potential for unintended consequences of this strategy. Such as increased involvement in the criminal justice system can place individuals with SUD at greater risk for overdose and death. (Gase and Beletic, 2023)

What changes did HB22-1326 make?

HB22-1326 changed the criminal penalties associated with possession of one to four grams of a drug that contains any amount of synthetic opiates, including fentanyl, from a lesser serious charge of misdemeanor to a level 4 drug felony. Sentences related to the conviction of a level 4 drug felony include probation (up to two years), with the possibility of 180 days in county jail, jail alternative, or community corrections. The legislation also provided courts the ability to specifically track fentanyl-related charges. For those convicted of either a felony or a misdemeanor, the court must require a substance use assessment and, if recommended, completion of community-based or residential treatment. Individuals must also complete a fentanyl education program developed by the Colorado Behavioral Health Administration. HB22-1326 was a reversal of HB19-1263, which classified the possession of 4 grams or less of most controlled substances as a misdemeanor.

Court Case Data and Limitations

NPC Research requested drug-related court case data from the Colorado Judicial Department and the Denver County Court for cases filed between January 1, 2018 and June 30, 2024. The Colorado Judicial Department provided sealed and unsealed drug-related court case data for all judicial districts statewide, except for misdemeanor cases filed in Denver County. NPC obtained data for all unsealed drug-related cases from Denver County Court, which resulted in 22,284 cases, representing 91% of all drug-related cases.

The Colorado Evaluation and Action Lab plan proposed research questions related to fentanyl-possession cases with conditions of probation. The questions included examining substance use disorder (SUD) assessment results, summarizing risk levels and conditions of probation engagement, and reviewing probation supervision status, including reasons for terminated sentences. NPC received data regarding probation status, length of sentence, and termination reasons for some cases. Although NPC obtained information on whether sentences had a drug standardized assessment fee penalty, that did not indicate whether the individual was assessed for substance use treatment. The Probation Department reported not collecting information on substance use treatment assessment or related services. Therefore, NPC was not able to obtain SUD treatment data. This applied to Denver County court cases as well.

Sentencing data had a few limitations. Community service and jail information were sometimes reported in different units, such as days, weeks, months, and years. NPC was able to indicate the number of cases with such sentences; however, the average number of community service hours and length of jail sentences could only be calculated on cases that included information at that level. Denver tracked sentences by cases and not for individual charges on a case. Therefore, results for sentences from fentanyl-related misdemeanor cases are provided at the case level.

One of the most restrictive limitations of the data was that fentanyl cases were not tracked before HB22-1326 was enacted. This prohibited an accurate comparison of dispositions and sentences for fentanyl-related cases filed before and after the legislation to determine whether charging patterns or case processing practices changed as a result of HB22-1326. However, the following section includes a summary of case processing practices for fentanyl-related cases one and two years post-HB22-1326 implementation. A comparison of drug charges prior to and after the legislation is also provided.

OVERVIEW OF FENTANYL-RELATED CASES

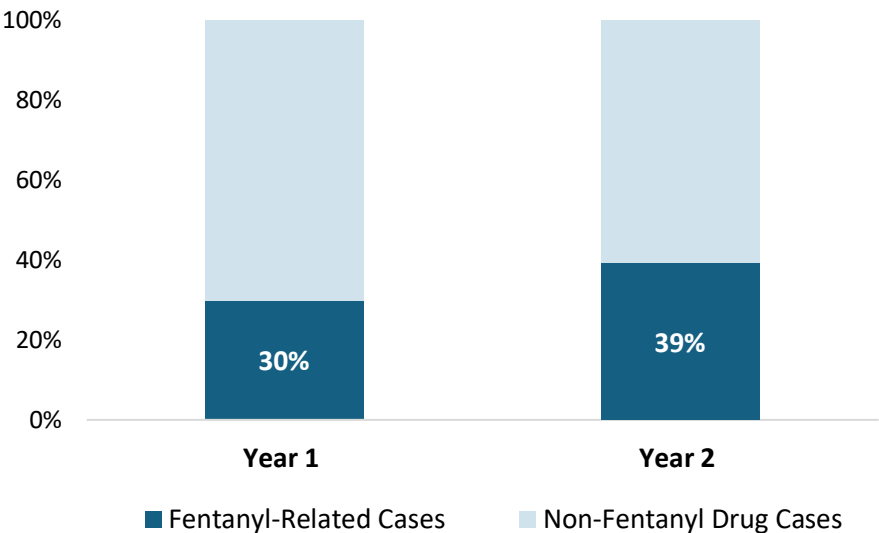
The implementation of HB22-1326 afforded courts the ability to specifically track fentanyl-related charges. During the two-year period since the implementation of HB22-1326 (July 1, 2022), Colorado jurisdictions statewide have filed 9,798 cases with fentanyl-related charges. This includes possession, distribution, manufacturing, and conspiracy charges. During the first year after HB22-1326 legislation, fentanyl-related cases consisted of 30% of all drug cases. This percentage increased to 39% during the second-year post legislation.

Figure III-1.1: Percentage of All Statewide Drug Cases that were Fentanyl-Related

Post HB22-1326

Year 1 timeframe: 7/1/2022 - 6/30/2023 (Total Drug Cases: 13,874; Fentanyl-Related Cases: 4,163)

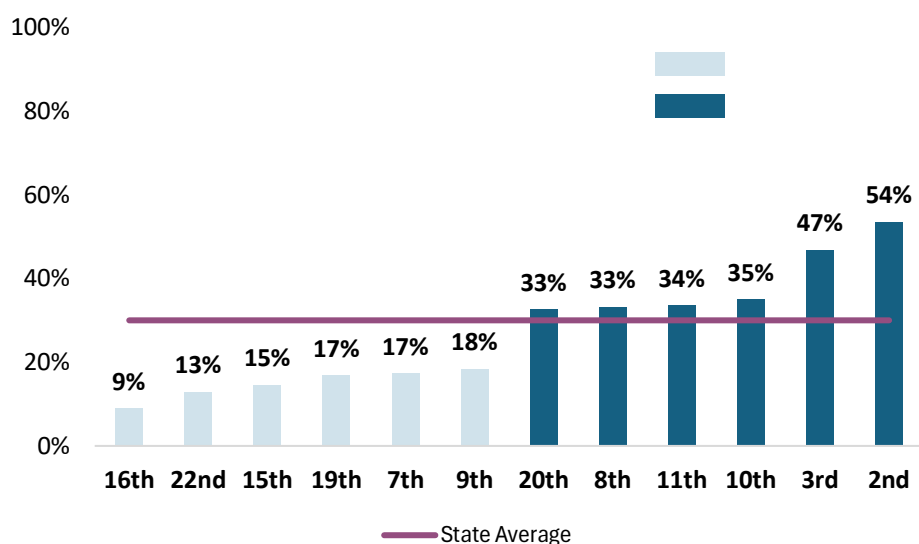
Year 2 timeframe: 7/1/2023 - 6/30/2024 (Total Drug Cases: 14,531; Fentanyl-Related Cases: 5,635)



In addition to examining the number of fentanyl-related cases statewide, each judicial district was reviewed to identify the proportion of drug cases filed in each district that contained fentanyl-

related charges. During the first-year post-legislation, fentanyl-related cases ranged from 9% to 54% of drug cases across all judicial districts. The percent of fentanyl-related cases increased to between 20% and 78% of drug cases across all judicial districts the second year after HB22-1326 was implemented. Figure 2 presents the judicial districts with the lowest and highest percent of fentanyl-related cases out of all drug cases in the first year post-legislation. The light blue bars represent the six judicial districts with the lowest percentage of fentanyl-related cases. The judicial districts with the highest percentage of fentanyl cases are depicted in darker blue. The purple line represents the statewide average of 30%.

Figure III-1.2: Percentage of All Drug Cases that were Fentanyl-Related by Judicial District (Year 1)



The percentage of fentanyl-related cases statewide trended upward during the second-year post legislation, though some of the judicial districts experienced a decrease in fentanyl-related cases. Not all districts in either the lowest or highest group one year after legislation remained in the same group two years after legislation.

Figure III-1.3: Percentage of All Drug Cases that were Fentanyl-Related by Judicial District (Year 2)

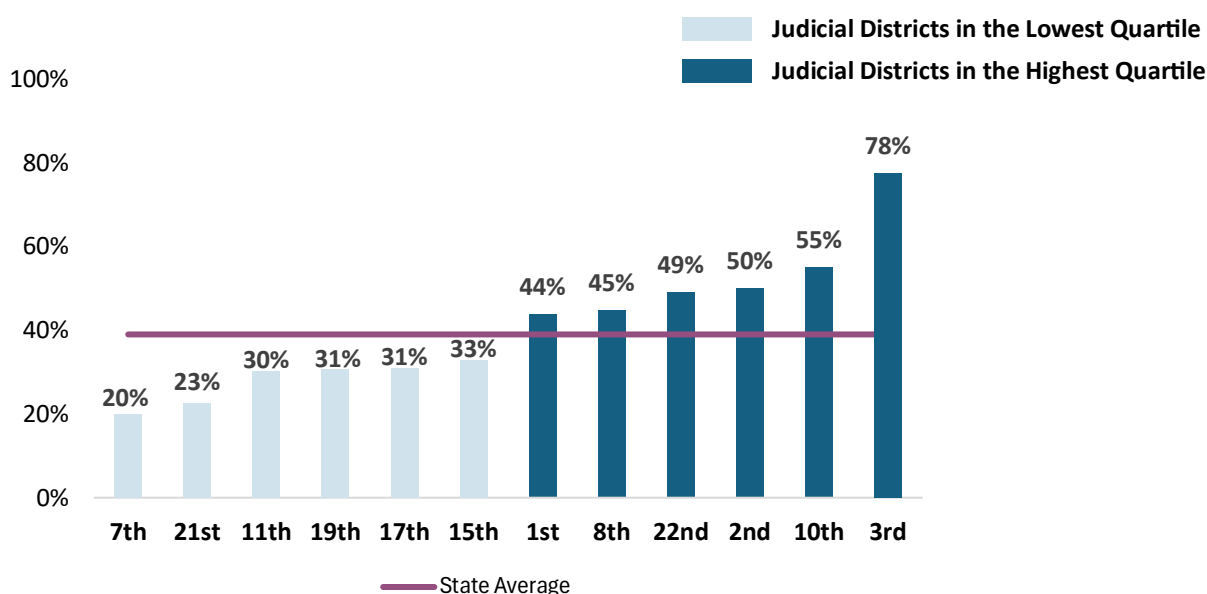


Table III-1.1 provides a summary of fentanyl-related cases by judicial district per year after legislation. Two districts, the 2nd and 11th, had a decrease in the percentage of fentanyl-related cases from one to two years after legislation. A table listing judicial districts and corresponding counties is located in Appendix B.

Table III-1.1: Percentage of All Drug Cases that were Fentanyl-Related by Judicial District

Judicial District	Year 1		Year 2	
	Fentanyl-Related Cases	Percent of Drug Cases	Fentanyl-Related Cases	Percent of Drug Cases
1 st	523	24%	945	44%
2 nd	951	54%	963	50%
3 rd	35	47%	45	78%
4 th	358	30%	547	42%
5 th	30	20%	45	34%
6 th	41	32%	52	36%
7 th	52	17%	63	20%
8 th	404	33%	534	45%
9 th	31	18%	64	37%
10 th	83	35%	150	55%
11 th	63	34%	67	30%
12 th	28	20%	99	41%
13 th	41	20%	71	34%
14 th	46	29%	72	36%
15 th	9	15%	19	33%
16 th	5	9%	26	40%
17 th	626	30%	624	31%
18 th	400	25%	569	34%
19 th	122	17%	273	31%
20 th	177	33%	239	41%
21 st	132	20%	141	23%
22 nd	2	13%	27	49%
Statewide	4,163	30%	5,635	39%

Most fentanyl-related cases statewide involved only possession charges, though some of these cases had additional charges. The percentage of fentanyl-related cases with possession-only charges increased between the first and second year after legislation. Fentanyl-related cases also included possession charges along with other fentanyl-related charges such as distribution, manufacturing, and conspiracy in various combinations. Like the fentanyl possession-only cases, many of these cases with multiple charges also had additional non-fentanyl-related charges.

Since HB22-1326 was implemented in July 2022 until June 30, 2024, 9,798 fentanyl-related cases have been filed across Colorado. The majority of cases (71%) consisted of only fentanyl possession charges and did not contain any other fentanyl-related charges. Almost a quarter of the fentanyl cases statewide (24%) had possession and other fentanyl-related charges such as distribution, manufacturing, or conspiracy. Lastly, 5% of the cases contained various combinations of fentanyl-related charges along with possession charges for large amounts of fentanyl.

The percentage of cases with only fentanyl possession charges increased from 66% to 75% of all drug cases in the two years after HB22-1326 was implemented. The percentage of cases that had fentanyl possession along with other fentanyl-related charges decreased slightly in the two years post-implementation, from 29% to 20%.

Figure III-1.4: Statewide Fentanyl Possession Case Types

Post HB22-1326

Year 1 timeframe: 7/1/2022 - 6/30/2023 (4,163 Fentanyl-Related Cases)

Year 2 timeframe: 7/1/2023 - 6/30/2024 (5,635 Fentanyl-Related Cases)

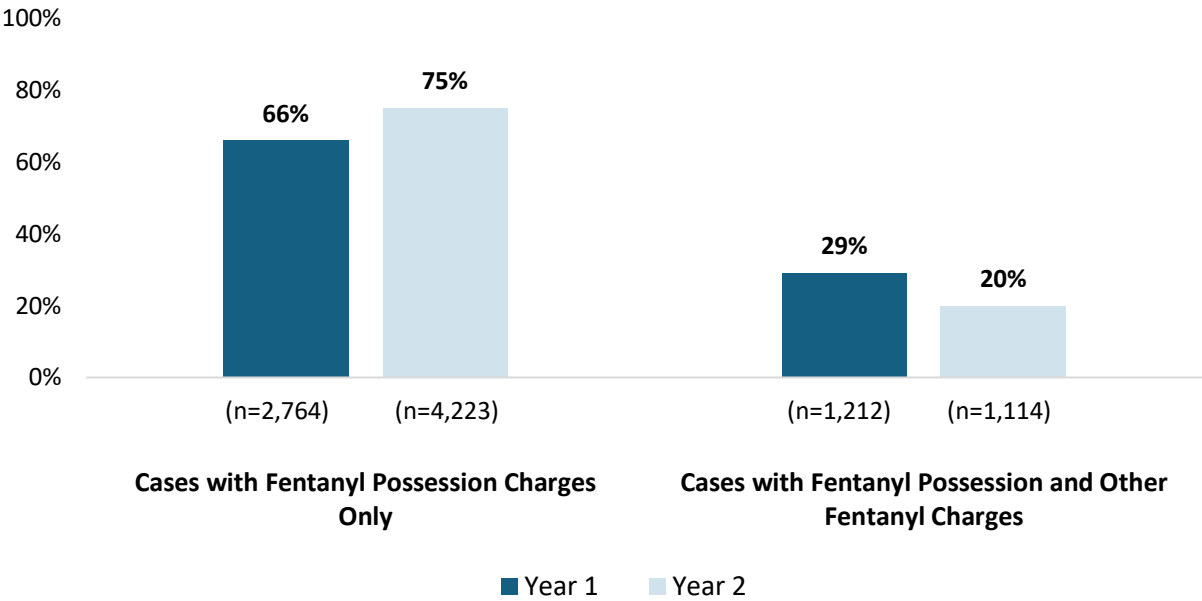


Table III-1.2 presents a case-type summary by judicial district between July 1, 2022 and June 30, 2024. The judicial districts with the highest percentage of cases with only fentanyl possession charges (80% or greater) include the 1st, 7th, 8th, and 18th. Judicial districts with the highest percentage of cases consisting of a combination of fentanyl possession and other fentanyl-related charges included the 3rd (58%) and the 9th (40%). Table 2 also includes the total number of other fentanyl-related cases containing various combinations of fentanyl-related charges along with possession charges for large amounts of fentanyl.

Tables presenting these results by post-legislation year, by judicial district, and by county are included in Appendix C. Judicial district and county fentanyl court case summaries are also included in Appendix C.

Table III-1.2: Fentanyl Possession Case Types by Judicial District

Judicial District	Post HB22-1326 (7/1/2022-6/30/2024)						
	Total Fentanyl-Related Cases	Cases with Only Fentanyl Possession Charges		Cases with Fentanyl Possession and Other Fentanyl Charges		Other Fentanyl-Related Cases	
	<i>Count</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
1st	1,468	1,221	83%	216	15%	31	2%
2nd	1,914	1,164	61%	670	35%	80	4%
3rd	80	30	38%	46	58%	4	5%
4th	905	668	74%	199	22%	38	4%
5th	75	37	49%	27	36%	11	15%
6th	93	62	67%	24	26%	7	8%
7th	115	94	82%	18	16%	3	3%
8th	938	763	81%	131	14%	44	5%
9th	95	48	51%	38	40%	9	9%
10th	233	165	71%	53	23%	15	6%
11th	130	90	69%	35	27%	5	4%
12th	127	76	60%	41	32%	10	8%
13th	112	90	80%	19	17%	3	3%
14th	118	71	60%	35	30%	12	10%
15th	28	17	61%	9	32%	2	7%
16th	31	14	45%	11	35%	6	19%
17th	1,250	924	74%	282	23%	44	4%
18th	969	763	79%	161	17%	45	5%
19th	395	220	56%	109	28%	66	17%
20th	416	301	72%	91	22%	24	6%
21st	273	145	53%	105	38%	23	8%
22nd	33	24	73%	6	18%	3	9%
Statewide	9,798	6,987	71%	2,326	24%	485	5%

Fentanyl-Related Cases - Charge Types

Ninety-five percent (9,313) of the fentanyl cases filed since HB 22-1326 went into effect had either strictly fentanyl possession charges or fentanyl possession charges along with distribution, manufacturing, or conspiracy charges. Both categories of cases also included some cases with non-fentanyl charges. Cases were reviewed to determine the level of fentanyl charges filed in the two categories containing fentanyl possession charges. Fentanyl charges may or may not have been the top charge in these cases. The following results summarize the charge levels for all fentanyl possession cases statewide. Results of cases with a presumed top charge of fentanyl possession are presented in subsequent sections of this report.

Cases with Fentanyl Possession Charges Only

Statewide, in both years after HB22-1326 implementation, most fentanyl cases that only had possession charges were for misdemeanors. Therefore, cases were more likely to have misdemeanor fentanyl possession charges than felony fentanyl possession charges. Some cases contained both misdemeanor and felony fentanyl possession charges. The percentage of misdemeanor charges increased from 68% in year 1 to 71% two years post-legislation.

Post HB22-1326

Year 1 timeframe: 7/1/2022 - 6/30/2023

Year 2 timeframe: 7/1/2023 - 6/30/2024

Year 1 - 2,764 cases with fentanyl possession-only charges

- ✓ **68%** of fentanyl possession-only cases contained misdemeanor fentanyl possession charges.
- ✓ **38%** of fentanyl possession-only cases had felony fentanyl possession charges.

Year 2 - 4,223 cases with fentanyl possession-only charges

- ✓ **71%** of fentanyl possession-only cases contained misdemeanor fentanyl possession charges.
- ✓ **33%** of the fentanyl possession-only cases had felony fentanyl possession charges.

Cases with Fentanyl Possession and Other Fentanyl Charges (e.g. Distribution, Manufacturing etc.)

Almost all cases with a combination of possession and other fentanyl charges (possession-plus cases) were charged at the felony level. This remained consistent between the two years post legislation.

Year 1 - 1,212 cases with fentanyl possession and other fentanyl charges

- ✓ **3%** of fentanyl possession-plus cases had **misdemeanor fentanyl possession** charges.
- ✓ **99%** of fentanyl possession-plus cases had **felony fentanyl possession** charges.

Year 2 - 1,114 cases containing fentanyl possession and other fentanyl charges

- ✓ **3%** of fentanyl possession-plus cases had **misdemeanor fentanyl possession** charges.
- ✓ **98%** of fentanyl possession-plus cases had **felony fentanyl possession** charges.

Table III-1.3 summarizes charge types for possession-only cases by judicial district per post-implementation year. Eight judicial districts had an increase in the percentage of cases that had felony-level fentanyl possession-only charges between the first and second years after legislation. They include the 5th, 6th, 7th, 8th, 11th, 12th, 15th, and 22nd districts.

Table III-1.3: Fentanyl Possession Only Cases, Charge Types by Judicial District

Judicial District	Year 1 Post Legislation (7/1/2022-6/30/2023)					Year 2 Post Legislation (7/1/2023-6/30/2024)				
	Total Fentanyl Possession Only Cases		Cases with Misdemeanor Poss. Charges	Cases with Felony Poss. Charges		Total Fentanyl Possession Only Cases		Cases with Misdemeanor Poss. Charges	Cases with Felony Poss. Charges	
	Count	Count	Percent	Count	Percent	Count	Count	Percent	Count	Percent
1st	388	293	76%	119	31%	833	673	81%	196	24%
2nd	535	395	74%	180	34%	629	484	77%	179	29%
3rd	8	5	63%	3	38%	22	17	77%	5	23%
4th	241	134	56%	115	48%	427	271	64%	169	40%
5th	12	6	50%	6	50%	25	14	56%	14	56%
6th	21	17	81%	4	19%	41	29	71%	12	29%
7th	41	32	78%	9	22%	53	36	68%	17	32%
8th	325	236	73%	89	27%	438	313	72%	126	29%
9th	17	11	65%	6	35%	31	26	84%	5	16%
10th	53	34	64%	19	36%	112	73	65%	40	36%
11th	44	30	68%	14	32%	46	27	59%	21	46%
12th	18	14	78%	4	22%	58	36	62%	25	43%
13th	32	23	72%	11	34%	58	47	81%	12	21%
14th	28	21	75%	8	29%	43	32	74%	12	28%
15th	5	5	100%	0	0%	12	9	75%	3	25%
16th	4	3	75%	1	25%	10	8	80%	2	20%
17th	438	266	61%	232	53%	486	278	57%	240	49%
18th	293	184	63%	128	44%	470	297	63%	193	41%
19th	63	47	75%	19	30%	157	124	79%	36	23%
20th	128	83	65%	51	40%	173	133	77%	46	27%
21st	65	39	60%	29	45%	80	55	69%	32	40%
22nd	5	3	60%	2	40%	19	9	47%	9	47%
Statewide	2,764	1,881	68%	1,049	38%	4,223	2,991	71%	1,394	33%

Fentanyl-Related Cases - Dispositions and Sentences

Sixty-four percent (5,993) of the fentanyl cases filed since HB 22-1326 went into effect had disposition information included in the data files reviewed. Table III-1.4 summarizes the number and percent of cases that contained charges with the various dispositions. On average, cases with fentanyl possession-only charges had 2 additional charges with a range of 0 to 30. Cases with fentanyl possession-plus charges (e.g., distribution, manufacturing, or conspiracy) averaged 3 additional charges with a range of 0 to 32. Almost all cases contained dismissed charges. Cases with fentanyl possession-plus charges had a larger percentage of charges in which defendants pleaded guilty than cases with possession-only charges. *Fentanyl mistake charges* are defined as charges in which defendants proved they were not aware that fentanyl was present in the possessed substance, allowing the fentanyl possession charge to be classified as a level 1 misdemeanor.

Table III-1.4: Charge Dispositions

	Cases with Fentanyl Possession Only Charges (n=4,602)		Cases with Fentanyl Possession and Other Fentanyl Charges (n=1,391)	
	Count	Percent	Count	Percent
Dismissed charge	4,387	95%	1362	98%
Deferred charge	166	4%	48	3%
Guilty charge	3,500	76%	1,201	86%
Fentanyl mistake charge	245	5%	0	0%

Case sentencing information was available for 58% (5,429) of the fentanyl cases. A higher percentage of cases with fentanyl possession-plus charges than fentanyl possession-only charges received jail sentences. About one-third of both possession-plus and possession-only cases received probation supervision as a sentence. Defendants were commonly required to pay restitution and case-related fines in fentanyl possession-plus and possession-only cases.

Table III-1.5: Sentences in Fentanyl-Related Cases

	Cases with Fentanyl Possession Only Charges (n=4,225)		Cases with Fentanyl Possession and Other Fentanyl Charges (n=1,204)	
	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
Jail sentence	1,705	40%	733	61%
Probation sentence	1,597	38%	436	36%
Deferred sentence	134	3%	39	3%
Diversion program sentence	11	0.3%	0	0%
Community service sentence	711	17%	118	10%
Restitution sentence	2,753	65%	1,054	88%
Fine sentence	2,956	70%	1,056	88%

Table III-1.6 summarizes the percentage of fentanyl possession-only cases that received jail and probation sentences by judicial district per post-legislation year. During the first year after HB22-1326 was implemented, cases with jail sentences ranged from zero (3rd and 16th Judicial Districts) to almost three-quarters of cases. The 12th Judicial District had 71% of its cases receive jail sentences, and the 21st had 72% of its cases. Ten judicial districts had a higher percentage of cases receiving jail sentences than the state average of 40%. This remained fairly consistent in year 2. During the first year after legislation, the 16th Judicial District's cases were not sentenced to probation. The Judicial Districts with the highest percentage of cases receiving probation sentences included the 17th (47%) and the 2nd (48%). Eight judicial districts had a higher percentage of cases receiving probation than the state average of 39%.

Table III-1.6: Jail and Probation Sentences for Fentanyl Possession-Only Cases Per Judicial District

Judicial District	Year 1 Post Legislation (7/1/2022-6/30/2023)					Year 2 Post Legislation (7/1/2023-6/30/2024)				
	Cases with Sentencing Information	Jail Sentence		Probation Sentence		Cases with Sentencing Information	Jail Sentence		Probation Sentence	
	Count	Count	Percent	Count	Percent	Count	Count	Percent	Count	Percent
1st	331	111	34%	94	28%	420	157	37%	100	24%
2nd	442	125	28%	213	48%	332	91	27%	147	44%
3rd	7	0	0%	2	29%	4	1	25%	1	25%
4th	176	63	36%	76	43%	177	67	38%	56	32%
5th	10	5	50%	5	50%	5	2	40%	1	20%
6th	17	1	6%	4	24%	20	5	25%	4	20%
7th	36	21	58%	15	42%	23	6	26%	10	44%
8th	256	100	39%	94	37%	193	70	36%	86	45%
9th	11	4	33%	1	8%	11	3	27%	2	18%
10th	47	23	49%	14	30%	63	38	60%	25	40%
11th	39	7	18%	7	18%	19	5	26%	5	26%
12th	14	10	71%	3	21%	17	12	71%	4	24%
13th	28	12	43%	6	21%	21	5	24%	5	24%
14th	25	8	32%	3	12%	25	7	28%	6	24%
15th	4	2	50%	1	25%	9	5	56%	3	33%
16th	2	0	0%	0	0%	2	0	0%	0	0%
17th	366	177	48%	171	47%	282	134	48%	114	40%
18th	224	133	59%	85	38%	191	105	55%	78	41%
19th	49	13	27%	20	41%	60	21	35%	28	48%
20th	98	45	46%	39	40%	98	46	47%	40	41%
21st	58	42	72%	14	24%	37	17	46%	10	27%
22nd	5	1	20%	2	40%	11	5	46%	3	27%
Statewide	2,245	903	40%	869	39%	2,020	802	40%	728	36%

CASES WITH FENTANYL POSSESSION TOP CHARGES

Since the data did not contain a top charge indicator, cases with only fentanyl possession charges were further examined and separated into subgroups to narrow down cases that appeared to have fentanyl possession as their top charge. This section presents a summary of cases that appear to have a top charge of fentanyl possession.

The first subcategory contains cases with only misdemeanor fentanyl possession charges and no felony charges (drug or non-drug-related). The second subcategory contains possession cases that

were charged as felonies and did not contain any additional felony charges (drug or non-drug-related).

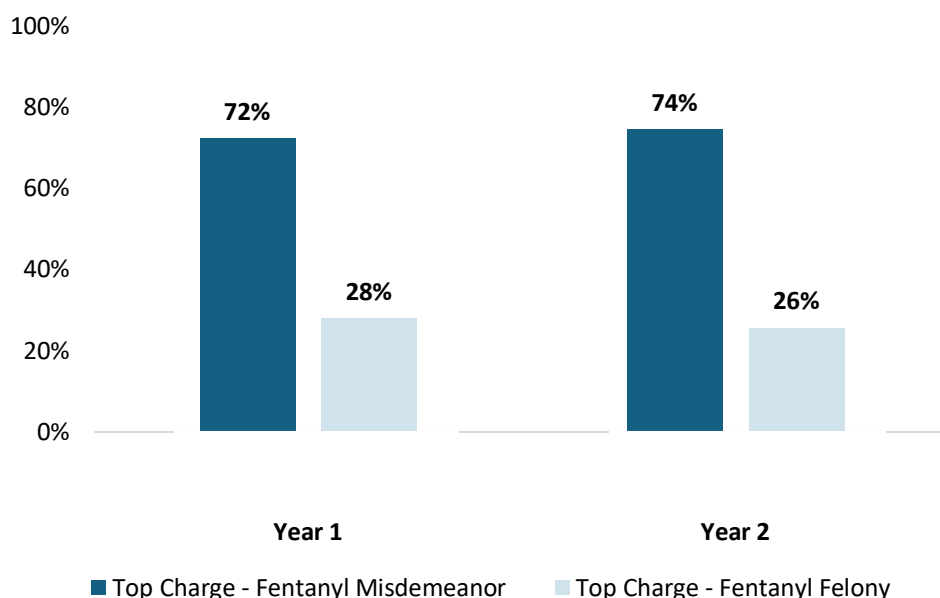
Figure III-1.5 presents the percentage of cases presumed to have top charges of fentanyl possession that were misdemeanors or felonies. Seventy-two percent of the fentanyl possession-only cases had misdemeanor possession as the top charge one year after HB22-1326 was implemented. This increased to 74% of cases during the second-year post-legislation.

Figure III-1.5: Cases of Fentanyl Possession by Presumed Top Charge Level

Post HB22-1326

Year 1 timeframe: 7/1/2022 - 6/30/2023 (1,712 Top Charge Fentanyl Cases)

Year 2 timeframe: 7/1/2023 - 6/30/2024 (2,987 Top Charge Fentanyl Cases)



MISDEMEANOR FENTANYL POSSESSION-ONLY CASES

The following section provides a statewide descriptive summary of cases containing a presumed top charge of misdemeanor fentanyl possession since HB22-1326 went into effect. These cases did not include any felony charges or other fentanyl-related charges such as distribution, manufacturing, or conspiracy. The total number of misdemeanor fentanyl possession-only cases referred to in this section is 3,458.

Arrests and Summons

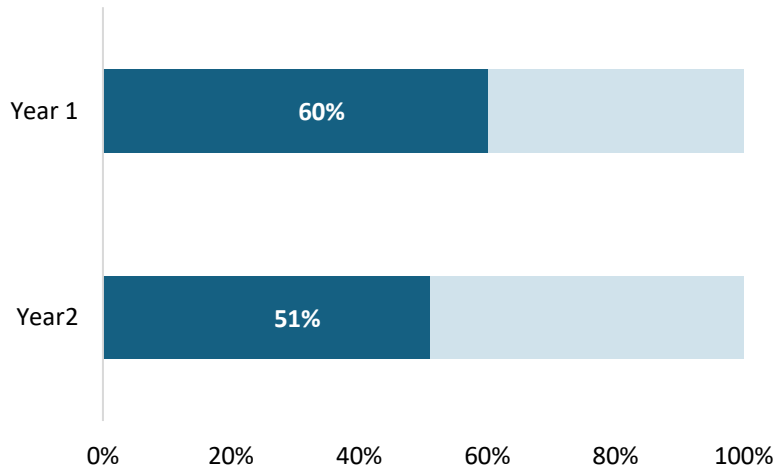
A higher percentage of arrests were made in cases that resulted in a presumed top charge of misdemeanor fentanyl possession during the first year post-HB22-1326 implementation. Approximately half of the misdemeanor fentanyl possession cases had an arrest documented in year 2.

Figure III-1.6: Arrests Made on Cases with Top Charge of Misdemeanor Fentanyl Possession

Post HB22-1326

Year 1 timeframe: 7/1/2022 - 6/30/2023 (1,234 Misdemeanor Fentanyl Possession Top Charge Cases)

Year 2 timeframe: 7/1/2023 - 6/30/2024 (2,224 Misdemeanor Fentanyl Possession Top Charge Cases)

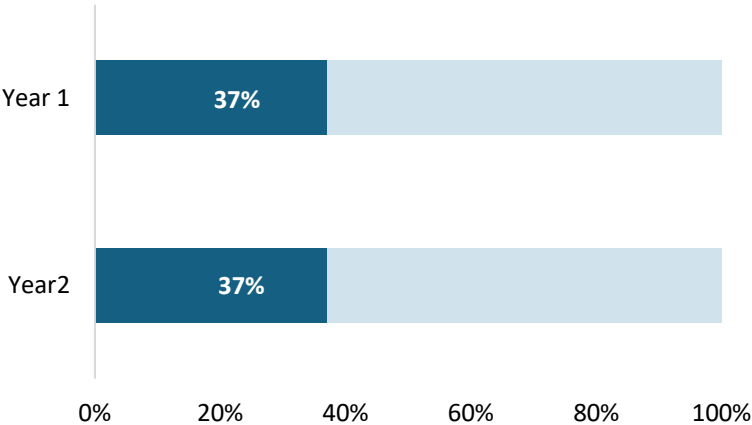


Summonses were consistently issued for cases with a presumed top charge of misdemeanor fentanyl possession. The percentage of cases with a presumed top charge of misdemeanor fentanyl possession that had a summons issued was much higher than cases with a presumed top charge of felony fentanyl possession. However, this is likely an underreported number of summonses issued because they were not tracked in the Denver County data.

Figure III-1.7: Summons Issued for Cases with Top Charge of Misdemeanor Fentanyl Possession

Post HB22-1326

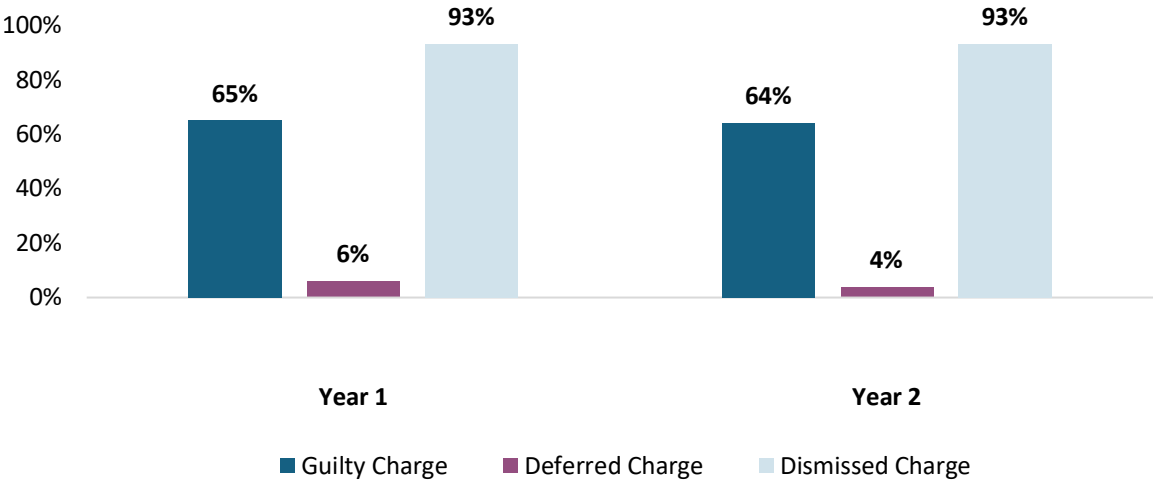
Year 1 timeframe: 7/1/2022 - 6/30/2023 (1,234 Misdemeanor Fentanyl Possession Top Charge Cases)
Year 2 timeframe: 7/1/2023 - 6/30/2024 (2,224 Misdemeanor Fentanyl Possession Top Charge Cases)



Case Dispositions

Most cases with a presumed top charge of misdemeanor fentanyl possession contained one or more charges that were dismissed. Of the cases containing any dismissed charges, 49% had fentanyl possession charges dismissed in year 1 and year 2. Many cases also contained charges in which the defendant pleaded guilty. None of the cases contained charges that resulted in acquittal charges or charges to which the defendant pleaded not guilty.

Figure III-1.8: Charge Dispositions for Cases with Top Charge of Misdemeanor Fentanyl Possession



Additional Charges in Misdemeanor Fentanyl Possession Cases

Some of the cases with a presumed top charge of misdemeanor fentanyl possession had one or more additional charges.

Year 1 - 7/1/2022 - 6/30/2023

- An average of 1.75 additional charges
- Range from 0 to 9 additional charges
- 50% had 1 or fewer charges
- 78% had 2 or fewer charges



86% of cases had at least 1 additional non-fentanyl drug charge



17% of cases had at least 1 additional property charge



9% of cases had at least 1 additional person-related charge

Year 2 - 7/1/2023 - 6/30/2024

- An average of 1.66 additional charges
- Range from 0 to 9 additional charges
- 52% had 1 or fewer charges



84% of cases had at least 1 additional non-fentanyl drug charge



17% of cases had at least 1 additional property charge

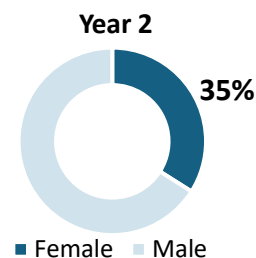
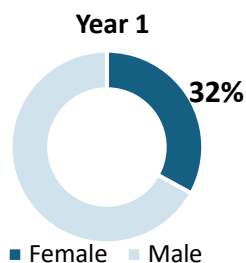


8% of cases had at least 1 additional person-related charge

DEFENDANT CHARACTERISTICS

Although 3,458 cases had a presumed top charge of misdemeanor fentanyl possession, the number of unique individuals who had these cases filed against them was 2,941: 989 in year 1 and 1,952 in year 2. The average age of defendants was 34 when cases were filed, with a range of 14 to 71 years old.

About one-third of the cases filed in both years had female defendants.



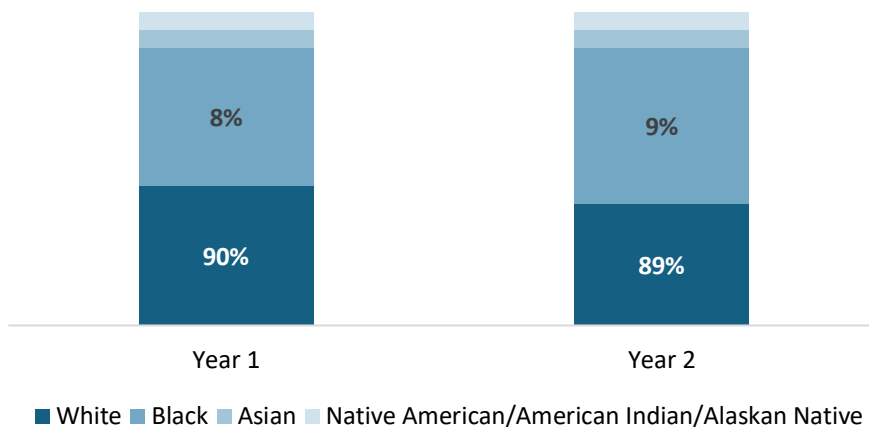
Most defendants were white individuals; the next highest percentage were Black individuals. Defendants who had cases with a presumed top charge of misdemeanor fentanyl possession had similar racial representation as the individuals with a presumed top charge of felony fentanyl possession. Race and ethnicity are collected as one variable in the Colorado court case data. Due to this limitation, White, non-Hispanic, and White, Hispanic categories could not be created for comparison purposes.

Figure III-1.9: Race of Individuals Who Had Cases with Presumed Top Charge of Misdemeanor Fentanyl Possession

Post HB22-1326

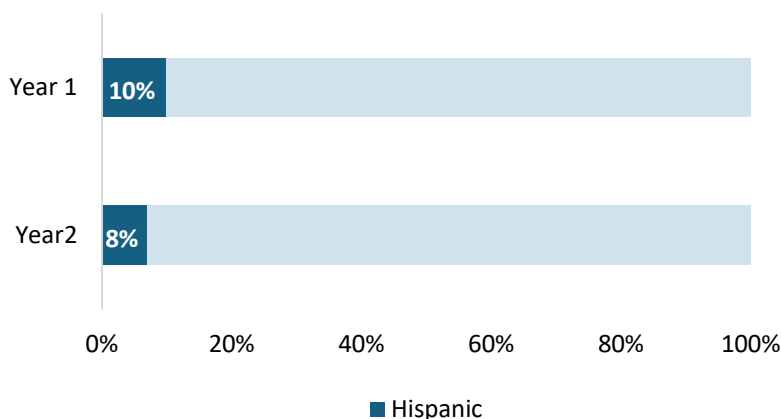
Year 1 timeframe: 7/1/2022 - 6/30/2023 (989 Individuals)

Year 2 timeframe: 7/1/2023 - 6/30/2024 (1,952 Individuals)



The percentage of individuals with a presumed top charge of misdemeanor fentanyl possession who identified as Hispanic decreased slightly between year one and year two post-legislation.

Figure III-1.10: Individuals Who Had Cases with Presumed Top Charge of Misdemeanor Fentanyl Possession by Ethnicity



Most defendants with presumed top-charge misdemeanor fentanyl possession cases had court-appointed counsel both one and two years after legislation; however, the percentage decreased in year 2. Defendants were determined to be indigent in approximately one out of four cases in both years.



76% of defendants who had cases with a top charge of misdemeanor fentanyl possession used **court-appointed counsel** on their case (Year 1)

66% of defendants who had cases with a top charge of misdemeanor fentanyl possession used **court-appointed counsel** on their case (Year 2)



40% of defendants who had cases with a top charge of misdemeanor fentanyl possession **were determined indigent** (Year 1)

33% of defendants who had cases with a top charge of misdemeanor fentanyl possession **were determined indigent** (Year 2)

Case Sentences

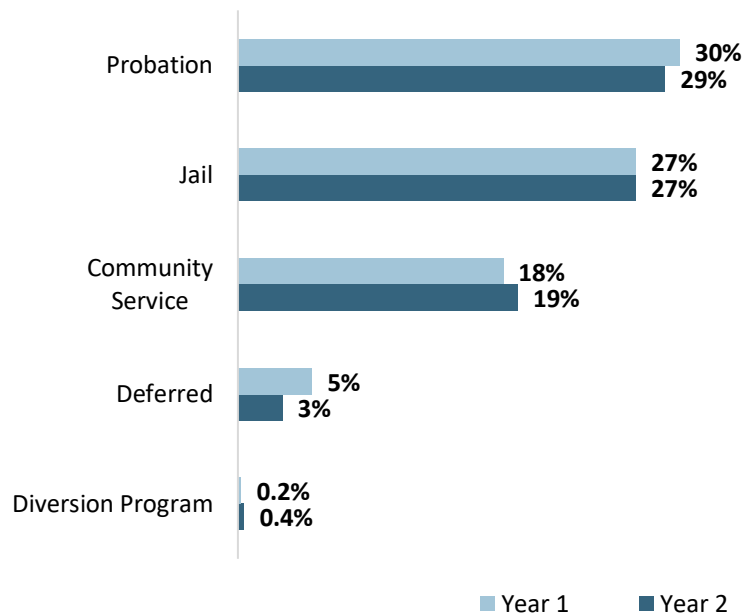
Sentencing information was reviewed on cases where sentencing was included in the data sets. Sentencing information was available in 2,059 (59%) of the 3,458 cases with a presumed top charge of misdemeanor fentanyl possession. Cases not included in the sentencing summary were either in the pre-sentencing phase or were missing sentencing information. Cases most frequently were sentenced with probation and jail sanctions. Half of the cases resulted in a fine in both years after legislation, and approximately 40% required restitution.

Figure III-1.11: Sentencing Information for Cases with a Presumed Top Charge of Misdemeanor Fentanyl Possession

Post HB22-1326

Year 1 timeframe: 7/1/2022 - 6/30/2023 (1,017 Sentenced Cases)

Year 2 timeframe: 7/1/2023 - 6/30/2024 (1,042 Sentenced Cases)



The average number of days, hours, and dollars sentenced in cases with a presumed top charge of misdemeanor fentanyl possession per year is summarized below.



Average length of probation sentence

Year 1: **116 days** Year 2: **124 days**

Average length of jail sentence

Year 1: **23 days** Year 2: **16 days**

Average length of community service

Year 1: **6 hours** Year 2: **6 hours**



Average amount of restitution

Year 1: **\$82**

Year 2: **\$72**

Average amount of fines

Year 1: **\$484**

Year 2: **\$479**

Almost one-third (30%) of the sentenced cases one-year post legislation included probation as part of the sentence. This percentage dropped slightly to 29% in the second year after HB22-1326 went into effect. Information related to probation sentence and status is summarized below. **NPC was unable to obtain data tracking whether an individual was referred for a substance use assessment or was receiving treatment due to limitations in the State Judicial and Denver County case management system.**

As of June 30, 2024, 11 cases sentenced to probation reported successful completion, and 281 cases sentenced to probation reported unsuccessful completion. Several cases did not include reasons for the unsuccessful probation completion; however, 96 cases (34%) indicated whether probation was terminated due to a technical violation or a new criminal case.

32% of cases with unsuccessful probation sentences had a new criminal case.

68% of cases with unsuccessful probation sentences had a technical violation.

Felony Fentanyl Possession-Only Cases

The following section provides a statewide descriptive summary of cases containing a presumed top charge of felony fentanyl possession only since HB22-1326 went into effect. These cases did not include other fentanyl-related charges such as distribution, manufacturing, or conspiracy. However, several of these cases included additional charges such as non-fentanyl-related drugs, property, and person-based charges lower in severity than the possession charge. The total number of felony fentanyl possession-only cases referred to in this section is 1,241.

Arrests and Summons

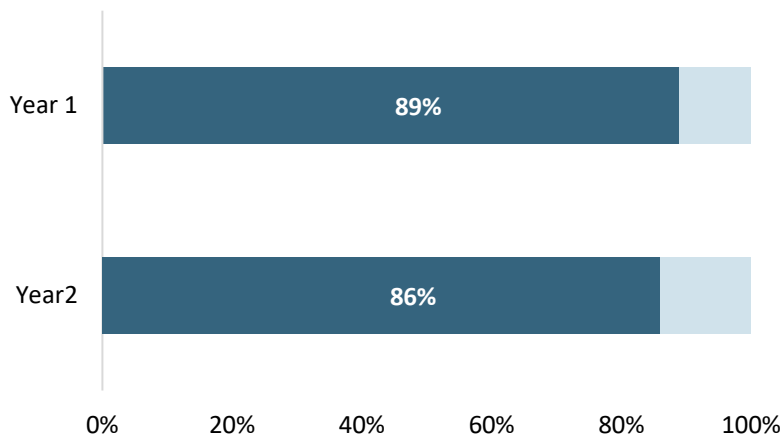
Arrests were made in almost 90% of the cases with a presumed top charge of felony fentanyl possession. This is approximately 30 percentage points higher than in cases with a presumed top charge of misdemeanor fentanyl possession.

Figure III-1.12: Arrests Made on Cases with Presumed Top Charge of Felony Fentanyl Possession

Post HB22-1326

Year 1 timeframe: 7/1/2022 - 6/30/2023 (478 Felony Fentanyl Possession Top Charge Cases)

Year 2 timeframe: 7/1/2023 - 6/30/2024 (763 Felony Fentanyl Possession Top Charge Cases)

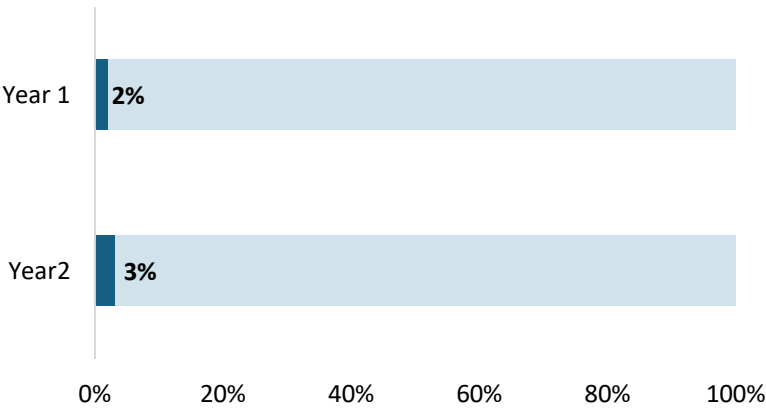


A summons was infrequently issued for cases with a top charge of felony fentanyl possession. The percentage of top charge felony fentanyl possession cases that had a summons issued was much lower than in cases with a top charge of misdemeanor fentanyl possession.

Figure III-1.13: Summons Issued for Cases with Presumed Top Charge of Felony Fentanyl Possession

Post HB22-1326

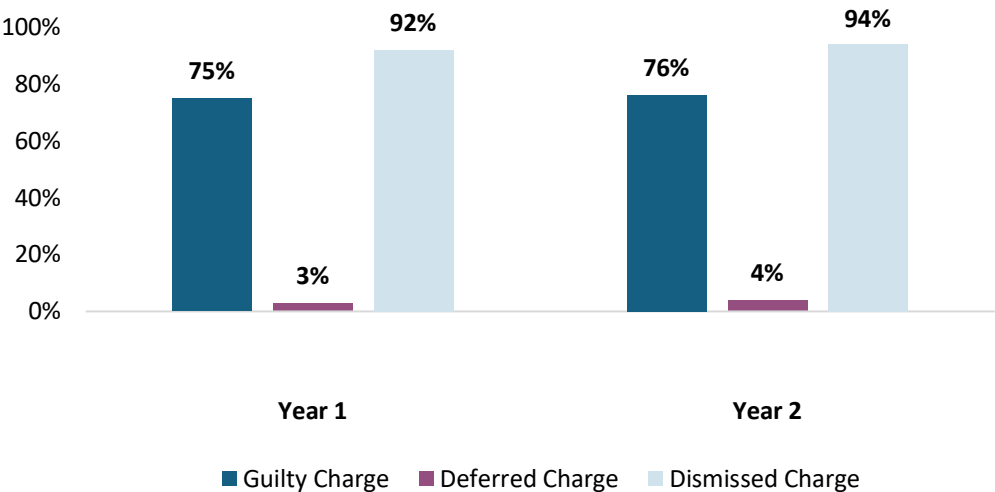
Year 1 timeframe: 7/1/2022 - 6/30/2023 (478 Felony Fentanyl Possession Top Charge Cases)
Year 2 timeframe: 7/1/2023 - 6/30/2024 (763 Felony Fentanyl Possession Top Charge Cases)



Case Dispositions

Most cases with a presumed top charge of felony fentanyl possession had charges in which the defendant pleaded guilty along with charges that were dismissed. Of the cases with any dismissed charges, 72% had fentanyl possession charges dismissed in year 1, and 75% had them dismissed in year 2. Only 2 cases had charges that resulted in acquittal, and none of the cases had charges where the defendant pleaded not guilty.

Figure III-1.14: Charge Dispositions in Cases with Presumed Top Charge of Felony Fentanyl Possession



Additional Charges

As previously mentioned, several cases with a presumed top charge of felony fentanyl possession also had additional charges. However, none of the charges on the case had a higher severity level than the felony fentanyl possession charge.

Year 1 - 7/1/2022 - 6/30/2023

- An average of 1.76 additional charges
- Range from 0 to 8 additional charges
- 49% had 1 or fewer charges



85% of cases had at least 1 additional non-fentanyl drug charge



15% of cases had at least 1 additional property charge



6% of cases had at least 1 additional person-related charge

Year 2 - 7/1/2023 - 6/30/2024

- An average of 1.68 additional charges
- Range from 0 to 7 additional charges
- 50% had 1 or fewer charges



81% of cases had at least 1 additional non-fentanyl drug charge



13% of cases had at least 1 additional property charge



9% of cases had at least 1 additional person-related charge

DEFENDANT CHARACTERISTICS

Although 1,241 cases had a presumed top charge of felony fentanyl possession, the number of unique individuals who had these cases filed against them was 1,178: 441 in year 1 and 737 in year 2. The average age of defendants was 34 when cases were filed, with a range of 15 to 70 years old.

About one-third of the cases filed in both years had female defendants.



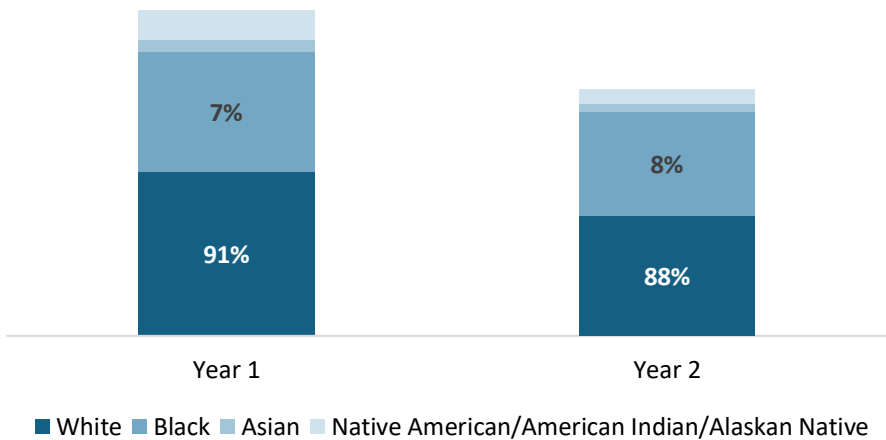
Individuals who had cases with a top charge of felony fentanyl possession had similar racial representation as the individuals with presumed top charge misdemeanor fentanyl cases. Most defendants were white, with the next highest percentage being Black individuals. Race and ethnicity are collected as one variable in the Colorado court case data. Due to this limitation, White, non-Hispanic, and White, Hispanic categories could not be created for comparison purposes.

Figure III-1.15: Individuals Who Had Cases with Presumed Top Charge of Felony Fentanyl Possession by Race

Post HB22-1326

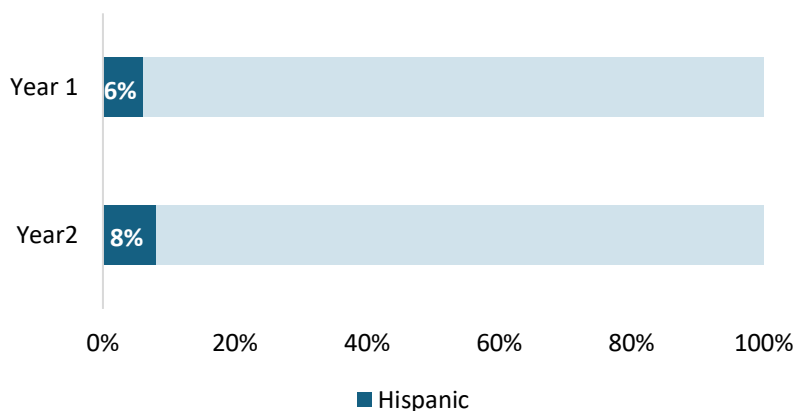
Year 1 timeframe: 7/1/2022 - 6/30/2023 (441 Individuals)

Year 2 timeframe: 7/1/2023 - 6/30/2024 (737 Individuals)



The percentage of individuals who identified as Hispanic increased slightly between year one and year two post-legislation. However, the percentage of individuals remained below ten percent.

Figure III-1.16: Individuals Who Had Cases with Top Charge of Felony Fentanyl Possession by Ethnicity



Most defendants with top-charge felony fentanyl possession cases had court-appointed counsel for both years, and approximately half of them were determined to be indigent.



93% of defendants who had cases with a top charge of felony fentanyl possession used **court-appointed counsel** on their case (Year 1)

87% of defendants who had cases with a top charge of felony fentanyl possession used **court-appointed counsel** on their case (Year 2)



48% of defendants who had cases with a top charge of felony fentanyl possession were **indigent** (Year 1)

41% of defendants who had cases with a top charge of felony fentanyl possession were **indigent** (Year 2)

Case Sentences

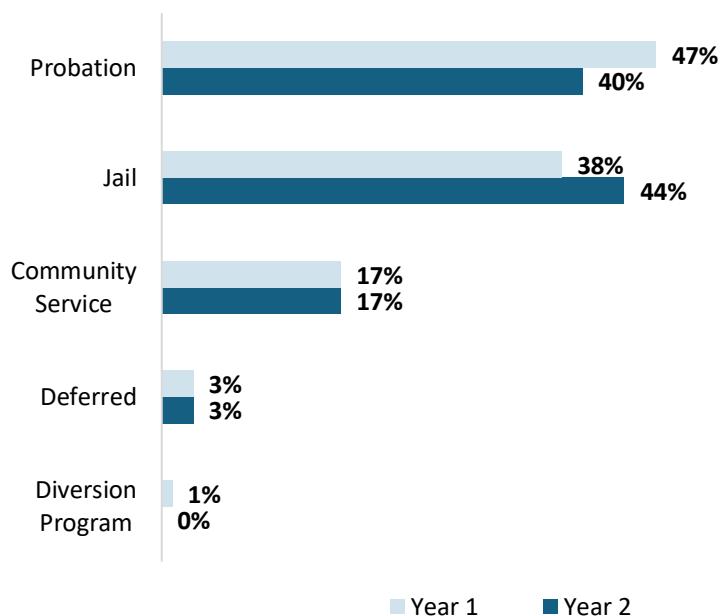
Sentencing information was reviewed on cases where sentencing was included in the data sets. Sentencing information was available in 712 (57%) of the 1,241 cases with a presumed top charge of felony fentanyl possession. Cases not included in the sentencing summary were either in the pre-sentencing phase or were missing sentencing information. Cases most frequently were sentenced with probation and jail sanctions. Three out of 4 cases (76%) in both years also had a restitution requirement and/or a fine.

Figure III-1.17: Sentencing Information for Cases with Top Charge of Felony Fentanyl Possession

Post HB22-1326

Year 1 timeframe: 7/1/2022 - 6/30/2023 (386 Sentenced Cases)

Year 2 timeframe: 7/1/2023 - 6/30/2024 (326 Sentenced Cases)



The average number of days, hours, and dollars sentenced in cases with a presumed top charge of felony fentanyl possession per year is summarized below.



Average length of probation sentence

Year 1: **357 days** Year 2: **267 days**

Average length of jail sentence

Year 1: **82 days** Year 2: **61 days**

Average length of community service

Year 1: **9 hours** Year 2: **7 hours**



Average amount of restitution

Year 1: **\$194**

Year 2: **\$186**

Average amount of fines

Year 1: **\$1,656**

Year 2: **\$1,424**

Almost half (47%) of the sentenced cases one-year post legislation included probation as part of their sentence. This percentage dropped slightly to 40% for cases filed in the second year after HB22-1326 went into effect. Information related to probation sentence and status is summarized below. **NPC was unable to obtain data tracking whether an individual was referred for a substance use assessment or was receiving treatment due to limitations in the State Judicial case management system.**

As of June 30, 2024, 7 cases sentenced to probation reported successful completion, and 65 cases sentenced to probation reported unsuccessful completion. Several cases did not include reasons for the unsuccessful probation completion; however, 57 cases (88%) indicated whether probation was terminated due to a technical violation or a new criminal case.

34% of cases with unsuccessful probation sentences had a new criminal case.

63% of cases with unsuccessful probation sentences had a technical violation.

CASE COMPARISON OVER TIME

NPC was asked to compare dispositions and sentences for fentanyl-related possession cases before and after HB22-1326. Unfortunately, fentanyl-related charges were not specifically identified before July 1, 2022, and, therefore, could not be tracked before the legislation. This limits our ability to accurately compare case processing to determine whether fentanyl-related cases were processed differently due to their new charge level as a felony following the legislative change.

To simply compare drug cases filed before HB22-1326 was implemented to fentanyl cases filed since July 1, 2022, cases were categorized into several subgroups. These subgroups were determined by charges of interest (fentanyl drug charges, misdemeanor drug charges, and felony drug charges) after they had been wrapped up to the case level. All drug cases filed from July 1, 2018, to June 30, 2024, statewide and in Denver County, are categorized into these subgroups.

Pre-Fentanyl Law Change Drug Charge (July 1, 2018 to June 30, 2022):

1. Misdemeanor Drug Charge Subgroup
 - Highest drug charge on the case is a misdemeanor

- Likely includes most fentanyl-related charges (before they were labeled fentanyl charges), assuming they did not have any other drug charges on the case with a felony severity
2. Felony Drug Charge Subgroup
 - Highest drug charge on the case is a felony
 - Can include cases that also have misdemeanor drug charges on the case (some fentanyl charges (before they were labeled fentanyl charges) may be here)

Post-Fentanyl Law Change (July 1, 2022 to June 30, 2024):

1. Fentanyl Drug Charge Group
 - Any drug charge on the case involves a fentanyl charge
2. Misdemeanor Drug Charge Group
 - Excludes any cases that involve fentanyl-related charges
 - Highest drug charge on the case is a misdemeanor
3. Felony Drug Charge Group
 - Excludes any cases that involve fentanyl-related charges
 - Highest drug charge on the case is a felony

Tables III-1.7 and III-1.8 summarize dispositions for cases per drug charge level and by three time periods. The first time period, July 1, 2018 to June 30, 2020, represents cases filed before HB22-1326 was enacted and changed felony possession from misdemeanor to felony charges. The second time period, July 1, 2020, to June 30, 2022, includes cases filed between enacting and implementing the legislation. The last time period, July 1, 2022, to June 30, 2024, includes cases filed since HB22-1326 went into effect and criminal penalties were increased.

Fentanyl-related cases post HB22-1326 had a slightly higher percentage of dismissed and guilty charges compared to cases with misdemeanor drug charges before the legislation was implemented.

Table III-1.7: Dispositions for Drug-Related Cases with Misdemeanors Charges

	July 1, 2018 to June 30, 2020		July 1, 2020 to June 30, 2022		July 1, 2022 to June 30, 2024			
	Highest Drug Charge Misdemeanor		Highest Drug Charge Misdemeanor		Highest Drug Charge Misdemeanor		Fentanyl Charge on Case	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Dismissed Charge	3,257	89%	16,512	93%	10,610	92%	5,959	96%
Deferred Charge	277	8%	1,208	8%	677	6%	221	4%
Guilty Charge	2,497	68%	10,946	62%	7,273	63%	4,887	79%

In comparison to drug-related cases with felony charges, fentanyl-related cases had a similar percentage of dismissed charges. However, the percentage of guilty charges was lower for fentanyl-related cases compared to other felony drug cases.

Table III-1.8: Dispositions for Drug-Related Cases with Misdemeanors Charges

	July 1, 2018 to June 30, 2020		July 1, 2020 to June 30, 2022		July 1, 2022 to June 30, 2024			
	Highest Drug Charge Felony		Highest Drug Charge Felony		Highest Drug Charge Felony		Fentanyl Charge on Case	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Dismissed Charge	10,740	99%	2,693	99%	1,368	98%	5,959	96%
Deferred Charge	365	3%	161	6%	71	5%	221	4%
Guilty Charge	10,439	96%	2,348	87%	1,203	86%	4,887	79%

Tables III-1.8 and III-1.9 summarize sentencing information for cases per drug charge level and for the same three time periods.

Fentanyl-related cases had a higher percentage of jail and probation sentences compared to misdemeanor drug-related cases before the legislation. Since fentanyl-related cases were typically charged as drug-related misdemeanor cases before HB22-1326, the difference in sentences may suggest that penalties have increased for fentanyl-related cases. However, it is important to note that a direct comparison cannot be made due to the inability to identify fentanyl-related cases before the legislation was enacted or implemented.

Table III-1.9: Dispositions for Drug-Related Cases with Misdemeanors Charges

	July 1, 2018 to June 30, 2020		July 1, 2020 to June 30, 2022		July 1, 2022 to June 30, 2024			
	Highest Drug Charge Misdemeanor		Highest Drug Charge Misdemeanor		Highest Drug Charge Misdemeanor		Fentanyl Charge on Case	
	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
Jail Sentence	1,266	36%	5,793	34%	3,686	34%	2,567	45%
Probation Sentence	1,449	41%	5,190	31%	2,879	27%	2,085	37%
Deferred Sentence	249	8%	996	7%	552	6%	180	4%
Diversion Sentence	30	0.8%	135	0.8%	139	1%	12	0.2%
Community Service Sentence	1,073	30%	3,370	20%	2,359	22%	841	15%

The percentage of jail sentences for fentanyl-related cases post HB22-1326 is fairly similar to percentage of jail sentences for felony drug-related cases before HB22-1326.

Table III-1.10: Dispositions for Drug-Related Cases with Felony Charges

	July 1, 2018 to June 30, 2020		July 1, 2020 to June 30, 2022		July 1, 2022 to June 30, 2024			
	Highest Drug Charge Felony		Highest Drug Charge Felony		Highest Drug Charge Felony		Fentanyl Charge on Case	
	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
Jail Sentence	4,228	40%	1,275	50%	598	48%	2,567	45%
Probation Sentence	7,326	70%	1,217	48%	611	49%	2,085	37%
Deferred Sentence	344	3%	136	5%	61	5%	180	4%
Diversion Sentence	21	0.2%	6	0.2%	6	0.5%	12	0.2%
Community Service Sentence	3,922	37%	485	19%	254	20%	841	15%

CONCLUSION

Most fentanyl-related cases since HB22-1326 implementation consisted of only fentanyl possession charges. However, approximately one-quarter of the fentanyl-related cases included possession charges in addition to either fentanyl manufacturing, distribution, or conspiracy. Of the cases that exclusively had possession charges, almost 70% across the two years since the legislation was implemented had misdemeanor charges, while approximately one-third of the possession cases contained felony charges. Therefore, fentanyl-related cases with only possession charges were more likely to have misdemeanor than felony fentanyl possession charges.

Approximately 45% of fentanyl possession cases received jail sentences, and 37% were mandated to probation services. This appears to be a higher percentage than sentences for drug-related misdemeanor cases before the legislation. However, a direct relationship between HB22-1326 and changes in sentencing cannot be drawn due to the inability to identify fentanyl-related cases before the legislation was implemented.

HB22-1326 required substance use disorder assessments and treatment services for individuals convicted of a fentanyl possession charge. However, due to a lack of tracking or available data, we are unable to report the number of assessments completed and the number of services administered. Increased communication between the court system, probation, and treatment services is encouraged to create a system to effectively capture this information if it does not already exist. Then an evaluation of short-term outcomes of court cases and treatment of offenders with fentanyl charges can be conducted.



DISTRICT ATTORNEY (DA) PERSPECTIVES

HB22-1326 and District Attorney Decision-Making

Increased criminal penalties may not necessarily change how cases are resolved since District Attorneys (DAs) have discretion in deciding whether and at what level (e.g., felony or misdemeanor) to charge the case (Gase & Beletic, 2022). In fact, research shows that prosecutorial discretion has a high impact on punishment and outcomes in the criminal justice system, with factors such as the prosecutor's experience, role, and jurisdiction size shown to significantly affect prosecutor decision-making (Wright, Cain, & Baughman, 2024). When developing the evaluation plan to assess HB22-1326, the Colorado Evaluation & Action Lab collected feedback from partners working in the criminal justice system, such as several individuals from District Attorneys' offices and law enforcement (Gase & Beletic, 2022). These partners felt that prosecutorial discretion would allow for the most appropriate and beneficial outcome for the individual based on their needs, and they suggested plea guidelines and diversion options would provide support to individuals with a substance use disorder (SUD). They also suggested that most cases would not be resolved as felonies even with the option to charge possession as a felony (Gase & Beletic, 2022).

Partners who provided feedback on the evaluation plan and supported increased criminal penalties felt that this could impose consequences and deter use by providing treatment opportunities and increasing negative consequences.

Stakeholders in support of this provision felt that it has the potential to provide “a moment of opportunity” for some individuals, providing both an opportunity and system of accountability. They noted that the justice system may be the only opportunity some individuals have to connect with treatment or support, for example, treatment resources available through diversion programming or access to medications for opioid use disorder (MOUD). The potential for a felony charge provides DAs with additional leverage: in light of being faced with a felony charge, some individuals may be motivated to comply with treatment. Through increased penalties stakeholders believe that they can better communicate the “seriousness” of fentanyl and address “repeat offending that does not have any consequences.” (Gase & Beletic, 2022, p. 24).

However, other partners who contributed to the evaluation plan suggested that incentivized treatment may only impact a small number of individuals, such as those with more resources, greater readiness for treatment, or those without severe SUDs. Others noted that criminal justice system involvement can worsen SUDs and mental health conditions. Evidence-based, culturally appropriate services may not be available to meet individuals' needs in court-ordered treatment (Gase & Beletic, 2022).

Increased criminal penalties were also noted to potentially have significant negative consequences by partners who did not support this provision, such as:

- criminalization of a medical condition and the further stigmatization of individuals with a SUD;
- decreased stability with disruptions in housing, jobs, family roles, and social networks;
- unaddressed underlying drivers of SUDs;

- increased deaths and overdose upon release from incarceration; and
- heightened disparities (Gase & Beletic, 2022).

District Attorney Survey Description

A survey for DAs was developed to assess if and how their practices changed as a result of HB22-1326. The survey was informed by previous survey research on prosecutorial decision-making (e.g., Olsen et al., 2018), as well as discussions with Colorado District Attorneys' Council (CDAC) staff that provided history and context of HB22-1326. Best practices in survey design and construction were followed. The survey was reviewed by CDAC staff, multiple attorneys, and the study advisory team and then revised based on their feedback.

Several methods were used to increase the response rate. An anonymous survey was utilized so that respondents could complete it candidly without fear of any repercussions. CDAC staff emailed the survey invitation and link to the online survey to the 22 elected DAs so that the invitation was received from a recognizable sender. CDAC staff also sent one reminder to complete the survey. There were 7 surveys completed for a response rate of 32% (7/22). The average online survey response rate is 44%, so this response rate is lower than average rate (Wu, Zhao, & Fils-Aime, 2022), but it is higher than a national survey of prosecutors' offices that had a response rate of 23% (Olsen et al., 2018). The survey and all responses are provided in Appendix D, and a summary of the results is provided below.

There are several limitations that should be noted. The evaluation plan developed by the Colorado Evaluation & Action Lab (Gase & Beletic, 2022) required that the survey population be the 22 elected DAs. However, elected DAs are rarely directly involved in charging decisions, and different prosecutors within the same office may respond differently. Thus, the survey population may not represent perspectives of prosecutors who are most closely involved in the charging decisions in these cases. Moreover, there were few responses (N = 7) and a fairly low response rate (32%), so the results have limited generalizability. Additionally, a survey may not have been the best method to collect information from DAs given the complexity and nuances of the issue that cannot be easily captured by survey methodology. As such, the survey results give a brief snapshot of the perspectives of a small sample of DAs in Colorado. Finally, prior to HB 22-1326, fentanyl possession was not broken out as an easily identifiable, stand-alone drug offense but was classified as possession of a Schedule II Controlled Substance. Thus, it is difficult to understand changes over time as it compares violations of Schedule II Controlled Substances with possession of a specific drug (i.e., fentanyl), which limited the questions that could be included on the survey to assess changes in charging behavior. These limitations must be considered when interpreting the results.

DA Survey: Summary Results

Felony Charges

When developing the evaluation plan to assess HB22-1326, the Colorado Evaluation & Action Lab collected feedback from partners and community members working in the criminal justice system. In summarizing their feedback, Gase and Beletic (2022) noted, "Despite the option to charge possession as a felony, they felt that most cases were unlikely to be resolved as felonies," (p. 25).

In the survey, DAs were asked questions about the increased criminal penalties for the possession of more than 1 gram and not more than 4 grams (denoted as 1 to 4 grams for simplicity) of fentanyl (or other similar synthetic opiates, such as carfentanil, benzimidazole opiate, or analogs thereof). Regarding original charges for fentanyl possession of more than 1 to 4 grams for first-time defendants without any prior drug-related arrests and with no accompanying charges, DAs were asked to select

the estimated frequency they charge these defendants with a Level 4 Drug Felony, drop to a Misdemeanor, drop the charges altogether, and/or refer these defendants to a diversion program.³

- ✓ **71%** (5/7) of respondents said they frequently, usually, or always charge these defendants with a Level 4 Drug Felony.
 - Two of these respondents selected “frequently,” two selected “usually,” and one respondent selected “always.”
- ✓ **57%** (4/7) of respondents said they frequently or usually drop charges to a misdemeanor.
 - Three of these respondents selected “frequently,” and one respondent selected “usually” (no respondents selected “always”).

DAs were asked the same question but about original charges for possession of *1 to 4 grams of a substance that contains any amount of fentanyl*. These cases are potentially complex because a defendant may not know fentanyl was present in the substance. However, the results were very similar, as 57% (4/7) of respondents said they frequently, usually, or always charge these defendants with a Level 4 Drug Felony, and 57% (4/7) said they frequently or usually drop charges to a misdemeanor. DAs were also asked the estimated frequency of the defense arguing that the defendant did not know there was fentanyl in the substance (when the defendant was facing original charges for possession of 1 to 4 grams of a substance that contains any amount of fentanyl). Two selected “unsure,” two selected “rarely,” one selected “sometimes,” and two selected “frequently.”

In this sample, DAs frequently charge defendants with a Level 4 Drug Felony for possession of 1 to 4 grams of fentanyl, although a sizeable share drop charges to a misdemeanor.

Plea Guidelines

Criminal justice system partners who provided input into the Colorado Evaluation & Action Lab evaluation plan suggested that prosecutorial discretion would lead to the most helpful and appropriate outcome for defendants based on their background and needs; they suggested plea guidelines reflect a desire to support individuals with a SUD (Gase & Beletic, 2022, p. 25). DAs were asked if the plea guidelines changed in their district as a result of HB22-1326.

- ✓ **Only one DA** (1/7; 14%) said plea guidelines changed in their district as a result of HB22-1326.

Plea guidelines have not typically changed as a result of HB22-1326.

³ The survey provided the following ranges with response choices for clarity and consistency: Never; Rarely (~1-20% of the time); Occasionally (~21-40% of the time); Sometimes (~41-60% of the time); Frequently (~61-80% of the time); Usually (~81-99% of the time); Always.

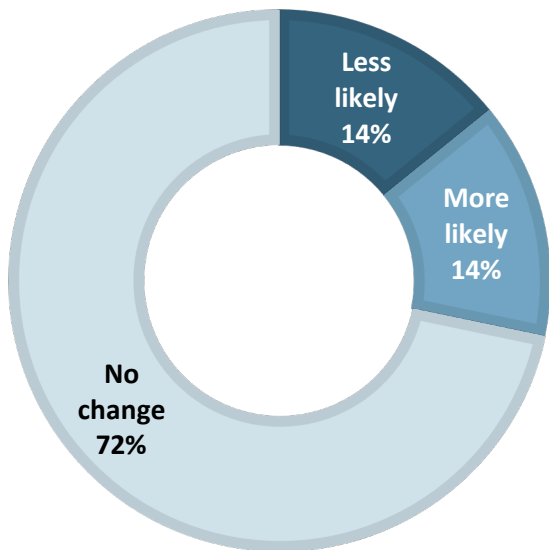
Referrals to Diversion Programs

Criminal justice professionals who provided input into the evaluation plan cited diversion programs as an alternative that could support individuals with a SUD (Gase & Beletic, 2022). However, it is important to note that HB22-1326 did not expand diversion programs (Savinkina et al., 2023). As noted above, regarding original charges for fentanyl possession of 1 to 4 grams (for first-time defendants without any prior drug-related arrests and with no accompanying charges), DAs were asked to select the estimated frequency they refer these defendants to a diversion program.

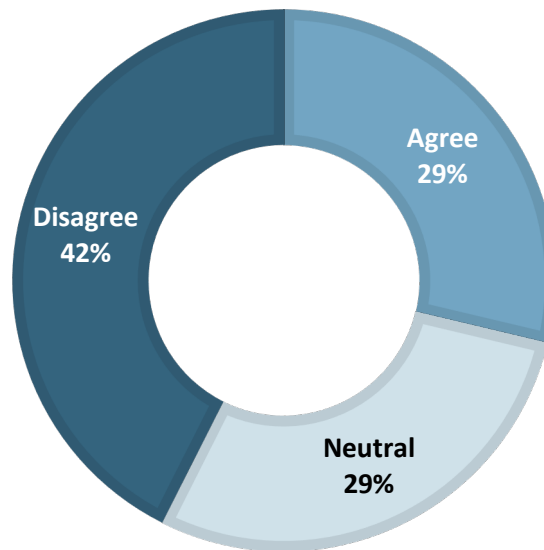
- ✓ **None of the DAs** (0/7) said they frequently, usually, or always refer these defendants to a diversion program.
 - Instead, they “never” (N = 2), “rarely” (N = 2), or “occasionally” (N = 2) refer these defendants to a diversion program (one DA selected “unsure”).

DAs were also asked if their likelihood of referring to diversion programs in cases involving fentanyl possession charges changed since HB22-1326. Most DA respondents said the likelihood has not changed (N = 5). When asked if their district has effective diversion programs available to refer individuals arrested for possession of fentanyl, 42% (N = 3) disagreed.

Likelihood of Referring Fentanyl Possession Cases to Diversion after HB22-1326 (N = 7)



District has Effective Diversion Programs to Refer Individuals Arrested for Fentanyl Possession (N = 7)



Defendants charged with possession of 1 to 4 grams of fentanyl are infrequently referred to diversion programs. The low rate of referral to diversion may reflect the lack of effective diversion programs to serve these defendants in Colorado.

Treatment

According to HB22-1326, defendants convicted of fentanyl possession or possession of a substance that contains fentanyl are assessed for opioid use disorder (OUD), and the court can order the defendants to receive treatment instead of time in jail if they have an OUD. Charges can be lowered if treatment is completed (e.g., a level 4 drug felony could be lowered to a misdemeanor) (Colorado Behavioral Health Administration (BHA), 2022). Criminal justice professionals who provided feedback on the evaluation plan and supported increased criminal penalties felt this may connect individuals with treatment and incentivize completion. “The potential for a felony charge provides DAs with additional leverage: in light of being faced with a felony charge, some individuals may be motivated to comply with treatment,” (Gase & Beletic, 2022, p. 24).

Overall, about half the DAs in this sample felt that HB22-1326 incentivizes treatment completion, and some cited motivating defendants to enter treatment and funding for treatment as the most helpful aspects of the bill.

- ✓ **57%** (4/7) of respondents agreed that HB22-1326 provides more incentives for individuals arrested for possession of fentanyl to complete substance use disorder treatment.
 - One respondent strongly disagreed that it incentivized treatment completion, and two respondents were neutral.

“The change in weight requirement has been most helpful because the increased criminal penalties allow us to get defendants into more substantial treatment programs.”

“The bill has absolutely been an overall positive with the distribution causing death provisions and the funding for treatment.”

“It has allowed us to get defendants into treatment programs. Our office is not sending these defendants to prison but defendants are more inclined to take treatment because of the possibility of a felony conviction and increased penalties compared to the DM1 [Drug Misdemeanor 1].”

- ✓ **57%** (4/7) of DA respondents agreed or strongly agreed that their district has available resources and treatment options to effectively treat substance use disorders.
 - One respondent strongly disagreed that their district has available resources and treatment options, while two respondents were neutral.

“There are insufficient resources for treatment, housing, and mental health.”

- ✓ **Only two DAs** (2/7; 29%) said their district's resources to treat substance use disorders affect their charging and plea decisions for fentanyl-related charges.

Among this sample of DAs, about half felt that HB22-1326 helps promote treatment access and completion, and about half felt their districts have resources and treatment options to effectively treat SUDs. However, a district's resources to treat substance use disorders rarely affect DA's charging and plea decisions for fentanyl-related charges.

Perspectives on Increased Criminal Penalties

DAs were asked to indicate their level of agreement on and their support for specific aspects of increased criminal penalties: the classification of 1 to 4 grams as a felony, the impact of HB22-1326 on their charging decisions, the ability of felony charges to deter fentanyl use, and the ability of felony charges to reduce fentanyl in their communities.

- ✓ **57%** (4/7) of DA respondents **support classifying the possession of 1 to 4 grams of fentanyl as a Level 4 Drug Felony.**
 - Two respondents were neutral, and one respondent disagreed, indicating that the minimum of 1 gram should be increased to be classified as a Level 4 Drug Felony.
- ✓ **Only one DA** (1/7; 14%) agreed or strongly agreed HB22-1326 changed their charging decisions for individuals arrested for possession of 1 to 4 grams of fentanyl.
- ✓ **Less than half** (3/7; 43%) of DA respondents believe increased criminal penalties for possession of 1 to 4 grams of fentanyl will effectively deter fentanyl use.
- ✓ **Only one DA** (1/7; 14%) agreed or strongly agreed that increased criminal penalties for possession of 1 to 4 grams of fentanyl will effectively reduce the amount of fentanyl in their community.

Among this sample of DAs, about half supported classifying the possession of 1 to 4 grams of fentanyl as a Level 4 Drug Felony, but the changes from HB22-1326 did not change charging decisions for most DAs. Moreover, increased criminal penalties were not expected to deter fentanyl use or reduce the amount of fentanyl in communities.

HB22-1326 Helpful Provisions, Challenging Provisions, and Overall Impact

DAs were given the opportunity to provide open-ended feedback. All comments received are provided below.

Provisions of HB22-1326 have been most helpful (N = 3):

- *“The change in weight requirement has been most helpful because the increased criminal penalties allow us to get defendants into more substantial treatment programs.”*
- *“Dropping the pill count threshold for purposes of identifying dealers (i.e. above 50 grams) has been the most helpful provision.”*
- *“Distribution causing death.”*

Provisions of HB22-1326 that have been challenging to implement (N = 2):

- *“There are insufficient resources for treatment, housing, and mental health.”*
- *“While the distribution causing death has been the most impactful provision, it was and remains challenging to implement, given the prosecutorial resources it has taken as well as resources from law enforcement agencies, coroner’s office, and the coordination and development of all of the above from our office.”*

Final comments or thoughts about the impact of HB22-1326 on your work (N = 3):

- *“The bill has absolutely been an overall positive with the distribution causing death provisions and the funding for treatment.”*
- *“It has allowed us to get defendants into treatment programs. Our office is not sending these defendants to prison but defendants are more inclined to take treatment because of the possibility of a felony conviction and increased penalties compared to the DM1.”*

References

- Colorado Behavioral Health Administration (BHA). (2022). Fentanyl Laws. <https://fentanyledcolorado.org/wp-content/uploads/2022/12/Fentanyl-Law-Handout.pdf>
- Gase, L., & Beletic, J. (2022). *HB22-1326 Independent Study Fentanyl Accountability and Prevention Act*. Colorado Evaluation & Action Lab. University of Denver. https://coloradolab.org/wp-content/uploads/2023/09/Fentanyl-Study-Analysis-Plan_8.10.23.pdf
- Olsen, R., Courtney, L., Warnberg, C., & Samuels, J. (2018). Collecting and using data for prosecutorial decision-making. *Urban Institute for Justice*. <https://www.urban.org/research/publication/collecting-and-using-data-prosecutorial-decisionmaking>.
- Savinkina, A., Jurecka, C., Gonsalves, G., & Barocas, J. A. (2023). Mortality, incarceration and cost implications of fentanyl felonization laws: A modeling study. *International Journal of Drug Policy*, 121, 104175.
- Wright, M. S., Cain, C., & Baughman, S. B. (2024). Dimensions of Prosecutor Decisions: Revealing Hidden Factors with Correspondence Analysis. *UC Irvine Law Review*.
- Wu, M. J., Zhao, K., & Fils-Aime, F. (2022). Response rates of online surveys in published research: A meta-analysis. *Computers in Human Behavior Reports*, 7, 100206.



EFFECTIVENESS OF DIVERSION PROGRAMS

Record numbers of people are involved in the criminal justice system in the United States (Center for Health and Justice, 2013; NAPSA, 2010). For some offenders, diversion programs may be more a more effective deterrent to committing crimes, reducing recidivism, or protecting society from harm for several reasons (Center for Health and Justice, 2013; Center for Prison Reform, 2015):



Non-violent offenders don't need to be removed from society. Their incarceration will **impact** their family, employer, and community.



Many prisons and jails are already **overcrowded**. Increasing the number of inmates decreases the **effectiveness** of jail time.



Incarcerating people is **very costly**. Pushing a case through the legal system and subsequently incarcerating them incurs an additional cost to taxpayers. Providing mental health or SUD treatment to individuals while incarcerated in jail and prison incurs a **greater cost** and **burden** on the institution than community-based treatment services.



Being incarcerated **permanently** changes someone's life. **Stigma** in one's social and professional life may make it harder to reintegrate into society after release, which can increase chances of recidivism.

Problem-solving approaches to criminal behavior have been shown to reduce crime and rates of recidivism, reduce financial burdens on criminal justice agencies, and enhance public trust in the criminal justice system (Center for Health and Justice, 2013; Center for Prison Reform, 2015; NAPSA, 2010). Diversion programs redirect justice-involved individuals from traditional case processing while still holding them accountable for their behavior (BJA, 2019). Diversion programs are associated with positive benefits:

- ✓ **Cost- and resource effective:** Diversion programs avoid the expenses and financial investment required in processing criminal cases, especially with cases involving low-risk individuals. Similarly, diversion programs often expedite reaching the outcome of a case (e.g., entering SUD treatment sooner rather than waiting through the whole trial to get the same outcome). Diversion programs also allow for resources to be redirected to more serious cases.
- ✓ **Reduce crime:** Diversion programs help improve public safety by decreasing risk across a larger number of people, especially lower-risk individuals. Risk can also be reduced for moderate- and high-risk individuals by tailoring services to fit individual needs and address criminogenic risk factors.

- ✓ **Benefit victims:** Many diversion programs build community service into their program requirements; other requirements may include addressing and apologizing to a victim in some way. Some programs require participants to pay restitution.

Prosecutor-Led Diversion Programs

Prosecutor-led, “front-end” interventions like pre-trial diversion programs can target cases early on, before trial or before charges are issued. Pretrial diversion can provide defendants with the opportunity to make changes in their lives and prevent further entry into the criminal justice system (Innovating Justice, 2018; NAPSA). Beyond the typical benefits associated with diversion programs, pre-trial programs pose additional benefits for the criminal justice system and to the diverted offenders:

- ✓ Meaningful **sanction** and **intervention** to criminal behavior
- ✓ Pre-filing programs decrease the **financial burden** on criminal justice agencies
- ✓ More efficient **allocation of resources** from court, prosecutorial, and corrections systems
- ✓ Reduces offenders’ **exposure** to the criminal justice system
- ✓ Connects offenders to resources that will **decrease their likelihood of recidivism**

In the United States, pre-trial diversion programs are becoming increasingly popular because of cost reduction benefits they offer (Innovating Justice, 2018).

OVERALL BEST PRACTICES FOR DIVERSION PROGRAMS

Best practices in diversion programs include applying a risk-need responsivity model (RNR) and providing effective treatment methods (BJA, 2019).

Risk: Programing should be matched to a person's assessed level of risk to reoffend. If it isn't matched appropriately, there could be worse recidivism outcomes; for example, if low risk people receive interventions that are too severe and/or increase their exposure to more serious offenders, the risk to reoffend increases.

Need: Interventions should focus on changeable traits that influence criminal behavior, such as antisocial thinking/behavior, family/marital issues, and substance abuse.

Responsivity: The success of the interventions depends on if they're delivered in the most effective, engaging, and ways that facilitates the most change.

Effective treatment: Evidenced-based treatment methods (such as CBT and social learning approaches) are the most effective at reducing risk and changing attitude/behavior long-term. Also important is using an effective "dosage" level for the treatment.

"The risk-reducing effect of these principles is cumulative; recidivism decreases incrementally with increased adherence to these principles (i.e., the more principles adhered to, the lower the recidivism; see, e.g., Bonta & Andrews, 2017). Given the substantial and compelling empirical support underlying these principles, the Risk- Need-Responsivity model, combined with the treatment principle, has become a highly influential framework for risk reduction efforts and offers an important empirical foundation upon which diversion strategies should be based." (BJA, 2019)

Diversion programs are most effective when individuals are referred to a program that best suits their needs. Consider the point of justice decision at which the program operates; eligibility criteria of the program; program strategies; "dosage" of program; and program adherence to a model (BJA, 2019).

Who is best-suited for which programs?

Timing of diversion opportunities

When considering which diversion programs are most appropriate for an individual, the point in the criminal justice system where diversion programs operate should play a significant role.

- **Pre-arrest:** best suited for people at a low risk of reoffending and those whose mental health issues are the cause of their criminal behavior; usually led by law enforcement and crisis teams (see below for more).
- **Pre-charge:** best suited for people at a low risk of reoffending. Risk of reoffending is not the same thing as people facing low-level criminal allegations; risk and not severity of criminal violation should guide this decision-making.
- **Post-charge:** Best suited for people assessed as medium risk and/or for individuals who struggle to meet pre-charge diversion requirements and/or need additional, more intensive services or interventions to succeed; usually lead by prosecutors' offices.
- **Pre-conviction:** "A pre-conviction diversion option, such as referral to a specialty court (e.g., mental health court, veterans court) may result at the suggestion of defense or prosecution but, at this stage of case processing, must also be approved by the court."

Model Program: Milwaukee County Diversion Program (NIJ, 2021)

- Established in 2007
- Prosecutor-led pre-filing program

Eligibility: Accepts a wide range of misdemeanors and felonies.

- Must be classified as low risk on the Level of Services Inventory Short Version (LSI-R:SV)
- No violent, firearms, sex, or drug sales offense

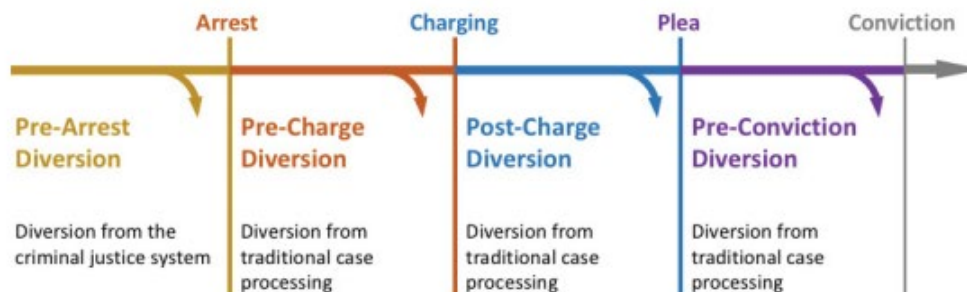
Screening: Every person arrested and booked into the county jail is screened with LSI-R:SV. Admission to program is on a voluntary basis.

Program components: 6-month individualized treatment with relatively low service dosage and responsive to low risk. Activities consist mainly of:

- Community service
- Educational programs
- Required restitution
- Drug treatment (if needed)
- Attendance at a restorative justice conference (if needed)

Success: Completion of the program's components and no recidivation during program period. Program failure results in the participant's case being filed in court.

Key Justice System Decision Points: Diversion Opportunities



From BJA (2018) Diversion 101.

Tailor services to suit risk & need

Research demonstrates that applying the risk-need-responsivity model to treatment and services is an effective means of reducing future recidivism. All prospective participants should be assessed for risk (risk to recidivate, criminogenic needs, protective and responsivity factors) (BJA, 2019). To be effective, diversion programs need to have a variety of high-quality resources available to suit the variable needs that folks entering the program might have. High-risk individuals may not be suitable for diversion because it may not address all their criminogenic needs. Low risk individuals should receive minimal intervention but should still get interventions for things that would improve their overall stability (e.g., substance use disorder) and thereby reduce the likelihood for later recidivism. Moderate risk people also require tailored services to ensure their needs are being met.

Individuals with mental illnesses

Diversion is a good option for people whose mental health disorders are determined to be the cause of their criminogenic behavior (BJA, 2019). Because people with mental illnesses make up a disproportionately large part of the incarcerated population, pre-arrest diversion for these individuals is much more cost effective.

For individuals deemed to be at a **low risk** of recidivating who also have a mental illness, early diversion strategies are optimal as they limit time involved with the criminal justice system. Pre-arrest strategies targeting individuals whose criminal behavior is caused by mental health issues are most often implemented by specially trained law enforcement officers, utilize crisis intervention teams, and follow specific response models to de-escalate unlawful conduct. These programs have generally been shown to be effective at connecting people to behavioral health services, reducing use of force by law enforcement, and reduce use of jail day beds and hospital stays; however, they are not necessarily effective at reducing future arrests, though.

For **moderate risk** individuals with mental illnesses, post-charge diversion (such as to a mental health treatment court) might better address criminogenic factors which may require more intensive services.

CHALLENGES IN EFFECTIVE IMPLEMENTATION

Referring people to multiple diversion options can reduce the likelihood that the option the person chooses is the best fit, and therefore most likely to reduce risk of reoffending. This is why it's important to screen for both risk and needs early on to ensure an individual is connected to a program that best suits their needs (BJA, 2019).

DIVERSION PROGRAMS IN COLORADO

As of 2022, there were 22 diversion programs in the state of Colorado. According to the State Court website, diversion programs are operated by local district attorney offices, county criminal justice services agencies, or other organizations within their judicial districts. These organizations make their own diversion eligibility decisions, handle scheduling, and determine diversion requirements. Most (if not all) programs appear to offer diversion for adults and juveniles with some programs offering their own juvenile coordinators/tracks. Many programs serve more than one county; in rural areas, multiple counties are served by one diversion program.

WHAT WE'VE LEARNED FROM OTHER PARTS OF THE PROJECT

Survey of District Attorneys

None of the district attorneys surveyed said they frequently referred defendants with charges for fentanyl possession to a diversion program and most said they were not likely to do so. Further, about half of respondents said about half felt that HB22-1326 helps promote treatment access and completion, and about half felt their districts have resources and treatment options to effectively treat SUDs. However, a district's resources to treat substance use disorders rarely affect DA's charging and plea decisions for fentanyl-related charges.

Colorado Program: City of Longmont Division of Collaborative Services - External Services

- Co-responder deflection program
- Case management, co-response, and community health professionals collaborate to address behavioral & substance use care needs

Eligibility: Adult (18+) residents of Longmont whose substance use is impacting their daily life and/or contributing to their interaction with law enforcement.

- Cases identified through behavioral health calls for service; connection to LEAD program; connections to community hospitals, shelters, etc.
- Referred through centralized form that is sent to case managers

Screening: Global Appraisal of Individual Needs (GAIN) assessment is used to identify participant goals.

Program components: Outreach through community-based peer case managers.

- Case management team processes initial services screen, connect the person with their primary case manager, and sets up shared expectations form.
- Case manager administers GAIN assessment, sets goals with participant, makes referrals to ongoing care.
- Continuing referrals to meet identified goals and build pro-social behavior.

Program Cost: Annual award ranged from \$574,974 - \$527,442.

Success:

- *Average length of time spent in program:* 18-24 months
- *Number of individuals served:*
 - 675 participants served from 2018 to 2024

- In 2023, 152 individual participants referred to services (mental health care, recovery resources, foundational needs, housing resources)
- In 2023, 225 diversions from medical or psychiatric hospitals, jail, or EMS transports

Practitioner Perspectives

There are four co-responder LEAD sites in Colorado, which have seen a dramatic increase in fentanyl use across the programs. A challenge facing Colorado's LEAD programs has been difficulty getting people into treatment and for sufficient duration due to cutbacks in Medicaid funding.

Court Data

A review of fentanyl possession cases since HB22-1326 showed diversion was almost never used for defendants. Less than 1% of cases involving a fentanyl possession charge had diversion program as a sentence. Sentences of diversion programs as a sentence were very rare in fentanyl-related cases since HB22-1326 and were equally as rare in cases with misdemeanor and drug charges prior to HB22-1326.

LEGISLATION & FUNDING FOR DIVERSION PROGRAMS IN COLORADO

In 2024, the State Court Administrator's Office contributed funding to **13 pre-trial adult diversion programs**. Other District Attorney (DA) offices operate diversion programs with alternative funding. Each of the 13 programs are prosecutor lead and create their own eligibility criteria; most serve low risk-low need participants and do not accept individuals with felony charges.

The maximum number of sites ever funded was 14 diversion programs in 2021. There was a dramatic decrease in funding from \$400,000 in 2020 to \$100,000 in 2021 despite two additional sites receiving funding in 2021 and increasing requests from sites for more funds over time. Funding increased to \$1,900,000 in 2023, which was around \$150k less than what was requested, but still more than ever previously awarded.

In 2025, funding will be reduced even further as the \$4 million provided over a two-year period from the Advanced Research Projects Agency for Health (ARPA-H), a federal funding agency, is coming to an end. Future funding for diversion programs will only include Correctional Treatment Funds (~\$160K), which typically cover staff costs.

For some individuals, contact with the justice system might be the only opportunity available to connect with treatment or support. Felony charges may offer prosecutors additional leverage to motivate individuals to comply with treatment (Gase & Beletic, 2022).

SOURCES

Center for Health and Justice (2013) National Survey of CJ & Diversion

Center for Prison Reform (2015)

Colorado Criminal Justice Programs Unit - website

Colorado Judicial Department (2023) Adult Diversion Program Annual Legislative Report

Innovating Justice (2018)

Gase & Beletic (2023) HB22-1326 Independent Study Fentanyl Accountability and Prevention Act: Analysis Plan

National Association of Pretrial Services Agencies - website

NIJ Crime Solutions (2021) Program Profile: Milwaukee County Diversion Program

BJA, The Center for Effective Public Policy, & NAPSA (2019) - Diversion 101 Articles

NAPSA (2010) Promising Practices in Pretrial Diversion



PERSPECTIVES FROM PEOPLE WITH LIVED EXPERIENCE

People with lived experience were interviewed to understand ways that the increased criminal penalties and other justice system changes from HB22-1326 directly impact those at risk for charges related to fentanyl possession. To reach this population, NPC collaborated with two community organizations - one in Fort Collins and one in Denver - that serve individuals who may be involved in the criminal justice system and/or who use substances such as fentanyl. In each organization, flyers were put up describing the interviews, including the target population: individuals who currently use or previously used fentanyl and/or were arrested for fentanyl possession since July 2022 (after HB22-1326 was implemented). Anyone interested could then come to the community organization during the timeframe listed on the flyer to complete the 20-minute interview conducted by an NPC staff member. Interviewees received a \$30 grocery store gift card to compensate them for their time. There were 11 interviews conducted with individuals with justice system involvement and/or a history of substance use. Of these 11, four were charged with fentanyl possession specifically since July 2022. Interviews were recorded for notetaking and some transcription.

Themes from all interviews and illustrative quotes are provided below. It is important to note that this is a snapshot of perspectives from a small sample of individuals actively engaging in community organizations. This group may have very different perspectives than people who use fentanyl or who have fentanyl possession charges who are not obtaining services.

Fentanyl is seen as a more harmful and addictive substance than other substances.

No interview questions asked for thoughts on how harmful fentanyl is, but this theme emerged. Among those who use or previously used fentanyl, it was characterized as a more harmful substance than any other substance they have tried. Individuals characterized fentanyl as more addicting and causing more destruction in their lives.

"I'm trying to stay away from fentanyl because it is the worst drug in the whole world. It grabs you. You can just do it once, and it grabs you. I see so many young people just addicted to it and can't live without it... When I was self-sufficient and had my kids, job, car, I wasn't in the drug game - I maybe did it once, twice per year, but I never did fentanyl. When fentanyl came into play, it just really crumbled my whole life apart. Which is why I say it's a different type of drug, which will just totally consume your life - physically, mentally - and it's hard to let it go."

"I've been a heroin addict, meth addict, but fentanyl is a whole other evil - it changes you."

"Fentanyl is just death. It's evil. It just destroys everything."

"I remember going from meth to fentanyl. This place is turning into tinfoil city [note: foil can be used as a surface to smoke drugs such as fentanyl]. Fentanyl is an epidemic, and it's a pandemic."

Court-ordered treatment promoted recovery in individuals who were ready for change.

Interviewees were asked if they were court-ordered to receive treatment, and if so, to describe their experience with it. Four interviewed individuals received court-ordered treatment, and all four felt it helped their recovery and sobriety. It facilitated their entry into treatment and access to resources they may not have obtained otherwise. However, they noted that they were ready and willing to change, so this may help explain why court-ordered treatment was helpful for them. Overall, more research is needed on the efficacy of mandated versus voluntary treatment for individuals who use fentanyl and factors that facilitate or hinder treatment success.

“I was court-ordered to receive treatment [in addition to probation and community service]. If you’re not ready to quit, you won’t. It’s a good thing. I’m already 35 days sober off fent. Maybe I’ll do outpatient treatment.”

“Now that I’m sober, I’ve got 56% of my shit together. If you utilize their resources correctly, if you put the best foot forward, you can get whatever you want out of it.”

“I really like [the court-ordered treatment], it’s really helpful to understand a lot of things now. The [redacted treatment center] is a great place, and they helped out with a lot. Their groups are amazing. The centers I went to before were not great. I was ordered to complete classes and case manager through [redacted treatment center]. Coming to [redacted treatment center] was an eye opener. I was scared. I didn’t know what would happen. People are getting lots of charges and are scared. They got bonded out and have to report to [redacted treatment center] group. For fent users, they need to take the time and utilize this group. They’ve given up on themselves. They need to reach out to someone.”

“When I went through clinical treatment and detoxed and used suboxone, the hardest part were the first three parts of detoxing. But then with suboxone, it was pretty easy to not think about it anymore. If people had that mindset, people would be more likely to heal themselves. You have to be willing - you have to want it. I was at that point - I wanted to get clean, so it’s really hard because not everyone wants that at that same moment when they’re ordered to do it.”

However, there were struggles to connect with treatment, even when it was court-ordered.

Individuals noted barriers to accessing treatment. One person who was court-ordered to receive treatment said she was not connected with or referred to a treatment provider, so it was left up to her to find treatment. She struggled to find a treatment provider and described the process as difficult and overwhelming.

“Treatment programs are inaccessible to a lot of folks.”

“Treatment has been a hurdle. Even though it’s court ordered, I’m the one who has had to seek out treatment. I’m in sober living but it doesn’t so much focus on treatment. I’m going to [redacted] treatment now and getting fully involved...I’ve been trying to find treatment since I got out, and it was an overwhelming process, and now I’m just sticking with [redacted]. They dropped the ball with court to treatment. They left it in my hands to find treatment, and it was difficult and overwhelming. I got into sober living and had to do that myself too.”

The four individuals arrested for fentanyl possession all supported increased criminal penalties for fentanyl possession as a way to put people on the path to recovery.

Individuals were asked their experience with more severe criminal charges (such as felonies) for fentanyl possession charges. In two follow-up questions, they were also asked 1) if anything good happened because of it and 2) if anything bad happened because of it. It is especially pertinent here to recognize that perceptions were shared by a small sample of individuals engaged in community support organizations, all of whom are not currently using substances. Their perspectives may be vastly different from others who have not achieved long-term stability and sobriety after their criminal justice involvement. All four individuals charged with fentanyl possession were supportive of increased criminal penalties as they felt it helped put them on the path of recovery. Some also cited it as a way to reduce overdose deaths. However, despite this perception among interviewees, research shows incarceration actually heightens the risk of overdose deaths. For example, one study found that within two weeks after release from incarceration, the rate of overdose is up to 50 times higher for formerly incarcerated persons (FIPs) than the overall overdose rate; fentanyl and its analogs are the most common substance in the overdoses for FIPs (Ranapurwala et al., 2022).

“The bad thing was going to jail, but it was well worth it. It’s gotten me back on track...I think it should be a felony because so many deaths are happening. I totally agree with increased criminal penalties for fentanyl.”

“I wouldn’t say it was a good thing, but I am glad I experienced it, so I won’t fall into [fentanyl] again because of the experience I’ve had with it. I wish I would have just stayed away from it at the beginning, and now I will never even think about being a fentanyl user again. All because of getting this criminal justice experience and getting this charge. No bad things happened [due to harsher penalties]. Bad things were already done by using the fentanyl. Once the charges came and the sentence came for treatment, that was the light at the end of the tunnel - I had gone over the hump. It has been difficult, but fentanyl is the last thing on my mind.”

“I agree with increased penalties for fentanyl possession because of how many killings there are. So yeah you might save a life depending on the number of people you put in jail. They might be saved if they go to jail and get this charge.”

“If increased charges help people get away from fentanyl, so be it.”

[Interviewee not directly charged with fentanyl possession] “The only people I know on fentanyl that actually got help are people who went to jail. Because first of all, you need to make the decision to get off of it, and you’ve got to pursue that decision. With fentanyl, they don’t really pursue that decision on their own.”

However, there was some strong opposition to increased criminal penalties and the criminalization of health disorders among other interviewees.

Other than those who were recently charged with fentanyl possession, many of the interviewees expressed strong opposition to the criminalization of substance use disorders. Some said it is not helpful for treating SUDs, nor does it address the underlying issues contributing to substance use.

“Making people a criminal because they’re an addict is a problem.”

“We need to address larger umbrella questions. Charging addicts as criminals is not the way to go. It doesn’t address the larger issue; it only reinforces those habits. It’s not an effective strategy. It hasn’t worked.”

“Addiction is symptomatic of a larger issue, and treating addicts as criminals doesn’t help that.”

“I would not recommend people with substance abuse being incarcerated. There are no resources in jail.”

“I was systematically coerced into pleading guilty for drug felony. That doesn’t help addiction. It only gives someone a felony.”

“I’m totally down with treatment instead of prison sentences.”

Individuals cited the need to treat underlying conditions that contribute to substance use, particularly experiencing homelessness and mental health conditions.

Instead of increased criminal penalties, individuals with lived experience spoke of the need to address factors that contribute to substance use. Individuals also appreciated resources available to help them, including a mental health diversion program.

“They need to look at the issues leading to drug use, such as housing.”

“Homelessness sucks, and if you’re on the streets, it’s hard. It’s a different world, a lifestyle. So, you adapt, and sometimes adapting leads to drugs.”

“I was charged with fent possession in July 2024. I was self-medicating and going to therapy. But my meds went away, so I started using again. I’m grateful for the support and resources in CO. Here, if you put in effort, you can get help.”

“I got a ‘lax treatment’ since I got Diversion. The judge was very kind and knew it was mental health that I needed to work on, and drug use and mental health kind of go hand-in-hand. It was a fair, more relaxed sentence.”

This group said HB22-1326 would not impact whether they would call 911 for overdoses, but they were uncertain if they could be charged in the process.

Participants in other focus groups conducted for this study noted that there were perceptions of fear about calling emergency services for overdose events; there is concern people feel they may get criminally charged if they provided a substance that unknowingly contained fentanyl. As such, the interview contained a question on whether the bill would influence whether they called 911 when seeing an overdose, specifically they were asked if the “Would this change from the bill influence whether you called 911 when seeing an overdose?” Overall, the individuals said it would not affect them calling emergency services. This question also revealed that people with lived experience were often unclear if they could potentially be charged after calling 911 and what legal protections they have.

“I wouldn’t be influenced about calling 911. That’s someone’s life. It’s a Catch-22, but it’s someone’s life and the consequences you face when dealing with that stuff. I would think of that person’s life instead of ‘oh no, I’m going to catch another felony.’ I would talk to the police so I don’t get in trouble.”

“I would call 911 regardless of any charges. You’re saving the life of a human being.”

“I hate the fact that I have to carry Narcan. I would call 911 but I don’t know if someone is overdosing - sleeping vs. overdosing - I don’t know which one.”

“I’ve Narcaned 30 people. People’s lives are more important than me going to jail. I know someone who still got charged with a syringe when they called 911 even with the Good Samaritan Law.”

Individuals identified resources that helped them, including community organizations, sober living facilities, treatment providers, and the Road to Recovery program.

Individuals were asked to identify the resources or support they have received that helped them. Many noted community organizations (e.g., Second Chance Center, the Murphy Center, Denver AID Center), sober living facilities, and treatment providers (e.g., Wellpower). One person noted the pivotal role of the Road to Recovery program in their long-term stability.

“Road to Recovery via the Denver Sheriff’s department [has been a helpful resource]. I got a case manager. They paid my rent for sober living without hesitation. They helped me with everything I could need. They would have paid up to 2 years of rent if I stayed in sober living. I’m now in a hotel. I don’t pay anything, and they serve breakfast, lunch and dinner. I do IOP [intensive outpatient program] through [redacted treatment center] and got to [redacted treatment center] for groups.”

Interviewees identified needed resources.

Individuals were asked to identify the resources or support that would be helpful for people who use fentanyl. Themes found in responses and example quotes are provided below.

Resources to meet basic human needs, such as assistance with food (e.g., fruits, vegetables, cooking/eating utensils), access to prescription medications and glasses, gloves, socks, etc.

More treatment options, including greater access to MAT and medicated detoxing facilities.

- “There should be more medicated detoxing provided. There are facilities that assist you with detoxing but not many that are medically done. Usually just the hospitals. People are scared of coming off of it [fentanyl] because they’re scared of getting sick.”

Assistance with housing.

- “Housing. getting into housing has been an extreme barrier. Even renting a regular rate with a normal apartment, they do background checks. I even had the money to get into an apartment, and I couldn’t get approved for an apartment.”
- “Housing vouchers and motel vouchers for inclement weather.”

- “More shelters you can stay in for a little longer.”

Job assistance.

- “Jobs are a barrier too. It was easy for me to get a job, and now it’s a bit harder.”

Safer use resources, such as harm reduction supplies or staffed safe use havens.

- “Clean needles are important.”
- “Licensed people who can help people safely use fentanyl.”
- “Safe haven to use drugs where there are counselors.”

Better public defense in drug charge cases.

“I have never had adequate representation on any case in Colorado. Drug laws are too

Conclusion

The interviewees with lived experience had varied and diverse perspectives, but generally felt that fentanyl is a uniquely harmful and highly addictive substance. Court-ordered treatment helped promote recovery in this small sample, but more research is needed on the efficacy of court-ordered treatment as mandated rather than voluntary, particularly for people who use fentanyl. While those recently charged with fentanyl possession supported increased criminal penalties as a way to get their lives back on track, others felt that the criminalization of a health disorder was unhelpful and harmful. Housing and mental health were cited as underlying issues that need to be addressed as part of an effective response to substance use. Because those interviewed seemed unclear if they could be charged after calling emergency services for help when witnessing an overdose, more community outreach and trainings on legal protections and the Good Samaritan Law should be provided to populations at risk for overdose.

References

Ranapurwala, S. I., Figgatt, M. C., Remch, M., Brown, C., Brinkley-Rubinstein, L., Rosen, D. L., ... & Proescholdbell, S. K. (2022). Opioid overdose deaths among formerly incarcerated persons and the general population: North Carolina, 2000–2018. *American Journal of Public Health*, 112(2), 300-303.

CONCLUSIONS

With the passage of HB22-1326, Colorado enacted landmark legislation to address fentanyl problems in a comprehensive way through public health and criminal justice efforts. The legislation called for an independent evaluation of the implementation and short-term outcomes of the fentanyl accountability and prevention act. The legislation and evaluation of its implementation and impact are important steps in addressing fentanyl-related problems in Colorado and there is more work to be done to address fentanyl and other substance misuse. Implementing effective policies, services, and programs requires an intentional data collection strategy that allows those efforts to be assessed. Evaluation is important to determine the extent to which efforts have been implemented as intended and to uncover what is working well and where changes may be made to increase efficacy and enhance efficiency. Colorado is encouraged to continue working to develop shared language and frameworks to further address the fentanyl issues experienced by the state. Continued collaboration and coordination using a multi-systems approach to address fentanyl and other substance misuse is also encouraged. Limited resources must be prioritized to have the greatest impact on serious fentanyl-related problems and those impacts must be made and measured. There are several recommendations for Colorado to consider based on evaluation results from the study of Colorado's fentanyl accountability and prevention act.*

RECOMMENDATIONS

Assessment Area: Public Health and Harm Reduction

- Provide funding and increase the number of trained staff in jail-based MAT programs and that provide continuity of care after release in jails that need it - particularly in jails with larger populations - to adequately serve their populations. Additional state-level funding may help address current gaps.
- Establish clearer policies and stronger guidelines for MAT in jails and additional education for jail decision-makers and staff about MAT to help address common misconceptions about MAT.
- Allocate additional long-term funding with fewer restrictions for CDPHE's Harm Reduction Grant program to cover all necessary program expenses and consistently evolving challenges due to the unpredictability of the illicit drug supply and/or financial limitations. Provide necessary resources and flexibility to adequately support evidence-based or emerging practices as threats and risks evolve that can be tailored to their communities.
- Allocate additional state funding for purchasing naloxone. Naloxone has a high impact on reducing death from fentanyl and expanding naloxone access is considered a cost-effective best practice for overdose prevention.
- Continue using the [Naloxone Bulk Fund Prioritization Plan](#) (an evidence based plan to prioritize the distribution of naloxone to those entities working with people are risk of overdose death) to provide naloxone to high need or essential agencies to best reduce opioid overdoses, if needed.
- Operationalize Medicaid reimbursement for naloxone distribution in emergency medicine settings or provide a different source of funding to sustainably deliver naloxone to individuals at risk of overdose.

*This report is a product of NPC Research (NPC) as mandated by HB22-1326. This report and the recommendations herein do not represent the views of Colorado's Governor's Office, the Colorado Department of Public Health and Environment, or other state agencies.

- Allocate additional funding for fentanyl test strips. These are inexpensive and an evidence-based method to prevent overdose that have a high impact on reducing unintended fentanyl use. CDPHE's HB22-1326 funds for fentanyl test strip distribution are set to expire in June 2025.
- Measure the impact of Colorado's education campaigns. While the "Keep the Party Safe" campaign and CDPHE's statewide overdose prevention and fentanyl awareness campaign both plan to measure impact, these evaluations have not been conducted yet and may require additional funding. Demonstrating efficacy and areas for improvement may enhance the impact of these campaigns.
- Increase state funding and resources for public health and harm reduction strategies with fewer restrictions to allow practitioners to deliver effective evidence-based services and resources. Include funding earmarked for practitioner training to help ensure best practices, promote effective service delivery, and incorporate emerging innovations.
- Increase opportunities for leadership and collaboration with people with lived experience to shape and improve policies, practices, and services for those directly impacted by them.
- Include strategies that address the underlying causes of substance use, such as poverty and a lack of housing, as part of the long-term multi-system effort to reduce substance use.
- Use fentanyl overdose data as a baseline for future comparisons. Continue collecting and monitoring population data to assess the impact of HB 22-1326 on overdose rates and determine whether Colorado is following national trends. Conduct a more comprehensive review of fentanyl-related trends throughout the state that includes additional sources of data, such as fentanyl-related visits in the healthcare setting documented in ICD-10-CM codes.

Assessment Area: Acute Responses to Address Needs

- Require contracted providers to track data on the number of people who receive each service type (withdrawal management, crisis stabilization, and MAT) and report the number of people served by type to MSOs and BHA to better understand service reach and needs. Provide sufficient funding and resources to cover the range of needed crisis intervention services.
- Collect data on training and coordination efforts by MSO contracted providers with co-responders regarding available services to be utilized in lieu of arrest and transportation to jail.
- Evaluate the impact of training and coordination efforts with co-responders on arrests and transports to jail.
- Build treatment and crisis service provider capacity, especially in rural areas with few providers and areas experiencing population growth.
- Invest more resources in continuing care to maintain treatment gains, achieve or sustain abstinence, and prevent relapses. Research generally supports the efficacy of continuing care.
- Increase funding for sober living facilities to support continued treatment engagement and provide an environment supportive of recovery.
- Expand the adoption of co-responder models in Colorado to utilize limited resources efficiently.
- Enhance law enforcement training on responding to individuals with substance use disorders and evaluate the effectiveness of the training.

Assessment Area: Increased Criminal Penalties for Fentanyl Possession

- Support community training and outreach statewide to address the fear of prosecution when calling emergency services for help with overdoses. Increase understanding of legal protections under the Good Samaritan Law, particularly by those most at risk of overdose.
- Conduct additional research on the efficacy of court-ordered treatment as mandated rather than voluntary, particularly for people who use fentanyl.
- Pursue charges for distribution causing death more consistently, and provide additional resources as needed to effectively do so (e.g., resources including staff time and/or equipment for prosecutorial offices, law enforcement agencies, coroner's offices, etc.).
- Update language requiring fentanyl to be the proximate cause of the death to avoid barriers in charging for distribution causing death.
- Conduct more research on how HB22-1326 impacted prosecutors' charging decisions using qualitative methods with the individuals who make these decisions. Prosecutorial discretion has a high impact on criminal penalties and criminal justice outcomes.
- Use existing prosecutorial-led pre-trial diversion programs in fentanyl cases. Ensure that District Attorneys and Assistant District Attorneys are aware of diversion programs in their area.
- Implement more deflection programs to support recovery and reduce criminal behavior before contact with the criminal justice system. Provide training, coordination, and referral information to make it easy for first responders to connect people needing services instead of arrest and transport to jail.
- Conduct research on the implementation of the Behavioral Health Administration's [Fentanyl Education Program \(FEP\)](#) required to be completed for people ordered by a Colorado court to ensure accountability for court referral and program completion and areas for possible process improvement. The Fentanyl Education Program was not included in the original evaluation plan developed by the Colorado Evaluation & Action Lab.
- Evaluate the impact of the Fentanyl Education Program on individuals' subsequent behaviors and personal-level factors that may influence its impact.
- Conduct more research to better understand areas for process improvement on the implementation and impact of the Fentanyl Education Program on individuals' subsequent behaviors and personal-level factors that may influence its impact.
- Increase communication between the court system, probation, and treatment services to create a system that effectively captures substance use disorder assessments and treatment services. Collect data that will allow for assessment of the HB22-1326 requirement that individuals convicted of fentanyl possession charges complete a substance use disorder assessment and receive treatment services if indicated.

APPENDICES

APPENDIX A. SURVEY OF COLORADO JAILS

The Jail Based Behavioral Health Services Program (JBBS) within the Colorado Behavioral Health Administration sent the survey invitation to the 50 current jails in Colorado, as well as one reminder to complete the survey. We received 26 responses for a response rate of 52% (26/50).

Screening

1. Facility performs a non-medical evaluation (screening) at the time of booking for *substance use disorder* for all individuals.

	Number	Percent	Valid % ¹
Yes	22	85%	88%
No	3	12%	12%
Unknown	1	4%	
Total	26		

2. Facility performs a non-medical evaluation (screening) for *any recent substance use* for all individuals.

	Number	Percent	Valid %
Yes	22	85%	88%
No	3	12%	12%
Unknown	1	4%	
Total	26		

If yes, when does the non-medical evaluation (screening) occur for recent substance use?

Note: Facilities could select all that apply, so the percentage for each is calculated out of 22 responses.

¹ The valid % excludes 'unknown' responses.

	Number	Valid %
Prior to arrival at the facility	1	5%
Upon booking	18	82%
Within 24 hours of booking	6	27%
Regularly throughout the duration at facility	1	5%
Other	3	14%

Other (N = 3):After arrival but prior to booking

- As needed if MAT is requested
 - Within 72 hours of booking
3. If a non-medical evaluation indicates the individual has recently used substances or has a substance use disorder, the facility refers the individual to a medical provider for an evaluation.

	Number	Valid %
Yes	24	92%
No	2	8%
Unknown	0	0%
Total	26	

4. Percentage of individuals estimated to have a substance use disorder in the facility.

	Number	Valid %
25% or less	1	4%
26%-50%	9	35%
51%-75%	7	27%
76% or more	9	35%
Total	26	

Services & MAT

5. The facility has medical detoxification monitoring procedures.

	Number	Valid %
Yes	25	96%
No	1	4%
Planned but not started	0	0%
Unknown	0	0%
Total	26	

6. The facility has medication-assisted treatment (MAT).

	Number	Valid %
Yes	25	96%
No*	1	4%
Planned but not started	0	0%
Unknown	0	0%
Total	26	

* Note: When 'No' was selected for this item, the respondent was asked a second question to confirm that their facility does not currently have MAT available to avoid a response error. This respondent answered 'No' both times they were asked the question.

7. The facility has other withdrawal management care.

	Number	Percent	Valid %
Yes	21	81%	88%
No	1	4%	4%
Planned but not started	2	8%	8%
Unknown	2	8%	
Total	26		

8. Year facility started offering MAT:

- 22 responses ranged from 2015 to 2024. 11 (50%) have started since 2022.

9. MAT is provided to individuals with a substance use disorder throughout the duration of incarceration as medically necessary.

	Number	Valid %
Yes	24	96%
No	1	4%
Unknown	0	0%
Total	25	

10. All individuals with substance use disorders in the facility have access to legally prescribed MAT if they desire it.

	Number	Valid %
Yes	18	72%
No	7	28%
Unknown	0	0%
Total	25	

[If no] Reasons why all individuals with a substance use disorder and prescription may not have access to MAT.

Note: There were 7 responses, which could include multiple reasons. Reasons are summarized below, including the number of responses that indicated that reason.

- Issues with cost and/or lack of funding or staffing (N = 2)
- Medical provider bias (e.g., “Provider does not like to prescribe MAT meds”) (N = 2)
- Individual has a history of non-compliance or abuse of MAT (N = 2)
- Individual caught passing/trading medications (N = 1)
- Outdated medication orders (N = 1)
- Individual is unwilling to participate in counseling (N = 1)
- Individual did not screen positive for opioid use (N = 1)
- Individuals with certain charges are restricted from going to DOC for services (N = 1)

11. Level of agreement: My facility meets the need/demand for MAT services for our population.

	Number	Valid %
Strongly Agree	13	52%
Agree	7	28%
Neutral	1	4%
Disagree	4	16%
Strongly Disagree	0	0%
Total	25	

12. Level of agreement: Prescribing and administering MAT happens soon enough in my facility.

	Number	Valid %
Strongly Agree	11	44%
Agree	6	24%
Neutral	4	16%
Disagree	3	12%
Strongly Disagree	1	4%
Total	25	

13. Other services available to individuals with substance use disorders provided by staff on-site or via contracted external organizations.

Note: Facilities could select all that apply, so the percentage for each is calculated out of 26 responses.

	Number	Valid %
Re-entry support /planning	22	85%
Detoxification	21	81%
Individual therapy	21	81%
Case management	19	73%
Group therapy	19	73%
Peer support	15	58%
Other	3	12%
None	1	4%

Other (N = 3):

- JBBS attempts to provide any resources asked for
- Medicaid/Medicare reenrollment and use of the Unite US Platform
- Transition Services

Available Medications

14. Buprenorphine (e.g., Suboxone, Sublocade, Brixadi, Subutex) is available to individuals in the facility.

	Number	Valid %
Yes	23	92%
No	2	8%
Unknown	0	0%
Total	25	

[If no] Barriers to providing **buprenorphine** (e.g., Suboxone, Sublocade, Brixadi, Subutex) in the facility.

Note: Facilities could select all that apply. Given the small sample size (N = 2), percentages are not included.

	Number
No available licensed treatment provider in the nearby community	0
Budget/funding constraints	1
Lack of available/trained staff in facility	1
No physical space to provide it	0
Concern about the risk of diverting/misusing the medication	2
Lack of support from jail decision-makers	1
Other	0

15. **Naltrexone** (e.g., Vivitrol, Revia) is available to individuals in the facility.

	Number	Percent	Valid %
Yes	21	84%	88%
No	3	12%	12%
Unknown	1	4%	
Total	25		

[If no] Barriers to providing **naltrexone** (e.g., Vivitrol, Revia) in the facility.

Note: Facilities could select all that apply. Given the small sample size (N = 3), percentages are not included.

	Number
No available licensed treatment provider in the nearby community	0
Budget/funding constraints	2
Lack of available/trained staff in facility	1
No physical space to provide it	0
Concern about the risk of diverting/misusing the medication	0
Lack of support from jail decision-makers	1
Other	1

Other (N = 1):

- Available in rare cases only

16. **Methadone** is available to individuals in the facility.

	Number	Valid %
Yes	17	68%
No	8	32%
Unknown	0	0%
Total	25	

[If no] Barriers to providing **methadone** in the facility.

Note: Facilities could select all that apply. Given the small sample size (N = 8), percentages are not included.

	Number
No available certified opioid treatment programs in the nearby community	2
No current mobile treatment options offering methadone	1
Federal regulations for dispensing methadone make it difficult	2
Budget/funding constraints	2
Lack of available/trained staff in facility	2
No physical space to provide it	0
Concern about the risk of diverting/misusing the medication	4
Lack of support from jail decision-makers	4
Other	1

Other (N = 1):

- No local provider

17. The facility is equipped to **administer naloxone (Narcan)** in the event of an individual overdosing on opioids.

	Number	Valid %
Yes	25	100%
No	0	0%
Unknown	0	0%
Total	25	

18. Individuals are given a choice about what FDA-approved medication is prescribed for their MAT in collaboration with the medical provider.

	Number	Percent	Valid %
Yes	14	56%	67%
No	7	28%	33%
Unknown	4	16%	
<i>Total</i>	25		

19. The facility provides the FDA-approved medication requested by the individual for their MAT when prescribed.

	Number	Percent	Valid %
Yes	16	64%	76%
No	5	20%	24%
Unknown	4	16%	
<i>Total</i>	25		

20. If an individual was taking a prescribed FDA-approved MAT medication prior to custody, the facility provides the same medication to the person while in custody.

	Number	Percent	Valid %
Yes	22	88%	100%
No	0	0%	0%
Unknown	3	12%	
<i>Total</i>	25		

21. A person can request to change their MAT medication at any time while in custody.

	Number	Percent	Valid %
Yes	13	52%	65%
No	7	28%	35%
Unknown	5	20%	
<i>Total</i>	25		

At Release

22. For individuals treated for a substance use disorder at any point while incarcerated, the following are provided prior to or at release from custody.

Note: Facilities could select all that apply, so the percentage for each is calculated out of 26 responses.

	Number	Valid %
A list of available substance use treatment providers	21	81%
Naloxone (Narcan) at release	25	96%
Education about how to use Naloxone (Narcan)	25	96%
Education about the appropriate use of MAT	23	88%
MAT provider referrals for continued provision for individuals who received MAT	24	92%
Coordination of continued care for individuals who received MAT	23	88%
None of the above	1	4%

Funding and Resources

23. Your facility has dedicated funding to provide MAT services to individuals with substance use disorders.

	Number	Valid %
Yes	19	73%
No	7	27%
Unknown	0	0%
Total	26	

24. Your facility receives any funding from a settlement or damage award from opiate-related litigation for providing MAT services.

	Number	Valid %
Yes	6	23%
No	20	77%
Unknown	0	0%
Total	26	

25. Level of agreement: My facility has enough funding and resources to meet the need/demand for MAT.

	Number	Valid %
Strongly Agree	2	8%
Agree	8	31%
Neutral	6	23%
Disagree	4	15%
Strongly Disagree	6	23%
Total	26	

26. Level of agreement: My facility has the number of trained staff required to meet the need/demand for MAT.

	Number	Valid %
Strongly Agree	6	23%
Agree	6	23%
Neutral	5	19%
Disagree	6	23%
Strongly Disagree	3	12%
Total	26	

27. Other comments about funding, resources, or staffing.

Note: There were 10 responses, which could include multiple themes. Themes are summarized below, including the number of responses for that theme, as well as sample quotes.

The need for more funding (N = 6). Sample quotes:

- “Funding is our main barrier. While there is various settlement money, it is limited to certain time frames and situations. Our MAT program would be more robust if we had more funding.”
- “We do not have enough funding or personnel to meet our demand for MAT treatment, re-entry or counseling services. We are continually seeking funding to support our program.”
- “The State needs to provide additional funding to all MAT programs. The individual county should not need to pay for a State mandated program.”

The need for more staff (N = 3). Sample quotes:

- “Funding for more staff is a major need.”
- “Since the MAT requirement, the jail has an increase in diversion and suboxone abuse due to not having enough qualified staffing. The jail has funding for staff however cannot get applicants to apply for positions.”
- “We are only a [time period redacted due to possibly identifiable information] into implementing MAT services, as time goes on there is more and more to do we just might

need to expand on another employee to help with all the paperwork/entering information in all different places.”

Additional responses:

- The need for a supportive provider (N = 1). Quote: “We need a provider that doesn’t see MAT medications as replacing one drug with another, one that truly understands their purpose.”
- Desire for a clear policy with legislation for who and how to prescribe MAT medications (N = 1).
- Concern over medication abuse (N = 1).

Support & Partnerships

28. Level of agreement: Jail decision-makers appear supportive of MAT in our facility.

	Number	Valid %
Strongly Agree	15	58%
Agree	5	19%
Neutral	5	19%
Disagree	0	0%
Strongly Disagree	1	4%
Total	26	

29. Level of agreement: Other jail staff appear supportive of MAT in our facility.

	Number	Valid %
Strongly Agree	7	27%
Agree	7	27%
Neutral	6	23%
Disagree	6	23%
Strongly Disagree	0	0%
Total	26	

30. Level of agreement: Our facility has collaborative partnerships with internal or external medical staff who support our MAT program.

	Number	Valid %
Strongly Agree	12	48%
Agree	9	36%
Neutral	3	12%
Disagree	1	4%
Strongly Disagree	0	0%
Total	25	

31. Other comments about the facility's partnerships.

Note: There were only 2 responses, so comments are provided verbatim since they do not contain identifiable information.

- “There are external medical staff that work well with the jail, internally medical is a struggle to provide MAT to all that need or could benefit from it. It tends to be a toss up as to what decision makers support in regard to MAT and the program.”
- “We are very rural. We don't have any!”

Facility Characteristics

32. The total capacity of the facility.

	Number	Valid %
1 to 49	6	23%
50-249	12	46%
250-999	6	23%
1000+	2	8%
Total	26	

33. The facility's average daily population.

	Number	Valid %
1 to 49	10	38%
50-249	8	31%
250-999	7	27%
1000+	1	4%
Total	26	

34. The facility has on-site medical care available, such as having a jail nurse on staff.

	Number	Valid %
Yes	23	88%
No	3	12%
Total	26	

Facilitators, Barriers, Resources Need, & Impact

35. What has been most useful for your facility in its ability to provide MAT.

Note: There were 13 responses, which could include multiple themes. Themes are summarized below, including the number of responses for that theme.

- Supportive facility staff/leadership (N = 4)
- Medical staff/providers (N = 3)
- Funding (N = 3)
- Training (N = 2)
- Community partnerships/support (N = 2)
- Detox on-site (N = 1)
- Virtual appointments (N = 1)
- Contracted entity providing mental health services (N = 1)
- Adding vivitrol (N = 1)
- That it was mandated (N = 1)

36. The most significant challenges or barriers to providing MAT in your facility.

Note: There were 18 responses, which could include multiple themes. Themes are summarized below, including the number of responses for that theme.

- Concerns about diversion (N = 4).
- Cost/lack of funding (N = 3). Example quote: “MAT medications are extremely expensive, and the continuous rising costs of these necessary medications continues to increase.”
- Short staffed (N = 3).
- Issues with medical providers unsupportive of MAT (N = 3). Example quote: “The Provider does not like prescribing MAT drugs.”
- Lack of training (N = 1).
- Methadone delivery/proximity (N = 2).
- Verifying prescriptions (N = 1).
- Not having medication on hand to help with withdrawal symptoms (N = 1).
- Other (N = 1): “The largest barrier is that everyone knows that the MAT program is a money grab for large pharmaceutical companies and that keeping people addicted to controlled substances is unethical.”

37. Any additional supports or resources that would be useful in providing MAT in your facility.

Note: There were 9 responses, which could include multiple themes. Themes are summarized below, including the number of responses for that theme.

- More funding, including allocated state funding (N = 4).
- More staff, including medical staff, case managers, addiction counselors (N = 2).
- Preparation for the Medicaid waiver option (N = 1).

- Support for methadone delivery (N = 1).
- Stronger guidelines and better policy (N = 1).
- Note: One respondent wanted the MAT program discontinued (N = 1).

38. The impact seen from offering MAT in your facility.

Note: There were 11 responses. Themes were difficult to identify as most responses were unique. Responses below are verbatim and were grouped by positive, mixed, negative outcomes, or unsure.

- *Positive outcomes:*
 - “Significant reduction in liability for the facility as well as reduction in severity of withdrawal symptoms.”
 - “We have saved many lives. We provide MAT to over [redacted] individuals every year, allowing them the same access to medical treatment as they can get in the community. Treatment in jail helps put them on a path to recovery.”
 - “Better outcomes and follow up.”
 - “Inmate violence reduced.”
 - “Inmates feel better, and it gives them hope that they will do better when leaving.
 - “Less deaths.”
- *Mixed outcomes:*
 - “MAT is double edged. It is easy to abuse, but for those who are looking to make a change it is a powerful support.”
- *Negative outcomes:*
 - “More suboxone abuse and individuals seeking suboxone who have never reported opiate use.”
 - “Negative. It’s a game to 9/10. Creates a market for offenders to explore.”
 - “The facility gets money so we can make people’s addiction billable. Suboxone is the perfect drug for this. They cannot OD, it is covered by publicly paid insurance, the half life is long so the detox is brutal...so brutal that the recipients tend to go out and use.”
- *Unsure:*
 - “Too soon to tell.”

39. Final comments about MAT in your facility.

Note: Verbatim responses are provided.

- “Been doing this for a very long time, so we are used to it now.”
- “Find a way to reduce drug prices for injectable buprenorphine so that we can provide affordable treatment in the jail. Or get Medicaid to cover inmates while they are in custody.”
- “I wish it was simplistic and only sought by those who need it, but that isn’t the reality we are witnessing. Theory is not equaling actuality.”
- “If we had a prescriber who felt comfortable prescribing MAT meds, we could help many.”
- “More education about MAT for the decision makers and other employees would be super beneficial.”

- “Most people who come in having received MAT drugs have numerous other substances on board and almost never have prescribed MAT drugs on board, yet the the tax payers need to fund their drug use while incarcerated.”

APPENDIX B: FENTANYL-RELATED OVERDOSE DATA TABLES

Table 1: Fentanyl-Related Overdose Death Rates by County: Colorado Residents, 2021-2023

	2021	2022	2023
	N	N	N
Adams	28.85	25.03	25.49
Alamosa	*	18.10	42.05
Arapahoe	15.38	18.44	20.59
Archuleta	*	*	0
Baca	0	0	0
Bent	0	*	0
Boulder	6.73	9.16	11.02
Broomfield	7.96	13.13	*
Chaffee	0	*	*
Cheyenne	0	0	0
Clear Creek	0	*	32.78
Conejos	*	*	40.02
Costilla	0	*	110.01
Crowley	*	0	0
Custer	0	0	0
Delta	15.93	*	0
Denver	30.92	27.48	45.27
Dolores	0	0	0
Douglas	1.89	3.46	6.77
Eagle	*	*	5.51
Elbert	25.78	21.57	*
El Paso	12.48	12.96	15.99
Fremont	0	14.12	5.96
Garfield	8.05	11.24	4.78
Gilpin	0	0	0
Grand	*	38.10	31.31
Gunnison	0	0	*
Hinsdale	0	0	0

Huerfano	*	0	*
Jackson	0	0	0
Jefferson	19.1	17.71	21.51
Kiowa	*	0	0
Kit Carson	*	0	*
Lake	*	0	40.67
La Plata	14.24	14.15	15.94
Larimer	11.30	10.06	8.09
Las Animas	55.82	*	47.74
Lincoln	*	0	0
Logan	*	14.42	*
Mesa	7.62	10.09	8.14
Mineral	0	0	0
Moffat	37.99	*	22.53
Montezuma	*	18.89	11.29
Montrose	6.94	11.42	6.79
Morgan	*	10.25	16.92
Otero	26.99	16.42	44.16
Ouray	0	0	*
Park	*	*	*
Phillips	0	67.66	0
Pitkin	*	*	*
Prowers	25.03	*	25.54
Pueblo	4.73	17.71	10.62
Rio Blanco	*	*	0
Rio Grande	26.30	*	62.44
Routt	*	*	0
Saguache	0	0	*
San Juan	0	0	0
San Miguel	*	*	*
Sedgwick	0	0	*
Summit	*	13.06	9.86
Teller	16.03	*	0
Washington	0	0	0
Weld	15.01	12.85	9.18
Yuma	*	0	*

*Rates could not be calculated because data were suppressed due to fewer than 3 counts

Table 2: Fentanyl-Related Overdose Death Counts by County: Colorado Residents, 2018-2023.

	2018	2019	2020	2021	2022	2023
	N	N	N	N	N	N
Adams	20	27	72	151	132	136
Alamosa	*	0	*	3	3	7
Arapahoe	12	23	69	101	121	135
Archuleta	0	*	0	*	*	0
Baca	0	0	0	0	0	0
Bent	0	0	0	0	*	0
Boulder	*	8	17	22	30	36
Broomfield	*	*	7	6	10	*
Chaffee	0	0	0	0	*	*
Cheyenne	0	0	*	0	0	0
Clear Creek	0	0	0	0	*	3
Conejos	0	*	0	*	*	3
Costilla	*	0	0	0	*	4
Crowley	0	0	0	*	0	0
Custer	0	0	*	0	0	0
Delta	0	3	*	5	*	0
Denver	17	62	144	220	196	324
Dolores	0	0	*	0	0	0
Douglas	0	*	9	7	13	26
Eagle	0	0	0	*	*	3
Elbert	0	0	0	7	6	*
El Paso	9	22	44	92	96	119
Fremont	*	*	4	0	7	3
Garfield	3	*	*	5	7	3
Gilpin	0	0	*	0	0	0
Grand	0	0	*	*	6	5
Gunnison	0	0	0	0	0	*
Hinsdale	0	0	0	0	0	0
Huerfano	0	0	*	*	0	*
Jackson	0	0	0	0	0	0
Jefferson	9	23	75	111	102	124
Kiowa	0	0	0	*	0	0
Kit Carson	0	0	*	*	0	*
Lake	0	0	*	*	0	3

La Plata	*	*	*	8	8	9
Larimer	*	10	12	41	37	30
Las Animas	*	4	4	8	*	6
Lincoln	0	0	0	*	0	0
Logan	0	0	*	*	3	*
Mesa	7	3	9	12	16	13
Mineral	0	0	0	0	0	0
Moffat	0	0	*	5	*	3
Montezuma	0	3	*	*	5	3
Montrose	0	0	*	3	5	3
Morgan	*	*	*	*	3	5
Otero	*	0	4	5	3	8
Ouray	0	0	*	0	0	*
Park	*	0	*	*	*	*
Phillips	0	0	0	0	3	0
Pitkin	0	0	*	*	*	*
Prowers	0	0	*	3	*	3
Pueblo	4	6	7	8	30	18
Rio Blanco	0	0	0	*	*	0
Rio Grande	0	0	3	3	*	7
Routt	*	0	0	*	*	0
Saguache	0	0	0	0	0	*
San Juan	0	0	0	0	0	0
San Miguel	0	0	0	*	*	*
Sedgwick	0	0	0	0	0	*
Summit	0	0	*	*	4	3
Teller	0	0	3	4	*	0
Washington	0	0	*	0	0	0
Weld	6	16	27	51	45	33
Yuma	0	*	0	*	0	*

*Counts were suppressed due to fewer than 3 counts

**Table 3: Non-Fatal Synthetic Opioid Overdoses Seeking Emergency Services by County:
Colorado Residents, 2018-2023.**

	2018	2019	2020	2021	2022	2023
	N	N	N	N	N	N
Adams	22	22	63	130	158	590
Alamosa	*	*	*	*	*	29
Arapahoe	16	21	23	77	142	493
Archuleta	*	*	*	*	*	*
Baca	*	*	*	*	*	*
Bent	*	*	*	*	*	*
Boulder	*	*	*	33	38	166
Broomfield	*	*	*	13	*	*
Chaffee	*	*	*	*	*	13
Cheyenne	*	*	*	*	*	*
Clear Creek	*	*	*	*	*	*
Conejos	*	*	*	*	*	20
Costilla	*	*	*	*	*	*
Crowley	*	*	*	*	*	*
Custer	*	*	*	*	*	*
Delta	*	*	*	*	*	18
Denver	29	25	67	170	245	907
Dolores	*	*	*	*	*	*
Douglas	*	*	13	25	30	116
Eagle	*	*	*	*	*	*
Elbert	*	*	*	45	*	15
El Paso	24	31	*	*	90	361
Fremont	*	*	*	*	*	23
Garfield	*	*	*	*	*	24
Gilpin	*	*	*	*	*	*
Grand	*	*	*	*	*	*
Gunnison	*	*	*	*	*	*
Hinsdale	*	*	*	*	*	*
Huerfano	*	*	*	*	*	*
Jackson	*	*	*	*	*	*
Jefferson	*	21	38	*	146	568
Kiowa	*	*	*	*	*	*

Kit Carson	*	*	*	*	*	*
Lake	*	*	*	*	*	*
La Plata	*	*	*	*	*	38
Larimer	17	*	*	21	37	150
Las Animas	*	*	*	*	*	24
Lincoln	*	*	*	*	*	*
Logan	*	*	*	*	*	21
Mesa	*	*	*	*	43	116
Mineral	*	*	*	*	*	*
Moffat	*	*	*	*	*	19
Montezuma	*	*	*	*	*	11
Montrose	*	*	*	*	12	28
Morgan	*	*	*	*	*	16
Otero	*	*	*	*	*	*
Ouray	*	*	*	*	*	*
Park	*	*	*	*	*	*
Phillips	*	*	*	*	*	*
Pitkin	*	*	*	*	*	*
Prowers	*	*	*	*	*	*
Pueblo	*	*	*	14	49	185
Rio Blanco	*	*	*	*	*	*
Rio Grande	*	*	*	*	*	13
Routt	*	*	*	*	*	*
Saguache	*	*	*	*	*	*
San Juan	*	*	*	*	*	*
San Miguel	*	*	*	*	*	*
Sedgwick	*	*	*	*	*	*
Summit	*	*	*	*	*	*
Teller	*	*	*	*	*	*
Washington	*	*	*	*	*	*
Weld	*	*	13	39	63	186
Yuma	*	*	*	*	*	*

*Counts were suppressed due to fewer than 11 counts

APPENDIX C

Fentanyl Court Case Data

Table 1: Fentanyl Possession Case Type by Judicial District One Year Post Legislation

Judicial Districts	Year 1 (7/1/2022-6/30/2023)						
	Total Fentanyl-Related Cases	Fentanyl Possession Only		Fentanyl Possession & Distribution, Manufacturing, or Conspiracy		Fentanyl Distribution, Manufacturing, or Conspiracy	
	<i>Count</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
1st	523	388	74%	125	24%	10	2%
2nd	951	535	56%	381	40%	35	4%
3rd	35	8	23%	26	74%	1	3%
4th	358	241	67%	104	29%	13	4%
5th	30	12	40%	15	50%	3	10%
6th	41	21	51%	16	39%	4	10%
7th	52	41	79%	10	19%	1	2%
8th	404	325	80%	61	15%	18	4%
9th	31	17	55%	12	39%	2	6%
10th	83	53	64%	23	28%	7	8%
11th	63	44	70%	16	25%	3	5%
12th	28	18	64%	9	32%	1	4%
13th	41	32	78%	8	20%	1	2%
14th	46	28	61%	13	28%	5	11%
15th	9	5	56%	2	22%	2	22%
16th	5	4	80%	1	20%	0	0%
17th	626	438	70%	169	27%	19	3%
18th	400	293	73%	82	21%	25	6%
19th	122	63	52%	40	33%	19	16%
20th	177	128	72%	42	24%	7	4%
21st	132	65	49%	56	42%	11	8%
22nd	6	5	83%	1	17%	0	0%
Statewide	4163	2764	66%	1212	29%	187	4%

Table 2: Fentanyl Possession Case Type by Judicial District Two Years Post Legislation

Judicial District	Year 2 (7/1/2023-6/30/2024)						
	Total Fentanyl-Related Cases	Fentanyl Possession Only		Fentanyl Possession & Distribution, Manufacturing, or Conspiracy		Fentanyl Distribution, Manufacturing, or Conspiracy	
	<i>Count</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
1st	945	833	88%	91	10%	21	2%
2nd	963	629	65%	289	30%	45	5%
3rd	45	22	49%	20	44%	3	7%
4th	547	427	78%	95	17%	25	5%
5th	45	25	56%	12	27%	8	18%
6th	52	41	79%	8	15%	3	6%
7th	63	53	84%	8	13%	2	3%
8th	534	438	82%	70	13%	26	5%
9th	64	31	48%	26	41%	7	11%
10th	150	112	75%	30	20%	8	5%
11th	67	46	69%	19	28%	2	3%
12th	99	58	59%	32	32%	9	9%
13th	71	58	82%	11	15%	2	3%
14th	72	43	60%	22	31%	7	10%
15th	19	12	63%	7	37%	0	0%
16th	26	10	38%	10	38%	6	23%
17th	624	486	78%	113	18%	25	4%
18th	569	470	83%	79	14%	20	4%
19th	273	157	58%	69	25%	47	17%
20th	239	173	72%	49	21%	17	7%
21st	141	80	57%	49	35%	12	9%
22nd	27	19	70%	5	19%	3	11%
Statewide	5635	4223	75%	1114	20%	298	5%

Table 3: Fentanyl Possession Case Type by County One Year Post Legislation

County	Year 1 (7/1/2022-6/30/2023)						
	Total Fentanyl-Related Cases	Fentanyl Possession Only		Fentanyl Possession & Distribution, Manufacturing, or Conspiracy		Fentanyl Distribution, Manufacturing, or Conspiracy	
	Count	Count	Percent	Count	Percent	Count	Percent
Adams	487	326	67%	14	3%	147	30%
Alamosa	14	8	57%	1	7%	5	36%
Arapahoe	246	152	62%	23	9%	71	29%
Archuleta	0	0	0%	0	0%	0	0%
Baca	0	0	0%	0	0%	0	0%
Bent	1	1	100%	0	0%	0	0%
Boulder	177	128	72%	7	4%	42	24%
Broomfield	139	112	81%	5	4%	22	16%
Chaffee	22	17	77%	0	0%	5	23%
Cheyenne	0	0	0%	0	0%	0	0%
Clear Creek	6	2	33%	1	17%	3	50%
Conejos	1	0	0%	0	0%	1	100%
Costilla	1	0	0%	0	0%	1	100%
Crowley	1	1	100%	0	0%	0	0%
Custer	0	0	0%	0	0%	0	0%
Delta	17	14	82%	0	0%	3	18%
Denver	951	535	56%	35	4%	381	40%
Dolores	0	0	0%	0	0%	0	0%
Douglas	143	131	92%	2	1%	10	7%
Eagle	15	4	27%	0	0%	11	73%
El Paso	341	229	67%	12	4%	100	29%
Elbert	9	8	89%	0	0%	1	11%
Fremont	36	22	61%	3	8%	11	31%
Garfield	29	15	52%	2	7%	12	41%
Gilpin	12	7	58%	1	8%	4	33%
Grand	5	3	60%	0	0%	2	40%
Gunnison	7	4	57%	0	0%	3	43%
Hinsdale	2	0	0%	1	50%	1	50%
Huerfano	4	1	25%	0	0%	3	75%

Jackson	0	0	0%	0	0%	0	0%
Jefferson	511	381	75%	9	2%	121	24%
Kiowa	5	3	60%	2	40%	0	0%
Kit Carson	2	2	100%	0	0%	0	0%
La Plata	41	21	51%	4	10%	16	39%
Lake	5	4	80%	0	0%	1	20%
Larimer	404	325	80%	18	4%	61	15%
Las Animas	31	7	23%	1	3%	23	74%
Lincoln	2	2	100%	0	0%	0	0%
Logan	17	13	76%	1	6%	3	18%
Mesa	132	65	49%	11	8%	56	42%
Mineral	0	0	0%	0	0%	0	0%
Moffat	33	20	61%	3	9%	10	30%
Montezuma	6	5	83%	0	0%	1	17%
Montrose	23	20	87%	0	0%	3	13%
Morgan	19	14	74%	0	0%	5	26%
Otero	3	2	67%	0	0%	1	33%
Ouray	0	0	0%	0	0%	0	0%
Park	5	5	100%	0	0%	0	0%
Phillips	1	1	100%	0	0%	0	0%
Pitkin	0	0	0%	0	0%	0	0%
Prowers	4	2	50%	0	0%	2	50%
Pueblo	83	53	64%	7	8%	23	28%
Rio Blanco	2	2	100%	0	0%	0	0%
Rio Grande	10	8	80%	0	0%	2	20%
Routt	8	5	63%	2	25%	1	13%
Saguache	2	2	100%	0	0%	0	0%
San Juan	0	0	0%	0	0%	0	0%
San Miguel	3	3	100%	0	0%	0	0%
Sedgwick	0	0	0%	0	0%	0	0%
Summit	4	2	50%	2	50%	0	0%
Teller	17	12	71%	1	6%	4	24%
Washington	0	0	0%	0	0%	0	0%
Weld	122	63	52%	19	16%	40	33%
Yuma	2	2	100%	0	0%	0	0%
Statewide	4163	2764	66%	187	4%	1212	29%

Table 4: Fentanyl Possession Case Type by County One Year Post Legislation

County	Year 2 (7/1/2023-6/30/2024)						
	Total Fentanyl- Related Cases	Fentanyl Possession Only		Fentanyl Possession & Distribution, Manufacturing, or Conspiracy		Fentanyl Distribution, Manufacturing, or Conspiracy	
	<i>Count</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
Adams	510	383	75%	24	5%	103	20%
Alamosa	61	39	64%	2	3%	20	33%
Arapahoe	334	249	75%	17	5%	68	20%
Archuleta	11	7	64%	0	0%	4	36%
Baca	0	0	0%	0	0%	0	0%
Bent	6	0	0%	4	67%	2	33%
Boulder	239	173	72%	17	7%	49	21%
Broomfield	114	103	90%	1	1%	10	9%
Chaffee	10	8	80%	0	0%	2	20%
Cheyenne	0	0	0%	0	0%	0	0%
Clear Creek	14	9	64%	4	29%	1	7%
Conejos	12	6	50%	0	0%	6	50%
Costilla	1	0	0%	1	100%	0	0%
Crowley	6	4	67%	2	33%	0	0%
Custer	0	0	0%	0	0%	0	0%
Delta	19	14	74%	2	11%	3	16%
Denver	963	629	65%	45	5%	289	30%
Dolores	0	0	0%	0	0%	0	0%
Douglas	222	208	94%	3	1%	11	5%
Eagle	11	1	9%	4	36%	6	55%
El Paso	539	419	78%	25	5%	95	18%
Elbert	13	13	100%	0	0%	0	0%
Fremont	54	37	69%	2	4%	15	28%
Garfield	63	30	48%	7	11%	26	41%
Gilpin	9	7	78%	0	0%	2	22%
Grand	15	10	67%	0	0%	5	33%
Gunnison	3	3	100%	0	0%	0	0%
Hinsdale	0	0	0%	0	0%	0	0%
Huerfano	13	6	46%	0	0%	7	54%

Jackson	0	0	0%	0	0%	0	0%
Jefferson	936	826	88%	21	2%	89	10%
Kiowa	5	2	40%	0	0%	3	60%
Kit Carson	2	2	100%	0	0%	0	0%
La Plata	41	34	83%	3	7%	4	10%
Lake	7	4	57%	0	0%	3	43%
Larimer	534	438	82%	26	5%	70	13%
Las Animas	32	16	50%	3	9%	13	41%
Lincoln	0	0	0%	0	0%	0	0%
Logan	16	10	63%	0	0%	6	38%
Mesa	141	80	57%	12	9%	49	35%
Mineral	0	0	0%	0	0%	0	0%
Moffat	32	15	47%	4	13%	13	41%
Montezuma	27	19	70%	3	11%	5	19%
Montrose	38	35	92%	0	0%	3	8%
Morgan	48	42	88%	2	4%	4	8%
Otero	14	6	43%	0	0%	8	57%
Ouray	0	0	0%	0	0%	0	0%
Park	3	1	33%	0	0%	2	67%
Phillips	4	3	75%	0	0%	1	25%
Pitkin	1	1	100%	0	0%	0	0%
Prowers	14	10	71%	0	0%	4	29%
Pueblo	150	112	75%	8	5%	30	20%
Rio Blanco	0	0	0%	0	0%	0	0%
Rio Grande	22	10	45%	6	27%	6	27%
Routt	25	18	72%	3	12%	4	16%
Saguache	3	3	100%	0	0%	0	0%
San Juan	0	0	0%	0	0%	0	0%
San Miguel	3	1	33%	0	0%	2	67%
Sedgwick	0	0	0%	0	0%	0	0%
Summit	13	11	85%	0	0%	2	15%
Teller	8	8	100%	0	0%	0	0%
Washington	0	0	0%	0	0%	0	0%
Weld	273	157	58%	47	17%	69	25%
Yuma	1	1	100%	0	0%	0	0%
<i>Statewide</i>	<i>5635</i>	<i>4223</i>	<i>75%</i>	<i>298</i>	<i>5%</i>	<i>1114</i>	<i>20%</i>

FENTANYL POSSESSION COURT CASES SUMMARY



1st Judicial District



The 1st Judicial District includes
Gilpin and Jefferson Counties.

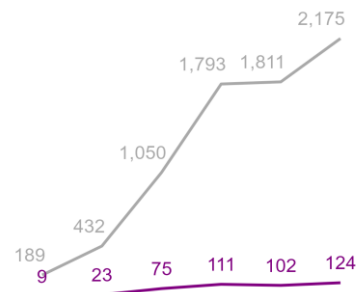
2020 US Census 586,375 people



*Community overdose deaths related to
fentanyl have drastically increased
statewide over the past 6 years.*

Fentanyl-Related Overdose Deaths

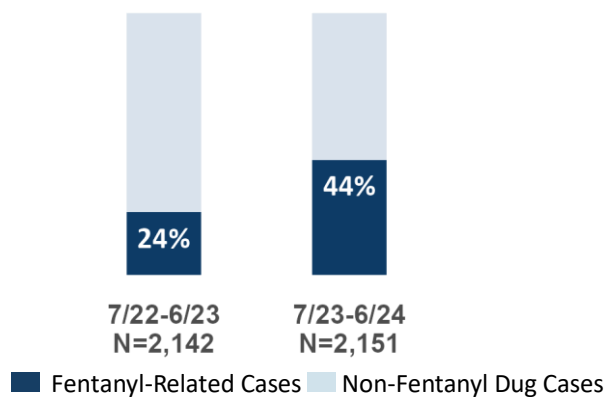
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 1st Judicial District filled 4,293 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 1st Judicial District:



1,468 fentanyl-related cases were filed across 1,213 individuals:

- ▶ 68% (823) Male
- ▶ 32% (390) Indigent
- ▶ 32% (390) Female
- ▶ 81% (1,084) White
- ▶ 35 years old, on average
- ▶ 19% (233) Non-white

Fentanyl-related cases:

87% (1,273)	had misdemeanor charges
51% (754)	had felony charges
76% (1,121)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 43%
- Property: 33%
- Person: 12%

898 fentanyl-related cases had the following dispositions:

99% (889)	Dismissed
0% (1)	Not Guilty
64% (579)	Guilty

For those found guilty, sentences included, on average:

\$246	Fines
\$65	Restitution
1 hours	Community Service
33 days	Probation
169 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

2nd Judicial District



The 2nd Judicial District includes
Denver County.

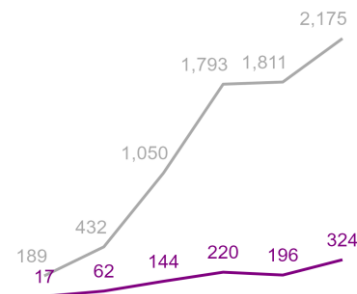
2020 US Census 710,800 people



*Community overdose deaths related to
fentanyl have drastically increased
statewide over the past 6 years.*

Fentanyl-Related Overdose Deaths

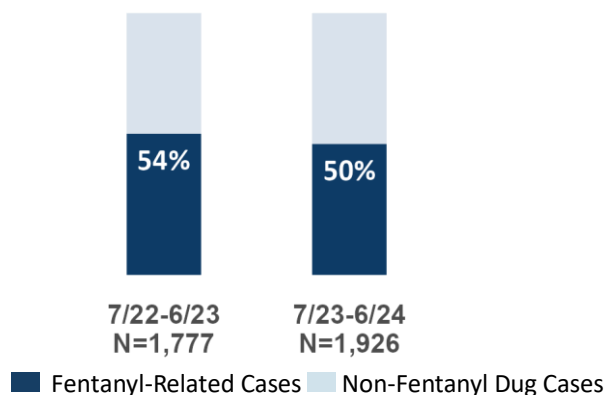
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 2nd Judicial District filled 3,703 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 2nd Judicial District:



1,914 fentanyl-related cases were filed across 1,664 individuals:

- ▶ 78% (1,299) Male
- ▶ 22% (365) Female
- ▶ 22% (365) Indigent
- ▶ 75% (1,357) White
- ▶ 25% (407) Non-white
- ▶ 36 years old, on average

Fentanyl-related cases:

65% (1,246)	had misdemeanor charges
60% (1,155)	had felony charges
85% (1,040)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 63%
- Property: 12%
- Person: 3%

1,178 fentanyl-related cases had the following dispositions:

96% (1,119)	Dismissed
0% (0)	Not Guilty
89% (1,035)	Guilty

For those found guilty, sentences included, on average:

\$368	Fines
\$69	Restitution
0 hours	Community Service
73 days	Probation
136 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

3rd Judicial District



The 3rd Judicial District includes
Huerfano and Las Animas Counties.

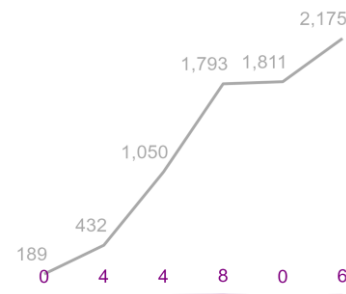
2020 US Census 21,318 people



*Community overdose deaths related to
fentanyl have drastically increased
statewide over the past 6 years.*

Fentanyl-Related Overdose Deaths

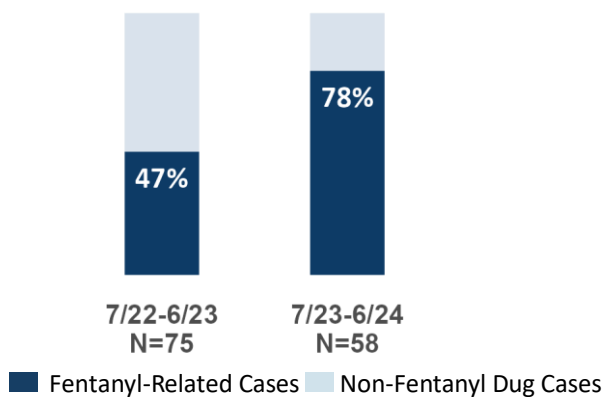
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 3rd Judicial District filled 133 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 3rd Judicial District:



80 fentanyl-related cases were filed across 72 individuals:

- ▶ 67% (48) Male
- ▶ 33% (24) Female
- ▶ 92% (69) White
- ▶ 8% (6) Non-white
- ▶ 33% (24) Indigent
- ▶ 36 years old, on average

Fentanyl-related cases:

54% (43)	had misdemeanor charges
76% (61)	had felony charges
85% (68)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 68%
- Property: 11%
- Person: 8%

39 fentanyl-related cases had the following dispositions:

92% (36)	Dismissed
0% (0)	Not Guilty
69% (27)	Guilty

For those found guilty, sentences included, on average:

\$1,119	Fines
\$114	Restitution
0 hours	Community Service
14 days	Probation
882 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

4th Judicial District



The 4th Judicial District includes El Paso and Teller Counties.

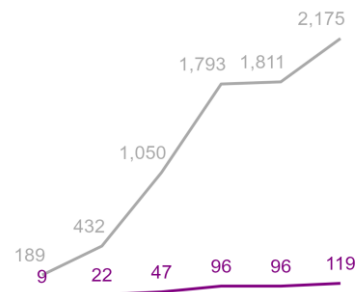
2020 US Census 755,081 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

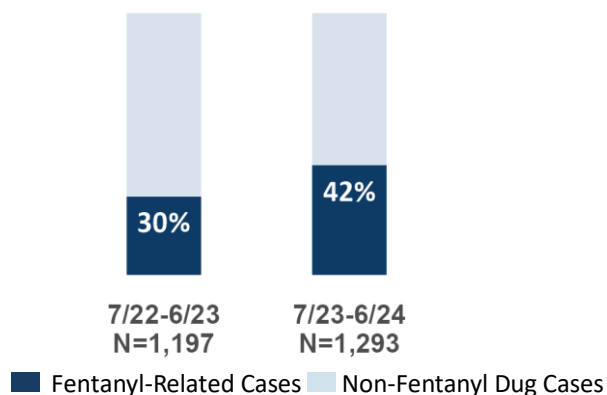
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 4th Judicial District filled 2,490 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 4th Judicial District:



905 fentanyl-related cases were filed across 801 individuals:

- ▶ 70% (558) Male
- ▶ 30% (243) Female
- ▶ 30% (243) Indigent
- ▶ 75% (656) White
- ▶ 25% (202) Non-white
- ▶ 35 years old, on average

Fentanyl-related cases:

72% (655)	had misdemeanor charges
69% (624)	had felony charges
83% (755)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 50%
- Property: 20%
- Person: 8%

478 fentanyl-related cases had the following dispositions:

93% (444)	Dismissed
0% (0)	Not Guilty
72% (345)	Guilty

For those found guilty, sentences included, on average:

\$1,237	Fines
\$364	Restitution
6 hours	Community Service
140 days	Probation
791 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

5th Judicial District



The 5th Judicial District includes Clear Creek, Eagle, Lake and Summit Counties.

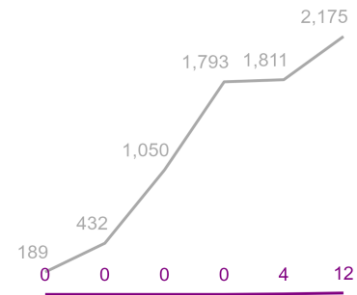
2020 US Census 103,411 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

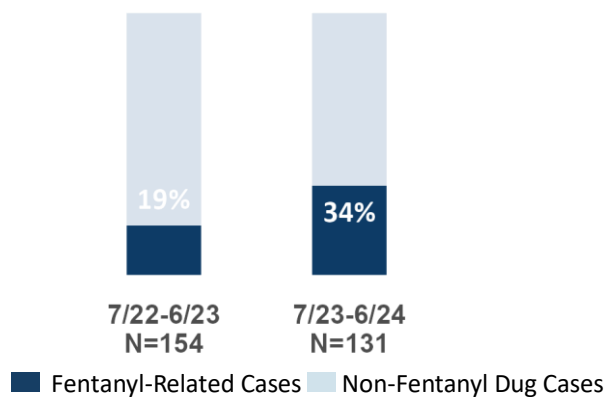
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 5th Judicial District filled 285 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 5th Judicial District:



75 fentanyl-related cases were filed across 70 individuals:

- ▶ 73% (51) Male
- ▶ 27% (19) Female
- ▶ 27% (19) Indigent
- ▶ 74% (64) White
- ▶ 26% (18) Non-white
- ▶ 33 years old, on average

Fentanyl-related cases:

59% (44)	had misdemeanor charges
81% (61)	had felony charges
68% (51)	had court appointed counsel

Had an average of 4* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 72%
- Property: 16%
- Person: 11%

28 fentanyl-related cases had the following dispositions:

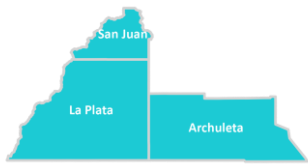
100% (28)	Dismissed
0% (0)	Not Guilty
79% (22)	Guilty

For those found guilty, sentences included, on average:

\$1,683	Fines
\$203	Restitution
0 hours	Community Service
33 days	Probation
1,045 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

6th Judicial District



The 6th Judicial District includes Archuleta, La Plata and San Juan Counties.

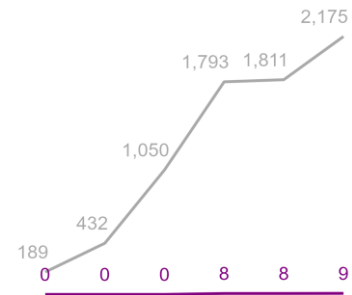
2020 US Census 70,182 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

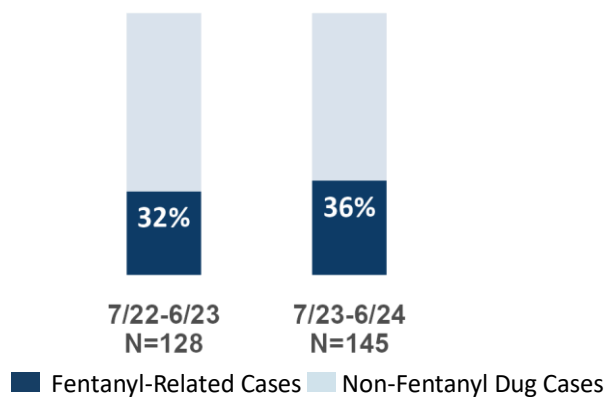
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 6th Judicial District filled 273 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 6th Judicial District:



93 fentanyl-related cases were filed across 77 individuals:

- ▶ 70% (54) Male
- ▶ 30% (23) Female
- ▶ 30% (23) Indigent
- ▶ 78% (68) White
- ▶ 22% (17) Non-white
- ▶ 35 years old, on average

Fentanyl-related cases:

68% (63)	had misdemeanor charges
59% (55)	had felony charges
84% (78)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 40%
- Property: 14%
- Person: 10%

58 fentanyl-related cases had the following dispositions:

93% (53)	Dismissed
0% (0)	Not Guilty
46% (26)	Guilty

For those found guilty, sentences included, on average:

\$600	Fines
\$164	Restitution
4 hours	Community Service
77 days	Probation
325 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

7th Judicial District



The 7th Judicial District includes Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel Counties.

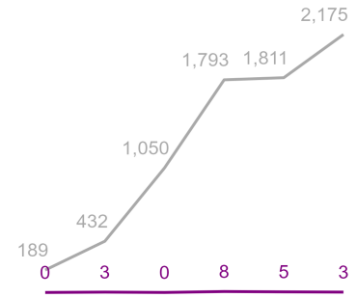
2020 US Census 104,943 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

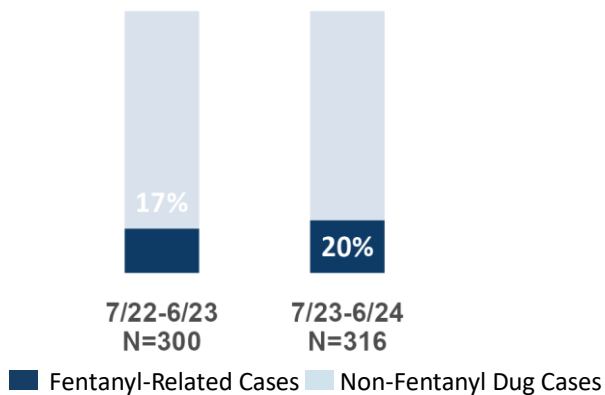
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 7th Judicial District filled 616 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 7th Judicial District:



115 fentanyl-related cases were filed across 97 individuals:

- 70% (68) Male
- 30% (29) Female
- 30% (29) Indigent
- 77% (93) White
- 23% (22) Non-white
- 35 years old, on average

Fentanyl-related cases:

82% (94)	had misdemeanor charges
55% (63)	had felony charges
90% (103)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 44%
- Property: 20%
- Person: 19%

68 fentanyl-related cases had the following dispositions:

97% (66)	Dismissed
0% (0)	Not Guilty
66% (45)	Guilty

For those found guilty, sentences included, on average:

\$763	Fines
\$419	Restitution
9 hours	Community Service
138 days	Probation
162 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

8th Judicial District



The 8th Judicial District includes Jackson and Larimer Counties.

2020 US Census 360,803 people

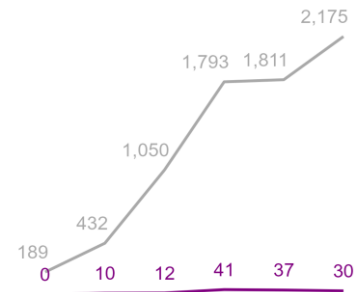


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

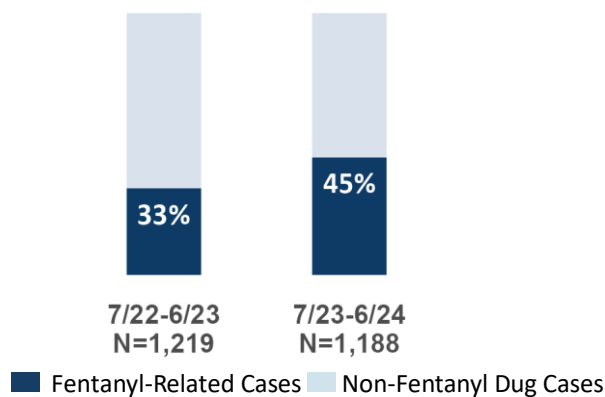
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 8th Judicial District filled 2,407 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 8th Judicial District:



938 fentanyl-related cases were filed across 705 individuals:

- ▶ 64% (451) Male
- ▶ 36% (254) Indigent
- ▶ 36% (254) Female
- ▶ 80% (655) White
- ▶ 36 years old, on average
- ▶ 20% (141) Non-white

Fentanyl-related cases:

81% (756)	had misdemeanor charges
53% (500)	had felony charges
79% (745)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 50%
- Property: 25%
- Person: 7%

530 fentanyl-related cases had the following dispositions:

93% (493)	Dismissed
0% (0)	Not Guilty
75% (396)	Guilty

For those found guilty, sentences included, on average:

\$1,131	Fines
\$276	Restitution
11 hours	Community Service
221 days	Probation
343 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

9th Judicial District



The 9th Judicial District includes Garfield, Pitkin and Rio Blanco Counties.

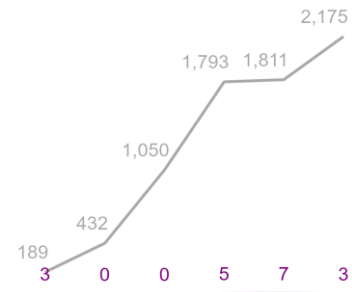
2020 US Census 85,519 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

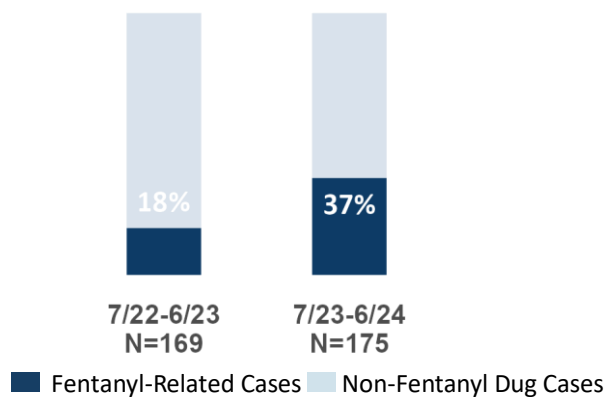
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 9th Judicial District filled 344 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 9th Judicial District:



95 fentanyl-related cases were filed across 73 individuals:

- ▶ 68% (50) Male
- ▶ 31% (23) Female
- ▶ 80% (66) White
- ▶ 20% (15) Non-white
- ▶ 31% (23) Indigent
- ▶ 38 years old, on average

Fentanyl-related cases:

69% (66)	had misdemeanor charges
64% (61)	had felony charges
72% (68)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 62%
- Property: 15%
- Person: 15%

33 fentanyl-related cases had the following dispositions:

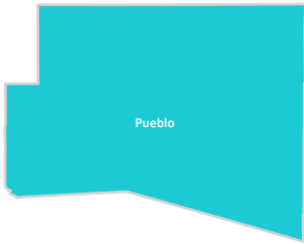
94% (31)	Dismissed
0% (0)	Not Guilty
45% (15)	Guilty

For those found guilty, sentences included, on average:

\$1,047	Fines
\$179	Restitution
12 hours	Community Service
73 days	Probation
322 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

10th Judicial District



The 10th Judicial District includes Pueblo County.

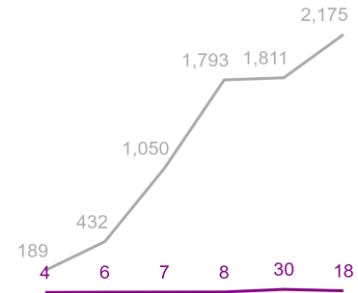
2020 US Census 168,135 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

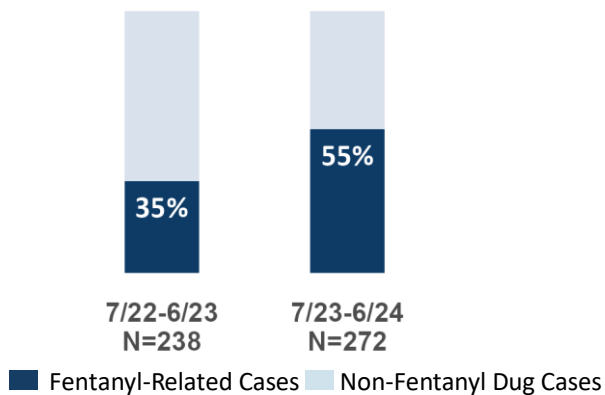
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 10th Judicial District filled 510 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 10th Judicial District:



233 fentanyl-related cases were filed across 218 individuals:

- ▶ 73% (159) Male
- ▶ 27% (59) Female
- ▶ 27% (59) Indigent
- ▶ 54% (150) White
- ▶ 46% (100) Non-white
- ▶ 35 years old, on average

Fentanyl-related cases:

74% (173)	had misdemeanor charges
62% (144)	had felony charges
87% (203)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 45%
- Property: 20%
- Person: 16%

152 fentanyl-related cases had the following dispositions:

86% (130)	Dismissed
0% (0)	Not Guilty
79% (120)	Guilty

For those found guilty, sentences included, on average:

\$667	Fines
\$309	Restitution
5 hours	Community Service
135 days	Probation
399 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

11th Judicial District



The 11th Judicial District includes Chaffee, Custer, Fremont and Park Counties.

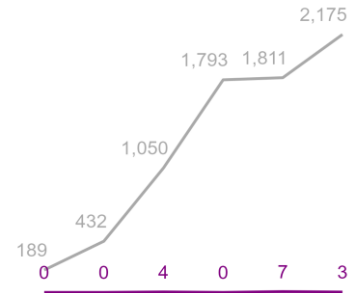
2020 US Census 91,153 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

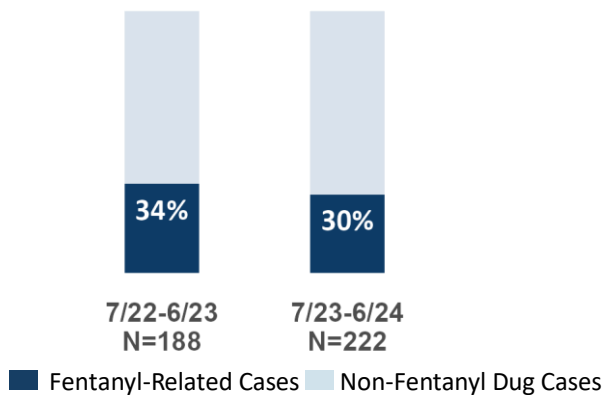
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 11th Judicial District filled 410 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 11th Judicial District:



130 fentanyl-related cases were filed across 122 individuals:

- ▶ 64% (77) Male
- ▶ 37% (45) Indigent
- ▶ 37% (45) Female
- ▶ 79% (105) White
- ▶ 34 years old, on average
- ▶ 21% (26) Non-white

Fentanyl-related cases:

69% (90)	had misdemeanor charges
65% (84)	had felony charges
91% (118)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 45%
- Property: 12%
- Person: 13%

82 fentanyl-related cases had the following dispositions:

99% (81)	Dismissed
0% (0)	Not Guilty
44% (36)	Guilty

For those found guilty, sentences included, on average:

\$533	Fines
\$60	Restitution
2 hours	Community Service
122 days	Probation
268 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

12th Judicial District

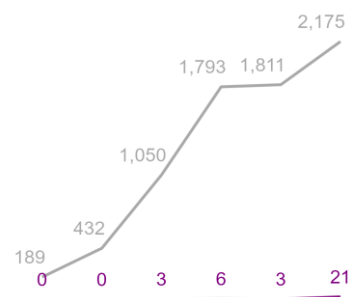


The 12th Judicial District includes Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache Counties.

2020 US Census 46,237 people

Fentanyl-Related Overdose Deaths

-- State -- District



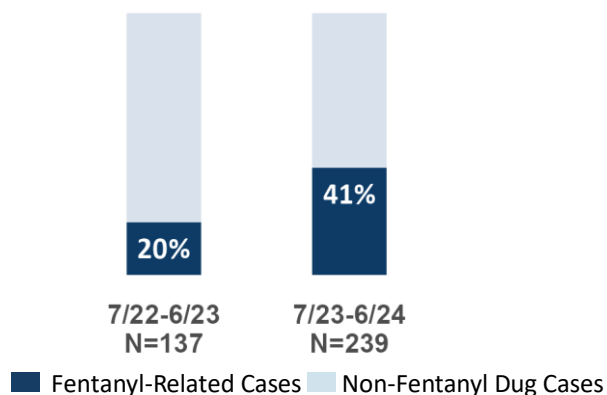
Note. Any year with fewer than 3 deaths is excluded from this graphic.



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

The 12th Judicial District filled 376 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 12th Judicial District:



127 fentanyl-related cases were filed across 109 individuals:

- ▶ 64% (70) Male
- ▶ 36% (39) Female
- ▶ 84% (104) White
- ▶ 16% (17) Non-white
- ▶ 36% (39) Indigent
- ▶ 35 years old, on average

Fentanyl-related cases:

68% (86)	had misdemeanor charges
75% (95)	had felony charges
87% (111)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 59%
- Property: 18%
- Person: 22%

46 fentanyl-related cases had the following dispositions:

93% (43)	Dismissed
0% (0)	Not Guilty
80% (37)	Guilty

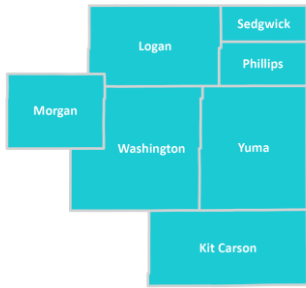
For those found guilty, sentences included, on average:

\$188	Fines
\$50	Restitution
0 hours	Community Service
0 days	Probation
85 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



13th Judicial District



The 13th Judicial District includes Kit Carson, Logan, Morgan, Phillips, Sedgwick, Washington and Yuma Counties.

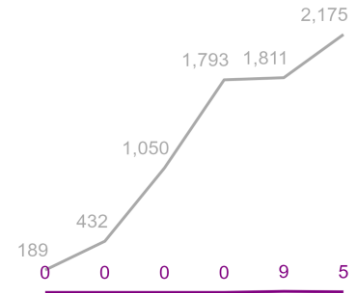
2020 US Census 79,025 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

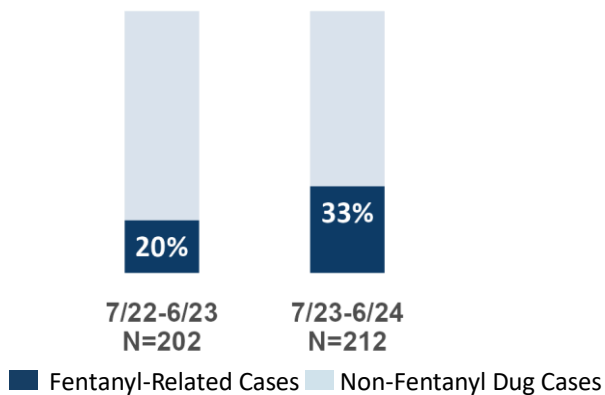
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 13th Judicial District filled 414 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 13th Judicial District:



112 fentanyl-related cases were filed across 93 individuals:

- ▶ 69% (64) Male
- ▶ 31% (29) Indigent
- ▶ 31% (29) Female
- ▶ 91% (89) White
- ▶ 37 years old, on average
- ▶ 9% (8) Non-white

Fentanyl-related cases:

79% (89)	had misdemeanor charges
54% (61)	had felony charges
95% (106)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 44%
- Property: 27%
- Person: 24%

58 fentanyl-related cases had the following dispositions:

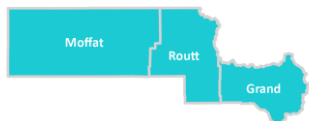
98% (57)	Dismissed
0% (0)	Not Guilty
69% (40)	Guilty

For those found guilty, sentences included, on average:

\$306	Fines
\$189	Restitution
1 hours	Community Service
64 days	Probation
119 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

14th Judicial District



The 14th Judicial District includes
Grand, Moffat and Routt Counties.

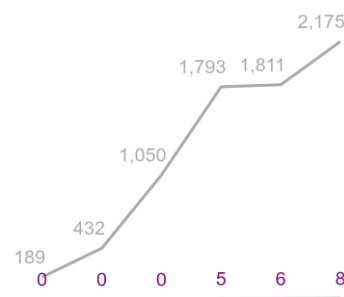
2020 US Census 53,900 people



*Community overdose deaths related to
fentanyl have drastically increased
statewide over the past 6 years.*

Fentanyl-Related Overdose Deaths

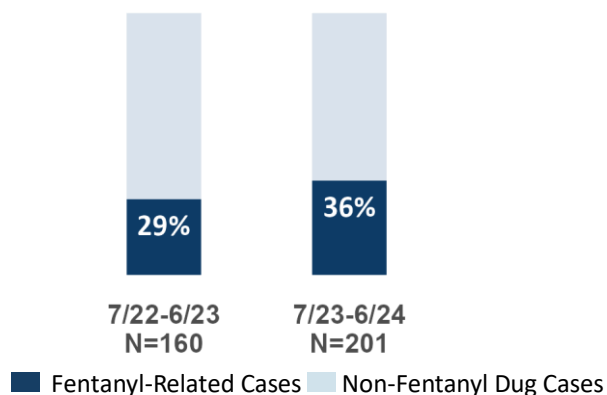
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 14th Judicial District filled 361 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 14th Judicial District:



118 fentanyl-related cases were filed across 89 individuals:

- ▶ 75% (67) Male
- ▶ 25% (22) Female
- ▶ 25% (22) Indigent
- ▶ 90% (82) White
- ▶ 10% (9) Non-white
- ▶ 36 years old, on average

Fentanyl-related cases:

79% (93)	had misdemeanor charges
59% (70)	had felony charges
85% (100)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 57%
- Property: 18%
- Person: 17%

74 fentanyl-related cases had the following dispositions:

100% (74)	Dismissed
0% (0)	Not Guilty
55% (41)	Guilty

For those found guilty, sentences included, on average:

\$1,606	Fines
\$232	Restitution
1 hours	Community Service
71 days	Probation
847 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



15th Judicial District



The 15th Judicial District includes Baca, Cheyenne, Kiowa and Prowers Counties.

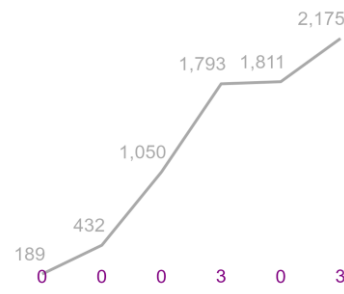
2020 US Census 18,537 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

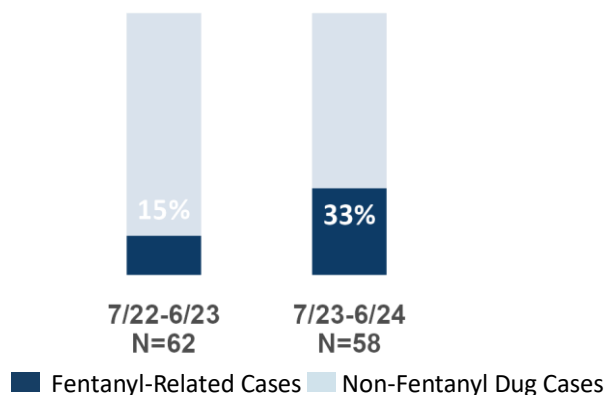
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 15th Judicial District filled 120 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 15th Judicial District:



28 fentanyl-related cases were filed across 27 individuals:

- 70% (19) Male
- 30% (8) Female
- 63% (22) White
- 37% (10) Non-white
- 30% (8) Indigent
- 34 years old, on average

Fentanyl-related cases:

71% (20)	had misdemeanor charges
64% (18)	had felony charges
86% (24)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 79%
- Property: 21%
- Person: 14%

18 fentanyl-related cases had the following dispositions:

94% (17)	Dismissed
0% (0)	Not Guilty
83% (15)	Guilty

For those found guilty, sentences included, on average:

\$562	Fines
\$107	Restitution
11 hours	Community Service
61 days	Probation
153 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

16th Judicial District



The 16th Judicial District includes Bent, Crowley and Otero Counties.

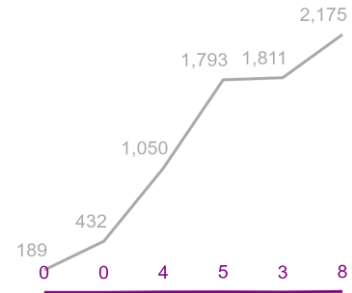
2020 US Census 29,923 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

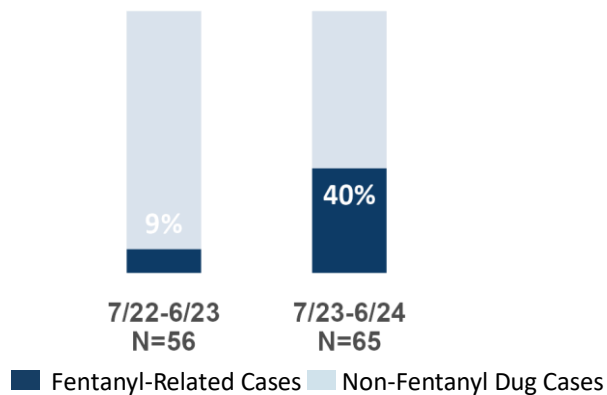
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 16th Judicial District filled 121 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 16th Judicial District:



31 fentanyl-related cases were filed across 30 individuals:

- ▶ 70% (21) Male
- ▶ 30% (9) Female
- ▶ 80% (27) White
- ▶ 20% (6) Non-white
- ▶ 30% (9) Indigent
- ▶ 44 years old, on average

Fentanyl-related cases:

68% (21)	had misdemeanor charges
68% (21)	had felony charges
87% (27)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 61%
- Property: 29%
- Person: 13%

9 fentanyl-related cases had the following dispositions:

78% (7)	Dismissed
0% (0)	Not Guilty
44% (4)	Guilty

For those found guilty, sentences included, on average:

\$1,801	Fines
\$161	Restitution
0 hours	Community Service
137 days	Probation
730 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

17th Judicial District



The 17th Judicial District includes
Adams and Broomfield Counties.

2020 US Census 594,095 people

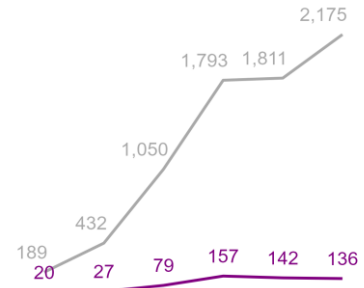


*Community overdose deaths related to
fentanyl have drastically increased
statewide over the past 6 years.*

Fentanyl-Related Overdose Deaths

-- State

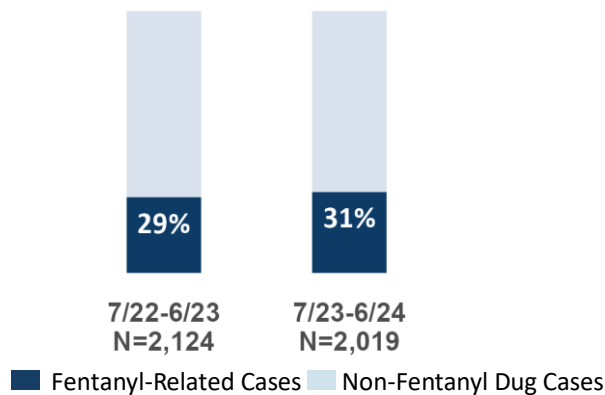
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 17th Judicial District filled 4,143 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 17th Judicial District:



1,250 fentanyl-related cases were filed across 1,100 individuals:

- ▶ 68% (742) Male
- ▶ 32% (358) Indigent
- ▶ 32% (358) Female
- ▶ 79% (995) White
- ▶ 35 years old, on average
- ▶ 21% (227) Non-white

Fentanyl-related cases:

77% (965)	had misdemeanor charges
82% (1,029)	had felony charges
86% (1,070)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 63%
- Property: 29%
- Person: 11%

820 fentanyl-related cases had the following dispositions:

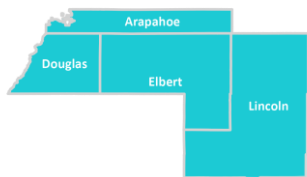
99% (814)	Dismissed
0% (0)	Not Guilty
88% (718)	Guilty

For those found guilty, sentences included, on average:

\$137	Fines
\$23	Restitution
0 hours	Community Service
17 days	Probation
95 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

18th Judicial District



The 18th Judicial District includes Arapahoe, Douglas, Elbert and Lincoln Counties.

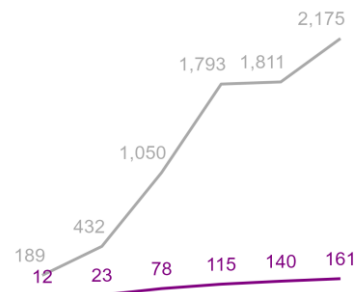
2020 US Census 1,046,699 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

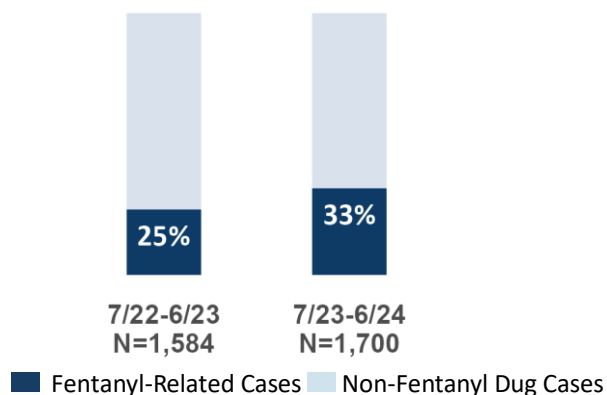
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 18th Judicial District filled 3,284 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 18th Judicial District:



969 fentanyl-related cases were filed across 890 individuals:

- ▶ 69% (615) Male
- ▶ 31% (275) Indigent
- ▶ 31% (275) Female
- ▶ 72% (735) White
- ▶ 34 years old, on average
- ▶ 28% (249) Non-white

Fentanyl-related cases:

77% (748)	had misdemeanor charges
72% (695)	had felony charges
81% (788)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 55%
- Property: 36%
- Person: 16%

492 fentanyl-related cases had the following dispositions:

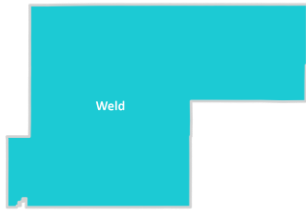
97% (475)	Dismissed
0% (1)	Not Guilty
87% (428)	Guilty

For those found guilty, sentences included, on average:

\$506	Fines
\$194	Restitution
2 hours	Community Service
82 days	Probation
259 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

19th Judicial District



The 19th Judicial District includes Weld County.

2020 US Census 331,466 people

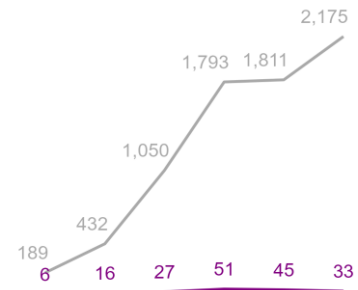


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

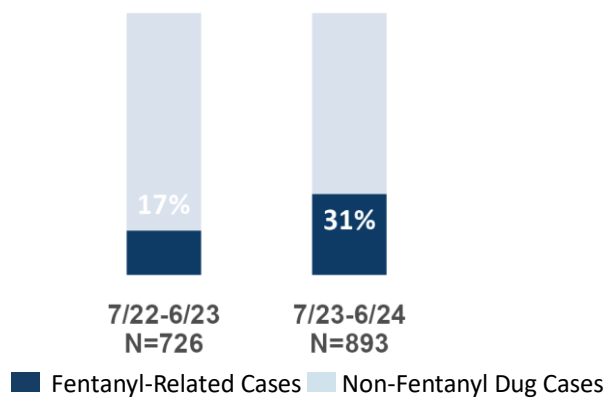
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 19th Judicial District filled 1,619 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 19th Judicial District:



395 fentanyl-related cases were filed across 335 individuals:

- ▶ 70% (234) Male
- ▶ 30% (101) Indigent
- ▶ 30% (101) Female
- ▶ 83% (313) White
- ▶ 35 years old, on average
- ▶ 17% (56) Non-white

Fentanyl-related cases:

63% (250)	had misdemeanor charges
65% (258)	had felony charges
78% (307)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 47%
- Property: 13%
- Person: 4%

178 fentanyl-related cases had the following dispositions:

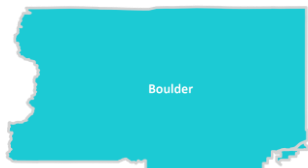
94% (167)	Dismissed
0% (0)	Not Guilty
76% (136)	Guilty

For those found guilty, sentences included, on average:

\$917	Fines
\$194	Restitution
2 hours	Community Service
83 days	Probation
325 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

20th Judicial District



The 20th Judicial District includes
Boulder County.

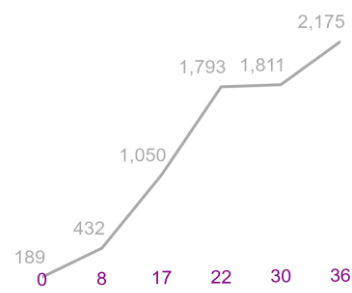
2020 US Census 328,658 people



*Community overdose deaths related to
fentanyl have drastically increased
statewide over the past 6 years.*

Fentanyl-Related Overdose Deaths

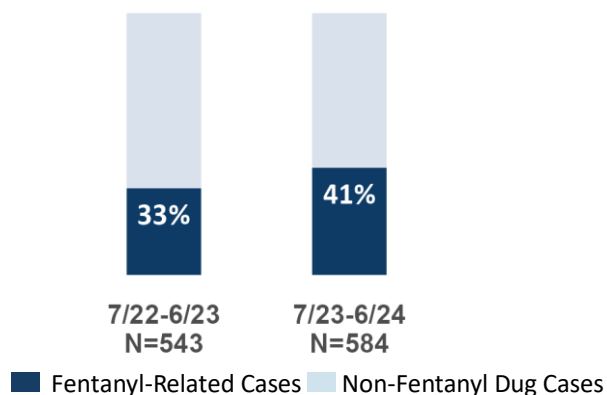
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 20th Judicial District filled 1,127 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 20th Judicial District:



416 fentanyl-related cases were filed across 341 individuals:

- ▶ 73% (247) Male
- ▶ 28% (94) Indigent
- ▶ 28% (94) Female
- ▶ 86% (317) White
- ▶ 35 years old, on average
- ▶ 14% (47) Non-white

Fentanyl-related cases:

83% (347)	had misdemeanor charges
67% (280)	had felony charges
88% (364)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 54%
- Property: 35%
- Person: 17%

249 fentanyl-related cases had the following dispositions:

97% (241)	Dismissed
0% (0)	Not Guilty
78% (193)	Guilty

For those found guilty, sentences included, on average:

\$311	Fines
\$54	Restitution
1 hours	Community Service
79 days	Probation
154 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

21st Judicial District



The 21st Judicial District includes Mesa County.

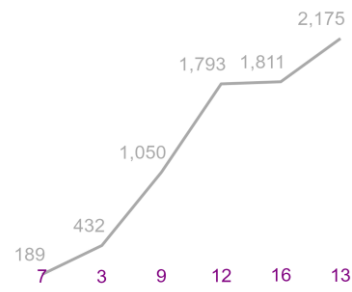
2020 US Census 156,131 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

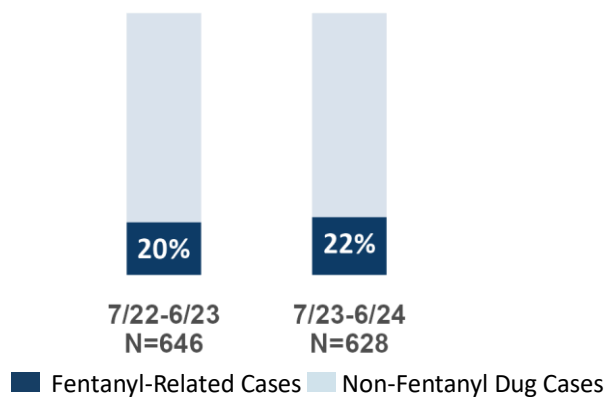
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 21st Judicial District filled 1,274 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 21st Judicial District:



273 fentanyl-related cases were filed across 245 individuals:

- ▶ 65% (160) Male
- ▶ 35% (85) Indigent
- ▶ 35% (85) Female
- ▶ 89% (235) White
- ▶ 34 years old, on average
- ▶ 11% (27) Non-white

Fentanyl-related cases:

65% (177)	had misdemeanor charges
84% (228)	had felony charges
87% (238)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 65%
- Property: 28%
- Person: 15%

175 fentanyl-related cases had the following dispositions:

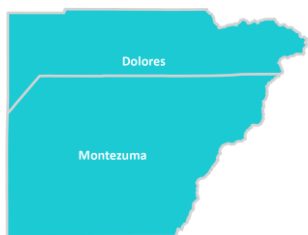
98% (172)	Dismissed
0% (0)	Not Guilty
81% (141)	Guilty

For those found guilty, sentences included, on average:

\$748	Fines
\$110	Restitution
5 hours	Community Service
40 days	Probation
629 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

22nd Judicial District



The 22nd Judicial District includes
Dolores and Montezuma Counties.

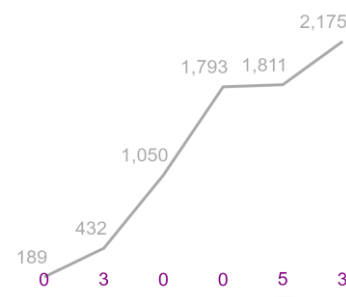
2020 US Census 28,399 people



*Community overdose deaths related to
fentanyl have drastically increased
statewide over the past 6 years.*

Fentanyl-Related Overdose Deaths

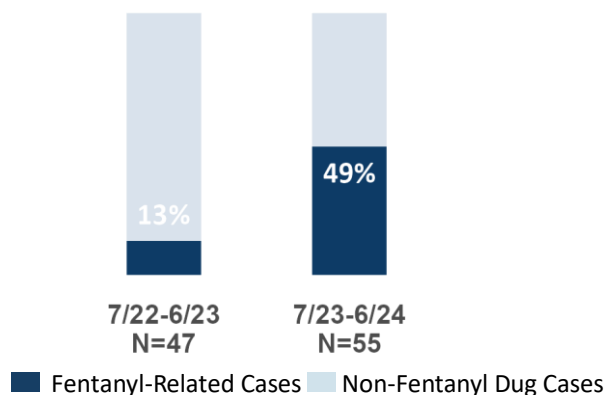
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The 22nd Judicial District filled 102 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the 22nd Judicial District:



33 fentanyl-related cases were filed across 28 individuals:

- ▶ 75% (21) Male
- ▶ 25% (7) Female
- ▶ 71% (24) White
- ▶ 29% (8) Non-white
- ▶ 25% (7) Indigent
- ▶ 34 years old, on average

Fentanyl-related cases:

58% (19)	had misdemeanor charges
64% (21)	had felony charges
94% (31)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 42%
- Property: 12%
- Person: 12%

22 fentanyl-related cases had the following dispositions:

86% (19)	Dismissed
0% (0)	Not Guilty
68% (15)	Guilty

For those found guilty, sentences included, on average:

\$1,125	Fines
\$290	Restitution
13 hours	Community Service
146 days	Probation
288 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Adams County



Adams County



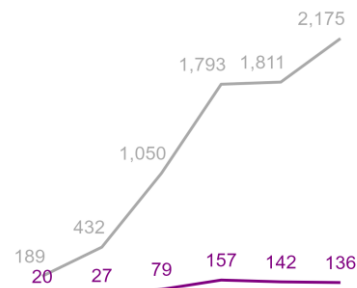
2020 US Census 520,149 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

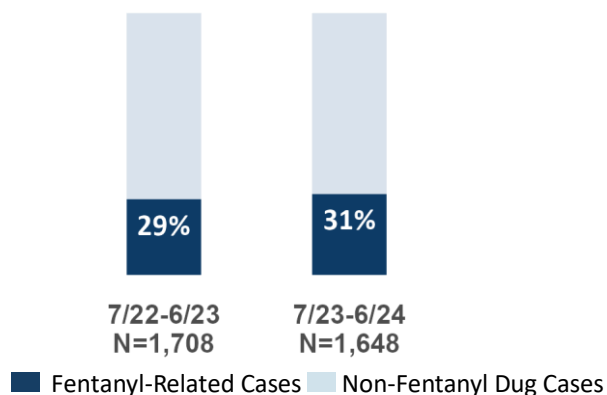
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Adams County filed 3,356 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Adams County:



997 fentanyl-related cases were filed across 888 individuals:

- ▶ 72% (635) Male
- ▶ 28% (253) Female
- ▶ 28% (253) Indigent
- ▶ 79% (794) White
- ▶ 21% (189) Non-white
- ▶ 35 years old, on average

Fentanyl-related cases:

75% (743)	had misdemeanor charges
85% (847)	had felony charges
86% (858)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 63%
- Property: 30%
- Person: 11%

640 fentanyl-related cases had the following dispositions:

99% (635)	Dismissed
0% (0)	Not Guilty
87% (556)	Guilty

For those found guilty, sentences included, on average:

\$155	Fines
\$25	Restitution
0 hours	Community Service
21 days	Probation
98 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Alamosa County



Alamosa County

2020 US Census 16,460 people

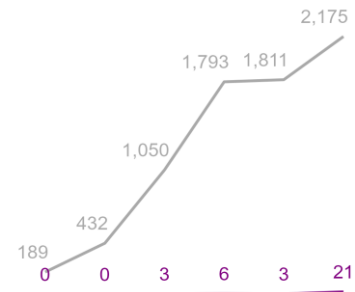


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

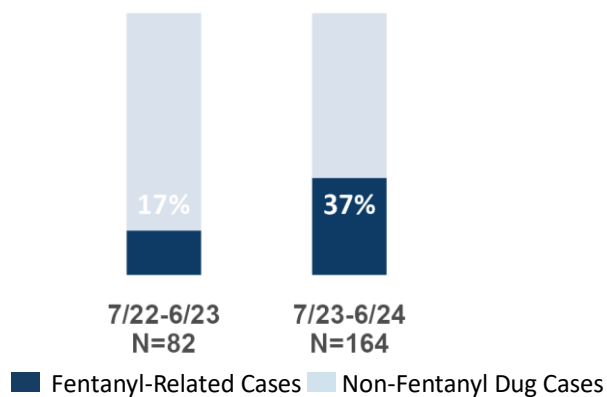
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Alamosa County filled 246 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Alamosa County:



75 fentanyl-related cases were filed across 68 individuals:

- ▶ 65% (44) Male
- ▶ 35% (24) Female
- ▶ 87% (66) White
- ▶ 13% (9) Non-white
- ▶ 35% (24) Indigent
- ▶ 34 years old, on average

Fentanyl-related cases:

63% (47)	had misdemeanor charges
77% (58)	had felony charges
85% (64)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 57%
- Property: 19%
- Person: 21%

24 fentanyl-related cases had the following dispositions:

96% (23)	Dismissed
0% (0)	Not Guilty
88% (21)	Guilty

For those found guilty, sentences included, on average:

\$277	Fines
\$74	Restitution
0 hours	Community Service
0 days	Probation
130 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Arapahoe County



Arapahoe County

2020 US Census 654,453 people

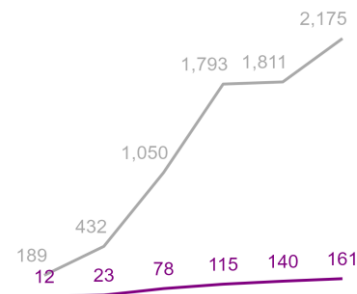


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

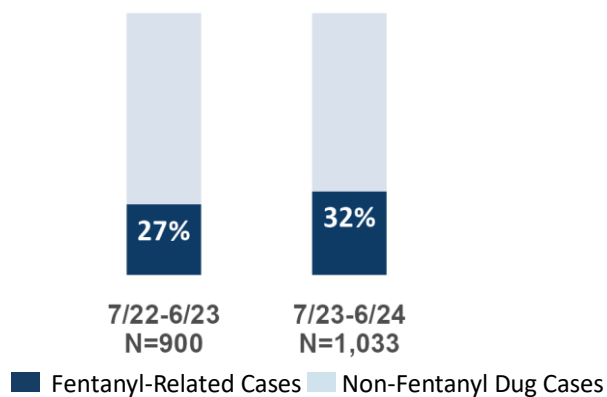
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Arapahoe County filed 1,933 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Arapahoe County:



580 fentanyl-related cases were filed across 540 individuals:

- ▶ 73% (395) Male
- ▶ 27% (145) Female
- ▶ 27% (145) Indigent
- ▶ 65% (416) White
- ▶ 35% (190) Non-white
- ▶ 34 years old, on average

Fentanyl-related cases:

72% (419)	had misdemeanor charges
77% (444)	had felony charges
80% (463)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 59%
- Property: 28%
- Person: 16%

278 fentanyl-related cases had the following dispositions:

98% (272)	Dismissed
0% (0)	Not Guilty
85% (235)	Guilty

For those found guilty, sentences included, on average:

\$364	Fines
\$51	Restitution
1 hours	Community Service
37 days	Probation
170 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Archuleta County



Archuleta County

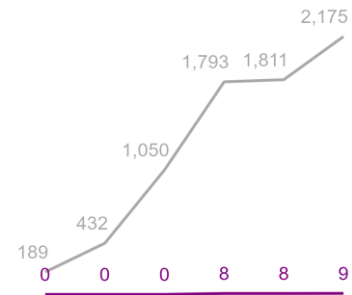
2020 US Census 13,509 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

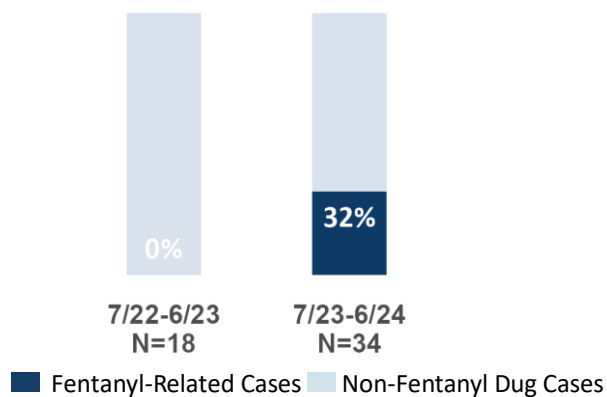
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Archuleta County filed 52 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Archuleta County:



11 fentanyl-related cases were filed across 10 individuals:

- ▶ 80% (8) Male
- ▶ 20% (2) Female
- ▶ 50% (8) White
- ▶ 50% (5) Non-white
- ▶ 20% (2) Indigent
- ▶ 32 years old, on average

Fentanyl-related cases:

91% (10)	had misdemeanor charges
64% (7)	had felony charges
100% (11)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 36%
- Property: 27%
- Person: 27%

4 fentanyl-related cases had the following dispositions:

100% (3)	Dismissed
0% (0)	Not Guilty
67% (2)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Baca County



Baca County

2020 US Census 3,496 people

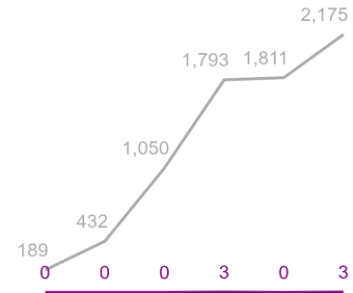


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

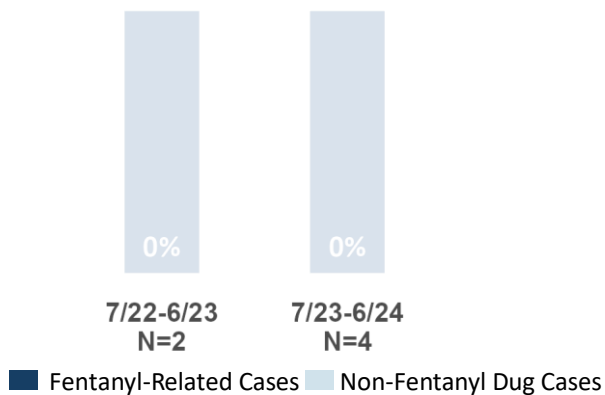
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Baca County filled 6 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Baca County:



0 fentanyl-related cases were filed across 0 individuals:

► 0% (0) Male

► 0% (0) Indigent

► 0% (0) Female

► 100% (0) White

► NA years old, on average

► 0% (0) Non-white

Fentanyl-related cases:

0% (0) had misdemeanor charges

0% (0) had felony charges

0% (0) had court appointed counsel

Had an average of 0* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 0%
- Person: 0%

0 fentanyl-related cases had the following dispositions:

0% (0) Dismissed

0% (0) Not Guilty

0% (0) Guilty

For those found guilty, sentences included, on average:

\$0 Fines

\$0 Restitution

0 hours Community Service

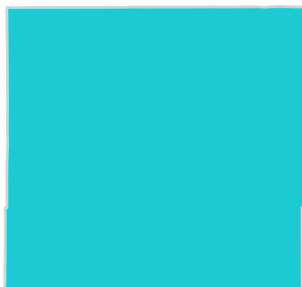
0 days Probation

0 days Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Bent County



Bent County

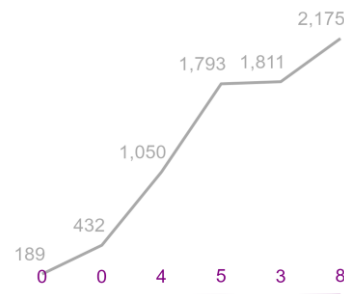
2020 US Census 5,561 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

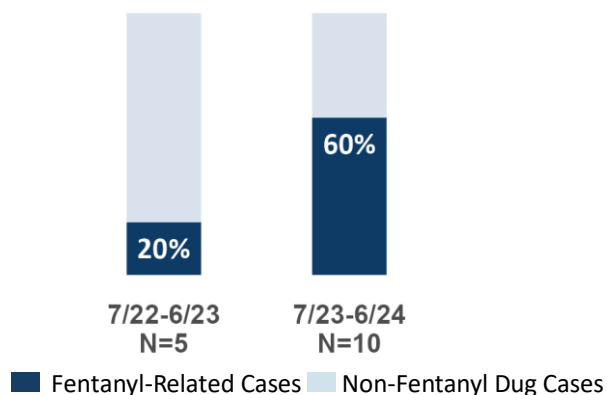
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Bent County filled 15 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Bent County:



7 fentanyl-related cases were filed across 7 individuals:

- ▶ 71% (5) Male
- ▶ 29% (2) Female
- ▶ 57% (4) White
- ▶ 43% (3) Non-white
- ▶ 29% (2) Indigent
- ▶ 38 years old, on average

Fentanyl-related cases:

71% (5)	had misdemeanor charges
100% (7)	had felony charges
100% (7)	had court appointed counsel

Had an average of 4* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 86%
- Property: 57%
- Person: 14%

2 fentanyl-related cases had the following dispositions:

100% (2)	Dismissed
0% (0)	Not Guilty
100% (2)	Guilty

For those found guilty, sentences included, on average:

\$524	Fines
\$78	Restitution
0 hours	Community Service
274 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Boulder County



Boulder County

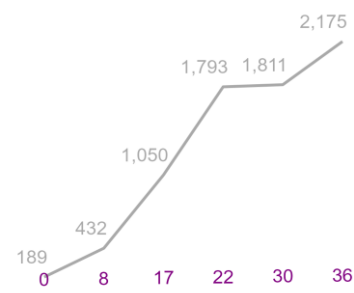
2020 US Census 328,658 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

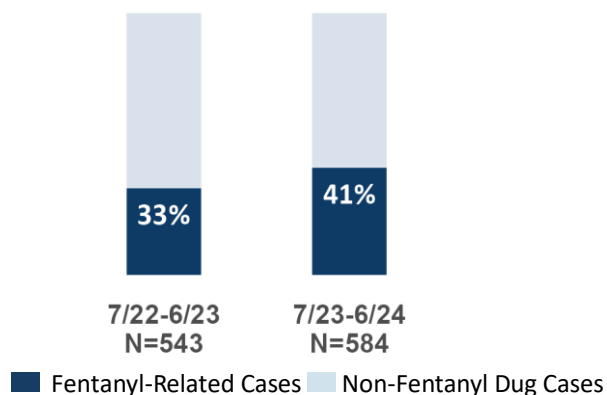
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Boulder County filled 1,127 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Boulder County:



416 fentanyl-related cases were filed across 341 individuals:

- ▶ 73% (247) Male
- ▶ 28% (94) Indigent
- ▶ 28% (94) Female
- ▶ 86% (317) White
- ▶ 35 years old, on average
- ▶ 14% (47) Non-white

Fentanyl-related cases:

83% (347)	had misdemeanor charges
67% (280)	had felony charges
88% (364)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 54%
- Property: 35%
- Person: 17%

249 fentanyl-related cases had the following dispositions:

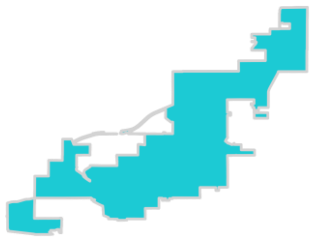
97% (241)	Dismissed
0% (0)	Not Guilty
78% (193)	Guilty

For those found guilty, sentences included, on average:

\$311	Fines
\$54	Restitution
1 hours	Community Service
79 days	Probation
154 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Broomfield County



Broomfield County

2020 US Census 73,946 people

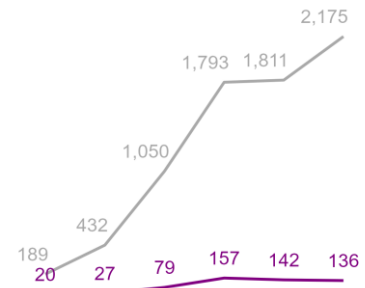


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

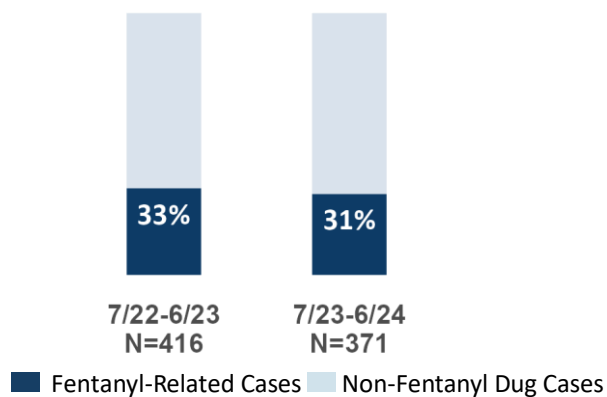
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Broomfield County filed 787 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Broomfield County:



253 fentanyl-related cases were filed across 238 individuals:

- 52% (123) Male
- 48% (115) Indigent
- 48% (115) Female
- 82% (226) White
- 35 years old, on average
- 18% (44) Non-white

Fentanyl-related cases:

88% (222)	had misdemeanor charges
72% (182)	had felony charges
84% (212)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 66%
- Property: 23%
- Person: 13%

180 fentanyl-related cases had the following dispositions:

99% (179)	Dismissed
0% (0)	Not Guilty
90% (162)	Guilty

For those found guilty, sentences included, on average:

\$73	Fines
\$17	Restitution
0 hours	Community Service
5 days	Probation
86 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Chaffee County



Chaffee County

2020 US Census 19,564 people

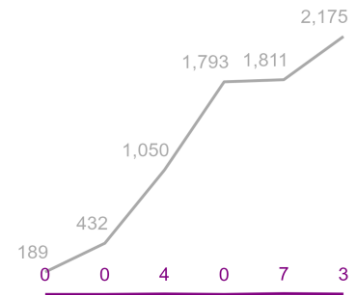


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

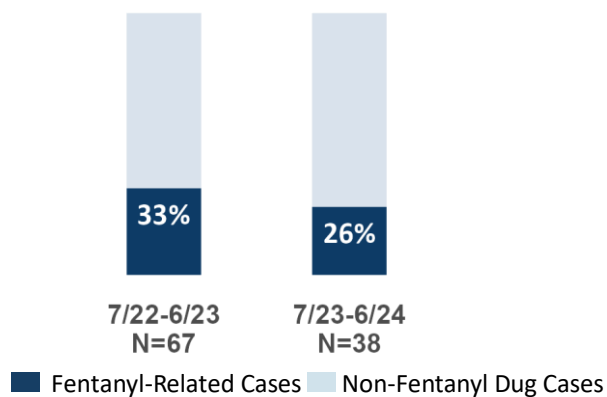
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Chaffee County filled 105 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Chaffee County:



32 fentanyl-related cases were filed across 31 individuals:

- ▶ 71% (22) Male
- ▶ 29% (9) Female
- ▶ 77% (26) White
- ▶ 23% (7) Non-white
- ▶ 29% (9) Indigent
- ▶ 35 years old, on average

Fentanyl-related cases:

78% (25)	had misdemeanor charges
47% (15)	had felony charges
88% (28)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 31%
- Property: 0%
- Person: 16%

24 fentanyl-related cases had the following dispositions:

96% (23)	Dismissed
0% (0)	Not Guilty
38% (9)	Guilty

For those found guilty, sentences included, on average:

\$683	Fines
\$90	Restitution
2 hours	Community Service
41 days	Probation
365 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Cheyenne County



Cheyenne County

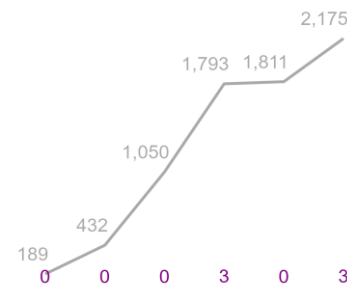
2020 US Census 1,726 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

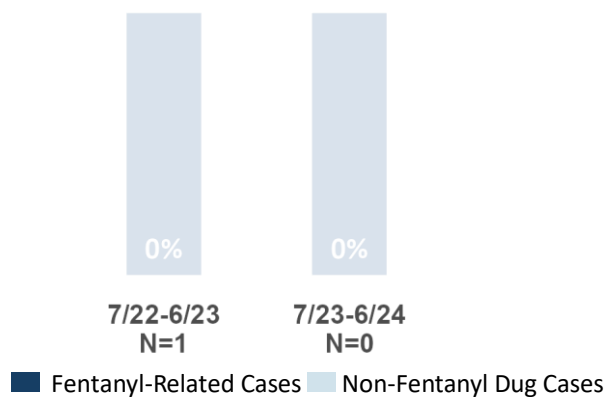
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Cheyenne County filled 1 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Cheyenne County:



0 fentanyl-related cases were filed across 0 individuals:

- ▶ 0% (0) Male
- ▶ 0% (0) Female
- ▶ 100% (0) White
- ▶ 0% (0) Non-white
- ▶ 0% (0) Indigent
- ▶ NA years old, on average

Fentanyl-related cases:

0% (0)	had misdemeanor charges
0% (0)	had felony charges
0% (0)	had court appointed counsel

Had an average of 0* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 0%
- Person: 0%

0 fentanyl-related cases had the following dispositions:

0% (0)	Dismissed
0% (0)	Not Guilty
0% (0)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Clear Creek County



Clear Creek County

2020 US Census 9,403 people

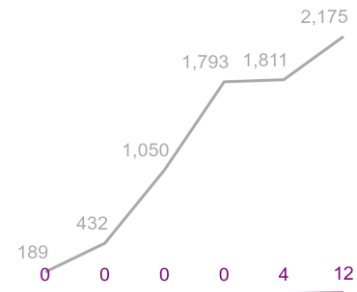


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

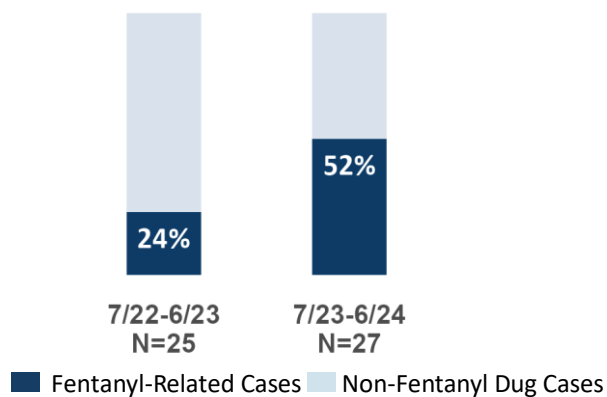
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Clear Creek County filled 52 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Clear Creek County:



20 fentanyl-related cases were filed across 18 individuals:

- ▶ 78% (14) Male
- ▶ 22% (4) Female
- ▶ 78% (16) White
- ▶ 22% (4) Non-white
- ▶ 22% (4) Indigent
- ▶ 34 years old, on average

Fentanyl-related cases:

40% (8)	had misdemeanor charges
85% (17)	had felony charges
85% (17)	had court appointed counsel

Had an average of 4* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 75%
- Property: 30%
- Person: 20%

5 fentanyl-related cases had the following dispositions:

100% (5)	Dismissed
0% (0)	Not Guilty
100% (5)	Guilty

For those found guilty, sentences included, on average:

\$643	Fines
\$163	Restitution
0 hours	Community Service
0 days	Probation
292 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Conejos County



Conejos County

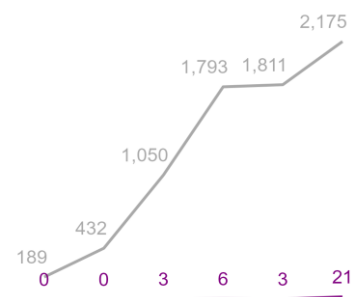
2020 US Census 7,553 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

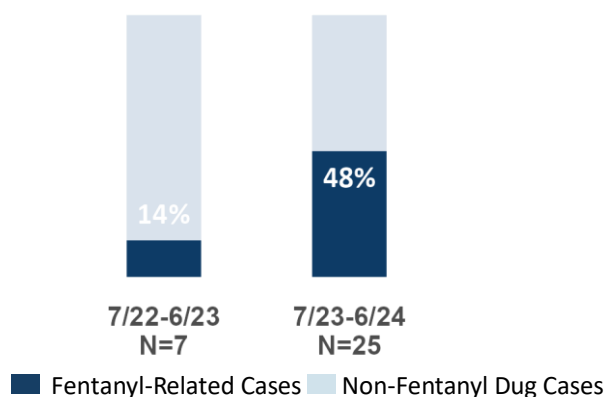
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Conejos County filled 32 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Conejos County:



13 fentanyl-related cases were filed across 12 individuals:

- 58% (7) Male
- 42% (5) Indigent
- 42% (5) Female
- 83% (11) White
- 35 years old, on average
- 17% (2) Non-white

Fentanyl-related cases:

85% (11)	had misdemeanor charges
85% (11)	had felony charges
77% (10)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 62%
- Property: 23%
- Person: 31%

4 fentanyl-related cases had the following dispositions:

100% (4)	Dismissed
0% (0)	Not Guilty
75% (3)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Costilla County



Costilla County

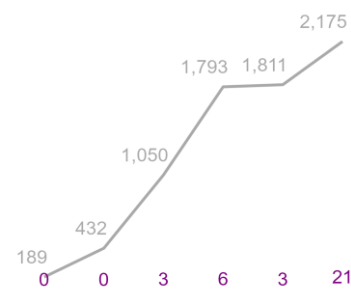
2020 US Census 3,534 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

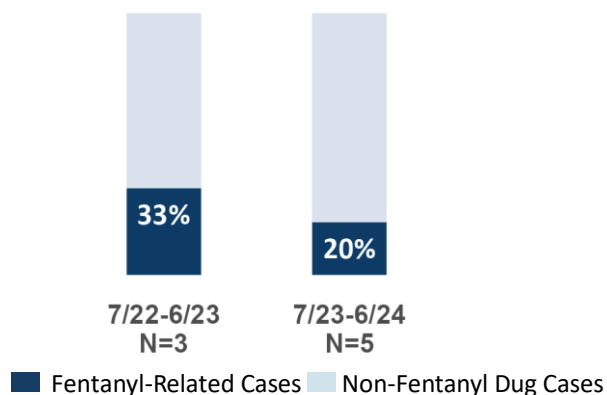
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Costilla County filled 8 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Costilla County:



2 fentanyl-related cases were filed across 2 individuals:

- ▶ 100% (2) Male
- ▶ 0% (0) Female
- ▶ 100% (2) White
- ▶ 0% (0) Non-white
- ▶ 0% (0) Indigent
- ▶ 38 years old, on average

Fentanyl-related cases:

0% (0)	had misdemeanor charges
100% (2)	had felony charges
100% (2)	had court appointed counsel

Had an average of 4* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 100%
- Property: 0%
- Person: 0%

1 fentanyl-related cases had the following dispositions:

100% (1)	Dismissed
0% (0)	Not Guilty
100% (1)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Crowley County



Crowley County

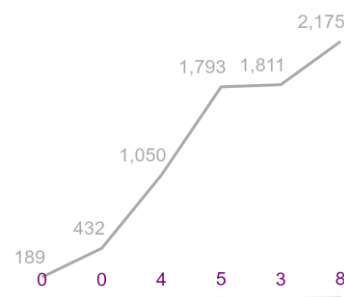
2020 US Census 5,782 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

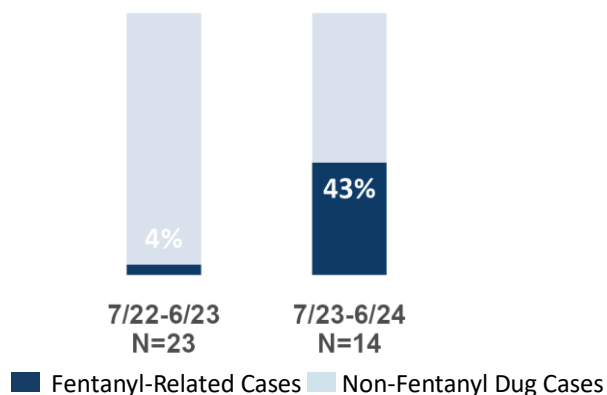
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Crowley County filled 37 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Crowley County:



7 fentanyl-related cases were filed across 7 individuals:

- 57% (4) Male
- 43% (3) Female
- 100% (7) White
- 0% (0) Non-white
- 43% (3) Indigent
- 50 years old, on average

Fentanyl-related cases:

71% (5)	had misdemeanor charges
57% (4)	had felony charges
100% (7)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 43%
- Property: 43%
- Person: 14%

3 fentanyl-related cases had the following dispositions:

67% (2)	Dismissed
0% (0)	Not Guilty
0% (0)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Custer County



Custer County

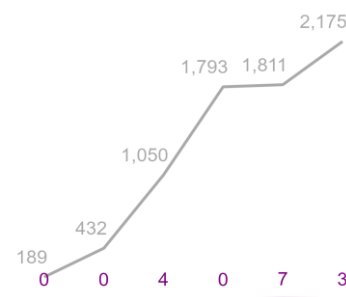
2020 US Census 4,885 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

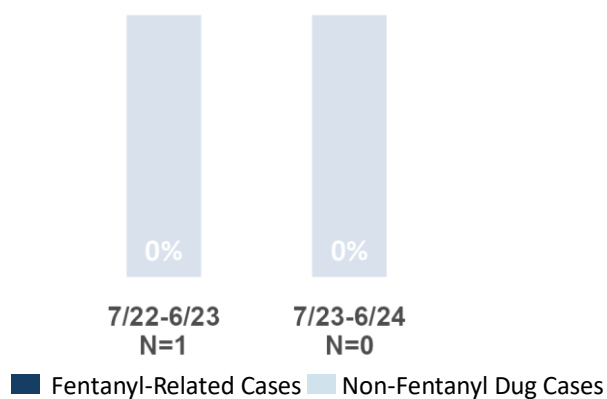
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Custer County filled 1 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Custer County:



0 fentanyl-related cases were filed across 0 individuals:

- ▶ 0% (0) Male
- ▶ 0% (0) Female
- ▶ 100% (0) White
- ▶ 0% (0) Non-white
- ▶ 0% (0) Indigent
- ▶ NA years old, on average

Fentanyl-related cases:

0% (0)	had misdemeanor charges
0% (0)	had felony charges
0% (0)	had court appointed counsel

Had an average of 0* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 0%
- Person: 0%

0 fentanyl-related cases had the following dispositions:

0% (0)	Dismissed
0% (0)	Not Guilty
0% (0)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Delta County



Delta County

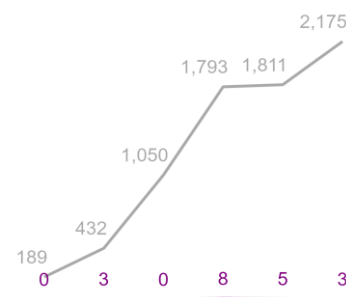
2020 US Census 31,173 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

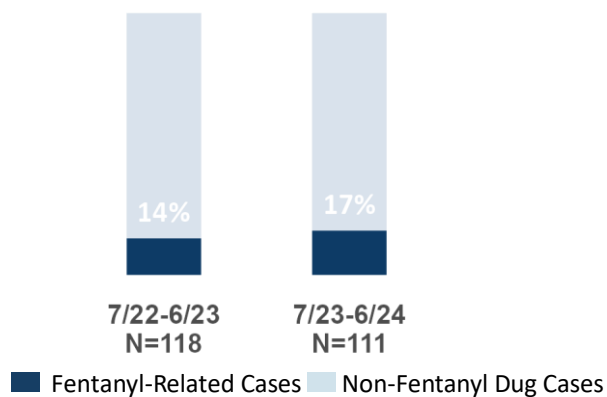
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Delta County filled 229 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Delta County:



36 fentanyl-related cases were filed across 36 individuals:

- ▶ 72% (26) Male
- ▶ 28% (10) Female
- ▶ 81% (35) White
- ▶ 19% (7) Non-white
- ▶ 28% (10) Indigent
- ▶ 36 years old, on average

Fentanyl-related cases:

83% (30)	had misdemeanor charges
50% (18)	had felony charges
89% (32)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 42%
- Property: 22%
- Person: 22%

23 fentanyl-related cases had the following dispositions:

96% (22)	Dismissed
0% (0)	Not Guilty
65% (15)	Guilty

For those found guilty, sentences included, on average:

\$590	Fines
\$123	Restitution
10 hours	Community Service
146 days	Probation
86 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Denver County



Denver County

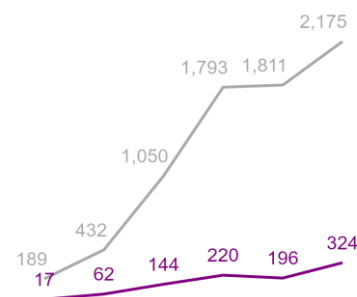
2020 US Census 710,800 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

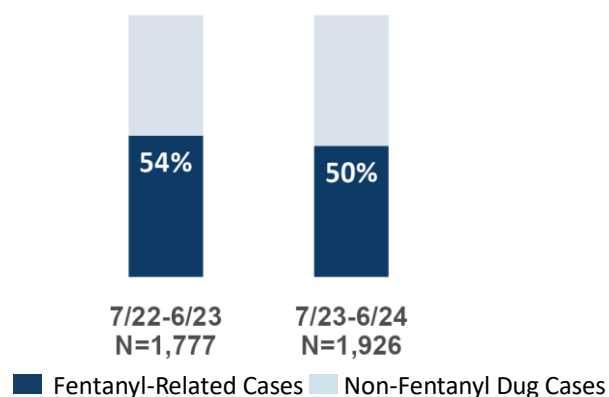
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Denver County filed 3,703 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Denver County:



1,914 fentanyl-related cases were filed across 1,664 individuals:

- ▶ 78% (1,299) Male
- ▶ 22% (365) Female
- ▶ 22% (365) Indigent
- ▶ 75% (1,357) White
- ▶ 25% (407) Non-white
- ▶ 36 years old, on average

Fentanyl-related cases:

65% (1,246)	had misdemeanor charges
60% (1,155)	had felony charges
85% (1,040)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 63%
- Property: 12%
- Person: 3%

1,178 fentanyl-related cases had the following dispositions:

96% (1,119)	Dismissed
0% (0)	Not Guilty
89% (1,035)	Guilty

For those found guilty, sentences included, on average:

\$368	Fines
\$69	Restitution
0 hours	Community Service
73 days	Probation
136 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Dolores County



Dolores County

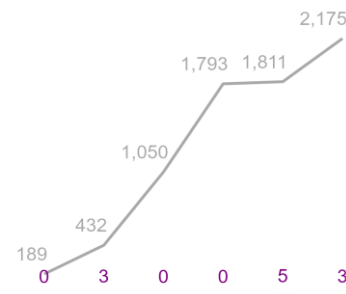
2020 US Census 2,329 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

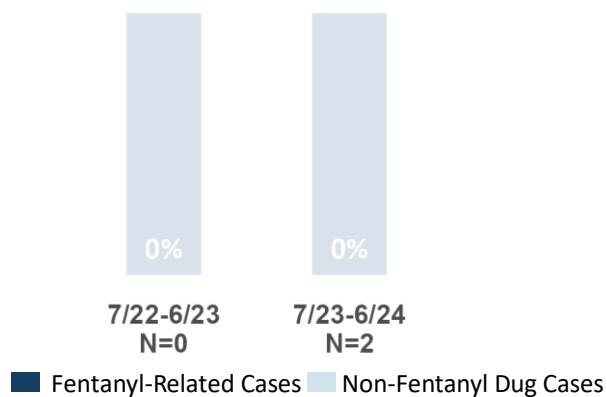
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Dolores County filled 2 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Dolores County:



0 fentanyl-related cases were filed across 0 individuals:

- ▶ 0% (0) Male
- ▶ 0% (0) Female
- ▶ 100% (0) White
- ▶ 0% (0) Non-white
- ▶ 0% (0) Indigent
- ▶ NA years old, on average

Fentanyl-related cases:

0% (0)	had misdemeanor charges
0% (0)	had felony charges
0% (0)	had court appointed counsel

Had an average of 0* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 0%
- Person: 0%

0 fentanyl-related cases had the following dispositions:

0% (0)	Dismissed
0% (0)	Not Guilty
0% (0)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Douglas County



Douglas County

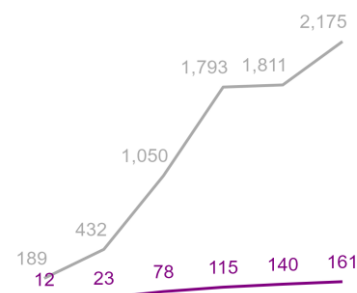
2020 US Census 360,206 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

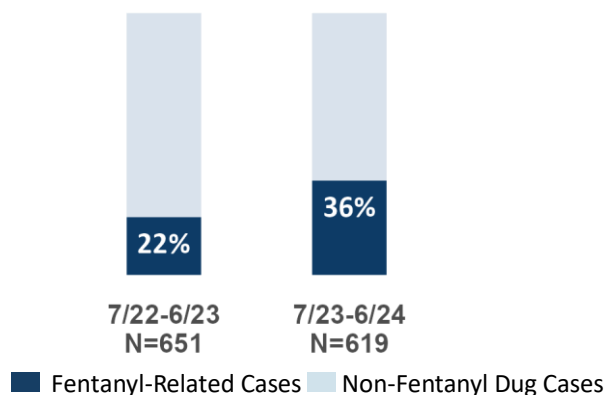
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Douglas County filled 1,270 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Douglas County:



365 fentanyl-related cases were filed across 348 individuals:

- ▶ 63% (220) Male
- ▶ 37% (128) Indigent
- ▶ 37% (128) Female
- ▶ 83% (318) White
- ▶ 35 years old, on average
- ▶ 17% (60) Non-white

Fentanyl-related cases:

85% (311)	had misdemeanor charges
65% (236)	had felony charges
84% (305)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 50%
- Property: 49%
- Person: 16%

200 fentanyl-related cases had the following dispositions:

95% (190)	Dismissed
0% (0)	Not Guilty
90% (180)	Guilty

For those found guilty, sentences included, on average:

\$636	Fines
\$382	Restitution
3 hours	Community Service
132 days	Probation
353 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Eagle County



Eagle County

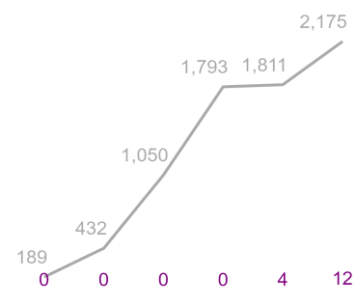
2020 US Census 55,650 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

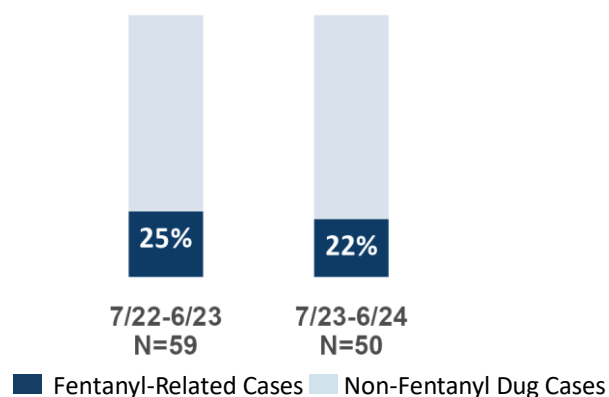
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Eagle County filled 109 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Eagle County:



26 fentanyl-related cases were filed across 26 individuals:

- ▶ 77% (20) Male
- ▶ 23% (6) Female
- ▶ 85% (25) White
- ▶ 15% (4) Non-white
- ▶ 23% (6) Indigent
- ▶ 33 years old, on average

Fentanyl-related cases:

50% (13)	had misdemeanor charges
96% (25)	had felony charges
50% (13)	had court appointed counsel

Had an average of 4* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 92%
- Property: 12%
- Person: 15%

13 fentanyl-related cases had the following dispositions:

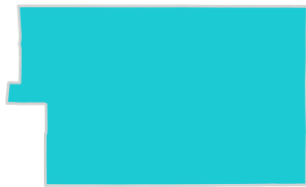
100% (13)	Dismissed
0% (0)	Not Guilty
77% (10)	Guilty

For those found guilty, sentences included, on average:

\$2,574	Fines
\$268	Restitution
0 hours	Community Service
0 days	Probation
1,934 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

El Paso County



El Paso County

2020 US Census 730,323 people

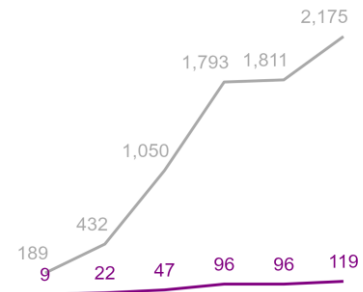


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

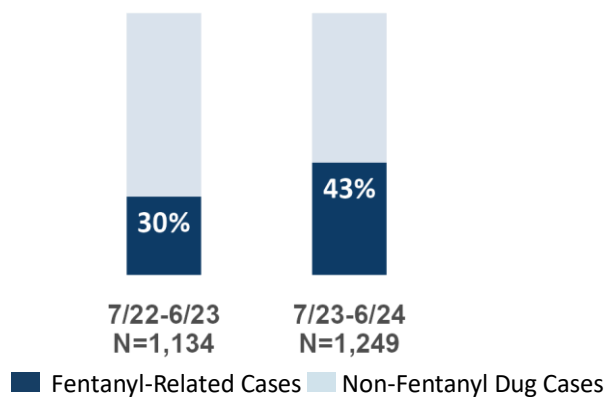
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The El Paso County filed 2,383 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the El Paso County:



880 fentanyl-related cases were filed across 782 individuals:

- 70% (545) Male
- 30% (237) Female
- 30% (237) Indigent
- 74% (638) White
- 26% (201) Non-white
- 35 years old, on average

Fentanyl-related cases:

72% (636)	had misdemeanor charges
69% (604)	had felony charges
84% (735)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 49%
- Property: 20%
- Person: 8%

460 fentanyl-related cases had the following dispositions:

93% (427)	Dismissed
0% (0)	Not Guilty
72% (332)	Guilty

For those found guilty, sentences included, on average:

\$1,262	Fines
\$373	Restitution
6 hours	Community Service
142 days	Probation
807 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Elbert County



Elbert County

2020 US Census 26,457 people

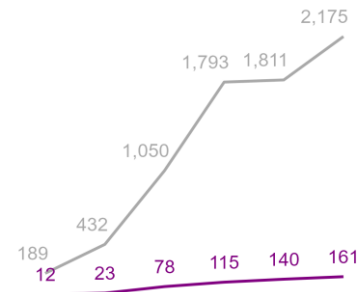


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

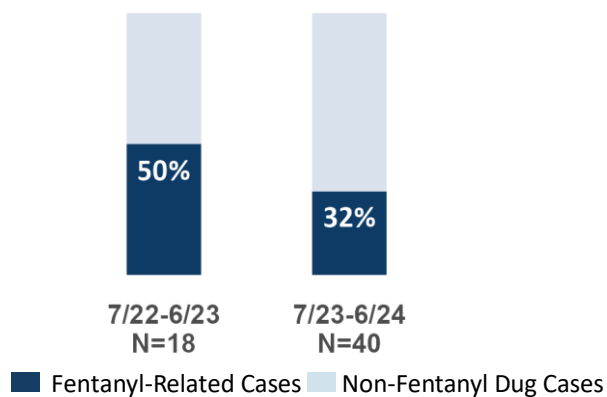
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Elbert County filed 58 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Elbert County:



22 fentanyl-related cases were filed across 21 individuals:

- ▶ 62% (13) Male
- ▶ 38% (8) Female
- ▶ 95% (20) White
- ▶ 5% (1) Non-white
- ▶ 38% (8) Indigent
- ▶ 39 years old, on average

Fentanyl-related cases:

73% (16)	had misdemeanor charges
59% (13)	had felony charges
82% (18)	had court appointed counsel

Had an average of 4* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 23%
- Property: 14%
- Person: 9%

13 fentanyl-related cases had the following dispositions:

92% (12)	Dismissed
8% (1)	Not Guilty
92% (12)	Guilty

For those found guilty, sentences included, on average:

\$1,373	Fines
\$187	Restitution
2 hours	Community Service
213 days	Probation
417 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Fremont County



Fremont County

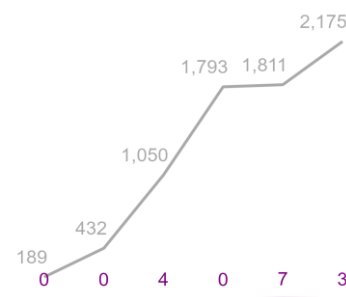
2020 US Census 49,107 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

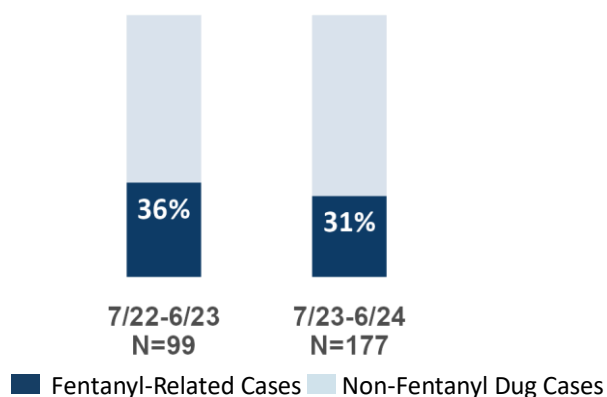
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Fremont County filled 276 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Fremont County:



90 fentanyl-related cases were filed across 84 individuals:

- ▶ 61% (51) Male
- ▶ 40% (33) Indigent
- ▶ 40% (33) Female
- ▶ 81% (74) White
- ▶ 34 years old, on average
- ▶ 19% (16) Non-white

Fentanyl-related cases:

66% (59)	had misdemeanor charges
70% (63)	had felony charges
93% (84)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 47%
- Property: 17%
- Person: 11%

52 fentanyl-related cases had the following dispositions:

100% (52)	Dismissed
0% (0)	Not Guilty
50% (26)	Guilty

For those found guilty, sentences included, on average:

\$501	Fines
\$52	Restitution
2 hours	Community Service
154 days	Probation
245 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Garfield County



Garfield County

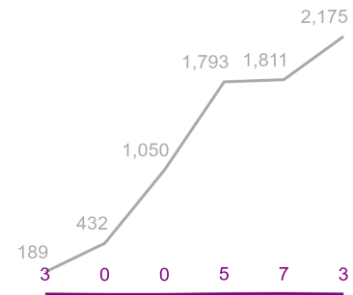
2020 US Census 61,683 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

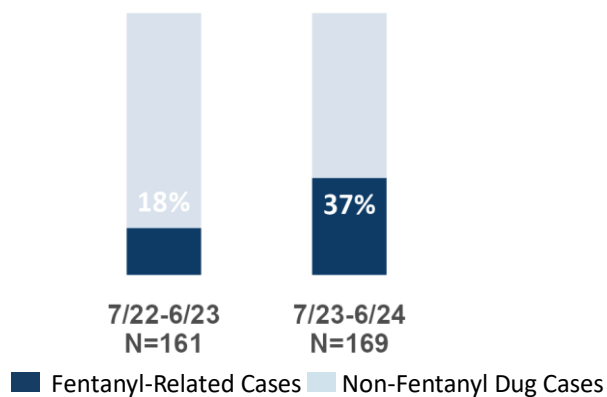
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Garfield County filled 330 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Garfield County:



92 fentanyl-related cases were filed across 70 individuals:

- ▶ 69% (48) Male
- ▶ 31% (22) Female
- ▶ 31% (22) Indigent
- ▶ 79% (63) White
- ▶ 21% (15) Non-white
- ▶ 38 years old, on average

Fentanyl-related cases:

68% (63)	had misdemeanor charges
66% (61)	had felony charges
72% (66)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 64%
- Property: 14%
- Person: 14%

32 fentanyl-related cases had the following dispositions:

97% (31)	Dismissed
0% (0)	Not Guilty
44% (14)	Guilty

For those found guilty, sentences included, on average:

\$1,074	Fines
\$184	Restitution
9 hours	Community Service
52 days	Probation
345 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Gilpin County



Gilpin County

2020 US Census 5,856 people

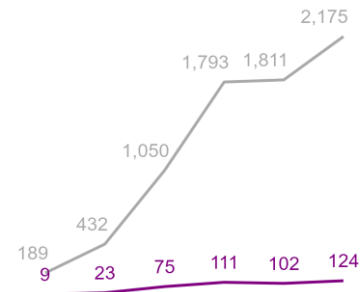


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

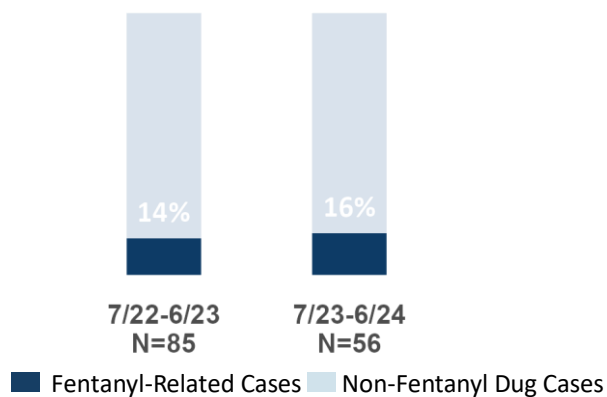
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Gilpin County filed 141 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Gilpin County:



21 fentanyl-related cases were filed across 19 individuals:

- ▶ 74% (14) Male
- ▶ 26% (5) Female
- ▶ 79% (17) White
- ▶ 21% (4) Non-white
- ▶ 26% (5) Indigent
- ▶ 35 years old, on average

Fentanyl-related cases:

67% (14)	had misdemeanor charges
71% (15)	had felony charges
62% (13)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 52%
- Property: 14%
- Person: 14%

16 fentanyl-related cases had the following dispositions:

100% (16)	Dismissed
0% (0)	Not Guilty
56% (9)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Grand County



Grand County

2020 US Census 15,724 people

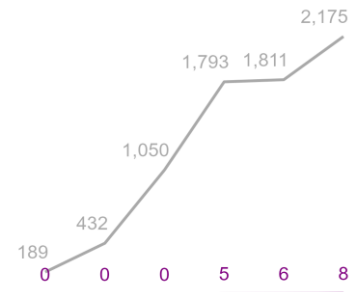


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

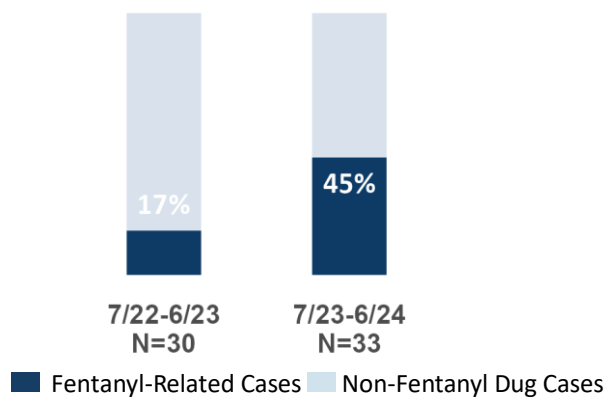
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Grand County filled 63 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Grand County:



20 fentanyl-related cases were filed across 16 individuals:

- ▶ 94% (15) Male
- ▶ 6% (1) Indigent
- ▶ 6% (1) Female
- ▶ 100% (16) White
- ▶ 36 years old, on average
- ▶ 0% (0) Non-white

Fentanyl-related cases:

70% (14)	had misdemeanor charges
75% (15)	had felony charges
85% (17)	had court appointed counsel

Had an average of 4* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 70%
- Property: 25%
- Person: 20%

9 fentanyl-related cases had the following dispositions:

100% (9)	Dismissed
0% (0)	Not Guilty
78% (7)	Guilty

For those found guilty, sentences included, on average:

\$642	Fines
\$45	Restitution
0 hours	Community Service
0 days	Probation
65 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Gunnison County



Gunnison County

2020 US Census 17,018 people

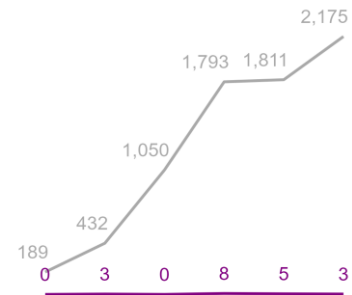


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

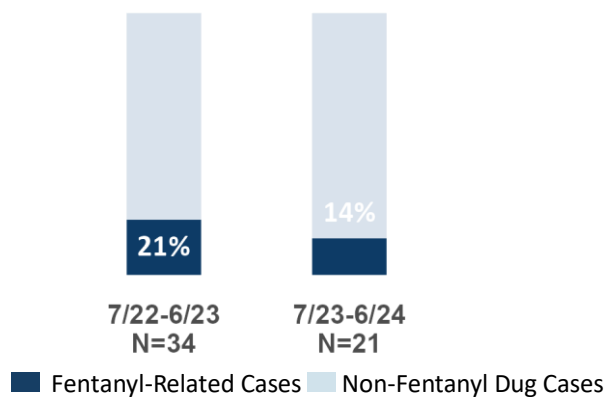
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Gunnison County filled 55 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Gunnison County:



10 fentanyl-related cases were filed across 10 individuals:

- ▶ 80% (8) Male
- ▶ 20% (2) Female
- ▶ 80% (9) White
- ▶ 20% (2) Non-white
- ▶ 20% (2) Indigent
- ▶ 33 years old, on average

Fentanyl-related cases:

90% (9)	had misdemeanor charges
50% (5)	had felony charges
80% (8)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 60%
- Property: 10%
- Person: 40%

7 fentanyl-related cases had the following dispositions:

100% (7)	Dismissed
0% (0)	Not Guilty
71% (5)	Guilty

For those found guilty, sentences included, on average:

\$342	Fines
\$22	Restitution
10 hours	Community Service
73 days	Probation
1 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Hinsdale County



Hinsdale County

2020 US Census 911 people

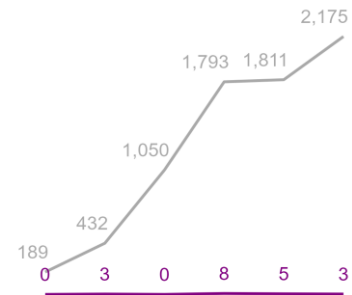


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

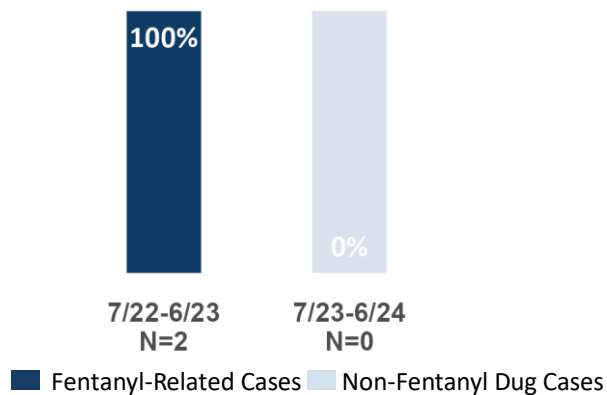
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Hinsdale County filled 2 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Hinsdale County:



2 fentanyl-related cases were filed across 2 individuals:

► 100% (2) Male

► 0% (0) Indigent

► 0% (0) Female

► 100% (2) White

► 31 years old, on average

► 0% (0) Non-white

Fentanyl-related cases:

100% (2) had misdemeanor charges

100% (2) had felony charges

100% (2) had court appointed counsel

Had an average of 16* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 100%
- Property: 100%
- Person: 0%

0 fentanyl-related cases had the following dispositions:

0% (0) Dismissed

0% (0) Not Guilty

0% (0) Guilty

For those found guilty, sentences included, on average:

\$0 Fines

\$0 Restitution

0 hours Community Service

0 days Probation

0 days Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Huerfano County



Huerfano County

2020 US Census 6,896 people

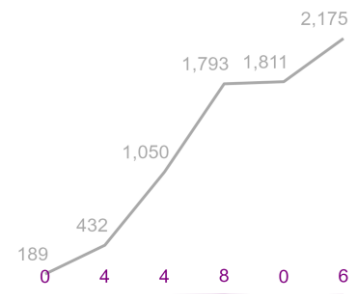


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

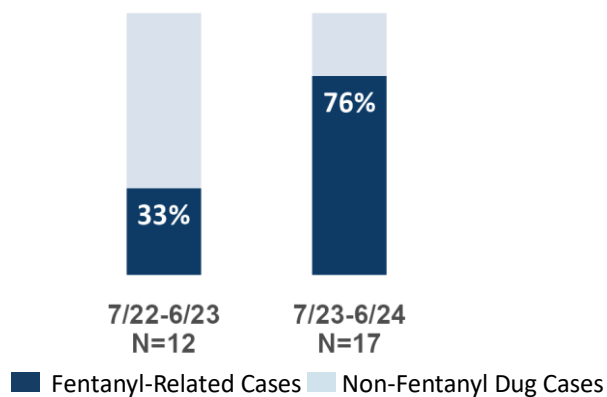
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Huerfano County filled 29 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Huerfano County:



17 fentanyl-related cases were filed across 17 individuals:

- ▶ 76% (13) Male
- ▶ 24% (4) Female
- ▶ 82% (15) White
- ▶ 18% (3) Non-white
- ▶ 24% (4) Indigent
- ▶ 33 years old, on average

Fentanyl-related cases:

53% (9)	had misdemeanor charges
65% (11)	had felony charges
88% (15)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 65%
- Property: 12%
- Person: 6%

6 fentanyl-related cases had the following dispositions:

83% (5)	Dismissed
0% (0)	Not Guilty
83% (5)	Guilty

For those found guilty, sentences included, on average:

\$2,686	Fines
\$227	Restitution
0 hours	Community Service
0 days	Probation
2,133 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Jackson County



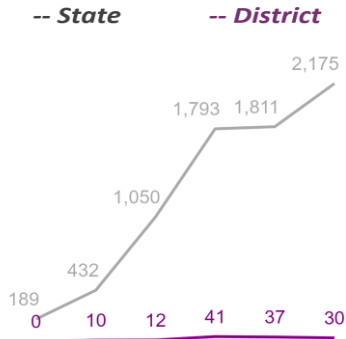
Jackson County

2020 US Census 1,440 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

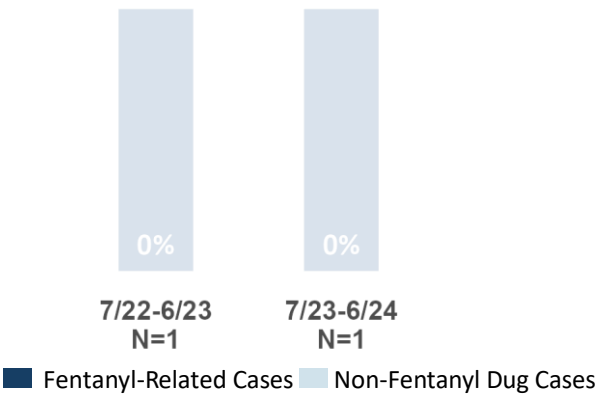
Fentanyl-Related Overdose Deaths



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Jackson County filled 2 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Jackson County:



0 fentanyl-related cases were filed across 0 individuals:

- ▶ 0% (0) Male
- ▶ 0% (0) Female
- ▶ 100% (0) White
- ▶ 0% (0) Non-white
- ▶ 0% (0) Indigent
- ▶ 35 years old, on average

Fentanyl-related cases:

0% (0)	had misdemeanor charges
0% (0)	had felony charges
0% (0)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 0%
- Person: 0%

0 fentanyl-related cases had the following dispositions:

0% (0)	Dismissed
0% (0)	Not Guilty
0% (0)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Jefferson County



Jefferson County

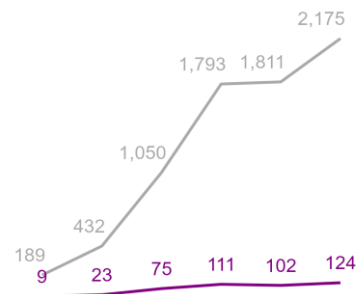
2020 US Census 580,519 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

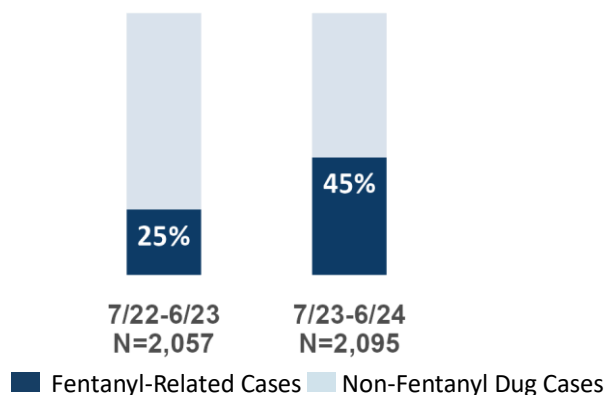
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Jefferson County filled 4,152 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Jefferson County:



1,447 fentanyl-related cases were filed across 1,196 individuals:

- ▶ 68% (810) Male
- ▶ 32% (386) Indigent
- ▶ 32% (386) Female
- ▶ 81% (1,069) White
- ▶ NA years old, on average
- ▶ 19% (230) Non-white

Fentanyl-related cases:

87% (1,259)	had misdemeanor charges
51% (739)	had felony charges
77% (1,108)	had court appointed counsel

Had an average of 0* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 43%
- Property: 34%
- Person: 12%

882 fentanyl-related cases had the following dispositions:

99% (873)	Dismissed
0% (1)	Not Guilty
65% (570)	Guilty

For those found guilty, sentences included, on average:

\$250	Fines
\$66	Restitution
1 hours	Community Service
34 days	Probation
172 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Kiowa County



Kiowa County

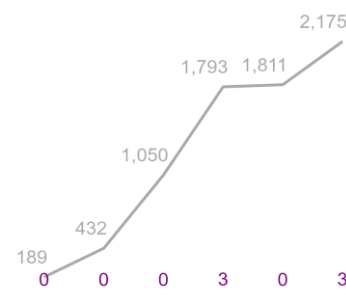
2020 US Census 1,347 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

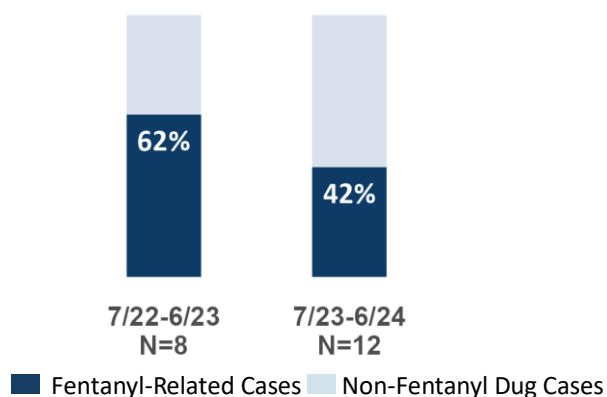
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Kiowa County filled 20 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Kiowa County:



10 fentanyl-related cases were filed across 9 individuals:

- ▶ 67% (6) Male
- ▶ 33% (3) Female
- ▶ 100% (9) White
- ▶ 0% (0) Non-white
- ▶ 33% (3) Indigent
- ▶ 38 years old, on average

Fentanyl-related cases:

60% (6)	had misdemeanor charges
80% (8)	had felony charges
100% (10)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 90%
- Property: 10%
- Person: 20%

4 fentanyl-related cases had the following dispositions:

100% (4)	Dismissed
0% (0)	Not Guilty
75% (3)	Guilty

For those found guilty, sentences included, on average:

\$891	Fines
\$52	Restitution
8 hours	Community Service
183 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Kit Carson County



Kit Carson County

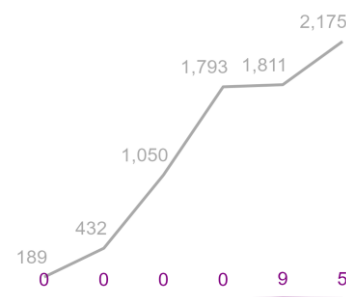
2020 US Census 7,039 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

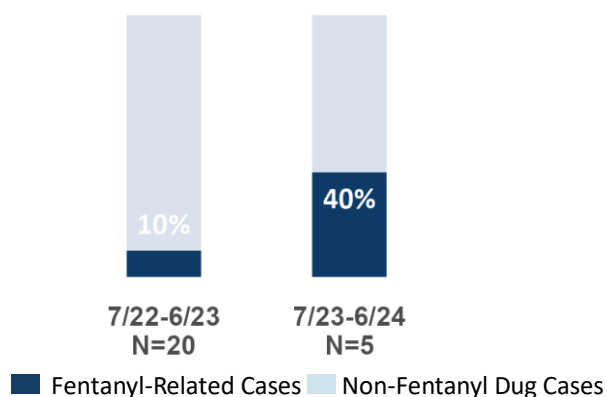
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Kit Carson County filled 25 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Kit Carson County:



4 fentanyl-related cases were filed across 4 individuals:

- ▶ 100% (4) Male
- ▶ 0% (0) Female
- ▶ 100% (4) White
- ▶ 0% (0) Non-white
- ▶ 0% (0) Indigent
- ▶ 40 years old, on average

Fentanyl-related cases:

75% (3)	had misdemeanor charges
75% (3)	had felony charges
100% (4)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 75%
- Property: 0%
- Person: 25%

4 fentanyl-related cases had the following dispositions:

100% (4)	Dismissed
0% (0)	Not Guilty
50% (2)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

La Plata County



La Plata County

2020 US Census 55,983 people

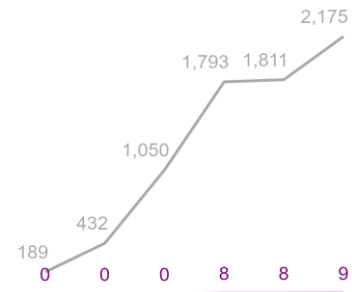


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

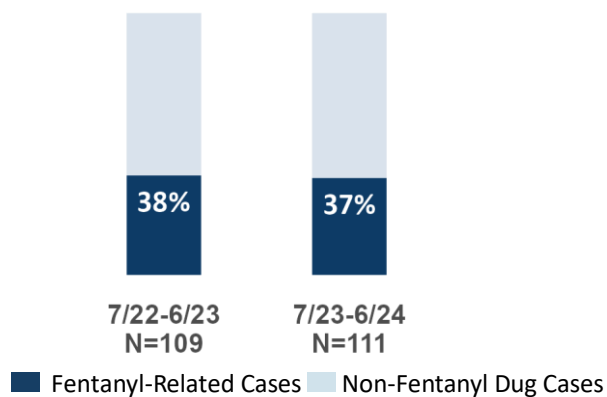
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The La Plata County filled 220 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the La Plata County:



82 fentanyl-related cases were filed across 68 individuals:

- ▶ 69% (47) Male
- ▶ 31% (21) Female
- ▶ 31% (21) Indigent
- ▶ 82% (61) White
- ▶ 18% (12) Non-white
- ▶ 36 years old, on average

Fentanyl-related cases:

65% (53)	had misdemeanor charges
59% (48)	had felony charges
82% (67)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 40%
- Property: 12%
- Person: 7%

54 fentanyl-related cases had the following dispositions:

93% (50)	Dismissed
0% (0)	Not Guilty
44% (24)	Guilty

For those found guilty, sentences included, on average:

\$650	Fines
\$178	Restitution
4 hours	Community Service
84 days	Probation
352 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Lake County



Lake County

2020 US Census 7,403 people

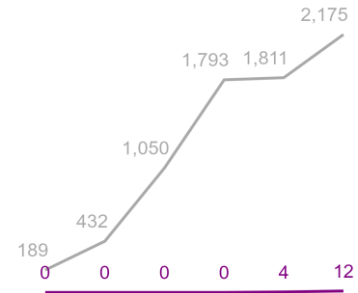


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

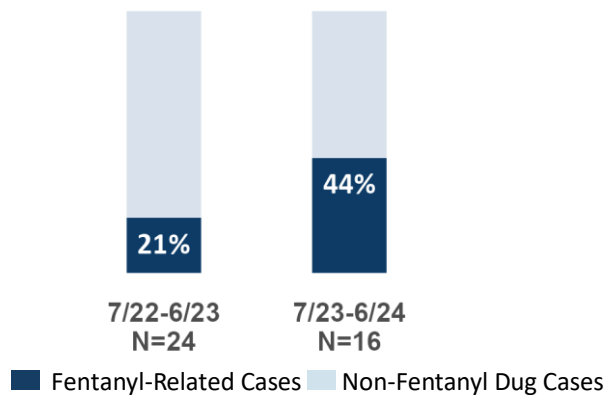
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Lake County filled 40 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Lake County:



12 fentanyl-related cases were filed across 11 individuals:

- ▶ 64% (7) Male
- ▶ 36% (4) Female
- ▶ 55% (10) White
- ▶ 45% (5) Non-white
- ▶ 36% (4) Indigent
- ▶ 31 years old, on average

Fentanyl-related cases:

83% (10)	had misdemeanor charges
83% (10)	had felony charges
83% (10)	had court appointed counsel

Had an average of 4* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 75%
- Property: 8%
- Person: 0%

3 fentanyl-related cases had the following dispositions:

100% (3)	Dismissed
0% (0)	Not Guilty
100% (3)	Guilty

For those found guilty, sentences included, on average:

\$1,036	Fines
\$109	Restitution
0 hours	Community Service
0 days	Probation
487 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Larimer County



Larimer County

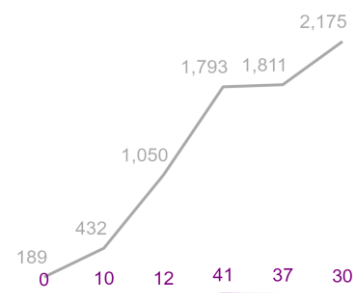
2020 US Census 359,363 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

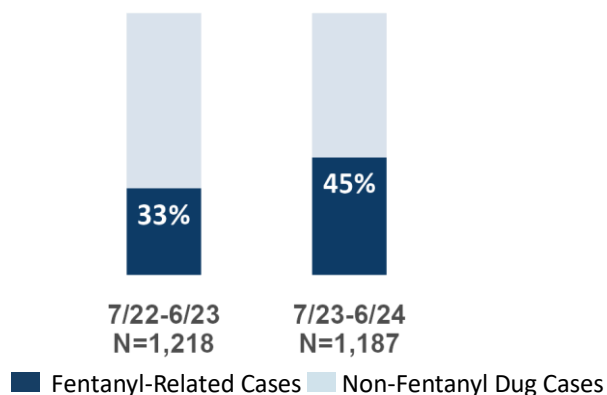
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Larimer County filled 2,405 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Larimer County:



938 fentanyl-related cases were filed across 705 individuals:

- ▶ 64% (451) Male
- ▶ 36% (254) Indigent
- ▶ 36% (254) Female
- ▶ 80% (655) White
- ▶ 36 years old, on average
- ▶ 20% (141) Non-white

Fentanyl-related cases:

81% (756)	had misdemeanor charges
53% (500)	had felony charges
79% (745)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 50%
- Property: 25%
- Person: 7%

530 fentanyl-related cases had the following dispositions:

93% (493)	Dismissed
0% (0)	Not Guilty
75% (396)	Guilty

For those found guilty, sentences included, on average:

\$1,131	Fines
\$276	Restitution
11 hours	Community Service
221 days	Probation
343 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Las Animas County



Las Animas County

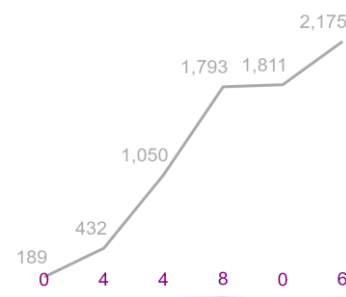
2020 US Census 14,422 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

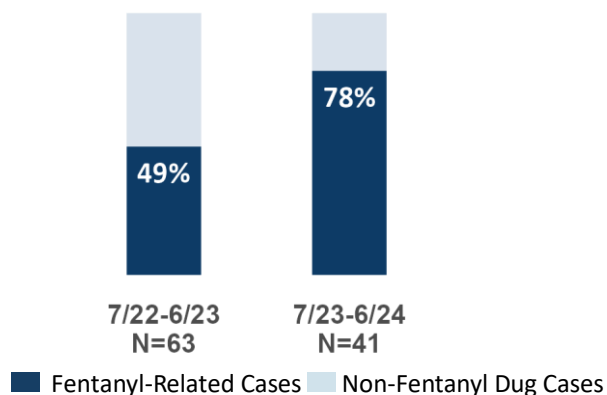
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Las Animas County filled 104 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Las Animas County:



63 fentanyl-related cases were filed across 55 individuals:

- ▶ 64% (35) Male
- ▶ 36% (20) Female
- ▶ 95% (54) White
- ▶ 5% (3) Non-white
- ▶ 36% (20) Indigent
- ▶ 37 years old, on average

Fentanyl-related cases:

54% (34)	had misdemeanor charges
79% (50)	had felony charges
84% (53)	had court appointed counsel

Had an average of 4* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 68%
- Property: 11%
- Person: 8%

33 fentanyl-related cases had the following dispositions:

94% (31)	Dismissed
0% (0)	Not Guilty
67% (22)	Guilty

For those found guilty, sentences included, on average:

\$763	Fines
\$89	Restitution
0 hours	Community Service
17 days	Probation
597 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Lincoln County



Lincoln County

2020 US Census 5,583 people

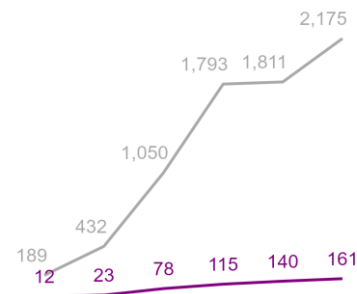


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

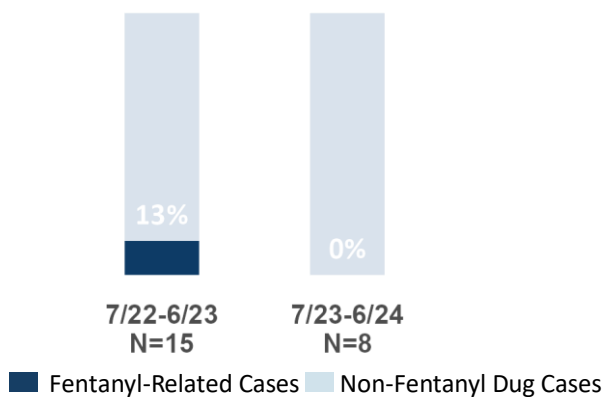
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Lincoln County filled 23 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Lincoln County:



2 fentanyl-related cases were filed across 2 individuals:

- ▶ 100% (2) Male
- ▶ 0% (0) Female
- ▶ 50% (2) White
- ▶ 50% (1) Non-white
- ▶ 0% (0) Indigent
- ▶ 42 years old, on average

Fentanyl-related cases:

100% (2)	had misdemeanor charges
100% (2)	had felony charges
100% (2)	had court appointed counsel

Had an average of 8* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 100%
- Property: 50%
- Person: 50%

1 fentanyl-related cases had the following dispositions:

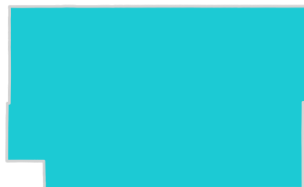
100% (1)	Dismissed
0% (0)	Not Guilty
100% (1)	Guilty

For those found guilty, sentences included, on average:

\$78	Fines
\$326	Restitution
0 hours	Community Service
0 days	Probation
2,190 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Logan County



Logan County

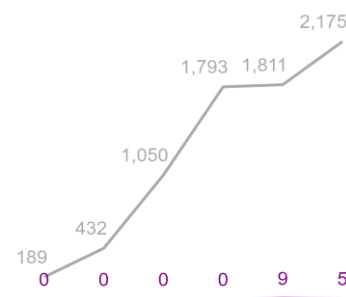
2020 US Census 21,302 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

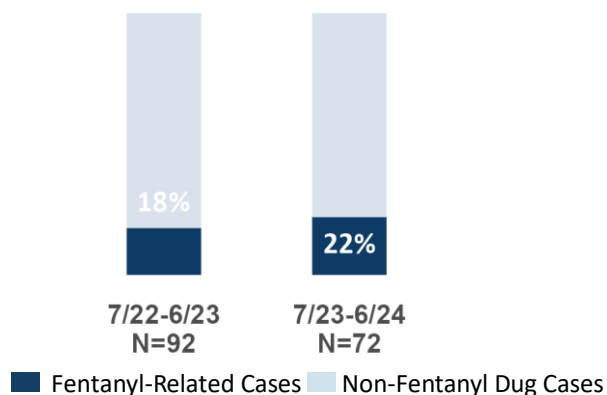
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Logan County filled 164 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Logan County:



33 fentanyl-related cases were filed across 29 individuals:

- ▶ 69% (20) Male
- ▶ 31% (9) Female
- ▶ 86% (27) White
- ▶ 14% (4) Non-white
- ▶ 31% (9) Indigent
- ▶ 38 years old, on average

Fentanyl-related cases:

70% (23)	had misdemeanor charges
73% (24)	had felony charges
91% (30)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 48%
- Property: 30%
- Person: 21%

22 fentanyl-related cases had the following dispositions:

100% (22)	Dismissed
0% (0)	Not Guilty
82% (18)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Mesa County



Mesa County

2020 US Census 156,131 people

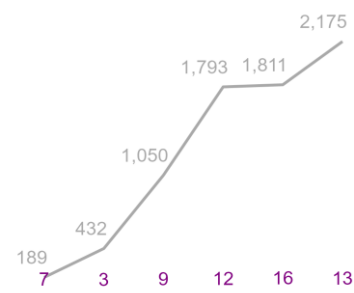


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

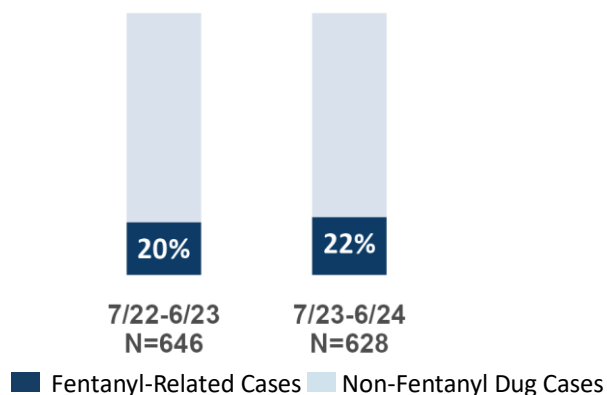
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Mesa County filled 1,274 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Mesa County:



273 fentanyl-related cases were filed across 245 individuals:

- ▶ 65% (160) Male
- ▶ 35% (85) Indigent
- ▶ 35% (85) Female
- ▶ 89% (235) White
- ▶ 34 years old, on average
- ▶ 11% (27) Non-white

Fentanyl-related cases:

65% (177)	had misdemeanor charges
84% (228)	had felony charges
87% (238)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 65%
- Property: 28%
- Person: 15%

175 fentanyl-related cases had the following dispositions:

98% (172)	Dismissed
0% (0)	Not Guilty
81% (141)	Guilty

For those found guilty, sentences included, on average:

\$748	Fines
\$110	Restitution
5 hours	Community Service
40 days	Probation
629 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Mineral County



Mineral County

2020 US Census 794 people

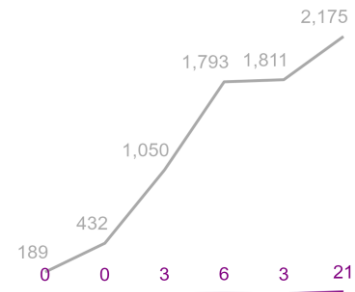


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

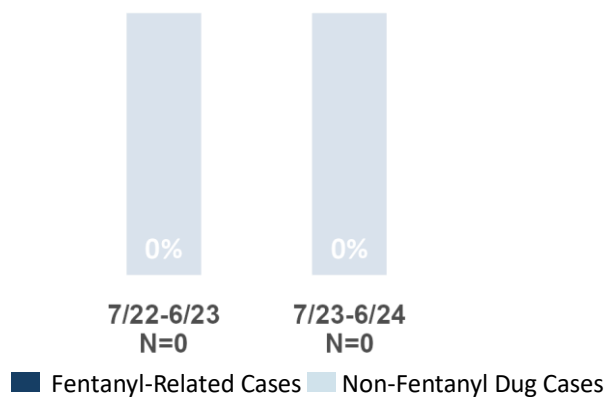
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Mineral County filled 0 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Mineral County:



0 fentanyl-related cases were filed across 0 individuals:

► 0% (0) Male

► 0% (0) Indigent

► 0% (0) Female

► 100% (0) White

► NA years old, on average

► 0% (0) Non-white

Fentanyl-related cases:

0% (0) had misdemeanor charges

0% (0) had felony charges

0% (0) had court appointed counsel

Had an average of 0* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%

- Property: 0%

- Person: 0%

0 fentanyl-related cases had the following dispositions:

0% (0) Dismissed

0% (0) Not Guilty

0% (0) Guilty

For those found guilty, sentences included, on average:

\$0 Fines

\$0 Restitution

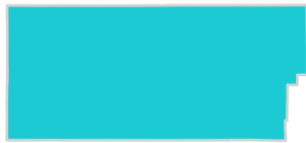
0 hours Community Service

0 days Probation

0 days Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Moffat County



Moffat County

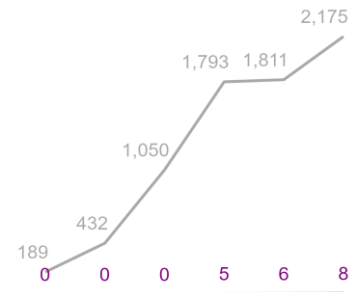
2020 US Census 13,232 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

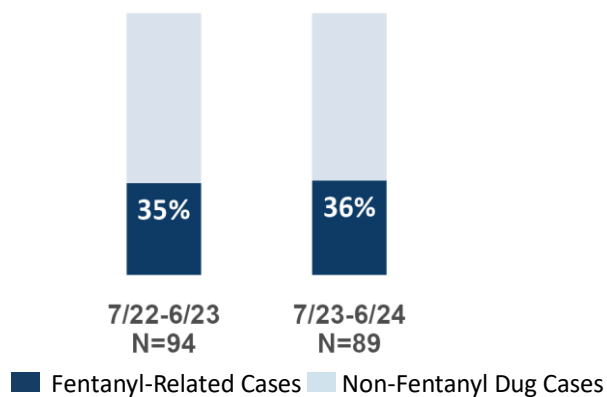
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Moffat County filed 183 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Moffat County:



65 fentanyl-related cases were filed across 50 individuals:

- ▶ 72% (36) Male
- ▶ 28% (14) Female
- ▶ 88% (45) White
- ▶ 12% (6) Non-white
- ▶ 28% (14) Indigent
- ▶ 34 years old, on average

Fentanyl-related cases:

80% (52)	had misdemeanor charges
62% (40)	had felony charges
86% (56)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 55%
- Property: 20%
- Person: 20%

43 fentanyl-related cases had the following dispositions:

100% (43)	Dismissed
0% (0)	Not Guilty
58% (25)	Guilty

For those found guilty, sentences included, on average:

\$2,051	Fines
\$310	Restitution
1 hours	Community Service
102 days	Probation
1,254 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Montezuma County



Montezuma County

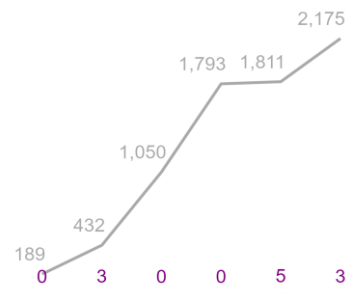
2020 US Census 26,070 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

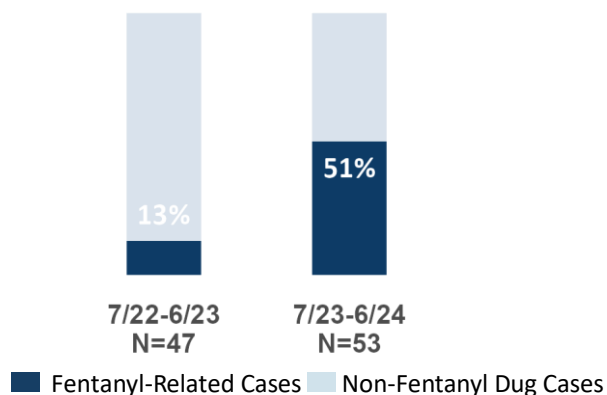
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Montezuma County filled 100 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Montezuma County:



33 fentanyl-related cases were filed across 28 individuals:

- ▶ 75% (21) Male
- ▶ 25% (7) Female
- ▶ 71% (24) White
- ▶ 29% (8) Non-white
- ▶ 25% (7) Indigent
- ▶ 34 years old, on average

Fentanyl-related cases:

58% (19)	had misdemeanor charges
64% (21)	had felony charges
94% (31)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 42%
- Property: 12%
- Person: 12%

22 fentanyl-related cases had the following dispositions:

86% (19)	Dismissed
0% (0)	Not Guilty
68% (15)	Guilty

For those found guilty, sentences included, on average:

\$1,125	Fines
\$290	Restitution
13 hours	Community Service
146 days	Probation
288 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Montrose County



Montrose County

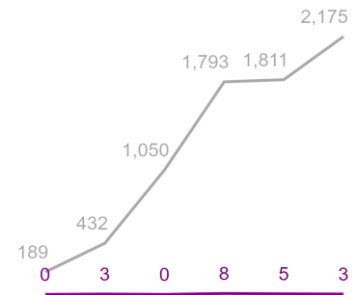
2020 US Census 42,823 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

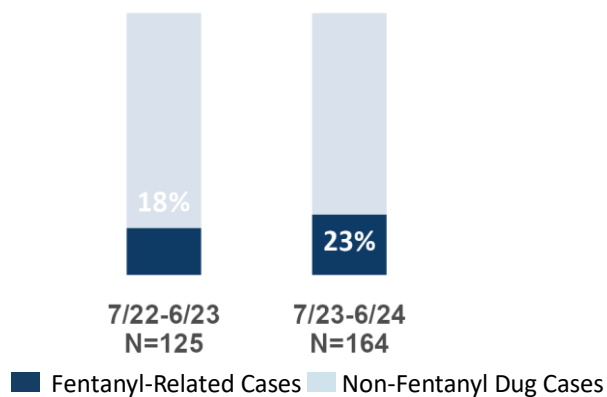
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Montrose County filed 289 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Montrose County:



61 fentanyl-related cases were filed across 50 individuals:

- ▶ 66% (33) Male
- ▶ 34% (17) Female
- ▶ 72% (48) White
- ▶ 28% (14) Non-white
- ▶ 34% (17) Indigent
- ▶ 34 years old, on average

Fentanyl-related cases:

82% (50)	had misdemeanor charges
54% (33)	had felony charges
93% (57)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 39%
- Property: 18%
- Person: 15%

36 fentanyl-related cases had the following dispositions:

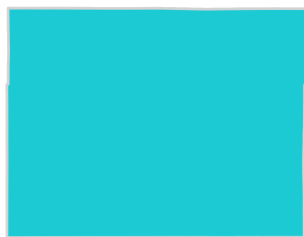
97% (35)	Dismissed
0% (0)	Not Guilty
64% (23)	Guilty

For those found guilty, sentences included, on average:

\$964	Fines
\$721	Restitution
9 hours	Community Service
159 days	Probation
230 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Morgan County



Morgan County

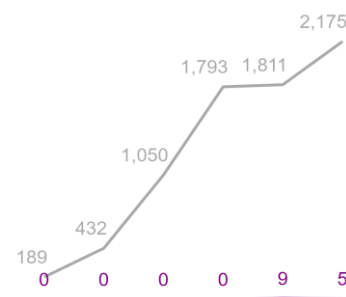
2020 US Census 29,045 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

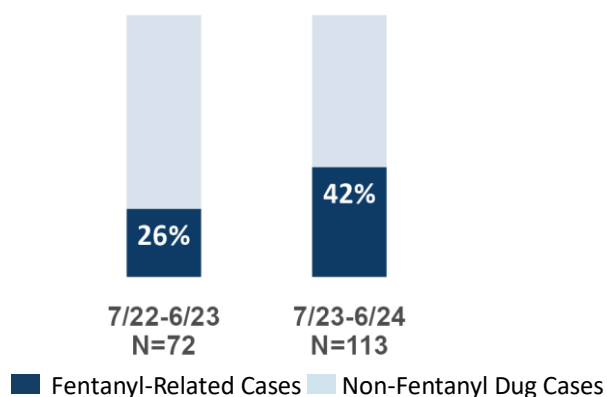
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Morgan County filled 185 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Morgan County:



67 fentanyl-related cases were filed across 55 individuals:

- ▶ 64% (35) Male
- ▶ 36% (20) Female
- ▶ 93% (54) White
- ▶ 7% (4) Non-white
- ▶ 36% (20) Indigent
- ▶ 37 years old, on average

Fentanyl-related cases:

82% (55)	had misdemeanor charges
49% (33)	had felony charges
99% (66)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 42%
- Property: 27%
- Person: 25%

28 fentanyl-related cases had the following dispositions:

96% (27)	Dismissed
0% (0)	Not Guilty
64% (18)	Guilty

For those found guilty, sentences included, on average:

\$509	Fines
\$392	Restitution
3 hours	Community Service
81 days	Probation
264 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Otero County



Otero County

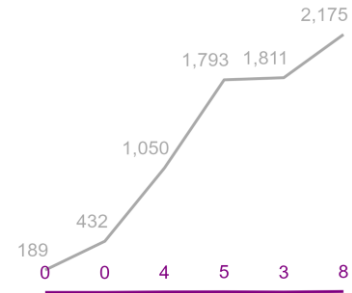
2020 US Census 18,580 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

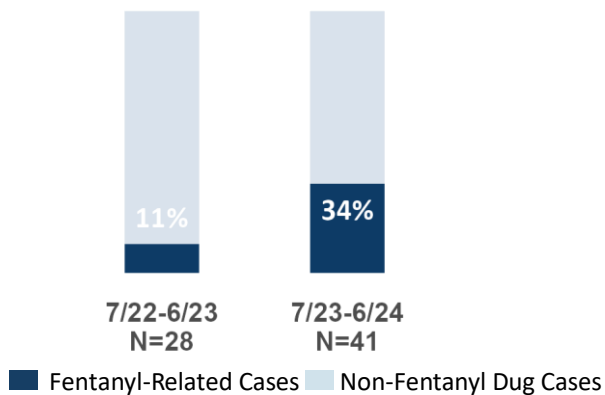
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Otero County filed 69 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Otero County:



17 fentanyl-related cases were filed across 16 individuals:

- ▶ 75% (12) Male
- ▶ 25% (4) Female
- ▶ 81% (16) White
- ▶ 19% (3) Non-white
- ▶ 25% (4) Indigent
- ▶ 43 years old, on average

Fentanyl-related cases:

65% (11)	had misdemeanor charges
59% (10)	had felony charges
76% (13)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 59%
- Property: 12%
- Person: 12%

4 fentanyl-related cases had the following dispositions:

75% (3)	Dismissed
0% (0)	Not Guilty
50% (2)	Guilty

For those found guilty, sentences included, on average:

\$3,079	Fines
\$244	Restitution
0 hours	Community Service
0 days	Probation
1,460 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Ouray County



Ouray County

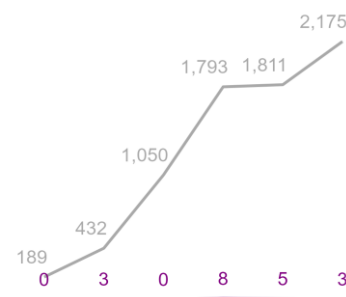
2020 US Census 4,936 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

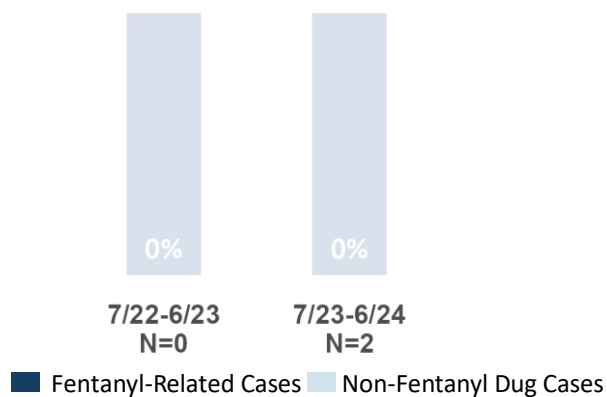
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Ouray County filled 2 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Ouray County:



0 fentanyl-related cases were filed across 0 individuals:

- ▶ 0% (0) Male
- ▶ 0% (0) Female
- ▶ 100% (0) White
- ▶ 0% (0) Non-white
- ▶ 0% (0) Indigent
- ▶ NA years old, on average

Fentanyl-related cases:

0% (0)	had misdemeanor charges
0% (0)	had felony charges
0% (0)	had court appointed counsel

Had an average of 0* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 0%
- Person: 0%

0 fentanyl-related cases had the following dispositions:

0% (0)	Dismissed
0% (0)	Not Guilty
0% (0)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Park County



Park County

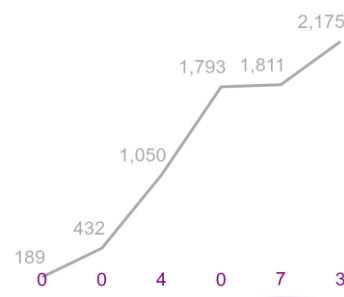
2020 US Census 17,597 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

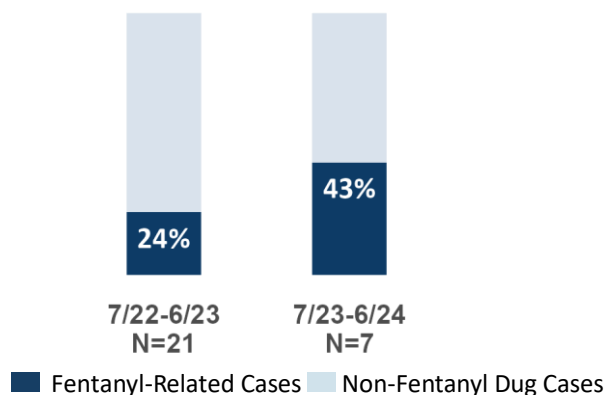
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Park County filed 28 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Park County:



8 fentanyl-related cases were filed across 8 individuals:

- 50% (4) Male
- 50% (4) Female
- 62% (6) White
- 38% (3) Non-white
- 50% (4) Indigent
- 33 years old, on average

Fentanyl-related cases:

75% (6)	had misdemeanor charges
75% (6)	had felony charges
75% (6)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 75%
- Property: 0%
- Person: 25%

6 fentanyl-related cases had the following dispositions:

100% (6)	Dismissed
0% (0)	Not Guilty
17% (1)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Phillips County



Phillips County

2020 US Census 4,493 people

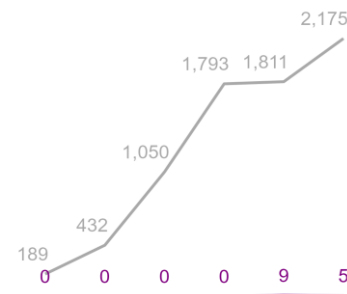


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

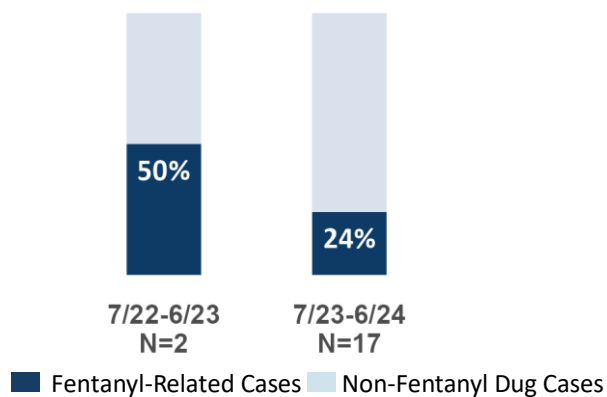
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Phillips County filled 19 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Phillips County:



5 fentanyl-related cases were filed across 5 individuals:

- ▶ 80% (4) Male
- ▶ 20% (1) Female
- ▶ 80% (4) White
- ▶ 20% (1) Non-white
- ▶ 20% (1) Indigent
- ▶ 25 years old, on average

Fentanyl-related cases:

100% (5)	had misdemeanor charges
20% (1)	had felony charges
80% (4)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 40%
- Property: 0%
- Person: 20%

3 fentanyl-related cases had the following dispositions:

100% (3)	Dismissed
0% (0)	Not Guilty
33% (1)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Pitkin County



Pitkin County

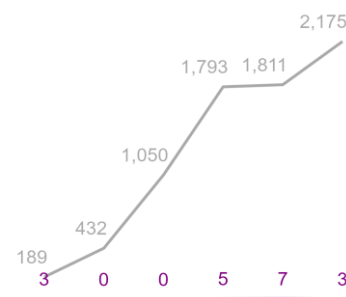
2020 US Census 17,325 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

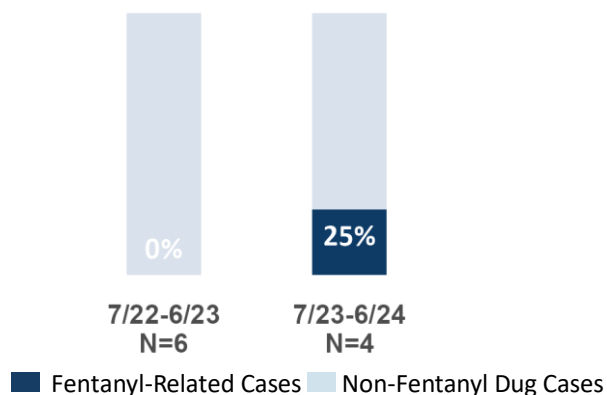
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Pitkin County filed 10 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Pitkin County:



1 fentanyl-related cases were filed across 1 individuals:

- ▶ 100% (1) Male
- ▶ 0% (0) Female
- ▶ 100% (1) White
- ▶ 0% (0) Non-white
- ▶ 0% (0) Indigent
- ▶ 60 years old, on average

Fentanyl-related cases:

100% (1)	had misdemeanor charges
0% (0)	had felony charges
0% (0)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 0%
- Person: 0%

1 fentanyl-related cases had the following dispositions:

0% (0)	Dismissed
0% (0)	Not Guilty
100% (1)	Guilty

For those found guilty, sentences included, on average:

\$666	Fines
\$111	Restitution
48 hours	Community Service
365 days	Probation
10 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Prowers County



Prowers County

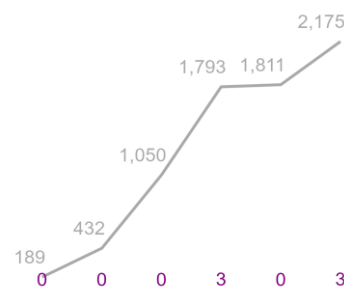
2020 US Census 11,968 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

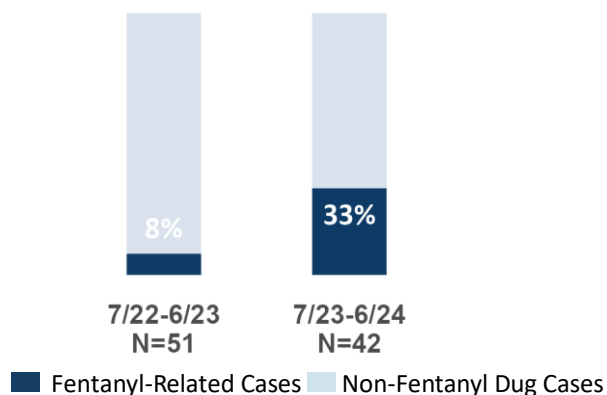
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Prowers County filled 93 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Prowers County:



18 fentanyl-related cases were filed across 18 individuals:

- ▶ 72% (13) Male
- ▶ 28% (5) Female
- ▶ 44% (13) White
- ▶ 56% (10) Non-white
- ▶ 28% (5) Indigent
- ▶ 32 years old, on average

Fentanyl-related cases:

78% (14)	had misdemeanor charges
56% (10)	had felony charges
78% (14)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 72%
- Property: 28%
- Person: 11%

14 fentanyl-related cases had the following dispositions:

93% (13)	Dismissed
0% (0)	Not Guilty
86% (12)	Guilty

For those found guilty, sentences included, on average:

\$479	Fines
\$120	Restitution
12 hours	Community Service
30 days	Probation
191 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Pueblo County



Pueblo County

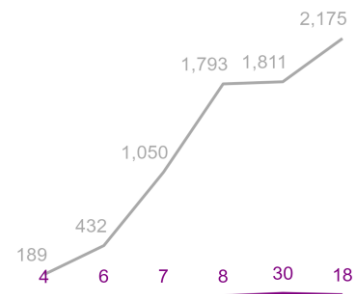
2020 US Census 168,135 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

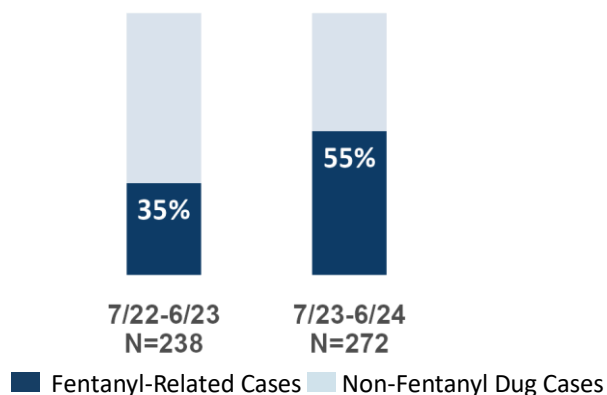
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Pueblo County filed 510 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Pueblo County:



233 fentanyl-related cases were filed across 218 individuals:

- ▶ 73% (159) Male
- ▶ 27% (59) Female
- ▶ 27% (59) Indigent
- ▶ 54% (150) White
- ▶ 46% (100) Non-white
- ▶ 35 years old, on average

Fentanyl-related cases:

74% (173)	had misdemeanor charges
62% (144)	had felony charges
87% (203)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 45%
- Property: 20%
- Person: 16%

152 fentanyl-related cases had the following dispositions:

86% (130)	Dismissed
0% (0)	Not Guilty
79% (120)	Guilty

For those found guilty, sentences included, on average:

\$667	Fines
\$309	Restitution
5 hours	Community Service
135 days	Probation
399 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Rio Blanco County



Rio Blanco County

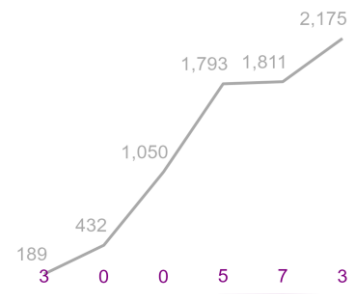
2020 US Census 6,511 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

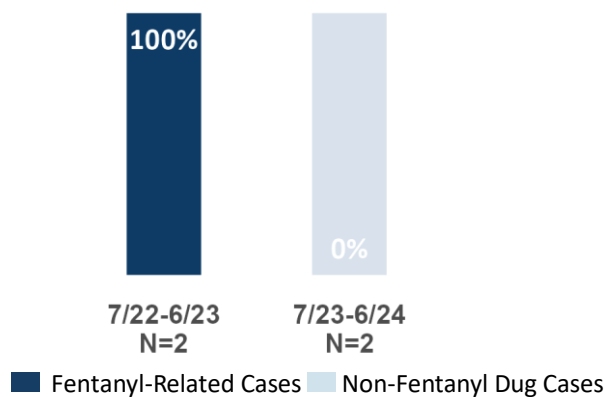
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Rio Blanco County filled 4 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Rio Blanco County:



2 fentanyl-related cases were filed across 2 individuals:

- ▶ 50% (1) Male
- ▶ 50% (1) Female
- ▶ 100% (2) White
- ▶ 0% (0) Non-white
- ▶ 50% (1) Indigent
- ▶ 32 years old, on average

Fentanyl-related cases:

100% (2)	had misdemeanor charges
0% (0)	had felony charges
100% (2)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 50%
- Person: 50%

0 fentanyl-related cases had the following dispositions:

0% (0)	Dismissed
0% (0)	Not Guilty
0% (0)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Rio Grande County



Rio Grande County

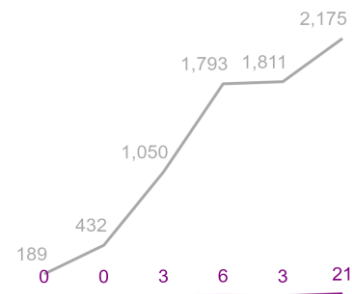
2020 US Census 11,442 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

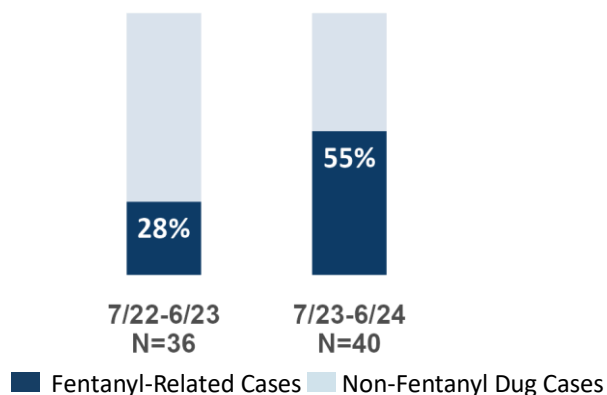
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Rio Grande County filled 76 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Rio Grande County:



32 fentanyl-related cases were filed across 27 individuals:

- ▶ 63% (17) Male
- ▶ 37% (10) Female
- ▶ 78% (25) White
- ▶ 22% (6) Non-white
- ▶ 37% (10) Indigent
- ▶ 36 years old, on average

Fentanyl-related cases:

72% (23)	had misdemeanor charges
69% (22)	had felony charges
97% (31)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 66%
- Property: 19%
- Person: 19%

15 fentanyl-related cases had the following dispositions:

87% (13)	Dismissed
0% (0)	Not Guilty
67% (10)	Guilty

For those found guilty, sentences included, on average:

\$115	Fines
\$31	Restitution
0 hours	Community Service
0 days	Probation
42 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Routt County



Routt County

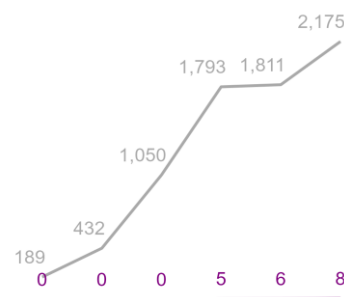
2020 US Census 24,944 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

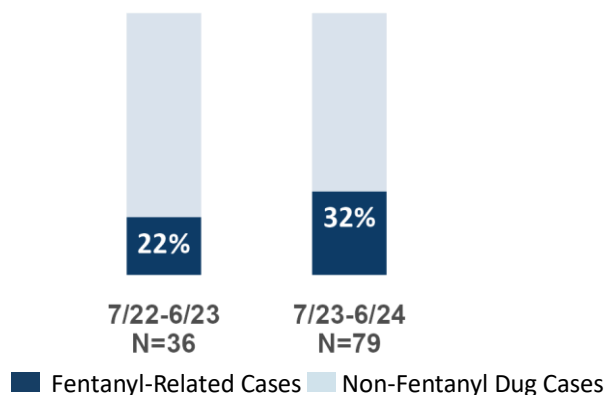
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Routt County filled 115 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Routt County:



33 fentanyl-related cases were filed across 29 individuals:

- ▶ 66% (19) Male
- ▶ 34% (10) Female
- ▶ 90% (27) White
- ▶ 10% (3) Non-white
- ▶ 34% (10) Indigent
- ▶ 37 years old, on average

Fentanyl-related cases:

82% (27)	had misdemeanor charges
45% (15)	had felony charges
82% (27)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 52%
- Property: 9%
- Person: 9%

22 fentanyl-related cases had the following dispositions:

100% (22)	Dismissed
0% (0)	Not Guilty
41% (9)	Guilty

For those found guilty, sentences included, on average:

\$1,120	Fines
\$162	Restitution
2 hours	Community Service
41 days	Probation
326 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Saguache County



Saguache County

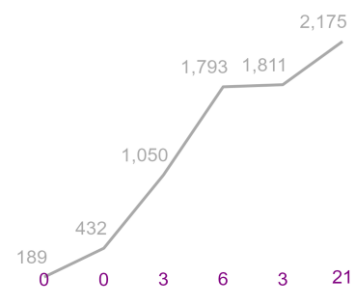
2020 US Census 6,454 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

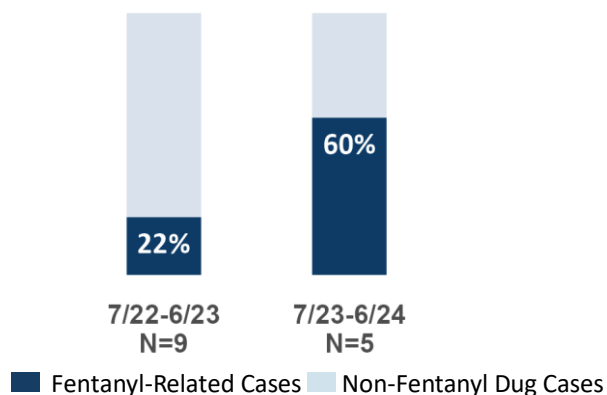
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Saguache County filled 14 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Saguache County:



5 fentanyl-related cases were filed across 5 individuals:

- ▶ 60% (3) Male
- ▶ 40% (2) Indigent
- ▶ 40% (2) Female
- ▶ 100% (5) White
- ▶ 35 years old, on average
- ▶ 0% (0) Non-white

Fentanyl-related cases:

100% (5)	had misdemeanor charges
40% (2)	had felony charges
80% (4)	had court appointed counsel

Had an average of 7* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 20%
- Property: 0%
- Person: 40%

2 fentanyl-related cases had the following dispositions:

100% (2)	Dismissed
0% (0)	Not Guilty
100% (2)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

San Juan County



San Juan County

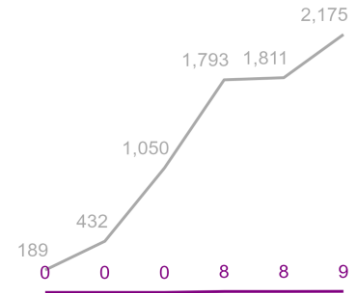
2020 US Census 690 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

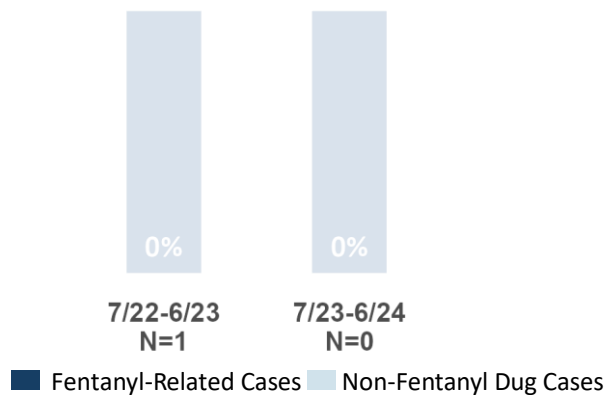
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The San Juan County filled 1 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the San Juan County:



0 fentanyl-related cases were filed across 0 individuals:

- ▶ 0% (0) Male
- ▶ 0% (0) Female
- ▶ 100% (0) White
- ▶ 0% (0) Non-white
- ▶ 0% (0) Indigent
- ▶ NA years old, on average

Fentanyl-related cases:

0% (0)	had misdemeanor charges
0% (0)	had felony charges
0% (0)	had court appointed counsel

Had an average of 0* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 0%
- Person: 0%

0 fentanyl-related cases had the following dispositions:

0% (0)	Dismissed
0% (0)	Not Guilty
0% (0)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

San Miguel County



San Miguel County

2020 US Census 8,082 people

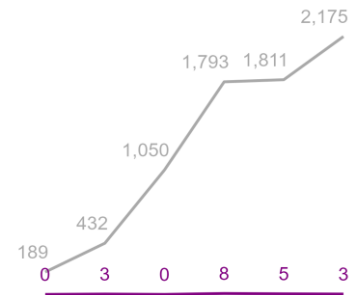


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

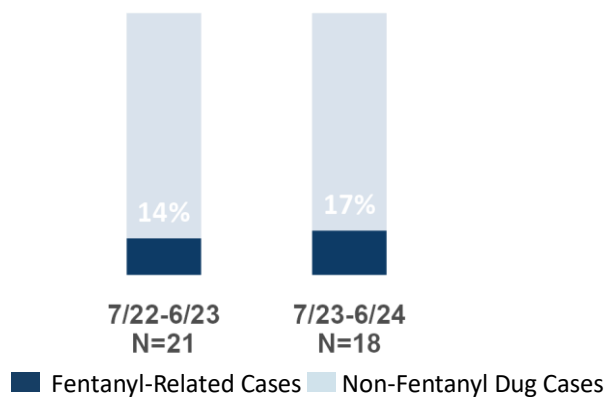
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The San Miguel County filed 39 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the San Miguel County:



6 fentanyl-related cases were filed across 6 individuals:

- ▶ 83% (5) Male
- ▶ 17% (1) Female
- ▶ 83% (6) White
- ▶ 17% (1) Non-white
- ▶ 17% (1) Indigent
- ▶ 28 years old, on average

Fentanyl-related cases:

50% (3)	had misdemeanor charges
83% (5)	had felony charges
67% (4)	had court appointed counsel

Had an average of 5* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 67%
- Property: 17%
- Person: 17%

2 fentanyl-related cases had the following dispositions:

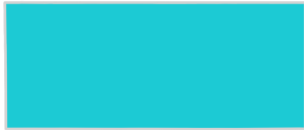
100% (2)	Dismissed
0% (0)	Not Guilty
100% (2)	Guilty

For those found guilty, sentences included, on average:

\$804	Fines
\$163	Restitution
0 hours	Community Service
0 days	Probation
365 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Sedgwick County



Sedgwick County

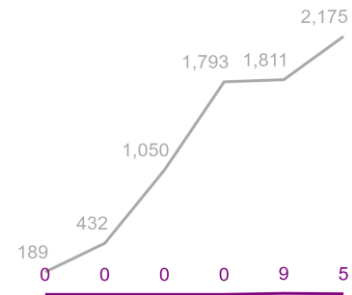
2020 US Census 2,391 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

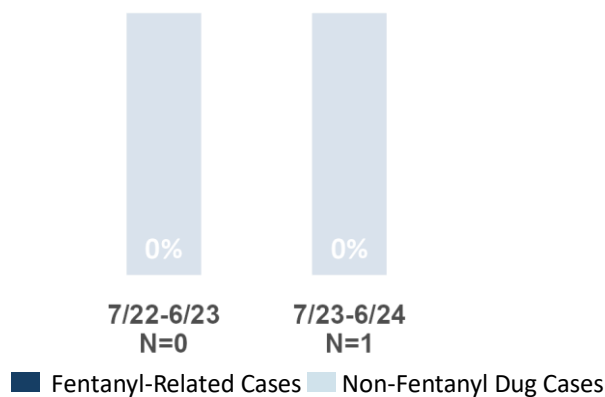
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Sedgwick County filled 1 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Sedgwick County:



0 fentanyl-related cases were filed across 0 individuals:

- ▶ 0% (0) Male
- ▶ 0% (0) Female
- ▶ 100% (0) White
- ▶ 0% (0) Non-white
- ▶ 0% (0) Indigent
- ▶ NA years old, on average

Fentanyl-related cases:

0% (0)	had misdemeanor charges
0% (0)	had felony charges
0% (0)	had court appointed counsel

Had an average of 0* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 0%
- Person: 0%

0 fentanyl-related cases had the following dispositions:

0% (0)	Dismissed
0% (0)	Not Guilty
0% (0)	Guilty

For those found guilty, sentences included, on average:

\$0	Fines
\$0	Restitution
0 hours	Community Service
0 days	Probation
0 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Summit County



Summit County

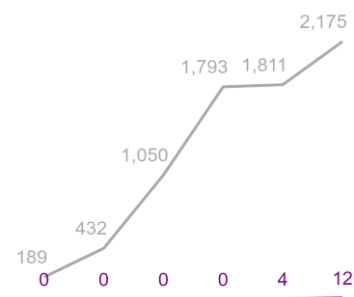
2020 US Census 30,955 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

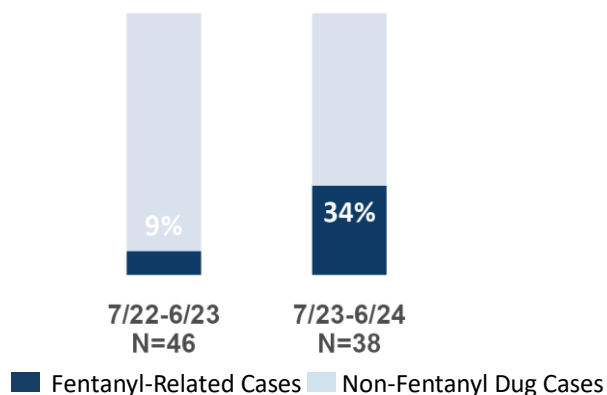
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Summit County filled 84 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Summit County:



17 fentanyl-related cases were filed across 15 individuals:

- ▶ 67% (10) Male
- ▶ 33% (5) Female
- ▶ 67% (13) White
- ▶ 33% (5) Non-white
- ▶ 33% (5) Indigent
- ▶ 32 years old, on average

Fentanyl-related cases:

76% (13)	had misdemeanor charges
53% (9)	had felony charges
65% (11)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 35%
- Property: 12%
- Person: 0%

7 fentanyl-related cases had the following dispositions:

100% (7)	Dismissed
0% (0)	Not Guilty
57% (4)	Guilty

For those found guilty, sentences included, on average:

\$1,240	Fines
\$163	Restitution
0 hours	Community Service
182 days	Probation
184 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Teller County



Teller County

2020 US Census 24,758 people

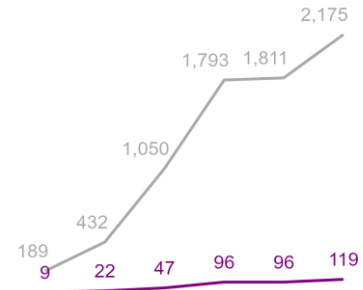


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

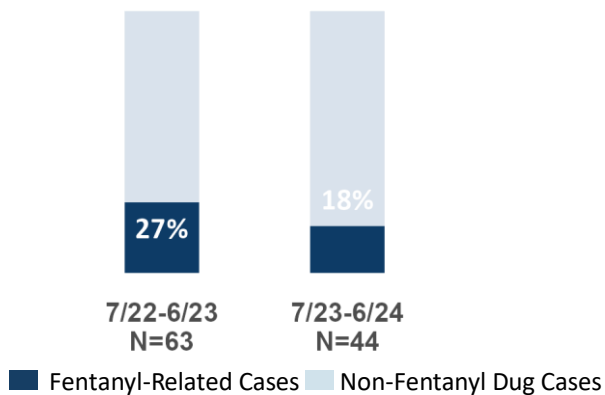
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Teller County filled 107 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Teller County:



25 fentanyl-related cases were filed across 24 individuals:

- ▶ 71% (17) Male
- ▶ 29% (7) Female
- ▶ 96% (23) White
- ▶ 4% (1) Non-white
- ▶ 29% (7) Indigent
- ▶ 39 years old, on average

Fentanyl-related cases:

76% (19)	had misdemeanor charges
80% (20)	had felony charges
80% (20)	had court appointed counsel

Had an average of 3* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 68%
- Property: 24%
- Person: 12%

18 fentanyl-related cases had the following dispositions:

94% (17)	Dismissed
0% (0)	Not Guilty
72% (13)	Guilty

For those found guilty, sentences included, on average:

\$593	Fines
\$125	Restitution
4 hours	Community Service
84 days	Probation
393 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Washington County



Washington County

2020 US Census 4,817 people

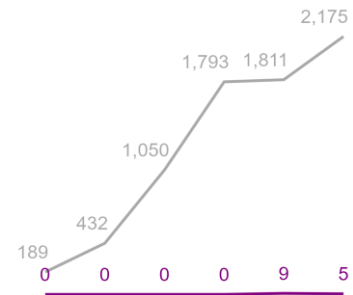


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

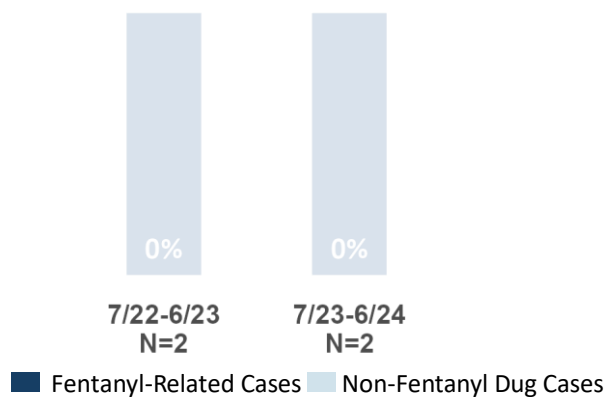
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Washington County filled 4 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Washington County:



0 fentanyl-related cases were filed across 0 individuals:

► 0% (0) Male

► 0% (0) Indigent

► 0% (0) Female

► 100% (0) White

► NA years old, on average

► 0% (0) Non-white

Fentanyl-related cases:

0% (0) had misdemeanor charges

0% (0) had felony charges

0% (0) had court appointed counsel

Had an average of 0* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 0%
- Person: 0%

178 fentanyl-related cases had the following dispositions:

0% (0) Dismissed

0% (0) Not Guilty

0% (0) Guilty

For those found guilty, sentences included, on average:

\$0 Fines

\$0 Restitution

0 hours Community Service

0 days Probation

0 days Jail

FENTANYL POSSESSION COURT CASES SUMMARY

Weld County



Weld County

2020 US Census 331,466 people

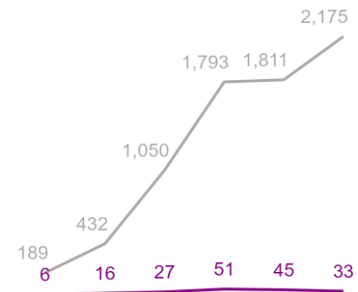


Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

-- State

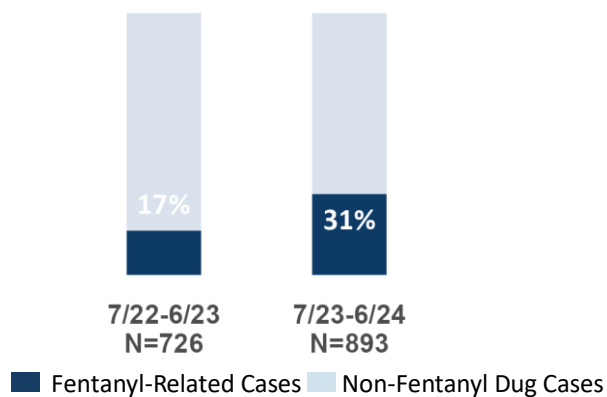
-- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Weld County filled 1,619 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Weld County:



395 fentanyl-related cases were filed across 335 individuals:

- ▶ 70% (234) Male
- ▶ 30% (101) Indigent
- ▶ 30% (101) Female
- ▶ 83% (313) White
- ▶ 35 years old, on average
- ▶ 17% (56) Non-white

Fentanyl-related cases:

63% (250)	had misdemeanor charges
65% (258)	had felony charges
78% (307)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 47%
- Property: 13%
- Person: 4%

1 fentanyl-related cases had the following dispositions:

94% (167)	Dismissed
0% (0)	Not Guilty
76% (136)	Guilty

For those found guilty, sentences included, on average:

\$917	Fines
\$194	Restitution
2 hours	Community Service
83 days	Probation
325 days	Jail

FENTANYL POSSESSION COURT CASES SUMMARY



Yuma County



Yuma County

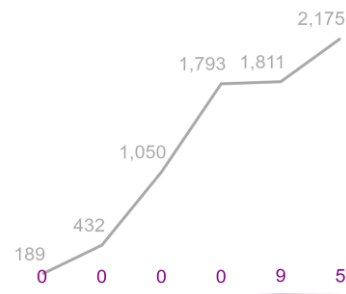
2020 US Census 9,938 people



Community overdose deaths related to fentanyl have drastically increased statewide over the past 6 years.

Fentanyl-Related Overdose Deaths

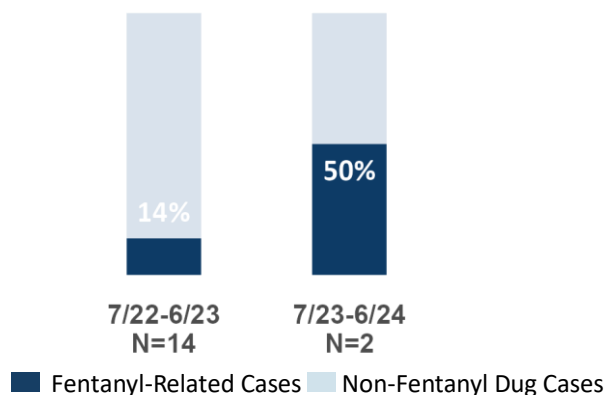
-- State -- District



Note. Any year with fewer than 3 deaths is excluded from this graphic.

The Yuma County filed 16 drug-related court cases between July 1, 2022, and June 30, 2024

Cases with fentanyl-related charges represented the following proportion of drug-related cases in the Yuma County:



3 fentanyl-related cases were filed across 3 individuals:

- ▶ 100% (3) Male
- ▶ 0% (0) Female
- ▶ 100% (3) White
- ▶ 0% (0) Non-white
- ▶ 0% (0) Indigent
- ▶ 34 years old, on average

Fentanyl-related cases:

100% (3)	had misdemeanor charges
0% (0)	had felony charges
67% (2)	had court appointed counsel

Had an average of 2* additional charges

* Common charge types filed alongside fentanyl charges:

- Other drug: 0%
- Property: 67%
- Person: 33%

1 fentanyl-related cases had the following dispositions:

100% (1)	Dismissed
0% (0)	Not Guilty
100% (1)	Guilty

For those found guilty, sentences included, on average:

\$3,095	Fines
\$526	Restitution
0 hours	Community Service
1,095 days	Probation
0 days	Jail

APPENDIX D. SURVEY OF COLORADO'S DISTRICT ATTORNEYS

The Colorado District Attorneys' Council sent the survey invitation to the 22 district attorneys in Colorado, as well as one reminder to complete the survey. We received 7 responses for a response rate of 32% (7/22). Given the small sample size, the number of responses are reported, but not percentages.

Fentanyl-Only Offenses: Possession of 1 to 4 Grams of Fentanyl

This section asks questions about the increased criminal penalties for the possession of more than 1 gram and not more than 4 grams (denoted as 1 to 4 grams for simplicity) of fentanyl (or other similar synthetic opiates, such as carfentanil, benzimidazole opiate, or analogs thereof).

1. After HB22-1326, for original charges for fentanyl possession of 1 to 4 grams for first-time defendants (those without any prior drug-related arrests) and with no accompanying charges (e.g., theft, burglary), please select the estimated frequency you charge these defendants with a Level 4 Drug Felony, drop to a Misdemeanor, drop their charges altogether, and/or refer these defendants to a diversion program.²
 - Charge with a Level 4 Drug Felony.

	# Responses
Never	0
Rarely	1
Occasionally	1
Sometimes	0
Frequently	2
Usually	2
Always	1
Unsure	0
Total	7

² The survey provided the following ranges with response choices for clarity and consistency across respondents: Never; Rarely (~1-20% of the time); Occasionally (~21-40% of the time); Sometimes (~41-60% of the time); Frequently (~61-80% of the time); Usually (~81-99% of the time); Always.

- Drop to a Misdemeanor.

	# Responses
Never	1
Rarely	0
Occasionally	1
Sometimes	1
Frequently	3
Usually	1
Always	0
Unsure	0
Total	7

- Drop charges completely.

	# Responses
Never	2
Rarely	2
Occasionally	2
Sometimes	1
Frequently	0
Usually	0
Always	0
Unsure	0
Total	7

- Refer to a diversion program.

	# Responses
Never	2
Rarely	2
Occasionally	2
Sometimes	0
Frequently	0
Usually	0
Always	0
Unsure	1
Total	7

Possession of 1 to 4 Grams of a Substance that Contains Any Amount of Fentanyl

The questions in this section are only for charges for possession of 1 to 4 grams of a substance that contains any amount of fentanyl.

2. After HB22-1326, for original charges for possession of 1 to 4 grams of a substance that contains any amount of fentanyl for first-time defendants (those without any prior drug-related arrests) and with no accompanying charges (e.g., theft, burglary), please select the estimated frequency you charge these defendants with a Level 4 Drug Felony, drop to a Misdemeanor, drop their charges altogether, and/or refer these defendants to a diversion program.

- Charge with a Level 4 Drug Felony.

# Responses	
Never	0
Rarely	1
Occasionally	1
Sometimes	1
Frequently	1
Usually	2
Always	1
Unsure	0
Total	7

- Drop to a Misdemeanor.

# Responses	
Never	1
Rarely	1
Occasionally	0
Sometimes	1
Frequently	3
Usually	1
Always	0
Unsure	0
Total	7

- Drop charges completely.

	# Responses
Never	2
Rarely	2
Occasionally	2
Sometimes	1
Frequently	0
Usually	0
Always	0
Unsure	0
Total	7

- Refer to a diversion program.

	# Responses
Never	2
Rarely	3
Occasionally	2
Sometimes	0
Frequently	0
Usually	0
Always	0
Unsure	0
Total	7

- After HB22-1326, for original charges for possession of 1 to 4 grams of a substance that contains any amount of fentanyl, please select the estimated frequency you see the defense arguing that the defendant did not know there was fentanyl in the substance.

	# Responses
Never	0
Rarely	2
Occasionally	0
Sometimes	1
Frequently	2
Usually	0
Always	0
Unsure	2
Total	7

Diversion and Treatment

4. Have your referrals to diversion programs in cases involving fentanyl possession charges changed since HB22-1326?

	# Responses
Less likely to refer to a diversion program	1
More likely to refer to a diversion program	1
Likelihood has not changed	5
Not applicable	0
Total	7

5. Indicate your level of agreement with the following statements:

- My district has effective diversion programs available to refer individuals arrested for possession of fentanyl.

	# Responses
Strongly Disagree	1
Disagree	2
Neutral	2
Agree	1
Strongly Agree	1
Unsure	0
Total	7

- My district has available resources and treatment options to effectively treat substance use disorders.

	# Responses
Strongly Disagree	1
Disagree	0
Neutral	2
Agree	3
Strongly Agree	1
Unsure	0
Total	7

- My district's resources to treat substance use disorders affect my charging and plea decisions for fentanyl-related charges.

	# Responses
Strongly Disagree	0
Disagree	3
Neutral	2
Agree	2
Strongly Agree	0
Unsure	0
Total	7

- HB22-1326 provides more incentives for individuals arrested for possession of fentanyl to complete substance use disorder treatment.

	# Responses
Strongly Disagree	1
Disagree	0
Neutral	2
Agree	3
Strongly Agree	1
Unsure	0
Total	7

Increased Criminal Penalties

6. Indicate your level of agreement with the following statements:

- HB22-1326 changed my charging decisions for individuals arrested for possession of 1 to 4 grams of fentanyl.

	# Responses
Strongly Disagree	2
Disagree	3
Neutral	1
Agree	0
Strongly Agree	1
Unsure	0
Total	7

- I support classifying the possession of 1 to 4 grams of fentanyl as a Level 4 Drug Felony.

	# Responses
Strongly Disagree	0
Disagree	1
Neutral	2
Agree	2
Strongly Agree	2
Unsure	0
Total	7

- I believe increased criminal penalties for possession of 1 to 4 grams of fentanyl will effectively *deter fentanyl use*.

	# Responses
Strongly Disagree	1
Disagree	2
Neutral	1
Agree	3
Strongly Agree	0
Unsure	0
Total	7

- I believe increased criminal penalties for possession of 1 to 4 grams of fentanyl will effectively *reduce the amount of fentanyl in my community*.

	# Responses
Strongly Disagree	2
Disagree	1
Neutral	3
Agree	1
Strongly Agree	0
Unsure	0
Total	7

6a. If a DA indicated that their charging decisions had changed as a result of HB22-1326, they were asked to list some ways in which those decisions had changed. This only applied to one

respondent, who indicated that possession of 1 to 4 grams of fentanyl is now charged as a felony.

- 6b. If a DA indicated that they disagreed that possession of 1 to 4 grams of fentanyl should be classified as a Level 4 Drug Felony, they were asked to select why.

	# Responses
Possession of this amount should be a misdemeanor.	0
Possession of this amount should be a different level drug felony (e.g., Level 2 Drug Felony).	0
The minimum of 1 gram should be <u>increased</u> to be classified as a Level 4 Drug Felony.	
The minimum of 1 gram should be <u>decreased</u> to be classified as a Level 4 Drug Felony.	0
The maximum of 4 grams should be <u>increased</u> to be classified as a Level 4 Drug Felony.	
The maximum of 4 grams should be <u>decreased</u> to be classified as a Level 4 Drug Felony.	0
	1

7. Have plea guidelines changed in your district as a result of HB22-1326?

	# Responses
Yes	1
No	6
Unsure	0
Total	7

- 7a. If a DA indicated that plea guidelines had changed as a result of HB22-1326, they were asked to elaborate on how those guidelines had changed. This only applied to one respondent, who wrote that they “cannot get misdemeanors into our recovery court.”

Thoughts on HB22-1326

8. What provisions of HB22-1326 have been most helpful? (N = 3)
- “The change in weight requirement has been most helpful because the increased criminal penalties allow us to get defendants into more substantial treatment programs.”
 - “Dropping the pill count threshold for purposes of identifying dealers (i.e. above 50 grams) has been the most helpful provision.”
 - “Distribution causing death.”
9. What provisions of HB22-1326 have been challenging to implement? (N = 2)

- “There are insufficient resources for treatment, housing, and mental health.”
- “While the distribution causing death has been the most impactful provision, it was and remains challenging to implement, given the prosecutorial resources it has taken as well as resources from law enforcement agencies, coroner’s office, and the coordination and development of all of the above from our office.”

10. Please share any final comments or thoughts about the impact of HB22-1326 on your work. (N = 3)

- “The bill has absolutely been an overall positive with the distribution causing death provisions and the funding for treatment.”
- “It has allowed us to get defendants into treatment programs. Our office is not sending these defendants to prison but defendants are more inclined to take treatment because of the possibility of a felony conviction and increased penalties compared to the DM1.”



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